

Program	Patient Safety Program (VDH)	Hospital Licensing (VDH)	Critical Incident Reporting (DMH)	Adult Protective Services (DAIL/DLP/APS)	Survey and Certification (DAIL/DLP/S&C)
What do you call your events?	Adverse Event	Inspection/Investigation (per 18 V.S.A. § 1906 “substantial failure to comply with the requirements established under this Chapter [43]”)	Critical Incident	Intakes/Investigations	Complaints/Self Reports
What programs or facilities report?	All 16 hospitals licensed by Vermont, with the exception of the VA Hospital	Licensed Hospitals	DMH Designated Agencies (DAs), Specialized Service Agencies (SSAs), DMH Designated Hospitals (DHs), Secure Residential Program, Intensive Residential Programs	Any program or facility that comes into contact with vulnerable adults	Federally Licensed Facilities: (Acute Care Hospitals (Federal), Clinical Laboratories, Critical Access Hospitals, Federally Qualified Health Centers, Home Health Agencies, Hospice, Intermediate Care Facilities for the Intellectually Disabled, Nursing Homes) State Licensed Facilities: (Assisted Living Residences, Home Health Agencies, Homes for the Terminally Ill, Nursing Homes, Residential Care Homes, Therapeutic Community Residences)
Are there specific populations that fall under your oversight?	All adult and all youth populations in licensed hospitals	Patients of Licensed Hospitals	All populations served by DMH funded programs All populations in psychiatric inpatient units at DHs	Vulnerable Adults as defined by 33 V.S.A. § 6902	All Vermonters
What types of events are reported to you?	29 serious reportable events as defined by the national quality form <ul style="list-style-type: none"> • surgical or invasive procedure events • product or device events • patient protection events • care management events • environmental events • radiological events • potential criminal events 	Complaints are submitted via the Licensing & Protection Division of DAIL. Any matter that might be considered a violation of the licensing requirements, including the Patients’ Bill of Rights for Inpatient Hospitals.	<ul style="list-style-type: none"> • Criminal Activity or Law Enforcement • Potential Media Involvement • Staff perpetrator: abuse, neglect or exploitation /prohibited practice (DA) • APS Report (DH) • Medical Emergency (DA) • Patient Injury/medical event (DH) • Medication Error (DH) • Death • Missing Person (DA) • Elopement (DH) • Other 	Abuse, Neglect, or Exploitation of vulnerable adults as defined by 33 V.S.A. § 6902.	Reportable events depend upon facility type, as each type has its own regulatory requirements. Examples of events include but are not limited to: <ul style="list-style-type: none"> • Fires • Physical Plant breakdowns lasting more than 4 hours • Untimely deaths, including suicides • Unexplained absences • Resident injury or death following mechanical restraint • Reports of abuse, neglect, or exploitation

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What can be shared?	Only aggregate data is shared annually as part of the hospital report card publication	De-identified information and information that is revealed in the course of a public hearing on a licensing matter. 18 V.S.A. § 1910.	Aggregate reporting and de-identified forms	In accordance with 33 V.S.A. § 6911, the investigative report and relevant information may be disclosed to certain individuals under limited circumstances, including but not limited to: <ul style="list-style-type: none"> • The alleged victim; • The alleged perpetrator (when investigation substantiated). In addition, facilities check whether an individual is on the Adult Abuse Registry list when they hire new staff.	Multiple sources dictate what can be shared, to include: <ul style="list-style-type: none"> • 42 C.F.R Part 401, State Operations Manual (SOM), §§ 3300 through 3320; §§ 7900 through 7907 • 33 V.S.A. § 7112 SOM §3308A, <i>Information Disclosable to Public Under CMS Rules That May Be Disclosed Directly by the State Agency</i> includes but is not limited to: <ul style="list-style-type: none"> • Survey Statements, which include descriptions of deficiency statements and plans of correction • Official notices of involuntary provider termination
What cannot be shared?	<ul style="list-style-type: none"> • (above) 	<ul style="list-style-type: none"> • Nothing can be shared except as noted above 	<ul style="list-style-type: none"> • Client’s personally identifiable information submitted on the form 	In accordance with 33 V.S.A. § 6911, all other aspects of the intake and investigation. The reporter is not authorized to receive the investigative report.	Information prohibited to share includes but is not limited to: <ul style="list-style-type: none"> • Personally identifiable information about the patient • Identity of the resident or complainant • Address of anyone other than the facility owner • Defamatory information regarding any identifiable person • Information pertaining to an unsubstantiated investigation
Are there any statutes, contracts, etc. that govern your process?	<ul style="list-style-type: none"> • 18 VSA Chapter 43A – Patient Safety Surveillance and Improvement System 	<ul style="list-style-type: none"> • 18 V.S.A. § 1901-1911 (Licensing of Hospitals) • 18 V.S.A. § 1852 (Patients’ Bill of Rights Hospital Licensing Procedure Rules) 	<ul style="list-style-type: none"> • 18 VSA Chapter 174 – Mental Health System of Care, § 7257-7258 (applies to serious bodily injury and death) • Designated Agency Master Grant Agreement • Intergovernmental Agreements with DVHA regarding Medicaid Population 	<ul style="list-style-type: none"> • 33 V.S.A., Chapter 69. 	<ul style="list-style-type: none"> • Interagency Agreement between VDH/DAIL for Vermont Hospitals authorizes VDH to direct DAIL to conduct investigations • State and Federal Regulations for licensed facilities • Section 1106 in Social Security Act • 42 C.F.R Part 401, State Operations Manual, §§ 3300 through 3320; §§ 7900 through 7907 • 33 V.S.A. § 7112

