




agency for persons with disabilities
State of Florida

Title: INCIDENT REPORTING AND RISK PREVENTION FOR CLIENTS LIVING IN THE COMMUNITY	Operating Procedure #: APD OP 10-002
Section: OFFICE OF OPERATIONS	New Procedure: <input type="checkbox"/> Established Procedure: <input checked="" type="checkbox"/>
Procedure Maintenance Administrator: MEGHAN MURRAY	Authorized Signature: 
Reference(s): <ul style="list-style-type: none"> - Chapter 39, F.S., Proceedings Relating to Children - Part II, Chapter 39, F.S., Reporting Child Abuse - Section 393.13, F.S., relating to the personal treatment of persons who are developmentally disabled - Section 393.135, F.S., relating to sexual misconduct - Chapter 415, F.S., Adult protective Services - Chapter 65G-2, Florida Administrative Code - Section 394, F.S., Mental Health 	Publication Date: July 1, 2013

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I) Policy

- a) The Agency for Persons with Disabilities (APD) will establish, publish and maintain the policies and procedures needed to carry out its mission in a consistent, predictable and repeatable manner.
- b) APD will establish a procedure and guidelines for identifying, reporting and analyzing information related to critical and reportable incidents and risk prevention involving clients of APD living in the community.
- c) APD Regional Offices and APD Deputy Director of Operations Office will assure that this Operating Procedure is implemented and followed accurately.

II) Authority:

- a) Section 409.906, Florida Statutes (F.S.) and Chapter 59G, Florida Administrative Code (F.A.C.), authorize the Florida Medicaid DD waiver,
- b) Section 393.067(7), F.S. relating to Facility Licensure, and
- c) Chapter 65G-2, Florida Administrative Code (F.A.C.)

III) Scope:

- a) This operating procedure applies to incident reporting and risk prevention in APD community programs, in APD contracted and licensed residential facilities, and in any other community settings, including the family home and supported living settings, in which clients of APD are receiving either state general revenue funded or Medicaid funded services. Incident reporting and risk prevention in APD Developmental Disability Centers are governed by Operating Procedures 10-005, 10-006, and 10-007.
- b) This operating procedure shall apply to APD employees involved in incident reporting and risk prevention activities involving clients of APD in the community.
- c) The reporting of medication errors are in Chapter 65G-7, F.A.C.

- d) This operating procedure does not replace the abuse, neglect and exploitation reporting required by the state law and rule. Regardless of the reporting requirements provided in this operating procedure, allegations of abuse, neglect or exploitation must always be reported **immediately** to the Florida Abuse Hotline at 1-800-962-2873.

IV) Purpose:

- a) To establish a procedure and guidelines for identifying, reporting and analyzing information related to critical and reportable incidents and risk prevention involving clients of APD living in the community.

V) Definitions:

- a) Agency: Refers to the Agency for Persons with Disabilities, unless otherwise specified.
- b) Operating Procedure: A guide for administration, management and maintenance of an Agency process.
- c) Provider: Any paid staff member, volunteer, or intern; any person under contract with APD; or any person providing care or support to a client on behalf of APD.
- d) Client: Any person determined eligible by the Agency for services under chapter 393, F.S.
- e) Incident: An occurrence which could potentially impact the health, safety and well being of a client of APD. The incident may or may not occur under the care of a provider and can involve clients of APD and provider employees. If the incident is determined to be a reportable or critical incident, as outlined in Proposed Chapter 65G-2, F.A.C. and the iBudget Handbook, the Reporting Procedures for reportable or critical incidents must be followed.
- f) Regional Office: For the purpose of this Operating Procedure, APD Regional Office shall include the Field Office as well as the corresponding Regional Office.

VI) Responsibilities:

- a) APD Regional and Field Office Responsibilities
 - i) Each APD Regional Operations Manager shall ensure that all APD providers are informed about and provided with:
 - (1) The most current contact information for reporting incidents to the APD Regional and Field Office.

(2) The after-hours contact phone number of the APD Regional Operations Manager or designee for reporting.

- ii) APD Regional/Field Offices are required to have an on-call number staffed at all times, 24 hours a day, 7 days a week, including holidays.
- iii) APD Regional/Field Offices will be expected to gather information about each incident and must ensure that proper authorities have been notified, confirm the health and safety of all clients of APD involved or impacted by the incident have been addressed and implement corrective action plans if necessary.
- iv) Each APD Regional/Field Office will be required to maintain internal tracking of all incident reports, reportable and critical. Regional Offices will provide aggregated data of all reportable incidents during the previous month and a verification report of critical incidents reported to the APD Deputy Director of Operations and Designee(s). Any follow-up and/or status updates on critical incidents will be provided to the APD Deputy Director of Operations and Designee(s) during the monthly critical incident verification.
- v) Aggregate data, as determined by APD's Deputy Director of Operations, on incidents, that have been reported to the Regional Office will be compiled by each Region upon request.

b) State Office Responsibility for Quality Assurance

- i) APD State Office will maintain a database tracking system on all critical incidents statewide. The APD State Office will conduct data analysis on incident reports received from Regional Offices as part of quality improvement.
- ii) APD Deputy Director of Operations and designees will identify any trends in data or possible patterns of concern for possible investigation by APD State Office.
- iii) Critical incidents and any follow-up information will be shared with the Agency Director and Executive Management Team (EMT) by the APD Deputy Director of Operations.

