**DDS Required Follow Up Information**

*Updated 1/17/24*

**Timely Reporting Reminder (Vendor):**

Special incidents are required by Title 17 to be verbally reported by vendors to San Diego Regional Center within 24 hours of occurrence and a written report must be provided within 48 hours of occurrence. We advise vendors to report all special incidents even if they are unsure if it is reportable. SCs must submit a SIR in SANDIS within two work days to ensure DDS reporting guidelines are met. SCs should not wait for vendors to submit SIR to SDRC once made aware of the reportable incident. It is recommended that SDRC SC, On-Call SC, or Liaison review these guidelines with the vendor to avoid future late reporting. If you require additional assistance with information collection or SIR reporting protocols, feel free to contact the SIR Team at **sirs@sdrc.org**.

**Special incidents should be reported by Vendor according to DDS timeliness regardless if SIR is reportable to DDS or not.**

**\*For all incident types, visit our website:** [Special Incident Reporting | SD Regional Center (sdrc.org)](https://www.sdrc.org/special-incident-reporting)

**For Deaths:**

What is the exact date of death? \_\_\_\_\_\_\_\_\_\_\_\_

What is the exact location of death?  \_\_\_\_\_\_\_\_\_ (hospital, home, etc.)

If death occurred in hospital, what day were they admitted to the hospital? \_\_\_\_\_\_\_\_\_\_\_\_\_

When was the client last at their baseline health (prior to date of passing)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the client receiving care for a medical condition? (if yes, please specify which conditions & diagnosis date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the client taking medications to treat a medical condition? (if yes, please specify medication name & dosage)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did the client reside before their passing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(include vendor # if under vendored care)

Was conservator involved? What was his/her level of involvement? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were HOSPICE services active at time of death?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why was HOSPICE initiated (diagnosis & date)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last time the client was seen by a physician (prior to date of passing)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last time the client was checked by a nurse (prior to date of passing)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was an SDRC doctor or nurse involved in this case? (if yes, specify who and how they were involved) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What were the events leading up to death (prior to date of passing)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What did the client do the day before he/she died? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the client’s activity and appetite normal? If tube fed, were feedings being tolerated normally? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any concerns of abuse/neglect? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was there a DNR in place? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was any type of intervention or resuscitation attempted? If so, what was done? \_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_

Was CCL/HCL notified? If not, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Death SIR narratives should form a clear timeline of events leading up to a client’s passing.**

**\*All deaths are reportable and appropriate agencies should be notified within 24 hours or as soon as you are notified.**

**For COVID:**

Test date: \_\_\_\_\_\_\_\_\_\_\_

Positive result date: \_\_\_\_\_\_\_\_

Symptoms: \_\_\_\_\_\_\_\_

Was hospitalization required? \_\_\_\_\_

Vaccination status: \_\_\_\_\_

*\*Though it is not mandatory to report COVID cases to DDS, SDRC is still collecting COVID followup to track respiratory complications a client may experience following a positive COVID result\**

**For ER Visits:**

Date of ER visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_

Discharge Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_

Discharge Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Released to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (location)

Reason for going to ER: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow up needed after ER: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any concerns regarding abuse and/or neglect?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does client require any support/equipment for daily mobility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prevention Plan (immediate response & moving forward):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Hospitalizations:**

Discharge Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discharge Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client discharged to: \_\_\_\_\_\_\_\_\_\_\_ (location)

Follow up needed after discharge (i.e. PT): ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any concerns regarding abuse and/or neglect?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does client require any support/equipment for daily mobility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prevention Plan (immediate response & moving forward):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Hospitalizations – Internal Bleeding:**

Discharge Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discharge Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client discharged to: \_\_\_\_\_\_\_\_\_\_\_ (location)

Follow up needed after discharge (i.e. PT): ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any concerns regarding abuse and/or neglect?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does client require any support/equipment for daily mobility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prevention Plan (immediate response & moving forward):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Hospitalization – Laceration:**

Discharge Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discharge Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client discharged to: \_\_\_\_\_\_\_\_\_\_\_ (location)

Dates of follow-up MD visits, if applicable\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of stitches/sutures/staples \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ (most important)

Where and when stitches/sutures/staples removed (if any)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (location and date)

Any other pertinent/relevant information: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prevention Plan (immediate response & moving forward): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Hospitalization-Fracture (For Serious Injury/Accident):**

