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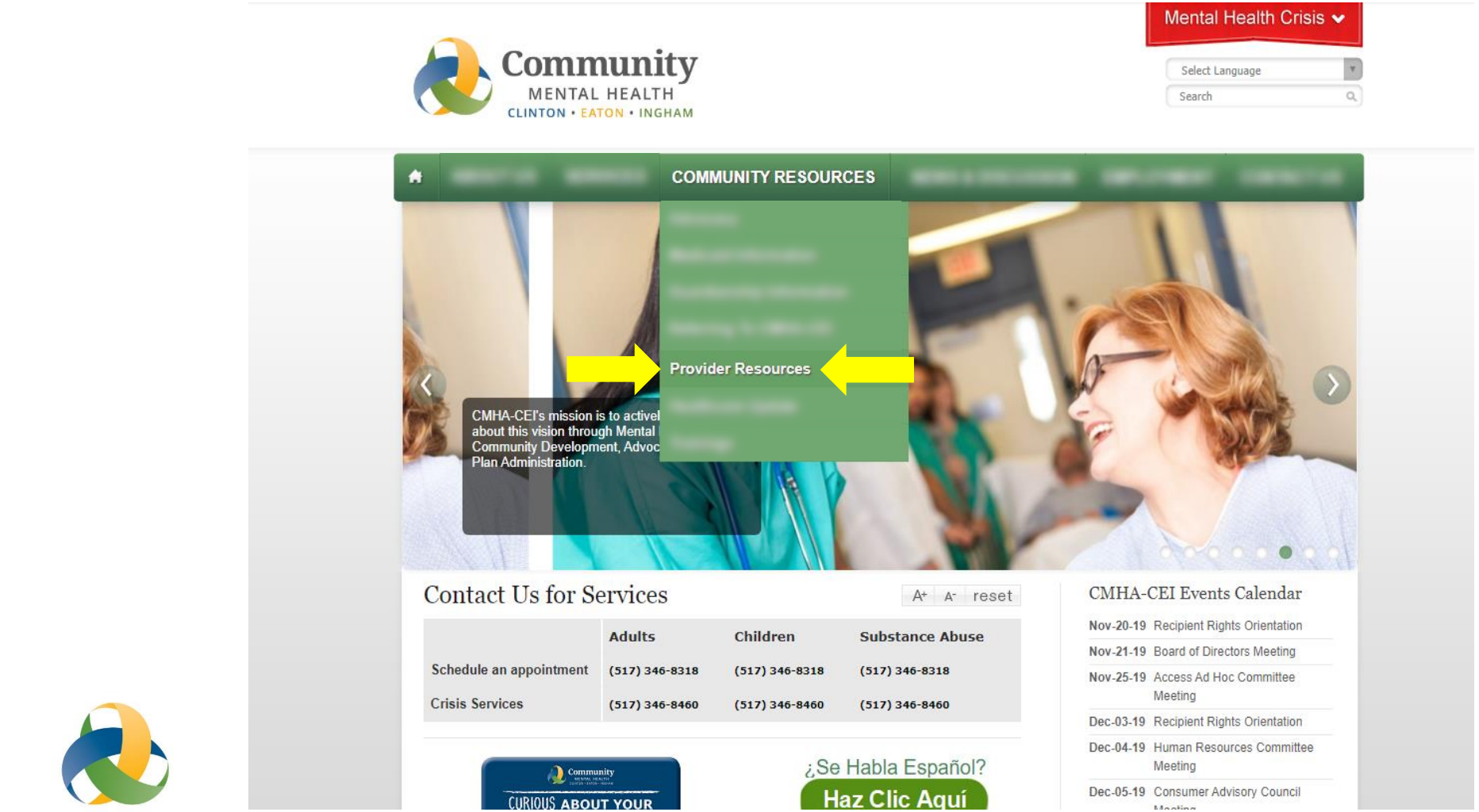
INCIDENT REPORTING

Using the CMHA-CEI Web Portal System

Go to www.ceicmh.org. Hover over "Community Resources" and click on "Provider Resources"



