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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-01203 (02/2017) | **STATE OF WISCONSIN** |
| **IRIS PROVIDER EDUCATION – HEALTH AND SAFETY – INCIDENT REPORTING** |
| **INSTRUCTIONS:** | This form is to be used as acknowledgement of compliance with IRIS Program provider education. Completion of this form is not required through Wisconsin State Statute; however, completion of this form is an IRIS Program requirement. |
| **NOTE:** | **All paperwork must be maintained in the provider’s record and must be available for review upon request by DHS.** |
| Ensuring the immediate and ongoing health and safety of the participants is one of the most important, and at times most difficult, aspects of a self-directed program such as IRIS. Incident reporting is an important way the IRIS Consultant Agency and the Department of Health Services help to ensure the participants’ health and safety. Participants, guardians, and participant-hired workers have an important responsibility in ensuring the participant’s health and safety through incident reporting. The information outlined below will provide you with a better understanding of what is considered a reportable incident, how to report an incident, and what happens after an incident is reported.**WHAT SHOULD I REPORT?**The following types of incidents should be reported as soon as possible after the incident. |
| **TYPE OF INCIDENT** |
| **OPTION** | **DESCRIPTION** |
| Abuse – Financial/ Misappropriation | **Financial/misappropriation abuse** means any misuse of the person’s funds or property. Misappropriation includes taking the participant’s money or property or using these for the benefit of others and not for the participant. For example, buying cable TV service for an IRIS participant who does not watch TV—that is used for the amusement of staff—is misappropriation. Misappropriation also includes charging individuals for all or part of the cost of providing waiver-covered services. Taking equipment purchased for the participant with IRIS funds from the participant without permission is misappropriation of property. Misappropriation may also be a crime and the provider or waiver agency should consider reporting it to the appropriate law enforcement agency. |
| Abuse – Mental/ Emotional | **Mental/emotional abuse** means threats of harm, name calling, blaming, ignoring, threatening to take away personal property, denying client rights, or use of tonal inflection that intimidates, humiliates, threatens, frightens or otherwise harasses the individual. |
| Abuse – Physical | **Physical abuse** meansthe participant is the victim of hitting, slapping, pinching, or grabbing a person that causes pain or injury. |
| Abuse – Sexual | **Sexual abuse** meansthe participant is the victim of inappropriate physical contact, exposure to unwanted sexually explicit material or verbal harassment of a sexual nature. |
| Abuse - Verbal | **Verbal abuse** means the participant is the victim of verbal behavior that intimidates, humiliates, threatens, frightens or otherwise harasses the individual. |
| Death – Accidental  | **Death-accidental** means an unanticipated death that is the consequence of a specific negative and unintentional event such as a medical error, motor vehicle accident, airway obstruction by a foreign object or food or ingestion of a toxic substance. An accidental death is not abuse or neglect. |
| Death – Anticipated  | **Death-anticipated** means a death that was medically predicted to occur within six months if only routine and comfort interventions were provided. Anticipated deaths do not include the death of a person with a life-long disability that has been reasonably stable. |
| Death – Suicide  | **Death-related to suicide** means the participant intentionally placed him/herself in harm with a reasonable belief that it would result in their death. |
| Death – Unanticipated  | **Death-unanticipated** means a death that was not predicted or anticipated within six months, or caused by an accident. An unanticipated death may be the result of abuse, neglect, an emergency medical condition, high-risk medical procedure, or sudden decline of a pre-existing medical condition. Deaths due to ruptured bowel, cardiac arrest, pneumonia, sepsis, seizure, or stroke are examples of unanticipated deaths. |
| Fire | **Fire** means a fire in the home or facility in which the participant lives or the place the participant was receiving services such as a day service program if the fire resulted in a response by a fire department. |
| Law Enforcement – Arrest/Incarceration | **Arrest/Incarceration** means physical detention by law authorities of a participant for disruptive behaviors, possible or actual legal action, or parole revocation. |
| Law Enforcement – Commission of a Crime | **Commission of a Crime** means law enforcement is engaged in an investigation of possible criminal activity where a participant is the alleged perpetrator of a crime such as sexual abuse or assault. |
