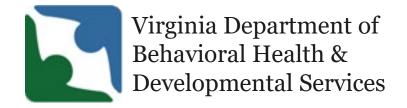
CHRIS Modifications

Changes to Serious Incident Reporting Side of CHRIS.



The Need for CHRIS Modifications



The modifications made to the CHRIS system were done to standardize how incidents are reported, collected, and to improve the quality of the data collected. This allows DBHDS to:

- Better analyze, track and trend the data collected;
- Identify areas of improvement, performance metrics, and training opportunities; and
- Produce quality reports to go to stakeholders sharing and communicating the results from the data.

Overview of Training



Due to the different levels of providers participating in the training, this training will encompass everything from acquiring a DELTA login, navigating through the CHRIS system, the revisions made in CHRIS, running provider's reports, and closing out of CHRIS and DELTA.

Reports



The training will focus on the improvements DBHDS has made to better manage and report incidents. Incident management is referenced in each of the documents below.

- OSIG Report 2019-BHDS-002 Review of Serious Injuries Reported by Licensed Providers of Developmental Services;
- Department of Justice (DOJ) Compliance Emergency Licensing Regulations ("Emergency Regulations"). http://townhall.virginia.gov/l/viewaction.cfm?actionid=5040
- Definition of a serious incident (12VAC35-105-20)
 http://www.dbhds.virginia.gov/assets/QMD/licensing/ch.105.full.wemergcompliance.9.01.1
 http://www.dbhds.virginia.gov/assets/QMD/licensing/ch.105.full.wemergcompliance.9.01.1
 <a href="https://www.dbhds.virginia.gov/assets/QMD/licensing/ch.105.full.wemergcompliance.9.01.1
- Reporting requirements for serious incidents (12VAC35-105-160)
 http://www.dbhds.virginia.gov/assets/QMD/licensing/ch.105.full.wemergcompliance.9.01.180/
 8docx.pdf

Children Residential Providers



- The Emergency Regulations for Compliance with Virginia's Settlement
 Agreement with US DOJ <u>do not</u> apply to children's residential service
 providers. As a result, the tiered reporting structure for serious incidents
 <u>does not</u> apply to Children Residential providers.
- However, Children's Residential providers should continue to utilize CHRIS
 to notify the department within 24 hours of any serious illness or injury,
 any death of a resident, and all other situations as required by the
 department in accordance with the <u>Standards for the Regulation of</u>
 Children's Residential Facilities.
- Please see later slide for instructions on how children's residential providers should report serious illness, injuries or deaths.

Serious Incident Reporting by Case Managers of Children Receiving Children's Residential Services



- The Emergency Regulations for Compliance with Virginia's
 Settlement Agreement with US DOJ <u>do</u> apply to licensed case
 management services. As a result, the tiered reporting
 structure for serious incidents <u>does</u> apply to providers
 providing case management to children receiving Children's
 Residential services.
- The case manager is required to report incidents when:
 - An incident originated within the provision of the case managers services; or
 - When the individual is on the premises of the case manager at the time incident occurs.

Logging into Delta



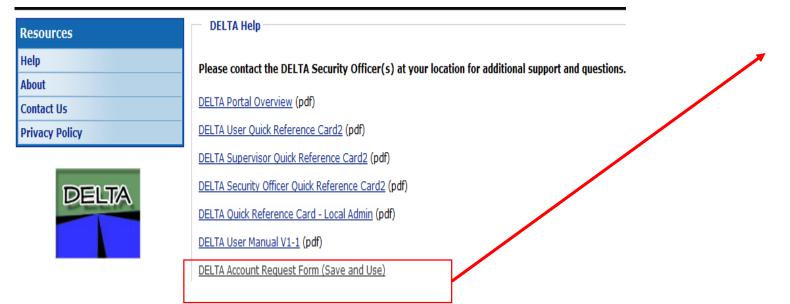
DELTA is the internet portal used to access CHRIS and other DBHDS applications. The DELTA Icon is located on the home page of the DBHDS website.



DELTA Account Request Form









Submit completed form via emi

DELTA	A-PROD USEF
Supervisor	Security Off

* Required Field

DELTA Assistance



More details are available on the DELTA web site under DELTA User's Manual (https://delta.dbhds.virginia.gov/DELTA/_Help/DELTA%20User%20Manual%20%20V1-1.pdf)

Contact Information:

Information Technology Services

- Phone Number: (804) 371-4695
- Fax Number: (804) 786-2029
- Email Address: deltaprod@dbhds.virginia.gov





<u>DELTA Security Officer Quick Reference Card2</u> (pdf)

DELTA Quick Reference Card - Local Admin (pdf)

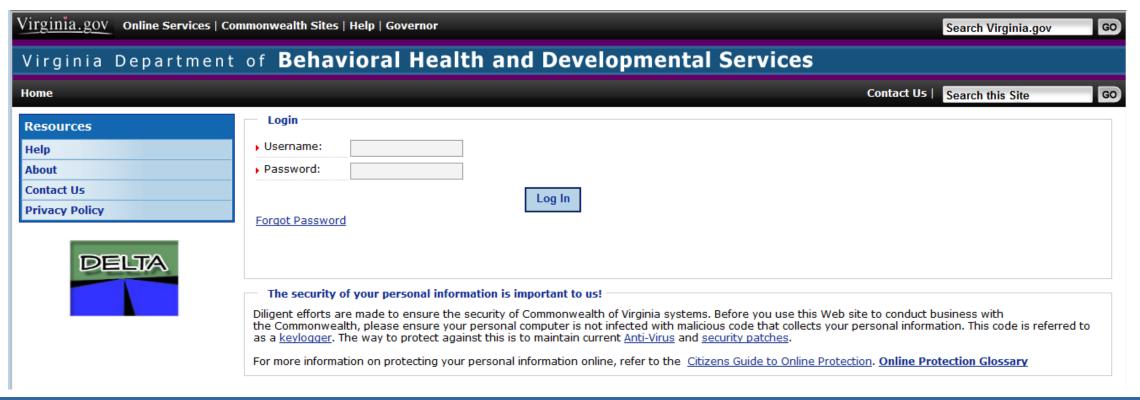
DELTA User Manual V1-1 (pdf)

DELTA Account Request Form (Save and Use)

Logging into Delta



The DELTA portal works best on the **Internet Explorer** browser. When logging into the DELTA portal for the first time you will be instructed to change your temporary password. **Passwords will be required to change every 90 days and cannot be repeated for the first 24 uses.**



Navigating to CHRIS System



Once you have logged into Delta successfully, you will be directed to the *Chose a Location* screen.

- Click on the drop down arrow
- Select your Provider's name
- Click "Set Location" to go to the next screen





Logging into CHRIS



Once you have selected your Location, you will see the link to the CHRIS application.



