

PATHWAYS CMH

POLICY TITLE: Incident Reporting – Unusual Incidents	CATEGORY: Quality Assessment & Performance Improvement	
EFFECTIVE DATE: April 6, 2017	BOARD APPROVAL DATE: April 5, 2017	
REVIEWED DATE: June 30, 2020	REVISION(S) TO POLICY STATEMENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OTHER REVISION(S): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
RESPONSIBLE PARTY: QI Coordinator	CEO APPROVAL: Mary Swift, CEO	

APPLIES TO:

Pathways Personnel
Contract Providers

POLICY:

It is the policy of Pathways that all unusual incidents that occur involving recipients shall be documented by CMH employees and contract providers with direct knowledge of the event in the Incident Report Module in ELMER or by paper version of the incident report form if ELMER is unavailable.

The incidents shall be reviewed by the employee’s supervisor and other departments as applicable, and if necessary, investigated, in a timely manner, with appropriate follow up and/or remedial action steps taken to prevent reoccurrence. The incident reporting process is a retrospective peer review process to improve services or enhance treatment for consumers. The review process and documentation, including the Incident Report forms, shall be kept confidential pursuant to Michigan law and will not be used or disclosed for any purpose other than performance of the peer review function as described and outlined in the procedures below.

PURPOSE:

To establish policies and procedures for the general practice of reporting unusual incidents in order to further Pathway’s peer review, quality management and Recipient Rights processes. The required reporting is conducted to evaluate the clinical competencies of all care providers, environmental, physical or other factors that might impact the appropriate delivery of care and services with the goal of continually improving the quality of care.

DEFINITIONS:

Unusual Incident - An out of the ordinary occurrence that disrupts or adversely affects the course of treatment or care of a service recipient or an occurrence that has the potential or does place an employee, recipient or visitor at risk. Any unusual incident that is not already addressed in a service recipient’s Individual Plan of Service or Behavioral Plan (if applicable).

Extraordinary Incidents- An incident that is equivalent to a sentinel event. A sentinel event is: Death, Serious Illness Requiring Hospital Admission, Injuries to the Consumer that Require an Emergency Room Visit and/or Hospital Visit, Arrests, Serious Challenging Behaviors, Medication Errors, Suspected Abuse or Neglect, Unauthorized Leaves of Absence, and Alleged Criminal Sexual Misconduct by a Consumer.

Medication Incident - Any preventable event that may harm an individual or lead to inappropriate use of medication. Such events may be related to professional practice, medication, procedures,

prescribing and order communication.

Adverse Reaction –A result of drug therapy that is neither intended nor expected in normal therapeutic use and that causes significant, sometimes life-threatening conditions.

Recipient - An individual who receives mental health services from the department, a community mental health services program or from a provider that is under contract with the department or a community mental health services program.

Visitor – Any individual who is not an open recipient with Pathways, or a Pathways employee, but was on Pathways premises.

Root Cause Analysis - a process by which events are reviewed in order to identify systemic causal factors, probable re-occurrence, and to determine a plan to mitigate risk A Root Cause Analysis may be completed on any event if deemed needed by supervisory staff. A Root Cause Analysis must be completed when an incident is determined to be a Sentinel Event

INCIDENT REPORT EXAMPLES

This list is a representation of incident types, and is not meant to be all-inclusive:

1. Death of a recipient.
2. Suspected abuse (physical, verbal, emotional or sexual) or neglect of a recipient.
3. Property Destruction (Recipient destroyed personal property, or other's property.)
4. Any accident or injury of a recipient requiring an emergency room visit or admission to a hospital.
5. Serious illness requiring a visit to the emergency room and/or hospitalization.
6. Significant injuries of unknown origin.(i.e. bruises, cuts, scrapes that did not occur in the employees' presence)
7. Arrest and/or conviction for criminal offense.
8. Attempts or threats of self-inflicted harm or harm to others.(if the behavior is not already addressed in a treatment plan.).
9. Unusual or first time medically related occurrences such as seizures, allergic reactions, etc.
10. Medication error resulting in death, serious injury or risk thereof.
11. Medication errors, misuse, refusals or omissions, contaminated medication disposal.
12. Recipient self-administered med error (including over dose).
13. Resident is absent without notice (eloped).
14. Serious challenging behaviors (verbal or physical aggression)
15. Maladaptive behaviors not addressed in an Individual Plan of Service.
16. Falls with or without apparent injury.
17. Inappropriate alcohol use/substance use.
18. Possession of a controlled substance.
19. Committed criminal offense (ex: shoplifting).
20. Victim of criminal offense.
21. Threat of suicide or homicide.
22. Communicable diseases (tuberculosis, pink eye, etc.)
23. Injury (accidental, self-inflicted, or inflicted by another person.)
24. Psychiatric hospitalization.
25. Disruption in treatment or residential facility.
26. Use of physical management.
27. Inappropriate sexual activity of service recipients.
28. Involvement of other agencies (police, jail, hospital, fire, Protective Services).
29. Individual's medical equipment broken or unavailable.
30. Use and unauthorized possession of weapons.

