
	Reporting Critical Incidents			
	Chapter:	Board Services and Program Administration	Policy #	2-12-8
	Section:	Safety and Therapeutic Environment	Revision #	3

- 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, , 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, harm to self or others, suicide attempt or overdose.
 - 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, or when staff are in need of a behavioral health assist.
 - 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: Include the following:

- Suicide
- Non-suicide death
- Death of Unknown Cause
- Emergency Medical Treatment due to Injury, Medication Error, or Overdose for consumers living in 24-hour Specialized Residential setting, consumers in SUD Residential setting, in a Child-Care Institution, or receiving Habilitation Supports, SED, or Child Waiver services
- Hospitalization due to Injury or Medication Error for consumers living in 24-hour Specialized Residential setting, consumers in SUD Residential setting, in a Child-Care Institution, or receiving Habilitation Supports, SED, or Child Waiver services
- Arrest for consumers living in 24-hour Specialized Residential setting, in a Child-Care Institution, or receiving Habilitation Supports, SED, or Child Waiver services
- MAT Medication Error for consumers living in 24-hour Specialized Residential setting, consumers in SUD Residential setting, in a Child-Care Institution, or receiving SUD Services.
- SUD Medication Error for consumers in SUD Residential setting.
- Serious Challenging Behaviors for consumers in SUD Residential setting.

3. 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.

4. Risk Event: Events that put people at risk of poor outcomes. MDHHS defines the following events as risk events:

- Harm to self: Emergency Medical Treatment (EMT) or hospitalization due to an injury that is self-inflicted, such as pica, head banging, biting, and including suicide attempts.
- Harm to others: Harm to another including family, friends, staff, peers, public, etc., that results in an injury requiring EMT or hospitalization of the other person.
- Police calls: Police calls made by public mental health staff including specialized residential settings, general residential homes, and other provider agency staff for assistance with an individual during a behavioral health crisis regardless whether contacting the police is addressed in the behavioral treatment plan.
- Emergency Use of Physical Management: Physical Management is a technique used as an emergency intervention to restrict the movement of an individual by continued direct physical contact in spite of individual's resistance in order to prevent them from physically harming themselves or others. Physical Management should only be used on an emergency basis when the situation places individuals or others at imminent risk of physical harm. To ensure safety of each consumer and staff, the agency shall designate emergency physical

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management techniques for use during emergency situations. The term “physical management” does not include briefly holding an individual to provide comfort and or to demonstrate affection or holding their hand.

- 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 an individual has a terminal illness) within a 12-month period.

5. **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 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 Policy 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,

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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. Critical incident debriefing *must* be conducted for the following incident types:

- 5.1.1. Unexpected death.
- 5.1.2. Suicide or attempted suicide.
- 5.1.3. Emergency Medical treatment or hospitalization due to injury in a treatment setting, Medication error in a treatment setting, self-harm in a treatment setting, an individual harmed another person in a treatment setting.
- 5.1.4. Emergency use of physical management
- 5.1.5. Staff called policy in response to a consumer's challenging behavior
- 5.1.6. Abuse class I or Neglect Class I.
- 5.1.7. Use of seclusion or restraint.
- 5.1.8. Other sentinel events.

Other critical incidents not listed in 5.1 may be assigned for debriefing, to be determined by Director of Network, Quality Improvement, and Compliance.

5.2. 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 a summary of Critical Incidents monthly to the Safety Committee and an annual analysis to the Quality Improvement Steering Committee that includes causes, trends, areas needing improvement, actions recommended and taken for improvement, results of actions taken, training and education of personnel, prevention of recurrence, and internal and external reporting requirements.
- 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.


VII. SUPPORTING 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:

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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
2	QISC	Procedure	04/22
3	QISC	Procedure	05/23
Board Approval Date: 05/23/1996			

VIII. **CHIEF EXECUTIVE OFFICER ENDORSEMENT:**

I have reviewed and approved of policy # 2-12-8 Revision# 3.

