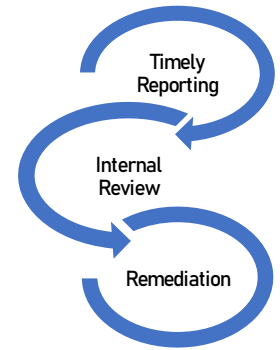


Incident Management Reporting

DDSN strives to ensure the health and welfare of its consumers are the first priority.

The agency has a comprehensive system for reporting, collecting & responding to data related to abuse, neglect exploitation or other critical incidents that do not rise to the threshold of abuse, neglect or exploitation. Incident Management Review covers reporting



- within the appropriate time frames
- completion of internal reviews
- review of the provider's management action taken to remediate identified issues such as staff training, staff suspension or termination, updates to risk management and quality assurance procedures and policies and other measures to provide safeguards for service participants.

Recognizing Abuse/Neglect/Exploitation: Allegations of Abuse, Neglect, and Exploitation are a product of our system as we provide care and support to people with disabilities and special needs. The review of each allegation is an opportunity for the agency to improve upon its communication and relationships with staff and the people supported.

The prevention of ANE must be addressed by each provider organization through a multi-prong approach. Constant awareness, oversight, and training can promote a culture that supports people and reduces opportunities for mistreatment. The first step in prevention is recognizing where we are as a system and how we got here.

Mandated Reporter Requirements: If you have reason to believe abuse/neglect/exploitation is taking place or has taken place, you have a legal responsibility as a mandated reporter to make a direct report to the appropriate State Investigative Authority. A person is still required to contact SLED even if they have told their supervisor. **FAILURE TO REPORT can be prosecuted!**

Mandated reporters of child and adult abuse should be knowledgeable about their duty and how to perform it. The laws do not require the reporter to have conclusive proof or proof beyond a reasonable doubt to make a report.



Reasons to Report:

- Actual witnessing of Abuse, Neglect or Exploitation. (You see it with your own eyes)
- Reported directly to you by a supported person. [If a report is made by an employee, the employee should be reminded that they are a mandated reporter and directed to make the report accordingly.]
- If a family member, visitor, or another non-employee makes an allegation you must ensure it is reported to the appropriate agency.
- Suspicious injuries—injuries that do not match up with what you are told happened or as documented in Therap. If there is reason to believe abuse took place, it MUST be reported.
- Allegations of Abuse must be reported! Employees/ Providers do not determine whether abuse took place- Only State Investigative Agencies can make that determination.

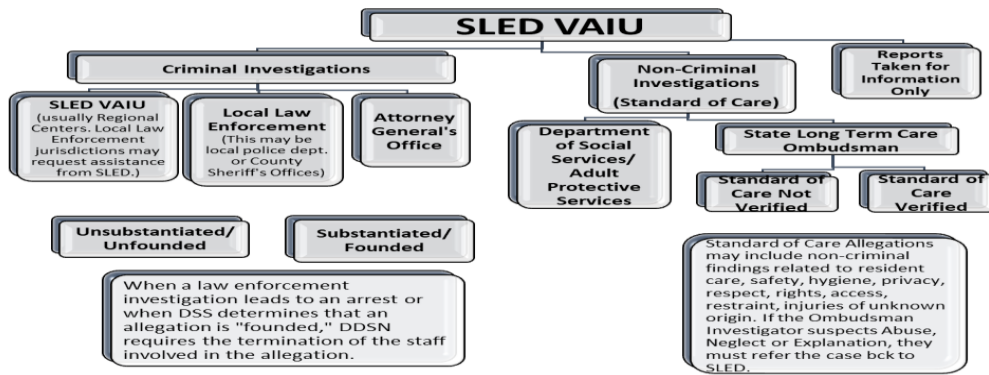
Where do you make reports of allegations of abuse/neglect/exploitation?

