



Policy & Procedure Number: BHSD #AGI-003

Primary Category	Impacts
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Non-Medi-Cal <input checked="" type="checkbox"/> Managed Care <input checked="" type="checkbox"/> Fee for Service <input checked="" type="checkbox"/> AMT <input checked="" type="checkbox"/> AOA <input checked="" type="checkbox"/> CJS <input checked="" type="checkbox"/> CYF <input checked="" type="checkbox"/> OSH <input checked="" type="checkbox"/> SUTS <input checked="" type="checkbox"/> TAY
Effectuated Parties	<input checked="" type="checkbox"/> All Workforce Members <input checked="" type="checkbox"/> Practitioners <input checked="" type="checkbox"/> BHSD <input checked="" type="checkbox"/> Contracted Providers <input checked="" type="checkbox"/> Inpatient Providers <input checked="" type="checkbox"/> Quality Managers

BHSD POLICY & PROCEDURE

I. BHSD P&P INFORMATION

Assigned Policy Name: Sentinel Events, Critical Incidents, Quality of Care Reporting and Review

Assigned Policy Number: AGI-003

Policy Owner: Quality Management

Impacted Managed Care Policy Area(s): Mark All That Apply

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|---|--|
| <input checked="" type="checkbox"/> Administration (ADM) | <input checked="" type="checkbox"/> Appeals, Grievances, Incidents (AGI) |
| <input checked="" type="checkbox"/> Clinical (CLI) | <input checked="" type="checkbox"/> Compliance and Confidentiality (COP) |
| <input type="checkbox"/> Contracts (CON) | <input type="checkbox"/> Data Management (DTM) |
| <input type="checkbox"/> Fiscal (FIS) | <input checked="" type="checkbox"/> General Operations (GEO) |
| <input checked="" type="checkbox"/> Health and Safety (HAS) | <input type="checkbox"/> Health Education (HED) |
| <input checked="" type="checkbox"/> Legal (LEG) | <input type="checkbox"/> Medical & Pharmacy (MPS) |
| <input type="checkbox"/> Member Services & Materials (MSM) | <input type="checkbox"/> Personnel (PER) |
| <input type="checkbox"/> Provider Relations (PRR) | <input checked="" type="checkbox"/> Quality Management (QAM) |
| <input checked="" type="checkbox"/> Reporting (RPT) | <input checked="" type="checkbox"/> Service Delivery (SDM) |
| <input type="checkbox"/> Utilization Management (UMR) | |

II. BHSD P&P APPROVAL

Section A: HHS Compliance and County Council

HHS Compliance:

Date:

County Council:

Date:

Section B: BHSD Director

BHSD Director:

Date:

Approved/Issue Date: 5/23/2023	Behavioral Health Services Director:	
Last Review/Revision Date:	Next Review Date: 5/22/2026	Inactive Date:

III. REPLACES	<ul style="list-style-type: none"> MHP PP# 236 County Council Notification of Major or Sensitive Issues MHP PP# 242 Outpatient Mental Health Incident Reports
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	<ul style="list-style-type: none"> • MHP PP# 243 Incident Reports for Contract Operated Programs Providers • BHSD PP# 412-121 Incident Report Policy – COUNTY • BHSD PP# 412-122 Incident Report Policy- CONTRACTOR • BHSD PP# 412-123 County Counsel Notification of Major Sensitive Incidents • SUTS PP# 430 Contract Agency Accident/Incident Report • SUTS PP# 433 Agency Incident Report • SUTS PP# 435 County Agency Accident/Incident Report • AMT PP# 1610 Clinic Safety and Security • AMT PP# 1700 Incident Reporting • BHSD PP# 15100 Incident Notification for Major-Sensitive Incidents • BHSD PP# 15200 Incident Reports for County and Contract Operated Programs
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<p>IV. REFERENCES:</p> <ul style="list-style-type: none"> • 42 CFR § 438.242 Health information systems • 9 CCR § 1810.440. MHP Quality Management Program • MHP contract with CA Department of Health Care Services (DHCS) • DMC-ODS Intergovernmental Agreement. • https://connect.sccgov.org/sites/policies/policypages/Pages/Incident-Notification.aspx
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<p>V. PURPOSE:</p> <p>To outline the Behavioral Health Services Department (BHSD) plan pertaining to critical incidents, sentinel events, and quality of care concerns, defined in this policy, that occur at a program site or service location, that concern the physical well-being and safety of persons involved in obtaining these services and/or the delivery/administration of BHSD services.</p>

