Aetna Medicare FIDE (HMO D-SNP) Critical Incident Reporting Process

Agenda

- Brief overview of the types of critical incidents required
- How to identify critical incidents
- Reporting time frames
- The Reporting Process Instructions- New process
- Case Scenarios
- Helpful reminders

What is a Critical Incident?

Critical Incident is an occurrence involving the care, supervision, or actions involving a Member that is adverse in nature or has the potential to have an adverse impact on the health, safety, and welfare of the Member or others. Critical incidents also include situations occurring with staff or individuals or affecting the operations of a facility/institution/school.

Types of Critical Incidents That Require Reporting

Critical Incident Types

Abuse

The willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. Generally used in conjunction with neglect. Abuse includes physical abuse, verbal abuse, sexual abuse or harassment, mental or emotional abuse.

Examples:
- A caregiver aggressively grabs a member's arm, causing bruising.
- A family member repeatedly tells the member they're unwanted and a burden.
- A care provider threatens to withhold services to intimidate a member.

Neglect

Includes passive neglect (a non-malicious failure to provide the necessities of life including but not limited to food, clothing, shelter, or medical care), willful deprivation (a willful denial of medications, medical care, shelter, food, therapeutic devices, or other physical assistance to a person who, because of age, health, or disability, requires such assistance and thereby exposes that person to the risk of physical, mental, or emotional harm because of such denial; except with respect to medical care or treatment when the dependent person has expressed an intent to forego such medical care or treatment and has the capacity to understand the consequences).

Examples:
- A caregiver forgets consistently to refill a member's vital prescription, leading to hospitalization.
- Home aide leaves the member unattended for hours during the scheduled time, resulting in injury due to a fall.
- A provider doesn't follow the reposition schedule for a bedbound member, causing severe pressure sores.

aetna

Critical Incident Types

Exploitation

The misuse or withholding of a member's assets and resources (belongings and money). It includes, but is not limited to, misappropriation of assets or resources of the alleged victim by undue influence, by breach of fiduciary relationship, by fraud, deception, extortion, or in any manner contrary to law.

Examples:

- A son uses the member's Social Security checks for personal expenses without authorization.
- Caregiver convinces a member to sign over valuable assets like property or investments through manipulation.
- Member's debit card is repeatedly used without consent, with significant financial loss.

Legal/Criminal Activity

Includes problematic possession or use of a weapon, arrest, property damage greater than $50, or other criminal activity. Any illegal activity that is allegedly committed by the waiver participant in which there is law enforcement involvement; Examples include, but are not limited to: arrests, incarceration, criminal court appearances/charges, illegal drug use, and shoplifting.

Examples:

- Member arrested for theft at a local store, facing criminal charges.
- Law enforcement involvement due to the member's illegal possession of narcotics.
- A family member that assists member vandalizes member's property

Critical Incident Types

Fraud

A manner of operation that results in an excessive or unreasonable cost to the Federal or State health care programs.

Examples:
- A healthcare provider billed for services that were never provided.

- PA submits timesheets for hours/days for services that were never provided.

Behavioral Health

Serious behavioral health incident that results in emergency treatment-this can include self-neglect, self-injury, property damage, verbal aggression, suicidal ideation, attempted suicide, sexually problematic behavior, uncontrolled problematic alcohol or substance abuse, or any other mental health emergency.
- This will be labeled as “Behavioral Health Emergency” we are no longer using self-neglect

Examples:
-Member threatens suicide and is admitted to a psychiatric unit for observation and treatment.
- Multiple self-harm episodes resulting in multiple emergency hospitalizations and/or IP stays.
- Extreme intoxication causing member to experience homicidal ideation and resulting in hospitalization.

Critical Incident Types

Unanticipated Death

Death of a member that could not have been anticipated or predicted. Examples include but are not limited to accidental death, death resulting from suicide, death that occurs in questionable circumstances, resulting from any other unexpected or unknown reason

Examples:
- Member dies suddenly after receiving incorrect medication at a nursing home.
- Death shortly after discharge from a healthcare facility raises concerns of inadequate follow-up care.
- A member found deceased under unclear circumstances at home shortly after a reported altercation with caregiver.

