

Incident Reporting (General Event Reports)

Incident Reporting in Therap is done through our General Event Reports Module. This allows agencies to document internal, reportable, and serious reportable incidents in the same place. Therefore, quality assurance staff will be able to run reports based on all incidents that have occurred across the whole agency or any given section of it. Incidents entered into Therap are immediately available for statistical reporting and trending. The Therap General Event Reports (GER) module has been designed to track, store, and maintain multiple related incidents for an individual and investigate the results. New York users can use this module to document, with specific details, a wide variety of incidents including injuries, behavioral concerns, medication errors, and deaths among others. Users in New York can record the

observed or discovered incidents specifying three levels of notifications: Low, Medium and High. Agencies have the flexibility to use notification levels, according to their preference, to reflect Low-Level or Critical Incidents. Detailed event information, including event date, location, and description, can be added in the GER for specific events like Injury, Medication Error, Restraint Related to Behavior, Restraint Other, and Death among many more.

General Event Reports (GER)

Form ID: GER-DEMOP-9443R2343D
Status: Approved
Entered By: Kris Keppler, Executive Director on 02/02/2010 03:02 PM
Submitted By: Kris Keppler, Executive Director on 02/02/2010 03:09 PM
Approved By: Kris Keppler, Executive Director on 02/02/2010 03:10 PM
Last Updated By: Kris Keppler, Executive Director on 02/02/2010 03:17 PM

Profile Information

Individual Name: Mary Active, 11111
Program Name: East Street Day Program
Report Date: 02/02/2010
Site Name: East Street
Time Zone: US/Eastern

Event Information

Event Date: 02/02/2010
If not at responsible program:
Describe what happened before the event:
They found out they couldn't get the apartment they wanted.
Location Address:
Street 1: 327 East Street Street 2:
City: Medureville County:
State: NEW YORK ZIP: 11111
Phone: 305-555-5555 Fax: 305-555-5555

Restraint Related to Behavior Event

Begin Time: 11:00 am
End Time: 11:18 am
End Date: 02/02/2010
Status: Emergency
Injury caused by Restraint?: No
Monitoring, at least every 30 mins?: Yes
Exercise, at least 10 mins every hour?: Yes

General Information

Abuse Suspected?: No
Type of Abuse:
Neglect Suspected?: No
Type of Neglect:
Internal Report Only?: No
Notification Level: Low
Reported By: Kris Keppler, Executive Director
Reporter's Relationship to Individual: Staff

Notification

Defined by your Provider Administrator, Abuse/Neglect specified require notification to be sent to: Family/Guardian
High notification level (Serious reportable incident) require notification to be sent to: Family/Guardian
Medium notification level (Reportable incident) require notification to be sent to: Family/Guardian

Notify	Name	Date	Notified By	Method of Notification
	Tom Smith	02/02/2010 02:00pm	Kris Keppler, Executive Director	Mail

State form for: Restraint Related to Behavior Event - (Injury : No, Monitoring : Yes, Exercise : Yes)

Form OPWDD 148

For Additional Details: Admin, Justin / Executive Director
Phone Number: 646-123-4567

Date the incident/alleged abuse occurred or was discovered: 02/02/2010
Prelem. Class. of incident/alleged abuse: Injury DDSID:

This report is being provided to (Name): Stephen Flanigan, Medicaid Service Coordin
Relationship to person receiving services: Staff
Phone Number: 646-111-1111

Immediate steps taken in response to the incident or alleged abuse
Immediate Steps Taken: Called the supervisor and the guardians.

Date initial notification was provided to person receiving this form: 02/03/2010
Reported By: Ray Helper, Dir

PDF(s)

- Display Printable (PDF)
- Therap Incident Report (Without Images)
- Therap Incident Report (With Images)
- Form OPWDD 147 for Restraint Related to Behavior Event

Figure: Different sections of the General Event Reports form

Incident Reporting

► **(OPWDD 147/148)** : Therap's General Event Reports (GER) (also known as Incident Reports) can be used by New York users to submit reportable and serious reportable incident reports to New York State. The GER application

currently supports the OPWDD 147 and OPWDD 148 state specific forms.

