

Incident Management System Guide

For
Community Based Service Provider Agencies

And
Licensed Health Care Facilities



**State Fiscal Year
2008**

**DEPARTMENT OF HEALTH
Division of Health Improvement**

Incident Management Bureau

INCIDENT MANAGEMENT SYSTEM MANUAL

Regulatory Highlights	3
Introduction	4
Policy Requirements	4
Incident Management Principles	7
Community Based Service Provider Agencies	
Provider Communication Responsibility Charts	8
Reporting Requirements	9
Definitions	10
Communications From DHI/IMS	12
Incident Reporting Flow Chart	13
How to Respond to Sexual Assault	14
New Mexico Sexual Assault Nurse Examiners Units (SANE Units)	15
What We Need During Investigations	16
Licensed Health Care Facilities (see blue edged pages)	
Reporting Requirements	17
Definitions	18
Clarification for Hospitals on Training Requirements of 7.1.13 NMAC	19
Appendices	
Appendix A: Incident Report (Blank Sample)	21
Appendix B: Incident Report (Completed Sample)	24
Appendix C: Incident Management Regional Phone Numbers	27
DHI web site address	

The Department of Health expects each agency or facility to be in full compliance with this Incident Management System Guide and with these regulations. This includes the use of current forms, posters, reporting cards and guides. For the full text go to the DHI/IMB web site listed on page 27.

REGULATORY HIGHLIGHTS

For Licensed Health Care Facilities and Community Based Service Provider Agencies

7.1.9 NMAC

Caregivers Criminal History Screening Requirements

- Requires all applicants, caregivers (including hospital caregivers) to consent to a nationwide and statewide criminal history screening (via fingerprint card) no later than 20 calendar days from the first day of employment or contractual relationship.
- Requires conditional supervised employment pending written notice of completion – with either clearance of the caregiver or notice of a disqualifying conviction - of criminal background check.
- Individuals with disqualifying felony convictions are barred from employment or contractual services as a caregiver.

7.1.12 NMAC

Employee Abuse Registry

- The DOH will establish and maintain an electronic registry of all persons, who while employed, were determined to have engaged in a substantiated incident of abuse, neglect or exploitation of a person receiving care or services from a licensed health care facility or a community based service provider agency.
- Prior to employing or contracting with an individual the facility or agency must check to determine if the person is on the registry. Persons on the registry are ineligible for employment or contracting.
- Registry does not apply to a New Mexico licensed health care professional practicing within the scope of the professional's license or a certified nurse aide practicing as a certified nurse aide.

7.1.13 NMAC

Incident Reporting, Intake, Processing and Training Requirements

- Establishes standards for licensed health care facilities and community based service provider agencies to institute and maintain an incident management system and employee training program for reporting abuse, neglect and misappropriation of property.
- Requires the reporting within 24 hours (or next business day if a weekend or holiday) of incidents or allegations of abuse, neglect, misappropriation of property, and other reportable incidents to DHI/IMB.
- Requires a quality improvement process related to the incident management system.
- Requires training of all employees on the incident management system within 30 days of employment, annual refresher training not to exceed 12 months intervals, a written training curriculum describing the facility or agency incident management system and specific requirements for the content of the training curriculum..
- Requires that the facility or agency provide an Orientation Packet containing the incident reporting process to the consumer, family members and/or legal guardians.
- Requires the display in a prominent location of posters, provided by the DHI/IMB, which state the DOH incident management reporting procedures.

INTRODUCTION

The Division of Health Improvement (DHI), Incident Management Bureau (IMB) performs investigations and provides data tracking of reported incidents of abuse, neglect, exploitation (misappropriation of property) and other reportable incidents. The system aims to prevent the occurrence of abuse, neglect, and exploitation of: 1) Department of Health (DOH) or community based Waiver funded individuals who are being served by agencies that are contractors with the DOH or the Aging and Long Term Services Department (ALTSD); and 2) individuals who are provided care and/or services by licensed health care facilities.

This preventive activity is done through investigations and by trending issues (both system wide and within specific provider agencies or licensed facilities) for use by the DOH and other groups as appropriate.

POLICY REQUIREMENTS FOR LICENSED HEALTH CARE FACILITIES AND COMMUNITY BASED SERVICE PROVIDER AGENCIES

- All staff must be trained in the Incident Management System to assure appropriate and timely response when incidents occur.
- The 2008 Incident Report (IR) form must be used to report and document incidents alleging abuse, neglect, exploitation and other reportable incidents.
- The staff person with the most direct knowledge of the incident is the individual who reports the incident.
- Any suspected abuse, neglect, or exploitation must be reported/faxed immediately to Adult Protective Services (APS) (505) 476-4913 or Child Protective Services (CPS) (505) 841-6691. Prior review or approval by agency supervisory or management staff is not required.
- The IR form must be faxed to DOH/Division of Health Improvement at 1-800-584-6057, within 24-hours of knowledge of an incident or the following business day in the event of a weekend or holiday.

**The Incident Report form may be emailed to DOH/DHI within the same time frame at the following email address:
incident.management@state.nm.us**

**or completed online at:
http://dhi.health.state.nm.us/imb/imb_irform.php**

- All licensed health care facilities and community based services provider agencies must have a Quality Improvement System for reviewing alleged complaints and incidents, including written documentation of corrective action taken.
- All licensed health care facilities and community based services provider agencies must establish and maintain an incident management system which emphasizes the principles of prevention and staff involvement.
- Incident Management System Policy and Procedures must require all employees to be competently trained to respond to, report and document incidents in a timely and accurate manner.
- All licensed health care facilities and community based services provider agencies must provide all employees and volunteers with a written training curriculum on incident management policies and procedures.
- All licensed health care facilities and community based services provider agencies must document their employees' training on incident management.
- All licensed health care facilities and community based services provider agencies must provide an Orientation Packet describing their incident management process to consumers, family members and legal guardians.
- All licensed health care facilities and community based services provider agencies shall post two (2) or more (as required) posters in a prominent location which state all incident management reporting procedures.

