CHRIS Modifications

Changes to Serious Incident Reporting Side of CHRIS.

Virginia Department of
Behavioral Health &
Developmental Services

DBHDS Office of Licensing Training

- Training will be conducted every third (3rd) Wednesday of each month during the year of 2020

- Registration for the training is on Eventbrite (https://www.eventbrite.com/e/chris-training-recurring-2020-tickets-91319315531)

- New information will be shared each month

- Review of necessary content

Training Overview

- New Information
    - Updates in CHRIS
    - DELTA Roles
    - DELTA Resetting Passwords
    - CHRIS reporting back up
    - Late Reporting in CHRIS
    - Revoking Users Access
    - The Specialized Investigation Unit
- Entering incident into CHRIS

Upcoming: New Mandatory Fields

The following sections will be made mandatory to complete in an incident. A red asterisk "*" will be placed by the required fields. An email notification will go out to all providers giving notice of the date these fields will become required.

- Description of Medical Treatment Provided & Finding will be changed and made mandatory. The title will be changed to Description of Medical Treatment Provided and/or Finding.

Description of Medical Treatment Provided & Finding	
	Check Spelling

Upcoming: New Mandatory Fields

The "External notifications made" will become a required field. The following three notifications will be added to the boxes already listed

- Non-Applicable

- Substitute Decision Maker/Legal Guardian

- Support Coordinator

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

Upcoming: New Mandatory Fields

When a provider select Substitute Decision Maker/Legal Guardian or Support Coordinator the text box will become a required field for the name to be typed in. Please be sure to enter in the name of the agency for the Support Coordinator.

☒**Substitute Decision Maker/Legal Guardian**

☒**Support Coordinator**

☒**Support Coordinator Agency's Name**

Upcoming: New Mandatory Fields

The last new mandatory field which will be added is a field for a phone number. The phone number will be used to contact the provider if additional information is needed.

Serious Incident Guidance Accessibility

The DBHDS Office of Licensing Serious Incident Guidance Document can now be accessed in CHRIS.

When entering in an incident at the top of the screen the link will be accessible by clicking "Here". After clicking on the hyperlink the Serious Incident Guidance Document will open in a new tab.

You will be able to view the guidance document and then click back to the CHRIS tab to enter in the incident.

| Individual | Death/Incident | Death/Incident LSA Report |

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.

**IMPORTANT Please click HERE to read the Serious Incident Guidance Document.

* denotes a required field

Case Close: Read Only Record

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

| | Counter | DeathIncidentDate | Discovery Date | Known Facts |

Provider's Corrective Action

- This would apply to all licensed services except for children's residential services.

- "**Conduct Root Cause Analysis**" will be **pre-selected.** Per DBHDS emergency regulation 12 VAC 35-105-160 E, a root cause analysis shall be conducted by the provider within 30 days of discovery of Level II and Level III serious incidents...

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

- ☐ Change policy and procedure
- ☐ Implement Current policy and procedure
- ☐ Train individual staff
- ☐ Train all staff
- ☐ Increase staffing
- ☐ Increase qualifications of staff
- ☐ Increase supervision (change patterns of supervision)
- ☐ Conduct root cause analysis
- ☐ Decreased capacity
- ☐ No new admissions
- ☐ 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

Other (please specify):

Provider's Corrective Action

- Any and all corrective actions you have taken to ensure the individual's safety and well-being should also be documented or selected in this area.

- **Give yourself credit for everything you have done to mitigate the incident and to ensure the individual is safe.**

Provider's Corrective Action (Check all that apply)

- [ ] Change policy and procedure
- [ ] Implement Current policy and procedure
- [ ] Train individual staff
- [ ] Train all staff
- [ ] Increase staffing
- [ ] Increase qualifications of staff
- [ ] Increase supervision (change patterns of supervision)
- [ ] Conduct root cause analysis
- [ ] Decreased capacity
- [ ] No new admissions
- [ ] 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

Other (please specify):

DELTA- Access via Internet Explorer

The DELTA portal works best on the **Internet Explorer** browser.

When entering a serious incident on the Office of Licensing side of CHRIS, be sure to utilize the Internet Explorer browser.

**Other browser will not always retrieve the necessary information about your agency (i.e. locations, FIPs, etc.)
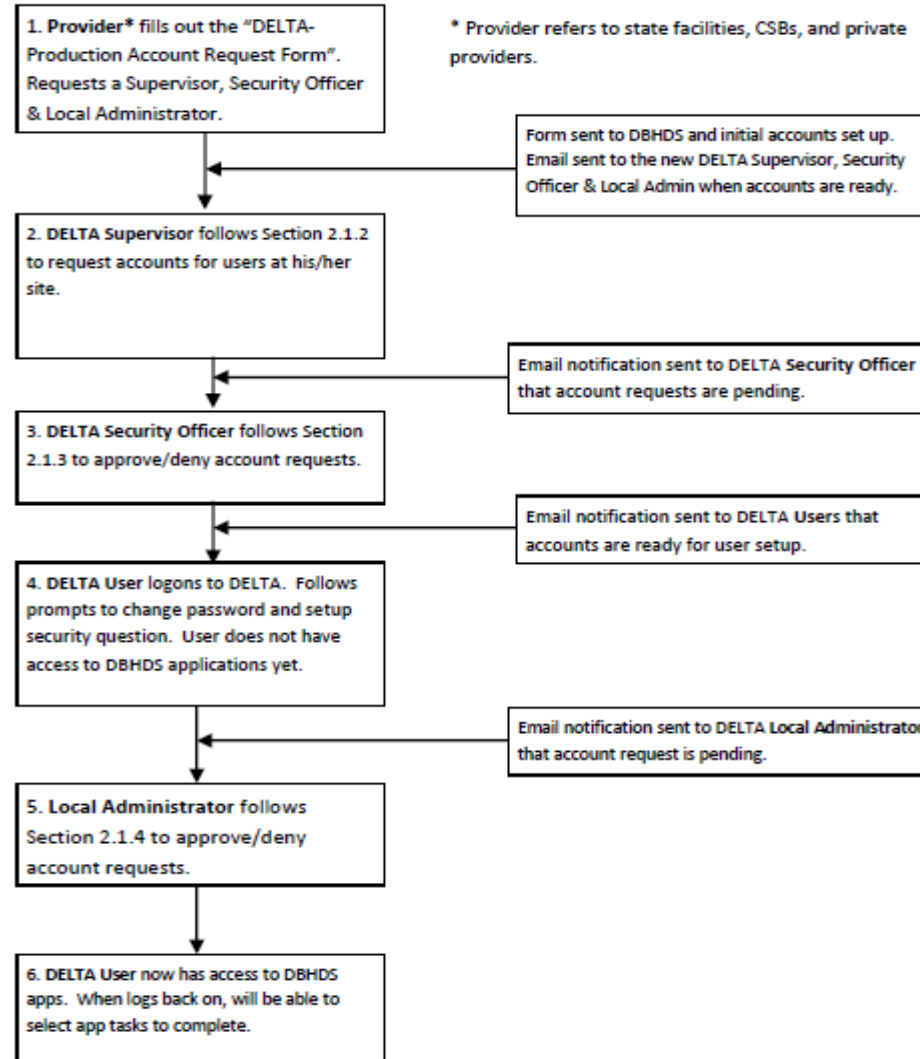
DELTA Roles

DELTA has four roles, to allow providers the opportunity to grant access to staff who will be entering information into CHRIS. The four roles are :

- DELTA Local Administrator
- DELTA Security Officer
- DELTA Supervisor
- DELTA User

Requesting DELTA Roles

1. **Provider*** fills out the "DELTA-Production Account Request Form". Requests a Supervisor, Security Officer & Local Administrator.

*** Provider** refers to state facilities, CSBs, and private providers.

Form sent to DBHDS and initial accounts set up. Email sent to the new DELTA Supervisor, Security Officer & Local Admin when accounts are ready.

2. **DELTA Supervisor** follows Section 2.1.2 to request accounts for users at his/her site.

Email notification sent to DELTA **Security Officer** that account requests are pending.

3. **DELTA Security Officer** follows Section 2.1.3 to approve/deny account requests.

Email notification sent to DELTA **Users** that accounts are ready for user setup.

4. **DELTA User** logons to DELTA. Follows prompts to change password and setup security question. User does not have access to DBHDS applications yet.

Email notification sent to DELTA **Local Administrator** that account request is pending.

5. **Local Administrator** follows Section 2.1.4 to approve/deny account requests.

6. **DELTA User** now has access to DBHDS apps. When logs back on, will be able to select app tasks to complete.

DELTA Account Request Form

Requesting DELTA Roles

1. Open the **DELTA-Production Account Request Form.** This is a Microsoft Word document (those agencies using MS Word 2003 will use the ".doc" version and those using Word 2007 or newer will use the ".docx" version).

2. Fill in all required fields. To create a DELTA Supervisor account, select **Supervisor** for **Location Role.** All required fields are marked with an asterisk.

3. Save the form. Send as an email attachment to DBHDS at the address at the top of the form.

4. Repeat these steps to create a DELTA Security Officer, selecting **Security Officer** for **Location Role;** and repeat again selecting **Local Admin** for the **Location Role.** You may select more than one application for the **Location Role** for your **Local Admin.** NOTE: If a single person is filling multiple DELTA roles, the form may be filled out once and all appropriate DELTA **Location Roles** should be checked.

DBHDS
Virginia Department of
Behavioral Health and
Developmental Services

DELTA-Production Account Request Form

Submit completed form via email to: deltaprod@dbhds.virginia.gov

DELTA-PROD USER INFORMATION	
Location* (Agency Name)	Provider A
NPI/API* (number)	8876
Email*	JSmithFairfaxCSB@gmail.com
First Name*	John
Middle Name	Click here to enter text.
Last Name*	Smith
Position/Title	Click here to enter text.
Mailing Address	Click here to enter text.
City, State, Zip	Click here to enter text., Click here to enter text. Click here to enter...
Phone Number*	703-555-1235
Fax Number	Click here to enter text.
Location Role*	☑ Supervisor ☐ Security Officer ☐ IDOLS-Local Admin ☐ CHRIS Local Admin

* Required Field

DELTA Roles: Supervisor

The DELTA Supervisor begins the creation of all user accounts at the provider's location. A provider must have a DELTA Supervisor and another employee as a back up with their own unique account.
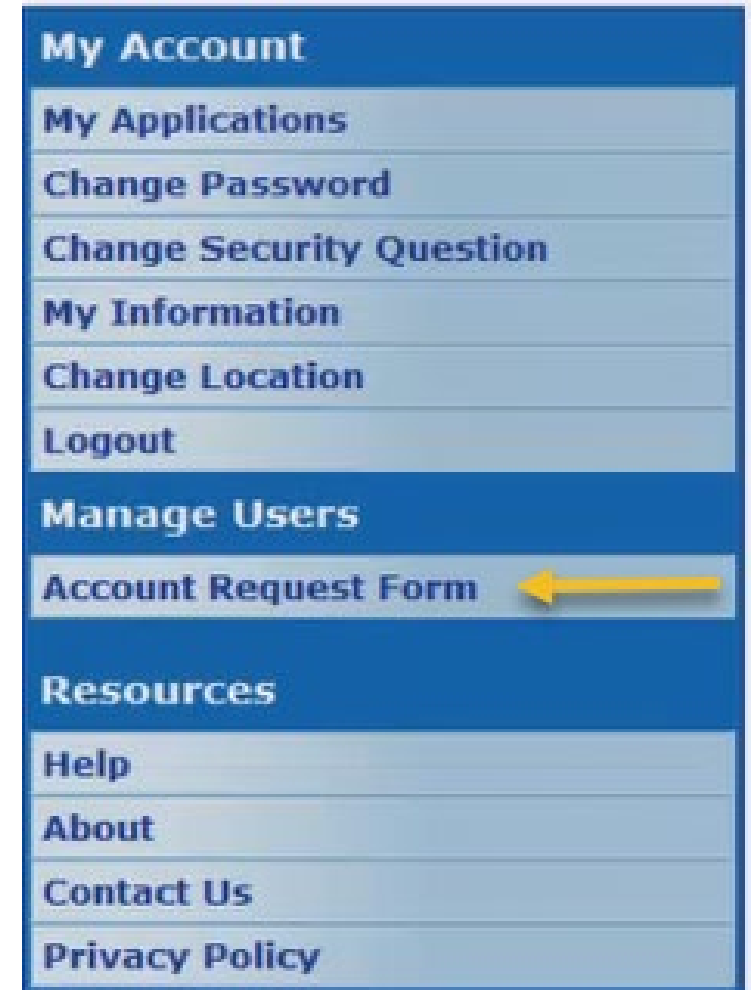
DELTA Supervisors has only three functions.

- Request new accounts

- Request updates to existing account at their location

- Revoking separated employees from the CHRIS application

DELTA Roles: Supervisor

- DELTA Supervisor's Role only has one item under "**Manage Users**"
    - Account Request Form

- To create a user's account, the DELTA Supervisor will click on **Account Request Form** under the Manage Users menu.

DELTA Roles: Security Officer

Delta Security Officer is the next DELTA role to take action. A user's account isn't created until the DELTA Security Officer, approve the request. A provider must have two Security Officers.

DELTA Security Officer has five functions:

- Request new accounts
- Approve or deny accounts (approve accounts becomes a pending application request for the Local Administrator to approve.)
- Reset password
- Request updates and changes to existing account at their location
- Revoking separated employees from the CHRIS application

DELTA Roles: Security Officer

When a DELTA Supervisor submits a new account request, the DELTA Security Officer receive an email notification.

***** DELTA Email Notification *****

A new account request has been submitted for ▮▮▮▮▮▮ to have access to DELTA for ▮▮▮▮▮▮▮▮▮. Please process this request at your earliest convenience.

Please do not reply to this email, this is a system generated notification. If you need any further assistance, please contact your DELTA Security Officer for support.

DELTA Roles: Security Officer

- DELTA Security Officer has two items under their "**Manage Users**"
  - Admin Account Reset
  - Pending Account Request

- The Security Officer will log in to DELTA and click **Pending Account Requests** under the **Manage Users** menu.

DELTA Roles: User

The next steps for creating a DELTA account are taken by the actual user of the account. Until the DELTA user logs into DELTA for the first time, changes the temporary password, and sets up the security question, **application access cannot be granted.**

Dear ▮▮▮▮▮▮▮

You have been assigned an account in the DELTA application at Virginia's Department of Behavioral Health and Developmental Services (DBHDS). DELTA is DBHDS' security portal to our web applications.

Following are your user account details:
Username: ▮▮▮▮▮▮
Initial Password: ▮▮▮▮▮
Email: ▮▮▮▮▮▮▮▮▮▮▮▮▮▮
Title:
Location: ▮▮▮▮▮▮▮▮▮
Phone Number:
Fax Number:

When you logon to DELTA for the first time, you will be prompted to change your password and set up your security questions. You must complete this step by 10/8/2012. Also, specific application access will not be granted until you have completed this step.


Please do not reply to this email, this is a system generated notification. If you need any further assistance, please contact your DELTA Security Officer for support.

DELTA Roles: Local Administrator

Delta Local Administrator is the last step to approve the request for a user's permission to a DBHDS application. Each provider must have a minimum of two Local Administrators.

The DELTA Local Administrator has four functions:

- Process pending accounts application approval (They grant employees access to the application (CHRIS or ITOTS)).

- Reset password

- Request updates and changes to existing account at their location

- Approve or Deny access to the application

DELTA Roles: Local Administrator

After the DELTA Security Officer approves the account request and the new user has logged into DELTA for the first time, the DELTA Local Administrator will receive an email notification.

***** DELTA Email Notification *****

A new application access request has been submitted for Albert Jones to have access to IDOLSTest for RAARC_1316075369. Please process this request at your earliest convenience.

Please do not reply to this email, this is a system generated notification.
If you need any further assistance, please contact your DELTA Security Officer for support.

DELTA Roles: Local Administrator

- DELTA Local Administrator's Role only has one item under "**Manage Users**"
  - Pending Application Requests

- To approve a user's application account, the DELTA Local Administrator will click on **Pending Application Request** under the Manage Users menu.
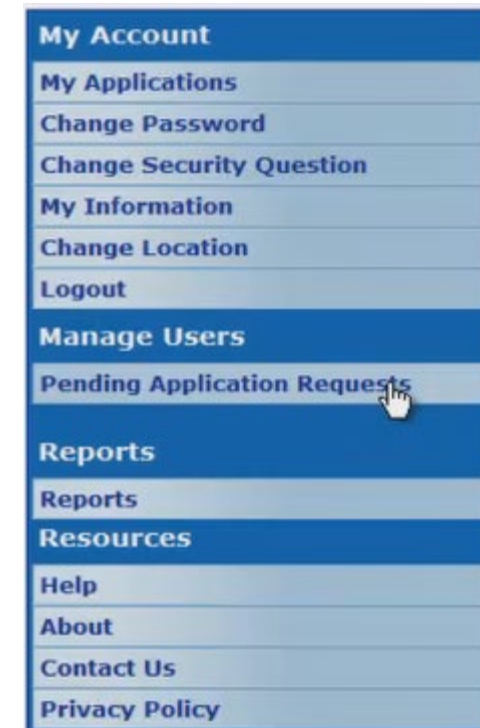
DELTA Roles:

The DELTA Local Administrators from the organization can contact DELTA Production or Help Desk to request a new account to be created or password reset when a staff is experiencing a problem.

DELTA Roles:

Beginning March 1, 2020 providers' Local Administrators and Security Officers will be responsible for resetting passwords and creating new DELTA accounts for their employees.

To get assistance with creating accounts and resetting passwords, please review the following step-by-step video guidance on Maintaining DELTA Accounts: Modifying User Access.

Additional guidance related to DELTA accounts can be located at https://delta.dbhds.virginia.gov/DELTA/Help.aspx.

DELTA: Forgot Passwords

Users can reset their own password by using the Forgot Password button on the DELTA login screen.

1. Click Forgot Password

2. Enter your Username

3. Click Submit

- Your security question will be displayed on the screen.

- You must answer the question correctly for your password to be reset. Click **Submit** for a temporary password to be created.

DELTA: Resetting Passwords

As stated above, one of the tasks completed by the **DELTA Security Officer** is to reset passwords due to:

- a user has forgotten a username and password or,
- a user has incorrectly entered his or her password three times and has been locked out of his or her account.

DELTA: Resetting Passwords

To reset a password:

1. Log into DELTA

2. Select **Admin Account Reset** from the **Manage Users** menu.

3. The **Search for a User** screen is displayed. Enter at least one search criteria. Select **Search.**
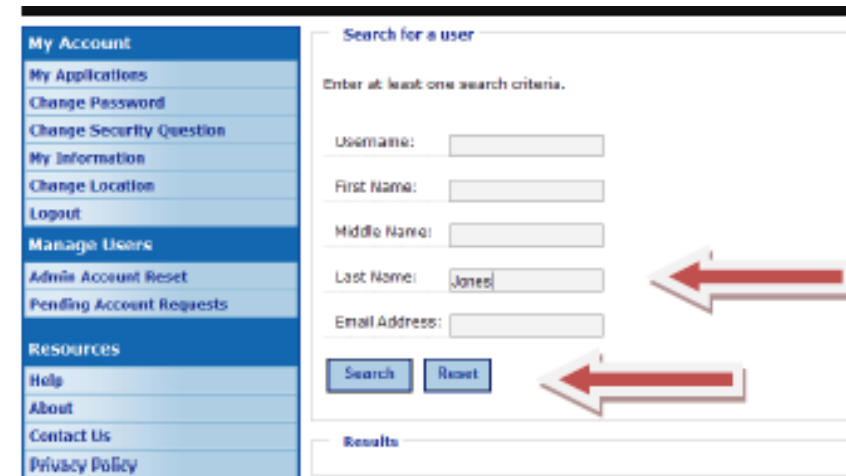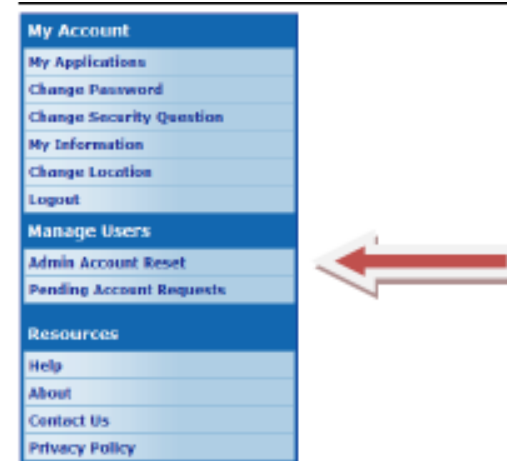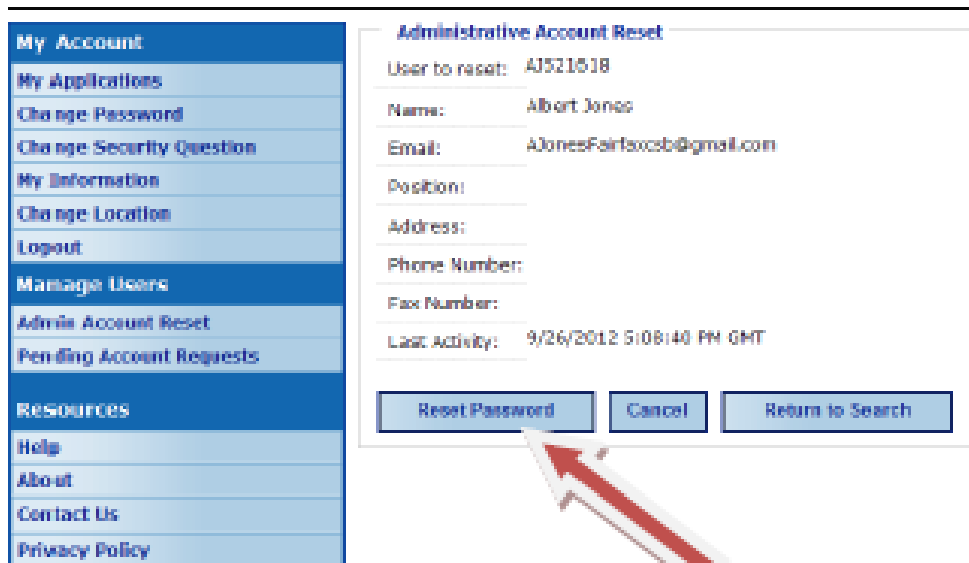
DELTA: Resetting Passwords

The results are displayed at the bottom of the screen. Click **Select** next to the Username to choose the correct account.

DELTA: Resetting Passwords

The **Administrative Account Reset** screen is displayed with the user's account information listed. Click **Reset Password** and a new password will be created. The user will receive an email notification of the new password.

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CHRIS Backup

DBHDS Office of Licensing issued a memorandum in October 2019 on titled CHRIS Updates (http://www.dbhds.virginia.gov/assets/doc/QMD/OL/10.01.19-chris-updates-memo.pdf). In the memorandum CHRIS Reporting Expectations were explained. In the memorandum it states:

"All providers are required to have a back-up person to enter incidents into CHRIS. When one individual is locked out of CHRIS the back-up individual will be able to submit the incident within the 24 hour time frame."

CHRIS Late Reporting

Beginning **March 1, 2020** directly submitting serious incident reports to your licensing specialist when you are locked out of your account or need a password reset is **no longer acceptable**.

Each provider must have a minimum of two individuals to enter incidents into CHRIS and must also have a Local Administrator and Security Officer who can reset passwords and unlock accounts.

The only exception to this will be when there is a system error in CHRIS, and the provider is unable to enter an incident due to technical issues or a system outage.

Revoking Users Access to CHRIS

DBHDS Office of Licensing will be sending out a memorandum on revoking users access to CHRIS. The Office of Licensing learned that not all providers revoke employee's CHRIS access when they have been separated from the organization.

It is the provider's responsibility to immediately revoke an employee's user access to DELTA and DBHDS applications when the employee separates from the organization in order to prevent the inadvertent disclosure of PHI for those who should no longer have access to it.