Adults

- If incident occurs while supported person is at the Day Program or in the community, make the report to DSS at 1-888-CARE4US.
- All other incidents of possible ANE should be reported directly to SLED—CTH, SLP, CRCF, ICF/IID, etc.
- **To make a report to SLED, call toll-free: 1-866-200-6066.**

Children

- For children living at home with their families, please contact DSS Child Protective Services at 1-888-CARE4US.
- For children in residential services, report any possible ANE of a person supported age 17 and under to OHAN (Out of Home Abuse and Neglect Reporting at SCDSS) at 1-888-CARE4US.



Legal Penalties

- Substantiated abuse and neglect can be prosecuted as a felony in SC. It has a penalty of up to 30 years in prison.
- Failure to report abuse, neglect or exploitation is a crime punishable up to one year in prison and a \$2500 fine and may result in termination of employment.
- If Abuse, Neglect or Exploitation (or failure to report these offenses) is substantiated, the appropriate state licensure or accreditation board will be notified in writing regarding the offense. The licensed employee may be subject to disciplinary action by the licensing/ accreditation board as well as legal action.



Critical Incident Reports are required for a variety of other events which do not meet the threshold for ANE Reporting.

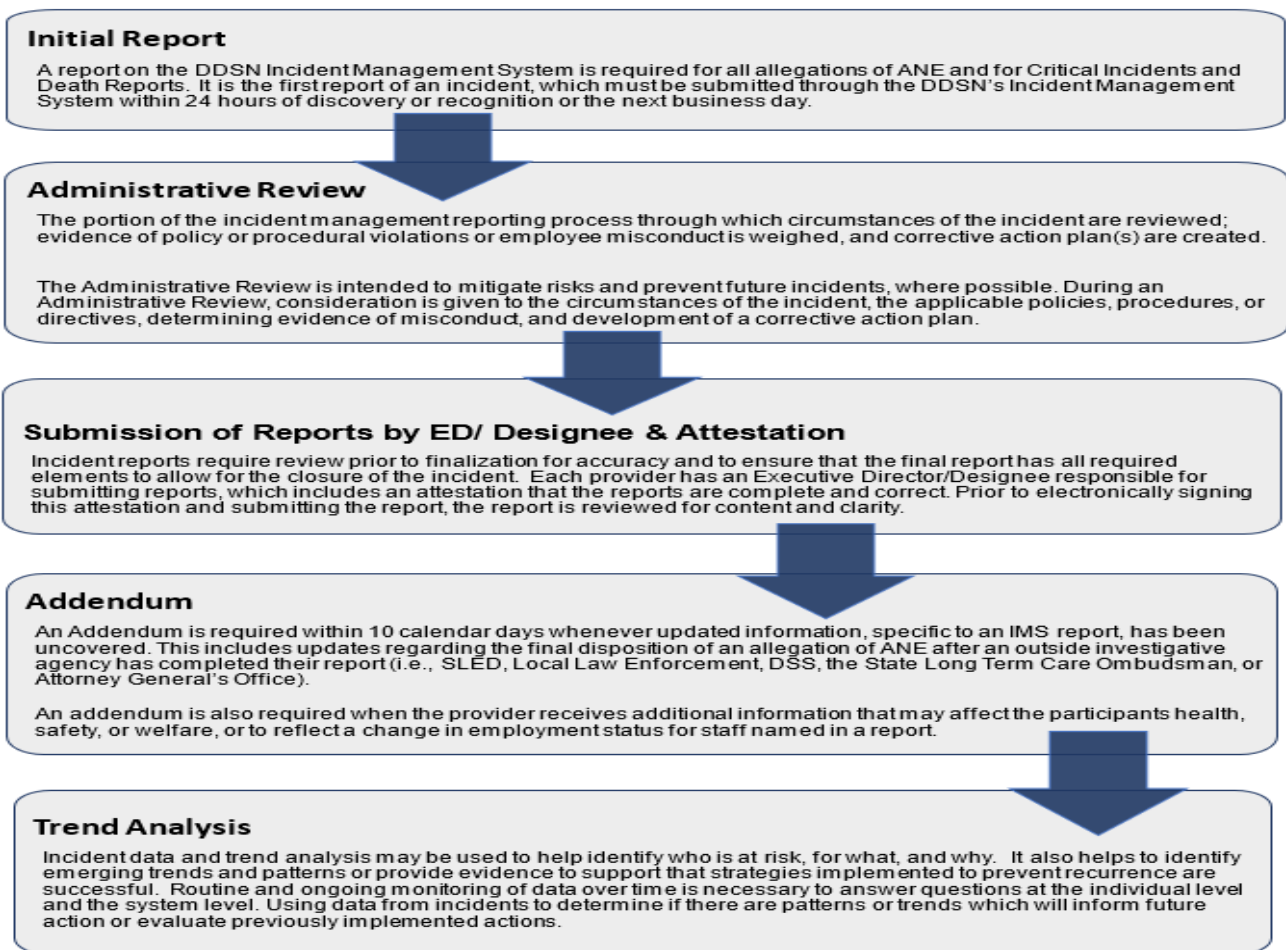
What happens after an allegation has been reported?

