GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

POLICY	
Department on Disability Services	Subject: Incident Management and Enforcement Policy
Responsible Program or Office: Quality Management Division	Policy Number: 2013-DDS-QMD-POL-004
Date of Approval by the Director: May 1, 2013	Number of Pages: 4
Effective Date: June 1, 2013	Expiration Date, if Any: N/A
Supersedes Policy (Dated): Incident Management and Enforcement Policy dated June 21, 2012	
Cross References, Related Policies and Procedures, and Related Documents: Incident Recommendations procedure, Incident Reporting procedure, Incident Investigation procedure, Incident Prevention, Management and Quality Improvement procedure, Time Frames for IMEU Recommendations, Immediate Response Committee Policy and Procedures, Mortality Reporting Committee Policy and Procedures, Reportable Incident Definitions, Abuse and Neglect Fact Sheet, DDS/DDA Investigation Quality Review Rating Scale, Provider Certification Review Policy, Imposition of Sanctions Policy, Enhanced Monitoring Procedures, Imposition of Adaptive Equipment Sanctions Procedures, Watch List Procedures	

1. PURPOSE

The purpose of this policy is to establish the standards and guidelines by which the Department on Disability Services ("DDS") will govern the design and implementation of the incident management system and reporting process. Incident management and reporting is necessary to protect the health and safety of the person of people with intellectual and developmental disabilities and to improve overall quality of services and supports.

2. APPLICABILITY

This policy applies to all DDS employees, subcontractors, providers/vendors, consultants, volunteers, and governmental agencies that provide services and supports to people with intellectual and developmental disabilities through the Developmental Disabilities Administration ("DDA") service delivery system, funded by DDA and/ or the Department of Health Care Finance ("DHCF").

3. AUTHORITY

The authority for this policy is established in the Department on Disability Services as set forth in D.C. Law 16-264, the "Department on Disability Services Establishment Act

of 2006," effective March 14, 2007 (D.C. Official Code§ 7-761.01 *et seq.);* and D.C. Law 2-137, the "Citizens with Intellectual Disabilities Constitutional Rights and Dignity Act of 1978," effective March 3, 1979 (D.C. Official Code§ 7-301.01 *et seq.).*

4. POLICY

It is the policy of DDS to ensure that people with intellectual and developmental disabilities who receive support from the DDA service delivery system receive high quality supports and are free from unnecessary risk of harm, balanced with people's desire to assume risk in creating a life that is meaningful to them.

5. RESPONSIBILITY

The responsibility for this policy is vested in the DDS Director. Implementation for this policy is the responsibility of the DDS Quality Management Division ("QMD"), Quality Improvement Manager.

6. STANDARDS

A. DDS shall maintain a system of reporting, monitoring, investigating, and taking corrective action for all reportable incidents, including the critical areas of abuse, neglect, exploitation, and serious physical injury, with tracking and trending of data to identify and intervene where people may be at increased risk of harm.

B. DDS shall have a rating system for provider investigations, and based upon the rating scores, deem providers qualified to conduct certain types of Serious Reportable Incidents ("SRIs") investigations independently.

C. DDS's Incident Management and Enforcement Unit ("IMEU") shall conduct all investigations into allegations of neglect, abuse, exploitation and serious physical injury, reported as SRIs. Providers shall not investigate these SRIs unless otherwise required by law or regulations.

D. Providers shall have an incident management system that will prevent, identify, report, review and, where appropriate, investigate incidents and that limits the retaliation against any person participating in incident reporting and/ or investigation.

E. Providers shall have a system for regularly tracking and reviewing data to identify trends, systemic deficiencies and the presence of dangerous conditions or practices, and to intervene where people may be at increased risk.

F. Providers shall have a continuous quality assurance and improvement system aimed at ensuring that all incidents are reported, reporting occurs on time, potential underreporting is evaluated, and, where appropriate, incidents are properly investigated.

G. Providers are required to implement a system for competency-based training that includes an evaluation/measure of the effectiveness of staff training to ensure that all staff members, volunteers, contractors, consultants and interns demonstrate the skills necessary to consistently recognize, prevent and report concerns around abuse, neglect and exploitation and other reportable incidents on a timely basis.

H. Providers shall implement a system to educate the people that they support and their family members, substitute decision-makers, and others in their circle of support, on the recognition and prevention of abuse, neglect and exploitation, including how to safely report concerns.

I. The person, or his or her substitute decision-maker if applicable, shall be informed of the occurrence of all serious reportable incidents and the outcome of serious reportable incident investigations.

J. For all incidents, the first priority is ensuring the health, safety and well-being of the person involved, and/ or other people who are supported in the same location or by the same staff.

K. All incidents shall be entered into DDA's information system, MCIS.

L. The person's service coordination shall be notified of all incidents involving the person he or she supports, and shall conduct and document follow-up for each incident in accordance with protocols in the Service Planning Coordination Desk Guide.

M. All provider and DDS investigators must be trained and certified through a DDS approved trainer.

N. Incident investigation, analysis and improvement are part of the overall quality management strategy for both DDS/DDA and provider agencies.

O. Providers with deficient performance related to incident management shall be required to have a goal added to their Continuous Improvement Plan. DDA Provider Resource Management Unit shall provide technical assistance to the provider to assist with systemic changes as recommended from DDS QMD.

P. DDS may sanction providers who do not comply with the incident management process, including the requirements of this policy and its related procedure.

Laura L Nuss

Laura L. Nuss, Director

5/01/2013

Approval Date

Attachments:

1) Reportable Incident Definitions
2) Incident Reporting Procedure
3) Incident Investigation Procedure
4) Incident Recommendations Procedure
5) Incident Prevention, Management and Quality Improvement Procedure
6) Abuse and Neglect Fact Sheet
7) DDS/DDA Investigation Quality Review Rating Scale
8) Time Frames for IMEU Recommendations