



MH-WIN PROCEDURAL GUIDANCE MANUAL

***Reporting Critical Incidents/Events, Sentinel Events
and Death Report Process***

March 2024 Version 1@cjsm



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GLOSSARY OF GENERAL TERMS

Actively Receiving Services: A member 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):

1. A **face-to-face intake** occurred, and the individual was deemed eligible for ongoing service;
2. The **CMHSP/PIHP has authorized** the individual for ongoing service, either through a face-to-face assessment or a telephone screening;
3. The individual has **received a non-crisis, non-screening encounter**.

The period during which the member is considered to be actively receiving services shall take place between the following begin date and end date, inclusively:

1. **Begin Date:** Actively receiving services begins when the decision is made to start providing ongoing non-emergent services. Specifically, the beginning date shall be the first date that any of the 3 conditions referenced above occurs.
2. **End Date:** When the member is formally discharged from services. The date the discharge takes effect shall be the end date. This should also be the date that is supplied to the member when the member is notified that services are terminated, and within MH-WIN CRSP Discharge Records link found in the Clinical Services section of the members chart.

Behavior Treatment Plan: The exercise of strategies for the control or treatment of problem behavior to achieve therapeutic objectives using a variety of recognized techniques. Techniques are based on general behavior therapy, verbal directions, physical guidance, physical management and medications. A personalized treatment plan addressing the needs of members and their family members. This treatment plan is developed through the person-centered planning process. The person-centered planning process is a process for planning and supporting the member receiving services which builds upon the member's capacity to engage in activities that promote community and honors the member's preferences, choices, and abilities. The person-centered planning process involves the member's family members, friends and professionals as the member desires or requires.

Clinically Responsible Service Provider (CRSP): CRSP is identified as the provider (chosen by the member) responsible for the coordination of the person-centered planning process and the treatment planning process. This includes but is not limited to conducting intakes, completing applicable assessments, and assigning the appropriate level of care for community-based services. The treatment planning process includes the development of the Individual Plan of Service or Master Treatment Plan, requesting authorizations for the services identified in the Individual Plan of Service, monitoring service provisions, conducting periodic reviews and addendum to the Individual Plan of Service when requested by the member or warranted due to changes in level of need or significant life events. (DWIHN Provider Manual V64-6-2020)

CMHSP: Community Mental Health Service Provider. **General Fund Payment** provider.

CMHSP/PIHP: The CMHSP or PIHP that is gathering data for a particular submission, in recognition of the fact that particular duties may be handled either party (e.g., depending on payment source, either the CMHSP or PIHP may authorize the member to begin treatment).



Consumer/Member: An individual who is receiving, or in the past has received treatment/services/supports from DWIHN, their subcontractors, other entities contracted with the DWIHN, or Medicaid beneficiaries who receive substance abuse services managed by the Prepaid Inpatient Health Plan (PIHP), including any that are subcontracted through the CAs.

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. (i.e. Critical Incidents and Risk Events).

Critical Incident: Five specific reportable events: all suicide or non-suicide deaths, emergency medical treatment (includes doctor's office, urgent care, ER, hospitalization) due to injury or medication error, hospitalization due to injury or medication error, and arrest of member. **(Must be resolved within 60 days). MDHHS REPORTABLE**

Critical No Show: Also see Provider No Shows- when the member is bed bound or in critical need and is dependent on others. Instances when a provider is scheduled to be at a member's home but does not come and back-up service plan is either not put into effect or fails to get an individual to the member's home in a timely manner.

CRM: Customer Relations Management MDHHS reporting system for all sentinel events. Also referred to as MiCal and CIS.

Direct Contractor: A legal entity or division of an entity, which contracts with DWIHN to provide substance abuse and/or mental health services/supports as defined by DWIHN.

DWIHN: Detroit Wayne Integrated Health Network

Exploitation: An action by an employee, volunteer, or agent of a provider that involves the misappropriation or misuse of an enrollee's property or funds for the benefit of an individual or individuals other than the enrollee.

ICO: Integrated Care Organization – MI Health Link complete integrated health care program for Michigan residents that meet program requirements. (Aetna, Amerihealth, HAP, Meridian, Molina)

Illegal Activity in the Home with Potential to Cause a Serious or Major Negative Event: Any illegal activity in the home that puts the member or the providers coming into the home at risk. (drugs, alcohol, gambling, etc.)

Incident Report: **Filed with the Office of Recipient Rights (ORR)** detailing any unusual occurrences – any incident that disrupts the normal routine or program of the member must be documented through the incident reporting process.

Injury: Bodily damage that occurs to an individual due to a specific event such as an accident, assault, or misuse of the body. If emergency treatment is sought due to a possible or suspected injury, the event shall be considered a reportable injury when medical staff indicate that injury occurred (**Evidence:** Documentation of diagnosis by appropriately licensed medical professional uploaded into the Event).



Injury during Physical Management: means any injury to the member that occurred while physical management techniques were being used with the injured member by staff or others (e.g., police, parents, hospital staff). “Injury during physical management” can only occur during the time period that physical management is being used (e.g., during the time the member is being held). The fact that an injury occurred during physical management does not imply that the physical management caused the injury. The physical intervention may have caused the injury, or it may in fact have reduced the severity and/or number of injuries.

Media Event: High profile, media reported and urgent incidents that meet the sentinel event criteria.

Medication errors: Wrong medication, wrong dosage, double dosage, or missed dosage **which resulted in death or loss of limb or function or the risk thereof.**

Member/Consumer: An individual who is receiving, or in the past has received treatment/services/supports from DWIHN, their subcontractors, other entities contracted with the DWIHN, or Medicaid beneficiaries who receive substance abuse services managed by the Prepaid Inpatient Health Plan (PIHP), including any that are subcontracted through the Cas.

Neglect: Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law or rules, policies, guidelines, written directives, procedures, or Individual Integrated Care and Supports Plans that cause or contribute to non-serious physical harm or emotional harm, death, or sexual abuse of, serious physical harm to an enrollee, or the intentional, knowing or reckless acts of omission or deprivation of essential needs (including medication management).

Peer Review: A process, including the review process under 143a of the Michigan Mental Health Code, Section 330.1143a, in which mental health or physical health professionals of a licensed hospital, or community mental health services program evaluate the clinical competence of staff and the quality and appropriateness of care provided to recipients. These **evaluations are confidential** in accordance with section 748(9) of the Michigan Mental Health Code, Section 330.1748, and are based on criteria established by the facility or community mental health services program itself, the accepted standards of the mental health professions and MDHHS. DWIHN has determined **the clinical portion** of Sentinel Event(s), Death Review(s) and Clinical Case Review and Consultation(s), to be peer review activities. DWIHN’s Peer Review Committee is comprised of the Medical Director, Clinical Services, Managed Care Operations and Quality Improvement staff.

PIHP: Prepaid Inpatient Health Plan. Medicaid payment funding provider program.

Physical abuse: The use of unreasonable force on an enrollee with or without apparent harm. Includes unreasonable confinement (physical or chemical restraints, seclusion, and restrictive interventions).

Psychological Injury: A mental response to a traumatic, intrusive event in which the individual is unable to adapt in his/her usual way.



Physical abuse: The use of unreasonable force on an enrollee with or without apparent harm. Includes unreasonable confinement (physical or chemical restraints, seclusion, and restrictive interventions).

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.

Preventable Events: An event deemed avoidable based on review of all documentation including Plan of Care, treatment provided in accordance with standard of care and scope of services by the CRSP, DWIHN Internal departments, and all other related to the case, including DWIHN's Quality Performance Improvement Team and/or the Sentinel Event Peer Review Committee (SEC/PRC)

Provider no shows: Instances when a provider is scheduled to be at an enrollee's home but does not come and back-up service plan is either not put into effect or fails to get an individual to the enrollee's home in a timely manner. This becomes a critical incident when the enrollee is bed bound or in critical need and is dependent on others.

Quality Improvement (QI): The unit within DWIHN that has direct and oversight responsibility for monitoring DWIHN's internal quality improvement and network quality assurance activities. These include review and support of the collection of data required for submission to MDHHS, oversight of the development of DWIHN policies and procedures, implementation of DWIHN Compliance Plan and monitoring of program performance and quality by contractors and providers within the Community Mental Health network for Wayne County.

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:

1. **Harm to Self:** Actions taken by members that cause physical harm requiring emergency medical treatment or hospitalization due to an injury that is self-inflicted (i.e. pica, head banging, self-mutilation, biting, suicide attempts).
2. **Harm to Others:** Actions taken by members that cause physical harm to others (family, friends, staff, peers, public, etc.) that result in injuries requiring emergency medical treatment or hospitalization of the other person(s).
3. **Police Calls:** Police calls by staff of specialized residential settings, or general (AFC) residential homes or other provider agency staff for assistance with a member during a behavioral crisis situation regardless of whether contracting police is addressed in a behavior treatment plan.
4. **Emergency Use of Physical Management:** Emergency use of physical management by trained staff in response to a behavioral crisis.
5. **Physical Management** is 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/her from physically harming him/herself or others. The term "physical management" does not include briefly holding an individual in order to intervene with him/her or to demonstrate affection or holding his/her hand.

