



**ALABAMA DEPARTMENT OF MENTAL HEALTH**  
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

**COMMUNITY INCIDENT PREVENTION AND  
MANAGEMENT SYSTEM**

## **COMMUNITY INCIDENT PREVENTION AND MANAGEMENT SYSTEM**

The purpose of the community Incident Prevention and Management System (IPMS) is to describe and implement through standard actions by the Division of Developmental Disability Services, its Regional Community Services (RCS) offices, and contractors, a mechanism to protect persons served from harm, and improve the oversight and response capabilities of the systems that serve them. Protection from harm requires an incident management component that includes: prevention, identification, classification, proper reporting and investigation, and implementation of effective actions to remedy situations that lead to harm. Incident management is one component of the Division's larger Basic Assurances® Program in which emphasis is on improvement of systems and processes.

### **PHILOSOPHY OF INCIDENT MANAGEMENT**

Incident management serves to promote an environment free from harm. The Division is committed to the following beliefs:

- People are entitled to appropriate services in a caring environment that promotes dignity, respect, and is free from harm.
- Providers must eliminate, wherever possible, the occurrence of preventable incidents and respond appropriately to all types of incidents.
- The fewer the number of incidents, particularly serious incidents, the more caring the environment will be for people to live, work, and learn there.

### **APPLICATION**

This system applies to all people receiving supports in the (DDD) service's community and residential programs, and all their employees and agents.

Pursuant to reporting provisions as specified in IPMS (and in accordance with Alabama Department of Mental Health (ADMH)/DDD program regulations), all certified community providers shall report incidents involving people that occur in contracted community residential and day programs, either on the provider's premises while involved in an event supervised by the provider.

Pursuant to responsibilities assumed by the Division and its contractors for the day-to-day management of Medicaid Home and Community-Based Waiver programs, reporting incidents is also required when they occur in settings other than those specified above (e.g., overnight visits or trips with family). The responsibility to report shall not go beyond gathering information that is readily available (e.g., reports from staff, people supported, and families, and documentation of the injury). There are situations where the contractor has no control over, or responsibility for, an incident, but assessing and recording what allegedly occurred is a requirement under the waiver.

In 2016, ADMH adopted THERAP Services, a web-based service organization that provides a solution for documentation, communication, and incident reporting needs for agencies providing support to people with DD. DDD providers use this tool to submit reportable incidents to RCS offices, and other appropriate entities. In THERAP, reportable incidents are referred to as General Event Reports (GER), and completed investigations are referred to as GER Resolutions.

## DEFINITIONS OF REPORTABLE INCIDENTS

An incident is any unplanned occurrence that has the potential to affect the health, safety, and welfare of persons served by the DDD.

Pursuant to the IPMS, the following are considered reportable incidents: medical emergencies including moderate injuries, severe injuries, choking, seizures, falls, and unscheduled hospital admissions, medication errors, AWOL/Missing person, death, behavioral issues, natural disasters, fire, allegations of abuse, neglect, mistreatment, or exploitation, physical assault, sexual assault, manual restraint, mechanical restraint, chemical restraint, and other occurrences which require the notification of Police, or DHR.

## MEDICAL EMERGENCIES

These incidents are defined as any unscheduled medical emergency that requiring treatment by a physician, paramedic, other medical professionals, or hospitalization. All vehicle accidents involving a person where there is the likelihood of a moderate or severe injury, is considered a reportable incident. In such cases, person(s) should be checked by external medical personnel. Categories of reportable medical emergencies are defined below.

- a. **Moderate Injury:** An injury, explained or unexplained, requiring medical treatment that is not considered major. For example, a wound requiring five or less sutures, or a feeding tube that must be reinserted. Bruises and contusions are considered moderate if they require treatment. Sprains, as well as, suspected injuries, are considered moderate if an x-ray is ordered and there is no fracture.
- b. **Severe Injury:** A serious injury, explained or unexplained, requiring medical treatment, including any fracture, head injury, or wound requiring more than five sutures.
- c. **Choking:** Gagging or choking on food, liquid, foreign object, or material that requires the Heimlich maneuver or other method of dislodging object. Evaluation and/or assessment by nurse or medical personnel is required.
- d. **Fall:** Tripping, stumbling, or collapsing in a sudden and involuntary drop to a lower surface or the ground, resulting in a moderate or severe injury.
- e. **Seizure:** An unexpected or uncharacteristic seizure type, duration regardless of whether an injury occurs.
- f. **Other - Hospital Admission:** A medical occurrence that cannot be characterized by any other medical emergency category above that requires an unscheduled hospital admission.
- g. **Medication Error:** A medication error occurs when a recipient receives an incorrect drug, dose, form, quantity, route, concentration, or rate of administration. A medication error is also defined the variance of the administration of a drug on a schedule other than intended. Therefore, a missed dose or a dose administered one hour before or after the scheduled time constitutes a medication error. Severities of medication errors are defined as follows:

1. **Severity Level 1:** Incidents in which the person experienced no or minimal adverse consequences and no treatment or intervention other than monitoring or observation was required.
2. **Severity Level 2:** Incidents in which the person experienced short term, reversible adverse consequences and treatment or intervention was needed in addition to monitoring and observation.
3. **Severity Level 3:** Incidents in which the person experienced life- threatening or permanent adverse consequences.

