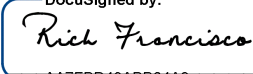




Policy Title: Reporting of Critical Incidents, Risk Events, and Sentinel Events	Policy or Procedure #: 04-019	<u>Review Dates</u>	
Category: Quality Improvement Subject: The policy establishes the standards by which HealthWest reviews, investigates, reports, and acts upon, critical incidents, sentinel events, and risk events related to practice of care for its consumers	Prepared by: Name: Shawna Curran Title: Evaluation and Innovation Specialist Approved by: DocuSigned by:  AAZEBD48ABB04A3 Rich Francisco, Executive Director Effective Date: 09/16/2024	03/4/2026	
		Last Revised Date: 03/04/2026	

I. POLICY

HealthWest will have clear guidelines and processes for the identification, reporting, documentation, analysis, and investigation of critical incidents, risk events, and sentinel events as defined by MDHHS, LRE and CARF. Such guidelines will align with and fulfill all contractual and accreditation requirements regarding incidents involving recipients of behavioral health services.

II. APPLICATION

This policy applies to all employees of HealthWest including full-time, part time, contractual providers, student interns, and volunteers.

III. IDENTIFICATION AND ANALYSIS

A. Any HealthWest (HW) staff that is involved in, aware of, or in observance of any unusual incident or critical incident involving any consumer/staff/individuals on HW property, and/or in the direct care or under the supervision of HW staff, shall:

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 the current shift/workday.
4. Document the incident using the appropriate method (Latitude 43 Incident Reporting Module) immediately following caring for the involved individuals and prior to leaving the current shift/workday.
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. Each Incident Report is reviewed by applicable members of the treatment team including their line of supervision, an assigned member of the Quality Assurance Team, and the Office of Recipient Rights. Upon receiving the Incident Report, those individuals/parties will carry out the following responsibilities as indicated.

1. Supervisor/Manager/Director

- a. Complete thorough review of the incident and ensure the Incident Report is properly completed and includes all necessary and contextual details.
- b. Obtain and add missing information or contextual details
- c. Complete clinical supervision and coaching as needed/relevant
- d. Determine any programming and/or administrative action required for follow up, including provision of Psychological First Aid for involved individuals.
- e. Identify and discuss preventative measures with line of supervision

2. Quality Assurance Team

- a. Complete thorough review of the incident and ensure the Incident Report is properly completed.
- b. Obtain follow up for additional information or missing contextual details as needed
- c. Review and determine classification of the incident according to the following severity ratings: a critical incident, a risk event, or a sentinel event dependent upon the parameters defined in Table A and B (critical) and Table C and D (Risk).
- d. Adhere to Michigan Department of Health and Human Services (MDHHS) contractual reporting requirements and ensure reporting of Critical Incidents in the specified timeframes defined in Table E (Reporting Requirements).

3. Office of Recipient Rights

- a. Complete thorough review of the incident
- b. Review content for potential or suspected right violations
- c. Contact Primary Worker/Treatment Team to provide coaching and/or review of Recipient Right Complaint process as relevant

IV. DEFINITIONS

A. **Incident**: Significant and/or unusual events that place an individual at risk of harm.

1. Reported for all open consumers, regardless of funding or any other characteristic

2. Only exception: suicides are reported for anyone who received any HW service in the 30 days prior to their death, even if the person is closed to services at the time of their death.

3. The following incidents are required to be reported utilizing the identified Incident Reporting procedure above:

- a. Death of a recipient
- b. Injury of a recipient
- c. Apparent or suspected abuse or neglect of a recipient (Policy 04-020)
- d. Apparent or suspected sexual abuse of or perpetrated by a recipient (Policy 04-020).
- e. Physical interventions
- f. Incidents involving communicable diseases
- g. Incidents involving infection control
- h. Incidents involving violence or aggression
- i. Use or possession of weapons
- j. Vehicular accidents
- k. Bio-hazardous accidents
- l. Use or possession of licit or illicit substances
- m. Elopement or wandering
- n. Medical emergencies
- o. Suicide or attempted suicide
- p. Arrest
- q. Multiple unplanned medical hospitalizations
- r. Falls with or without injury
- s. Overdose (intentional or accidental)
- t. Physical Intervention/Seclusion or Restraint

B. **Critical Incident:** Specific events requiring analysis and reporting to the PIHP and MDHHS.

1. Any of the following events below (section: a-t) will be reported to the PIHP within the timeframe indicated in Table A below, and reviewed by the HealthWest Quality Assurance Department within three (3) business days after occurrence to determine whether it meets criteria for a sentinel event

2. If the critical incident is determined to be a sentinel event, HealthWest has two (2) subsequent business days to commence a root cause analysis.

3. The population for which these events must be reported differs by type of event per MDHHS contract.

- a. Suicide and Non-Suicide deaths
- b. Death of Unknown Cause
- c. Emergency medical treatment due to injury or medication error
 - (1) Injury
 - i. Injury was not during physical management
 - ii. Injury was during physical management
 - iii. Unknown whether injury was during physical management
 - iv. Injury due to a fall
- d. Hospitalization due to injury or medication error
 - (1) Injury
 - i. Injury was not during physical management
 - ii. Injury was during physical management
 - iii. Unknown whether injury was during physical management
 - iv. Injury due to a fall
- e. Arrest of a recipient
- f. Overdose (intentional or accidental)
- g. Physical Intervention/Seclusion or Restraint

C. **Risk Event:** refers to any critical incident that places the individual at risk of harm.

1. These events also require analysis to determine what action needs to be taken to remediate the problem or situation and to prevent the occurrence of additional events and incidents. These events include:

- a. Harm to self
- b. Harm to others
- c. Police calls by staff under certain circumstances
- d. Emergency Use of Physical Management
- e. Two or more unscheduled medical hospitalizations in a 12-month period

D. **Sentinel Event**: Refers to an unexpected occurrence involving

1. Death

OR

2. Serious physical or psychological injury, or risk thereof.

a. Serious injury specifically includes loss of limb or function.

b. The phrase 'or risk thereof' includes any process variation for which recurrence would carry a significant chance of serious adverse outcome.

(1) Any injury or death that occurs from the use of any behavior intervention is considered a sentinel event

E. **Immediately Reportable Event**:

1. Any death that occurs because of a suspected staff member action or inaction or any death that is the subject of a recipient rights, licensing, or police investigation is reported to LRE within 24 hours of either the death, receipt of notification of death, or receipt of notification that a rights, licensing, and/or police investigation has commenced. The LRE has 48 hours to report to MDHHS. The report must include:

a. Name of person served

b. Case Number

c. Date, Time, and Place of Death (if a licensed foster care facility, include the license number),

d. Preliminary cause of death

e. Contact person's name and email address

2. Relocation of a consumer's placement due to licensing suspension or revocation within five (5) business days of relocation.

3. An occurrence that requires the relocation of any CMHSP or provider panel service site, governance, or administrative operation for more than 24 hours within five (5) business days of relocation.

4. The conviction of a CMHSP or provider panel staff member for any offense related to the performance of their job duties or responsibilities which result in exclusion from participation in federal reimbursement within five (5) business days of knowledge.

5. Any changes to the composition of the provider network organizations than negatively affect access to care within seven (7) days of any change.
6. Critical incidents which may be newsworthy or represent a community crisis must be reported to LRE immediately, for reporting to MDHHS.

E. Root Cause Analysis (RCA): A process that involves all persons with first-hand knowledge of the events as well as the Recipient Rights Officer/Designee Quality Assurance staff, and others as determined appropriate. Persons involved in the review of Significant Events must have the appropriate credentials to review the scope of care. If it is determined that a peer review is also needed, the selection process will exclude those responsible for the primary care of the recipient involved and those involved in the systemic review of the Significant Event. Root Cause Analysis are due within 90 days following the start of the Root Cause Analysis.

1. Designated Staff member will notify the LRE of a possible Sentinel Event within 24 hours of the occurrence or of knowledge of the occurrence.
 - a. An unexpected death report must be completed for deaths that have resulted from suicide, homicide, an undiagnosed condition, were accidental, or were suspicious for possible abuse or neglect (See also Policy 04-021).
 - b. The staff member has three (3) business days after a critical incident has occurred or three (3) business days of learning of the incident to determine if it is a Sentinel Event.
2. If the staff classifies the critical incident as a Sentinel Event, an individual trained in RCA will be assigned to facilitate an RCA team. The RCA facilitator will have two (2) subsequent business days to commence a Root Cause Analysis of the event.
3. Within forty-eight (48) hours of the completion of the investigation, the staff member shall forward a copy of the completed LRE Unexpected Death / Sentinel Event Report Form which includes a summary of the event and measures taken to prevent future occurrences of the event to LRE Chief Quality Officer.
4. The Compliance Committee will accept or revise the recommendations made by the Root Cause Analysis Team and assign responsibility for piloting/implementing the system and process improvements. The Director of Quality Assurance will forward the completed report to the Compliance Committee chairperson, the Lakeshore Regional Entity (LRE), and the Executive Director.
5. The Compliance Committee and Quality Assurance Department will ensure an appropriate approach for evaluating the effectiveness of the improvements that have been designed and applied.

