

Serious Incident Report of Findings (SIROF)

BHS
SIROF

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

1. A SIROF is required within 30 days for all Serious Incident Reports excluding Tarasoff Reports and for SUD programs Death by Natural Causes
2. A SIROF is required within thirty calendar days of the serious incident or knowledge of the incident (Refer to Section G of the OPOH or SUDPOH)
3. If completing a Root Cause Analysis (RCA), the Serious Incident Summary of Findings Sections (Section 1 and 2) may be skipped in order to complete the RCA Section

A Root Cause Analysis (RCA) must be completed under the following circumstances:

1. Death by suicide
2. An alleged homicide committed by the client
3. As requested by QM
4. May be completed for any other Serious Incident event

Was the person in Custody within the last 30 days

1. Document whether the client was in custody within the last 30 days.

Serious Incident related to an Overdose

1. Select the substance involved in the overdose.
2. Answer only if an opioid was involved in the overdose if the client was previously receiving Medication Assisted Treatment. If Polysubstance was selected in #1 and an opioid was involved, prompts 2-4 must be answered.
3. Document if the client has been referred to MAT services following the incident and the name of the program where the client was referred.
4. Explain the reason the client was not referred to MAT if the client is not currently receiving MAT services.
5. Document whether the client was administered Naloxone/Narcan and by whom.
6. Document whether Fentanyl specific testing was included in client's urine drug screen and the date/result of most recent Fentanyl test.
7. Document whether the client was provided with health education about Naloxone/Narcan treatment prior to the incident.
8. Document whether Naloxone/Narcan kit was provided or given to the patient for overdose prevention prior to the incident.

Medication Assisted Treatment

- Clients diagnosed with a primary or co-occurring opioid and/or alcohol use disorder should be offered a referral for an assessment for Medication Assisted Treatment (MAT). Clients with an opioid and/or stimulant use disorder should be referred or linked to Naloxone treatment to prevent overdose risk.
- Providers can obtain information on referrals to MAT through use of the Access and Crisis Line and the County of San Diego Behavioral Health Services Provider Directory. This information can be found on the Optum Website at:
<https://www.optumsandiego.com/>

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The logo consists of three concentric circles in shades of blue. The innermost circle is the darkest blue and contains the text 'BHS SIROF' in white, uppercase letters. The middle circle is a lighter shade of blue, and the outermost circle is the lightest shade of blue.

Serious Incident Summary of Findings

1. Briefly describe the incident, including information from the Serious Incident Report and any additional information gathered during the investigation.
2. Document your investigation into the events leading up to the incident (i.e. review of chart and any relevant Policy and Procedures, interviews of staff and/or client, etc.)
3. Document your analysis of the investigation (i.e. identify any precipitating factors, follow up services, response to treatment).

Recommendations/Planned Improvements

1. Changes in Policies and Procedures-Identify and new policies and procedures which will be implemented in order to reduce risk to the clients and the program.
2. Quality improvement practices-Identify ongoing strategies which the program will implement in order measure the effectiveness of the policies and procedures.
3. Clinical supervision/oversight
4. Trainings, etc.

Root Cause Analysis (RCA)

1. **Was a root cause identified?** Yes/No
2. **RCA Summary of Finding**-Describe the incident, the results of the investigation and analysis of the incident. Describe the root cause if one was identified.
3. **RCA Summary of Action Items**-Create a plan of action items the program will implement which will reduce the risk to the clients and program. Identify the measures that will be used to determine the effectiveness of the plan.

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- **Report of Finding sent to QM within 30 days Yes/No, If Not Why.**
 - Document why the ROF was not sent to QM within 30 days.
 - If an extension is needed a request may be made to the QM Program Manager.

Bottom Portion of Form

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