Quality Assessment Performance Improvement Program
Quality Improvement Council – Critical Incidents FY22

Summary of Project

The data collected is based on the requirements that have been set forth within the Critical Incident Reporting System (CIRS) attached to the PIHP contract and available on the MDHHS Website. This data is to be reported and reviewed as part of the CMHSP Quality Assessment and Performance Improvement Program (QAPIP) quarterly to address any trends and/or opportunities for quality improvements.

The critical incident reporting system is trend data; therefore, no external exists. The trend is used to identify any areas requiring further analysis to improve safety of the individuals we serve. The expectation is that each CMHSP and/or MSHN will implement interventions to improve safety, thereby changing the direction of the trend. At the end of each year a final report is produced which includes a comparison to the previous FY.

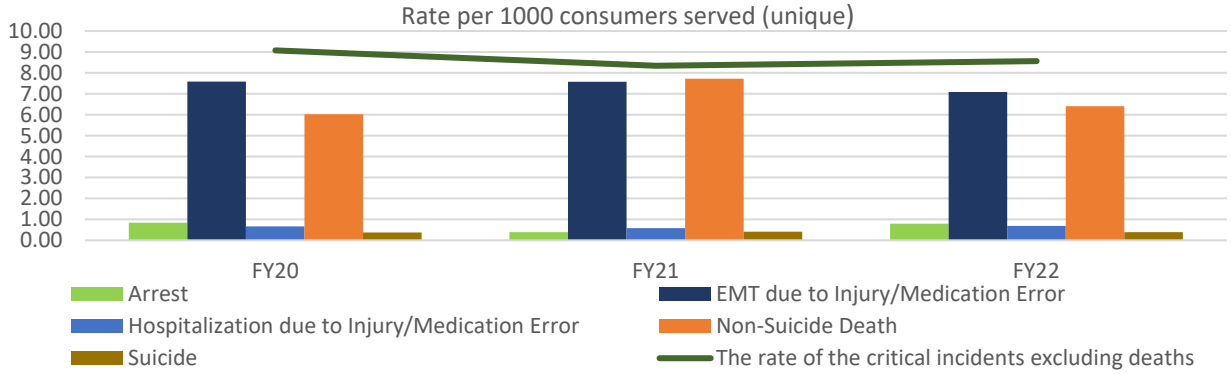
The following incidents are reported by the CMHSP Participants:

- Deaths-Suicide-Any individual actively receiving services including those who were seen for an emergency service in previous 30 days.
- Non-Suicide-All Waiver Groups or individuals residing in 24 hour specialized residential and/or Child Care Institution or receiving Community Living Supports, Supports Coordination, Targeted Case Management, ACT, Home-Based, and Wraparound. Subsets of deaths include natural cause, accidental, homicidal.
- Emergency Medical Treatment-All Waiver Groups or individuals residing in 24 hour specialized residential and/or Child Care Institution.
- Hospitalization- All Waiver Groups or individuals residing in 24 hour specialized residential and/or Child Care Institution.
- Arrests- All Waiver Groups or individuals residing in 24 hour specialized residential and/or Child Care Institution.

Data Analysis

1. MSHN will demonstrate a decrease in the rate of critical incidents excluding deaths from previous year. Figure 1 provides an accumulated rate per 1000 of critical incidents.
   MSHN did not meet the standard for FY22 compared to FY21.

Figure 1. Critical Incident Reporting System
Rate per 1000 consumers served (unique)



Data Pull Dates FY20, FY21 9/15/2022; FY22 11/16/2022

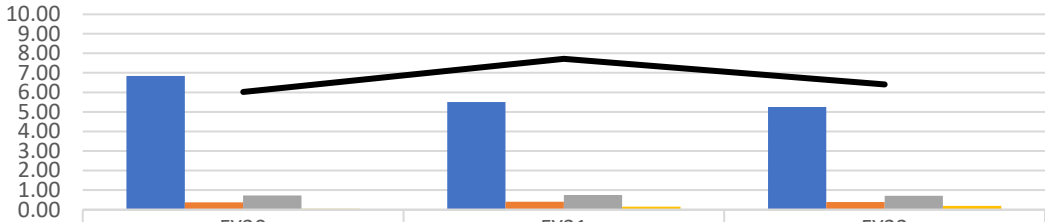
2. The rate, per 1000 persons served, of Deaths will demonstrate a decrease from the previous year. Two categories are reported, suicide deaths and non-suicide deaths.

   The non-suicide deaths are broken down into three sub types which include: natural cause, accidental, and homicidal. MSHN met the standard for three of the four types of deaths monitored. The rate of homicide deaths increased.

   The rate, per 1000 persons served, of Suicide Death will demonstrate a decrease from previous year. MSHN did meet the standard for FY22 compared to FY21.

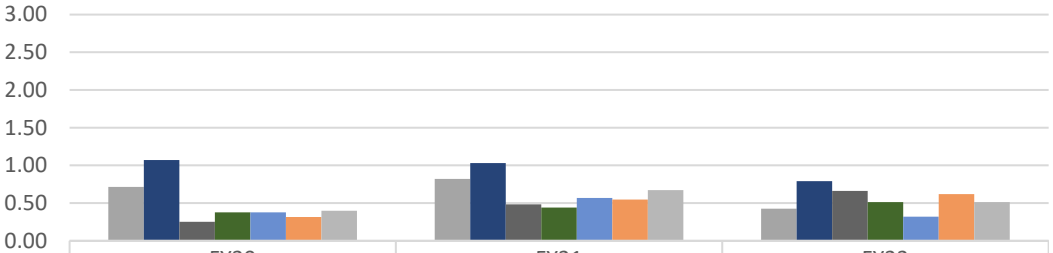
   The rate, per 1000 persons served, of Non-Suicide Death will demonstrate a decrease from previous year. MSHN did meet the standard for FY22 compared to FY21.

Figure 2. Critical Incident Reporting System-Deaths
Rate per 1000 consumers served (unique)



	FY20	FY21	FY22
Natural Cause	6.842	5.508	5.255
Suicide	0.374	0.408	0.384
Accidental	0.726	0.751	0.705
Homicidal	0.044	0.150	0.192
Non-Suicide Death	6.024	7.721	6.405

Figure 3. Critical Incident Reporting System-Leading Cause of Natural Cause Death
Rate per 1000 consumers served (unique)



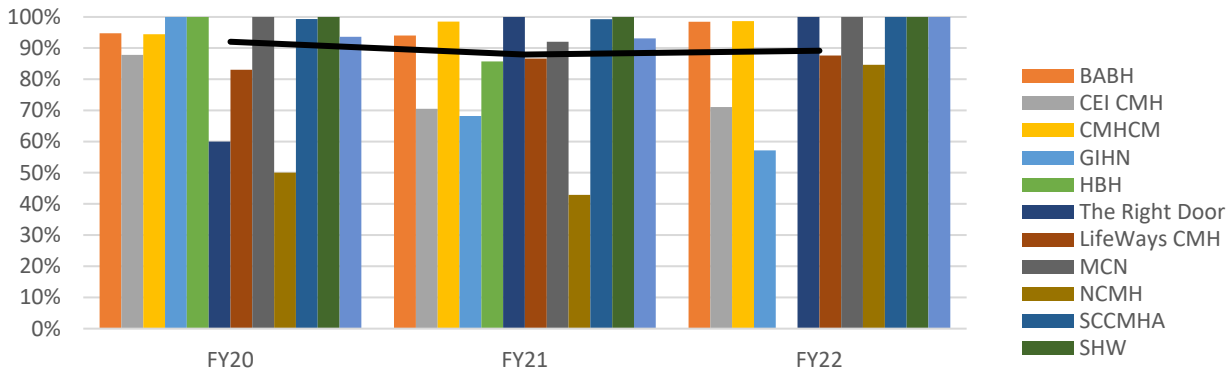
	FY20	FY21	FY22
Cancer	0.714	0.819	0.4270
Heart Disease	1.072	1.030	0.7899
Infection, including AIDS	0.252	0.483	0.6618
Lung Disease	0.378	0.441	0.5124
Neurological disorders	0.378	0.567	0.3202

Data Pull Dates FY20, FY21 9/15/2022; FY22 11/16/2022

3. The rate of incidents reported within the required timeframes for the reporting period will demonstrate an increase from previous year (FY21).
   MSHN met the standard through FY22.

   Critical incidents are required to be reported within timelines specified by MDHHS. The PIHP monitors the timeliness of the reporting. Arrests, Emergency Medical Treatment and Hospitalization are to be reported within 60 days after the end of the month in which the incident occurred. Suicide deaths are to be reported within 30 days after the end of the month in which the case of death was determined. If 90 days has elapsed without a determination of cause of death, a "best judgement" determination should be used to determine if the death was a suicide. Non-suicide deaths are to be reported within 60 days after the end of the month in which the death occurred, unless reporting is delayed while an attempt is made to determine if the death was a suicide. In which case the death should be reported within 30 days after the end of the month in which it was determined to be a non-suicide death. Figure 5 demonstrates and accumulated count and percentage of compliance with the reporting timelines.
   *Deaths that have been reported within 90 days are considered within the required timeframes for this report.