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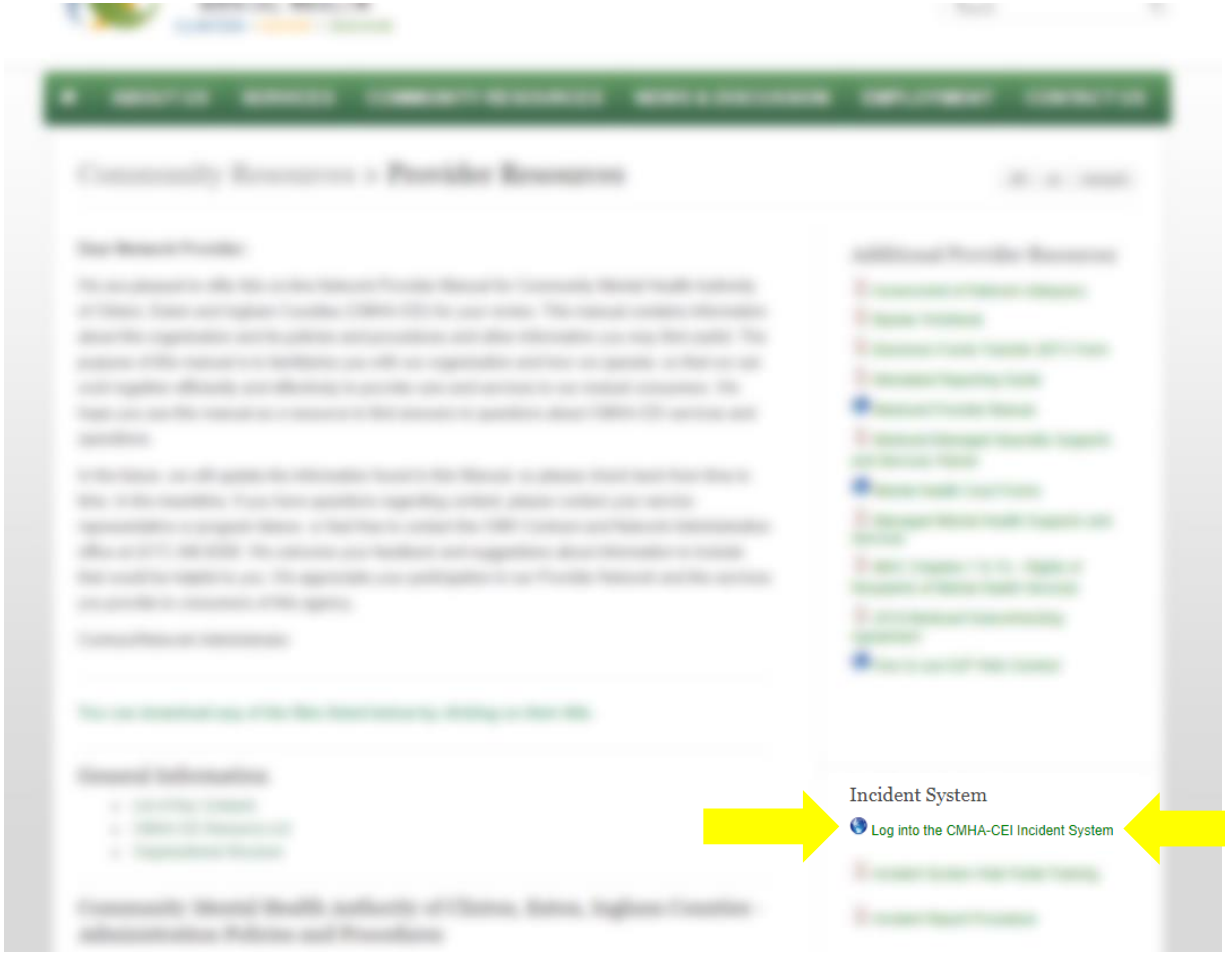
Click on "Log into the CMHA-CEI Incident System" on the right side of the webpage.



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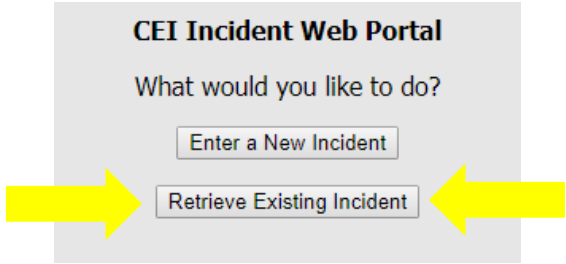
Starting a New IR

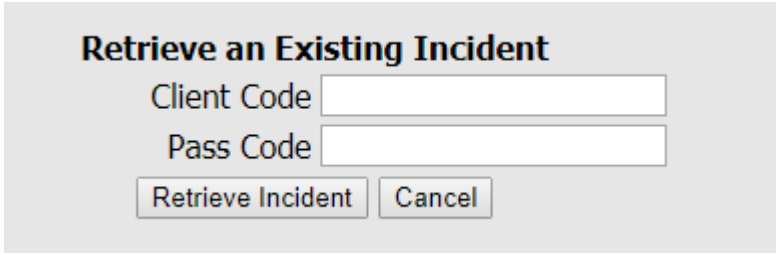
Click on "Enter a New Incident" and proceed to Slide 5.

Retrieving an In-Progress IR

Click on "Retrieve Existing Incident."



Input Client Code and Pass Code



Click "Retrieve Incident." The entire IR will be available to edit.

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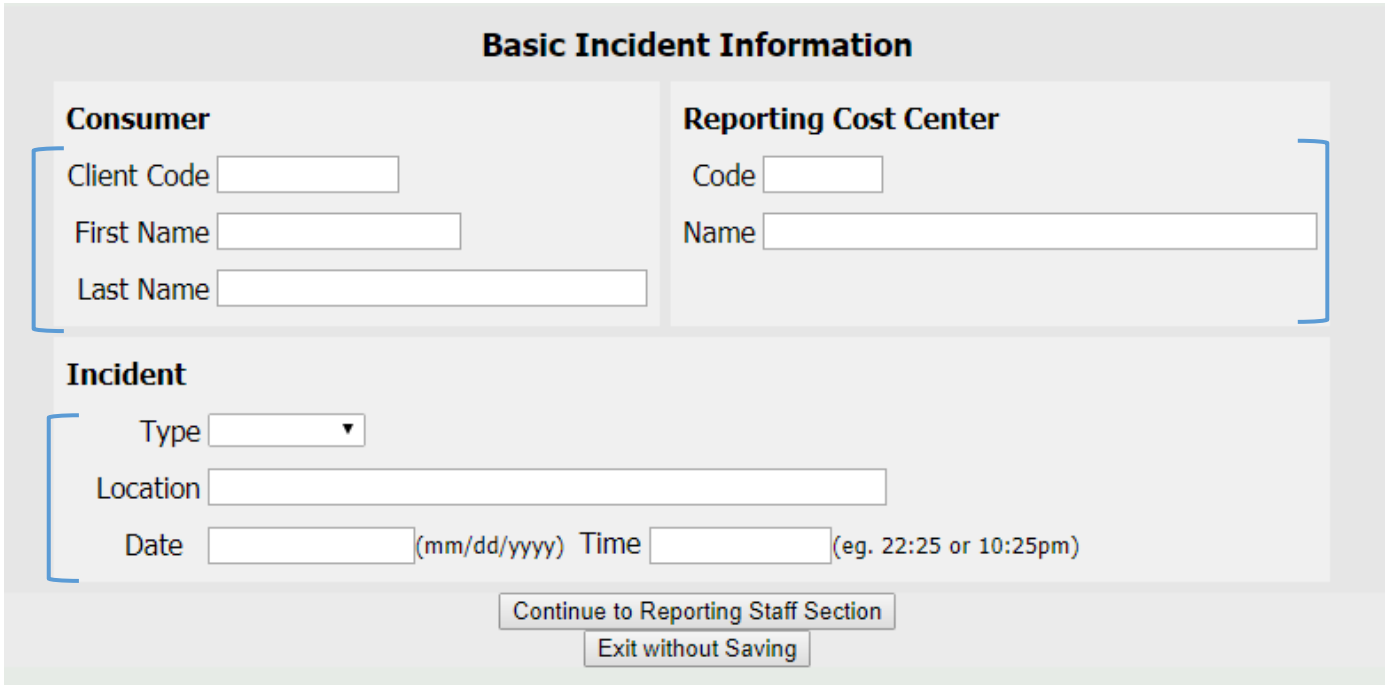
Starting a New IR

You will not be able to move on from this screen unless all fields are completed.