The OPWDD 147 and OPWDD 148 forms in Therap meet the requirements of the existing forms of NY OPWDD, and have

the same look and feel of the forms currently being used by NY State. These reports can be directly exported to PDF format and can later be printed and submitted to state.

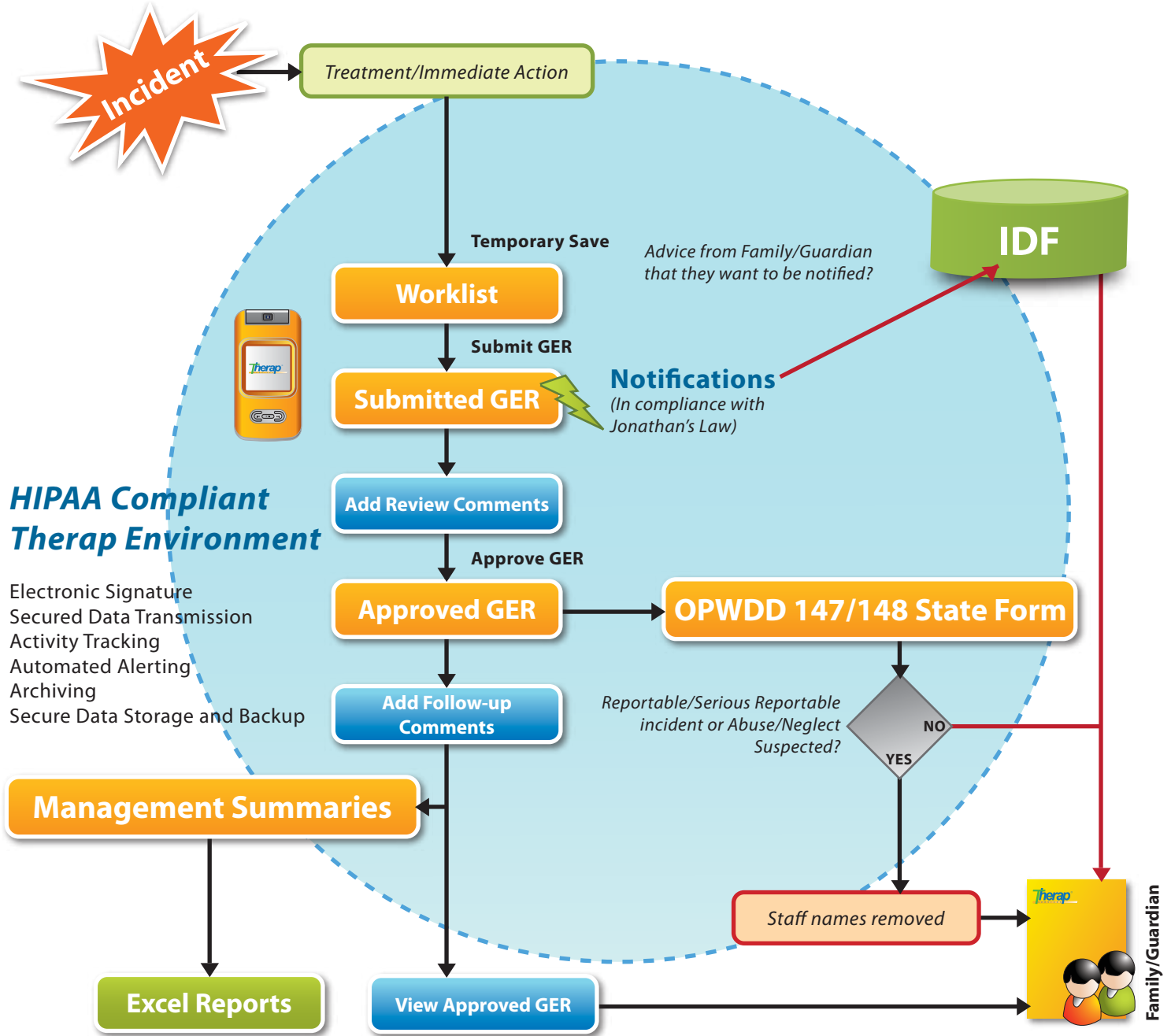


Figure: Therap's General Event Reporting (Incident Reporting) mechanism

Incident Reporting

► **Jonathan's Law** : Therap will also help you meet your obligations under Jonathan's Law. Notification to guardians and other necessary personnel as required by Jonathan's Law can be documented within the GER module. Therap can send automatic alerts and real-time notifications using the following media: Email, Text Message, Pager, and Therap's HIPAA Compliant Secure Communications (SComm) module.

