Hope Enterprises Inc.	Policy and Procedure

Policy Name:	**Incident Management**
Effective Date:	6/2018
Revised Date:	6/1/2021, 4/28/2022, 3/1/2023, 2/7/2024, 1/8/2025, 12/3/2025
Policy:	1. **Types of incidents and timelines for reporting:**

1. **Types of incidents and timelines for reporting:**
   A. Hope shall report the following incidents, alleged incidents and suspected incidents through ODP's information management system within 24 hours of discovery by a staff person:
      1. Death.
      2. A physical act by an individual in an attempt to complete suicide.
      3. Inpatient admission to a hospital.
      4. Abuse, including abuse to an individual by another individual.
      5. Neglect.
      6. Exploitation.
      7. An individual who is missing for more than 24 hours or who could be in jeopardy if missing for any period of time.
      8. Law enforcement activity that occurs during the provision of a service or for which an individual is the subject of a law enforcement investigation that may lead to criminal charges against the individual.
      9. Injury requiring treatment beyond first aid.
      10. Fire requiring the services of the fire department. This provision does not include false alarms.
      11. Emergency closure.
      12. Theft or misuse of individual funds.
      13. A violation of Individual rights.
   B. Hope shall report the following incidents, alleged incidents and suspected incidents through ODP's information system within 72 hours of discovery by a staff person.
      1. Use of a restraint.
      2. A medication error if the medication was ordered by a health care practitioner.
   C. The individual, and persons designated by the individual, shall be notified within 24 hours of discovery of an incident relating to the individual.
   D. Hope shall keep documentation of the notification.
   E. The incident report, or a summary of the incident, the findings and the actions taken, redacted to exclude information about another individual and the reporter, unless the reporter is the individual who receives the report, shall be available to the individual, and persons designated by the individual, upon request.

2. **Incident investigation:**
   A. Hope shall take immediate action to protect the health, safety and well-being of the individual following the initial knowledge of notice of an incident, alleged incident or suspected incident.
   B. Hope shall initiate an investigation of an incident, alleged incident or suspected incident within 24 hours of discovery by a staff person.
   C. An ODP-certified incident investigator shall conduct the investigation of the following incidents:
      1. Death that occurs during the provision of a service.
      2. Inpatient admission to a hospital as a result of an accidental or unexplained injury or an injury caused by a staff person, another individual or during the use of a restraint.

3. Abuse, including abuse to an individual by another individual.
4. Neglect.
5. Exploitation.
6. Injury requiring treatment beyond first aid as a result of an accident or unexplained injury or an injury caused by a staff person, another individual or during the use of a restraint.
7. Theft or misuse of individual funds.
8. A violation of individual rights.

3. Individual needs:
A. In investigating an incident, the provider shall review and consider the following needs of the affected individual:
1. Potential risks.
2. Health care information.
3. Medication history and current medication.
4. Behavioral health history.
5. Incident history.
6. Social needs.
7. Environmental needs.
8. Personal safety.
B. Hope shall monitor an individual's risk for recurring incidents and implement corrective action, as appropriate.
C. Hope shall work cooperatively with the individual plan team to revise the individual plan if indicated by the incident.

4. Final incident report:
A. Hope shall finalize the incident report through ODP's information management system within 30 days of discovery of the incident by a staff person, unless the provider notifies ODP in writing that an extension is necessary and the reason for the extension.
B. Hope shall provide the following information to ODP as part of the final incident report:
1. Additional detail about the incident.
2. The results of the incident investigation.
3. Action taken to protect the health, safety and well-being of the individual.
4. A description of the corrective action taken in response to an incident and to prevent recurrence of the incident.
5. The person responsible for implementing the corrective action.
6. The date the corrective action was implemented or is to be implemented.

5. Incident analysis:
A. Hope shall complete the following for each confirmed incident:
1. Analysis to determine the cause of the incident.
2. Corrective action, if indicated.
3. A strategy to address the potential risks to the individual.
B. Hope shall review and analyze incidents and conduct and document a trend analysis at least every 3 months.
C. Hope shall identify and implement preventative measures to reduce:
1. The number of incidents.
2. The severity of the risks associated with the incident.
3. The likelihood of an incident recurring.
D. Hope shall educate staff persons, others and the individual based on the circumstances of the incident.
E. Hope shall monitor incident data and take actions to mitigate and manage risks.