Additional Policy Requirements for Community Based Services Provider Agencies

- Agencies must notify the individual's case manager that an incident has occurred and been reported. A copy of the IR form will assist the case manager in promptly addressing health and safety issues. It is acceptable to redact names of other clients and staff members before this document is forwarded to case managers.
- Agencies must notify the legal guardians or parents (if individual is a minor) of reportable incidents. The only exception to this is if the parents or guardian are suspected of committing the alleged abuse, neglect or exploitation.
- Agencies that are reporting an incident in which they are not the responsible provider must notify the responsible provider.
- Agencies providing Developmental Disabilities services must have a designated IM Coordinator in place.

ALL AGENCIES & FACILITIES ARE REQUIRED TO CONDUCT TIMELY AND EFFECTIVE INTERNAL INVESTIGATIONS AND TAKE REASONABLE STEPS TO PREVENT FURTHER INCIDENTS AS SOON AS AN INCIDENT OCCURS

Components of an Effective Incident Management System

- Management commitment
- Policies and Procedures
- Staff training and awareness
- Reporting of incidents
- Protection of the consumer's health and safety
- Investigation
- Corrective and/or preventive action
- Analysis and identification of trends and patterns

Elements of an Effective Investigative Report

1. Answer the 5 W's and the H (who, what, where, when, why and how)
2. Draw a clear conclusion or finding
3. Identify what corrective or preventive action was taken
4. Document in a written report

INCIDENT MANAGEMENT PRINCIPLES

- Individuals should have a quality of life that is free of abuse, neglect, and exploitation.
- Staff must be competent and trained to respond to, report, and document incidents in a timely and accurate manner.
- Consumers and guardians must be made aware of and have available accessible incident reporting processes.
- Any individual who, without false intent, reports an incident or makes an allegation of abuse, neglect or exploitation will be free of any form of retaliation.
- A provider's incident management system must emphasize prevention and staff involvement in order to provide safe environments for the individuals they serve.
- Quality starts with those who work most closely with persons receiving services.

COMMUNITY BASED SERVICE PROVIDER AGENCIES

Community Based Service Provider Agency Communication Responsibility



REPORTING REQUIREMENTS

FOR ALL ALLEGATIONS OF ABUSE, NEGLECT, EXPLOITATION

First and foremost, always ensure the safety of the person, including separating the victim from the alleged perpetrator, providing needed first aid, or obtaining medical care.

For allegations of abuse, neglect, or exploitation

- Fax the IR to Adult Protective Services (APS) (505) 476-4913 or phone APS at 1-866-654-3219
- Fax Child Protective Services (CPS) (505) 841-6691
- AND Fax the IR to DHI at 1-800-584-6057 or email to: **incident.management@state.nm.us**

If the incident involves a criminal act also contact your local Law Enforcement Agency.

Allegations of abuse, neglect or exploitation must be reported to APS/CPS immediately.

The IR form must be faxed to DHI within 24-hours of knowledge of the incident. (Next business day in the event of a weekend or holiday).

FOR DEATHS

Deaths that are suspected of being related to abuse or neglect should be reported immediately to SCI.

- Fax the IR to Adult Protective Services (APS) (505) 476-4913 or phone APS at 1-866-654-3219
- Fax Child Protective Services (CPS) (505) 841-6691
- or email to: **incident.management@state.nm.us**

ALL Deaths must be reported to DHI.

- Fax the IR to DHI at 1-800-584-6057 within 24 hours of knowledge of death or email to: **incident.management@state.nm.us**

If the death occurred outside of a medical facility, also contact your local Law Enforcement Agency.

FOR OTHER REPORTABLE INCIDENTS

Fax the IR form to DHI within 24-hours of knowledge of the incident (next business day in the event of a weekend or holiday).

- DHI Fax: 1-800-584-6057
- email to: **incident.management@state.nm.us**
- Complete the Incident Report online at:
http://dhi.health.state.nm.us/imb/imb_irform.php

DEFINITIONS FOR COMMUNITY BASES SERVICE PROVIDER AGENCIES

REPORTABLE INCIDENTS

1. Abuse, Neglect, and Exploitation (ANE)

- a) **Abuse** means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish [7.1.13 NMAC].
- b) **Neglect** means the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness [7.1.13 NMAC].
- c) **Misappropriation of property (i.e. exploitation)** means the deliberate misplacement of consumer's property, or wrongful, temporary or permanent use of a consumer's belongings or money without the consumer's consent [7.1.13 NMAC].

2. Death

- a) **Unexpected Death** is any death caused by an accident, unknown or unanticipated cause.
- b) **Natural/Expected Death** is any death caused by a long-term illness, a diagnosed chronic medical condition, or other natural/expected conditions resulting in death.

3. Other Reportable Incidents (ORI)

- a) **Environmental Hazard** is an unsafe condition which creates an immediate threat to life or health.
- b) **Law Enforcement Intervention** is the arrest or detention of a person by law enforcement, involvement of law enforcement in an incident or event, or placement of a person in a correctional facility.
- c) **Emergency Services** refers to admission to a hospital or psychiatric facility or the provision of emergency services that results in medical care which is **unanticipated and/or unscheduled** for this individual and which would not routinely be provided by a primary care provider.

