



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

Critical Incident Reports

Presented by BHRS Quality Management
February 2021



CRITICAL INCIDENTS ARE

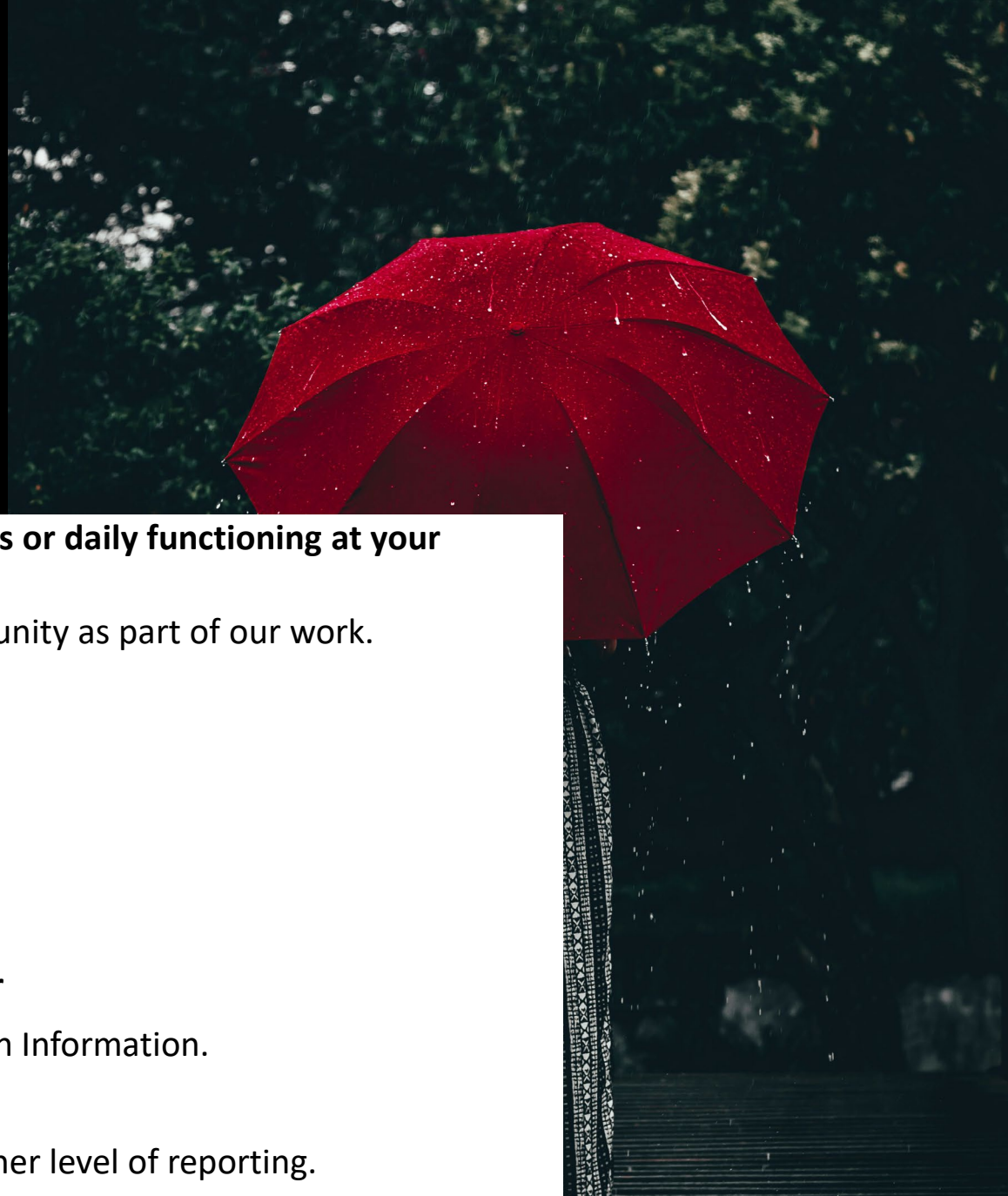
Any circumstance or event that is different from the usual course of business or daily functioning at your location or involving our work.

Report incidents involving a **client, staff or visitor** at your site or in the community as part of our work.

Reportable events are incidents:

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

*MH Residential programs also follow CCL requirements which requires a higher level of reporting.




What happens with Critical Incident Reports after they are completed?

Quality Management and the BHRS Director Team reviews 100% of critical incident reports.



This review process assists us in ensuring safety is maintained, helps us to develop/modify policies/procedures, and develop trainings.



This information is used to evaluate and track the:

Health and safety
of clients and staff

Quality of services

Impact of services
on the community

Protection of
health information

How does Completing Critical Incident Reports Improve Client Safety & Care?

By reviewing near misses or errors, BHRS learns and acts to prevent repeated near misses and hopes to **reduce sentinel events**.*

- Critical Incidents are reviewed to learn what we could do different to reduce risk next time.
- This learning is designed to prevent any errors and to improve our ability to predict risk.

Avoidable medical management errors occur when we fail to:

- review “**near misses**” and evaluate potential risks,
- **implement and monitor plans** to avoid potential risks,
- and the **same situation occurs again causing an adverse outcome** for our client, staff, or community member.

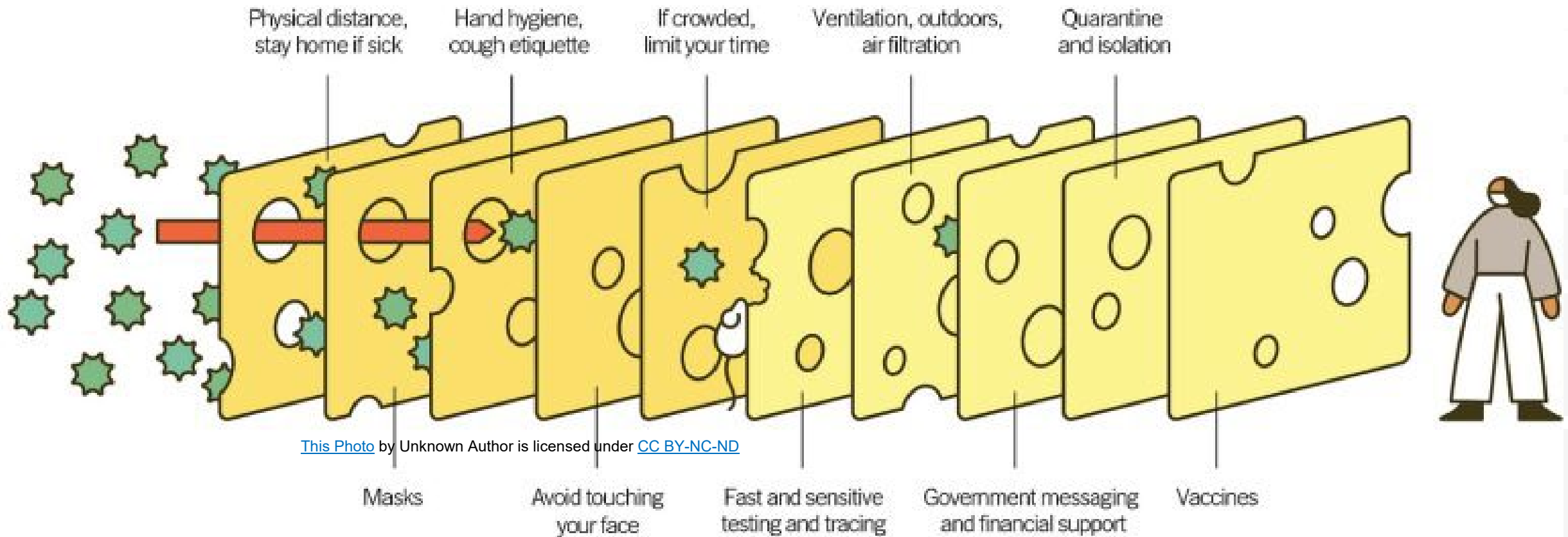
* an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof

Multiple Layers Improve Success

The Swiss Cheese Respiratory Pandemic Defense recognizes that no single intervention is perfect at preventing the spread of the coronavirus. Each intervention (layer) has holes.

Personal responsibilities

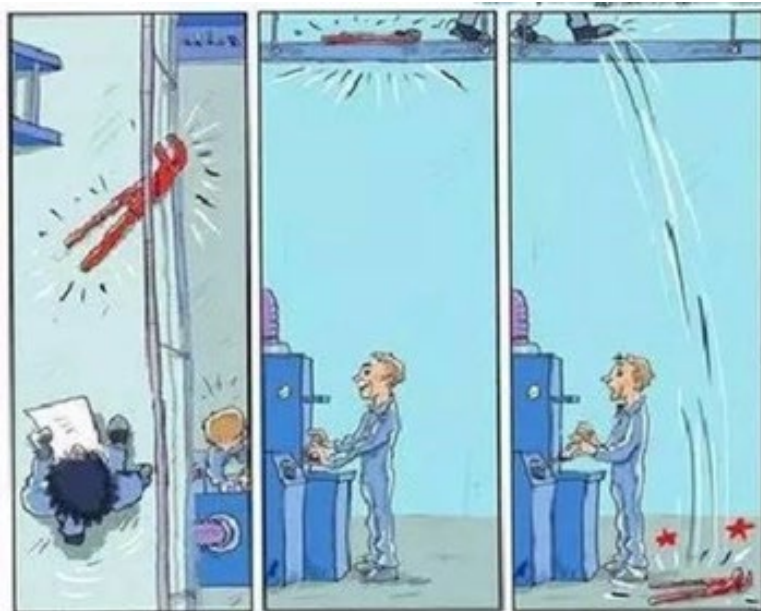
Shared responsibilities



Reviewing Critical Incidents to find the Root Cause

By monitoring and reviewing when things almost go wrong, what we call “**near misses**,” we can prevent a more serious negative outcome and/or prevent a **sentinel event**.

