



MI Health Link Critical Incident Training

June 30, 2020

Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

Housekeeping

- All phone lines will be muted for the duration of the presentation
- Please enter questions in the chat box. There are built in Q&A times where they will be answered.
- If you find you are getting echoing or feedback this is most likely because you are dialed in on your phone as well as your computer. Please mute your computer speakers.
- A copy of the PowerPoint and the compiled questions and answers will be provided to attendees after the training.

Objectives

- Brief overview of the types of critical incidents required by MI Health Link to be reported
- How to identify critical incidents in the enrollee's home
 - Proper reporting of identified incidents
 - Reporting time frames
- Spotlight on Elder Abuse and Neglect

Objective #1

How many critical incident types require reporting and investigation in MI Health Link?

Types of Critical Incidents That Require Reporting in MI Health Link

Critical Incidents Requiring Investigation In MI Health Link	
Exploitation	Sexual abuse
Illegal activity in the home with potential to cause a serious or major negative event	Theft
Neglect	Worker consuming drugs or alcohol on the job
Physical Abuse	Suspicious or unexpected death
Use of Restraints	Medication errors
Provider no shows	

Objective #2

Critical Incident Types and How to Identify Them
in the Home

Critical Incident Types

- **Exploitation:** An action by an employee, volunteer, or agent of a provider that involves the misappropriation or misuse of an enrollee's property or funds for the benefit of an individual or individuals other than the enrollee.
- **Things to watch for:**
 - Enrollee who was once able to afford bills reports not being able to
 - Enrollee reports that their child took their debit card without permission and refuses/has not returned it
 - Caregiver timecards not matching up with assigned hours
 - Enrollee stating their agency caregiver took their vehicle to the store during hours in which the caregiver should be working in the beneficiary's home.

Critical Incident Types

- **Illegal activity in the home with potential to cause a serious or major negative event:** Any illegal activity in the home that puts the enrollee or the providers coming into the home at risk.
- **Things to watch for:**
 - Enrollee reports that family member in the home is making or selling illegal substances
 - The care coordinator notes there is exotic pet in the home (wolf-dog hybrids, lions, tigers, cougars, cheetahs, leopards, jaguars, panthers, and bears)
 - Reports or suspicion of human trafficking occurring in the home

Critical Incident Types

- **Neglect:** Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law or rules, policies, guidelines, written directives, procedures, or Individual Integrated Care and Supports Plans that cause or contribute to non-serious physical harm or emotional harm, death, or sexual abuse of, serious physical harm to an enrollee, or the intentional, knowing or reckless acts of omission or deprivation of essential needs (including medication management).

Critical Incident Types

- **Signs of neglect to watch for:**

- The enrollee reports they are not being fed by caregiver
- The enrollee's needed medication is being withheld from them
 - This could also be a sign of other incidents occurring concurrently, for example:
 - Neglect + Exploitation + Theft – If the enrollee's medications are being withheld by a caregiver who is then taking them or selling them.
- The enrollee has a new pressure ulcer and reports caregiver refuses to turn them or help with pressure relief measures
- Home is in ill repair and there is a caregiver (paid or unpaid) who is responsible for up keep
 - This can include paid chore services provider (it's winter and walk is icy)

Critical Incident Types

- **Physical abuse:** The use of unreasonable force on an enrollee with or without apparent harm.
 - The care coordinator notices bruises on the enrollee's arm and they report their caregiver grabbed their arm and shoved them
 - Asking the beneficiary how they got their bruises and if they are taking measures to heal their bruises could begin dialogue with the individual that may uncover potential CIs.
 - The enrollee has an emergency room visit for a broken bone. During a care coordinator visit the confess that their son hit them
 - During a care coordination visit the enrollee who is usually talkative is very withdrawn. During the assessments they admit their family is very rough with them during care

Critical Incident Types

- **Use of Restraints, seclusions, or restrictive interventions:** Includes unreasonable confinement (physical or chemical restraints, seclusion, and restrictive interventions).
- **Things to watch for:**
 - An enrollee who is normally alert and oriented is very confused and lethargic during a visit. The caregiver reports giving the enrollee extra anxiety medications because they “didn’t want to deal with them”. (chemical restraint)
 - The enrollee reports their son locks them in their room all day. (seclusion)
 - The enrollee lives in an adult foster care home. During a visit the care coordinator notes a gate blocking part of the residence hallway preventing access to parts of the home. (physical restraint and HCBS Final Rule violation)

Critical Incident Types

- **Provider no shows:** Instances when a provider is scheduled to be at an enrollee's home but does not come and back-up service plan is either not put into effect or fails to get an individual to the enrollee's home in a timely manner. **This becomes a critical incident when the enrollee is bed bound or in critical need and is dependent on others.**
- **Things to watch out for:**
 - New wounds or pressure ulcers
 - Worsening ulcers
 - Weight loss
 - Decline in personal hygiene or soiled undergarments

Critical Incident Types

- **Sexual abuse:** Criminal sexual conduct as defined by sections 520b to 520e of 1931 PA 318, MCL 750.520b to MCL 750.520e of the Michigan Penal Code.
 - Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a department operated hospital or center, a facility licensed by the department under section 137 of the act or an adult foster care facility and an enrollee.
 - Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a provider and an enrollee for whom the employee, volunteer, or agent provides direct services.

