Reportable Event Training

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Reportable Events Unit
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MARYLAND
Department of Health

Overview

The purpose of the Reportable Events Unit is to ensure the health, safety, and welfare of participants in home and community based services.

- Ensure participants, families, representatives or providers are involved in identification of Reportable Events and Interventions that promote participants maximum health, safety, independence and choice
- The Department assures CMS necessary safeguards are in place to protect the health and welfare of program participants.
- Provide accurate documentation and Performance Measurements for Health and Welfare Assurances.

MARYLAND Department of Health

Reportable Events Tracking System

➢LTSSMaryland is an electronic tracking system in which Reportable Events are submitted.

➢Supports Planners are required to submit in LTSSMaryland tracking system a Reportable Event received in any form(email, telephone, paper Reportable Event form, etc.)

➢Nurse Monitors can also submit Reportable Events but it is the Support Planners role to follow up with participant and submit the intervention and action plan if not completed.

Reportable Event Review Process

➢ Provide Oversight and Monitoring

- Partner entities have appropriately addressed the RE situation.
- The participant’s safety following an event has been secured.
- Appropriate documentation is maintained on the event so State can meet Federal reporting requirements.
- Prevention and Corrective Action Plans have been properly addressed.

Reportable Event Review Process

➢Data Collection

- Assure accuracy and validity of data reported.
- Analyze trends and need for quality improvement in HCBS programs.

➢Quality Assurance

- Health, safety and welfare of participants are maintained.
- Participant rights and choices are safeguarded.
- Reports are submitted within policy timelines for review and intervention.

Incident Types

Abuse

Neglect

Accident/Injury (Wound, Fracture, Etc.)

ER Visits

Death/suicide/suicide/attempts

Abandonment, Missing Person

Rights Violations

Medication or treatment error.

Complaint Types

Examples of Complaints

Participant complaint regarding attendant care

Participant complaint regarding access to Medicaid providers.

Participant complaint regarding service issues.

Representative complaint if participant not able to voice complaint due diagnosis or cognitive level.

Not Complaints

Provider complaining of not getting paid.

Reporting duplicate information already on form(ER visits, hospital stay)

NM complaint about the RSA not seeing participant. (Other)

SP complains of the odor in the house but participant doesn’t

Imagine This...

You get a call from your child's school. The operator says "Your son fell on the playground" and then hangs up the phone. What are some things you need to know?

How did he fall?

What are his injuries?

Did he go to the hospital?

Who was there?

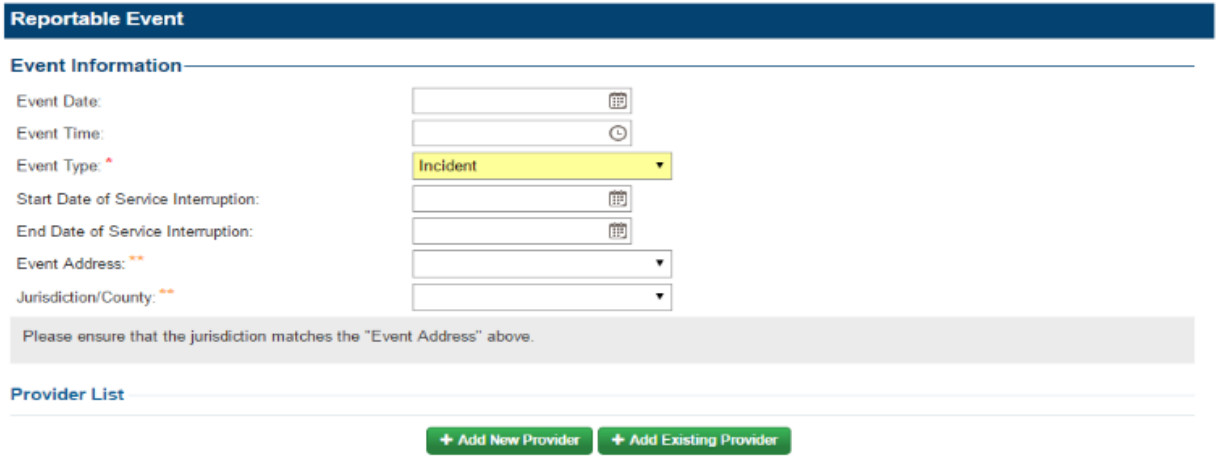
Where did he fall?

Did someone push him?

