

# **CRITICAL INCIDENT REPORTING**

**DELAWARE DIVISION OF SUBSTANCE ABUSE AND  
MENTAL HEALTH (DSAMH)**

**PROMISE PROGRAM**

# WHAT IS A CRITICAL INCIDENT

Any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the health or welfare of a client.

Could have or had a negative impact on the mental and/or physical well being of a client in the short or long term.

# WHY DOES THE STATE NEED TO TRACK CRITICAL INCIDENTS

- To assure that necessary safeguards have been taken to protect the health and welfare of the individuals receiving 1115 waiver amendment services
- To identify, address and seek to prevent the occurrence of abuse, neglect and exploitation on a continuous basis
- To comply with key regulatory requirements from CMS regarding monitoring
- To insure remediation (follow up) actions are initiated when appropriate

# CRITICAL INCIDENTS AND THE DEPARTMENT'S QUALITY IMPROVEMENT STRATEGY

Monitoring Critical Incidents is a part of the Department's Quality Improvement Strategy encompassing three functions:

- Discovery
- Remediation (Follow-Up)
- Continuous Improvement

# **PROVIDERS OF WAIVER SERVICES**

**Waiver services are furnished at widely dispersed sites throughout the state and communities**

**Typically include: large and small private-sector provider organizations, case managers, individual personal assistants and attendants, clinicians, neighbors and other community members who support individuals**

# REPORTING ISSUES

- Some providers are very diligent about reporting critical incidents to DSAMH
- Some agencies understand the Critical Incident Report (CIR) reporting process and expectations well and others do not
- Some agencies under-report incidents
- Some DSAMH providers have a high frequency of critical incidents while others have a low frequency

# **TIMELY REPORTING REQUIREMENTS**

**HCBS Waiver Service Provider**

**( within 24 hours or one business day)**

**Conflict Free Care Managers**

**( within 24 hours or one business day)**

**Follow-up and investigation**

- ✓ DSAMH responsibility?**
- ✓ Provider responsibility?**
- ✓ Other entity Responsibility?**

# **PROVIDER REPORTING FORMS**

**Provider Services>provider services>forms>DSAMH Critical  
Incident Reporting Forms**

**HCBS Provider Critical Incident Information Form**



# **TYPES OF CRITICAL INCIDENTS TO REPORT**

- **Deaths**
- **Suspected Abuse/Neglect/Exploitation**
- **Serious Illness**
- **Injury to Client**
- **Damage to Client's Property or Theft**
- **Medication Management Issues ie., Errors/Omissions**
- **Other High Risk Issues**

# DEATH TYPES

Ongoing Medical Condition/Illness/Disease

New Medical Condition/Illness

Unexpected/Unknown Cause

Completed Suicide

Homicide

Accidental Death

Other

# SUSPECTED ABUSE, NEGLECT, OR EXPLOITATION

- **Abuse** includes actions which result in bodily harm, pain or mental distress.
- **Neglect** is a failure to provide care and service when a waiver client is unable to care for him or herself.
- **Exploitation** is the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a client's belongings or money without the client's consent.

# **SERIOUS MEDICAL ILLNESS**

- **Recurring Illness**
- **Heart attack (MI)**
- **Stroke (CVA)**
- **Pneumonia**
- **Respiratory failure**
- **Seizure**
- **Infection (UTI)**
- **Dehydration**
- **Cancer**
- **Diabetic Crisis**
- **Mental Illness symptoms**
- **Medical crisis**
- **Other illness**

**Critical Incident Reports Expected In Circumstances That Would Lead To The Belief Of A Higher Risk Potential To The Individual**

# **CAUSES OF SERIOUS ILLNESS**

- **New medical condition**
- **Existing medical condition**
- **Treatment error**
- **Medication or Omission of Medication**
- **Poor care**
- **Undetermined**
- **Other**

# **SERIOUS INJURY**

**Fracture/Dislocation**

**Laceration**

**Serious Burn**

**Head Injury**

**Multiple injuries**

**Unknown injury from fall requiring medical attention**

**Unknown injury**

**Other injury**

# **CAUSES OF SERIOUS INJURY**

**Fall**

**Accident**

**Seizure**

**Assault**

**Choking/Aspiration**

**Physical Restraint**

**Undetermined**

**Other**

# **DAMAGE TO CLIENT'S PROPERTY / THEFT**

- ▣ **Deliberate damage, destruction, theft, misplacement or use of a client's belongings or money without the client's consent, including the deliberate diversion of medications**



# **MEDICATION MANAGEMENT**

- **Problems with medication dosage, scheduling, timing, set-up, compliance, administration or monitoring which can result in documented harm or an adverse effect which necessitates medical care.**
- **Event Type**
- **Cause for event**
- **Administered by**

# OTHER HIGH RISK INCIDENTS

Serious issues that do not yet rise to the level of a critical incident, but have the potential to do so in the future, including such events such as environmental hazards, suicide threats, self-injurious behaviors, arrest or detention, etc.

This type of critical incident always requires follow-up. May start out as a general incident but rises to critical.

# TYPES OF HIGH RISK ISSUES

Lost/missing person

Loss of Home/Eviction

Client fraud

Provider fraud

Serious criminal offense

(offense by client)

Client abuse toward others

Unusual aggressive behavior

**Suicide ideation**

**Suicide attempt**

**Substance abuse**

**Media involvement**

**Environmental hazard**

**Restraints used**

# **COMMON REPORTING ITEMS**

- 1. Hospitalizations**
- 2. ER Visits**
- 3. Dr. Visits**
- 4. Law Enforcement Involvement**

# RECORDING A CRITICAL INCIDENT REPORT

When reporting a critical incident, be prepared to provide enough information so the reviewer knows:

- **Who** was involved in the incident
- **What** were the circumstances of the incident - details
- **Where** the incident happened
- **When** the incident took place, Date & Time

# **MANDATORY REPORTING RESPONSIBILITIES**

**Reporting Critical Incidents to DSAMH does not relieve the provider, provider agency or others of other forms of mandated reporting, including reports to law enforcement, Adult Protective Services, or Long Term Care**

# AFTER A CRITICAL INCIDENT IS REPORTED

DSAMH Risk Management Staff will review all CIRS reports on daily basis checking for completeness of reports to determine if the report:

- Provides enough detail to understand the circumstances of the incident
- Documents the steps taken to respond to incident
- Identifies how client's safety has been addressed and the follow-up measures taken and/or planned
- Documents whether mandatory reporting has occurred

# **AFTER A CRITICAL INCIDENT IS REPORTED**

There will be instances when additional follow-up by the DSAMH Risk manager will be required:

- when reports lack sufficient information for the reviewer to understand the nature of the incident
- how a client or situation has been stabilized
- what safety measures have been taken to investigate and remedy the circumstances





# **WHERE TO SEND THE CIR**

**A special email box at DSAMH has been set up called Incidents and Concerns.**

**Be certain you are reporting Timely within 24 hours.**

**Questions??**

# Thank-you!

Upon completion of this curriculum, please send your name and that of your supervisor to the e-mail box: [dsamhpromise@state.de.us](mailto:dsamhpromise@state.de.us) as proof of your task completion.

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