

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued 03/24

CHAPTER Recipient Rights		CHAPTER 05	SECTION 001	SUBJECT 0040
SECTION Recipient Rights		SUBJECT Incident Reports		
WRITTEN BY Vic Amato	REVISED BY Telly Delor		AUTHORIZED BY Tracey Pingitore	

I. APPLICATION:

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

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall ensure that all incidents involving recipients of SCCCMHA services that disrupt or adversely affect the course of treatment or care of an individual, the unit management, or facility administration will be reported, documented, and investigated as delineated herein.

III. DEFINITIONS:

- A. As soon as possible: Means as time allows, but always before the end of the employee's shift.
- B. Immediately: Means without delay; instantly.
- C. Incident: Means any occurrence that disrupts or adversely affects the course of treatment or care of an individual, a residence, or a facility, or an incident that results in an injury, and includes, but is not limited to:
 - 1. The death of a recipient.
 - 2. Threats of physical violence and/or those threats requiring a notification to law enforcement/the threatened party. See SCCCMHA administration procedure [#06-001-0120](#), Duty to Warn.
 - 3. Involvement with law enforcement regarding a reported elopement or request for emergency assistance, including whenever they are called by staff, a recipient of services, or others.
 - 4. Any injury to a recipient and/or other incidents that could have caused an injury to a recipient.
 - 5. A medical condition that requires emergency medical treatment on-site or at a hospital.
 - 6. Suspected and/or apparent abuse or neglect of a recipient.
 - 7. Hospitalization of a recipient (medical and psychiatric).
 - 8. Use of physical management.
 - 9. Physical aggression, behavior with injury to self/others, and behavior with property damage.
 - 10. Suicidal ideation/threat/actions.
 - 11. Verbal aggression, inappropriate comments, swearing, and threatening language.
 - 12. Arrest and/or incarceration of a recipient.

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- D. 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.

IV. STANDARDS:

- A. Employees/volunteers shall observe recipients in their care for changes in health conditions, such as bruises, bumps, limping, changes in behavior, etc.
- B. Employees/volunteers shall administer appropriate first aid or obtain emergency medical treatment, when needed, and report and document unusual mental and physical health conditions per this administrative procedure.
- C. Employees will be available to respond to questions put forth, verbally or in writing, when reviews or investigations are conducted by the Office of Recipient Rights, Adult/Child Protective Services, Licensing and Regulatory Affairs, law enforcement agencies, and/or other MDHHS investigators/authorities.
- D. Incident Reports are quality assurance documents and do not constitute a summary report. As such, Incident Reports are not maintained in the clinical record of a recipient, and are not open to public inspection.

V. PROCEDURES:

A. **Reporting and Documentation**

Employee/Volunteer Who Witnesses, Discovers, or is Notified of an Unusual Incident

1. Takes immediate action to correct the situation; seeks emergency medical treatment and/or provides first aid, treatment, comfort, and protection to the individual, as appropriate.
2. Provides immediate notification to the recipient's parent(s), if a minor, or guardian for incidents including death, serious injury, attempted suicide, elopement, or suspected abuse or neglect of a recipient, and as soon as possible for all non-serious injuries of recipients.
3. Provides immediate notification to their supervisor for incidents including death, serious injury, attempted suicide, elopement, or suspected abuse or neglect of a recipient, and as soon as possible for all non-serious injuries of recipients.
4. Provides notification to the recipient's case manager of all incidents as soon as possible.

Supervisor

5. Provides immediate notification to the division director/designee and case manager for incidents including death, serious injury, attempted suicide, elopement, or suspected abuse or neglect of a recipient.

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6. Provides immediate notification to the SCCCMHA Assistant Division Director, contract agency director, and SCCCMHA Recipient Rights Director of all deaths of recipients. Follows SCCCMHA policy #[05-001-0010](#), Death Reporting.

