

NORTH COUNTRY COMMUNITY MENTAL HEALTH ADMINISTRATIVE MANUAL

CHAPTER: One - Administration
PROCEDURE NAME: RISK MANAGEMENT PROCEDURE
EFFECTIVE DATE: March 1, 2014

PURPOSE

To ensure that critical incidents are reported and reviewed as required by the Risk Management Policy and the Michigan Department of Community Health and to define the structure and responsibility of the Risk Management Committee.

APPLICATION

All North Country Community Mental Health direct operations and contract agencies as specified or required by contract.

DEFINITIONS AND REPORTING CATEGORIES

Abuse: Non-accidental physical or emotional harm to a consumer, or sexual contact with, or sexual penetration of a consumer (as defined in MCL750.250a) that is committed by an employee or volunteer of the agency, or an employee or volunteer of a service provider under contract with the agency.

Active Client: A consumer is considered to be actively receiving services when a face-to-face intake has occurred and the individual was deemed eligible for ongoing service; or the CMH/PIHP has authorized the individual for ongoing service, either through a face-to-face assessment or a telephone screening; or the individual has received a non-crisis, non-screening encounter. Status begins when any of the three conditions referenced above occurs and ends when the consumer is formally discharged from services.

Appeal: A request for a review of an action relative to a Medicaid covered service or non-Medicaid covered service. An applicant may appeal a denial by the agency to provide services or hospitalization. A consumer may appeal or request a review of a treatment plan or treatment plan decision. (Refer to Grievance and Appeal Procedure)

Arrest: Situations where a consumer* is held or taken by a law enforcement officer based on the belief that a crime may have been committed. Situations where a consumer is transported for the purpose of receiving emergency mental health services, or situations where a consumer is held in protective custody, are not considered to be an arrest.

*Reported for consumers living in a specialized residential facility or child caring institution or receiving ACT, Hab Waiver, SED Waiver or Child Waiver services.

Bloodborne Exposure Incident: An incident resulting in an individual being exposed to blood-borne pathogens. This includes both staff and consumers. More thorough information is provided in the Infection Control and Safety Manual under Blood-borne Exposure Plan.

Cause and Effect Diagram: Diagram showing the many causal relationships between various actions or events leading to a specific outcome.

Client/Consumer: An individual receiving services or placed on a waiting list for services.

Critical Events: The MDCH defines critical events to include suicide, non-suicide death, emergency treatment due to injury or medication error, hospitalization due to injury or medication error, and arrest for specific reportable populations.

Criminal Acts: Any action by a staff or consumer that is an alleged criminal offense and is committed in an area or activity under NCCMH supervision, or a "duty to warn" referral made in compliance with MHC Section 330.1946.

Death: The expected or unexpected death of a consumer by any cause who, at the time of their death, was actively receiving services AND living in a 24-hour specialized residential setting or child caring institution OR receiving targeted case management, community living supports, supports coordination, ACT, home-based, wraparound, Hab Waiver, SED Waiver, or Children's Waiver services.

Emergency Medical Treatment: Situation where an injury to a consumer* or a medication error results in face-to-face emergency treatment being provided by medical staff including any treatment facility, personal physicians, medi-center, urgent care center, or emergency room.

Injury: bodily damage that occurs to an individual due to a specific event such as an accident, assault, or misuse of the body, i.e., contusions, sprains, broken bones, etc.

Medication Error: a situation where a mistake is made when a consumer takes prescribed medications (i.e., incorrect dose, prescription medication taken that was not prescribed, medication taken at wrong time, taken improperly) or a situation where non-prescription medication is taken improperly.

*Reported for consumers living in a specialized residential facility or child caring institution or receiving Hab Waiver, SED Waiver or Child Waiver services.

Emergency Use of Physical Intervention: The use of approved physical management techniques by staff in response to a behavioral crisis. Physical management techniques are only used in an emergency to restrict the movement of an individual by direct physical contact in order to prevent him or her from physically harming self or other. Involved staff must complete a Non-Violent Crisis Intervention (NVCI) Justification Sheet in addition to the Client Incident Report. Reported for consumers receiving targeted case management or supports coordination, home-based or ACT services.

Flow Charts: Graphic representation of either the actual or the ideal path that a process follows from start to finish.

