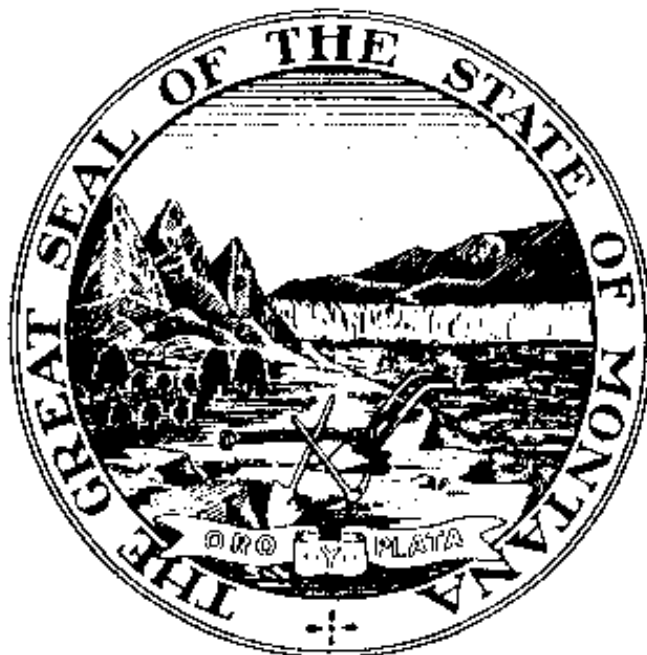


INCIDENT MANAGEMENT POLICY AND DDP INCIDENT MANAGEMENT SYSTEM



Developmental Disabilities Program
Department of Public Health and Human Services
State of Montana

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MONTANA DDP INCIDENT MANAGEMENT POLICY

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MONTANA DDP INCIDENT MANAGEMENT POLICY

I. PURPOSE

The purpose of this policy is to establish the protocols, procedures and guidelines for the Incident Management System, within the Department of Public Health and Human Services, Developmental Disabilities Program (DPHHS/DDP). This policy complements and expands on the requirements found at ARM 37.34.1500, et seq. The policy provides structure and develops a consistent, statewide system of incident reporting, trend analysis reporting, and critical incident investigations for Developmental Disabilities Service Providers. This policy further refines existing policies and procedures that require incidents that bring harm, or have potential to bring harm, to consumers served through the Department and its network of Service Providers, are immediately and routinely identified, reported and reviewed as a part of each Service Provider's internal quality management system. This policy further refines the categories of incidents that involve consumers as "Reportable Incidents," "Critical Incidents" and incidents requiring reporting under the Montana Elder and Persons with Developmental Disabilities Abuse Prevention Act. Additionally, Critical Incidents, as identified by this policy, require reporting to designated authorities external to the Service Provider, including Department of Public Health and Human Services DPHHS/Developmental Disabilities Program DDP, Adult Protective Services (APS), Child Protective Services (CPS), Long Term Care Ombudsman, Certification Bureau or Licensing Bureau within required timeframes. The policy also aims to ensure the implementation of corrective action measures that will prevent the recurrence of similar incidents, along with other activities that allow Service Providers to be proactive in their responsibilities to reduce the risk of harm to consumers.

The Incident Management System, for the purpose of this policy, means the consistent statewide process of identifying incidents, classifying incidents, reporting incidents, conducting trend analysis reviews of incidents and reporting on those trends, according to the requirements of this policy. The term also includes a process of conducting internal Critical Incident Investigations by Developmental Disabilities Service Providers.

II. SCOPE

This policy applies to all employees of the DPHHS/DDP program, and all agencies or entities that provide services or supports to consumers through funding, contract or provider agreement with the DPHHS/DDP with the exception of any ICF/MR or any ICF/DD. **Note:** (a) for all persons receiving DDP-funded services in their natural homes, the incident is reportable when a paid staff, in the course of delivering services (Family Support Specialist, respite provider, habilitation aid, foster family) is present. (b) If abuse, neglect or exploitation or mistreatment is suspected, the issue must be reported as required in this policy,(Appendix A, Pages, 18-22) and as written in Montana Code Annotated 52-3-811, section (3,a-i).

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III. AUTHORITY

The authority of this policy is established in 42 USC Sec. 1396n(c); 42 CFR Sec. 441.302; 53-20-205, MCA; 52-3-801 through 52-3-825, MCA; 53-20-163, MCA; and in contract with the Department.

IV. POLICY

It is the policy of the Department of Public Health and Human Services, Developmental Disabilities Program (DPHHS/DDP), that the identification of any Reportable or Critical Incident(s) and incidents in which the reporting staff person has reasonable cause to suspect that a consumer in their care has been subjected to abuse, sexual abuse, neglect, exploitation or mistreatment through observation or discovery, must be immediately reported, be properly reviewed and/or investigated, and have proper corrective actions implemented that strive to prevent and reduce future risk of harm to individuals.

V. RESPONSIBILITIES

Under the scope of this policy, the DPHHS/DDP and every Service Provider will be required to implement an Incident Management System in accordance with this policy and the requirements of Appendices A, B, C, D, and F and the guidelines in Appendix E. A core value of the Incident Management System policy is to encourage Service Providers and the DPHHS/DDP to focus on proactive, preventative incident management supports to reduce the risk of harm to consumers. If an incident occurs when a Child and Family Service Provider is solely responsible for the supervision of the child, the Service Provider will report the incident in the Incident Management System as required by this policy. If an incident occurs when a Child and Family Service Provider is not solely responsible for supervision, the Service Provider will report the incident in the Incident Management System following the same standard of mandatory reporting used with Child Protective Services (CPS).

The Service Provider must develop an internal Incident Management System that includes policies and procedures reflecting the organization's capacity to receive, classify, and use incident data in a manner that assures a timely and comprehensive response in protecting consumers from harm. The policy and procedures should provide a framework that supports the development of effective corrective action(s) and/or intervention(s) that achieve improved standards of quality services and supports for consumers. In doing so, the DPHHS/DDP and its network of Service Providers will be able to continue to improve the organizational and statewide system of supports to persons with Developmental Disabilities in Montana.

As a part of the organization's internal operating policies and procedures, each Service Provider must include as a part of the Incident Management System the following assurances:

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- Retaliatory action is prohibited against the reporting personnel by the service provider, an employee, and/or other person affiliated with the organization;
- Disciplinary actions in accordance to the organization's policy will be taken against any person who is found guilty of retaliation against the reporter;
- Employees must report accurate information and participate in the incident management process as required, disciplinary actions in accordance to the organization's policy will be taken against an employee if he/she refuses;
- Employees must report accurate information and participate in the incident management process as required, disciplinary actions in accordance to the organization's policy will be taken against any employee who directs an employee not to report incidents according to this policy; and
- Any person who is alleged to have committed abuse, neglect, mistreatment, and or exploitation, as defined by this policy, will be removed immediately from contact with consumers and, as determined appropriate by the Service Provider's management and/or board, dependent upon the outcome of the investigation, be subject to corrective action, discipline and/or termination in accordance with the Service Provider's pertinent policies.

VI. PROCESSES

Requirements of the Service Provider's Incident Management System

Service Providers receiving funds from the State of Montana, who are providing supports or services to consumers with mental retardation or other developmental disabilities, are required to implement an agency Incident Management System.

The Service Provider's internal Incident Management System must include the following elements:

1. Procedures for promptly identifying and reporting incidents as defined by Appendix A: Definitions of Reportable and Critical Incidents;
2. A requirement for prompt staff intervention when knowledge of harm, or the potential for harm, occurs;
3. Procedures for the prompt review of the incident for purposes of initially classifying the event and determining the need for a critical incident investigation;
4. Procedures for prompt medical assessment and/or treatment, or contact with necessary community support personnel as required;

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5. A requirement that any injury(s) suspected to be caused by abuse, neglect, or mistreatment be immediately examined by a medical professional and classified as an allegation of abuse, neglect, or mistreatment for reporting purposes;
6. A requirement for timely and accurate notification of the incident to appropriate staff, guardians, public officials and representatives from other agencies;
7. Procedures for prompt assignment of agency staff to conduct critical incident investigations;
8. Initiation of an Incident Report Form (IR) for any injury sustained by the consumer during the use of any exclusionary time-out, physical or mechanical restraint, or emergency psychotropic medication, even if specified in an approved behavior support plan;
9. Procedures for conducting reviews of incidents and implementing corrective action(s) to prevent the recurrence of similar incidents;
10. Procedures for data collection through a web-based Incident Management data system and conducting trend analysis as a means to develop appropriate support and service plans for the consumer(s) to prevent more serious incidents from occurring, as specified in Appendix B;
11. Requirements for prompt personnel actions when warranted;
12. Establishment of an Incident Management Committee, either a new committee or in combination with a currently established committee such as a Human Rights or Safety Committee, as specified in Appendix B to this policy;
13. Procedures identifying the role and function of the committee including routine review and assessment of all Reportable and Critical Incidents, monitoring trends of incident report information, and developing policies and procedures designed to protect and prevent harm to consumers;
14. Procedures requiring weekly meetings of the agency's Incident Management Committee, as specified in Appendix B to this policy;
15. Procedures to assure that reports of incidents and any required documentation including Incident Report Forms, trend analysis reports and Critical Incident Investigation Final Reports are:
 - a. Allowed to be received from any individual having knowledge of Reportable and Critical Incidents as defined by this policy;

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- b. Kept confidential, and that the names of those who report Reportable and Critical Incidents are not released without the permission of the person who made the report, unless required by law;
 - c. Entered into a secure, electronic, Incident Management internet application within 72 hours from the time the incident was discovered in a standardized format provided by the Developmental Disabilities Program (DDP);
16. Procedures for including a summary of incident report information and trend data, as well as the results of investigations of which a copy must be in the consumer's confidential records and in the employee's personnel records and submitted to Management Staff as appropriate.
17. A requirement that any employee of the provider, the family, or the state, who is responsible for direct care services to individuals with disabilities receive in-service training required by DPHHS/DDP in the elements of the Service Provider's Incident Management System including methods of prevention, detection, intervention, reporting, entry into a secure, electronic Incident Management internet application and investigation of consumer incidents; and
18. Procedures for the Service Provider to initiate and conduct a formal internal Critical Incident Investigation by staff. Service Providers are required to initiate and conduct Critical Incident Investigations and to cooperate with investigators from outside agencies where:
- a. The Regional Manager of DDP determines that the investigation will be conducted by DDP staff;
 - b. The Developmental Disabilities Program completes and/or participates in, or conducts a parallel investigation. These instances include any incident that results in emergency hospitalization of the consumer and any incident of alleged abuse to a consumer, including client to client incidents of sexual abuse or client to client incidents of abuse that result in physical injury which require medical treatment by a professional or hospitalization and any incident that results in the death of a consumer.
 - c. Other agencies or entities, such as, law enforcement, Adult Protective Services (APS), Child Protective Services (CPS), Bureau of Indian Affairs (BIA), Mental Disabilities Board of Visitors, DPHHS Certification Bureau, DPHHS Licensing Bureau, etc., which are required by statute or regulation to conduct an investigation into the incident, determine that their staff will conduct an investigation. Regardless, the Developmental Disabilities Program will conduct a parallel, internal investigation of the incident, reviewing rules, policies and programmatic procedures, if the incident is one of abuse, neglect, exploitation or mistreatment. If the victim or a witness recants their testimony the incident must still be investigated and the investigation must be completed within 5 working days and the findings submitted to the appropriate personnel as defined in this policy. Disability Rights Montana also may conduct an independent

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investigation and has access to certain records, pursuant to 42 USC Sec.15043.

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APPENDIX A DEFINITIONS

For the purpose of this policy, consumer incidents shall be defined as follows:

1. Aspiration/Choking

Definition: The inhaling of food or other object in the lung (aspiration) or choking.

Reportable Incident: Any aspiration or choking where the consumer is able, through coughing, to clear their airway without assistance from staff or medical intervention. This includes, any aspiration or choking incident that results in staff assistance, (e.g. “stomach thrusts”) or emergency medical intervention by an emergency medical technician, physician, nurse practitioner, physician’s assistant.

2. Death

Definition: All loss of life, regardless of cause.

Critical Incident: All consumer deaths are to be treated as a critical incident and reported no later than eight (8) hours after the death occurred to identified authorities as outlined by this policy.

3. Discovery of Illegal or Hazardous Substances

Reportable Incident: Finding the consumer in possession of goods, merchandise or items that are prohibited or illegal. Examples may include, but are not limited to: any item banned by Personal Support Plan (PSP) team approval*, weapons, drugs, drug paraphernalia or child pornography. This includes, any incident involving the use of or the discovery of illegal or hazardous substances or items, where the service provider has a duty to inform law enforcement due to possible criminal violations of law, e.g. discovery of illegal drugs/drug paraphernalia, weapons, etc.

* **Note:** If a consumer’s rights are restricted as part of a PSP plan or an approved behavior support plan, then the PSP Rights Restriction Form must be approved, signed and in place.

4. Hospitalization

Reportable Incident: Any unplanned visit to a hospital, emergency room, clinic or medical professional by a consumer for treatment of an illness, a medical or psychiatric condition.

Critical Incident: Any unplanned admission to a hospital, clinic or other medical facility as a result of an illness or medical condition for surgery, medical observation, treatment, or testing; and any planned or unplanned psychiatric hospitalization.

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5. Medication Error

Reportable Incident: Any medication or treatment error resulting in a situation where a consumer evidences, or could potentially experience, marked adverse side effects. A Medication Error is classified according to severity utilizing guidelines recommended by the *National Coordination Council for Medication Error Reporting and Prevention*.