We look for the root cause of the error/problem to address the problem at the root.



Unsafe condition. • Unsafe act • Near miss

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Preventing Sentinel Events

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.

Examples of **sentinel events** in our work:

- Suicide
- Overdose or medication mistake resulting in death or significant health impact
- Delay in care resulting in significant deterioration of health/well-being
- Assault or harm to a client occurring in a residential facility
- Fall in a residential facility



Steps for Incident Reporting

San Mateo BHRS Reporting Requirements



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

Who is Required to Report Critical Incidents to BHRS Quality Management?

- All BHRS staff - including clinical and non-clinical staff, students, volunteers, and contractors working with BHRS.
- Any agency contracting with BHRS and their staff.
- Private providers in the network providing care to BHRS clients.



Assessing Risk for Critical Incidents

- If you observed or are made aware of a critical incident, any **IMMEDIATE RISK** must be addressed **FIRST**.
- **Assess the immediate situation** and take the necessary measures to ensure client, staff and community safety.
- Every clinic, contract agency and location is **required** to have an **Emergency Response Plan** and to **train staff** on that plan.
- Take action or ask for help.

Becoming Aware of an Incident:

What should you do?



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Email or Fax Critical Incident to:
HS_BHRS_QM@smcgov.org Fax:
(650) 525-1762

- Any BHRS staff, intern, trainee, provider, or contractor observing an incident or becoming aware of an incident is **required to inform his/her supervisor about it.**
- You and your supervisor will decide whether it is a critical incident. Supervisors will report serious incidents to their manager.
- Decide who will take the lead to report and manage the incident. Occasionally 2 programs will submit a report on the same incident. That's okay.
- If you are the person who observed the incident or received the report, you are **obligated** to initiate the Critical Incident Report (or CCL report for MH residential, or contract form as appropriate).
- Complete the Critical Incident Report and email or fax the report to BHRS Quality Management within 24 hours.
- If you have any questions about Critical Incident Reporting or are unsure if an incident requires an Incident Report, consult your supervisor and/or contact Quality Management.

Critical Incident Report

Email or Fax Critical Incident to:
HS_BHRS_QM@smcgov.org
Fax: (650) 525-1762

Critical incidents should be submitted within 24 hours of when the incident occurs or you become aware of the incident.

Once you have completed the Critical Incident Report, email it to the address on the top of the form. If you don't have access to the fillable version, print it out, complete it and fax it to the number on the top of the form.

BHRS staff are required to use this Critical Incident Reporting form (except COYC). The form is located at <https://www.smchealth.org/bhrs-doc/critical-incident-reporting-93-11>

Contractors and Private Providers may use this form or their own internal form.



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

Who was involved? (Check all that apply)			
<input type="checkbox"/> Client Name _____	MH# _____	age _____	
(Circle one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Conserved <input type="checkbox"/> Yes <input type="checkbox"/> No	Dependent adult <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Client Name _____	MH# _____	age _____	
(Circle one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Conserved <input type="checkbox"/> Yes <input type="checkbox"/> No	Dependent adult <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Staff Member(s) _____			

Date occurred? ____/____/____ Time ____ AM or PM	Incident Resulted in Arrest: At clinic <input type="checkbox"/> Offsite <input type="checkbox"/>
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Where occurred? <input type="checkbox"/> Clinic/Agency <input type="checkbox"/> Home/Apartment <input type="checkbox"/> School <input type="checkbox"/> Shelter <input type="checkbox"/> Community <input type="checkbox"/> Other _____
<input type="checkbox"/> Supported Residence: Name _____ <input type="checkbox"/> Residential Facility: Name _____

Was Incident: Observed ☐ Reported/Alleged ☐ Substance Use Involved: ☐ No ☐ Yes ☐ Suspected ☐ Unknown

BEHAVIOR RELATED

☐ AWOL/Wandering- Returned: ☐ Yes ☐ No ☐ Symptom Related Issue ☐ High Risk Behavior (Drugs, sex, etc.) ☐ Rule Compliance

HOSPITAL/PES/POLICE RELATED

☐ 5150 Problem/IP Care Related/Ambulance (not routine): Name of Hospital/Ambulance _____

☐ Police Related: Police/Sherif Department _____

ASSAULT/ABUSE

☐ Allegation of abuse by staff/provider/facility ☐ Assault to staff (Check one) Physical ☐ Verbal ☐ Sexual ☐ Property ☐
☐ Assault/Abuse to client (Select all that apply) Type: Physical ☐ Verbal ☐ Sexual ☐ Property ☐
☐ Assault/Abuse by client (Select all that apply) Type: Physical ☐ Verbal ☐ Sexual ☐ Property ☐ Child ☐ Elder ☐ Dep. Adult ☐
☐ Threat – Did you... (Select all that apply) Give warning? ☐ Break Confidentiality? ☐ Notify Police? ☐
☐ Homicide by client

