ARISE

INCIDENT MANAGEMENT PROGRAM
POLICY AND PROCEDURE STATEMENT

Policy Title:	**Incident Management Program**
Regulatory Reference:	**OPWDD Part 624 and Part 625**
Date:	**Revised January 3, 2014**

POLICY

It is our mission at ARISE to create a fair and just community in which everyone can fully participate. ARISE supports the dignity and respect of each individual receiving services. The incident reporting process is intended to commit us to the safety and security of all individuals, as well as the prevention of unsafe events that present a danger to the well-being of our participants.

When a situation potentially compromises the welfare any individual receiving services from ARISE, we are committed to a process of reporting, implementing protections, investigating, reviewing, developing recommendations, and continued monitoring. We are dedicated to ensuring the well-being of individuals we provide services to and minimizing the risk of recurrence of any situation that jeopardizes any individual's safety.

PROCEDURE

The safety and welfare of ALL individuals that engage in activities of ARISE is the overall focus of this policy. In some programs, the reporting requirements may be different, depending on regulatory requirements, but we have an equal regard for the security of all participants.

Some funders and regulatory bodies (e.g. ACCES-VR, the Onondaga County Department of Mental Health, Community Foundations, United Way, and county funders) may not have formal policies and procedures for handling of incidents. The NYS Office of Mental Health (OMH) and the NYS Office for People with Developmental Disabilities (OPWDD) have formal requirements (through the New York State Codes, Rules, and Regulations, Volume 14, Part 524 and 624, respectively for OMH and OPWDD. These regulations affect our management of incidents and abuse allegations. The ARISE OMH Incident Reporting Policy and Procedure Statement is on file in the Mental Health Clinic.

In December 2012, the Protection of People with Special Needs Act (PPSNA) was signed, which established a consistent set of standards for the incident management of six state oversight agencies. These include the State Education Dept., OPWDD, Department of Health, OMH, Office of Alcoholism and Substance Abuse, and the Office of Child and Family Services. An additional notification to the Justice Center is required for specific programs or facilities that are NYS operated, certified or licensed. For ARISE, these programs are: the Madison County Farm Camp, Onondaga Group Day Habilitation, and ARISE's Mental Health Clinic. This set of

standards became effective on June 30 2013 with the roll out of the Justice Center based out in Albany. This resulted in significant changes regarding how incidents were previously reported, classified, and investigated.

The incident management program consists of the following components, and it is expected that they occur in this order:

- Implementing Protection(s) as appropriate
- Reporting
- Classifying
- Documenting
- Investigating
- Analyzing and further monitoring

IMPLEMENTING PROTECTIONS

Depending on the circumstances of the incident or allegation, protections may need to be put in place immediately upon discovery of an incident or situation. ARISE is dedicated to acting quickly when individuals are at risk or their well-being has been compromised. It is a shared responsibility that everyone at ARISE takes affirmative action to stop any abuse or further harm to an individual. All volunteers and staff receive incident management training upon hire and annually thereafter, when this expectation is emphasized. Any employee acting on behalf of ARISE shall take whatever measures reasonable and prudent to ensure the protection of the individual from further harm, injury, abuse and to provide prompt treatment or care

Protections are accomplished in many ways depending on the circumstances of the situation. Examples of this could include, but are not limited to: seeking medical treatment or calling 911, increasing staff supervision, staff retraining, or administrative leave. When appropriate, an employee, intern, volunteer, consultant, or contractor alleged to have abused or neglected an individual shall be removed from direct contact with, or responsibility for, all persons receiving services from the agency. Should a staff be placed on administrative leave, that staff member is placed on leave from all individuals he/she works with at ARISE pending the outcome of the investigation, unless otherwise indicated. In other cases, referrals for other supports or advocacy may be appropriate.

AGENCY-WIDE INTERNAL REPORTING

When an incident, occurrence, or situation is alleged to have occurred, it is ARISE's policy that employees who become aware of the event have DIRECT contact by phone with their supervisor or someone in the chain of command (if the supervisor is unavailable.) This process is to occur as soon as feasible, after any necessary emergency medical treatment or other form of protection is sought for the individual.

Depending on the classification of the incident, additional contacts may need to be made to CPS or law enforcement. Law enforcement must be contacted for any alleged crimes committed against an individual by a staff, intern, or volunteer, or if an emergency response by law enforcement is needed. If the notifications have not already been made, then Program

Managers and the Quality Improvement Department will provide direction to complete these notifications when necessary.

