INCIDENT REPORTING, INVESTIGATING, WRITING AND CODING POLICY

PURPOSE

To define and establish a standardized method for reporting, investigating, reviewing, completing corrective action, writing and coding Incident Reports for all unusual incidents including Critical Incidents, that involve individuals supported of LADD.

SCOPE

This policy applies to all services provided by LADD.

POLICY

It is the policy of LADD to report, investigate, review and complete corrective action relative to all unusual incidents including Critical Incidents, to ensure adherence to all state and federal statutes as well as governing authorities.

DEFINITIONS

1. **Unusual Incident**— an Incident that is outside the scope of the regular routine or treatment parameters of persons supported. It includes incidents that involve persons supported. Examples include but are not limited to: For State Licensed Locations, items from the list below that have an asterisk MUST be sent to the guardian/legal representative. These Incident Reports also need to remain at the service location for a period of not less than 2 years.
    a. Suspected abuse (physical, verbal or sexual) or neglect involving an individual we support.
    b. Injury
    c. **Any incident, accident or illness requiring hospitalization. ******
    d. **A display of serious hostility. ******
    e. **Self-inflicted harm or harm to others. ******
    f. **Property destruction by a person supported. ******
    g. **Any incident involving the arrest or conviction of a person supported. ******
    h. **Unauthorized leave of absence. ******
    i. Seizure-like activity and/or a highly unusual behavior episode.
    j. Suspected criminal offense committed by or against a person supported.
    k. Fire (one that causes significant damage).
    l. Medication error(s) listed below:
        i. Incorrect medication prescribed.
        ii. Incorrect dosage prescribed.
        iii. Incorrect medication dispensed.
        iv. Incorrect dosage dispensed
        v. Incorrect medication administered.
        vi. Incorrect dosage administered.
        vii. Incorrect route (for example, intramuscular, oral, eye drops, ear drops) prescribed or administered.
        viii. Scheduled dosage missed if Missed Medication Orders cannot be applied.
        ix. Medication administered after order discontinued.
    m. Restraint of person supported and/or seclusion (not authorized by the Interdisciplinary Plan of Service (IPOS) or Person-Centered Plan (PCP).
    n. Inappropriate sexual activity between the people we support
    o. Vehicle accidents involving the people we support.
    p. Exposure to blood/bodily fluids of another.
    q. Communicable disease

r. Biohazardous Accidents
s. Unauthorized use or possession of legal or illegal substances.

2. **Critical Incidents**— an incident that might present a risk of significant harm to the people supported, staff and the company. The following may constitute a critical incident.
   a. Death of person supported who is actively receiving services****
   b. Hospitalization – which may have been caused by the following examples significant bodily harm/injury, suicide/attempted suicide, medication error including overdose, vehicular accidents, (this list is not all inclusive)
   c. Abuse and neglect
   d. Seclusion, restraint
   e. Elopement
   f. Significant property damage
   g. Legal involvement
   h. Use and unauthorized possession of weapons
   f. Homicidal threat/attempt, aggression or violence
   g. Suicide threat/attempted suicide
   h. Overdose/ attempted overdose
   i. Sexual Assault
   h. Sexual contact or attempted contact by a staff person
   i. Situations potentially generating publicity in the media
   j. Unauthorized use and possession of legal or illegal substances
   k. Infection control, biohazardous accidents and communicable disease
   l. Other sentinel events or quality assurance
3. **Staff Incidents**— Staff incidents are reported using the **Accident Injury Report, Vehicle Accident Report, Accident-Injury Occupational Occurrence Report**. Examples of staff incidents that must be documented and reported include vehicle accidents, injury, hazardous environmental conditions and exposure to bodily fluids.
4. **Near Miss**— an incident in which serious consequences were avoided, but which require review in order to promote a safer environment.
5. **Sentinel Event**— an incident, not already defined, that includes unexpected death, serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. Such events are called "sentient" because they signal the need for immediate investigation and response. Special note – CARF requires reporting of all accredited programs a sentinel event unless death occurs from natural causes such as hospice was involved.
6. **Root Cause Analysis (RCA) -** A formal review of a Critical Incident that may be completed as a function of process improvement and is a mechanism to aid in corrective action. All work papers resulting from an RCA are for quality assurance purposes and not to be shared outside of LADD. All RCAs are reviewed at Steering meetings, trends are noted and reviewed as needed at Management meetings and if needed reviewed at the Family Staff meetings. The RCA process includes a description of the incident, determination of the cause of the incident and when needed identification of trends within the incident, identification of training needs and development of corrective action to prevent similar incidents.