CHRIS is designed to timeout after 15 minutes of session inactivity. If your session times out and you have not saved your entry or changes, your entry or changes will be lost.



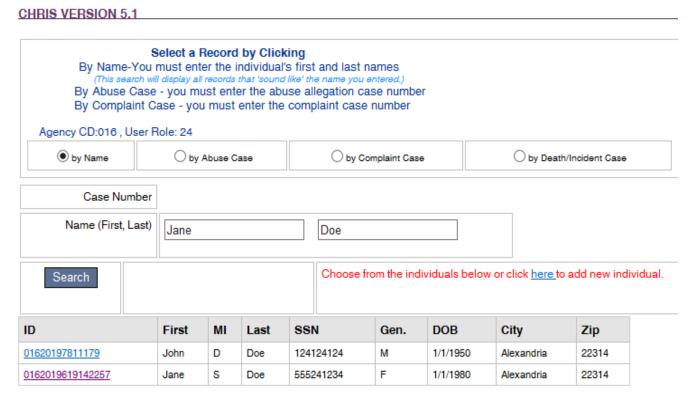
CHRIS has the functionality to search for a case by individual name or by the specific abuse allegation number, complaint number, or death/incident number assigned to the case by CHRIS (depending on your individual permissions, you may not have access to all data).

irginia Depart	tment of Be	havioral He	alth and Develo	opmental Services	3
ome » » DELTA » CHRIS					
	CHRIS VERSION 5.1				
LOGGED IN AS		Select a Record by Click			
8891dc4d	(This search	ou must enter the individual will display all records that 'sound	l like' the name you entered.)		
Logout		se - you must enter the about Case - you must enter the	use allegation case number complaint case number		
NAVIGATION	Agency CD:016 , Use	r Role: 24			
AVIGATION	O by Name	O by Abuse Case	O by Complaint Case	O by Death/Incident Case	
Home					
Incidents >	Case Numb	er			
Reports					
Abuse Reports	Name (First, Las	st)			
Complaint Reports					
Serious Incident Reports					
Death Reports Case Manager Reports	Search				
Case manager Reports					
Help					



When entering an incident and creating a new profile for an individual, please perform a **Name** search first to ensure a profile does not already exist for the individual. To search by individual name:

- Click the by Name button
- Enter the individual's First Name and Last Name
- Click Search
- All individuals with a name "similar to" the one you've entered will be displayed on the screen.
- Click the highlighted ID number link to choose the individual you need.





If the incident involved abuse or neglect, please enter the information first on the Human Rights side under the tab labeled "Abuse Information." Then come back and enter the incident under the tab labeled Death/Incident. The Human Rights number (if applicable) will be needed in the death/incident report.

Select Individual Abuse Info	ormation Complaint Information Death/Incident					
CHRIS VERSION 5.1						
* denotes a required field						
^ additionally required fields	for CSBs and Private Providers					
*Name (First, MI, Last)	Jane S Doe	If this incide	ent was reported to Human	Rights, please enter num	nber here	
SSN (no dashes)	555241234	If abuse, enter CHRIS abuse #		If complaint, enter CHRIS co		
	Current Address where individual is living					
^ Street	123 Anywhere Ave	Was an internal investigation initiated?		○ No	O Yes	
^ City, ^State, ^Zip	Alexandria VA 22313					
Phone	(703) 555-1212 Phone (###) ###-####					
	Provider Primary Address					
Street	720 N. Saint Asaph Street					
City, State, Zip	Alexandria VA 22314					
DEMOGRAPHICS						



The highlighted ID number link will take you to the individual's Demographic Page.

By Name-You	ill display all e - <mark>you m</mark> u	er the i records ist ente	ndividual' that 'sound er the abu	's first and last n like' the name you o use allegation ca	entered.) ase numbe	r				CHRIS VERSION 5.1 * denotes a required field	rmation Complaint Information Death/Incident for CSBs and Private Providers
Agency CD:016 , User F	Role: 24									*Name (First, MI, Last)	Jane S Doe
by Name	O by A	Abuse C	880	O by Co	omplaint Case	,	O by Death	Incident Case			
	1									SSN (no dashes)	555241234
Case Number											Current Address where individual is living
Name (First, Last)	Jane			Doe						^ Street	123 Anywhere Ave
Search				Choose fr	om the indi	viduals below	or click <u>here</u> to	add new individua	<u>.</u> I.	^ City, ^State, ^Zip	Alexandria VA 22313
			/							Phone	(703) 555-1212 Phone (###) ###-####
ID	First	MI	Last	SSN	Gen.	DOB	City	Zip			Provider Primary Address
01620197811179	John	D	Doe	124124124	M	1/1/1950	Alexandria	22314		Street	720 N. Saint Asaph Street
0162019619142257	Jane	S	Doe	555241234	F	1/1/1980	Alexandria	22314			720 N. Saint Asapii Street
										City, State, Zip	Alexandria VA 22314
										DEMOGRAPHICS	

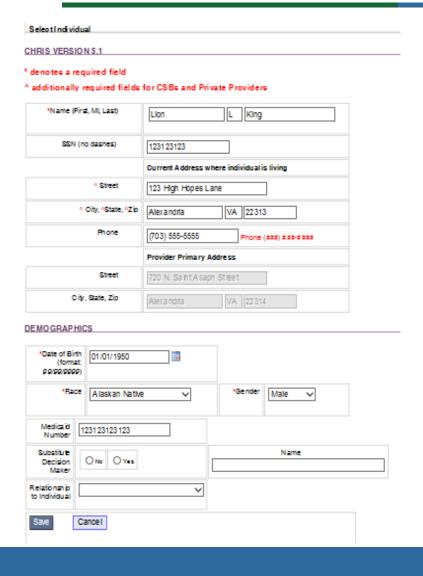


After you conduct the **Name Search**, and if no name appears below the Search row, then you will complete the following steps:

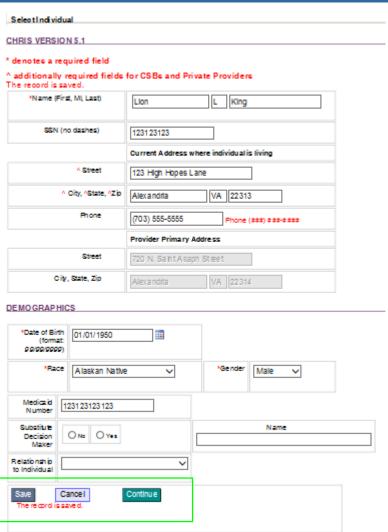
• Click the **here** in the sentence "Choose from the individuals below or click <u>here</u> to add new individual", to create a new profile for the individual.

