

General Event Reports (GERs) – Week 1 Questions

Liberty's Role and the Pilot Project

Q: What is the relationship between DHHS and Liberty? Will Liberty contact providers when things come up?

A: Liberty is a contracted consultant with the State of Nebraska DHHS. They are considered fully vetted business partners. Providers will hear from Liberty employees upon the go-live through technical assistance and targeted-analysis activities.

Q: How were pilot agency providers selected?

A: Pilot providers were recommended by DHHS; then commitment was requested from them.

Q: Did you say that after the pilot is over, and all is vetted, Liberty would take over the completion of High resolutions?

A: Providers will continue to do their own resolution. Liberty will do a quality review of the GER and a review of the resolution, to ensure it mitigates future risk, and remediation involving safety of the participant and others. Liberty may also complete a Targeted Analysis (root-cause analysis) of the event.

GER Guidance and Reporting Levels

Q: When will the GER Guide be available?

A: The guide is currently under legal review. Once approved by Legal, DHHS will make it available to the public.

Q: What are the timelines for notification and completing GERs for Low and Medium levels?

A: Timelines for reportable incidents, regardless of whether Medium or High, will remain at the following: SC notification as soon as possible after the incident, submission of GER in Therap within 24 hours after SC notification, and approval of GER within 72 hours. Best practice is for Lows to follow the same guidelines; however, Lows are not considered "reportable" events and are not required at this time.

Q: How are business days defined?

A: Business days are Monday through Friday, excluding holidays.

Q: To clarify, if an event occurs on Friday at 4 pm, the GER is not due until Monday at 4 pm? Is this right?

A: Incidents will require submission of the initial GER within 24 hours of notification to the Service Coordinator, regardless of business day. When an already submitted and approved GER is unapproved for updates, the provider will have two business days to update and reapprove, as the initial report has already been made.

Q: Are Medium level GERs now required? Please explain what events need to be Medium level. Will the new GER Guide clarify this in detail?

A: Previous High GERs have been split into two categories, based on severity level. Medium and High are now considered reportable events. The GER Guide will define each reportable event, and Appendix A will help the provider determine notification level.

Q: Are Low GERs required?

A: Not at this time. Providers involved in the pilot will have additional requirements.

Q: At the end of the presentation on YouTube, it states, "verbal report to DDD made to participants' SC in High-level incidents." Does this mean the new Medium reportable incidents do not need a verbal notification to SC/guardian? Is verbal report only required for the few High categories?

A: Verbal notification is required for any reportable event. This includes both Medium and High incidents.

Q: Can providers still use Low and Medium levels to document events?

A: The provider can continue to use low GERs. Mediums are now defined as specific reportable incident categories.

Q: What is the grace period for implementing these changes?

A: DHHS understands there is going to be a learning curve. This is not meant to be a punitive experience for any provider. If you need help, please reach out to DHHS.

Q: Will GERs need to be rewritten if not entered and approved correctly?

A: Moving forward, Liberty, the DHHS Quality Team, and the Service Coordination Supervisor will be able to unapprove a GER and allow the provider to update, versus deleting and starting over.

Q: I was looking for the questions and answers from the meeting this week but was not able to locate them on the Liberty FAQ page. Where can I find answers?

A: Questions and Answers are updated weekly. Documents will be posted once vetted.

Categorizing GERs

Q: What is the category for swallowing inedible item?

A: This is for any time a participant ingests an item not meant for human consumption, such as batteries, coins, or plastic. Although this may concur with a Pica diagnosis, it does not require one to use this category.

Q: For an individual with a Pica diagnosis, who eats dirt, and has a behavior tracker, is this reportable as High?

A: This is reportable as Medium unless it results in hospitalization. When the participant is hospitalized, it is a High GER.

Q: What about a participant who has Pica and swallows items like paper, or a very small amount of string? Is this a reportable event? What if they do this frequently and the provider tracks in behavioral data? If the small amount of paper is not a reportable event, can the ISP team determine at what point the situation needs to be reported?

A: This is reportable as Medium unless it results in hospitalization. When the participant is hospitalized, it is a High GER.

Q: What category is used when a participant sets a fire, but it is extinguished, and no law enforcement was involved? Is this under behavioral?

A: This incident is potentially under misconduct not involving law enforcement, as well as emergency personnel. If this is a first-time incident of this type of behavior, a behavioral incident event may also be added. Trending behavioral issues should be addressed by the team.

Q: There is currently no event type to select for prohibited practices. We can select Restraint, but how do we document if one of the other prohibited practices is identified?

A: The new Therap module will have a Prohibited Practice event type, with sub-events of all identified prohibited practices.

Q: What are the differences between Misconduct Not Involving Law Enforcement and Emergency Personnel Involvement? Which one do we use for a High when criminal charges are brought against the participant?

A: Misconduct does not have emergency personal involvement. Emergency Personnel Involvement does. When there are criminal charges, you use Emergency Personnel Involvement and select High.

Q: How do we determine the cost of damage to property? For example, a hole in the wall.

A: A reasonable estimate is appropriate.

Q: If a participant has no alone time and they are missing for any amount of time, is this a Medium?