PROCEDURE

1. Any employee who is a witness to or discovers an incident which involves occurrences of physical injury, hospitalization and/or suspected abuse or neglect shall:
   a. Immediately take actions to **protect, comfort and support**/assure treatment for the individual as necessary.

b. Immediately verbally notify the designated supervisor of any apparent physical injury, and/or suspected abuse or neglect. Staff is also to ensure that the Office of Recipient Rights and other regulatory agencies were contacted by Management.
c. Complete an Incident Report following the Incident Report Writing Procedures noted in this policy.

2. **Managers will:**
   a. Ensure that all actions have been taken to protect, comfort and support/provide treatment for the individual as necessary.
   b. If the incident involves the **death of an individual**, Management must immediately secure all records in a secure, locked location, separate from other records in order to maintain record integrity. Records are not to be accessed unless there is prior Administrative approval. Following Administrative approval and direction copies only of records will be given to requesting agencies i.e. police, medical examiner.
   c. As soon as the needs of the people have been met notify the Guardian, Contract Agency including the Case Manager and Office of Recipient Rights and Licensing, if applicable. If there is any apparent physical injury and/or suspected abuse or neglect; the police and Adult Protective Services may need to be contacted as well.
   d. Complete the approved Incident Report form based on the location and type of program.
   e. **For programs completing the county specific Incident Report ONLY.** The Manager is required to document corrective action taken in the appropriate section of the Incident Report. The Incident Report is then to be sent to the designated contract agency's Office of Recipient Rights within 24 – 48 hours. The 48 hours is meant to provide additional time if the incident occurred on a weekend. Therefore, as a general rule 24 hours is the standard for submitting these Incident Reports.
   f. **State Licensed locations are required to use the State Licensed form ONLY.** The Manager must document corrective action taken and notifications in the appropriate sections of the Licensing Incident Report.
      i. The Licensing Incident Report must be sent, once completed, to the guardian/legal representative for the items that have an asterisk in the section above, Definitions, Unusual Incidents and Critical Incidents.
      ii. In addition, completed State Licensed forms regardless of the asterisk items, from the list in the Definitions section are to be sent to the designated contract agency's Office of Recipient Rights. A County Mental Health IR may be required.
      iii. In both cases the Licensing Incident Report must be sent within 24 – 48 hours. The 48 hours is meant to provide additional time if the incident occurred on a weekend. Therefore, as a general rule 24 hours is the standard for submitting these Incident Reports.
   g. Incident Reports are **NOT** to be completed for Staff injuries. Instead, **Staff injuries** will be reported on an **Accident Injury Report** which will be scanned and emailed to the Human Resources Department. If the incident includes **an exposure occurrence the Accident-Injury Occupational Occurrence Report** will be completed as well and scanned and emailed to the Human Resources Department. Drug and/or alcohol screening may be conducted by a certified agent and/or clinic/hospital per the LADD Drug Policy for employee accidents and injuries.
   h. When the incident involves injury or illness of a person supported the Manager will complete any follow-up needed, i.e., medical follow-up, coordination of care, staff discipline, etc. and document the status of action taken in red ink, on the bottom of the front page of the Incident Report.

i. The Manager must follow up with the Area Supervisor as soon as possible and practical based on the circumstances of the incident to review details of the incident to make sure all necessary action has been completed.

3. **Area Supervisors will**:
   a. Ensure that all actions have been taken to protect, comfort, support/provide treatment for the individual as necessary and act to prevent any further immediate negative consequences.
   b. Follow up with the Regional Director as soon as possible and practical based on the circumstances of the incident to review details of the incident to make sure all necessary action has been completed. Determine if the incident meets the definition of a Critical Incident (see Critical Incidents in the definition section of this policy).
   c. Review the Incident Report and ensure that documentation includes any action taken to determine whether supports provided were consistent in type, frequency and duration with LADD's policies and procedures. This review must include a review of the status of action taken that has been written in red ink on the bottom of the front page of the Incident Report by the Manager and follow up on any outstanding issues as necessary.
   d. During the review if the Area Supervisor determines there are any trends, environmental factors, contributing elements, system failures or training deficiencies the information will be provided to the QA Department for review by the Emergency Management Committee for further company wide corrective action.
   e. Upon completing the review of the Incident Report the Area Supervisor will document on the Incident Report in red ink on the top right-hand side of the front page of the Incident Report the type of incident using the coding system (see IR Coding section of this policy).
   f. If the incident was determined to be a Critical Incident a "C" will be written in red ink on the top right-hand corner of the front page of the Incident Report so the QA Department will enter it as such in the IR database as well as the Regional Director is involved in-ensuring corrective action is being taken.

