



CRITICAL/SENTINEL EVENTS

3 Year Comparison

FY 2021/2022 through FY 2023/24



The data in this report is the comparison for FY 2021/22 through FY 2023/24 of Critical/Sentinel Events in Detroit Wayne Integrated Health Network's (DWHN) system of care.

During this reporting period, MDHHS instituted a new reporting system known as MiCal/CRM which allowed MDHHS to conduct remediation review daily rather than monthly or quarterly. The implementation of this process greatly impacted the reporting and review process for the Quality Performance Improvement Team (QPIT) as well as some targeted changes in overall categories and subcategories.

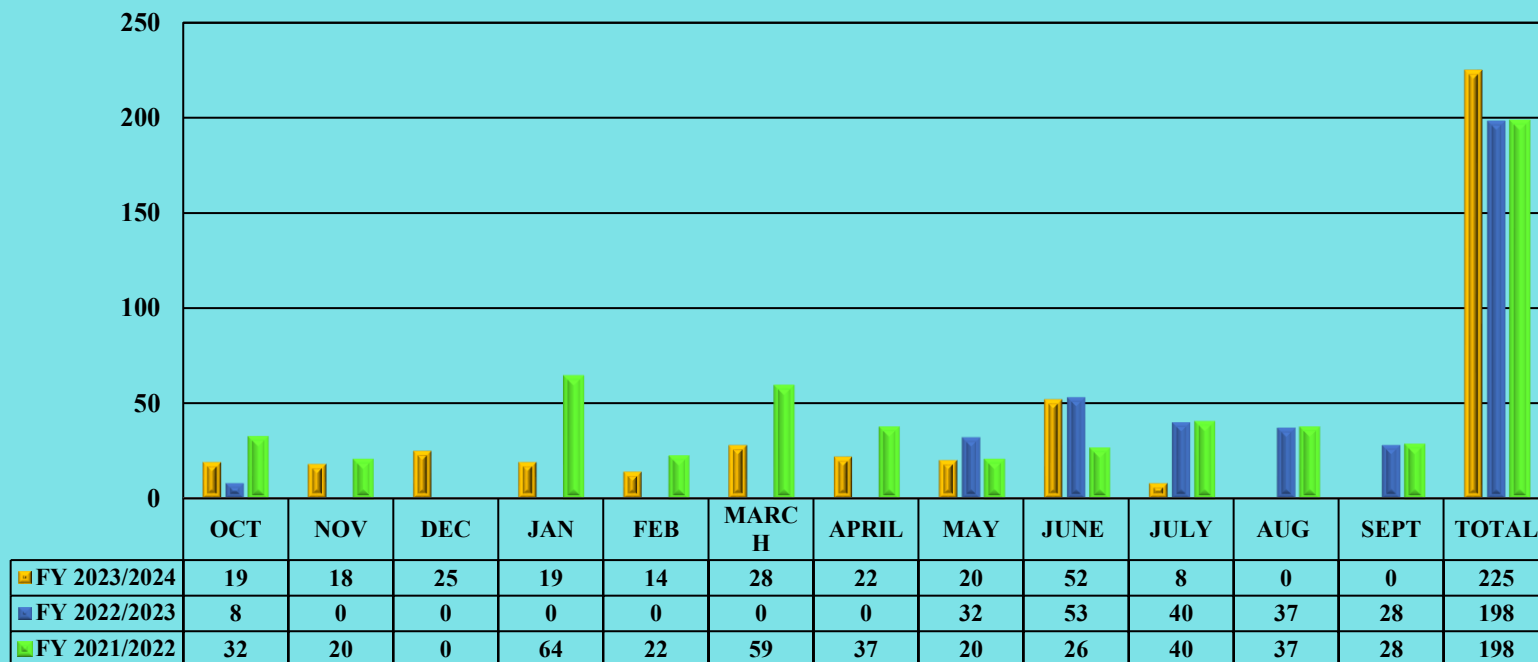
In collaboration with DWHN - IT Department, Critical and Sentinel events were forwarded daily through the Health Information Electronic (HIE) process to MDHHS. The QPIT received daily communications from MDHHS for remediation documentation based on MDHHS review within 3-5 days. The QPIT developed a process for obtaining documents from the Provider network frontline to manage the requests from MDHHS. This process often required daily communication and coordination with the Provider Network as processes and technology were being corrected and improved in this new contractual obligation. On-going technical assistance with both MDHHS, DWHN – QPIT and the Provider Network continued over the first year of implementation of this new system.

The Critical/Sentinel Event Guidance Manual was revised based on NCQA, HSAG, ICO, and MDHHS changes for reporting in collaboration with enhancements made by the IT Department to streamline and improve the MH-WIN Critical/Sentinel Event module. Additions to the module included the ability to directly input Root Cause Analysis (RCA) reviews, and to track preventable/non-preventable events for Risk Management reviews.

Training directly related to Critical/Sentinel Events for the entire DWIHN system along with technical assistance to both management and some direct Provider staff on reporting in the MH-WIN module.