The agency must report all levels of medication errors to RCS. Level 3 errors must be reported verbally within 24 hours and must be reported in THERAP within 72 hours.

- h. **Medication Error Type – Charting/Documentation Error:** A documentation error occurs when a MAR is not initialed after medication assistance is provided to a person. Evidence of a documentation error is denoted by blank space(s) on the MAR following the scheduled administration time of medication(s).
- i. **Other - AWOL/Missing Person:** Any time a person is found to be missing and cannot be located within thirty (30) minutes, regardless of location, the provider staff must immediately report to police and RCS. The notification shall include the suspected time of departure, where the person possibly went, what the person was wearing, a description of the person's behavior/attitude prior to disappearance, and what actions were taken to locate the person.
- j. **Death:** All mortalities, in any setting, are to be reported immediately by the provider or person notified of the mortality to RCS. RCS office is to report the mortality immediately to the DDD. An Initial GER Death Report and a Comprehensive Mortality Review will be required. If the death occurred while the person was not in the provider's care or, if the person lives in a relative's home, it is understood certain information may not be readily available.
- k. **Other- Behavioral Issue:** Behavior problems, such as physical aggression resulting in injury, self-injurious behavior requiring medical attention, suicide threats or attempts, or property damage resulting in injury or significant destruction shall be reported to RCS by the provider with information on how the situation was/is being addressed. Incidents resulting from such problems may or may not require follow-up.
- l. **Other- Natural Disaster:** (i.e., tornado, flood, wind damage, hurricane). Provider must be familiar with disaster procedures in the home and be prepared to evacuate to a shelter if needed. Notify RCS after evacuation is completed and safety of person is ensured.

- m. **Other- Fire:** Flames resulting from the combination of heat, fuel, and oxygen, or the unplanned, inappropriate or hazardous burning of a combustible substance where injuries and/or structural damages occur.

## **ALLEGATIONS OF ABUSE, NEGLECT, EXPLOITATION OR MISTREATMENT**

- n. **Physical Abuse:** Any assault by someone other than another person supported, upon a person supported. Physical abuse includes, but is not limited to, hitting, kicking, pinching, slapping, or otherwise striking a person or using excessive force regardless of whether an injury results.
- o. **Sexual Abuse:** Any sexual conduct with a person supported by someone other than another person supported, with the intent to gratify the sexual desire of himself/herself or the person. Sexual abuse includes, but is not limited to, sexual intercourse, deviate sexual intercourse, or any form of sexual contact to include any touching of the sexual intimate parts. Sexual abuse also includes any incitement by an employee/agent of a person supported to engage in any form of sexual activity with another person or other person supported.
- p. **Verbal Abuse:** Verbal conduct by someone, other than another person supported that demeans or could reasonably be expected to cause shame or ridicule, humiliation, embarrassment, or emotional distress. Verbal abuse includes, but is not limited to, threatening, using abusive, obscene or derogatory language, teasing or taunting in a manner to expose the person to ridicule.
- q. **Neglect:** The failure to carry out a duty through carelessness, inattention, or disregard of duty whereby the person supported is exposed to harm or risk of harm. Neglect includes, but is not limited to:
  - 1. Failing to appropriately supervise people.
  - 2. Failing to ensure the person's basic needs for safety, nutrition, medical care and personal attention are met.
  - 3. Failing to provide supports in accordance with the Person-Centered Plan.
  - 4. Utilizing treatment techniques, e.g., restraints, seclusion, etc., in violation of the ADMH Administrative Code, regardless of whether an injury results.
- r. **Other- Mistreatment:** Any act or threat of intimidation, harassment, or similar deed. Mistreatment includes, but is not limited to, active verbal aggression or intimidation, use of physical or non-verbal gestures as a means of intimidation, withholding of, or the threat of withholding, physical necessities or personal possessions as a means of intimidation for control of the person, and making false statements as a means of confusing, frightening, or badgering the person.

- s. **Exploitation:** Utilizing the position of employment to take advantage of person supported for personal benefit. Exploitation includes, but is not limited to, improperly requesting a person supported to perform employee's work responsibilities, services or tasks for the employee, requesting, taking or receiving money, gifts, or other personal possessions from a person, utilizing persons to engage in conduct with other persons that would be prohibited if performed by an employee.

All incidents of abuse, neglect, mistreatment, or exploitation allegations involving staff of the provider must be reported immediately to RCS, regardless of where or when the incident was alleged to have occurred.

Moreover, DDD abuse/neglect reporting requirements do not supersede or replace any other statutory requirements for reporting to DDD, local law enforcement agencies, Advocacy, or etc. Provider agencies and DMH staff members must meet all mandated reporting requirements.

