Each month, the UMC monitors both critical incidents and abuse/neglect/exploitation incidents in two ways: by monitoring the WV Incident Management System (WVIMS) and by a review of member files during on-site provider reviews.

WV IMS: This site is monitored by the UMC each business day. Monitoring includes reviewing critical and abuse/neglect/exploitation incidents entered into the system for appropriate and timely follow-up. If it is found that the provider has not followed-up appropriately and within 14 days as required, the provider is contacted and Technical Assistance is provided.

On-Site Reviews: Effective June 1, 2016, I/DD Waiver providers participate in an on-site review annually. All reportable critical and abuse/neglect/exploitation incidents in a 10% sample of I/DD Waiver members served by each agency are reviewed. Though this will result in incidents that have already been reviewed in the WVIMS being reviewed on-site as well, it provides an opportunity for additional follow-up and Technical Assistance, if warranted. It also allows the UMC to monitor member files maintained by the provider to ensure that incident reports are retained on-site as required by policy. In the event that the provider has not provided appropriate follow-up, they are required to address the lack of follow-up on a Plan of Correction, and the UMC provides Technical Assistance.
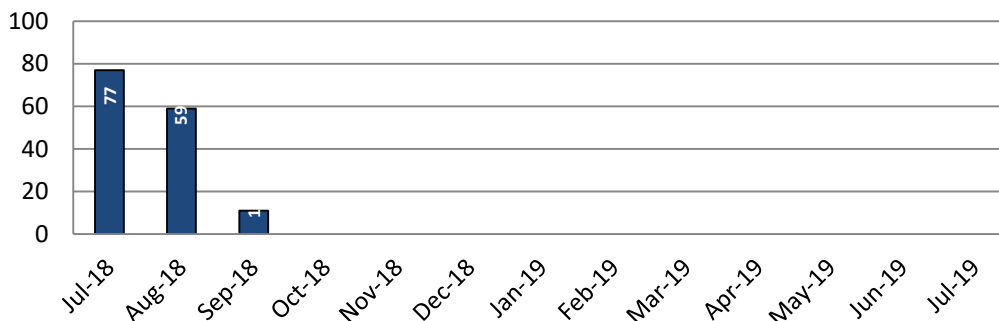
Incident Monitoring: WV IMS
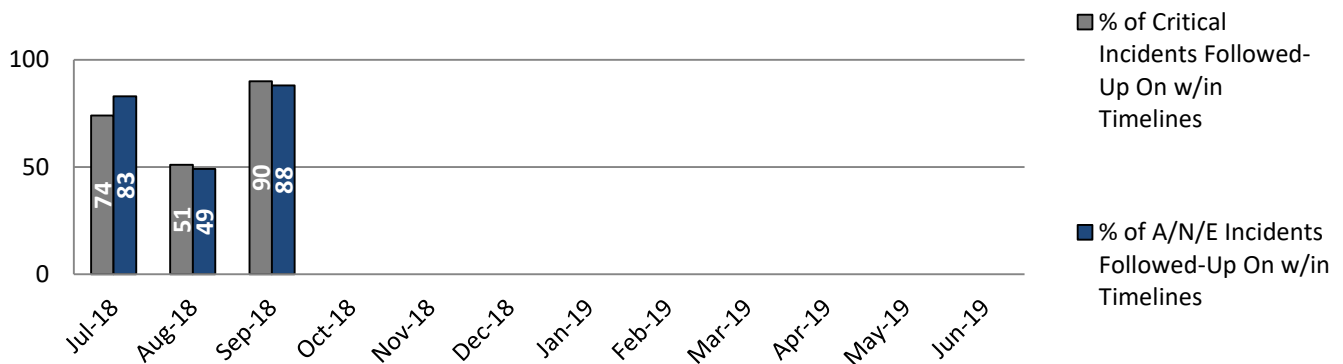
	Jul `18	Aug `18	Sep `18	Oct `18	Nov `18	Dec `18	Jan `19	Feb `19	Mar `19	Apr `19	May `19	Jun `19
# of total Critical incidents	57	100	107									
# of total Abuse/ Neglect/Exploitation incidents	30	44	41									

Effective 1/1/17, with implementation of a new provider review tool, this performance indicator measures total resolution of incidents. An incident is considered compliant only if all of the following policy requirements are met:

- Implemented for incidents that occurred in the past 365 days:
    - o Incident reporting in IMS occurred within required timelines and to all applicable entities (OHFLAC, Protective Services)
    - o Monitoring occurred (agency documented monitoring of the circumstance that led to the incident in an effort to prevent recurrence)

- o Follow-up by appropriate persons occurred (depending upon the incident, appropriate agency personnel followed up, such as an RN for medical incidents)
  - o Legal representative was notified (if applicable)
  - o Incident was addressed by the IDT
- Critical incidents and reports of abuse/neglect/exploitation were followed up on by the provider within 14 calendar days. Follow-up might include: internal investigation, medical follow-up, staff training, etc.
- For each incident reported in IMS, there is an available report in the corresponding person's file
- For each incident in the file, a corresponding report was entered into the IMS

Incident Monitoring: On-Site Reviews--Percentage of Timely Provider Resolution

	Jul `18	Aug `18	Sep `18	Oct `18	Nov `18	Dec `18	Jan `19	Feb `19	Mar `19	Apr `19	May `19	Jun `19
# of total incidents	22	22	19									

Resolution of Incidents: To be considered resolved, reported incidents must meet all criteria on the review tool. Those criteria are:

- Reporting in IMS occurred within required timelines to all applicable entities (OHFLAC, Protective Services)
- Monitoring of the incident occurred
- Follow-up by the appropriate person occurred (RN for medical incidents, for example)
- Legal representative was notified
- Incident was addressed by the IDT
- Critical Incidents and reports of Abuse/Neglect/Exploitation were followed-up on by the provider within 14 days (follow-up may include internal investigation, medical follow-up, staff training)
- There are corresponding incident reports in both the IMS and the file maintained by the agency.

Technical Assistance: The same type of Technical Assistance is provided as is described in the section above; however, since resolution measures provider compliance more comprehensively than the previous measurement of reporting only, additional Technical Assistance will be likely. In addition, due to noted low compliance, training was conducted at the May 2017 Quarterly Provider Meeting on how to report and resolve incidents.