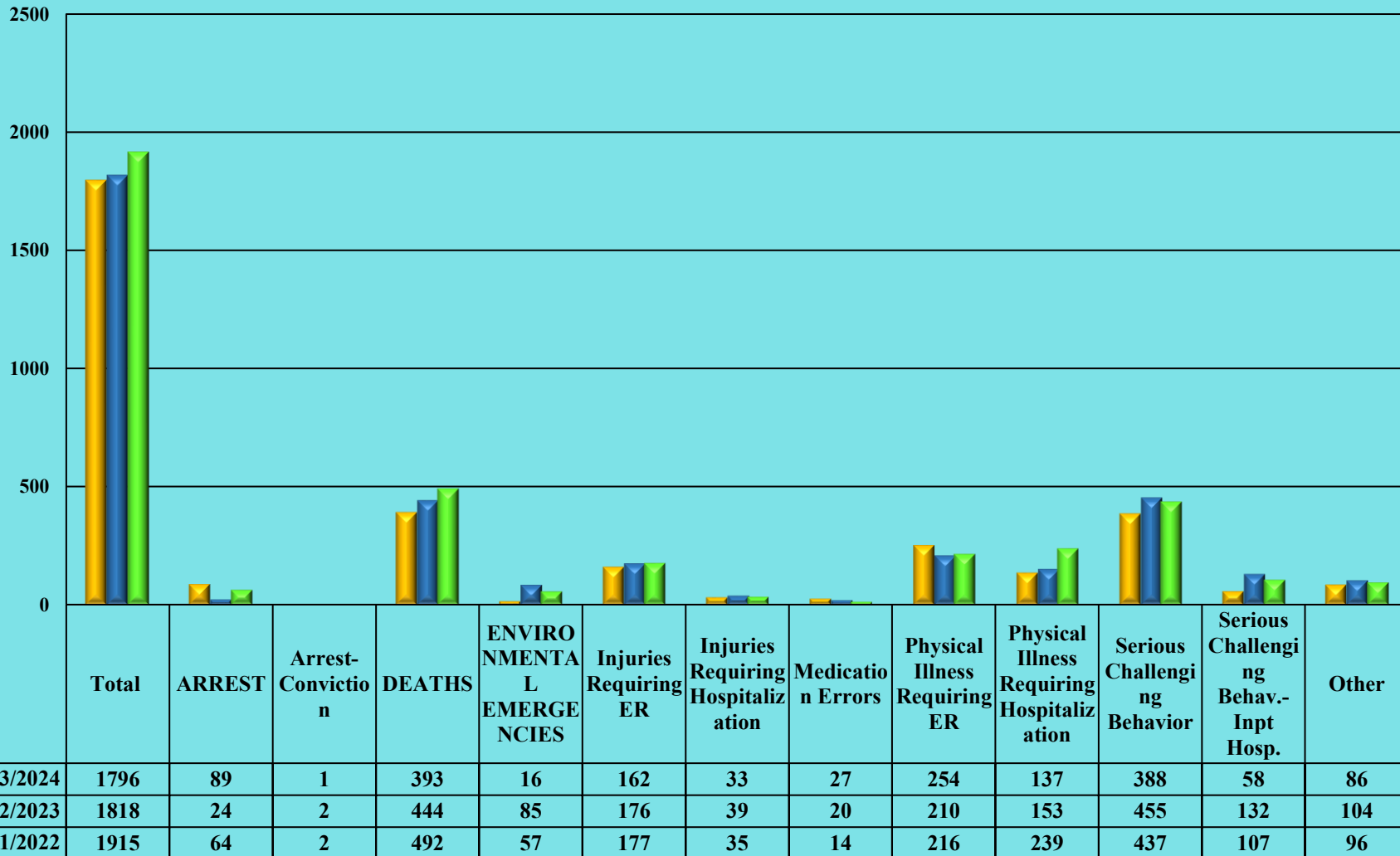
The QPIT continues to examine the trends and patterns and seeks to identify methods to efficiently capture data to assist in implementing processes and procedures to ensure the standard of care and scope of services for the best possible outcomes for the members we serve.

STAFF TRAINING

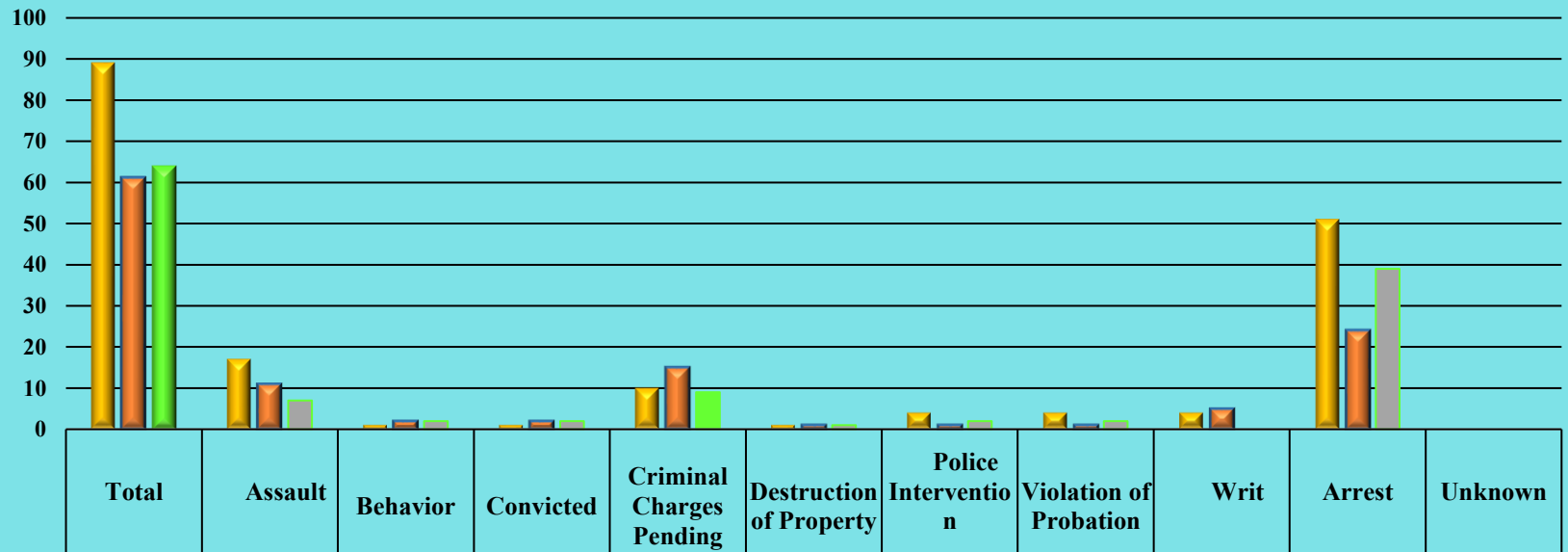


Critical/Sentinel Event training continues to evolve and become more specific in identifying trends and patterns. The curriculum enhancements have included helping staff to understand why their individual licensure and credentials are required in the development, instruction, and implementation of the treatment protocols of the Individual Plan of Service, Crisis Plans, Behavior Treatment Plans, etc.