<p>VI. POLICY:</p> <p>The Behavioral Health Services Department (BHSD) ensures the safety and security of employees, beneficiaries, and the community by monitoring, reviewing, investigating, and resolving Quality of Care issues.</p> <p>Participating Providers and County-operated sites are required to report all Quality-of-Care concerns through submission of a Quality-of-Care Concern Log quarterly. This log will indicate events that were not considered a Sentinel Event or Critical Incident as described in this policy.</p> <p>Participating Providers are required to report Critical Incidents and Sentinel Events:</p> <ul style="list-style-type: none"> • All Participating Providers will first attend to the physical well-being and safety of the person(s) involved in the primary concern. If any emergency or life-saving actions are needed this take priority. • Practitioners will immediately notify a manager or supervisor regarding a clinical concern and for a Critical Incident report within two business days and securely email the Critical Incident_Sentinel Event Report.

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- A **Sentinel Event**, defined below, requires a **Critical Incident_Sentinel Event Report** submission within **24 hours**, preferably immediately following the event.

If the concern is related to information security, please see policy HHS 585.21 Investigation of Potential Privacy or Security Incidents.

All Participating Providers must have established policy and procedures for identifying, investigating and processing any incidents at their location, including those that will be escalated to the County of Santa Clara and submission of Quarterly Incident Reports. The county will routinely ask for and review their internal policy and log during audits and as requested.

VII. DEFINITIONS

Behavioral Health Services Department (BHSD). Encompasses all behavioral health operations, managed care functions, contracts, interfaces, funding streams and services to Santa Clara County beneficiaries. Includes and is not limited to the local County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), Mental Health Services Act (MHSA) and Santa Clara County programs reliant on General Funds.

Critical Incident. A Critical Incident may pose a threat to life, disrupt essential community routines or vital services, or may require resources to manage the incident. Examples of critical incidents include, but are not limited to, situations involving injury, accident, acute medical problem, aggression/violence, suicide attempt, unauthorized absences, death, inappropriate treatment, loss of medical record, medication issue, or facility damage.

- Verbally or physically threatening behavior by a client (includes mandatory reports of threatened violence)
- Physical assault by a client on staff NOT requiring emergency medical intervention.
- Physical assault between clients NOT requiring emergency medical intervention.
- Damage to program property by client
- Violent behavior or thoughts resulting in a psychiatric hold.
- Other violent behavior (e.g., visitors, witness community violence)
- Suicide Attempt NOT requiring emergency medical intervention.
- Client was administered the wrong medication.
- Client was administered the wrong dose.
- Issue with the timeliness of obtaining or the administration of a client's medication.
- Other medication-related issue

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- Staff injury, accident, or acute medical problem NOT requiring emergency medical intervention.
- Client injury, accident, or acute medical problem NOT requiring emergency medical intervention.
- Unauthorized/Unexcused Client Absence from 24-hour Care Settings (AKA AWOL)
- Other

Critical Incident Review (CIR). A system safety review. Simply put, the goal of a Critical Incident Review is to improve the health-care system and make it safer. The Critical Incident Review investigation (CIR) includes:

- Review of the event
- Identifying problems or contributing factors
- Examine the system more broadly and consider how it may contribute to incidents when they happen and how to make changes to prevent their recurrence.
- Make recommendations for change in these areas – the goal being prevention of future harm and system process improvement. The review's purpose is not to assign blame to an individual health care provider.

