

CMOR Training

Incident Identification,
Reporting and Investigations
2/27/15



Department of
Developmental Disabilities

O.R.C. 5123.61

(1) Any person listed in division (C)(2) of this section, having reason to believe that a person with mental retardation or a developmental disability has suffered or faces a substantial risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse or neglect of that person, shall immediately report or cause reports to be made of such information to the entity specified in this division. Except as provided in section 5120.173 of the Revised Code or as otherwise provided in this division, the person making the report shall make it to a law enforcement agency or to the county board of developmental disabilities. If the report concerns a resident of a facility operated by the department of developmental disabilities the report shall be made either to a law enforcement agency or to the department. If the report concerns any act or omission of an employee of a county board of developmental disabilities, the report immediately shall be made to the department and to the county board.

O.R.C. 5123.61

2) All of the following persons are required to make a report under division (C)(1) of this section:

(a) Any physician, including a hospital intern or resident, any dentist, podiatrist, chiropractor, practitioner of a limited branch of medicine as specified in section 4731.15 of the Revised Code, hospital administrator or employee of a hospital, nurse licensed under Chapter 4723. of the Revised Code, employee of an ambulatory health facility as defined in section 5101.61 of the Revised Code, employee of a home health agency, employee of a residential facility licensed under section 5119.34 of the Revised Code that provides accommodations, supervision, and person care services for three to sixteen unrelated adults, or employee of a community mental health facility;

What is O.A.C. 5123:2-17-02?

***Addressing Major Unusual Incidents to ensure
Health Welfare and Continuous Quality
Improvement***

The MUI Rule establishes the requirements for addressing major unusual incidents and unusual incidents and implements a continuous quality improvement process in order to prevent or reduce the risk of harm to individuals.

Who Must Write Incident Reports?

Any person who provides any type of service to an individual with developmental disabilities includes, but not limited to:

- Direct Care Staff (residential & workshop)
- SSAs
- Bus Drivers/Bus Monitors
- Job Coaches
- Work Supervisors
- Nurses
- Volunteers
- Contractors

Requirements of an Incident Report

- *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;*

Requirements of an Incident Report

- *Name of Primary Person Involved-PPI (Alleged Perpetrator) 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.*

Unusual Incidents

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

***All incidents require
Immediate Action, Cause
and Contributing Factor
Identification and
Prevention Planning***

Immediate Actions

Always document what actions were taken following the incident

- Assessed for injuries
- Called 911
- Initiated first aid
- Separated the individuals
- Notified law enforcement
- Notified the county board/IA

Prevention Plan

- All UI's require Causes and Contributing Factors
- All UI's require a prevention plan
- All UI logs need prevention plans
- A good prevention plan may prevent an MUI
- Is this a UI trend?

MUI Means...

The alleged, suspected, or actual occurrence of an incident when there is reason to believe the health or welfare of an individual may be adversely affected or an individual may be placed at a likely risk of harm, if such individual is receiving services through the developmental disabilities service delivery system or will be receiving such services as a result of the incident. There are three categories of major unusual incidents that correspond to three administrative investigation procedures delineated in appendix A, appendix B, and appendix C to this rule.

Key Points:

- Alleged, suspected or actual occurrence***
- Reason to believe a person is at risk of harm based on facts present not opinion***
- Receiving services or will be as a result of incident***

MUI Categories (19)

Appendix A : Accidental or Suspicious Death, Exploitation, Failure To Report, Misappropriation, Neglect, Peer to Peer Act, Physical Abuse, Prohibited Sexual Activity, Rights Code, Sexual Abuse and Verbal Abuse

Appendix B : Attempted Suicide, Medical Emergency, Missing Individual, Death other than an accidental or suspicious, and Significant Injury

Appendix C: Law Enforcement, Unapproved Behavior Supports and Unscheduled Hospitalizations.

County Board

Investigative Agents (IA) conduct MUI investigations

- ***Trained and certified by DODD***
- ***Investigation oversight by DODD***

Department of DD

- ***Incident Tracking System***
- ***Oversight by DODD***
 - ***Incident Tracking System (ITS)***
 - ***Intake***
 - ***Regional Managers***
 - ***Investigators***

Break Down by MUI Types



Physical Abuse

- Physical force
- Reasonably be expected to result in harm

Examples: *Hitting, slapping, pushing, dragging or throwing an object when the allegation indicates that it could reasonably result in harm.*

Physical Abuse Trends

2014

1484 Allegations were reported and 391 (26%) were substantiated. Break down by PPI Type is as follows:

- ***Family- 128 (33%)***
- ***Employees - 99 (25%)***
- ***Others- 67 (17%)***
- ***Unknown- 54 (14%)***
- ***Friend- 39 (10%)***
- ***Guardian- 2 (less than 1%)***

Cause/Contributing Factors:

- Control, mean, unrealistic expectations, retaliation, intimidation for covering up theft

Verbal Abuse

Verbal abuse which means the use of words, gestures, or ***other communicative means*** to threaten, coerce, intimidate, harass or humiliate an individual.

