

**DEPARTMENT OF HUMAN SERVICES
NJ-IRMS
INCIDENT REPORTING LEVELS AND
CATEGORIES GRID**



Summary Review

**DECEMBER 2021
DHS OFFICE OF PROGRAM INTEGRITY AND
ACCOUNTABILITY**

Background

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- NJ-IRMS, DHS' Incident Management and Reporting System launched in July 2018
- Note that this document has Department-wide scope and applicability; thus not all definitions, codes, categories may seem intuitive but were designed to best capture the needs of a variety of Divisions, locations, situations and service delivery types
- Changes to reporting codes were implemented as well as a distinction of Incident Types (Allegation/Event)
- Allegation- an assertion that someone has committed an act of abuse, neglect, or exploitation against an individual receiving services from DHS.
- Event- something that happens or is happening; an occurrence that affects the health, safety or well-being of an individual receiving services.

- Some Incident categories have corresponding Sub- categories in lieu of an additional code.

Reading The Grid

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- **Column Headers**
- **Incident type**- Denotes if the code represents an allegation or an event
- **Code**- The alphanumeric code assigned to allegations and events
- **Level**- Level A incidents are reported the same day, Level B codes are reported by the end of the next business day
- **Category**- Incidents are grouped into categories such as abuse, neglect, exploitation

Reading The Grid

Continued

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- **Sub-Category**- Some incident codes have sub-categories, which more specifically describe the code, in lieu of assigning a different code
- **Two- Hour Guardian Notification**- Some incident codes require DDD providers to notify the guardian within 2 hours of the incident per Stephen Komninos' Law
- **Verification Required**- Some incident codes require that a DHS staff verify the level of severity of an incident
- **Law Enforcement Notification**- Some incident codes may require law enforcement notification. DHS reserves the right to request that providers notify law enforcement if they have not already done so

Reading The Grid

Continued

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- **Description/Definition-** describes the incident category, often with common examples
- **Closing Entity-** Denotes the unit responsible for closing incidents
 - Community- This column shows the closing entity for all incidents that occur in a community setting
 - Facility- This column shows the closing entity for all incidents that occur at a DDD developmental center
 - CCR- This column shows the closing entity for all incidents that occur in a DDD community care residence
- **Closing Entities-**
 - DIV- Division staff, FAC- Facility/DC staff
 - CIMU- DHS Critical Incident Management Unit
 - OI- DHS Office of Investigations

Incident Categories

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- The following slides highlight changes only. If a category or Code has remained the same it will not be cited here.

Incident Categories- Abuse with an Object

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- A physical act directed at an individual by a caregiver in which the individual is struck with a thrown or held object.
- This is a new category of allegations. All incidents coded as Abuse with an Object are routed to the Office of Investigations.
- This category has Central Registry implications

Incident Categories-Physical Assault Minor Injury

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- This event category was previously unreportable
- This event requires a follow up report be submitted to CIMU
- The objective of reporting/following up on these events is aimed at the prevention of the recurrence of assaults between individuals receiving services

Incident Categories- Contraband

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- This event code definition has been expanded to: Possession, use or **failure to secure** an item(s) by an individual or an employee that has been designated by the service provider as having the potential to pose danger or harm to others. Examples include, but are not limited to, weapons, controlled dangerous substances, fireworks, alcohol; **or other items identified by the service provider or service plan**, including, but not limited to, coffee, matches, aerosol sprays, **or failure to secure sharps or cleaning fluids.**

Incident Categories- Danielle's Law

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- There is no longer a stand-alone DLO10 or DLO20 code
- There is still a DLO11 allegation code for failure to call 911 in the event of a life-threatening emergency
- The requirement to report 911 calls will be captured when a reportable incident is submitted
- If someone is having breathing difficulties, has a serious head injury, is unconscious, etc. (*examples- not an all-inclusive list*) a report should be filed describing the event, and if 911 was called, the date and time of the 911 call will be documented and captured

Incident Categories- Injuries

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- Injuries that are coded as major injuries (require treatment that can only be performed at a hospital) are separated into two categories for routing purposes
- IN116- Falls, accidental injuries, injuries resulting from a behavioral episode, seizure-related injuries, decubitus will route to CIMU in most cases, (sub-categories)
- IN216- Injuries resulting from an approved restraint, self-injurious behavior, major injuries of unknown origin will route to OI for investigation, (sub-categories)

