

Able2 Incident Management Policy and Procedure for OPWDD Programs

Introduction

Able2's mission is to enhance the quality of life of the people that we serve. Ensuring the health, safety and well-being of the individuals that we work with is an integral component of accomplishing this mission. To this end, Able 2 adheres to Title 14 of the New York Codes, Rules and Regulations, Parts 624 and 625 (14 NYCRR Part 624 / 625), Article 20 of the Executive Law and Article 11 of Social Services Law (Protection of People with Special Needs), as well as Title 14 NYCRR Part 681, Title 42 CFR Part 483 and all other state and federal requirements designed to protect those in the Office of People with Developmental Disabilities (OPWDD) service delivery system. These regulations detail all reporting and investigative expectations that surround incident management, with the intent of ensuring that those with developmental disabilities, to the extent possible, are protected from harm and free from mental and physical abuse. Clearly, it is not the intent of these regulations to mandate that every potentially harmful event, illness or other circumstance be addressed via incident reporting. Likewise, this document is not designed to provide such guidance. Rather, this policy and procedure manual offers direction relative to Able2's standardized approach to reporting, investigating, reviewing and taking corrective / protective actions in follow up to situations defined as incidents per Title 14 NYCRR Parts 624 and 625.

The standardized approach to management of such incidents allows for prompt protection of the individual receiving services, and timely notification to all appropriate parties of the incident. In addition, it ensures an awareness among Able2 Administrators and the Board of Directors of problems and allows such parties to take corrective action to minimize the potential for reoccurrence of the same or similar events. The Board of Directors and the Executive Director are ultimately responsible for monitoring the effectiveness of the organization's incident management activities. It should be noted that as is true of the Part 624 / 625 regulations, the guidance offered in this policy and procedure manual is applicable to all facilities and programs that are operated, certified, sponsored or funded by OPWDD.

It is not the intent of this manual to serve as a restatement of the regulations or to provide interpretive guidance relative to incident categorization and classification as identified in the regulations. Rather, it is designed to identify responsible parties and offer procedural guidance in the reporting and follow up to incidents as categorized and classified in Part 624 / 625 regulation. Inasmuch, in determining if an event constitutes an incident for which reporting and investigation is necessary, users should rely directly upon the incident definitions as outlined in the actual Part 624 / 625 regulations. The only two exceptions to this pertain to instances wherein regulation provides for some Agency discretion. Definition guidance is provided solely in the following two cases:

1. relative to the regulatory category of Serious Notable Occurrence – Sensitive Situation classification

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2. relative to those less serious, but potentially harmful situations where no specific regulatory categorization / classification is explicitly provided, but for which Able2 has developed and defined the category of “General Event Reports (GERs)” with associated classification definitions.

Additionally, it is not the intent of this policy and procedure manual to serve as the all-inclusive repository of Agency directives / guidance relative to each topic addressed by the Title NYCRR 14 Part 624 / 624 regulations. Rather, such guidance is maintained, as appropriate, in alternative policies and protocols specific to the divisions within the organization responsible for implementation of such. This includes, but is not limited to Part 624 / 625 regulatory obligations associated with adoption of Justice Center Code of Conduct, service recipient and custodian training on protection from abuse and incident reporting, background checks of custodians, and incident record requests.

Role and Function of Standing Committees

Policy

Able 2 has two Standing Committees responsible for the review and monitoring of all events involving individuals that we serve, including GERs, Minor Notable Occurrences, Serious Notable Occurrences, and Reportable Incidents, classified as either Significant Incidents, or Allegations of Abuse / Neglect.

The Quality Assurance / Incident Review Committee (QA / IRC) is responsible for providing oversight to all GERs. QA / IRC is made up of a Chairperson from the Quality Assurance Department and 17 voting members including Residential Managers and Team Managers, the Day Habilitation Manager, the Clinical Services Manager, the Director of Quality Management, the Associate Executive Director of Residential And Health Services, the Director of Outreach and Development, the Team Director of Transitional Housing, as well as the Executive Director. Each member has been trained on the Agency’s GER definitions, as well as the Title 14 Part 624 / 625 incident reporting regulations and has been appointed to the Committee by the Executive Director.

The Special Review Committee (SRC) is responsible for providing direct oversight to all Minor and Serious Notable Occurrences, Reportable Significant Incidents, and Reportable Abuse / Neglect Incidents. In addition, SRC monitors all GERs as reviewed by IRC. Cross-Committee participation by the non-voting Chairperson and / or one member(s) of the OPWDD Administrative team ensures effective communication and continuity in the management of all events, notable occurrences and incidents.

SRC is made up of a Chairperson from the Quality Assurance Department, a non-voting OPWDD Program Administrator and 5 voting members consisting of a member of the Board of Directors, a Registered Nurse, a consulting Psychologist, a direct care staff, a Habilitation Coordinator, as well as a service recipient and an advocacy representative. All efforts are made to ensure

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consistent membership as noted above. However, in those instances where Able2 is unable secure the regulatorily required parties, such is noted in the SRC Annual Trend Report, along with a record of all efforts to obtain the appropriate individuals to ensure required membership.