Reportable Medication errors, as defined below, include circumstances or events that have the capacity to cause harm due to the nature of what occurred, an error that occurred but resulted in no harm to the consumer, or resulted in the need for increased monitoring of the consumer, including:

a. Physician or Pharmacy Error

- Incorrect drug selection, contraindications, known allergies, harmful interaction with existing drug therapy;
- Incorrect dose, dosage form, quantity, route, concentration, rate of administration; and/or
- Illegible prescription(s) or medication order(s) that lead to errors.

b. Incorrect Administration:

- Medication administered in a dose other than prescribed by the physician (greater than or less than);
- Inappropriate procedure or technique for administering the medication, e.g. wrong texture, consistency, position, or other specified procedures;
- An incorrect route of administration, or one which has not been prescribed;
- Administration of a drug that has expired or for which the physical or chemical dose (integrity of the drug) has been compromised; and/or
- Consumer's refusal to take the medication and follow medication regimen after reasonable efforts have been made to encourage the person to take the medication.

c. Omission/Missed Dose:

- Medications not administered because the medication was omitted, sufficient quantities were not available, or not filling prescriptions within a reasonable amount of time; and/or
- The failure to administer a prescribed medication for one or more dosage periods;

d. Wrong Time:

- Medication administered early or late; and/or
- Medication administered outside a predefined time interval from its scheduled administration time.

e. Unauthorized Dose:

- Medication not authorized by a physician for the consumer;

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- Medication given to the wrong person;
 - Administering medication beyond a “stop order”; and/or
 - Administering medication prescribed to treat behaviors without consent from the parent or guardian;
- f. Training and Documentation Errors:**
- Incorrect documentation of medication orders, e.g. label on bottle does not match information on the Medication Administration Record (MAR);
 - Administering medication but failing to document the MAR correctly;
 - Failure to follow other agency procedures for medication administration; and/or
 - Medication administered by unauthorized and/or improperly trained staff.
- g. Other:**
- Finding medication in an inappropriate area, e.g. in a person’s clothing, on the floor, packaged with a meal, in non-secure area, in an unmarked/open container or dish, mixed together in a container, etc.;
 - Security/storage safeguards are not followed; or
 - Failure to notify other service providers involved in supporting the consumer of new/changes in medication orders.

Critical Incident: Medication Errors are classified as Critical Incidents when the following conditions occur in relation to the examples cited above:

- a. Consumer evidences serious adverse side effects;
- b. Consumer's life, health or welfare is in jeopardy due to the above listed actions or inactions; and
- c. Consumer is either treated at a hospital emergency room or medical clinic;
- d. Consumer is admitted to a hospital; or
- e. Medications are discovered missing where there is likelihood that the medications may be sold or used illegally.

Notes: DPHHS/DDP must be notified of all Critical Medication Errors within eight (8) hours. Under no circumstances should the notification level of a medication error be classified as low.

Regardless of whether a consumer has experienced adverse side effects and/or their health/welfare is in jeopardy, certain types and/or patterns of medication errors emerging from regular trend analysis of all medication errors may raise the incidents to a Critical Incident classification. As a result, service providers should respond as such and initiate investigations into those circumstances (e.g. has possible neglect occurred?).

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6. Missing Person

Reportable Incident: Any attempt to run away by a consumer whose absence potentially constitutes an immediate danger to that individual or others. This also includes, the unexpected or unauthorized absence of a consumer that meets the following criteria:

- a. Missing and formal search procedures are initiated;
- b. An unexpected or unauthorized absence of any duration for a consumer whose absence constitutes an immediate danger to that individual or others.

7. Injury

Reportable Incident: Any suspected or confirmed physical harm to a consumer caused by an act of that person or another person, whether or not by accident, and whether or not the cause can be identified. Injuries include, but are not limited to physical harm requiring treatment and/or medical care for injuries such as:

- a. injuries which have required bandages;
- b. first and second degree burns;
- c. dislocations;
- d. sprains;
- e. allergic reactions;
- f. concussions;
- g. contusions;
- h. human or animal bites;
- i. sunburn;
- j. abrasions;
- k. loss of fingernail/toenail due to trauma;
- l. loss of teeth due to trauma; and/or
- m. puncture wound.

Note: “Suspected” physical harm is defined as an incident whereby the individual is assumed to need further examination to determine if an injury occurred as a result of the incident, for example, the individual has a hard fall on the sidewalk and staff suspect that the person has injured their knee.

Also, illness of a consumer, in and of itself, generally is not to be reported as an injury, but could be reported under hospitalization based on criteria identified in that incident category.

Critical Incident: Injuries of unknown origin that require assessment and/or treatment by a physician, physician assistant, nurse practitioner, dentist, or other licensed healthcare practitioner including, but not limited to:

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- a. fractures;
- b. lacerations requiring sutures, use of derma bond, or staples;
- c. third degree burns;
- d. electric shock;
- e. loss or tearing of body part;
- f. all eye emergencies;
- g. ingestion of toxic substance; and/or
- h. any injury with loss of consciousness.

Note: If the injury is suspected to have been caused by abuse and/or neglect, the injury should be reported under the appropriate incident category and notifications made to proper oversight authorities including DDP, APS, CPS, law enforcement, etc.

8. Property Damage

Reportable Incident: Any damage exceeding \$50.00 in cost to consumer, agency, or community property by a consumer or employee, regardless of intent that may include, but not be limited to:

- a. Broken windows;
- b. Damage to furniture; and/or
- c. Damage to automobiles (not caused by vehicle accidents).

9. Mechanical Restraint

Reportable Incident: The application of a device to any part of a consumer's body that restricts or prevents movement or normal use and functioning of the body or body part to which it is applied.

The following are not considered mechanical restraints for the purpose of this policy:

- a. Devices used to provide support for the achievement of functional body positions and equilibrium that have been prescribed by an appropriate health care professional;
- b. Stretcher belts, one piece safety belts, rail safety belts and transportation safety belts intended to prevent a consumer from accidentally falling;
- c. Equipment that does not restrict or prevent movement or the normal use/functioning of the body or body parts to which it is applied;
- d. Mechanical supports to provide stability necessary for therapeutic measures, such as immobilization of fractures, administration of intravenous or other medically necessary procedures; and/or
- e. Car seats, high chairs, playpens or items generally used by parents and considered to be used for a child's general health and safety do not fall into this category, unless abuse, neglect or exploitation are suspected.

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Critical Incident: The following are to be reported as a Critical Incident when they allegedly occur:

- a. Use of restraint vests, camisoles, Posey Vests, body wraps and chairs for behavioral reasons;
- b. Removing a consumer's mobility aids (wheelchairs, walkers, etc.) to prohibit freedom/choice of movement unless otherwise delineated through the consumer's PSP;
- c. Mechanical restraints that impair or inhibit visual or auditory capabilities or prevent, inhibit, or impair speech or other communication modalities; and/or
- d. Any use of a mechanical restraint occurring in a community program where the person is receiving services funded through the Developmental Disabilities Program.

10. Physical or Manual Restraint

Reportable Incident: Use of any physical or manual intervention used to restrict movement of the consumer including, but not limited to, holding a consumer's body or limb(s) contingent upon behavior, or using an approved manual restraint procedure (e.g. Mandt technique) so that movement is restricted or prevented for any amount of time.

For the purposes of this policy, the following are not considered restraints:

- a. Holding a consumer's limb(s) or body to provide support for the achievement of functional body positions and equilibrium that have been prescribed by an appropriate health care professional;
- b. Holding a consumer's limb(s) or body as part of a specific medical, dental or surgical procedure that have been authorized by an appropriate health care professional; and/or
- c. Holding a consumer's limb(s) or body to prevent an individual from accidentally falling.

Critical Incident: Physical or manual restraint practices prohibited by this policy identified below are to be reported as a Critical Incident when they allegedly occur:

- a. Take Downs;
- b. Physically forcing an individual to a ground or other surface.
- c. Prone Restraints;
- d. Holding an individual face down in a horizontal position;
- e. Using restraints as punishment;
- f. Using restraints for the convenience of staff;
- g. Using restraints as a substitute for treatment or care in conflict with a physician's order;

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- h. Using restraints in quantities which inhibit effective care/treatment; and/or
- i. Any use of a physical restraint occurring in a community program where the person is receiving services funded through the Developmental Disabilities Program.

11. Use of PRN Medication for Behavior

Definition: A chemical substance used for the control of a problem behavior which, when administered in a given dosage, results in a decrease or the elimination of the behavior.

Reportable Incident: The following use of a PRN medication is considered reportable: use of a PRN psychotropic medication where the medication has a protocol for its use or is part of a program plan.

Critical Incident: The following use of PRN medications is considered a Critical Incident and require reporting to the DDP Regional Office within one (1) business day: emergency or PRN usage of psychotropic medications, when the medication is not a part of a protocol or program plan or if there is reason to suspect that the protocol or program plan was not followed.

12. Use of Exclusionary Time Out

Definition: “Exclusionary Time Out” means a method of decreasing a maladaptive target behavior by requiring a consumer to leave an ongoing reinforcing situation for a period of time, contingent on the occurrence of some previously specified maladaptive target behavior.

Note: While the use of “time out” is a concern in adult services, time out is considered an accepted practice for good parenting and parents with children who exhibit challenging behavior are typically taught methods of appropriately implementing time out procedures as an alternative to the use of punishment. Therefore, the use of time out by a parent receiving child and family services is not considered an incident under this policy unless abuse or neglect of the child is suspected.

Critical Incident: Any use of Exclusionary Time Out occurring in a community program where the person is receiving services funded through the Developmental Disabilities Program.

13. Use of Seclusion Time Out

Definition: "Seclusion Time Out" means a method of decreasing a maladaptive target behavior by requiring a person to leave an ongoing reinforcing activity and go to a closed room for a period of time. Seclusion Time Out is contingent on the occurrence

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of some previously specified maladaptive target behavior. The room to which the person must go must not be reinforcing in any manner.

Note: While the use of “time out” is a concern in adult services, time out is considered an accepted practice for good parenting and parents with children who exhibit challenging behavior are typically taught methods of appropriately implementing time out procedures as an alternative to the use of punishment. Therefore, the use of time out by a parent receiving child and family services is not considered an incident under this policy unless abuse or neglect of the child is suspected.

Critical Incident: Any use of Seclusion Time Out occurring in a community program where the person is receiving services funded through the Developmental Disabilities Program.

14. Rights Violation

Definition: Incidents that occur when a consumer or other person alleges that a right of the consumer as identified below has been violated:

- a. The right to education and training services;
- b. The right to reside, work and receive treatment in a safe environment;
- c. The right to an individual plan;
- d. The right to prompt medical and dental care;
- e. The right to a nourishing, well-balanced diet;
- f. The right to acquire the assistance of an advocate;
- g. The right to the opportunity for religious worship;
- h. The right to just compensation for work performed; and/or
- i. Any other rights guaranteed by civil or constitutional law.

Reportable Incident: For the purposes of this policy, any restriction of a consumer’s rights must be considered a reportable incident.

15. Seizure

Reportable Incident: Any seizure activity involving a consumer where the consumer has sustained an injury, or has the potential for injury. This includes, any seizure activity involving a consumer that results in an injury, the potential for injury (as defined in the Physical Injury category of this policy), or requires the intervention of emergency medical staff per the individual’s plan of care. NOTE: While it is not intended that the IR form be the required document used by service providers to track or monitor seizure activity of a consumer(s), *the IR form may be used for this purpose.*

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16. Self Injurious Behavior (SIB)

Reportable Incident: A consumer engaging in behavior that results in injury, or may result in harm or injury, to themselves. This includes any self-injurious behavior that results in:

- a. Injury requiring assessment and/or treatment by a physician, physician's assistant, nurse practitioner, dentist, or other licensed healthcare professional; and/or
- b. Use of emergency behavioral support procedures.

17. Suicide Threats or Attempt

Reportable Incident: There are no reportable incidents for this category.

Critical Incident: A consumer's verbal, non-verbal or written threat to kill him/herself. An incident involving an act (attempt) to harm, injure or kill oneself, whether or not the person actually injures or causes death to him/herself.

18. Ingestion of a Harmful Substance (PICA)

Reportable Incident: Swallowing and/or ingesting substances that are non-food and potentially threatening to the health of the consumer, e.g., plants, poison, lotions, coins, paper clips, cigarette butts (PICA behavior). This Includes, PICA behavior resulting in medical assessment or treatment by a physician, physician's assistant, nurse practitioner, dentist, or other licensed healthcare professional

19. Law Enforcement Involvement

Reportable Incident: Any incident involving a consumer where law enforcement has been contacted to provide,

- a. Behavioral support or intervention;
- b. Intervention with a consumer who may have been a victim of a possible crime;
- c. Interventions when a consumer has engaged in, is suspected of engaging in, or is alleged to have engaged in, possible criminal acts including, but not limited to: theft; assault; arson; vandalism; trespassing; possession of illegal substances; weapon possession; fraud; consumer calling 911 inappropriately;
- d. Force or restraint interventions including physical or manual restraint, mechanical restraint (e.g. handcuffs), chemical restraint (e.g. pepper spray, mace);
- e. Custody; and/or
- f. Gives the consumer a citation, ticket, or charged them with a civil or criminal offense.

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20 – 25 Allegations of Abuse to the Consumer 26 – 30 Allegations BY The Consumer

Definition: "Abuse" means:

- (a) the infliction of physical or mental injury; or
- (b) the deprivation of food, shelter, clothing, or services necessary to maintain the physical or mental health of an older person or a person with a developmental disability without lawful authority (MCA 52-3-803).

Note: Any individual who comes in contact with a consumer, including an employee, contractor, intern, volunteer, visitor, family member, another consumer or legal representative whether or not the involved consumer is, or appears to be, injured or harmed, may be alleged to have abused a consumer. However, it must be remembered that while the intent of this policy is to protect consumers from harm, it is not intended to be a mechanism to substitute for the proper recording of behavioral problems of consumers, including behaviors of consumers who are aggressive or assault others. Incidents involving consumer-to-consumer interactions that result in injury and constitute abuse, as defined by this policy are to be coded as appropriate as listed in 26-30. If an incident is an allegation of abuse to the consumer code 20-25. If it is an allegation of abuse BY the consumer code 26 – 30.

Critical Incident: All incidents involving allegations of abuse are automatically elevated and treated as Critical Incidents. This includes consumer to consumer incidents of abuse which includes: sexual abuse, mental injury, exploitation, neglect and mistreatment. Please refer to page 68 of this policy for processes and procedures for client to client review and investigations. The Service Provider is expected to implement protocols defined by this policy in response to the allegations including reporting the incident to identified authorities external to the Service Provider organization, including DDP, APS, CPS, and/or law enforcement within required timeframes. DDP will initiate a parallel Critical Incident Investigation to review rules, policies, contractual obligations and programmatic procedures, regardless of whether or not a victim or a witness recants their testimony and any other organization is conducting an investigation of the alleged incident of abuse.

