Integral Care

INCIDENT REPORT MANUAL

An Explanation of How to Use the System For All Incident Reports

Quality Management/ CQC Committee

Contents

INTRODUCTION

Incident Reports are an essential part of the daily operations at Integral Care. All Staff, Interns, Volunteers and Network Providers are required to submit Incident Reports about events or actions that occur that could adversely impact the agency, you, a client, contractor, external provider or visitor. Each Incident type is also a key indicator of how well we respond and prevent future occurrences of similar events.

The submission of the Incident Report creates a stream of activities by other staff members to take action. Ultimately each Incident Report becomes an important start point for the continuous review of our daily work life at Integral Care. Incident Reports are studied within the agency to verify our processes are robust or require improvements, to note trends and to provide opportunities for continuous improvement.

Well-written Incident Reports and Follow up are records we present to our agency accreditor Joint Commission and other auditors or investigators. These records are proof of our due diligence and commitment to document events which occur in the agency and actions taken.

The following Incident Reporting system was designed by your fellow Integral Care members to provide clear and meaningful required information. This system is also a work in progress and will continue to evolve as the agency evolves as part of Integral Care's Continuous Quality Improvement Commitment. Suggestions for improvements are always encouraged and welcome.

INCIDENT REPORT ACCESS

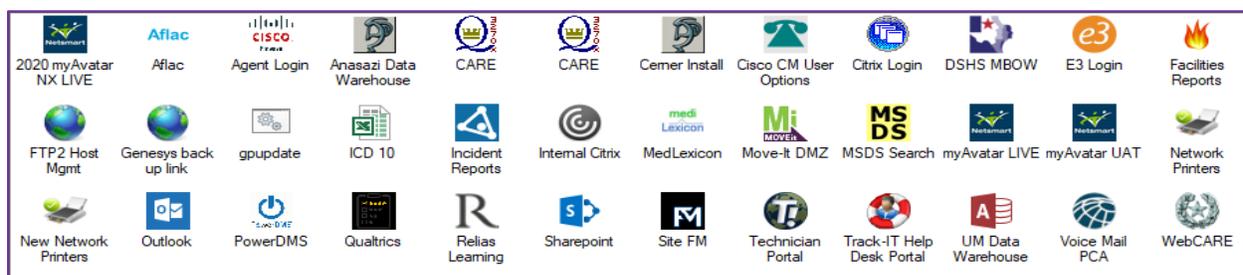## Integral Care STAFF INSTRUCTIONS

For Integral Care staff three options exist for signing in to the Incident Reporting System:

Via the Integral Care Application Launcher:

Select this Icon:

OR:

If you are accessing the system from home or outside of an Integral Care facility, you must go to the http://www.integralcare.org website, choose Staff Login located at the bottom of the page.

AND

INCIDENT REPORTING

File an Incident Report

For Integral Care staff, you'll need your Integral Care login information.

FILE INCIDENT REPORT

OR:

Before Selecting Incident Reporting Select Citrix

CITRIX APPLICATION LAUNCHER LOGIN
(AZ Central and All Other Software)

This is for external users only, such as air card, home users, contract providers and other remote connections.

CITRIX APPLICATION LAUNCHER

And Then:

Details

Incident Report

Browse until you locate these selections:

OTHER IMPORTANT NOTES

- Please note that the Incident Report program requires <u>**CHROME**</u> to ensure smooth operation of the program. This software is not supported with MS Explorer, and your best choice is Chrome.
- If you are working remotely, you should use Citrix to access the program because Citrix offers a more stable connection, otherwise you may encounter error messages or may not be able to access the program.
- If you change your password and your password is saved on the Incident Report program you must retype in your new password or you may receive a credentialing error and must start over and input our Integral Care identification information and your current system password.

INTEGRAL CARE STAFF SIGN-IN PROCESS

As Integral Care Staff no matter if you are inputting an Incident Report, or simply accessing the system for follow-up or to review your reports, your user information is the same for logging into the Integral Care system. **ALL** Integral Care staff including volunteers <u>**must**</u> sign-in to the Incident Software system to ensure all the work groups are complete for follow-up and notification.

STAFF CLICK Integral Care Log- In

Your Sign In form appears:

Fill-in Information *(Same as your Integral Care log-in)* and **CLICK Sign In**

NETWORK PROVIDER SIGN IN PROCESS

ALL Network Providers are required to submit Incident Reports for **all** events **with Integral Care clients** that occur at your residence or facility or the facility that you are working within. In order to submit Incident Reports you must have a user sign-in and password. This information is available from the Managed Care Database Administrator at (512) 440-4085 or the Quality Manager at (512) 440-4049.
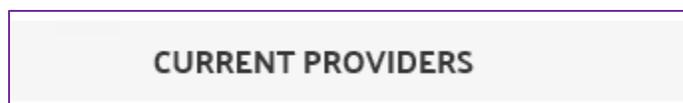
Once you have the required sign-in information, you will take the following steps:
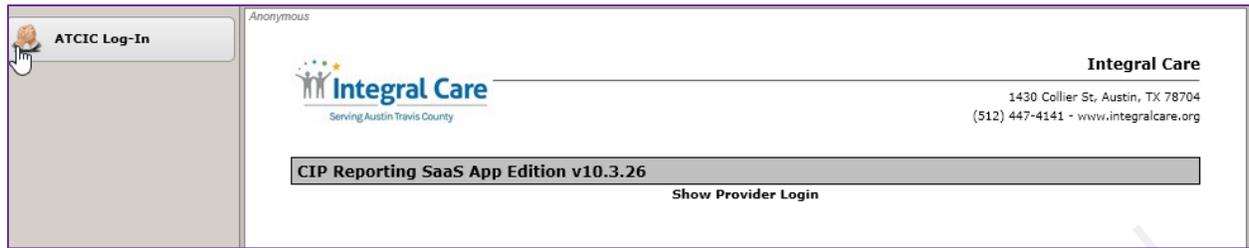
On your computer screen browser type: http://www.integralcare.org/

At the top of the screen in the left hand is the provider access icon

When you click Enter you will have the Integral Care Provider Portal. Click on

Integral Care

ATCIC Log-In

Anonymous

Integral Care
Serving Austin Travis County

Integral Care
1430 Collier St, Austin, TX 78704
(512) 447-4141 - www.integralcare.org

CIP Reporting SaaS App Edition v10.3.26

Show Provider Login

Fill in your User Name and Password and **Click Log-in**. The rest of the following information is applicable on filling out this Incident Report.

POSSIBLE SIGN IN ISSUES

401 Unauthorized: Access is denied Error

Server Error

401 - Unauthorized: Access is denied due to invalid credentials.

You do not have permission to view this directory or page using the credentials that you supplied.

This Error Message will occur when a staff member's Integral Care network password has expired. Staff must reset their network (computer) password and use the new password to log into CIP system. Often a computer has to be rebooted (please save all your work before you reboot your computer) before the Incident Report program will allow access. If you are working remotely and try to use the Xia Links access, the access may not appear and other messages will or the program will spin without providing access.