Each member of SRC has been trained in confidentiality laws and regulations, as well as the Part 624 / 625 incident reporting regulations, and receives routine training updates as appropriate. Members have been appointed to the Committee by the Executive Director, given the relevance of their experience / knowledge base. Such relates to the monitoring of incident reporting and analysis of incident investigations, as well as expertise in developing and ensuring implementation of recommendations to reduce the risk and potential harm to those served by Able2.

Incident Review Committee (IRC) Procedure

Responsible Party:

Procedure:

IRC Chairperson

1. On an annual basis, establishes a bi-weekly meeting schedule.
2. Facilitates bi-weekly IRC meetings ensuring that all GERs and Minor Notable Occurrences are presented and reviewed for thoroughness / accuracy and appropriate follow up / corrective action, within 30 days of occurrence.
3. Generates and distributes QA / IRC meeting minutes to the Committee prior to the next meeting.
4. Ensures all GER data entry into the GER spreadsheet on the M Drive.

IN THE CASE of WILLOWBROOK CLASS MEMBERS

Generates Status Update letter with attachment of

5. appropriate section of the meeting minutes within 1 week of the meeting and distributes to CAB Representative.
6. On a semi-annual and annual basis, compiles GER trend data for review by Program Administrators with subsequent presentation of Trend Report to the full Committee, ensuring follow up to all agreed upon recommendations and documentation of such in IRC meeting minutes.
7. Ensures incorporation of IRC's Semi-Annual and Annual Data Review Findings into the final SRC Semi-Annual and Annual Trend Reports for final review / approval by the SRC.

IRC Committee

1. Meets bi-weekly to ensure the review of all GERs.

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2. Generates recommendations as necessary, relative to the need for further analysis / investigation, and corrective action, monitoring completion of all such follow up.
3. Team Managers / Managers to ensure, where appropriate, GERs are forwarded to CAB Representative and Willowbrook Case Manager no later than the end of the month within which the Event was initially reviewed by IRC Committee.
4. On a semi-annual and annual basis reviews Data Review Findings with associated recommendations as set forth by Program Administrators, ensuring follow up in accordance with accepted recommendations.

Special Review Committee (SRC) Procedure

Responsible Party:

Procedure:

SRC Chairperson

1. On an annual basis, establishes a monthly meeting schedule.
2. Collects, reviews and distributes for presentation all investigative and other documentation, ensuring appropriate filing of originals.
3. Facilitates monthly SRC meetings ensuring that all Minor and Serious Notable Occurrences and Reportable Incidents categorized as either Significant Incidents or Abuse / Neglect are presented and reviewed for thoroughness and accuracy within 30 calendar days of date of occurrence / discovery.
4. Generates meeting minutes detailing Committee activities and needed follow up / corrective action within 3 weeks of the meeting and uploads these into the OPWDD Incident Report and Management Application (IRMA) system.
5. **IN THE CASE of ABUSE / NEGLECT REPORTABLE INCIDENTS INVOLVING RESIDENTIAL SERVICE RECIPIENTS**

Generates Status Update letter with attachment of appropriate section of the meeting minutes within 1 week of the meeting and distributes to Mental Hygiene Legal Services.
6. **IN THE CASE of WILLOWBROOK CLASS MEMBERS**

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Generates Status Update letter with attachment of appropriate section of the meeting minutes within 1 week of the meeting and distributes to CAB Representative.

7. Initiates / Maintains 30 calendar day incident Status Updates to OPWDD in IRMA for all Minor and Serious Notable Occurrences, and Reportable Incidents classified as Significant Incidents or Abuse / Neglect, as well as events /situations not under agency auspices reported via 150 Form.

FOR OPWDD INVESTIGATED INCIDENTS

Ensures that such updates include documentation of implementation of OPWDD recommendations or indication of alternative approaches to corrective action.

9. **IN THE CASE OF ANY SUBSTANTIATED ABUSE /
NEGLECT REPORTABLE INCIDENT WHERE
CUSTODIAN RESIGNS OR IS TERMINATED**

Ensures JC is informed via incident status update in IRMA.

10. In the case of Minor Notable Occurrences, provides written Coordinator Summary Form to Coordinator(s) (i.e. Care Coordinator, Willowbrook Service Coordinator, QIDP) within 3 weeks of the meeting identifying if in follow up to SRC review there are any additional findings, conclusions or recommendations.

11. **FOR JUSTICE CENTER INVESTIGATED INCIDENTS**

Ensures JC notification in writing via incident status update in IRMA as soon as possible after meeting, but no later than 90 calendar days from receipt of investigative recommendations, the Agency's response to such recommendations.

12. **FOR AGENCY INVESTIGATED REPORTABLE
INCIDENTS ACCEPTED BY VULNERABLE PERSONS'
CENTRAL REGISTER (VPCR)**

Submits final investigative packet to OPWDD within the following time frame:

Abuse / Neglect – 50 calendar days

13. On a semi-annual and annual basis, compiles Minor and Serious Notable Occurrences and Reportable Incident trend report incorporating IRC's respective report for review by

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SRC, ensuring follow up to all agreed upon recommendations with documentation of such in SRC meeting minutes.

