

BARRY COUNTY COMMUNITY MENTAL HEALTH AUTHORITY POLICY AND PROCEDURE MANUAL

Policy: Incident Reporting 3-O		Application: BCCMHA Staff & Providers
Reviewed 3/15/23	Revised 7/6/2022	First Effective 3/15/2002

I. PURPOSE

To create an outline of procedures involved with critical incidents, sentinel events, risk events, and their reporting. This will also assist Barry County Community Mental Health Authority (BCCMHA) as a whole in monitoring health and safety of its clients, addressing issues of concern, the documentation needed to support action taken and subsequent monitoring to prevent reoccurring incidents.

II. POLICY

BCCMHA will ensure identified adverse outcomes that are classified as sentinel events, critical incidents, or risk events are reviewed and reported, appropriate corrective actions are taken to prevent reoccurrence, and that follow-up monitoring occurs.

III. DEFINITIONS

Critical Incident: An incident that results in death, illness requiring hospitalization, abuse/neglect, injury requiring emergency room treatment or hospitalization, arrest, law enforcement involvement, physical management and/or medication error.

Major Permanent Loss of Function: Sensory, motor, physiological, or intellectual impairment not present on admission requiring continued treatment or lifestyle change.

Medication Errors: Wrong medication given, wrong dosage given to a client, or a missed dosage. This excludes those who refused medications and dosages given within a half an hour before or after normal administration.

Plan of Action: 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.

Reviewable Incident: Any of the following which should be reviewed to determine whether it meets the criteria of a sentinel event or critical incident:

- Death of client
- Serious injury requiring admission to hospital

- Alleged case of abuse or neglect
- Injury to the client requiring emergency room visit or admission to hospital
- Behavior Episode
- Physical Management
- Involvement of Law Enforcement
- Arrest and/or conviction
- Medication error

Risk Event: Any event that puts the client at a serious risk of injury or death and meets definitions established by the Michigan Department of Health and Human Services. Risk events include: self-harm that results in emergency medical treatment or hospitalization due to injury (i.e., pica, head banging, etc.), harm to another that results in emergency medical treatment or hospitalization, two or more unscheduled admissions to hospital within 12 months, police involvement, and/or physical management.

Root Cause Analysis: A process for identifying the basic or causal factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis focusing primarily on systems and processes, not individual performance.

Sentinel Event: An unexpected occurrence involving death or serious physical or psychological injury, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase ‘or risk thereof’ includes any process variation for which a reoccurrence would carry a significant chance of a serious adverse outcome.

Serious Challenging Behavior: Property damage more than \$500, attempts of self-inflicted harm or harm to others not already addressed on treatment plan, or an unauthorized leave of absence from 24-hour care setting.

Twenty-Four Hour Care: Hospital setting, child-caring institution, specialized residential home, substance abuse residential treatment program, client receiving paid supports to assist in independent living at least once per week, six months or longer.

Unexpected Occurrence: A behavior or event not covered within the client’s treatment plan, a planned procedure (surgery, etc.) or a

natural result to the client's chronic or underlying condition or old age.

IV. STANDARDS

All reported events/incidents will be reviewed to determine if the incidents meet the criteria and definitions for sentinel events, critical incidents, risk events and/or are related to practice of care. All the following incidents will be reported to SWMBH following regional policy and MDHHS Technical Guidelines:

- a. Suicide
- b. Non-Suicide Death
- c. Emergency Medical Treatment Due to Injury or Medication Error
- d. Hospitalization Due to Injury or Medication Error
- e. Arrest or Police Involvement
- f. Risk Events Associated with Medications Issues, Health & Safety Issues, and/or Behavioral/Social Issues

For state reporting purposes, as required for individuals actively receiving services, individuals 1.) living in a 24-hour specialized residential setting or in child care institutions; 2.) living in their own homes receiving community living supports; 3.) receiving targeted case management, ACT, Home-Based, Wraparound, Habilitation Support Waiver, Children's Waiver, SED Waiver Services; or 4.) individuals actively receiving services will be reviewed to determine if the incidents meet the criteria and definitions for sentinel events or critical incidents and are related to practice of care. Persons involved in the review of events must have the appropriate credentials to review the scope of care, (i.e., events involving death or other serious medical conditions must involve a physician or nurse).

All events/incidents will be documented, reviewed, and result in the determination of reportability and/or classification of incidents as either sentinel event or non-sentinel event. All sentinel events shall be reported to the Recipient Rights Officer, Corporate Compliance Officer, and Executive Director **within 24 hours of being notified** that the incident occurred. Should the incident be classified as a sentinel event, this policy will be utilized as an outline to the procedures and actions to be taken by BCCMHA staff. If the incident is classified as a non-sentinel event, and meets the criteria as a critical incident, procedures and actions taken by staff will replicate those of a sentinel event and/or procedures associated with review of client death. (See Review of Client Death Policy).

The Recipient Rights Officer shall inquire further into the situation in order to determine possible rights violations [MHC 1778(1)/RR Standard C4].

V. PROCEDURES

INCIDENT REPORTING:

BCCMHA employees and providers shall immediately report all unusual incidents within 24 hours of the event occurrence. Incident Reports can be completed via BEHRI Incident

Reporting Module or on the MDHHS Incident Reporting Form. Reports shall be detailed, clear and concise, with all requested information on the form to be completed in its entirety. The Incident Report is forwarded to the Program Supervisor, Corporate Compliance Officer, and Recipient Rights Officer for further review.

Incident reports will proceed as follows:

- a. Employees who witness, discover or are notified of an unusual incident as described above shall:
 1. Protect, comfort, and assure treatment of the client as necessary;
 2. Complete an incident report via BEHRI Incident Report Module or on the MDHHS Incident Reporting Form;
 3. Report the incident in the client's progress notes;
 4. Contact the program supervisor.