RIS VERSION 5.1	<u> </u>		
(This sear By Abuse C	Select a Record by Click You must enter the individual's the will display all records that 'sound' Case - you must enter the abu nt Case - you must enter the ser Role: 24	s first and last names like' the name you entered.) se allegation case number	
by Name	O by Abuse Case	O by Complaint Case	O by Death/Incident Case
Case Num	ber		
Name (First, L	ast) Lion	King	
Search	*	Choose from the individuals	below or click here to add new individual.



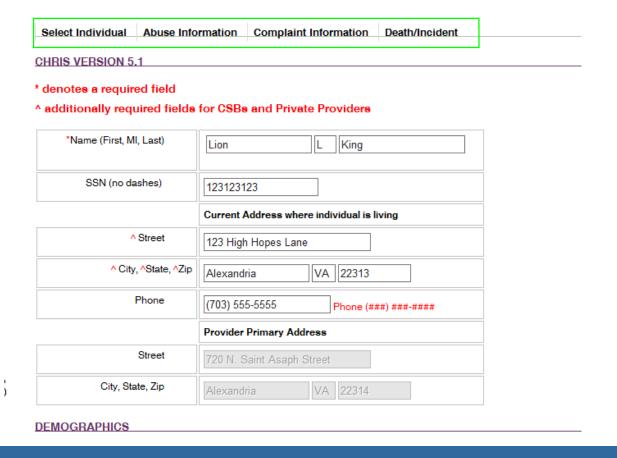


- Complete the Demographic fields as required and click
 Save.
- Once you have clicked Save a message saying "the record is saved" and the Continue button will appear.
- Click on Continue to enter the incident.





- The Continue button will add the heading tabs to the Demographic screen.
- The tab "Death/Injury" has been changed to "Death/Incident"



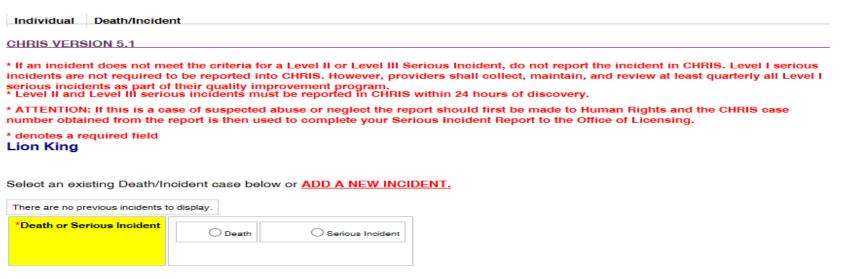
Changes to Interface/Data Capture



The Death/Incident tab now reflects two new tracks:

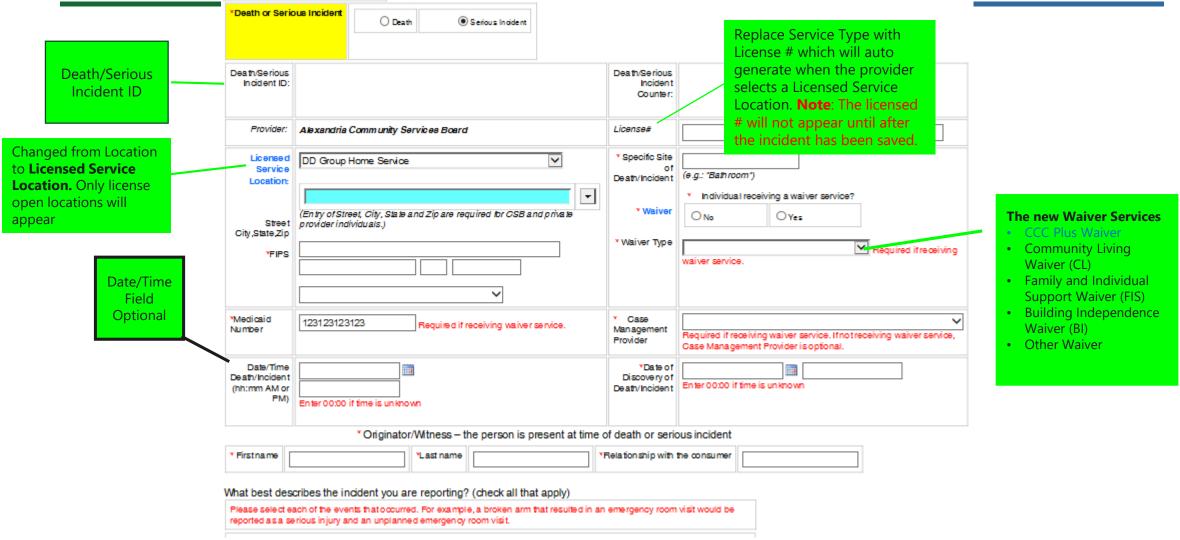
- Death Track
- Serious Incident Track.

Click on the "ADD A NEW INCIDENT" link to enter a new incident. Depending upon which track you select, will determine the fields that will appear. Any box or field with a red asterisk "*" is a required field. The incident will not save until you have entered information into all required fields.



Serious Incident Track Interface Changes

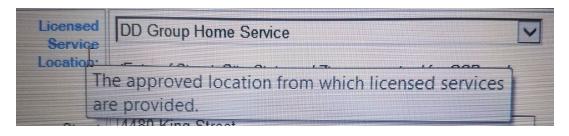




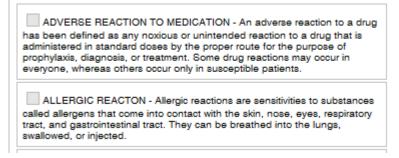
Serious Incident Track- Definitions



CHRIS now has two different types of definitions. Any text that is highlighted blue has hover over technology and contains definitions or instructions. An example is below:



There are also concatenated definitions. These are words that have the definitions to the right of the word.





Now Serious Incidents are reported by Levels



What best describes the incident you are reporting? (check all that apply)

Please select each of the events that occurred. For example, a broken arm that resulted in an emergency room visit would be reported as a serious injury and an unplanned emergency room visit.

Level 3

- ☐ A sexual assault of an individual
- A serious injury of an individual that results in, or likely will result in, permanent physical or psychological impairment
- ☐ A suicide attempt by an individual that resulted in a hospital admission

Level 2

- An unplanned medical hospital admission
- ☐ An unplanned psychiatric admission
- An unplanned emergency room or urgent care facility visit, when not used in lieu of primary care
 - Serious injury requiring medical attention (other than level 3)
- ☐ A diagnosis of a decubitus ulcer
- A diagnosis of a bowel obstruction
- A diagnosis of aspiration pneumonia
- ☐ An individual who is missing
- Ingestion of any hazardous material
- Choking incident
- Any other event or circumstance that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident.
- Any action by the individual that caused or could cause significant harm or threat to the health or safety of others.



