



CIR/GER Information:

DDD has access to all GERs but will only review high GERs for CIR purposes.

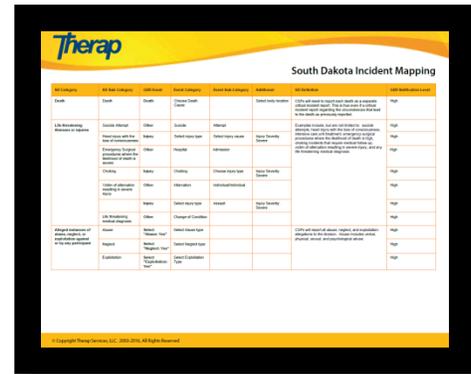
***See Therap/CIR mapping document for more information.

Notification section:

Administrator- DDD staff

Require DSS contact in this section too and police.

Require phone contact to DDD still.



Report date (notification) and event date may be different.

Report Date: date written is the same date as notification date to DDD. Oversight person will need to change it!

Event Date: date occurred, can be back in time.

Written Date: CIR/GER approved in Therap within 7 days (which is what triggers DDD staff to view the CIR).

DDD Role: follow up on GERs. Click button reviewed approved report. Write comments in that box.

If DDD makes a comment on the GER then the provider will see the information and they will be notified.

Write MFCU notification in this section.

Peer Reviews, RN reviews, Clinical Administrator, Quarterly QA reviewers will all mark the follow up sections when viewing the GERs.

Once GER approved by a provider, cannot be edited.

If in an incorrect category, provider would need to resubmit and delete mislabeled one.

DDD need to follow up to ensure deleted GER is truly deleted after reentered.

Follow Up comments can be added by provider as well when follow up is needed.

Anytime DDD completes follow up then the notification goes back to provider. Needs to set it this way.

Enter GER:

High ONLY used when CIR.

Program name: the service area that a person is in when incident occurs.

If not at responsible program and where.

Antecedent

To avoid redoing the GERs, the oversight person would be responsible to review GERs and ensure in appropriate categories before approval. If have questions initially, encouraged to ask PS versus need to redo them.

Event type. See Therap CIR/GER Mapping document

ANE:

Category first (assault, for example)

Then later select type of ANE.

Event location is residential-focused so click other and fill in blank if not at home.

Event summary includes info on the event.

Do not use the witness boxes.

General info on ANE required fields.

Red asterisks.

Type of abuse. Yes/no for other types.

Alleged Perpetrator needs to be identified in the narrative section. First and last name as this is a MFCU requirement.

ANE reporting: first identify the type of what incident and then classify it as Abuse Type (sub-categories within ANE)

Type of Abuse

- Civil Rights Violation
- Physical
- Sexual
- Emotional
- Psychological
- Verbal
- Other

Type of Neglect

- Neglect by Responsible Provider
- Questionable Clinical Practice
- Other

Type of Exploitation

- Financial
- Social
- Emotional
- Sexual
- Other

GER Resolution will contain information on investigation and follow up.

Providers choose which staff have access to see ANE GERs.

Reported By section is who reported the allegation (shift from prior practice).

Other if participant.

Type name.

Self

Again, in the narrative of the GER a FULL NAME of perpetrator is required, first and last name, for MFCU.

Notification: DDD is administrator.

Can add up to 20 people as notification.

Corrective actions taken needs to be filled in.

Future actions taken: will include preventative information.

Can add more than one event. For ex: a bruise. Click injury in addition to ANE.

Most serious should be primary and first listed.

If a bruise is noted days after an allegation of ANE a QA person needs to go in and either link or somehow provide follow up that bruise was noted two days later, for example.

DDD can go in and search for pending GERs but only prompted to see GERs after approval

GER Resolution:

Go to Unaddressed GER's

Click on GER

ANE Types: what the investigation is trying to determine.

May have incidents not labeled ANE but investigation lays this out. Neglect during an AWOL, for example.

Findings choose findings of investigation.

Involved persons include person (vic) and all involved.

Investigative Narrative:

Notes:

Staff Actions:

Supporting Documents.

Attach investigation if not utilizing the form to complete investigation documentation.

Or for attaching evidence.

GER resolution appears at the bottom of the GER it was written for.

The resolution can be started at any time.

ARSD requires:

(4) A procedure for an internal investigation that includes:

(a) Initiation of the investigation within 48 hours or the next business day, whichever is later;

(b) Issuance of preliminary investigation findings to the division within seven calendar days of initiation of the investigation;

(c) Issuance of the final investigation findings to the division within 30 calendar days of initiation of the investigation;

So starting at the same time the GER is entered up until 30 calendar days from the initiation would be appropriate.

Contact your program specialist at DDD or the CIR lead (Currently Ashley S-O) for more information. 605.773.3438