



HURON BEHAVIORAL HEALTH OPERATIONAL POLICY

Policy #: **RR.1.14**
Issue Date: 07/01/01
Rev. Date: 01/30/26
Page: 1 of 6

Title: Critical Incidents, Risk Events, and Sentinel Events Policy

Prepared By: Executive Director

NOTE: This Document Copy is Uncontrolled and Valid on this date only: March 3, 2026. For Controlled copy, view shared directory I:\ drive

Purpose:

This policy has been established to provide a mechanism for identifying, reporting, and analyzing critical incidents, risk events, and sentinel events, including those resulting in the serious injury or death of a consumer. This policy provides a systematic approach for improving processes in an effort to prevent a future similar occurrence or reoccurrence and to minimize risks to the organization.

Scope:

This policy applies to all employees (including full-time and part-time employees), contract providers, student interns, and volunteers of Huron Behavioral Health (HBH) and all consumers as defined in the policy below.

Information:

1. Huron Behavioral Health has established a critical incident reporting system in an effort to prevent, detect, and remediate incidents that cause harm to individuals served, in accordance with the Michigan Department of Health and Human Services (MDHHS) and the Mid-State Health Network (MSHN) contract, and critical incident reporting and notification system.
2. HBH staff shall review, investigate, implement corrective actions to facilitate follow-up interventions within the required timeframes, and report adverse events for certain covered populations, settings, and incidents as defined in this policy.
3. For the purpose of this policy, “*death*” refers to a death that is NOT by natural causes or does NOT occur as a natural outcome to a chronic condition (e.g., a terminal illness) or due to old age. (See “Definitions” section below for additional definitions.)

Policy:

A. Identification and Analysis of Critical Incidents, Risk Events, and Sentinel Events:

1. Any Huron Behavioral Health (HBH) employee that is involved in, aware of, or in observance of any incident, risk event, or critical incident involving any HBH consumer, shall complete an incident report in the “Incident Report” (IR) module within the Electronic Medical Records (EMR) system before the end of their shift, but in no case later than twenty-four (24) hours in which the incident occurred in accordance with the [“Incident Report Procedure” \(RR.2.37\)](#).
2. This requires adding the following additional electronic signatures:
 - Supervisor
 - Recipient Rights Officer
 - Primary Worker
 - Clinical Psychologist
 - Quality Improvement/Performance Improvement (QI/PI) Manager
 - Clinical Director
 - Executive Director
3. Incident reports may also be generated from persons receiving services or from external individuals or agencies. (Note external providers shall submit incident reports using the Michigan Department of Community Health “Incident Report” paper form (DCH-0044) and submit this to the HBH RRO no later than the end of the shift in which the incident occurred. The RRO will scan the report form into the IR module of the EMR system which will send notification to the additional HBH employees.)

Title: Critical Incidents, Risk Events, and Sentinel Events Policy

Prepared By: Executive Director

Procedure #: RR.1.14

Issue Date: 07/01/01

Rev. Date: 01/30/26

Page: 2 of 6

NOTE: This Document Copy is Uncontrolled and Valid on this date only: March 3, 2026. For Controlled copy, view shared directory I:\ drive

4. Each incident report is reviewed by the RRO and Performance Improvement/Quality Improvement (PI/QI) Manager and classified. Incidents may be classified as a critical incident or sentinel event dependent upon the parameters defined in the table below. In accordance with the MDHHS contractual reporting requirements, HBH employees will determine and report critical incidents in the timeframes defined per the table in #5 below.
5. Critical Incidents which require reporting to the Pre-Paid Inpatient Health Plan (PIHP) and MDHHS include any events shown in the table below:

