

**COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN
SERVICES**

Massachusetts Rehabilitation Commission (MRC)
Department of Developmental Services (DDS)



Home and Community Services Information System (HCSIS)
Incident Management Guidelines



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I. Incident Management System Description

The identification, reporting and corrective action of adverse events that can compromise the safety and welfare of persons with a disability is a major component of an effective quality management system. It is a shared responsibility of the involved state agency (Department of Developmental Services or DDS and Massachusetts Rehabilitation Commission or MRC) and its providers. Historically, incidents were reported directly to the Service Coordinator or Case Manager in a paper form via fax or mail. Information provided included a description of the incident and supervisory review.

The design of the incident reporting module for HCSIS reflects not only what is in place at the current time, but the improvement of the process from its status as a reporting system to a more thorough, consistent incident management system. An effective incident management system needs to perform 5 primary functions:

- (1) **Identify** adverse events, potential jeopardy and factors related to risk.
- (2) **Notify** key people involved in the planning and support of the involved individual.
- (3) **Trigger a response** to protect the individual and minimize risk.
- (4) Have the ability to ability to **collect and analyze information** about individuals, services, providers and the overall system.
- (5) Have the capacity to **identify patterns and trends** to guide service improvement efforts.

Another consideration in the design of an incident management system is the importance of closing the loop of an incident report with agreed upon action steps to address the causes for each incident and enhance the probability that the incident will not recur. The system needs to be a mechanism for documenting all activities related to an incident from initial observation or knowledge of an incident to follow-up and closure.

II. Documentation of Life Events

A provider, along with the individual's team, has an affirmative responsibility to develop and implement a plan of support based on that individual's unique needs and interests as part of their overall support of the individual. To do this, it is important to document, review, and track events in an individual's life that support a better understanding of that individual through accurate reporting and analysis. Among the many ways that documentation is used to support an individual include:

- Providing pertinent information for an individual's ISP
- Providing relevant information to the Service Coordinator or Case Manager.



- Providing relevant information to help determine whether a clinical consultation should be recommended.
- Life events can be documented in many places including:
 - **Behavior Plans** – plans developed to address behaviors that have the potential to cause harm to the individual, to others or to property and that impact their overall quality of life.
 - **Progress Notes** – notes on an individual’s progress in meeting goals identified in an individual’s ISP or plan.
 - **Case Management Notes** – notes by Case Managers outlining information about the individual.
 - **House Logs and Communications Logs** – the program should have a system for documenting events that occur for individuals served in the program. This is a way of communicating with other staff about events that occur, as well as providing information about an individual that may require further action.
 - **Bi-Monthly Visits** – Service Coordinators/Case Managers make bi-monthly visits to programs to review any issues and progress occurring at the program. These visits should be documented and can be used in further planning around individual needs.
 - **Internal Agency Reporting** – Agencies may track certain events that do not rise to the level of a reportable incident in HCSIS but are events for which the agency may want to plan. One way to do this is to use the ORE (optional reportable event) feature in HCSIS to record and track events that do not rise to the level of a reportable event, but the nature of which are concerning to the extent that the provider wants to track and analyze them. For example, a provider might want to track falls even if they don’t involve an injury to determine if a pattern emerges. ORE information is not available to the involved state agency but is available to the provider through reports and data extracts in HCSIS.
 - **Health Care Checklist**– This is a helpful guide in describing types of events that are not reportable incidents in and of themselves but still need to be communicated and documented because they indicate a change or they are different or unique for an individual. This checklist, located in the Health Promotion and Coordination Initiative Training and Resource Manual, includes events such as sleep patterns, eating/weight information and behavior.
 - **Incident Reports**- reportable events through the HCSIS system as outlined in the incident categories

III. Communication Between State Agencies and Providers

State agencies (MRC and DDS) as well as providers are partners, along with the individual, family and other members of an individual’s ISP team, ensure that individuals receive quality



care. To accomplish this, there needs to be ongoing communication through a variety of mechanisms about the needs of individuals and events affecting their lives. These include:

- **Telephone Calls** – Phone calls are a fundamental component of this communication system. It is of particular importance that the involved state agency be contacted whenever there is a significant event affecting an individual. This should occur even if an incident report is being entered. Notification should occur as soon as possible for those events placing individuals at a significant health and safety risk, such as a life threatening injury, which would include paging the involved state agency DDS or MRC person on call after hours. Telephone calls will also play an important role between providers and Service Coordinators/Case Managers in planning and implementing services to meet individual needs.
- **Bi-Monthly Meetings** – Service Coordinator/Case Manager visits to residential services to review progress for individuals and any important events since the previous visit.
- **Risk Meetings** – A Risk Management Plan is developed when an individual presents with high risk behaviors or situations that are not able to be safely managed.
- **Individual Support Plan (ISP)** – The annual ISP meeting, with the planning and preparation that occur before the meeting, is an important element in ensuring individuals receive supports that best meet their needs. ISP modifications are also important in developing and documenting any changes in service delivery.
- **Scheduled Meetings** – Meetings occur throughout the year in planning for individual needs as well as program needs.
- **HCSIS Incident Reporting** – Events should be entered into HCSIS when they meet the threshold of a reportable incident. As mentioned above, completion of an incident report may be in addition to phone communication about the event.

IV. Changes to the HCSIS Incident Management System

The HCSIS Incident Reporting System has gone through regular reviews and revisions since its inception in 2006. These changes have enhanced the effectiveness, consistency and validity of information gathered through the reporting system. The system is currently being revised with the addition of services to individuals within the Hutchinson Settlement Agreements to serve individuals with acquired brain injury (ABI) and individuals served through “Money Follows the Person” (MFP) HCBS Waiver programs.

Although primary and secondary incident categories were not changed, there were revisions to incident category definitions as well as the addition of questions to be answered for every reportable incident. These changes were made to provide important information about individuals with ABI and those served through MFP as well as to enhance the information gathered for individuals with intellectual disability (ID).



Incident categories are defined in the incident category document, which also includes the most recent changes to definitions.

V. Definitions and Classifications

A. Reportable Incident

A reportable incident is one that meets the thresholds defined in these guidelines. A reportable incident is one that could compromise the safety and well-being of an individual with an intellectual disability, acquired brain injury or served through the “money follows the person” waiver as identified in the incident categories. An incident is an event that requires timely notification to key people and a prompt and appropriate response to protect the individual and to minimize risk.

A reportable incident is classified in the system:

1. As requiring a “major” or broader level of review (the involved state agency management) or a “minor” level of review (state agency Service Coordinator/Case Manager only),
2. By a primary category and, for some incident types, by secondary categories as well, and,
3. In specific circumstances, reported as site based incident rather than as an individual incident.

B. Incident Categories

Primary incident types are the categories of reportable incidents. Within many of the primary categories are secondary categories that more specifically define the nature of the incident. For example, if the primary category of an incident is “Unexpected/Suspicious Death,” you would select one amongst the following secondary categories: “accidental,” “suicide,” “unusual circumstances,” or “other unexpected sudden death.” This allows for a more in depth analysis of the data.

C. Determining the appropriate category for an event

Reporters should review the categories carefully in order to determine the most appropriate category for the event. Incident categories align with the most serious component of the event; the categories were designed to ease the process of categorizing events in this manner. In the event that there is confusion about categorization, it is important that the reporter explore with supervisors or the involved state agency as to which category is the most appropriate. Information gathered from these categories is used in identifying service needs for individual or systemic service improvements.

D. Unexpected Hospital Visit Incidents



Reporters need to remain vigilant in classifying events as “unexpected hospital visit” whenever the event results in an emergency hospital visit unless the incident is categorized as an “unexpected/suspicious death” or “suicide attempt”. When the hospital visit category is used, reporters should use the same diligence as described above when identifying the reason for the hospital visit.

E. Process for Revision of Incident Category

If the category chosen in the initial report is found to not be the most appropriate, it can be changed at two other points in the process before the incident report is closed.

1. The category can be revised in the final report by the reporting agency.
2. The category can be revised by the involved state agency during their review. For most incident categories, the involved state agency should change the category in the event that they determine that another category is more appropriate. The provider is notified if an incident category is changed. However, the involved state agency cannot change an incident category to “unexpected hospital visit” as a hospital visit requires more information from the reporter about what occurred. In this situation, the individual Service Coordinator/Case Manager may reject the incident report, asking the provider to change the category. The provider would then need to complete the hospital screen and resubmit the incident report.

