SUMMIT POINTE POLICY AND PROCEDURE MANUAL

Section: General Operations	**Policy Name:** Incident Review and Reporting	**Policy Number:** 1.1.1
Owner: Corporate Compliance Director	**Applies To:** ☒Summit Pointe Staff ☒Summit Pointe Contract Providers ☒Summit Pointe CCBHC Services ☐Summit Pointe CCBHC DCO Providers	
Approved By: Joann Goodrich		
Version Number: 4	**Revised Date: 05/24/2024**	**First Effective Date: 03/01/2019**

I. **PURPOSE:**

To provide clear guidance for the review of all incidents (i.e. any event, occurrence or condition which involves actual or potential harm to Summit Pointe customers and their families, visitors, volunteers, staff members-including any medical emergencies, any significant property damage or potential hazard) and the actions following reported events.

II. **DEFINITIONS:** Refer to the "Summit Pointe Policy and Procedures Definitions Glossary."

III. **POLICY:**

It shall be the policy of Summit Pointe to establish mechanisms for reporting, reviewing, investigating, and acting upon sentinel events, critical incidents, and risk events for customers in accordance with Michigan Department of Health and Human Services requirements.

IV. **PROCEDURE:**

All Summit Pointe employees, volunteers, or contracted service providers who witness and/or discover an incident for all Summit Pointe customers will complete an Incident Report (IR) form. This includes any incident where there is actual or potential harm caused to Summit Pointe staff and/or property while carrying out their work-related duties.

Summit Pointe staff will enter the incident information into the Clinical Workbench/Tools/Incidents. IRs entered into the clinical workbench will automatically route to the Corporate Compliance Director for review and to determine the next receiving party (and enter into the IR module within SPOT if the incident also involves a customer). Summit Pointe contracted providers will utilize the MDHHS DCH-0044 reporting form and submit to Summit Pointe via secure fax or encrypted email.

All Summit Pointe employees who are informed of an incident observed by someone else, are responsible for ensuring that an IR was completed as required within this policy. If two or more Summit Pointe employees, contracted service providers, or volunteers witness an incident requiring an IR, one form shall be completed and signed by all involved. Anyone unwilling to sign the report for whatever reason may choose to file a separate IR.

It is the expectation that Summit Pointe employees/volunteers will complete an IR no later than the end of their shift of when the incident occurred. External service providers will use the form and reporting process as outlined in their contract within 24 hours of the incident occurrence.

Initial Review of Incident Reports:
All incident related forms are forwarded to the Corporate Compliance Director and/or the Summit Pointe Quality Assurance and Compliance Team who will ensure the below steps are completed:

- Review and act upon all verbal and/or written incident reports in a timely and appropriate fashion.
- Separate incidents which involve the customer as the person at risk or injured from those incidents involving risk or injury to the employee, property damage, and environmental safety related.
- Consult the 'MDHHS Reportable Population' table if necessary.
- Incidents that do not involve a customer will be forwarded to the Human Resources department to ensure documentation if necessary for a workman's compensation claim. If the incident also includes property and/or environmental concerns, it will be forwarded to the Director of Facilities. If the incident is property or environmental damage only, the report will be sent to the Director of Facilities.
- ***For Recipient Related Incidents:***
    - Determine how the incident should be coded based on the Incident Coding Grid.
    - Determine the potential severity level(s) of the incident (Risk Event, Critical Event, Sentinel Event, Immediately Reportable Event).
- ***Enter the Incident Report in the Incident Reports module in SPOT and include:***
    - Incident date.
    - Incident code(s).
    - Potential Severity level(s).
    - Reviewers.
- Upload/attach the completed Incident Report Form and other supporting documentation, as applicable.
- Share the Incident Report to the Office of Recipient Rights (ORR) through the SPOT module, to determine if a recipient rights investigation is warranted.
- In the event the incident meets criteria for a sentinel event and/or immediate notification event, immediately notify the Corporate Compliance Director and start the Root Cause Analysis.
- Take any additional or appropriate action when indicated.
- Add any additional, relevant comments to the Incident Report.
- Maintain a cumulative file of Incident Reports.