NON-REPORTABLE INCIDENTS AND NONJURISDICTIONAL INCIDENTS (NRI/NJI)

1. Non-reportable Incidents (NRI)

Involves a DOH funded consumer but either:

- a) does not involve an event defined as abuse, neglect or exploitation (ANE), death, other reportable incident (ORI), or;
- b) at the time of the incident, the consumer was not under the direct care or supervision of a DOH-funded or ICF-MR provider.
- c) Special Note on Emergency Services:

The following examples are NOT REPORTABLE incidents to DHI:

- When the consumer's Primary Care Physician's (PCP) office is contacted and they are instructed to take the consumer to the ER or Urgent Care (Agency must adequately document date/time, instructions from the PCP).
- When a consumer is an ongoing patient of a specialist (neurologist, psychiatrist, cardiologist, etc.) and that specialist tells staff to take the consumer to the ER or Urgent Care.
- When the consumer has a medical condition and there is an individualized medical care plan/nursing care plan/ crisis plan with established, well delineated guidelines that require emergency treatment at the ER or Urgent Care.
- When provider agency staff are not involved in any manner in the use of or accessing of emergency services at the ER or Urgent Care.

2. Non-Jurisdictional Incidents (NJI)

Incidents which meets the definition of Reportable Incidents but either:

- a) does not involve a consumer being served by a DOH-funded program provider or ICF-MR, or;
- b) the alleged perpetrator is not an employee of the provider agency.

3. Complaints

Issues reported to IMB which are non-consumer specific and do not meet any of the definitions of Reportable Incidents (ANE, Death, or ORI). These reports are forwarded to the QM/I Steering Committee Coordinator for attention.

COMMUNICATIONS FROM DHI/IMB

Non-Reportable Incident Fax or No Jurisdiction Fax: Upon receiving an IR, DHI will notify the reporter if the incident is non-reportable or does not fall within DHI's jurisdiction. These communications will be sent through a "Non-Reportable Incident Fax" or a "No Jurisdiction Fax."

Incident Reported by Someone Other than Responsible Provider: The responsible provider is to report an incident within 24-hours of knowledge of the incident (next business day in the event of a weekend or holiday). If an incident is reported to DHI by an entity other than the responsible provider, then the provider will receive a "Notification of Incident," via Fax.

Late Reporting Fax: If the responsible provider reports an incident after the 24-hour timeframe for reporting has expired, then the provider will receive a "Late Reporting" notification, via fax.

Closure During Intake Investigation Fax: If IMB determines that an investigation can be completed during the intake process, the case may be closed upon the supervisor's approval. For this to occur, the following criteria must be met:

1. An adequate description of the incident has been obtained.
2. Appropriate immediate health and safety follow-up actions have occurred, as demonstrated by:
 - If the incident involves an illness or injury, a diagnosis is provided.
 - Action has been taken to assure the consumer's continued health and safety.
 - The provider must have self-confirmed an allegation of ANE or the incident must be classified as Other Reportable Incidents (ORI) e.g. Emergency Medical Services (EMS), Environmental Hazard, Law Enforcement.
 - No history of similar events in previous incidents over the past six months [unless there is a documented plan indicating agreed upon procedures have been followed in the cases of a chronic medical condition (e.g. seizures)].

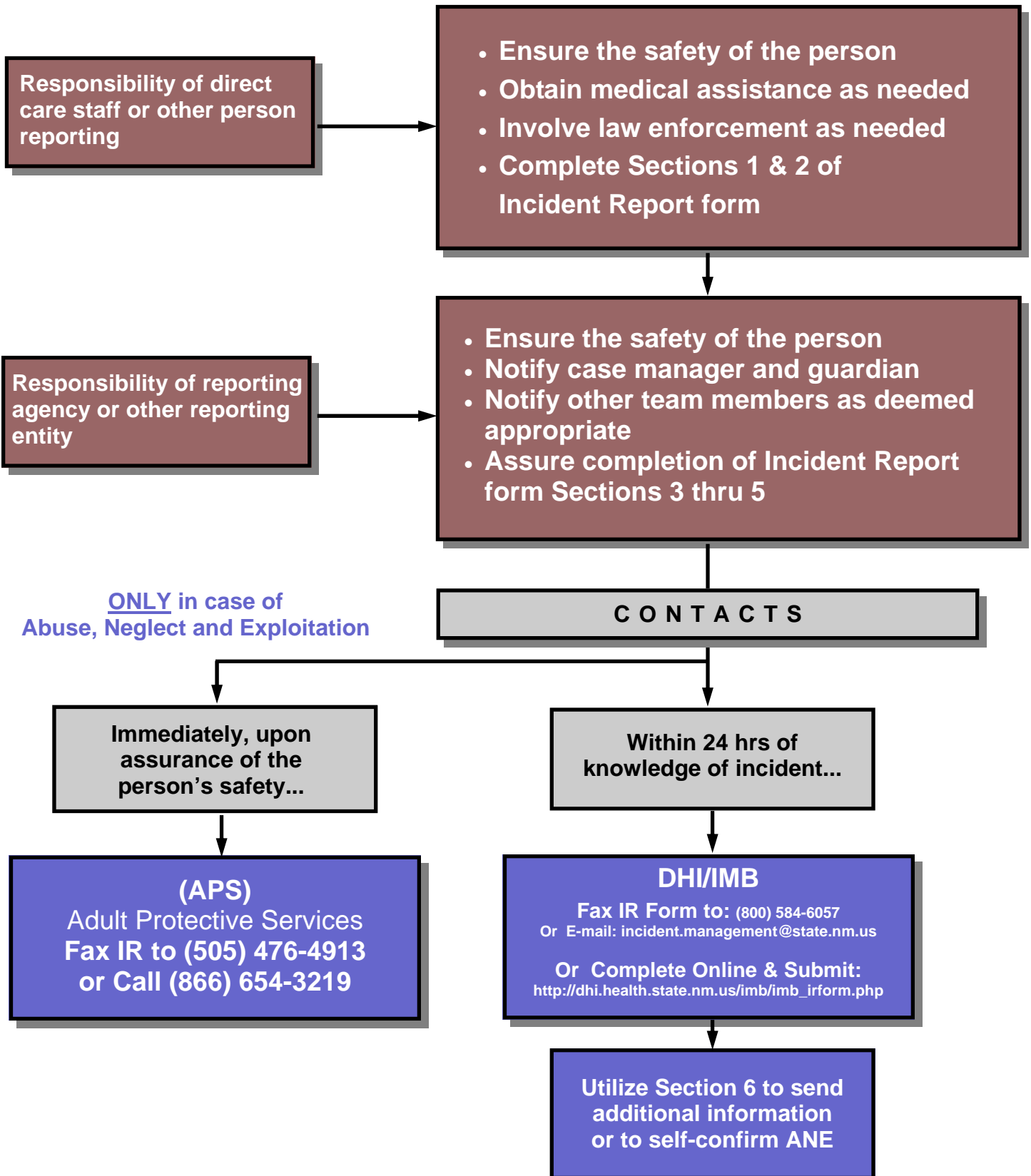
A "Closure During Intake Investigation" notification will be sent to the provider, via fax upon closure of the case.

Case Closure Letter: Upon completion of an investigation, the provider will receive notice that the case is closed. The notification will include a description of the incident, a summary of the investigation, and the findings of the investigation.

Closure communications are sent to the responsible provider, case manager and guardian (continued on page 14).

COMMUNITY BASED SERVICE PROVIDER AGENCIES Incident Reporting Flow Chart

Abuse, Neglect, Exploitation and Other Reportable Incidents



Continued from page 12

Those communications are sent via fax whenever a fax number is available for the recipient. When no fax number is available the communication is sent via mail.

Closure communications are sent to corporate office locations where multiple addresses exist for a provider. This process is necessary to ensure that the corporate office is aware of incidents regarding the agency's clients.

For case management providers, the corporate office is responsible for assuring that each case manager receives a copy of the letter pertaining to his or her individual client.

Return of Documents Letter: During the course of an investigation, agency documents may be requested for review by the investigator. Upon completion of the investigation, agency documents may be returned.

How to Respond to Sexual Assault

1. Ensure victim is safe, call law enforcement and/or the SANE Unit.
2. Obtain emergency medical attention, including testing for pregnancy and treatment for sexually transmitted diseases. Staff should never remove any object placed in any orifice unless it presents an immediate threat.
3. Have SANE exam completed, which will utilize an evidence kit.
4. Do not allow the consumer (victim) to bath/shower or otherwise cleanup (i.e. brush teeth, urinate, alter physical self, engage in other activity that may contaminate or destroy valuable evidence such as semen, saliva, hairs, etc.)
5. Ensure that clothing worn during and immediately after the assault is collected and taken to the SANE unit.
6. Evidence may still be present up to 72 hours after the event. If the patient has not bathed or changed clothes, the 72 hours may be extended. Physical trauma may be present after the 72 hour time frame.

Evidence collection can be a time consuming process. Be prepared for waits of 2-8 hours.

New Mexico Sexual Assault Nurse Examiners Units (SANE Units)

Alamogordo	Otero County SANE Unit	(505) 443-7901	
Albuquerque	Abq SANE Collaborative	(505) 883-8720 or (884) 7263 (emergency)	
	Para Los Niños, UNM Health Science Center	(505) 272-6849	Pediatric exams Renee Ornelas, M.D.
Clovis	Plains Regional Medical Center SANE	(505) 769-7335	Ask for SANE rep
Farmington	San Juan County SANE	(505) 325-2805 Non Emergency Line: (505) 326-4700	
Las Cruces	SANE	(505) 526-3437 (crisis) (505) 521-5549 Office	
Portales	Roosevelt County SANE	(505) 359-1800 ext 303	
Roswell	Esperanza House SANE Unit	(505) 625-1095	
Santa Fe	SANE	(505) 989-5952	
Shiprock, Navajo Nation	Northern Navajo Medical Center SANE	(505) 368-6818	
NM State Police Mobile Crime Scene Unit	Sergeant Miguel Aguilar (505) 827-9066 or (505) 231-0996 24 Hour Service: (505) 827-9300	(505) 891-5900 24 Hours call	

What We Need During the Investigation

Access to all required documents, to include any of the following:

- Medication Administration Record (MAR)
- Behavioral Progress Notes
- Nursing Notes
- Staff Schedules (as well as a list of who actually worked)
- Physician or Hospital Notes
- Consumer financial records
- Others as the need arises

Access to the consumer and his/her residence

Access to pertinent staff requested

- Provide contact phone numbers
- Provide space for interviews
- Schedule staff or interviews

Access to records and documents

Access means availability to view, photocopy, photograph or obtain electronically formatted documents, to include personnel records and training records.

Failure to comply with access requirements will result in sanctions up to and including termination of contract.

Licensed Health Care Facilities Reporting Requirements

DUTY TO REPORT

First and foremost, always ensure the safety of the person, including separating the victim from the alleged perpetrator, providing needed first aid, or obtaining medical care.

- Abuse, neglect or misappropriation of property (i.e., exploitation) must be reported immediately to the Adult Protective Services Division of ALTSD.
- Abuse, neglect, misappropriation of property (i.e., exploitation), and injuries of unknown sources shall be reported to DHI/IMB within 24 hours.
- All licensed health care facilities shall ensure that the reporter with direct knowledge of an incident has immediate access to the DHI Incident Report (IR) form in order to allow the reporter to respond to, report and document incidents in a timely and accurate manner.

NOTIFICATIONS

- Any consumer, employee, family member or legal guardian may report an incident either independently or through the licensed health care facility to DHI by telephone call, written correspondence or other forms of communication utilizing the DHI incident report form.
- The licensed health care facility shall report incidents utilizing the DHI incident report form, consistent with requirements of the DHI/IMB incident management system guide and CMS regulations as applicable.
- The facility shall ensure that the reporter with the most direct knowledge of the incident prepares the incident report form,
- The completed report shall be submitted to DHI/IMB within 24 hours of an incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday.

Licensed health care facilities that are self-reporting abuse, neglect, misappropriation of property or injuries of unknown sources must also send to DHI/IMB a copy of the findings of their internal investigation and corrective actions taken by the facility.

DEFINITIONS – Licensed Health Care Facilities

1. **Abuse** means the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.
2. **Neglect** means the failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.
3. **Misappropriation of property** (i.e., exploitation) means the deliberate misplacement of a consumer's property, or wrongful, temporary or permanent use of a consumer's belongings or money without the consumer's consent.
4. **Injuries of unknown sources** means injuries for which there is no known explanation for their cause or origin.

FOR ALL ALLEGATIONS OF ABUSE, NEGLIGENCE, EXPLOITATION

First and foremost, always ensure the safety of the person, including separating the victim from the alleged perpetrator, providing needed first aid, or obtaining medical care.

For allegations of abuse, neglect, or exploitation

- Fax the IR to Adult Protective Services (APS) (505) 476-4913 or phone APS at 1-866-654-3219
Fax Child Protective Services (CPS) (505) 841-6691
- AND Fax the IR to DHI at 1-800-584-6057
or email to: [**incident.management@state.nm.us**](mailto:incident.management@state.nm.us)

If the incident involves a criminal act also contact your local Law Enforcement Agency.

Allegations of abuse, neglect or exploitation must be reported to APS/CPS immediately.

The IR form must be faxed to DHI within 24-hours of knowledge of the incident. (Next business day in the event of a weekend or holiday).

Only report deaths that are suspected of being related to abuse or neglect.

FOR INJURIES OF UNKNOWN SOURCE (ORIGIN)

Fax the IR form to DHI within 24-hours of knowledge of the incident (next business day in the event of a weekend or holiday).

- DHI Fax: 1-800-584-6057
- email to: [**incident.management@state.nm.us**](mailto:incident.management@state.nm.us)
- Complete the Incident Report online at:
[**http://dhi.health.state.nm.us/imb/imb_irform.php**](http://dhi.health.state.nm.us/imb/imb_irform.php)

Any individual may call the HOTLINE at: 1-800-752-8649.

Results of facility investigations should be faxed to 1-800-584-6057.

Clarification for Hospitals on Training Requirements of 7.1.13 NMAC

Applicability

Regulations apply to all departments of the hospital, such as inpatients, outpatients, ambulatory surgery, sleep center, psychiatric unit, rehabilitation unit, and physician office clinics which are being billed with the hospital's Medicare provider number. They also apply to any services conducted off the main campus if the individual providing service is acting as an agent of the hospital and is paid, either as a contractor or an employee, by the hospital. Any services provided which are not billed using the hospital's Medicare provider number will be considered NOT provided by the hospital and surveyed at a different time and according to the regulations which focus on that provider type.

Employee Trainings

- 1) The regulation applies to employees, contractors and volunteers. This requirement does not apply to medical staff members working as independent practitioners. Individuals who terminate and are re-hired within one year of their abuse and neglect training do not have to be retrained prior to the original expiration date unless the hospital's internal reporting process has changed. Employees/contractors/volunteers who have received training at another provider must be retrained using the new hospital's curriculum following all applicable timelines. Employees/contractors/volunteers that transfer within a hospital system which uses the same curriculum for all its hospital providers do not need to be retrained except when the annual training is due.
- 2) Trainings may be documented in electronic media or paper format, as long as the information is readily (four hours following the request) available to the surveyor. The date, time and place of training must be noted and acknowledged by the individual receiving the training. An electronic signature/authentication is acceptable.
- 3) The training curriculum must be available for surveyor review, either in electronic or paper format. It is not necessary to copy the training curriculum into any individual's file.

Clarification for Hospitals on Training Requirements of 7.1.13 NMAC (continued)

Consumers/Guardians Requirements

- 1) The hospital is required to orient consumers and/or their guardians (patients and/or responsible party) regarding how they may access the incident reporting process. Additionally hospitals will assure the following: An orientation packet that includes the hospital's policies regarding abuse, neglect, and misappropriation is given to consumers. The hospital maintains documentation, including the date, time and place that the patient and/or responsible party received the information. *Annual notification of a consumer or his guardian is adequate to prove compliance, regardless of whether the consumer/patient moves among various departments of the hospital and is admitted and discharged several times during the year. Documentation may be maintained in electronic or written format; however, the hospital must be able to produce that documentation within 4 hours of the state's request.*
- 2) A sample copy of the information given to consumers or guardians must be maintained. It is not necessary, however, for the facility to maintain copies of all the information provided to the individual; simply maintain the signature acknowledging that the information was given to the consumer. *It is also not necessary for the notification of consumers to be on a separate form. It is acceptable for the abuse, neglect information to be included on other signed statements/acknowledgements currently maintained by the facility (e.g. Patient Rights & Responsibilities, HIPPA notices, Consent to Treat, and Grievance Policies.)*

For purposes of determining who can sign the notice, if the patient is unable to sign, surveyors will accept the signature of the individual who signed the hospital's consent to treat. If no one is able or available to immediately sign consents, it is expected that the abuse neglect notice will be signed at the time other consents and notices are signed.

