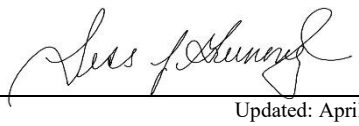
COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY AND PROCEDURES MANUAL				
Chapter **Quality Improvement Systems**	**Section** **Quality Improvement**	**Chapter** **03**	**Section** **01**	**Subject** **05**
Subject **Incident, Event, and Death Reporting and Monitoring**	**Authorization** 	**Approved: 07/26/05** **Replaces: Policies 03-01-06; 03-01-07; 05-01-17**		

Updated: April 2025; Reviewed/No Update: October 2025

I. PURPOSE: To ensure a process is in place to review, investigate, report and take appropriate action regarding all incidents involving persons served that are sentinel events, critical events, risk events, immediately reportable events, CMH events and additional review of other incidents that warrant further clinical review and conduct root cause analyses as needed. Gogebic Community Mental Health Authority (GCMHA) will report events as required via the regional electronic Incident Report Module that is a part of the electronic medical record (ELMER) system. Specific mandated reporting is done according to timeliness standards set by MDHHS.

II. APPLICATION: GCMHA employees, individuals under contract, and volunteers.

III. DEFINITIONS:

- 24-hour Specialized Setting: A specialized residential home certified by Michigan Department of Consumer and Industry Services to serve persons with mental illness or intellectual/developmental disabilities.

- Accident: Reportable accidents that result in injuries requiring a visit to an emergency room, medi-center or urgent care clinic/center and/or admission to a hospital (accidents should be included in reporting).

- Arrests and/or Convictions: Any arrest or conviction that occurs with an individual who is in the reportable population at the time the arrest or conviction takes place.

- Critical Incident: An incident that meets the state reporting definitions defined by the MDHHS/CHMSP Contract Attachment C6.5.1.1 which include Suicide, Non-suicide death, Emergency Medical Treatment due to Injury or Medication Error, Hospitalization due to Injury or Medication Error, or Arrest of Consumer, or Injury as a result of physical management (per NorthCare Network policy/BTC Technical Requirement). See definitions and the chart below for types of critical incidents and reporting populations.

  MDHHS Critical Incident Reporting requires the following five specific reportable critical incidents to be reported. Definitions as they pertain to critical incidents are:

  - ***Suicide*** – the GCMHA serving the consumer determines, through its death review process, that the consumer's death was a suicide or the official death report (i.e., coroner's report) indicates the consumer's death was a suicide.
  - ***Non-suicide Death*** – any death, for consumers in the reporting population, that was not otherwise reported as a suicide.

- ***Emergency Medical Treatment Due to Injury or Medication Error*** – situations where an injury to a consumer or a medication error result in face-to-face emergency medical treatment being provided by medical staff or at an emergency room 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).
- ***Hospitalization Due to Injury or Medication Error*** – admissions to a general medical facility due to injury or medication error. Hospitalizations due to the natural course of an illness or underlying condition do not fall within this definition.
- ***Arrest of person Receiving Services*** – situations where an individual is held or taken by a law enforcement officer based on the belief that a crime may have been committed. Situations where an individual is transported for the purpose of receiving emergency mental health services, or situations where a consumer is held in protective custody, are not considered to be an arrest.

Populations who qualify:

a) Individuals who are living in a Specialized Residential facility (per Administrative Rule R330.1801-09) including Substance Use Disorder residential programs or

b) Individuals who are living in a Child-Caring institution; or

c) Individuals who are receiving Habilitation Supports Waiver services, SED Waiver services, Children's Waiver services or iSPA 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, Homebased, Wraparound, Habilitation Supports Waiver, SED waiver, Children's Waiver services or iSPA 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 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 described in "a" above shall be followed, with the submission due within 30 days after the end of the month in which this "best judgment" determination occurred.

- Elopement: When a person is gone for a period of time that causes the worker to fear 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 a curfew and there is no expectation of risk to their safety, it is not considered elopement.

- Emergency Medical Treatment (EMT) due to Injury or Medication Error: Situation where an injury to a consumer or medication error results in face-to-face emergency medical treatment being provided by medical staff at an emergency room or any treatment facility, which may include urgent care, a PCP office, or by EMTs. If emergency treatment is sought due to a possible or suspected injury, the event shall be

considered a reportable injury unless medical staff indicate that no injury occurred (i.e., not diagnosed as an injury and no treatment provided for an injury). If EMTs are unable to assess due to consumer refusal, this will be considered emergency medical treatment as the assessment couldn't occur to indicate that no injury occurred.

