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| TITLE: | REPORT OF INCIDENT | POLICY 19.01 |
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Authority: [RCW 74.34, Abuse of vulnerable adults](#)
[RCW 18.20.185, Complaint, toll free number, investigation rules](#)
[WAC 388-78A-2600, Policies and procedures](#)

PURPOSE

Trouves Health Care review incidents to promote a culture of safety and continuous quality improvement.

SCOPE

This policy applies to all Trouves employees.

DEFINITIONS

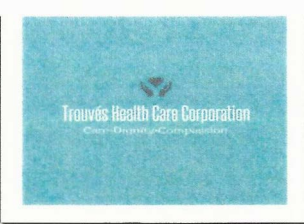
IR: Incident report that is completed during the shift it occurred and is reviewed by the Leadership team for quality improvement purposes.

Immediate Report to Law Enforcement: Local Police Department receives notification of criminal activity immediately. The Shift Coordinator determines if notification to Local Police Department is necessary for the following reasons:

- An incident of domestic violence occurred, including violation of a protection order;
- Serious resident to staff assault where staff is sent to hospital and requests law enforcement notification;
- Any suicide or suicide attempt when a substantial attempt is made; and
- Unauthorized leave of resident that are viewed as a threat to themselves and/or others.

Emergent Incidents: Incidents of this type include alleged or witnessed resident abuse, neglect, financial exploitation, or abandonment; injuries requiring treatment, evaluation, or admission to a community hospital; or any death.

Significant Incidents: Incidents of this type do not fall in the category of emergent incidents, but include all other incidents that do or might affect resident and staff safety.



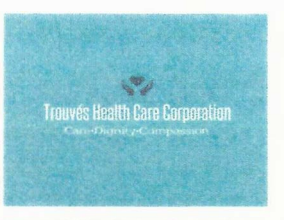
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Examples of significant incidents include:

- Hazardous conditions including those resulting in injury;
- Loss/damage to personal property;
- Events that affect safety/security;
- Resident-to-resident or resident-to-staff assault resulting in minor injury or no injury;
- Near misses (incidents in which something negative could have happened but was successfully averted);
- Unsecured doors, doors left unlocked or propped open;
- Resident or staff injury due to known or unknown cause; and
- Resident falls.

POLICY

- A. It is the responsibility of all employees, volunteers, and contractors to report incidents (IR).
- B. All incidents must be reported, documented and submitted to the supervisor no later than end of the current shift.
- C. All incidents are reviewed as a continuous quality improvement tool to support resident and staff safety.
- D. Trouves employees receive training on how to report incidents and identification of resident abuse and prevention upon hire and annually thereafter.
- E. Trouves employees are mandatory reporters of suspected or witnessed resident abuse, neglect, abandonment, and exploitation (All employees are mandatory reporters of suspected or witnessed resident abuse, neglect, abandonment, and exploitation (suspected or witnessed resident abuse, neglect, abandonment, and exploitation ([RCW 70.124](#) and [See Abuse and Neglect Reporting Policy](#))).
- F. All incidents must be documented on the DSHS Incident Report Form DBHR Internal Form/IR_CatronC_8/2010. Each RI will be reviewed by a supervisor, investigated and follow up provided in a timely manner.
- G. Incident that may have potential media or litigation interest require immediate



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notification.

1. The Shift Coordinator notifies the Administrator On Duty (AOD) of critical incidents or incidents believed to be of potential media or potential litigation interest.
 2. The AOD provides notification to the Director immediately by phone. This is followed by a completed IR within two hours of the event.
- H. Trouves provide timely, thorough reviews of all incident reports and provide follow up actions as necessary.

PROCEDURES

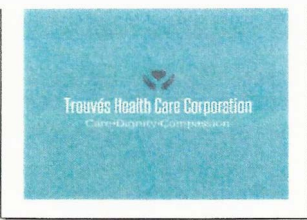
A. When emergent incidents occur a verbal report is immediately made to the supervisor on duty. An IR form is completed no later than the end of the current shift. The supervisor and staff provide for the immediate health and safety needs of the persons involved. The supervisor documents the nature of the incident and actions taken on the IR form.