Harm to Self or Others: Actions taken by individuals who receive services that cause harm to themselves or others resulting in emergency medical treatment or hospitalization. Reported for consumers receiving targeted case management or supports coordination, home-based or ACT services.

Homicidal Threat/Attempt: An actual attempt to cause great bodily harm or death to another individual. Reportable threats include those situations in which it is the first time the individual has made such a threat, or in which the person hearing the threat assesses the individual to have a plan or to be serious in the threat to cause great bodily harm or death to another individual.

Hospitalization: Type 1) Situation where a consumer* is admitted to a general medical facility due to injury or medication error. Type 2) Situation where **any** consumer is medically hospitalized for an unplanned event. Hospitalizations due to the natural course of an illness or underlying condition do not fall within this definition.

Injury: bodily damage that occurs to an individual due to a specific event such as an accident, assault, or misuse of the body, i.e., contusions, sprains, broken bones, etc.

Medication Error: a situation where a mistake is made when a consumer takes prescribed medications (i.e., incorrect dose, prescription medication taken that was not prescribed, medication taken at wrong time, taken improperly) or a situation where non-prescription medication is taken improperly.

*Reported for consumers living in a specialized residential facility or child caring institution or receiving Hab Waiver, SED Waiver or Child Waiver services.

Inappropriate Sexual Contact: Unwanted or forced touching or feeling by one person of another whether consumer or staff. All sexual contact between staff and consumer is required to be reported.

Injury: bodily damage that occurs to an individual due to a specific event such as an accident, assault, or misuse of the body, i.e., contusions, sprains, broken bones, etc.

Major Permanent Loss of Function: Sensory, motor, physiologic, or intellectual impairment not present on admission requiring continued treatment or life style changes.

Medication Error: An error in the delivery, administration or omission of a medication to a consumer that results in death, serious physical or psychological injury, or other adverse outcome or potential for an adverse outcome. **Note:** All medication errors, regardless of outcome, are reported on AFC Licensing or NCCMH Incident Reports forms.

Natural Causes of Death: Death occurring as a result of a disease process in which death is one anticipated outcome.

Neglect: An act or failure to act committed by an employee or volunteer of the agency or a service provider under contract to the agency that denies a consumer the standard of care or treatment to which he or she is entitled under the Mental Health Code.

Other Critical Incident: Any incident not previously defined which poses a possible threat to staff, consumers, or guests of the agency, including but not limited to: unauthorized use or possession of weapons, bio-hazardous accidents, and unauthorized use or possession of licit or illicit substances.

Police Calls for Assistance: Police calls by staff of specialized residential setting, or general AFC residential homes or other provider agency staff for assistance with an individual during a behavioral crisis situation. Reported for consumers receiving targeted case management or supports coordination, home-based or ACT services.

Primary Clinician: The primary clinician means the service or supports coordinator, case manager, therapist, nurse or other staff who has primary responsibility for treatment planning.

Privacy: Issues involving breaches in confidentiality, privacy or security of protected health information as required by law, regulation or NCCMH policy.

Restraint: The use of a physical device to restrict an individual's movement. Restraint does not include the use of a device primarily intended to provide anatomical support.

Risk Events: The MDCH defines risk events as harm to self or others, police calls for assistance, emergency use of physical management, and two or more unplanned medical hospitalizations.

Root Cause Analysis: A process for identifying the basic or causal factor(s) that underlie variation in performance including the occurrence or possible occurrence of a sentinel event.

Safety: This category applies **ONLY** to NCCMH Staff and includes injuries, blood-borne exposures and vehicle accidents.

Sentinel Event: An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, 'or the risk thereof' includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

Serious Challenging Behavior: Any behavior by consumer causing harm to self or others and resulting in hospitalization or emergency medical treatment; police calls by staff for assistance

with an individual during a behavioral crisis; or any use of emergency physical interventions. Reported for consumers receiving targeted case management or supports coordination, home-based or ACT services.

Staff Injury: Any on-the-job injury that is sustained by a staff, intern or volunteer.

Suicide Attempt/Threat: An intentional and voluntary action to end one's life. Reportable threats include those situations where the individual has made such a threat, and the person hearing the threat assesses the individual to have a plan, or to be serious in the threat and that threatening behavior or situation is not included in a properly developed treatment plan. Suicides are reported for consumers actively receiving services and all consumers who have received an emergent service within 30 calendar days prior to death.