Risk Thereof: Any event for which a re-occurrence would carry a significant chance of a serious adverse outcome, such as death or serious injury.



Root Cause Analysis: A root cause analysis (RCA) focuses primarily on systems and processes not individual performance. RCA seeks to identify any multiple causes usually contributing to an adverse event and establish a standardized Plan of Action based on those identified risks.

Sentinel Event: An “unexpected occurrence” involving death (not due to the natural course of a health condition) or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, “or risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome” (JCAHO, 1998)

Sexual abuse: Criminal sexual conduct as defined by sections 520b to 520e of 1931 PA 318, ML 750.520b to MCL 750.520e of the Michigan Penal Code.

- Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a department operated hospital or center, a facility licensed by the department under section 137 of the act or an adult foster care facility and an enrollee.
- Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a provider and an enrollee for whom the employee, volunteer, or agent provides direct services.
- “Sexual contact” means the intentional touching of the member’s or employee’s intimate parts or the touching of the clothing covering the immediate area of the member’s or employee’s intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or ratification, done for a sexual purpose, or in a sexual manner for any of the following:
 - Revenge
 - To inflict humiliation
 - Out of anger

Suspicious (or Unexpected Death): That which does not occur as a natural outcome to a chronic condition (e.g., terminal illness) or old age. These incidents are often also reported to law enforcement. (Must be reported within 2 days)

Theft: A person intentionally and fraudulently takes personal property of another without permission or consent and with the intent to convert it to the taker’s use (including potential sale).

Unexpected Deaths: Unexpected deaths do not occur as a natural outcome to a chronic condition (e.g., terminal illness) or old age. Unexpected deaths include those that resulted from suicide, homicide, an undiagnosed condition, were accidental, or were suspicious for possible abuse or neglect. These incidents are often also reported to law enforcement.

Use of Restraints, seclusions, or restrictive interventions: Includes unreasonable confinement (physical or chemical restraints seclusion, and restrictive interventions).

Verbal Abuse: Intimidation or cruel punishment that causes or is likely to cause mental anguish or emotional harm.

Vulnerable: A condition in which an adult is unable to protect him/herself from abuse, neglect, or exploitation because of a mental or physical impairment or advanced age.



Vulnerable Person Banner: To be added when a member is missing whenever reporting a Critical Event. Enter and select the category “Missing – Contact MCPN Immediately” (*This category has been identified to be changed – please continue to use as appropriate reporting tool at this time*).

Worker consuming drugs or alcohol on the job: Use of any drugs or alcohol that would affect the abilities of the worker to do his or her job.

Immediately Reportable: These events are reportable for all Providers in the MDHHS Customer Relations Management/Critical Incident System (CRM/CIS).

- a) **Cause of Death** - Death because of suspected staff member action or inaction or any death that is the subject of a recipient rights, licensing, or police investigation.
- b) **Member Relocation** - Relocation of a member’s placement due to a licensing suspension or revocation.
- c) **Performance** - The conviction of a PIHP or provider panel staff member for any offense related to the performance of their job duties or responsibilities which results in exclusion from participation in federal reimbursement.
- d) **Personnel Change** - Executive Personnel Staffing Changes
- e) **Provider Change** - The Contractor (DWIHN) must notify the State of any changes to the composition of the provider network organizations that negatively affect access to care.
- f) **Service Relocation** - An occurrence that required the relocation of any PIHP or provider panel service site, governance, or administrative operation for more than 24 hours.
- g) **Warranties and Representations** - Contractors (DWIHN) must inform the State of any material adverse changes.

WHAT’S THE DIFFERENCE: CRITICAL EVENTS VS INCIDENT REPORTS

Critical Events are processed by Quality Performance Improvement and track trends and patterns related to the Standard of Care and Scope of Services and monitor the remediation or elimination of practices that contribute to individual and systemic issues in member’s care and services. Critical Events are generated **from** the Incident Report – **only one person enters the Critical/Sentinel event into MH-WIN**.

Incident Reports are monitored and processed mainly through the Office of Recipient Rights and look for Mental Health Code violations in the Standard of Care as well as Abuse and Neglect issues. **Everyone** witnessing or providing assistance must write an Incident Report.

Critical/Sentinel Events and Incident Reports are to provide a clear and detailed “picture” of who, what, when, where, how, and possibly why a situation occurred and the response (Action Taken) to that situation to resolve; and, to remediate or eliminate it from occurring again.



CATEGORIES AND SUBCATEGORIES DEFINED

ONLY These Categories and Subcategories are Valid

CATEGORY	SUBCATEGORY	Documents Required
<p>Media (Immediately Reportable) - Incidents that are noted in the Media: TV, radio, newspaper, internet sites, and other social media. Information is HIE'd to MDHHS through MH-WIN – <u>A Critical Event MUST be immediately entered</u> after sending an emessage.</p>	<p>NONE – ENTER INTO APPROPRIATE CE/SE CATEGORY FROM THIS CHART</p>	<p>Immediate notification via MH-WIN emessage system to QPI Staff.</p>
<p>ARRESTS – Situations where a member is held or taken by a law enforcement officer based on the belief that a crime may have been committed. Situations where a member is transported for the purpose of receiving emergency mental health services, or situations where a member is held in protective custody, are not considered to be an arrest.</p>	<ol style="list-style-type: none"> 1. Arrest 2. Assault 3. Behavior 4. Convicted 5. Criminal Charges Pending 6. Destruction of Property 7. Police Intervention 8. Violation of Probation 9. Writ 	<p>Identify what the member was arrested for & indicate court dates and outcomes. Any court case # or inmate #</p>
<p>DEATHS – ALL deaths are reportable within 24 hours of your knowledge of the event UNLESS it is a MEDIA event which makes it IMMEDIATELY reportable. SUD-related deaths, Suicide, and Homicide Deaths are always Sentinel Events and REQUIRE a Root Cause Analysis (RCA) with Plan of Action be completed in accordance with Policy/Procedure time frames. Primary Source verification is required through the Medical Examiner's office or ADT, and notification to Recipient Rights REQUIRED prior to entry into the Critical/Sentinel Event module.</p>	<ol style="list-style-type: none"> 1. COVID-19 2. Behavior Treatment 3. Homicide 4. Pending 5. Suspected Overdose 6. Suicide 7. Unknown 	<p>CRSP must order ME reports; Death Certificates and upload to the specific Event.</p> <p>RCA required for Sentinel Deaths.</p>
<p>ENVIRONMENTAL EMERGENCIES – Living conditions that require removal or relocation of the members. They include these eight (8) areas.</p>	<ol style="list-style-type: none"> 1. Bed Bugs 2. Fire 3. Gas/Water Leak 4. Mold 5. Other 6. Power Outage 7. All Members Relocated 8. Member Relocated 	<p>Documentation of remediation; places of relocation; and any services (food, etc.). Receipts for all repairs, relocations, etc. must be included</p>

<p>INJURIES REQUIRING ER – Any event that requires medical follow-up to decide if more intensive services are required. (i.e. self-inflicted injuries; suicide attempts, etc.)</p>	<ol style="list-style-type: none"> 1. Accident 2. Accident/Death 3. Alleged abuse/Neglect/Sexual 4. Assault 5. Behavior 6. Injury 7. Physical Illness 8. Physical Management 9. Self-Inflicted Injury 10. Suspected Overdose 11. Suicide Attempt 	<p>Discharge documents & follow-up. RCA required for all Sentinel Events</p>
<p>INJURIES REQUIRING HOSPITALIZATION Hospitalization that results in admission process and meets one of the four categories listed.</p>	<ol style="list-style-type: none"> 1. Accident 2. Injury 3. Medication Error 4. Physical Management 5. Suspected Overdose 	<p>Discharge documents & follow-up. RCA required for all Sentinel Events</p>
<p>MEDICATION ERRORS - A situation where a mistake is made when a member takes prescribed medication (i.e., incorrect dosage taken, prescription medication taken that is not prescribed, medication taken at wrong time, medication used improperly), or a situation where non-prescription medication is taken improperly and must receive emergency medical treatment. EMERGENCY MEDICAL TREATMENT (doctor’s office, urgent care, ER, hospitalization) makes this a Sentinel Event ONLY.</p>	<ol style="list-style-type: none"> 1. Allergic Reaction 2. Double Dosage 3. Missed Dosage 4. Physical Illness 5. Wrong Medication 	<p>Emergency Medical Tx - REQUIRE discharge documentation; upload Medication Sheets into event. RCA is required.</p>
<p>PHYSICAL ILLNESS REQUIRING ER - NON-REPORTABLE FOR ON-GOING DIAGNOSED CONDITIONS ALREADY KNOWN AND COVERED IN THE PLAN OF CARE.</p>	<ol style="list-style-type: none"> 1. COVID-19 2. Admitted 3. Released 	<p>Discharge documents & follow-up. RCA for all Sentinel Events</p>
<p>PHYSICAL ILLNESS REQUIRING HOSPITALIZATION – NON-REPORTABLE FOR ON-GOING DIAGNOSED CONDITIONS ALREADY KNOWN AND COVERED IN THE PLAN OF CARE.</p>	<ol style="list-style-type: none"> 1. COVID-19 2. Admitted 3. Allergic Reaction 4. Death Cause Unknown 5. Diabetes 6. Heart Attack 7. injury 8. Medication Error 9. Orthopedic 10. Physical Illness 11. Physical Health Reason 12. Released 13. Respiratory 14. Seizure Disorder 15. Stroke 	<p>Discharge documents & follow-up. RCA for all Sentinel Events</p>



