




**General Events Reporting
through the
Electronic Case Record Procedure**

Revision Date	Sections Revised	Description of Revision
09/01/2022	All	Origination date
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Mission:

Valuing persons with intellectual and developmental disabilities, honoring abilities, respecting choice, achieving possibilities working together to support healthy, safe and fulfilling lives.



General Events Reporting through the Electronic Case Record Procedure

1. Purpose

To establish guidelines that will assure consistent, prompt, and accurate reporting, immediate evaluation and preventative measures within occurrences of each reportable event.

2. Scope

All Home and Community Based Provider Agencies and its employees
Division of Developmental Disabilities Services employees
Excludes Stockley Center Intermediate Care Facility

3. Definitions

The following words and terms, when used in this procedure have the following meaning unless the context clearly indicates otherwise:

Corrective Action	Any measure(s) taken immediately to remedy, reduce or remove the cause of the incident and/or any other measure implemented to prevent recurrence.
Emergency Medical/Behavior Intervention Strategies (EMBIS) Form	A standardized form, accessible through Event Type "Restraint Related to Behavior" GERs, used to document the use of medical/health restraint or emergency behavior intervention, as described in the Use of Restraints and restrictive Procedures for Behavior Support.
General Event Report (GER)	A report describing any event involving a service recipient which causes harm or has the potential for harm to the Service Recipient and/or others. Included within GERs is the opportunity to use a Witness Report to gather further information on a given event from additional staff members who were present.
High Notification	A notification level in Therap to indicate the level of importance of a GER.
Immediately	Shall mean as soon as the situation is stabilized, and appropriate steps have been taken to ensure the safety of the Service Recipient.
Injury	Means harm, pain, illness, impairment of physical function, or damage to body tissue.

Medication Error	Means a deviation from the prescriber's medication order in administration of a prescription medication.
Restraint	A device or procedure used to control or restrict the movement of a service recipient by physically touching or holding a part of the service recipient's body.
Service Recipient	An individual eligible for and receiving DDDS services.
Therap	An electronic case record system used to document reportable events.

4. Standards:

- 4.1 All events reported to the Division of Developmental Disabilities Services (DDDS) must be reported in Therap. Events involving allegations of abuse/neglect/etc. must use the General Events Report (GER). Multiple related events can be recorded on one report, if all appropriate event types are completed.
- 4.2 The following incidents are reportable and should be reported through a GER at a high notification:
 - 4.2.1 Allegation or suspicion of abuse, neglect, or exploitation (person, property, and/or financial);
 - 4.2.2 Injury(ies) which require medical attention by a health care provider;
 - 4.2.3 Acute, episodic illness or change in medical condition requiring medical attention by a health care provider;
 - 4.2.4 Injury(ies) to service recipient(s) resulting from a fall or transfer;
 - 4.2.5 Injury(ies) to service recipient(s) resulting from any use of restraint;
 - 4.2.6 Injuries or displacement of service recipients resulting from a fire, flood, or other similar emergency or natural disaster;
 - 4.2.7 Medication error resulting in injury, serious illness, or hospitalization;
 - 4.2.8 Use of prohibited practices related to crisis intervention training;
 - 4.2.9 Behavioral episodes resulting in use of restraint or emergency safety intervention or PRN psychotropic medication use, injury or potential for injury of the service recipient or others, or damage to property in total value of \$150 or greater;
 - 4.2.10 Use of emergency room or urgent care facility for treatment;
 - 4.2.11 Possible criminal activity or law enforcement contact by a service recipient or by a staff person suspected of criminal activity towards a service recipient;
 - 4.2.12 Service recipient-to-service recipient altercations that result in an injury requiring first aid or non-routine medical assistance, property destruction, AWOL/Missing Person, and/or law enforcement involvement;
 - 4.2.13 Seizures that last over five minutes or over the timeframe set by the service recipient's health care provider, or which requires treatment at an urgent care, emergency room or hospital.
 - 4.2.14 All incidents of choking or airway obstruction;
 - 4.2.15 Attempted suicide;
 - 4.2.16 Hospitalization of a service recipient; and

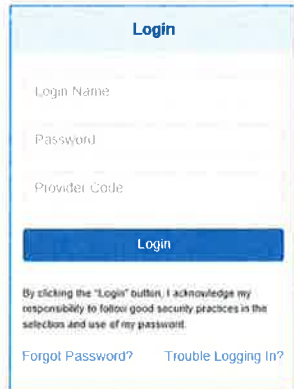
4.2.17 Death of a service recipient.

