

<b>POLICY TITLE</b>	<b>Policy No:</b> 1603-4-1
<b>Unusual Occurrence and Death Reporting</b>	<b>Date of Original Approval:</b> 1/16/2012
	<b>Date(s) of Revision(s):</b> 4/25/2022

**PURPOSE**

This policy establishes a system for the reporting and investigation of Unusual Occurrences, also known as Sentinel Events, to:

- Develop and implement appropriate corrective actions to mitigate and minimize present and future risk of harm to clients, and
- Identify system-wide patterns or trends to make recommendations for quality improvement.

**AUTHORITY**

- Title 22, California Code of Regulations (CCR), § 72541
- Title 9, CCR, § 1810.440
- California Evidence Code § 1156.1, 1157, 1157.5, 1157.6, 1157.7
- California Civil Code § 43.7
- Drug Medi-Cal Organized Delivery System (DMC-ODS) [BHIN 21-075 \(ca.gov\)](http://www.bhin21-075.ca.gov)
- Mental Health Plan (MHP) Contract #17-94572 Exhibit A, Attachment 5. Quality Improvement System

**SCOPE**

All Alameda County Behavioral Health Care Services (ACBH) county-operated programs and entities and individuals providing mental health and substance use disorder services under a contract or subcontract with ACBH.

**POLICY**

All programs, entities, and individuals indicated under Scope are required to report an Unusual Occurrence (UO) as indicated in this policy, even if they undertake their own internal review.

ACBH Quality Management (QM) oversees the investigation of reported UOs to address issues involving quality of care and identify system-wide patterns as part of a comprehensive quality improvement effort.

## PROCEDURE

### I. Unusual Occurrence Reporting Criteria

- All unexpected occurrences involving death or serious physical and/or psychological injury, or the risk thereof, including those for which a recurrence would carry a significant risk of an adverse outcome, or adversely affect the quality of behavioral health care service or operations. See the Definition section of this document for examples.
- The client must have received mental health or substance use disorder services through Alameda County within 12 months of the occurrence.

### II. Reporting the Occurrence

- A. All entities and individuals under the Scope of this policy must report Unusual Occurrences within seven (7) calendar days of learning of the occurrence.

The report can be submitted by the treating staff member, any staff with the most knowledge of the incident, the program's Quality Assurance lead, Program Managers or Directors, or any staff member in a position of authority.

If multiple programs have knowledge of the incident, all programs should file a report, as each may have different knowledge of the incident.

- B. Occurrences must be reported using the *Unusual Occurrence Notification Form* (UON), posted on the ACBH Provider Website at [https://www.acbhcs.org/providers/QA/qa\\_manual.htm](https://www.acbhcs.org/providers/QA/qa_manual.htm).
- C. It is the responsibility of each agency to ensure compliance with all reporting requirements. Submitting the UON report to ACBH does not exempt entities from any requirements to file other mandated reports, including:
1. Reports required by a certifying or licensing body, the state or federal government, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Alameda County Risk Management;
  2. Reports pursuant to the terms of a contract;
  3. Reports pursuant to the agency's internal Quality Assurance or quality improvement process; and/or
  4. Incident reports with ACBH-Human Resources.

See additional reporting responsibilities listed on the *ACBH Unusual Occurrence Reporting Comparison Chart*, posted on the ACBH Provider Website at [https://www.acbhcs.org/providers/QA/qa\\_manual.htm](https://www.acbhcs.org/providers/QA/qa_manual.htm). Note, this may not be an exhaustive list. Copies of mandated reports should be submitted to Quality Assurance (QA) along with the completed UON form.

