



Table with 2 columns: Field (To, From, Date, Title) and Value (BHS Contracted Service Providers, Behavioral Health Services – Quality Assurance, December 23, 2024, Critical Incident and Non-Critical Incident Reporting)

Updated Process for Serious Incident and Unusual Occurrence Reporting

Serious Incident and Unusual Occurrences Reporting processes have been revised for BHS contracted and County-operated programs effective January 1, 2025. These changes are designed to improve reporting efficiency, minimize administrative burden and redundancies in documentation, ensure accurate tracking, and streamline data collection for better incident management that supports quality of care.

Updated resource documents will be available via the Optum website on the SMH & DMC-ODS Health Plan page under the 'Incident Reporting' tab. This includes FAQs, Tip Sheets, links to trainings as they become available, as well as updated OPOH and SUDPOH references.

Key Changes to the Incident Reporting Process:

- 1. Changes to Naming Conventions: Serious Incident Reporting (SIRs) will now be classified as Critical Incidents; SIR Level 2 incidents and unusual occurrences will now be classified as Non-Critical Incidents. The tier levels have been eliminated.
2. Expanded Program Reporting: Reporting is required for BHS treatment and non-treatment programs based on incident type(s). Please refer to the tip sheet (Critical and Non-Critical) for additional details and potential exemptions.
3. Centralized Point of Contact: QA remains the central point of contact for all Critical Incident Reporting (CIR) and Non-Critical Incident Reporting (N-CIR) to ensure complete and accurate reporting.
4. Elimination of 'SIR Phone Line': Phone reporting will be discontinued, and the SIR Phone Line will be retired. Critical incidents will be sent securely to the QI Matters email or via fax which is monitored throughout the day. Non-Critical Incidents will be reported via an online form that is sent to QA and the Contracting Officer's Representative (COR).
5. Unified Reporting Timelines: All incidents will now require submission of reports within 24 hours of incident knowledge.
6. Changes to Incident Types:
a. Critical Incident - Categories were consolidated and clarified to focus on clinically critical incidents.
b. Non-Critical Incidents - Includes all other incidents representing "adverse deviation from usual program processes" and not falling into the critical incident categories.
7. Simplified Report of Findings (ROF) Requirements: ROFs will only be required for Critical Incidents unless an exception is requested by QA or COR for a Non-Critical Incident.
8. Updated Root Cause Analysis (RCA) Requirements: A RCA will only be required for specific Critical Incident categories.
9. Simplified Forms:

For More Information:

- Contact QI Matters for any questions regarding the new process or for consultation requests.
Optum Site Resources: SMH & DMC-ODS Health Plans 'Incident Reporting' tab.



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|--------------|--------------------------------------------------------------|
| <b>To:</b>   | <b>BHS Contracted Service Providers</b>                      |
| <b>From:</b> | <b>Behavioral Health Services – Quality Assurance</b>        |
| <b>Date:</b> | <b>December 23, 2024</b>                                     |
| <b>Title</b> | <b>Critical Incident and Non-Critical Incident Reporting</b> |

- a. Critical Incidents: The Reporting form has been streamlined to support the new process and will be emailed to QI Matters mailbox or sent via fax.
- b. Non-Critical Incidents: An online submission form has been developed to centralize incident data.
  - 1. Protected Health Information (PHI) will not be required for N-CIRs; a reminder prompt is included on the form to note any submission of PHI will require a Privacy Incident Report.
  - 2. The link to the online submission form will be available on the [SMH & DMC-ODS Health Plan Optum pages](#), as well as in the SUDPOH/OPOH for easy access.
  - 3. CORs will receive a copy of the submitted N-CIR forms for review and may follow up with programs for any additional information as needed.
  - 4. QA Specialists will also receive the N-CIR forms to monitor incident data for emerging trends and engage with COR teams for further action steps as determined necessary.

These changes reflect our ongoing commitment to enhancing the quality and efficiency of incident reporting and management across all BHS programs. Please ensure that all relevant teams are informed about these updates.

Resources are now available on the Optum Site including the Critical Incident Reporting forms, Non-Critical Incident Reporting, Report of Findings and Root Cause Analysis processes. Trainings related to Incident Reporting, including the RCA Training, will be updated to reflect process changes following implementation.

For any questions or clarification, you may contact QI Matters at [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov).

**For More Information:**

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- Optum Site Resources: [SMH & DMC-ODS Health Plans](#) 'Incident Reporting' tab.