- 31. Vehicular Accident.
- 32. Biohazard accidents.

REFERENCES:

Recipient Rights Clinical Annual Training 2016
Pathways Policy: Event-Death Reporting Notification and Monitoring
CARF Standards 2018

HISTORY:

New Policy: December 21, 2016
Dates Reviewed: September 21, 2017; May 17, 2018; May 16, 2019; June 30, 2020
Dates Revised: September 21, 2017 (procedures), May 17, 2018 (procedures); June 30, 2020
(Procedures)
Dates Approved: April 5, 2017

PROCEDURES:

All Incidents

1. All unusual incidents shall be documented by employees with direct knowledge of the incident in the Incident Report module in ELMER. If ELMER is not available, the paper version of the Incident Report Form shall be completed immediately following an incident or no later than the end of the workday. A summary of an incident must be added to the recipient's medical record via the appropriate Progress Note (i.e. Paraprofessional Progress Note, Clinical Progress Note).
2. All cases of suspected abuse or neglect shall be handled in accordance with Pathways Recipient Rights Policy and Procedure entitled Abuse and Neglect.
3. Upon completion of the IR in ELMER, it will automatically route to the employee's supervisor who will review, document necessary section (i.e. Corrective Action to Prevent Reoccurrence, persons notified, etc.).
4. If the paper IR is utilized due to ELMER not being available a copy shall be sent to the employee's supervisor who will review, document necessary sections (i.e. Corrective Action to Prevent Reoccurrence, persons notified, etc.) and forward to Pathways medical records department via fax. Pathways medical records department will scan in the paper copy of the incident report into ELMER and assign the document to the employee's supervisor/home manager, Recipient Rights Office and Case Manager. Pathways Case Manager is responsible for assigning the incident to other appropriate parties as needed, (i.e. Behavioral, Medical, Quality Improvement, etc.) NOTE: Incident Report forms should ONLY be used in cases where ELMER is not functioning and is not expected to be functioning within 24 hours, or if a contracted site does not have access to the ELMER system.
5. **Incidents in a Licensed Residential Facility**

All Licensed Adult Foster Care providers shall ensure incident reports will be available and accessible on site for viewing as requested in accordance with the AFC Licensing Rule 400.14311 for 2 years. A licensee shall make a reasonable attempt to contact the resident's designated representative and licensing by telephone and a paper copy of the report shall be sent to licensing within 48 hours of any of the following:

 - a. The death of a resident.
 - b. Any accident or illness that requires hospitalization
 - c. Incidents that involve any of the following:
 - d. Displays of serious hostility
 - e. Hospitalization
 - f. Attempts at self-inflicted harm or harm to others
 - g. Instances of destruction to property

- h. Incidents that involve the arrest or conviction of a resident as required pursuant to the provisions of section of Act No. 322 of the Public Acts of 1988.
- i. A resident is absent without notice

6. The supervisor/home manager shall:

- a. 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.).
- b. Add "Date reviewed";
- c. Notify all appropriate agencies and/or persons and check the boxes for all persons notified of the incident (i.e. AFC licensing, guardians, parents, etc.);
- d. Save the incident report, in doing this the report will automatically be sent to reviewers added, the case manager and to the assigned Recipient Rights Coordinator.

7. The Case Manager shall:

- a. Review the report and add their comments and date reviewed; (if there are questions please contact appropriate persons and document the answers in the comment portions. Questions written in this section are not available to all persons involved);
- b. Electronically forward the incident report to responsible nursing staff for medically related incidents, this is done via the "Add More Reviewers" button;
- c. Electronically forward the incident report to the consumers Behavioral treatment team (i.e. behavioral psychologist, behavioral analyst, etc.) if the incident relates to re-occurring behaviors that are not addressed in a Behavioral Treatment Plan, this is also done via the "Add More Reviewers" button;

8. The Reviewing RN shall:

- a. Review all medically related incidents, including medication incidents.
- b. Monitor whether appropriate corrective measures were taken, when applicable.
- c. Analyze data for patterns and trends
- d. Identify opportunities for improvement
- e. Add their comments and date reviewed (If there are questions, please contact appropriate persons and document the answers in the comment portions. Questions written in this section are not available to all persons involved);
- f. Forward the incident report to Pathways Medical Director if deemed necessary

via the “Add More Reviewers” button;

g. Save and Send

9. The Behavioral Psychologist shall:

- a. review the incident reports when they appear in their To Do List,
- b. complete the comments section add date reviewed, (if there are questions please contact appropriate persons and document the answers in the comment portions. Questions written in this section are not available to all persons involved);
- c. sign and save.

10. The Rights Officer shall:

ORR reviews every incident report. If clinical staff has a recipient rights concern related to an incident, he or she should indicate this in the comments section. If ORR has already reviewed the IR, clinical staff will need to contact the assigned RR Staff. RR staff can access the incident report in the database and review it with the added comments.

- a. Review all incident reports and monitor for concerns of a code protected right.
- b. Add as many incident reporting codes as are applicable to the incident.
- c. If the individual is a BOFR case that is case managed by an external source, the internal Pathways case manager will need to be manually added as a reviewer.
- d. Complete the comments section if needed, add date reviewed and save. (if there are questions please contact appropriate persons and document the answers in the comment portions. Questions written in this section are not available to all persons involved);
- e. Allegations of code protected rights will be addressed by ORR staff in accordance with the Complaint Investigation and Resolution policy.
- f. If deemed appropriate Recipient Rights Officers will forward the incident report to QI Coordinator for further review.

11. The Quality Improvement Coordinator shall:

- a. Review all incident reports received and determine if the incident is a Sentinel Event, Critical Incident, Risk Event, or a MDHHS Immediately Reportable Event. QI Coordinator will check the box that is appropriate for the determined event severity.

- b. If the incident is determined to be a Sentinel Event, the QI Coordinator shall start investigative proceedings for a Root Cause Analysis within 2 business days after review of the event and follow procedures set forth in the Pathways Event/Death Reporting, Notification and Monitoring Policy.
- c. If the incident is determined to be a Critical Incident or an MDHHS Immediately Reportable event, the QI Coordinator will report these incidents according to NorthCare's Event Reporting Policy/Procedure. A root cause analysis may be determined to be necessary for any type of event by the Quality Improvement Coordinator. The QI Coordinator will set up a meeting of all parties involved in the incident if it is determined to need further review.
- d. Review all incident reports and monitor whether or not adequate remedial action was taken to prevent recurrence of such an incident. If remedial action is deemed inadequate, make recommendations to appropriate supervisory personnel.
- e. Complete the comments section if needed, add date reviewed and save. (if there are questions please contact appropriate persons and document the answers in the comment portions. Questions written in this section are not available to all persons involved);

The Incident Report Form is not a clinical document; therefore it is not placed in the clinical record. The Michigan Administrative Rules for Mental Health (R. 330.7046) require that a summary of extraordinary incidents involving a recipient be maintained in the clinical record. Pathways considers an extraordinary incident to be equivalent to a sentinel event. A sentinel event is: Death, Serious Illness Requiring Hospital Admission, Injuries to the Consumer that Require an Emergency Room Visit and/or Hospital Visit, Arrests, Serious Challenging Behaviors, Medication Errors, Suspected Abuse or Neglect, Unauthorized Leaves of Absence, and Alleged Criminal Sexual Misconduct by a Consumer. Please reference Pathways policy: Event-Death Reporting Notification and Monitoring for further guidance on reporting requirements. The summary must be written by staff with personal knowledge of the extraordinary incident. The summary must be concurrent and fact-based: who, what, where and how information. No personal impressions or opinions should be stated in the summary. There should be no mention of peer review processes or required reporting mechanisms, except to state "followed Pathways policy for reporting _____ (abuse, neglect, death etc.)"