



Provider Incident Report Training

**Community Resources/Provider Relations
Department**

01

Inclusa is required to maintain an Incident Management System as part of the Family Care contract requirements for all MCOs.

02

The reporting of incidents is a contractual responsibility for all providers.

03

Inclusa and contracted providers must comply with all applicable state statutes and rules including, but not limited to, HFS 132.33 and 132.60, HFS 82.10, HFS 83.21, HFS 88.10, ch.51.61 (1) (i) Stats and s. HFS 94.10 Wis. Adm. Code, in the use of isolation, seclusion, physical, and chemical restraints. Inclusa Restrictive Measures Policy covers the approval process as directed by ch.51.61 (1) (i) Stats and s. HFS 94.10 Wis. Adm. Code.

The purpose of informing Inclusa of incidents is to ensure collaboration between providers and Inclusa. This allows both parties to ensure the coordination of care in the following ways:

- To help reduce risk for individual members and for all members.
- To promote health and safety.
- To evaluate actions and/or individuals that contribute to an event.
- To improve provider quality standards.
- To anticipate and monitor potential quality concerns.
- To identify and document positive provider experiences.
- To identify themes of incidents and streamline mechanisms to improve standards of practice.
- To provide a systematic approach to monitor and respond to incidents.

- Providers will communicate incidents involving an Inclusa member to the Inclusa interdisciplinary team (IDT) – the Community Resource Coordinator (CRC - Social Worker) or the Health and Wellness Coordinator (HWC - Nurse).
- If the reporter is unable to reach the CRC or HWC, they may leave a message reporting details of an incident that has been resolved and did not result in serious harm or injury to the member.
- For any incident that is not yet resolved or any incident that resulted in serious harm or injury to the member, the provider must ask to speak to a Member Support Manager or Regional Operations Senior Manager to immediately make a report. In the event a manager is unavailable, the provider will speak with the Program Assistant to be redirected or leave a message.
- The provider is responsible to ensure member safety and to remediate any circumstances that produce potential incidents.
- Providers are required to make assurances that members receiving funded services will be protected from neglect, physical, emotional, and sexual abuse, and financial exploitation.

- Incidents will be reported within **one business day (24 hours)** of providers becoming aware of the incident.
- Providers will work collaboratively with Includa staff, as warranted, to ensure all such incidents or allegations are investigated by appropriate investigative authorities.
- Appropriate investigative authorities may include – the Division of Quality Assurance (DQA)-responsible for licensing all home health agencies, licensed adult family homes (AFH), assisted living and skilled nursing facilities, the Department of Health Services (DHS), Office of Caregiver Quality (OCQ), law enforcement officials, Adult Protective Services(APS), etc.

Providers will identify, respond to, document, and notify Inclusa within one (1) business day when an Inclusa member, as a result of his/her participation or receipt of provider services, is involved in, or subjected to, any of the following types of incidents or events:

- **Neglect** defined in s.46.90(1)(f), Wis. Stats., to mean the failure of a caregiver, as evidenced by an act, omission, or course of conduct, to endeavor to secure or maintain adequate care, services, or supervision for an individual, including food, clothing, shelter, or physical or mental health care, and creating significant risk or danger to the individual's physical or mental health. "Neglect does not include a decision that is made to not seek medical care for an individual, if that decision is consistent with the individual's previously executed declaration or do-not-resuscitate order under ch. 154, Wis. Stats., a power of attorney for health care under ch. 155, Wis. Stats., or as otherwise authorized by law.
- **Self-neglect** as defined in s. 46.90(1)(g), Wis. Stats., means a significant danger to an individual's physical or mental health because the individual is responsible for his/her own care but fails to obtain adequate care, including food, shelter, clothing, or medical or dental care.

- **Financial Exploitation** includes any of the following acts:
 - a) Fraud, enticement or coercion;
 - b) Theft;
 - c) Misconduct by a fiscal agent;
 - d) Identity theft;
 - e) Unauthorized use of the identity of a company or agency;
 - f) Forgery; or
 - g) Unauthorized use of financial transaction cards including credit, debit, ATM and similar cards.

- **Medication Errors-** Includes wrong medication time or omission; wrong medication; wrong dose; wrong person; wrong route of administration; wrong technique.

- **Physical Abuse** - intentional or reckless infliction of physical pain or injury, illness, or any impairment of physical condition.

- **Sexual Abuse** - violation of criminal assault law, Wis. Stats. §§ 940.225 (1), (2), (3), or (3m).

- **Emotional Abuse** - language or behavior that serves no legitimate purpose and is intended to be intimidating, humiliating, threatening, frightening, or otherwise harassing, and that does or reasonably could intimidate, humiliate, threaten, frighten, or otherwise harass the individual to whom the conduct or language is directed.

- **Treatment Without Consent** - the administration of medication to an individual who has not provided informed consent, or the performance of psychosurgery, electroconvulsive therapy, or experimental research on an individual who has not provided informed consent, with the knowledge that no lawful authority exists for the administration or performance.

- **Unplanned or Unapproved Use of Restraint(s) or Restrictive Measures or Interventions / Unplanned or Unapproved Use of Isolation or Seclusion** - the intentional and unreasonable confinement of an individual in a locked room, involuntary separation of an individual from his/her living area, use on an individual of physical restraining devices, or the provision of unnecessary or excessive medication to an individual, but does not include the use of these methods or devices in entities regulated by the department if the methods or devices are employed in conformance with state and federal standards governing confinement and restraint.

- **Falls** Unless there is evidence to indicate otherwise, a fall, with or without injury, has occurred when a member is found on the ground/floor or a member reports a fall. The fall is unintentional (not a result of being pushed down) and may be an assisted or unassisted fall; may include rolling off a low bed onto a mat. An unintentional change in position due to a sudden medical condition is not a fall (because treatment for a medical condition is different than treatment for a fall).
- **Death** - any “deaths resulting from a known diagnosed disease, health condition, or similar situation” are excluded.
- **Missing Person/Elopement** - Any instance when a member visually and physically wanders away or leaves a home or a community setting for any length of time without prior arrangement or permission. This excludes instances when a resident (member) who is competent chooses not to disclose his or her whereabouts or location.

- **Unplanned or Unapproved Involvement of Law Enforcement and/or the Criminal Justice System** - Any time law enforcement personnel are called to the AFH, CBRF, RCAC, or other community setting as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees or other persons.
 - ✓ If a member’s behavior support or intervention plan specifies notification of law enforcement, it is not a reportable incident but should be documented and reported as specified within the respective plan.
 - ✓ A behavioral emergency or crisis could be an example of unplanned or unapproved involvement of law enforcement.
 - ✓ Any crime committed by a member or to a member could be an example of unplanned involvement of law enforcement and/or the criminal justice system.
 - ✓ Identification of a recurrent need for law enforcement contact could identify situations where behavior supports are needed or, if in place, are not being implemented appropriately.

- The provider will inform Inlusa when notifying their regulatory authority of incidents. A copy of the report may be submitted as a form of notification.
- As warranted, reported incidents will be entered into the Inlusa Incident Management System and reported to DHS in accordance with MCO contract requirements.
- Providers may be asked to provide any additional information or details necessary to complete the investigation of reported incidents.

A Provider Incident Report Form is available for providers to utilize when reporting member incidents. The information included on the form assists in providing Includa staff with the necessary information and helps eliminate the need for multiple follow-up conversations.

The use of the form is voluntary. It can be found on the Includa.org website under the Provider-Resources tab.

PROVIDER INCIDENT REPORT FORM

Date MCO informed of the incident (must be within 24 hours of incident):			
Date Guardian or POAHC was informed of the incident (if applicable)		Date:	<input type="checkbox"/> NA
Member Name:		Date of Incident:	
Community Resource Coordinator:		Time of Incident:	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Health and Wellness Coordinator:			
Provider Name:			
Person Completing Form & Title:		Date:	
Other Entity(s) Notified:		Date:	
(e.g. APS, DQA or OCQ)		Date:	

Type and extent of harm/injury experienced by the member as a result of the incident (to include property damage):	
Type and extent of harm/injury experienced by Others as a result of the incident (to include property damage):	
Did the member or others require medical attention?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: <input type="checkbox"/>
Describe where the incident took place:	
Describe what was occurring prior to the incident: (include what you/staff and the member were doing)	
Incident Summary (what happened/facts of the event, be sure to include titles following names):	
Immediate actions taken (by you or others upon discovery of the incident):	
Root Cause* of the incident (casual factors):	
*The fundamental breakdown or failure of a process, which when resolved, prevents a recurrence of the problem.	

Describe how the incident could have been prevented:	
Describe what is being done to prevent a similar incident (practices and/or actions that have been or will be taken):	

Signature & Title of Person Completing Report: _____ Date: _____

Root Cause & Root Cause Analysis

The Provider Incident Report Form asks for the “Root Cause” of the Incident (Causal Factors).

A Root Cause is:

- The fundamental breakdown or failure of process which, when resolved, prevents the recurrence of the problem;
- The factor, when fixed, the problem/issue goes away and does not return.

Root Cause Analysis (RCA) is a method used to address a problem in order to get to the “root cause.” There are five steps in RCA:

1. Gather Initial Information
2. Fill in the Gaps
3. Analysis
4. Develop Action Plan
5. Evaluate Results

Root Cause Analysis & Prevention Strategies

Step 1 – Gather Initial Information

Step 2 – Fill in the Gaps

Step 3 – Analysis

- Use 5 Whys Analysis to evaluate the problem statement and determine the root cause.
- Ask why until you cannot ask anymore.

Step 4 – Action Plan Development

- Develop interventions based on the root cause.
 - ✓ Immediate actions to mitigate risk
 - ✓ Long-term actions

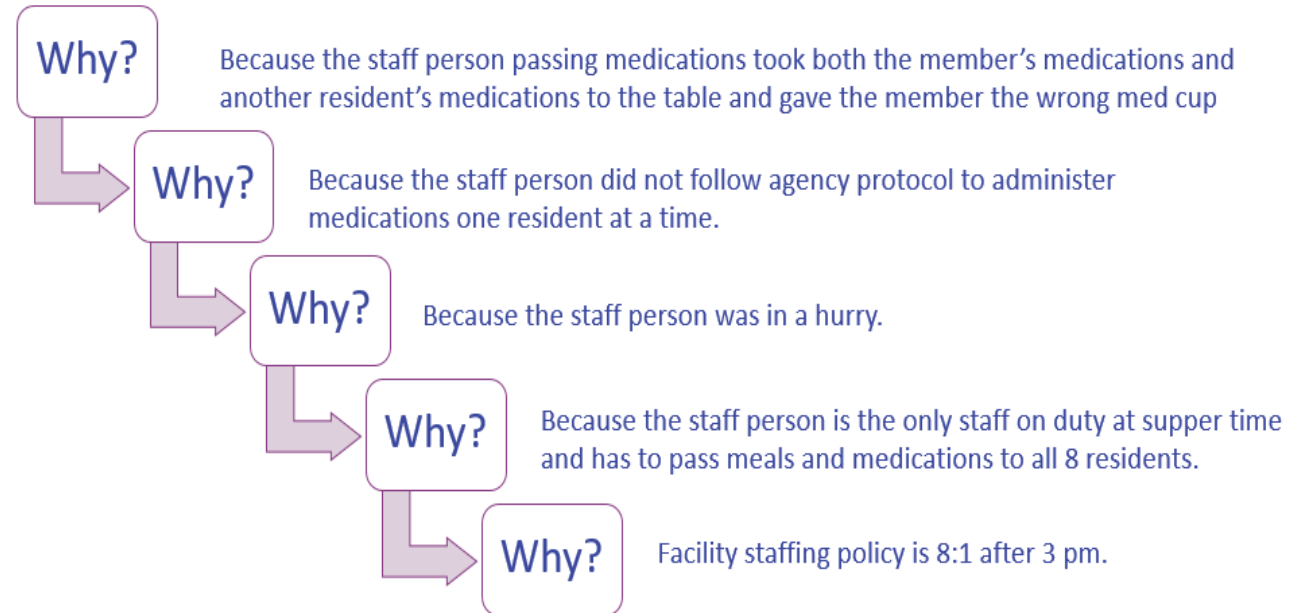
Step 5 – Evaluation of Results

Questions to consider:

- ✓ Were the interventions effective?
- ✓ Was the root cause eliminated?
- ✓ Was the problem eliminated/reduced?
- ✓ Can the change be sustained?

Step 3 - Example – 5 Whys Analysis

Problem: Member was given another resident's medications.



Important: The **outcome** of the RCA should be included on the Provider Incident Report Form, as well as any prevention strategies you, as a provider, are taking to prevent recurrence of similar incidents in the future.



Please direct additional questions regarding incident reporting to:

psquality@inclusa.org

Thank you for your participation in this training. Please be certain to sign your attestation page included with your subcontract agreement verifying you have completed this training.