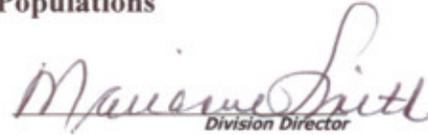


**Delaware Health and Social Services
Division of Developmental Disabilities
Community Services/Adult Special Populations**

Title: General Event Reporting

Approved By:


Marianne Smith
Division Director

Written/Revised By: DDDS Policy Committee

Date of Origin: October 2000

Date of Current Review/Revision: July 2008

Replaces the policy entitled Incident Reporting dated October 2000

I. PURPOSE

To establish guidelines and procedures that will assure prompt and accurate reporting, immediate evaluation and implementation of corrective action and preventative measures with occurrences of each reportable incident.

II. POLICY

All general events are documented and reviewed in a systematic manner which ensures the implementation of corrective action and preventative measures.

III. APPLICATION

All Community Services and Adult Special Population Staff

All DDDS Contractors (to include Shared Living Providers)

Volunteers

Individuals Receiving Services from Community Services, Adult Special Populations and/or Family Support Units

IV. DEFINITIONS

A. Corrective Action: Any measure(s) implemented in order to prevent recurrence or action(s) taken to remedy or remove the cause(s) of the incident.

B. EmergencyMedical/ Behavior Intervention Strategies Form- A standardized form used to document the use of medical/health related restraint or emergency behavior intervention, as described in the Behavior/Mental Health Support Policy

C. General Event: Any event involving an individual receiving services which causes or could cause injury which has serious impact on the individual or others. Examples of reportable incidents include, but are not limited to :

- 1) Events which violate or have the potential to violate an individual's human rights (ex: person is prevented from practicing their religion, person is expected to work without being paid);
- 2) Any explained or unexplained injury to an individual;
- 3) Accidents requiring non-routine first aid or outside medical attention;
- 4) An individual's unauthorized absence;
- 5) Events which involve or have the potential to involve the legal system/law enforcement;
- 6) Actions of an individual which are generally viewed as unacceptable social behavior in a community setting (i.e., public display of sexual activity, coerced or exploited sexual behavior, physical aggression, verbal abuse/aggression, self-injurious behavior, criminal activity, property destruction, suicide threat/attempt);

- 7) Events which adversely impact or have the potential to adversely impact the a person receiving services or affect the reputation/integrity of the Division's community based programs;
- 8) Significant destruction or loss of property;
- 9) Any behavior which necessitates the use of ~~an emergency~~ ^{a physical or} restrictive procedure (document on EMBIS section of the General Event Report form, via Therap, in accordance with DDDS Behavior Support Policy);
- 10) Any situation which necessitates the use of a medical restraint (ex: papoose board used by dentist);
- 11) Any deviation from a physician's plan of treatment including medication errors;
- 12) Errors related to the documentation of a physician's treatment plan (ex: assisted with medications but failed to document such on the MAR).
- 13) Life-threatening or allergic reaction by an individual to medical treatment;
- 14) The death of an individual regardless of cause.

D. General Event Report (GER) – The Therap incident reporting module which also includes the EMBIS, as required by the DDDS Behavior Support Policy.

E. Immediately – Immediately shall mean as soon as the situation is stabilized (e.g., actions have been taken to provide treatment, comfort and safety to individuals involved).

F. Medical Restraint: A device or procedure used to restrict movement of an individual to permit medical or surgical treatment for an identified medical disorder or a diagnostic medical/surgical procedure including post-operative healing, placement and maintenance of sutures, dental procedures, as ordered by a licensed medical professional.

G. Medication Errors: Any deviation from a physician's plan of care, including Standing Medical Orders, that involve errors in the following areas: assisting with the correct dose, assisting with the correct medication/treatment, assisting the correct person with the medication/medical treatment, assisting with the medication/treatment via the correct route, assisting with the medication/treatment at the correct time (or not at all).

H. Severity of Injury:

Very Minor- Resulting in no dysfunction, no indication of residual effect and able to continue normal activities (e.g., small bruises, scratches, reddened areas, abrasions, superficial lacerations requiring very little or no ongoing treatment). To be filed as a General Event Report of Notification level "Low".

Minor- Resulting in minor dysfunction, no indication of residual effect and able to continue normal activities (e.g., a somewhat larger or deeper laceration which does not require sutures but may need a dressing). Someone who has a slight gait because of a bruised and swollen area on the foot but who can still ambulate would have a

MINOR injury. To be filed as a General Event Report of Notification Level "Medium".

Moderate- Resulting in significant dysfunction, temporary interruption of normal activities, no indication or expectation of residual effect (e.g., injuries which require sutures, some degrees of fractures.

Severe- Resulting in significant dysfunction and interruption of normal activities, prolonged dysfunction or permanent residual effect possible or expected (e.g.,

fractures or severe lacerations requiring surgery to restore proper functioning). To be filed as a General Event Report of Notification Level "High".

- I. **Therap Services** - A web-based service used to report general events; available via the internet at www.TherapServices.net.
- J. **T-Log** – The Therap communication reporting module for recording information in a systematic daily manner for each individual whereby this information can be efficiently shared and followed up on in a HIPAA compliant way.
- K. **Unauthorized absence**- The status of an individual who has moved outside the provider's area of supervision without prior consent; this includes disappearances, evasions , or any other absence without permission.

V. **STANDARDS**

- A. **Incidents that fall within the realm of a PM #46 shall not be reported via Therap.** Incidents involving allegations of abuse, neglect (either intentional or unintentional), mistreatment, significant injury or misappropriation of property shall be reported immediately to the PM #46 coordinator or designee, in accordance with DDDS policy and the Delaware Health & Social Services Policy Memorandum #46.
- B. All reportable events, as delineated within the definition of "general event", shall be reported via a Therap General Event Report (**GER**) form.
- C. General Event Reports shall be completed immediately after an incident by the individual who witnessed or discovered the event. When the individual who witnessed or discovered the event is unable to enter the report into Therap directly, their name shall be included as the Reporter when the GER is submitted.
- D. Contractors shall establish their own protocol that describes the process for immediately reporting a GER by an employee who has no direct access to Therap.
- E. ID note entries/T-Logs and GER's shall be completed for each of the individuals involved in the reported incident.
- F. Day Programs/Vocational Services and Residential Services shall communicate with one another when an incident, as defined in this policy, is reported.
- G. Confidentiality shall be honored at all times pursuant to applicable Federal and State laws and DHSS or DDDS policies.

VI. PROCEDURES

**CONTRACT RESIDENTIAL AGENCIES and
DAY PROGRAM/VOCATIONAL SERVICES**

<u>Responsibility</u>	<u>Action</u>
Person Who Witnessed or Discovered Incident	1. Completes Therap General Event Report Form immediately after the incident. The applicable form shall be completed for each individual involved in the incident.
Day Program/Vocational Services	2. Ensures the completed GER is channeled through his/her respective administrative review process and documents the plan for further action or the appropriateness of the taken/proposed action, whichever is applicable. Such documentation will be entered as Review Comments or Follow up Comments on the GER.
Or	
Contracted Residential Services	3. Approve the GER; it will now be available to the appropriate DDDS staff. All GER'S must be approved and submitted to DDDS within 5 days of the event. The only exception is individual to individual altercations which must be approved the same day of the event and a copy faxed to Long Term Care at 1-877-264-8516 .
DDDS Case Manager/DDDS Team Member	4. Checks the box on the GER to indicate that the report has been reviewed. Document directly onto the GER, as a follow-up comment, any plan for further action or any action taken in response to the incident 5. Channels to applicable DDDS ID team members and through his/her respective administrative review, as applicable.

**SHARED LIVING PROVIDERS, VOLUNTEERS and
DDDS EMPLOYEES WITH NO DIRECT ACCESS TO THERAP**

<u>Responsibility</u>	<u>Action</u>
Shared Living Provider Volunteer DDDS employee with no direct access to Therap	1. Informs DDDS of all general events by contacting the assigned Case Manager/team member within one (1) working day of the event or immediately as identified in the Emergency Contact System Policy.
DDDS Case Manager/DDDS Team Member	2. Completes a Therap General Event Report based on the shared living provider's or volunteer's verbal account of the incident, including the provider/volunteer's name as the Reporter. 3. Ensures the completed GER is channeled through his/her respective administrative review process and documents the plan for further action or the appropriateness of the taken/proposed action, whichever is applicable. Such documentation will be entered as Review Comments or Follow up Comments on the GER.

VII. Synopsis

This policy replaces the October 2000 policy entitled Incident Reporting. It formalizes guidelines for reporting identified incidents on the General Event Report via the Therap system. The General Event Report includes a section for the documentation of Emergency Medical/Behavior Intervention Strategies (EMBIS), as required in the DDDS Behavior Mental Health Support Policy, and medication errors, as required by the Board of Nursing.

VIII. References

- A. Delaware Division of Developmental Disabilities Services Behavior/Mental Health Support Policy – most current version
- B. Delaware Health and Social Services Policy Memorandum # 46 – most current version
- C. Chapter 11, Title 16 of the Delaware Code Pertaining to Abuse, Neglect, Mistreatment or Financial Exploitation of Residents or Patients.
- D. Confidentiality and Release of Information Policy – most current version
- E. Therap Services website at www.therap.net
- F. Emergency Contact System Policy – most current version

IX. Exhibits

None