

Pegco Inc
2395 Palm Dr
Port Orange FL 32128
(386) 756-4266
FL Provider #FBN2613

ROSTER

Program Title: **MAJOR INCIDENTS & EMERGENCIES (1 HR)**

Date: _____ Facility Name: _____

********PLEASE PRINT CLEARLY********

CERTIFICATES CAN NOW BE EMAILED IF WE CAN READ THE EMAIL ADDRESS

1. NAME _____ PHONE _____
ADDRESS _____

EMAIL _____

2. NAME _____ PHONE _____
ADDRESS _____

EMAIL _____

3. NAME _____ PHONE _____
ADDRESS _____

EMAIL _____

4. NAME _____ PHONE _____
ADDRESS _____

EMAIL _____

5. NAME _____ PHONE _____
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EMAIL _____

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EMAIL _____

7. NAME _____ PHONE _____
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EMAIL _____

8. NAME _____ PHONE _____
ADDRESS _____

EMAIL _____

9. NAME _____ PHONE _____
ADDRESS _____

EMAIL _____

10. NAME _____ PHONE _____
ADDRESS _____

EMAIL _____

Determining Major and Adverse Incidents

Major Incidents

Major Incident Report should be completed if:

- Death of resident from other than natural causes
- Determining a resident is missing (based on facility policy)
- An injury to a resident which requires assessment and treatment from a health care provider
- Any event, such as fire, natural disaster (hurricanes) or other occurrences that results in the disruption of the facility's normal activities.

MUST be reported by the individual having first hand knowledge but not necessarily written by this person.

Determining Major and Adverse Incidents

Adverse Incidents

In determining whether or not an incident meets the definition of an adverse incident and must be reported to the Agency for Health Care Administration (Agency), facilities should answer the following questions:

Determining Major and Adverse Incidents

Adverse Incident Q.1

Question 1: Did an incident occur in which a resident was injured or a specific situation existed?

Reportable Injuries/situations (outcomes) are:

Death

Brain or spinal damage

Permanent disfigurement

Fracture or dislocation of bones or joints

Any condition requiring medical attention to which the resident has not given informed

consent, including failure to honor advanced directives. The informed consent outcome applies to surgical/diagnostic procedures and treatments performed when the patient has not given informed consent. This outcome applies more to acute care patients than ALF residents. The transfer outcome applies under most situations when a resident is transferred to a psych or acute care hospital, including Baker Act transfers. Any condition that requires the transfer of the resident, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident rather than the resident condition prior to the adverse incident Any condition that requires the transfer of the resident, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident, rather than the resident condition prior to the adverse incident.

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Determining Major and Adverse Incidents

Adverse Incident Q.2

Question 2:

Is the incident in which one or more of the injuries/situations listed above occurred, an event over which the facility staff could have had control (prevented or influenced the occurrence or extent of injury/situation to the resident)

Determining Major and Adverse Incidents

Adverse Incident Q.3

Question 3:

Is the incident in which one or more of the injuries/situations listed above occurred, an event that is associated completely or partly with the facility staff intervention or lack of intervention and not the result of a pre-existing condition that the intervention was trying to correct or control? For example, transfer of a resident to the hospital because a pre-existing condition of heart failure worsened, is not an adverse incident if facility staff intervention or lack of intervention was not directly or indirectly related to worsening of the condition. An expected death of a hospice patient is not an adverse incident unless staff intervention or lack of intervention contributed to the death.

Determining Major and Adverse Incidents

Adverse Incident 2

For an incident to be defined as adverse Yes must be answered to questions 1, 2 and 3 or One or more of the following outcomes must be present

Abuse, neglect or exploitation as defined in 415.102, F.S. (Vulnerable adult)

Abuse, neglect and harm as defined in 39.01, F.S. (Child)

Resident elopement (as defined by the facility)

An event reported to law enforcement

For every 1-Day Adverse Incident Report submitted to the Agency,

15-Day Adverse Incident Report must also be completed and submitted.

Continue the internal investigation and within 15 calendar days of the occurrence of the incident, submit the completed 15-Day Adverse Incident Report.

Determining Major and Adverse Incidents

Adverse Incident 3

Adverse Incident Reporting Timeline:

1 day report must be completed and sent to AHCA within 1 Business Day of the incident

15 day report must be completed and sent to AHCA within 15 calendar days of the

Reports may be faxed to 850-922-2217 or submitted on-line at

www.fdhc.state.fl.us/reporting/index.shtml

or mailed to Facility Analysis Unit at the address indicated on the forms.

Determining Major and Adverse Incidents

Adverse Incident 4

An up to date record of MAJOR Incidents occurring within the last 2 years must be maintained and contain:

A clear description of the incident

Time, place, names of individuals involved

Witnesses

Nature of injuries

Cause, if known

Action taken

Description of medical or other services provided

Any steps taken to prevent recurrence: Reassess after incident occurs

Rules for Incident Reporting

1. When an incident happens,

Give Incident Reports High Priority

2. When an incident happens:

Take responsibility for reporting.