MEDICAL

☐ Fall/Injury ☐ Medical Problem: _____
☐ Medication Error: Med name(s): _____ (check one) by: Staff ☐ Client ☐
☐ Serious Medical/Medication Error (requiring immediate medical attention)
☐ Poisoning ☐ Fire/Explosion ☐ Communicable disease: _____
☐ Self Harm ☐ Survived Suicide Attempt ☐ Suicide: (Select one) Overdose ☐ Train ☐ Gun ☐ Hanging ☐ Other ☐: _____
☐ Death: (Select one) Medical Illness ☐ Natural Causes/age ☐ Accident ☐ Overdose ☐ Determined to be accident- suspected suicide ☐
☐ Suicide ☐ Homicide ☐ Unknown Cause/No Report of Cause ☐

PHARMACY

☐ Pharmacy Error: Med Name(s): _____ Missing Meds ☐ Wrong Dose ☐ Wrong Meds

Critical Incident Form

All residential programs use the Community Care Licensing form *UNUSUAL INCIDENT/INJURY REPORT* and are not required to complete the BHRS form

<https://cdss.ca.gov/cdssweb/entres/forms/English/LIC624.PDF>

Email or Fax Critical Incident to:
HS_BHRS_QM@smcgov.org
Fax: (650) 525-1762

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION		
UNUSUAL INCIDENT/INJURY REPORT		INSTRUCTIONS : NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND RESPONSIBLE PERSONS, IF ANY, BY NEXT WORKING DAY. SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE. RETAIN COPY OF REPORT IN CLIENT'S FILE.		
NAME OF FACILITY		FACILITY FILE NUMBER	TELEPHONE NUMBER ()	
ADDRESS		CITY, STATE, ZIP		
CLIENTS/RESIDENTS INVOLVED	DATE OCCURRED	AGE	SEX	DATE OF ADMISSION
TYPE OF INCIDENT				
Unauthorized Absence	Alleged Client Abuse	Rape	Injury-Accident	Medical Emergency
Aggressive Act/Self	Sexual	Pregnancy	Injury-Unknown Origin	Other Sexual Incident
Aggressive Act/Another Client	Physical	Suicide Attempt	Injury-From another Client	Theft
Aggressive Act/Staff	Psychological	Other	Injury-From behavior episode	Fire
Aggressive Act/Family, Visitors	Financial		Epidemic Outbreak	Property Damage
Alleged Violation of Rights	Neglect		Hospitalization	Other (explain)
DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW CLIENTS WERE AFFECTED, INCLUDING ANY INJURIES: 				
PERSON(S) WHO OBSERVED THE INCIDENT/INJURY: 				
EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTED): 				

Some teams have special reports that are required in addition to the BHRS Critical Incident Report

LAW ENFORCEMENT CONTACT REPORT

THIS FORM MAY BE USED TO REPORT INCIDENTS AS REQUIRED BY HEALTH AND SAFETY CODE SECTION 1538.7. A SEPARATE UNUSUAL INCIDENT REPORT DOES NOT NEED TO BE SUBMITTED IF ALL REQUIRED INFORMATION IS PROVIDED.

INSTRUCTIONS: NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND AUTHORIZED REPRESENTATIVE, IF ANY, BY NEXT BUSINESS DAY.

SUBMIT PART 1 OF THIS REPORT WITHIN 7 DAYS OF OCCURRENCE.

SUBMIT PART 2 OF THIS REPORT WITHIN 6 MONTHS OF OCCURRENCE. PART 2 MAY BE SUBMITTED SOONER THAN 6 MONTHS INCLUDING CONCURRENTLY WITH THE INITIAL REPORT, IF ALL OUTCOMES RESULTING FROM THE INCIDENT ARE KNOWN.

PART 1

☐ Group Home ☒ STRTP ☐ Community Treatment Facility ☐ Transitional Housing Placement Provider ☐ Runaway and Homeless Youth Shelter

Licensed Capacity: 12

Current Census:

NAME OF FACILITY (as appears on license)	FACILITY LICENSE NUMBER
Canyon Oaks Youth Center	415600309
ADDRESS	TELEPHONE NUMBER
400 Edmonds Road	(650) 839-1810
COUNTY, CITY, STATE, ZIP	DATE OF INCIDENT
Redwood City, CA 94062	

TYPE OF INCIDENT (check all that apply)

Aggressive Act:

- ☐ Client to Client
☐ Client to Other
☐ Client to Staff
☐ Staff to Client
☐ Unknown
☐ Other to Client

Other:

- ☐ Behavior Episode
☐ Substance Abuse
☐ Unauthorized Absence (AWOL)
☐ Harm To Self
☐ Psychological
☐ Property Damage
☐ Non-physical Aggression
☐ Theft
☐ Other:

Alleged Client Abuse:

- ☐ Sexual
☐ Physical
☐ Psychological
☐ Financial
☐ Neglect

CHILD INVOLVED	TYPE OF PLACEMENT	AGE	GENDER	DATE OF ADMISSION
	Choose One		Choose One	
	Choose One		Choose One	
	Choose One		Choose One	
	Choose One		Choose One	

AGENCIES / INDIVIDUALS NOTIFIED	NAME	PHONE
LICENSING		
LAW ENFORCEMENT		
PLACEMENT AGENCY		
AUTHORIZED REPRESENTATIVE		

IF A POLICE REPORT WAS FILED, PROVIDE NUMBER IF KNOWN (Optional) 20-07299

WERE DE-ESCALATION TECHNIQUES USED PRIOR TO CONTACTING LAW ENFORCEMENT? ☐ YES ☐ NO

IF YES, EXPLAIN THE TECHNIQUES THAT WERE USED. IF NO, EXPLAIN WHY NOT.





Critical Incidents & Progress Notes: What to Include and Not Include

- A staff member **should** document **descriptions of incidents** in a progress note, but should **NOT state that an incident report was made and never include a copy of the report in the chart.**
- ***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.*
- You may include in your progress note details such as what happened, any concerning behaviors, how you evaluated the risk, your interventions, client responses, and if follow-up is needed.
- Use quotes in the progress note when possible.
- Protect the confidentiality of intended victims, if client named any.



Categories of Reportable Incidents

Common Reportable Incident

- Abuse
- Arrest
- Assault By Client
- Assault To Client
- Assault To Staff
- AWOL
- Car Accident
- Confidentiality Breach
- Death
- Facility Safety/Maintenance
- Fall or Injury
- General Staff Concern
- High Risk Behavior (drug use, sexual)
- Medical Problem
- Medication Count (+/- pills)
- Medication Error
- Pharmacy Error
- Self-Harm
- Suicide
- Suicide Attempt-Survived
- Symptom Related
- Theft/Loss
- Threat



Death & Suicide

Reference:

Policy 00-01: Quality Improvement/Peer Review of Cases in which Death has Resulted from Suicide, Homicide or Suspicious Cause

<https://www.smchealth.org/bhrs-doc/quality-improvementpeer-review-cases-which-death-has-resulted-suicide-homicide-or>

Deaths - Report all client deaths - by natural cause, homicide, suicide or unknown cause. No matter where the death occurs.

Type of Death

Accidental

Medical Condition

Natural Causes

Not Reported/Unknown Cause

Overdose-Accidental

Overdose-Suspected Suicide

Suicide- Hanging, Jumped, Other, Overdose, Train

BHRS conducts a peer review, led by the medical director of all deaths by suicide, homicide, or when suicide or homicide are suspected.

These meetings are protected by ***Section 1157 of the California Evidence Code.***

DO NOT document these meetings in the chart.

Abuse, Threats, & Assault

Related Policies:

Managing Incidents With Potentially Violent or Suicidal Individual: Policy # 90-08

<https://www.smchealth.org/bhrs-doc/potentially-violent-client-90-08>

Assaults On Clients: Suspected or Reported: Policy # 01-03

<https://www.smchealth.org/bhrs-doc/assaults-clients-suspected-or-reported-01-03>

Duty to Protect and Duty to Warn Potential Victims: Policy # 93-08

<https://www.smchealth.org/bhrs-doc/duty-warn-potential-victims-93-08>

BHRS follows all mandated reporting requirements. However, **NOT ALL** mandated reporting of suspected child and elder abuse require a **Critical Incident Report** (except for CCL facilities must report all abuse to CCL and QM).

Critical Incident reports **ARE** required for the following:

Assault - directed at any staff person, visitor, or client at a BHRS site or during the course of work; any allegation of another professional assaulting or abusing a client.

Abuse Reporting that goes wrong - concerns like a lack of response from CPS/APS; any allegation of staff abusing a client; high risk or repeated abuse allegations going unaddressed by our partners.

Threats - steps taken (including alerting law enforcement, working with supervisors and staff, assisting family members, and people in the community) when it appears that the public, contract agencies, BHRS staff, or other clients 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 reported as soon as possible to BHRS.



5150s with Negative Outcomes

Related Policies:

72 Hour Hold/5150 Policy and Procedures: Policy # 93-07

<https://www.smchealth.org/bhrs-doc/5150-procedures-93-07>

Not every 5150 needs to be reported in a critical incident report.

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

- Problem with the ambulance, police, or hospital.
- Event occurs at a school site or in a public place.
- Parents or other people are very upset about the 5150.
- Involves a child that is very young (about 5-8 years old).
- Something else that worries you about the situation.

