

LAPEER COUNTY COMMUNITY MENTAL HEALTH**Date Issued 03/14/2011****Date Revised** 03/19/12; 06/25/13; 03/14/14; 08/24/15; 08/18/16, 12/12/17;
05/13/19; 09/16/20; 05/21/21; 09/16/25; 09/15/26

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 35
SECTION Recipient Rights		DESCRIPTION Incident Reporting, Sentinel Events, Critical Incident Reporting, Risk Events and Root Cause Analysis	
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APPLICATION:

☒ CMH Staff	☒ Board Members	☒ Provider Network	☒ Employment Services Providers
☒ Employment Services Provider Agencies	☒ Independent Contractors	☒ Students	☒ Interns
☒ Volunteers	☐ Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) has procedures for reporting Critical Incidents, Incident Reporting, Risk Events and Sentinel Events and conducting a root cause analysis of these incidents/events.

STANDARDS:**A. Critical Incident Reporting System**

1. The Michigan Department of Health and Human Services (MDHHS) Critical Incident Reporting system collects information on critical events of persons served. LCCMH will obtain and report information on five specific events:
 - a. Suicide: Suicide of an individual actively receiving services at the time of death or an individual who received emergency services within 30 days prior to death. If 90 calendar days have elapsed without a determination of cause of death, LCCMH must submit a "best judgment" determination of whether the death was a suicide.

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- b. Non-suicide death: A non-suicide death is any death of a person served in the reportable population not otherwise reported as a suicide. At the time of their death, the person served was actively receiving services. Services include: living in a 24-hour Specialized Residential setting or in a Child Caring Institution, receiving Community Living Supports, Supports Coordination, Targeted Case Management, Assertive Community Treatment (ACT), Home-Based, Wraparound, Habilitation Support Waiver (HSW), and/or Serious Emotional Disturbance (SED) Waiver services or Child Waiver services.
- c. Emergency medical treatment due to injury or medication error: Any situation where a person served receives emergency medical treatment due an injury or a medication error. Emergency treatment can be from a personal physician, medi-center, urgency care clinic/center, or an emergency room. At the time of the emergency medical treatment, the person served was actively receiving services and met one of the following conditions: living in a 24-hour Specialized Residential setting or in a Child Caring Institution, HSW, or SED Waiver services or Child Waiver services.
- d. Hospitalizations due to injury or medication error: Any situation where a person served is admitted to a general medical facility due to injury or medication error. Hospitalizations due to illness or natural causes of an illness or underlying condition do not fall within this definition. At the time of hospitalization, the person served was actively receiving services and met one of the following conditions: living in a 24-hour Specialized Residential setting or in a Child Caring Institution, HSW, or SED Waiver services or Child Waiver services.
- e. Arrest: Any situation where a person served is held or taken by a law enforcement officer based on the belief a crime may have been committed. Situations where a person served is transported for the purpose of receiving emergency mental health services or held in protective custody are not considered an arrest. This includes individuals who are living in a Specialized Residential Facility or in a Child Caring Institution; or receiving HSW services, SED Waiver services, or Children's Waiver.

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B. Sentinel Events

1. LCCMH will ensure the Sentinel Event Review Process takes place. This review process will determine which action needs to be taken to remediate the problem or situation and/or to prevent their reoccurrence. Determining a Sentinel Event will be in accordance with the Region 10 Prepaid Inpatient Health Plan (PIHP) Sentinel Events, Critical Incidents and Risk Events Policy 07.01.03.

C. Critical Incident or Risk Event Reporting

1. LCCMH will review Critical Incidents and Risk Events which put a person served at risk of harm. This process will be reviewed by the Clinical Case Review Committee (CCR) on a quarterly basis.

D. Unexpected Deaths

1. All unexpected deaths of Medicaid beneficiaries, who at the time of their death were receiving specialty supports and services, must be reviewed. Unexpected deaths include those resulting from suicide, homicide, an undiagnosed condition, were accidental, or were suspicious for possible abuse or neglect.