- t. **Other- Physical Assault:** Any assault by a person supported upon another person supported. Physical assault includes, but is not limited to, hitting, kicking, slapping, throwing objects, striking another person which causes, or may have caused, injury. A physical assault results from planned, intentional behavior from agitation or other behavior where there is specific intent to inflict harm, or potential harm to another person.
- u. **Other- Sexual Assault:** Any touching of the sexual or intimate parts of a person supported by another person supported. Sexual assault includes, but is not limited to, intercourse, deviant sexual intercourse, involving a person under the age of sixteen, or who is coerced, or who does not otherwise have the capacity to consent. Capacity may be either mental or physical, or the person may be mentally incapacitated as assessed by the person's team.
- v. **Restraint Related to Behavior/Manual Restraint:** The use of physical holding, which is not part of an approved Behavior Support Plan, to involuntarily restrain movement of the whole or a portion of person's body as a means of controlling physical activities to protect or others from injury.
- w. **Mechanical Restraint:** The use of commercial devices which are not part of an approved Behavior Support Plan, to involuntarily restrain movement of the whole or a portion of a person's body as a means of controlling physical activities to protect or others from injury.
- x. **Chemical Restraint:** The use of medication that is not standard treatment for the person's medical or psychiatric condition and is used to control behavior or restrict the person's freedom of movement. Medications used for the person's positive benefit as an integrated part of a person's therapeutic plan of care, specific situations representing standard treatment for medical or psychiatric conditions does not meet this restraint definition.
- y. **Other:** Any other occurrence requiring local law enforcement intervention or could reflect negatively on the image of DDD and is not otherwise defined by another category.

## INCIDENT REPORTING

RCS must be notified by providers or 310 case managers verbally of all reportable incidents either immediately or within 24 hours, depending on the incident. GERs are to be entered in THERAP within 72 hours. Additionally, the provider is responsible for notifying a person's responsible relative/guardian immediately in cases of death and medical emergencies. RCS must notify the DDD immediately following notification of an incident requiring immediate notification by a provider. RCS must notify the DDD in writing within 5 working days of being reported of all incidents requiring an investigation.

IMMEDIATE NOTIFICATION	24-HOUR NOTIFICATION
Death	Medical Emergencies and Hospital Admissions
AWOL/Missing Person	Medication Errors – Level 3
Abuse, Neglect, Mistreatment, Exploitation	Severe Behavior Problems
	Natural Disasters
	Fire
	Assault (Physical or Sexual)
	Restraints (which are not part of the approved Behavior Support Plan)

## INCIDENTS REQUIRING INVESTIGATION

All allegations or suspicions of abuse, neglect, mistreatment, or exploitation, and incidents reportable to Department of Human Resources (DHR) or local authorities for suspected felony assault must be investigated. The RCS Director, or designee, reserves the right to initiate an investigation into other incidents as deemed necessary. Examples include, but are not limited to, suspicious deaths, notification of local authorities for possible criminal activity, or moderate or major injuries of an unexplained nature.

1. The provider shall take immediate action to ensure the person's safety.
2. All allegations or suspicions of abuse, neglect, mistreatment, or exploitation must be reported to RCS immediately.
3. GERs are to be prepared following a reportable incident as soon as possible, and after the person's health and safety is addressed.
4. All areas of the report should be completed as indicated, including a supervisory review.
5. The provider will indicate how they plan to investigate the incident and what other authorities, DHR, police, etc., will investigate and/or have been notified. In the event DHR indicates a person is not in need of protective services from their department for allegations of physical abuse, and/or are not going to investigate and felony assault is suspected, the provider must contact the appropriate local authority (e.g., police or sheriff).
6. The completed GER must be submitted within 72 hours.

7. The RCS Director or designee will review the GER and determine the investigating entity, in addition to the community provider, if any, based on circumstances surrounding the allegation.
8. If additional information is needed beyond what is noted by the provider's reviewing supervisor the RCS Director, or designee, assigns a RCS staff to obtain additional information directly or through the provider.
9. The RCS Director or designee establishes a projected completion date for the investigation.
10. As soon as possible, but not later than 15 working days from occurrence of the incident, the provider shall create a GER Resolution in THERAP, including a summary of the completed investigation. The Incident Manager will attach the completed GER Resolution to the original GER in THERAP.
11. Within 5 working days after receiving the investigation report, the RCS Director or designee will review, approve and close the GER Resolution. Based on circumstances, this 5-day period may be extended with written notice to the RCS Director, for example, an autopsy is completed but is not available, or further action is needed but has not yet occurred. The Incident Manager will send a completed electronic copy of the final investigation report to the DD Director of Quality Enhancement for Central Office review.

#### **INCIDENTS REQUIRING A COMPREHENSIVE MORTALITY REVIEW**

All deaths in the community require an immediate initial mortality notification and a Comprehensive Mortality Review Report to RCS. A death occurring under questionable circumstances, or as a result of an allegation of abuse, neglect, mistreatment or exploitation, additionally requires an investigation as outlined above.

If the person expires on a site or in the care of any provider, the provider is responsible for notification of the responsible relative and/or guardian, RCS, and other entities as appropriate (e.g., ambulance, paramedics, police, residential provider, case manager, etc.).

If the person expires while not on site or in the care of any provider, the first agency to become aware of the death is responsible for notification.

#### **Initial Mortality Notification—Immediately Notify RCS Office**

If the person resides in a residential program, that program is responsible for notifying the RCS regardless of where the person expired.

If the person does not live in a residential program but attends a day program and expires in the day program, the day program is responsible for notifying the RCS.

If the person did not live in a residential program, and did not expire while attending the day program, the case manager is responsible for notifying the RCS.



The provider will complete a “Death” General Event Report in THERAP within 72 hours of the death. This is considered the Initial Mortality Report.

### **Comprehensive Mortality Review Report—Forwarded to RCS within 15 Working Days of Death**

The Comprehensive Mortality Review Report should be attached to the original “Death” GER report no later than 15 working days of the incident.

