

IRIS Incident Reporting Checklist



Use this checklist as a guide for submitting clear, timely reports and updates through the North Carolina Incident Response Improvement System (IRIS).

Provider Information

- Name and title of person completing the form (needed to request your incident report number)
- Which plan/service is the individual enrolled in?
 - LME/MCO (this includes the 1915 (b)/(c) Medicaid waiver, the Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plan, and NC Medicaid Direct
 - Standard Plan – Standard Plan
 - Not enrolled in plan – Private insurance, no insurance
- Date of incident – Date incident occurred
- County where services are provided
 - Host LME – County where services are provided
 - Home LME – County where member/recipient legally resides

Incident Information

- Date of incident – Date incident occurred
- Date provider learned of incident – Should be the same as or after the date of incident
- Does this incident include an allegation against the facility?
- Will this allegation require a submission of a Consumer Incident Report? – Answer “Yes” if it involved a consumer
- Was the consumer under the care of the reporting provider?
- Was a Licensed Residential Service being provided?
- Service types at the time of the incident

Consumer Information

- | | |
|--|---|
| <input type="checkbox"/> Address where incident occurred | <input type="checkbox"/> Services funded by |
| <input type="checkbox"/> LME client record number, DOB | <input type="checkbox"/> Diagnoses |
| <input type="checkbox"/> Gender/race/ethnicity | <input type="checkbox"/> Current medication |
| <input type="checkbox"/> Medicaid ID/CNDS # | <input type="checkbox"/> Eleven questions |

Consumer Information/Treatments

- Did this incident result in or is it likely to result in permanent physical or psychological impairment?
- Has this incident resulted in or is it likely to result in danger to or concern to the community or a report in a newspaper, television, or other media?
- Was consumer treated by a licensed health care professional for the incident?
 - Was it for a medical condition?
 - Was it for a mental health, I/DD, or substance use disorder issue?

IRIS Incident Reporting Checklist

Page 2 of 3



Consumer Information/Services

- Mental health services
- I/DD services
- Substance use services
- When did the consumer last receive a service?
- Did the consumer express any suicidal ideation during the last service?
- Did the consumer express any homicidal ideation during the last service?
- Hospital discharge – Date of last discharge from a state facility/hospital
- Associated incidents – Have other reports been submitted for this incident because more than one consumer was involved/affected by the incident?

Type of Incident

- | | | |
|---|---|---|
| <input type="checkbox"/> Death <ul style="list-style-type: none">• Manner of death• Associated injuries• Associated body parts• Death due to | <input type="checkbox"/> Restrictive intervention <ul style="list-style-type: none">• General 1• General 2• Status checks• Staff• Debrief• Primary care provider (PCP) 1• PCP 2• PCP 3• Follow-up plans | <input type="checkbox"/> Injury <ul style="list-style-type: none">• Injury description• Injured body parts• Injury due to <input type="checkbox"/> Medication error |
| | | <input type="checkbox"/> Allegation of abuse, neglect, or exploitation <ul style="list-style-type: none">• Check type of abuse; provide explanation in comments• Allegation made against |

Consumer Behavior

- Was this act potentially a serious threat to the health or safety of the consumers or others?
- Was the consumer charged or arrested as a result of this incident?
- Was an Amber or Silver Alert issued due to the consumer's absence?
- Check all that apply for applicable behaviors.

Authorities Contacted

- Check box and add all authorities/persons who have been notified of the incident

Incident Comments

- Add a title and detail the sequence of events that resulted in the incident

IRIS Incident Reporting Checklist

Page 3 of 3



Attached Documents

- Upload documents for other IRIS users to view

Supervisor Actions

- Level of incident** – Will auto-populate based on responses
- Cause of incident** – Describe the events that led to this incident
- Incident prevention** – Describe how this type of incident may have been prevented or may be prevented in the future and any corrective measures that have been or will be put in place
- Incident submission**

Resubmissions

- | | |
|---|--|
| <input type="checkbox"/> Enter incident number and consumer's last name; view/edit incident <ul style="list-style-type: none">• Update corresponding inquiries from LME/MCO or NCDHHS• Save after each entry | <input type="checkbox"/> Incident submission <ul style="list-style-type: none">• Enter explanation for re-submitting• Check box to attest that information in the report is true and accurate |
|---|--|

Tips

- | | |
|---|--|
| <input type="checkbox"/> Use Google Chrome | <input type="checkbox"/> Make sure email and phone numbers are correct |
| <input type="checkbox"/> Do not copy and paste phone numbers | <input type="checkbox"/> Submit within 72 calendar hours of learning of the incident |
| <input type="checkbox"/> Save after each section/tab completed | <input type="checkbox"/> Check email for follow up on incident |
| <input type="checkbox"/> Visit and answer the questions in each tab | |

Contacts

- | | |
|---|---|
| <input type="checkbox"/> Vaya Health <ul style="list-style-type: none">• Email: IncidentReport@vayahealth.com• Provider Support Service Line: 866-990-9712 (Monday-Saturday, 7 a.m.-6 p.m.) | <input type="checkbox"/> NCDHHS <ul style="list-style-type: none">• Phone: 984-236-5300• Fax: 919-733-4962 |
|---|---|

Resources

- IRIS Live Site: <https://irisuat.ncdhhs.gov/Default.aspx>
- IRIS Technical Manual: <https://files.nc.gov/ncdhhs/documents/files/iris6-4-10dhhsmanual.pdf>
- IRIS Reporting Manual: <https://files.nc.gov/ncdhhs/documents/files/incidentmanual2-25-11.pdf>
- Vaya Provider Training: <https://providers.vayahealth.com/learning-lab/provider-trainings/incident-report-online-training-2>