In the event of completion of a Death Report, the Compliance Coordinator will:

- Upload the Death Report Form, as well as any additional supporting information (Medical Examiner Reports, ORR Reports, etc. as applicable).
- Enter the applicable information into the Death Report Spreadsheet.
- Notify the primary clinician of the death (if not the individual who notified the QA Department of the death) and request the clinician complete a "Death Report."
- Send a request to support staff to close the deceased customer in the system.
- Request a copy of the individual's Death Certificate through the appropriate County Clerk's office.
- Ensure the Office of Recipient Rights is aware of the death. ORR will request the medical examiner and toxicology reports.
- Upon receipt of information required to determine a cause of death (i.e. Death Certificate, autopsy report), it will be determined if the incident meets criteria for a sentinel event and/or immediate notification event.
- If the death meets criteria for a sentinel event, initiate a Root Cause Analysis within 3 days of making this determination.
    - If staff are unable to collect a copy of the death certificate, they will use their best judgement based on other information available to initiate the RCA process.
- In the event the death meets criteria for an "Immediate Notification Event", the process shall be followed under section "External Reporting – Southwest Michigan Behavioral Health- SWMBH" of this policy.

Risk Review Committee:
The goal of reviewing adverse events will be to focus attention on potential underlying causes of the event, so that changes can be made, if needed, in systems or processes to reduce the probability of such an event in the future. All adverse events, including, but not limited to, unusual events (including risk), critical incidents (including all deaths) and sentinel events for all persons served will be reviewed and reported per SWMBH and MDHHS guidelines.

No less than quarterly The Compliance and Quality Assurance Department will prepare a report trending the incidents. This report includes, at minimum, the number of each incident type reported, the number of incident reports submitted by each provider/site.

Members of the Risk Review Committee are representatives of all Summit Pointe teams, clinical and administrative.

Events and/or trends of significance will be reviewed by the Risk Review Committee to determine if further investigation is warranted. A written plan will be developed in response to a risk events review investigation, including the actions to be implemented to resolve and/or prevent reoccurrence of the event, the time frames for completion and the strategies for measuring the effectiveness of actions taken.

The Office of Recipient Rights will review all incident reports to determine if additional investigation through the ORR, and will manage their identified incidents of potential rights violations, and subsequent findings through their policies, procedures, and committee.

Sentinel Event and Root Cause Analysis Committee (SERAC):
The Corporate Compliance Director will be notified of sentinel events upon determination by the designated Compliance and Quality Assurance Staff. At a minimum, sentinel events as defined in the MDHHS contract, will be reviewed, and acted upon as appropriate, with a determination that an incident meets the sentinel event standard within 3 days of a critical incident report to the Compliance and Quality Assurance Department, and a root cause analysis beginning within 2 days from the date that it was determined to be a sentinel event. A thorough and credible Root Cause Analysis (RCA) will be completed as warranted, as outlined in Policy 1.1.2: Root Cause Analysis, to identify systemic casual factors, probable re-occurrence, and to determine a plan to mitigate risk.

Sentinel events, and subsequent root cause analysis of the events, are reviewed and acted on as appropriate by individuals possessing the appropriate credentials to review the scope of care. Members may include Summit Pointe's Clinical Director, Director of Outpatient Services, Director of Youth Services, and the Corporate Compliance Director. Participation by a physician or nurse will be required in any instance that involves a serious medical condition or death. Summit Pointe's Medical Director is available for consultation purposes and to review sentinel events as deemed necessary. The membership may include other staff as appropriate, but all staff involved in reviewing and analyzing the events must have the appropriate credentials to review the scope of care.

A written corrective plan will be developed following the completion of a sentinel event review, or a root cause analysis; The plan of action or intervention will identify who will implement the action, when it will occur, and how implementation will be monitored or evaluated. This will be documented within Incident Reporting/RCA module in the EMR (incident reports are NOT kept as part of the customers designated record set).

Organizational Review of Adverse Events:
An annual summary of aggregate-level fiscal year adverse events is included as an attachment to the QAPIP and is reviewed by Summit Pointe leadership, staff, and other applicable stakeholders before the end of the calendar year. This summary contains information related to:

- Trends.
- Actions for improvement.
- Results of performance improvement plans.
- Necessary education and training of personnel.

