



Quality Assessment and Performance Improvement Program

Description of Project/Study

(formerly Data Collection Plan)

Name of Project/Study

Adverse Events

Summary of the Project/Study Summary of the topic and what is to be gained by conducting the study

MDCH and The Standards Group (TSG) worked collaboratively to develop a reporting system that will allow for closer monitoring of types of events and population groups. “The system being developed will allow MDCH to better monitor the types of events which occur in particular populations. Since individual consumer identification will be included with each event, MDCH can look for potential trends by comparing reportable events to data already existing in the QI/Encounter files.”

“The MDCH Event Reporting System is not designed to provide normative judgments about the relative quality of care of different CMHSP’s/PIHP’s, and should not be used for that purpose. This is based on the following:

1. Specific Events have not been selected for reporting on the basis of their ability to serve as performance indicators. Instead, they were selected to help MDCH gain a consumer-specific view of population events, in part to meet CMS reporting requirements. It is entirely possible that higher prevalence of certain events, which on the surface may be indicative of a lower quality of care, could actually be indicative of closer monitoring and more accurate reporting of events.
2. Events are reported to MDCH without evaluation or judgment of cause or fault. For instance, suicides and deaths are reported for all “open” consumers regardless of whether or not the CMHSP/PIHP had any ability to prevent the event from occurring (e.g., a suicide while in a State Facility would still be reported).
3. Some of the events are overly inclusive for comparison purposes. For instance, there is no attempt to gauge the seriousness of the injury which leads to emergency medical care prior to reporting the incident to MDCH.

Finally, the MDCH Reportable Events system is not intended to serve as a notification system for critical incidents of which MDCH must be immediately aware. For instance, critical incidents which may be newsworthy or represent a community crisis situation should be relayed to MDCH using other established mechanisms.”

Included in this project description is the reporting of “risk events”. Risk events are not required to be submitted to MDCH via the PIHP Event Reporting System. They are to be used internally and be available for MDCH review upon request. They are included in this project description as a result of the use of the data collection tool developed to collect critical incidents.

Risk Events:

1. Actions taken by individuals who receive services that cause harm to themselves: Emergency Medical Treatment (EMT) or hospitalization due to an injury that is self-inflicted, i.e. due to harm to self, such as pica, head banging, biting and including suicide attempts.
2. Actions taken by individuals who receive services that cause harm to others: Harm to another (include family, friends, staff, peers, public etc) that resulted in an injury requiring EMT or hospitalization for the other person
3. Two or more unscheduled admissions to a medical hospital (not due to planned surgery or the natural course of a chronic illness, such as when an individual has a terminal illness) within a 12-month period: Medical hospital admissions at the individual level may not be known at the time of hospitalization but may be added when it becomes known
4. Police calls by staff of specialized residential setting, or general (AFC) residential homes or other provider agency staff for assistance with an individual during a behavioral crisis situation: Police calls by public mental health staff for assistance with an individual during a behavioral crisis situation regardless of whether contacting police is addressed in a behavioral treatment plan
5. Emergency Use of Physical Management by staff in response to a behavioral crisis: A technique used by staff as an emergency intervention to restrict the movement of an individual by continued direct physical contact in spite of the individual's resistance in order to prevent him or her from physically harming himself, herself, or others. Physical management shall only be used on an emergency basis when the situation places the individual or others at imminent risk of serious physical harm. To ensure the safety of each consumer and staff each agency shall designate emergency physical management techniques to be utilized during emergency situations. The term "physical management" does not include briefly holding an individual in order to comfort him or her or to demonstrate affection, or holding his/her hand.

Critical Events

1. Suicide,
2. Non-suicide death,
3. Hospitalization due to injury or medication error,
4. Emergency medical treatment due to injury or medication error,
5. Arrest

Is this project/study optional or required? If required, by whom?

This project study is required by the Michigan Department of Community Health. The critical incident reporting requirements are in the PHIP and the CMHSP contract. The Risk events are in the PIHP contract.

Study Question(s) Focus of the project/study; sets the framework for data analysis

Study Question: Has the ability to identify that are population specific and event specific led to an overall decrease of critical incidents/reportable events. Increasing the safety of our consumers.

Study Indicator # 1 - #5 A quantitative or qualitative characteristic or variable reflecting a discrete event

Numerator:	<ul style="list-style-type: none"> a. # of suicides b. # of non-suicide deaths c. # of emergency medical treatment due to injury or medication error d. # of hospitalizations due to injury or medication error e. # of arrests f. # of persons who cause harm to another individual resulting in emergency treatment or hospitalization g. # of police calls made by staff for assistance with a behavioral issue h. # of incidents of self-harm
Denominator:	The total number of consumers who are actively receiving services.

