



Incident Reporting & GER Guide

Effective October 1, 2022



Discussed in this training

- Updates to the Incident Reporting and GER Guide
- Expectations around Resolutions
- Resolution Review and Verification



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Updates to the Incident Reporting and GER Guide



Updates to the Incident Reporting and GER Guide

The definition of Actual or Potential Airway Obstruction definition has been added.

Change of Condition was changed to Fatal 5+ and the definition was adjusted.

Questions were added to the General Instructions and Frequently Asked Questions (FAQ) Sections of the GER Guide.

Appendix B: Definitions Changes.

- Additional information added to Allegation
- Psychotropic Medication Definition updated
- Verbal Abuse Definition Added.



Updates to the Incident Reporting and GER Guide

Removal of Outside of Services Reporting

- If an incident occurred when no services were being provided, a GER is not required.
 - For allegations of Abuse, Neglect, or Exploitation, it is still required to notify the SC and APS/Law Enforcement.



Overview of Reportable Incidents

High & Medium Level Notification Events



Medium GERs

Airway Obstruction or Possible Airway Obstruction

- An event in which any emergency intervention is provided to a participant to choking or experiencing an airway obstruction.

Communicable Disease:

- A participant who is diagnosed with an illness such as COVID-19, Influenza, Tuberculosis (TB), etc.

Emergency Situations:

- Any injury caused by a fire, flood, tornado, severe weather, or other emergency or natural disaster, regardless of severity and/or Any displacement of a participant from a site where HCBS services are usually provided as a result of Emergency/Natural Disaster for 24 hours or longer.

Falls with Injury Requiring More than First Aid:

- A participant comes to rest unintentionally on the ground or lower level, for any reason and sustains an injury requiring more than first aid.

Fatal 5+:

- Any Fatal 5+ condition of sufficient severity to require assessment or treatment from a physician, regardless of whether medical attention was received. To use this category, there must be a diagnosis from a physician.
- Fatal 5+ includes: Aspiration, Severe constipation / Bowel Obstruction, Dehydration, Seizure, Sepsis and GERD.

Incidents Involving Emergency Personnel*:

- Any event that results in the activation of Law Enforcement, Ambulance Services, Fire Department, or other emergency response departments. **Criminal Charges as a result will escalate this to a HIGH**



Medium GERs

Infestations:

- Any incident in which a participant has the presence of insects or animals in a place, typically to cause damage or disease; presence of an infestation may include bites or rashes caused by the infestation. It could also include other signs of infestation such as live or dead parasites or parasite eggs, animal droppings, or evidence of a dwelling (nests).

Injuries of Unknown Origin Raising Suspicion:

- When the origin of the injury is unknown; and raises suspicion of abuse or neglect due to the size, type, location, placement, pattern, or circumstances of the injury.

Injury Requiring Medical or Nursing Intervention Above First Aid:

- Any injury of sufficient severity to require assessment or treatment from a physician, regardless of whether medical attention was actually sought or where medical attention was received.

Medication Error*:

- Medical Attention Required: For this to be a medium notification, it must not be an immediate physicians visit, or immediate emergency room visit.

Misconduct-Possible Criminal Activity NOT INVOLVING Law Enforcement:

- Any event that involves possible criminal activity where law enforcement is not involved.



Medium GERs

Missing Persons/AWOL:

- When a participant is not at a location or service, unexpectedly or without prior authorizations, and is gone more than 30 minutes or what is outlined in their person-centered plan decided by the team.

PRN Psychotropic Medication Usage:

- Any administration of prescribed psychotropic medication on a PRN (as needed) basis used as a last resort method when all other behavioral interventions have been ineffective.

Property Damage:

- If estimated damage is \$150 or more.

Suicide Attempts:

- Any event in which the participant harms themselves with the intent and means to end their life.



Medium GERs

Swallowing Inedible Items:

- Any incident in which a participant swallows an item that is not fit or suitable for eating such as coins, batteries, plastic, etc.

Unplanned Hospital ER or Urgent Care Visit:

- When a participant is admitted to a hospital or seen at an emergency room or urgent care facility for any medical or psychiatric reason.

