

WCHO PIHP POLICY for the COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN		<i>Policy and Procedure</i> Incident Reporting	
Department: Administration Author: Steve Sheldon		Local Policy Number (if used)	
Revision Date 2/2010	Approval Date 12/18/07, 4/20/10	Implementation Date 1/18/08, 4/20/10	
Archive Information			
Date:			
Reason:			

I. PURPOSE

To monitor, review and evaluate unusual and/or unexpected incidents which occur in the course of providing mental health services and to ensure the timely reporting of pertinent information to appropriate programs within the agency. This process will allow for the monitoring of the appropriateness of care, aggregating and identifying opportunities for improvement and to ensure treatment issues are tracked, trended, reviewed and reported.

II. POLICY

It is the policy of the CMHPSM that unusual and significant incidents (as defined below) involving active consumers will be reported and investigated in a timely manner, with appropriate follow up and/or remedial action steps taken to prevent re-occurrence. The Incident Reporting process is a retrospective peer review process to improve services or enhance treatment for consumers/customers. Any records, data and knowledge collected in this process are confidential; therefore this information is not available under the Freedom of Information Act (FOIA) or by court subpoena.

III. APPLICATION

This policy applies to all WCHO, Comprehensive Specialty Service Network (CSSN) staff, students, and volunteers. This policy also applies to all providers, including Licensed Independent Practitioners, under a contract with the WCHO or any affiliate member of the CMHPSM who provides Mental Health Services.

IV. DEFINITIONS

Incident - An unusual or significant event that disrupts or adversely affects the course of treatment or care of a consumer/customer. Unusual or

significant events should be identified on an individual case by case basis and may be different based on individual consumer needs/treatment. Incidents may include but are not limited to: behavioral incidents, medication errors, physical intervention use, consumer death, etc.

V . STANDARDS

All employees, contractors, or volunteers who witness, discover, or are notified of unusual incidents shall:

- A.** Take immediate action to protect, comfort, and arrange for emergency medical treatment as necessary if the consumer has sustained an injury.
- B.** Immediately, verbally notify the appropriate supervisor and attending medical staff of any apparent serious injury, medication error or unexplained injury.
- C.** Complete the Incident Report (IR), ensuring that all information is filled in completely, and give report to program supervisor or home manager as soon as possible, but no later than the end of the shift in which the incident occurred
- D.** The IR form must either be completed on paper and scanned directly into Encompass by the provider or entered electronically directly into Encompass by the CSSN or contracted provider. The CSSN or contracted provider will be responsible and accountable for ensuring the accuracy and thoroughness of the information being reported on the IR form. Any provider seeking a different arrangement for submitting IRs must request an exception, in writing, from the Executive Director of the appropriate organization.
- E.** Only one IR should be completed per consumer event. Other consumers involved or staff present should be noted in the appropriate space on the IR form.
- F.** Consumer initials should be used in the “What Happened” and “Actions Taken” fields.
- G.** All employees, contractors, or volunteers will also adhere to reporting requirements of 1982 Public Act 591, Adult Protective Services Act, 1975 Public Act 238, as amended, Child Protection Act and 1998 Public Act 32, Mandatory Report of Abuse Act, and the Sentinel Event Reporting Requirements. (See Regional Abuse and Neglect Policy and Sentinel Event Policy.)
- H.** Staff of some programs (i.e. day programs and residential services) should familiarize themselves with applicable procedures for reporting certain types of incidents to the appropriate licensing or regulatory bodies (FIA, OSHA, etc.) A copy of the report will be attached to IR form and submitted for internal processing in accordance with this policy.
- I.** Staff must verbally report any known or suspected Recipient Rights violation to the Office of Recipient Rights (ORR) immediately but no later than the next business day.
- J.** For case managers who are on leave longer than 24 hours, the case manager and their supervisor shall ensure that IRs are processed as required in their absence.
- K.** Statistical information logged for each IR will be aggregated and reported quarterly or more frequently via the Performance Improvement Process. The PI Committee is responsible for identifying any affiliation-wide trends and opportunities for systems improvement. The PI Committee assists the affiliates in identifying trends, sharing best practices, and determining whether areas