20. Abuse Allegation Involving Physical Injury to the Consumer

Definition: "Physical Injury" means death, permanent or temporary disfigurement, or impairment of any bodily organ or function. (MCA 52-3-803) "Temporary disfigurement" means bruises, lacerations or any visible skin injuries.

Critical Incident: Any incident involving an allegation of Physical Injury, as defined above, is automatically elevated and treated as a Critical Incident. Code 20 thru 25 if it is an allegation of abuse to the consumer or 26-30 if it is an allegation of abuse BY the consumer.

21. Abuse Allegation Involving Mental Injury to the Consumer

Definition: "Mental Injury" means an identifiable and substantial impairment of a person's intellectual or psychological functioning or well-being. (MCA 52-3-803)

Critical Incident: Any incident involving an allegation of Mental Injury, as defined above, is automatically elevated and treated as a Critical Incident. Code 20 -25 if it is an allegation of abuse to the consumer. Code 26-30 if it is an allegation of abuse BY the consumer.

22. Abuse Allegation Involving Exploitation of the Consumer

Definition: "Exploitation" means:

(a) the unreasonable use of an older person or a person with a developmental disability or of a power of attorney, conservatorship, or guardianship with regard to an older person or a person with a developmental disability in order to obtain control of or to divert to the advantage of another the ownership, use, benefit, or possession of or interest in the person's money, assets, or property by means of deception, duress, menace, fraud, undue influence, or intimidation with the intent or result of permanently depriving the older person or person with a developmental disability of the ownership, use, benefit, or possession of or interest in the person's money, assets, or property;

(b) an act taken by a person who has the trust and confidence of an older person or a person with a developmental disability to obtain control of or to divert to the advantage of another the ownership, use, benefit, or possession of or interest in the person's money, assets, or property by means of deception, duress, menace, fraud, undue influence, or intimidation with the intent or result of permanently depriving the older person or person with a developmental disability of the ownership, use, benefit, or possession of or interest in the person's money, assets, or property;

(c) the unreasonable use of an older person or a person with a developmental disability or of a power of attorney, conservatorship, or guardianship with regard to an older person or a person with a developmental disability done in the course of an offer or sale of insurance or securities in order to obtain control of or to divert to the advantage of another the ownership, use, benefit, or possession of the person's money, assets, or property by means of deception, duress, menace, fraud, undue influence, or intimidation with the intent or result of permanently depriving the older person or person with a developmental disability of the ownership, use, benefit, or possession of the person's money, assets, or property. (52-3-803, MCA)

Critical Incident: Any incident as defined above involving an allegation of Exploitation is automatically elevated and treated as a Critical Incident. Code 20-25 if it is an allegation of abuse to the consumer or 26-30 if it is an allegation of abuse BY the consumer.

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23. Allegation of Neglect of the Consumer

Definition: "Neglect" means the failure of a person who has assumed legal responsibility or a contractual obligation for caring for an older person or a person with a developmental disability or who has voluntarily assumed responsibility for the person's care, including an employee of a public or private residential institution, facility, home, or agency, to provide food, shelter, clothing, or services necessary to maintain the physical or mental health of the older person or the person with a developmental disability. (MCA 52-3-803)

Critical Incident: Any incident as defined above involving the suspicion of or allegation of neglect is automatically elevated and reported as a Critical Incident. Code 20 -25 if it is an allegation of abuse to the consumer. Code 26-30 if it is an allegation of abuse BY the consumer.

24. Allegation of Sexual Abuse of the Consumer

Definition: "Sexual abuse" means the commission of sexual assault, sexual intercourse without consent, indecent exposure, deviate sexual conduct, or incest, as described in Title 45, chapter 5, part 5. (MCA 52-3-803)

SEXUAL ASSAULT: Knowingly subjecting another person to any sexual contact without consent.

SEXUAL INTERCOURSE WITHOUT CONSENT: Knowingly having sexual intercourse without consent with another person

INDECENT EXPOSURE: Knowingly or purposely exposing the person's genitals under circumstances in which the person knows the conduct is likely to cause affront or alarm in order to:

- (a) abuse, humiliate, harass, or degrade another; or
- (b) arouse or gratify the person's own sexual response or desire or the sexual response or desire of any person.

DEVIATE SEXUAL CONDUCT: Knowingly engaging in deviate sexual relations or causing another to engage in deviate sexual relations.

INCEST: (1) Knowingly marrying, cohabiting with, having sexual intercourse with, or having sexual contact with an ancestor, a descendant, a brother or sister of the whole or half blood, or any stepson or stepdaughter. The relationships referred to in this subsection include blood relationships without regard to legitimacy, relationships of parent and child by adoption, and relationships involving a stepson or stepdaughter.

(2) Consent is a defense under this section to incest with a stepson or stepdaughter, but consent is ineffective if the victim is less than 18 years old.

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Critical Incident: Any incident as defined above involving an allegation of Sexual Abuse is automatically elevated and reported as a Critical Incident. Code 20 – 25 if it is an allegation of abuse to the consumer. Code 26-30 if it is an allegation of abuse BY the consumer.

25. Allegation of Mistreatment of the Consumer

Definition: The use of practices which are:

- a. Contra-indicated by a consumer's Individual Plan/Individualized Treatment Plan;
- b. Which do not follow accepted treatment practices and standards of care in the field of developmental disabilities; and/or
- c. Are not allowed as described within the laws or regulations of the State of Montana. This includes, but is not limited to the following:
 1. Use of any aversive procedure including use of:
 - stimuli, activities, or sprays/inhalants that are, or may be considered noxious, intrusive, or painful;
 - Use of electric shock;
 - Water sprayed into the face;
 - Pinches and deep muscle squeezes;
 - Shouting, screaming or using a loud, sharp or harsh voice to frighten or threaten;
 - Use of obscene language;
 - Withholding of adequate sleep;
 - Withholding of adequate shelter or bedding;
 - Withholding bathroom facilities;
 - Withholding of warm clothes;
 - Withholding meals, essential nutrition or hydration; and/or
 - Use of facial or auditory screening devices;
 2. Use of psychotropic medication, or behavioral intervention used to decrease inappropriate behavior which has not been approved by the Developmental Disabilities Program Review Committee and/or the provider agency's Human Rights Committee in compliance with laws or regulations of the State of Montana prior to implementation;
 3. Removal of a consumer's personal property as punishment;
 4. Unobserved time-out room or area used solely for time-out; and/or
 5. Use of chemical restraint instead of positive programs or medical treatment.

Critical Incident: Any incident as defined above involving an Allegation of Mistreatment is automatically elevated and reported as a Critical Incident.

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APPENDIX B

Requirements for Staff and Committee Functions

This protocol identifies and addresses requirements for staff and committee functions for the Incident Management System (IMS) policy issued by the State of Montana Developmental Disabilities Program. It is also intended to provide general guidance for Service Providers in supporting the daily work and activities associated with protecting people from harm.

Technical assistance is available to service providers through the Developmental Disabilities Program whose services are limited, e.g. diagnosis and evaluation or service providers who are very small in size, so they may effectively implement the Incident Management Coordinator and Incident Management Committee functions.

SECTION I: INCIDENT MANAGEMENT COORDINATORS

Service Providers are required to designate a staff person (preferably an employee with some level of supervisory or management capacity) as the Incident Management Coordinator for the organization. At the discretion of agency management, based on agency structure and resources, the Incident Management Coordinator may be assigned other duties not related to this position, but the service provider is responsible for assuring that sufficient time is allocated to the Incident Management Coordinator function so as not to compromise the duties/tasks listed in the policy and through this guideline.

The following are duties of the Coordinator:

- a. Provide technical assistance to staff members regarding the agency's Incident Management System including completion of the Incident Report Form and other needed documentation;
- b. Ensure that authorities external to the organization receive notification (verbal and/or in writing) of critical incidents as defined by this policy;
- c. Coordinate training regarding the application of the Service Provider's Incident Management System;
- d. Serve as a member of the agency's Incident Management Committee;
- e. Prepare monthly trend reports and analyses of incident data, referred to as the *Incident Management Trend Summary of Critical Incidents*, and submit to the Service Provider's Incident Management Committee;
- f. Forward to the local office of the Developmental Disabilities Program:

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- The completed Incident Report Form (IR) of all Critical Incidents as soon as they have been reviewed at the Service Provider's weekly Incident Management Committee meeting;
- The monthly *Incident Management Trend Summary of Critical Incidents*, and documentation of actions taken, no later than 10 working days after the last day of the month. This report should include at minimum the following information:
 - i. Total number of incidents;
 - ii. Types of incidents;
 - iii. Types of incidents by consumer name;
 - iv. Causes of Incidents;
 - v. Incidents by total number of injuries;
 - vi. Severity of injuries;
 - vii. Location where injuries and other incidents occur;
 - viii. Shifts, if applicable, on which injuries and other incidents occur;
 - ix. Specific employees involved in the incident;
 - x. Specific consumers involved in the incident; and
 - xi. Other trends deemed as being appropriate, based on the needs of consumers and the mission of the Service Provider.

SECTION II: TARGETED CASE MANAGEMENT

Targeted Case Management Service Providers and staff have a unique role in assuring that consumers of the Montana Developmental Disabilities Program receive quality services and supports in their daily lives, and that the system adequately protects their health, safety and welfare. In community-based settings particularly, the systems providing services to consumers continue to place even greater focus on the philosophies and values of self-determination and choice. These philosophies in turn drive how, where, and by whom consumers receive services. Rather than a consumer receiving services and supports 24 hours/day, 7 days/week through one entity, consumers will often have multiple service providers involved in their lives on any given day. This creates a unique circumstance related to the responsibilities to protect each consumer from harm, particularly incidents involving abuse, neglect, exploitation, mistreatment and to work to prevent incidents from happening in the first place.

The Targeted Case Manager has a core responsibility to assure that 24 hours/day, 7 days a week, a consumer(s) receives quality services as identified through the Personal Support Plan (PSP) for adults. When events occur in the life of that consumer, such as an incident that brings harm, the Targeted Case Manager has the responsibility to assure that the issues/needs of the consumer are addressed promptly and correctly, and ultimately to reduce the risk of further harm to them.

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SECTION III: INCIDENT MANAGEMENT COMMITTEE

All service providers are required to establish an Incident Management Committee (the Committee). The purpose of the Committee is to provide an immediate and focused program and management assessment of harm or the potential for harm, consumers may experience while receiving services provided by the organization.

1. The Committee membership must include:

- a. The Executive Director/CEO or the Executive Director/CEO's designee;
- b. Incident Management Coordinator;
- c. Representatives of each of the service provider's operational program units;
- d. A Case Management representative.

***The Quality Improvement Specialist assigned to work with the agency is an optional member and may attend meetings via conference call or in person as their schedule permits.**

Note: Within the above requirements, service providers have the discretion in the titles of staff assigned to the Committee, but they are required to assure that the Committee's membership as a whole includes adequate managerial, clinical, direct support and rehabilitative staff to carry forward the Committee's functions.

A. REGULAR FUNCTIONS OF THE COMMITTEE:

2. The Committee must meet at least weekly. If there are no incidents and/or a review of previous incidents is not necessary, then the committee does not need to meet as scheduled.
3. At each meeting, the Committee is required to review the following:
 - a. All Incident Report Forms of internal, reportable and critical incidents that have been reported since the last scheduled meeting, that is, during the previous week.
 - b. The review is focused on:
 - review of what occurred and the staff response and follow-up actions
 - determination of whether already recommended corrective/preventive actions were implemented;
 - Consideration of what (if any) additional corrective and/or preventive actions are warranted that would provide additional positive supports to the service recipient and staff;
 - Consideration of whether the consumer's Personal Support Plan (PSP), should be amended based on information developed as a result of this process.

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- The Committee is responsible for assuring that the Incident Report Form is completed at the time the incident is reviewed by the committee.
4. The Committee is responsible for maintaining minutes of the meetings. The minutes should include:
- a. Names, titles and agency represented of those in attendance; and
 - b. Documentation of the Committee's findings, recommendations, implementation of recommendations, and results/effects of actions implemented. A sample form for documenting minutes is attached to the end of this appendix.

Note: The Committee's minutes have the same level of confidentiality as an Incident Report Form and both must be available to Department of Public Health and Human Services/Developmental Disabilities Program for review and/or copying as requested. Minutes must be sent to the Quality Improvement Specialist and the Case Manager each week.

5. Within 15 days of a Critical Incident being reported and investigated by the agency the Committee (or a smaller sub-group) should review any Critical Incident Final Investigation Reports (CIIFR's) and Critical Incident Team Reports (CrITR's) that have been completed. These reviews must focus on:
- a. Reviewing the initial Critical Incident reported;
 - b. Reviewing the critical incident investigation for competency and thoroughness;
 - c. Determining the final conclusions and recommendations to close the critical incident investigation.
 - d. Documentation of the Committee findings provided to management of the Service Provider for review and implementation; and
 - e. Reviewing the status of implementation of the recommendations identified in previous Committee meetings regarding investigation outcomes.
6. Review of the service provider's overall trends related to the Incident Management System policy requirements on a monthly basis. The trend data must include, but not be limited to information generated through the following:
- a. Committee review of incidents;
 - b. Periodic High Risk Review process conducted by the Committee;
 - c. Monthly Trend Summary Reports prepared by the service provider's Incident Management Coordinator; and
 - d. Prepare recommendations, including necessary system changes, to present to the agency's management and Board of Directors (or Board of Trustees).