Revoking Users Access to CHRIS

Revoking the separated employee's user access to DELTA helps to prevent the inadvertent disclosure of PHI.

Failure to immediately revoke a separated employee's user access to DELTA constitutes a violation of the Licensing Regulations (12 VAC 35-105-150(1), 12 VAC 35-105-150(4), and 12 VAC 35-105-870); Children's Residential Regulations (12VAC35-46-60(I), 12VAC35-46-70, and *12 VAC 35-46-660 (c))*, and the Human Rights Regulations (12VAC35-115-80).

Revoking Users Access to CHRIS

As a result, providers who fail to revoke the DELTA user access of separated employees may be subject to the sanctions enumerated within Code of Virginia §37.2-419 and, for providers of non-children's residential services, 12 VAC 35-105-100 as well.

In addition, providers who fail to revoke DELTA user access for separated employees may also be subject to the negative actions enumerated within 12 VAC 35-105-110 for non-children's residential providers and 12 VAC 35-46-130 and 12VAC35-46-90(B) for children's residential providers

Revoking Users Access to CHRIS

Revoking Users Access assistance is located in DELTA under Help.

https://delta.dbhds.virginia.gov/DELTA/_Help/revoke%20access.mp4

*On March 3, 2020, DBHDS will remove access to individuals who has not access the CHRIS application after January 1, 2019.

*Starting July 1, 2020, DBHDS will begin to remove access to individuals who has not access the CHRIS application in six (6) months.

Specialized Investigation Unit

- The Specialized Investigation Unit was developed to supplement the efforts of current Office of Licensing Specialists in conducting investigations to protect the health and safety of Individuals with Developmental Disabilities; and to ultimately improve the overall quality of services and supports.

- The SIU will review and investigate in a timely manner as established in protocols, serious reportable incidents. The SIU will be implemented in three phases in an effort to determine the feasibility of SIU staff completing all investigations for all regions.
  - **Phase One** will consist of completion of all death investigations of individuals with developmental disabilities; (current phase-began in January, 2020)
  - Phase Two will consist of completion of complaint investigations/high profile cases for individuals with developmental disabilities;
  - Phase Three will consist of completion of SIR investigations of individuals with developmental disabilities.

- The overall goal of the SIU is to improve processes relating to investigations, promote consistency, allow for specialized training of investigators, and to ensure the overall safety of all individuals served throughout the Commonwealth.

Specialized Investigation Unit

Virginia Department of Behavioral Health & Developmental Services

Specialized Investigation Unit Contacts SIU

- Region 1 Northwest
- Region 2 - Northern
- Region 3 - Southwest
- Region 4 - Central
- Region 5 - Eastern

Licensing Main Office Administrative Support:

LicensingAdminSupport@dbhds.virginia.gov
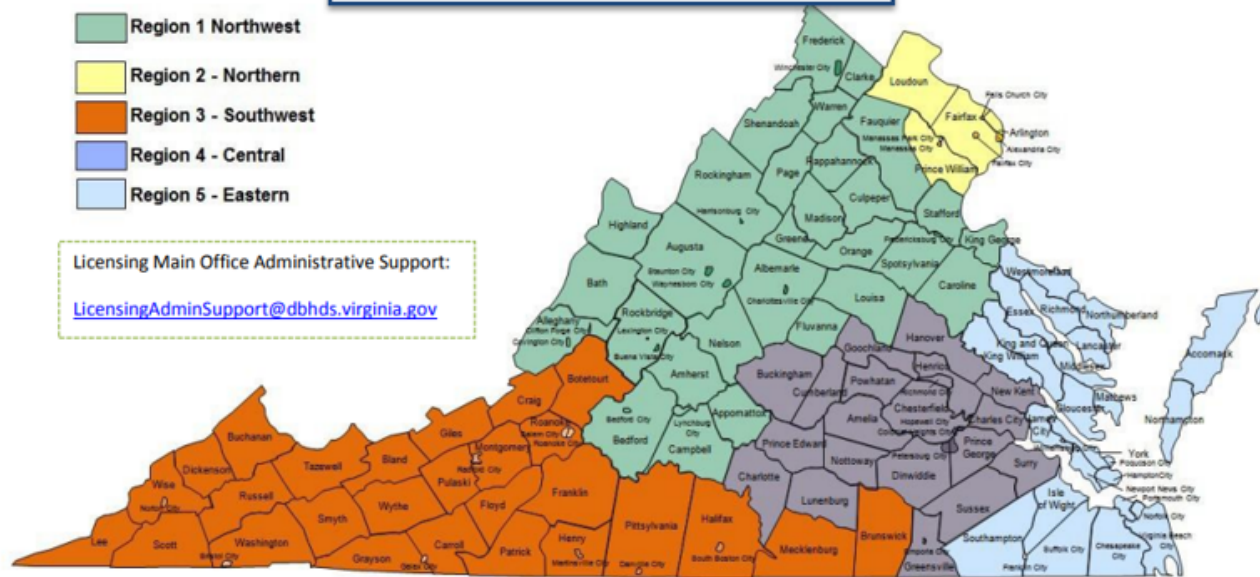
Region	SIU Investigator	Contact Number
Region #1	Jessica Wright	804-432-9645
Region #2	Kristina McCray	804-972-0577
Region #3	Travis Nelson	804-432-6470
Region #4	Nanshill Wilson	804-382-9061
Region #4	Gregory Relaford	804-297-5107
Region #5	Nerissa Rhodes	804-240-1104

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.
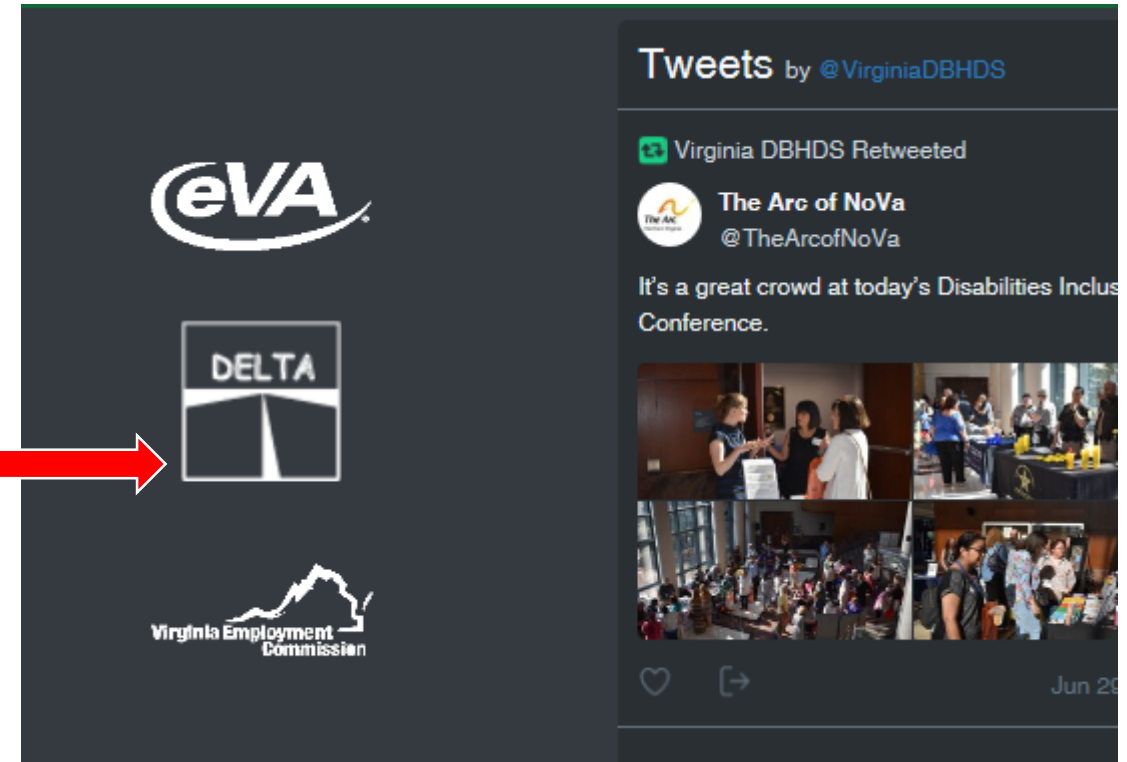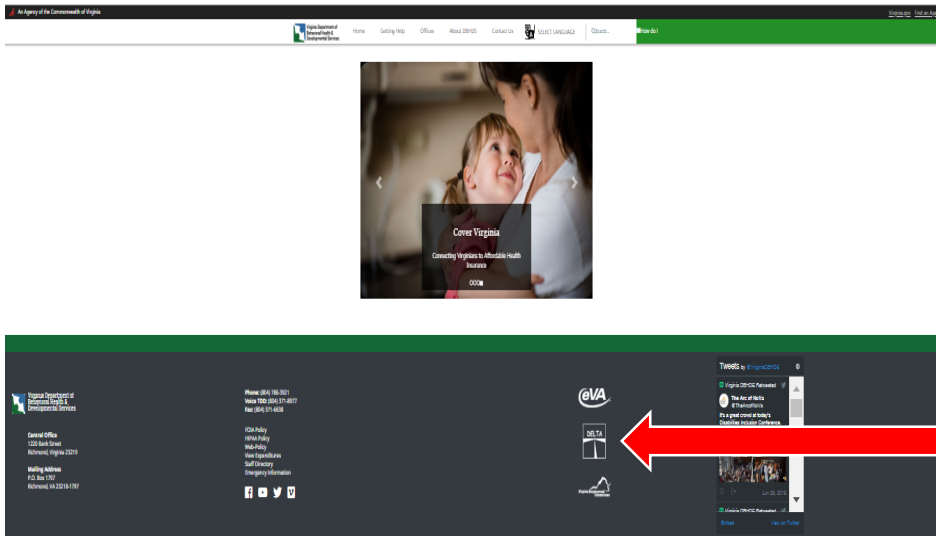
DELTA Assistance

