



3.07 OPERATING POLICY & PROCEDURE

Subject: Event Policy (critical/sentinel/incident reporting)		Application: Direct Operations Providers
First Effective 8/15/94	Revised 8/11/2022	Review 2/13/2023

PURPOSE

To provide clear guidance for the reporting and review of all incidents (ie. Any event, occurrence or condition which involves actual or potential harm to Pivotal customers and their families, visitors, volunteers, staff members-including any medical emergencies, any significant property damage or potential hazard.)

POLICY

All Critical Incidents or Sentinel Events as defined by the State of Michigan must be reported to SWMBH, which will submit a summary report to the State.

DEFINITIONS:

Critical Incident: An incident that meets the state reporting definition listed:

- Suicide, non-suicide death, emergency medical treatment due to injury or medication error, hospitalization due to injury or medication error, cardiac arrest of a client, or injury as a result of physical management.
- Populations that qualify – individuals living in a specialized residential facility (per Administrative Rule R330.1801-09 or
- Individuals living in a child-caring institution: or
- Individuals who are receiving Habilitation Supports Waiver services, SED waiver services, or children’s waiver services.
- For non-suicide related deaths 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.

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.

Emergency 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).

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

IMMEDIATE Notification: is 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.

Any incident that meets the criteria for an immediate notification (typically a newsworthy event) must be reported if the CMHSP becomes aware of it for any consumer/Medicaid member up until a year after their discharge from any state-operated service. Additionally, if the incident is related to a consumer’s death the notification must be followed up with a written report of a review/analysis of the incident within 60 days.

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.

Medication Errors

Consist of:

1. wrong medication
2. wrong dosage
3. missed dosage
4. wrong route
5. wrong customer
6. wrong time
7. wrong documentation

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

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 of medication error
4. Hospitalization due to injury or medication error
5. Arrest of person receiving services

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.

All use of physical management must be documented on the Emergency Use of Physical Management (exhibit 3.07E) form as well as the Incident Report form.

Prone Immobilization

Extended physical management of an individual receiving services in a prone (face down) position, usually on

the floor, where force is applied to the body of the individual in a manner that prevents him/her from moving out of the prone position.

Risk Events Management

The PIHP has 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.

Risk Event Definition

Risk events are occurrences that do not meet the classification requirements of “critical” or “sentinel” but may put a recipient at risk of such level of harm.

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 day** 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.

- 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 a similar event occurring in the future.
- Follow up to RCA: documentation that action has been taken to correct the cause identified in the RCA and that the action plan has been implemented.

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 functions, i.e. sensory, motor, physiologic, or intellectual impairment not present on admission requiring continued treatment or life-style change. The phrase “or risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called sentinel because they signal the need for immediate investigation and response. (Reference - CARF Standards Manual Glossary)

Serious Challenging Behavior

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”. (Source: Administrative Rules for Mental Health [330.7001])

Unexpected Occurrence: is not a behavior or event covered within the individual's treatment plan, a planned procedure (surgery, ect) or a natural result to the individual's chronic or underlying condition or natural aging process.

PROCEDURE

- A. There are two categories of reportable incidents. The first are all those related to Pivotal funded recipients and the second are those not directly involving a recipient. Various reporting forms are

utilized depending on the category and type of incident. All incidents need to be reported within 24 hours unless specified as being sooner. The following outline the categories, types and the forms to be utilized.

1. RECIPIENT RELATED:

- a. Injuries, unexpected illnesses and/or any incidents which would have a reasonable potential to cause injury.
- b. Medication errors or other medication issues.
- c. Serious challenging behavior including property damage, aggression, violence, threats of violence, or endangerment to self or others.
- d. Unauthorized leave, wandering or elopement from a program which has accountability for the supervision of the individual within the premises.
- e. Any use of physical management/intervention including any type of restraint or seclusion. (Any injury or death that occurs from the use of any behavior intervention is considered a sentinel event.)
- f. Use or possession of non-prescribed medication or substance in a program setting including illegal substance or illegal use or possession of a controlled substance.
- g. Sexual assault or inappropriate sexual acts.
- h. Use or possession of weapons.
- i. Suspected abuse or neglect of a person served.
- j. Incidents of communicable disease, infection control or biohazardous accidents.
- k. Threatened, attempted, or completed suicide or homicide.
- l. Vehicle accidents involving Pivotal customers
- m. Deaths of individuals receiving Pivotal funded service are to be immediately reported verbally to Recipient Rights Officer and Executive Director, and a death report is to be completed within 24 hours.