Treatment Issue: Treatment issues not otherwise classified by type or by population served; an unusual reaction or problem requiring attention of treating professional or team. This may include a consumer reaction or problem expressed in one setting but not in all settings. Behaviors that may put the individual, staff or the community at risk, but which are not addressed in the treatment plan.

Unauthorized Leave Of Absence: A resident who leaves without notification and whose whereabouts is unknown.

Unplanned Medical Hospitalization: Two or more unscheduled admissions to a medical hospital (not due to planned surgery or the natural course of a chronic illness, such as when an individual has a terminal illness) within a 12 month period.

Unplanned Program Suspension: The unplanned removal and/or suspension of an individual from a treatment program.

Vehicle Accident: Any motor vehicle accident involving either an agency vehicle or a personal vehicle being driven for reimbursable agency business. This does not include driving a personal vehicle to and from work.

PROCEDURE

1. INCIDENT REPORTING

- A. An employee or contract provider, who witnesses, discovers or learns of an incident that affects the health, safety or well-being of a client, staff or visitor shall immediately take action to protect, comfort, and ensure treatment.
- B. Employees and contract providers will document client incidents using an **AFC Licensing Incident Report** form, if the incident occurs in a licensed residential facility; otherwise on an **NCCMH Client Incident Report** form. The Incident Report includes who, what, when, where and how the incident occurred, actions taken by staff and outcome to the client. The Incident Report is reviewed by the primary clinician. Residential providers must submit the Incident Report within 48 hours of the event. Death or serious physical injuries must be reported immediately by telephone.
- C. Types of incidents that must be reported include, but are not necessarily limited to: accidents, aggressive behavior, arrest, death or suicide, evacuation of a facility, illness or health-related issues, inappropriate sexual behavior, infection control issues, injuries, medication errors, breaches in privacy or security, safety concerns, substance use, treatment issues and unauthorized leaves of absence. In addition to indicating the type of incident, appropriate staff will indicate treatment or other outcome.

- D. The designated program secretary will categorize the incident and enter the Summary Incident screen in the client's EHR on the date it is received. She will route the Incident Summary in the EHR for review as follows:

- 1) Health and medication related incidents are routed to the assigned program nurse. Following the nurse's review, it will be routed to the primary clinician for approval.
- 2) Serious challenging behavior incidents are routed to the assigned psychologist. Following the psychologist's review, it will be routed to the primary clinician for approval.
- 3) All others are routed to the assigned primary clinician.

Staff should also review the original Incident Report to determine if there is sufficient information and what, if any, corrective action is needed to ensure the health and safety of the individual prior to entering their findings and written comments in the Incident Summary

The original paper Incident Report will be filed electronically, in a folder with restricted access, by the designated secretary then shredded. A copy of the Incident Report will be emailed, with encryption, to the Recipient Rights Office on the date received.

- E. **If the event is a Death or potential Sentinel Event, the primary clinician will immediately notify the Program Director, Medical Director, and Executive Director or designee, by telephone or voicemail** and ensure that the Report of Death is completed within three days of the event. The original Report of Death is attached to the CQI/RM Indicator Report for review and signature. If the consumer was in residential services at the time of death, the primary clinician will ensure that the family or appropriate others are contacted.

- F. **If the incident is an unusual or unexpected event that adversely and significantly disrupts the normal routine of service, the incident shall be reported to the Risk Management Committee on a CQI Indicator Report form.** Since AFC Licensing requires reporting of minor injuries, NCCMH staff must determine if the incident meets the criteria for a CQI/RM Indicator Report, as noted above. Staff shall report an adverse incident as follows:

- 1) Verbally report the incident to their Supervisor as soon as possible;
- 2) Document the incident on the CQI/RM Indicator Report form no later than the end of the work period during which the incident occurred or becomes known. The CQI/RM Indicator Report is to be completed as follows:
 - a. Complete all information and attach the appropriate document(s), including the Report of Death, NCCMH Client Incident Report, AFC Licensing Incident Report, Justification for Use of Physical Intervention, Police Report, Vehicle Accident Report, Staff Injury Report, or other document describing the incident. Ensure all documents contain identifying information;
 - b. Sign and date the report(s). When two or more employees are involved in or witness an unusual or unexpected incident requiring a report, one report form may be filed with both signatures. An employee unwilling to sign a joint report form, for whatever reason, shall complete a separate CQI/RM Indicator Report;
 - c. Forward the report(s) to the designated Supervisor the same day;
 - d. In the event that the incident involves a crisis response by an Emergency Services worker resulting in the completion of an Emergency Services Checklist, this form shall be attached to the CQI/RM Indicator Form.

