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Origination	03/2017	Owner	Carla Spight-Mackey: Clinical Specialist Performance Improvement
Last Approved	N/A	Policy Area	Quality Improvement
Effective	Upon Approval		
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Next Review	1 year after approval		

## Reporting of Member Critical Event, Sentinel Event, and Death Policy

### POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) that all member deaths, critical incidents, critical events, risk events and sentinel events involving children, adolescents, adults and older adults receiving mental health services and substance abuse services be reported, reviewed, investigated and that appropriate follow-up action(s) is taken in a timely manner. Member Deaths, Critical Incidents, Critical Event and Sentinel Event reviews are only four types of several types of peer review activity.

### PURPOSE

The purpose of this policy is to ensure that standards and procedures are established and applied for identification, reporting and investigation of member deaths, critical incidents, critical events and clinical peer review of sentinel events as required by the Michigan Department of Health and Human Services (MDHHS) Contract for Specialty Services and Supports, Michigan Department of Behavioral Health and Developmental Disabilities Administration Medicaid Managed Specialty Services and Support Program Waiver, for the purpose of improving the quality of care, monitoring of risk, and to deliver accurate reporting.

### APPLICATION

1. The following groups are required to implement and adhere to this policy: DWIHN Board, DWIHN Staff, Contractual Staff, Access Center, Network Providers, Clinically Responsible Service Providers including the Boards, staff, subcontractors, crisis services contractors,

vendors, and Staffing Agencies including their Boards, staff, and subcontractors. This policy serves all of the following populations: Adults, Children, I/DD, SMI/SEI, SED, SUD, Autism, HSW, and all DWIHN lines of member services.

2. This policy impacts the following contracts/service lines : MI-HEALTH LINK, Medicaid. SUD, Autism, HCBS, ACT, AFC, Crisis Services, Staffing Agencies, Grants, General Fund

## KEYWORDS

1. **Actively Receiving Services:** A consumer is considered to be actively receiving services when any of the following occur (including those that present for crisis services and become a part of DWIHN system should an adverse incident occur. For example – suicide):
  - (a) A face-to-face intake occurred, and the individual was deemed eligible for ongoing service;
  - (b) the CMHSP/PIHP has authorized the individual for ongoing service, either through a face-to-face assessment or a telephone screening;
  - (c) the individual has received a non-crisis, non-screening encounter. The period during which the consumer is actively receiving services shall be between the deemed eligible begin date and documented (ABD notification) end date, inclusively. The Adverse Benefit Determination Notification document is required for all members not actively receiving services.
2. **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. For example: critical incidents and risk events.
3. **Critical Incident:** All Suicide, Non-Suicide Death, Emergency Medical treatment (Hospital, ER, Urgent Care, or Physician's Office) due to Injury or Medication Error, Hospitalization due to Injury or Medication Error, Arrest of Consumer, or Injury as a result of physical management. For example: all Habilitation Supports Waiver deaths are critical incidents and should be reported as both a critical incident and a death.
4. **Risk Event:** An event that puts an individual at risk of harm. Such an event is reported internally and analyzed to determine what action needs to be taken to remediate the problem or situation and to prevent the occurrence of additional events and incidents. Risk events minimally include:
  - a. **Harm to Self:** Actions taken by consumers that cause physical harm requiring emergency medical treatment or hospitalization due to an injury that is self-inflicted (e.g. pica, head banging, self-mutilation, biting, suicide attempts.)
  - b. **Harm to Others:** Actions taken by consumers that cause physical harm to others (family, friends, staff, peers, public etc.) that results in injuries requiring emergency medical treatment or hospitalization of the other person(s).
  - c. **Police Calls:** Police calls by staff of specialized residential settings, or general (AFC) residential homes or other provider agency staff for assistance with a consumer during a behavioral crisis situation regardless of whether contacting police is addressed in a behavior treatment plan.
  - d. **Emergency Use of Physical Management:** Emergency use of physical management by trained staff in response to a behavioral crisis.
  - e. **Physical Management:** A technique used as an emergency intervention to restrict the movement of an individual by continued direct physical contact in spite of the

individual's resistance in order to prevent him or her from physically harming him/herself or others. The term "physical management" does not include briefly holding an individual in order to confront him or her or to demonstrate affection, or holding his/her hand.