Please make sure you are using Chrome as your web browser because the Incident Report Software is not supporting Microsoft Explorer and may give you error messages and deny access to the Incident Report Program.
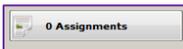
![Integral Care logo]

FILING AN INCIDENT REPORT

After Sign-In the following screen appears:
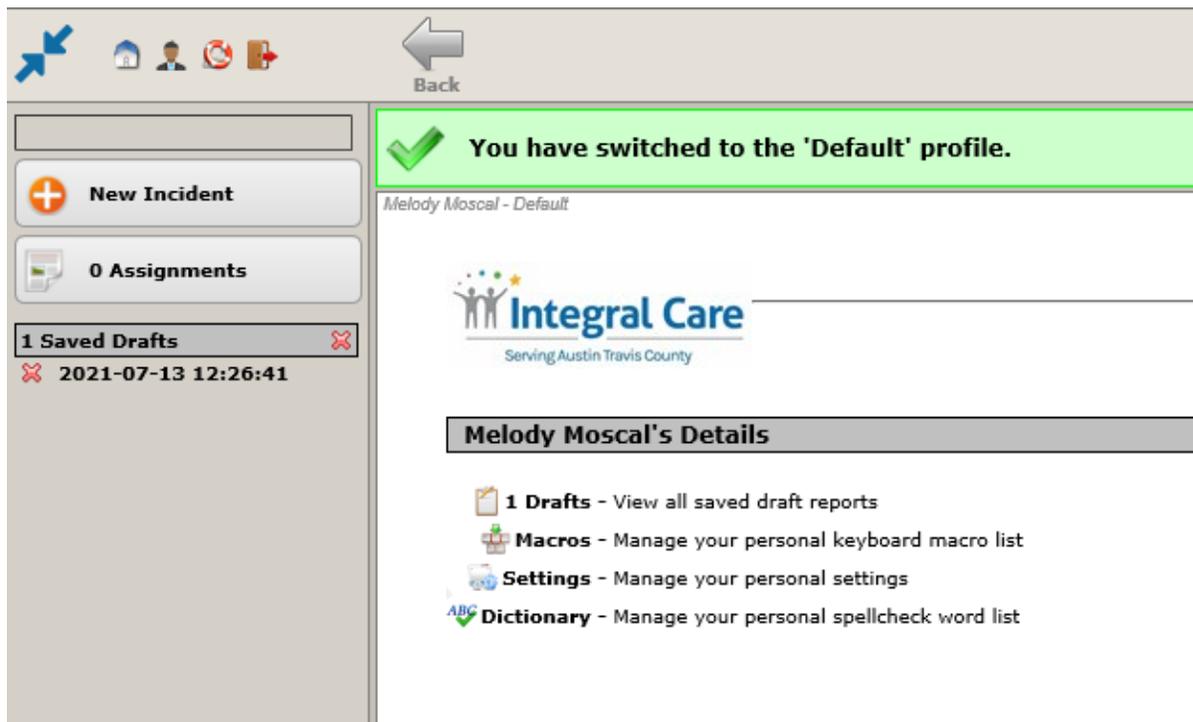
VARIOUS EXPLANATIONS

1: **Default:** The profile you are currently accessing in the Incident Software. All Integral Care staff and Network Providers have access and will be placed automatically in the Default mode. If your position is supervisory you may have assignments because of incident reports filed by staff members. Other role assignments in this section will be discussed later in the manual

2: **New Incident:** The option pressed to input a New Incident into the system.

3: **Assignments:** The number of Incident Reports assigned to you for action (Default users have <u>normally do not have </u>assignments, but if further information on your incident report is required, you could have an assignment). [0 Assignments] For example the Quality Manager or Clinical Quality Committee (CQC) may require additional information or clarification, or action. For example, client information may be missing from the report.

4: **Drafts:** The program automatically saves incident reports you are writing, and in the event that you have to stop for whatever reason the draft will appear on the left hand side of the screen. You can again access the report and complete. You do not have to submit a new report. One important note here is sometimes by accident you may hit save draft at the bottom of the screen and believe you have submitted your report to Quality Management, but the report went to draft. Always check your drafts for your status on reports you are writing. You should not have drafts that remain in the que indefinitely. If you find you have forgotten to finish one beyond the 24 business hour requirement, please file the report. We need all information on all events that occur at Integral Care.

<p align="center">***Please Be Advised:***</p>

All Incident Report information is confidential and privileged and must meet the requirements of HIPAA. Printing nor saving is allowed due to the nature of these documents. Staff requests for copies will be denied or in rare cases staff will be requested to contact Legal Counsel for possible permission. Copies Violations in confidentiality from the misuse of this confidential information will be reported to the Integral Care HIPAA Representative for review and action.

1.   2. 3. 4. 5.

At the top corner is this group of icons. These icons are important to using this page and program.

1. Allows you to hide the tab with the drafts and assignments information
2. Brings you to home.
3. **Most** staff are default, but if you share an advanced role such as Ombudsman or Quality Manager clicking on the figure icon will bring down a profiles screen.
4. Help icon is not functional in this system.
5. Log out function for program.
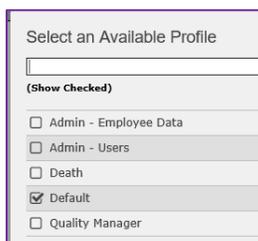
Example of Advanced Roles for Quality Manager

OPENING A NEW INCIDENT REPORT

To start a new Incident Report, the System will ask you about two groups of people: Employee or Non-Employee, in order to add identifying information about the people involved in the incident. Response to the questions **yes** or **no** will determine which screens appear for Employees or Non-Employees. When more than one person is involved staff or non-employee, you have the ability to add more people later in the process.

FOR INCIDENTS INVOLVING EMPLOYEES

This is the first screen that appears requiring a **yes** or **no** answer.
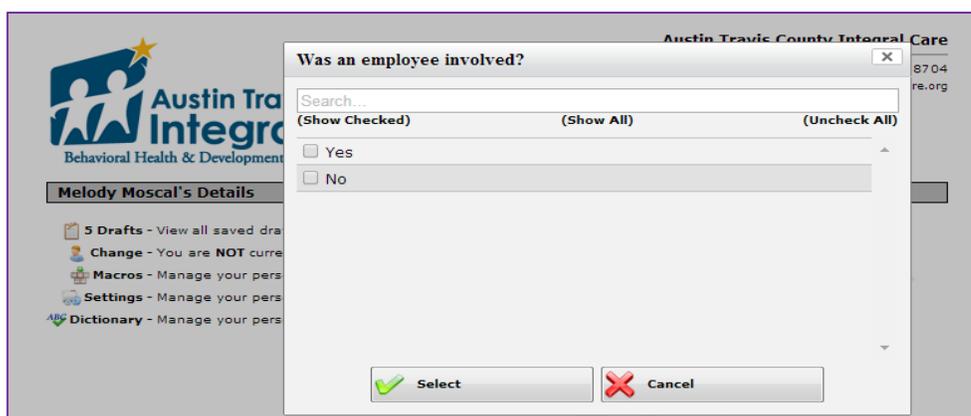
   CLICK YES if an Integral Care Employee is involved (including yourself if you are writing an incident report <u>about</u> yourself). The Integral Care Employee or you **MUST** be the reason for the Incident such as "You had a vehicle accident", or "Integral Care Employee fell", you would click yes.   If you simply witnessed or assisted in an Incident the answer would be **NO.**

Please note: As the author of the Incident Report you <u>DO NOT</u> have to add any additional information about yourself using "Employee" or "Other" the system has already identified you.
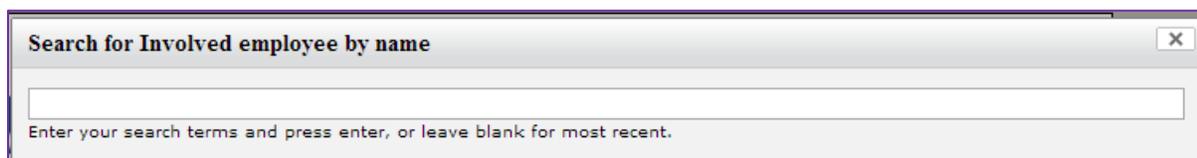
If you **Click YES** this screen appears.