- G. Employees shall also comply with other laws, such as the Child Protection Act (Public Act 238 of 1975) and the Adult Protective Services Act (Public Act 218 of 1981), Section 330.1723 of the Mental Health Code, Duty to Warn (Public Act 123 of 1989) and other

pertinent legislation. An employee, who wishes his or her identity to remain confidential and subject to disclosure only with consent or by judicial process, shall state this when making the verbal report to the Department of Human Services.

- H. CQI/RM Indicator Reports are confidential professional peer review and quality improvement documents. They are protected from disclosure pursuant to the provisions of MCL.333.20175, MCL333.21515, MCL 331.533, and MCL 331.533. **Unauthorized disclosure or duplication is absolutely prohibited.**

- I. The NCCMH Incident Reporting Flow Chart is attached to this procedure for reference.

2. PRIMARY REVIEW (SUPERVISOR)

When notified of an unusual or unexpected incident (receipt of a CQI/RM Report), the Supervisor shall:

- A. Take any further action necessary to ensure treatment, comfort, and protection of the consumer, employee, or visitor, including medical treatment
- B. Review the CQI/RM Indicator form for completeness, document if agency policies and procedures were followed and provide additional information, if necessary, including any program or administrative action taken to remedy and/or prevent reoccurrence of the incident; sign and date the report; and forward the CQI/RM Report to the Director of Administrative Services.

3. SECONDARY REVIEW (PROGRAM DIRECTOR)

The Program Director or designee shall review the CQI/RM Indicator report to ensure the continued delivery of appropriate treatment and consumer safety, and compliance with agency policy and procedure.

The CQI/RM Indicator will be forwarded for additional review as follows:

- **Death/Suicide** - To the Medical Director and Recipient Rights Office.
- **Emergency Medical Treatment due to injury or medication error** - To the Nursing Supervisor and/ or Safety Specialist
- **Hospitalization due to injury or medication error or unplanned event** – To the Nursing Supervisor.
- **Medication Errors** - To the Nursing Supervisor.
- **Arrest** – as determined by the Program Director.
- **Serious Challenging Behavior** – To the program Psychologist.
- **Treatment Issue** – To the Medical Director if suicide attempt/threat or as determined by the Program Director.
- **Safety** – To Safety Specialist or Infection Control Specialist.
- **Privacy/Security** – To Recipient Rights Officer, Privacy Officer or Information Systems Manager
- **Other** – as determined by the Program Director.

4. RISK MANAGEMENT COMMITTEE REVIEW

Upon completion of review process, the CQI/RM Indicator Report shall be forwarded to the Director of Administrative Services who will ensure the report is entered in the client database and scheduled for review, when indicated, by the Risk Management Committee.

5. SENTINEL EVENTS

- A. If the adverse incident potentially meets the definition of a sentinel event, staff or his/her supervisor shall ensure the notification of the Program Director, Medical Director and the Executive Director immediately either directly or by voice mail and document on the CQI/RM Indicator Report.
- B. If the Program Director determines the incident to be a sentinel event, he/she will notify the Northern Michigan Regional Entity within five calendar days of the event, or knowledge of the event, and conduct a thorough Root Cause Analysis (RCA). The RCA will commence within two business days of the event, or knowledge of the event, and will be completed within 60 calendar days of the event (or knowledge of). The Program Director will assign appropriately credentialed staff for the scope of care involved. If the event is a death, at least one member must be a physician or nurse. A summary of the RCA will be submitted to the Northern Michigan Regional Entity within three calendar days of completion of the RCA. The completed analysis will be forwarded to the Risk Management Committee for review.
- C. Root Cause Analysis is a process for identifying the basic or causal factors that underlie variation in performance, including the occurrence of possible occurrence of a sentinel event. A root cause analysis focuses primarily on systems and processes, not individual performance. It reviews special and common causes in organizational and clinical processes, and identifies potential improvements in processes or systems that would tend to decrease the likelihood of such events in the future, or determines, after analysis that no such improvement opportunities exist. Cause and effect diagrams or flow charts may be useful for analysis.
- D. The Risk Management Committee will approve corrective action(s) to be taken, if any, and monitor for completion. The Director of Administrative Services will maintain a file of all sentinel events, including the results of the root cause analysis and any recommendations made. A summary report will be filed with the accreditation agency, where required, in accordance with confidential peer review protections provided under MCL 333.20175, MCL 333.21515, and MCL 331.533

