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Recipient Rights	RR		135.1
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PROCEDURE

This procedure shall apply to The Right Door for Hope, Recovery and Wellness and all services operated by or under contract with it. This procedure shall serve as a guide to assure compliance with Board policy regarding Recipient Rights.

Application

1.0 Any unusual incidents or accidents which occur within the organization or provider network which are disruptive or adversely affect a person served, or group of persons served must be documented and reported within 24- hours.

2.0 Incidents of a serious or critical nature must be reported immediately to the Chief Executive Officer (CEO), or designee and Program Manager.

3.0 Incidents that occur in the community and appear in the news will be reported in the following manner.

3.1 If an employee discovers a death or incident by way of news or social media and believes that it may be a current or prior person served by our service, they will inform their supervisor.

3.2 The informed supervisor will contact the Compliance Officer who will determine if the person is or has been served by our agency.

3.3 If the person is confirmed to be open or open in the past by our agency, the primary caseworker's supervisor shall be notified so the proper incident reporting as outlined in this procedure can occur.

4.0 Incidents which meet the criteria for the reportable events as identified in the MDHHS/PIHP Event Reporting System shall be reported to the PIHP in a timely manner in accord with requirements for each type of reportable event and the corresponding reportable populations as defined by MDHHS.

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4.1 Immediately: as soon as one is able to safely alert us of the incident. Immediate report can be made via phone or secure email and followed up with the written incident report. IDENTIFYING SENTINEL EVENTS - MDHHS

Critical Incidents:

Incidences that meet the following criteria are reviewed as sentinel events and are subsequently reported to MDHHS per reporting requirements:

1) The individual falls within the definition of MDHHS Reportable Population, and,
2) The incident meets the definition of a sentinel event, and,
3) The incident falls into one of the following categories:

Critical incidents are defined as:

1. Suicides: by any person served actively receiving services or who received an emergent service within the last 30 days calendar days.

2. Non-Suicide Deaths: by persons served who were actively receiving services at the time of their death and met any one of the 2 following conditions:

   A. Living in a specialized Residential or a child-caring institution or

   B. Receiving any of the following:

   - Community Living supports,
   - Supports Coordination,
   - Targeted Case management
   - ACT
   - Home-Based
   - Wrap-Around

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- Habilitation Supports Waiver (HSW)
- Serious Emotional Disturbance (SED) Waiver
- Child Waiver Services (CWS)

3. Emergency Medical Treatment due to Injury or Medication Errors: report persons served who, at the time of event were actively receiving services and met any one of the following two conditions:

   A. Living in a 24-hour Specialized Residential setting (per the Administrative Rule R330.1801-09) or in a Child-Caring Institution, or

   B. Receiving Habilitation Supports Waiver Services, SED Waiver Services or Child Waiver Services.

4. Hospitalization due to Injury or Medication Errors: by persons served who at the time of the event were actively receiving services and met any one of the following two conditions:

   A. Living in a 24-hour Specialized Residential setting (per the Administrative Rule R330.1801-09) or in a Child-Caring Institution, or

   B. Receiving Habilitation Supports Waiver Services, SED Waiver Services or Child Waiver Services.

5. Arrests: of persons served who, at the time of their arrest were actively receiving services and met any one of the following two conditions:

   A. Living in a 24-hour Specialized Residential setting (per the Administrative Rule R330.1801-09) or in a Child-Caring Institution, or

   B. Receiving Habilitation Supports Waiver Services, SED Waiver Services or Child Waiver Services.

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Methodology and instructions for reporting are posted on the MDHHS web site at www.michigan.gov/mdhhs. Click on Mental Health and Substance Abuse, then "Reporting Requirements," then "Other Resources

4.2 Incidents that meet criteria for one of the reportable events shall be reviewed and subsequently reported to the PIHP and/or accrediting body per reporting requirements.

4.3 All incident reports will be reviewed by designated personnel to assure adequate monitoring and/or follow-up of subsequent recommendations.

4.4 Annual trending of incidents/events will be prepared and reviewed by appropriate monitoring committees/administrative personnel.
4.4.1 Health and Safety Committee, Leadership (Quality Improvement Committee), Board of Directors and Consumer Advisory Council

5.0 Other Reportable Events (CARF "Critical Incidents" are broader than state required and apply to CARF Accredited Programs (OPT, IMH, HB, CSM, Crisis Intervention and Access)):
5.1 Medication Errors
5.2 Use of seclusion
5.3 Use of restraint
5.4. Incidents involving injury
5.5 Communicable disease
5.6 Infection control
5.7 Aggression or violence
5.8 Use and unauthorized possession of weapons
5.9 Wandering – unsupervised, but is supposed to be supervised (risk of elopement, but elopement didn't occur)
5.10 Elopement – lose a person who is supposed to be supervised
5.11 Vehicular accidents
5.12 Biohazardous accidents
5.13 Unauthorized use and possession of legal/illegal substances.
5.14 Abuse
5.15 Neglect
5.16 Suicide or attempted suicide
5.17 Sexual assault

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5.18 Other sentinel event. A sentinel event is an unexpected occurrence within a CARF accredited program (CSM, OPT, IMH, HB, Access and Crisis Intervention) involving death or serious physical 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.

5.19 All CARF critical incidents will be analyzed in writing and presented to leadership at least annually, and address causes, trends, actions for improvement and results of improvement plans. This analysis will also look at any necessary education and training needs of personnel, and prevention of recurrence.

5.19.1 Recipient Rights Officer will code the incident in the electronic health record and alert QI/Compliance to CARF critical incident where serious physical harm or death or risk thereof incident occurs.

5.19.2 QI/Compliance will send Sentinel Events to CEO for assigning for review as appropriate.

6.0 In the event of a critical incident, the responsible individual involved with the incident will immediately notify the appropriate Program Manager/Supervisor and the Recipient Rights Officer.

6.1 The Program Manager/Supervisor will notify the Chief Executive Officer (CEO) or designee.

6.2 The Recipient Rights Officer will determine whether the incident report warrants a recipient rights intervention or investigation as required by the MI Mental Health Code and agency policy.

6.3 The Recipient Rights Officer will notify the Program Manager/Supervisor and consult with the QI Director and Medical Director if necessary within one business day to determine if the event requires a root cause analysis (sentinel event/critical incident review).

6.4 The Recipient Rights Officer or designated staff will notify the PIHP and/or the accrediting body of critical incidents/sentinel events as required.

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7.0 In the event of an injury in an unusual incident where there is reasonable cause to suspect abuse or neglect, the Recipient Rights Officer shall follow the procedures outlined in the Board Recipient Rights Abuse and Neglect Policy.

8.0 Completing an Incident Report Form:

8.1 Employees who witness, discover, or are notified of unusual incidents or accidents involving a person served shall:

8.1.1 Take immediate action to protect, comfort, and arrange for emergency medical treatment of the person served, as necessary.

8.1.2 Notify the appropriate Supervisor/CEO of a serious incident or injury involving a person served.

8.1.3 Complete an Incident Report form and give the report to their supervisor by the end of the shift.

8.1.4 The report must be completed in a neat, accurate and timely manner before the end of the shift.

8.1.5 Record the full name of the individual involved in the incident. Any other persons served present/involved during the time of the incident should be identified by initials.

8.1.6 Provide all pertinent information as requested by the prompts on the form.

8.1.7 Narrative statements should be clear, concise, and devoid of opinion. State the facts, actual sequence of events of the incident, and the names of person served(s) and employee(s) involved.

8.1.8 Explain what happened: Include what the person served was doing at the time of the incident which may have precipitated the occurrence. If the incident involves an injury, describe the extent of the injury.

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8.1.9 Action taken by staff: Check the appropriate box. Include brief description of action taken to prevent recurrence of incident.

8.1.10 If the person served is a COFR case, then the COFR must be provided with the copy of the Incident Report for reporting to the PIHP.

8.1.11 The completed Incident Report Form should be routed for review to the Case Manager, Registered Nurse, Program Manager/Supervisor, and the Recipient Rights Officer.

8.1.12 All Incident Reports from contracted providers shall be sent to The Right Door for Hope, Recovery, and Wellness within 24 hours of the incident occurring.

9.0 Review of the Incident Report:

9.1 Clinician/Supervisor agrees with action taken? If not, provide a brief, concise narrative. Administrative action to remedy and/or prevent recurrence of incident: State follow-up and/or corrective action taken by the supervisor to assure the incident does not recur.

9.2 Recipient Rights Officer will review the Incident Report and then sign. Then one of the following should be selected: proper action taken; recipient rights investigation initiated; referred for Critical Incident Review; other/comments.

9.3 Incident Report Forms will be maintained by the Recipient Rights Officer in a separate locked file from the medical record.

10.0 Summary

10.1 If an incident is observed by a staff member or a staff member is informed of an incident which occurs within the organization or provider network which is disruptive or adversely affects a person served, or group of persons served:

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10.1.1 The staff member completes and initials the Incident Report form and submits it to their immediate supervisor.

10.1.2 The supervisor reviews and completes the appropriate section on the Incident Report form.

Note: If there is an injury to a person served, the appropriate person, (such as nurse, physician, emergency room staff) should complete the "Description of Injury" section on the Incident Report form.

10.1.3 The primary staff submits the Incident Report form to the Recipient Rights Officer within twenty-four (24) hours of the incident.

10.1.4 The Recipient Rights Officer reviews the Incident Report forms, gathers more information if necessary and files recipient rights complaints where indicated.

References

CARF Behavioral Health Standards Manual; Health and Safety
Michigan Mental Health Code
Michigan DHHS Event Reporting System Requirements

Kerry Possehn, Chief Executive Officer	Date		