



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 #:

Member Name _____ DOB: _____ BIS/MRN [grid]

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 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):

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 628-754-9594 OR by mail to BHS Quality Management, 1380 Howard Street, 2nd Floor, San Francisco, CA 94103.

(To be completed ONLY by BHS Administration)

Quality Management Review and Action _____

QM signature _____ Date: _____