

Department of Health & Human Services



State of Nebraska DHHS- Division of Developmental Disabilities

GER Instructions:

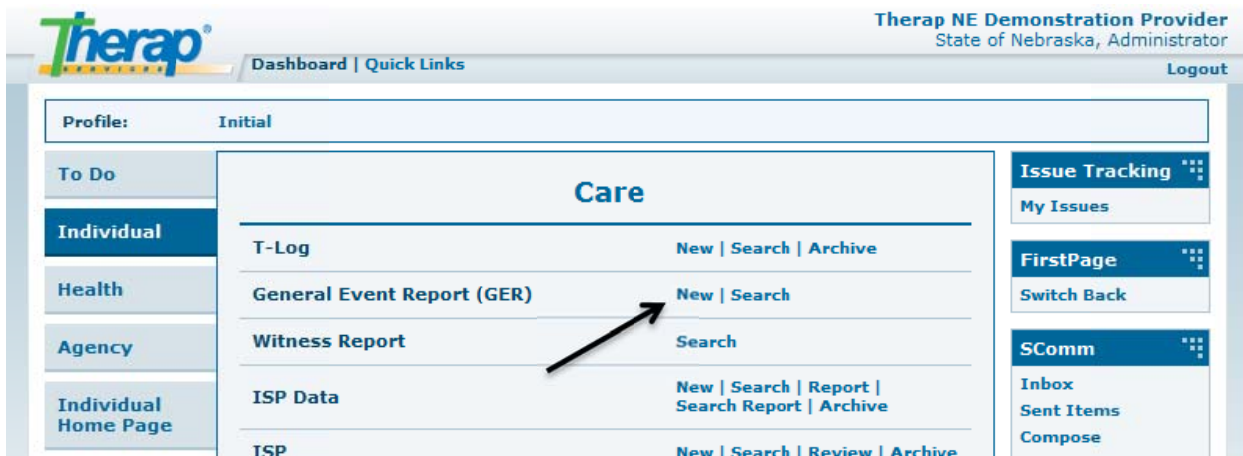
***Department approved format
for written reports of incidents
by Community Based Providers***

Effective: January 1, 2014



Nebraska DHHS-DDD GER Instructions

Log in to your Therap account.
After you login you will see the dashboard for your agency.



The General Event Report (GER) menu can be found under the “To Do” or “Individual” tabs.

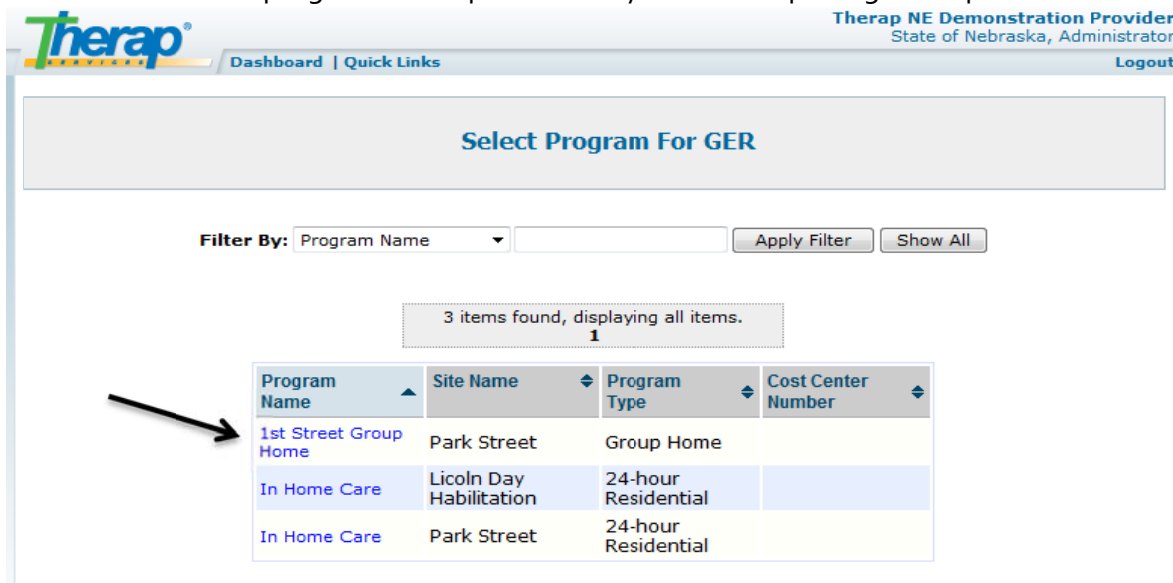
For a new incident click “New”.

