WEST VIRGINIA INCIDENT MANAGEMENT SYSTEM (WV IMS)

AGED AND DISABLED WAIVER AND PERSON CARE PROGRAMS

WV INCIDENT MANAGEMENT SYSTEM (IMS): AGED AND DISABLED WAIVER AND PERSONAL CARE

1. **Process for a New Provider:**
   - Once the agency has received: a) BoSS certification and b) completed the BMS enrollment, contact BoSS to enroll the new agency in the IMS. The director of the agency will be approved. All agencies are required to report incidents (please refer to policy). To enroll and provider agency, contact the Bureau of Senior Services: Cecilia.A.Brown@wv.gov or Arlene.M.Hudson@wv.gov
   - The agency director must add, approve and close out user accounts.
   - It is the user's responsibility to register and verify the email address. The user will choose their role and their program(s).
   - The director must approve the user and their role/program(s). BoSS cannot enroll or approve users. If the user works in multiple programs, choose each program. A role will be associated with each (example: admin, supervisor, user, etc.).
   - Refer to the Portal User Guide and Training Videos on the Learning Management System (please see below).
   - Each month, the "No Monthly Incident Report" must be entered for the preceding month when there have been no incidents.
   - Enter an incident within one business day of learning of it. Conduct incident follow-up within 14 days of learning of it (calendar days).
   - If a change is needed in the incident, refer to the section "Incident Modification" in the Portal User Manual.
   - If a user forgets a password, a new password can be set (refer to Portal User Guide).

2. **WV Incident Management System (IMS)- Portal User Guide and Online Video Training.**

Help (The "Help" button is located on the black ribbon at the top)

WV IMS Portal User Guide

How to register for online video training

State of WV Public Learning Center

Technical Support

Please send an email to: DHHR MIS Help Desk (DHHR Management Information Services Help Desk).

Please include a description of your issue or your question. For error messages, please include a screen shot of the error and a description of what you were doing or clicked on just before getting the error. If your request is participant specific, supply only the participant's name, the waiver program and no other identifiable information.

A member of our Help Desk Team will assess your need, determine who and how to best address your request and let you know what action has or is being taken. You will receive an initial response in less than 24 hours. Hours of operation are 7:30 AM – 5:00 PM EST, Monday – Friday excluding state holidays.

If your request is urgent, please call 1-855-255-2115.

WV INCIDENT MANAGEMENT SYSTEM (IMS)

HOW TO AVOID INCIDENT NONCOMPLIANCE

ENTERING THE INCIDENT

1. Entering an incident within one business day of learning of it.

INCIDENT FOLLOW-UP

2. **ENTER NOTES IN FOLLOW UP SECTION:** Completing incident follow up in the "Follow-up section" within 14 days (simple incidents do not need follow-up).

3. **CLICK THE BOX**: If you do not **click the "completed" box** on the "Follow up section" within 14 days.

REMINDER OF TIMELINESS

- Make all attempts to be timely. ADW data must be reported to Center for Medicare and Medicaid Services (CMS).
- Incidents are important aspects of the ADW participant's health and welfare.

MAINTAINING COMPLIANCE

- You must request an Incident Modification in the IMS if the incident follow-up is not entered in the follow-up box or the "completed" box is not checked. Any further action on the incident may be documented in the participant's chart.
- When modification is approved, the user has 1 day to enter the information in the incident.

INCIDENT MANAGEMENT REPORTING

1. LEARN 2. REPORT 3. INFORM

"You Learn About. You report it."

"You report it. You inform other service providers."

Hospitalizations

If something happened to cause a hospital admission, report it in the IMS.

Examples: fall, missing medication, abuse, neglect, an incident, injury, etc.

INCIDENT MANAGEMENT SYSTEM - AGED AND DISABLED WAIVER AND PERSONAL CARE

"IMS TALKS"

Good Morning,

This is the third Aged and Disabled Waiver and Personal Care "IMS Talks". As an IMS user, you will be receiving important messages for the WV Incident Management System (IMS) called "IMS Talks". If you are receiving this, you are an IMS user and can benefit from the "IMS Talks".

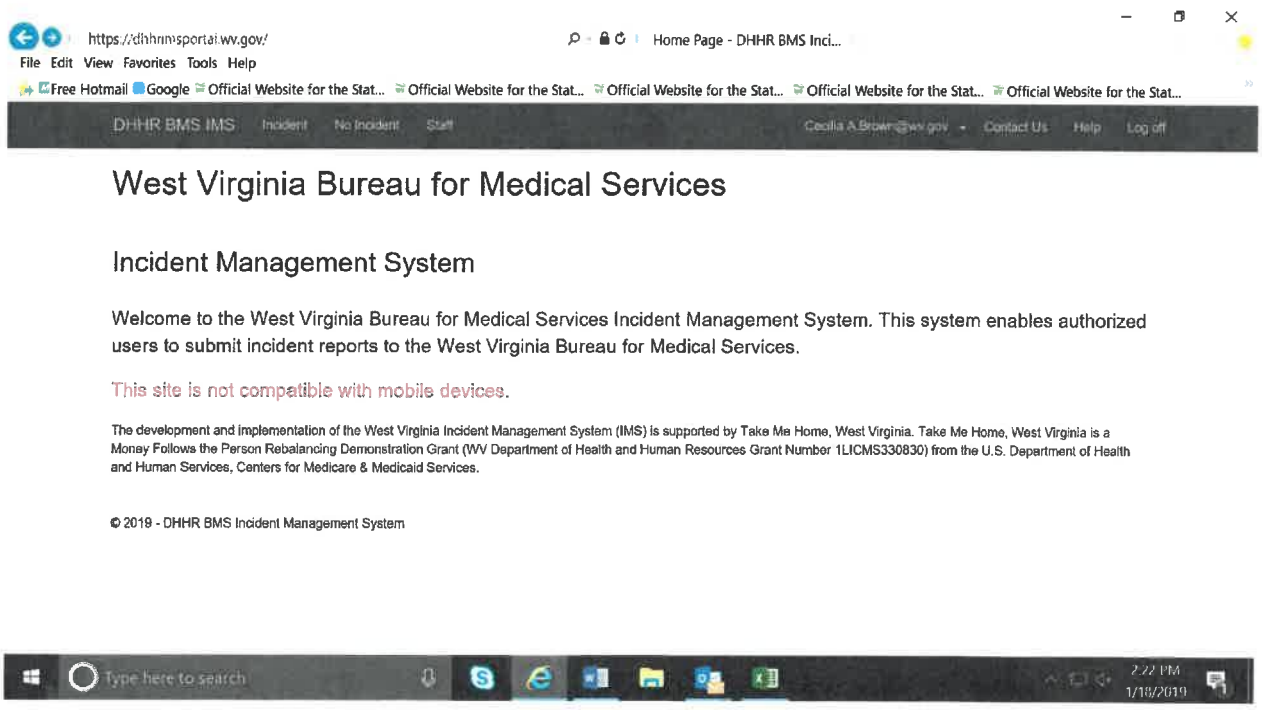
ARE YOU REPORTING ALL YOUR INCIDENTS?

Did you know that we had a total of 2,200 incidents for all three provider types from July 3, 2018 to January 18, 2019? It is not the number of the incidents that counts, but that all our member incidents are reported and have had adequate/timely follow-up conducted. Our purpose is to keep our ADW and Personal Care participants as healthy and safe as possible. The state must send incident data to Center for Medicare and Medicaid (CMS). So, your numbers count. Please enter ALL your incidents. This means during service hours or incidents that occur when you are not providing service must be entered in the IMS, too.

Thank you.

IMS Talks

CHECK OUT THIS WEBSITE PAGE FREQUENTLY



INCIDENT MANAGEMENT SYSTEM - AGED AND DISABLED WAIVER AND PERSONAL CARE

"IMS TALKS"

Good Morning,

This is the first of the Aged and Disabled Waiver and Personal Care "IMS Talks". As an IMS user, you will be receiving important messages for the WV Incident Management System (IMS) called "IMS Talks". If you are receiving this, you are an IMS user and can benefit from the "IMS Talks".

WARNING-NONCOMPLIANT FOLLOW UP-CHECK YOUR INCIDENTS TODAY

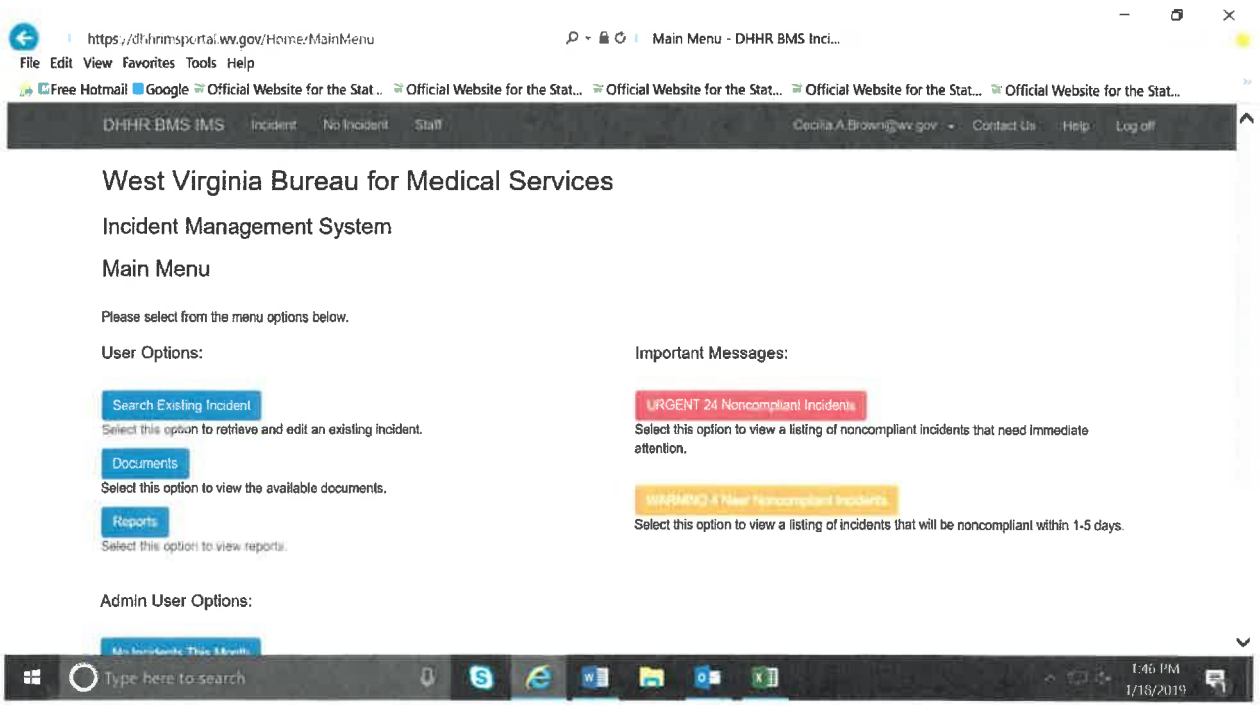
Our first topic is "Urgent Noncompliant Incidents". Did you know that we have 68 incidents that are currently out of compliance for the programs? Being noncompliant means two things:

1. Did you enter information into the follow-up box?
2. Did you click "completed" if you have finished all you can do with the incident?

You can check this by simply going to your page to see if the Urgent Noncompliant button is red, click on it to see if you have any that are late. Your compliance is critical to the health and safety of our members. Some of the data is reported to the Center for Medicare and Medicaid (CMS).

Check your incident follow-up today. If it is locked, request a modification to add your information today. Thank you.

IMS Talks



IMS TALKS- THE LESSER KNOWN PROTECTION

Who do you protect when you do an incident report?

YOU, The professional

Why do we <u>avoid</u> incident reporting?

- Not enough time-reporting format is too long.
- Never hear anything back.
- Culture of silence in healthcare (fear).

What is the intent of incident reporting?

- Risk reduction.
- Prevention.
- Responsibility.

What is different about professionals doing incident reporting?

- Knowledge of an incident changes the responsibility of the professional.
- This responsibility comes with an expectation to act.
- If a professional knows, a professional is obligated to report.
- There can be a greater liability in NOT reporting an incident for professionals.
- Transference of partial responsibility happens when you report to investigators. But does not alleviate other responsibilities.
- We do not have the authority nor expertise to do some types of investigations. That is why we report to outside entities.
- Incident reports can reduce participant risk, prevent further incidents, ensure health/welfare and protect **<u>you</u>** as a professional (as well as the participants that we serve).

IF WE KNOW ABOUT IT, WE REPORT IT. WE ARE PROFESSIONALS.

IMS TALKS - RESPONSIBILILTY VERSUS ACCOUNTABILITY

A DISCUSSION OF PROFESSIONAL ETHICS AS IT RELATES TO INCIDENT MANGEMENT

What is the difference between professional responsibility and professional accountability?

