

## PATHWAYS CMH

<b>POLICY TITLE:</b> Event/Death Reporting, Notification & Monitoring	<b>CATEGORY:</b> Quality Assessment & Performance Improvement	
<b>EFFECTIVE DATE:</b> August 6, 2014	<b>BOARD APPROVAL DATE:</b> June 1, 2016	
<b>REVIEWED DATE:</b> October 19, 2017	<b>REVISION(S) TO POLICY STATEMENT:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>OTHER REVISION(S):</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>RESPONSIBLE PARTY:</b> Clinical Practices Supervisor	<b>CEO APPROVAL:</b> Mary Swift, CEO	

**APPLIES TO:**

Pathways CMH Personnel  
Pathways Contract Providers

**POLICY:**

All applicable parties, or their designee, shall report sentinel events, critical events, risk events and immediately reportable events (event notification) to Pathways CMH as required by MDHHS and outlined in the procedures below.

**PURPOSE:**

To establish a process that ensures due diligence as well as responsible and appropriate oversight and reporting of critical events, sentinel events, risk events and event notification.

**DEFINITIONS:**

- Critical Incident.** An incident that meets the state reporting definitions defined by the MDHHS/PIHP contract Attachments P.1.4.1, P.7.9.1, P7.7.1.1, which include:
  - Suicide, Non-Suicide Death, Emergency Medical treatment due to Injury or Medication Error, Hospitalization due to Injury or Medication Error, Arrest of an individual served, or Injury as a result of physical management.

**Populations that qualify:**

- Individuals who are living in a Specialized Residential facility (per Administrative Rule R330.1801-09) including Substance Use Disorder residential programs or
- Individuals who are 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: 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, ACT, Homebased, Wraparound, Habilitation Supports Waiver, SED waiver or Children's Waiver services.
- 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 CMHSP & 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.

**2. 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.

**3. Emergency Medical Treatment (EMT) due to Injury or Medication Error.** Situation where an injury to an individual being served or medication error results 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).

**4. 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.

**5. 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

**6. 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

**7. MDHHS Critical Incident Reporting.** The MDHHS Event Reporting System require the submission of submitting specific information about five specified critical events on a timely and regular basis from the CMHSP to the PIHP to MDHHS. 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

Incident Reports regarding individuals receiving CMHSP services are to be entered into the regional electronic Incident Report Module. SUD residential providers are required to submit incident reports per MDHHS guidelines to NorthCare clinical staff for review and follow-up if indicated. All other providers are required to report incidents as outlined in their contract.

**8. MDHHS Event Notification--Immediately Reportable Events-** MDHHS requires immediate reporting of specific incidents in four areas:

- Any death that occurs as a result of suspected staff member action or inaction, or any death that is the subject of a recipient rights, licensing, or
- police investigation. This report shall be submitted electronically within 48 hours of either the death, or the CMHSP’s receipt of notification of the death, or the CMHSP’s receipt of notification that a rights, licensing, and/or police investigation has commenced to QMPMeasures@michigan.gov ii. Relocation of the individual’s placement due to licensing suspension or revocation.

- An occurrence that requires the relocation of any CMHSP's service site, governance, or administrative operation for more than 24 hours. The conviction of a CMHSP or provider panel staff members for any offense related to the performance of their job duties or responsibilities which results in exclusion from participation in federal reimbursement. Except for deaths, notification of the remaining events shall be made telephonically or other forms of communication within five (5) business days to contract management staff members in MDHHS's Behavioral Health and Developmental Disabilities Administration.

#### **9. Medication Errors.**

- Wrong medication
- Double dosage
- Wrong dosage; and/or
- Missed dosage that results in injury, death or the risk thereof

Note: This does not include instances in which individuals have refused medications.

**10. 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 or gently redirecting his/her hand.

**11. Risk Events** are defined in the MDHHS QAPIP as additional incidents that put individuals (in the same population categories as the critical incidents above) 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 visits.

These events minimally include:

- Actions taken by individuals who receive services that cause harm to themselves
- Actions taken by individuals who receive services that cause harm to others
- 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

**12. 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. Incident, Event & Death Reporting Monitoring & Oversight Policy Page 4 of 7

**13. Root-Cause Analysis (RCA).** A method of review 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 days 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 subsequent to start the root cause analysis.

- 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 root cause analysis 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.
- Follow-Up to Root Cause Analysis: Documentation that action has been taken to correct the causes identified in the root cause analysis and that the action plan has been implemented.

**14. 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 function. The phrase “or risk thereof” includes any process variation for which recurrence would carry a significant chance of a serious adverse outcome. Any injury or death that occurs from the use of any behavior intervention is considered a sentinel event. (per Attachment P.1.4.1 Behavior Treatment Plan Review Committee Tech Requirement (H))

**15. Serious Challenging Behavior.** Behaviors which include are those 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.