F. Major (Broader) vs. Minor Level of Review

Incident categories that are classified in the system as requiring a “major level of review,” such as “Unexpected/Suspicious Death,” will mean that the reported incident is subject to a broader review by the reviewing state agency. Incident categories that are classified in the system as “minor level of review” are reviewed by the Service Coordinator/Case Manager/facility, but can be escalated and reclassified to “a major level of review” by the Service Coordinator/Case Manager or Facility. Changing the review classification to “major level of review,” means the system will require the incident to be reviewed by the designated DDS/MRC second level of review in addition to review by the state agency Service Coordinator/Case Manager or DDS Facility. Once the review classification is changed, the reporting provider is notified through a HCSIS alert that the review classification has been changed to “major level of review.”

G. Escalation Guidance

The following *italicized* section is intended to provide guidance to help the Service Coordinator/Case Manager and DDS Facility determine when the review classification of



an incident should be escalated from “minor level of review” to a “major level of review.”

Incident categories are initially classified as requiring either a major (broader state agency) level of review or a minor (Service Coordinator/Case Manager/facility) level of review. However, an incident initially classified as requiring a minor level of review can be elevated to a major level of review. There will be situations where the incident narrative indicates the need for a broader involvement in the decision making process. The decision to elevate rests with the involved state entity. The following are guidelines for when an incident should be elevated to major.

1. *Incidents of suspected mistreatment where there is any injury or medical condition that is life threatening, or where staff action or failure to act exposes the individual(s) to serious personal or public safety risk. Example 1: On hot summer day, individuals are left in a van while staff goes shopping.*
2. *Incidents that have the potential for broad, negative publicity in the media. Example 1: An individual runs out of house naked and into heavy traffic.*
3. *Incidents where law enforcement is involved in any capacity. This would include when police are called by staff to help manage a situation with risk to safety or when the police are more incidentally involved such as when a police officer happens upon an event and offers to help but staff are able to manage the incident without additional intervention.*

H. Site Level Incidents

1. Individual versus Site Level Incidents

Some incidents involving more than one individual may be eligible to be reported as a site level incident, which would eliminate the need to complete an individual incident report for each individual involved in the incident. A site level incident can be used by residential service providers when the facts and effect of the incident are identical for the individuals included in the site incident report. In order for an event to be reported as a site level incident, it must:

- a. Involve more than one individual. Any incident involving only one individual must be reported as an individual incident.
- b. Impact all individuals included in the site incident identically
- c. Not involve a potential injury or illness. An individual incident report must be done for each individual that is potentially ill or



injured. For example, if individuals need to be relocated because of a fire, a site level incident could be completed to cover everyone involved in the relocation. However, if potential injuries are involved, an individual incident report needs to be completed for each individual who is potentially injured

- d. If the incident affects involved individuals differently, or the action to be taken is not identical for all, then individual incident reports will need to be filed

2. Incident Categories that could be a Site Level Incident

Below are the incident categories for incidents that may be reported as site level incident

- a. Fire/Allegedly started by Individual (individual incident report must be completed for the individual who allegedly started the fire but there could potentially be a site level incident report for the others in the house if they meet the site based incident criteria)
- b. Fire/Not started by Individual
- c. Fire/Unknown
- d. Suspected Mistreatment/Alleged Omission – Failure to Provide Needed Supports - For example, the fire alarm system is broken and staff has not made efforts to repair it.
- e. Suspected Mistreatment/Alleged Omission – Failure to Provide Needed Supervision, for example, a staff person leaves individuals in the van while running into a store. The incident is discovered quickly and none of the individuals are upset or adversely affected.
- f. Theft/Alleged Victim – For example, staff discover that individual money at a residence is missing. The agency reimburses all of the money and individuals are not impacted.
- g. Transportation Accident/Motor Vehicle Accident – For example, during transportation there is a fender bender. None of the individuals are injured or need to go to the hospital.
- h. Emergency Relocation – For example, individuals are all safely relocated from their residence because of a power outage.
- i. Other – for example, staff are reported for driving erratically with individuals in the vehicle but individuals are not directly impacted.