For an incident you are working on click “Work list”.

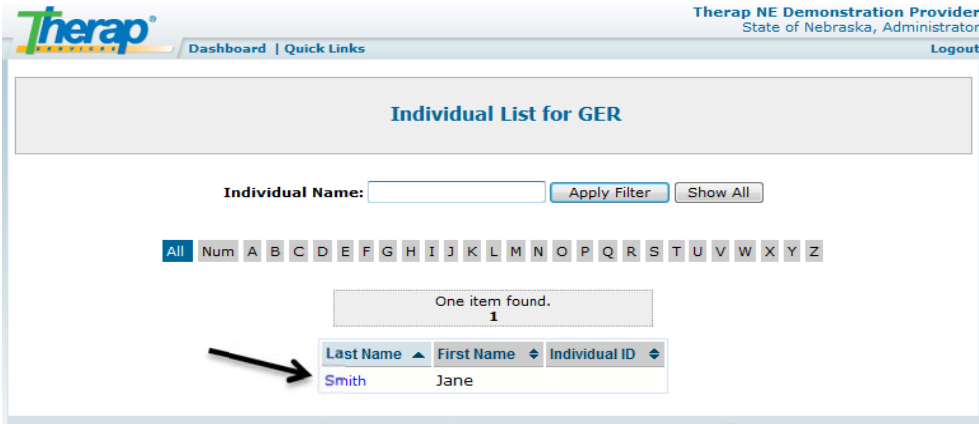
To edit a report you saved you will need to open it through “Work list” and scroll all the way to the bottom and click “edit this GER”.

Start a New GER:

1. To start a GER click on “New”.
2. Click on the program of the person that you are completing the report for.



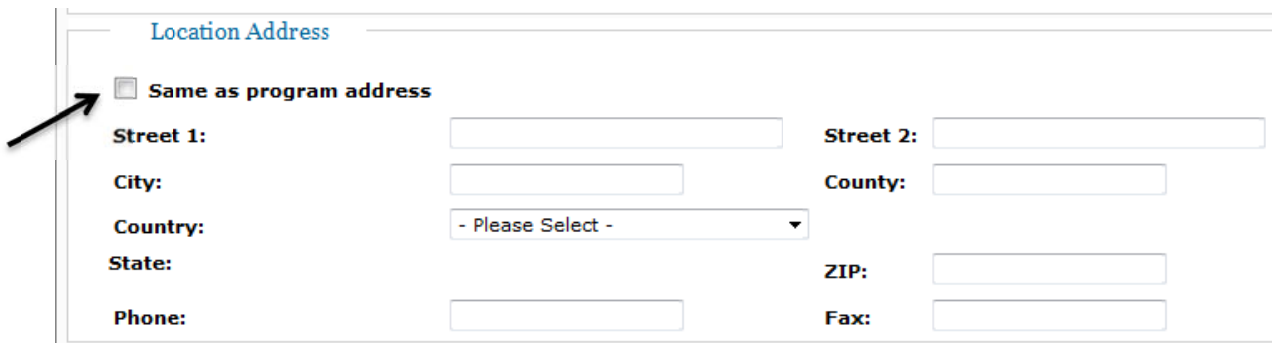
3. Click on the last name of the person that you are completing the report for.



4. Do **not** change anything on the "Profile Information".
5. Proceed to Event Information (see below).

Event Information

1. Change the event date if the event date is different from the date you are completing the report. Change the date by clicking on the calendar icon and then clicking on the date the event happened or typing in the date MM/DD/YYYY.
2. Type in what happened before the event.
3. Check "Same as program address".
 - a. If the incident did not occur at the program listed above, provide location information.



GER Event Type

After the event information has been entered, the user will be presented with different GER event types in large buttons. These buttons will bring up the appropriate forms to enter information within Therap depending on the type of incident.

Event Information Jump to ?

Event Date:*

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

Describe what happened before the event:

About 3000 characters left

Location Address

Same as program address

Street 1: **Street 2:**

City: **County:**

Country:

State: **ZIP:**

Phone: **Fax:**

Add Event

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

Injury:

See Appendix C for injury definitions and notification levels.

Med Error:

Fill out the following fields under the “Med Error” form: Type of error, discovery date, person responsible, and all other required fields. For a medication error resulting in need for emergency medical attention, fill out med error form.

Emergency Safety Intervention:

If ESI is unplanned and reportable, choose yes for create a “Behavior Event Record”. Check all applicable boxes pertaining to the behavior that led to the ESI being implemented. On the next page, select applicable boxes for intervention used. On the “Behavior and Intervention Details” page, fill out all boxes. The “Behavior and Event Record” screen should be classified as high with all other boxes completed.

If ESI is part of Safety Plan, choose no for create a “Behavior Event Record” (can be utilized, but not required). Complete all required fields and Event Summary field on the “Emergency Safety Intervention Event” form. For the summary field please include a description of the intervention used, regardless if it is detailed in the actual Safety Plan.

Restraint Other:

Restraints of any kind are prohibited by regulations. Should a restraint occur, reporting is mandatory. All fields of the "restraint other" form are to be completed.

Deaths:

Fill out the following fields under the "Death" form: Time of Death, Cause of Death, Specific Location, Date of Last medical exam, and Death determined by.

Indicate any agency staff present at time of death, or upon discovery of death, in the comments section.

Other:

See Appendix B for "Other" definitions and notification levels.

**Please note that providers are expected to follow all physicians' orders. In the event that a physician's order conflicts with the regulations or expectations within this guide, the provider will be required to provide these orders upon request by the Department.*

DHHS-Division of Developmental Disabilities Reporting Timelines

Notification Level	Timelines for Reporting Incidents
<p style="text-align: center;">High</p> <p>*Note: High notification level should be used ONLY for incidents reportable to the state.</p>	<ul style="list-style-type: none"> • <u>Verbally</u> report to Service Coordinator immediately upon the Contractor becoming aware of the incident. • <u>Submit</u> a report in Therap within 24 hours of becoming aware of the incident occurring Monday through Thursday, and by 5 p.m. Monday for those incidents occurring Friday, Saturday, or Sunday. • <u>Approve</u> the report in Therap within 48 hours of submitting the report.
<p style="text-align: center;">Medium</p>	<p>Medium and Low categorizations should not be used for any reportable incident. Policies for these are determined by the provider agency.</p>
<p style="text-align: center;">Low</p>	

Using the Witness Section - Witnesses (other than yourself - the writer of the report is never a witness). The DD Division requests that if the witness functionality is not utilized in Therap, the names of witnesses be noted in the GER summary section. It shall be at the discretion of provider agencies using Therap to request their employees to fill out the witness section of the GER, so that a report will be sent to each witness listed. If numbers appear on your Witness Report (GER) Dashboard, you have been listed as a witness and need to complete the witness report before the GER can be approved.

