
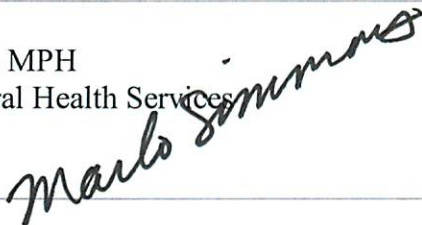


BHS Policies and Procedures

 <p>City and County of San Francisco Department of Public Health San Francisco Health Network BEHAVIORAL HEALTH SERVICES</p>	<p>1380 Howard Street, 5th Floor San Francisco, CA 94103 415.255-3400 FAX 415.255-3567</p>
POLICY/PROCEDURE REGARDING: Quality of Care Reporting, Review and Investigation	
<p>Issued By: Marlo Simmons, MPH Interim Director of Behavioral Health Services</p> <p>Date: April 27, 2020</p> 	<p>Manual Number: 1.04-4</p> <p>References: Evidence Code § 1157.6; Welfare & Institutions Code § 5328.</p>

Technical Revision. Replaces Policy 1.04-4 dated February 4, 2020.

Purpose: The purpose of this policy is to establish a systematic approach for reporting and investigating quality of care concerns that involve program clients, guests, staff, and/or facilities within Behavioral Health Services (BHS) in order to:

- identify events or conditions which have or may have an adverse effect on health or safety;
- develop and implement appropriate corrective actions which will address immediate needs and prevent similar future occurrences; and to
- identify patterns or trends, analyze findings, and make recommendations for quality improvement.

Scope: All programs within BHS including civil service, contract, and network providers are required to report quality of care concerns by completing and submitting the Quality of Care Report (see Attachment A). Staff may have additional reporting requirements (e.g., State licensing and other regulatory agencies, DPH Occupational Safety & Health, mandated reporting). This policy does not supersede these requirements nor do meeting these additional requirements substitute for compliance with this policy statement.

Policy: BHS Quality Management (QM) oversees the review, evaluation, and investigation of reported incidents in order to address issues involving quality of care and to identify system-wide patterns as part of a comprehensive quality improvement effort. QM is responsible for maintaining all records related to quality of care reporting and will determine if certain incidents, such as sentinel events, require a Critical Incident Review (CIR). To preserve the confidential review system, these reports and activities are maintained as confidential and are not disclosed outside the quality improvement process nor are these reports and proceedings subject to discovery pursuant to Welfare & Institutions Code § 5328 and Evidence Code § 1157.6.

Definition of Terms:

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 clients, guests, staff, or members of the general public. Quality of care concerns include unusual occurrences, unusual

incidents, or sentinel events. Examples of quality of care concerns include, but are not limited to, situations involving injury, accident, acute medical problem, aggression/violence, suicide attempt, unauthorized absences, death, inappropriate treatment, unprofessional conduct, loss of medical record, medication issue, facility damage/service disruption, mandated reporting, or any incident that might receive public attention.

Sentinel Event – 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 BHS. Sentinel events include, but are not limited to, the following:

- situations involving violent behavior resulting in injuries requiring emergency medical intervention;
- sexual assault/misconduct;
- suicide attempt requiring emergency medical intervention;
- medication issue resulting in an adverse reaction requiring emergency medical intervention or hospitalization;
- acts constituting a violation of established professional code of ethics;
- client death;
- client damage to a facility resulting in service disruption or injury requiring emergency medical intervention;
- accidents on-site requiring emergency medical intervention;
- unauthorized/unexcused client absence from 24-hour care settings;
- loss or theft of client records; and
- needlestick.

Such events are called *sentinel* because they indicate the need for immediate reporting, and timely response and investigation.

Critical Incident Review (CIR) – If it is determined that the quality of care incident requires a CIR, the Risk Manager for QM will convene a meeting as soon as possible with the BHS administrators and providers involved in the incident. This is a formal review process conducted in order to identify any issues and concerns relating to the incident. Its purpose is to provide constructive feedback, to recommend action plans where indicated to the program, to identify opportunities for quality improvement, and to prevent such reoccurrences. A CIR will be conducted on all known suicides.

Procedure:

Immediate Risk Containment Measures-

Following the discovery of a quality of care incident, staff should immediately initiate measures to prevent and reduce further adverse outcomes including, but not limited to, the following:

- In a life-threatening situation, staff should take any necessary measures to reduce risk of further injury and to assure the safety and well-being of clients, employees, and guests (e.g., call 911, ensure the environment is safe, seek immediate medical treatment, contact crisis services).

- Staff should implement any existing protocols outlined by their program in response to emergent or urgent situations (e.g., calling for back-up support, initiating chain of notification).
- Provide any additional appropriate care or supports as required by the situation. The program's managing staff or designee shall assist in further risk containment actions including, but not limited to, the following:
preserving any documents necessary to assure an accurate record of the incident and to allow for subsequent analysis; interviewing clients and other witnesses; removing faulty equipment and furniture from use; addressing staff and client concerns as needed; securing medical records and facility property; taking appropriate employment/disciplinary action; and/or arranging for individual or group debriefings as indicated.

