

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).

Virginia Department of **Behavioral Health and Developmental Services**

Home » » DELTA » CHRIS

CHRIS VERSION 5.1

LOGGED IN AS

- 8891dc4d
- Logout

NAVIGATION

- Home
- Incidents >
- Reports
 - Abuse Reports
 - Complaint Reports
 - Serious Incident Reports
 - Death Reports
 - Case Manager Reports
- Help

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)

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)

 [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

If this incident was reported to Human Rights, please enter number here			
If abuse, enter CHRIS abuse #	<input type="text"/>	If complaint, enter CHRIS complaint #	<input type="text"/>
Was an internal investigation initiated?	<input type="radio"/> No <input type="radio"/> Yes		

DEMOGRAPHICS

Entering Incidents into CHRIS



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

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

 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

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

Entering Incidents into CHRIS



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 [here](#) to add new individual", to create a new profile for the individual.

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)

 Choose from the individuals below or click [here](#) to add new individual.

Entering Incidents into CHRIS



Select Individual

CHRIS VERSION 5.1

* denotes a required field
^ additionally required fields for CSBs and Private Providers

*Name (First, MI, Last)	Lion	L	King
SSN (no dashes)	123123123		
Current Address where individual is living			
^ Street	123 High Hopes Lane		
^ City, ^State, ^Zip	Alexandria	VA 22313	
Phone	(703) 555-5555	Phone (###) ###-####	
Provider Primary Address			
Street	720 N. Saint Asaph Street		
City, State, Zip	Alexandria	VA 22314	

DEMOGRAPHICS

*Date of Birth (format: MM/DD/YYYY)	01/01/1950				
*Race	Alaskan Native	*Gender	Male		
Medical Number	123123123	Substitute Decision Maker	<input type="radio"/> No <input type="radio"/> Yes	Name	
Relationship to Individual					

Save Cancel

- 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.

Select Individual

CHRIS VERSION 5.1

* denotes a required field
^ additionally required fields for CSBs and Private Providers
The record is saved.

*Name (First, MI, Last)	Lion	L	King
SSN (no dashes)	123123123		
Current Address where individual is living			
^ Street	123 High Hopes Lane		
^ City, ^State, ^Zip	Alexandria	VA 22313	
Phone	(703) 555-5555	Phone (###) ###-####	
Provider Primary Address			
Street	720 N. Saint Asaph Street		
City, State, Zip	Alexandria	VA 22314	

DEMOGRAPHICS

*Date of Birth (format: MM/DD/YYYY)	01/01/1950				
*Race	Alaskan Native	*Gender	Male		
Medical Number	123123123	Substitute Decision Maker	<input type="radio"/> No <input type="radio"/> Yes	Name	
Relationship to Individual					

Save Cancel Continue

The record is saved.

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**"

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)	Lion	L	King
SSN (no dashes)	123123123		
Current Address where individual is living			
^ Street	123 High Hopes Lane		
^ City, ^State, ^Zip	Alexandria	VA	22313
Phone	(703) 555-5555	Phone (###) ###-####	
Provider Primary Address			
Street	720 N. Saint Asaph Street		
City, State, Zip	Alexandria	VA	22314

;

DEMOGRAPHICS

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.

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.**

There are no previous incidents to display.

*Death or Serious Incident	<input type="radio"/> Death	<input type="radio"/> Serious Incident
-----------------------------------	-----------------------------	--

Serious Incident Track Interface Changes



*Death or Serious Incident <input type="radio"/> Death <input checked="" type="radio"/> Serious Incident	
Death/Serious Incident ID:	Death/Serious Incident Counter:
Provider: Alexandria Community Services Board	License#:
Licensed Service Location: DD Group Home Service	* Specific Site of Death/Incident (e.g.: "Bathroom")
Street City, State Zip (Entry of Street, City, State and Zip are required for CSB and private provider individuals.)	* Individual receiving a waiver service? <input type="radio"/> No <input type="radio"/> Yes
*FIPS	* Waiver Type Required if receiving waiver service.
*Medicaid Number: 123123123123 Required if receiving waiver service.	* Case Management Provider Required if receiving waiver service. If not receiving waiver service, Case Management Provider is optional.
Date/Time Death/Incident (hh:mm AM or PM) Enter 00:00 if time is unknown	* Date of Discovery of Death/Incident Enter 00:00 if time is unknown

Death/Serious Incident ID

Changed from Location to **Licensed Service Location**. Only license open locations will appear

Date/Time Field Optional

Replace Service Type with License # which will auto generate when the provider selects a Licensed Service Location. **Note: The licensed # will not appear until after the incident has been saved.**

- The new Waiver Services**
- CCC Plus Waiver
 - Community Living Waiver (CL)
 - Family and Individual Support Waiver (FIS)
 - Building Independence Waiver (BI)
 - Other Waiver

* Originator/Witness – the person is present at time of death or serious incident

