

**SWMBH Operating Policy 3.5**

<b>Subject:</b> Incident, Event, and Death Reporting and Monitoring		<b>Accountability:</b> Quality Management	<b>Effective Date:</b> 9/29/14	<b>Pages:</b> 6
<b>REQUIRED BY:</b> <b>BBA Section</b> _____ <b>PIHP Contract Section</b> Attachment 6.5.1.1 <b>NCQA/URAC Standard</b> _____ <b>Other</b> M.C.L. 330.723(2)(3) and 330.755f(I)(ii) M.C.L. 330.723(2)(3) and 330.755f(I)(ii)			<b>Last Reviewed Date:</b> 11/16/17	<b>Past Reviewed Dates:</b> 5/13/16
<b>LINE OF BUSINESS:</b> <input checked="" type="checkbox"/> Specialty Waiver (B/C) <input checked="" type="checkbox"/> 1115 Waiver <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> SUD Block Grant <input type="checkbox"/> MI Health Link <input type="checkbox"/> OTHER: _____		<b>APPLICATION:</b> <input checked="" type="checkbox"/> SWMBH Staff and Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH / DD providers <input type="checkbox"/> Other: _____	<b>Last Revised Date:</b> 11/16/17	<b>Past Revised Dates:</b> 5/13/16
<b>Approved :</b> <u><i>Janetha Anderson</i></u>  <b>Date:</b> <u>11/29/2017</u>			<b>Required Reviewer:</b> QAPI Director	

**I. Purpose**

To provide clear guidance for the reporting and review of all deaths and unusual events and/or incidents of persons served. All incidents not related to persons served (i.e. staff, volunteers, interns and visitors) must be reported as per appropriate agency policy and/or procedure.

**II. Policy**

All critical incidents as defined by the state of Michigan must be reported to Southwest Michigan Behavioral Health (SWMBH), which will submit a summary report to the state as defined in the Prepaid Inpatient Health Plan (PIHP) contract.

The PIHP requires that each participant Community Mental Health Services Program (CMHSP) review, investigate, and act upon sentinel events, critical incidents, and risk events for Medicaid beneficiaries. SWMBH requires that each participant CMHSP report critical incidents as defined by the state of Michigan monthly to SWMBH.

SWMBH staff, volunteers and interns will report suspected abuse, neglect and exploitation according to the standards set forth in this policy.

**III. Standards and Guidelines**

A. The SWMBH minimal standard is to report all unusual incidents or events (occurrence or condition which adversely affect the course of treatment or represents actual or potential serious harm or risk to persons served) as defined in the contract that SWMBH holds with the Michigan Department of Health and Human Services (MDHHS). This includes any suicide, non-suicide death, emergency medical treatment due to injury or medication error, hospitalization due to injury or medication error, or arrest of a consumer that meets the population standards set by the MDHHS contract.

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- B. Each CMHSP, CMHSP as a provider, and/or their contract provider, and/or SWMBH contract providers within SWMBH may establish additional procedures needed for expanding the types of incidents to be reported and the process for reporting, tracking, and preventing incidents. CMHSP procedures may be more stringent but must meet the requirements within this policy.
- C. Each CMHSP must forward a summary report of incidents that meet sentinel event, critical incident, or risk event definitions to be reviewed by SWMBH no later than 30 days after the end of the month. Critical Incidents will be reported to MDHHS by a designated SWMBH staff member. Each CMHSP must report immediate events as soon as they become aware of them to the QAPI Director (this includes suspected abuse, neglect, or exploitation).
- D. Documentation of Incidents
  - 1. All the MDHHS required information, ICO required information, or reporting to law enforcement for reporting and/or tracking incident and events must be submitted to SWMBH within the appropriate timeframes.
  - 2. All additional data elements that are part of the reporting system, as discussed in the Quality Management Committee (QMC), will be tracked and reported as discussed in the QMC. Information from this additional data will be tracked by SWMBH and available to the CMHSPs.
- E. Processing of Sentinel Events
  - 1. Within three days of a critical incident a determination by the reporting-organization must be made if it meets the sentinel event standard. If it does meet that standard the organization has two days from the date of the determination to start the root cause analysis of the incident. Collection of information to determine if it is a sentinel event including a medical determination for the cause of death does consistent of starting the root cause analysis.
  - 2. Persons involved in the review of sentinel events must have the appropriate credentials to review the scope of care. For example, sentinel events that involve an individual's death or other serious medical conditions, must involve a physician or nurse.
- F. PIHP Role and Responsibilities
  - 1. The SWMBH Quality Management Department is responsible to ensure consistent reporting, recording, tracking and the analysis of all events including critical incidents across the region.
  - 2. SWMBH will be responsible to review all incident report summaries forwarded to them in a timely manner and take any required follow-up actions as indicated.
  - 3. The SWMBH will facilitate the reporting all critical incidents, deaths and other required data to the State as per MDHHS requirements (Attachment 6.5.1.1), and other organizations as defined by law and SWMBH contract(s).
  - 4. As per section 6.1.1. of the MDHHS Managed Specialty Supports contract with the PIHPs, the SWMBH designee will notify MDHHS of any death that is the subject of a recipient rights, licensing, or police investigation. This report shall be submitted electronically within 48 hours of either the death, or SWMBH's receipt of notification of the death, or the SWMBH's receipt of notification that a rights, licensing, and/or police investigation has commenced to QMPMeasures@michigan.gov and include the following information:
    - a. Beneficiary ID number (Medicaid, ABW, MiChild)
    - b. Consumer ID (CONID) if there is no beneficiary ID number
    - c. Date, time, and place of death (if a licensed foster care facility, include the license #)
    - d. Preliminary cause of death
    - e. Contact person's name and E-mail address
  - 5. The SWMBH Quality Management Department will ensure that the required information/reports go to the Quality Management Committee (QMC) for their review.
  - 6. The QMC will review reports on at least a quarterly basis to:

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- a. Assess the consistency in reporting across the region.
  - b. Assist in the analysis of all aggregate reports on all incidents, events, uses of physical management, and deaths to identify any additional trends and areas needing follow-up and/or additional opportunities for improvement.
  - c. Advocate for and/or facilitate improvements beyond those already made.
7. The participant CMHSPs and providers are responsible for investigations conducted and action plans implemented in connection with the events identified above and the maintenance of all incident reports.
  8. SWMBH has no responsibility for determining whether any SWMBH staff member, provider or other SWMBH third party has committed any action or inaction or is otherwise responsible for any of the events listed above, including a death. SWMBH will be involved as appropriate to meet contractual obligations. The participant CMHSPs and other organizations shall be solely responsible for notifying the SWMBH of any of the events noted above, investigating the events, and providing sufficient information to the SWMBH to enable it to make all required reports to the State of Michigan.
  9. SWMBH will abide by the findings of the participant CMHSP responsible for investigating the event, report the findings to the State based solely on the investigation results and staff leadership determination made by the CMHSP. SWMBH will be involved in and discuss with the appropriate organization about individual events.
- G. Education and Monitoring
1. CMHSP and Contract Provider agencies within SWMBH network will have access to this policy through the SWMBH public website. SWMBH will monitor that the policy is being followed by the participating CMHSPs and SWMBH providers, and the CMHSPs are responsible for monitoring their provider network.
  2. Monitoring will also include reviewing that CMHSPs are conducting root cause analysis when needed.
  3. Technical assistance for event reporting and conducting root cause analysis is available to all providers requesting support from SWMBH.

## IV. Definitions

### A. Critical Incident

An incident that meets the state reporting definitions listed:

1. Suicide, Non-Suicide Death, Emergency Medical treatment due to Injury or Medication Error, Hospitalization due to Injury or Medication Error, Arrest of Consumer, or Injury as a result of physical management
2. Populations that qualify:
  - a. Individuals who living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or
  - b. Individuals who are living in a Child-Caring institution; or
  - c. Individuals who are receiving Habilitation Supports Waiver services, SED Waiver services, or Children's Waiver services
  - d. For non-suicide related deaths: for individuals who were actively receiving services and were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or were receiving community living supports, supports coordination, targeted case management, ACT, Home-based, Wraparound, Habilitation Supports Waiver, SED waiver or Children's Waiver services.
  - e. Suicide for any individual actively receiving services at the time of death, and any who have received emergency services within 30 days prior to death. Once it

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has been determined whether or not a death was suicide, the suicide must be reported within 30 days after the end of the month in which the death was determined. If 90 calendar days have elapsed without a determination of cause of death, the PIHP must submit a “best judgment” determination of whether the death was a suicide. In this event the time frame previously determined above shall be followed, with the submission due within 30 days after the end of the month in which this “best judgment” determination occurred.

### B. Sentinel Event

An “unexpected occurrence” involving death (not due to the natural course of a health condition) or serious physical or psychological injury or risk thereof. Serious injury specifically includes permanent loss of limb or function. The phrase “or risk thereof” includes any process variation for which recurrence would carry a significant chance of a serious adverse outcome (JCAHO, 1998). Any injury or death that occurs from the use of any behavior intervention is considered a sentinel event.

### C. MDHHS Event Reporting System

The MDHHS Event Reporting System is a file-based system to submit specific information (regarding persons receiving services) about five specified events on a timely and regular basis from the PIHP to MDHHS.