Reportable Event Form

Event Information

- **Event Date** – provide the most accurate date available. Can estimate based on facts at hand.
- **Event Type**
  - Event type can be Incident, Complaint or Both (incident and complaint).
  - "Event Type" field is auto-populated.
- **Provider List**
  - *Must be completed when provider is "**Involved**" or "**Present**"*

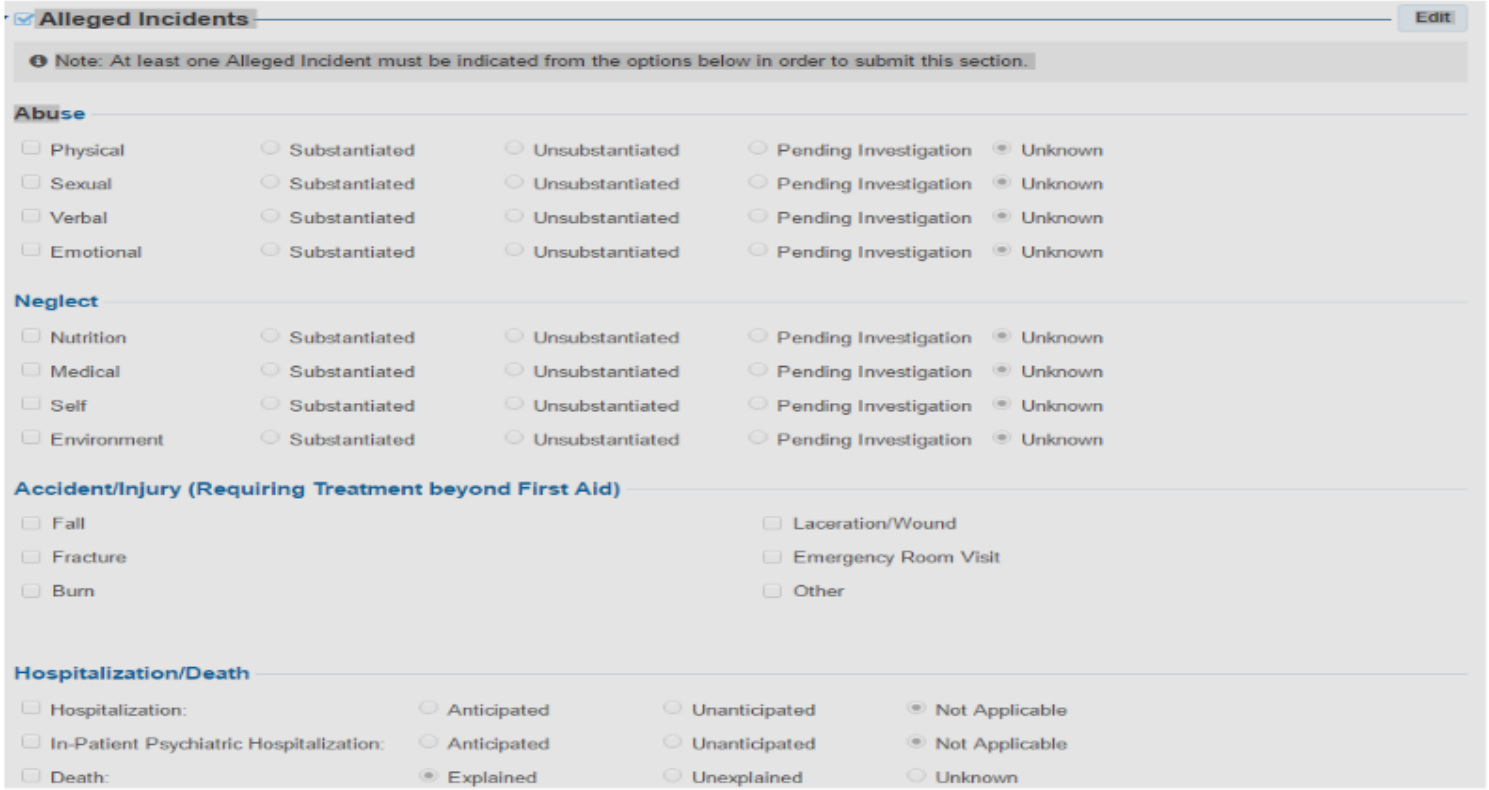


Incident Types

Select appropriate Incident Type

- Report multiple incidents on same Event Date – for example, fall, fracture, ER.
- Incidents on different dates need separate REs – for example, death and hospitalization.

