



Non-Critical Incident Report (N-CIR)

- **What are non-critical incidents and why do I need to report them?**
 - Counties are required to implement procedures for reporting incidents and monitoring appropriate and timely interventions of incidents.
 - Non-Critical Incidents are defined to identify potential risk to provider or County, to include adverse deviations from usual processes
 - Non-Critical Incidents were previously known as Unusual Occurrences and provider reporting is in alignment with contractual requirements
 - Refer to the OPOH/SUDPOH for additional information, including definitions.

- **Why are there changes and what has changed?**
 - Changed the reporting workflow from directly reporting of UO's to COR teams to a centralized online reporting system that alerts both COR's and QA.
 - Reporting is required within 24 hours of knowledge of the incident.
 - The reporting requirement has broadened to include all BHS contracted providers, with some non-treatment contracts exempt from reporting. Exempted non-treatment contracts include:
 - Capital project
 - Community Engagement
 - Consultant
 - Data
 - EHR/Software/Database
 - Research
 - Vendor Service to COSD Facility
 - Training

 - Updated incident types for improved tracking of trends needed to support the goal of improved quality of care. Include the following:
 - Contract/policy violations by staff (unethical behavior)
 - Tarasoff reporting
 - AWOL
 - Non-critical injury onsite
 - Adverse Police involvement/ PERT
 - Property destruction
 - Loss or theft of medications from facility
 - Physical Restraints (prone/supine) - SMH CYF only
 - Other

- **What is the process for reporting a Critical Incident?**
 - Complete Non-Critical Incident submission form within 24 hours of knowledge of the incident.
 - QA and COR's will be automatically notified of the incident.
 - Report of Findings (ROF) are not required for non-critical incidents, but QA and COR's may request additional information that could lead to an ROF.
 - Note: Submission should exclude PHI to avoid privacy breach. If PHI is disclosed, a Privacy Incident Report (PIR) to BAC is required.



- **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 Non-Critical Incident Form?**
 - The link to the submission form is located the SMHS DMC-ODS Health Plans shared Optum page with FAQ/Tip Sheets under the "Incident Reporting" tab.

- **How do I complete the Non-Critical Incident submission form?**
 - See steps outlined below:
 1. Date reporting Non-Critical Incident – The date is automatically captured for QA once the form is submitted, eliminating the need for staff reporting to include.
 2. Name of Staff Reporting – Enter name of staff.
 3. Email address of staff reporting – The submission will automatically send a copy of the report to the email provided; ensure email address is accurate.
 4. COR Name – Enter name of COR.
 5. COR Email address – The submission will automatically send a copy of the report to the email provided; ensure email address is accurate.
 6. Contract Number, if available – Enter contract #. This is the only field not required and will allow you to bypass if contract number is not available.
 7. Agency/Legal Entity Name – Enter program's agency or legal entity.
 8. Program Name – Enter program name.
 9. Program Manager Name – Enter name of program manager.
 10. Program Manager Email Address – The submission will automatically send a copy of the report to the email provided; ensure email address is accurate.
 11. Program Manager Phone Number – Enter phone number of program manager.
 12. Program Type – Select one of the following:
 - a. SMH*
 - b. DMC-ODS*
 - c. Non-treatment
 - d. Fee-For-Service Provider (SMH Only)
 13. LPS Designated Facility – check Yes if you are reporting on behalf of an LPS designated facility.
 - a. For specific reporting requirements, please reference the "Inpatient Operations Manual" located on the SMH & DMC-ODS Health Plans Optum page in the Manuals subsection.
 - b. Review "LPS Incident Reporting Crosswalk" section for reportable incidents and how to report.
 14. Date of Non-Critical Incident – Enter date of the incident.
 15. Date Program Aware of Incident – Enter date program was notified or became aware of the incident.
 16. Type of Non-Critical Incident:
 - a. Contract/policy violations by staff (unethical behavior)
 - b. Tarasoff Reporting
 - c. Non-critical injury onsite
 - d. Adverse Police/PERT Involvement onsite
 - e. Property destruction onsite
 - f. AWOL



- g. Loss or theft of medications from facility (SMH/DMC only)
- h. Physical Restraints (SMH CYF only)
- 17. Staff Involved – Indicate if program staff was involved in the incident.
 - a. Yes
 - b. No
- 18. Member Category* - This question is triggered by selecting SMH, DMC-ODS or Fee-For-Service (FFS) as the program type and is not required for the Non-treatment option. Select one of the following:
 - a. BHS Plan Member
 - b. Non-BHS Plan Member
 - c. Out of County (OOC) Member
- 19. Location of Incident – Indicate the location of the incident using the following options:
 - a. Program Site
 - b. Member’s Residence
 - c. Community Location
 - d. Unknown
 - e. Other – If other is selected, a new text box will become available.
 - i. Please explain – Provide information about the location.
- 20. Summary of Incident – Summarize the incident, excluding PHI. If PHI is provided, program will be required to submit a Privacy Incident Report.
- 21. LPS Designated Facilities ONLY: Facility Response/Resolution to Incident – Explain facility’s response and steps to resolution here.
- 22. Other Support Services – Indicate other support services member was connected with; if none, indicate.
- 23. Notifications – Indicate notifications to other departments, counties, or related parties. This includes County of Residence for Out of County Members and SUD Residential licensing for any non-critical incidents that require reporting.
- 24. 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