Major Unusual Incident/Unusual Incident/Individual (Patient) Rights Inservice for 2013

Upon completion of this inservice the individual will be able to:

- 1. Define major unusual incident.
- 2. Define unusual incident.
- 3. State at least 3 major unusual incidents.
- 4. State at least 3 unusual incidents.
- 5. Describe the individual rights with how the right applies to an individual's life.

This inservice/continuing education is equal to two (2) hours of training. This will complete the training in accordance with standards established by the Department of Disabilities, in the provisions of governing rights of individuals set forth in section 5123.62 to 5123.64 of the Revised Code. This will also complete the training in accordance with standards established by the Department of Disabilities, in the requirements of rule 5123:2-17-02 of the Administrative Code relating to incidents adversely affecting health and safety.

Outcomes and the Health Care Professionals

Following the process for reporting MUI/UI protects the health and safety of the individual receiving care. But the health care professional should consider what would happen if they did not report the MUI/UI. Leadership/managers would not be aware of actual or potential problems/safety issues that require action to be taken. By not reporting, not only are you jeopardizing the health and safety of the individual receiving care, but also jeopardizing yourself and the agency. Properly reporting MUI/UI's serve as a foundation for our organization's total quality improvement plan. Effectively following the process and documenting the findings with a plan of correction is all health care professionals' responsibility.

All heath care professionals have the duty to protect the rights of all individuals (patients). Health care professionals must respect the patient as a person, as well as respect their property. In addition, the patient has the right to participate as much as possible in his or her care planning and delivery. You are required to notify your immediate supervisor (or on-call staff) of any complaints regarding violations of patient's rights. Protecting the patient's rights is part of the foundation of our organization's philosophy.

Information presented in this document has been obtained through the Ohio Board of Developmental Disabilities and has been formatted by Mary Kinosh, RN BSN, Corporate Director of Nursing/Administrator for FirstChoice.

I. What is an MUI?

An MUI (major unusual incident) is an alleged, suspected or actual occurrence of an incident when there is reason to believe the health and safety of an individual may be adversely affected and the individual may be placed at a reasonable risk of harm. The types of MUIs are explained in the Definitions section of this guide.

II. Why are MUIs Reported?

The MUI system is set up for the purpose of identifying the cause or factors leading up to the incident and developing prevention plans to reduce the likelihood of the incident occurring again. MUIs are always filed on the victim. The residential provider is also flagged for incidents involving individuals whom they serve. This assists the provider in looking at trends and working with the county board to address them.

III. How are MUIs Different From UIs (Unusual Incidents)?

Unusual Incidents may be events involving a person with a developmental disability that are not consistent with daily operations, care or habilitation of that person. Unusual Incidents are anything that is not an MUI, medication errors where there is not a reasonable risk of harm, falls, peer-to-peer incidents that are not MUIs, overnight relocations due to natural disasters, fire, mechanical failure, and any other identified by the agency provider or the county board. These incidents are handled at the provider level and are reviewed quarterly by the county board of DD.

IV. Who Must Report?

- 1. All providers who are contracted, certified or licensed to serve persons with DD are *required* to report MUIs to the county board.
- 2. All county board staff and department staff are also required to report MUIs.
- 3. A basic responsibility for anyone on a Medicaid waiver is to ensure health and welfare so anyone paid to provide Medicaid waiver services *must* report MUIs.

V. When Are MUIs Reported?

Incidents involving Abuse, Neglect, Exploitation, Misappropriation, Death, Prohibited Sexual Relations, and Failure to Report are always reported no matter where they happen or who is involved. The remaining categories are reported when the individual is with or under the care of their licensed or certified provider or a county board operated or contracted program.

VI. To Whom Are MUIs Reported?

An MUI contact person has been identified at each county board of DD to receive reports of possible MUIs. Incidents may be reported to that person or to any county board of DD employee.

VII. What is the Role of the Provider?

The provider's role is to take immediate actions to protect individuals from further harm when incidents occur in their setting, to report possible incidents to the county board of DD immediately, but no later than 4 hours for abuse, neglect, misappropriation, exploitation, or suspicious death. Notify the police immediately when there is an alleged crime. Report all other MUIs within 24 hours of awareness. Implement preventive measures to reduce the likelihood of similar incidents occurring.

Definitions

Major Unusual Incidents are categorized as:

