



Critical Incident and Sentinel Event Reporting Training

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Agenda

- Defining Critical Incidents
- Defining Sentinel Events
- Recognizing Abuse (Sexual, Verbal)
- Recognizing Neglect
- Recognizing Exploitation
- Critical Incident Report Reviews
- Reporting Abuse and Neglect
- Reporting Responsibilities
- Who reports?
- What to report
- Resolution
- Resources

Defining Critical Incidents

A critical incident is any event that harms or could potentially harm someone being served by you and/or your program.

These events can include:

- Suspected abuse, neglect or exploitation
- Serious injury or fall
- Theft
- Medication error
- Possible unexplained death

Defining Sentinel Events

A sentinel event is a patient safety event that results in:

- Death
- Permanent harm or severe temporary harm
- Provider Preventable Conditions, including Category 1 Health Care-Acquired Conditions
- Suicide
- Unanticipated death of a full-term infant
- Discharge of an infant to the wrong family
- Abduction of any patient receiving care, treatment or services
- Any elopement from a staffed around-the-clock care setting leading to death, permanent harm or severe temporary harm of the patient
- A hemolytic transfusion reaction, including major blood group incompatibilities
- Rape, assault, or homicide of a patient or other individual

Recognizing Abuse

Physical abuse is an act that intentionally causes physical injury or death, including:

- Use of excessive force
- Physical punishment
- Use of chemical or body restraints

Warning signs may include:

- Frequent bruising, cuts, black eyes or burns
- Frequent complaints of pain without obvious injury
- Passive, withdrawn, emotionless behavior or fear

Recognizing Sexual Abuse

In this context, sexual abuse includes any act that has sexual intent, including:

- Consensual or nonconsensual sexual conduct
- Assault with intent to commit sexual abuse
- Invasion of privacy or nudity
- Taking or displaying photos of a person's unclothed private body areas for a purpose not related to treatment, diagnosis or as part of an ongoing investigation

Warning signs may include:

- Sexually-transmitted diseases
- Pregnancy
- Passive, withdrawn, emotionless behavior or fear
- Sexually suggestive, inappropriate or promiscuous behavior
- Sexual victimization of other members in the home or service location

Recognizing Verbal Abuse

Verbal abuse is using words with the intention to hurt, including:

- Cursing
- Insulting
- Threatening physical or emotional harm

Warning signs include:

- Not wanting to work with the staff member who verbally abused them
- Angry outbursts
- Depressed mood
- Crying

Recognizing Neglect

Neglect is the act of harming a person by not acting in the interest of their well-being, such as:

- Withholding food, clothing or shelter
- Putting a member in or not removing them from a dangerous situation
- Not taking the member to the doctor when necessary
- Not giving prescribed medication

Warning signs include:

- Obvious lack of nutrition (losing weight, weakness, hunger)
- Lack of personal cleanliness
- Obvious fatigue and listlessness
- Medical injury or decline

Recognizing Exploitation

Exploitation is taking unfair advantage of a member's physical or financial resources for personal profit. Examples include:

- Stealing
- Forcing a member to give something of theirs to someone else
- Lying or keeping important information from a member about their resources that they should know. For example, they may have received an unexpected check.

Warning signs include:

- Missing items
- Member lacking knowledge of their financial resources (if mature enough to know)
- Member lacking basic needs (such as clothes, other personal items)
- Unpaid bills when resources should be adequate

Making Reports

Critical Incident Report Reviews

Critical incident reports are reviewed occasionally to help:

- Ensure that critical incidents are appropriately reported, reviewed and monitored as part of an overall patient safety program
- Identify provider, facility and practitioner performance improvement areas
- Improve the overall quality of care provided to members
- Reduce the probability of a critical incident in the future
- Comply with the Code of Virginia § 63.2-1509 and § 63.2-1606

Reporting Abuse and Neglect

All contracted care providers, fiscal Intermediaries and UnitedHealthcare staff involved in coordinating care for members **must** report critical incidents.

The person or entity that discovers the critical incident is responsible for reporting to the appropriate agency, including 911. Any knowledge of or reasonable suspicion of abuse, neglect or exploitation should be reported to:

Abuse, neglect, or exploitation of adults:

Virginia Department of Social Services

Adult Protective Services at **888-832-3858**

Abuse, neglect, and exploitation of children under age of 18:

Virginia Department of Social Services

Child Protective Services at **800-552-7096** in Virginia or

804-786-8536 if out of state

Reporting Responsibilities

All staff will handle critical incidents as appropriate and comply with State and Federal mandatory reporting requirements. The professional should make a report **no later than 24 hours** after the first suspicion the child has been or may be abused or neglected or is a victim of an offense. They may not ask another person to make the report.

- UnitedHealthCare Community Plan of Virginia contractually requires participating providers and the State Fiscal Intermediary to adhere to reporting requirements, including reporting timelines as defined by the Health Plan.
- Critical incidents should be routed to the UCS Quality of Care Department confidential group mailbox for investigation and resolution:
 - Email: critical_incidents@uhc.com
 - Fax: 855-371-7638

Who Reports?

Critical incident reports can be made by:

- Care providers
- Care provider staff
- Case managers
- Members or member representatives
- UnitedHealthcare employees
- State agency representatives

What to Report

When making a critical incident report, please include the following information:

- The name of the member involved
- The date and time of the incident
- A description of the incident
- The names of all care provider staff and others present at the time of the incident or who responded after becoming aware of the incident
- The action taken to manage the incident
- Any resolution or follow-up

In addition to reporting to the appropriate agency, critical incidents should be reported to UnitedHealthcare by fax or email:

- Email: critical_incidents@uhc.com
- Fax: 855-371-7638

Resolution and Follow-Up

A UnitedHealthcare Critical Incident Clinician will review your report and decide if the incident meets the state's critical incident definition. The investigation process will be completed within 30 calendar days of the report, including any follow-up.

As part of the investigation process, the Critical Incident Clinician will coordinate with the other UnitedHealthcare departments, such as Care Coordination staff, to help make sure the member's needs are addressed.

Resources

For training and resources on being a mandated reporter, visit dss.virginia.gov/abuse/mr.cgi.

To learn more about reporting abuse of seniors or incapacitated adults, please contact Adult Protective Services at 888-832-3858 or visit dss.virginia.gov/family/as/aps.cgi.

To get more details on reporting child abuse or neglect, please contact the Virginia Department of Social Services child abuse and neglect hotline at 800-552-7096 in Virginia or 804-786-8536 or 80400786-8536 if out of state. You may also visit dss.virginia.gov/family/cps/index2.cgi.

For information on integrated care, please email DMAS Division of Integrated Care at CCCPlus@dmass.virginia.gov.

Thank You