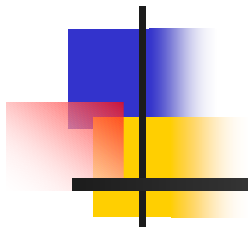


# Occurrence Reporting and Investigations



**Presented by:  
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**Health Facilities and Emergency  
Medical Services Division  
(HFEMSD)**



# HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION (HFEMSD)

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- HFEMSD assures that patients and residents receive quality care from health facilities, agencies and programs which are licensed and/or certified and promotes health and safety through on-site inspections and complaint investigations.



## HFEMSD – WHO WE ARE

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- 1,457 facilities licensed by HFEMSD

This does not include currently certified home care agencies

- 144 Medical home care agencies
- 160 Non-medical home care agencies



# COMPLAINT VS. OCCURRENCE

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- A complaint is reported to HFEMSD by someone other than the agency, for example:
  - Current or former staff
  - Family members
  - Other health care facilities/professionals



# COMPLAINT VS.OCCURRENCE

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- Ombudsman
- Law Enforcement
- Other patient/resident advocates



## WHAT IS AN OCCURRENCE?

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- An Occurrence is any incident that occurs in a facility/agency that meets the reporting elements as specified in statute 25-1-124 (CRS) and 25-3-109 (1), (3), (7), (8)
- All facilities and agencies licensed by the Department are required to report occurrences to the Health Facilities and Emergency Medical Services Division



# OCCURRENCE REPORTING

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- Occurrence reporting requirements are discussed in licensure regulations: Chapter II (Section 3.2) and Chapter XXVI (Section 6.10)
- Incident reports and other documents will be reviewed during the onsite survey to ensure the agency is appropriately reporting to the Department.



# OCCURRENCES BY THE NUMBER

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- One Program Manager, one intake coordinator, and five investigators
- Number of occurrences reported (per calendar year):
  - 2005 = 2,247
  - 2006 = 2,226
  - 2007 = 2,448
  - 2008 = 2,566
  - 2009 = 1,249 (through 6/29/09)



# OCCURRENCE CATEGORIES

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- There are 14 categories of Occurrences that are required to be reported to the Health Department.
- Each category has elements that must be met in order to be reportable to the Department.
  - If an incident (or allegation) meets the elements it must be reported.
- The categories are:



# OCCURRENCE CATEGORIES

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- **BURNS**
- **LIFE THREATENING  
COMPLICATIONS OF ANESTHESIA**
- **LIFE THREATENING TRANSFUSION  
ERRORS/REACTIONS**
- **MALFUNCTION OR MISUSE OF  
EQUIPMENT**



# OCCURRENCE CATEGORIES

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## DEATH

- Two elements required
  - Occurrence resulting in a death
  - Reportable to the coroner as unexplained or suspicious
- Unexpected deaths are also reportable



# OCCURRENCE CATEGORIES

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## DIVERTED DRUGS

- One element required
  - Deliberate
- The occurrence becomes reportable when the agency has enough information to think that a diversion likely occurred. If the agency is unable to determine what happened to the medication, it should be reported.



# OCCURRENCE CATEGORIES

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## MISAPPROPRIATION OF PROPERTY

- Two elements required:
  - Deliberate misplacing, exploiting, or wrongful use of a patient's or resident's property or
  - A pattern of misplacing, exploiting or wrongful use of a patient's or resident's property; and
  - Patient/Resident consent not given



# OCCURRENCE CATEGORIES

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## MISAPPROPRIATION OF PROPERTY

- Staff use of a consumer's property is exploitation and therefore is reportable.
  - Example: A staff member uses a consumer's cell phone without permission.



# OCCURRENCE CATEGORIES

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## MISSING PERSON

- One element required
  - At risk and missing after search conducted
- or
- Missing more than eight hours, regardless of risk



# OCCURRENCE CATEGORIES

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## NEGLECT

- One element required
  - Failure to provide any care or services (as defined in statute) resulting in actual harm; or
  - Staff member has a history in the past 12 months of similar neglect and had been counseled and/or re-educated; or



# OCCURRENCE CATEGORIES

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- Staff member intentionally failed to follow standard of practice and/or agency policy



# OCCURRENCE CATEGORIES

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NEGLECT DEFINITION 26-3.1-101(4)(III)(b)

“Caretaker neglect which occurs when adequate food, clothing, shelter, psychological care, physical care, medical care, or supervision is not secured for the at-risk adult or is not provided by a caretaker in a timely manner and with the degree of care that a reasonable person in the same situation would exercise;”



# OCCURRENCE CATEGORIES

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## SPINAL CORD INJURIES

- Three elements required
  - Result of an occurrence
  - Functional loss consistent with spinal cord injury
  - Permanent or temporary



# ABUSE OCCURRENCE CATEGORIES

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- Physical Abuse
- Sexual Abuse
- Verbal Abuse



# PHYSICAL ABUSE ELEMENTS

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- Two elements required:
  - Intent or knowingly or recklessly
  - Bodily injury (includes pain) and/or unreasonable confinement or restraint



# PHYSICAL ABUSE INVESTIGATIONS

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- Individuals must be assessed at the time of the incident for any injuries. (i.e. red marks, scratches, hand prints, etc)
- Immediate measures must be implemented to protect all individuals.
- Intent should be determined at the time of the incident



# SEXUAL ABUSE ELEMENTS

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- Three elements required:
  - Knowingly
  - Consent not given



# SEXUAL ABUSE ELEMENTS

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- Sexual intrusion or penetration, **or** touching intimate body parts or the clothing covering intimate body parts, **or** examining, or treating client for other than bona fide medical purposes, **or** observing or photographing client's intimate parts, **or** physical force/threat



# SEXUAL ABUSE INVESTIGATIONS

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A thorough investigation must be conducted and include:

- Appropriate measures to protect any physical evidence
- Appropriate measures to protect other consumers



# VERBAL ABUSE ELEMENTS

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- Three elements required:
  - Knowingly
  - Threat **or** Physical Action (includes threatening gesture)
  - Fear of imminent, serious bodily injury (Menacing)



## VERBAL ABUSE ELEMENTS

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Menacing Statute: (18-3-206, C.R.S.)