1. A safety plan for the participant will be developed and implemented immediately. This may include enhanced supervision, medical attention, removal from an area, etc.
2. The perpetrator will be identified if possible and immediately placed on administrative leave without pay pending the outcome of the investigation.
3. SLED will complete an intake report and designate which agency will investigate the allegation. SLED will provide a copy of the intake to the agency, but this could take a few days. It is very important to let your supervisor know about the report as soon as possible to implement a safety plan.
4. The agency's designee will initiate an internal review process, which will determine if any agency policy or procedure was violated. The purpose of the internal review is NOT to investigate the allegation of ANE.
5. In non-criminal cases, all employees or other witnesses will be required to complete a written statement and/or interview. In criminal cases, no statements or interviews will be coordinated by agency staff.
6. The assigned reviewer will conduct interviews, collect supporting documentation, and complete the agency administrative review within ten working days of the incident. Information, statements, reviews, etc. associated with the case are to remain confidential. Violators are subject to disciplinary actions.
7. The designated State Investigative Agency (SLED, LLE, DSS, SLTCOP) will conduct an on-site investigation to include interviews, statements, and a physical survey to determine if Abuse, Neglect, or Exploitation occurred. The results of the internal review will be submitted to SCDDSN and shared with the investigating agency. Any necessary corrective actions must be implemented.
8. The results of the investigating agency's report will be shared with the provider agency. This may include criminal charges against the staff, if it is determined that a law was broken.

Administrative Leave Without Pay

When an employee is suspected of conduct alleged to be abuse, neglect, or exploitation, the employee must be immediately placed on Administrative Leave without Pay. During this time, the employee cannot be on agency property, unless contacted and scheduled for an interview. In addition, the employee cannot have contact with consumers, co-workers, family members related to persons involved, etc. The agency may require the employee to check in with Human Resources periodically. If an Internal Review finds that the employee did nothing wrong, he/she will be reinstated with all back pay (Annual Leave/Paid time Off balances restored).

The Incident Management Reporting Process



The Administrative Review

Providers of all service types shall cooperate with external investigations to ensure the Administrative Review, as described below, does not jeopardize the investigation by law enforcement or the state investigative agency.

This is the portion of the incident management reporting process through which circumstances of the incident are reviewed; evidence of policy or procedural violations or employee misconduct is weighed, and corrective action plan(s) are created. The questions of Who? What? When? Where? and How? are answered in this section. The Administrative Review is intended to mitigate risks and prevent future incidents, where possible. During an Administrative Review, consideration is given to the circumstances of the incident, considering the applicable policies, procedures, or directives, determining evidence of misconduct, and development of a corrective action plan. The process of completing an Administrative Review is essentially the same, regardless of the type of event reported. Exceptions exist when collecting statements of interviewing witnesses when law enforcement is actively investigating a report. In all cases, written records, staff schedules, participant assessments, plans, and monitoring documents are subject to review. The process will determine compliance with the implementation of those plans, as well as other agency policies and procedures. The timeline for reporting the incident and submitting the IMS reports is included in the policy compliance.

