

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

BOARD POLICY

Date Issued: 4/21

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I. APPLICATION:

- SCCCMHA Board
- SCCCMHA Providers & Subcontractors
- Direct Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. POLICY STATEMENT:

It shall be the policy of the St. Clair County Community Mental Health Authority (SCCCMHA) Board to identify and review sentinel events, critical incidents, and risk events in an effort to reduce their occurrence and improve systems of care.

III. DEFINITIONS:

- A. Activities of Daily Living (ADL): Means bathing, eating, dressing, and personal hygiene.
- B. Arrest: Situations where a recipient is held or taken by a law enforcement officer based on the belief that a crime may have been committed. Situations where a recipient is transported for the purpose of receiving emergency mental health treatment, or situations where a recipient is held in protective custody, do not fall within this definition. The reportable population for this category includes: Recipients who at the time of their arrest were actively receiving services and met one of the following two conditions: Living in a 24-hour Specialized Residential facility or in a Child-Caring Institution, or receiving either habilitation supports waiver services, serious emotional disturbance waiver services, or child waiver services.
- C. Critical Incident (CI): A CI pertains to five specific recipient-related incidents/events as follows: death by suicide, non-suicide death, hospitalization due to injury or medication error, emergency medical treatment due to injury or medication error, and arrest.
- D. Emergency Medical Treatment Due to Injury or Medication Error: Situations where an injury to a recipient or documented medication error results in face-to-face emergency treatment provided by medical staff. The reportable population for this category includes: Recipients who at the time of the event were actively receiving services and met one of the following two conditions: Living in a 24-hour Specialized Residential facility or in a Child-Caring Institution, or receiving either habilitation supports waiver services, serious emotional disturbance waiver services, or child waiver services.

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- E. Hospitalization Due to Injury or Medication Error: Situations where an injury to a recipient or documented medication error results in admission to a general medical facility. Hospitalizations due to the natural course of an illness or underlying condition do not fall within this definition. The reportable population for this category includes: Recipients who at the time of the event were actively receiving services and met one of the following two conditions: Living in a 24-hour Specialized Residential facility or in a Child-Caring Institution, or receiving either habilitation supports waiver services, serious emotional disturbance waiver services, or child waiver services.
- F. Medication Errors: For the purposes of sentinel event reporting, means when any one or more of the following errors occur which result in the death or serious physical or psychological injury of/to a recipient:
1. The wrong medication was given to a recipient.
 2. The wrong dosage, or double dosage, was given to a recipient.
 3. A medication was administered at the wrong time (more than 30 minutes before or after the prescribed time) to a recipient, or a medication was not administered at all (does not include medication refusal by the recipient).
- G. Non-Suicide Death: Any death that was not otherwise reported as a suicide. The reportable population for this category includes: Recipients who at the time of their death were actively receiving services and met any one of the following two conditions: Living in a 24-hour Specialized Residential facility or in a Child-Caring Institution, or receiving community living supports, supports coordination, targeted case-management, assertive community treatment, wraparound, habilitation supports waiver services, serious emotional disturbance waiver services, or child waiver services.
- H. Ongoing and continuous in-home assistance: Assistance with activities of daily living provided in the recipient's own home at least once a week, and for a duration of 6 months or longer.
- I. Own Home: For the purposes of sentinel event reporting, means a supported independence program for recipients with mental illness or intellectual/developmental disabilities regardless of who holds the deed, lease, or rental agreement; as well as own home or apartment for which the recipient has a deed, lease, or rental agreement in his/her own name. Own home does not mean a family's home in which the recipient (child or adult) is living.
- J. Physical Illness Resulting in an admission to a Hospital: Admission that does not include planned surgeries, whether inpatient or outpatient. It also does not include admissions directly related to the natural course of the recipient's chronic illness, or underlying condition.
- K. Physical Management: Means a technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact in order to prevent the recipient from harming himself, herself, or others.

