Incident Reporting for DMHAS Providers

New Jersey Department of Human Services

Division of Mental Health and Addiction Services
and
Office of Program Integrity and Accountability

April 2021

Comprehensive Incident Reporting System

- Department of Human Services' (DHS) commitment to align incident reporting for all its Divisions;
- Standardize the identification of reportable incidents;
- Merge incident reporting for all service providers;
- Ensure the immediate and appropriate response to reported incidents;
- Facilitate the analysis of trends and the identification of factors associated with the occurrence of unusual incidents.

New Jersey Incident Reporting and Management System (NJ-IRMS)

- The DHS/OPIA, Critical Incident Management Unit (CIMU) operates an electronic system- called the New Jersey Incident Reporting and Management System (NJ-IRMS) for entering and documenting incident information and follow-up actions taken in response to incidents.

  CY 2020: 20,917 incident reports entered into NJ-IRMS involving DHS individuals served; 3,653 were involving DMHAS consumers.

Office of Program Integrity & Accountability(OPIA)

Office of Investigations (OI):

- Ensures that the most serious allegations and suspicions of abuse, neglect, and exploitation are investigated;

- **Critical Incident Management Unit (CIMU):**
  - Facilitates and oversees the appropriate tracking, management and organizational response to all reported unusual incidents;
  - Administratively reviews individual agency reports involving abuse, neglect and exploitation not assigned to OI for closure;
  - Reviews and closes other incidents (i.e. contraband)

Division of Mental Health and Addiction Services (DMHAS) Quality Management Unit

- DHS/DMHAS liaison for issues or questions related to incident reporting
- Receive initial incident reports from agency providers
- Screen initial incident reports and ensure assignment of appropriate code(s); interact with providers if additional information is required
- Enter all information in the NJIRMS system
- Provide incident notification to provider, detailing NJIRMS number, incident code(s), date follow up due, and unit responsible for review and closure

Who is Required to Report?

- Agencies providing services to individuals through the Division of Mental Health and Addiction Services (DMHAS) or licensed by the Department of Health (DOH) to provide mental health or substance use disorder services through DMHAS are required to report critical incidents.

DHS Incident Reporting Policies

- DHS and its community partners operate under:
  - N.J.S.A. 30:1-11 et seq.
  - DHS Administrative Order 2:05 (A.O. 2:05)
- Additional DMHAS Incident Reporting Requirements:
  - N.J.A.C. 10:37
  - DMHAS Annex C
  - N.J.A.C. 10:161 A & B

Note on Confidentiality

- Initial incident report and follow-up report documents are confidential!
- Contains protected health information.
- Not permitted to be released to outside entities without a court order.

Why Do We Report?

- Shared responsibility to ensure the health, safety and well-being of individuals served;
- Best practice to create a documented record of identified allegations, events and/or concerns;
- Creates accountability, follow-up & informs important decisions;
- Information gathered allows for data analysis of individual/systemic patterns & trends;
- Data helps inform policies and action steps at individual and systemic levels.

What is an Incident?

- Defined as an allegation or occurrence involving or affecting the care, supervision or actions of a DHS service recipient
  - (service recipient = consumer/client/patient/individual served);
- May or may not have significant impact on the health, safety and welfare of the service recipient or others;
- May also involve the conduct of employees, while on or off duty, or others who may come in contact with service recipients.

Policy Note

- DHS operates an allegation-based system – anyone can express/report concerns regarding suspected abuse, neglect, exploitation involving an individual served.

- This information is screened and may result in a DHS incident report (IR).

Incident Reporting Involves Five Core Areas:

- ✓ Identifying/addressing incidents/allegations;
- ✓ Recording information;
- ✓ Reporting information;
- ✓ Investigation/analysis;
- ✓ Follow-up/actions/closure/plan of corrections.

Where do I send Initial incident reports?

E-Mail: dmhas.incidentrept@dhs.nj.gov

Fax: (609) 341-2324

Reportable Categories

A+ Residential Services must report on all reportable categories

All other program types should report incidents according to the categories below

Incident categories always reportable to DHS regardless of where the incident occurred

- Physical Abuse
- Sexual Abuse
- Verbal/Psychological Treatment
- Neglect
- Exploitation
- Death
- Suicide Attempt
- Overdose
- Professional Misconduct

Incident categories reportable to DHS when incidents occur on agency premises

- Physical Assault (Major/Moderate)
- Sexual Assault
- Criminal Activity
- Medical
- Elopement/Walkaway
- Injury (Major/Moderate)
- Rights Violation
- Operational
- Contraband

Incident Reporting Time Frames

Incidents are identified by priority level, using the incident category grid:

- **A Incidents:** Submit a written incident report as soon as possible using the designated incident reporting form but no later than the end of the business day.

