

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

BOARD POLICY

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I. APPLICATION:

- SCCCMHA Board
- SCCCMHA Providers & Subcontractors
- Direct Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. POLICY STATEMENT:

It shall be the policy of the St. Clair County Community Mental Health Authority (SCCCMHA) Board to identify and review sentinel events, critical incidents, and risk events in an effort to reduce their occurrences and improve systems of care.

III. DEFINITIONS:

- A. Activities of Daily Living (ADL): Means bathing, eating, dressing, personal hygiene, household chores, and/or safety skills.
- B. Arrest: Situations where a recipient is held or taken by a law enforcement officer based on the belief that 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. The reportable population for this category includes: Recipients who at the time of their arrest were actively receiving services and met one of the following two conditions: Living in a 24-hour specialized residential facility or in a Child Caring Institution, or receiving either habilitation supports waiver services, serious emotional disturbance waiver services, or children’s waiver services.
- C. Child Caring Institution: Means a child care facility that is organized for the purpose of receiving minor children for care, maintenance, and supervision, usually on a 24-hour basis, in buildings maintained by the child caring institution for that purpose, and operates throughout the year.
- D. Critical Incident (CI): A CI pertains to five specific recipient-related incidents/events as follows: death by suicide, non-suicide death, hospitalization due to injury or medication error, emergency medical treatment due to injury or medication error, and arrest.

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- E. Emergency Medical Treatment Due to Injury or Medication Error: Situations where an injury to a recipient or documented medication error results in face-to-face emergency treatment provided by medical staff. The reportable population for this category includes: Recipients who at the time of the event were actively receiving services and met one of the following two conditions: Living in a 24-hour specialized residential facility or in a Child Caring Institution, or receiving either habilitation supports waiver services, serious emotional disturbance waiver services, or children’s waiver services.
- F. Hospitalization Due to Injury or Medication Error: Situations where an injury to a recipient or documented medication error results in admission to a general medical facility. Hospitalizations due to the natural course of an illness or underlying condition do not fall within this definition. The reportable population for this category includes: Recipients who at the time of the event were actively receiving services and met one of the following two conditions: Living in a 24-hour specialized residential facility or in a Child Caring Institution, or receiving either habilitation supports waiver services, serious emotional disturbance waiver services, or children’s waiver services.
- G. Medication Errors: For the purposes of sentinel event reporting, means when any one or more of the following errors occur, which result in the death or serious physical or psychological injury of/to a recipient:
1. The wrong medication was given to a recipient.
 2. The wrong dosage, or double dosage, was given to a recipient.
 3. A medication was administered at the wrong time (more than 30 minutes before or after the prescribed time) to a recipient, or a medication was not administered at all (does not include medication refusal by a recipient).
- H. Non-Suicide Death: Any death that was not otherwise reported as a suicide. The reportable population for this category includes: Recipients who at the time of their death were actively receiving services and met any one of the following two conditions: Living in a 24-hour specialized residential facility or in a Child Caring Institution, or receiving community living supports, targeted case-management, assertive community treatment, home based, wraparound, habilitation supports waiver services, serious emotional disturbance waiver services, or children’s waiver services.
- I. Ongoing and Continuous In-home Assistance: Assistance with activities of daily living provided in the recipient’s own home at least once a week, and for a duration of six months or longer.
- J. Own Home: For the purposes of sentinel event reporting, means a supported independence program for recipients with mental illness or intellectual/developmental disabilities regardless of who holds the deed, lease, or rental agreement; as well as own home or

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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 recipient (child or adult) is living.

