Critical Incident (CIR) & Non- Critical Incident (N-CIR) Reporting Processes & Procedures

BHS Quality Assurance

Incident Reporting Team

2026

Objectives

Becoming familiar with Incident Reporting (IR)

Modifications to IR Processes

Critical Incident Report (CIR) and Non-Critical Incident Report (N-CIR) Submission Process

Accessing Helpful Resources

Modifications to the IR Process

All incidents require report submission within 24 hours of incident knowledge.

Changes to Naming Conventions

Serious Incident Reporting (SIRs) -> Critical Incidents

SIR Level 2 Incidents & Unusual Occurrences -> Non-Critical Incidents

Expanded Program Reporting

Reporting is required for BHS treatment & non-treatment programs based on incident type(s).

Report of Findings (ROF) Requirements

ROFs will only be required for Critical Incidents unless requested by QA or COR.

Root Cause Analysis (RCA) Requirements

An RCA will only be required for specific Critical Incident categories.

Elimination of "SIR Phone Line"

Phone reporting is discontinued. Incidents will be sent securely to the QI Matters email or faxed. N-CIRs will be submitted via online form.

What is Incident Reporting?

A reportable incident is an incident that may indicate potential risk/exposure for the County operated or contracted providers (per Statement of Work), client, or community.

Critical Incidents are reported to the QA Unit on a specified form and submitted via secure email or fax.

Non-Critical Incidents are reported via an online submission form that report directly to the program's Contracting Officer Representative (COR) and are reviewed by the Quality Assurance Unit.
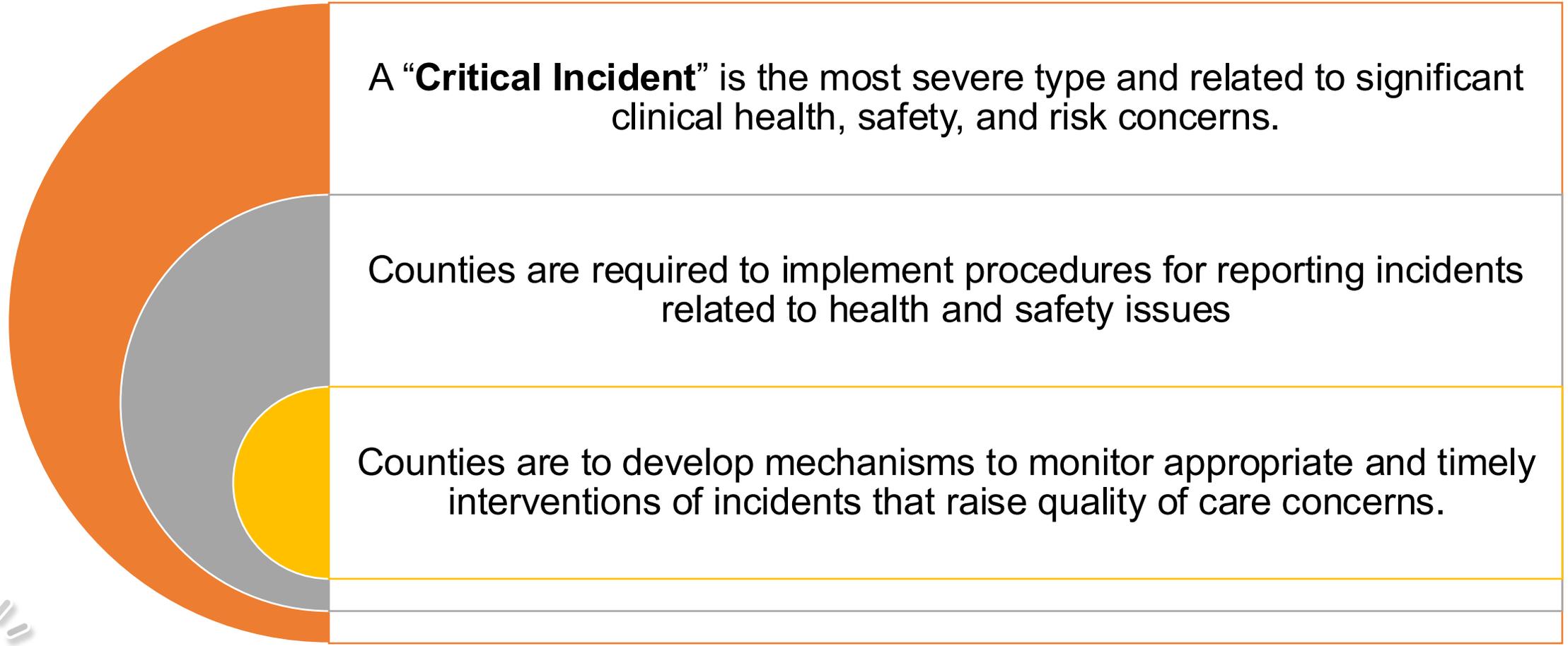
What is Incident Reporting?

