Board Ad Hoc Agenda PDF

Board Ad Hoc Meeting Agenda

Agenda

1. **Call Meeting to Order**

2. **Approval of Agenda**

3. **Approval of Minutes from Last Meeting**

4. **Policies for Review**

[Pending official publication]
4.1. **(Page 3)** Event Reporting, Monitoring, and Notification

[Pending official publication]
4.2. **(Page 7)** Event Reporting, Monitoring, and Notification Procedure

[Pending official publication]
4.3. **(Page 12)** Guardianship Notification

[Pending official publication]
4.4. **(Page 15)** Psychiatric Services Documentation

[Pending official publication]
4.5. **(Page 18)** Quality Improvement Program

[Pending official publication]
4.6. **(Page 23)** Reporting Unusual Incidents

[Pending official publication]
4.7. **(Page 27)** Reporting Unusual Incidents Procedure

[Pending official publication]
4.8. **(Page 32)** Subpoena Order for Service Recipient Information

[Pending official publication]
4.9. **(Page 35)** Subpoena or Search Warrant

[Pending official publication]
4.10. **(Page 39)** Vehicle Emergency

Meeting information

February 17, 2020
03:00 PM - 04:00 PM
B
Bylaws: [None selected]

Meeting Attendance

Chairperson:
Cescolini, Jennifer

Secretary:
Stankevich, Kelly

Members:
Negro, Mari

Johnson, Vivien

Guests:

Document Title: Event Reporting, Monitoring, and Notification

Owner: Jennifer Cescolini, CHIEF EXECUTIVE OFFICER

Department: Quality/Performance Improvement

Type: Policy

Revision Number: 1

Document ID: 10332

Pending: Official Publication

Revision Note:

add to luci in html

Policy : Event Reporting, Monitoring, and Notification

POLICY/SUMMARY INTENT

It is the policy of Northpointe to report, review, investigate, and act upon all incidents and report all critical events, sentinel events, risk events, and immediately reportable events as indicated by NorthCare and Michigan Department of Health and Human Services (MDHHS).

DEFINITIONS

A. **Critical incident** - An incident that meets the state reporting definitions defined by the MDHHS/PIHP contract. Incidents include suicide, non-suicide death, emergency medical treatment due to injury or medication error, hospitalization due to injury or medication error, arrest of an individual, and injury as a result of physical management.
    1. Populations that qualify include the following:
        a. Individuals who are living in a specialized residential facility (per Administrative Rule R330.1801-09)
        b. Individuals who are living in a Child-Caring Institution
        c. Individuals who are receiving Habilitation Supports Waiver (HSW) services, Serious Emotional Disturbance Waiver (SEDW) services, or Children's Waiver Program (CWP) services
        d. For non-suicide related deaths - for individuals who were actively receiving services and were living in a specialized residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring Institution or were receiving community living supports, supports coordination, targeted case management, Assertive Community Treatment (ACT), Homebased, Wraparound, HSW, SEDW, or CWP services.
        e. Suicide for any individual actively receiving services at the time of death, and any who have received emergency services within thirty (30) days prior to death. Once it has been determined whether or not a death was suicide, the suicide must be reported within thirty (30) days after the end of the month in which the death was determined. If ninety (90) calendar days have elapsed without a determination of cause of death Northpointe must submit a "best judgment" determination of whether the death was a suicide. In this event the submission must be done within thirty (30) days after the end of the month in which this "best judgment" determination occurred.

B. **Emergency medical treatment due to injury or medication error**- A situation where an injury to an individual or medication error results in face-to-face emergency medical treatment being provided by medical staff or at an emergency room due to an injury that is self-inflicted (i.e., due to harm to self, such as pica, head banging, biting and including suicide attempts).

C. **Hospitalization due to injury or medication error**- Admission to a general medical facility due to Injury or medication error - Hospitalizations due to the natural course of an illness or underlying condition do not fall within this definition.

D. **Immediate notification** - An "unexpected occurrence" involving a person receiving services involving unexpected death, homicide, or action by the person receiving services that requires immediate notification of the state to allow the state to address any required immediate follow-up actions including statements to the media, or removal of others from a group setting.

others from a group setting

E. **Major permanent loss of function** - Sensory, motor, physiologic or intellectual impairment not present upon initiation of community mental health or substance use services and occurring as a result of an incident/accident which requires continued treatment of lifestyle change
F. **Medication errors**- errors may include the wrong medication, wrong dosage, double dosage, and/or missed dosage that resulted in death or serious injury or the risk thereof
G. **Physical management** - a technique used by staff as an emergency intervention to restrict the movement of an individual by continued direct physical contact in spite of the individual's resistance in order to prevent him or her from physically harming him/herself or others - shall only be used on an emergency basis when the situation places the individual or others at imminent risk of serious physical harm. To ensure the safety of each individual and staff each agency shall designate emergency physical management techniques to be utilized during emergency situations. The term "Physical Management" does not include briefly holding an individual in order to comfort them or to demonstrate affection, or holding his/her hand.
H. **Risk events**- events that put individuals (in the same population categories as critical events) at risk of harm and include actions taken by individuals who receive services that cause harm to themselves, actions taken by individuals who receive services that cause harm to others, and two or more unscheduled admissions to a medical hospital (not due to planned surgery or the natural course of a chronic illness) within a twelve (12) month period
I. **Root-Cause Analysis (RCA)**- a method of review aimed at identifying the root causes of problems or events
J. **Sentinel event** - an "unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof" - Serious injury specifically includes loss of limb or function
K. **Serious challenging behaviors** - those not already addressed in a treatment plan and include significant (in excess of $100) property damage, attempts at self-inflicted harm or harm to others, or unauthorized leaves of absence - Serious physical harm is defined by the administrative rules for mental health (330.7001) as "physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient."
L. **Unexpected death** - those that resulted from suicide, homicide, an undiagnosed health condition, were accidental or were suspicious for possible abuse or neglect
M. **Unusual incident** - an undesirable and usually unanticipated event- If an incident occurs that has already been addressed in a Behavioral Plan or other treatment plan it is not considered unusual and an incident report is not needed

AFFECTED DEPARTMENTS/SERVICES

All Northpointe employees, contract employees, subcontractors, interns, students, and volunteers

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POLICY COMPLIANCE - KEY ELEMENTS

NorthCare's Incident, Event, and Death Reporting, Monitoring, and Oversight Polic

A. Northpointe shall follow y .
B. Physical illness resulting in admission to a hospital does not include planned surgeries whether inpatient or outpatient. It also does not include admissions directly related to the natural course of the person's chronic illness or underlying condition. For example, hospitalization of an individual who has a known terminal illness in order to treat the conditions associated with the terminal illness is not a critical incident.
C. Unusual incidents are reviewed to determine whether they meet the criteria for a reportable event (Critical, Risk, and Sentinel).
    1. Unusual incidents include, but are not limited to the following:
        a. death of recipient
        b. illness requiring emergency medical treatment or admission to hospital
        c. injury from accident requiring emergency room visit or admission to hospital
        d. alleged case of abuse or neglect

d. alleged case of abuse or neglect
e. serious challenging behavior episode (911 was called due to behavior)
f. behavior of an individual that threatens others, is self-injurious, expressed hostility, or substance use
g. Any physical restraint used due to recipient's behaviors
h. arrest and/or conviction
i. all medication errors including missed medications, wrong dose, wrong time, etc and those resulting in death, serious injury, or the risk thereof will be reviewed for a Critical Incident
j. harm to self or others
k. recipient accidental injuries (scrapes, bruises, marks not needing formal medical treatment)
l. falls

D. All incidents are reviewed by Northpointe's Quality Improvement (QI) Coordinator to determine if the event meets the criteria and definitions of a sentinel event, critical event, risk event, or an immediately reportable event. Events may meet criteria for more than one category. Within three (3) days of a critical incident a determination will be made if the incident meets the sentinel event standard. If it does meet the sentinel event standard the organization has two (2) days to start the RCA.

