## NORTH CAROLINA
## INCIDENT RESPONSE IMPROVEMENT SYSTEM

Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

**IRIS TECHNICAL MANUAL**

Step by Step Instructions for Using IRIS
to Report Incidents

June 2010

**MH | DD | SAS**

division of mental health | developmental disabilities | substance abuse services

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The Department of Health and Human Services (DHHS) Incident Response Improvement System (IRIS) is a web based incident reporting system for reporting and documenting responses to Level II and III incidents involving consumers receiving mental health, developmental disabilities, and/or substance abuse services (mh/dd/sas).  Providers of publicly funded services licensed under NC General Statutes 122C (Category A providers), except hospitals, and providers of publicly funded non-licensed periodic or community-based mh/dd/sa services (Category B providers) are required to report these incidents.  This technical manual provides instructions for these providers to enter information regarding these incidents into the IRIS system.

**IRIS- Electronic Submission**:  The staff person most knowledgeable about the incident should complete the information on the report as soon as possible after learning of the incident. The staff person should then obtain the incident number and notify their supervisor to complete the supervisor section of the report.

If IRIS is unavailable at any time, providers must still meet the required timeframes for submission of an incident.  Incident reporting forms in paper format are available on the NC DMH/DD/SAS website.  Providers should download the appropriate form (based on the type of incident that has occurred) and fax the incident report to the appropriate agencies.  The provider must enter the data into IRIS as soon as possible once the IRIS system is available.

> <u>Note</u>:  **Print a copy for your records and maintain the incident report number**.
>
> <u>Note</u>:  Providers are required to complete mandatory items based on the type of incident that occurred.  Mandatory items are indicated by red stars ✪ beside the item.   If you can answer questions without stars, please provide this information.
>
> <u>Note</u>:  It is essential to save information at the end of each information tab.  It may take several seconds before data saves.  **Click on each Save icon only 1 time.**

## I.    General Guidelines

❖    **Save after entering data into each tab.**

❖    **Incident Report Number:**

IRIS will provide an incident number to the provider in the following two ways:

1.    Providers can save the entire incident report after the Provider information, Incident Information, Consumer Services and Consumer Treatment menus have all been completed.  Click the Finish menu and the incident number appears on a screen.  (Example below.)

2. Once you have completed the following sections: Provider Info., Incident Information, Consumer Services and Consumer Treatment, click on "Save". Then click on the Finish menu button and you will be taken to the incident number screen. (Example below.) **Print a copy for your records and maintain the incident number.**
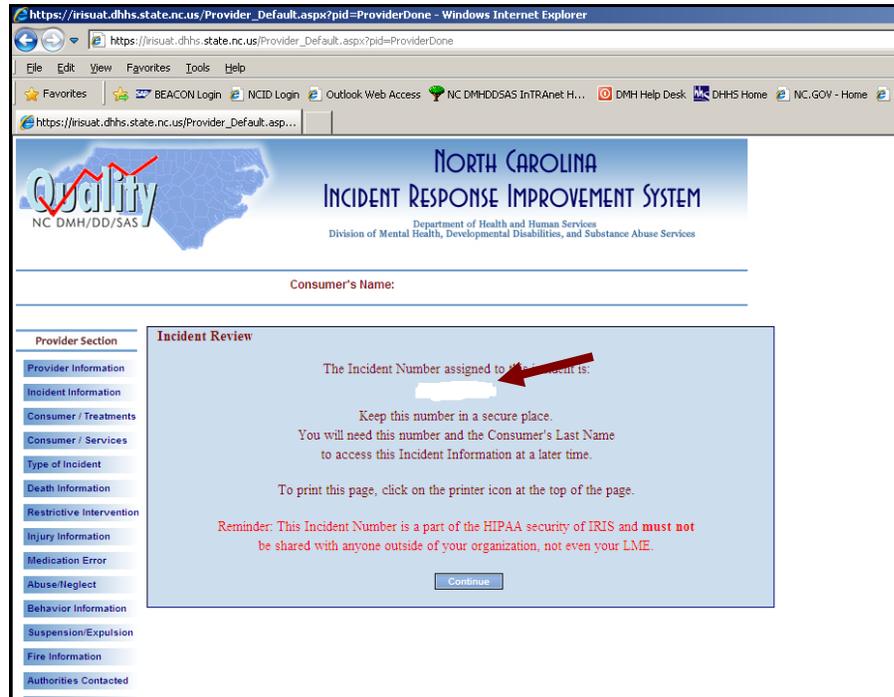


**Note:** Supervisors of provider agencies will be given the same incident number after they submit this incident. (Example below.) **Print a copy for your records and maintain the incident number.**

**Note:** The Incident Number will not contain the letter "O" since it may be confused with the number "0" (zero).

❖ **Comment Sections:** Comment boxes are located on many of the tabs in order for user to provide brief, specific information on the topic.
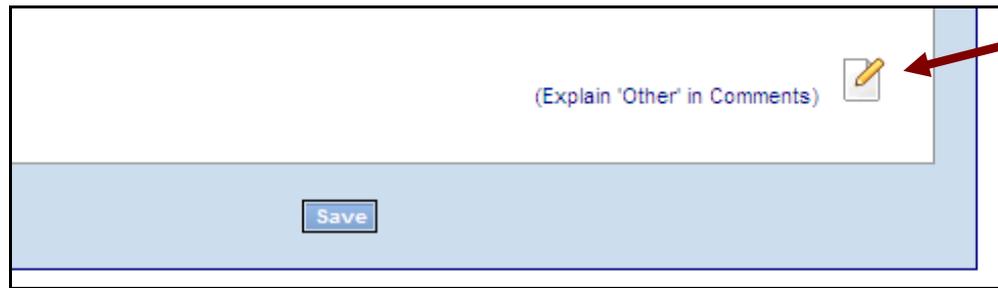


1. **Enter Incident Comments:** Click on the pencil and paper icon and a comment box will appear.

   - Type your information and use the "Spell Check" to check spelling.
   - When finished click on "Save".
   - After you save all of the information on the specific tab, the pencil and paper icon will change to an icon of paper and a check mark to indicate that a comment has been entered.

2. **View Incident Comments:**
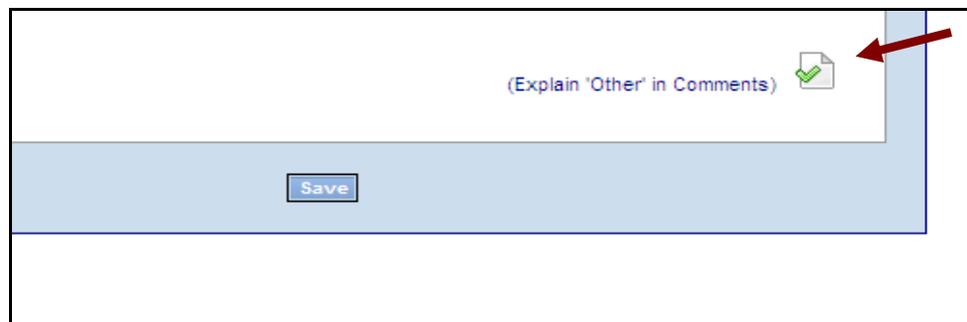


   - Click on the icon with the check mark on the piece of paper to open the comment section.

   - After you have finished reading, you may:

     a. Enter any additional comments and click save _or_
     b. Click "Close Note Entry" and return back to the screen where you were working.

## II.    Home Page



## A.    <u>Provider Incident Reporting</u>:

❖    **Enter a New Incident:**  Click to enter a new Level II or Level III incident into the IRIS system.

❖    **View/ Edit Incident:**  To view or Edit an existing Incident Report, enter the Incident Number and Consumer's Last Name. If you do not have the Incident Number, call your LME and request that it be sent to you.

❖    **Print Blank Incident Form:**  Click here to print a blank incident form that can be used for manually entering data.  You will be taken to the Print page.

If you are unable to access the Incident Report form, go to the NC DMH/DD/SAS website. Providers should print or download the appropriate form (based on the type of incident that has occurred).  If you cannot print/download the form, notify your Local Management Entities' QA/QI office. Providers are responsible for reporting the incident and should complete a paper copy and submit it to your Local Management Entity and required state agencies within the required timeline.  The provider must enter the data into IRIS as soon as possible once the IRIS system is available.

## B.    <u>Links to Other State Agencies</u>:

Website links included for the IRIS users, consumers and family members may obtain information from these agencies.  Click on the agency that you would like to connect.

C. **LME/ DHHS Log-in:**

LMEs and DHHS users are required to enter a user name and password in order to view submitted incidents. Click on Continue.

D. **Announcements:**

Iris updated information will appear here.

# III. Provider Information
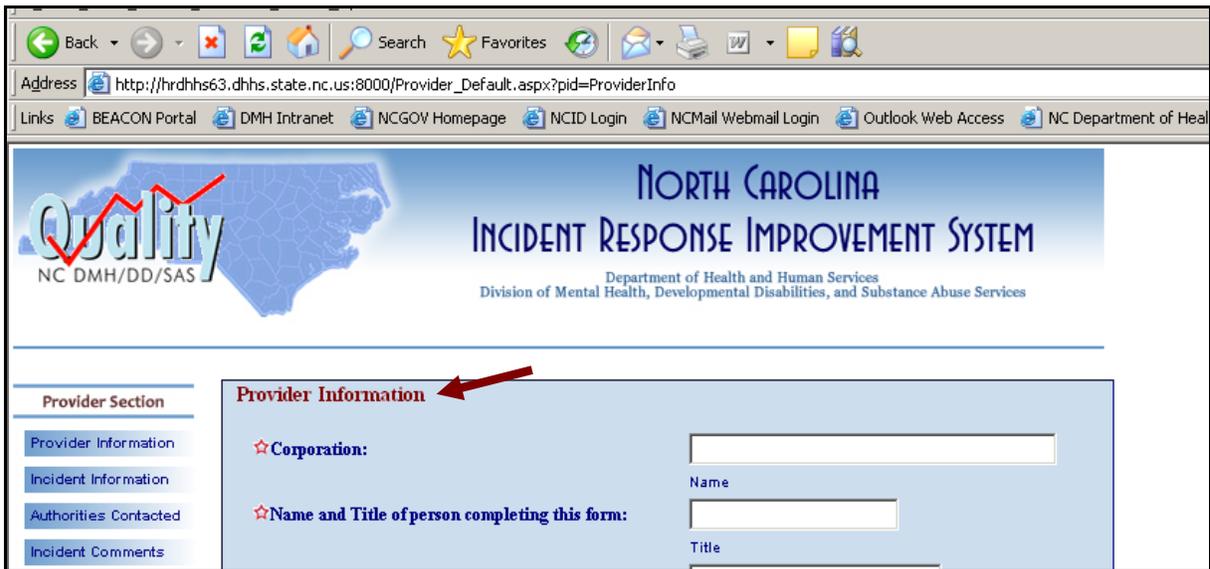


A. **Corporation:**

Enter the name of the corporation.

B. **Name and Title of Person Completing the Form:**

The staff person most knowledgeable about the incident should complete the information on the report as soon as possible after learning of the incident. Title is the staff's working title, not licenses or degrees.

C. **Local Facility/ Unit/ Group Home Information:**

❖ **NPI Number:** National Provider Identification Number, if available.

❖ **Name:** Enter the name of the local facility/ unit or group home.

❖ **License Number:** Enter the license number of the local facility/ unit or group home.

❖ **Director:** Enter the name of the director of the local facility/unit or group home.

❖ **Physical Address:** Enter the physical location address of the local facility/ unit or group home.

❖ **Mailing Address:** Enter the mailing address of the local facility/ unit or group home.

❖ **City:** Enter the city for the mailing address of the local facility/ unit or group home.

❖ **Zip Code:** Enter the zip code for the mailing address of the local facility/ unit or group home.

