

Critical Incident Reporting

Critical Incident Management

DEFINITION - An occurrence of an event that jeopardizes the participant's health or welfare

REPORTING - It is **mandatory** for a DCW to respond to and report a critical incident that happens at **any time** (during your service or not, firsthand knowledge or learned about)

Why report Critical Incidents?

Critical Incident reporting is required for any provider of services for CHC participants receiving waiver services in the community. Reportable categories are listed in future slides.

Why are DCWs/paid caregivers Mandated Reporters?

MCOs, SCs, providers, and paid caregivers are considered mandatory reporters for all critical incident events and also include the Adult Protective Services (APS) Act 70 of 2010 and the Older Adults Protective Services (OAPS) Act.

CHC-MCOs must also ensure that SCs, providers and paid caregivers comply with the critical incident and adverse event reporting requirements outlined in the CHC Agreement and Critical Incident Bulletin.

Why is Critical Incident Reporting required?

- February 23, 2023 Office of Long-Term Living (OLTL) Critical Incident Bulletin 5-23-02; 51-23-02; 54-23-02; 55-23-02; 59-23-02 55 Pa. Code § 52.3 (relating to definitions), clarification of service coordinator (SC) and provider responsibilities
- § 52.16 (relating to abuse), critical incident, and risk management provided
- § 52.11 (relating to prerequisites for participation),
- § 52.17 (relating to critical incident and risk management) and
- § 52.21 (relating to staff training).
- APS: Act 70 of 2010 requires that all OLTL SCs and providers are mandatory reporters under the law and provides protections for adults between the ages of 18 and 59 who have disabilities. 35 P.S. §§ 10210.101 – 10210.704.
- OAPS: OAPS Act requires that all SCs and providers report suspected abuse and neglect of adults over age 60 to Older Adults Protective Services (OAPS). See 35 P.S. §§ 10225.101 – 10225.5102 and Title 6 Pa. Code, Chapter 15.

Required Reporting

PARTICIPANT INVOLVEMENT

- In order to respect an individual's autonomy, a participant has the right to not report critical incidents and has the right to decline further Interventions.
- A participant also has the right to refuse involvement in the investigation.
- If the participant decides to be involved in the investigation, the participant has the right to have an advocate present during any interviews and/or investigations resulting from a critical incident report.
- In the event that a participant chooses not to report a critical incident or declines further intervention, the critical incident must still be reported and the MCO must investigate.

Reportable Incident Categories (ABUSE)

- Includes infliction of injury, unreasonable confinement, intimidation, punishment, mental anguish or sexual abuse of a participant.
 - **Physical abuse**, defined as a physical act by an individual that may cause physical injury to a participant;
 - **Sexual abuse**, defined as an act or attempted act, such as rape, incest, sexual molestation, sexual exploitation, or sexual harassment and/or inappropriate or unwanted touching of a participant; and
 - **Verbal abuse**, defined as using words to threaten, coerce, intimidate, degrade, demean, harass, or humiliate a participant;
 - **Psychological abuse**, defined as an act, other than verbal, that may inflict emotional harm, invoke fear, or humiliate, intimidate, degrade or demean a participant.
 - **Financial abuse**: occurs when someone takes, appropriates, obtains or retains real or personal property from another person for a wrongful use or with intent to defraud, or both.

Reportable Critical Incident Categories

NEGLECT

- Includes the failure to provide a participant the reasonable care that they require, including, but not limited to, food, clothing, shelter, medical care, personal hygiene, and protection from harm.

EXPLOITATION

- Includes the act of depriving, defrauding, or otherwise obtaining the personal property from a participant in an unjust or cruel manner, against their will or without consent or knowledge, for the benefit of self or others.

Reportable Critical Incident Categories

Use of Restraint:

Includes any physical, chemical, or mechanical intervention used to control acute, episodic behavior restricting the movement or function of the individual or a portion of the individual's body.

If restraint or seclusion is identified, then an incident report for abuse and/or neglect is required.

**Protective services must also be notified

Use of restraints and seclusion are both **restrictive interventions**, which are actions or procedures that:

- limit an individual's movement,
- access to other individuals, locations or activities, or
- restricts participant rights.
- The use of Restrictive interventions or Restraints are prohibited.

Reportable Incident Categories

DEATH – Any death that is unanticipated, not expected or suspicious in nature.

SERVICE INTERRUPTION - Any event resulting in the participant's inability to receive services, that places their health and/or safety at risk and the participant's back-up plan fails. *If there is going to be an interruption of the service, there should be a back-up plan in place.*

ER VISIT - Includes the visit to a hospital emergency room in situations that are clearly emergencies, such as serious injuries, life threatening medical conditions, medication errors, as well as those when a participant is directed to the ER in lieu of or as a result to a visit to a PCP.

The use of an emergency room by an individual, in place of the physician's office, is not reportable.

Reportable Incident Categories

HOSPITALIZATION -

Unplanned admission to the hospital. May be preceded by an Hospitalization ER visit (this does not require 2 separate incident reports).