14. Ensures Board-approved SRC Annual Trend Report is forwarded to Region 1 DDRO.

SRC Committee

Meets monthly to ensure the review of all 150 forms generated as the result of events falling under the Part 625 regulations and Agency investigations into Minor and Serious Notable Occurrences, and Reportable Incidents classified as Significant Incidents Abuse / Neglect, as well as information / recommendations relative to incidents investigated by either OPWDD or the JC.

Ensures adequacy of the investigation, making recommendations as necessary for further investigative follow up.

3. Reviews investigative findings determining if such findings are supported by the evidence, and in the case of Abuse / Neglect Reportable Incidents determines if such is substantiated or unsubstantiated.
4. Generates recommendations as necessary, relative to follow up to be taken as a result of any / all events presented.
5. Ensures monitoring through completion all recommendations for corrective action.
6. On a semi-annual and annual basis, reviews and ensures approval of the SRC's Trend Report, monitoring the implementation of all recommendations for corrective action as noted in the report.

General Event Reports (GERs)

Policy

Title 14 NYCRR Part 624 / 625 regulations provide for Agency discretion in managing those events that do not meet the criteria of an Occurrence or Reportable Incident. The defining, reporting, documenting, processing, correcting and analyzing for trends of these less serious, but potentially harmful situations is addressed via Able2's categorization and processing of such situations as "GERs." GERs are initially reported in Therap, and all associated follow up is also documented in this electronic records system. Definitions of the different classifications of GERs, as identified by the Managers and Administrative staff working in OPWDD service delivery

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system, are provided below. It is intended that all OPWDD programs operated by Able2 adhere to the reporting and follow up expectations associated with this category of event as defined below.

GER Guidance / Definitions:

	<u>GERS</u> <u>Requiring Manager Summation and IRC Review</u>
Injury	Any burns (including sunburns), scrapes, cuts, scratches that break the skin and are 2.5cm or greater in length and bruises/other marks, or multiple of such, which are larger than a quarter; an abnormal finding from implementation of Head Injury Checklist; any visible injury to genitals or peri-anal area.
Other	Any events which do not result in an injury, thereby falling under the “injury classification,” but which are considered significant, including, but not limited to, displacement of indwelling device, and any theft of a minimum of \$5.00 up to \$15.00 in value that does not include debit, credit or benefit card, etc.; a near miss, an unplanned event that did not result in injury, illness, or damage – but had the potential to do so; and any other event which is deemed significant by Manager or Director(s).
Medication Errors	Med errors NOT resulting in adverse reaction: medication omissions (med not available - failed to order from pharmacy, omission unavoidable - not delivered from pharmacy, staff action/inaction - not given but available), wrong medication given, wrong time / date, wrong form, wrong dose, wrong solution / rate, given to wrong individual, medication given w/o order, or medication given to individual with stated allergy to that medication. This category also includes found medication.

Please note: Pre-existing physical deformities or birthmarks as well as visible evidence that a medical condition exists (i.e. pimples, warts, moles, psoriasis, dandruff, eczema, rash, spider veins, varicose veins, fungal nails, etc.) should **NOT** be documented as GERS. These are things that should be reported (verbally or through site-specific log) to nursing personnel who will document in each individual’s medical record and track via medical / nursing notes.

FOR ALL CLASSIFICATIONS NOTED UNDER THIS INCIDENT MANAGEMENT CATEGORY OF “GER” IT IS ASSUMED THAT THE SITUATION **DOES NOT** MEET THE CRITERIA FOR FILING AS AN OCCURRENCE OF REPORTABLE INCIDENT PER PART 624 / 625 REGULATIONS.

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GER Procedure

Responsible Party:

Procedure:

Staff observing /
discovering potential
GER

1. Provide immediate assistance to the individual including medical care as appropriate.
2. Make verbal report of the event to the Supervisor / Manager / Designee.
3. Complete applicable sections of the GER form in Therap.

Supervisor / Manager /
Designee

1. Ensure all findings are appropriately documented on the GER in Therap.
2. Begin inquiry into situation in an effort to determine probable cause of the event, documenting such on the GER in Therap.

Manager / Team Manager
/ Designee

1. Reviews completed GER in Therap within 48 hours, ensuring event truly meets criteria for IRC review.
2. Initiate corrective action as necessary.
3. Ensure review of GER at IRC as soon as possible, but no later than 30 calendar days from date of occurrence (or discovery); if it is past the 30 deadline, this should be noted in the GER in Therap.

4. **FOR GERs CLASSIFIED AS INJURIES**

Notify Program Director / Executive Director / Designee of the results of the inquiry / investigation within 5 working days of the initial discovery of the injury – **if the injury is of unknown origin**. This follow up is documented in the GER.

5. Ensure follow up per Committee's request, as noted in the Review / Follow Comments section of the GER after IRC's review, documenting such in the GER by the close of business the day prior to the next scheduled IRC meeting.
6. If appropriate, ensure monthly distribution of copies of completed GER forms to Willowbrook CAB Representative.

IRC Chairperson

1. Facilitate initial presentation and all reporting of follow up on GERs to IRC.
2. Ensure follow up in accordance with all other IRC Chairperson procedural requirements as noted under Incident Review

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Committee (IRC) Procedure section of this policy and procedure.

**Minor Notable Occurrences
Serious Notable Occurrences
Significant Reportable Incidents
Abuse / Neglect Reportable Incidents**

Policy

All employees or custodians functioning in Able2's OPWDD programs are responsible for adhering to Title 14 NYCRR Parts 624 / 625 regulations. Inasmuch, all are responsible for reporting any event or situation which endangers a service recipient's well-being.

Able2 has a process whereby those situations identified as meeting the Part 624 / 625 criteria as a Minor Notable Occurrence, classified as either

Theft or Financial Exploitation

Injury

are appropriately reported, investigated and reviewed by IRC, with follow up corrective action taken in accordance with the Committee's recommendations.

Able2 has a process whereby those situations identified as meeting the Part 624 / 625 criteria as a Serious Notable Occurrence, classified as:

Death

Sensitive Situation

are appropriately reported, investigated and reviewed by SRC, with follow up corrective action taken in accordance with the Committee's recommendations.

Agency Definition Serious Notable Occurrence - Sensitive Situation

Per Part 624 / 625 regulations, instances of possible criminal acts are to be reported as Sensitive Situations. However, beyond these specific criteria, the regulations provide only the general guidance that this classification is intended for those issues that may be of a delicate nature to the agency. In light of this, Able2 adheres to the definition of Sensitive Situations as being possible criminal acts committed by an individual receiving services, as well as any other situation as deemed by a Program Administrator / AOC as requiring reporting under this particular classification.

Able2 has a process whereby those situations identified as meeting the Part 624 / 625 criteria as a Significant Reportable Incident, classified as:

Conduct between Individuals Receiving Services

Seclusion

Unauthorized Use of Time Out

Medication Error with Adverse Effect

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Inappropriate Use of Restraints
Mistreatment
Missing Person
Unauthorized Absence
Choking, with Known Risk
Choking, with No Known Risk
Self-Abusive Behavior with Injury
Injury with Hospital Admission
Theft or Financial Exploitation
Other Significant Incident

are appropriately reported, investigated and reviewed by SRC, with follow up corrective action taken in accordance with the Committee's recommendations.

Able2 has a process whereby those situations identified as meeting the Part 624 / 625 criteria as an Abuse / Neglect Reportable Incident, classified as:

Physical Abuse
Sexual Abuse
Psychological Abuse
Deliberate Inappropriate Use of Restraints
Adverse Conditioning
Obstruction of Reports of Reportable Incidents
Unlawful Use or Administration of a Controlled Substance
Neglect

are appropriately reported, investigated and reviewed by SRC, with follow up corrective action taken in accordance with the Committee's recommendations.

Able2 is committed to ensuring that appropriate initial incident notification, and subsequent status updates are provided to all required parties based on incident classification. Such includes, but is not limited to OPWDD, the Justice Center, law enforcement, the service recipient's family / guardian / advocate in accordance with all requirements of Jonathan's Law, as well as Able2's Executive Director. Additionally, as is deemed appropriate based upon the individual's service circumstances, such also may include notification and provision of status updates to Care Coordinators / Qualified Intellectual Disabilities Professional (QIDP) / Willowbrook SCs, the Willowbrook CAB Representative and Mental Hygiene Legal Services (MHLS).

Minor Notable, Serious Notable Occurrence, Significant Reportable Incidents, Abuse/Neglect Incidents Procedure

Responsible Party:

Procedure:

Staff observing / 1. Provide immediate assistance to the individual including discovering events medical care as appropriate.

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2. As soon as possible, make verbal report of the event to the Supervisor / Manager / Designee.

3. **ONLY**

IN THE CASE OF THE SERIOUS NOTABLE OCCURRENCE CLASSIFICATION OF "DEATH" AND IN THE CASE OF ALL CLASSIFICATIONS OF SIGNIFICANT REPORTABLE INCIDENTS AND ABUSE / NEGLECT REPORTABLE INCIDENTS (if in a certified setting)

Notify the Justice Center.

Supervisor / Manager / Designee

1. Provide oversight to individual's receipt of appropriate follow up care and protections.
2. As soon as possible, ensure incident notification via direct communication or phone call to Program Manager, or Administrator on Call (AOC).

3. **IN THE CASE OF ALL CLASSIFICATIONS OF SIGNIFICANT REPORTABLE INCIDENTS AND ABUSE / NEGLECT REPORTABLE INCIDENTS (if in a certified setting)**

Provide staff with support in making appropriate notification to the Justice Center. In the case of any first-line Supervisors notified of incident, make appropriate notification to the Justice Center.

4. **IN THE CASE OF ALL CLASSIFICATIONS OF SIGNIFICANT REPORTABLE INCIDENTS AND ABUSE / NEGLECT REPORTABLE INCIDENTS (in certified or non-certified settings)**

Notify OPWDD.

