Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy and Procedure*** **Incident Reporting**
Committee/Department: Clinical Performance Team and Regional Compliance	**Local Policy Number (if used)**
Implementation Date 11/10/2021	**Regional Approval Date 10/28/2021**

Reviewed by:	**Recommendation Date:**
ROC	09/08/2021
CMH Board:	**Approval Date:**
Lenawee	10/28/2021
Livingston	10/26/2021
Monroe	10/27/2021
Washtenaw	09/27/2021

I. PURPOSE

To provide guidelines for timely reporting, monitoring, reviewing, and evaluating unusual and/or unexpected incidents which occur in the course of providing behavioral health services to consumers/individuals served.

To ensure that the information derived from incident reporting is used to identify opportunities for improvement.

II. REVISION HISTORY

DATE	MODIFICATION
2014	Revised to reflect the new regional entity.
08/29/2017	Due for regional review.
10/27/2021	Due for regional review/updates

III. APPLICATION

This policy applies to all staff, students, volunteers and providers, whether they are licensed independent practitioners, contractual organizations or providers hired through self-determination/choice voucher arrangements within the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. POLICY

It is the policy of the CMHPSM that unusual and significant incidents (as defined below) involving active consumers/individuals served will be reported and investigated in a timely manner, with appropriate follow up and/or remedial action steps taken to prevent reoccurrence. The Incident Reporting process is a retrospective peer review process to improve services or enhance treatment for consumers/individuals served. Any records, data and knowledge collected in this process are confidential and considered peer review documents and are to be protected as such. Therefore, this information is not available by record requests, under the Freedom of Information Act (FOIA) or by subpoena

V. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Incident: An unusual or significant event that disrupts or adversely affects the course of treatment or care of a consumer/individual served. Unusual or significant events should be identified on an individual case by case basis and may be different based on individual consumer/individual served needs/treatment. Incidents may include but are not limited to:

- The death of a consumer/individual served.
- Any injury of a consumer/individual served, explained or unexplained.
- An unusual medical problem.
- Sentinel or adverse event.
- Environmental emergencies/incidents that could have caused an injury.
- Problem behaviors not addressed in a plan of service, such as breaking things, attacking other people, or setting fires.
- Suspected abuse or neglect of a consumer/individual served.
- Inappropriate sexual acts.
- Suspected sexual abuse.
- Medication errors.
- Medication refusals, unless addressed in the plan of service.
- Suspected criminal offenses involving consumers/individuals served.
- Every use of physical intervention.
- Any significant event in the community involving a consumer/individual served.
- A traffic accident involving consumers/individuals served.
- A consumer/individual served leaving the home without permission or notice.
- Consumer/individual served arrest or conviction.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports for people with mental health, developmental disabilities, and substance use disorder needs.

VI. STANDARDS

All employees, contractors, or volunteers who witness, discover, or are notified of unusual incidents shall:

A. Take immediate action to protect, comfort, and arrange for emergency medical treatment as necessary if the consumer/individual served has sustained an injury.

B. Immediately, verbally notify the appropriate supervisor and attending medical staff of any apparent serious injury, medication error or unexplained injury.

C. Complete the Incident Report (IR), ensuring that all information is filled in completely, and give report to program supervisor or home manager as soon as possible, but no later than the end of the shift in which the incident occurred.

D. Ensure the IR has been properly coded.

E. The IR form must either be completed on paper and scanned directly into electronic record` by the provider or entered electronically directly into electronic record by the CMHSP or contracted provider. The CMHSP or contracted provider will be responsible and accountable for ensuring the accuracy and thoroughness of the information being reported on the IR form. Any provider seeking a different arrangement for submitting IRs must request an exception, in writing, from the Executive Director of the appropriate organization.

F. Only one IR should be completed per consumer/individual served event. Other consumers/individuals served involved, or staff present should be noted in the appropriate space on the IR form.

G. Consumer/individual served incidents that require a physical intervention or a call to 911/police are to include a start and stop time of the incident.

H. All employees, contractors, or volunteers will also adhere to reporting requirements of 1982 Public Act 591, Adult Protective Services Act, 1975 Public Act 238, as amended, Child Protection Act and 1998 Public Act 32, Mandatory Report of Abuse Act, and the Sentinel Event Reporting Requirements. (See Regional Abuse and Neglect Policy and Sentinel Event Policy.)

