

Minutes MUI Rule Review Committee
11/21/17 9:30-12:30
Columbus Developmental Center Board Room

Attendance: see attendance sheet.

Scott reviewed some of the following information.

- **NASDDDS Health and Welfare Review Report and self-assessment.** Incident Management Systems and Mortality Review Reporting in Select State Intellectual and Developmental Disability Systems.
Follow up: Scott sent the link to the Committee via email on 11/24/17.
- **Addressing multiple MUI filing for the same time or related incidents.**
 - The group discussed that there would be efficiencies created by not having to file multiple MUIs for the same time.
 - It was recommended that the Incident Tracking System be revised to capture multiple filings, determinations and prevention plans.
 - The most serious incident or root cause would be filed.
 - Another advantage would be that it would reduce the number of letters being sent to families and providers that can sometimes be confusing.
 - Some people suggested that each MUI would be counted instead of the multiple incidents occurring in that one MUI.
- **“Trauma Informed Care” language included in the rule**
 - Doesn’t need to be captured in this rule but included in training requirements.
 - It would be beneficial for Individual Specific Training to include past trauma history and triggers to better and more safely serve the individual.
 - Sarah recommended that TIC training be added to IA Certification, prevention planning and Provider Certification Rule training.
 - The recommendation to include in Provider Certification Rule was sent to Kat Ingles and Becky Phillips
Follow up response: Trauma Informed Care” is not currently called out in staff training requirements in the draft Provider Certification rule. I will work it in with existing training topics in the next draft (which I will circulate one more time among DODD staff before sharing with external stakeholders).
 - Jeff discussed how trauma impacts staff and that need to continue to develop
 - Some committee members suggested adding TIC to the Investigation protocols by including a review of the individual’s trauma history.

- **Entering Information into the ITS system...3:00pm versus 5:00pm**
 - Group recommended changing the CB requirement to file from 3:00 p.m. to 5:00.
 - The focus needs to be on when CB discovers the incident and there was some discussion of when the SSA or MUI becomes aware of incident.
 - It is critical that immediate health and safety is ensured and appropriate notifications made.
- **Move to A -Failure to Report vs Late Reporting discussion and languages to distinguish the two**
 - Distinction between late report and Delayed Reporting versus Failure to Report?
 - Recommended that information be added in protocols, then consider mitigating factors and actions taken to ensure the individual's health and safety.
- **Protocol Discussions...A versus B...**
 - Move Failure to Report and Exploitation back to A
- **Shared Living**
 - When are people on the "on the clock"
 - When are they acting as Mom and provider?
 - Can the parent leave -family? They could I
 - Mandate the backup plan

Reason to believe

Kate believes that reason to believe may need to be removed? Chuck brought up that reason to believe is used when there is a history of false allegations and gives the provider and Board the ability to gain additional information before filing.

- **Peer to Peer Move to B**
 - (c) Physical act that occurs when an individual is targeting, or firmly fixed on another individual such that the act is not accidental or random and the act results in an injury that is treated by a physician, physician assistant, or nurse practitioner. Allegations of one individual choking another or any head or neck injuries such as a bloody nose, a bloody lip, a black eye, or other injury to the eye, shall be considered major unusual incidents. Minor injuries such as scratches or reddened areas not involving the head or neck shall be considered unusual incidents and shall require immediate action, a review to uncover possible cause/contributing factors, and prevention measures.
 - Delete head and neck.

Follow up:

No December meeting. The group will be sent revised language to review prior to next scheduled meeting.

Next meetings to be scheduled.