Type in the whole name, first name or last name to search for the staff member. You must type the name correctly or the system will not recognize the name. If you are unsure on spelling Outlook has a directory of names when you hit new email. Rarely, a name will not appear on the list because staff member is new and as staff rosters are loaded Fridays, may not have transferred from E3. Also if for whatever reason a staff name is misspelled in the E3 system, the name will not appear.

Example of a Name Search

When a name is highlighted and clicked, the Incident form is automatically filled in with the name**.**

You do not need to add your employee information anywhere else on the form. Also, when you generate an incident report all your information is on the report.

At times staff add information separately on themselves again, but usually the information is added incorrectly making themselves a provider or other person, requiring correction and/or deletion.

FOR INCIDENTS INVOLVING OTHERS

Others are defined as people outside of staff involved in the incident. All Clients, Providers, The Wood Group, Contractors, Client Family Members, and our Community. The Incident Report should contain only the parties directly involved in the incident.

For example, during the incident 10 people were present, but only 4 people were directly involved, only the names and roles (Employee or Other) will be written on the incident report.

When you **Click** **NO or YES** to the question of was an Employee involved, the following screen appears:
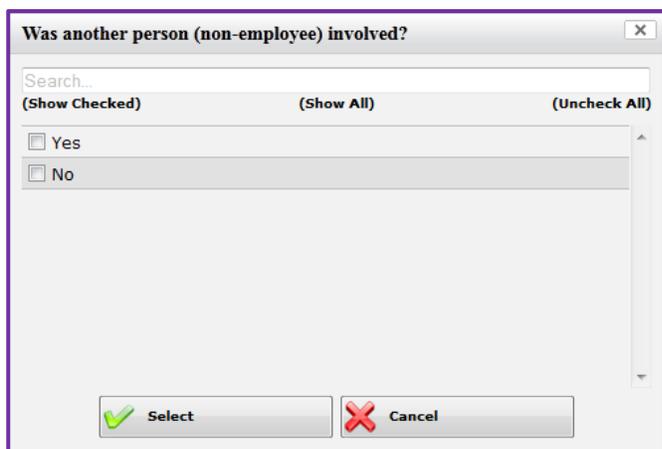
Click **NO** The program will go into the main incident form for you to input all necessary information.

CLICK **YES:**

You will have a blank area to input the name of the person involved. When a consumer is involved additional information will be required and will be explained in detail on page 25 of this manual. Although the message may say this person is in the system, you cannot use the search function for client names because the function was disabled to remain HIPAA compliant.
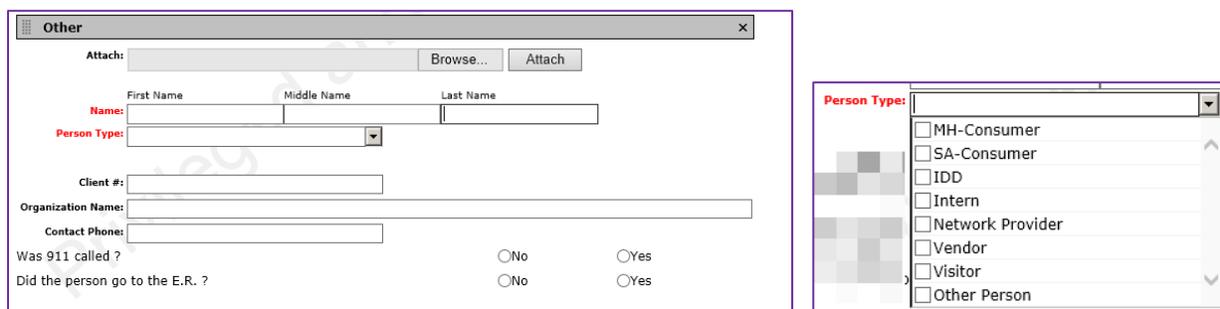
You must provide the first and last name of the person involved, in this case a client. From the drop down menu you choose type of client, MH, SA, IDD. <u>The client medical file number is **always** required</u>. Organization name and contact phone is required only if you are a Provider.

TIME AND DATE INFORMATION

All Incident Reports have two times listed. The first time that is automatically filled in is the time you started your incident report. The second time is the time that the incident actually took place. The information in those boxes is blank and requires your input. Although the system may not have a red flag you **are** required to provide this information and the system will notify you that your incident report has an error without the time. If you do not know the specific time, an approximation can be given. Concise dates are important for investigations and the supporting documentation such as autopsies and death certificates for processing agency client deaths.
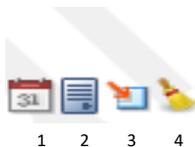
1. Calendar sets date and time
2. Not Used Sets Future Date
3. Sets the Current Time to the Second
4. Clears Date and Time

SELECTION OF TYPES OF INCIDENTS

The selection of Type of Incident is critical to the accuracy of the Incident Report. Integral Care utilizes seven distinct Incident Categories with a second drop down menu associated for Type of Incident for each Category. The down arrow to the side opens the list of Incident Categories. If you do NOT click the down arrow, Consumers is the default category and the incident types listed are a small percentage of all the incident types available. Remember information on Incident Reports must be accurate.

Common Errors: *Death listed as Consumer: AMA or Missing from Location. Notification to APS/CPS **NOT** listed as Legal: Allegation xxx. Consumer Injuries for Health and Wellness: Client Illness.*

Integral Care

The Clinical Quality Committee has endeavored to put as many incident types as possible into this system. If you believe you have a unique incident that does not "fit" any of the types listed, please contact the Quality Manager or Managed Care Database Administrator for assistance.

Most Types of Incidents are self-explanatory, but some incident types require more explanation, or have additional paperwork/actions that must be completed when filing a report.

Several Examples Are

- *Vehicle accidents require Supervisor, Risk and Safety and HR for possible drug testing or help for injury.*
- *Client potential injuries require Worker Comp notification and Paperwork.*
- *Traumatic Events require Debriefing Forms to be submitted to the Quality Manager for attachment to the incident report.*
- *Infectious Disease such as TB require notification by Director of Nursing to Austin Public Health.*

CONSUMERS

AGGRESSION - PHYSICAL:
- Client physically attacks clients, staff or facilities

- A code may be called due to the type of aggression
- Security may be called to clear or secure areas
- Client takes actions such as blocking exits, forcing way into areas or other actions that may pose a security threat to staff

AGGRESSION - VERBAL:
- Client threatens injury or harm to others in person or other devices such as text or phone calls
- Client refuses to be deescalated and cooperate with redirection, instead continuing to verbally threaten and disrupt.

ASSAULT:
- Client is physically assaulted by a client, staff, or other person, and often involves a police report.

BEHAVIORAL EMERGENCIES:

- Client's behavior causes injury to self, other clients, and/or staff.
- Client physically assaults another client, staff, or other individual.
- Client's behavior causes damage to property.
- Law enforcement personnel are called because of behaviors.
- Suicide attempts or gestures.

BEHAVIORAL INCIDENTS:

- Behaviors that do not cause injury, but could have potentially caused injury.
- Behaviors that are resolved by redirection or use of Safety Care techniques.
- Behaviors that require staff intervention but are resolved without injury, damage or the presence of outside authorities.

CONTRABAND:

- Items that could cause injuries such as razors, scissors, needles.
- Items such as cigarettes, alcohol, illicit drugs or other items not allowed in the facility.

INJURIES:

- Physical Injuries caused by or occurred to client requiring some level of staff care or intervention.

