



# Medium-Level Reportable Incidents

## Part 1

Definitions and How to Respond

November 29, 2022



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# Critical Incident Management Pilot



# Critical Incident Management

**DHHS-DDD, in partnership with Liberty Healthcare Corporation is implementing a new Critical Incident Management Process that will include a Single-Case Management System known as “Therap”.**

- Pilot Program began on July 1, 2022
  - Phase 3 started November 28, 2022
- Ongoing informational and training opportunities to the public throughout the pilot process
  - Therap
  - Incident Definitions and Reporting Processes



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## Agenda

- *Review of Part 1 Medium-Level Incident Definitions*
- *Examples of how to respond when an incident occurs*
- *Review of what providers can do now*
- *Next Steps*



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# Reportable Incidents - Medium



# Actual or Potential Airway Obstruction

Any event in which an emergency intervention is provided to a participant in response to choking or experiencing an airway obstruction. Interventions may include, but are not limited to, performing the Heimlich maneuver, back blows, or requiring medical attention.



# Communicable Disease

- Participant who is diagnosed by a medical practitioner with an illness such as COVID-19, Influenza, Tuberculosis (TB), etc. A communicable disease is an illness carried by microorganisms and transferred through people, animals, surfaces, food, or air.
  - Home tests for COVID-19 will be considered a diagnosis by a medical practitioner.
- Although a cold or upper respiratory infection could be considered communicable diseases, this would not be a reportable incident in this category.



# Falls with Injury Requiring more than First Aid

Any event when a participant comes to rest unintentionally on the ground or a lower level for any reason, and sustains an injury requiring more than first aid.





# Fatal 5+

Any change in medical condition involving a Fatal 5+ category of sufficient severity to require assessment or treatment from a physician, regardless of whether medical attention was received.

- Must always report:
  - Aspiration
  - Dehydration
  - GERD (Gastroesophageal Reflux Disease)
  - Severe constipation / Bowel Obstruction
  - Seizure
    - When a participant has a seizure for the first time in recorded personal history; or
    - The seizure lasts longer than 5 minutes or the timeframe set by the participant's physician; or
    - When the provider does not observe the beginning of the seizure and cannot accurately determine how long the seizure lasts, and the participant cannot report the length of the seizure.
  - Sepsis



# Injuries of Unknown Origin Raising Suspicion

- Any injury where the origin of the injury is unknown and/or which raises suspicion of abuse or neglect due to the size, type, location, placement, pattern, or circumstances of the injury.
- Includes minor injuries (bruises, scrapes, minor cuts) requiring no medical attention, if the origin of the injury is unknown and raises any suspicion.
- If cause of injury can be reasonably determined, it would not be reported under this category.



# Injury Requiring Medical or Nursing Intervention Above First Aid

- An injury of sufficient severity to require assessment or treatment from a physician, regardless of whether medical attention was actually sought or where medical attention was received.
- The following must always be reported: concussion, dislocation, fracture, poisoning, pressure sores/ulcers (newly discovered or untreated) and Burns-3<sup>rd</sup> Degree.



# Medication Errors

- Any preventable mistake in the administration of medication/treatment or procedure with the potential to cause harm to a person.
  - High: Physician intervention or a hospital visit are needed
  - Medium: Any type of error in the 5 rights (right person, right time, right route, right dose, right medication)

*Participant choice or refusal to take a medication does not indicate a medication error.*



# Unplanned Hospitalization, Emergency Room, or Urgent Care Facility

- When a participant is:
  - Admitted to a hospital or seen at an emergency room or urgent care facility for any medical or psychiatric reason;
  - Admitted to a hospital, and then transferred and admitted to another hospital, the second hospital admission does not need to be reported in an additional incident report. The transfer should be documented in the follow-up section of the original incident report.



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# Possible Responses



## Medical Attention and/or Evaluation

If the person is experiencing any decline in medical status or symptoms, help them to seek care:

- Serious Medical Concern, such as trouble breathing, loss of consciousness, etc. **CALL 911 immediately.**
- If no serious concern, assist them in setting up medical care as needed/wanted.



# Remove Risk

- Evaluate the Environment
  - Is there something present causing a danger?
  - What can I do right now?
  - Are there additional supports in the environment needed?





# Continuous Quality Improvement

Always look for new ways to improve your current responses and process to better the outcomes for the Waiver Participants.



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# Next Steps



# Upcoming Training Opportunities:

**December 6, 2022 – Part 2 – Medium-Level Reportable Incidents & How to Respond.**

**Ongoing Therap Trainings and Communication: Please subscribe for updates:**

- <https://dhhs.ne.gov/Pages/AD-Provider.aspx>
- <https://dhhs.ne.gov/Pages/Liberty-Partnership-Quality-Project.aspx>



# What can you do now?:

**In the future, providers will be introduced to Therap to enter formal incident reports. But for now:**

- When one of these incidents occur, report it to the Service coordinator.
- Respond to prevent future occurrences
- Attend future trainings
- Ask Questions to understand the process

**[NeGERHelp@libertyhealth.com](mailto:NeGERHelp@libertyhealth.com)**



## Incident Report Process Questions

[NEGERhelp@libertyhealth.com](mailto:NEGERhelp@libertyhealth.com)

## Therap Functionality Questions

[DHHS.therapADTBI@nebraska.gov](mailto:DHHS.therapADTBI@nebraska.gov)

## Connect with Us



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