



agency for persons with disabilities
State of Florida

**SUNCOAST REGION
OPERATING PROTOCOL**

SUBJECT: Incident Reporting

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DEVELOPED BY: Laurie J. Harlow, Judith Redding (3/17/09)

TOPIC: Incident Reporting and Risk Management for Consumers Living in the Community or ICF/DD's.

PURPOSE: To establish Regional-specific incident reporting protocols for the SunCoast Region as specified in APD Operating Procedure No. 10-002. This protocol replaces current Operating Protocol #05-01 last revised in March 2009. This reporting system is necessary to provide the Agency with timely notice and awareness of events that may require direct intervention due to consumer risk or possible adverse public or media attention. In addition, the Agency will compile a database as a vehicle to analyze patterns and trends on critical and reportable incidents in order to provide the direction for quality management activities conducted by the Agency.

SUMMARY: Critical and reportable incidents can be reported by the provider or any individual who becomes aware of the incident. These incidents shall be reported to the Incident Reporting Liaison as specified in the attached APD Operating Procedure No. 10-002. All required verbal reports for "Critical Incidents" require actual contact with the appropriate Regional staff person. In addition, all incidents must also be reported immediately to the individual's support coordinator in order to ensure that the incident is also documented in the consumer's central file.

SCOPE: This operating protocol applies to critical and reportable incidents, which occur to individuals who receive services from the Agency for Persons with Disabilities and includes all programs funded, regulated or licensed by the Agency including ICF/DD programs.

PROCEDURES:

1. The SunCoast Region has established a database to record, compile and analyze information obtained through the statewide incident reporting system. This database has the capability to provide data for analysis of incidents by type, location, provider, persons involved and date and/or time of incidents. In addition to the information outlined in the attached operating procedure and Appendix 1, additional information shall be recorded in the SunCoast Region as follows:
 - a. Under the category of Reportable Incidents, (f)-"other", the following incidents will be reported to the Area Office:
 - (1) **All** Baker Acts
 - (2) **All** unplanned hospitalizations *including visits to emergency rooms or urgent care centers*

- (3) **All** arrests of provider agency employees and independent providers.
 - (4) **All** medication errors in accordance with Rule 65G-7
 - b. Medication Errors shall be reported to the Incident Reporting Liaison using the “Medication Error Report” form rather than the “Incident Reporting Form”. This form is located on the APD Website.
2. Upon receipt of the Incident Reporting Form, the Area Incident Reporting Liaison will log the information into the SunLink database.
 3. Once the information is logged, the Incident Reporting Liaison will triage the information and send the incident reports to the applicable supervisor or staff member(s) responsible for follow up review of the incident. There will be a lead member assigned to each incident.
 4. Email notification of the incident report will then be done by the Area Incident Reporting Liaison.
 5. The responsible supervisor will then review the incident and ensure any necessary follow-up, including direct intervention, technical assistance or institution of any provider corrective action plans as relates to the incident.
 6. The final results will be entered into the database by the lead staff and will be part of the final analysis of the incident report data.
 7. The Division Director for Quality Improvement will forward this information to the Agency for Persons with Disabilities Deputy Director for Operations and the SunCoast Management Team for review and further discussion for Quality Management Activities for the SunCoast Region.
 8. Delmarva or the contracted quality assurance agency will be provided with a summary of incidents by provider upon request, prior to their annual review.

ATTACHMENTS:

1. APD Operating Procedure No. 10-002
2. Appendix 1 of APD OP 10-002: Incident Reporting Form
3. Appendix 2 of APD OP 10-002: Incident Reporting Protocol for Area Office 23
4. Medication Error Report form

Appendix 2

APD OP 10-002 INCIDENT REPORTING PROTOCOL Area Office 23 (SunCoast)

A. Incident Reporting Contact information:

1. **During normal business hours**, verbal reports of critical incidents other than client deaths shall be reported within one hour of becoming aware of the incident to:

Area Administrator **Name:** Linda Henderson
Designee: **Work Phone:** (813) 233-4334
 E-Mail Address: Linda_henderson@apd.state.fl.us
 Fax: (813) 233-4302

Back-Up: **Name:** Ryan Oetinger
 Work Phone: (813) 233-4325
 E-Mail Address: Ryan_Oetinger@apd.state.fl.us
 Fax: (813) 233-4302

During normal business hours, verbal reports of client deaths shall be reported within one hour of becoming aware of the death to:

Name: Tanya Scheeler
Cell Phone: (727) 519-3755
Work Phone: (727) 217-7031
E-Mail Address: Tanya_Scheeler@apd.state.fl.us
Fax: (813) 233-4307

Back up **Name:** Katherine Cisek Freeman
 Work Phone: (727) 639 1680
 E-Mail Address: Katherine_Cisek-
 Freeman@dcf.state.fl.us
 Fax: (813) 233-4307

3. **After-Hours**, “*Critical Incidents*” shall be reported verbally to by calling:
(727) 639-1668

Please note that leaving a voice mail message does not constitute valid Regional notification; you must actually speak to the individual you are attempting to notify The verbal report must be followed by an APD Incident Reporting Form submitted to Regional Office at the earliest opportunity but no later than the next business day.

Other “Reportable Incidents” that are not “Critical Incidents” must be reported within one business day to the Regional Office through completion of an Incident Reporting Form or Medication Error Report Form as appropriate to the incident. *It is not necessary to make a verbal report to the Regional Office for “Reportable Incidents”.*

4. All completed Incident Reporting Forms (Appendix I) and Medication Error Report Forms (Appendix 2) shall be sent to:

Name: Linda Henderson, Incident Reporting Liaison

Work Phone: (813) 233-4334

E-Mail Address: Linda_Henderson@apd.state.fl.us

Fax: (813) 233-4302