

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
ADMINISTRATIVE PROCEDURE

NUMBER: DA1001

NAME: INCIDENT REPORT TRACKING & DISTRIBUTION

INITIAL APPROVAL DATE:	06/27/1995	APPROVED BY: Sanilac CMH Board
STAKEHOLDER REVIEW:	04/16/2024	BY: RRAC
(LAST) REVISION DATE:	04/10/2024	APPROVED BY: Recipient Rights Officer
(LAST) REVIEW DATE:	04/18/2024	REVIEWED BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. PURPOSE

To establish a policy and procedure on the reporting of unusual incidents involving Sanilac County Community Mental Health Authority (Sanilac CMH) individuals receiving services and the tracking and distribution of Incident Reports.

II. APPLICATION

Populations: **ALL**

Programs: **Direct - ALL**

Contracted – ALL Specialized Residential Homes and Programs

III. POLICY

Whenever an unusual incident occurs, it must be documented on an Incident Report form (DCH-0044) in accordance with Sanilac CMH policy on Recipient Abuse and Neglect/Reporting of Physical Injury/Unexpected Deaths/Sexual Abuse.

IV. DEFINITIONS

Incident Reports (IR's) are defined as administrative documents that are confidential. (IR's may not be copied or distributed to outside parties.) They are not subject to court subpoena and are not public documents as defined by Section 300.1748(9) of the Mental Health Code (Revised).

V. STANDARDS

A. Incident Reports are to be prepared by the responsible staff person as soon after the incident occurs as possible, but in no case later than the end of the shift. For all incidents of immediate concern (suspected abuse or neglect, behavioral issues, health and safety concerns), the staff who prepared the report is responsible for contacting the Care Manager, Office of Recipient Rights or other appropriate staff (nurse, psychologist, etc.) immediately. The following documentation and distribution procedures take place:

1. CMH Program sites: The completed Incident Report should be entered into the Oasis Incident Report System by the reporting staff. If the incident occurs at program and it involves a situation that the home should be aware of, such as a fall, seizure, behavioral problem, signs of illness, etc., the information should also be written in the individual's logbook. Upon completion of the above, the IR is forwarded to the site supervisor for review and comment in the "Corrective measures taken to remedy and/or prevent recurrence" section. Once the supervisor "saves" the Incident Report, it is distributed as follows:
 - a. The Rights Officer or designee will review all Incident Reports and code the report by the type of incident that took place.
 - b. The Incident is forwarded through the electronic record to the primary case holder to review. When appropriate, primary staff will forward electronic copies to all appropriate ancillary staff involved with the individual receiving services.

 2. Contractual Residential/Program sites: The completed Incident Report is forwarded to the Home/Program Manager for review and comment in the "Designated Supervisor" section. The residential/program site should forward a copy of the IR to the CMH program site, if the incident involves a situation that the program should be aware of, such as a fall, seizure, behavioral problem, signs of illness, etc. Copies are distributed as follows:
 - a. The original is retained in the home in a separate administrative file and is not to be filed in the individual receiving services' home record.
 - b. A copy is to be turned in to the Recipient Rights Officer within 24 hours of the occurrence, preferably by entry in the Oasis Incident Report system, or alternatively by mail, fax, or by delivery to the Recipient Rights Officer.
 - c. NOTE: AFC Incident/Accident Report forms may also need to be prepared in addition to the Sanilac CMH Incident Report form.
 - d. The Rights Officer or designee will review all Incident Reports, enter the date received and code the report by the type of incident that took place. The IR will be forwarded electronically to the primary staff for review.
 - e. When appropriate, primary staff will forward electronic copies to all appropriate ancillary staff involved with the individual receiving services.
- B. In cases of physical injury requiring medical attention, abuse, neglect, sexual abuse, or other serious issues involving an individual receiving services, the Recipient Rights Officer is to be notified by telephone as soon as immediately practical. A copy of the Incident Report will be faxed to the Rights Officer as soon as the report is completed and reviewed by the supervisor. In cases of serious injury, the site supervisor will prepare and submit appropriate forms to the Agency's Chief Financial Officer for submission to the liability insurance carrier.

- C. The Recipient Rights Officer will determine if the reported incident involves a possible Recipient Rights violation and will be responsible for intervening on behalf of the individual receiving services or opening the matter for investigation.
- D. Incident Reports will be aggregated monthly by the Data Management Department and submitted to the Quality Improvement Committee, Recipient Rights Officer, and Safety and Health Committee. The Recipient Rights Officer will have an annual goal related to Incident Report monitoring for the Quality Improvement Committee.
- E. Trends and areas of prevention and/or improvement will be reviewed by the Safety and Health Committee and will be sent to and reviewed by the Quality Improvement Committee and the Recipient Rights Advisory Committee. Identified prevention strategies and related activities could include additional training in Recipient Rights and/or safety and health related subjects, together with other risk management activities.
- F. The Quality Improvement Committee may also consider or suggest changes in training or documentation, make recommendations related to safety and health concerns, or recommend possible disciplinary/contractual action against a staff or provider based on their review of problem areas. When appropriate, recommendations will then be forwarded to the Administrative Committee for review, approval and implementation.

VI. **ATTACHMENTS**

None

VII. **REFERENCES**

Mental Health Code 330.1748(9)
DHHS Administrative Rules, Supplement 9, Rule 330.1746
DHHS Group Home Curriculum
DHHS Form #DCH-0044 Incident Report