

SUMMIT POINTE HANDBOOK OF POLICIES & PROCEDURES

Chapter 1	General Policies & Procedures	Effective	11/1/2018
Section 1.1	Operational Management	Version	2.0 (effective 3.1.19)
Policy 1.1.3	Incident Reporting	Responsibility -	Operations Director

PURPOSE:

To provide clear guidance for the reporting of all incidents (i.e. Any event, occurrence or condition which involves actual or potential harm to Summit Pointe customers and their families, visitors, volunteers, staff members-including any medical emergencies, any significant property damage or potential hazard.)

POLICY:

It shall be the policy of Summit Pointe to establish mechanisms for reporting, reviewing, investigating, and acting upon sentinel events, critical incidents, and risk events for customers in accordance with Michigan Department of Health and Human Services requirements

DEFINITIONS:

See “Summit Pointe Performance Improvement Definitions List”

PROCEDURES / REQUIREMENTS:

Incident Reports must be completed by employees, contract employees, students or volunteers who witness or discover an incident, or who are notified of an incident. The incident report shall be completed during the shift in which the incident occurred and reviewed by the program’s supervisor, then submitted within 24-hours, or the next business day to the Performance Improvement Team. When a minor (under the age of 18) is involved in an unusual incident as defined above, the guardian/parent will be notified immediately and the notification will be documented on the incident report.

Failure to attempt to prevent, report and take steps to remediate critical incidents as defined and in the manner and timeframes described by this policy and procedure may subject a staff member or contracted provider, to administrative action. Summit Pointe will monitor and analyze all critical incidents to assure that preventive and/or corrective actions are identified and taken.

Critical Incident Report Forms are confidential professional peer review and quality improvement documents and are protected from disclosure pursuant to the provisions of MCL.330.1143a UNAUTHORIZED DISCLOSURE OR DUPLICATION IS ABSOLUTELY PROHIBITED. Across all service settings, the Critical Incident Report Form shall never be made part of any person’s clinical or facility record. However,

- As required by MDCH Administrative Rule 7046, a summary of the critical incident describing what happened, when, where and to whom as well as services provided in response shall be documented in the person’s clinical record by a staff member who has personal knowledge of the incident.

Additionally,

- When a critical incident occurs in a licensed residential setting the Department of Human Services approved Incident/Accident Report Form will be used to document the incident

SUMMIT POINTE HANDBOOK OF POLICIES & PROCEDURES

Chapter 1	General Policies & Procedures	Effective	11/1/2018
Section 1.1	Operational Management	Version	2.0 (effective 3.1.19)
Policy 1.1.3	Incident Reporting	Responsibility -	Operations Director

and the incident shall be reported to all parties required to be notified as prompted on the Incident/Accident Report Form and as required by applicable law, rule, policy and procedure. Incident/Accident Report Forms shall be maintained as required by licensing rules.

Customer Related Incident Reporting

All incidents need to be reported within 24 hours unless specified as being sooner. Various reporting forms are utilized depending on the type of incident. The following outlines the types of incidents required to be reported, but is not intended to be an exhaustive list.

- Injuries, unexpected illnesses and/or any incidents which would have a reasonable potential to cause injury.
- Medication errors or other medication issues.
- Serious challenging behavior including property damage, aggression, violence, threats of violence, or endangerment to self or others.
- Unauthorized leave, wandering or elopement from a program which has accountability for the supervision of the individual within the premises.
- Any use of physical management/intervention including any type of restraint or seclusion. (Any injury or death that occurs from the use of any behavior intervention is considered a sentinel event.)
- Use or possession of non-prescribed medication or substance in a program setting including illegal substance or illegal use or possession of a controlled substance.
- Sexual assault or inappropriate sexual acts.
- Use or possession of weapons.
- Suspected abuse or neglect of a person served.
- Incidents of communicable disease, infection control or biohazardous accidents.
- Homicidal or suicidal gestures, attempts or completions.
- Vehicle accidents involving Summit Pointe customers
- Suicide or attempted suicide.
- Deaths of individuals receiving a Summit Pointe funded service are to be immediately reported verbally to Recipient Rights Officer and Executive Director, and a death report is to be completed within 24 hours.

For all the above incidents, a “MDHHS Incident Report” form must be completed, except if it occurred in a Specialized home, then use the “AFC Licensing Division- Incident Accident Report” form. In addition to the incident form:

- The “Emergency Use of Physical Management” form must be completed whenever physical management was utilized.
- The “Death Report” form must be completed whenever the death of an individual being served occurred.
- A “Recipient Rights Complaint” form may be completed whenever the incident may have

SUMMIT POINTE HANDBOOK OF POLICIES & PROCEDURES

Chapter 1	General Policies & Procedures	Effective	11/1/2018
Section 1.1	Operational Management	Version	2.0 (effective 3.1.19)
Policy 1.1.3	Incident Reporting	Responsibility	- Operations Director

involved a suspected right of an individual receiving services.

