

DEPT. OF HEALTH AND HUMAN SERVICES

State of Nebraska DHHS-Division of Developmental Disabilities

Quarterly Provider Incident Report Template

Implementation Date: 7/28/17
Revised: 12/30/2019

Revised: 1/1/2021

DATE:

To: DDD Central Office via SComm to:

First Name: DHHSDDQuality

Last Name: Mailbox

Quarterly Incident Report for Provider:

Reporting period:		Quarte		
Start Date:	-	Ending Date:		

1. DATA COMPILATION: Graph/Sheet 1:

Graph/Sheet 2:

Graph/Sheet 3:

2. PROVIDER AND PARTICIPANT DATA ANALYSIS AND ACTION PLANS TO ADDRESS INCIDENT REDUCTION OR SYSTEMIC PATTERNS

<u>DIRECTIONS</u>: This section includes a detailed compilation and analysis of quarterly incident report data. Complete all sections needing additional analysis by filling in the shaded sections with the requested information or the number of GER events.

NOTE: Any alphabetical sections B-U needing no analysis, as described in the table for the event category, should be deleted and removed from your Provider Report.

A. This quarte	r there were	high not	ification level	General Event Reports	(GERs), w	hich
involved	high level incider	nts and	participants.	In comparison, there w	ere	High
Notification G	ERs the prior quar	rter.				

B. Acute Illness or Change in Condition (Event Types Serious Illness or Change in Condition): Analysis: Complete an additional analysis if any of the following conditions are present: Explain reason(s) for additional analysis:

A participant had three or more incidents.

This quarter's total exceeded the prior provider or

There were three or more incidents for the quarter.

participant total.		
There were systemic issues.		
Action Plan to address Incident Reduction or Systemic patterns: Please explain in details the action plans that will be taken or have already been taken to address this category of incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:		
C. Allegation or suspicion of abuse, neglect, or exploitation	n (Event type: Complaint and/or	
Possible Litigation):		
Analysis:	1-11	
Complete an additional analysis if any of the following	Explain reason(s) for additional	
conditions are present: There were incidents for the quarter.	analysis:	
There were systemic issues.		
There were systemic issues.		
D. Behavioral episodes (Event Type: Behavioral Issue):		
Analysis:		
Complete an additional analysis if any of the following	Explain reason(s) for additional	
conditions are present:	analysis:	
There were incidents for the quarter.		
There were systemic issues.		
Action Plan to address Incident Reduction or Systemic patterns: Please explain in details the action plans that will be taken or have already been taken to address this category of incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:		
E. Death of a participant (Event Type: Death):		
Analysis:	Evalois reason(s) for additional	
Complete an additional analysis if any of the following	Explain reason(s) for additional	
conditions are present:	analysis:	
There were incidents for the quarter. There were systemic issues.		
THELE WELE SYSTELLIC ISSUES.		

Action Plan to address Incident Reduction or Systemic patterns:

Please explain in details the action plans that will be taken or have already been taken to address this category of incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:

F.	Hospitalization of a	participant	(Event Type:	Hospital):
Λ.	a alveia.			

Analysis

Complete an additional analysis if any of the following	Explain reason(s) for additional
conditions are present:	analysis
A participant had three or more incidents.	
This quarter's total exceeded the prior provider or	
participant total.	
There were systemic issues.	

Action Plan to address Incident Reduction or Systemic patterns:

Please explain in details the action plans that will be taken or have already been taken to address this category of incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:

*Clarify how many were for mental health reasons and how many were for physical health incidents.

G. Incidents of choking (Event Type: Choking):

Analysis:

Complete an additional analysis if any of the following	Explain reason(s) for additional
conditions are present:	analysis:
There were incidents for the quarter.	
There were systemic issues.	

Action Plan to address Incident Reduction or Systemic patterns:

Please explain in details the action plans that will be taken or have already been taken to address this category of incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:

H. Infestations (Event Type: Infestations):

Analysis:

•	
Complete an additional analysis if any of the following	Explain reason(s) for additional
conditions are present:	analysis:
There were incidents for the quarter.	
There were systemic issues.	