5. **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. All DWIHN staff, providers, contractors, and sub-contractors shall engage in the reporting of all member deaths (expected and unexpected), critical incidents, critical events, risk events and sentinel events. See definitions in the Procedural Policy: "~~Reporting~~~~Entering~~ of Member Critical Event, Sentinel Event, and Death Procedures" attachment MH-WIN Procedural Guidance Manual under Glossary of General Terms.
2. The clinically responsible provider shall have in place written policies, procedures, protocols or processes, not related to the activities of a Recipient Rights Office, implemented to report Critical/Sentinel Events, ~~Critical~~~~Critical~~ Incidents, and Risk Events to DWIHN.
3. All critical incidents, critical events, risk events and consumer deaths shall be reported by entry into the MH-WIN Critical/Sentinel Event module on members actively receiving services as soon as possible, and no later than within 24 hours of becoming aware of the incident by the clinically responsible service provider (CRSP) and SUD designated staff/contractor(s). All required documentation for events is required to be uploaded to the event within seven (7) business days of the initial report in MH-WIN.
4. All incident reports, critical incidents, an critical events shall be kept separate from the member's case record.
5. The incident shall be reviewed by CRSP staff to determine if it meets the criteria and definitions for a critical event, critical incident, risk event, or sentinel event, and meets the scope of practice and standard of care. The outcome of this review is to classify a critical event or critical incident as either a) sentinel event, or b) non-sentinel event.
6. DWIHN Quality Performance Improvement staff retains the right to make the final decision whether a critical event, critical incident or risk event is a sentinel event. The DWIHN Quality Performance Improvement team will review the implementation of this activity during event and case reviews. All "unexpected deaths" - those resulting from suicide, homicide, an undiagnosed condition, that were accidental, or were suspicious for possible abuse or neglect are sentinel events.
7. All deaths are reportable to the DWIHN ORR using 1-(888) 339-5595, or the ORR Secure Fax Line (313) 833-2043 to obtain a Death Log number within 24 hours of the provider knowledge of the event; and, the Critical Event must be entered immediately after this notification to ORR. ALL deaths require a Primary Source Verification by the CRSP through the appropriate Medical Examiner's Office, Hospital, ADT, or Funeral Home (obituary or website documentation is acceptable) before contacting DWIHN ORR for the Death Log number.

8. All Media events must be reported immediately to DWIHN Quality Performance Improvement Team staff through the emessage system upon the providers' knowledge of the event.
9. The DWIHN Quality Performance Improvement team ~~will report~~ reports to MDHHS and the Integrated Health Organizations (ICOs) the five reportable categories identified by MDHHS (Suicide; Non-Suicide Deaths; Hospitalizations due to Medication Errors and Injury; and Arrests); and Critical Incidents requiring investigation for MI Health Link members (Exploitation, Illegal activity in the home with potential to cause a serious or major negative event, Neglect, Physical Abuse, Use of Restraints Provider No Shows, Sexual Abuse, Theft, Worker consuming drugs or alcohol on the job, Suspicious or unexpected death, and Medication errors).
10. ~~Clarifying documentation for all~~ All Information for deaths reported to DWIHN is reported to MDHHS within 30 calendar days after the end of the month for suicide deaths, and 60 calendar days for natural deaths through on-going electronic communication with MDHHS system. All other critical incidents reported to DWIHN are reported by DWIHN to MDHHS within 60 calendar days after the event has been reported by the CRSP; ICO reportable events are submitted weekly by DWIHN to the ICOs. SUD Residential events are forwarded to the MDHHS system via HIE process daily and monitored by DWIHN QPIT.
11. The Report of Persons' Death form must be completed in MH-WIN using the Death Report (DWIHN Version) in the Demographic/Financial Section of the member's record within 10 business days after notification to DWIHN ORR and receipt of the Death Log number except for deaths of members that occur in hospitals nursing homes, or hospice care.
12. All DWIHN providers and contractors shall engage in the clinical peer review process and procedures of peer review activities, and maintain documentation of attendance and cases/ outcomes of each review.
13. The ~~providers~~ CRSP shall have a Peer Review Team of appropriately credentialed individuals, for the matter under review, which shall review all clinical ~~critical~~ sentinel events, including mortality reviews of all deaths not determined to be sentinel events. The investigations shall include the review of all available records and information concerning the member including, but not limited to, the review of Individual Plans of Service (IPOS), progress notes, psychiatric evaluations, Behavior Management Plans, records of dispute resolutions, grievances and appeals, and recipient rights complaints.
14. ~~All providers shall complete a Root Cause Analysis (RCA) for all Sentinel Events and shall be completed within 30 business days of the initial report of the event which shall contain a Plan of Action to remediate and/or eliminate the identified issue. Appropriately credentialed individuals shall participate in the review of these events.~~ All providers shall complete a Root Cause Analysis (RCA) for all Sentinel Events. Clinically Responsible Service Provider's are required to begin the initial entry process into MH-WIN of the RCA within two (2) business days of the initial report of the sentinel event. By the third (3<sup>rd</sup>) business day the RCA process must be fully implemented. Fifteen (15) business days after the initial report of the even, all required documentation along with the Plan of Action must be completed and entered into the member's MH-WIN record not later than 90 calendar days after the approval of the Plan. Appropriately credentialed individuals shall participate in the review of these events. Periodic updates will be requested as appropriate by the Quality Performance Improvement Team for up to 360 calendar days after completion, and may be audited for compliance during the annual provider Quality Audit. (Refer to Remediation Plan)

15. All clinical documents that DWIHN obtains for Peer Review will not be released in accordance with section 143a of the Michigan Mental Health Code, Section 330.1143a; and section 748(9) of the Michigan Mental Health Code, Section 330.1748..