If the person resides in a residential program, that program is responsible for completing of the report, regardless of where the person expired. If the person did not live in a residential program, then the case manager is responsible for completing of the report.

The RCS Director, or designee, may request an RCS staff to complete the Comprehensive Mortality Review independent of, or in conjunction with, the provider or 310 Case Manager.

The Comprehensive Mortality Review submitted by the provider should contain the following information when the person expires from medical conditions:

#### **Demographic Data**

- Name, age, sex, DOB, case # and SS #
- Current placement
- Other pertinent placement information
- Health information, health history or conditions, medications
- Treatment history (doctors’ orders and follow up)

#### **Circumstances of Death**

- Events immediately preceding
- Response to emergency, as applicable (staff, others)
- Medical treatment (ER, hospitalization, etc.)
- Date and time of death
- Cause of death (hospital and/or coroner)
- Autopsy finding, if applicable
- Internal review by agency, if applicable
- Recommendations and/or required actions
- 5-year health summary (if death is a result of long-term medical condition)

In cases where the person lived alone or in the family home, the 310 Case Manager is requested to provide as much information as possible or as available. It is understood that the 310 Case Manager has a responsibility to respect the rights and privacy of the immediate family and to be as unobtrusive as possible.

Within 5 working days after receiving the Comprehensive Mortality Review, the RCS Director, or designee, will review and take additional action, if needed, and/or close the review. Based on circumstances, this 5-day period may be extended with written notice to the RCS Director, for example, an autopsy is completed but is not available, or further action is needed but has not yet occurred.

#### **NOTIFICATION OF CENTRAL OFFICE**

RCS is responsible for ensuring all mortality notifications are immediately sent to the DD Planning & Quality Assurance Specialist I.

**NOTIFICATION OF REGIONAL ADVOCATE**

Pursuant to the provisions of the Division's IPMS, the Regional Advocate will be notified by the RCS of all reportable incidents involving all people. Notification can be made via voicemail, e-mail, or copy of GER. The Regional Advocate shall be responsible for notification of the Division's Internal Advocacy Office.

**NOTIFICATION OF INVESTIGATION FINDINGS**

Agencies will provide a summary of investigative findings to legal representatives and persons supported in voicemail, email, in person or in writing.

**REVIEW OF INCIDENT DATA**

Each certified community provider shall develop and implement a mechanism, via their internal QE/CQI process, to ensure the timely and appropriate review of reportable incident data by the agency's executive and clinical leadership, including the board of directors. This shall include a mechanism to report incident data, identify trends, and take preventative actions to improve safety of the environment or care for people.

The regional Quality Enhancement Specialist shall compile quarterly reports of all reportable incidents for distribution to the Associate Commissioner for DDD, Director of Community Services, Director of Internal Advocacy, Director of Quality and Planning, Director of Quality Enhancement, RCS Director, Regional Advocate, and Regional Certification Team member. Data will be reviewed and presented in aggregate.

The Quality Enhancement Office shall compile and report all incidents to the DD Sub-Committee Quality Council quarterly. The DD Sub-Committee will be responsible for reviewing reportable incident data across the DDD service system to identify trends and patterns and recommend strategies for improving safety of the environment of care in certified community programs.

## ENTERING A GENERAL EVENT REPORT

Users with the **GER Submit** role can create new incident reports and submit them for approval. They may also save partially completed reports, which will appear in the GER Worklist. Please follow the steps below to create a new GER:

1. From your Dashboard, click on the **New** link beside 'General Event Reports (GER)' option on the Individual tab.

To Do	Care	
Individual	T-Log	New   Search   Archive
Health	Notes	New   Search   Archive
Agency	Case Note	New   Search   Archive
Billing	General Event Reports (GER)	 New   Search

2. Select the appropriate program from the list (if you have access privileges to more than one program).

### Select Program For GER

All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z																									
Filter		Showing 1 to 15 of 25 entries																							
Program Name	Site Name	Program Type	Cost Center Number																						
10th Street	Group Home	Pre-Vocational																							
5th Street	Group Home	Medicaid Service Coordination																							
ABC Services	Group Home	Medicaid Service Coordination																							

3. Select the person from the list. This will open a new GER form.

## Individual List for GER

Program: 10th Street (Group Home)

AllA B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Filter

Showing 1 to 5 of 5 entries

Last Name	First Name	Individual ID
Smith	Jacob	00001
Jackson	Daniel	
Robinson	Mia	00003

4. In the 'Profile Information' section, select the [Report Date](#) for the incident (it defaults to the current date). Other fields are auto populated.

### General Event Reports (GER)

Form ID: GER-DEMO-EC72WSFZMDF7T  
Status: New  
Entered By : Samantha Shaw

Profile Information

Jump to

Individual Name:

Jacob Smith

Program Name:

10th Street

Report Date:\*

10/05/2016

Site Name:

Group Home

Time Zone:


US/Pacific

## Event Information

1. In the [Event Date](#) field use the calendar button to select the date when the event occurred (it defaults to the current date).
2. If the event occurred anywhere outside the agency's physical location, choose the appropriate location from the drop-down menu in the [If not at responsible program](#) field.
3. Add a description of what happened before the event.

4. Complete the 'Location Address' section (if on site, you can check the box for [same as program address](#) and it will auto-fill).