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



Police Involvement

These incidents should be reported in a critical incident report:

- Theft of property belonging to a client, staff member or community member.
- Any illegal activity at a BHRS or agency site.
- Alleged or confirmed employee misconduct.
- Arrests of anyone at a BHRS or Contractor site.
- Client is arrested during a visit or in the course of your work.
- Any incident where police actions should be reviewed and/or evaluated.
- Any other police involved incident that you want to report.



Falls, Accidents, Thefts & Facility Safety

These incidents should be reported:

Facility Safety/Vandalism-

Fire, flood, or air safety

Facilities left unsecured overnight

Lost facility keys or key cards

Equipment malfunctions

Accidents –

Vehicle accident, falls or any injury involving a client, staff, volunteer or visitor

Anything that causes a safety risk.

Public Health Risks

Related Information:

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ReportableDiseases.pdf>

Reporting Form:

https://www.smchealth.org/sites/main/files/file-attachments/cd-std_cmr_march_2018.pdf

Reporting obligations for communicable diseases are part of the Health Insurance Portability & Accountability Act (HIPAA). **This is part of our mandated reporting requirement.**

We are required to report communicable diseases such as syphilis or potentially positive cases and positive COVID-19 test results.

- A staff member who tests positive for COVID-19 and has been in contact with other staff, clients, or has been to your facility
- Reporting of Staff COVID Status will follow established HR Guidelines
- 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.
- Reports of a client death due to complications from COVID-19 (**suspected or confirmed**)

If you become aware of a client with a communicable disease, complete an incident report. The medical director will guide us in our reporting responsibilities.

The primary objectives of disease surveillance are:

- To protect the health of the public.
- To determine the extent of morbidity within the community.
- To evaluate the risk of transmission.
- To intervene rapidly when appropriate, to control and prevent the spread of disease.

Public Health Risks

Related Information:

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ReportableDiseases.pdf>

https://www.smchealth.org/sites/main/files/file-attachments/cd-std_cmr_march_2018.pdf

Title 17. California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions*

§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- § 2500(b) It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or condition listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- § 2500(c) The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.
- § 2500(a)(14) "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500(h)(i)]

- ⓪! = Report immediately by telephone (designated by a ♦ in regulations).
 † = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations).
 ⓪ = Report by telephone within one working day of identification (designated by a + in regulations).

FAX ⓪☒ = Report by electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).

WEEK = All other diseases/conditions should be reported by electronic transmission (including FAX), telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(i)

Disease Name	Urgency	Disease Name	Urgency
Anaplasmosis	WEEK	Listeriosis	FAX ⓪☒
Anthrax, human or animal	⓪!	Lyme Disease	WEEK
Babesiosis	FAX ⓪☒	Malaria	FAX ⓪☒
Botulism (Infant, Foodborne, Wound, Other)	⓪!	Measles (Rubeola)	⓪!
Brucellosis, animal or human	WEEK	Meningitis, Specific Etiology Viral	FAX ⓪☒

Public Health Risks

Related Information:

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ReportableDiseases.pdf>

Reporting Form:

https://www.smchealth.org/sites/main/files/file-attachments/cd-std_cmr_march_2018.pdf

CONFIDENTIAL MORBIDITY REPORT

PLEASE NOTE: Use this form for reporting all conditions except HIV/AIDS, Tuberculosis, and conditions reportable to DMV.