- K. Physical Illness Resulting in an Admission to a Hospital: Admission that does not include planned surgeries, whether inpatient or outpatient. It also does not include admissions directly related to the natural course of the recipient's chronic illness, or underlying condition.
- L. Physical Management: Means a technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact in order to prevent the recipient from harming himself, herself, or others.
- M. Recipient: Means an individual who receives mental health services from the Michigan Department of Health and Human Services (MDHHS), a community mental health services program, or a facility, OR from a provider that is under contract with the MDHHS or a community mental health services program.
- N. Risk Events: Incidents that could place recipients at risk of harm. Such incidents include: harm to self resulting in emergency medical treatment or hospitalization; harm to others resulting in emergency medical treatment or hospitalization; police calls by mental health staff members/volunteers; the use of physical management; and two or more unscheduled medical hospitalizations within a 12-month period.
- O. Root Cause Analysis (RCA): A RCA or investigation is "a process for identifying the basic or causal factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. A RCA focuses primarily on systems and processes, not individual performance."
- P. Sentinel Event (SE): An unexpected occurrence involving the death (not due to the natural course of a health condition), serious physical injury, or serious psychological injury of a recipient, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome (JCAHO, 1998). Any injury or death that occurs from the use of any behavior intervention is considered a sentinel event. The reportable population for this category includes: Recipients who at the time of the sentinel event were actively receiving supports in a 24-hour specialized residential facility or continued assistance with activities of daily living in their own home.
- Q. Serious Accident or Illness: An event that resulted in a recipient receiving supports/services from an emergency room, medical center, or urgent care clinic/center, and/or admission to a hospital.

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- R. Serious Challenging Behavior: An action by a recipient that has NOT been addressed in a Treatment Plan and results in serious property damage (\$100 or more). This includes actions by a recipient of attempts at self-inflicted harm, harm to others, or unauthorized leaves of absence.
- S. Serious Physical Harm: Means 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.
- T. Suicide: Any recipient actively receiving services at the time of their death, and any recipient who received an emergent service within 30 days prior to their death. For this category, either one of the following two conditions must be present: SCCCMHA determined, through its lethal case review process, that the recipient's death was due to suicide, or the official Certificate of Death indicated the recipient's manner of death was due to suicide.
- U. 24-Hour Specialized Facility: Specialized residential facility certified by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, for recipients with mental illness and/or intellectual/developmental disabilities. For the purposes of sentinel event reporting by Substance Use Disorder services programs, it means substance use disorder residential treatment programs.
- V. Unexpected Death: Deaths that resulted from suicide, homicide, an undiagnosed condition, or deaths that were accidental or were suspicious for possible abuse or neglect.

IV. STANDARDS:

- A. The SCCCMHA Office of Recipient Rights will review Incident Reports to identify if events meet the criteria of a CI, SE, or Risk Event. Potential SEs will be routed to the SCCCMHA Program Director/designee for review and disposition as a sentinel event or non-sentinel event.
- B. The SCCCMHA Program Director/designee has three (3) business days after an event occurs to determine if it meets the criteria for a SE.
- C. Once classified as a SE, the SCCCMHA Program Director/designee has two (2) subsequent business days to commence a root cause analysis of the event. Staff assigned to conduct the review of a SE must have the appropriate credentials to review the scope of care for the recipient.
 - 1. All unexpected deaths of Medicaid beneficiaries, who at the time of their deaths were receiving specialty supports and services, shall be reviewed (lethal case review) by the

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Behavior Treatment Plan Review Committee.

V. PROCEDURES:

Staff Member

1. Completes an Incident Report per Administrative Procedure #[05-001-0040](#), Incident Reporting.

Supervisor

2. Reviews Incident Reports per Administrative Procedure #[05-001-0040](#), Incident Reporting.

Office of Recipient Rights

3. Reviews Death Reports, Recipient Rights Complaints, Incident Reports, and Medication Error Reports according to SCCCMHA policies and administrative procedures. These reports include all possible CI, SE, and Risk Events that would occur within a SCCCMHA direct-operated or contracted program.

To note: Medication Error Reports are reviewed for the Office of Recipient Rights by an assigned SCCCMHA Registered Nurse.

