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CRITICAL INCIDENT MANAGEMENT





Objectives

The purpose of this presentation is to review Critical Incident Management requirements, and emphasize to Office of Long-Term Living (OLTL) Home and Community-Based Services (HCBS) providers:

- What is a critical incident,
- Who is responsible to report a critical incident,
- When to report a critical incident





Critical Incident Management – Policy and Regulation

The content of this presentation is based on the requirements outlined in the Critical Incident Management Bulletin issued on **February 23, 2023**; the approved 1915(c) HCBS Waiver documents; and the Community HealthChoices (CHC) Agreement.

The legal requirements are found in Title 55 Pa. Code, Chapter 52.





Critical Incident Management - Policy and Regulation

Per 55 Pa. Code, Chapter 52; OLTL's Critical Incident Management Bulletin; and the 2022 CHC Agreement, administrators and employees of Long Term Services and Supports (LTSS) providers, including Community Health Choices – Managed Care Organizations (CHC-MCO), Service Coordinators (SC), and individual providers of HCBS are responsible for reporting critical incidents through Enterprise Incident Management (EIM), an electronic data system that collects information regarding critical incidents involving waivers and Act 150 program participants. In addition, Direct Service Providers (DSP) are required to notify the participant's SC when a critical incident occurs.

Additional Training Requirements per 55 PA Code § 52.21 (d)

A provider shall <u>implement standard annual training</u> for staff members providing services which contains at least the following

- (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



Critical Incident Management - Policy and Regulation

CHC-MCOs, SCEs, and DSPs are all <u>mandated reporters</u> under both the Adult Protective Services (APS) (individuals ages18-59) and the Older Adult Protective Services (OAPS) (individuals ages 60 and older) Acts. Therefore, <u>in addition</u> to reporting a critical incident in EIM, CHC-MCOs, SCEs, and DSPs are **required** to report any suspected **abuse**, **neglect**, **exploitation**, **or abandonment** to the appropriate PS agency based on the age of the participant.





Enrolled Provider Requirements

Manage Critical Incidents

Develop & implement written policies & procedures



Critical Incident Management

- Prevention and trend tracking
- Risk management
- Investigations
- Reporting
- Notifications
- Staff training (upon hire and annually)





Individual's Rights

- Participants have the right to make choices, subject to the laws and regulations of the Commonwealth, regarding their lifestyles, relationships, bodies, and health, even when those choices present risks to themselves or their property.
- Participants have the right to refuse to cooperate with reporting critical incidents.
- CHC-MCOs, SCs, and DSPs <u>must</u> report critical incidents <u>even when the participant does not wish to do so</u>.





Critical Incident Management



Before a critical incident is reported, measures must be taken immediately to ensure the health, safety and welfare of the participant. This may include calling 911, contacting APS or OAPS if the situation meets the definition, law enforcement, the fire department, or other authorities as appropriate.



After the health and welfare of a participant have been ensured, the entity who discovered or first learned of the incident must determine whether it is a reportable incident.



What is a critical incident? An occurrence of an event that jeopardizes the participant's health or welfare including

- 1. **Abuse**, which includes the infliction of injury, unreasonable confinement, intimidation, punishment, mental anguish, or sexual abuse of a participant. Types of abuse include, but are **not** necessarily limited to:
 - <u>Physical abuse</u>, defined as a physical act by an individual that may cause physical injury to a participant;



 Psychological abuse, defined as an act, other than verbal, that may inflict emotional harm, invoke fear, or humiliate, intimidate, degrade or demean a participant;

Sexual abuse, defined as an act or attempted act, such as rape, incest, sexual molestation, sexual exploitation, or sexual harassment and/or inappropriate or unwanted touching of a participant; and

 Verbal abuse, defined as using words to threaten, coerce, intimidate, degrade, demean, harass, or humiliate a participant;



- 2. **Neglect**, which includes the *failure to provide a* participant the reasonable care that the participant 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;
- 3. **Exploitation**, which includes the *act of depriving*, *defrauding*, or otherwise obtaining the personal property from 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;



4. **Death** (other than by natural causes);

Important note: Do NOT use Secondary Category "Unexplained" in the Incident First Section. If circumstances are unknown, use "Suspicious". Secondary Category "Unexplained" is for use in the Final Section once a Coroner has determined the cause of death can not be verified.

- 5. **Serious Injury**, an injury that causes a person severe pain or significantly impairs a person's physical or mental functioning, either temporarily or permanently;
- Hospitalization, only if <u>unplanned</u>. NOT routine or scheduled hospital visit for lab work or routine planned treatment of illness;
- 7. Provider or staff misconduct, including deliberate, willful, unlawful, or dishonest activities;

8. **Restraints**, which include 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 seclusion* 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;





- 9. **Service interruption**, which includes any event that results in the participant's inability to receive services and 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; and
- 10. **Medication errors** that result in hospitalization, an emergency room visit, or other medical intervention.





What is **not** a critical incident?

