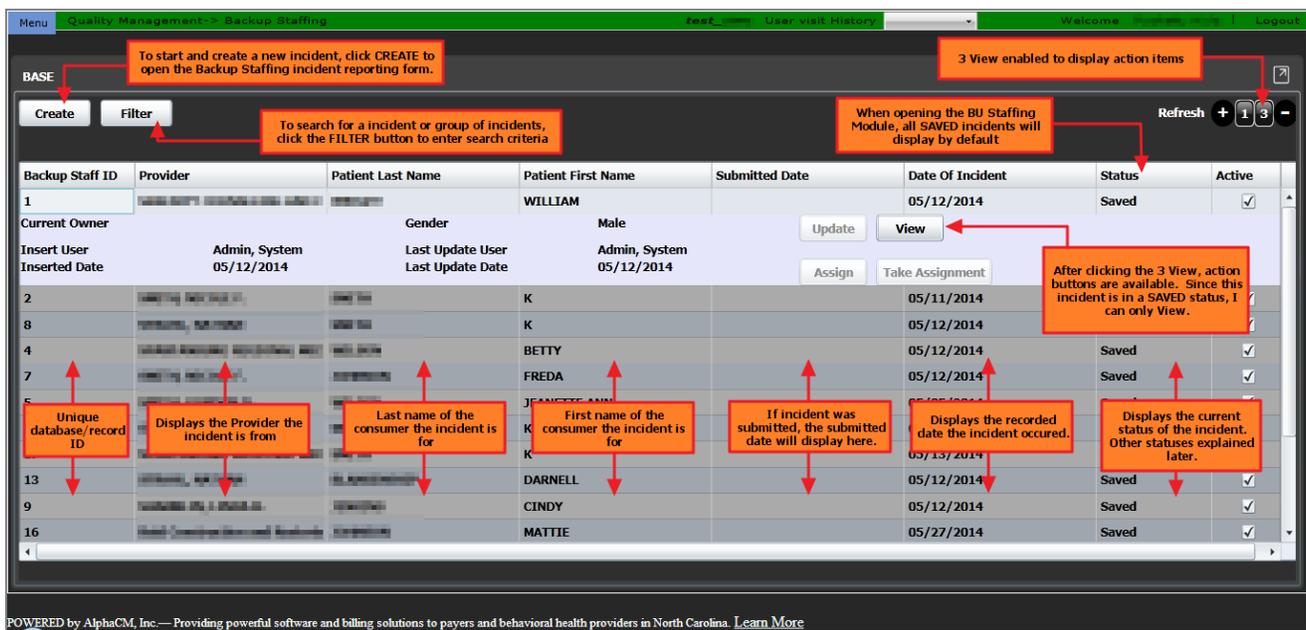


All Innovations participants are required to have a back-up staffing plan outlined in their ISP. This plan is designed to meet the needs of participants to make sure their health and safety is assured. This plan is in place in case a consumer’s normal staff person is sick, on vacation, unexpectedly stops working for the provider, etc. When failure to provide back-up staffing occurs, a Back-Up Staffing Incident Report Form is completed. This is done via AlphaMCS by opening the Back-Up Staffing module and completing the incident report form as described in the [North Carolina Innovations Technical Guide](#). This can be done by either providers or MCO staff, and must be reviewed by Quality Management staff at the MCO.

Module Overview

To open the Backup Staffing module, you will do so by clicking **Menu > Backup Staffing**. When the module loads, the list of all currently **SAVED**, **UNDER REVIEW** and incidents created by the MCO and **HANDED OVER TO PROVIDER** that need the provider’s attention, will display by default.

You can also filter for incidents by utilizing the **Filter** option.



The screenshot shows the AlphaCM Backup Staffing interface. At the top, there is a menu bar with 'Quality Management -> Backup Staffing' and a search bar. Below the menu, there are 'Create' and 'Filter' buttons. A 'Refresh' button with a '3 View' indicator is also present. The main area displays a table of incidents with columns: Backup Staff ID, Provider, Patient Last Name, Patient First Name, Submitted Date, Date Of Incident, Status, and Active. A detailed view for incident ID 1 is shown below the table, including fields for Current Owner, Insert User, and Inserted Date, along with 'Update', 'View', 'Assign', and 'Take Assignment' buttons. Red callout boxes provide instructions: 'To start and create a new incident, click CREATE to open the Backup Staffing incident reporting form.', 'To search for a incident or group of incidents, click the FILTER button to enter search criteria', '3 View enabled to display action items', 'When opening the BU Staffing Module, all SAVED incidents will display by default', 'After clicking the 3 View, action buttons are available. Since this incident is in a SAVED status, I can only View.', 'Unique database/record ID', 'Displays the Provider the incident is from', 'Last name of the consumer the incident is for', 'First name of the consumer the incident is for', 'If incident was submitted, the submitted date will display here.', 'Displays the recorded date the incident occurred.', and 'Displays the current status of the incident. Other statuses explained later.'