## QUALITY ASSURANCE/IMPROVEMENT

DW IHN 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 providers and subcontractors 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

DW IHN staff, providers, and subcontractors 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

1. The Joint Commission, 2017 document on Sentinel Event Reporting  
[https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/rca\\_framework\\_101017.pdf](https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/rca_framework_101017.pdf):
2. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program, Section 6.4 (PIHP/CMHSP contracts in effect, and as amended)
3. Michigan Mental Health Code, PA 258 of 1974 revised 2014
4. Michigan Administrative Rules:  
R330. 1-4  
R330.1801-1809  
R400.1416 (4) (a)  
R400.4167 (2)  
R400.10159 (2)  
R400.14311 (1) (a) ; and R400.15311 (1) (a)
5. MDHHS Application for Participation
6. Pursuant to the requirements of the Balanced Budget Act (BBA) of 1997
7. Summary of Abuse and Neglect Reporting Requirements (DCH-0727, 6/2016)
8. 42CFR - 438.214
9. AFP Sections 2.5; 3.1.8; 3.8; 4.0

## RELATED POLICIES

1. [Reporting of Member Critical Event, Sentinel Event and Death Procedure](#)[Data Entry Procedure for Critical Event, Sentinel Event and Death Reporting](#)
2. Incident Reporting Policy

3. Individual Plan of Service/Person-Centered Planning Policy
4. Crisis/Safety Plan Policy
5. Behavior Treatment in Community Settings Policy
6. Abuse and Neglect Policy
7. Restraint Policy
8. Seclusion Policy
9. Use of Psychotropic Drugs Policy
10. Medication Procedures Policy
11. Services Suited to Condition in Least Restrictive Setting Policy
12. Environmental Safety Policy
13. Recipient Rights Substance Use Disorder Policy

## CLINICAL POLICY

YES

## INTERNAL/EXTERNAL POLICY

EXTERNAL

COPY

### Approval Signatures

Step Description	Approver	Date
Stakeholder Feedback	Allison Smith: Project Manager	Pending
Compliance/Administrative Review	Yolanda Turner: VP of Legal Affairs	07/2024
Compliance/Administrative Review	Sheree Jackson: Vice President of Compliance	06/2024
Compliance/Administrative Review	Michele Vasconcellos: Director of Customer Service	06/2024
Compliance/Administrative Review	Stacie Durant: VP of Finance	06/2024
Compliance/Administrative Review	Polly McCalister: Director of Recipient Rights	06/2024
Compliance/Administrative Review	Manny Singla: Executive VP of Operations	06/2024

Clinical Review Committee	Shama Faheem: Chief Medical Officer	06/2024
Clinical Review Committee	Cassandra Phipps: Director of Children's Initiatives	05/2024
Clinical Review Committee	Ebony Reynolds: Vice President of Direct Clinical Services	05/2024
Clinical Review Committee	Jacquelyn Davis: Clinical Officer	05/2024
Clinical Review Committee	Judy Davis: Director of Substance Abuse Disorders	05/2024
Clinical Review Committee	Marlena Hampton: UM Administrator	05/2024
Clinical Review Committee	Ryan Morgan: Director of Residential Services	05/2024
Clinical Review Committee	Daniel West: Director of Crisis Services	05/2024
Clinical Review Committee	Melissa Moody: VP of Clinical Operations	05/2024
Clinical Review Committee	Polly McCalister: Director of Recipient Rights	05/2024
Clinical Review Committee	Vicky Politowski: Director of Integrated Care	05/2024
NCQA Committee	Allison Smith: Project Manager	05/2024
NCQA Committee	Tania Greason: Quality Administrator	04/2024
NCQA Committee	Shana Norfolk: Strategic Planning Administrator	04/2024
NCQA Committee	Maria Stanfield: Director of Strategic Operations	04/2024
Unit Review and Approval	April Siebert: Director of Quality Improvement	04/2024
Unit Review and Approval	Carla Spight-Mackey: Clinical Specialist Performance Improvement	04/2024