PROCEDURES:

- A. Staff involved with the event must immediately complete an incident/accident report and submit it to the Recipient Rights Officer. If the report is completed on-line through OASIS, LCCMH's Electronic Health Record, the report will automatically be submitted to the Rights Officer. The report should be entered within 72 hours. If the incident involves the abuse or neglect of a recipient, it must be reported to the Rights Office within 24 hours. Staff will be trained upon hire on how to submit incident reports through OASIS.
- B. When the event involves a death or serious injury, staff should immediately contact the Recipient Rights Officer to report the details of the incident.
- C. The Recipient Rights Officer will conduct an initial review to determine if the incident falls into the category of Sentinel Event or Critical Incident. If the incident

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does not fall under the category of Sentinel Event or Critical Incident, the incident report will be submitted to the appropriate supervisor, agency, CCR, or to the Health and Safety Committee for any corrective action. The review to determine if the event is a Sentinel Event or Critical Incident must be completed within three business days after the event occurred. If it falls within the Sentinel Event or Critical Incident category, the Root Cause Analysis (RCA) must be initiated within two days.

ROOT CAUSE ANALYSIS PROCEDURES:

- A. The root cause analysis will be completed and documented by the Recipient Rights Officer. The root cause analysis will make every effort to determine the cause and to try and prevent the incident from happening again. The report will then be forwarded to the CCR for any follow-up and then forwarded to the Quality Council. A root cause analysis will include the following areas:
 1. Determine human factors associated with the event as well as processes and systems related to the event.
 2. Analyze underlying systems and processes through “why” questions.
 3. Identify risk points and possible contributions to the event.
 4. Identify improvements in the process and changes which could be implemented, which would reduce the risk of repeated events.
 5. Formulate an action plan, which includes actions, time frames, responsible persons, and a plan for monitoring effectiveness. This will include debriefing with staff when needed. The debriefing may include crisis or grief counseling the event with staff.
- B. Following the completion of the root cause analysis, the final report will be forwarded to the Quality Council. The Quality Council will review the report and make any further recommendations to CCR. Any plan of correction recommended either by CCR or Quality Council must identify who will implement the corrections and when and how implementation will be monitored and evaluated. The CCR will be responsible for any oversight of a plan of correction. Any problems will be reported to the Quality Council.

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- C. All Sentinel Events will also be forwarded to the Region 10 PIHP within 50 days after the end of the month in which the event occurred. The Region 10 PIHP will then forward it to MDHHS through the PIHP Software system. The PIHP will forward the information to any parties in the PIHP who may need to review the data prior to submission to MDHHS.
- D. Any suicidal events must be reported within 25 days after the end of the month in which the death was determined.
 - 1. Once it has been determined a Sentinel Event has occurred, LCCMH must provide a summary report of the initial root cause analysis activity to the PIHP Chief Clinical Officer within 14 calendar days.
 - 2. LCCMH must also report to the PIHP Chief Clinical Officer, at a minimum every 30 days, root cause analysis status including any updates or necessary plans of correction and a final disposition of the Sentinel Event.
 - 3. Once the PIHP Chief Clinical Officer has received the initial root cause analysis report or monthly update, it will be reviewed by the PIHP Sentinel Event Review Committee (SERC).
 - 4. SERC will meet monthly to provide Sentinel Event monitoring and follow-up as deemed necessary. See Region 10 PIHP Policy 07.01.03 Sentinel Events, Critical Incidents and Risk Events.

CRITERIA FOR REPORTING:

- A. Suicide
- B. Non-suicide death (natural, accidental, homicide)
- C. Overdose of a person served
- D. Suicide attempts, which include but are not limited to overdoses, cutting, etc.
- E. Emergency medical treatment or hospitalization due to injury, medication error, illness, or from harm to self or others. This includes unscheduled medical

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hospitalizations. See definitions of Serious Physical Harm or Non-Serious Physical Harm.