<p>SERIOUS CHALLENGING BEHAVIOR</p> <p>NOTE: This category is NOT for members on Behavior Treatment Plans</p> <p>Behaviors not already addressed in a treatment plan and include significant property damage (excl of \$100); attempts at self-inflicted harm or harm to others, unauthorized leave of absence resulting in death or loss of limb or function to the individual or risk thereof.</p>	<ol style="list-style-type: none"> 1. Assault 2. Assault on another member 3. Assault on staff 4. Behavior 5. Injury 6. Physical Management 7. Requiring Inpatient Hospitalization 8. Suicide Attempt 9. ULOA – NOT addressed in IPOS 	<p>Police reports or report number; hospital discharge documents; follow-up care, etc. If Sentinel Event – requires a RCA</p>
<p>ADMINISTRATIVE</p>	<ol style="list-style-type: none"> 1. Alleged Abuse/Neglect 2. Critical No Show 3. Exploitation 4. Illegal Activity 5. Impaired Worker 	<p>Report number for APS/CPS, Police reports; ORR Complaint number</p>
<p>BEHAVIOR TREATMENT</p>	<ol style="list-style-type: none"> 1. 911 Calls 2. Death 3. Emergency Hospitalization 4. Use of Physical Management 5. Injuries * NEW 6. Psychiatric Hospitalization *New 	<p>Person, Time, and date of 911 Call Hospital documentation; physician order for use of restraints or BTP authorizing use; follow-up care</p>
<p>SUD – MDHHS REPORT CATEGORIES HIE'd DAILY * NEW DATA REPORTING & REMEDIATION PROCESS FY 2022/2023</p> <p>(NOT ALL INCLUSIVE – SUD MUST ALSO REPORT IN APPROPRIATE CATEGORIES LISTED IN CHART ABOVE)</p>	<p>MDHHS- CIR/CRM SYSTEM Reportable</p>	
<p>Death of Recipients – Reporting is required for persons living in 24-hour specialized residential substance use disorder treatment settings (NOTE: DWIHN requires reporting of all deaths into the MH-WIN system. MDHHS deaths are reported through HIE mechanism to the CRM/CIS system)</p>	<ul style="list-style-type: none"> • Suicide • Non-Suicide • Death of Unknown Cause 	<p>Primary Source verification required through the ME or ADT, and note to ORR</p>
<p>Accidents - requiring emergency room visits and/or admissions to hospitals. Accidents treated at doctor's offices and urgent care clinics/centers are included in the accident reporting along with those treated in emergency rooms</p>	<ul style="list-style-type: none"> • Emergency Medical Treatment <ul style="list-style-type: none"> ○ Injury ○ Medication Error ○ Overdose 	
<p>Physical illness requiring admissions to hospitals – NOT planned surgeries whether outpatient or inpatient; no admissions directly related to the natural course of the person's chronic illness, or underlying condition.</p>	<ul style="list-style-type: none"> • Hospitalization <ul style="list-style-type: none"> ○ Injury ○ Medication Error ○ Overdose 	



<p>Arrest or conviction of recipients – report arrests and convictions as separate incidents</p>	<ul style="list-style-type: none"> • Arrest • Conviction 	
<p>Serious Challenging Behaviors – NOT those already addressed in a treatment plan and include significant (excess of \$100.00) property damage, attempts at self-inflicted harm or har to others, unauthorized leaves of absence that result in death or loss of limb or function to the individual or risk therof. All unauthorized leaves from residential treatment are not sentinel events in every instance</p>		
<p>Medication errors – a wrong medication – wrong dosage – double dosage – or missed dosage which resulted in death or loss of limb or function or the risk thereof. NOT when a member refused medication</p>	<ul style="list-style-type: none"> • MAT Medication Error • SUD Medication Error 	
<p>Immediately Reportable - These events are reportable for all SUD Residential Providers into the MDHHS Customer Relations Management/Critical Incident System (CRM/CIS) by DWIHN staff.</p>	<ul style="list-style-type: none"> • ORR • Licensing • Police Investigation 	

Event **DOCUMENTATION** is **due within 7 business days** of the initial report of the event. This includes progress notes, hospital discharge documentation, police report #, APS/CPS report #, Death Certificates. **Documents are to be uploaded to the specific event NOT emailed to staff.**




ENTERING EVENTS INTO MH-WIN


ALL DWIHN Behavioral Health and SUD Treatment providers MUST enter Critical/Sentinel Events in accordance with DWIHN Policy and Procedure. Your Screen may have changed due to updates.

Sign On with your assigned Login ID# and enter your password

(NEVER SHARE YOUR PERSONAL LOG IN INFORMATION)



Detroit Wayne Integrated Health Network
Mental Health Wellness Information Network



Help LOGIN

It is the *Detroit Wayne Integrated Health Network* policy that staff may access consumer Protected Health Information (PHI) only when access to that information is a necessary part of their job function. Accessing consumer PHI for purposes other than to perform functions of your position may result in an appropriate disciplinary action.

Welcome to
Detroit Wayne Integrated Health Network
Mental Health Wellness Information Network

Access to this site is limited to authorized
staff of Detroit Wayne Integrated Health
Network and authorized providers.

Please enter your Login ID and Password

Login ID:

Password:

Login

[I forgot my password](#)

Detroit Wayne Integrated Health Network monitors and logs the activities of this web site. By accessing this web site, you are expressly consenting to these monitoring activities. Unauthorized attempts to access, obtain, alter, damage, or destroy information, or otherwise to interfere with the system or its operation are prohibited and recorded by the *Detroit Wayne Integrated Health Network*.

This site is best viewed and operated with version 6.0 or higher of Microsoft Internet Explorer

You must copy and paste the Authentication Code into this area to proceed. MH-WIN Helpdesk can assist.

Two-Factor Authentication

! This system requires 2-factor authentication to login. Please follow the below instructions to continue.

2-factor Authentication

Please enter the 6-digit code you see in the app and click 'Authenticate' to login.

Code:

Authenticate

Cancel



DWHN CONFIDENTIALITY AGREEMENT

This system is intended for professional use by the staff and contractors of the Detroit Wayne Integrated Health Network. Records contained herein should be accessed only by authorized staff from approved work stations. Any identifying consumer information is strictly confidential. Information should be accessed on a need-to-know basis only.

By accepting these terms, you agree under penalty of law that you are an authorized agent using this system only for professional purposes.

For security and identification purposes, the computer's IP address, which is used to access this system, will be recorded. A computer's IP address can uniquely identify a specific computer's location on a network, and will be used to track any identified security violations identified within the system.

Anyone accessing or using this system inappropriately will be prosecuted to the fullest extent of the law, as set forth in Agency policies.

The confidentiality of some information is legally protected under the Michigan Mental Health Code (PA 258 of 1974, as amended) and the Health Insurance Portability and Accountability Act of 1996 (45 CFR, Parts 160 and 164). Additionally, some information may also be protected under the Confidentiality of Alcohol and Drug Abuse Patient Records; Final Rule (42 CFR, Part 2) and the Confidentiality of HIV/AIDS Information (MCL 333.5131; PA 488 of 1988, as amended).

I have read and accept these terms. Take me to the MH-WIN system.

I do not accept these terms. Please log me out.



Step 1:

It is possible to access the Critical/Sentinel Event area by selecting either the “Member” tab or the “Critical/Sentinel Event” tab.

It is highly recommended to use the “Members” tab to access the member’s entire record in the entry process.

Step 2: After selecting the “Member” tab – this window opens and you select “Member Chart”



Step 3: Enter the member’s MH-WIN ID# - Social Security#, or Medicaid ID# and Search. NOTE: Searching using this method increases accuracy for entering into the correct member record.

Mental Health Wellness INFORMATION NETWORK
 Detroit Wayne Integrated Health Network
 Mental Health Wellness Information Network

Back Home Logout Help

Consumer List

Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use a partial name if you are not sure about the spelling.