I. Staff of some programs (i.e. day programs and residential services) should familiarize themselves with applicable procedures for reporting certain types of incidents to the appropriate licensing or regulatory bodies (DHS, OSHA, etc.) A copy of the report will be attached to IR form and submitted for internal processing in accordance with this policy.

J. Staff must verbally report any known or suspected Recipient Rights violation to the Office of Recipient Rights (ORR) immediately but no later than the next business day.

K. For case managers who are on leave longer than 24 hours, the case manager and their supervisor shall ensure that IRs are processed as required in their absence.

L. Statistical information logged for each IR will be aggregated and reported by the CMHSPs quarterly or more frequently via their local performance improvement processes. CMHSPs shall report trends and patterns to the CMHPSM Clinical Performance Team (CPT) at the frequency determined by CPT. CPT is responsible for identifying any region-wide trends and opportunities for systems improvement. CPT assists the CMHSPs in identifying trends, sharing best practices, and determining whether areas identified for improvement should be addressed locally or at the affiliate level.

M. Scanned or electronically entered IRs will remain in electronic format. Originals should be shredded.

N. Licensed Adult Foster Care providers shall ensure IRs are accessible on site via CMHPSM electronic record or shall keep a copy of written Incident Reports in the home for not less than 2 years in accordance with Licensing Rule 400.14311.

O. The fact that an incident occurred, as it relates to clinical service/treatment needs of the individual, shall be documented in the client record. However, the incident

report itself as a process or a document, the details of the incident, and the processes around incident reporting are considered peer review activities, and as such, will not be made part of the electronic/clinical record or discussed in the clinical record.

P. All related records, data and knowledge, including minutes collected for or by individuals/committees assigned a peer review function, are confidential, are not public record and, therefore:

Q. Do not appear in the client record;

R. Are not subject to court subpoena pursuant to MCL333.21515, MCL331.521, MCL331.533;

S. Disclosure or duplication of Incident Reports is absolutely prohibited except as provided in this policy.

T. The reporting of incidents as described in this policy is a peer review function to improve the quality of client care. IRs and the information contained therein are protected as confidential and as peer review documents, and therefore will be circulated only to CMHSP staff with a direct need to know. Any care coordination or case management around incident reporting will include the protection of IRs as peer review documents.

U. Should an IR be completed for a provider who is not providing Mental Health/Substance Use Disorder Services, the supervisor shall notify the CMHSP of the incident to ensure any contractual obligations are followed as needed.

VII. EXHIBITS

A. Michigan Department of Licensing & Regulatory Affairs, Bureau of Community & Health Systems, form BCAL-4607: https://www.michigan.gov/lara/0,4601,7-154-89334_63294_27717---,00.html

VIII. REFERENCES

Reference:	**Check if applies:**	**Standard Numbers:**
42 CFR Parts 400 et al. (Balanced Budget Act)	X	438.10 (d)
45 CFR Parts 160 & 164 (HIPAA)	X	
42 CFR Part 2 (Substance Abuse)	X	
Michigan Department of Licensing and Regulatory Affairs (LARA)		R400.14311
Joint Commission- Behavioral Health Standards	X	IM 6.20 (3) is the citation for Joint Commission 06-07 BH standards regarding Incident reports. Also PI.1.10, PI 2.20 and PI
MCL PA 368 of 1978	X	333.21515

MCL- PA 430 2004	X	330.1143a & 330.1143b (9) 330.1748 (9)
MDHHS 1987 Administrative Rules	X	R330.7046
MDHHS PIHP Contract	X	
MDHHS CMHSP Contract		
CMHPSM Peer Review Policy	X	
CMHPSM Abuse and Neglect Policy	X	
CMHPSM Sentinel Event Policy	X	