LEFT AMA:

- When clients choose to discharge or leave despite efforts by medical staff to remain. Incident reports and all necessary paperwork/documentation must be complete due to the high risk of a client leaving AMA.

MISSING FROM LOCATION:

- Clients cannot be located, simply left the agency site or cannot be located out in the community.

NEAR MISS:

- These incidents—defined as unplanned events caused by errors that do not result in patient injury but have the potential to do so—can provide useful information because they occur more frequently than adverse events.

POLICE ISSUE:

- Any illegal drug use by a client on Center property, receiving a service, or taking part in a Center sponsored activity.

- Any serious incident that is unusual, lengthy, serious, or involves illegal activity.

- When the police are called due to a client emergency behavior that cannot be redirected by staff or others, the incident report is **Consumer Behavior Emergencies NOT Police Issues.**

SUSPECTED OVERDOSE:

- A drug overdose is taking too much of a substance, whether it's prescription, over-the-counter, legal, or illegal. Drug overdoses may be accidental or intentional. If you've taken more than the recommended amount of a drug or enough to have a harmful effect on your body's functions, you have overdosed.

EMPLOYEES

AGGRESSIVE BEHAVIOR:
- ♦ When staff act aggressively to other staff.

ASSAULT:
- ♦ When staff or contracted staff instigate the assault other staff or clients.

EMPLOYEE INJURIES: Employment Related Injuries require an incident report and include:
- ♦ Fractures
- ♦ Dislocation of joints
- ♦ Internal injuries
- ♦ Contusions (bruises)
- ♦ Concussions
- ♦ Burns
- ♦ Lacerations (cuts, severe scratches)
- ♦ Injuries types are broken out to aid in the identification of injury trends for Workers' Comp reports.

Worker's Comp First Report, Worker's Compensation documentation is to be initiated immediately for employee accidents, injuries, and infection exposures by contacting Nick Diaz, HR Representative
- o The First Report of Injury is located at
  https://atcic.sharepoint.com/hr/SitePages/Home.aspx

NEAR MISS:

- ♦ These incidents—defined as unplanned events caused by errors that do not result in staff injury but have the potential to do so—can provide useful information because they occur more frequently than adverse events.

POLICY OR PROCEDURE BREACH:

- ♦ When staff do not follow required policies or procedures and results actions that are inappropriate. Not to be confused with HIPPA and confidential information about clients.

VEHICLE ACCIDENTS:

- ♦ Vehicle accidents must be reported on Incident reports. Vehicle Accidents and Damaged are divided into two categories, agency and personal vehicle because agency insurance only applies to agency vehicles. Personal vehicles in accidents or damaged are handled by staff's private insurance.
- ♦ Other required actions when vehicle accidents must be documented on the Incident Report including the notification of the accident to Supervisors, Human Resources, any direction given such as if a medical examination is required or drug testing. Agency Vehicles are also reported to Risk and Safety Manager for repair or resolution.

LEGAL

Breach and Compliance Issues must be reported so that Integral Care can investigate to understand the validity, the risk and provide direction for corrective actions that must take place. All Legal Incidents must be reported to also ensure that the Executive Management Team is aware of these incidents and provide guidance wherever needed on the incidents resolutions.

ALLEGATIONS AND RIGHTS VIOLATIONS

♦ Physical, sexual, or verbal abuse, neglect or exploitation (by provider or others) as defined by Integral Care Client Abuse, Neglect, Exploitation Procedure (10.03 Title: Prohibition of Client Abuse, Neglect and Exploitation)

♦ Rights violation as defined by Integral Care Client Rights Procedure (10.07 Title: Prohibition of Client Rights and Violations)

Additional information for Rights related issues:

♦ An immediate verbal report regarding allegation of abuse, neglect, and rights violations must be made to the Ombudsman. Providers also are to notify the Program Manager, Associate Director, or supervisor.

♦ A report to external agencies (DFPS) is to be made immediately as specified in the Integral Care Client Rights procedures, or as instructed by the Ombudsman. **You must record the DFPS/Other Agency report number on your report.** The field to enter this number is at the bottom of the Follow-Up Tab. If you do not have access to this tab, simply record the report number in the Comments field on the Incident tab.

BREACH OF CONFIDENTIALITY/SECURITY

♦ When a Client's Protected Health Information is released without a completed Consent to Release information as defined in the Integral Care Confidentiality of Clinical Records and other Identifying Information Procedure. (10.05 Title: Confidentiality of Clinical Records and Other Client Identifying Information)

♦ **Additional information for unauthorized release of PHI:**

   o Reports of disclosures without authorization are to be recorded in an Electronic Medical Record progress note. This documentation should include date, time, circumstances surrounding the need for disclosure, names and relationship of persons to whom information was disclosed and the specific information disclosed.

   o Provide copy of above to HIPAA Compliance Officer Sasha Church-Moore.

CORPORATE CONTRACTUAL COMPLIANCE:

♦ Lack of data integrity in data collection procedures.

♦ Data does not meet contractual definitions of data to be provided.

- Information submitted outside of specified means or time line.

- Billing strips do not have clinical documentation for verification.

- Clinical record documentation does not support service code billed.

- Treatment plan does not cover service done.

Additional information for Data Collection and Submission Regulations Incidents:

- If supervisor suspects intentional misreporting or the error could result in fines or penalties, Quality Management assigns the report to the Corporate Compliance Officer for follow-up.

DEATH:

- All deaths that occurred while or within 30 days of the individual receiving services or participating in INTEGRAL CARE funded or contracted program activities.

- Other conditions that suggest the death may reasonably have been related to the individual's care or activities as part of INTEGRAL CARE services or programs.

- The cause of the death is uncertain.

SENTINEL EVENTS

Death can be a major source of Sentinel Events. Our Accrediting Agency, Joint Commission requires Sentinel Events to be reported that are generated from Incident Reports. Sentinel events are defined by the Joint Commission as:

"A Sentinel Event is defined by The Joint Commission as any unanticipated event in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, not related to the natural course of the patient's illness. Sentinel events specifically include loss of a

Limb or gross motor function, and any event for which a recurrence would carry a risk of a serious adverse outcome. Sentinel events are identified under TJC accreditation policies to help aid in root cause analysis and to assist in development of preventative measures. The Joint Commission tracks events in a database to ensure events are adequately analyzed and undesirable trends or decreases in performance are caught early and mitigated

MOVING VIOLATIONS:

- All moving violation tickets must be reported due to the impact on agency insurance and ability to transport clients if part of your job description

ENVIRONMENT OF CARE

ANIMAL CONTROL
♦ Injuries by animals, however bites are Environment of Care Biohazard events
♦ Removal of animals from Integral Care facilities

HAZARDOUS MATERIALS
♦ Unsafe storage or treatment of hazardous materials.

INFESTATIONS
♦ Infestations include, bedbugs, rats, mice, and lice. Only applies to Integral Care sites or group homes, not boarding homes or personal apartments or homes

JANITORIAL ISSUES
♦ Issues such as janitorial services not showing up, leaving doors open, not cleaning correctly or at all.

MISPLACED PROPERTY
♦ Property that could be reported as stolen, but is located.

PROPERTY DAMAGE
♦ Damage caused by Consumers such as smoke detector tampering, furniture broken or ripped, sinks or other fixtures (requiring ASRs for Facilities Department notification/action).

SECURITY - FACILITIES

- ♦ Doors are left unlocked.
- ♦ Employees sharing keys or fobs.
- ♦ Not reporting or reporting the loss of keys.
- ♦ Secure areas that cannot be secured because of broken or damaged locks.
- ♦ Unauthorized people in areas of Integral Care

SECURITY - PERSONNEL

- ♦ Security Guards attendance, late, no show, asleep, on phone
- ♦ Interactions with Clients and Staff that are inappropriate but not allegations
- ♦ Not reporting loss of keys or fobs.
- ♦ Secure areas that cannot be secured because of broken or damaged locks.

HEALTH AND WELLNESS

CLIENT ILLNESS: Client illnesses must have Incident Reports written. Types of Illnesses to be reported are:

ANTHRAX	HEPATITIS A,B or C
ARBOVIRUS	HERPES SIMPLEX (COLD SORES)
BOTULISM	HIV/AIDS
BRUCELLOSIS	IMPETIGO
CAMPYLOBACTERIOSIS	**LICE (HEAD / BODY)**
CHICKENPOX	**MEASLES**
CHLAMYDIA TACHOMITIS	MENINGITIS
COCCIDIOIDOMYCOSIS	MRSA
CONJUNCTIVITIS – PINK EYE (BACTERIAL / VIRAL)	MUMPS
CRYPTOSPORIDIOSIS	**PIN WORMS**
CYCLOSPORIASIS	**RINGWORM**
DENGUE	RUBELLA
DIPTHERIA	**SCABIES**
EHRLICHIOSIS	SCARLET FEVER
FLU	SEIZURE
GASTROENTERITIS, VIRAL	STREP THROAT
H1N1 VIRUS	**TUBERCULOSIS**
COVID-19	

BIOHAZARD EXPOSURE
♦ Any exposure, which is defined as a parenteral, mucous membrane (splatter/aerosols into the eyes, nose or mouth), or significant contamination of an open wound or non-intact skin with a body substance. Circumstances of the exposure and relevant information are to be recorded on the Incident Report form, including activity in which the individual was engaged at the time of the exposure, the extent to which appropriate work practices and protective equipment were used, and a description of the source of the exposure

♦ Human or animal bites are to be reported as potential infections

♦ Vomit or other body fluids requiring clean up with spill kits and other protective materials

♦ Any exposure to a person with active Tuberculosis or other communicable diseases.

There are additional protocols to be followed depending on what occurred, for more information, please refer to the **Infection Prevention and Control Plan** located on the Integral Care intranet.

MEDICATION

♦ Errors involving wrong medication, time, dosage, route or missed medication
♦ Transcription errors regarding medication, time, dosage or route.
♦ Pharmacy dispensing errors
♦ If error is caught prior to administering medicine to Client, a Near Miss Incident Report is filed
♦ Most errors are self-explanatory, if you have further questions ask your nursing supervisor or the Director of Nursing

NEAR MISS INCIDENTS

A near miss often called a close call or good catch are Client safety events that did not reach the Client. Examples would be wrong medicine that was caught prior to dispensing to Client, used needles found in public bathrooms safely disposed of by staff in sharps containers.

BUSINESS CONTINUITY

♦ Business Continuity errors are self-explanatory, as anything in the list that impacts ability to serve clients.

CYBER SECURITY

| Incident Category: | Cyber Security | ▼ | Type of Incident: | | ▼ |

☐ Denial of Service Attack
☐ Device lost or stolen -HIPAA
☐ Email or System Compromise
☐ Outside Device Breach
☐ Password Violation
☐ Unauthorized Device Access
☐ Unauthorized Device Changes

DENIAL OF SERVICE ATTACK

♦ A Denial-of-Service (DoS) attack is an attack meant to shut down a machine or network, making it inaccessible to its intended users.

DEVICE LOST OR STOLEN – HIPAA

♦ When device is lost or stolen causing unauthorized exposure of PHI and PII of staff or consumers.

EMAIL OR SYSTEM COMPROMISE

♦ When user exposes his/her email or system to malware by clicking on malicious link thru email or websites.

OUTSIDE DEVICE BREACH

♦ Generally, device Breach is a device that is accessed by unauthorized user or system.

PASSWORD VIOLATIONS:

♦ When a user enters invalid passwords several times in a single day and the number of invalid attempts exceeds the thresholds.

UNAUTHORIZED DEVICE ACCESS

♦ Device accessed for unauthorized users.

UNAUTHORIZED DEVICE CHANGES

♦ Install unauthorized software or make unauthorized change in computer, servers or any electronic device managed by MIS.

YOUR INFORMATION

Your information contains two different Author Types, Integral Care Employee and Network Provider. You will select the appropriate Author Type.


FOR NETWORK PROVIDERS

If you are a Network Provider you are required to provide Your Organization Name, Name and Telephone Number. The Supervisor Name and Telephone Number will default to the Contract Monitor Name and Telephone Number. This information allows Integral Care to review Incident Reports specific to your organization or residence and allows the Contract Monitor to ensure information is complete and request/follow up on any corrections that may be required. Current project is providing Network Providers with follow up access but project is not complete as of this document date.

INCIDENT INFORMATION

The information about the incident is crucial to determining the follow up activities required. Incomplete or inaccurate information will not allow for the correct assessment and disposition of the Incident Report.

PROGRAM IMPACTED   You need to select the program impacted by the Incident. You are **NOT** selecting your assigned program unless the incident occurred does affect your program. From the drop down list choose where the Incident occurred.
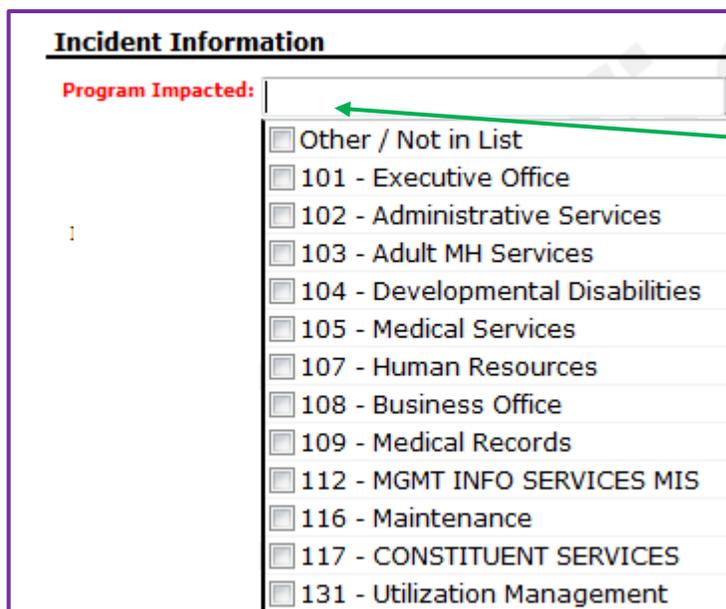
Incident Information

Program Impacted: [   ]

☐ Other / Not in List
☐ 101 - Executive Office
☐ 102 - Administrative Services
☐ 103 - Adult MH Services
☐ 104 - Developmental Disabilities
☐ 105 - Medical Services
☐ 107 - Human Resources
☐ 108 - Business Office
☐ 109 - Medical Records
☐ 112 - MGMT INFO SERVICES MIS
☐ 116 - Maintenance
☐ 117 - CONSTITUENT SERVICES
☐ 131 - Utilization Management

You can type a number or a word from the unit name and a partial list will appear in which you can select the correct information without having to scroll through the entire list.

