DDSD is pleased to introduce the revised General Events Reporting (GER) requirements. There are two important changes related to medication error reporting:

1. **Effective immediately**, DDSD requires ALL medication errors be entered into Therap GER with the exception of those required to be reported to Division of Health Improvement-Incident Management Bureau.
2. No alternative methods for reporting are permitted.

**The following events need to be reported in the Therap GER:**

- Emergency Room/Urgent Care/Emergency Medical Services
- Falls Without Injury
- Injury (including Falls, Choking, Skin Breakdown and Infection)
- Law Enforcement Use
- Medication Errors
- Medication Documentation Errors
- Missing Person/Elopement
- Out of Home Placement- Medical: Hospitalization, Long Term Care, Skilled Nursing or Rehabilitation Facility Admission
- PRN Psychotropic Medication
- Restraint Related to Behavior
- Suicide Attempt or Threat

**Entry Guidance:** Providers must complete the following sections of the GER with detailed information: profile information, event information, other event information, general information, notification, actions taken or planned and the review follow up comments section. Please attach any pertinent external documents such as discharge summary, medical consultation form, etc. **Providers must enter and approve GERs within 2 business days with the exception of Medication Errors which must be entered into GER on at least a monthly basis.**

If there is suspicion of Abuse, Neglect or Exploitation, please call the Division of Health Improvement 24-hour Hotline at 1-800-445-6242
**GENERAL EVENTS REPORTING REQUIREMENTS**

**GER APPLICABILITY:** All events that occur during delivery of Supported Living, Family Living, Intensive Medical Living, Customized In-Home Supports, Customized Community Supports, Community Integrated Employment or Adult Nursing Services for DDW participants age 18 & older *See definitions and tips at the end of this document.*

<table>
<thead>
<tr>
<th>Event</th>
<th>Description</th>
<th>Entry Requirement</th>
<th>Notification Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER/Urgent Care/EMS</td>
<td>Any use of ER/Urgent Care or “walk in” clinic.</td>
<td>Event: Other  &lt;br&gt; Event Type: Hospital  &lt;br&gt; Sub-Type: ER w/o Admission  &lt;br&gt; In the event summary, indicate if the actual location is urgent care rather than emergency room or services took place without transport to emergency room. Please specify hospital or urgent care name if applicable.</td>
<td>HIGH</td>
</tr>
<tr>
<td>Fall Without Injury</td>
<td>Individual unintentionally comes to rest on the ground (floor, sidewalk or pavement) without injury</td>
<td>Event: Other  &lt;br&gt; Event Type: Fall Without Injury</td>
<td>MEDIUM</td>
</tr>
<tr>
<td>Injury</td>
<td>Falls  &lt;br&gt; Choking  &lt;br&gt; Skin Breakdown  &lt;br&gt; Infection  &lt;br&gt; <em>See definitions for above terms</em></td>
<td>Fall with injury:  &lt;br&gt; Event: Injury  &lt;br&gt; Injury Type: choose appropriate;  &lt;br&gt; Injury Cause: Fall (Note: you must pick body part injured; signs of injury such as pain or bruising may develop days after the fall.)  &lt;br&gt; Choking:  &lt;br&gt; Event: Injury  &lt;br&gt; Injury Type: choking (not obstruction on the dropdown). (Choose throat for your body part for this Injury Type)  &lt;br&gt; Skin breakdown: For admitted, acquired and surgical sites.  &lt;br&gt; Event: Injury</td>
<td>MEDIUM</td>
</tr>
</tbody>
</table>
### Injury Type

- **Other, type in “skin breakdown”**

### Infection

- **Event:** Injury
- **Injury Type:** Infection (then pick body part that is infected)

### Other Injury requiring medical intervention: (other than use of ER/Urgent Care/EMS services):

- **Event:** Injury
- **Injury Type:** as indicated by injury

### Law Enforcement

- **Event:** Other
- **Event Type:** Law Enforcement Involvement

### Medication Errors

- **Event:** Medication Error
  - **Error Type:** choose as appropriate

  If an omission is due to refusal, select Error type "omission" and then select "medication refused" from the drop down under "Cause of Error" so that refusals can be sorted as a separate group.

**Please note:**

DDSD requires all MEDIUM medication errors be entered into Therap GER. Providers can no longer utilize an alternate system to track MEDIUM medication errors.