B. Immediate Report

1. When the Shift Coordinator receives incident reports that contains the below items they request immediate law enforcement notification:
 - a. An incident of domestic violence, including violation of a protection order;
 - b. Serious resident-to-staff assault where staff is sent to a hospital and requests Law enforcement notification;
 - c. Any suicide or suicide attempt when a substantial attempt is made;
 - d. Escape of resident that are viewed as a threat to themselves and/or others; and
 - e. Notify their chain of command and the Administrative Officer of the Day (AOD) that law enforcement was notified.

C. Standard Review

1. The Administrator's team reviews all Incident Reports daily for initial screening.
2. Additional information is requested for initially screens allegations of resident abuse/neglect that are vague and/or that require more information.
3. The Administrator ensures Emergent Incidents are discussed and systems



Trouves Health Care

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are reviewed for necessary changes during weekly Leadership Incident Review meetings.

4. The Safety Manager investigates serious staff injuries, including accidents, resident assaults, as referred by the Administrator.
5. Allegations of resident abuse/neglect as follows:
 - a. If the allegation is determined by management to be credible and is considered to be Emergent (crime), the referral will be made to law enforcement and licensing agencies.
 - b. Credible allegations that are not Emergent (crime) are to be reviewed by the Human Resource Team.
 - c. If management determines that the allegation is unsubstantiated, the case will be closed.
 - d. All staff or residents that are seeking police involvement will be referred through the facility referral process.

- D. The Shilt Coordinator provides reports of death as soon as possible to the person's next of kin/and or legal representative.

- E. Deaths of unusual or suspicious circumstances are reported to the medical examiner's office, Director, Chief Executive Officer, Administrator and local law enforcement.

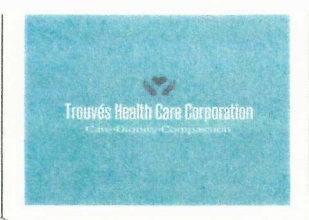
- F. Upon determining an incident review has been completed, The Administrator or Director of Nursing will close the incident and document this on the IR Form.

EXCEPTIONS:

No exceptions to this policy may be granted without the prior written approval of the Director.

SUPERCEDES:

None



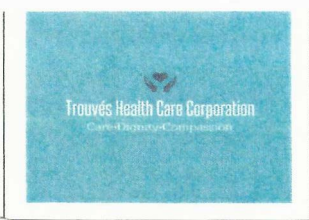
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ATTACHMENT A

Below are some examples of incidents. This is not an all-inclusive list.

A. Emergent Incidents

1. Resident injury resulting in treatment at an emergency room or admission to a hospital resulting from:
 - a. Alleged staff assault;
 - b. Alleged staff sexual assault;
2. Unauthorized Leave of:
 - a. A sexually violent resident; and/or
 - b. Multiple residents.
3. Physical abuse: The willful action or inaction of inflicting bodily injury or physical mistreatment, including but not limited to: striking (with or without an object), slapping, pinching, choking, kicking, shoving, prodding or unauthorized/inappropriate use of chemical or physical restraints or unreasonable confinement.
4. Mental/verbal abuse: Any willful action or inaction of mental or verbal abuse including but not limited to: coercion, harassment, punishment, inappropriately isolating a resident from family/friends/activity, unreasonable confinement, ridiculing, intimidating, yelling or swearing.
5. Sexual abuse: Any form of sexual contact, including inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing and sexual harassment.
6. Alleged neglect: A pattern of conduct or inaction by a person with a duty of care that fails to provide the goods and services that maintain physical or mental health of a resident, or that fails to avoid or prevent physical or mental harm or pain to a resident, or an act or omission that demonstrates serious disregard of consequence of such a magnitude as to constitute a clear and present danger to the resident's health, welfare or safety.
7. Alleged abandonment of resident: Action or inaction by a person that leaves a vulnerable person without the ability or means to obtain necessary food, clothing, shelter or healthcare.
8. Alleged financial exploitation involving the resident or agency.
9. Death (any): Refer to the Chief Medical Officer or law enforcement as appropriate.
10. Resident to Resident injury resulting in treatment at an emergency room or admission to a hospital, resulting from:
 - a. Accident
 - b. Resident assault



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- c. Fall
- d. Self-inflicted
- e. Restraint/physical intervention
- f. Sexual assault from resident
- g. Unknown origin

B. Significant Incidents

Incidents that are not clear and/or that require more information are screened by the Quality Department and review is assigned. This can include multiple similar allegations that have been determined unfounded that may establish a pattern. Incidents are referred to the supervisor for follow up as needed and include but are not limited to these types of incidents:

1. Events contrary to plans for or implementation of quality resident care that are not emergent;
2. Other incidents involving the care and treatment of residents, resident complaints not listed above, or as requested by the Director.
3. Non-serious falls/injuries of staff and visitors;
4. Loss/damage to personal or facility property;
5. Mishaps due to equipment failure/misuse;
6. Hazardous conditions resulting in injury or damage to property;
7. Unplanned fire alarms;
8. Events that may affect staff, resident and visitor safety/security that are not emergent in nature;
9. Staff misconduct not meeting criteria for abuse or criminal prosecution.
10. Other deviations from facility policy or procedures;
11. Other information relating to staff conduct or environmental conditions as requested by the Director;



INCIDENT REPORTS

When to complete an incident report

1. Anytime a resident has a fall **regardless if they appear to have an injury**
2. Anytime 911 * is called for a resident
3. Anytime there appears to be a change in a residents physical or mental condition Anytime a resident sustains an injury such as a skin tear, bruise or hematoma

How to complete an incident report

1. Go to the following address and complete the online incident report:
<https://fortress.wa.gov/dshs/altsaapps/OCR/facilityOCR.FacRptInputFacility.execute.action>
2. If online reporting is not available complete a paper incident report to the solid line and send it ASAP.
3. **Be as specific and detailed as possible**
4. Remember we are obligated to determine what the cause of the fall/condition change is. Having very detailed information is **CRITICAL**

Who to notify

1. Notify physician** using Fax form. Fill in as much detail as possible and only to solid line above "Comments" The bottom of the form is for the physician to respond back
2. Family: always call the #1 contact first. If you are unable to reach anyone, call #2 contact. If the incident happens during the night and there is no sign of injury, wait to call the family after 6:00AM in the morning
3. The Lead Nurse needs to be notified anytime 911 is called for a resident and anytime a resident has a fall. If the resident falls during the night and there is no sign of injury, the Lead Nurse can be notified the next day.
4. Notify all staff by making a note in the communication book and by starting a "Temporary Service Plan"

Temporary Service Plans

Start a Temporary Service Plan when:

1. There a resident has a fall
2. The resident starts a new medication
3. When a resident is new
4. When the resident has a condition change or sustains an injury



INCIDENT REPORTS

*When to call 911

1. When a resident falls and is unable to move without having pain
2. When a resident falls and hits their head **even if they appear to be otherwise ok**
3. When a resident complains of chest pain
4. When there is a change in the level of consciousness

What {copies} to give to medics when 911 is called

1. Face sheet (1st page immediately after the first tab in the resident's chart titles "Admission paperwork)
2. POLST form (Should be next to the face sheet)
3. MARs (If we are not providing medication assistance send the resident's History and Physical)

**The physician's phone and fax numbers are located on the resident's face sheet. If the resident belongs to Group Health there will be a number written above the physician's name. Write this number on the fax for the DOB/GH#

The contact numbers are also on the face sheet.