I. Determining if an Event is Reportable in HCSIS

1. Questions to Ask in Determining if an Event is a Reportable Incident



- a. Could this specific event potentially compromise the individual's safety and/or well-being?
- b. Does it require timely notification of key people in an individual's life; e.g. within the provider agency, involved state agency, guardian?
- c. Does there need to be a prompt and thorough response to this event to protect the individual and minimize risk?
- d. Does the event meet the definition outlined in one of the incident categories?
- e. Does an event meet the criteria outlined in the Decision Tree for a significant behavioral incident?

J. Behavior Plans and Incident Reporting When the Individual is the Alleged Perpetrator

1. Situations when an incident report is not required if an individual is on a behavior plan
 - a. An incident report may not be required when the alleged perpetrator is an individual with an approved behavior plan (Level I with restrictions and Level II) when:
 1. The event occurs at the program site, is managed by staff on duty and targets the specific behavior that would be reported.
 2. Data are kept on the specific target behavior, which is shared with others involved in supporting the individual and changes to the plan are made based on the data gathered. An incident report must always be done if an individual is the alleged victim.
2. Applicable Incident Categories
 - a. Property Damage, Alleged Perpetrator
 - b. Sexual Misbehavior – Alleged Perpetrator – unless the person is a registered sex offender, which must always be reported. (Any incident of aggressive sexual behavior – Alleged Perpetrator must also always be reported.)
 - c. Significant Behavioral Incident – if the incident involves a physical altercation against another individual, an incident report must be completed for the victim.
3. Situations Requiring an Incident Report even though there is a Behavior Plan
 - a. The reportable incident involves a targeted behavior that falls outside of the criteria for the behavior plan in terms of the duration, frequency and/or intensity and is atypical for that person;



- (e.g. target behavior is aggression towards staff that, under the behavior plan, is addressed through redirection; however, in the current event the individual does not respond to redirection and injures staff before being restrained.)
- b. The reportable incident involves a behavior that is a change in the manifestation of the target behavior; (e.g. typically the person disrobes in the yard but in this event the person disrobes in a restaurant.)
 - c. The reportable incident event involves a targeted behavior in the individual's behavior plan but also involves the police at any point in the process.
 - d. The event occurs in the community and has the potential for causing a negative impact for the individual or service.

VI. Incident Reporting and Management Process

A. Review Process and Timelines

Upon occurrence or discovery of a reportable event, prompt action must be taken to protect the individual's health, safety and welfare. After taking the necessary and appropriate actions to protect the individual, an incident report is filed according to the timelines outlined below:

1. **Initial Report** – to be completed and submitted to the appropriate state agency either on a paper incident report form or electronically in one (1) business day for incidents initially classified as major review incidents or three (3) business days for incidents initially classified as minor review incidents. The initial report provides basic information about the incident, includes any immediate action taken to protect the individual's health and safety, and also includes a supervisory review.
2. **Final Report** – The Final Report includes any additional information learned about the incident and any additional action steps beyond those identified in the initial report to be taken to minimize recurrence. The action steps should include actions that have been or will be taken in response to the incident. The Final Report for most incident categories is to be completed by the provider and submitted to the involved state agency within seven (7) calendar days following the discovery of the incident.
3. **State Agency Management Review** – The state agency reviewer must complete his/her management review of the incident report within seven



- (7) calendar days of receipt of the Final Report from the provider. If he/she does not agree with proposed additional action steps, or determines that the incident should have been classified as “unexpected hospital visit”, the incident report is sent back to the provider for revision. The provider has up to seven (7) calendar days to complete the required revisions. If the state agency reviewer determines that the incident category is incorrect (except for “hospital visit”), the category will be changed at the state agency level with notification going to the provider. The state agency is also responsible for determining whether an incident report that defaults to a minor level of review should be escalated for a major review (such as if the police are involved in the event). Providers are notified if an incident is escalated for a major review.
4. **State Agency Senior Management Review** (for incidents requiring a major level review) The state agency management reviewer or their designee must complete his/her management review of incidents classified as “major level of review” within seven (7) calendar days of receipt of the report from the local state agency reviewer. If he/she does not agree with the incident category or the proposed action steps, the incident report is sent back to the Service Coordinator/Case Manager/facility reviewer for revision. The Service Coordinator/Case Manager/facility has up to seven (7) calendar days to return the incident to the provider (if the category should have been “unexpected hospital visit” or revise the action steps.
 5. **Incident Closure** – Once the incident report is marked approved by the state agency Service Coordinator/Case Manager/facility reviewer (for minor level review incidents) and the state agency senior management reviewer (for major level of review incidents), the incident report is closed.
 6. **Report Extension-** In rare instances it may not be possible to submit a final report within seven (7) calendar days of the incident being discovered. For example, if an individual is hospitalized unexpectedly, the incident report should not be finalized until the individual is discharged from the hospital. Therefore, it may not be possible to complete the final report within the designated time frame for filing a final report. In such a situation, an extension notification should be made as soon as it is apparent that the seven (7) calendar day reporting requirement will not be met.

