Questions and Answers from Incident Management Training Sessions (March 2023)

Question	Answer
1. The presenter mentioned we shouldn't use paper forms to report critical incidents. What should we do if the system is down?	The Office of Long-Term Living (OLTL) does not accept critical incident reports in paper form. Critical incidents must be submitted in the Enterprise Incident Management (EIM) system within 48 hours of discovery. If the EIM system is down at time of entry, OLTL would be aware of the issue. The incident reporter should first contact the Home and Community Services Information System (HCSIS) Help Desk to confirm system availability: c-hhcsishd@pa.gov. The incident initiator should submit the EIM report as soon as the system is available and document the system failure within the critical incident report content.
2. Why are critical incidents arbitrarily taken out of the system? That disrupts our incident tracking.	Within the Community HealthChoices (CHC) program, Managed Care Organizations (MCO) are responsible for all critical incident reports submitted for their participants. If a MCO determines an entry is not appropriate or does not meet the critical incident report criteria, they are authorized to delete the critical incident from EIM. More information regarding MCO deletions is available in OPS Memo 2022-03.

Critical incident reports for the OBRA and Act 150 program participants are handled by staff at OLTL. If a deletion is necessary, the incident initiator is notified. |
3. Does critical incident reporting apply only to CHC participants?	No. Critical Incident Management requirements apply to all providers enrolled to offer services under any OLTL Home and Community Based Services (HCBS). This includes CHC and OBRA Waivers as well as the Act 150 Program. More information regarding Critical Incident Management requirements can be found in the Critical Incident Management Bulletin.
4. Are there any consequences for agencies who do not report critical incidents, and do not contact the MCO Service Coordinator (SC) involved?	Yes. The requirement for providers to inform the SC within 24 hours of the critical incident discovery is mandatory. Failure to comply with this requirement may result in actions taken by the Department of Human Services and/or OLTL. Actions may include imposition of sanctions up to termination of provider contract.
5. We were informed before that if an event occurs on Friday, that weekends are not counted in the timeframes for reporting or letting the SC know. Is this something new?	The requirement to notify the SC within 24 hours of incident discovery has been in effect since at least 2015, and it does not exclude weekends or State holidays. Submitting a critical incident report in EIM must occur within 48 hours of discovery, excluding weekends and State holidays.

6. If the participant becomes ill, cannot arrange a doctor appointment and chooses to use the Emergency Room (ER) is this a reportable critical event?	The Critical Incident Management Bulletin issued on February 23, 2023, indicates the following regarding ER visits: "For the purposes of Critical Incident reporting, an emergency room visit is defined as the use of a hospital emergency room. This includes situations that are clearly emergencies, such as a serious injury, life-threatening medical conditions, medication errors, as well as those when an individual is directed to an emergency room in lieu of a visit to the Primary Care Provider (PCP) or as the result of a visit to the PCP. **The use of an emergency room by an individual, in place of the physician's office, is not reportable**."
7. Can you please share the link to the Incident Management Training on the Dering Consulting site?	The Incident Management Training is found at https://deringconsulting.com/OLTL-Provider
8. What if the participant neglects themselves due to being depressed?	This type of event is reportable as a critical incident using categories of Neglect/Self.
9. If a participant reports sexual abuse that happened 6 months ago, do I still report it?	All HCBS providers, SCs, and MCO staff are mandated reporters of sexual abuse under the Pennsylvania Protective Services (PS) laws. Once the abuse is reported to PS, a critical incident report must also be submitted in EIM.
10. If a person is admitted to a hospital and then transferred to a new hospital 2 weeks later, does that require another critical incident report?	If a participant is admitted and transferred to another facility and discharge does not occur in between facilities, one incident report is required with a clear explanation of the facility transfer. If discharge and readmission occur, a separate incident report is required.
11. If we open a critical incident report and do not have information to complete the report, how do we complete it?	The First Section of the critical incident report is designed to capture the initiator's knowledge of the event. Efforts should be made to gather as much detail as possible regarding the type of event, dates, and actions taken when the event occurred. The incident initiator should indicate within the content of the First Section the reason for the limited information.
12. What if the participant turned away the caregivers and does not have informal care, regardless of our attempts to staff them?	If the event places the participant's health, safety, and/or welfare at risk, it must be reported as a critical incident.

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Question	Answer
13. What are the criteria for a serious injury?	The Critical Incident Management Bulletin issued on February 23, 2023, indicates the following: Serious Injury – an injury that: 1) causes a person severe pain; or 2) significantly impairs a person's physical or mental functioning, either temporarily or permanently.
14. Not all service providers have access to EIM. How do we get access?	All OLTL providers receive communication upon enrollment that explains how to gain access to both HCSIS and EIM. Each agency administrator is responsible for securing HCSIS and EIM system access for their employees. You should follow your internal agency's protocol on how to handle critical incidents your agency becomes aware of.
15. Can you clarify the scenarios about hospitalizations? If the Direct Support Provider (DSP) is not scheduled during that time and the back-up caregiver is in place, I would not report. I would report if our DSP was to be on schedule during the time the event occurred.	The entity which first learns or has firsthand knowledge of the incident must report it. This includes incidents that occur when an agency is not scheduled to provide services if the agency becomes aware of the incident. For more information on reporting responsibilities, please refer to the Critical Incident Management Bulletin issued on February 23, 2023.
16. What is the difference between an ER visit and a hospitalization?	The EIM Emergency Room Visit category is used when a participant needs immediate medical care, receives it in the ER, and is released the same day. If the participant is admitted to the hospital for an unexpected event, the Hospitalization category is used.
17. Does the notification to the participant of critical incident filing need to be in writing or can we use verbal notification as long as the record documents evidence of the verbal notification?	Verbal notification is acceptable as long as the notice is provided to the participant within 24 hours of incident filing and in a cognitively and linguistically accessible format, per requirements listed in the Critical Incident Management Bulletin.
18. Will there be any updates to EIM that will allow EIM entries created by providers to automatically populate on the SC's dashboard? If the entry is created by someone else, it does not show up in our dashboard nor can it be reassigned to us.	EIM updates completed in August 2022 enable critical incident reports completed by DSPs to turn over to the assigned SC for completion of the investigation and critical incident Final Section. If your participant's critical incident reports are not populating on your dashboard, contact your agency administrator to ensure the participants records have been updated to reflect the correct SC information. You may also contact the HCSIS Help Desk for assistance at c-hhcsishd@pa.gov

19. If the DSP is completing the EIM entry and the SC does not need to complete one, how does the SC report investigation findings or incident notes?	Once a DSP submits the critical incident First Section in EIM, the critical incident report turns over to the assigned SC for completion of the critical incident Final Section. For more information on EIM system functionality, please refer to the HCSIS Learning Management System website to review the EIM Training materials.
20. Who do we contact if we are having issues with getting a hold of an SC, or if an SC cannot get a hold of a provider to complete the critical incident report?	OLTL encourages DSP and Service Coordination agencies to work together to ensure the health and welfare of their participants. Any communication concerns should first be brought to the attention of the agency administrators. If resolution is not reached, you may contact OLTL's Division of Provider Operations at RA-HCBSENPRO@pa.gov If your concern involves a CHC waiver participant, you must contact the individual's MCO.
21. Who do we contact if we have questions about a specific critical incident report?	If your critical incident report involves a CHC waiver participant, you must contact the individual's MCO. If your incident report involves an OBRA waiver or Act 150 participant, you may contact OLTL's Critical Incident Management team: RA-OLTL_EIMimplement@pa.gov