

Special Incident Reporting

Module IV

Instructor's Guide

Length of Session:	1 to 1.5 hours
Intended Audience:	Regional center staff or vendored service providers
Class Size:	Limited only by room capacity
Training Materials:	Power Point presentation (or transparencies): <i>Special Incident Reporting</i> LCD projector or Overhead projector Flipchart and markers (as desired)
Handouts:	<i>Incident Response Checklist</i> <i>Requirements for Special Incident Reporting by Regional Centers</i> <i>Requirements for Special Incident Reporting by Vendors and Long-Term Health Care Facilities</i>
Methods:	Lecture; instructor guided discussion; interactive

Course Outline

- I. Welcome and Introductions
- II. Special Incident Reporting
- III. Summary and Closing

Special Incident Reporting

Module IV

Learning Objectives

At the conclusion of this module, participants will:

1. Understand special incident reporting as an element of risk management.
2. Understand the significance of special incident reporting.
3. Learn how to obtain and document all relevant information for an incident report.
4. Relate how special incident reporting influences data analysis.

Special Incident Reporting

<i>Script for Instructor</i>	<i>Suggestions for Instructor</i>
<p>Slide 1: Special Incident Reporting: The Process</p> <p>Special Incident Reporting is generally thought of as simply “how to complete a Special Incident Report”. While, of course, it is necessary to understand how to do this, it is not the intent of this session to present detailed information on how to complete each blank on the form. Correctly completing the SIR form is only the beginning.</p> <p>During this session, we will spend time discussing how to write the incident description portion of the SIR, as this forms the basis of everything that follows. Without a good incident description we will have problems later in reviewing the incident and in developing appropriate preventative actions.</p> <p>In addition, a complete incident description will facilitate accurate analysis of the data, on regional and statewide levels, so that the SIR system can promote safe and healthy lives for everyone.</p>	<p><u>Start the Power Point Presentation (or display first transparency on overhead projector). Have the “Special Incident Reporting” title page running as you begin.</u></p>

<i>Script for Instructor</i>	<i>Suggestions for Instructor</i>
<p><i>Slide 2: Something Really BAD Happened!</i></p> <p>As service providers or regional center staff, it is imperative that everyone understand what must be reported:</p> <p>Any special incident as defined in Title 17 that occurs “during the time the individual was receiving services and supports from any vendor or long-term health care facility” must be reported to the regional center.</p> <p>The handouts now being distributed include all the specific requirements for Special Incident Reporting for both service providers and regional centers. They serve as ready references as you address special incidents in your day to day work with consumers.</p> <p>The regional center may have additional special incident reporting requirements. Deaths and victim of crime incidents for all individuals, regardless of where they live, must be reported to DDS.</p>	<p><u><i>If the regional center conducts specific training on recognizing and reporting SIR's, then refer to it now.</i></u></p> <p><u><i>Differentiate between what is reported to DDS (Title 17) and what else must be reported to the regional center.</i></u></p> <p><u><i>Distribute copies of the following two handouts:</i></u></p> <ul style="list-style-type: none">▪ <i>Requirements for Special Incident Reporting by Vendors and Long-Term Health Care Facilities; and</i>▪ <i>Requirements for Special Incident Reporting by Regional Centers.</i>

Slide 3: Why Report Incidents?

What are some of the reasons why incident reporting is important?

Let's review a few of these reasons. Incident reporting systems:

- Ensure accurate data is available to the region, the state, and to CMS, the federal agency that monitors Medicaid waiver services
- Analyze and trend incident data from both an individual and systems perspective for monitoring and improvement
- To satisfy regulations
- To meet our personal & professional responsibility
- To provide a healthier and safer environment for everyone we serve

Record these on a blackboard, marker board, flip chart, or blank transparency.

The reasons may differ from those listed in the script in the left hand column; however, you should ensure that these are included. Add others on your own if not volunteered by the group.

Slide 4: The Incident

Service Coordinators are faced with difficult decisions about how much information should be included on the SIR. There is no single, easy answer to this question that fits every situation.

To know the correct answer, it is necessary to look at **why** the Description of the Incident is necessary.

The purpose of this section is to objectively report the facts of an incident in as much detail as necessary to answer a few simple questions: Who? What? Where? When? In other words, enough information should be provided to give important clues to the actual circumstances of the incident.