The Plan, in coordination with Executive Leadership will identify if a quality of care incident requires investigation and assemble a team to conduct the review in order to identify any issues and concerns relating to the incident. A CIR will be conducted on all known suicides.

Participating Provider. A County, Individual Provider or County Contracted Provider (CCP) that has agreed to contract with the BHSD Plan to provide eligible services to Beneficiaries covered by its plan.

Practitioner. Workforce Members that provide direct Beneficiary care services, and are licensed, registered, waived, certified, or meet criteria as a paraprofessional.

Quality of Care Concern. A quality-of-care concern is any event or condition that has had or may have an adverse effect on the health or safety of our program beneficiaries, guests, staff, or members of the general public. Quality of care concerns may include reports from workforce members, public or beneficiaries, mandatory abuse reporting, audit findings, utilization reviews, critical incidents, or sentinel events.

Sentinel Events. A sentinel event includes unexpected occurrences involving death or serious physical or psychological injury, or the risk thereof including those for which a recurrence would carry a significant risk of an adverse outcome, or which otherwise adversely affects the quality of service or operations of BHSD. Sentinel events include, but are not limited to, the following:

- Physical assault by a client/visitor on staff requiring emergency medical intervention.

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- Physical assault between clients/visitors requiring emergency medical intervention.
- Homicide
- Sexual assault/misconduct involving client by staff.
- Sexual assault/misconduct involving client by another client.
- Suicide Attempt: Requiring emergency medical intervention.
- Medication Issue: Client required emergency care, hospitalization, or transfer to medical unit because of medication issue.
- Violation of professional code of ethics or of any County of Santa Clara policy governing professional conduct
- Client Death: Expected medical problem, unexpected problem, accident/injury, overdose, suicide.
- Service Disruption: Damage to a facility resulting in service disruption or injury requiring emergency medical intervention.
- Service Disruption: An unusual occurrence such as human or natural phenomena and requires response actions to prevent or minimize loss of life, or damage to property and/or the environment.
- Accidents on-site requiring emergency medical intervention.
 - Needlestick

The Plan. Provides oversight to behavioral health Medi-Cal carve out programs. BHSD Medi-Cal managed care plans include the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS).

IV. TIMELINES, OVERSIGHT AND MONITORING PROCEDURE

Processes	Requirements
Sentinel Events	1. Notification: Reporting to The Plan must be made within twenty-four (24) hours .
Critical Incident	1. Notification: Reporting to the Plan must be made within (2) calendar days . 2. As indicated by the situation and as soon as risk containment measures permit, workforce members should immediately initiate their program-specific chain of notification through the appropriate supervisory channel.
Quality of Care Concern	1. Quality of Care Concerns that do not meet Sentinel Event or Critical Incident Criteria will be reported through submission of the Quarterly Quality of Care Log . A Quality of Care Concern

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	may include mandatory abuse reporting, or incidents that are not critical, sentinel or major sensitive.
Mandatory Abuse Reporting	<ol style="list-style-type: none"> 1. Child abuse, Dependent adult abuse, elder abuse, and Tarasoff, Notification of threatened violence must be reported to the appropriate authorities. 2. Unless the disclosure meets criteria for a Sentinel Event or Critical Incident, the Participating Provider will notify BHSD Quality Management through submission of the Quarterly Quality of Care Log.
Medication Issue	<ol style="list-style-type: none"> 1. Prescribers are encouraged to contact MedWatch, an adverse event reporting program operated by the FDA, regarding concerns about new medications via their online reporting form at https://www.accessdata.fda.gov/scripts/medwatch/
Critical Incident Review (CIR) Team	<ol style="list-style-type: none"> 1. The purpose of the Critical Incident Review process is to review the circumstances surrounding critical incidents, including the Division's initial response to the critical incident and prior involvement with the family. The goal of the review is to identify systemic issues, agency practices, or areas of need, which, if addressed through policy or practice, may improve the Division's effectiveness moving forward.
Quarterly Quality of Care Log	<ol style="list-style-type: none"> 1. Participating Providers will maintain and send a Quarterly Quality of Care Log that outlines information about all QOC events that happened during the quarter and will be sent by the 5th day of the month after the prior quarter to QualityofCareConcern@hhs.sccgov.org in a secure email
Quality of Care Concern Committee	<ol style="list-style-type: none"> 1. The purpose of the Quality of Care Concern Committee is to systemically review Quarterly Quality of Care Log to identify lower level systemic issues, agency practices, or areas of need not meeting critical incident or sentinel event criteria. 2. Includes representatives from Compliance, Quality Management, Risk Management, and others as deemed necessary.