E. A root cause analysis (RCA) may be determined to be needed for any type of event by the QI Coordinator or recommended by a supervisor
1. The practice of RCA is predicated on the belief that problems are best solved by attempting to address, correct, or eliminate root causes as opposed to merely addressing the immediately obvious symptoms.
2. By directing corrective measures at root causes it is more probable that re-occurrence will be prevented or at least reduced.
3. If a RCA is initiated and it is evident that an action plan and follow up is not necessary due to the clear nature of the sentinel event the rationale shall be documented on the RCA.
4. The product of the RCA is an action plan that identifies the strategies, individual(s)/department(s) responsible for the action, and target dates for completion that the organization intends to implement to reduce the risk of similar events occurring in the future.
5. Follow up documentation shall include when action has been taken to correct the causes identified in the RCA and that the action plan has been implemented.

Document Owner:	Cescolini, Jennifer
Collaborators:	Cescolini, Jennifer Stankevich, Kelly
Approvals	
- Committees:	(Not yet approved) Board Ad Hoc, (Not yet approved) Quality Team, (Not yet approved) Leadership Team, (Pending ratification) Board of Directors,
- Signers:	
Original Effective Date:	12/01/1998
Revision Date:	[09/26/2019 Rev. 0]
Review Date:	
Attachments: (REFERENCED BY THIS DOCUMENT)	Event Reporting, Monitoring, and Notification Procedure NorthCare Incident, Event, and Death Reporting, Monitoring, and Oversight
Other Documents: (WHICH REFERENCE THIS DOCUMENT)	

Document Title: Event Reporting, Monitoring, and Notification Procedure

Owner: Jennifer Cescolini, CHIEF EXECUTIVE OFFICER

Department: Quality/Performance Improvement

Type: Standard Operating Procedure

Revision Number: 0

Document ID: 10434

Pending: Official Publication

Revision Note:

No revision note

Standard Operating Procedure : Event Reporting, Monitoring, and Notification Procedure

STANDARD OPERATING PROCEDURE/SUMMARY INTENT

The purpose of this standard operating procedure is to provide guidance on reporting and monitoring of unusual incidents.

DEFINITIONS

A. **24 hour specialized settings**- home certified by Michigan Department of Consumer and Industry Services to serve persons with mental illness or intellectual/developmental disabilities
B. **Critical incident** - An incident that meets the state reporting definitions defined by the MDHHS/PIHP contract. Incidents include suicide, non-suicide death, emergency medical treatment due to injury or medication error, hospitalization due to injury or medication error, arrest of an individual, and injury as a result of physical management.
    1. Populations that qualify include the following:
        a. Individuals who are living in a specialized residential facility (per Administrative Rule R330.1801-09)
        b. Individuals who are living in a Child-Caring Institution
        c. Individuals who are receiving Habilitation Supports Waiver (HSW) services, Serious Emotional Disturbance Waiver (SEDW) services, or Children's Waiver Program (CWP) services
        d. For non-suicide related deaths - for individuals who were actively receiving services and were living in a specialized residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring Institution or were receiving community living supports, supports coordination, targeted case management, Assertive Community Treatment (ACT), Homebased, Wraparound, HSW, SEDW, or CWP services.
        e. Suicide for any individual actively receiving services at the time of death, and any who have received emergency services within thirty (30) days prior to death. Once it has been determined whether or not a death was suicide, the suicide must be reported within thirty (30) days after the end of the month in which the death was determined. If ninety (90) calendar days have elapsed without a determination of cause of death Northpointe must submit a "best judgment" determination of whether the death was a suicide. In this event the submission must be done within thirty (30) days after the end of the month in which this "best judgment" determination occurred.
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D. **Hospitalization due to injury or medication error**- Admission to a general medical facility due to Injury or medication error - Hospitalizations due to the natural course of an illness or underlying condition do not fall within this definition.
E. Immediate notification - An "unexpected occurrence" involving a person receiving services involving unexpected

death, homicide, or action by the person receiving services that requires immediate notification of the state to allow the state to address any required immediate follow-up actions including statements to the media, or removal of others from a group setting

F. **Major permanent loss of function** - Sensory, motor, physiologic or intellectual impairment not present upon initiation of community mental health or substance use services and occurring as a result of an incident/accident which requires continued treatment of lifestyle change
G. **Medication errors**- errors may include the wrong medication, wrong dosage, double dosage, and/or missed dosage that resulted in death or serious injury or the risk thereof
H. **Physical management** - a technique used by staff as an emergency intervention to restrict the movement of an individual by continued direct physical contact in spite of the individual's resistance in order to prevent him or her from physically harming him/herself or others - shall only be used on an emergency basis when the situation places the individual or others at imminent risk of serious physical harm. To ensure the safety of each individual and staff each agency shall designate emergency physical management techniques to be utilized during emergency situations. The term "Physical Management" does not include briefly holding an individual in order to comfort them or to demonstrate affection, or holding his/her hand.
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J. **Root-Cause Analysis (RCA)**- a method of review aimed at identifying the root causes of problems or events
K. **Sentinel event** - an "unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof" - Serious injury specifically includes loss of limb or function
L. **Serious challenging behaviors** - those not already addressed in a treatment plan and include significant (in excess of $100) property damage, attempts at self-inflicted harm or harm to others, or unauthorized leaves of absence - Serious physical harm is defined by the administrative rules for mental health (330.7001) as "physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient."
M. **Unexpected death** - those that resulted from suicide, homicide, an undiagnosed health condition, were accidental or were suspicious for possible abuse or neglect
N. **Unusual incident** - an undesirable and usually unanticipated event- If an incident occurs that has already been addressed in a Behavioral Plan or other treatment plan it is not considered unusual and an incident report is not needed

REQUIREMENTS

NorthCare's Incident, Event, and Death Reporting, Monitoring, and Oversight Polic

Northpointe shall follow y

AFFECTED DEPARTMENTS/SERVICES

All Northpointe employees, contract employees, subcontractors, interns, students, and volunteers

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STANDARD OPERATING PROCEDURE COMPLIANCE - KEY STE PS

A. The Quality Improvement (QI) Coordinator shall review all reported unusual incidents.
B. Northpointe shall report events to NorthCare and MDHHS via the ELMER MDHHS reporting process.
C. Sentinel events must be identified within three (3) business days after an adverse incident occurred and Northpointe has two (2) subsequent business days to begin a root cause analysis (RCA) of the event.

