



## SHIAWASSEE HEALTH AND WELLNESS POLICY MANUAL

<b>Title:</b>	<b>Unusual Incident Reporting</b>
<b>Section:</b>	Performance Improvement
<b>Policy Number:</b>	6
<b>Issued By:</b>	Director of Strategic Services
<b>Approved by:</b> Leadership Team	<b>Effective Date:</b> 11/19/90
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### **POLICY STATEMENT:**

It is the policy of Shiawassee Health and Wellness (SHW) that all unusual incidents involving recipients that employees and non-employees become aware of are to be reported in a timely manner to the Chief Executive Officer (CEO) or his/her designee for quality assurance purposes. This action will act to effectively reduce the potential for recurrence of similar events in the future.

### **PURPOSE:**

To provide a systematic and comprehensive mechanism for identifying, reporting, and analyzing any unexpected event of significance involving recipients receiving services occurring through a SHW program or contracted provider. The policy will be used for quality assurance in recipient care, and is applicable to all employees and non-employees, including recipients, visitors, volunteers, outside contract providers, or students participating in the delivery of services.

The documentation and reporting of incidents is a quality assurance effort in which all agency professional, administrative, technical, and clerical staff participate to reduce the number of recipient injuries, to reduce agency and staff exposure to litigation, and to manage risks by assisting the development of loss prevention and loss control programs.

The primary purpose for incident reporting is to provide an informational base from which corrective and preventive action can be taken.

### **APPLICATION:**

All employees, non-employees, students, volunteers, and contract providers of the SHW.

### **DEFINITIONS:**

Case Holder: The Case Holder is the Clinical Staff member who has the primary responsibility to assure that services are being provided according to the person centered plan.

Employee: All regular full time, part time, temporary, or contractual employees of SHW and employees of agency providers are required to follow the Incident Report policy and procedure.

Home Manager: The manager or supervisor responsible for the recipient's care activities for a group home. This also includes any person designated as a Home Manager of a CLS or Self Determination home.

Non-Employee: For the purpose of this policy, non-employee refers to recipients, students, volunteers, visitors, or contact providers (individuals and corporations providing on-site and off-site services who are not agency employees).

Unusual Incident: Is a broad term which encompasses more defined events. It applies to individuals while under SHW program supervision, at a SHW program site or under the auspices of a contracted provider): It includes Critical, Risk or Sentinel Events in addition to events not previously classified. They are an unexpected circumstance that involves harm or injury or the risk of harm or injury. Such incidents include but are not limited to:

- a. Physical aggression.
- b. Physical aggression by a consumer that may or may not result in the injury of a peer, employee, or non-employee.
- c. Self-inflicted harm.
- d. Any suicidal or homicidal attempt or gesture.
- e. Use of physical intervention
- f. Property damage caused by a recipient.
- g. Unauthorized leave of absence by a consumer receiving supervised care.
- h. Criminal offenses involving consumers including suspected offenses, arrests, and/or convictions.
- i. Police calls by staff for assistance with a consumer during a behavioral crisis situation.  
Note: staff should document if law enforcement arrived at the scene.

- j. Injury, whether accidental or intentional, that requires an unplanned visit to the primary care physician, an emergency room, medi-center, urgent care clinic, or admission to a hospital. This does not include a visit to the individuals' primary care physician for routine medical care.
- k. Physical illness that requires a visit to an emergency room, medi-center, urgent care clinic, or admission to a hospital. It does not include planned surgery or other elective procedures or treatment, whether inpatient or outpatient. This does not include a visit to the individuals' primary care physician for a scheduled appointment.
- l. All deaths of persons, whether anticipated or unanticipated, that occur while the recipient is an active recipient of service or individuals who have received an emergency service within the last 30 calendar days. This includes suicide, homicide, accidental, or natural causes.
- m. Adverse medication reaction or side effects.
- n. Medication errors by service staff that constitute an unusual event that occurs as a result of a medication error involving wrong medication, wrong dosage, missed dosage, wrong person, wrong route, or wrong time. This shall not include medications that are refused by the individual. Medications that are refused by the individual must be documented on the consumers Medication Administration Record.
- o. Traffic accidents involving recipients while any SHW or contracted service is being provided.
- p. Fire occurring in the treatment, residential, or service facility.
- q. Physical or environmental hazards in supervised care settings or CMHSP sites which could cause injury. .
- r. Suspected abuse or neglect (Staff will continue to follow reporting requirements – and are required to immediately make a verbal report to the Office of Recipient and file a 3200 APS or CPS report as needed
- s. Any unexplained bruises or injuries even when abuse or neglect is not suspected.
- t. Non-consensual sexual contact
- u. Other events which seriously disrupt or adversely affect the course of treatment or care of a consumer and require further clinical or administrative attention.