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- L. Recipient: Means an individual who receives mental health services from the Michigan Department of Health and Human Services (MDHHS), a community mental health services program, or a facility, OR from a provider that is under contract with the MDHHS or a community mental health services program.
- M. Risk Events: Incidents which could place recipients at risk of harm. Such incidents include: harm to self which results in emergency medical treatment or hospitalization; harm to others which results in emergency medical treatment or hospitalization; police calls by mental health staff members/volunteers; the use of physical management; and unscheduled medical hospitalizations.
- N. Root Cause Analysis (RCA): A RCA or investigation is “a process for identifying the basic or causal factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. A RCA focuses primarily on systems and processes, not individual performance.”
- O. Sentinel Event (SE): An unexpected occurrence involving the death (not due to the natural course of a health condition), serious physical injury, or serious psychological injury of a recipient, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome (JCAHO, 1998). Any injury or death that occurs from the use of any behavior intervention is considered a sentinel event. The reportable population for this category includes: Recipients who at the time of the sentinel event were actively receiving supports in a 24-hour specialized residential facility, continued assistance with activities of daily living in their own home, Targeted Case Management, or HSW Supports Coordination.
- P. Serious Accident or Illness: An event which resulted in a recipient receiving supports/services from an emergency room, medical center, or urgent care clinic/center, and/or admission to a hospital.
- Q. Serious Challenging Behavior: An action by a recipient that has NOT been addressed in a Treatment Plan and results in serious property damage (\$100 or more). This includes actions by a recipient of attempts at self-inflicted harm, harm to others, or unauthorized leaves of absence.
- R. Serious Physical Harm: Means 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.
- S. Suicide: Any recipient actively receiving services at the time of their death, and any recipient who received emergency services within 30 days prior to their death. For this category, either one of the following two conditions must be present: SCCCMHA determined, through its lethal case review process, that the recipient’s death was due to suicide, or the official Certificate of Death indicates the recipient’s manner of death was due to suicide.
- T. 24-Hour Specialized Facility: Specialized residential facility certified by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, for recipients

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with mental illness and/or intellectual/developmental disabilities. For the purposes of sentinel event reporting by Substance Use Disorder services programs, it means substance use disorder residential treatment programs.

- U. Unexpected Death: Those deaths that resulted from suicide, homicide, an undiagnosed condition, were accidental, or were suspicious for possible abuse or neglect.

IV. STANDARDS:

- A. The SCCCMHA Office of Recipient Rights will review Incident Reports to identify those events which potentially meet the criteria of a CI, SE, or Risk Event. Potential SEs will be routed to the SCCCMHA Program Director/designee for review and disposition as a sentinel event or non-sentinel event.
- B. The SCCCMHA Program Director/designee has three (3) business days after an event occurs to determine if it meets the criteria for a SE.
- C. Once classified as a SE, the SCCCMHA Program Director/designee has two (2) subsequent business days to commence a root cause analysis of the event. Staff assigned to conduct the review of a SE must have the appropriate credentials to review the scope of care for the recipient.
 - 1. All unexpected deaths of Medicaid beneficiaries, who at the time of their deaths were receiving specialty supports and services, shall be reviewed (lethal case review) by the Behavior Treatment Plan Review Committee.

V. PROCEDURES:

Staff Member

- 1. Completes an Incident Report per Administrative Procedure #05-001-0040, Incident Reporting.

Supervisor

- 2. Reviews Incident Report per Administrative Procedure #05-001-0040, Incident Reporting.

Office of Recipient Rights

- 3. Reviews Death Reports, Recipient Rights Complaints, Incident Reports, and Medication Error Reports according to SCCCMHA policies. These reports include all possible CI, SE, and Risk Events that would occur within a SCCCMHA direct-operated or contracted program.

To note: Medication Error Reports are reviewed for the Office of Recipient Rights by an assigned SCCCMHA Registered Nurse.

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4. Reports potential SE to the SCCCMHA Program Director/designee within 3 business days of the incident/event, and all recipient deaths to the SCCCMHA Behavior Treatment Plan Review Committee (BTPRC) chairperson/designee within three business days of the incident/event.

SCCCMHA Program Director/Designee

5. Determines, within three business days of the incident/event, if the incident/event meets SE criteria, and, if so, prompts the recipient's primary case holder/clinician to initiate a RCA of the incident within two (2) subsequent business days.

To note: The Medical Director/designee may assist in making the final determination as to whether an incident meets the definition of a SE.

6. Reports, within fourteen (14) calendar days of the incident/event, the SE to the Region 10 PIHP Chief Clinical Officer.

Case Holder/Clinician

7. Completes RCA as directed and forwards findings to the SCCCMHA Program Director/Designee.

SCCCMHA Program Director/Designee

8. Reviews RCA findings, requesting additional information, if needed, and forwards final RCA to the BTPRC chairperson for committee review.

