

General Event Reports (GERs) – Week 2 Questions

GER Guidance and Reporting Levels

Q: Are providers able to start reporting under all new guidelines before July 1, or just those completing the pilot?

A: The new definitions and GER Guide went live May 1, 2022 for **all** DD providers. The pilot group has additional parameters not in the public guide.

Q: What level is the following (High, Med, Low): Participant injures staff, who needs medical intervention, such as a visit to the Emergency Room?

A: This depends on the intent of the participant.

Q: What level (Low, Med, High) is it when there is an abuse/neglect allegation which has already been investigated and found to be unfounded by the company and the state? The allegations are the same as the last time with nothing new.

A: When additional information to the original allegation is received, this can be added to the original GER. Duplicate reporting does not require a new GER; however, if a new allegation is made, the guide needs to be followed.

Q: Can you expand on your comments about Low GERs and a provider's ability to use this level? It sounded like we would be able to use Low GERs at some point.

A: You can still use Low GERs as your agency sees fit. We will not be adding or bringing back removed categories.

Q: Are deaths always reportable, regardless if services are being provided?

A: Yes, deaths are still reportable.

Q: If death occurs when a participant is not in services, would each agency from which the person receives services need to report the death?

A: When there are two or more providers, we would not need multiple GERs for the participant passing. We would only need one GER. It would be best to communicate between providers to see which would complete the GER.

Q: Intent can be difficult to determine at times. Do you have any guidance on when we don't know or are unsure of intent?

A: When you are unsure of intent, categorize as Medium.

Q: If a participant closed-fist punched a staff in the head, is it a High, even if there is no injury?

A: The notification level depends on the intent of the participant. When they intended to hurt staff and criminal charges were brought against the participant, it is High. When there are no criminal charges, it is Medium.

Q: Will Medium GERS be looked at/considered for ICAPS and exception requests? Previously they were not. This could make a big impact if not moving forward with these changes.

A: Both Medium and High GERs are reportable events and will be considered in all aspects of planning.

Q: The GER guidance states Service Coordinators and guardians need to be notified for all listed incidents. Does this include notifying guardians for Medium incidents?

A: Yes. The reporting and notification requirements apply to all reportable incidents listed in the GER Guide.

Q: Title 404 regulations state: "Identification of incidents that require completion of an incident report to the Department." If Medium GERs are now considered reportable for DHHS, will those will also be looked at by surveyors? Medium GER requirements now seem to fit the criteria under 404 with notification timeframes, investigations, etc.

A: Both Medium and High GERs are considered reportable incidents. In order to triage incidents, we took previous High GERs and separated them into Medium and High, based on severity of the incident. Reportable incidents match the requirements of 404 and will be monitored by Public Health Surveyors.

Categorizing GERs

Q: For Allegations of Abuse and Neglect, are we to contact APS **and** Law Enforcement? It used to be we would contact APS **or** Law enforcement.

A: You can notify APS **or** Law Enforcement. You are to decide which is the most appropriate, depending on the situation. One of them must be notified to meet mandatory reporting requirements.

Q: We use Sensitive Situation for multiple internal incidents, including missed doctor's appointments, and over in petty cash fund. How do you recommend we report these types of incidents?

A: Your provider agency can decide how you want to track those incidents. You can use other ways within Therap, such as T-Logs.

Q: The new Change of Condition event type only allows for the Fatal Five. Is this the only time this event type can be used?

A: Yes, only the fatal five are captured in this category.

Q: Our agency tracks missing receipts when exploitation is not suspected as Low. We either mark the event as Sensitive Situation and or Potential Incident /Near Miss. Now, these options are not available. How would you suggest we handle this? Could a category be added for Missing Receipt? Or can we use Other and type in missing receipt?

A: At this time additional events will not be added. Your agency can decide how you want to track.

Q: What category is choking when it requires the Heimlich Maneuver?

A: When a participant needs the Heimlich for choking, the provider should use the event type Choking/Potential Choking. Select the appropriate intervention used.

Q: When a participant displays sexualized issues that are inappropriate but not criminal, which category would you place this under? Examples include: inappropriate sexual comments to younger children and masturbating in public areas of the home.

A: Sexualized behavior toward a child is a criminal behavior. Masturbation in a person's home, regardless of area, may be considered a behavioral issue. Masturbation in public, such as a store or park, is criminal behavior.

Medical and Covid GERs

Q: Do we still need to complete a Medium GER for Covid exposure for all participants potentially exposed to a positive case? For example, the entire day site, if one positive person attended that day site?

A: A GER is not needed for a possible exposure without a positive test. When the participant has a positive Covid test, regardless of if they have symptoms or not, this is reportable as a Medium GER, under Communicable Disease.

Q: If someone has had a history of seizures, we are not required to complete a GER unless it meets one of the outlined criteria?

A: A participant with a recorded seizure diagnosis will not require a GER, unless the seizure lasts longer than five minutes, as directed by the physician, or when the provider cannot accurately determine the length of the seizure.