VII) **Procedure:**

- a) The following establishes a process to guide the Agency in reporting, tracking and pursuing further action to ensure health and safety of individuals served by, or eligible for services from, the Agency. Incidents involving a client of APD and/or APD provider must be reported to the Agency. Incidents are categorized into two types: Critical and Reportable.

b) Critical and Reportable incidents are defined in Proposed Chapter 65G-2 F.A.C. and the iBudget Handbook. Additional information for clarification is listed below:

i) Critical Incidents

- (1) Unexpected Client Death – The death of a client of APD that occurs due to or allegedly due to an accident, act of abuse, neglect, or other unexpected incident. This may include, but not be limited to, homicides, motor vehicle accidents, accidental drug overdose, heart attack, stroke, trauma, sudden death from an undiagnosed condition, or rapid deterioration from medical conditions. Upon notification, a Report of Death (ROD) is initiated and completed by the Medical Case Manager. The ROD must be forwarded to the State Office.
- (2) Life Threatening Injury – The severe injury involving a substantial risk of death, loss of or substantial impairment of body. This injury or condition may be a result of or allegedly due to an accident, act of abuse, neglect, or other unexpected incident.
- (3) Sexual Misconduct – Any sexual activity, as described in s. 393.135, F.S., that occurs between a client and a provider regardless of the consent of the client, incidents of nonconsensual sexual activity between clients or any other nonconsensual sexual activity involving a client.
- (4) Missing Child or Adult Who Has Been Adjudicated Incompetent – The unauthorized absence or unknown whereabouts, for more than one hour, of a minor or an adult who has been adjudicated incompetent and is receiving services from an APD provider. When reported by the provider, a case number from law enforcement should be provided.
- (5) Media Involvement – An unusual occurrence or circumstance that may initiate unfavorable media attention.
- (6) Client Arrest – The arrest of a client as a result of violent crime at any time.
- (7) Verified Abuse, Neglect or Exploitation Investigation – A Protective Investigation from the Department of Children and Families (DCF) that verifies a provider or provider staff has committed an act of abuse, neglect and/or exploitation as defined in Chapter 39 F.S and Chapter 415 F.S., of a client.

ii) Reportable Incident –

- (1) Expected Client Death – A client death that is considered “natural” from long-standing progressive medical conditions or age-related conditions. (e.g. end-stage cancers, end-stage kidney or liver disease) A Report of Death (ROD) is to be initiated and completed by the Medical Case Manager who forwards to the State Office.
- (2) Altercation – A physical confrontation occurring between a client and a member of the community, a client and provider, or two or more clients at the time services are being rendered and that results in law enforcement contact. If the altercation results in client injury requiring medical attention in an urgent care, emergency room or physician’s office setting, it is to be reported as a Client Injury. If the altercation results in client arrest, it is to be reported as a Client Arrest.
- (3) Client Injury – An injury sustained or allegedly sustained by a client due to an accident, act of abuse, neglect or other incident occurring during the time s/he is receiving services from an APD provider that requires medical attention in an urgent care center, emergency room, or physician office setting. The injury sustained is not categorized as life-threatening.
- (4) Missing Competent Adult – The unauthorized absence or unknown whereabouts beyond eight hours of a legally competent adult client receiving services from an APD provider. If the person is known to lack capacity to make safe decisions, it is the sole discretion of the provider to report the person missing prior to eight hours to the Regional/Field office and law enforcement.
- (5) Suicide Attempt – An act which clearly reflects the physical attempt by a client to cause his or her own death.
- (6) Baker Act – The involuntary admission of a client of APD to a receiving facility for involuntary examination or placement for psychiatric care. Criteria for initiating a Baker Act placement, and individuals authorized to initiate a Baker Act of an individual is defined within Chapter 394 F.S.
- (7) Non-violent Crime Arrest – The arrest of a client, which occurs while a client is under the direct care of a licensed or contracted provider, or Medicaid Waiver provider as a result of non-violent crime. (e.g. drug related charges, loitering)
- (8) Other – Any event not listed above that jeopardizes a client’s health, safety or welfare. Examples may include but are not restricted to severe weather condition damage (e.g. tornadoes or hurricanes), theft of client’s money or property, or other hazardous events or conditions.

