Management of Incident Reporting, Investigation Process

Presented By:

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LEARNING OBJECTIVES cont.:

- Be able to describe the process for reporting and investigating an incident
- Learn the process to determine the root cause of and incident.
- Understand the importance of trending and tracking incidents and how these steps can help reduce exposures
- Be able to describe how these techniques can be used as a proactive approach to reduce the risk for falls.

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RISK MANAGEMENT DEFINED:

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An ongoing process of identifying, analyzing, controlling, financing and managing of risks for our residents, employees, visitors, community and company.

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ACCIDENT/INCIDENT DEFINED:

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- An unexpected, unintended event that may not be consistent with the routine operation of the facility or the routine care of a particular resident. It may involve an injury or property damage.

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Near Miss/Close Call Defined

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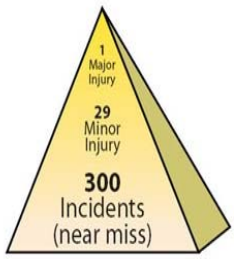
- A “near miss” is an event that signals a system weakness that if not remedied could lead to significant consequences in the future.



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MOST COMMON RISKS requiring Incident Investigation

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- Accident or injury of known or unknown origin that was unusual or suspicious in nature such as extensive bruising, pain, or injury that is not consistent with actions necessary in providing day to day care to a resident or for which medical treatment was sought

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MOST COMMON RISKS
requiring Incident Investigation

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- A fracture or an injury resulting in medical attention.
- The onset of wandering behavior by any resident who is not fully cognitively intact
- Elopement by a resident.

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MOST COMMON RISKS
requiring Incident Investigation

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Suspected, alleged, or actual abuse of a resident or residents by staff, visitors, or other residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules.

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MOST COMMON RISKS
requiring Incident Investigation

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- Suspected, alleged, or actual neglect of a resident or residents
- Suspected, alleged, or actual exploitation of a resident or residents

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MOST COMMON RISKS
requiring Incident Investigation

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- An unplanned occurrence that results in media attention.
- Intentional self-inflicted injury, suicide, or suicide attempt by a resident.

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MOST COMMON RISKS
requiring Incident Investigation

- A medication error, overdose, or over sedation.
- Ingestion by a resident of a toxic substance that requires medical attention.

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MOST COMMON RISKS
requiring Incident Investigation

An outbreak (for purposes of these rules, an outbreak is considered to be two or more affected people within 72 hours or less)of a contagious disease or condition including those listed in Appendix I to Alabama Administrative *Code Sec. 420-4-1-.04* (for example food-borne illness, scabies, influenza, or Staphylococcus aureus).

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MOST COMMON RISKS
requiring Incident Investigation

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A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility.

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MOST COMMON RISKS
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Any indication of malfunction of the sprinkler system, or fire alarm system.

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Empower Your Employees

- Employees should know the facility policies on what is considered to be an accident or incident and what event should generate the completion of an incident report.
- Employees should be aware of the reporting requirements of accidents/incidents.
- Employees should be aware of the facility's commitment to providing a safe environment for residents, employees and visitors.

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INCIDENT REPORT DEFINED: an incident report is a management tool for the facility to record occurrences which are not consistent with the routine operation of the facility or routine care of a particular resident. It is used to record facts of an occurrence with the purpose of improving procedures to create a safer environment.

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PURPOSE OF THE INCIDENT REPORT

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- Record facts about the incident
- Notification to administration that an incident has occurred
- Data for trending and tracking incidents

The incident report should be accurately completed with objective information only.

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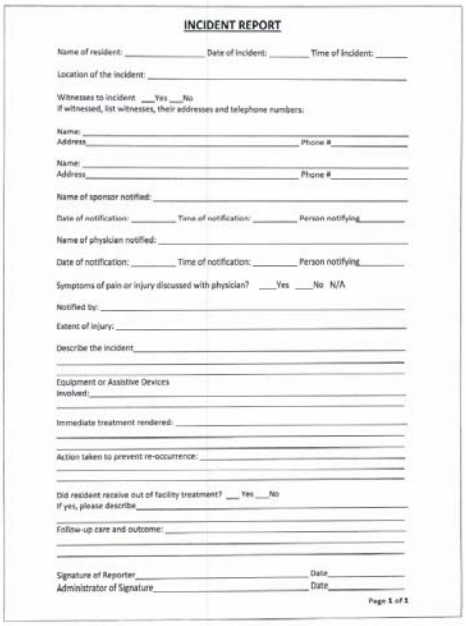