Service Actively Receiving or Living Arrangement <i>(for "actively receiving services" see "Definitions" section)</i>	SUICIDE	NON-SUICIDE DEATH	EMERGENCY MEDICAL TREATMENT <i>(due to injury or medication error)</i>	HOSPITALIZATION (due to injury or medication error)	ARREST
Emergency Services (report if service was provided within 30 days prior to death)	X				
Specialized Residential Setting / Child-Caring Institution	X	X	X	X	X
Habilitation Supports Waiver (HSW) Services	X	X	X	X	X
Serious Emotional Disturbance (SED) Waiver	X	X	X	X	X
Waiver for Children with Serious Emotional Disturbance (SEDW)	X	X	X	X	X
1915 iSPA Services	X	X	X	X	X
Community Living Supports	X	X			
Supports Coordination / Targeted Case Management	X	X			
Assertive Community Treatment (ACT) Services	X	X			
Home-Based Services	X	X			
Wraparound Services	X	X			
Any Other Service	X				
TIMEFRAMES FOR REPORTING:	Within 30 days after the end of the month in which the death is determined to be a suicide; OR, if 90 calendar days have elapsed without a determination of the cause of death, submit a "best judgment" determination as to whether the death was a suicide within 30 days after the end of the month in which this "best judgement" determination was made.	Within 60 days after the end of the month in which the death occurred: OR If reporting is delayed because of a determination of whether the death was a suicide or not, the submission is due within 30 days after the end of the month in which the death was determined the death was not due to suicide.	Within 60 days after the end of the month in which the event occurred	Within 60 days after the end of the month in which the event occurred	Within 60 days after the end of the month in which the event occurred

6. In addition to being a Critical Incident, an incident may also be determined to be a Sentinel Event (see "Definitions" section below for clarification). If an incident meets the parameters for a sentinel event, the Sentinel Events Committee will convene to conduct a root cause analysis (see also "[Sentinel Events Committee Procedure](#)" RR.2.49). With the exception of arrests/convictions and serious challenging behavior, all sentinel events should be reviewed to determine if the event is related to HBH's practice of care. The Sentinel Events Committee will determine if any actions are needed and by whom, and will monitor to see that those actions are completed.
7. An unexpected death of a consumer, who at the time of their death was receiving specialty supports and services, are subject to additional review and must include:
 - a. screens of individual deaths with standard information (e.g., coroner's report, death certificate)

Title: Critical Incidents, Risk Events, and Sentinel Events Policy

Prepared By: Executive Director

Procedure #: RR.1.14

Issue Date: 07/01/01

Rev. Date: 01/30/26

Page: 3 of 6

NOTE: This Document Copy is **Uncontrolled and Valid on this date only: March 3, 2026.** For Controlled copy, view shared directory I:\ drive

- b. involvement of medical personnel in the mortality reviews
 - c. documentation of the mortality review process, findings, and recommendations
 - d. use of mortality information to address quality of care
 - e. aggregation of mortality data over time to identify possible trends
8. A Root Cause Analysis (RCA) will be initiated within three (3) business days after awareness of determining that a critical incident is also a sentinel event. If a critical incident is determined to be a sentinel event, HBH will begin the investigation within two (2) subsequent business days and will typically complete the RCA within forty-five (45) days of knowledge of the event. Persons involved in the review will have appropriate knowledge and credentials to review the scope of care (e.g., a physician or nurse must be involved in serious medical conditions or deaths).
9. The Sentinel Events Committee will document their findings, discussions, probable causes, recommendations, and required follow-up actions onto the HBH "[Adverse/Sentinel Event Root Cause Analysis Form \(90-338\)](#)". This RCA report will typically include (as applicable):
- description and sequence of the event(s)
 - persons and programs impacted by the event
 - root cause analysis and determination of causal factors and risk factors
 - plan of corrective action (if applicable) with deadlines and responsibilities defined including any process and/or system improvements/corrections to be implemented to reduce future risks, including any disciplinary action recommendations
10. HBH's Root Cause Analysis Report will be made available to MSHN upon request.
11. The QI/PI Manager (or designee) will monitor the actions and notify the Clinical Director and/or Executive Director if required actions are not completed.

B. Event Notification through the Behavioral Health – Customer Relationship Management (BH-CRM) Software System:

1. HBH will report all sentinel events to MSHN through MSHN's Regional Electronic Medical Record (REMI) system within the required timeframes (see table in I.A.5 above). If a consumer death occurs as a result of suspected employee's action or inaction or any death that is the subject of a recipient rights, licensing, or police investigation within forty-eight (48) hours, of the death (or receipt of notification of the death), or receipt of notification that a recipient rights, licensing, and/or police investigation has commenced. Relocation of a consumer's placement due to licensing suspension or revocation is to be reported to MSHN within five (5) business days.
2. MSHN is responsible for entering the required information into the MDHHS BH-CRM system.