Use of Emergency Safety Intervention:

- Any use of physical hold that restricts, or is meant to restrict, the movement or normal functioning of a participant as an immediate response to an emergency safety situation.

Vehicle Accidents:

- Any vehicular accident that results in an adverse outcome to the participant.



High GERs

- **Abuse, Neglect & Exploitation:**
 - Suspected or allegation of abuse, neglect, financial or sexual exploitation regardless of participant's history of fabricated stories; even in situations where objective evidence suggests the allegation is false.
- **Death of a Participant:**
 - A reportable incident, regardless of the cause.
- **Emergency Personnel:**
 - Only if criminal charges are brought against the participant.
- **Medication Error:**
 - Medical Attention Required: An immediate physicians visit, or emergency room visit.
- **Use of Restraint or Prohibited Practices:**
 - A reportable incident in this category is any use of a prohibited practice.
- **Swallowing Inedible Items:**
 - If the event results in hospitalization.
- **Vehicle Accident:**
 - Accident is due to staff criminal activity or results in media attention.



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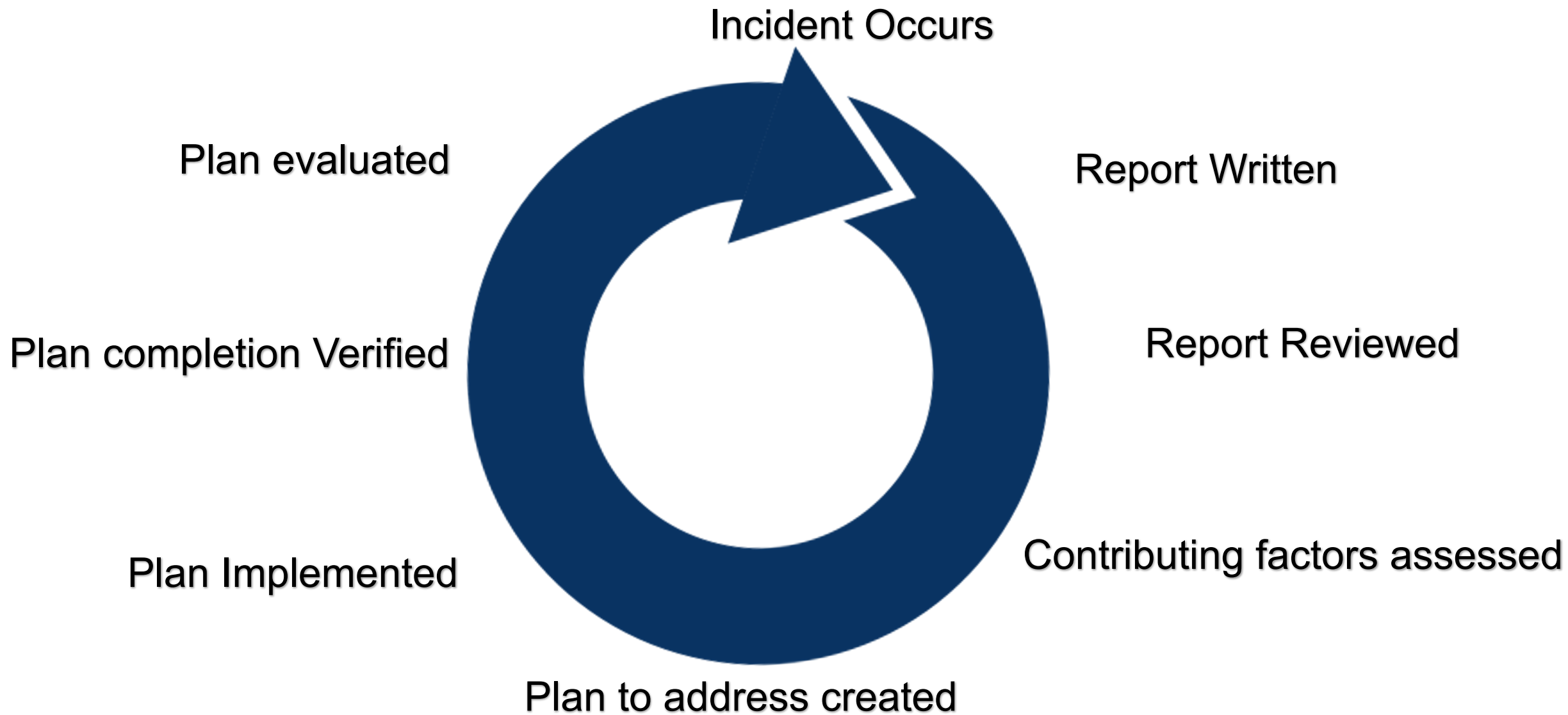
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Expectations around Resolutions



Why?