UNIT SELECTION FOR NETWORK PROVIDERS

Incident Information

Program Impacted: Other / Not in List ▼
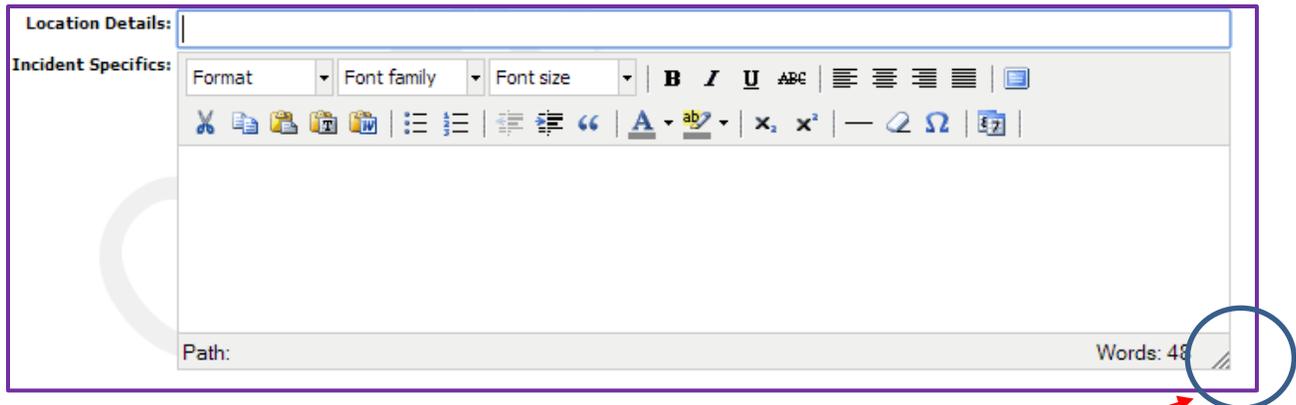
INCIDENT ADDRESS   You must give the specific details of where, street, city as accurate as possible. For mobile teams, provide whatever information is available.

Incident Address: [   ]

LOCATION DETAILS   You must describe the exact location of where the incident occurred (ie/ the parking lot, inside a staff office, the reception area).

If you click these three lines, the text box will expand using your mouse to control size.

INCIDENT SPECIFICS   You must clearly describe what occurred in summary form. You are required to give **ONLY** the pertinent information about what occurred in the incident. Long detailed descriptions of events are to be avoided. Remember Incident Reports are stand-alone legal documents, and **do not offer opinions, suppositions, or any additional information not directly related to what occurred.**

DO NOT add notes referencing other systems such as notes in MyAvatar as reviewers do not have access to these systems during reviews. You must provide the full information.

SPECIAL NOTE   *While this text box is similar to Microsoft Word, the text coding is different. You can copy and paste text from Microsoft Word into the box, **BUT** please make sure you check the text because a few characters will change and affect the readablity of the text. Also available is a dictionary to ensure your incident has correct spelling. You may also use special characters such as quotation marks.*

***DO NOT** copy tables or anything with special formats**.** The coding will cause the text to spread across the screen and not be contained in the box. Please do the following if you need to provide information that is in an excel file or any other program or if you have additional documents,email copies, reports, photos **(No client photos please)** or other materials*
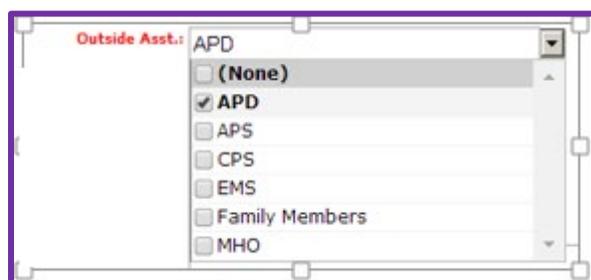
INSIDE ASSISTANCE   You must select anyone assisted in this Incident or directly involved in the incident. You may check more than one box in this drop-down.
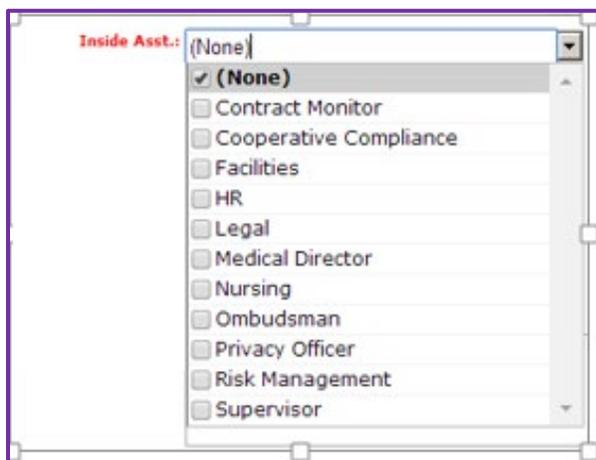
OUTSIDE ASSISTANCE   You must select from the drop-down menu when outside assistance was required. You may select more than one box.

REPORT INFORMATION   The Report Numbers given when filing reports with agencies are put here. This information is required for the Incident Report to be complete. If the information is missing you must contact the agency and request the information. Only the originator will be given this information by that agency. This information is especially important for APS/CPS allegations reported as proof of completing mandated reporting.

Note: If the agency or person is not listed, please provide the information in the Other/Report/ID s

INFORMATION FOR "OTHER"

This section contains additional information required for the Incident Report that you must provide when applicable.

This bar is located at the top of the screen and allows you to click on Employee or Other.

"OTHER" INFORMATION When you click on CLIENT, you are required to click "OTHER" to input information about the Client when one or more clients is involved.

EMPLOYEE You can click Employee when you have more than one Employee directly involved in the Incident to capture their information.

NARRATIVE You can use Narrative for witness statements to capture additional information about the Incident. **Do not** use the narrative for the summary of the incident report

ADDING ADDITIONAL INFORMATION TO

Add Information to Report ✕

Reports | **Employees**

Enter your search terms and press enter, or leave blank for most recent.

Sorry, there is no information to display
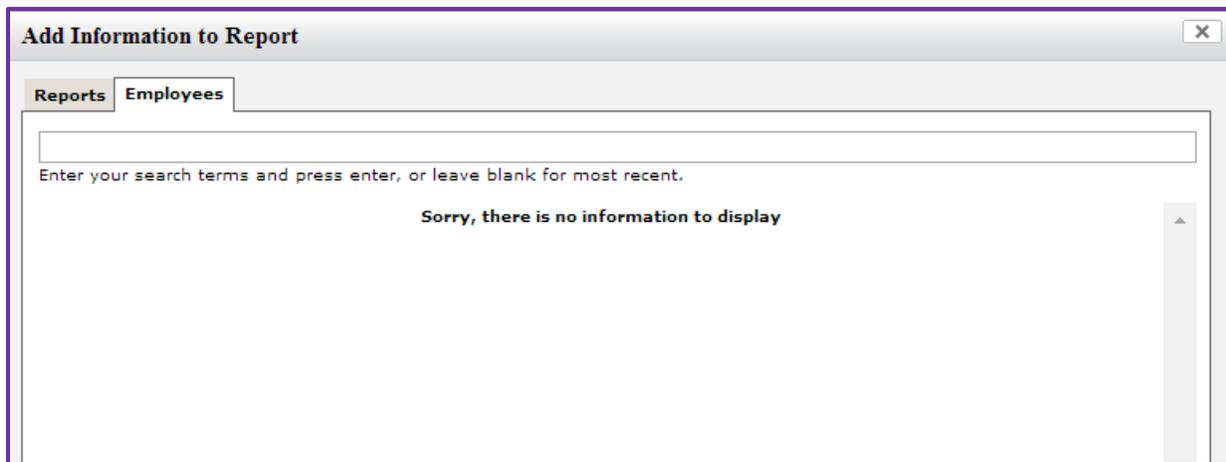
LINK Link allows you to link Employee Names or Reports to the Incident. Function is seldom used.

