

	<b>Reporting Critical Incidents</b>			
	<b>Chapter:</b>	Board Services and Program Administration	<b>Policy #</b>	2-12-8
	<b>Section:</b>	Safety and Therapeutic Environment	<b>Revision #</b>	1

- I. **PURPOSE:** To establish policy and procedures for reporting and following up on critical incidents.
  
- II. **APPLICATION:** All program and services operated by West Michigan Community Mental Health and all entities operated by or under contract with the West Michigan Community Mental Health Governing Body.
  
- III. **REQUIRED BY:** Michigan Department of Health and Human Services Administrative Rules R330.7046, and accrediting bodies.
  
- IV. **DEFINITIONS:**
  1. **Critical Incident:** An occurrence that disrupts or adversely affects the course of consumer care or agency business. Whether an incident is critical may depend upon individual consumer needs or treatment. When in doubt, staff should consult their supervisor or a member of the Network, Quality Improvement, and Compliance Department to determine if an incident must be reported. Critical incidents may include, but are not limited to the following:
    - 1.1. Challenging behaviors, including but not limited to, physical or verbal aggression toward others, use of physical management, medication refusal, or law enforcement involvement, and wandering or elopement.
    - 1.2. Suicide or non-suicide death.
    - 1.3. Emergency medical treatment for behavioral health assistance, illness, injury during physical management, injury not during physical management, due to a medication error, or suicide attempt.
    - 1.4. Health and safety, including, but not limited to, falls (regardless of injury), vehicle accidents, injuries requiring first aid at program/home, unexplained or unknown injury, or other health and safety concerns as appropriate.
    - 1.5. Hospitalization due to illness, injury during physical management, injury not during physical management, or due to medication error.
    - 1.6. Law enforcement involvement resulting in the arrest of a consumer.
    - 1.7. Medication Errors involving a recipient not receiving a prescribed medication, the wrong dosage given, or the wrong medication given.
    - 1.8. Other events, including but not limited to, suicide, suspected abuse or neglect, use of seclusion or restraint, communicable disease or infection control, use and unauthorized possession of weapons, biohazardous accidents, unauthorized use and possession of legal or illegal substances, overdose, sexual assault, or other potential Sentinel Events, as defined in IV.7.

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2. MDHHS/PIHP Critical Incident Events: Five MDHHS identified types of critical incidents identified to replace the PIHP/CMHSP death reporting and sentinel event reporting process. The five (5) Reportable Events are:
  - Suicide
  - Non-suicide death
  - Emergency Medical Treatment due to Injury or Medication Error
  - Hospitalization due to Injury or Medication Error
  - Arrest
  
3. Off-Site: Any place other than the buildings and grounds which are owned and operated by WMCMH.
  
4. Peer Review: A process in which mental health professionals evaluate the clinical competence, quality and appropriateness of care/services provided to the recipients served by WMCMH. The review may focus on an individual event or aggregate data and information on clinical practices. These processes are confidential in accordance with section 748(9) of the Mental Health Code Act 258 of 1974 and are based on criteria established by the facility or community mental health services program itself, the accepted standards of the mental health professions and the Department of Community Health.
  
5. Physical Management: A technique used by staff to restrict the movement of an individual by direct physical contact in spite of the individual's resistance in order to prevent the individual from physically harming himself, herself, or others. The term "physical management" does not include briefly holding an individual in order to comfort him or her or to demonstrate affection or holding his/her hand.
  
6. Risk Event: Events that put people at risk of poor outcomes. MDHHS defines the following events as risk events:
  - Harm to self-actions taken by individuals who receive services that cause harm to themselves.
  - Harm to others-actions taken by individuals who receive services that cause harm to others.
  - Police calls-Police calls by staff of specialized residential settings or general (AFC) residential homes or other provider agency staff for assistance with an individual during a behavioral health crisis situation.
  - Emergency Use of Physical Management-Emergency use of physical management by staff in response to a behavioral crisis.
  - Hospitalizations-two or more unscheduled admission to a medical hospital (not due to planned surgery of the natural course of a chronic illness, such as when an individual has a terminal illness) within a 12-month period.
  