Appendix A: Defining Event Types

When Reportable at HIGH Notification Level	Therap Options for Event Type	Additional comments
Regardless of Event Type, <u>Allegation Of Abuse Or Neglect</u> must ALWAYS be reported at HIGH notification level.	Subtypes are options given in Therap and must be indicated on GER.	Quoted text is from Title 404 NAC Ch 2.
<p>HIGH notification level when:</p> <ul style="list-style-type: none"> • Injuries which require medical attention to individuals requiring treatment by physician or • Any injuries to individuals in services related to incidents involving planned or unplanned emergency safety interventions or • Discovery of injury of unknown origin. 	Injury	<p>Injury of individual receiving services. May require medical attention. May be related to behavioral incident. Origin may be known or unknown.</p> <p><u>Physical injury</u> means harm, pain, illness, impairment of physical function, or damage to body tissue.”</p>
<i>If a medication error results in injury, serious illness, hospitalization, or another HIGH Notification event, please report as a HIGH under the categorization for the reportable event.</i>	Medication Error	Provider may choose to use Medium or Low notification levels for errors in administration of medication for internal analysis of medication errors.
ALWAYS HIGH notification level.	Emergency Safety Intervention	<p><u>Emergency safety intervention</u> means the use of physical restraint or separation as an immediate response to an emergency safety situation.”</p> <p>(Separation- is not the same as seclusion which is defined as “involuntary confinement or detainment alone in a room or area where the individual is physically prevented from leaving or having contact with others.” Seclusion is prohibited.)</p> <p>Report will indicate status of either Unplanned Intervention or Intervention Included in Safety Plan.</p>
ALWAYS HIGH notification level.	Restraint Other Subtypes: Chemical, Mechanical, Physical, or Other.	<p>This should ONLY be used if individual is restrained for a reason other than Emergency Safety Intervention.</p> <p><u>Restraint</u> means any physical hold, device, or chemical substance that restricts, or is meant to restrict, the movement or normal functioning of an individual. Includes medication used solely to control or alter behavior, physical intervention, or mechanical device used to restrict the movement, normal function of a portion of the person's body or control the behavior of a person receiving services. Devices used to provide support for the achievement of functional body position or proper balance, and devices used for specific medical and surgical (as distinguished from behavioral) treatment are excluded.”</p>
ALWAYS HIGH notification level.	Death	Any death of individual in services regardless of where the death occurred and who was present.
	Other	See Appendix B: Defining Other Types.

Appendix B: Defining Other Types

When Reportable at HIGH Notification Level	Therap Options for Other Event Type	Additional comments
Regardless of Other Event Type, <u>Allegation Of Abuse Or Neglect</u> must ALWAYS be reported at HIGH notification level.	Subtypes are options given in Therap and must be indicated on GER.	Quoted text is from Title 404 NAC Ch 2.
	Accident no apparent injury	Examples: automobile accident without injury.
	Alcohol / Drug Abuse	Substance abuse by individual in services.
	Altercation Subtypes: Individual/Individual, Other.	Altercation between individual in services and another person. This should be used when altercation is mutual . If it is not "mutual," consider using Other Event Type Assault.
HIGH notification level when: <ul style="list-style-type: none"> Injuries which require medical attention to staff persons and others, resulting from behaviors of individual. <i>Subtype is Aggressor, as individual is aggressor. (Staff or others are victim.)</i>	Assault Subtypes: Aggressor, Victim.	Assault by individual in services toward another person. Injury may occur. This should be used anytime there is an identified victim/aggressor relationship.
HIGH notification level when: <ul style="list-style-type: none"> An individual served leaving staff supervision where the safety of the individual or others is potentially threatened. 	AWOL / Missing Person	Individual receiving services is not in the presence of staff and their whereabouts are unknown. This may be due to behavior of individual.
*Note: Nothing reportable as a HIGH should be categorized under this Other Event Type.	Behavioral Issue	Should only be used if another category is not more descriptive of the behavior (i.e. property destruction, assault). Provider may choose to use Medium or Low notification levels for internal analysis of behavioral trends.
HIGH notification level when individual meets all of the following: <ul style="list-style-type: none"> Diagnosis of constipation/ under treatment of physician and BM protocol in place and BMs already monitored and BM protocol has not been effective and individual has not had a BM in 4 days. 	Change of Condition	Provider may use this category for other changes in condition at the medium or low notification level.