1. A thorough RCA must be completed in order to identify systemic factors, probable re-occurrence, and to determine a plan to mitigate risk.
2. A RCA is completed when there is loss or serious risk of loss in bodily function, serious injury, or a preventable death. Arrests are not cause to complete a RCA and are tracked for reporting purposes.
3. The RCA shall be conducted by a review team consisting of the Clinical Director, Medical Director or designated medical staff, QI Coordinator, the appropriate supervisor(s), and staff involved in the incident or who have knowledge of the incident.
    a. Sentinel events are reviewed and acted upon by individuals possessing the appropriate credentials to review the scope of care.
    b. Participation by a physician or nurse shall be required in any instance that involves a serious medical condition or death.
    c. Northpointe's Medical Director is available for consultation purposes and to review sentinel events as deemed necessary.
    d. Following the RCA Northpointe shall implement a plan of action to prevent further occurrence of the sentinel event or provide presentation of a rationale for not pursuing an intervention. A plan of action or intervention must identify who will implement the action, when it will occur, and how implementation will be monitored or evaluated.
    e. Sentinel event reviews and RCAs are a professional/peer review and are quality assurance documents. The reviews are protected from disclosure pursuant to the provisions of MCL 333.20175, MCL 333.21515, MCL 331.531, MCL 331.533, MCL.21513, MCL 330.1143a, and other State and Federal Laws. Unauthorized disclosure or duplication is absolutely prohibited.
    f. RCA reports shall be entered into the electronic medical record (ELMER) Incident Report Module.
    g. NorthCare will have immediate access to review the incident and RCA.
    h. Michigan Department of Health and Human Services (MDHHS) will be notified via the Event Reporting system in ELMER of any critical incident.

D. Critical events shall be reported within sixty (60) days after the end of the month in which the event occurred with the exception of a death by suicide.
    1. Suicide shall be reported within thirty (30) days after the month in which the determination of suicide was made for any individual who were actively receiving services at the time of the death and any individual who had received emergency services within thirty (30) days prior to death. If ninety (90) calendar days have elapsed without a determination of cause of death Northpointe shall submit a “best judgment” determination of whether the death was a suicide and submission shall be due within thirty (30) days after the end of the month in which the “best judgment” determination occurred.

E. Immediately reportable events shall be reported to NorthCare by telephone or in writing within three (3) business days. NorthCare is required to report these events to MDHHS within five (5) business days. Events include the following:
    1. An individual’s death that occurs within twelve (12) months of the individual’s discharge from a state facility
    2. A death that occurs as a result of suspected staff member action or inaction
    3. Relocation of a residential individual’s placement due to licensing issues
    4. An occurrence that requires the relocation of any Northpointe service site, governance, or administrative operation for more than twenty-four (24) hours
    5. The conviction of a Northpointe employee or contract provider staff member for any offense related to the performance of their job duties or responsibilities

F. Risk events shall be reported via the regional Incident Report Module as the event occurs Northpointe shall analyze all event data that may put an individual at risk of harm and use the data to ensure the health and welfare of those served. The RCA function in the electronic record shall be utilized if a RCA is deemed necessary. The RCA shall be used to determine the actions needed to re-mediate the problem or situation and to prevent the occurrence of additional incidents. MDHHS may request documentation of the analysis process when performing site visits. Risk events shall be reported on all individuals receiving targeted case management, supports coordination, Homebased, or ACT services.
    1. Emergency medical treatment or hospitalization due to an injury that is self-inflicted
    2. Harm to another that results in an injury requiring emergency medical treatment or hospitalization of the other

2. Harm to another that results in an injury requiring emergency medical treatment or hospitalization of the other person
3. Police calls (911) made by mental health staff for assistance with an individual during a behavioral crisis situation regardless of whether contacting police is addressed in a behavioral treatment plan
4. Emergency use of physical management with or without injury or medical treatment
5. Two or more unscheduled admissions to a medical hospital unrelated to a planned surgery or the natural course of a chronic illness within a twelve (12) month period

G. All unexpected deaths of individuals who were receiving specialty supports and services at the time of death must be reviewed and reported to NorthCare and MDHHS.

H. Unusual incident trends shall be reported on the Recipient Rights Quarterly Report. The Northpointe QI team will analyze aggregate data for all events and may recommend an action plan or interventions . When necessary findings shall be reported to the Corporate Compliance Officer, the Safety and Risk Management Committee, or to Recipient Rights. Work groups shall be established to address specific issues concerning the health and welfare of individuals served when necessary.

Document Owner:	Cescolini, Jennifer
Collaborators:	Cescolini, Jennifer Stankevich, Kelly
Approvals	
- Committees:	(Not yet approved) Board Ad Hoc, (Not yet approved) Leadership Team, (Pending ratification) Board of Directors,
- Signers:	
Original Effective Date:	
Revision Date:	
Review Date:	
Attachments: (REFERENCED BY THIS DOCUMENT)	Event Reporting and Notification NorthCare Incident, Event, and Death Reporting, Monitoring, and Oversight
Other Documents: (WHICH REFERENCE THIS DOCUMENT)	

Document Title: Guardianship Notification

Owner: Jennifer Cescolini, CHIEF EXECUTIVE OFFICER

Department: Clinical Practices

Type: Policy

Revision Number: 1

Document ID: 10350

Pending: Official Publication

Revision Note:

Convert to Lucidoc

Policy : Guardianship Notification

POLICY/SUMMARY INTENT

It is the policy of Northpointe that all guardians be promptly informed of significant changes in their ward's status to enable them to make informed decisions.

DEFINITIONS

None listed

AFFECTED DEPARTMENTS/SERVICES

All Northpointe service recipients with guardians

POLICY COMPLIANCE - KEY ELEMENTS

A. Contact information for guardians and legal papers granting guardianship shall be reviewed annually at a minimum.
    1. Copies of guardianship papers should be in the Legal section of service recipient case files
B. Guardians shall be contacted immediately with the following occurrences:
    1. Death
    2. Significant changes in the individual's medical condition (i.e. injury requiring medical attention)
    3. Whenever individual is transferred to a hospital
    4. Significant changes in medications prescribed by Northpointe
    5. Life threatening behavior or displays of serious hostility (i.e. serious physical aggression towards self or others)
    6. Instances of Northpointe property destruction
C. For individuals residing in a Northpointe residential facility, the following will also be reported to guardians immediately:
    1. Failure of the individual to improve/recover from an acute illness after three (3) days
    2. Sexual contact between two service recipients
    3. Incidents that involve arrest or conviction of an individual as pursuant to Act No. 322 of PA of 1988
    4. Any unauthorized leave of absence
D. In the event the guardian is not able to be reached, documentation of each contact attempt shall be in the medical record and continued attempts shall occur. The supervisor shall be notified if the guardian is unable to be reached.
E. Reporting of alleged rights violations in residential settings:
    1. In all cases of alleged abuse/neglect the Rights Office will ensure notification of the guardian as soon as possible but within 24 hours.
    2. In the case of all other alleged rights violations the Rights Office will ensure notification of the guardian within 5 days.