IX. PROCEDURES

WHO	DOES WHAT
All employees, contractors, or volunteers who witness, discover, or are notified of unusual incidents	1. Take immediate action to protect, comfort, and arrange for emergency medical treatment of the consumer/individual served as necessary. 2. Immediately, verbally notify the appropriate supervisor and attending medical staff of the incident if any of apparent serious injury, medication error or unexplained injury. 3. Complete the Incident Report, ensuring that all information is filled in completely, and give report to program supervisor or home manager as soon as possible, but no later than the end of the shift in which the incident occurred. • The form may be completed either on paper or within the electronic record system. • Only one IR should be completed per consumer/individual served event. Other consumers/individuals served involved, or staff present should be noted in the appropriate space on the IR form. 4. Consumer/individual served verbally report any known or suspected Recipient Rights violations to the Office of Recipient Rights as soon as possible, but no later than the next business day. 5. Incidents that require emergency use of physical management or a call to 911/police are to include a start and stop time of the incident.
Program Supervisor/Home Manager or Designee	1. Take any further action necessary to assure treatment, protection and comfort of the individual 2. Ensure that the appropriate staff are notified of the details. 3. Ensure that staff documentation in Incident Report is complete and accurate, including a thorough description of

WHO	DOES WHAT
	the incident and action taken. 4. Complete supervisor section of the form with comments regarding action to remedy or prevent future recurrence of the incident. 5. Code the incident report for entry into data system 6. Within 24 hours of the Incident, the IR form must either be completed on paper and scanned directly into Encompass by the provider or entered electronically directly into the electronic record by the CMHSP or contracted provider. The CMHSP or contracted provider will be responsible and accountable for ensuring the accuracy and thoroughness of the information being reported on the IR form. Any provider seeking a different arrangement for submitting IRs must request an exception, in writing, from the Executive Director of the appropriate organization. 7. If the incident report is of a critical nature (e.g. involves death, serious injury, abuse, neglect, or possible sexual contact), shall make a verbal report to the client services manager (CSM) and Office of Recipient Rights (ORR) by telephone as soon as possible, but no later than the next business day. • Submit a copy of the incident report immediately to the CMHSP. • Other types of incidents such as illness may require notification to a physician or nurse as indicated in the treatment plan or provider policies. 8. Verbally report any known or suspected Recipient Rights violations to the Office of Recipient Rights as soon as possible, but no later than the next business day.
Data Entry Clerk or other Designee	1. Scan the report and enter header information into the electronic record 2. Upon scanning, the report will be immediately made available for: a. Case Responsible Person b. Recipient Rights c. Medical Records d. Others as needed 3. Shred original IR
Case Responsible Person	1. Review IR within one (1) business day and contact the home manager/program supervisor for clarification as necessary. 2. Inform home manager/program supervisor of any concerns. 3. Add clarifying information regarding the incident when applicable 4. Choose a set of additional peer reviewers who should be informed of the incident and forward to them, if needed.

WHO	DOES WHAT
	5. Verbally report any known or suspected Recipient Rights violations to the Office of Recipient Rights as soon as possible, but no later than the next business day. 6. Assure any IR that documents emergency use of physical management is routed to either the consumer/individual's behavioral psychologist (if applicable) or the BTC chairperson for reviewing and reporting to the CMHPSM QI program. 7. Document in the clinical record the fact that an incident occurred, specific to any clinical follow up that was done. Staff should not reference the Incident Report itself or the incident reporting process in the clinical record.
CMH Supervisor notified of unusual incident involving consumers/individuals served	1. Take any further action necessary to ensure treatment, comfort and protection of the consumer/individual served including arrangements for medical care and transportation. 2. Immediately, verbally inform the Executive Director or designee and the Office of Recipient Rights if the incident involves: a. An apparent or suspected serious injury b. The death of a consumer/individual served c. Suspicion of abuse or neglect by a staff member
Additional clinical reviews	1. Review the incident within 3 working days. 2. Add comments regarding follow-up actions when applicable.
Recipient Rights Officer	1. Reviews all Incident Reports for allegations of Recipient Rights violations. 2. Requests remedial action, as applicable, in effort to prevent recurrence of rights violations.