- **B Incidents:** Submit a written incident report using the designated incident reporting form within one business day.

Timeliness is Important!

- Do not delay submission if information is missing.
- Agencies are required to establish internal policies for incident reporting to comport with DHS policies and regulations.

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Fax: (609) 341-2324

Policy Note (DDD)

Agencies providing mental health services to consumers also receiving services from the DHS Division of Developmental Disabilities (DDD):

- Follow Division of Developmental Disabilities' policies related to the types of incidents/allegations reportable involving DMHAS consumers served by DDD.

- Incidents involving consumers served by both DDD and DMHAS should be reported to the DMHAS IR Coordinator.

Policy Note (Children and Youth)

- Agencies operating programs for children and youth should follow DHS reporting guidelines if the program is licensed/contracted by DHS.

  The Department of Children and Families (DCF) may have additional reporting requirements for agencies licensed/contracted by DHS and serving children/youth through funding and/or a contract with DCF. Agencies who have programs in this category should adhere to reporting requirements for both Departments.

Note Regarding Child Abuse

"In New Jersey, any person having reasonable cause to believe that a child has been subjected to abuse or acts of abuse should immediately report this information to the Department of Children and Families, State Central Registry (SCR). If the child is in immediate danger, call 911 as well as **1-877 NJ ABUSE (1-877-652-2873)**. A concerned caller does not need proof to report an allegation of child abuse and can make the report anonymously."

Additional Notifications

- May Include:
  - Local Law Enforcement
  - New Jersey Department of Health
  - Department of Children & Family Services
  - Adult Protective Services
  - Professional Licensing Boards
  - New Jersey Department of Environmental Protection
  - CDC

NOTE: The DMHAS IR Coordinator will guide the agency when additional notifications are necessary.

Not Sure Something is Reportable?

Contact the Quality Assurance Specialist assigned to the county.

Debra Rabatie - Debra.Rabatie@dhs.nj.gov
Camden, Mercer, Sussex

Jacqueline Candia - Jacqueline.Candia@dhs.nj.gov
Cape May, Cumberland, Gloucester, Hudson, Hunterdon, Monmouth, Passaic, Salem, Warren

Diana DiMaggio - Diana.DiMaggio@dhs.nj.gov
Bergen, Burlington, Middlesex, Ocean, Union

Alexis Flores-Whyte – Alexis.Flores-Whyte@dhs.nj.gov
Atlantic, Essex, Morris, Somerset

Abuse

Physical Abuse is defined as an act directed at an individual by a caregiver that has the potential to cause one or more of the following: pain, injury, anguish, or suffering.

Sexual Abuse is defined as acts or attempted acts such as rape, exposure of genital body parts, sexual molestation, sexual exploitation or inappropriate touching of a DHS service recipient/consumer/client by a DHS employee, volunteer, intern or an individual acting as a DHS service provider/consultant/contractor.

Verbal/Psychological Mistreatment is defined as any verbal or non-verbal acts or omissions by a DHS employee, volunteer, intern or an individual acting as a DHS service provider/consultant/contractor that distresses, invokes fear and/or humiliates, intimidates, degrades or demeans a DHS service recipient/consumer/client.

Policy Note (Abuse)

Any physical, verbal/psychological mistreatment or sexual act directed at a service recipient/consumer/client by a DHS employee, volunteer, intern, or an individual acting as a DHS service provider, consultant, counselor intern and/or contractor always = ABUSE

* Counselor Intern shall mean either a “credentialed intern” or an “alcohol and drug counselor intern,” as defined in N.J.A.C. 13:34C-6.1.

Neglect

Neglect- Failure of a caregiver to do or permit to be done any act necessary for the well-being of an individual; or willfully failing to provide proper and sufficient food, clothing, maintenance, medical care, or a clean and proper home.

Example – including but not limited to withholding client's ordered medications for failure to comply with facility rules or procedures, (*unless the decision is made to terminate the client*).

Example – inappropriately discharging a client or terminating treatment without referring the client for appropriate services.

Example – not providing treatment services as clinically indicated by level-of-care assessment.

Exploitation

Exploitation- Any willful, unjust or improper use of a DHS service recipient or his/her property/funds, for the benefit or advantage of a DHS employee, volunteer, intern or an individual acting as a DHS service provider/consultant/contractor;

Exploitation may involve condoning or encouraging the exploitation of the consumer through actions including, but not limited to, inappropriate borrowing, or taking without authorization, personal property/funds belonging to a consumer or requiring him/her to perform function/activities that are normally conducted by staff or are solely for the staff's convenience.

Death

- Incidents regarding unexpected deaths or expected deaths of consumers served are always reportable.
- All deaths known or suspected of resulting from misuse of medications prescribed or dispensed by the facility are always reportable.
- All death reports are reviewed and analyzed by the Division.

Injury

Injury Definitions

Major Injury: Refers to an injury that requires treatment that can only be performed at a hospital facility and may or may not include admission to the hospital for additional treatment or observation.

Moderate Injury: Refers to an injury that requires treatment beyond basic first aid but does not require treatment that can only be performed at a hospital.

Only Major and Moderate injuries are reportable

Injury Types

- Approved Restraint
- PICA
- Fall
- SIB
- Accident
- Behavioral
- Unknown Origin
- Choking
- Seizure-related
- Decubitus

Suicide Attempt & Overdose

Incidents regarding suicide attempts and overdose involving consumers served are always reportable.

Suicide Attempt: Refers to an attempt to intentionally take one's life regardless if the act resulted in injury.

Overdose: Any unintentional or deliberate consumption of prescribed or illegal substances of a dose much larger than that either habitually used by the individual or ordinarily used for treatment which is likely to result in a serious toxic reaction, but not with the intention of suicide.

For Psychiatric Emergency Services (PES) and Affiliated Emergency Services (AES), suicide attempts should only be reported in the presence of agency staff and/or on agency premises.

Elopement & Walkaway

Elopement : Refers to the act of an individual receiving services from DHS with criminal status, leaving the premises without authorization. (KROL, IST, NGRI, Detainer, Megan's Law)
Requires law enforcement notification when the individual cannot be located on site or after an initial search of the premises

Walkaway: Refers to the act of an IRS from DHS who leaves the premises without authorization who may be considered dangerous to self or others or is otherwise at risk.
May require law enforcement notification when the individual cannot be located on site or after an initial search of the premises

Media Interest: Refers to media or journalistic attention that was or is likely to be generated or intensified regarding any incident involving a consumer or staff.

State of New Jersey DHS Department of Human Services

Operational

Operational Definition

This category consists of a wide variety of incidents that significantly impact the general health, safety, and welfare of an IRS from DHS or impacts on the daily operation of the facility or program.

Operational Categories

- Fire
- Utility/Equipment Breakdown
- Environmental Issues
- Theft/Loss/Damage to Property
- Staff Shortage
- Emergency/Unplanned Relocation
- Shelter in Place
- Bed Bugs
- COOP
- Media Interest

Professional Misconduct & Contraband

Professional Misconduct: Behavior of a professional that implies an intentional compromise of ethical standard, is professionally unsuitable, potentially dangerous to patients/individuals receiving services, incompetent, disruptive, or illegal. Examples include inappropriate relationships with patients, falsifying medical/treatment records, working under the influence.

Contraband: Possession or use of an item(s) by an IRS 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, including, but not limited to, coffee, matches, and aerosol sprays.

Medical

Types of Medical Incidents

- Communicable Diseases
- Hospital Treatment - Medical
- Hospital Treatment - Behavioral/Psychiatric
- Medication error potentially serious effect
- Medication error serious effect
- Missing Controlled Substance
- Unplanned Hospitalization – Medical
- Unplanned Hospitalization -
- Behavioral/Psychiatric

Medical Definitions

- Medication Error Serious Effect - Refers to any deviation from prescribed orders that results in serious effects that require medical intervention as determined by a qualified medical professional (physician, pharmacist). These incidents may involve errors in medical treatment or errors in the administration of medication.
- Medication Error Potentially Serious Effect- Refers to any deviation from prescribed order that has the potential to result in serious effects that require medical intervention as determined by a qualified medical professional (physician, pharmacist). These incidents may involve errors in medical treatment or errors in the administration of medication.
- Missing Controlled Substance- Refers to any unexplained loss or accounting discrepancy of controlled dangerous substances, regardless of the number. May require law enforcement notification; Requires notification to the Drug Enforcement Administration

