



Policy #

Policy Name: Incident Review

Effective Date: 2013

Revision Date: 2016

Authorized Signature:

APPLICABILITY and SCOPE

This policy applies to all agency staff members. Agency staff members include all employees, trainees, volunteers, consultants, contractors and subcontractors at the agency.

STATEMENT of POLICY:

It is the policy of The Arc of Rensselaer County, in compliance with the legislation creating the Justice Center for the Protection of People with Special Needs, and with OPWDD regulations Part 624 and Part 625 to report, investigate, review, correct, and/or monitor certain events or situations for the purposes of enhancing the quality of care provided to persons served by the Arc, to protect those same individuals from harm and to ensure they are free from abuse or neglect. It is the intent of The Arc of Rensselaer County to implement incident review policies within a quality improvement framework in a coordinated and consistent fashion across all programs and services.

All employees, volunteers, contractors and visitors are expected to report fully and accurately, and in a timely manner, any incident, occurrence, situation or event or which falls under the OPWDD Part 624 and Part 625 regulations and this policy.

IMPLEMENTATION OF POLICY and PROCEDURES

Reportable Incidents, Significant Incidents, Serious Notable Occurrences, Minor Notable Occurrences and Situations are defined in Part 624 and Part 625 of the OPWDD regulations. Employees are referred to the regulations for definitions.

The primary function of the reporting of certain incidents/events/situations is to enable The Arc of Rensselaer County's Board of Directors, Chief Executive Officer, Associate Executive Directors, Administrative Staff and Supervisors to:

- ✓ become aware of problems related to quality care, safety, health, and abuse or neglect of individuals we support.
- ✓ take corrective measures in a timely fashion.
- ✓ minimize the potential for recurrences of the same or similar events/situations.
- ✓ generate learning within the agency to promote a more responsive, ever improving, and intelligent organizational community.
- ✓ promote ownership, responsibility, and accountability throughout the agency for the health and well being of individuals we support and serve.

- ✓ ensure the adherence to regulatory and legal guidelines
- ✓ effectively communicate to internal and external key stakeholders in a prompt and ethical fashion, adhering to standards of confidentiality of process and content when applicable.

A. Incident Review Committee Design

The Arc of Rensselaer County will have a standing committee to review and monitor reportable incidents, significant incidents, serious notable occurrences, minor notable occurrences and situations as defined in OPWDD regulations. It will also establish a subcommittee whose responsibility will be to review agency defined events deemed worthy of such review.

The standing committee will be comprised of members as defined in regulation, and others with technical and case specific knowledge to support the work of the committee. Representatives from Family and Community Supports, Career and Employment Supports, and Adult Supports is expected.

- The Incident Review Committee will use OPWDD Standards of Excellence for Standing Committees Addressing Incidents and Abuse (as attached) as a tool to develop its functions and to evaluate the committee's ongoing performance.
- Members will be appointed by the CEO and selection will conform to Part 624 regulations.
- The CEO will only act in a consultant role to the Committee. No Committee member will participate in the review of any reportable incident or significant incidents that he/she was directly involved, in which his or her testimony is incorporated, in which his or her spouse, domestic partner, other immediate family member was directly involved, or which he or she investigated or participated in the regarding the specific incident.
- No committee member may participate in the review of a reportable incident or significant incidents if such committee member is the immediate supervisor of staff directly involved in the event or situation. Such member may, however, participate in committee deliberation regarding appropriate corrective or preventive action.

B. Incident Review Standing Committee Role and Responsibilities

The primary focus of the Incident Review Committee is to make recommendations to improve protections for individuals through an ongoing monitoring of the reporting process for reportable incidents, significant incidents, serious occurrences and situations (as well as agency defined events deemed worthy of such review), to evaluate the quality

of completed investigations, and to ensure implementation of all recommended corrective action.

