

OLTL Critical Incidents, Including Adult Protective Services/Older Adult Protective Services

- The purpose of this webinar is to assist OLTL Home and Community Based Services providers to determine:
 - when a critical incident has occurred,
 - who is responsible to report a critical incident,
 - when a critical incident situation needs to involve Protective Services,
 - and how to report it all.

- OLTL has the following assurances in each waiver:
 - Health and Welfare
 - Financial Accountability
 - Level of Care
 - Qualified Provider
 - Service Plan
 - Administrative Authority
- OLTL has a commitment to make sure that all participants are safe and receiving services appropriately.

- Definitions:
 - **Abuse** – 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:
 - (1) Sexual harassment of a participant.
 - (2) Sexual contact between a staff member and a participant.
 - (3) Using restraints on a participant.
 - (4) Financial exploitation of a participant.
 - (5) Humiliating a participant.
 - (6) Withholding regularly scheduled meals from a participant.

- **Exploitation** – 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.
- **Investigation** – to take the steps necessary to determine if a critical incident has occurred, to determine if suspected abuse, neglect, abandonment or exploitation requiring the involvement of protective services is involved, what actions are needed to protect the health and welfare of participants and what actions are needed to mitigate future incidents.
- There will be more information about critical incident investigation later in the presentation.

- **Neglect** – 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.

- **Restraint** – any physical, chemical or mechanical intervention that is used to control acute, episodic behavior that restricts the movement or function of the individual or a portion of the individual's body. Use of restraints and seclusions are both restrictive interventions, which are actions or procedures that limit an individual's movement, a person's access to other individuals, locations or activities, or restricts participant rights.

- **Service Interruption** – any event that results in the participant's inability to receive services that places his or her 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.

- **Critical Incident** – An occurrence of an event that jeopardizes the participant’s health or welfare including:
 - (1) Death, serious injury or hospitalization of a participant.
 - (2) Provider and staff member misconduct including deliberate, willful, unlawful or dishonest activities.
 - (3) Abuse, including the infliction of injury, unreasonable confinement, intimidation, punishment or mental anguish, of the participant. Abuse includes the following:
 - (A) Physical abuse
 - (B) Psychological abuse

- (C) Sexual abuse
 - (D) Verbal abuse
- (4) Neglect
- (5) Exploitation
- (6) Service interruption, which is an event that results in the participant's inability to receive services **and** that places the participant's health or welfare at risk.
- (7) Medication errors that result in hospitalization, an emergency room visit or other medical intervention.

- Complaints are different from critical incidents, and should not be reported as critical incidents.
- Program fraud and financial abuse should not be reported as critical incidents, but should be reported in accordance with the OLTL Fraud & Financial Abuse bulletin 05-11-04, 51-11-04, 52-11-04, 54-11-04, 59-11-04 issued on August 8, 2011.
- Pre-scheduled hospitalizations, or hospitalizations for routine illnesses should not be reported as critical incidents.
- A death due to natural causes should not be reported as a critical incident.

- **Before a critical incident is reported, measures must be taken immediately to safeguard the participant.** This may include calling 911, contacting Adult Protective Services **if the situation meets the definition** (participants aged 18-59) or Older Adult Protective Services (participants aged 60 and above), law enforcement, the fire department, or other authorities as appropriate.
- After the health and welfare of a participant has been safeguarded, it needs to be determined if a critical incident is reportable or not. The health and welfare of the participant must be ensured at all times.

- The entity who first discovers or learns of the critical incident (if they were not present when it occurs) is responsible to report it.
- The Service Coordination or provider agency that discovers or has independent knowledge of the critical incident must submit the critical incident report within 48 hours to OLTL.
 - If the critical incident occurs over the weekend, a written report must be entered the first business day after the incident occurred.

Aging Waiver Direct Service Providers



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OLTL Incident Report Form.pdf - Adobe Reader

File Edit View Window Help

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Fill & Sign Comment

Highlight Existing Fields

Please fill out the following form. You cannot save data typed into this form.
Please print your completed form if you would like a copy for your records.