A: Yes, unless it is considered Neglect.

Q: When is hospitalization a High?

A: Hospitalization is High when it is the result of swallowing inedibles, criminal charges, or due to a medication error.

Q: On the Vehicle Accident report, what does "adverse effects on a participant" mean?

A: Adverse effects include mental or physical injuries as the result of the car accident.

Medical and Covid GERs

Q: Does physician or nursing interventions, include assessment made by our agency nurse?

A: No. Unless assessment includes treatment that cannot be completed within the scope of basic first aid, such as wet-to-dry dressings or silver nitrate.

Q: It states that diagnosis must come from a physician for communicable diseases. How do we handle cases where a participant takes an at-home COVID test and it is positive? Is the participant required to see their physician? Many physicians in our area do not want people to come in for further assessment or testing if their at-home test indicated they were positive.

A: For Covid-19 specifically, an At-Home test will be considered a physician diagnosis.

Q: For communicable diseases (such as flu or Covid), if the participant receives intermittent services and the family supports them for medical appointments (not staff), will a GER be necessary?

A: A GER is not required at this time. Requirements for reporting will not change.

Q: Will the requirements for updating the IDF with Covid testing results will remain the same?

A: Yes, currently the only changes are to notification levels and incident definitions.

Q: If a participant goes to the doctor due to not feeling well and the doctor does not find anything and does not prescribe a medication or treatment, is a GER needed for an unscheduled appointment?

A: When a participant's condition allows them to wait for a doctor's office visit (with or without appointment), it is not reported under unplanned hospitalization/emergency room/urgent care.

Medication Error GERs

Q: With the Medication Error GER, what if the participant was in the community and the prescribing doctor was called and gave approval to give medication outside of the normal time frame. Does this need a GER?

A: The intent of a GER is "something happened that we need to fix." When a participant is in the community and we prepared for the event, such as the doctor stating it is okay, a GER is not needed. When there is an error because of poor planning, a GER is needed.

Q: Is a Medication Error GER needed for a participant refusing to take their medication?

A: Medication Error is defined as a preventable mistake on the behalf of the medication administrator. Refusal is not an error, so no GER is needed.

Behavioral GERs

Q: What are new guidelines for Behavioral Issue GERs? Property destruction is on the chart, but the chart does not include physical aggression, elopement that does not result in a missing person, self-injury, or threats.

A: When behavioral incidents meet the criteria for other reportable categories, such as an Injury Requiring More than First Aid or Abuse/Neglect, it is reported under that category. The Behavioral Issue category is typically for behavioral issues not captured elsewhere.

Q: When a participant attacks staff to the point of causing injury, what level GER do we use?

A: This depends on the severity and whether criminal charges are brought against the participant as a result. Typically, this is a Medium Misconduct Not Involving Law Enforcement.

Q: Will the behavior tracker be strongly monitored during ICAPs, exception requests, and funding considerations, due to the changes?

A: Nothing will change with these processes. Low GERs can be entered, but are not required.

GER Review and Approval

Q: If a GER is unapproved by Liberty or DHHS, then updated and approved again by the provider, will that affect compliance of approving within 72 hours?

A: The provider will have an additional two days after unapproval and notification. This will not affect the initial 72 hours.

Q: Is there a set window of time a provider will be able to review the GER and work to clarify it before receiving questions or input from DHHS or Liberty?

A: Liberty will not be involved with any GER until after approval. The provider will work in collaboration with Service Coordination in the submission to approval period, to ensure an accurate and complete GER is approved. There will be continued efforts to ensure collaboration in this process.

Q: If staff complete a GER and categorize it incorrectly, such as a High, Low, or Medium, will the system allow this part to be edited, instead of the provider deleting and having to start the process over?

A: Yes. The Service Coordination Supervisor, DHHS Quality Unit, and Liberty will have the ability to unapprove GERs.

GER Resolution

Q: Will the GER resolution need to be completed for Medium GERs?

A: Yes. Medium events are currently under HIGH events, meaning the resolution on Medium level is not an additional duty from current practice. Reportable incidents are now categorized based on severity level.

Q: When will we start doing resolutions for Medium GERs?

A: The new process involving Medium GERs goes into effect May 1, 2022.

Q: Will the Incident Follow-Up Guide be updated? If so, when will that be released?

A: Incident Follow-Up Guide is being updated and will be posted as soon as possible.

Q: Will GER resolutions go away with the new update?

A: No. Currently, the only changes are to notification levels and incident definitions.

Q: Any recommendation for current GER Resolutions that are outstanding? Do those still need to be completed?

A: Yes. Those must be completed.

Therap Updates

Q: Will Therap categories be updated in the GER module to match the changes?

A: Yes. There has been extensive work with Therap to make this happen. GER completion, including category type, is in Appendix A of the GER Guide.

Q: Regarding the updates to the GER module in Therap, do you know if those changes are being made for all states, or is it specific to Nebraska?

A: These changes are just for Nebraska.

Quarterly Reports

Q: When will the Quarterly GER Report be updated to reflect new definitions?

A: This form is currently being updated and is anticipated to be ready for the second-quarter reporting period.