The five specific reportable events are:

1. Suicide
2. Non-suicide death
3. Emergency medical treatment due to injury or medication error
4. Hospitalization due to injury or medication error
5. Arrest of person receiving services

### D. Risk Events Management

A process for analyzing risk events that put individuals at risk of harm. This analysis should be used to determine what action needs to be taken to remediate the problem or situation and to prevent the occurrence of additional events and incidents.

### E. Unexpected Occurrence

A behavior or event not covered within the consumer’s treatment plan, a planned procedure (surgery, etc.) or a natural result to the consumer’s chronic or underlying condition or old age.

### F. Immediate Notification

An “unexpected occurrence” involving a person receiving services involving unexpected death, homicide, or action by the person receiving services that requires immediate notification of the state to allow the state to address any required immediate follow-up actions including statements to the media, or removal of others from a group setting.

### G. Emergency Medical Treatment (EMT)

Medical treatment (or hospitalization) due to an injury that is self-inflicted (i.e., due to harm to self, such as pica, head banging, biting and including suicide attempts).

### H. Major Permanent Loss of Function

Sensory motor, physiologic or intellectual impairment not present upon initiation of community mental health or substance use services and occurring as a result of an incident/accident which requires continued treatment of lifestyle change.

### I. Medication Errors

Consist of:

1. wrong medication
2. double dosage
3. wrong dosage; and/or
4. missed dosage that result in injury, death or the risk thereof

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It does not include instances in which individuals have refused medications.

### J. Physical Management

A technique used by staff to restrict movement of an individual by direct physical contact in order to prevent the individual from physically harming himself/herself or others, and shall only be used on an emergency basis when the situation places the individual or others at imminent risk of serious or non-serious physical harm.

The term "Physical Management" does not include briefly holding an individual in order to comfort him/her or to demonstrate affection, or holding his/her hand.

### K. Root-Cause Analysis (RCA)

A class of problem solving methods aimed at identifying the root causes of problems or events. The practice of RCA is predicated on the belief that problems are best solved by attempting to address, correct or eliminate root causes, as opposed to merely addressing the immediately obvious symptoms. By directing corrective measures at root causes, it is more probable that reoccurrence will be prevented, or at least reduced. Within three days of a critical incident a determination will be made if it meets the sentinel event standard, if it does meet that standard the organization has two days to start the root cause analysis.

### L. Action Plan

The product of the root cause analysis is an action plan that identifies the strategies that the organization intends to implement to reduce the risk of similar events occurring in the future.

### M. Follow-Up to Root Cause Analysis

Documentation that action has been taken to correct the causes identified in the root cause analysis and that the action plan has been implemented.

### N. Serious Challenging Behavior

Behaviors which include significant property damage, attempts at self-inflicted harm or harm to others.

### O. Serious Physical Harm

Defined as "physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient". (source: Administrative Rules for Mental Health [330.70001])

### P. Elopement

When a person is gone for a period of time that the worker fears for the safety of the individual and/or calls the police because the worker could not find the individual. If a person is late for curfew and there is no expectation of a risk to their safety it is not considered elopement.

### Q. Emergency Services

When a person seeks services due to crisis or risk of harm to self and others. If a person refuses services recommended by professional staff and there is no further contact this does not qualify as a reportable event.

## V. References

- A. Michigan Department of Health and Human Services (MDHHS) Medicaid Specialty Supports and Services Contract.
- B. Part II, Section 6.1.1 on Event Notification
- C. Quality Assessment and Performance Improvement Programs for Specialty Pre-Paid Inpatient Health Plans (Attachment P.6.7.1.1)
- D. Michigan Performance Indicator Codebook – Section on Critical Incident Reporting
- E. Technical Requirement for Behavioral Treatment Plan Committee; Revision FY '12 (Attachment P.1.4.1)

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- F. MDHHS/PIHP Event Reporting - <https://mipihpwarehouse.org/MVC/Documentation>
- G. M.C.L. 330.723(2) (3) and 330.755f (I) (ii)
- H. M.C.L. 330.723(2) (3) and 330.755f (I) (ii)
- I. Child Abuse and Neglect Prevention Act, PA 250 of 1982
- J. Child Protection Law, PA 238 of 1975
- K. M.C.L. 712A – 712 A.32
- L. Social Welfare Act, PA 280 of 1939
- M. Michigan Penal Code, PA 328 of 1931
- N. Adult Protective Services, PA 519, 1982
- O. R.330.1801-330.1809
- P. R.400.51-400.15411

#### **VI. Attachments**

- A. SWMBH P3.5.1 Event Reporting Procedure
- B. SWMBH P3.5.1A Event Reporting Form