New Mexico DDSD General Events Report (GER) Guide

<table>
<tr><td colspan="3" align="center">APPLICABILITY: All DDW Participants age 21 and older plus DDW Participants age 18-21 who receive Supported Living or Family Living

<i>See definitions and tips at the end of this guide or in the GER policy</i></td></tr>
<tr><td colspan="3" align="center">The following Events are ALWAYS reportable to DHI per regulations.
See NMAC 7.1.14 and the Abuse Neglect & Exploitation Reporting Guide
All DHI reports must be called in immediately at 1-800- 445- 6242 .</td></tr>
<tr><td align="center">Event</td><td align="center">Examples</td><td align="center">Guidance for Providers</td></tr>
<tr>
<td>Abuse, Neglect, Exploitation</td>
<td>Any allegation of suspected abuse, neglect or exploitation.

Certain Medication Errors: as defined in column to the right, must be reported; IMB will review IR and may investigate as potential neglect.

Failure to provide a Good or Service

Mismanagement of individuals' funds or property.

Any physical restraint NOT included in a Behavioral Crisis Intervention Plan (BCIP) and not approved by a Human Rights Committee, or if performed by untrained/unqualified agency personnel.</td>
<td>Call in & submit ANE report to DHI following ANE Reporting Guide.

Medication errors fall into this category when the medication error:
1) results in the need for medical treatment or the agency nurse determines the need to consult with a physician/CNP/PA, pharmacist or poison control, or
2) the individual misses multiple dose over a period equal to or greater than 48 hours, or
3) a prescribed medication is delivered to the wrong person.

Use of emergency services resulted from suspected abuse or neglect would fall in this category. For example went to ER due to extensive unexplained bruising or cut themselves despite a plan to restrict access to sharps.

Use of Law enforcement falls in this category if it resulted from suspected abuse or neglect. For example alleged assault on the individual or missing person report when plan calls for continuous line of sight supervision.

<i>Agencies may also use GER for provider tracking purposes. GER does not replace required reporting to DHI.</i> (Exploitation is currently an Event Type in the "Other" Event section.)</td>
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<tr>
<td>Environmental Hazards</td>
<td>Any environmental hazards that may cause danger or immediate harm.</td>
<td>Call in & submit ANE report to DHI following ANE Reporting Guide.
<i>There is not a way to report Environmental Hazards through GER except if indicated as the cause for an injury.</i></td>
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<tr>
<td>Death</td>
<td><u>All</u> deaths</td>
<td>Call in & submit ANE report to DHI using the report of death section.

<i>Agencies may also use GER Event type: Death, for provider tracking; scan to attach pertinent information. GER doesn't replace required reporting to DHI.</i></td>
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</table>

GER: High		
Event	Examples	Guidance for Providers
Out of Home Placement- Medical: Hospitalization, Long Term Care, Skilled Nursing or Rehabilitation Facility Admission	Any *planned* or unplanned admission or stay in a hospital, long term care, skilled nursing, sub-acute or rehab facility If abuse or neglect is suspected as a contributing factor to the admissions *also* call and submit the ANE report to DHI.	MUST report via GER within 2 business days. In Event "Other", choose Event Type: Hospital or if different use Out of Home Placement and then specify.
Missing Person, Elopement or AWOL	Persons with cognitive impairment or dementia who wander or anyone who intentionally elopes who might be a danger to self or others (see definition). If **Neglect** is suspected as a contributing factor call and then submit the ANE report to DHI**.**	MUST Report via GER in 2 business days: Event: Other, Event Type: AWOL/missing Person See Individual's Service Plan, Positive Behavior Supports Plan and Crisis plans. After initial search and notification of guardian and local authorities, utilize GER to notify regional office. Providers may access telephonic support by using the OBS Crisis line: 1- 505-250-4292

Unplanned use of ER/Urgent Care/EMT	Any use of ER, Urgent Care or "walk in clinic" which is NOT outlined in a Medical Emergency Response Plan or as a result of healthcare physician, CNP or PA instruction.
	
	If **Abuse or Neglect** is suspected as a contributing factor call and then submit the ANE Report to DHI**.**
		Agencies must report unplanned ER/urgent care/EMT visits via the GER system within 2 business days*:*
		    Event: Other
		    Event type: Hospital
		    Subtype: ER without Admission
		
		In the Event Summary, indicate if the actual location was urgent care rather than emergency room or EMT at the service delivery site without transport to emergency room.

Use of Law Enforcement	Any use of Law enforcement, including if an individual is arrested and placed in jail. If **Abuse or Neglect** is suspected as a contributing factor call and then submit the ANE Report to DHI.	Agencies must report use of Law Enforcement via the GER system within 2 business days: In tab "Other", Event Type: Law Enforcement Involvement

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GER: Moderate		
Event	Examples	Guidance for Providers

Use of ER/Urgent Care/EMT – Planned	If directed by a physician to access ER/Urgent care/EMT or as outlined in a Medical Emergency Response Plan (MERP).
	
	 If **Abuse or Neglect** is suspected as a contributing factor, call and then submit the ANE Report to DHI**.**
		Agencies must report via the GER system within 2 business days*:*
		    Event: Other
		    Event type: Hospital
		    Subtype: ER without Admission
		
		In the Event Summary, indicate if the actual location was urgent care rather than emergency room or EMT at the service delivery site without transport to emergency room.

Fall Without Injury	individual unintentionally comes to rest on the ground without injury	For a fall with <u>no</u> injury: Event: Other; Event Type: Fall Without Injury

Injury	Falls
	Choking
	Skin breakdown
	Infection
	
	See definitions for above terms
	
	If **Abuse or Neglect** is suspected as a contributing factor of the incident call and then submit the ANE Report to DHI**.**
		Report in Injury tab within 2 business days .
		Fall with injury:
		    Event: Injury; Injury Type: choose appropriate;
		    Injury Cause: Fall (Note: you must pick body part injured; signs of injury such as pain or bruising may develop days after the fall.)
		Choking : For Injury Type, select choking instead of airway obstruction on the dropdown. (Choose throat for your body part for this Injury Type)
		Skin breakdown: For admitted, acquired and surgical sites.
		    Event Type: Injury Type: Other, type in "skin breakdown"
		Infection: Any contagious infection diagnosed & treated by a physician
		    Injury Type: Infection (then pick body that is infected)
		Other Injury requiring medical intervention beyond first aide:
		    Injury Type: as indicated by injury

Restraint related to Behavior	Any physical restraint **not** included in a Behavioral Crisis Intervention Plan (BCIP) and **not** approved by a Human Rights Committee, or if performed by untrained agency personnel is reportable to DHI. Emergency physical restraint **included** as part of a BCIP approved by a Human Rights Committee and using any New Mexico approved crisis intervention protocol (MANDT, Handle with Care and CPI) is reportable through GER.	**Submit the ANE report to DHI following current ANE Guide.** BCIP related restraint report via GER within2 business days: Event Tab: Restraint Related to Behavior Ensure the duration (amount of time) of restraint is clearly indicated. An **Extended restraint** is greater than 10 minutes and in that case the agency must verbally notify DDSD-OBS within one business day. During evenings, or holidays notify the OBS Crisis Line at: 1- 505-250-4292 and complete written report in GER within 2 business days.