Appendix B: Defining Other Types

When Reportable at HIGH Notification Level	Therap Options for Other Event Type	Additional comments
<p>Regardless of Other Event Type, <u>Allegation Of Abuse Or Neglect</u> must ALWAYS be reported at HIGH notification level.</p>	<p>Subtypes are options given in Therap and must be indicated on GER.</p>	<p>Quoted text is from Title 404 NAC Ch 2.</p>
<p>HIGH notification level when:</p> <ul style="list-style-type: none"> An allegation of abuse or neglect that does not result in an injury. <p><i>Abuse/neglect suspected must be checked "yes."</i></p>	<p>Complaint and/or Possible Litigation</p>	<p>"<u>Complaint</u> means an expression of concern or dissatisfaction." This allegation may be made by the individual in services, staff persons employed by Provider, or people in the community pertaining to an individual. Example: this would be appropriate to use at Medium or Low notification level if individual receiving services has a complaint or there is threat of a lawsuit by the guardian/family.</p>
	<p>Contraband Subtypes: Weapon of Convenience, Manufactured Weapon, Drugs, Other.</p>	<p>Individual in services being caught with items. Examples: illegal items or items that could be used as a weapon. Could include items found during approved room search.</p>
<p>HIGH notification level when:</p> <ul style="list-style-type: none"> Allegation of financial exploitation or Allegation of sexual exploitation. <p><i>Abuse/neglect suspected must be checked "yes."</i></p>	<p>Exploitation</p>	<p>Individual in services is exploited by someone. "<u>Exploitation</u> means to obtain by deception, intimidation, or undue influence with the intent to deprive the individual of: the individual's money, property, body, work, or sexually including taking pictures."</p>
<p>HIGH notification level when:</p> <ul style="list-style-type: none"> Individual is injured or displaced as a result of fire. 	<p>Fire Subtypes: Attempted/Caused by Individual, Minor/Smoke, Accidental/Cause Unknown, False Alarm/Equipment Failure, False Alarm/Caused by Individual.</p>	<p>Provider may choose to use Medium or Low notification levels for fires which do not result in individual being injured or displaced.</p>
<p>HIGH notification level when:</p> <ul style="list-style-type: none"> Hospital admission due to mental health/behavioral concerns or Any unplanned hospitalization or ER visit or A transfer to a different hospital (reported in the same way as a new hospitalization) or Any unplanned use of urgent care facility (reported in the same way as ER visit). 	<p>Hospital Subtypes: Admission, ER without Admission.</p>	
<p>HIGH notification level when:</p> <ul style="list-style-type: none"> Law Enforcement contacts (i.e. visits to assess or control situations) due to the behavior of an individual served. 	<p>Law Enforcement Involvement</p>	<p>Police or other law enforcement interaction due to a disruptive action or behavior of an individual in services. This may be initiated by individual in services, staff persons employed by Provider, or by people in the community.</p>

Appendix B: Defining Other Types

When Reportable at HIGH Notification Level	Therap Options for Other Event Type	Additional comments
Regardless of Other Event Type, <u>Allegation Of Abuse Or Neglect</u> must ALWAYS be reported at HIGH notification level.	Subtypes are options given in Therap and must be indicated on GER.	Quoted text is from Title 404 NAC Ch 2.
	Possible Criminal Activity	Individual receiving services or staff person suspected of engaging in criminal activity towards an individual not otherwise defined in another category.
	Potential Incident / Near Miss	Examples: individual attempts elopement but staff is present, behavior de-escalation occurs before incident.
ALWAYS HIGH notification level.	PRN Psychotropic Use	<i>Per 404 NAC 6-005.01(1) PRN (as needed) psychotropic medications are prohibited.</i> “PRN means an administration scheme in which a medication is not routine, is taken as needed, and requires assessment for need and effectiveness.” “Psychotropic Medication means any medication prescribed specifically to treat mental illness and associated symptoms. The major classes of psychotropic medication are antipsychotic (neuroleptic), antidepressant, antianxiety, antimania, stimulant, and sedative or hypnotic. Other miscellaneous medications are considered to be a psychotropic medication when they are specifically prescribed to treat a mental illness.”
	Property Damage	Individual in services causes damage to property.
	Security Breach	Security of individual receiving services has been compromised. Examples: HIPPA violation, theft/loss of individual’s property (excluding exploitation).
*Note: Nothing reportable as a HIGH should be categorized under this Other Event Type.	Sensitive Situation	
	Serious Illness	Illness of individual receiving services.
	Suicide Subtypes: Attempt or Threat.	Examples: suicidal ideation, suicidal threats, suicidal attempt.
	Theft / Larceny Attempt Subtypes: Perpetrator or Victim.	