- identified for improvement should be addressed locally or at the affiliate level.
- L.** Scanned or electronically entered IRs will remain in electronic format indefinitely. Originals should be shredded.
 - M.** Licensed Adult Foster Care Providers shall ensure IRs are accessible on site via Encompass or shall keep a copy of written Incident Reports in the home for not less than 2 years in accordance with Licensing Rule 400.14311.
 - N.** A factual summary of the incident must be documented in the client record. Incident Reporting is considered a peer review activity and, as such, will not be made a part of the client case record.
 - O.** All related records, data and knowledge, including minutes collected for or by individuals/committees assigned a peer review function, are confidential, are not public record and, therefore:
 - 1. Do not appear in the client record;
 - 2. Are not subject to court subpoena pursuant to MCL333.21515, MCL331.521, MCL331.533;
 - 3. Disclosure or duplication of Incident Reports is absolutely prohibited except as provided in this policy;
 - P.** The reporting of incidents as described in this policy is a peer review function to improve the quality of client care. IRs and the information contained therein is confidential and will be circulated only to CMH staff with a need to know.
 - Q.** Should an IR be completed for a provider who is not providing Mental Health/Substance Abuse Services, the supervisor shall notify the WCHO Provider Relations Unit of the Incident to ensure any contractual obligations are followed as needed.

VI. EXHIBITS

- A.** Michigan DHS AFC Licensing Division – Incident/Accident Report

VII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 et al. (Balanced Budget Act)	X	438.10 (d)
45 CFR Parts 160 & 164 (HIPPA)	X	
42 CFR Part 2 (Substance Abuse)	X	
Department of Human Services Licensing Regulations	X	R400.14311
Joint Commission- Behavioral Health Standards	X	IM 6.20 (3) is the citation for Joint Commission 06-07 BH standards regarding Incident reports. Also PI.1.10, PI 2.20 and PI 2.30, PI 3.10.
MCL PA 368 of 1978	X	333.21515
MCL- PA 430 2004	X	330.1143a & 330.1143b (9) 330.1748 (9)
MDCH 1987 Administrative Rules	X	R330.7046
MDCH Medicaid Contract	X	Attachment P6.7.11
All employees, contractors, or volunteers who witness, discover, or are notified of unusual incidents		
Affiliation Peer Review Policy	X	
MDCH 2007 Site Review Protocol	X	D3.8
MDCH Substance Abuse Contract		
CSSN/Look-Alike and Provider Contracts	X	
Regional Abuse and Neglect Policy	X	
Regional Sentinel Event Policy	X	

VIII. PROCEDURES

WHO

All employees, contractors, or volunteers who witness, discover, or are notified of unusual incidents

DOES WHAT

1. Take immediate action to protect, comfort, and arrange for emergency medical treatment of the consumer as necessary.
2. Immediately, verbally notify the appropriate supervisor and attending medical staff of the incident if any of apparent serious injury, medication error or unexplained injury.
3. Complete the Incident Report, ensuring that all information is filled in completely, and give report to program supervisor or home manager as soon as possible, but no later than the end of the shift in which the incident occurred.
 - The form may be completed either on paper or within the Encompass system.
 - Only one IR should be completed per consumer event. Other consumers involved or staff present should be noted in the appropriate space on the IR form.
 - Consumer initials should be used in the "What Happened" and "Actions Taken" fields.
4. Verbally report any known or suspected Recipient Rights violations to the Office of Recipient Rights as soon as possible, but no later than the next business day.

Program Supervisor/Home Manager or Designee

1. Take any further action necessary to assure treatment, protection and comfort of the individual
2. Ensure that the appropriate staff are notified of the details.
3. Ensure that staff documentation in Incident Report is complete and accurate, including a thorough description of the incident and action taken.
4. Complete supervisor section of the form with comments regarding action to remedy or prevent future recurrence of the incident.
5. Code the incident report for entry into data system
6. Within 24 hours of the Incident, the IR form must either be completed on paper and scanned directly into Encompass by the provider or entered electronically directly into Encompass by the CSSN or contracted provider. The CSSN or contracted provider will be responsible and accountable for ensuring the accuracy and thoroughness of the

WHO

DOES WHAT

information being reported on the IR form. Any provider seeking a different arrangement for submitting IRs must request an exception, in writing, from the Executive Director of the appropriate organization.