B. Notification Requirements



1. **State Agency Notification** -All reportable incidents are to be submitted electronically through the HCSIS system. In the event that the HCSIS system is unavailable, the incident report should be filed using the paper form. In all instances, providers must immediately notify (e.g. by telephone, email, in person) the appropriate state agency personnel if the event is a major level review incident.
2. **Family/Guardian Notification** – Whenever a major level review incident occurs, the guardian of the individual should receive immediate verbal notification that the incident has occurred. For minor level review incidents, there should be a discussion with the guardian as to what, when and how they wish to be notified. That discussion and the guardian’s decision should be noted in the individual’s record. Written reports should be sent to guardians only upon their request and not as a routine practice. If an individual is not under guardianship, family members may be notified if specific authorization is given by the individual.
3. **DPPC Notification** – Whenever a complaint is made by a provider or state agency staff to the Disabled Persons Protection Commission (DPPC), an incident report must also be filed if the complaint fits an existing incident category. The filing of an incident report does not relieve mandated reporters of their responsibility to report suspected abuse or neglect directly to DPPC.
4. **Elder Affairs Notification** – If a complaint is made by a provider or state agency staff to the Division of Elder Affairs, for an individual over 59 years old, an incident report must be filed if the complaint fits an existing incident category. The filing of an incident report does not relieve mandated reporters of their responsibility to report suspected abuse or neglect of individuals over 59 years old to Elder Affairs as well as to DPPC.

C. Other Actions

1. **Incident Deletion** – If it is determined that an incident report was submitted for an event that does not meet the threshold for a reportable incident, the incident report can be deleted from HCSIS. The appropriate state agency is responsible for the deletion. The local state agency is authorized to delete the erroneously filed “minor” incident report and the senior state agency personnel or designee is authorized to delete an erroneously filed “major” incident report.



2. **Incident Report Accessibility**– If incident reports in the HCSIS system are accessible to provider staff at the program or residential site where the incident occurred, then paper copies of the HCSIS report need not be maintained. However, if HCSIS information is not readily accessible, paper copies of incident reports should be maintained at the program/residential site. A copy of the initial report should be kept until all parts of the incident report are finalized and filed with the involved state agency electronically, and the state agency has closed the incident. At that time, the finalized incident report can replace the initial report in the record.

VII. HCSIS Documents

All current HCSIS incident management documents are located on the DDS state agency website (www.mass.gov/dds) under “HCSIS,” under “Incident Management” and then under “Incident Documents.” Documents posted on the website include:

- A. HCSIS Guidelines 2014
- B. Paper Individual Incident Report 2014
- C. Individual Incident Report Instructions 2014
- D. Incident Categories and Definitions 2014
- E. Paper Site Based Incident Report 2014
- F. Site Based Incident Report Instructions 2014
- G. Incident Decision Tree for Significant Behavioral Incidents 2014
- H. Incident Reporting Fact Sheet 2014
- I. HCSIS Incident Management Changes Chart 2014

VIII. Other Incident Report Guidance

A. Incident Report Questions

The incident report includes a number of important questions that may provide data beyond the actual facts of the incident, which can be important in planning both for the individual(s) involved as well as systemically. For example, if the data show that law enforcement is involved for a majority of the incidents involving individuals in a particular home, it may be useful to do some outreach to the local police department to do some training and/or explore ways to work more collaboratively in supporting the individuals in this home as well as developing better supports for the individual(s) in the home so that the police do not need to be contacted to resolve the incident. Police involvement could also be reviewed systemically to enhance planning as a system.