Q: If an participant has PRN seizure medication, with protocol to give within the 5-minute timeframe of a seizure, and seizures do not last more than five minutes - is this a reportable incident?

A: When the seizure is over five minutes, or longer than the timeframe set by doctor, a GER is needed.

Q: What does it mean that antibiotic use is not reportable by itself? If a participant went to the doctor and got an antibiotic for strep throat, is it reportable?

A: No, it is not reportable when a participant goes to their regular doctor. Strep throat could be reported under Communicable Disease. When the participant needs to be seen at Urgent Care or the ER, it is reportable under Unplanned Hospitalization.

Q: The GER Guide says, "However, when the participant is seen by a physician for what appears to be a minor illness but is prescribed a medication that cannot be obtained OTC, such as antibiotics, this is reportable."?

A: We will be updating the GER Guide to reflect there needs to be a diagnosis (Communicable Disease or Fatal Five) with the prescribed medication.

Q: The GER Guide says, "A reportable incident in this category is any change in the medical condition of sufficient severity to require assessment or treatment from a physician, regardless of whether medical attention was received." But Appendix B defines each of the categories provided (dehydration, bowel obstruction, etc.) and says, "An incident would be determined as reportable as [dehydration/bowel obstruction/etc.] when diagnosed by a medical practitioner." Are incidents not reportable unless there is a medical diagnosis? How would that be done without seeking medical treatment?

A: The GER Guide will be reviewed to ensure clarity; however, a participant may have a seizure diagnosis from a physician, and when a seizure goes over five minutes, they might not necessarily go to a hospital; the provider may administer a PRN seizure medication. In this example, it would be a reportable event, even though medical attention was not sought.

Q: Are non-emergency medical appointments where an antibiotic or other non-OTC medication is prescribed a reportable incident? If so, under what category? It does not apply to any category after the Therap GER update. If it is, it is not listed in the incident table, but is referred to in the GER Guide under Change of Condition, page 6.

A: No, it is not reportable when a participant goes to their regular doctor. Situations such as a strep throat diagnosis could be reported under Communicable Disease. When a participant needs to be seen at an Urgent Care or ER, it is reportable under Unplanned Hospitalization.

Medication Error GERs

Q: If a participant refuses a medication, is this considered a reportable GER and if so, what level?

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

Q: With PRN psych medication given to participants for anxiety at a dental appointment, is this a Medium GER requiring a behavior plan to be implemented?

A: Yes, a Medium GER is needed. Providers should continue to follow DHHS regulations and policies regarding habilitative requirements for restrictive measures.

Q: Can you give examples of what is considered a charting error for medication administration as Low? Would this be if staff forget to document?

A: Low GERs are not required for the public.

Q: With a medication error requiring physician contact for direction, such as a missed medication, is this Medium? Which category would we report under?

A: A Medication Error of the five rights, when a provider contacts a physician for direction, such as skip dose or give now, is considered a Medium GER. Categorize by type of error, such as omission or wrong person. When the medication error results in the need for immediate treatment by a physician or a hospital, due to the severity of symptoms, the event notification is High.

Q: If our facility nurse is contacted for a medication error instead of a physician, is this still reportable in a GER?

A: Yes, this is still Medium.

Q: For a medication error to be reportable as High or Medium, should there also be a corresponding need for medical attention? If no medical attention is required, is it not considered reportable?

A: A High medication error is an error resulting in the need for immediate medical care or hospital intervention. A Medium medication error is one of the five rights (person, time, medication, dose, or route). Medium can include medical attention that was not an immediate need; however, does not require it.

Q: For Low charting medication errors, can you clarify what is reportable, such as documentation, doctor orders not being followed, or medication not given?

A: Low medication errors are not a reportable event in the GER Guide. Doctors' orders not being followed or medication not being given are Medium GERs.

Q: In the training video, we believe med charting errors were to be documented as Low GERs. This guidance is not reflected in the written guidance. Are med charting errors supposed to be documented in a Low GER?

A: Thank you for pointing out the error. Low medication errors are not currently part of the public process.

Q: If an participant goes home and the family forgets to give them their medication, is this a Medium GER?

A: Currently, for the public, incidents that do not occur during services are not reportable.

GER Review and Approval

Q: Who do we contact if we need a GER unlocked?

A: You may contact a Service Coordination Supervisor (SCS), Service District Administrator (SDA), the DHHS Quality Team, or Liberty.

GER Resolution

Q: What is the difference in GER Resolution for High versus Med?

A: Currently there is no change to the resolutions. As we continue through the pilot process, more information will come.

Therap Updates

Q: Currently AWOL/Missing Person is forced to a High GER. Will Therap be updated to allow reporting as a Medium?

A: Therap has been notified of this issue as of 05/02/2022 and is currently working on it.

Q: Can Therap parameters be changed to allow event type Sensitive Situation to be reported as a Low GER?

A: At this time we will not be adding additional event types.

Q: We are not seeing an event type for Emergency Services Involvement when completing a GER. When will this be added as an Event Type?

A: This has been requested and we continue to work with Therap to get these issues resolved.