- The Injury, Illness or Conditions box will always be visible.
 - If the user selects **YES**, checkboxes will be enabled.
 - If user selects NO, checkboxes will still be visible but will not be enabled to check.

*Did an injury, illness or condition occur?	ON	lo	● Yes	
Select any injuries, illnesses, or conditions that occurre	ed (Sele	ct all that apply)		_
Injury		Illness or Condition	on	
ADVERSE REACTION TO MEDICATION - An adverse reaction to has been defined as any noxious or unintended reaction to a drug the administered in standard doses by the proper route for the purpose of prophylaxis, diagnosis, or treatment. Some drug reactions may occur in everyone, whereas others occur only in susceptible patients.	at is	which there is swell Aspiration pneumo	PNEUMONIA - Pneumonia is a bre ling or an infection of the lungs or l nnia occurs when food, saliva, liquid ungs or ainways leading to the lung	arge airways. Is, or vomit is
ALLERGIC REACTON - Allergic reactions are sensitivities to subst called allergens that come into contact with the skin, nose, eyes, respi tract, and gastrointestinal tract. They can be breathed into the lungs, swallowed, or injected.	ASTHMA - Asthma is a chronic disease that affects your airways. When your airways react, they get narrower and your lungs get less air causing wheezing, coughing, especially early in the morning or at night, chest tightness and shortness of breath			
BITE/STING - Humans can be injured by the bites or stings of mar kinds of insects and animals such as dog or cat to bites from fellow hu and spiders to the stings from bees, wasps, snakes, and marine anims as jellyfish and stingrays.	blood sugar) refers sugar) refers to dar	AR PROBLEM (HIGH OR LOW) - Hy to high blood glucose levels. Hypo ngerously low blood sugar levels.	oglycemia (low blood	
BLEEDING - Escape of blood from an injured vessel.		partial) that occurs	FRUCTION - An intestinal obstruction when food or stool cannot move the constitution and saional.	rough the intestines.
✓ BRUISE - A bruise is a mark on your skin caused by blood trapped the surface. You can get skin, muscle and bone bruises. Bone bruises the most serious. It can take months for a bruise to fade, but most last two weeks.	major or minor card attack, or heart fail may vary dependin	ENT (HEART ATTACK, HEART FAII fiovascular event or conditon, such ure, that could cause damange to ng on severity but can include hear	as angina, heart the heart. Symtoms t palpitations,	
BURN - Burns are tissue damage that results from heat, overexporthe sun or other radiation, or chemical or electrical contact. Burns can minor medical problems or life-threatening emergencies.		tightness in the chest area, weakness, dizziness, shortners chest pain, and discomfort in the upper body.		



- If none of the options listed under the Injury, Illness or Conditions box fit the incident needs, there is "other injury" or "other illness/condition" you can select.
- Before selecting either one of these boxes, please be sure to go down the entire lists.

LOSS OR SERIOUS IMPAIRMENT OF LIMB OR OTHER BODY PART (E.G., EYES, ARMS, LEGS) - The total loss (as in a surgical or traumatic amputation) or an event, that riscults in a moter impariment such as the partial or total loss of a function of a lody part. OBSTRUCTED AIRWAY (UNABLE TO BREATHE, TURNING BLUE) - Blockage of the upper airway occurs when the upper breathing passages become narrowed or blocked, making it hard to breathe. POISONING - A poison is any substance that is harmful to your body. You might swallow it, inhale it, inject it, or absorb it through your skin. Any substance can be poisonous if too much is taken. PRESSURE INJURY (DECUBITUS ULCER) - Decubitus Ulcers, known as Pressure Injuries, are dasued by unrelieved pressure over a defined area, resulting in decreased blood flow to the area, causing the tissue to die. SPRAIN/STRAIN/TEAR - Sprains and strains are common injuries that share similar signs and symptoms, but involve different parts of your body. A sprain is a stretching or tearing of fligaments. A strain is a stretching or tearing of muscle or tendon.	disruption in how your brain works that causes a change in behavior. This change can happen suddenly or over days. AMS ranges from slight confusion to total disorientation and increased sleepiness to coma. PNEUMONIA (CAUSED BY BACTERIA OR VIRUS) - Pneumonia is an infection, caused by a variety of organisms, that inflames the air sacs in one or both lungs. SEIZURE - A sudden surge of electrical activity in the brain. A seizure usually affects how a person appears or acts for a short time. SEPSIS - Sepsis refers to a bacterial infection in the bloodstream or body tissues. STROKE - A stroke occurs when the blood supply to part of your brain is interrupted or reduced, depriving brain tissue of oxygen and nutrients casuing brain cells o begin to die. A stroke is a medical emergency. SUICIDAL THOUGHTS/BEHAVIORS - "Suicidal thoughts" are thinking about, considering, or planning suicide. "Suicidal behaviors" are non-fatal, self-directed, potentially injurious behaviors with an intent to die as a result of the behavior; hight not result in injury. URINARY TRACT INFECTION (UTI) - An infection in any part of your urinary system (kidneys, ureters, bladder, or urethra).
If Other please describe:	If Other please describe:
○ C	\$\bigcirc\$

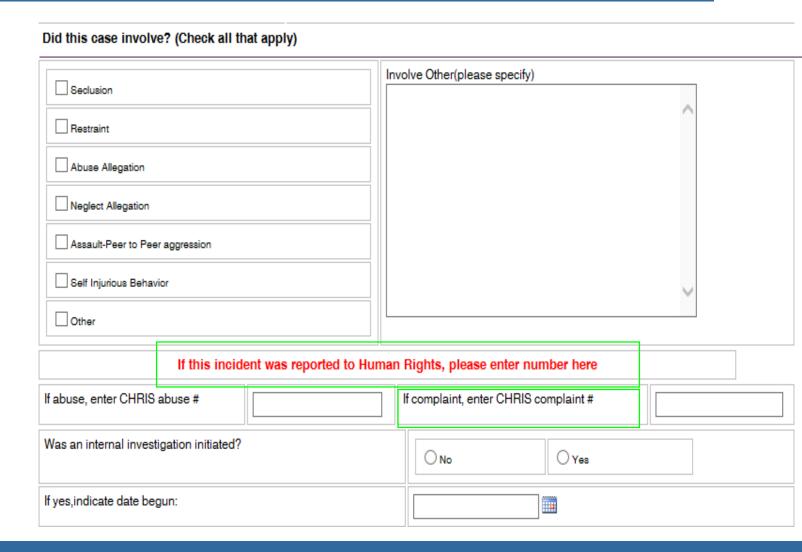


The "Injury Incident Description" is now a required field. There is also a new required section titled "Describe the consequences and risk of harm."