All Critical Incidents shall be reported to the BHS Health Plan Organization Quality Assurance Unit **within 24 hours of program notification.**

All providers are required to report critical incidents involving clients in **active treatment** or whose discharge from services has been **30 days or less.**

The provider shall also be responsible for reporting critical incidents to the appropriate authorities, if applicable. (i.e. CFWB, APS, etc).

A "**Critical Incident**" is the most severe type and related to significant clinical health, safety, and risk concerns.

Counties are required to implement procedures for reporting incidents related to health and safety issues

Counties are to develop mechanisms to monitor appropriate and timely interventions of incidents that raise quality of care concerns.

Critical Incidents Categories

Death/Pending (Pending CME investigation)

Death/Natural Causes (Confirmed)

Death/Overdose (Confirmed)

Death/Suicide (Confirmed)

Death/Homicide (Confirmed)

Suicide Attempt

Non-Fatal Overdose

Medication Error

Alleged abuse/inappropriate behavior by staff

Injurious assault by a client resulting in hospitalization

Critical Injury on site (MH/SUD related)

Adverse Media/Social Media Incident (only; no leading incident)

Any incident that does not fall within these categories will be reported as a "Non-Critical Incident"

Death/Pending (Pending CME Investigation)

This should be selected for client death in which the actual reason of death is not yet confirmed.

The program shall maintain a Natural Death Log that QA will review during the recertification site visit.

Deaths must be reported to the COSD HIM Department **(see OPOH Section B)** for additional information on reporting member deaths.

Critical Incidents- Definitions

Death/ Natural Causes (Confirmed)

MH Programs: CIRs are **not** required for deaths that are a natural occurrence, **unless** it occurs on program premises.

SUD Programs: require confirmed natural death reporting regardless of circumstances

The program shall maintain a Natural Death Log that QA will review during the recertification site visit.

Deaths must be reported to the COSD HIMS Department **(see OPOH Section B)** for additional information on reporting member deaths.

Critical Incidents- Definitions

Non-Fatal Overdose

For Incidents related to an overdose by an opioid or alcohol, the client must be offered a referral to Medication Assisted Treatment (MAT), if not already receiving services.

Information on MAT programs can be access through the Provider Directory on the Optum website or by calling the Access and Crisis Line

Medication Error

Medication error in prescription or distribution resulting in severe physical damage and/or loss of consciousness; respiratory and/or circulatory difficulties requiring hospitalization.

Alleged Abuse/ Inappropriate Behavior by Staff: Serious allegations of or confirmed inappropriate staff (including volunteers, interns) behavior, such as sexual relations with a client, client/staff boundary issues, financial exploitation of a client, and/or physical or verbal abuse of a client.

Reports of Sexual Misconduct by a Healthcare Provider (SB 425, Business & Professions Code Section 805.8): Effective 1/1/20, a healthcare facility, health plan, or other entity that grants privileges or employs a healthcare professional must, within 15 days of receiving a written allegation of sexual abuse or sexual misconduct (inappropriate contact or communication of a sexual nature) against one of its healthcare providers, file a report with that professional's licensing board.

Critical Incidents- Definitions

Critical Injury on Site

An injury involving extreme physical pain, substantial risk of death, or loss or impairment of function of a bodily member, limb, organ, or of mental faculty.

Including, but not limited to hospitalization, surgery, loss of consciousness, requiring medical intervention, transportation via ambulance, or physical rehabilitation.

The injury is **directly related** to the client's mental health or substance use functioning and/or symptoms.

Any injury not falling in these categories and/or not related to client mental health or substance use symptoms would be reported under the Non-Critical Incident process.

Adverse Media/Social Media Incident (only; no leading incident)

The adverse media/social media incident shall only be selected when no other incident or a leading incident requires reporting.

If an "adverse media/social media incident" occurs, include media links (relevant news articles) for all incidents.

Critical Incident Reporting Process

All providers are required to report critical incidents involving clients in active treatment or whose discharge from services has been 30 days or less.

The program has **24 hours from notification** of incident to report to QA.

See the following slides for instructions on how to complete the Critical Incident Form.

Critical Incident Reporting Process

Provider/ program is notified by a source of information about a situation involving one of **their clients (or recently discharged client)** meeting the criteria for a critical incident.

The program manager or designee will immediately safeguard the client's medical record.

The program manager shall review the chart as soon as possible.

The client medical record shall not be accessed by unauthorized staff not involved in the incident.

All program staff will maintain confidentiality about client and the critical incident.

Critical Incident Form

Step 2:

The CIR form **must be typed. All fields are required** unless otherwise noted. Incomplete forms will be returned.

