

A night scene of a lake with fireworks exploding in the sky and reflecting on the water. The sky is dark blue with several large, colorful firework bursts in shades of red, orange, and yellow. The water is calm, reflecting the lights from the fireworks and the sunset. The horizon shows a silhouette of trees and hills under a twilight sky.

**UNUSUAL INCIDENT REPORTS
AND
MAJOR UNUSUAL INCIDENTS**

THE RULE

5123:2-17-02 (M)(2)(d)

“Requires the **agency provider** to investigate unusual incidents, identify the cause and contributing factors when applicable, and **develop** preventative measures to protect the health and welfare of any at-risk individuals”.

What is an Unusual Incident

“Unusual Incident” means an event or occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the

individual's care or service plan,
but is not a major unusual incident.

Because you are the agency provider at the time of the unusual incident, you are the most knowledgeable about the situation.

You have the facts and ready access to the individual.

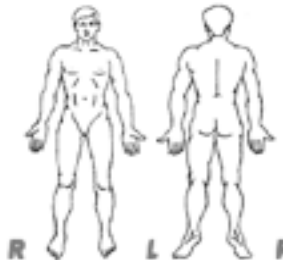
What information must be included on the Unusual Incident Report (UI)

- Individual's name;
- Individual's address;
- Date of incident;
- Location of incident;
- Description of incident;
- Type and location of injuries;
- Immediate actions taken to ensure health and welfare of individual involved and any at-risk individuals;



- Name of primary person involved and his or her relationship to the individual;
- Names of witnesses;
- Statements completed by persons who witnessed or have personal knowledge of the incident;
- Notifications with name, title, and time and date of notice;
- Further medical follow-up; and
- Name of signature of person completing the incident report.

Provider Name & Address:		
DODD – Possible or Determined MUI Report Form		
Individual's Name:		DOB:
Address:		City/County:
Date of Incident:	Time of Incident:	AM/PM
Location of Incident (home in bathroom, at the mall, lunchroom at work):		
Description of Incident (Who, What, Where, When):		
Injury – Describe Type & Location:		
Immediate Action to Ensure Health & Welfare of Individuals:		
Name of PPI(s):	Relationship to Individual:	
Witnesses to Incident:	Others Involved:	
Type of Notification	Name/Title	Date/Time
Guardian / Advocate		
SSA (required for Independent Providers)		
Licensed or Certified Provider		
Staff or Family living at the Individual's home & responsible for the individual's care.		
LE (Name, Badge Number, Jurisdiction, and contact information required for Law Enforcement)		
CPSA (Name and contact information required for Children Services)		
County Board		
Administrator (Required for ICF)		
Support Broker (If applicable)		

Additional information for Administrative Follow-Up:		
A. Further Medical Follow-up:		
B. Administrative Action:		
Signature: _____ Title: _____ Date: _____		
<p>Body Part Injured:</p> <input type="checkbox"/> Head or Face <input type="checkbox"/> Neck or Chest <input type="checkbox"/> Mouth / Teeth <input type="checkbox"/> Abdomen <input type="checkbox"/> Hands / Arms <input type="checkbox"/> Back / Buttocks <input type="checkbox"/> Feet / Legs <input type="checkbox"/> Genitals <input type="checkbox"/> Other _____		
		
Causes and Contributing Factors:		
Preventive measures: (For Provider's internal use)		
Administrator Review: _____ Date: _____		

An effective incident report will tell you . .

- Who: Individuals and staff involved
- When: Date and time of incident
- Where: Location of the incident
- What: What happened before, during (detailed account) and after the incident (immediate action)



WHO?
WHAT?
WHERE?
WHEN?
WHY? HOW?

“Description of Incident” should include . . .

- Describe incident in chronological order.
- Identify conditions that existed.
- Prior action may or may not have caused the incident (may appear unrelated, but a pattern may later emerge).
- If staff were involved, what response and action did staff take?
- Describe what was said. Use quotation marks only if you are absolutely sure of the words used.
- It is important that the health and safety needs of persons involved were addressed first, and that the documentation reflects that priority.
- What is the status and condition of person(s) involved?

Immediate Actions . . .

