


## 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 628-754-9500 FAX 628-754-9585</p>
<b>POLICY/PROCEDURE REGARDING: Quality of Care Reporting, Review and Investigation</b>	
<p>DocuSigned by: <i>imo momoh</i> 360E6E598F1D468...</p> <p>Issued By: Imo Momoh Director of Managed Care</p> <p>Date: July 10, 2024</p>	<p>Manual Number: 1.04-04</p> <p>References: Evidence Code § 1157.6; Welfare &amp; Institutions Code § 5328.</p>

**Substantive Revision. Replaces Policy 1.04-4 dated April 27, 2020. Last amended July 19, 2024.**

**Equity Statement:** The San Francisco Department of Public Health, Behavioral Health Services (BHS) is committed to leading with race and prioritizing Intersectionality, including sex, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to move forward on the continuum of becoming an anti-racist institution through dismantling racism, building solidarity among racial groups, and working towards becoming a Trauma-Informed/Trauma Healing Organization in partnership with staff, members, communities, and our contractors. We are committed to ensuring that every policy or procedure, developed and implemented, lead with an equity and anti-racist lens. Our policies will provide the highest quality of care for our diverse members. We are dedicated to ensuring that our providers are equipped to provide services that are responsive to our members' needs and lived experiences.

**Purpose:** The purpose of this policy is to establish a systematic approach for reporting and investigating Quality of Care Concerns that involve program members, 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:** This policy applies to all programs within BHS including civil service, contract, and network providers.

**Policy:** Personnel in all programs 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 those requirements and meeting such additional requirements is not considered compliance with this policy.

All BHS programs are required to report all Quality of Care Concerns involving BHS program staff or a BHS member as provided in this policy.

BHS providers are required to report Quality of Care Concerns involving a non-BHS member if the incident had or may have an adverse impact on the program, staff, or other members including BHS members. Typically, we would expect that sentinel events (defined below) involving non-BHS members would meet this criteria for reporting, and that non-sentinel events would generally not; however, providers are encouraged to use their discretion when making this determination. When deciding whether or not to report an incident under this policy, providers should err on the side of making a report.

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. In instances when a Quality of Care Report (QoC Report) is submitted regarding a non-BHS member, please redact PHI to protect the confidentiality of the non-BHS member.

BHS Quality Management and Regulatory Affairs (QMRA) oversees the review, evaluation, and investigation of reported incidents in order to address issues involving Quality of Care Concerns and to identify system-wide patterns as part of a comprehensive quality improvement effort. QMRA 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).

### **Definition of Terms:**

**Member** – *Member* is broadly defined as any recipient of Behavioral Health Services from San Francisco Department of Public Health.

**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 members, guests, staff, or 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 or death;

- 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;
- member death;
- service disruption resulting in program closure;
- injury, accident or acute medical problem requiring emergency medical intervention;
- unauthorized/unexcused member absence from 24-hour care settings;
- PHI breach including loss or theft of member 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 Concern requires a CIR, the Risk Manager for QMRA 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 if indicated to the program, to identify opportunities for quality improvement, and to prevent such reoccurrences. A CIR will be conducted on all known member suicides and member violence resulting in the death of another individual(s).

## **Procedure:**

### **Immediate Risk Containment Measures-**

Following the discovery of a Quality of Care Concern, 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 members, 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:
  - 1) preserving any documents necessary to assure an accurate record of the incident and to allow for subsequent analysis;
  - 2) interviewing members and other witnesses;
  - 3) removing faulty equipment and furniture from use;
  - 4) addressing staff and member concerns as needed;
  - 5) securing medical records and facility property;

- 6) taking appropriate employment/disciplinary action; and/or
- 7) 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, Program Director, Medical Director, on-call administrator, SOC Program Manager, 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 member death in a BHS facility, an incident that results in program closure, police action with member 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 Report (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. The QoC Report should be submitted as soon as risk containment measures permit, but no later than 24 hours after incidents that are sentinel events or otherwise necessitates immediate notification. Regarding all other incidents, the QoC Report must 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 (4/24)* which is an attachment to this policy. A fillable pdf version of this report is located on the provider portal page on the SFGOV website at: <https://www.sf.gov/behavioral-health-services-provider-portal>
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 members, 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 QoC 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](mailto:BHSQualityofCareReport@sfdph.org) OR by fax to 628-754-9594 OR by mail to BHS Quality Management, 1380 Howard Street, 2<sup>nd</sup> Floor, San Francisco, CA 94103.

### **General Guidelines –**

- QoC Reports should be forwarded to Quality Management and Regulatory Affairs 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 member 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 must be reported.
- All BHS programs, including civil service, contract, and network providers 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 Concerns 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 Quality Management and Regulatory Affairs (QMRA) will review each QoC Report and decide if further review is indicated. For those incidents that warrant further review, the Risk Manager will determine 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.
- BHS staff requested by the Risk Manager to conduct a review will provide the findings to the Risk Manager.
- BHS programs may be requested to conduct their own review and to provide their findings to the Risk Manager.
- BHS staff and programs are required to respond promptly to any inquiries and requests from the Risk Manager.
- QMRA will monitor all reviews for timeliness of action, response, and follow-up.
- Specific incidents, including but not limited to those presenting with significant risk, liability, or disruption to services, will be reported immediately by the Risk Manager to select members of BHS leadership, including the relevant SOC Director and SOC Program Manager.
- In instances where a routine review generates a summary of the findings, this will be presented at the monthly Risk Management Committee meeting, or other forum, for a final determination of any recommendations and an action plan if indicated. Select BHS leadership staff are provided a summary of the review findings which is provided to the program. Any system issues or barriers identified subsequent to the routine review are presented to the appropriate Quality Improvement forum.

## 2. Critical Incident Reviews:

Certain Quality of Care Concerns 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 review of the medical record and documentation related to the incident will be conducted by the Risk Manager and the risk review panel. In most instances, a meeting will be convened which includes the Risk Manager, the risk review panel, BHS providers of direct services to the member (assuming member involvement), the SOC Program Manager, and select leadership staff. The process of the CIR would include review of member history and treatment, the circumstances surrounding the incident, and clinical and administrative procedures relevant to the incident. A summary of the findings of each CIR will be presented at the monthly Risk Management Committee meeting, or other forum, for a final determination of any recommendations and an action plan if indicated. Select BHS leadership staff are provided a summary of the review findings which is provided to the program. Any system issues or barriers identified subsequent to the CIR are presented to the appropriate Quality Improvement forum.

## **Summary Reports of Incidents and Trends-**

QMRA will aggregate QoC Report data on a monthly and annual basis 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. Select BHS leadership staff are routinely provided a copy of the monthly Quality of Care Report.

**Retention of Records:**

Paper documentation of activities pertaining to the reporting of Quality of Care Concerns, review and investigation will be confidentially retained by QMRA for a minimum of two years. Such documentation relating to pending claims and litigation shall be maintained by QMRA 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 and Regulatory Affairs, 628-754-9225

**Attachment(s):** Attachment A: BHS Quality of Care Report

**Distribution:** BHS Policies and Procedures are distributed by BHS Quality Management and Regulatory Affairs.

Administrative Manual Holders  
BHS Programs  
SOC Program Managers  
BOCC Program Managers  
CDTA Program Managers



# City and County of San Francisco Department of Public Health

## BEHAVIORAL HEALTH SERVICES Quality of Care Report

FOR OFFICE USE ONLY

Event Type: \_\_\_\_\_

Event ID #: \_\_\_\_\_

Member Name \_\_\_\_\_ DOB: \_\_\_\_\_ BIS/MRN

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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): ☐ A/OA ☐ CYF ☐ TAY ☐ OCC ☐ PPN

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 member on staff requiring emergency medical intervention***
  - ☐ ***Physical assault between members requiring emergency medical intervention***
  - ☐ ***Homicide***
  - ☐ Verbal or physical threats by a member (includes mandatory reports of threatened violence)
  - ☐ Physical assault by a member on staff NOT requiring emergency medical intervention
  - ☐ Physical assault between members NOT requiring emergency medical intervention
  - ☐ Damage to program property by member
  - ☐ 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 member by staff***
  - ☐ ***Sexual assault/misconduct involving member by another member***
3. Member Suicide Attempt:
  - ☐ ***Requiring emergency medical intervention*** ☐ NOT requiring emergency medical intervention
4. Medication Issue:
  - ☐ ***Member required emergency care, hospitalization, or transfer to medical unit as a result of medication issue***
  - ☐ Member was administered the wrong medication
  - ☐ Member was administered the wrong dose
  - ☐ Issue with the timeliness of obtaining or the administration of a member'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. Member Death (all considered sentinel):
  - ☐ ***Expected medical problem*** ☐ ***Unexpected medical problem*** ☐ ***Accidental/fatal injury***
  - ☐ ***Homicide*** ☐ ***Suicide*** ☐ ***Alcohol/drug overdose*** ☐ ***Unknown***

Member 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):  
☐ **Member 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**  
☐ **Member injury, accident, or acute medical problem requiring emergency medical intervention**  
☐ **Member or staff needle stick**  
☐ Staff injury, accident, or acute medical problem NOT requiring emergency medical intervention  
☐ Member injury, accident, or acute medical problem NOT requiring emergency medical intervention
10. ☐ **PHI Breach (e.g., loss or theft medical record)**
11. ☐ **Unauthorized/Unexcused Member 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):

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

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Program Director/designee signature \_\_\_\_\_ Date \_\_\_\_\_

**Please report incident by secure email to [BHSQualityofCareReport@sfdph.org](mailto:BHSQualityofCareReport@sfdph.org) OR by fax to 628-754-9594 OR by mail to BHS Quality Management, 1380 Howard Street, 2<sup>nd</sup> Floor, San Francisco, CA 94103.**

(To be completed ONLY by BHS Administration)

Quality Management Review and Action \_\_\_\_\_

QM signature \_\_\_\_\_ Date: \_\_\_\_\_