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

Logging into Delta

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.**

Virginia.gov   Online Services | Commonwealth Sites | Help | Governor   Search Virginia.gov   GO

Virginia Department of Behavioral Health and Developmental Services

Home   GO   Contact Us | Search this Site   GO

Resources

Help

About

Contact Us

Privacy Policy

DELTA

Login

▸ Username:

▸ Password:

Log In

Forgot Password

The security of your personal information is important to us!

Diligent efforts are made to ensure the security of Commonwealth of Virginia systems. Before you use this Web site to conduct business with the Commonwealth, please ensure your personal computer is not infected with malicious code that collects your personal information. This code is referred to as a keylogger. The way to protect against this is to maintain current Anti-Virus and security patches.

For more information on protecting your personal information online, refer to the Citizens Guide to Online Protection. **Online Protection Glossary**

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.

Entering Incidents into CHRIS

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).

Entering Incidents into CHRIS

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.

CHRIS VERSION 5.1

Select a Record by Clicking
By Name-You must enter the individual's first and last names
(This search will display all records that 'sound like' the name you entered.)
By Abuse Case - you must enter the abuse allegation case number
By Complaint Case - you must enter the complaint case number

Agency CD:016 , User Role: 24

⦿ by Name	◯ by Abuse Case	◯ by Complaint Case	◯ by Death/Incident Case

Case Number	

Name (First, Last)	Jane	Doe

Search		Choose from the individuals below or click here to add new individual.

ID	First	MI	Last	SSN	Gen.	DOB	City	Zip
01620197811179	John	D	Doe	124124124	M	1/1/1950	Alexandria	22314
0162019619142257	Jane	S	Doe	555241234	F	1/1/1980	Alexandria	22314

Entering Incidents into CHRIS

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 Information | 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
SSN (no dashes)	555241234		
	Current Address where individual is living		
^ Street	123 Anywhere Ave		
^ 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

If this incident was reported to Human Rights, please enter number here

If abuse, enter CHRIS abuse #		If complaint, enter CHRIS complaint #	
Was an internal investigation initiated?		○ No	○ Yes

Multiple Occurrences of Individual's name

Select a Record by Clicking

By Name-You must enter the individual's first and last names
(This search will display all records that 'sound like' the name you entered.)
By Abuse Case - you must enter the abuse allegation case number
By Complaint Case - you must enter the complaint case number

Agency CD:222 , User Role: 24

● by Name	○ by Abuse Case	○ by Complaint Case	○ by Death/Incident Case

Case Number	

Name (First, Last)	John	Doe

Search		Choose from the individuals below or click here to add new individual.

ID	First	MI	Last	SSN	Gen.	DOB	City	Zip
22220191211222429	John		Doe	555555555	M	1/1/1999	Chesterfield	23832
22220191211222550	John	a	Doe	555555555	M	1/1/1999	Chesterfield	23832
22220191113124059	John	A	Doe	555555555	M	1/1/1999	Chesterfield	23832
22220191113124323	John	A	Doe	555555555	M	1/1/1999	Chesterfield	23832
2222019121122272	John	A	Doe	555555555	M	1/1/1999	Chesterfield	23832

INCORRECT

Multiple Occurrences of Individual's name

Each individual should only be entered into CHRIS one time. This is the correct view of how an individual's name should be displayed in CHRIS.

Multiple Occurrences of Individual's name

Select Individual | Abuse Information | Complaint Information | **Death/Incident**

CHRIS VERSION 5.1

* denotes a required field

^ additionally required fields for CSBs and Private Providers

CLICK HERE

*Name (First, MI, Last)	Roger	R	Rabbit
SSN (no dashes)	555555555		

Current Address where individual is living

^ Street	7878 Stop St
^ City, ^State, ^Zip	Richmond	VA	23219
Phone	(804) 555-5555	Phone (###) ###-####

Provider Primary Address

Street	Post Office Box 92
City, State, Zip	Chesterfield	VA	23832

Multiple Occurrences of Individual's name

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 H number obtained from the report is then used to complete your Serious Incident Report to the O

* denotes a required field
Roger Rabbit

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

*Death or Serious Incident | ◯ Death ⦿ Serious Incident

Death/Serious Incident ID:		Death/Serious Incident Counter:	
Provider:	*Chesterfield Community Services Board*	License#	
Licensed Service Location:	[dropdown] *(Entry of Street, City, State and Zip are required for CSB and private provider individuals.)*	* Specific Site of Death/Incident	
			(e.g.: "Bathroom")
		* Individual receiving a waiver service?	
Street		* Waiver	◯ No ◯ Yes
City,State,Zip			
*FIPS		* Waiver Type	[dropdown] Required if receiving waiver service.
*Medicaid Number	123456987110 Required if receiving waiver service.	* Case Management Provider	[dropdown] Required if receiving waiver service. If not receiving waiver service, Case Management Provider is optional.
Date/Time of Death/Incident (hh:mm AM or PM)	Enter 00:00 if time is unknown	*Date/Time of Discover of Death/Incident	Enter 00:00 if time is unknown

Entering Incidents into CHRIS

- 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.

Entering Incidents into CHRIS

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

Serious Incident 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.

New Serious Incident Section

Finding Locations in CHRIS

CHRIS retrieves it's locations from the Office of Licensing Information System. The locations found under each licensed service are directly related to the locations on the agency's license. If you are having trouble finding a location you believe should be there, please conduct the following steps:

Finding Locations in CHRIS

First, check your license addendum to ensure you have the correct service selected for the address.

- Each service has a listing of all locations licensed to provide that service.
  - For example, there are two locations that are licensed for group home service and one location for centered based day support service.

