

CONFIDENTIAL

SERIOUS INCIDENT REPORT (SIR)

County of San Diego Behavioral Health Services (BHS)

FAX: 619-236-1953 Serious Incident Report Line 619-584-3022

Fax LEVEL ONE SIR within 24 hours. Fax Level Two SIR within 72 hours.

SIR INSTRUCTIONS

LEVEL ONE incident shall be reported to the BHS Serious Incident Report Line **immediately**, upon knowledge of the incident. **Level Two** incident shall be reported to the BHS Serious Incident Report Line within **24 hours**, upon knowledge of the incident.

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:

- Any event that has been reported in the media current or recent past regardless of type of incident.
- 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 that occurs on the weekend or holiday shall be reported in accordance with the procedure documented in the Organizational Provider Operations Handbook (OPOH) and the Substance Use Disorder Provider Operations Handbook (SUDPOH).

All other serious incidents are reported as Level Two incidents. For consultation, call QM Program Manager, see below

Privacy Incident Reporting (PIR): Report only to HHSA Compliance Office within one business day via on-line portal.

Report of Findings shall include a thorough review of the serious incident, relevant findings and interventions/recommendations. The Report of Findings shall be submitted within 30 days of the reported serious incident. If a RCA was completed, then complete the RCA section only.

A **Root Cause Analysis (RCA)** is required for any serious incident that results in 1) a death by suicide, 2) alleged homicide committed by client, or 3) as requested by QM. The RCA and RCA Report of Findings shall be completed and submitted to QM within 30 days of the reported serious incident.

NOTE: The SIR form must be typed. Handwritten reports will be returned to programs for a typed report.

ALL FIELDS ARE REQUIRED AND MUST BE COMPLETED UNLESS OTHERWISE NOTED.

INCOMPLETE FORMS MAY BE RETURNED.

NOTIFICATIONS: Certain reports require additional notifications to other parties (i.e. APS and DHCS). Please see specifications on the SIR form.

If you have questions about any serious incident, please contact the QM Behavioral Health Program Coordinator Mental Health Programs: 619-584-5016 Substance Use Disorder Programs: 619-584-3061 .

Questions? Call for a Consultation.

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Program Name:	Legal Entity:	Type: <input type="checkbox"/> LEVEL ONE <input type="checkbox"/> Level Two
Client Name:	SanWITS Number:	
DOB:	CCBH Number:	
Date of Last Service:	DSM-5 Diagnosis:	
MediCal: <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, MediCal Number:		
Staff Involved with incident:		
Date/Time/Location of Incident:		Date Reported to Provider:
BHS – Mental Health Program	BHS- SUD Program	
Other:	Other:	
Program County Region Location:		Contracting Officer's Representative (COR):

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

Media Information:

Other:

2. NOTIFICATIONS:

MH and SUD programs may require additional notifications to other parties (i.e., APS, CWS, Law Enforcement, DHCS, SUD Credentialing Organization, etc).

* **SUD Residential Programs only**, report to DHCS SIRs related to: death, injury that requires medical treatment, communicable diseases, poisonings, natural disaster and/or fires or explosions on premises. See [DHCS 5079 titled "Unusual Incident/Injury/Death Report"](#) for a copy of the DHCS form and directions.

** The SUD Compliance Division investigates violations of the code of conduct of registered or certified AOD counselors. Alcohol or Drug Abuse Recovery or Treatment Facilities licensed or certified by DHCS are required to report counselor misconduct to DHCS within 24 hours of the violation. See [DHCS Substance Use Disorders Services – Complaints](#), for further details about regulations and how to file a complaint with DHCS (SUD only).

Type:

Entity:

Other:

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SUD Residential Programs, reported to DHCS (SIR related to: Death, Injury that requires medical treatment, communicable diseases, poisonings, natural disaster and/or fires or explosions on premises): Yes No

Telephonic Report (916) 322-2911 (Within 24 Hours).

Date:

Time:

If Applicable, Written (Within 7 days of the Event): [DHCS 5079 titled "Unusual Incident/Injury/Death Report"](#).

Date:

Time:

If Applicable, death report submitted via fax to the DHCS Complaints and Counselor Certification Division at (916) 445-5084 or by email to DHCSLCBcomp@DHCS.ca.gov.

Date:

Time:

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

1. Include people involved, precipitating factors, and details of incident; 2. Indicate if client was admitted for medical or psychiatric care; 3. Describe any physical, medical or other concerns.

4. OTHER BEHAVIORAL HEALTH CLIENT SERVICES: (Outpatient, FSP/ACT, WRAP, SBCM, medication management, day treatment, residential, recovery services, etc.)

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5. MEDICAL/PHYSICAL HEALTH:

Current prescribed medication(s):

Name of prescribing physician:

Physical or medical concerns:

6. TARASOFF REPORT OF FINDINGS INDICATED? NO YES
Program is not required to submit a report of findings for Tarasoff reports unless it is relevant to an identified systemic issue in program operations or to client's treatment.

7. Date & Time of phone report to QM: Date: Time:

Form Completed By:

This section to be completed by Program Manger or Designee Only

Program Manager's Email:

Program Manager's Phone:

Program Manager Name

Program Manager Signature:

Date: