

General Event Reports (GERs) – Week 3 Questions

GER Guidance and Reporting Levels

Q: Will DD Provider Bulletin 20-05 for the 2019 Novel Coronavirus Reporting Requirements be updated to reflect the new GER guidelines?

A: The DD PB 20-05 guidance document was repealed. The new GER Guide replaces it.

Categorizing GERs

Q: What sub-event do we use for antibiotics? There is nothing on Therap or in the guide to identify this.

A: Antibiotic usage in and of itself does not require a GER. However, if the antibiotic is prescribed to treat a significant injury, communicable disease, or as the result of an unplanned hospitalization, then it would be reported accordingly under injury, Unplanned Hospitalization (Hospital, Urgent Care, Emergency Room) or Communicable Disease.

Q: Under swallowing inedible, what if a participant swallows items at a frequency of 74 times a week? Would a GER be needed every time? This seems excessive for a participant who has a diagnosis of PICA and interventions in place. The team is aware of the behavior, and she most often swallows strings and small pieces of paper. These have not led to health concerns according to her parents and doctors.

A: All incidents of swallowing inedibles must be reported. To prevent large numbers of GERS, a provider may combine multiple events occurring in the same day into one GER. For example, when a participant swallows inedible items at 8 AM, 10:30 AM, 1 PM, and 6:12 PM on the same day, one GER with four events may be entered, instead of four separate GERS. When a participant swallows several inedible items in a continuous event, such as one at 8:15 AM, one at 8:20 AM, and one at 8:45 AM, the provider may enter one GER with one event and note all items in the summary of the one event.

Medical and Covid GERs

Q: A participant wakes up in the morning complaining his ear hurts. An appointment is scheduled for 9 AM. He is seen by his primary care physician and prescribed an antibiotic for an ear infection. Is a GER needed?

A: No, a GER would not be needed. The antibiotic prescription itself is not a reportable incident unless it is prescribed due to a significant injury, communicable disease, or during an unplanned hospitalization event (treatment in a Hospital, Emergency Room or Urgent Care facility).

Q: A participant wakes up in the morning with a rash on his arm. An appointment with his primary care physician cannot be made until tomorrow at the same time as his ISP. He is taken to Urgent Care in the afternoon to avoid rescheduling the ISP. He is seen and prescribed an over-the-counter topical for dry skin. Is a GER needed?

A: According to the GER Guide, page 9, this incident does not require a GER since the participant was given an over-the-counter topical. This visit is required to be recorded in the appointment module in Therap.

Q: From reading the GER Guide, we had understood that any participant change of condition requiring treatment by a physician would require a Change of Condition GER. However, in the GER on Therap, it indicates Change of Condition is for the fatal five. The participant's change of condition was that they got ringworm. When I spoke with the Service Coordinator, they did not believe anything was reported under Change of Condition other than those five.

A: Ringworm would not be reported under Change of Condition. It would be reportable under Communicable Disease as a Medium GER. Under that category, there are sub-categories for Covid-19, Tuberculosis, Influenza, and Other. Ringworm would be reported as Other.

Q: When a participant is seen by a physician outside of a regularly scheduled appointment for a change in their condition, how do we report? On the GER, Change of Condition only includes the fatal five.

A: When a participant is diagnosed with a communicable disease, you document it under Communicable Disease. When a participant is not diagnosed with a communicable disease and was not seen in a Hospital, Urgent Care, or Emergency Room, this is documented in the appointment module in Therap and a GER is not required.

Q: Please expand on communicable disease. When it is reportable? When is it not reportable? For example, ringworm is not highly contagious without personal contact with the site, whereas a cold can be more contagious since it is an airborne contagion.

A: This would be on a case-by-case basis to decide if it is reportable as a Communicable Disease. To determine how to report, look at the treatment required. Is a doctor diagnosis with prescription medication needed to treat the issue? A common cold may not need a physician diagnosis and treatment.

Q: Can you elaborate on why a rash with steroid cream is reportable when an ear infection with antibiotics is not?

A: In the situations we discussed, it was not the prescription that made the incident reportable; it was where medical attention was received. When a participant goes to an Urgent Care facility for a steroid cream to treat a rash, it is reportable. When a participant schedules the same thing with their primary care physician, it is not reportable.

Q: What if a provider makes an appointment with the participant's doctor because they have a swollen thumb and are not sure what the injury is? The doctor diagnoses a strain. Do we do a GER for injury with medical attention?

A: Yes. This situation is reportable under Injury Requiring more than First Aid.

Q: A participant has a cough, runny nose, low energy, congestion, and sore throat. A telehealth appointment is set; they are diagnosed with bronchitis and prescribed an antibiotic. Is this a Medium GER for Unplanned Hospitalization, Emergency Room, or Urgent Care Facility?

A: When you use telehealth to replace ER/Urgent Care, it is reportable as Unplanned Hospitalization. When you use telehealth because the doctor does not want someone to come to their office, you do not have to report. Bronchitis does not fall under Communicable Disease currently.

Behavioral GERs

Q: If a participant is exhibiting a new maladaptive behavior, not in their behavior support plan and not a target behavior being tracked, should that be reported in a GER? If so, is it Low, Medium, or High? How are trends tracked and shared with providers?

A: A GER is not required for behavior incidents, but it is recommended the provider enter them as a Low GER for tracking and trending purposes.

Therap Updates

Q: Any word on when Therap will correct the issue of Injury having to be a High? Are we still working those as High GERs?

A: DHHS is working with Therap to get a concise list of things we need changed immediately. We are hoping to have a timeline soon. Liberty is working on a document with instructions on how to handle this until it is fixed.