Some history related to the incident may also be relevant (e.g. this is the third time the consumer has fallen at home in the past six months). Additional information should be added to the report as it is obtained by the regional center. Reopening an SIR and adding new information as it is received will lead to more fact based conclusions.

Ask participants how they report or receive reports of special incidents and what information is typically included.

Another strategy is to read or display a description of a special incident, and:

(a) Have participants state what additional information they would want to know about what happened, OR

*(b) Have participants tell the person sitting next to them what they think happened. Ask a few people to share their ideas as an illustration of how **different** people interpret the details of the same incident **differently**.*

Slide 5: The Incident Description

As we have seen, the Special Incident Report should contain sufficient information to answer the 4 'W' questions (Who? What? When? Where?), but how much information is enough? When is it too much?

Information should be included so the Special Incident Report is thorough, accurate and clear. This means the words should draw a mental picture of the circumstances surrounding the incident.

After reading the Report, everyone should have the same understanding of what happened.

Grammar and spelling are important if they compromise thorough, accurate and clear interpretation.

This section can be reinforced by having participants review sample SIRs and critique how well these reports meet the Thorough-Accurate-Clear guidelines.

Another technique is to have participants tell what information should be included based on an incident you describe.

Slide 6: Incident Description TIP

Remembering these "tips" will provide guidance in determining what (and how much) information to include when reporting a special incident. The emphasis is to be factual. Include facts, as you know them, giving the source of your information. Don't "go beyond" the facts to make judgments.

If staff who have limited experience are in the audience, you can include examples or have an activity requiring participants to re-write inappropriately worded statements. This activity can be done individually or in small groups. Sharing results at the end of the activity will allow opportunity for you to provide guidance and feedback.

Slide 7: Incident Response

Now that we have discussed the type of information needed to complete an SIR, let's talk about both the reporting of and responding to special incidents. If you have had previous training on completing the SIR, you know the mechanics already - who reports what type of incident, to whom do you report, what are the required time lines, etc.

This Incident Response Checklist gives you a way to help you work through these steps. The Incident Response Checklist is intended for use in almost every situation; hence, many of the entries say "if appropriate".

It is intended to be a useful tool to help everyone understand the expectations of reporting and responding to incidents regardless of your job assignment. Although service coordinators have responsibility for ensuring that special incidents are entered into the SIR system, using this checklist will guide conversations regarding incidents among reporters, service providers, regional center staff and members of the Risk Management Committee.

Acquiring all relevant information and distilling it into thorough-accurate-clear incident reports requires skills in observing, listening, interviewing, and processing a large amount of information.

[Hand out the Incident Response Checklist.](#)

[Give participants a few minutes to review it.](#)

[Ask participants to apply the checklist to one of the incidents used in a previous example to become more familiar with this tool.](#)

[Discuss any special requirements of this regional center concerning steps on the checklist.](#)

[For example, if the participants' regional center\(s\) requires a phone or face-to-face contact between regional center staff and the consumer, discuss this when reviewing the "ensure safety" step.](#)

Slide 8: Why Report Incidents?

In this session, we have reviewed why special incident reporting is important and some basic information that should be included.

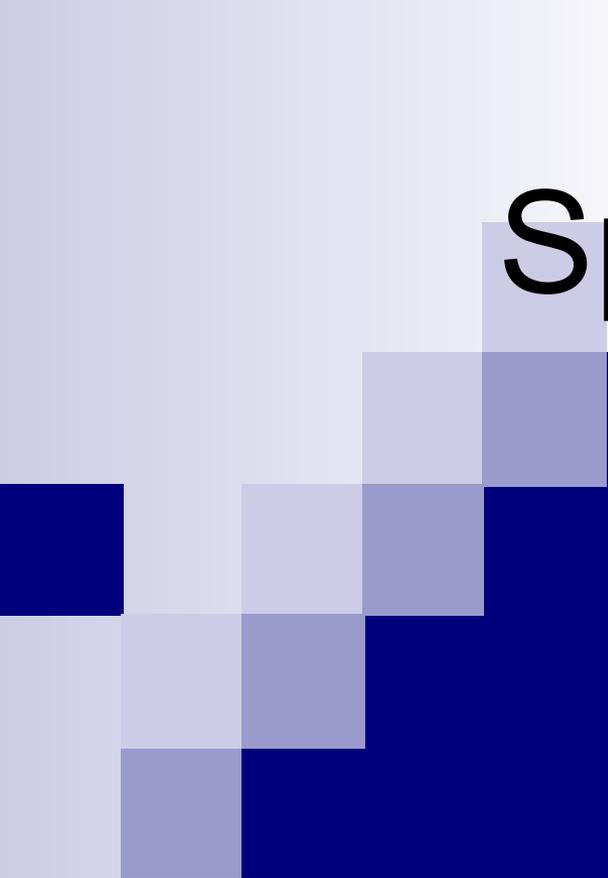
Special incident reporting systems are critical to:

- Ensure accurate data is available to the region, the state, and to CMS, the federal agency that monitors Medicaid waiver services
- Analyze and trend incident data from both an individual and systems perspective for monitoring and improvement
- Satisfy regulations
- Meet our personal & professional responsibility
- Provide a healthier and safer environment for everyone we serve

This slide reviews previously presented information that can be used as a wrap-up or closure to the training.

You may also include other information that you feel your audience needs to have reinforced.

You may want to include a time for questions following your closing.



Special Incident Reporting

The Process

IV-4

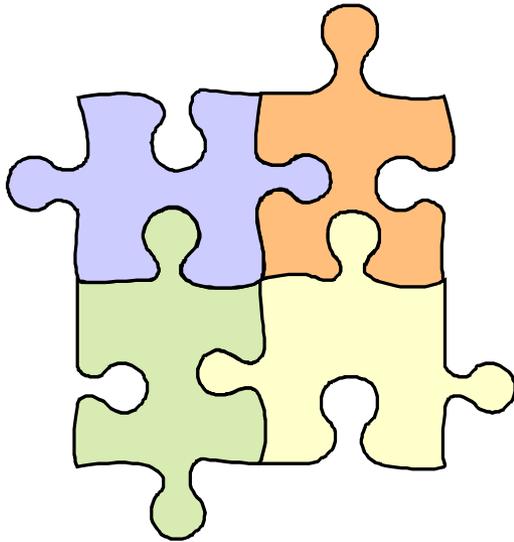


Something really BAD happened!

WHY Report Incidents?

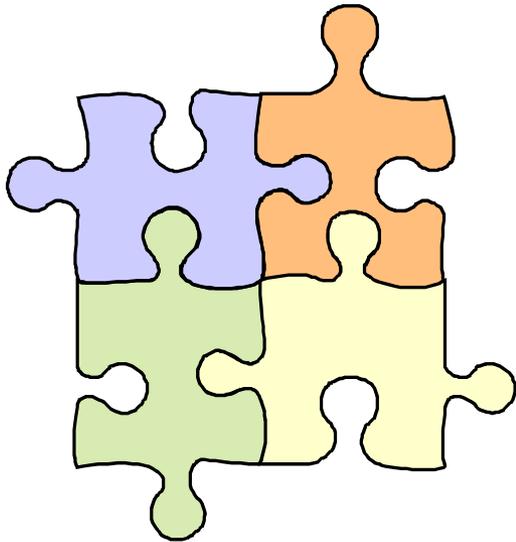
- **To ensure accurate data is available**
- **To analyze and trend incident data**
- **To satisfy regulations**
- **To meet personal and professional responsibility**
- **To provide a healthier and safer environment**

The Incident

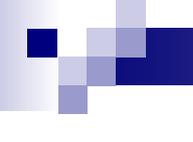


- **Who**
- **What**
- **Where**
- **When**

The Incident Description



- **Thorough**
- **Accurate**
- **Clear**
- **Grammatical**



Incident Description

Tips

EXPLAIN HOW INFORMATION WAS ACQUIRED

- Don't write as if you witnessed an incident (unless you did).
- Document what witnesses reported (occurred/caused).
- Don't draw conclusions or make judgments.

Incident Response

- Insure safety
- Notify entities as required
- Check for completeness
- Inquire into inconsistencies
- Document details
- Explore causes
- Note necessary additions or corrections
- Track follow-up & completion

WHY Report Incidents?