NOTE: ER and hospitalization cannot both be selected



Suicide/Abandoned/Missing

- [ ] Suicide
- [ ] Suicide Attempt
- [ ] Abandonment
- [ ] Elopement/Missing Person

Exploitation

[ ] Financial	( ) Substantiated	( ) Unsubstantiated	( ) Pending Investigation	(•) Unknown
[ ] Theft	( ) Substantiated	( ) Unsubstantiated	( ) Pending Investigation	(•) Unknown
[ ] Rights Violation	( ) Substantiated	( ) Unsubstantiated	( ) Pending Investigation	(•) Unknown

Seclusion/Restraint

- [ ] Physical
- [ ] Chemical
- [ ] Involuntary Seclusion

Medication/Treatment Error

- [ ] Medication
- [ ] Other Treatment Error

Failure to follow the Plan of Service?

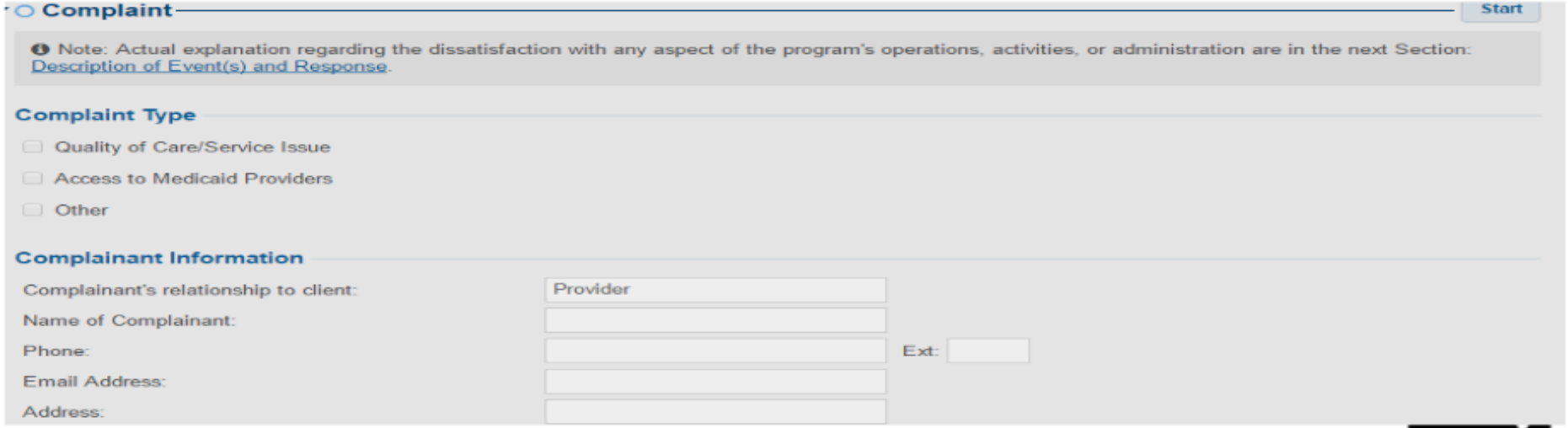
( ) Yes (•) No

Other Alleged Incidents

- [ ] Incident Type

Complaint Reporting

- **Quality of Care/Service Issue**
  - Includes participant complaints regarding attendant care services such as provider not showing up, not staying for whole shift, etc.
- **Access to Medicaid Providers**
  - Participant complaints regarding access to a Medicaid provider for Long Term Services and Supports or Acute Care Services.
- **"Other" Complaint**
  - Selected when quality of care/service issues or provider access issues are not involved.
  - Include a description of the complaint.
  - *Do not duplicate incident type already reported.*
  - Complaint must be concerning the Participant.



Description of Event(s)

Description of Event(s)

Immediate actions taken to safe guard the client: **

What immediate actions were taken when the incident occured? Was 911 called? Was APS notified? Was a phone call/onsite visit made?

Names and title(s) of individual(s) present at time of event: **

Who was present or involved at the time of the incident? PCA? Friend? If provider is "involved" person submitting the form should add the involved provider to the provider list and check involved.

Diagnosis: (For ER visits and hospitalizations):

Examples: (UTI, Wound, Hypoglycemia) If the RE does not involve ER or Hospital please indicate (Not applicable in this section)

Current status of the client prior to submission of this report to the Support Planner: **

At the time of submitting this form into LTSS, What is the status of the participant: Examples: (Participant is still in the hospital, Participant expired on specific date See RE#, Participant has relocated ALF's and is doing well and stable, Participant has a new provider that started specific date and is happy with care)

Any other important information that fully describes the event: **

A place to add more information that would helpful to understand the RE. (i.e. Participant has a history of non-compliance, Participant has a history of substance abuse SP continues to provide resources in the community but the participant declines, Participant has BIMS of 15 and is able to make their own decisions, etc.)

