

## POLICY AND PROCEDURE ON REVIEWING INCIDENTS AND EMERGENCIES

### I. PURPOSE

The purpose of this policy is to establish guidelines for reviewing reported incidents and emergencies.

### II. POLICY

Homeward Bound, Inc., (HBI) is committed to the prevention of and safe and timely response to incidents and emergencies. Staff will act immediately to respond to incidents and emergencies as directed in the *Policy and Procedure on Responding to and Reporting Incidents* and the *Policy and Procedure on Emergencies*. After the health and safety of individual(s) served are ensured, staff will complete all required documentation that will be compiled and used as part of the internal review process.

HBI will ensure timely completion of the internal review procedure of incident and emergencies to identify trends or patterns and corrective action, if needed.

### III. PROCEDURE

- A. Program Resource Coordinator (PRC)/Program Supervisor (PS) will work with Nurse Case Manager (NCM), or the Nurse Case Manager On-Call (NCMOC) to conduct a review of all reports of incidents and emergencies for identification of patterns and implementation of corrective action as necessary to reduce occurrences. PRC/PS, NCM or NCMOC will involve Operations Administrator (OA) and Program Administrator of Risk Management (PARM) in all reported incidents and emergencies. This review will include:
1. Accurate and complete documentation standards that include the use of objective language, a thorough narrative of events, appropriate response, etc.
  2. Identification of patterns which may be based upon the individual served, staff involved, location of incident, etc. or a combination.
  3. Corrective action that will be determined by the results of the review and may include, but is not limited to, retraining of staff, changes in the physical plant of the program site, and/or changes in the *Coordinated Service and Support Plan Addendum*. If the PRC/PS completes the internal investigation, the OA, who is also considered a Designated Manager/QIDP, will be given the report to review before handing it in to the PARM.
- B. Each *Incident and Emergency Report* will contain the following information:
1. The name of the individual or individuals involved in the incident. It is not necessary for staff to identify all individuals affected by or involved in an emergency unless the emergency resulted in an incident.
  2. The date, time, and location of the incident or emergency.
  3. A description of the incident or emergency.
  4. A description of the response to the incident or emergency and whether an individual's *Coordinated Service and Support Plan Addendum* or program policies and procedures were implemented as applicable.
  5. The name of the staff person(s) who responded to the incident or emergency.
  6. The determination of whether corrective action is necessary based on the results of the review that will be completed by the NCM or NCMOC, PRC/PS along with the OA and/or the PARM.

- C. In addition to the review for the identification of patterns and implementation of corrective action, HBI will consider the following situations reportable as incidents or emergencies which will require the completion of an internal review to be completed by the PRC/PS and/or the OA:
1. Emergency use of manual restraint as defined in MN Statutes, sections 245D.02, subdivision 8a and 245D.061. MN Statutes, section 245D.061, subdivision 6, has an internal review report requiring the answering of six questions.
  2. Death and serious injuries not reported as maltreatment according to MN Statutes, section 245D.06, subdivision 1, paragraph g.
  3. Reports of maltreatment of vulnerable adults or minors according to MN Statutes, sections 626.557 and 626.556.
  4. Complaints or grievances as defined in MN Statutes, section 245D.10, subdivision 2.
- D. When HBI has knowledge that a situation has occurred that requires an internal review, the OA will ensure that an *Incident and Emergency Report* or *Emergency Use of Manual Restraint Incident Report* has been completed.
1. In addition to the *Incident and Emergency Report*, if there was a death or serious injury, the OA will also ensure that the applicable documents have also been completed for the MN Office of the Ombudsman for Mental Health and Developmental Disabilities and the Department of Human Services Licensing Division. For internal reports of suspected or alleged maltreatment of a vulnerable adult, a copy of the *Notice of Status Report of Suspected Maltreatment* will also be submitted for the internal review.
  2. The internal review and reporting of emergency use of manual restraints will be completed according to the *Policy and Procedure on Emergency Use of Manual Restraint*.
- E. The person responsible for completing internal reviews will submit the following documentation to the PARM, as applicable:
1. *Incident and Emergency Report*
  2. *Notice of Status Report of Suspected Maltreatment*
  3. *Emergency Use of Manual Restraint Incident Report*
  4. *Death Reporting Form*
  5. *Serious Injury Form*
  6. *Death or Serious Injury Report FAX Transmission Cover Sheet*
  7. *Complaint and Grievance Report*
- F. The PRC/PS and the NCM or NCMOC are the primary individuals responsible for ensuring that internal reviews are completed for reports. If there are reasons to believe that the PRC/PS or the NCM is involved in the alleged or suspected maltreatment or is unable to complete the internal review, the OA or the PARM is the secondary individual responsible for ensuring that internal reviews are completed.
- G. After 5 working days, the person completing the internal investigation, (PRC/PS and or OA) will notify the Administrator (CEO)/PARM of the result of the internal investigation. This notification will be documented on the *Internal Review form* by indicating date, time and who reported to the CEO/PARM.
- H. The internal review will be completed using the *Internal Review form* and will include an evaluation of whether:
1. Related policies and procedures were followed.
  2. The policies and procedures were adequate.

3. There is a need for additional staff training.
  4. The reported event is similar to past events with the individuals or the services involved.
- I. If there is a need for corrective action by the license holder to protect the health and safety of individuals served. Based upon the results of the review, the PRC/PS or OA will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by HBI staff, if any.
- J. The following information will be maintained in the incident report book as part of the service recipient's record, as applicable:
1. *Incident and Emergency Report* including the written summary and the OA's review.
  2. *Emergency Use of Manual Restraint Incident Report* and applicable reporting and reviewing documentation requirements.
  3. *Death Reporting Form*
  4. *Serious Injury Form*
  5. *Death or Serious Injury Report FAX Transmission Cover Sheet*
  6. *Complaint / Grievance Report*
- K. Completed *Internal Reviews* and documentation regarding suspected or alleged maltreatment will be maintained separately by the internal reviewer in a designated file stored at the location (IHO and In- Home will be kept at Corporate Office) that is kept locked and only accessible to authorized individuals.

Legal Authority: MS. §§§ [245D.11](#), subd. 2; [245.91](#), subd. 6; [609.341](#), subd. 3 and 14

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