

Shadowfax

Title	Incident Management
Policy Number	ORG.1007.000.000
Initiating Authority	Policy Committee
Approved By	Compliance Committee 2-23-22
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Associated Policies	ORG.1003.Civil Rights, ORG.1015.000.000 Reporting Concerns and No Retaliation, ORG.1011.000.000 Quality Management
Associated Procedures	
Associated Documents	

I. POLICY STATEMENT

Shadowfax is committed to incident management as part of risk management and quality management, and to ensuring incidents are reported in accordance with compliance guidelines in a way that protects individuals' health, safety and rights.

II. PURPOSE

This policy creates guidelines on creating and maintaining an incident management system that provides a timely, appropriate, and uniform response to incidents to protect the health, safety, and rights of the individual in compliance with the federal, state and local laws.

III. SCOPE

This policy applies to all Shadowfax staff and individuals.

IV. GENERAL

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Note: The term "Individual" is synonymous with resident, client, patient, consumer, or participant.

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This policy is based on the standards set by PA Code Title 55 Chapters 6100, 2380, 2390, 52, PA Code Title 6 Chapter 11, and Office of Developmental Programs (ODP) Incident Management Bulletin 00-21-02.

In accordance with Bulletin 00-21-02 Incident Management, this policy covers uniform practices for:

- Building organizational policies and structures to support incident management.
- Taking timely and appropriate action in response to incidents.
- Reporting of incidents.
- Investigation of incidents.
- Taking corrective action in response to incidents that both mitigate risk(s) and decrease the chance of a future occurrence of a similar incident.
- Implementing quality management, risk management, and incident management processes for the analysis and interpretation of individual and aggregate incident data.

Key Definitions (for additional terms and definitions, see ODP Bulletin 00-21-02)

Corrective Action – Action implemented to increase protections to individuals from similar future incidents. Corrective action can be implemented for a single individual or related to an organizational change to prevent similar incidents to all individuals.

Critical Incident – A type of incident that has been determined to be a sufficiently serious indicator of risk that it requires an investigation by a Department Certified Investigator.

Incident – An event with potential to adversely impact an individual's health, safety, or rights. Incidents include suspicions, allegations, and actual occurrences of harm.

Incident Management - The response to an event, intended to ensure the adequate, appropriate, and effective protection and promotion of the health, safety, and rights of the individual.

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Investigation – The process of identifying, collecting, and assessing evidence from a reportable incident in a systemic manner by a person certified by the Department’s approved Certified Investigator Training Program.

Target – The person or entity who is alleged to have caused the incident to occur.

Victim –The individual to whom the incident occurred or is alleged to have occurred.

V. POLICY

Written Policies and Procedures

All Shadowfax programs will develop, implement and maintain written incident management-related policies and procedures that:

- Meet the requirements of all applicable laws, regulations, policies, and procedures related to incident management.
- Support the collaboration with appropriate stakeholders to:
 - mitigate individual risk(s);
 - mitigate agency-wide risk(s);
 - promote health, safety, and rights for all individuals;
 - implement incident management, risk management, and quality management activities.
- Require that the security of investigation files and evidence be maintained.
- Ensure that person(s) designated by the individual listed in the ISP are notified about incident management activities as indicated by the individual, including about what incidents and circumstances the person(s) designated should be notified.
- Require the release to the individual and persons designated by the individual upon request of the incident report, or a summary of the incident, the findings and the actions taken, redacted to exclude information about another individual and the reporter, unless the reporter is the individual who receives the report

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- Assure implementation of appropriate preventative and additional corrective action for incidents.

Education and Training

Education and Training for the individual will:

- be offered for the individual, their families and designated person(s) at the time of entry into Shadowfax programs. This training will cover incident management policies and procedures and will be presented in a format that meets the individual's communications needs.
- be required based on the circumstances of incidents

Education and Training for Staff will:

- be required based on the circumstances of incidents
- include Incident Management training as part of his/her initial orientation and annually thereafter. The Incident Management training includes how to recognize, respond to, report, and prevent incidents.
- include Protective Services training as part of his/her initial orientation and annually thereafter. The Protective Services training includes prevention, detection, and reporting of abuse, suspected abuse, and alleged abuse in accordance with:

The Older Adults Protective Services Act
The Child Protective Services Law
The Adult Protective Services Act and applicable regulations

Each program area will develop written policies and procedures for training all staff specific to each program's regulatory requirements.