- 4.3 An Emergency Medical/Behavior Intervention Strategy form must be completed within the “Restraint Related to a Behavior” type GER for all instances of restraint or use of emergency safety intervention.
- 4.4 A high notification GER must be submitted within 24 hours of becoming aware of the incident.
- 4.5 A high notification GER must be approved by the Home and Community Based Provider Agency before it is reviewed by DDDS. The GER must be approved within two (2) business days of submission.
- 4.6 A service recipients’ team may suggest the use of a GER for tracking individual-specific concerns such as falls without injury or property destruction.
- 4.7 Home and Community Based provider agencies shall have policies to determine medium and low notification for internal tracking and reviews.

5. Procedure:

1.1 Initiating a GER in Therap:

1.1.1 Log in to your Therap account.



1.1.2 Once logged in, you will see your provider dashboard.

1.1.3 The GER menu is under the “Individual” tab.



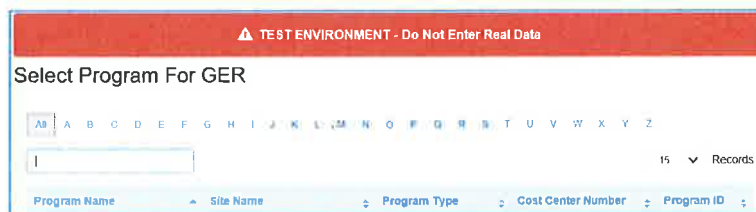
1.1.4 To begin a GER, click on “New”.



1.1.5 Select the program of the service recipient for whom you are completing the GER.

1.1.5.1 Program selected is the service being provided at the time of the incident.

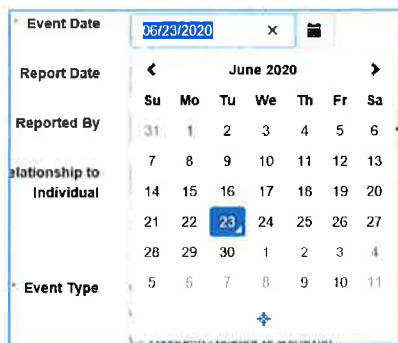
1.1.5.2 For those incidents (such as death) that must be reported regardless of the Home and Community Based provider agency being present, the program that provides residential habilitation is responsible for entering the GER and should be selected.



- 1.1.6 Select the last name of the service recipient for whom you are completing the report.
 - 1.1.6.1 A GER can only report an incident for one service recipient.
 - 1.1.6.2 Service recipient should be referred to by the first name listed throughout the GER, unless clarification is provided. Do not assume that all readers will be aware of a short or nickname.
 - 1.1.6.3 If multiple service recipients are involved in a single incident, each service recipient must have a separate GER completed.
 - 1.1.6.4 When there is a reason to include information about another service recipient, use initials only (Ex: J.D, M.J).



- 1.1.7 Do NOT change anything on the "Profile Information".
- 1.2 Entering Event Information:
 - 1.2.1 Enter the event date. The form automatically reflects the current date.
 - 1.2.1.1 If you are completing the report on the day of the event, you may leave the default date.
 - 1.2.1.2 If the event occurred on a different date, the date can be changed by clicking on the calendar icon and selecting the actual date on which the event occurred;
 - 1.2.1.3 Or manually type the date on which the event occurred in the MM/DD/YYYY format.



