REPORTABLE EVENTS

Division of Quality and Compliance Review
Maryland Department of Health

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Reportable Events

- **Reportable Event:** An allegation or an actual occurrence of an incident that adversely impacts or has the potential to adversely impact the health, welfare or safety of a participant.

- Everyone that works with long term services and supports programs must report, **including providers**.

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Reportable Events - Examples

Abuse - physical, verbal, sexual or emotional

Neglect

Exploitation

Accident/Injury – beyond first aid

Hospitalization

Death – all deaths must be **reported within 24 hours**

Medication/Treatment error

Seclusion/Restraint

Suicide Attempt

Home Closure –fire or emergency move

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Reportable Events – Immediate Jeopardy Events

Immediate Jeopardy events: An alleged or actual incident that presents an immediate and serious threat of injury, harm or death of an individual.

Must inform the participant's Supports Planner within 24 hours of immediate jeopardy events

Additional Notifications within 24 hours to:
1. Adult Protective Services
2. Office of Health Care Quality
3. Medicaid Division of Quality and Compliance Review (Ph:410-767-5220)
4. Law enforcement as appropriate (missing client, suspicious death or death caused by another person)

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Reportable Events – Reporting Timelines

All non- immediate jeopardy events must be reported within 7 days to the Supports Planner.
A Reportable Events form must be completed and submitted to the Supports Planner.

- **<u>Call</u>** the participant's Supports Planner to report the event before faxing or mailing report.
- The report must contain the intervention and follow up action plan. Be as detailed as possible.
- The incident must be resolved within (45) calendar days of the event.

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Reportable Events – Fall Risk

Falls

- One of the largest categories of reported events
- About 1 in 10 falls result in serious injury
- Falls are the leading cause of injury deaths in the elderly
- Every 29 minutes an older adult dies from a fall-related injury

Common risk factors:

1. Muscle weakness
2. Balance problems
3. Inactivity
4. Vision changes
5. Chronic health conditions
6. Incorrect size or use of assistive devices
7. Medication side effects
8. Lack of feeling in feet
9. Alcohol use
10. Household clutter
11. Fear of falling (may cause more falls)

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Reportable Events – Fall Prevention

1. Make sure there is a clutter free environment and good lighting (this is the easiest intervention).

2. Make sure the person has comfortable, well-fitting shoes.

3. Avoid changes to furnishings, shiny floors since falls are more common in individuals with cognitive impairments.

4. Keep the physician informed as well as the supports planner regarding medical problems or medication side effects and interactions.

5. Notice patterns - do falls occur more at a certain time of day or did falls start after a medication change. Document all falls in person's record even if no injury occurred.

6. Residents need to walk daily if possible, even for short distances as weak muscles often increase coordination and balance problems.

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Reportable Events - Reminders

- Observe individuals carefully after all falls even if the resident does not complain of pain – often a medical review is needed.
- Some residents may hide their falls due to fear of nursing facility placement.
- Request the nurse to complete an individual fall risk assessment – ask for guidance on type and amount of exercise that is safe.
- Request the nurse complete an environmental assessment – how can the home be made safer?
- Try to avoid placing resident with walking, balance or other gait problems in bedrooms on upper floors.
- If individuals with gait problems have rooms in upper floors or the bathroom is on an upper floor – install a chair glide.
- Install sturdy handrails on inside and outside steps; in showers, bathtubs and toilet area; raise toilet seats.

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Questions?