Appendix A: Incident Report Form (Blank)

[Page 1 of 3]

State Fiscal Year 2008

Revised 4/10/2007

New Mexico Department of Health

DOH/DHI Use Only

INCIDENT REPORT (SFY 2008)

Case #:

SECTION 1 – CONSUMER INFORMATION					
Name of Consumer	*First:	Middle:	*Last:		
Social Security #	- -	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		*DOB	
Residence Address	*Street Address:	*City:	*Zip:	*Phone:	
*Consumer Competency Level		*ADLs (Consumer Needs Assistance With) Check All That Apply			
<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low		<input type="checkbox"/> Walking <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bathing <input type="checkbox"/> Eating <input type="checkbox"/> Transfer <input type="checkbox"/> Total Care <input type="checkbox"/> None Verbal <input type="checkbox"/> Yes <input type="checkbox"/> No			
Diagnosis(es): Name of Doctor & Phone #: List Consumer's Current Medications or attach Medication Administration Record (MAR):					
SECTION 2 – DESCRIPTION OF INCIDENT <small>(Staff person with the most direct knowledge of incident fills out this section.)</small>					
*TYPE OF ALLEGED INCIDENT					
Reminder: Abuse, Neglect and Exploitation must be reported to APS via Fax: (505) 476-4913 or Phone (866) 654-3219					
<input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Exploitation <input type="checkbox"/> Natural/Expected Death <input type="checkbox"/> Unexpected Death <input type="checkbox"/> Emergency Services <input type="checkbox"/> Law Enforcement Involvement <input type="checkbox"/> Environmental Hazard					
Additional Incident Type for Use <u>ONLY</u> by Licensed Healthcare Facilities or Agencies <input type="checkbox"/> Injuries of Unknown Origin					
Person responsible for individual's care at time of incident: If this person is employed by a provider agency, which agency: Has this happened before? <input type="checkbox"/> Yes <input type="checkbox"/> No Was provider notified of incident? <input type="checkbox"/> Yes <input type="checkbox"/> No Were other consumers/individuals present? <input type="checkbox"/> Yes <input type="checkbox"/> No If, Yes, Other Consumer's Initials: Was anyone else present at the time of the incident: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Identify below:					
Name:		Title or Relationship:		Phone:	
Name:		Title or Relationship:		Phone:	
*Date Incident Occurred:		*Time:		* <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Unknown	
Describe what you saw and/or what you heard in order of occurrence:					
*Before the Incident:					
*During the Incident:					
*After the Incident:					

Person Completing Sections 1 & 2

*Confidentiality Desired: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Name:	*Agency:	*Title/Relationship:	*Phone:	*Date Completed:	*Time Completed
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DOH FAX (800) 584-6057 e-mail: incident.management@state.nm.us
 When faxing information that is not on this form please label it with consumer's name and incident date.

Appendix A: Incident Report Form (Blank)
[Page 2 of 3]

Name of Consumer	First:	Middle:	Last:	SSN: - -	Date of Incident:
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SECTION 3 – AGENCY / FACILITY INFORMATION

Reporting Agency:			Incident Coordinator:		
Address:		City:	Zip:	County:	Phone:

SECTION 4 – ADMINISTRATIVE INFORMATION *Check the applicable box(es) below:

<input type="checkbox"/> DD Waiver [If DD check Jackson: <input type="checkbox"/> YES <input type="checkbox"/> NO] <input type="checkbox"/> D&E Waiver <input type="checkbox"/> Medically Fragile Waiver <input type="checkbox"/> DD/State General Fund
<input type="checkbox"/> ICFMR <input type="checkbox"/> Family/Infant/Toddler <input type="checkbox"/> TBI <input type="checkbox"/> Diagnostic & Treatment Facility <input type="checkbox"/> Limited Diagnostic & Treatment Facility
<input type="checkbox"/> Adult Residential Care Facility <input type="checkbox"/> Home Health <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Specialty Hospital <input type="checkbox"/> Other
DD Programs ONLY: Type of residential services being received by this consumer
<input type="checkbox"/> Assisted <input type="checkbox"/> Supported <input type="checkbox"/> Family Living <input type="checkbox"/> Supervised <input type="checkbox"/> Respite <input type="checkbox"/> None

INITIAL ACTIONS TAKEN BY THE AGENCY/FACILITY TO ASSURE HEALTH & SAFETY:

Was law enforcement contacted? Yes No
 Is the consumer still in the facility/agency? Yes No

PLANS FOR FURTHER ACTIONS IN RESPONSE TO THE INCIDENT:

SECTION 5 – NOTIFICATIONS TO AGENCIES REQUIRED

Always notify DOH/DHI within 24 hours via FAX: (800) 584-6057
Notify Adult Protective Services/Child Protective Services to Report Abuse, Neglect, Exploitation ONLY
CPS FAX: (505) 841-6691 APS FAX: (505) 476-4913 e-mail: incident.management@state.nm.us
or Phone APS: (866) 654-3219 Name of Person Phoned:

Legal Guardian <input type="checkbox"/> None <input type="checkbox"/> Notified	Guardian Name & Phone #:	Date:	Time:	Person Making Contact:	
	Street Address:	City:		State:	Zip:
Independent Case Manager <input type="checkbox"/> None <input type="checkbox"/> Notified	Case Management Agency Name:			Person Making Contact:	
	Case Manager Name & Phone #:			Date:	Time:
	Street Address:	City:		State:	Zip:
Other <input type="checkbox"/> None <input type="checkbox"/> Notified	Name & Phone #:	Date:	Time:	Person Making Contact:	
	Street Address:	City:		State:	Zip:

Person Completing Sections 3, 4 & 5:

*Name:	*Title/Relationship:	*Phone:	*Date Completed:	*Time Completed:
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By typing your name below you are effectively signing this document. Your typed name is acceptable as a replacement for your written signature.