CRITICAL/SENTINEL EVENTS – 3 YEAR COMPARISON

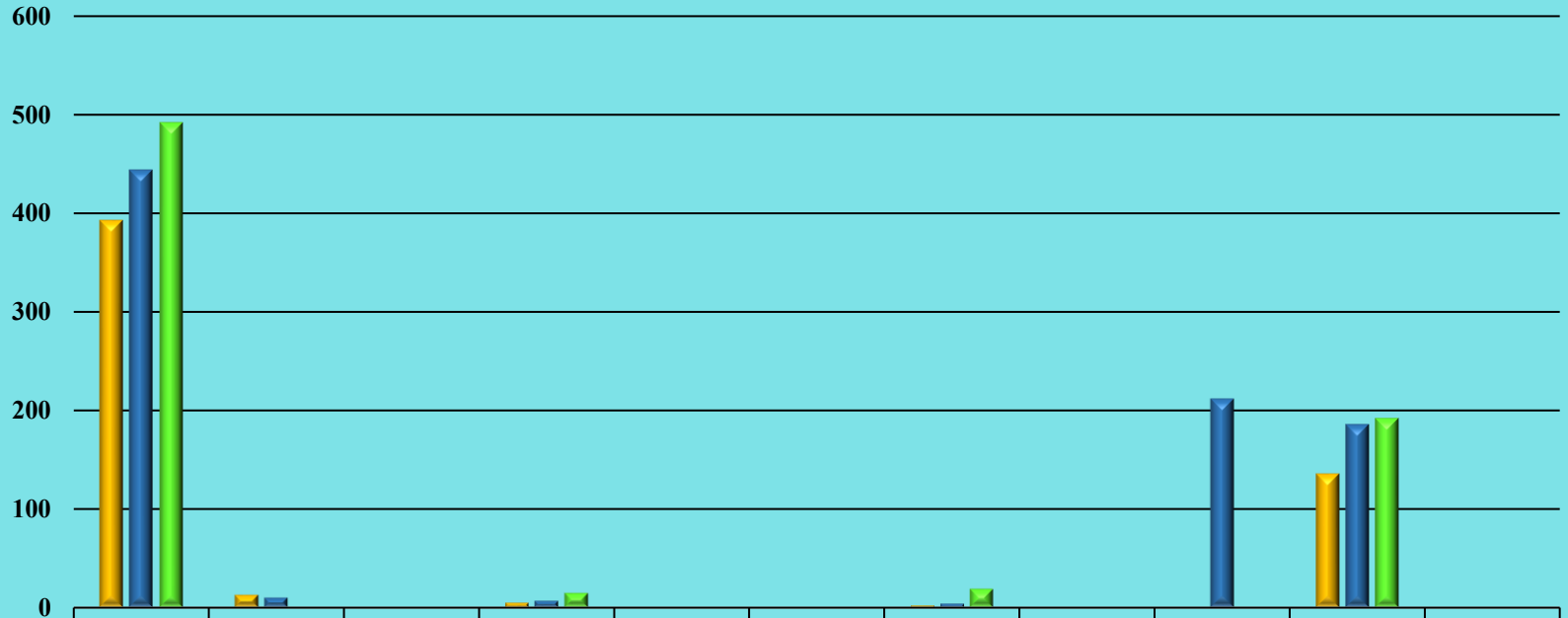


ARRESTS



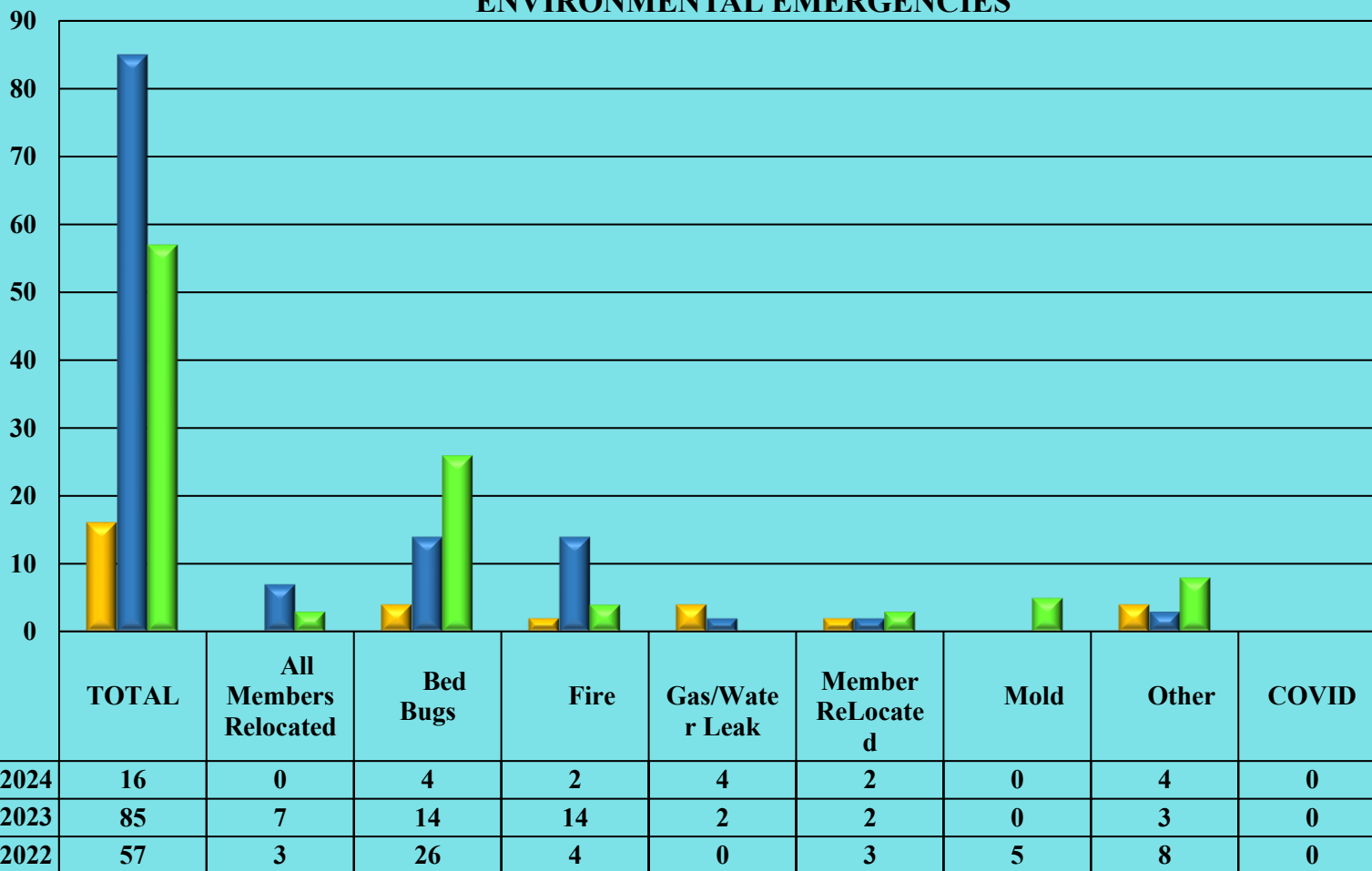
	Total	Assault	Behavior	Convicted	Criminal Charges Pending	Destruction of Property	Police Intervention	Violation of Probation	Writ	Arrest	Unknown
FY 2023/2024	89	17	1	1	10	1	4	4	4	51	0
FY 2022/2023	61	11	2	2	15	1	1	1	5	24	0