4. **The QA Department will**:
   a. Original copies of all Incident Reports will be maintained in Administrative Records at the corporate office.
   b. Review Incident Reports received from the Area Supervisor for completeness and follow up as needed to ensure completion.
   c. Maintain a database of all Incident Reports for the purpose of tracking trends, including Critical Incidents.
   d. Compile reports of Incident Reports for review by the Regional Directors and Steering Committee.
   e. Compile reports of Incident Reports and send to contract agencies as required by contract.
   f. The QA Department, which includes the chairperson of the Emergency Management Committee (EMC), will include trends, environmental factors, contributing elements, system failures or training deficiencies for review by EMC so further company-wide action is taken, if needed.

5. **The Regional Directors will:**
   a. Ensure that all actions have been taken to protect, comfort, support/provide treatment for the individual as necessary and act to prevent any further immediate negative consequences.

b. Assist the Area Supervisor to identify if all necessary action has been taken to alleviate the incident. Complete timely debriefing with those who may have been impacted by the incident.
c. Establish, initiate and monitor corrective action.
d. Assist the Area Supervisor to determine if the incident is a Critical Incident.
e. If the incident has been determined to be a Critical Incident the Regional Director will initiate an RCA.
f. Ensure the RCA is included on the Steering Committee agenda for discussion.
g. Complete follow up of Steering Committee recommendations and ensure corrective action has been completed.
h. Review Incident Report data from the QA Department looking for trends so corrective action can be taken.

6. **The Emergency Management Committee will**:
   a. EMC may complete additional review of RCA as a support.
   b. Review the Incident Report data looking for trends, environmental factors, contributing elements, system failures or training deficiencies so further company wide action is taken, if needed.
   c. Discussions will be documented in the EMC meeting minutes.

7. **The Steering Committee will**:
   a. Review the Critical Incident by way of an RCA. The review may include the following:
      i. Describe the event and what took place.
      ii. Specify who completed the review.
      iii. Gain a clear picture of the process leading to the adverse event.
      iv. Look for the cause of the variation.
      v. Identify possible solutions.
      vi. Implement Quality Improvement initiatives as necessary.
      vii. Develop the policies/procedures or action needed.
      viii. Train all individuals on the new policies/procedures.
      ix. Conduct audits to check whether actions had impact.
      x. Adjust systems as needed.
   b. Submit completed analysis of trends from the RCA to appropriate meeting minutes so that company wide training can take place to prevent future occurrences.

INTERNAL INCIDENT REPORT ROUTING PROCEDURES

1. All licensed and SIL locations where LADD provides support services in a licensed will maintain an Incident Report book.
   a. Complete the approved Incident Report form based on the location and type of program as indicated above
   b. After the Incident Report has been routed, the person completing the Incident Report will note in the Staff Documentation & Communications Book, Section 1, Log/Notebook that an Incident Report was completed and that all staff must refer to the IR Book in order to review it.
   c. The Manager will place the Incident Report in the Incident Report Book which is tabbed out by person and complete responsibilities as noted in the Manager section above for documenting all ongoing updates. Incident Reports will remain in the IR Book for two years.
   d. The Area Supervisor will;

i. Complete responsibilities as noted in the Area Supervisor section above for documenting ongoing updates and coding.
ii. By the 5th of the month (for example on August 5th all July Incident Reports are to be turned in);
iii. Central locations will scan Incident Reports to the QA Department, **ORIGINAL** Incident Reports will be kept in the Incident Report Book tabbed out by person for two years and then purged to the person's My Personal Records Book.
iv. West locations will remove **ORIGINAL** Incident Reports from the Incident Report Book, a **COPY** is placed in the Incident Report Book and the **ORIGINAL** is brought to the QA Department. It is the responsibility of the Area Supervisor to secure the Incident Reports in transition from the service location to the QA Department. When turning in **ORIGINAL** Incident Reports they must be placed in an envelope or folder with the correct Region/Area specified on the outside of the envelope or folder and placed in the QA Department mailbox. **COPIES** remain in the Incident Report Book for two years and then are shredded.

e. The QA department will enter Incident Report data and file in Administrative Records at the corporate office for seven years, at which time they will be purged to long-term storage.

