



Ask QM Questions & Answers
Special Topic - Critical Incident
Reports & Mandated Reporting
October 21, 2020

FAQs

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Q1: What is a Critical Incident Report and when would an incident require reporting to BHRS QM?

Q2: What happens with Critical Incident Reports after they are completed?

Q3: Do you document Critical Incident Reports in Progress Notes? If so, what do you include and not include?

Q4: Do Critical Incident Reports need to be completed for ALL mandated CPS and APS reports?

Q5: Do Critical Incident Reports need to be completed any time a client tests positive for COVID or only if the COVID-positive client has had contact with staff?

Q6: Do Critical Incident Reports need to be completed for routine 5150s?

Q7: Do I need to complete a Critical Incident Reports for this?



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**



Q1: What is a Critical Incident and when would an incident require reporting to BHRS QM?

A1: Any circumstance or event that is different from the usual course of business or daily functioning at your location or involving your work—involving a client, staff or visitor at your site or in the community—that causes or creates risk.

Reportable events are incidents:

- considered **high risk or harm** to a **client, staff or visitor**;
- that **adversely affect health or safety**;
- that might **impede the quality of client services**;
- are likely to **adversely affect the relationship between BHRS and the community**, or
- **risk the security of data or confidentiality/privacy** of Protected Health Information.

Incidents and Quality Review Meetings are covered by Section 1157 of the California Evidence Code



Q2: What happens with Critical Incident Reports after they are completed?

A2: Quality Management and the BHRS Director Team review 100% of Critical Incident Reports.

Many incident reports require follow-up; for example:

- **All deaths by suicide, homicide, and overdose.** BHRS conducts a peer review led by the Medical Director.
- **5150s** - when there is a **problem with the ambulance, police, hospital, or other problem with the 5150 process.** BHRS works with our partners to improve the process next time.
- **All pharmacy issues** are reviewed by the BHRS Pharmacy Manager. The pharmacy is contacted.
- **All breaches and data security incidents must be reported to Quality Management within 24 hours.** Some breaches are reportable to the State, and Quality Management has strict timelines within which to report these breaches.



Q3: Do you document Critical Incident Reports in Progress Notes? If so, what do you include and not include?

A3: A staff member should document a description of any critical incident related to a client in a progress note, but should NOT state that a critical incident report was made, and must NEVER include a copy of the report in the chart.

- You may include in your progress note details such as what happened, any concerning behaviors, how you evaluated the risk, your interventions, client's responses, and if follow-up is needed.
- Use quotes in the progress note whenever possible.
- Protect the confidentiality of intended victims, if client named any.

****Section 1157 of the California Evidence Code** creates an exemption from discovery for proceedings and records of certain organized medical committees responsible for evaluating and improving the quality of care. Section 1157 also prohibits compelled testimony regarding the content of any such meeting.*



Q4: Do Critical Incident Reports need to be completed for **ALL** mandated CPS and APS reports?

A4: BHRS follows all mandated reporting requirements. However, a Critical Incident Report is **NOT required for all mandated reporting of suspected child and elder abuse** (except for residential facilities; CCL facilities must report all abuse to CCL and QM.). **Critical Incident Reports **ARE** required for the following:**

- **Assault** - to any staff person, visitor, or client at a BHRS site or during the course of work. Or any allegation of another professional assaulting or abusing a client.
- **Abuse reporting that goes wrong.** If there is a concern that needs to be reported such as lack of response from CPS/APS. Any allegation of staff abusing a client. High risk or repeated abuse allegations going unaddressed by our partners.
- **Client Threats** – towards the public, contract agencies, BHRS staff, or other clients who may be in danger of assault.
- **Clients in Residential, Foster Care, or Board and Care Facilities.** Any allegation of assault, abuse, or threats in these facilities must be report ASAP to BHRS.



Q5: Do Critical Incident Reports need to be completed any time a client tests positive for COVID or only if the COVID-positive client has had contact with staff?

A5: COVID-related Incident Reports are to be completed if a:

- A staff member who tests positive for COVID-19 and has been in contact with other staff, clients, or has been to your facility
- A client who tests positive for COVID-19 and has been in contact with staff, other clients, or has been to your facility
- Any report of a client who tests positive.
- Report of a death due to complications of COVID-19 (**suspected or confirmed**)



Q6: Do Critical Incident Reports need to be completed for routine 5150s?

A6: 5150s with a negative outcome, or something that went wrong, need a Critical Incident Report.

Not every 5150 needs to be reported in a Critical Incident Report.

These types of issues **should be reported:**

- If there is a problem with the ambulance, police, hospital, or other problem with the 5150
- If the incident occurs at a school site or in a public place
- The client's parents or other people are very upset about the 5150 process
- For a child that is very young . Use your judgement—e.g., 5-8 years old
- There is something else that worries you about the situation

(Residential facilities: CCL facilities must report all 5150s to CCL and QM.)



Q7: Which of these requires an Critical Incident Report?