If the event may generate unfavorable media attention, it is to be reported as a critical incident under the category of "Media Involvement."

c) The APD Regional office must verify and ensure that all parties have been notified of the incident, as outlined in the iBudget Handbook.

d) Reporting Requirements

i) For Critical Incidents

- (1) All incidents submitted by a provider are subject to the independent judgment of the APD Regional Operations Manager to determine if the incident reported meets the Critical Incident requirements.
- (2) The APD Regional Operations Manager or designee will immediately, upon becoming aware of the incident, inform APD's Deputy Director of Operations and designee(s) at the State Office of the critical incident by telephone or electronic mail (e-mail). If the incident has or possible will have unfavorable media involvement, the Agency Communications Director must be included in the initial communication.
- (3) The APD Regional Operations Manager or designee must provide all information relating to the incident through e-mail within 24 hours of becoming aware of the incident. The email must include the following information:
 - (i) The phrase "**APD Critical Incident (contains confidential or exempt information)**" must be in the subject line,
 - (ii) A brief description of what happened, what the Region/provider is doing in response to the incident, and
 - (iii) An electronic copy of the incident report, follow up report, and any additional documentation/information applicable to the incident.
- (4) An initial communication of the critical incident can be made by the APD Regional Operations Manager or designee to the APD Deputy Director of Operations via telephone. If the initial communication is made via telephone, an e-mail must be submitted within 24 hours of the call to the APD Deputy Director of Operations and designee. The e-mail must include all information outlined above.
- (5) Follow-up measures taken by the provider or APD staff, as appropriate, to protect clients, gain control of or manage the situation must be noted on the second page of the Incident Reporting Form

which may be completed at a later date. The measures must specify what actions will be taken to mitigate a recurrence of a similar incident.

ii) For Reportable Incidents

- (1) These incidents are not required to be submitted to the State Office.
- (2) Follow-up measures taken by the provider (or APD staff as appropriate) to protect clients, gain control or manage the situation must be noted on the second page of the Incident Reporting Form which may be completed at a later date, not to exceed 90 calendar days. The measures must specify what actions will be taken to mitigate a recurrence of the same type of incident.
- (3) These incidents will be managed at the Regional level. Data on such incidents may be reported to APD's Deputy Director of Operations upon request.

iii) Follow-Up

- (1) Follow up by the Regional office is required and is intended to protect clients, gain control or manage the situation, and insure the health, safety and wellbeing of the client and other clients in the provider's care.
- (2) Incident Reports received by the Regional/Field Offices involving medical and/or behavior concerns are to be routed and reviewed by the Regional/Field Office's Medical Case Manager and Behavioral Analyst in order to analyze and coordinate appropriate follow up actions to be taken.
- (3) Follow-up information must be provided to the Deputy Director of Operations and designees in the State Office for Critical Incidents as soon as it is available.
- (4) The Regional Office shall:
 - (a) Ensure the initial action has been taken by the provider and any Corrective Action Plan (CAP) initiated appropriately addresses and eliminates the possibility of another incident of the same and/or similar nature to occur.
 - (b) Ensure incidents are reported in the required timeframe outlined in Proposed Chapter 65G-2, F.A.C. and the iBudget Handbook. If the incident is not reported within the required time, Regional staff must

counsel the provider on the reporting requirements and maintain documentation of provider counsel.

- (c) Critical and Reportable incidents may result in a Plan of Remediation. If a Plan of Remediation is initiated as a result of an incident (Critical or Reportable), Regional/ Field Office staff will follow business protocol for Completing Plans of Remediation.
- (d) Conduct the appropriate follow up to the incident reported. Follow up information submitted shall include, if applicable, but not be limited to the following:
 - (i) Names and relationship to the Agency of all participants involved in the incident,
 - (ii) Competency information of client(s) involved,
 - (iii) Results of any Medical Case Manager's (MCM) review,
 - (iv) If the incident is a death, the MCM is to initiate and complete a ROD. Any identified planned autopsy noted in the ROD is to be followed up on with the results forwarded to the State Office's Medical Case Manager to review.
 - (v) Verification that other clients in the care of the provider are not in danger,
 - (vi) Any police Investigation, Police report or Protective Investigation report regarding this incident,
 - (vii) If the client has been arrested for a violent crime, include bond information, crime charged with, release date, court date, status of victim(s), if any,
 - (viii) Any Administrative Complaint or Agency Action being taken on the Provider as a result of the reported incident.

(5) The State Office shall:

- (a) Share all follow-up information from critical incidents with APD Director and Executive Management Team.
- (b) Update Critical Incident information to include the follow-up information in the State Office Critical Incident database.

(c) Request additional information as needed on a Critical Incident not provided.

VIII) Attachments:

- a) APD Incident Reporting Form