*Name:

*Date:

DOH FAX (800) 584-6057 e-mail: incident.management@state.nm.us
When faxing information that is not on this form please label it with consumer's name and incident date.

Appendix A: Incident Report Form (Blank)
[Page 3 of 3]

OPTIONAL INFORMATION

(If choosing to file this page, it is due within 72 hours of initial report. This page is NOT required.)

Name of Consumer	First:	Middle:	Last:	SSN: - -	Date of Incident
SECTION 6 – ADDITIONAL INFORMATION Information to be provided in cases of medical emergency services.					
<input type="checkbox"/> YES <input type="checkbox"/> NO Hospital Admission Required? If Yes/Discharge Date: <input type="checkbox"/> YES <input type="checkbox"/> NO Medical Records FAXED to DHI on (Date): <input type="checkbox"/> YES <input type="checkbox"/> NO Diagnosis(es) given at Emergency Intervention: Comments:					
Does this consumer have an existing medical diagnosis that may impact the reported incident? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide DX:					
If this report involves abuse, neglect or exploitation & the responsible provider wishes to confirm that a person in our employ has committed the alleged event, check the appropriate box, then sign and date at the bottom of this page: <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Financial Exploitation					
What measures have been put in place to remedy the situation and to ensure the health and safety of the consumer?					
Additional Information that may be pertinent to this incident?					
Authorized by:	Last Name:	First Name:	Title:	Agency:	

DOH FAX (800) 584-6057 e-mail: incident.management@state.nm.us
When faxing information that is not on this form please label it with consumer's name and incident date.

Appendix B: Completed Incident Report Form
[Page 1 of 3]
State Fiscal Year 2008

Revised 4/10/2007

New Mexico Department of Health

DOH/DHI Use Only

INCIDENT REPORT (SFY 2008)

Case #:

SECTION 1 – CONSUMER INFORMATION					
Name of Consumer	*First: Sam	Middle: E.	*Last: Sample		
Social Security #	555 - 55 - 5555	*Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	*DOB 10/10/1951	
Residence Address	*Street Address: 101 Oak Street	*City: Albuquerque	*Zip: 87101-	*Phone: 505-555-5555	
*Consumer Competency Level		*ADLs (Consumer Needs Assistance With) Check All That Apply			
<input type="checkbox"/> High <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Low		<input type="checkbox"/> Walking <input type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Bathing <input type="checkbox"/> Eating <input type="checkbox"/> Transfer <input type="checkbox"/> Total Care <input type="checkbox"/> None Verbal <input type="checkbox"/> Yes <input type="checkbox"/> No			
Diagnosis(es): Moderate MR, Seizure Disorder, Hemiparesis					
Name of Doctor & Phone #: John Adams, MD 505-222-2222					
List Consumer's Current Medications or attach Medication Administration Record (MAR): Depakote 250mg TID, Tegretol 500mg BID					
SECTION 2 – DESCRIPTION OF INCIDENT <i>(Staff person with the most direct knowledge of incident fills out this section.)</i>					
*TYPE OF ALLEGED INCIDENT					
Reminder: Abuse, Neglect and Exploitation must be reported to APS via Fax: (505) 476-4913 or Phone (866) 654-3219					
<input type="checkbox"/> Abuse <input checked="" type="checkbox"/> Neglect <input type="checkbox"/> Exploitation <input type="checkbox"/> Natural/Expected Death <input type="checkbox"/> Unexpected Death <input checked="" type="checkbox"/> Emergency Services <input type="checkbox"/> Law Enforcement Involvement <input type="checkbox"/> Environmental Hazard					
Additional Incident Type for Use ONLY by Licensed Healthcare Facilities or Agencies <input type="checkbox"/> Injuries of Unknown Origin					
Person responsible for individual's care at time of incident: Jane Doe					
If this person is employed by a provider agency, which agency: Better Services					
Has this happened before? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was provider notified of incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Were other consumers/individuals present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If, Yes, Other Consumer's Initials:					
Was anyone else present at the time of the incident: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify below:					
Name: John Smith		Title or Relationship: Staff		Phone: 505-555-5555	
Name:		Title or Relationship:		Phone:	
*Date Incident Occurred: 4/30/2006		*Time: 8:45		* <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Unknown	
Describe what you saw and/or what you heard in order of occurrence:					
*Before the Incident: Sam was in his room watching television					
*During the Incident: Staff asked Sam to come out to take his medications. Sam became upset. He started throwing objects around in his room. This staff asked him one last time to take his medications and he would not be asked again.					
*After the Incident: Sam did not receive his medications and had a seizure lasting 4 minutes at around 9 PM. He was turning blue so was taken to ER.					

Person Completing Sections 1 & 2						
*Confidentiality Desired:	*Name:	*Agency:	*Title/Relationship:	*Phone:	*Date Completed:	*Time Completed
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Jane Doe	Better Services	DC Staff	505-555-5555	5/1/2006	7 AM

DOH FAX (800) 584-6057 e-mail: incident.management@state.nm.us
 When faxing information that is not on this form please label it with consumer's name and incident date.

Appendix B: Completed Incident Report Form
[Page 2 of 3]

Name of Consumer	First: Sam	Middle: E.	Last: Sample	SSN: 555 - 55 - 5555	Date of Incident: 4/30/2007
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SECTION 3 – AGENCY / FACILITY INFORMATION

Reporting Agency: Better Services			Incident Coordinator: Jason Lopez		
Address: 101 Oak Street	City: Albuquerque	Zip: 87101-	County: Bernalillo	Phone: 505-555-5555	

SECTION 4 – ADMINISTRATIVE INFORMATION *Check the applicable box(es) below:

- DD Waiver [If DD check Jackson: YES NO]
 D&E Waiver
 Medically Fragile Waiver
 DD/State General Fund
 ICFMR
 Family/Infant/Toddler
 TBI
 Diagnostic & Treatment Facility
 Limited Diagnostic & Treatment Facility
 Adult Residential Care Facility
 Home Health
 Hospice
 Nursing Facility
 Specialty Hospital
 Other

DD Programs ONLY: Type of residential services being received by this consumer

- Assisted
 Supported
 Family Living
 Supervised
 Respite
 None

INITIAL ACTIONS TAKEN BY THE AGENCY/FACILITY TO ASSURE HEALTH & SAFETY:

Blood levels were drawn. Depakote was low-meds adjusted.

Was law enforcement contacted? Yes No
 Is the consumer still in the facility/agency? Yes No

PLANS FOR FURTHER ACTIONS IN RESPONSE TO THE INCIDENT:

Staff was given a reprimand, 3 days suspension and retrained on medication assistance.

SECTION 5 – NOTIFICATIONS TO AGENCIES REQUIRED

Always notify DOH/DHI within 24 hours via FAX: (800) 584-6057

Notify Adult Protective Services/Child Protective Services to Report Abuse, Neglect, Exploitation ONLY

CPS FAX: (505) 841-6691 APS FAX: (505) 476-4913 e-mail: incident.management@state.nm.us

or Phone APS: (866) 654-3219

Name of Person Phoned:

Legal Guardian <input type="checkbox"/> None <input checked="" type="checkbox"/> Notified	Guardian Name & Phone #: Mrs. Sample	Date: 5/1/2006	Time: 2 AM	Person Making Contact: Jane Doe	
	Street Address: 1515 Juniper Drive	City: Albuquerque	State:	Zip: 87101	
Independent Case Manager <input type="checkbox"/> None <input checked="" type="checkbox"/> Notified	Case Management Agency Name: Superior Case Management			Person Making Contact: Jane Doe	
	Case Manager Name & Phone #: Mary Gonzales			Date: 5/1/2006	Time: 6 AM
	Street Address: 11024 Montgomery	City: Albuquerque	State: NM	Zip: 87101	
Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Notified	Name & Phone #:	Date:	Time:	Person Making Contact:	
	Street Address:	City:	State:	Zip:	

Person Completing Sections 3, 4 & 5:

*Name: Jason Lopez	*Title/Relationship: Incident Coordinator	*Phone: 505-555-5555	*Date Completed: 5/1/2006	*Time Completed: 2 PM
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By typing your name below you are effectively signing this document. Your typed name is acceptable as a replacement for your written signature.

*Name:

*Date:

DOH FAX (800) 584-6057 e-mail: incident.management@state.nm.us

When faxing information that is not on this form please label it with consumer's name and incident date.

Appendix B: Completed Incident Report Form
[Page 3 of 3]

OPTIONAL INFORMATION

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Name of Consumer	First:	Middle:	Last:	SSN: - -	Date of Incident
SECTION 6 – ADDITIONAL INFORMATION Information to be provided in cases of medical emergency services.					
<input type="checkbox"/> YES <input type="checkbox"/> NO Hospital Admission Required? If Yes/Discharge Date: <input type="checkbox"/> YES <input type="checkbox"/> NO Medical Records FAXED to DHI on (Date): <input type="checkbox"/> YES <input type="checkbox"/> NO Diagnosis(es) given at Emergency Intervention: Comments:					
Does this consumer have an existing medical diagnosis that may impact the reported incident? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide DX:					
If this report involves abuse, neglect or exploitation & the responsible provider wishes to confirm that a person in our employ has committed the alleged event, check the appropriate box, then sign and date at the bottom of this page: <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Financial Exploitation					
What measures have been put in place to remedy the situation and to ensure the health and safety of the consumer?					
Additional Information that may be pertinent to this incident?					
Authorized by:	Last Name:	First Name:	Title:	Agency:	

DOH FAX (800) 584-6057 e-mail: incident.management@state.nm.us
When faxing information that is not on this form please label it with consumer's name and incident date.

Incident Management Bureau

Maintains the Following Offices:

Southeast Regional Field Office

Two investigators located in Roswell (505) 627-8343

Southwest Regional Field Office

Five investigators located in Las Cruces (505) 528-5179

Northeast Regional Field Office

Three investigators located in Santa Fe (505) 476-9012

Northwest Regional Field Office

One investigator located in Farmington (505) 326-1917

One investigator located in Gallup (505) 863-9937 ext. 104

Metro Regional Field Office

Thirteen investigators located in Albuquerque (505) 222-8658

**Santa Fe office handles the Intake and Triage of all reported incidents.
This office has six staff members.**

***For updates and more information, including reports and regulations
please visit the following Division of Health Improvement web link often:***

<http://dhi.health.state.nm.us/>