Medication Management

When there is a discrepancy between what a physician prescribes and what an individual takes such as an individual taking the wrong medication, which includes taking medication after it has been discontinued or taking the incorrect medication because it was improperly labeled. Could also be due to an individual taking the wrong dose of medication, an individual omitting and not taking a prescribed dose of medication within the 24-hour period of a calendar day, or an individual's refusal to take prescribed medication. Also refers to issues with medication dosage, scheduling, timing, set-up, compliance and administration or monitoring which results in harm or an adverse effect which necessitates medical care. Missing medication (i.e. stolen medication) should also be reported here.

Examples:
- Member mistakenly takes a double dose due to confusion about new prescription instructions.
- Caregiver administers medication incorrectly due to mislabeling, causing hospitalization.
- Member stops prescribed medications without physician consultation, resulting in member feeling dizzy.

Critical Incident Types

Restraint, seclusion or other restrictive intervention

Unauthorized restraint is any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely. Seclusion is defined as placing a person in a locked or barricaded area that prevents contact with others. Confinement means restraining or isolating, without legal authority, a person for reasons other than medical reasons ordered by a physician.

Examples:

- Facility staff physically restrain a member without medical justification or consent, causing emotional distress.
- Member locked in a room without ability to exit, violating their rights and dignity and there is no physician's order to explain the reason for this.
- Unauthorized use of bed rails restricts member's movement, causing injury and emotional distress

Missing Person/Elopement

A person who is identified as missing by law enforcement, hospital elopement or leaving against medical advice, staff, family, caretakers, or other natural supports.
A person is considered missing if they cannot be located and are considered to be lost or in danger.

Examples:

- Member with dementia leaves home unnoticed and is later found confused and disoriented in public.
- A hospitalized member disappears from the facility without informing medical staff.
- Member leaves the care facility without discharge approval and cannot be located promptly.

Critical Incident Types

Environmental/Unsafe Housing/Displacement

Unsafe housing is any home or living space which does not provide a safe and healthy environment. Loss of utilities, structurally unsafe, etc.

Displacement is the removal of the client from a home or living space due to natural disaster (fire, flooding, tornado, etc.) or eviction.

Social environment hazards are the culture that the waiver participant lives in and the people and institutions with whom the waiver participant interacts, would include family, roommates, facility staff and providers.

Examples:

- Member living in a home with severe infestations (bed bugs, rats, etc) causing respiratory health deterioration.
- Member displaced due to an apartment complex fire, with immediate need for safe housing assistance.
- Member living in a structurally unsafe home following severe storm damage with urgent relocation required.

Death

Deaths due to a new or existing medical condition made unusual because they are related to a treatment error, medication or omission of medication, poor care, or there was a recent allegation of abuse, neglect, or exploitation, or the member was receiving home health services at the time of passing. Any death of an individual occurring within 14 calendar days after discharge or transfer of the individual from a residential program or facility, within 24 hours after deflection from a residential program or facility, at an agency or facility or at any Department-funded site

aetna

Critical Incident Types

Medical emergency/injury/illness

Any recurring injury or illness that requires treatment beyond first aid which included lacerations requiring stitches or staples, fractures, dislocations, loss of limb, serious burns, skin wounds, pneumonia, urinary tract infections, etc.
An injury or illness requiring immediate emergency medical treatment to preserve life or limb.
An emergency medical treatment that results in admission to the hospital
Medical Emergency: Admission of an individual to a hospital or the provision of emergency medical services (treatment by EMS) that results in medical care which is unanticipated and/or unscheduled for the individual and which would not routinely be provided by a primary care provider

Examples:
- Member suffers severe injury from falling due to inadequate assistance at care facility, requiring surgery.
- Member experiences repeated untreated infections leading to emergency hospitalization.
- Serious burn injury at home necessitating immediate medical care and hospitalization.