Backup Staff ID	Provider	Patient Last Name	Patient First Name	Submitted Date	Date Of Incident	Status	Active
1			WILLIAM		05/12/2014	Saved	<input checked="" type="checkbox"/>
2			K		05/11/2014		<input checked="" type="checkbox"/>
8			K		05/12/2014		<input checked="" type="checkbox"/>
4			BETTY		05/12/2014	Saved	<input checked="" type="checkbox"/>
7			FREDA		05/12/2014	Saved	<input checked="" type="checkbox"/>
5			JEANETTE ANN		05/12/2014		<input checked="" type="checkbox"/>
13			DARNELL		05/12/2014	Saved	<input checked="" type="checkbox"/>
9			CINDY		05/12/2014	Saved	<input checked="" type="checkbox"/>
16			MATTIE		05/27/2014	Saved	<input checked="" type="checkbox"/>

Sample Incident Report

Creating an Incident

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To create an incident, start by opening the Backup Staffing module as demonstrated above. Once the module loads, you will click the **CREATE** button. Once clicked, you will be presented with the Backup Staffing Incident Report form.

SECTION #1: The top section of this form will be filled out for all incidents.

INNOVATION INCIDENT REPORTING FOR FAILURE TO PROVIDE BACK-UP STAFFING Backup Staffing #

Consumer Name (First,Middle,Last)		Consumer DOB	<input type="text" value="<MM/dd/yyyy> 15"/>
<input type="text"/>	<input type="text"/>	County Of Service Provison	<input type="text"/>
Search *		Time Of Incident	<input type="text" value="Enter time"/> *
Date of Incident	<input type="text" value="<MM/dd/yyyy> 15"/> *		
Location where services were scheduled to occur	<input type="text"/> *		
Name Of Person(s) who discovered issue	<input type="text"/> *		
Name Of Provider Agency	<input type="text"/> *	Contact Number	<input type="text"/>
Provider Agency Address	<input type="text"/>		
Name of Provider to provide staffing	<input type="text"/>	Contact Number	<input type="text"/>

- **Backup Staffing #:** internal ID for this incident report, autofills upon submission
- **Consumer Name:** to whom the incident is pertaining (click Search to filter)
- **Consumer DOB:** autofills when the consumer is chosen
- **County of Service Provision:** where the consumer receives services
- **Date of Incident:** required field to be chosen from a calendar or entered manually
- **Time of Incident:** required field, either chosen or entered manually
- **Location where services were scheduled to occur:** where the consumer would have received services had there been backup staff (e.g. "Consumer's home")
- **Name of Person(s) who discovered issue:** person who found the consumer had no backup staff present at the scheduled time
- **Name of Provider Agency:** which provider was scheduled to provide the backup staffing
- **Contact number:** autofills when a provider is chosen
- **Provider Agency Address:** autofills when a provider is chosen
- **Name of Provider to provide staffing:** Actual staff person who was supposed to be with the consumer
- **Contact number:** pertains to above entry, to be entered manually

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SECTION #2: Below this top section, choose if backup staffing wasn't available, or if backup staffing was offered but the consumer or legally responsible person declined it.

*****If neither is the case, you should not check either checkbox and proceed to the bottom of the document.***

Back-up staffing not available (as applicable)

Back-up staffing offered but declined by consumer/legally responsible person (as applicable)

Back-up Staffing not available: If the first option is chosen, you are given further fields to complete that allow you to elaborate on the situation.

Back-up staffing not available (as applicable)

Indicate name of service(s) *

Indicate number of hours without staff (Hr) * (Min) *

Indicate specific reason back-up staffing was not available *

Back-up staffing was not available other

What options were provided to the consumer/legally responsible person *

Options Provided other

Who was notified of the incident (list names)

How was the consumer's health and safety ensured?

How was time covered?

What follow-up was provided to consumer/legally responsible person

What corrective measures will your agency implement to prevent this from occurring in the future?

In this section, you specify the situation—why backup staffing wasn't available, the follow-up taken, how the provider will ensure this incident won't happen again, etc.

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- Back-up staffing offered but declined by consumer/legally responsible person: If backup staffing was declined, then a separate section expands for further clarification.

Back-up staffing offered but declined by consumer/legally responsible person (as applicable)

Indicate name of service(s) *

Indicate number of hours without staff (Hr) * (Min) *

Indicate specific reason back-up staffing was not available *

Back-up staffing was not available other

What options were provided to the consumer/legally responsible person *

Options Provided other

Who was notified of the incident (list names)

****Note:** that this section contains the same, but fewer, questions as the section that appears if backup staffing wasn't available.

Adding Multiple Services

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To add multiple services to the form, first enter the first service. This is a "Populate-as-you-type" field, so be sure to select from the list. Once selected, the **ADD** button will appear for you to add another service. You can add up to 4 total.

Indicate name of service(s) 1 *

Indicate name of service(s) 2

To add additional service, choose ADD after recording the first. You can have a total of 4

[\(TOP\)](#)

SECTION #3: At the bottom of the form is where you indicate who completed the form, as well as any actions taken or pending by their Supervisor or Quality Management.

