

Risk Mitigation & Special Incident Reports



**WHAT, WHEN AND HOW TO REPORT
& WHAT HAPPENS AFTER?**

Risk Mitigation



- The North Bay Regional Center (NBRC) Risk Management and Mitigation Plan seeks to assure that all people served are safe and well through the review of Special Incident Reports, Mortality Reviews, Staff Training, the use of Risk Assessment Tools, and the development of strategies for quality improvement
- Goals:
 - Prevention
 - Communication
 - Collaboration

Risk Management



- NBRC's Risk Management and Mitigation Plan is designed to conform with the specifications of Title 17 California Code of Regulations (54327.2) by addressing:
- The process used to report Special Incidents by NBRC staff, vendors and long-term health care facilities;
- NBRC's obligation to train Service Coordinators and provide technical assistance to vendors;
- The evaluation of trends; and
- The identification of effective systemic and programmatic interventions that will improve the health and safety of people receiving services

PURPOSE



- **Close the Loop on SIR**
- **Prevention**
- **Anticipate problems before they happen**
- **Perpetuate a self correcting system**
- **See Results in Action**

What is a Special Incident?



- Generally speaking, **a special incident is something that has caused harm or has the potential to cause harm** to a person receiving services.
- Special incident reports are used by direct care staff to communicate details of specific events in a consumer's life.
- In addition, SIRs are used internally at NBRC to indicate trends and patterns, which helps to identify individual service needs as well as training topics for staff and care providers.

Who needs to report?



- Title 17 mandates specific special incident types be reported to NBRC when they occur during the time the client was receiving services and supports from any vendor or LTC facility. These are referred to as “Reportable” incidents because they are required by DDS (Department of Developmental Services).
 - **Licensed care homes and supported living agencies are responsible for 24 hour care unless otherwise specified in the consumer’s IPP.**
 - **Independent living services agencies and day programs are only responsible to report most incidents that occur during scheduled hours, which may vary depending on individual service needs.**
 - **Regional centers will report all special incidents that they believe to have occurred under vendor care, regardless of the identity of the vendor – i.e. even if the vendor reporting to the regional center is not the vendor under whose care the incident occurred.**
- Some incident types are not “Reportable” by Title 17/DDS standards, however NBRC requires them to assure quality of service and communication.



The following incident types
(Victim of Crime, Suspected
Abuse & Death) need to be
reported immediately,
regardless of when or where
they occur:

VICTIM OF CRIME



- **Crimes include:**

- Robbery
 - ✦ Assault with the intention of taking another's property.
- Burglary
 - ✦ Illegally entering a building with the intent to take another's property.
- Larceny
 - ✦ Theft of property
- Aggravated Assault
- Rape
 - ✦ Including attempted rape

- **Include in your report:**

- Date, time and place
- Perpetrator (if known)
- Specific description of incident including medical care received, property taken, etc.
- Law enforcement contacted?
- Follow up or preventative plans for the future.
- Outside agencies involved?
 - ✦ APS, CPS, Police

SUSPECTED ABUSE



- **Physical abuse**
 - Physical/chemical restraint
- **Emotional abuse**
- **Financial abuse**
- **Sexual abuse**

- **Include in your report:**
 - Date and time (approx ok)
 - Perpetrator (if known)
 - How abuse was discovered
 - Medical care received
 - Plans to protect from future abuse
 - Outside agencies involved?
 - ✦ APS, CPS, Police

SUSPECTED NEGLECT

- Failure to provide food/shelter/clothing
 - Failure to provide medical care
 - Failure to care for hygiene needs
 - Failure to protect from health/safety hazards
 - Failure to provide care in general
 - Including self-neglect
- Include in your report:
 - Date and time, or length of time it has been suspected to be occurring.
 - Suspected perpetrator (if known)
 - Medical care received
 - Preventative plans
 - Outside agencies involved?
 - ✦ APS, CPS, Police

DEATH



- **Include in your report:**
 - Date and time of death
 - Place of death
 - Medical care or treatment received
 - ✦ including emergency care/911 if applicable
 - Suspected cause of death
 - ✦ Was it expected? Predictable? Unexpected?
 - Persons present at time of death
 - Who was notified?
 - Name of funeral home being used (if known)
 - ✦ If a death certificate is available, please include a copy with your report.



As a MANDATED REPORTER, it is your legal duty to report reasonably suspected abuse or neglect to the proper authorities!