- Complaints are different from critical incidents and should not be reported as critical incidents.
- Program fraud and program 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.
- Missed shifts that do **not** place the participant's health, safety, or welfare at risk.
- Deaths due to natural causes.
- Pre-scheduled medical procedures in hospitals.



Critical Incident Reporting Timeframes

- The entity who <u>first discovers</u> or has <u>firsthand knowledge</u> of a critical incident is responsible to report it.
- A Direct Service Provider (DSP) who discovers or has firsthand knowledge of a critical incident must also inform the Service Coordinator (SC) within 24 hours of discovery.
- The SC or DSP that discovers or has firsthand knowledge of a critical incident must submit the First Section of the critical incident report to OLTL within 48 hours of discovery using the EIM system. There are no other methods to report a critical incident to OLTL.

Note: When the DSP is unable to determine if the SC already submitted an incident report in EIM for the event, err on the safe side and submit an incident report. OLTL will review upon final submission.

• If the incident was discovered on a weekend or a **State** holiday, the 48 hours begin at 12:00 AM on the first business day after discovery of the incident.



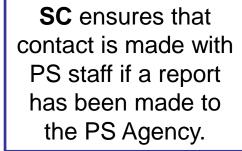
Critical Incident Reporting Timeframes



Within 24 hours of Discovery,

Direct Service Provider (DSP) notifies the Service Coordinator (SC).

Within **24 hours** of having knowledge of the incident, <u>SC</u> begins the investigation.





Within 48 hours of Discovery, DSP or SC (whichever entity first discovered or became aware of the incident) ensures the <u>First Section</u> of incident report is submitted in EIM.



Within 30 days of discovery and upon SC completing the investigation, the SC completes and submits the Incident Report's Final Section in EIM.



Critical Incident Timeframes

(Excerpt from Critical Incident Management Bulletin dated February 23, 2023)

B. PROCEDURES:

I. Mandatory Reporting of Critical Incidents

It is mandatory that the MCO, SC, or provider agency that discovers or has firsthand knowledge of the critical incident report it. This applies to incidents that happen AT ANY TIME, including:

- Critical incidents that occur during the time a service is being provided, and
- Critical incidents that occur during the time an agency is contracted to provide services but fails to do so, and
- Critical incidents that occur at times <u>other</u> than when an agency is providing or is contracted to provide services (if the agency becomes aware of such incidents).





Critical Incident Reporting Timeframes Examples

1st Scenario:

On Friday March 3, 2023, at 2:00 PM, the Direct Service Provider (DSP) arrives for their shift and finds John on the floor complaining of leg/hip pain. He is unable to get up and tells the DSP that he fell while going to heat up a frozen meal for lunch. 3/3/2023 at 2 PM is your incident discovery date and time.

- 1. Immediately: Call 911 and ensure participant receives medical attention
- 2. By 2:00 PM on Saturday March 4, 2023 (24 hours from incident discovery): Notify the Service Coordinator of the event
- 3. **By 1:59 PM on Tuesday March 7, 2023** (48 hours from 2 PM on Friday 3/3, excluding Saturday and Sunday. Counting from 2 PM to 11:59 PM on Friday = 10 hours + 24 hours Monday + 14 hours on Tuesday from 12 AM to 1:59 PM = 48 hours): ensure the **Incident First Section** is **submitted** in EIM
- 4. Collaborate with SC in investigation.

Friday, March 3, 2023 at 2 PM Incident Discovered



Saturday, March 4, 2023 by 2 PM (24 hours) Notify SC of the incident

> 11 12 1 9 3 8 4 7 6 5

Tuesday, March 7, 2023
by 1:59 PM (48 hours)
Submit Incident First Section in EIM



Critical Incident Reporting Timeframes Examples

2nd Scenario:

On Saturday, March 4, 2023, at 10:30 PM, John texts the Direct Service Provider (DSP) saying he fell while he was transferring into bed around 8:00 PM. John called family; they called 911. EMS responded and transported John to General Hospital. 3/4/2023 at 10:30 PM is your incident discovery date and time.

- 1. Immediately: DSP alert their Agency
- 2. By 10:30 PM on Sunday March 5, 2023 (24 hours from 10:30 PM on 3/4/2023): Notify the Service Coordinator of the event.
- 3. By 11:59 PM on Wednesday, March 8, 2023, (48 hours from 12 AM on Monday, 3/6/2023, excluding Saturday and Sunday): ensure the Incident First Section is submitted in EIM.
- 4. Collaborate with SC in investigation.

