

(Replaces MCCMH MCO Policy 9-361)

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

See also MCCMH MCO 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."

Prior Review Date: 11/29/11
Current Review Date: 7/02/13

Approved By: BOARD ACTION


Executive Director


Date

I. Abstract

This policy establishes the standards and procedures of the Macomb County Community Mental Health (MCCMH) Board to monitor and evaluate critical incidents or potential incidents as they relate to recipient and staff issues; to enhance timely channeling of pertinent information to appropriate individuals; to aggregate and review critical aspects of care as they relate to Recipient Rights and Quality Assurance; to ensure issues are tracked and reviewed as necessary, that trends are identified; and that monitoring of the Consumer Incident, Accident, Illness, Death or Arrest Report be done by the MCCMH Office of Recipient Rights (ORR.)

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 the MCCMH Board to ensure the quality and appropriateness of care provided to recipients. Therefore, occurrences encompassed within the definition of Incidents involving recipients/staff are to be recorded on the Consumer Incident, Accident, Illness, Death or Arrest Report, (Exhibit A), which are reviewed, documented and investigated in a timely manner, with appropriate follow-up care, remedial action and/or peer review taken. The MCCMH ORR shall

receive and review all Consumer 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

A serious occurrence involving recipients and/or staff which results in serious injury; potential serious injury; or potential liability to the MCCMH Board as an organization, and shall 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 consumer
16. Allegations of, apparent, or suspected abuse and neglect
16. 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. A Consumer 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 business days of discovery of the death of any MCCMH active service recipient, provider staff shall complete Provider Report of Death, Exhibit B to MCCMH MCO Policy 8-003, "Sentinel Events, Root Cause Analysis, and Mortality Review," and follow the procedures and standards as set forth within that policy.
- D. For those 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, and Mandatory Report of Abuse Act, and all applicable policies.
- F. Occurrences involving recipients that arise at facilities which are licensed by Adult Foster Care Licensing shall adhere to state law and utilize the Consumer Incident, Accident, Illness, Death or Arrest Report, when notifying the licensing agent of such occurrences. 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. Recipient unauthorized leave of absence; and

10. Recipient seizure-like activity.
- G. Providers which generate a Consumer 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 not 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 the clinical record of a consumer.
- H. Failure of provider staff to submit a timely Consumer Incident, Accident, Illness, Death or Arrest Report, (Exhibit A), as required may result in appropriate disciplinary action.
- I. When two or more staff members witness an occurrence requiring a Consumer Incident, Accident, Illness, Death or Arrest Report, one report may be jointly filed with their signatures. Any individual who is 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 Exhibit A, Consumer 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 Consumer Incident, Accident, Illness, Death or Arrest Report, (Exhibit A). Staff shall date stamp the incoming Consumer Incident, Accident, Illness, Death or Arrest Report forms with the MCCMH ORR Seal.
 2. Shall review the description of the occurrence, actions taken, treatment provided, and supervisory comments. The MCCMH ORR shall sign and date each Consumer Incident, Accident, Illness, Death or Arrest Report form on completion of the review.
 3. Shall make appropriate inquiries into any unexplained occurrences or situations as may be warranted.
 4. May file a formal recipient rights complaint on any Consumer Incident, Accident, Illness, Death or Arrest Report which appears to have included a violation of a recipient's rights.
- L. Accumulated aggregated data shall be made available for further follow-up, remedial, or administrative action(s) as necessary, i.e., MCCMH Executive Director, 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 (if any) regarding occurrences which occur on Macomb County owned or leased property.
2. See MCO Policy 10-050, "Emergency Preparedness Plan," for policies and procedures regarding 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 who shall immediately notify the Office of Recipient Rights (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 Consumer Incident, Accident, Illness, Death or Arrest Report, (Exhibit A), 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.8-13), 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, or 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 designated on-site supervisor shall review the Consumer 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 consumer's record.
9. 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."

C. Designated MCCMH Programs

Designated MCCMH programs receiving Consumer 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 Consumer Incident, Accident, Illness, Death or Arrest Report and recommend/implement appropriate administrative action to correct a potential problematic situation and/or alert the appropriate individuals of potential situations which might require appropriate corrective/monitoring actions. Upon completion and comment as necessary, the designated MCCMH employee shall retain a copy of the Consumer Incident, Accident, Illness, Death or Arrest Report in an on-site program administrative (not the consumer's) file (for a period of not 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 Consumer 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 Consumer Incident, Accident, Illness, Death or Arrest Report form on completion of the review;
4. Enter the completed Consumer Incident, Accident, Illness, Death or Arrest Report into the MCCMH ORR data system for incidents 1 – 15 as defined above (IV. Definitions);
5. File a formal and/or informal recipient rights complaint on any Consumer Incident, Accident, Illness, Death or Arrest Report which appears to have included a violation of a recipient's rights;

6. Follow up on indicated problems and administrative actions with provider staff, supervisors, and administrative staff; and
7. 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 as necessary, e.g., MCCMH Executive Director, Division Director(s), the Quality Assurance Performance Improvement (QAPI) Council, and Recipient Rights Advisory Committee, etc.