- Hospitalization due to Injury or Medication Error: Admission to a general medical facility due to Injury or Medication Error. Hospitalizations due to the natural course of an illness or underlying condition do not fall within this definition.

- 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.

- Incident: An undesirable and usually unanticipated event. Incidents are reviewed to determine whether they meet the criteria for a reportable event (critical, risk, and sentinel). Incidents include, but are not limited to:
  - ✓ Death of a recipient
  - ✓ Serious illness requiring emergency medical treatment or admission to hospital
  - ✓ Alleged case of abuse or neglect
  - ✓ Injury resulting from accident requiring emergency room visit or admission to hospital
  - ✓ Serious challenging behavioral episode (911 was called due to behavior)
  - ✓ Behavior of individual (threatening others, self-injurious, hostility, substance use) if not already addressed in an IPOS or Behavioral Plan (if applicable)
  - ✓ Physical restraint used due to recipient's behaviors
  - ✓ Arrest and/or conviction
  - ✓ Medication errors, i.e., wrong medication, wrong dosage, double dosage, or missed dosage (those resulting in death, injury, or risk thereof will be reviewed for a critical incident). Medication refusals are not medication errors, however, they are still considered an incident and a report must be written.
  - ✓ Harm to self or others
  - ✓ Recipient accidental injuries (scrapes, bruises, marks not needing formal medical treatment)
  - ✓ Falls

- Injury: Bodily damage that occurs to an individual due to a specific event (e.g. accident, assault). Includes bruises, contusions, sprains, breaks. If emergency treatment is sought due to a possible or suspected injury, the event shall be considered a reportable injury unless medical staff indicate that no injury occurred (i.e., not diagnosed as an injury and no treatment provided for an injury).

- "Injury during physical management": Any injury to the consumer that occurred while physical management techniques were being used with the injured consumer by staff or others (e.g., police, parents, hospital staff). "Injury during physical management" can only occur during the time period that physical management is being used (e.g., during the time the consumer is being held). The fact that an injury occurred during physical management does not imply that the physical management caused the injury. The physical intervention may have caused the injury, or it may in fact have reduced the

severity and/or number of injuries (e.g., a consumer punches a window, breaking the glass and cutting themself and then is held in a physical management hold; the cut was NOT due to physical management as it occurred outside the timeframe of the physical management).

- Major Permanent Loss of Function: Sensory motor, physiologic, or intellectual impairments 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.

- MDHHS Critical Incident Reporting: The MDHHS Event Reporting Systems require the submission of specific information about five specified critical events on a timely and regular basis from the PIHP to MDHHS. Incident Reports regarding individuals receiving CMHSP services are to be entered into the regional electronic Incident Report Module. CMH events are loaded to the CRM via IT process from PCE.
  The five specific reportable events are:
    - ✓ Suicide
    - ✓ Non-suicide death
    - ✓ Emergency medical treatment due to injury or medication error
    - ✓ Hospitalization due to injury or medication error
    - ✓ Arrest of person receiving services

- MDHHS Event Notification--Immediately Reportable Events: MDHHS requires immediate reporting of 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. The procedure for immediately reporting events is noted in the Procedure section (V)(D) of this policy.

- Medication Errors: (a) wrong medication; (b) wrong dosage; (c) double dosage; (d) wrong time of dosage; and/ or (e) missed dosage *that results in injury, death, or the risk thereof*. It does **not** include instances in which consumers have refused medication.

- On-going and Continuous In-Home Assistance: Assistance with activities of daily living provided in the person's own home at least once a week, and six months or longer.

- Own Home: For purposes of sentinel event reporting means **supported independence program** for persons with mental illness or intellectual/developmental disabilities regardless of who holds the deed, lease, or rental agreement; as well as **own home or apartment** for which the consumer has a deed, lease, or rental agreement in his/her own name. "Own home" does not mean a family's home in which the child or adult is living.

- Physical Illness Resulting in Admission to a Hospital: Does **not** include planned surgeries, whether inpatient or outpatient. It also does **not** include admissions directly related to the natural course of the person's chronic illness or underlying condition. For example, hospitalization of an individual who has a known terminal illness in order to treat the conditions associated with the terminal illness is **not** a sentinel event.

