

### Summary of Project

The data collected is based on the definition and requirements that have been set forth within the Sentinel Event/Critical Incident Reporting System (CIRS) attached to the PIHP contract and available on the MDHHS Website. MSHN has included Recovery Housing to those providers required to report critical incidents. Effective FY23Q1 MDHHS implemented the BH CRM for submission of Incidents. The changes are indicated in bold. MSHN continues to utilize the Provider Portal Dashboard Sentinel Event Document Submission process for obtaining the information to enter into the BH CRM.

The following incidents are reviewed by the Substance Use Residential Providers and Recovery Housing providers to determine if the event is sentinel or not sentinel. Those events that are determined to be sentinel require a root cause analysis to be completed and a plan of action developed, or documentation as to why an action plan was not needed. Changes related to the types of incidents reported for FY23Q1 are included below.

\*Indicates required events to be reviewed for sentinel and reported by the Substance Abuse Residential Providers. Twenty-four hour detox is included in the required reporting population.

- \*Death: That which is not by natural cause or does not occur as a natural outcome to a chronic condition (e.g. terminal illness) or old age.
- \*Unexpected deaths: Deaths that resulted from suicide, homicide, an undiagnosed condition, were accidental, or were suspicious for possible abuse or neglect.
  - Deaths as a result of staff action or inaction, or subject to a recipient rights investigation, licensing, or police investigation requires additional information to be submitted to the Quality Manager or designee at MSHN within 36 hours of the notification of an investigation for reporting to MDHHS (MSHN must report to MDHHS within 48 hours of the notification of an investigation occurring).
- \*Injury -Injury by accident resulting in a visit to an emergency room, medi-center and urgent care clinic/center and/or admissions to hospital
- \*Physical illness resulting in admission to a hospital (not included in the BH-CRM effective FY23Q1): Does not include planned surgeries, whether inpatient or outpatient. It also does not include admissions directly related to the natural course of the person's chronic illness, or underlying condition. For example, hospitalization of an individual who has a known terminal illness in order to treat the conditions associated with the terminal illness is not a sentinel event.
- \*Serious challenging behaviors: Behaviors not already addressed in a treatment plan and include significant (in excess of \$100) property damage, attempts at self-inflicted harm or harm to others, or unauthorized leaves of absence that result in death or loss of limb or function to the individual or risk thereof. All unauthorized leaves from residential treatment are not sentinel events in every instance) Serious physical harm is defined by the Administrative Rules for Mental Health (330.7001) as "physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient."
- \*SUD Medication errors and MAT Medication errors (new event type as of FY23): Mean a) wrong medication; b) wrong dosage; c) double dosage; or d) missed dosage which resulted in death or loss of limb or function or the risk thereof. It does not include instances in which consumers have refused medication.
- Administration of Narcan: Reported within 48 hours to MSHN. This event is not required to be reported to MDHHS.

Quality Assessment Performance Improvement Program  
Substance Use Disorder Residential Providers  
Critical Incidents FY23

- \*Sentinel Event: 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 risk thereof’ includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.” (JCAHO, 1998)

This data is to be reported and reviewed as part of the MSHN Quality Assessment and Performance Improvement Program (QAPIP). MSHN will analyze the data to address any trends and/or opportunities for quality improvements.

The critical incident reporting system is trend data; therefore, no external exists. MSHN utilizes a linear trend over a minimum of 4 reporting periods. The trend is used to identify any areas requiring further analysis to improve the safety of the individuals we serve. This is done by reviewing quarterly data to identify causal factors contributing to an increase rate contributing to an upward trend. The expectation is that each provider and/or MSHN will implement interventions to improve safety, thereby changing the direction of the trend. Substance Use Residential Providers are required to review critical incidents to determine if they are sentinel. If sentinel, a root cause analysis must be completed, with the determination of actions steps to prevent reoccurrence. MSHN must analyze the data quarterly for patterns and/or trends. Quality improvement efforts should be implemented for relevant areas. Based on the number of events reported as critical versus sentinel the numbers are beginning to be reported more as expected. Accuracy will be better determined during the DMC, primary source verification.

**Data Analysis**

Goal: The rate, per 1000 people served, of Sentinel Events will demonstrate a decrease from the previous year.

The cumulative rate of sentinel events per 1000 persons served for FY23 is 000.0 for individuals receiving 24-hour detox, and residential long/short term services. Those identified as sentinel are required to be submitted to MDHHS. Figure 1 demonstrates the number of events reported by the 24-hour Residential and/or Withdrawal Management and the Recovery Housing providers. The recovery housing are collected for monitoring of safety and are not required to be reported to MDHHS. Figure 2 demonstrates the critical events reviewed to determine if they are sentinel or not sentinel, and if action was identified. Once a critical event is determined to be sentinel, a root cause analysis is completed, and action steps are identified to prevent recurrence. If no action is identified the rational as to why no action was identified should be documented.

Figure 1: MSHN counts of events reported by 24 hour residential, withdrawal management programs, and recovery housing.

	FY22		FY23	
	Critical	Sentinel	Critical	Sentinel
<b>Total</b>	<b>56</b>	<b>2</b>	<b>102</b>	<b>4</b>
Accident with hospital or EMT admit	5	1	3	0
Administration of Narcan	2	0	1	1
Arrest or conviction	0	0	0	0
Behavioral episode	15	0	14	0
Death of recipient	3	3	0	0
Medication errors	0	0	0	0
Physical illness hospital admit	31	1	9	0

Figure 2: MSHN 24 hour residential, withdrawal management, and recovery housing rate of critical, sentinel, and action per 1000.

