

Slide Number	Slide Heading	Slide Narration Text
1	Welcome	<p>Hello and welcome to the County of San Diego’s Quality Assurance Incident Reporting training series. This is a two-part training that will outline the Incident Reporting process for treatment and non-treatment programs for our System of Care. This training will specifically cover Critical Incident and Non-Critical Incident Reporting Processes and Procedures. The second part of our training will cover the Result of Findings report and the Root Cause Analysis process.</p>
2	Objectives	<ul style="list-style-type: none"> • By the end of today’s training, you will know the following: <ul style="list-style-type: none"> • An overview of Incident Reporting expectations in the County • Modifications that have been made to the IR process • The processes and procedures associated with Critical Incident Reporting and Non-Critical Incident Reporting • Where to find helpful resources related to Incident Reporting
3	Modifications to the IR Process	<ul style="list-style-type: none"> • This slide outlines key changes made to the Incident Reporting process (formerly known as the Serious Incident and Unusual Occurrences Reporting Process) as of January 1, 2025. • More detailed information about these modifications may be found on the Optum Website > Incident Reporting tab > Communications sub-section > Memo 12.23.24 • These changes are designed to improve reporting efficiency, minimize administrative burden and redundancies in documentation, ensure accurate tracking, and streamline data collection for better incident management. • Key changes are as follows: <ul style="list-style-type: none"> • Changes to Naming Conventions: Serious Incident Reporting will now be classified as Critical Incidents; SIR Level 2 incidents and unusual occurrences will now be classified as Non-Critical Incidents. The tier levels have been eliminated • Expanded Program Reporting: Reporting is required for BHS treatment and non-treatment programs based on incident type(s). • Simplified Report of Findings (ROF) Requirements: ROFs will only be required for Critical Incidents unless an exception is requested by QA or COR for a Non-Critical Incident. • Updated Root Cause Analysis (RCA) Requirements: A RCA will only be required for specific Critical Incident categories. • Elimination of ‘SIR Phone Line’: Phone reporting will be discontinued, and the SIR Phone Line will be retired. • Unified Reporting Timelines: All incidents will now require submission of reports within 24 hours of incident knowledge. • Changes to Incident Types: <ul style="list-style-type: none"> • Critical Incident - Categories were consolidated and clarified to focus on clinically critical incidents.

		<ul style="list-style-type: none"> • Non-Critical Incidents - Includes all other incidents representing “adverse deviation from usual program processes” and not falling into the critical incident categories. • Simplified Forms: <ul style="list-style-type: none"> • Critical Incidents: The Reporting form has been streamlined to support the new process and will be emailed to QI Matters mailbox or sent via fax. • Non-Critical Incidents: An online submission form has been developed to centralize incident data.
4	What is Incident Reporting?	<p>Let’s examine what defines “incident reporting”:</p> <ul style="list-style-type: none"> • An “Incident” is any situation or occurrence that may indicate potential risk/exposure for the County, including county-operated or contracted providers, clients or community. • All Incidents shall be reported to the BHS Health Plan Organization Quality Assurance Unit. • There are two types of reportable incidents <ul style="list-style-type: none"> • 1) Critical Incidents are reported to the BHS QA Unit and leadership team and • 2) Non-Critical Incidents are reported via an online submission form that reports directly to the program’s Contracting Officer Representative (COR) and is reviewed by the Quality Assurance Unit
5	What is Incident Reporting (2)	<ul style="list-style-type: none"> • All Critical incidents are to be reported within 24 hours of program knowledge of the Incident • 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).
6	Critical Incidents (CI)	<ul style="list-style-type: none"> • Incidents focused on significant clinical health, safety, and risk concerns are categorized as Critical Incidents. • Counties are required to implement procedures for reporting incidents related to health and safety issues • Counties are also required to develop mechanisms to monitor and provide appropriate and timely interventions in response to incidents that raise quality of care concerns.
7	CI categories	<p>Critical Incidents are classified by the following categories:</p> <ol style="list-style-type: none"> 1. Death/Pending (Pending CME investigation) 2. Death/Natural Causes (Confirmed)