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
 - Overdose
 - 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 Consumers living in a 24-hour Specialized Residential setting, Child-Care Institution, or receiving Habilitation Supports, SED, or Child Waiver services
- 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 INCIENT	RISK EVENT	AUTO REVIEW SENTINEL EVENT	WMCMH	PROVIDER
Challenging Behavior	Other				Clinical Coord, Compliance Dir, RCM RRO	Clinical Coord, Compliance Dir, NW Coord, NW/QA Specialist, RCM, RRO
	Physical Aggression to Others				Clinical Coord, Compliance Dir, RCM RRO	Clinical Coord, Compliance Dir, NW Coord, NW/QA Specialist, RCM, RRO
	Refused Medications				Clinical Coord, Compliance Dir, RCM RRO	Clinical Coord NW/QA Specialist RCM RRO
	Verbal Aggression to Others				Clinical Coord, Compliance Dir RCM RRO	Clinical Coord, Compliance Dir NW/QA Specialist RCM RRO
	Use of Physical Mgmt		Yes		Clinical Coord, Compliance Dir Psychologist RCM RRO	Clinical Coord Compliance Dir, QI Coord, NW Coord, NW/QA Specialist, Psychologist (ABA – Megan T. or Rob L.), RCM, RRO
	Law Enforcement				Clinical Coord Psychologist RCM RRO	Clinical Coord NW/QA Specialist Psychologist (ABA – Megan T. or Rob L.) RCM, RRO

Death	Suicide or Non-Suicide Death	Yes		Yes	CEO CCO CHIO COO Clinical Dir, Clinical Coord, Compliance Dir, QI Coord, NW Coord, HHI Dir, Medical Director RCM RRO	CEO CCO CHIO COO Clinical Dir, Clinical Coord, Compliance Dir, QI Coord, NW Coord, HHI Dir, Medical Director NW/QA Specialist RCM, RRO
Emergency Medical Treatment	Behavioral Health Assist				Clinical Coord, Compliance Dir RCM, RRO	Clinical Coord NW/QA Specialist RCM, RRO
	Illness				Clinical Coord, Compliance Dir, Facilities, Medical Director, RCM RN (if applicable) RRO	Clinical Coord, NW Coord, Medical Director RCM, RN (if applicable) RRO
	Injury During Physical Mgmt	Yes		Yes	Clinical Coord, Compliance Dir, QI Coord, Medical Director, RCM RN (if applicable) RRO	Clinical Coord, QI Coord, NW Coord, Medical Director, RCM RN (if applicable) RRO
	Injury not During Physical Mgmt	Yes		Yes	Clinical Coord, Compliance Dir, Clinical Dir, QI Coord, Medical Director, RCM RN (if applicable) RRO	Clinical Coord, Clinical Dir, QI Coord, NW Coord, Medical Director, RCM RN (if applicable) RRO
	Due to Medication Error	Yes		Yes	Clinical Coord, Compliance Dir, Clinical Dir, QI Coord, Medical Director, RCM RN (if applicable) RRO	Clinical Coord, Clinical Dir, QI Coord, NW Coord, Medical Director, RCM RN (if applicable) RRO
	Suicide Attempt			Yes	CCO CHIO Clinical Coord, Clinical Dir, Compliance Dir,	CCO CHIO Clinical Coord, Clinical Dir, QI Coord, NW Coord,

					QI Coord, Medical Director, RCM RN (if applicable) RRO	Medical Director, RCM RN (if applicable) RRO
	Overdose	Yes			CCO CHIO Clinical Coord, Clinical Dir, Compliance Dir, QI Coord, Medical Director, RCM RN (if applicable) RRO	CCO CHIO Clinical Coord, Clinical Dir, QI Coord, NW Coord, Medical Director, RCM RN (if applicable) RRO
	Harm to Self		Yes	Potential	Clinical Coord, Compliance Dir, Clinical Dir, QI Coord Medical Director RCM RN (if applicable) RRO	Clinical Coord, Clinical Dir, QI Coord, NW Coord Medical Director RCM RN (if applicable) RRO
	Harm to Others		Yes	Potential	Clinical Coord, Compliance Dir, QI Coord Medical Director RCM RN (if applicable) RRO	Clinical Coord, QI Coord, NW Coord Medical Director RCM RN (if applicable) RRO