7. Sentinel Event: A sentinel event is an unexpected occurrence involving death (not due to the natural course of a health condition) or serious physical harm or emotional harm, or the


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risk thereof to a customer. The phrase “or risk thereof” includes any process variation for which a recurrence would carry a significant chance of serious adverse outcome. Any injury or death that occurs from the use of any behavior intervention is considered a sentinel event.

V. **POLICY:** It is the policy of the West Michigan Community Mental Health that all critical incidents that occur while conducting agency business are reported, reviewed, and investigated, if necessary.

VI. **PROCEDURES:**

1. The purpose of reporting and reviewing critical incidents is to evaluate the quality and appropriateness of care, to improve the quality of care for consumers, to reduce the likelihood of recurrence, and to improve safety of the environment for consumers and staff.
2. All potential critical incidents will be reviewed by appropriate staff to determine if the event meets reporting criteria for:
  - 2.1. Sentinel events
  - 2.2. MDHHS/PIHP Critical Incidents
  - 2.3. Risk Events
3. The WMCMH employee, contract employee, or volunteer who has primary knowledge of the critical incident must complete the Critical Incident Report (CIR) form. The CIR form must be completed clearly and concisely and submitted to the designated member of the Network, Quality Improvement, and Compliance Department within 24 hours of the incident occurrence. Alleged Recipient Rights violations must be reported to the Recipient Rights Office immediately in accordance with WMCMH Administrative Manual Chapter 5-1-1.
4. The WMCMH employee who has primary responsibility for a consumer during care or who is notified of an incident will complete the CIR and document in the clinical record, as appropriate, a summary of the incident. CIRs completed by WMCMH providers will be routed to the Responsible Care Manager for documentation in the clinical record, as appropriate. The CIR itself will not be entered in the clinical record.
5. The Network, Quality Improvement, and Compliance Department will review CIRs, record the appropriate data, and route CIRs to appropriate staff as outlined in Attachment A, CIR Routing Matrix:
  - 5.1. A Critical Incident Debriefing will be done within forty-five (45) days on critical incidents determined to warrant further investigation and action. This process

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includes distribution via R3 of the CIR to individuals based on the routing matrix so those individuals can follow up on and decide what actions are needed to prevent further CIR's or corrective action, as well as review at the next Clinical Oversight Committee for determination of further actions needed. There is also a quarterly report done to look for trends by the Network, Quality Improvement, and Compliance department submitted to the QI Steering Committee. Critical incident debriefing *must* be conducted for the following incident types:


- 5.1.1. Suicide or non-suicide death.
- 5.1.2. Emergency Medical Treatment or Hospitalization due to injury during physical management, due to medication error, or suicide attempt.
- 5.1.3. Law enforcement involvement in response to an individual's challenging behavior, verbal or physical aggression, or use or unauthorized possession of weapons.
- 5.1.4. Abuse or Neglect involving Abuse Class I or Neglect Class I.
- 5.1.5. Use of seclusion or restraint.
- 5.1.6. Other Sentinel Events.

5.2. Critical incident debrief *may* be assigned for debriefing, to be determined by Director of Network, Quality Improvement, and Compliance:

- 5.2.1. Accidents, including falls that result in injury to recipient, medication errors, vehicles, or biohazards.
- 5.2.2. Unauthorized use and possession of legal or illegal substances.
- 5.2.3. Emergency use of Physical Management.
- 5.2.4. Arrest of a consumer not otherwise required in V.I.5.1.3 above.
- 5.2.5. Wandering or elopement

The goal of reviewing the Critical Incident Debriefing Analysis is to prevent recurrence of critical incidents or sentinel events.

- 6. The Network, Quality Improvement, and Compliance Department will report quarterly on critical and risk events. Also semi-annually provide an analysis and trending report on incidents reported to the Quality Improvement Steering Committee. They will also trend MDHHS/PIHP Critical Incident Events and Risk Events per PIHP guidelines.
- 7. The supervisor of the involved department or his/her designee will investigate critical incidents as needed. Results of the investigation, including causal factors and actions to prevent recurrence, will be documented and submitted to the Network, Quality Improvement, and Compliance Department.
- 8. Critical Incident Reports will be retained for at least 7 years.
- 9. Critical Incident Reports are peer review documents. Unauthorized release or duplication of CIRs is prohibited.