**Event Information**Jump to ?

**Event Date:\***  

**If not at responsible program:**  **If Other:**

**Describe what happened before the event:**  

The floor was wet. He slipped in the hallway on his way to the kitchen.

About 2929 characters left

**Location Address**

☒ **Same as program address**

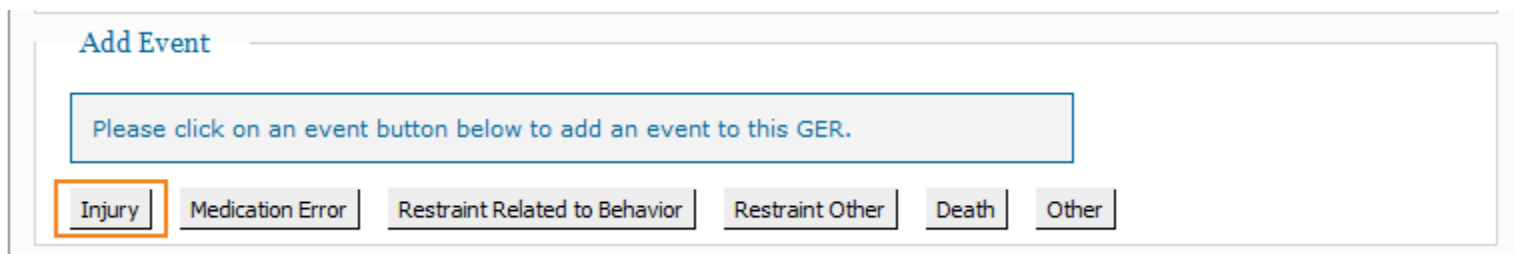
<b>Street 1:</b>	<input type="text" value="1st Street"/>	<b>Street 2:</b>	<input type="text" value="2nd Street"/>
<b>City:</b>	<input type="text" value="Waterbury"/>	<b>County:</b>	<input type="text"/>
<b>Country:</b>	<input type="text" value="USA"/>		
<b>State:</b>	<input type="text" value="CONNECTICUT"/>	<b>ZIP:</b>	<input type="text" value="06000"/>
<b>Phone:</b>	<input type="text" value="1234567900"/>	<b>Fax:</b>	<input type="text" value="1234567900"/>

[State](#) field is required if [Country](#) is selected as 'USA' or 'Canada'.

## Adding Event

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1. Click on the appropriate event type in the 'Add Event' section. This will open another window with a more specific event information form for each event type:
  - Injury
  - Medication Error
  - Restraint Related to Behavior
  - Restraint Other
  - Death
  - Other



**Add Event**

Please click on an event button below to add an event to this GER.

**Injury** Medication Error Restraint Related to Behavior Restraint Other Death Other

2. In the 'Event Information' window, add details of the event.
  - You must complete all required fields marked with a red asterisk (\*). If **Other** is chosen in any of the questions, please specify in the [If Other](#) box.
  - You may also use the body diagram to select specific body part(s) affected by an injury.
  - Provide as much detail in the 'Injury Summary' section as known.
  - When complete, click on the **Add** button at the bottom of the form, this will add the injury information to the GER form.

Injury Information

Injury Type:\*
Cut

Injury Cause:\*
Fall

This event was:\*
☒ Observed
☐ Discovered

Time of Injury:\*
10 : 00
☒ am
☐ pm

Specific Location:
Hallway
If Other:

Treatment by:
Family

Time of Treatment:
10 : 00
☒ am
☐ pm

Treatment date, if different than event date:

Injury Size:

Length (cm):
10
Width (cm):
2

Depth (mm):
5

Injury Color:
Red
If Other:

Injury Severity:\*
Minor (First aid)

Body Part(s):\*
ForeArm Left
- Please Select -
- Please Select -

Injury Summary:
He slipped on the wet floor and fell. He got a minor cut on his left forearm.

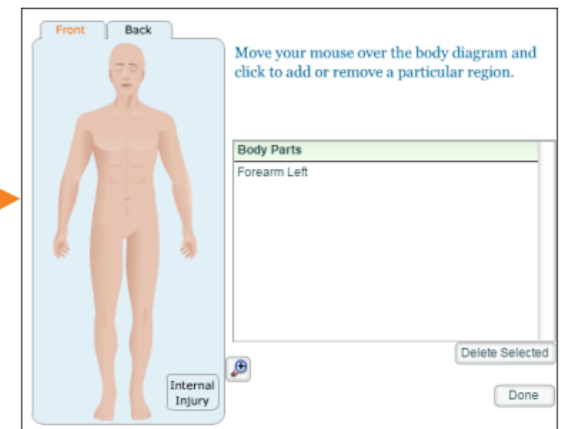
Witness 1:
William Harris / DSP

Witness 2:
- Please Select -

Attach Injury Photo
NONE
New Remove

Body Diagram

Cancel
Add





- The event information will be added on the GER form. Click on the **Edit** button to edit information or click on the **Delete** button to delete the event.