The following are questions included in the incident report that will give both the provider and the state agency additional context for the incident and can aid in better planning.

- 1. Was supervision at the time of the incident being provided as assigned?** It is important to know whether the individual at the time of the incident was being supervised in a manner consistent with supervision requirements identified in the individual's ISP. For example, if the identified supervision requirements in an individual's residential placement calls for 24-hour supervision, but not line-of-sight supervision, an event could occur in the home with staff being present in the home but not directly observing the incident. The answer would then be "yes," supervision was being provided as assigned. However, if the supervision requirement is line-of-sight supervision, at the time of the event and staff are not directly present, the answer would be "no." However, if it is unclear whether supervision was provided as assigned; e.g. it is unclear when the event happened, the answer would be "unknown"
- 2. What is the most recent status of the individual?** The most recent status of the individual refers to the individual's state or condition at the time the incident report is completed. For example, is the individual presently upset/calm/resting comfortably?
- 3. Was law enforcement involved in this incident?** Law enforcement is considered involved in an incident if they are involved in any capacity. Police may have been called by staff for safety reasons, may have coincidentally happened upon the scene as an event was occurring, or may have come with emergency vehicles. In all of these situations, the answer to this question should be "yes."
- 4. Is there an injury?** This question (and the subsequent questions in the incident report if this question is answered "yes") relates only to injuries to the individual for whom the incident report is being completed. If there is an injury to another individual or to staff, this should be outlined in the incident narrative only.
- 5. Did the incident involve the ingestion of a non-food item?** The reporter does not need to make a judgment as to whether this ingestion contributed to the incident. By answering "yes," the reporter is ensuring that this potentially dangerous act is further reviewed. It will also be possible to track how often this occurs both individually and systemically.
- 6. Did the incident involve unauthorized use of drugs/alcohol?** The reporter would answer "yes" to this question if the use of illegal alcohol or drugs not prescribed for the individual were involved in the incident. Also, if the drinking of alcohol was involved and alcohol consumption is



clearly not allowed for this individual, such as is the case for an individual with an acquired brain injury (ABI) in a residential service, the reporter is only reporting the facts in answering this question and is not making a judgment as to how this unauthorized use may or may not have contributed to the incident. Even though alcohol may be discouraged for an individual living in the community, it cannot be prohibited, so this question would be answered “no” for an individual living in the community.

- 7. Did the incident involve non-compliance with a medical directive?** A medical directive is a specific written order from the doctor separate from medication orders. For example, the doctor might order that an individual with diabetes check their blood sugar twice a day or might order blood work be completed on a particular schedule. If the individual does not comply with these orders this question should be answered “yes.” The reporter is only reporting the facts in answering this question and is not making a judgment as to how this non-compliance might be affecting the incident.
- 8. Did the incident involve non-compliance with medication?** The reporter should answer “yes” to this question if an individual refuses medication prescribed by their physician. The reporter is only reporting the facts in answering this question and is not making a judgment as to how this medication refusal might be affecting the incident.
- 9. Did the incident involve suicidal threat/ideation?** The reporter should answer “yes” to this question if at any time during the incident the individual makes a suicidal threat or expresses suicidal ideation. The reporter is not making a judgment as to the seriousness of the threat or ideation but rather is just reporting the fact that this occurred during the incident.
- 10. Questions for significant behavioral incidents involving a physical altercation-**There are questions on the incident classification page for events of “significant behavioral incident” with a secondary category of “involves a physical altercation.” These questions need to be answered to identify the victim of the physical altercation and whether there was an injury. This information is important in determining the severity of the incident.
- 11. Reason for ER/Hospital Visit** – This question was added to the incident report in order to track both the hospital visit as well as the precipitating cause of the visit. Reporters should choose the dictionary choice that most appropriately identifies precursors to the hospital visit. In addition to “near drowning,” “illness,” and “injury,” the dictionary is comprised



solely of the other incident categories. All incidents that involve a hospital visit must be categorized as “unexpected hospital visit” with the appropriate secondary category. By identifying the reason for the hospital visit, more complete data are available for review and interpretation.