Fall Incident Reporting

For all members (HCBS, SLP, SNF, Non-waiver):
- If a fall results in injury and leads to an ED visit or IP stay, complete the internal CI process.
- If there's a pattern of falls, even without ED/IP involvement, a CI is still required.
- If a member feels fine initially but later reports symptoms from a fall, report as a CI.

For SLP/SNF members:
- Also report to the state investigative agency (IDPH or SLF Hotline).
- Submit a PQOC for the incident.

aetna

ANE Critical Incidents
&
Internal Critical Incidents

Internal Critical Incidents VS ANE Critical Incidents

- **All Categories** described in the previous slides are considered **Internal Critical Incidents,** but not all are Abuse, Neglect, and Exploitation (ANE).
- If ANE is involved or there is concern regarding the care being provided in SNF/SLP/hospital setting- In **addition** to completing the Internal CI process, there are additional external agency reporting requirements we must make (such as APS, IDPH, SLF Hotline, etc.).
- If there is no evidence of ANE then you can complete the internal CI process only, which entails completing the CI Reporting CMAT Note in Dynamo, and the remaining CI follow-up.
- If you are unsure if an incident needs external reporting or only internal, please consult with your supervisor and utilize the Illinois Critical Incident Reporting Team for any questions or clarification.

Incident Reporting Team

Contact Information

Aetna Medicare FIDE (HMO D SNP)

Critical Incident Reporting By Email:

illinoiscriticalincidentreporting@aetna.com

Provider Services:

1-866-600-2139 (Phone)

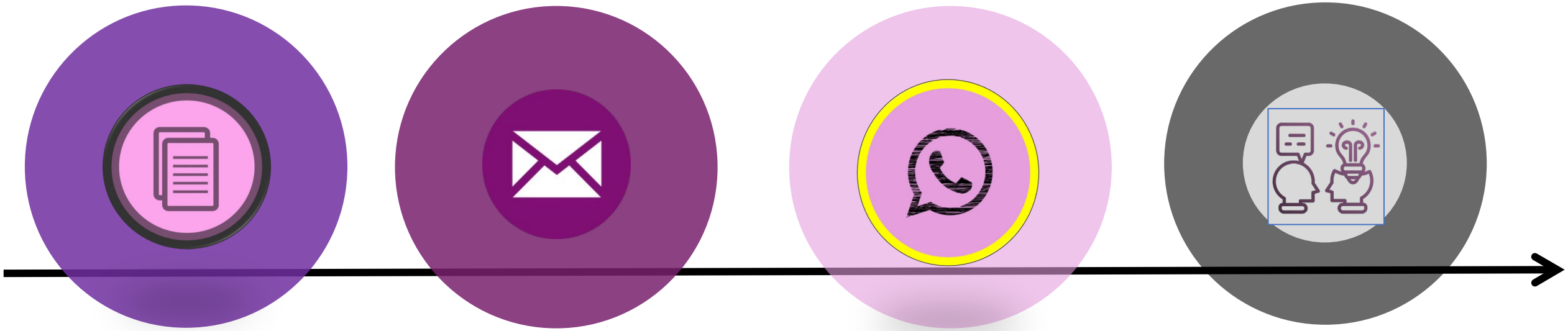
By Fax:

860-902-8368

The Critical Incident Reporting Form is available on the Aetna Medicare FIDE (HMO D- SNP):
https://www.aetnabetterhealth.com/illinois/providers/forms

Critical Incident Reporting Time Frames

Internal CI Reporting Process Flow For Case Managers



- Upon identification of an incident, please submit the form within 4 hours of learning about a CI

- CM completes the CI Reporting Template within 1 business day
- Copy/Paste your CMAT note into Dynamo
- Use the correct labeling (VERY IMPORTANT since it's the only way the CI will pull on our report):
  - CM Activity Type: Other-ANE Reporting
  - Contact With: Other: (List the agency that report was filed with)
  - CM Activity Detail: Clinical
  - Activity Detail Clinical: Case Plan- FU