| Law Enforcement – Victim of a Crime | **Victim of a Crime** means law enforcement is engaged in an investigation of possible criminal activity where a participant is the victim of a crime such as sexual abuse or assault. |
| Misuse of Restraint/Restrictive Measures | **Misuse of restrain/restrictive measures** means the unreasonable confinement or restraint of an adult by service providers or others including the intentional and unreasonable confinement of an individual in a locked room, involuntary separation of an individual from his or her living area, or the provision of unnecessary or excessive medication to an individual, but does not include the use of these methods or devices in entities regulated by the department if the methods or devices are employed in conformance with state and federal standards governing confinement and restraint. |
| Neglect – Medical/ Fail to Seek Medical Attention | **Medical/fail to seek medical attention** means the failure to provide medication as ordered, prompt and adequate physical care, seek appropriate medical treatment or report change in a participant’s condition in a timely manner. |
| Neglect – Medication Error | **Medication error** means errors in medical or medication management by waiver providers that result in a significant adverse reaction requiring medical attention in an emergency room, urgent care center, or hospital. |
| Neglect – Nutritional | **Nutritional** means failure to provide adequate and appropriate food, water or other dietary services to meet the needs of the person. |
| Neglect – Poor Care / Fail to Follow Plan | **Failure to follow plan/poor care** means failure to provide support services to an individual according to the care plan or policies and procedures or in such a limited manner that the person’s safety or health is compromised. Also, restricting the use of a mobility device or intentionally failing to provide necessary assistance for activities of daily living. |
| Neglect – Self-Neglect | **Self-neglect** is an act, omission or course of conduct on the part of the participant that, because of the failure to provide adequate food, shelter, clothing, medical care or dental care, creates a significant danger to the physical or mental health of oneself. |
| Neglect – Unanticipated Absence of Provider | **Unanticipated absence of provider** means that the provider/participant-hired employee did not report as scheduled to provide services to the participant resulting in inadequate supervision, shelter, clothing, medical care or dental care and/or created a significant danger to the physical or mental health of oneself. |
| Neglect – Unsafe/ Unsanitary Conditions | **Unsafe/unsanitary conditions** means a failure to maintain a building, furniture and associated spaces in a clean, well-ventilated, and safe condition. |
| Overdose of Drugs or Alcohol | **Overdose of drugs or alcohol** includes overdoses of non-prescription medications, misuse of prescription medications, use of illicit controlled substances or misuse of alcohol. Used in instances where the participant did not have the intent to commit suicide via drugs/alcohol. |
| Significant Damage to Property | **Significant damage to property** includes the participant’s property, the property of service providers, the participant’s residence, the participant’s place of employment, or where the participant receives service or other place the participant frequents if the property damage was caused by or is suspected to have been caused by the participant and/or if the damage poses or posed a threat to the participant’s health, safety or welfare. Includes significant damage that is the result of acts of nature such as storms, earth quakes, meteors or asteroids. |
| Suicide Attempt | **Suicide** means the act of taking one’s own life voluntarily and intentionally. |
| Unanticipated Absence of Participant. | **Unanticipated absence of participant** means an unanticipated absence of a participant whose assessment and individualized service plan indicate the need for and provision of ongoing supervision. Absences may include wandering off or intentionally leaving the place the person is supposed to be, thereby placing the participant at risk of harm. |
| Unexpected Emergency Hospitalization | **Unexpected emergency hospitalization** means unscheduled medical treatment needed for the sudden and unexpected onset of a medical condition that, if immediate medical attention was not received, could result in death or serious injury to the person. Please note the term “unexpected.” Examples of emergency hospitalization include: admission for heart attack, stroke, severe shortness of breath; assessment following a significant trauma event; significant loss of blood; burns or frostbite over a large portion of the body. |
| Unexpected Serious Illness/Injury/Accident | **Illness/Injury/Accident** means unexpected and urgent emergency room, hospital or urgent care visits or hospital admissions for any reason to treat injuries or medical conditions that were not previously known and could not be anticipated. The use of these services may be the result of substandard care, inadequate supervision by staff, or errors made by staff supervising or serving the waiver participant. Excludes admissions for known conditions that could be predicted or are covered in the person’s individualized service plan, and urgent care clinic visits for acute physical health issues. |