Vulnerable Persons Central Register (VPCR):

All staff, volunteers, interns and those with regular/substantial contact with individuals in programs operated or certified by OPWDD are considered "mandated reporters" and are required to report reportable incidents to the VPCR upon discovery, after immediate protections have been put in place. In any event, this notification must be made within 24 hours of occurrence or discovery. If a mandated reporter becomes aware of an individual being subjected to a reportable incident at a different facility or program, the mandated reporter is also required to report this fact to the VPCR.

Additionally, all deaths of individuals who received services operated or certified by OPWDD within 30 days preceding his/her death must also be reported to the Justice Center.

Although only certain programs fall under the jurisdiction of the Justice Center, at ARISE, it is expected that ALL employees, interns, and volunteers report any incident they either observe or discover even if the incident involves an individual from a different program than which he/she works. Depending on the program, some reports may not need to go to the VPCR. In these cases, staff are still expected to report it by going up their chain of command until they reach someone. This is not limited to incidents that occur within the agency. If an ARISE staff/intern/volunteer/contractor becomes aware of incidents/occurrences/situations outlined below ("Classifications") occurring at ARISE or an outside facility or agency (e.g. Outside clinics, IRAs, hospitals, schools, etc.), then he/she must report it by going up his/her chain of command until someone is reached. Staff may need to call the VPCR, if applicable. In these cases, ARISE would take action by notifying the appropriate parties at those agencies to intervene and investigate. ARISE may also be able to provide advocacy and necessary supports to help the individual.

CLASSIFICATION

Incidents are classified under the overarching categories of: Reportable, Notable Occurrences, Events/Situations, or internals. It is the responsibility of the Quality Improvement Department to determine the classification of the incident. Program Leadership receives the initial notification from the discovering staff, and ensures any necessary protections are in place if they had not yet been completed. Then, managers are to report the any of the following categories to the Quality Improvement Department to classify.

All of the following categories shall be regarded and reported for all programs. It is the responsibility of staff persons to phone their supervisor if the well-being of the individual may have been compromised even if there is not a specific category that it fits into.

REPORTABLE INCIDENTS: Applies only to incidents that occur under the auspices of an agency. Reportable Incidents include both categories of "Abuse" and "Significant Incidents." If applicable, this category is also reportable to the Justice Center.

(I) ABUSE/NEGLECT:

1. Physical Abuse
2. Sexual Abuse
3. Psychological Abuse
4. Deliberate Inappropriate Use of Restraints
5. Aversive Conditioning
6. Obstruction of reports of reportable incidents
7. Unlawful Use or Administration of a Controlled Substance
8. Neglect

(II) SIGNIFICANT INCIDENTS:

1. Conduct between persons receiving services that would constitute abuse as noted above
2. Conduct that is inconsistent with a person's plan of services, including:
   (A) Seclusion
   (B) Unauthorized use of time-out
   (C) Administration of a prescription or OTC medication inconsistent with a doctor's order
   (D) Inappropriate use of restraints
3. Missing Person
4. Choking with known risk
5. Self-abusive behavior with injury

NOTABLE OCCURRENCES: Applies only to events and situations that occur under the auspices of an agency. This category only applies to programs under OPWDD. These include:

1. Minor/serious injuries
2. Unauthorized absence
3. Death
4. Choking with no known risk
5. Theft/Financial exploitation
6. Sensitive Situations
7. ICF Violations

EVENTS/SITUATIONS: Applies only to events and situations that occur outside of the auspices of an agency. This category only applies to programs under OPWDD. These include:

1. Physical Abuse
2. Sexual Abuse
3. Emotional Abuse
4. Active Neglect
5. Passive Neglect
6. Self Neglect
7. Financial Exploitation
8. Death

INTERNAL INCIDENTS: Incidents that should be reported and tracked but do not reach the

severity of a Reportable Incident, Notable Occurrence, or Event/Situation. Internal incidents can occur within, or outside of ARISE auspices, that may be less serious in nature, but in which staff intervention and follow-up is important to document.

The Director of Quality Improvement and the Associate Director of Independent Living Services will meet every other month to review internal incidents, discuss recommendations, appropriate follow-up, and ensure proper documentation is in place. These incidents are not typically discussed by the Incident Review Committee.

Some examples of internal incidents include, but are not limited to:

1. Accidental injury of an individual, while under ARISE auspices, which requires no medical treatment beyond First Aid, and the cause of the injury did not involve any action or inaction by ARISE staff.
2. Minor sensitive situations
3. Minor vehicle accidents occurring when an individual is a passenger, and do not involve any of the following: moving violations, injuries, unsafe/reckless driving, action or inaction by staff that could put the individual's safety at risk.
4. Any incident involving an individual served by ARISE, but not enrolled in an OPWDD or OMH funded program or service.
5. An incident for which an agency other than ARISE is responsible for filing an OPWDD Reportable or Notable Occurrence, and the individual also receives an OPWDD funded service.
6. Any other incident involving an individual who receives services in an ARISE OPWDD or OMH funded program, but the situation does not rise to the level of the classifications listed above.