- F. Police calls by mental health staff for unauthorized use of 911, any contact with the police for behavioral crisis situation of a person served. It does not include police transporting a person served for a mental health evaluation at the hospital.
- G. Arrests: Situations where a person served is held or taken by a law enforcement officer based on the belief a crime may have been committed.
- H. Every use of physical intervention. Remember the guidelines for Physical Intervention; this is NOT an approved technique. There must be an IMMEDIATE risk of harm to themselves or others, i.e., a person served is running into the road or is attacking another person served. The staff should assist the person served out of danger and then immediately release the person served. The staff should never hold the person served. Restraint and seclusion is prohibited in any situation.
- I. Harm to self or harm to others resulting in an injury requiring emergency medical treatment or hospitalization.
- J. Unscheduled hospitalizations: Two or more unscheduled admissions to a medical hospital.
- K. Problem behaviors, which are not addressed in a plan of service (verbal aggression, violence, or significant property damage)
- L. Any significant injuries of a person served, explained or unexplained (bruises, scratches, bleeding)
- M. Medication errors (medications not given, too many medications given, medication count incorrect, medication refusals, a person served received the wrong medication or a pharmacy error was discovered). This would include hospitalizations or emergency medical treatment due to a medication error.
- N. Possession of substances (illegal or legal) or possession of weapons.

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- O. A traffic accident involving a person served. In addition, if the incident/accident involves an agency vehicle, Lapeer County's Michigan Municipal Risk Management Authority "Claim/Incident Report" form must be completed. See Policy 08.002.15 Vehicle Incident/Accident Reporting.
- P. A person served leaving or wandering from a program or residential placement without permission or notice going outside the environmental limits of the home (elopement).
- Q. Suspected abuse, neglect, or sexual abuse of a person served
- R. Inappropriate sexual touching or sexual assault - inappropriate touching of others (person served to person served) or staff inappropriately touching a person served. See definition of Sexual Contact.
- S. Biohazard accidents or exposure, this would also need to be reported IMMEDIATELY to the Health and Safety Officer, Supervisor, and the Chief Executive Officer (CEO).
- T. Exposure to communicable disease, person served to person served, or staff to person served.

DEFINITIONS:

Accidents: accidents resulting in injuries requiring visits to emergency rooms, medi-centers and urgent care clinics/centers and/or admissions to hospitals should be included in the reporting. In many communities where hospitals do not exist, medi-centers and urgent care clinics/centers are used in place of hospital emergency rooms.

Arrests: situations where a recipient is held or taken by a law enforcement officer based on the belief a crime may have been committed. Situations where a recipient is transported for the purpose of receiving emergency mental health treatment, or situations where a recipient is held in protective custody, do not fall within this definition. This only needs to be reported for people who are living in a Specialized Residential Setting or in a Child Caring Institution or are receiving any Waiver Services.

Actively Receiving Services: a person served is considered to be actively receiving services when any of the following occur: A face-to-face intake has occurred and the

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individual was deemed eligible for ongoing services, or the person served has been authorized for ongoing services, either through a face-to-face assessment or a telephone screening, or the individual has received a non-crisis, non-screening encounter.

Critical Incident: five specific incidents/events as follows: Suicide, non-suicide death, hospitalization due to injury or medication error, emergency medical treatment due to injury or medication error, and arrest of an individual.

Death: for the purpose of Sentinel Event reporting, death which does not occur as a natural outcome to a chronic condition (e.g., terminal illness) or old age.

Emergency Use of Physical Management: emergency use of physical management by staff in response to a behavioral crisis. Physical Management is a technique used by staff as an emergency intervention to restrict the movement of a person served by continued direct physical contact in spite of the person's served resistance in order to prevent him or her from physically harming himself, herself, or others. Physical Management will only be used on an emergency basis when the situation places the person served or others at imminent risk of serious physical harm. The term Physical Management does not include briefly holding a person served in order to comfort him or her or to demonstrate affection or holding his/her hand. See policy 04.003.25 Restraint, Seclusion and Physical Management for techniques to be used in an emergency situation.

Habilitation Supports Waiver Program (HSW): a person served who has a developmental disability, is eligible for Medicaid, is residing in a community setting, and if not for HSW services, would have to return to a more restrictive setting.

Harm to Others: actions taken by persons served causing harm to others. Harm to another includes family, friends, staff, peers, or the public resulting in an injury requiring emergency medical treatment or hospitalization of the other person.