		<ol style="list-style-type: none"> 3. Death/Overdose (Confirmed) 4. Death/Suicide (Confirmed) 5. Death/Homicide (Confirmed) 6. Suicide Attempt 7. Non-Fatal Overdose 8. Medication Error 9. Alleged abuse/inappropriate behavior by staff 10. Injurious assault by a client resulting in hospitalization 11. Critical Injury on site (MH/SUD related) 12. Adverse Media/Social Media Incident (only; no leading incident) <ul style="list-style-type: none"> • Any incident that does not fall within these categories will be reported as a “Non-Critical Incident” • If you have any questions whether an Incident qualifies as a CIR, please reach out to QI Matters at QIMatters.hhsa@sdcounty.ca.gov for consultation. • We will describe some of these categories in more detail on the following slides.
8	CI – definitions: Death/Pending	<p>The first category: Death/Pending (Pending CME Investigation) would cover any client death in which the actual reason for death is not yet confirmed. This is typically the case in which the cause of death requires further investigation and the program is waiting on the County Medical Examiner report. The subsequent ‘Confirmed’ reasons for client death should only be chosen when the actual reason for death is known by the Program.</p>
9	CI – definitions: Death/Natural Causes	<ul style="list-style-type: none"> • For reporting Death/Natural Causes (Confirmed), CIR requirements differ depending on the type of program. • For MH Programs, CIRs are not required for deaths that are a natural occurrence, unless they occur <u>on program premises</u>. • The program shall maintain a Natural Death Log that QA will review during the Medi-Cal recertification site visit. However, if a death that is a natural occurrence happens on a program’s premises an CIR is required. • Deaths must be reported to the COSD HIMS Department, Please see OPOH Section B for additional information on reporting member deaths. • SUD programs are required to report confirmed natural death on or offsite via critical incident reporting and tracking as a part of SUD residential licensing requirement for DHCS.
10	CI definitions: Non fatal OD and Med Error	<ul style="list-style-type: none"> • For Critical Incidents related to a non-fatal overdose by an opioid or alcohol, the client must be provided an opportunity for a referral to Medication Assisted Treatment (MAT) if the client is not already receiving

		<p>MAT services. Information on MAT programs can be accessed through the Provider Directory on the Optum website or by calling the Access and Crisis Line.</p> <ul style="list-style-type: none"> The category Medication Error addresses errors in prescription or distribution resulting in severe physical damage and/or loss of consciousness; respiratory and/or circulatory difficulties requiring hospitalization
11	CI definitions: alleged abuse	<ul style="list-style-type: none"> Alleged abuse/inappropriate behavior by staff: covers serious allegations of or confirmed inappropriate staff behavior, including volunteers or interns. Examples include sexual relations with a client, client or staff boundary issues, financial exploitation of a client, and physical or verbal abuse of a client. For reporting, effective 1/1/2020, 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 against one of its healthcare providers, file a report with that professional’s licensing board.
12	CI Definitions: Critical Injury onsite	<ul style="list-style-type: none"> A Critical Injury onsite is defined as an injury to a client where the injury is directly related to the client’s mental health or substance use functioning and/or symptoms. Critical injury means any injury involving extreme physical pain, substantial risk of death, protracted loss or impairment of function of a bodily member, limb, organ, or of mental faculty (i.e., fracture, loss of consciousness), or an injury requiring medical intervention, including but not limited to hospitalization, surgery, transportation via ambulance, or physical rehabilitation. 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
13	CI Definition: Adverse Media/Social Media Incident	<ul style="list-style-type: none"> The category adverse media/social media incident shall only be selected when no other incident or a leading incident requires reporting. When including “adverse media” or “a social media incident” in a CIR, additional information is required. The report should include media links to (relevant news articles) for all incidents.
14	CI Reporting Process	<ul style="list-style-type: none"> 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. In the following slides, we will explore instructions on how to complete the Critical Incident Form.

