Quality Assessment Performance Improvement Program
Quality Improvement Council – Critical Incidents Process Improvement Summary

Problem:

Beginning in FY23 the Critical Incident Reporting System transitioned to the Behavioral Health (BH) Customer Relationship Management System (CRM) from the MPHI PIHP Warehouse. The CMHSP participants submit required events, event subtypes, and event subtype qualifiers through REMI Affiliate Uploads utilizing a webservice based on the specifications provided by MDHHS. Job Aides have been provided with instructions on how to directly enter data into the BHCRM-Critical incident Reporting System. The MDHHS Critical incident Reporting and Event Notification has not yet been updated to include new Event Types, guidance documents have been removed from the MDHHS website, and the MDHHS BH CRM currently does not have reporting functions. MDHHS continues to work to identify and improve technical issues and functionality of the BH CRM. The source of the information in this report is from MSHN REMI Critical Incident Standard Report. Changes in the events that are reported through the critical incident reporting system are indicated below in red font for additions and strike through font for deletions.

The following incidents are reported by the CMHSP Participants:

- Deaths-Suicide
- Non-Suicide- Subsets of deaths include natural cause, accidental, homicidal.
- Management, ACT, Home-Based, and Wraparound.
- Unknown Cause of Death (New FY23)-Any death that cannot be determined as suicide or natural cause. This event type can be updated when cause of death is confirmed.
- Emergency Medical Treatment-Subsets include medication error and injury.
- Hospitalization- Subsets include medication error and injury.
- Arrest

Aim: MSHN in coordination with the CMHSP Participants will reduce the number of failed submissions, events submitted outside of the required timeframes, and remediations completed outside of the required timeframes from year 1(FY23) to year 2(FY24).

Interventions: See attachment 2 for full list of barriers and ongoing interventions with status.

- Validate/reconcile the submitted data.
  Action:
  - Update overdose deaths. (CMHSP upload new record, PIHP request edit and make change)
  - Request a validation in REMI to reject Serious Challenging Behaviors. Include in policy/procedure.
- Monitor failed and successful submissions.
  Action:
  - Discuss options with MDHHS/PCE for updating the Failed status once it has been resolved.
  - Request validation in REMI to reject natural Cause Deaths with sub type qualifier-Unknown.
  - Report Natural Cause Deaths as Death of Unknown Cause-which allows for updates to be made through the web service.
- Monitor reporting timelines.
  Action:
  - MSHN to develop timeliness dashboard report in REMI. *Status: Planning. Timestamps are present in the new reporting system to track updates made to death reporting etc. this has significantly decreased the timeliness issues.*

Data Pull Dates FY20, FY21 9/15/2022; FY22 11/16/2022; FY23 3/24/2023; FY23Q3 10/19/2023

- Monitor remediations and remediation timelines and,

  Action: Develop a process to ensure remediations are provided within the required timeframe.
    - ➤ The PIHP to forward the request to the CMHSP via email. (On hold) Currently default email is set to the contact person.
    - ➤ Provide CMHSPs access.(Pilot 2 CMHSPs) GIHN, CEI
    - ➤ Develop form for CMHSPs to submit remediation following the submission of the events.
    - ➤ Currently, the events are uploaded nightly. Consider a less frequent schedule for submission.

Measures:

Validation and Reconciliation

Figure 1: Count of Events Submitted to MDHHS-The events in red font were not allowable events for the populations or timeframes indicated below and require follow up.

MSHN Event Types/Subtypes	FY22	FY23Q1	FY23Q2	FY23Q3	FY23Q4	FY23
Arrest	**37**	**13**	**8**	**6**	**8**	**35**
Death of Unknown Cause (New FY23Q1)	**NA**	**1**		**3**	**5**	**9**
Emergency Medical Treatment	**332**	**84**	**93**	**99**	**94**	**370**
Injury	**326**	**83**	**91**	**98**	**92**	**364**
During physical management	2	2	0	0	1	3
Not during physical management	322	81	89	97	90	357
Unknown if during physical mgmt.	2	0	2	1	1	4
Medication Error	**6**	**1**	**2**	**1**	**2**	**6**
Hospitalization	**32**	**3**	**5**	**8**	**8**	**24**
Injury	**31**	**3**	**5**	**8**	**8**	**24**
Medication Error	**1**	**0**	**0**	**0**	**0**	**0**
Non-Suicide Death	**300**	**91**	**89**	**69**	**60**	**309**
Overdose Death (New FY23)	NA	4	2	1	1	8
Accidental	**33**	**9**	**8**	**10**	**4**	**31**
Homicide	**9**	**0**	**1**	**0**	**2**	**3**
Natural Causes	**258**	**78**	**78**	**58**	**53**	**267**
Acute bowel disease	4	1	1	1	0	3
Aspiration or Aspiration pneumonia	12	7	7	4	4	22
Cancer	20	7	12	6	15	40
Diabetes mellitus	21	3	2	1	2	8
Heart Disease	37	19	18	13	6	56
Inanition	2	1	2	3	3	9
Infection, including AIDS	31	**7**	**2**	**3**	**3**	**15**
Kidney disease	11	3	1	1	1	6
Liver disease/cirrhosis	9	1	1	2	2	6
Lung Disease	24	10	7	8	7	32
Neurological disorders	15	4	3	6	6	19
Pneumonia/Influenza	29	0	9	2	2	13
Unknown	24	12	9	5	1	27
Vascular Disease	19	3	3	3	1	10
Overdose Death (New FY23)	NA	4	2	1	1	8
Suicide	**18**	**4**	**1**	**5**	**2**	**12**
Overdose Death (New FY23)	NA	0	1	1		2
Suicide	18	4	0	4	2	10
Serious Challenging Behaviors (SUD Only)	NA	1	0	0	3	4

Data Pull Dates FY20, FY21 9/15/2022; FY22 11/16/2022; FY23 3/24/2023; FY23Q3 10/19/2023

Quality Assessment Performance Improvement Program
Quality Improvement Council – Critical Incidents Process Improvement Summary

Failed and Successful Submissions

Figure 2: The number of events with a submission status of failed have not been accepted into the MDHHS CIRS.

FY23 YTD	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Failed	**6**	**9**	**7**	**3**	**4**	**3**	**3**	**3**		**4**	**5**	**8**	**55**
Death of Unknown Cause							1						1
EMT due to Injury or Med. Error										1	1		2
Non-Suicide Death	6	9	7	3	4	3	2	3		3	4	8	52
Successful	**60**	**61**	**53**	**67**	**54**	**59**	**79**	**52**	**43**	**62**	**65**	**53**	**708**
Arrest	6	1	1	1	2	3	2	3	3	7	4	2	35
Death of Unknown Cause					1	2	1	2	1			1	8
EMT due to Injury or Med. Error	26	33	34	38	27	34	43	24	27	30	33	19	368
Hospitalization due to Injury or Med. Error		5		4	3	1	6	2		1		2	24
Non-Suicide Death	27	22	18	22	20	17	26	20	9	22	25	29	257
Serious Challenging Behaviors									3		1		4
Suicide	1			2	1	2	1	1		2	2		12
Grand Total	**66**	**70**	**60**	**70**	**58**	**62**	**82**	**55**	**43**	**66**	**70**	**61**	**763**

Reporting Timelines

MSHN will report events within the required timeframes.

Figure 3: The number of events and percentage of events reported within the required timeframe.

Reporting Status	FY22	FY23Q1	FY23Q2	FY23Q3	FY23Q4	FY23 YTD
	88%	84%	90%	89%	96%	90%
Outside of Required Timelines	**90**	32	20	21	7	**80**
Within Required Timelines	**646**	165	176	169	173	**683**
Grand Total	**736**	**154**	**172**	**190**	**180**	**763**

Remediation Timelines

The number of remediations required to be submitted, the number submitted within the required timeframe, and the number closed(no additional follow up needed). Remediation is required to be submitted based on timeliness of reporting, initiated by the department, or based on the specific event.

Figure 4. Count of Required Remediations

Remediations	FY23YTD
Total Required	104
Total Submitted	80
Total Closed	2

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Distributed to: MSHN QIC   **Date:** 11/6/2023

MSHN
Mid-State Health Network

Quality Assessment Performance Improvement Program
Quality Improvement Council – Critical Incidents Process Improvement Summary

Table 1. Reporting Timeliness YTD of Submitted Events (FY23Q3)

	Yes	No	Grand Total	Rate
MSHN				
FY20	648	56	704	92%
FY21	683	94	777	88%
FY22	641	78	719	89%
FY23	683	80	763	90%
BABH				
FY20	72	4	76	95%
FY21	63	4	67	94%
FY22	63	1	64	98%
FY23	65	5	70	93%
CEI CMH				
FY20	72	10	82	88%
FY21	129	54	183	70%
FY22	118	48	166	71%
FY23	83	45	128	65%
CMHCM				
FY20	135	8	143	94%
FY21	130	2	132	98%
FY22	146	2	148	99%
FY23	153	7	160	96%
GIHN				
FY20	29	0	29	100%
FY21	15	7	22	68%
FY22	8	6	14	57%
FY23	17	1	18	94%

	Yes	No	Grand Total	Rate
HBH				
FY20	2		2	100%
FY21	6	1	7	86%
FY22	0	2	2	0%
FY23	9	1	10	90%
The Right Door				
FY20	6	4	10	60%
FY21	10	0	10	100%
FY22	7	0	7	100%
FY23	21	1	22	95%
LifeWays CMH				
FY20	83	17	100	83%
FY21	110	17	127	87%
FY22	120	17	137	88%
FY23	91	19	110	83%
MCN				
FY20	28	0	28	100%
FY21	23	2	25	92%
FY22	15	0	15	100%
FY23	44	0	44	100%
NCMH				
FY20	9	9	18	50%
FY21	3	4	7	43%
FY22	11	2	13	85%
FY23	21	0	21	100%

	Yes	No	Grand Total	Rate
SCCMHA				
FY20	138	1	139	99%
FY21	132	1	133	99%
FY22	115	0	115	100%
FY23	126	1	127	99%
SHW				
FY20	30	0	30	100%
FY21	35	0	35	100%
FY22	20	0	20	100%
FY23	26	0	26	100%
TBHS				
FY20	44	3	47	94%
FY21	27	2	29	93%
FY22	18	0	18	100%
FY23	27	0	27	100%

Methodology: Yes=Reported outside of the required timelines. Required timelines for the purposes of this report are as follows: Emergency Medical Treatment, Hospitalization, Arrests reported outside of 60 days past the end of the month in which the event occurred. *Additional considerations for timeliness of deaths such as suspected suicide.

Table 2. Number of Critical Event Types YTD per CMHSP (FY23Q3 10/20/2023)

Bay-Arenac	10/22	11/22	12/22	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23
Arrest	0	0	0	1	0	0	0	0	0	0	0	0
Death of Unknown Cause	0	0	0	0	0	0	0	0	0	0	2	0
Emergency Medical Treatment	5	2	1	1	2	0	4	0	5	3	0	6
Hospitalization	0	0	0	0	1	0	0	0	0	1	0	0
Non-Suicide Death	3	3	6	5	4	1	0	4	1	2	3	1
Total:	**8**	**5**	**7**	**7**	**7**	**1**	**4**	**4**	**6**	**6**	**5**	**7**
CEI	10/22	11/22	12/22	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23
Death of Unknown Cause	0	0	1	0	0	0	0	0	1	0	0	0
Emergency Medical Treatment	6	10	5	3	6	9	6	6	8	10	0	0
Hospitalization	0	0	0	0	0	0	1	0	0	0	0	0
Non-Suicide Death	2	6	7	4	7	8	4	4	4	5	3	0
Serious Challenging Behaviors	0	1	0	0	0	0	0	0	0	0	0	0
Suicide	1	0	0	0	0	0	0	0	0	0	0	0
Total:	**9**	**17**	**13**	**7**	**13**	**17**	**11**	**10**	**13**	**15**	**3**	**0**

Data Pull Dates FY20, FY21 9/15/2022; FY22 11/16/2022; FY23 3/24/2023; FY23Q3 10/19/2023

Central MI	10/22	11/22	12/22	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23
Arrest	2	2	0	0	0	0	0	1	0	0	1	0
Death of Unknown Cause	0	0	0	0	0	0	0	1	0	2	0	0
Emergency Medical Treatment	1	4	1	4	3	5	7	9	10	14	6	4
Hospitalization	1	0	1	0	3	0	2	1	1	1	0	0
Non-Suicide Death	6	5	7	4	5	6	5	6	4	9	5	2
Serious Challenging Behaviors	0	0	0	0	0	0	0	0	0	0	0	3
Suicide	0	1	0	1	0	0	0	0	1	1	0	0
Total:	10	12	9	9	11	11	14	18	16	27	12	9

Gratiot	10/22	11/22	12/22	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23
Arrest	0	0	0	0	0	0	0	0	0	0	0	1
Emergency Medical Treatment	0	1	0	1	0	1	2	1	4	0	1	0
Non-Suicide Death	1	0	0	0	2	0	0	1	0	1	0	1
Total:	1	1	0	1	2	1	2	2	4	1	1	2

Huron	10/22	11/22	12/22	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23
Emergency Medical Treatment	0	0	0	0	0	0	0	0	0	1	3	3
Non-Suicide Death	0	2	1	0	0	0	0	0	0	0	0	0
Total:	0	2	1	0	0	0	0	0	0	1	3	3

Ionia	10/22	11/22	12/22	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23
Arrest	0	0	1	0	0	0	0	0	0	0	0	0
Death of Unknown Cause	0	0	0	0	0	0	0	0	0	0	0	1
Emergency Medical Treatment	0	0	0	1	1	0	0	0	0	0	0	0
Hospitalization	0	0	0	0	0	0	0	0	0	1	0	0
Non-Suicide Death	0	2	2	6	1	0	2	0	1	1	2	0
Total:	0	2	3	7	2	0	2	0	1	2	2	1

LifeWays	10/22	11/22	12/22	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23
Arrest	2	0	0	0	0	0	0	0	1	0	1	1
Emergency Medical Treatment	7	7	3	4	1	8	7	3	4	8	1	5
Hospitalization	0	0	0	0	0	0	1	1	0	1	1	0
Non-Suicide Death	4	4	3	3	7	2	4	2	4	4	4	0
Suicide	0	0	0	0	0	0	0	0	1	0	0	0
Total:	13	11	6	7	8	10	12	6	10	13	7	6

Montcalm	10/22	11/22	12/22	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23
Arrest	1	1	0	2	0	1	1	1	0	0	0	1
Emergency Medical Treatment	0	2	2	1	1	1	3	3	0	2	1	2
Hospitalization	0	0	0	0	1	0	0	1	0	0	0	0
Non-Suicide Death	2	0	2	2	0	1	2	0	1	0	0	4
Suicide	0	0	0	0	0	0	1	0	0	0	0	0
Total:	3	3	4	5	2	3	7	5	1	2	1	7

Data Pull Dates FY20, FY21 9/15/2022; FY22 11/16/2022; FY23 3/24/2023; FY23Q3 10/19/2023

Newaygo	10/22	11/22	12/22	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23
Emergency Medical Treatment	0	0	0	0	4	4	0	0	0	1	0	0
Non-Suicide Death	0	2	1	3	0	2	3	0	0	0	0	1
Total:	0	2	1	3	4	6	3	0	0	1	0	1

Saginaw	10/22	11/22	12/22	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23
Arrest	1	1	1	2	1	0	0	0	1	1	1	0
Death of Unknown Cause	0	0	0	0	0	0	0	0	1	0	0	0
Emergency Medical Treatment	3	6	7	10	7	5	3	3	2	3	10	0
Hospitalization	0	0	1	0	0	0	0	0	0	0	0	0
Non-Suicide Death	5	5	7	5	3	5	2	6	4	5	6	0
Suicide	0	1	0	0	0	0	1	1	0	0	1	0
Total:	9	13	16	17	11	10	6	10	8	9	18	0

Shiawassee	10/22	11/22	12/22	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23
Arrest	0	0	0	1	0	0	0	0	1	1	0	0
Emergency Medical Treatment	1	1	0	0	4	1	2	1	1	1	1	0
Hospitalization	0	0	0	0	0	0	0	0	0	1	0	0
Non-Suicide Death	1	0	1	1	2	0	2	1	1	0	0	0
Total:	2	1	1	2	6	1	4	2	3	3	1	0

Tuscola	10/22	11/22	12/22	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23
Emergency Medical Treatment	1	1	0	1	4	0	4	1	0	0	1	7
Hospitalization	0	0	0	0	0	0	0	0	0	1	1	0
Non-Suicide Death	0	0	0	0	0	0	1	0	0	1	0	0
Total:	1	1	0	1	4	0	5	1	0	2	2	7

Data Pull Dates FY20, FY21 9/15/2022; FY22 11/16/2022; FY23 3/24/2023; FY23Q3 10/19/2023

Attachment 2

Priority	Issue	Intervention	Assigned to	Status
High	Notifications for remediation or additional information are not sent to the PIHP consistently. They are sent to the contact person listed on the incident. The contact person may not have access to the CRM. The chatter is not visible to the PIHP when sent to another person.	• Email MDHHS • Provide CMHSPs access.(Pilot 2 CMHSPs) GIHN, CEI • Request the contact person to default to the Critical Incident Lead of each CMHSP. Can PCE default to a certain individual for the contact person for the CMHSP submissions? • Develop form for CMHSPs to submit remediation information manually or through REMI. Include in the notes of the submission? Test with a CMH(BABH, SCCMH). Tested with SCCMHS-Notes are not included in the submission to the PIHP/REMI. Form created to obtain remediation information.	PIHP CMHSP PIHP PIHP	Resolved-Complete Complete In Progress Complete
Medium	Job Aides indicate Remediations are due within 7 days of submission. It appears as though this was changed to 30 days in May/June 2023.	• CMHSPs to complete in the CRM PILOT • The PIHP to forward the request to the CMHSP via email. Email option changed in CRM. Defaults to the listed contact person on the submitted record. Sent email to MDHHS 10/29/2023. • Develop form and process for CMHSPs complete and submit to PIHP for direct entry into the CRM fields. Form created to obtain remediation information.	CMHSP PIHP CMHSP/PIHP	Complete In Progress Complete
High	Staff are not marking the potential suicide check box. The check box is required in the CRM to extend the time frame for reporting, however, it was not listed as a required field by MDHHS and is not built into the EMR as a required field.	• Check with PCE (Dmitriy/Nikki) to ensure it is available to the CMHSPs. Add validation to REMI that rejects if it is not marked for the unknown deaths	PIHP	In Process
High	Natural Cause Deaths - unknown are not able to be updated in the CRM through the web service developed. The CMHSP submissions are flagged as failed submission in REMI (PIHP viewing only).	• Include the direction from MDHHS which indicates all unknown deaths should be reported as an Event Type of Unknown Cause of Death. (Email dated 6/8/2023) in	PIHP	In Process

Data Pull Dates FY20, FY21 9/15/2022; FY22 11/16/2022; FY23 3/24/2023; FY23Q3 10/19/2023

	No notification is sent to the PIHP when there is a failed submission. The PIHP needs to manual check each submission to the CRM in REMI and communicate with the CMH as needed. A request to edit the specific record needs to be made to MDHHS through the CRM. MDHHS has to make the change. The request Revisions option in the CRM does not work. Once approved, PIHP need to update in the CRM. The failed submission status does not change, but the event type does. If the CMHSPs do not update the cause of death MDHHS request it to be uploaded. PIHP staff have no way of downloading/exporting the unknown deaths to track or send to the CMHSP for follow up. Staff capacity limits this function. (**report as Cause of Death Unknown**)	procedure. Has been added, but will not be finalized until Documentation received from MDHHS. • Provide education /policy of how to report unknown cause of deaths see above • Utilize PCE standard report for tracking unknown deaths • Advocate for MDHHS to remove Natural cause death - unknown or change logic. Sent email to MDHHS 10/29/2023 • Develop process to monitor CRM Submissions for Failed status • Discuss options for updating the status in REMI when a change has been made with PCE. Currently manually tracking.	PIHP CMHSP PIHP PIHP PIHP	In Process In Process In Process In Process In Process
High	CMHSPs are required to make a Best Judgement determination if a cause of death cannot be determined by 90 days after the event. Not all Medical Directors are comfortable with the best judgement determination without enough documentation to support the determination.	• MSHN to discuss "Best Judgement Determinations " with the Regional Medical Directors group to identify potential solutions.	PIHP	Status: Planning, will attend next RMD meeting .
High	Submissions failed due to the Suspected Suicide/Overdose field not being completed. This was not identified as a required field during development (see above)	• Include in procedure for submissions. • Discuss with PCE changing this to a required field when event type Death of Unknown Cause is used.	PIHP PIHP	Complete but not finalized Started
Medium	Submission fail due to No Medicaid ID for Non SUD Events	• Clarify with MDHHS that non Medicaid is not required to be submitted Sent email to MDHHS 10/30/2023	PIHP	In Process

Data Pull Dates FY20, FY21 9/15/2022; FY22 11/16/2022; FY23 3/24/2023; FY23Q3 10/19/2023

Low	Updates made but no record in the tracking in CRM (I incident)	• Follow up with MDHHS. Lifeways 116742	PIHP	Not started
Low	The previous requirements indicated if after 90 days … MDHHS is using 90 days as the current required timeframe for the cause to be submitted.	• Explore with MDHHS updating the requirements to reflect current expectations Sent email 10/30/2023	PIHP	In Process
High	The MDHHS contract does not include the changes in the requirements for reporting critical incidents. What is allowed in the CRM is inconsistent with what is included in the contract. No updated document is attached to the contract with the new reported events identified for the population groups. This has resulted MDHHS requesting changes in the submissions and the CMHSP and PIHP having to update and resubmit events.	• Continue to work with MDHHS to obtain clarification and provide contract changes and technical guidance documents. Communicate with MSHN Leadership Email MDHHS – last email indicates will be sent by 10/4/2023. As of 10/26/2023 has not been received. MDHHS QIC-Referred to the document that will be sent. Still not received. • Update policy/procedures and contracts once new requirements have been received via contract updates etc, Draft policy/procedure complete. Waiting for final documents.	PIHP PIHP	Waiting for the new requirements to be published prior to finalizing a revised policy and procedure In Progress
Medium	Contract submission deadline for immediately reportable events is business days. The CRM uses calendar days.	• MDHHS update requirements to reflect current expectations	PIHP	Resolved/Complete
High	Notification in the CRM are no longer able to be viewed, they have disappeared.	• Email MDHHS.	PIHP	Resolved/Complete for only current.
High	No process developed for the CMHSPs to communicate / upload documentation related to the remediation or requests for additional information within the CRM.	• Develop procedure with form to include fields consistent with the CRM for the PIHP to direct enter.	PIHP	Complete
Medium	Edits can only be made in the CRM. Resulting in a potential discrepancy between the CRM and the CMHSP EMR.	• Discuss option with PCE/MDHHS	PIHP	Planning
Medium	No reports or exports are available in the CRM to assist with follow up and tracking	• Advocate for MDHHS to develop export or reporting function in CRM	PIHP PIHP	Waiting Completed

Data Pull Dates FY20, FY21 9/15/2022; FY22 11/16/2022; FY23 3/24/2023; FY23Q3 10/19/2023

		• Request report form MDHHS on current submissions and remediations required.		
Medium	No alerts or dashboard tracking for timeliness or follow up	• MSHN to develop timeliness dashboard report in REMI. Sandy to develop specifications.	PIHP	Planning
Medium	PCE report in REMI does not use the same identifiers as the CRM Identifying info in the CRM: • Medicaid ID • DOB • Name CRM-created IDs • ID number • IR number • CS-number • MiCAL CI Number (combines the ID and IR number) (Is it possible to add the CS, REM, Medicaid number to the REMI report)	• Sandy to request/discuss changes from PCE to the PCE/REMI standard report to be consistent with the CRM.	PIHP	Planning
Medium	Remediations cannot be downloaded or sent to the CMHSPs for follow up. It is a manual process within the CRM based on each individual record, not systemic issues. CRM modified email to default to the contact person on the submitted record only.	• Pilot – Provide access for 2 CMHSPs to have access for follow up of remediation. • Request made to MDHHS to allow emails to others Sent email to MDHHS 10/30/2023	CMHSP/PIHP PIHP	In Process In Process
High	CRM removed PIHP viewing of CMHSP remediations.	• Communicate with MDHHS to restore PIHP viewing permissions. Email sent to MDHHS-SN/LD.	PIHP	Complete
Medium	Remediation Job Aid indicates remediations are due 7 days from the date it was submitted.	• Notifications are not received that a remediation is due • The due date varies from 7 to 30 days Dec 2022 it was 7 days • Changed to 30 days after May. Job Aides should be updated.	PIHP MDHHS	Complete. Job aides have not been updated yet.

low	The date reported on the CS and the remediation are different. Remediation 'date reported" is always one day later	• Sent email to MDHHS		In Progress
High	Immediate reportable events are manually entered into the CRM by the PIHP. Duplicate process with critical incidents.	MSHN to develop a procedure for reporting events that require "immediate notification " to MDHHS.		Completed.