If you cannot find the consumer by name, you may type in any other available data to locate the consumer.

Last Name clear First Name Birth Date (mmddyy)
 Member ID Social Security No. Medicaid ID No.
 AKA or Other Information SEARCH

0 Consumers

Last Name	First Name	Member ID	DOB	SSN	Admission(s)	Case Status
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Step 4: Select “Member Chart” on the right to open the member’s record

Mental Health Wellness INFORMATION NETWORK
 Detroit Wayne Integrated Health Network
 Mental Health Wellness Information Network

Back Home Logout Help

Consumer List

Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use a partial name if you are not sure about the spelling.

If you cannot find the consumer by name, you may type in any other available data to locate the consumer.

Last Name clear First Name Birth Date (mmddyy)
 Member ID 00000011 Social Security No. Medicaid ID No.
 AKA or Other Information SEARCH

1 Consumer

Last Name	First Name	Member ID	DOB	SSN	Admission(s)	Case Status	
Doe	John "Fake"	00000011	08/12/1975	*****9998	DWHN CMH CRSP: Arab Community Center for Economic Social Services (ACCESS) Inc.	MH: Open SUD: Open	Consumer Chart



Step 5: Open Record

Mental Health Wellness INFORMATION NETWORK
 Detroit Wayne Integrated Health Network
 Mental Health Wellness Information Network

Back Home Logout Help

Health and Safety Warning Adverse Reactions/Allergies

Name: Doe, John "Fake" (46/Male) Member ID: 00000011 Status: MH: Open SUD: Open

CRISIS PLAN

Date of Birth 08/12/1975	SSN: 999999998	Current Assignments DWIHN CMH Eff: 12/07/2018	<ul style="list-style-type: none"> Chart Documents Diagnosis Health Information Eligibility/Insurance Integrated Health Profile ADT Events Provider Link
Address Homeless 8000 E. Jefferson Detroit, MI 48214	Gender: Male	Designation: SMI Primary: SMI	
Home Phone: 773-6521	BH CRSP: Arab Community Center for Economic Social Services (ACCESS) Inc. Team Mental Health Services, Inc - Main Office	SUD CRSP: Adult Well-Being	
	ACT Team: Macomb CMH (Inbound)	COFR: Macomb CMH (Inbound)	
	Current LOC Level Five: Specialized Residential (05/11/2021)		

Chart Links Chart Documents Appointments To-Do Items Data Issues

Indicates the service program

ACCESS TO "Report of Death" from Member Record Face Sheet

When a member is deceased the "Report of Death (DWIHN Version) is required to be completed within 10 days **AFTER** the Office of Recipient Rights has been notified by the CRSP staff, and after ORR provides the CRSP with a Death Log #. **YOU MUST HAVE A DEATH LOG# BEFORE COMPLETING!**

Demographics/Financial	Access/Admissions
View Consumer Information Change Consumer Information Update Consumer Image Print Face Sheet Address History BH-TEDS COFR Policies Consumer Budget Worksheets Death Report (Historical) HAB Waiver Policies Insurance Policies / Funding Sources Medicaid Deductible Policies Report of Death (DWIHN Version)	Dual Eligible Referrals Pioneer Enrollments Admissions and Assignments Consumer CRSP Assignments Consumer Disability Designation <div style="background-color: #3498db; color: white; text-align: center; padding: 5px;"> Care Center </div> Safety Plans (uploaded) Other Care Center Scanned Documents <div style="background-color: #f1c40f; text-align: center; padding: 5px;"> Clinical Services </div> ABA Continuum of Care Records ADOS-2 Worksheets ASAM Continuum Assessments

Death Notification and # Issued by ORR (points to Death Report (Historical))

DO NOT ENTER Hospice Hospital Nursing Home (points to Report of Death (DWIHN Version))

Step 6: Click on this link to open the Critical/Sentinel Event section for entry:

Complex Case Management	Monitoring Notes Encounters / Claims Consumer Calendar
Medication Drop Services	Other
School Based Services	Critical / Sentinel Events ← Incident Reports Incident Reports (Historical) Dispute Resolution All Scanned & Uploaded Documents
Program Assignments CCM Assessments CCM Notes / Progress Notes	
MDS Documents	
School Based Workflows School Based Referral Records School Based Outcomes	

Step 7: Select Add Critical/Sentinel Event:

Date	SE ID	Category / Sub-Category	Status of Event	
01/03/2023	47451	Serious challenging behavior Behavior	Need Information	Add Critical / Sentinel Event ← Change View Delete Print Critical / Sentinel Event Print Cover Sheet Attachments
1 Review				

Step 8: Complete the following Sections First:

Critical / Sentinel Event

Enter Date of Event

Staff Reporting [lookup](#)
[REDACTED] Carla Spight-Mackey

Reporting Service Site [lookup](#)

Address

City State Zip

Incident Location Place/Address of Incident REQUIRED

Own Home
Park
AFC
Outpatient
Etc.

Incident Summary

COMPLETELY ANSWER: WHO – Legal name of ALL staff involved; **WHAT** – details of everything that is known that occurred; **WHEN** – time and date of event; **WHY** – if known causes; what caused the event to occur; **HOW** – if known or appropriate information is

characters left: 30000

Action Taken

COMPLETELY ANSWER: WHO – Legal name of ALL staff who took action; **WHAT** – details of everything that was done; **WHEN** – time and date of event; **WHERE** – If transported – where and by whom; **WHY** – if transported for care

characters left: 30000

Select appropriate Category & Sub-Category

USED FOR MEMBERS ON BEHAVIOR TREATMENT PLANS ONLY

Category
* Select Category ▼

Sub-Category
* Select Sub-Category ▼

Intervention Information (This section is for members with Behavior Treatment Plan Only)

Intervention Type
* Select Intervention Type ▼

Start Date [calendar icon] **Start Time** [] AM ▼ **End Date** [calendar icon] **End Time** [] AM ▼

MDHHS Event Reporting

Event Type
* Select Event Type ▼

This event is reportable?
 Yes No

SUD Sentinel Event? ⓘ
 Yes No

Number of Persons in Residential? ⓘ
[]

Children Waiver?
 Yes No

SED Waiver?
 Yes No

HAB Waiver?
 Yes No

Autism?
 Yes No

Behavioral Treatment Plan?
 Yes No

Comments

DO NOT ENTER ANYTHING IN THIS AREA

characters left: 8000

Step 9 Change all Radio Buttons in this area according to services

YOUR ENTRY IS NOW COMPLETE EXCEPT FOR UPLOADING ALL REQUIRED DOCUMENTATION IS DUE WITHIN 7 BUSINESS DAYS OF THIS ENTRY




ADDING HEALTH AND SAFETY WARNING



NOTICE: There are on-going and significant changes within the CE/SE Module. Please note that location of particular information may have been moved.

Step 1: Select the “Members” tab – then find & select “Chart Notes and Health & Safety Warnings”

Step 2: On this screen select “Notes”


Last Name	First Name	Member ID	DOB	SSN	Admission(s)	Case Status	
Doe	John Fake	00000011	08/12/1975	*****9998	DWHN CMH CRSP: All Well-Being Services d/b/a AWBS - Main Office	MH: Open SUD: Open	Notes 

Step 3: Select “Add Note”

Date  1	Note 	Show on Consumer Header 	Add Note 
--	--	---	--


Step 4: Adding the Note:

Note

Note Date
2/13/2023 


Note

Complete all information related to this notification. i.e.
“Positive for COVID – tested at Detroit Health Department 1/23/2023 – instructed to quarantine for 5 days and re-check. Member is not vaccinated”

characters left: 4096 

Show on Consumer Header

As Crisis Note

As Health and Safety Warning  Check this box so that information is displayed on the face sheet of member’s record.

No

✔ Spell Check

Once completed and saved, the “Health & Safety Warning” will display in the tab near the top of the member’s face sheet – as shown above the member’s chart name.



