



Changes to Incident Reporting

**Elimination of Most
Minor Injury Reports on 255s**



Changes to Incident Reporting

Eliminate requirement to report most
Minor Injuries (no treatment or first aid treatment required)
on the Incident Report Form 255

There is no change in reporting
requirements for ANY OTHER incidents



Reasons for Changes to Incident Reporting

- Track only those incidents that are considered most important
- Reduce workload for staff and costs associated with current incident reporting system



Exceptions

ONLY the following Minor Injuries will still be reported on 255 form

- **Bruises** – All Minor Injuries whose **Injury Type** is **Bruise**
- **Falls** – All Minor Injuries whose **Injury Cause** is **Fall**
- **Choking** – All Minor Injuries

*Whose **Injury Type** is:*

- --**Airway Obstructed** or
- --**Choking** or

*Whose **Injury Cause** is:*

- --**Ingestion of Foreign Material**
- --**Eating Behavior**
- --**Food Consistency**



WHY These Exceptions?

- Inclusion of **Bruises** in all injury reports will ensure identification of any severity of bruising injury that may be associated with abuse or neglect.
- An analysis of injury reports in Fiscal Years 2003-2008 shows that **Falls** account for between 15-17% of all minor injuries (approximately 3100-3400 incidents per year).
- While there are far fewer minor injuries due to **Choking**, retaining reporting for this type of injury at the minor level supports the findings and interventions now in place with response to the recent RCA recommendations.



More About Exceptions

All other minor injuries not reported on the 255 will be tracked:

- All injuries must be documented in a communication log for staff/team to view.
- The responsible nurse and supervisor need to be made aware of all injuries.
- For moderate or severe injuries the nurse needs to be notified, as this is a change in condition.
- For a minor injury, the nurse does not have to be immediately notified, but there still has to be a mechanism to ensure that the nurse is aware of and reviews documentation to identify trends and any health risks.
- This could be accomplished by having the nurse review the communication log and progress/running notes for individuals when visiting the home. Some agencies have separate logs for sharing information with the nurse.
- The central issue is ongoing effective communication between health care and direct support staff.



Data Overview

Fiscal Year	Total Incidents (Injury, Restraint, Unusual, Med Error)	Elimination of Most Minor Injury Reporting	Percent of Minor Injuries Excluded From Total Incidents Reported
FY 2007	52,871	12,467	24%
FY 2008	51,857	12,460	24%

- Eliminating reports of minor injuries, adjusted to include the exception of Bruises, Choking/Airway Obstruction and Falls, will result in the reduction of approximately **12,500** incident reports per year.
- Overall volume of incident reports will be reduced by approximately 24%



Implementation

- Effective July 1, 2009
- If reports on minor injury are mistakenly sent in, they will not be entered into the DDS eCAMRIS data base.
- Incident Reporting Procedures and Definitions will be modified to reflect these changes



Implementation

- Instructions will be sent to Providers about this information by June 15th.
- 255 forms will not change
- Use existing NCR forms until supply is gone
- Electronic fillable forms will be available on DDS website
 - Send via secure Email to DDS designee and CM
 - Print and US mail or fax to DDS designee and CM



FUTURE Changes to Incident Reporting

- Further streamlining will likely require changes in the 255 form categories and definitions (as staff resources and priorities permit)
- Dispersed web based data entry into eCAMRIS by providers (12 months?)
- Web based Incident Management system (when budget situation and IT resources improve)