6. EXTERNAL REPORTING

- A. The following events must be reported within 5 business days (except for deaths which must be reported within 48 hours) to the PIHP, if a Medicaid beneficiary, or to MDCH, if client is a non-Medicaid beneficiary, who will notify MDCH within 5 business days:
 - 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) Any occurrence that requires the relocation of a provider panel service site, governance or administrative operations for more than 24 hours;
 - 3) Relocation of a consumer's placement due to licensing issues; and
 - 4) Conviction of a CMHSP or provider panel staff member for any offense related to the performance of their job duties or responsibilities.
- B. Data on critical events and sentinel events shall be reported as required by contract with the Michigan Department of Community, the Northern Michigan Regional Entity, CARF, or other legal requirement.
 - 1) Suicides must be reported to MDCH within 30 days after the end of the month in which the cause of death was determined. If 90 days has elapsed with a determination of cause, a "best judgment" must be submitted.
 - 2) All other reportable 'Critical Events' must be reported to MDCH within 60 days after the end of the month in which the death occurred.

- C. All external reporting shall be approved by the Executive Director or designee.

7. RISK MANAGEMENT COMMITTEE

- A. The Risk Management Committee shall minimally consist of the Executive Director or designee, Medical Director, Director for Community Consultation and Treatment, Director for Community Support Services for Persons with Mental Illness, Director for Community Support Services for Persons with Developmental Disabilities, Director of Administrative Services, and Nursing Supervisor.
- B. The members of the Risk Management Committee shall elect a chairperson.
- C. The Risk Management Committee shall meet as needed but at least quarterly.
- D. The responsibility of the Risk Management Committee is to monitor agency activities in order to identify and reduce the potential for financial loss, litigation, harm to consumers, staff and visitors, or other exposures. The Risk Management Committee shall:
 - 1) Review CQI/RM Indicator Reports, as deemed appropriate, sentinel events and root cause analyses;
 - 2) Ensure corrective actions are implemented;
 - 3) Monitor incident, grievance and appeal, and recipient rights complaint data to identify emerging trends and take appropriate action;
 - 4) Conduct an annual risk assessment and develop a Plan to manage risk and reduce the severity of a loss. Monitor implementation of the Plan; and
 - 5) Promote agency wide awareness of risk management considerations and efforts.

8. FEEDBACK LOOP

- A. Determinations/decisions of the Secondary Review process shall be reviewed in a timely manner with the appropriate Supervisor, program director, and employee or contract provider, as necessary and appropriate, e.g. inappropriate use of seclusion or non-violent crisis intervention. Determinations involving consumers or visitors shall be shared with the individual involved unless contraindicated for any substantial reason.
- B. The Risk Management Committee shall report to the Board as needed but at least annually. Unless prohibited by consideration of employee or consumer privacy, activities of the Risk Management Committee regarding agency issues shall be provided to staff annually.

9. DATA ENTRY IN AVATAR

- A. The assigned program secretary is responsible for data entry of Client Incident Reports as described under 1.D.
- B. The CQI/RM Indicator Report, including critical event and risk event data, will be entered by administration.

REFERENCE:

- MDCH/CMHSP Managed Mental Health Supports and Services Contract, Attachments C6.5.1.1, C6.8.1.1 and C6.8.3.1
- CARF Behavioral Health Standards
- Northern Michigan Regional Entity Sentinel Event Procedure
- NCCMH Recipient Rights Policies

REVISED: 8/27/03; 9/19/05; 8/6/07; 4/13/09; 1/24/11; 1/30/12; February 26, 2014

APPROVED BY SIGNATURE:

Alexis Kaczynski

Director

3/10/2014

Date

Christine Gebhard

Director of Administrative Services

3/18/2014

Date