Serious Injury	
Secondary Category	**Suggested Guidelines for Review by Secondary Category**
All Categories	☐ Was the medical intervention screen completed if medical attention was given? ☐ Were written medical follow up instructions received and documented? ☐ Are instructions included that include under what circumstances the individual go for additional assessment by a medical professional? ☐ Was follow-up care (i.e., medications, treatments, etc.) indicated? ☐ Was the individual admitted to the hospital? **<u>Reminder</u>**: • Incident can be closed if all follow up appointments are scheduled, and future follow up appointment dates are documented in the incident. • Medical information should be clear and concise. Information should include any follow up with a medical professional.
Choking	☐ What specifically was the individual eating during the incident? ☐ In this situation, what was the immediate action taken by staff? ☐ Were abdominal thrusts administered and were details provided? o Was the individual medically assessed afterwards? ☐ Did the individual lose consciousness? ☐ What is individual's current medical status? ☐ Is [Individual's Name] on a supervision protocol while eating? o If so, was that supervision protocol being followed at the time of the choking event? o If not, why not (Incident classification should be changed to Neglect if not already)? ☐ Was [Individual's Name] prescribed a dietary protocol and was it followed at the time of the event (soft-mechanical diet, pureed diet...etc.)? ☐ Were those staff who work with [Individual's Name] trained in [Individual's Name] supervision needs? ☐ What follow-up if any, will [Individual's Name] require? ☐ Is there cause to believe that there is a swallowing problem? o If so, has the PCP recommended a swallowing evaluation? ☐ Is there an agency policy regarding choking and or aspiration related diets? ☐ Are all staff that will work with the individual trained on mealtime precautions and policy and any recent modifications to the mealtime plan?

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	○ If not, what is the plan to ensure that this occurs timely?
Injury Accidental	☐ If the provider determines that abuse or neglect occurred, an incident for abuse/neglect was submitted and linked. ☐ Is there a clear description of the injuries? ☐ What type of medical attention did the individual receive? ☐ When did they receive medical attention? ☐ Was it upon discovery of the injury, and if not, why? ☐ Has the reporter provided information regarding events that may have caused the injury?
Injury Self Inflicted	☐ Is there a clear description of the injuries sustained? ☐ Is the individual currently receiving behavioral or mental health support? ○ If not, has the team considered the use of behavioral or mental health support? ☐ Were updates made to the individual's Behavior Support Plan? ○ Were staff trained on the revisions to the Behavior Support Plan? ☐ Is there information that the Behavior Support Plan was implemented correctly? ☐ Are other counseling strategies being sought? ☐ Is there information regarding what occurred prior to the incident? ☐ Is this a known trigger or something new?
Injury Unexplained	☐ Is there a clear description of the injuries? ☐ What type of medical attention did the individual receive? ☐ When did they receive medical attention? ☐ Was it upon discovery of the injury, and if not, why? ☐ Has the reporter provided information regarding events that may have caused the injury (for example an individual fell a week ago, and now had bruising near the area of the fall)? Was a body chart started? ☐ If provider determines that this incident was caused by abuse or neglect; ensure abuse/neglect was submitted and linked.
Medical Equipment Failure/ Malfunction	☐ What is the frequency of occurrence? Has this happened in the past or is this the first time? ☐ Have manufacturer's instructions been followed, pertaining to cleaning, sanitizing, and maintenance of the medical equipment? ☐ Were staff properly trained on using and caring for the equipment? ☐ Does the individual have any type of back up equipment?

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	☐ Is the medical intervention due to neglect, self-neglect or passive neglect?
Pressure Injury (decubiti, pressure ulcer, pressure sore, bedsore)	☐ How many pressure injuries are present? (Describe each of the pressure injuries as per below) ○ Pressure Injury (PI) body location ○ Pressure Injury stage ○ Injury description: size, color, drainage, seeping, odor, bloody, what is appearance ○ Is Pressure Injury infected or not infected? ▪ Is osteomyelitis (bone infection from PI) occurring? ☐ Does the individual have a temperature >100.3? ☐ Was the PCP notified of the newly found PI? ☐ What setting discovered the PI (Provider residence, nursing facility, hospital, etc.)? ☐ In what setting did the PI initially develop (if known)? ☐ Date PI was discovered? ☐ Is this the first PI for this person? ☐ Does this person have a history of Pressure Injuries? Include Person-Centered details: ☐ Did staff providing supports receive training in how to provide wound care? ☐ Was a HCQU referral made? ☐ Was wound care provided? ☐ Date of wound care clinic appointment. ☐ Current treatment description and/or physician-ordered treatment. ☐ Prevention actions (example: re-positioning, etc.). ☐ Is in-home skilled nursing being provided? ☐ Who is providing the wound treatment? ☐ Is the question “what changed for this individual after discharge?” appropriately answered and inclusive of all changes? ☐ If individual is discharged with hospice, palliative or 'comfort measures only' (CMO) ordered as a result of an advanced stage and/or complications resulting from the wound. ☐ Identify linked incidents. ○ If a neglect incident is filed, be sure to link related incidents (hospitalization, death, etc.) ☐ Select “Wound Care” if appropriate.

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	☐ Add person-centered WOUND CARE details in the textbox. ☐ Are the results of the HCQU outreach contained, if available (for example, caregiver receive training, referral to APS, skin care booklet and/or information HCQU skin care webinars access provided, Skin Integrity Health Alert, follow up with regional nurse)? ☐ Wound Care appointment information and/or appointment date? ☐ Person-centered wound care protocol as per treatment team? ☐ Ordered treatment? ☐ Prevention plan? ☐ Any additional information that supplements the Initial section (for example, nutritional status, albumin level, protein supplements or tube feeding)? ☐ Current status of PI: *Healed; Healing; Unchanged; Worsened; Unknown?* ☐ Stage or Unstageable? ☐ Any additional pressure injuries discovered. ☐ Identified risk factors that support or hinder the individual's treatment and care plan (such as non-verbal, mobility, continence, sensory perception, friction/shear, activity level, mental status, co-morbidities (dementia, diabetes, infection, malnutrition, neurologic impairment, obesity, peripheral vascular disease, other). ☐ Any other relevant information.