Reportable Event Timeframes

10 Days After Notification and Knowledge of the Event.

The Intervention and Action Plan is due in LTSS!!

Intervention and Action Plan

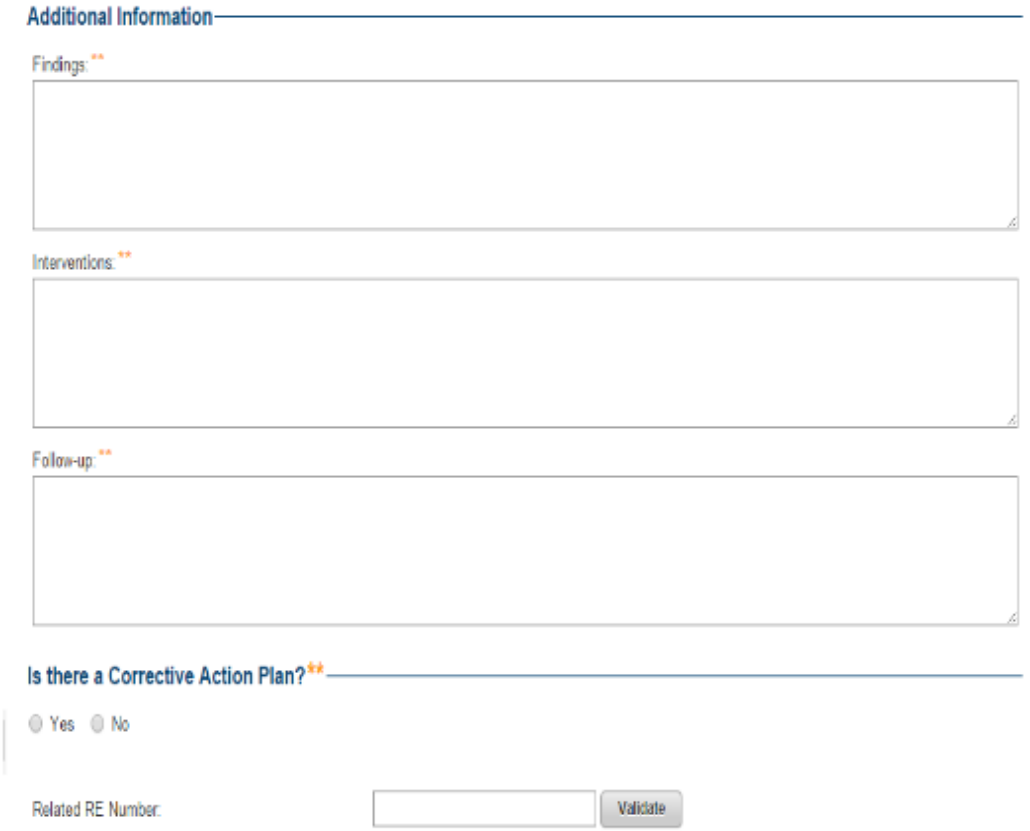
FINDINGS
Explain what happened.
Document in detail significant findings.

INTERVENTIONS
Detail what was done to remedy incident.
Action steps are identified.

- Found new ALF.
- Physician contacted and medication changed.
- Review the status of mental health services that the participant may be receiving.

FOLLOW-UP

- What follow-up has been done?
- What follow-up is planned?
- What are the time frames for follow-up?
- Include details.



