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
Multi-Causal Theory “Swiss Cheese” diagram (Reason, 1991)
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**
- Physical distance, stay home if sick
- Hand hygiene, cough etiquette
- If crowded, limit your time
- Masks
- Avoid touching your face
- Fast and sensitive testing and tracing

**Shared responsibilities**
- Ventilation, outdoors, air filtration
- Quarantine and isolation
- Government messaging and financial support
- Vaccines

Source: Adapted from Ian M. Mackay (virologydownunder.com) and James T. Reason. Illustration by Rose Wong

HOW TO STOP COVID-19: THE SWISS CHEESE MODEL

Avoid large indoor gatherings (no more than 10)
Keep social distance
Wear a mask
Wash your hands

The more steps you take, the safer you are against COVID-19.

uihc.org/covid-toolkit
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.
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
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?

- 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

Contractors and Private Providers may use this form or their own internal form.
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
Some teams have special reports that are required in addition to the BHRS Critical Incident Report.
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

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.

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
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.

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**Related Policies:**
- Managing Incidents With Potentially Violent or Suicidal Individual: Policy # 90-08  
- Assaults On Clients: Suspected or Reported: Policy # 01-03  
  [https://www.smchealth.org/bhrs-doc/assaults-clients-suspected-or-reported-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  
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).

Related Policies:
72 Hour Hold/5150 Policy and Procedures: Policy # 93-07
https://www.smchealth.org/bhrs-doc/5150-procedures-93-07
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.
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.

Related Information:

Reporting Form:
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 conditions 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)]

- 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).
- Report by telephone within one working day of identification (designated by a ⬠ in regulations).
- FAX ⬠ 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(h)

<table>
<thead>
<tr>
<th>Disease Name</th>
<th>Urgency</th>
<th>Disease Name</th>
<th>Urgency</th>
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<tbody>
<tr>
<td>Anaplasmosis</td>
<td>WEEK</td>
<td>Lyme Disease</td>
<td>⬠</td>
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<tr>
<td>Anthrax, human or animal</td>
<td>⬠</td>
<td>Malaria</td>
<td>WEEK</td>
</tr>
<tr>
<td>Babesiosis</td>
<td>FAX ⬠</td>
<td>Measles (Rubella)</td>
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</tr>
<tr>
<td>Botulism (Infant, Foodborne, Wound, Other)</td>
<td>⬠</td>
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</tbody>
</table>
Public Health Risks

Related Information:

Reporting Form:
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**

**Related Policies:**
- Medication Room Management: 99-03
- Medication Monitoring for Youth: 20-07
  [https://www.smchealth.org/bhrs-policies/medication-monitoring-youth-20-07](https://www.smchealth.org/bhrs-policies/medication-monitoring-youth-20-07)

**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)
Confidentiality & Security Breaches

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.

Related Polices:
Confidentiality/Privacy Of Protected Health Information: Policy # 03-01
https://www.smchealth.org/bhrs-policies/confidentialityprivacy-protected-health-information-phi-03-01
Confidentiality & Security Breaches

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

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?