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B. SPECIFIC FUNCTIONS OF THE COMMITTEE

1. Review at least weekly all Reportable and Critical Incidents reported through the Service Provider's Incident Management System (IMS) by assessing the need for further interventions and supports to the consumer(s) and staff to improve the agency's capacity to protect people from harm. If there are no incidents to review as defined by this policy in a given week, the Service Provider may simply document this fact as reason why the Incident Management Committee did not meet.
2. Develop and monitor the implementation and effectiveness of corrective action taken for all Reportable and Critical Incidents reviewed by the Incident Management Committee.
3. Review the Incident Management Coordinator's monthly analysis of the *Incident Management Trend Summary of Critical Incidents*. The committee will review at minimum the following:
 - i. Total number of incidents;
 - ii. Types of incidents, including internal, reportable and critical;
 - iii. Types of incidents by consumer name;
 - iv. Causes of incidents;
 - v. Incidents by total number of injuries;
 - vi. Severity of injuries;
 - vii. Location where injuries and other incidents occur;
 - viii. Shifts, if applicable, on which injuries and other incidents occur;
 - ix. Specific employees involved in the incident;
 - x. Specific consumers involved in the incident; and
 - xi. Other trends deemed as being appropriate, based on the needs of consumers and the mission of the Service Provider.
4. The Incident Management Committee is responsible for submitting the *Incident Management Trend Summary of Critical Incidents*, along with completing an annual report relating to their review and actions taken, to the following:
 - a. Service Provider's Board of Directors (monthly trend report);
 - b. Service Provider's Human Rights Committee (monthly trend report); and
 - c. Regional Quality Improvement Specialist (monthly trend report) by the 10th of the following month.

SECTION IV: REQUIREMENTS FOR THE SERVICE PROVIDER'S IDENTIFICATION AND REPORTING OF INCIDENTS

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1. All Critical Incidents must have the DPHHS/DDP Incident Report (IR) Form completed.
2. The IR must be initiated immediately and no later than the end of the shift when the incident has been identified.
3. The Service Provider identifying a **Reportable Incident** and initiating an IR Form must notify the consumer's Targeted Case Manager of all Reportable Incidents within two (2) working days by submitting a copy of the IR form to the consumer's Targeted Case Manager.
4. The Service Provider is required to routinely notify the QIS of **Reportable Incidents** within two (2) working days by submitting a copy of the IR form.
5. The IR Form documenting these events is to be made available as requested to other Developmental Disabilities Service Providers supporting the consumer (e.g., the residential provider when the incident is reported by the work or day provider), the Quality Improvement Specialist, other PSP team members, and/or parents, family members, advocates, guardians with proper releases and in proper format to ensure confidentiality of all parties, as requested.

SECTION V: REQUIREMENTS FOR THE SERVICE PROVIDER'S MANAGEMENT OF CRITICAL INCIDENTS

1. All **Critical Incidents**, as defined by this policy and by statute or regulation, require notification to authorities external to the organization. This notification is to occur verbally and in writing (through the IR) and generally on an immediate basis as defined (see *Appendix C: Critical Incident Notifications Grid*).
2. The consumer's Targeted Case Manager must be notified of Critical Incidents including deaths, suicide attempts, unaccounted for absences, emergency hospitalization, and law enforcement involvement, by the Service Provider immediately. Notification requirements are listed in Appendix C of this policy. Notification can mean contact with the person via phone or in person, email, voice mail message, pager, or fax followed up by the incident being entered in a secure, electronic, internet incident management data system within 72 hours from the time the incident is discovered. The Case Manager and the Quality Improvement Specialist must receive a copy of the Incident Report. Proper documentation of method of notification must be completed on the IR Form (see the "Notification Grid" section of the IR Form).
3. The Regional Quality Improvement Specialist must receive verbal notification of Critical Incidents that involve allegations of client-to-client abuse causing

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physical injury, client-to-client abuse causing mental injury and client-to-client sexual abuse as soon as possible (within 8 hours).

The verbal notification must be followed with an Incident Report entered into a secure, electronic, internet incident management system within 72 hours from the time the incident was discovered and sent to both the Quality Improvement Specialist and the Case Manager. The Quality Improvement Specialist will investigate incidents of abuse to determine if policies and procedures were followed, which result in physical injury that require treatment by a medical professional or hospitalization and incidents of sexual abuse.

4. The Regional Quality Improvement Specialist and consumer's Advocate must receive verbal notification of Critical Incidents including deaths, suicide attempts, unaccounted for absences, emergency hospitalizations, and law enforcement involvement from the Service Provider. Notification requirements are listed in Appendix C of this policy. Notification can mean contact with the person via phone or in person, email, voice mail message, pager, or fax. This must be followed with an Incident Report entered into a secure, electronic, internet incident management system within 72 hours from the time the incident was discovered and sent to both the Quality Improvement Specialist and the Case Manager. Proper documentation of method of notification must be completed on the IR Form (see the "Notification Grid" section of the IR Form).
5. Verbal notification of Critical Incidents should be made available to other Personal Support Plan (PSP) team members and/or parents, family members, advocates, guardians, with proper releases, if they have requested that this occur. Notifications requirements are listed in Appendix C of this policy.
6. The consumer's Guardian must receive notification of Critical Incidents involving deaths, suicide attempts, unaccounted for absences, emergency hospitalizations, and law enforcement involvement from the Service Provider as soon as possible (within 8 hours). Notification requirements are listed in Appendix C of this policy. Notification can mean contact with the person via phone or in person, email, voice mail message, pager, or fax. Proper documentation of method of notification must be completed on the IR Form (see the "Notification Grid" section of the IR Form).
7. Service Providers must assure that policies and procedures for the agency's Incident Management System reflect protocols supporting the conduct of competent investigations when Critical Incidents have been identified (See Appendix E: Guidelines for Conducting Critical Incident Investigations).
8. The Service Provider will generally be expected to initiate and conduct a critical incident investigation when a Critical Incident has been reported. There will be circumstances arising that require the Critical Incident

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Investigation be conducted by an entity external to the organization, or in tandem with another provider where an individual is being served jointly by two or more providers. Examples of these circumstances include, but are not limited to:

- Incidents involving possible infractions of criminal law and the law enforcement/criminal investigation. A parallel investigation must be completed if the criminal infraction is one of abuse, neglect, exploitation or mistreatment by the Quality Improvement Specialist who will determine if state and federal policies and procedures were followed;
- Incidents involving allegations against a Service Provider's Executive Staff and/or member(s) of the Board of Directors;
- Incidents where the Developmental Disabilities Program will complete and/or participate in, or conduct a parallel investigation, including any incident that results in emergency hospitalization of the consumer and any incident that results in the death of a consumer; and/or
- Other circumstances that due to the nature and/or sensitivity of the allegation require that an investigator not affiliated with the organization conduct the investigation.

In these circumstances the Service Provider should ensure when notifying the Department of Public Health and Human Services, Developmental Disabilities Program, DPHHS Licensure Bureau, Adult Protective Services, Child Protective Services, and/or law enforcement that these investigative requirements are communicated to all parties initiating an investigation.

9. The Critical Incident Investigation Final Report (CIIFR) or Critical Incident Team Report (CrITR) should be documented in the format provided by the Department of Public Health and Human Services/Developmental Disabilities Program. A copy of the completed IR Form is to be included with the final report.
10. The Critical Incident Investigation is to be completed no later than five (5) working days after reporting the incident. An extension of no more than five (5) working days may be granted to the 5-working-day period. The extension must be requested of, and approved in writing by, the Developmental Disabilities Regional Manager.
11. At the conclusion of the investigation, a copy of the CIIFR or CrITR is to be forwarded to the following:

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- a. Executive Director of the Service Provider that initiated the investigation, who will forward the report to the Agency's Board of Directors;
 - b. Other Executive Staff, as appropriate, of the Service Provider that initiated the investigation.
12. The CIIFR or CrITR is to be made available to the parties listed below:
- a. DPHHS/DDP Executive Staff including: Director of the Developmental Disabilities Program, the Community Services Bureau Chief, Regional Manager of the Region in which the incident occurred, Quality Improvement Specialist; and
 - b. As appropriate, designated legal staff for the Department, and other agencies as required by law or regulation for Critical Incidents.
13. The Service Provider must also assure that the consumer or their guardian, and the consumer's Targeted Case Manager are notified of the outcome of the investigation by providing written documentation (i.e. a written summary) of the findings.

SECTION VI: PERIODIC HIGH RISK REVIEWS

1. Monthly, or more frequently as needed, the Committee (or designated entity) is required to assess for the need of a "high risk review" of consumers whose history of incidents indicates the need for a more thorough evaluation.
2. High risk reviews when they occur should discuss:
 - a) The circumstances of incidents involving the consumer (as well as other available pertinent information);
 - b) Possible corrective/preventive actions to ensure better protection for the consumer, and
 - c) Whether the planning team should meet to consider revising the Personal Support Plan (PSP).
3. The "high risk review" for any consumer who meets one (1) or more of the criteria listed below is required within 10 working days (the Incident Management Committee may also determine that more frequent high risk reviews are indicated):
 - a) Three (3) or more critical incidents during the preceding month or five (5) or more critical incidents during the preceding three (3) months;
 - b) Two (2) or more critical incidents involving serious or severe injury during the preceding twelve (12) months;
 - c) One (1) substantiated allegation of abuse, neglect, mistreatment, or exploitation during the preceding twelve (12) months;
 - d) A lengthy convalescence or permanent impairment due to a serious or severe injury;

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- e) A serious or severe injury due to substantiated allegations of staff abuse, neglect, mistreatment, or exploitation; or
 - f) A pattern or trend of reportable incidents involving a consumer over a three (3) month period that requires a more thorough review and assessment of the consumer's needs.
4. Any incident that results in emergency hospitalization of the consumer requires that a "high risk review" be conducted at the next scheduled weekly meeting of the Incident Management Committee.
 5. The Committee also has the discretion to recommend a "high risk review" for a person who does not meet the minimum criteria as defined above.
 6. There may be exceptional circumstances where the "numbers" for a "high risk review" are met, but the Committee and Targeted Case Manager determine that the review process is not the best approach for addressing the needs of the consumer (e.g., numerous status seizures, an individual incident pattern already identified and addressed with a formal plan, consumer has a terminal illness and is making frequent trips to the hospital, etc.). In such circumstances, a request for exceptions to the "high-risk review" requirement may be submitted in writing to the Regional Quality Improvement Specialist at Department of Public Health and Human Services/Developmental Disabilities Program. Any exceptions will be approved in writing.
 7. The Targeted Case Manager must be notified of any scheduled "high risk reviews" of consumers. The Targeted Case Manager is expected to participate in this meeting.
 8. In collaboration with the Targeted Case Manager, the Committee should assure that relevant information related to the consumer including the Personal Support Plan(PSP), prior incident history and new developments in daily life, are available for "high-risk review" meetings.

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APPENDIX C

External Reporting Requirements for Critical Incidents

<u>Type of Critical Incident</u>	<u>DDP (per ARM 37.34.1502)</u>	<u>Case Manager (per ARM 37.34.1502)</u>	<u>Guardian or Next of Kin</u>	<u>Adult Protective Service* (per MCA 52-3-811)</u> <u>Client is age 18 or older.</u>	<u>Child Protective Service (per MCA 41-3-201)</u> <u>Client under age 18.</u>	<u>County Attorney (per MCA 52-3-811)</u> <u>Client is age 18 or older.</u>	<u>Long Term Care Ombudsman (per MCA 52-3-811)</u> <u>Client is age 18 or older.</u>	<u>DPHHS Licensure Bureau</u> <u>Clients in Licensed DD Group Home or Licensed Foster Home</u>
Allegation of Abuse causing Physical Injury	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 8 hours after incident	If person is not a resident in a long term care facility, report to APS or local affiliate, as soon as possible.	Report to the Centralized Intake Bureau Hotline (1-866-820-5437) as soon as possible.	If the report involves a suspected act or omission of the Department, report to the county attorney of the county in which the person resides or in which the acts that are the subject of the report occurred.	If the person is a resident in a long-term care facility, report the matter to the long-term care ombudsman appointed under the provisions of 42 U.S.C. 3027(a)(12) and to APS.	Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.
Allegation of Client to Client Abuse causing Physical Injury	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident		If neglect by a caretaker, report to APS or local affiliate, as soon as possible.		If neglect by a State employee, report to County Attorney.		Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.
Allegation of Abuse causing Mental Injury	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 8 hours after incident	If person is not a resident in a long term care facility, report to APS or local affiliate, as soon as possible.	Report to the Centralized Intake Bureau Hotline (1-866-820-5437) as soon as possible.	If the report involves a suspected act or omission of the Department, report to the county attorney of the county in which the person resides or in which the acts that are the subject of the report occurred.	If the person is a resident in a long-term care facility, report the matter to the long-term care ombudsman appointed under the provisions of 42 U.S.C. 3027(a)(12) and to APS.	Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.
Allegation of Client to Client Abuse causing Mental Injury	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident		If neglect by a caretaker, report to APS or local affiliate, as soon as possible.		If neglect by a State employee, report to County Attorney.		Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.

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<u>Type of Critical Incident</u>	<u>DDP (per ARM 37.34.1502)</u>	<u>Case Manager (per ARM 37.34.1502)</u>	<u>Guardian or Next of Kin</u>	<u>Adult Protective Service* (per MCA 52-3-811)</u> <u>Client is age 18 or older.</u>	<u>Child Protective Service (per MCA 41-3-201)</u> <u>Client under age 18.</u>	<u>County Attorney (per MCA 52-3-811)</u> <u>Client is age 18 or older.</u>	<u>Long Term Care Ombudsman (per MCA 52-3-811)</u> <u>Client is age 18 or older.</u>	<u>DPHHS Licensure Bureau</u> <u>Clients in Licensed DD Group Home or Licensed Foster Home</u>
Allegation of Sexual Abuse	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 8 hours after incident	If person is not a resident in a long term care facility, report to APS or local affiliate, as soon as possible.	Report to the Centralized Intake Bureau Hotline (1-866-820-5437) as soon as possible.	If the report involves a suspected act or omission of the Department, report to the county attorney of the county in which the person resides or in which the acts that are the subject of the report occurred.	If the person is a resident in a long-term care facility, report the matter to the long-term care ombudsman appointed under the provisions of 42 U.S.C. 3027(a)(12) and to APS.	Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.
Allegation of Sexual Abuse, cont'd.								
Allegation of Client to Client Sexual Abuse	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident.		If neglect by a caretaker, report to APS or local affiliate, as soon as possible.		If neglect by a State employee, report to County Attorney.		Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.
Allegation of Neglect	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 8 hours after incident	If person is not a resident in a long term care facility, report to APS or local affiliate, as soon as possible.	Report to the Centralized Intake Bureau Hotline (1-866-820-5437) as soon as possible.	If the report involves a suspected act or omission of the Department, report to the county attorney of the county in which the person resides or in which the acts that are the subject of the report occurred.	If the person is a resident in a long-term care facility, report the matter to the long-term care ombudsman appointed under the provisions of 42 U.S.C. 3027(a)(12) and to APS.	Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.
Exploitation	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 8 hours after incident	If person is not a resident in a long term care facility, report to APS or local affiliate, as soon as possible.		If the report involves a suspected act or omission of the Department, report to the county attorney of the county in which the person resides or in which the acts that are the subject of the report occurred.	If the person is a resident in a long-term care facility, report the matter to the long-term care ombudsman appointed under the provisions of 42 U.S.C. 3027(a)(12) and to APS.	Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.