When submitting reports, providers should take into consideration that the person(s) reviewing the information may not be familiar with the agency or the person(s) supported. Providers should ensure the Administrative Review "closes the loop" on the allegations submitted in the initial report and includes a plan to address issues that may prevent a repeat occurrence.

The Administrative Review must include an outline to include the chronology of events, discussion, and conclusion sections. The Discussion Section should include but is not limited to the details of how the review was conducted, the names and full titles of all persons interviewed, the date of the interview, the summaries of those interviews, the summary of the video footage and any inconsistencies noted between the interviews, statements, documents, and video footage (if available). The Reviewer should address any inconsistencies noted in the statements and/or other documentation. Failure to include this information or address inconsistencies will result in the return of the report for corrections.

The Administrative Review Conclusion should clearly state the findings. The findings will include the following information:

- 1) Any evidence of staff misconduct towards the person(s) supported.
- 2) Any evidence that staff violated any agency rules or policies. If policies were violated, state which policy was violated and by whom.
- 3) Identify any training opportunities for those involved or agency-wide training needs.
- 4) Identify and address any systemic issues.

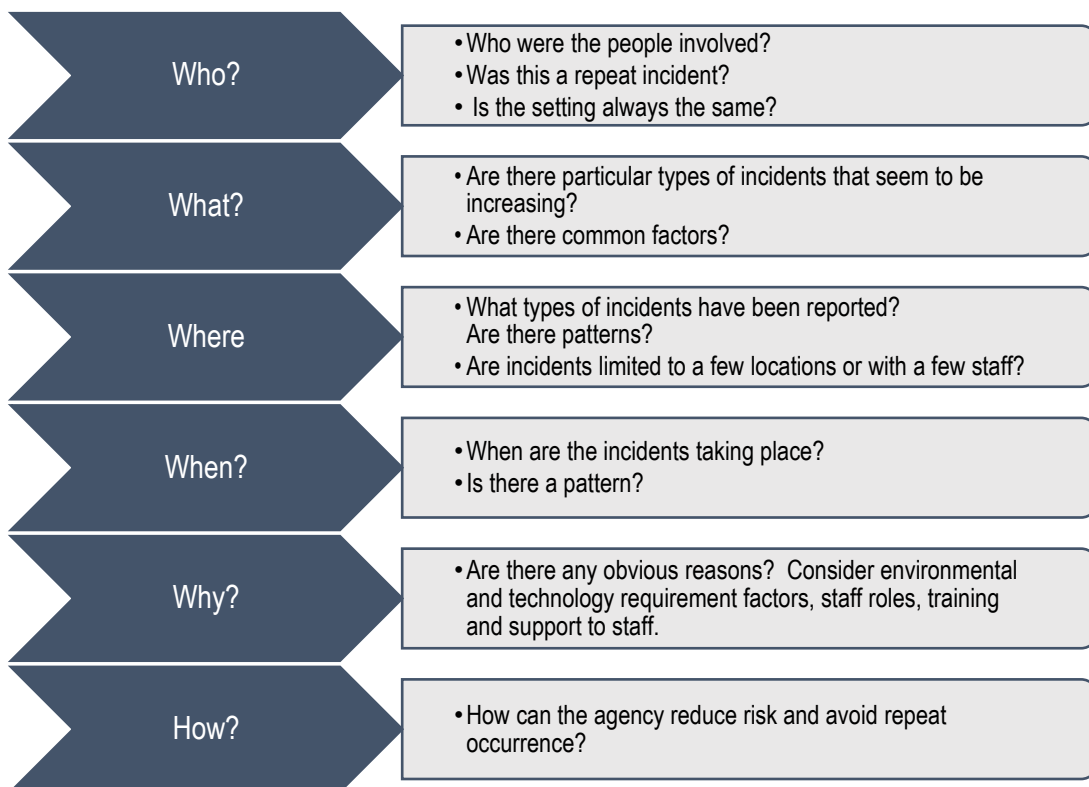
The purpose is NOT to state or determine whether any abuse occurred only to identify and policy or procedure violation.

