Georgia Department of Behavioral Health & Developmental Disabilities

Reporting Critical Incidents in the Community

BE DBHDD

Georgia Department of Behavioral Health & Developmental Disabilities

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Division of Accountability & Compliance
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20. The State shall implement an effective process for reporting, investigating, and addressing deaths and critical incidents involving alleged criminal acts, abuse or neglect, negligent or deficient conduct by a community provider, or serious injuries to an individual.

21. The State shall conduct a mortality review of deaths of individuals with DD who are receiving HCBS waiver services from community providers according to the following:

   (a) An investigation of the death shall be completed by an investigator who has completed nationally certified training in conducting mortality investigations, and an investigation report must submitted to the Office of Incident Management and Investigations ("OIMI") within 30 days after the death is reported, unless an extension is granted by the State for good cause. The investigator must review or document the unavailability of: medical records, including physician case notes and nurses' notes (if available); incident reports for the three months preceding the individual's death; the death certificate and autopsy report (if available); and the most recent individual support plan. The investigator may also interview direct care staff who served the individual in the community. The investigation report must address any known health conditions at the time of death, regardless of whether they are identified as the cause of death. The State shall conduct a statistically significant sample of "look-behind" investigations to assess the accuracy and completeness of provider-conducted investigations of deaths, and the State shall require providers to take corrective action to address any deficiency findings.
• “… the system **cannot be characterized now as either effective or complete.** There are **delays** in completing the investigations including those of deaths possibly resulting from . . .”

• “The review of the investigation reports submitted by DBHDD confirmed repeated examples of the **thirty-day deadline not being met** as required. Reasons for delays include other assignments or mandatory training. In addition, there are . . .”

• “However, the findings and recommendations in certain investigations raise concerns about thoroughness.”
Addressing the Assessments

- Right size our expectations to the workload
- Provide a reasonable chance for success given resource restraints
- Improve productivity by simplifying processes
- Cross-training staff

Not leave anyone with unaddressed risk
## Closing the Gaps: Re-Alignment of Duties

<table>
<thead>
<tr>
<th>Office</th>
<th>New Duties</th>
<th>New Name</th>
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<tbody>
<tr>
<td>Office of Incident Management and Investigations (OIMI)</td>
<td>Investigate Abuse and Neglect that is risk rated as high or critical</td>
<td>Office of Investigative Services (OIS)</td>
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<td>Office of Results Integration</td>
<td>Manage ROCI and all of the incidents being entered into the system</td>
<td>Office of Incident Management (OIM)</td>
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<td>Risk rate incidents</td>
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<td></td>
<td>Incident data management</td>
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<td></td>
<td>Corrective Action Plans</td>
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<tr>
<td>Office of Provider Certification and Services Integrity</td>
<td>Risk rate incidents resulting in death of an individual</td>
<td>No new name</td>
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<tr>
<td></td>
<td>Clinical Mortality Reviews and Investigations</td>
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<td></td>
<td>Certification, Compliance, and Targeted Reviews</td>
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Amend DD Provider Certification Policy to extend certification period from 3 years to 10 years. Conduct reviews based on risk.

Amend provider contracts and policy to require records delivery and interview scheduling as a provider responsibility.

Identify and amend all policies related to critical incident reporting.
It is the policy of DBHDD that each individual receiving services in a community setting is entitled to humane care and treatment and is treated with kindness, dignity and respect.

Any form of abuse or neglect or exploitation will not be tolerated.

Failure to report abuse, neglect or exploitation, failure to cooperate in an investigation or failure to intervene may be grounds for adverse action.
Critical Incident

Any event that involves an immediate threat to the care, health or safety of any individual in community residential services, in community crisis home services while on site or in the care of a community provider, in the company of a staff member of a community provider, or enrolled in participant-directed services. Critical incidents that must be reported to DBHDD are listed in policy 04-106, Attachment A.
Following a Critical Incident

✓ Immediately take all measures necessary to protect the health, safety and rights of individuals

✓ For Deaths - Enter a Critical Incident Report and Safety Plan into ROCI within 2 hours of the death, or as soon as practicable

✓ For Other Incidents – Enter a Critical Incident Report and Safety Plan into ROCI the same business day, or the next business day if outside of business hours
Providers no longer required by DBHDD to conduct investigations
  • Providers may conduct investigations for their own QA process
Safety Plan is now required with CIR submission
New Health and Safety Risk Reviews – provider may be required to submit documents upon request within 24 hours
New process for investigating Deaths
Updated incident definitions – Attachment A
Enter the details of the incident directly into ROCI.

Match the incident description to the incident definitions (Attachment A to policy 04-106). If it doesn’t match one of the incident definitions, it isn’t reportable.