PROVIDER AND STAFF

MISCONDUCT - Including deliberate, willful, unlawful or dishonest activities.

SERIOUS INJURY - Causes a person severe pain, or significantly impairs the person's physical or mental functioning, either temporarily or Serious Injury permanently.

A Critical Incident is NOT

- ⊗ Routine or pre-planned procedures/hospitalizations.
- ⊗ Complaints, which are dissatisfaction with program operations, activities or services received/not received.
- ⊗ Grievances, which are appeals filed based upon denial of requested services.
- ⊗ Program Fraud, waste and financial abuse: claims submitted for services or supplies that were not provided or excessive charges for services or supplies.
- ⊗ Other events where it is important to notify the participant's Service Coordinator, but do not meet the criteria of a critical incident.

What to document in the Incident Report

A critical incident report must include a full description of the critical incident, event details, names, witnesses, contributing factors or actions by those involved, any actions taken by anyone involved after the incident, specifically actions taken to immediately secure the participant's well-being (calling 911, contacting family members/friends, taking the participant somewhere, accessing community resources, etc.)

Documentation must be specific and detailed: who, what, when, where, why and how.

Document when you notified the SC (within 24 hours following the date and time of discovery) and the summary of the call.

Complete a written incident report:

<https://pa.tempusunlimited.org/wp-content/uploads/sites/3/2024/05/CHC-MCO-Critical-Incident-Form-for-Tempus-v7-fillable.pdf>

Use the **Community HealthChoices Critical Incident Report** for non-protective services cases (ER Visit, Unplanned Hospitalization, Service Interruption, Provider Misconduct, or Medication Error.)

For incidents of suspected abuse, neglect, exploitation, restraint, or suspicious death reported to APS/OAPS, use the written **ACT 70 Mandated Abuse Report** and send to the MCO in lieu of the Community HealthChoices Incident Report.

https://www.dhs.pa.gov/about/Fraud-And-Abuse/Documents/Act_70_Form.pdf

Reporting to Protective Services

How to report suspected abuse, neglect, or exploitation

Suspected abuse, neglect, exploitation, or suspicious death should be verbally reported to the APS/OAPS Hotline by calling **1-800-490-8505**. The hotline number will transfer you to the appropriate place to make the report.

A written PA Act 70 form must be submitted to APS/OAPS after making a verbal report to the hotline. *The Act 70 form can be submitted to the MCO in lieu of the Community HealthChoices Critical Incident report.*

For allegations of sexual abuse, serious physical injury, serious bodily injury, or suspicious death, a report must be made to local law enforcement, then send the officer the ACT 70 form. Document the officer's name, number, precinct or location of the department, date contacted, and a summary of the conversation. For critical incidents that need to be reported to law enforcement and are not immediate emergencies, use the standard law enforcement phone number.

Priority Actions to Take

DCWs/paid caregivers are required to report critical incidents. Before reporting, measures must be taken immediately to safeguard the participant. This may include:

Calling 911

Contacting APS (participants ages 18-59) or OAPS (participants ages 60 or older) hotline if the incident is a category of suspected abuse, neglect, or exploitation

Law enforcement, Fire department, or other authorities as appropriate.

Steps to be taken:

- 1) Immediately safeguard the health and welfare of the participant.
- 2) Within 24 hours, the DCW that discovers or has independent knowledge of the critical incident is to

1. Contact the Participant's SC

2. Call the APS/OAPS Hotline and submit a written Act 70 Mandated Abuse Report to the local APS/OAPS office and the participant's MCO

Incidents involving Protective Services

Contact the Participant's Services Coordinator (within 24 Hours)



Collaboration and communication!
Re-evaluation backup plans or staffing assignments to prevent further incidents.
Discuss options, concern, and resolutions with Service Coordinator and Participant.

Does the incident include allegation of improper behavior by the caregiver?



The paid caregiver must be removed from the participant's services and from servicing ANY CHC participant until the investigation is complete.

What happens after an Incident Report is filed?

The participant's CHC MCO or SC may contact you for additional information and follow up in order to address the risks with the participant, ensure proper reporting, and close out the incident with sufficient detail to outline how the risk has been mitigated and the participant is safe and not at any additional risk.



MCO Contact Information for Incidents

PA Health and Wellness	UPMC Community HealthChoices	AmeriHealth Caritas Keystone First
<p>To speak to the participant's PHW Service Coordinator: Call 1-844-626-6813</p>	<p>To speak to the participant's UPMC CHC Service Coordinator: Call 1-833-280-8508</p>	<p>To speak to the participant's AHC/KF Service Coordinator: Call 1-855-235-5115</p>
<p>Email Completed Incident reports to: CIReports@PaHealthWellness.com</p>	<p>Email Completed Incident reports to: CHC_Critical@UPMC.edu</p>	<p>Email Completed Incident reports to: SWSCFAX@amerihealthcaritas.com</p>