❖ **Phone Number:** Enter the phone number of the local facility/ unit or group home.

❖ **Fax Number:** Enter the fax number of the local facility/ unit or group home.

❖ **E-mail Address:** Enter the e-mailing address of the local facility/unit or group home. If the agency does not have an e-mail address, the provider agency will need to determine the address to which the agency would like information sent. The supervisor should check the facility e-mail address to assure that the address is correct.

## D. Counties:

❖ **County where services are provided/ Host LME:** Enter the county in which the consumer is receiving services and IRIS will enter the name of the Host LME.

❖ **County of Residence/ Home LME:** Enter the county in which the consumer legally resides and IRIS will enter the name of the Home LME.

## IV. Incident Information – (2 Tabs)



## A. Date and Location Tab:

❖ **Date of Incident:** Enter the date that this incident occurred. You can also click on the calendar icon and select the date. If you do not know the date of the incident, click "Unknown at this time". Amend the document when you learn the date.

❖ **Time of Day:** Enter the time that the incident occurred and click "AM" or "PM". If you are not sure of the time of the incident, click "Unknown".

❖ **Date Provider Learned of Incident:** Enter the date that provider learned about this incident. You can also click on the calendar icon and select the date.

❖ **Location of Incident:** Click the appropriate location in the drop-down box that indicates where the incident occurred. If the location does not fit one of the defined categories, check "*Other*" and provide a short description of the location (for example, *mall, beach, or library, gas station).*

❖ **Other People Involved:** Click the appropriate category or categories for all other persons involved in the incident.

❖ **Does this incident include an allegation against the facility?** Check "Yes" if the allegation is against facility or provider staff. **If yes, the supervisor of the provider agency must complete the HCPR Facility Allegation section of this Incident Report.**

> **Note**: The above question must be answered "Yes" and this tab saved in order to obtain the tabs required to enter Health Care Personnel Registry information.

❖ **Will this allegation require the submission of a Consumer Incident Report?** If a consumer is involved in this incident and the incident is determined to be a Level II or III incident, check "Yes". After the data is entered and saved, IRIS will provide a Consumer Information menu button on the left side of the screen to be completed regarding information about the consumer.

> **Note:** This question must be answered "Yes" and this tab saved in order to obtain the tabs required to enter information about a Consumer.

## B. <u>Services Type Provided Tab</u>:

❖ **Was the consumer under the care of the reporting provider at the time of the incident?**

Click "Yes" if consumer was actively receiving periodic or crisis services or enrolled in a 24-hour program such as residential or ACTT services.

❖ **Was a Licensed Residential Service being provided at the time of the incident?**

Click "Yes" if consumer was receiving a licensed non-residential service at time of the incident. If yes, click on the type of service and type in the license number.

❖ **Was a Licensed Non-Residential Service being provided at the time of the incident?**

Click "Yes" if consumer was receiving a licensed residential service at time of the incident. If yes, click on the type of service and type in the license number.

❖ **Was an Unlicensed Service being provided at the time of the incident?**

Click "Yes" if consumer was receiving an unlicensed service at time of the incident. If yes, click on the type of service.

## V. Consumer Information/Treatment - (2 Tabs)



### A. Consumer Information Tab:

❖ **Consumer Name:** Enter first name, middle initial and last name.

❖ **Address Where Incident Occurred:** Enter address where incident occurred. Check the location at the bottom of the box to assure that the address and type of location is correct. If the location is incorrect, return to the Location tab under the Incident Information menu button.

❖ **LME Client Record Number:** The client number is the identification number assigned to the consumer by the home LME. The LME will provide the client number to the provider as needed. If the client does not have a LME number, use your provider identification number.

❖ **Consumer Date of Birth, Gender, Height and Weight:** Enter the information from your records.

❖ **Date of Last 2 Medical Examinations:** Indicate the date of the last 2 medical examinations completed. If no medical examinations completed, click none.

❖ **Diagnosis:** Select up to 5 different diagnoses starting with the primary diagnosis.

> **Note:** *All diagnoses:* Diagnoses should include both admitting and current diagnoses for which the individual is receiving mh/dd/sa services. Enter diagnoses using descriptive terms rather than diagnostic codes. The purpose of this information is to aid the incident review staff in determining the appropriate response needed. Be as accurate as possible. Include the known physical illnesses/ conditions that were diagnosed by a physician prior to the individual's incident, regardless of whether or not they contributed to the incident.

❖ **Medications: Click on the Pencil and Pad icon to enter responses in the comment box.** The comment section will open. Type in your comments. Use the spell check button to check for correct spelling. When finished, click on save.

> **Note:** You will see these comment sections throughout IRIS.
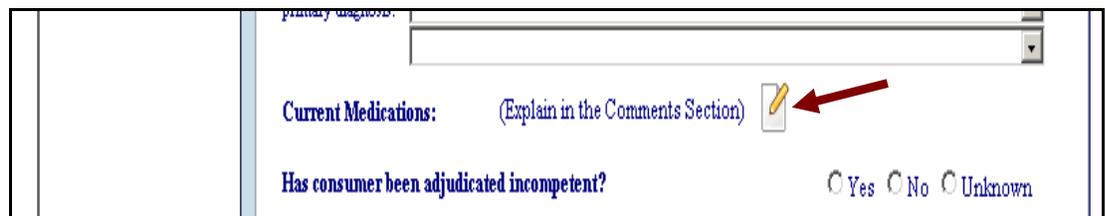




❖ **Include the name, dosage, frequency of the medication and the reason that the consumer is taking the medication.**

❖ **Has consumer been adjudicated incompetent?**

Check "yes" if the legal process has been completed and consumer has a legal guardian.

❖ **Does the consumer have a Traumatic Brain Injury (TBI)?**

Click "Yes" or "No".

❖ **Does Consumer Receive CAP-MR/DD Funding?**

If yes, check the type of CAP-MR/DD. program- Comprehensive Wavier, Supports Wavier or Innovations Waiver?

