



**CONFIDENTIAL**  
**SERIOUS INCIDENT REPORT OF FINDINGS (SIROF)**

County of San Diego Behavioral Health Services (BHS)  
QM CONFIDENTIAL FAX: 619-236-1953

1. Serious Incident Summary of Findings **CONTINUED**: (If more space if needed, continue to document the results of your investigation and analysis of the Serious Incident.)

2. Recommendations/Planned Improvements: (Document a summary of quality/system improvements as a result of the analysis of the Serious Incident)

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A **Root Cause Analysis (RCA)** is required for any serious incident that results in 1) a death by suicide, 2) alleged homicide committed by client, or 3) as requested by QM. The RCA shall be completed within 30 days of the reported incident. Please complete the section below **only** if you have completed an RCA.

1. Was a root cause identified?                      YES                      NO

2. RCA Summary of Findings:

3. RCA Summary of Action Items:

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3. RCA Summary of Action Items **CONTINUED**: (If more space if needed, continue to document the action items.)

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Was the SIROF sent to QM within 30 days of the reported incident? YES NO

If no, why?

Report Completed By:

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**This section to be completed by Program Manager or Designee Only**

Program Manager or Designee's Email:

Program Manager or Designee's Phone:

Program Manager or Designee's Name:

Program Manager or Designee's Signature: \_\_\_\_\_ Date:

4

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