Alliance Health

Incident Report Overview Training

Introduction to Incident Reporting and the State Web-based Incident Response and Improvement System (IRIS)

Learning Objectives

- What is incident reporting and why is it important?
- Who is responsible for reporting?
- Types and levels of incidents
- How to use IRIS
- How to find incident reporting tools and resources on Alliance and DMH/DD/SAS websites

Incident Response and Improvement System (IRIS)

- Department of Health and Human Services (DHHS) web-based system for reporting and documenting responses to Level II and Level III incidents
- Purpose of IRIS is to provide a consistent process for all MH/DD/SAS providers receiving public funds to report incidents in a timely manner
- IRIS is also an important tool to assist with reporting incident information to all appropriate agencies (e.g. DSS, law enforcement, LME/MCOs, etc.)

Who is Required to Report?

- All Category A and B providers are REQUIRED to report any adverse event not considered with the routine operation of a facility or service or the routine care of a consumer
  - Category A providers are providers of public-funded services licensed under NC General Statutes 122c, except hospitals
  - Category B providers are providers of public funded non-licensed periodic or community-based MH/IDD/or SA services

Exceptions to Reporting

- Hospitals
- Residential Level II – Family Type (Therapeutic Foster Care) agencies are required to report incidents through the DSS reporting system
  - MH/IDD/SAS providers who are serving TFC consumers are required to report in IRIS

What is an Incident?

- Any happening not consistent with the routine operation of a facility or service or the routine care of a consumer and that is likely to lead to adverse effects upon a consumer
- NC rules:
  - APSM 30-1
  - 10A NCAC 27G .0103(b)(32)

Why Incident Reporting is Important

- At the individual level
  - Provides evidence of intervention
  - Identifies preventive strategies
- At the system level
  - Promotes communication and partnership between local, regional and state levels)
  - Promotes quality management practice: data collection, analysis, improvement

Types of Incidents and Levels of Responses

- There are 8 categories of incidents
- Three levels – the response level depends on the potential or actual severity of the incident
- See the Incident Grid in your IRIS Manual beginning on page 20, Appendix B

Incident Levels

Level I

- Incidents that, if happen infrequently, do not significantly threaten the health or safety of an individual, but could indicate systemic problems

Level II

Incidents that involve:

- A threat to a consumer's health or safety or a threat to the health or safety of others
- Deaths due to natural causes or terminal illness

Level III

Incidents that result in:

- Permanent physical or psychological impairment
- Media attention
- Significant danger to community

Incident Reporting Timelines

- Level I
  - Provider agencies document on their own forms and keep separately from clinical records for consumers
- Level II
  - Submit IRIS report within 72 hours of learning about the incident
- Level III
  - Verbal (or email) report to the LME/MCO as soon as possible upon learning of the incident, but no later than 24 hours
  - Submit IRIS report within 72 hours of learning of the incident

Incident Reporting Timelines

- LME/MCO requests for additional or revised information to reports are to be submitted in IRIS by the end of next business day

Under a Provider's Care

- A "consumer under the care of a provider" is one who has received any service in the 90 days prior to the incident
  - Crisis providers expected to report incidents that occur during the provision of crisis services
  - Mobile crisis providers expected to report any crises that occur between the time they receive the request for crisis service and during their face-to-face contact with the consumer
  - Facility-based crisis providers expected to report incidents that occur when a consumer is on their premises or in their care

Under a Provider's Care

- A "consumer under the care of a provider" is one who has received any service in the 90 days prior to the incident
  - Providers of crisis, day, and periodic services should report all deaths and errors in self-administration of medications upon learning of the incident, even if it did not happen while consumers were actively engaged in their services

Notification of Critical Agencies

- Provider must notify all other parties as appropriate and document that notification in IRIS
  - Parent/guardian
  - DSS (CPS or APS)
  - Law enforcement
  - Division of Health Services Regulation
  - Health Care Personnel Registry
  - Service plan team

Notification of Critical Agencies

- IRIS automatically notifies the Host and Home LMEs and DMH/SS/SAS
  - Host LME/MCO – County where consumer receives the services referred to in incident report
  - Home LME/MCO – County where consumer's Medicaid is established or county where the consumer first entered services or county of consumer's family's residence
  - DMH/IDD/SAS – IRIS goes to Advocacy and Customer Service and the Quality Management departments within the Division

Key Report Sections

- Incident comment
  - Describe what happened? How staff responded?
- Supervisor actions
  - Describe cause of incident – sequence of events, individual factors/triggers, systemic issues
  - Incident prevention – What interventions did staff make and what will staff do in the future to prevent incident from recurring? What changes will agency make to decrease likelihood of adverse effects for anyone?

Web Submission Tips

- The person with the most knowledge about the incident should complete the incident report
- Always print a copy of the report for your records
- Always maintain the incident report number assigned by IRIS
- SAVE your data after entering it in each tab

Updating Reports

- Use the Comment section to note that additional information will be submitted
- When additional information is obtained, the original report should be updated and resubmitted
- Alliance staff may request additional information such as progress notes, death certificates, discharge summaries, etc.

Resubmitting an Incident Report

- Once you have made your updates and saved the report in IRIS, follow the steps below to resubmit the report:
  1) Go to the Supervisor Actions section
  2) Click on the Incident Submission tab
  3) Enter a reason for resubmission in the text box
  4) Make sure the attestation box is checked
  5) Click “SUBMIT” – do not click “Save” here
- You should see a picture of a thumbs up indicating your report has been successfully resubmitted to the LME/MCO

Confidentiality

- All incident reports are confidential and protected by G.S. 122C-30, G.S. 122C-31, G.S. 122C-191, G.S. 122C-192
- Incident reports are quality assurance administrative forms and should not be filed in a consumer's medical record

Alliance Incident Contact Info

Incident Reports

Incidents@AllianceHealthPlan.org

Backup Staffing Reports

dsofia@AllianceHealthPlan.org

Other Resources

- IRIS Technical Manual: ncdhhs.gov/documents/files/iris6-4-10dhhsmanual/open
- IRIS Reporting Manual (refer to pp. 20- 25, Appendix B for detail on incident categories): ncdhhs.gov/documents/files/incidentmanual2-25-11/open
- IRIS Website: iris.ncdhhs.gov
- IRIS Test Site: irisuat.ncdhhs.gov/default.aspx
- IRIS Technical Manual: ncdhhs.gov/documents/files/iris6-4-10dhhsmanual/open

Other Resources

- NC Medical Examiner/Document Request: N.C. OCME Document Request Form (for deaths since 1976)
- Death certificates:
  - Obtained by contacting the Department of Vital Statistics of the county where the person died
  - We do not need an official certificate and copies are fine
- DHSR Complaint Line: 800-624-3004/fax: 919-715-7724
- HCPR: 919-855-3968/fax: 919-733-3207
- Blank IRIS Forms per category of incident: ncdhhs.gov/mhddsas/providers/NCincidentresponse/index.htm

Please click on the link below to evaluate our training and to allow us to track who has participated

Please be sure to click “Submit” upon completion

Attestation and Evaluation