Behavior Treatment Plan Review Committee (BTPRC)

9. Reviews unexpected deaths of Medicaid beneficiaries who at the time of their death were receiving specialty supports and services. Lethal Case Reviews will include the following:
 - a. A review of recipient-specific documentation, to include the SCCCMHA Death Report, SCCCMHA Incident Report, and County Medical Examiner's Certificate of Death.
 - b. A health professional's review of the recipient-specific documentation.
 - c. The Committee's findings and recommendations, if any, to address systemic quality of care and service delivery issues for the entire provider network.
10. Compiles aggregate data on a quarterly basis to identify possible trends in the network, and submits mid-year and end-of-year Mortality Reports to the Region 10 PIHP Chief Clinical Officer summarizing review findings and recommendations.
11. Submits documentation used to compile Mortality Reports to the Region 10 PIHP as requested.

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12. Reviews the findings of the RCA to determine whether additional RCA is warranted, or, if the RCA is deemed sufficient, documents RCA findings and prepares system improvement recommendations.
13. Develops and implements either a) a plan of action or intervention to prevent further occurrence of the sentinel event; or b) presentation of a rationale for not pursuing an intervention. A plan of action or intervention must identify who will implement the plan, when the plan will be implemented, and how implementation of the plan will be monitored or evaluated. This may be completed by an assigned SCCCMHA staff member and reviewed by the BTPRC.
14. Communicates RCA status, including discretionary review of applicable documents, updates or necessary plans of correction, and a final disposition of the SE, to the Region 10 PIHP Chief Clinical Officer at a minimum of every thirty (30) days.

Office of Recipient Rights

15. Reports critical incidents to the Region 10 PIHP within fifty (50) days after the end of the month in which the incidents occurred. Individual level data on recipient case number, event date, and event type are reported. Reporting is processed through the Event Reporting system accessible through SCCCMHA's electronic health record system.
16. Reports suicide events to the Region 10 PIHP within twenty-five (25) days after the end of the month in which a death was determined to be due to suicide. Individual level data on recipient case number, event date, and event type are reported. Reporting is processed through the Event Reporting system accessible through SCCCMHA's electronic health record system.

VI. REFERENCES:

- A. Michigan Department of Health and Human Services, Mental Health and Substance Abuse Services, Guidance on Sentinel Event Reporting
- B. Michigan Department of Health and Human Services, Administrative Rules, Chapter 7

VII. EXHIBITS:

- A. Michigan Department of Health and Human Services, Mental Health and Substance Abuse Services, Guidance on Sentinel Event Reporting
- B. MDCH Event Reporting Guideline, Revised 05/13/2011

VIII. REVISION HISTORY:

Dates issued 04/01; 02/03; 02/05; 02/07; 11/12; 09/13; 05/14; 03/15; 03/16; 03/17; 09/17; 03/18; 03/19; 03/20

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
GUIDANCE ON SENTINEL EVENT REPORTING**

I. REQUIREMENT:

The Michigan Department of Health and Human Services will require PIHPs to report, review, investigate, and act upon sentinel events for those persons living in 24-hour specialized facilities; those persons living in their own homes receiving ongoing and continued assistance with activities of daily living; and those persons receiving Targeted Case Management or Habilitation Supports Waiver Supports Coordination services. This information will be reported to MDHHS semiannually.

The Michigan Department of Health and Human Services will require CMHSPs to report, review, investigate, and act upon sentinel events for those children enrolled in the Children's Waiver Program. This information will be reported to MDHHS semi-annually.

II. DEFINITIONS:

1. Incident is any of the following which should be reviewed to determine whether it meets the criteria for sentinel event in #2 below.
 - death of recipient
 - serious illness requiring admission to hospital
 - alleged case of abuse or neglect
 - injury from accident or abuse to the recipient requiring emergency room visit or admission to hospital
 - serious challenging behavior
 - arrest and/or conviction
 - medication error
2. Sentinel Event is 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.” (JCAHO, 1998)
3. 24-hour Specialized Facility means a specialized residential home certified by the Michigan Department of Licensing and Regulatory Affairs to serve persons with mental illness or intellectual/developmental disabilities. For the purposes of sentinel events reporting, for individuals with a diagnosed substance use disorder, it means services received by a substance use disorder residential treatment program.
4. 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.
5. 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.
6. Death that which does **not** occur as a natural outcome to a chronic condition (e.g., terminal illness) or old age.
7. Injuries occurring as a result of accidents or abuse which required visits to emergency rooms, medi-centers and urgent care clinics/centers and/or admissions to hospitals should be included in the reporting. In many communities where hospitals do not exist, medi-centers and urgent care clinics/centers are used in place of hospital emergency rooms.