Leave Note in Open Status for QM review (QM RN will close note once review is complete)

- Paste the completed CI Reporting CMAT template into the body of an email.
- Send that email to the Illinois Critical Incident Reporting email bucket at IllinoisCriticalIncidentReporting@AETNA.com

- **Communicate with member to confirm HSW and assist with any urgent needs**

- Communicate with the assigned QM nurse and follow recommendations.
- Continue to follow the remaining CI process flow described in the job aids available at: IL MMP CI/PQOC Sharepoint Site

External Reporting Requirements

Reporting to IDPH/SLF Hotline

- Incidents, concerns, issues or complaints related to abuse, neglect, financial exploitation, and unusual incidents in reference to members who are residents of nursing homes, sheltered care homes, assisted living establishments or hospital settings shall be, regardless of source, reported to the Nursing Home Hotline (IL Dept. of Public Health): 1-800-252-4343 (phone), 1-217-524-8885 (fax), dph.ccr@illinois.gov (email). Reports can be submitted over the phone or via the IDPH website at: Home (illinois.gov)
- Incidents, concerns, issues or complaints related to abuse, neglect, exploitation, and unusual incidents in reference to members 60 years of age or older and who are residents supportive living facilities (SLP) shall be, regardless of source, reported to the SLP Bureau of Long-Term Care (BLTC) at 1-844-528-8444 (phone).
- We should report falls with injury (Ex- Hip fracture, ED Visit/IP Admission related to the fall) and incidents of ANE to the IDPH (for Members residing in nursing facilities) or SLP Hotline (Members residing in SLP).

IDPH Nursing Home Hotline: 800-252-4343 Home (illinois.gov)

IDPH ReportingEmail: dph.ccr@illinois.gov

SLP Bureau of LTC 844-528-8444

Required Follow up

2-Follow ups with IDPH or SLF Hotline or APS after the initial report are required if they plan to investigate on the incident.

- Additional follow-up should be conducted based on appropriateness.
- If they do not plan to investigate, no further follow-up with the hotline is needed. Please document this outcome in member's chart.
- CMs should document any responses from the external agencies in the member's chart as ANE follow up.

IMPORTANT REMINDERS:

- As mandated reporters, we are required to report any suspected abuse, neglect, or exploitation to the external state agencies. Once the report is made, it is up to the external agency to determine whether to accept and act on it. Regardless of their decision, our responsibility is to document the report and the agency's response.
- **For LTSS Members:** If there is ANE involved, CM needs to reach out to the CCU or DRS case manager. Also, there may be instances when we need to inform member's DRS counselor or CCU of a non-ANE Critical Incident. Please consult with your supervisor in these instances. A template is available on the SharePoint job aid for you to use when reaching out to CCU/DRS.

Let’s Practice

Is this a critical incident?

Case 1:

Member's home health aide did not show up to the member's house on the agreed upon date and time. Member has no family or back-up assistance available. Unfortunately, the member is unable to complete ADLs without assistance.

Is this a critical incident?

Case 2:

The member's home health aide tells the member that her son is ill, and she is short on money this week because she has had to pay for medication. The aide is unsure if she will be able to come to the member's home the rest of the week because she does not have the money to put gas in her car. Member decides to give the aide her credit card to fill up her gas tank in her car.

Is this a critical incident?

Case 3:

Member resides at home with her 25-year-old daughter. Member's daughter has been selling marijuana from the home.

Is this a critical incident?

Is this a critical incident?

Case 1:

Yes

This is a critical incident. Per the state's requirement when a provider is scheduled to be at an enrollee's home but does not come and back-up service plan is either not put into effect or fails to get an individual to the enrollee's home in a timely manner. This becomes a critical incident when the enrollee is bed bound or in critical need and is dependent on others.

Case 2:

Yes

This would be exploitation. An action by an employee, volunteer, or agent of a provider that involves the misappropriation or misuse of an enrollee's property or funds for the benefit of an individual or individuals other than the employee.