Introduction

Resolution Follow-up includes:

- The initial review.
- Depending on the nature of the incident and the initial review, may include a more thorough full investigation.

The purpose of incident follow-up is always first and foremost to increase positive outcomes for the people you support. Second is to assess whether supports and services were being provided as required immediately before, during, and after the incident, and to determine whether any further action should be taken to ensure the safety of the participant and others or reduce the frequency and severity of reportable incidents over time.



GER Information

In the GER Resolution form, the GER Information section contains the participant's information, date of the event, and a link to the GER.

GER Information	
Individual Name	John Smith
Date of Birth	12/29/1979
Event Date	08/12/2019
Approve Date	08/12/2019
GER Form ID	GER-CANNE-HAE3SFJBHMULD
MIE Form ID	The corresponding GER is not linked to an MIE
Notification Level	High
Abuse/Neglect/Exploitation Suspected?	No



When is an Incident Resolution is Required

- A resolution **must** be completed for **every** reportable incident for each medium and high GER submitted in Therap.
- **All** incidents defined as reportable in the Incident Reporting and GER guide **must** be reported to DHHS-DDD as outlined in the guide.
- No follow-up is required for non-reportable incidents a provider chooses to document in a low GER or elsewhere. These are not considered reportable and are not reviewed by DHHS-DDD.



Documenting Incident Follow-up

There must be written documentation of all aspects of incident follow-up including:

- All information gathered, through review of documentation and interviews, which is not already documented in the GER.
- A summary of the review of the follow-up questions and any concerns identified.
- Any other issues identified during the course of incident follow-up.
- Recommendations for addressing all concerns identified.

It is required for written documentation of the incident follow-up to be submitted to DHHS-DD using the GER Resolution form in Therap



Timelines for Completing Required Incident Follow-up

- The follow-up must be completed, and a summary submitted in writing within **14 calendar days** of the submission of the initial GER. There are no exceptions to this timeline even if the 14th day ends on a weekend or holiday.



Who Completes Incident Follow-up

- The provider who submits the GER is responsible for the completion of the Provider Resolution. The provider may assign any employee or contractor to be responsible for incident follow-up; this person is called “the investigator.”



Investigator

- Have the knowledge, experience, or training needed to complete a thorough review and make recommendations to ensure the safety of the participant and others and reduce likelihood of future incidents.
- Have no involvement in the reported incident under review.
- Be free from conflict of interest in order to objectively and impartially review the incident and incident report.



Expectations of the Investigator

- Complete all initial review requirements.
- Interview all staff involved in the incident.
- Interview all staff who witnessed the incident or others who may have relevant information.
- Interview the participant(s) involved in the incident, unless the ISP team has determined that it may be potentially traumatic or result in a behavioral episode to interview them.
- Review all potentially relevant documentation.



Document the Investigation

To document the investigation, go to the Individual tab in Therap and select Unaddressed GERs under GER Resolution.

Individual	Care		Issue Tracking
Health	T-Log	New Search Archive	My Issues
Agency	General Event Reports (GER)	New Search	Letter
Billing	GER Resolution	New Unaddressed GERs Open Resolutions Open Investigations Search	New Search
Admin	Multi-Individual Event (MIE)	New Search	Classes
Agency Reports	Witness Report (GER)	Search	Overdue Due Sign up View Sign ups View Results/Notes Training History Training Profile
Individual Home Page	ISP Data	New Search Report Search Report Data Count Report Archive	



General Information Section

- Date Opened is the date incident follow-up was started.
- Date Closed is the date incident follow-up was finished and SC notified via S-COMM.
- Was this a critical event.
- Is an investigation needed.
- When the reported incident involves suspected/alleged abuse, neglect, or exploitation, and it was accepted for investigation by APS/CPS, the next two items must be completed under Findings.
 - Was the incident Substantiated or Unsubstantiated.

