

# ***SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY***

## **ADMINISTRATIVE POLICY**

**NUMBER: RR012**

**NAME: CRITICAL INCIDENTS, SENTINEL EVENTS AND RISK EVENTS**

INITIAL APPROVAL DATE:	12/19/2001	APPROVED BY: Administrative Committee
STAKEHOLDER REVIEW:	02/18/2025	REVIEWED BY: Recipient Rights Advisory Comm.
(LAST) REVISION DATE:	12/17/2024	APPROVED BY: Recipient Rights Officer
(LAST) REVIEW DATE:	02/20/2025	REVIEWED BY: Policy Committee
DISCONTINUED DATE:	NA	REPLACED BY: NA

### **I. PURPOSE**

To establish procedures regarding event reporting to the Department of Health and Human Services for Medicaid beneficiaries served by the PIHP through Sanilac County Community Mental Health Authority.

### **II. APPLICATION**

Populations: **See Standards Section**

Programs: **Direct - ALL**  
**Contracted - ALL**

### **III. POLICY**

It is the policy of Sanilac CMH to identify and review critical incidents to reduce their occurrence and to improve systems of care.

### **IV. DEFINITIONS**

Critical Incident (CI): A CI pertains to five specific individual-related events, or incidents, as follows:

- Suicide
- Non-suicide death
- Hospitalization due to injury or medication error
- Emergency medical treatment due to injury or medication error
- Arrest of an individual.

Sentinel Event (SE): An “unexpected occurrence” involving death (not due to the natural course of a health condition) or serious physical or psychological injury, or risk thereof. Serious injury specifically includes permanent loss of limb or function. Any injury or death that occurs from the use of any behavior intervention is considered a sentinel event.

Risk Event (RE): A “risk thereof” event which includes the review of any process or action by staff for which reoccurrence would carry a significant chance of a serious adverse outcome.

## **V. STANDARDS**

### **A. Critical Incident Reporting System**

The MDHHS critical incident reporting system collects information on critical events, as linked to specific service recipients. Within this system, staff obtain and report information on the five specific events:

1. Suicide: Any individual actively receiving services at the time of death and any who received emergency services within 30 days prior to death. If 90 calendar days have elapsed without a determination of the cause of death, Sanilac CMH must submit a "best judgment" determination of whether the death was a suicide.
2. Non-suicide: Death for individuals who were actively receiving services and were living in a Specialized Residential facility or in a Child-Caring institution; or were receiving community living supports, supports coordination, targeted case management, ACT, Home-based, Wraparound, Habilitation Supports Waiver, SED Waiver or Children's Waiver services. If reporting is delayed because CMH is awaiting the determination whether the death was due to suicide, 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.
3. Emergency Medical Treatment Due to Injury or Medication Error: For people who at the time of the event were actively receiving services and were living in a Specialized Residential facility or in a Child-Caring institution; or were receiving either Habilitation Supports Waiver services, SED Waiver services or Children's Waiver Services.
4. Hospitalization Due to Injury or Medication Error: For individuals living in a Specialized Residential facility or a Child-Caring institution; or receiving Habilitation Supports Waiver Services, SED Waiver Services, or Children's Waiver services.
5. Arrest of Individual: For individuals living in a Specialized Residential facility or in a Child-Caring institution; or receiving Habilitation Supports Waiver services, SED Waiver services, or Children's Waiver services.

### **B. Sentinel Events**

Sanilac CMH ensures that the sentinel event review process takes place when a critical incident is determined to meet sentinel event criteria. This review process commences a Root Cause Analysis, pursuant to policy BA115, and determines what action needs to be taken to remediate the problem or situation and/or to prevent the reoccurrence.

### **C. Risk Event Management**

Sanilac CMH also utilizes the root cause analysis process for analyzing additional critical events that by action of staff put individuals (in the same population categories as the critical incidents) at risk of harm. This analysis is used to determine what action needs to be taken to remediate the problem or situation and prevent the occurrence of additional events or incidents. MDHHS will request documentation of this process when performing site visits.

**VI. PROCEDURES**

The Recipient Rights Officer will be responsible for training staff on how to report such incidents.

- A. Report the incident via the Incident Report Form if any of the indicated services listed on the grid below have been provided, or if the individual resides in any of the living situations listed. Only one checked situation is necessary for the incident to require reporting.

<b><u>Service</u></b>	<b><u>Suicide</u></b>	<b><u>Death</u></b>	<b><u>EMT</u></b>	<b><u>Hospital</u></b>	<b><u>Arrest</u></b>
CLS	•	•			
Supports Coordination	•	•			
Case Management	•	•			
ACT	•	•			
Home Based	•	•			
Wraparound	•	•			
HAB Waiver	•	•	•	•	•
SED Waiver	•	•	•	•	•
Child Waiver	•	•	•	•	•
Any other Service	•				
<b><u>Living Situation</u></b>					
Specialized Residential	•	•	•	•	•
CCI	•	•	•	•	•

- B. The Incident Report must be completed immediately after the incident, and in no instance, later than 24-hours after the event. Incident Reports are then submitted to the Sanilac CMH Office of Recipient Rights. The Recipient Rights Officer will conduct an initial review of all Incident Reports and investigate any apparent or suspected Mental Health Code protected rights violations.
- C. Should the incident happen over a weekend or holiday, the Sanilac County Recipient Rights Officer will be contacted immediately, in addition to the completion of the Incident Report as directed above.
- D. A contract provider that completes a paper copy of the Incident Report Form shall maintain those paper copies in a file at their facility for the period of one year, after which time they may be shredded. The Incident Report must be entered into the electronic health record.
- E. Any incident that meets the above criteria as a potential sentinel event will be submitted by the Recipient Rights Officer to the Medical Director for review within three (3) business days after the event has occurred.
- F. If the Medical Director determines a sentinel event has taken place, he/she will:
1. Refer the matter to the Chief Executive Officer within two (2) business days. The Chief Executive Officer will make a determination if there is a need for a staff debriefing, the staff to be included in the debriefing and a deadline date for the debriefing to occur.
  2. Also refer the matter to the Chief Information Officer to begin the process for a root cause analysis, within two (2) business days. The analysis will identify the basic or casual factors that underlie variation in performance, including the occurrence or possible reoccurrence of a sentinel event. The root cause analysis should focus primarily on systems and processes and not on individual performance and be governed by the process outlined in Policy BA115, Root Cause Analysis.

- G. The Recipient Rights Officer, in their capacity as a member of the Behavior Treatment Committee (BTC), which meets monthly, shall report on sentinel events to the Committee who will review all sentinel events to ensure compliance in the review process and assess any system improvement opportunities. The Committee shall report on reviews to the Quality Improvement Committee.
- H. The Chief Clinical Officer or Chief Information Officer shall communicate with the PIHP Chief Clinical Officer within fourteen (14) calendar days of the determination of a sentinel event regarding the occurrence and status.
- I. The Recipient Rights Officer will immediately notify the Chief Executive Officer of the occurrence of the following events:
  - 1. Any death that occurs as a result of suspected staff member action or inaction, or any death that is the subject of a recipient rights, licensing or police investigation.
  - 2. Relocation of an individual's placement due to licensing issues.
  - 3. An occurrence that requires the relocation of any provider panel service site, governance or administrative operation for more than 24 hours.
  - 4. The conviction of a provider panel staff member for any offense related to the performance of their job duties or responsibilities.
- J. The Sanilac CMH Chief Executive Officer shall notify the PIHP Executive Director/designee of the death as outlined in #1 above within 40 hours and notice for all the remaining events shall be within 3 business days.

**VII. ATTACHMENTS**

None

**VIII. REFERENCES**

CARF Behavioral Health Standards, Criteria E. Health & Safety  
Region 10 PIHP Policy 07-01-03 and Policy 01-03-01  
Root Cause Analysis Policy, BA115