For all the above incident, an incident report form needs to be completed ([Exhibit 3.07A](#), except if it occurred in a Specialized home, then use [Exhibit 3.07B](#)). In addition to the incident form:

- a. The "Emergency Use of Physical Management" form ([Exhibit 3.07D](#)) must be completed whenever physical management was utilized.
- b. The "Death Report" form must be completed whenever the death of an individual being served occurred. ([Exhibit 3.07C](#)). The death report must have accurate dates of death verified by two managers.
- c. A "Recipient Rights Complaint" form may be completed whenever the incident may have involved a suspected right of an individual receiving services. (Refer to the Pivotal policy [24.02](#) on completing Recipient Rights Complaint forms)

2. DEATH REPORTING

1. All unusual and adverse events, including sentinel events, will continue to be reported through the Incident Reporting Process to the Office of Recipient Rights. Agency Operating Policy and Procedure 3.07 on Incident Reporting.
2. All client deaths must be reported immediately (verbally) to the appropriate supervisor and to the Office of Recipient Rights. Paying particular attention to the date and time of death.
3. A Death report is to be completed with as much information as is available within 24 hours.
4. The agency designee will notify SWMBH of any death of a Medicaid beneficiary that is the subject of recipient rights, licensing, or police investigation electronically upon receipt of notification of the death, or upon notification that a recipient rights, licensing, or police investigation has commenced. The information to be included is:
 - a. Beneficiary ID number (Medicaid, MI Health, MI Child)
 - b. Consumer ID, 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 if known. Clinical management to verify or medical director.
 - e. Contact person's name and E-mail address

5. Within 10 days of the client death, staff will attempt to obtain any remaining information not completed on original **Report of Death Form** and forward to the Office of Recipient Rights unless autopsy or police investigation warrants an extension.
6. All client deaths will be reported to the Department of Health and Human Services by the SWMBH Quality Management Department.
7. Within **three days** of a critical incident, a determination will be made if it meets the sentinel event standard, which will be completed by the Clinical Supervisor for the recipient's population. If the event does meet that standard definition of sentinel event, a root cause analysis will start within **two days**. **The Clinical Supervisor and or medical director will determine the team participants.**
8. The Clinical Supervisor will coordinate the root cause analysis, which is to be completed within 45 days of the start of the root cause analysis, as stated above. Persons involved in the review of sentinel events will have the appropriate credentials to review the scope of care. The product of the root cause analysis is an action plan that identifies the strategies that the agency intends to implement to reduce the risk of similar events occurring in the future, or determines, after analysis, that no such improvement opportunities exist.
9. The Executive Director will be given the Corrective Action Plan of the responsible person(s) based on the findings and recommendations in root cause analysis. The corrective action plan will include time frames for implementation and evaluation of the effectiveness of the plan.
10. As follow-up to the root cause analysis, there will be documentation that action has been implemented to correct the causes identified in the root cause analysis and that the corrective action plan has been implemented.

3. NOT DIRECTLY RELATED TO A RECIPIENT (Pivotal Direct Operations Only)

a. Pivotal Property

For all incidents or accidents involving loss, damage, or destruction of Pivotal property and/or Pivotal employee property, the Property and Staff Incident Report form (Exhibit 3.07E) needs to be completed

b. Pivotal Employees

For all incidents or accidents which involve Pivotal staff illness, injury, potential risk to health, or vehicular accidents while using personal vehicles, the Property and Staff Incident Report form ([Exhibit 3.07A](#)) needs to be completed. Note that in addition to the incident report, if there is any possibility that a worker's compensation claim may be filed, either immediately or at some time in the future, refer to Operating Procedure: Worker's Compensation Claims, and complete "Employer's Basic Report of Injury."

c. Other

The Property and Staff Incident Report form (Exhibit 3.07A) is also completed for the following types of incidents:

- 1) Pivotal Environmental/Safety Related - All incidents involving actual, or potential safety risk to Pivotal staff, visitors, providers or customers including: Chemical related, Facility/Maintenance related, Electrical related, Theft or loss related, Violation of procedures, Equipment malfunction, Security related, or other observed safety risk.
- 2) Infection Related – All cases involving actual or potential infection exposure within Pivotal facilities.

B. Action Following Recipient Related Incidents:

1. Staff on Incidents Involving Recipients:

- a. Take appropriate action when personally involved in an incident.

