

Chapter: **RECIPIENT RIGHTS**
Title: **INCIDENT, ACCIDENT, ILLNESS, DEATH OR ARREST REPORT
MONITORING**

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Proposed by: Dave Pankotai 03/08/2022
Chief Executive Officer Date

Approved by: Albert L. Lorenzo 03/08/2022
County Executive Office Date

I. **ABSTRACT**

This policy establishes the standards and procedures of Macomb County Community Mental Health (MCCMH), an official agency of the County of Macomb, to monitor and evaluate critical incidents or potential incidents as they relate to recipient and staff issues. These processes aim to enhance timely channeling of pertinent information to appropriate individuals; aggregate and review critical aspects of care as they relate to Recipient Rights and Quality Assurance; ensure issues are tracked and reviewed for identification of trends; and monitor that Incident, Accident, Illness, Death or Arrest Reports be done by MCCMH.

II. **APPLICATION**

This policy shall apply to all directly operated and contract network providers of the MCCMH Board.

III. **POLICY**

It is the policy of MCCMH to ensure the quality and appropriateness of care provided to recipients. Occurrences encompassed within the definition of 'Incidents' involving recipients/staff are to be recorded on the Incident, Accident, Illness, Death or Arrest Report. These reports are reviewed, documented and investigated in a timely manner, with appropriate follow-up care, remedial action and/or peer review taken. The MCCMH Office of Recipient Rights (ORR) shall review all Incident, Accident, Illness, Death or Arrest Reports for violations of a recipient's rights and may inquire as to the need to make a formal recipient rights complaint.

IV. DEFINITIONS

A. Incident

An occurrence involving recipients and/or staff which results in serious injury; potential serious injury; or potential liability to MCCMH as an organization, and may include, but is not limited to:

1. Suicide
2. Death (non-suicide)
3. Use of physical management
4. Emergency medical treatment due to injury or physical illness
5. Hospitalization (Medical) due to injury or physical illness
6. Property destruction – over \$100
7. Serious display of verbal or behavioral hostility and/or police were contacted
8. Emergency medical treatment due to medication error
9. Hospitalization (Medical) due to medication error
10. Suspected adverse reaction to medication
11. Staff administration of incorrect medication
12. Staff administration of incorrect dosage
13. Staff failed to administer medication
14. Other medication error/discrepancy
15. Arrest of recipient
16. Allegation of apparent or suspected abuse and neglect
17. Other

V. STANDARDS

- A. All provider employees, individual contractors, volunteers and interns who become aware of or witness a recipient suffer a physical injury, illness or other adverse event shall provide immediate comfort and protection and assure immediate medical treatment for the recipient.
- B. An Incident, Accident, Illness, Death or Arrest Report (Exhibit A), with applicable attached forms (Use of Physical Management Form, Exhibit B; Medication Error Form, Exhibit C; Police Contact Form, Exhibit D; Emergency Medical Form, Exhibit E) shall be completed for any critical incident by the end of the individual's work shift and submitted to the appropriate agency or program according to the procedures set forth below.
- C. Within five (5) business days of the discovery of the death of any MCCMH active service recipient, provider staff shall complete Provider Report of Death, according to MCCMH MCO Policy 8-003, "Sentinel Events, Root Cause Analysis and Mortality Review," and follow the procedures and standards as set forth in that policy. An active service recipient includes any individual who has received services from MCCMH within in the last six months.
- D. For occurrences involving allegations of apparent or suspected abuse and/or neglect, the MCCMH Office of Recipient Rights (ORR) shall be immediately notified according to the procedures set forth below. All other possible rights violations shall be treated in the same manner.

- E. Provider staff shall adhere to reporting requirements of the Adult Protective Services Act, the Child Protective Act, the Mandatory Report of Abuse Act and all applicable policies.
- F. Occurrences involving recipients that arise at facilities licensed by the Department of Licensing and Regulatory Affairs (LARA) or the Bureau of Community and Health Systems (BCHS) shall adhere to state law and utilize the Incident, Accident, Illness, Death or Arrest Report when notifying the licensing agent. The licensing agent is to be informed of the following occurrences:
 - 1. The death of a recipient
 - 2. Serious or non-serious self-inflicted harm
 - 3. Psychiatric or non-psychiatric hospitalization
 - 4. Destruction of property (valued at over \$100.00) by a recipient
 - 5. Serious verbal hostility
 - 6. Serious display of behavioral hostility and/or police were contacted
 - 7. Fire (one which causes significant damage; see MCCMH MCO Policy 3-031, "Fire Safety in Residential Settings")
 - 8. Arrest or conviction of a recipient
 - 9. Unauthorized leave of absence of a recipient
 - 10. Seizure-like activity of a recipient
- G. Providers which generate an Incident, Accident, Illness, Death or Arrest Report shall retain one (1) copy of the report in an on-site administrative file for a period of no less than 24 months. Incident or peer review reports, as quality assurance documents, do not constitute a summary report(s) and shall not be maintained in a recipient's clinical record.
- H. Failure of provider staff to submit a timely Incident, Accident, Illness, Death or Arrest Report, as required, may result in appropriate disciplinary action.
- I. When two or more staff members witness an occurrence requiring an Incident, Accident, Illness, Death or Arrest Report, one report may be jointly filed with their signatures. Any individual unwilling to sign the joint report for whatever reason may choose to file a separate report. The names of witnesses and others present shall be included in the reports.
- J. Data obtained from an Incident, Accident, Illness, Death or Arrest Report and related forms shall be made available to the MCCMH Quality Assurance Performance Improvement (QAPI) Council and other appropriate individuals or departments, as necessary, for the purposes of tracking issues and identifying trends and patterns.

K. The MCCMH ORR:

1. Shall document the receipt of a copy of the Incident, Accident, Illness, Death or Arrest Report. Staff shall date stamp the incoming report forms with the MCCMH ORR Seal.
2. Shall review the description of the occurrence, actions taken, treatment provided, and supervisory comments. Staff shall sign and date each report form on completion of the review.
3. Shall make appropriate inquiries into any unexplained occurrences or situations as warranted.
4. May file a formal recipient rights complaint on any report which appears to have included a violation of a recipient's rights.

L. MCCMH shall notify Macomb County Corporation Counsel and Risk Management when conspicuous Incident, Accident, Illness, Death or Arrest Reports are received.

M. Accumulated aggregated data shall be made available for further follow-up or remedial or administrative action(s) as necessary, to MCCMH's Chief Executive Officer, Division Director(s), the Quality Assurance Performance Improvement (QAPI) Council, and Recipient Rights Advisory Committee, etc.

VI. PROCEDURES

A. Directly Operated Providers

1. Staff shall immediately verbally notify Facilities and Operations of serious safety issues which occur on Macomb County owned or leased property.
2. See MCO Policy 10-050, "Emergency Preparedness Plan," for policies and procedures regarding the reporting of incidents involving emergency or disaster related events and for reporting of occurrences involving serious physical injury to employees, individual contractors, volunteers, and interns.

B. All Providers

1. All provider staff who witness or discover an incident shall immediately:
 - a. Take action to protect, comfort and assure medical treatment of the recipient;
 - b. Verbally notify the designated supervisor of any apparent serious injury. The designated supervisor shall immediately notify the ORR of suspected abuse or neglect. (See VI.B.7)
2. All provider staff who witness or discover an incident or occurrence shall report the occurrence on the Incident, Accident, Illness, Death or Arrest Report as soon as possible, but in no case later than the end of the shift in which the occurrence took place. Staff shall submit the report of the

occurrence for review by the designated supervisor by the next business day.