Action Plan to address Incident Reduction or Systemic patterns:

Please explain in details the action plans that will be taken or have already been taken to address this category of incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:

I. <u>Injury of unknown origin raising suspicion of abuse or neglect (Event Type: Injury w/ Designation abuse or neglect is suspected):</u>

Analysis:

Complete an additional analysis if any of the following	Explain reason(s) for additional
conditions are present:	analysis:
There were incidents for the quarter.	
There were systemic issues.	

Action Plan to address Incident Reduction or Systemic patterns:

Please explain in details the action plans that will be taken or have already been taken to address this category of incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:

J. <u>Injury or displacement as a result of fire, flood, or other similar emergency or natural disaster(Event Type: Injury w/Cause of Emergency/Natural Disaster or Displacement):</u> Analysis:

Complete an additional analysis if any of the following	Explain reason(s) for additional
conditions are present:	analysis:
There were incidents for the quarter.	
There were systemic issues.	

Action Plan to address Incident Reduction or Systemic patterns:

Please explain in details the action plans that will be taken or have already been taken to address this category of incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:

K. <u>Injury requiring medical attention</u> (Event Type: Injury w/Moderate or higher severity or Suicide):

Analysis:

Complete an additional analysis if any of the following	Explain reason(s) for additional
conditions are present:	analysis:
A participant had three or more incidents.	
This quarter's total exceeded the prior provider or	
participant total.	
There were systemic issues.	

Action Plan to address Incident Reduction or Systemic patterns:

Please explain in details the action plans that will be taken or have already been taken to address this category of incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:

L. Injury resulting from fall (Event Type: Injury w/ cause as fall): Analysis: Complete an additional analysis if any of the following conditions are present: A participant had three or more incidents. This quarter's total exceeded the prior provider or participant total. There were systemic issues.

Action Plan to address Incident Reduction or Systemic patterns:

Please explain in details the action plans that will be taken or have already been taken to address this category of incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:

M. <u>Injury resulting from use of restraint</u> (Event Type: Injury w/cause as Restraint):		
Complete an additional analysis if any of the following	Explain reason(s) for additional	
conditions are present:	analysis:	
There were incidents for the quarter.		
There were systemic issues.		

Action Plan to address Incident Reduction or Systemic patterns:

Please explain in details the action plans that will be taken or have already been taken to address this category of incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:

N. Injury resulting from Medication Error (Event Type: Medication Error):		
Complete an additional analysis if any of the following	Explain reason(s) for additional	
conditions are present:	analysis:	
There were incidents for the quarter.		
There were systemic issues.		

Action Plan to address Incident Reduction or Systemic patterns:

Please explain in details the action plans that will be taken or have already been taken to address this category of incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:

O. <u>Law enforcement contact or possible criminal activity</u> (Event Type: Criminal Activity/Misconduct or Law Enforcement Involvement, or Possible Criminal Activity/misconduct):

Complete an additional analysis if any of the following	Explain reason(s) for additional
conditions are present:	analysis:
There were incidents for the quarter.	
There were systemic issues.	

Action Plan to address Incident Reduction or Systemic patterns:

Please explain in details the action plans that will be taken or have already been taken to address this category of incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:

P. <u>Participant leaving provider supervision or a participant being identified as a missing person</u> (Event Type: AWOL/Missing Person):

Analysis:

Complete an additional analysis if any of the following	Explain reason(s) for additional
conditions are present:	analysis:
A participant had three or more incidents.	
This quarter's total exceeded the prior provider or	
participant total.	
There were systemic issues.	

Action Plan to address Incident Reduction or Systemic patterns:

Please explain in details the action plans that will be taken or have already been taken to address this category of incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:

Q. <u>Seizure that lasts over five minutes or over the timeframe set by the participant's physician, or which requires treatment at an urgent care center, emergency room, or hospital (Event Type: Seizure)</u>

Analysis:

Complete an additional analysis if any of the following	Explain reason(s) for additional
conditions are present:	analysis:

A participant had three or more incidents.	
This quarter's total exceeded the prior provider or	
participant total.	
There were systemic issues.	

