

**Need to Know:** The Office of Licensing’s Incident Management Unit (IMU) is required to review reported serious incidents to ensure that the provider’s documented response ensured the recipient’s safety and well-being. If the notes and check boxes entered by the provider are unclear, the IMU must contact the provider to request additional information or contact that provider to better clarify the information already provided. Some other questions that IMU considers relative to this process are as follows:

- ◆ Did the provider describe the injury/illness and circumstances?
- ◆ Did the provider describe the medical treatment provided and/or finding?
- ◆ Did the provider describe the consequences of the injury/incident?
- ◆ Did the provider describe the risk of harm?

Review of incidents for this process has not changed. The CHRIS death and serious incident forms were updated to allow providers to update the reports. The IMU conducts a trend analysis of every serious incident including, review of previously documented incidents and past actions taken.

**Acknowledge Your Accomplishments:** The actions documented should be relative to the specific incident; therefore, it is understood that documentation varies incident by incident. IMU also understands that action steps are either immediate or preventative in nature. Therefore, some of the more detailed preventative actions, may not be identified until the RCA is conducted. But don’t be reluctant to give your agency credit for the work you are doing. Risk mitigation takes place during meetings, at appointments, while working with the support team, etc. When completing the mitigation of risk field, keep in mind that this is not looking back to what could have been done differently in the incident; but identifying the steps to be taken **now** to reduce or prevent another similar incident or the steps to be taken now that will reduce the impact if the risk does occur.

- ❖ Discussion points to consider when reporting and documenting the Mitigation of Risk section in CHRIS.
  - ◆ Did you act immediately following the incident to improve safety?
    - Did you assess the area?
    - Did you modify the environment, remove obstacles from the environment, etc.?
    - Did you modify a schedule, etc.?
    - Did you monitor and record the condition of the individual?
    - Did you contact the nurse/physician/specialist?
    - Did you make a referral?
    - Did you make other notifications?
  - ◆ Did you or will you implement a protocol? Review/revise a protocol? Develop a protocol?
    - Is there a recommendation to do so?
  - ◆ Did you or will you obtain new equipment to implement an order?
  - ◆ Did you or will you train staff on a protocol?
  - ◆ Was a meeting held? Does a meeting need to be held?
  - ◆ Did you or will you increase the supervision, monitoring, etc. of the individual?
  - ◆ Is there a scheduled follow up appointment with a medical provider; when and with who?
  - ◆ Was a Behavioral Support Plan/Crisis Plan implemented? Was REACH involved?
    - Are you looking for a specialist?
    - Did you talk to PCP about a referral?
  - ◆ Were there new orders/instructions/treatment plan? If so, did all the staff receive training, i.e., orders, steps for treatment, etc.
    - Is there a new support need?
    - Was the change temporary or long-term?
- ◆ Is there more than one risk area involved, such as, a urinary tract infection with a fall? If so, how will you address both risk areas?

Following submission of a serious incident report in CHRIS, the provider may have two additional business days to update the report with any remaining information that might have been unknown at the time the report was written, or from the time that the provider is informed by the IMU of the need to update the report, whichever is later. 10/21/2024