- Client Code – this is the consumer's CMH ID number
- Name – please use the consumers full, given name

- Type – "medication" or "general"
- Location – **Be specific**. Where did the incident occur?
- Date / Time – the date and time the incident occurred.



- Code – this is the cost center for ***your*** home. If you have questions about determining the correct cost center, please email QCSRR-QA@ceicmh.org

- Name – this is the name of your program or home. On-site Supervisors **must** ensure that staff have access to their site's cost center.

When finished, click on "Continue to Reporting Staff Section" to move on.

Staff can exit without saving at this point as well – this will close the Incident Report and not save or submit it to CMHA-CEI

Incident Type – "Medication" – starts on slide 6.

Incident Type – "General" – starts on slide 7.

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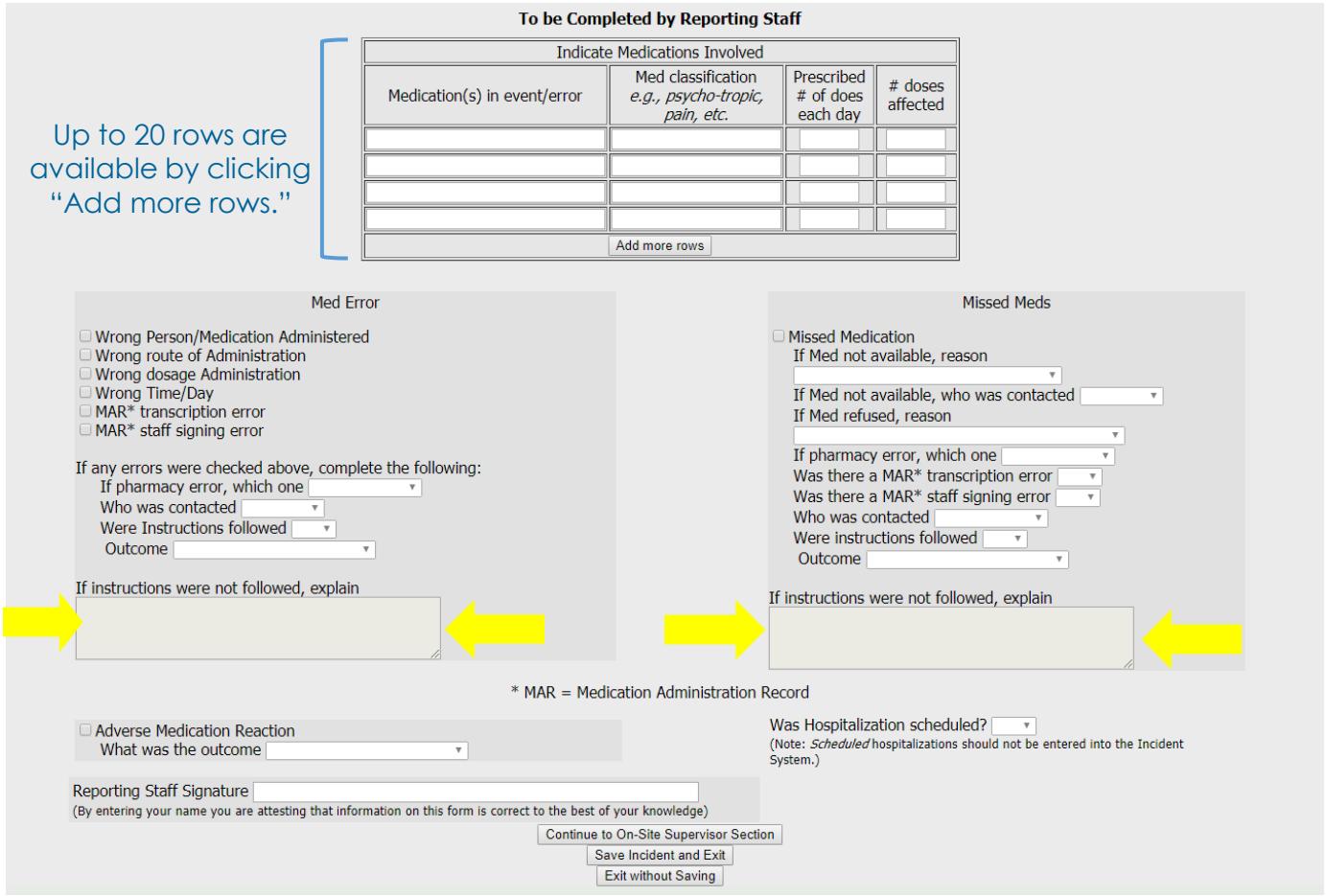
If you chose "Medication" incident type, a new box will pop up below the initial screen…