2. All other support service types do not maintain an Incident Report Book; this includes individual CLS and Respite. For these service types, each support staff is provided the contract specific Incident Report to complete as needed. Additional copies are available upon request.
   a. Upon completing an Incident Report, the support staff will notify their immediate supervisor that they have completed an Incident Report.
   b. Management provides further instruction to ensure Incident Report collection occurs within 24 to 48 hours, and routes it to the appropriate Contract Agency.
   c. The Supervisor turns the Incident Report into the QA Department immediately after routing.
   d. The QA Department enters the information into the IR Database and files Incident Report in the Administrative Records.

INCIDENT REPORT WRITING PROCEDURES

The Incident Report (IR) Writing Procedures are to assist employees to complete IRs in a timely and meaningful manner.

OVERVIEW

1. All employees are required to take immediate action to protect, comfort and support/assure treatment for the individual as necessary.
2. Immediately verbally notify the designated supervisor of any apparent physical injury, and/or suspected abuse or neglect.
3. Incident Reports are to be written any time an "unusual" or "out of the ordinary" incident occurs or as directed by the Person Centered Plan (PCP).
4. Complete the Incident Report using the approved Incident Report form based on the location and type of program. **State Licensed locations are required to use the State Licensed form ONLY.**
5. Staff are to document in the Staff Communications Book anytime they write an Incident Report. Incident Reports are to be given to the Manager for their follow-up and then sent to the appropriate agencies; contract agency and the Office of Recipient Rights.
6. Suspected Abuse/Neglect must be IMMEDIATELY reported to Management and the Responsible Agencies as noted in the policy section.
7. All staff are responsible for ensuring the safety of the people we support and therefore must never

leave shift until they feel confident the person is safe.

WRITING THE INCIDENT REPORT – each county may have a specific IR that is to be completed therefore each program should have the county specific IR available. These could be in the form of paper copies, or electronic versions. In addition, a licensed home may require a licensing IR to be completed. Regardless of the type of IR completed all IRs must be:

1. **CLEAR -** State the **FACTS** and use words that help describe a picture of what happened. Be specific and do not tell how you or others feel about what happened.
   - What led up to the incident?
   - Where did the incident take place?
   - When did the incident take place?
   - Was it intentional or accidental?
   - Were there any obvious factors to cause the incident?
   - Was anyone else involved (staff or people supported)?
   - What was your initial response?
   - What you did to assist the person through the incident?
   - What you did after the incident was over to assist the person?
   - Did you provide any aftercare for the person?

Consider, instead of writing "He was very aggressive because he was in a bad mood" write "He hit and kicked me on my arms and legs 3 times. Injury was evidenced by 2 bruises approximately 3 inches in diameter on staff's right forearm. Prior to the incident staff had asked him 2 times to help with washing the dishes.

2. **COMPLETE -** All areas of the Incident Report must be completed.
   - Always put the legal name of the person supported, NO Nicknames. When writing an IR about a person you must initially write in their full legal first and last name and then refer to them throughout the remainder of the IR by their full legal first name. If the IR must include reference to another person supported then refer to them as peer or housemate. You must not use identifying information such as initials or case number when referencing additional people in an IR. If referring to more then one peer in an IR you should number them such as Peer #1 and Peer #2 throughout the entire IR.

   *****If a contract agency has specific requirements regarding identification of multiple people in an IR and has documented those requirements as part of the contract process then those requirements must be followed. The Regional Director will provide guidance if needed.**

   - Always write out the program name with apartment number. Don't use program #'s. (Example: Instead of C-23, you should write O'Keefe Apartments, Apartment #2)
   - Always make sure you have the correct time and date of the incident.
   - Whenever two or more people supported are involved in **ANY** incident, a **SEPARATE** Incident Report must be written for each person supported involved.
   - Always list staff's **FULL FIRST and LAST NAME** that were witnesses or involved; NEVER just a first name with last initial, just initials, or nickname.
   - Never write something you didn't see happen.
3. **PHYSICAL MANAGEMENT (Only when approved for use in your location and after successfully completing an approved training course)-** Must be reported to the Office of Recipient Rights. This means that details regarding the specific intervention and technique used must be documented in the IR and/or on an additionally required form provided by ORR and must include these areas;
   - What happened prior to the use of physical management?
   - What positive techniques were used prior to physical management, i.e. offered choices, used active listening, etc.?
   - What behavior presented an immediate risk?

