

## New Mexico DDSD General Events Report (GER) Guide

**GER APPLICABILITY:** All events that occur during delivery of Supported Living, Family Living, Intensive Medical Living, Customized In-Home Supports, Customized Community Supports, or Adult Nursing Services for DDW participants age 18 & older

*See definitions and tips at the end of this guide or in the GER policy*

**The following Events are ALWAYS reportable to DHI per regulations regardless of service type.**

**See NMAC 7.1.14 and the Abuse Neglect & Exploitation Reporting Guide**

**All DHI reports must be called in immediately at 1-800- 445- 6242 .**

Event	Examples	Guidance for Providers
<b>Abuse, Neglect, Exploitation</b>	<p>Any allegation of suspected abuse, neglect or exploitation.</p> <p>Certain Medication Errors: as defined in column to the right, must be reported; IMB will review IR and may investigate as potential neglect.</p> <p>Failure to provide a Good or Service</p> <p>Mismanagement of individuals' funds or property.</p> <p>Any physical restraint <b>NOT</b> included in a Behavioral Crisis Intervention Plan (BCIP) and <b>not</b> approved by a Human Rights Committee, or if performed by untrained/unqualified agency personnel.</p>	<p><b>Call in &amp; submit ANE report to DHI following ANE Reporting Guide.</b></p> <p>Medication errors fall into this category when:</p> <ol style="list-style-type: none"> <li>1) the medication error results in the need for medical treatment or the agency nurse determines the need to consult with a physician/CNP/PA, pharmacist or poison control regarding potential need for medical treatment (not mere notification), or</li> <li>2) a controlled substance (a Schedule II-V drug) is determined to be missing from the individual's supply of prescribed medications, or</li> <li>3) the individual misses two or more doses over a period equal to or greater than 48 hours, or</li> <li>4) a prescribed medication is delivered to the wrong person.</li> </ol> <p>Use of emergency services resulting from suspected abuse or neglect would fall in this category. For example went to ER due to extensive unexplained bruising or cut themselves despite a plan to restrict access to sharps.</p> <p>Use of law enforcement falls in this category if it resulted from suspected abuse or neglect. For example alleged assault on the individual or missing person report when plan calls for continuous line of sight supervision.</p> <p><i>Agencies may <b>also</b> use GER for provider tracking purposes. <b>GER does not replace required reporting to DHI.</b> (Exploitation is currently an Event Type in the "Other" Event section.)</i></p>
<b>Suspicious Injury</b>	<p>See FY15 Abuse, Neglect and Exploitation Reporting Guide</p> <p>Unexplained serious injuries or multiple bruises, cuts, abrasions; injuries not consistent with what is reported to have happened.</p>	<p><b>Call in &amp; submit ANE report to DHI following ANE Reporting Guide.</b></p> <p><i>Agencies may <b>also</b> use GER Injury Event Type for provider tracking purposes. <b>GER does not replace required reporting to DHI.</b></i></p>
<b>Environmental Hazards</b>	<p>Any environmental hazards that may cause danger or immediate harm.</p>	<p><b>Call in &amp; submit ANE report to DHI following ANE Reporting Guide.</b></p> <p><i>To report Environmental Hazards through GER, except if indicated as the cause for an injury, the provider must use the Other event type and then type in an event subtype "Environmental Hazard" - which is not ideal for sorting purposes.</i></p>
<b>Death</b>	<p><b>All</b> deaths</p>	<p><b>Call in &amp; submit ANE report to DHI using the report of death section.</b></p> <p><i>Agencies may <b>also</b> use GER Event type: Death, for provider tracking; scan to attach pertinent information. <b>GER doesn't replace required reporting to DHI.</b></i></p>

