



Provider Incident Report Training

**Provider Relations & Quality
Improvement**

The purpose of informing Inclusa of incidents is to ensure collaboration between providers and Inclusa. This allows both parties to ensure the coordination of care in the following ways:

- To help reduce risk for individual members and for all members.
- To promote health and safety.
- To evaluate actions and/or individuals that contribute to an event.
- To improve provider quality standards.
- To anticipate and monitor potential quality concerns.
- To identify and document positive provider experiences.
- To identify themes of incidents and streamline mechanisms to improve standards of practice.
- To provide a systematic approach to monitor and respond to incidents.

01

As part of the Family Care contract, Inclusa is required to maintain an internal incident management system which integrates with the Department of Health Services (DHS) Adult Incident Reporting System (AIRS).

02

The reporting of incidents is a contractual responsibility for all providers.

03

Inclusa and contracted providers must comply with all applicable state statutes and rules including, but not limited to, HFS 132.33 and 132.60, HFS 82.10, HFS 83.21, HFS 88.10, ch.51.61 (1) (i) Stats and s. HFS 94.10 Wis. Adm. Code, in the use of isolation, seclusion, physical, and chemical restraints. Inclusa Restrictive Measures Policy covers the approval process as directed by ch.51.61 (1) (i) Stats and s. HFS 94.10 Wis. Adm. Code.

- Providers will communicate incidents involving an Inclusa member to the Inclusa interdisciplinary team (IDT) – the Community Resource Coordinator (CRC - Social Worker) or the Health and Wellness Coordinator (HWC - Nurse).
- If the reporter is unable to reach the CRC or HWC, they may leave a message reporting details of an incident that has been resolved and did not result in serious harm or injury to the member.
- For any incident that is not yet resolved or any incident that resulted in serious harm or injury to the member, the provider must ask to speak to a Member Support Manager or Regional Operations Senior Manager to immediately make a report. In the event a manager is unavailable, the provider will speak with the Program Assistant to be redirected or leave a message.
- The provider is responsible to ensure member safety and to remediate any circumstances that produce potential incidents.
- Providers are required to make assurances that members receiving funded services will be protected from neglect, physical, emotional, and sexual abuse, and financial exploitation.

- Incidents will be reported within **one business day (24 hours)** of providers becoming aware of the incident.
- Providers will work collaboratively with Includa staff, as warranted, to ensure all such incidents or allegations are investigated by appropriate investigative authorities.
- Appropriate investigative authorities may include – the Division of Quality Assurance (DQA)-responsible for licensing all home health agencies, licensed adult family homes (AFH), assisted living (CBRF/RCAC) and skilled nursing facilities (SNF), the Department of Health Services (DHS), Office of Caregiver Quality (OCQ), law enforcement officials, Adult Protective Services(APS), etc.

Providers will identify, respond to, document, and notify Inclusa within one (1) business day when an Inclusa member, as a result of his/her participation or receipt of provider services, is involved in, or subjected to, any of the following types of incidents or events:

- **Neglect** (see s.46.90(1)(f), Wis. Stats.): The failure of a caregiver, as evidenced by an act, omission, or course of conduct, to endeavor to secure or maintain adequate care, services, or supervision for an individual, including food, clothing, shelter, or physical or mental health care, and creating significant risk or danger to the individual's physical or mental health. "Neglect" does not include a decision that is made to not seek medical care for an individual, if that decision is consistent with the individual's previously executed declaration or do-not-resuscitate order under ch. 154, Wis. Stats., a power of attorney for health care under ch. 155, Wis. Stats., or as otherwise authorized by law.
- **Self-neglect** (see s.46.90(1)(g), Wis. Stats.): A significant danger to an individual's physical or mental health because the individual is responsible for their own care but fails to obtain adequate care, including food, shelter, clothing, or medical or dental care.

Within AIRS, the following events are included in this definition: suicide, suicide attempt, not taking medication as prescribed, self-inflicted harm and accidental overdose.

Abuse, as defined by Wis. Stats. S.46.90(1)(a), means any of the following:

- **Physical Abuse:** Intentional or reckless infliction of physical pain or injury, illness, or any impairment of physical condition.
- **Emotional Abuse:** Language or behavior that serves no legitimate purpose and is intended to be intimidating, humiliating, threatening, frightening, or otherwise harassing, and that does or reasonably could intimidate, humiliate, threaten, frighten, or otherwise harass the individual to whom the conduct or language is directed.

Verbal abuse and psychological abuse are also included under this definition.

- **Sexual Abuse:** Sexual contact without consent in the first through fourth degrees as defined in Wis. Stat. 940.225.
- **Treatment Without Consent:** The administration of medication to an individual who has not provided informed consent, or the performance of psychosurgery, electroconvulsive therapy, or experimental research on an individual who has not provided informed consent, with the knowledge that no lawful authority exists for the administration or performance.
- **Unreasonable Confinement or Restraint:** The intentional and unreasonable confinement of an individual in a locked room, involuntary separation of an individual from their living area, use on an individual of physical restraining devices, or the provision of unnecessary or excessive medication to an individual, but does not include the use of these methods or devices in entities regulated by the department if the methods or devices are employed in conformance with state and federal standards governing confinement and restraint.