7. If the incident report is of a critical nature (e.g. involves death, serious injury, abuse, neglect, or possible sexual contact), shall make a verbal report to the client services manager (CSM) and Office of Recipient Rights (ORR) by telephone as soon as possible, but no later than the next business day.
 - Submit a copy of the report immediately to the CMH.
 - Other types of incidents such as illness may require notification to a physician or nurse as indicated in the treatment plan or provider policies.
8. Verbally report any known or suspected Recipient Rights violations to the Office of Recipient Rights as soon as possible, but no later than the next business day.

Data Entry Clerk or other Designee

1. Scan the report and enter header information into Encompass
2. Upon scanning, the report will be immediately available for:
 - a. Case Responsible Person
 - b. Recipient Rights
 - c. Medical Records
3. Shred original IR

Case Responsible Person

1. Review IR within one (1) business day and contact the home manager/program supervisor for clarification as necessary.
2. Inform home manager/program supervisor of any concerns.
3. Add clarifying information regarding the incident when applicable
4. Choose a set of additional peer reviewers who should be informed of the incident and forward to them, if needed.
5. Verbally report any known or suspected Recipient Rights violations to the Office of Recipient Rights as soon as possible, but no later than the next business day.
6. Assure any IR that documents emergency use of physical management is routed to either the consumer's behavioral psychologist (if applicable) or the BTC chairperson for reviewing and reporting to the CMHPSM QI program.

WHO

DOES WHAT

- | | |
|---|---|
| CMH Supervisor notified of unusual incident involving consumers | <ol style="list-style-type: none">7. Document in the clinical record a factual summary of the incident and any follow up that has occurred. Staff should not reference the Incident Report itself in the clinical record.
1. Take any further action necessary to ensure treatment, comfort and protection of the consumer including arrangements for medical care and transportation.2. Immediately, verbally inform the Executive Director or designee and the Office of Recipient Rights if the incident involves:<ol style="list-style-type: none">a. An apparent or suspected serious injuryb. The death of a consumerc. Suspicion of abuse or neglect by a staff member |
| Additional clinical reviews | <ol style="list-style-type: none">1. Review the incident within 3 working days2. Add comments regarding follow-up actions when applicable |
| Recipient Rights Officer | <ol style="list-style-type: none">1. Reviews all Incident Reports for allegations of Recipient Rights violations.2. Requests remedial action, as applicable, in effort to prevent recurrence of rights violations. |

IX . ATTACHMENT A
AFC LICENSING DIVISION - INCIDENT / ACCIDENT REPORT
 Michigan Department of Human Services

Name of Facility/Home	License Number	Name of Person Directly Involved	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor
Facility Address		Address	
Facility Phone		City/State/Zip Code	
Licensee Name		Phone	Case Number (if applicable)

OTHER PERSON(S) INVOLVED / WITNESSES:

Name	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor	Name	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor
Name	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor	Name	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor

FACTS OF THE INCIDENT (ATTACH ADDITIONAL PAGES AS NEEDED):

Date of Incident	Time: <input type="checkbox"/> AM : <input type="checkbox"/> PM	Name of Employee Assigned to Resident (if Applicable)	Location of Incident (Kitchen, Yard, etc.)
Explain What Happened / Describe Injury (if any):			
Action taken by Staff / Treatment Given:			
Corrective Measures Taken to Remedy and/or Prevent Recurrence:			
Name of Treating Physician / Health Care / Medical Facility / Hospital	Phone Number	Date Care Given	Time: <input type="checkbox"/> AM : <input type="checkbox"/> PM
Physician's Diagnosis of Injury, Illness or Cause of Death, if known			

PERSON(S) NOTIFIED:

AFC Licensing	Notification Date / Time Written Notice / Date	Adult Protective Services (if applicable)	Notification Date / Time
Physician or RN (if applicable)	Notification Date / Time	Office of Recipient Rights (if applicable)	Notification Date / Time
Responsible Agency	Notification Date / Time Written Notice / Date	Law Enforcement Agency (if applicable)	Notification Date / Time
Designated Representative / Legal Guardian	Notification Date / Time Written Notice / Date	Other (please specify)	Notification Date / Time

SIGNATURE(S):

Signature of Person Completing Report	Print Name and Title	Date
Signature of Licensee / Licensee Designee / Administrator	Print Name and Title	Date

BCAL-4607 (Rev. 9-07) Previous editions 4-05, 7-04, 1-04, and 7-06 may be used.

COPY DISTRIBUTION: Resident Record, Licensing Consultant, Responsible agency (if required by rule) and Designated representative