- Prevention of recurrence.
- Internal reporting requirements.
- External reporting requirements.

External Reporting: Southwest Michigan Behavioral Health (SWMBH):
A summary report of all SWMBH required incidents involving Medicaid beneficiaries that meet sentinel event, critical incident or risk event definitions are forwarded to SWMBH no later than 30 calendar days after the end of the month. The incidents will include all unusual incidents or events (occurrence or condition which adversely affect the course of treatment or represents actual or potential serious harm or risk to persons served as defined in the SWMBH contract with the Michigan Department of Health and Human Services (MDHHS). This includes any suicide, non-suicide death, emergency medical treatment due to injury or medication error, hospitalization due to injury or medication error, or arrest of a consumer that meets the population standards set by the MDHHS contract.

For Immediate Notification Events, alerts to SWMBH will be made within 36 hours by email to EventReporting@swmbh.org and/or telephonically. The following information will be provided, as applicable:

- Name of beneficiary.
- Beneficiary ID number (Medicaid).
- Customer ID (CMH).
- Date, time, and place of death.
- Preliminary cause of death.
- Contact person's name and email address and provider or CMHSP.

Following an immediate notification, Summit Pointe will submit to SWMBH within 60 days a written report of its review/analysis of the death of every Medicaid member whose death occurred within one year of the member's discharge from a state-operated service when the PIHP/CMHSP is made aware of the incident (e.g. through the media, a contracted provider, family member, etc.).

The Corporate Compliance Director will review all deaths in relation to the Michigan Department of Health and Human Services (MDHHS) reporting requirements and ensure that summary reports are made to SWMBH consistent with the requirements specified in the MDHHS contract.

External Reporting: Commission on Accreditation of Rehabilitation Facilities (CARF):
Significant events, including sentinel events as defined by CARF, that involve or may affect accredited programs and the organization's response to these events will be communicated to CARF within 30 days of their occurrence. If the sentinel event is classified as CARF "reportable", The Corporate Compliance Director will report it. All reporting to CARF concerning sentinel events will exclude staff names and/or names of the individuals' receiving services. When the completed root cause analysis has been approved by the Corporate Compliance Director it will be submitted with the required information to CARF as needed.

Potential Reviewable Events:
The below is a list of events that are considered to be either risk, critical, or sentinel in nature which require review as outlined in this policy, these include but are not limited to:

- Medication errors (including wrong/missed dose, wrong route, etc.).
- Emergency use of physical intervention.
- Arrests and convictions.
- Injuries that require hospitalization and/or emergency medical treatment (as well as injuries due to medication errors).
- Elopement/wandering.
- Seclusion and restraint (as outlined in Recipient Rights policies 8.1.18, 8.1.19).
- Communicable disease and infection control.
- Customer harm to self/others and/or harm from others to the customer.
- Aggression and violence.

- Falls.
- Use and unauthorized possession of weapons.
- Unauthorized use and possession of legal or illegal substances.
- Abuse.
- Neglect.
- Suicide or attempted suicide.
- Customer assault (sexual and/or physical).
- Vehicular accidents.
- Customer death (including suicide, homicide, overdose).
- Biohazardous accidents.
- Any other adverse event which seriously disrupts and/or impacts the course of treatment or care for a customer and require additional clinical and/or administrative attention.

V. REFERENCES:

Michigan Department of Health and Human Services (MDHHS) Medicaid Specialty Supports and Services Contract
MCL 330.723(2)(3) and 330.755f(I)(ii)
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Child Abuse and Neglect Prevention Act, PA 250 of 1982
Child Protection Law, PA 238 of 1975
MCL 712A – 712 A.32
Social Welfare Act, PA 280 of 1939
Michigan Penal Code, PA 328 of 1931
Adult Protective Services, PA 519, 1982
R.330.1801-330.1809 and R.400.51-400.15411
CARF Behavioral Health Standards Manual: Section 1.H
Southwest Michigan Behavioral Health Policy – 3.5 (Incident, Event and Death Reporting and Monitoring)

VI. ATTACHMENTS:

Incident Coding Grid
MDHHS Reportable Population Table
DCH-0044: MDHHS Incident Report