



Community

MENTAL HEALTH

CLINTON • EATON • INGHAM

INCIDENT REPORTING

Using the CMHA-CEI Web Portal System

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

The screenshot shows the website header with the logo for Community Mental Health (Clinton, Eaton, Ingham). A red button for 'Mental Health Crisis' is in the top right, along with a language selector and a search bar. A green navigation bar contains 'COMMUNITY RESOURCES'. A dropdown menu is open, with 'Provider Resources' highlighted by a yellow arrow. A text box on the left states: 'CMHA-CEI's mission is to actively about this vision through Mental Community Development, Advoc Plan Administration.'

Contact Us for Services

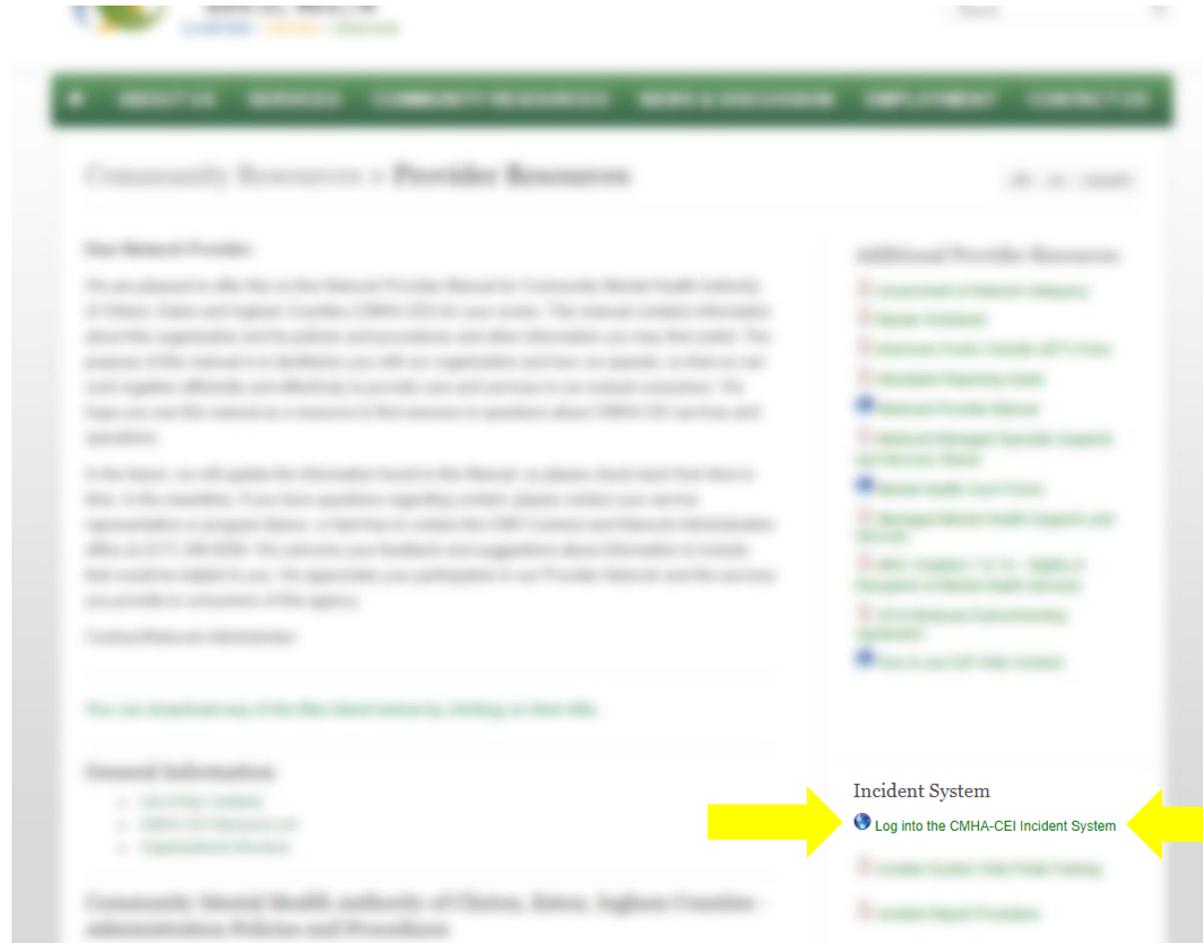
	Adults	Children	Substance Abuse
Schedule an appointment	(517) 346-8318	(517) 346-8318	(517) 346-8318
Crisis Services	(517) 346-8460	(517) 346-8460	(517) 346-8460

CMHA-CEI Events Calendar

- Nov-20-19 Recipient Rights Orientation
- Nov-21-19 Board of Directors Meeting
- Nov-25-19 Access Ad Hoc Committee Meeting
- Dec-03-19 Recipient Rights Orientation
- Dec-04-19 Human Resources Committee Meeting
- Dec-05-19 Consumer Advisory Council Meeting