- D. The UON form should be submitted to the Quality Assurance (QA) office using one of the following options:

**Email:** [QAOffice@acbhcs.org](mailto:QAOffice@acbhcs.org) (HIPAA-secure encryption required)

**FAX:** 510.639.1346 Attn: QA Office

**Mail:** Alameda County Behavioral Health Care Services  
Quality Assurance Office  
2000 Embarcadero Cove Ste 400  
Oakland, CA 94606

### III. ACBH Review Process

- A. Once it is determined that the case meets the UO criteria, QA clinical staff will gather any additional relevant information needed, including copies of clinical notes, policy and procedures, etc., to understand the details related to the event and identify potential quality of care concerns and opportunities.
- B. QA will conduct investigations in all cases where the UO involves an unexpected death, including, but not be limited to, the following:
- Resident deaths within a residential facility
  - Deaths from unnatural causes
  - Unexpected deaths from natural causes
- C. QA reserves the right to obtain a police report, coroner's report, or other reports and information concerning the client and/or the event. QA also reserves the right to request and examine any chart notes pertaining to services the client has received through ACBH-affiliated providers.
- D. Upon initial review of the records for cases that meet UO criteria, QA assigns a Quality of Care Severity Rating of 0-4 to the case using the following guidelines:
- 0 = No quality of care concerns
  - 1 = Minimal quality of care concerns
  - 2 = Minimal to moderate quality of care concerns
  - 3 = Moderate to severe quality of care concerns
  - 4 = Severe quality of care concerns
- E. Depending on the Severity Rating, next steps may vary as noted below:
1. Cases with a Severity Rating of 0 to 2 are completed by QA. A final determination is made by the QA team and can include any of the following:
    - Conclusion of "No quality of care concerns"
    - Quality of care recommendations related to the incident

- Referral to the Formalized Trend Review Committee if a system-wide trend is suspected

Cases with this Severity Rating will not result in a Corrective Action Plan.

2. Cases with a Severity Rating of 3 to 4 are presented by QA at the Unusual Occurrence Committee (UOC). Based on the presentation of the findings, the UOC may recommend any of the following:
    - Specific quality of care recommendations related to the incident
    - Corrective Action Plan
    - Outreach to agency/provider to discuss concerns and provide direct feedback and support
    - Selection of the agency/program for the next System of Care chart audit, with a focus on areas of concern
    - Review of additional agency charts to determine if there is a trend
    - Referral to the Formalized Trend Review Committee if a system-wide trend is suspected
    - Conclusion of “No quality of care concerns”
  3. If, during the review of the UO, a quality concern is identified that is unrelated to the occurrence, QA will determine how to best address the issue(s), which may include any of the following:
    - Outreach to the agency to discuss concerns and provide technical assistance and support
    - Selection of the agency/program for the next System of Care chart audit, with a focus on areas of concern
    - Review of additional agency charts to determine if there is a trend
    - Referral to the Formalized Trend Review Committee if a system-wide trend is suspected
- F. The UOC Chair (QA Administrator), in consideration of the Committee’s recommendations and in consultation with the Chief Compliance and Privacy Officer when needed, will determine the final disposition.
- G. The QA department will issue the disposition letter to the agency/provider.
- H. In cases where a Corrective Action Plan (CAP) is required, the provider is asked to submit their proposed CAP within three (3) weeks of receipt of the request from ACBH.
- I. The proposed CAP will be reviewed by the UOC for approval within sixty (60) days of receipt.

- J. The provider is asked to submit verification of implementation (e.g. training sign-in sheets, copies of memos, etc.) to the QA office within ninety (90) days of notification of the CAP approval.
- K. All agencies with a CAP will be included in the following System of Care chart audit to ensure that the quality concern has been remedied.

#### **IV. Role of Formalized Trend Review Committee**

In cases where the issues identified may represent a system-wide, agency, and/or provider trend, a Formalized Trend Review may be recommended by the QA team or the UO Committee.

The role of the Formalized Trend Review committee is to review patterns and trends that may be impacting the quality of services provided to beneficiaries and make recommendations for addressing the identified issues.