INCIDENT REPORT

Name of resident: _____ Date of Incident: _____ Time of Incident: _____

Location of the incident: _____

Witnesses to incident ___Yes ___No
If witnessed, list witnesses, their addresses and telephone numbers:

Name: _____
Address_____ Phone #_____

Name: _____
Address_____ Phone #_____

Name of sponsor notified: _____

Date of notification: _____ Time of notification: _____ Person notifying_____

Name of physician notified: _____

Date of notification: _____ Time of notification: _____ Person notifying_____

Symptoms of pain or injury discussed with physician? ___Yes ___No N/A

Notified by: _____

Extent of injury: _____

Describe the incident_____

Equipment or Assistive Devices
Involved:_____

Immediate treatment rendered: _____

Action taken to prevent re-occurrence: _____

Did resident receive out of facility treatment? ___ Yes ___No
If yes, please describe_____

Follow-up care and outcome: _____

Signature of Reporter_____ Date_____
Administrator of Signature_____ Date_____

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INCIDENTS MUST BE INVESTIGATED

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THE INVESTIGATION PROCESS

An accident/incident investigation process is a systematic effort to determine what happened, when it happened, how it happened, where and why it happened, and to whom (Root Cause Analysis). It should include what preventive measures should be taken to reduce and/or prevent a recurrence.

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The Investigation: (continued)

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The investigation should include the documentation and preservation of information collected through the investigation process. The objective is to systematically identify ALL contributing causes (root cause) of an incident NOT TO FIND FAULT, but to understand WHY! The ultimate goal is to determine root cause and to identify ways to reduce future recurrence of the incident.

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Root Cause Analysis Has the Following Characteristics:

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- Identify the event and investigate backwards;
- It repeatedly digs deeper by asking "Why?" until no additional logical answer can be identified;
- It is important to know the post-event actions but true cause may be determined by pre-event actions

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Root cause analysis can be completed through the use of:

- Interviews
- Reviewing the medical record
- observing the resident or staff,
- reviewing training records, etc. to determine if people or processes caused the event

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Define the Event

The first key step taken by a root cause analysis team is to define the event! Describe as accurately as possible, what happened. The team might ask, “What actually happened?” “What created the “red flag”?” Examples: fall, skin breakdown, weight loss, missing articles, change in condition, etc.

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Root Cause Analysis . . . . .

can be both reactive and proactive. Most frequently, the technique is used reactively - to probe the reason for problems that have already occurred.

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A root cause analysis may be used proactively to even greater facility benefit to study processes in order to reduce the risk of future problems from ever occurring.

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Two Tiered Approach Example

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Proactive (fall prevention)

- Speculate on risk factors of falls
- Actions based on conjecture
- Actions based on predictions

Reactive (post falls action)

- Investigate current falls as they occur
- Collect factual evidence from the fall event
- Collate, aggregate and study the causes of falls

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THE INVESTIGATION PROCESS:

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Try to determine the root cause of the incident

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In completing an incident investigation, it is imperative to cover every aspect of the injured party's actions at the time of the incident. The four main sources of information are:

- People/employee actions
- Environment/physical conditions
- Work methods/policies
- Equipment

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People/Employee Actions

- Who was involved?
- Who could have been involved?
- Placement
- Training
- Enforcement

Consider the resident's perspective not just the employee

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Environment/Physical Conditions

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The environment is kept free from accident hazards:

- Chemicals safely stored
- Proper water temperature
- Routine check of rooms/bathrooms
- Handrails
- Corridors
- Electrical safety
- Lighting
- Instant housekeeping

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Work Methods/Policies

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- Current policies and procedures – falls, elopements, behaviors, medication errors
- Training – upon hire, annually, as needed
- Enforcement – who, when, what
- Unusual circumstances – during a fire drill, inclement weather, power outage, staffing issues

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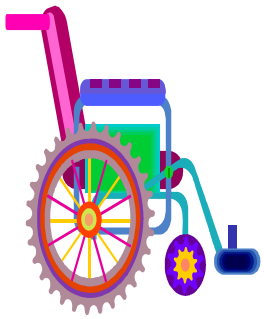
Equipment

- Design and arrangement
- Training – employee and resident perspective
- Maintenance



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Adequate Supervision

- Refers to an intervention and means of mitigating the risk of an accident
- Facilities are obligated and required to provide “adequate supervision”
- “Adequate Supervision” is defined by the type and frequency of supervision, based on the individual resident’s assessed needs and identified hazards in the resident environment.

