

# **Incident Management System Guide**

**For  
Community Based Service Provider Agencies**



**State Fiscal Year  
2010**

**Revised 6-25-09**

**DEPARTMENT OF HEALTH  
Division of Health Improvement**

**Incident Management Bureau**

# INCIDENT MANAGEMENT SYSTEM MANUAL

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The Department of Health (DOH) expects each agency 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 of the regulations go to the Division of Health Improvement's (DHI) Incident Management Bureau web site listed on page 23.

## **REGULATORY HIGHLIGHTS**

### **For 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 month 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 DHI, which state the DHI 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 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).

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

### What's New?

- The 2010 Incident Report Form

## POLICY REQUIREMENTS FOR 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 SFY 2010 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](mailto:incident.management@state.nm.us)**

**or completed online at:**

**[http://dhi.health.state.nm.us/imb/imb\\_irform.php](http://dhi.health.state.nm.us/imb/imb_irform.php)**

- All community based service provider agencies must have a Quality Improvement System for reviewing alleged complaints and incidents, including written documentation of corrective action taken.
- All community based service 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 community based service provider agencies must provide all employees and volunteers with a written training curriculum on Incident Management Policies and Procedures.
- All community based service provider agencies must document their employees' training on incident management.
- All community based service provider agencies must provide an Orientation Packet describing their incident management process to consumers, family members and legal guardians.
- All community based service provider agencies must have two (2) Reporting posters. Providers operating with sixty (60) or more beds must post three (3) Reporting posters in a prominent location.

## **Additional Policy Requirements for Community Based Service 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 ARE REQUIRED TO CONDUCT TIMELY AND EFFECTIVE INTERNAL INVESTIGATIONS OF ALL COMPLAINTS AND INCIDENTS 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

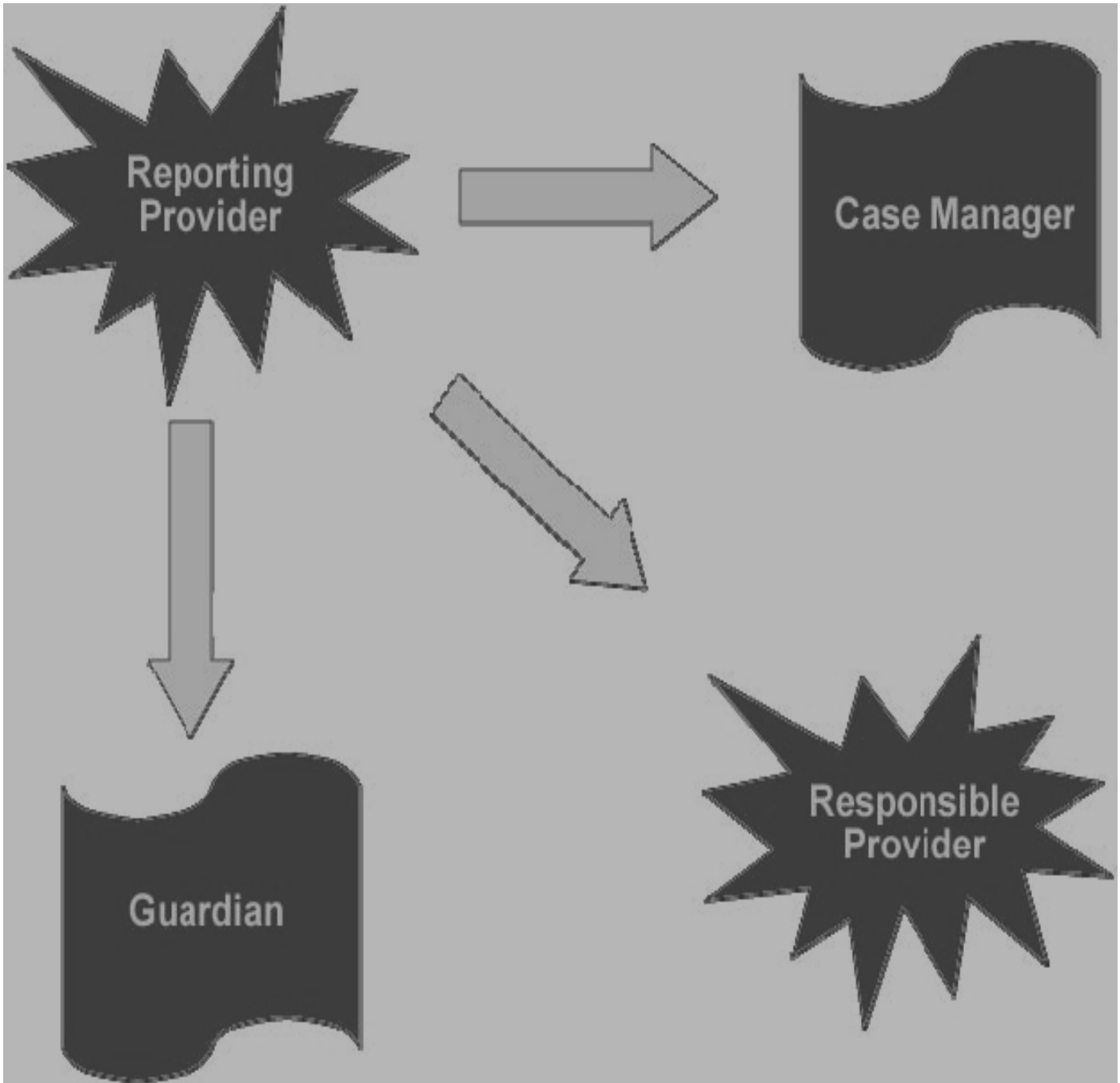
#### Elements of an Effective Investigative Report

1. Answer the 5 Ws and the H (Who, What, Where, When, Why and How)
2. Draw a clear conclusion or finding
3. Identify the corrective or preventative action that 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 Agency Communication Responsibility



## Reporting Requirements

### *FOR ALL ALLEGATIONS OF ABUSE, NEGLECT OR 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).

### ***FOR DEATHS***

**Deaths that are suspected of being related to abuse or neglect should be reported immediately to the appropriate entity.**

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

# DEFINITIONS FOR COMMUNITY BASED 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. **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 community based service provider.
- C. **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.

## **NON-REPORTABLE INCIDENTS AND NON-JURISDICTIONAL INCIDENTS (NRI/NJI)**

### **1. Non-reportable Incidents (NRI)**

A. Involves a DOH funded consumer but either:

- 1) Does not involve an event defined as abuse, neglect or exploitation (A/N/E), death, or other reportable incident (ORI); or
- 2) At the time of the incident, the consumer was not under the direct care or supervision of a DOH-funded or ICF-MR provider

B. Special Note on Emergency Services

- 1) The following examples are NOT REPORTABLE incidents to DHI:
  - a) When the consumer's Primary Care Physician (PCP) is contacted and they are instructed to take the consumer to the Emergency Room (ER) or Urgent Care. (Agency must adequately document date/time and instructions from the PCP.)
  - b) When the 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.
  - c) When the consumer has a medical condition and there is an individualized medical care plan, nursing care plan or crisis plan with established, well delineated guidelines that require emergency treatment at the ER or urgent care.
  - d) When the provider agency staff are not involved in any manner in the use of or access to emergency services at the ER or Urgent Care.

### **2. Non-Jurisdictional Incidents (NJI)**

A. Incident which meets the definition of Reportable Incidents, but either:

- 1) Does not involve a consumer being served by a DOH-funded program provider or ICF-MR; or
- 2) The alleged perpetrator is not an employee of the provider agency.

### **3. Complaints**

A. Issues reported to IMB which are non-consumer specific and do not meet any of the definitions of Reportable Incidents (A/N/E, Death or ORI). These reports are forwarded to the DHI, Quality Management Bureau or the Department of Health, Developmental Disabilities Supports Division Regional Office Manager for attention.

## COMMUNICATIONS FROM THE DIVISION OF HEALTH IMPROVEMENT, INCIDENT MANAGEMENT BUREAU

**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:
  - A. If the incident involves an illness or injury, a diagnosis is provided.
  - B. Action has been taken to assure the consumer's continued health and safety.
  - C. The provider must have self-confirmed an allegation of A/N/E or the incident must be classified as an Other Reportable Incident (ORI) (e.g., Emergency Medical Services, Environmental Hazard or Law Enforcement.)

D. There is no history of similar events in previous incidents over the past six months (unless there is a documented plan indicating agreed upon procedure should have been followed in the case 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.

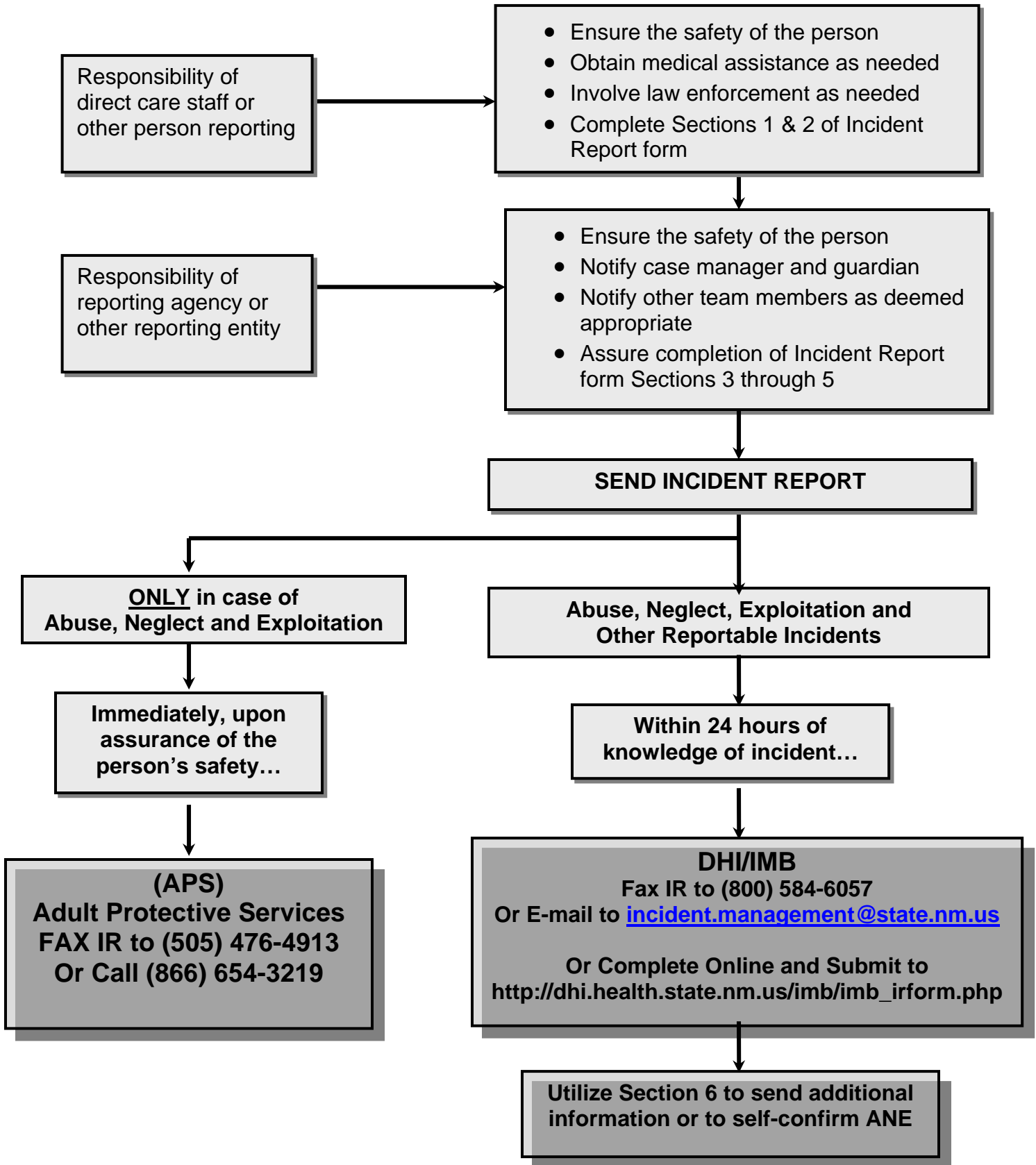
Closure communications are sent via fax whenever a fax number is available for the recipient. When no fax number is available the communication is sent via mail.

Closure communications are sent to corporate office locations when 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. The corporate office is responsible for assuring that the local/regional office provider receives a copy of the letter pertaining to his or her individual client.

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.

# Incident Reporting Flow Chart

Abuse, Neglect, Exploitation and Other Reportable Incidents



## How to Respond to Sexual Assault

1. Ensure victim is safe, call law enforcement and/or the Sexual Assault Nurse Examiner's (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 bathe, shower or otherwise clean up (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 (SANE) Units

<b>Location</b>	<b>Agency</b>	<b>Phone</b>	<b>Comments</b>
Alamogordo	Otero County SANE Unit	(575) 443-7901	
Albuquerque	Albuquerque SANE Collaborative	(505) 883-8720 (884) 7263 (emergency)	
Albuquerque	Para Los Niños, UNM Health Science Center	(505) 272-6849	Pediatric exams Renee Ornelas, M.D.
Farmington	Sexual Assault Services of Northwest New Mexico SANE	(505) 326-4700 (hotline) (505) 325-2805	
Las Cruces	La Pinon Sexual Assault Recovery Services of Southern New Mexico SANE	(575) 526-3437 (crisis) (575) 521-5549 (SANE)	
Portales	SANE of Eastern New Mexico	(575) 226-7263(hotline) (575) 226-4665 (office)	
Roswell	Esperanza House SANE Unit	(575) 625-1095	
Santa Fe	SANE	(505) 989-595(emergency) 995-4999	
NM State Police Mobile Crime Scene Unit	Lieutenant Miguel Aguilar	(505) 827-9066 or (505) 231-0996 24 Hour Service: (505) 827-9300	

## **What We Need During the Investigation**

**Access to all required documents, including but not limited to the following:**

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

**Access to the consumer and his/her residence**

**Access to pertinent staff as requested**

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

**Appendix A: Community Based Incident Report Form (Blank)  
State Fiscal Year 2010**

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New Mexico Department of Health  
**INCIDENT REPORT (SFY 2010)**

DOH/DHI Use Only  
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: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low		*ADLs (Consumer Needs Assistance With ) Check All That Apply: <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**

**(Staff person with the most direct knowledge of incident fills out this section.)**

**\*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"/> <b>ABUSE</b>	<input type="checkbox"/> <b>NEGLECT</b>	<input type="checkbox"/> <b>EXPLOITATION</b>
<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		
Person responsible for individual's care at time of incident: Name: _____ Title: _____ Phone: _____		
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 of Incident: _____	*Time of Incident: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Unknown
*Location of Incident: _____		

**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 and 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    email: [incident.management@state.nm.us](mailto: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: Community Based Incident Report Form (Blank)

SFY 2010

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Consumer Information	First Name:	Middle:	Last Name:	SSN:	Date of Incident:
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### SECTION 3 – AGENCY 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 (CoLTS C)	<input type="checkbox"/> Medically Fragile Waiver
<input type="checkbox"/> ICF-MR(Jackson)	<input type="checkbox"/> DD/State General Fund	<input type="checkbox"/> Family/Infant/Toddler <input type="checkbox"/> TBI <input type="checkbox"/> Other

**DD Programs ONLY** - Type of residential services received by the consumer:

Supported Living  Family Living  Independent Living  None

**Initial actions taken by the agency to assure health and safety:**

Was law enforcement contacted?  Yes  No      Is the consumer still with the 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 of the incident via FAX: (800) 584-6057

Or email: [incident.management@state.nm.us](mailto:incident.management@state.nm.us)

Notify Adult Protective Services(APS)/Child Protective Services (CPS) to report Abuse, Neglect or Exploitation ONLY

CPS Fax: (505) 841-6691    APS Fax: (505) 476-4913    or Phone APS: (866) 654-3219

Name of Person Phoned:

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

Person Completing Sections 3, 4 and 5

*Confidentiality Desired <input type="checkbox"/> Yes <input type="checkbox"/> No	*Name:	*Agency:	*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:
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DOH Fax (800) 584-6057    email: [incident.management@state.nm.us](mailto: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: Community Based Incident Report Form (Blank)**

**SFY 2010**

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**SECTION 6 - OPTIONAL INFORMATION**

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

Consumer Information	First Name:	Middle:	Last Name:	SSN:	Date of Incident:
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Hospital admission required: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, discharge date:
Medical Records FAXED to DHI: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date faxed:
Diagnosis(es) given at emergency intervention: <input type="checkbox"/> Yes <input type="checkbox"/> No	List Diagnosis(es)

Comments:

Does this consumer have an existing medical diagnosis(es) that may impact the reported incident? Yes No  
If yes, provide diagnosis(es):

