CONFIDENTIAL

County of San Diego Behavioral Health Services

QUALITY IMPROVEMENT SERIOUS INCIDENT REPORT-ADS

Client/Participant Name:	
Client Case Number (if applicable):	DOB:
Mental Health Diagnosis (If applicable, use DSM IV Codes) : Axis I (Primary) : Axis I (Secondary) :	
Primary drug of choice: Secondary drug of choice:	
Provider (Program) Name:	Staff Involved:
Parent Organization (if any):	
Date of Incident:	Time of Incident:
Location where Incident Occurred: (Address/Setting)	
Date Incident was reported to Provider:	
Date and Time Incident was reported telephonically to BHS QI:	
Date and Time Incident was reported telephonically to State (if applicable):	

1. Incident Reviewed (Serious incidents to be reported to BHS-QI are categorized as follows, (Please check one):

- ☐ Death of a client or participant
- ☐ Violence or threats of violence including: Homicide or attempted homicide by a client/participant, injurious assault on a client/participant or by a client/participant occurring on the program's premises which results in serious physical injury
- ☐ Suicide attempt
- ☐ Apparent overdose of alcohol or illicit or prescription drugs, whether fatal or injurious, and requiring medical attention, or adverse prescribed medication reaction or medication error (applies only to residential programs) resulting in physical damage and/or loss of consciousness
- ☐ Allegations of inappropriate staff or program volunteer behavior such as staff and client/participant boundary issues, sexual relations with a client/participant, financial exploitation of a client/participant, and/or physical or verbal abuse of a client/participant
- ☐ Major confidentiality breach (lost or stolen laptop, large number of client files/records accessed, etc.)

Note: Reporting of a serious incident is based on criteria and determined severity of the serious incident. A major concern is that the event may have the potential for significant adverse media (press, internet, television, radio) involvement.

☐ **Notification to:** (Circle One) Law Enforcement/State/ Other (specify)	☐ Verbal	☐ Written

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Client/Participant Name:
2. Describe the Serious Incident: (Include people involved and precipitating factors
3. Other Behavioral Health Services Client/Participant is currently receiving: (Outpatient, case management, medication management, day treatment/rehabilitation, residential, etc.)
4. Current prescribed medication: Name of prescribing physician:
5. Physical or medical concerns:

Report Completed By:	Title:
Print Name:	Date/Time:
Program Manager Signature:	Date/Time:
Date Faxed to County Quality Improvement:	Phone #: ( )

FAX #: (619) 563-2795 Telephone #: (619) 563-2781
County of San Diego Behavioral Health Services Administration
Quality Improvement