Status **Pending** PolicyStat ID **20361251**

Origination	01/2017
Last Approved	N/A
Effective	Upon Approval
Last Revised	09/2026
Next Review	1 year after approval

Owner	Tania Greason: Quality Administrator
Policy Area	Quality Improvement
Applicability	Detroit Wayne Integrated Health Network

Critical Events, Sentinel Events, and Death Reporting

COPY

PROCEDURE PURPOSE

To provide guidelines and operational procedures for DWIHN and Clinically Responsible Service Provider (CRSP) staff to report, review, and enter critical events, critical incidents, sentinel events, risk thereof events and consumer deaths into the Mental Health Wellness Information Network (MH-WIN) Critical Event/Sentinel Event Module.

EXPECTED OUTCOME

The DWIHN and CRSP, including SUD staff, will understand the importance, requirements, and procedural steps, as well as the process flow for critical events, critical incidents, risk thereof events, sentinel events, media events, death reviews, and reporting for all consumers actively receiving services in the DWIHN provider system.

PROCEDURE

Provider Reporting Requirements

Designated CRSP and SUD provider staff must document and submit event reports in the MH-WIN system for any consumer actively receiving services who experience an incident in the following five (5) mandatory reporting areas:

- **Suicide**

- **Non-suicide deaths**
- **Emergency medical treatment** resulting from injury or medication error
- **Hospitalization** resulting from injury or medication error
- **Arrest**

Note: All data entered into MH-WIN is electronically transferred to the MDHHS Michigan Crisis and Access Line (MiCAL) system via the Health Information Exchange (HIE), managed by the DWIHN IT Department.

Refer to the attached "MH-WIN Procedural Guidance Manual for Reporting Critical Incidents/Events, Sentinel Events and Death Reporting Process" which provides the detailed guidance and directions for entering data in accordance with this procedural policy.

Reporting Requirements and Deadlines

All CRSPs, including Substance Use Disorder (SUD) providers, must document reportable incidents for active members assigned to their organization. Providers must log Critical Events, Sentinel Events, Risk Thereof, and all other DWIHN reportable categories into the MH-WIN Critical/Sentinel Event Module within 24 hours of becoming aware of the event. All supporting documentation must be uploaded directly to the member's critical event record within 7 business days of the initial entry.

COPY

Media-Reported and Urgent Events

Events reported in the media (including television, print, internet, or social media) that meet sentinel event criteria require immediate action. Upon learning of the event, providers must immediately send an e-message through MH-WIN to the Quality Performance Improvement Team (QPIT) in compliance with the "MH-WIN Procedural Guidance Manual for Reporting Critical Incidents/Events, Sentinel Events and Death Reporting Process." QPIT will review the e-message and electronically transmit the data via the Health Information Exchange (HIE) from MH-WIN to the MDHHS MiCal system while alerting DWIHN leadership.

Module Training and Access Control

Prior to receiving authorization to access the Critical/Sentinel Event Module, staff must complete all mandatory training and compliance requirements. Assigned network and contracted personnel must attend Critical/Sentinel Event Training conducted by QPIT staff, complete the corresponding training in the designated training platform, and achieve a minimum score of 80% on the post-training quiz. To maintain system access, staff must complete an annual training update. A minimum of two personnel from the CRSP agency must attend Critical/Sentinel Event Training to meet reporting requirements. QPIT is responsible for module access management and ongoing technical assistance.

Death Verification and Notification Protocol:

1. Prior to notifying external oversight bodies of a member's death, the CRSP provider must complete a Primary Source Verification and report the death to ORR and input it in the Critical/Sentinel Event module within 24 hours of obtaining knowledge of the death.

a. This requires confirming the death through an official entity such as the Medical Examiner's office, Admission, Discharge, and Transfer (ADT) system, hospital, or funeral home (verifiable obituaries or funeral home website documentation are acceptable).

b. Once verified, providers must contact the DWIHN Office of Recipient Rights (ORR) via the ORR Hotline at 1-888-339-5595 or by faxing the "How To Get a Death Log Number" form to the designated ORR fax number, 313-833-2043.

2. The "Report of Death (DWIHN Version)" link in the MH-WIN member record (Demographic section) must be completed for all deaths (expected and unexpected) **except** deaths that occur in hospitals, nursing homes, or hospice care, within 10 business days after the Death Log number has been assigned/received from DWIHN ORR. The Death Log number assigned by DWIHN ORR must be included when completing this link in the member's electronic record.

3. The copy of the death certificate and/or Medical Examiner Report will be obtained by QPIT and uploaded into MHWIN. If the CRSP does obtain a copy of the death certificate and/or medical examiner report, it can be uploaded directly to the death of recipient event with the "Attachment" link by the CRSP staff.

Quality Performance Improvement Team (QPIT) Review and Classification

COPY

The Quality Performance Improvement Team (QPIT) holds final decision-making authority on whether an incident meets the definition of a critical, sentinel, or media event (or poses a risk thereof). This review applies to events tied to a practitioner's scope of practice or standard of care.

The review scope includes:

- **Severe Harm and Behaviors:** Events involving self-harm, harm to others, or severe challenging behaviors that place individuals at risk of harm, aligned with DWIHN Serious Challenging Behavior categories.
- **Unscheduled Hospitalizations:** Two or more unplanned medical hospital admissions within a 12-month period. This excludes planned surgeries or admissions resulting from the natural progression of a chronic or terminal illness.

Outcome: The primary objective of this review is to ensure every incident is accurately classified as either a sentinel event or a non-sentinel event.