DISEASE BEING REPORTED →

Patient Name - Last Name		First Name		M	Ethnicity (check one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Unknown	
Home Address: Number, Street				Apt./Unit No.		
City			State	ZIP Code		
Home Telephone Number		Cell Telephone Number		Work Telephone Number		
Email Address				Primary Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
Birth Date (mm/dd/yyyy)	Age	<input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days		Sex Assigned at Birth (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans male/transman <input type="checkbox"/> Trans female/transwoman <input type="checkbox"/> Declined to answer		
Current Gender Identity (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans male/transman <input type="checkbox"/> Trans female/transwoman <input type="checkbox"/> Genderqueer or non-binary <input type="checkbox"/> Identity not listed (specify) _____ <input type="checkbox"/> Declined to answer				Sex Assigned at Birth (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to answer		
Sexual Orientation (check one) <input type="checkbox"/> Heterosexual or straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay, lesbian, or same gender loving <input type="checkbox"/> Orientation not listed (specify) _____ <input type="checkbox"/> Questioning/Unsure/Client doesn't know <input type="checkbox"/> Declined to answer						
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Est. Delivery Date (mm/dd/yyyy)		Country of Birth			
Occupation or Job Title			Occupational or Exposure Setting (check all that apply): <input type="checkbox"/> Food Service <input type="checkbox"/> Day Care <input type="checkbox"/> Health Care <input type="checkbox"/> Correctional Facility <input type="checkbox"/> School <input type="checkbox"/> Other (specify): _____			
Date of Onset (mm/dd/yyyy)	Date of First Specimen Collection (mm/dd/yyyy)		Date of Diagnosis (mm/dd/yyyy)		Date of Death (mm/dd/yyyy)	
Reporting Health Care Provider		Reporting Health Care Facility		REPORT TO:		
Address: Number, Street		Suite/Unit No.				
City		State	ZIP Code			
Telephone Number		Fax Number				
Submitted by		Date Submitted (mm/dd/yyyy)				
Laboratory Name		City		State	ZIP Code	
SEXUALLY TRANSMITTED DISEASES (STDs)						
Gender of Sex Partners (check all that apply) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> M to F Transgender <input type="checkbox"/> F to M Transgender <input type="checkbox"/> Other: _____		STD TREATMENT <input type="checkbox"/> Treated in office <input type="checkbox"/> Given prescription Drug(s), Dosage, Route: _____		Treatment Began (mm/dd/yyyy) _____ <input type="checkbox"/> Untreated <input type="checkbox"/> Will treat <input type="checkbox"/> Unable to contact patient <input type="checkbox"/> Patient refused treatment <input type="checkbox"/> Referred to: _____		
If reporting Syphilis, Stage: <input type="checkbox"/> Primary (lesion present) <input type="checkbox"/> Secondary <input type="checkbox"/> Early, non-primary, non-secondary <input type="checkbox"/> Unknown Duration or Late <input type="checkbox"/> Congenital		Syphilis Test Results <input type="checkbox"/> RPR <input type="checkbox"/> VDRL <input type="checkbox"/> FTA-ABS <input type="checkbox"/> TP-PA <input type="checkbox"/> EIA/CLIA <input type="checkbox"/> CSF-VDRL <input type="checkbox"/> Other: _____ <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Neg		If reporting Gonorrhea: Specimen Source(s) (check all that apply): <input type="checkbox"/> Cervical <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Rectal <input type="checkbox"/> Urethral <input type="checkbox"/> Urine <input type="checkbox"/> Vaginal <input type="checkbox"/> Other: _____ Symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Clinical Manifestations? <input type="checkbox"/> Neurologic <input type="checkbox"/> Otic <input type="checkbox"/> Ocular <input type="checkbox"/> Late clinical				Partner(s) Treated? <input type="checkbox"/> Yes, treated in this clinic <input type="checkbox"/> Yes, Meds/Prescription given to patient for their partner(s) <input type="checkbox"/> Yes, other: _____ <input type="checkbox"/> No, instructed patient to refer partner(s) for treatment <input type="checkbox"/> No, referred partner(s) to: _____ <input type="checkbox"/> Unknown		
Remarks:						



Medication Errors & Issues

Related Policies:

Medication Room Management: 99-03

<https://www.smchealth.org/bhrs-doc/medication-room-management-99-03>

Medication Monitoring For Youth

<https://www.smchealth.org/bhrs-policies/medication-monitoring-youth-20-07>

Report medication errors or problems whether caused by client, staff, family or pharmacy.

It is everyone's responsibility to report medication issues, regardless if you are medical staff or not.

This is one of the largest risk areas for our clients. Complete the Critical Incident Report and inform the medical staff- ASAP.

Medication Errors & Issues

Types of Errors to Report:

Significant side effects needing medical care

Incorrect Dose

Missing Medication

Refusal to take medication

Wrong Medication

Pharmacy Error

All pharmacy errors are reviewed by the BHRS Pharmacy Manager.
In all cases, the pharmacy is contacted as the incident is reviewed.

(Residential facilities- CCL facilities must report all medication issues to CCL and QM)

Related Policies:

Medication Room Management: 99-03

<https://www.smchealth.org/bhrs-doc/medication-room-management-99-03>

<https://www.smchealth.org/bhrs-policies/medication-monitoring-youth-20-07>

Confidentiality & Security Breaches

Related Policies:

Confidentiality/Privacy Of Protected Health

Information: Policy # 03-01 (P H I) : 03-01

<https://www.smchealth.org/bhrs-policies/confidentialityprivacy-protected-health-information-phi-03-01>

All breaches and data security incidents must be reported to Quality Management within 24 hours. *Some breaches are reportable to the State, and QM has strict timelines to report these breaches.*

Breaches involving Social Security numbers MUST be reported immediately to QM.

Agencies must inform BHRS if they have any security breaches to their Electronic Health Record.

Common Type of Reported Breaches:

- Paperwork stolen, lost bag with PHI
- Car broken into – laptop and papers stolen
- Spoke to relative with no release from client
- Documents mailed or emailed to incorrect client
- Document with PHI left in meeting room
- Missing laptop/lockbox with PHI
- Documents left in unsecure recycling bin
- Stolen laptop/planner with client PHI

When a client's Personal Health Information (PHI) is breached, steps must be taken to protect the client and inform the client of the breach.