Employee

7. Documents the incident in OASIS (Incident Report module) before the end of their shift. If access to OASIS is not available, documents the incident on an Incident Report Form, SCCCMHA Form #0057, and/or the State of Michigan Licensing and Regulatory Affairs Incident Report Form before the end of their shift.
8. Includes in their documentation:
 - a. The facts of the incident: Date, time, and location of the incident.
 - b. Supporting information: What happened before, during, and after the incident.
 - c. Specific descriptions of injuries, if applicable. If a recipient received emergency medical treatment, was it first aid at the location of the incident or was the recipient transported to the hospital? If a recipient was transported to the hospital, who provided the transportation (EMS, staff, guardian, etc.)? If a recipient was treated at a hospital, was the recipient treated and released or hospitalized? If a recipient was hospitalized, what was their diagnosis? In addition, was the injury due to a fall, accident, or other?
 - d. Parties involved: Include the case numbers of any additional recipients involved in the incident, and the names of the staff members or other persons present during the incident.
 - e. Who contacted the police: Was it a recipient, staff member, guardian, or community member?
 - f. The use of physical management: Indicate the precipitating behavior(s) that led to the use of physical management, the positive behavior supports that were unsuccessfully tried, the name of the physical management technique, the length of time of the physical management, a statement that the individual de-escalated or calmed, and a summary of the supervisor's debriefing with staff and the individual involved regarding the use of physical management.
 - g. Any action taken by staff: What assistance they provided, who they contacted, etc.
 - h. Signatures of all staff members involved in the incident to include dates/times of staff signatures.
9. Adds "Author Supervisor" to the report/confirms their supervisor is listed as the "Author Supervisor" prior to saving the report when utilizing OASIS.
10. Saves and forwards the Incident Report to their supervisor for review in OASIS. If a paper Incident Report form is used, forwards the Incident Report to their supervisor before the end of their shift.
11. Provides a verbal report of the incident to oncoming staff at shift change.

Supervisor

12. Reviews the Incident Report before the end of their working day or shift.
13. Ensures any further action is taken to assure the recipient receives proper treatment, if applicable.

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14. Checks the Incident Report for legibility, completeness, and appropriate dates and signatures.
15. Completes the “Supervisor’s Review” section of the Incident Report in OASIS. If a paper form is used, signs and dates the form, and includes the corrective measures taken to prevent recurrence of the incident. In OASIS, includes debriefing meeting/consultation with staff (as appropriate) and the corrective measures taken to prevent recurrence of the incident.
16. Saves and forwards the Incident Report to the Office of Recipient Rights (ORR) in OASIS or forwards paper forms to the ORR as follows:
 - a. Within 24 hours for incidents including the death, serious injury, attempted suicide, elopement, and suspected abuse or neglect of a recipient.
 - b. Within two (2) business days for all other incidents.
17. Maintains a copy of the Incident Report in the home/program Administrative file for at least one (1) year.
18. Files a Recipient Rights complaint with the ORR on behalf of the recipient on MDHHS Form #0030 for all apparent or suspected recipient rights violations, including apparent or suspected abuse or neglect of a recipient, according to SCCCMHA policy #[05-001-0005](#), Recipient Rights.

B. Office of Recipient Rights - Review and Follow-Up

1. Reviews all Incident Reports for potential critical incidents, risk events, and/or sentinel events, coding as appropriate.
2. Sends potential sentinel events to the SCCCMHA Program Director within three business days of the incident/notification of the incident for their review.
3. Reviews all other Incident Reports within ten (10) business days.
4. Follows-up with appropriate parties as needed, to include Protective Services, Licensing and Regulatory Affairs, law enforcement agencies, contract provider agencies, and SCCCMHA staff.
5. Ensures all Incident Reports submitted in paper format are scanned and entered into the OASIS system.

C. SCCCMHA Program Director

6. Reviews potential sentinel events within two (2) business days of their notification from the ORR to review an Incident Report. If the event meets sentinel event criteria, prompts the individual’s primary case manager to initiate a root cause analysis (RCA) of the incident.

D. Primary Case Manager

7. Completes a RCA of the incident, and forwards their findings to the Program Director.

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E. SCCCMAHA Program Director

8. Forwards the RCA to the Behavior Treatment Plan Review Committee for review.

F. Behavior Treatment Plan Review Committee – Review and Follow-Up

9. Reviews the findings of the RCA to determine whether additional RCA is warranted, or if the RCA is deemed sufficient, generates a summary of the RCA findings and prepares systems improvement recommendations, as needed.

G. Primary Case Manager

10. Reviews all Incident Reports within five (5) business days of their notification that an Incident Report requires their review.
11. Completes any follow-up tasks requested by the ORR or additional reviewers within two (2) subsequent business days of their review.

VI. REFERENCES:

- A. Michigan Mental Health Code, Section 330.1748
- B. MDHHS Administrative Rules, Rule 330.7046

VII. EXHIBITS:

None

VIII. REVISION HISTORY:

Dates issued 02/86, 11/88, 01/90, 12/91, 08/92, 04/95, 01/98, 02/00, 02/02, 02/04, 02/06, 02/08, 04/10, 11/12, 11/13, 03/14, 07/14, 07/15, 07/16, 07/17, 07/18, 07/19, 07/20, 07/21, 11/21, 01/23.