- Physical Management: A technique used by staff as an emergency intervention 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 or gently redirecting his/her hand. The following are examples to further clarify the definition of physical management:
  - Manually guiding down the hand/fists of an individual who is striking his or her own face repeatedly causing risk of harm **IS** considered physical management if he or she resists the physical contact and continues to try and strike him or herself. However, it **IS NOT** physical management if the individual stops the behavior without resistance.
  - When a caregiver places his hands on an individual's biceps to prevent him or her from running out the door and the individual resists and continues to try and get out the door **IS** considered physical management. However, if the individual no longer attempts to run out the door, it **IS NOT** considered physical management.

  Physical management involving prone immobilization of an individual, as well as any physical management that restricts a person's respiratory process, for behavioral control purposes is prohibited under any circumstances. Prone immobilization is extended physical management of an individual in a prone (face down) position, usually on the floor, where force is applied to his or her body in a manner that prevents him or her from moving out of the prone position.

- Risk Events: Defined in the MDHHS QAPIP as additional incidents that put individuals (in the same population categories as critical events) 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. (MDHHS will request documentation of this process when performing site reviews.) At a minimum, these events minimally include:
  - Actions taken by individuals who receive services that cause harm to themselves or others.
  - Two or more unscheduled admissions to a medical hospital (not due to planned surgery or the natural course of a chronic illness, such as when an individual has a terminal illness) within a 12-month period.
  - Emergency use of physical management by staff in response to a behavioral crisis.
  - Police calls by staff under certain circumstances.

- 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.

- Root Cause Analysis (RCA): A method of review aimed at identifying the root cause of problems or events. The practice of an 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 3 days** of a critical incident a determination will be made if it meets the sentinel event standard, if it does meet that standard, GCMHA has **2 days** subsequent to start the RCA.

- An RCA may be initiated, and it may be evident that an action plan and follow up is not necessary due to the clear nature of the sentinel event. In this instance, the rationale needs to be documented on the RCA form.
- Action Plan: The product of the RCA is an action plan that identifies the strategies, individual(s)/department(s) responsible for the action, and target dates for completion that the organization intends to implement to reduce the risk of similar events occurring in the future. The plan must identify who is responsible for implementing the plan, and how implementation will be monitored. Alternatively, the provider may prepare a rationale for not pursuing a preventive plan.
- Follow-up to RCA: Documentation that action has been taken to correct the causes identified in the RCA and that the action plan has been implemented.
- The RCA is not included in the electronic clinical record.
- The RCA is reviewed by NorthCare and may be discoverable. Internal deliberations and/or Human Resources functions should not be included.

- Sentinel Event: An "unexpected occurrence" involving death (not due to the natural course of a health condition) or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes permanent loss of limb or function. The phrase 'or the risk thereof' includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome (JCAHO, 1998; CARF Behavioral Health Standards Manual). Such events are called "sentinel" because they signal the need for immediate investigation and response (CARF Behavioral Health Standards Manual). Any injury or death that occurs from the use of any behavior intervention is considered a sentinel event (per MDHHS/CMHSP Managed Mental Health Supports and Services Contract Attachment C6.8.3.1).

  Reporting Sentinel Events

  - Within three days of a critical incident, the reporting organization must determine 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 (RCA) of the incident.
  - Persons involved in the review of sentinel events or RCA 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.
  - RCA may be conducted on any unusual event as warranted regardless of its event categorization.

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

- 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."

- Unexpected Death: Includes any death(s) that resulted from suicide, homicide, an undiagnosed condition, were accidental, or were suspicious for possible abuse or neglect.

- Unexpected Occurrence: A behavior or event not covered within the consumer's treatment plan, a planned procedure (i.e., surgery), or a natural result to the consumer's chronic or underlying condition, or old age.

IV. POLICY: Gogebic Community Mental Health Authority (GCMHA) will comply with the Michigan Department of Health and Human Services (MDHHS) Mental Health and Substance Abuse Services Reporting Requirements per contract. This includes reviewing, investigating, and taking appropriate action regarding sentinel events, critical events, risk events, immediately reportable events and additional review of other incidents that warrant further clinical review and conducting root cause analyzes as needed. GCMHA will report applicable events via the electronic Incident Report Module that is part of the PCE (ELMER) system. Specific mandated reporting is done according to timeliness standards set by MDHHS.