If this report involves abuse, neglect or exploitation and the responsible provider wants to confirm that a person in your employ has committed the alleged event, check the appropriate box, then sign and date at the bottom of this page:

ABUSE                       NEGLECT                       EXPLOITATION

The following 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:
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DOH Fax (800) 584-6057 email: [incident.management@state.nm.us](mailto: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: Community Based Incident Report Form (Sample)

SFY 2010

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Consumer Information	First Name: Sam	Middle: E	Last Name: Sample	SSN: 555-55-5555	Date of Incident: 4/30/2009
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### SECTION 3 – AGENCY 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:

<input checked="" type="checkbox"/> DD Waiver [If DD, check Jackson <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No]	<input type="checkbox"/> D&E Waiver (CoLTS C)	<input type="checkbox"/> Medically Fragile Waiver
<input type="checkbox"/> ICF-MR (Jackson)	<input type="checkbox"/> DD/State General Fund	<input type="checkbox"/> Family/Infant/Toddler <input type="checkbox"/> TBI <input type="checkbox"/> Other

**DD Programs ONLY** - Type of residential services received by the consumer:

Supported Living  Family Living  Independent Living  None

**Initial actions taken by the agency to assure health and safety:** Blood levels were drawn. Depakote was low-meds adjusted.

Was law enforcement contacted?  Yes  No      Is the consumer still with the 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 of the incident via FAX: (800) 584-6057

Or email: [incident.management@state.nm.us](mailto:incident.management@state.nm.us)

Notify Adult Protective Services(APS)/Child Protective Services (CPS) to report Abuse, Neglect or Exploitation ONLY

CPS Fax: (505) 841-6691    APS Fax: (505) 476-4913    or Phone APS: (866) 654-3219

Name of Person Phoned:

<b>Legal Guardian</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Notified	Guardian Name and Phone #: Mrs. Sample 505-555-2222	Date: 5/1/2009	Time: 2:00 AM	Person Making Contact: Jane Doe
	Street Address: 1515 Juniper Drive	City: Albuquerque	State: NM	Zip: 87101
<b>Independent Case Manager</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Notified	Case Management Agency Name: Superior Case Management			Person Making Contact: Jane Doe
	Case Manager Name and Phone #: Mary Gonzales 505-555-3333			Date: 5/1/2009
	Street Address: 11024 Montgomery			Time: 6:00 AM
<b>Other</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Notified	Name and Phone #:			Date:
	Street Address:			Time:
		City:	State:	Zip:

Person Completing Sections 3, 4 and 5

*Name: Jason Lopez	*Title/Relationship: Incident Coordinator	*Phone: 505-555-5555	*Date Completed: 5/1/2009	*Time Completed: 2:00 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: Jason Lopez      \*Date: 5/1/2009

DOH Fax (800) 584-6057    email: [incident.management@state.nm.us](mailto: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: Community Based Incident Report Form (Sample)**

**SFY 2010**

Page 3 of 3

**SECTION 6 - OPTIONAL INFORMATION**

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

Consumer Information	First Name:	Middle:	Last Name:	SSN:	Date of Incident:
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Hospital admission required: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, discharge date:
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Medical Records FAXED to DHI: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date faxed:
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Diagnosis(es) given at emergency intervention: <input type="checkbox"/> Yes <input type="checkbox"/> No	List Diagnosis(es)
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Comments:

Does this consumer have an existing medical diagnosis(es) that may impact the reported incident? Yes No  
If yes, provide diagnosis(es):

If this report involves abuse, neglect or exploitation and the responsible provider wants to confirm that a person in your employ has committed the alleged event, check the appropriate box, then sign and date at the bottom of this page:

ABUSE                                       NEGLECT                                       EXPLOITATION

The following 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:
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DOH Fax (800) 584-6057 email: [incident.management@state.nm.us](mailto: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 C

### Division of Health Improvement Incident Management Bureau

#### Maintains the Following Offices:

#### Southeast Regional Field Office

Two investigators located in Roswell (575) 627-8343

#### Southwest Regional Field Office

Three investigators located in Las Cruces (575) 528-5179

#### Northeast Regional Field Office

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

#### Northwest Regional Field Office

One investigator located in Farmington (505) 860-8600  
One investigator located in Gallup (505) 863-9937 ext. 104

#### Metro Regional Field Office

Nine investigators located in Albuquerque (505) 222-8658

**The 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 site:***

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