REPORTING A DEATH

1. Within 24 hours of your knowledge of member's death - **AFTER PRIMARY SOURCE VERIFICATION** with the Medical Examiner (county of member's death), ADT Notification, Hospital, or Funeral Home (Obituary- may also be available online at – <https://www.legacy.com/>) Contact the Office of Recipient Rights (ORR) to receive a Death Log number.
2. **CALL the ORR Hotline at (Toll Free: 1-888-339-5595)** to **report** all deaths or other rights related questions, incidents and reporting matters. You may leave a voicemail with all information, OR
3. **Fax completed form** "**How to Get A Death Log Number From ORR**" if you cannot reach the office by phone.
 - **If you need to fax** anything to ORR, please do so at the **ORR Secure Fax line at (313) 833-2043.**
This contact information can also be found on the "You Have Rights" red and white posters that must be posted at your organization
4. In the "**Action Taken**" section of the member's MH-WIN record - **ADD the Death Log Number from ORR** if received (*otherwise* – date/time of ORR Notification is required in that section), **and** must be on the "Report of Death (DWIHN Version)" as appropriate.
5. **YOU MUST Complete a Critical Event (for ALL deaths)** in MH-WIN and, if available, **include Death Log # and Medical Examiner's #** immediately **after** report to ORR via fax or call. (**Do not wait for the DL# before entering the critical event**). Include the date/time of your contacts to ORR and the ME office (include ME# if provided during contact).
6. **Within 10 business days AFTER receiving the Death Log # you must** complete the "Report of Death (DWIHN Version)" found in the Demographic/Financial area of member's record in MH-WIN. (Except for deaths in hospitals, hospice, or nursing homes). **Notify:** Micah Lindsey, Sinitra Applewhite, Carla Spight Mackey via MH-WIN emessage system when complete.
7. **SUD Death Reports** - Effective 10/1/2022, all SUD deaths must be entered into MH-WIN in accordance with the procedures above. The Quality Performance Improvement team and DWIHN- IT Department manage the CRM/CIS-MiCal information based on entries from MH-WIN. Information is HIE'd to MDHHS daily.
8. **EFFECTIVE OCTOBER 1, 2023: ALL CRSP and SUD PROVIDER'S** *must* **secure and upload the Death Certificate** and where appropriate the **Medical Examiner's Report** for the member's death. If available, the obituary from the service should also be uploaded as an attachment.



**Detroit Wayne Integrated Health Network
Office of Recipient Rights**

HOW TO GET A DEATH LOG NUMBER FROM ORR

Necessary Information to report a deceased Member:

Death Reporter's Full Name	
Death Reporter's Email Address and Telephone Number	
Death Reporter's Employer/Provider	
Date Provider Received Notification	
MEMBER INFORMATION	
Full Legal Name	
Date of Birth	
Social Security Number	
Date of Death	
Time of Death (if known)	
City & State Where Death Occurred	
Was Adult or Child Protective Services already notified? (If Applicable)	
By Whom?	
Was Licensing (LARA) already notified? (If Applicable)	
By Whom?	
Was law enforcement already notified? (If Applicable)	
By Whom?	
Was the death expected?	
Provide circumstances surrounding Member's death. (Add additional pages if necessary)	

Revised 11/2022

Page 1 of 1

*ORR Secure Hotline: [\(888\) 339-5595](tel:888-339-5595) ORR Secure Fax: [\(313\) 833-2043](tel:313-833-2043).



ENTERING THE REPORT OF DEATH

DEATHS IN HOSPITALS, NURSING HOMES, OR HOSPICE CARE - DO NOT REQUIRE THIS ENTRY

Detroit Wayne Integrated Health Network

Mental Health Wellness Information Network

Back Home Logout Help
Consumer Chart

Health and Safety Warning
Adverse Reactions/Allergies

Name: Doe, John "Fake" (46/Male) Member ID: 00000011 Status: MH: Open SUD: Open

CRISIS PLAN

Date of Birth 08/12/1975	SSN: 999999998	DWIHN CMH	Current Assignments Eff: 12/07/2018	<ul style="list-style-type: none"> Chart Documents Diagnosis Health Information Eligibility/Insurance Integrated Health Profile ADT Events Provider Link 	
Address Homeless 8000 E. Jefferson Detroit, MI 48214	Gender: Male	Designation:	SMI Primary: SMI		
	Home Phone: 773-6521	BH CRSP:	Arab Community Center for Economic Social Services (ACCESS) Inc.		
		SUD CRSP:	Team Mental Health Services, Inc - Main Office		
		ACT Team:	Adult Well-Being		
		COFR:	Macomb CMH (Inbound)		
			Current LOC		
				Level Five: Specialized Residential (05/11/2021)	

Chart Links
Chart Documents
Appointments
To-Do Items
Data Issues

Demographics/Financial

- [View Consumer Information](#)
- [Change Consumer Information](#)
- [Address History](#)
- [Report of Death \(DWIHN Version\)](#)

Access/Admissions

- [Dual Eligible Referrals](#)
- [Pioneer Enrollments](#)
- [Admissions and Assignments](#)
- [Consumer CRSP Assignments](#)

Detroit Wayne Integrated Health Network

Mental Health Wellness Information Network

Back Home Logout Help
Report Of Death List

Health and Safety Warning
Adverse Reactions/Allergies

Name: Doe, John "Fake" (46/Male) Member ID: 00000011 Status: MH: Open SUD: Open

CRISIS PLAN

Date of Birth 08/12/1975	SSN: 999999998	DWIHN CMH	Current Assignments Eff: 12/07/2018	<ul style="list-style-type: none"> Chart Documents Diagnosis Health Information Eligibility/Insurance Integrated Health Profile ADT Events Provider Link 	
Address Homeless 8000 E. Jefferson Detroit, MI 48214	Gender: Male	Designation:	SMI Primary: SMI		
	Home Phone: 773-6521	BH CRSP:	Arab Community Center for Economic Social Services (ACCESS) Inc.		
		SUD CRSP:	Team Mental Health Services, Inc - Main Office		
		ACT Team:	Adult Well-Being		
		COFR:	Macomb CMH (Inbound)		
			Current LOC		
				Level Five: Specialized Residential (05/11/2021)	

9 Report Of Deaths

Date	Affiliate / PIHP	Death Date	Status	Add Report Of Death

1. REPORT OF PERSON'S DEATHS: Section I			
<div style="border: 1px solid red; padding: 2px;"> Document Date <input type="text"/> Use Current Date </div>			
DW IHN/PIHP Name	CRSP Provider	DW IHN ORR Death Log #	
Deceased Person's Full Name and MH-WIN ID# John "Fake" Doe - 00000011	Social Security Number 999-99-9998	Date of Birth 08/12/1975	Person's Age <input type="text"/>
Population	Race Black or African American	Gender <input type="radio"/> Female <input checked="" type="radio"/> Male <input type="radio"/> Unknown	
Was Death Expected? <input type="radio"/> Yes <input type="radio"/> No	Reportable To MDHHS? <input type="radio"/> Yes <input type="radio"/> No	Is This an Amended Report? <input type="radio"/> Yes <input type="radio"/> No	
Was IPOS Developed Using Person-Centered Planning? <input type="radio"/> Yes <input type="radio"/> No	Date of Person's Last Treatment	Program(s) in which Person Was Active at Time of Death <input type="checkbox"/> ACT <input type="checkbox"/> Autism <input type="checkbox"/> Child Caring Institution <input type="checkbox"/> Children's Waiver <input type="checkbox"/> Community Living Supports <input type="checkbox"/> Habilitation Supports Waiver <input type="checkbox"/> Home Based <input type="checkbox"/> Inpatient <input type="checkbox"/> MiHealthLink <input type="checkbox"/> OBRA/PASARR <input type="checkbox"/> Outpatient <input type="checkbox"/> Specialized Residential <input type="checkbox"/> State Facility <input type="checkbox"/> Substance Abuse Outpatient <input type="checkbox"/> Substance Abuse Residential <input type="checkbox"/> Targeted Case Management <input type="checkbox"/> Wraparound <input type="checkbox"/> Other (specify) <input type="text"/>	
Was Person Hospitalized in a State Facility within the Past Twelve (12) Months? <input type="radio"/> Yes <input type="radio"/> No	If Yes, Name of Facility	If Yes, Discharge Date	
Date and Time When Death Was Discovered by Provider	Date of Death	Time of Death	City or County Where Death Occurred
<input type="text"/> AM	<input type="text"/>	<input type="text"/> AM	<input type="text"/>
Record Added		Record Changed	

Complete this entire area.

DW IHN/PIHP NAME IS Wayne County

MUST HAVE DW IHN ORR Death Log# BEFORE completing this form

Must have this information to call the appropriate ME office for verification

Notice this section is pre-populated.

Index

- 1. [Section I](#)
- 2. [Section II](#)
- 3. [Send Copy To](#)
- 4. [Signatures](#)

2. REPORT OF PERSON'S DEATHS: Section II

Current Diagnosis

	ICD-10	Description	Status Date	Status
Pri	F84.0	Autistic disorder (ICD-10)	12/03/2020	Active
Sec	F03.90	Unspecified dementia without behavioral disturbance (ICD-10)	08/05/2021	Active

Current GAF GAF Date

Diagnostic Summary
John is displaying severe irritability and fatigue, withdrawal from family and friends, poor appetite and constantly cries. John never wants to eat or do anything with his family or friends and does not enjoy activities that he used to enjoy. John also frequently yells at his family and at individuals at school.