Discharge Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client was discharged to: \_\_\_\_\_\_\_\_\_\_\_ (location)

Any appliance (cast, sling, splint, brace, boot, cane, or walker, wheelchair, etc.) prescribed? \_\_\_\_\_\_

Any related surgeries? \_\_\_\_\_\_ (please include dates)

Any specialist referrals? \_\_\_\_\_\_ (please indicate medical specialty)

Date and location where appliance (cast, sling, splint, brace, boot, cane, or walker, etc.) was removed/discontinued\_\_\_\_\_\_\_\_\_\_\_\_\_

Does client require any support/equipment for daily mobility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does client have a history of falling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prevention Plan  (immediate response & moving forward): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Serious Injury/Accident**

**(Lacerations, Puncture Wounds, Bites, Burns, Internal Bleeding, Dislocation, and Medication Reactions that require medical attention beyond first aid):**

Discharge Date (if admitted): \_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of follow-up MD visits, if applicable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of stitches \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (most important)

Where and when stitches/sutures/staples/casts removed (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (location and date)

Does client have a history of falling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prevention Plan (immediate response & moving forward)? \_\_\_\_\_\_\_\_\_\_\_

**For Psych. Hospitalization 5150 / 5250:**

UNVOLUNTARY

Please *confirm🡪* this incident is considered an involuntary psych hospitalization \_\_\_\_\_ (🡨yes or no) according to legal guidelines in Section 5150 of the California Welfare and Institutions Code (specifically, the [Lanterman-Petris-Short Act](http://en.wikipedia.org/wiki/Lanterman-Petris-Short_Act) or "LPS") which allows a qualified officer or clinician to [involuntarily confine](http://en.wikipedia.org/wiki/Involuntary_commitment) a person deemed to have a mental disorder that makes them a danger to him or herself, and/or others and/or gravely disabled. A qualified officer, that includes any California [peace officer](http://en.wikipedia.org/wiki/Peace_officer), as well as any specifically designated [county](http://en.wikipedia.org/wiki/County) clinician, can request the confinement after signing a written declaration. If those characteristics are not met, the incident is NOT reportable to DDS.

**Please provide DDS compliance-specific follow-up information below to complete the SIR within 14 days of the incident date:**

Discharge date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where client is discharged to: \_\_\_\_\_\_\_\_\_\_\_

Any other pertinent/relevant information (behavior consultant meeting, new DX, assessments etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prevention Plan (immediate response & moving forward): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOLUNTARY

**Please provide SDRC compliance-specific follow-up information below to complete the SIR within 14 days of the incident date:**

Discharge date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where client is discharged to: \_\_\_\_\_\_\_\_\_\_\_

Any other pertinent/relevant information (behavior consultant meeting, new DX, assessments etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prevention Plan (immediate response & moving forward): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Alleged Abuse/Neglect/Failure to Protect/Restraints:**

Reported to:

[ ] APS/CFWB (formally CPS) [ ] Long Term Care Ombudsman

[ ] Law Enforcement [ ] CCL/Health Care Licensing

Outcome:

[ ] Substantiated [ ] Inconclusive

[ ] to DA [ ] Arrest made

[ ] Unsubstantiated/unfounded

Action:

[ ] Referred to Criminal Action [ ] Client relocated

[ ] Plan of Corrective Action [ ] Citation

[ ] Deficiency [ ] Cross-reported to Law Enforcement

Recommendations by reporting agencies / medical professionals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will there be any additional support from vendor or SDRC due to incident? If so, what type of services will be added? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does client require any support/equipment for daily mobility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prevention Plan (immediate response & moving forward): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Missing Person - AWOL**

Client was missing for approximately: \_\_\_\_\_\_\_\_\_\_\_ (days/hours)

Did client return to residence on his/her own?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (yes/no)

Specify location and date client located?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who located client? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (police, vendor staff, relative, etc.)

Who transported client?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical condition when found:  \_\_\_\_\_\_\_\_\_\_\_\_ (unharmed, unkempt, bruised, etc.)