* First name	* Last name	* Relationship with the consumer
--------------	-------------	----------------------------------

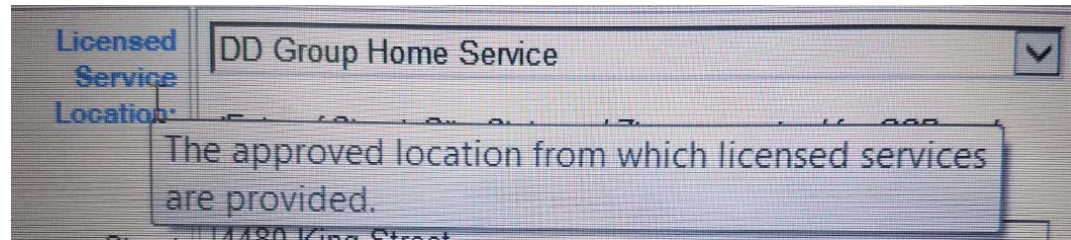
What best describes the incident you are reporting? (check all that apply)

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.

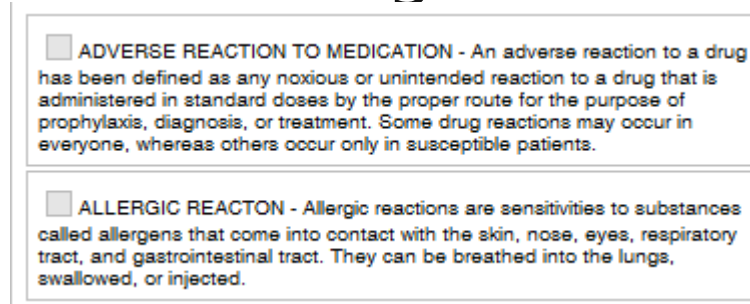
Serious Incident Track- Definitions



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



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.

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.

*Did an injury, illness or condition occur?

No Yes

Select any injuries, illnesses, or conditions that occurred (Select all that apply)

Injury	Illness or Condition
<input type="checkbox"/> ADVERSE REACTION TO MEDICATION - An adverse reaction to a drug has been defined as any noxious or unintended reaction to a drug that is 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.	<input type="checkbox"/> ASPIRATION PNEUMONIA - Pneumonia is a breathing condition in which there is swelling or an infection of the lungs or large airways. Aspiration pneumonia occurs when food, saliva, liquids, or vomit is breathed into the lungs or airways leading to the lungs.
<input type="checkbox"/> ALLERGIC REACTON - Allergic reactions are sensitivities to substances called allergens that come into contact with the skin, nose, eyes, respiratory tract, and gastrointestinal tract. They can be breathed into the lungs, swallowed, or injected.	<input type="checkbox"/> 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
<input type="checkbox"/> 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.	<input type="checkbox"/> BLOOD SUGAR PROBLEM (HIGH OR LOW) - Hyperglycemia (high blood sugar) refers to high blood glucose levels. Hypoglycemia (low blood sugar) refers to dangerously low blood sugar levels.
<input type="checkbox"/> BLEEDING - Escape of blood from an injured vessel.	<input type="checkbox"/> BOWEL OBSTRUCTION - An intestinal obstruction (complete or partial) that occurs when food or stool cannot move through the intestines. A bowel obstruction is different than constipation and must be diagnosed by a medical professional.
<input checked="" type="checkbox"/> BRUISE - A bruise is a mark on your skin caused by blood trapped under the surface. You can get skin, muscle and bone bruises. Bone bruises are the most serious. It can take months for a bruise to fade, but most last about two weeks.	<input type="checkbox"/> CARDIAC EVENT (HEART ATTACK, HEART FAILURE, ANGINA) - Any major or minor cardiovascular event or conditon, such as angina, heart attack, or heart failure, that could cause damage to the heart. Symptoms may vary depending on severity but can include heart palpitations, tightness in the chest area, weakness, dizziness, shortness of breath, chest pain, and discomfort in the upper body.
<input type="checkbox"/> BURN - Burns are tissue damage that results from heat, overexposure to the sun or other radiation, or chemical or electrical contact. Burns can be minor medical problems or life-threatening emergencies.	<input type="checkbox"/> CONSTIPATION - Chronic constipation is infrequent bowel movements

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.

