| Chapter: | Quality – New Procedure | | |
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| Title: | **Critical Incident and Sentinel Event Reporting Procedure- Substance Use Disorder (SUD)** | | |
| **Policy:** ☐<br>**Procedure:** ☒<br>**Page: 1 of 4** | **Review Cycle:** Biennial<br><br>**Author:** Quality Manager | **Adopted Date: 03.04.2025**<br><br>**Review Date: 11.10.2026** | **Related Policies:** Critical Incidents- SUD Only Policy |

**Purpose:** To improve the safety of the individuals served through the reporting and analysis of adverse events to ensure actions are taken to prevent, detect, and remediate incidents that cause harm to individuals residing in 24-hour specialized residential substance use disorder treatment settings.

**Procedure:** Mid State Health Network (MSHN) and its Substance Use Disorder (SUD) Provider Network will detect, report, and remediate adverse events, which include sentinel events as required by the Michigan Department of Health and Human Services (MDHHS).

**A. Critical Incident Event Types and Reporting for SUD Providers**

1. The following critical incidents are to be reported to MSHN by the SUD providers on a quarterly basis as outlined within the SUD handbook (January 15, April 15, July 15, October 15):
    a. Event Type
        - Death of a recipient
        - Serious illness requiring admission to a hospital
        - Alleged cause of abuse or neglect
        - Accident resulting in injury to recipient requiring emergency room visit or hospital admission
        - Arrest and/or conviction
        - Serious challenging behaviors
        - Medication error

**B. SUD Provider Quarterly Critical Incident Submissions**

1. SUD Providers shall submit critical incidents through direct entry into REMI (MSHN's Information Management System). To complete the quarterly submission, the SUD Provider must:
    a. Access the REMI Document Submission Portal
    b. Select "Add Document" for the correct reporting period/reporting timeframe
        i. A report must be submitted each reporting quarter for each provider location
    c. Choose "Add Sentinel Event" for each incident (this prepares an additional entry field to enter each individual critical incident)
    d. Complete the fields with the appropriate information related to the incident being reported:
        i. Consumer: Lookup the consumer who had the critical incident occur to enter their consumer ID/name into this field
        ii. Incident Date: Date the incident occurred
        iii. Incident Type: Select the critical event type from the dropdown of the incident type based on MDHHS Critical Incident Reporting and Event Notification and MSHN policy guidelines

iv. Sentinel Event (Yes/No): Determination from the provider as to whether this is a sentinel event that meets sentinel event criteria as defined by MDHHS
v. Date Determined to be Sentinel: Date that the incident was determined to be sentinel after review by the provider (determination must be made within 3 business days of incident occurrence)
vi. Date Root Cause Analysis (RCA) Process Began: This is the date that the RCA began after determination the incident was sentinel (an RCA must be initiated by the provider within 2 business days after an event is classified as a sentinel event)
vii. Required Action Resulting from Root Cause Analysis: What follow-up activities and actions were implemented to ensure that future reoccurrence of this incident does not occur
viii. Contact Person: Include the name of the organization's contact person related to critical incidents. This person must be able to provide or obtain information related to any follow-up questions about the incident
ix. Contact Person Phone Number: Include the phone number of the previously identified contact person for the incident
x. Notes: All incidents must have notes which indicate detailed information relating to the incident to describe what occurred and any follow-up that took place. Please use the consumer initials/incident date when describing detailed information of the incident in the notes section for tracking purposes

e. "Save" should only be used when the provider needs to finish completing entry of incidents. Once all incidents for the reporting period/quarter have been entered, the provider must select "Submit for Approval" to send their final report to MSHN

f. Additional information relating to REMI entry:
i. The "X" next to the incident entry row will clear/delete the entire incident entry. If the provider does not have any incidents for the reporting quarter, this row must be deleted using "X" and the checkbox that states "Check here to indicate that there were no reportable Sentinel Events this period" is selected
ii. The Status Columns indicating "Past Due" (indicating submission is needed), "Due Soon" (provides upcoming due dates of quarterly reporting), "Data Entry" (saved but not submitted), "Submitted for Approval" (waiting for MSHN approval), "Approved" (no additional action is needed), and "Returned to Provider" (review/changes are needed on the quarterly submission) allow the provider to monitor to determine any additional action needed and taken each quarter

## C. Immediately Reportable Sentinel Event Notification and Follow-up

1. A sentinel event is a Patient Safety Event that reaches a patient and results in any of the following:
   - Death
   - Permanent harm
   - Severe temporary harm and intervention required to sustain life
   - An event can also be considered sentinel event even if the outcome was not death, permanent harm, severe temporary harm and intervention required to sustain life
2. Events determined to be sentinel events require immediate notification to MSHN via email to the MSHN Sentinel Event distribution list, sentinelevents@midstatehealthnetwork.org.
3. Additionally, deaths of recipients (regardless of cause) and all administrations of Narcan should be reported within 48 hours to MSHN via email to sentinelevents@midstatehealthnetwork.org.