MONTANA DDP INCIDENT MANAGEMENT POLICY

<u>Type of Critical Incident</u>	<u>DDP (per ARM 37.34.1502)</u>	<u>Case Manager (per ARM 37.34.1502)</u>	<u>Guardian or Next of Kin</u>	<u>Adult Protective Service* (per MCA 52-3-811)</u> <u>Client is age 18 or older.</u>	<u>Child Protective Service (per MCA 41-3-201)</u> <u>Client under age 18.</u>	<u>County Attorney (per MCA 52-3-811)</u> <u>Client is age 18 or older.</u>	<u>Long Term Care Ombudsman (per MCA 52-3-811)</u> <u>Client is age 18 or older.</u>	<u>DPHHS Licensure Bureau</u> <u>Clients in Licensed DD Group Home or Licensed Foster Home</u>
Mistreatment	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 8 hours after incident	If person is not a resident in a long term care facility, report to APS or local affiliate, as soon as possible.	Report to the Centralized Intake Bureau Hotline (1-866-820-5437) as soon as possible.		If the person is a resident in a long-term care facility, report the matter to the long-term care ombudsman appointed under the provisions of 42 U.S.C. 3027(a)(12) and to APS.	Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.
Death	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 2 hours after incident					Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.
Suicide Attempt	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 2 hours after incident					
Emergency Hospitalization	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 2 hours after incident					
Unaccounted for Absence	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 2 hours after incident.					Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.

MONTANA DDP INCIDENT MANAGEMENT POLICY

<u>Type of Critical Incident</u>	<u>DDP (per ARM 37.34.1502)</u>	<u>Case Manager (per ARM 37.34.1502)</u>	<u>Guardian or Next of Kin</u>	<u>Adult Protective Service* (per MCA 52-3-811)</u> <u>Client is age 18 or older.</u>	<u>Child Protective Service (per MCA 41-3-201)</u> <u>Client under age 18.</u>	<u>County Attorney (per MCA 52-3-811)</u> <u>Client is age 18 or older.</u>	<u>Long Term Care Ombudsman (per MCA 52-3-811)</u> <u>Client is age 18 or older.</u>	<u>DPHHS Licensure Bureau</u> <u>Clients in Licensed DD Group Home or Licensed Foster Home</u>
Substantial Changes in Residential or Vocational Placements w/out PSP Team Approval	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 2 hours after incident					
Law Enforcement Involvement	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 2 hours after incident					Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.
Critical Medication Errors	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice ASAP and no later than 8 hours after incident					Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.
All Other Incidents	In writing within 2 days, if reportable. W/in 8 hours, if critical	Verbal notice no later than 8 hours after incident	Verbal notice no later than 8 hours after incident					

MONTANA DDP INCIDENT MANAGEMENT POLICY

***APS MCA 41-3-201 and 52-3-811) applies to the following:** “When the professionals and other persons listed in subsection (3) **know or have reasonable cause to suspect** that an older person or person with a developmental disability known to them in their profession or official capacities has been subjected to abuse, sexual abuse, neglect, or exploitation they shall (a) if the person is not a resident of a long-term facility, report the matter to: (i) the department or its local affiliate; or (ii) the county attorney of the county in which the person resides or in which the acts that are the subject of the report occurred;... (3)...(e) professionals and other persons required to report are: a person who maintains or is employed by a rooming house, retirement home or complex, nursing home, group home, adult day-care center, or personal care facility or an agency or individual that provides home health services or personal care in the home;...(h) a person providing services to an older person or a person with a developmental disability pursuant to a contract with a state or federal agency. (i) an employee of the department while in the conduct of the employee’s duties.

Confidential and anonymous reports can be made to Disability Rights Montana without breaching any confidentiality requirements. Reports to Disability Rights Montana do not relieve you of your mandatory reporting obligations.

APPENDIX D

INSTRUCTIONS FOR COMPLETING THE INCIDENT REPORT FORM

1. Observer of incident (or staff person involved) completes the Incident Report Form (IR) for any situation that meets the definition for a Reportable or Critical Incident (as specified in Appendix A of the Developmental Disabilities Program Incident Management Policy) or for other “incidents” that the Provider Agency wishes to record and track. Where there is more than one consumer involved in the incident, a report will be filled out for each consumer. The report for each person will focus on the actions of that person and the steps taken by the provider on behalf of that person.
2. SECTION 1- DESCRIPTION OF THE INCIDENT:

Section 1 will be completed by the observer or the staff person involved.

Fill in the last name of the consumer, first name of the consumer, date of the incident, time of the incident, and check a.m. or p.m. Where there is more than one consumer involved in the incident, fill in the name of the person for whom the report is being written. Identify other consumers by their initials only.

- a. Circle the number for the region of the origin of the incident, enter the name of the provider organization for whom the reporting staff works.
- b. The observer or staff person involved fills out the “Description of Incident section:
 - i. Under “Describe What Happened,” the incident is described in narrative fashion. The writer will:
 1. describe who was involved and other witnesses. Where other consumers are involved in the incident, use their initials. You will need to fill out a separate incident form for the other consumer(s) involved;
 2. describe what happened before the incident: including,
 - a. environmental conditions,
 - b. any cues given,
 - c. any other salient environmental conditions, for example, a fire drill was in progress;
 3. describe the incident in observable and measurable terms;
 4. describe what occurred after the incident (with the individual within the environment;
 5. describe how long the incident lasted;
 6. specify where the incident occurred.
 - ii. Under “Actions Taken,” staff will describe all actions taken to respond to or remediate the incident. The writer will:
 1. describe any staff actions to immediately protect from harm;
 2. describe any immediate staff actions to make the environment safe;
 3. describe any actions to provide first aid or seek emergency medical assistance; and
 4. identify supervisors and/or other persons notified of the incident.

MONTANA DDP INCIDENT MANAGEMENT POLICY

- iii. Staff person will check the box indicating whether the incident was:
 1. “witnessed,” where the staff person was present or involved in the incident; or
 2. “discovered,” where a staff identifies an incident but was not present, was not involved, or where the incident is “suspected.”
- iv. Staff person will enter their name and title under “name/title of reporter.”
- v. Staff person will enter their name under “signature of reporter.”
- vi. Staff person will enter the date the report was signed.
- vii. Staff person will enter the time the report was signed.
- viii. Staff person will enter the number that best describes the reporter code. If the reporter is a staff person, enter 1. If the reporter is a consumer, enter 2. If the reporter is a family member, enter 3. If the reporter is a Targeted Case Manager (either contracted or DDP), enter 4. If the reporter is a staff member of DDP (but not a Case Manager), enter 5. If the reporter is any other person, enter 6 and describe the person on the line provided.
- ix. Enter the names of staff who witnessed the incident. If consumers witnessed the incident, enter their initials.

3. SECTION 2 – SUPERVISOR REVIEW

Section will be filled out by the supervisor of the reporting staff person or the supervisor of the section/program of the agency where the affected consumer lives/works.

- a. After reviewing the incident description and discussing the incident with the reporting staff, if necessary, the supervisor will enter the corresponding incident number in the primary code box. If the incident appears to have elements of two types, then the primary code entered is the more critical of the two elements. The second element is then entered as the secondary code.
- b. The supervisor then enters the code for the cause of the incident. The codes for “Consumer Action” refer to the consumer that the IR is being written about. If an employee was directly involved in the incident, or is suspected to be involved, then the employee is identified by name and the code number is entered. If another consumer is directly involved then the consumer’s initials are entered and the appropriate code number is entered. If another person is directly involved, then that person is entered and the appropriate number entered. If the cause of the incident is suspected or observed to be the result of hazardous conditions of agency property (either equipment or the environment), or the cause is unknown, then the appropriate number is entered by the supervisor.
- c. The supervisor enters the actual location of the incident’s occurrence as the “Primary Location.”
- d. The supervisor enters the appropriate number for the secondary location.
- e. Under “Actions Taken” the supervisor checks the appropriate box, either internal, reportable or critical according to the definition of the type of incident. The supervisor briefly describes the action taken to manage the incident, signs the form, enters their name, and enters the date and time of

MONTANA DDP INCIDENT MANAGEMENT POLICY

signature. NOTE: Some providers wish to use the Incident Report Form to track other events not defined by the policy as either reportable or critical, for example, seizure activity when the seizure does not result in an injury to the person. For that reason the form is marked “internal” for the tracking of those other events. Otherwise, the box is checked based on the initial report of the incident. A box checked “critical” is not a determination of the outcome of the investigation, but rather is meant to flag the need for an investigation from the agency and/or the outside agency. Where the reporting staff person or supervisor has reasonable cause to suspect that the consumer has been subjected to abuse, sexual abuse, neglect, or exploitation as defined by the Montana Elder and Persons with Developmental Disabilities Abuse prevention Act (52-3-801, et. Seq., MCA), check the box marked "Elder Abuse Report" and fill out and attach the IR Addendum.

4. SECTION 3 – INCIDENT MANAGEMENT COORDINATOR REVIEW
 - a. The agency Incident Management Coordinator enters the actions taken on this incident report relative to the duties of the Coordinator’s position. The Coordinator will note whether review of the incident is necessary and may use the incident to note whether a trend seems to be emerging regarding this type of incident or for the consumer(s) involved, whether the particular incident indicates a need to schedule a “high risk review”, etc..
 - b. The agency Incident Management Coordinator enters their name, the date and time of the signature.
5. PAGE 2
 - a. The reporter will enter the consumer’s name, the date and the time of the incident.
6. SECTION 4 – MEDICAL/INJURY ASSESSMENT/TREATMENT
 - a. The supervisor or any medical person who assesses or treats the consumer may fill out this section. If a basic first aid procedure is all that is needed, then the person who applies the first aid may fill out this section.
 - b. Describe the assessment or treatment referred for and results. The person checks any of the appropriate boxes, enters name, date and time.
 - c. Enter the severity code in the box provided, according to the apparent level of severity.
 - d. Enter the code number for the type of injury. If there is more than one code that describes the type of injury, then enter the more critical code as the “primary code” and the less critical as the “secondary code.”
 - e. Enter the code number for the cause of injury. If there is more than one code that describes the cause of injury, then enter the more critical code as the “primary code” and the less critical as the “secondary code.”
 - f. Enter the code number for the primary injury location. If there is more than one code that describes the location of the injury, then enter the more critical code as the “primary code” and the less critical as the “secondary code.”
 - g. Enter the code number for the side of the body where the injury is located. If there is more than one code that describes the side of the body where the injury is located, then enter the more critical code as the “primary code” and the less critical as the “secondary code.”

MONTANA DDP INCIDENT MANAGEMENT POLICY

7. SECTION 5 – NOTIFICATION

- a. Check the appropriate box(es) to identify the persons/agencies notified of the incident.
- b. Enter the name of the person contacted, the date, time, identify staff who made the notification, and enter the code number for the method of notification.

8. SECTION 6 – INCIDENT REVIEW COMMITTEE

- a. Enter the determinations from the review made of this incident by the Incident Management Committee.
- b. The Incident Management Coordinator enters their name, date and time of signature.

9. SECTION 7 – INVESTIGATION

- a. If this incident resulted in a critical incident investigation, the investigator enters their name at the end of the investigation.
- b. The investigator enters the date and time the investigation was opened.
- c. The investigator enters the date the investigation was closed.

INCIDENT REPORT

NAME OF PERSON _____ <small style="display: flex; justify-content: space-between; width: 90%; margin-left: 20px;"> LAST FIRST </small>	DATE OF INCIDENT _____ TIME OF INCIDENT <small>AM</small> <small>PM</small>
REGION	REPORTING PROVIDER: _____
1 2 3 4 5	

SECTION 1 – DESCRIPTION OF INCIDENT

DESCRIBE WHAT HAPPENED: (who was involved, what happened before, during and after the incident, how long did it last, where did it happen)

ACTIONS TAKEN: _____

THIS INCIDENT WAS Witnessed or Discovered

NAME/TITLE OF REPORTER: _____ **SIGNATURE OF REPORTER** _____
(Circle Correct Number)

DATE: _____ **REPORTER CODE:** 1 Employee 2 Consumer 3 Family 4 TCM 5 DDP 6 Other _____