| Unexpected Significant Behavior not addressed in BSP. | **Unexpected significant behavior not addressed in BSP** means that the participant has a behavior that puts him or her at the risk of hurting himself or others. This type of behavior is either new or of such low frequency that it is not anticipated by caregivers. Therefore it would also not be included on the participant’s behavior support plan. |
| Unplanned Use of Isolation/Exclusion | **Unplanned use of isolation/exclusion** means the emergency use of a restraint, isolation or seclusion without prior Departmental approval as a result of an unexpected behavior. |
| **HOW DO I REPORT AN INCIDENT?**A participant, guardian, family member, participant-hired worker, or agency-hired worker can report incidents by doing the following:* Contacting the participant’s IRIS Consultant
* Contacting the toll-free IRIS hotline: 888-515-4747
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| The caller may be asked the following information when reporting an incident:* The name of the participant
* What happened
* When did it happen
* Where did it happen
* How was the participant’s immediate health and safety ensured
* How was the participant’s ongoing health and safety ensured
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| **WHAT HAPPENS WHEN I REPORT AN INCIDENT?**When an incident is reported, the following will take place:* The consultant will collect information about the incident.
* The consultant will fill out a report and submit it to the Department of Health Services.
* The consultant will ensure that the participant’s immediate and ongoing health and safety needs are met.
	+ For example, if a participant trips and falls in your home, the consultant may do the following:
		- Ask you if they received medical treatment for any injuries they may have sustained (immediate health and safety).
		- Talk with you and make suggestions about changes you could make in your home, such as removing rugs the participant may trip on to prevent future falls (ongoing health and safety).
* The IRIS Consultant Agency and the Department of Health Services review each incident report to ensure the participant’s immediate and ongoing health and safety needs are met. This may cause the consultant to ask some additional follow up questions.
* The IRIS Consultant Agency and Department of Health Services review the data for the following reasons:
	+ Identify trends
	+ Find ways to help all IRIS providers through increased education
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| **IMPORTANT THINGS TO REMEMBER**The following items are important to remember when it comes to incident reporting:* If you are having an emergency and need help right away, call 911 immediately. Only after you are safe, should you contact the participant’s IRIS Consultant or the IRIS Call Center (888) 515-4747.
* It is important to report the incident as quickly as possible.
* If you do not have all of the information at first, that is okay. Report what you do know and the consultant can always do an update when you have more information. Example: If the participant is hospitalized for a heart attack and you don’t know when they will be getting out, you should still report it to their consultant right away.
* If the participant is in a hospital, nursing home, rehabilitation facility, mental health facility, jail/prison, or other non-allowable living situation, participant-hired workers or agency-hired workers may not submit timesheets, reimbursement requests, or claims while the participant is living in the non-allowable living situation.
* If the participant is being abused or neglected, call your local Law Enforcement or County Adult Protective Services office to make a report.
* Reporting incidents is an important responsibility as a participant in a self-directed program such as IRIS.
* If you are unsure whether or not to report an incident, contact the toll-free IRIS hotline: 888-515-4747. They can help you determine if the incident should be reported.
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| **Do not be afraid to report an incident. Your safety, confidentiality, and protection are of the utmost importance.** |
| My signature below indicates that I have reviewed this document and I have had the opportunity to have all of my questions answered. My signature also indicates that I understand the material above as presented to me. I understand that if I have questions regarding critical incident reporting in the future, that I may address them with the participant’s IRIS Consultant and/or the IRIS Consultant Agency. |
| [ ]  Participant-Hired Worker | **[ ]** Agency Provider |
| **PRINTED NAME** – Provider | Agency Name (if applicable) |
|  |  |
| **SIGNATURE** – Provider | Date Signed |
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| Please check one of the following:[ ]  Initial Hire[ ]  Annual Visit |