Saturday, March 4, 2023 10:30 PM

Incident **Discovered**

Sunday, March 5, 2023 by 10:30 PM (24 hours)

Notify the SC of the incident

Wednesday, March 8, 2023

by 11:59 PM (48 hours)

Submit Incident First Section in EIM









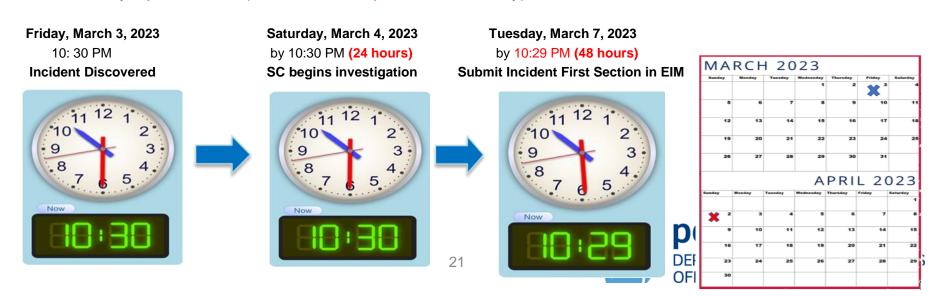


Critical Incident Reporting Timeframes Examples

3rd Scenario:

On Friday, March 3, 2023, at 10:30 pm, the Service Coordinator (SC) is contacted by John's family, alerted to the fall/injury and admission to General Hospital. 3/3/2023 at 10:30 PM is your incident discovery date and time.

- 1. By 10:30 PM on Saturday March 4, 2023 (**24 hours** from 10:30 PM 3/3/2023): SC will **begin investigation**.
- 2. Alert the Direct Service Provider Agency to hold services
- 3. **By 10:29 PM on Tuesday, March 7, 2023**, (**48 hours** from 10:30 PM on Friday, 3/3/2023, excluding Saturday and Sunday. Counting from 10:30 PM to 11:59 PM on Friday = 1.5 hours + 24 hours Monday + 22.5 hours from 12 AM to 10:29 PM on Tuesday = **48 hours**): ensure the **Incident First Section is submitted in EIM**.
- 4. By April 2, 2023 (30 calendar days from Discovery): submit Incident Final Section in EIM.



Critical Incident Reporting Notifications

- Within 24 hours of the report, the agency staff who first became aware of the critical incident must notify the participant and their representative of the critical incident report filing. 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 notified.
- When the Direct Service Provider (DSP) is the incident initiator, the DSP must confirm to the Service Coordinator (SC) this has occurred so the SC can complete the field in the Incident Final Section:

Was the participant notified within 24 hours that a critical incident report has been filed? Select One ▼



Critical Incident Reporting Process

Although all incidents reported to APS and OAPS require a critical incident report in EIM, **not all critical incidents rise to the level of a PS Referral.**



SCs and CHC-MCOs are responsible for ensuring the health, safety, and welfare of participants by implementing risk mitigation measures, in order to prevent Abuse, Neglect, Exploitation, or Abandonment.

Providers play an essential role in this process.





Critical Incidents and Protective Services Reporting

When an incident involves <u>suspected</u> **abuse**, **neglect**, **exploitation**, **or abandonment**, the priority is <u>ensuring</u> <u>participant safety</u>, which might involve calling the police, crisis intervention, ambulance. It **requires** making a report to PS. Contact the PS Hotline **1-800-490-8505**.





Critical Incidents and Protective Services Reporting

- The PS agency will determine the priority level of the RON and whether it will be assigned for investigation.
- Once PS is involved, they are responsible for investigating the allegations.
- The SC and provider staff will cooperate with APS or OAPS in their investigation. Once completed, if the allegations are substantiated, APS or OAPS may provide or arrange for services intended to protect the adult and ensure their immediate safety and well-being, in collaboration with the SC and the provider.





 Remember that state entities are viewing your report, so each critical incident report must account for background information relative to the critical incident, and explanations of who is involved/what happened.

Note: If you <u>read</u> the critical incident report **in court**, would it paint an accurate picture of the situation, the participant's life, and the steps taken to ensure health and safety.



Note: EIM incident report is a <u>real-time document</u> and must be kept up to date with the most recently known information.

Everyone uses abbreviations differently:
 Participant: has been abbreviated as PRT, PTPT, PART, which could also have different meanings. For example, PART is an acronym for Program Assessment Rating Tool. PRT is also used to abbreviate Portable Rapid Test. The use of abbreviations in critical incidents is strongly discouraged.

- 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, APS/OAPS, 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 outlines the confidentiality requirements.





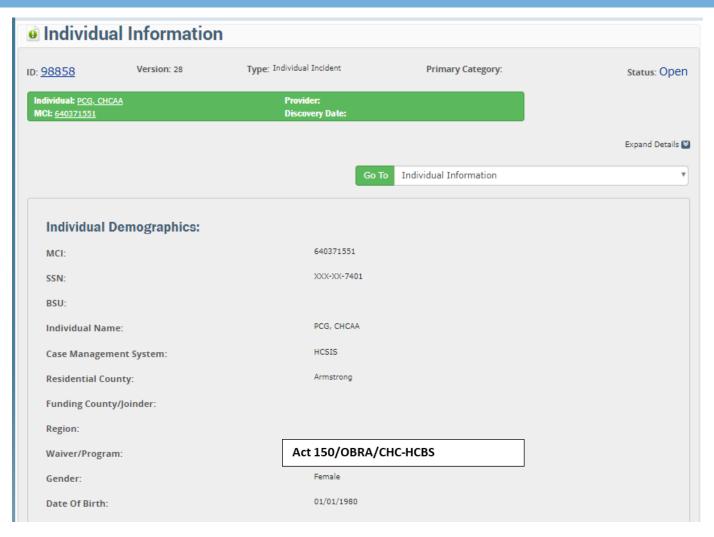
The following slides are intended to present **a few** key sections of the EIM incident report's <u>First Section</u>.