TIME: _____ AM PM **WITNESS NAMES:** _____ / _____ / _____

SECTION 2 – SUPERVISOR REVIEW

<p style="text-align: center;">TYPE OF INCIDENT</p> <p>PRIMARY CODE <input type="checkbox"/></p> <p>SECONDARY CODE <input type="checkbox"/></p> <ol style="list-style-type: none"> 1. Aspiration/Choking 2. Death 3. Discovery of Contraband 4. Hospitalization 5. Medication Error 6. Missing Person 7. Injury 8. Property Damage 9. Use of Mechanical Restraint 10. Use of Physical Restraint 11. Use of PRN Medication 12. Use of Exclusion Time Out 13. Use of Seclusion Time Out 14. Rights Violation 15. Seizure 16. Self Injurious Behavior (SIB) 17. Suicide Threat/Attempt 18. Ingestion of Harmful Substance 19. Law Enforcement Involvement <p>ALLEGATIONS OF ABUSE:</p> <p>Abuse to Consumer</p> <ol style="list-style-type: none"> 20. Abuse: Physical Injury 21. Abuse: Mental Injury 22. Abuse: Exploitation 23. Abuse: Neglect 24. Abuse: Sexual Abuse 25. Mistreatment <p>Abuse by Consumer Codes:</p> <ol style="list-style-type: none"> 26. Physical Abuse by the Consumer 27. Mental abuse by the Consumer 28. Exploitation by the Consumer 29. Neglect by the Consumer 30. Sexual abuse by the Consumer 	<p style="text-align: center;">CAUSE OF INCIDENT 0. Does Not Apply</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">PRIMARY CODE <input type="checkbox"/></td> <td style="width: 50%;">SECONDARY CODE <input type="checkbox"/></td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>CONSUMER ACTION:</p> <ol style="list-style-type: none"> 1. Fall 2. Ingested 3. Medical Condition 4. Accident 5. Physical Aggression 6. Provoked 7. Seizure 8. Self-Injurious Behavior 9. Other </td> <td style="width: 33%; vertical-align: top;"> <p>EMPLOYEE ACTION:</p> <p>Name: _____</p> <ol style="list-style-type: none"> 10. Accident 11. Suspected A/N/M 12. Other Employee Action <p>OTHER CONSUMER ACTION:</p> <p>Initials: _____</p> <ol style="list-style-type: none"> 13. Accident 14. Physical Aggression 15. Provoked 16. Other </td> <td style="width: 33%; vertical-align: top;"> <p>OTHER PERSON ACTION:</p> <p>NAME: _____</p> <ol style="list-style-type: none"> 17. Family Member 18. Individual in the Community 19. Visitor <p>HAZARDOUS CONDITION OF ACTION PROPERTY</p> <ol style="list-style-type: none"> 20. Equipment 21. Physical Environment 22. Unknown/Undetermined </td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 50%;">PRIMARY LOCATION</td> <td style="width: 50%;">SECONDARY LOCATION</td> <td style="width: 10%;">CODE <input type="checkbox"/></td> </tr> <tr> <td style="vertical-align: top;"> <p style="text-align: center;">ADDRESS (Incident Location) <i>(Include City)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="vertical-align: top;"> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <ol style="list-style-type: none"> 1. Home – Inside – Bathroom 2. Home – Inside – Bedroom 3. Home – Inside – Hallway 4. Home – Inside – Kitchen/Dining 5. Home – Inside – Living Room 6. Home – Inside – Other 7. Home – Outside 8. Vehicle </td> <td style="width: 50%;"> <ol style="list-style-type: none"> 9. Natural Home (Residence) 10. Natural Home (visit) 11. Day Program 12. Work 13. School 14. Community – Supervised 15. Community – Unsupervised 16. Unknown </td> </tr> </table> </td> <td></td> </tr> </table> <p style="text-align: center;">Incident Category: <input type="checkbox"/> Internal <input type="checkbox"/> Reportable <input type="checkbox"/> Critical <input type="checkbox"/> Elder Abuse Act – Attach IR Addendum</p> <p>ACTIONS TAKEN: _____</p>	PRIMARY CODE <input type="checkbox"/>	SECONDARY CODE <input type="checkbox"/>	<p>CONSUMER ACTION:</p> <ol style="list-style-type: none"> 1. Fall 2. Ingested 3. Medical Condition 4. Accident 5. Physical Aggression 6. Provoked 7. Seizure 8. Self-Injurious Behavior 9. Other 	<p>EMPLOYEE ACTION:</p> <p>Name: _____</p> <ol style="list-style-type: none"> 10. Accident 11. Suspected A/N/M 12. 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SIGNATURE: _____	PRINT NAME: _____	DATE: _____	TIME: _____	AM PM										

SECTION 3 – INCIDENT MANAGEMENT COORDINATOR REVIEW

ACTIONS TAKEN: _____

SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** _____ **TIME:** _____ **AM PM**

SECTION 4 – MEDICAL/INJURY ASSESSMENT/TREATMENT

DESCRIBE ASSESSMENT/TX GIVEN: _____

X-ray Abdominal Thrust CPR Hospital Emergency Room Hospitalization-Medical Hospitalization – Psychiatric

SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** _____ **TIME:** _____ **AM PM**

(Circle Correct Number)

INJURY SEVERITY CODE 1. No Apparent Injury 2. Minor Injury (1st aid) 3. Serious Injury (suture/fracture) 4. Severe Injury (hosp. admission)

TYPE OF INJURY PRIMARY CODE <input type="checkbox"/>	0. No Apparent Injury SECONDARY CODE <input type="checkbox"/>	CAUSE OF INJURY PRIMARY CODE <input type="checkbox"/>	SECONDARY CODE <input type="checkbox"/>
1. Abrasion/Scrape/Scratch	13. Infection	1. Animal	14. Heat/Cold
2. Airway Obstruction	14. Lesion	2. Bumped/Stubbed	15. Hit/Slap
3. Allergic Reaction	15. Loss of Consciousness	3. Chemical Burn	16. Human Bite/Scratch
4. Bite/Sting	16. Puncture	4. Choke on Food Object	17. Ingestion
5. Burn/Blister		5. Drug/Alcohol Use	18. Insect
6. Bruise/Contusion	18. Reddened Area	6. Environmental Hazard	19. Kick
7. Concussion	19. Soft Tissue Swelling	7. Equipment Problem	20. Medication Error
8. Cut/Laceration	20. Sprain	8. Escort	21. Medication Use
9. Cut/Laceration w/sutures	21. Strain	9. Fall/Slip/Trip	22. Pinched
10. Dislocation	22. STD	10. Food/Drink	23. Provoked
11. Fracture	23. Sunburn	11. Grab/Hold	24. Push/Shove
12. Hematoma	24. Frostbite	12. Hair Pull	25. Restraint, Chemical
	25. Other	13. Head Bang	26. Restraint, Manual
			27. Restraint, Mechanical
			28. Rub/Friction
			29. Self-Injurious Behavior
			30. Sexual Trauma/Injury
			31. Sharp Object
			32. Thrown Object
			33. Twisting
			34. Vehicle Accident
			35. Undetermined
			36. Other

PRIMARY INJURY LOCATION PRIMARY CODE <input type="checkbox"/>	SECONDARY CODE <input type="checkbox"/>	SIDE OF BODY PRIMARY CODE <input type="checkbox"/> SECONDARY CODE <input type="checkbox"/>
1. Scalp	6. Cheek	1. Front
2. Face	7. Mouth	2. Back
3. Eye	8. Teeth	3. Both Sides
4. Nose	9. Tongue	4. Center
5. Lips	10. Throat	5. Left
	11. Chin	6. Right
	12. Neck	7. Lower
	13. Collarbone	8. Upper
	14. Shoulder	9. Internal
	15. Upper Arm	
	16. Elbow	
	17. Forearm	
	18. Wrist	
	19. Hand	
	20. Finger	
	21. Thumb	
	22. Chest	
	23. Breast	
	24. Back	
	25. Ribs	
	26. Abdomen	
	27. Buttocks	
	28. Anus	
	29. Genitalia	
	30. Thigh	
	31. Knee	
	32. Shin	
	33. Calf	
	34. Ankle	
	35. Heel	
	36. Instep	
	37. Toes	
	38. Ear	
	39. Hip	
	40. Foot	

SECTION 5 – NOTIFICATION

Notification Codes: 1 Phone 2 Fax 3 E-mail 4 Mail 5 Personal Contact

	Date	Time	Contacted By	N. Code
<input type="checkbox"/> Case Manager _____	_____	____ AM PM	_____	_____
<input type="checkbox"/> QIS _____	_____	____ AM PM	_____	_____
<input type="checkbox"/> Family/Legal Guardian _____	_____	____ AM PM	_____	_____
<input type="checkbox"/> APS/CPS _____	_____	____ AM PM	_____	_____
<input type="checkbox"/> Other _____	_____	____ AM PM	_____	_____
<input type="checkbox"/> Other _____	_____	____ AM PM	_____	_____
<input type="checkbox"/> Other _____	_____	____ AM PM	_____	_____
<input type="checkbox"/> Other _____	_____	____ AM PM	_____	_____

SECTION 6 – INCIDENT REVIEW COMMITTEE

ACTIONS TAKEN: _____

SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** _____ **TIME:** _____ **AM PM**

SECTION 7 – INVESTIGATION

Investigator: _____ **Print Name:** _____ **Case Number:** _____
Date Opened: _____ **Time:** _____ **AM PM**
Date Closed: _____

MT DDP Revised: 2/28/2011

APPENDIX E

I. Introduction

An important component of the new Developmental Disabilities Program Incident Management System policy is the classification of harm, or **incidents**, consumers may experience while receiving services. The Developmental Disabilities Program Incident Management System policy requires that all service providers have an incident management system that functions as an important part of any internal quality management process of an organization providing services and support to people with disabilities. For the purpose of the Incident Management System policy, incidents are classified into two (2) levels: **Reportable Incidents** and **Critical Incidents**, as defined in Appendix A of the policy. The policy requires that all events identified as Reportable and Critical Incidents will be reviewed as specified in the Incident Management System policy through the organization's internal quality management processes. Additionally, events classified as **Critical Incidents** are required to be reported externally to designated authorities, and investigated according to the Developmental Disabilities Program Incident Management System Policy following the **Guidelines for Conducting Critical Incident Investigations**. In addition, where the reporting staff person or supervisor has reasonable cause to suspect that the consumer has been subjected to abuse, sexual abuse, neglect, or exploitation as defined by the Montana Elder and Persons with Developmental Disabilities Abuse prevention Act (52-3-801, et. Seq., MCA), this also includes mistreatment, the incident is required to be reported to the Department with additional information.

II. Key Requirements of the Developmental Disabilities Program Incident Management System Policy and Protocol for Conducting Critical Incident Investigations

1. Based upon the nature of the incident that occurred, and as defined by statute and Montana Code, and the Developmental Disabilities Program Incident Management System Policy, the Service Provider is responsible for notifying various parties including, but not limited to, the Developmental Disability Program, the consumer's guardian, Case Manager, and advocate, Adult or Child Protective Services (APS/CPS), law enforcement, DPHHS Licensure Bureau, and/or Disability Rights Montana. See the Incident Management System Policy, **Appendix C: IMS Policy Notifications Grid** for specific detail regarding parties to be notified and required timeframes for reporting.
2. The Service Provider will generally have primary responsibility for conducting critical incident investigations occurring at their agency. However, in certain instances, the Developmental Disabilities Program will complete and/or participate in, or conduct a parallel investigation. These instances include any incident that results in emergency hospitalization of the consumer and any incident that results in the death of a consumer, or incidents of suspected abuse, neglect, exploitation or mistreatment. The investigator will have five (5) working days to complete the investigation, including submission of the fully completed incident report form. An extension to the 5 working day period must be requested and approved in writing by the Developmental Disabilities Regional Manager.
3. Developmental Disabilities Program will review critical incident investigations completed by service providers using the Critical Incident Investigation Competency Assessment Tool (see attachment). The Developmental Disabilities Program Quality Improvement Specialist will

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complete the Assessment Tool review within five (5) working days of receiving documentation of the investigation, including the Final Investigation Report. Where the Critical Incident Investigation is conducted by the Quality Improvement Specialist and involves emergency hospitalization or client death, the review will be conducted by a Bureau Chief. When the QIS conducts the investigation for other Critical Incidents, including abuse investigations, the administrative review will be performed by the Regional Manager. If the five (5) working days requirement cannot be met, documentation and justification will be submitted to Developmental Disabilities Program Regional Manager. Based upon this review, Developmental Disabilities Program may request further follow-up or investigation of the incident.

4. All staff assigned to conduct a formal critical incident investigation under the Developmental Disabilities Program Incident Management System Policy are required to participate in a critical incident investigation training. The Developmental Disabilities Program will provide, at least annually, a course on conducting critical incident investigations to ensure that Service Providers have sufficient personnel to conduct investigations.
5. The Developmental Disabilities Program has developed a “Conducting Critical Incident Investigations” curriculum for training investigators and will be responsible for the maintenance of the curriculum.

III. Critical Incident Investigation Protocols

Standard protocols are used to identify, collect, and analyze evidence available during an investigation. There are four (4) key stages to any investigations:

1. Intake and Preservation of Evidence (including the identification and initial reporting of the event);
2. Identification and Collection of Evidence;
3. Analysis (reconciliation) and Presentation of Evidence; and
4. Quality Improvement (conclusions, recommendations, and corrective action).

The following information represents core activities performed at each stage, and the parties responsible. Attachment A of this document contains the same information in chart form representing Critical Incident Investigation process.

KEY STAGES OF THE CRITICAL INCIDENT INVESTIGATION:

PHASE 1: INTAKE AND PRESERVATION OF EVIDENCE

Once an incident has been identified as meeting the criteria for a Critical Incident that will be investigated, and a decision has been made as to any external investigation being conducted (e.g. law enforcement), Service Provider Site Supervisors and/or other Management staff are responsible to assure the following activities occur:

1. Assure that the health and safety of all individuals (consumers, staff, and visitors) is addressed immediately.
2. Provide immediate, medical treatment for allegations involving any physical injury, change in medical status, or sexual abuse regardless of whether or not a victim or a witness recants their testimony.
3. Secure the scene. If possible, management staff will secure the scene by locking the area so no one is admitted until the investigator arrives. If this is not possible, then the management staff should properly photograph and diagram the scene.
4. Identify, keep, and separate any witnesses. While it is not always possible to separate witnesses prior to being interviewed by the investigator, at minimum, management staff should explain to witnesses the need to not talk about the incident until interviewed by the investigator. This helps to minimize the potential that memories will be altered or changed (even unintentionally). All interviews should be tape recorded, as long as the individual and the guardian agree to the recording of the interviews and sign a permission form. Interviews with individuals alleged to be sexually abused must be interviewed by a member of the same sex or have a member of the same sex present at all times during the interview.
There may also be times when agency management will make a decision to require staff to remain after normal work hours have ended in order to interview witnesses for the purposes of the investigation.
5. Secure documentary evidence. Management will assure that documentary evidence is maintained in a secure location until the investigator can take possession of the materials. Documentary evidence can include but is not limited to any business record produced by the organization: the consumer's primary record (medical or otherwise), log books, incident reports, medication records, medical reports, staff schedules, training records, personnel records, financial records, etc.