This entire section is to be filled out by the staff member present when the error occurred. When this section is complete, you can either click "Save Incident and Exit" (see Slide 8), or "Continue to On-Site Supervisor Section" (see Slide 9).



Consumer refusal of medication does not need to be documented in the CMHA-CEI incident reporting system, unless there is an adverse medical reaction or if the staff member is specifically instructed otherwise by a medical professional.

As the reporting staff, use these boxes to add additional information or comments

Staff can exit without saving at this point as well – this will close the Incident Report and not save or submit it to CMHA-CEI

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If you chose "General" incident type, a new box will pop up below the initial screen…

This new box is where staff that witnessed the incident will describe what happened. You can add up to three staff accounts of what happened by clicking "Create a New Description by Different Staff" underneath the original description.

When all staff involved have completed their descriptions, you can either click "Save Incident and Exit" (see Slide 8) or "Continue to On-Site Supervisor Section" (see Slide 9).

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If you chose "Save Incident and Exit"…

This is a good option to choose if a supervisor isn't immediately available to complete the Supervisor portion of the Incident Report.

This screen will display, reminding you of the Client Code and generating a Pass Code for access to the Incident Report for 30 days from the date of submission. **Write down the Client Code and Pass Code to give to your supervisor to review and submit. This information can be used at a later time to access/edit the IR (see Slide 4).**