Detailed training on entering and submitting a critical incident report in EIM is available on the <u>HCSIS Learning Management System (LMS)</u>.

Information and training regarding incident report content and details are the *responsibility of the Direct Service Provider Agencies and SC Agencies*.

For CHC waiver participants, the **CHC-MCOs** are responsible to provide training.

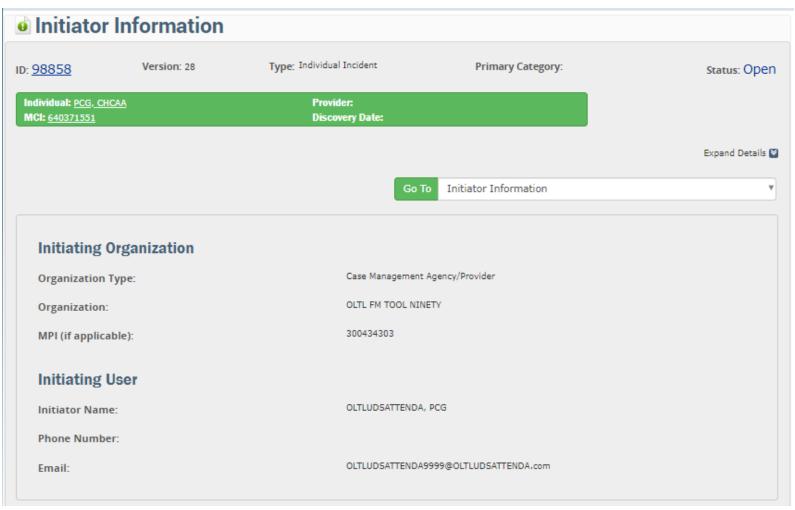




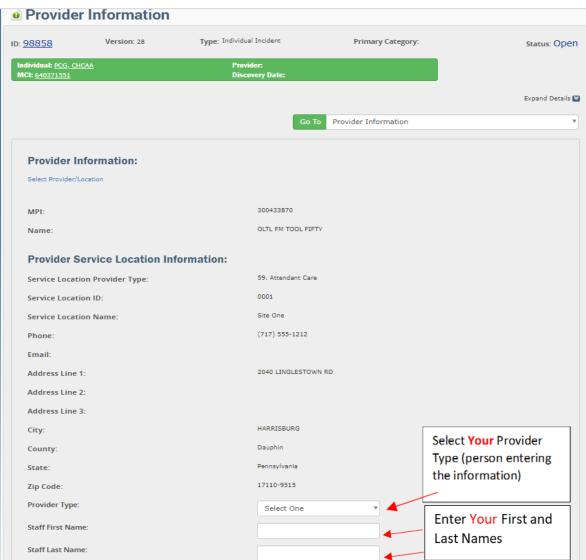


Individual Contact Information:		
Phone Number:		
Email:	cpcg@pcg.nettylcom	
Address Line 1:	500 N 6TH ST	
Address Line 2:		
Address Line 3:		
City:	APOLLO	
State:	Pennsylvania	
Zip Code:	15613-1220	
Case Management Details:		
SC Entity Name:	ABC Service Coordination	
Assigned SC:	1998MEVERS, JON1998	
Assigned SC Phone:	(789) 456-1231	
Assigned SC Email:	test@stet.comqw	
MCO:	MCO Name	