Case 3:

Yes

This would be a CI due to it being illegal in Michigan to transfer cannabis to another adult if money is involved. Incident: Illegal Activity In the Home

Scenarios practice

Scenario 1

This is a new member; the provider schedules a home visit with Larry to complete the initial assessment. Upon arriving at Larry's home, the provider notices that Larry flinches when his caregiver, Paul, approaches him. The provider gently asks Larry if he would prefer to complete the assessment in private. Larry agrees and requests that Paul leave the room. Once Paul leaves, Larry shows the provider a bruise and says, "Paul is my caregiver and he sometimes hurts me when I am unable to do something on my own"

- **What Type of CI should be reported?**
- **What are the next steps to be taken?**
- **How can we resolve this incident?**

Scenarios practice -
Scenario 1

• What Type of CI should be reported?	• What are the next steps to be taken?	• How can we resolve this incident?
Physical abuse This is clearly indicated by Larry's disclosure and visible bruise, along with his statement that Paul "sometimes hurts me."	To keep Larry safe, the provider should complete the assessment privately and avoid further contact with the caregiver. The incident must be reported and documented per protocol, including Larry's statements and any visible injuries. If required, notify Adult Protective Services. The provider should work with care management to review Larry's care plan and consider a new caregiver. A follow-up ensures Larry feels safe and supported	To keep Larry safe, the provider should complete the assessment privately and avoid further contact with the caregiver. The incident must be reported and documented per protocol, including Larry's statements and any visible injuries. If required, notify Adult Protective Services. The provider should work with care management to review Larry's care plan and consider a new caregiver. A follow-up ensures Larry feels safe and supported

Scenario 2

Linda is bed bound and was scheduled to receive assistance with activities of daily living beginning at 8 a.m. on Monday morning from her personal care provider. By 3 p.m., the provider still had not arrived. Concerned and in need of support, Linda contacted the provider's agency to report the missed visit and request assistance.

- **What Type of CI should be reported?**
- **What are the next steps to be taken?**
- **How can we resolve this incident**

Scenarios practice -
Scenario 2

• What Type of CI should be reported?	• What are the next steps to be taken?	• How can we resolve this incident?
Missed Visit Since Linda is bed bound and relies on her personal care provider for essential daily living support, the provider's failure to arrive as scheduled poses a risk to her health and safety.	Document the missed visit, noting the scheduled time, when Linda reported the issue, and any impact on her well-being. Notify the provider agency and request immediate coverage. Inform the care management team to reassess Linda's needs and ensure continuity of care. Follow up with Linda to confirm she received support and to monitor her condition.	Linda should receive care promptly, either through a backup caregiver or alternative support. The provider agency should investigate the missed visit and address any staffing or communication issues. Ongoing follow-ups with Linda are important to ensure her needs are consistently met.

Scenario 3

A provider conducts a home visit to complete the annual assessment for Mary. The provider notices Mary favoring her right leg and asks if she is in pain. Mary says that her sister has been hiding her pain medication.

- **What Type of CI should be reported?**
- **What are the next steps to be taken?**
- **How can we resolve this incident**

Scenarios practice -
Scenario 3

What Type of CI should be reported?	What are the next steps to be taken?	How can we resolve this incident?
Neglect or Medication Mismanagement Since Mary is being denied access to necessary pain medication by her sister, which may impact her health and well-being.	They should document Mary's statements and observed behavior, such as favoring her leg. The provider should notify the appropriate internal team and, if required by policy or law, contact Adult Protective Services (APS) or the equivalent agency. Coordination with the care management team is also necessary to reassess Mary's care plan and ensure she receives her medication as prescribed.	Resolution may involve ensuring Mary has secure and consistent access to her pain medication, possibly by arranging for a different caregiver or implementing safeguards around medication storage and administration. The care team should follow up with Mary to confirm her pain is being managed and that she feels safe and supported in her home environment.

Thank you