Program	Critical Incident Reporting (DAIL DDSD)
What do you call your events?	Critical Incident
What programs or facilities report?	Specialized Service Agencies (SSAs)
Are there specific populations that fall under your oversight?	All populations served by DDSD funded programs
What types of events are reported to you?	<ul style="list-style-type: none"> • Criminal Activity or Law Enforcement • Potential Media Involvement • Staff perpetrator: abuse, neglect or exploitation /prohibited practice • Medical Emergency • Suspicious or Untimely Death • Missing Person • Other
What can be shared?	Aggregate reporting and de-identified forms
What cannot be shared?	Client's personally identifiable information submitted on the form
Are there any statues, contracts, etc. that govern your process?	Agency Master Grants

Program	Quality Improvement and Clinical Operations (DVHA)	Child Abuse and Neglect (CA/N) Reporting (DCF)	Family Services Custodial Children & Youth (DCF)	Family Services Residential Licensing (DCF)
What do you call your events?	Critical Incident	CA/N Reports	Events related to Plan of Care	Incidents and/or regulatory violations
What programs or facilities report?	Beneficiaries or beneficiaries representatives report, VT Medicaid enrolled hospitals, IMDs and providers	All mandated reporters must report. Facilities are also usually required to report under specific regulation	Any facility where custodial children and youth are placed	35+ licensed Residential Treatment Programs
Are there specific populations that fall under your oversight?	All beneficiaries receiving Medicaid services. DVHA delegates oversight to DMH and DAHL of their identified populations.	All children and youth less than 18 years of age	Children and youth in the custody of the Commissioner	All children/youth served in these programs
What types of events are reported to you?	<ul style="list-style-type: none"> • Patient injury/medical event • Abuse, assault, neglect or exploitation/prohibited practice • Sentinel Event • Death • Untimely or suspicious death • Medication error • Any other situation determined by Medical Director to warrant higher level review 	<p>Any incident of child abuse or neglect perpetrated by a person responsible for the care of a child such as</p> <ul style="list-style-type: none"> • Physical abuse • Emotional abuse • Neglect • Risk of harm • Sexual abuse <p>Any incident of child sexual abuse by any person including other children or youth and other unrelated persons.</p>	<p>Any event a parent would be notified of, including:</p> <ul style="list-style-type: none"> • Changes to plan of care • Adverse events • Significant behaviors 	<ul style="list-style-type: none"> • All incidents of child abuse/neglect (Reg 118) • Incidents “that could potentially affect the safety, physical or emotional welfare of children/youth within the program.” (Reg 122) • Incidents of restraint that result in injury (Reg 123) • Incidents of seclusion resulting in injury (Reg 124) • Any incidents where program “knowingly or negligently violates licensing regulations” as described in VT DCF FSD Licensing Regulations for Residential Treatment Programs.
What can be shared?	<ul style="list-style-type: none"> • Aggregate reporting and de-identified information • 45 CFR 164.506(b)(1) permits us to share some identifiable information, under certain limited circumstances, for healthcare operations (which include Quality Improvement and clinical guideline development initiatives). 	<ul style="list-style-type: none"> • 33 VSA Section 4913 allows disclosure of acceptance and determination decision to reporter. • 33 VSA Section 4921 (d)(5) allows Department records to be disclosed to “other state agencies conducting related inquiries or proceedings.” 	<ul style="list-style-type: none"> • 33 VSA Section 5106 describes powers and duties of Commissioner • 33 VSA Section 5117 describes records of juvenile judicial proceedings and what can be shared. • DCF Family Services In-State Residential Contract Attachment • describes expectations around notification of critical incidents (attached) 	<ul style="list-style-type: none"> • Licenses, licensing reports, and regulatory investigation reports are considered public documents.

Program	Quality Improvement and Clinical Operations (DVHA)	Child Abuse and Neglect (CA/N) Reporting (DCF)	Family Services Custodial Children & Youth (DCF)	Family Services Custodial Children & Youth (DCF)
What cannot be shared?	<ul style="list-style-type: none"> Beneficiary's personally identifiable information 45 CFR 164.506(b)(1) permits us to share some identifiable information, under certain limited circumstances, for healthcare operations (which include Quality Improvement and clinical guideline development initiatives). 	Nothing is disclosed unless described above.	Any information regarding the child or youth not necessary to appropriate care or placement. Some protected health information	Only items contained in the file that are otherwise confidential by law.
Are there any statutes, contracts, etc. that govern your process?	<ul style="list-style-type: none"> DVHA's enrolled medical providers and internal clinical staff are subject to mandatory reporting requirements; however, DVHA is not responsible for the management of any of these reporting processes. 	<ul style="list-style-type: none"> 33 VSA Chapter 49 33 VSA Section 306 	<ul style="list-style-type: none"> 33 VSA Chapter 49 33 VSA Section 306 	<ul style="list-style-type: none"> 33 VSA Section 306 b(1-7) 33 VSA Section 3501