Case Management Entity: Choose an item.

Specific County Reviewed: Choose an item.

Date of Meeting: Click or tap to enter a date.

Reporting Quarter: Choose a quarter   Year Reviewed: Choose an item.

Incident Management Team Meeting Participants (adhering to OAR 411-415-0055(1)(e)(A):

Brokerage (enter name and title)	CDDP (enter name and title)
Management Level Staff: Click or tap here to enter text.	Management Level Staff: Click or tap here to enter text.
Personal Agent(s): Click or tap here to enter text.	Abuse Investigator(s): Click or tap here to enter text.
Additional IMT Member(s): Click or tap here to enter text.	Additional IMT Member(s): Click or tap here to enter text.

The red text in this form is intended to give guidance on what Canned Report is associated with the question. If there is no red text, this indicates that a narrative is needed and there will not be a Canned Report for this. For example, explaining actions your CME is taking, you will need to compile a narrative of actions your CME is taking to mitigate the risk, address concerns, etc.

Serious Incident Data:

1. Number of SI's entered by the CME <u>more than 7</u> days after becoming aware of the incident: **Complete using Canned Report: "DD SI County/Brokerage".** Using the column "SI Entry Days Late" filter out all 0's and blanks, leaving only SIs entered late.

   - Number of SI's entered by the CME <u>within 7 days</u> of becoming aware of the incident: **Complete using Canned Report: "DD SI County/Brokerage".** Using the column "SI Entry Days Late" filter out all numbers other than 0's and blanks, leaving only SIs entered timely. **NOTE:** The column should have no numerical values in the column after filtering.

   - In comparison to last quarter, please state if there is an increase or decrease of late entries for your CME: Click or tap here to enter text.

   - Please provide reasoning for the late entries: Click or tap here to enter text.

   - What actions is your CME taking to remediate this, please list: Click or tap here to enter text.

2. Number of SI's <u>not closed within 30 days</u> of CME entry: **Complete using Canned Report: "DD SI County/Brokerage".** Using the column "SI Entry Days Late" filter out all 0's and blanks, leaving only SIs entered late.

- Number of SI's <u>closed by the CME within 30 days</u> of CME entry: **Complete using Canned Report: "DD SI County/Brokerage".** Using the column "SI Closed Days Late" filter out all numbers other than 0's and blanks, leaving only SIs closed timely. **NOTE:** The column should have no numerical values in the column after filtering.
- In comparison to last quarter, please state if there is an increase or decrease of late closures for your CME: Click or tap here to enter text.
- Please provide reasoning for the late closures: Click or tap here to enter text.
- What actions is your CME taking to remediate this, please list: Click or tap here to enter text.

3. Number of SI's entered by the CME <u>with "No Recommended Action"</u> selected: **Complete using Canned Report: "DD SI's Recommended Actions – No RA".** Using the column "No Recommended Action" filter out the SIs that have an RA identified, leaving only SIs where No Recommended Action was selected.

- Number of SI's entered by the CME with an identified Recommended Action <u>other than "No Recommended Action"</u>: **Complete using Canned Report: "DD SI's with Recommended Actions – No RA".** Using the column "No Recommended Action" filter out the SIs that have No Recommended Action identified, leaving only SIs where a Recommended Action was selected. Click or tap here to enter text.
- In comparison to last quarter, please state if there is an increase or decrease of Recommended Actions being identified by your CME: Click or tap here to enter text.
- Please provide any actions your CME is taking related to the identification of Recommended Actions in SI entry: Click or tap here to enter text.

4. Please identify the number of SIs entered for each SI category below: **Complete using Canned Report: "DD SI County/Brokerage" and previous IMT report submissions.** This is a comparative tool, meant to compare each quarter. Using the Canned Report, review each SI type and enter the count/total number of the SI type for the corresponding quarter in the table. To find the percentage for the current quarter you will need the total number of all SIs for the quarter. You will then take the number of each SI and divide it by the total. For example, if your CME had 1200 SIs in one quarter and 45 of those SIs were for Medication Error, the calculation would be 45/1200=0.0375 which equals 3.75%.

SI Category	Total number submitted **two previous** reporting periods prior:	Total number submitted **last** reporting period:	Total number entered **this** reporting period:	Percentage of total SI's entered **this** quarter:
Death	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Suicide Attempt	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Act of Physical Aggression	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Safeguarding Intervention/Equipment Resulting in Injury	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Emergency Physical Restraint	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Unplanned Hospitalization	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Missing Person	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Emergency Medical Care	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Medication Error with Adverse Consequences	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Psychiatric Hospitalization	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Total SIs entered	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	

5. When reviewing the SI category types reported, please identify the SI's that had <u>an increase</u> in this reporting period: **Complete using the table above.**
   - Please describe the patterns your CME is seeing: Click or tap here to enter text.
   - Please describe the follow-up actions your CME is taking to prevent reoccurrence: Click or tap here to enter text.