- 1.2.1.4 Enter what happened before the event. This field is required.
 - 1.2.1.4.1 Include what the service recipient was doing prior to the incident.
 - 1.2.1.4.2 Include what staff were doing.
 - 1.2.1.4.3 When applicable to understanding the incident, include what other service recipients were doing. When including information about another service recipient, use initials only.
 - 1.2.1.4.4 Information included in this section does not imply causation but may be helpful in identifying trends.

1.2.1.4.5 This section should not be the same information entered to describe the event.

Describe what happened before the event

EXAMPLE:
Staff arrived at Service Recipients home at 11:10 a.m. for a planned walk. Staff waited outdoors while she prepared to walk; she emerged at 11:18 a.m. Her mother reported that she had her temperature taken and it was within a safe range. Staff and Service Recipient(s) began to walk in a prescribed route in her neighborhood.

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1.2.1.5 Enter where the event occurred. This section **MUST** be completed.

1.2.1.5.1 If the event occurred at the selected program, select “Program/Site”

1.2.1.5.2 If the incident did not occur at the program listed, provide location information.

Location - Please Select -
Address Street 1 Street 2
City ZIP State USA
Phone Phone
Fax Fax

1.2.2 Choosing an Event Type (Appendix A):

1.2.2.1 After all event information is entered, you must select the event type from the dropdown options. Based on the options selected, the appropriate forms will open to enter detailed event information.

1.2.2.2 To record multiple related events on one report.

1.2.2.2.1 Event types must be entered one at a time.

1.2.2.2.2 Choose the highest notification event to begin.

1.2.2.2.3 Once information is entered for the first event, select “Add”.

1.2.2.2.4 Repeat steps 5.2.2.2.1 to 5.2.2.2.3, until all related events are recorded.

Event Type
 Injury
 Medication Error
 Restraint Related to Behavior
 Restraint Other
 Death
 Other
Notification Level - Please Select -

1.2.2.3 Witness:

1.2.2.3.1 For each event entered, you will have the opportunity to enter witnesses. Witnesses are individuals present at the time of the incident, other than the writer of the GER.

1.2.2.3.2 The writer of the report is never listed as a witness.

Witness(es) - Please Select -

1.2.2.4 Injury (Appendix A):

1.2.2.4.1 This section shall be used when a Service Recipient is injured.

1.2.2.4.2 Therap options for injury:

1.2.2.4.2.1 Very Minor (No Treatment)-High notification ONLY when involving restraint, fall, emergency/natural disaster, or unknown origin resulting in suspicion of abuse/neglect or Service recipient-to-service recipient altercations.

1.2.2.4.2.2 Minor (First Aid)- High notification ONLY when involving restraint, fall, emergency/natural disaster, or unknown origin resulting in suspicion of abuse/neglect.

1.2.2.4.2.3 Moderate (Nurse/Physician Treatment)- High notification ONLY when involving restraint, fall, emergency/natural disaster, or unknown origin resulting in suspicion of abuse/neglect treated by a nurse, or any injury treated by a physician.

1.2.2.4.2.4 Severe (hospital, ER/admission)- High notification.

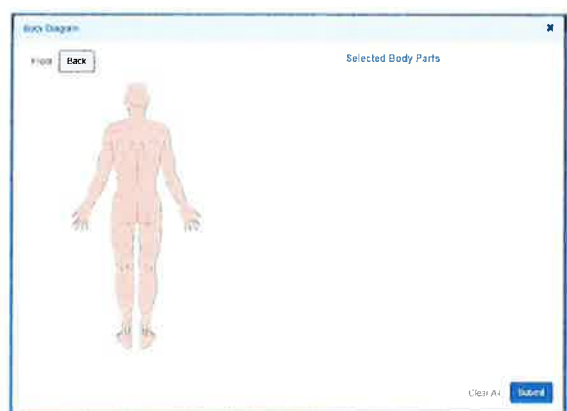
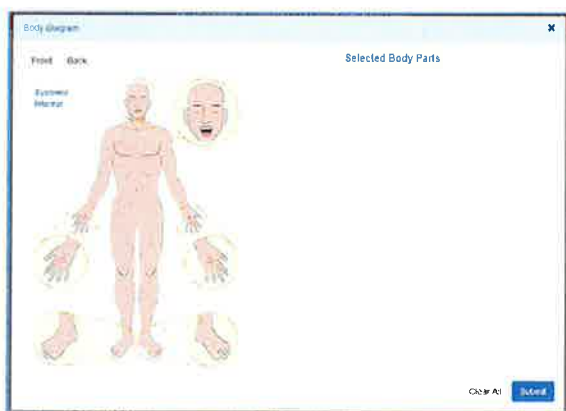
1.2.2.4.2.5 Death -High notification.

