
Title	Northern Lakes CMH Policies
Part 105	Recipient Rights Protection System
Subpart A	Recipient Rights Protection System
Policy No.	105.111
Subject	Unusual Incidents to Consumers Reporting and Review

Applicability

Policy applies to all NLCMH activities, operations and sites and to all Workforce Members except members of the governing body. Policy also applies to any Network Provider and its employees, volunteers, or agents that has elected to adopt and adhere to NLCMH policies and procedures pertaining to Recipient Rights under the terms of its Participating Provider Agreement.

Policy

To improve the quality of services, reduce and/or prevent the potential for injury or other harm to the people served, Workforce Members, volunteers and guests. It is the policy of Northern Lakes CMH that all Workforce Members, contract Workforce Members, and volunteers will promptly report all unusual or unexpected occurrences and all incidents where standards of care are not followed involving consumers pursuant to legal, contractual, licensing, and accreditation requirements to which the agency is bound. Failure to report the required reportable incidents as defined and in the manner and timeframes described by this policy and procedure may subject a Workforce Member or contract Workforce member to administrative action, up to and including dismissal. Northern Lakes CMH will monitor and analyze all unusual or unexpected incidents to assure that preventive and/or corrective actions are identified and taken.

Incident reports shall be considered peer review documents for the purpose of monitoring and improving the quality of service delivery and shall not be made part of the Northern Lakes CMH clinical record.

An unusual incident means an unexpected occurrence involving a consumer that adversely disrupts the normal routine of support, treatment, service management or facility administration, or that is not in compliance with the standard of care required by Northern Lakes CMH.

Procedures

I. Unusual Incident Reporting

- A. When an unexpected occurrence involving a consumer that adversely disrupts the normal routine of support, treatment, service management or facility administration, or that is not in compliance with the standard of care required by Northern Lakes CMH a Workforce Member or contractual provider who witnesses or otherwise is the first to learn of the incident shall immediately take action as necessary to protect, comfort and assure the treatment and support of the consumer, Workforce Member, volunteer or guest.
- B. Immediately thereafter, the Workforce Member or contractual provider shall determine whether the incident constitutes a reportable incident as defined as follows:
 1. Accident/Injury
 2. Breach of privacy/confidentiality
 3. Child abuse and neglect
 4. Compliance violation
 5. Criminal acts (arrests, convictions, or criminal abuse of a service recipient)
 6. Death
 7. Exposure Incident
 8. Illness
 9. Medication error
 10. Recipient abuse or neglect
 11. Recipient rights violation (not otherwise indicated)
 12. Restraint or seclusion
 13. Serious or challenging behavior
 14. Treatment issue
 15. Unauthorized leave of absence
 16. Unplanned program suspension
 17. Vulnerable adult abuse or neglect
- C. The Workforce Member or contractual provider shall do all of the following as applicable:
 1. Verbally report the incident to the employee's supervisor as soon as possible;
 2. Using the Unusual Incident Report Form (or for licensed facilities, a Department of Human Services approved Incident/Accident Report Form), report the incident no later than the end of the work shift during which the incident occurred. The Unusual Incident Report Form or Incident/Accident Report Form is to be completed as follows:

- a. Complete the identifying information and reporting person sections on the appropriate form. The form should be filled out according to the instructions on the form using descriptive and concise language and in legible handwriting, unless typewritten. It is the responsibility of the reporting Workforce Member to document only the facts as observed by the employee or as told to them, without interpretation or speculation. Additional pages may be attached to the report if relevant. **NOTE:** In the event that the incident involves a crisis response by an Emergency Services worker resulting in the completion of an emergency services documentation, that form shall be attached to the Unusual Incident Report Form; and
 - b. Obtain other signatures, as necessary, and sign and date the report. When two or more Workforce Members are involved in or witness an unusual or unexpected incident requiring a report, one report form may be filed and signed. Any Workforce Member unwilling to sign a joint report form, for whatever reason, shall submit a separate form; and
 - c. Submit the report(s) to the designated supervisor and make additional reports as may be applicable in accordance with sections I.D, I.E, or I.F of these procedures.
- D. As applicable, Workforce Members, contract Workforce Members, and employees of a provider under contract with Northern Lakes CMH shall report any of the incidents required by this policy or any other incident that constitutes or could constitute a potential compliance violation directly to the Compliance Officer. A compliance violation may be reported utilizing a Risk Management Indicator Form but must also be reported directly to the Compliance Officer. However, this does not substitute for the required submission of a Unusual Incident Report Form if otherwise required by this policy. The reporting of potential compliance violations is mandatory.
- E. As applicable, Workforce Members and contractual Workforce Members shall also comply with Section 752 of the Michigan Mental Health Code (Public Act 258 of 1974) when they witness or receive information related to incidents involving apparent or suspected violations of the rights of a recipient, especially incidents that constitute or could constitute the abuse or neglect of a recipient committed by a Workforce Member, contract Workforce Member, employee of a provider, or volunteer. As required by that act and by other NLCMH policy and procedures, such incidents require the Workforce Member or contractual provider to immediately make both an oral and written report to the Office of Recipient Rights. A recipient rights violation may be reported utilizing an Unusual Incident Report Form but must also be reported directly to the Office of Recipient Rights. The filing of a rights complaint does not substitute for the required submission of a Unusual Incident Report Form if otherwise required by this policy. The reporting of apparent or suspected recipient rights violations is mandatory and failure to do so is a rights violation.