Appendix C: Defining Injury Types

When Reportable at High Notification Level	Therap Options for Injury Type	Additional comments
Regardless of Injury Type, if individual goes to ER/Hospital for treatment or admission, must ALWAYS be reported at HIGH notification level.		These are intended to assist person filling out GER to determine correct injury type and are not indicative of HIGH notification level.
	Abrasion	
ALWAYS HIGH notification level.	Airway obstruction	Symptoms may include: unable to breathe, turning blue, no coughing (unable to cough). May require thrusts.
	Allergic reaction	May require use of epi-pen.
	Bite/sting	Includes human bite.
	Bleeding	
	Blister	
HIGH notification level when: <ul style="list-style-type: none"> Suspicious in appearance, such as: unusual patterns appearing as handprint or shape consistent with an object like a cord or belt, or bruising of face, buttocks, breasts, or groin. 	Bruise	
	Burn	
ALWAYS HIGH notification level.	Choking	Symptoms may include: excessive coughing or gagging with meals (more than normal for the person) or difficulty breathing during or after meals.
ALWAYS HIGH notification level.	Concussion	Diagnosed by medical professional.
	Cut	Minor enough to not require doctor level of care. If stitches are required see Laceration below.
ALWAYS HIGH notification level.	Dislocation	Diagnosed by medical professional.
ALWAYS HIGH notification level.	Fracture	Diagnosed by medical professional.
	Frostbite	
	Hematoma	This is a term generally used by a medical professional. Provider may not want to use this term unless determined by a medical professional.
	Hypothermia	
	Infection	
	Laceration	This is a term generally used by a medical professional. Provider may not want to use this term unless determined by a medical professional.

Appendix C: Defining Injury Types

When Reportable at High Notification Level	Therap Options for Injury Type	Additional comments
Regardless of Injury Type, if individual goes to ER/Hospital for treatment or admission, must ALWAYS be reported at HIGH notification level.		These are intended to assist person filling out GER to determine correct injury type and are not indicative of HIGH notification level.
	Lesion	Localized wound usually originating from within the body tissue. Examples include boils, cold sores, or patches of psoriasis.
ALWAYS HIGH notification level.	Loss of consciousness	Includes fainting if the person is unable to be aroused.
	Pain	
ALWAYS HIGH notification level.	Poisoning	
ALWAYS HIGH notification level.	Pressure ulcer	
	Puncture	
	Rash/hives	
	Redness	
	Scrape	
	Scratch	
	Sprain/strain	Determined by medical professional.
	Sunburn	
	Swelling/edema	

Appendix D: Defining Injury Causes

When Reportable at High Notification Level	Therap Options for Injury Cause	Additional comments
Regardless of Injury Cause, if individual goes to ER/Hospital for treatment or admission, must ALWAYS be reported at HIGH notification level. *ER/Hospitalization includes use of urgent care facility.		Quoted text is from Title 404 NAC Ch 2.
ALWAYS HIGH notification level.	Abuse	
	Accident motor vehicle	
	Adaptive equipment	
ALWAYS HIGH notification level.	Assault	When injury occurs to individual as a result of assault as defined in Appendix B.
	Bumped into	If results in a fall, should be recorded under "fall".
	Eating behavior	
	Environmental hazard	
	Exposure	
HIGH notification level when: • Injury occurs	Fall	"Physical injury means harm, pain, illness, impairment of physical function, or damage to body tissue."
	Ingestion of foreign material (PICA)	
	Insect	
	Medical condition	
	Medical procedure	
ALWAYS HIGH notification level.	Restraint	
HIGH notification level when: • ER/Hospital for treatment • Lasts over 5 minutes (or over maximum timeframe set by individual's physician)	Seizure	
	Self-injurious behavior	
HIGH notification level when: • Injury of unknown origin	Undetermined	Should only be used if no other category is applicable.