

# Office of Licensing

## Serious Incident Review and Root Cause Analysis TEMPLATE

***This is an example and not a real person.***

<b>Individual's Name and I.D. Number:</b> Victor XXXX ID Number *****	<b>Date of Incident:</b> 4/10/2023 <b>Incident Report #:</b> GHIJK1002 <b>Review Completed Date:</b> 4/18/2023 <b>Review Completed By:</b> Bertha Zee, LPN
<b>Individual's DOB:</b> 2/4/2002	<b>Program:</b> West Side Day Support Services
<b>Location of Incident</b> Health Office / Activity Room	<b>Type of Incident:</b> Level II serious incident
<b>Service Received at Time of Incident:</b> Day Support Services	<b>Sources of Information:</b> <input checked="" type="checkbox"/> Record Review <input type="checkbox"/> Policy Review <input checked="" type="checkbox"/> Interview with Individual <input checked="" type="checkbox"/> Interview with Staff <input type="checkbox"/> Human Rights Investigation <input type="checkbox"/> Other: Click or tap here to enter text.
<b>Is this the first incident of this kind?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, when did this occur before?	<b>Is this addressed in the ISP?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
<p><b>Detailed description of what happened</b> <i>(Provider may copy information included within the Injury/Incident Description/Circumstances field of CHRIS or include a step-by-step detailed account of the incident):</i></p> <p>At 11:30am <u>Victor's Blood Sugar</u> was 78. Aspart Insulin 5 Units was administered. Victor went to the dining room, said he was not hungry and went to the activity room. 11:45 DSP approached Victor to offer a craft project. Victor began sweating, had slurred speech, muscle twitching and the onset of a seizure. DSP directed 2<sup>nd</sup> staff to call 911 and get the nurse. Seizure lasted 3 minutes. 12:15 pm EMS checked Victor's BS (18); glucose was administered and Victor had a repeat seizure. EMS transferred Victor to the Emergency Room. <b>Protocol: Blood Sugar Check prior to each meal and at bedtime.</b></p> <p><b>NEW Order unavailable to Day Support Staff:</b>                  Short Acting Insulin Aspart (NOVOLOG Flex Pen) 100 Units /ml pen <b><u>Inject 3 Units sc before each meal</u></b>  <u>Hold if BS less than 70</u></p> <p><b>PREVIOUS (OLD) Order which the day support had in Victor's record record:</b>                  Long Acting Insulin Glorgina (Lantus Solostar) 100 units/ml pen Inject 10 Units daily at 0700                  Short Acting Insulin Aspart (NOVOLOG Flex Pen) 100 Units /ml pen <b><u>Inject 5 Units sc before each meal</u></b>  <u>Hold if BS less than 70</u></p>	

**Disclaimer:** This template was completed in accordance with 12VAC35-105-160. In order to ensure completion within the 30-day regulatory timeframe, the most available information/resources were utilized to complete this review.

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Victor is semi-independent with oral medication and requires total assistance with his insulin injections.

**Analysis of Incident** *(Analysis of trends and potential systemic issues or causes; analysis of why incident happened; identification of all underlying causes of the incident that were in the control of the provider):*

Quality Improvement Tool used during review:  5 Whys  Fishbone  FMEA  Other: Click or tap here to enter text.  
*(While our regulations do not require use of another tool to analyze trends, providers are required to include their analysis)*

**Why did Victor have a seizure?**

- He had a seizure because he had low blood sugar.

**Why did Victor have low blood sugar?**

- He was given too much insulin.

**Why was he given too much insulin?**

- His insulin order was recently changed, and Residential Provider did not provide the current order to Day Support.

**Why didn't the Residential Provider provide the current order?**

- The order was changed late on Friday and Residential Provider stated that they intended to fax it and had not gotten to it on Monday morning.

**Why didn't the Residential provider fax the order Monday morning?**

- There was a DSP who called in sick Monday morning, so the supervisor had to fill in and in all the shuffle, the supervisor forgot about the need to fax the order.

**Why did the supervisor have to fill in for the DSP?**

- Because there were no other staff members who could fill in; the residential provider is short staffed.

**Statement of Cause(s)**

His protocol for management of diabetes was not followed by the Day Support because the Residential Provider had not faxed the new order, due to a change in the Residential supervisor's duties and staffing shortages.

**Recommendations/Action Plan** *(Solutions to mitigate the potential for future incidents):*

There are no recommendations at this time. There were no underlying causes under the provider's control.

Recommendation(s)/Technical Assistance: Click or tap here to enter text.

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Action Plan:

1. Establish a procedure for timely updates for physicians'
2. Orders between Residential and Day Support Program.
3. Train all support staff regarding diabetes and Victor's protocol for diabetes management.

Due Date: 5/15/2023

**Enhanced Root Cause Analysis Determination:**

**Based on this incident, was a threshold met as outlined in the Root Cause Analysis policy?**

- Yes  
 No

**If "yes," the threshold criteria met is:**

- Click or tap here to enter text. similar Level II serious incidents occur to the same individual or at the same location within a six-month period.
- 2 or more of the same Level III incidents occur to the same individual or at the same location within a six-month period.
- Click or tap here to enter text. similar Level II or Level III serious incidents occur across all of the provider's locations within a six-month period.
- A death that occurs as a result of an acute medical event that was not expected in advance or based on a person's known medical condition.

**Analysis included:**

- Convening a team
- Collecting and analyzing data
- Mapping processes
- Charting causal factor
- Other: Click or tap here to enter text.

Sacia Peters \_\_\_\_\_

Quality Manager \_\_\_\_\_

4/18/2023 \_\_\_\_\_

Completed by:

Title/Position:

Date:

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