When an incident takes place, staff members can provide the treatment/immediate action and then

start working on Therap's GER forms. Incomplete GERs can be saved and finished later by staff members. When a GER is completed, it can be submitted for further review. Once ready, the forms can then be approved, and follow-up comments can be added. When an incident report is submitted, the system

checks if notifications were made as requested by the family/guardian. If a Reportable/Serious Reportable incident or Abuse/Neglect is found, the system provides the option to filter out staff names, as required by Jonathan's Law, when sending the OPWDD 147/148 state forms to the family/guardian.

GER Preference

Create Behavior Event Record from Restraint Related to Behavior Event Always Optional Never

Note:
If events defined as Reportable, Serious Reportable or Abuse/Neglect are specified in GERs, information on notifications to the corresponding selected entities (below) must be added before approving the GERs.

Notify in case of

High (Notification level) GER

The following events are considered as Serious Reportable and thus the notification level for GERs including these events must be High:

- Injury with Severe Severity (Hospital, ER/admission)
- AWOL/Missing Person
- Possible Criminal Act
- Sudden/Unexpected Death
- Suicide
- Homicide/Violence Death
- Accidental Death
- Mechanical or Physical or Chemical Restraint
- Medication Error that requires immediate medical attention (Physician's visit or Emergency Room visit)

Medium (Notification level) GER

The following events are considered Reportable and thus the notification level for GERs including these events must be at least Medium:

- Injury with Moderate Severity (Nurse/Physician treatment)
- Natural/Expected Death
- Medication Error that requires consultation with Nurse or Physician or ER/Poison Control Center
- Sensitive Situation

Abuse/Neglect GER

*The definitions of Reportable and Serious Reportable are taken from the definition provided in OPWDD emergency regulation to implement Jonathan's Law.

Generated from Therap on: 02/11/10 01:44 AM

Form OPWDD 148 (8/07) Approved

Report on Actions Taken
to address an incident or allegation of abuse

NYS Office For People With Developmental Disabilities

This report includes any immediate corrective/protective actions taken in response to an incident or allegation of abuse to safeguard the health or safety of the person receiving services. This should include, but is not limited to, a general description of any initial first aid, medical/dental treatment, or counseling provided.

Further actions may be taken by agency administration. For ongoing and additional actions may be taken pending the results of the investigation, please contact _____ Admin, Justin _____ by _____

Active, Mary

Person was discovered _____ Prelim. Class. of incident/alleged abuse _____
Injury

Form OPWDD 147 Revised 10/08

For additional guidance in completing this form please see the instructions.

State of New York
OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

1. AGENCY COMPLETING THIS FORM: New York Demonstration Provider

2. FACILITY: East Street 3. PROGRAM TYPE: CH (Day Habilitation Site)

4. FACILITY ADDRESS: 987 East Street, Medunaville, NY, 11111

5. PHONE: (555) 7-555-5555 6. INCIDENT ALLEGATION REFERENCE NUMBER: N/A 7. WAS AN OPWDD 147 PREVIOUSLY SUBMITTED? 1 YES 2 NO

8. INCIDENT COMPLETED BY STAFF DESIGNATED IN POLICY

9. NAME OF PERSON(S) RECEIVING SERVICES (Last, First): Active, Mary 10. DATE OF BIRTH: 08/04/1987 11. GENDER: F 12. ID NO: 11111

13. RECEIVES MEDICATION: 1 YES 2 NO 14. DATE AND TIME INCIDENT ALLEGED ABUSE OCCURRED (IF KNOWN): N/A 15. NUMBER OF PERSONS RECEIVING SERVICES PRESENT AT TIME OF EVENT: N/A

16. NUMBER OF EMPLOYEES PRESENT AT TIME OF EVENT: N/A

17. PRELIMINARY CLASSIFICATION OF CASE:

REPORTABLE INCIDENT	SERIOUS REPORTABLE INCIDENT	ALLEGED ABUSE
<input type="checkbox"/> Injury <input type="checkbox"/> Death (Also See QCC 100) <input type="checkbox"/> Medication Error <input type="checkbox"/> Sensitive Situation	<input type="checkbox"/> Injury <input type="checkbox"/> Moving Person <input type="checkbox"/> Death (Also See QCC 100) <input type="checkbox"/> Reveal <input type="checkbox"/> Medication Error <input type="checkbox"/> Possible Criminal Act <input type="checkbox"/> Sensitive Situation	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Psychological Abuse <input type="checkbox"/> Seclusion <input type="checkbox"/> Unsanitized or Inappropriate Use of Restroom <input type="checkbox"/> Unsanitized or Inappropriate Use of Airborne Conditioning <input type="checkbox"/> Unsanitized or Inappropriate Use of Time-Out

18. SPECIFIC LOCATION WHERE INCIDENT ALLEGED ABUSE OCCURRED:

<input type="checkbox"/> Living Room	<input type="checkbox"/> Bedrooms	<input type="checkbox"/> Dining Room	<input type="checkbox"/> Off-Facility Property	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Bathrooms	<input type="checkbox"/> Hallway	<input type="checkbox"/> Program Room	<input type="checkbox"/> Outdoors	
<input type="checkbox"/> Corridor	<input type="checkbox"/> Staircase	<input type="checkbox"/> Reception Area	<input type="checkbox"/> Vehicle	

19. BRIEF DESCRIPTION OF THE INCIDENT ALLEGED ABUSE: N/A

20. LIST ALL THE SIGNATURE CORRECTIVE/PROTECTIVE ACTIONS THAT MAY HAVE BEEN TAKEN TO SAFEGUARD THE PERSON(S). THIS SHOULD INCLUDE, BUT IS NOT LIMITED TO, ANY FIRST AID, MEDICAL, DENTAL TREATMENT OR COUNSELING PROVIDED: N/A

21. REFERRAL TO ADULT PROTECTIVE SERVICES: 1 YES 2 NO 3 N/A 21a. REFERRAL TO STATE CENY. REG. OF CHILD ABUSE AND MALTREATMENT: 1 YES 2 NO 3 N/A

22. PERMANENT RESIDENTIAL ADDRESS AND PHONE NUMBER (if person listed in #8 above, if address does not fit use #8 above): Address: 1234 South Street, Medunaville, NY, 11112 Phone: 555-555-5555

23. DDDO: Brooklyn, DDDO 24. TYPE OF RESIDENCE: 1 SOIRA 2 VOIRA 3 SOBPC 4 VOBCP 5 PC 6 DC 7 CE 8 Other (Specify)

25. TEMPORARY RESIDENTIAL ADDRESS AND PHONE NUMBER (if applicable, of person listed in #8 above):

26. FIRST NAME OF PARTY COMPLETING FORM: Keopler, Kim TITLE: Executive Director SIGNATURE: _____ DATE: 02/02/2010

27. FIRST NAME OF FAMILY RECEIVING FORM: Keopler, Kim TITLE: Executive Director SIGNATURE: _____ DATE: 02/02/2010

28. DDDO DIRECTOR, AGENCY CHIEF EXECUTIVE OFFICER OR DESIGNEE WAS NOTIFIED OF SITUATION: 1 YES 2 NO DATE: N/A

Figure: PDF Files in the OPWDD 147/148 format - generated from the Therap system

Incident Reporting

Management Summaries & IRMA

Therap's Management Summaries gives a simple and effective way to keep track of all the events occurring in an agency while using one or more modules. Different incidents reported and behavior events that have occurred across multiple agencies can be reviewed using this module. Information can also be viewed on staff members who are using the Therap system. Users can create these reports by specifying a date range and time period such as Annually, Quarterly, Monthly, Weekly, and Daily. Clicking on the entries in those reports will show detailed information. The reports can also be sorted and filtered by choice. It also gives the option to export to an Excel file that can be used to create graphs, use advanced filters like auto-filter or merge with other data. Users will find a comprehensive list of GER and BER fields as output columns on the Event Summaries Search page.

Users (such as state personnel) can use the administrative GER Interval Reports. This can summarize information on the time taken to review a submitted incident report, to approve a reviewed report, and follow-up on an approved report for all agencies at once. Additional details like average and maximum/minimum time taken for review and follow-up, as well as detailed statistics on login, Programs, Sites, and CaseLoads can also be generated.

