

ORGANIZATIONAL PROCEDURE

PROCEDURE # 7.3a	EFFECTIVE DATE	REVISED DATE
TITLE: CRITICAL INCIDENTS	1/1/2015	9/9/2022
<u>ATTACHMENT TO</u>	REVIEW DATES	
POLICY #: 7.3	9/9/2022	
POLICY TITLE: CRITICAL INCIDENT, SENTINEL EVENT, AND RISK EVENT REPORTING		
CHAPTER: QUALITY IMPROVEMENT		

I. PURPOSE

Each LRE Member Community Mental Health Service Programs (CMHSPs) shall develop and implement a Critical Incident, Sentinel Event, and Risk Event Reporting policy and procedure consistent with Lakeshore Regional Entity (LRE) Policy 7.3: Critical Incident, Sentinel Event, and Risk Event Reporting and the Michigan Department of Health and Human Services (MDHHS) Medicaid Managed Support and Services Contract.

LRE delegates responsibility for initial identification, investigation and follow up of Critical Incidents, Sentinel Events, and Risk Events to its member Community Mental Health Service Programs (CMHSP), with oversight and monitoring by the LRE. Member CMHSPs are responsible for reporting data to the LRE within the established time frames.

II. PROCEDURES

The Critical Incident Reporting system captures information on reportable events. Critical Incident pertains to five specific consumer-related events or incidents as follows:

1. Suicide
2. Non-suicide
3. Hospitalization due to injury or medication error
4. Emergency medical treatment due to medication error
5. Arrest of individual

LRE will report to MDHHS the following events within sixty (60) days after the end of the month in which the event occurred for individuals who, at the time of the event, were actively receiving services. Member CMHSPs are expected to provide Critical Incident data to the LRE by the 15th of each month (45 days after the end of the month in which the Critical Incident occurred).

Service	<u>Suicide</u>	<u>Death</u>	<u>EMT</u>	<u>Hospital</u>	<u>Arrest</u>
CLS	●	●			
Supports Coordination	●	●			
Case Management	●	●			
ACT	●	●			

Home-Based	•	•			
Wraparound	•	•			
HAB Waiver	•	•	•	•	•
SED Waiver	•	•	•	•	•
Child Waiver	•	•	•	•	•
Any Other Service	•				
Living Situation					
Specialized Residential	•	•	•	•	•
CCI	•	•	•	•	•

A. CMHSP Member Reporting Requirements

- a. Member CMHSPs will collect, review, and monitor their own Critical Incidents and Risk Events.
- b. Member CMHSPs will submit required data elements based on the MDHHS Contract requirements and will submit it to the LRE using established data elements, definitions, and coding which can be found in the document titled “MDHHS CIRE Data Entry and Report Submission Instructions”.
- c. Member CMHSPs will assign staff to enter Critical Incident and Risk Event data into the LRE reporting template “LRE_CIRE_Reporting”.
 - i. All new Critical Incidents and Risk Events not previously reported are coded as an “A” for Add.
 - ii. If a previously reported Critical Incident or Risk Event needs to be changed, staff are to use either “V” for void or “R” for replace.
 - iii. If a previously reported Critical Incident or Risk Event is voided, it is then necessary to submit an “Add” with the corrected or changed information.
- d. The CIRE data file will be reviewed by CMHSP staff for errors and completeness prior to submission.
- e. Files must be submitted to the LRE in a Comma Delineated File using the following naming convention: CIRE_CMHSP NAME_DataMonth. Example: CIRE_Muskegon_August2021.
- f. Utilizing the identified LRE FTP Submission process, the assigned member CMHSP staff will submit the Critical Incident and Risk Event data to the LRE FTP site in the appropriate CMHSP specific folder.
- g. A feedback file will be deposited into the member CMHSP FTP Pick-Up folder and is to be retrieved by the assigned CMHSP staff for review. The file includes:
 - i. A report of any errors that are to be corrected before re-submitting to the LRE FTP site. CIRE files can be resubmitted as many times as needed until the file shows no errors. The entire file must be resubmitted each time.
 - ii. If there are no errors, the report will indicate the number of non-blank rows included in the file.
- h. CMHSP staff will complete and submit the LRE Detail CIRE report monthly.
- i. The LRE Detail CIRE report Form is an MDHHS requirement for individuals receiving

Waiver services. This report is submitted to MDHHS annually.

- j. CMHSP staff will complete both tables of the LRE CIRE Detail Report monthly for individuals enrolled in the Habilitation Supports Waiver (HSW) program who had a reported CIRE for the following categories:
 - i. Injury requiring medical treatment or hospitalization.
 - ii. Med error requiring medical treatment hospitalization
 - iii. Preventable death.
- k. CMHSP staff will complete Tab #1 only for all other individuals who had a reported CIRE during the reporting month for the following categories:
 - i. Injury requiring hospitalization
 - ii. Med error requiring medical treatment or hospitalization
- l. CMHSP staff will upload the completed LRE CIRE Detail report to the Pick-up folder on the FPT Critical Incident site.

B. Risk Event Reporting

Risk Event Data is not reported to MDHHS, however the LRE is required to have a process for collecting, aggregating, monitoring trending, and follow-up of the events.

- a. Risk Events pertains to five specific consumer-related events or incidents as follows:
 - i. Harm to Self
 - ii. Harm to others
 - iii. Police calls
 - iv. Use of Physical Management
 - v. Two or more unplanned Hospitalizations within a 12-month period
- b. Risk Event data is collected on all individuals receiving services Support Coordination, Home-Based or ACT services at the time of the Risk Event occurred.
- c. Per MDHHS requirements the following Risk Events need to be reported by the CMHSP to the LRE within sixty (60) days after the end of the month in which the event occurred.
- d. Member CMHSP's are expected to provide Critical Incident data to the LRE by the 15th of each month (45 days after the end of the month in which the Critical Incident occurred).

Service	Harm to Self	Harm to Others	Police Calls	Physical Management	Hospitalization
Supports Coordination	•	•	•	•	•
Case Management	•	•	•	•	•
ACT	•	•	•	•	•
Home-Based	•	•	•	•	•

- e. The process for reporting the Risk Events data to the LRE is the same process used for reporting the Critical Incident data as outlined in Section A: Critical Event

Reporting above

C. LRE Reporting Responsibilities

- a. After the 15th of each month, QI staff will log onto the LRE FTP Critical Incident site to ensure all CMHSPs have completed their monthly data submission.
- b. Member CMHSPs will be contacted by QI staff to follow up if reporting is not complete or contains errors.
- c. Upon receipt of all member CMHSP data, QI staff will run the CIRE XML creation process and will review the file for accuracy and completeness.
- d. QI staff will submit the Critical Incident XML file to MDHHS Michigan PIHP warehouse found at <https://mipihpwarehouse.org/MVC/Documentation> no later than the last day of the submission month. LRE retains copies of all CIRE data submissions.
- e. QI staff will complete quarterly reports and submit them to the QI ROAT. These reports will trend data by month, include reported data by each member CMHSP, and include aggregate data for both Critical Incident and Risk Events.
- f. QI staff will review and monitor critical incident and risk event data for trends/outliers and investigate issues as needed.

III. CHANGE LOG

Date of Change	Description of Change	Responsible Party
9/9/2022	Review	CEO or Designee