Mid-State Health Network

Michigan Mission Based Performance Indicator System (MMBPIS)

Sentinel Event Reporting

Persons Approved for Substance Use Disorder Services

March 2020

MSHN-MMBPIS
Individuals Receiving a Service for Substance Use Disorder

Indicator 2: _The percentage of new persons receiving a face to face assessment with a professional within 14 calendar days of a non-emergency request for services._
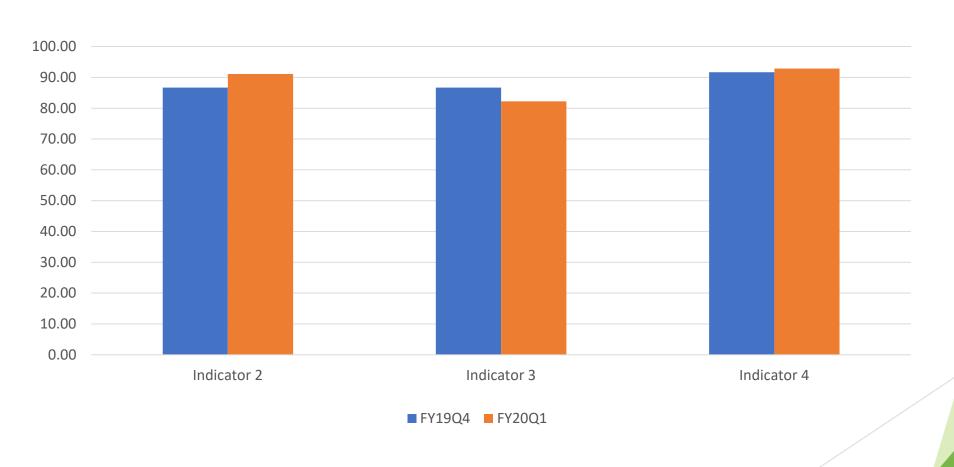
Indicator 3: _The percentage of new persons starting any needed ongoing service within 14 days of a non-emergent face to face assessment with a professional._

Indicator 4: _The percentage of discharges from a detox unit seen for follow-up care within 7 days._

MSHN Performance

MMBPIS		FY18Q3	FY18Q4	FY19Q1	FY19Q2	FY19Q3	FY19Q4	FY20Q1
Indicator 1a & 1b: Pre-screen within 3 hours of request	Children	99.02%	99.36%	98.42%	98.91%	98.36%	97.86%	98.60%
	Adults	99.48%	99.45%	98.45%	99.16%	99.42%	99.09%	99.17%
Indicator 2: % of Persons Receiving an Initial Assessment within 14 calendar days of First Request	MI-Child	99.05%	98.59%	98.16%	98.51%	98.68%	98.49%	98.04%
	MI-Adult	98.98%	98.84%	98.54%	98.77%	97.17%	98.61%	98.41%
	DD-Child	99.55%	99.04%	99.01%	98.28%	96.12%	99.12%	95.58%
	DD-Adult	100.00%	100.00%	100%	96.74%	96.55%	98.81%	98.78%
	SUD	99.12%	99.08%	98.15%	99.34%	98.22%	98.97%	99.07%
	Total	98.99%	98.91%	98.34%	98.87%	97.86%	98.74%	98.50%
Indicator 3: % of Persons Who Started Service within 14 days of Assessment	MI-Child	97.10%	97.35%	96.64%	95.99%	95.50%	96.15%	95.36%
	MI-Adult	98.25%	98.60%	98.34%	96.85%	97.17%	97.36%	93.58%
	DD-Child	97.79%	97.56%	90.79%	94.74%	95.74%	91.21%	90.79%
	DD-Adult	100.00%	98.53%	96.72%	90.00%	98.51%	97.01%	86.36%
	SUD	97.19%	98.12%	97.92%	98.33%	97.66%	98.05%	98.05%
	Total	97.48%	98.15%	97.63%	97.13%	97.04%	97.27%	95.56%
Indicator 4a, and Indicator 4b: Persons seen within 7 days of Inpatient Discharge and Substance Abuse Detox	Children	96.18%	100.00%	98.08%	98.56%	100%	98.91%	98.28%
	Adults	97.38%	97.50%	94.52%	96.80%	97.36%	96.69%	95.14%
	SUD	98.78%	97.52%	95.59%	96.88%	97.14%	97.87%	98.39%
Indicator 10: % of Discharges Readmitted to Inpatient Care within 30 days of Discharge	Children	7.29%	11.80%	9.77%	6.74%	11.24%	8.20%	4.35%
	Adults	9.59%	11.03%	10.66%	10.07%	13.10%	11.83%	11.59%

MSHN Percentage of SUD Providers Performing above the 95% Standard

Action Steps

- Review individual records of those who were seen outside of the required 14 day timeline.

- Identify system issues contributing to the reason for not being seen within 14 days.

- Implement actions to improve performance and compliance with the measure.

- Review data to ensure action steps have been effective, and performance has improved.

Changes to MDHHS Reporting - MMBPIS

Discontinued for SUD:

▶ Indicator #2: *The percentage of new persons during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service (by five sub-populations: MI-adults, MI-children, DD-adults, DD-children, and persons with Substance Use Disorders). Standard = 95%*

▶ Indicator #3: *Percentage of new persons during the quarter starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional ((by five sub-populations: MI-adults, MI-children, DD-adults, DD-children, and persons with Substance Use Disorders). Standard = 95% within 14 days*

New Indicator for SUD:

▶ Indicator # 2e: *The percentage of new persons during the quarter receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with Substance Use Disorders*

No Change and Still Required:

▶ Indicator 4b: *The percent of discharges from a substance abuse detox unit who are seen for follow-up care within seven days. Standard = 95%*

Indicator #2e (NEW April 16, 2020)

The percentage of new persons during the quarter receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with Substance Use Disorders.

▶ No Standard for 1st year of implementation –will use information to determine baseline.

▶ Data entry to begin April 16th, 2020 (FY2020 Q3).

▶ Note for 2020: This indicator will be calculated by BHDDA based on information reported by the PIHP to BH TEDS in combination with quarterly information reported by the PIHPs outside of the BH TEDS reporting system.

Requests for Service

➤ The **Request for Service** is documented as the **Date of Request** on the Level of Care Determination.

➤ For the request to be included in this indicator, the individual must consent to treatment.

➤ The **Level of Care Determination** must be completed at the time the person makes the **Request for Service**, <u>NOT</u> at the time of the first appointment

▪ It is the clinical screening document that determines the type of request (urgent/emergent), priority population, eligibility for services, etc.

➤ If the **Level of Care Determination** is completed on the same day the person is admitted to treatment (or after admission) PI #2e *will be reported incorrectly.* It will appear as if the person made a new request for service that expired since the admission date happened before the LOC Determination

Correct

LOC Determination:

BRIEF SCREENING INFORMATION

CONTACT DATE / TIME
02/12/2020   10:11AM

PRESENTING PROBLEM
Looking for substance counseling to get license back. Drinks currently and stated she tried to overdose on pills in April 2019.

Admission Record:

Service / Treatment Information

ATTENTION:
- Prior to completing this form verify that provider / site and referral information is correct.
- Double check that entered Admission Date and Type of Treatment are correct before signing this form.

Date of First Request / Contact
02/12/2020

Provider / Licensed Site

Admission Date
02/17/2020

Admission Time
9:15AM

Date of Next Appointment
02/24/2020

Type Of Treatment Service Setting
Ambulatory - Outpatient

Time to Treatment ⓘ
5 Days

Prior Treatment Episodes ⓘ
3 previous episodes

Incorrect

LOC Determination:

DATE
02/10/2020

DATE OF REQUEST
02/04/2020

BRIEF SCREENING INFORMATION

CONTACT DATE / TIME
02/10/2020   10:07AM

PRESENTING PROBLEM
"I've been on Suboxone (6-7 years) and I think in a lot of ways it's helped save my life and turn me around. I'd like to continue treatment so I don't go back to using."