Action Plan to address Incident Reduction or Systemic patterns:

Please explain in details the action plans that will be taken or have already been taken to address this category of incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:

R. <u>Use of an emergency room or urgent care facility for treatment (Event Type: Hospital w/ER</u> w/out admission):

Analysis:

Complete an additional analysis if any of the following conditions are present:	Explain reason(s) for additional analysis:
A participant had three or more incidents.	
This quarter's total exceeded the prior provider or	
participant total.	
There were systemic issues.	

Action Plan to address Incident Reduction or Systemic patterns:

Please explain in details the action plans that will be taken or have already been taken to address this category of incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:

S. <u>Use of emergency safety intervention (Event Type: Emergency Safety Intervention):</u> Analysis:

Complete an additional analysis if any of the following	Explain reason(s) for additional
conditions are present:	analysis:
A participant had three or more incidents.	
This quarter's total exceeded the prior provider or	
participant total.	
There were systemic issues.	

Action Plan to address Incident Reduction or Systemic patterns:

Please explain in details the action plans that will be taken or have already been taken to address this category of incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:

T. <u>Use of PRN psychotropic medication</u> (Event Type: PRN Psychotropic Use) Complete an additional analysis if any of the following conditions are present: There were incidents for the quarter. There were systemic issues.

Action Plan to address Incident Reduction or Systemic patterns:

Please explain in details the action plans that will be taken or have already been taken to address this category of incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:

U. <u>Use of prohibited practices for any reason (Event Type: Restraint Other or Complaint and/or Possible Litigation)</u>:

Complete an additional analysis if any of the following	Explain reason(s) for additional
conditions are present:	analysis:
There were incidents for the quarter.	
There were systemic issues.	

Action Plan to address Incident Reduction or Systemic patterns:

Please explain in details the action plans that will be taken or have already been taken to address this category of incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:

V. Include an additional analysis and action plan addressing events improperly categorized as High notification events based on the GER Instruction Guide Reportable Incident List.

Analysis:

Action Plan to address Incident Reduction or Systemic patterns:

Explain, in detail, action plans that will be taken or already taken to address incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:

W. There were	participants with more than 4 high GERs.
Analysis:	

Action Plan to address Incident Reduction or Systemic patterns:

Explain, in detail, action plans that will be taken or already taken to address incidents for the

participant or provider, or list why additional action plans should not be implemented to address					
the a	nalysis of the incidents:				
	3. DATA INT	ERPRETATI	ON:		
DIRECT	TIONS : This section includes overall data inte	rpretation, in	ncluding reaso	ons for the performance	
or reas	ons for the overall data increases/decreases.				
Include	e reasons why data points are/are not determ	ined to be pi	roblematic.		
Addres	ss how GERs were entered, processed, and ap	-			
a)	a) The overall incident Increase/Decrease is possibly due to				
b)	b) Additional actions to address the overall incident increase are/are not needed because				
c)					
	appropriate), the Service Coordinator, CPS/			• • •	
4)	completed properly and timely for	of	GER inci	GER incidents.	
d) e)	GERs were approved properly and timely fo Notification levels for GERs were initially con			GER IIICIGETICS.	
Ε)	of GERs.	iipieteu prop	Derry Tor		
f)	GERs were submitted within required timeli	nes for	of	GER incidents.	
g)	Corrective actions were taken for	of	GER incid		
0,	g) corrective detions were taken for				
Action	Plan to address Incident Reduction or System	mic patterns	•		
Explair	n, in detail, action plans that will be taken or a	lready taken	to address in	ncidents for the	
partici	pant or provider, or list why additional action	plans should	not be imple	emented to address the	
analysis of the incidents:					
Sincere	ely,				
Name(s) and Title(s) of person Completing Report:				

When finished, send the Word version copy of your Provider Report via SComm to:

First Name: DHHSDDQuality

Last Name: Mailbox

Quarter:	Quarter Data:	Quarterly Report Due Date:
1 st Quarter	January – March	April 30 th
2 nd Quarter	April – June	July 30 th

3 rd Quarter	July – September	October 30 th
4 th Quarter	October - December	January 30 th