Current community safety or elopement behavioral IPP outcome (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preventative/Community Access Plan (immediate response & moving forward): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Errors:**

Name and dosage of the medication(s) \_\_\_\_\_\_\_\_\_\_\_\_ (most important)

Any adverse reactions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did staff determine if there was or was not an adverse reaction? \_\_\_\_\_\_\_\_\_\_

Days medication was to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_

Time medication was to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the medication error by the same staff member on the same shift?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was med error reported to CCL/HCL (include notification date)? \_\_\_\_\_\_\_\_\_\_\_\_

\*\*Primary Care Physician (MD, NP, PA, or Psychiatrist) notification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and date)

Prevention plan (immediate response & moving forward): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Falls (under vnd care):**

Where did fall occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did a medical condition contribute to fall?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a history of falling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does client require any support/equipment for daily mobility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fall Prevention Plan (immediate response & moving forward): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Crime/Assault**

Police Report No./Case No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (most important)

Any arrests made? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

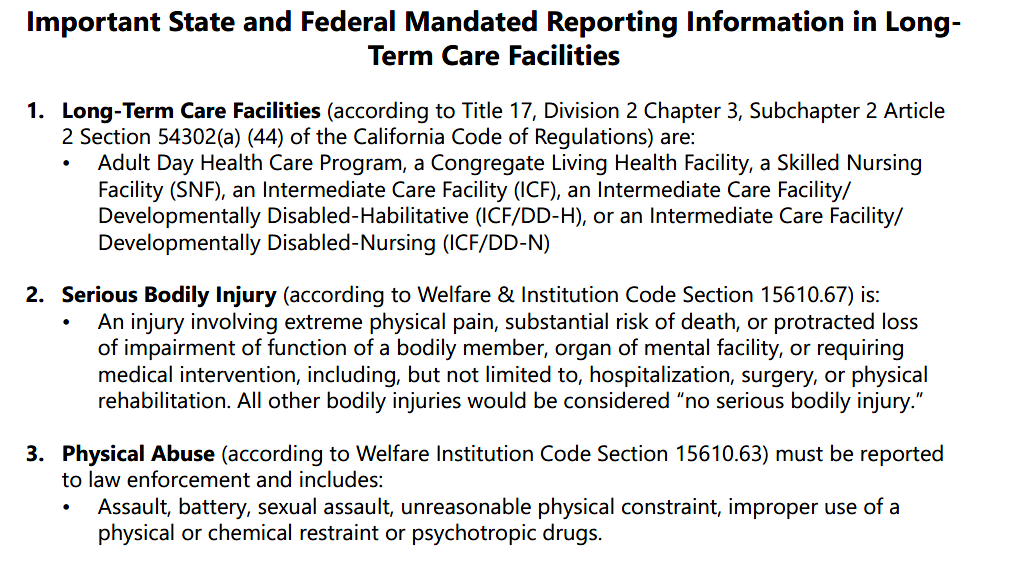
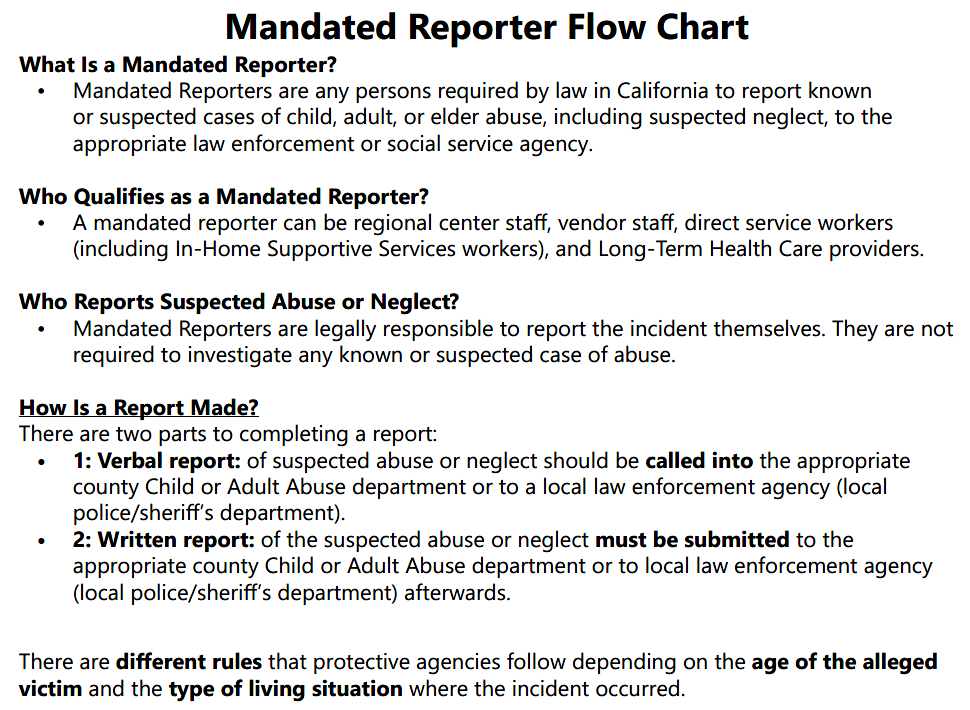
Outcome of investigation by police: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

