FAQ & TIP SHEET

Critical Incident Report (CIR)

- **What are critical incidents and why do I need to report them?**
  - Critical Incidents were previously known as Serious Incident Reports (SIR'S).
  - Counties are required to implement procedures for reporting incidents related to health and safety issues and develop mechanisms to monitor appropriate and timely interventions of incidents that raise quality of care concerns.
  - Incidents focused on significant clinical health, safety, and risk concerns.
  - Refer to the OPOH/SUDPOH for additional information, including definitions.

- **Why are there changes and what has changed?**
  - Changes were needed to improve reporting efficiency, minimize administrative burden and redundancies in documentation, ensure accurate tracking, and streamline data collection for better incident management that supports quality of care.
  - Changes include:
    - Renaming SIR to Critical Incidents
    - Eliminating phone report.
    - Eliminating severity tier levels.
    - Reduce the number of incident types to focus on clinical critical incidents.
    - Reporting timeline for all incidents within 24 hours of knowledge of the incident
    - Reporting required for critical incidents involving clients in active treatment or whose discharge from services has been 30 days or less.
    - Expand reporting to all BHS contracted providers (treatment & non-treatment), except for the following non-treatment contracts categories:
      - Capital project
      - Community Engagement
      - Consultant
      - Data
      - EHR/Software/Database
      - Research
      - Vendor Service to COSD Facility
      - Training

- **What is the process for reporting?**
  - Submit report securely to QI Matters within 24 hours of knowledge of incident
  - QA and/or COR may request additional information.
  - ROF, CME report and Root Cause Analysis may be required.
    - ROF is required for all incidents except adverse media incident only without a related incident.
    - CME report is required for all deaths related incidents.
    - RCA is required for death by suicide or homicide, or upon request.
    - See ROF tip sheet posted on the Optum site under the Incident Reporting tab for more information.

- **How do I report if the incident happens on a weekend?**
  - Continue to follow workflow outlined in OPOH/SUDPOH.

- **What if I'm unsure about the level of the incident?**
  - Contact QI Matters via email for a consultation request via phone, or in an email containing the incident information in question.

- **Where can I find the CIR and ROF forms?**
  - The forms are located the SMHS DMC-ODS Health Plans shared Optum page with FAQ/Tip Sheets under the "Incident Reporting" tab.

- **How do I complete the Critical Incident Form?**
  - Must be typed; handwritten forms will be returned.
  - All fields shall be fully completed unless otherwise noted by QA; incomplete forms will be returned.
  - See steps outlined below:

1. Program Reporting CIR - Provide details about program reporting CIR, including staff completing/submitting the SIR form.
   a. Program Type – Select one of the following:
      i. SMH*
      ii. DMC-ODS*
      iii. Non-treatment
   b. Name of Agency/Legal Entity and Program Name
   c. Program Manager info (Name, email, phone)
   d. Name of staff completing report and date completed.
   e. COR name
   f. Contract #, if known or available.

2. Incident Information – Provide details about the incident
   a. Date the incident took place
   b. Time the incident took place
   c. Location where the incident occurred
      i. Program Site
      ii. Client's Residence
      iii. Community Location
      iv. Unknown
      v. Other – If other is selected, provide information about the location in the text box.
   d. Staff involved in the incident; if none, indicate "none" or "N/A"
   e. Date the incident was reported to the program if information about the incident is received second-hand; if none, indicate "none" or "N/A"
   f. Incident Type – Incidents shall be reported with the leading incident; select the option that best describes the incident; see the prompt that states "Click to view/select options" to initiate the drop-down menu.
      i. Note: The adverse media/social media incident shall only be selected when no other incident or a leading incident requires reporting.
   g. If "adverse media/social media incident", additional information is required. Include media links (relevant news articles) for all incidents.

h. Client category* - This question is only required if program type selected is SMH or DMC-ODS and is not required for the Non-treatment option. Select one of the following:
   i. BHS Client
   ii. Non-BHS Contracted Clients - are clients that do not meet the County target population/are not funded by Contracted programs (i.e. private pay, cash pay, clients who do not qualify for Medi-Cal and clients with Other Health Coverage (OHC) who do not qualify for Medi-Cal). For example, some of our programs see clients from the community or probation is funding their services. Please note that these reports will not include PHI and will not have a CME.
   iii. OOC Client – County of residence notification required (see section 4); no client information needed for section 6.

3. Describe the Serious Incident – Describe the incident in detail addressing all items, unless Non-BHS or OOC client indicated, exclude PHI.
   a. Identify people involved (staff, client, community members), precipitating factors which lead to the incident, and details of incident.
   b. Indicate whether the client was admitted for medical or psychiatric care as a result of the incident and where they were admitted.
   c. Describe any physical or medical concerns as a result of the incident.

4. Notifications – Notification to other parties/entities of the client's or staff's involvement in an incident may be required. Indicate other departments/parties notified regarding the incident. Multiple notifications may be necessary. Reminder, if the reported incident includes a privacy incident, notification to BAC is required and should be indicated here. If notification is not required, click N/A.
   a. Entity - See the prompt that states "Click to view/select options" to initiate the drop-down menu; if "Other" is selected, additional information is required to be entered into the "other" field.
   b. Date/Time – indicate date/time of the notification
   c. Type of notification - see the prompt that states "Click to view/select options" to initiate the drop-down menu.
   d. NOTE (MH/SUD) – *If a client is involved with APS, CFWB, Probation/Parole, Public Conservator, etc, notification to these departments is required.*
   e. NOTE (SUD ONLY) - *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.*

5. Notifications (SUD Residential Only) – SUD Residential Licensing requires reporting for incidents involving death or injury that requires medical treatment, communicable diseases, poisonings, natural disaster, and/or fires ore explosions on premises. If notification is not required, click N/A. *See DHCS 5079 titled "Unusual/Incident/Injury/Death Report" for a copy of the DHCS form and directions*
   a. Indicate if death/injury that required medical treatment, communicable diseases, poisonings, natural disaster and/or fires or explosions on the premise.
   b. Indicate date/time the telephonic report was made.

    c.   Indicate if written report was submitted.

    d.   Indicate date/time of written report.

    e.   NOTE: Incident examples and notification is required for and included on both the Critical Incident and the Non-Critical Incident forms.

6. Client Information – Provide details about the client involved in the incident, unless Non-BHS or OOC Client, this section is not required.
    a. Client Name
    b. Client's date of birth (DOB)
    c. Client's DSM-5 diagnosis, if applicable; if none, indicate "none" or "N/A" or appropriate z-code for SUD.
        i. Note: Z-code will not be accepted if client has an identified DSM-5 diagnosis.
    d. Client's EHR number, if applicable
    e. Client's last date receiving a service at the program, if applicable
    f. If client is involved with or connected to other departments, entities, or behavioral health services, such as Outpatient, FSP/ACT, WRAP, SBCM, medication management, day treatment, WM, residential, recovery services, OTP, indicate yes or no.
        i. If yes, section 6 must be complete.

7. Program Manager Attestation - Staff completing the form is required to attest to one of the options:
    a. I am the Program Manager and am attesting that the information provided is accurate.
    b. I am submitting on behalf of the Program Manager and am attesting that the information provided is accurate and has been reviewed with the Program Manager