Verbal Abuse Trends 2014

834 Allegations were reported and 309 (37%) were substantiated. Break down by PPI Type is as follows:

- Employees-177 (58%)
- Others-51 (17%)
- Family-39(13%)
- Friend- 26 (8%)
- Unknown-12 (4%)
- Guardian-3 (1%)
- Payee-1 (less than 1%)

Cause/Contributing Factors:

- Control; unrealistic expectations
- Staff are in challenging situation with little support
- Staff are scheduled an excessive amount of hours

Sexual Abuse

- Unlawful sexual contact
- Unlawful sexual conduct
- Public indecency, voyeurism, importuning, etc.

Sexual Abuse Trends 2014

327 Allegations were reported and 75 were substantiated (23%). Break down by PPI:

- Others-32 (43%)
- Family-21 (28%)
- Unknown-7 (9%)
- Friend-9 (12%)
- Employees-3 (4%)
- Guardian-2 (3%)

Misappropriation

- With intent
- Deprive, defraud, or otherwise obtain real or personal property
- As prohibited in Ohio Revised Code 2911 and 2913

Misappropriation Trends

2014

1512 Allegations were reported and 857 were substantiated (57%). Break down by PPI:

- Unknown-440 (51%)
- Employees-209 (24%)
- Guardian-2 (1%)
- Others-110 (13%)
- Family-69 (8%)
- Payee-27 (3%)

Neglect

- A duty
- Failing to provide treatment, care, goods, supervision or services
- Necessary to maintain the health or welfare of the individual
- What is Reasonable Risk? Harm more likely than not could occur

Neglect Trends 2014

2,033 Allegations and 1,230 Substantiated Cases (61%).

Break down by PPI:

- Employees-989 (80%)
- Others-98 (8%)
- Family-110 (9%)
- Guardian-26 (2%)
- Unknown-7 (less than 1%)

Medical Emergency

Medical emergency. "Medical emergency" means an incident where emergency medical intervention is required to save an individual's life

Examples include: choking relief techniques such as back blows or cardiopulmonary resuscitation, epinephrine auto injector usage, or intravenous for dehydration)

Medical Emergencies-2014

705 Medical Emergencies were filed in 2014 which is an increase from 686 in 2013.

- Heimlich and Back blows were used 320 and 69 times respectively accounting for 55% of all medical emergencies. These interventions were successful in all but 21 incidents when the individual died due to choking
- 79 were due to dehydration, which is the 2nd highest category

Attempted Suicide

Physical attempt that:

- Results in ER treatment or
- Inpatient observation or
- Hospital admission

In 2014, there were 106 attempted suicides reported and 0 individuals died as a result.

Take any suicidal talk very seriously. It's not just a warning sign that the person is thinking about suicide — it's a cry for help.

Death Definitions

- Accidental or suspicious death. "Accidental or suspicious death" means the death of an individual resulting from an accident or suspicious circumstances (Category A)
- Death other than accidental or suspicious death. "Death other than accidental or suspicious death" means the death of an individual by natural cause without suspicious circumstances (Category B)

Exploitation

- Unlawful or improper act
- Using individual
- Individual's resources for personal benefit, profit, or gain

There were 128 allegations of exploitation and 60 substantiations in 2014.

Failure to Report (Registry)-2014

- Developmental Disabilities employee unreasonably failed to report Abuse or Neglect
- Knew or should have known
- Failure would result in a substantial risk of harm

In 2014, there were 157 allegations and 99(63%) substantiated

Significant Injury

Significant injury means an injury of known or unknown cause that is not considered abuse or neglect and that results in concussion, broken bone, dislocation, second or third degree burns or that requires immobilization, casting, or five or more sutures. Significant injuries shall be designated in the incident tracking system as either known or unknown cause.

- Replaced known and unknown injury MUIs*

2014 Significant Injury Stats

There were 1691 reported Significant Injuries. The Break Down:

1304 were of known Injuries.

- **Seizure – 51 (3%)**
- **Peer/Peer – 7 (1%)**
- **Medical – 30 (2%)**
- **Falls – 771 (46%)**
- **Behavior – 134 (8%)**
- **Accident – 280 (17%)**
- **Other Not Listed- 31 (2%)**

387 were of unknown origin (23% of all injuries)

Law Enforcement

Individual is:

Charged

(C)

Incarcerated

(I)

Arrested



In 2014, there were 970 MUIs filed for Law Enforcement events with individuals served.