1. A client that attempts suicide (such as jumping off a bridge or taking pills), and survives
2. Today my minor client informed me that four months ago he was shot while at a party/gathering.
3. A court order was issued for a client who is currently incarcerated to stay away from our building, HSA staff, and one of our BHRS staff.
4. A 12 year-old client was sent a sexually explicit image via text of male genitalia. This was not a consensual interaction and our client and family seemed upset by it.
5. Our non-public school teacher was placed on leave on Monday, after she notified us that she is under review by the Commission on Teacher Credentialing for allegations of misconduct at her previous job.
6. **All of these require a Critical Incident Report.** This is the correct answer.

Resources

Policy

<https://www.smchealth.org/bhrs-doc/critical-incident-reporting-93-11>

BHRS POLICY:	93-11
SUBJECT:	Critical Incident Reporting, Including Breaches and Security Incidents, 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, the Health Information Technology for Economic and Clinical Health Act (HITECH), Health Insurance Portability and Accountability Act HIPAA, ODS (Organized Delivery System) Waiver Contract with DHCS Exhibit G, DHCS Managed Care Contract with San Mateo County, Divisional
AMENDED:	January 24, 2002, November 15, 2002, November 14, 2012, December 8,

Resources

Policy

<https://www.smchealth.org/bhrs-doc/critical-incident-reporting-93-11>



San Mateo County Behavioral Health & Recovery Services

(DO NOT PLACE IN CHART)

CRITICAL INCIDENT REPORT

Confidential Risk Management/Quality Assurance Document – Protected by Evidence Code 1157 Et. Seq.

BHRS programs - Email report with Unit Chief/Med Chief/Supervisor Comments to QM:

Contracted programs Fax to 650-525-1762 County Staff -email to HS_BHRS_QM@smcgov.org

Must SEND TO BHRS QM WITHIN 24 HOURS

The person most closely involved or the person discovering the incident should complete this form on both sides as soon as practical after an incident has occurred.
Staff person/clinical program may not keep a copy of this report.

Reported by (print):

Phone:

Reporting Program:

Access ☐ ADS ☐ ARM ☐ BAART-AOD ☐ BHRS AOD ☐
Caminar ☐ Central ☐ Child Welfare ☐ Coastside ☐ Cordilleras ☐ EPA ☐ Edgewood ☐
Fred Finch ☐ Interface ☐ Mateo Lodge/Wally's ☐ MHA ☐ North ☐ Oasis ☐ OCG ☐ Palm Ave ☐
Pathways ☐ PES ☐ Pre to 3 ☐ Program Office ☐ Puente ☐ PV-SBMH ☐ Service Connect ☐
Shasta ☐ South ☐ StarVista ☐ TDS ☐ Telecare ☐ Total Wellness ☐ VRS ☐ YSC ☐ YTAC ☐
Other ☐ _____

Who was involved? (Check all that apply)

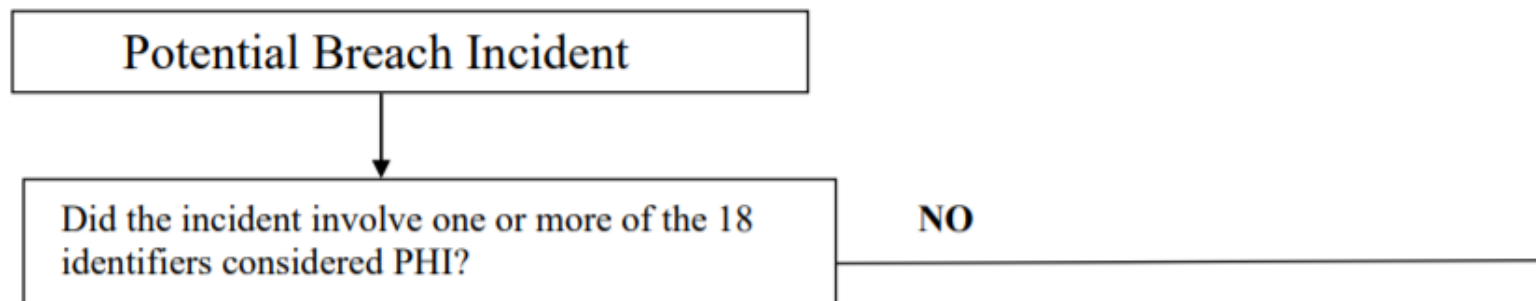
Resources

Policy

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Breach Reporting Decision Tree



Alert

- **Attention:** Per Title 16 CCR 1815.5(d)(1), the BBS requires that clinicians licensed through the Board of Behavioral Science (BBS) who provide services via telehealth *document the client's address of present location at the beginning of each telehealth session.*
- For full text of the requirement:
https://www.bbs.ca.gov/pdf/regulation/2016/1815_oaa.pdf

Alert

Join QM- November 18 – Wednesday 1pm to 2pm –

<https://zoom.us/j/921784062>

By phone: 1-669-900-6833, Meeting ID: 921 784 062

Special Topic DHCS Audit Findings- ASK QM Clinical Documentation WEBINAR

DHCS Mental Health Audit Results

Total # of Claims 459 # of claims disallowed 50

Percentage Out of Compliance 10.9%

More to come next month

November is Compliance Month- *Training information will be sent out at a later date.*