- What is the name of the physical management technique used i.e. separating, side hug, one arm support, etc.?
- How long was the physical management technique used for?
- Reason why the use of physical management was terminated?
- What is the outcome or result of using physical management i.e. injury to staff, injury to person, police called, no injuries, etc.

4. **TIMELY –** Write/electronically submit the IR immediately after the incident or at least by the end of the shift. Do not leave work without documenting an incident that happened during your shift.
5. **MANAGEMENT -** Management must complete the appropriate sections and review the incident, considering areas such as, how this could have been prevented, are there any training needs to prevent future occurrence. Did staff follow procedures to correct the incident? Must also document any follow-up needed i.e. return for follow-up doctor appt. in 2 days.
6. **NOTIFICATION** – Management must notify following the standards specified in the policy section.

*** *Incident Reports (I.R.'s) are written to make sure that unusual events involving recipients of mental health services, employees, and/or volunteers are documented as quickly as possible and with as much information as needed to be clear about what happened.**

*** *Incident Reports are legal documents and cannot be destroyed. Learning to write them well is an important part of a LADD employee's job.**

INCIDENT REPORT CODING
FOR AREA SUPERVISOR USE ONLY

1. Upon completing the review of the Incident Report, the Area Supervisor will document on the Incident Report in red ink on the top right-hand side of the front page of the Incident Report the type of incident using the coding system below. More than one code may be applied to a single Incident Report, this is understood for reporting purposes and is helpful in identifying trends.
2. If the incident was determined to be a Critical Incident a "C" will be written in red ink on the top right-hand corner of the front page of the Incident Report so the QA Department will enter it as such in the IR database.
3. Any Incident Report submitted to the QA Department that has significant outstanding issues will be flagged for review by the Regional Director for follow-up, corrective action and data tracking purposes.

Incident Report Codes: More than one code may be used on a single Incident Report.

MEDICAL		
M1	Medication or Treatment Refusal	Used only if medication or treatments are refused by individual.
M2-1	Medication Error Employee Error	Resulting from employee error.
M2-2	Medication Error Other	Includes any issue that causes medication being missed such as; pharmacy error, extended visit, or delivery.
M3	Medical Care	Includes First Aid, treatment and illness not resulting in hospitalization, includes after-hour clinic visits and ER.
M4	Hospitalization	Any illness resulting in hospitalization.

BEHAVIORAL		
B1	Physical Intervention	Used only if employee used physical touch. Was a Mandt Technique used i.e. 1-2 person hold support.
B2	Intervention	Non-physical intervention, redirection, Gentle Teaching or Mandt.
B3	Hostility	Serious display of verbal or physical hostility; including property destruction.
B3-1	Hostility- Recipient	Person receiving physical hostility and aggression.
B4	Police Involvement	Any interaction with police including arrest, visit to home or talking in community.
B5	Hospitalization	Psychiatric Hospitalization
OTHER		
O1	Deleted	No longer in use
O2	Vehicle Accident	Any vehicle accident involving people supported.
O3	ULOA	Unauthorized leave of absence or elopement, including not returning home on time.
O4	Death	Death of a person supported.
O5	General	Any incident not covered in the specific categories.
O6	Insurance Notification	To code an IR with O6 the following must have happened. 1.Injury to a person supported caused by another. 2.The injured person supported sought medical care. 3.The injured person supported is an Aetna or Meridian covered individual.
CRITICAL INCIDENTS		
C	Incident that may present a risk of significant harm to the people supported, staff and company.	a. Death of person supported who is actively receiving services. b. Hospitalization – which may have been caused by the following examples significant bodily harm/injury, suicide/attempted suicide, medication error including overdose, (this list is not all inclusive) c. Vehicular accidents, d. Abuse and neglect e. Seclusion, restraint f. Elopement g. Significant property damage h. Legal involvement i. Use or possession of weapons j. Homicidal threat/attempt aggression or violence k. Suicide threat/ attempted suicide l. Overdose/ attempted overdose m. Sexual Assault n. Sexual contact or attempted contact by a staff person o. Situations potentially generating publicity in the media p. Unauthorized use and possession of legal or illegal substances q. Infection control, biohazardous accidents and communicable disease r. Other/quality assurance

Example: An incident report is written when John refused to take his 8 PM medications and ran out of the house. You would use multiple codes: M1 and O3. You would also flag this as a Critical Incident to be reviewed with RD.