Title: Event Report Processing

Application: Applies to Regional Offices, Contracted Service Providers, Senate Bill 40 Boards (SB40), and other Targeted Case Management (TCM) entities providing Service Coordination per Department of Mental Health agreement.

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

Required Event Report Criteria: DMH-DD Staff, contracted TCM entities & Contracted Provider Staff are required to report the following events.

1. All events where there is a report, allegation or suspicion that a consumer has been subjected to Misuse of Consumer Funds/Property, Neglect, Physical Abuse, Sexual Abuse or Verbal Abuse. (9 CSR 10-5.200, DOR 2.210)

2. All
   a. Emergency room visits,
   b. Non-scheduled hospitalizations,
   c. Deaths of consumers served by DD,
   d. Medication Errors which reach a consumer,
   e. 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.

Emergency Procedures - any restraint/time out used by DMH staff or contracted staff to restrict a consumer’s freedom of movement, physical activity, or normal access while in DMH services. If any of the following restraint types or time out occurs as defined they must be reported.

- **Chemical Restraint** - a medication used to control behavior or to restrict the consumer’s freedom of movement and is not a standard treatment for the consumer’s medical or psychiatric condition. A chemical restraint would put a consumer 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 a consumer’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 a consumer’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 consumer 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 consumer from one location and requiring them to go to any specified area, where that consumer is unable to participate or observe other people. Time-out includes but is not limited to requiring the consumer to go to a separate room, for a specified period of time, the use of verbal directions, blocking attempts of the consumer to leave, or physical barriers such as doors or ½ doors, etc. or until specified behaviors are performed by the consumer. 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 consumer is either the victim, alleged perpetrator, or law enforcement is support in the event.

4. All events which result in disruption of DMH service due to fire, theft or natural disaster; resulting in extensive property damage or loss.

5. All events where there is sexual conduct involving a consumer and it is alleged, suspected or reported that one of the parties is not a consenting participant.

6. All events where there is any threat or action, verbal or nonverbal, which conveys a significant risk of immediate harm or injury and results in reasonable concern that such harm will actually be inflicted.

7. All events where the consumer ingests a nonfood item. Non-food item-an item that is not food, water, medication or other commonly ingestible items.

8. All events which result in a need for a consumer to receive lifesaving intervention or medical/psychiatric emergency intervention.

**PROCESS FOR REPORTING EVENTS**

Events which meet the DD Required Event Report Criteria shall be submitted to the regional office by the DMH DD contracted service provider via direct entry into the CIMOR EMT system.

If the contracted provider experiences issues with entering an event into CIMOR-EMT, the contracted service provider will contact the Regional Office to determine if the issue is a CIMOR-EMT system issue or an issue with the service provider. At which time, the service provider will work with the Regional Office to determine how the event will be entered into CIMOR-EMT.

**TIMELINES FOR CONTRACTED PROVIDER EVENT NOTIFICATION & CIMOR EMT ENTRY OF EVENTS TO DIVISION OF DEVELOPMENTAL DISABILITIES (DD)**

1. Immediate Notification-Death, Abuse/Neglect, Critical
   a. During DMH business hours-Immediate Entry into the EMT system can meet the immediate DMH notification requirement for Death, Abuse/Neglect, and Critical. Enter the event the same date the event occurred or was discovered.
b. After DMH business hours/holidays/weekends - Make a verbal report to the Regional Office on call system. In the Notification Section of the EMT system, enter the date/time of the verbal report to document DMH immediate notification. Enter the event into the CIMOR-EMT system by the end of the next business day from the date the event occurred or was discovered.

2. Next Business Day Notification - *All other events not Death, Abuse/Neglect, Critical*
   a. Must be entered into the EMT system by the end of the next business day from the date the event occurred or was discovered.
   
b. If this entry is your “Next Business Day Notification” and there was no need to verbally notify the Regional Office Staff you will enter Regional Office as Notified Type and “Direct Entry” as the Person’s Name in the Notification section of the EMT system.

