Significant Event Notification Guide

October 2023

ICE

ICE Health Service Corps

Foreword

The *Significant Event Notification Guide* supplements IHSC Directive 01-25, *Significant Event Notification and Significant Medical Case Reporting.*

The Medical Case Management Unit (MCMU) authors and maintains IHSC 01-25 G-01, *Significant Event Notification Guide.*

The intended audiences include managed care coordinators (MCCs), field medical coordinators (FMCs), deputy regional FMCs (DRFMCs), regional FMCs (RFMCs), behavioral health case managers (BHCMs), registered nurses (RNs), health services administrators (HSAs), regional health services administrators (RHSAs), regional clinical directors (RCDs), the chief of the health operations unit (HOU), chief of nursing services Unit (NSU), chief of medical case management unit (MCMU), medical services unit (MSU) chief, deputy assistant director for clinical services (DAD/CS), deputy assistant director of health systems support (DAD, HSS), deputy assistant director of health care compliance (DAD, HCC), and the IHSC assistant director (AD).

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_____October 18, 2023_____
Date

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I. INTRODUCTION

This *Significant Event Notification Guide* details the steps and procedures to report significant medical events via a process that aligns with the ICE Significant Event Notification (SEN) Program. The guide explains concepts, assigns responsibilities, and response procedures for a SEN.

II. RESPONSIBILITIES OF IHSC STAFF

A. Managed Care Coordinator (MCC):

1. MCCs serve as central intake officers for all ICE SENs at IHSC-staffed and non-IHSC-staffed facilities.

2. Upon receipt of a SEN from ICE Headquarters (HQ) Field Operations Division, MCCs must input medical entries within 12 hours of receiving the SEN into the _____ (b)(7)(E) _____. MCCs delegate the case to the nurse manager or FMC, or their designees.

3. IHSC-staffed facilities:

   The MCC must add recipients into the (b)(7)(E) receive SEN notifications. The MCC assigns the nurse manager or designee as the point of contact for the SEN entry in (b)(6),(b)(7)(C). Once the nurse manager resolves an event in (b)(6),(b)(7)(C) they must close it.

   The MCC includes the following recipients in the (b)(7)(E) notification field:

   a. MCC.

   b. Assigned HSA.

   c. Facility clinical director (CD).

   d. Nurse manager and all identified nurses responsible for (b)(7)(E) updates.

   e. Assigned regional clinical director.

   f. Behavioral Health Unit (BHU) chief, if applicable.

   g. Assigned behavioral health case manager, if applicable.

   h. Public Health Safety and Preparedness (PHSP) Unit chief, if applicable.

   i. HOU chief.

   j. MCMU chief.

    k. MSU chief.

    l. DAD, HCC.

    m. DAD, CS.

4. The IHSC Solutions Development Office created email groups to include all recipients in the region the SEN occurred. MCCs updates the email groups and collaborates with the Solutions Development Office to resolve any IT-related issues.

    a. IHSC-Staffed Sites Western Region
        (b)(7)(E) @icegov.onmicrosoft.com

    b. IHSC-Staffed Sites Central Region
        (b)(7)(E) @icegov.onmicrosoft.com

    c. IHSC-Staffed Sites Eastern Region
        (b)(7)(E) @icegov.onmicrosoft.com

5. MCC role in non-IHSC-staffed facilities:

The MCC assigns the FMC as the point of contact for non-IHSC-staffed facilities. The FMC enters updates related to the SEN in (b)(7)(E) The MCC adds the behavioral health case manager as a notification recipient for mental health-related cases. Once completed, the FMC must close the UPTS case.

The MCC includes the following recipients in the (b)(7)(E) notification field:

    a. MCCs.

    b. Assigned RFMC and DRFMC.

    c. Assigned RCD.

    d. BHU chief, if applicable.

    e. PHSP chief, if applicable.

    f. HOU chief.

    g. MCMU chief.

    h. MSU chief.

    i. DAD, HCC.

    j. DAD, CS.

    k. BHCM for mental health related cases.

