**CRITICAL INCIDENT REPORTING**

***Being mindful of these things will save you and DSS time commenting and correcting.***

**DO:**

**•** Remember to hit the Submit button.

• Does the situation meet the criteria for “critical”? Incidents not meeting the criteria will be deleted.

• Write complete narratives.

• Report critical incidents within 48 hours.

**DON’T:**

* Use the Other box if the incident fits in another type of incident.
* Type “None” next to other. Type in a subject.
* Put nurses’ or caregivers’ names in the box if they are not alleged perpetrators.
* Enter critical incidents that are over a month old. If there is something DSS needs to know, write a memo.

**PREVENTABLE CRITICAL INCIDENTS**

Utility Shut Offs

Serious difficulties may occur when the utilities are shut off due to non-payment. Situations in which clients owing EverSource up to $7,000, EverSource not agreeing to a payment plan may have been mitigated if the client were asked about paying utilities. The Universal Assessment asks about bill paying. Please use this as an opportunity to find out the status of the utility bills.

Oxygen dependent clients whose health would be compromised by a power outage for any reason have other options available that do not rely on electricity. These options can be investigated and put in place in advance. Medicare and Medicaid will pay for the rental of portable oxygen but not the purchase. It needs to be ordered by a physician. ER visits for oxygen are costly.

**ELOPEMENTS AND MISSING PERSONS**

Missing clients’ location and safety must be reported to COU when known. The critical incident will be left open so that the care manager or supervisor can inform COU that the client has been located and is safe.

**EMERGENCY ROOM VISITS AND UNPLANNED HOSPITALIZATIONS**

ER visits and unplanned hospitalizations account for one-third of all critical incidents.

Clients are often seen in the ER and/or hospitalized multiple times for the same condition. These incidents may be preventable.

It would be helpful and save time for both care managers and COU if the current plan of care is uploaded with services already in place and planned following discharge are more specific and complete. Missing information results in COU staff requesting additional information.

Checklist for potential prevention of client ER visits/hospitalizations:

* Appropriate use of ERS and 911
* Skilled nursing, OT, PT
* PCP, phone number, when to call for assistance
* Specialists treating and monitoring the condition, e.g., pulmonologists
* Fall prevention – assistive technology
* Fire prevention – assistive technology