Injury Information

Edit

Remove

<b>Injury Type:</b>	Cut		
<b>Injury Cause:</b>	Fall		
<b>This event was:</b>	Observed		
<b>Time of Injury:</b>	10 : 00 am		
<b>Specific Location:</b>	Hallway		
<b>Treatment by:</b>	Family		
<b>Time of Treatment:</b>	10 : 10 am		
<b>Treatment date, if different than event date:</b>			
<b>Injury Size:</b>			
<b>Length (cm):</b>	10	<b>Width (cm):</b>	2
<b>Depth (mm):</b>	5		
<b>Injury Color:</b>	Red		
<b>Injury Severity:</b>	Minor (First aid)		
<b>Body Part(s):</b>	ForeArm Left		
<b>Injury Summary:</b>			
<b>Witness(es)</b>	William Harris, DSP		
<b>Attach Injury Photo</b>	<div>NONE</div>		

## General Information

1. Add necessary information in the 'General Information' section.

**General Information**Jump to ?

**Abuse Suspected?:\***  
**Type of Abuse:**  
**Neglect Suspected?:\***  
**Type of Neglect:**  
**Exploitation Suspected?:\***  
**Type of Exploitation:**  
**Notification Level:\***  
**Reported By:\***  
**If Other:**  
**Reporter's Relationship to Individual:\***

☐ Yes ☒ No

- Please Select -

☐ Yes ☒ No

- Please Select -

☐ Yes ☒ No

- Please Select -

Low

William Harris / DSP

Staff

**If Other:**

**If Other:**

**If Other:**


**If Other:**

**If Other:**

## Notification

1. Click on the **Add Notification Info** button. This will open a pop-up window for adding notification information.

Notification

[Jump to](#) 

**Note:** As defined by your Provider Administrator, GERs with High notification level (Serious Reportable Incident) require notification to be sent to: **Administrator**

Person/Entity Notified	Name	Date	Notified By	Method of Notification	Remove
					<div>Add Notification Info</div>

2. In the 'Notification Information' page, fill out the notification details and click on the **Add** button at the bottom of the form.

**Notification Information**

**Name of Person Notified:**

**Person/Entity Notified:\***  **If Other:**

**Date of Notification\***  **Time:\***  :  ☒ am ☐ pm

**Notified By:**  **If Other:**

**Method of Notification:\***  **If Other:**

## State Specific Information


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1. Click on the particular state form to add specific information as required by the state.

Please refer to the State Specific GER Forms Guide for more information.

3.

State Specific Information


[Jump to](#) 

[Add State Information](#)

Connecticut DDS-IR-255

Connecticut DDS-MER-255m


Connecticut DDS-IR-255 OH/Fam



## Completing Other Sections and Submitting the GER

1. Complete the 'Actions Taken or Planned' section.

Actions Taken or Planned

[Jump to](#) 

**Corrective Actions Taken:**

He was given first aid treatment as the injury was minor.

About 2943 characters left

**Plan of Future Corrective Actions:**

His caregiver will accompany him while he is going out of his room.

About 2933 characters left

2. 'Review/Follow-up Comments' section can be used by supervisors, incident coordinators, agency directors, case managers and others having the required privileges to further document anything related to this event. Photos can be added in this section by clicking on the **new** link beside [Attach Photo](#) field.

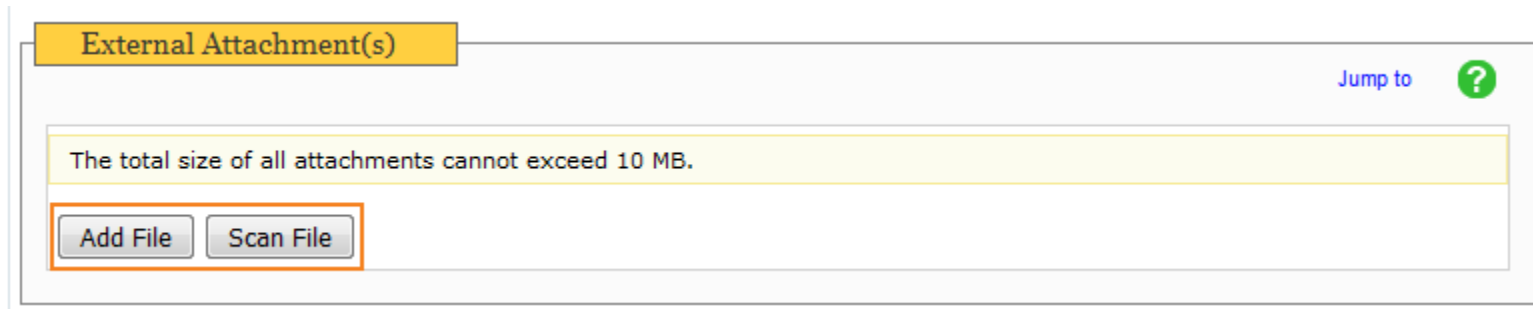
The screenshot shows a web form titled 'Review/Followup Comments' in a yellow header bar. In the top right corner, there is a 'Jump to' link and a green circular help icon with a question mark. The form contains the following elements:

- State Form Title:** A dropdown menu currently showing '- Please Select -'. To its right is a blue note: 'NOTE: Please select a State Form Title for the Review Comment to appear in the State form.'
- Checkboxes:** A checked checkbox labeled 'I have reviewed this report'.
- Review Comments:** A large text area containing the text 'I have reviewed the report and informed the required personnel.' Below the text area, it says 'About 2937 characters left'.
- Attach Photo:** A button labeled 'NONE'. To its right are the links 'New' and 'Remove' in blue.

