

# Serious Incident Report



BHS  
SIR

*Please be sure to check the Optum website to ensure you are using the most up to date forms.*

1. Submitted forms are to be typed. Handwritten forms will be returned for completion.
2. Incidents regarding discharged clients are only required if the incident occurred within 30 days of the date of discharge from the program.
3. A Level One Incident is to be called into the SIR Line immediately upon knowledge of the incident. A Level Two incident is to be called into the SIR Line within 24hrs of knowledge of the incident.
4. A Level One SIR is to be faxed in within 24 hours of knowledge of the incident. A Level Two SIR is to be faxed in within 72 hours of knowledge of the incident
5. The Report of Findings is due within 30 days of knowledge of the incident.
6. Refer to Section G in either the OPOH (for MH programs) and SUDPOH (for SUD programs) for further information.

## **Level One**

1. Any event that has been reported in the media (including social media), current or recent past regardless of the type of incident.
2. The event has resulted in a death or serious physical injury **on the program's premises**.
3. The event is associated with a significant adverse deviation from the usual process for providing behavioral health care.

**All other serious incidents are reported as Level Two.**

**The County of San Diego QM defines Serious Physical Injury as:** an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, limb, organ or of mental faculty (i.e., fracture, loss of consciousness), or requiring medical intervention, including, but not limited to, hospitalization, surgery, transportation via ambulance, or physical rehabilitation.

**An RCA (Root Cause Analysis) is required for any death by suicide, alleged homicide or as requested by County Quality Management.**

## **Completing the SIR**

### **Top Portion of Form**

- **All sections** are to be completed thoroughly, including the name of your legal entity and your COR.
- SanWITS Number refers to SUD programs and CCBH Number refers to Mental Health programs. For programs that provide both Mental Health and DMC-ODS services, provide both numbers if applicable.
- You may select only BHS-Mental Health Program and/or BHS SUD Program, as applicable. Click next to “Option” where it says “Select Appropriate Option” to bring up the drop-down menu for program type.
- Program County Region Location: Click next to “Option” where it says “Select Appropriate Option” to bring up the drop-down menu for region which program serves.

### **Item 1**

- “Incident Type” is required. Select the drop-down which best describes the incident. Click next to “Option” where it says “Select Appropriate Option” to bring up the drop-down menu for program type.

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The logo consists of three concentric blue circles. The innermost circle is the darkest blue and contains the text "BHS" above "SIR" in white, sans-serif font. The middle circle is a lighter shade of blue, and the outermost circle is the lightest shade of blue.

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- Media information – refers to incidents reported in the media. Copy any media any relevant media links to news stories.
- If the selection in the “Incident Type” drop-down is “19-Other,” please explain in the “Other” field directly below the “Media Information” field.

## Item 2

- “Type” and “Entity” fields – Select the appropriate option from the drop-down. If “Other” is selected in the “Entity” field, please provide additional information in the “Other” text box.
- Also, if multiple agencies are notified provide this information in the “Other” field.
- **Only SUD Residential Programs** are required to fill out the DHCS report information in SIRs related to: death, injury that requires medical treatment, communicable diseases, poisonings, natural disaster and/or fires or explosions on premises. Respond to all prompts as appropriate.

## Item 3

- Answer the 3 prompts for this item to describe the incident in detail. Describe in detail the serious incident. Identify all the people involved in the incident (staff, client, community members). Identify any precipitating factors which lead to the event. Indicate whether the client was admitted for medical or psychiatric care as a result of the incident and where they were admitted. Describe any physical or medical concerns as a result of the incident.

## Item 4

- List other programs that the client is involved in (Mental Health and SUD) that the Clubhouse is aware of. If involvement in other Mental Health or SUD programs is unknown by the Clubhouse, type “Unknown”

## Item 5

- List any known medications the client is prescribed, the name of the prescribing physician, and any medical conditions.

## Item 6

- Select the appropriate response for the Tarasoff question
- Note: A Report of Findings is not required for a Tarasoff related incident unless it is relevant to an identified systemic issue in program operations or to client’s treatment.

## Item 7

- Indicate the date and time the SIR was called in to the Quality Management SIR Line, as well as who completed the SIR Form

## Bottom Portion of Form

The form **must** have the program managers (or designee) name, email address, phone number, signature and date.