Fields of Opportunities

STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

July 27, 2007

GENERAL LETTER NO. 3-B-4

ISSUED BY: Office of the Deputy Director for Field Operations

SUBJECT: Employees' Manual, Title 3, Chapter B, ***STATE RESOURCE CENTERS***, Contents (page 3), revised; pages 63, 73, 74, 75, and 76, revised.

Summary

This chapter is revised to:

- Clarify the qualified investigators for Type 1 incident investigations.
- Add a waiver of four-hour initiation of investigation for some Type 1 incident investigations.
- Correct a typographical error.

Effective Date

Immediately

Material Superseded

Remove the following pages from Employees' Manual, Title 3, Chapter B, and destroy them:

Page	Date
Contents (page 3)	September 22, 2006
63, 73-76	September 22, 2006

Additional Information

Refer questions about this general letter to your state resource center superintendent.

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- When such a report is made, the employee, volunteer, or contractor shall complete form 470-2310, *Record Check Evaluation*, and the resource center shall submit the form for screening by the Department under Iowa Code section 218.13 to determine if the person continues to be employable.
- The resource center shall follow up on any information it receives that indicates that an employee, volunteer, or contractor has not reported any allegation or founding of abuse or arrest, charge, or conviction for any felony or misdemeanor.
- Any employee, contractor, or volunteer who fails to report any allegation of abuse or arrest, charge, or conviction for any felony or misdemeanor against the person arising from the person's actions outside the work place within 24 hours or on the next scheduled working day shall be subject to sanctions, up to and including dismissal or termination of contract.
- Any employee, volunteer, or contractor who has been found to have contributed to adult or child abuse, to have committed adult or child abuse, to have been convicted of child or adult abuse, denial of critical care, or to have committed mistreatment shall be subject to sanctions, up to and including dismissal or termination of contract.
- All decisions on type and severity of disciplinary actions taken against employees shall be done timely and shall be based on an evaluation of the type and severity of the incident based on the evidence in the incident report, prior personnel actions taken with the employee, and other components of just cause.

General Incident Management

Resource Center written policies and procedures shall assure that:

- No employee, contractor, or volunteer shall behave in an abusive or neglectful manner toward individuals. No employee, contractor or volunteer shall violate the Iowa Code provisions related to:
  - Child abuse. (See Iowa Code section 232.68(2), and 441 IAC 175.21(232, 235A).)
  - Abuse or neglect of dependent adults. (See Iowa Code section 235B.2(5) and 441 IAC 176.1(235B).)
  - Sexual abuse. (See Iowa Code Chapter 709.)

- All type 1 investigations shall be conducted by a qualified investigator who:
  - Holds the position or classification of investigator II, investigator III, director of quality management, assistant superintendent, or superintendent;
  - Is supervised by a person that is independent of program operations;
  - Has successfully completed competency-based training on current professional standards for conducting investigations; and
  - Is able to work collaboratively with law enforcement officials when needed.
- All type 1 investigations shall commence within four hours of the report of the incident unless otherwise assigned by the director of quality management, but no later than 24 hours after the report of the incident. Waiver of four-hour initiation shall not apply to allegations of:
  - Physical abuse with injury,
  - Sexual abuse,
  - Incidents of serious injury,
  - Unexpected or suspicious deaths,
  - Attempted suicides,
  - Cases where law enforcement is involved, or
  - Allegations of neglect that involve elopement requiring DIA notification, sexual contact between individuals, or serious injury due to peer-to-peer aggression.

  When four-hour initiation is waived, the director of quality management must document the reasons, including the steps taken to ensure safety of all individuals and the integrity of the investigation.
- Type 1 investigations shall be completed within five business days of the reporting of the incident.
- Investigation written reports shall be made using form 470-4366, *Incident Investigation Report.*
- The investigator's supervisor shall review all investigation reports for thoroughness, accuracy, completeness, coherence, and objectivity. Any subsequent corrections or revisions deemed necessary shall be submitted on a timely basis as an addendum.
- When the investigation report is completed, it shall be sent to the superintendent or the superintendent's designee for review and approval.

Type 2 Incident Reviews

Resource center written policies and procedures shall assure that:

- A process shall be in place to review all incidents that will not have a type 1 investigation, in order to evaluate:
  - The cause of the incident,
  - The impact on the individual, and
  - The need for corrective action.
- Supervisory or administrative staff shall conduct type 2 incident reviews.
- The findings of the review shall be documented in the individual's record.
- Type 2 incident reviews shall:
  - Commence within four hours of the report of the incident; and
  - Be completed within five business days of the incident.
- Written reports shall be made on form 470-4345, *Type 2 Incident Review Report*.
- The treatment program manager shall review the completed report for:
  - Completeness of the report,
  - Whether appropriate corrective action was identified,
  - Whether the corrective action complied with corrective actions policies, and
  - Whether a required clinical or interdisciplinary team review was completed.

Clinical or Interdisciplinary Team Review of Incidents

Resource center written policies and procedures shall assure that:

- The interdisciplinary team shall conduct an immediate clinical review of the following incidents:
  - Adverse drug reaction,
  - New onset seizure,
  - Aspiration pneumonia,
  - Choking,
  - Significant weight change,
  - Skin breakdown,

- Site infection,
- Bowel obstruction,
- Suicide attempts, and
- Medical emergency

♦ The individual's interdisciplinary team shall review the following incidents within five working days of the incident:

- Two or more injuries of any type within ten calendar days,
- Suicide threats,
- Two or more falls within 30 calendar days,
- Suspension or termination of school, work, etc.),
- Two or more elopements, as defined in this chapter, within ten calendar days,
- Increase in target behavior of 20 percent or more in past 30 days, and

♦ The findings of all immediate clinical reviews and interdisciplinary team reviews shall be documented in the individual's chart.

♦ The individual's individual support plan shall be revised as appropriate based on the review.

Treatment Program Manager Review of Incidents

Resource center written policies and procedures shall assure that:

♦ No less frequently than weekly, each qualified mental retardation specialist shall review all incidents from the previous week against the previous six months incident data for each person and collectively to identify any trends related to:

- Incident type,
- Incident cause,
- Incident location,
- Employees assigned,
- Program area,
- Resident treatment supervisor response,
- Corrective actions taken, or
- Notifications.

♦ All qualified mental retardation specialists shall conduct the review by on the same day of the week, as selected by the superintendent.

- A summary of the weekly review shall be submitted to the treatment program administrator. The summary shall highlight areas of concern and corrective actions to be taken.
- No less than monthly, each treatment program administrator shall review the summaries submitted by the treatment program managers and provide a summary of the findings and recommendations to the quality council.

Corrective Actions

Resource center written policies and procedures shall assure that:

- There shall be a process to assign the development and implementation of specific corrective actions plans to prevent future incidents and protect individuals' safety. The corrective action plans shall address issues identified in all:
  - Type 1 incident investigations,
  - Type 2 incident reviews, and
  - Clinical or interdisciplinary team reviews.
- This process shall assure that:
  - Written corrective action plans shall be developed with five business days of assignment.
  - Corrective actions plans shall identify the tasks, timelines, outcomes to be accomplished, and the employees responsible for implementation.
  - Corrective action plans shall be implemented in a timely manner.
  - The results of corrective action plans shall be documented.
- The superintendent or the superintendent's designee shall:
  - Approve all corrective action plans created as the result of an investigation before implementation and
  - Approve any proposed modification to content or timeline before implementation.
- There shall be a monitoring and tracking process to assure that all corrective actions are developed within specified time limits and are completed as approved.