- b. In the case of a severe adverse incident, which includes a customer suicide or attempted suicide, homicide or attempted homicide, serious injury or death by any means, immediately contact their immediate Supervisor and the Pivotal Executive Director.
 - c. In other incidents, that are not severe or adverse, report verbally to immediate supervisor any incident which seems to merit administrative action.
 - d. Complete a written Incident Report within 24 hours of which an incident occurs, using instructions attached.
 - e. Forward written Incident Report to Immediate Supervisor.
2. Pivotal Staff on Other Incidents:
- a. Staff shall immediately report any work-related injuries to their immediate supervisor prior to completion of the Incident Report.
 - b. Staff shall immediately report any incident with damages to Agency property or equipment to their immediate supervisor prior to completion of the incident report.
 - c. Staff shall immediately report any accident while using their personal vehicle to their immediate supervisor prior to completion of the incident report.
3. Supervisor:
- a. Assures that the form is filled out completely and accurately.
 - b. Initiates follow-up action as recommended and appropriate, including timely debriefing following a critical incident.
- C. Forwarding the Forms.
1. All incident related forms get forwarded to the Pivotal Recipient Rights Officer who will:
 - a. Separate out the incidents directly involving recipients from the other reports.
 - b. Forward on incidents not directly involving recipients that involve the property or environmental safety related incidents to the Safety Committee with any PHI being blacked out or eliminated.
 - c. Act on all incidents involving recipients and:
 - 1) Review and act upon all verbal and/or written incident reports in a timely and appropriate fashion.
 - 2) Separate incidents which involve the customer as the person at risk or injure from those incidents involving risk or injury to the employee, property damage, and environmental safety related.
 - 3) Take any additional or appropriate action when indicated.
 - 4) Add any additional, relevant comments to the Incident Report.
 - 5) Maintain a cumulative file of Incident Reports.
 - 6) A summary report of all SWMBH required reportable incidents is forwarded to SWMBH. The incidents will include 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 SWMBH contract 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.
 - 7) Forward any incident that could be possibly a SWMBH reportable and/or a sentinel event to the Clinical Supervisor
- D. Pivotal Clinical Supervisor
- The Clinical Supervisor will ensure that:

1. **Within three days of a critical incident** a determination is made if it meets the sentinel event standard. If it does meet that standard ensure **within two days from the date of the determination** to start the root cause analysis of the incident.
2. Persons involved in the review of sentinel events 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. (Refer to policy [3.08](#) [Customer Deaths/Sentinel Event Reporting] for additional information on sentinel events)

E. Pivotal Safety Committee

1. Safety Committee will review incident reports that involve employee, environmental safety, vehicular accidents, and property related incidents.
2. Safety Committee will keep leadership informed of any trends in those incidents.

F. Analysis of Incidents

Incident reports are recorded in the Pivotal data base. Data is tabulated monthly and analyzed. A written analysis of the aggregate of all incidents is conducted annually and provided to leadership that addresses:

1. Causes and trends
2. Actions for improvements and the results achieved
3. Any necessary education and training of personnel
4. Prevention of recurrence
5. Internal and External reporting requirements.

REFERENCES

- Michigan Department of Health and Human Services (MDHHS) Medicaid Specialty Supports and Services Contract.
- MDHHS/PIHP Event Reporting – <https://mipihwarehouse.org/MVC/Documentation>
- M.C.L. 330.723(2)(3) and 330.755f(I)(ii)
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- Child Abuse and Neglect Prevention Act, PA 250 of 1982
- Child Protection Law, PA 238 of 1975
- M.C.L. 712A – 712 A.32
- Social Welfare Act, PA 280 of 1939
- Michigan Penal Code, PA 328 of 1931
- Adult Protective Services, PA 519, 1982
- R.330.1801-330.1809 and R.400.51-400.15411
- CARF Behavioral Health Standards Manual
- CARF Standards Manual Glossary
- Southwest Michigan Behavioral Health Policy – 3.5 (Incident, Event and Death Reporting and Monitoring)

EXHIBITS

- [3.07A - Incident Report - Recipient](#)
- [3.07B - MDHHS Incident Report](#)
- [3.07C - Recipient Death Report](#)
- [3.07D - Emergency Use of Physical Management](#)
- [3.07E Pivotal Property and Staff Incident Report Form.doc](#)
- [03.07F Definitions Related to Incidents and Events.doc](#)

- [03.08 Recipient Death_Sentinel Event Reporting.doc](#)