<b>MSHN Critical Events</b>	<b>FY22</b>	<b>FY23</b>
Critical Event Reviewed	21.366	38.87
Sentinel Event	0.763	1.520
<b>MSHN Death of Recipient</b>	<b>FY22</b>	<b>FY23</b>
Critical Event Reviewed	1.445	0.381
Sentinel Event	1.445	0.381
<b>MSHN Accidents requiring emergency room visits and/or admissions to hospitals</b>	<b>FY22</b>	<b>FY23</b>
Critical Event Reviewed	1.908	3.040
Sentinel Event	0.381	0.000
<b>MSHN Physical illness requiring admissions to hospitals</b>	<b>FY22</b>	<b>FY23</b>
Critical Event Reviewed	11.828	14.100
Sentinel Event	0.381	0.000
<b>MSHN Arrest or conviction of recipients</b>	<b>FY22</b>	<b>FY23</b>
Critical Event Reviewed	0.000	1.524
Sentinel Event	0.000	0.381
<b>MSHN Serious challenging behaviors</b>	<b>FY22</b>	<b>FY23</b>
Critical Event Reviewed	5.723	18.292
Sentinel Event	0.000	0.381
<b>MSHN Medication errors</b>	<b>FY22</b>	<b>FY23</b>
Critical Event Reviewed	0.000	0.381
Sentinel Event	0.000	0.000
<b>Administration of Narcan</b>	<b>FY22</b>	<b>FY23</b>
Critical Event Reviewed	0.763	1.143
Sentinel Event	0.000	0.381

**Recommendations:**

- MSHN to develop a dashboard through Power BI or REMI to increase efficiency of reporting and allow for self-monitoring. *Status: New, On hold.*
- Transition to the use of Data Entry into REMI allowing scheduled submissions to MDHHS BH CRM. *Status: New, On hold.*
- MSHN to review a sample of critical incidents during SUD Delegated Managed Care reviews consistent with the SUD Oversight Policy. *Status: Completed/Continue.*
- MSHN to continue to work with Providers to reconcile the data and ensure the correct process is used for reviewing and reporting. Each sentinel event should result in a root cause analysis with identified action to prevent reoccurrence. If no action plan is implemented, rationale should be documented. *Status: Completed.*
- SUD Treatment should review serious challenging behaviors, and physical illness at provider locations requiring hospitalization.

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**Date:** 11/14/2023



Quality Assessment Performance Improvement Program  
 Substance Use Disorder Residential Providers  
 Critical Incidents FY23

FY23	Qtr1			Qtr2			Qtr3			Qtr4			FY23		
	Critical Incident	Sentinel Event	Action Required	Critical Incident	Sentinel Event	Action Required	Critical Incident	Sentinel Event	Action Required	Critical Incident	Sentinel Event	Action Required	Critical Incident	Sentinel Event	Action Required
<b>MSHN</b>															
<b>Bear River Health - Boyne Falls</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
Behavioral episode	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Physical illness hospital admit	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0
<b>Bear River Health - Gaylord</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>
Accident with hospital admit	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0
Medication errors	0	0	0	1	0	0	0	0	0		0	0	1	0	0
Physical illness hospital admit	0	0	0	3	0	0	0	0	0	1	0	0	4	0	0
<b>Bear River Health - Walloon Lake</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>62</b>	<b>0</b>	<b>0</b>
Accident with hospital admit	1	0	0	1	0	0	0	0	0	3	0	0	5	0	0
Behavioral episode	8	0	0	16	0	0	0	0	0	10	0	0	34	0	0
Physical illness hospital admit	8	0	0	10	0	0	0	0	0	5	0	0	23	0	0
<b>Flint Odyssey House</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
Arrest or conviction	0	0	0	0	0	0	2	0	0	0	0	0	2	0	0
<b>House of Commons</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
Administration of Narcan	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0
<b>Meridian Health Services - Men's</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
Behavioral episode	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0
<b>Mid-Michigan Recovery Services - Outpatient</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
Death of Recipient	0	0	0	0	0	0	1	1	1	0	0	0	1	1	0
<b>*Randy's House of Greenville</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
Arrest or conviction	0	0	0	0	0	0	1	1	0	0	0	0	1	1	0
Behavioral episode	0	0	0	0	0	0	1	1	0	0	0	0	1	1	0
<b>*Saginaw Odyssey House, Inc. - Warren Ave.</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
Arrest or conviction	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0
<b>Saginaw Psychological Services -</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
Administration of Narcan	1	1	1	0	0	0	1	0	0	0	0	0	2	1	1
<b>The Recovery Center</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>
Behavioral episode	2	0	0	0	0	0	1	0	0	0	0	0	3	0	0
<b>*WAI-IAM</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>18</b>	<b>0</b>	<b>0</b>
Accident with hospital admit	2	0	0	0	0	0	0	0	0	0	0	0	2	0	0
Behavioral episode	3	0	0	1	0	0	1	0	0	3	0	0	7	0	0
Physical illness hospital admit	0	0	0	0	0	0	6	0	0	3	0	0	9	0	0