3. You may add files in the 'External Attachment(s)' section. Click on the **Add File** button to add a file saved in your computer or click on the **Scan File** button to use your scanner to add a document.

Refer to the Document Scanning User Guide for more information.

5.



6. Click on the **Save** button to save the GER. You will find the GER with an *In Prep* status in your GER Worklist in the To Do tab of your Dashboard. Click on the **Submit** button to submit the GER for approval. Once submitted, the GER will no longer appear in the GER Worklist.



## ENTERING A GENERAL EVENT REPORT RESOLUTION

Users with the **GER Resolution Edit** role can create new resolution on a GER. Please follow the steps below to create a new GER resolution:

1. From your Dashboard, click on the **New** link beside 'GER Resolution' option of the Individual tab. You may also click on the **Unaddressed GERs** link.

To Do	Care	
Individual	T-Log	New   Search   Archive
Health	Notes	New   Search   Archive
Agency	Case Note	New   Search   Archive
Billing	General Event Reports (GER)	New   Search
Admin	GER Resolution	New   Unaddressed GERs   Open Resolutions   Search

2. This will show you a list of unaddressed GERs (i.e. approved GERs of last 15 days for which the resolution has not been created). Select the GER from the list for which you would like to create a resolution. Then, click on the **Next >>** button.



**GER Select**

**i** GERs approved in the last 15 days are shown here. To find a specific set of records please use GER Search

Entered By: Show, Samantha  
 Status: Approved  
 Reviews: 1  
 ME Form ID:

4 items found, displaying all

Form ID	NL	Individual	Summary	Program Name	Event Date	Entered Date	Report Date
<input checked="" type="radio"/> GER-DEMO-EBV5768ZLA57A	Medium	Brown, Hannah	Medication Error	1st Street Group Home	09/27/2016	09/27/2016	09/27/2016
<input type="radio"/> GER-DEMO-EBQ526XXK496T	Low	Smith, Jacob	Fall Without Injury	10th Street	09/22/2016	09/22/2016	09/22/2016

Cancel
Next >>

For Approved GERs older than 15 days, GER needs to be searched using the 'GER Search' feature, and then the GER needs to be opened and scrolled down to the 'GER Resolution' section which would appear at the bottom of the page. Then, GER Resolution can be created by clicking on the **Create a GER Resolution for this GER** link.

**GER Resolution**

[Create a GER Resolution for this GER](#)

**2016.0.0:** On the GER Resolution page, the Form ID name has been changed from **RESLN** to **GERR**.

- This will open the GER Resolution form. In the GER Information section, all the information are pulled from the GER. This sections shows [Individual Name](#), [GER Form ID](#), and Event [Date](#) including other relevant information.

**GER Resolution**

Form ID: [GERR-DEMO-EC94SPBZVA57G](#)

GER Information

<b>Individual Name:</b>	Hannah Brown	<b>Event Date:</b>	09/27/2016
<b>GER Form ID:</b>	<a href="#">GER-DEMO-EBV5768ZLA57A</a>	<b>Approve Date:</b>	09/27/2016
<b>MIE Form ID:</b>	The corresponding GER is not linked to an MIE	<b>Notification Level:</b>	Medium
<b>Abuse/Neglect/Exploitation Suspected:</b>	No		

4. In the 'General Information' section, only the [Date Opened](#) information is required and the date by default shows the date when GER Resolution is created. You can also add the resolution findings. Finding options can be customized according to the state.

## General Information

**Date Opened: \***  

**Date Closed:**  

**Status:** ☒ Open ☐ Closed

**Was this a critical event?** ☒ Yes ☐ No

**Is an investigation needed?** ☒ Yes ☐ No

### Abuse/Neglect/Exploitation Types

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Verbal Abuse                               | <input type="checkbox"/> Sexual Abuse                           | <input type="checkbox"/> Physical Abuse               |
| <input checked="" type="checkbox"/> Emotional Abuse                 | <input type="checkbox"/> Psychological Abuse                    | <input type="checkbox"/> Civil Rights Violation Abuse |
| <input checked="" type="checkbox"/> Neglect By Responsible Provider | <input type="checkbox"/> Questionable Clinical Practice Neglect | <input type="checkbox"/> Social Exploitation          |
| <input type="checkbox"/> Sexual Exploitation                        | <input type="checkbox"/> Financial Exploitation                 | <input type="checkbox"/> Emotional Exploitation       |

### Findings

- ☒ Abuse ☐ Neglect ☐ Exploitation ☐ Inconclusive ☐ Unsubstantiated ☐ Other

5. In the 'Involved Persons' section, you can list the persons that were involved in the whole process along with their involvement types (Alleged Perpetrator, Alleged Victim, Coordinator, Investigator or Witness). Multiple persons who are involved in the process can be added or removed.

Involved Persons

Name:

Title:

Involvement Type:

- Please Select -

Comments:

3000 characters left

Add

Jackson Wilson , Attorney

Remove

Involvement Type:

Investigator

Comments:

The investigation was conducted by Jackson Wilson, an attorney with the Disabilities Rights Center.

Brianna Miller , Executive Director

Remove

Involvement Type:

Coordinator

Comments:

The investigation was coordinated and supervised by Brianna Miller, Executive Directory with the Disabilities Rights Center.

17

6. In the 'Investigation Details' section, the details of the incident along with the action of the staff can be recorded.

**Investigation Details**

**Investigation Narrative:**

The Disabilities Rights Center (DRC), after an extensive investigation, substantiated an allegation of abuse and neglect committed by two residential staff against a fourteen-year old female individual housed in the Provider A Services Center.

The investigation, which is fully described in the accompanying report, found that two residential staff at Provider A used unnecessary and excessive force against this fourteen-year old girl. The staff employed a take-down restraint in an extremely

About 9231 characters left

**Notes:**

The Disabilities Rights Center, received a report of an alleged incident of abuse against an Individual at Provider A. The report from Provider A alleged that on October 12, 2014, two employees of Provider A used excessive force while restraining a fourteen-year old, resident at their agency.

This was not the first time DRC had received a report of alleged abuse involving this particular individual. The previous year, DRC became aware of an incident of restraint by staff in which

About 9475 characters left

**Staff Actions:**

Staff failed to follow internal policies and procedures in reporting the incident internally.

Administrator of Provider A developed a concise report for reporting abuse or neglect.


They have initiated internal review and investigation of the incident.

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7. In the 'Recommendations' section, any recommendation can be stored. Once the recommendation is made, the status shows as Incomplete and when it is considered, users can click on the **Mark as Completed** link where the status will change from Incomplete to Completed. Multiple recommendations can be added and removed.

**Recommendations**

**Recommended By:**

**Date Recommended:**  



**Person Responsible:**

**Date Completed:**  

**Recommendations:**

About 2872 characters left

Add

**Recommended By: Brian Murphy on 10/07/2016**  [Mark as Completed](#) [Remove](#) 


**Status:** Incomplete

**Person Responsible:** William Harris

**Date Completed:** 10/07/2016

**Recommendations:**

Develop appropriate, concrete, specific, informed behaviorally positive strategies, to therapeutically respond to the individual's behavior challenges.

**Recommended By: Olivia Davis on 10/07/2016** [Remove](#) 

**Status:** Completed. Marked By: Samantha Shaw, Provider Administrator on 10/07/2016 04:53 AM

**Person Responsible:** William Harris

**Date Completed:** 10/07/2016

**Recommendations:**

Utilize an independent, qualified psychologist or other behavioral specialist to help develop and oversee the plan and approach.

8. In the 'Supporting Documents' section, documents related to the incident can be added. The total size of the documents can be 10 MB. In the 'Comments' section, if there is any general comment, it can be mentioned here. Multiple comments can be added or removed. When the resolution is complete, click on the **Save** button.

**Supporting Documents**

The total size of all attachments cannot exceed 10 MB.

File Name	Description	Size	Date	Attached By	Action
TherapPDFforGER.pdf	Incident Report completed by Elijah Johnson, EO of Provider	144.75 KB	12/22/2014	Olivia Davis, Direct Support Professional	<a href="#">Download</a>   <a href="#">Remove</a>
Form 13.docx	Nursing notes by Emily Thomas, Nurse.	17.51 KB	12/24/2015	Olivia Davis, Direct Support Professional	<a href="#">Download</a>   <a href="#">Remove</a>

Total uploaded **162.26 KB** and remaining **9.84 MB**.


[Add File](#) [Scan File](#)


**Comments**

**Comments:**

About 2999 characters left

[Add](#)

**Comment Added by: Hannah Brown, Direct Support Professional on 12/23/2014 12:13 AM** [Remove](#) 

**Comment Added by: Olivia Davis, Direct Support Professional on 12/26/2014 12:13 AM** [Remove](#) 

[Back](#) [Save](#)

## GER: Death Form (to be submitted prior to uploading the Comprehensive Mortality Review Form in THERAP)

Death Information Entered By: \_\_\_\_\_

Entry Date & Time: \_\_\_\_\_

Time of Death: \* \_\_\_\_\_ am / pm ☐ Unknown

Cause of Death \* ☐ Accident ☐ Homicide/Violence ☐ Natural/Expected ☐ Sudden/Unexpected ☐ Suicide ☐ Unknown ☐ Other \_\_\_\_\_

Specific Location: ☐ Activity Area ☐ Ambulance ☐ Bathroom ☐ Bedroom ☐ Dental Clinic ☐ Dining Room ☐ Emergency Room ☐ Family's Home  
☐ Hallway ☐ Hospice Center ☐ Hospital ☐ Individual's Home ☐ Kitchen ☐ Living Room ☐ Medical Clinic ☐ Outdoors ☐ Physician's Office ☐  
Recreation Area ☐ Staircase ☐ Unknown ☐ Vehicle ☐ Other \_\_\_\_\_

Date of last medical exam: \_\_\_\_\_

Death determined by (Physician/Specialist): \_\_\_\_\_

Autopsy consent: ☐ Yes ☐ No

Name of person requesting consent: \_\_\_\_\_

Name of person asked to consent: \_\_\_\_\_

Name of person denied to consent: \_\_\_\_\_

Did the Medical Examiner / Coroner request it? ☐ Yes ☐ No

Autopsy Date: \_\_\_\_\_

Comments:

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

Witness 1: \_\_\_\_\_

Witness 2: \_\_\_\_\_

For more information on creating an ADMH account in THERAP, please visit <https://www.therapservices.net/> or contact the local RCS office.