Additional Information
Co-Occurring Consumer Quadrant

- Mild Psychopathology with Substance Abuse (Psych. Low/Substance Low)
- Serious & Persistent Mental Illness with Substance Abuse (Psych. High/Substance Low)
- Psychiatrically Complicated Substance Dependence (Psych. Low/Substance High)
- Serious & Persistent Mental Illness with Substance Dependence (Psych. High/Substance High)
- N/A

Diagnosis Made By (Name/Credentials) **Diagnosis Effective Date**
pce 08/05/2021

History of Diagnosis [lookup](#) **Last Updated**
12/28/2021 09:23:42 AM

Alcohol/Substance Use

Yes No

Make sure to click on appropriate choice

Preliminary Cause Of Death

- Accident - Not Under Program Supervision
- Accident - While Under Program Supervision
- Acute Bowel Disease
- Aspiration
- Cancer
- Diabetes Mellitus
- Endocrine Disorders
- Heart Disease
- Homicide
- Inanition
- Infection
- Kidney Disease
- Liver Disease/Cirrhosis
- Lung Disease
- Neurological Disorders
- Pending Autopsy or Report
- Pneumonia/Influenza
- Suicide
- Unknown
- Vascular Disease

Relevant Past Medical History Including Most Recent Med/Surg Hospitalization

characters left: 8000



Clinically Appropriate staff (i.e. MD, RN) completes this information if not designated (with documentation) in an ME report or Death Certificate which must be uploaded.



All following blank areas must be completed by the clinically appropriately credentialed staff

Summary of Psychiatric Treatment Including Most Recent Psychiatric Hospitalization Including Dates

characters left: 8000



Surgical Procedures During Past Year

characters left: 8000



Recent Changes in Medical Status

characters left: 8000





Summary of Medical Condition and Treatment Preceding Death

(if treated in a medical/surgical facility, include date and time of arrival/admission)

characters left: 8000



Medications (Dose and Time Administered) Last 24 Hours

characters left: 256



Medications (Dose and Time Administered) Last 30 Days

characters left: 256



Brief Explanation of Death and/or Circumstances Surrounding Death, Including Treatment. Include Details About Place of Death

(if incident report was completed, please attach)

characters left: 8000



Printed Name of Physician or Nurse and/or Preparer & Phone Number

Comments

characters left: 8000

✓ Spell Check

Record Added
cspight 12/28/2021 09:23:42 AM

Record Changed
cspight 12/28/2021 09:23:42 AM

Record ID: 15790201

Save and Continue to Send Copy To Save Cancel

MUST enter the names of 2 appropriately credentialed clinical staff responsible for ensuring the report is complete and correct.

Once saved a copy can be forwarded to the CRSP supervisor for review & approval.



Health and Safety Warning Crisis Warning Adverse Reactions/Allergies

Name: Doe, John Fake (48/Male) Member ID: 00000011 Status: MH: Open SUD: Open
Guardian: Frances Doe

CRISIS PLAN

Current Assignments	
DWHN CMH	Eff: 12/07/2018
Designation:	SMI
	Primary: SMI
BH CR 8P:	Starfish Family Services, Inc.
SUD CR 8P:	Team Mental Health Services, Inc - Main Office
ACT Team:	Development Centers (Omega ACT)
COFR:	Macomb CMH (Inbound)

Level Five: Specialized Residential (09/20/2022)

- Chart Documents
- Eligibility/Insurance
- Diagnosis
- Program Assignments
- Contacts
- Provider Link
- Health Info
- Consumer Appointments
- ADT Events



Date of Birth: 08/12/1975
SSN: 999999998
Gender: Male

Address: Homeless, 8000 E. Jefferson, Detroit, MI 48214
Home Phone: 773-6521

- 1. Section I
- 2. Section II
- 3. Send Copy To
- 4. Signatures

3. REPORT OF PERSON'S DEATHS: Send Copy To

Instructions:
Once this document has been signed, it will be copied and sent to all parties listed below. For all documents that are to be sent outside of your agency, please be sure you have a valid Authorization for Release of Information before adding this copy request.
- To notify staff of document completion, click on **Send to Staff**.
- To share a copy of this document with the Consumer via the patient portal, click on **Send to Patient Portal**.
- To send a copy of this document outside of your agency, click on **Send External Copy**.

1 Document Copy Send to Staff Send to Patient Portal Send External Copy

Send Copy To / Review By	Status
Staff: [Redacted] Micah N. Lindeey lookup clear Comments: characters left: 2000	Waiting for Signature ✖

Supervisor /Manager review

Record Added cspight 09/08/2022 11:10:24 AM
Record Changed cspight 09/08/2022 11:16:08 AM
Record ID: 17846459

- 1. Section I
- 2. Section II
- 3. Send Copy To
- 4. Signatures

4. REPORT OF PERSON'S DEATHS: Signatures

Electronic Signatures

Instructions
When the form/document is completed, type in your password and click 'Sign and Save'. By entering your password you are electronically signing this form/document. Your signature represents your acceptance and approval of the records. Once signed, any future changes must be made via the 'Change Signed Document' option.

Staff Signature Required By lookup [Redacted]

Enter your password to sign Sign and Save

This is your MH-WIN ID#

Record Added cspight 12/28/2024 09:23:43 AM
Record Changed cspight 12/28/2024 09:23:43 AM

ADDING ATTACHMENTS

1. Use this method to add attachments to the individual Critical/Sentinel Event. This includes Hospital/Urgent Care/Doctor Office treatment/discharge documents, Incident Reports, Medication Sheets, Progress Notes, and all other documents requested from the DWIHN Quality Performance Improvement staff reviewer.

Showing 9 of 9 Critical / Sentinel Events

Date ↑ 1	SE ID ↕	Category ↕ / Sub-Category ↕	Status of Event ↕	Add Critical / Sentinel Event
11/09/2021	44791	Serious challenging behavior Physical Management	Need Information	Change View Delete Print Critical / Sentinel Event Print Cover Sheet Attachments ←

Detroit Wayne Integrated Health Network

Mental Health Wellness Information Network

Attachment List

[Back](#)
[Home](#)
[Logout](#)
[Help](#)

{

[Click here to scan a document](#)

[Click here to upload a file from your PC](#)

Document Type: * Any Document Type ▼

Activity since: [SEARCH](#)

[One Month](#) | [Three Months](#) | [Six Months](#)

0 Attachments

Date / Type	Notes	Details	

TO UPLOAD FILE FROM YOUR PC OR SCAN:

UPLOAD INCIDENT REPORTS ONLY FOR THE MEMBER IN QUESTION

Upload Attachment

STEP 1 - Select the file to upload

Click the Browse button to select the file on your local PC to be uploaded.

I. Select a file to upload.
Files to be uploaded cannot exceed 30MB. Try compressing (ZIP) large files.

No file chosen

II. Click "Upload" to begin uploading the file you've selected. This may take several minutes depending on the file size.

STEP 2 - Attachment Information

To identify the file that you are uploading, please complete the following information.

Document Type
* Select an Attachment Type

Document Date

[Use Current Date](#)

Attachment Comments

OR

2. You may use this entry method if there are problems with individual event entry.

Other

[Critical / Sentinel Events](#)

[Incident Reports](#)

[Dispute Resolution](#)

[All Scanned and Uploaded Documentation](#) ←



Requirements of Comprehensive Systematic Analysis (RCA) and Corrective Action Plans (CAP)

Once determined to be a Sentinel Event (within 2 days of Entry)

CRSP/SUD has 3 days to fully implement this process and 15 days to complete entry into MH-WIN

A comprehensive systematic analysis (Root Cause Analysis - RCA) will be reviewed for ***thoroughness, credibility, and acceptability***. The CRSP's comprehensive systematic analysis must **identify vulnerabilities** so that they can be **eliminated or mitigated**. The analysis should not focus on individual worker performance, but should **seek out underlying systems-level causations** that were manifest in personnel-related performance issues. ***A RCA is required by MDHHS, CMS, and DWIHN involved in a Sentinel Events for all behavioral health and SUD members.*** To help adhere to these characteristics the following guidelines are to be considered when developing causative factor statements:

- Clearly show the cause-and-effect relationship.
- Use specific and accurate descriptors for what occurred, rather than negative and vague words.
- Human errors must have a preceding cause.
- Violations of procedure are not root causes, but must have a preceding cause.
- Failure to act is only causal when there is a preexisting duty to act.

To be **thorough**, the comprehensive systematic analysis must include the following:

- The analysis repeatedly asks a series of "Why" questions, until it identifies the systemic causal factors;
- The analysis focuses on systems and processes, not solely on individual performance;
- A determination of the human and other factors most directly associated with the sentinel event and the process(es) and systems related to its occurrence;
- The analysis of the underlying systems and processes through the series of "Why" questions determine where redesign might reduce risk;
- An inquiry into all areas appropriate to the specific type of event;
- An identification of risk points and their potential contributions to this type of event;
- A determination of potential improvement in processes or systems that would tend to decrease the likelihood of such events in the future, or a determination, after analysis, that no such improvement opportunities exist.