C. Record-Keeping and Reporting:

1. HBH utilizes the EMR system to accumulate, compile, and report incidents, critical incidents, and sentinel events. Required reports are submitted to MSHN and quarterly summary reports are presented to the Quality Council and the HBH Board of Directors for review.
2. The HBH EMR system accumulates and compiles the data from the incidents and sentinel events. This information is reported to the Recipient Rights Advisory Committee for review on a quarterly basis for review and recommendations.
3. Certain sentinel events are also reported to HBH's accreditation body, the Council on Accreditation (COA), as follows:
 - Consumer deaths
 - Consumer serious injury
4. Any high risk/high profile critical incidents or sentinel events are also reported to the PIHP when they occur. If the event relates to a consumer for which a COFR (County Of Financial Responsibility) arrangement

NOTE: This Document Copy is Uncontrolled and Valid on this date only: March 3, 2026. For Controlled copy, view shared directory I:\ drive

exists, HBH will also notify the county of financial responsibility (see also "[County Of Financial Responsibility \(COFR\) Policy](#)" FM.1.14).

D. Pre-paid Inpatient Health Plan (PIHP) Oversight:

1. Oversight and monitoring shall be conducted by the Mid-State Health Network (the PIHP) through the use of reports, analysis by the Quality Improvement Council, provider network monitoring, desk audits, and site reviews.

Definitions/Acronyms:

Definitions:

1. Actively Receiving Services: A consumer is considered to be actively receiving services when any of the following occur:
 - a. A face-to face intake has occurred and the individual was deemed eligible for on-going services
 - b. HBH has authorized the individual for ongoing services, either through a face-to-face assessment or a telephone screening;
 - c. The individual has received a non-crisis, non-screening encounter.The period during which an individual is considered to be actively receiving services shall take place between the begin date and end date inclusively:
 - *Begin Date* – Actively receiving services begins when the decision is made to start providing ongoing non-emergent services. Specifically, the begin date shall be the first date that any of the three (3) conditions listed above ("Definitions" 1.a. – 1.c.) occurs.
 - *End Date* – The date the formal discharge takes effect (this should also be the same date that is supplied to the consumer when the consumer is notified that services are terminated).
2. Critical Incident: means specific events requiring analysis and reporting to the MSHN and MDHHS. These include:
 - Suicide
 - Non-suicide Death
 - Emergency medical treatment due to injury or medication error
 - Hospitalization due to injury or medication error
 - Arrest of a consumerThe population for which these events must be reported differs slightly by type of event per MDHHS contract attachment. Physical management and/or involvement of law enforcement, permitted for intervention in emergencies only, are considered critical events (per MDHHS contract). See the table in A.3 above for clarification.
3. Death: refers to a death that is NOT by natural causes or does NOT occur as a natural outcome to a chronic condition (e.g., a terminal illness) or due to old age.
4. Incident: refers to an incident is any one of the following which should be reviewed to determine whether it meets the criteria for a sentinel event:
 - Death of a recipient
 - Serious illness requiring hospital admission
 - Alleged cause of abuse or neglect
 - Accident resulting in injury to a recipient requiring emergency room visit or hospital admission
 - Behavioral episode
 - Arrest and/or conviction
 - Medication error
5. Medication Error: means:
 - Wrong medication
 - Wrong dosage
 - Double dosage
 - Missed dosagewhich results in death or loss of limb or function or risk thereof. It does NOT include instances where individuals have refused medication.
6. 24-hour Specialized Setting: means a specialized residential home certified by the Michigan Department of Human Services to serve persons with mental illness or intellectual/developmental disabilities.