GER: High		
Event	Examples	Guidance for Providers: <b>Must enter and approve within 2 business days</b>
<b>Out of Home Placement- Medical: Hospitalization, Long Term Care, Skilled Nursing or Rehabilitation Facility Admission</b>	<p>Any <i>planned</i> or unplanned admission or stay in a hospital, long term care, skilled nursing, sub-acute or rehab facility</p> <p>If abuse or neglect is suspected as a contributing factor to the admissions <b>also</b> call and submit the ANE report to DHI.</p>	<p>In Event "Other", choose Event Type: Hospital or if different, use Out of Home Placement and then specify location in event subtype.</p>
<b>Missing Person, Elopement or AWOL</b>	<p>Persons with cognitive impairment who wander or anyone who intentionally elopes and who might be a danger to self or others (see definition).</p> <p>If <b>Neglect</b> is suspected as a contributing factor call and then submit the ANE report to DHI.</p>	<p>Event: Other, Event Type: AWOL/missing Person</p> <p>See Individual's Service Plan, Positive Behavior Supports Plan and Crisis plans. After initial search and notification of guardian and local authorities, utilize GER to notify regional office. Providers may access telephonic support by using the OBS Crisis line: 1- 505-250-4292</p>
<b>Unplanned use of ER/Urgent Care/EMT</b>  <i>Note: Injuries (including if caused by a fall) resulting in the use of ER/Urgent Care/EMT services must be reported here rather than as outlined in the Injury section on the next page</i>	<p>Any use of ER, Urgent Care or "walk in clinic" which is NOT outlined in a Medical Emergency Response Plan or as a result of healthcare physician, CNP or PA instruction.</p> <p>If <b>Abuse or Neglect</b> is suspected as a contributing factor call and then submit the ANE Report to DHI.</p>	<p>Event: Other Event type: Hospital Subtype: ER without Admission</p> <p>In the Event Summary, indicate if the actual location was urgent care rather than emergency room or EMT at the service delivery site without transport to emergency room.</p>
<b>Use of Law Enforcement</b>	<p>Any use of law enforcement, including if an individual is arrested and placed in jail.</p> <p>If <b>Abuse or Neglect</b> is suspected as a contributing factor call and then submit the ANE Report to DHI.</p>	<p>In tab "Other", Event Type: Law Enforcement Involvement</p>

GER: Moderate		
Event	Examples	Guidance for Providers: <b>Must enter and approve within 2 business days</b>
Use of ER/Urgent Care/EMT – Planned	<p>If directed by a physician to access ER/Urgent care/EMT for a medical concern <b>other than injury</b>, or as outlined in a Medical Emergency Response Plan (MERP).</p> <p>If <b>Abuse or Neglect</b> is suspected as a contributing factor, call and then submit the ANE Report to DHI.</p>	<p>Event: Other Event type: Hospital Subtype: ER without Admission</p> <p>In the Event Summary, indicate if the actual location was urgent care rather than emergency room or EMT at the service delivery site without transport to emergency room.</p>
Fall Without Injury	Individual unintentionally comes to rest on the ground or another lower surface without injury	For a fall with <u>no</u> injury: Event: Other; Event Type: Fall Without Injury
<p>Injury</p> <p><i>Note: If an injury results in the use of emergency room, Urgent Care or EMT services, report as "Unplanned Use of ER/Urgent Care/EMT" as outlined on previous page.</i></p>	<p>Falls Choking Skin breakdown Infection</p> <p>See definitions for above terms</p> <p>If <b>Abuse or Neglect</b> is suspected as a contributing factor of the incident call and then submit the ANE Report to DHI.</p>	<p>Fall with injury: Event: Injury; Injury Type: choose appropriate; Injury Cause: Fall (Note: you must pick body part injured; signs of injury such as pain or bruising may develop days after the fall.) Choking : For Injury Type, select choking instead of airway obstruction on the dropdown. (Choose throat for your body part for this Injury Type) Skin breakdown: For admitted, acquired and surgical sites. Event Type: Injury Type: Other, type in "skin breakdown" Infection: Any contagious infection diagnosed &amp; treated by a physician Injury Type: Infection (then pick body that is infected) Other Injury requiring medical intervention (other than use of ER/Urgent Care/EMT services): Injury Type: as indicated by injury</p>
Restraint related to Behavior	<p>Any physical restraint <b>not</b> included in a Behavioral Crisis Intervention Plan (BCIP) or <b>not</b> approved by a Human Rights Committee (HRC), including <i>any</i> prone restraint, or if performed by untrained personnel is reportable to DHI.</p> <p>Emergency physical restraint <b>included</b> as part of a BCIP approved by HRC &amp; using any New Mexico approved crisis intervention protocol (MANDT, Handle with Care or CPI) is reportable through GER.</p>	<p><b>Non-approved or non-trained physical restraint: Submit the ANE report to DHI following current ANE Guide.</b></p> <p>BCIP related restraint: Event Tab, Restraint Related to Behavior Ensure duration (amount of time) of restraint is clearly indicated. An <b>extended restraint</b> is greater than 10 minutes &amp; in that case the agency must verbally notify DDSD-OBS within one business day. During evenings, or holidays notify the OBS Crisis Line at: 1- 505-250-4292 and then enter and approve in GER within 2 business days. <i>Note: If a screen asks if you want to create a Behavior Event Record, select "no" unless your agency has purchased the behavioral component from Therap. Once you select "no" and click "next" a screen to enter amount of time and describe the situation will come up in GER.</i></p>
Suicide, Attempt or Threat	<p>A physical act or expression of intent to inflict great self harm or death.</p> <p>If Law Enforcement used: see use of Law Enforcement - page 2.</p>	<p>Event: Other; Event Type: Suicide</p> <p>If an injury is associated with the attempt (abrasion, bruise or cut, etc) also add another event "Injury" and complete that section as well.</p>