Sexual Assault & Physical Assault

Sexual Assault: Refers to any act of below noted sexual activity involving a consumer, as a perpetrator or a victim. Incidents of nonconsensual sexual activity involving penetration, such as vaginal and anal intercourse; the insertion of a hand, finger, or object into the anus or vagina; or cunnilingus and fellatio. Also refers to the intentional, nonconsensual touching of the victim's breast, genital, or anal area, over or under clothing, with the purpose of sexual arousal and/or gratification of the perpetrator. Reference: NJ Criminal Code - NJSA BC:A4-A.

Physical Assault: Act of touching or striking a consumer to cause physical harm, by anyone other than staff, that results in injury that requires treatment beyond basic first aid, **OR** results in injury that can only be performed at a hospital facility and may or may not include admission to the hospital for additional treatment or observation.

DMHAS Quality Management Unit Reporting Process

Incident Occurs

Agency sends Initial Incident Report to QAS for all reportable incidents via email/fax as per Incident Reporting time frames.

QAS requests additional information from agency, if needed.

QAS enters report into NJ-IRMS & provides agency with IR # & codes as assigned by NJ-IRMS via email.

Incidents are auto routed by NJ-IRMS to appropriate DHS entity for follow-up/investigation and/or closure.

Office of Investigations (OI)
Conducts civil investigations and issues findings based on a preponderance of evidence standard.

Critical Incident Management Unit (CIMU)
Reviews agency investigations on lower level of abuse, neglect & exploitation, operational, professional misconduct and contraband incidents.

DMHAS
Responsible for all other codes for review and closure.

DMHAS Quality Management Unit Follow-up/Closure Process

OI:
Conducts civil investigations and issues findings based on a preponderance of evidence standard.

OI findings sent to agency, DMHAS and CNL.

Agency sends corrective action plan to DMHAS within 30 business days.

DMHAS receives, reviews and approves agency corrective action as needed.

CIMU:
Reviews agency investigations on lower level of abuse, neglect & exploitation, operational, professional misconduct and contraband incidents.

If agency investigation is not received by 45 days, a Failure to Comply letter is mailed out as a reminder.

Upon agency submission of investigation report, CIMU reviews and contacts agency if additional information is needed.

DMHAS:
Responsible for all other codes for review and closure.

DMHAS reviews the follow-up summary report and contacts agency for additional information if needed.

If agency investigation is not received by 45 days, a Failure to Comply letter is mailed out as a reminder.

Deaths reviewed by the DMHAS Mortality Review Committee as needed.

DMHAS contacts agency if additional information is needed.

Incident is closed with findings by DHS closing entity.

State of New Jersey DHS Department of Human Services

Incident Report Forms

- Initial Incident Report Form – due the same business day or next business day depending upon incident category
- Follow-up Report Form – due within 45 days of entry into NJ-IRMS
- Appendices 1, 2, 2a, 3, and 4 – applicable appendices are required to be completed, used to help guide the analysis/investigatory process, used for process/system improvements and are to be attached to the Follow-up Report Form

- **UIR Forms are available at:**
  https://www.state.nj.us/humanservices/dmhas/forms/#11

Follow-up Reports

- Due within 45 days
- Incidents which do not generally require follow-up reports; however, agencies may be asked to provide additional follow-up information based on individual circumstances/situation as needed:
  - Medical and Psychiatric Hospitalizations
  - Elopement
  - Walkaway (A+ residence - 30 Day Follow Up)
  - Media Interest
  - Criminal Activity

Policy note: Operational incidents **REQUIRE** a follow-up report, but **do not** require the use of appendices.

Follow-up Reports and Appendices

Follow-up reports are to include:

- Appendix 1 should always be completed.

In addition:

- Appendix 2 is used in all cases when the consumer has been diagnosed with a substance use disorder, if they are receiving substance use treatment, if they are known to have used/abused substances in the past, if the incident is directly related to substance use, and/or if the mention of substance use is in the narrative of the report.