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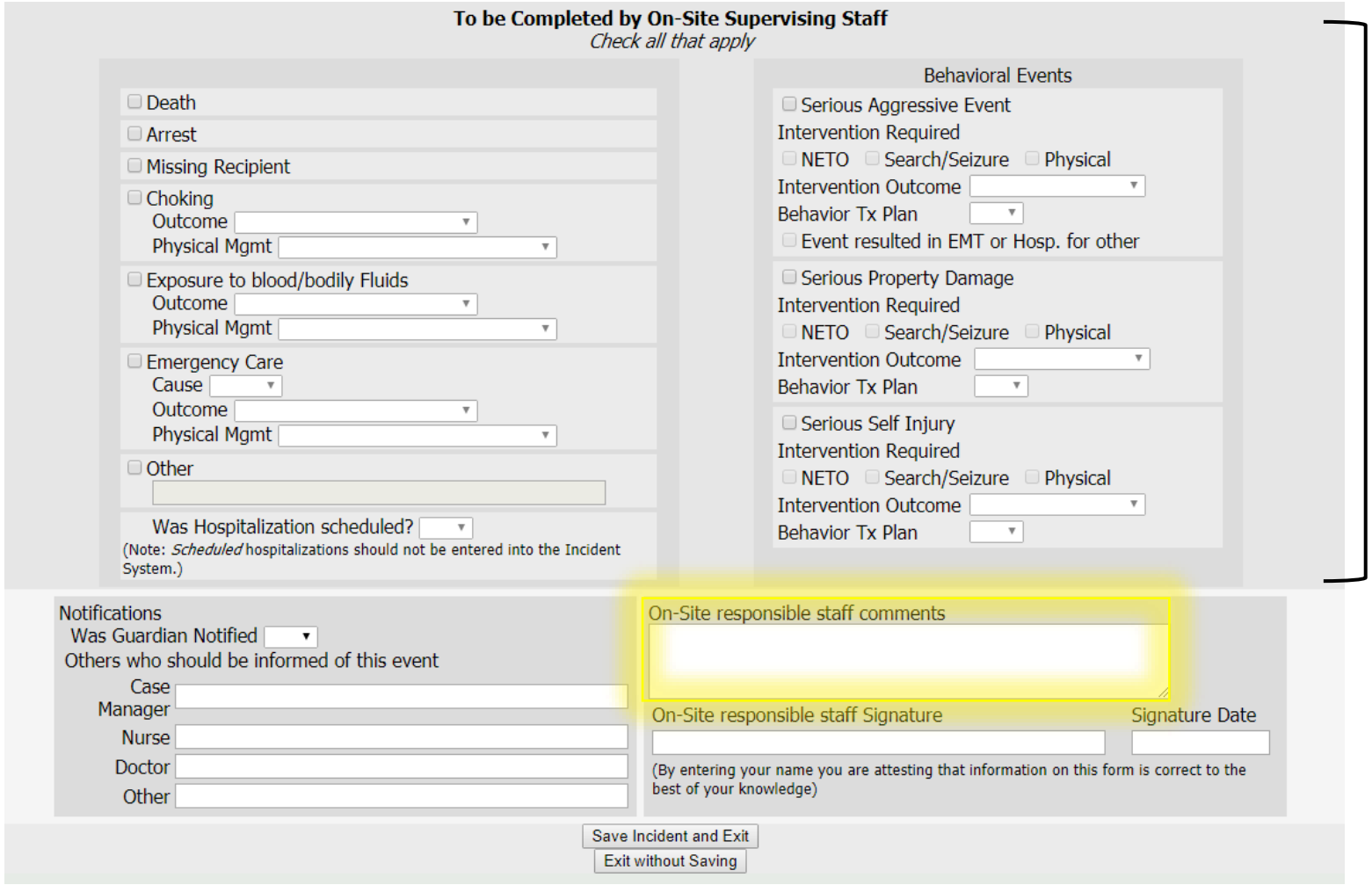
If you chose "Continue to On-Site Supervisor Section"…

The Supervisor section of the incident report will open up. The on-site supervisor will complete this section add comments as necessary, sign, date and click "Save Incident and Exit." This will bring up the screen explained on Slide 8; please reference for further information. **The Incident Report *is not complete* until the Supervisor section is signed and completed.**



The top portion will <u>not</u> be available for medication Incident Reports.

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The On-Site Supervisor's Role in Incident Reporting

The on-site Supervisor is responsible for verifying that the error is correctly categorized (is the right box checked?) and to review the description and information contained in the IR.

The on-site Supervisor then indicates who needs to be notified of the Incident (lower left – see slide 9). **This is very important because the Program Contact will not know who to link the IR to, nor will they be able to add this information, once the electronic IR is entered.**

Finally, and VERY IMPORTANTLY, the on-site Supervisor then indicates any actions that will be taken to prevent future incidents in the comment box (lower right – see Slide 9). **CMHA-CEI looks for actual follow up actions to be identified related to consumer care (i.e. "will follow up with primary care physician").**

Once completed with the review, the on-site Supervisor signs and dates the form by typing in their name and date.

The on-site Supervisor then clicks on the "Save Incident and Exit" button – this saves all information that has been added/updated by the on-site Supervisor… and the electronic IR has officially been entered!

On-site Supervisors **must** ensure that staff have access to their site's cost center, and ensure that all staff have been trained in how to use the Web Portal system.

If a consumer has more than **3 incidents involving physical management and/or police involvement** more than **3 times in a 30-day period**, the treatment plan must be revisited and modified if necessary.