Suicide, Attempt or Threat	A physical act or expression of intent to inflict great self harm or death. If Law Enforcement used: **see use Law Enforcement above under High section.**	Report within 2 business days via the GER. Event: Other; Event Type: Suicide If an injury is associated with the attempt (abrasion, bruise or cut, etc) also add another event "Injury" and complete that section as well..
Medication Error	Wrong medication, wrong dose, wrong route, wrong time, (Wrong documentation is "low", see section below, wrong person is high and reportable to DHI.) ***Call and Submit ANE report to DHI if the Medication Error meets criteria consistent with the ANE guidance on page 1.***	Use of the GER for medication errors is required unless the agency has an approved alternative method to track this data. An approved alternative method includes the following: 1) Participation in the electronic Therap MAR system, or 2) the agency has an automated system that tracks this information from which they can pull reports and they have notified DDSD of this alternative reporting method. Enter in GER on at least a monthly basis: Event : Medication Error; Error Type: choose as appropriate *It is possible to include more than one medication error on one GER if while reviewing the MAR multiple instances are noted
<td colspan="1" style="background:#92d050;text-align:center">**Low**</td>		
Event	Examples	Guidance for Providers
Medication Error - Documentation	Blanks on the MAR or treatment sheet, initialed in the wrong box	Documentation errors are not required to be reported in GER but may be entered as a low. These errors should be reviewed by the agency for trends as part of their ongoing Quality Improvement processes. Event : Medication Error; Error Type: Charting
Other Occurrences: Behavior tracking, minor injury or illness requiring only first aide or no intervention, other events as agency identifies.	Refer to internal agency procedure or protocols.	Providers may identify issues or events that they want tracked for internal purposes as part of their ongoing Quality Improvement processes. (Remember, Falls must be reported as Moderate as indicated above)
Use of PRN Psychotropic Medication	Planned use of a PRN Psychotropic medication prescribed by a physician and utilized according to a written plan	Documented on the MAR for the individual. *Agencies are encouraged to use the GER system to report for tracking purposes as part of the ongoing Quality Improvement processes.* Event: Other; Event Type: PRN Psychotropic Use

Term	Definition
Approved Alternative Method for medication error tracking	Includes the following: 1. Participation in the Therap **electronic** MAR system, or 2. The agency has an automated system that tracks this information from which they can pull reports of which they have notified DDSD.
Choking	Event requiring intervention by support staff to dislodge food/object from individual's airway (e.g. abdominal thrust).
Missing Person/Elopement/AWOL	An individual whose whereabouts are unknown and whose support and supervision needs are cause for immediate concern.
Skin Breakdown	This includes wounds including surgical, accidental, pressure (decubitus) or vascular ulcers. (See Serious Injuries)
Suicide Attempt/Threat	A physical act or expression of intent to inflict great self-harm and/or death.
Restraint Related to Behavior	The use of personal, manual physical force to limit, prohibit or preclude imminently dangerous behavior by restricting movement through specified and allowed sustained physical contact or holding procedures. NOTE: All Emergency Physical Restraint is to be reported even if it is part of an endorsed Crisis Plan and/or any other plan. Also must note the duration of the restraint in the event description.
Medication Error	Any medication event that results in a breach of the five 'R's", namely the right person, right medication, right time, right dose and right route. The types of medication errors are: wrong individual, wrong medication (which includes a medication given without an order), the wrong time, missed dose (omission), wrong dose and wrong route.
Injury (Injuries of Known and Unknown Causes)	Damage or harm caused to the structure or function of the body caused by a known or unknown outside agent or force, which may be physical or chemical and requires professional medical or nursing intervention. This includes wounds (including surgical, accidental, pressure (decubitus) or vascular ulcers) and closed head injuries (i.e. concussion).
Fall without Injury	When an individual unintentionally comes to rest on the ground or another lower surface, but does not result in injury.
Fall Injury	When an individual unintentionally comes to rest on the ground or another lower surface resulting in a injury of some sort that requires at least basic first aid or more involved medical intervention.
Out of Home Placement	A medically related out of home placement (change in residential status), i.e., hospitalization, nursing home placement, rehabilitation center stay, etc. Does not refer to multi-day visits to friends or relatives that occurs.
Infection	Any contagious infection that is diagnosed and treated by a physician, such as infections or colonization with a multi–drug resistant organism* or any diagnosed case of influenza, pneumonia or gastroenteritis. *Examples may include: infection or colonization with a resistant organism such as Methicillin resistant staph aureus (MRSA); vancomycin resistant staph aureus (VRSA); or clostridium dificile (C. Diff).

Important Tips:

- For events included in this guide which are therefore required GER submissions, Event Type "Other" is not allowed in combination with Event section "Other". So Other, Other is prohibited. We encourage agencies to turn the "other box" off in the Other Event section.
- The indication of High, Moderate or Low is in the General Information section of the GER and providers must use the level indicated in this guide for those types of events.

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