Receiving Documents and Complaints

Incidents include suspicions, allegations, and actual occurrences of harm. Incidents must be reported regardless of the actual or perceived harm to the individual.

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Retaliation against an individual for reporting allegations of misconduct in good faith or for participating in an investigation of alleged misconduct in good faith is a violation of Shadowfax policy and will be subject to disciplinary action up to and including termination. For more information, see policy ORG.1015.000.000 Reporting Concerns and No Retaliation, and policy ORG.1003.000.000 Civil Rights.

Shadowfax will develop, implement and maintain written incident reporting procedures that:

- allow for written or oral complaints, including anonymous complaints
- offer and provide assistance to an individual who desires to file a complaint in writing to prepare and submit the complaint
- require documentation and management of complaints, including repeated complaints
- explain the categories of incidents that must be reported and the required reporting timeframes
- require reporting to the Office of Developmental Programs (ODP) and the County Mental Health/ Intellectual and Developmental Disabilities Office (MH/IDD) via the Enterprise Incident Management (EIM) and prohibit informal reviews of events that may be classified as an incident in lieu of being reported in the Department's information management system.

Incident Management Process Roles

Roles and associated responsibilities will be assigned based on the nature of each incident so that incidents are managed objectively. A person may have more than one role in the incident management process. The role assignments will support the ability to adhere to all applicable laws, regulations, and ODP policies and procedures.

Response Upon Discovery or Recognition

Shadowfax will take immediate action to protect the health, safety, rights, and well-being of the individual following the initial knowledge or notice of an incident, alleged incident, or suspected incident, including, but not limited to:

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- Quickly reducing or removing any imminent risk to the individual.
- Arranging for emergency or timely medical care.
- Offering and ensuring access to a medical professional, such as a Sexual Assault Nurse Examiner (SANE), that is trained to examine individuals and collect evidence for incidents of sexual abuse.
- Separation of the victim from the alleged target(s), continuing until the investigation is completed.
- If the alleged target is a Shadowfax staff member, the staff member shall not be permitted to work directly with the victim or any other individual during the investigation process until the investigation determination is completed and corrective action(s) specific to the target are implemented. This may include suspension of the staff member during the investigation.
- Notifying the following about the incident as appropriate, in accordance with 55 Pa. Code § 6100.46:
 - Adult Protective Services
 - Older Adult Protective Services
 - The individual and persons designated by the individual, unless the person designated by the individual is the target.
 - The Department of Aging and the Department of Human Services
 - The designated managing entity (AE)
 - The county government office responsible for the intellectual disability program
 - (County ID Program) if applicable.
- Notifying the person(s) designated by the individual immediately upon recognizing or discovering an incident as stated within the ISP.
- Arranging for counseling by a qualified professional or a victim's assistance program.
- Notifying local law enforcement in accordance with protective service law requirements.
- Notifying Shadowfax management in compliance with HIPAA Privacy regulations.

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Certified Investigator

Incidents that are categorized as critical incidents must be investigated by a certified investigator. Investigations Shadowfax undertakes within the scope of Bulletin 00-21-02, will not be delayed, halted, or terminated because of the involvement of an external investigating entity. If an external investigating entity requests Shadowfax delay, halt, or terminate an investigation, Shadowfax will attempt to obtain this request in writing and discuss the request with the appropriate ODP office.

Investigation Timeframes

To respect all parties involved in an incident investigation, and to resolve potential issues or clear up the matter in a fair manner, investigations should be conducted thoroughly, quickly and efficiently. Collecting information and evidence in an incident investigation as quickly and efficiently as practical is critical to making sure the information or evidence isn't forgotten, lost, or altered intentionally or unintentionally.

The first witness interview should be held within 24 hours of the assignment of the incident investigator, whenever possible; all initial witness interviews should be held within ten (10) days of the start of the investigation.

Shadowfax staff members who are identified as potential witnesses must be responsive to requests for interviews as follows:

- Respond to email and phone requests within 24 hours
- Schedule interviews as soon as possible, but no more than 72 hours after initial contact unless special circumstances are present

The first interview with the victim should be held within 24 hours of of the assignment of the incident investigator. Communications with the victim should be held according to their Individual Service Plan (ISP).

Investigation Target

Management may determine it is in the best interests of an investigation to place a Shadowfax staff member who is the target of an investigation on unpaid leave

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pending investigation results, except for time the target/staff member participates in investigation activities such as interviews and data or evidence collection.

Upon the investigation's conclusion, depending on the results, management will determine:

- if the target/staff member may return to work
- if the target/staff member will receive full back-pay for the leave
- if any part of the suspension will be converted into disciplinary action
- if there will be any other or no disciplinary action

See policy HR.3015.000.000 Corrective Action and Discharge.

During the investigation, the target/staff member must be available during business hours for calls and emails and be available within three (3) hours for in-person meetings.

During the investigation, the target/staff member should be prepared to return to work on their next regularly scheduled shift after notice to return.

Administrative Review of Investigations

At the conclusion of the investigation, the Administrative Review Team will review the Certified Investigator Report and make a determination about the outcome of the investigation. The Administrative Review Team members include the Quality Management Coordinator, Department Director and/or other parties that have been identified as responsible for making decisions about the individual's health and safety needs. An Administrative Review Team member must be familiar with the CI process. The investigator may be consulted for additional information but shall not participate in the final determination.

If the Administrative Review Team recommends termination, the Executive Committee must approve the termination prior to proceeding.

Certified Investigator Peer Review (CIPR) Process

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All Shadowfax programs will develop, implement, and maintain written procedures to assess the quality of investigations according to the process outlined in the ODP CIPR manual to assist with:

- Evaluating and improving the quality of investigations
- Providing performance feedback directly to the Certified Investigator

Incident Report Review Process

All Shadowfax programs will develop, implement, and maintain written procedures to review incident reports prior to finalization for accuracy and to ensure that the final report has all required elements to allow for the closure of the incident, including evidence of the implementation of corrective actions, which must be made available upon request by oversight entities.

Quality Management

The Quality Management Team will monitor individual incident data monthly and make recommendations to mitigate risk, prevent recurring incidents, and implement corrective action. On a quarterly basis, incident reports will be reviewed in aggregate to determine if trends may be developing that warrant further intervention for the individual or systemic intervention, beyond what may have been taken in response to the individual incident and be incorporated into Quality Management Plans. For more information, see policy ORG.1011.000.000 Quality Management.

Shadowfax will:

- incorporate quality management principles and practices into incident management and risk management activities to assure the health, safety, and protection of rights for all individuals.
- integrate the principles of Everyday Lives into health and safety related quality improvement plans to assure that resulting outcomes are person centered and support choice
- use population-based evidence and individual data to analyze and monitor incident data to identify patterns, trends and, where possible, root causes,
- data and analysis should be organized into a written format and that supports routine and ongoing monitoring, corrective action and risk mitigation planning.

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- include incident management data monitoring and three-month trend analysis activities into quality management plans.
- create and maintain a method to communicate quality management, risk management, and incident management activities to appropriate stakeholders to implement risk mitigation, corrective action, training, technical assistance, or education plans.
- develop, implement, and maintain procedures to monitor incident data and take actions to mitigate risk, prevent recurring incidents, and implement corrective action
- complete and document the monitoring of each individual's incident data on a monthly basis

VI. OVERSIGHT

Shadowfax's Compliance Committee or their designee(s) (the "Approved By") shall be in charge of the administration of this Policy. The Approved By responsibilities include:

1. Identifying the action steps to come into compliance and directives to maintain compliance and implement the action steps.
2. Periodically reviewing this Policy and monitoring compliance to it.
3. Training responsible parties on their obligations under the Policy.

Revision History

Name	Date	Reason for Changes	Version
NPMS	Jan. 2022	Inserted investigation timeframes, section on investigation "target".	2.0

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