It is the Incident Review Committee's responsibility to:

- ascertain that reportable incidents, significant incidents, serious notable occurrences, minor notable occurrences and situations were reported, managed, investigated, and documented consistent with OPWDD 624 and Part 625 regulations and The Arc policies, and;
- make written recommendations on changes in agency policy or procedures and to improve conditions contributing to the reportable incidents, significant incidents, serious notable occurrences, minor notable occurrences and situations to designated staff, and the CEO (and delegates) to correct, improve, and/or eliminate systemic issues;
- ascertain that necessary, appropriate (or further) corrective, preventive, and/or disciplinary action has been (or needs to be) taken to protect specific persons who are receiving supports and services from The Arc from further harm and to safeguard against the recurrence of similar problems, and to make written recommendations within two weeks to the CEO to correct, improve, and/or eliminate individually specific issues.
- identify trends in reportable incidents, significant incidents, serious occurrences and situations (e.g., by type, person, site, employee involvement, time, date, circumstances, etc.), and to recommend appropriate corrective, preventive, and/or disciplinary action to the Associate Executive Director.
- document that all reports of reportable incidents, significant incidents, serious notable occurrences, minor notable occurrences and situations have been reviewed by the committee and that results and recommendations have been conveyed to the program directors or coordinators and others designated to need to know.
- monitor the follow through and implementation of recommendations of the committee or administration regarding all reportable incidents significant incidents, serious notable occurrences, minor notable occurrences and situations.

When an investigation is delegated by the Justice Center to the agency for investigation, the Incident Review Committee will determine if an investigation is thorough and complete. The Committee must reach a conclusion as to whether an allegation is substantiated or unsubstantiated. Once the Committee has ascertained that no further investigation is necessary and a determination has been made, the case shall be considered closed by the Incident Review Committee. The case is not closed in IRMA until the Justice Center's review of the incident records has been completed. The receipt of the Letter of Determination from the Justice Center and its contents shall be reported to the IRC and noted in the minutes.

The Committee members shall meet at least twice annually with senior administrators and program representatives to review identified trends and to review and approve a report for The Arc Board of Directors, CEO and NYSARC. The Incident Review

Committee Board representative will interact on a regular basis with The Arc Board of Directors as deemed necessary.

C. Documentation of Incident Reviews

The chairperson of the Committee will ensure that minutes are kept for all meetings that minimally include the following information:

- . name or names of subjects of the incident_report
- . incident report number
- . date of incident
- . classification of incident
- . name of agency program reporting the incident
- . name of investigator
- . corrections, changes (including reclassification of an original report), updates to original report if any
- . status (open or closed), and until closure, a brief review of finding of the investigation.
- . upon closure of an alleged abuse case, the resolution (substantiated or unsubstantiated)
- . corrective and/or preventive actions taken

The meeting minutes will be held in a confidential file and stored in such a way that they are not accessible to unauthorized persons.

The Incident Review Committee will meet no less often than on a quarterly basis, and always within one month of a reportable incident or allegation of abuse/neglect.

D. Investigations of Reportable Incidents, Significant Incidents, Serious Notable Occurrences and Situations

The Arc of Rensselaer County, Inc. shall conduct investigations in a manner which complies with the legislation creating the Justice Center for the Protection of People with Special Needs, and with OPWDD regulations Part 624 and Part 625.

The Investigator, Director of Quality Assurance and or designee shall routinely monitor the OPWDD Incident Reporting and Management Application (IRMA) to ascertain when an investigation has been delegated to the agency.

When cases of abuse or neglect are assigned to the agency for investigation, the investigator shall request that the Justice Center conduct a search in the Statewide Central Registry for any known subjects/suspects in the case.

When cases of abuse or neglect are assigned to the agency for investigation, the investigator shall notify the target(s) of that investigation, unless notifying the target(s) would impede the investigation. In most situations, the notice will conform to the

template provides and known as “Investigations Notice to Subject of Abuse or Neglect That an Investigation has been Initiated”.

The investigator will conform to all applicable laws and regulations concerning training and certification as an investigator, the preservation of evidence, taking statements and remitting completed investigatory reports to the Justice Center in the form and format specified, and within the required time frames.

E. General Reporting Requirements:

- All employees, volunteers, contractors and visitors are expected to report fully and accurately, and in a timely manner, any incident, occurrence or situation which falls under the OPWDD Part 624 and part 625 regulations (including events) and the agency policy. For employees and volunteers, this shall be generally understood to be before they leave shift, and always within 24 hours.
- All reportable incidents, significant incidents and deaths must be reported to the Justice Center, with regular updates entered into IRMA.
- The CEO, Associate Executive Director or designee will be notified within 24 hours for a reportable incident and significant incident or death. On the weekends the Administrator on Call is to be notified. The OPWDD after hours notification must also be made.
- All minor notable occurrences and situations must be reported to the CEO and program director within 48 hours. On weekends the Administrator on Call will be the person to be notified.
- Telephone notification to the Incident Management Unit is required all reportable incidents, significant incidents, serious notable occurrences, minor notable occurrences and situations.
- The entry of designated data into IRMA within 24 hours of discovery is required for serious notable occurrences and situations. If this is not possible due to weekend or holiday, this data must be entered by end of next business day.
- For children under the 18 years of age, New York State Child Abuse and Maltreatment Reporting Center (Mandated Reporter #: 1-800-635-1522) must be contacted immediately.
- All suicides, homicides, accidental deaths, or deaths due to suspicious, unusual or unnatural circumstances must be reported immediately by telephone to the police.
- All deaths are to be reported to the death notification hotline at the Justice Center.