Complete the Safety Plan (Attachment B Policy 04-106) and upload it in ROCI.

Once CIR submitted, provide a copy of the CIR to the Support Coordinator if individual receives that service.
Completing Incident Description

Provide a **thorough description** of the event:

<table>
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<tr>
<th>Who</th>
<th>What</th>
<th>When</th>
<th>Why</th>
<th>Where</th>
<th>How</th>
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</thead>
</table>

Use identifiers (Person 1 etc.) for the individuals served. There should be no identifying information in the description.

Staff names do not need to be de-identified in the description.

Family member names should be replaced by identifiers.
The Senior Executive Manager:

- Reads the Critical Incident Report
- Reads all statements and reports
- Requires and ensures the completion of any incomplete or missing documentation
- Attests to the CIR in ROCI – CIR cannot be submitted without the attestation being completed
Safety Plan

• All Critical Incident Reports involving C incidents (see Attachment A 04-106) require a Safety Plan to be submitted at the time of the CIR.

• The Safety Plan is the written plan for ensuring the health and safety of all individuals receiving services that describes the risks involved, how they will be overcome, and how similar incidents will be prevented.

• Providers who are reporting an incident that did not occur in their care (a day program or SCA when the incident was in a PCH), still need to submit a safety plan based on what they can control. The responsible provider is also required to submit one.
Safety Plan

✓ Questions specific to the individuals involved in the incident such as:
  ✓ Use of crisis services
  ✓ Presence of BSP, Crisis plans, special protocols etc.
  ✓ Presence of supporting documents
  ✓ Supervision level/Frequency of contact

✓ What did you do immediately following the incident to ensure that the individuals and staff were safe?

✓ What circumstances may have led to the incident?

✓ What steps will be taken to prevent a similar incident in the future?

✓ Related training available online
Uploading Safety Plan to ROCI

- Instructions and form are accessible in ROCI

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<tr>
<th>Reporting Of Critical Incidents (ROCI) ver 1.0.1</th>
<th>** HIPAA CONFIDENTIAL **</th>
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<tbody>
<tr>
<td>** HOME MENU **</td>
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<tr>
<td>New Incident</td>
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<td>Reports</td>
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<td>Search Incidents</td>
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<td>System Administration</td>
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<td>Help</td>
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<tr>
<td>Contact Us</td>
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<tr>
<td>User Documentation</td>
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<td>- Provider user Guide</td>
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<td>- Network Access Request Form</td>
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<tr>
<td>- Upload Safety Plan Instructions</td>
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<td>- Download Safety Plan</td>
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If there are any issues with the CIR or any other documentation is needed, you must provide the requested information within 24 hours.
Common Issues

- Uploading documents that are not the Safety Plan from 04-106 Attachment B
- Not making sure the attestation is signed (you may have to sign it again after uploading SP to submit)
- Reporting incidents that do not meet criteria
- Not reporting incidents that should be reported
- Not finalizing the submission
  - Pending = provider side
  - Submitted = DBHDD side
What is DBHDD doing?

- Provide technical assistance regularly
- Adjusting policy and process as needed
- Identify technical issues and address them with IT ROCI replacement
- Cite deficient practices related to not reporting or not following policy
What’s needed from providers?

- Timely submission of incidents that meet definitions
- Detailed descriptions
- Complete, thorough and accurate safety plans
- Cooperation with document requests
Investigations

**PROVIDERS**
None

**OIS**
- Abuse
- Neglect
- Risk rated as High or Critical
- Other – as warranted

**OPCSI**
Deaths

**OIARM**
Financial Exploitation
The completed Investigative Report is forwarded to all providers identified in the investigative report, the appropriate support coordination agency, if applicable, and the Office of Incident Management.
Corrective Action Plan

Corrective Actions may be required for any deficient practices identified during a Health and Safety Review, Clinical Mortality Review, or investigation in accordance with Internal and External Reviews and Corrective Action Plans, 13-101.
OIM and OPCSII may make referrals to other agencies/offices including but not limited to:

- Support Coordination
- Office of Health and Wellness
- Regional Office
- Medicaid Fraud Unit
- OPCSII Certification Unit

Referrals may include:
- Communicating risks identified
- Communicating issues or concerns
- Requests for follow-up
Contact Information

ROCI: ROCI@dbhdd.ga.gov

ROCI Password/Access: ROCI.lockouts@dbhdd.ga.gov

Non-death Incidents: DBHDDIncidents@dbhdd.ga.gov

Deaths: Death.Alerts@dbhdd.ga.gov

Death record requests only: Death.Comms@dbhdd.ga.gov

OIS Investigations: Office.InvestigativeServices@dbhdd.ga.gov

Policy Questions: PolicyQuestions@dbhdd.ga.gov