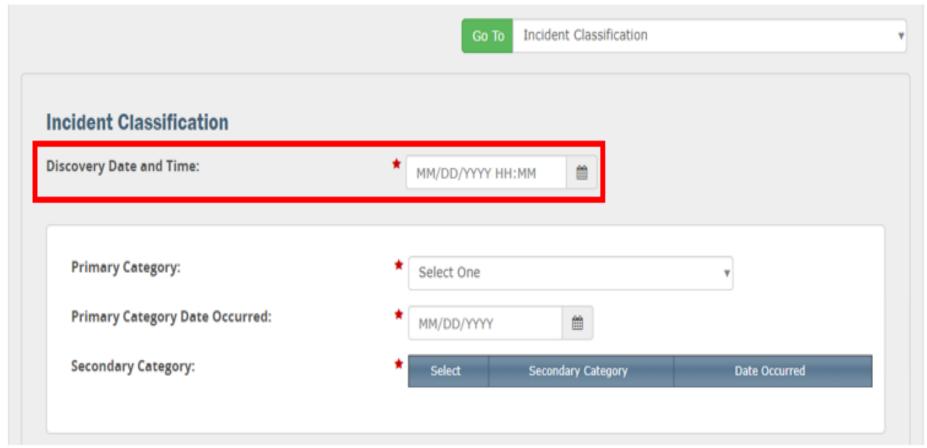






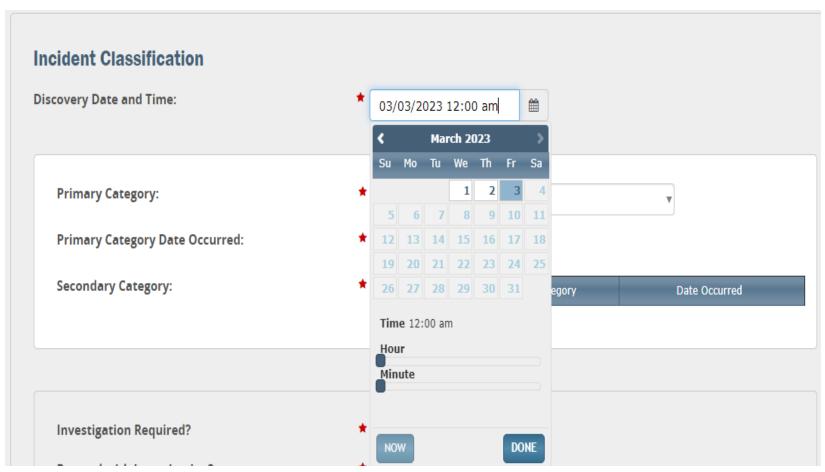


Discovery Date - date that the incident was **discovered** by a provider/SCE staff member. **Enter accurate date and time** in Incident Classification screen:



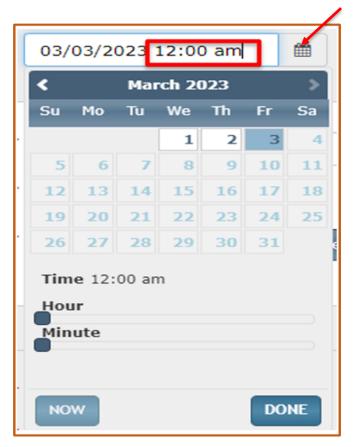


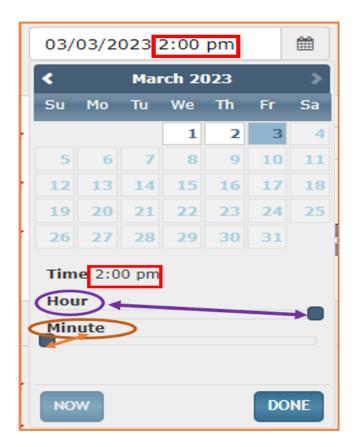
Incident Classification Screen



Click on calendar for date of incident discovery.

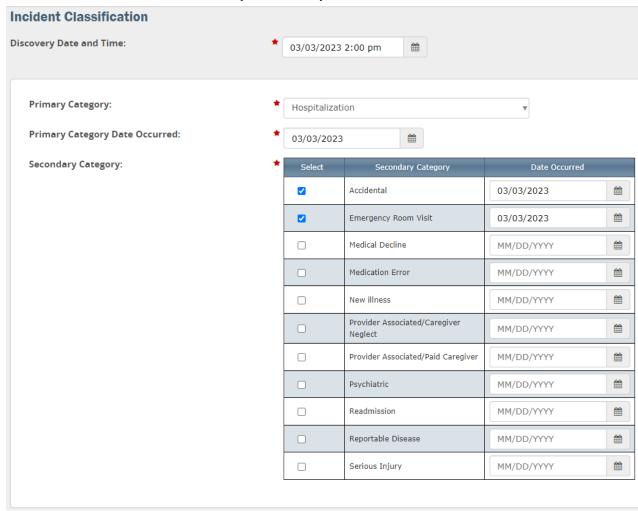
Enter AM/PM hour and minutes for time of incident discovery.





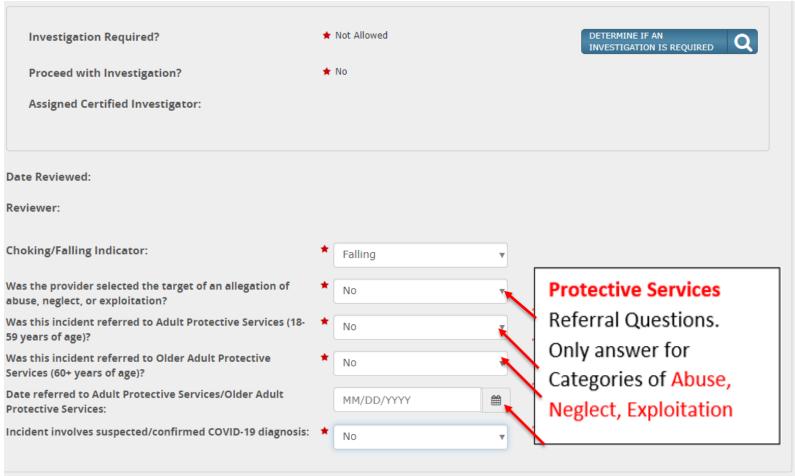


Incident Classification screen (continued)



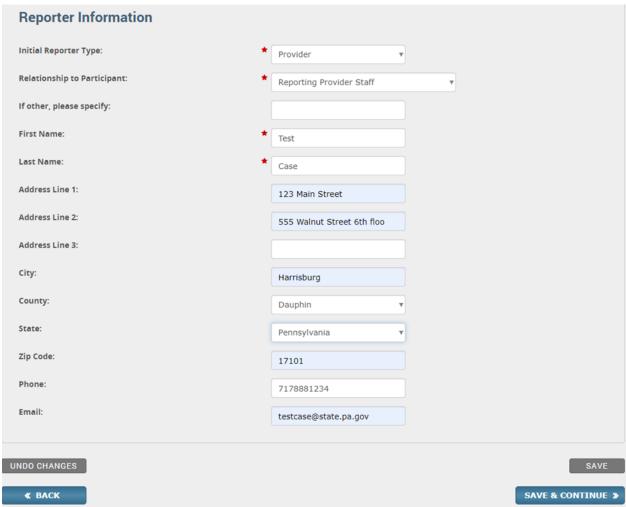


Incident Classification Screen (continued)

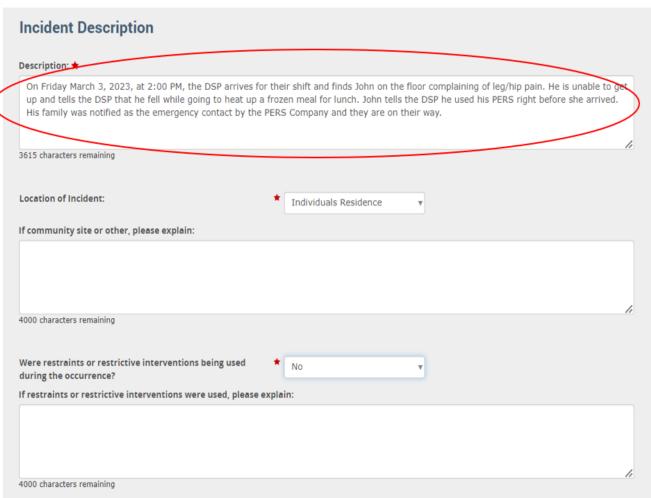




Reporter Information



Incident Description





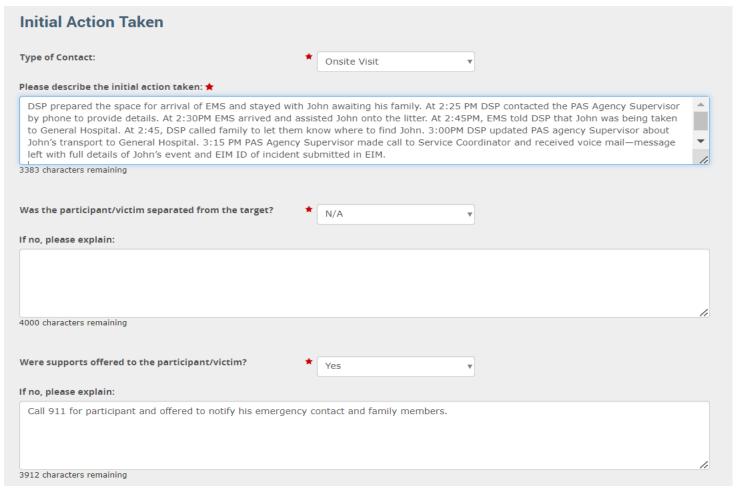


Incident Description

On Friday March 3, 2023, at 2:00 PM, the Direct Service Provider (DSP) arrives for their shift and finds John on the floor complaining of leg/hip pain. He is unable to get up and tells the DSP that he fell while going to heat up a frozen meal for lunch. John tells the DSP he used his Personal Emergency Response System (PERS) right before she arrived. His family was notified as the emergency contact by the PERS Company and they are on their way.



Initial Action Taken



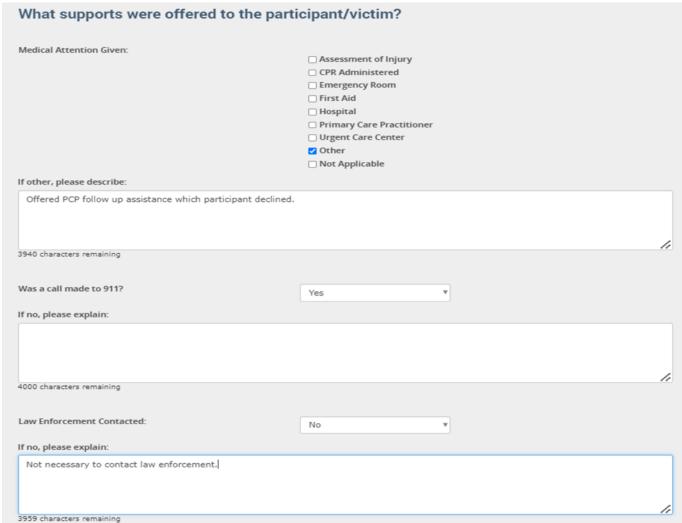




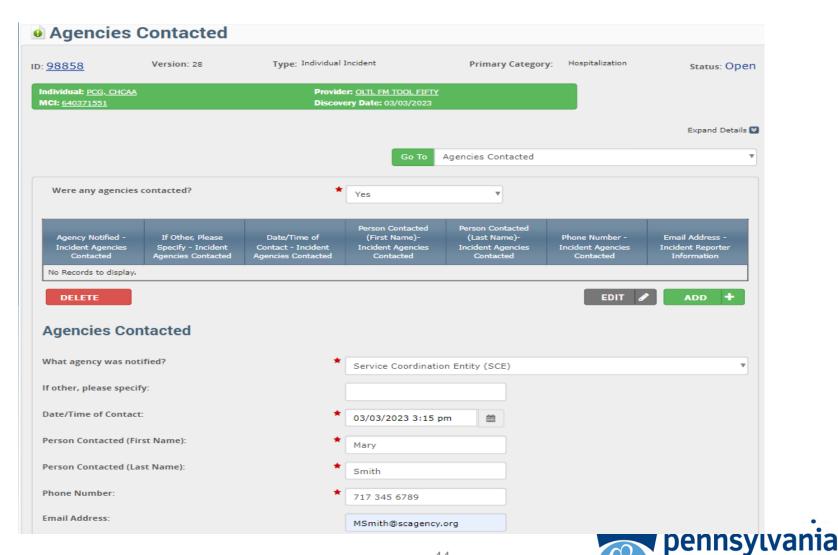
DSP prepared the space for arrival of Emergency Medical Services (EMS), and stayed with John awaiting his family. At 2:25 PM DSP contacted the PAS Agency Supervisor by phone to provide details. At 2:30 PM EMS arrived and assisted John onto the litter. At 2:45 PM, EMS told DSP that John was being taken to General Hospital. At 2:45 PM, DSP called family to let them know where to find John. 3:00 PM DSP updated PAS agency Supervisor about John's transport to General Hospital. 3:15 PM PAS Agency Supervisor made call to Service Coordinator and received voice mail - message left with full details of John's event and EIM ID of incident submitted in EIM.



Initial Action Taken screen continued

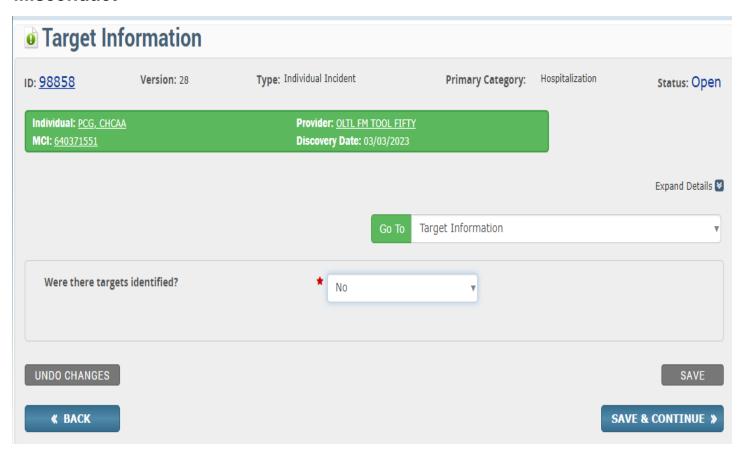


DSP/DCW must always contact the service coordinator and document contact on this screen



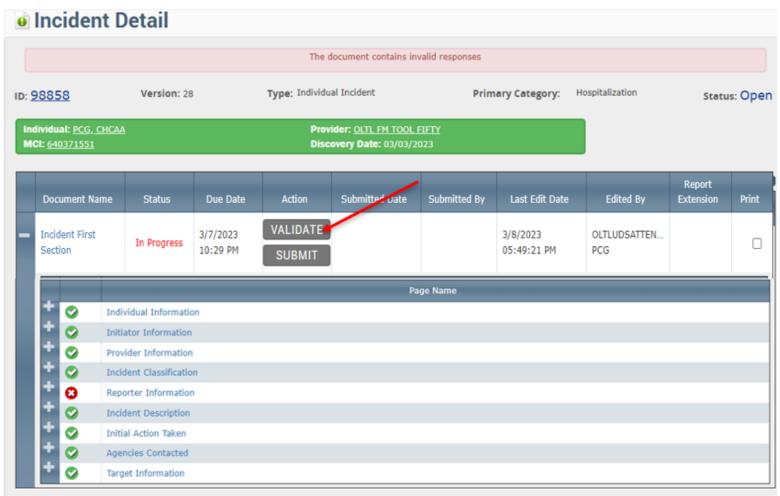
DEPARTMENT OF HUMAN SERVICES
OFFICE OF LONG TERM LIVING