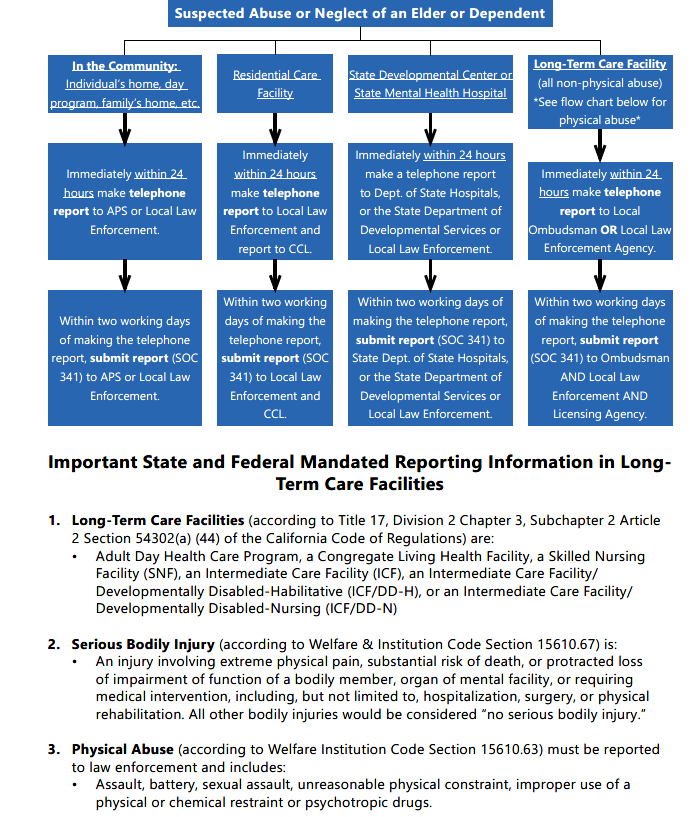
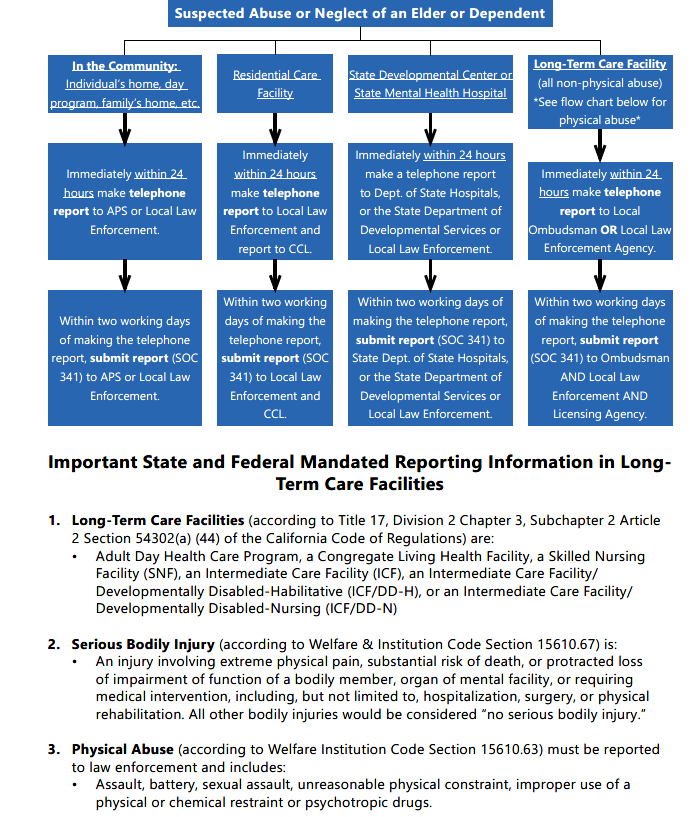
APS/CPS involvement/outcome? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was case submitted to DA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other pertinent/relevant information? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prevention Plan (immediate response & moving forward): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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