Submit by Email

**OFFICE OF LONG-TERM LIVING
INCIDENT REPORTING FORM**
(Complete electronically and email to RA-Incident@state.pa.us)

Reporter Information

WHO is reporting this Incident? (Select ONE category and provide contact name/phone number/email)

Participant	Advocate / Friend / Relative	Provider (Identify Your Agency's Role and MPI #)														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Name: (Participant, Advocate, Friend, Relative)		<table border="1"> <thead> <tr> <th>Role</th> <th>Provider MPI#</th> </tr> </thead> <tbody> <tr> <td>Service Coordination Agency / Area Agency on Aging</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Direct Service Provider</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Name (Staff completing form) (Name of Provider / Agency)</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>Phone Number</td> <td></td> </tr> <tr> <td>Email</td> <td></td> </tr> </tbody> </table>	Role	Provider MPI#	Service Coordination Agency / Area Agency on Aging	<input type="checkbox"/>	Direct Service Provider	<input type="checkbox"/>	Name (Staff completing form) (Name of Provider / Agency)		Address		Phone Number		Email	
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Name (Staff completing form) (Name of Provider / Agency)																
Address																
Phone Number																
Email																

Description of Reportable Event

Participant Information
Participant Name (Last, First, MI)
Participant SSN
Participant's Phone Number
Participant's Address (Street, City, State, Zip)
County

OLTL Program Information

Name of OLTL Program Participant Enrolled In:
Participant's Service Coordinator (name, agency, phone number)
Name
Phone
Agency

Event Details

Type of Reportable Incident:	Date Incident Occurred (MM/DD/YY)	Discovery Date of Incident (MM/DD/YY)
Death	<input type="checkbox"/>	
Injury	<input type="checkbox"/>	
Hospitalization	<input type="checkbox"/>	
Abuse	<input type="checkbox"/>	
Neglect	<input type="checkbox"/>	
Exploitation	<input type="checkbox"/>	
Provider Misconduct	<input type="checkbox"/>	
Service Interruption / Termination w/Risk	<input type="checkbox"/>	

OLTL Incident Reporting Form.xlsx 4/2010

- Each critical incident report should show:
 - What steps were taken immediately to ensure the participant's health and welfare.
 - what fact-finding steps were taken, and what information was found.
 - what corrective steps were taken.
 - how the critical incident will be prevented from happening in the future.
 - any changes to the service plan because of the critical incident.

- Remember that state entities are viewing your report, so each critical incident report needs to account for background information relative to the critical incident, and explanations of who is involved/what happened. If you read the critical incident report in court, would it paint an accurate picture of the situation and the participant's life?
- Everyone uses abbreviations differently:
 - Consumer: has been abbreviated as con, cons, csmr, which could also be different words. Con is a legal term for Certificate of Need. Cons is also a computer programming term. CSMR is the California State Military Reserve. No one should be using abbreviations when entering critical incidents.

Remember:

- Direct Service Providers must inform the participant's Service Coordinator of the critical incident within 24 hours of an incident occurring. While a critical incident report must be submitted within 48 hours, communication with the Service Coordinator about the issue must happen within 24 hours of critical incident discovery.
- All initial critical incident reports must include:
 - Reporter information
 - Participant demographics
 - OLTL program information
 - Event details and type
 - Description of the incident
 - Actions taken to immediately secure the participant's health and welfare.

- All critical incident reports should show what steps were taken to address the issue that occurred, and what steps will be taken to prevent the issue from happening in the future.

- When a critical incident occurs, any information relating to the critical incident or the participant should be kept confidential, and only necessary information should be released to essential personnel such as police, medical personnel, Adult Protective Services/Older Adult Protective Services, crisis intervention, etc. in order to ensure the participant's health and welfare, and/or complete the critical incident report.
- 55 Pa. Code § 52.29 has requirements on confidentiality.

- Who is a mandated reporter?
 - Anyone who is part of an organization of people that uses public funds (including waiver funds) and is paid, in part, to provide care and support to adults in a licensed or unlicensed setting is a mandated reporter. This includes all OLTL Service Coordination Entity staff and direct service provider staff.
 - A mandated reporter is responsible to contact protective services for anyone, including individuals not on the waiver, with a physical or mental impairment that **substantially limits one or more major life activities.**

- When faced with suspected abuse and neglect, the first thing anyone should do is make sure the victim is safe. This may mean calling the police....it definitely means making a report to protective services.
- How to involve protective services:
 - If anyone suspects that a participant is in imminent danger of abuse, neglect, exploitation or abandonment, they are responsible to make an immediate oral report to the statewide Protective Services Hotline at **1-800-490-8505**. This goes to the local Area Agency on Aging, who will create a Report of Need (RON) that will be sent to Liberty Healthcare (the contracted Adult Protective Services agency) or Older Adult Protective Services within the Area Agency on Aging to investigate.

- What happens after calling the Protective Services Hotline?
 - If a case involves sexual abuse, serious injury, serious bodily injury, or suspicious death, you must also take the following steps:
 - 1. Make an immediate oral report to law enforcement
 - 2. Make an immediate oral report to Department of Human Services (for participants under 60) or Department of Aging (for participants over 60)
 - 3. Within 48 hours of making the oral report, submit a written report to law enforcement.

