

Incident Reporting

Policy:

Morgan Support Services shall do everything that is reasonably practical to identify and reduce potential or actual risk situations involving program participants, staff, and others. Furthermore, MSS shall meet the requirements for reporting timely and accurate information regarding incidents to the appropriate agencies and individuals. An incident report shall be completed upon any occurrence not consistent with the routine care or service provided by MSS.

Procedure:

Staff Training

During orientation and at least annually thereafter, all staff shall receive training in the following:

- Identifying potential critical incident situations
- Prevention of critical situations
- Reporting critical incidents

Criteria for Reporting Incidents to Authorities

All incidents will be submitted initially through the internal incident reporting system. Those incidents deemed to be Level 2 or Level 3 incidents will be reported through the Department of Health and Human Services (DHHS) Incident Response Improvement System (IRIS.)

The Criteria for Determining Level of Response to Incidents, found in Appendix B of the DHHS Incident Response and Reporting Manual, shall be the guideline used for identification of the severity of the incident and the appropriate response.

All incidents shall be reported within the timeframes and to the entities as outlined in Appendix B of the DHHS Incident Response and Reporting Manual.

Reporting Procedure

1. Any employee who witnesses, discovers, or has direct knowledge of an unusual incident, whether or not it is critical, shall complete an electronic incident report within 24 hours of the incident. The report shall contain a complete and accurate description of the incident and actions taken. If the incident is a case of possible abuse, neglect, or exploitation, all staff who witness, discover, or have direct knowledge of the incident have responsibility to submit an electronic incident report regardless of whether another staff person is also doing so.
2. The Program Manager shall be responsible for conducting debriefing and follow up of the incident.

3. If an incident is determined to be Level 2 or Level 3, the designated Program Manager will complete an IRIS report within required timeframes.
4. The Clinical Director shall investigate all incidents involving clinical matters for the purpose of determining preventive and/or corrective measures to be taken. If the incident is a case of possible abuse, neglect, or exploitation, the Clinical Director will ensure that all required external notifications are made, and the Administrative Director shall be responsible for investigating.
5. The Health and Safety Coordinator shall investigate all incidents involving health and safety matters for the purpose of determining preventive and/or corrective measures to be taken. It is possible that incidents involving clinical matters may also involve health and safety matters. That determination will be made by the Clinical Director.
6. Copies of incident reports will only be printed when necessary. Printed copies of incident reports will never be included in clinical files and are not made available to outside parties without compelling reasons.

Debriefing

Critical incidents will be debriefed within 48 hours with appropriate staff and outside team members as coordinated by the Clinical Director. Depending upon the nature of the critical incident, the Clinical Director may call a meeting of the agency's management team, a general staff meeting, or a clinical team meeting for the person or persons involved to discuss the incident and what steps may be taken to prevent such an incident in the future. The Clinical Director will make sure that any incidents involving health and safety matters are referred to the Health and Safety Coordinator.

Analyzing and Reporting

A log shall be maintained to summarize all incidents. Analysis will include:

- a. Causes
- b. Trends
- c. Actions for improvement
- d. Results of performance improvement plans
- e. Preventive measures
- f. Staff training requirements

The Administrative Director will summarize incidents on a quarterly basis and reports will be submitted for any MCO that requests such information. Incidents related to rights restrictions or violations will be reported to the Human Rights Committee. An annual review of incidents will be completed by the Administrative Director with the cooperation of the Health and Safety Coordinator and Clinical Director.