

Risk Mitigation & Special Incident Reports



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



Overview



- Risk Mitigation and Risk Management
- Special Incident Reports (SIR)
 - What is an SIR
 - Who needs to report SIRs
 - What types of incidents must be reported
 - What information must be reported
 - Notification requirements
 - NBRC process/action

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):
- 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 through the Risk Mitigation Committee

Risk Mitigation



- Mission Analytics is the risk management contractor to the California Department of Developmental Services (DDS)
- In this capacity, Mission Analytics works directly with the Department and the 21 regional centers
- Mission Analytics analyzes data, distributes findings, and provides technical assistance to help regional centers identify and limit risks to their clients
- Mission Analytics also helps regional centers improve data collection, and maintains the DDS SafetyNet website as a vehicle for delivering information to individuals with developmental disabilities, their families, and support staff

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 services (SLS) agencies are responsible to report all incidents as they are under vendored care 24 hours day**
- **All other vendors must also report SIRs while under their care**

The following incident types:



- ➔ Victim of Crime
- ➔ Suspected Abuse/Neglect
- ➔ Death

Must 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 the 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 the 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 the 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 the 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.

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 the 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



- An Error is defined by the vendor providing the incorrect medication or dosage to the client; or failing to provide as prescribed
- Include in the 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 an individual 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 person 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 – not required by DDS; required by NBRC

Medical issues

- **Emergency Room visits**
- Drug/alcohol abuse
- Law enforcement involvement
- Disease outbreak & infestations
 - Lice, pink eye, bed bugs, other contagious illness

Social/Emotional events

- **Arrests**
- **Suicide threats or attempts**
- **Injury**
 - From seizure
 - From behavior episode
 - From another consumer
 - **Falls (regardless of injury or non-injury)**

NOTIFICATION REQUIREMENTS



- 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 (CCF & Day Programs) 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

Now...Who Does What?



- SIR Coordinator- receives and enters the SIR report into Sandis and transmits to DDS; notifies the SC via auto email
- SC- reviews the SIR to determine appropriate follow up & Submits to Supervisor for final review and transmits to DDS
- QA staff - reviews Reportable SIRs for compliance, vendor training and/or investigation.
- QA nurse and/or physician - reviews Reportable SIRs that involve medical issues to determine follow up

Action



NBRC is committed to ensure safe quality services are provided to individuals and to support vendors with training and technical assistance to provide the best services.

Action



To accomplish both of these during the SIR process, NBRC staff may:

- Contact the provider to obtain additional information
- Speak with staff, individuals served and/or complainants
- Request additional written documentation
- Conduct an on-site investigation independently or with other investigative entities
- Take no additional action as vendor has provided all action, information and documentation necessary.

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)