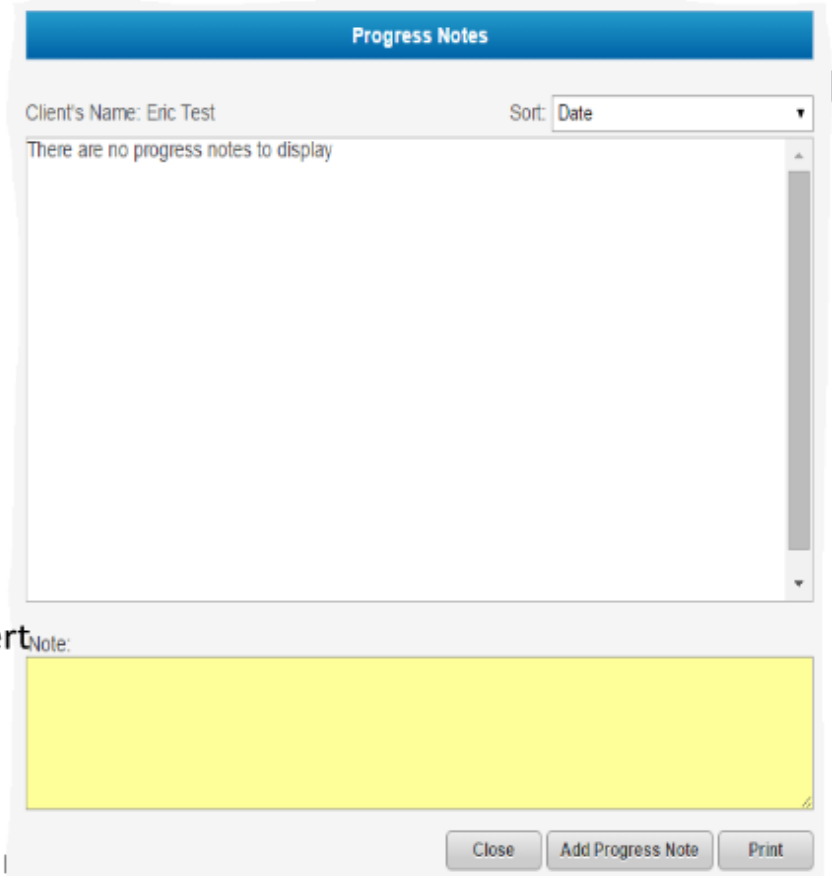
Progress Notes

Purpose

- **Communication**
  - Supports Planners
  - DHMH reviewers
  - Nurse Monitors
  - Assessors
- **Provide additional information**
- **Provide documentation of follow-up**
- **Correct inaccurate information**
- **Provide updates**

Alerts

When a progress note is added in LTSS, an alert is sent to the entities selected to view the progress note



Example 1: Fall - Event Report

Description of Event(s)

Immediate actions taken to safe guard the client: **

The client fell and was admitted to a Rehab facility.

Names and title(s) of individual(s) present at time of event: **

Sample Test

Diagnosis: (For ER visits and hospitalizations):

Fall

Current status of the client prior to submission of this report to the Support Planner: **

Client is in rehab.

Any other important information that fully describes the event: **

Client is still in rehab.

Need details!!

When did the client fall? How did he fall? How serious was it?
Any injuries? What happened next?

Example 1: Fall - IAP

Additional Information

Findings: **

The client admitted to rehab facility after falling.

Be Detailed and Specific!

Interventions: **

Fall prevention addressed with client.

Client attending physical therapy twice a week. POS revised to obtain a shower chair for client.
Caregiver to observe client while he showers to make sure he doesn't fall.

Follow-up: **

The client will follow-up with his PCP.

Example 2: Wound, Event Report

Description of Event(s)

Immediate actions taken to safe guard the client: **

Client noted to have high fever (104) and high pulse (120) by Jane Doe, his Care Provider. Care Provider called 911. Client was taken to ER at XXXX Hospital for evaluation and was immediately admitted.

Names and title(s) of individual(s) present at time of event: **

Sample Test, Client
RSA: RSA Provider: Jane Doe, Caregiver.

Diagnosis: (For ER visits and hospitalizations):

Stage 4 decubitis ulcer, lower back around the coccyx.

Clearly describes the wound.

Current status of the client prior to submission of this report to the Support Planner: **

Client is a 31 year old male who lives with his two sisters in an apartment in Baltimore City. Client has the h/o of the following other diagnoses: Paraplegia due to spinal cord injury (2012), colostomy, suprapubic catheter placement (2014), hyperlipidemia, depression. He is cognitively intact, but requires assistance for most ADLs and IADLs. He receives 84 hours of PAS hours a week. He receives home wound care twice a week. His sisters provide informal support.

Provides a snapshot of the client with important and relevant details.

Any other important information that fully describes the event: **

The client is still in the hospital. He was found to have sepsis, and therefore had a picc line placed to receive IV antibiotics.

Example 2: Wound - IAP

Additional Information

Findings: **

Discharge diagnoses:
Stage IV sacral wound, infected.
Sepsis with MRSA.

His sacral wound was debrided, and some of his sacral vertebrae were removed. He was treated with IV antibiotics, and was discharged on 2/26/2018. IV antibiotic treatment will continue for 14 days post discharge. The participant was discharged with skilled nursing care twice a day for assistance with wound care and IV antibiotic treatment.