- "A person commits the crime of menacing if, by any threat or physical action, he knowingly places or attempts to place another person in fear of imminent, serious bodily injury."
- The agency investigation **must** include a prompt determination of fear **at the time of the incident.**



# REPORTING AN OCCURRENCE

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- Determine the category of occurrence
- Report only if it meets the elements
- Report occurrence through the electronic portal. Include the status of the consumer, what protective measures have been implemented, and if law enforcement has been notified (for abuse occurrences).



## REPORTING TIMELY

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- An initial report must be submitted by the end of the next business day following the occurrence
- Clock begins with the first staff person who becomes aware of the occurrence
- A full report should be submitted within 5 calendar days of the occurrence



## REPORTING TO THE POLICE

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- If an abuse occurrence meets the reporting elements, it meets the definition of felony abuse and **must** be reported to law enforcement or the agency will be cited a deficiency.
- This is mandated by statute, 25-1-124(8) C.R.S.



# REPORTING TO THE POLICE

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- The agency's obligation is to report the occurrence to law enforcement. How the police department responds is determined by their policies and procedures.



# AGENCY REPORTING RESPONSIBILITIES

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- Reporting Occurrences to the Health Facilities and Emergency Medical Services Division (HFEMSD) does not relieve the agency from reporting the incident to other agencies/entities.
- If a determination is made that an event is not reportable to HFEMSD, this does not relieve the agency of its responsibility to investigate and take any appropriate action.



# THE AGENCY INVESTIGATION

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- An allegation must be responded to and treated with the same degree of consideration and seriousness regardless of the nature of the allegation
- Do not prejudge the situation



# UNDERSTAND, RECOGNIZE, AND REPORT ANY ABUSE

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- Prompt reporting/investigating ensures that corroborating evidence from the victim and witness, if any, and from physical evidence is collected before it can be destroyed, forgotten, or degraded
- Gathering initial evidence, interviews, etc., is critical



# INTERVIEWS

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- When conducting interviews, speak to those involved as well as other consumers, family members, and staff members to determine if there have been other situations or unreported concerns. The agency needs to rule out additional allegations.



# THE AGENCY INVESTIGATION

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- The agency needs to ensure a safe environment is provided while conducting the investigation.
- If not reported immediately, other consumers are left unprotected and subject to further abuse



# SUMMARY \* RESULTS \* PREVENTION

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- Investigations need to be aimed at determining if the incident occurred, the extent of, causative factors, and interventions to prevent
- Investigation results: How did you come to the decision to/not to substantiate the allegations?
- Was the investigation thorough?



# SUMMARY \* RESULTS \* PREVENTION

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- What changes were made to prevent future occurrences?
- How were those changes implemented/monitored
- If there was staff involvement, a summary of the investigation should be placed in the employees' personnel file, not in a separate file



# AFTER THE INVESTIGATION

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- After the agency has conducted their investigation and submitted a final report the Department reviews the agency's investigation and actions.
- Additional documentation and/or information may be requested during the Department's review.



# AFTER THE INVESTIGATION

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- Once the Department has concluded its review, the occurrence will be summarized.
- The summary will include a description, facility action, and the Department's findings.
- After the agency reviews the summary, it will be posted to the internet for public viewing.



# OCCURRENCE SUMMARY

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## **DESCRIPTION OF OCCURRENCE:**

On 01/13/08 a staff member witnessed another staff member talking inappropriately to a female resident in her 80s.

## **FACILITY ACTION:**

The facility conducted an internal investigation. The facility notified the board of nursing, ombudsman, physician, family and the police department. A staff member was walking by the resident's room and heard the resident yelling for help. The staff member heard another staff member in the resident's room repeatedly tell the resident to "shut up." The resident appeared to be fearful. The staff member was immediately suspended. The resident was assessed and no injuries noted. Other residents were interviewed and there were no concerns about the staff member. The staff member's employment was terminated following the investigation.



# OCCURRENCE SUMMARY

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## **DEPARTMENT FINDINGS:**

The Department conducted a telephone interview with a facility representative and found that the facility acted appropriately by reporting the occurrence timely, notifying the appropriate persons and agencies, assessing the resident, interviewing other residents and suspending then subsequently terminating the staff member following the investigation. No deficient practice was cited. The Department will review this occurrence prior to any survey or upon receipt of any complaint that may be filed against this facility.



# OCCURRENCE REPORTING MANUAL

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Located at the Department's internet website at: [www.healthfacilities.info](http://www.healthfacilities.info)

- Occurrence Manual
- Reporting Forms
- Licensure regulations



# CONTACT INFORMATION

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**Occurrence Reporting Line**  
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# CONTACT INFORMATION

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