❖ **Is this person in the Money Follows the Person program?**

Click "Yes" or "No". If you are unsure, call the consumer's home LME.

❖ **Does the consumer receive Intermediate Care Facility for Persons with Mental Retardation/Developmental Disabilities Services (ICF-MR/DD)?**

Click "Yes" or "No".

## B. <u>Consumer Information- Treatment Tab:</u>



❖ **Did this incident result in or is it likely to result in permanent physical or psychological impairment?**

Click "Yes" or "No".

❖ **Has this incident resulted in or is it likely to result in a danger to or concern to the community or a report in a newspaper, television or other media?**

Click "Yes" or "No".

> **Note:** If an incident is likely to be reported in a newspaper, on television or in other media, or if the consumer is perceived to be a significant danger to or concern to the community, the provider is to verbally report the incident to the Host LME and the DMH/DD/SAS Customer Service and Community Rights Team (919-715-3197) immediately upon learning of the incident.

❖ **Was the consumer treated by a licensed health care professional for the incident?**

Click "Yes", "No" or Unknown. If "yes", enter date of treatment. Do not include visits to a hospital emergency room if the person received no treatment. An X-ray, CAT Scan, drawing of blood or any other diagnostic assessment is not considered treatment. (Example: Bob thinks his arm is broken and goes to the E.R. An x-ray is performed and his arm is not broken. This is not an incident. If the x-ray showed his arm to be broken and the doctor applied a cast, the application of the cast is treatment. Putting a sprained arm in a sling, stitches, cleaning a wound, all of these are treatment. Shots and medication are treatment.

❖ **If hospitalized…was it for a medical condition?**

Click "Yes", "No" or "Unknown". If "Yes", enter date of treatment.

❖ **If hospitalized…was it for a MH/DD/SA issue?**

Click "Yes", "No" or "Unknown". If "Yes", enter date of treatment.

❖ **(OPIOID) These questions are only for consumers receiving Opioid treatment.**

**Is the consumer enrolled in an opioid treatment program?** Click "Yes" or "No". If you check YES, a page will appear that applies only to consumers receiving opioid treatment.



1. **Date of Admission to opioid treatment:** Enter date of admission to opioid Treatment center.

2. **Date of Initial opioid dosage:** Enter date of initial dosage at opioid Treatment center.

3. **Initial opioid dose received:** Enter the amount of initial dose administered.

4. **Date of last opioid dose prior to incident:** Enter date of last dosage at opioid treatment center.

5. **Last opioid dose received prior to death:** Enter the amount of last dose administered.

- **Dosed at Clinic?** Click "Yes" or "No". If "yes", enter date of last dosage and amount.

- **Given Take-Homes?** Click "Yes" or "No". If "yes", enter date of last dosage and amount.

6. **Total opioid dose received on the date of death (if different from above):**

- **Dosed at Clinic?** Click "Yes" or "No". If "yes", enter date of last dosage and amount.

- **Given Take-Homes?** Click "Yes" or "No". If "yes", enter date of last dosage and amount.

7. **Name of consumer's opioid treatment center physician:** Enter name of treatment center Physician who monitors the consumer.

> **Note:** Opioid Treatment Providers - Submit the Supplemental Document to the State Methadone Authority.

## VI. Consumer Information/Services Tab - (6 Tabs)

## A. <u>Mental Health, Developmental Disabilities and/ or Substance Abuse Services Tabs</u>:

❖ Click each service tab and complete information based on services that individual is enrolled and receiving from your agency. If the consumer did not receive any of the disability types of services (mental health, developmental disability or substance abuse), click no on the applicable disability button. To open the service drop down boxes, click on the box heading and the services will appear. To close, click on the heading again.

❖ **Did the consumer receive services? If so, make the appropriate selections from those available below.**

    1. **Licensed Residential Services**- Select applicable services

    2. **Licensed Non- Residential Services**- Select applicable services

    3. **Unlicensed Services**- Select applicable services

❖ **When did the consumer last receive service?**

Enter date of last service. If person did not receive any of this type of service, click N/A

❖ **Did the consumer express any suicidal ideation during the last service?**

Click "Yes" or "No".

❖ **Did the consumer express any homicidal ideation during the last service?**

Click "Yes" or "No".

## B. <u>Hospital Discharge Tab</u>:

❖ **Date of last discharge from a State facility/hospital:**

Enter the date, if known. If date is not known, click "Not Known". If person has never been admitted to a State facility/ hospital, enter "Never".

❖ **Name of State Facility/Hospital:**

Click the name of the State facility/ hospital from the drop-down box.

❖ **Date of last discharge from a Non-State facility/hospital:**

Enter the date, if known. If date is not known, click "Not Known". If person has never been admitted to a facility/ hospital, enter "Never".

❖ **Name of Non- State Facility/Hospital:**

Enter the name of the facility/ hospital.

### C. Last Appointment Tab:

❖ Enter the date that the individual was last seen by any provider and whether or not the person indicated any suicidal or homicidal ideations. Enter the date of the last missed appointment and any follow-up that was completed by provider regarding the missed appointment. Include the date of the follow-up.

> **Note:** If the last missed appointment was prior to the last met appointment the information on last missed appointment is not needed. If there has been a pattern of missed appointments, document the date of the last missed appointment.

### D. Associated Incidents Tab:

❖ **Have other Incident Reports been submitted for this incident because more than one consumer was involved / affected by this incident?**

Click "Yes" or "No".

❖ **How many other consumers required, or will require, incident reports for this same incident?**

This includes consumers actively causing the incident and/or injured during the incident. Indicate the number of other consumers (including 0) that will require an incident report for this incident. Enter the LME Client Record Number or the Consumer's initials into the spaces below.

## VII. Type of Incident

## Choose Type of Incident:

- **Death**
- **Restrictive Intervention**
- **Injury**
- **Medication Error**
- **Allegation of Abuse, Neglect, or Exploitation**

- **Consumer Behavior**
- **Suspension, Expulsion**
- **Fire**
- **Other**

> **Note:** At least one type of incident must be checked and information saved in order to obtain the tabs needed to enter specific information about the type of incident.
>
> **Note:** Any pertinent details that are not specified in the data fields of the incident report should be reported in the Incident Comment section.

## VIII. Death Information - (4 Tabs)

Complete this section whenever you become aware of a consumer's death, even if the death occurred while the individual was not under your care. Check only one manner of death.

## A.  Manner of Death Tab:

❖ **Choose one from:**

- Terminal Illness/ Natural Causes

- Accident

- Homicide/ Violence

- Suicide- indicate the method of suicide from the drop-down box

- Unknown

❖ If the manner of death is not known, check "Unknown Cause".  When you are notified of the manner of death, amend the report to include this information.

❖ **Did death occur within 14 days of discharge from a State Operated Facility?**

Click "Yes" or "No".

❖ **Did death occur within 7 days of Restrictive Intervention?**

Click "Yes" or "No".   If "Yes", provider staff should immediately notify their supervisor and complete the Restrictive Intervention section of the incident report as well as all other applicable sections.  The Provider Supervisor should alert the LME and LMEs should immediately alert DMH/DD/SAS.

## B.  Associated Injury Tab:

❖ Check all that apply

## C.  Associated Body Parts Tab:

❖ **Highlight the injured** body part(s) by clicking on it.  Click on the body part again to remove the highlighting.

## D.  Death Due To Tab:

❖ Check All that apply

## IX.  Restrictive Intervention – (9 Tabs)

The following restrictive interventions must be reported:

❖ Any emergency or unplanned use
❖ Any planned use that exceeds authorized limits, is administered by an unauthorized person, results in discomfort or complaint, or requires treatment by a licensed health professional
❖ Any restrictive intervention that results in death, permanent physical or psychological impairment or if the incident is likely to be reported in a newspaper, on television or in other media.

## A. Restrictive Intervention Determination:

❖ **Is the use of Restrictive Intervention part of the Consumer's Person-Centered Plan?**

Click "Yes" or "No".

❖ **Was the Restrictive Intervention administered properly?**

(Example: Was it a planned use, administered by a person trained to implement the plan, administered as written and adhering to the timelines in the plan) Click "Yes" or "No".

❖ **Did the use of Restrictive Intervention result in the consumer's discomfort, injury, Complaint, death or require treatment by a licensed health-care professional?**

Click "Yes" or "No".

❖ **After answering the 3 questions above, click Evaluate Responses in order to determine if additional required information is needed.**

## B.    General 1 Tab:

❖    **Date and Time of Intervention:**

Enter date and time regarding restrictive intervention.

❖    **Intervention Type:**

Click on type used and enter the order of use and the duration (in hours and minutes) of the restrictive intervention.

❖    **Intervention Curriculum Used:**

Check all that apply.  If "Other", specify name of the Restrictive Intervention Curriculum in the comment section.

❖    Use the comments Section to briefly describe what happened to cause a restrictive intervention, including specifics of the individual's behavior, (e.g. frequency, intensity, duration), and actions leading to the behavior.

## C.    General 2 Tab:

❖    **Purpose of the Intervention:**
Check all that apply.  If planned intervention, provide date that this information was added to the Person-Centered Plan.

❖    **Positive and/or Less Restrictive Interventions Attempted:**
Check all that apply.

## D.    Status Check Tab:

❖    Click applicable items for the initial check, ending check and follow-up check for a restrictive intervention.

❖    **Was the person monitored continuously during the intervention and for 30 minutes afterward?**
Click "Yes" or "No".

## E.    Staff Involved in Restrictive Intervention Tab:

❖    Provide name of staff and applicable certifications.

## F.    Debriefing Tab:

❖    Indicate date of debriefing and describe the debriefing with consumer, guardian and staff in the comment section.  Include information about what could have been done differently to avoid the need for restrictive intervention in this situation and what can be done to reduce the need for future restrictive interventions.

## G.    Person Centered Planning 1 Tab:

❖    **Has the need for a crisis or behavior plan, (or plan revision), been communicated to the Person-Centered Planning team?**

Click "Yes" or "No".

❖    **Has the Person-Centered Planning team previously addressed this issue?**

Click "Yes" or "No".

❖    **Does the consumer have an approved Crisis Plan?**

Click "Yes" or "No".   If "Yes", answer the following questions:

- **Was the current plan effective in addressing the issue?** Click "Yes" or "No".
- **Was the plan used prior to the intervention?** Click "Yes" or "No".
- **Who approved the plan?** Check the appropriate committee or person, give name of agency that approved and the date of approval.

### H. Person Centered Planning 2 Tab:

❖ **Does the consumer have an approved Behavior Plan?**

Click "Yes" or "No".

❖ **Was the restrictive intervention completed as specified in the Person-Centered Plan?**

Click "Yes" or "No". If "No", explain in the Comment section what was different than specified in the plan.

❖ **Was restrictive intervention administered by a person trained to implement the plan?**

Click "Yes" or "No". If "No", explain in the Comment Section.

❖ **Was restrictive intervention administered adhering to the timelines in the plan?**

Click "Yes" or "No". If "No", explain in the Comment Section.

❖ **Was intervention over 15 minutes?**

Click "Yes" or "No". If "Yes", who authorized the additional time?

### I. Person Centered Planning 3 Tab:

❖ **Number of Restrictive Interventions in the last 30 days:**

List the number of interventions (including the current intervention).

❖ **Total length of time of restrictive interventions used in the past 30 days (including the time in this incident):**

Click applicable category.

❖ **Significant Medical Conditions known prior to this intervention:**

(Check all that apply)

### J. Follow-up Plans Tab:

❖ Check all that apply.

# X.    Injury – (3 Tabs)

Complete this section whenever a consumer injury **requires more than first aid**.



## A.    Injury Description Tab:

❖    Click all that apply.

## B.    Injured Body Parts Tab:

❖    **Highlight the injured** body part(s) by clicking on it.   Click on the body part again to remove the highlighting.

## C.    Injury Due To Tab:

❖    Check all that apply

# XI.    Medication Error

Report all medication errors.  [The consumer's physician or pharmacist should be notified immediately of <u>any</u> medication error, as required by 10A NCAC 27G .0209(h).]**.  The physician or pharmacist should determine the level of threat to the consumer's health and determine the treatment required, if any.**

If the physician or pharmacist indicates that the medication error does not threaten the consumer's health or safety, document the error as a Level I incident. The Level I documentation should indicate the type of error, name of the physician or pharmacist consulted, their statement about the error, the date and time of the contact, and the name of the person making the contact.

> **Note:** If after the medication error the consumer shows any side effects or distress (breathing difficulties, pain, confusion, vomiting, unusual sleepiness, etc., <u>seek immediate medical attention.</u>

> **Note**: Report Level II or III errors in self-administration of medications within 72 hours of learning of the incident, even if it did not happen while actively engaged in providing services.

**Did the medication error threaten the consumer's Health or Safety, (as determined by a physician or pharmacist?)** Check "Yes" or "No".

**Report the following errors as necessary:**

❖ Missed dose – Any dosage of a medication not given to a consumer.

❖ Wrong dosage – Any dosage of a medication that does not follow the prescribed order.

❖ Dose preparation error – Medication is not mixed properly.

❖ Wrong time – Any dosage of a medication not given within one hour before or after the prescribed dosing time.

❖ Wrong administrative technique – Medication is give improperly, such as orally instead of via rubbed into the skin.

❖ Dose given to wrong consumer – Someone's medication given to someone else.

❖ Wrong medication – Any incorrect or expired prescription medication administered to a consumer.

❖ Loss or spillage of medication - Pills are dropped and lost, liquid medication spilled.

❖     Refusal - Missed dosages due to the individual's refusal to take the medication.

❖     Other.

❖     **Did a medication error threaten the consumer's Health or Safety, (as determined by a physician or pharmacist)?**

Click "Yes" or "No".

❖     **Medication Error Type:**

Check all that apply.

## XII.   Alleged Abuse, Neglect or Exploitation

Complete this section for any situation in which someone alleges, or you suspect, that a consumer has been abused, neglected or exploited.



Note:   As required by law, report any allegation of, or suspected abuse, neglect, or exploitation of a child or disabled adult to the county Department of Social Services. In addition, report any allegation (including suspected abuse, neglect or exploitation) of any consumer by staff to the Health Care Personnel Registry. (Specific details about the Health Care Personnel Registry can be found at https://www.ncnar.org/nchcpr.html).

❖     **Allegation Made Against:** Select only one.

Note:   If the allegation is made against a Staff member, the Supervisor must complete the HCPR Facility Allegation section of this Incident Report before submitting it to the LME.

## XIII. Consumer Behavior



❖ **Was this act potentially a serious threat to the health or safety of the consumer or others?**
Click "Yes" or "No".

❖ **Was the consumer arrested as a result of this incident?** Click "Yes" or "No".

❖ **Was an Amber or Silver Alert issued due to the Consumer's Absence?** Click "Yes" or "No".

❖ **Type of Behavior:** Check all that apply.

## XIV. Suspension/Expulsion



**Note:** Check Only One and note details in the Comments Section. If suspended, specify the number of days of suspension.

## XV.  Fire Information



❖ Check all that apply and specify the number of consumers affected by the fire.


## XVI.  Authorities Contacted



❖ **For 122C-licensed facilities:**

- Level III deaths due to suicide, homicide/violence or accident that occur in a licensed facility.

❖ **Any Level II or III allegation of abuse, neglect or exploitation against an unlicensed staff member.**

> **Note:**  Check the box beside any individuals or agencies that you have been notified of the incident. Specify the names of the person/agency notified (for example, "school"). Include contact name, phone number, and date of the notification.

## XVII. Provider Incident Comments



❖ These are public comments for IRIS users to note and view. Enter only comments that can be viewed by all IRIS users. Consumer's name will appear in the top blank box in the report.

❖ **Comment Title:** Enter a title for your notes (Example: Doctor's visit, allergy shots, talked with case manager, etc.)

❖ **Text:** Briefly include any information you want to document or share with other reviewing this incident.

❖ **Check Spelling:** Click and your spelling will be checked. Spelling errors will be noted and correct spelling suggested.

❖ **Save:** When you are finished, click "Save".

## XVIII. Attached Documents

Attached documents are documents that have been uploaded from a computer for other IRIS users to view. Examples of documents would include Medical Examiner reports, death certificates, police reports, etc.

## Attaching Documents:

### Attach Documents:   (Follow all HIPAA and Confidentiality Rules)

❖ Key a **Title** for the document that you are attaching to easily identify the document in the list of all attached documents.

❖ Click **Browse** and pick the document to be attached from your files.  Highlight the file you would like to attach and click "Open".  This will place the name of the file into the **Locate Attachment** Box on the IRIS screen.

❖ Click "**Add Attachment(s)**" and the documents will be added to the incident report under "Attach Documents".

### View Attached Documents:

❖ Click on **Attach Documents** Menu Button.  In the list of documents at the bottom of the screen, click on the title of the document you want to view and click "**Select**".  Click on "**Display Attachment**."

## XIX.   Print Incident

## A.  Directions for Printing Setup Options:

❖ When you request the printing of the incident report, IRIS will collect the information for the incident, and display it on your computer screen. This is called, "Preview Mode", and you can scroll through the entire incident report without needing to print it.

❖ When you want to print it, you need to click on the small Printer Icon at the top of the report. It looks like this:
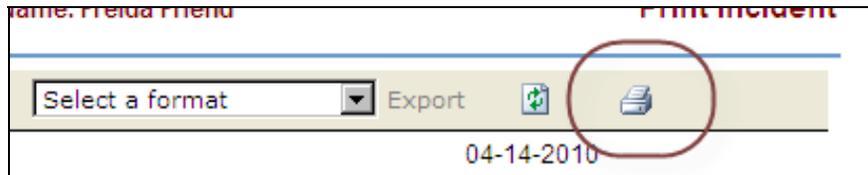


❖ The very first time you print in IRIS, it will display the following screen, asking for you to approve the installation of a small print control from Microsoft.  Contact your computer administrator and ask them for assistance.



❖ Click on the Install push-button. If there are no problems with the installation, you will see a screen similar to the following asking you to choose the printer, number of copies, and the range of pages to print.
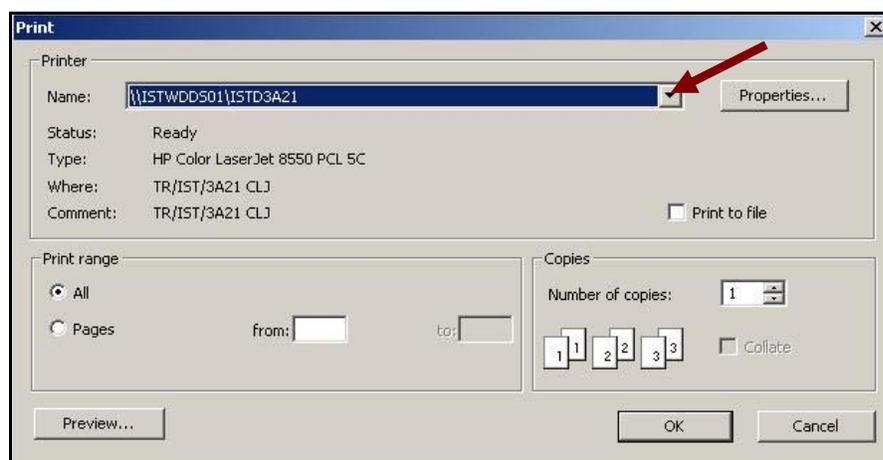
❖ If, however, the application displays the following message, the print control could not be installed and IRIS cannot print a hard-copy of your incident report(s).



> **Note:** If you receive this message, it means that you do not have administrative rights on your computer. If you need further assistance, contact your computer administrator and ask them for assistance.

## B. (Alternate Way) -Saving the Incident Report for Printing

❖ As an alternative to the previously-discussed printing procedures, you can create a **P**ortable **D**ocument **F**ormat (PDF) document of your incident report.

❖ To create a PDF document of your incident report, click the left mouse button on the drop-down box with the text, "Select a format" as shown here.
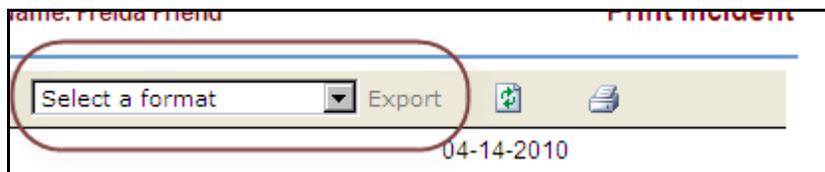


❖ This will display a list of the export options.
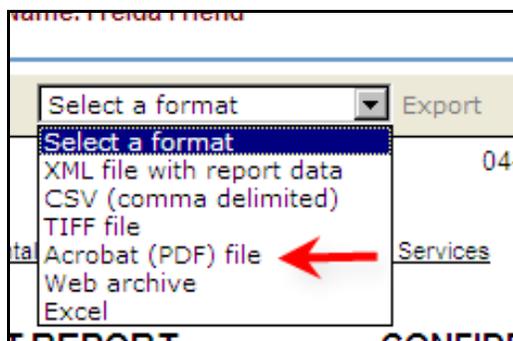
❖ Move the highlight to the text, "Acrobat (PDF) file", then click the word, "Export" to the right. You will then be prompted to Open or Save your document.
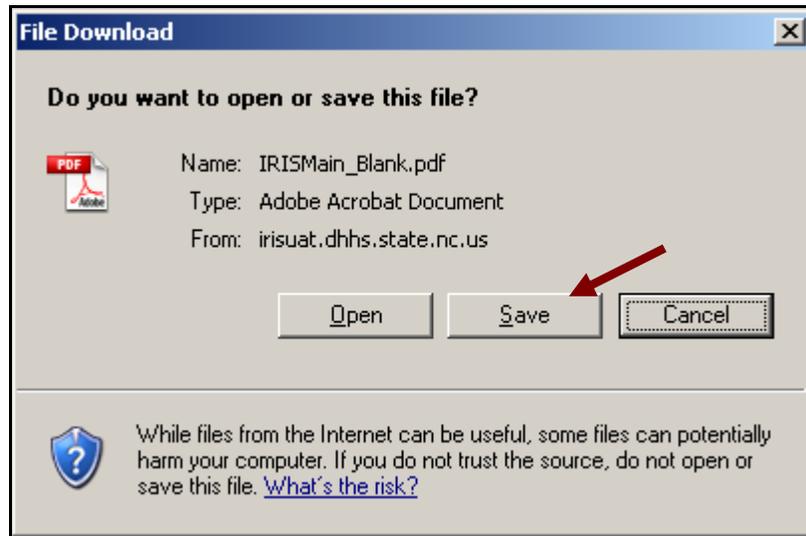


❖ Click **Save**, then provide a location on your computer to save the incident report in PDF format. You can then print the incident report from your computer.

**Note:** If you need the free Adobe PDF Viewer, it can be downloaded from here:

http://get.adobe.com/reader/

### C. Printing an Incident

❖ Check all of the items that you would like to print. If you would like to print a copy of all of the tabs that you have completed, you can click on "Select All" at the bottom of the page. If you have selected all of the items and no longer wish to print them all, click "Select None" and your selections will be cleared. If you would like to print a certain section, check only the specified section. Then click on the "Print Selected" button. This will take you to the pages that you want to print. To print, click on the printer icon at the top of the page. It may take several seconds before printing begins. **Do not click on printer icon a second time.**

❖ Check all of the items that you would like to print. If you would like to print a copy of all of the tabs that you have completed, you can click on "Select All" at the bottom of the page. If you have selected all of the items and would like to only print certain items, click "Select None" and none of the items will be printed. If you would like to print only a certain section, such as the restrictive intervention section, check only that specified section and follow the directions below.