Per T17 regulations, the following incident types must be reported when they occur while under vendored care:

**Report by phone, fax, or email not more than 24 hours after learning of the occurrence to NBRC;
Written SIR due within 48 hours**

HOSPITALIZATION OR SERIOUS INJURY



- **Hospital admission**

- Respiratory
- Cardiac
- Diabetes
- Seizure
- Wound Care
- Internal infection
- Psychiatric

- **Serious injury *requiring more than first aid***

- Lacerations requiring sutures (including stitches, staples and glue)
- Burns
- Fractures
- Dislocations
- Puncture wounds
- Bites (human or animal)

- **Include in your report:**

- Date and time
- ER visit longer 24hours
- Pertinent events leading up to injury or illness
- Name of hospital (for admissions specifically)
- Type of care received
- Discharge plans
- Preventative plans for the future.

MEDICATION ERRORS OR REACTIONS



- **Include in your report:**
 - Type of medication, including dosage and typical method of dispensing.
 - For errors, what exactly happened, who was responsible, how was it discovered.
 - For reactions, describe how the reaction was discovered (behavior, physical signs, etc.)
 - Plans to correct and prevent errors in the future.
 - Medical care (or advice) sought/received.

MISSING PERSON/AWOL



- If a consumer has left home/program and has been gone for more than 3 hours, police must be notified (unless otherwise specified in the IPP).
- Include in your report:
 - Date and time consumer was last seen.
 - Events leading up to AWOL.
 - Attempts to find the person.
 - When were police contacted.
 - Was the person found? Where? When? By whom? Condition?
 - Plans to prevent future AWOL

“OTHER” INCIDENT TYPES



Medical issues

- Emergency Room visits
- Seizures
 - Only required if the seizure is unusual for the consumer (length, severity, requiring medical care)
- Drug/alcohol abuse
- Disease outbreak
 - Lice, pink eye, other contagious illness
- Condition requiring medical intervention
- Choking
- Pregnancy
- Injury
 - From seizure
 - From behavior episode
 - From another consumer
 - **Falls (regardless of injury or non-injury)**

Social/Emotional events

- Arrests
- Community safety
- Property damage
- Law enforcement involvement
- Severe verbal threats
- Suicide threats or attempts
- Inappropriate sexual behaviors
- Aggressive acts
 - Toward peers
 - Toward staff
 - Toward self
 - Toward family/visitors
 - Using a weapon

THINGS TO REMEMBER:



Always remember to include the following in your reports:

- Detailed description of incident
- Medical treatment received
- Events leading up to incident, if pertinent
- Who was involved
- Discharge information (for ER/hospital visits)
- Plans to prevent future incidents

Also note:

- If the incident involved more than one consumer, a separate SIR is needed for each person.
- If in doubt please report anyway.
- If an incident occurred and involved more than one vendor (e.g. day program and care home) reports are required from both vendors.

NOTIFICATIONS



- Agencies must report to **NBRC SIR Coordinator** no more than 24 hours after learning of the incident.
- SIR Coordinator: 256-1259.
- A Special Incident Report must be submitted to NBRC SIR Coordinator within 48 hours.
 - By email: SIR@nbrc.net
 - By fax: 707-256-1270
- Licensed facilities must notify Community Care Licensing within 48 hours
- In cases of abuse or neglect, Adult Protective Services, Child Protective Services or Ombudsman must be notified as soon as possible to help investigate the allegations.
- Law enforcement must be notified in cases of victim of crime

Who Does What?

- SIR Coordinator- receives and enters the SIR report into Sandis and transmits to DDS; notifies the SC
- SC- reviews the SIR to determine appropriate follow up within 90 days
- QA staff - reviews Reportable SIRs for compliance and training needs
- QA nurse- reviews Reportable SIRs that involve medical issues

What Happens Next...



- Once NBRC receives the initial report (verbal, by email, or by fax) the SC will begin their follow up; to be completed within 90 days
- NBRC staff will review the SIR to ensure the safety of the individual(s) receiving services has been addressed by the reporting agency and, to assure all needed notifications have been made in accordance with the NBRC policy

What Happens Next...



- NBRC staff may take no action if it appears the incident requires no further follow up and the agency responded appropriately to the incident; or
- NBRC staff may contact the provider to obtain more information by speaking to staff, consumers, and/or complainants. In addition, copies of additional written documents may be requested.
- NBRC staff may conduct an on-site investigation independently, or in conjunction with other investigative entities

ADDITIONAL INFO



- Title 17-
<http://www.dds.ca.gov/title17/T17SectionView.cfm?Section=56027.htm>
- NBRC Service Provider web page-
<http://nbrc.net/service-providers/special-incident-reports/>
- DDS Safety Net-
- <http://www.ddssafety.net//>
- NBRC phone numbers:
 - Napa 707-256-1100
 - Santa Rosa: 707-569-2000
 - After Hours: 800-884-3268 (evenings, weekends, holidays)