Injury/Incident Description/ circumstances	field is now a requ	ired field for all injuries.		>
Did this incident involve loss of consciousness?	ONo	Yes	Medical At	tention Type
Date/Time Medical Attention (hh:mm AM or PM)			NonEmergency	Emergency
Description of Medica Fin	l Treatment Provide ding	ed &		^ ~
		Check Spelling		
*Describe the consequ	vences and risk of h	harm:		^ ~
	Section	Check Spelling		



- The section titled "Did the case involve?" did not have any changes.
- Right below a new section "If this incident was reported to Human Rights, please enter number here" was added.
- In addition, the "If NEGLECT, enter CHRIS complaint #" language has been changed to say "If complaint, enter CHRIS complaint#"



Serious Incident (sections with no change)



The following sections of CHRIS did not contain any changes.

External notifications made (Check all that apply)	DSS	Other (please specify):
	Local Law Enforcement Agency	
	State Police	
	Department of Health Professionals	
	Department of Health	
	Other	<u> </u>

Serious Incident (sections with no change)



The following sections of CHRIS did not contain any changes.

Tiovider's corrective Action(orices an trial apply)	
☐ Change policy and procedure	Other (please specify):
Implement Quirent policy and procedure	^
☐ Tig in individual staff	
☐ Train all staff	
☐ Inore ase staffing	
☐ Inorease qualifications of staff	
☐ Inore ase supervision (change patterns of supervision)	Ĭ
Conduct root cause analysis	
☐ Decire assed dapa dity	
□ No newadmissions	
☐ Individual(s) were moved	
☐ Environmental modification	
☐ ISP modification	
Obtain additional services/assessments	
☐ Meet with support team to review/plan	
☐ Improve QA	
Supervisory/Administrative staff change/action	
Corrective action pending further internal investigation	
□ Other	

Serious Incident (sections with no change)



The following sections of CHRIS did not contain any changes.

* Person Filling Out Form Name/Title					
* First name	*Last name		*Date of Completion		
*Licensing Specialist:	Date/Time Licensing Notification:		Date Case Closed		



The last new required section added is right before you save the incident. There are three options for you to pick from.

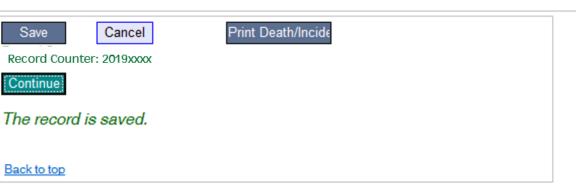
	* Required. Plese select one from the following: O Death/Serious incident report is complete and no further updates will be provided. O Updates to death/serious incident report will be provided. O An update to the death/serious incident report has been provided.	
New Section	Please Indicate which Fields have been updated.	

Please make every effort to provide the updates within 24-48 hrs.

Serious Incident



To ensure the incident has been saved, a **Record Counter** number will appear. The number is eight (8) digits long and starts with the year of the incident date. If you do not see the Record Counter number check to see if the browser is still spinning. **Please wait for the "Spinning Wait Cursor" to stop spinning. Please, do not hit enter multiple times, because this will duplicate the incident. Once the record counter number appears please press continue**.



Death Track



The first two tables in the death track are the same as those in the serious incident tables providing general information for the individual and incident.

	Counter	DeathIncidentDate	Discovery Date	Known Facta			
103941	2018 0000		07-05-2019				
100040	50185 050		07-04-3010				
*Death or Serious Incident **Death Gentous Incident							
Death© Indid	Seri cura: Seri Cura:				Death/Serious Incident Counter:		
Px	ovider:	Alexandria Community Services Board			Licensest		
Licensed Service Location:		(Entry of Street, City, State and Zip are required for CSB and private provider individuals.)			* Specific Site of Death/heldent *Walver	(e.g.: Saturcem?) Individual receiving a waiver service?	
City.Sta					* Watver Type	waiver convice.	Required if receiving
*Medica Number		123123123122 Required if receiving walver service.			Case Management Provider	Required Freceiving waiver service, finot receiving waiver service, Case Management Provider is optional.	
Dat Deathir (hitme	AM or				"Date of Discovery of Death/heident	Enter 00:00 if time is unforcem	
* Originator/Witness – the person is present at time of death or serious incident							
*Fintn	"Last name" "Relationship with the consumer"						

Death Track



The third table in the death track is a new required field.

* For cases of DD death, providers are responsible for submitting the required documentation listed on the MortalityReview Record Submission Checklist, within 10 business days following a death. By checking here, I acknowledge responsibility for providing these documents per the Process instituted by DBHDS for all cases of DD Death. I further acknowledge that any documentation containing the Protected Health Information of the deceased individual will be submitted in a secure fashion to ensure compliance with federal and state privacy laws.

- By checking here, I acknowledge responsibility for providing these documents.
- This was not a DD death and therefore the regulation does not apply.

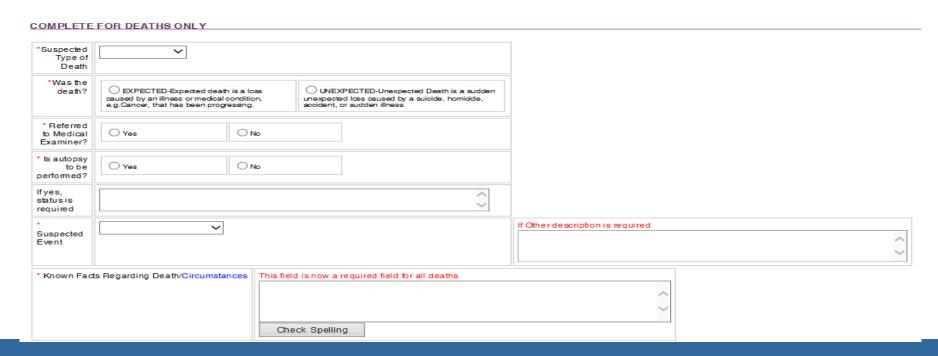


Death Track Changes



There were a few changes in the fourth table in the death track:

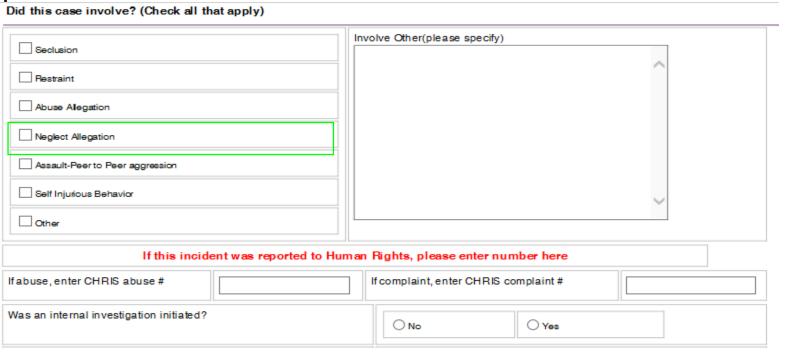
- "Type of Death" has been changed to "Suspected Type of Death"
- "Known Facts Regarding Death" has been changed to "Known Facts Regarding Death/Circumstances."



