

NORTHCARE NETWORK

POLICY TITLE: Event Reporting and Notification Replaces Sentinel Event Reporting Policy; Eff 6/26/02)	EFFECTIVE DATE: October 1, 2010 (Retro.)
DATE OF LAST REVIEW: (Reviewed with no changes or minimal text revisions.) December 15, 2010	DATE OF LAST POLICY REVISION: (Revision to policy statement.) December 15, 2010

POLICY

All applicable parties, or their designee, shall report sentinel events, critical events, and event notification to NorthCare Network as required by MDCH and referenced/outlined in the procedures below.

PURPOSE

To establish a process that ensures due diligence as well as responsible and appropriate oversight and reporting of critical events, sentinel events and event notification.

APPLICATION

Applies to PIHP staff, CMHSP provider staff, CMHSP Sub-Contract Provider staff, Coordinating Agency staff, and Substance Abuse provider staff herein referred to as "Network Provider(s)".

DEFINITIONS

Adverse Incident: An undesirable and usually unanticipated event. Examples: a death of a person served, an employee, a volunteer, or a visitor in a provider organization. Incidents such as a fall or improper administration of medications are also considered adverse incidents if there is no permanent effect on the individual. Adverse incidents are reviewed to determine whether it meets the criteria for a reportable sentinel event. Adverse incidents include, but is not limited to:

- Death of a recipient
- Serious illness requiring admission to hospital
- Alleged case of abuse or neglect
- Accident resulting in injury to the recipient requiring emergency room visit or admission to hospital
- Serious challenging behavioral episode
- Arrest and/or conviction
- Medication error resulting in death, serious injury or risk thereof

Sentinel Event: "An unexpected occurrence involving death 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." Any injury or death that occurs from the use of any behavior intervention is considered a sentinel event. (per Attachment P.1.4.1 Behavior Treatment Plan Review Committee Tech Requirement (H))

Critical Incident: Term utilized in the new Event Reporting system; identifies events similar to historical "sentinel" event with some modified definitions.

24-hour Specialized Setting: Specialized residential home certified by Michigan Department of Consumer and Industry Services for persons with mental illness or developmental disabilities. For purposes of sentinel events reporting by Substance Abuse Coordinating Agencies, it means substance abuse residential treatment programs.

Own Home: For purposes of sentinel event reporting means **supported independence program** for persons with mental illness or developmental disabilities regardless of who holds the deed, lease, or rental agreement; as well as **own home or apartment** for which the consumer has a deed, lease, or rental agreement in his/her own name. Own home does not mean a family's home in which the child or adult is living.

Ongoing and continuous in-home assistance means assistance with activities of daily living provided in the person's own home at least once a week, and 6 months or longer.

Death: Reportable death that does **not** occur as a natural outcome to a chronic condition (e.g., terminal illness) or old age.

Unexpected Death: Includes those that resulted from suicide, homicide, and undiagnosed condition, were accidental or were suspicious for possible abuse or neglect.

Accidents: Reportable accidents that result in injuries which require a visit to emergency rooms, medi-centers and urgent care clinics/centers and/or admissions to hospitals.

Physical illness resulting in admission to a hospital does **not** include planned surgeries, whether inpatient or outpatient. It also does **not** include admissions directly related to the natural course of the person's chronic illness, or underlying condition. For example, hospitalization of an individual who has a known terminal illness in order to treat the conditions associated with the terminal illness is not a sentinel event.

Serious challenging behaviors are those not already addressed in a treatment plan and include significant (in excess of \$100) property damage, attempts at self-inflicted harm or harm to others, or unauthorized leaves of absence. Serious physical harm is defined by the administrative rules for mental health (330.7001) as "physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient.

Medication Errors means 1) wrong medication, b) wrong dosage, c) double dosage, or d) missed dosage which resulted in death or serious injury or the risk thereof. It does not include instances in which consumers have refused medication.

PROCEDURES

NorthCare has delegated the responsibility to the Network Provider to review, investigate, and act upon sentinel events, critical events, and proper notification of events occurring.

