Reporting

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# Welcome

Welcome to the Department of Human Services incident management and protective services online training. This training is designed for agencies and individuals who provide long-term care to adults.

## Modules Overview

This training has three online modules:

Module 1: Legislation, Policies, and Recognizing Abuse,

Module 2: Roles and Responsibilities, and

Module 3: Reporting.

## Objectives

After completing this module, you will be able to:

* + List the steps to take in all types of incidents
	+ Describe strategies to prevent recurrence

# Reporting

Now, let’s look at how reporting works.

## Identifying Abuse

The first step in the process is to determine the scope of an event. Is it reportable to law enforcement? Protective services? Is it an incident that requires only a service coordinator and provider investigation? How do I know?

The most important consideration is the individual’s safety. For example, if the person is in danger and/or needs medical attention, call 911. Then, follow additional internal reporting requirements. After safety issues are addressed, report the incident to protective services if there is reasonable cause to suspect abuse, neglect, exploitation, or abandonment. We’ll start with critical incident reporting.

## Critical Incident Reporting

As we learned earlier, critical incident reporting is broader than protective services. Protective services are required when a participant needs specific kinds of protection and interventions. Critical incidents include any occurrence of an event that jeopardizes the participant’s health and welfare.

### What's reportable?

Let’s review some events that are reportable as a critical incident.

#### Death, serious injury, unplanned hospitalization

A death, serious injury, or unplanned hospitalization of a participant is a critical incident.

Note: A death that is suspicious or of unexplained causes is a critical incident.

A death due to natural causes is not a critical incident. Preplanned hospitalizations are not a critical incident.

#### Provider/Staff member misconduct

Provider and staff member misconduct including deliberate, willful, unlawful, or dishonest activities.

#### Abuse

Abuse is an act or omission that willfully deprives a participant of rights or human dignity, or which may cause or causes actual physical injury or emotional harm to a participant including a critical incident and any of the following:

* + Sexual harassment of a participant
	+ Sexual contact between a staff member and a participant
	+ Using restraints on a participant
	+ Financial exploitation of a participant
	+ Humiliating a participant
	+ Withholding regularly scheduled meals from a participant

#### Neglect

Neglect is the failure to provide an individual the reasonable care that he or she requires, including but not limited to food, clothing, shelter, medical care, personal hygiene, and protection from harm.

Seclusion, which is the involuntary confinement of an individual alone in a room or an area from which the individual is physically prevented from having contact with others or leaving, is a form of neglect.

#### Exploitation

Exploitation is an act of depriving, defrauding, or otherwise obtaining the personal property of a participant in an unjust or cruel manner, against one’s will, or without one’s consent or knowledge for the benefit of self or others.

#### Service interruption

A service interruption is an event that results in the participant’s inability to receive services that places the individual’s health and/or safety at risk.

This includes involuntary termination by the provider agency and failure of the participant’s back-up plan. If these events occur, the provider agency must have a plan for temporary stabilization.

#### Medication errors

Medication errors that result in hospitalization, an emergency room visit, or other medical intervention are reportable.

### Timeframe and Process

Let’s look at the process. It is mandatory that the agency that discovers or has firsthand knowledge of the incident is the one to report it. If a service provider discovered it, then the service provider must be the one to report it.

* + Reporting applies to incidents that happen at any time, including:
	+ When service is being provided,
	+ When service is supposed to be provided but is not, and
	+ At times when no service is being provided and the agency becomes aware of it.

In short, it does not matter when the incident happened. Reporters must report when they discover that the incident happened…even if it was not “on their watch.”

Participants can report incidents at any time through the OLTL Participant Helpline or the Statewide Protective Services Hotline if they are experiencing abuse, neglect, exploitation, or abandonment. There is no adverse consequence for reporting.

### How to Report a Critical Incident

Now let’s review the critical incident reporting process. It has multiple steps.