5. Complete applicable sections of the OPWDD 147 Form and submit to QA Department for review and approval.
6. Complete other incident notification activities as specifically directed by the Program Manager or AOC and as required.

Program Manager / AOC

1. Immediately ensure that appropriate protections are in place to safeguard the individual, consulting with Program Director / QA as necessary.

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2. Work to ensure relevant evidence is secured.
3. Ensure all parties are notified within identified time frames per as required. This includes contacting the individual's personal representative, per the OPWDD 163 form, and completing corresponding OPWDD 163 Form.
4. Consult with QA Department to identify an appropriate Investigator to be assigned to the incident and, if a Serious Notable Occurrence classified as Death in a certified setting, an appropriate Nurse to be assigned to complete the "Report of Death to the Justice Center" form.
5. Ensure expedited completion of internal incident notification per "Able2 Incident Notification Template," following all notifications including family / guardian / advocate and provision of Jonathan's Law offerings (as applicable).

6. **WILLOWBROOK CLASS MEMBERS**

Ensure QA Department's expedited access to completed 147 for redacted faxing to CAB Director.

7. As Applicable - Upon receipt of the Jonathan's Law Confirmation of Notification Form from the QA Department, review / sign / return the form to the QA Department.
8. Ensure QA Department's access to the completed 147 for initial IRMA entry within 24 hours, or by the end of the first business day following occurrence / discovery.

Program Director / QA

1. Work with Program Manager to ensure immediate protection, appropriate incident classification and adherence to associated notification requirements, as well as to identify appropriate Investigator to be assigned to the incident.

2. **IN THE CASE OF SERIOUS NOTABLE OCCURRENCES CLASSIFIED AS DEATH (if in a certified setting)**

Ensure assignment of appropriate nursing personnel to complete the "Report of Death to the Justice Center" form found in this manual and at the NYS Justice Center website.

HR Department

1. As applicable - Assist QA Department with completion of the SCR Background Check Form regarding Subject of Investigation by providing any and all pertinent information regarding the subject.

Nurse

1. **IN THE CASE OF SERIOUS NOTABLE OCCURRENCES CLASSIFIED AS DEATH (if in a certified setting)**

Complete "Report of Death to the Justice Center" form accessed via the NYS Justice Center website and print it out within 4 working days of occurrence / discovery.

2. **IN THE CASE OF SERIOUS NOTABLE OCCURRENCES CLASSIFIED AS DEATH (if in a certified setting)**

Forward a copy of the completed "Report of Death to the Justice Center" form to the QA Department within 4 working days of occurrence / discovery.

3. **IN THE CASE OF SERIOUS NOTABLE OCCURRENCES CLASSIFIED AS DEATH (if in a certified setting)**

Attach all supporting documentation to the original "Report of Death to the Justice Center" form, distributing it to the Investigator within 5 working days.

4. **IN THE CASE OF SERIOUS NOTABLE OCCURRENCES CLASSIFIED AS DEATH (if in a certified setting)**

As appropriate / available access autopsy within 60 calendar days of occurrence / discovery and forward it to QA Department.

Investigator

1. Unless notified that an external investigation is going to be completed by the Justice Center, conduct full investigation into the incident, documenting this investigative process and findings on the OPWDD 149 Form – Investigative Report, per line by line instructions.
2. As applicable - Provide subject of the investigation with letter identifying them as such at time of investigative interview.

IN THE CASE OF SERIOUS NOTABLE OCCURRENCES CLASSIFIED AS DEATH (if in a certified setting)

Ensure access / review and inclusion of the "Report of Death to the Justice Center" form and all attachments as part of investigative process and final report.

3. Ensure completion of the Investigative Report within 30 calendar days of the time of occurrence, or initial discovery of the incident. **UNLESS** – investigation is into an incident involving an individual who lives in an Intermediate Care

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Facility (ICF), in which case the Investigative Report is to be completed within 5 working days of the occurrence, or initial discovery.

4. Submit completed Investigative Report to QA Department, for review prior to presentation at IRC
5. Follow up to all QA Department's recommendations regarding the Investigative Report prior to presentation at SRC.

Program Manager

1. Ensure follow up to all report recommendations, per Committee's request, as noted in the SRC Meeting Minutes, communicating this in advance of the meeting, to the SRC Chairperson.

QA Department

1. Ensure initial entry of incident into IRMA within 24 hours or by the end of the next business day following occurrence / discovery.
2. Monitor IRMA on daily basis to identify if it is appropriate to continue internal investigation, and determine what if any additional information is being requested by OPWDD and / or the Justice Center.
3. Ensure communication with Executive Director, Director of QA Management, Program Director and Investigator should there be an indication that the Justice Center is going to conduct their own investigation into the incident.
4. Enter any additional information into IRMA regarding "protections" within 24 hours of action being taken or by the end of the next business day following the action being taken.
5. As Applicable - Based upon the information in the Able2 Incident Notification Template, prepare the Jonathan's Law Confirmation of Notification Form and submit it to Program Manager / AOC for signature, filing completed form in the Jonathan's Law Tracking book.
6. **IN THE CASE OF SERIOUS NOTABLE OCCURRENCES CLASSIFIED AS DEATH (if in a certified setting)**

Enter information as contained on the "Report of Death to the Justice Center" form into IRMA within 5 working days of the occurrence / discovery.

