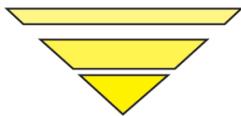


DIVISION OF
**DEVELOPMENTAL
DISABILITIES**



Division Directive Number
4.070
Effective Date: 03.27.06
Reviewed 02.01.08, 09.30.09, 10.14.10,
11.01.11

Bernard Simons
Bernard Simons, Director

Title: Event Report Processing

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

Purpose: To prescribe procedures for reviewing, follow-up, and analyzing incidents that were unusual occurrences or led to undesirable outcomes affecting individuals in residential facilities, day programs or specialized service that is licensed, certified, or accredited or funded by the Department of Mental Health (Department).

Definitions:

Action Plan Tracking System (APTS): A database utilized by the Regional Offices designed to track issues requiring resolution as well as positive practices that are identified through Provider Relations and/or Quality Enhancement Functions. Issues tracked will be identified through indicators categorized by health, safety, rights, services, and money, in addition to the Missouri Quality Outcomes.

Code of State Regulations (CSR): Regulations that must abide by established laws set out in RSMo. In Missouri there are 22 Titles under the CSR and Department of Mental Health is Title 9. *For example, under Title 9, Division 45 – DD, Chapter 3 (9 CSR 45-3.010) Individual Habilitation Plan Procedures there is a reference to RSMo 630.005 definitions.* <http://www.sos.mo.gov/adrules/csr/current/9csr/9csr.asp>

Contract Provider: An agency or an individual that enters into a contract with the Department of Mental Health, Division of Developmental Disabilities, to provide direct or indirect services, to individuals served by the Division of Developmental Disabilities.

Customer Information Management, Outcomes, and Reporting Community Event Report Form {CIMOR EMT Community Event & DMH Facility Event Report Form}: A Department of Mental Health approved form identifying reportable events and the timelines for reporting such events into the Event Management Tracking (EMT) system by contracted providers and Habilitation Centers to the department as required by 9 CSR 10-5.206 ([Chapter 5](#)) & DOR [2.220](#).

Customer Information Management, Outcomes, and Reporting Event Management Tracking (CIMOR EMT) System: A Department database which contains information from event reports as required by 9 CSR 10-5.206 ([Chapter 5](#)). This database is also used to collect information on incidents meeting pre-specified severity criteria or investigations of abuse, neglect, and/or misuse of consumer funds.

Department Operating Regulations (DOR): These are regulations for all divisions of the Department of Mental Health and must comply with the Code of State Regulations. *For example, DOR [2.205](#) is Abuse and Neglect Definitions, Investigation Procedures and Penalties in State Operated Facilities.*

Integrating Quality Functions: A Division of DD systematic process for integrating and synthesizing information from all quality management functions to evaluate the performance of the service delivery system. This process assures the health and welfare of individuals, while meeting their needs and supporting them to achieve personal goals.

Quality Management Function: A process to monitor and affect services being provided, focusing upon health and welfare of individuals, meeting their needs and supporting them to achieve personal goals.

- The primary Regional Office Statewide Quality Management Functions are: Service Monitoring, Incident Response System, Fiscal Review, Health Inventory Planning System (Nursing Review), Mortality Review, Self Advocates and Families for Excellence (SAFE) Review, Individualized Service Plan Review, and Licensure and Certification Survey assessment. In addition to the Regional Office Quality Management Functions, other functions within and outside the Department also provide information.
- The primary State Operated Programs Statewide Quality Management Functions are: Audit Individual Funds, Audit of Staff Notes, Certification Survey, ICF ID Survey, Incident Audit Tool, Individualized Service Plan Review, Meal Observation Tool, Monitoring Tool Observation, and Record Review. In addition to the State Operated Quality Management Functions, other functions within and outside the Department also provide information.