Reporting Procedures for Quality of Care Concerns-

Notification: As indicated by the situation and as soon as risk containment measures permit, staff should immediately initiate their program-specific chain of notification through the appropriate supervisory channel. This may include, but is not limited to, addressing the following:

- Verbally reporting the event to the supervisor, site supervisor, Program Director, Program Manager, Medical Director, on-call administrator, and/or SOC Director.
- The program's managing staff should determine if further action or additional follow-up and notification are required (e.g., informing external regulatory agencies).
- 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/>
- Certain sentinel events as described above (e.g., a client death in a BHS facility, an incident that results in program closure, police action with client involving weapons or use of force) also require immediate DPH notification. In these instances, the Director of Behavioral Health Services and the SOC Director should be notified.

Completing and Submitting the Quality of Care (QoC) Report: The staff most directly involved in or having knowledge of the incident will likely be the most appropriate person for completing the QoC Report. Completing this report does not replace the on-going responsibility to take immediate and appropriate action, investigate the incident, and report the incident through the established supervisory channels. As soon as risk containment measures permit, the QoC Report should be submitted within 24 hours if the incident is a sentinel event or otherwise necessitates immediate notification. Regarding all other incidents, the QoC Report should be submitted within 7 days of the occurrence. The reporting individual will complete the QoC Report as follows:

1. Providers within BHS including civil service, contract, and network providers are to use form *BHS QoC (4/20)* which is an attachment to this policy. A fillable pdf version of this report can be accessed on the DPH public website at:
<https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/default.asp>
2. If there is another required form which is used to report an incident (e.g., Suspected Child Abuse Report, Community Care Licensing, NTP Patient Death Report, Report of

Suspected Dependent Adult/Elder Abuse), this form may be substituted for the BHS QoC report if it includes all of the required information or may be attached to the BHS QoC Report.

3. Complete thoroughly, accurately, and legibly all information where required.
4. The reporting individual should select the categories that best describe the incident. If the reporting individual determines that no category is appropriate, then select the *Other* category.
5. The description of the event should be brief and objective. Personal opinions and justifications of why the incident occurred should not be included. The narrative may include, but is not limited to, the following areas:
 - Describe when and where the event occurred, and any facility property involved.
 - Briefly describe what led up to the incident, other pertinent events occurring at the time, and any contributing acts of others which may have led to the event.
 - Include the names of clients, staff, and guests who were involved in the incident or witness to the incident.
 - Specifically identify who said what and/or who witnessed what part of the incident.
 - Note any injuries and state what medical care has been provided or is planned.
6. Provide the report to the Program Director or designee for review and signature where indicated. If applicable, the Program Director or designee shall describe any follow-up or corrective actions taken and indicate any steps that the program has taken, initiated, and/or requested as a result of the incident.
7. Submit the report per the instructions indicated on the reporting form. The report can be sent by secure email to BHSQualityofCareReport@sfdph.org OR by fax to 415-252-3001 OR by mail to BHS Quality Management, 1380 Howard Street, 2nd Floor, San Francisco, CA 94103.

General Guidelines –

- QoC Reports should be forwarded to Quality Management where they are maintained in a central file. In order to maintain confidentiality, QoC Reports may not be shared with other agencies nor should they be placed in employee files or client medical records. Copies of the QoC reports are to be confidentially retained by the program or properly destroyed once submitted.
- All quality of care concerns as defined above should be reported.
- All programs are required to submit QoC Reports.
- Staff should not be discouraged from submitting QoC Reports and should not be subject to retaliation or any other penalty for having done so.
- The responsibility of the person reporting the event is to describe the incident. Although some quality of care incidents may be inadvertent or not preventable, it is not the responsibility of the individual making the report to make this determination.
- Reporting quality of care concerns is not to be used for resolving interpersonal or interdepartmental conflicts. Such conflicts should be resolved through the appropriate

administrative channels. Reports with false, malicious, or punitive content are not appropriate.

Review Process-

The Risk Manager designated by QM will review each QoC Report and decide if further review is indicated. For those incidents that warrant further review, the Risk Manager will decide which review protocol to use.

1. Routine Reviews:

- Routine reviews are conducted by the Risk Manager and/or by other staff as needed by the Risk Manager.
- Staff requested by the Risk Manager to conduct a review will provide the findings to the Risk Manager.
- Programs may be requested to conduct their own review and to provide their findings to the Risk Manager.
- QM will monitor all reviews for timeliness of action, response, and follow-up.

2. Critical Incident Reviews:

Certain quality of care incidents will require more extensive review and investigation. In these circumstances, the Risk Manager will evaluate the QoC Report and determine if a Critical Incident Review (CIR) is warranted. If so, the Risk Manager will coordinate the review process in order to facilitate a discussion of the facts, direct further investigation, and develop an action plan as needed. A site review may be convened that would involve all BHS providers of direct services to the client (assuming the incident involves a client), and the SOC Manager. The process of the CIR would include review of client history and treatment, the circumstances surrounding the incident, and clinical and administrative procedures relevant to the incident. Following the site review, all documentation related to the incident will be reviewed by the appropriate Quality Management staff. A summary of the findings of the CIR will be presented at the Risk Management Committee meeting, or other forum, for a final determination of any recommendations and an action plan if indicated.

