2021

Critical Incidents

2021

HIGHMARK HEALTH OPTIONS

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Critical Incidents Defined

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Critical Incidents Defined

Critical Incidents (CIs) are defined by the **Division of Medicaid and Medical Assistance** (DMMA). They include but are not limited to:

- Unexpected death of a member.
- Suspected physical, mental, or sexual mistreatment; abuse; and neglect of a member.
- Suspected theft or financial exploitation of a member.
- Severe injury sustained by a member.
- Inappropriate or unprofessional conduct by a provider involving a member.

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Critical Incidents

Highmark Health Options will report to the state:

If any staff or the staff of a subcontractor has reason to believe that a member has been abused, mistreated, neglected, or financially exploited, or has knowledge of the occurrence of other critical incidents.

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Unexpected Death of a Member

Any death of a member that was **not expected**:

- A member found dead in their home.
- A member who becomes suddenly ill or injured and dies in the emergency department or hospital within a couple of days.

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Expected, Impending Death of a Member

Expected impending death involves:

- A member who has a long illness or chronic condition that requires hospital or hospice care.
- A member who has been hospitalized for a condition and develops complications related to that condition.

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Suspected Physical Abuse or Neglect

Non-accidental injury inflicted by someone else:

- Signs of physical trauma (scratches, burns, or bruises).
- Restraint trauma (rope burns, hand-shaped bruises).
- Repeated, unexplained, or improbable injuries.
- History of doctor or ED shopping.
- Repeated time lag between injury and medical attention.

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Suspected Physical Abuse or Neglect

The infliction of pain, injury, or mental anguish, or the deprivation of services:

- Lack of appropriate medical services.
- Lack of personal care.
- Malnourishment or dehydration.
- Lack of supervision.
- Lack of adequate food in the home.
- Lack of needed medication.
- Lack of personal care items.

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Suspected Sexual Abuse

The member is forced, tricked, or threatened by a person into sexual activity:

- Member states that inappropriate touching by someone else occurred.
- Member shows fear when certain individuals are present.
- Member may refuse personal care.

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Suspected Mental Abuse

Any form of mistreatment with intent to cause mental or emotional pain.

- Caregiver intentionally obstructs member's religious observances, dietary restrictions, holiday participation, or visits by others.
- Member is physically isolated.
- Member is over-medicated or sedated.
- Member expresses feelings of depression, hopelessness, or helplessness, or suicidal ideations.

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Inappropriate or Unprofessional Conduct **by a Provider**

Any conduct that is below the standards set for professional conduct, such as:

- Berating a member.
- Touching a member while not rendering care.
- Having a consensual affair with a member.
- Refusing to do one’s job appropriately.

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Theft or Financial Exploitation

Theft

- Personal belongings are missing.
- Money, medication, credit cards, or other items are missing.

Financial Exploitation

- "The illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the elderly person or the vulnerable adult by any person or entity for any person's or entity's profit or advantage." Del. Code, Title 31, Chapter 39 section 3902.

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Severe Injury

Any serious injury occurring while the member is receiving services from a paid provider or caregiver that has the potential to cause further debilitation of the member.

- Fractures
- Lacerations
- Concussions
- Second- and third-degree burns

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Identification and Notification

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Who can report?

- **Anyone**
- External Reporting – members, family members, providers, practitioners, office staff, State or Federal Agencies – call HHO to report at **1-844-325-6251**.
- Internal Reporting – Care Management, Member Services, Quality Improvement – **submit form**!

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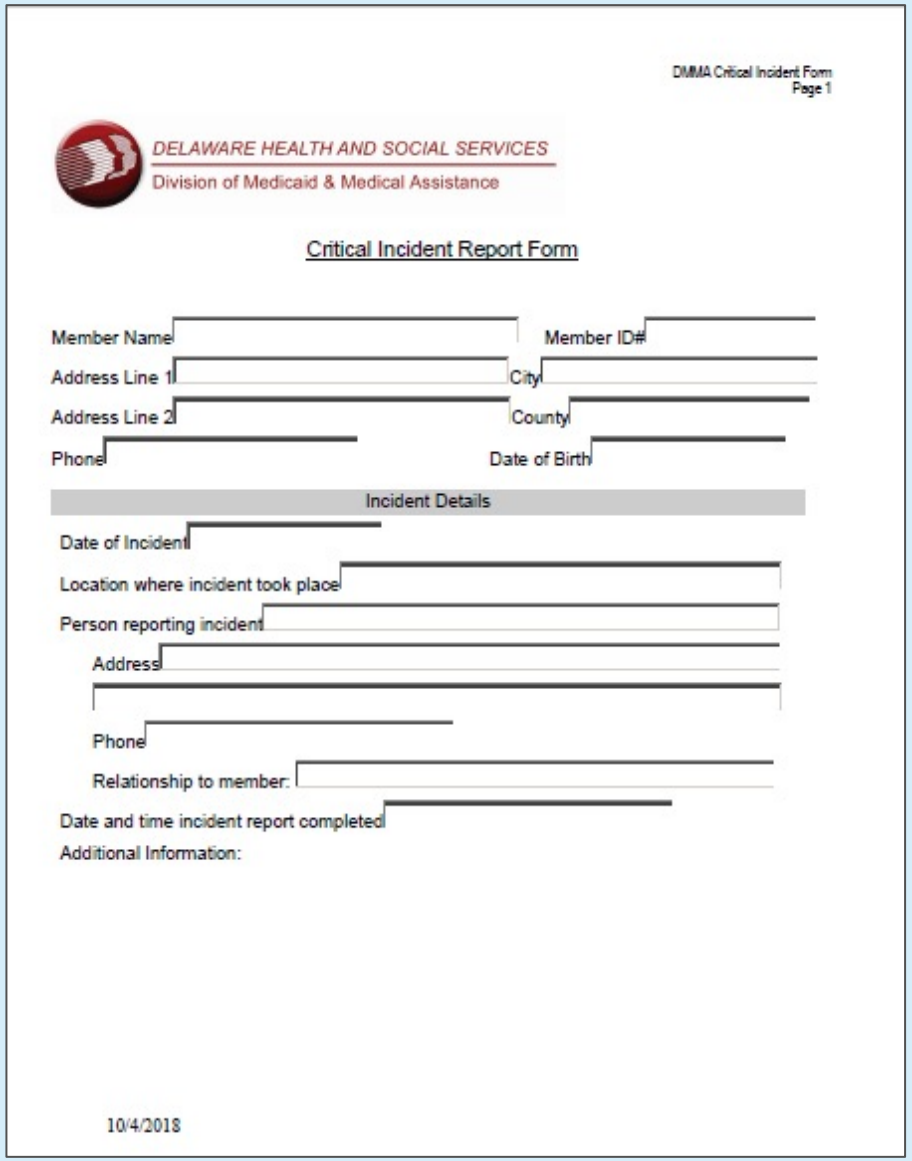
Identification and Notification

1. Complete the CI form.
2. A manager or supervisor must **validate** that the incident meets the criteria of a CI.
3. Document the time of the CI along with the date in the “date of incident” box.
4. Fill out the form completely.



DMMA Critical Incident Form
Page 1

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

Critical Incident Report Form

Member Name
Member ID#
Address Line 1
City
Address Line 2
County
Phone
Date of Birth

Incident Details

Date of Incident
Location where incident took place
Person reporting incident
Address
Phone
Relationship to member:
Date and time incident report completed
Additional Information:

10/4/2018

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Identification and Notification

When a CI is identified, staff:

- Immediately follows up with the member or the member's legal guardian or legal representative.
- Notifies their manager or supervisor.
- Ensures the safety of the member until EMS arrives, if emergency care is warranted.

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Identification and Notification

Report CIs the same business day of the CI to:

Adult Protective Services (APS)
1-302-424-7310

- For suspected abuse, neglect, disruptive behavior, or exploitation.

Delaware Health and Social Services (DHSS) Long-Term Care Office of the State Ombudsman (OSO)
1-800-223-9074

- For residents in long-term care facilities, who have a complaint about their rights.

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Identification and Notification

Report CIs the same business day of the CI to:

Division of Health Care Quality (DHCQ)
1-877-453-0012

- For members in a long-term care facility.
- For child members in a pediatric nursing facility.