Admission Record:

SERVICE / TREATMENT INFORMATION

ATTENTION:
- Prior to completing this form verify that provider / site and referral information is correct.
- Double check that entered Admission Date and Type of Treatment are correct before signing this form.

DATE OF FIRST REQUEST / CONTACT
02/04/2020

PROVIDER / LICENSED SITE

ADMISSION DATE
02/10/2020

ADMISSION TIME
10:00AM

DATE OF NEXT APPOINTMENT

TYPE OF TREATMENT SERVICE SETTING
Ambulatory - Outpatient

TIME TO TREATMENT
6 Days

PRIOR TREATMENT EPISODES
2 previous episodes

Required Documentation

Required documentation (previously called exceptions)

The PIHP must maintain documentation available for state review on the date of the first request as well as the date of the initial face-to-face service for treatment or supports even if this spans two quarters or multiple quarters.

▶ Consumer refused an appointment offered that would have occurred within the timeframe (Appointments offered must be documented and available upon request. Do not include in this column.)

▶ Consumer no showed for an appointment

▶ Consumer rescheduled the appointment.

▶ Consumer chose provider outside of network

▶ Consumer chose not to pursue services

▶ Staff unable to reach consumer

▶ Staff Cancel/reschedule

▶ No appointment available within 14 days with any staff

MSHN MMBPIS Training Dates

- March 20, 1:00 pm to 2:00 pm MMBPIS SUD Training
- March 25, 11:00 am to 12:00 pm MMBPIS SUD Training

Postponed

- Training Material

MSHN Contact

Sandy Gettel, Quality Manager

Sandy.Gettel@midstatehealthnetwork.org

Sentinel Event Data Report

▶ Time Period: FY20Q1Q2 (October 1, 2019 to March 31, 2020)

▶ Due April 15, 2020 to sandy.gettel@midstatehealthnetwork.org

Data Reported

▶ 1.   Category

▶ 1a. Number of **Incidents** during the period

- Death of Recipient

- Accidents requiring emergency room visits and/or admissions to hospitals

- Physical illness requiring admissions to hospital

- Arrest or conviction of recipients

- Serious challenging behaviors

- Medication errors

Sentinel Event Data Report continued

Data Reported

- 2. Number of **Incidents** found to be **Sentinel**

- 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 the risk thereof,' includes any process variation for which recurrence would carry a significant chance of a serious adverse outcome."

- 3. Number of **Sentinel Events** for which a **Plan of Action** was required

- 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)." Or investigation (per CMS and MDHHS 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."

Changes to Sentinel Event Reporting FY21Q1 (October 1, 2020)

Beginning October 1, 2020, Sentinel Event data must be submitted quarterly beginning with first quarter of FY21 (submitted January 15, 2021). The data submitted should include all reviewable incidents as required by MDHHS, including the date it was determined to be sentinel, and the date a root cause analysis commenced.

Data elements

- Residential Facility name
- Consumer Name
- PIHP Case Number
- Medicaid # if applicable
- Incident Type
- Date of Incident
- Date Determined to be Sentinel
- Date Root Cause Analysis (RCA) process began
- Required Action Resulting from the RCA
- Contact person & Contact Persons Phone Number

Sentinel Event Reporting Training Dates

► 1.   March 20th 2:00 pm to 3:00 pm MSHN SUD Sentinel Event And Critical Incident Training

Postponed

► 2.   March 25th 10:00 am to 11:00 am MSHN SUD Sentinel Event and Critical Incident Training

► Training Materials

MSHN Contact

Sandy Gettel, Quality Manager

Sandy.Gettel@midstatehealthnetwork.org

Questions

Thank You!