Figure 4. MSHN Timeliness Rates.



Summary:

MSHN did not demonstrate any significant shifts in the overall trend for reported critical incidents. The increase of reported events is due to the increase in reported arrests. No other incidents demonstrated an increase. Non-Suicide deaths include 3 subtypes: Natural Cause, Accidental, and Homicidal. Accidental deaths include any unexpected death that is not a result of the natural course of an illness, including an overdose or other unexpected death that may not have been attributed to a suicide or homicide. Accidental deaths require additional information to be reviewed to identify the cause. Deaths from a suicide or homicide are not included in the numbers for accidental deaths below. Note in Figure 3 the leading cause of death was heart disease followed by infection including AIDS, and Lung disease. Special attention has been given to accurate reporting. An increased emphasis was placed on identifying the cause of death to ensure accurate and effective intervention can be applied.

MSHN continue to be on a corrective action plan to address the timeliness of reporting. This has improved for the CMHSP participants for those incidents that occurred during the reporting quarter. As Data Pull Dates FY20, FY21 9/15/2022; FY22 11/16/2022

the CMHSP participants improve internal processes for accuracy of the reporting, additional events have been submitted outside of the required timeframes. Continued steps are being taken by the PIHP to ensure the submissions are received in the MDHHS warehouse within the required timelines. Attachment 1 provides the numbers of events for comparison of events for each CMHSP participant. Several recommendations are being made to address the accuracy of the data, and the timeliness of the submissions.

Strategic Priority	Adverse Event Monitoring and Reporting)	Committee/ Council	FY21	FY22
Better Care	The rate of critical incidents, per 1000 persons served will demonstrate a decrease from previous year. (excluding deaths)	QIC	8.343	8.561
Better Care	The rate, per 1000 persons served, of Non-Suicide Death will demonstrate a decrease from previous year. (Natural Cause, Accidental, Homicidal)	QIC	7.721	6.405
Better Care	The rate, per 1000 persons served, of Suicide Death will demonstrate a decrease from previous year.	QIC	.408	.384

Barriers:

- CMHSPs are requesting death certificates to verify the cause of death for accurate reporting and interventions. This has resulted in a delay in reporting, and additional cost. County offices are charging different amounts for the request of a death certificate.
- 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.
- When the CMHSP updates the cause of death the timestamp of the original submission is not kept. This gives the appearance of a late submission.
- The PIHP is currently uploading the events to the MDHHS Warehouse through a manual process. Development of an automated process is not feasible at this time. MDHHS is in process of developing a new system with the expectations of an effective date 10.1.2022. Development to automate the process can begin at that time.

Recommendations:

- MSHN to modify report to include a cumulative number of incidents that occurred through the end of reporting quarter. *Status: Completed*
- MSHN to modify report to include the cumulative number of incidents that were reported within the required timelines through the end of the reporting quarter. *Status: Completed*
- MSHN to develop timeliness report in REMI. *Status: Not Started.*
- MSHN to identify shifts in data using control limits, that require additional analysis. *Status: Not Started.*

- CMHSP participants include action taken for the following incident types/subtypes
    - Emergency Medical Treatment or Hospitalization

    - Medication Errors
    - Injury during Physical Management
  - Unexpected Deaths as a result of
    - Accidental
    - Homicide
    - Suicide

Status: *Not Started.*

- MSHN to ensure process for reporting events that require "immediate notification " to MDHHS is documented in regional policy/procedure and adhered to by the CMHSP participants through the DMC review. *Status: In Progress.*
- MSHN QIC to determine appropriate regional action for risk events. Including reporting/analysis. Delegated versus retained. *Status: Not Started.*
- CMHSPs should update the death "unknown" field within 60 days but no later than 90 days. *Status: Ongoing.*
- CMHSPs should work with county offices to develop a feasible and affordable process for obtaining death certificates. *Status: Ongoing*
- MSHN QIC and CMHSPs should review unexpected and accidental deaths to identify specifically the cause of death such as drug related, accidental overdose, or any other cause that may benefit from an intervention. *Status: Discontinue. Development of a standard form for tracking and reporting sentinel events has been completed. This was added to the CRM-Critical Incidents to be effective for events occurring on 10/01/2022 and after. The additional reporting of drug related can be discontinued.*
- Develop a dashboard in REMI to monitor the timeliness of the event submissions to MSHN and to MDHHS. *Status: Not Started, waiting for implementation of CRM for reporting critical incidents.*
- *Continue to work with MDHHS and PCE to ensure policy/procedures are updated once new requirements have been received via contract updates, and ensure reporting is available for critical incidents through the CRM and REMI..*

Prepared by: Sandy Gettel, Quality Manager **Date:** 11/21/2022
Distributed to: MSHN QIC **Date:** 11/22/2022

Attachment 1

Table 1 Reporting Timeliness

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

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

	No	Yes	Grand Total	Rate
SCCMHA				
FY20	138	1	139	99%
FY21	132	1	133	99%
FY22	115	0	115	100%
SHW				
FY20	30	0	30	100%
FY21	35	0	35	100%
FY22	20	0	20	100%
TBHS				
FY20	44	3	47	94%
FY21	27	2	29	93%
FY22	18	0	18	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. Deaths reported outside of 90 days past the end of the month in which the event occurred

Table 2. Number of Reported Critical Events

Arrests	Organization	FY20	FY21	FY22
	MSHN	38	18	37
	BABH	2	0	2
	CEI	1	0	1
	CMHCM	12	6	13
	GIHN	5	0	0
	HBH	0	0	0
	The Right Door	1	0	0
	LifeWays	0	6	6
	MCN	3	1	2
	NCMH	3	0	1
	SCCMH	4	5	9
	SHW	7	0	0
	TBHS	0	0	0

Hospitalization due to Injury/Medication Error	Organization	FY20	FY21	FY22
	MSHN	30	27	32
	BABH	3	2	3
	CEI	1	0	1
	CMHCM	8	4	9
	GIHN	3	2	2
	HBH	0	0	0
	The Right Door	0	1	0
	LifeWays	7	7	12
	MCN	0	2	1
	NCMH	1	2	0
	SCCMH	5	6	3
	SHW	1	1	1
	TBHS	1	0	0

Data Pull Dates FY20, FY21 9/15/2022; FY22 11/16/2022

Table 2. Number of Reported Critical Incidents

EMT due to Injury/Medication Error				
	Organization	FY20	FY21	FY22
	MSHN	345	354	332
	BABH	34	18	23
	CEI	17	78	81
	CMHCM	78	65	74
	GIHN	16	14	7
	HBH	0	0	0
	The Right Door	3	1	0
	LifeWays	51	56	57
	MCN	18	11	5
	NCMH	6	3	6
	SCCMH	75	61	58
	SHW	21	26	8
	TBHS	26	20	13

Non-Suicide Death (natural cause, accidental, homicidal)				
	Organization	FY20	FY21	FY22
	MSHN	263	357	300
	BABH	35	46	34
	CEI	54	95	78
	CMHCM	44	55	51
	GIHN	5	6	4
	HBH	2	7	1
	The Right Door	4	8	7
	LifeWays	39	57	59
	MCN	7	10	7
	NCMH	8	2	5
	SCCMH	51	59	42
	SHW	1	7	7
	TBHS	19	7	5

Natural Cause				
	Organization	FY20	FY21	FY22
	MSHN	229	313	258
	BABH	33	84	32
	CEI	43	84	65
	CMHCM	38	52	47
	GIHN	3	5	3
	HBH	2	7	1
	The Right Door	4	6	6
	LifeWays	34	52	48
	MCN	6	9	7
	NCMH	8	2	5
	SCCMH	47	43	32
	SHW	1	6	7
	TBHS	16	7	5

Homicidal				
	Organization	FY20	FY21	FY22
	MSHN	2	6	9
	BABH	0	0	0
	CEI	0	2	2
	CMHCM	1	0	2
	GIHN	0	0	0
	HBH	0	0	0
	The Right Door	0	0	0
	LifeWays	0	1	2
	MCN	0	0	0
	NCMH	0	0	0
	SCCMH	0	2	3
	SHW	0	1	0
	TBHS	1	0	0

Accidental (included in Non-Suicidal counts)				
	Organization	FY20	FY21	FY22
	MSHN	32	38	33
	BABH	2	4	2
	CEI	11	9	11
	CMHCM	5	3	2
	GIHN	2	1	1
	HBH	0	0	0
	The Right Door	0	2	1
	LifeWays	5	4	9
	MCN	1	1	0
	NCMH	0	0	0
	SCCMH	4	14	7
	SHW	0	0	0

Suicide				
	Organization	FY20	FY21	FY22
	MSHN	16	19	18
	BABH	1	1	2
	CEI	7	9	5
	CMHCM	1	2	1
	GIHN	0	0	1
	HBH	0	0	1
	The Right Door	0	0	0
	LifeWays	3	1	3
	MCN	0	1	0
	NCMH	0	0	1
	SCCMH	3	2	3
	SHW	0	1	1

Data Pull Dates FY20, FY21 9/15/2022; FY22 11/16/2022

	TBHS	2	0	0		TBHS	1	2	0