Office of Health Facilities and Certification (OHFLC)
1-302-292-3930 *or*

1-800-942-7373

- For a residents in long-term care facilities, who have a complaint about their rights.

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Identification and Notification

Report CIs the same business day of the CI to:

The Division of Family Services (DFS)
1-800-292-9582

- For children living in the community.

Note: This phone number is also the 24-hour Child Abuse and Neglect Reporting Hotline.

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Identification and Notification

- Any staff who reports a CI should fill out the CI form and email it to QI_Critical_Incidents@highmark.com after it is reviewed by a supervisor.
- The QI staff will notify the DMMA via MoveIT within 24 hours of receipt.
- The CI will be logged into SharePoint, and the Medical Director will be notified via SharePoint.
- The Medical Director will then make recommendations.

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Identification and Notification

- CIs identified after 3:30 p.m. will be processed the following business day.
- The internal author of the CI will receive a form in **15 days** to add information about the investigation, agency finding, and corrective actions.
- QI staff will upload the full written CI report form to DMMA within **30 business days** of identifying the CI to MoveIT.

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Review and Investigation

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Review and Investigation

- Departments complete an investigation of the CI within **30 business days**.
- CIs are reviewed to identify any Quality of Care (QOC) issues.
- Potential QOC issues include unsubstantiated deviation from expected provider performance, clinical care, or outcome of care.
- The Quality Nurse will complete a QOC investigation for any CI identified as a potential QOC concern.

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Review and Investigation

- Providers involved in a CI must conduct an internal investigation and submit a report to HHO within 30 days, if they are not peer protected.
- The CQMA tracks and monitors the CI from initial identification to submission of the final CI report to DMMA.
- Each month the Credentialing Department notifies QI about providers due for renewal. QI completes the re-credentialing form with information on CI case investigations that have been resolved.
- The information is added to the provider re-credentialing file for review.

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Grievances and Critical Incident Data

CI and substantiated grievance information is submitted to the Credentialing Department for review and consideration at the time of provider recredentialing and profiling.

The plan:

- Collect and analyze data.
- Track and identify trends.
- Identify root causes.
- Make necessary changes to prevent recurrence and improve processes.

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Reporting

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Reporting

- The Quality nurse completes and submits the monthly CI data for the Quality and Care Management Reporting (QCMMR) DSHP-Plus report.
- The Quality nurse completes a quarterly CI report, which is submitted to the QI/UM Committee for review and recommendations.
- Reports are used to track patterns and prevalence of serious adverse events among members and to implement strategies for managing risk, preventing errors, and focusing quality improvement efforts.
- The annual QI/UM Program Evaluation includes an analysis of CIs received by HHO.

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Scenarios

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Scenario One

A 70-year-old female LTSS member slips and falls on ice-covered steps when visiting a friend across the street. The member fractures her hip.

The member calls Member Services soon after she returns home from the hospital.

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What should you do?

Member Services:

- Recognizes that **this is not a critical incident** because member was:
  - Visiting a friend.
  - Not receiving care from a provider at the time.
- Contacts the LTSS Case Manager.

LTSS Case Management:

- Follows up with the member to ensure appropriate services and resources are in place.

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Scenario Two

An LTSS member's daughter is upset and calls Member Services. She says she overheard a conversation between her elderly mother and an aide in the facility where her mother lives. Her mother had repeatedly asked to use the bathroom. The aide snapped, "I don't have time for your nonsense right now! Just wait."

The daughter asks what she should do.

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What should you do?

Member Services:

- Recognizes that **this is a critical incident** – inappropriate or unprofessional conduct by a provider involving a member.
- Recognizes that the daughter's dissatisfaction is with the aide's service.
- Offers to file a grievance on behalf of her mother.
- Fills out a grievance report and routes it to A&G.
- Contacts the LTSS manager and routes the CI to the proper case manager.
- Follows up with the member to verify the report and ensure safety.

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What should you do?

- CM completes the CI form and after supervisor review, submits form to QI.
- CC notifies the appropriate investigative agency to report incident – Division of Health Care Quality (DHCQ).
- CC follows up with administration at the nursing facility regarding reported concerns.

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Scenario Three

A Care Coordinator conducts a follow-up call to a 65-year-old DDDS member with intellectual disabilities and Down Syndrome, who was removed from a group home by his sister. In speaking with the member's sister, the CC identifies the following concerns:

- The sister does not have knowledge of the member's medications, whether the member had adequate medications, or when the medications were last filled.
- The sister does not seem to know the member's medical appointment dates.
- The sister seems to be a poor historian regarding the member and his care.

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What should you do?

CC staff:

- Recognizes that **the reported situation is a CI** – suspected neglect of a member.
- Notifies the supervisor and the DDDS contact of the critical incident.
- Reports the CI to the appropriate investigative agency – Adult Protective Services (APS).
- Completes CI form for suspected physical, mental, or sexual abuse and/or neglect or exploitation.
- Follows up with member to ensure adequate services are being provided and that the member is safe.

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Scenario Four

An LTSS member calls the care coordinator and reports she is upset about the care she received from her home health care agency.

She states that the HHC nurse gave her the wrong pills.

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What should you do?

CC staff:

- Recognizes that **this is a critical incident** – a medication error involving a member.
- Reports the CI to the appropriate investigative agency – Office of Health Facilities Licensing and Certification (OHFLC).
- Follows up with the home health care agency regarding concerns.
- Completes the CI form for medication error and submits after supervisor reviews.

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Scenario Five

A wheelchair-bound man with multiple sclerosis falls from his wheelchair while at the doctor's office. He is helped back into his chair and the office visit continues. Afterward, he goes to the emergency department to be evaluated because his hip is sore. Evaluation and X-rays are negative.

He reports this to his Case Manager.

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What should you do?

Case Manager:

- Recognizes that **this is not a critical incident**. The fall occurred when the member was not under the care of a paid caregiver. The member had no injuries.
- Educates the member on safety precautions to take while in his wheelchair (e.g., use a seatbelt, not lean too far forward).

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Scenario Six

A member complains to a care coordinator that $200 is missing from an envelope in her bureau drawer and that her aide has charged his personal items to her debit card.

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What should you do?

CC staff:

- Recognizes that **this is a critical incident** – suspected theft.
- Provides the member with information and assistance to notify law enforcement.
- Reports the CI to the appropriate agency – Office of Health Facilities and Licensing (OHFLC).
- Follows up with administration of home health care agency regarding reported concerns and ensures aide is removed from member's care.
- Completes CI form – suspected theft or financial exploitation. After supervisor reviews, submits form.

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Scenario Seven

A member's son calls the LTSS Case Manager and reports that the family has been unable to reach the member for three days. The family had police and EMS do a welfare check. They found him unresponsive in his home, and EMS pronounced him dead. The member was 70 years old and was known to be taking Valium and to have major depressive disorder.

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What should you do?

LTSS Case Manager:

- Recognizes that the reported situation, unexpected death of a member, **is a critical incident**.
- Completes and submits a CI form after supervisor review. submits form. CI form includes important details, such as involvement of law enforcement or the medical examiner.
- Documents in eLTSS as appropriate.

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Scenario Eight

An LTSS member reports to her case manager that she found a homeless woman drowned in her backyard pool.

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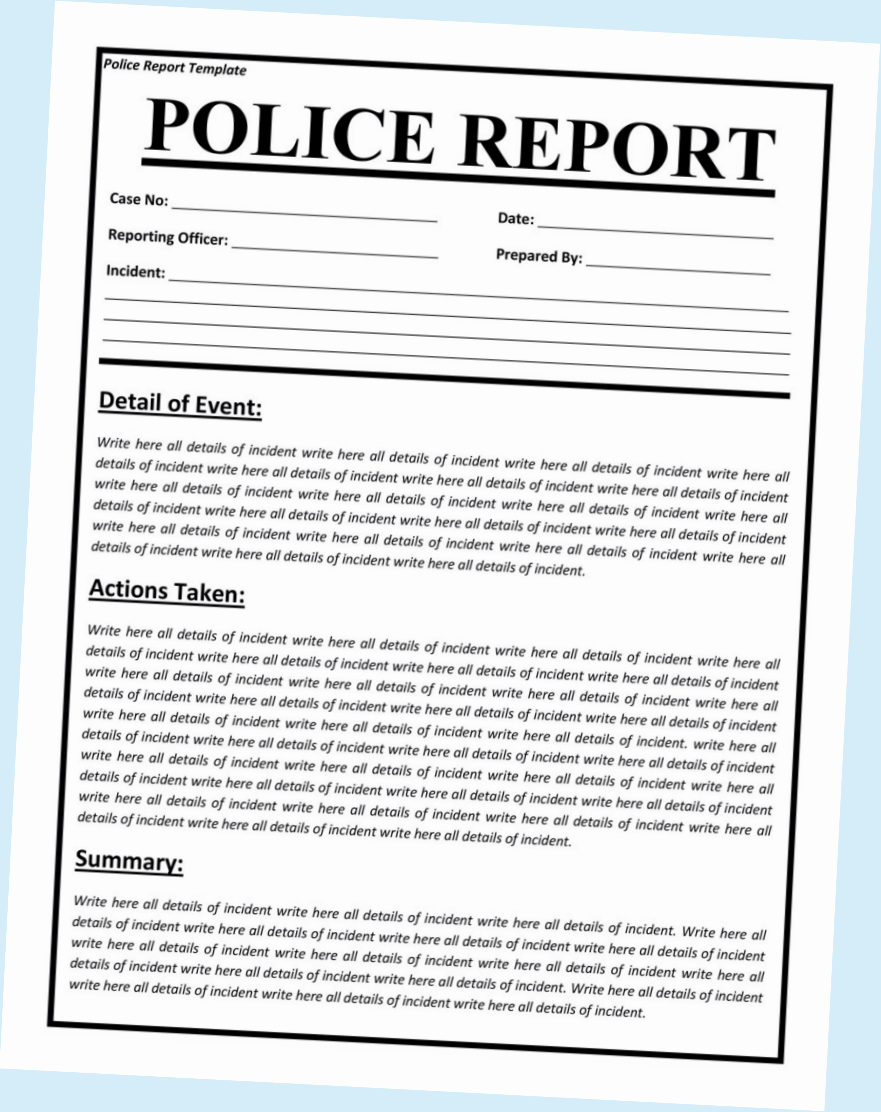
What should you do?

LTSS Case Manager:

- Recognizes that **this is not a critical incident,** but a matter for the police.
- Helps the member call the police to report the incident.



Police Report Template

POLICE REPORT

Case No: _____ Date: _____

Reporting Officer: _____ Prepared By: _____

Incident: _____

Detail of Event:

Write here all details of incident write here all details of incident write here all details of incident write here all details of incident write here all details of incident write here all details of incident write here all details of incident write here all details of incident write here all details of incident write here all details of incident write here all details of incident write here all details of incident write here all details of incident write here all details of incident write here all details of incident write here all details of incident write here all details of incident write here all details of incident write here all details of incident write here all details of incident.

Actions Taken:

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Summary:

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Scenario Nine

During an inpatient medical record review, a UM staff member notes the following:

A 27-year-old male DSHP member was found naked in someone's backyard. He was disoriented and could not remember how he got there but did remember being at a friend's party. The homeowner called 911. Police and EMS arrived and found blood all over the member's hands and legs.

He was transported to the hospital by EMS.

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What should you do?

- The UM staff member discusses the information with a supervisor to determine if it is a reportable critical incident. Still unsure, UM calls a QI CQMA.
- The QI CQMA determines that this is **not a critical incident**, but a police issue. Each situation is reviewed individually based on available information.
- Staff should be able to contact QI CQMA staff to help determine whether the situation meets the definition of a CI reportable to DMMA.

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Scenario Ten

When a care manager is checking on a member, the member says she burned her hand while handling a sparkler at her family's July 4th party.

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What should you do?

Care Manager:

- Recognizes that **this is not a critical incident**.
- Discusses fire safety and burn care with the member.
- Mentions that sparklers are illegal in Delaware because they are so dangerous.

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Putting our members and their safety first is a responsibility we all share.

We must ensure that critical incidents are:

- **Identified**
- **Reported**
- **Managed appropriately**

This is a vital step in our mission.

Thank you for participating today!

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Questions?

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