Root Cause Analysis

1. All Suicides, Homicides, SUD Deaths, and Sentinel Events reported require that all related documentation be uploaded to MH-WIN within fifteen (15) business days for the Root Cause Analysis (RCA).

    a. The Plan of Correction/Plan of Action Investigation, including a monitoring plan and identification of staff (full name/position/licensure/credential) responsible for carrying out the Plan are all required 15 business days after the initial report of the event with all documentation to be entered into the member's record in the event.

b. DWIHN QPIT 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. Implementation of the Plan of Action shall be completed as soon as possible, but no later than 90 calendar days after the final decision is received from Quality Performance Improvement.

c. The QPIT may request periodic updates to monitor continued adherence to the Plan of Action for up to 360 calendar days after completion.

2. The RCA review must focus on an examination of the standard of care (best practice as accepted by experts as a proper treatment for the identified diagnosis widely used by behavioral/physical healthcare professionals); and the scope of service (systems and procedures involved in the delivery of care to the member). This analysis must also address how any failure or variation in applying the procedure did cause or may have caused the critical or sentinel event. All persons involved in the RCA shall have the appropriate valid credentials and license to review the scope of service and the standard of care being reviewed, and shall be listed by legal name with their full professional credentials and certifications on the RCA document.

3. RCA/Investigations/Plan of Action 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), Crisis/Safety Plans, progress notes, psychiatric evaluations, Behavior Management Plans, drug screens, hospitalizations, Death Certificates, Autopsy Reports (as appropriate), records of dispute resolutions, grievances and appeals, and recipient rights complaints. The RCA process begins with 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 (3rd) business day, the RCA process must be fully implemented. Fifteen (15) business 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.

4. Following completion of an RCA or investigation, a) the findings shall include actions that will minimize or remediate the further occurrence of the sentinel event (per CMS approval, ICO MI Coordinated Health Highly Integrated Dual-Eligible Special Needs Plan (MICH HIDE SNP) contractual requirements, 45 CFR SUD, and requirements, and MDHHS current contractual requirement); or; b) a written explanation providing the rationale for not pursuing an intervention. A Corrective Action Plan or intervention must identify: objective, measurable actions; who will implement the plan of action; a time frame for the implementation; and how the implementation of the plan will be monitored or evaluated and submitted via the "Reviews" link, "Add Root Cause Analysis" tab within each Critical Event in MH-WIN. The final report along with all documentation is due 15 business days after the initial report of the sentinel event and must be completed in the members' record in the MH-WIN system within that timeframe.

5. DWIHN Quality Performance Improvement staff may conduct an on-site investigative review of the critical incident, critical event as a sentinel event. In this case, a written notification for investigation of the incident will be sent to the CRSP. DWIHN Quality Performance Improvement staff may initiate an investigation and implement a Plan of Correction that may become part of the audit process of the Quality Improvement Audit Team during a scheduled audit; or may be followed by a Compliance directed audit; or finally, may be followed directly by the QPIT.

COPY

6. An "appropriate response" to a sentinel event "includes a thorough and credible RCA, implementation of improvements to reduce risk, and monitoring of the effectiveness of those improvements." (The Joint Commission, 2015)
7. All investigative materials will be maintained as confidential and distributed only as necessary to perform the peer review function in accordance with Mental Health Code Section 330.143(a), 143a (1), and section 748(9).

Sentinel Event Committee/Peer Review Committee (SEC/PRC)

1. Quality Performance Improvement staff convenes the Sentinel Event Committee/Peer Review Committee (SEC/PRC) approximately nine (9) times per year to review Sentinel Event cases within the five (5) category areas required by MDHHS, CMS, ICOs, SUD, 45CFR, and other cases as identified within this procedural policy and by the Medical Director and/or Committee members. The SEC/PRC Committee comprises the Medical Director/Designee; licensed clinical social worker, RN, licensed professional counselor, licensed psychologist, ORR, Member Experience, Contracts, Compliance, Clinical Services, and other DWIHN department personnel as appropriate.
2. The result of the SEC/PRC review of RCA submissions is rated on a four(4) scale decision: 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; or 4) Standard of care not met, attributable to individual practitioner. Progressive steps to resolution of events are delineated in the Guidance Manual for entering Critical/Sentinel Events.
3. The Quality Performance Improvement staff tracks trends and patterns. The reports are forwarded through the SEC/PRC Committee to the Executive Leadership Committee, to the Program Committee of the Board, and finally to the full Board of Directors for review and approval.
4. Review of Critical and Sentinel Events by the QPIT includes collaborative analysis and reporting of member experience and satisfaction with services provided, allowing for integration with the Customer Experience process.

COPY

PROCEDURE MONITORING & STEPS

Who monitors this procedure:	Quality Improvement
Department:	Quality Improvement Recipient Rights
Frequency of monitoring:	Daily
Reporting provided to:	QISC Recipient Rights
Comments: This procedure is associated with the Reporting Critical Sentinel Events and Death Reporting Policy,	

Attachments

How to Get a Death Log Number from ORR_REVISED (11-16-22) (002).docx

MARCH 2024 V1 GUIDANCE MANUAL.pdf

Approval Signatures

Step Description	Approver	Date
Medical Director	Shama Faheem: Chief Medical Officer	Pending
Unit Review and Approval	April Siebert: Director of Quality Improvement	09/2026
Unit Review and Approval	Tania Greason: Quality Administrator	09/2026

COPY

Applicability

Detroit Wayne Integrated Health Network

Standards

No standards are associated with this document