Incident Categories- Medical Events

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- MD101- Medical events such as; Communicable diseases, hospital treatment-medical, hospital treatment-behavioral/psychiatric, medication error with *potentially* serious effect, medication error serious effect, missing controlled substances, **non-compliance with medical orders** (sub-categories)
 - **Non- Compliance with medical orders includes, but is not limited to; failure to utilize prescribed glasses, hearing aids, glucometers, blood pressure monitors, specialized diets, etc.**

Incident Categories- Medical Events

continued

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- MD102-
- Unplanned hospitalization - Medical (sub-category)
- Unplanned hospitalization - Behavioral/ psychiatric (sub-category)

Incident Categories- Medical Events

continued

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- MD103- Choking, Pica (sub-categories)
- All choking and pica incidents require an evaluation by a medical professional.
- All choking and pica incidents will route to CIMU, requiring follow-up by the provider.

Incident Categories- Professional Misconduct

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- This allegation routes to CIMU in most cases and is defined as:
- Behavior of a credentialed professional that implies an intentional compromise of ethical standards, **or a direct service professional** that implies an intentional compromise of standard policy; is professionally unsuitable, potentially dangerous to patients/individuals receiving services, incompetent, disruptive, or illegal. Examples include inappropriate relationships with patients/individuals receiving services, falsifying medical/treatment records, delay in communicating critical events/information, working under the influence, sleeping.

Incident Categories- Suicide Attempt

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- Refers to an attempt to intentionally take one's life regardless if the act resulted in an injury. *Suicide attempts that result in injury should be reported to law enforcement and require two-hour guardian notification (DDD)
- Suicide attempts now have the following sub-categories:
 - Gunshot, hanging, drowning, jumping, drug/alcohol/medication use/overdose, suffocating, poisoning, carbon monoxide inhalation, stabbing/cutting/self-mutilating, burning self, other

Incident Categories- Unapproved Restraints

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- **RE101- Unapproved Restraint without Injury**
 - Restraints and/or restrictive intervention that results in no injury that was implemented without prior approval/order, or not in accordance with the administrative regulations of the appropriate division, or without the existence of an approved behavior treatment plan. Includes personal control techniques, mechanical restraints, or chemical restraint.
- **RE102- Unapproved Restraint with Injury**
 - Restraints and/or restrictive intervention that result in an injury that was implemented without prior approval/order, or not in accordance with the administrative regulations of the appropriate division, or without the existence of an approved behavior treatment plan; includes personal control techniques, mechanical restraints, or chemical restraint.

Incident Categories- Failure to Report

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- Per Stephen Komninos' Law
- DHS USE ONLY - **added by CIMU/OI only**
- Failure to report an act of abuse, neglect, or exploitation within the time frame required in while having reasonable cause to believe that such an act has been committed. Must accompany an allegation; closing entity will be the entity responsible for the primary allegation.
- Has criminal implications, potential fines

Injury Levels Defined

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- Due to the subjective nature of this issue there may be some overlapping of categories. The definitions below are intended to be a guide, and decisions should be made using practical judgement and a person-centered perspective. The impact that the injury has to the person should always be considered. In all circumstances the location and extent of the injury should be taken into careful consideration during the initial assessment by the service provider or facility medical personnel before selecting the injury level.

Injury Levels Defined - continued

- **Minor Injury:** an injury that requires no treatment beyond basic first aid administered by a medical professional or service provider. Basic first aid includes, but is not limited to, cleaning, bandage/ band-aid, over-the-counter medications (Bacitracin), ice pack, monitoring/observation.
- **Moderate Injury:** an injury that requires treatment beyond basic first aid, but does not require treatment that can only be performed at a hospital. Includes but is not limited to, all fractures, tooth avulsion/fracture, injuries that require devices (crutches/brace/splint/boot), invasive diagnostic treatment with or without anesthesia/sedatives, prescription medications.
- **Major Injury:** an injury that requires treatment that can only be performed in a hospital facility and may or may not include admission to the hospital for additional treatment or observation.

Questions?

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Please send questions to:

DHS.CIMADMIN@dhs.nj.gov

With the subject line- **NEW Incident Codes**