B. Other Incident Report Clarifications

- 1. Urgent Care Visits** – Urgent care visits as opposed to going to the emergency room should be categorized as “medical or psychiatric treatment not requiring a hospital visit.
- 2. Unexpected Hospital Visits** - The provider who brings the individual to the emergency room/hospital completes the Initial Report, which should be finalized with as much information as is available. This also pertains to admissions to hospitals from the day program; the day program should complete the report. A second incident report does not need to be completed by the residential provider, or when the individual goes to a rehabilitation facility upon discharge. If the hospitalization lasts longer than seven days, the provider also has the option of filing an extension. The provider should indicate in the report who (e.g., family member, another agency etc.) will be following up on the event.
- 3. Psychiatric Hospitalization** – This category should be used for both a psychiatric inpatient hospital admission and an inpatient admission to a detoxification center or drug treatment center.
- 4. Unauthorized use of restraints for individuals with acquired brain injury or “money follows the person” services** – Restraint is not allowed for individuals supported through these services. Therefore, if a restraint is used, unless it is used to protect the individual from imminent, serious harm (such as stopping an individual from running into traffic), this would be considered potential mistreatment and an incident report should be filed under “suspected mistreatment” with a secondary category of “alleged victim of physical abuse.” If the restraint is used to prevent imminent, serious harm, an incident report should be completed using the appropriate category and the restraint should be described in the incident description.
- 5. Determining When a Bruise is Reportable** – The presence of bruises may be related to several causes. An individual may have bruises that are noted as a component of a reportable event in the HCSIS incident management module. These bruises should be identified in the incident report for the questions on “type of injury” and “body part affected by the injury.” For example, if a bruise is noted as a result of a physical altercation, the bruise should be identified as part of the physical altercation incident report.



Bruises may also be noted that are not directly tied to a broader, reportable event. These bruises may not rise to the level of a reportable incident. Bruises are reportable through the HCSIS incident management system when there is a question of abuse or mistreatment. The following are questions one can ask to determine whether or not a bruise is reportable.

- a. Is it known how the bruise occurred? If the cause of the bruise is known, is there a question of mistreatment contributing to the cause?
- b. If the cause of the bruise was not observed, is it possible to surmise how the bruise occurred? Questions to determine this include:
 1. *Does this individual have a medical or other condition that contributes to bruising?*
 2. *Does the individual take a medication known to contribute to bruising?*
 3. *Are there specific types of equipment the individual is typically involved with that could cause bruising?*
 4. *Does the bruise look different from those you could surmise the cause? For example, is it a deeper bruise than would be suspected from possible causes? Does the coloration suggest a timeline that is consistent with the possible cause?*
 5. *Is the bruise suspicious in any way, such as the location, number of bruises, frequency of bruising and of an unknown cause?*
 6. *Does the bruise meet the criteria for reporting to DPPC (significant bruising and a question of abuse or mistreatment)?*

Although a specific bruise may not rise to the level of a reportable event, it should still be documented in other ways as outlined in the section for “Documentation of Life Events.”

C. Confidentiality Considerations

There are state and federal laws, such as HIPAA and the Fair Information Practices Act, that protect the confidentiality and privacy of DDS consumers as well as the staff who support them. To assure that these interests are safeguarded, any information concerning an individual which, because of name, identifying number, mark or description can be readily associated with the individual for whom the report is generated should be redacted from the incident report. The name of the individual for whom the incident report is generated should be included for internal reviewers of the report. For others



involved, names can be substituted with initials or with descriptors such as Staff A, or Staff B. A key should be maintained of others involved in the incident so this information is available later on. However, when an incident report is sent to others outside of the system, identifying information on those involved with the incident should always be protected.

D. Obtaining Guidance about the System

On-line training is available for new users. This training is available at the HCSIS Training website at <http://mass.gov/dds>. This site will take the user through each step of completing an incident report and using the system. Quick Guides are also available at this website and are an easy resource for the different roles and functions in using the system. Incident report instructions for both the individual and site based incident reports, which give line by line guidance in completing these forms, are available on line as well as other documents previously identified. DDS is also in the process of developing an initial training for all individuals beginning to use the HCSIS system. This training will be for reporters and for reviewers, and will be available to all providers and state agency staff involved with incident reporting and reviewing.

When problems are experienced with the system and cannot be answered through the above resources, staff should initially contact their agency's primary HCSIS contact to address the issue. That person will determine whether the issue can be addressed internally and, if not, who needs to be contacted to resolve the issue.