¿Se Habla Español? Haz Clic Aquí

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

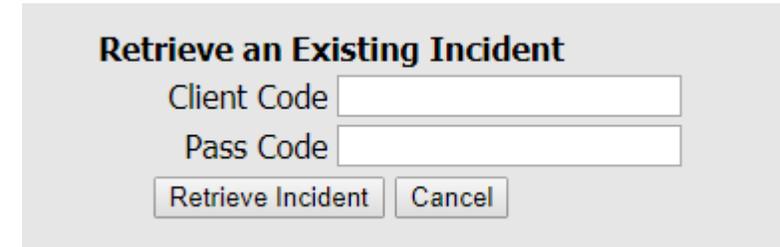


Retrieving an In-Progress IR

Click on “Retrieve Existing Incident.”



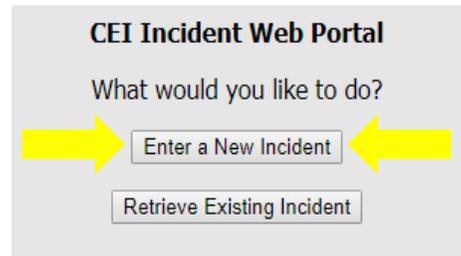
Input Client Code and Pass Code



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

Starting a New IR

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



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.

Basic Incident Information

Consumer	Reporting Cost Center
Client Code <input type="text"/>	Code <input type="text"/>
First Name <input type="text"/>	Name <input type="text"/>
Last Name <input type="text"/>	

Incident

Type

Location

Date (mm/dd/yyyy) Time (eg. 22:25 or 10:25pm)

- 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.

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).



To be Completed by Reporting Staff

Indicate Medications Involved

Medication(s) in event/error	Med classification <i>e.g., psycho-tropic, pain, etc.</i>	Prescribed # of doses each day	# doses affected
Add more rows			

Up to 20 rows are available by clicking “Add more rows.”

Med Error

Wrong Person/Medication Administered
 Wrong route of Administration
 Wrong dosage Administration
 Wrong Time/Day
 MAR* transcription error
 MAR* staff signing error

If any errors were checked above, complete the following:
 If pharmacy error, which one
 Who was contacted
 Were Instructions followed
 Outcome

If instructions were not followed, explain

Missed Meds

Missed Medication
 If Med not available, reason
 If Med not available, who was contacted
 If Med refused, reason
 If pharmacy error, which one
 Was there a MAR* transcription error
 Was there a MAR* staff signing error
 Who was contacted
 Were instructions followed
 Outcome

If instructions were not followed, explain

* MAR = Medication Administration Record

Adverse Medication Reaction
 What was the outcome

Reporting Staff Signature
(By entering your name you are attesting that information on this form is correct to the best of your knowledge)

Was Hospitalization scheduled?
(Note: *Scheduled* hospitalizations should not be entered into the Incident System.)

[Continue to On-Site Supervisor Section](#)

[Save Incident and Exit](#)

[Exit without Saving](#)

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

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.

The screenshot shows a form titled "To be Completed by Reporting Staff". It contains the following elements:

- A label "Description of this Incident" next to a large, empty text area.
- A label "Reporting Staff Signature" next to a smaller text input field.
- A note below the signature field: "(By entering your name you are attesting that information on this form is correct to the best of your knowledge)".
- A button labeled "Create a New Description by Different Staff" located below the signature field.
- Three buttons at the bottom of the form: "Continue to On-Site Supervisor Section", "Save Incident and Exit", and "Exit without Saving".

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).

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.

Incident Acknowledgment

Thank you for submitting this incident. This information will be available for up to 30 days from 11/20/2019 for On-Site Supervising Staff Review.

Important Information

Client Code: 000000

Pass Code: 32bdjy

Save this information
It is needed to view this incident again

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).**



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.**

To be Completed by On-Site Supervising Staff
Check all that apply

<input type="checkbox"/> Death	Behavioral Events <input type="checkbox"/> Serious Aggressive Event Intervention Required <input type="checkbox"/> NETO <input type="checkbox"/> Search/Seizure <input type="checkbox"/> Physical Intervention Outcome <input type="text"/> Behavior Tx Plan <input type="text"/> <input type="checkbox"/> Event resulted in EMT or Hosp. for other	
<input type="checkbox"/> Arrest		
<input type="checkbox"/> Missing Recipient		
<input type="checkbox"/> Choking Outcome <input type="text"/> Physical Mgmt <input type="text"/>		
<input type="checkbox"/> Exposure to blood/bodily Fluids Outcome <input type="text"/> Physical Mgmt <input type="text"/>		
<input type="checkbox"/> Emergency Care Cause <input type="text"/> Outcome <input type="text"/> Physical Mgmt <input type="text"/>		
<input type="checkbox"/> Other <input type="text"/>		
Was Hospitalization scheduled? <input type="text"/>		
<small>(Note: <i>Scheduled</i> hospitalizations should not be entered into the Incident System.)</small>		
Notifications Was Guardian Notified <input type="text"/>		
Others who should be informed of this event		

Case <input type="text"/>	On-Site responsible staff comments <input type="text"/>
Manager <input type="text"/>	On-Site responsible staff Signature <input type="text"/>
Nurse <input type="text"/>	Signature Date <input type="text"/>
Doctor <input type="text"/>	<small>(By entering your name you are attesting that information on this form is correct to the best of your knowledge)</small>
Other <input type="text"/>	

The top portion will not be available for medication Incident Reports.