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7. As Applicable - Based upon information in the Able2 Incident Notification Template, prepare and mail the OPWDD 148 Form, with cover letter and, if requested, the redacted OPWDD 147 within 10 calendar days of the occurrence, or initial discovery of the incident.

IN THE CASE OF WILLOWBROOK CLASS MEMBERS

The redacted 147 **must be** faxed to Staten Island within 72 hours, while the OPWDD 148 follows within 10 calendar days of the occurrence, or initial discovery.

8. As Applicable – provide incident status updates to family / guardian / advocate, documenting such on Jonathan’s Law Tracking Sheet.
9. As Applicable – coordinate meetings between the Executive Director or Designee and family / guardian / advocate per Jonathan’s Law requests, documenting such on Jonathan’s Law Tracking Sheet
10. As Applicable – coordinate the provision of redacted OPWDD 149 Investigative reports for family / guardian / advocate per Jonathan’s Law requests, documenting such on Jonathan’s Law Tracking Sheet.
11. As Applicable – coordinate the provision of redacted OPWDD 149 Investigative reports for family / guardian / advocate per Jonathan’s Law requests, documenting such on Jonathan’s Law Tracking Sheet.
12. Enter any subsequent information, including the final investigative report, into IRMA within 5 working days of such information becoming available.

**13. IN THE CASE OF SERIOUS NOTABLE OCCURRENCES
CLASSIFIED AS DEATH**

(if in a certified setting)

If available, ensure provision of autopsy report to OPWDD and Justice Center within 60 working days of the occurrence / discovery.

14. Enter incident in IRMA as Closed with Follow-Ups once Special Review Committee (SRC) has ascertained that no further

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investigation is necessary, then enter as Closed once all SRC recommendations have been satisfactorily completed.

15. As applicable - Enter full investigation packet, including all attachments, into the Justice Center's Web Submission of Investigation Report (WSIR), within 50 calendar days of occurrence of incident.
16. When agency does investigation, monitors receipt of Letter of Determination and submits CAP (Corrective Action Plan) to Justice Center via entry into IRMA within 65 calendar days of receipt of Letter of Determination. The CAP must be accompanied by any and all supporting documentation for each corrective action. When the Justice Center does investigation, monitors receipt of Letter of Determination, redacted investigation report and a CAP.

17. IN THE CASE OF SUBSTANTIATED ABUSE / NEGLECT REPORTABLE INCIDENTS

QA Department's Authorized Person (AP), so designated by the agency, will submit information to the Justice Center through the Administrative Action Reporting Mechanism (AARM) web application, about what, if any, administrative actions the agency took in response to the substantiated report.

SRC Chairperson

1. Receive and review investigative packet for thoroughness prior to SRC presentation, following up as necessary with the Investigator relative to any required adjustments in the presentation of information.
2. Provide written Coordinator Incident Summary Form to Coordinator(s) (i.e. Care Coordinator, Willowbrook Service Coordinator, QIDP) within 10 calendar days of the Investigator's completion of the final investigative report identifying findings, conclusions, and recommendations.
3. Facilitate initial presentation and all reporting of follow up on to SRC, reflecting such in SRC meeting minutes.
4. Ensure follow up in accordance with all other SRC Chairperson procedural requirements as noted under Special Review Committee (SRC) Procedure section of this policy and procedure.

Irregular Situations

Policy

All employees or custodians functioning in Able2's OPWDD programs are responsible for adhering to Title 14 NYCRR Parts 624 / 625 regulations. Inasmuch, all are responsible for reporting any event or situation which endangers a service recipient's well-being.

Able2 has a process of notifying other organizations of those situations identified as meeting the Part 624 / 625 criteria as Notable Occurrences or Reportable Incidents, but which occurred while the individual was under the auspices of that other agency. This process includes documenting the situation on an Irregular Situation form which is faxed to the other organization and accompanied by a phone call to that organization's Quality Assurance Department or equivalent, if a non-OPWDD organization. Where appropriate, based upon possible incident categorization and classification, Able2 ensures that the Justice Center is simultaneously notified. Able2 monitors receipt and review of Irregular Situation responses from other organizations and if not satisfied that the situation has been appropriately handled notifies OPWDD of such concerns.

Likewise, on occasions when Able2 is informed by another organization via Irregular Situation, or some other form / format, of any situation that meets the criteria of a Notable Occurrence or Reportable Incident falling under our auspices, review and follow up occurs in accordance with all incident reporting regulations. Such follow up is summarized in a written Irregular Situation response to the organization initially reporting the situation.

Irregular Situation Procedure – For Notifying Another Agency

Responsible Party:

Staff observing / discovering events that occurred under the auspices of another program

Procedure:

1. Provide immediate assistance to the individual including medical care as appropriate.
2. As soon as possible, make verbal report of the event to the Supervisor / Manager / Designee.
3. **IN THE CASE OF SERIOUS NOTABLE OCCURRENCES CLASSIFIED AS DEATH AND ALL CLASSIFICATIONS OF SIGNIFICANT REPORTABLE INCIDENTS AND ABUSE / NEGLIGENCE REPORTABLE INCIDENTS (if in a certified setting)**

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Notify the Justice Center in accordance with “Guidance for Communication to OPWDD and / or Justice Center Form” also found in the Forms section of this policy and procedure.

Supervisor / Manager / Designee

1. Provide oversight to individual’s receipt of appropriate follow up care and protections.
2. As soon as possible, ensure incident notification via direct communication or phone call to Program Manager, or Administrator on Call (AOC).
3. **IN THE CASE OF SERIOUS NOTABLE OCCURRENCES CLASSIFIED AS DEATH AND ALL CLASSIFICATIONS OF SIGNIFICANT REPORTABLE INCIDENTS AND ABUSE / NEGLIGENCE REPORTABLE INCIDENTS (if in a certified setting)**

Provide staff with support in making appropriate notification to the Justice Center.

Program Manager / AOC

1. Immediately ensure that appropriate protections are in place to safeguard the individual, consulting with Program Director / QA as necessary.
2. Notify QA Department as soon as possible to ensure appropriate notification to the organization under whose auspices the incident occurred.

QA Department

1. Contact by phone, as soon as possible, the QA Department or the equivalent office of other organization, verbally informing them of the report, notification to Justice Center (if appropriate) and that an Irregular Situation form, as found in the Forms section of this policy and procedure, will be filed.
2. Complete, as soon as possible, but no later than the end of the day on which the incident was reported to the QA Department, the first half of the Irregular Situation form and fax it, in accordance with the Guidance for Irregular Situation Notification document in the Forms section of this policy and procedure, to the organization under whose auspices the incident occurred.
3. Monitor the other agency’s response, ensuring receipt of written follow up within 30 calendar days of initial report.

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4. Based upon this written response, determine if further follow up is warranted and takes such action.
5. Based upon this written response, ensure follow up communication with the Able2 program from which the report originated.
6. Maintain record of filing and response.

Irregular Situation Procedure – For Responding to Another Agency

Responsible Party:

QA Department

Procedure:

1. Receive phone report from other organization's QA Department, or equivalent, regarding possible incidents falling under the auspices of Able2.
2. Request Irregular Situation form or equivalent from this other organization.
3. Notify program Manager / AOC and appropriate Able2 Administrators of receipt of report, providing a copy of the Irregular Situation form, or equivalent.
4. Work together with other organization and Able2 Program Managers and Administrators to ensure the individual receives appropriate follow up care and protections.
5. Work together with Able2 Program Managers and Administrators to determine appropriate incident management follow up based upon the nature of the incident as detailed on the Irregular Situation form or equivalent.
6. If determined to meet a category / classification of Notable Occurrence or Reportable Incident per the 624 / 625 regulations, ensures incident management follow up in accordance with such categorization / classification as detailed in previous sections of this policy and procedure.
7. If determined not to meet a category / classification of Notable Occurrence or Reportable Incident per the 624 / 625 regulations, ensures alternate appropriate follow up.
8. Complete, as soon as possible, but no later than 30 calendar days after initial notification / receipt of Irregular Situation form

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or equivalent, a written response is faxed to the organization initially making the report to Able2.

9. Maintain record of initial report and response

Program Manager /
Administrators

1. Receive notification of report and receives copy of Irregular Situation form, or equivalent, from the QA Department.
2. Work together with other organization and QA Department to ensure the individual receives appropriate follow up care and protections.
3. Work together with QA Department to determine appropriate incident management follow up based upon the nature of the incident as detailed on the Irregular Situation form or equivalent.

**Events / Situations that are NOT Under the Auspices of an Agency
(Part 625 Situations)**

Policy:

All employees or custodians functioning in Able2's OPWDD programs are responsible for adhering to Title 14 NYCRR Parts 624 / 625 regulations. Inasmuch, all are responsible for reporting any event or situation which endangers a service recipient's well-being.

Able2 has a process whereby those situations identified as meeting the Part 625 criteria as Events and Situations that are Not Under the Auspices of an Agency, classified as:

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Active Neglect
- Passive Neglect
- Self-Neglect
- Financial Exploitation
- Death
- Other

are appropriately reported, and reviewed by SRC, with follow up corrective action taken in accordance with the Committee's recommendations.

Able2 is committed to ensuring that appropriate initial notification, and subsequent status updates are provided to all required parties. Such includes, but is not limited to OPWDD, the Justice Center where appropriate.

Events / Situations that are NOT Under the Auspices of an Agency Procedure:

Responsible Party:

Procedure:

Staff observing /
discovering events

1. Provide immediate assistance to the individual including medical care as appropriate.
2. As soon as possible, make verbal report of the event to the Supervisor / Manager / Designee.
3. **ONLY**

IN THE CASE OF ALL PART 625 DEATHS

Notify the Justice Center per the special "Death Reporting Line Number," as noted on the "Guidance for Events / Situations Not Under the Auspices of an Agency Notification" form found in the Forms section of this policy and procedure. Provide information in accordance with "Guidance for Communication to OPWDD and / or Justice Center Form" also found in the Forms section of this policy and procedure.

