



MENTAL RETARDATION BULLETIN

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

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February 18, 2004

EFFECTIVE DATE
February 28, 2004

NUMBER
6000-04-01

SUBJECT:

INCIDENT MANAGEMENT

BY:

A handwritten signature in black ink, appearing to read "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary for Mental Retardation

SCOPE:

Individuals who are registered with a county mental retardation program or who receive supports and services from facilities licensed by the Department of Public Welfare's Office of Mental Retardation (OMR), or both, are afforded the protections detailed in this statement of policy.

Providers who receive funds from the mental retardation system, either directly or indirectly, to provide or secure supports or services for individuals authorized to receive services from a county mental retardation program and providers licensed by the Office of Mental Retardation are reporters and are to file incident reports as specified in this bulletin.

County mental retardation programs and their designated support coordination entities are reporters and are to file incident reports as specified in this statement of policy.

Following the processes outlined in this statement of policy will satisfy the incident reporting requirements of 55 Pa. Code (relating to public welfare) for the following regulation chapters:

- Chapter 20 – Relating to Licensure or Approval of Facilities and Agencies
- Chapter 2380 – Relating to Adult Training Facilities
- Chapter 2390 – Relating to Vocational Facilities
- Chapter 6400 – Relating to Community Homes for Individuals with Mental Retardation
- Chapter 6500 – Family Living Homes
- Chapter 6600 – Intermediate Care Facilities for the Mentally Retarded

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Appropriate Mental Retardation Regional Program Manager

PURPOSE:

The purpose of this statement of policy is to specify the guidelines and procedures for the incident management process. The incident management process is a subset of a larger risk management process. Incident policies, procedures, training, response and reporting are all important aspects of the incident management process. Combined with other areas of risk assessment such as, but not limited to employee injuries, complaints, satisfaction surveys and hiring practices, incident management is an essential component of a comprehensive quality management process.

Providers and counties establish incident management and risk management related policies, procedures, orientation and training that address the items identified in Appendix I, *Incident Management Components*.

This statement of policy establishes processes that will ensure the health and safety, enhance the dignity and protect the rights of individuals receiving supports and services. The processes include uniform practices for:

- Building organizational policies and structures to support incident management.
- Taking timely and appropriate action in response to incidents.
- Reporting of incidents.
- Investigating of incidents.
- Taking corrective action in response to incidents.
- Implementing quality improvement, risk management and incident management processes for the analysis and interpretation of individual and aggregate incident data.

BACKGROUND:

All providers of mental retardation services and supports, including private and State-operated intermediate care facilities for persons with mental retardation (ICF's/MR), county mental health/mental retardation programs and OMR are partners in the effort to ensure the health, safety and rights of persons receiving supports and services. Each entity reports certain incidents, collects information about those incidents and takes action based on those reports. The development and expansion of community-based supports and services and the increasing flexibility people enjoy to choose a wide variety of both traditional and non-traditional supports have increased the need to establish consistent statewide processes for safeguarding individuals. To this end, OMR promulgated Subchapter D (relating to *incident management*), issued August 27, 2002, published at 32 Pennsylvania Bulletin 2117 (April 27, 2002). Following the implementation period, OMR systematically collected and evaluated feedback from a variety of sources. As part of a continuous quality improvement effort, opportunities for improvement were identified in the feedback, which resulted in the revisions contained in this statement of policy.

DISCUSSION:

The primary goal of an incident management system is to ensure that when an incident occurs, the response will be adequate to protect the health, safety and rights of the individual. This statement of policy communicates clear and specific methodologies to ensure appropriate responses at the provider, county and State levels. The standardization of the reporting format, the time frames for reporting and the investigation protocol are key to conducting individual, provider, countywide and Statewide analysis of incidents. The continuous review and analysis of reported incidents at the provider, county and state levels is to enhance risk management processes and to formulate actions to prevent the recurrence of incidents.

All reportable incidents are to be submitted electronically via the Home and Community Services Information System (HCSIS), a web-based system developed by the Department of Public Welfare. If HCSIS is unavailable, the submission of incidents is to occur by following the directions in the *Incident Management Contingency Plan*. See Appendix J, (relating to *incident management contingency plan*).

The incident management processes described in this statement of policy expect that investigations at the provider, county and State levels be conducted by certified investigators. This will ensure that all incidents that require investigation receive a systematic investigation that meets established standards. A training program and certification process has been established by OMR and communicated by Mental Retardation Bulletin 00-01-06, *Announcement of Certified Investigator Training*, dated September 6, 2001.

In addition to the OMR reporting processes described in this statement of policy, reporting requirements of other laws, regulations and policies must be followed. See Appendix F, (related to *related laws, regulations and policies*). Providers, supports coordination entities, counties and OMR must be vigilant to report any incident where there is a suspected crime to law enforcement. When an individual is allegedly abused, neglected or the victim of a crime, he is to be offered the support of a Victim's Assistance Program. See Appendix G, (related to *Victim's Assistance Programs*).

Facilities must comply with 55 Pa.Code Chapters 2380, 2390, 6400, 6500 and 6600. To the extent that this statement of policy exceeds the requirements of Chapters 2380, 2390, 6400, 6500 and 6600, the use of this subchapter is optional for facilities. Because this statement of policy meets or exceeds the regulatory requirements in Chapters 2380, 2390, 6400, 6500 and 6600 compliance with the reporting procedures in this statement of policy will be accepted by the Department as meeting the regulatory requirements of § 2380.17 (relating to reporting of unusual incidents), § 2390.18 (relating to unusual incident report), § 6400.18 (relating to reporting of unusual incidents) and § 6500.20 (relating to reporting of unusual incidents).

The intention of OMR is to develop an effective incident management system that applies an elevated standard concerning the health, safety and rights of individuals receiving services. Complying with this statement of policy will provide the opportunity

to test and revise the policy before regulations related to incident management are revised or initiated. Therefore, it is in everyone's best interest that all providers adhere to the reporting specified in Annex A.

OBSOLETE BULLETINS:

Mental Retardation Bulletin 00-01-05, *Incident Management*, issued August 27, 2001

Mental Retardation Bulletin 00-02-02, *Announcement of the Incident Management Implementation Schedule and Contingency Plan*, issued March 1, 2002

Mental Retardation Bulletin 00-02-14, *Incident Management Interpretive Guideline*, issued October 29, 2002

Mental Retardation Bulletin 00-02-15, *Incident Management Interpretive Guideline-Hospital Discharge Instructions*, issued November 27, 2002

OBSOLETE STATEMENT OF POLICY:

55 Pa.Code §§ 6000.461-474 (relating to incident management)

Effective Date This statement of policy takes effect February 28th, 2004.

(Editor's note: The regulations of the Department, 55 Pa Code Chapter 6000, are amended by deleting a statement in §§ 6000.461 - 6000.474 and by adding a statement of policy in §§ 6000.901 – 6000.904, 6000.911 – 6000.913, 6000.921 – 6000.925, 6000.931, 6000.941, 6000.951 – 6000.985 and appendices E – K to read as forth in Annex A.)