

## 6002-B INCIDENT MANAGEMENT SYSTEM (IMS) DEFINITIONS

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The following definitions are used when entering incidents into the Incident Management System (IMS) database. Incidents are entered by the type (the main reason for the incident) and by the category (the main classification for the incident).

- A. Accidental Injury - a non-intentional or unexpected injury.
- B. Member Missing - an incident in which a member without planned alone time, is missing, and is at risk of harm; or when a member with alone time as defined in his/her Planning Document is missing longer than the plan provides.
- C. Community Complaint - a complaint from the community that puts a member or the community at risk of harm.
- D. Death - "expected" (natural), "unexpected" (unnatural), or "no provider present".
1. *Expected deaths*: may include deaths from long-standing, progressive medical conditions, or age-related conditions, e.g. end-stage cancers, end-stage kidney or liver disease, HIV/AIDS, end-stage Alzheimer's/Parkinson's disease, severe congenital malformations that have never been stabilized.
  2. *Unexpected deaths*: include motor vehicle accidents, suicides, accidental drug overdoses, homicides, acute myocardial infarction or strokes, trauma/abuse, sudden deaths from undiagnosed conditions, or generic medical conditions (e.g., seizures, pneumonia, falls) that progress to rapid deterioration.
  3. *No provider present*: refers to deaths of members living independently or with family and no provider is being paid for service provision at the time of the death. The "expected" or "unexpected" categories must be used if a paid provider is present at the time of death.
- E. Emergency Measure - the use of physical management techniques (Prevention and Support Intervention Techniques) or behavior modifying medications in an emergency to manage a sudden, intense, or out of control behavior.
- F. Fact-finding - a detailed and systematic collection and verification of facts for the purpose of describing and explaining an incident. The process could include:
- Interviews with the member; Provider and/or Division staff
  - Collection and/or review of member and provider documentation
  - Coordination with investigatory agencies.

G. Health Care Acquired Condition (HCAC) inclusive of the Hospital Acquired Condition (HAC) - as described under the Medicare program, a condition that, with the exception of Deep Vein Thrombosis/Pulmonary Embolism following total knee or hip replacement for pediatric and obstetric patients, occurs in any inpatient hospital setting and that is not present on admission; examples include:

1. Foreign object retained after surgery
2. Air embolism
3. Blood incompatibility
4. Pressure ulcers stage III and IV
5. Falls and trauma (fractures, dislocations, intracranial injuries, crushing injuries, burn, electric shock)
6. Manifestations of poor glycemic control (diabetic ketoacidosis, nonketotic hyperosmolar coma, hypoglycemic coma, secondary diabetes with ketoacidosis, and secondary diabetes with hyperosmolarity)
7. Catheter associated urinary tract infections (UTI)
8. Vascular catheter-associated infection
9. Surgical site infection following:
  - Coronary artery bypass surgery (CABG)
  - Bariatric surgery (laparoscopic gastric bypass, gastroenterostomy, and laparoscopic gastric restrictive surgery)
  - Orthopedic procedures (spine, neck, shoulder and elbow)
10. Deep venous thrombosis or pulmonary embolism (DVT/PE) after total knee or hip replacement (does not include pediatric and obstetric patients)
11. Other Provider Preventable Conditions (OPPC)

An OPPC is a condition, occurring in an inpatient and outpatient health care setting that Arizona Health Care Cost Containment (AHCCCS) has limited to the following:

  - a. Surgery on the wrong member
  - b. Wrong surgery on a member
  - c. Wrong site surgery.

- H. Human Rights Violation - a violation of a member's rights, benefits, and privileges guaranteed in the constitution and laws of the United States and the State of Arizona. Human rights are defined in A.R.S § 36.551.01 as a violation of a member's dignity or personal choice, violations of privacy, the right to open mail, send and receive phone calls, access to one's own money, choosing what to eat, etc.
- I. Member - a person enrolled with the Division of Developmental Disabilities.
- J. Investigation - collection of facts/information for the purpose of describing and explaining an incident. An investigation may be completed by law enforcement, Child Protective Services, Adult Protective Services, or other state agencies.
- K. Legal - an incident of alleged provider fraud/inappropriate billing, member exploitation through using a member to gain monetary or personal rewards, the possession or use of illegal drugs by provider or state staff.
- L. Medication Error - the administration of medication in an incorrect manner. This includes: giving medication to the wrong member, administering medication in the wrong method, giving the wrong dosage, or not administering the medication.
- M. Neglect - the deprivation of food, water, medication, medical services, shelter, supervision, cooling, heating or other services necessary to maintain a vulnerable adult's minimum physical or mental health. Neglect is an intentional health and safety violation against a member, such as lack of attention to physical needs failure to report health problems or changes in health condition, sleeping on duty, abandoning the work station, or failure to carry out a prescribed treatment plan.

For example: In the case of children, the definition includes the substantial risk of harm due to inability or unwillingness of a parent, guardian, or custodian, to care for the child. This includes; supervision, food, clothing, shelter or medical care if that inability or unwillingness causes substantial risk of harm to the child's health or welfare, unless the inability of a parent or guardian to provide services to meet the child with a disability is solely the result of unavailability of reasonable services.

- N. Other - incidents which involve behavioral episodes without the use of physical restraints, hospitalizations, or treatment at an emergency medical facility/urgent care facility due to medical conditions or illness.

Other Abuse: programmatic abuse, verbal/emotional abuse and sexual abuse.

1. *Programmatic Abuse*: aversive stimuli techniques not approved as part of a person's plan. This can include isolation, restraints, or not following an approved plan and/or treatment strategy.
2. *Verbal/Emotional Abuse*: remarks or actions directed at a member enrolled in the Division that are ridiculing, demeaning, threatening, derogatory, or profane.

3. *Sexual Abuse*: any inappropriate interactions of a sexual nature toward or solicited from a member with developmental disabilities.
- O. Physical Abuse - intentional infliction of pain or injury to a member.
  - P. Property Damage/Theft - damage or theft of state property in a member-related incident, or the theft or damage of a member's property.
  - Q. Provider - any person, entity or person hired by the entity, who is paid, through contract or agreement to deliver services to any member.
  - R. Suicide -
    1. Attempted suicide with medical and/or police involvement.
    2. Threatened suicide with a statement from a member that he/she wants to commit suicide.