| PROCEDURE # 7.3b | | EFFECTIVE DATE | REVISED DATE |
|---|---|---|---|
| TITLE: | SENTINEL EVENT REPORTING | 1/1/2015 | 1/28/26 |
| ATTACHMENT TO | | REVIEW DATES | |
| POLICY #: | 7.3 | 9/9/22, 7/1/25, 7/1/26 | |
| POLICY TITLE: | CRITICAL INCIDENT, EVENT NOTIFICATION, AND SENTINEL EVENT REPORTING | | |
| CHAPTER: | QUALITY IMPROVEMENT | | |

## I. PURPOSE

To ensure timely and accurate reporting of Sentinel Events and Substance Use Disorder (SUD) Sentinel Events in compliance with Michigan Department of Community Mental Health requirements.

## II. PROCEDURES

**SENTINEL EVENT REPORTING**

CMHSP staff will immediately notify the LRE of a **possible** Sentinel Event. (*Immediately is defined as "within 24 hours of the occurrence or of knowledge of the occurrence").*

A. Notification will be completed by filling out the first page of the Unexpected Death/Sentinel Event Form and submitting the document via secure email to CIRE@lsre.org.

B. All unexpected deaths of Medicaid beneficiaries, who at the time of their deaths were receiving Medicaid funded specialty supports and services, are considered possible Sentinel Events and must be reported.
   1. Unexpected deaths determined to be due to natural causes should be reported to CIRE@lsre.org for removal from the possible Sentinel Event log.

C. Members have three (3) business days after a critical incident has occurred, or three (3) business days after becoming aware of the incident, to determine if it is a Sentinel Event
   a. If a critical incident is classified as a Sentinel Event, the Member has two (2) subsequent business days to commence a Root Cause Analysis of the event.
   b. Member CMHSPs shall complete the Root Cause Analysis within 90 days.
      i. Member CMHSPs shall have the appropriately credentialed staff to review the scope of care when conducting a Root Cause Analysis.
      ii. Sentinel Events that involve a consumer death, or other serious medical conditions, must involve a physician or nurse.

D. Within forty-eight (48) hours of the completion of the Root Cause Analysis, the Member shall forward a copy of the completed LRE Unexpected Death/Sentinel Event Report Form, which includes a summary of the event and measures taken to prevent

future occurrences of the event, to CIRE@lsre.org to be reviewed by the LRE Sentinel Event Committee

E. Based on the outcome of the analysis or investigation, the Member CMHSP must ensure that a plan of action is developed and implemented to prevent further occurrence of the Sentinel Event. The plan must identify who is responsible for implementing the plan and how implementation will be monitored. Alternatively, the Member CMHSP may prepare a rationale for not pursuing a preventive plan.
F. Data over time will be aggregated to identify possible trends, including:
    1. Sentinel Event Data (quarterly)
        a. Report to QI ROAT and UM ROAT
    2. Mortality Data (annually):
        a. Involvement of medical personnel in the mortality reviews.
        b. Documentation of the mortality review process, findings, and recommendations.
        c. Use of mortality information to address quality of care.

**EVENT REPORTING**

LRE shall immediately notify MDHHS through the CRM system of the following events:

A. Any death that occurs because of suspected staff member action or inaction or any death that is the subject of a recipient rights, licensing, or police investigation. This report shall be reported within 48 hours of either the death, the PIHPs receipt of notification of the death, or the PIHPs receipt of notification that a recipient rights, licensing, and/or police investigation has commenced to the CRM system and include the following information:
    - Name of beneficiary
    - Beneficiary Medicaid ID number
    - Consumer ID (CONID) if there is no beneficiary ID number.
    - Date, time, and place of death (if a licensed foster care facility, include the license number.)
    - Preliminary cause of death
    - Contact person's name and email address.
B. Relocation of a consumer's placement due to licensing suspension or revocation. Must be reported within five (5) business days.
C. An occurrence that requires the relocation of any provider service site, governance, or administrative operation for more than 24 hours. Must be reported within five (5) business days.
D. The conviction of an LRE, Member CMHSP 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 must be reported within five (5) business days.
E. Any changes to the composition of the provider network organizations that negatively affect access to care must be reported within seven (7) days. LRE shall have procedures to address changes in its network that negatively affect access to care. Changes in

provider network composition that the MDHHS determines to negatively affect recipient access to covered services may be grounds for sanctions.

F. Critical incidents which may be newsworthy or represent a community crisis must be reported to MDHHS immediately,

**SUBSTANCE USE DISORDER SENTINEL EVENT REPORTING**

All incidents for persons living in a 24-hour specialized residential substance use disorder treatment setting, should be reviewed to determine if the incidents meet the criteria and definitions for sentinel events as defined in MDDHS Critical Incident, Event Notification, And Substance Use Disorder (SUD) Sentinel Event Reporting Requirements and if they are related to practice of care.

The outcome of this review is a classification of incidents as either a) sentinel events, or b)non-sentinel events.

Events determined to be sentinel events require notification to LRE within 24 hours by email to CIRE@lsre.org.

## I. CHANGE LOG

| Date of Change | Description of Change | Responsible Party |
|---|---|---|
| 9/22/22 | NEW Procedure – removed from policy | CEO or Designee |
| 7/1/25 | Update language to align with MDHHS policy and procedures | COO or Designee |
| 1/28/26 | Increased RCA time to 90 days | COO or Designee |