

General Event Reports (GERs) – Week 4 Questions

Liberty's Role and the Pilot Project

Q: When is the pilot supposed to be completed?

A: Liberty anticipates it will be completed in the next 60 days, if all Key Performance Indicators are met.

Q: Is there an anticipated timeframe for the pilot group to be done and the new GER expectations to be rolled out?

A: The pilot is based on Key Performance Indicators (KPIs) to make sure quality pieces are working well. Once the KPIs are met, the next phase will roll out. The plan is for Phase 2 to begin sometime in June; this phase consists of provider incident remediation and incident follow-up. Phase 3 will have more technical assistance for providers; Liberty will do Root Cause Analysis to improve quality between providers and participants.

GER Guidance and Reporting Levels

Q: We had a GER for Misconduct – Possible Criminal Activity Not Involving Law Enforcement. The guide states this is a Medium GER. We completed it as such, but when we went to submit the GER, Therap it said this category must be High. Which is correct? I sent it as High because I had no other option.

A: It should be Medium; however, Therap is currently forcing as High. Once the issue is resolved with Therap, this will be Medium.

Categorizing GERs

Q: Where would we document change of medical conditions when no medications are prescribed?

A: We have requested an update to allow for Change of Condition – Other. When you want to track infections, you can use T-Notes or a Low GER for Injury/Subcategory Infection.

Q: Is a vehicle accident reportable?

A: A vehicle accident is reportable when it results in adverse outcomes for the participant, or when staff received criminal charges for the accident. Adverse outcomes can be mental or physical.

Medical and Covid GERs

Q: Is there a set timeframe for a bowel obstruction/severe constipation reporting? Previous instructions were when there was no bowel movement for four days, or as identified by the doctor. Is that still the case or has it changed? If

someone requires constipation meds, such as a suppository, within a certain number of days, is it reportable when the suppository is provided?

A: Bowel obstruction/severe constipation is reportable when all previously prescribed interventions (if applicable) are unsuccessful, the participant must be seen/treated by a physician for the specific incident of constipation, and they are diagnosed with severe constipation or bowel obstruction.

Q: A participant fell and received an injury requiring minor first aid. Therap would not allow me to select Medium. It gave an error message that an injury from a fall required High notification. How should I handle it?

A: We are aware of this situation in Therap. We have been in contact with them and are working on resolving the issue.

Q: Last week we were told if a participant went to doctor and received an antibiotic for sinus infection, it was Medium. Is that still correct?

A: Antibiotic usage alone is not a Change of Condition at this time. This category only records the Fatal Five. The GER Guide will be updated.

Q: A participant went for routine podiatry nail trim for ingrown nails. Subsequently it was infected. An antibiotic was ordered. Service Coordination told us to document as Medium. Is this correct. Under injury?

A: It sounds like the participant has recurring ingrown toenails, so it be considered a chronic medical condition. Since they had a scheduled appointment for a chronic condition, it is not reportable.

Q: Sepsis is not an event that can be chosen on the Change of Condition Fatal Five. GERD is the other option. How should I handle this?.

A: We are aware of this situation in Therap. We have been in contact with them and are working on resolving the issue.

Q: How would we enter hospitalization for an urinary tract infection (UTI) when, after four days of hospitalization, it is determined the participant has sepsis. Is that two GERs?

A: When the participant is hospitalized for the UTI, the initial diagnosis is UTI. When a participant receives a sepsis diagnosis after being admitted to the hospital, you would not report since HCBS services are not being provided. For tracking purposes, you can add the new diagnosis to the original GER.

Q: It looks like a GER is not required for antibiotics prescribed by the regular dentist for dental infection. The categories of Injury, Unplanned Hospitalization (Hospital, Urgent Care, Emergency Room), or Communicable Disease do not fit well. How do we report?

A: This is not a reportable incident. Appointments can be tracked under the appointment module in Therap. Should you choose to document in a GER, you could use Low for Injury with a subcategory Infection.

Medication Error GERs

Q: When does a medication error given at the incorrect time at the direction of our agency nurse become a Medium GER?

A: Any medication error outside of intentional participant refusal is a reportable incident.

Q: A participant was supposed to receive eye drops at noon, but was at urgent care for a fall. When she returned to day services, the agency nurse gave permission to give the eye drops late. Is this a Medium GER?

A: Any medication error outside of intentional participant refusal is a reportable incident. These GERs are for tracking and trending, and are not punitive.

Behavioral GERs

Q: We are having a hard time report aggressive behavior of participants. We go back and forth with reporting under Misconduct Medium or Low. What do you recommend?

A: When an incident would normally result in criminal charges (such as assault of another person), it would be reportable under Misconduct Not Involving Law Enforcement. Lower-level behavior incidents can be tracked in a Low GER under Behavior Incident; these are not required.

GER Resolution

Q: When will the Incident Follow-Up Guide and directions be released? I am trying to get clarification on a question in the GER Resolution that asks, "Is an investigation needed?" The old instructions were to always answer "yes." I would recommend this is only marked "yes" when it relates to Abuse, Neglect, and Exploitation. Which is correct?

A: We will look into specific requirements and will get back to you.

Q: When will the revised Incident Follow-Up Guide be released?

A: Currently, we are in the pilot process; when it is finalized, we will make public updates.

Q: Do all Medium GERs need a GER resolution?

A: Yes. The requirement for Resolutions for Reportable Incidents has not changed. Medium and High incidents are now considered reportable events.

Quarterly Reports

Q: The second quarter already started when the new GER guidelines took effect. How will this affect the events we need to add to the aggregate report of critical incidents for the second quarter? Will we will follow the previous guide for all events in April, and then then new GER guide starting May 1, 2022?

A: The second quarter goes to the end of June. Follow the current guide and the instructions in it for Quarter 2. DHHS will reach out to everyone when new guidelines are finished. The goal is to get new guidelines to you by the end of June, so you will know what to do differently for Quarter 3.