#### Inform the SC

Step 1: Inform the SC. If a provider discovers the incident, the provider must notify the SC within 24 hours of discovery of the incident and collaborate to ensure no duplication of the EIM incident report occurs. If the participant needs immediate medical assistance, the provider should call 911 and then call the SC.

#### Report to OLTL

Step 2: Report to OLTL. Safety is the primary concern. The reporter should take all necessary steps to safeguard participants.

Then, determine if the incident meets the criteria for reporting. If it does, the reporter submits the report to OLTL using EIM within 48 hours of discovery. If the incident occurs over a weekend, make the report on the next business day.

The reporter must notify the participant that a critical incident report has been filed. This notice must be provided to the participant within 24 hours.

#### Investigate the Critical Incident

Step 3: Investigate the critical incident. SCs are responsible for investigating all critical incidents except those that involve the SCE. Providers do not investigate critical incidents. SCs begin the investigation within 24 hours of discovery or receipt of report from a provider.

The investigation can be done onsite or by phone.

Fact-finding includes the sequence of events, interviews of witnesses, observations of the participant, and reviews of the environment.

If a participant is hospitalized, SCs should meet with the hospital social worker and the attending physician to ensure hospital staff are aware of the incident and there is a safe discharge plan. As needed, SCs update medical staff and are encouraged to take a nurse consultant if the incident is medically involved. All information is confidential. Participants can choose not to cooperate.

Although providers do not conduct critical incident investigations, they are required to perform an internal review to determine steps necessary to prevent an incident from recurring.

Examples of steps could include care worker education, participant education, a home safety assessment, and others. Providers coordinate closely with the SC when performing these steps.

#### Complete the Incident Report

Step 4: Complete the incident report. When the investigation is completed and within 30 calendar days of discovery of the incident, the report must be completed in EIM outlining the:

* Actions taken to secure participant’s health and safety.
* Changes made to the service plan if appropriate.
* Measures taken to prevent or mitigate a recurrence.
* Incident facts, sequence of events, interviews with witnesses, observation of participant and environment, and investigation outcome.

When the investigation and closure of the incident report cannot be completed within 30 days, an extension must be requested from OLTL through EIM. If a provider is the EIM incident report initiator, the SC must ensure the investigation details and results are available for the provider to include in the incident report.

For incidents involving Act 150 and OBRA participants, OLTL approves the incident report and provides permission to the SC/provider to close the incident report.

For incidents involving CHC participants, the MCO oversees the incident report and provides permission to close the incident report.

#### Contact the Participant

Step 5: Contact the participant. Within 48 hours of the conclusion of the critical incident investigation, the SC must inform the participant of the resolution and measures implemented to prevent recurrence.

#### Remove/Suspend the Employee

Step 6: Remove or suspend the employee, if applicable. Depending on the circumstances, cases that involve an agency or a participant-directed employee may require the employee to be removed from all OLTL programs, have no contact with the participant, or be suspended.

If the employee works for a participant-directed employer, the employee is required to be suspended without pay. This requires that the back-up plan is in place and activated. It may require a change to agency model, facility placement, or additional services.

## Older Adult and Adult Protective Services Reporting

As we’ve learned, critical incidents cover a number of items. In addition to critical incident reporting, some critical incidents also require reporting to OAPSA and APS. Let’s look at the reporting required if the provider or SC has reasonable cause to suspect abuse, neglect, exploitation, or abandonment. As a reminder, OAPSA reporting is through PDA and APS reporting is through DHS.

### You secure the situation

Secure the situation and manage any imminent risk to the individual’s health or safety.

* + Call 911 immediately for any life-threatening emergencies, prior to calling protective services.
	+ Call the police for a welfare check when there is a question of a person’s immediate health and safety.
	+ Call crisis intervention for any mental health emergencies requiring immediate attention.

### You call the hotline

All necessary actions should be taken first such as calling EMS or crisis intervention. Then, call the Statewide Protective Services Hotline to report an allegation of suspected abuse, neglect, exploitation, or abandonment. The hotline number is the same for OAPSA and APS and can be found in the Resources Document.