V. PROCEDURE:

A. DOCUMENTING INCIDENTS:

The *individual observing* an incident will:

1. Take necessary steps to resolve the incident including appropriate intervention (which may include notifying law enforcement) and/or appropriate medical treatment to the recipient(s) involved to prevent further harm.
2. Contact the appropriate Supervisor/designee via telephone (as applicable).
3. Document the facts of the incident on the Incident Report (IR) form in the IR module in ELMER. Upon completion of the IR in ELMER, it will automatically route to the employee's supervisor. Documentation of the incident should be initiated and submitted electronically to the individual's supervisor/designee within **24 hours** of the incident.

The *Supervisor/designee* that is contacted by telephone will:

1. Determine whether or not additional individuals need to be immediately notified of the incident.
2. Notify the Program Director/designee and the Recipient Rights Officer (RRO) in the case of a serious physical injury, death, suspected sexual or physical abuse, or neglect.

The *Program Director/designee* that is contacted by telephone will:

1. Notify the CEO/designee and any other necessary individuals, as applicable.

B. THE ELECTRONIC REVIEW PROCESS WILL CONTINUE AS FOLLOWS:

Upon receipt of a notification to review an IR in ELMER:

The *Supervisor/designee* shall:

1. Review the IR in ELMER when they appear on their To Do List and complete the supervisor's corrective measures section. The corrective measure section shall contain a prevention strategy by documenting necessary sections, (i.e. Corrective Action to Prevent Reoccurrence, etc.) within **1 business day** of receipt.
2. Ensure the information on the IR contains all applicable information (e.g. what happened before, during, and after the incident). Any injuries should be specific in their description (location, size, coloring, etc).
3. Ensure immediate action was taken and follow-up care was provided (as appropriate).
4. Ensure appropriate and adequate remedial action is taken to prevent recurrence and is documented on the IR.
5. Ensure any additional reviewers determined to be necessary are added to the IR prior to saving the IR. Saving the IR will automatically send the IR to the recipient's assigned case manager, the RRO/designee, and any additional reviewers that were added.

The *Case Manager* shall:

1. Review the report and add their comments and date reviewed within **3 business days** of receipt; (if there are questions the case manager shall contact appropriate persons and document the answers in the comment portions. Questions written in the incident report review are not available to all persons involved.)
2. Electronically forward the incident report to responsible nursing staff for medically related incidents if this was not already completed. This is done via the "Add More Reviewers" button.
3. Electronically forward the incident report to the consumer's behavioral treatment team. If applicable, if this was not already completed (i.e. behavioral psychologist, behavioral analyst, etc.), if the incident relates to re-occurring that are not addressed in a Behavioral Treatment Plan. This is also done via the "Add More Reviewers" button.

The reviewing *RN (as applicable)* shall:

1. Review all medically related incidents, including medication incidents within **3 business days** of receipt.
2. Monitor whether appropriate corrective measures were taken, when applicable.
3. Analyze data for patterns and trends.
4. Identify opportunities for improvement.
5. Add their comments and date reviewed (If there are questions, the reviewing RN shall contact appropriate persons and document the answers in the comment portions. Questions written in this section of the incident report review are not available to all persons involved).
6. Forward the incident report to GCMHA's Medical Director if deemed necessary via the "Add More Reviewers" button.
7. Save and send.

The reviewing *Behavioral Staff (as applicable)* shall:

1. Review the incident reports when they appear in their To Do List within **3 business days** of receipt.
2. Complete the comments section add date reviewed, (if there are questions the reviewing behavioral staff shall contact appropriate persons and document the answers in the comment portions. Questions written in this section of the incident report review are not available to all persons involved).
3. Sign and save.

The *RRO/designee* shall:

1. Review the incident and determine if a recipient rights violation occurred. If a rights violation occurred or is suspected to have occurred, procedures in agency policy Complaints/Appeals (#05-01-23) will be followed.
2. Add, as appropriate, the Department Supervisor and/or Program Director, Chairpersons of applicable committees (Pharmacy & Therapeutics/Medical Services, Safety & Risk Management, and/or Behavior Treatment Committee) as reviewers.
3. Determine, within **3 business days**, if the incident meets the criteria and definitions to be categorized as a sentinel event, critical event, risk event, or an immediately reportable event; code the incident in ELMER utilizing the proper IR Category/IR Code; and follow the appropriate event reporting requirements. The RRO will review NorthCare Network's *Incident, Event, & Death Reporting, Monitoring & Oversight* policy and associated Incident Reporting chart to determine if further reporting is necessary based on the nature of the incident and program of services the recipient is/was enrolled. *Events may meet criteria for more than one category.* **If the incident is categorized as a sentinel event, then a Root Cause Analysis (RCA) must commence within 2 subsequent business days.** *Note: The RRO/designee may determine that conducting an RCA may be necessary for any type of event.*
4. Start the investigative proceedings for an RCA within 2 subsequent business days (as applicable).
    a) An RCA may be initiated and it may be evident that an action plan and follow up is not necessary due to the clear nature of the sentinel event. In this instance, the rationale needs to be documented on the RCA form.
    b) *Action Plan*: The product of the RCA is an action plan that identifies the strategies, individual(s)/department(s) responsible for the action, and target dates for completion that the organization intends to implement to reduce the risk of similar events occurring in the future.
    c) *Follow-Up to RCA*: Documentation that action has been taken to correct the causes identified in the RCA and that the action plan has been implemented.
    d) Do not include the RCA in the electronic clinical record.

e) The RCA will be reviewed by NorthCare and may be discoverable. Internal deliberations and/or Human Resources functions should not be included.

5. Once the IR is completed and reviewed by all pending staff, the RRO/designee will close the report.

Additional considerations relating to IRs:

1. AFC group homes must keep a copy of the IR, in a separate file, for 2 years.
2. If more than one recipient is involved, additional IRs must be completed; there must be an IR form completed for each and every recipient involved.
3. One IR form will be completed for med errors regardless of the number of instances involved (i.e., if a group home resident did not receive medication scheduled BID, one IR form will be complete with written notation that the resident missed two doses of meds). The Chairperson of the Pharmacy & Therapeutics/Medical Services Committee will manually track all medication related incidents.
4. All contracted sites are to forward all IRs to GCMHA's RRO/designee. GCMHA's RRO/designee will scan the IRs into ELMER; once all information is scanned and entered, the same procedures as noted above will be followed.
5. GCMHA is responsible for reviewing all unexpected deaths of Medicaid beneficiaries that were receiving specialty supports and services at the time of their deaths and the information reviewed will include:
    a) Screens of individual deaths with standard information (i.e., coroner's report, death certificate).
    b) Involvement of medical personnel.
    c) Documentation of the mortality review process and recommendations.
    d) Use of mortality information to address quality of care.
    e) Aggregation of mortality data over time for possible trend identification.

C. REPORTING OF EVENTS:

Reporting Timeline to PIHP (NorthCare Network):

All events should initially be reported within 3 business days, however, some events are considered immediately reportable and therefore have different requirements. Please see the next section "MDHHS EVENT NOTIFICATION-IMMEDIATELY REPORTABLE EVENTS" for further clarification. Determination as to cause of death and root cause analysis may be ongoing and therefore the report may be modified before reporting to MDHHS.

Reporting Timeline to MDHHS:

- For Suicide: Once it has been determined whether or not a death was suicide, the suicide must be reported to MDHHS 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, GCMHA must submit a "best judgment" determination of whether the death was a suicide. In this event the time frame

above shall be followed, with the submission due within 30 days after the end of the month in which this "best judgment" determination occurred.

- For Non-Suicide related death: if reporting is delayed to determine if the death was caused by suicide, the submission is due within 30 days after the end of the month in which it was determined the death was not due to suicide.
- For 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 reporting is due to MDHHS within 60 days after the end of the month the event occurred in.

D. MDHHS EVENT NOTIFICATION-IMMEDIATELY REPORTABLE EVENTS:

MDHHS requires immediate reporting of 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.

This report shall be submitted to NorthCare *within 24 hours* of learning of the event. (NorthCare will submit to MDHHS electronically within 48 hours.)

- Any death that occurs because of suspected staff member action or inaction or any death that is the subject of a recipient rights, licensing, or police investigation.

Notification of the following events shall be made to NorthCare *within 2 business days*. (NorthCare will communicate with MDHHS within 5 business days.)

- Relocation of a consumer's placement due to licensing suspension or revocation.
- An occurrence that requires the relocation of any PIHP or provider panel service site, governance, or administrative operation for more than 24 hours.
- The conviction of a CMH employee or contracted provider staff members for any offense related to the performance of their job duties or responsibilities which results in exclusion from participation in federal reimbursement.

Following immediate event notification to MDHHS, NorthCare Network will submit to MDHHS, within 60 days after the month in which the death occurred, a written report of its review/analysis of the death of every Medicaid beneficiary whose death occurred within one year of the individual's discharge from a State-operated service.