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Document a timeline of events:

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A timeline is a graphic chronology of an event. The timeline can assist the investigation process to see the developing story and direct the investigation toward filling the gaps that are revealed.

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Benefits of a Timeline

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I. Recreate the steps leading up to the event
II. Offer the story of what happened
III. Help track the steps in an investigation
IV. Provide a basis for creating a final conclusion
V. Provide a background for documenting the investigation process

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Review The Medical Record

- Appropriate assessment of the resident
- Appropriate **care planning** for the resident (Did the care plan address risk factors from the assessment?)
- Appropriate implementation and monitoring of the care plan – was it revised if necessary?
- Review whether the resident was adequately supervised
- Review recent entries to determine if there were any changes and if care plan was being followed – has there been a significant change in status

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INVESTIGATING INCIDENTS

NOTE: STAFF MUST HAVE A CLEAR UNDERSTANDING OF WHEN TO NOTIFY MANAGEMENT AND/OR CORPORATE STAFF OF INCIDENTS

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DESCRIPTION OF SCENE

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- ❑Draw pictures of the scene
- ❑Pictures may be taken
- ❑If equipment is involved and if applicable, secure the equipment (box equipment and tape the box (date, time and initial tape) or place equipment in a secure location (chain of custody must be preserved)

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Reconstruct Task or Activity

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- Was the resident trying to go to the bathroom, taking a bath, etc.
- What was the mood of the resident, i.e. confused, agitated

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Evaluate previous incidents of the resident

- Is this incident a recurrence?
- Did prior plan of correction fail?
- Did staff comply with the plan of correction?
- Are there any trends?, i.e. frequency, location, etc.

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Tips on Avoiding Investigation Traps

- *Do not let familiarity with staff affect the investigation* – assumptions about staff can affect the objectivity of an investigation. "Care Giver Jane Doe always applies the chair brakes when she assists with transfering a resident to the wheelchair."
- *Do not let personal bias interfere with an investigation* – most investigations are conducted by in-house staff with prior knowledge of personnel, environment, and operations. This knowledge can easily mislead an investigation – Be careful !
- *Do not rush to a conclusion* – sometimes external pressures push an investigation to a conclusion before every step is taken. Gaps in an investigation can be overlooked. Be careful !

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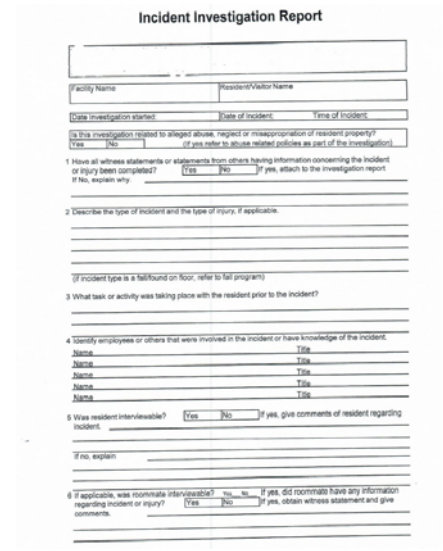


Incident Investigation Report

Facility Name | Resident/Visitor Name

Date investigation started: | Date of Incident: | Time of Incident:

Is this investigation related to alleged abuse, neglect or misappropriation of resident property? Yes | No (If yes refer to abuse related policies as part of the investigation)

1 Have all witness statements or statements from others having information concerning the incident or injury been completed? Yes | No If yes, attach to the investigation report
If No, explain why:

2 Describe the type of incident and the type of injury, if applicable.

(If incident type is a fall/found on floor, refer to fall program)

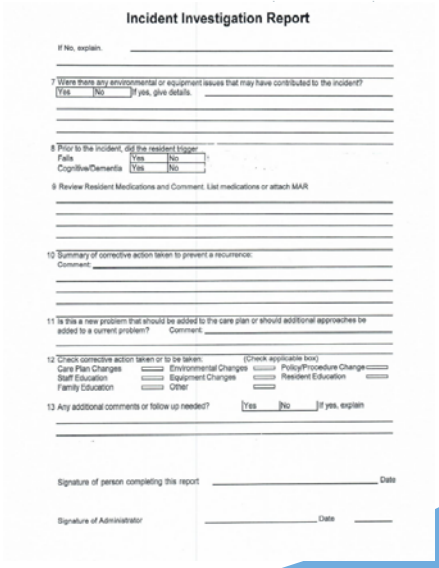
3 What task or activity was taking place with the resident prior to the incident?

