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IDPH Finalizes Changes to Accident Reporting

The Illinois Department of Public Health (IDPH) notified us that the proposed changes to **Section 300.690 on Serious Incidents and Accidents** have finally been officially **adopted as of June 17, 2009**. The change reflects the Department's emphasis on being informed and responding **only to serious incidents that caused resident harm or injury** (as well as reporting allegations of abuse, covered under a different section).

Facilities are still required to maintain an internal file of written reports of incidents and accidents, but **only notify IDPH within 24 hours where the accident or incident caused physical harm or injury to a resident**. Previous regulations would require IDPH to be notified of any accident that involved a physician or the hospital, even if there was no injury and the resident went for a diagnostic x-ray to rule out injury. It is expected that these changes will reduce unnecessary reports and paperwork for both providers and the Department. The new rule change will read as follows:

Section 300.690 Incidents and Accidents

- a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.
- b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.
- c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.

The new amendments define a reportable serious incident as "physical harm or injury to a resident." Some people have asked if a bruise will be considered physical harm by surveyors, and therefore a reportable occurrence. The following two interpretive questions were reviewed and approved by IDPH central office in Springfield.

Question: Does physical harm or injury include a skin tear or bruise or something covered with a band-aid?

Answer: No. Physical harm or injury would include a broken bone, or blood flow not stopped by a band-aid, or hospital or emergency room treatment that involves more than diagnostic evaluation.

Question: Are elopements with no physical harm or injury reportable?

Answer: No. If the person who left the facility is found and returned without any injury, that is not a reportable incident. It is an occurrence that must be reviewed by the facility's internal quality assurance committee to assess how the person left the facility, but the occurrence does not have to be reported to IDPH. The occurrence – and the facility response - will likely be reviewed by the IDPH surveyor at the next regularly scheduled survey.

CMS Offers “My Family Health Portrait”

The **U.S. Department of Health and Human Services** recently released an updated and improved version of the Surgeon General's Internet-based family health history tool, “**My Family Health Portrait.**” The new tool allows consumers to easily compile and share their family health history information. Consumers can access the tool and enter their family health information at <https://familyhistory.hhs.gov/fnh-web/home.action>. It generally takes 15-20 minutes to complete. The tool is designed with commonly used standards, enabling providers to incorporate it into their electronic health records and personal health records. The code for the tool is available, allowing health organizations to download it and personalize it for their own use to better meet their needs. More information about the Personal Health Information is available at <http://www.hhs.gov/news/press/2009pres/01/20090113a.html>.

When consumers enter their family's health history, it is saved to their own computer or disc, not to the Web site, maintaining the privacy of the information. In addition to being able to go back and add additional information later, consumers have the option to print health data, including a family tree. The tool supports both Windows and Mac users, as well as Internet Explorer, Firefox and Safari Internet browsers. In addition, there are a few pilot projects in two other states that give beneficiaries the opportunity to maintain their personal health information electronically, with additional programs for tracking diet and exercise or applications to detect potential medication interactions. Thanks to **Associate Member FR&R Healthcare Consulting (847-236-111)** for this update.

As part of the “wave of the future” for electronic medical records, we recommend that key staff at your facility and management company try out this government sponsored “**Family Health Portrait,**” and possibly recommend it to residents and families. Aside from being an efficient personal health document transferable across the entire spectrum of healthcare, it makes **families aware of important health issues and encourages them to deal with health issues that may be uncomfortable for them in a face-to-face interview**, thereby making the job of the health professional trying to collect pertinent health information easier.

HFS MDS Medicaid Audit Seminars

The **Illinois Department of Healthcare and Family Services (HFS)** has been conducting MDS Medicaid chart reviews that directly impact facility rates as of July 2008. Based on the frontline experience of the MDS reviews, the two statewide coordinators directing the HFS review teams will provide examples of what providers are doing – and not doing – to support and validate a service or category. HFS will outline what it expects to see in key categories, along with examples of acceptable and unacceptable documentation, and explanations of what is lacking. Co-sponsored by HFS and the three associations, this is a seminar that should not be missed. Six presentations will be offered around the state:

- July 21 at the Lisle/Naperville Hilton (sponsored by LSN at www.lsn.org)
- July 22 at the East Peoria Embassy Suites (sponsored by LSN at www.lsn.org)
- July 28 at the [Oak Lawn](#) Hilton (sponsored by the Council at www.nursinghome.org)
- July 29 at the [Skokie](#) Holiday Inn (sponsored by the Council at www.nursinghome.org)
- August 11 at the Springfield Northfield Inn (sponsored by IHCA at www.ihca.com)
- August 12 at the Effingham Keller Convention Center (sponsored by IHCA at www.ihca.com).