Document Owner:	Cescolini, Jennifer
Collaborators:	Cescolini, Jennifer Stankevich, Kelly
Approvals	
- Committees:	(Not yet approved) Board Ad Hoc, (Not yet approved) Leadership Team, (Pending ratification) Board of Directors,
- Signers:	
Original Effective Date:	04/01/2003
Revision Date:	[09/27/2019 Rev. 0]
Review Date:	
Attachments: (REFERENCED BY THIS DOCUMENT)	
Other Documents: (WHICH REFERENCE THIS DOCUMENT)	

Document Title: Psychiatric Services Documentation

Owner: Jennifer Cescolini, CHIEF EXECUTIVE OFFICER

Department: Medical Records

Type: Standard Operating Procedure

Revision Number: 0

Document ID: 10457

Pending: Official Publication

Revision Note:

No revision note

Standard Operating Procedure : Psychiatric Services Documentation

STANDARD OPERATING PROCEDURE/SUMMARY INTENT

This procedure provides the steps for the creation and completion of electronic documentation of Psychiatric services such as Medication Reviews and Psychiatric Evaluations.

DEFINITIONS

None listed

REQUIREMENTS

None listed

AFFECTED DEPARTMENTS/SERVICES

Northpointe's Psychiatric Providers and Transcriptionist

STANDARD OPERATING PROCEDURE COMPLIANCE - KEY STEPS

A. The Psychiatric provider may dictate documentation or enter the documentation into the electronic medical record.
B. Documentation which is entered by the provider:
    1. Access the electronic medical record for the individual
    2. On the "Medical Services" tab choose either the Medical Evaluation Notes or Psychiatric Evaluation link
    3. Create a new document
    4. Type into the template document
    5. Utilize the "Send Copy To" link to indicate any internal or external routing of the documentation
    6. Create the service activity log (SAL) identifying direct (face-to-face) and indirect (not face-to-face) time related to the visit
    7. Sign the documentation
C. Provider dictated documentation entered by the Transcriptionist:
    1. After the provider dictates, the Transcriptionist shall access the electronic medical record for the individual.
    2. On the "Medical Services" tab choose either the Medical Evaluation Notes or Psychiatric Evaluation link
    3. Create a new document
    4. Type into the template document
    5. Utilize the "Send Copy To" link to indicate any internal or external routing of the documentation
    6. Create the service activity log (SAL) identifying direct (face-to-face) and indirect (not face-to-face) time related to the visit

7. Enter the provider's name under the "Signatures" link to automatically route the document to the provider's "Unsigned Documents List" which indicates the document is ready for review and signature
8. The provider may return the document for correction if needed.

D. All outgoing transcriptions are logged according to HIPAA regulations and are either automatically logged online or manually online by Medical Records.
   1. On the "Disclosure Log" link add the "External Copy Request"
   2. Medical Records staff will confirm current Release of Information is in the record before mailing/faxing documents from the Medical Records queue.

E. Medical Record documents have a turnaround time of 48 hours, as a general rule. However, urgent requests will be honored. The Medical Records Manager has the ability to monitor the Dictation Pool and add/decrease the time of transcription accordingly.

Document Owner:	Cescolini, Jennifer
Collaborators:	Cescolini, Jennifer Stankevich, Kelly
Approvals	
- Committees:	(Not yet approved) Board Ad Hoc, (Not yet approved) Medical Services, (Not yet approved) Leadership Team, (Pending ratification) Board of Directors,
- Signers:	
Original Effective Date:	
Revision Date:	
Review Date:	
Attachments: (REFERENCED BY THIS DOCUMENT)	Digital Recording Transcription of Psychiatric Services
Other Documents: (WHICH REFERENCE THIS DOCUMENT)	Digital Recording Transcription of Psychiatric Services

Document Title: Quality Improvement Program

Owner: Jennifer Cescolini, CHIEF EXECUTIVE OFFICER

Department: Quality/Performance Improvement

Type: Policy

Revision Number: 1

Document ID: 10329

Pending: Official Publication

Revision Note:

add to luci in html

Policy : Quality Improvement Program

POLICY/SUMMARY INTENT

The Quality Improvement (QI) Program provides a structured system-wide method of identifying areas of improvement, monitoring and evaluating efforts as they relate to the quality of care provided to all individuals of Northpointe. High volume and/or high-risk service areas will receive needed priority within the system to ensure Northpointe consistently and continuously designs processes well and systematically monitors, analyzes, and improves performance to improve individual outcomes and deliver value to our individuals.

DEFINITIONS

1. **Value-** Quality divided by cost
2. **Service recipient**- Person receiving services from Northpointe or from a contracted provider
3. **Stakeholders** - Northpointe employees, Board of Directors, Michigan Department of Health and Human Services (MDHHS), service recipients, former service recipients, guardians, community partners, County Boards of Commissioners, local agencies, schools, law enforcement, public at large, etc.
4. **Organizational performance indicator** - Performance indicators selected to monitor overall organizational performance
5. **Outcomes indicator** - Performance indicators selected to monitor departmental performance and may be developed based on requirements and/or input from appropriate stakeholders

AFFECTED DEPARTMENTS/SERVICES

Northpointe services and stakeholders

POLICY COMPLIANCE - KEY ELEMENTS

A. Northpointe maintains a multi-disciplinary Quality Improvement (QI) Team for the purpose of evaluating all aspects of the quality improvement program.
    1. The QI Team meets regularly based upon identified needs - typically on a monthly basis.
    2. The QI Team routinely reviews the following:
        a. Performance improvement projects
        b. Outcome indicators
        c. New directives from MDHHS and other governing bodies
        d. Policies and procedure
        e. Electronic medical record updates
        f. Safety updates
        g. Record reviews

h. Recipient Rights Reports (which will include reports on the Behavior Treatment Committee (BTC) and physical restraint)
i. Plans of Correction
j. Suggestions for improvement
k. Service recipient suggestion or complaints
l. Critical incidents
m. Quality Data Reports

3. Agenda items may be added as determined pertinent.
4. Minutes shall be taken and maintained with distribution to the QI Team for review.

B. The goal of Northpointe's quality management program is to ensure that the organization has the requisite structures and processes in place to ensure quality services to individuals.

C. Compenents of the program are detailed in the Quality Assessment and Perfromance Improvement Plan (QAPIP). The QAPIP will be reviewed and updated annualy and as necessary with final Board of Director's approval. Components include the following:
1. Organizational performance improvement goals, objectives, and indicators for measurement
2. QI structure
3. Roles and responsibilities of the QI Team

D. The following methods are used to initiate QI projects:
1. Quarterly Outcomes & Performance Indicators Reports
a. Measures are collected at prescribed intervals and recorded on the Outcomes & Performance Indicators Reports.
b. Reports are reviewed quarterly with the QI Team, Stakeholder Advisory Committee, and Northpointe Board of Directors. Reports are available for review by all employees and located on Northpointe's website for the public.
c. Results are used to guide program improvement, management decision making, public education, and program advocacy. The results are incorporated into the annual Quality Assurance Performance Improvement Plan (QAPIP) and the Written Plan for Professional Services.
2. Suggestions for improvement
a. Employees may make a suggestion for improvement by utilizing the Suggestion Form and providing it to the Quality Improvement Coordinator.
b. Suggestions will be provided to the supervisor for consideration and his/her response returned to the QI Coordinator to share with the QI Team for consideration.
c. Suggestoins should be related to improvements in work environment, services for individuals, efficiency (cost, time savings, etc.), safety of employees and/or service recipients, improving communication, and/or improving information systems.
3. Quality record review process
a. Northpointe provides ongoing quality assurance reviews of clinical records, processes, and significant events as they relate to clinical documentation and record keeping.
b. Chart reviews are performed monthly on clinical records of service recipients with education provided to the employee regarding areas of improvement.
c. The QI Coordinator shall maintain cumulative reports and any trends shall be discussed in QI Team meetings. Corrective processes are implemented to correct any ongoing identified problems that persist for two (2) or more quarters.
4. Any team/department that has identified an opportunity for improvement specific to his/her area(s) of responsibility or has identified a need for an intensive review of an organizational process shall discuss the need with his/her supervisor and provide the Suggestion Form or QI Project Request Form to the QI Coordinator.