Summary Reports of Patterns and Trends-

QM will aggregate QoC reporting data to identify patterns or trends and to analyze findings. This information will be presented at the Risk Management Committee, and/or other forum, for purposes of review and making recommendations regarding performance improvement and safety. Where indicated, these issues will be brought to the appropriate Quality Improvement forum, BHS's administration, or another appropriate body within the BHS's organization.

Retention of Records:

Paper documentation of activities pertaining to QoC reporting, review and investigation will be confidentially retained by QM for a minimum of two years. Such documentation relating to

pending claims and litigation shall be maintained by QM until such time as the claim or subsequent litigation has been resolved. Once the retention period has been fulfilled and there is no known existence of a claim against the department, paper documentation is disposed into a secured confidential bin for destruction.

Contact Person: Risk Manager, Quality Management, 255-3400

Attachment(s): BHS QoC (4/20)

Distribution: BHS Policies and Procedures are distributed by the BHS Compliance Office.

Administrative Manual Holders

BHS Programs

SOC Managers

BOCC Program Managers

CDTA Program Managers



**City and County of San Francisco Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES
Quality of Care Report**

FOR OFFICE USE ONLY
Event Type: _____
Event ID #: _____

Client's Name _____ DOB: _____ BIS#

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Name(s) of other(s) involved in event _____

Date of event _____ Location of event _____

Name of person reporting event _____ Phone Number _____

Name of reporting program _____ Date of reporting _____

BHS Section (check one): Adult/Older Adult Child, Youth & Family Private Provider Network

Please check the categories below that best describe the event. Sentinel events requiring a report within 24 hours are in bold/italic type. All other reports are required within 7 days.

1. Violent Behavior:
 - Physical assault by a client on staff requiring emergency medical intervention***
 - Physical assault between clients requiring emergency medical intervention***
 - Homicide***
 - 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)

2. Sexual Assault/Misconduct (all considered sentinel):
 - Sexual assault/misconduct involving client by staff***
 - Sexual assault/misconduct involving client by another client***

3. Client Suicide Attempt:
 - Requiring emergency medical intervention*** NOT requiring emergency medical intervention

4. Medication Issue:
 - Client required emergency care, hospitalization, or transfer to medical unit as a result of medication issue***
 - 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

5. ***Acts constituting a violation of professional code of ethics or of any DPH policy governing professional conduct***

6. Client Death (all considered sentinel):
 - Expected medical problem*** ***Unexpected medical problem*** ***Accidental/fatal injury***
 - Homicide*** ***Suicide*** ***Alcohol/drug overdose*** ***Unknown***

Confidential and privileged for quality improvement and risk management purposes per Evidence Code § 1157.6 and Welfare & Institutions Code § 5328
-A copy of this report should not be included in the client's medical record-

Client's Name _____

- 7. Mandatory and Other Reporting:
 - Child abuse
 - Dependent adult abuse
 - Elder abuse
 - Notification of threatened violence
 - Other
- 8. Service Disruption Resulting in Temporary or Prolonged Program Closure Due To (all considered sentinel):
 - Client behavior*
 - Fire*
 - Water/flood*
 - Terror threat*
 - Crime scene*
 - Earthquake*
 - Unusual odors/vapors*
 - Violence*
 - Infestation*
 - Disease outbreak*
 - Other*
- 9. Injury, Accident, or Acute Medical Problem:
 - Staff injury, accident, or acute medical problem requiring emergency medical intervention*
 - Client injury, accident, or acute medical problem requiring emergency medical intervention*
 - Client or staff needle stick*
 - Staff injury, accident, or acute medical problem NOT requiring emergency medical intervention
 - Client injury, accident, or acute medical problem NOT requiring emergency medical intervention
- 10. *PHI Breach (e.g., loss or theft medical record)*
- 11. *Unauthorized/Unexcused Client Absence from 24-hour Care Settings (AKA AWOL)*
- 12. Other

Describe the event including those directly involved and all who have been called or contacted (attach additional pages if needed):

Program's Follow-Up and/or Corrective Actions to prevent future occurrences (attach additional pages if needed):

Program Director/designee Signature _____ Date _____

Please report incident by secure email to BHSQualityofCareReport@sfdph.org OR by fax to 415-252-3001 OR by mail to BHS Quality Management, 1380 Howard Street, 2nd Floor, San Francisco, CA 94103.

Quality Management Review and Action _____
(To be completed ONLY by BHS Administration)

QM Signature _____ Date: _____

*Confidential and privileged for quality improvement and risk management purposes per Evidence Code § 1157.6 and Welfare & Institutions Code § 5328
-A copy of this report should not be included in the client's medical record-*