V. WORKFLOW PROCEDURE	
Responsible Party	Action Required

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Participating Providers	<ol style="list-style-type: none"> 1. Contacts BHSD Quality Management, submits Critical Incident_Sentinel Event Report and supporting materials for Major Sensitive Incidents, Sentinel Events and Critical Incidents within the defined time frames outlined within this policy. 2. Completes and submits de-identified Quarterly Quality of Care reports within five (5) days of the end of the quarter/month... <ol style="list-style-type: none"> a. Incorporates all Sentinel Events, Critical Incidents, Mandatory Abuse reporting and quality of care concerns into the quarterly log.
Quality Management Team	<ol style="list-style-type: none"> 1. Receives and reviews Quality of Care Logs, Critical Incidents and Sentinel Event Reports. 2. Distribute to leadership, see Attachment B, Quarterly Quality of Care Log. 3. Assemble Critical Incident Review Team (CIRT) as needed. 4. Review and disseminate Quarterly Quality of Care Reports to Behavioral Health Quality Improvement Provider meeting (BHQIP). 5. Issues a Corrective Action Plan (CAP) as needed.
Program Manager	<ol style="list-style-type: none"> 1. Review, signs and submits all Critical Incident_Sentinel Event Reports related to their program. 2. Debriefs quality of care concerns with applicable workforce members.
Division Director	<ol style="list-style-type: none"> 1. Reviews and signs all Critical Incident_Sentinel Event Reports that convey Major Sensitive Incidents, Sentinel Events and Critical Incidents within their Division.
System of Care Director	<ol style="list-style-type: none"> 1. Signs all Major Sensitive Incidents and Sentinel Events related to their System of Care.
Medical Director	<ol style="list-style-type: none"> 1. Signs all Major Sensitive Incidents and Sentinel Events related to death or events related to medications incidents.
Legal	<ol style="list-style-type: none"> 1. Participates when reporting is required if any incidents fall under Major Sensitive Incidents.
Care Coordination Meeting	<ol style="list-style-type: none"> 1. If necessary, at any time a Care Coordination Meeting can be scheduled to ensure all safety and concerns are being addressed based on a specific event or incident.

Quality of Care Concern Committee	<ol style="list-style-type: none"> 1. Includes representatives from Compliance, Quality Management, Risk Management, and others as deemed necessary to meet and systemically review Quarterly Quality of Care Log to identify lower-level systemic issues, agency practices, or areas of need not meeting critical incident or sentinel event criteria. 2. Quality of Care Concern Committee is a sub-process in which data are reviewed recommendations can be made.
Critical Incident Review (CIR) Team	<ol style="list-style-type: none"> 1. A team of multi-disciplinary representatives will be assembled to review all known suicides, Major Sensitive Incidents and Critical Incidents to determine if something could have been done differently to prevent the event. <ol style="list-style-type: none"> a. The review process will look at practice, policy, and training to see if there are areas that, if improved, can prevent future similar events. b. The team will compile recommendations and may request a Corrective Action Plan
VI. ATTACHMENTS	<ol style="list-style-type: none"> A. Critical Incident_Sentinel Event Report B. Quarterly Quality of Care Log

VII. REVISION HISTORY				
Policy Name	Active Dates Range	Date Approved	Reason for Review	Summary of Changes