E. Methods of problem solving create a common language that provides a degree of precision and clarity needed to identify, analyze, and resolve important issues. All reported data shall be analyzed to identify trends or patterns that will initiate the implementation of improvement strategies and to conduct ongoing monitoring of improvement initiatives to ensure progress towards improvement and that improvement is sustained over time.
1. An opportunity for improvement may exis, if the data reveals the following:

1. An opportunity for improvement may exis, if the data reveals the following:
    a. An undesirable pattern or trend two (2) consecutive quarters of not meeting an established threshold or goal
    b. Undesirable variation(s) from that of recognized industry standards
    c. Performance that is good but could be improved
2. A close examination of the process or outcome of care is central to the improvement process and will yield a greater understanding of the variables that potentially affect or influence an indicator or event. Therefore, whenever warranted a close examination of the indicator or event is suggested. This analysis shall provide detailed information about the process or outcome that is being studied and should reveal the causes of performance. A root cause analysis (RCA) is an example of an intensive process of searching out and identifying the causes of performance. The next step is to identify the specific underlying factors that may have led to the indicator in question. Some, but not all of these factors may be controllable. Contributing factors may include:
    a. Individual factors including psychological, economic, social, and physiological variables
    b. Organizational factors such as adequate staffing and staff training
    c. Provider factors which influence the type of assessments and treatments a person may receive and effectiveness
    d. Environmental factors such as adequacy of space for the number of individuals living in that space
3. Narrowing the list of potential contributing factors and respective interventions to focus on the most relevant factors capable of being influenced or changed is essential to the development of a plan for improvement. Important elements of the plan include determining who will be involved and what will be required to implement.
4. Observation of the effects of the intervention shall continue to collect data which will allow for comparison of indicator data before and after the intervention. The results of the intervention shall be communicated through routine reports at least quarterly.
5. Conintue monitoring of the project is a critical aspect of performance improvement to ensures that the improved performance is maintained over time.

F. The following criteria are helpful in setting priorities with the highest priority on projects that directly affect service recipient care:
    1. Expected impact on individual outcomes
    2. Expected impact on organizational outcomes
    3. Expected impact on performance
    4. Selection of high-risk, high-volume, or problem-prone processes to monitor
    5. The relationship of the potential improvement to the dimensions of performance and functions of accredited bodies, MDHHS, and other regulations
    6. The organization’s resources

G. Confidentiality is a cornerstone in any QI program. Individuals engaged in quality improvement activities must maintain the confidentiality of the information. Reference to individual providers or members shall be impersonal in that those individuals are referred to by numbers or initials only except when a specific reference is essential to meeting the goals of the QAPIP. All written records, reports, or any work product or communication related to QI activities are considered privileged and confidential information. Any release of information is subject to legal approval - Pursuant to Michigan Statutes, Act No. 168 of 1972. Northpointe's procedures, committee minutes, and service recipient clinical records are open to review by state and federal regulatory agencies when applicable. Information sharing is strictly limited to the specific purposes of the reviewing party. Confidentiality of Northpointe's documents is governed by Northpointe's confidentiality policies in accordance with applicable promulgated HIPAA standards and within legal time frames for compliance.

Document Owner:	Cescolini, Jennifer
Collaborators:	Stankevich, Kelly Cescolini, Jennifer
Approvals	

- Committees:	(Not yet approved) Board Ad Hoc, (Not yet approved) Leadership Team, (Pending ratification) Board of Directors,
- Signers:	
Original Effective Date:	04/01/2000
Revision Date:	[09/26/2019 Rev. 0]
Review Date:	
Attachments: (REFERENCED BY THIS DOCUMENT)	Quality Improvement Program SOP
Other Documents: (WHICH REFERENCE THIS DOCUMENT)	

Document Title: Reporting Unusual Incidents

Owner: Jennifer Cescolini, CHIEF EXECUTIVE OFFICER

Department: Quality/Performance Improvement

Type: Policy

Revision Number: 1

Document ID: 10335

Pending: Official Publication

Revision Note:

add to luci in html

Policy : Reporting Unusual Incidents

POLICY/SUMMARY INTENT

It is the policy of Northpointe that all unusual incidents that occur involving service recipients shall be documented by employees in the Incident Report Module in the electronic medical record or on the Unusual Incident Report Form if the electronic record is not available.

DEFINITIONS

1. **Unusual incident** - An out of the ordinary occurrence that disrupts or adversely affects the course of treatment or care of a service recipient or an occurrence that has the potential or does place an employee, service recipient, or visitor at risk - An unusual incident is NOT already addressed in an individual's Individual Plan of Service (IPOS) or Behavioral Treatment Plan.
2. **Medication incident -** Any preventable event that may harm an individual or lead to inappropriate use of medication - Such events may be related to professional practice, medication, procedures, prescribing, and order communication.
3. **Adverse reaction** –A result of drug therapy that is neither intended nor expected in normal therapeutic use and that causes significant, sometimes life-threatening conditions.
4. **Root Cause Analysis (RCA)** - a process by which events are reviewed in order to identify systemic casual factors, probable re-occurrence, and to determine a plan to mitigate risk.

AFFECTED DEPARTMENTS/SERVICES

All Northpointe employees, contract employees, interns, students, and volunteers

POLICY COMPLIANCE - KEY ELEMENTS

A. All unusual incidents shall be reported and reviewed by the department supervisor and any other applicable department for investigation.
B. The review process and documentation including the Unusual Incident Report forms shall be kept confidential pursuant to Michigan law and will not be used or disclosed for any purpose other than performance of the peer review function as described in this policy.
C. The following are some examples of incidents but is not an all inclusive list:
    1. Death of a service recipient
    2. Suspected abuse (physical, verbal, emotional or sexual) or neglect of an individual
    3. Instances of destruction of property
    4. Any accident or injury of an individual requiring an emergency room visit or admission to a hospital
    5. Serious illness requiring a visit to the emergency room and/or hospitalization

6. Significant injuries of unknown origin such as bruises, cuts, or scrapes that did not occur in the employees' presence
7. Arrest and/or conviction for criminal offense
8. Attempts or threats of self-inflicted harm or harm to others if the behavior is not already addressed in the IPOS or Behavioral Treatment Plan
9. Behavioral episode not previously addressed in the IPOS or Behavioral Treatment Plan
10. Unusual medically related occurrences such as seizures, allergic reactions, or adverse reactions to a medication
11. Medication error resulting in death, serious injury or risk thereof
12. Medication errors, refusal to take medication, or omission in dose(s)
13. Service recipient in a residential setting is absent without notice
14. When the removal of or attempted removal of a foster child occurs by any person who is not authorized by Northpointe
15. When a foster child is involved with law enforcement authorities
16. Disruption in treatment or residential facility
17. Use of physical intervention
18. Inappropriate sexual activity of an individual
19. Involvement of other agencies such a police, jail, hospital, fire, or Protective Services
20. An individual's medical equipment becomes broken or unavailable