Harm to Self: actions taken by persons served causing harm to themselves. Emergency medical treatment or hospitalization due to a self-inflicted injury, i.e., due to harm to self, such as pica, head banging, biting, and including suicide attempts.

Hospitalizations: 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 a person served had a terminal illness) within a 12-month period. Medical hospital admission may

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not be known at the time of the hospitalization but may be added when it becomes known.

Incident: any of the following will be reviewed to determine whether it meets criteria for Sentinel Event.

- Death of recipient
- Serious illness requiring admission to hospital
- Alleged case of abuse or neglect
- Accident resulting in injury to the recipient requiring emergency room visit or admission to hospital
- Behavioral episode
- Arrest and/or conviction
- Medication error

Injury: a bodily function occurring to an individual due to a specific event such as an accident, assault, or misuse of the body. Examples of injuries include bruises (except those due to illness), contusions, muscle sprains, and broken bones.

Medication Error: a situation where a mistake is made when a person served takes prescribed medication (i.e., incorrect dosage, prescription medication taken which is not prescribed, medication taken at wrong time, medication used improperly), a person served is given the wrong medication, or a situation where non-prescription medication is taken improperly. It does not include instances in which recipients have refused medication.

Non-Serious Physical Harm: physical damage or what could reasonably be construed as pain suffered by a person served which a physician or registered nurse determines could not have caused, or contributed to, the death of a person served the permanent disfigurement of a person served, or an impairment of his or her bodily functions.

Own Home: for the purpose of Sentinel Event reporting means supported independence program for person with mental illness or developmental disabilities regardless of who holds the deed, lease, or rental agreement; as well as own home or apartment for which the recipient 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.

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Problem Behaviors: defined as aggressive, violent, or “out of the norm” outburst a person served displays, for example throwing things, hitting others, destroying furniture or equipment.

Police Contact: police calls by staff of specialized residential setting or general Adult Foster Care (AFC) residential homes or other provider agency staff for assistance with an individual during a behavioral crisis situation.

Risk Events: five specific events are Harm to Self, Harm to Others, Police Contacts, Emergency use of Physical Intervention, and Hospitalizations.

Root Cause Analysis: process for identifying the basic or causal factors underlining variation in performance, including the possible occurrence of a Sentinel Event. A Root Cause Analysis focuses primarily on systems and processes, not individual performance.

Sentinel Event: an “unexpected occurrence” involving death (not due to the natural course of 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 for which recurrence would carry a significant chance of serious adverse outcome. Any injury or death occurring from the use of any behavior intervention is considered a Sentinel Event.

Serious Challenging Behaviors: are those behaviors not already addressed in a treatment plan and include significant (in excess of \$100) property damage, attempts at self-inflicted harm or harm to others, or unauthorized leaves of absence.

Serious Emotional Disturbance (SED) Waiver/Child Waiver: services which are enhancements or additions to Medicaid state plan coverage for children up to age 20 with serious emotional disturbance.

Serious Physical Harm: serious physical harm is defined by the administrative rules for mental health (330.7001) 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.

Sexual Contact: intentional touching of the person’s served or employee’s intimate parts or the touching of the clothing covering the immediate area of the person served

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or employee's intimate parts, if intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification, done for a sexual purpose, or in a sexual manner for revenge, to inflict humiliation, or out of anger.

Suicide Attempt: a nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury but includes those needing medical attention.

Suicide Attempt by Overdose: a person served needing medical attention to reverse an accidental overdose or drug toxicity.

REFERENCES:

MDHHS/PIHP Event Reporting CIO Forum, Version 1.0 dated June 21, 2010.
Region 10 PIHP Sentinel Events, Critical Incidents and Risk Events Policy 07.01.03
LCCMH Policy 04.003.25 Restraint, Seclusion and Physical Management
MDHHS Guidance on Sentinel Event Reporting, Exhibit A
MDHHS/CMH Master Contract, Attachment C6.5.1.1
Administrative Rules: Licensing Rules for Adult Foster Care, R400.14311 & R330.1801-09

LKJ

Supersedes: #03/11014 dated 03/14/2011