

General Event Reports (GERs) – Week 5 Questions

GER Guidance and Reporting Levels

Q: Will the policy manual be updated to reflect the GER change, since it references High GERs?

A: DDD is currently working on updating the DD Policy Manual.

Categorizing GERs

Q: A participant stole a video game from another person's home. It was discovered about a week later and the participant freely offered a confession without getting agitated. I am unsure whether an objectively reasonable person, not receiving HCBS services, would potentially receive criminal charges in this situation. Should we report this as misconduct or use alternative tracking?

A: When something could be reported as a criminal activity, it should be documented under Misconduct. Theft from a person is criminal activity.

Medical and Covid GERs

Q: Do we still need to document COVID testing under diagnosis, as instructed in previous GER guides? This was done before results were received, then updated as resolved.

A: Only positive COVID tests are reportable. This can include positive at-home tests.

Medication Error GERs

Q: If a participant takes his medication independently at home, but the provider checks the pill organizer during residential services and notices a medication was not taken, is that a Medium GER for med error due to the individual inaction? If not, how should we report?

A: Medication errors are reportable when part of services rendered. Did the participant choose not to take the medication or did they forget? When they chose not to take it, it is not a required GER; but the provider can document in T-Notes or a Low GER. When a participant forgets to take medication, it is a Medium GER.

Q: Any new guidance about a nurse giving orders to delay a med or give it early when a participant is at the ER/Urgent Care?

A: A Medium GER is needed for the medication error when an ordered medication, listed in the MAR for a specific time, is missed because the participant was out, but the agency nurse said to give the medication upon returns. This GER is for tracking and trending purposes, to see if changes or updates need to be made. However, when the appropriate medical professional gives orders ahead of time, to give a medication at a different time, it is not a med error. An example of medical orders is a medical procedure requiring the participant to have nothing by mouth (NPO).

Q: We tried to complete a Low GER for a medication error due to documentation reasons; however, we were unable to use Low in Therap. We could previously report Low medication errors for documentation. Is Therap correcting this? Will there be a reference document to identify what can be listed under Low GERS? All the changes in Therap make it hard to follow our previously established protocols.

A: This issue can be resolved by marking Observe and Report. Once these are marked, Therap should allow the GER to be submitted as Low. Regarding a reference document, there is no guidance using Low GERS; agency providers can determine how to use Low GERS to track and trend.

Q: We have a participant who can physically take medication independently and daily brings medication to day services with their lunch. Their medication is set up at home, either by themselves or with family assistance, without provider assistance. We do remind them to take their medication at lunch. Is this a Medium GER for med error when the person forgets to bring the medication from home?

A: When there is a written plan to give the participant a verbal prompt to take medication, a Medium GER should be entered. The participant, instead of the provider, is the individual making the error.

Quarterly Reports

Q: Is there an update on when the new quarterly report will come out? Will there be training on it?

A: DDD is working on how reports may look in the future, including if DDD will potentially take over the data. If a new report requires provider-aggregated data, DDD will walk providers through the new process and train, as necessary. We are hoping to have a final answer by the end of June.

Q: Last time there was a training video on the Quarterly Report, but the whole video needed to be viewed to find any little part. If DDD makes a video again, can you break the video up with how to find what we are looking for?

A: Thank you for the feedback. We will consider this recommendation for any videos.