1.2.2.4.3 Using the body diagram:

1.2.2.4.3.1 Select body part(s) by clicking the body part on the body diagram shown below.

1.2.2.4.3.2 Drop down boxes will auto-populate on the selections made on the diagram.

Body Part(s) - Please Select - - Please Select - - Please Select -
Body Diagram



1.2.2.5 Medication Error (Appendix A):

1.2.2.5.1 A medication error has occurred if one of the following applies:

1.2.2.5.1.1 Wrong person was given a medication;

- 1.2.2.5.1.2 Wrong medication was given;
- 1.2.2.5.1.3 Wrong dose was given;
- 1.2.2.5.1.4 Medication was given at the wrong time or not at all; and/or
- 1.2.2.5.1.5 Medication was given by the wrong route.
- 1.2.2.5.1.6 Incorrect/No documentation (Charting error)
- 1.2.2.5.2 In addition to the required fields, you must complete "Person Responsible."
- 1.2.2.5.3 Therap options for severity are a scale of 1-10, with 10 being the highest.
 - 1.2.2.5.3.1 The following numbers of severity are for consistency purposes:
 - 1.2.2.5.3.1.1 1-6 non-reportable error, this is low notification;
 - 1.2.2.5.3.1.2 7 non-reportable error with a nurse notification, this is medium notification;
 - 1.2.2.5.3.1.3 8 error with treatment at a doctor's office or Urgent Care Center, this is high notification;
 - 1.2.2.5.3.1.4 9 error required a hospital or emergency room visit, this is high notification; and
 - 1.2.2.5.3.1.5 10 error resulting in death, this is high notification.

Severity	- Please Select -	The level of severity is in Ascending Order (10 is the highest level)
Person(s) Responsible	- Please Select -	

- 1.2.2.6 Emergency Safety Intervention (high notification):
 - 1.2.2.6.1 Emergency Safety Intervention (ESI) means the use of physical restraint or separation as an immediate response to an emergency safety situation (Appendix A: Restraint Related to Behavior).
 - 1.2.2.6.2 GER shall indicate if the ESI is part of a behavior support plan or was unplanned.
 - 1.2.2.6.3 If an injury is caused by intervention, also add injury event to GER.
- 1.2.2.6.4 If more than one staff is present at the start or end of the intervention, additional names may be listed in the "If Other" box.
- 1.2.2.6.5 The person who completed the trauma check within 24-hours should explain the results of their check in the "Review/Comments" section upon completion.

Summary	The person completing the trauma check should explain the results of their check here.
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- 1.2.2.6.6 Restraint Other Subtypes (Appendix A):
- 1.2.2.6.7 Chemical;

- 1.2.2.6.8 Mechanical;
- 1.2.2.6.9 Physical;
- 1.2.2.6.10 Other (means any physical hold, device, or chemical substances that restricts, or is meant to restrict the movement or normal function of a portion of a service recipient's body or to control the behavior of the service recipient).
- 1.2.2.7 Death (Appendix A – High Notification):
 - 1.2.2.7.1 In addition to Therap required fields, complete "Specific Location," "Date of last medical exam," and "Death determined by Physician/Specialist."
 - 1.2.2.7.2 Give summary of the event, including as much information as possible pertaining to the 72 hours leading up to the death, in the "Summary" section.
 - 1.2.2.7.3 Include any staff who were present at the time of death in "Summary" section.
 - 1.2.2.7.4 Select Cause:
 - 1.2.2.7.4.1 Accident;
 - 1.2.2.7.4.2 Homicide/Violence;
 - 1.2.2.7.4.3 Natural/Expected;
 - 1.2.2.7.4.4 Overdose;
 - 1.2.2.7.4.5 Sudden/Unexpected;
 - 1.2.2.7.4.6 Suicide;
 - 1.2.2.7.4.7 Unknown; or
 - 1.2.2.7.4.8 Other.