**16. Serious Physical Harm.** 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.

**17. Unexpected Occurrence.** A behavior or event not covered within: the treatment plan of the individual being served, a planned procedure (surgery, etc.) or a natural result to the individual’s chronic or underlying condition or old age

#### **REFERENCES:**

- MDHHS/PIHP Contract
- MDHHS Sentinel Event Reporting Guidance
- Determining a Sentinel Event Flow Chart – MDHHS
- MDHHS/PIHP Contract Attachment P.6.7.1.1 – (QAPIP) Quality Assessment and Performance Improvement Programs for Specialty Prepaid Inpatient Health Plans
- MDHHS/PIHP Contract, Section 6.1.1 Event Notification
- Medicaid Subcontracting Agreement (PIHP/CMHSP)
- MI Mental Health Code (Act 258 of the Public Acts of 1974 as amended) Section 330.1748 (9)

#### **HISTORY:**

Dates Reviewed: 10/1/15, April 12, 2016, September 21, 2016, March 1, 2017, April 14, 2017; October 19, 2017

Dates Revised: 10/1/2015; 1/28/16 (Procedure), April 12, 2016 (Policy & Procedure), Aug 23, 2016 (Procedure), September 21, 2016 (Definitions), March 1, 2017 (Definitions & Procedure); October 19, 2017 (Procedure)

Dates Approved: 8/6/14 (Board), June 1, 2016

## **PROCEDURES:**

Pathways has the responsibility to review, investigate, and act upon sentinel events, critical events, risk events and immediately reportable events. Pathways will utilize the Incident Reporting Module in the electronic record system (ELMER) which was developed and went live January 1, 2014. Using a standardized tool to report critical incidents, sentinel events, risk events and immediately reportable events will allow standard regional and local reports to be available in a timely manner.

### A. Review of Events

All incidents are reviewed by the Office of Recipient Rights. Those incidents that have the potential to meet the criteria and definitions of a sentinel event, critical event, risk event, or an immediately reportable event are then sent to the QI department for review. Events may meet criteria for more than one category. An annual analysis of critical incidents will be conducted by the QI department and presented to the Quality Improvement Team documented in the meeting minutes.

### B. Reporting of Events

#### 1. *Sentinel Events*

Sentinel events, as defined in the MDHHS/PIHP contract and the MDHHS Sentinel Event Reporting Guideline, must be identified within three (3) business days after an adverse incident occurred. Pathways has two subsequent business days to commence a root cause analyses of the event.

A thorough and credible Root Cause Analysis (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 still be tracked for reporting purposes. Pathways maintains the sentinel event definition by the state to determine if a root cause is needed. This means that a root cause analysis is only completed when there is loss, or serious risk, of bodily function, serious injury, or preventable death. Arrests are not cause to complete a root cause analysis.

Sentinel events are reviewed and acted on as appropriate by individuals possessing the appropriate credentials to review the scope of care. Participation by a physician or nurse will be required in any instance that involves a serious medical condition or death. Pathways' Medical Director is available for consultation purposes and to review sentinel events as deemed necessary.

Following the root cause analysis which is to be sent to NorthCare upon completion, Pathways 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.

An RCA may be conducted on any unusual event as warranted regardless of its event category.

Sentinel event reviews and RCAs are a professional/peer review as well as

quality assurance documents. They are protected from disclosure pursuant to the provisions of MCL 333.20175, MCL 333.21515, MCL 331.531, MCL 331.533, MCL.21513, MCL 330.1143a, and other State and Federal Laws. Unauthorized disclosure or duplication is absolutely prohibited.

## 2. *Critical Event Reporting*

Pathways reports the following events, except suicide, within 60 days after the end of the month in which the event occurred for individuals actively receiving services.

- 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 suicide was determined. If 90 calendar days have elapsed without a determination of cause of death, the CMH 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.
- b. Non-suicide deaths are to be reported 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, ACT, Home-based, Wraparound, Habilitation Supports Waiver, SED waiver or Children’s Waiver services. If reporting is delayed because the CMH is attempting to determine whether the death was due to suicide, the submission is due within 30 days after the end of the month in which the CMH determined the death was not due to suicide.
- c. Emergency Medical treatment due to Injury or Medication Error are to be reported 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 are to be reported for individuals who 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 the individual served who live 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.

## 3. *Immediately Reportable Event*

The CMHSP/MDHHS contract requires that Pathways immediately notify NorthCare of the following events:

- a. Death of a served individual that occurs within 12 months of the individual's discharge for a state facility; or a death that occurs as a result of suspected staff member action or inaction. Pathways must notify NorthCare within 24 hours of the death or of receipt of notification of the death.
- b. Relocation of the placement of the served individual due to licensing issues.
- c. An occurrence that requires the relocation of any CMHSP panel service site, governance, or administrative operation for more than 24 hours.
- d. The conviction of a CMHSP or panel provider staff member for any offense related to the performance of their job duties or responsibilities.

Except as otherwise instructed, Pathways will provide notification of these events telephonically or in writing within three (3) business days to NorthCare Network's Chief Executive Officer. NorthCare Network is required to report these events to MDHHS within five (5) business days.

#### 4. *Risk Events*

Risk Events are reported via the regional Incident Report Module as they occur. Pathways 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 by network providers. 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.

#### 5. *Unexpected Death Reporting*

All unexpected deaths of individuals, who at the time of their death, were receiving specialty supports and services, must be reviewed and reported to NorthCare Network.

#### 6. *Monitoring of Events*

Pathways will analyze Incident Report data and take corrective action, as Applicable, to protect the health and welfare of all individuals served. This will be done through regular review and analysis of aggregate reporting to identify patterns and trends of risk factors at the individual level and at the AFC home provider entity level. When necessary, findings will be reported to the appropriate staff person and or department. Work groups will be established as needed to address specific issues concerning the health and welfare of individuals served.