OLTL Critical Incidents, Including Adult Protective Services/Older Adult Protective Services Webinar FAQ	
Question	Answer
1 How do I access the power point?	The power point presentation, audio webinar presentation, recommendations sheet, and webinar FAQ are located at https://www.dhs.pa.gov/providers/Pages/Trainings.aspx.
2 Where does a home care agency report incidents for participants aged 18-59, and participants 60 and older?	Critical incidents for all participants, regardless of age are reported in the Enterprise Incident Management (EIM) system.
3 If a PAS provider does not fill a shift and the participant cannot use back-up, should the PAS provider report the missed shift via EIM? Or should that procedure only be followed when the person's health and safety is believed to be imminently at risk?	A service interruption may not, in and of itself, be a critical incident, unless a participant's health or welfare is at risk. For instance, if an individual is scheduled to have a PAS worker come in and the PAS worker's car breaks down, it may or may not be a critical incident. If the neighbor was the participant's back-up plan and attends to the participant until the PAS worker arrives or other arrangements are made, then the participant's health or welfare was not in jeopardy and it is not a critical incident. If the neighbor is not home and the participant is left alone without support, and their safety is at risk, it is a critical incident. Providers should report this in EIM.
4 Please explain what "routine illness" means in regards to reporting. Also, what are examples of non-reportable hospitalizations?	Examples of hospitalizations that do not require reporting as incidents include, but are not limited to, pre-planned hospitalizations, routine hospital visits for lab work or routine treatments of a pre-existing illness or condition of a participant. This information should, however, be documented in the service notes.
5 What hospitalizations are considered incidents?	Examples of reportable hospitalizations or ER visits include, but are not limited to, accidental injury, medical decline, medication error, new illness, provider/paid caregiver injury or condition, psychiatric episodes, readmission, reportable disease, self-inflicted injury, serious injury, suicide attempt.
6 What happens when you find out after the fact that the participant is hospitalized not due to any type of neglect, but the family later informs you; is that considered critical incident?	Yes, the first entity to learn about a critical incident is responsible to report it.

7	Is there any guidance to SCs on how to document hospitalizations?	Prior to discharge from a hospital or emergency room visit, the SC is responsible for discharge coordination with the social worker to ensure all services and supplies are in place for a safe transition home. The discharge plan details should be included in the Incident Final Section and entered into the service notes and the service plan updated if necessary. The final incident section should be submitted as soon as all information is documented, and no additional information is needed. If additional information is needed it should be acquired and documented in the Incident Final Section. The maximum time allotted is 30 days. SC's are encouraged to submit the Incident Final Section as soon as the incident is complete.
8	What is the direct service provider's responsibility after initial reporting is done to OLTL and the Service Coordination entity?	The direct service provider's responsibility after initial reporting is to work to correct the issue from occurring again, as well as working collaboratively with the SC and OLTL to correct the issue. The provider is also responsible to ensure the critical incident report is updated with applicable information. In EIM, make sure the Final Section is filled out with all information needed within 30 days and shows the issue has been resolved.
9	What is the date for which direct service providers were to stop relying on the SC entity (if a contract existed) to report critical incidents?	April 16, 2015 when the current Critical Incident bulletin was re-issued.
10	I have noticed that in order to enter the EIM, I have had to log in through different web browsers. For example, I can only check the check boxes in Internet Explorer and cannot enter text into text boxes; I cannot open EIM at all with Firefox. Google Chrome allowed my supervisor to enter text on my behalf. Will this software be upgraded to be more user friendly?	It is the responsibility of the provider agency to have current software. HCSIS has some computer tips available on their LMS. https://www.hcsis.state.pa.us/HCSISLMS/pgm/asp/login/login.asp?refpage=/HCSISLMS/default.asp
11	If a participant threatens their own life, should this be reported as a critical incident or should this merely be called into Crisis Intervention?	If a participant threatens their own life, the health and welfare of the participant must first be ensured, then Protective Services should be called at 1-800-490-8505, and finally it should be reported in accordance with the Critical Incident Management bulletin issued April 16, 2015.

12	How does the SC receive a copy of the incident report if it is initially reported by another provider in order to complete an investigation?	The SC should be able to see all critical incidents reported for participants in their caseloads. The SC may also request a copy of the report if they are unable to view it in EIM.
13	Slide 24, wouldn't it be Provider Agency or Service Coordinator that is responsible for still investigating? Same for slides afterwards. If a provider Agency is doing the incident report, are they not to be the one doing the investigation?	No. SCs are responsible for investigating critical incidents they become aware of, as well as incidents reported by providers.
14	If an SC requests an onsite fact finding visit to provider sites can a provider refuse?	No
15	Once the initial report is entered by a direct care provider, is it the responsibility of the service coordinator to complete the second section and final report? And is it the service coordinator's responsibility to conduct the investigation or the initial reports?	Per the Critical Incident Management bulletin, SCs are responsible for investigating reports of critical incidents that they discover or have independent knowledge of, as well as incidents submitted to them by providers. SCs cannot edit EIM reports entered by other providers including the second section and final report, but they can view them, and use the information to assist them in investigation with the participant, then enter the information into a service note or journal note.
16	It appears from the webinar that SC entities will do the investigation on all incidents submitted for a participant, is that correct? If so, would the SC be closing out incidents in EIM that were submitted by a PAS or other provider? Does this this include hospitalizations or just abuse/neglect/exploitation?	Per the Critical Incident Management bulletin, SCs are responsible for investigating reports of critical incidents that they discover or have independent knowledge of, as well as incidents submitted to them by providers. SCs cannot edit EIM reports entered by other providers. In these cases, SCs cannot close out an incident in EIM. However, SCs can use the information entered in EIM to assist them in investigations, then enter the information into a service note or journal note. A provider is still responsible to enter the second and final sections of the EIM report for it to be closed.
17	If the SC puts the information in a "service note" in HCSIS, it is not confidential. Should this be documented outside of HCSIS?	HCSIS service notes are considered confidential and fall under confidentiality requirements.

18	If SCs are required to do a follow-up, what is to be submitted to OLTL if the provider agency that initiated the incident report utilizes a different system?	The SC may request a copy of the critical incident report be sent to them by the service provider in order to conduct follow-up. OLTL has access to all systems that OLTL providers use.
19	Regarding a participant's right not to report incidents, we had a situation where the EIM system would not allow us to complete the report without reporting the incident to APS. This was in direct conflict with the participant's wishes. Please advise.	The Critical Incident Management bulletin states "In the event a participant chooses not to report an incident or declines further intervention, the critical incident must still be reported, and the SC must investigate the incident".
20	Hotline number - this is connected to the county of the caller not the participant county of residence. Will the AAA take the RON regardless of county - can this be reiterated?	The AAA will take the report of need (RON) regardless of county and will forward the information on to the correct county to investigate.
21	There are attendants/staff who work at multiple provider agencies that provide OLTL waiver services that have been founded for abuse/neglect etc. What steps are in place to prevent them from going to another agency? As an employer we would not be able to share that information. Will there be something developed by OLTL or Adult Protection?	A provider is required to conduct criminal background checks on staff prior to beginning to the staff beginning to serve participants, unless that staff is provisionally hired. If a staff is provisionally hired the provisional period cannot last longer than 30 days. In conducting criminal background checks, all provider agencies must comply with the requirements of the Older Adult Protective Services Act.
22	I have a situation, and I'm not sure if it qualifies as a reportable critical incident. What do I do?	You may e-mail questions to the Incident Management Resource account at RA-OLTL_EIMImplement@pa.gov.