DOCUMENTING

It is the responsibility of the person reporting the incident is to complete an incident report(s) detailing the situation. The Quality Improvement Department will determine the type of report to be completed, which can vary based on what type of services the individual receives and what the classification is. All incident reporting forms must be completed by the ARISE staff person who witnessed or was the first to learn of the incident, unless an exception is granted by the Quality Improvement Department.

OPWDD Form 147: If the incident rises to the level of a reportable incident or notable occurrence, form OPWDD 147 (Last revised 6/2013) is required. Unless the Quality Improvement Department indicates an exception under certain circumstances, the completed report is to be forwarded to the Quality Improvement Department as soon as possible, and in any event, by the close of the business day. This documentation is time-sensitive, as the agency shall complete a 147 form within 24 hours of discovery. For minor notable occurrences, the incident form is required to be filled out within 48 hours or by the close of the working day. As this form has numerous mandated fields to complete, assistance may be obtained from the supervisor or the Quality Improvement Department.

OPWDD Form 150: For events/situations, an OPWDD 150 (Last revised 8/2013) is required. Unless the Quality Improvement Department indicates an exception under certain circumstances, the completed report is to be forwarded to the Quality Improvement Department as soon as possible, and in any event, by the close of the business day.

Internal Incident Form: For internal incidents, staff are to complete this form within 48 hours of discovery, but ideally within 24 hours.

When documenting an incident, staff must note that each section of the report form is important and must be completed, to include the disability, date of incident, and address where the incident occurred, and full names and relationships of all involved staff, witnesses, and individuals. When completing the narrative portion of the report, staff should consider the who, what, where, when, why and how surrounding the incident. It is important to include the events that occurred leading up to the incident. Staff are to note any specific action taken by the employee or others as a result of the event. If a staff member took any immediate action to secure the safety of the individual, this needs to be documented.

In addition, secondary actions, and plans for additional follow-up must also be documented on the incident report. These actions may include: making referrals to other services, scheduling follow-up meetings with the individual and/or those involved, plans to follow-up with staff for counseling or retraining, and any other actions deemed appropriate by program leadership in order to resolve the incident and prevent reoccurrence.

Supervisors, managers, and/or directors are to oversee the completion of all incident report forms to ensure all required and relevant information is documented. Leadership shall also help determine appropriate follow-up for the situation prior to submitting the report to the Quality Improvement Department.

OPWDD INTERNAL REPORTING

For individuals who have OPWDD involvement, OPWDD dictates that the Executive Director shall be advised of all reportable incidents and serious notable occurrences immediately upon occurrence or discovery. It is the responsibility of the Quality Improvement Department to advise the Executive Director of all serious incidents. For all minor notable occurrences, the Executive Director is to be notified by the Quality Improvement Department within 48 hours of occurrence or discovery.

EXTERNAL REPORTING UNDER OPWDD REQUIREMENTS

Reportable incidents and Notable Occurrences are those events which are required to be recorded, reviewed, investigated and reported to designated parties according to established procedures of the agency, reviewed by the Incident Review Committee and acted upon in an appropriate manner to safeguard the well-being of persons receiving services and to bring the matter to closure.

Because of the severity or the sensitivity of the situation of what OPWDD constitutes as a reportable incident, serious notable occurrence, and all deaths (including those under

Event/Situations) must also be immediately reported to the Incident Coordinator at OPWDD, by the Quality Improvement Department via phone. Form OPWDD 147 must then be entered into the Incident Report and Management Application (IRMA), which is an interactive online database viewable by OPWDD. The Quality Improvement Department is responsible for IRMA data entry within 24 hours of occurrence or discovery or by the close of the next working day, whichever is later.

ARISE must report to law enforcement in the event that an emergency response by law enforcement is needed, and/or when a crime may have been committed against an individual receiving services by a staff/intern/volunteer/contractor.

Jonathan's Law

Certain incidents require additional notification by the Quality Improvement Department or Program Management to inform 'qualified' persons of their access to certain information regarding the incident. These notifications are under Jonathan's Law. Jonathan's Law notifications are required for all reportable incidents and notable occurrences. This notification must occur as soon as reasonably possible but no later than 24 hours after the completion of the initial incident report or entry in IRMA.

A 'qualified' person is defined as:

- Parent of the individual receiving services
- Spouse of the individual
- Adult child of the individual
- Legal guardian of the individual
- The individual – if a capable adult

ARISE must make telephone contact to one of the above individuals unless the person has objected to this notification in writing, the capable adult objects, or if the contact person is the alleged abuser.

Under Jonathan's Law, the 'qualified' person to whom notification is made is informed:

- Of a description of the situation and initial actions taken to protect the individual
- That he/she will receive a redacted Report on Actions Taken (OPWDD 148) indicating immediate steps taken in response of the incident to safeguards the person. This report must be sent out within 10 days of the completion of the initial written incident report or initial entry into IRMA.*
- An offer to meet with the Executive Director or designee to further discuss the incident/occurrence.
- For allegations of abuse/neglect, an offer to provide information regarding the status or finding.

The 'qualified' person can request any or all of the following:

- A meeting with the Executive Director or designee
- A copy of the redacted initial incident report
- Information on the status and/or resolution for allegations of abuse or neglect

The Quality Improvement Department, in collaboration with Program Leadership as necessary, is responsible for responding to further requests made by qualified persons.

INVESTIGATING

It is expected that all witnesses and persons involved will participate in the investigation process in a timely manner. A thorough investigation must be conducted into any incident, or notable occurrence. Investigations shall be completed within 30 days and yield comprehensive findings from various sources of evidence. Investigations are reviewed at the next Incident Review Committee meeting.

It is the responsibility of the Executive Director to designate an objective party to conduct and document each investigation. OPWDD or the Justice Center can assume the responsibility of the investigation. At ARISE, the Executive Director has designated the Director of Quality Improvement with overseeing the implementation of the incident management program. The Quality Improvement Department is responsible for arranging and implementing the investigative process. The immediate supervisor(s) and parties in the chain of command of staff directly involved in reportable incidents or notable occurrences are prohibited from conducting investigations of these incidents. Furthermore, immediate supervisors must not be involved in reviewing such incidents as part of the Incident Review Committee.

If an employee leaves employment prior to the conclusion of a pending investigation, the investigation shall continue until it is completed and a finding of substantiated or unsubstantiated is reached.

ANALYZING AND REPORTING

An agency-wide Incident Review Committee has been appointed by the Executive Director, which is chaired by the Director of Quality Improvement. Committee members include:

- Director of Human Resources
- Director of Independent Living
- Associate Director of Independent Living
- Director of the Mental Health Clinic
- Director of Oswego Satellite Offices
- Manager of Community Services
- Quality Improvement Specialist
- Three Senior Medicaid Service Coordinators
- Habilitation Coordinator
- Board Member and family member of a person receiving services
- A psychiatrist who is available for consultation purposes

The purpose of the agency-wide Incident Review Committee is to assure that incidents that adversely affect the care and safety of individuals are appropriately addressed and that preventive and corrective measures are identified. The Committee also determines trends or patterns within programs or regarding employee involvement.

This body has jurisdiction over whether incidents are formally 'closed' or whether additional information is needed or further action must take place in order to place the individual in a safer, more secure position. Committee meeting minutes containing findings and recommendations are to be submitted by the Quality Improvement Department to the Executive Director within 2 weeks of the meeting. These should include implementation of any preventive or corrective action. It is the responsibility of the Incident Review Committee to monitor actions taken on any and all recommendations made and advise the Executive Director if a problem arises. The Committee meets on a monthly basis unless an emergency meeting is required. If needed, a sub-committee may meet to determine next steps or necessary action(s).

For those individuals with OPWDD involvement, subsequent information shall be updated in IRMA by the Quality Improvement Department within 24 hours or by the close of the next working day regarding immediate protections taken. The individual's MSC shall also be updated within 10 days of the completion of the investigation and the completion of the review by the Incident Review Committee. The Incident Review Committee has the responsibility of determining which cases can be 'closed' or remain 'open,' based upon the level of safety and risk of the individual involved in the incident. External entities that conduct investigations, such as Child Protective Services or law enforcement departments, are followed-up by at least monthly contact in order to determine the status of the incident.

Incidents often result in written recommendations to the appropriate Department Manager and members of leadership as appropriate, to eliminate or minimize similar incidents in the future. Changes in policy/procedure may also be recommended in order to minimize recurrence.

Analysis of incidents occurs at several different levels.

- At monthly incident review committee meetings, in which the number of reportable incidents, notable occurrences, and events/situations, are tracked for each month, by county, classification, and program.
- At yearly Board of Directors meeting at which the completed annual trend analysis report is presented to inform members on incident statistics, ranging from total amounts, to a breakdown by county, and the number of incidents with staff involvement.
- Yearly report to the Central New York DSO, displaying an ability to identify trends and patterns with associated corrective action.

More information on 624 regulations can be found on OPWDD's website at http://www.opwdd.ny.gov/opwdd_resources/incident_management/home

END OF POLICY