Death Track Changes



- The section titled "Did this case involve?" currently has "Assault by Client." This has been changed to "Assault Peer to Peer Aggression."
- "Unexplained" has been removed from this area.



Death (sections with no change)



The section titled "External notifications made" had no changes.

External notifications made (Check all that apply)	DSS	Other (please specify):
	Local Law Enforcement Agency	
	State Police	
	Department of Health Professionals	
	Department of Health	
	Other	

Death (sections with no change)



The section titled "Provider's Corrective Action" had no changes.

riovidor a corrective Action(crices air trial appry)	
☐ Change policy and procedure	Other (please specify):
Implement Quient policy and procedure	^
☐ Train individual staff	
☐ Tis in all staff	
☐ Inore ase staffing	
☐ Inore ase qualifications of staff	
☐ Inorease supervision (change patterns of supervision)	
Conduct root cause analysis	
☐ Decire assed capacity	
☐ No newadmissions	
☐ Individual(s) were moved	
☐ Environmental modification	
☐ ISP modification	
Obtain additional services/assessments	
☐ Meet with support team to review/plan	
☐ Improve QA	
Supervisory/Adminidiative daff change/action	
Corrective action pending further internal investigation	
Other	

Death Changes



The last new required section added is right before you save the death. There are three options for you to pick from.

	* Required. Plese select one from the following:	
	O Death/Serious incident report is complete and no further updates will be provided.	
	O Updates to death/serious incident report will be provided.	
New Section	O An update to the death/serious incident report has been provided.	
Section	Please Indicate which Fields have been updated.	
		^
		~

Please make every effort to submit any updates within 24-48 hrs.

Death Track



To ensure the incident has been saved, a **Record Counter** number will appear. The number is eight (8) digits long and starts with the year of the incident date. If you do not see the Record Counter number check to see if the browser is still spinning. Please, do not hit enter multiple times, because this will duplicate the death. Once the record counter number appears please press continue.

Save Print Death/Incide	
Record Counter: 2019xxxx	
Continue)	
The record is saved.	
Back to top	

IMU Review Process



- IMU meets daily to review incidents that were reported within the last 24-hour period or the last business day in the case of a weekend or holiday.
- All incidents are triage within 24-hour of receipt.
- All incidents are closed within 5 business days.
- All late reporting of incidents will be issued a citation (Consideration will be given for system error problems)



Overview of Incident Management



Upon the receipt of the incident IMU will begin the Triage Process

- Review for completeness and accuracy
- Incident corrections providers need to make corrections based on inaccuracies or conflicting information
- Further review
- Recommendation/Referral made to Licensing Specialist/Investigator for investigation
- The IMU will then track each incident to ensure the provider has completed the appropriate updates.

Review for completeness and accuracy



IMU will review the incident to determine whether the incident meets the criteria of a reportable incident (Level II or Level III). If the incident does not meet the criteria of a reportable incident, IMU will contact the provider by phone and provide technical assistance and direct the provider to the <u>DBHDS OL Guidance for Serious Incident</u> Reporting. IMU will then remove the incident from the CHRIS system.

Incident corrections



IMU will determine if the incident has sufficient information to triage. Ensuring the incident presents a clear and complete picture and the provider's response.

- If the incident does not present a clear and complete picture, IMU will follow up with the provider, provide technical assistance and request for the provider to update the incident with the required information.
- If the incident is clear and complete, IMU will accept the incident and continue in the triage process.

Review Areas



IMU review the following areas to determine if the incident presents a clear and complete picture. All of the areas below need to be completed. While reviewing the narrative if information is found, which should have been selected in the injury, illness or condition section. The provider will receive a phone call from IMU to correct. The provider has 48 hours to

make the corrections. Injury/Incident This field is now a required field for all injuries

Description/ circumstances					\$\frac{1}{2}\frac{1}{
Did this incident involve loss of consciousness?	ONo	Yes		Medical A	Attention Type
Date/Time Medical Attention (hh:mm AM or PM)				NonEmergency	Emergency
Description of Medica Fir	al Treatment Provide Iding	Check Spellin	ng		<u>`</u>
*Describe the consequ	uences and risk of h	arm:			^
		Check Spellir	ng		

Further Review



If the incident is not a DD death, IMU will compare the date of discovery with the date the incident was reported to ensure all providers are reporting in accordance with OL regulation. IMU will triage the death and forward to the licensing specialist and regional manager for review.

OL regulation 12VAC35-105-160 D.2 states that Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by phone to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery.

Triage Process



IMU will analyze current incident and check all previous incidents (within a 6 months time frame) to determine trends or reoccurrence of incidents.

If IMU identifies that the incident may be a potential human rights complaint, abuse, neglect or exploitation allegation. IMU will check CHRIS to determine whether the Office of Human Rights (OHR) was notified, if not IMU will notify the Deputy Director of OHR.

Triage Categories

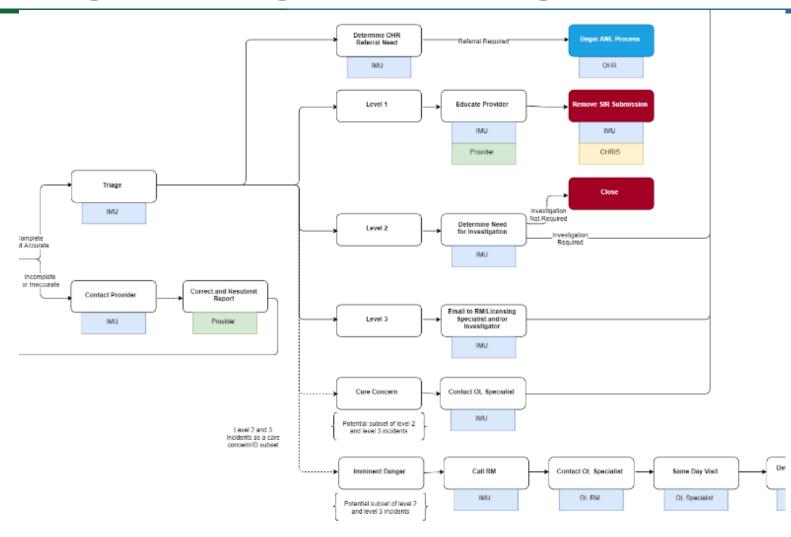


IMU will triage the reported incident into the following categories.