Health and Safety	Fall			Potential	Clinical Coord, Compliance Dir, QI Coord Facilities RCM RN (if applicable) RRO	Clinical Coord, Compliance Dir NW Coord NW/QA Specialist RN (if applicable) RCM RRO
	Vehicle Accidents			Potential	Clinical Coord, Compliance Dir, QI Coord Facilities (if applies) RCM RN (if applicable) RRO	Clinical Coord, Compliance Dir QI Coord, NW/QA Specialist RN (if applicable) RCM RRO
	First Aid Applied at Program / Unexplained injury				Clinical Coord, Compliance Dir Medical Director RCM RN (if applicable) RRO	Clinical Coord, Compliance Dir Medical Director NW/QA Specialist RN (if applicable) RCM RRO

	At Risk for Serious Injury			Potential	Clinical Coord, Compliance Dir, QI Coord Medical Director RCM RRO	Clinical Coord Compliance QI Coord NW/QA Specialist RCM RRO
	Other				Clinical Coord, Compliance Dir Facilities RCM RRO	Clinical Coord NW/QA Specialist RCM RRO
Hospitalization	Illness				Clinical Coord, Compliance Dir, Clinical Dir, Medical Director RCM RN (team assigned) RRO	Clinical Coord, Clinical Dir Medical Director NW/QA Specialist RCM RN (team assigned) RRO
	Injury During Physical Mgmt	Yes		Yes	Clinical Coord, Clinical Dir, Compliance Dir, QI Coord RCM RRO	Clinical Coord, Clinical Dir, QI Coord, NW Coord NW/QA Specialist RCM RRO
	Injury not During Physical Mgmt	Yes		Yes	Clinical Coord, Clinical Dir, Compliance Dir, QI Coord RCM RRO	Clinical Coord, Clinical Dir, QI Coord, NW Coord NW/QA Specialist RCM RRO
	Due to Medication Error			Yes	Clinical Coord, Clinical Dir, Compliance Dir, QI Coord Medical Director RN (team assigned) RCM RRO	Clinical Coord, Clinical Dir, QI Coord, NW Coord Medical Director NW/QA Specialist RCM RN (team assigned) RRO
Law Enforcement	Arrest	Yes			Clinical Coord, Clinical Dir, Compliance Dir, HHI Dir, RCM RRO	Clinical Coord, Clinical Dir, Compliance Dir, HHI Dir, NW Coord NW/QA Specialist RCM RRO
	Behavioral Health Assist		Yes		Clinical Coord, Clinical Dir, Compliance Dir Facilities (situation) RRO	Clinical Coord, Clinical Dir, Compliance Dir NW/QA Specialist RRO

Medication Error	Missed Dose				Clinical Coord, HHI Dir, Compliance Dir RCM RN (team assigned) RRO	Clinical Coord, HHI Dir, Compliance Dir NW/QA Specialist RCM RN (team assigned) RRO
	Wrong Dose			Potential	Clinical Coord, HHI Dir, QI Coord Compliance Dir RCM RN (team assigned) RRO	Clinical Coord, HHI Dir, QI Coord, NW Coord Compliance Dir NW/QA Specialist RCM RN (team assigned) RRO
	Wrong Medication			Potential	Clinical Coord, HHI Dir, QI Coord Compliance Dir RCM RN (team assigned) RRO	Clinical Coord, HHI Dir, QI Coord, NW Coord Compliance Dir NW/QA Specialist RCM RN (team assigned) RRO
Other	Miscellaneous				RCM RRO	NW/QA Specialist RCM RRO
	Suspected Abuse and Neglect			Yes	Clinical Coord, Compliance Dir, Clinical Dir, QI Coord RCM RRO	Clinical Coord, Compliance Dir, Clinical Dir, QI Coord, NW Coord 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.				
	CEO – Lisa Williams CCO – Josh Snyder CHIO – Ellen Plummer COO – Michele Condit Clinical Dir –Marie Jensen, Keeli Sholtey, Lisa Nordman, Nicole Whitman Medical Dir – Dr Hunt	Clinical Coords– Diane Salters, Jessica Wernette, Steven Van Wyck, Carla Shay, Mark Pettinato, Joe Brondige, Hannah Mathiot, Jamie Conger Compliance Dir – Devon Hernandez QI Coord – Betsy Reed-Henry NW Coord – Anissa Goodno RRO – Kara Rose NW/QA Specialist– Niki Kusebuski RN – Carol Erdman, Megan Moffit, Kylie Petzak				