SEA NAME STREET, LLC

Licensed Services

1. Licensed As: A co-occurring disorder of developmental disability and mental health residential group home service for adults.
Stipulations:

Service License Number	Type of License	Effective Date	Expiration Date
xxx-01-001	Triennial	07/28/2017	07/27/2020

Locations: 1   Anywhere Home
1234 XXXX Drive
Chesterfield, VA 23832
        Bed Capacity: 4   Child/Adol. Beds: 0
        Effective Date: 07/28/1995

2   Come Home
My Place Road
Midlothian, VA 23112
        Bed Capacity: 4   Child/Adol. Beds: 0
        Effective Date: 10/01/2005

2. Licensed As: An intermediate care facility for individuals with an intellectual disability (ICF-IID) residential group home service for adults
Stipulations:

Service License Number	Type of License	Effective Date	Expiration Date
xxxx-01-005	Annual	05/10/2019	05/09/2020

Locations: 1   Everywhere (ICF/ID)
6789 Everywhere Boulevard
Petersburg, VA 23805
        Bed Capacity: 12   Child/Adol. Beds: 0
        Effective Date: 05/10/2018

3. Licensed As: A developmental disability center based day support service for adults.

Stipulations:

Service License Number	Type of License	Effective Date	Expiration Date
xxx-02-006	Triennial	07/28/2017	07/27/2020

Locations: 1   We're Here
4321 We're Here Drive
Richmond, VA 23236
        Bed Capacity: 0   Child/Adol. Beds: 0
        Effective Date: 07/28/1995

Finding Locations in CHRIS

If after verifying the location is on the agency's licensed addendum, please contact the Incident Management Unit to assist you with correcting this issue.

If the location is not listed on the agency's license addendum, please contact your licensed specialist and they will assist you in correcting this matter.
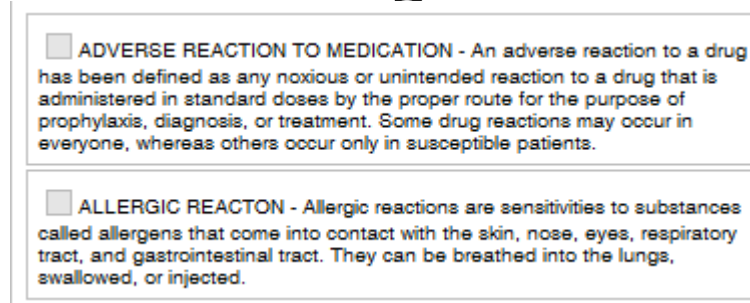
Serious Incident Track- Definitions

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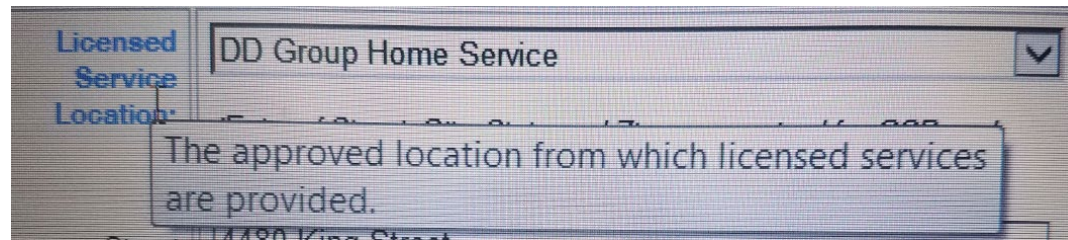
There are also concatenated definitions. These are words that have the definitions to the right of the word.

Serious Incident Changes

- 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.

Serious Incident Changes

- 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.

Cause of Incident

For serious incidents the reported information shall include the **cause of the incident.**

- Causes are actions, omissions, events, conditions, or a combination thereof, that lead to an incident.

What's the cause?

Cause of Incident (Select all that apply)

- [ ] ACCIDENTAL INJURY BY ANOTHER PERSON - A non-intentional injury caused by another person.

- [ ] ANIMAL OR INSECT BITE/STING - Humans can be injured by the bites or stings of many kinds of insects and animals such as dog or cat to bites from fellow humans and spiders to the stings from bees, wasps, snakes, and marine animals such as jellyfish and stingrays.

- [ ] ASSAULT (BY OTHERS) - Assault to an individual by someone other than an employee or licensed provider.

- [ ] ASSAULT (PEER TO PEER AGGRESSION) - An attack that results in significant harm or causes a threat to the health or safety of an individual caused by another individual.

- [ ] ASSAULT BY STAFF OR CAREGIVER - Assault to an individual by an employee or agent of a licensed provider.

- [ ] BLUNT FORCE TRAUMA - A traumatic injury caused by mechanical force to the body by a blunt force, object or instrument—or an injury where the body strikes a surface such as a wall or the ground, in which the skin was not penetrated; such injuries usually result from assaults, abuse, accidents or resuscitative measures.

- [ ] DROWNING/SUBMERSION (WATER ACCIDENT) - The process of experiencing respiratory impairment from submersion/immersion in liquid.

- [ ] FALL/TRIP - A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.

- [ ] FOOD INGREDIENTS OR CONSISTENCY - Injury due to food allergies, food borne illness, or incorrect dietary consistency modifications.

- [ ] INGESTION OF FOREIGN OR HAZARDOUS MATERIAL - Foreign - body ingestion. Ingestion of a foreign body with or without secondary gain regardless of whether the intent was accidental or intentional.

- [ ] MEDICAL EQUIPMENT MALFUNCTION (ADAPTIVE EQUIPMENT) - Any malfunction in the technology designed to improve the quality of life of a person with disabilities.

- [ ] MEDICATION ERROR - Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of a healthcare provider, patient, or consumer.

- [ ] MOTOR VEHICLE ACCIDENT - When a motor vehicle strikes or collides another vehicle, a stationary object, a pedestrian, or an animal. Also referred to as "traffic collision."

- [ ] NATURAL DISEASE PROCESS - The progression of a disease process in an individual over time.

- [ ] NEGLECT - To fail to provide adequate care.

- [ ] OVERDOSE - An overdose is an injury to the body (poisoning) that happens when a drug is taken in excessive amounts.

Injury/Incident Description/ Circumstance

The "Injury/Incident Description" is now a required field.

- The narrative should describe the circumstances or, what the incident was and how it occurred.
- The narrative should provide a complete and accurate account of the incident.

Remember, tips are revealed when hovering over the highlighted words

Injury/Incident Description/ Circumstance

Narrative: "a spoken or written account of connected events; a story"

Please assure that when completing the narrative, the following is answered

- Who?
- What?
- When?
- Where?
- How?

- WHY?, WHY?, WHY?

*
Injury/Incident Description/ circumstances

This field is now a required field for all injuries.

Injury/Incident Description/ Circumstance

COMPLETENESS AND ACCURATE

* Injury/Incident Description/ circumstances	This field is now a required field for all injuries.

Incomplete

- "Patient exhibited signs of dehydration."
- "Individual was taken to Patient first for the above symptoms but was advised by the medical personnel at Patient first to take him to the Emergency room for evaluation."
- "…"
- "No injuries."

When in doubt, talk it out
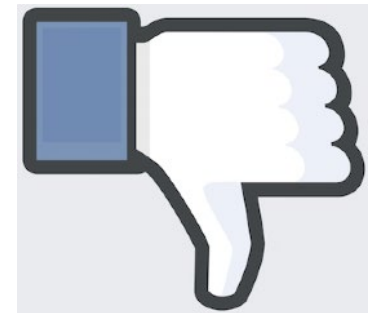
Injury/Incident Description/ circumstance

COMPLETENESS AND ACCURATE

* Injury/Incident Description/ circumstances

This field is now a required field for all injuries.

Complete

✓ At approximately 3:25 PM John pulled a chair up to the counter. Staff asked him multiple times to please get down from the counter and sit normally at the table. John reportedly responded saying "No, I'm just sitting down" while smiling. At approximately 3:27 PM John reached up near the ceiling (where the clock used to be before he tore it down a couple days prior) and he grabbed something and put it in his mouth. Staff did not see what it was but did see the motion of him reaching up and putting something in his mouth. Staff then asked him "is there something in your mouth?", John responded with a head nod motion, indicating "yes". Staff then asked him to spit whatever it is out and encouraged him verbally to make a positive choice. John proceeded to go to the bathroom as staff followed and drank water from the sink. John then informed staff that it was a thumb tack from the wall that he swallowed. Staff immediately called 911 and then Staff contacted On-Call Supervisor and Legal guardian. EMS transported John to the Emergency Room to be examined.

Description of Medical Treatment Provided & Finding

- Medical treatment means the management and care of a patient by a physician or other licensed health care professional.

- Example of medical treatment includes: surgery, prescription, use or application of a medical devices or equipment, administration of medical therapy such as oxygen use.

