



## Technical Assistance & Regulatory Support Exclusively for LSN Members!

July 20, 2009

### **IDPH Revises its Incident Reporting Requirements!**

Effective June 17, 2009, IDPH adopted revisions to its longstanding incident report requirements. See below excerpted directly and its entirety from the Illinois Administrative Code:

#### Section 300.690 Incidents and Accidents

a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.

b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.

c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.

(Source: Amended at 33 Ill. Reg. 9356, effective June 17, 2009)

Let's take a look at the changes:

- The 'old' requirements indicated that 'a facility shall maintain a file of all written reports of serious incident or accidents involving residents.' While the majority of facilities, but not all, have retained all incident reports, the revised requirements now specify that the facility shall maintain a file of ALL written reports of EACH incident and accident.
- IDPH has (finally) clarified the nature of the incident that requires reporting. Serious incidents only, with 'serious' defined as having caused physical harm or injury to the resident.

IDPH Central Office has responded to interpretive questions as follows:

- Physical harm does NOT include a skin tear or bruise or something that can be covered by a band aid. Physical harm includes a fracture or blood flow not stopped by a band aid or hospital treatment that involves more than diagnostic evaluation.

- Therefore: Post-incident ER evaluation that includes diagnostic evaluation *only* with subsequent findings of ‘no injury’ DO NOT have to be reported.
- Post-incident ER evaluation that includes treatment, i.e. sutures, cast, medication, surgery, etc. would continue to be reported to IDPH.
- Elopements with no physical harm or injury are not reportable. If the person who left the facility is found and returned without an injury, it is not a reportable incident. It is an occurrence that must be reviewed by the facility’s internal QA committee to assess how the person left the facility, but the occurrence does not have to be reported to IDPH.
  - Please note: The occurrence – and the facility response – will likely be reviewed by the IDPH surveyor at the next regularly scheduled survey. Depending upon the circumstances of the occurrence and the facility’s response, it is still possible for the facility to incur a deficiency. Don’t take elopements (or near misses) and elopement prevention lightly!

The aforementioned changes are certainly welcome. It is important to remember, however, that:

- Incident reports for ‘no longer IDPH reportable’ events must still be generated internally by the facility, including skin tears, bruises, incidents with no injury, etc.
- The facility must maintain a file of ALL incidents.
- These revisions DO NOT change or otherwise affect Abuse Reporting requirements, i.e. abuse/neglect allegations (with or without injury), injuries of unknown origin (which often involve skin tears and bruises), etc.

And... Resident incidents (F323) will continue to be the subject of surveyor scrutiny! Just because an incident or series of resident-specific incidents aren’t reportable, don’t falter in your diligence with regard to comprehensive investigation, revision to care plan interventions, and all other proactive actions necessary to prevent further reoccurrence.

*If you are uncertain as to whether a specific incident is IDPH-reportable or have incident/resident management concerns:*

- *LSN members are eligible for up to 30 minutes of free consultation as a member service!*
- *Please take advantage of the 24-Hour Risk Management Hotline to ask a question!*
- *Use the contact information below.*

**About the Author:**

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