

CENTRA WELLNESS NETWORK

Board Adopted Procedure		
Procedure	03.31	Policy Title: 03.00 Enrollee Rights
Effective Date:	3/10/2011	Subject: Reporting of Unusual and/or Critical Incidents
Review Cycle:	3 years	
Approval Validation Record		
Action	Date	Board Sec'y Initials
Full Board Vote:	3/10/2011	AKH
Minutes Approved:	4/14/2011	AKH
Accountability		
Board Committee:	Policy Committee	
Agency Function:	Incident Reporting	
Sunset Review Begins:		
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Review Date:	4/24/2014	AKH

CENTRA WELLNESS NETWORK PROCEDURE 03.31 REPORTING OF UNUSUAL AND/OR CRITICAL INCIDENTS

I. PURPOSE STATEMENT:

Centra Wellness Network's (CWN) Governing Body establishes and evaluates policies and related procedures as required by statutory and contractual obligations.

CWN reserves the right in its sole discretion to adopt and implement policies and procedures that ensure a safe, functional and professional workplace that operates with integrity using person-centered focus and planning, trauma informed practices and respect of others, cultural sensitivity and transparency in communication and practice. Organizationally and in practice, CWN is responsive to the needs of clients, community and staff.

Any statements and procedures are subject to review and/or unilateral change, modification, suspension or cancelation in whole or in part of any published/unpublished policies or procedures without notice and without having to give cause, justification, or consideration to any employee. Recognition of these rights and prerogatives of CWN is a term and condition of and maintaining employment.

Policies and Procedures are approved by the Board and/or upon recommendation by the Executive Director or his/her designee.

II. APPLICATION:

Agency Wide.

III. DEFINITIONS:

Unusual Incident: an occurrence that disrupts or adversely affects the course of treatment of an individual, or the service program unit or living unit.

Unusual Incidents include, but not limited to:

- a) Any explained or unexplained injury of a recipient;
- b) An occurrence or first time medically related occurrence, such as a seizure;
- c) Environmental emergencies or incidents that could have caused an injury but didn't;
- d) Problem behaviors not addressed in the treatment plan such as breaking things, attacking people, or setting fires;
- e) Suspected abuse or neglect of an individual.
- f) Inappropriate sexual acts (inappropriate touching of self or others)
- g) Medication errors or refusals, unless addressed in the plan of service;
- h) Suspected criminal offenses involving recipients;
- i) Use of emergency physical intervention or time out not covered in a behavior program;
- j) Any unauthorized leave of absence of a recipient;
- k) The death of a recipient.

Critical Incident: an occurrence of one of the below five specific reportable events (as part of the MDHHS critical incident reporting system):

1. Suicide
2. Non-Suicide Death
3. Emergency medication treatment due to injury or medication error
4. Hospitalization due to injury or medication error
5. Arrest of a consumer

IV. POLICY STATEMENT:

The intent of this procedure is to ensure timely review, uniformity, and consistency in reporting unusual incidents involving a recipient of CWN services.

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V. PROCEDURES:

- A. Employees, volunteers, or contract providers involved in or observing an unusual incident involving a recipient shall:
 - 1. Immediately take action to protect, comfort, and assure treatment of the recipient as necessary.
 - 2. Immediately verbally notify the designated supervisor of apparent serious injury, or notify the designated supervisor as soon as administratively possible of non-serious injury.
 - 3. Report the incident on an Incident Report form DCH-0044 (W), including any indication that abuse or neglect may have been involved, and give to the designated supervisor as soon as possible, but in no case later than the end of the shift on which the incident occurred.
 - 4. If the recipient has suffered an injury, having attending medical staff complete the middle section of Incident Report form DCH-0044 (W).
- B. Attending medical staff (if injury occurred as result of the incident) shall:
 - a. Administer necessary treatment; describe injury and the care given on Incident Report form DCH-0044 (W); sign, date, and return incident report to staff.
 - b. In the event of suspected sexual abuse, with physical injuries, arrange for the recipient to be examined immediately, as appropriate.
- C. Supervisor will be notified of unusual incidents involving recipients and shall:
 - 1. Take any further action necessary to assure treatment, comfort, and protection of the recipient including obtaining medical care, if necessary.
 - 2. Obtain incident report from reporting staff and provide any further information that may explain the cause of the incident, what was done about it, any emergency physical management used, and action taken to prevent recurrence of the incident.
 - 3. Sign the incident report and route to the Rights Office.
 - 4. In the event that abuse or neglect is suspected, contact the Clinical Director and Rights Officer, immediately.
 - 5. Recipient Rights Officer will be notified of unusual incidents involving recipients and shall:
 - a. Conduct a review of incident report ensuring that there is sufficient information to explain incident, proper documentation and that adequate protection, comfort, and care was provided to the recipient.
 - b. In the event the Incident Report indicates a possible rights violation, contact supervisor and/or staff for further information. Possibly convert to a Recipient Rights Complaint and conduct an investigation. Investigation shall be initiated immediately in cases involving alleged abuse, neglect, serious injury, or death of a recipient involving an apparent or suspected rights violation.
 - c. File the incident report in the records kept at the Office of Recipient Rights.
 - d. Work with the Clinical Director, Supervisor and CAPS Director to ensure proper reporting to other agencies, as required.
 - e. Consult with Case Manager/Clinician and coordinate notification of guardian, if applicable.
 - f. Ensure that firm and fair disciplinary actions and other remedial actions are taken in the case of substantiated rights violations.
- D. Clinical Director will be notified of unusual incidents involving recipients and shall:
 - 1. Ensure that required treatment and protective measures have been taken.
 - 2. In the event of abuse and neglect, take immediate action to ensure that remediation occurs; including the possible suspension of an employee alleged to