Study Population All demographic groups, active/inactive consumers, clinical populations, service codes, programs/dept's, service providers, service delivery timeframes and funding sources are included unless otherwise specified

Those individuals who are actively receiving services and/or have received an emergent service during the previous 30 days will be included in this study. This does not exclude any funding source.

Definitions-

Actively Receiving Services: For the sake of this reporting, a consumer is considered to be actively receiving services when any of the following occur:

1. A face-to-face intake has occurred and the individual was deemed eligible for ongoing service, or
2. The CMHSP/PIHP has authorized the individual for ongoing service, either through a face to face assessment or a telephone screening, or
3. The individual has received a non-crisis, non-screening encounter.

The period during which the consumer is considered to be actively receiving services shall take place between the following begin date and end date, inclusively:

- a. **Beginning Date:** Actively receiving services begins when the decision is made to start providing ongoing non-emergent services. Specifically, the beginning date shall be the first date that any of the 3 conditions referenced above occurs.
- b. **End Date:** when the consumer is formally discharged from services. The date the discharge takes effect shall be the end date. This should also be the date that is supplied to the consumer when the consumer is notified that services are terminated.

Reportable populations to MSHN: Some of the population definitions used for specific Events require the consumer to not only be active, but to be currently receiving a particular type of service. In these cases, the consumer is considered to be receiving that type of service between the following start and end dates (inclusive of the start and end dates):

Start: The date the consumer has been determined to be eligible and has received at least one of these services.

End: The date the consumer is formally terminated from this type of service. Such formal termination happens via transfer to another unit, discharge from the unit that provides the service, discharge from the CMHSP, or removal of the service from the consumer's individual plan of service. Any one of these events signifies the end of the service.

Sample Size for Study Indicator # 1 Entire study population or a sample

100% of the population in which receive services and/or have received an emergent service in the previous 30 days will be included in this study.

Data Source(s) and Collection Method Algorithm applied to data-mart (i.e., encounters, QI-demographics, service events, claims); payroll records; record audit; survey; interviews; focus group; other

Each clinical service provider will develop a process for collecting the required information that meets the minimum standards of the Reporting and Investigation of Adverse Event's Policy which include sentinel events, critical incidents, and risk events. The data will be collected via the incident reporting system in Phoenix. This will be done per incident, entered per policy. Each clinical service provider will submit data through BABH. All events are reviewed and categorized into different groups of events. The Quality Department will review the events by code then flag those that meet the reportable criteria to MDCH/MSHN and mark as a critical incident. Those that may be considered a sentinel event will be further investigated through a root cause analysis. The data is pulled from the incident reporting system monthly then separated out by event type. Refer to the Master IR code list for code definitions. Those that meet the MDCH Reportable Event Criteria will be prepared per instructions as provided by MSHN. BABH will then submit the "Events File" to MSHN on a monthly basis utilizing the Event Web Based Service provided by MSHN. Suicide is required to be submitted 30 days following the end of the month in which it occurred. All other events are required to be submitted 60 days after the end of the month in which it occurred. Please see MDCH/PIHP Event Reporting Instructions for more specific information. The events that meet the requirement for the behavioral treatment data collection such as, police calls made by staff and emergency physical interventions, intrusive and restrictive interventions, will be analyzed and reported to the Behavior Treatment Committee. Other events will be reported and followed up on as needed by the Healthcare Practices Committee and others as appropriate based on the event type.

Standardized Data Collection Tool?

Incident Report Forms are used and entered into the Phoenix system

Operational Definitions (Instructions)?

Incident Reporting Requirements, Master IR List, Adding Incident Reports to Phoenix, Incident Reporting User manual ver. 101, Policy – Reporting and Investigation of Adverse Events (old-C0-S0-T0) (New C02-S01-T01)-MSHN Incident Warehouse CMH User Manual

Data Collection Cycle

1x/yr 2x/yr quarterly monthly weekly
 daily continuous per incident

Data Collection Staff Qualifications of and training for data collection staff

The source of the data will be each Clinical Service Provider. Training and education will be provided to each staff person who is responsible for working with all of the identified population groups.

Statistical Analysis and Testing Methods Statistical tests to be applied, tests of significance, p values, etc.

Name: _____

Percentages of population type and event type will be calculated as well as rates per 1000 of the population.

Frequency of Data Analysis

1x/yr 2x/yr quarterly monthly weekly
 daily continuous per incident

Data is reviewed at the Healthcare Practices Committee and Performance Improvement Council.

Location of Supporting Documentation: Supporting documents will be held at each clinical service provider, but must be available upon request from BABH in the event of a root cause analysis.

Responsible Party: Sandra Gettel Quality Manager,