<input type="checkbox"/> 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 results in a motor impairment such as the partial or total loss of a function of a body part.	<input type="checkbox"/> 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.
<input type="checkbox"/> 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.	<input type="checkbox"/> 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.
<input type="checkbox"/> 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.	<input type="checkbox"/> SEIZURE - A sudden surge of electrical activity in the brain. A seizure usually affects how a person appears or acts for a short time.
<input type="checkbox"/> PRESSURE INJURY (DECUBITUS ULCER) - Decubitus Ulcers, known as Pressure Injuries, are caused by unrelieved pressure over a defined area, resulting in decreased blood flow to the area, causing the tissue to die.	<input type="checkbox"/> SEPSIS - Sepsis refers to a bacterial infection in the bloodstream or body tissues.
<input type="checkbox"/> 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 ligaments. A strain is a stretching or tearing of muscle or tendon.	<input type="checkbox"/> STROKE - A stroke occurs when the blood supply to part of your brain is interrupted or reduced, depriving brain tissue of oxygen and nutrients causing brain cells to begin to die. A stroke is a medical emergency.
<input type="checkbox"/> OTHER INJURY - Other Injury not otherwise listed.	<input type="checkbox"/> 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; might not result in injury.
	<input type="checkbox"/> URINARY TRACT INFECTION (UTI) - An infection in any part of your urinary system (kidneys, ureters, bladder, or urethra).
	<input type="checkbox"/> OTHER ILLNESS/CONDITION - Other Illness/Condition, not otherwise listed.
If Other please describe:	If Other please describe:
<input type="text"/>	<input type="text"/>

Serious Incident Changes



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** This field is now a required field for all injuries.

Did this incident involve **loss of consciousness**? No Yes

Medical Attention Type: NonEmergency Emergency

Date/Time Medical Attention (hh:mm AM or PM)

Description of Medical Treatment Provided & Finding

***Describe the consequences and risk of harm:**

New Section

Serious Incident Changes



- 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#"**

Did this case involve? (Check all that apply)

<input type="checkbox"/> Seclusion	Involve Other(please specify) <div style="border: 1px solid gray; height: 200px; width: 100%;"></div>
<input type="checkbox"/> Restraint	
<input type="checkbox"/> Abuse Allegation	
<input type="checkbox"/> Neglect Allegation	
<input type="checkbox"/> Assault-Peer to Peer aggression	
<input type="checkbox"/> Self Injurious Behavior	
<input type="checkbox"/> Other	

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

If abuse, enter CHRIS abuse #	<input type="text"/>	If complaint, enter CHRIS complaint #	<input type="text"/>
Was an internal investigation initiated?	<input type="radio"/> No <input type="radio"/> Yes		
If yes, indicate date begun:	<input type="text"/>		

Serious Incident (sections with no change)



The following sections of CHRIS did not contain any changes.

<p>External notifications made <i>(Check all that apply)</i></p>	<p><input type="checkbox"/> DSS</p> <p><input type="checkbox"/> Local Law Enforcement Agency</p> <p><input type="checkbox"/> State Police</p> <p><input type="checkbox"/> Department of Health Professionals</p> <p><input type="checkbox"/> Department of Health</p> <p><input type="checkbox"/> Other</p>	<p>Other (please specify):</p> <div data-bbox="1210 482 1860 851" style="border: 1px solid #ccc; height: 258px; width: 255px; position: relative;"><div style="position: absolute; top: -10px; right: 0;">^</div><div style="position: absolute; bottom: -10px; right: 0;">v</div></div>
--	---	--

Serious Incident (sections with no change)



The following sections of CHRIS did not contain any changes.

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

<input type="checkbox"/> Change policy and procedure	Other (please specify): <div style="border: 1px solid gray; height: 150px; width: 100%;"></div>
<input type="checkbox"/> Implement Current policy and procedure	
<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 type="checkbox"/> Obtain additional services/assessments	
<input type="checkbox"/> Meet with support team to review/plan	
<input type="checkbox"/> Improve QA	
<input type="checkbox"/> Supervisory/Administrative staff change/location	
<input type="checkbox"/> Corrective action pending further internal investigation	
<input type="checkbox"/> Other	

Serious Incident (sections with no change)



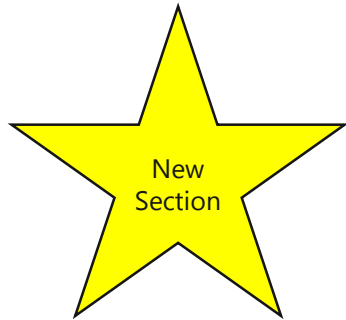
The following sections of CHRIS did not contain any changes.

* Person Filling Out Form Name/Title								
* First name	<input type="text"/>	* Last name	<input type="text"/>	* Staff Title	<input type="text"/>	* Date of Completion	<input type="text"/>	
* Licensing Specialist:	<input type="text"/>		Date/Time Licensing Notification:	<input type="text"/>		Date Case Closed:	<input type="text"/>	

Serious Incident Changes



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



*** Required. Please 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 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.

A screenshot of a web form interface. At the top, there are three buttons: 'Save', 'Cancel', and 'Print Death/Incide'. Below these buttons, the text 'Record Counter: 2019xxxx' is displayed. Underneath, there is a 'Continue' button with a dotted border. Below the 'Continue' button, the message 'The record is saved.' is shown in green. At the bottom left, there is a blue link that says 'Back to top'.