V. TABLES

TABLE A: Critical Incidents/Definitions/Severity

CRITICAL INCIDENTS		
Incident Type	Definitions/Clarifications	Severity
Death (any type)	Includes all causes of death: suicide, natural, homicides, accidental, overdoses, unknown, other	Always a critical incident and potential sentinel event
Emergency Medical Treatment	Use when medical care (by paramedics/EMS, in the ER, etc.) is needed for an injury, following physical management, or due to a med error, etc.	Only critical incident if consumer: ○ Is a waiver beneficiary OR ○ Lives in specialized residential (adults), child caring institution (children), or SUD residential at the time of the incident Where to verify in Lat43 ○ Waiver status: client chart header (HSW, CWP, or SEDW = "Yes" ○ Spec. residential: authorization (look for "T1020 – personal care per diem, spec. res." and "H2016 – CLS per diem, spec. res.")
Unplanned Medical Hospitalization	Use for <u>unplanned</u> admissions to a medical unit <i>Excludes psychiatric inpatient and planned admissions (e.g. for surgery or treatment of chronic/pre-existing condition)</i>	
Arrest	Use only if person is arrested – does not apply to situations when the police are just called or EMS	
Overdose	Use for intentional or accidental overdoses	Always a critical incident and potential sentinel event
Seclusion/Restraint	PROHIBITED	PROHIBITED
Media Event	Any critical incident that may be newsworthy or represent a community crisis must be reported immediately	

TABLE B: Critical Incident Reportable Populations

Service	Suicide (01)	Death (02)	EMT (03)	Hospital (04)	Arrest (05)	Death of Unknown Cause (06)	PM without Injury	Emergency Response	Use of Restraint
CLS	•	•				•			
Support Coordination	•	•				•			
Case Management	•	•				•			
ACT	•	•				•			
Homebased	•	•				•			
Wraparound	•	•				•			
Hab Waiver	•	•	•	•	•	•			
SED Waiver	•	•	•	•	•	•			
Child Waiver	•	•	•	•	•	•			
1915 iSPA	•	•	•	•		•			
Any Other Service	•	•				•			
Living Situation									
Specialized Residential	•	•	•	•	•	•			

Child Caring Institution	•	•				•			
Crisis Stabilization Unit	•	•				•	•	•	•

TABLE C: Risk Events/Types/Severity

RISK EVENTS		
Incident Type	Definitions/Clarifications	Severity
Harm to Self	- Self-harm/self-injurious behavior, suicide attempt, intentional injury, etc. - Threshold for reporting is whether medical attention was required	Always a risk event
• Harm to Others	Harm of any type	
• Police Calls	Specific to police calls as an intervention to manage behavior	
• Physical Management	- Any duration - Each hold must be documented - Must specify length of time (minutes, seconds)	
Two or more unscheduled medical hospitalizations in 12 months	- Does NOT include psychiatric inpatient hospitalizations - Calculated on rolling 12-month basis	

TABLE D: Risk Event Reportable Populations

Service	Harm to Self	Harm to Others	Police Calls	Physical Management	Hospitalization 2+ within 12 months
Supports Coordination	•	•	•	•	•
Case Management	•	•	•	•	•
ACT	•	•	•	•	•
Home-Based	•	•	•	•	•
CLS	•	•	•	•	•
Wraparound	•	•	•	•	•
Hab Waiver	•	•	•	•	•
SED Waiver	•	•	•	•	•
Child Waiver	•	•	•	•	•
1915 iSPA	•	•	•	•	•
Living Situation					
Specialized Residential	•	•	•	•	•
Child Caring Institution	•	•	•	•	•
Crisis Stabilization Unit	•	•	•	•	•
SUD 24-Hr Specialized Residential			•	•	

TABLE E:

Service Actively Receiving	SUICIDE	NON-SUICIDE DEATH	EMERGENCY MEDICAL TREATMENT (due to injury or medication error)	HOSPITALIZATION (due to injury or medication error)	ARREST
Emergency Services (report if service was provided within 30 days prior to death)	X				
Specialized Residential Setting/Child-Caring Institution	X	X	X	X	X
Habilitation Supports Waiver	X	X	X	X	X
SED Waiver	X	X	X	X	X
Children's Waiver	X	X	X	X	X
Community Living Supports	X	X			
Supports Coordination/Targets Case Management	X	X			
ACT	X	X			
Home-Based	X	X			
Wraparound	X	X			
Any other service	X				
TIMEFRAMES FOR REPORTING:	Within 30 days after the end of the month in which the death is determined to be a suicide; OR, if 90 calendar days have elapsed without a determination of the cause of death, submit a "best judgment" determination as to whether the death was a suicide within 30 days after the end of the	Within 60 days after the end of the month in which the death occurred: OR If reporting is delayed because of a determination of whether the death was a suicide or not, the submission is due within 30 days after the end of the month in which it was determined the death was not due to suicide.	Within 60 days after the end of the month in which the event occurred	Within 60 days after the end of the month in which the event occurred	Within 60 after the end of the month in which the event occurred

	month in which this "best judgement" determination was made.				
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VI. References

M.C.L. 330.723(2)(3) and 330.755f(I)(iii)
 M.C.L. 330.723(2)(3) and 330.755f(I)(ii)
 Child Abuse and Neglect Prevention Act, PA 250 of 1982
 Child Protection Law, PA 238 of 1975
 M.C.L. 712A – 712A.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.400.54-400.15411
 HealthWest Policy 04-020
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