To be **credible**, the comprehensive systematic analysis must do the following:

- Include participation by a process owner, who is **not a member of the response team**; typically, this is a senior leader of the organization or a designee;
- Each **action recommended by a review team should be approved or disapproved**, preferably by the CEO or alternatively by another relevant member of top management. If an action is disapproved the **reason for its disapproval** should be shared with the comprehensive systematic analysis and action team so that the constraint can be understood and another developed by the team to replace it if the system vulnerability is not otherwise effectively addressed in the corrective action plan;
- Include members served, family, or representatives of members served when appropriate to ensure a thorough understanding of the facts;
- Include members most closely involved in the processes and systems under review where appropriate;



- Be internally consistent (that is, not contradict itself or leave obvious questions unanswered);
- Provide an explanation for all findings of “not applicable” or “no problem”;
- Include a bibliography of any relevant literature cited.

A corrective action plan (**Plan of Action**) will be considered **acceptable** if it does the following:

- **Identifies and implements** actions to eliminate or control systems hazards or vulnerabilities;
- Review teams **must attempt to identify actions** that are likely to **reduce the risk or prevent** the event from **recurring** and, if that is not possible, **reduce the severity** or consequences if it should recur;
- It is recommended that the review team use a tool that will assist in identifying stronger actions that provide effective and sustained system improvement. A tool such as the Action Hierarchy can help organizations evaluate the strength of the corrective actions identified in their comprehensive systematic analysis. The US Department of Veterans Affairs National Center for Patient Safety developed this tool in 2001;
- Identifies, in situations in which improvement actions are planned, **who** is responsible for implementation, **when** the action will be implemented, **how** the effectiveness of the actions will be evaluated, and **how** the actions will be sustained;
- Identifies at least one stronger or intermediate strength action for each comprehensive systematic analysis.

The RCA must be **completed in the MH-WIN record** in the appropriate Critical/Sentinel Event by 30 business days from the original report of the event. Below is a screenshot of the new location to enter the RCA:

Showing 6 of 6 Critical / Sentinel Events

Date	SE ID	Category / Sub-Category	Status of Event	Add Critical / Sentinel Event
09/01/2023	49098	Death of recipient Unknown	Case is Closed	Change View Delete Print Critical / Sentinel Event Print Cover Sheet Attachments

0 Reviews

Optional On-Site Review/Investigation of a Sentinel Event

An initial on-site review/investigation of a sentinel event will usually not be conducted unless it is determined that a potential ongoing Immediate Threat to Health or Safety exists. An *Immediate Threat to Health or Safety* is a threat that represents the most immediate risk and has or may potentially have serious adverse effects on the health or safety of members served.



DETROIT WAYNE INTEGRATED HEALTH NETWORK REVIEW/RESPONSE

Quality Clinical Specialists Performance Improvement from DWIHN assess the acceptability of the CRSP’s response to the sentinel event, including the thoroughness and credibility of any comprehensive systematic analysis information reviewed and the organization’s corrective action plan. (Root cause analysis is the most commonly used method of comprehensive systematic analysis.) If the comprehensive systematic analysis and corrective action plan is found to be thorough and credible, DWIHN Quality Clinical Specialist Performance Improvement staff will notify the organization. These staff will also provide consultation to the organization

COMPLETING ROOT CAUSE ANALYSIS

COMPLETION TO THE ROOT CAUSE ANALYSIS IS NOW LOCATED WITHIN THE CRITICAL/SENTINEL EVENT MODULE AS FOLLOWS:

Step 1: Open the specific Critical/Sentinel Event (verify the right date and category)

Date	SE ID	Category / Sub-Category	Status of Event	Add Critical / Sentinel Event Change View Delete Print Critical / Sentinel Event Print Cover Sheet Attachments
01/11/2023	47627	Arrest of recipient Assault	Need Information	
<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">0 Reviews</div>				

Step 2:

Date	SE ID	Category / Sub-Category	Status of Event	Add Critical / Sentinel Event Change View Delete Print Critical / Sentinel Event Print Cover Sheet Attachments		
01/11/2023	47627	Arrest of recipient Assault	Need Information			
<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">0 Reviews</div>						
Incident Date	Population	Living Arrangements	Place of Incident	Category of Sentinel Event	Status	Add Root Cause Analysis
Zero Reviews Found						

Step 3:

Date of Event
02/13/2023 This area is pre-populated

Incident Summary
ANSWER THESE QUESTIONS COMPLETELY PROVIDING ANY STAFF LEGAL NAME/JOB TITLE THAT WERE INVOLVED:

WHO
WHAT
WHEN
WHY

Action Taken
ANSWER THESE QUESTION COMPLETELY PROVIDING STAFF LEGAL NAME/JOB TITLE WHO TOOK ANY ACTION OR GATHERED INFORMATION TO REPORT:

WHO
WHAT
WHEN
WHY
HOW

Index

1. Sentinel Event Information
2. [Action Taken](#)
3. [Plan of Action](#)
4. [Signatures](#)

1. Sentinel Event Review: Sentinel Event Information

Dates

Document Date
[Date Picker]

[Use Current Date](#)

Date of Incident [Date Picker] **Date SE Entered Into MHWIN** [Date Picker] **Date RCA Prepared** [Date Picker] **Date Submitted to DWIHN** [Date Picker] **Revision Date** [Date Picker]

[Use Current Date](#) [Use Current Date](#) [Use Current Date](#) [Use Current Date](#) [Use Current Date](#)

Population Category
* Select Population [Dropdown]

Living Arrangements
* Select Value [Dropdown]

Place of Incident
* Select Place of Incident [Dropdown]

Category of Sentinel Event
* Select Category Of Sentinel Event [Dropdown]

Level of Care

- ACT
- CSM
- RSP
- Home Based Services
- HAB
- SED
- Outpatient - Children's
- Outpatient - Adult
- Supports Coordination
- Other [Text Box]
- Other [Text Box]

DATE OF INCIDENT— MUST USE ACTUAL DATE OF THE EVENT

Description Of Incident
Please describe the incident and the timeline of events

This section should be more detailed than the summary and include additional information that may have been gathered during the review/investigative process.

characters left: 8000



Step 4 For each Causal Factor selected you **must answer EVERY QUESTION** (YES- NO – N/A) For each “NO” response you MUST enter a Comment.

Causal Factors: Check all that apply

Select a factor and answer each question in the category

		Yes	No	N/A
<input type="checkbox"/> Method/Procedure	Was the clinical assessment adequate to address the needs of the individual?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	Was the individual's plan consistent with best practices?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	Were the actions outlined in the Crisis Plan followed?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	Did the person involved implement the plan as written?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	Comments	<div style="border: 2px solid black; background-color: yellow; padding: 5px; text-align: center;"> MUST COMPLETE IF YOU SELECTED "NO" </div>		
characters left: 8000		✔		
<input type="checkbox"/> Communication		Yes	No	N/A
	Was the staff member involved aware of the individual's plan, as evidenced by signature on plan or other documentation?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	Was the staff member involved aware of the organizational policies or protocols?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	Was the communication among participants adequate for the situation (including verbal, written, electronic communication or lack thereof)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	Was all the necessary information available, accurate and complete when needed?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Comments		<div style="border: 1px solid gray; height: 40px; width: 100%;"></div>		
characters left: 8000		✔		
<input type="checkbox"/> Staff Related		Yes	No	N/A
	How did actual staffing compare with ideal levels?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	Was the staff properly qualified and currently competent for their responsibilities at the time of the event?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	Did staff performance during the event meet expectations?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	Was employee adequately trained to fulfill assigned responsibility to prevent incident?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Comments		<div style="border: 1px solid gray; height: 40px; width: 100%;"></div>		
characters left: 8000		✔		

MUST ANSWER EVERY QUESTION

<input type="checkbox"/> Environment		Yes	No	N/A
	Were environmental conditions a contributing factor (for example, physical space, illumination, noise levels, air containment, temperature extremes, ventilation)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	Was there an environmental risk recognized prior to the event? If so, was it reported?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	What systems are in place to identify environmental risks in relation to the incident (e.g. monthly inspections, drills, safety inspections)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Comments				
<div style="border: 1px solid black; height: 40px;"></div>				
characters left: 8000 ✔				
<input type="checkbox"/> Equipment/Material		Yes	No	N/A
	Was there equipment or materials performance issues that contributed to the event?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	Was there an equipment inspection procedure to detect hazardous condition(s)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	Did the existing equipment inspection procedure detect the hazardous condition?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	Was the correct equipment used? Was the equipment used properly?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Comments				
<div style="border: 1px solid black; height: 40px;"></div>				
characters left: 8000 ✔				
Please explain the above responses:				
<div style="border: 2px solid black; padding: 10px; background-color: yellow;"> <p>This should explain criteria utilized to select answers in each section (i.e. – no evidence found that staff did not follow the procedure; Based on review of IPOS/Progress Notes and other documentation a complete assessment was not completed and staff were not trained on how to implement the plan that was in place)</p> </div>				
characters left: 8000 ✔				
✔ Spell Check				



Step 5: Enter Root Cause and all documentation to support the investigation/review. Upload all notes related to this event according to the instructions.