Supporting documentation must be uploaded to include statements, SLED intake, LLE report, BSP/ISP, hospital discharge paperwork, behavior tracking, MAR, training, photographs, etc. (as applicable to the specific allegation).

The Provider's ED/Designee Review *Prior to Report Submission*

Incident reports require review prior to finalization for accuracy and to ensure that the final report has all required elements to allow for the closure of the incident. Each provider has an Executive Director/Designee responsible for submitting reports. When submitting the report, a Personal Identification Number (PIN) is required for an electronic signature. Just prior to entering the PIN, the ED/Designee acknowledges an attestation that the reports are complete and correct. Prior to electronically signing this attestation and submitting the report, the provider should ensure the following:

- ✓ Documentation of the actions taken to protect health, safety, and rights, upon discovery of the incident.
- ✓ The incident categorization is correct.
- ✓ The service location, provider type, and service delivery model are correct.
- ✓ A description of the incident that is accurate and has enough details to sufficiently explain the event to readers who were not present.
- ✓ Proper safeguards are in place to reduce the risk of reoccurrence of an incident.
- ✓ The Perpetrator(s) is identified per DDSN policy.
- ✓ Discharge and follow-up information related to medical services is included for any incident involving medical treatment.
- ✓ All required notifications of the incident occurred, according to the person's plan.
- ✓ An Administrative Review of the incident was completed.
- ✓ Corrective action(s) in response to the incident have, or will, take place, including those that involve actions related to the perpetrator(s). (Evidence of the implementation of corrective actions must be available upon request.)
- ✓ All incident management timelines have been met and if they have not, corrective actions related to a failure to meet timelines are present.



Individual Review

Consider how the person supported was impacted by the incident and how the agency responded to that incident.

Systems Review

This process determines whether additional measures are needed to address the cause of the incident or to prevent re-occurrence.

Questions to ask prior to submitting IMS Reports to DDSN may include any of the following:

Does the report list all participants and staff who were present at the time of the incident and/or may have knowledge of the incident?	Were statements collected from all staff with direct knowledge of the event?	Was a statement collected from the person receiving services?	Was the family notified of the incident?	Were the appropriate state agencies informed of the allegations?
Was a statement collected from other residents that may have witnessed the event?	Did staff participate in the required OJT and/or annual training?	When were staff last trained in the ANE/CI Policy?	When were staff last trained on Resident Rights and dignity/respect issues?	When were staff last trained in Crisis Management?
Are the Crisis Management techniques effective in redirecting the person's behavior?	Was a GER appropriately completed?	Date of last observation by the Psychologist/plan author:	Have staff been trained in the use of the BSP?	Is there a need to re-evaluate a Behavior Support Plan?
Was the location staffed according to individual plans?	Did a nurse assess the person or was the person sent for a medical evaluation?	If the person has a 1:1 staff assigned, who provided training to ensure the staff understood their responsibilities?	Date of last Management Team on-site review in the location (unannounced quarterly visit to the home):	Were there any findings during the Management Team On-site Review to be addressed? If so, were those actions completed?

What Should the Agency Include in Critical Incident Reports?

The following guidelines should be considered when submitting reports to the Incident Management System (IMS). Please be advised the information provided should not be considered a complete list when submitting report but should be used as a guideline only. There may be times when DDSN may require additional information pertaining to a particular situation. When submitting any reports please take into consideration that the person(s) reviewing the information may not be familiar with the agency or the person(s) supported. Basic information of who, what, when, where, why and how should be included for all reports along with any supporting documentation that is required in determining the conclusion of the incident.