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VII. **SUPPORT DOCUMENTS:**

- Appendix 2-12-8A: Incidents Requiring Critical Incident Analysis
- Appendix 2-12-8B: Instructions For Completing Critical Incident Analysis Form
- Appendix 2-12-8C: Critical Incident Routing Matrix

Refer to:

- Critical Incident Report (WMCMH Form EC001)
- Critical Incident Report for Residential Services (WMCMH Form EC002)
- Critical Incident Debriefing Analysis Form (WMCMH Form EC003)

VIII. **POLICY/PROCEDURE REVIEW:**

REV#	APPROVED BY	Policy/Procedure	DATE
NC	Unknown		01/17
NC	Unknown		09/19
1	Don Avery/PIOC	Procedure	03/21
<b><i>Board Approval Date: 05/23/1996</i></b>			

VIII. **CHIEF EXECUTIVE OFFICER ENDORSEMENT:**

I have reviewed and approved of policy # 5-12-8 Revision# 1.

CEO: Lisa A. Williams

Approval Signature: \_\_\_\_\_

## INCIDENTS REQUIRING CRITICAL INCIDENT ANALYSIS

- Death
- Suicide or attempted suicide
- Emergency Medical Treatment OR Hospitalization Due To
  - Injury
  - Medication Error
  - Self-Harm
  - An individual harmed another person
  - Illness (2 or More Unscheduled Admissions Not Due to Chronic Or Underlying Condition Within 365 months)
- Emergency Physical Management
- Arrest of Consumer
- Staff Called Police in Response to Consumer's Challenging Behavior

## CONSIDERATIONS FOR CRITICAL INCIDENT ANALYSIS

### Input from Person served:

- Give person the opportunity to provide his/her perspective of what he/she experienced
- Ask the recipient if he/she is okay
- Discuss recipient's options and choices and what he/she could do differently next time – possibly review goals and what he/she are working towards in their PCP
- Inform the recipient as to why physical management was used (*if applicable*)

### Method/Procedure:

- Was the recipient's Person-Centered Plan (PCP) adequate?
- Was the recipient's PCP complete?
- Did written policies, protocols, and procedures exist?
- Were staff aware of risks and thinking about how to prevent them?

### Communication:

- How was information provided to staff?
- Were there barriers to communication?
- Were staff aware of the consumer's PCP?
- Were staff aware of the organization's procedures, policies and protocols?
- Was information/instructions missing?
- Was information/instructions confusing or contradictory?

### Staff Related:

- What were the staffing levels at the time of the incident?
- What training had staff received?
- Did staff have skills required to implement procedures?

### Environment:

- Was the environment noisy?
- How much space was available to consumers and staff?
- Was lighting adequate?
- Were any physical hazards present?
- Had Emergency Response Procedures been developed?

Equipment/Materials:

- Was equipment available?
- Was equipment used properly?
- Was equipment in good condition?
- Were surfaces safe?

**INSTRUCTIONS FOR COMPLETING CRITICAL INCIDENT ANALYSIS FORM**

All incident reports must be sent to WMCMH to the Network, Quality Improvement, and Compliance Department within 24 hours. Reports may be faxed or dropped off at any WMCMH office.

If the incident report describes a Critical Incident as described in WMCMH Policy 2-12-8:

- Home manager (for residential settings) or Supervisor (for other settings) should indicate in the submitted incident report that a Critical Incident Debriefing Analysis form will be completed and submitted within 30 days.
- Network, Quality Improvement, and Compliance Department staff will contact home managers/supervisors when incident reports are received if there is no indication that the Critical Incident Debriefing Analysis form is forthcoming.
- Home manager or supervisor must complete the Critical Incident Debriefing Analysis form. They may want to consult with the staff person who completed the initial incident report. The home manager and supervisor should describe factors that contributed to the incident and ways of preventing future incidents related to:
  - Input from the persons served
  - Method/procedure
  - Communication
  - Staff related
  - Environment
  - Equipment/materials
  - Other

The Network, Quality Improvement, and Compliance Department is available to provide consultation and assistance.