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**DD PROCESS FOR RECEIVING EVENT REPORTS**

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

1. Ensure event and medication error reports are being completed and directly entered into the EMT system within the required timelines.
2. Assign regional office staff responsible for conducting an electronic review of the event in CIMOR-EMT to determine appropriate follow up action and ensure required notifications are completed.
3. Assign “on-call” regional office staff(s) to receive event notification, 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. All other event reports will be reviewed with the Regional Office Director or their designee the next business day.
4. Ensure all required event reports are entered into CIMOR-EMT system within required timeframes.
5. 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 as outlined in DD Guideline #69.
6. Only distribute a copy of the event report as directed by the DMH Office of General Counsel.

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

Targeted Case management agencies will receive a DMH DD electronic notification summary of the event the next day after entry of the event into CIMOR-EMT. A Consumer Event Summary report is sent via an encrypted email to the Support Coordinator (SC) and Support Coordinator Supervisor who is active in the consumer record for a consumer involved in an event.

To ensure receipt of the automated notification it is the responsibility of the TCM entity to maintain a current SC and SC Supervisor name in the CIMOR Consumer Resource record for each consumer served by their agency. Additionally it is the responsibility of the TCM entity to maintain the CIMOR-Human Resource record for each of their SC and SC Supervisors with the correct email address and “Yes” selected, for the primary email address.
A Consumer Event Summary report is created using only the most critical fields of the event report to provide notice of a reportable event to a Support Coordinator and Support Coordinator Supervisor who is active in the consumer record for a consumer involved in an event. Critical fields include: EMT #, Event Date/Time, Discovery Date/Time, State Oversight Organization, Responsible Organization, Program Category-Primary Oversight, Location of Event, Event Narrative, Lists Consumers Involved, Consumer Role/s, Detail Module Indicator, Notified Type/Date. Event reports are protected internal department documents under sections 630.167(3) and 630.165, RSMo that shall be kept confidential, and shall not be deemed a public record. As such, the Consumer Event Summary reports shall also be kept confidential and not deemed a public record.

If, following the review of the Consumer Event Summary report, 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 your information in the CIMOR-EMT record.

When DD Contracted Provider Staff have concerns about follow up action conducted by DMH-DD they may contact the DD Assistant Director for the region, Director of State Operated Program-Waiver Program or other impartial designee of the Division Director for the state oversight organization involved in the event.

Communications and Quality Management

Refer all requests for copies of event reports to the appropriate DMH-DD Regional Office Director. Event reports may contain allegations of abuse or neglect, or observations that a consumer is being subjected to conditions or circumstances that would reasonably result in abuse or neglect. Therefore, pursuant to section 630.167(3), RSMo, an event report shall be kept confidential, and shall not be deemed a public record. Event reports are not part of a consumer’s clinical record and will not be released absent a court order. Court orders received should be forwarded to DMH Office of General Counsel.

Event reports may be referenced by event number in log notes. The content of an event report or event report summary, shall not be included within a log note as they are not part of a consumer clinical record. Event Reports and Event Summaries are internal administrative tools.

Support Coordinators may request event data for consumer planning purposes.

Regional Quality Enhancement staff shall;
1. 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.
2. 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 contracted provider agency. Regional Provider Relations staff shall work with agencies to resolve serious system issues, and include information regarding trends into the quality improvement plan.
The Regional Office Director or designee shall make available training for all staff and contracted providers, regarding event reporting requirements, event notification procedures, CIMOR-EMT event entry procedures and required timelines for event notification and entry.

**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
DOR 2.210 Placement Abuse and Neglect Definitions and Procedures
DOR 2.205 Use and Neglect Definitions, Investigation Procedures and Penalties, State Operated Facilities
DOR 2.220 Employee Misconduct Definitions & Procedures: State Operated Facilities
DOR 4.270 Reporting & Recording Unusual Incidents
Guideline #69
Section 630.167, RSMo
Section 630.165, RSMo