

HEALTHWEST

Policy and Procedure

No. 04-019

Prepared by:

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Matt Plaska, Director of Quality Improvement

Approved by:

Subject:

Reporting of Critical
Incidents, Risk
Events, and Other
Significant Events


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I. POLICY

HealthWest will have clear guidelines for the reporting and review of critical incidents, risk events, and other significant incidents involving individuals receiving services.

II. PURPOSE

To provide clear guidelines for the reporting and review of all unusual incidents involving recipients of behavioral health services.

III. APPLICATION

All mental health professionals must report any unusual incidents involving an individual receiving services.

IV. DEFINITION

A. Incident: Includes, but is not limited to, any occurrences of the following:

1. Death of a recipient.
2. Injury of a recipient.
3. Apparent or suspected abuse or neglect of a recipient (Policy 04-006).
4. Apparent or suspected sexual abuse of or perpetrated by a recipient (Policy 4-006).
5. Medication errors (Policy 06-008).

6. Physical interventions (when the recipient has no approved Behavioral Support Plan for this in place).
 7. Incidents involving communicable diseases.
 8. Incidents involving infection control.
 9. Incidents involving violence or aggression.
 10. Use or possession of weapons.
 11. Vehicular accidents.
 12. Bio-hazardous accidents.
 13. Use or possession of licit or illicit substances.
 14. Incidents involving injury.
 15. Elopement or wandering.
 16. Medical emergencies.
 17. Suicide or attempted suicide.
- B. A mental health professional is an individual who provides services to recipients of mental health services who are involved with HealthWest. This includes:
1. Employees of or people under contract with HealthWest.
 2. Employees of agencies under contract with HealthWest.
 3. Employees or home operators of adult and child foster care facilities providing care to mental health recipients.
 4. Volunteers/interns for any of the groups identified in items 1-3 above.

V. PROCEDURE

- A. Staff who have knowledge of or observe an incident will:
1. Handle the incident according to agency/facility policy, protecting the recipient, others and property.
 2. Immediately inform appropriate medical personnel if medical attention is necessary.

3. During work hours, give verbal notification to his/her supervisor or designee. This notification should occur immediately following caring for the victim and prior to leaving work.
 4. Complete an Incident Report Form immediately following caring for the victim and prior to leaving work.
 - a. Completion of an Incident Report form is mandatory for reporting an incident.
 - b. All sections of the form need to be filled out in a legible and complete manner.
 - c. Staff shall forward the report to his/her supervisor or designee.
 5. In addition to the incident report described above, if the incident involves apparent or suspected abuse or neglect, a Recipient Rights Complaint form must be completed and forwarded directly to the Office of Recipient Rights as described in HealthWest Policy 04-006.
- B. Upon receiving the Incident Report, the supervisor/designee will:
1. Assure the Incident Report form is properly completed and legible.
 2. Complete a preliminary review of the incident, noting on the Incident Report form the following information:
 - a. Possible causes of the incident.
 - b. Action taken.
 - c. Type of physical intervention used (if applicable).
 - d. Any programming and/or administrative action required to remedy.
 - e. Preventative measures.
 3. Forward a copy of the Incident Report to the Program Manager/Director.
 4. Ensure members of the Executive Team are made aware of the incident, as instructed.
- C. After review and comment, the Program Supervisor separates the form and distributes Incident Report copies, as follows:
1. White copy to the recipient's Master Record.

2. Yellow copy to the Office of Recipient Rights.
 3. Pink copy to the originating supervisor.
- D. All Agency medical professionals (RN, MD, DO, PA) consulted regarding a suspected injury will:
1. Assess and/or administer necessary treatment.
 2. Document the incident in a Progress Note.
 3. Document the incident on the Incident Report form.
- E. The Recipient Rights Officer will, upon notification of any incident, determine if an investigation is required and complete as many of the following steps as needed to reach a disposition.
1. Assure that required treatment and protection measures have been taken.
 2. Notify the Executive Director or Designee of any suspected rights violation as soon as administratively possible.
 3. Verify that the primary worker has notified the recipient's legal representative in case of serious injury or death.
 4. Notify the county medical examiner if unexpected or unexplainable death occurs. If the medical examiner does not order an autopsy and the Director/Designee believes one is necessary, permission shall be solicited from the recipient's legal representative or appropriate Probate Court.
 5. Notify the Director of Quality Improvement if the incident involved the death of a recipient, so that appropriate reporting and root cause analysis processes may be initiated (see HealthWest policies 04-021 and 04-024, respectively).
 6. Investigate the incident in cooperation with the Supervisor of the program, Department of Health and Human Services, Department of Licensing and Regulatory Affairs, or local police agency.
 7. Review Incident Reports to ensure the following information is included:
 - a. Follow-up care and treatment was provided as necessary.
 - b. The information on the Incident Report explains the cause of the incident.

- c. Immediate action was taken as appropriate.
 - d. Action was taken to prevent recurrence and documented on the Incident Report form.
- 8. Meet with appropriate supervisor to discuss the incident.
- 9. Incident Reports shall be retained by HealthWest for a minimum time period of three (3) years, after which they may be purged.
- F. Executive Team members, upon learning of the event, will ensure that appropriate follow-up occurs, including the following:
 - 1. Appropriate safety measures were taken.
 - 2. Adequate support is available to all involved.
 - 3. Steps have been taken to facilitate a psychological debrief with the involved employees.
 - 4. Reporting, as required by agency, LRE, and MDHHS policies and regulations.
 - 5. A root cause analysis is conducted, as appropriate.
 - 6. Corrective actions and improvements are implemented, if required.

VI. REFERENCES

M.C.L. 330.723(2)(3) and 330.755f(l)(ii)
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Child Abuse and Neglect Prevention Act, PA 250 of 1982
Child Protection Law, PA 238 of 1975
M.C.L. 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
R.400.51-400.15411
HealthWest policy 04-021
HealthWest policy 04-024

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