

<b>COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN</b>		<i>Policy and Procedure</i>	
		<b>Incident Reporting</b>	
<b>Department: Performance Improvement Author: Kelly Bellus</b>		<b>Local Policy Number (if used)</b>	
<b>Revision Date</b>	<b>Approval Date 12/18/07</b>	<b>Implementation Date 1/18/08</b>	
<b>Archive Information</b>			
<b>Date:</b>			
<b>Reason:</b>			

**I. PURPOSE**

To monitor, review and evaluate unusual and/or unexpected incidents which occur in the course of providing mental health services and to enhance timely reporting and channeling of pertinent information to appropriate programs within the agency. This process also allows for monitoring the appropriateness of care provided, aggregating and reviewing critical aspects of care as they relate to quality improvement and to assure treatment issues are tracked, trends are identified, reviewed and reported.

**II. POLICY**

It is the policy of the CMHPSM that unusual and significant incidents (as defined below) involving active consumers/customers 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 clients. 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) or CSSN look-alike staff, students, and volunteers. This policy also applies to all providers, including Licensed Independent Practitioners under a contract with any affiliate member of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) who provides Mental Health Services.

**IV. DEFINITIONS**

Incident - An incident for the purposes of this policy means 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 form may be completed either on paper or within the Encompass system either by scanning or entering it electronically.
- 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 report any known or suspected Recipient Rights Issue 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 regional 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

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

### DOES WHAT

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

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. Report any known or suspected Recipient Rights violations 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. Assure that the appropriate staff are notified of the details.
3. Assure that staff documentation in Incident Report is complete, 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. Forward Incident Report and relevant documentation to CMH within 24hrs of the Incident
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. Report any known or suspected Recipient Rights violations 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 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. Report any known or suspected Recipient Rights violations as soon as possible, but no later than the next business day.
  6. 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.

- CMH Supervisor notified of unusual incident involving consumers
1. Take any further action necessary to assure 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 RRO if the incident involves:
    - a. An apparent or suspected serious injury
    - b. The death of a consumer
    - c. Suspicion of abuse or neglect by a staff member

- Additional clinical reviewers
1. Review the incident within 3 working days
  2. Add comments regarding follow-up actions when applicable

- Recipient Rights Officer
1. Recommend remedial activities to prevent possible 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