



**Department of Public Welfare
Office of Mental Retardation
Bureau of Community Services
Protocols and Procedures**

Criteria for Incident Management Approval

FOR INTERNAL USE ONLY	CP-03-03	Effective – 07/18/03 Last Revision – 08/28/03
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Comments:

General Criteria for Review	Category	Suggested Guidelines for Review by Category
<p>As per the Incident Management Bulletin, the OMR Regional Office review process must include determination that, at a minimum:</p> <ol style="list-style-type: none"> 1. The appropriate action to protect the individual's health, safety and/or rights occurred. 2. The incident categorization is correct. 3. A certified investigation occurred when needed. 4. Proper safeguards are in place. 5. Corrective action in response to the incident has, or will, take place. 	Abuse	<ul style="list-style-type: none"> • If the alleged abuse involves the improper or unauthorized use of restraint, has the county conducted an investigation? • If the abuse is outside the scope of the provider to investigate, were mandatory notifications made? • Target information completed.
	Death	<ul style="list-style-type: none"> • Have supporting documents been forwarded to the county and region? <ul style="list-style-type: none"> ○ Lifetime medical history ○ Most recent health and medical assessments ○ Results of the last physical ○ Discharge summary and records from last hospitalization ○ Autopsy report, if done ○ Certificate of death
	Reportable Disease	
	Emergency Closure	
	Emergency Room Visit	<ul style="list-style-type: none"> • Were written discharge instructions received? • Was follow up care (i.e. medications, treatments, etc.) indicated?
	Fire	
	Hospitalization	<ul style="list-style-type: none"> • Reason for the admittance • Discharge diagnosis • Was the PCP contacted? • What are the discharge instructions? Under what circumstances should the individual return to the hospital? • Changes in medications (dose, duration, purpose, etc.) • Related follow up appointments (PCP, specialist, etc.) • Is there a need for special staff training, additional staff assistance or nursing services, adaptive equipment, and/or a different living arrangement? • <u>The person MUST be discharged for the report to be finalized.</u>



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Individual to Individual Abuse	<ul style="list-style-type: none"> • Report is entered for the victim, not the target. • Target information completed. • Corrective action includes the target. • Random check of an individual's previous incidents to identify patterns and to determine whether the specified corrective action is appropriate.
Injury Beyond First Aid	<ul style="list-style-type: none"> • Cause or nature of the injury.
Law Enforcement Activity	<ul style="list-style-type: none"> • Is there a clear statement explaining why law enforcement was necessary?
Missing Person	<ul style="list-style-type: none"> • Did the individual return?
Missing Funds	<ul style="list-style-type: none"> • Was the individual reimbursed for any lost or unaccounted for funds and/or property? • Target information completed.
Neglect	<ul style="list-style-type: none"> • Target information completed.
Psychiatric Hospitalization	<ul style="list-style-type: none"> • Reason for admittance. • Discharge diagnosis • Was the PCP contacted? • What are the discharge instructions? Under what circumstances should the individual return to the hospital? • Changes in medications (dose, duration, purpose, etc.) • Related follow up appointments (PCP, specialist, etc.) • Is there a need for special staff training, additional staff assistance or nursing services, adaptive equipment, and/or a different living arrangement? • <u>The person MUST be discharged for the report to be finalized.</u>
Rights Violation	
Suicide Attempt	
Medication Error	<ul style="list-style-type: none"> • <u>Do not require regional approval.</u> • Are reports being filed for the same root cause (as opposed to one report for every error)?
Restraint	<ul style="list-style-type: none"> • <u>Do not require regional approval.</u> • Is there a plan? • Did it occur at a 6400, 6500, 2380 facility? • Were any injuries sustained and if so, were they treated? • If an injury occurred that required treatment beyond first aid, have the provider and county conducted investigation?
All Categories	<ul style="list-style-type: none"> • Family notification or a reason for non-notification is documented. • The investigation determination is consistent throughout the report. • Random check of the individual's previous incidents should there be a specific concern.