# You contact law enforcement & PDA/DHS

In cases of suspicious death, serious injury, serious bodily injury, and sexual abuse, additional steps must be taken.

* + Mandated reporters must:
	+ Make an immediate oral report to law enforcement.
	+ Make an immediate oral report to PDA/DHS using the mandatory abuse reporting line.
	+ Provide a written report to law enforcement within 48 hours.

The phone numbers can be found in the Resources Document.

# AAA receives RON

There are two ways the AAA receives a Report of Need (RON).

1. From the protective services hotline.
2. Directly from the reporting source.

The AAA completes a Report of Need (RON) and documents the report in the Social Assistance Management System (SAMS). Both OAPSA and APS use SAMS for documentation.

### AAA notifies Protective Services

For individuals aged 60 and over:

* + Hotline staff notify the OAPSA Agency (AAA) intake staff.
	+ The AAA intake staff notify AAA OAPSA protective services staff.

For individuals aged 18 to 59 years:

* + Hotline staff notify the APS Agency.
	+ The AAA notifies the APS Agency intake staff via email that a RON is in SAMS.

### OAPSA/APS Agency evaluates RON

AAA OAPSA protective services staff:

* + Evaluate information in the RON.
	+ Determine if the individual meets eligibility criteria.
	+ Classify the case as “Emergency,” “Priority,” “Non-priority,” or “No Need for protective services.”

APS Agency intake staff:

* + Evaluate information in the RON.
	+ Determine if the individual meets eligibility criteria.
	+ Classify the case as “Priority,” “Non-priority,” or “No Need for protective services.”

### OAPSA/APS Agency notifies other agencies

The OAPSA or APS Agency staff notify all appropriate licensing agencies of the Report of Need.

Cases determined to be “No Need for protective services:”

* + Are reviewed by an OAPSA/APS supervisor and PDA/DHS.
	+ May be referred for other services.

Cases classified as ”Emergency,” “Priority,” or “Non-priority” are assigned to an OAPSA/APS caseworker for investigation.

Note: “Emergency” is an OAPSA designation only and requires an immediate response. The rest of the classifications follow the same process for OAPSA and APS.

### OAPSA/APS investigates

All cases classified as “Emergency,” “Priority,” or “Non-priority” are assigned to a caseworker for investigation.

Investigations must be initiated for:

* + “Emergency” (OAPSA only) – immediately
	+ “Priority” – within 24 hours
	+ “Non-priority” – within 72 hours

Protective Services Investigators/Case managers:

* + Initiate investigations within the required timeframe.
	+ Assess risk.
	+ Determine if an individual is at imminent risk.
	+ Determine if an individual is in need of protective services.
	+ Mitigate risk by providing protective services, if necessary.

### OAPSA/APS arranges for protective services

OAPSA or APS may provide or arrange for protective services intended to ensure the adult’s immediate safety and well-being. Protective services provided must be in the least restrictive and most integrated setting. An adult can only receive protective services voluntarily.

Protective services may not be provided to an adult who refuses consent or who, having previously consented, withdraws the consent, unless the services are ordered by a court.

### Reporter sends written report

Within 48 hours of making the oral report to protective services, the reporter sends a written report to the OAPSA/APS Agency by email or fax.

OAPSA written reports are made using one of the following:

* + The mandatory reporting form – This can be found on the PDA and DHS websites.
	+ The PB-22 form (DOH licensed nursing facilities)

APS written reports are made using one of the following:

* + The mandatory reporting form – This can be found on the PDA and DHS websites.
	+ The PB-22 form (DOH licensed nursing facilities)
	+ The Enterprise Incident Management (EIM) report

Please see the Resource Document for contact information.

### CHC Providers

If you are a provider in Community HealthChoices, contact your CHC-MCO for additional reporting requirements.

### Report of Need (RON)

What are the categories in the protective services Report of Need?

”Priority” reports require immediate attention because specific details in the report indicate the possibility that the adult reported to need protective services and is at imminent risk of death, serious injury, or serious bodily injury. Investigation shall be initiated immediately for a priority report.