- F. As applicable, Workforce Members, contract Workforce Members, or employees of providers under contract with Northern Lakes CMH shall also report incidents in compliance with other laws and other policies, including the following:
- a. When an incident occurs in a Licensed Adult Foster Care Home under contract with Northern Lakes CMH involving the death of a resident or an accident that requires hospitalization of a resident, or incidents that involve displays of serious hostility, hospitalization, attempts at self-inflicted harm or harm to others, instances of destruction of property, or the arrest or conviction of a resident, pursuant to the Michigan Adult Foster Care Facility Licensing Act (Public Act 218 of 1979) and the Administrative Rules promulgated under that act, an incident report, using the Department of Human Services Office of Children and Adult Licensing incident/accident report form (BRS-4607), must be filed with the facility's designated licensing consultant and, when applicable, to the recipient's guardian, as well as to Northern Lakes CMH through these procedures.
 - b. When an incident occurs in a Licensed Children's Foster Family Home or Foster Family Group Home under contract with NLCMH involving the death of a foster child, the removal or attempted removal of a foster child by a person unauthorized to do so, an illness requiring hospitalization of a foster child, an accident or injury to a foster child requiring medical treatment by a licensed or registered health care person, a foster child's involvement with law enforcement authorities, or when the foster child is missing, pursuant to the Michigan Child Caring Organizations Act (Public Act 116 of 1973) and the Administrative Rules promulgated under that act, an incident report must be filed with the facility's designated licensing consultant, the recipient's parent or legal guardian and other parties as required by that act, as well as to NLCMH through these procedures.
 - c. When an incident occurs in a Licensed Child Caring Institution under contract with Northern Lakes CMH involving the death or the serious injury or illness requiring hospitalization of a resident, or the use of personal restraint or seclusion, pursuant to the Child Caring Organizations Act (Public Act 116 of 1973) and the Administrative Rules promulgated under that act, an incident report must be filed with the facility's designated licensing consultant, the recipient's parent or legal guardian, and other parties as required by that act, as well as to NLCMH through these procedures.
 - d. When a Workforce Member, contract Workforce Member, or employee of a provider under contract with Northern Lakes CMH has reasonable cause to suspect the abuse or neglect of a minor, pursuant to the Michigan Child Protection Act (Public Act 238 of 1975), an oral and written report (DSS form 3200) must be immediately filed with the Department of Human Services. The 3200 form should NOT be filed in the recipient's clinical record but must be attached to a Unusual Incident Report Form. A Workforce Member who wishes his or her identity to remain confidential and subject to disclosure only with consent or by judicial process shall state this when making the verbal report.

- e. When a Workforce Member, contract Workforce Member, or employee of a provider under contract with Northern Lakes CMH has reasonable cause to suspect the abuse or neglect of a vulnerable adult, pursuant to the Michigan Social Welfare Act (Public Act 280 of 1939), an oral report must be immediately filed with the Department of Human Services. This must also be documented on the Unusual Incident Report Form. A Workforce Member who wishes his or her identity to remain confidential and subject to disclosure only with consent or by judicial process, shall state this when making the verbal report;
- f. When a Workforce Member, contract Workforce Member, or employee of a provider under contract with NLCMH has reasonable cause to suspect the criminal abuse of a recipient, pursuant to Section 330.1723 of the Mental Health Code (Public Act 258 of 1974) a written report must be filed with the appropriate law enforcement agency and entered into the recipient's clinical record with the names of the alleged perpetrator and the reporting individual redacted. This should be documented on the Unusual Incident Report Form;
- g. When a consumer communicates a threat of physical violence against a reasonably identifiable third party and a Workforce Member, contract Workforce Member, or employee of a provider under contract with Northern Lakes CMH who is a Mental Health Professional determines that he or she has a "Duty to Warn" pursuant to Section 946 of the Michigan Mental Health Code (Public Act 258 of 1974) the employee shall follow applicable Northern Lakes CMH policy and procedures documenting that he or she has done so using a Unusual Incident Report Form;
- h. Unusual Incident Report Forms are confidential professional peer review and quality improvement documents. They are protected from disclosure pursuant to the provisions of MCL.333.20175, MCL333.21515, MCL 331.533, and MCL 331.533. **UNAUTHORIZED DISCLOSURE OR DUPLICATION IS ABSOLUTELY PROHIBITED.**

