

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES**



PROCEDURE	
Department on Disability Services	Subject: Incident Prevention, Management and Quality Improvement
Responsible Program or Office: Developmental Disabilities Administration	Policy Number: 2016-DDA-QMD-001
Date of Approval by the Director: March 23, 2016	Number of Pages:
Effective Date: March 23, 2016	Expiration Date, if any: N/A
Supersedes Policy Dated: June 1, 2013	
Cross References, Related Policies and Procedures, and Related Documents: Cross References, Related Policies and Procedures, and Related Documents: Incident Management and Enforcement policy, Incident Reporting procedure, Incident Investigation procedure, Incident Reporting procedure, Time Frames for IMEU Recommendations, Immediate Response Committee Policy and Procedures, Mortality Reporting Committee Policy and Procedures, Reportable Incident Definitions, Abuse and Neglect Fact Sheet, DDS/DDA Investigation Quality Review Rating Scale, Provider Certification Review Policy, Imposition of Sanctions Policy, Enhanced Monitoring Procedures, Imposition of Adaptive Equipment Sanctions Procedures, Watch List Procedures	

1. PURPOSE

The purpose of this procedure is to delineate Department on Disability Services (“DDS”) and provider responsibilities and establish a standardized process for incident prevention and management. Incident management is necessary to protect the health and safety of the person and/or other people served in the same location or by the same staff, to mitigate risk of reoccurrence, and to improve overall the quality of services and supports through incident report investigation, and data tracking, trending and analysis.

2. APPLICABILITY

This procedure applies to all DDS employees, subcontractors, providers/vendors, consultants, volunteers, and governmental agencies that provide services and supports to people with disabilities through the Developmental Disabilities Administration (“DDA”) service delivery system, funded by DDA and/ or the Department of Health Care Finance (“DHCF”).

3. PROCEDURES

- A. The DDS Quality Management Division (“QMD”) shall hold monthly Incident Management Coordinator’s (“IMC”) meetings. Providers shall ensure that at least one senior level employee attends and participates, preferably the provider’s Incident Management Coordinator.
- B. The DDS Incident Management Enforcement Unit (“IMEU”) will conduct regular quality enhancement activities to ensure that provider investigations are thorough, timely, and contribute to protecting the people they support from harm, abuse, neglect and exploitation.
- C. QMD shall regularly review incident data, including data on abuse, neglect and exploitation, to identify trends, systemic deficiencies and the presence of dangerous conditions or practices contributing to suspected or substantiated abuse, neglect and exploitation, and make recommendations as needed to mitigate risk of reoccurrence.
- D. The QMD shall analyze and use incident management data to improve the quality of services and supports.
- E. The QMD shall organize and facilitate monthly meetings to review and analyze incident trends, and disperse topical information during Quality Improvement Committee meetings.
- F. Providers must have a quality assurance and improvement system that encourages timely reporting and evaluates underreporting or potential underreporting of incidents.
- G. Providers shall prominently display DDS’s “See Something Say Something” poster in all common areas of their facilities, to include Day Programs, Employment Readiness, Day Habilitation, and Supported Employment. The posters should not be displayed in residential settings.
- H. Providers shall, through their Quality Assurance and Improvement Systems, incorporate DDS’s “See Something Say Something” campaign to provide direction on detecting, recognizing, and reporting behaviors and indicators of abuse, neglect and exploitation of people with disabilities without fear of retaliation.
- I. Providers are required to develop a process to effectively analyze and use incident management data to protect people from an unnecessary risk of harm and improve the quality of services and supports.
- J. Providers shall undertake activities to prevent occurrences of all incidents, including, but not limited to:

1. Identifying people they support who are at greater risk for abuse, neglect and exploitation, including people who have a history of making unsubstantiated allegations, and developing plans for prevention.
 2. Providing competency based training, at least annually, to all staff, volunteers, consultants, contractors, and interns in the recognition of, prevention of, and obligation to report suspected incidents of abuse, neglect and exploitation.
 3. Regularly reviewing incident data, including data on abuse, neglect and exploitation, to identify trends, systemic deficiencies and the presence of dangerous conditions or practices contributing to suspected or substantiated abuse, neglect and exploitation.
 4. Providing education, at least annually, to all of the people they support, and offering training to people's family members, substitute decision-makers, and others in the person's circle of support, on the recognition and prevention of abuse, neglect and exploitation, including how to safely report concerns around abuse, neglect and exploitation and reporting confidentially to DDS's Incident Hotline.
- K. Providers shall submit quarterly reports to the IMEU Supervisory Investigator regarding RIs and SRIs containing information on timeliness of reporting, trending, analysis and recommendations for quality improvement.
- L. DDS may impose sanctions on providers who do not comply with the IMEU policy or procedures.

Attachments:

- 1) Reportable Incident Definitions
- 2) IMEU Policy
- 3) Abuse and Neglect Fact Sheet
- 4) DDS/DDA Investigation Quality Review Rating Scale
- 5) Time Frames for IMEU Recommendations