General Information

* Date Opened

Date Closed

Was this a critical event? Yes No

Is an investigation needed? Yes No

Abuse/Neglect/Exploitation Types

Findings



Investigators Section

In the Investigators section:

- Name is the name of the assigned investigator.

In the Investigators' Narratives section:

- Summary of information reviewed during the incident follow-up including documents reviewed and witnesses interviewed.

The screenshot displays two sections of a software interface. The top section, titled "Investigators", contains a form with the following fields: "Name" (a dropdown menu with "- Please Select -"), "Assigned By" (a dropdown menu with "- Please Select -"), "Assigned Date" (a date input field showing "08/13/2019" with a calendar icon), and "Comments" (a large text area). Below the text area, it says "About 3000 characters left" and there is an "Add" button. The bottom section, titled "Investigators' Narratives", contains a form with "Action Type" (a dropdown menu with "- Please Select -") and "Comments" (a rich text editor with a toolbar including bold, italic, underline, list, and font size (11pt) options, and an "Add" button).



Involved Persons

In the Involved Persons section, the provider may choose to list people involved in the incident, but it is not required, as this information is in the GER.

Involved Persons

Name

Involvement Type

Comments

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Resolution Summary

In Resolution Summary, the investigator provides:

- A summary of the incident follow-up.
- Any identified concerns.
- The 7 Required Questions and their answers must be entered in the "Notes" section.

The screenshot displays the 'Resolution Summary' form interface. It features three distinct text entry sections, each with a rich text editor toolbar. The top section is labeled 'Narrative', the middle 'Notes', and the bottom 'Staff Actions'. Each toolbar includes icons for bold (B), italic (I), underline (U), bulleted list, numbered list, indent, and font size (set to 11pt). Additionally, there are icons for undo and redo. The text areas are currently empty, with a small 'P' icon visible at the bottom right of each section.



Required Follow-up Questions

- Is the information in the GER complete and accurate?
- Were all applicable laws, regulations, waiver requirements, and DHHS-DD policies followed?
- Were all agency policies and procedures followed?
- Was the participant's Individual Support Plan (ISP) followed?
- Are all the participant's needs and risks adequately addressed by the supports in the current ISP? When not adequately addressed, did this contribute to the incident?
- Are there any patterns or trends of similar incidents over the past six months?
- Was any action taken at the time the incident occurred to maintain the safety and wellbeing of the participant?

The incident follow-up must also include recommendations to address any concerns or contributing factors identified.



Guidelines for Answering the Follow-up Questions

The investigator will review the initial GER, the participant's ISP, and other relevant documentation, interview staff and participants involved in the incident, and review relevant statutes, regulations, agency policies, and guidelines.

To determine if the information in the GER is complete and accurate:

- Does the GER contain all necessary information or is additional information needed.
- Are there any inconsistencies or inaccuracies in the GER.



Were Applicable Laws, Regulations, Waiver Requirements, and DHHS-DDD policies Followed?

This question relates to things that occurred which directly relate to the incident being reviewed, including immediately before, during, and immediately after the incident.



Were Policies and Procedures Followed?

This question pertains to things that occurred which directly relate to the incident being reviewed, including immediately before, during, and immediately after the incident.

Such as:

- Use of restraint or emergency safety intervention.
- Emergency preparedness.
- Medication administration.
- Provider-wide seizure protocol.
- When to consult with provider medical staff.
- When to consult with a supervisor, on-call supervisor, or administrative staff.



Was the ISP Followed?

This question pertains to things that occurred, which directly relate to the incident being reviewed, including immediately before, during, and immediately after the incident.

Should considered:

- Did staff provide supervision of the participant as outlined in the ISP?
- Did staff follow the participant's behavior support plan?
- Did staff follow the safety plan?
- Did staff follow any other procedures/plans/protocols outlined in the ISP?
- Were all supports and interventions used correctly (for example, used at the right time, in the right situation, in the right way, etc.)?