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- have abused or neglected a recipient during the course of the rights investigation.
3. Work with the Rights Officer and CAPS Director to ensure proper reporting to other agencies.
- E. Primary case holder will be notified of unusual incidents involving recipients and shall:
1. Consult with the Rights Officer and coordinate contacting the guardian in the event of any serious incident affecting the recipient, including abuse and neglect.
 2. Report in the record of the recipient by either contact progress note and/or status review report a summary of the incident.
- F. Incidents requiring reporting to other agencies:
1. Reports to local law enforcement agency shall be made when there has been an incident involving alleged abuse as defined in section 723 of the Michigan Mental Health Code: assault (excluding simple assault committed by a recipient against another recipient); or homicide; or criminal sexual conduct.
 - a. Incidents of alleged abuse, which occurred while a recipient was receiving services from CWN, must be reported. Staff members who have reasonable cause to suspect or who have knowledge of such incidents initiate the reporting process by contacting their Supervisor and Recipient Rights Officer, immediately.
 - a. A report of suspected abuse is not required if the staff person has knowledge that the incident has been reported to the appropriate law enforcement agency.
 - b. The Clinical Director, Executive Director, and the Rights Officer shall confer to determine the appropriate report to the appropriate law enforcement agency. When reporting is required, the staff person who has the information about the alleged incident is responsible for filing the report with the legal authorities.
 - c. A written report (Incident Report form DCH-0044 (W)) is required within 72 hours of the verbal report, completed by the person making the verbal report. The written report contains the name of the recipient, a description of the abuse and other available information that might establish the cause and manner of the alleged abuse. The report becomes part of the recipient's clinical record. The names of the reporting person and the person accused of committing the alleged abuse are deleted. The identity of the individual making a report to law enforcement agencies is confidential, and is disclosed only with consent of the individual or by judicial process.
 1. The Child Protection Law requires reports of child abuse to the local Department of Human Services Child Protective Services Central Intake System.
 2. Adult Protective Services Law requires the reporting of suspected cases or incidents of abuse, neglect, exploitation, or endangerment of vulnerable adults to the Department of Human Services Central Intake System.
 3. Reports to Department of Human Services Licensing consultants shall be made when abuse, neglect, or licensing rule violations are suspected in licensed foster care homes.
 4. The Recipient rights Officer shall work closely with the Adult Protective Services worker, the DHHS Licensing consultant, and the law enforcement officials during the investigation of abuse and neglect.
- G. Critical Incident Reporting: CWN 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

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any who have received emergency services 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 the death 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 death** for individuals who were actively receiving services and were living in 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 determining 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** 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** for individuals 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 receiving Habilitation Supports Waiver services, SED Waiver services, or Children’s Waiver services.
5. **Arrest of Consumer** for individuals 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 receiving Habilitation Supports Waiver services, SED Waiver services, or Children’s Waiver services.

- H. Incident reports or other peer review reports shall not be maintained in the Electronic Medical Record (EMR) of the recipient. Incident Reports are logged and filed at Office of Recipient Rights.
- I. Refer also to CWN Policy: Recipient/Enrollee Rights 3.10 Abuse and Neglect.

VI. EXHIBITS:

N/A

VII. REFERENCES:

Authority and Related Directives Trace	
Federal	42 CFR §438.240
State	MHC 330.1722, MHC 330.1723; MDHHS AR 330.7035, MDHHS AR 330.7046; Public Act 238 of 1975, Public Act 519 of 1982
NMRE	Administrative Manual Procedure # 04-02-002, Policy # 04-01-002
County	
CARF	CARF 2018 Behavioral Health Standards
Other	CWN Policy: Recipient/Enrollee Rights, 3.10 Abuse and Neglect