I. Sentinel event

Sentinel events as defined in the department's contract must be reviewed and acted upon as appropriate. The Network Provider has three (3) business days after an adverse incident occurred to determine if it is a sentinel event. If the adverse incident is classified as a sentinel event, the Network Provider has two subsequent business days to commence a root cause analyses of the event.

1. Actions

a) Review to determine if Incidents are Sentinel Event

All incidents are reviewed by the Network Provider to determine if they meet the criteria and definitions for sentinel events and if they are related to practice of care. The outcome of this review is a classification of incidents as either sentinel event or non-sentinel event. All events classified as a Sentinel Event shall be reported to NorthCare upon classification as such.

b) Root Cause Analysis

If a determination is made that the incident was a sentinel event, a thorough and credible root cause analysis will be conducted by the individual Network Provider. This root cause analyses is to commence within two business days of the sentinel event.

c) Plan of Action/Rationale for Not Intervening.

Following root cause analysis, the Network Provider will implement either a plan of action to prevent further occurrence of the sentinel event or presentation of a rationale for not pursuing an intervention. A plan of action or intervention must identify who will implement the action, when it will occur, and how implementation will be monitored or evaluated.

d) Data Submission to MDCH and NorthCare.

Individual Network Providers will submit data by event category for the number of sentinel events. NorthCare will receive a copy of the reports when submitted to DCH (~~Table 13~~). Plans of action or interventions will be available upon request by MDCH and/or NorthCare. A "Sentinel Event Reporting by Network Provider" form will be completed and submitted for each Sentinel Event to NorthCare upon completion of a thorough and credible root cause analysis.

2. Credentials for Persons Involved in Reviews

Sentinel events are reviewed and acted on as appropriate by individuals possessing the appropriate credentials to review the scope of care. Participation by a physician or nurse will be required in any instance that involves a serious medical condition or death. NorthCare's Medical Director is available for consultation purposes and to review sentinel events as deemed necessary.

3. Reportable Population for Quarterly MMBPIS Sentinel Events (Through FY11):

Sentinel event reporting is required for:

- a) Person who live in 24-hour specialized residential settings or child caring institutions;
- b) Person residing in a substance abuse residential treatment program;
- c) Person living in their own home receiving community living supports;
- d) Persons receiving supports coordination, targeted case management, or Habilitation Supports Waiver Services.

4. Reporting Requirements

Upon determining a sentinel event, Network Providers will report the sentinel event to NorthCare verbally or in writing. A copy of the completed Root Cause Analysis will be submitted to NorthCare upon completion.

Review of sentinel events are professional/peer review and quality assurance documents of NorthCare. They are protected from disclosure pursuant to the provisions of MCL 333.20175, MCL 333.21515, MCL 331.531, MCL 331.533, MCL.21513, MCL 330.1143a, and other State and Federal Laws. Unauthorized disclosure or duplication is absolutely prohibited.

The quarterly number of sentinel events per thousand Medicaid beneficiaries served (MI adults, MI children, persons with DD, HSW enrollees, and SA) will be submitted to NorthCare with quarterly PI data. (per P.6.5.1.1. Reporting Requirements – MMBPIS Section)

II. **Unexpected Death Reporting per QAPIP Section VIII.**

All unexpected deaths of Medicaid beneficiaries, who at the time of their deaths were receiving specialty supports and services, must be reviewed and reported to NorthCare. This report must include information required per QAPIP section VIII.C.

Following immediate event notification to MDCH (See Section 6.1.1 of this contract) the PIHP will submit to MDCH, within 60 days after the month in which the death occurred, a written report of its review/analysis of the death of every Medicaid beneficiary whose death occurred within one year of the recipient's discharge from a state-operated service.

III. **Critical Event Reporting - Effective 10/1/10**

(Complete reporting requirements can be found at www.mipihpwarehouse.org; click the "Documentation" tab and then the "Requirements" tab.)

PIHPs will report the following events, except Suicide, within 60 days after the end of the month in which the event occurred for individuals actively receiving services, with individual level data on consumer ID, event date, and event type.

