CAM Policy FAQ:

Question: An individual refuses to take medications related to their diabetes and these refusals result in regular hospitalizations and serious long-term complications -- including amputations. If the providers are offering and then documenting the refusals, would this still count as a Serious Incident for Medication Error with Adverse Consequences?

Response:
Yes, it is a serious incident and should be entered into CAM. Anytime a medication is missed, including due to a refusal, and there is an adverse consequence, it a serious incident (SI). In this case, the hospitalization and amputation are adverse consequences. There is an adverse consequence resulting from a missed/refused medication whenever it results in direct harm, emergency treatment, or it required a phone call to the prescriber.

Question: An individual went to the ER with an earache, was seen by a physician and was prescribed anti-biotics. The provider support staff will administer them. Is this considered a serious incident? Are anti-biotics beyond routine health care?

Response:
Yes, enter this in CAM as a serious incident for emergency medical care. If an individual receives care at an emergency room, that is an SI. Prescribed antibiotics are not considered routine physical health care.
**Question:** An individual dislocated a finger at school, but by the time they were seen at the ER it had reset and they received minimal treatment of having their fingers taped together. The ER discharged the individual and they returned home. Since the incident occurred at school would we still enter this into CAM as a serious incident?

**Response:**
Yes, enter in CAM as a serious incident for emergency medical care. SI’s are not location specific. If an incident meets the criteria, then it is entered in CAM. Note the location of the event as “other” and indicate the location. For the Responsible Party, if there was not a paid support (Service Provider or PSW) identify “no responsible party” in the SI.

**Question:** If providers send all medication error incident reports to the CME, will an SC/PA have to use discretion on whether the missed med is significant enough to be entered as a serious incident in CAM? Not everyone is knowledgeable about meds.

**Response:**
Not every medication error is a serious incident, although providers may report every medication error to the CME. The errors that have an adverse consequence would be entered into CAM. When identifying adverse consequence, look for evidence of direct harm, emergency medical treatment, or a required phone call/visit to the doctor.

**Question:** If a provider has a PRN order to treat an individual’s anxiety/aggression, and has a variance in place to administer a PRN psychotropic med, do we consider the use of the PRN as an emergency physical restraint (as a chemical restraint)?

**Response:**
No, this is not a physical restraint and would not be entered into CAM as a serious incident. With a doctor’s order and an approved variance, the use of the PRN is not considered a chemical restraint. Chemical restraint,
when it occurs, is a violation of the individual's rights and may be abuse, but it is not physical abuse that would require entry into CAM as an SI.

**Question:** If we have multiple med errors across multiple days being reported in one incident report, would we enter one serious incident entry or multiple?

**Response:**
You would make a separate SI entry for each missed medication when an adverse consequence occurred. Since not all medication errors will be an SI, you will have to review the incident reports you receive to determine which medication errors resulted in adverse consequences and enter those as entries into CAM.

**Question:** If an individual has been admitted to the hospital for over 30 days, should we wait to close the CAM entry once the person is discharged? Since the timeline to close an SI is 30 days, how would we update the details if we closed the SI before date of discharge?

**Response:**
Close the SI within 30 days and indicate in a Recommended Action what the follow up will be. Once the individual is discharged, you be able to update the Recommended Action with the details.

**Question:** If a risk is identified but not defined on paperwork – how do we address this in CAM?

**Response:**
CAM does not identify “risks” as a factor when defining a serious incident. If the criteria for a serious incident is met, it would be entered in CAM.
**Question:** Do we enter a chemical restraint into CAM as a serious incident when administered in the ER?

**Response:**

No, chemical restraint is not considered an SI for the purposes of making an entry into CAM. Medical facilities can administer medication as needed.

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**Question:** A report from Collective Medical (“Pre-Manage”) indicates that an individual routinely does not follow their medication regimen as ordered. The report indicates that the lack of consistency with taking prescribed medication results in an increase in seizure activity. A CME is interpreting the rule language to mean that since the medication is being offered, but refused by the individual, this does not rise to the level of a Serious Incident.

**Response:**

This is a serious incident. There are two types of serious incidents here – emergency medical care and medication error with adverse consequence. Regardless of the medication being refused, if there are adverse consequences then it would rise to the level of a serious incident and require an entry into CAM. A refusal of a medication does indicate a medication was not given and thus is a medication error (we recognize that an individual has the right to refuse treatment and medication).

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**Question:** There are a number of agency providers that have a missed medication protocol where they are required to call the prescriber for all missed medications. If a medication error is made and they call the doctor to consult with them, but no adverse consequences are seen, then is a CAM report required?

**Response:**

Yes, enter as a serious incident. Agencies can have a policy/procedure to call the person’s health care provider for each missed medication occurrence. There is no rule requirement for this; it is up to the agency’s internal policies, and it would be up to them how to address this issue. If they’re doing this, then yes, these will need to be entered in CAM.
**Question:** I am an Eligibility Specialist. Do I need to track serious incidents for individuals being determined eligible for services?

No, you do not have to identify or track serious incidents for those being determined eligible. A careful reading of the current administrative rules may make it appear that SIs for an applicant for DD services are included in CAM, but they are not. This conflict will be addressed in a future rule change.

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**Question:** Some providers who have a variance to submit data reports for aggression (or other behaviors) at a frequency of 1x weekly (or monthly). How are these entered into CAM? Incident reports may not be written for each incident, but just tallied and reported to the CME/ISP team.

**Response:**

When the CME is aware that there are one or more serious incidents associated with the aggregated behavior tracking data, each SI should be entered into CAM as an incident.