



Misidentified GERs

Here are some general guidelines to follow in the event that a provider writes a GER that is found to be mislabeled or misidentified. When in doubt, please reach out to your contact at the Regional Office Level to discuss the best option:

Clearly Mislabeled

If a GER is clearly mislabeled (an Injury is identified as a fire; for example) then the mislabeled GER should be deleted by the provider and a new one written by the provider that is properly labeled. Provider should be certain to be consistent with event date and report date in original GER.

Incident Progression

A GER may be mislabeled or misidentified due to the fact that the classification of an incident may have progressed over time. For example, someone may go to the emergency room with an injury (ex. Fall) and is treated and released. The next day the person returns and is admitted because the injury has progressed (ex. Fracture). The original injury may be deemed "moderate", however, it has not progressed to "severe" due to hospitalization. The course of action is as follows:

1. Complete and approve the initial report.
2. The progression of the incident to a different category should prompt the completion and approval of another GER. The initial report should be saved to a PDF file and attached to the 2nd GER noting progression to a different category.

Abuse/Neglect/Exploitation Exposed

A GER may be submitted and approved without ANE being suspected. However, during the course of the provider internal review, abuse, neglect or exploitation is suspected. The course of action is as follows:

1. Complete and approve the initial report.
2. The progression of the incident to a suspected ANME category should prompt the completion and approval of another GER. The initial report should be saved to a PDF file and attached to the 2nd GER noting progression to a different category.