



agency for persons with disabilities
State of Florida

**SUNCOAST REGION
OPERATING PROTOCOL**

SUBJECT: Incident Reporting
NUMBER: Section 05-01
DEVELOPED BY: Laurie J. Harlow

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01/11/09

TOPIC: Incident Reporting and Risk Management for Consumers Living in the Community or ICF/DD's.

PURPOSE: To establish Area-specific incident reporting protocols for the SunCoast Area as specified in APD Operating Procedure No. 10-002. This protocol replaces current Operating Protocol #05-01 last revised in November 2005. This reporting system is necessary to provide the Agency with timely notice and awareness of events that may require direct intervention due to consumer risk or possible adverse public or media attention. In addition, the Agency will compile a database as a vehicle to analyze patterns and trends on critical and reportable incidents in order to provide the direction for quality management activities conducted by the Agency.

SUMMARY: Critical and reportable incidents can be reported by the provider or any individual who becomes aware of the incident. These incidents shall be reported to the Incident Reporting Liaison as specified in the attached APD Operating Procedure No. 10-002. All required verbal reports for "Critical Incidents" require actual contact with the appropriate Area staff person. In addition, all incidents must also be reported immediately to the individual's support coordinator in order to ensure that the incident is also documented in the consumer's central file. It should be noted that since the SunCoast Area has set additional criteria for "Reportable Incidents", you should use the "Incident Reporting Form" that is found along with the Regional Operating Protocol that is posted on the Internet at www.fccflorida.org. Both documents can be accessed by clicking on any of the yellow counties (Desoto, Hillsborough, Manatee, Pasco, Pinellas, or Sarasota) on the Florida map and then clicking on the SunCoast APD tab when the next web page appears. Whenever possible, the form should be submitted electronically by using the email submit button. *When submitting electronically, the reporter needs to remember to print the form before submitting it because the information submitted will not appear on a printed PDF version of the form.* Saving the PDF version of the form will produce a copy of the "Incident Reporting Form" and that electronic file can be used to submit additional incident reports without the need to access the form on the Family Care Council website, however none of the information submitted on the PDF form will be captured by printing that document. Handwritten versions of the form may be submitted via Fax; however they must be either typed or legibly written.

SCOPE: This operating protocol applies to critical and reportable incidents, which occur to individuals who receive services from the Agency for Persons with Disabilities and includes all programs funded, regulated or licensed by the Agency including ICF/DD programs.

PROCEDURES:

1. The SunCoast Area has established a database to record, compile and analyze information obtained through the statewide incident reporting system. This database has the capability to provide data for analysis of incidents by type, location, provider, persons involved and date and/or time of incidents. In addition to the information outlined in the attached operating procedure and Appendix 1, additional information shall be recorded in the SunCoast Area as follows:

a. Under the category of Reportable Incidents, (f)-“other”, the following incidents will be reported to the Area Office:

(1) All Baker Acts

(2) All unplanned hospitalizations *including visits to emergency rooms or urgent care centers*

(3) All medication errors in accordance with Policy Directive #01-01

(4) All arrests of provider agency employees and independent providers.

b. Medication Errors shall be reported to the Incident Reporting Liaison using the “Medication Error Report” form rather than the “Incident Reporting Form”. The form is available on the Internet at www.fccflorida.org and can be accessed by clicking on any of the yellow counties (Desoto, Hillsborough, Manatee, Pasco, Pinellas, or Sarasota) on the Florida map and then clicking on the SunCoast APD tab when the next web page appears. Whenever possible, the form should be submitted electronically by using the email submit button. ***When submitting electronically, the reporter needs to remember to print the form before emailing it because the information submitted will not appear on a printed PDF version of the form.*** Saving the PDF version of the form will produce a copy of the “Medication Error Report” and that electronic file can be used to submit additional incident reports without the need to access the form on the Family Care Council website, however none of the information submitted on the PDF form will be captured by printing that document. Handwritten versions of the form may be submitted via Fax; however, they must be either typed or legibly written.

2. Upon receipt of the Incident Reporting Form, the Area Incident Reporting Liaison will log the information into the database.

3. Once the information is logged, the Incident Reporting Liaison will triage the information and send the incident reports to the applicable supervisor.

a. All Medical related incidents will go to the Medical Case Management Coordinator

- b. All Behavior Related incidents, including Baker Acts, will go to the Area Behavior Analyst
 - c. All incidents related to licensed residential facilities will be forwarded to the Licensing Supervisor
 - d. All other incidents will be forwarded to the Quality Improvement Supervisor for appropriate follow-up.
4. The responsible supervisor will then review the incident and ensure any necessary follow-up, including direct intervention, technical assistance or institution of any provider corrective action plans as relates to the incident.
 5. The final results will be entered into the database by the responsible supervisor and will be part of the final analysis of the incident report data.
 6. Each unit supervisor will generate a monthly summary of critical incidents and will forward a signed copy of this report to the Quality Improvement Area Program Supervisor.
 7. The Area Program Supervisor for Quality Improvement will forward this information to the Agency for Persons with Disabilities Deputy Director for Operations and the SunCoast Management Team for review and further discussion for Quality Management Activities for the SunCoast Area.
 8. Delmarva or the contracted quality assurance agency will be provided with a summary of incidents by provider upon request, prior to their annual review.

ATTACHMENTS:

1. APD Operating Procedure No. 10-002
2. Appendix 1 of APD OP 10-002: Incident Reporting Form
3. Appendix 2 of APD OP 10-002: Incident Reporting Protocol for Area Office 23
4. Medication Error Report form

A. Incident Reporting Contact Information:

- 1. Report of Client Deaths:** Verbal reports of client deaths shall be reported within one hour of becoming aware of the death to:

Name: Jill Cramer, RN

Work Phone: (727) 639-2145

E-Mail Address: jill_cramer@apd.state.fl.us

Fax Number: (813) 233-4307

Back-Up: Name Kathy Freeman

Work Phone: (727) 217-7031

E-Mail Address: Kathy_freeman@apd.state.fl.us

Fax Number: (813) 233-4307

- 2. During Normal Business Hours:** Verbal reports of critical incidents other than client deaths shall be reported within one hour of becoming aware of the incident to:

Area Administrator Name: Linda Eubanks

Designee: Work Phone: (813) 233-4357

E-Mail Address: linda_eubanks@apd.state.fl.us

Fax Number: (813) 233-4307

Back-Up Name: Kim Wojick

Work Phone: (727) 217-7023

E-Mail Address: kim_wojick@apd.state.fl.us

Fax Number: (813) 233-4307

- 3. After Hours:** “Critical Incidents” shall be reported verbally by calling:
(727) 639-1668

Please note that leaving a voice mail message does not constitute valid Regional notification; you must actually speak to the on-call designee.

The verbal report must be followed by an APD Incident Reporting form submitted to the Regional Office at the earliest opportunity, but no later than the next business day.

3. Other “Reportable Incidents” that are not “Critical Incidents” must be reported within one business day to the Regional Office through completion of an Incident Reporting Form or Medication Error Report Form as appropriate to the incident. ***It is not necessary to make a verbal report to the Regional Office for “Reportable Incidents”.***

4. All completed Incident Reporting Forms (Appendix I) and Medication Error Report Forms shall be sent to:

Name: Linda Eubanks

Work Phone: (813) 233-4357

E-Mail Address: Linda_Eubanks@apd.state.fl.us

Fax: (813) 233-4307