Chapter:	Quality		
Title:	**Critical Incident Reporting – Community Mental Health Service Programs (CMHSP)**		
Policy: ☐ **Procedure:** ☒ **Page: 1 of 5**	**Review Cycle:** Biennial **Author:** Quality Manager	**Adopted Date: 03.04.2025** **Review Date: 11.10.2026**	**Related Policies:** Critical Incident 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 individual.

Procedure: Mid State Health Network (MSHN) and its Community Mental Health Service Program (CMHSP) Provider Network will detect, report, and remediate adverse events, which include sentinel events, critical incidents, risk events, and immediately reportable events as required by the Michigan Department of Health and Human Services (MDHHS). The designated MSHN critical incident/sentinel event reporting contacts are as follows:

- Primary- MSHN Quality Manager
- Secondary-MSHN's Chief Compliance and Quality Officer

A. Critical Incident Event Types:

The following critical incidents are to be reported to MSHN by the Community Mental Health Service Program (CMHSP) Providers:

Event Type

- Suicide Death
- Non-Suicide Death
  - Natural Cause
  - Accidental (Unexpected)
  - Homicide (Unexpected)
- Death of Unknown Cause:
  - Select Yes or No for suspected suicide or overdose
- Emergency Medical Treatment:
  - Injury
    - Not during emergency physical management
    - During emergency physical management
    - Unknown if during emergency physical management
    - Due to a fall
  - Medication error
- Hospitalization:
  - Injury
    - Not due to emergency physical management
    - Due to emergency physical management
    - Unknown if due to emergency physical management
    - Due to a fall
  - Medication error
- Arrest

- Crisis Stabilization Unit (CSU) **Only** (must also mark the CSU Service check box)
  - Physical Management without Injury
  - Emergency Response
    - Security
    - Law Enforcement
  - Restraint

B. Critical incident Submissions

CMHSP Providers shall submit critical incidents using one of the following two methods:

Method 1: Direct entry into REMI (MSHN Information Management System)

a) Access the REMI Menu.
b) Consumers>MDHHS Critical Event Reporting by Consumer (NEW-post 10/1/2022)
c) Search for consumer.
d) Choose "select".
e) Choose "add incident."
f) Complete the fields with the appropriate information related to the incident being reported.
g) Incident Date: Date the incident occurred.
h) Primary Affiliate/CMH-include the CMHSP that is the County of Financial Responsibility (COFR) and is reporting the incident.
i) Reporting Service Site: Include the provider location in which the incident occurred
j) Contact Information: Include the name and email of the organization's contact person related to critical incidents. This person should be able to provide or obtain information related to any follow-up questions about the incident.
k) Incident Location: Include the general location of the incident such as community, Home, School, Work.
l) Place/address of Incident: Include specific information such as the address of the incident, if known, if not known indicate "unknown."
m) Event Type: Select the event type for CMHSP or SUD provider population type based on MDHHS Critical Incident Reporting and Event Notification and the Medicaid Contract.

Method 2: Affiliate upload process using JSON file.

a) Requests specifications from MSHN Information Technology (IT) ITsupport@midstatehealthnetwork.org for submission through REMI.
b) MSHN IT will coordinate between your organization and PCE Systems for submissions to REMI. Each CMHSP will be given a unique organization ID from MDHHS for the submission of critical events.

C. CMHSP Critical Incident Remediation

Remediations for a subset of reported events are required to be completed within 30 days after the event was submitted. Remediation can be requested for any reason by MDHHS staff and must occur for the below events:

1. The following events require remediation:
   a. Hospitalization/Emergency Medical Treatment-Injury
      i. Injuries reported as During Physical Management,
      ii. Unknown if During Physical Management, or
      iii. Due to a Fall
   b. Hospitalization/Emergency Medical Treatment-Medication Error
   c. Timeliness of Reporting- Events reported outside of the required timelines as specified in the MDHHS Critical incident Reporting and Event Notification Policy
   d. Department Initiated - Additional information requested by MDHHS

2. Remediation must occur through one of the following two methods:
    a. Critical Incident Reporting System (BH-CRM) Direct Entry
        i. The CMHSP completes the remediation fields directly in the BH-CRM by the required MDHHS due date
    b. Manual Event Notification/Remediation Template
        i. The CMHSP completes the Event Notification/Remediation template and submits to MSHN via Box *(CMHSP_QI-Secure>Sentinel Event Submission)* within 30 days of the submission of the critical incident.
        ii. The designated MSHN critical incident/sentinel event contact will directly enter the remediation information into the Behavioral Health-Critical Incident Reporting System (BH-CIRS).