D. Employee or visitor incidents should be documented on the applicable forms and routed to the employee's supervisor or department supervisor. Reporting of a non- service recipient related incidents include but are not limited to the following:
    1. Unusual behavior of an employee that may be indicative of a risk in the workplace
    2. Unsafe work practices that may cause undue risk
    3. Unsafe equipment that may place service recipient or employee at risk
    4. Threat of violence by an employee
    5. Potential building, vehicle, or equipment security problems
    6. Missing, stolen or lost Northpointe or employee property
    7. The damage or destruction of Northpoine property
E. Incidents occurring in a residential facility shall be documented in the electronic medical record system. The Home Manager, or designee, shall make a reasonable attempt to contact the service recipient's designated representative as soon as possible and notify licensing within forty (48) hours of any of the following:
    1. The death of an individual
    2. Any accident or illness that requires hospitalization
    3. Incidents that involve displays of serious hostility, hospitalization, attempts at self-inflicted harm or harm to others, and instances of destruction to property
    4. Incidents that involve the arrest or conviction of a service recipient in a residential setting as required pursuant to the provisions of Act No. 322 of the Public Acts of 1988
    5. A service recipient is absent without notice.

Document Owner:	Cescolini, Jennifer
Collaborators:	Stankevich, Kelly Cescolini, Jennifer
Approvals	
- Committees:	(Not yet approved) Board Ad Hoc, (Not yet approved) Leadership Team, (Pending ratification) Board of Directors,
- Signers:	
Original Effective Date:	02/10/1998
Revision Date:	[09/26/2019 Rev. 0]

Review Date:	
Attachments: (REFERENCED BY THIS DOCUMENT)	Reporting Unusual Incidents Procedure
Other Documents: (WHICH REFERENCE THIS DOCUMENT)	

Document Title: Reporting Unusual Incidents Procedure

Owner: Jennifer Cescolini, CHIEF EXECUTIVE OFFICER

Department: Quality/Performance Improvement

Type: Standard Operating Procedure

Revision Number: 0

Document ID: 10437

Pending: Official Publication

Revision Note:

No revision note

Standard Operating Procedure : Reporting Unusual Incidents Procedure

STANDARD OPERATING PROCEDURE/SUMMARY INTENT

This standard operating procedure provides guidance for reporting of unusual incidents.

DEFINITIONS

1. **Unusual incident** - An out of the ordinary occurrence that disrupts or adversely affects the course of treatment or care of a service recipient or an occurrence that has the potential or does place an employee, service recipient, or visitor at risk - An unusual incident is NOT already addressed in an individual's Individual Plan of Service (IPOS) or Behavioral Treatment Plan.
2. **Medication incident -** Any preventable event that may harm an individual or lead to inappropriate use of medication - Such events may be related to professional practice, medication, procedures, prescribing, and order communication.
3. **Adverse reaction** –A result of drug therapy that is neither intended nor expected in normal therapeutic use and that causes significant, sometimes life-threatening conditions.
4. **Root Cause Analysis (RCA)** - a process by which events are reviewed in order to identify systemic casual factors, probable re-occurrence, and to determine a plan to mitigate risk.

REQUIREMENTS

None listed

AFFECTED DEPARTMENTS/SERVICES

All Northpointe employees, contract employees, interns, students, and volunteers

STANDARD OPERATING PROCEDURE COMPLIANCE - KEY STEPS

A. All unusual incidents involving a service recipient shall be documented by employees in the Incident Report (IR) module in the electronic medical record. If the electronic system is not available the paper version of the Unusual Incident Reporting (UIR) Form or Medication Incident Report with the Medication Error Self-Assessment Form shall be completed immediately following an incident or no later than the end of the workday.
B. A summary of the incident must be added to the individual's electronic medical record via the appropriate Progress Note such as the Paraprofessional Progress Note or Clinical Progress Note.
C. All medication errors shall be reported to a Northpointe nurse who will determine appropriate actions which includes notifying the primary care physician

notifying the primary care physician.

D. All cases of suspected abuse or neglect shall be handled in accordance with Northpointe's Recipient Rights Policy and Procedures.
E. Upon completion of the incident report in the electronic record the report will automatically be routed to the employee's supervisor.
    1. If the paper incident report is utilized due to the system not being available a copy shall be sent via fax or email to the following:
        a. The employee's supervisor
        b. The residential nurse or the Nursing Team Lead for all medical or medication related incidents
        c. The Recipient Rights Officer
        d. The primary assigned Care Manager
        e. Northpointe Quality Improvement Coordinator
F. The supervisor shall review the incident report and complete following:
    1. Add the preventive measures and any corrective actions to prevent further occurrence
    2. Enter the "Date reviewed"
    3. Notify all appropriate agencies and/or persons followed by completing the boxes for all persons notified of the incident- this may include licensing, guardians, parents, etc.
    4. If it is a medication incident the supervisor will make sure that the Medication Error Self-Assessment Form is completed by the employee making the error and the assessment is sent to the Residential Nurse or Nursing Team Lead.
    5. Save the incident report which will automatically send the report to the Recipient Right's Officer, the QI Coordinator, and any reviewers added
G. The primary Case Manager shall complete the following:
    1. Review the report and add his/her comment
    2. Enter the "Date Reviewed"
    3. Electronically forward the incident report to the Behavioral Psychologist if the incident relates to re-occurring behaviors that are not addressed in a Behavioral Treatment Plan by using the "Add More Reviewers" button
    4. Summarize the incident in a progress note in the service recipients chart
    5. Sign and save
H. The nurse reviewing the incident report shall complete the following:
    1. Review all medically related incidents including medication incidents
    2. For medication related incidents determine the category of the incident based upon the U.S. Department of Health and Human Services AHRQ table below. If the incident is a category E-I notify the Quality Improvement Coordinator to implement a root cause analysis (RCA).
    3. Document whether appropriate corrective measures were taken, when applicable.
    4. All medication incidents shall by analyzed for patterns and trends to identify opportunities for improvement.
    5. Forward the incident report to the Northpointe prescribing provider if deemed necessary using the "Add More Reviewers" button
    6. Sign and save
I. The Recipient Rights Officer shall complete the following:
    1. Review all incident reports and monitor whether or not adequate remedial action was taken to prevent recurrence of such an incident.
        1. If remedial action is deemed inadequate the Recipient Rights Officer shall make recommendations to the appropriate supervisory personnel.
    2. For medication incidents electronically forward the incident report to the Residential Nurse or Nursing Team Lead if not already included.
    3. Complete the comments section if needed
    4. Add "Date reviewed"
    5. Sign and save
    6. Open a Recipient Rights investigation on incident reports as deemed necessary
    7. Once the incident report has been completed by all parties and satisfactory follow up has been noted the Recipient Rights Officer shall close the incident report.

