DIVISION OF DEVELOPMENTAL DISABILITIES

Sent on Behalf of DES/DDD

QUALITY MANAGEMENT BULLETIN - NOVEMBER 2024

Target Audience - Qualified Vendors and Providers

Transmittal Date - 11/27/2024

This month, the Division is addressing some questions about incident reporting and providing more information on National Core Indicator surveys.

Medication Error vs Documentation Error: Guidance for Incident Reporting

The Division is issuing the following guidance to help clarify the difference between medication errors and documentation errors on the Medication Administration Record (MAR), and how each should be handled in terms of reporting and resolution.

1. Group Home and Home Health Agencies Responsibility:

   a. Qualified Vendors are responsible for ensuring the MAR accurately reflects the medication administration and is free from errors.

   b. If the Qualified Vendor identifies an error, immediate review and medication reconciliation must be conducted to determine whether it is a medication error or a documentation error.

      i. Medication Error: If a medication error is confirmed, an incident report must be submitted to the Division within the designated reporting timeframe.

      ii. Documentation Error: If the error is identified as a documentation error (e.g., missing initials or signatures, incorrect medication labeling) with no adverse outcome, the Qualified Vendor **does not need** to submit an incident report. The Qualified vendor should document the event and any corrective actions, and this documentation should be available to the Division or any other regulatory agency conducting an onsite review.

2. Division's Quality Management Unit:

   a. If a member of the Division's Quality Management Unit identifies an error on the MAR during an onsite visit, this is considered a **medication error**.

   b. In such cases, if proper documentation is not provided during the visit, an investigation by the Division will be necessary to distinguish between a medication error and a documentation error.

      i. The Division will either submit an incident report or include an allegation in an ongoing Quality of Care (QOC) concern if the error involves a medication administration issue.

Key Takeaways:

- Medication errors must be reported immediately to the Division.

- Documentation errors should be documented internally and reviewed, but do not require incident reporting unless further investigation by the Division determines otherwise.

- Maintaining proper documentation is crucial for both identifying errors and responding to Division oversight.

Vendor Education: Reporting Injuries and Incidents

1. Introduction to Reporting Requirements

   a. Qualified Vendors should have an internal process for documenting all injuries to members. However, there are circumstances where an injury may not need to be classified as a reportable incident.

   b. It is essential that the vendor understands the criteria under which injuries are considered reportable.

      i. Injuries that require medical treatment beyond first aid

      ii. Injuries as a result of the use of emergency measures, personal, physical, chemical, or mechanical seclusion or restraint

      iii. Signs of Abuse (i.e. Unexplained injuries such as burns, bruises, cuts, welts, abrasions, untreated wounds; etc).

2. Steps to Help Identify if the Injury is a Reportable Incident

   a. Step 1: Identifying the Cause of the Injury

      i. Why this matters: Understanding the root cause of the injury is the first and most important step in determining whether the incident needs to be reported.

      ii. Action: Conduct a thorough investigation to identify what caused the injury. Was it due to a specific environmental hazard, equipment failure, human error, etc.?

      iii. Documentation: Vendors must document the cause of the injury in detail.

   b. Step 2: Documenting Measures Taken

      i. Why this matters: Vendors should take proactive steps to address the cause of the injury and prevent future occurrences. This is key to showing what was done to address the issue and reduce risk.

      ii. Action: Vendors must describe the measures taken to identify and mitigate the cause of the injury. For example:

         - If the injury was due to faulty equipment, document how the equipment was repaired or replaced.
         - If it was caused by unsafe conditions, document the corrective actions, and/or changes in protocols.

      iii. Documentation: Ensure that all actions taken to prevent recurrence are recorded and available for review.

3. Reporting Requirement

   a. Immediate Reporting of Incidents: Qualified Vendors must report any incident that results in harm or has the potential to harm a Member such as a concern of neglect or abuse. These incidents must be reported promptly, in accordance with the Division's Provider Policy Manual, specifically Chapter 70, which details the procedures for reporting incidents, accidents, and deaths.

   b. Report Timeliness: Vendors must submit incident reports within the designated timeframe specified by the Division, ensuring that incidents are properly documented and reviewed.

National Core Indicator-IDD (NCI-IDD) 101: NCI Basics

For the past several weeks, you've probably seen articles published in the ECHO about the National Core Indicator Intellectual and Developmental Disability (NCI-IDD) surveys. However, what do some of the basic terms from those articles even mean?

The NCI-IDD surveys are a series of annual surveys conducted nationally. They are meant to analyze how individuals with IDD who receive government-funded services from their states are living their day-to-day lives. This data is important for DDD because we can identify areas of improvement, measure improvements through time, track changes over time, and compare state-to-state performance data.

Below is a breakdown of NCI basics to help you better understand future communications about the NCI-IDD surveys, which will begin in 2025.

In-Person Survey (IPS)

The In-Person Survey (IPS) is an interview-based survey of individuals who are 18 years of age or older and receiving at least one paid service from the state (in addition to case management). Before the survey, background information was collected using state administrative records, and often, additional information is collected from support coordinators. Background Information includes demographics, personal characteristics, health data, and data on employment status and wages.

The face-to-face portion (IPS Section I) of the IPS is conducted in-person or through a secure video meeting (Zoom); IPS Section I can only be answered by the individual receiving state services — no proxy responses are permitted. In contrast, IPS Section II may be conducted in the presence of and with the assistance of a proxy respondent if deemed appropriate by the interviewer.

Three Family Surveys

The NCI-IDD Family Surveys are questionnaire-based surveys, self-administered by family members by mail or online. The family member with I/DD must be receiving at least one service from the state DD agency, in addition to case management. Family surveys are sent to a sample of all eligible families/guardians.
- The Adult Family Survey (AFS) is for families who have an adult family member (age 18 and over) with I/DD living in their family's home.
- The Family/Guardian Survey (FGS) is for family members or guardians of an adult (age 18 and over) with I/DD living outside of the family home.
- The Child Family Survey (CFS) is for families who have a child (under age 18) with I/DD living in the family home.

State of the Workforce Survey (SoTW)

The State of the Workforce Survey (formally Staff Stability Survey) is an online survey of provider agencies supporting adults with ID/DD in residential, employment, day services, and other in-home or community inclusion programs. The survey captures information about wages, benefits, and turnover of the direct care professional workforce, hired by agencies.

Providers receive the survey through an email invitation and providers respond directly online.

This tool is not used for provider-level assessment as the data are de-identified and are reported aggregated at the state level.

Again as always, thank you for continuing to care for the DDD community and for your continued collaboration,

and happy holidays.

If you have any questions, please contact the DDD Customer Service Center at 1-844-770-9500 ext. 1 (TTY/TDD 711) or DDDCustomerService-Providers@azdes.gov.

Please send Incident Reports to the appropriate District email below:

- District Central - DDDCentralIR@azdes.gov
- District East - DDDEastIR@azdes.gov
- District North - DDDDistrictNorthIncidentReports@azdes.gov
- District South - DDDD2IR@azdes.gov
- District West - DDDWestIR@azdes.gov