**STANDARDS:**

1. Every unusual incident involving recipients, visitors, volunteers, students, or outside contract providers will be reported on the BCAL-4607 AFC Licensing Division-Incident/Accident Report form or equivalent. SHW and the reporting agency will maintain a complete file of all reported incidents
2. Incident Reports and/or documentation regarding filing of such a report will not be included in the recipient's record. Objective pertinent facts will be reported in the recipient's record as appropriate to the consumer's treatment, diagnosis, and documentation requirements. Facts of the occurrence will be discussed with the consumer, as appropriate, by designated staff.
3. The organization who generated the incident report will maintain a record in accordance with regulatory requirements, e.g. "The Licensing Rules for Adult Foster Care Group Homes, Adult Foster Care Family Homes, and Homes for the Aged provide minimum standards for regulated adult foster care services.
4. Such a report will be filed even though corrective action has already been undertaken. Incident Reports are confidential and non-discoverable to the extent provided by law for such quality assurance efforts.
5. Copies or photocopies of Incident Reports are prohibited except by the Office of Recipient Rights for documentation in investigating an alleged rights violation. Copies will not be retained by individuals or organizational sub-units of the agency.
6. The CEO or designee will coordinate the analysis and categorization of Incident Reports for quality assurance purposes.
7. Responsibility for monitoring all activities relating to quality control as recommended by the Director of Strategic Services and implemented by the CEO or his/her designee will rest with the Board.
8. Data will be entered into the Incident Report module by the administrative support staff or designees consistent with established policy and procedure.

#### **PROCEDURE:**

All SHW and contracted service providers who are involved in or observe an Unusual Incident meeting the criteria defined above and which involves a recipient of SHW services are required to fill out an Incident Report BCAL-4607 AFC Licensing Division-Incident/Accident Report form or equivalent and promptly submit the report to SHW.

NOTE: the incident report form is for recipient incidents only. Employees who incur an injury should use the Employee Injury Report form.

### **Filling out the Incident Report Form**

The person filling out the Incident Report should complete all sections of the form, offering as much detail as possible. All sections must be filled out completely and be legible. This includes but is not limited to:

1. The name and case number of the recipient involved. The case number used should be the same as the one used by the responsible organization (SHW) in their medical record system
2. The date and time the incident occurred or was noticed (denote a.m. or p.m.)
3. The date and time the incident is being reported to the responsible agency (under the "persons notified" section (include a.m. or p.m.)
4. Indicate all witnesses or others involved.
5. The site (facility name) and location where the incident occurred.
6. Identify the area where the incident occurred. Write a complete and detailed description of what happened, stating facts not listed elsewhere on the form including what led up to the incident. Give a clear picture of what happened and what action was taken. A second sheet may be filled out and attached if necessary.
7. The following questions must be answered on the report:
  - a. **WHO was involved?**
    - I. When referring to other recipients in the description, use relationships, i.e. roommate or peer, rather than names or case numbers.
    - II. An incident report should be filled out for every recipient involved. If there are two recipients involved in an incident, then two incident reports must be completed.
    - III. If an employee is hurt in any way during an incident, an Employee Injury Report must be completed for SHW employees.
  - b. **WHAT happened?**
    - I. Be descriptive in the explanation of what happened, but only describe observed circumstances. This description is to provide a clear picture of what occurred.
  - c. **WHAT did you do?**
    - I. What did you do in response to the incident?
    - II. Were there interventions performed?
    - III. If the recipient was taken to a hospital or urgent care facility identify which one by address, location or name.
  - d. **WHEN did it happen?**

- I. Clearly denote the time and date of the event as well as Person(s) Notified.
- e. **WHERE did it happen?**
  - I. Clearly denote where the event occurred (be specific).
- f. **HOW did it happen?**
  - I. Outline the circumstances that led up to the event.
8. Identify exactly what happened as well as the nature and the severity of the injury (may be more than one) and the location of where the injury occurred “on” the individual’s body. If the author requires more space to document the event than additional pages may be used.
9. Supervisory staff shall identify the Corrective Measures Taken to Remedy and/or Prevent Recurrence as well as any treatment that was provided to the recipient. This may include identifying the treating physician and/or facility in the spaces provided.
10. Print the name of the person reporting. Sign and date the Incident Report.
11. There will be an incident Report completed for each definable event and the report shall contain information specific to each event. IF more than one person was involved in the incident, a separate form should be submitted for each person (i.e. if one consumer hits another, one Incident Report should be filled out for the consumer doing the hitting and another IR for the person that was hit).

### **Processing the Incident Report Form**

1. The provider shall make a reasonable attempt to contact the consumers primary case holder for any of the following events. Note: If the call applies to events identified below with an asterisk (\*) then the Behavior Specialist should also be notified.
  - a. \*Physical aggression,
  - b. \*Physical aggression by a consumer that may or may not result in the injury of a peer, employee, or non-employee,
  - c. \*Self-inflicted harm,
  - d. Any suicidal or homicidal attempt or gesture,
  - e. \*Use of physical intervention (CPI techniques),
  - f. \*Property damage caused by a recipient,
  - g. \*Unauthorized leave of absence by a consumer receiving supervised care,
  - h. \*Use of 911 in response to behavioral intervention
  - i. Arrests
  - j. Death
  - k. \*Hospitalization or Emergency Medical Treatment when the injury was during physical management.
2. Should the event occur after normal SHW business hours, provider staff should contact SHW through the agencies main phone number (989) 723-6791. Calls are

automatically forwarded to the Crisis Services Department of Bay-Arenac Behavioral Health (BABHA).