NOTE: This Document Copy is Uncontrolled and Valid on this date only: March 3, 2026. For Controlled copy, view shared directory I:\ drive

7. Root Cause Analysis (RCA) or Investigation: refers to a process for identifying the basic or causal factors underlying variations in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis focuses primarily on systems and processes, not individual performance. A Root Cause Analysis involves:
 - a. Determination of the factors (human, systems, etc.) most directly associated with the sentinel event and the associated processes;
 - b. Review of the underlying systems and processes to determine where redesign might reduce risk;
 - c. Identification of risk points and their potential contributions to this type of event;
 - d. Determination of potential improvement in processes or systems that would tend to decrease the likelihood of such an event in the future, or a determination, after analysis, that no such improvement opportunities exist;
 - e. To ensure credibility, attention to internal consistency in the questions asked/unasked and consideration of the organization as a whole entity; and
 - f. Review of available relevant documentation or other resources.
8. Sentinel Event: refers to an unexpected occurrence involving death (not due to the natural course of a health condition or chronic illness), serious psychological or physical injury (specifically loss of limb or function) or risk thereof. Such events are called 'sentinel' because they signal the need for immediate investigation and response. Any injury or death that occurs as a result of the use of a behavioral intervention is considered a sentinel event (per MDHHS contract). Sentinel Events require root cause analysis and reporting to MDHHS and accrediting entities in accordance with the accrediting organization's procedures.

Acronyms:

ACT – Assertive Community Treatment
BTPRC – Behavior Treatment Plan Review Committee
COA – Council on Accreditation
COFR – County of Financial Responsibility
CWS – Children's Waiver Services
HBH – Huron Behavioral Health
HWS – Habilitation Supports Waiver
IR – Incident Report
MDHHS – Michigan Department of Health and Human Services
MSHN – Mid-State Health Network
PI – Performance Improvement
PIHP – Pre-Paid Inpatient Health Plan
QI/PI – Quality Improvement/Performance Improvement
RCA – Root Cause Analysis
REMI – Regional Electronic Medical Record
RRO – Recipient Rights Officer
SED – Serious Emotional Disturbance
SEDW – Waiver for Children with Serious Emotional Disturbance
SPA – State Plan Amendment
TSG – The Standards Group

Forms:

[90-338 Adverse/Sentinel Events Root Cause Analysis Form](#)
[90-392 Adverse/Sentinel Events Corrective Action Letter Form](#)
DCH-0044 Incident Report Form
Incident Report Form (in EMR)

Records:

Records of sentinel events are retained by HBH for a minimum of seven (7) years.

Title: Critical Incidents, Risk Events, and Sentinel Events Policy

Prepared By: Executive Director

Procedure #: RR.1.14
Issue Date: 07/01/01
Rev. Date: 01/30/26
Page: 6 of 6

NOTE: This Document Copy is **Uncontrolled and Valid on this date only: March 3, 2026**. For Controlled copy, view shared directory I:\ drive

Reference(s) and/or Legal Authority

- Balanced Budget Act of 1997; Public Law 105-33 @ <http://www.gpo.gov/fdsys/pkg/PLAW-105publ33/content-detail.html>
- MDHHS Technical Guidance on Implementation of New Requirements (MDHHS/PIHP Contract Attachment)
- The Standards Group (TSG) MDHHS/PIHP Event Reporting
- MDHHS Contract Attachment
- MSHN "Critical Incidents Policy" adopted 07/02/14 and "Quality Management Policy" adopted 11/22/13
- MSHN Procedure – Critical Incident Reporting
- 42 CFR 438.358 of 2002 @ <http://www.gpo.gov/fdsys/pkg/CFR-2003-title42-vol1/content-detail.html>
- MDHHS Health Guidance on Critical Incident Reporting
- MI Mental Health Code (Act 258 of the Public Acts of 1974 as amended) Section 330.1748 (9)
- Michigan Mission-Based Performance Indicator System Codebook (from MDHHS) @ http://www.michigan.gov/documents/mentalhealth/Plinstructions_Final_Feb2007_wCodebooks_186499_7.doc
- [FM.1.14 County of Financial Responsibility \(COFR\) Policy](#)
- [RR.2.37 Incident Reporting Procedure](#)
- [RR.2.49 Risk Events/Sentinel Events Committee Procedure](#)

Change History:

Change Letter	Date of Change(s)	Changes
None	07/01/01	Old documentation brought into new format and controlled documentation system with minimal content changes.
A	05/10/05	Revised to comply to AAM Critical Risk Factor Reporting requirements – added "and individuals receiving..." & last sentence in "Information" section. In "Policy" section clarified opening statement, added #1, 2, 3, 4, 5, 6, & 7.
B	05/22/06	Changed title from "Reporting Sentinel Events Policy" to "Sentinel Events Policy" as policy covers additional aspects, revised committee composition (#4), added # 6 & 7, removed deadlines for state reporting.
C	02/23/07	Added second bullet in "Information" section, added reference to RR.2.37, added acronyms, added hyperlinks, revised policy wording to clarify covered settings and populations ("section A") to comply to MDCH codebook, broke old policy into two additional sections "B" and "C" to clarify internal committee process, added flowchart.
D	09/09/08	Revised to comply with Regional Sentinel Events Policy (Chapter 11, Section 3, Topic 8) approved by CEO's 06/19/08). The entire policy was rewritten with numerous changes, additions, and deletions. See QI Coordinator for complete details of changes.
E	11/20/08	In the "ANALYSIS" section #1; added two sentences "The RCA will be initiated within two (2) business days....." To comply with regional sentinel event policy (C11-S03-T08) and new MDCH contract requirements.
F	08/02/12	Revised to comply with the new AAM Technical Requirement approved by Leadership Council on 07/17/12 and the revised MDCH Sentinel Events Reporting Guidelines. Total rewrite of policy; see QI Coordinator for record of changes and/or previous versions of this policy, changed title of document from "Sentinel Events Policy" to "Adverse Events policy".
G	09/30/14	Removed "AAM" references throughout document (20 places), changed title from "Adverse Events Policy" to "Critical Incidents, Risk Events, and Sentinel Events Policy", replaced "adverse events" with "sentinel events" throughout document (40 places), rewrote most of policy – see Controlled Documentation staff for revisions and/or previous versions of this document.
H	01/13/15	Reviewed by the HBH Recipient Rights Advisory Committee w/ no content changes.
I	06/09/15	Added E.4 to comply with MSHN site review, added "COFR" in "Acronym" section.
J	04/12/16	Reviewed and revised to comply with FY16 midyear contract changes – changed "MDCH" to "MDHHS" throughout document (15 places), removed A.3 & A.4 as the information in this section is repeated in the table, changed "PI/QI Coordinator" to "QI/PI Manager" throughout document (3 places), in the table in A.3 reworded the row labeled "Timeframes for Reporting" to match the contract language exactly, made several other minor wording/grammatical changes/corrections throughout document without changing sentence content.
K	01/23/18	In "Policy" section A.3 changed "24-hour Specialized Residential Setting..." to "Specialized Residential Setting/....", in A.4 added sentence "With the exception of arrests/.....", added reference to COFR Policy (2 places), in "Definitions" section corrected contract attachment references, in "Forms" section added "DCH-0044", made numerous minor wording/grammatical/numbering changes/corrections throughout document without changing sentence content.
L	12/17/19	Removed references to "Risk Events" throughout document (8 places) as this language is no longer in the contract, corrected broken hyperlinks throughout document, in "Policy" section added #5, in "Definitions" section removed "Risk Event", made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
M	11/03/21	Added last sentence in A.6, made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
N	10/27/23	Added "risk events" in title, & "Purpose" section and "Information" section #1 & "Policy" section header to comply with recommendation from MSHN's Delegated Managed Care audit POC.
O	01/28/25	In "Information" section added #1, in #2 added "within the required timeframes", in "Policy" section I.A.3 added "iSPA Services" to table and added clarification to already listed services, added item "B.1" and "B.2", in "Acronyms" section added "CWS", "HSW", "REMI", "SEDW", & "SPA", made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
P	01/30/26	Changed "unusual incidents" to "incidents" throughout procedure (6 places), removed all references to database and replaced with IR Module in the EMR system, major rewrite of process steps, see Controlled Documentation Manager for complete list of changes and/or [previous versions of this procedure.