

CONFIDENTIAL

SERIOUS INCIDENT REPORT (SIR)

County of San Diego Behavioral Health Services (BHS)
 FAX: 619-236-1953 Serious Incident Report Line 619-563-2781
Fax LEVEL ONE SIR within 24 hours. Fax Level Two SIR within 72 hours.

For a **LEVEL ONE** incident, call the BHS Serious Incident Report Line **immediately**.

NOTE: Reporting of a serious incident is based on criteria and determined severity of the serious incident.

A **LEVEL ONE** Serious Incident is the most severe type of incident. A level one incident must include at least one of the following:

- The event has been reported in the media or has the potential for significant **adverse media involvement**, i.e. TV, newspaper, internet.
- The event has resulted in a death or serious physical injury on the program's premises.
- The event is associated with a significant adverse deviation from the usual process for providing behavioral health care.

A level one serious incident must be reported to Quality Management (QM) immediately upon knowledge of the incident. Call 619-563-2781.

A **LEVEL ONE** Serious Incident that occurs on the weekend or holiday shall be reported in accordance with the procedure documented in the Organizational Provider Operations Handbook (OPOH).

All other serious incidents are reported as Level Two incidents.

Client Name:		Case Number:	Type: <input type="checkbox"/> Level Two <input style="color: red;" type="checkbox"/> LEVEL ONE
DOB:	Date of Last Service:	DSM Diagnosis (TREATING DIAGNOSIS/DESCRIPTION): Axis I (Primary) : Axis I (Secondary) : Axis II:	
Primary Drug of Choice:		Secondary Drug of Choice:	
Program Name:		Legal Entity:	
Program Type <input type="checkbox"/> Mental Health Services Only <input type="checkbox"/> Alcohol/Drug Services Only <input type="checkbox"/> Both MHS/ADS	<input type="checkbox"/> Outpatient <input type="checkbox"/> FSP/ACT <input type="checkbox"/> Case Mgmt <input type="checkbox"/> START <input type="checkbox"/> DAY Treatment <input type="checkbox"/> Residential Adult <input type="checkbox"/> Residential Child/Adolescent <input type="checkbox"/> DUI <input type="checkbox"/> Drug Court <input type="checkbox"/> Recovery Center Adult <input type="checkbox"/> Recovery Center Child/Adolescent <input type="checkbox"/> Other:		
Date/Time/Location of Incident:		Date Reported to Provider:	
Program County Region Location: <input type="checkbox"/> Central <input type="checkbox"/> North Central <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> North Inland <input type="checkbox"/> North Coastal <input type="checkbox"/> Out of County <input type="checkbox"/> Countywide		Contracting Officer's Tech. Representative (COTR):	
Staff Involved with incident:			

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CLIENT NAME:

1. SERIOUS INCIDENT TYPE (You may check more than one if applicable):

- Incident reported in the media/public domain (e.g. on television, newspaper, internet)
- Death of client by suicide (includes overdose by alcohol/drugs/medications, etc)
- Death of client under questionable circumstances (includes overdose by alcohol/drugs/medications, etc)
- Death of client by homicide
- Suicide attempt by client that requires medical attention or attempt is potentially fatal and/or significantly injurious.
- Alleged homicide committed by a client (client is perpetrator)
- Alleged homicide attempt by a client (client is perpetrator)
- Alleged homicide attempt on a client (client is victim)
- Injurious assault on a client (client is victim) occurring on the program's premises resulting in severe physical damage and/or loss of consciousness, respiratory and/or circulatory difficulties requiring hospitalization.
- Injurious assault by a client (client is perpetrator) occurring on the program's premises resulting in severe physical damage and/or loss of consciousness, respiratory and/or circulatory difficulties requiring hospitalization.
- Tarasoff Notification, the duty to protect intended victim, is made to the appropriate person(s), police, or other reasonable steps have been taken to protect the intended victim.
- Tarasoff Notification, the duty to protect intended victim, is received by the Program that a credible threat of harm has been made against a staff member(s) or Program and appropriate safety measures have been implemented.
- Serious allegations of or confirmed inappropriate staff (includes volunteers, interns) behavior such as sexual relations with a client, client/staff boundary issues, financial exploitation of a client, and/or physical or verbal abuse of a client.
- Serious physical injury resulting in a client experiencing severe physical damage and/or loss of consciousness, respiratory and/or circulatory difficulties requiring hospitalization.
- Adverse medication reaction resulting in severe physical damage and/or loss of consciousness, respiratory and/or circulatory difficulties requiring hospitalization.

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- Medication error in prescription or distribution resulting in severe physical damage and/or loss of consciousness, respiratory and/or circulatory difficulties requiring hospitalization.

CLIENT NAME:

- Apparent overdose of alcohol/illicit or prescriptions drugs, whether fatal or injurious, requiring medical attention.
- Major confidentiality breach (e.g. lost or stolen laptop, client files/records accessed, PHI breach)
- Use of physical restraints (prone or supine) only during program operating hours (applies only to CYF mental health clients during program operating hours and excludes ADS programs, Hospitals, Long-Term Care Facilities, San Diego County Psychiatric Hospital/EPU, ESU and PERT)
- Other:

Notification(s): check one: Verbal or Written and to whom below.

- Parent Child Welfare Services Adult Protective Services Law Enforcement Probation
 Public Conservator State Agency Licensing Authority Not Applicable Other

2. DESCRIBE THE SERIOUS INCIDENT: [ADDRESS ALL ITEMS BELOW]

1. Include people involved and precipitating factors; 2. Indicate if client was admitted to acute care medical or psychiatric unit and length; 3. List of stay other behavioral health service providers; 4. Describe any physical or medical concerns.

3. OTHER BEHAVIORAL HEALTH CLIENT SERVICES:

(Outpatient, case management, medication management, day treatment/rehabilitation, residential, etc.)

4. MEDICAL/PHYSICAL HEALTH:

Current prescribed medication(s):

Name of prescribing physician:

Physical or medical concerns:

Report Completed By: Contact Email: Contact Phone:

Date & Time of phone report to QM:

Date & Time of phone report to State Agency (ADS Only):

Program Manager Signature (REQUIRED): _____ Date:

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Report of Findings shall include a thorough review of the serious incident and relevant findings and interventions/recommendations as appropriate. The Report of Findings shall be submitted within 30 days of the reported serious incident.

A **Root Cause Analysis (RCA)** is required for any serious incident that results in 1) a completed suicide or 2) a major breach of confidentiality. The RCA shall be completed within 30 days of the reported serious incident. After completion of the RCA, the provider shall submit a summary of action items to the QM unit for review. The program COTR, in consultation with the QM unit, may ask the provider to complete an RCA for other serious incidents.

If you have questions about any serious incident, please contact the QM Program Manager for a consultation at 619-563-2747. When in doubt, please call.