8. 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.
9. 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."
10. Medication Errors mean a) 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.

III. APPLICATION

With the exception of arrests/convictions and serious challenging behaviors, all incidents (from the list in II.1 above) involving the population described in I. above should be reviewed to determine if the incidents meet the criteria and definitions (in II. above) for sentinel events, and 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.

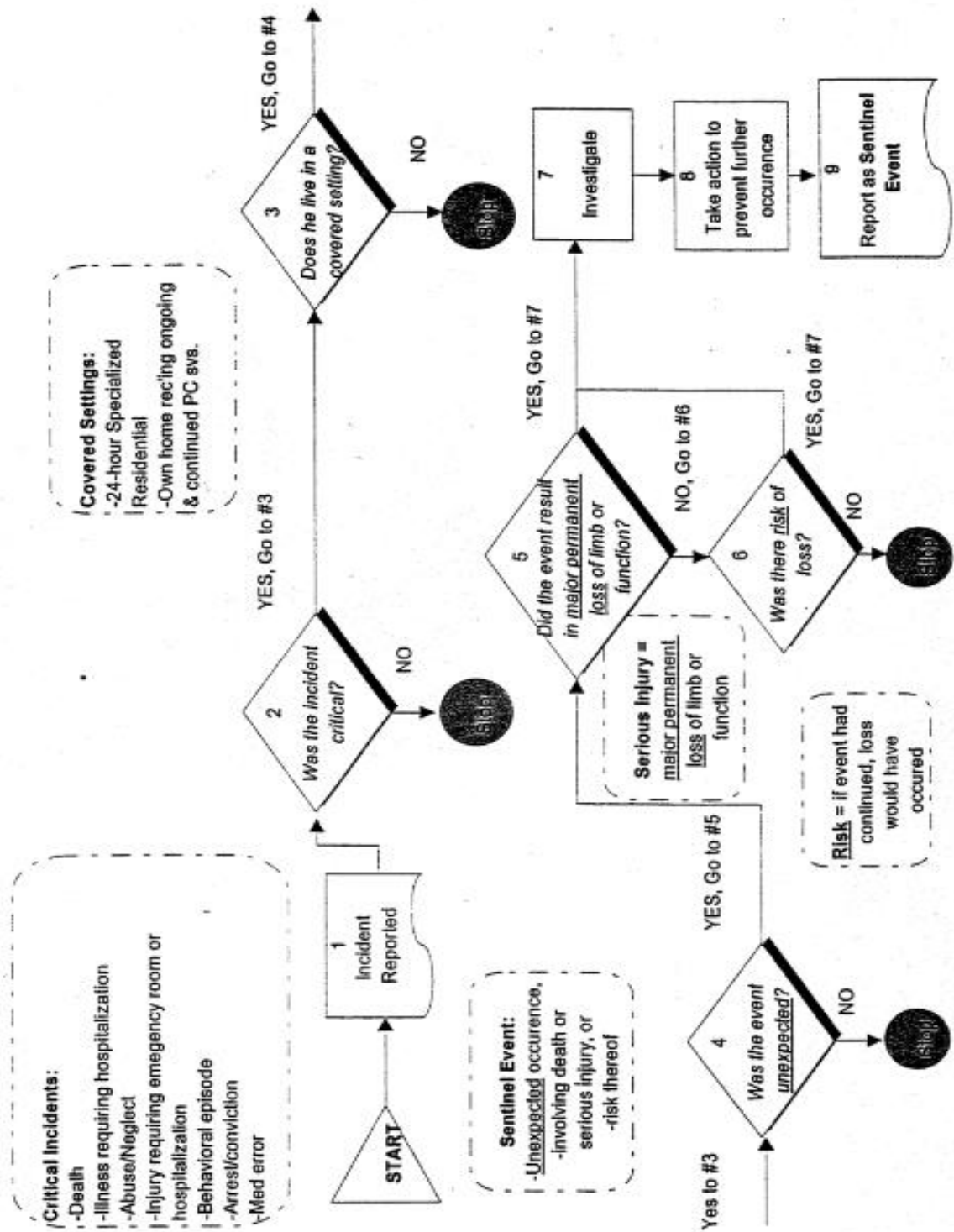
An "appropriate response" to a sentinel event "includes a thorough and credible root cause analysis, implementation of improvements to reduce risk, and monitoring of the effectiveness of those improvements." (JCAHO, 1998) A root cause analysis (JCAHO) or investigation (per CSM approval and MDHHS/CMHSP contractual requirement) is "a process for identifying the basic or causal factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis focuses primarily on systems and processes, not individual performance." (JCAHO, 1998)