”Non-priority” reports do not appropriately fall within the priority category and, therefore, do not require immediate attention by the agency. These investigations must be initiated within 72 hours.

A report shall be placed in the “No need for protective services” category when individuals reported to be in need of protective services meet either of the following criteria:

* + Have the capacity to perform or obtain, without help, services necessary to maintain physical or mental health, or
	+ Are not at imminent risk or danger to their person or property.

Please note that OAPSA includes an additional category of “Emergency” which requires an immediate response.

What are the details in the Report of Need?

* + Demographic information
	+ All details/specifics regarding allegations
	+ Physical & health conditions
	+ Disabilities & mental conditions
	+ Physical environment, including dangers
	+ Financial or legal problems
	+ Identity of alleged perpetrator(s).

### OAPSA/APS & Law Enforcement

For cases involving sexual abuse, serious injury, serious bodily injury, or suspicious death, a reporter must:

* + Report to the Statewide Protective Services Hotline.
	+ Make an immediate oral report to law enforcement.
	+ Make an immediate oral report to the PDA/DHS staff responsible for the Protective Services program.
	+ Submit a written report to law enforcement within 48 hours of making the oral report. This written report can be the mandatory reporting form found on the Department’s website, the PB-22, or the EIM Incident form.

Please see the written guidance provided to employees and administrators of facilities for specific details and definitions. Additional information can be found in the Resources document.

## Lesson Summary

A few key points to remember are that health and safety are primary concerns. If there is immediate risk, call 911. Ensure that everyone is clear on the reporting processes for various types of incidents. Remember that this is a participant-centered process. Participants have the right to participate or not to participate in the process. They cannot be threatened with termination or loss of service if they choose not to participate.

## Knowledge Check

Now check your understanding of what’s been covered so far by answering these review questions.

1. Which of the following forms may be used by the reporter to submit a written report to APS? (Select all that apply.)

Mandatory form found on DHS’s website

Enterprise Incident Management (EIM) report

Agency’s complaint reporting form

PB-22 form

Please pause.

The correct answer is that the mandatory reporting form found on DHS’s website, the Enterprise Incident Management (EIM) report, and the PB-22 form submitted by an administrator or employee of a nursing facility, licensed by the Department of Health may be used to submit a written report to APS.

2. True or False? There are three categories on the Report of Need – “Priority,” “Non-priority,” and “No need for protective services.”

Please pause.

The correct answer is False. There are four categories on the Report of Need. “Priority,” “Non-priority,” and “No need for protective services” are three of the categories. OAPSA includes an additional category of “Emergency” which requires an immediate response.

3. True or False? A provider only needs to report incidents that happen when they are providing services.

Please pause.

The correct answer is False. Reporters must report when they discover that an incident happened.

4. True or False? If a provider is the reporter, they should notify the SC within 48 hours of discovery of the incident.

Please pause.

The correct answer is False. The provider should notify the SC within 24 hours of discovery of the incident.

5. True or False? The individual’s health and safety are primary concerns.

Please pause.

The correct answer is True. The individual’s health and safety are primary concerns.

6. Which of the following are reportable critical incidents? (Select all that apply.)

Using restraints on a participant

All medication errors

Secluding a participant in one room of the house

Hospitalization for pre-planned surgery

Failure to provide services, placing the participant’s health and welfare at risk

Please pause.

The correct answer is that using restraints on a participant, secluding a participant in one room of the house, and failure to provide services, placing the participant’s health and welfare at risk are reportable critical incidents.

# Congratulations!

Congratulations! You have completed the Reporting training.

If you have read the contents of the entire module, register your completion of this module by going to the appropriate webpage.

If you are an enrolled provider, go to this [webpage](https://oltl-provider.deringconsulting.com/incident-management-completion-2-4/).

If you are not an enrolled provider, go to this [webpage](https://oltl-provider.deringconsulting.com/incident-management-completion-2-2-2/).