WEST MICHIGAN COMMUNITY MENTAL HEALTH
WORK INSTRUCTION (WI)

Team Name	Work Instruction Name	Work Instruction Number
NQC	Completing CIRs & Debrief for Provider Network	NQC_Network_WI_31
Purpose and Objective	Estimated Time to Complete Work Instruction	Version #, Effective Date
		Version #4, 11/8/24
Author	Approved By	Date
Kristin Graham	Betsy Reed-Henry	11/8/2024
Policy Reference	Procedure Reference	Other References (if applicable)
2-12-8	5.1 and 5.2	

INSTRUCTIONS:
Insert any materials, tools or safety equipment required to perform the task. Identify any risk(s) pertaining to this work instruction. If you are going to use any abbreviations/acronyms, provide those in the "ABBREVIATION/ACRONYM" table. In the 'STEP NO." column identify the step in which the instruction is required. In The "INSTRUCTION" column explain the step that is required. The "KEY POINTS" are for items that need attention or further comment. The "ILLUSTRATION, PICTURE, FIGURE, ETC." column allows you to place a picture, figure, etc. to help the user navigate the steps. If you need to show a larger image, etc. you may place it at the bottom of the work instruction. If inserting a larger image ensure the reference # in the "Illustrations, picture, figure, etc." is identified in the applicable step avoid confusion.

NOTE: If more rows are needed place your cursor to the left of an existing row and "click" the +

MATERIALS, TOOLS, SAFETY EQUIPMENT REQUIRED	POSSIBLE RISKS
CIR Form	
CIR Debriefing Analysis Form	
Faxing/Emailing Permissions to WM CMH	

ABBREVIATIONS/ACRONYMS			
WM CMH	West Michigan Community Mental Health	APS	Adult Protective Services
CIR	Critical Incident Report	RN	Registered Nurse
AFC	Adult Foster Care	RR	Recipient Rights

STEP NO.	INSTRUCTION	KEY POINTS	ILLUSTRATION, PICTURE, FIGURE, ETC.
1.	Fill out CIR Form after incident occurs	Note: ***ALL CIRs are to be filled out and submitted to WM CMH within 24 hours.*** Note: All CIRs should be fully completed (each box filled out to the best of your knowledge or use "N/A") with as much detail as possible. A separate piece of paper can be used and attached if more information is needed.	

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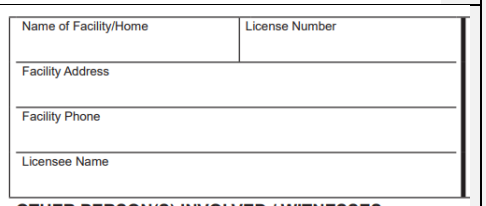
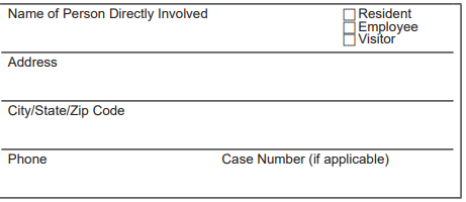
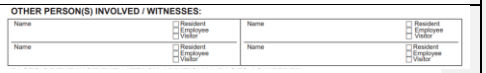
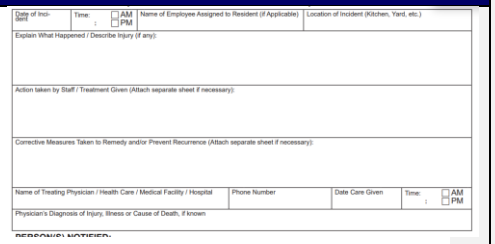
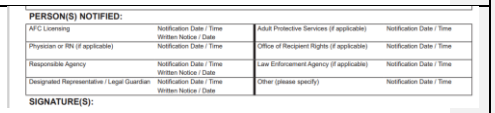
STEP NO.	INSTRUCTION	KEY POINTS	ILLUSTRATION, PICTURE, FIGURE, ETC.
		Note: Please attach all supporting documentation. *Example: If a client goes to the E.R., please attach the discharge paperwork supporting the need for E.R.*	
1. a.	Fill out Facility Name	• Facility/Home Name • License Number • Facility Address • Facility Phone • Licensee Name	
1. b.	Fill out Person Directly Involved	• Name • Address • City/State/Zip • Phone • Case Number (is possible)	
1. c.	Fill out "Other Person(s) Involved/Witnesses:	• Name Note: Please check either Resident, Employee, and or Visitor Note: If more than 4 people are involved, please use separate piece of paper to indicate persons.	

WORK INSTRUCTION (Cont'd)

STEP NO.	INSTRUCTION	KEY POINTS	ILLUSTRATION, PICTURE, FIGURE, ETC.
1. d.	Fill out "Facts of the Incident"	• Date • Time (please indicate PM or AM) • Name of Employee Assigned to Resident (if applicable) • Location of Incident • Explanation of what happened/description of injury Note: Please include as much detail as possible. Answer who, what, where, why, when, and how as thoroughly as possible. If there are not enough details, WMCMH staff will contact for clarification and a response will be expected within 24 hours. • Action taken by staff/treatment given • Any corrective measures taken to remedy and/or prevent recurrence • Name of Treating Physician/Treatment Facility Note: please include the phone number, date care was given and time care was given • Physician's diagnosis of injury, illness, or cause of death, if known	
1. e.	Fill out Person(s) notified	• AFC Licensing • Physician or RN • Responsible Agency • Designated Representative/Legal Guardian • Adult Protective Service (if applicable) • Office of Recipient Rights	