Following completion of a root cause analysis or investigation, a CMHSP/CA must develop and implement either a) a plan of action (JCAHO) or intervention (per CSM approval and MDCH contractual requirement) to prevent further occurrence of the sentinel event; or b) presentation of a rationale for not pursuing an intervention. A plan of action or intervention must identify who will implement and when, and how implementation will be monitored or evaluated.

IV. MDHHS MANAGEMENT OF SENTINEL EVENT REPORTING

1. Data collection: CMHSPs and CAs will submit semiannually aggregate data by event category for number of sentinel events and plans of action or interventions that occurred during the 6 month period. MDHHS will analyze the data and prepare a report on the # of sentinel events (by category) per thousand persons served who meet the population definition. As with all performance indicators, MDHHS will review performance, with potential follow-up by contract managers to determine what quality improvement action is taking place; and/or to develop performance objectives aimed at reducing the risk of sentinel events occurring; and/or to impose other sanctions.
2. Site visitation of CMHSPs: MDHHS review team nurses annually review the CMHSP's process for the 1) review of critical events; 2) investigation (or root cause analysis) of sentinel events; and 3) intervention (or action plan) conducted in response to sentinel events or 4) the rationale for not pursuing an intervention. The CMHSP must provide evidence of the sentinel event process, the organizational units and staff involved in the process, and presentation of actual examples of how the process was implemented. As with all elements of the MDHHS review, incidents of non-compliance by the CMHSP in responding to sentinel events per contractual requirement are cited by the team in the site visit report with requirements for submission of remedial action plans. Monitoring of the CMHSP's implementation of remedial action plans is the responsibility of MDHHS contract managers.

DETERMINING A SENTINEL EVENT



MDCH/PIHP Event Reporting

Data Exchange Workgroup - CIO Forum

Version 1.1

Last Updated: May 13, 2011

Description of MDCH Event Reporting System:

The MDCH Event Reporting System is a file-based system to submit consumer-specific information about five specified events on a timely and regular basis from CMHSP's/PIHP's to MDCH. Information on Reportable Events is the first type of data sent on a new Event-Driven reporting system being developed jointly between MDCH and PIHP's through the CIO Forum.

The five specific reportable events are:

Suicide

Non-suicide Death

Emergency Medical Treatment due to Injury or Medication Error Hospitalization due to

Injury or Medication Error

Arrest of Consumer

Each type of Reportable Event has a "reportable population." While some of these events are reported for all active consumers, others are only reported for certain identified groups of consumers. For instance, many types of events are only reported for populations considered especially vulnerable.

Purpose of MDCH Event Reporting System:

The system being developed will allow MDCH to better monitor the types of events which occur in particular populations. Since individual consumer identification will be included with each event, MDCH can look for potential trends by comparing reportable events to data already existing in the QI/Encounter files.

The MDCH Event Reporting System will serve as a replacement for the current Sentinel Events reporting and for the Death Report, which will be discontinued.

The MDCH Event Reporting System is not designed to provide normative judgments about the relative quality of care of different CMHSP's/PIHP's, and should not be used for that purpose. This is based on the following:

1. Specific Events have not been selected for reporting on the basis of their ability to serve as performance indicators. Instead, they were selected to help MDCH gain a consumer-specific view of population events, in part to meet CMS reporting requirements. It is entirely possible that higher prevalence of

certain events, which on the surface may be indicative of a lower quality of care, could actually be indicative of closer monitoring and more accurate reporting of events.

2. Events are reported to MDCH without evaluation or judgment of cause or fault. For instance, suicides and deaths are reported for all "open" consumers regardless of whether or not the CMHSP/PIHP had any ability to prevent the event from occurring (e.g., a suicide while in a State Facility would still be reported).
3. Some of the events are overly inclusive for comparison purposes. For instance, there is no attempt to gauge the seriousness of the injury which leads to emergency medical care prior to reporting the incident to MDCH.

Finally, the MDCH Reportable Events system is not intended to serve as a notification system for critical incidents of which MDCH must be immediately aware. For instance, critical incidents which may be newsworthy or represent a community crisis situation should be relayed to MDCH using other established mechanisms.

Event Submission Requirements:

1. Common Fields to be reported for all 5 types of Reportable Events:
 - Consumer ID
 - Event Date
 - Event Type (value is specific to each Event)
2. The "Events File" shall be submitted to MDCH on a monthly basis, at approximately the same time the QI and Encounter files are submitted. Event files will include CMHSP and PIHP ID.
3. An "Event ID" will not be needed to link different Reportable Events together. The purpose of such an ID would have been to show MDCH that a single precipitating event was the cause of multiple Events (e.g., an injury led later to a death, a single event caused the death of multiple family member consumers, etc.). There is insufficient justification to add this complexity.
4. The submission format will have a method for revising and/or deleting previous submissions.
5. CMHSP's will submit this data through PIHP's.

Definitions and Terms used in this Document

CMHSP

Community Mental Health Service Provider.

PIHP

Prepaid Inpatient Health Plan.

CMHSP/PIHP

The CMHSP or PIHP that is gathering data for a particular submission, in recognition of the fact that particular duties may be handled either party (e.g., depending on payment source, either the CMHSP or PIHP may authorize the consumer to begin treatment).

Actively Receiving Services

For the sake of this reporting, a consumer is considered to be actively receiving services when any of the following occur:

1. A face-to-face intake has occurred and the individual was deemed eligible for ongoing service, or
2. The CMHSP/PIHP has authorized the individual for ongoing service, either through a face to face assessment or a telephone screening, or
3. The individual has received a non-crisis, non-screening encounter.

The period during which the consumer is considered to be actively receiving services shall take place between the following begin date and end date, inclusively:

- a. **Beginning Date:** Actively receiving services begins when the decision is made to start providing ongoing non-emergent services. Specifically, the beginning date shall be the first date that any of the 3 conditions referenced above occurs.
- b. **End Date:** when the consumer is formally discharged from services. The date the discharge takes effect shall be the end date. This should also be the date that is supplied to the consumer when the consumer is notified that services are terminated.

Recipient of Specific Service

Some of the population definitions used for specific Events require the consumer to not only be active, but to be currently receiving a particular type of service. In

these cases, the consumer is considered to be receiving that type of service between the following start and end dates (inclusive of the start and end dates):

Start: The date the consumer has been determined to be eligible and has received at least one of these services.

End: The date the consumer is formally terminated from this type of service. Such formal termination happens via transfer to another unit, discharge from the unit that provides the service, discharge from the CMHSP, or removal of the service from the consumer's individual plan of service. Any one of these events signifies the end of the service.

Reportable Events Submission Details

1. Suicide

Definition: For the purpose of the Reportable Events System, a Consumer's death shall be reported as a suicide when either one of the following two conditions exists:

- a. The CMHSP serving the consumer determines, through its death review process, that the consumer's death was a suicide, or
- b. The official death report (i.e., coroner's report) indicates that the consumer's death was a suicide.

Population on which Suicide must be reported: Any consumer actively receiving services, and all consumers who have received an emergent service within the last 30 calendar days.

Time Frame for Reporting:

- a. 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 the cause of death was determined.
- b. If 90 calendar days has elapsed without a determination of cause of death, the CMHSP 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.
- c. In case of error, or changes in suicide determination, the CMHSP shall resubmit a consumer's suicide status according to the time frame described in "a" above.

Timing Examples:

1. It is determined on March 10th that a death was a suicide. This suicide death must be reported on or before April 30th.
2. A death occurs on January 10th. Ninety days later (April 10th) the cause of death is still not determined, although the CMHSP's best judgment is that the death was due to suicide. This death must be reported as a suicide on or before May 30th.

Special Fields:

Event Type is 01 – Suicide

Other Comments: None.

2. Non-Suicide Death

Definition: A non-suicide death is any death, for consumers in the reportable population, that was not otherwise reported as a suicide.

Population on which Death must be reported: Consumers who, at the time of their deaths were actively receiving services and met any one of the following two conditions:

- 1) Living in a 24-hour Specialized Residential setting (per the Administrative Rule R330.1801-09) or in a Child-Caring Institution, or
- 2) Receiving Community Living Supports, Supports Coordination, Targeted Case Management, ACT, Home-Based, Wraparound, Habilitation Supports Waiver Services, SED Waiver Services or Child Waiver Services.