Your supervisor will work with QM to determine if there has been a breach of confidentiality.

Confidentiality & Security Breaches

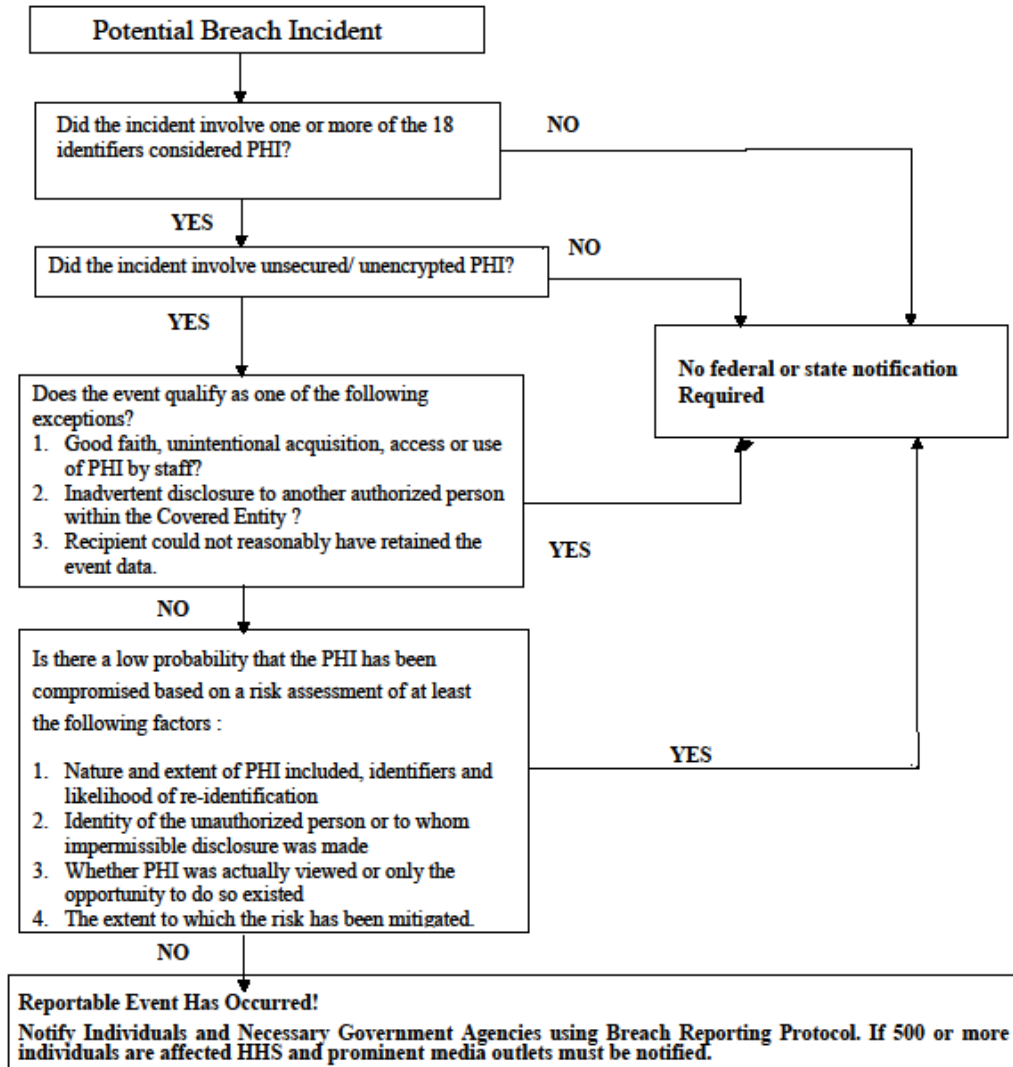
Related Policies:


QM follows this Breach Reporting Tree when deciding whether or not to report the breach to DHCS and/or HSA.

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



Breach Reporting Decision Tree





General Staff Concerns & Client Issues

Staff may complete a Critical Incident Report for any behavior and/or issue that concerns them related to a client, contractor, visitor, or staff person.

Staff or other Professionals - Reportable Issues: examples might include harassment, worry about program policies, and any other topics that they would like QM and management to be aware of.

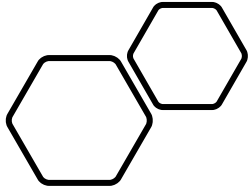
Client Related - Reportable Issues: examples might include AWOL, wandering, using substances, sexual contact, disruptive behavior, self-harm, suicidal ideation, etc.

Residential facilities- CCL facilities must report all behaviors that might cause risk to any clients to CCL and QM.



Issues that Cause Media Attention

Report any issues/events related to clinics or agencies (including staff members and clients) that may cause media attention.



**News BHRS is in
the process to
designing a
new IR system.
More to come.**

Questions?