3. When reporting the event the provider should:
  - a. identify where they are from,
  - b. the consumer who they are calling about,
  - c. a brief summary of the reason for the call,
  - d. and request that this information be forwarded to the primary case coordinator on record and the Behavior Specialist if applicable (see above)
4. Notification can be done by ES Staff through the use of a non-billable contact note and using the “send copy to” feature to all applicable parties.
5. As there are possible investigation timelines depending on the nature of the event, the provider will forward to SHW within 48 hours of the event a legible copy of the fully completed incident report for all incidents; regardless of the nature or severity of the event. **Standard USPS should not be used due to time constraints. Note: Timeliness of IR submission is an identified standard for performance in the SHW Provider Audit**
6. The designated SHW staff receiving the Incident Report BCAL-4607 or equivalent will verify that the form is completed in its entirety and that it thoroughly outlines the event in detail (refer to instructions outlined above).
7. Verify that the form includes the signature, clearly printed name, and date of the person completing the form, as well as the Licensee/Designee or Administrator. If the Licensee/Designee or Administrator fails to sign the form prior to submission to SHW the person completing should clearly identify the date and time the Licensee/Designee or Administrator was contacted.
8. Forms delivered to SHW must be date stamped upon receipt. When capturing the notification or received date, SHW will use the fax imprint date or the date received stamp and not the handwritten notification date of Responsible agency on the form itself.
9. Designated SHW staff will enter the required information into the Incident/Critical Event Electronic Record as soon as received but no later than 48 hours. The staff will scan and attach the original document to the electronic form created for this incident.
10. Based on the description of the event, the applicable event codes will be captured during the creation of the electronic form. Additional event codes can be added by the designated reviewers during the review process if deemed necessary for completeness and accuracy. Definitions of each event will be used to increase validity for event labeling.

11. The completed electronic IR form will be electronically reviewed by each person to which it is routed. Standard reviewers are determined based on the event codes and are reflected in the routing of the document. Standard reviewers may add additional reviewers as applicable based on relevancy to the event. All individuals identified to perform a review will be notified by electronic message. The Electronic IR form should be reviewed within 48 hours of creation of the electronic form.
12. During the course of the review process, a reviewer determines a code is inaccurate to the event, they shall contact a system administrator to have the code removed. The reviewer should note the action in their review comments. The administrator who removes the code shall make a note in the designated text field outlining the course of action taken, including the code that was removed. They will send a PCE message to all reviews for that IR outlining the action taken.
13. Persons involved in the review of critical and sentinel events must have the appropriate credentials to review the scope of care. For example, sentinel events that involve client death or other serious medical conditions, must involve a physician or nurse.
14. SHW Standard reviewers who will be out of the office for more than 2 business days should identify an "out of office delegate" to review Incident Reports in their stead. This can be done by using the Incident Report Preferences in the PCE IR module.

#### **RESOURCES:**

1. Sample Guide to Completion of the Framework for Root Cause Analysis in Response to a Sentinel Event
2. Sample Framework for Root Cause Analysis in Response to a Sentinel Event
3. BCAL-4607 AFC Licensing Division-Incident/Accident Report form
4. Attachment reference, "Are your incident reports protected", Health Law Practice Group, March 2005.

#### **REFERENCES/LEGAL AUTHORITY:**

1. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Master Contract Attachment P 6.7.1.1., Quality Assessment and Performance Improvement Programs for Specialty Pre-Paid Health Plans.
2. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Master Contract PIHP Reporting Requirements for Medicaid Specialty Supports and Services Beneficiaries.



3. MDHHS Guidance on Sentinel Event Reporting
4. General Schedule #20, Retention and Disposal Schedule for Community Mental Health Service Programs, approved May 1, 2007.
5. Licensing Rules for Adult Foster Care Homes, Bureau of Community Health Systems, Adult Foster Care and Camp Licensing Division.

**Change Log:**

Date of Change	Description of Change	Responsible Party
02/23/18		Dirk Love & Andrea Andrykovich
10/25/18	Broke original policy into two. This policy describes how to fill out the incident report.	Revised by Incident Report Workgroup (Dirk Love, Andrea Andrykovich, David Jenks, Dee Buchholz, Renee Jones, and Treasa Bolger.
9-24-2020	Changes to the processing section of the procedure. Greater emphasis on timeliness and notification expectations of providers	Dirk Love, Director of Strategic Services.
10/22/2020	Approval by UMPI Committee via email	Dirk Love, Director of Strategic Services