

Reportable Events & Investigations

Loretta Kaes

BSN, RN, B-C, C-AL, CALA, LNHA
Health Care Association of New Jersey



Reportable Events 8:36–5.10

Reportable events must be reported via
Hippocrates.nj.gov

In an emergency and power is not available for
computer use:

Call 609–633–9034 (609–392–2020 after
business hours), followed within 72 hours by
written conformation of the following:



Reportable Events 8:36-5.10 #1

1. Interruption for three or more hours of basic physical plant services, such as heat, light, power, water, food, or staff



Interruptions of Service Notice Requirements

- ▶ The DOH (Stefanie Mozgai) the Assistant Commissioner of the Division of Health Facility Survey and Field Operations reported that ALL interruptions of service, including brief ones, including communities that move immediately to generator power, including broken dishwashers, elevators, etc must be reported to DOH. In addition , all generator tests must be reported. Per regulation, all reports must be followed up within 72 hours with a written report. The report should state how long the event occurred and state the current status



Reportable Events 8:36-5.10 #1

▶ According to Basic Plant Services 8:36-17.5

- Heating- During the heating season the temperature shall be kept at a minimum of **72 degrees** Fahrenheit during the day (sunrise to sunset) and **68 degrees** F during the night when residents are in the facility
- During warm weather conditions, the temperature within the facility shall **not exceed 82 degrees F**
- Temperatures have to be monitored in common areas and in apartments if all power is out and recorded. Follow policy and procedure for time of monitoring: guideline- every 1-3 hours depending on severity of weather
- If temperature goes beyond or below mandated temperatures notify the Department and follow your emergency management plan



Reportable Events 8:36-5.10 #1

- ▶ Light, Water, Food & Staff
 - Any interruption in lighting, water supply, food and staff for more than 3 hours has to be reported
 - It is a good idea to have plan for management of shortage identified and communicated to the Department when you report the problem



Reportable Events 8:36-5.10 #2

2. Any major occurrence or incident of an unusual nature, including, but not limited to , all fires, disasters, elopements, and all deaths resulting from accidents or incidents in the facility or related to facility services. Reports of such incidents shall contain information about injuries to residents and/or personnel, disruption of services and extent of damages.



Reportable Events 8:36-5.10 #2

- ▶ Deaths resulting from accidents/ incidents occurring in the facility or related services
 - Notify corporate office immediately
 - Notify MD and family (family must be notified within the hour), document each attempt made to notify family
 - If resident is pronounced in the building notify DOH after you find out the facts what, where, why, when and how
 - **If death occurs in the hospital as a result of an accident/ incident occurring in your building, this too must be reported to DOH**
 - Document as if this is a potential law suite (it is) using accurate times, what happened (just the facts), what was done and who was notified

Reportable Events 8:36-5.10 #2

▶ Deaths (continued)

- Complete an investigation: interview staff and have them document their responses
- Do a RCA (Root Cause Analysis) to determine how accident/incident can be prevented
- Review medical record documentation for accuracy and content, who was notified and at what time etc.
- Provide in-service and training as appropriate



Reportable Events 8:36-5.10 #2

► Fires and Disasters

- All fires no matter what size must be reported, especially if Fire Department is called
- Disasters: stay in contact with Dave Weidner, Director, Emergency Preparedness at HCANJ for frequent updates of conditions
- DOH may ask for periodic updates regarding conditions at your community



Reportable Events 8:36-5.10 #2

▶ Elopements

- Make sure policy and procedure reflects Best Practice guidelines
- The rationale the surveyors use is if a resident in the memory care unit makes their way out of the unit and is not immediately seen by staff that is an elopement and should be reported
- If any resident leaves the building/grounds even if they are found in a short period of time that must be reported



Reportable Events 8:36–5.10 #2

▶ Elopements (continued)

- Best Practice: Policy and Procedure should spell out exactly what is done and the timeframe it should be accomplished
- **After a quick visual round of the community and a check with the family that they do not have the resident call the local police and institute a search**
Have an article of resident's clothing available for search dogs and a picture of resident for police and for staff to question care staff and residents