FY 2021/2022	64	7	2	2	9	1	2	2	0	39	0

DEATHS

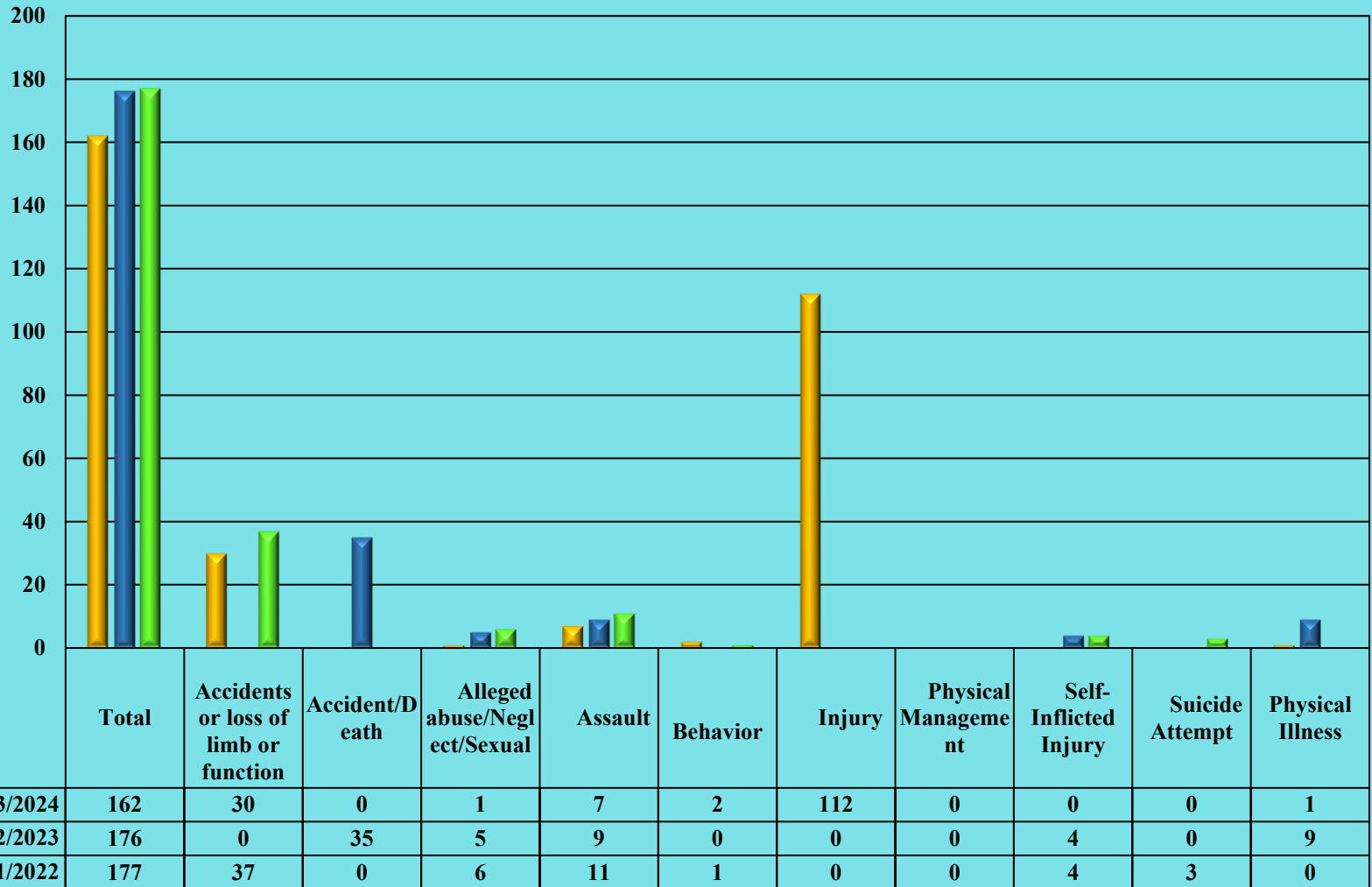


	Total	Suicide	Drug Overdose	Homicide	Physical Illness	Substance Abuse	COVID-19	Chronic Physical Illness	Unknown Cause	Pending	Death
FY 2023/2024	393	13	0	5	0	0	2	0	0	136	0
FY 2022/2023	444	10	0	7	0	0	4	0	212	186	0
FY 2021/2022	492	0	0	15	0	0	19	0	0	192	0