Procedure	1. **Types of incidents and timeline for reporting:**

1. **Types of incidents and timeline for reporting:**
   A. Hope will provide ongoing education and training to individuals, person(s) designated by the individual on the recognition of incidents, timeline for reporting and incident management policies and procedures.
   B. Hope will provide training to all staff upon hire and annually thereafter on the incident management Bulletin (preventing, recognizing, reporting and responding to incidents; ensuring health, safety and welfare of individuals; Individual Rights; Roles and Responsibilities of Initial Reporter, Point Person, and Certified Investigator; Victim's Assistance; Mandated Reporting Requirements to Adult Protective Services, Law Enforcement, etc.; Administrative Review Process and Determination of Investigations; and Peer Review Process)
   C. The Point Person, or designees will ensure that person(s) designated by the individual listed in the ISP are notified about the incident management activities as indicated by the individual.
   D. Hope will assign Point Person roles to whom incidents are reported.
   E. Hope will ensure the assigned Point Person takes immediate steps to assure health and safety have been implemented and follow the incident through closure.
   F. **All Hope staff are responsible to be the Initial Reporter and notice details if they see an incident, hear an allegation, o*r recognize the signs that an incident may have occurred.***
   G. *When individuals are hurt or harmed, staff will respond with empathy to support health and safety and then quickly elevate the information to the Point Person, who oversees the creation of the incident report. Staff will verbally contact a Point Person and complete an Initial Report Form.*
   H. **When there is a medical Emergency, staff will immediately call 911. 911 will always be your first call. Staff will continue care until EMS takes over care. Staff will elevate the information to the Point Person once the individual is in EMS care.**
   I. Hope will provide a summary of the incident, the findings and the actions taken upon request from the individual and persons designated by the individual (Summary available through EIM).
   J. Concerns regarding services that are related to incident management or the investigation process will be received by the Quality Management Department and Hope's HELP-Line by calling 570-326-3745 press #3 or email at help@hopeability.org.
   K. Hope shall assure that there is no retaliation or threat of intimidation relating to the filing or investigation or a concern related to incident management.
2. **Incident investigation:**
   A. Investigating an Incident:
      1. Hope staff that have successfully completed the ODP Certified Investigator Program will conduct investigations.
      2. **Point Person will immediately separate alleged target(s) from working with any individuals.**
      3. **Staff who are alleged targets of an investigation will be separated, specific job duties prohibited or placed on administrative leave until the completion of investigation's administrative review process and completion of corrective actions.**
      4. **Point Person will contact the Quality Management Department to have a Certified Investigator assigned to an incident that requires an investigation.**
      5. Certified Investigator will conduct the first witness interview within 24-hours of being assigned the investigation.
      6. Certified Investigator will conduct the last witness interview within 10-days of being assigned the investigation.
      7. If, during an investigation, the certified investigator determines that an alleged perpetrator is not an employee, a volunteer or an individual receiving services

from HOPE, the certified investigator will complete the investigation summary in EIM stating the reason why the investigation could not be concluded. The certified investigator will review the protective action taken by the agency and ensure communication with County AE occurs, outside EIM, to alert the county that appropriate interventions may be needed to protect the individual.

8. Certified investigator will clearly document the investigation process and analysis of findings on the Certified Investigation Report template.
9. Certified investigator will inform the administrative review team that the investigation is completed and participate in the administrative review of the investigation.
10. Certified investigator will document their findings in the incident report. Certified investigators will use the narrative created in Section IV of the Certified Investigation Report to complete the "Summary of Investigator's finding" text box in EIM. Certified investigator will enter concise, pertinent information so reviewers get a clear understanding of the investigator's findings.
11. Hope will ensure security of investigation files and evidence be maintained.

B. Administrative Reviews:
1. HOPE will reconcile evidence and conclude investigations by following the Administrative Review Process Manual managed by the PA Department of Human Services, Office Developmental Programs through contract with Temple University Harrisburg
2. The Administrative Review Committee will consist of a minimum two (2) members.
3. The incident management representative or designee is selected as the committee's final decision-maker when consensus cannot be reached.
4. The Certified Investigator who completed the investigation is not a member of the committee but serves as a consultant to answer questions about the investigation.
5. Administrative Review Committee meetings must be scheduled frequently enough that investigations are closed within 30 days.
6. The Administrative Review Committee is responsible for the following outcomes:
   a. Review competency and quality of Investigation for speed, objectivity and thoroughness.
   b. Weigh evidence and determine investigation findings: Confirmed, Not Confirmed or Inconclusive.
   c. Determine preventative and additional corrective action plans.
   d. Complete section V of the Certified Investigation Report.
   e. Ensure implementation and monitoring of all types of corrective action plans.