(A)

Missing Individual

An incident that is not considered neglect and an individuals whereabouts after immediate measures taken are unknown and the individual is believed to be at or pose an **imminent risk of harm to self or others.**

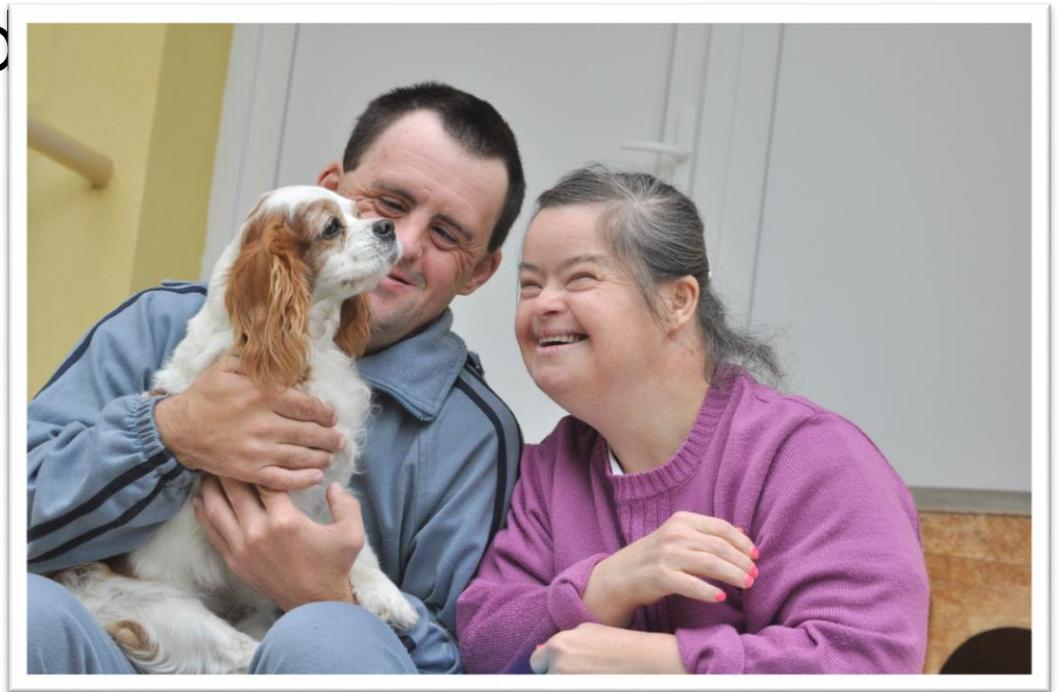
An incident when an individual's whereabouts are unknown for longer than the period of time specified in the individuals service plan that does not result in imminent risk of harm to self or others shall be investigated as an unusual

In 2014, there were 379 MUIs filed for Missing Individuals

Peer to Peer Acts

Peer-to-peer act. "Peer-to-peer act" means one of the following incidents involving two individuals served

- *Exploitation*
- *Theft*
- *Physical Act*
- *Sexual Act*
- *Verbal Act*



In 2014, there were 1,470 MUIs filed for Peer to Peer Acts.

Prohibited Sexual Relations

- Developmental Disabilities employee
- Consensual sexual conduct or contact
- With an individual who is not their spouse
- Employed or under contract to provide care to the individual at the time of the incident
- Anyone in the Developmental Disabilities employee's supervisory chain of command

*22 Allegations and 3 Substantiated Cases
(14%) in 2014*

Rights Code Violation

"Rights code violation" means any violation of the rights enumerated in section 5123.62 of the Revised Code that creates a likely risk of harm to the health or welfare of an Individual.

*71 Allegations of Rights Code Violation
and 39 Substantiated Cases (55%)*

Unapproved Behavior Support

Unapproved behavior support. "Unapproved behavior support"

means the use of an aversive strategy or intervention prohibited

by paragraph (J) of rule 5123:2-1-02 of the Administrative Code

*or an **aversive strategy** implemented without approval by the*

human rights committee or behavior support committee or

without informed consent, that results in a likely risk to the

*individual's health and welfare. **An aversive strategy or***

intervention prohibited by paragraph (J) of rule 5123:2-1-02 of

Unapproved Behavior Support 2014



- There were 1,769 UBS reports made in 2014.
- This is 58 less UBS than were filed in 2013.
- Continue to

Unscheduled Hospitalizations



Unscheduled hospitalization. "Unscheduled hospitalization" means any hospital admission that is not scheduled unless the hospital admission is due to a pre-existing condition that is specified in the individual service plan indicating the specific symptoms and criteria that require hospitalization.