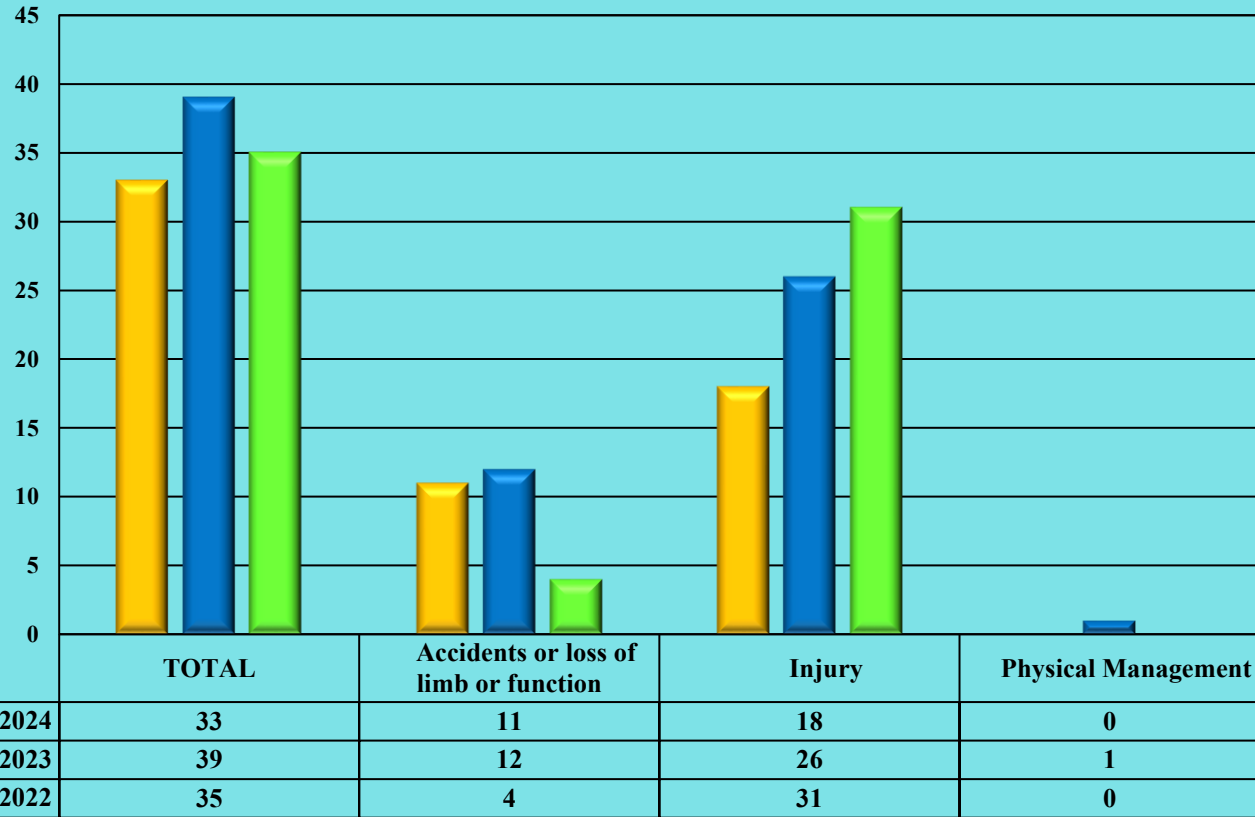
ENVIRONMENTAL EMERGENCIES



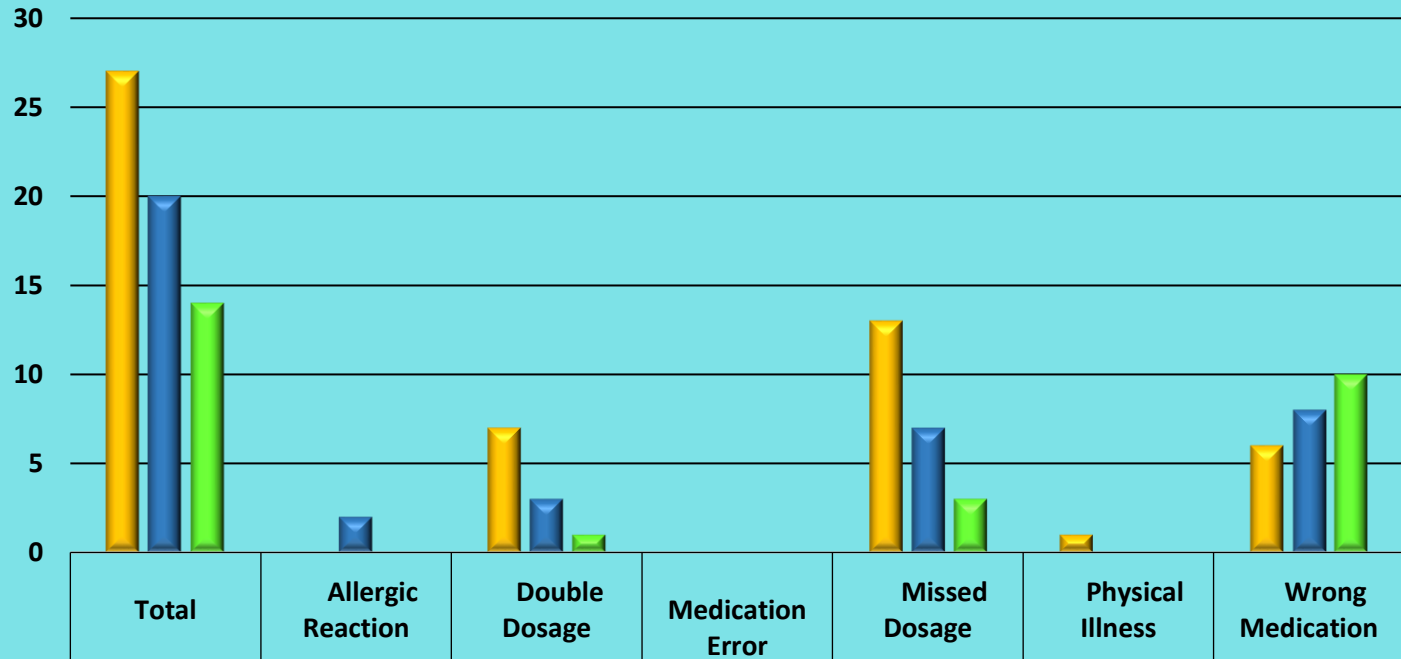
INJURIES REQUIRING ER