C. Peer review of certified investigations
1. HOPE will protect people from harm by evaluating the quality of certified investigations by following the Certified Investigation Peer Review (CIPR) manual managed by the PA Department of Human Services, Office of Developmental Programs, through Contract with Institute on Protective Services at Temple University Harrisburg.
2. The HOPE Certified Investigations Peer Review (CIPR) Committee members will have completed the certified investigator course.
3. The committee will consist of at least three (3) certified investigators.
4. The committee will review investigations quarterly to conduct analysis of the quality of investigations. The number of investigations selected for CIPR will be

	no less than ten percent (10%) of the investigations and include 1 from each Certified Investigator conducted during the review period.
	5. Investigations will be reviewed to determine speed, thoroughness, and objectivity.
	6. The CIPR Evaluation Tool will be used to assess investigations and to record findings after reviewing the investigation case file.
	7. The committee will provide ongoing performance feedback to certified investigators.
	8. All completed reviews will be maintained in an agency file.
	3. Individual needs:
	  A. All employees will show **respect** for the individual who may have been hurt or harmed. **Listen** to what the individual and others tell you about what happened and **ask** questions to learn more. Focus on building trust by listening compassionately, asking non-leading questions, and **believing** what an individual communicates. **Respond** with support for health and safety risks, show empathy, and elevate the concern so others can report and act on it.
	  B. Relevant staff will work cooperatively with the Supports Coordinator to update the individual's support plan as needed by integrating risk mitigation strategies into the plan. An individual's risk mitigation strategies will be monitored and updated as needed.
	4. Final incident report:
	  A. Designated Point Person(s) will be trained on the Point Person Role within the Incident Management Bulletin as well as the Hope's Point Person Policy and Procedure (Refer to Policy #6.10).
	5. Incident analysis:
	  A. Hope will designate an Incident Management Representative within the Quality Management Department who has overall responsibility for incident management.
	  B. The Incident Management Representative will maintain a Certified Investigator's role.
	  C. Hope's Quality Management Department will ensure that monthly incident data monitoring and three-month trend analysis of incident data is conducted.
	  D. Monthly reviews of incidents and investigations will be conducted in an effort to identify risk mitigation strategies to reduce the frequency of incidents or reduce the severity of associated effects. The reviews will include the following:
	    1. Analyze specific incident trends both individually and in aggregate.
	    2. Ensure corrective actions have occurred.
	    3. Make recommendations for any necessary changes to policies and procedures and/or updates to strategies to address risk factors and risk levels.
	    4. Determine the effectiveness of the Incident Management Policy.
	    5. Analyze closure status of filed incidents in EIM.
	    6. Analyze information on incident targets.
	    7. Analyze trends to identify systemic issues.
	  E. Information gathered will be reviewed with relevant staff emphasizing risk mitigation strategies applicable to similar situations in the future.
	  F. Monthly and Quarterly Risk Management Reports will be maintained.
	  G. HOPE will provide reports regarding its review and analysis of incidents to ODP or ODP's designee, upon request and will respond to actions designated by ODP or ODP's designee as a result of the management review of an incident.

Cross References:	• Chapter 6100 - Services for Individuals with an Intellectual Disability or Autism (6100.46, 6100.401 - 6100.405) • Chapter 6400 - Community Homes for Individual with an Intellectual Disability or Autism (6400.18 – 6400.20)

	• Chapter 6500 – Life Sharing Homes (6500.20 – 6500.22)
Training References:	4. PA Adult Protective Services Act (APSA) 5. PA Child Protective Services Law (CPSL) 6. PA Older Adult Protective Services Act (OAPSA) 7. Chapter 6400 - Community Homes for Individual with an Intellectual Disability or Autism 8. 6400 Regulatory Compliance Guide 9. Chapter 6500 - Life Sharing Homes 11. Chapter 6100 - Services for Individuals with an Intellectual Disability or Autism 26. ODP Programs Bulletin Number 00-21-02 - Incident Management 27. Victim's Assistance Programs 28. Incident Management Bulletin Category Crosswalk 29. DP 1081, Incident Report 30. Enterprise Incident Management (EIM) User Manual 31. Certified Investigator's Manual 32. Administrative Review Process Manual 33. Certified Investigation Peer Review (CIPR) Manual 34. Incident Management (IM) Reporting Informational Memo: 115-11 35. Incident Report Finalization Informational Memo: 025-15 36. EIM System Incident Report Deletions Announcement: 115-15 37. Hope Initial Report Form - https://forms.gle/cb9yf2Gjt4yghm6n7 38. Hope Incident Management Corrective Action Plan Documentation Form 39. Hope Incident Debriefing Form 40. Hope Medication Error Debriefing Form 132. ODP Announcement 21-071: Incident Management (IM) Trainings available on MyODP 189. Incident Management Reviewer Resource Guide
Approval:	*Suzanne Glisan, COO* Suzanne Glisan, COO (Dec 15, 2025 16:14:49 EST)

5.11 Incident Management POLICY AND PROCEDURE

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