Critical Incident Types

- **Sexual abuse (cont.):** "Sexual contact" means the intentional touching of the enrollee's or employee's intimate parts or the touching of the clothing covering the immediate area of the enrollee's or employee's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or ratification, done for a sexual purpose, or in a sexual manner for any of the following:
 - (i) Revenge.
 - (ii) To inflict humiliation.
 - (iii) Out of anger

Critical Incident Types

- **Things to watch for with sexual abuse:**
 - Doctor/hospital visit for a sexually transmitted infection
 - Caregiver notes an unusual rash on genitals
 - Enrollee reports they had a pelvic injury

Critical Incident Types

- **Theft:** A person intentionally and fraudulently takes personal property of another without permission or consent and with the intent to convert it to the taker's use (including potential sale).
- **Things to watch for:**
 - Reported missing medicines or items
 - Enrollee reports break in at their home
 - Enrollee reports their son took jewelry without asking to a pawn shop

Critical Incident Types

- **Worker consuming drugs or alcohol on the job:** Use of any drugs or alcohol that would affect the abilities of the worker to do his or her job.
- **Suspicious or Unexpected Death:** That which does not occur as a natural outcome to a chronic condition (e.g., terminal illness) or old age. These incidents are often also reported to law enforcement.
- **Medication errors:** Wrong medication, wrong dosage, double dosage, or missed dosage which resulted in death or loss of limb or function or the risk thereof.

Critical Incident Reporting and Time Frames

- All critical incident types must be reported to MDHHS within 30 days of the date the incident occurred
 - Exception: Suspicious Death must be reported within 2 days
- All incidents should be resolved within 60 days
 - If an incident resolution takes longer than 60 days this should be documented in the incident report.
- Follow up with the enrollee during the resolution process should take place monthly (can be done via phone)

Questions



Objective #3

Elder Abuse and Neglect

Elder Abuse

- For every one case of elder abuse that comes to the attention of a responsible entity, another twenty-three cases never come to life.
 - Source: NYS Elder Abuse Prevention Study, 2011
- Elder abuse can occur in any setting (home, community/community centers, and facilities).
- Elder abuse can occur in a relationship where there is an expectation of trust; and/or when an older person is targeted based on age or disability.

Victims and Abusers

- Elder abuse affects a diverse range of people:
 - All races, religions, ethnicities, cultures and socio-economic groups
 - All genders
 - Social isolation has been found to be a key factor
 - Health status
 - Living arrangements
 - Cognitive status

Victims and Abusers

- Most older victims are abused by someone they know and trust or would expect to trust:
 - Family members
 - Spouses or partners
 - Caregivers (family, paid, or volunteer)
 - Persons in positions of trust/authority
- Some abusers target older adults for their age and perceived or real frailty:
 - Strangers

Effects of Elder Abuse on Victims

- Increased mortality: rates up to 300% higher than non-abused older people (National Academies, 2010).
- Older people experience significantly higher psychological distress and perceived lower self-efficacy than non-victims (Comijs, et al, 1999)
- Abused older adults have increased health issues including; bone or joint problems, digestive problems, depression or anxiety, chronic pain, high blood pressure, and heart problems (Stein & Barret-Connor, 2000).

What Can You Do?

- Recognize the Signs of Elder Abuse
- Ask
- Report and/or Refer

Recognize the Signs

- Listen to older adults and others who may tell you about suspicions of abuse
- Do not discount older adult's claims simply because of cognitive impairment
- Look for elder abuse indicators and behavior changes
- Ask questions, even if you do not suspect abuse, in order to encourage disclosures

Ask

- Ask questions privately in an area where you will not be overheard. Protect the confidentiality and safety of the older adult.
 - Do you feel safe? Is anyone hurting or scaring you?
 - Is anyone asking you to do things you do not understand or make you uncomfortable?
 - Do you rely on anyone else for help? What kind of help? Does that person ever fail to help you meet your needs?
 - Do you regularly see friends and family? When is the last time you saw them?
 - Are you afraid of anyone in your life?

Report and/or Refer

- Report:
 - 911 or law enforcement (life threatening or possible crime)
 - Adult protective services
 - Licensing board (if abuse occurs in a facility)
- Refer:
 - Aging network agency
 - Ombudsman
 - Domestic violence or sexual assault organization

Resources

- National Domestic Violence Hotline 800-799-SAFE
- National Sexual Assault Hotline 800-656-HOPE
- Michigan Adult Protective Services Hotline 855-444-3911
- Michigan Licensing and Reporting Affairs (LARA) Reporting Line 866-856-0126
- National Center on Elder Abuse <http://www.ncea.aoa.gov>

Other Questions and Concerns