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EMERGENCY CARE INCIDENTS

- For injury or illness which requires an intervention beyond first aid, i.e., urgent care, emergency room visit, or hospitalization. Examples would include broken bones, lacerations requiring sutures, sprains, or illnesses such as pneumonia, etc.
- ALL incidents that are Injury resulting in either EMT or Hospitalization are considered **critical incidents**
- Examples:
  - A consumer has a seizure at TRC and staff call 911. Emergency personnel arrive and take the consumer to the hospital to be checked out after the seizure. **This requires an incident report to be written; Illness > EMT**
  - A consumer arrives to House of Commons for treatment. The consumer wakes up and falls while getting out of bed. The consumer yells for staff assistance. Upon performing a visual check on the consumer, the consumer complains of a sore ankle. Staff look at the consumers ankle and notice that it is red and starting to swell. Staff then transport the consumer to the ER for evaluation, and the consumer is diagnosed with a broken ankle which will require immediate hospitalization and surgery. **This requires an incident report to be written; Injury > Hospitalization**
  - A consumer states that they feel nauseas and reports possibly getting food poisoning after eating out the night before. Staff encourage the consumer to drink water and rest. The consumer takes a nap and wakes up feeling better. **This does not require an incident report to be written.**

EMERGENCY CARE INCIDENTS

- Injury vs. Illness
  - Illness: going to the ER for a seizure
  - Injury: going to the ER because during a seizure, consumer fell down and had a large laceration on their head
  - •Illness includes psychiatric emergencies
  - Hospitalization vs Emergency Medical Treatment
  - Hospitalization = **Admitted to the hospital**
  - Emergency Department visit or Urgent Care = EMT

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MEDICATION INCIDENTS

- Any occurrence involving a medication error/event (in situation where the medication is administered by, or under the supervision of, CMHA-CEI) that places a consumer at risk due to a variance in medication processes. Medication errors/events in situation where the medication is not administered by, or under the supervision of, CMHA-CEI, do not require the completion of an IR. All medication errors require staff to call either the nursing line (517-346-8404) during regular business hours, and the pharmacy line (517-251-1742) after business hours for consultation due to a medication error
  - **Adverse medication reaction (Event):** Harmful, unintended response to a medication that requires emergency care.
  - **Wrong dosage Administration:** Medication is administered by staff in a dose that is different than prescribed. (e.g., A person is supposed to receive two 50 mg tablets but is only administered one 50 mg tablet).
  - **Wrong person/medication Administered:** A medication is administered by staff to a consumer for whom it is not prescribed.
  - **Wrong route of Administration:** Medication is administered using a method other than as prescribed (e.g., eye drops are placed in the ear).
  - **Wrong Time/Day:** A medication is administered more than an hour before or after the scheduled time (e.g., A medication that is to be administered at 8 PM is administered at 10:30 PM).
  - **Missed medication:** Prescribed dose is missed (e.g., 3 doses scheduled in a day, consumer receives 2 doses).

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MEDICATION INCIDENTS CONT.

- **Medication Administration Record (MAR) transcription error:** Changes in medications orders or administration of medication not entered onto the MAR (e.g. according to medication count all medications were administered but the MAR has not been signed by staff to reflect that).
- **Medication Administration Record (MAR) staff signing error:** Staff failure to sign MAR as required.
- **Medication refusal:** Consumer refuses to take prescribed medications. Incident reports for med refusals should only be filed when it results in an adverse medical reaction.
- **Narcan Administration:** An FDA approved medication designed to rapidly reverse opioid overdose which is dispensed to individuals when they are showing signs of opioid overdose.
- **Pharmacy error:** medication dispensed incorrectly or not delivered timely.