3. Where the occurrence is the use of physical management, provider staff shall also complete and attach the Use of Physical Management form (Exhibit B).
4. Where the occurrence is related to medication error (see IV.A.), or other medication error/discrepancy, provider staff shall also complete and attach the Medication Error form (Exhibit C).
5. Where the occurrence involved police calls by staff, provider staff shall also complete and attach the Police Contact Form (Exhibit D).
6. Where the occurrence involved emergency medical care, provider staff shall also complete and attach the Emergency Medical Form (Exhibit E).
7. Where the occurrence involves allegations of apparent or suspected abuse and/or neglect, staff shall immediately notify the MCCMH ORR by phone at (586) 469-6528, by fax (586) 466-4131 or by hand delivery of a Recipient Rights Complaint form (Exhibit F) detailing the occurrence. Note: All other possible rights violations shall be immediately reported to the MCCMH ORR in the same manner.
8. The Witness/Writer will provide the incident report to the admitting provider agency by the end of their shift.
9. The designated on-site supervisor shall review the Incident, Accident, Illness, Death or Arrest Report, recommend/implement appropriate administrative action as necessary, comment as necessary, retain one copy in the on-site administrative file, forward one copy to his/her designated licensing agent if required, (as detailed in V.F), and send a copy to the designated MCCMH program (for contract agencies) or to the MCCMH ORR (for directly operated programs). Pursuant to V.G. above, a copy of the incident report shall not be kept in the recipient's record.
10. MCCMH providers shall take appropriate steps to initiate reviews of reported incidents according to the provisions of MCCMH MCO Policies 8-003, "Reporting and Responding to Critical Incidents, Sentinel Events, and Risk Events;" and 8-004, "Reporting and Responding to Medication Errors/Discrepancies and Adverse Drug Events."
11. The identified contact from the admitting provider agency will complete the modified version of the incident report in FOCUS, reviewing and determining if it is a sentinel event, risk, or critical incident by checking the appropriate box. The identified contact at the admitting provider agency will scan/upload the paper copy of the incident report provided by the witness into the FOCUS Incident Module. This will be completed within one (1) business day of receipt of the incident report from the witness/writer.

C. Designated MCCMH Programs

1. For contract agencies, designated MCCMH programs receiving Incident, Accident, Illness, Death or Arrest Reports from contract providers shall designate an MCCMH employee who has the authority, as necessary, to review the submitted report and recommend/implement appropriate administrative action to correct a potentially problematic situation and/or alert the appropriate individuals of situations which might require appropriate corrective/monitoring actions.
2. Upon completion and comment as necessary, the designated MCCMH employee shall retain a copy of the Incident, Accident, Illness, Death or Arrest Report in an on-site program administrative (not the recipient's) file (for a period of no less than 24 months) and forward a copy to the MCCMH ORR.

D. MCCMH ORR shall do the following:

1. Date Stamp the copy of the Incident, Accident, Illness, Death or Arrest Report form;
2. Review the description of the occurrence, actions taken, treatment provided, supervisory comments;
3. Sign and date each Incident, Accident, Illness, Death or Arrest Report form on completion of the review;
4. File a formal and/or informal recipient rights complaint on any Incident, Accident, Illness, Death or Arrest Report which appears to have included a violation of a recipient's rights; and
5. Follow up on indicated problems and administrative actions with provider staff, supervisors, and administrative staff.
6. Should questions, concerns, or additional information be needed the provider shall be contacted via the FOCUS mail system.

E. Aggregate data obtained from Exhibit A and attachments (i.e., Medication Error Forms, Use of Physical Management Forms, Recipient Rights Complaint Forms, Police Contact Form, Emergency Medical Form) shall be made available for the purposes of tracking issues, identifying trends and patterns, and for the purpose of further follow-up, remedial, or administrative action(s) to be taken by the appropriate individuals or departments, such as the MCCMH Chief Executive Officer, Division Director(s), the Quality Assurance Performance Improvement (QAPI) Council, and the Recipient Rights Advisory Committee.

VII. REFERENCES/LEGAL AUTHORITY

- A. MI Department of Consumer and Industry Services, Division of Adult Foster Care Licensing, Adult Foster Care Small Group Homes Administrative Rules, R 400.14311
- B. MI Department of Consumer and Industry Services, Division of Adult Foster Care

Licensing, Adult Foster Care Large Group Homes Administrative Rules, R
400.15311

- C. MDHHS/CMHSP Managed Mental Health Supports and Services Contract: FY21 - Attachment C6.5.1.1
- D. 2007 MDCH Administrative Rules, R 330.7046
- E. MCCMH MCO Policy 8-003, "Reporting and Responding to Critical Incidents, Sentinel Events, and Risk Events"
- F. MCCMH MCO Policy 8-004, "Reporting and Responding to Medication Errors/Discrepancies and Adverse Drug Events"
- G. MCCMH MCO Policy 9-130, "Recipient Rights Director"
- H. MCCMH MCO Policy 9-690, "Recipient Abuse / Neglect"

VIII. EXHIBITS

- A. Consumer Incident, Accident, Illness, Death or Arrest Report
- B. Use of Physical Management Form
- C. Medication Error Form
- D. Police Contact Form
- E. Emergency Medical Form
- F. Recipient Rights Complaint Form