

SAN MATEO COUNTY HEALTH SYSTEM
BEHAVIORAL HEALTH & RECOVERY SERVICES

DATE: December 6, 1993

BHRS POLICY: 93-11

SUBJECT: Critical Incident Reporting for Mental Health and AOD Providers

AUTHORITY: 45 CFR Part 160 (HIPAA Privacy Regulations); California State Evidence Code, Section 1157; W&I Code, 9 (1810.440), Divisional

AMENDED: January 24, 2002, November 15, 2002, November 14, 2012, December 8, 2016, June 7, 2017

ATTACHMENTS: A. Critical Incident Report Form – Amended December 8, 2016, June 7, 2017
B. Breach Reporting Decision Tree – Added December 8, 2016

BACKGROUND:

The Critical Incident Report is a **CONFIDENTIAL** reporting tool to document occurrences inconsistent with usual administrative or medical practices. A Critical Incident is an event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a client, family member, volunteer, visitor or staff. Reporting and analyzing Critical Incidents is a recognized Quality Improvement (QI) mandate and process.

The Critical Incident reporting system also provides a mechanism to organize information relating to potential breaches of client privacy, and to document mitigation efforts once a breach is recognized. This does not replace other reporting requirements, such as CCL, AOD reporting, child/elder abuse reporting, and any other mandated reporting.

PURPOSE:

The specific purposes of Critical Incident Reporting within Behavioral Health and Recovery Services (BHRS) are:

- To provide immediate notification to BHRS administration of unusual events within our system for the purpose of timely investigation and response.
- To gather information to identify patterns, solve practical problems and develop or update policies and procedures.
- To provide a risk management/QI tool that will facilitate procedure development, in-service education, facility modifications, etc., in order to improve services and reduce the likelihood of future Critical Incidents.

- To provide a protected means of data collection that can be reviewed by BHRS Administration, Quality Management (QM), risk management and legal staff in potential liability questions.
- To provide a means to audit and assess potential breaches of confidentiality/privacy required by Federal Privacy Regulations and State laws and to assess compliance with the Privacy Rule.

POLICY:

All San Mateo County BHRS staff, on-site contractors, contracted agencies and their staff, students and volunteers are required to document and report critical incidents to BHRS administration in a timely manner using the attached form. On approval of QM, agencies may report using alternative forms.

NOTE:

This policy relates to the *communication and reporting* of a Critical Incident. It does not address the immediate clinical or administrative *management* of that incident.

DEFINITION:

A Critical Incident (in some settings, called a sentinel event or unusual occurrence) is defined as any circumstance or event that deviates from usual procedure or practice within BHRS and has the real or potential negative effect on the health and/or safety of clients, family members or staff; client rights to confidentiality/privacy of health information, or the relationship of BHRS to the community. The categories of incidents on the Critical Incident Report form (Attachment A) indicate areas that require reporting but do not limit the range and scope of reportable incidents.

PROCEDURE:

FOR BHRS COUNTY TEAM/PROGRAMS:

The Critical Incident Report form will be completed immediately after the event if possible and no later than 24 hours after the incident for emergency or very urgent incidents. For non-emergency incidents, they must be reported by the next working day at the latest.

QM may also be notified by telephone to expedite immediate notification. A completed Critical Incident Report form is still required following a telephone notification within the timeline specified above. The report must be emailed or faxed to BHRS QM at the fax number on top of the form. QM must forward the report to the Deputy Directors of Adult/Older Adult and Child/Youth Services, the BHRS Assistant Director, Medical Director and Director within the same day of receiving the Critical Incident Report Form. If QM receives the information via telephone they are to email information regarding the incident the same business day to the Deputy Directors of Adult/Older Adult and Child/Youth Services, the Assistant Director, Medical Director and Director.

The person most closely involved or most knowledgeable about the circumstances should write the report. Reports may be also written and submitted by any other knowledgeable staff if necessary. The person completing the report submits the report to their supervisor, unit chief, or med chief, who then reviews, signs, and submits the report to QM within the timelines specified above. If the supervisor, unit chief, and med chief are not available, the report is submitted by the reporting staff directly to QM within the timelines specified above. It is not acceptable to collect and submit the

reports in batches.

Critical Incident Reports must never be filed or referenced in a client's chart or in an employee's personnel record. *However, the circumstances of the event and the services provided shall be appropriately documented in the client record.* In circumstances where the event has necessitated other reports, for example to a legal authority or to Workers' Compensation, a Critical Incident Report is still required.

FOR CONTRACTORS:

The Critical Incident Report shall be completed and faxed to QM the same day the incident occurred or within 24 hours. (BHRS QM and your contract manager may also need to be notified by telephone; this does not remove the requirement for immediate written alert.)

Critical Incident Reports must never be filed or referenced in a client's chart. *However, the circumstances of the event and the services provided shall be appropriately documented in the client record.*

It is not acceptable to collect and submit the reports in batches. No hard copies or electronic copies of the Incident Report are to be kept by the person reporting the incident. Internal copies may ONLY be maintained by the contractor's compliance officer/quality management as part of quality oversight. These must be stored in a secure location without general access. All other copies must then be shredded or deleted.

FOR POTENTIAL BREACHES OF CONFIDENTIALITY:

The QM Manager is the Privacy Officer of BHRS as designated by the San Mateo Medical Center (SMMC) Privacy Officer. Critical Incidents reporting potential breaches are evaluated using the Breach Reporting Decision Tree (Attachment B). The SMMC Privacy Officer may also be consulted as needed.

REVIEW, INVESTIGATION, ANALYSIS, AND COUNTERMEASURES FOR ALL INCIDENTS:

A managerial review is required for *all incidents*. This review will include a root cause analysis and the identification of countermeasures to prevent future such occurrences. QM will initiate the review with support and participation from one or more of the following BHRS Executive staff: Deputy Directors, the Medical Director, the Assistant Director, and the Director. These staff will support the work of the unit management team to ensure understanding of the incident and identification of preventative measures to minimize the likelihood that the incident is repeated and to ensure that lessons are learned that benefit BHRS, the Health System, and the County.

The QM Manager, Medical Director and/or other BHRS leadership may investigate, monitor needed improvements or otherwise address issues identified in the Critical Incident Report.

The report will be reviewed for QI/risk management issues and maintained securely at the QM office with other protected material. No copies of the original report are to be made or

retained by other BHRS staff and a copy can only be kept by the quality/risk manager of contracted agencies as outlined in the Contractor section above.

The QM Manager will present summary data annually or as needed to the Quality Improvement Committee for monitoring and oversight functions.

Approved: _____ *(Signature on File)*
Stephen Kaplan, LCSW
BHRS Director