ATTACHMENTS

Attachments such as photos of accidents, conditions contributing to injuries such as spills or broken tile, property damage, emails with additional information. **DO NOT** attach photographs of clients to avoid any privacy issues that may result.

Report 📝

1 Attach: Choose File | No file chosen 2 Attach

Step 1: Click Choose File and your computer file directory opens up and locate the file(s) you wish to attach.

Step 2: Click Attach and attach the files you wish to add to this Incident Report

Please note: You must attach your files while writing as if you are required or wish to provide additional information once you have filed your incident report, you do not have this access and must contact Quality Management to add any files.

![Integral Care logo]

ADDITIONAL IMPORTANT CLIENT INFORMATION

	First Name	Middle Name	Last Name
Name:			
Person Type:			

Remember back when you selected **YES** for **Client**. This box appeared. Once you selected the Type of Incident involving a Client this additional information appears asking for the Person Type.

Person Type:	
☐ ECI-Consumer	▲
☐ **MH-Consumer**	
☐ SA-Consumer	
☐ IDD	
☐ Intern	
☐ Network Provider	
☐ Vendor	
☐ Visitor	
☐ Other Person	▼

When the Client is a client, this additional information is required for the MH-Client, SA-Client and IDD-Client.

Client #:	
Organization Name:	
Contact Phone:	
Was 911 called ?	○ No ○ Yes
Did the person go to the E.R. ?	○ No ○ Yes

Please make sure to click the 911 and ER questions to complete the information about the client.
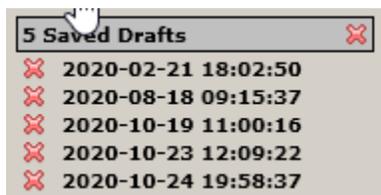
AUTOMATIC INFORMATION

You will notice at the end of the report information has been automatically filled out. When a person files an incident report, the information about the Employee automatically appears. Please do not re-add yourself as a Provider.

Integral Care

Employee ⬈	✕

	First Name	Middle Name	Last Name	
Name:	MELODY		MOSCAL	
Employee #: 35642			**Unit:** 146 - Managed Care Operations	🔒

DRAFT AND SAVE INCIDENT REPORTS

⬇ **Save Report**   📄 **Save Draft**

DRAFTS   The draft function of this program continuously saves your Incident report in the event you are called away and cannot complete the report in one sitting. Remember we do have a requirement that Incident Reports be filed within **24 business hours of the occurrence.** The draft function also keeps track of incomplete incident reports. Please note that you do not have to open a new Incident Report if you are unable to complete the report in one sitting. Check your drafts and locate the one that requires completion. **DO NOT** input a duplicate report, simply continue with the one you started.

| 5 Saved Drafts	✖
✖ 2020-02-21 18:02:50	
✖ 2020-08-18 09:15:37	
✖ 2020-10-19 11:00:16	
✖ 2020-10-23 12:09:22	
✖ 2020-10-24 19:58:37	

You can also remove Drafts by clicking the red X, however, if you were required to fill out an Incident Report, only partially completed it and then delete it, you are in violation of Integral Care's requirement for filing Incident Reports and may be held accountable for any repercussions that occur as the result of your failure to file those Incident Reports.

SAVING YOUR REPORT

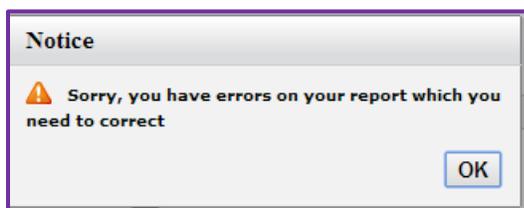Your Incident Report is now complete.

When you Save Report a Spell Check automatically appears and questions words and spellings.
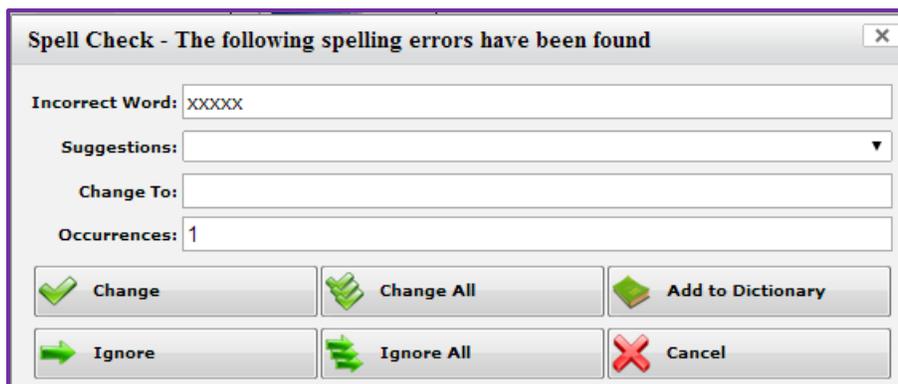
The Incident Report automatically performs a spell check when saving the Incident Report and allows you to ensure you have a correctly spelled document. You may also add words, but please verify the spelling before adding them to avoid misspells.

## MISSING REQUIRED INFORMATION

The following message will appear and you will need to click ok and review your report. When everything is complete clicking Save, the report will disappear.

An Example of an incomplete area of the incident report.
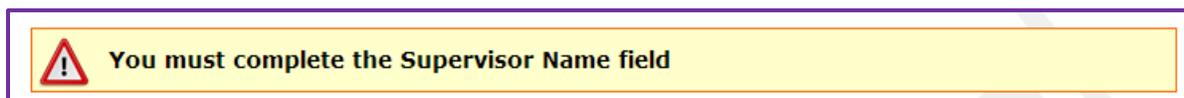
You must return to the Incident Report and enter the missing information. Once you click Save Report your report will disappear and you are finished.
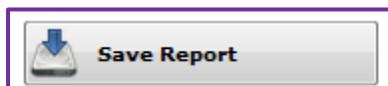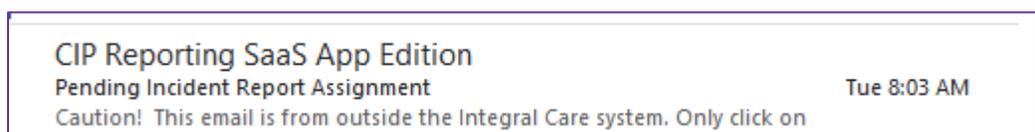
INCIDENT REPORT FOLLOW UP

EMAIL NOTIFICATIONS

Once you file an Incident Report, depending on who has responsibility, an email will be sent to the staff member for follow up.


When you file an Incident Report, the report is assigned to your supervisor or an Integral Care staff member with specialized knowledge such as Medical Records, Ombudsman or Facilities. Depending on the severity of the Incident, the report may be addressed at an Executive level. The Quality Manager reviews Incident Reports as they are filed to ensure correct categorization, notifications and to take any additional actions with these reports.

Follow up actions occur and every month the Clinical Quality Committee meets to review each Incident Report, make recommendations to reassign, remain open or close. Incident Report Graphs are reviewed. Committee members review trends and information collected at the CQC is reported to the Quality Leadership Committee. Should any Quality Improvement Plans be recommended, the Quality Leadership Committee will request the Quality Improvement Plan to be assigned.

Incident Report Summary information is provided to various agencies funding Integral Care as a metric of performance. Investigators from the State of Texas request copies of Incident Reports to follow up on investigations generated by Incident Reports.

INCIDENT REPORT FOLLOW UP

When you are assigned follow up for Incident Reports, you must complete the following sequence of activities:

Default ▼

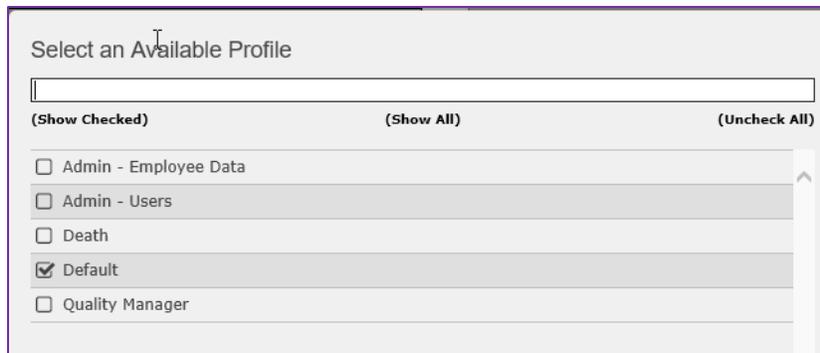➕ **New Incident**
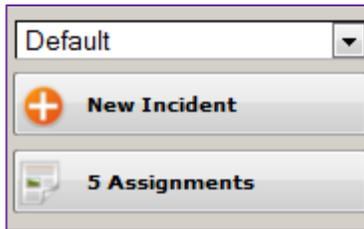
▣ **5 Assignments** ⟵ Click to review your assignments

After you click the Assignments button, a very short summary will appear for each incident to be reviewed. You must <u>double click</u> on an assignment for the complete form to open.

If you cannot locate an assignment, check to see that you are in the right incident report field.

🏠 👤 🔘 ▣   The icon of the person when clicked on provides the choices you have for access:

Select an Available Profile

(Show Checked)   (Show All)   (Uncheck All)

☐ Admin - Employee Data
☐ Admin - Users
☐ Death
☑ Default
☐ Quality Manager

Example is the Quality Manager Profiles Only
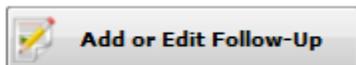
✎ **Add or Edit Follow-Up** ⟵ Click to Add Your Information. Button is located on Upper right side of screen.
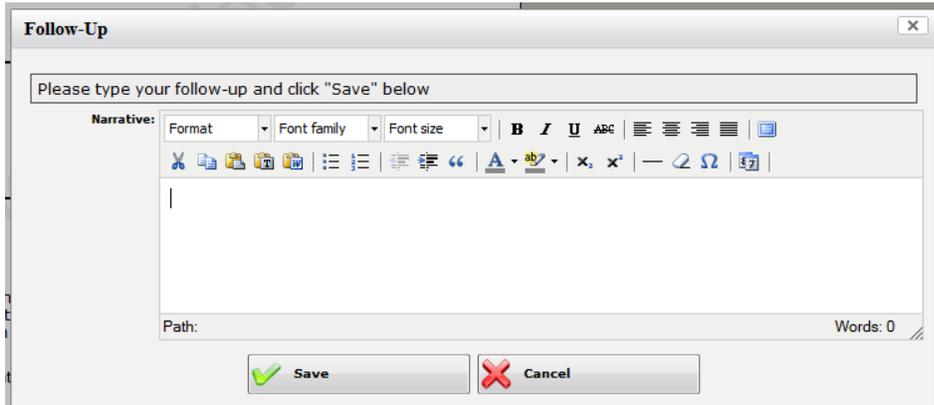
Follow-Up

Please type your follow-up and click "Save" below

Narrative:

Path: Words: 0

Save   Cancel

Add pertinent information or if none is needed simply write "reviewed".

Notice

⚠ You must add a follow-up in order to complete this assignment. If you feel you have been assigned this report in error, please contact the Quality Management dept.

OK
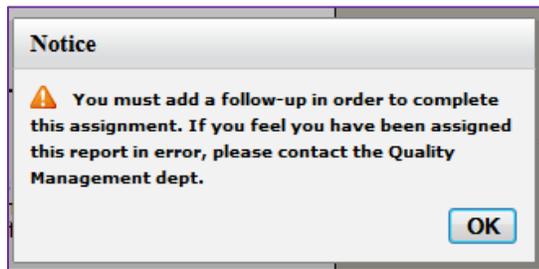
If you try to Use Complete Assignment and not put any follow up this message appears.

Complete Assignment

You must click this Button to remove yourself from the QM Assigned List Report.

Note: If your follow up is incomplete do not click the Complete Assignment in order to be able to add additional information. If you have done so and need to add additional information, contact Quality Management for additional access.

Please Confirm

⚠ Are you sure you wish to complete this assignment?

OK   Cancel
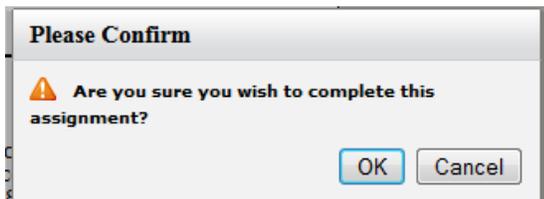
Once you click OK your report will disappear and your assignment number will decrease by one.

When incident reports are reviewed and the Clinical Quality Committee determines more information is required, a member will contact you either by reassignment, or other means to gather the additional information required.

Your timely follow up is important and required for Incident Reports. Neither the Clinical Quality Committee or Quality Management can proceed without assurance you have reviewed and have provided feedback. Incident Reports are VITAL for risk protection and require your review.

FREQUENTLY ASKED QUESTIONS

1. *Why am I required to fill out an Incident Report?* Incident reports allow Integral Care to analyze the risk to the agency, you, the client and any person impacted by the event or occurrence. Incident Reports provide evidence of our due diligence and protection.

2. *What is my log in and password?* There is no separate unique log in or password. Use your Integral Care login and password.

3. *I am a Network Provider how do I access the system?* You must contact Managed Care Database Administrator for the necessary password information.

4. *I am a Network Provider not staff but my program or unit does not appear on the Program Impacted list, what do I click?* The **Other/Not Listed** is to be checked.

5. *Why can't I see my Incident Report after I hit the submit button?* Once your report is submitted, access to the report ends. The report goes to the next level of responsibility depending on the incident type.

6. *Why can't I see other incident reports?* Incident reports are privileged and confidential and adhere to the HIPAA requirements for access.

7. *As a supervisor or manager how can I review trends occurring in my unit?* You can request a report from the Quality Management department.

8. *Should I identify my client or the client by name and case number?* Yes, this program is confidential and follows the HIPAA rules for access.

9. *I am unsure if a situation requires an incident report, should I file one?* Yes, the Quality Manager reviews all Incident Reports and if one is not considered a valid incident, will notify you and provide a reason for the invalidity.

10. *My incident doesn't appear to fit any of the categories or types of incidents, what do I do?* Please contact the Quality Database Administrator or Quality Manager for a response. While the list is comprehensive, other incidents are added when required.

11. *What if my Incident Report is about my Supervisor or Manager, how can I be sure what I write is confidential and not seen by that staff person?* All allegations go directly to the Ombudsman for review and response. Your Supervisor nor Manager will not be emailed when your Incident Report is filed.

12. *How can I view overall trends for Incident Reports at Integral Care?* Trend reports are available on the Quality SharePoint Site for requests that have been made.

FINAL NOTE:

This manual contains the basic information for the Incident Reporting System. Another Quality Management document titled **"How to Write a Successful Incident Report"** provides a concise guide to writing that incident report. This document is available on SharePoint in the QM site. the Provider Portal