- **Responsibility:** Obligation to perform an assigned task to successful conclusion. "What am I required to do?"
    - **"I have to do it"**
- **Accountability:** Willingness to accept responsibility for a task and account for one's own actions. "What I do?"
    - "I will do it"

Let's break it down further.

- I am "in charge of the task". **I am RESPONSIBLE to report an incident.**
- I am "answerable" for the task". **I am ACCOUNTABLE for incident reporting.**

SUMMARY

As professionals, we have a dual obligation: To know what we are supposed to do and to act on it.

3 C'S of Mortality Reporting: Cause, Circumstance and Corrective Action

C = What was the **cause** of the death?
C = What were the **circumstances** of the death?
C = What **corrective action** did you take?

C = What was the **cause** of the death?

- The diagnosis that led to the death such as terminal cancer, the chronic conditions that led to the death such as renal failure or the incident that caused it such as a fall in the bathtub.
- The diagnoses provided by physicians treating the person. What was the cause?
- Any medications of note, issues with member compliance with medications, history of medication issues, history of medical issues, etc.

C = What were the **circumstances** of the death?

- Were they receiving hospice, terminal prognosis?
- Did they have a complicated surgery prior to the death, declining health over last few months, hospital admission, 3 times in last month, just released from the nursing home or hospital, lack of enough supports or assistance, issue with capacity, etc.?
- Was there a domestic violence issue within the home, criminal activity, unsafe environment, noncompliance, etc.? Did the person die untimely (birth date 1950 or before)?
- Was the death unexpected or un anticipated?
- Was the person found by the worker on the floor, with broken windows in the home or sign of forced entry, etc.?
- What was the "back story?" Tell the story of the member, not just the "cause" of death or diagnoses. What was happening to the person and around the person?
- Tell us about what has happened recently to the person, what was the situation and how it impacted the person. Tell the story.

C = What **corrective action** did you take?

- What did the person do who found them? Call 911, perform CPR, etc.?
- When warranted, was it reported to the police, APS, fraud, etc.?
- Was there an investigation? What were the findings? Did the worker provide the service as called for on the plan? Were safety measures in place if there was a behavior contract? Was the plan up to date and complete?
- Was it preventable? If so, how was it preventable?
- Was corrective action identified at the agency and was it implemented?
- Was there a trend in mortalities and was it addressed at the agency? Example: Member falls. Implement a falls awareness.
- Do the necessary reports, documentation and investigate it. Risk Management.

PRE-TEST AND POST-TEST: INCIDENT MANAGEMENT SYSTEM/PROCESS

Name: **Pre-Test** **Post Test**

Please circle the correct response: True or False

1. If an incident occurs at 3:00 a.m., I am not required to report the incident in the IMS (it is non-service time). **True False**
2. If an incident occurs between 8:00 a.m. and noon when the worker is in the home, I do not report the incident (service time). **True False**
3. If a participant goes to their physician's office or the ER because she fell and injured herself, it is a simple incident. **True False**
4. It is not necessary to do a 14-day follow-up in the IMS because a simple incident automatically locks when the incident is submitted. **True False**
5. An incident modification request cannot be made on a simple incident. **True False**
6. A death must be reported in the IMS as a critical incident within one business day of learning of it. **True False**
7. The director or designee is responsible for monitoring incident noncompliance for 14-day follow up for their agency. **True False**
8. If I learn about an incident on Friday, I must report it Saturday before midnight. **True False**
9. There are two steps to an incident follow-up: Enter the information in the follow-up box and click on the complete button. **True False**
10. An agency is required by policy to trend incidents and can plan for improvement in their agency Quality Management Plan. **True False**

Please circle the correct incident type: Simple, Critical, Abuse, Neglect or Exploitation.

1. Last night the participant got up to go to the bathroom, fell and her daughter helped her off the floor. She received no injuries or medical care. **Simple Critical Abuse Neglect Exploitation**
2. For 5 days in a row, participant refused to open the door for the worker, won't answer the phone or sign paperwork and sent an email to the agency "don't send one more homemaker to my house or I'll take care of it". For 5 days, services have been disrupted and he will not allow anyone from the agency into the home. **Simple Critical Abuse Neglect Exploitation**
3. Participant reported that her husband screamed at her, threatened to place her in a nursing home and hit her in the face with his cell phone over the weekend. She refused to go to the ER and did not call the police. She stated, "I am afraid he'll get me later." **Simple Critical Abuse Neglect Exploitation**
4. Personal Attendant (PA) arrived on Monday morning to find bed-bound participant with sheets and clothes wet with urine. Participant reported to the worker that she did not have anything to eat on Sunday and her daughter had been gone since Saturday afternoon. **Simple Critical Abuse Neglect Exploitation**
5. Direct Care Worker (DCW) called the RN reporting that the member was found on the porch when she arrived for work this morning, having laid there since early morning. EMS came to the home to transport her to the hospital with suspected broken hip. **Simple Critical Abuse Neglect Exploitation**
6. Direct Care Worker found a bag of loose "pills" on the dresser and the member began screaming at her. DCW reported that the member threatened her with a gun he pulled from under his pillow. He told her that he did not want to hear anymore about the "missing pills" and told her

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Please circle the correct incident type: Simple, Critical, Abuse, Neglect or Exploitation.

1. Last night the participant got up to go to the bathroom, fell and her daughter helped her off the floor. She received no injuries or medical care. **Simple**
2. For 5 days in a row, participant refused to open the door for the worker, won't answer the phone or sign paperwork and sent an email to the agency "don't send one more homemaker to my house or I'll take care of it". For 5 days, services have been disrupted and he will not allow anyone from the agency into the home. **Critical**
3. Participant reported that her husband screamed at her, threatened to place her in a nursing home and hit her in the face with his cell phone over the weekend. She refused to go to the ER and did not call the police. She stated, "I am afraid he'll get me later." **Abuse**
4. Personal Attendant (PA) arrived on Monday morning to find bed-bound participant with sheets and clothes wet with urine. Participant reported to the worker that she did not have anything to eat on Sunday and her daughter had been gone since Saturday afternoon. **Neglect**
5. Direct Care Worker (DCW) called the RN reporting that the member was found on the porch when she arrived for work this morning, having laid there since early morning. EMS came to the home to transport her to the hospital with suspected broken hip. **Critical**
6. Direct Care Worker found a bag of loose "pills" on the dresser and the member began screaming at her. DCW reported that the member threatened her with a gun he pulled from under his pillow. He told her that he did not want to hear anymore about the "missing pills" and told her to "get out". Direct Care Worker ran out of the house while he was still screaming at her. **Critical**

STOP THE TOP THREE
PREVENT PNEUMONIA

"You can prevent pneumonia by following a few easy steps."

Get Vaccinated: Get a flu shot every year to prevent seasonal influenza. The flu is a common cause of pneumonia, so preventing the flu is a good way to prevent pneumonia.

Children younger than 5, adults with increased risk due to health conditions, and adults 65 are recommended to have a vaccination against pneumococcal pneumonia, a common form of bacterial pneumonia.

There are two types of pneumococcal vaccine. Ask your physician which is right for you.

Wash Your Hands: Wash your hands frequently, especially after blowing your nose, going to the bathroom, diapering, and before eating or preparing foods.

Don't Smoke: Tobacco damages your lung's ability to fight off infection, and smokers have been found to be at higher risk of getting pneumonia. Smokers are considered one of the high-risk groups that are encouraged to get the pneumococcal vaccine.

Be Aware of Your General Health: Since pneumonia often follows respiratory infections, be aware of any symptoms that linger more than a few days. Good health habits—a healthy diet, rest, regular exercise, etc.—help you from getting sick from viruses and respiratory illnesses. They also help promote fast recovery when you do get a cold, the flu or other respiratory illness. If you have cancer or HIV, talk to your doctor about additional ways to prevent pneumonia and other infections.

American Lung Association

PROTECT YOUR HEALTH

Healthy Living Practices

Try to stay away from sick people. If you are sick, stay away from others as much as possible to keep from getting them sick. You can also help prevent respiratory infections by:

1. Washing your hands regularly
2. Cleaning surfaces that are touched a lot
3. Coughing or sneezing into a tissue or into your elbow or sleeve
4. Limiting contact with cigarette smoke or quitting smoking
5. Managing ongoing medical conditions (like asthma, diabetes, COPD or heart disease).

STOP THE TOP THREE
PREVENT SEPSIS

What is Sepsis?

Sepsis is the body's overwhelming response to infection and can lead to tissue damage, organ failure or even death.

What are the symptoms?

Remember "it's about **TIME**". Please use the guide below for assistance in identifying sepsis symptoms.

TIME- Sepsis Symptoms

T – Temperature - higher or lower than normal.

I - Infection – may have signs or symptoms of infection.

M – Mental Decline - confused, sleepy, difficult to rouse.

E – Extremely ill – "I feel like I might die," severe pain or discomfort.

If you **suspect sepsis** (observe a combination of these symptoms), see your medical professional immediately, CALL 911, or go to a hospital with a friend or family member.

PAY ATTENTION TO INFECTION

The Sepsis Foundation

PREVENT SEPSIS

Prevention:

The risk of sepsis can be reduced by preventing or quickly identifying and managing infections. Practice good hygiene and stay current with vaccinations. Seek treatment when infections are suspected.

Treatment:

Sepsis is a medical emergency that requires urgent attention. Call 911 and go to the hospital.

Symptoms:

Remember, it's about "TIME" .

HELP PREVENT SEPSIS

STOP THE TOP THREE

PREVENT URINARY TRACT INFECTIONS (UTI)

Are you prone to UTI's? Seniors are more likely to experience UTIs due to overall susceptibility to infections due to a weakened immune system. Elderly men and women also experience a weakening of the muscles of the bladder and pelvic floor, which can lead to increased urine retention (incomplete emptying of the bladder) and incontinence which contribute to infection.

Who May Be at risk? Diabetes. Urine retention (inability to empty the bladder completely); Use of a urinary catheter; Urinary/Bowel incontinence; Enlarged prostate; Immobility-lie in bed extended hours; Surgery of any area around the bladder; Kidney stones.

What are the typical symptoms of UTI?

- Urine that appears cloudy or dark
- Bloody urine
- Strong or foul-smelling urine
- Frequent or urgent need to urinate
- Pain or burning during urination
- Feelings of pressure in the lower pelvis
- Low-grade fever
- Night sweats, shaking or chills

Lesser Known Symptoms in the Elderly: Seniors may be unable to mount an immune system response so typical symptoms are missing. Or, the person is unable to tell caregivers how they feel.

- Confusion or delirium
- Agitation
- Hallucinations
- Other unusual behavioral changes
- Poor motor skills or loss of coordination
- Dizziness
- Falling

WHAT TO DO

Drink plenty of water to flush out your bladder.

Empty your bladder every 4-6 hours-don't hold it.

Wipe from front to back.

Wear breathable cotton underwear; Not tight fitting or nonbreathable material.

Avoid or limit caffeine which irritates the bladder.

See your doctor right away if you suspect you have a UTI.

<u>People with incontinence are at an increased risk:</u>

Change briefs promptly and frequently. Front-to-back wiping and cleansing- keep the genital area clean. Set reminders/timers to go to the toilet, if needed.

PREVENT URINIARY TRACT INFECTIONS

National Institute of Health

"The FDA advises "Talk with your health care professional if you have questions or concerns."

The FDA has issued a "Black Box Warning" to be placed on medications used in combination: opioid analgesics and benzodiazepines.

What is a black box warning? It is a warning placed on a prescription label meant to call attention to serious or life-threatening risks. *FDA*

What combinations of medications does the black box warning affect? FDA requires strong warnings for opioid analgesics, prescription opioid cough products, and benzodiazepine labeling related to serious risks and death from combined use. *FDA*

What are opioid analgesics? Powerful pain-reducing medications such as oxycodone, hydrocodone, morphine (Examples of some medications include: Lortab, Oxycontin, Percocet, Opana, Tramadol, Morphine, and others). Medications use to treat cough may contain this medication.

What are benzodiazepines? Drugs typically prescribed for the treatment of neurological and/or psychological conditions, including anxiety, insomnia and seizure disorders (Examples of some medications include: Xanax, Librium, Valium, Ativan, Halcion and others).

Why? Both classes of drugs depress the central nervous system.

ASK YOUR PHYSICIAN ABOUT THE RISKS

Ask your physician about *"Information on the serious risks associated with using these medications at the same time.*

Risks include extreme sleepiness, respiratory depression, coma and death."

"**Patients** taking opioids with benzodiazepines, other CNS depressant medicines, or alcohol, and caregivers of these patients, should seek medical attention immediately if they or someone they are caring for experiences symptoms of unusual dizziness or lightheadedness, extreme sleepiness, slowed or difficult breathing, or unresponsiveness. Unresponsiveness means that the person doesn't answer or react normally or you can't wake them up.

Federal Drug Administration (FDA)