- In the case of any reportable incident, significant incident, serious notable occurrence, or situation where a crime may have been committed, the CEO, Associate Executive Director or designee will notify law enforcement officials.
- A person's parent(s), guardian, or correspondent/advocate, and (if applicable, the service coordinator), or any other involved agency(s) are to be notified of any serious reportable incident or allegation of abuse within 24 hours unless there is written advice from the parent or guardian stating that they do not want to be contacted. The active parent and/or guardian will be immediately notified of any hospitalizations including emergency room visits.

F. Reporting Procedures:

Responsibility:	Procedure:
<p>Staff Present When Reportable Incident or Significant Incident Occurs, including</p> <ul style="list-style-type: none"> • Abuse, any type • Neglect • Mistreatment • Death • Controlled substance <p>Staff is the first to discover or be told about a Reportable Incident or Significant Incident</p>	<ol style="list-style-type: none"> 1. As appropriate, and within approved emergency procedures, renders assistance or intervenes to stop incident. 2. Calls for assistance if necessary 3. Reports incident immediately to supervisor or designee (administrator on call) 4. Completes an agency incident report before the end of shift. 6. Calls the Justice Center Hotline to report the situation (1-855-373-2122).
<p>Associate Executive Director, Program Director or Designated Supervisory Staff</p>	<ol style="list-style-type: none"> 1. Immediately responds, observes, assists or designates staff to assure immediate safeguards are put into place, as needed. 2. Assures medical examination or treatment is provided if necessary. 3. If individual is seriously injured, has died, or if a crime may have been committed notify the Executive Director/CEO and AED (via Administrator on Call if after usual business hours) 4. Assures notification to OWPDD Incident Management Unit by telephone is made. 5. Informs CEO or the appropriate AED immediately of the situation. 6. Notifies the parents, guardian, or correspondent/ advocate, the service coordinator (when applicable), and other

	<p>agency employees as necessary, within 24 hours.</p> <p>7. Makes the Jonathan’s Law notification where indicated.</p>
Director of Quality Assurance or designee	<ol style="list-style-type: none"> 1. Reviews all incident reports to assure notifications have been made, and that immediate protections are in place. 2. Reviews incident report to determine appropriate classification. 3. Based on that determination, takes appropriate steps to complete the data entry into IRMA and into Precision Care, and to make any additional notifications required. 4. Assigns staff to immediately start an investigation to determine: <ol style="list-style-type: none"> a. factual findings. b. conclusions and recommendations c. recommended disposition, if applicable d. recommendations for change in practice or policy. 5. Assures review by Incident Review Committee within 30 days 6. Assures files are complete and closed, including agency file, and IRMA file
Registered Nurse	In the event of a death, “Report of a Death” form is completed via IRMA within 72 hours
CEO/Associate Executive Director or Designee	<ol style="list-style-type: none"> a. In cases of a possible crime, suicide, homicide, accidental death, or unusual/unnatural/ suspicious death, the CEO/AED or designee will contact the appropriate law enforcement agency immediately by phone. b. CEO/AED/Designee receives preliminary investigation within 24 hours c. CEO/AED receives IR Committee findings within 2 weeks post IR Committee meeting

Agency Investigator	<ol style="list-style-type: none"> 1. Conducts investigation which conforms to the standards and requirements of the Justice Center, OPWDD and or the agency. 2. Communicates with the department head or designee not less frequently than every 48 hours throughout an investigation, to update the status and findings to date. 3. Completes an initial written report summarizing the findings of the investigation and any corrective action taken. Enters this report into IRMA and or uploads it to the Justice Center in the form and format specified. 4. Completes a full and final investigation and report prior to the incident review committee meeting (within 30 days).
Incident Review Committee	<ol style="list-style-type: none"> 1. Reviews all reportable incidents, significant incidents and notable occurrences within 30 days and makes recommendations to improve protections for people we support, quality of investigations and/or agency policy, procedure and/or practice. 2. Documents review and recommendations in writing to CEO within two weeks of the meeting. 3. Monitors recommendations, and makes determination to close investigation when recommendations are completed.
CEO (or designee)	Assures follows through on recommendations made by the incident review committee.