3. NOTIFY IMMEDIATELY. Incident Reporting is a three step process.

Notification

Report Submission

Follow-up Submission

4. When an incident happens:

You are the witness, not the judge and jury.

Keep opinions to yourself. Don't use reports to complain, retaliate or attach blame.

5. When an incident happens:

Stick to the FACTS.

Report what you SAW,

Report what you HEARD,

Report what you DID

BE BRIEF and use wording that will not be misinterpreted by outsiders.

6. When an incident happens:

Clearly distinguish between what YOU observed and what was reported or told to you.

"QUOTE" what was said by the client or visitor

7. When an incident happens:

NEVER duplicate or retain a copy of an Incident Report

8. When an incident happens:

NEVER place an incident report in the medical record or document in the medical record that an incident report was completed.

9. When an incident happens:

You should NEVER indicate in the resident's medical record that an incident report has

10. When an incident happens:

DON'T wait to complete the Incident Report. Document while the events are fresh in your mind.

11. When an incident happens:

Submit Incident Reports and follow-up timely

Completing Incident Report Forms

Incident Reporting Forms

There are two different types of incidents:

Major and Adverse Incidents

There are two different Incident Report Types

1. Major Incident Report
2. Adverse Incident Report

1 day report
15 day report

Completing Incident Report Forms

Major Incident Report

If you answered no to the three questions in determining an adverse incident, then the incident is classified as a Major Incident and you must complete a Major Incident Report Form.

Completing Incident Report Forms

Adverse Incident Report 1 Day

1 Business Day

When you have determined that the incident is Adverse, you must complete the ADVERSE INCIDENT REPORT - 1DAY.

The 1-Day Adverse Incident Report must be completed and sent to the Agency within one business day of the occurrence of the incident.

Completing Incident Report Forms

Adverse Incident Report 15 Day

15 Calendar Days

After you have submitted the 1 day adverse incident report, continue the internal investigation and within 15 days of the occurrence of the incident, submit the completed 15-Day Adverse Incident Report.

Never use white out or erase on these forms. If an error is made draw a single line through the error and initial.

STUDENT NAME: _____ DATE: _____

FINAL EXAM (True or False)

1. If you make a mistake, you may use “white out” to correct it?

TRUE FALSE

2. When filling out an incident report you should always give your opinion of what occurred?

TRUE FALSE

3. When an incident happens how much time should wait before you fill out the incident report?

- a. 15 business days
- b. 2 business days
- c. wait 48 hours to gather your thoughts
- d. don't wait, document while events are fresh in your mind

4. You should NEVER make a copy of an incident report?

TRUE FALSE

5. Incident reporting is a three step process:

- Notification
- Report Submission
- Follow-up Submission

TRUE FALSE

6. You should report:

- What you Saw
- What you Heard
- What you Did

TRUE FALSE

7. You should always place a copy of the incident report in the resident's medical record?

TRUE FALSE

8. You should use “quotes” when reporting what was said by the client or visitor.

TRUE

FALSE

9. You should always write the incident report in pencil so you can erase mistakes?

TRUE

FALSE

10. How much time do you have to submit reports to AHCA?

a. 1 business day for both reports.

b. 15 business days for both reports

c. 1 business day for 1 day reports and 15 calendar days for the 15 day FULL report

d. 1 calendar day for the 1 day report and 15 business days for the FULL report

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PROGRAM EVALUATION

COURSE TITLE: **MAJOR INCIDENTS & EMERGENCIES**

DATE: _____ LOCATION: PEGCO, Inc.

*Please evaluate by circling the appropriate rating:
5-Excellent 4-Above average 3-Average 2-Fair 1-Poor*

- | | |
|---|----------------------|
| 1. Overall quality of the program | 5 4 3 2 1 |
| 2. Overall content of the program | |
| a. content can improve my ability to perform my job | 5 4 3 2 1 |
| b. content reflected knowledge level and needs of learner | 5 4 3 2 1 |
| c. the material was current | 5 4 3 2 1 |
| 3. Achieved stated objectives | |
| a. total number of objectives in program _____ | |
| b. circle the number of met objectives | 1 2 3 4 5 6 7 8 9 10 |
| c. the test material reflected the objectives listed | 5 4 3 2 1 |
| 4. Overall organization of the program | |
| a. material was organized to facilitate learning | 5 4 3 2 1 |
| b. material covered was adequate and accurate | 5 4 3 2 1 |

What did you like best about the program?

Your suggestions for improving this program.

Any topic ideas for future in-service programs

THANK YOU FOR USING PEGCO INC. WE APPRECIATE YOU.