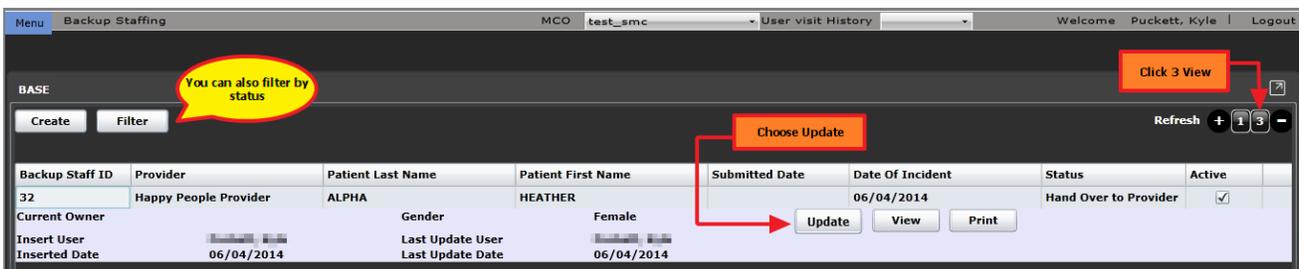
Signature/Credentials of person completing form	<input type="text"/>	*	Date	<MM/dd/yyyy>	<input type="text" value="15"/>	*
Contact Email	<input type="text"/>	*				
Contact Number	<input type="text"/>	*				
Supervisor Action <input type="checkbox"/> Action Pending <input type="checkbox"/> Action Complete						
Signature/Credentials	<input type="text"/>		Date	<MM/dd/yyyy>	<input type="text" value="15"/>	
Quality Management Action <input type="checkbox"/> Action Pending <input type="checkbox"/> Action Complete						
Signature/Credentials	<input type="text"/>		Date	<MM/dd/yyyy>	<input type="text" value="15"/>	
Status	<input type="text"/>	<input type="checkbox"/> Submit	Save	Cancel	<input checked="" type="checkbox"/> Active	

You can then choose to **save** or **submit** the incident report. Once the report is submitted, it is available for Quality Management staff at the MCO to review. At this point, the incident will remain on the default list as “Under Review.” Once the MCO has completed their review, the incident will disappear from the list unless you filter for it.

****Note:** that in order to submit the incident to the MCO, the Submit checkbox must first be checked.

Handed over to Provider

To complete incidents created by the MCO, click on an incident that is in the “Handed over to Provider” status and choose your 3 View. In the 3view you will find an Updaet button. Choose Update and the incident form will load for you to complete and submit back to the MCO for review.



Backup Staff ID	Provider	Patient Last Name	Patient First Name	Submitted Date	Date Of Incident	Status	Active
32	Happy People Provider	ALPHA	HEATHER		06/04/2014	Hand Over to Provider	<input checked="" type="checkbox"/>

Sample Incident

[\(TOP\)](#)

Menu Quality Management -> Backup Staffing test_smc User visit History Welcome Pu

BASE

INNOVATION INCIDENT REPORTING FOR FAILURE TO PROVIDE BACK-UP STAFFING Backup Staffing #

Consumer Name (First,Middle,Last) **Click SEARCH to identify the consumer**
 CURTIS A ALPHA Search *

Consumer DOB 07/08/1981

County Of Service Provison New Hanover * **Select the county by clicking the dropdown, and then type the first letter on your keyboard to jump to counties beginning with that letter.**

Date of Incident 05/18/2014 * **Select the Date and Time the incident occurred**

Time Of Incident 2:00 PM *

Location where services were scheduled to occur Home * **Free Type fields**

Name Of Person(s) who discovered issue Willy Wonka *

Name Of Provider Agency Happy People Provider * **Click to Identify Provider**

Provider Agency Address 1109 2ND AVENUE SW

Name of Provider to provide staffing John Butler **Enter the name of the provider staff person**

Contact Number 828-327-6026

Contact Number 910-555-7777

Back-up staffing not available (as applicable)

Back-up staffing offered but declined by consumer/legally responsible person (as applicable) **Select the option that corresponds with the Incident type. Depending on what is selected will determine the questionnaire available. This demonstration, back-up staffing was offered.**

Indicate name of service(s) T2021 - Day Support - Individual *

Indicate number of hours without staff (Hr) 03 * (Min) 30 *

Indicate specific reason back-up staffing was not available On Vacation *

Back-up staffing was not available other

What options were provided to the consumer/legally Offered back-up staff * **Choose the appropriate option from the dropdown**

Options Provided other

Who was notified of the incident (list names) John Butler, Willy Wonka and Curtis Alpha *

Signature/Credentials of person completing form kp * Date 05/19/2014 *

Contact Email kp@alphacm.com *

Contact Number 910-555-7777 *

Supervisor Action Action Pending Action Complete

Signature/Credentials kp Date 05/19/2014

Quality Management Action Action Pending Action Complete

Signature/Credentials kp Date <MM/dd/yyyy>

Make sure the Submit check box is select when taking an action

Status Submitted Submit Save Cancel Active

Once the form is complete, record the time and credentials where appropriate. Then, you can SAVE to complete later, SUBMIT for review and PRINT copy if desired.

The backup staffing incident ID will be populated once this incident is SAVED/SUBMITTED