Time Frame for Reporting: Due within 60 days after the end of the month in which the death occurred, unless reporting is delayed while the CMHSP attempts to determine whether the death was due to suicide. In this case the submission is due within 30 days of the end of the month in which CMHSP determined the death was not due to suicide.

Special Fields:

Event Type: "02 -Non-Suicide Death"

Type of Death:

- 01 -Natural Causes
- 02 -Accidental
- 03 -Homicide

Natural Cause Reason:

For deaths due to natural cause indicate the specific natural cause:

- 01 -Heart disease
- 02 -Pneumonia/influenza
- 03 -Aspiration or Aspiration pneumonia
- 04 -Lung disease.
- 05 -Vascular disease

- 06-Cancer
- 07-Diabetes mellitus
- 08-Endocrine disorders
- 09-Neurological disorders
- 10-Acute bowel disease
- 11-Liver disease/cirrhosis
- 12-Kidney disease
- 13-Infection, including AIDS
- 14-Inanition
- 15-Complication of treatment
- 16-Unknown

Definitions for these fields are available through the Death Report in the MDCH Annual Death Report "Codebook"

Other Comments:

The purpose of this reporting is generally to understand the co-morbidity of consumers served within the public mental health system.

3. Emergency Medical treatment due to Injury or Medication Error

Definitions: Situations where an injury to a consumer or a medication error results in face-to-face emergency treatment being provided by medical staff. Any treatment facility, including personal physicians, medi-centers, urgent care clinics/centers and emergency rooms should be reported, provided the treatment was sought due to an injury or medication error.

"Medication error" is defined as a situation where a mistake is made when a consumer takes prescribed medication (i.e., incorrect dosage taken, prescription medication taken that is not prescribed, medication taken at wrong time, medication used improperly), or a situation where non-prescription medication is taken improperly.

"Injury" is defined as bodily damage that occurs to an individual due to a specific event such as an accident, assault, or misuse of the body. Examples of injuries include bruises (except those due to illness), contusions, muscle sprains, and broken bones. If emergency treatment is sought due to a possible or suspected injury, the event shall be considered a reportable injury unless medical staff indicate that no injury occurred (i.e., not diagnosed as an injury and no treatment provided for an injury).

"Physical Management" is a technique used as an emergency intervention to restrict the movement of an individual by continued direct physical contact in spite of the individual's resistance in order to prevent him or her from physically harming him/herself or others. Additional information regarding the definition of

physical management, and examples of physical management, are present in the MDCH Technical Requirement (Technical Requirement for Behavior Treatment Plan Review Committees - contract attachment Pl.4.1).. The Technical Requirement shall be used as the definitive definition of physical management rather than this document.

"Injury during physical management" means any injury to the consumer that occurred while physical management techniques were being used with the injured consumer by staff or others (e.g., police, parents, hospital staff). "Injury during physical management" can only occur during the time period that physical management is being used (e.g., during the time the consumer is being held). The fact that an injury occurred during physical management does not imply that the physical management caused the injury. The physical intervention may have caused the injury, or it may in fact have reduced the severity and/or number of injuries.

Example of an injury that should be reported as "during physical management"

A consumer looks like he/she will become aggressive, and staff initiates physical management. The consumer's arm is broken while he/she is held on the floor.

Example of an injury that should be reported as "not during physical management."

A consumer punches and breaks a window, injuring her hand. Staff then restrain the consumer to avoid further harm to the consumer and damage to the facility. The consumer's hand was cut by the glass when punching the window and she is taken to urgent care for treatment.

Population on which EMT must be reported: Consumers who, at the time of the event were actively receiving services and met at least one of the following conditions:

- 1) Living in a 24-hour Specialized Residential setting (per the Administrative Rule R330.1801-09), or in a Child-Care Institution, or
- 2) Receiving either Habilitation Supports Waiver services, SED Waiver Services or Child Waiver services.

Time Frame for Reporting: Due within 60 days after the end of the month in which the emergency medical treatment began.

Special Fields:

Event-type = "03 -EMT due to Injury/Med Error"

EMT Cause:

01 = Injury

02 = Medication Error

Injury Sub-type Qualifier (to be present only when EMT Cause = Injury)

01 = Injury was not during physical management

02 = Injury was during physical management

03 = Unknown whether injury was during physical management. Physical Management was used with the consumer near the time of the injury, but it is unknown whether the injury actually occurred during the physical management.

Other Comments: While the reportable population is currently specialized residential, it would probably be more appropriate in future reporting to focus on the provision of Community Living Supports rather than the facility setting. This would allow the appropriate reporting to continue for a vulnerable population regardless of the methods/facilities used to serve that population.