G. Investigator Procedures and Protocols

The Director of Quality Assurance or designee shall have agency wide responsibility for receiving notice of a reportable incident, significant incidents, serious notable occurrences, minor notable occurrences and Part 625 situations for assessing the category to which the incident shall be assigned, and assuring the necessary notification, investigation, documentation and reporting, both internal and external is completed.

The Director of Quality Assurance or designee shall have agency wide responsibility for monitoring IRMA and assuring the regular up date to information, including when a file is closed.

The Investigator shall have agency wide responsibilities for receiving notice of a reportable incident, significant incidents and serious occurrences and for conducting the investigation according to the requirements of the Justice Center, of OPWDD and of the agency.

The Agency Investigator holds a position within the Quality Assurance Department and is supervised by the Director of Quality Assurance. The Agency Investigator is trained and certified by OPWDD in the techniques of investigation. There will be times other agency personnel will investigate minor notable occurrences or situations, but only those certified as an investigator by OPWDD may conduct an investigation of a reportable incident delegated to the agency by the Justice Center.

No one will participate in the investigation of any reportable incident, significant incident or serious occurrence, in which they were directly involved, in which their testimony was incorporated, or in which a spouse, domestic partner, or immediate family member was directly involved. Every effort will be made to have someone (if not the Agency Investigator) conduct or review the investigation who is not an immediate supervisor of staff directly involved with the situation of event (arm's length).

The Investigator shall have the responsibility and the authority to evaluate the situation and to take immediate control as warranted. This shall include separation of parties, securing a location, preserving evidence if applicable and any other matter such as taking and securing photographs, pending the results of the investigation.

1. The Investigator shall advise the Director of Quality Assurance and the head of the department in which the incident occurred of the status of an investigation not less than every other day until its conclusion.
2. The Investigator shall attend all Incident Review Committee meetings for the purpose of presenting the comprehensive summary and recommendations.
3. All reports shall be in the form and format required by the Justice Center, OPWDD and or The Arc of Rensselaer County, Inc.
4. When cases of abuse or neglect are assigned to the agency for investigation, the investigator shall notify the subject(s) of that investigation, unless notifying the subject(s) would impede the investigation. In most situations, the notice will conform to the template provides and known as " Investigations Notice to Subject of Abuse or Neglect That an Investigation has been Initiated".
5. The investigator will conform to all applicable laws and regulations concerning training and certification as an investigator, the preservation of evidence, taking

statements and remitting completed investigatory reports to the Justice Center in the form and format specified, and within the required time frames.

H. Required Protections for allegations of abuse or neglect

When an allegation of abuse or neglect is reported the Associate Executive Director or designee will initiate protective actions upon discovery of the incident to ensure the safety and health of the individual. The AED or designee may:

- Remove, reassign, relocate or suspend the alleged abuser. In most situations, the alleged abuser will be suspended pending the outcome of the investigation.
- Increase the degree of supervision of the alleged abuser by reassigning him or her to a temporary assignment that does not entail contact with persons supported by the Arc, or in an assignment where the supervisor is present all the time. (this is used only in very limited situations)
- Provision of coaching or counseling to the alleged abuser
- Provision of increased training to the alleged abuser (relative to the prevention and remediation of abuse)
- Increasing supervision and providing additional support to restore a secure environment to the affected staff and persons supported
- Provision of a more appropriate support environment for the person affected including counseling for the person and their family.

The actions taken by The Arc will be in consideration of the seriousness of the allegation and whether the situation poses a serious and immediate threat to an individual's health and safety. If an allegation of sexual or physical abuse is substantiated, the employee may be terminated.

Each department shall continue to identify, document and report 'events', and shall conduct whatever reviews are necessary in connection with these. 'Events' shall include but not be limited to

- health related events in which first aid is the only intervention needed;
- medication errors not resulting in serious harm to the consumer
- dining plan discrepancies
- documentation errors of all types
- behavioral incidents in which the intervention conforms to the individual's behavior plan, and in which there is no health related consequence
- other events as defined by the organization or the department

Each department shall establish a system of immediate notification to the Director of Quality Assurance and to the immediate supervisor of all reportable incidents, significant occurrences, serious occurrences, and situations.