- b. The Program Supervisor notified of an incident shall:
 1. As appropriate, take further action necessary to assure treatment, comfort, and protection of the client when verbally notified.
 2. If the incident involves an injury that may require further treatment, assure that immediate treatment is received.
 3. Assure that proper documentation has been entered in the client's progress notes.
 4. State corrective/remedial action taken on the bottom section of the Incident Report.

DETERMINATION OF A SENTINEL EVENT

The following variables are to be considered during the review in determining if the incident is a sentinel event:

1. Client is involved in one of the incidents previously listed;
2. Incident resulted in an **“unexpected occurrence involving death, serious physical or psychological injury, or the risk thereof”**;
3. Client is receiving 24-hour care or paid living supports at least once weekly for at least six months, or receiving waiver services either Habilitation Support, SED, and/or Children's; and
4. Meets state reporting criteria as outlined within this policy's standards section.

All incidents shall be documented and reviewed to determine whether it meets the definitions of a sentinel event, critical incident, or risk event. Subsequently, all sentinel events will be reported to the Recipient Rights Officer, Corporate Compliance Officer, and Executive Director **within twenty-hour hours of being notified** that the incident occurred.

REPORTING OF SENTINEL EVENT

All direct care staff are required to have a description available for review, describing the process used in documenting incidents, an analysis of the event and preparation and implementation of an action plan to reduce the likelihood of reoccurrence. Upon

knowledge that an incident occurred, a verbal notification and/or incident report should be completed describing the incident. At a minimum, the report should contain the following elements:

- a. Name, case number, date of birth
- b. Medicaid, Healthy Michigan or MI Child ID #, if applicable
- c. Service Population, including HAB, Children, or SED Waiver recipients
- d. Provider name and/or facility/organization
- e. Location of the incident
- f. Date and time of the incident
- g. Persons present at the time of the incident
- h. Clients living setting at the time of the incident
- i. Description of the incident
- j. Person who identified the incident occurrence
- k. Follow-up actions that have occurred
- l. Signature of person completing the incident report

After notification or completion of the incident report, the Corporate Compliance Officer in collaboration with the Recipient Rights Officer, shall review the incident and determine whether the event is a sentinel event, critical incident, and/or risk event according to the determination criteria. If the incident is a sentinel event (associated with a Medicaid Beneficiary) additional reporting is required to the Southwest Michigan Behavioral Health (SWMBH) Performance Improvement designee. If the incident is not a sentinel event, BCCMHA will proceed forward in conducting an internal assessment and review of performance improvement activities to reduce the reoccurrence of the incident.

Due to the sensitive nature of sentinel events, critical incidents, risk events, and the potential for liability, BCCMHA and SWMBH will hold all information obtained in the strictest confidence. The Corporate Compliance Officer will, upon notification, inform only those persons required including but not limited to the Executive Director, Medical Director, and Provider Network. BCCMHA and SWMBH will jointly determine whether any provider sanctions are applicable and Provider Network will implement sanctions accordingly.

In a collaborative effort (after notification) it is required that a thorough root cause analysis be conducted to determine probable causal factor(s). The root cause analysis will commence within two business days from the determination and then be forwarded, along with a plan of action, if applicable, **within 45 days** to the Executive Director. A copy may be forwarded to the SWMBH Quality Improvement Committee Designee, to ensure that organizational improvement efforts will be in place to reduce the risk of reoccurrence. Due to the sensitive nature of the information, the SWMBH Performance Improvement Designee, after review, shall return the root cause analysis and action plan and will shred any and all copies.

The Corporate Compliance Officer will review the plan of action with the Clinical and/or Medical Directors for clinical review, and will follow up on the effectiveness of the Action Plan, notifying BCCMHA's Executive Director and SWMBH Provider Relations of the outcome. Provider Relations and/or BCCMHA may impose a sanction on the provider based on non-report of a known sentinel event, the circumstances surrounding the sentinel event, and/or ineffectiveness of the Action Plan. Sanctions imposed will remain in place until the root cause analysis and action plan have been reviewed and has reinstated (if necessary) the provider to good standing. Review of the action plan may involve a review of the Provider Panel of Peers and/or Executive Director designated agency staff.

REPORTING RISK EVENT, CRITICAL INCIDENT, AND SENTINEL EVENT DATA

A monthly submission of client specific information describing reportable incidents/events that had occurred during the time period will be completed. This data is submitted to SWMBH, who in return enters the data into the Michigan Department of Health and Human Services Critical Incident data warehouse. Data submitted will include pre-paid inpatient health plan identification, BCCMHA client case number, event date, and event type. The data submitted will be presented in an aggregate manner to the Quality Improvement Committee in order to maintain confidentiality of this risk management procedure, and is considered proprietary information. Data submission will be completed in accordance with Michigan Department of Health and Human Services contract(s) and technical requirements.

EDUCATION AND MONITORING

BCCMHA staff will be oriented to this policy at the time of initial hire/contracting and subsequent review on an annual basis. Provider Relations from SWMBH will review a process is in place to monitor incidents, including conducting root cause analysis during initial and subsequent contracting. Technical assistance for conducting root cause analysis is available from the Quality Improvement Committee requesting this service.

ATTACHMENTS

[Critical Incidents and Sentinel Events attachments.pdf](#)

[Report of Death attachment.pdf](#)

[Incident Report Form](#)

REFERENCES

Determination Outline of a Sentinel Event

Michigan Department of Health and Human Services Guidance On Sentinel Event Reporting

BCCMHA

CARF

Department of Health and Human Services

Southwest Michigan Behavioral Health Behavioral Health Policy

MDCH/PIHP Event Reporting Standards

APPROVED BY:

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Executive Director

Date