The Formalized Trend Review Committee consists of one or more representatives from the ACBH Executive team and one or more representatives from QA or QM. The Committee may also include the following individuals:

- Health Care Services Agency (HCSA)/ACBH Compliance Officer
- County Counsel
- Staff members from the provider site(s) where the incident occurred, who may have knowledge of the event or practices related to the event. .
- A panel of one or more clinicians external to the provider site who have demonstrated expertise in the area to be reviewed.

QA will convene the Formalized Trend Review Committee. The Committee will review case details related to quality of care concerns and potential trends identified through the UO review process.

At the conclusion of the Formalized Trend Review, QA will summarize findings and recommendations in a report distributed to the ACBH Director, Deputy Directors, Quality Management Program Director, and Compliance Officer within thirty (30) days of the meeting.

The Formalized Trend Review is part of the confidential Quality Assurance process and is subject to laws and regulations related to QA, including confidentiality.

#### **V. Role of Quality Improvement Committee**

On at least an annual basis, aggregate data related to UO reports, and summaries of recommendations made by the Formalized Trend Review Committee will be presented to

<b>Policy &amp; Procedure: Unusual Occurrence and Death Reporting</b>	<b>#1603-4-1</b>
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the ACBH Quality Improvement Committee (QIC). The information will be used to identify further recommendations to improve system-wide trends.

All information presented to the QIC will be de-identified of client Protected Health Information.

## CONTACT

BHCS Office	Current as of	Email
Quality Assurance Office	April 2022	QAOffice@acbhcs.org

## DISTRIBUTION

This policy will be distributed to the following:

- ACBH Staff
- ACBH County and Contract Providers
- Public

## ISSUANCE AND REVISION HISTORY

**Original Authors:** Kyree Klimist, MFT, QA Administrator

**Original Date of Approval:** 1/16/2012 by Marye Thomas, MD, ACBH Director

**Date of Revision:** 4/15/22 by Torfeh Rejali, LMFT, Quality Assurance Administrator

Revision Author	Reason for Revision	Date of Approval by (Name)
Torfeh Rejali, LMFT, Quality Assurance Administrator	Policy update to reflect new internal UO processes effective 7/1/2021 and introduce revised UO Notification form.	4/25/2022 by Karyn L. Tribble, PsyD, LCSW, Behavioral Health Director
Donna Fone, MFT, LPCC, Quality Assurance Administrator Anthony Sanders, PhD, Interim Quality Assurance Associate Administrator	Policy update and title change. Previously titled "Sentinel Event/Death Reporting Policy and Procedure"	12/7/15 by Manual Jimenez

## DEFINITIONS

Term	Definition
<b>Formalized Trend Review Committee</b>	The Formalized Trend Review Committee identifies system-wide, agency, and/or provider trends and consists of representatives from the ACBH Executive team, QA or QM office, and other stakeholders as appropriate.

<b>Quality Improvement Committee</b>	The Improvement Committee monitors the service delivery system with the goal of improving the processes of providing care and better meeting the needs of beneficiaries.
<b>Unusual Occurrences</b>	<p>All unexpected occurrences involving death or serious physical and/or psychological injury, or the risk thereof, including those for which a recurrence would carry a significant risk of an adverse outcome, or adversely affect the quality of behavioral health care service or operations. The client must have received mental health or substance use disorder services through Alameda County within 12 months of the occurrence</p> <p>Some examples of Unusual Occurrences include:</p> <ul style="list-style-type: none"> <li>• Deaths or serious injuries to a current client or an individual who received services within the previous twelve months.</li> <li>• Suicide attempts requiring medical attention.</li> <li>• Physical assault of a client or involving a client.</li> <li>• Problem involving seclusion and/or restraint of a client.</li> <li>• Errors in the prescription or administration of medications.</li> <li>• Allegation or knowledge of injury, abuse, unethical relationship or other unprofessional conduct between staff, clients, visitors, or client's significant others.</li> <li>• Incidents such as epidemic outbreaks, poisonings, fires, major accidents which threaten the welfare, safety and/or health of clients, personnel or visitors.</li> <li>• Events that involve a potential for ACBH liability or media attention.</li> </ul>
<b>Unusual Occurrence Committee (UOC)</b>	The UOC consists of designated ACBH System of Care and QA leadership, Compliance, and Medical Director and/or physician designee. The Committee reviews unusual occurrences with a severity rating of 3-4, and makes recommendations regarding next steps.

**APPENDICES**

- A. Unusual Occurrence Notification (UON) Form
- B. ACBH Unusual Occurrence Reporting Comparison Chart

**Client Information**

Client name:	Client Date of Birth:	Client ACBH No:
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**Provider Information**

Name of reporting agency:	Reporting agency Reporting Unit (RU):
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Address of reporting agency:

Type of service provided by your agency: <input type="checkbox"/> MH <input type="checkbox"/> SUD	Date of last service:
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Level of care and intensity of services provided to client by your agency (e.g. Monthly Outpatient, Weekly Intensive Outpatient):

Names of other agencies providing services to client (if known):

**Occurrence Details**

Date and time of occurrence:	Location of occurrence:
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Has a client death occurred?  Yes  No

If YES, select suspected cause of death:  Suicide  Medical Illness  Homicide  Accidental  Other/unknown

If NO, please indicate UO Reason:  Harm to Self  Medical Hospitalization  Harm to Others  Client Violation of Facility Rules  Other

If Other, please note reason here:

Narrative of occurrence/incident:

Client's primary diagnosis:

Was an internal review of the case conducted by your agency?  Yes  No  
*If yes, please attach any associated reports*

Please list and attach other mandated reports made to other agencies:

Name and title of person completing this report:	Phone number:
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Name and title of agency contact for questions related to this report (if different):	Phone number:
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Date form is completed (mm/dd/yy):

**Please return completed form using encrypted email to: [QAOffice@acgov.org](mailto:QAOffice@acgov.org), or by fax to: QA Administrator, 510-639-1346; or mail to: ACBH, QA Administrator, 2000 Embarcadero Cover, Ste 400, Oakland, CA 94606**



## ACBH Unusual Occurrence Reporting Comparison Chart

The following is being provided as a guide and may not be an exhaustive list. It is the responsibility of each agency to ensure compliance with all reporting requirements. Unusual Occurrence Notification (UON) forms should be sent to ACBH within required timeframes, regardless of other reporting requirements. Please submit copies of mandated reports to ACBH Quality Assurance office along with the Unusual Occurrence Notification (UON) form.

Type of Program/Facility	Regulatory Citation: Regs include definitions of unusual events	Types of Reports	Reporting Agency	Required Reporting & Timeframe	Forms
<b>ACBH UNUSUAL OCCURRENCE NOTIFICATION (UON) FORM REQUIRED FOR ALL PROVIDERS</b>					
All behavioral health programs (mental health and substance use)	Unusual Occurrence and Death Reporting Policy	Unusual Occurrences, Sentinel Events, Death, Neglect and Abuse, Harm to Self, Danger/Harm to Others	<a href="#">ACBH - Quality Assurance Office</a> PHI fax: (510) 639-1346 Phone: (510) 567-8105	Fax or mail written Unusual Occurrence Notification (UON) form within 7 calendar days	Unusual Occurrence Notification (UON) Form
<b>Additional Reporting Requirements by Type of Agency/Facility/Program/etc. – Submit with ACBH UORF</b>					
Skilled Nursing Facility (SNF); Intermediate Care Facility (ICF), and Special Treatment Programs (STP)	<a href="#">22 CCR § 72541</a> <a href="#">22 CCR § 72539</a>	Unusual Occurrences, Sentinel Events, Neglect and Abuse, Harm to Self, Danger/Harm to Others	<a href="#">Department of Health Care Services</a> Email: <a href="mailto:MHUOR@dhcs.ca.gov">MHUOR@dhcs.ca.gov</a> Phone: (916) 322-2911	Report by telephone within 24 hours from the date the program is notified, and written SOC 341 within 72 hours	<a href="#">SOC 341</a>
Skilled Nursing Facility (SNF); Intermediate Care Facility (ICF), and Special Treatment Programs (STP)	<a href="#">22 CCR § 72541</a> <a href="#">22 CCR § 72539</a>	Death Reporting	<a href="#">DHCS Complaints and Counselor Certification Division</a> Fax: (916) 440-5094 Email: <a href="mailto:DHCSLCBcomp@DHCS.ca.gov">DHCSLCBcomp@DHCS.ca.gov</a>	Report by telephone within 24 hours from the date the program is notified, and written DHCS 5079 within 7 days	<a href="#">DHCS 5079</a>
Psychiatric Health Facilities (PHF)	<a href="#">22 CCR § 77137</a>	Unusual Occurrences, Sentinel Events, Neglect and Abuse, Harm to Self, Danger/Harm to Others	<a href="#">Department of Health Care Services</a> Email: <a href="mailto:MHUOR@dhcs.ca.gov">MHUOR@dhcs.ca.gov</a> Phone: (916) 322-2911	Report by telephone within 24 hours from the date the program is notified, and written DHCS 5079 within 7 days	<a href="#">DHCS 5079</a>



Psychiatric Health Facilities (PHF)	<a href="#">22 CCR § 77137</a>	Death Reporting	<a href="#">DHCS Complaints and Counselor Certification Division</a> Fax: (916) 440-5094 Email: <a href="mailto:DHCSLCBcomp@DHCS.ca.gov">DHCSLCBcomp@DHCS.ca.gov</a>	Report by telephone within 24 hours from the date the program is notified, and written DHCS 5079 within 7 days	<a href="#">DHCS 5079</a>
Mental Health Rehabilitation Centers (MHRC)	<a href="#">9 CCR § 784.15</a>	Unusual Occurrences, Sentinel Events, Neglect and Abuse, Harm to Self, Danger/Harm to Others	<a href="#">Department of Health Care Services</a> Email: <a href="mailto:MHUOR@dhcs.ca.gov">MHUOR@dhcs.ca.gov</a> Phone: (916) 322-2911	Report by telephone within 24 hours from the date the program is notified, and DHCS 5079 within 7 days	<a href="#">DHCS 5079</a>
Mental Health Rehabilitation Centers (MHRC)	<a href="#">9 CCR § 784.15</a>	Death Reporting	<a href="#">DHCS Complaints and Counselor Certification Division</a> Fax: (916) 440-5094 Email: <a href="mailto:DHCSLCBcomp@DHCS.ca.gov">DHCSLCBcomp@DHCS.ca.gov</a>	Report by telephone within 24 hours from the date the program is notified, and DHCS 5079 within 7 days	<a href="#">DHCS 5079</a>
Acute Psychiatric Hospitals	<a href="#">22 CCR § 71535</a>	Unusual Occurrences, Sentinel Events, Neglect and Abuse, Harm to Self, Danger/Harm to Others	<a href="#">Department of Health Care Services</a> Email: <a href="mailto:MHUOR@dhcs.ca.gov">MHUOR@dhcs.ca.gov</a> Phone: (916) 322-2911	Report by telephone within 24 hours from the date the program is notified, and DHCS 5079 within 7 days	<a href="#">DHCS 5079</a>
Acute Psychiatric Hospitals	<a href="#">22 CCR § 71535</a>	Death Reporting	<a href="#">DHCS Complaints and Counselor Certification Division</a> Fax: (916) 440-5094 Email: <a href="mailto:DHCSLCBcomp@DHCS.ca.gov">DHCSLCBcomp@DHCS.ca.gov</a>	Report by telephone within 24 hours from the date the program is notified, and DHCS 5079 within 7 days	<a href="#">DHCS 5079</a>
Licensed Board and Care Homes	<a href="#">22 CCR § 76551</a> <a href="#">22 CCR § 80061</a> <a href="#">22 CCR § 87211</a>	Unusual Occurrences, Sentinel Events, Death, Neglect and Abuse, Harm to Self, Danger/Harm to Others	<a href="#">Community Care Licensing Division Offices</a> Greater Bay Area Adult Care Regional Office, Phone: (510) 286-4201 Fax: (510) 286-4204	Written report/form within 24 hours from the date the program is notified,	Use <a href="#">LIC624</a> for unusual occurrences Use <a href="#">LC624A</a> for death reporting



					Use <a href="#">LC624B</a> for children unusual occurrences
Residential AOD/SUD Treatment, Recovery, & Detox Facilities	<a href="#">9 CCR § 10561</a>	Unusual Occurrences, Sentinel Events, Neglect and Abuse, Harm to Self, Danger/Harm to Others	<a href="#">Department of Health Care Services</a> Email: <a href="mailto:MHUOR@dhcs.ca.gov">MHUOR@dhcs.ca.gov</a> Phone: (916) 322-2911	Report by telephone within 24 hours from the date the program is notified, and DHCS 5079 within 7 days	<a href="#">DHCS 5079</a>
Residential AOD/SUD Treatment, Recovery, & Detox Facilities	<a href="#">9 CCR § 10561</a>	Death Reporting	<a href="#">DHCS Complaints and Counselor Certification Division</a> Fax: (916) 440-5094 Email: <a href="mailto:DHCSLCBcomp@DHCS.ca.gov">DHCSLCBcomp@DHCS.ca.gov</a>	Report by telephone within 24 hours from the date the program is notified, and DHCS 5079 within 7 days	<a href="#">DHCS 5079</a>
Opioid Treatment Programs (OTP)	<a href="#">9 CCR § 10195</a>	Death Reporting  (For all other required UON reporting, all SUD providers must follow requirements set forth in ACBH Sentinel Event Death Report P&P)	<a href="#">DHCS Licensing and Certification Division, Counselor and Medication Assisted Treatment Section (CMATS)</a> Email: <a href="mailto:DHCSNTP@dhcs.ca.gov">DHCSNTP@dhcs.ca.gov</a>  Fax: (916) 440-5230 Must confirm receipt by calling: (916) 322-6682	Report using form DHCS 5048 within 24 hours from the date the program is notified, <b>IF</b> a patient of the program dies at the program site, or if ingestion of medication used in replacement narcotic therapy may have been the cause of the patient's death.  For OTHER types of deaths report using form DHCS 5048 within 90 calendar days from the date of the death	<a href="#">DHCS 5048</a>



<p><a href="#">Alameda County Public Health Department (ACPHD)</a></p>	<p><a href="#">17 CCR § 2500</a></p>	<p>Reporting to the Local Health Authority (not all required ACPHD reports need to be reported to ACBH; refer to ACBH UON Policy for requirements)</p>	<p>ACPHD 1100 San Leandro Blvd. San Leandro, CA 94577 Phone: (510) 267-8000</p>	<p>Review <a href="#">17 CCR § 2500</a> for specific report timeframes, some are required immediately. <a href="#">ACPHD website has forms.</a></p>	<p><a href="https://acphd.org/communicable-disease/diseases-reporting-and-control/reporting-forms/">https://acphd.org/communicable-disease/diseases-reporting-and-control/reporting-forms/</a></p>
<p>All ACBH programs and contracted facilities with healing arts board licensees or registrants</p>	<p><a href="#">Business &amp; Professions Code § 805.8</a></p>	<p>Requires reports to state licensing boards within 15 days of any written beneficiary allegation of sexual abuse or sexual misconduct</p>	<p>Licensing/Certification Board of the alleged health care professional</p>	<p>Follow corresponding board reporting requirements. Note ACBH UON report is due within 7 days of written allegation.</p>	