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Owner:	<i>April Siebert: Director of Quality Improvement</i>
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References:	<i>NCQA CR6</i>

Incident Reporting Policy

POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) that DWIHN and its Provider Network have a written Incident Report Policy.

PURPOSE

The purpose of this policy is to provide direction to ensure that DWIHN and its Provider Network have a written Incident Report Policy. All Incident Reports are used for documentation purposes for review by the recipient rights advisor/officer. The advisor/officer will determine if a possible rights violation has occurred, and if the incident needs to be further investigated.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWIHN Board, DWIHN Staff, Contractual Staff, Access Center, Network Providers, Mobile Crisis Stabilization Team, and Credentialing Verification Organization (CVO)
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED,SUD, Autism
3. This policy impacts the following **contracts/service lines**: MI-HEALTH LINK, Medicaid. SUD, Autism, Grants, General Fund

KEYWORDS

1. Service Provider
2. Incident - Any Unusual Occurrence
3. Office of Recipient Rights (ORR)
4. Subcontractor
5. Unusual Occurrence - Any incident that disrupts the normal routine or program of the Member involved. An Unusual Occurrence must be documented through the incident reporting process. Some examples of unusual occurrences might include:
 - a. If a Member has a seizure but is not normally prone to seizure activity.
 - b. If a Member exhibited serious physical hostility toward another Member.

- c. If a Member is involved in an auto accident
 - d. If a Member's medication is missed.
6. Critical Event: All events that are an actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or wellbeing of a member.
 7. Sentinel Event: 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. The phrase "or risk thereof" includes any process variation for which recurrence would carry a significant chance of a serious adverse outcome (Joint Commission, 2017).

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.
2. The incident report is considered a legal document and cannot be destroyed.
3. The incident reporting form must be completed within 24 hours of the incident occurrence. The person(s) who witnessed and or are informed of the incident must complete the report.
4. All contracted providers will mail or fax (313) 833-2043 a copy of the Incident Report form to Detroit Wayne Integrated Health Network (DWIHN) Office of Recipient Rights and the Clinically Responsible Provider (CRSP).
5. Required Reporting - An Incident Report form is required to be completed if the following incidents occur:
 - a. Suspected Physical Abuse or Neglect Events
 - b. Death
 - c. Homicidal Threat or Attempt
 - d. Suspected Sexual Abuse/Neglect
 - e. Fire involving Members
 - f. Arrest or Conviction
 - g. Suspected Criminal offense committed by or against a Member
 - h. Destruction of property
 - i. Emergent hospitalization
 - j. Serious hostility
 - k. Unauthorized Leave
 - l. Suicidal Threat or Attempt
 - m. Seizure like activity
 - n. Accident
 - o. Contact with blood or other body fluids
 - p. Sexual acts
 - q. Serious Injury
 - r. Medications Errors

- s. Any other incidents, which are extreme in nature and do not fit into the above categories but need to be reported to DWIHN.
6. All information recorded on the Incident Report forms will be kept internally and confidential to DWIHN and contracted providers locations. Only individuals involved in the incident reporting will need to have access for the purposes of the recipient rights inquiry.
7. Persons submitting a completed form must fill out each field within the incident report form, based on the facts of the incident. If additional space is needed, other pages can be attached.
8. DWIHN and the reporting Organization will maintain a current complete file of all reported incidents.
9. Incident Reports and/or documentation regarding filing of such a report **should not be included** in the recipient's record.
10. All pertinent facts will be reported in the recipient's record as appropriate to the member's treatment, diagnosis, and documentation requirements.
11. Facts of the occurrence will be discussed with the member, as appropriate, by designated staff.
12. Incident Reports will be retained through the Office of Recipient Rights (ORR) MH_WIN Incident Reporting Queue. Incident reports will be available to DWIHN staff (with permissions). 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. The Adult Foster Facility Licensing Act (PA 218 of 1979) provides the authority to establish these rules".
13. Incident Reports are confidential and non-discoverable to the extent provided by law for such quality assurance efforts.
14. Incident Reports are prohibited for photo copying except by the ORR for documentation in investigating an alleged rights violation. QI will review Incident Reports related to Critical/Sentinel events posted in MH-WIN.
15. Critical and Sentinel Events will be completed by the service providers for the following incidents (including but not limited to) that has been reported to DWIHN's ORR Department.
 - a. Death of recipient
 - b. Physical illness requiring admissions to hospitals
 - c. Accident/injury requiring emergency room visits and/or admissions to hospitals
 - d. Serious challenging behaviors; including attempts to inflict harm to self or others and/or property damage
 - e. Arrest or conviction of recipients
 - f. Medication errors
 - g. Environmental emergencies or incidents that could place Members at risk
 - h. Elopement or absent without notice
 - i. Suicide or suicide attempts.
 - j. Any unexplained or explained injury of a Member
 - k. Suspected abuse of any kind
 - l. Problem behaviors not addressed in a plan of service or behavioral treatment plan

16. DWIHN's Quality Improvement (QI) Department will review and process all Critical and Sentinel Events submitted by the service provider.
17. DWIHN Staff will Review no less than 2% of reported Incidents that are **not** deemed Rights Violation, including Critical and Sentinel Events shall be reviewed by the QI, and CS Departments to include analysis and reporting of member experience and satisfaction with services provided. Review and analysis of reported Incidents will allow for integration with the Customer Experience process from the following areas:
 - a. Arrests
 - b. Arrest-Convictions
 - c. Deaths
 - d. Environmental Emergency
 - e. Injuries Requiring Emergency Room Visit
 - f. Injuries Requiring Hospitalization
 - g. Intervention
 - h. Medication Error
 - i. Physical Illness Requiring Emergency Room Visit
 - j. Physical Illness Requiring Inpatient Hospitalizations
 - k. Serious Challenging Behaviors
 - l. Serious Challenging Behaviors Requiring Inpatient Hospitalizations
 - m. Other

QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of service providers must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff and service providers are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY RELATED POLICIES

1. Individual Plan of Service/IPOS Policy
2. Reporting of Consumer Critical Event, Sentinel Event, Death Reporting Policy

RELATED DEPARTMENTS

1. Administration
2. Claims Management
3. Clinical Practice Improvement
4. Compliance
5. Customer Service
6. Information Technology
7. Integrated Health Care
8. Legal
9. Managed Care Operations
10. Management & Budget
11. Purchasing
12. Quality Improvement
13. Recipient Rights
14. Substance Use Disorders

CLINICAL POLICY

NO

INTERNAL/EXTERNAL POLICY

EXTERNAL

COPY

Attachments:

Approval Signatures

Approver

Date

Dana Lasenby: Chief Clinical Officer

12/2019

