



Promoting Wellness and Recovery

John R. Kasich, Governor
Tracy J. Plouck, Director

Incident Notification and Risk Management OAC Rule 5122-26-13 Effective April 1, 2016

**Janel M. Pequignot, Chief
Licensure and Certification**

5122-26-13 (A)

(A) This rule establishes standards to ensure the prompt and accurate notification of certain prescribed incidents. It also requires the provider to review and analyze all incidents so that it might identify and implement corrective measures designed to prevent recurrence and manage risk.

- Not every incident is reportable.
- Many events will require internal review, but not rise to the level of needing to be reported.

5122-26-13 (B)

(B) Definitions

(1) "County community board of residence" means the board that is responsible for referring or paying for the client's treatment.

(2) "County community board" means a board with which the provider has entered into a contract to provide services or facilities.

5122-26-13 (B) (continued)

(B) Definitions

(3) "Incident" means an event that poses a danger to the health and safety of clients or staff and visitors of the provider, and is not consistent with routine care of persons served or routine operation of the provider.

(4) "Reportable Incident" means an incident that must be submitted to the department. As referenced in division (E) of section [5119.36](#) of the Revised Code, "Major Unusual Incident" has the same meaning as "Reportable Incident."

5122-26-13 (B) (continued)

(B) Definitions

(5) "Six month reportable incident" means an incident type of which limited information must be reported to the department. A six month reportable incident is not the same as a reportable incident.

(6) "Six month incident data report" means a data report which must be submitted to the department.

5122-26-13 (C)

(C) The provider shall develop an incident reporting system to include a mechanism for the review and analysis of all reportable incidents such that clinical and administrative activities are undertaken to identify, evaluate, and reduce risk to clients, staff, and visitors. The provider shall identify in policy other incidents to be reviewed and analyzed.

(1) An incident report shall be submitted in written form to the provider's executive director or designee within twenty-four hours of discovery of a reportable incident.

5122-26-13 (C) (continued)

(C) The provider shall develop an incident reporting system to include a mechanism for the review and analysis of all reportable incidents such that clinical and administrative activities are undertaken to identify, evaluate, and reduce risk to clients, staff, and visitors. The provider shall identify in policy other incidents to be reviewed and analyzed.

(2) As part of the provider's performance improvement process, a periodic review and analysis of reportable incidents, and other incidents as defined in the provider's policy, shall be performed. This shall include a review of all incident reports received from class two and class three residential facilities as defined in division (B) of section [5119.34](#) of the Revised Code regarding persons served by the provider, and any action taken by the provider, as appropriate.

(3) The provider shall maintain an ongoing log of its reportable incidents for departmental review.

5122-26-13 (D)

(D) Any person who has knowledge of any instance of abuse or neglect, or alleged or suspected abuse or neglect of:

(1) Any child or adolescent, shall immediately notify the county children's services board, the designated child protective agency, or law enforcement authorities, in accordance with section [2151.421](#) of the Revised Code; or

(2) An elderly person, shall immediately notify the appropriate law enforcement and county department of jobs and family services authorities in accordance with section [5101.61](#) of the Revised Code.

5122-26-13 (E)

(E) Each provider shall submit reportable incidents and six month reportable incidents as defined by and according to the schedule included in appendix A to this rule.

5122-26-13 (F)

(F) Each reportable incident shall be documented as required by the department. The information shall include identifying information about the provider, date, time and type of incident, and client information that has been de-identified pursuant to the HIPAA privacy regulations, [45 C.F.R. 164.514(b)(2)], and 42 CFR Part B, paragraph 2.22., if applicable.

5122-26-13 (F) (continued)

(F) Each reportable incident shall be documented as required by the department. The information shall include identifying information about the provider, date, time and type of incident, and client information that has been de-identified pursuant to the HIPAA privacy regulations, [45 C.F.R. 164.514(b)(2)], and 42 CFR Part B, paragraph 2.22., if applicable.

(1) The provider shall file only one incident form per event occurrence and identify each incident report category, if more than one, and include information regarding all involved clients, staff, and visitors .

If, after submitting a reportable incident to the department, a provider learns that an additional incident report category in addition to that which was already submitted is associated with the same event occurrence, the provider shall either amend the original report or submit a new incident report including only the new incident category and information.

5122-26-13 (F) (continued)

(F) Each reportable incident shall be documented as required by the department. The information shall include identifying information about the provider, date, time and type of incident, and client information that has been de-identified pursuant to the HIPAA privacy regulations, [45 C.F.R. 164.514(b)(2)], and 42 CFR Part B, paragraph 2.22., if applicable.

(2) The provider shall forward each reportable incident to the department and to the county community board of residence within twenty-four hours of its discovery, exclusive of weekends and holidays .

5122-26-13 (G)

(G) Each provider shall submit a six month incident data report to the department and to the county community board utilizing the form that is in appendix B to this rule. The six month incident data report must be submitted according to the following schedule:

- (1) The six month incident data report for the period of January first through June thirtieth of each year shall be submitted no later than July thirty-first of the same year; and
- (2) The six month incident data report for the period of July first through December thirty-first of each year shall be submitted no later than January thirty-first of the following year.