1. Suicide for any individual actively receiving services at the time of death, and any who have received an emergency service within 30 days prior to death. Once it has been determined whether or not a death was suicide, the suicide must be reported within 30 days after the end of the month in which suicide was

determined. If 90 calendar days have elapsed without a determination of cause of death, the PIHP must submit a “best judgment” determination of whether the death was a suicide. In this event the time frame described in “a” above shall be followed, with the submission due within 30 days after the end of the month in which this “best judgment” determination occurred.

2. Non-suicide deaths are to be reported for individuals who were actively receiving services and were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or were receiving community living supports, supports coordination, targeted case management, ACT, Home-based, Wraparound, Habilitation Supports Waiver, SED waiver or Children’s Waiver services. If reporting is delayed because the PIHP is attempting to determine whether the death was due to suicide, the submission is due within 30 days after the end of the month in which the PIHP determined the death was not due to suicide.
3. Emergency Medical treatment due to Injury or Medication Error are to be reported for people who at the time of the event were actively receiving services and were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or were receiving either Habilitation Supports Waiver services, SED Waiver services or Children’s Waiver services.
4. Hospitalization due to Injury or Medication Error are to be reported for individuals who living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child- Caring institution; or receiving Habilitation Supports Waiver services, SED Waiver services, or Children’s Waiver services.
5. Arrest of Consumer for individuals who living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or receiving Habilitation Supports Waiver services, SED Waiver services, or Children’s Waiver services.

III. Event Notification – Effective 10/1/10

1. Event Notification: In addition to other reporting requirements, PIHP/MDCH contract (Section 6.1.1) requires that the PIHP immediately notifies MDCH of the following events:
 - a. Consumer death that occurs within 12 months of the individual’s discharge for a state facility; or a death that occurs as a result of suspected staff member action or inaction within 48 hours of the death or the PIHP’s receipt of notification of the death. Network Provider’s must notify the PIHP within 24 hours of the death or of receipt of notification of the death.
 - b. Relocation of a consumer’s placement due to licensing issues.
 - c. An occurrence that requires the relocation of any PIHP or provider panel service site, governance, or administrative operation for more than 24 hours.
 - d. The conviction of a PIHP/CMHSP/ or panel provider staff member for any offense related to the performance of their job duties or responsibilities.

Except as otherwise instructed above, notification of these events shall be made telephonically or in writing within three (3) business days to NorthCare Network’s Chief

Operating Officer. NorthCare is required to report these events to MDCH within five (5) business days.

MONITORING OF NETWORK PROVIDERS CMHSP/SA PROVIDERS

NorthCare may review processes used to 1) review critical and sentinel events; 2) investigation (root cause analysis) of critical and sentinel events; ~~and~~ 3) the intervention (or action plan) conducted in response to critical and sentinel events; or 4) the rationale for not pursuing an intervention. The Network Provider will document the critical or sentinel event process and staff involved in the process, and may be asked to present actual examples of how the process was implemented. If incidents of non-compliance by the Network Provider in responding to critical or sentinel events per contractual requirement are determined through NorthCare's monitoring processes, a plan of correction will be required.

REFERENCES

- ✓ MDCH/PIHP Contract
- ✓ Michigan Department of Community Health Mental Health and Substance Abuse Services: *Guidance on Sentinel Event Reporting*, Appendix A of MDCH Contract, as amended.
- ✓ Determining a Sentinel Event Flow Chart – MDCH
- ✓ MDCH/PIHP Contract Attachment P.6.7.1.1 – Quality Assessment and Performance Improvement Programs for Specialty Prepaid Inpatient Health Plans
- ✓ MDCH/PIHP Contract, Section 6.1.1 Event Notification
- ✓ Medicaid Subcontracting Agreement (PIHP/CMHSP)
- ✓ MI Mental Health Code (Act 258 of the Public Acts of 1974 as amended) Section 330.1748 (9)

BOARD ADOPTED/REVIEWED DATE

Sentinel Event Reporting Policy – 6/26/02; 10/6/04
Event Reporting and Notification –3/2/11

COO APPROVAL

1/13/11

HISTORY

REVIEW DATES: 3/17/05;

REVISION DATES: 7/3/08, 9/22/09; 12/15/10