4 Identify employees or others that were involved in the incident or have knowledge of the incident:
Name Title
Name Title
Name Title
Name Title
Name Title

5 Was resident interviewable? Yes | No If yes, give comments of resident regarding incident.

If no, explain

6 If applicable, was roommate interviewable? Yes | No If yes, did roommate have any information regarding incident or injury? Yes | No If yes, obtain witness statement and give comments.



Incident Investigation Report

If No, explain.

7 Were there any environmental or equipment issues that may have contributed to the incident? Yes | No If yes, give details.

8 Prior to the incident, did the resident trigger:
Falls Yes | No
Cognitive/Dementia Yes | No

9 Review Resident Medications and Comment. List medications or attach MAR

10 Summary of corrective action taken to prevent a recurrence:
Comment:

11 Is this a new problem that should be added to the care plan or should additional approaches be added to a current problem? Comment:

12 Check corrective action taken or to be taken: (Check applicable box)
Care Plan Changes | Environmental Changes | Policy/Procedure Change
Staff Education | Equipment Changes | Resident Education
Family Education | Other

13 Any additional comments or follow up needed? Yes | No If yes, explain

Signature of person completing this report Date

Signature of Administrator Date

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Interview Witnesses

- Who was present
- Who would have had the opportunity to observe the incident
- What did they hear, see, etc.
- Obtain name, address, telephone #, etc.

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WITNESS STATEMENTS

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METHODS OF OBTAINING WITNESS DOCUMENTATION:

- Handwritten statement by witness (narrative)
- Handwritten statement by witness (form directed)
- Manuscript statement written by designee
- Non-Witness Statement (Signature of employees in the immediate area stating they have no knowledge of the incident)

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CONDUCTING THE WITNESS INTERVIEW

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- **Conduct in a private setting**
- **Put the witness at ease**
- **Conduct interviews separately**
- **Stress the importance of obtaining the facts**
- **Stress the confidentiality of the incident – remind staff of HIPAA requirements.**

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Determine Other Activities in Close Proximity

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- Was the Activity Department completing an activity in close proximity of the incident either through a small/large group activity or in room activity
- What other departments are located near the incident location, i.e. laundry room, dining room, kitchen, etc.

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WITNESS STATEMENT

This is not part of the Resident's Medical Record. It is part of the facility QA program to review Systems, Processes, and Procedures for Quality Improvement. It is a confidential document and is protected from disclosure.

Facility Name:	Injured Person(i.e. Resident, Employee, Visitor) Name
Incident Date/Time	Date of Report/Time
Witness Name:	Witness Phone Number:
Witness Position(if employee)	Witness Address:

Please describe any known factual information pertaining to how, why, where, and when this injury occurred.

What did you see?_____

What did you hear?_____

What did you taste, touch, or smell?_____

What did you do?_____

Were there other witnesses? Yes No List _____

Please state any comments made by the resident at the time of the Incident._____

Do you have any other factual information pertaining to the incident investigation that you witnessed?_____

I have read or written the above summary of information concerning this incident, and to the best of my knowledge this is an accurate and complete statement. I have given all of the facts known to me at this time related to this incident. I acknowledge that all incidents and their investigations are confidential and I may be asked to provide comments or testimony relating to the incident at a later date. Due to confidentiality, I acknowledge that I am aware that I should not discuss the facts of this incident/investigation with anyone without administration approval.

Witness signature:	Date:
Signature of person conducting Interview:	Date:

cc: Administrator-for incident investigative file

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Update the Care Plan

- Communicate updated care plans with all staff –
- Consult the physician -
- Inform family member of the updated care plan and solicit assistance from them –

RE-EVALUATE Care Plan for effectiveness

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Complete Investigation Documentation

- ❑Incident report –
- ❑Witness statements/Non-witness statement –
- ❑Investigation documents – complete a synopsis (findings) and conclusion with corrective action

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SUMMARY: ONCE THE INVESTIGATION IS COMPLETED, WHAT THEN?

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- Draw Conclusions from the investigation – determine root cause
- Document approaches/interventions on the care plan
- Complete other documentation needed in the medical record, I.e. update care plan, assessments, etc.
- Place resident on the “incident monitoring condition log” to alert staff for follow up documentation.
- Initiate and communicate approaches/interventions to the appropriate staff, I.e. Care Givers, Nurses, CNAs, , etc.