- Level I
- Level II
- Level III
- Care Concern
- Imminent Danger

Triage Categories Diagram





Triage Action Steps



During IMU review of the incident and established triage protocol, IMU will determine which action step should be taken.

- **Dismiss/Close** -non qualifying incident reported (Level I or duplicate reports). IMU provide technical assistance to provider and verify the information and close or remove the incident from the system. A copy of the remove incidents are being kept and tracked for reporting purposes.
- **Specialist review-** incident that will require review by specialist, i.e. mortality, CAP; up to 5 day follow up and review by specialist

Triage Action Steps



- Monitoring-technical assistance request for more information, trend analysis; This is where TA may be warranted to prevent unnecessary investigation/outcome/harm, complete trend analysis, review and etc.)
- Recommendation/Referral made to Licensing Specialist/Investigator for investigation

Recommendation/Referral



The Licensing Specialist/Investigator (LS/I) is then responsible for reviewing the SIR and making a determination if an investigation is warranted based on protocol. If an investigation is conducted, the LS /Investigator will follow the Investigation Process and will notify IMU of the investigation/inspection number. IMU will close the incident upon receipt of the investigation/inspection number or LS/I recommendation.

DD deaths



All DD deaths will be investigated by the Specialized Investigation Unit (SIU). Upon receiving a DD death incident. IMU will forward the incident to SIU

- The Specialized Investigation Unit will process the DD death through the SIU process.
- SIU will notify IMU with the investigation number of the death and IMU will close the incident in CHRIS.

IMU Review Results



As a result of IMU incident reviews, providers should anticipate contact from IMU

- If a serious incident report does not contain sufficient information to determine next steps by the Office.
- IMU requests for additional information that will clarify incidents and/or will provide sufficient follow-up related to actions taken.

Documenting an Incident



- All incidents that happen more than 24 hours apart, must be reported as separate incidents.
 - Example: At 10 a.m. on Monday an individual fell and cut their arm. Individual was taken to ER and had to get six stitches. On Tuesday at 4 p.m. the area on the individual's arm with the stitches started oozing puss and blood. As a result, the individual was taken back to the ER. TWO incident reports must be submitted:
 - 1. One Serious Incident report for the trip to the ER for the cut on their arm
 - 2. Second Serious Incident report for the trip to ER for the infection on the individual's arm.

Note: Had the individual gone to the hospital for the second time on Tuesday morning at 8 a.m. this would have all be included in one incident report.

Documenting an Incident

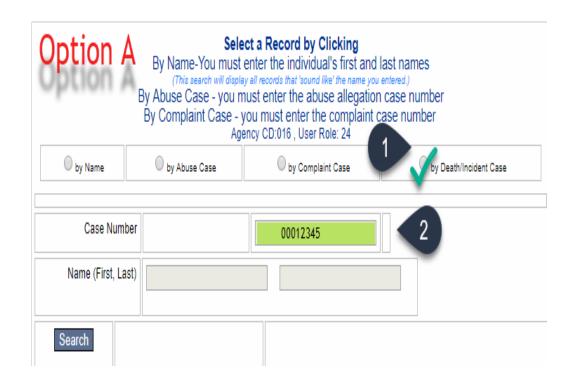


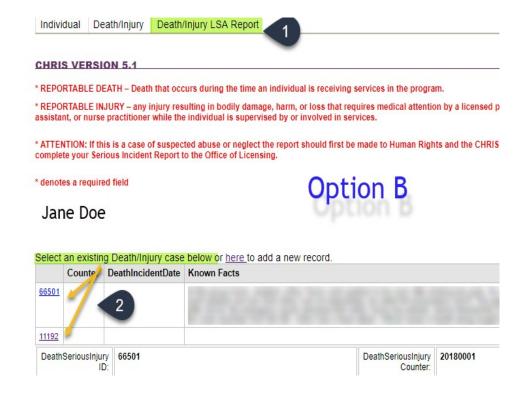
- If the provider identifies multiple, related serious incidents for the same individual within a 24 hour period, all incidents may be included in the same CHRIS Serious Incident report (Reported as 1 incident), by updating the record, and selecting all that apply.
 - However, if a death occurs, within the 24 hour period, that is related to the initial incident, the provider will have to submit a separate death report into CHRIS, and notate that the cases are related under the "*Known facts regarding death/circumstances*" section of the 2nd report.
 - Example: Individual is admitted to the hospital for a bowel obstruction. 12 hours later the patient dies due to the severity of the bowel obstruction. 2 incident reports must be submitted:
 - 1. One Serious Incident report for the bowel obstruction and hospital admission.
 - 2. One Death Serious Incident report.

Updating a Serious Incident Report



- To update an incident report you must first locate the incident report.
- You can do this by either searching for the record (Option A) or by accessing the individual's profile (Option B).





Updating a Serious Incident Report



- Next edit any sections to reflect any additional details you have regarding the incident report.
- ***Important*** Updates should be done to both checkbox fields (for data collection) and narrative fields for the licensing/investigations team.

Updating a Serious Incident Report



- Prior to saving your incident report, select the option "An update to the serious incident report has been provided."
- This step is critical and will send an email notification out to the licensing/investigations team to review the updates. In the narrative box, indicate which fields have been updated.

* Required. Plese select one from the following:	
O Serious incident report is complete and no further updates will be provided.	
O Updates to serious incident report will be provided.	
O An update to the serious incident report has been provided.	
Please Indicate which Fields have been updated.	
	~

Email notification sent to OL: Chesterfield Community Services Board - Alexandria Serious Incident test Case #:20190161 An update to the death/serious incident report has been provided.

Important



 Toggling between Death and Serious Incident will change the subsequent fields and cause data to be lost. Select Death or Serious Incident prior to filling in subsequent fields.

Individual Death/Incident
CHRIS VERSION 5.1
* If an incident does not meet the criteria for a Level II or Level III Serious Incident, do not report the incident in CHRIS. Level I serious incidents are not required to be reported into CHRIS. However, providers shall collect, maintain, and review at least quarterly all Level I serious incidents as part of their quality improvement program. * Level II and Level III serious incidents must be reported in CHRIS within 24 hours of discovery.
* ATTENTION: If this is a case of suspected abuse or neglect the report should first be made to Human Rights and the CHRIS case number obtained from the report is then used to complete your Serious Incident Report to the Office of Licensing.
* denotes a required field Lion King

Select an existing Death/Incident case below or ADD A NEW INCIDENT.

*Death or Serious Incident O Death O Serious I	
	ncident

Children's Residential Providers Reporting



- As previously stated, the DOJ Compliance Emergency Licensing Regulations do not apply to Children Residential services.
- However per the DBHDS Children's Residential Regulations, children's residential providers are required to report any serious illness, injury or death of a resident within 24 hours.