The following is a generalized list of additional questions and information to be included when submitting reports in the IMS:

Injury

- Type (provide the type of injury, the size and any discoloration)
- Location of the injury
- Cause of the injury (Is there cause to upgrade to ANE)
- Assessment (Was the person seen by an agency nurse or medical professional)
- Follow-up action taken or still needed
- If LLE was contacted, include outcome (If the injury took place as a result of an altercation between two persons supported the victim has to be made aware of their right to contact LLE)
- Accountability level and if it was maintained at the time of the incident
- Any prior diagnosis that would have contributed to the incident

Falls with injury or treatment

- Note the date and time of the fall
- Note the accountability of the person
- Does the person require assistance with walking, sitting, transferring, or standing?
- Was the appropriate level of care being provided as the time of the incident?
- Date and results of fall assessment
- Has there been any other recent falls and if so how frequent?
- Any injury as a result of the fall?
- Need for adaptive devices and equipment
- Treatment plan/outcome/prevention
- Any prior diagnosis that attributed to the fall

Aggression/Assault

- Was there any injury as a result
- The cause/suspected cause of the aggression/assault
- LLE contacted (Keep in mind that the Person Supported that is the victim has the right to contact LLE regarding the assault.)
- Outcome of LLE notification
- Cause (Determine if upgrade to ANE is necessary)
- BSP/BSG if active and implemented properly (is there a need to update the BSP/BSG)
- Psychological evaluation to include any med changes/additions if applicable.

Choking

- Previous and Current Swallowing Disorder Checklist and Assessment
- What rescue method was used? Note if any food was dislodged with the aid of rescue measure (note the amount)
- Was the meal finished as originally prepared or was there an alternative meal option offered?
- Note if there were any prior choking incidents with dates
- What the current diet is (If changed as a result of the incident what is the new diet)
- Was the diet being properly maintained at the time of the incident (Provide description of the food/meal provided at the time of the incident—size, portion and consistency)?
- Was training provided on the new diet?
- Was the person seen by an agency nurse or medical personnel following this incident?
- If the person was hospitalized was there a Swallowing Study completed (Upload a copy of the summary for the procedure)
- Those with feeding tubes will need to complete a Dysphagia/GERD Protocol

Medical-Post Care not Followed

- When was the order/treatment plan prescribed or to take place?
- How was this information discovered?
- What was the delay in obtaining the order/prescription/procedure?
- What was the injury/result due to the delay in/lack of treatment?
- When was treatment obtained/provided?
- Is there a need for upgrade to ANE?

Elopement

- Duration of time out of sight from staff
- Cause of the incident (determine if upgrade to Neglect)
- Was the BSP/BSG followed?
- Action taken upon breach of eyesight
- Time of LLE contact and other emergency personnel notified
- If there was injury in relation to the elopement
- Safety measures (adaptive devices or equipment)

Suicidal Ideation

(The act, attempt or verbalization to cause harm to one's self)

- How was the ideation expressed (Verbally, physically or both)?
- Was there a clear method to carry out the threat?
- Is this part of the person's BSP?
- Was 1:1 initiated?
- Was a call made to EMS?
- Was the person transported for assistance?
- Were all hazards removed from the person possession (when were they returned)?
- Was a suicide assessment completed at the home or hospital?
- Is there a previous incident of such behaviors and is it documented and/or addressed in BSP?

Sexual Assaults (between persons supported)

- Accountability levels of those involved
- How the incident occurred
- Was LLE contacted?
- How were the two separated (will this be maintained going forward)?
- Steps taken to prevent another incident
- Is there a prior history of this behavior on either part?
- LLE/Court outcome
- Safety plan to prevent another occurrence

Medication Error with Adverse Reaction

- What was the adverse reaction?
- Reason for the error
- Type of medication(s)
- Where was the person supported treated as a result of this incident?

Criminal Arrest/LLE involvement

- Cause of the incident
- Duration of incident
- Reason for arrest
- If the person(s) were on a BSP/BSG at the time of the incident
- If the plan was properly implemented
- Result of the judgement (if bond/bail posted what safety measures implemented to ensure reporting to court and to protect the person and those around the person)
- Accountability level (was staffing appropriately distributed per the accountability)
- Case number

Staff use of Malicious Language

- Make sure the event does not cross over into psychological abuse (if so upgrade to ANE)
- State what was said
- To whom this was reported or witnessed by
- Actions Taken to prevent another incident (Sensitivity Training)