Unscheduled Hospitalizations- 2014

- In 2014, there were 5,036 reports of unscheduled hospitalizations (leading reported MUI).
- **Unscheduled Hospitalizations account for 26% of all MUIs.**

Some Examples:

- The individual has labored breathing and rapid heartbeat and is admitted to the hospital with a diagnosis of pneumonia.
- The individual is lethargic and unsteady, goes to the ER and is hospitalized for a possible medication error.
- Individual goes to ER and is sent home after 25 hours.

(D)(4) Upon Identification or Notification of MUI, Provider or County Board Shall:

Take immediate actions to protect all at risk individuals which shall include:

- a. Immediate or ongoing medical attention as appropriate
- b. Removal of an employee from direct contact with any at-risk individual when the employee is alleged to have been involved in abuse or neglect until such time as the provider has reasonably determined that such removal is no longer necessary;
- c. Other measures as necessary

The Department shall resolve any disagreements

Reporting MUIs

DODD Hotline 1-866-313-6733

www.dodd.ohio.gov

**All County Board Contact numbers are
available at [http://dodd.ohio.gov/Contact%20Us/Pages/County-Board-
Abuse-Hotlines.aspx](http://dodd.ohio.gov/Contact%20Us/Pages/County-Board-Abuse-Hotlines.aspx)**

**After Hours County Board
Contacts**

[http://dodd.ohio.gov/healthandsafety/Documents/County%20Boards%](http://dodd.ohio.gov/healthandsafety/Documents/County%20Boards%20Contacts)

(D)(6) Immediate to 4 Hour Reporting

Provider or county board as a provider, using county board identified system for MUIs, should report incidents or allegations of:

- (a) Accidental or suspicious death;
- (b) Exploitation;
- (c) Misappropriation;
- (d) Neglect;
- (e) Peer-to-peer act;
- (f) Physical abuse;
- (g) Sexual abuse;
- (h) Verbal abuse; and
- (i) When the provider has received an inquiry from the media regarding a major unusual incident.

(D)(7) Submit Written Incident Report by 3:00 p.m. the Next Working Day

- Agency providers and county boards as providers
- Department prescribed format
- Individual providers notify county board contact person
- Potential or determined MUI

An incident report form can be obtained at DODD.
Click link below for this form.

[Incident Report](#)

(E) Alleged Criminal Acts

The provider shall immediately report to the law enforcement entity having jurisdiction of the location where the incident occurred, any allegation of exploitation, failure to report, misappropriation, neglect, peer-to-peer act, physical abuse, sexual abuse, or verbal abuse which may constitute a criminal act. The provider shall document the time, date, and name of person notified of the alleged criminal act. The county board shall ensure that the notification has been made.

(F) Abused or Neglected Children

- Allegations of Abuse or Neglect per Ohio Revised Code 2151.03 and 2151.031
- Under the age of 21
- Report to local public children's agency
- The county board shall ensure reports have been made

Abuser Registry



Abuser Registry

The Ohio Department of Developmental Disabilities (“Department”) maintains an Abuser Registry which is a list of employees who the Department has determined have committed one of the Registry offenses listed below. If your name is placed on the Registry you are barred from employment as a Developmental Disabilities employee in the state of Ohio. Because other state agencies require employers to check the Abuser Registry, placement on the Registry also prohibits you from being employed (1) by a Medicaid agency, being an owner (5 percent or more) of an agency or having a Medicaid Provider Agreement as a non-agency provider; (2) in a position to provide Ombudsman services or direct care services to anyone enrolled in a program administered by the Ohio Department of Aging; and (3) by a home health agency in a direct care position and may prevent you from being hired in a nursing home or residential care facility in a direct care position.

Abuser Registry

Overview

- **Registry Offenses include: Physical Abuse ; Sexual Abuse; Verbal Abuse ; Prohibited Sexual Relations; Neglect ; Misappropriation (Theft) ; Failure to Report Abuse, Neglect or Misappropriation or Conviction or plea of guilty to: Offense of Violence - R. C. 2901.01, including convictions for the offense of Assault, Menacing, Domestic Violence or Attempting to commit any offense of violence; Sexual Offenses - R. C. Chapter 2907; Theft Offenses - R. C. Chapter 2913; Failing to provide for a functionally impaired person – R.C. 2903.16; Patient Abuse or Neglect - R.C. 2903.34; Patient Endangerment - 2903.341; and/or Endangering Children - 2919.22.**

QUICK FACTS:

- *Prevents persons who were DD employees from working in this field.*
- ***79** People were placed on the Registry in 2014.*
- *As of February 25, 2015 there are **603** people placed on the Abuser Registry*

THANK YOU!

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Director

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Abuse/Neglect Hotline

1-866-313-6733