6. When reviewing the SI category types experiencing **an increase** of reporting, are these SI's connected to the <u>same provider(s) or location(s)</u>?: **Complete using Canned Report: "DD SI County/Brokerage", the table above, and previous IMT report submissions.** In the canned report you will need to use the column "Ser Prov Responsible at Time of Incident…" to identify the providers and locations for the SIs entered.
   - Please describe the patterns your CME is seeing: Click or tap here to enter text.
   - Please describe the follow-up actions your CME is taking to prevent reoccurrence: Click or tap here to enter text.

7. When reviewing the SI category types experiencing **an increase** of reporting, are these SI's connected to the <u>same individual(s)</u> experiencing frequent incidents?: **Complete using Canned Report: "DD SI County/Brokerage", table above and previous IMT report submissions.** In the report you will need to use the column "SI Client…" or "SI Client: Medicaid Prime #" to identify the individuals associated with the SIs entered. To sort alphabetically, select the caret or little arrow in the "SI Client" header and select "Sort A to Z".
   - Please describe the patterns your CME is seeing: Click or tap here to enter text.
   - Please describe the follow-up actions your CME is taking to prevent reoccurrence: Click or tap here to enter text.

8. Please share any concerns, successes or identify any patterns your CME has observed this quarter with <u>providers</u>: **Complete using Canned Report: "DD SI County/Brokerage" and previous IMT report submissions.**
   - Please describe the follow-up actions your CME is taking to prevent reoccurrence: Click or tap here to enter text.

9. Please share any concerns, successes, or identify any patterns your CME has observed this quarter with <u>individuals</u>: **Complete using Canned Report: "DD SI County/Brokerage" and previous IMT report submissions.**
   - Please describe the follow-up actions your CME is taking to prevent reoccurrence: Click or tap here to enter text.

☐ **This CME is a Brokerage and has completed the required components.**

**Please submit the completed IMT report to
imt.submissions@odhsoha.oregon.gov by the associated due date.**

Thank you!

11/1/2023

Abuse & Death Review Data:

1. Number of Death Reviews <u>entered this quarter</u>: **Complete using Canned Report: "DD Death Reviews".** Using the column "Death Reviews Days Late" filter out all 0's and blanks.

    *   Number of Death Reviews entered <u>more than 7 days</u> after becoming aware of the incident: **Complete using Canned Report: "DD Death Reviews".** Using the column "Death Reviews Days Late" filter out all 0's and blanks. **NOTE:** The column should have no numerical values in the column after filtering.

    *   In comparison to last quarter, please state if there is an increase or decrease of late entries for your CME: Click or tap here to enter text.
    *   Please provide reasoning for the late entries: Click or tap here to enter text.
    *   What actions is your CME taking to remediate this, please list: Click or tap here to enter text.

2. Has the Abuse Investigator been notified of all deaths from this quarter? **Complete using Canned Report: "DD Death Reviews".** Review this with your abuse investigator.
    *   Of the Death Reviews, how many had a concern of abuse associated with it? **Complete using Canned Report: "DD Death Reviews".** Review this with your abuse investigator. Using the column "Death Review Closure Reason" filter for only "concern of abuse or neglect".

3. How many abuse intakes did your CME enter into CAM this quarter? **Complete using Canned Report: "DD Intakes/Investigations".** Use the count of the total entries.
    *   Of those intakes, how many investigations were opened? **Complete using Canned Report: "DD Intakes/Investigations".** Use the column "Status", filter and identify the number of intakes opened.
    *   Is this an increase or decrease from last quarter? Click or tap here to enter text.

- Please describe the follow up actions your CME took or is taking to prevent reoccurrence. Click or tap here to enter text.

Please submit the completed IMT report to
imt.submissions@odhsoha.oregon.gov by the associated due date.

Thank you!

IMT Quarterly Schedule			
Quarter	Monthly Schedule	IMT Submission Due	ODDS Quarterly Call - In
Q1	January 1- March 31	May 1	April
Q2	April 1 – June 30	August 1	July
Q3	July 1 – September 30	November 1	October
Q4	October 1 – December 31	February 1	January