Restrictive measures include any type of manual restraint, isolation, seclusion, protective equipment, medical procedure restraint, or restraint to allow healing. For more information see the [Restrictive Measures Guidelines and Standards, P-02572](#)

- **Emergency Use of Restrictive Measures:** An emergency, as it relates to restrictive measures, means an unanticipated situation has occurred where an individual suddenly engages in dangerous behaviors, placing themselves or others at imminent, significant risk of physical injury. An emergency restrictive measure also applies to situations the team does not anticipate will occur again.

This may include the appearance of a behavior that has not happened for years or has not been known to occur before or it could include current behaviors that suddenly and unexpectedly escalate to an intensity the team has not seen before.

Emergency use of seclusion is not permitted and if this occurs, the incident will be categorized as Abuse – Unreasonable confinement or restraint.

- **Unapproved Use of Restrictive Measures:** Unapproved uses of restrictive measures are when there is a need for a restrictive measure and the team is gathering information for DHS approval or when the current restrictive measure expired and is still being utilized.

Unapproved use of seclusion is not permitted and if this occurs, the incident will be categorized as Abuse – Unreasonable confinement or restraint.

- **Financial Exploitation:** Includes any of the following acts:
 - a) Fraud, enticement or coercion;
 - b) Theft;
 - c) Misconduct by a fiscal agent;
 - d) Identity theft;
 - e) Unauthorized use of the identity of a company or agency;
 - f) Forgery; or
 - g) Unauthorized use of financial transaction cards including credit, debit, ATM and similar cards.

- **Exploitation:** Taking advantage of a member for personal gain through the use of manipulation, intimidation, threats, or coercion. This could include, for example, human trafficking, forced labor, forced criminality, slavery, coercion, and sexual exploitation.

- **Medication Error:** Any time a member does not receive their medication as prescribed that resulted in a moderate or severe injury/illness. This includes wrong medication, wrong dosage, wrong timing, omission, wrong route, and wrong technique. *See Self-Neglect incident type for members refusing medication, not taking medication as prescribed, or accidental overdose of medication.*

- **Fall:** An action where a member inadvertently descended to a lower level by losing control, losing balance, or collapsing that resulted in moderate to severe injury or illness directly related to the fall. A fall can be from a standing, sitting, or lying down position.

- **Missing Person:** When a member's whereabouts are or were unknown and one or more of the following apply:
 - ✓ The member has a legal decision maker.
 - ✓ The member is under protective placement.
 - ✓ The member lives in a residential facility.
 - ✓ The member is considered vulnerable high risk.
 - ✓ The MCO believes the member's health and safety is/was at risk.
 - ✓ The area is experiencing potentially life-threatening weather conditions.
 - ✓ The member experienced injury or illness while missing.

- **Other:** An accident, injury, illness, death, or unplanned law enforcement involvement that cannot be captured in any other incident type. These incidents should be those that are unexplained, unusual, or around which suspicious circumstances exist and resulted in a moderate or severe illness/injury. This may include, but is not limited to, motor vehicle accident, fire, flood, explosion, natural disaster, injury of unknown origin, choking, poisoning, gun violence, homicide, unsigned death certificate, or other type of accident or situation not otherwise listed.

A Provider Incident Report Form is available for providers to utilize when reporting member incidents. The information included on the form assists in providing Inlusa staff with the necessary information and helps eliminate the need for multiple follow-up conversations.

The use of the form is voluntary. It can be found on the Inlusa.org website under the Provider-Resources tab.

Provider Incident Report Form

(Use of this form is optional, reporting incidents is required)

Date MCO Informed of the Incident (must be within 1 business day of incident):		Date: <input type="text"/>	
Date Member, Guardian or POAHC was informed of the incident (if applicable)		Date: <input type="text"/>	<input type="checkbox"/> NA

Member Name:	<input type="text"/>	Date of Incident:	<input type="text"/>
Provider Name:	<input type="text"/>	Time of Incident:	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Person Completing Form & Title:	<input type="text"/>	Date(s):	<input type="text"/>
Other Entity(s) Notified: <small>e.g., APS, DQA, Law Enforcement or OCQ</small>	<input type="text"/>	Date(s):	<input type="text"/>

Type and extent of harm/injury experienced by the member as a result of the incident (to include property damage):	<input type="text"/>
Type and extent of harm/injury experienced by Others as a result of the incident (to include property damage):	<input type="text"/>
Did the member or others require medical evaluation, treatment, or hospitalization?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: <input type="text"/>
Describe where the incident took place:	<input type="text"/>
Describe what was occurring prior to the incident: (include what you/staff and the member were doing)	<input type="text"/>
Incident Summary (what happened/facts of the event, be sure to include titles following names):	<input type="text"/>

Immediate actions taken (by you or others upon discovery of the incident):	<input type="text"/>
Root Cause* of the Incident (casual factors): <i>*The fundamental breakdown or failure of a process, which when resolved, prevents a recurrence of the problem. Use tools such as the 5 Why's to help dig deeper at the root cause.</i>	<input type="text"/>
Describe how the incident could have been prevented:	<input type="text"/>
Describe what is being done to prevent a similar incident (practices and/or actions that have been or will be taken):	<input type="text"/>