The videos on the following slides display use of drop-down menu options embedded within the CIR form

Program Type (drop down)-Select one of the following: SMH, DMC-ODS, Non-Treatment

Contract Type- Ensure that your contact type is entered. Review with PM/COR if needed.

1. PROGRAM REPORTING CIR

Provide details about program reporting CIR, including staff completing/submitting the CIR form.

- *Critical Incident: Fax/email within 24 hours*

Program Type	Click to view/select options
Agency/Legal Entity Name	
Program Name	
Program Manager Name	
Program Manager Email	
Program Manager Phone Number	
Name of Staff Reporting	
Date Staff Reporting	
Contracting Officer Representative (COR)	
Contract # *(if known or available)*	

Critical Incident Form

Step 3: Provide Details About the Incident

2. INCIDENT INFORMATION

Provide details about the incident: date/time, location of incident; staff involved in the incident; date incident reported to the program; type of incident (use drop down menu); if reported to media, include relevant material or links to news stories;

Date of Incident	
Time of Incident	☐ Unknown
Location of Incident	Click to view/select options If "other" selected:
Staff Involved with Incident	☐ Yes ☐ No *(If yes, include staff name in Section 3.)*
Date Program Aware of Incident	
Critical Incident Type	Click to view/select options
If "adverse media/social media incident", provide links for incident.	
Client category (*Required for SMH or DMC-ODS treatment program type only*)	Click to view/select options Note: • OOC Clients – county of residence notification required; indicate in section 4 • OOC & Non-BHS clients – skip section 6 for client info

Critical Incident Form

Step 4: Describe the Incident in Detail

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

3. DESCRIBE THE CRITICAL INCIDENT	
Describe in detail the critical incident, addressing all items below. If OOC Client or Non-BHS Client, do not include PHI.	
a) People involved, precipitating factors, and details of incident	
b) Indicate if client was admitted for medical or psychiatric care as a result of the incident	
c) Describe any physical, medical, or other concerns as a result of the incident	

Critical Incident Form

Step 5:
Complete Appropriate Notifications

NOTE (MH/SUD) – If the client is involved with APS, CFWB, Probation/Parole, Public Conservator, etc. then notification to these department(s) is/are required.

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.

Notification to other parties/entities of the client's or staff's involvement in an incident may be required.

Critical Incident Form

Step 6: Complete Client Information

Provide all requested details about the client involved in the incident.

If a Non-BHS or Out Of County client, this section is **not** required.

Non-Treatment programs complete all sections regardless of client type.

6. CLIENT INFORMATION

Provide details about client involved in the incident: name & DOB; DSM dx; electronic health record number; last date of service, if applicable. Note: If OOC Client or Non-BHS Client, this section is not required.

Client Name	
DOB	
DSM-5 Diagnosis, if applicable	
EHR Number, if applicable	
Date of Last Service, if applicable	
Is the client involved with or connected to other departments, entities, or behavioral health services?	☐ Yes ☐ No *If yes, Indicate any other services the client is receiving; example: Outpatient, FSP/ACT, WRAP, SBCM, medication management, day treatment, residential, recovery services, etc.*

Note: Z-code will not be accepted if client has an identified DSM-5 diagnosis.

Critical Incident Form

Step 7: Program Manager Attestation

Staff completing the form is required to attest to one of the options included on the form.

7. PROGRAM MANAGER ATTESTATION

This section shall only be completed by Program Manager or Designee Only; select only one option.

☐ I am the Program Manager and am attesting that the information provided is accurate.

☐ 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.

Critical Incident Communication
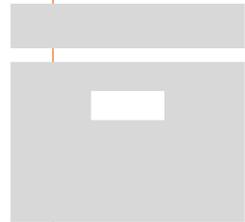
A CIR is <u>never</u> to be filed in the client's medical record and <u>shall</u> be kept in a separate secured confidential file.

QI Matters email address: qimatters.hhsa@sdcounty.ca.gov

QA Critical Incident fax number: 619-236-1953

CIRs- Holidays and Weekends Process

CIRs are **required** to be reported for behavioral health programs on weekends and holidays to the QA Unit and Designated County Staff. This requirement does **not** apply to N-CIRs.

Weekend Coverage = Saturday and Sunday | **Holiday Coverage =** Any Designated County Holiday.

Submit the notification to QI Matters as soon as program is aware of the incident.

Each legal entity will identify Senior Level staff designated as the main contact person(s) for their programs. This staff will report the Critical Incident by calling and/or leaving a message with all required information including a call back number to the County Designated Staff.

Report Critical Incidents to the County Designated Staff on weekends and holidays between the hours of 8:00am – 8:00pm. If the Critical Incident that occurs outside of reporting hours, report during the next reporting hours window.