5122-26-13 (H)

(H) The department may initiate follow-up and further investigation of a reportable incident and six month reportable incidents, as deemed necessary and appropriate, or may request such follow-up and investigation by the provider, regulatory or enforcement authority, or the county community board.



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How to Report Incidents

MHAS Incident Report Webpage

<http://mha.ohio.gov/Default.aspx?tabid=125>

- Contains paper Incident Report Forms for all provider types
- Contains paper six month data report forms
- Link to Web Enabled Incident Reporting System (WEIRS)
 - AoD providers are not able to utilize WEIRS for reporting
- Instructions

AoD Providers

1. E-mail form to IncidentReport@mha.ohio.gov
 - Do not e-mail form to your lead surveyor.
- OR**
2. Mail to address on page 2 of incident form

MH Providers

1. WEIRS
- OR**
2. E-mail form to IncidentReport@mha.ohio.gov
 - Do not e-mail form to your lead surveyor.
- OR**
3. Mail to address on page 2 of incident form

Dually Certified Providers

1. If incident occurs involving AoD or dual client, OK to report using WEIRS under your MH cert number.
2. OR
OK to report following instructions for AoD provider.



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Appendix A Definitions

Definitions

In addition to the definitions in rule 5122-24-01 and 5122-26-16 of the Administrative Code, the following definitions are applicable to Ohio Administrative Code (OAC) rule 5122-26-13 "Incident Notification and Risk Management":

Definitions (continued)

(1) "Emergency/Unplanned Medical Intervention" means treatment required to be performed by a licensed medical doctor, osteopath, podiatrist, dentist, physician's assistant, or certified nurse practitioner, but the treatment required is not serious enough to warrant or require hospitalization. It includes sutures, staples, immobilization devices and other treatments not listed under "First Aid", regardless of whether the treatment is provided in the agency, or at a doctor's office/clinic/hospital ER, etc. This does not include routine medical care or shots/immunizations, as well as diagnostic tests, such as laboratory work, x-rays, scans, etc., if no medical treatment is provided.

Definitions (continued)

(2) "First Aid" means treatment for an injury such as cleaning of an abrasion/wound with or without the application of a Band-aid, application of a butterfly bandages/Steri-Strips™, application of an ice/heat pack for a bruise, application of a finger guard, non-rigid support such as a soft wrap or elastic bandage, drilling a nail or draining a blister, removal of a splinter, removal of a foreign body from the eye using only irrigation or swab, massage, drinking fluids for relief of heat stress, eye patch, and use of over-the-counter medications such as antibiotic creams, aspirin and acetaminophen. These treatments are considered first aid, even if applied by a physician. These treatments are not considered first aid if provided at the request of the client and/or to provide comfort without a corresponding injury.

Definitions (continued)

(3) "Hospitalization" means inpatient treatment provided at a medical acute care hospital, regardless of the length of stay. Hospitalization does not include treatment when the individual is treated in and triaged through the emergency room with a discharge disposition to return to the community, or admission to psychiatric unit.

(4) "Injury" means an event requiring medical treatment that is not caused by a physical illness or medical emergency. It does not include scrapes, cuts or bruises which do not require medical treatment.

Definitions (continued)

(5) "Sexual Conduct" means as defined by Section 2907.01 of the Ohio Revised Code, vaginal intercourse between a male and female; anal intercourse, fellatio, and cunnilingus between persons regardless of sex; and, without privilege to do so, the insertion, however slight, of any part of the body or any instrument, apparatus, or other object into the vaginal or anal opening of another. Penetration, however slight, is sufficient to complete vaginal or anal intercourse.

(6) "Sexual Contact" means as defined by Section 2907.01 of the Ohio Revised Code, any touching of an erogenous zone of another, including without limitation the thigh, genitals, buttock, pubic region, or, if the person is a female, a breast, for the purpose of sexually arousing or gratifying either person.



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Appendix A

Appendix A

- Contains incident types which provider must report on a “per incident” occurrence to MHAS and ADAMH/MHRS/MH/AoD Board of Residence.
- Most incident categories are tied to one or more residents, and may be tied to one or more staff
- Required to report event specific information
- Report within 24 hours of discovery, exclusive of weekends or holidays.



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Appendix B

Six Month Data Report

- Report seclusion and restraint data to MHAS and County Community Board
- Not client/consumer specific
- Not staff specific
- 2 reporting periods
- *Agency not authorized to utilize seclusion and restraint is required to report S/R on a per incident basis, in accordance with Appendix A*

5122-25-03 and 5122-25-04

(I) A provider that has not previously notified the Department that it utilizes seclusion and restraint must do so and submit any documentation requested by the Department to verify its compliance with the Administrative Code prior to utilizing these measures. A provider shall not utilize seclusion [or] restraint without written acknowledgement from the Department that it is authorized to do so.

MHAS Webpage

Incident Report Information

<http://mha.ohio.gov/Default.aspx?tabid=125>

Webinar Registration Information & Archived Recordings

<http://mha.ohio.gov/Default.aspx?tabid=743>

Rules in Effect Webpage

<http://mha.ohio.gov/Default.aspx?tabid=250>

Certification and Methadone Licensure Applications

<http://mha.ohio.gov/Default.aspx?tabid=259>

Contact Information

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