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.

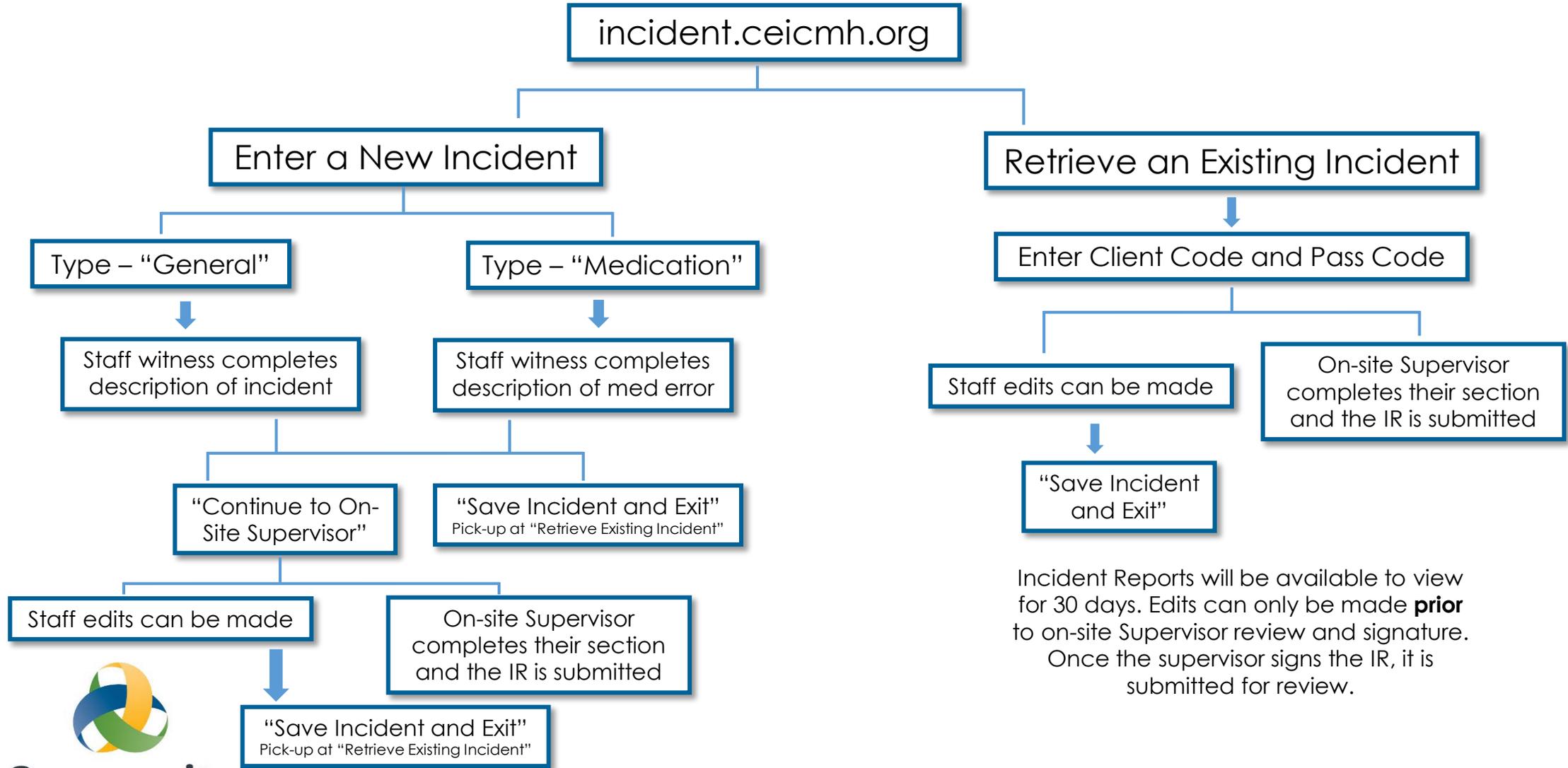
The on-site Supervisor then clicks on the “Save Incident and Exit” button – this saves all information that has been added/updated by the on-site Supervisor... and the electronic IR has officially been entered!

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.



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.

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 Roth 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