Signature of Person Completing Report

Title

Date

- Providers are required to inform Inclusa of all member changes in condition to include a member's death.
- Provider also need to inform Inclusa when a member is admitted to a State IMD* and/or ITP*.
- The provider will inform Inclusa when notifying their regulatory authority of incidents to include the date of the notification(s). A copy of the report(s) may be submitted as a form of notification.
- As warranted, reported incidents will be entered into Inclusa's internal incident management system and reported to DHS in accordance with MCO contract requirements.
- Providers may be asked to provide any additional information or details necessary to complete the investigation of reported incidents.

**IMD = Institute for Mental Disease & ITP = Intensive Treatment Program.*

Root Cause & Root Cause Analysis

The Provider Incident Report Form asks for the “Root Cause” of the Incident (Causal Factors).

A Root Cause is:

- The fundamental breakdown or failure of process which, when resolved, prevents the recurrence of the problem;
- The factor, when fixed, the problem/issue goes away and does not return.

Root Cause Analysis (RCA) is a method used to address a problem in order to get to the “root cause.” There are five steps in RCA:

1. Gather Initial Information
2. Fill in the Gaps
3. Analysis
4. Develop Action Plan
5. Evaluate Results

Root Cause Analysis & Prevention Strategies

Step 1 – Gather Initial Information

Step 2 – Fill in the Gaps

Step 3 – Analysis

- Use 5 Whys Analysis to evaluate the problem statement and determine the root cause.
- Ask why until you cannot ask anymore.

Step 4 – Action Plan Development

- Develop interventions based on the root cause.
 - ✓ Immediate actions to mitigate risk
 - ✓ Long-term actions

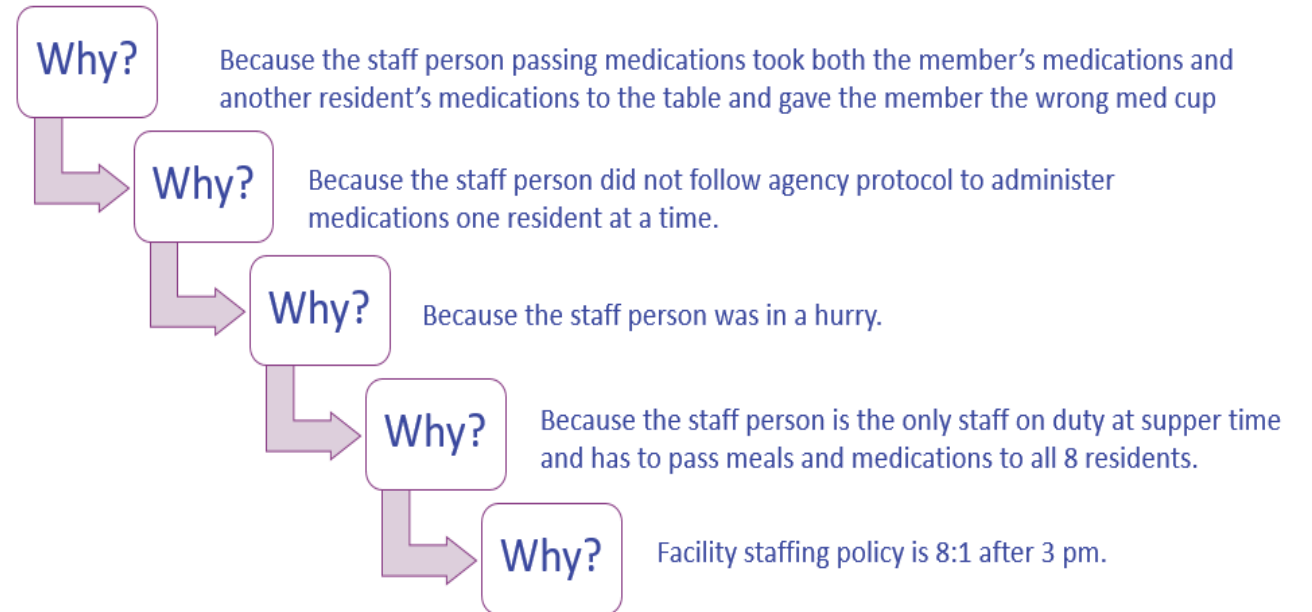
Step 5 – Evaluation of Results

Questions to consider:

- ✓ Were the interventions effective?
- ✓ Was the root cause eliminated?
- ✓ Was the problem eliminated/reduced?
- ✓ Can the change be sustained?

Step 3 - Example – 5 Whys Analysis

Problem: Member was given another resident's medications.



Important: The outcome of the RCA should be included on the Provider Incident Report Form, as well as any prevention strategies you, as a provider, are taking to prevent recurrence of similar incidents in the future.



Please direct additional questions regarding incident reporting to:

psquality@inclusa.org

Thank you for your participation in this training. Please be certain to sign your attestation page included with your subcontract agreement verifying you have completed this training.