After a case is closed, it is important to examine the following:



- Staffing concerns:
 - Is there a need for additional staff on duty?
 - Determine whether remaining staff should be relocated or remain at the site in question.
 - Are staff aware of current Behavior Support Plans/Behavior Support Guidelines (BSP/BSG) and how to implement them? Is there a need to update/amend BSP/BSG?
 - Are staff schedules monitored in an attempt to alleviate inappropriate responses due to staff being tired?
- Environmental Concerns
- Are there repeated concerns of abuse within the particular home in question or the managerial area of the home in question? (Is there an increase in reports in an area run by the same House Manager, Area Coordinator, Director, etc.)
- Has the provider created a positive environment for each home and communicated its expectations for respectful, supportive services?
- Sometimes staff that have been in the system for a while, and even those just coming in, may not understand changes in the agency's mission or be willing to adhere to the vision/plan. What happens to staff, to include management, who are not on board with the vision the agency has set in place?
- Is there an atmosphere of retaliation? Is there a fear of management—that the management will “sweep the incident under the rug,” or that the reporter will be seen as the problem?
- Are there clear policies in place as needed regarding ANE and related issues?
- Is there consistency on how infractions are handled—to include both middle and upper management staff?
 - If any redirection/restraint methods were used, were staff trained to appropriately implement and were they appropriately utilized by the staff in question?
 - Are all staff current on ANE awareness, prevention, and reporting protocols?
 - Has there been any recent training in dignity and respect for those supported?
 - Is additional training required on Therap and documentation within the system?
 - Ensure doctor's orders are prescribed, filled and given accordingly
 - Appointments and follow-up appointments kept and scheduled as recommended by healthcare provider
- Are all staff up to date on training requirements? If not, has training been scheduled?
 - Training topics to consider:
 - ✓ Sensitivity Training
 - ✓ Timely Reporting Requirements
 - ✓ Supervision requirements
 - ✓ Crisis Intervention
 - ✓ Lifting/Transferring training
 - ✓ Fall Assessments
 - ✓ Training on the adaptive equipment/devices (alarms, utensils, lifts, breathing machines, bed/chair shakers)
 - ✓ Wheelchair maintenance
 - ✓ Seizure Protocol
 - ✓ First Aid/CPR training
 - ✓ Diets and Food Texture Requirements

Systems Perspective

- It is important to pay attention to the type of incidents reported and the frequency and pattern of incidents reported. Consider incidents across the system and not just the individual.
- Incident reports may indicate that current services are not meeting the needs of a person supported or a group of people supported by the organization.
- Analysis should include differences between types of incidents within groups and/or services settings. Procedures may use benchmarks to set triggers and allow for risk adjustment.
- Additional analysis would include consideration of age, level of disability, functional skills, behavioral health and medical concerns.

Repeat Incidents

- Is the level of support appropriate for the person?
- Has the person recently experienced any major changes in their life?
- Are support staff properly trained to assist the individual?
- Has the person been appropriately supervised?
- Is the staffing pattern appropriate to meet the needs of the people supported?
- Has there been a change in the person's health status?
- Repeat incidents require additional attention.

Addendum Requirement

- Additional Information Discovered
- Change in Final Disposition
- Change of Condition/ Discharge Summary
- Receipt of Investigative Agency Report
- Change in Employee's status/Personnel Action

Intended Outcomes for Mortality Reviews

Identification of corrective actions that may eliminate or lessen the likelihood of circumstances and events that contribute to or are associated with the causes related to specific deaths.

Identification of the immediate and longer-term circumstances and events that contributed to or were associated with deaths.

Identification of trends and patterns in deaths that indicate needed systemic changes or reforms in community-based services that may reduce the risk of death and other adverse outcomes for service recipients.

Appropriate and timely implementation of identified corrective actions and systemic changes and reforms to reduce the risk of death and other adverse outcomes for service recipients.

Ongoing evaluation to ensure that implemented corrective actions and systemic changes or reforms have been effective in reducing the risk of death and other adverse outcomes for service recipients.

Periodic public reporting on the number, causes, and circumstances of deaths to ensure public transparency regarding the health, welfare, and safety of beneficiaries of community-based services.

Identification of service providers having a pattern of delayed or failed death reporting or of filing reports that are misleading or incomplete.

Risk Management Expectations

DDSN and its provider network have a responsibility to prevent, as much as possible, the occurrence of unfavorable events in the lives of people served. Examples of unfavorable events for people supported include the following: abuse, mistreatment, exploitation, critical incidents, accidents/injuries, medication errors, preventable illnesses, preventable restraints, and preventable deaths. It is very important that service providers have reliable systems for reporting, analyzing, and following up on unfavorable events for people supported.

Each of these systems should be governed by policies and procedures and have sufficient resources at their disposal to assure that corrective actions are undertaken to lessen the occurrence of unfavorable events in the future.

Definition of Risk¹

Risk [noun]
 1: possibility of loss or injury
 2: someone or something that creates or suggests a hazard
 3 a: the chance of loss
 b: a person or thing that is a specified hazard to an insurer
 c: an insurance hazard from a specified cause or source
 4: the chance that an investment will lose value

At risk: in a state or condition marked by a high level of risk

Risk [verb]
 1: to expose to hazard or danger
 2: to incur the risk or danger

- Providers have a responsibility to monitor risk within their agencies.
- When unfavorable event data has been collected and obvious trends or patterns have been identified, it is important to have a strategy to analyze the data in a more in-depth fashion to identify as many additional trends or patterns as possible.
- As trends or patterns emerge, the agency staff can review further to develop training and prevention efforts.

¹"Risk." Merriam-Webster.com Dictionary, Merriam-Webster, <https://www.merriam-webster.com/dictionary/risk>.

Identifying trends in unfavorable events may be developed by focusing on three areas: Variables in the people supported; Staff Variables; and External Variables. By focusing methodically on the variables in these three areas, the provider may be able to identify trends or patterns between the unfavorable event and one variable or identify more complex patterns between the unfavorable event and multiple variables. After trends or patterns have been identified, then through training, policy/procedure changes, staffing changes, environmental changes, etc., the provider may be able to reduce the likelihood that that type of unfavorable event will occur in the future.

Variables Among People Supported:	Staff Variables	External Variables
<ul style="list-style-type: none"> • Age (e.g.; elderly; children) • Gender • Medical diagnoses • Type of disability • Level of disability • Communication ability • Kinds of injuries- (e.g.; fracture; bruise; fall; bed sore) • Involvement or lack of involvement of medical specialists • Cause of death- (e.g.; trauma; dehydration; bowel obstruction) • Location of death- (e.g.; home; work; ER; while a hospital in-patient) 	<ul style="list-style-type: none"> • Employee or Contractor • Length of service- (e.g.; months; years) • Level or types of training • Age of employee • Gender of employee • Staffing ratio • Shift and Day of week • Regular staff or contract staff; "pulls" or overtime • Number of hours worked/ on duty 	<ul style="list-style-type: none"> • Specific residence • Specific day program • Specific location within the building • Family Involvement • Environmental risks- (e.g.; slippery floors; stairs; playgrounds; swimming pools; busy street) • Level/ type of home/ program- (e.g.; ICF/IID; CTH; SLP) • Weather- (e.g.; dark; rainy; windy) • Season of the year • Provider • Region of the state

As the agency becomes more familiar with any unfavorable event data it has collected, it can add other variables to this listing that may assist in understanding, and ultimately in preventing, as much as is humanly possible, unfavorable events for people supported by the agency. Each DDSN Regional Center, DSN board or contracted service provider will also utilize their respective risk managers and Risk Management Committees to regularly review all critical incidents for trends and to determine if the recommendations made in the final written reports were actually implemented and are in effect. The Provider's Risk Management Committee will also review documentation related to reporting trends including falls, choking events, sepsis, aspiration, and bowel obstruction. Trends for injuries and illness will be reviewed to determine appropriate individual and systemic responses.