



**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 #: _____

Client's Name _____ DOB: _____ BIS#

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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): 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 client on staff requiring emergency medical intervention***
 - Physical assault between clients requiring emergency medical intervention***
 - Homicide***
 - Verbally or physically threatening behavior by a client (includes mandatory reports of threatened violence)
 - Physical assault by a client on staff NOT requiring emergency medical intervention
 - Physical assault between clients NOT requiring emergency medical intervention
 - Damage to program property by client
 - 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 client by staff***
 - Sexual assault/misconduct involving client by another client***

3. Client Suicide Attempt:
 - Requiring emergency medical intervention*** NOT requiring emergency medical intervention

4. Medication Issue:
 - Client required emergency care, hospitalization, or transfer to medical unit as a result of medication issue***
 - Client was administered the wrong medication
 - Client was administered the wrong dose
 - Issue with the timeliness of obtaining or the administration of a client'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. Client Death (all considered sentinel):
 - Expected medical problem*** ***Unexpected medical problem*** ***Accidental/fatal injury***
 - Homicide*** ***Suicide*** ***Alcohol/drug overdose*** ***Unknown***

Client's 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):
 - Client 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**
 - Client injury, accident, or acute medical problem requiring emergency medical intervention**
 - Client or staff needle stick**
 - Staff injury, accident, or acute medical problem NOT requiring emergency medical intervention
 - Client injury, accident, or acute medical problem NOT requiring emergency medical intervention
- 10. **PHI Breach (e.g., loss or theft medical record)**
- 11. **Unauthorized/Unexcused Client 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 415-252-3001 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: _____