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Establish an Organized Investigation File:

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- Incident documents:
- Incident Report
- Pictures or description of the scene, if applicable
- Investigation Forms
- All witness statements/Non-witness statements
- Chart review (if applicable)
- Care plan interventions

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DOCUMENTING THE INCIDENT IN THE MEDICAL RECORD

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- Document a brief description of the incident in the medical record – record ONLY facts
- Documentation should reflect the assessment for injuries, I.e. vital signs, ROM, etc.
- Document resident complaints of pain
- Document the following notifications: family and physician (name names)– include date and time

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NOTIFYING THE FAMILY THAT AN INCIDENT HAS OCCURRED

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- **Who is communicating with the family?**
- **How are they communicating with the family?**
- **How are they documenting their communication?**

WHY IS FAMILY COMMUNICATION IMPORTANT?

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TRENDING INCIDENTS

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RESIDENT DIRECTED – Addresses risks for the individual residents.

- Update facility and resident trending logs
- Determine if trends occur in time, place, staff involved, etc.
- Consider these trends when investigating incidents
- Trending should be completed on a continuous basis

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FACILITY CENTERED: Addresses risks for groups of residents

- Determine if trends occur in the facility
- Determine appropriate corrective action
- Trending should be completed on a continuous basis

NOTE: incident trending is not part of the medical record and is considered a part of the Quality Assurance information.

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MONTHLY FACILITY/RESIDENT INCIDENT ANALYSIS LOG

Confidential Document. Quality Improvement Work Product

Facility Name: _____

Month/Year: _____

| RESIDENT NAME | REPORTABLE Y/N | CHARGE NURSE | Guilford Nursing Assistant | Date/Time | SHIFT: 7-3, 3-11, OR 11-7 | WEEKEND: F OR W/END/HOL'S | LOCATION: ACTIVITIES ROOM | BEAUTY/BARBER SHOP | DINING ROOM | GAZEBO | HALLWAY | LIVING ROOM | REHAB/THERAPY | RESIDENT'S BATHROOM | RESIDENT'S ROOM | SHOWER ROOM | OTHER | Incident Type: ALLEGED ABUSE | ATTEMPTED FALL | BLOWBACK | DOCUMENTED CURRICULAR | DAILY TRIPPED FELL/FOUND ON FLOOR | OTHER | UNKNOWN | Injury Type: ABRASION | BRN | DISCOLORATION | HEAD INJURY | HEMATOMA | INT FRACTURE | LACERATION | RISK TEAR | OTHER FRACTURE | OTHER INJURY | NO APPARENT INJURY | HAS THE RESIDENT HAD ANY OTHER INCIDENTS THE NIGHT YOU GAVE? | Causative Factor: EQUIPMENT | ENVIRONMENT | PERSONAL | RESIDENT DIAGNOSIS | RESIDENT SELF INFLICTED | RESIDENT UNKNOWN/JUST | OTHER | Disposition: RSPTLN ADMITTED | RSDNT RETURNED TO HSE | RSDNT RETURNED TO HSE W/HOME HEALTH | RSDNT RETURNED TO HSE W/OUTPT DR | SEEN BY PHYSICIAN | X RAY | OTHER | Follow up: DATE & TIME(IF INJURY REQUIRES F/UP, PLEASE NOTE & FOLLOW UP) Payment to an existing product? Purchase a new product? | OTHER |
|---|---|---

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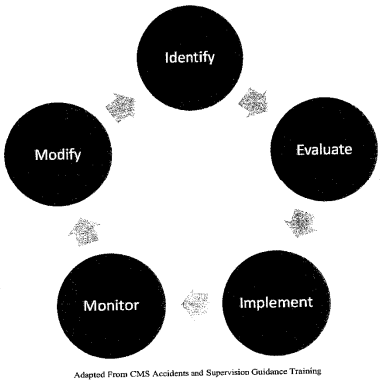
CMS's Systems Approach



Adapted From CMS Accidents and Supervision Guidance Training

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Scenario:

Mrs. Jones is an 84 year old resident with a diagnosis of Parkinson's Disease , Diabetes, COPD, a history of falls, and several hospital admissions for COPD exacerbation. She has lived at home with her son until 3 weeks ago when she moved into Sunny Meadows Assisted Living facility. Mrs. Jones has always been a very independent and shy person.

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The first thing she does every morning is dress and make her bed, which she has continued doing since she moved. She has always enjoyed being outside gardening, and cooking for her family. Mrs. Jones' son had recently started cooking all meals for her; however, he has noticed that she recently started eating less and gradually losing weight.

One morning after getting dressed and making her bed, Mrs. Jones started walking from her room, which was at the end of the hall, to the dining room for breakfast. The staff heard her yell and when they looked down the hallway they saw her lying on the floor.

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