PHASE 2: IDENTIFICATION AND COLLECT OF EVIDENCE

Upon assignment of the investigation, the investigator will arrive at the scene in order to begin the identification and collection evidence. The Investigator has primary responsibilities to assure the following occurs:

1. Review activities of intake and preservation with agency site supervisors and/or management responsible for conducting steps in Phase 1. Review the initial steps taken by people discovering or witnessing the incident, and upon receiving report of the incident, what management's response was. There should also be a transition of evidence (the chain of custody) initially preserved by management including any documentary evidence and names of potential witnesses (reporter, victim, alleged target, other witnesses with direct or circumstantial evidence, etc.).
2. Review incident with Reporter. The investigator should clarify with the Reporter that they did indeed report the incident, and verify what exactly they initially communicated. The formal investigatory interview regarding the incident will take place at a later time.
3. Identify and collect physical and demonstrative evidence. While physical evidence will not always be secured for every incident, collect physical evidence as necessary, take photographs and prepare diagrams, along with any other demonstrative evidence relevant to the incident. Focus on these tasks first when possible prior to interviewing witnesses. This is done primarily to assure that when the investigator begins to conduct the investigatory interviews with witnesses they are in the best position to create a comprehensive interview with each person. Release the physical evidence as soon as possible (e.g. if an environment has been secured) back to normal use.
4. Sort, classify, and interview witnesses; obtain written statements from witnesses. Sort witnesses by name in the following categories: Victim(s), Witness(s) with Direct Evidence, Witness(s) with Circumstantial Evidence, Alleged Target(s) or Perpetrator(s). When possible, interview the reporter first, followed by the alleged victim, then witnesses with direct evidence, and witnesses with circumstantial evidence. Try to conduct the interview with the alleged target(s) last.

Written statements will be obtained from witnesses at the conclusion of the interview, and should be taken prior to concluding the investigatory interview.

5. Identify and collect other documentary evidence. This information can include any business records of the organization related to the consumers, employees, financial activities, or other administrative processes including activities of the Board of Directors of the corporation. Based upon the emergence of issues during the investigation, the investigator may need to request additional information beyond what was initially identified and provided. Photocopies of any documentary evidence determined to be relevant to the investigation should be made and maintained as a part of the investigation file.

PHASE 3: ANALYSIS AND PRESENTATION OF EVIDENCE

Once the investigator has identified and collected all evidence relevant to the investigation, the process of reviewing the evidence and reconciling this information needs to begin. In order to best accomplish responsibilities related to this phase of the investigation, it is important to understand and apply some of the core rules associated with **Reconciliation of Evidence**. These are as follows:

- a. Is the witness's story consistent over time? Generally, a witness's story that is consistent over time will be seen as more credible than a witness whose story changes key facts/information over time.
- b. Can independent corroboration of a principal's version of the incident be established which generally enhances credibility of that principal's testimony?
- c. Is the physical evidence available in the investigation consistent or inconsistent with testimony given by witnesses? Where physical evidence is consistent with witness testimony, more value is given to that version of the event.
- d. Based upon the witness's location with respect to the incident itself (physical proximity and the environment), how will his/her capacity to make observations be affected? Are there possible environmental barriers (e.g. noise, walls, posts, body position etc.) that will affect a witness's capacity to see/hear?
- e. What are the witness's own capacities to see and hear? Are there impairments to either the sense of seeing or hearing?
- f. What was the witness's level of focus and attention during the course of the incident?
- g. What is the witness's relationship to other people involved in the incident: This relates to what may be seen as potential bias on the part of a witness because of the nature of a relationship they have with another party involved in the incident.

Core activities associated with this phase of the investigation include:

1. Review and assess evidence collected. Identify all pieces of evidence where there is consistency and separate from the evidences where inconsistencies emerge.
2. Conduct background interviews as necessary. These with individuals who may be able to provide clarifying information regarding evidence in an investigation, not with identified witnesses to the incident itself. For example, the Staff Development Trainer may be able to answer specific questions regarding the nature/intent of training provided to staff that wasn't clear to the investigator by simply reviewing the training materials.
3. Conduct follow-up interviews with witnesses as necessary. These interviews are with witnesses to the incident itself and are primarily designed to clarify evidence or other questions that arise

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during the investigation (e.g. does the witness have any visual or hearing impairments that weren't discussed previously).

4. Conduct final reconciliation of evidence using the bulleted "Rules for Reconciling Evidence" identified above.
5. Prepare and submit Final Investigation Report (See Attachment B).

PHASE 4: RECOMMENDATIONS AND ACTION PLAN:

Management, in conjunction with the agency's Incident Management Committee, will review the Critical Incident Investigation Final Report (CIIFR) to determine final conclusions, recommendations based on the findings of the investigations, and an action plan to implement those recommendations including timeframes for completion. When the state Quality Improvement Specialist conducts an investigation, the Regional Manager, in the region conducting the investigation, will complete the Administrative Review. The Administrative Review must be completed within five (5) working days of the completion of the investigation. The core activities of this phase of the investigation include:

1. Review the Critical Incident Investigation, including the Critical Incident Investigation Final Report (CIIFR) and the investigation process for competency and quality. The investigation should have been conducted meeting the standards associated with speed, thoroughness, and objectivity (as outlined by the Critical Incident Investigation Competency Assessment Tool) and provides all necessary information to draw reasonable conclusions and make appropriate recommendations.
2. Determine whether there was a preponderance of evidence to support one of the following conclusions or findings:
 - a. Closed with No Further Review Necessary (the incident is more likely to have occurred as initially alleged or described and no further review is needed); or
 - b. Not Closed Further Review Necessary (the incident is more likely not to have occurred as initially alleged or described; or there is not enough evidence to reach a conclusion).
3. Determine recommendations and an action plan. Recommendations and action plans are based on the findings of the investigation and conclusions drawn from that process. Any recommendations and subsequent action plans developed should reflect not only decisions specific to the incident itself but must also reflect assessment of other identified systemic issues related to the incident occurring, including antecedents (reasons why the incident occurred) and post-incident interventions. For example, recommendations might be made and action plans developed that include policy revisions, development of new training options for staff, recruiting and hiring of additional staff to fill vacancies, etc.
4. Implement recommendations and action plan. The assignment of specific action plan items and target dates for completion are established and the Service Provider is making a commitment to assure these recommendations and action plans are actually implemented.

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5. The Critical Incident Investigation Final Report (see Attachment C) is submitted to the Developmental Disabilities Program Regional Manager/Quality Improvement Specialist and includes the conclusions, recommendations, action plan and a copy of the fully completed Incident Report Form within one(1) working day of the Final Report's completion. Other documents for submission may be requested for review by the Developmental Disabilities Program (including the entire case file) to supplement this initial submission.
6. The Service Provider must also prepare notification to the consumer or their guardian, the consumer's Targeted Case Manager (or Qualified Mental Retardation Professional), and the consumer's advocate documenting the findings of the Critical Incident Investigation.

PHASE 5: QUALITY REVIEW

The Developmental Disabilities Program Quality Improvement Specialist (QIS) is responsible (on behalf of the Montana Developmental Disabilities Program) for auditing the overall quality of critical incident investigations conducted and monitoring implementation of the action plans. In order to accomplish this responsibility and provide objective and consistent review of the quality and competency of critical incident investigations conducted throughout the state, the Montana Critical Incident Investigation Competency Assessment Tool will be the audit tool applied (see Attachment C).

1. Using the Competency Assessment Tool (see appendix C), the Quality Improvement Specialist will review each investigation within five (5) working days following the receipt of the final investigation report.
2. The Quality Improvement Specialist will monitor the implementation of the recommendations and action plan as part of the quality assurance process.

ATTACHMENT A:

CRITICAL INCIDENT INVESTIGATIONS
CORE PROTOCOLS AND RESPONSIBILITIES

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CRITICAL INCIDENT INVESTIGATION CORE PROTOCOLS AND RESPONSIBILITIES

STAGE OF INVESTIGATION	RESPONSIBILITY	KEY TASKS/ACTIVITIES
1. Incident Identified INTAKE PRESERVE EVIDENCE	Site Supervisors Agency Management	1. Assure health/safety of all individuals. 2. Provide medical treatment. 3. Secure the scene (as necessary). 4. Identify, keep witnesses separate. 5. Secure documentary evidence.
2. Arrive at scene IDENTIFY/COLLECT EVIDENCE	INVESTIGATOR	1. Review activities of intake and preservation with management. 2. Review incident with Reporter. 3. Identify/collect physical and demonstrative evidence. 4. Sort/classify/interview witnesses, obtain written statements. 5. Identify and collect other documentary evidence.
3. Review/Reconcile ANALYSIS/PRESENTATION of EVIDENCE	INVESTIGATOR	1. Review/assess evidence collected. 2. Conduct background interviews (as necessary). 3. Conduct follow-up interviews (as necessary). 4. Conduct final reconciliation of evidence. 5. Prepare Final Investigation Report using standard report format.
4. Final Decision-Making RECOMMENDATIONS ACTION PLAN	Agency Management Incident Management Committee	1. Review competency/quality of investigation. 2. Determine final conclusions of the investigation (substantiated, unsubstantiated, and inconclusive). 3. Determine recommendations and action plans. 4. Implement recommendations and action plans. 5. Submit completed FIR and other required documentation to the DEVELOPMENTAL DISABILITIES PROGRAM. Within 15 working days.
5. DEVELOPMENTAL DISABILITIES PROGRAM Competency Review QUALITY REVIEW	DEVELOPMENTAL DISABILITIES PROGRAM Quality Improvement Specialist	1. Completes audit of investigation using Competence Assessment tool. 2. Review and monitor implementation of recommendations and action plan.

ATTACHMENT B:

**MONTANA DEVELOPMENTAL DISABILITIES PROGRAM
CRITICAL INCIDENT INVESTIGATION FINAL REPORT
(CIIFR)**

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CRITICAL INCIDENT INVESTIGATION

FINAL REPORT FORM

Case: _____
 Incident Case Number: _____

I. INTRODUCTION

1. Date of Occurrence: _____ Time: _____
2. Date Agency Personnel were notified: _____ Time: _____
 - a. Who was it reported to: _____
3. Who reported the Incident: _____
4. When was the investigator assigned to the case: _____
 - a. Who is the investigator: _____
5. Describe the original allegation and/or information provided to the investigator at the time of the assignment: _____
6. What is the name of the name of the Consumer or person injured or allegedly wronged:

II. INVESTIGATIVE PROTOCOLS/ METHODOLOGY

A. General Information:

1. When did the investigator visit the site of the incident: Date: _____ Time: _____
2. Who (list names, title, role to the investigation) did the investigator speak to at the site to assess the initial issues/needs of the investigation:

Name	Title	Role

B. Identifying, Collecting and Preserving Physical and Demonstrative Evidence:

1. Was the scene secured: yes No (if not, why: _____)
2. Was physical evidence collected and logged: yes no (if not, why: _____)
3. Identify/list each piece of physical evidence collected:

Physical Evidence ID	Description of Evidence	Date/Time Collected	Chain of Custody (where is evidence maintained)

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4. Identify/list any photographs taken (in chronological order):

Photograph ID#	Description	Date /time collected	Chain of Custody

5. Identify/list other demonstrative evidence available to the investigation, e.g., diagrams, maps, floor plans, X-Rays, etc.

Demonstrative Evidence ID#	Description	Date/Time Collected	Chain of Custody

6. Was chain of custody maintained for physical and demonstrative evidence after it was collected: yes no , if so, how was it done; if not, explain why:

C. Identifying, Collecting and Preserving Testimonial Evidence:

1. How did the investigator determine whom to interview, explain:

2. Identify and list all individuals interviewed in chronological order, include the date and time of the interview, their role to the investigation:

Witness Name & Title	Role to the Incident	Date/Time of Interview	Is there a Written statement?

3. Was any person identified as the alleged target(s) of the investigation: yes no if yes, identify them: _____

a. Was the alleged target removed from contact with other individuals involved (yes no) , and was the alleged target placed on administrative leave (yes no) or reassigned to other duties (yes no):

4. How was the alleged target or other witnesses afforded any right to representation; if such rights exist, by law, regulation, or labor contract:

D. Identifying, Collecting and Preserving Demonstrative Evidence:

1. Identify and list statements taken from individuals interviewed in the case (this may be noted, for convenience, as the list identified in II C.2 above):

Name	Description of Statement

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2. List and identify other documents collected in the case, e.g., business records of the organization, including personnel records, records of persons receiving services, financial records, administrative records, insurance reports or claims, etc.:

Documentary Evidence ID #	Description	Date/Time Collected	Chain of Custody

3. How were the documents secured prior to and after they were collected (explain):
- _____

III. EVIDENCE SUMMARY

1. What is/are the question(s) to be answered by the investigation (list each one separately). For each investigation, the following questions must be answered in addition to any others determined for the investigation:

Was the incident a result of failure to follow Montana Statute, the Administrative Rules of Montana, DDP policy, and/or the provider agency's policy? Yes No

Was there adequate staff present to ensure health and safety? Yes No

Was the staff adequately trained in the components of the individual's plan of care to ensure health and safety? Yes No

Did the staff follow the provisions in the plan of care? Yes No

In the conduct of the investigation into this incident were all applicable Montana Statutes, Administrative Rules of Montana, DDP Policies and/or provider policies followed? Yes No

Other Questions: _____

2. Identify and list all *direct evidence* available to answer each question:
- _____

3. Identify and list all *circumstantial evidence* available to answer each question:
- _____

IV. INVESTIGATOR'S INITIAL CONCLUSIONS:

1. Provide an answer for each question identified in the **Summary of Evidence** and the reasons for your conclusion (initial recollection of evidence):

Conclusion: _____

Reason for Conclusion: _____

Investigator _____

Date _____

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V. ADMINISTRATIVE REVIEW

Date Report Received:

1. Was this a critical incident requiring an investigation? Yes No
2. Were there injuries to the victim? Yes No
3. Did the injuries result in hospitalization? Yes No
4. Was facility policy followed in this incident? Yes No
5. Were notifications made within required timeframes? Yes No
6. Were protections provided to the victim(s)? Yes No
7. Was the investigation conducted:
 - a. Within required timeframes? Yes No
 - b. Thoroughly? Yes No
 - c. Objectively? Yes No
8. Was the incident a result of failure to follow Montana Statute, the Administrative Rules of Montana, DDP policy, and/or the provider agency's policy? Yes No
9. Was there adequate staff present to ensure health and safety? Yes No
10. Was the staff adequately trained in the components of the individual's plan of care to ensure health and safety? Yes No
11. Did the staff follow the provisions in the plan of care? Yes No
12. In the conduct of the investigation into this incident were all applicable Montana Statutes, Administrative Rules of Montana, DDP Policies and/or provider policies followed? Yes No

Review Status: To be continued Closed

Administrative Findings:

Closed w/ No Further Review Necessary Not Closed Further Review Necessary

Recommendations:

Agency Administrator/ Chair of the IMC

Date

ATTACHMENT C:

**Montana DEVELOPMENTAL DISABILITIES PROGRAM
CRITICAL INCIDENT INVESTIGATION COMPETENCY
ASSESSMENT TOOL
(MT CIICAT)**

<u>PERFORMANCE STANDARD</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>AUDITOR'S REVIEW</u>
SECTION 1: POLICY COMPLIANCE				
1. Did the incident require investigation?				
2. If the incident did not require an investigation, is this decision documented in writing?				
3. As required by policy, were critical incidents (including allegations of abuse, neglect, and/or exploitation), reported to the proper authorities including: a. Law Enforcement: Date/Time of Report: b. Adult Protective Services (MCA 52-3-802): Date/Time of Report: c. Child Protective Services: Date/Time of Report: d. DISABILITY RIGHTS MONTANA: Date/Time of Report:				
4. As required by policy, were the following people notified of incidents within the required timeframes? a. DEVELOPMENTAL DISABILITIES PROGRAM staff (name): Date/Time: b. Guardian (name): Date/Time: c. Case Manager (name): Date/Time: d. Advocate (name): Date/Time:				
SECTION 2: INITIAL REPORTING OF THE INCIDENT				
1. If the incident involved any physical injury, change in medical status, or sexual abuse, was the victim examined by a non-agency medical professional?				
2. Was the initial report of the incident received within the required timeframes from the time the incident was witnessed or discovered?				

<u>PERFORMANCE STANDARD</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>AUDITOR'S REVIEW</u>
Date/time incident occurred: Date/time incident report written: Date/time initial report received:				
3. Did the assignment of the investigation occur in a reasonable time from the point incident was initially reported? Assignment Date: Assignment Time: Name of Investigator:				
4. Were all apparent conflicts of interest between the assigned investigator and witnesses identified prior to assigning the investigator?				
5. Was the alleged target(s) involving allegations of abuse, neglect, mistreatment or exploitation separated from contact with consumers during the investigation?				
SECTION 3: INVESTIGATION PROCEDURES: COLLECTION OF PHYSICAL & DEMONSTRATIVE EVIDENCE				
1. Was the scene of the incident secured correctly?				
2. Was there physical evidence available? a. Was the physical evidence collected correctly? b. Was the physical evidence preserved correctly (initially and after collection) to maintain the chain of custody?				
3. Where photographs taken (of the environments, injuries, etc. including photographs of all physical evidence)? a. Were photographs taken correctly to include identifying information including consumer's name, date and time of photo, reference to				

<u>PERFORMANCE STANDARD</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>AUDITOR'S REVIEW</u>
incident report, and name of person taking the photograph? b. Were all photos maintained in the case file in a secure location?				
4. Was all other demonstrative evidence identified and collected (x-rays, diagrams, medical reports, etc.)?				
SECTION 4: INVESTIGATIVE PROCEDURES: COLLECTION OF TESTIMONY & DOCUMENTARY EVIDENCE				
1. Were all potential witnesses interviewed (including the alleged victim and alleged perpetrator)?				
2. Were they interviewed in person and privately?				
3. Did the witness interviews begin within 12 hours after the investigation was assigned? Date/time of first interview: Date/time of last interview:				
4. Was all testimonial evidence collected within 3 business days of the investigation being assigned?				
5. Were witness statements taken after the interview was completed?				
6. Was other documentary evidence identified and collected (incident reports, log books, medication records, business records, etc.)?				
SECTION 5: INVESTIGATION PROCEDURES: CII FINAL REPORT				
1. Was the incident reviewed, investigated, and documented within 5 working days with a possible 5 day extension for a total of 10 days?				
2. Does the report determine if: a. Agency staff had knowledge of, but failed to report the incident;				

<u>PERFORMANCE STANDARD</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>AUDITOR'S REVIEW</u>
b. Agency staff provided false information during the investigation?				
3. Was the report prepared following the DEVELOPMENTAL DISABILITIES PROGRAM CII Final Report format including identification that all pages were consecutively numbered (e.g. 4 of 10)? a. Did the investigator sign their full name and title on the last page of the report? b. Is there documentation including names/signature of the IMC and/or administrative review conducted?				
4. Was the report organized in a logical manner to include: a. Introduction describing the alleged incident and decisions made about investigation of the event? b. Evidentiary Procedures that show the identification, collection, and preservation of testimonial, documentary, physical, and demonstrative evidence available to the investigator? c. Summary of Evidence section identifying the question(s) needing to be answered by the investigation and the direct and circumstantial evidence available to answer that question? d. Initial Assessment of the Evidence section completed by the investigator that properly weighs and analyzes the facts? e. Conclusions and Recommendations section that presents conclusions and recommendations supported by the Evidence Summary and Evidence Analysis sections?				

<u>PERFORMANCE STANDARD</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>AUDITOR'S REVIEW</u>
5. Does the file contain a supplemental report? a. If yes, does the report follow the same format as defined for the CII Final Report format?				
6. Was the completed investigation report submitted to DEVELOPMENTAL DISABILITIES PROGRAM within the required timeframes? a. If DEVELOPMENTAL DISABILITIES PROGRAM made exception to the findings and/or conclusions of the investigation, was the agency notified? Date/time of notification?				
7. Is there evidence the agency took the necessary measures to implement the recommendations made per #4.e. above?				

APPENDIX F CRITICAL INCIDENT INVESTIGATION TEAM AND REPORT

The Critical Incident may be investigated by a Critical Incident Investigation Team to determine if the incident requires further investigation. In some cases where the incident is determined to meet the definition of a critical incident, the team may review the facts of the report and the actions taken either during or after the incident and determine that no further investigation is necessary. The use of this procedure is considered to be part of the investigation of a critical incident and not a mechanism to be used in place of an investigation.

For community provider agencies, this provision applies to all critical incidents where the agency has responsibility to conduct the investigation. If the provider adopts this procedure into its incident investigation policies, the membership of the team who will staff the review of the incident must be specified.

For critical incident involving emergency hospitalization and critical incidents where the client has died, the Developmental Disabilities will conduct the critical incident investigation. In these cases, the Targeted Case Manager (or TCM representative), the Quality Improvement Specialist assigned to the agency, and the Regional Manager (or designee) will meet to review the circumstances and information gathered from the incident and determine whether further investigation is warranted.

If no further investigation is warranted, the attached form, the Critical Incident Team Report (CrITR) will document the investigation.

Some of the criteria to assist in deciding if the incident requires further investigation include, but are not limited to:

- Where the client died;
- Whether the death was expected;
- The person had a terminal illness; or
- The person was receiving hospice services.

TIMELINES:

For incidents where DDP is required to investigate, the first working day following the incident: the Targeted Case Manager (or TCM representative), the Quality Improvement Specialist assigned to the agency, and the Regional Manager (or designee) will meet to review the circumstances and information gathered from the incident and

determine whether further investigation is warranted. If no further investigation is warranted, the attached form (CrITR) will document the investigation.

For incidents where the community provider is responsible to investigate, the designated critical incident review team will meet to review the circumstances and information gathered from the incident and determine whether further action is warranted. If no further investigation is warranted, the attached form (CrITR) will document the investigation.

CRITICAL INCIDENTS RESULTING IN EMERGENCY HOSPITALIZATION AND CRITICAL INCIDENTS RESULTING IN CLIENT DEATH

INVESTIGATIONS WHERE DDP IS REQUIRED TO INVESTIGATE:

The Regional Manager will assign Quality Improvement Specialists to complete investigations. If feasible, the Regional Manager may pair Quality Improvement Specialist staff to complete investigations. The Regional Manager may assign a Quality Improvement Specialist that does not routinely work with the agency to complete an investigation.

When an investigation is assigned, the investigator will complete a final report within five working days. In cases where the five days cannot be met, an extension to the timeline can be granted by the Regional Manager. Extensions will not be granted for more than five working days to complete the investigation. The DDP Program Director will be notified of any extension to the five working days to complete an investigation.

CLIENT-TO CLIENT ABUSE REPORTS

Where the reporting staff person or supervisor has reasonable cause to suspect that the consumer has been subjected to abuse, sexual abuse, neglect, or exploitation as defined by the Montana Elder and Persons with Developmental Disabilities Abuse Prevention Act (52-3-801, et. Seq., MCA), the incident is required to be reported to the Department with additional information. This also includes incidents of mistreatment. Where the allegation involves client-to-client abuse occurring in a community services program funded by the DDP, the report will be submitted to the regional Quality Improvement Specialist of the Developmental Disabilities Program. Allegations of abuse resulting in physical injury which require treatment by a medical professional or hospitalization or sexual abuse will be investigated by a

Quality Assurance Specialist to determine if state, federal and agency policies and procedures were followed.

Responsibilities of the Quality Improvement Specialist

The QIS shall:

1. Receive and review all client-to-client abuse reports, including the initial notification and the written Incident Report Form and document that the provider investigated the incident and followed their internal incident management investigative policies and procedures;
2. Receive and review the IR Addendum Form and note any trends identified on the report;
3. Where the report forms indicate that the incident is a result of neglect on the part of staff or the provider, will refer the matter and materials to the local representative of Adult Protective Services as soon as possible;
4. Assess the client's level of risk and his/her ability to manage the risk;
5. Assess the service provider's efforts to ensure the health and safety of the client and take appropriate action if warranted.

Critical Incident Review Team Report

Date of Review:

Review Team Members Participating:

Date Incident Occurred:

Description:

Date/Time Notified: Supervisor _____ / _____ IM staff _____ / _____

Summary of Team Review Date: _____

Decision:

No further DDP investigation warranted.

Investigation needed and assigned to: _____ Date: _____

Signature _____ Date _____

APPENDIX G SELF DIRECTED SERVICES

Appendix G

Montana Developmental Disabilities Program Incident Management System Policy for Self-Directed Services.

I. Policy

It is the policy of the Department of Public Health and Human Services, Developmental Disabilities Program (DPHHS/DDP), that the identification of any Critical Incident(s) as defined in Appendix A of the Developmental Disabilities Incident Management policy, or reportable incidents involving Law Enforcement in which the reporting person has reasonable cause to suspect that the individual in services has been subjected to abuse, sexual abuse, neglect, exploitation or mistreatment through observation or discovery, must be immediately reported, be properly reviewed and/or investigated, and have proper actions implemented that strive to prevent and reduce future risk of harm to the individual in Self-directed Services.

The Developmental Disabilities Regional Manager will assign a Quality Improvement Specialist to investigate incidents of emergency hospitalization, allegations of abuse, neglect, mistreatment, exploitation and death.

Other agencies, such as Law Enforcement, Adult Protective Services (APS) and Child Protective Services, which are required by statute or regulation will be notified by the Regional Office Quality Improvement Specialist and will determine if their staff will conduct an investigation into the incident.

A core value of the Incident Management System policy is to encourage Individuals, families and the Department of Public Health and Human Services Developmental Disabilities Program to focus on proactive, preventative incident management supports to reduce the risk of harm to individuals in Self-directed Services.

This protocol identifies and addresses the Incident Management Policy requirements issued by the state of Montana Developmental Disabilities Program for individuals and families self-directing their Developmental Disabilities Services. It is intended to provide direction and guidance towards ensuring state and federal guidelines are met.

A state Quality Improvement Specialist is available through the regional office to provide technical assistance if requested by the individual or the family self-directing their services.

II. AUTHORITY

The authority of this policy is established in 42 USC Sec. 1396n(c); 42 CFR Sec. 441.302; 53-20-205, MCA; 52-3-801 through 52-3-825, MCA; 53-20-163, MCA; and in contract with the Department.

III. RESPONSIBILITIES

Under the scope of this policy the Department of Public Health and Human Services Developmental Disabilities Program and every employee of an individual and family self-directing their services is required to write or enter on line an incident Report on Critical Incidents as outlined in Appendix A, or reportable incidents involving law enforcement, rights restrictions or the ingestion of harmful substances. Incident Reports entered on line must be entered in the secure, electronic web-based application within 72 hours. A Hand written Incident Report on the state Incident Management Report Form must be submitted to the Developmental Disabilities Program Central Office. The written incident Report Form must be received by the Central Office within seven calendar days from the date of the discovery of the incident where it will be entered into the state, electronic, internet Incident Management System data-base within two working days. The individual or family choosing to self direct services must participate and cooperate with the individual conducting the investigation.

Any person who is found to have committed abuse, neglect, mistreatment or exploitation as defined by this policy, must be removed from contact with the individual in Self-directed Services and be subject to corrective action, discipline or termination.

IV. NOTIFICATIONS

Once an incident has been discovered the individual or the person who has observed or discovered the incident must follow the timelines for notification of the appropriate state or contracted staff as outlined in Appendix C of the Developmental Disabilities Program Incident Management Policy.

V. PROCESSES

The individual and/or the family self-directing services must have the following processes in place:

1. Procedures for promptly identifying and reporting critical incidents as defined in Appendix A: numbers 2,4,5,7,9,10,11,12,13, 17, 20 through 25;
2. Procedures for reporting "Reportable" Law Enforcement incidents (#19), as defined in Appendix A;
3. Procedures for reporting "Reportable" Rights Restriction incidents (#14), as defined in Appendix A;

4. Procedures for reporting “Reportable” Ingestion of Harmful Substances incidents (#18), as defined in Appendix A;
5. A requirement for prompt intervention when knowledge of harm, or the potential for harm is present;
6. Procedures for prompt medical assessment and/or treatment;
7. A requirement that any injury(s) suspected to be caused by abuse, neglect or mistreatment be immediately examined by a medical professional and classified as an allegation of abuse, neglect, or mistreatment and reported as required in Appendix A of the Incident Management Policy;
8. A requirement that any employee of the individual or their family, who is responsible for direct care services to the individual with Developmental Disabilities, receive in-service training in the elements of the Developmental Disabilities Program, Incident Management Policy. Training may be provided by the family, or the Support Broker.



Director, Developmental Disabilities Program

8-15-11
Date



Web Manager, DDP

8/15/11
Date