15	CI Reporting Process	<p>This slide identifies all actions that should occur immediately after the provider/program is notified of a Critical Incident.</p> <ul style="list-style-type: none"> • First and foremost, the program should report the Incident via the Critical Incident report form which can be found on the Optum website>Incident Reporting tab • In the event of 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. • The critical incident should not be the subject of casual conversation among staff
16	Critical Incident Report Form	<ul style="list-style-type: none"> • When completing the CIR form, all fields are required unless noted, and the form must be typed. • The videos on this and the following slides display use of drop-down menu options embedded within the CIR form. • The first section asks for information about the program making the report. • The information requested includes: <ul style="list-style-type: none"> • Program Type – Select one of the following: <ul style="list-style-type: none"> • i. SMH* • ii. DMC-ODS* • iii. Non-treatment • Name of Agency/Legal Entity and Program Name • Program Manager info (Name, email, phone) • Name of staff completing report and date completed. • COR name • Contract #, if known or available.
17	CIR Form: Section 2	<ul style="list-style-type: none"> • The next section asks for specific information about the incident. Try to include as much critical information and detail as possible that will help someone understand a clear picture of the Incident. • The information requested includes: • Date the incident took place • Time the incident took place • Location where the incident occurred. The location option includes a dropdown menu and the reporter may choose between: <ul style="list-style-type: none"> • Program Site • Client’s Residence • Community Location • Unknown

		<ul style="list-style-type: none"> • Other – If other is selected, provide information about the location in the text box. • The next line includes a check box on whether Staff were involved in the incident. If staff were involved, names will be entered into section 3. • Under the section date program aware of incident, include the date the incident was reported to the program if information about the incident is received second-hand; if this is not applicable, please add “none” or “N/A” • Under 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. • As a reminder, the adverse media/social media incident shall only be selected when no other incident or a leading incident requires reporting. • If “adverse media or social media incident” is present, additional information is required. Include media links (relevant news articles) for all incidents. • The option for Client category* is only required if program type selected is SMH or DMC-ODS and is not required for the Non-treatment option. • The choices include: <ul style="list-style-type: none"> • i. BHS Client • ii. Non-BHS Client – No client information needed for section 6. • iii. OOC Client – County of residence notification required (see section 4); no client information needed for section 6.
18	CIR form: section 3	<ul style="list-style-type: none"> • This section asks for the reporting party to describe the incident in detail addressing all items. IF the client is a Non-BHS or OOC client, please exclude PHI. • You will Identify people involved (staff, client, community members), precipitating factors which lead to the incident, and details of incident. • Please Indicate whether the client was admitted for medical or psychiatric care as a result of the incident and where they were admitted. • Further, you will describe any physical or medical concerns that resulted from the incident.
19	CIR form: section 4&5	<p>Section 4 and 5 focus on any other entities that may need to be notified of the Incident</p> <ul style="list-style-type: none"> • Section 4 begins with Indicating other departments or parties notified regarding the incident. 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. • Entity - See the prompt that states “Click to view/select options” to initiate the drop-down menu; <ul style="list-style-type: none"> • if “Other” is selected, additional information is required to be entered into the “other” field. • Date/Time – indicate date/time of the notification

		<ul style="list-style-type: none"> • Type of notification - see the prompt that states “Click to view/select options” to initiate the drop-down menu. • NOTE– If a client is involved with services such as APS, CFWB, Probation/Parole, Public Conservator, etc., notification to these departments is required. • regarding SUD programs 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 • Section 5 covers 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. <ul style="list-style-type: none"> • 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 • Indicate if death/injury that required medical treatment, communicable diseases, poisonings, natural disaster and/or fires or explosions on the premise. • Indicate date/time the telephonic report was made. • Indicate if written report was submitted. • Indicate date/time of written report. • As a NOTE: Incident examples and notification is required for and included on both the Critical Incident and the Non-Critical Incident forms
20	CIR Form: Section 6	<ul style="list-style-type: none"> • Section 6 focuses on Client information and asks the submitting party to provide details about the client involved in the incident. If the client is a Non-BHS or OOC Client, this section is not required. • Required information includes: <ul style="list-style-type: none"> • Client Name • Client’s date of birth (DOB) • Client’s DSM-5 diagnosis, if applicable; if none, indicate “none” or “N/A” or appropriate z-code for SUD. Note: Z-code will not be accepted if client has an identified DSM-5 diagnosis. • Please include the Client’s EHR number, if applicable • Client’s last date receiving a service at the program, if applicable • • Please indicate yes or no whether a 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, or NTP programs - If yes, section 6 must be complete.
21	CIR Form: Section 7	<ul style="list-style-type: none"> • The staff member completing the form is required to attest to one of the following options under section 7. The choices include: • I am the Program Manager and am attesting that the information provided is accurate. OR • 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
22	CIR Communication	<ul style="list-style-type: none"> • A CIR is never to be filed in the client’s medical record. A Critical Incident Report shall be kept in a separate secured confidential file. • The Contact information for reporting a Critical Incident is outlined on this slide. • Options include the QI Matters Email: QIMATTERS.HHSA@SDCOUNTY.CA.GOV or the QA Critical Incident Fax number, 619-236-1953 • Please note that this is only for critical incidents, as Non-critical incident reports (N-CIR) will be submitted via SmartSheet due to absence of PHI.
23	CIR Weekend Reporting	<ul style="list-style-type: none"> • Critical Incidents are required reporting for Legal Entity (LE) behavioral health programs on weekends and holidays to the QA Unit and Designated County Staff. • This requirement does not apply to Non-Critical incidents. • Report Critical Incidents to the County Designated Staff on weekends and holidays between the hours of 8:00am – 8:00pm (reporting hours). If you have a Critical Incident that occurs outside of reporting hours, then report the Critical Incident on the next or same day during reporting hours. • Weekend Coverage is defined as Saturday and Sunday. Holiday Coverage is defined as any designated County Holiday. <p>Follow this procedure for reporting a Critical Incident on Weekends and Holidays:</p> <ol style="list-style-type: none"> 1. For a Critical Incident, submit the notification to QI Matters as soon as possible from awareness of the incident occurrence. 2. Each LE will identify key Senior Level staff (1-3) that are designated as the main contact person(s) for their programs needing to report Critical incidents on weekends and holidays. This LE designated staff will report the Critical Incident by calling and/or leaving a message with all required information including their call back number to the County Designated Staff. Each LE will be provided with the contact phone numbers of their County Designated Staff. <ol style="list-style-type: none"> 1. Program staff should only be reporting the Critical Incident to their LE designated staff. Program staff should not be directly contacting the County Designated Staff.

		<p>2. County designated staff are identified in priority contact order as:</p> <ol style="list-style-type: none"> 1. Adult SOC Assistant Deputy Director – Adult/Older Adult Providers and Children, Youth & Families SOC Assistant Deputy Director – Children, Youth & Families Providers 2. Director; BHS (third back up).
24	Non-Critical Incidents	<p>A Non-Critical Incident is defined as an adverse incident that may indicate potential risk/exposure for the County-operated or contracted provider, client or community that does not meet the criteria of a critical incident.</p> <p>Any incident that represents “adverse deviation from usual program processes for providing behavioral health care” and not falling into the Critical Incident categories will be considered Non-Critical Incident.</p> <p>A Non-Critical Incident is reported directly to your COR/Program Manager and to QA via an online submission form within 24 hours of knowledge of the incident.</p> <p>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.</p>
25	N-CIR categories	<p>Non-Critical Incidents are classified by the following categories:</p> <ul style="list-style-type: none"> • 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 <p>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 of a CIR must occur.</p> <p>We will describe some of these categories in more detail on the following slides.</p>
26	N-CI definitions	<p>Adverse Police/PERT Involvement onsite includes any incident involving Police/PERT, including, but not limited to, arrests on program site, use of restraints on clients/members, and any notable “adverse deviations” from program processes related to PERT/police engagement.</p> <p>Physical Restraints (prone/supine) are reported <u>only</u> during program operating hours and applies <u>only</u> to Children, Youth & Families mental health clients during</p>

		program operating hours. Excludes SUD programs, Hospitals, Long-Term Care Facilities, San Diego County Psychiatric Hospital/Emergency Psychiatric Units, Children and Youth Crisis Stabilization Units and PERT). If use of physical restraints leads to client injury, this would be reported as a Critical Incident .
27	N-CI definitions (2)	Tarasoff incidents will no longer fall under Critical Incidents and will be reported via the online submission form as a Non-Critical Incident. Tarasoff reports do not require a ROF unless the Program Manager, after review, has concluded one is indicated due to a systemic or client-related treatment issue
28	N-CI definitions (3)	Non-critical injury onsite refers 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
29	N-CIR Reporting Process	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 the CORs email information, as this will be submitted to them directly through the application. Non-submission based on incorrect contact or spelling information will not be tolerated.
30	Safety and Security Notifications to Other Agencies	When a Non-Critical Incident occurs or is identified, the appropriate agencies shall be notified within their specified timeline and format: <ul style="list-style-type: none"> 1. Child and Elder Abuse Reporting hotlines. 2. Tarasoff reporting to intended victim and law enforcement 3. Law enforcement (police, sheriff, school police, agency security, military security/Naval Investigative Service, etc.) for crime reporting or requiring security assistance and inquiries. 4. 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 <ul style="list-style-type: none"> • Children, Youth & Families providers shall notify other outside agencies who serve the client upon consideration of clinical, health and safety issues. Notification should be timely and within 24 hours of knowledge of the incident. • The required agencies include but are not limited to: <ul style="list-style-type: none"> • Children Welfare Services • Probation Officer • Regional Center • School District