- When a customer being seen as an outpatient has known or suspected communicable disease, and “Infection Control Reporting Form” (found on the SPeARS icon on the desktop) shall be completed by the clinical provider. The original Infection Control Reporting Form shall be forwarded to the Infection Control Designees as outlined in Summit Pointe Policy 1.3.7: Communicable Disease Reporting

Action Following Customer Related Incidents

- Staff must take appropriate action when personally involved in an incident.
- In the case of a severe adverse incident, which includes a customer suicide or attempted suicide, homicide or attempted homicide, serious injury or death by any means, immediately contact their immediate supervisor, or Summit Pointe Director, as well as Summit Pointe’s Performance Improvement team.
- In other incidents, that are not severe or adverse, report verbally to immediate supervisor, as applicable, any incident which seems to merit administrative action.
- Complete a written Incident Report within 24 hours of which an incident occurs
- Forward written Incident Report to Summit Pointe’s Performance Improvement Department

Completion of Forms

Incident Reports must be legible and include the following information

- A description of the incident or accident. This is to include a detailed description of any event which results in the use of physical intervention and describes the imminent risk of significant injury which precipitated or necessitated the emergency use of physical intervention.
- The cause of the incident or accident.
- Those involved or witnessing the incident or accident.
- Action taken by staff.
- Duration of physical management, as applicable

Supervisor/Director Review

The Supervisor or Director of the employee involved in reporting the incident:

- Assures that the form is filled out completely and accurately.
- Initiates follow-up action as recommended and appropriate, including timely debriefing following a critical incident.
- Reviews and signs off on incident report.
- Debriefings are offered following traumatic or emergency situations to provide support to employee(s) and persons receiving services that are involved. These debriefings are documented and the documentation is maintained by the program director.

Interaction with Behavior Treatment Reporting

If behaviors are currently monitored as part of the Behavioral Treatment Plan they are not considered reportable (risk) events and should be monitored on the BTRC tracking form.

SUMMIT POINTE HANDBOOK OF POLICIES & PROCEDURES

Chapter 1	General Policies & Procedures	Effective	11/1/2018
Section 1.1	Operational Management	Version	2.0 (effective 3.1.19)
Policy 1.1.3	Incident Reporting	Responsibility	- Operations Director

However events outside of the plan should be tracked on the BTRC sheet and reported in the risk and critical incident event forms.

Physical management and/or involvement of law enforcement, permitted for intervention in emergencies only, are considered critical incidents that must be managed and reported. Any injury or death that occurs from the use of any behavior intervention is considered a sentinel event.

Submission of Incident Forms

Incident Reports must be given to the designated supervisor as soon as possible, but no later than the end of the shift/day during which the incident occurred.

Supervisors are to include their comments and follow-up action(s) and forward all incident reports and supplemental reports (e.g., Emergency Use of Physical Management) for processing. No incident report should be excluded from forwarding.

Verbal reports to the ORR of suspected abuse or neglect will occur immediately as mandated by ORR policy on Abuse and Neglect. Incident Reports concerning suspected abuse or neglect will be faxed to the ORR and Summit Pointe's Performance Improvement Department as soon as possible following the incident.

All Incident Reports must be provided to Summit Pointe's Performance Improvement Department within 24-hours or the next business day by:

- Faxing to (269) 966-1777, ATTN: Performance Improvement Department
- Submitting it at the Summit Pointe downtown location (140 W. Michigan Avenue, Battle Creek) location. They can be marked ATTN: Performance Improvement Department

All Incident Reports and any supplemental forms will be forwarded as required to:

- The applicable Summit Pointe Director(s)
- The Office of Recipient Rights
- The Contract Agency Director, as applicable
- The assigned Case Manager or Supports Coordinator, if applicable.
- The Department of Human Services for licensed residential facilities.

Reporting Deaths (Death Report Form)

- All deaths and of any person receiving services by Summit Pointe or its contracted service providers, and/or receiving an emergency service within the previous 30 calendar days shall be immediately reported to Summit Pointe's Performance Improvement Department.
- The primary responsible worker (includes clinical contracted service providers) shall complete a Death Report Form and Incident Report Form within 24 hours of being notified of the death, and submit this form to Summit Pointe's Performance Improvement Department.