Injuries Requiring Hospitalization

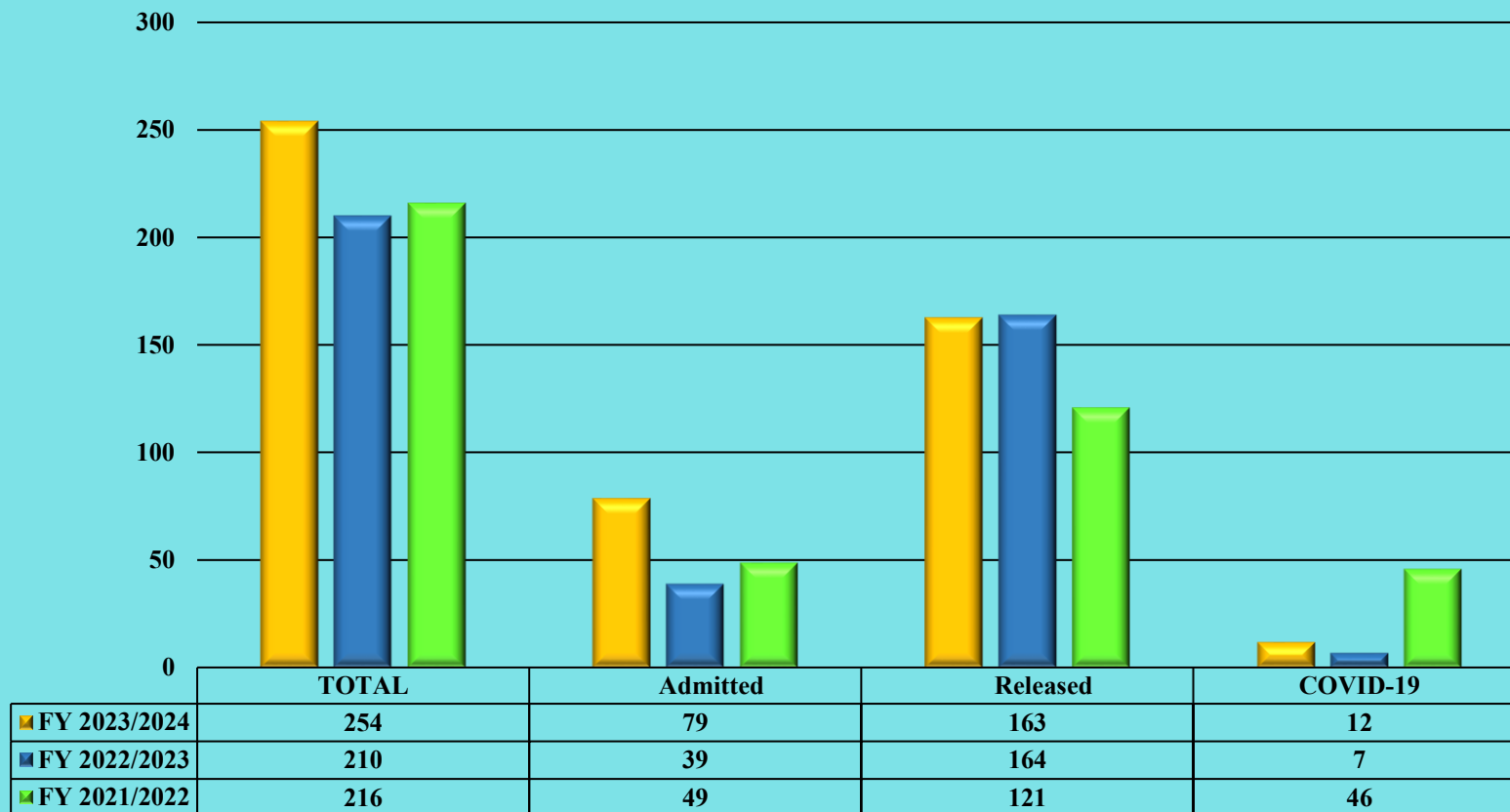


MEDICATION ERROR

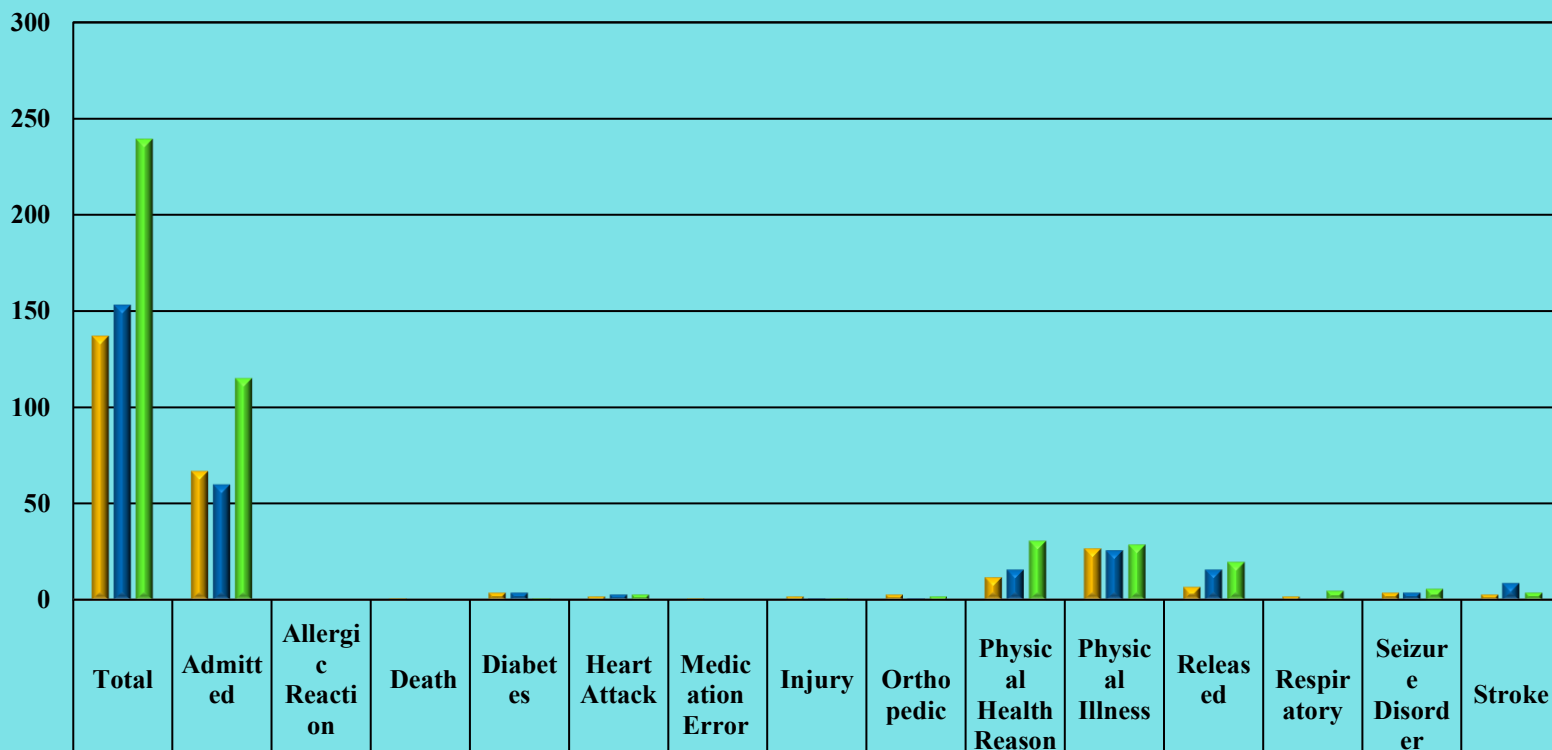


 FY 2023/2024	27	0	7	0	13	1	6