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INCIDENT REPORT FORM

Please direct any questions to Steve Cazel at (360) 725-3706 or steve.cazel@dshs.wa.gov

DBHR Internal Form/IR_Catrone_8/2010

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| Date Reported to the DBHR: | Date of Incident: | Time of Incident: (24 hour) | Location of incident: |
| Reporting Site: RSN Provider Agency: | | Name of Reporter: | Phone/Email: I |
| Brief description of the incident: | | | |
| <input type="radio"/> UNSUBSTANTIATED | | <input type="radio"/> SUBSTANTIATED | |
| <input type="radio"/> UNDER INVESTIGATION/UNDETERMINED | | | |
| <input type="checkbox"/> POTENTIAL FOR MEDIA COVERAGE? | | <input type="radio"/> PROPERTY DAMAGE? | |
| TYPE OF INCIDENT | | | |
| <i>Instructions: Please click on the appropriate category for drop down menu where indicated by an asterisk</i> | | | |
| *ALLEGATIONS / DEATHS *INJURY/ ESCAPES | | *DISTURBANCE / CRIME | |
| PATIENT(1) INFORMATION | | PATIENT(2) INFORMATION | |
| Patient Identifier: | Name: Last, First | Patient Identifier: | Name: Last, First |
| PATIENT(3) INFORMATION | | PATIENT(4) INFORMATION | |
| Patient Identifier: | Name: Last, First | Patient Identifier: | Name: Last, First |
| STAFF (1) INFORMATION | STAFF (2) INFORMATION | | STAFF (3) INFORMATION |
| Name: Last, First | Name: Last, First | | Name: Last, First |
| VISITOR/OTHER INFORMATION | | | |
| Name: Last, First | Relationship: | Other Pertinent Information Related to the Visitor: | |
| OTHER AGENCY/FACILITIES NOTIFIED/INVOLVED | | | |
| <input checked="" type="checkbox"/> Law enforcement notified <input checked="" type="checkbox"/> Family notified <input type="radio"/> APS notified <input type="radio"/> CPS notified | <input checked="" type="checkbox"/> DSHS Communications notified <input checked="" type="checkbox"/> Medicaid Control Fraud Unit <input checked="" type="checkbox"/> Department of Health <input type="radio"/> DSHS Notified | | <input checked="" type="checkbox"/> Media has contacted Agency <input type="checkbox"/> None <input checked="" type="checkbox"/> Other: Date of referral: |
| FOLLOW-UP/CORRECTIVE ACTION INFORMATION | | | |
| <input type="checkbox"/> TIDS INCIDENT DOES NOT REQUIRE FOLLOW-UP | | | |
| Follow-up Date: | Action taken: | | |
| Follow-up Date: | Action taken: | | |
| Corrective Action Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | Describe CAP briefly: | | |
| Case closed? <input type="radio"/> YES <input type="checkbox"/> NO | Date closed: | Incident Manager Comments: | |

DBHR Internal Form/IR_Catrone_8/2010

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EVENT REPORT: SUPERVISOR'S INVESTIGATION

The supervisor or facility -designated staff person must investigate all reported events for circumstances that led to the event and measures to prevent similar events.

REVIEW OF EVENT FORM:

- Completed within Time Frame
- All information included
- Appropriate contacts made regarding event

CAUSE OF EVENT: CHECK INVESTIGATIVE METHODS USED

- Staff interviewed
- Resident(s) interviewed
- Witness (s) interviewed
- Documentation reviewed
- Observations made

UPON REVIEW OF EVENT REPORT, AND FURTHER INVESTIGATION - PLEASE DESCRIBE THE PROBABLE CAUSE OF THE EVENT:

BASED ON INVESTIGATION FINDINGS, DESCRIBE PREVENTION MEASURES IMPLEMENTED:

- Reassessment completed
- Negotiated Service Agreement Updated

Signature of supervisor/designee

Date

Resident Name _____ Date of Event - - - - -

WITNESS STATEMENT FORM

Any person who witnessed an event involving a resident must complete this form and attach it to the completed Event Report Form

| |
|---|
| Witness Name: |
| Relation to Resident (if any): |
| State in your own words, what you witnessed (Please be as descriptive as possible) |

THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE:

Signature of Witness

Date

Resident Name - - - - -

Date of Event _ _ _ _ _