II. PRIMARY REVIEW (PROGRAM SUPERVISOR)

- A. When notified of an unusual incident, the supervisor of the reporting person shall:
 - 1. Take any further action necessary to assure treatment, comfort, and protection of the consumer, Workforce Member, volunteer or guest, including assuring that medical treatment is provided if needed;
 - 2. Assure that the witnessing Workforce Member has completed a Unusual Incident Report Form;
 - 3. Take follow-up action as required, including action to prevent reoccurrence and assure that the case coordinator is informed, if necessary;
 - 4. Categorize the event. If death, check other category(s) as appropriate.

5. Review the Unusual Incident Report Form for completeness, adding further information if necessary, including any program or administrative action taken to remedy and/or prevent reoccurrence of the incident, and sign and date the report; and
 6. Ensure that other required reports are made as listed in sections I.D., I.E, and I.F. of these procedures as may be applicable;
 7. Forward the report to the applicable parties for secondary review:
 - a. Chief Operating Officer (for direct operated services and all contracted services except residential):
 - b. Residential Services Supervisor (for direct operated residential services):
 - c. Residential Manager (for contracted residential services)
- B. Additionally, when the reported incident is the death or serious injury of a consumer:
1. The Supervisor, or designee, shall immediately provide verbal notification to the Medical Director and Recipient Rights Officer.
 2. If applicable, complete a Report of Death form attaching a copy to the Unusual Incident Report Form.
 3. If the consumer was receiving residential services at the time of death, assure that the family or appropriate others are contacted.

III. SECONDARY REVIEW (Chief Operating Officer, Residential Supervisor, or Residential Manager)

The appropriate COO, Residential Supervisor, or Residential Manager shall conduct a secondary review of the Unusual Incident Report Form to assure continued consumer safety, delivery of appropriate treatment, and compliance with agency policies and procedures. Having made such a review, they shall forward the Unusual Incident Report Form with secondary review completed, for subsequent review if necessary, as follows:

1. Potential Regulatory Compliance violations and issues are routed to General Counsel.
2. Serious Injury, Death and apparent or suspected Recipient Rights violations and issues are routed to the Recipient Rights Officer.
3. Potential Sentinel Events are routed to the Director of Quality Improvement.

NOTE: some incidents may require reporting to more than one of the above listed parties.

If there is no subsequent review necessary, the Unusual Incident Report Form is routed to data entry.

IV. RISK MANAGEMENT REVIEW

Upon completion of review process, the Risk Management Indicator Form shall be forwarded to Director of Quality Improvement who will ensure the report is entered in the database and scheduled for review in aggregate or individually by the Quality Improvement Committee.

V. SENTINEL EVENTS

- A. Potential sentinel events, as defined by the Michigan Department of Community Health, are to be reported as specified above.
- B. When notified of a potential sentinel event, the Chief Operating Officer, Residential Services Supervisor, or Residential Manager will notify the Director of Quality Improvement immediately either directly or by voice mail.
- C. If determined to be a sentinel event, the Director of Quality Improvement will involve the appropriate people in the completion of a thorough and credible root cause analysis and make the required notifications according to the North West Community Mental Health Affiliation Sentinel Event Procedure.
- D. The Director of Quality Improvement will maintain a file of all sentinel events, including the results of the root cause analysis, any recommendations made and follow-up actions.

VI. EXTERNAL DEATH REPORTS

- A. Reports shall be completed as required by the Department of Community Health and as specified in the Michigan Mission Based Performance Indicator System.
- B. All external reporting shall be completed by the Director of Quality Improvement.

REFERENCE:

MDCH/CMHSP Managed Mental Health Supports and Services Contract, Attachment C.6.5.1.1 and Guidance on Sentinel Event Reporting

ATTACHMENTS:

Unusual Incident Reporting and Review Process Flow Chart and Timeline

Unusual Incident Report Form

Adoption Date: June 6, 2006

Review Dates:

Revision Dates: