Incident Management

Q1. How will critical incident reports be managed by the CHC-MCOs?

A. The CHC-MCO must comply, and require their home and community-based services (HCBS) and nursing facility (NF) network providers to comply, with the Department’s critical incident reporting and management, provider-preventable condition, and provider serious adverse events reporting requirements.

CHC-MCOs must also ensure that network providers comply with the reporting requirements established in the Older Adult Protective Services Act and the Adult Protective Services Act.

CHC-MCOs must investigate critical events or incidents reported by network providers and subcontractors and report the outcomes of these investigations using the Department’s Enterprise Incident Management System.

Q2. Once CHC is implemented, what system will home and community-based services providers use to report critical incidents?

A. After CHC is implemented in a zone, CHC-MCOs and their network providers and subcontractors must report critical events or incidents via the Department of Human Services' Enterprise Incident Management System.

Q3. After CHC implementation, will Medicare certified home health agencies still be required to submit events to the Pennsylvania Department of Health?

A. Medicare and state required reporting responsibilities will not change after CHC is implemented in a zone. In addition, home health agencies and other HCBS providers must continue to report critical incidents for CHC participants in the Department of Human Services' Enterprise Incident Management system.

Q4. Where will agencies report critical incidents for HCBS participants to -- the CHC-MCOs, OLTL, Aging?

A. Critical incidents as defined by the Office of Long-Term Living must be reported through the Department of Human Services' Enterprise Incident Management (EIM) system. CHC-MCOs will be responsible to ensure their providers understand when reports are required, are trained to use EIM, and monitor to ensure incidents are being reported. All incident reports must be entered into EIM. In addition, providers must continue to make mandatory reports in accordance with Adult Protective Services (APS) and the Older Adult Protective Services Act (OAPSA) and to law enforcement for incidents that meet the specific requirements of the APS and OAPSA laws.
Q5. Once CHC is implemented, will incident reporting change for nursing facilities?

A. Nursing facilities (NF) should report critical incidents, including preventable serious adverse events, to the CHC-MCOs. NFs will continue to submit reportable events to the Department of Health (DOH) through DOH’s system. Reportable events include:

I. Complaint of resident abuse, confirmed or not. Abuse is defined in 42 CFR 483.13(b) and 28 PA Code 201.3.
   i. Verbal
   ii. Sexual
   iii. Physical
   iv. Mental
   v. Involuntary seclusion
   vi. Neglect

II. Death due to medication error or adverse reaction to medication

III. Death due to malnutrition, dehydration or sepsis

IV. Death due to malnutrition, dehydration or sepsis

V. Elopement inpatient

VI. Reportable diseases, referenced 28 PA Code 211.1 and Chapter 27 of Administrative Code/211.1(a)

VII. Misappropriation of resident property

VIII. Notification of interruption/termination of any service vital to the continued safe operation of the facility or the health and safety of its personnel, including but not limited to anticipated or actual termination of utilities

IX. Other - Any event that could seriously compromise quality assurance or resident safety and does not fit under any other category use this one. Examples:
   i. Leave of Absence (LOA) misadventure
   ii. Unsafe practices by outside individuals
   iii. Unsafe practices by the resident


XI. Rape

XII. Receipt of strike notice

XIII. Significant disruption of service due to disaster such as fire, storm, flood, or other occurrence

XIV. Transfer/admission to hospital because of injury/accident

XV. Unlicensed practice of regulated profession

The CHC-MCOs should determine which reportable events NFs should also report to the CHC-MCO.
Q6. What is the definition of a critical incident and will the definition be the same for all CHC-MCOs?

A. All CHC-MCOs are required to use the same critical incident definition. Critical incidents are defined as:

   I. Death (other than by natural causes);
   
   II. Serious injury that results in emergency room visits, hospitalizations, or death;
   
   III. Hospitalization except in certain cases, such as hospital stays that were planned in advance;
   
   IV. Provider or staff misconduct, including deliberate, willful, unlawful, or dishonest activities;
   
   V. Abuse, which includes the infliction of injury, unreasonable confinement, intimidation, punishment, mental anguish, or sexual abuse of a participant. Types of abuse include, but are not necessarily limited to:
      
      i. Physical abuse, defined as a physical act by an individual that may cause physical injury to a participant;
      
      ii. Psychological abuse, defined as an act, other than verbal, that may inflict emotional harm, invoke fear, or humiliate, intimidate, degrade or demean a participant;
      
      iii. Sexual abuse, defined as an act or attempted act, such as rape, incest, sexual molestation, sexual exploitation, or sexual harassment and/or inappropriate or unwanted touching of a participant; and
      
      iv. Verbal abuse, defined as using words to threaten, coerce, intimidate, degrade, demean, harass, or humiliate a participant;
   
   VI. Neglect, which includes the failure to provide a participant the reasonable care that he/she requires, including, but not limited to, food, clothing, shelter, medical care, personal hygiene, and protection from harm.
   
   VII. Seclusion, which is the involuntary confinement of an individual alone in a room or an area from which the individual is physically prevented from having contact with others or leaving, is a form of neglect;
   
   VIII. Exploitation, which includes the act of depriving, defrauding, or otherwise obtaining the personal property from a participant in an unjust, or cruel manner, against one’s will, or without one’s consent, or knowledge for the benefit of self or others;
   
   IX. Restraint, which includes any physical, chemical or mechanical intervention that is used to control acute, episodic behavior that restricts the movement or function of the individual or a portion of the individual’s body. Use of restraints and seclusion are both restrictive interventions, which are actions or procedures that limit an individual’s movement, a person’s access to other individuals, locations or activities, or restricts participant rights;
   
   X. Service interruption, which includes any event that results in the participant’s inability to receive services that places his or her health and or safety at risk. This includes involuntary termination by the provider agency, and failure of the participant’s back-up plan. If these events occur, the provider agency must have a plan for temporary stabilization; and
   
   XI. Medication errors that result in hospitalization, an emergency room visit or other medical intervention.
Q7. If providers are still going to report critical incidents for HCBS participants through the Enterprise Incident Management (EIM) system, does that mean that HCSIS is not being dismantled?

A. Critical incidents as defined by the Office of Long-Term Living must be reported through the Department of Human Services’ Enterprise Incident Management System. After CHC implementation, providers will only use HCSIS for ACT 150 and OBRA waiver participants.