**MUI workgroup 7-18-17 notes:**

**Proposed definition NEGLECT (MUI CATEGORY):**

“Neglect” means when there is a duty to do so failing to provide an individual with medical care, personal care, or supervision that consequently, causes significant injury, or places individual’s or others health and safety as significant risk of serious injury, harm, or death.

Discussion on defining significant risk: likely to suffer serious impairment to health and welfare which requires referral or further intervention from treatment professional

Guidance will include multiple examples

**Draft Inattention to Program Implementation Definition:** (which would be treated as a UI—provider completes investigation, follow up, etc.When there is duty to do so failing to provide individual with medical, person care, or supervision as defined in the service plan.  The failure to carry out the duty does not cause injury, or place the individual’s health and safety at significant risk.   These incidents may include some level of risk but  do not rise to the level of a reportable MUI for neglect.

(Examples: failing to provide supervision for short periods of time with minimal risk, auto accidents without harm, medication errors with minimal risk, self reported incidents with minimal risk)

Define minimal risk: not likely to suffer serious impairment to health and welfare of individuals or others

**Misappropriation:**

* **Consider discovery time so that only incidents which theft is alleged are required to report within 4 hours.  Only allegations of theft reported to law enforcement, etc.**

**Proposed revision: (to discuss more with data next meeting)**

**Deriving, defrauding, or otherwise obtaining the real or personal property of an individual valued at $10 (considering 20.00) or more by means prohibited by the ORC including chapter 2911, 2913.  (Misappropriation of items valued at $10 (considering $20)or less shall be reported and investigated as a UI or MUI based on the initial investigation and amount stolen.)**

More discussion needed on amount after reviewing data that will be provided next meeting—more discussion on legal aspects of when law enforcement has to be notified

**Discussion on Unscheduled Hospitalizations**

* What outcome are we getting at?  Care Coordination?  True prevention planning-follow up
* Shared about IG office in other states comparing hospital Er data to critical incident reporting—citing many issues (meeting with Director yesterday on this)—not a good time to eliminate this tracking/rule
* Shared Cuyahoga pilot with providers with group and sample investigation template being used
* To discuss further---going to bring more data on hospitalizations (diagnoses and duration of stay, etc..)
* Need to discuss timing of admissions, observation-etc…
* Agreed to discuss at next meeting again

**Develop language to limit filing of multiple MUIS for same incident:**

**Proposed: (to be discussed next meeting)**

In case of a single incident meeting multiple MUI categories, only one MUI is required to be filed in the ITS.  For example, if a person hospitalized due to symptoms of lethargy and it is determined that the person was neglected resulting in dehydration then only one MUI for neglect is required within the ITS for this incident.  The most significant incident based on the hierarchy of MUI’s will be filed.  Communication with DODD Intake and Regional Manager will be necessary to assure MUI filings are completed appropriately. The MUI filed in ITS shall be the most significant MUI and address all causes and contributing factors to create successful prevention plan.

**Next meeting:**
1. Finish recommendations for final definition of neglect and UI category developed.

2. Finalize misappropriation

3. Discuss Unscheduled hospitalizations, Peer to Peer, Failure to Report, UBS

4. Consider replacement of wording suggested by Legal in MUI definition (removing words reason to believe and adversely affected language—replace with A MUI is an alleged, suspected, or actual occurrence of incidents defined in 5123: 2-17-02.