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. MDCH-MCCMH Medicaid Managed Specialty Supports and Services Contract, FY2013, Part II, 6.1.1 Event Notification; Contract Attachment P6.5.1.1. (Amendment 1, rev. 3/26/12), "PIHP Reporting Requirements for Medicaid Specialty Supports and Services Beneficiaries;" and Technical Guidance on Implementation of Contract Attachment P6.7.1.1. (August 2011)
- 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

MCCMH MCO Policy 9-321
**CONSUMER, INCIDENT, ACCIDENT,
ILLNESS, DEATH, OR ARREST REPORT
MONITORING**
Date: 7/02/13

- E. Emergency Medical Form
- F. Recipient Rights Complaint Form

**CONSUMER INCIDENT, ACCIDENT, ILLNESS, DEATH, OR ARREST REPORT
MACOMB COUNTY COMMUNITY MENTAL HEALTH SERVICES**

Facility/Home _____ Facility Code _____ Facility Address _____ City _____ Zip _____ Licensee/Organization _____	Recipient _____ Age _____ Sex: M() F() Case Number _____ Licensee Number _____
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PERSONS INVOLVED/WITNESSED Name _____ Address _____ Phone Number _____	PERSONS INVOLVED/WITNESSED Name _____ Address _____ Phone Number _____
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Date of Incident: _____	Time: _____	Location: _____
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CHECK TYPE OF INCIDENT - (PLEASE FAX TO (586) 466-4131)

A. Suicide

B. Death (non suicide)

C. Use of physical management **(Must also complete and attach Use of Physical Management Form)**

D. Emergency medical treatment due to injury or physical illness **(Must also complete and attach Emergency Medical Form)**

E. Hospitalization (Medical) due to injury or physical illness **(Must also complete and attach Emergency Medical Form)**

F. Property destruction – over \$100

G. Serious display of verbal/behavior hostility and/or police were contacted **(Must also complete and attach Police Contact Form, if applicable)**

H. Emergency medical treatment due to medication error **(Must also complete and attach Medication Error Form)**

I. Hospitalization (Medical) due to medication error **(Must also complete and attach Medication Error Form)**

J. Suspected adverse reaction to medication **(Must also complete and attach Medication Error Form)**

K. Staff administration of incorrect medication **(Must also complete and attach Medication Error Form)**

L. Staff administration of incorrect dosage **(Must also complete and attach Medication Error Form)**

M. Staff failed to administer medication **(Must also complete and attach Medication Error Form)**

N. Other medication error/discrepancy **(Must also complete and attach Medication Error Form)**

O. Arrest of consumer

P. Allegations of, apparent, or suspected abuse and neglect **(Must immediately notify the Office of Recipient Rights at (586) 469-6528 or immediately fax a Recipient Rights Complaint form to (586) 466-4131 for abuse and neglect and all other possible rights violations)**

Q. Other – **(Please fax to (586) 463-8598)**

EXPLAIN WHAT HAPPENED:

ACTION TAKEN BY STAFF/TREATMENT GIVEN [INCLUDING TREATING PHYSICIAN; MEDICAL FACILITY; DIAGNOSIS OR CAUSE OF DEATH]:

ACTION TAKEN TO REMEDY AND/OR PREVENT RECURRENCE OF INCIDENT, ACCIDENT, ILLNESS, DEATH, OR ARREST

PERSONS NOTIFIED (NAME)	DATE/TIME	PERSONS NOTIFIED (NAME)	DATE/TIME
<input type="checkbox"/> Adult Foster Care Licensing: <input type="checkbox"/> Physician or RN: <input type="checkbox"/> Case Manager/Supports Coordinator: <input type="checkbox"/> Supervisor:		<input type="checkbox"/> Adult/Children Protective Service: <input type="checkbox"/> Office of Recipient Rights: <input type="checkbox"/> Law Enforcement: <input type="checkbox"/> Other (Specify):	

SIGNATURE OF PERSON COMPLETING REPORT	PRINT NAME AND TITLE	DATE
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SIGNATURE OF LICENSEE/ADMINISTRATOR	PRINT NAME AND TITLE	DATE
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**Macomb County Community Mental Health Services
USE OF PHYSICAL MANAGEMENT**

THIS FORM IS COMPLETED IN ADDITION TO AN INCIDENT REPORT

Recipient: _____ Case Number: _____ Date: _____

Data	Justification	Interventions Used
Date: _____ Start time: _____ Stop time: _____	Behavior that presented the immediate risk to self or others: Any injuries:	Specific physical management technique used: Other emergency interventions used:
Total Duration of Incident _____ minutes	What caused the behavior?	
Duration of Physical Intervention _____ minutes	Interventions attempted prior to physical management: <input type="checkbox"/> Talking <input type="checkbox"/> Redirection <input type="checkbox"/> Other (specify): _____	Physical management technique terminated because: <input type="checkbox"/> Imminent risk no longer present <input type="checkbox"/> Others removed to safety <input type="checkbox"/> Other (specify): _____
Staff Involved Names of staff involved in hold:		
Staff Observing Names of staff observing:	Protective interventions insufficient because:	Any Injuries from physical management technique: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: Injury to: _____ consumer, _____ staff, _____ others Injury required medical attention by nurse: <input type="checkbox"/> Yes <input type="checkbox"/> No Injury required ER/Urgent Care visit: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is there a Behavior Treatment Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the Behavior Treatment Plan followed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe injury:

Supervisor Review:

Was the Person Centered Plan followed as written? Yes No
 Was the Behavior Treatment Plan followed as written? Yes No
 Were the staff involved trained to implement the techniques used? Yes No
 Does documentation indicate that less restrictive approaches were considered and implemented? Yes No
 Corrective Action [must be taken if there is any "no" response above]:

Supervisor Signature Date

Case Manager/Supports Coordinator Review:

The physical management or emergency intervention was appropriate to the severity to the behavior? Yes No
 Physical Management, as an emergency intervention, is included in the consumer's Crisis/Safety Plan: Yes No
 Recommendations:

CM/SC Signature Date

STAFFING:

Staffing-consumer ratio: (excluding supervision) at time of incident: () 1:1 () 1:2 () 1:3 () 1:4 () 1:5 or more

Staff involved was: (check all that applies)

- New hire (less than 6 months)
- Regularly assigned to a different site or location
- Working over 8 hours that day
- Working after regular hours shift
- Working weekend
- Working Holiday
- Working in an understaffed site

Was supervisor/ manager available at site when the incident happened? [] Yes [] No

Did the consumer need any medical care or observation as a result of the medication error (check one):

Yes: Explain:

No

Was the consumer sent for medical care (check one): () Yes () No () N/A

- Outpatient clinic
- Urgent Care
- ER

Was the consumer admitted to a hospital as a result of the medication error (check one):

- Yes
- No
- N/A

Persons notified:	Name/Title	Date/Time	Response
Consumer	_____		
Family/ guardian	_____		
MD (Required)	_____		
RN/ Pharmacist	_____		
Supervisor	_____		

Vital Signs: Blood Pressure: _____ Pulse Rate: _____ Respirations: _____ Temperature: _____

Name/Title Phone Signature Date

Person completing form _____
PRINT

Witness _____
PRINT

Macomb County Community Mental Health Services
POLICE CONTACT FORM

THIS FORM IS COMPLETED IN ADDITION TO AN INCIDENT REPORT

Recipient: _____ Case Number: _____ Date: _____

Please describe what happened prior to the behavior that led to the police being contacted:

How was the decision reached to contact the police:

List all alternative actions that were considered instead of contacting the police:

List all interventions attempted prior to contacting the police:

How did the police intervene to address the behavior of the consumer?

How did the consumer respond to the police intervention?

SIGNATURE OF PERSON COMPLETING REPORT	PRINT NAME AND TITLE	DATE
SIGNATURE OF LICENSEE/ADMINISTRATOR	PRINT NAME AND TITLE	DATE

Macomb County Community Mental Health Services
EMERGENCY MEDICAL FORM

THIS FORM IS COMPLETED IN ADDITION TO AN INCIDENT REPORT

Recipient: _____ Case Number: _____ Date: _____

*** Not to be used for planned hospital admissions or hospitalizations due to the natural course of a terminal illness**

List any interventions attempted prior to seeking emergency medical attention:
(Actual readings of vital signs taken and tests done, eg. blood sugar)

Amount of time between onset of symptoms and seeking emergency medical attention:

Who made the decision to seek emergency medical attention?

If taken to Urgent Care:

Name of Urgent Care facility that was used:

Result of Visit (including diagnosis and treatment given) (Include all lab results)

If taken to the Emergency Room:

Name of the hospital that was used:

Admitted to hospital: Y or N

What was the diagnosis:

Result of the visit:
(Include all lab results – give the test and the readings)

SIGNATURE OF PERSON COMPLETING REPORT

PRINT NAME AND TITLE

DATE

SIGNATURE OF LICENSEE/ADMINISTRATOR

PRINT NAME AND TITLE

DATE



Complaint Number	Category
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Michigan Department of Community Health
RECIPIENT RIGHTS COMPLAINT

Instructions:

If you believe that one of your rights has been violated you (or someone on your behalf) may use this form to make a complaint. A rights advisor will review the complaint and may conduct an investigation. Keep a copy for your records and send the original to the rights office at the CMH agency or the hospital where you are receiving (or received) services, or to: MDCH – Office of Recipient Rights, Lewis Cass Building, Lansing Michigan 48913.

Complainant's Name:	Recipient's Name:
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Complainant's Address:	Where did the alleged violation occur?
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Complainant's Phone Number:	When did the alleged violation happen?
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What right was violated?

Describe what happened:

What would you like to have happen in order to correct the violation?

Complainant's Signature	Date:	Name of person assisting complainant
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DCH 0030 Replaces DCH-2500 Authority: P.A. 258 of 1974 as amended
 Distribution: ORIGINAL TO ORR
 COPY to Complainant (with acknowledgement letter)