- Medical finding signify the collective physical and psychological occurrences (i.e. Physical examinations, patient medical history, laboratory tests, medical device or apparatus, diagnostic procedures) surveyed by a medical doctor to help explain a person's symptoms or condition.

Description of Medical Treatment Provided & Finding

- Refer to ER paperwork/doctor's notes for findings or diagnosis, treatment order, and/or recommendation.

- Scenario#1: While playing basketball in the gym, individual tripped and fell on his left side. Noted redness and swelling on his left wrist and also was c/o pain. Staff took the individual to National Hospital ER for evaluation.

Description of Medical Treatment Provided & Finding	
	Check Spelling

Description of Medical Treatment Provided & Finding

- Example for scenario #1: Individual was evaluated by ER physician. Left wrist X-ray was completed and result showed distal radius (wrist) fracture. Cast was applied and prescription/ f/u appointment with orthopedic specialist in 10 days was given. A PRN medication for pain was also prescribed.

Description of Medical Treatment Provided & Finding

Check Spelling

Description of Medical Treatment Provided & Finding

If an incident report has to be submitted in CHRIS prior to receiving ER paperwork or doctor's notes-

- Select the option "**Updates to death/serious incident will be provided**". This is located below the Licensing Specialist box or just before the "Save" button box.

- Please submit any updates within 24-48 hours.

Description of Medical Treatment Provided & Finding

When updating a Serious Incident Report please edit any sections to reflect any additional details you have regarding the incident report. For example, if you initially checked the box "OTHER ILLNESS/CONDITION, and the physician's notes stated "UTI", please check the "Urinary Tract Infection" box under the Injury, Illness or Conditions box.

Important Updates should be done to both checkbox fields (for data collection) and narrative fields for the licensing/investigations team.

Description of Medical Treatment Provided & Finding

- 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:

○ Death/Serious incident report is complete and no further updates will be provided.

○ Updates to death/serious incident report will be provided.

○ An update to the death/serious incident report has been provided.

Description of Medical Treatment Provided & Finding

- Scenario #2: Individual became upset and started pacing around the living room then ran out of the home. Staff followed behind and observed individual picking up small objects and swallowed it. After many attempts to redirect by staff, individual continues to escalate and threatened to scratch the cars in the neighborhood. Staff called non-emergency police and Crisis to assist in the situation. Individual agreed to go to the ER for medical follow up and to be screened for possible psychiatric admission.

- Example #2: Individual was evaluated in the ER and Xray showed small foreign objects in his stomach. Medication was given to aid in passing the two objects. Once it was confirmed that the objects had passed through his bowels, individual was screened in Tuckers Pavilion for admission. Individual was transported and was admitted.

Describe the consequences and risk of harm

12 VA35-105-520. Risk Management

B. The provider shall implement a written plan to identify, monitor, reduce, and minimize harms and risk of harm, including personal injury, infectious diseases, property damage or loss, and other sources of potential liability.

Describe the consequences and risk of harm

- The "**Describe the consequences and risk of harm**" is now a required field.

- A consequence of an incident is what actually happen as a result of the incident.

- Risk of harm is what could have happen as a result of the incident.
  - ❖ **Both the consequences and risk of harm can be placed in the same box below.**

- Any blue text has hover over technology and contains definitions or instructions.

*Describe the consequences and risk of harm:

Check Spelling

Describe the consequences and risk of harm

- Describe what harm resulted or could have resulted, as result of this serious incident.
  - In order to do this you must first have a complete and accurate description of what has happened and the circumstances related to the incident.
  - To assess risk, you need to ask questions/interview, review documentation, complete environmental reviews and observations
  - Risk identification looks beyond what it initially reported

*Describe the consequences and risk of harm:

Check Spelling

Describe the consequences and risk of harm

Ask yourself...

- Is there an effect of an action or condition?

- For example, if an individual sustains a broken rib after receiving abdominal thrusts because they were choking, the broken rib is a consequence of the serious incident (choking) and should be reported as such.

- For this example, the risk of harm could lead to aspiration or death.

*Describe the consequences and risk of harm:

Check Spelling

Describe the consequences and risk of harm

Ask yourself...

- Why are you taking action?

- What are you trying to mitigate? Prevent? Resolve?

- For example, a person with a history of aspiration pneumonia experiences episodes of coughing throughout the day and presents with a low-grade fever. A decision is made for them to be evaluated in the Emergency Department because of the risk of aspiration. The consequence is the ER visit and risk of harm in this example could be, but not limited to: aspiration pneumonia, hospitalization, death.

*Describe the consequences and risk of harm:

Check Spelling

Describe the consequences and risk of harm

More Examples

- Person evaluated at ED and found to have a UTI. Risk of harm associated with a UTI include, but is not limited to: pain, other infections, sepsis, death

- Person hospitalized due to suicidal and homicidal thoughts. Risk of harm associated with this incident includes but is not limited to: hospitalization resulting from risk of harm to self or others.

- Person evaluated in the ED post fall. Risk of harm associated with a fall may include, but is not limited to: head trauma, contusion, concussion, fractures, lacerations, unseen injuries requiring testing to evaluate and other undiagnosed medical conditions.

*Describe the consequences and risk of harm:

Check Spelling

Describe the consequences and risk of harm

Incomplete Responses

- Blank (nothing noted in the textbox)

- N/A

- None

- Unknown

- Risk of Harm

- No injury noted

- No risk of harm since we did everything that we were supposed to do per policy & procedure.

*Describe the consequences and risk of harm:

Check Spelling

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:

- ◯ Serious incident report is complete and no further updates will be provided.

- ◯ Updates to serious incident report will be provided.

- ◯ 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.

Level III – Death Individual with DD

- Reminder that deaths involving individuals with developmental disabilities require submissions of mortality review committee documentation within 10 business days of a death.

- **Failure to submit within 10 business days will result in a citation.**

- In CHRIS there is a direct link to the MRC Checklist and Memo (Process) to reference.

> * 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.

**This only applies to a Provider who is reporting a death of an individual with developmental disability.

Level III –Death Individual with DD

- Providers must ensure that the MRC checklist is submitted when submitting MRC docs to the MRC email address

Part _____ of _____

Office Of licensing - DBHDS
MORTALITY REVIEW SUBMISSION CHECKLIST FOR REQUIRED RECORDS

(PLEASE READ PRIOR TO SENDING RECORDS)

Provider Name   Death of Death   CHRIS #

Individual's Last Name   Individual's First Name

Each individual's record should be scanned and saved using the below naming convention:
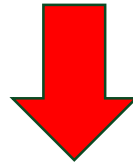Provider name_ Last name_First name_Title of document category
Example: ABCGroupHome_Doe_Jane_MedicalRecords

This only applies to a Provider who is reporting a death of an individual with developmental disability.

Level III – Death Individual with DD

- Ensure you are using the naming convention when labeling the MRC files you are submitting as listed on the MRC checklist.

Each individual's record should be scanned and saved using the below naming convention:

Provider name_ Last name_First name_Title of document category

Example: ABCGroupHome_Doe_Jane_MedicalRecords

**This only applies to a Provider who is reporting a death of an individual with developmental disability.

Level III – Death Individual with DD

- The MRC email address is mrc_documents@dbhds.virginia.gov
  - There is an underscore "_" between mrc_documents.

- Remember that all emails sent to MRC email address **MUST** be sent via encrypted email.

- If you don't have an encrypted email subscription you currently utilize, send the MRC email address a request for an encrypted email, and MRC email will send an encrypted mail using VIRTU to which you can respond with required MRC docs.

- DBHDS can not accept any docs sent via Goggle Docs.

- Individual file sizes can not exceed 24MB

**This only applies to a Provider who is reporting a death of an individual with developmental disability.

Level III –Death

- Only one CHRIS report needs to be submitted for a **Death Involving the Same Provider with an Individual in Several Services.**
    - When an individual who died was enrolled in several services with the **same provider,** the **provider** will only have to enter one CHRIS entry under the main service in which the death occurred.
    - The **provider** should include in their narrative what other services the individual was enrolled in (case management, day support, residential etc.)
    - Death of individuals with Developmental Disabilities: The **provider** should submit the MRC documents for all services.