Target Information screen - complete for categories of Abuse/Neglect/Exploitation or Staff Misconduct

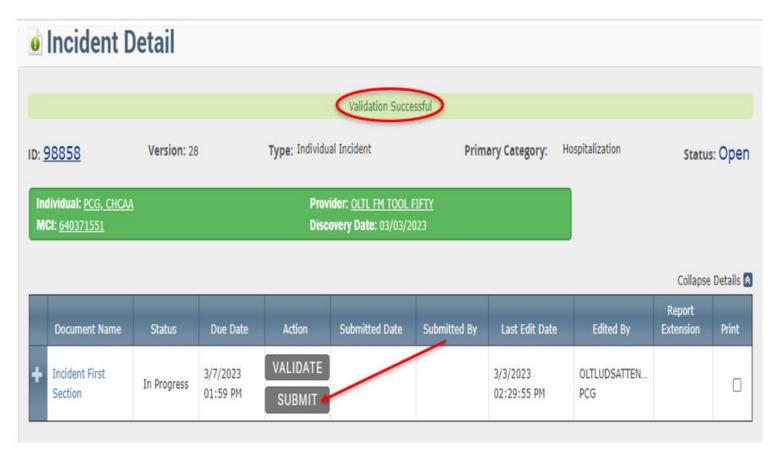




Use the [VALIDATE] Button to check if Section has been completed correctly

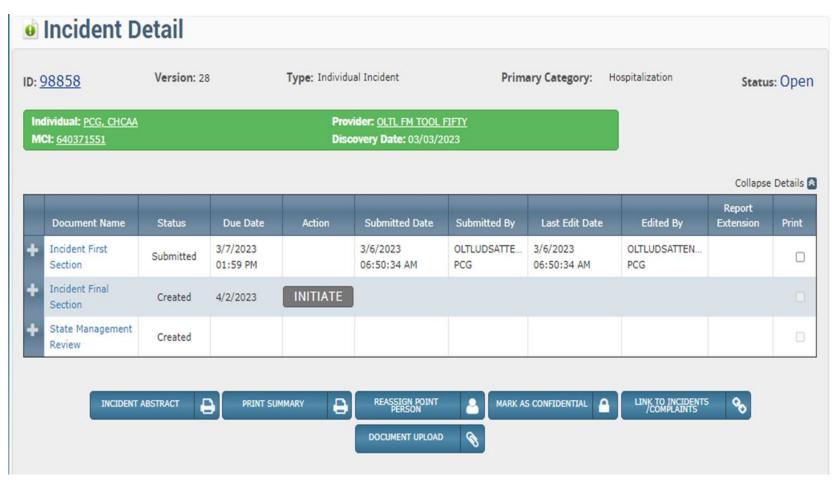


If Validation is successful, click [SUBMIT]





Once the First Section is submitted, the Final Section will be created for the SC to complete





Contact information for concerns with Providers

 Provider Operations Hotline for questions or to report concerns with providers/SCEs: 1-800-932-0939 or by email at: RA-HCBSENPRO@pa.gov

 For CHC participant concerns, please contact the participant's MCO.







Critical Incident Management Resources

Incident Management and Protective Services training is available for Providers and Service Coordinators on OLTL's contractor Dering Consulting website:

https://deringconsulting.com/OLTL-Provider





Helpful Links

- HCSIS Learning Management System (LMS) Link: https://www.hcsis.state.pa.us/HCSISLMS
- EIM Link: https://www.hhsapps.state.pa.us/EIM
- State Holiday Calendar can be found in the PA Office of the Budget site:

https://www.budget.pa.gov/Services/ForAgencies/Payroll/Pages/Holiday-and-Pay-Calendars.aspx.

 New 2023 Critical Incident Management Bulletin: Critical-Incident-Management-Bulletin.pdf (pa.gov)





Questions and Additional Information

EIM access and roles assignment is the responsibility of each agency. The HCSIS Help Desk is available to assist with <u>system</u> issues or questions.

- For HCSIS and EIM System-related Technical Assistance, you may contact the HCSIS Help Desk at 1-866-444-1264 or by email at <u>c-hhcsishd@pa.gov</u>
- Questions or requests for additional information regarding Critical Incident Management can be sent to the following email address: <u>RA-OLTL_EIMimplement@pa.gov</u>





Beth Manbeck - Registered Nurse Damaris Alvarado - Section Chief Critical Incident Management Unit Office of Long-Term Living



Questions?