4. Complete applicable sections of the OPWDD 150 Form and submit to the Supervisor / Manager / Designee for follow up.
5. Work with Supervisor, Manager, and Director to develop and implement an appropriate action plan for ensuring longer term well-being of the individual.

Supervisor / Manager /
Designee

1. Provide oversight to individual's receipt of appropriate follow up care and protections.
2. As soon as possible, ensure incident notification via direct communication or phone call to Program Manager, or Administrator on Call (AOC).

3. **IN THE CASE OF ALL PART 625 DEATHS**

Provide staff with support in making appropriate notification to the Justice Center.

4. Complete other notification activities as specifically directed by the Program Manager or AOC and in accordance with "Guidance for Events / Situations Not Under the Auspices of an Agency Notification" form found in the Forms section of this policy and procedure.

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5. Ensure 150 Form is accurately and thoroughly completed and forward it to the Program Manager / AOC for review and follow up.
 6. Work with staff, Manager, Director to develop and implement an appropriate action plan for ensuring longer term well-being of the individual.
- Program Manager / AOC
1. Immediately ensure that appropriate, protections are in place to safeguard the individual, consulting with Program Director / QA as necessary.
 2. Review all information as provided on the 150 form.
 3. Ensure all parties are notified within identified time frames per “Guidance for Events / Situations Not Under the Auspices of an Agency Notification” form.
 4. Ensure expedited completion of internal incident notification per “Able2 Incident Notification Template” following all notifications to external parties.
 5. **FOR ALL EVENTS / SITUATIONS NOT UNDER THE AUSPICES OF THE AGENCY INVOLVING
WILLOWBROOK CLASS MEMBERS**

Ensure QA Department’s expedited access to completed 150 for faxing to CAB Director.
 6. Ensure QA Department’s access to the completed 150 for initial IRMA entry within 24 hours, or by the end of the first business day following occurrence / discovery.
 7. Work with staff, Supervisor, Director to develop and implement an appropriate action plan for ensuring longer term well-being of the individual.
 8. Provide SRC Chairperson with appropriate documentation detailing action plan and outcomes for review with Committee and 30 calendar day OPWDD status updates via IRMA.
 9. Ensure follow up to all recommendations, per Committee’s request, as noted in the SRC Meeting Minutes, communication this in advance of the meeting, to the SRC Chairperson.

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- Program Director / QA
1. Work with Program Manager / AOC to ensure immediate protection, and adherence to notification requirements.
 2. **IN THE CASE OF 625 DEATHS**
Ensure assignment of appropriate nursing personnel to complete the “Report of Death to the Justice Center” form found in this manual and at the NYS Justice Center website.
 3. Work with staff, Supervisor and Program Manager to develop and implement an appropriate action plan for ensuring longer term well-being of the individual.
- Nurse
1. **IN THE CASE OF 625 DEATHS**
Complete “Report of Death to the Justice Center” form accessed via the NYS Justice Center website and print it out within 4 working days of occurrence / discovery.
 2. **IN THE CASE OF 625 DEATHS**
Forward a copy of the completed “Report of Death to the Justice Center” form to the QA Department within 4 working days of occurrence / discovery.
 3. **IN THE CASE OF 625 DEATHS**
Attach all supporting documentation to the original “Report of Death to the Justice Center” form, distributing it to the QA Department within 5 working days.
- QA Department
1. Except in the case of 625 Deaths, ensure initial entry of incident into IRMA within 24 hours or by the end of the next business day following occurrence / discovery.
 2. Monitor IRMA on daily basis to determine what if any additional information is being requested by OPWDD and / or the Justice center.
 3. Ensure communication with Executive Director, Director of Quality Management, Program Director should there be the indication that either OPWDD or the Justice Center are going to conduct their own investigation into the incident.
 4. **IN THE CASE OF WILLOWBROOK CLASS MEMBERS**
The redacted 150 **must be** faxed to Staten Island within 72 hours.

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5. Enter any additional information into IRMA regarding “protections” within 24 hours of action being taken or by the end of the next business day following the action being taken.

6. **IN THE CASE OF 625 DEATHS**

Enter information contained on the “report of Death to the Justice Center” form into IRMA within 5 working days of the occurrence / discovery.

7. Enter any subsequent information into IRMA within 5 working days of such information becoming available.

8. **IN THE CASE OF 625 DEATHS**

If available, ensure provision of autopsy report to OPWDD and Justice Center within 60 working days of the occurrence / discovery.

SRC Chairperson

1. Receive and review for thoroughness prior to SRC presentation, the 150 form and all documented follow up in the form / format dictated by program type and as prescribed by the Program Manager.
2. Facilitate initial presentation and all reporting of follow up on Events / Situations Not Under the Auspices of an Agency to SRC, reflecting such in SRC meeting minutes.
3. Ensure follow up in accordance with all other SRC Chairperson procedural requirements as noted under Special Review Committee (SRC) Procedure section of this policy and procedure.