E. SENTINEL EVENTS:

Within 3 days of a critical incident, GCMHA must determine if it meets the sentinel event standard. If the incident is determined to be a sentinel event, GCMHA has 2 subsequent business days from the date of the determination to start an RCA of the incident. An RCA may be conducted on any unusual event as warranted regardless of its event categorization.

1. A thorough and credible RCA must be completed in order to identify systemic casual factors, probable re-occurrence, and to determine a plan to mitigate risk. Information regarding arrests and convictions must be tracked for reporting purposes. **An RCA is completed when there is loss, or serious risk, of bodily function, serious injury, or preventable death.** ***Arrests are not cause to complete an RCA.***

2. Persons involved in the review of sentinel events or an RCA must have the appropriate credentials to review the scope of care. For example, sentinel events that involved an individual's death or other serious medical conditions must involve a physician or nurse. GCMHA's Medical Director is available for consultation purposes and to review sentinel events as deemed necessary. Participation by the Behavioral Psychologist may be required, as applicable.

3. In addition to the above, the RCA will be conducted by an assigned review team to include specialty staff for that particular incident (i.e., Behavioral Analyst, RN, etc.). Critical incidents, sentinel events, and risk events are reviewed by the Safety & Risk Management Committee and reported to the QI/UM Committee to evaluate for trends and patterns.

4. Following the RCA, GCMHA will implement either a plan of action to prevent further occurrence of the sentinel event or presentation of a rationale for not pursuing an intervention. A plan of action or intervention must identify who will implement the action, when it will occur, and how implementation will be monitored or evaluated.

5. Plans of Action or interventions will be available upon request by MDHHS, CARF, and/or NorthCare.

F. <u>CRITICAL EVENTS</u>:

1. Whenever the RRO has categorized the severity of an incident as a Critical Event, the RRO will attach the event to the applicable incident report in ELMER and notify the Information Systems Analyst as soon as possible after the determination has been made.

2. The Information Systems Analyst will review all new/pending submissions via the **MDHHS Event Reporting History** link on the **MDHHS Reporting** menu in ELMER. The Information Systems Analyst will consult with the RRO if there are questions regarding Event Type, Event Sub-Type (if applicable), and Event Sub-Type Qualifier (if applicable). In addition, the Information Systems Analyst will also review the admissions status, living arrangement, and types of services the recipient was receiving at the time of the incident to determine whether the event meets the submission criteria to be reportable.

3. Once the Critical Event has been updated as needed, the Information Systems Analyst submits it to MDHHS using the link on the same page. All reportable events will display an updated status of 'Accepted' if the submission was successful. If there are any extenuating circumstances that prevent the event from being reported/accepted, the Information Systems Analyst reviews the event with the RRO and/or other involved staff as needed to resolve the issue and re-submit.

4. For individuals actively receiving services, GCMHA will report the events listed below to NorthCare and MDHHS via the ELMER MDHHS Reporting process with individual level data on MCOID, event date, and event type within 60 days after the end of the month in which the event occurred, with the exception of suicide.
    a) **Suicide** for any individual actively receiving services at the time of death, and any who have received an emergency service within 30 days prior to death. Once it 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, GCMHA must submit a "best judgment" determination of whether the death was a suicide. In this event, the time frame described 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) **Non-suicide death** 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, Home-based, Wraparound, Habilitation Supports Waiver, SED waiver, or Children's Waiver services is to be reported within 60 days after the end of the month in which the death occurred, unless if reporting is delayed because GCMHA is attempting to determine whether the death was due to suicide; in this case, the submission is due within 30 days after the end of the month in which GCMHA determined the death was not due to suicide.

    c) **Emergency medical treatment due to injury or medication error** for people who at the time of the event 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 either Habilitation Supports Waiver services, SED Waiver services, or Children's Waiver services.

    d) **Hospitalization due to injury or medication error** for individuals who at the time of the event were actively receiving services and living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or receiving Habilitation Supports Waiver services, SED Waiver services, or Children's Waiver services.

    e) **Arrest of consumers** who at the time of the event were actively receiving services and living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or receiving Habilitation Supports Waiver services, SED Waiver services, or Children's Waiver services.

5. CMHSP's will be responsible for reviewing all unexpected deaths of Medicaid beneficiaries that were receiving specialty supports and services at the time of their death and information reviewed will include:

a) Screens of individual deaths with standard information (i.e., coroner's report, death certificate).
b) Involvement of medical personnel.
c) Documentation of the morality review process and recommendations.
d) Use of mortality information to address quality of care.
e) Aggregation of mortality data over time for possible trend identification.

For the death of individuals residing in 24-hour Specialized settings, the Program Director/designee, within 48 hours, shall notify the resident's designated representative and responsible agency by telephone and shall follow the attempt of contact with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division.

For an incident that is determined to be a critical incident **for only those consumers residing in 24-hour Specialized settings (per Administrative Rule R330.1801-09)**, the Program Director/designee is the only individual authorized, within 48 hours, to notify the appropriate Department of Consumer & Industry Services licensing consultant via telephone and fax.

G. <u>RISK EVENTS</u>:

Risk Events are reported via the regional IR Module as they occur. GCMHA will analyze all event data that may put individuals at risk of harm and use this to ensure the health and welfare of those served. The RCA function in ELMER will be utilized if an RCA is deemed necessary. This analysis will be used to determine what action needs to be taken to remediate the problem or situation and to prevent the occurrence of additional incidents. MDHHS may request documentation of the analysis process when performing site visits.

Risk Events are reported on all individuals receiving Targeted Case Management, Supports Coordination or Home-Based services.

1. **Harm to Self –** Emergency medical treatment or hospitalization due to an injury that is self-inflicted (i.e., due to self-harm such as pica, head banging, biting, and including suicide attempts).

2. **Harm to Others –** Harm to another, (including family, friends, staff, peers, public, etc.) *that results in an injury requiring emergency medical treatment or hospitalization of the other person.*

3. **Police Calls (911) –** Police calls by mental health staff for assistance with an individual during a behavioral crisis situation regardless of whether contacting police is addressed in a behavioral treatment plan.

4. **Emergency Use of Physical Management** – Physical Management is a technique used by staff to restrict the movement of an individual by direct contact to prevent him or her from physically harming him/herself or others. Physical Management 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. To ensure the safety of each individual and staff, each agency shall designate emergency physical management techniques to be utilized during emergency situations. The term "Physical Management" does not include briefly holding an individual in order to comfort them or to demonstrate affection or holding or gently redirecting his/her hand.

5. **Hospitalizations** – Two or more unscheduled admissions to a medical hospital (not due to a planned surgery or the natural course of a chronic illness, such as when an individual has a terminal illness) within a 12-month period.

H. MONITORING:

All events/reports are reviewed and monitored through the quality improvement process. The Safety Committee reviews Critical Events, Risk Events, and Sentinel Events on a monthly basis as it is listed as a 'Standing Agenda' item on their monthly meeting agenda. A Safety Committee member then reviews the information at the Quality Improvement/Utilization Management Committee quarterly meetings. During the reviews, both Committees will determine if any follow-up reviews are needed and will also analyze patterns and/or trends. In addition, systemic reviews will:

1. Evaluate the systemic factors involved in any occurrence of critical incidents and at-risk health conditions, and behavioral and medical crisis.
2. Identify any individual precursors to potential behavioral or medical crisis that can serve as a warning to staff.
3. Identify and implement actions to eliminate or lessen the risk that critical incidents, sentinel events, and behavioral crisis will occur.
4. More stringent procedures to expand the focus of the review and require other reporting and prevention methods may be established and implemented, if necessary.

All professional/peer reviews/sentinel events and quality assurance documents of GCMHA are protected from disclosure pursuant to the provisions of MCL 333.20175, MCL 333.21515, MCL331.531, MCL 331.533, MCL.21513, MCL 330.1143a, and other State and Federal Laws. Unauthorized disclosure or duplication is absolutely prohibited.

VI. REFERENCES AND LEGAL AUTHORITY:

MDHHS/CMHSP Managed Mental Health Supports and Services Contract and Attachments C6.5.1.1 (Reporting Requirements), C6.8.1.1. (QI Programs for CMHSP's Technical Requirement), and C6.8.3.1 (Technical Requirement for Behavior Treatment Plan Review Committees); NorthCare Network Incident, Event, and Death Reporting, Monitoring & Oversight Policy (and all references listed); CARF Behavioral Health Standards

VII. EXHIBITS:

Critical Incident Reporting [excerpt from MDHHS/CMHSP Contract Attachment C6.5.1.1]; Critical Event Reporting; Death Report; NorthCare Incident Reporting Codes