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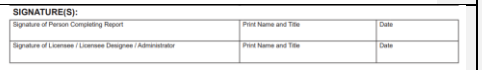
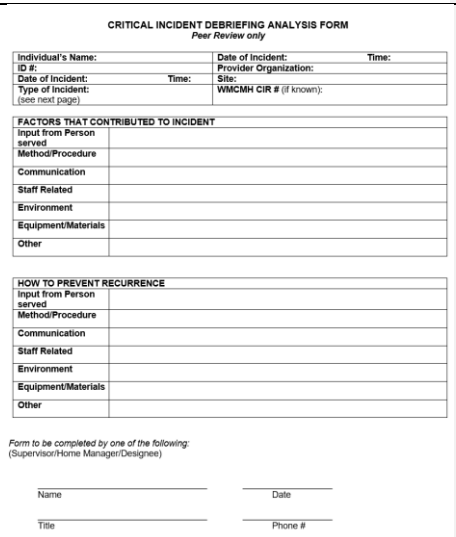
STEP NO.	INSTRUCTION	KEY POINTS	ILLUSTRATION, PICTURE, FIGURE, ETC.
		• Law Enforcements • Other (please specify)	
1. f.	Fill out Signature(s)	• Person completing report Note: please print and sign with date • Signature of Licensee/Licensee Designee/Administrator Note: Please print and sign with date	
2.	Fax completed CIR form to 231-845-7095, or email via secure email to consumer_incident_reports@wmcmhs.org	Note: If you are experiencing issues with sending, please call Kristin Graham 231-845-6294 for further instruction.	
3.	A Critical Incident Debriefing Analysis Form **must be completed within 14 days of the incident** by the Supervisor, Home Manager, or other Designee. If the original incident report contains enough detail regarding casual factors leading up to the incident and steps staff are taking to prevent recurrence, WM may not require a separate debriefing form be filled out.	**Types of Incidents requiring CIR Debriefing:** • Death • Suicide or attempted suicide • Emergency Medical Treatment OR Hospitalization Due To ◦ Injury ◦ Medication Error ◦ Self-Harm ◦ An individual harmed another person ◦ Illness (2 or More Unscheduled Admissions Not Due to Chronic Or Underlying Condition Within 365 days) • Emergency Physical Management • Arrest of Consumer • Staff Called Police in Response to Consumer's Challenging Behavior **Types of Incidents that MAY require CIR Debriefing as determined by the WMCMH**	

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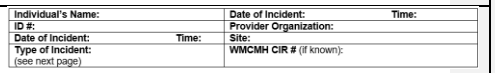
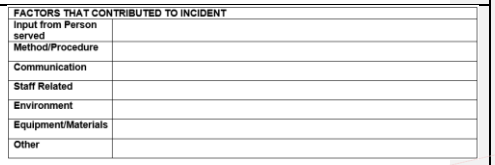
STEP NO.	INSTRUCTION	KEY POINTS	ILLUSTRATION, PICTURE, FIGURE, ETC.
		Director of Network, Quality Improvement and Director of Compliance: • Accidents, including falls that result in injury to recipient, medication errors, vehicles, or biohazards. • Unauthorized use and possession of legal or illegal substances. • Emergency use of Physical Management. • Arrest of a consumer not otherwise required. • Wandering or elopement	
3a.	To complete the debriefing form, fill out all of the requested information in the header.	• Consumers Name • WM CMH ID# (if known) • Date of Incident • Time of Incident • Provider Organization • Site • Type of Incident • WM CMH CIR# (if known)	 **Individual's Name:** / **Date of Incident:** **Time:** **ID #:** / **Provider Organization:** **Date of Incident:** **Time:** / **Site:** **Type of Incident:** (see next page) / **WMCMH CIR #** (if known):
3b.	Gather information on factors that contributed to the incident. Talk with the person served, staff, and others as appropriate. Document relevant findings on the form.	Please see Page 2 of Debriefing Analysis form for considerations regarding: • Input from the person served. • Method/Procedure • Communication • Staff Related • Environment • Equipment/Materials • Other	 **FACTORS THAT CONTRIBUTED TO INCIDENT** **Input from Person served** **Method/Procedure** **Communication** **Staff Related** **Environment** **Equipment/Materials** **Other**

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STEP NO.	INSTRUCTION	KEY POINTS	ILLUSTRATION, PICTURE, FIGURE, ETC.
3c.	Gather ideas for how to prevent recurrence. Talk with the person served, staff, and others as appropriate. Document relevant findings in the form.	Please see Page 2 of Debriefing Analysis form for considerations regarding: • Input from the person served • Method/Procedure • Communication • Staff Related • Environment • Equipment/Materials • Other	HOW TO PREVENT RECURRENCE Input from Person served Method/Procedure Communication Staff Related Environment Equipment/Materials Other
3d.	Sign and date at the bottom	Include signer's title and contact phone number.	Name _____ Date _____ Title _____ Phone # _____
4	Fax completed CIR Debriefing Analysis form to 231-845-7095 or email via secure email to consumer_incident_reports@wmcmhs.org	Note: If you are experiencing issues with sending, please call Kristin at 231-845-6294 for further instruction.	
5	Share the completed form with facility staff. If appropriate, use the information gathered to make improvements.		

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