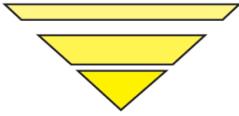


DIVISION OF  
**DEVELOPMENTAL  
DISABILITIES**



Division Directive Number  
4.070

Effective Date: 03.27.06  
Reviewed 02.01.08, 09.30.09, 10.14.10,  
11.01.11

Revised 4-26-16

Val Huhn, Director

**Title:** Event Report Processing

**Application:** Applies to Regional Offices, and Targeted Case Management (TCM) entities providing Service Coordination per Department of Mental Health agreement.

**Purpose:** To prescribe criteria and procedures for reporting events affecting individuals in residential facilities, day programs or a specialized service that is licensed, certified, or accredited or funded by the Department of Mental Health (Department).

**Required Event Report Criteria:** DMH-DD Staff & Contracted Provider Staff are required to report the following events-

1. All events where there is a report, allegation or suspicion that an individual has been subjected to Misuse of Individual Funds/Property, Neglect, Physical Abuse, Sexual Abuse or Verbal Abuse. (9 CSR 10-5.200, DOR 2.205 & 2.210)
2. All
  - a. Individual Emergency Room visits,
  - b. Individual Non-scheduled hospitalizations,
  - c. Deaths of individuals served by DD,
  - d. Med Errors that reach an individual,
  - e. Individual incidents of Falls, *The apparent (witnessed, not witnessed or reported) unintentional sudden loss from a normative position for the engaged activity to the ground, floor or object which has not been forcibly instigated by another person.*
  - f. Uses of Emergency Procedures with an individual.

**Emergency Procedures-** *any restraint/time out used by DMH staff or contracted staff to restrict an individual's freedom of movement, physical activity, or normal access.*

- **Chemical Restraint-** *a medication used to control behavior or to restrict the individual's freedom of movement and is not a standard treatment for the individual's medical or psychiatric condition. A chemical restraint would put an individual to sleep or render them unable to function as a result of the medication. (A pre-med for a dental or medical procedure would not be reported as a chemical restraint.)*
- **Manual Restraint-** *any physical hold involving a restriction of an individual's voluntary movement. Physically assisting someone who is unsteady, blocking to prevent injury, etc. is not considered a manual restraint.*
- **Mechanical Restraints-** *any device, instrument or physical object used to confine or otherwise limit an individual's freedom of movement that he/she cannot easily remove. (The definition does not include the following: medical protective equipment, physical equipment or orthopedic appliances, surgical dressings or bandages, or supportive body bands or other restraints necessary for medical treatment, routine physical examinations,*

*or medical tests; Devices used to support functional body position or proper balance, or to prevent a person from falling out of bed, falling out of a wheelchair; or Equipment used for safety during transportation, such as seatbelts or wheelchair tie-downs; Mechanical supports, supportive devices used in normative situations to achieve proper body position and balance; these are not restraints.)*

- *Time-out- removing the individual from one location and requiring them to go to any specified area, where that individual is unable to participate and observe other people. Time-out includes but is not limited to requiring the person to go to a separate room, for a specified period of time, the use of verbal directions, blocking attempts of the individual to leave, or physical barriers such as doors or ½ doors, etc. or until specified behaviors are performed by the individual. Locked Rooms (using a key lock or latch system not requiring staff directly holding the mechanism) are prohibited.*
3. All events where there is Law Enforcement involvement when the individual is either the victim, alleged perpetrator, or law enforcement is support in the event.
  4. All events where there is fire, theft, natural disaster, or significant event which results in extensive property damage, loss or disruption of DMH-DD service.
  5. All events where there is sexual conduct involving an individual and it is alleged, suspected or reported that one of the parties is not a consenting participant.
  6. All events involving an individual when there is any threat or action, verbal or nonverbal, which conveys a significant risk of immediate harm or injury, or results in reasonable concern that such harm will actually be inflicted.
  7. All events where the individual ingests a non-food item. *Non-food item-an item that is not food, water, medication or other commonly ingestible items.*
  8. All events that result in a need for an individual to receive lifesaving intervention or medical/psychiatric emergency intervention.

In addition to the above list, State Operated Programs (SOP)/Regional Office staff are required to report the following:

9. All events that involve Employee Misconduct as outlined in DOR 2.220 (DMH-DD Only)
10. All events that involve a DMH staff with serious injuries as defined by DOR 4.270 (DMH-DD Only). *A serious injury is an injury that results in the hospital admission of the injured person.*

**Required Event Report Notification:** DMH-DD Regional Office Staff & Contracted Provider Staff are required to report events to DMH-DD according to the following timelines:

- Immediately report and submit either a hard copy event report form, med error form and when needed an addendum form or complete CIMOR-EMT electronic entry for all events where there is alleged/suspicion/complaint of abuse, neglect and/or misuse of funds/property, critical events as defined in DOR 4.270 which first meets the event report criteria and all deaths.