- 1. **Physical Abuse** means the use of physical force that can reasonably be expected to Result in physical harm or serious physical harm as those terms are defined in section 2901.01 of the Revised Code. Such force may include, but is not limited to, hitting, slapping, pushing, or throwing objects at an individual.
- 2. **Sexual Abuse** means unlawful, sexual conduct or sexual contact as those terms are defined in section 2907.01 of the Revised Code and the commission of any act prohibited by section 907.09 of the Revised Code (e.g., public indecency, importuning, and voyeurism).
- 3. *Verbal Abuse* means purposefully using words or gestures to threaten, coerce, intimidate, harass, or humiliate an individual.
- 4. **Attempted Suicide** means a physical attempt by an individual that results in emergency room treatment, in-patient observation, or hospital admission.
- 5. **Death** means the death of an individual.
- 6. **Exploitation** means the unlawful or improper act of using an individual or an individual's resources for monetary or personal benefit, profit, or gain.
- 7. Failure to Report means that a person, who is required to report pursuant to section 5123.61 of the Revised Code, has reason to believe that an individual has suffered or faces a substantial risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably indicated abuse (including misappropriation) or neglect of that individual, and such person does not immediately report such information to a law enforcement agency, a county board, or, in the case of an individual living in a developmental center, either to law enforcement or the department. Pursuant to division (C) (1) of section 5123.61 of the Revised Code, such report shall be made to the department and the county board when the incident involves an act or omission of any employee of a county board.
- 8. **Known Injury** means an injury from a known cause that is not considered abuse or neglect and that requires immobilization, casting, five or more sutures or the equivalent,

second or third degree burns, dental injuries, or any injury that prohibits the individual from participating in routine daily tasks for more than two consecutive days.

- 9. *Law Enforcement* means any incident that results in the individual being charged, incarcerated, or arrested.
- 10. *Medical Emergency* means an incident where emergency medical intervention is required to save an individual's life (e.g., Heimlich maneuver, cardiopulmonary resuscitation, intravenous for dehydration).
- 11. *Misappropriation* means depriving, defrauding, or otherwise obtaining the real or personal property of an individual by any means prohibited by the Ohio Revised Code, including Chapter 2911. and 2913. of the Revised Code.
- 12. *Missing Individual* means an incident that is not considered neglect and the individual cannot be located for a period of time longer than specified in the individual service plan and the individual cannot be located after actions specified in a search of the immediate surrounding area; or circumstances indicate that the individual may be in immediate jeopardy; or law enforcement has been called in the search for the individual.
- 13. **Neglect** means when there is a duty to do so, failing to provide an individual with any treatment, care, goods, supervision, or services necessary to maintain the health or safety of the individual.
- 14. **Peer-to-peer** acts means acts committed by one individual against another when there is physical abuse with intent to harm; verbal abuse with intent to intimidate, harass, or humiliate; any sexual abuse; any exploitation; or intentional misappropriation of property of significant value.
- 15. **Prohibited Sexual Relations** means an DD employee engaging in consensual sexual conduct or having consensual sexual contact with an individual who is not the employee's spouse, and for whom the DD employee was employed or under contract to provide care at the time of the incident and includes persons in the employee's supervisory chain of command.
- 16. **Rights Code Violation** means any violation of the rights enumerated in section 5123.62 of the Revised Code that creates a reasonable risk of harm to the health or safety of an individual.
- 17. *Unapproved Behavior Support* means the use of any aversive strategy or intervention implemented without approval by the human rights committee or behavior support committee or without informed consent.
- 18. *Unknown Injury* means an injury of an unknown cause that is not considered Possible abuse or neglect and that requires treatment that only a physician, physician's assistant, or nurse practitioner can provide.
- 19. *Unscheduled Hospital Admission* means any hospital admission that is not scheduled unless the hospital admission is due to a condition that is specified in the individual service plan or nursing care plan indicating the specific symptoms and criteria that require hospitalization.

Actions/Response for Staff to Follow

Change in medical condition/illness/injury

It is our responsibility to assure the health and welfare of our patient/client/consumer/individual under our care. While we may want to be respectful of the patient or their family member's wishes we also must assure that appropriate medical care and treatment is given to the patients.

What does this mean?

This means that if any individuals are exhibiting signs and symptoms of a serious medical condition, a call to 911 is made immediately. The family contacts, management calls, and other notifications should be made after an assurance that the health and welfare of the individual has first been addressed. The fact that a family member/guardian has asked to be contacted does not relinquish the provider responsibility to assure the health and well being of the individual. As we all know, any unnecessary delays in medical treatment can have tremendous negative outcomes up to and including the death of an individual.

Examples of when to call 911 for emergency assistance understand that this listing may not be all inclusive:

- The person appears very ill; sweating, skin looks blue or gray
- Severe, constant abdominal pain
- Bleeding heavily, despite direct pressure
- Pulse (heart rate) is less than 40 or greater than 140
- Difficulty breathing and/or severe wheezing
- Chest pain
- Fainting, loss of consciousness, or not responsive
- Fall with severe head injury (fall on face, bleeding, change in level of consciousness). **Do not move**; **keep warm**
- Fall, unable to get up on own and normally would be able to do so, or in a lot of pain when lying still or trying to get up. Do not move; keep warm
- Fall, limb deformity noted (bone sticking out, swelling, unusual position of arm, leg). Do not move; keep warm
- First time seizure; roll to side, protect head, and move obstacles that may pose a threat
- Seizure lasting 2+ minutes; one seizure right after the other; person does not wake up after the seizure; person does not start breathing within one minute after seizure stops (is CPR needed?).
- Possible stroke; new weakness, loss or change in speech
- Repeated vomiting/diarrhea less than 12 hours but not responding normally
- Any bloody or coffee grounds looking vomit/diarrhea
- Sudden loss of vision

IMPORTANT: When in doubt, seek medical attention immediately!

Actions/Response for Staff to Follow for Abuse, Neglect, Misappropriation, Exploitation, or Suspicious Death

It is our responsibility to protect our patient/client/consumer/individual if you suspect that there are signs of abuse (physical, verbal, sexual, financial), neglect, misappropriation, exploitation, or death. In any of these cases, you are to notify your field service supervisor or clinical service manager **immediately**. The office will investigate and inform the appropriate individuals/departments involved in the care of our patient.

As care providers, in order to protect those we service, we need to know their rights as individuals. Below are the rights for individuals with developmental disabilities as outlined by the State of Ohio.

5123.62 Rights of persons with a developmental disability with Examples of use in ever day life

The rights of persons with mental retardation or a developmental disability include, but are not limited to, the following:

- (A) The right to be treated at all times with courtesy and respect and with full recognition of their dignity and individuality;
 - Example: I have the right to be treated nicely, and as a person, at all times.
- (B) The right to an appropriate, safe, and sanitary living environment that complies with local, state, and federal standards and recognizes the persons' need for privacy and independence;
 - <u>Example</u>: I have the right to live in a clean safe place where I have somewhere I can be alone.
- (C) The right to food adequate to meet accepted standards of nutrition;
 <u>Example</u>: I have the right to have food that is healthy and good for me.
- (D) The right to practice the religion of their choice or to abstain from the practice of religion;
 - <u>Example</u>: I have the right to go to any church, temple or mosque of my choice or not to go at all.
- (E) The right of timely access to appropriate medical or dental treatment;

 <u>Example</u>: I have the right to go to the doctor or dentist when I am sick or need to.
- (F) The right of access to necessary ancillary services, including, but not limited to, occupational therapy, physical therapy, speech therapy, and behavior modification and other psychological services;

<u>Example</u>: I have the right to have people help me with the way I walk, talk, do things with my hands, act or feel, if I need it.

- (G) The right to receive appropriate care and treatment in the least intrusive manner; <u>Example</u>: I have the right to get help without it being forced or pushed on me.
- (H) The right to privacy, including both periods of privacy and places of privacy;
 <u>Example</u>: I have the right to be by myself.
- The right to communicate freely with persons of their choice in any reasonable manner they choose;

<u>Example:</u> I have the right to use the phone, write letters, write thank you notes, or talk to anyone I want about whatever I want, as long as it doesn't bother anyone else.

(J) The right to ownership and use of personal possessions so as to maintain individuality and personal dignity;

Example: I have the right to have my own things and be able to use them.

(K) The right to social interaction with members of either sex;

<u>Example</u>: I have the right to have men and women as friends.

(L) The right of access to opportunities that enable individuals to develop their full human potential;

<u>Example</u>: I have the right to join in activities and do things that will help me grow to be the best person I can be such as joining the Y, attending activities at a library, going to a museum, volunteering.

(M) The right to pursue vocational opportunities that will promote and enhance economic independence;

Example: I have the right to be able to look for a job, work and earn money.

- (N) The right to be treated equally as citizens under the law;
 <u>Example:</u> I have the right to be treated like everyone else.
- (O) The right to be free from emotional, psychological, and physical abuse;
 <u>Example</u>: I have the right not to be hit, yelled at, cursed at, be called names, to be hurt, or talked about in a mean way.
- (P) The right to participate in appropriate programs of education, training, social development, and habilitation and in programs of reasonable recreation; <u>Example</u>: I have the right to be able to learn new things, make friends, have activities to do and/or go out in my community.
- (Q) The right to participate in decisions that affect their lives;

<u>Example</u>: I have the right to be able to tell people what I want and be part of making plans or decisions about my life.

- (R) The right to select a parent or advocate to act on their behalf;
 <u>Example</u>: I have the right to choose someone in my family or anyone I want to help me speak for myself or to speak for me, if I need it.
- (S) The right to manage their personal financial affairs, based on individual ability to do so:

<u>Example</u>: I have the right to use my money to pay for things that I need or want with help if I need it.

- (T) The right to confidential treatment of all information in their personal and medical records, except to the extent that disclosure or release of records is permitted under sections <u>5123.89</u> and <u>5126.044</u> of the Revised Code; <u>Example</u>: I have the right to say yes or no before people talk about me at work or home, or look at any of my records.
- (U) The right to voice grievances and recommend changes in policies and services without restraint, interference, coercion, discrimination, or reprisal;
 <u>Example</u>: I have the right to be able to complain or ask for changes if I don't like something, without being afraid of getting in trouble.
- (V) The right to be free from unnecessary chemical or physical restraints;
 <u>Example</u>: I have the right to say no to medicine that makes me act different, to be tied up, held down or locked up if I am not hurting myself or others.
- (W) The right to participate in the political process;
 <u>Example</u>: I have the right to vote, learn about how laws are made and tell people how the laws affect my life.
- (X) The right to refuse to participate in medical, psychological, or other research or experiments
 <u>Example</u>: I have the right to say yes or no to being a part of any research, study or experiment.