Children's Residential Provider's Death

- For Deaths, children's residential providers will select the "Death" button.
- Next, for non-DD children's residential providers, select "This is not a DD death and therefore the regulations does not apply."
- Then complete any other field that applies.

Select an existing Death/Incident case below or ADD A NEW INCIDENT.

There are no previous incidents to display.

*Death or Serious Incident

Death

Serious Incident

* For cases of DD death, providers are responsible for submitting the required documentation listed on the MortalityReview Record Submission Checklist, within 10 business days following a death. By checking here, I acknowledge responsibility for providing these documents per the Process instituted by DBHDS for all cases of DD Death. I further acknowledge that any documentation containing the Protected Health Information of the deceased individual will be submitted in a secure fashion to ensure compliance with federal and state privacy laws.



This was not a DD death and therefore the regulation does not apply.

Children's Residential Serious Injury



- For Serious Injuries, CORE providers should select the "Serious Incident" button. With the new changes Level 3 or Level 2 are required fields. Under Level 2 please always select "Serious injury requiring medical attention (other than Level 3)". (You are also able to check any other fields that apply from the list, but please be sure to select "Serious injury requiring medical attention").
- Next select any injury, illness, or conditions that apply.
- Complete the reminder of the form as required.

What best describes the incident you are reporting? (check all that apply)

Please select each of the events that occurred. For example, a broken arm that resulted in an emergency room visit would be reported as a serious injury and an unplanned emergency room visit.

Level 3

- A sexual assault of an individual
- A serious injury of an individual that results in, or likely will result in, permanent physical or psychological impairment
- ☐ A suicide attempt by an individual that resulted in a hospital admission

Level 2

- An unplanned medical hospital admission
- ☐ An unplanned psychiatric admission
- An upplanced emergency room or urgent care facility visit, when not used in lieu of primary care
 - Serious injury requiring medical attention (other than level 3)
- A diagnosis of a decubitus dicer
- → A diagnosis of a bowel obstruction
 - A diagnosis of aspiration pneumonia
- ☐ An individual who is missing
- Ingestion of any hazardous material
- Choking incident
- Any other event or circumstance that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual that does not meet the
 - definition of a Level III serious incident.
- Any action by the individual that caused or could cause significant harm or threat to the health or safety of others.

CHRIS Reports



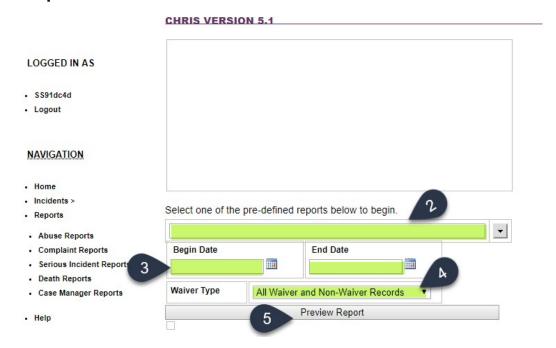
The following reports are available in the CHRIS system

LOGGED IN AS	CHRIS VERSION 5.1 Select the agency where this	incident took place.		SI-01: Status of Serious Incident by Date Incident SI-02: Status of Serious Incident by Date Notified
AH0b3ed1 Logout	State Operated Facility Agencies	○ CSB/BHA	Other Licensed Provider	
NAVIGATION Home Incidents > Reports Abuse Reports Complaint Reports	Choose			DS-01 : Status of Death Case by Date of Death
Serious Injury Reports Death Reports Case Manager Reports AdHoc Reports Acoused List Alleged Abuser History				CM-01D: Case Management Serious In Death
• Help				

CHRIS Reports



- Once the report screen pops up, select a report from the dropdown menu (Step 2).
- Select the timeframe (Step 3) and "Waiver Type" (Step 4).
- Select preview report (Step 5) and wait for the report to load. The report will load in a separate browser



CHRIS Scenario - 1



Individual had been vomiting and unexplained increase in aggressive behaviors, resulting in ER visit that led to a brief psychiatric admission, where during medical clearance it was discovered that individual had a stomach virus, was dehydrated and had a UTI which caused the aggressive behaviors.

CHRIS Scenario - 2



Individual who had an unplanned ER visit due to vomiting was diagnosed with bowel obstruction due to dehydration and previous history of diagnosis of chronic constipation. Individual was admitted to the hospital and died one week later due to complication of bowel surgery.

CHRIS Children's Residential -3



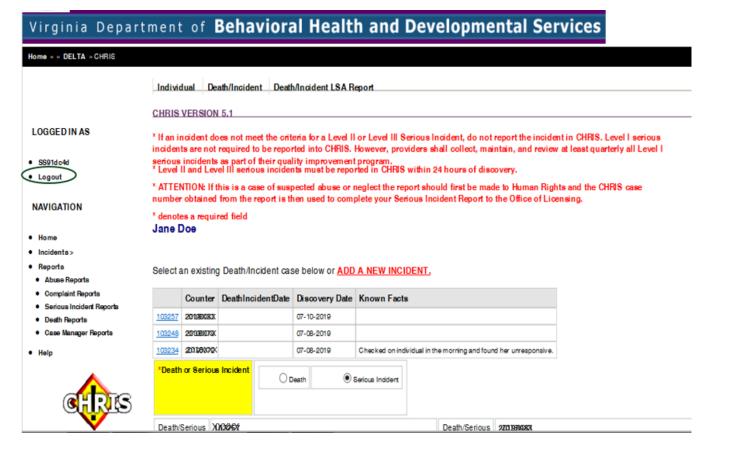
Resident was playing basketball in the gym. Resident fell and injured their arm. Resident was taken to the ER where it was diagnosed that they had a fractured elbow.

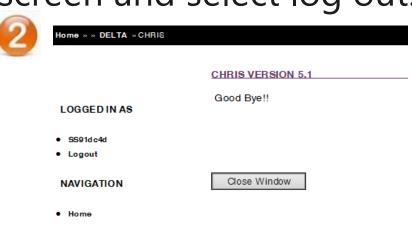
Logging Out of CHRIS

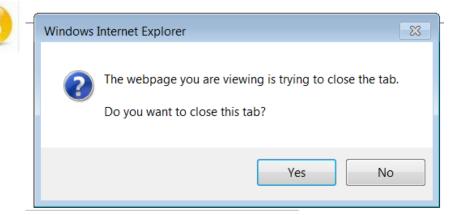




To log out of CHRIS scroll to the top of screen and select log out.







Questions





On behalf of the DBHDS Office of Licensing we thank you for participating in the training.