6. The IHSC Solutions Development Office **(b)(7)(E)** @ice.dhs.gov) created email groups to include all individuals in the region in which the SEN occurred. MCCs update the email groups and collaborates with the Solution Development Office to resolve any IT-related issues.

   a. Non-IHSC-Staffed Sites Western Region
      (b)(7)(E) @icegov.onmicrosoft.com

   b. Non-IHSC-Staffed Sites Central Region
      (b)(7)(E) @icegov.onmicrosoft.com

   c. Non-IHSC-Staffed Sites Eastern Region
      (b)(7)(E) @icegov.onmicrosoft.com

B. IHSC Nurse Manager (NM) or designee:

   1. The NM or designee must enter medical updates in the **(b)(7)(E)**

   2. The MCC must notify the NM or designee of the SEN.

   3. The NM or designee must enter medical updates into **(b)(7)(E)** within 12 hours of receipt of the SEN notification.

   4. The NM or designee must enter daily medical updates for inpatient admissions, hunger strikes, and suicide attempts, until the facility discontinues the suicide watch i The reporting will cease after closing the case.

   5. The RCD must determine if cases are critical.

      a. The RCD or deputy medical director may require more frequent updates, depending on case severity.

      b. The RCD or deputy medical director must notify the NM if they require more frequent updates.

   6. The NM or designee must notify the following for updates on SENs:

      a. The Facility (b)(6),(b)(7)(C) Notification Recipient Email Group.

      b. The UPTS SEN Medical Email Group

         • MCCs.

         • Assigned HSA.

         • Regional HSA.

- Facility CD.

- Assigned RCD.

- BHU chief, if applicable (**(b)(7)(E)** @ice.dhs.gov).

- PHSP chief, if applicabl (**(b)(7)(E)**)ice.dhs.gov).

- HOU chief.

- MCMU chief.

- MSU chief.

- DAD, HCC.

- DAD, CS.

- Regional nurse managers.

- IHSC chief nurse.

7. The NM or designee notifies the local behavioral health lead for mental health SEN cases, if applicable.

8. The NM or designee notifies the local infection control officer for infectious disease SEN cases, if applicable.

C. Field Medical Coordinator:

1. FMCs enter medical updates from the facility or provider into **(b)(7)(E)**

2. FMCs must enter the medical update into **(b)(7)(E)** within 12 hours of receiving the SEN notification from the MCC.

3. FMCs must submit a daily update for inpatient admissions, hunger strikes, and suicide attempts, until behavioral health professional or designee discontinues suicide watch. FMCs can cease reporting after closing the case.

4. FMCs must send more frequent updates for patients that the RCD or deputy medical director determine to be critical.

5. FMCs must provide updates on significant events to the following IHSC staff:

   a. MCCs.

   b. Assigned RFMC and DRFMC.

   c. Assigned RCD.

    d. BHU chief, if applicable (b)(7)(E) @ice.dhs.gov).

    e. PHSP chief, if applicable (b)(7)(E) @ice.dhs.gov).

    f. HOU chief.

    g. MCMU chief.

    h. MSU Chief.

    i. DAD, HCC.

    j. DAD, CS.

D. Facility Clinical Director:

1. The CD must review local SEN updates for awareness and clinical intervention when medically indicated.

2. The CD coordinates local clinical care, services, and oversight, as medically appropriate.

3. The CD reviews critical patients and consults with the RCD, to determine if more frequent updates are needed.

E. Regional Clinical Director:

1. The RCD must review SEN medical updates from IHSC-staffed facilities and non-IHSC-staffed facilities within their region for awareness and possible clinical intervention.

2. The RCD reviews critical patients to determine if the FMC should provide more frequent updates.

F. Health Services Administrator (HSA):

1. HSAs must review medical updates for awareness, and to anticipate and address any potential concerns related to the patient's care and services.

2. The HSA works with the NM to complete medical updates and include the appropriate local IHSC and ICE staff on the (b)(7)(E) email distribution.

III. SIGNIFICANT EVENT NOTIFICATION ROLES PRIOR TO RECEIPT OF A SEN

IHSC established the pre-SEN notification process for incidents where staff become aware of an incident but have not yet entered a formal significant incident report (SIR) into the SEN system.