4. Hospitalization due to Injury or Medication Error

Definitions: Admission to a general medical facility due to Injury or Medication Error. Hospitalizations due to the natural course of an illness or underlying condition do not fall within this definition.

"Medication error" is defined as a situation where a mistake is made when a consumer takes prescribed medication (i.e., incorrect dosage taken, prescription medication taken that is not prescribed, medication taken at wrong time, medication used improperly), or a situation where non-prescription medication is taken improperly.

"Injury" is defined as bodily damage that occurs to an individual due to a specific event such as an accident, assault, or misuse of the body. Examples of injuries include bruises (except those due to illness), contusions, muscle sprains, and broken bones. If emergency treatment is sought due to a possible or suspected injury, the event shall be considered a reportable injury unless medical staff indicate that no injury occurred (i.e., not diagnosed as an injury and no treatment provided for an injury).

"Physical Management" is a technique used as an emergency intervention to restrict the movement of an individual by continued direct physical contact in spite of the individual's resistance in order to prevent him or her from physically harming him/herself or others. Additional information regarding the definition of physical management, and examples of physical management, are present in the

MDCH Technical Requirement (Technical Requirement for Behavior Treatment Plan Review Committees - contract attachment Pl .4.1). The Technical Requirement shall be used as the definitive definition of physical management rather than this document.

"Injury during physical management" means any injury to the consumer that occurred while physical management techniques were being used with the injured consumer by staff or others (e.g., police, parents, hospital staff). "Injury during physical management" can only occur during the time period that physical management is being used (e.g., during the time the consumer is being held). The fact that an injury occurred during physical management does not imply that the physical management caused the injury.

The physical intervention may have caused the injury, or it may in fact have reduced the severity and/or number of injuries.

Population on which Hospitalization must be reported: Consumers who, at the time of the event were actively receiving services and met at least one of the following conditions:

- 1) Living in a 24-hour Specialized Residential setting (per the Administrative Rule R330.1801-09), or in a Child-Care Institution, **or**
- 2) Receiving either Habilitation Supports Waiver services, SED Waiver Services or Child Waiver services.

Time Frame for Reporting: Due within 60 days after the end of the month in which the hospitalization began.

Special Fields:

Event-type: "04 -Hospitalization due to Injury/Med Error"

Hospitalization Cause:

- 01 = Injury
- 02 = Medication Error

Injury Sub-type Qualifier: (only when Hospitalization Cause = Injury)

- 01 = Injury was not during physical management
- 02 = Injury was during physical management
- 03 = Unknown whether injury was during physical management.
Physical Management was used with the consumer near the time of the injury, but it is unknown whether the injury actually occurred during the physical management.

Other Comments: While the reportable population is specialized residential, it would probably be more appropriate in future reporting to focus on the Community Living Supports being service provided instead of the facility setting.

This would allow the appropriate reporting to continue for a vulnerable population regardless of the methods used to serve that population.

5. Arrest

Definition: Arrest is defined as situations where a consumer is held or taken by a law enforcement officer based on the belief that a crime may have been committed. Situations where a consumer is transported for the purpose of receiving emergency mental health services, or situations where a consumer is held in protective custody, are not considered to be an arrest.

Population on which Arrest must be reported: Consumers who, at the time of the event, were actively receiving services and met at least one of the following conditions:

- 1) Living in a 24-hour Specialized Residential setting (per the Administrative Rule R330.1801-09), or in a Child-Care Institution, **or**
- 2) Receiving either Habilitation Supports Waiver services, SED Waiver Services, or Child Waiver services.

Time Frame for Reporting: Due within 60 days after the end of the month in which the arrest took place.

Special Fields:

Event-type: "05 -Arrest"

Other Comments: None

Quick Reference Chart

Report the incident if any of the indicated services have been provided, or if the consumer resides in any of the living situations. Only one checked situation is necessary for the incident to require reporting.

Service	Suicide	Death	EMT	Hospital	Arrest
CLS	√	√			
Supports Coord	√	√			
Case Management	√	√			
ACT	√	√			
Homebased	√	√			
Wraparound	√	√			
Hab Waiver	√	√	√	√	√

SED Waiver	√	√	√	√	√
Child Waiver	√	√	√	√	√
Any other Service	√				
Living Situation					
Specialized Resid	√	√	√	√	√
CCI	√	√	√	√	√