Specific Location - Please Select -

Death determined by (Physician/Specialist) - Please Select -

Date of last medical exam MM/DD/YYYY

* Summary

Include names of any staff who were present at the time of death

- 1.2.2.8 Other:
 - 1.2.2.8.1 See Appendix B for definitions and notifications.
- 1.2.3 Actions taken or planned

- 1.2.3.1 Corrective Action Taken must be completed, include how the incident was resolved
- 1.2.3.2 Plan of Future Corrective Action must be completed, include how this incident can be prevented from happening again for, minimally, the following types:
 - 1.2.3.2.1 Medication error (referenced in 5.2.2.5),
 - 1.2.3.2.2 Any other incident determined by the provider to need a Plan of Future Corrective Action.

Corrective Actions Taken	<p>Example (include how the incident was resolved):</p> <p>5/13/2020 3:28 pm - Staff made a follow up call to Service Recipient's mother; she reported that Service Recipient had used an ice pack on her forehead. Her father is an eye doctor and checked out her eye; there is no indication that further action is required. Her nose bled and they have been able to apply gauze; they will use an ice pack to address any facial swelling. Staff spoke to Service Recipient and apologized that she got hurt. Service Recipient said, "it's okay" </p>
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**Plan of Future Corrective
Actions**

Example (include how this incident can be prevented from happening again):

When preparing daily agenda, lead staff will review and ensure Service Recipients are assigned with support staff that are med certified. Med monitor will complete medication cross check to ensure all Service Recipients required to take daily medication have received medication for the day.

1.2.4 Review/Follow-up comments

1.2.4.1 This section is completed by any designated employee who reviews GERs. One GER may have multiple reviews. The section shall include:

- 1.2.4.1.1** If the provider agency's policies and procedures were followed;
- 1.2.4.1.2** How similar situations will be handled in the future; and
- 1.2.4.1.3** Any team discussion that will be initiated for a service recipient.

6. Effective:

- 1. This procedure becomes effective immediately.
- 2. Any part of this procedure that is in direct conflict with federal and state laws shall be null and void; all other parts shall remain operative.

Appendix A (Therap dropdown values based on event type and field)

INJURY			
Type	Cause	Severity	Treatment by
Abrasion	Abuse	Death	None
Airway Obstruction	Accident Motor Vehicle	Minor (First aid)	Self
Allergic Reaction	Accident Other	Moderate (Nurse/Physician treatment)	Family
Bite/Sting	Adaptive Equipment	Severe (Hospital, ER/Admission)	Staff/LPN
Bleeding	Assault	Very Minor (No treatment)	RN Nurse
Blister	Bumped Into		Physical/Other Medical
Bruise	Eating Disorder		ER/Hospital
Burn	Emergency/Natural Disaster		Contractor
Choking	Environmental Hazard		
Concussion	Exposure		
Cut	Fall		
Dislocation	Ingestion of Foreign Material (Pica)		
Fracture	Insect		
Frostbite	Medical Condition		
Hematoma	Medical Procedure		
Hyperthermia	Restraint		
Infection	Seizure		
Laceration	Self Injurious Behavior		
Lesion	Undetermined		
Loss of Consciousness	Other		
Pain			
Poisoning			
Pressure Ulcer			
Puncture			
Rash/Hives			
Redness			
Scrape			
Scratch			
Sprain/Strain			
Sunburn			
Swelling/Edema			
Other			

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MEDICATION ERROR			
Type	Cause	Severity	Medical Attention Required
Charting Error	Forgot to Take on Activity	1	Consult with Nurse
Medication Count Discrepancy	Forgot to Send to Program	2	Consult with Physician
Omission	Pharmacy Error	3	Consult with Emergency Room
Order Expired	Medication not Available	4	Consult with Poison Control Center
Transcription Omission	Medication Refused	5	Immediate Physician's Visit
Transcription Wrong Dose	Staff Action/Inaction	6	Immediate Emergency Room Visit
Transcription Wrong Individual	Omission Unavoidable	7	Observe and Report Only
Transcription Wrong Medication	Other	8	None
Transcription Wrong Route		9	
Transcription Wrong Time		10	
Wrong Dose			
Wrong Individual			
Wrong Medication			
Wrong Route			
Wrong Time			
Other			

RESTRAINT RELATED TO BEHAVIOR	RESTRAINT OTHER	DEATH	OTHER
Type	Type	Cause	Type
1 Arm Standing Restraint	Chemical	Accident	Accident no apparent injury
1 Arm Support	Mechanical	Homicide/Violence	Altercation
1 Person Body Hug	Physical	Natural/Expected	Assault
2 Arm Standing Restraint	Other	Overdose	AWOL/Missing Person
2 Arm Support		Sudden/Unexpected	Behavioral Issue
2 Person Body Hug		Suicide	Change of Condition
Bite release		Unknown	Complaint and/or Possible Litigation
Body Positioning		Other	Contraband
Clothing Release			Displacement due to Emergency/Natural Disaster
Finger Release			Exploitation
Hair Release			Fall without Injury
Walk With Accompany			Fire
Wrist Release			Hospital
			Inappropriate Alcohol/Drug Use
			Infestation
			Law Enforcement Involvement
			Misconduct/Possible Criminal Activity
			Other
			Out of Home Placement
			Potential Incident/Near Miss
			PRN Psychotropic Use
			Property Damage
			Security Breach
			Seizure
			Sensitive Situation
			Serious Illness
			Suicide
			Theft/Larceny Attempt
			Threatening Behavior
			Vehicular Accident

Appendix B "Other" options

Type:	subtypes	Information	Notification
Accident No apparent injury			Low or Medium Notification
Altercation	Staff/Individual, Individual/Individual, other	An altercation between a service recipient and any other person. An altercation is mutual. If not mutual, use Other-Assault.	
Assault	Aggressor, Victim	There is an identified victim/aggressor relationship. If the situation is mutual, use Other-Altercation.	
AWOL/Missing Person		Service recipient is not in the presence of the provider and their whereabouts are unknown, outside of what is acceptable as determined by the service recipient's Support Needs Document.	High Notification when: Service recipient leaves supports, and the safety of the service recipient or others is potentially threatened, or the service recipient is identified as a missing person.
Behavioral Issue			High notification when: <ul style="list-style-type: none"> • Behavior results in use of restraint or ESI • Behavior results in use of PRN psychotropic medication. • Behavior results in injury or potential for injury to the service recipient

APPENDIX B

Links to Therap support materials

[General Events Reports \(GER\) Overview](#)

URL: <https://help.therapservices.net/app/general-event-reports>

[Create GER](#)

URL: https://help.therapservices.net/app/answers/detail/a_id/224

[Add Death Event](#)

URL: https://help.therapservices.net/app/answers/detail/a_id/217/related/1

[Add Injury Event](#)

URL: https://help.therapservices.net/app/answers/detail/a_id/218/related/1

[Add Medication Error](#)

URL: https://help.therapservices.net/app/answers/detail/a_id/220

[Add Other Event](#)

URL: https://help.therapservices.net/app/answers/detail/a_id/219/related/1

[Add Restraint Other Event](#)

URL: https://help.therapservices.net/app/answers/detail/a_id/221/related/1

[Add Restraint Related to Behavior Event](#)

URL: https://help.therapservices.net/app/answers/detail/a_id/222/related/1