Interventions: **

Client PAS services returned on the afternoon of 2/26/2018, the date of his discharge. Client began receiving skilled nursing 2x per day for assistance with administering IV antibiotics and wound care following his discharge on 2/26. Additional treatments of IV antibiotics are being administered with assistance from client's informal support.

SP requested copy of medical records from hospitalization. SP also coordinated with client advocate, Janet Doe, to ensure skilled nursing was in place for client prior to discharge.

SP obtained a medical update from the client on 3/2/18. Client reports that pain levels have reduced slightly and that he continues to receive IV antibiotic treatments 3-4 day per the recommendation of the medical professionals. His wound vac continues to drain fluid, but the amount has decreased and it is mostly clear.

Skilled Nursing Care, Ensure Services Resume, Follow-up.

Follow-up: **

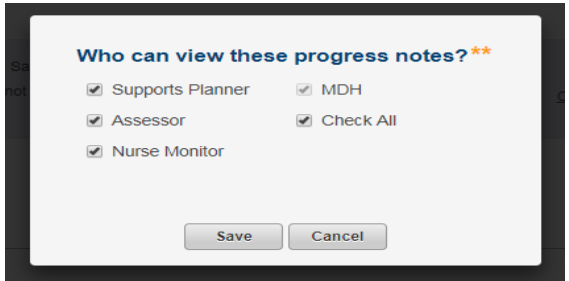
Client has follow-up appointments with his surgeon and infectious disease specialist on March 12, 2018. SP will follow-up with client and continue active are coordination.

Coordination of Care

- Ensuring the participants health, safety and welfare.
- Each entity is required to report when knowledge is discovered. (NM and SP)
- Nurse monitors, Assessors, Support Planners must share information
- Providers are required to report to Support Planners.
- MDH is responsible for oversight and monitoring responsibility
- All entities should work together to ensure accurate information is reported and appropriate intervention is addressed in timely manners.

Coordination with Nurse Monitors

- Nurse Monitors are partners in ensuring client health and welfare.
- Must contact (by phone or email) Nurse Monitor for critical medical issues.
  - Immediately upon submission of RE. Provide regular updates.
  - Examples: Death, wounds, serious hospitalizations (ICU, Sepsis)
- If a Nurse Monitor enters an RE, it is the Support Planners role to follow up with participant and submit the Intervention and Action Plan.
- Reminder: ask about Reportable Events in *every* SP monthly contact;
  - Nurse Monitors have less frequent client contacts than Support Planners, but Nurse Monitors often hear from clients about hospitalizations, ER visits, etc, but find no REs in LTSS.
- Ensure Nurse Monitors can view Progress Notes.



RE Time Requirements

- **Immediate Jeopardy (IJ)** - An Immediate Jeopardy event poses an immediate and serious threat of injury, harm, impairment, or death to a participant.
  - Immediate notification to APS, CPS, Law Enforcement.
  - Within 24 hours to DHMH - mdh.reunit@maryland.gov
  - On-site visit Required for IJ RE.
    - Within one business day if participant's safety may still be in jeopardy.
    - Within two business days when the supports planner knows the participant is safe.
- **RE Report**
  - Event Report must be submitted within 3 business days
  - Intervention & Action Plan required within 10 business days.
  - Adherence to time requirements is important to RE policy compliance.

Serious Reportable Events

- The State must demonstrate on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.

- **<u>Abuse/Neglect/Exploitation– Substantiated/Unsubstantiated</u>**
  - APS/CPS/Law Enforcement must be notified.
  - Follow-up efforts are necessary and need to be documented.
    - Indicators in Event Report and/or Intervention and Action Plan.
    - Must be clear that problem has been remediated to the point of ensuring the participant's safety.
  - *DOCUMENT* if attempts to get more information are unsuccessful.
  - *Participant must be the victim* - if not, use "Other Alleged Incidents."

REs for Participant Death

- **Death –Explained/Unexplained**
  - Circumstances/details of death must be provided.
    Accident? Diagnosis? ER?
    Families are often willing to share what is documented on the death certificate or even autopsy results.

  - **Unexplained Death requires greater detail** - An unexplained death would be a death suspected to have occurred from other than natural causes, including deaths potentially related to the abuse or neglect of the participant.
    If death is not from natural causes, note if abuse or neglect may have been contributory .
    DOCUMENT if attempts to get more information are not successful.
    Prior to SP being taken off assignment - All REs must be fully completed.

Make A Difference!

[Color My World-Youtube]

Medicaid Reportable Event Review Staff
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Questions

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