❖ After you have chosen the tab(s) you want to print, click on "Print Selected". This will take you to the pages that you want to print. To print, click on the printer icon at the top of the page. It may take several seconds before printing begins. **Do not click on printer icon a second time.**

❖ If you would like to download the data from this specific incident, click on the Download Information tab and then click on the "Collect Information" box . IRIS will assemble the information and you can click "Download Information" on the next screen. A box will then appear and give the user the options of 1) opening the file or 2) saving the information to a file. The information will then download to an Excel spreadsheet.

## XX. Downloading an Incident

❖ Click on the "Download Incident" option on the menu, then click the "Collect Incident Information" button.

❖ After IRIS collects the incident information the button text will change to, "Download Collected Incident Information".

❖ This time, when you click the button, IRIS will allow you to Open or Save the collected incident information. Choose "Save" and follow the prompts to provide a location on your computer, (or network), for the file to be saved.

## XXI. Supervisor Actions - (4 Tabs)

## A.    Level of Incident Tab:

The IRIS system determines the level of an incident based on the information entered on the incident report and shows the level on the screen.  If no level has been checked by IRIS, specify the incident level. If uncertain of the level, consult the manual or call your LME.  If IRIS did not determine the correct level of the incident, contact your LME.

## B.    Cause of Incident Tab:

Describe what steps you have taken so far to determine why the incident occurred and what you have discovered.  Describe **why the incident occurred** – **not what happened**.  If your review is not complete, give an estimation of further steps that are needed.

## C.    Incident Prevention Tab:

Provide a short description of actions that you have taken or plan to take to prevent future incidents of a similar nature.

## D.    Incident Submission Tab:

❖    **Reporting of Level II and III incidents through IRIS:**
- IRIS will automatically level the incident and notify the Host LMEs regarding Level II incidents.  The Host LME, the individual's Home LME and DMH/DD/SAS will be notified of Level III incidents.
- IRIS will notify the Division of Health Service Regulation (DHSR) Complaint Intake Unit of any Level III deaths due to suicide, homicide/violence or accident that occur in a (122C) licensed facility.
- IRIS will notify the DHSR Health Care Personnel Registry (HCPR) of any Level II or III allegation of abuse, neglect or exploitation against an unlicensed staff member.

❖    **Name, Title, Phone Number and E-mail Address of Supervisor:**  Provide contact information.  (Title:  Working title, not degrees and/or licenses.)

❖    **IRIS Agency Notification:**  IRIS will provide a listing of agencies that will be automatically notified of this incident by the IRIS system based on the details provided in this document.

❖    **Resubmission of Incident:**  When re-submitting the Incident Report, enter your explanation for re-submission.

❖    **Attestation:**  By checking the box, the supervisor is affirming that the information contained in the incident report is true and an accurate representation of the incident.

> **Note:**  It may take several seconds before incident submission occurs.  **Do not click on Submit Incident box a second time.**

## XXII. Health Care Personnel Registry (HCPR) Facility Allegation Information - (4 Tabs)

❖ This section should only be completed by the supervisor.

❖ Information on these tabs is reported directly to the Health Care Personnel Registry Investigations Branch. Specific information regarding what needs to be reported to HCPR can be found at the following website: https://www.ncnar.org/nchcpr.html.



### A. Allegation Tab/ 24 Hour Report:

❖ **Actual Address of Incident:**

Type the address where the incident occurred.

❖ **Type of Facility:**

Enter the type of facility

❖ **Type of Care and Setting:**

Enter information regarding type of care and setting where incident occurred.

❖ **Choose the Type(s) of Allegation Being Made:**

Check all that apply

❖ **Injury of Unknown Source:**

Provide as much information known about the injury of unknown source.

❖ **Allegation Description:**

Provide as much information known about the incident and allegation.

<u>Additional Resident Information:</u>

❖ **Did this incident result in physical harm/ injury:**

   Click "Yes" or "No".  If yes, describe**.**

❖ **Did this incident result in mental anguish lasting more than 45 days?**

   Click "Yes" or "No".  If yes, describe mental anguish.

❖ **Is the resident interviewable?**

   Click "Yes" or "No".  If yes, describe diagnosis, memory and orientation.

❖ **Reason for Submission**:

   Enter an explanation for submission.

> **Note:**  This is the end of the 24-Hour Report.  The Accused Staff, Investigation Results and Witness tabs are the 5-day report.

## B.    <u>Accused Staff Tab:</u>

❖ Type the number of staff members for whom there is an allegation regarding this incident in the box.  Enter requested information regarding each staff member.  If the name of a staff member is entered incorrectly, the name may be removed by typing a minus (-) sign in the first character of the First Name before saving this tab.

## C.    <u>Investigation Results Tab:</u>

❖ <u>Actions</u>:  Specify the actions taken by applicable agencies (such as an investigation by the facility, report to DSS or police report).  Describe any additional information or listing of supporting documentation for the investigation that is available for this incident.

❖ <u>Accused Staff:</u>  For each staff for whom there was an allegation on the Accused Staff tab, detail the following information:

   • whether the allegation was substantiated or unsubstantiated,

   • if employment was terminated,

   • date employment was terminated (if applicable)

   • if employee was terminated due to the allegation

   • any charged filed against staff member

   • listing of charges (if applicable)

## D. <u>Witnesses Tab:</u>

❖ Type the number of witnesses from this incident. Enter requested information regarding each witness. If the name of a witness is entered incorrectly, the name may be removed by typing a minus (-) sign in the first character of the First Name before saving this tab.

**If you have any questions regarding IRIS, please contact your Host LME.**

Continue to visit the Division's website at http://www.ncdhhs.gov/mhddsas/ for updated information regarding IRIS.