4. Reports potential SE to the SCCCMHA Program Director/designee within three (3) business days of the incident/event, and all recipient deaths to the SCCCMHA Behavior Treatment Plan Review Committee (BTPRC) chairperson/designee within three (3) business days of the incident/event.

SCCCMHA Program Director/Designee

5. Determines, within three (3) business days of the incident/event, if the incident/event meets SE criteria, and, if so, prompts the recipient's primary case manager/clinician to initiate a RCA of the incident within two (2) subsequent business days.

To note: The Medical Director/designee may assist in making the final determination as to whether an incident meets the definition of a SE.

6. Reports, within 14 calendar days of the incident/event, the SE to the Region 10 PIHP Chief Clinical Officer.

Case Manager/Clinician

7. Completes RCA as directed and forwards their findings to the SCCCMHA Program Director/Designee.

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SCCCMHA Program Director/Designee

8. Reviews RCA findings, requesting additional information, if needed, and forwards final RCA to the BTPRC chairperson for committee review.

Behavior Treatment Plan Review Committee (BTPRC)

9. Reviews unexpected deaths of Medicaid beneficiaries who at the time of their death were receiving specialty supports and services. Lethal Case Reviews will include the following:
 - a. A review of recipient-specific documentation, to include the SCCCMHA Death Report, SCCCMHA Incident Report, and Certificate of Death.
 - b. A health professional's review of the recipient-specific documentation.
 - c. The Committee's findings and recommendations, if any, to address systemic quality of care and service delivery issues for the entire provider network.
10. Compiles aggregate data on a quarterly basis to identify possible trends in the network, and submits mid-year and end-of-year Mortality Reports to the Region 10 PIHP Chief Clinical Officer summarizing review findings and recommendations.
11. Submits documentation used to compile Mortality Reports to the Region 10 PIHP as requested.
12. Reviews the findings of the RCA to determine whether additional RCA is warranted, or, if the RCA is deemed sufficient, documents RCA findings and prepares system improvement recommendations.
13. Develops and implements either a.) a plan of action or intervention to prevent further occurrences of the sentinel event, or b.) presentation of a rationale for not pursuing an intervention. A plan of action or intervention must identify who will implement the plan, when the plan will be implemented, and how implementation of the plan will be monitored or evaluated. This may be completed by an assigned SCCCMHA staff member and reviewed by the BTPRC.
14. Communicates RCA status, including discretionary review of applicable documents, updates or necessary plans of correction, and a final disposition of the SE, to the Region 10 PIHP Chief Clinical Officer at a minimum of every 30 days.

Office of Recipient Rights

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15. Reports critical incidents to the Region 10 PIHP within fifty (50) days after the end of the month in which the incidents occurred. Individual level data on recipient case number, event date, and event type are reported. Reporting is processed through the Critical Incident Reporting system accessible through SCCCMHA's electronic health record system.
16. Reports suicide events to the Region 10 PIHP within twenty-five (25) days after the end of the month in which a death was determined to be due to suicide. Individual level data on recipient case number, event date, and event type are reported. Reporting is processed through the Critical Incident Reporting system accessible through SCCCMHA's electronic health record system.

VI. REFERENCES:

- A. Child Care Organizations Act, Public Act 116 of 1973, as amended
- B. Medicaid Provider Manual, Version Date: 01/01/2024
- C. Michigan Department of Health and Human Services, Mental Health and Substance Abuse Services, Guidance on Sentinel Event Reporting
- D. Michigan Compiled Laws, MCL 330.1740 and 330.1742
- E. Michigan Department of Health and Human Services, Administrative Rules, Chapter 7

VII. EXHIBITS:

None Available.

VIII. REVISION HISTORY:

Dates issued 04/01, 02/03, 02/05, 02/07, 11/12, 09/13, 05/14, 03/15, 03/16, 03/17, 09/17, 03/18, 03/19, 03/20, 04/21, 03/22, 03/23.