Reportable Events 8:36-5.10 #2

▶ Elopements (continued)

- Notify DOH as soon as possible by phone and be able to inform them what is being done
- Notify DOH when resident is found, returned to facility or outcome of search
- Document all measures implemented with exact times of occurrence
- Keep family up to date as often as you can
- When resident is returned RN should assess



Reportable Events 8:36-5.10 #2

▶ Elopements (continued)

- If resident is transferred to the hospital that must be documented and admitting diagnosis or results of examination documented and reported to DOH and family
- An investigation of the event should take place
- Has resident attempted elopement before
- Staff questioned as to mental status of resident as close to event occurring as possible



Reportable Events 8:36–5.10 #2

▶ Elopements (continued)

- Update general service plan with interventions
- Perform Root Cause Analysis of elopement
- Document the facts of the elopement in the medical record with accurate times, who was notified, condition of resident pre and post elopement, assessment of condition upon return
- Investigation documents, root cause analysis, incident report, police report should be kept separate; DOH notification documentation is part of the medical record



Reportable Events 8:36–5.10 #3

3. All suspected cases of resident abuse, neglect, or misappropriation of resident property, including, but not limited to, those which have been reported to the State of New Jersey Office of the Ombudsman for the Institutionalized Elderly for residents over 60 years of age.

NOTE: Any of the above have to be reported to both the DOH and the Office of the Ombudsman



Reportable Events 8:36–5.10 #3

▶ Resident to resident abuse

- Resident physically attacks another resident with or without injury is a reportable event
- Complete an incident report, investigate the event, document in both residents medical records using identifiers other than names
- Interview resident who initiated the attack, if appropriate and the resident who was attacked, if appropriate.
- Notify families of both residents if residents cognitively impaired or ask residents for permission to notify family member



Reportable Events 8:36–5.10 #3

- ▶ Resident to resident abuse (continued)
 - Notify MD of each resident involved in incident
 - Interview staff
 - RCA of event
 - Care plan on GSP how you will monitor resident's behavior who initiated the attack and what measures will be implemented to prevent another occurrence to the affected resident or other residents



Reportable Events 8:36-5.10 #3

- ▶ Staff to resident abuse
 - If resident is accusing a staff member of abuse or abuse from a staff member is suspected you must suspend the employee pending further investigation
 - FOLLOW company's policy and procedure concerning suspension of an employee
 - If the abuse is resident to resident, immediately separate the residents and seek medical advice appropriate to the situation



Reportable Events 8:36–5.10 #3

- ▶ Resident to resident sexual abuse
 - Cognitively intact consenting residents have the right to engage in relationships
 - Residents who have cognitive impairment have to be monitored
 - Husband and wife living together or apart in AL and Memory care have to be assessed. Address issue with cognitive partner upon admission, if appropriate ask MD to have the conversation.



Reportable Events 8:36–5.10 #3

▶ Sexual abuse general actions

- If abuse occurs or is suspected, resident to resident, staff to resident, immediately start an investigation
- An immediate assessment must be performed by an RN or appropriate medical personnel
- Notify MD as appropriate, administration, family, and after preliminary investigation, DOH
- Include just the facts and status of mental and physical condition



Reportable Events 8:36-5.10 #3

- ▶ Verbal or physical abuse general actions
 - Start an investigation immediately
 - Have staff write and verbalize what happened and if they don't know anything, have them write the statement, sign and date
 - Document the facts, who was notified, and what action was taken in the medical record
 - You may document what staff reports in the medical record, such as "Staff reported to me that"
 - Do not state an opinion in the medical record
 - Opinion may be stated in an investigative report



Reportable Events 8:36–5.10 #3

- ▶ Verbal or physical abuse general actions (continued)
 - Notify family members of both and ask for their input
 - Educate all staff as needed about the incident and CARE PLAN appropriately
 - Monitor staff frequently, all shifts, care plan interventions are implemented and are being followed
 - When investigation is completed and care plan in place, update DOH, MD, and family
 - **IT IS IMPORTANT TO FOLLOW UP and DOCUMENT**