- **To ensure accurate data is available**
- **To analyze and trend incident data**
- **To satisfy regulations**
- **To meet personal and professional responsibility**
- **To provide a healthier and safer environment**

54327.1. Requirements for Special Incident Reporting by Regional Centers.

- (a) The regional center shall submit an initial report to the Department of any special incident, as defined in Section 54327(b) within two working days following receipt of the report pursuant to Section 54327(b).
- (b) When a regional center has knowledge of a special incident for which the vendor or long-term health care facility is responsible for reporting but has not submitted a report to the regional center within the required time period, the regional center shall submit an initial report to the Department within two working days of learning of the occurrence.
- (c) The initial report shall include the following information, to the extent the information is available at the time of the initial report:
 - (1) The consumer(s) name and date of birth;
 - (2) The vendor or long-term health care facility's name, address and telephone number;
 - (3) The name and telephone number of the regional center contact person regarding the special incident;
 - (4) The consumer(s) Unique Consumer Identifier (UCI);
 - (5) Name of the consumer's conservator or guardian, if applicable;
 - (6) Date, time and location of the incident;
 - (7) Date the incident was reported to the regional center;
 - (8) Name of the person preparing the report;
 - (9) Date the report was prepared;
 - (10) Type of incident;
 - (11) Any medical care or treatment required as a result of the special incident;
 - (12) Relationship of the alleged perpetrator to the consumer;
 - (13) Identification of any persons or entities notified about the incident and the date they were notified;
 - (14) A description of the special incident;
 - (15) If the special incident was a death, indication if the death was disease related; non-disease related; or, unknown;

- (16) A description of any actions/outcomes taken by any of the following persons or entities in response to the special incident:
 - (A) Regional center(s);
 - (B) Vendor(s);
 - (C) Department of Health Services Licensing;
 - (D) Department of Social Services Community Care Licensing;
 - (E) Child Protective Services;
 - (F) Adult Protective Services;
 - (G) Long Term Care Ombudsman;
 - (H) Law enforcement; and/or
 - (I) Coroner.
- (17) Any additional information the regional center determines is necessary to explain or describe the special incident.
- (c) Any required information that is not submitted with the initial report in (b) shall be submitted within 30 working days following receipt of the report of the special incident pursuant to Section 54327(b).
- (d) The regional center shall comply with all Department requests for initial and follow-up information pertaining to a special incident.
- (e) The report shall be considered complete when the regional center has submitted all the information required by this section.
- (f) Effective January 1, 2002, all reports of special incidents prepared by the regional center shall be transmitted to the Department utilizing the Department's Electronic Data Reporting System.

Authority: Section 11152, Government Code. Reference: Sections 4434, 4500, 4501, 4502, 4629, 4648, 4648.1 and 4742, Welfare and Institutions Code.

ARTICLE 2. VENDORIZATION PROCESS

54327. Requirements for Special Incident Reporting by Vendors and Long-Term Health Care Facilities.

- (a) Parent vendors, and consumers vendored to provide services to themselves, are exempt from the special incident reporting requirements set forth in this Article.
- (b) All vendors and long-term health care facilities shall report to the regional center:
 - (1) The following special incidents if they occurred during the time the consumer was receiving services and supports from any vendor or long-term health care facility:
 - (A) The consumer is missing and the vendor or long-term health care facility has filed a missing persons report with a law enforcement agency;
 - (B) Reasonably suspected abuse/exploitation including:
 - 1. Physical;
 - 2. Sexual;
 - 3. Fiduciary;
 - 4. Emotional/mental; or
 - 5. Physical and/or chemical restraint.
 - (C) Reasonably suspected neglect including failure to:
 - 1. Provide medical care for physical and mental health needs;
 - 2. Prevent malnutrition or dehydration;
 - 3. Protect from health and safety hazards;
 - 4. Assist in personal hygiene or the provision of food, clothing or shelter; or
 - 5. Exercise the degree of care that a reasonable person would exercise in the position of having the care and custody of an elder or a dependent adult.
 - (D) A serious injury/accident including:
 - 1. Lacerations requiring sutures or staples;
 - 2. Puncture wounds requiring medical treatment beyond first aid;
 - 3. Fractures;
 - 4. Dislocations;
 - 5. Bites that break the skin and require medical treatment beyond first aid;
 - 6. Internal bleeding requiring medical treatment beyond first aid;
 - 7. Any medication errors;