- Once Protective Services is involved, the Protective Services agency is responsible for investigating Reports of Need.
- If Protective Services becomes involved, the Service Coordinator should still make a contact with the participant to ensure the participant is safe.

- Participant involvement in critical incident reporting:
 - A participant has the right to not report incidents.
 - A participant has the right to decline further interventions.
 - A participant has the right to refuse to be involved in the critical incident investigation.
 - A participant has the right to have an advocate present during any interviews or fact finding activities.
 - If a participant chooses not to report an incident, or declines further intervention, the critical incident must still be reported, and the Service Coordinator must still perform fact-finding activities relating to the incident. Documentation must be kept indicating that the participant did not wish to report the critical incident or declined interventions. The Service Coordinator should also inform the participant that their services may be in jeopardy if they are putting themselves or others at risk.

- The agency staff who first reported the critical incident must notify the participant (and possibly their representative) of filing a critical incident report within 24 hours of filing the report. This notice must be provided in a format that is easily understood by the participant and/or their representative.
 - If the participant's representative is suspected of being involved with the critical incident, the representative should not be informed.

- Within 48 hours of the conclusion of the critical incident fact finding, the Service Coordinator must inform the participant of the resolution and measures taken to prevent recurrence. This must be documented in the critical incident report.

- Service Coordinators are responsible for conducting fact finding in relation to critical incidents that they discover or have independent knowledge of, as well as incidents submitted by providers.
 - The Service Coordinator should first make sure that the health and welfare of the participant have been ensured.
 - The Service Coordinator should contact the initial reporter for information.
 - This may involve on-site fact finding.
 - This may involve interviewing witnesses and observation of the participant.
 - This may involve conducting phone interviews.
 - The Service Coordinator should document how risk has been mitigated.
- If a critical incident involves the Service Coordinator or Service Coordination Entity, that entity should not conduct fact-finding, and should turn it over to OLTL immediately.

- After a Service Coordinator has completed the fact finding activities of the critical incident, they must enter the following information into Enterprise Incident Management or Social Assistance Management System within 30 days of the critical incident discovery date:
 - Actions taken to secure the health and welfare of the participant.
 - Changes made to the Individual Service Plan as a result of the critical incident.
 - Measures taken to prevent or mitigate recurrence of the critical incident, including making appropriate referrals.
- On rare occasions where outside circumstances prevent a critical incident from being concluded within 30 calendar days, an extension may be requested from OLTL with appropriate justification.

- No further action is required when these conditions are met:
 - 1. The facts and sequences of events are outlined with sufficient detail; and
 - 2. Preventative action through the service plan is outlined with sufficient detail; and
 - 3. The participant is not placed in any additional risk.

- A critical incident may entail suspending an employee or removing the employee from all OLTL Home and Community Based Services programs. If this happens, the employee should not have contact with the participant during incident fact finding. Agencies should follow their own policies about whether the suspension is with or without pay until critical incident fact finding activities are complete.
- If the critical incident involves a participant-directed employee, the suspension must be without pay, and the participant's back-up plan should be enacted, or an alternate paid employee should be used.

- All provider and Service Coordination agencies are responsible to train their staff and have supporting documentation that standard training occurred annually on:
 - 1. Prevention of abuse and exploitation of participants.
 - 2. Reporting critical incidents.
 - 3. Participant complaint resolution.
 - 4. Department-issued policies and procedures.
 - 5. Provider's quality management plan.
 - 6. Fraud and financial abuse prevention.

How do I get Information from OLTL?



- Anyone who likes can sign up for a ListServ.
- Go to <http://listserv.dpw.state.pa.us/> and pick which ones you would like to be added to!



- Act 70 for Adult Protective Services :
<http://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2010&sessInd=0&act=70>
- Older Adults Protective Services Act: <http://www.pacode.com/secure/data/006/chapter15/chap15toc.html>
- Report Of Need form:
http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_167248.pdf
- Local Area Agencies on Aging:
<http://www.aging.pa.gov/local-resources/Pages/AAA.aspx>
- Office of Long Term Living Bulletins:
<http://www.dhs.pa.gov/publications/bulletinsearch/bulletinsearchresults/index.htm?po=OLTL>
- 55 Pa. Code Chapter 52 Regulations:
<http://www.pacode.com/secure/data/055/chapter52/chap52toc.html>
- Enterprise Incident Management:
<https://www.hhsapps.state.pa.us/eim/>
- Adult Protective Services FAQ:
http://www.dhs.state.pa.us/cs/groups/webcontent/documents/document/c_199869.pdf

- Questions relating to this webinar can be submitted using the Subject Line “Critical Incidents webinar” to:

RA-oltstreamlining@pa.gov