- All other events submit either a hard copy event report form, med error form and when needed an addendum form or complete CIMOR-EMT electronic entry within next business day of the event or discovery.

### **PROCESS FOR RECEIVING EVENT REPORT FORMS**

The Regional Office Director shall ensure effective implementation of this division directive. The Regional Office Director shall:

- Ensure event and medication error reports are being completed and submitted within the required timelines outlined on the event report forms.
- Assign regional office staff responsible for receiving event report form/s, entering required event reports in the Department’s CIMOR-EMT database and conducting an electronic review of the event in CIMOR-EMT to determine appropriate follow up action and ensure required notifications are completed.
- Assign “on-call” regional office staff(s) to receive event report form/s, or electronic entries which require immediate notification after regular working hours and holidays/weekends. When the event is critical, death or allegation of abuse, neglect the “on-call” regional office staff(s) shall immediately notify the Regional Office Director or their designee of the event to determine appropriate follow up action and ensure required notifications are completed.
- Enter all required event report form/s into the CIMOR-EMT within timeframes as outlined in DOR 2.210 & 4.270.
- Designated regional office staff will conduct and enter a review of the event in the CIMOR-EMT system within one business day of entry into the system.

### **ALTERNATIVE (TCM) ROUTING OF EVENT REPORT FORMS**

When event report forms are used for reporting, the Regional Office Directors may approve a TCM entity providing targeted case management to receive the event report form/s directly from a contracted provider. If the Regional Office Director approves this practice, the TCM:

- Will review and forward the event report form/s within 1 business days after the event occurred, was discovered, or notification of the event was received;
- Will immediately forward the event report form to the Regional Office when there is a death, critical event or suspicion, allegation, complaint of abuse or neglect, or misuse of consumer funds/property;
- Will refer all requests for copies of Event & Medication Error Report Forms to the appropriate DMH-DD Regional Office Director;
- Will not maintain copies of the event report record once submitted to the Regional Office;
- Recognizes that the Event & Medication Error Report forms are an administrative tool and not part of the clinical record, therefore they should not be referenced in log notes.

### **ELECTRONIC (TCM) EVENT SUMMARY FOR EVENT & MEDICATION ERROR REPORTS**

An electronic Individual Event Summary is an administrative tool and is not part of the individual’s clinical record therefore; electronic Individual Event Summary reports should not be referenced in log notes. This report summary is confidential information and is used for the purpose of replacing the hard copy event report form. An electronic Individual Event Summary report is sent via an encrypted email to the Support Coordinator and Support Coordinator Supervisor who is active in the CIMOR Consumer Record for an individual involved in an event.

If following the review of the Individual Event Summary report and the Support Coordinator or the Support Coordinator Supervisor has follow up information which would be pertinent to the event you shall email the designated DD Regional Office staff who will review follow up actions and may include this information in the CIMOR-EMT record.

## COMMUNICATION AND QUALITY MANAGEMENT

Support Coordinators shall have access to the data from event reporting for individual support planning purposes. Information surrounding individual issues such as behavior incidents, use of restraints, falls, environment, health, etc., should be reviewed and discussed by the interdisciplinary team when evaluating, updating, and developing individual person centered plans.

Regional Quality Enhancement staff shall have access to the data for reviewing and trending of information on a regional basis. This is also important for identification of issues which may require further follow up due to recurring themes and serious events. Regional Quality Enhancement staff will conduct quarterly data integrity reviews following the end of each fiscal quarter.

The Regional Office Director or designee shall notify internal and external bodies (Regional Office staff, provider agencies, certification, investigators, etc.) when a pattern of events reveals serious systemic issues regarding the administrative operation of a facility or contract provider agency. Local Provider Relations staff shall work with agencies to resolve serious system issues, and include information regarding trends into the quality improvement plan.

## TRAINING

The Regional Office Director or designee shall train all Regional Office employees and contracted providers, on event reporting and notification requirements. The training is to be conducted for new division employees during orientation and for all other staff during annual updates or whenever a major change in policy and procedures occurs.

### **Authority**

9 CSR 10-5.200 Report of Complaints of Abuse, Neglect and Misuse of Funds/Property

9 CSR 10-5.206 Report of Events

<http://www.sos.mo.gov/adrules/csr/current/9csr/9c10-5.pdf>

DOR [2.210](#) Placement Abuse and Neglect Definitions and Procedures

DOR [2.220](#) Employee Misconduct Definitions & Procedures: State Operated Facilities

DOR [4.270](#) Reporting & Recording Unusual Incidents