 FY 2022/2023	20	2	3	0	7	0	8
 FY 2021/2022	14	0	1	0	3	0	10

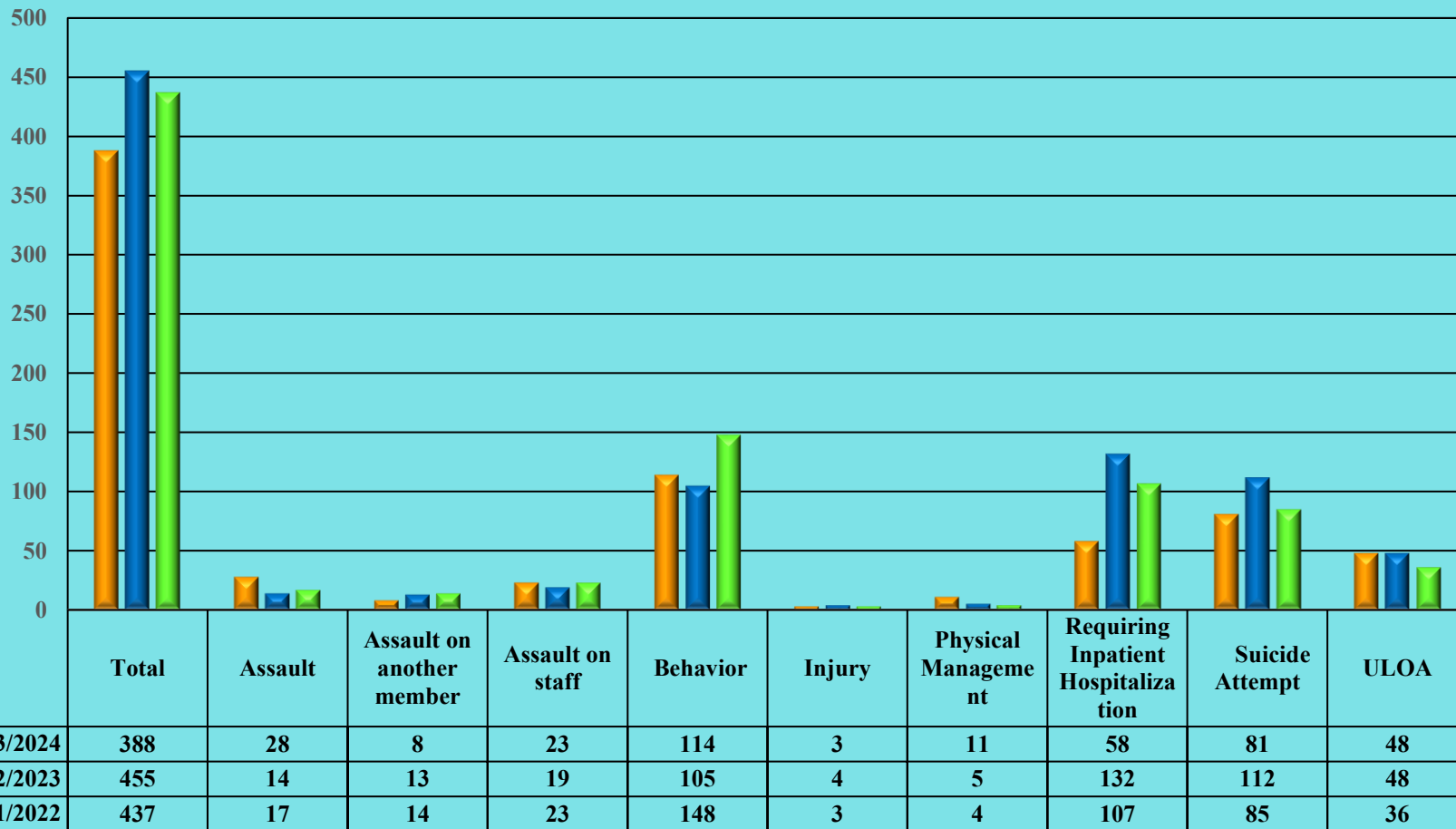
Physical Illness Requiring Emergency Room