- Appendix 2a is used in all cases when the consumer has overdosed or if there is suspicion of an overdose; including an accidental overdose which resulted in death. If Appendix 2a is completed, Appendix 2 is not necessary.

Follow-up Reports and Appendices (continued)

- Appendix 3 is used for all sudden and unexpected deaths.

- Appendix 4 is used for all suicides and/or suicide attempts; including intentional overdose.

Use required Appendices to ensure thoroughness.

Investigative Points

- Document and report steps taken in accordance with DHS policy;
- Incident reports should not be filled out by a person directly involved in the incident;
- Ensure all investigations are conducted by administrative person not directly involved in the incident under investigation/related to the alleged perpetrator or victim;
- Begin an investigation of the incident within 24 hours of the incident unless otherwise instructed by the OI or another entity empowered by statute to investigate (local law enforcement/state police).

- Use the appropriate IR Forms and Appendices available at: http://www.state.nj.us/humanservices/dmhas/forms/#11

Incident Findings

All incidents require one of the following findings prior to closure:

- **Substantiated:** There is a preponderance of credible evidence that an allegation or a situation is true and/or occurred.

- **Unsubstantiated:** There is less than preponderance of credible evidence, facts, or information to support that the allegation or situation is true and/or occurred.

Preponderance of evidence means that there is evidence sufficient to generate a belief that the conclusion is likely and more probable than not. It is the greater weight of credible evidence, the tipping of the scales.

A preponderance of evidence does not necessarily mean the largest amount of data or the largest number of witnesses. The focus is on the quality of the evidence.

Role of Office of Investigations (OI)

- An assigned DHS OI investigator;
- Face to face and/or phone interviews of identified:
  - alleged victims
  - alleged perpetrators
  - witnesses
  - other collateral contacts as needed
- Document gathering and review;
- Review of evidence and information;
- Determine if there is a preponderance of evidence to substantiate allegation/ incident;
- Issuance of an official DHS finding/notification to agency and alleged victim/perpetrator.

Plan of Correction

(Required for OI Substantiated/Unsubstantiated Incidents with Related Concerns)

An acceptable Plan of Correction must contain the following elements:

- Underlying reason/cause identified for the deficiency cited.
- The plan for improving processes that led to the finding cited (including addressing systems improvements to prevent the likelihood of recurrence) including completion date.
- Monitoring/tracking procedures to ensure the plan of correction is effective and specific findings cited remain corrected and in compliance with the agency's policies and procedures and reflective of best practice.
- Include length of time to monitor and title of person responsible for implementing the plan of correction.
- Plan of Correction must be submitted to Office of Chief of Staff, DMHAS

Incident Reporting Notes

- Immediately call 911 in the event of a life-threatening emergency
- Ensure victim is safe - alleged perpetrator has no access
- Obtain medical/mental status assessment and/or medical treatment for the alleged victim
- Do not delay reporting if information is missing
- Initial incident report and follow-up report documents are confidential and are not permitted to be released to outside entities without a court order
- Agencies are required to establish internal policies for incident reporting to comport with DHS policies and regulations.

County Assignments

Quality Assurance Specialist Counties of Responsibility:

Jacqueline Candia - (609) 438-4302
Jacqueline.Candia@dhs.nj.gov
Cape May, Cumberland, Gloucester, Hudson, Hunterdon, Monmouth, Passaic, Salem, Warren

Diana DiMaggio - (609) 438-4303
Diana.DiMaggio@dhs.nj.gov
Bergen, Burlington, Middlesex, Ocean, Union

Debra Rabatie - (609) 438-4308
Debra.Rabatie@dhs.nj.gov
Camden, Mercer, Sussex

Alexis Flores-Whyte – (609) 438-4304
Alexis.Flores-Whyte@dhs.nj.gov
Atlantic, Essex, Morris, Somerset

E-Mail: dmhas.incidentrept@dhs.nj.gov

Fax: (609) 341-2324

DMHAS NJ Substance Use Treatment Complaint Line

(877) 712-1868

Training

- To arrange for additional, in-depth training, please send a request to DHS Critical Incident management Unit:

- DHS.MHSCIMADMIN@dhs.nj.gov

- Miloni.Bhatt@dhs.nj.gov
- Christine.Noble@dhs.nj.gov

Thank you for your cooperation and ongoing efforts in this important process.

State of New Jersey
DHS
Department of Human Services