Always document what actions were taken following the incident (if applicable)

- Assessed for Injuries
- Called 911
- Initiated First Aid
- Separated the Individuals
- Notified Law Enforcement
- Notified the County Board/SSA





Follow Up Actions . . .

- Document all persons notified, attempts made to reach them, and actual contact, with the dates and times included.
- Document any follow-up actions, especially for injuries and health conditions, to assure that proper care was given.

“Causes and Contributing Factors” . . .

What is a cause?

- A cause is a condition that produces an effect.
- Remember—the cause of an incident is the reason WHY the incident occurred.

What is a contributing factor?

- A contributing factor is a condition that influences the effect by increasing its likelihood, accelerating the effect time, affecting severity of the consequences.
- Remember—the contributing factor is what circumstances increased the likelihood of an incident.

Elements of a Prevention Plan . .

Should reduce the likelihood of future occurrences.

Should address each cause identified.

Should address other significant factors that played a role in the incident.

Should be specific in identifying WHO is going to do WHAT, WHEN, WHERE, and HOW.

Should have reasonable solutions that are attainable.

EXAMPLES OF NOT SO EFFECTIVE PREVENTION PLANS . . .

- Continue to monitor or follow the plan
- Implement plan as written
- Told him/her not to do that or remind individual to be careful

UNUSUAL INCIDENT REPORT LOG

Provider/Facility: _____						Month/Year: _____	County: _____			
Name	UI #	Date & Time	Injury	Home Name and Address	Location	Description of the Incident (Explain the risk of Harm)	Immediate Actions Taken to Ensure Health and Welfare	Causes and Contributing Factors	Prevention Plan	UI/MUI

Reviewed by: _____ Title: _____ Date: _____

Trends and Pattern Identified? YES NO

Trends and Pattern Addressed? YES NO If yes, please complete section below.

Action taken to address identified Patterns and Trends:

O.A.C. 5123:2-17-02 (M)(8) Each agency provider and independent provider shall maintain a log of all unusual incidents. The log shall include, but is not limited to, the name of the individual, a brief description of the unusual incident, any injuries, time, date, location, and preventive measures.



REQUIRED

REQUIREMENTS FOR UNUSUAL INCIDENTS AND UI LOGS

Each agency provider and independent provider shall review all unusual incidents as necessary, but no less than monthly, to ensure appropriate **preventative measures** have been implemented and **trends and patterns identified and addressed as appropriate.**

Each agency provider and independent provider shall maintain a log of all unusual incidents. The log shall include, but is not limited to, the name of the individual, a **brief description of the unusual incident, any injuries, time, date, location and preventative measures.**

- Log includes good immediate actions such as medical assessments, protections for individuals, etc.
- There are no blank sections.
- “Unknown” is rarely used.

What is a UI Trend . . .

- Three of the same or similar incidents in a week or five in a month.

Why Are UI Logs Important . . .

- UI logs will help you identify Trends and Patterns that need to be addressed to ensure the health and welfare of those we serve.
- To ensure that sound preventative measures are in place.
- It is required that ALL PROVIDERS complete monthly UI logs.
- DODD will review UI logs during compliance reviews.

Role of the Provider in UI Trends . . .

- 5123:2-17-02 (M)(2)(6,8,9)
 - (6) Each agency provider and independent provider shall review all UIs at least monthly to ensure appropriate preventative measures have been implemented and trends/patterns are identified and addressed as appropriate.
 - (8) Each agency provider and independent provider shall maintain a log of all UIs. The log shall include the name of the individual, a brief description of the incident, injuries, time, date, location, and preventative measures.
 - (9) The agency provider and the county board shall ensure that trends & patterns of UIs are included and addressed in the ISP of each individual affected.

REMEMBER

- An incident report may be subpoenaed at any time.
- Your signature indicates that the document is truthful and inclusive.
- All incident reports should be objective and factual—
never include speculation or opinions.
- An incident report may be your only form of proof that an incident occurred and the actions you took in regard to the incident.

Addendums and Changes for the Providers

**Because of the privatization of both
SASS and SES,
addendums will need to be created in order
to change the Provider of Record.**



RISK ASSESSMENT

SSA MONITORING FREQUENCY GUIDELINE

SSA Monitoring Frequency Guideline

This form is only to be utilized as a "guide" to initiate a conversation regarding monitoring with a person and his/her team.

Individual's Name: _____

Span Dates: _____

Questions	Yes	No	Score
Individual has intensive behavioral needs/strategies? 2 points	<input type="checkbox"/>	<input type="checkbox"/>	
Individual has intensive medical needs? 2 points	<input type="checkbox"/>	<input type="checkbox"/>	
Individual has changed his/her residence in the past 12 months? 1 point	<input type="checkbox"/>	<input type="checkbox"/>	
Children Services/Adult Protective Services/Law Enforcement involvement in the past 12 months? 3 points	<input type="checkbox"/>	<input type="checkbox"/>	
Protocol MUIs (any abuse, neglect, or misappropriation) filed in the past 12 months? 3 points	<input type="checkbox"/>	<input type="checkbox"/>	
History of falls in the past 12 months that required medical care? 2 points	<input type="checkbox"/>	<input type="checkbox"/>	
Individual has refused critical services in the past 12 months, resulting in risks to health and welfare? 2 points	<input type="checkbox"/>	<input type="checkbox"/>	
Individual is at risk for pneumonia, constipation, dehydration, seizures, diabetes, and/or aspiration and choking? 3 points	<input type="checkbox"/>	<input type="checkbox"/>	
Medical concerns resulting in hospitalization more than 1 time in the past 12 months? 2 points	<input type="checkbox"/>	<input type="checkbox"/>	
Individual has limited communication skills? 1 point	<input type="checkbox"/>	<input type="checkbox"/>	
Individual receives 24 hour care by a paid provider? 1 point	<input type="checkbox"/>	<input type="checkbox"/>	
Individual has more than one residential provider? 1 point	<input type="checkbox"/>	<input type="checkbox"/>	
Individual resides with an aging caregiver? (60 years or older) 2 points	<input type="checkbox"/>	<input type="checkbox"/>	
Individual has changed providers in the past 12 months? 1 point	<input type="checkbox"/>	<input type="checkbox"/>	
Individual has a mental health diagnosis? 1 point	<input type="checkbox"/>	<input type="checkbox"/>	
Individual's services were interrupted more than 30 consecutive days in past 12 months? 1 point	<input type="checkbox"/>	<input type="checkbox"/>	
Individual receives money management assistance from provider? 1 point	<input type="checkbox"/>	<input type="checkbox"/>	
Individual has an agency or contracted payee? 1 point	<input type="checkbox"/>	<input type="checkbox"/>	
Individual has transitioned from a DC or ICF to a community setting in the past 12 months? 3 points	<input type="checkbox"/>	<input type="checkbox"/>	
Individual has utilized emergency respite in the past 12 months (DC, psych hospital, ICF, shelter, NP, other)? 2 points	<input type="checkbox"/>	<input type="checkbox"/>	
Individual has a history (within the past 12 months) of poor decision making, resulting in risks to health and welfare? 2 points	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental concerns in current residence in the past 12 months (unclean, lice, bed bugs, roaches, mice infestation, hoarding, etc.)? 3 points	<input type="checkbox"/>	<input type="checkbox"/>	
Total			

SSA Monitoring Responsibilities

- 0-7 Points Minimum of 1 face to face home visit per span year. In addition, phone, email and meetings will be completed by the SSA as needed throughout the span.
- 8-14 Points Minimum of 2 face to face visits per span year. In addition, phone, email and meetings will be completed by the SSA as needed.
- 15-40 Points Minimum of 3 face to face visits per span year. In addition, phone, email and meetings will be completed by the SSA as needed throughout the span.

SSA Signature _____ Date _____

**WAITTING
LIST**



The ADAMhs Board

Four County Board of Alcohol, Drug Addiction
and Mental Health Services

The Information and referral line 2-1-1
**will no longer be available in our area as of
April 30, 2018.**

**Beginning May 1, if you are need of assistance from HOPE
Services**

**after designated office hours, please call 419-599-2892.
After you hear the recorded message, press 6 to reach the
SSA on-call.**

**You can also call 1-800-468-HELP for further assistance
from the local behavioral health hotline.**



**NEXT PROVIDER MEETING
THURSDAY, SEPTEMBER 27, 2018**

WE JUST WANT TO

**SAY A GREAT
BIG**

THANK YOU!