<b>GER: Moderate</b>		
Event	Examples	Guidance for Providers: <b>Medication Errors only may be entered and approved on a monthly basis instead of within 2 business days for all other high and moderate events</b>
Medication Error	<p>Discontinued medication given, wrong dose, wrong route, wrong time, missed dose (omission), medication given without an order. (Wrong documentation is "low", see section below, wrong person is high and reportable to DHI.)</p> <p><b>Call and Submit ANE report to DHI if the Medication Error meets criteria consistent with the ANE guidance on page 1.</b></p>	<p>Use of the GER for medication errors is required unless the agency has an approved alternative method to track this data. An approved alternative method includes the following:  1) Participation in the electronic Therap MAR system, or 2) the agency has an automated system that tracks this information from which they can pull reports and they have notified DDSD of this alternative reporting method.</p> <p>Enter in GER on at least a monthly basis:  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 see Tip #3 on page 5 of this guide.  <i>*It is possible to include more than one medication error on one GER if while reviewing the MAR multiple instances are noted.</i></p>
<b>Low</b>		
Event	Examples	Guidance for Providers: Entry & approval timelines for Low category at provider discretion
Medication Error - Documentation	Blanks on the MAR or treatment sheet, initialed in the wrong box	<p>Documentation errors are not required to be reported in GER but may be entered as a low. These errors should be reviewed by the agency for trends as part of their ongoing Quality Improvement processes.</p> <p>Event : Medication Error; Error Type: Charting</p>
Other Occurrences: Behavior tracking, minor injury or illness requiring only first aid or no intervention, other events as agency identifies.	Refer to internal agency procedure or protocols.	<p>Providers may identify issues or events that they want tracked for internal purposes as part of their ongoing Quality Improvement processes.</p> <p>(Remember, Falls must be reported as Moderate as indicated above)</p>
Use of PRN Psychotropic Medication	Planned use of a PRN Psychotropic medication prescribed by a physician and utilized according to a written plan	<p>Documented on the MAR for the individual. <i>Agencies are encouraged to use the GER system to report for tracking purposes as part of the ongoing Quality Improvement processes.</i></p> <p>Event: Other;  Event Type: PRN Psychotropic Use</p> <p>Be sure to also complete notification section to document that the agency nurse was consulted per the DDSD Medication Delivery Policy &amp; Procedure.</p>

Term	Definition
Approved Alternative Method for medication error tracking	Includes the following: 1. Participation in the Therap <b>electronic</b> MAR system, or 2. The agency has an automated system that tracks this information from which they can pull reports of which they have notified DDS.
Choking	Event requiring intervention by support staff to dislodge food/object from individual's airway (e.g. abdominal thrust).
Missing Person/Elopement/AWOL	An individual whose whereabouts are unknown and whose support and supervision needs are cause for immediate concern.
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.
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 Crisis Plan and/or any other plan; must note the duration of the restraint in the event description.
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 #3 below.
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).
Fall without Injury	When an individual unintentionally comes to rest on the ground or another lower surface, but does not result in injury.
Fall Injury	When an individual unintentionally comes to rest on the ground or another lower surface 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 EMT services, in which case the event should be reported under "Use of ER/Urgent Care/EMT".
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 <b>not</b> include incarceration (jail) which should instead be noted under Use of Law Enforcement.
Infection	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).

**Important Tips:**

- 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.
- The indication of High, Moderate 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 moderate level aggregate reports run by DDS include the correct categories and that high level reviews are contained to those event types that require DDS individual review.
- 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>
- Use of the witness feature is strongly discouraged and may negatively impact timely approval - use comments box instead if there is a need to list names of witnesses.