D. Immediately Reportable Event Submissions

A subset of the critical events may meet the criteria for an immediately reportable event. Such events are required to be reported to the Michigan Department of Health and Human Services within 48 hours of occurrence or notification.

Immediately reportable events (IRE) include:

- Any death that is the result of staff action or inaction,
- Any death that is subject of a recipient rights investigation and/or
- Any death that is subject of a police investigation.

1. The CMHSP participant shall notify the designated MSHN critical incident/sentinel event reporting contact through email that an event requiring immediate notification to MDHHS has occurred.
2. The CMHSP participant shall provide the below required information via secure email/electronic format to the designated MSHN critical incident/sentinel event reporting contact within 24 hours of notification of the event.

    Required information for immediately reportable events:
    a. Name of beneficiary
    b. Beneficiary ID number (Medicaid, MiChild)
    c. Consumer ID (CONID) if there is no beneficiary ID number
    d. Date, time, and place of death (if a licensed foster care facility, include the license number.) (include time and location and license number in the note section)
    e. Preliminary cause of death
    f. Contact person's name and Email address
    g. Is there a media event? If so, please include the link

3. The CMHSP 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.
4. If a MSHN staff is the point of contact for a critical incident report for a member of the provider network, that staff member must report this immediately to the MSHN CEO, MSHN Chief Quality and Compliance Officer, and the Quality Manager.
5. The designated MSHN critical incident/sentinel event reporting contact will enter the required information into the BH-CRM within 24 hours of notification of the event.

E. CMHSP Sentinel Event Activities/Documentation

1. The CMHSP Provider must review all critical incidents to determine if the incident is sentinel within 3 business days of the occurrence or discovery of the critical incident.
2. The CMHSP 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. Individuals involved in the review of the sentinel event must have the appropriate credentials to review the scope of care. For example, sentinel events that involve client death, or other serious medical conditions, must involve a physician or nurse
    b. Immediate investigation
    c. Completion of a comprehensive systematic analysis for identifying the causal and contributory factors
    d. 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
    e. Timeline for implementation of corrective actions
    f. Systemic improvement with measurable outcomes
3. The CMHSP Provider must track/document the following
    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
4. Unexpected Deaths: All unexpected deaths are sentinel events. This includes critical incidents that have been reported as a non-suicide accidental death, non-suicide-homicide, and/or a suicide death, result of an undiagnosed condition, and those that were suspicious of abuse or neglect

CMHSP Providers must complete a review of unexpected deaths. This review must include the following elements and documentation must be available upon request:

    a. Screens of individual deaths with standard information (e.g., coroner's report, death certificate)
    b. Involvement of medical personnel in the mortality reviews
    c. Documentation of the mortality review process, findings, and recommendations
    d. Use of mortality information to address quality of care
    e. Aggregation of mortality data over time to identify possible trends

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-CIRS: Behavioral Health-Critical Incident Reporting System
BH-CRM: Behavioral Health Customer Relationship Management System
CEO: Chief Executive Officer
CIRS: Critical Incident Reporting System, currently the Behavioral Health- Customer Relationship Management System (BH-CRM).
CRM: Customer Relationship Management System.

CMHSP: Community Mental Health Services Program
COFR: County of Financial Responsibility
CONID: Consumer ID
Critical Events: Events identified by MDHHS in the Critical Incident Reporting and Event Notification Policy
CSU: Crisis Stabilization Unit
HSW: Habilitation Supports Waiver
IRE: Immediately Reportable Events
IT: Information Technology
LARA: Licensing And Regulatory Affairs
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)
Unexpected Death: Death that which is not by natural cause or does not occur as a natural outcomes to a chronic condition (e.g. terminal illness) or old age. This may include suicide, homicide, an undiagnosed condition, were accidental or were suspicious for possible abuse and or neglect.

Other Related Materials:
Event Reporting/Remediation Template
Job Aid-New Incident Immediately Reportable Cause of Death
Job Aid- Editing Incidents and Events
Job Aid- New Critical Incident and SUD Sentinel Events
Job Aid- Navigating to and Viewing Remediations
Job Aid- Remediations-Department Initiated
Job Aid- Remediations-Hospitalization Emergency Medical Treatment Injury
Job Aid- Remediations Medication Error
Job Aid- Remediation-Timeliness of Reporting

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