Quality Assessment Performance Improvement Program
Substance Use Disorder Residential Providers
Critical Incidents FY22

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.

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. If sentinel a root cause analysis must be completed and a plan of action developed, or documentation as to why an action plan was not needed. *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: 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."
- *Medication errors: 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
- *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)

Data Analysis

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 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.
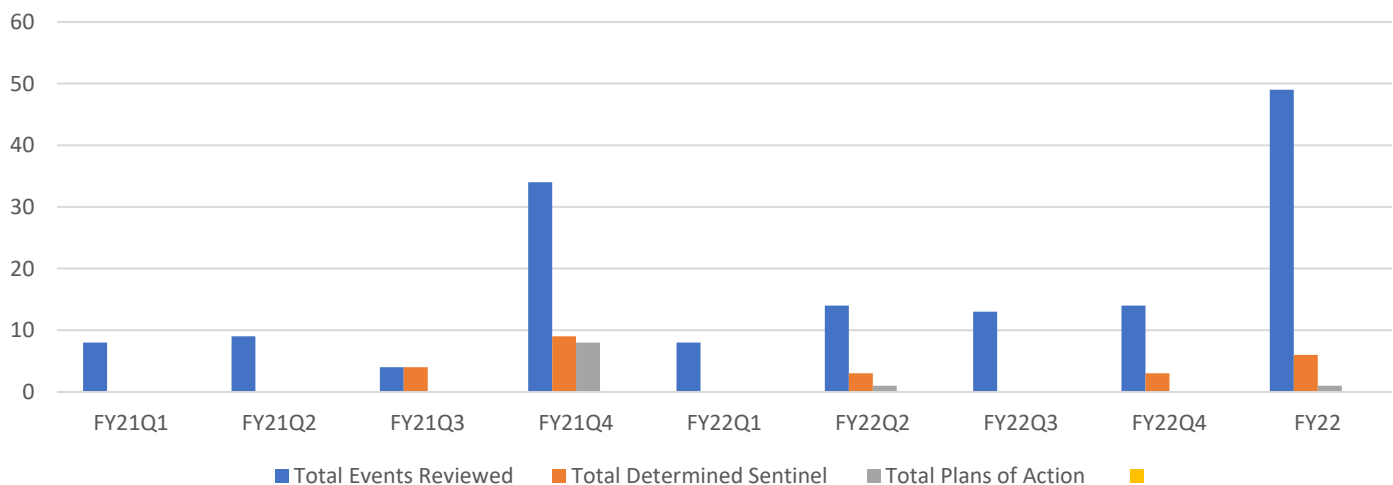
Substance Use Residential Providers are required to review critical incidents to determine if they are sentinel. If sentinel, a root cause analysis must be completed, with the determination of actions steps to prevent reoccurrance. MSHN must analyze the data quarterly for patterns and/or trends. Quality 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.

Goal: The rate, per 1000 persons served, of Sentinel Events will demonstrate a decrease from the previous year. (FY21 4.198, 13/3097)

The accumulative rate of sentinel events per 1000 persons served for FY22 is 1.535 (6/3910).
There were a total of 3910 distinct individuals with an open admissions during FY22 for those receiving 24-hour detox, and residential long/short term services. Figure 1 demonstrates the number of events reported by the Recovery Housing, 24-hour Residential, and Detox providers. A subset of those reported are submitted to MDHHS for required reporting. Figure 2 demonstrates the rate for 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: The numbers of reported events

Figure 2: Rate per 1000 per incident/event type

MSHN Death of Recipient	FY21	FY22
Critical Event Reviewed	0.000	0.000
Sentinel Event	0.000	0.000
Plan of Action	0.000	0.000
MSHN Accidents requiring emergency room visits and/or admissions to hospitals	**FY21Q1**	**FY21Q2**
Critical Event Reviewed	2.679	2.329
Sentinel Event	0.000	0.000
Plan of Action	0.000	0.000
MSHN Physical illness requiring admissions to hospitals	**FY21Q1**	**FY21Q2**
Critical Event Reviewed	2.679	3.106
Sentinel Event	0.000	0.000
Plan of Action	0.000	0.000
MSHN Arrest or conviction of recipients	**FY21Q1**	**FY21Q2**
Critical Event Reviewed	0.000	0.000
Sentinel Event	0.000	0.000
Plan of Action	0.000	0.000
MSHN Serious challenging behaviors	**FY21Q1**	**FY21Q2**
Critical Event Reviewed	1.786	1.553
Sentinel Event	0.000	0.000
Plan of Action	0.000	0.000
MSHN Medication errors	**FY21Q1**	**FY21Q2**
Critical Event Reviewed	0.000	0.000
Sentinel Event	0.000	0.000
Plan of Action	0.000	0.000
Administration of Narcan	**FY21Q1**	**FY21Q2**
Critical Event Reviewed	0.000	1.553

Summary: The information is trended throughout the fiscal year. MSHN demonstrated a decrease in reported sentinel events for FY22 compared to FY21 Forty-nine (49) events were reviewed to determine if the event was sentinel. . Six (6) events were determined to be sentinel. The most frequent event was physical illness resulting in hospitalization.

A total of forty-one (41) organizations were required to report events through the portal. Thirty-eight one (93%, 38/41) organizations submitted the report. The accuracy of the reporting, consistent with the definition and instructions provided from MDHHS, will be verified with primary source verification occurring during the delegated managed care review.

The distinct number served in 24-hour residential, inclusive of 24-hour detox, for FY22 3910. The report submitted to MDHHS for FY22Q1Q2 included 1755 served and 3 sentinel events. The report submitted to MDHHS for FY22Q3Q4 included 2882 served and 3 sentinel events.

Recommendations:
- SUD Providers should review and report all critical and sentinel events to MSHN quarterly.
  Status: Complete. Training to be posted on MSHN Website.
- MSHN to enforce compliance with the reporting requirements. *Status: In Progress*

- MSHN to review a sample of critical incidents during SUD Delegated Managed Care reviews consistent with the SUD Oversight Policy. _Status_: _In Progress_.
  - ➢ The number of events reviewed are accurately reported for each organization providing services to the required populations.
  - ➢ The number of events determined to be sentinel are a subset of those events reviewed.
  - ➢ The number of plans of action are equal to the number of events determined to be sentinel events or documented as to why no actions were necessary.
- 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, rational should be documented. _Status:_ _In Progress_

Prepared by: Sandy Gettel, Quality Manager   **Date:** 11/22/2022

Distributed to: SUD Treatment Team   **Date:** 11/23/2022