J. The Community Housing Supervisor shall complete the following:
    1. Review incident reports and notify AFC Licensing for any incidents required to be reported if not already reported
    2. Add comments as needed
    3. Enter "Date reviewed"
    4. Sign and save

K. The Behavioral Psychologist shall complete the following:
    1. Review the incident reports assigned
    2. Complete the comments section
    3. Add "Date reviewed"
    4. Sign and save

L. The QI Coordinator shall complete the following:
    1. Review all incident reports and determine if the incident is meets the definition of a sentinel event, critical incident, risk event, and/or immediately reportable event within three (3) business days after the incident.
    2. Check the "Yes" or "No" box that is appropriate to the type of event. Many incidents will not be applicable to any of these categories.
        1. If the incident is determined to be a sentinel event the QI Coordinator shall begin the investigative proceedings for RCA within three (3) business days after review of the event and follow procedures set forth in the Northpointe Event Reporting and Notification Policy .
        2. If the incident is determined to be a critical incident or an immediately reportable event the QI Coordinator shall report the incident according to e NorthCare's Event Reporting Policy/Procedur .
        3. A RCA may be determined to be needed for any type of event and the QI Coordinator will set up a meeting of all parties involved in the incident if it is determined to need further review.
    3. Review all incident reports and monitor for appropriate remedial action to prevent recurrence of such an incident. If remedial action is deemed inadequate make recommendations to the appropriate supervisory personnel.
    4. Include all incident reporting codes as are applicable to the incident
    5. Complete the comments section if needed
    6. Add "Date reviewed"
    7. Sign and save the report

M. For contracted residential sites that do not utilize the electronic record a copy of the completed unusual incident report shall be scanned into the Incident Report Module by the Recipient Rights Officer and routed according to above stated routing procedure. The original report will be filed in the Recipient Rights office for ten (10) years.

N. AHRQ category of medication incidents

Category	Description	Example
A	No error, capacity to cause error	NA
B	Error that did not reach the patient	NA
C	Error that reached patient but unlikely to cause harm (omissions considered to reach patient)	Multivitamin was not ordered on admission
D	Error that reached the patient and could have necessitated monitoring and/or intervention to preclude harm	Regular release metoprolol was ordered for patient instead of extended-release
E	Error that could have caused temporary harm	Blood pressure medication was inadvertently omitted from the orders
F	Error that could have caused temporary harm requiring initial or prolonged hospitalization	Anticoagulant, such as warfarin, was ordered daily when the patient takes it every other day
G	Error that could have resulted in permanent harm	Immunosuppressant medication was unintentionally ordered at one-fourth the dose
H	Error that could have necessitated intervention to sustain life	Anticonvulsant therapy was inadvertently omitted
I	Error that could have resulted in death	Beta-blocker was not reordered post-operatively

Document Owner:	Cescolini, Jennifer
Collaborators:	Cescolini, Jennifer Stankevich, Kelly
Approvals	
- Committees:	(Not yet approved) Board Ad Hoc, (Not yet approved) Leadership Team, (Pending ratification) Board of Directors,
- Signers:	
Original Effective Date:	
Revision Date:	
Review Date:	
Attachments: (REFERENCED BY THIS DOCUMENT)	Reporting Unusual Incidents
Other Documents: (WHICH REFERENCE THIS DOCUMENT)	

Document Title: Subpoena Order for Service Recipient Information

Owner: Jennifer Cescolini, CHIEF EXECUTIVE OFFICER

Department: Medical Records

Type: Policy

Revision Number: 1

Document ID: 10316

Pending: Official Publication

Revision Note:

add to luci in html

DocID:	10316
Revision:	1
Status:	Pending Committee Approval
Department:	Medical Records
Manual(s):	

Policy : Subpoena Order for Service Recipient Information

POLICY/SUMMARY INTENT

It is the policy of Northpointe to ensure the privacy and confidentiality of all individuals receiving services is protected.

DEFINITIONS

1. **Subpoena -** an order to cause a witness to appear in court and give testimony
2. **Subpoena Duces Tecum -** an order to produce a document (example: a subpoena may ask to have documents presented for copying purposes)

AFFECTED DEPARTMENTS/SERVICES

All Northpointe employees, contract employees, interns, volunteers, and individual's receiving services

POLICY COMPLIANCE - KEY ELEMENTS

A. A subpoena from the court or an attorney must include the following:
    1. Be imprinted with the seal of the Supreme Court of Michigan or approved by the Supreme Court
    2. Have typed or printed on it the name of the court in which the matter is pending
    3. State the place where the trial or hearing is scheduled
    4. State the title of the action in which the person is expected to testify
    5. State the file designation and number assigned by the court
    6. State that failure to obey the commands of the subpoena or reasonable directions of the signer as to time and place to appear may subject the person to whom it is directed to penalties for contempt of court

Subpoena and Search Warrant Standard Operating Procedu

B. Northpointe's r e shall be followed.

Document Owner:	Cescolini, Jennifer
Collaborators:	Cescolini, Jennifer Stankevich, Kelly
Approvals	
- Committees:	(Not yet approved) Board Ad Hoc, (Not yet approved) Leadership Team, (Pending ratification) Board of Directors,
- Signers:	

Original Effective Date:	04/01/2003
Revision Date:	[09/25/2019 Rev. 0]
Review Date:	
Attachments: (REFERENCED BY THIS DOCUMENT)	Subpoena or Search Warrant
Other Documents: (WHICH REFERENCE THIS DOCUMENT)	Release of Information Authorization

Document Title: Subpoena or Search Warrant

Owner: Jennifer Cescolini, CHIEF EXECUTIVE OFFICER

Department: Medical Records

Type: Standard Operating Procedure

Revision Number: 0

Document ID: 10429

Pending: Official Publication

Revision Note:

No revision note

Standard Operating Procedure : Subpoena or Search Warrant

STANDARD OPERATING PROCEDURE/SUMMARY INTENT

This standard operating procedure provides Northpointe staff the steps necessary to ensure subpoena requests are handled appropriately.

DEFINITIONS

1. **Subpoena -** an order to cause a witness to appear in court and give testimony
2. **Subpoena Duces Tecum -** an order to produce a document (example: a subpoena may ask to have documents presented for copying purposes)

REQUIREMENTS

A subpoena from the court or an attorney must include the following:

1. Be imprinted with the seal of the Supreme Court of Michigan or approved by the Supreme Court
2. Have typed or printed on it the name of the court in which the matter is pending
3. State the place where the trial or hearing is scheduled
4. State the title of the action in which the person is expected to testify
5. State the file designation and number assigned by the court
6. State that failure to obey the commands of the subpoena or reasonable directions of the signer as to time and place to appear may subject the person to whom it is directed to penalties for contempt of court

AFFECTED DEPARTMENTS/SERVICES

All Northpointe employees, contract employees, interns, volunteers, and individual's receiving services

STANDARD OPERATING PROCEDURE COMPLIANCE - KEY STE PS

A. Subpoena
    1. When an employee receives a subpoena, either to appear or for records (duces tecum) the following steps shall be followed:
        a. The subpoena is given to Medical Records Manager.
        b. Medical Records Manager shall forward subpoenas to the Rights Office who will notify Northpointe legal counsel that records are the subject of a subpoena

legal counsel that records are the subject of a subpoena.