		<ul style="list-style-type: none"> • Therapeutic Behavioral Services (TBS) • Other programs that also serve the client • Reportable issues may include: <ul style="list-style-type: none"> • Health and safety issues • A school suspension • A student taken to a hospital due to an injury or other medical issue which occurs at the program site or when the TBS worker is present • A referral for acute psychiatric hospital care • An issue with direct service provider staff, which may lead to worker suspended or no longer providing services • A significant problem arising while TBS worker is with the child
31	N-CIR Form	<ul style="list-style-type: none"> • N-CIR Timelines: 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. • Non-Critical Incidents are reported via an online submission form that can be found on the Optum Website > “Incident Reporting” tab, in the Non-Critical Incident sub-section • The Smart Sheet must include all of the following: <ul style="list-style-type: none"> • Date of Incident • Date Program Notified • Name of the Caller • Phone Number for Contact • Program Name • Brief Description of Incident • This should be submitted within 24 hours and include Information for COR and the program’s Contract Number • NO PHI should be included in the submission • This form should be completed or reviewed by a program manager. • Please watch the video on this slide to walk you through how to complete the SmartSheet
32	Report of Findings and Root Cause Analysis (1)	<ul style="list-style-type: none"> • PLEASE NOTE: This is a two-part training series. The second training on Result of Findings & Root Cause Analysis may be found on the Optum Website > Incident Reporting Tab > Critical Incident sub-section • If you have completed a Critical Incident Report, you will need to also complete a Result of Findings (ROF). Additionally, you may need to complete a Root Cause Analysis. • These topics are reviewed in depth within the second part of this series. A brief description is outlined on the next slide.

33	Report of Findings and Root Cause Analysis (2)	<ul style="list-style-type: none"> • All critical incidents shall be reviewed and investigated by the program. The Report of Findings (ROF) is the report of the review and investigation with relevant findings, interventions, and recommendations. • Programs must complete the ROF and submit to QA within 30 days of knowledge of the incident. • Programs are responsible for submitting the ROF within the required timelines or requesting an extension as needed. • The primary reason for requiring an extension is if the program is waiting on the County Medical Examiner report to determine the client’s cause of death as this helps determine if a Root Cause Analysis is required. This may take several months. • An RCA is required for any death by suicide, alleged homicide committed by client, or as requested by County QA for any other serious incident event.
34	Resources for CIR	<ul style="list-style-type: none"> • There are a number of other helpful resources on the Optum Website. • The Critical Incident submission form as a Word document and the link to the Non-Critical Smart Sheet submission form are located on the Incident Reporting tab, under the Critical Incident and Non-Critical Incident sub-sections respectively. • Critical Incident Reporting Information can be found within the OPOH for Mental Health providers and the SUDPOH for Substance Use Disorder providers. The OPOH and SUDPOH are located on the Optum Website under the OPOH/SUDPOH tab. • Communications about updates to the IR process and other information about Incident Reporting is located on the Optum Website under the Incident Reporting tab. • FAQ and Tip Sheets for CIRs and N-CIRs are located on the Incident Reporting tab, Critical Incident and Non-Critical Incident sub-sections respectively. • Lastly, you can always refer to this presentation at any time to refresh your understanding of the IR process on the Incident Reporting tab, under the Critical Incident sub-section.
35	Contact info	<p>This concludes our training for Critical and Non-Critical Incident Reporting. If you have any additional questions, please contact the QA department at QIMATTERS.HHSA@SDCOUNTY.CA.GOV. The follow up training on Result of Findings and Root Cause Analysis may be found on the Optum Website on the Incident Reporting Tab and under the Critical Incident sub-section</p>