Reportable Events 8:36-5.10 #3

- ▶ Verbal or physical abuse general actions (continued)
 - If employee abuse investigation concludes that employee is guilty of abuse follow company policy regarding action taken; reported to police, remediation or termination
 - Report to appropriate licensing or certifying board results of investigation
 - All investigation documentation and action taken remains in employees file and is reported as required by law when a reference for employment of that employee is requested



Reportable Events 8:36-5.10 #3

▶ Misappropriation of Funds

- If resident reports missing money, jewelry or any belonging, it must be investigated
- If item is found, document incident. This does not have to be reported to the DOH or Ombudsmen
- If item is of value, and item is not found, initiate investigation
- Ask resident if they want incident to be reported to the police; encourage them to do so. If reported to the police notify the DOH and OOIE



Reportable Events 8:36-5.10 #4

4. All suspected crimes which are serious crimes committed by or against residents, which have also been reported at the time of occurrence to the local police department

NOTE: This goes for all crimes including drug diversion and theft



8:43E-10.11 (a)

- ▶ A health care facility shall immediately report to the appropriate police authorities all criminal acts or potentially criminal acts that occur within a facility and pose a danger to the life or safety of patients or residents, employees, medical staff or members of the public present in the facility
- ▶ Drug diversion shall also be reported to the DOH



8:43 – 10.11 (a) 1

- ▶ “Acts occurring within a facility” for a home based service (HHA, Hospice, ALR, CPCH, and ALPs) means acts related to events within the control of the facility or directly caused by or related to services of the facility



8:43E-10.11(c) 1-5

- ▶ Examples of reportable events in the nature of physical plant and operational interruptions, include, but are not limited to, the following:
- ▶ A labor stoppage or staffing shortage sufficient to require the temporary closure of service
- ▶ Notices of a potential strike that a facility receives from an employee bargaining unit

Reportable Events 8:36–5.10 #5

5. Occurrence of epidemic disease in the facility

- Notify state DOH and local DOH
- Report the nature and severity of epidemic
- Follow company's policies and procedures
- Standard of Practice is 10% of population is effected is considered an epidemic and must be reported



Reportable Events 8:36-5.10 #6

6. Termination of employment of the administrator, and the name and qualifications of his or her replacement

- (b) The written notification to the Department, as required by (a) above shall be forwarded by the facility to the following address: Director of Certificate of Need and Healthcare Licensure

New Jersey State Department of Health and Senior Services
PO Box 358
Trenton, New Jersey 08625-0358
609-292-5960



How to Report

- ▶ Currently, all Hospitals, licensed Ambulatory Surgery Centers, Dialysis facilities, and Long Term Care facilities located in the Southern Region, except for Adult/Pediatric Medical Day, use Hippocrates to submit reportable events
- ▶ DOH will continue to expand the use of Hippocrates for reportable event submissions for Long Term Care facilities throughout the year



Office of the Ombudsman

- ▶ Mandatory Report:
- ▶ Abuse defined as willful infliction of pain, injury, mental anguish (by staff or other residents), unreasonable confinement or willful deprivation of services
- ▶ Exploitation residents' resources used for another person's profit or advantage
- ▶ Fines of up to \$5,000 dollars can be assessed against the individual professional who had the duty to report and failed to do so



Ombudsman Reportable Events

- ▶ Reports may be verbal or in writing
- ▶ Note a verbal report must be made to a live person. You may leave a message but you must call back during business hours
- ▶ Use the Reportable Event Record/ Report form from DOH for written report and include the resident's face sheet
- ▶ Ombudsman's Fax number 609-943-3479
- ▶ Phone: 1-877-582-6995
- ▶ Email: ombudsman@advocate.state.nj.us



How to Report

- ▶ All facilities not accessing Hippocrates to submit reportable events use the Department's 24 hour hotline
- ▶ Please call 800-792-9770
- ▶ Select Option 1 for Long Term Care facilities



Remember

In any moment of decision, the best thing you can do is the right thing, the next best thing is the wrong thing, and the worst thing you can do is nothing



Questions?

Loretta Kaes, BSN, RN, B-C, C-AL, LNHA, CALA
Director of Quality and Clinical Services
Health Care Association of New Jersey
609-890-8700

