PURPOSE

To assure consistency regarding procedures documenting incidents and related staff response(s) while also providing a non-punitive environment conducive to reporting of such incidents within hospitals. Hospitals utilize incident data to identify trends for improvement as well as provide training and feedback to staff to prevent and reduce future incidents.

DEFINITIONS

Contraband

The possession by a patient of any item prohibited by APF 192 or their individual plan of service.

Hospital

An inpatient program operated by the Michigan Department of Health and Human Services (MDHHS) for the treatment of individuals with serious mental or serious emotional disturbance.

Incident

An occurrence that is a deviation, disruption or adversely affects the course of treatment, care, and services of a patient, or that disrupts the customary cadence of a patient unit or of hospital administration.

Examples of incidents include but are not limited to:

- Adverse drug events (ADE).
- Medication errors.
- Any event resulting in a patient's restraint or seclusion.
- Injury due to any cause, including but not limited to accidents and assaults.
- Unauthorized leave of absence.
- Unauthorized use or possession of legal or illicit drugs or substances.
- Contraband.
- Allegations of patient abuse or neglect.

- Allegations of patient-to-patient assaults or sexual assaults.
- Suicide attempt.
- Self-injurious behavior.
- Any serious patient safety event, including sentinel events.

Medication Error

A preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of a healthcare professional or patient. This includes errors as a result of a prescribing, dispensing, or administration.

Restraint

Refers to one or both State Hospital Administration (SHA) sanctioned methods:

Manual Restraint

The use of physical management, a mechanical device, material, or equipment that immobilize or reduce the ability of the patient to move his or her arms, legs, body or head freely. Physically holding a patient for forced medication, medical treatment, or laboratory studies is a restraint.

Chemical Restraint

A medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

Restraint may only be used to prevent harm to one's self or others or when clinically justified to affect appropriate behavioral or medical treatments. Restraint does not include anatomical supports, orthopedically prescribed devices, surgical dressings or bandages, protective devices, or other methods that involve the physical supporting of a patient for the purpose of conducting routine physical examinations or tests, to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).

Seclusion

The temporary placement of a patient in a room, alone, where egress is prevented by any means and may only be used if essential to prevent the patient from physically harming others.

POLICY

All incidents must be completely and accurately documented as an incident report in the business section of the electronic medical record (EMR).

In addition to being documented as an incident report, all incidents of abuse or neglect which are apparent to, reported to, or suspected by an employee or individual acting on behalf of the hospital, must be immediately reported to hospital administration and the Office of Recipient Rights (ORR). The applicable state protective service entity, and appropriate law enforcement agency, must be alerted in cases of patient abuse or neglect if required by law.

The clinical record of the patient must contain a summary of any incidents involving a patient. The incident summary must be entered into the clinical record by a hospital staff who has personal knowledge of the incident. An incident report generated pursuant to this policy does not constitute a summary of the incident and cannot be maintained in the clinical record of a patient.

Hospital directors must notify the SHA deputy director, or their designee, and the Office of Recipient Rights (ORR) of incidents which impact the health, safety, or welfare of patients.

Hospitals must ensure that:

- All incident reports are confidential and recognize that unauthorized disclosure or duplication is prohibited.
- An incident report consists of the following forms being completed within the EMR:
    - Open Incident.
    - Incident Information.
    - Incident Physical Exam (one for each patient involved).
    - Incident Supervisor Review.

REFERENCES

MCL 330.1748(9)

MDHHS Administrative Rules 330.7049

APF 132, Definitions and Report of Abuse and Neglect.

APF 192, Personal Property and Search

Joint Accreditation Comprehensive Accreditation Manual for Hospitals:

- Performance Improvement Standard PI.01.01.01 – Hospital collects data to monitor its performance.
- Performance Improvement Standard PI.02.01.01 – Hospital compiles and analyzes data.
- Environment of Care Standard EC.04.01.01.

The Joint Commission, Accreditation Process Information – Sentinel Event (SE).

CONTACT

For more information concerning this policy contact the State Hospital Administration.