**APPENDIX 2-12-8C**

INCIDENT TYPE					INCIDENT LOCATION	
CATEGORY	CODE	MDHHS CRITICAL INCIDENT	RISK EVENT	AUTO REVIEW SENTINEL EVENT	WCMCMH	PROVIDER
Challenging Behavior	Other				Clinical Coordinator Dir, Compliance Dir, NW/QI/Comp RCM RRO	Clinical Coordinator Dir, Compliance Dir, NW/QI/Comp NW/QA Specialist RCM RRO
	Physical Aggression to Others				Clinical Coordinator Dir, Compliance Dir, NW/QI/Comp RCM RRO	Clinical Coordinator Dir, Compliance Dir, NW/QI/Comp NW/QA Specialist RCM RRO
	Refused Medications				Clinical Coordinator Dir, Compliance RCM RRO	Clinical Coordinator NW/QA Specialist RCM RRO
	Verbal Aggression to Others				Clinical Coordinator Dir, Compliance RCM RRO	Clinical Coordinator Dir, Compliance NW/QA Specialist RCM RRO
	Use of Physical Mgmt		Yes		Clinical Coordinator Dir, Compliance Psychologist RCM RRO	Clinical Coordinator NW/QA Specialist Psychologist RCM RRO
	Law Enforcement		Yes		Clinical Coordinator Dir, Clinical Dir, Compliance Facilities (situation) RRO	Clinical Coordinator Dir, Clinical Dir, Compliance NW/QA Specialist RRO
Death	Suicide or Non- Suicide Death	Yes		Yes	CEO CCO CHIO COO Dir, Clinical Dir, Compliance Dir, NW/QI/Comp Dir, HHI Medical Director RCM RRO	CEO CCO CHIO COO Dir, Clinical Dir, Compliance Dir, NW/QI/Comp Dir, HHI Medical Director NW/QA Specialist RCM RRO
Emergency Medical Treatment	Behavioral Health Assist				Clinical Coordinator Dir, Compliance RCM RRO	Clinical Coordinator NW/QA Specialist RCM RRO
	Illness				Clinical Coordinator	Clinical Coordinator

					Dir, Compliance Dir, NW/QI/Comp Facilities Medical Director RCM RN (if applicable) RRO	Dir, NW/QI/Comp Medical Director RCM RN (if applicable) RRO
	Injury During Physical Mgmt	Yes		Yes	Clinical Coordinator Dir, Compliance Dir, NW/QI/Comp Medical Director RCM RN (if applicable) RRO	Clinical Coordinator Dir, NW/QI/Comp Medical Director RCM RN (if applicable) RRO
	Injury not During Physical Mgmt	Yes	Poten tial	Yes	Clinical Coordinator Dir, Compliance Dir, Clinical Dir, NW/QI/Comp Medical Director RCM RN (if applicable) RRO	Clinical Coordinator Dir, Clinical Dir, NW/QI/Comp Medical Director RCM RN (if applicable) RRO
	Due to Medication Error	Yes		Yes	Clinical Coordinator Dir, Compliance Dir, Clinical Dir, NW/QI/Comp Medical Director RCM RN (if applicable) RRO	Clinical Coordinator Dir, Clinical Dir, NW/QI/Comp Medical Director RCM RN (if applicable) RRO
	Suicide Attempt			Yes	CCO CHIO Clinical Coordinator Dir, Clinical Dir, Compliance Dir, NW/QI/Comp Medical Director RCM RN (if applicable) RRO	CCO CHIO Clinical Coordinator Dir, Clinical Dir, NW/QI/Comp Medical Director RCM RN (if applicable) RRO
	Harm to Self		Yes		Clinical Coordinator Dir, Compliance Dir, Clinical Dir, NW/QI/Comp Medical Director RCM RN (if applicable) RRO	Clinical Coordinator Dir, Clinical Dir, NW/QI/Comp Medical Director RCM RN (if applicable) RRO
	Harm to Others		Yes		Clinical Coordinator Dir, Compliance Dir, NW/QI/Comp Medical Director RCM RN (if applicable) RRO	Clinical Coordinator Dir, NW/QI/Comp Medical Director RCM RN (if applicable) RRO