Quality Enhancement Plans:

- **Provider Improvement Plan:** Written, outcome-based strategies outlining actions formulated from the integration or synthesis of information and issues gathered utilizing the Action Plan Tracking System (APTS), Customer Information Management, Outcomes, and Reporting system (CIMOR), as well as other available monitoring. Improvement Plans are written for the purpose of increasing performance above current levels, overall system improvement, or to put processes into place to prevent an issue from developing into a more serious situation. These plans are only required under the criteria in the Provider Improvement Plan section of this directive.
- **Provider Critical Status Plan:** Written, outcome-based strategies outlining actions formulated from the integration or synthesis of information and issues gathered utilizing the Action Plan Tracking System (APTS), Customer Information Management, Outcomes, and Reporting system (CIMOR), as well as other available monitoring data. A Critical Status Plan is considered a serious situation that must be mitigated and/or corrected. A Critical Status Plan may result from a provider not resolving issues as specified in the Improvement plan and could result in adverse action, including termination of contract.
- **Regional Office Quality Enhancement Plan:** Written, outcome-based strategies for the identified region, outlining actions formulated from the integration or synthesis of information and issues gathered utilizing APTS and CIMOR-EMT, as well as other available monitoring data. Quality Enhancement Plans are written for the Regional Office for the purpose of increasing performance above current levels and overall system improvement.
- **Division Quality Enhancement Plan:** Statewide plan based on the trend data from all quality enhancement processes to affect overall system improvement.

Regional Director: Director of a DMH Facility, SB40 or other entity that provides Targeted Case Management.

Regional Quality Enhancement Team: Staff designated at each regional office to monitor, track, trend and report data from the quality enhancement functions, as well as respond to special requests for data based upon current standards, outcomes and promising practices.

PROCESS FOR IDENTIFICATION, COMMUNICATION, AND RESOLUTION OF ISSUES

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

- Assign persons responsible for receiving event reports, notifying others within the facility to determine appropriate action, including initiating an investigation, and recording required event reports in the Department's CIMOR EMT database and;
- Assign "on-call" person(s) to receive event reports that require immediate notification after regular working hours and holidays/weekends. The "on-call" person shall report incidents to the designated Regional Office person the next working day.

REVIEW AND SIGNING OF THE FORM

Upon receipt of event reports form, staff designated by the Regional Director shall:

- Review event reports to ensure that community providers have taken all reasonable measures necessary to protect the health and safety of consumers;
- Review event reports to assure accuracy, timeliness, completeness, and conformity with reporting regulations (DOR [2.210](#), [4.270](#) and 9 CSR 10-5.200);
- Sign form verifying the completion of the previous steps;
- If staff identify incidents of abuse and/or neglect during the review, they shall report the incident according to DOR [2.210](#). Service coordinators who work for Senate Bill 40 Boards or other TCM agencies shall follow 9 CSR 10-5.200.
- Ascertain that incidents which meet the department investigation criteria are managed in compliance with DOR [2.210](#) and 9 CSR 10-5.200
- Determine the efficacy of corrective action plans and whether any additional actions must be taken;

*NOTE: Regional Offices may approve a SB40 or other TCM entity providing targeted case management to receive the event form directly from the provider. The SB40 or other TCM entity providing targeted case management shall be responsible for sending all report forms received by providers to designated staff at the Regional Office within 3 working days after they have completed all of the steps noted above. **When there is a suspicion of abuse or neglect, or misuse of client funds, the SB40 or other TCM entity providing targeted case management shall submit the report to the Regional Office within twenty-four (24) hours of the incident, or by the end of the next working day after the incident occurred, was discovered, or notification of the incident was received. If needed, the SB40 or other TCM entity providing targeted case management may attach a copy of the log note on any follow-up they have initiated.***

- Report to designated quality management staff any findings of concerns or issues related to health, safety/environment, money, rights, or services that were noted in the event report that require action;
- Record event reports in the Department's CIMOR EMT database if the incident meets criteria for statewide reporting;
- Document closure of all incidents; (documentation of closure could occur either in the CIMOR EMT database, on the form under Action Comments completed by DMH, or a log note);
- Record all required incidents in the CIMOR EMT database; and,
- File all event reports separately from the consumer's record.

NOTE: Event Reports are an administrative tool and not part of the clinical record, therefore they should not be referenced in log notes.

COMMUNICATION AND QUALITY MANAGEMENT

Service coordinators shall have access to the data from event reporting for personal 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 needed for further investigation due to recurring themes and serious events.

The Regional Director or designee shall notify internal and external bodies (Regional Office staff, provider agencies, certification, investigators, etc.) when a pattern of incidents 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 Director or designee shall train all staff and community providers, if applicable, on incident reporting and notification procedures. The training is to be conducted for new employees during orientation and for all other staff during annual updates or whenever a major change in policies and procedures occurs.

Authority

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

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

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

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