8. Medication reactions that require medical treatment beyond first aid; or
 9. Burns that require medical treatment beyond first aid.
- (E) Any unplanned or unscheduled hospitalization due to the following conditions:
1. Respiratory illness, including but not limited to, asthma; tuberculosis; and chronic obstructive pulmonary disease;
 2. Seizure-related;
 3. Cardiac-related, including but not limited to, congestive heart failure; hypertension; and angina;
 4. Internal infections, including but not limited to, ear, nose and throat; gastrointestinal; kidney; dental; pelvic; or urinary tract;
 5. Diabetes, including diabetes-related complications
 6. Wound/skin care, including but not limited to, cellulitis and decubitus;
 7. Nutritional deficiencies, including but not limited to, anemia and dehydration; or
 8. Involuntary psychiatric admission;
- (2) The following special incidents regardless of when or where they occurred:
- (A) The death of any consumer, regardless of cause;
- (B) The consumer is the victim of a crime including the following:
1. Robbery, including theft using a firearm, knife, or cutting instrument or other dangerous weapons or methods which force or threaten a victim;
 2. Aggravated assault, including a physical attack on a victim using hands, fist, feet or a firearm, knife or cutting instrument or other dangerous weapon;
 3. Larceny, including the unlawful taking, carrying, leading, or riding away of property, except for motor vehicles, from the possession or constructive possession of another person;
 4. Burglary, including forcible entry; unlawful non-forcible entry; and attempted forcible entry of a structure to commit a felony or theft therein;
 5. Rape, including rape and attempts to commit rape.
- (c) The report pursuant to subsection (b) shall be submitted to the regional center having case management responsibility for the consumer.
- (d) When the regional center with case management responsibility is not the vendoring regional center, the vendor or long-term health care facility shall submit the report

pursuant to subsection (b) to both the regional center having case management responsibility and the vendoring regional center.

- (e) The vendor's or long-term health care facility's report to the regional center pursuant to subsection (b) shall include, but not be limited to:
 - (1) The vendor or long-term health care facility's name, address and telephone number;
 - (2) The date, time and location of the special incident;
 - (3) The name(s) and date(s) of birth of the consumer(s) involved in the special incident;
 - (4) A description of the special incident;
 - (5) A description (e.g., age, height, weight, occupation, relationship to consumer) of the alleged perpetrator(s) of the special incident, if applicable;
 - (6) The treatment provided to the consumer(s), if any;
 - (7) The name(s) and address(es) of any witness(es) to the special incident;
 - (8) The action(s) taken by the vendor, the consumer or any other agency(ies) or individual(s) in response to the special incident;
 - (9) The law enforcement, licensing, protective services and/or other agencies or individuals notified of the special incident or involved in the special incident; and
 - (10) The family member(s), if applicable, and/or the consumer's authorized representative, if applicable, who have been contacted and informed of the special incident.
- (f) The report pursuant to subsection (b) shall be submitted to the regional center by telephone, electronic mail or FAX immediately, but not more than 24 hours after learning of the occurrence of the special incident.
- (g) The vendor or long-term health care facility shall submit a written report of the special incident to the regional center within 48 hours after the occurrence of the special incident, unless a written report was otherwise provided pursuant to subsection (e). The report pursuant to this subsection may be made by FAX or electronic mail.
- (h) When a vendor makes a report of an event to the Department of Social Services' Community Care Licensing Division pursuant to Title 22, California Code of Regulations, Section 80061(b) the vendor shall simultaneously report the event to the regional center by telephone, FAX or electronic mail.
 - (1) The vendor shall concurrently submit to the regional center a copy of any subsequent written report regarding the event that is submitted to the Department of Social Services' Community Care Licensing Division.
- (i) When a long-term health care facility reports an unusual occurrence to the Department of Health Services' Licensing and Certification Division pursuant to Title 22, California

Code of Regulations, Sections 72541, 75339, 76551 or 76923, the long-term health care facility shall simultaneously report the unusual occurrence to the regional center immediately by telephone, FAX or electronic mail.

- (1) The long-term health care facility shall concurrently submit to the regional center a copy of any subsequent report, or any written confirmation of the unusual occurrence, that is submitted to the Department of Health Services' Licensing and Certification Division.
- (j) The vendor or long-term health care facility may submit to the regional center a copy of the report submitted to a licensing agency when the report to the licensing agency contains all the information specified in subsection (d)(1) through (10).
- (k) These regulations shall not remove or change any reporting obligations under the Elder and Dependent Adult Abuse Reporting Act commencing with Welfare and Institutions Code Section 15600 or the Child Abuse and Neglect Reporting Act commencing with Penal Code Section 11164.

Authority: Section 11152, Government Code. Reference: Sections 4500, 4501, 4502, 4648, 4648.1 and 4742, Welfare and Institutions Code.

