Reporting Cheat Sheet

What is Reportable?

* Maltreatment – Neglect, abuse (verbal, sexual, physical, mental, exploitation, neglect) , involuntary seclusion and exploitation.
* Injuries of Unknown Source: if the following are met:
	+ Injury was not observed by any person OR the source could not be explained.
	+ AND: the injury is suspicious because of the extent of the injury or location of injury
	+ OR: the number of injuries observed at one point in time
	+ OR the incident of injuries over time.
* Avoidable Accidents: Accidents where the facility failed to assess risk and identify/eliminate hazards or failed to follow the care plan.

How to Manage Reportable:

* First of all assure the resident is safe.
* Reported incident should be routed to supervisor and then up to Administrator/DON.
* If the perpetrator is identified as a staff member suspend immediately, regardless of title or duration of employment.
* Interview potential witnesses (staff and residents)
	+ How many residents/staff will be interviewed will be dependent on severity of allegations.
	+ Skin checks to be completed on all non-verbal residents.
	+ Please assure this is completed on the correct form.
		- Assure all statements are signed/dated.
		- If you complete interviews assure you document who was interviewed and date.
		- Ask each person the same questions.
	+ When interviewing residents type out specific questions.
		- Add residents name and date to top of page and if they are able have them sign off on questions.
		- Assure any additional concerns from interviews are followed up on timely either grievance/OHFC/MAARC
	+ Remove any equipment that have been identified as needing inspection or repair.
* When to Report:
	+ With in two hours if the report is tied to neglect, exploitation, abuse or misappropriation of resident property if the incident results in harm (emotional or physical)
	+ Within 24 hours if none of the above is true.
	+ If the incident is a serious one or could have legal ramifications, send an e-mail out to the MHM Survey Group
	+ Always update the appropriate Regional Staff, RDO, RNC, RSSD, HR, RD ect..
* Completing the initial report:
	+ Assure you have enough detail show what the allegation was and what you immediately did to protect the residents. Assure all pertinent information is included

i.e. appropriate diagnosis, updated care plan interventions ect..

* + Don’t wait the full 5 days to complete your investigation unless absolutely necessary. (this is especially important if the reportable will be triaged as an IJ)
* Triaging Specifics
	+ Suspected IJ’s have a 2 business day turnaround for visits AFTER they are triaged
	+ High Scope non IJ tags are done within 10 business days
	+ Medium Scope tags have no specific time frame but they will visit
	+ Low Scope are completed at next scheduled visit.
* Investigation Follow Up
	+ Assure all staff are educated as quickly as possible. For more severe reportables best practice it to educate before the staff members hit the floor for their shift or 90% within 24 hours.
		- Always assure staff truly understand the education they are receiving. This can

be done by having them repeat back what they learned OR by having a easy quiz that we can keep in their file.

* + Immediately begin Audits to show interventions and education are in place.
	+ Begin your Ad Hoc QAPI when an incident/accident that was avoidable occurred. This includes Root Cause and all steps to correct AND sustain the corrections.

o The goal is to not receive any tags BUT if we do we want them to be past non- compliance.

* Resident Follow Up
	+ PHQ-9, BIMs and GAD completed day of incident and PRN as decided by IDT.
	+ Psych Services updated or Offered/Encouraged if not on caseload
	+ Increased charting on resident each shift as determined by IDT
	+ Risk Management and Incident Analysis completed.
	+ Care Plan Updated and appropriate progress notes in chart.