SUMMIT POINTE HANDBOOK OF POLICIES & PROCEDURES

Chapter 1	General Policies & Procedures	Effective	11/1/2018
Section 1.1	Operational Management	Version	2.0 (effective 3.1.19)
Policy 1.1.3	Incident Reporting	Responsibility	- Operations Director

- The Death Report shall include the basic information of the name, case number, gender, date of birth, date and place of death, along with the name, title and agency of the person completing the report. In addition the report will document the following:
- Diagnosis, including medical and psychiatric of the person served
- Cause of death
- Recent change in medical or psychiatric status including notations/summary statement of most recent hospitalizations
- Summary of the condition and treatment(programs and services being provided to the person served preceding death)
- Medications prescribed by a psychiatric professional within the last 30 days.
- Any other relevant history

External Reporting

Incidents meeting the definition of sentinel events which happen to customers in services defined by Department of Community Health will be reported to the PIHP or directly to the Department of Community Health as required.

Root Cause Process

A root cause analysis will be completed for those Customer Incidents that meet the standards set by Summit Pointe.

Within 3 business days of a critical incident a determination will be made if the incident meets the sentinel event definition. If an incident is determined to be a sentinel event a root cause analysis will be started within 2 subsequent business days.

When a determination is made to complete a root cause analysis an ad hoc Sentinel Event Review Committee shall convene. The root cause analysis will minimally review the event causes and make recommendations to prevent future occurrences.

Persons involved in the review of sentinel events must have the appropriate credentials to review the scope of care. For example, sentinel events involving the death of the customer or other serious mental condition must involve a physician or nurse.

The committee will prepare an analysis and recommend any Plans of Correction. The plan may identify changes that can be implemented to prevent reoccurrence, reduce risk, or formulate a rationale for not undertaking such changes. When improvement actions are proposed, the Plan must identify who is responsible for implementation, when the action will be implemented and how the plan will be monitored and evaluated.

Other Reportable Events

Employee Related Reportable Events:

SUMMIT POINTE HANDBOOK OF POLICIES & PROCEDURES

Chapter 1	General Policies & Procedures	Effective	11/1/2018
Section 1.1	Operational Management	Version	2.0 (effective 3.1.19)
Policy 1.1.3	Incident Reporting	Responsibility -	Operations Director

- Staff shall immediately report any work-related injuries to their immediate supervisor prior to completion of the Incident Report.
- Staff shall immediately report any incident with damages to Agency property or equipment to their immediate supervisor prior to completion of the incident report.
- Staff shall immediately report any accident while using their personal vehicle to their immediate supervisor prior to completion of the incident report.
- Summit Pointe employees who sustain a work related injury must complete an “Employee Accident Report”
- Summit Pointe employees who are involved in a vehicular accident during work hours, whether in their personal vehicle or a Summit Pointe vehicle, must complete a “Summit Pointe Vehicle Incident Report Form”. If an injury occurred to the employee during the vehicle accident, an employee accident form must also be completed. *(If an injury occurred to a customer during the vehicle accident, a “MDHHS Incident Form” must also be completed).*
- Summit Pointe employees that have a known or suspected communicable disease must complete an “Infection Control Reporting Form”.

Visitor Related Reportable Events:

- Visitors who sustain an injury while on Summit Pointe property must complete a “Visitor Incident Report Form”.

Training Requirements

All Summit Pointe staff will be provided training in prevention, identification and reporting of “near miss” events, risk events, critical incidents, sentinel events, and death reporting, upon hire and annually thereafter.

REFERENCES:

Michigan Department of Health and Human Services (MDHHS) Medicaid Specialty Supports and Services Contract.
 MDHHS/PIHP Event Reporting
 M.C.L. 330.723(2)(3) and 330.755f(I)(ii)
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 Child Abuse and Neglect Prevention Act, PA 250 of 1982
 Child Protection Law, PA 238 of 1975
 M.C.L. 712A – 712 A.32
 Social Welfare Act, PA 280 of 1939
 Michigan Penal Code, PA 328 of 1931
 Adult Protective Services, PA 519, 1982
 R.330.1801-330.1809 and R.400.51-400.15411
 CARF Behavioral Health Standards Manual

SUMMIT POINTE HANDBOOK OF POLICIES & PROCEDURES

Chapter 1	General Policies & Procedures	Effective	11/1/2018
Section 1.1	Operational Management	Version	2.0 (effective 3.1.19)
Policy 1.1.3	Incident Reporting	Responsibility	- Operations Director

Southwest Michigan Behavioral Health Policy – 3.5 (Incident, Event and Death Reporting and Monitoring)
Summit Pointe Performance Improvement Definitions List

ATTACHMENTS:
MDHHS Incident Report template
AFC Licensing Division- Incident Accident Report template
Death Report template
Emergency Use of Physical Management template