

CHRIS

Serious Incident Reporting

Office of Licensing
Online Resource Guide

DBHDS, June 2017

DELTA Access for CHRIS System

- Follow instructions for signing up for access to CHRIS system via the following link:
 - <https://delta.dbhds.virginia.gov/DELTA/Help.aspx>
- There are several tutorials on the website via the link below:
 - <http://www.dbhds.virginia.gov/professionals-and-service-providers/human-rights-for-service-providers/chris-training>

Definition of a Serious Injury

- "Serious injury" means any injury resulting in bodily damage, harm, or loss that requires medical attention by a licensed physician, doctor of osteopathic medicine, physician assistant, or nurse practitioner while the individual is supervised by or involved in services, such as attempted suicides, medication overdoses, or reactions from medications administered or prescribed by the service.

Note: Serious Injury and Deaths are types of Serious Incidents

Per DBHDS Reg 12VAC35-105-160.C2

- C. The provider shall collect, maintain, and report or make available to the department the following information:
 - 2. Each instance of death or serious injury shall be reported in writing to the department's assigned licensing specialist within 24 hours of discovery and by phone to the individual's authorized representative within 24 hours. Reported information shall include the following: the date and place of the individual's death or serious injury; the nature of the individual's injuries and the treatment received; and the circumstances of the death or serious injury. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported.

Below are some, but not an exhaustive listing of injuries that could result in **bodily damage, harm or loss:**
[\(Link to Guidance\)](#)

- Abdominal Pain
- Abrasion/Cut/Scratch
- Adverse Reaction
- Allergic Reaction
- Aspiration Pneumonia/Pneumonia
- Assault by client
- Assault by staff
- Bite
- Bleeding (Identify Site in Narrative)
- Burn
- Change in Mental Status
- Choking
- Constipation/Bowel Obstruction
- Contusion/Hematoma
- Decubitus Ulcer
- Diarrhea
- Dislocation/Fracture
- Falls
- Fever >100.4
- Hypothermia
- Ingestion of Substance
- Laceration
- Medication Error ([Link to Guidance](#))
- Overdoses
- Redness/Swelling
- Seizure/Convulsion
- Shortness of Breath/Difficult Breathing
- Sprain
- Suicidal Attempt
- Urinary Tract Infection
- Vomiting
- Other (with text box for description)





When to Report?

- All serious incidents and deaths must be reported within 24 hours of discovery of the injury.
- Report as much information that is known at the time of reporting in CHRIS.
- Licensing Specialists receive an automatic email notification when a SIR is entered into CHRIS.
- Updates can be given when additional information is found. Ensure you notify your licensing specialist via email whenever updated information is included as automatic notification does not occur for any additional information that is included after the initial entry.




What To Report?

- Injury Description Section
 - This section should include information pertaining to what the incident/injury was and how it occurred (if known).
 - It is best to try to include as much detailed information as possible.
 - It is imperative that providers check the appropriate box or type of injury.

Injury Description



<p>* Injury Description</p>	<p style="color: red;">This field is now a required field for all injuries</p> <p>Individual c/o dizziness after his 5:00 pm medication and insulin. Staff observed sweating and confusion in Individual. Staff gave Individual orange juice and called 911. Individual was monitored until EMT's arrived.</p>	
<p>Did this injury involve loss of consciousness?</p>	<p><input checked="" type="radio"/> No</p>	<p><input type="radio"/> Yes</p>
<p>Date/Time Medical Attention (hh:mm AM or PM)</p>	<p>11/01/2014 </p>	<p>05:50 PM</p>
<p>Description of Medical Treatment Provided & Finding</p>	<p>EMT's arrived and started IV of Dextrose 50% at 6:00pm and discontinued IV at 6:22pm. Individual stated he was hungry and ate his dinner while EMT was present. Individual told EMT that he did not want to go to the hospital. EMT explained that this happens often to diabetic patients and with Dextrose 50%,</p> <p><input type="button" value="Check Spelling"/></p>	

Medical Attention Type

NonEmergency

Emergency

What To Report: Originator/Witness

- This section was recently added to the CHRIS reporting system. Document the person who was present at the time of death or serious injury.

* Originator/Witness – the person is present at time of death or serious injury			
* First name	Joe	* Last name	Smith
		* Relationship with the consumer	Team Leader
* Death or Serious Injury	<input type="radio"/> Death <input checked="" type="radio"/> Serious Injury		

What to Report?



- Medical Treatment and Findings
 - This section should include what was the medical treatment provided, what follow up appointments are recommended, etc.
 - **Note: It is best for providers to put as much info under the “Injury Description” box as possible and to not duplicate the info under the “Medical Treatment” box. All applicable information should be included.**
 - If at the time of reporting in CHRIS, not all medical information is known, note that in your entry and make certain an update is provided.
 - Once an update is entered into CHRIS, be sure to notify your licensing specialist.