**This only applies to a Provider who had the individual enrolled in several services

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.
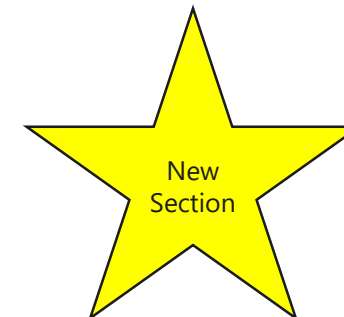
Death Track

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.

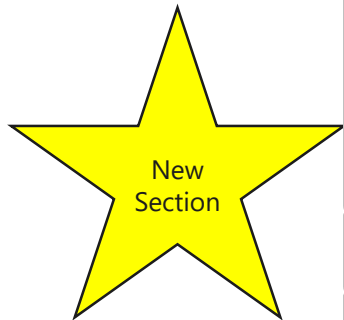○ By checking here, I acknowledge responsibility for providing these documents.

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

New Section

Death Changes

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

New Section

* Required. Plese select one from the following:

○ Death/Serious incident report is complete and no further updates will be provided.

○ Updates to death/serious incident report will be provided.

○ An update to the death/serious incident report has been provided.

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.

Incident Reporting

When reporting an incidents providers should adhered to DBHDS Emergency Regulations and DBHDS Office of Licensing Guidance for Serious Incident Reporting

- **Definition of a serious incident (12VAC35-105-20) http://www.dbhds.virginia.gov/assets/QMD/licensing/ch.105.full.we mergcompliance.9.01.18docx.pdf**

- **Reporting requirements for serious incidents (12VAC35-105-160) http://www.dbhds.virginia.gov/assets/QMD/licensing/ch.105.full.we mergcompliance.9.01.18docx.pdf**

- **DBHDS Office of Licensing Guidance for Serious Incident Reporting https://townhall.virginia.gov/L/GetFile.cfm?File=C:%5CTownHall%5 Cdocroot%5CGuidanceDocs%5C720%5CGDoc_DBHDS_6415_v1.pdf**

Incident Reporting

"Level III serious incident" means a **serious incident whether or not the incident occurs while in the provision of a service or on the provider's premises**.

Incident Reporting

If an incident happens at an agency during the provision of service, and the incident is classified as a **Level I incident** (according to DBHDS Emergency Regulations), this incident **would not** need to be reported to DBHDS by this agency. The agency would have to keep a record of this incident.

When the agency contacts the residential provider to pick up the individual and the residential provider takes the individual to the ER because they believe the individual needs medical treatment, this is now classified as a **Level II incident** and the residential provider **would have to** report the incident as a Level II in CHRIS.

Note: All services are responsible for ensuring the health and safety of an individual. If the individual appears to need medical attention it is the responsibility of the service to seek out care for the individual. The service can notify the residential provider to meet them at the emergency room.

Incident Reporting

If an incident occurs at an agency during the provision of service, and the incident is classified as a **Level II incident** (according to DBHDS Emergency Regulations), this incident **would have** to be reported by this agency as a **Level II incident** in CHRIS.

When the agency contacts the residential provider to pick up the individual and the residential provider takes the individual to the ER, the residential provider **would have** to also report the incident as a **Level II incident** in CHRIS.

Each provider will be reporting different parts of the incident. The first service would report the occurrence of the incident and the residential provider would report taking the individual to the emergency room.

Incident Reporting

- 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 pus 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.

Incident Reporting

- 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.

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.

○ By checking here, I acknowledge responsibility for providing these documents.

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

Children Residential Providers

- The Emergency Regulations for Compliance with Virginia's Settlement Agreement with US DOJ **do not** apply to children's residential service providers. As a result, the tiered reporting structure for serious incidents **does not** 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 [Standards for the Regulation of 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 **do** apply to licensed case management services. As a result, the tiered reporting structure for serious incidents **does** 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.

Children's Residential Serious Injury

- For Serious Injuries, CORE providers should select the level that applies to the incident.
- 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 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.

CHRIS Reports

The following reports are available in the CHRIS system

SI-01: Status of Serious Incident by Date of Incident

SI-02: Status of Serious Incident by Date DBHDS Notified

DS-01: Status of Death Case by Date of Death

DS-02: Status of Death

CM-01D: Case Management Serious Incident or Death

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

Pre-existing CHRIS Incident Reports

Incident Management Unit and Licensing Specialists have noticed that a few providers have gone back into old CHRIS report and over written the information with a new incident that the individual had experienced.

- Please do not overwrite old CHRIS reports. This is misrepresenting previous information and distorting data from new incidents.

- All New CHRIS reports should start with the number 2020
     (ex. **2020XXXX**).

Locating CHRIS Training

- From DBHDS website

Locating CHRIS Training

- From Licensing Home page

MORE INFORMATION

- QMHP Emergency Regulation Summary posted (September 2018)
- Mortality Review Committee Document Submission Memorandum (July 2019)
- Mortality Review Committee Required Documents (July 2019)
- Enhanced Licensing Visit Protocol
- DBHDS Citation Dispute Resolution Process
- CHRIS Training

- From CHRIS Home page

Documentation

- CHRIS Modification Training PowerPoint (August 2019)

CHRIS training located in DELTA

Logging Out of CHRIS

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

Overview of Incident Management

Upon the receipt of the incident IMU will begin the Triage 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.
- 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.

Incident Management Rollout

Incident management Unit is currently reviewing all incidents submitted in CHRIS for Incident Management will be rolling out into Regions 1, 2 and 5. Notification will go out when the dates have been established.
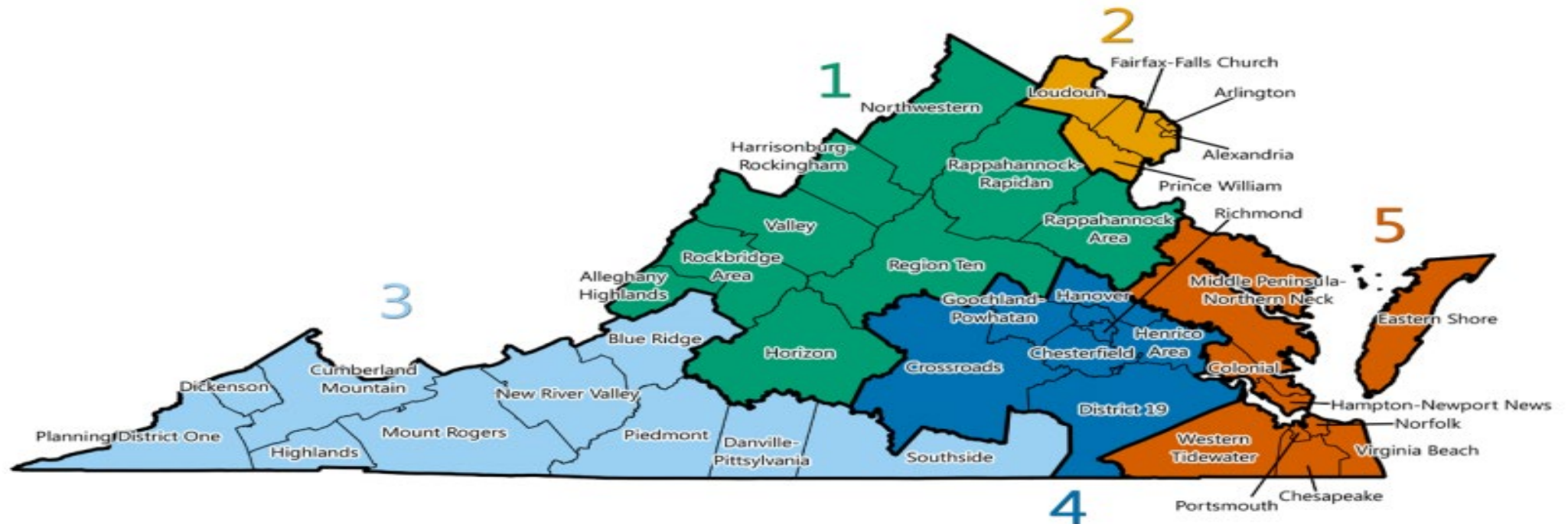
Incident corrections

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, providers should anticipate contact from IMU to 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.

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.

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.

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.

Questions

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