c. Legal counsel shall be provided a copy of the subpoena and shall notify the Rights Office relative to whether the information must be disclosed under the Mental Health Code.
    i. Unless otherwise indicated, individuals' records are deemed absolutely privileged from release, notwithstanding a subpoena for production of the same.
    ii. Under 42 CFR, Part 2, a subpoena, search warrant or arrest warrant, even when it is signed by a judge and labeled a court order, is not sufficient, when standing alone, to require or even permit a program to make a disclosure. If confronted with a subpoena or court order directing the program to produce an individual's records or testimony about an individual, it is best to seek the advice of legal counsel.

d. Court orders will be reviewed by the Medical Records Manager or designee and will be referred to legal counsel if indicated.

e. The Medical Records Manager shall determine if there is a valid authorization in the record. In the absence of a valid authorization, the Medical Records Manager shall make a reasonable effort to notify the individual that her/his records are subject of a subpoena. The individual shall be told that her/his record is generally considered privileged and that he/she should secure their own legal advice in that regard.
    i. If privilege is asserted by the individual or in the event the individual cannot be located, Northpointe legal counsel will notify the requesting party that privilege is asserted, assuming time permits. In the event time does not permit notice to the requester, Northpointe legal counsel, the Medical Records Manager, or the person under subpoena shall communicate to the court involved that privilege is asserted and shall appear at the time and place indicated in the event the subpoena is for production of the record at a specified court hearing.
    ii. If a court order or release is not available for family court child abuse/neglect cases, the court can be contacted directly to determine if such an order has been issued.
    iii. When privilege is asserted no records shall be disclosed or released.
    iv. Absent a valid release, the potential liability for releasing records outweighs any potential contempt hearing for not releasing the record.

2. In the event a Northpointe employee is ordered to appear at hearing regardless of Northpointe's legal counsel communication with the court and/or requester:
    a. The employee shall notify her/his supervisor who will notify Northpointe's legal counsel.
    b. In that event, Northpointe's legal counsel shall cause to be filed with the Court a limited appearance and will request that the Court quash the subpoena.
    c. If a Northpointe employee is subpoenaed to appear in court by an attorney, the attorney's office will be charged the employee's hourly rate plus any travel expenses per Northpointe's policy.
3. Whenever a subpoena for records is received in any pre-trial proceedings:
    a. Northpointe shall verify that the individual and/or her/his attorney is notified of the same.
    b. Northpointe cannot give legal advice to an individual regarding confidentiality or privilege and the individual should be advised to seek the advice of an attorney.
    c. If the individual cannot be located or in the event he/she claims privilege, Northpointe legal counsel shall be made aware of the subpoena in a timely manner and shall direct a response to the subpoena consistent with this protocol.
4. Homebased Services subpoena for records
    a. Signatures of all adults that are mentioned in the record must be on file.
    b. If unable to obtain consent from all adults, black out names, diagnoses, and information pertinent to those who refuse to sign or for whom you cannot obtain consent before sending to the court.
    c. For the children's cases, records can still be deemed detrimental to send and/or give to the person asking for them.

B. Search warrants
1. In the event of a search warrant, staff will cooperate with authorities and notify the Chief Executive Officer (CEO) immediately.
2. The CEO may notify legal counsel and may provide counsel with a copy of the search warrant.

3. Until the CEO and/or supervisor arrives the staff member is responsible to:
    a. Request the name and agency of the lead officer and note that information. NO ATTEMPT SHOULD BE MADE TO PHOTOCOPY CREDENTIALS AS THIS IS A VIOLATION OF FEDERAL LAW.
    b. Ask for a copy of the search warrant if one has not already been provided.
    c. Carefully examine the search warrant for the following information:
        i. Are there any limitations on the areas or locations to be searched specified in the warrant?
        ii. Is the warrant being executed during the hours indicated on the document?
        iii. Has it been signed?
    d. Remain present until the CEO and/or supervisor arrives.
    e. Do not submit to any form or questioning or interviewing.
4. The CEO and/or supervisor shall remain present during the search. In cases where the search is being conducted in multiple areas, if possible, have other staff act as monitors to make notes of which areas have been searched and what documents or property have been seized.
5. Ask the officer/agent in charge for a detailed written inventory of documents and items taken during the search.

C. Investigations
1. Any staff member who is aware of a legal investigation involving the agency or any of its staff must notify the CEO immediately.
2. If a staff member is contacted in person or by phone as part of a legal investigation involving the agency, they should direct the investigator to the CEO. They should not submit to an interview or any kind of questioning until directed to do so by the CEO.

D. In the absence of the CEO, the Director of Human Resources or Director of Finance should be contacted for direction.

Document Owner:	Cescolini, Jennifer
Collaborators:	Stankevich, Kelly Cescolini, Jennifer
Approvals	
- Committees:	(Not yet approved) Board Ad Hoc, (Not yet approved) Leadership Team, (Pending ratification) Board of Directors,
- Signers:	
Original Effective Date:	
Revision Date:	
Review Date:	
Attachments: (REFERENCED BY THIS DOCUMENT)	
Other Documents: (WHICH REFERENCE THIS DOCUMENT)	Release of Information Authorization

Document Title: Vehicle Emergency

Owner: Jennifer Cescolini, CHIEF EXECUTIVE OFFICER

Department: Environmental Safety

Type: Standard Operating Procedure

Revision Number: 0

Document ID: 10547

Pending: Official Publication

Revision Note:

No revision note

Standard Operating Procedure : Vehicle Emergency

STANDARD OPERATING PROCEDURE/SUMMARY INTENT

This standard operating procedure provides the steps to follow in the event of a vehicle accident or emergency situation while driving a Northpointe vehicle.

DEFINITIONS

None listed

REQUIREMENTS

None listed

AFFECTED DEPARTMENTS/SERVICES

All Northpointe employees driving an agency vehicle

STANDARD OPERATING PROCEDURE COMPLIANCE - KEY STEPS

A. Procedure for vehicle accident or emergency situation
    1. Stop
    2. Remain calm
    3. Take steps to prevent further accidents such as parking safely or setting out appropriate warning devices at proper distances
    4. Dial 911
        a. Give driver's name and location
        b. State that you are an employee of Northpointe and passengers are people with disabilities
        c. State the number of passengers on board
        d. If injuries occurred, alert the police for an ambulance
    5. Protect the passenger(s) and provide basic first aid, if necessary. Keep the passenger(s) as comfortable as possible.
    6. Notify your supervisor when safety has been established for all involved.
    7. Discuss specifics of the accident only with the police and your supervisor.
    8. Complete a Vehicle Accident Report and Unusual Incident Report for each service recipient in the vehicle.

Document Owner:	Cescolini, Jennifer
Collaborators:	Cescolini, Jennifer Stankevich, Kelly
Approvals	
- Committees:	(Not yet approved) Board Ad Hoc, (Not yet approved) Leadership Team, (Pending ratification) Board of Directors,
- Signers:	
Original Effective Date:	
Revision Date:	
Review Date:	
Attachments: (REFERENCED BY THIS DOCUMENT)	
Other Documents: (WHICH REFERENCE THIS DOCUMENT)	