LICENSING RULES FOR AFC SMALL AND LARGE GROUP HOMES
R 400.15311 Investigation and reporting of incidents, accidents, illnesses, absences, and death.
Rule 311.(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:
(a) The death of a resident.
(b) Any accident of illness that requires hospitalization.
(c) Incidents that involve any of the following:
(i) Displays of serious hostility. (ii) Hospitalization.
(iii) Attempts at self-inflicted harm or harm to others.
(iv) Instances of destruction to property.
(d) Incidents that involve the arrest or conviction of a resident as required pursuant to the provisions of section 1403 of Act No. 322 of the
Public Acts of 1988.
(2) An immediate investigation of the cause of an accident or incident that involves a resident, employee, or visitor shall be initiated by a group home licensee or administrator and an appropriate accident record or incident report shall be completed and maintained.
(3) If a resident is absent without notice, the licensee or direct care staff shall do both of the following:
(a) Make a reasonable attempt to contact the resident's designated representative and responsible agency. (b) Contact the local police authority.
(4) A licensee shall make a reasonable attempt to locate the resident through means other than those specified in subrule (3) of this rule.
(5) A licensee shall submit a written report to the resident's designated representative and responsible agency in all instances where a resident is absent without notice. The report shall be submitted within 24 hours of each occurrence.
(6) An accident record or incident report shall be prepared for each accident or incident that involves a resident, staff member, or visitor.
"Incident" means a seizure or a highly unusual behavior episode, including a period of absence without prior notice. An accident record or incident report shall include all of the following information:
(a) The name of the person who was involved in the accident or incident.
(b) The date, hour, place, and cause of the accident or incident.
(c) The effect of the accident or incident on the person who was involved and the care given.
(d) The name of the individuals who were notified and the time of notification.
(e) A statement regarding the extent of the injuries, the treatment ordered, and the disposition of the person who was involved. (f) The corrective measures that were taken to prevent the accident or incident from happening again.
(7) A copy of the written report that is required pursuant to subrules (1) and (6) of this rule shall be maintained in the home for a period of not
less than 2 years. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

LICENSING RULES FOR AFC FAMILY HOMES R 400.1416 Resident health care.
Rule 16. (1) A licensee, in conjunction with a resident's cooperation, shall follow the instructions and recommendations of a resident's
physician with regard to such items as medications, special diets, and other resident health care needs that can be provided in the home. (2) A licensee shall maintain a health care appraisal on file for not less than 2 years from the resident's admission to the home.
(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years. (4) A licensee shall make a reasonable attempt to contact the resident's next of kin, designated representative, and responsible agency by telephone, followed by a written report to the resident's designated representative and responsible agency within 48 hours of any of the following:
(a) The death of a resident.
(b) Any accident or illness requiring hospitalization.
(c) Incidents involving displays of serious hostility, hospitalization, attempts at self-inflicted harm or harm to others, and instances of
destruction to property.
(5) A copy of the written report required in subrule (4) of this rule shall be maintained in the home for a period of not less than 2 years. A
department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

R 400.1417 Absence without notice.
Rule 17. (1) If a resident is absent without notice, the licensee or responsible person shall do

both of the following:
(a) Make a reasonable attempt to contact the resident's next of kin, designated representative, and responsible agency.
(b) Contact the local police authority.
(2) A licensee shall make a reasonable attempt to pursue other steps in locating the resident.
(3) A licensee shall submit a written report to the resident's designated representative and responsible agency in all instances where a
resident is absent without notice. The report shall be submitted within 24 hours of each occurrence.

LICENSING RULES FOR AFC CONGREGATE FACILITIES R 400.2404 Illnesses and accidents.

Rule 404. (1) In case of an accident or sudden adverse change in a resident's physical condition or adjustment a congregate facility shall
obtain needed care immediately and notify the responsible relative and the person or agency responsible for placing and maintaining the resident in the congregate facility.
(2) An occurrence of a reportable communicable disease as defined by the laws of this state or the rules implementing such laws shall be
reported immediately to the local health department and the department.
(3) Immediate investigation of the cause of an accident or incident involving a resident, employee or visitor shall be initiated by a
congregate facility licensee or administrator and an appropriate accident record or incident report completed and maintained. Within 72 hours,
serious accidents requiring medical attention shall be reported to the department for remedial review.

R 400.2405 Deaths of Residents.

Rule 405. When a resident dies, a congregate facility licensee or administrator shall notify immediately the resident's physician, the next of kin or legal guardian and the person or agency responsible for placing and maintaining the resident in the congregate facility. Statues applicable to the reporting of sudden or unexpected death shall be observed. The death shall be reported to the department within 72 hours.

AUTHORITY: P.A. 218 of 1979 COMPLETION: Is Required CONSEQUENCE: Violation of Adult Foster Care Administrative Rule	LARA is an equal opportunity employer/program.

BCAL-4607 (Rev. 1-16) Previous editions 7-15 & 4-15 may be used.