- Medication refusals are **NO LONGER** considered an incident – do not file these as incident reports

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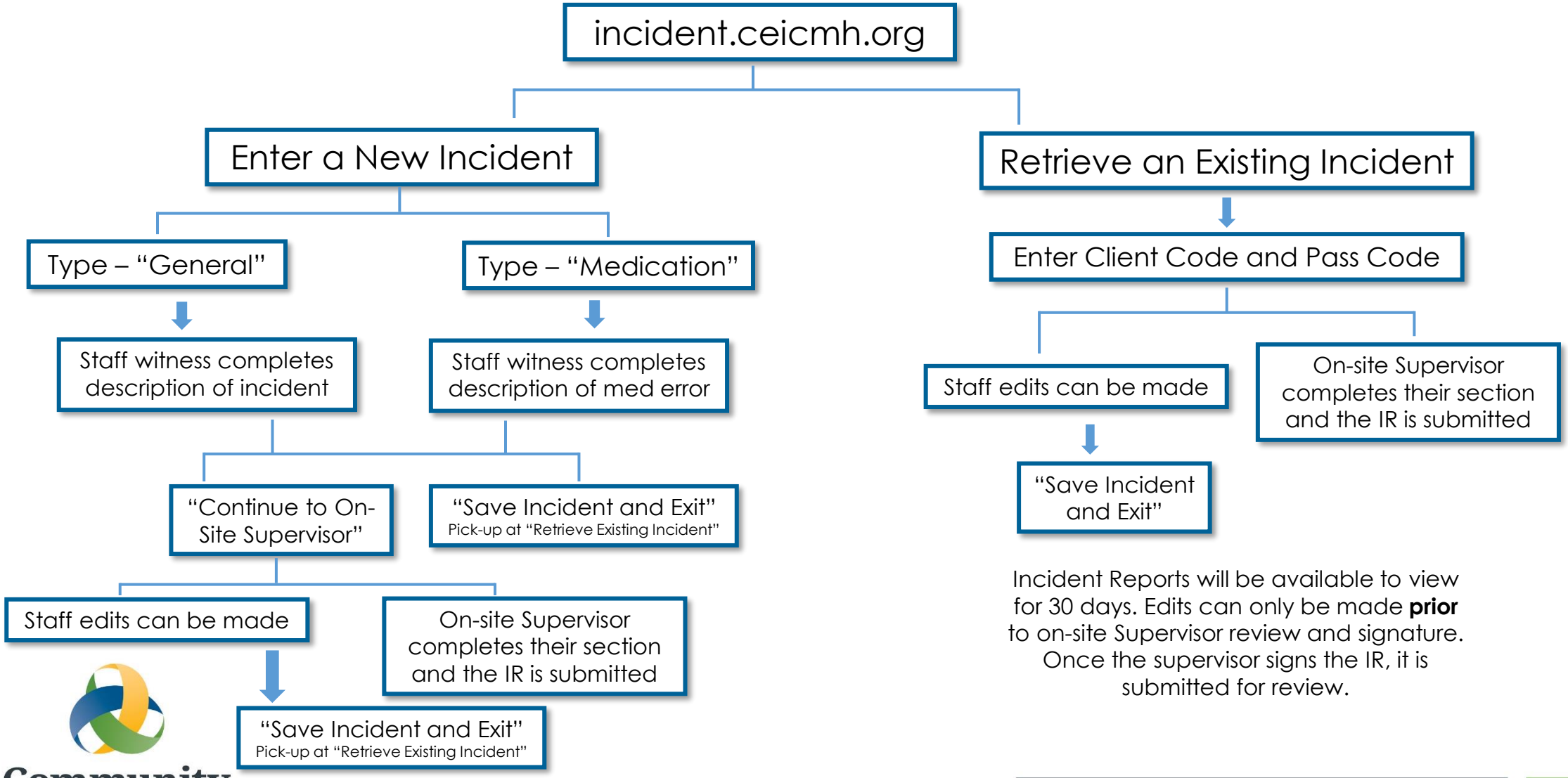
Incident Reporting At-a-Glance



Incident Reports will be available to view for 30 days. Edits can only be made **prior** to on-site Supervisor review and signature. Once the supervisor signs the IR, it is submitted for review.

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Important Notes

If you lose your Pass Code, or if the one provided does not work, please contact:

CSDD Residential – Brenda Howser 346-9504

AMHS Residential – Maryanne Sifers 346-8322

Quality Advisor – Brianne Haner 887-5286

Quality Advisor – Mussa Maingu 887-5219

Quality Advisor – Jessica Mead 237-7059

For general incident reporting questions, including editing an existing incident, please contact:

QI@ceicmh.org

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