Health and Safety	Fall				Clinical Coordinator Dir, Compliance Facilities RCM RN (if applicable) RRO	Clinical Coordinator Dir, Compliance NW/QA Specialist RN (if applicable) RCM RRO
	Vehicle Accidents				Clinical Coordinator Dir, Compliance Facilities (if applies) RCM RN (if applicable) RRO	Clinical Coordinator Dir, Compliance NW/QA Specialist RN (if applicable) RCM RRO
	First Aid Applied at Program				Clinical Coordinator Dir, Compliance Medical Director RCM RN (if applicable) RRO	Clinical Coordinator Dir, Compliance Medical Director NW/QA Specialist RN (if applicable) RCM RRO
	Unexplained Injury				Clinical Coordinator Dir, Compliance Medical Director RCM RRO	Clinical Coordinator NW/QA Specialist RCM RRO
	Other				Clinical Coordinator Dir, Compliance Facilities RCM RRO	Clinical Coordinator NW/QA Specialist RCM RRO
Hospitalization	Illness				Clinical Coordinator Dir, Compliance Dir, Clinical Medical Director RCM RN (team assigned) RRO	Clinical Coordinator Dir, Clinical Medical Director NW/QA Specialist RCM RN (team assigned) RRO
	Injury During Physical Mgmt	Yes		Yes	Clinical Coordinator Dir, Clinical Dir, Compliance Dir, NW/QI/Comp RCM RRO	Clinical Coordinator Dir, Clinical Dir, NW/QI/Comp NW/QA Specialist RCM RRO
	Injury not During Physical Mgmt	Yes		Yes	Clinical Coordinator Dir, Clinical Dir, Compliance Dir, NW/QI/Comp RCM RRO	Clinical Coordinator Dir, Clinical Dir, NW/QI/Comp NW/QA Specialist RCM RRO
	Due to Medication Error			Yes	Clinical Coordinator Dir, Clinical Dir, Compliance Dir, NW/QI/Comp Medical Director RN (team assigned)	Clinical Coordinator Dir, Clinical Dir, NW/QI/Comp Medical Director NW/QA Specialist RCM RN (team

					RCM RRO	assigned) RRO
Law Enforcement	Arrest	yes			Clinical Coordinator Dir, Clinical Dir, Compliance Dir, HHI Dir, NW/QI/Comp RCM RRO	Clinical Coordinator Dir, Clinical Dir, Compliance Dir, HHI Dir, NW/QI/Comp NW/QA Specialist RCM RRO
	Behavioral Health Assist				Clinical Coordinator Psychologist RCM RRO	Clinical Coordinator NW/QA Specialist Psychologist RCM RRO
Medication Error	Missed Dose				Clinical Coordinator Dir, HHI RCM RN (team assigned) RRO	Clinical Coordinator Dir, HHI NW/QA Specialist RCM RN (team assigned) RRO
	Wrong Dose				Clinical Coordinator Dir, HHI RCM RN (team assigned) RRO	Clinical Coordinator Dir, HHI NW/QA Specialist RCM RN (team assigned) RRO
	Wrong Medication				Clinical Coordinator Dir, HHI RCM RN (team assigned) RRO	Clinical Coordinator Dir, HHI NW/QA Specialist RCM RN (team assigned) RRO
Other	Miscellaneous				RCM RRO	NW/QA Specialist RCM RRO
	Suicide	Yes			CCO CEO CHIO COO Clinical Coordinator Dir, Compliance Dir, Clinical Dir, NW/QI/Comp Medical Director RCM RRO	CCO CEO CHIO COO Clinical Coordinator Dir, Compliance Dir, Clinical Dir, NW/QI/Comp Medical Director NW/QA Specialist RCM RRO
	Suspected Abuse and Neglect				Clinical Coordinator Dir, Compliance Dir, Clinical Dir, NW/QI/Comp	Clinical Coordinator Dir, Compliance Dir, Clinical Dir, NW/QI/Comp

					RCM RRO	NW/QA Specialist RCM RRO
	Possible Sentinel Event	Route as per incident above. For possible Sentinel Events refer to policy 2-6-6 Sentinel Event Procedures.				