Non- Critical Incidents

A Non-Critical Incident (N-CIR) is an adverse incident that may indicate potential risk/exposure for the County provider, client or community that does not meet the criteria of a critical incident. Any incident that represents "adverse deviation from usual program processes for providing behavioral health care" and not falling.

All providers are required to report non-critical incidents involving clients in active treatment or whose **discharge from services has been 30 days or less.**

N-CIRs are reported directly to your COR/Program Manager and to QA via an online submission form **within 24 hours** of knowledge of the incident.

Non- Critical Incidents

AWOL
Contract/Policy violations by staff
Loss / theft of medication from the Facility
Physical Restraints
Tarasoff Reporting
Non-critical injury onsite
Adverse Police/PERT Involvement onsite
Property destruction onsite
Other

If an incident is submitted as a Non-Critical Incident that meets criteria for a Critical Incident, your program will be contacted by the COR or QA staff, and the appropriate submission must occur.

Non- Critical Incidents - Definitions

Adverse Police/PERT Involvement onsite: Any incident involving Police/PERT including but not limited to arrests on program site, use of restraints of clients/members, and any notable "adverse deviations" from program processes related to PERT/police engagement will require an N-CIR report.

Physical Restraints (prone/supine): Use of physical restraints (prone or supine) is reported only during program operating hours (applies only to Children, Youth & Families mental health clients during program operating hours). Excludes SUD programs, Hospitals, Long-Term Care Facilities, San Diego County Psychiatric Hospital/EPU, CYCSU and PERT). If use of physical restraints leads to client injury, this would be reported as a **Critical Incident.**

Non- Critical Incidents - Definitions

Tarasoff Reports: these Incidents no longer fall under Critical Incidents and will be reported as a Non-Critical Incident.

Tarasoff incidents do **not** require an ROF unless leadership deems one is necessary due to a systemic or client related treatment issue.

Non- Critical Incidents- Definitions

Non-critical injury onsite: Non-Critical injuries refer to injuries that require medical treatment greater than first aid and which occur on program premises.

Other: Epidemic, other infectious disease outbreak, and poisoning will be reported under the Non-Critical Incident Reporting process utilizing the "Other" incident category.

Do **NOT** include PHI within the online submission form—This includes client first and last names, EHR numbers, or any other Protected Health Information.

Ensure correct spelling for CORs email information as this will be submitted to them directly through the application.

When a Non-Critical Incident occurs or are identified, the appropriate agencies shall be notified within their specified timeline and format:

- Child and Elder Abuse Reporting hotlines.

- Tarasoff reporting to intended victim and law enforcement

- Law enforcement (police, sheriff, school police, agency security, military security/Naval Investigative Service, etc.) for crime reporting or requiring security assistance and inquiries.

- Every fire or explosion that occurs in or on the premises shall be reported within 24 hours to the local fire authority or in areas not having an organized fire service, to the State Fire Marshall.

Non-Critical Incident Form

The Smart Sheet **MUST** include the following:

- Date of Incident

  Date Program Notified

- Name of the Caller

  Phone Number for Contact

- Program Name

  Brief Description of Incident

- Submitted within 24 hours

  Information for COR

- Contract Number

  NO PHI in submission

- Form completed/ reviewed by a Program Manager

Play the video to explore N-CIR site functionality.

Report of Findings & Root Cause Analysis

PLEASE NOTE: This is a **two-part** training series. If you have completed a CIR you will need to also complete a Result of Findings (ROF). Additionally, you may need to complete a Root Cause Analysis.

Reference the additional **ROF/RCA presentation** on the Optum Website for an in-depth look and guidance through both processes identified below for follow up on Critical Incidents.

Report of Findings & Root Cause Analysis

Report of Findings (ROF)

- Complete ROF form within 30 days of knowledge of the serious incident.

- You may request an extension from QI Matters if CME report delayed.

Root Cause Analysis (RCA)

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

  - Death by Suicide

  - An alleged homicide committed by the client

  - Any other Critical Incident if deemed necessary by COR/QA

CME Report Email: records.mx@sdcounty.ca.gov

Resources for CIRs

You can find Critical Incident Reporting Information within the Organizational Provider Operations Handbook (OPOH) and the Substance Use Disorder Provider Operations Handbook (SUDPOH) on the Optum Website > *OPOH/SUDPOH* tab

Forms can be found in the Optum Website > BHS Provider Resources > SMH & DMC-ODS Health Plans > *Incident Reporting* tab

Other helpful resources such as the Critical Incident FAQs and Tip Sheets, Links to trainings and the most up to date Incident Reporting Information is located on the Optum website *Incident Reporting* tab.

Contact Information

For Questions or Consults please contact the

QA Incident Reporting Team

QIMatters Email: qimatters.hhsa@sdcounty.ca.gov