

How to report a Critical Incident for Qualified Service Providers

Qualified Service Providers (QSPs) are required by federal law to report all critical incidents involving people they care for.

A critical incident is “any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a program participant.”

Incidents that need to be reported are:

1. Abuse (physical, emotional, sexual), neglect, or exploitation;
2. Rights violations through omission or commission, the failure to comply with the rights to which an individual is entitled as established by law, rule, regulation, or policy;
3. Serious injury or medical emergency, which would not be routinely provided by a primary care provider;
4. Wandering or elopement;
5. Restraint violations;
6. Death of a client and cause (including death by suicide);
7. Report of all medication errors or omissions; and
8. Any event that could harm client’s health, safety or security if not corrected.
9. Changes in health or behavior that may jeopardize continued services.
10. Illnesses or injuries that resulted from unsafe or unsanitary conditions.

How to Submit a Critical Incident Report:

Any QSP who is with a client and is involved, witnessed or responded to an event that is a reportable incident, is required to report it.

When a provider finds out about a critical incident, follow these steps:

Step 1: Report it to the Home and Community Based Services (HCBS) case manager **and**

Step 2: Fill out a critical incident report using the General Event Report (GER) within the Therap case management system.

Step 3: If the QSP does not have access to Therap, the GER offline forms will be used to complete the critical incident report. The completed forms are then sent to the HCBS case manager.

- The offline forms can be found here:
https://help.therapservices.net/app/answers/detail/a_id/2039/kw/offline%20forms#OfflineForms-GER
- The GER Event Report along with the GER Event Type form (e.g. medication error, injury, etc.) are completed and submitted together.
- Contact the HCBS case manager if you need assistance filling out the form. The completed critical incident needs to be entered into the Therap system or the GER offline form needs to be sent to the HCBS case manager within 24 hours of the incident.

Step 4: The HCBS case manager and program administrator will receive the incident report once it is submitted for review in Therap. If the GER offline form is used, the HCBS Case Manager will fax the form to (701) 328-4875 or email: hdshcbs@nd.gov. The Program administrator will then enter the GER Event Report and Event Type into Therap.

If an incident involves abuse, neglect or exploitation, a provider must submit **both**, the incident report **and** report to Vulnerable Adult Protective Services (VAPs). To file a VAPS report, there are two options:

1. Use the online reporting system.
 - Using Internet Explorer, visit: <https://fw2.harmonyis.net/NDLiveIntake/>
 - To add the client, scroll down to the bottom of the report and choose "add."
2. Fill out SFN 1607 (Report of Vulnerable Adult, Abuse, Neglect, or Exploitation), online at www.nd.gov/eforms/Doc/sfn01607.pdf

Examples of Critical Incidents

Example 1: If a client falls while the QSP is in the room but the client didn't sustain injury or require medical attention, a critical incident report is not required.

Example 2: If a family member informs the case manager that a client is in the hospital due to a stroke, a critical incident report is not required because the case manager nor QSP witnessed or responded to the event.

Example 3: If a QSP comes to a client's home and the client is found on the floor and the QSP calls 911 so the client may receive medical attention, a critical incident report is required because the client required medical attention AND the QSP responded to the event (fall).

Example 4: If a QSP is present while the client is participating in illegal activity (e.g. drug use), a critical incident is required as the behavior may jeopardize services.

Example 5: If the QSP finds bed bugs in the client's bed and notices the client has bug bites resulting in the need to seek medical attention, a critical incident would be required as this is an unsanitary condition resulting in illness or injury.

Remediation Plan

A remediation plan is required to be developed and implemented for each incident except for death by natural causes. The department will be responsible to monitor and follow up as necessary to assure the remediation plan was implemented.

The remediation plan will include corrective actions taken, a plan of future corrective actions, and a timeline to complete the plan if applicable. The HCBS case manager and program administrator are responsible to follow up with the QSP to ensure the remediation plan is acceptable.

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