4. The provider must notify the MSHN Chief Executive Officer (CEO) and the designated MSHN critical incident/sentinel event contact immediately of events which may be newsworthy or represent a community crisis that are not an immediately reportable death.
5. If a MSHN staff is the point of contact for a critical incident report, that staff member must report this immediately to the MSHN CEO, MSHN Chief Quality and Compliance Officer, and the Quality Manager.
6. The provider must determine whether an incident meets criteria for a sentinel event within three (3) business days of incident occurrence. If classified as a sentinel event, a root cause analysis must be initiated by the provider within two (2) additional business days.
7. Deaths as a result of suspected staff action or inaction, or any death that is the subject of a recipient rights investigation, licensing, or police investigation requires additional information to be submitted to sentinelevents@midstatehealthnetwork.org for reporting to MDHHS. The additional information must include the following:
    a. Name of beneficiary
    b. Beneficiary ID number (Medicaid ID/MIChild ID)
    c. Consumer ID if there is no beneficiary ID number.
    d. Date, time and place of death (if a licensed foster care facility, include the license #)
    e. Preliminary cause of death
    f. Contact person's name and E-mail address.

**D. Response to a Sentinel Event and Root Cause Analysis Activities/Documentation:**

1. The SUD Provider must commence a root cause analysis (RCA) within 2 subsequent business days of the determination of a sentinel event. An RCA is a problem-solving method used to identify the root causes of incidents and implement improvements to prevent future recurrence. An RCA must include the following elements:
    a. Formalized team response that stabilizes the individual served, discloses the event to the individual served and family, and provides support for the family as well as staff involved in the event.
    b. Notification of organization leadership
    c. Immediate investigation
    d. Completion of a comprehensive systematic analysis for identifying the causal and contributory factors
    e. Strong corrective actions derived from the identified causal and contributing factors that eliminate or control system hazards or vulnerabilities and result in sustainable improvement over time
    f. Timeline for implementation of corrective actions
    g. Systemic improvement with measurable outcomes
2. The SUD Provider must track/document the following within quarterly reporting:
    a. The date of the critical incident or date of discovery/notification (if different from the date of the critical incident)
    b. The date the critical incident was determined to be sentinel
    c. The date the RCA commenced and was completed
    d. Actions taken to remediate the event and prevent recurrence of future events

**E. MSHN Follow-up/Support of SUD Sentinel Events:**

1. Upon notification of an SUD sentinel event, the MSHN Quality Manager will reach out to the SUD provider contact if additional information is needed to complete MDHHS reporting in the BH-CRM. The Quality Manager will then follow-up and inform MSHN leadership of the Sentinel Event so that additional support can be provided if necessary from the clinical support teams.

**Applies to:**

☒All Mid-State Health Network Staff

☐Selected MSHN Staff as follows:

☐MSHN CMHSP Participants: ☐Policy Only ☐Policy and Procedure

☒Other: Sub-contracted providers

**Definitions:**

Adverse Events: Events that are sentinel, critical and risk events, as defined by MDHHS.
BH-CRM: Behavioral Health Client Relationship Management System
CEO: Chief Executive Officer
Critical Events: Events identified by MDHHS in the Critical Incident Reporting and Event Notification Policy
MDHHS: Michigan Department of Health and Human Services
MSHN: Mid-State Health Network
PIHP: Pre-Paid Inpatient Health Plan
RCA: Root Cause Analysis
REMI: Regional Electronic Medical Information System
Sentinel Events: A Patient Safety Event that reaches a patient and results in any of the following: death, permanent harm, severe temporary harm and intervention required to sustain life. An event can also be considered sentinel even if the outcome was not death, permanent harm, severe temporary harm or intervention required to sustain life. (The Joint Commission)
SUD: Substance Use Disorder

**Other Related Materials:**

Critical Incidents- SUD Only Policy

**References/Legal Authority:**

MDHHS/PIHP Contract
MDHHS Quality Assessment and Performance Improvement Program for Specialty Prepaid Inpatient Health Plans Technical Requirements
MDHHS Critical Incident Reporting and Event Notification

**Change Log:**

| Date of Change | Description of Change | Responsible Party |
|---|---|---|
| 11.21.2024 | New Procedure | Quality Manager |
| 05.01.026 | Biennial Review- Split Procedure between CMHSP Providers and SUD Providers | Quality Manager |