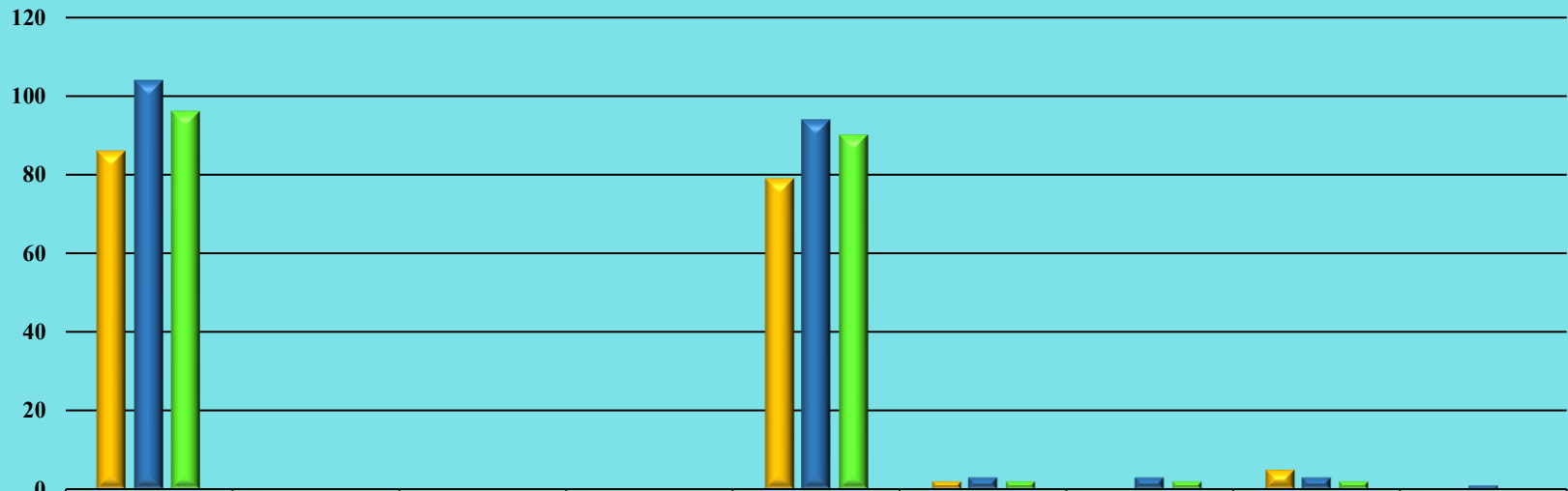
PHYSICAL ILLNESS REQUIRING HOSPITALIZATION



Serious Challenging Behavior



OTHER: (i.e. Abuse/Neglect, Exploitation, Critical No Show, Illegal Activity, Impaired Worker)



	Total	Behavior	Robbed/Assaulted	See SE Report	Alleged Neglect/Abuse	Critical No Show	Exploitation	Illegal Activity	Impaired Worker
FY2023/2024	86	0	0	0	79	2	0	5	0
FY 2022/2023	104	0	0	0	94	3	3	3	1
FY 2021/2022	96	0	0	0	90	2	2	2	0



The data presented throughout this report is gathered through the processing and review of Critical/Sentinel Events entered into MH-WIN by the member's direct service staff reports. Documentation to verify follow-up, treatment based on accepted standards of care, scope of services is required to demonstrate the appropriate remedial response when an adverse action has occurred. The Quality Performance Improvement team is comprised of State of Michigan licensed nurses, social workers and professional counselors. In collaboration with this review team, also reviewing a sample of the cases, the Sentinel Event Committee/Peer Review Commitment comprised of State of Michigan licensed psychiatrist, social workers, psychologists, nurses; and departmental representative from the Office of Recipient Rights, Substance Use Disorder Manager, Managed Care Organization - Contracts, Compliance, Childrens' Initiatives, Adult Initiatives, Member's Experience (Customer Service), and the Provider Network.

This data is presented to the Providers through Quality Operations meetings, posted on the DWIHN website for public review, and forwarded by Quality Management leadership to the Executive Leadership and Board of Directors.