Enter in GER on at least a monthly basis however more frequent reporting is allowed and encouraged.
| **Medication Errors** (documentation issues only) | Blanks on the MAR or treatment sheet, initialed in the wrong box | **Event:** Medication Error  
**Error Type:** Charting  
For omission due to refusal see GER Tip #3 below.  
**Please Note:**  
DDSD requires all low-level medication errors be entered into Therap GER. Providers can no longer utilize an alternate system to track low level medication errors.  
Enter in GER on at least a monthly basis however more frequent reporting is allowed and encouraged. | LOW |
|---|---|---|---|
| **Missing Person or Elopement** | An individual whose whereabouts are unauthorized and whose support and supervision needs are cause for immediate concern. | **Event:** Other  
**Event Type:** AWOL/Missing Person | HIGH |
| **Out of Home Placement- Medical:** Hospitalization, Long Term Care, Skilled Nursing or Rehabilitation Facility Admission. | Any *planned or unplanned* stay in a hospital, long term care, skilled nursing, sub-acute or rehab facility. | **Event:** Other  
**Event Type:** Hospital or if not hospital, use Out of Home Placement then specify location in event subtype. Please specify hospital or nursing home names. | HIGH |
| **PRN Psychotropic Medication** | Use of a PRN Psychotropic medication prescribed by a physician and utilized according to a written plan | **Event:** Other;  
**Event Type:** PRN Psychotropic Use  
Be sure to also complete notification section to document that the agency nurse was consulted per the DDW Standards. | LOW |
| Restraint Related to Behavior | The use of personal, manual physical force to limit, prohibit or preclude imminently dangerous behavior by restricting movement through specified and allowed sustained physical contact or holding procedures | Event: Restraint Related to Behavior  
Non-approved or non-trained physical restraint should be reported to DHI-IMB. An extended restraint is greater than 10 minutes and in that case the agency must verbally notify the BBS Crisis Line at: 1-505-250-4292. | MEDIUM |
|-----------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------|
| Suicide Attempt or Threat   | A physical act or expression of intent to inflict great harm or death. If law enforcement used, see law enforcement above. | Event: Other  
Event Type: Suicide  
If an event is associated with the intent (abrasion, bruise or cut, etc.) also add another event “injury” and complete that section as well. | LOW   |
Important GER Tips and Definitions

**Important Tips:**

1. Please pay close attention to the way events are categorized. For example, if the individual falls and is admitted into the hospital, please categorize the event as hospital with admission rather than “fall.” Accurate categorization of events is critical to support data analysis and informed decision making.

2. For events included in this guide which are therefore required GER submissions, Event Type "Other" is not allowed in combination with Event section "Other". So "Other, Other" is prohibited. We encourage agencies to turn the "other box" off in the Other Event section.

3. The indication of High, MEDIUM or Low is in the General Information section of the GER and providers must use the level indicated in this guide for each type of event listed. This ensures that MEDIUM level aggregate reports run by DDSD include the correct categories and that high-level reviews are contained to those event types that require DDSD individual review.

4. For a pattern of refusals causing a series of missed doses (omissions) teams are encouraged to refer to "Guidelines: Management of Client Refusal to Take Prescribed Medication" on the Continuum of Care website at [http://coc.unm.edu/common/resources/guidelines.pdf](http://coc.unm.edu/common/resources/guidelines.pdf)

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Choking</td>
<td>Event requiring intervention by support staff to dislodge food/object from individual's airway (e.g. abdominal thrust).</td>
</tr>
<tr>
<td>Fall with Injury</td>
<td>When an individual unintentionally comes to rest on the ground (floor, sidewalk or pavement) resulting in an injury of some sort that requires at least basic first aid or more involved medical intervention, unless the injury from the fall resulted in the use of ER, urgent care or EMS services, in which case the event should be reported under &quot;Use of ER/Urgent Care/EMS&quot;.</td>
</tr>
<tr>
<td>Fall without Injury</td>
<td>When an individual unintentionally comes to rest on the ground (floor, sidewalk or pavement), but does not result in injury.</td>
</tr>
<tr>
<td>Infection</td>
<td>Any contagious infection that is diagnosed and treated by a physician, such as infections or colonization with a multi–drug resistant organism or any diagnosed case of influenza, pneumonia or gastroenteritis. Examples of infection or colonization with a multi-drug resistant organism include: Methicillin resistant staph aureus (MRSA); vancomycin resistant staph aureus (VRSA); or clostridium difficile (C. Diff).</td>
</tr>
</tbody>
</table>
### Injury (Injuries of Known and Unknown Causes)
Damage or harm to the structure or function of the body caused by a known or unknown outside agent or force, which may be physical or chemical and requires professional medical or nursing intervention. This includes wounds (including surgical, accidental, pressure (decubitus) or vascular ulcers) and closed head injuries (i.e. concussion).

### Medication Error
Any medication event that results in a breach of the five ‘R’s”, namely the right person, right medication, right time, right dose and right route. The types of medication errors are: wrong individual, wrong medication (which includes a medication given without an order or after it has been discontinued), the wrong time, missed dose (omission), wrong dose and wrong route. For omission due to refusal see tip #4 above.

### Missing Person/Elopement
An individual whose whereabouts are unauthorized and whose support and supervision needs are cause for immediate concern.

### Out of Home Placement
A medically related out of home placement (change in residential status), i.e., hospitalization, nursing home placement, rehabilitation center stay, etc. Does not refer to multi-day visits to friends or relatives. Does not include incarceration (jail) which should instead be noted under Use of Law Enforcement.

### Restraint Related to Behavior
The use of personal, manual physical force to limit, prohibit or preclude imminently dangerous behavior by restricting movement through specified and allowed sustained physical contact or holding procedures. NOTE: All Emergency Physical Restraint is to be reported even if it is part of an endorsed BCIP and/or any other plan; must note the duration of the restraint in the event description.

### Skin Breakdown
Skin damage (e.g. ischemic hypoxia, necrosis, ulceration) that may complicate wounds including surgical, accidental, pressure (decubitus) or vascular ulcers. (See Injury)

### Suicide Attempt/Threat
A physical act or expression of intent to inflict great self-harm and/or death.