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2. Sentinel Event Review: Action Taken

Description of the identified root cause

Based on the investigation what was the root cause identified. How can this issue be remediated or prevented in the future for this member or any member with same or similar identified issues?

characters left: 8000

Documentation of the dates and nature of contacts for the quarter before and after the sentinel event
Please document the services and dates attended (or unattended) that the member was receiving prior to the event. Then, list of services and appointments enacted for the member following the incident with the respective dates.

Services may be copied here directly from MH-WIN (Supports Coordination; Appointments kept/unkept; doctor visits; hospitalizations, etc.)

characters left: 8000

0 Attachments

Date / Type	Notes	Scan Attachment Upload Attachment
No Attachments Exist		

Staff Developing and Implementing Action Plan + Add Staff

Name/Title/Credentials

<input type="text"/>	Credential(s)	Job Title	✖
lookup	<input type="text"/>	<input type="text"/>	

Staff Reviewing and Monitoring Action Plan + Add Staff

Name/Title/Credentials

<input type="text"/>	Credential(s)	Job Title	✖
lookup	<input type="text"/>	<input type="text"/>	

✔ Spell Check

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3. Sentinel Event Review: Plan of Action

Plan of Actions + Add Plan of Action

Record Added
cspight 02/14/2023 09:27:08 AM

Record Changed
cspight 02/14/2023 09:27:08 AM

Record ID: 18290735

Save and Continue to Signatures
Save
Cancel

Step 6: Create the Plan of Action to remediate or eliminate reoccurrence

You must select each Causal Factor area identified (drop down box) and complete all sections for each factor. (i.e. if you selected Method/Procedure and Staff Related you must complete two Plans – one for each)

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3. Sentinel Event Review: Plan of Action

[Add Plan of Action](#)

Plan of Actions

Causal Factor: * Select Causal Factor Date of Implementation: Use Current Date Staff Responsible: [lookup](#)

Issue/Concern Identified

What issue was identified that did or did not occur that contributed to the incident

characters left: 2048

Description of Action to be Taken

Who will do what – when (date/time frame)

characters left: 2048

Measure of Effectiveness

What evidence will demonstrate the plan is working/effective? What will you see?

characters left: 2048

Step 7: Signatures

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4. **Signatures**

4. Sentinel Event Review: Signatures

Once this document has been signed, it will be reviewed and processed by the Quality Performance Improvement Team. If accepted the event will be closed; if corrections or additions are required you will be notified via MH-WIN. Selected reviews are presented to DWIHN Sentinel Event Committee/Peer Review Committee (SEC/PRC) for review and closure.

The RCA Peer Review is a process, including the review process under 143a of the Michigan Mental Health Code, Section 330.1143a, in which mental health or physical health professionals of a licensed hospital, or community mental health services program evaluate the clinical competence of staff and the quality and appropriateness of care provided to recipients. **These evaluations are confidential** in accordance with section 748(9) of the Michigan Mental Health Code, Section 330.1748, and are based on criteria established by the facility or community mental health professions and MDHHS. DWIHN has determined the clinical portion of Sentinel Event(s), Death Review(s), and Clinical Case Review and Consultation(s), to be peer review activities. DWIHN's Peer Review Committee is comprised of the Medical Director, designated Clinical Quality Improvement Staff, and Office of Recipient Rights designee (as appropriate only to Rights violations). **In accordance with the Michigan Mental Health Code statutes cited all records, data, and knowledge collected for or by individuals or committees assigned a peer review function including all functions under section 143a(1) for SEC/PRC Committee meetings are confidential, shall be used only for the purposed of peer review, are not public records, and are not subject to court subpoena.**

Electronic Signatures

This document cannot be signed for the following reasons:

- At least one attachment must be added ([Action Taken](#))
- At least 2 staff are required. Please add additional staff member(s) ([Action Taken](#))

Staff Signature Required By [lookup](#)
██████████ Carla Spight-Mackey

QPI Signature Required By [Take Ownership of Signature](#)

Signature Group:

CPI Signature

Signature Group: * Select Signature Group

SUD Signature

Signature Group: * Select Signature Group

QPI Signature Required By [Take Ownership of Signature](#)

Signature Group:

You will be unable to sign if the document is not completed

One staff lead may sign for everyone



QUALITY PERFORMANCE IMPROVEMENT PROGRESSIVE STEPS TO RESOLUTION OF EVENTS

Rating Scale for Compliance to Root Cause Analysis

Beginning FY 2023/2024 – RCAs will be rated along with final designations:

1. Standard of care met, no action needed
2. Standard of care met, with room for improvement
3. Standard of care not met, attributable to systems
4. Standard of care not met, attributable to individual practitioner

When the Standard of Care is attributable to an individual practitioner **within the pilot group, FY 2023/2024**, that staff person will be assigned training through the CareAcademy based on severity of event. (This applies to the seven identified CRSPs only during this pilot program). The training is time-framed and upon testing and completion a certificate is provided.

Sentinel Events document submission and review process:

1. Receive and review Critical/Sentinel Events and all supporting documentation.
2. Notify CRSP; DWIHN Quality Performance Team; and, Quality Performance System Administrator of missing required documents and due dates of those not received by due date (**Due date for all supporting documents is 7 business days** from knowledge of the event);
3. **Second (2nd) notification (3 business days)** sent when first request is not submitted by due date. Notifications sent to CRSP Management; Quality System Administrator, Quality Director;
4. If response is not received in **3 business days after second notification**; Notification and request for documents for closure of the event are forwarded to CRSP Executive leadership, Quality Director, Quality Performance Improvement Administrator, Medical Director, and Compliance.
5. If there is no response **within 2 days** at this step – request for sanctions will be sent to all listed in #4.



ROOT CAUSE (RCA) PLAN OF ACTION – Remediation Process

The remediation and monitoring of the Plan of Action requires the CRSP to submit a 30-day report for the period designated by the Quality Performance Improvement Team (QPIT) and/or Sentinel Event Committee/Peer Review Committee (SEC/PRC). Notification for the period will be forwarded to the CRSP, and the format required will be forwarded at that time.

CRSP's are required to begin the initial entry process into MH-WIN of of the RCA within two (2) days of the initial report of the sentinel event. By the third (3rd) business day the RCA process must be fully implemented. Fifteen (15) days after the initial report of the event all required documentation along with the Plan of Action must be completed and entered into the member's MH-WIN record.

The DWIHN Quality Performance Improvement Team then will have 15 business days to review the RCA and Plan of Action to request additional information if required and render a final decision in accordance with the RCA Rating Scale.

All Corrective Actions listed in the RCA Plan of Action section require the updated monitoring report as stated in paragraph one above to be submitted to the QPIT for review by the SEC/PRC as appropriate. **The Plan of Action should be completed as soon as possible, but no later than 90 days. QPIT can request periodic updates to monitor continued adherence to the plan for up to 360 days after completion, and the Plan could also be audited for compliance during the annual provider Quality audits after completion.** This monitoring practice is implemented to ensure remediation or elimination of the identified event issues.



REFERENCES

- MDHHS – PIHP Contracts & Agreements – 6.0 PIHP Organizational Structure; 6.1 Critical Incidents; Attach P7.7.1.1 FY 2022 MDHHS/PIHP Managed Specialty Supports and Services Contract – Reporting Requirements
- MDHHS/PIHP Event Reporting – PIHP Incident Warehouse
- MDHHS – CRM/CIS-MiCal Reporting System Warehouse
- Michigan Department of Health & Human Services Behavioral Health and Developmental Disabilities Administration – “Instructions: Sentinel Events Data Report” (Revised 3/29/19)
- Michigan Department of Health and Human Services Minimum Operating Standards for MI Health Program and MI Health Link HCBS Waiver (5/2019)
- DWHN “Reporting of Member Critical Event, Sentinel Event, and Death Policy”
- DWHN “Reporting of Member Critical Event, Sentinel Event, and Death Reporting Procedures”
- MDHHS Standard on Behavior Treatment Plans and Procedures
- 45 CFR438.214
- Medicaid Managed Specialty Supports and Services contract, Section 6.4
- AFP Sections 3.8, 4.0
- Waiver Assurance for Participant Safeguards
- Michigan Mental Health Code Section 748 (9), section 330.1748 and 330.1143a, section 143a(1)
- Health Services Advisory Group (HSAG) Standards
- NCQA Standards

Adult and Child Protective Services Report Line– 855-444-3911 (24 hours)

Sexual Assault Hotline – 855-VOICES4

Emotional Support/Suicide Crisis Line – 988 (CALL OR TEXT)



DWIIHN QUALITY PERFORMANCE IMPROVEMENT STAFF CONTACTS

REMINDER:

*The most efficient and HIPPA compliant way to reach
our staff is via MH-WIN emessaging system*

Tania Greason, MBA – Quality Administrator – tgreason@dwihn.org

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