As with other modules in Therap, Incident Reports are initially entered into the system by the person witnessing the event. The report is then shared with all the team members who need to see and review it (staff can be notified via email, pager, text message, or Secure Communication). This means that a more timely and efficient response can be made to the incident (and documented appropriately).

Initial Search Result

Event Summaries				
CaseLoad	02/01/2010	02/08/2010	02/15/2010	02/22/2010
	GER	GER	GER	GER
CL:2nd Street Group Home (2nd Street Group Home)	2	2	2	2
CL:3rd Street Day Activity (3rd Street Day Activity)	4	4	4	4
CL:4th Street Supported Employment (4th Street Supported Employment)	5	5	5	5
CL:5th Street Group Home (5th Street Group Home)	3	3	3	3
CL:Parent1 (1st Street Group Home)	6	6	6	6
CL:Shared Calendar (Main office)	3	3	3	3
CL:Wood (4th Street Supported Employment)	2	2	2	2
Total	25	25	25	25

Click on the Data Cells to Select
Export To Excel

Figure: Management Summaries

GER Intervals Statistics

Report Parameters: Start Date: 06/01/2009 End Date: 06/30/2009 Export To: PDF Excel

No of Reviews	No of Followups	Incident-Submit	Submit-Approve	Incident-Approve	Approve-FastRev
0.00h	0.00h	0.00h	0.00h	0.00h	0.00h

GER Intervals Report

Report Parameters: Start Date: 06/01/2009 End Date: 06/30/2009 Export To: PDF Excel

Indiv Id	FormId	Ob	Incident Date	Submit Date	Ist Rev Date	App Date	Ist Foll Date	Lst Foll Date	I-S	S-A	I-A	A-F	Rev#	Foll#			
Provider: ABC Demo Services, Inc.			Program: 1st Street Group Home														
000210653	GER-CSIDE-7873FPF93P		06/03/09 06:00 AM	06/05/09 01:36 PM	06/08/09 03:31 PM	06/08/09 07:16 PM	06/11/09 01:45 PM	06/09/09 11:08 AM	2d & 7.60h	3d & 5.67h	5d & 13.27h	2d & 18.47h	6	5			
000210653	GER-CSIDE-78E3W8VYWY		06/12/09 03:30 PM	06/12/09 05:30 PM	06/19/09 06:43 PM	06/19/09 06:43 PM	06/30/09 11:31 AM	06/22/09 10:55 AM	2.00h	7d & 1.20h	7d & 3.22h	10d & 16.80h	5	4			
Provider: ABC Demo Services, Inc.			Program: 1st Street Group Home														
27565	GER-CSIDE-7864GG3E9WJ		05/21/09 05:30 PM	06/04/09 10:29 PM	06/08/09 03:39 PM	06/19/09 06:48 PM	07/01/09 12:07 PM	06/22/09 11:58 AM	14d & 4.98h	14d & 20.30h	29d & 1.30h	11d & 17.32h	9	4			
000258852	GER-CSIDE-78L34HEUSM		06/17/09 12:30 PM	06/18/09 10:38 AM	06/19/09 06:47 PM	06/22/09 07:04 PM	07/01/09 12:06 PM	06/24/09 10:47 AM	22.13h	4d & 8.43h	5d & 6.57h	8d & 17.03h	5	5			
347380	GER-CSIDE-78P3D5SPJW		06/20/09 01:00 PM	06/21/09 12:30 PM	06/29/09 11:33 AM	06/29/09 11:33 AM	07/01/09 12:05 PM	07/01/09 01:32 PM	23.50h	7d & 23.05h	8d & 22.55h	2d & 0.52h	6	5			
Total GER: 1																	
Provider: ABC Demo, Inc.			Program: 0th Street Group Home														
3.00	4	6	5.30	5	6	0.50h	0.00h	1.00h	88.30h	44.42h	130.75h	89.13h	47.43h	130.82h	11.75h	0.00h	20.50h
Total GER: 2																	

Figure: Multi-Provider Intervals Report for GER

Therap has agreement from OPWDD to build an interface to IRMA, the state Incident Management system that will allow incident reports entered in Therap to be submitted directly to OPWDD.