IHSC cannot enter SIRs into the SEN platform; therefore, to avoid reporting delays, after a nurse manager or designee or FMC identify a significant case, they generate a pre-SEN within 12 hours.

The nurse manager or designee, or FMC must initiate a preliminary significant event occurrence notification prior to receiving the MCC-distributed SEN.

A. IHSC-Staffed Facilities

1. The assigned NM or designee must include the following in the (b)(7)(E) notification field to initiate the pre-SEN for IHSC facilities:

   a. The Facility UPTS Notification Recipient Email Group, which the HSA maintains.

   b. The (b)(7)(E) SEN Medical Email Group, which the SDO maintains.

2. The assigned NM or designee will utilize the updated email distribution lists to ensure that the following individuals receive pre-SEN notifications:

   a. MCCs.

   b. HSA.

   c. Assigned RHSA.

   d. Facility CD.

   e. Assigned RCD.

   f. BHU chief, if applicable (IHSC_BHU@ice.dhs.gov).

   g. PHSP chief, if applicable (IHSC_PHSP@ice.dhs.gov).

   h. HOU chief.

   i. MCMU chief.

   j. MSU chief.

   k. DAD, HCC.

   l. DAD, CS.

   m. Regional nurse managers.

   n. IHSC chief nurse.

3. The NM or designee notifies, the local behavioral health lead for mental health SEN cases, if applicable.

4. The NM or designee includes the local infection control officer for infectious disease SEN cases.

B. Non-IHSC-Staffed Facilities

1. The assigned FMC initiates the pre-SEN for non-IHSC-staffed facilities and notifies the following staff:

   a. MCCs.

   b. Assigned RFMC and DRFMC.

   c. Assigned RCD.

   d. BHU chief, if applicable **(b)(7)(E)** ice.dhs.gov).

   e. PHSP chief, if applicable **(b)(7)(E)** @ice.dhs.gov).

   f. HOU chief.

   g. MCMU chief.

   h. MSU chief.

   i. DAD, HCC.

   j. DAD, CS.

IV. **(b)(7)(E)**

The (b)(7)(E) is an electronic platform that supports the SEN and SIR policies and processes. It centralizes clinical case data from IHSC and non-IHSC-staffed facilities, provides automated notifications and generates clinical case reports.

Please reference the **(b)(7)(E)** User Guide to understand various (b)(7)(E) oles and how to utilize the system.

A. (b)(7)(E) Roles

1. The nurse manager or designee, or FMC is the point of contact for their respective facilities.

2. The nurse manager or designee, or FMC create pre-SEN cases in (b)(7)(E)

3. The nurse manager or designee, FMC, or the behavioral health case manager (BHCM) provide clinical updates per IHSC Directive 01-25, Significant Event Notification.

4. The nurse manager or FMC close cases in (b)(7)(E) Cases can be closed as follows:

   a. Transfer - Emergency department transfer upon return to the facility.

   b. Admission - Inpatient admission upon discharge.

   c. Hunger Strike - End of a hunger strike and medical clearance to return to general population (GP).

   d. Death - Close upon notification.

   e. Sexual Assault - Provide clinical updates only if medical care is required. Close the SEN upon emergency department or hospital discharge, or return to GP.

B. MCC Role

   1. Create SEN designated (b)(7)(E) cases.

   2. Convert pre-SEN cases to SEN cases.

   3. Provide clinical updates, as appropriate.

   4. Close cases in (b)(7)(E) as appropriate.

C. Please reference the **(b)(7)(E)** **User Guide** to create, convert, update, and close a case in (b)(7)(E)

V. MEDICAL STATUS UPDATES FOR SENS

Enter all updates into the **(b)(7)(E)**

VI. MEDICAL RECORD DOCUMENTATION

In addition to UPTS reporting requirements, RNs and medical providers within IHSC-staffed facilities must also document patient encounters in eClinicalWorks (eCW), in accordance with agency guidance.

Medical record documentation within eCW must include:

   1. Date of referral, admission and placement.

   2. Daily updates for routine hospitalizations, stable hunger strike, and stable suicide watch.

Reference specific eCW User Guides for detailed guidance on documentation requirements (e.g. Hospital Updates, MHU, etc.)