Medical Treatment and Findings


*** Injury Description** This field is now a required field for all injuries

Individual c/o dizziness after his 5:00 pm medication and insulin. Staff observed sweating and confusion in Individual. Staff gave Individual orange juice and called 11. Individual was monitored until EMT's arrived.

Did this injury involve loss of consciousness? No Yes

Medical Attention Type

Date/Time of Medical Attention (hh:mm / MM/DD/YYYY)

11/01/2014 

05:50 PM

NonEmergency Emergency

Description of Medical Treatment Provided & Finding

EMT's arrived and started IV of Dextrose 50% at 6:00pm and discontinued IV at 6:22pm. Individual stated he was hungry and ate his dinner while EMT was present. Individual told EMT that he did not want to go to the hospital. EMT explained that this happens often to diabetic patients and with Dextrose 50%,



Provider's Corrective Action Plan

- This area is intended for the provider to report what corrective action plans they have implemented or will implement as a result of the Death/SIR incident.
- This information is reviewed to determine if further investigation may be required by the licensing specialist.
- Documenting a Corrective Action Plan does not automatically imply that the provider is taking “fault” for the incident/injury.
- Providers should attempt to conduct a root cause analysis of serious injuries to determine if an internal corrective action plan would assist with risk reduction efforts.
- Completing this section indicates proactive quality improvement activities.

Providers Corrective Action Plan

*** Provider's Corrective Action(Check all that apply)**

<input type="checkbox"/> Change policy and procedure	Other (please specify):
<input type="checkbox"/> Implement Current policy and procedure	<p>The team will request referral from PCP for physical therapy referral/assessment to assist the Individual in developing a comprehensive fall prevention plan. The ISP will be revised accordingly. Recommendations will be followed as they are made by PCP.</p>
<input type="checkbox"/> Train individual staff	
<input type="checkbox"/> Train all staff	
<input type="checkbox"/> Increase staffing	
<input type="checkbox"/> Increase qualifications of staff	
<input type="checkbox"/> Increase supervision (change patterns of supervision)	
<input type="checkbox"/> Conduct root cause analysis	
<input type="checkbox"/> Decreased capacity	
<input type="checkbox"/> No new admissions	
<input type="checkbox"/> Individual(s) were moved	
<input type="checkbox"/> Environmental modification	
<input type="checkbox"/> ISP modification	
<input checked="" type="checkbox"/> Obtain additional services/assessments	
<input type="checkbox"/> Meet with support team to review/plan	
<input type="checkbox"/> Improve QA	


Reporting on Human Rights and SIR/Death Tabs in CHRIS

- Please note that there could be serious incidents in which you must report **BOTH** on the Human Rights side of CHRIS system and the SIR/Death side of the CHRIS system.

Reporting on Human Rights and SIR/Death Tab in CHRIS

- For example, if there is a peer on peer incident in which the individual was also injured and needed medical attention, you would need to report 1st on the Human Rights side as an allegation of neglect.
- Once you report on the Human Rights side, you then record the HR CHRIS number you receive.
- Then you report on the SIR/Death tab in CHRIS system and ensure you list the HR CHRIS number you received on the HR side.




If Abuse checked, select CHRIS Abuse #	<input type="text" value="20170001"/>	If neglect checked, select CHRIS Complaint #	<input type="text"/>
Was an internal investigation initiated?	<input type="radio"/> No <input checked="" type="radio"/> Yes		
If yes, indicate date begun:	<input type="text"/> 		

Provider Internal Investigation

- It is important that providers still conduct their own internal investigations and of course ensure they are well documented.
- Specialist may request internal investigations to review to determine if further investigation is needed by the Office of Licensing.
- Ensure you select “Yes” in CHRIS area for internal investigation initiated.



If Abuse checked, select CHRIS Abuse #	<input type="text" value="20170001"/>	If not checked, select CHRIS Complaint #	<input type="text"/>
Was an internal investigation initiated?	<input type="radio"/> No <input checked="" type="radio"/> Yes		
If yes, indicate date begun:	<input type="text"/> 		

SIRs: Quick Tips

- Please note that once you have initially entered a SIR for an individual in CHRIS, you do not have to re-enter all the demographic information in CHRIS again.
- All that is needed, is for you to complete a name search for the Individual you are looking to enter a SIR for, once the name comes up, click on the name, and then click on Death/Serious Injury tab.
- Once in the Death/Serious Injury tab, then click on “new” death and serious injury if entering a new SIR.

SIRs: Helpful Information

- When in doubt, it is always best to report.
- Ensure you report within 24 hours of discovery of the serious injury.
- Reporting all medical appointments that are outside of routine scheduled appointments is best practice.
- Reporting SIRs does not imply fault, it is simply reporting.