Needs or Risks Adequately Addressed?

The investigator should consider whether the incident could have been prevented or minimized if different supports or interventions were identified in the ISP to address the participant's needs/risks.

This could include:

- New interventions not currently in the ISP.
- Changes to current interventions to better meet the participant's needs.



Relevant Patterns or Trends Last 6 Months?

The investigator should review all reportable incidents for the participant over the past six months to determine if there have been other incidents similar to the incident being investigated.

To be considered:

- Are there any common factors/patterns to the similar incidents.
- Does the frequency of similar incidents appear to be increasing, decreasing, or remaining the same.



Recommendations

Recommendations will be listed in this section to include:

- The recommendation/s.
- The due date.
- The person responsible for addressing it.

Recommendations

Recommended By

Date Recommended

Person Responsible

Date Completed

Recommendations

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Recommendations - Example

Recommended By	Status	Person Responsible	Date Completed	Recommendations
John Doe, Administrator on 7/1/2022	Incomplete	Sally Sunshine, Residential Manager		Residential Manager will complete environmental scan to identify any possible tripping hazards by 7/3/2022. Findings will be documented in comments of GER resolution.
John Doe, Administrator on 7/1/2022	Incomplete	Bugs Bunny, Facility Maintenance		Facility Maintenance will correct all identified environmental hazards. Initial requests for bids must be completed by 7/15/2022. Due to the need to hire contractors, therefore being unable to identify concrete completion dates, Facility maintenance will upload all correspondence to GER Resolution as provided by contractors.
John Doe, Administrator on 7/1/2022	Incomplete	Lois Lane, Human Resource Manager		Complete necessary personnel actions with responsible staff by 7/10/2022. Due to the privacy of personnel matters, evidence of completion will be based on recommendation being marked as completed in GER Resolution.



Examples of Recommended Timelines

Corrective Action Category	Time Frame for Remediation
Alleged Perpetrator corrective action to include training - ANE Incidents only	Must be done prior to working with participants
General Re-training	Staff/Providers directly involved in the incident – no more than 10 business days Other staff/providers as deemed necessary – no more than 30 business days
Revision/Development of Policies & Procedures	No more than 30 business days
Critical Event Response (i.e., medication error resulting in hospitalization)	No more than 5 business days
Environmental Modifications (i.e., repairs)	Potential for significant injury/illness – prior to participant(s) return All Others – request/referral for repairs must be made within 30 business days with ongoing evidence of requests until repairs are made.
Other	Negotiable - within a reasonable time but no more than 90 business days



Supporting Documents

The Provider may attach any additional information, documents, or photographs they deem relevant as well as evidence of completed recommendations, such as training records

Supporting Documents

The total size of all attachments cannot exceed 10 MB

Comments

Comments

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Example possible follow up actions for Abuse or Neglect

- Immediate Safety
- Medical care
- Law Enforcement contacted
- APS/CPS contacted
- Mental health evaluation
- Training for staff on identifying/reporting
- Training for the person on self protection
- Additional services needed
- Order of protection needed



Example possible follow up actions for Prohibited Practice

- Medical Evaluation
- Safety Evaluation
- Training on prohibited practices for staff, participant, ISP teams, guardians, etc.
- Removal of items used in prohibited practices, ie locks, mechanical restraints, etc
- New Services discussion



When a Full Investigation is Required

- Participant death, incidents of suspected or alleged abuse, neglect, exploitation and use of prohibited practices.
- When the initial review indicates the following:
 - A full investigation is needed to ensure the safety of the participant.
 - Staff did not follow applicable laws, regulations, requirements, agency policies, or ISP and/or and the initial review indicates it is not an isolated occurrence.
 - The incident may have been prevented had staff followed all policies.
- When directed by the participant's team/DHHS-DDD immediately following the incident or upon reviewing the summary of the initial review.



Required Notifications

- When incident follow-up (resolution) is complete, the investigator must notify the participant's Service Coordinator (SC) via S-Comm.
- When the provider revises the GER Resolution form after the form is “closed” and the SC has been notified, the SC must be notified of the changes made.
 - This requirement does not apply to updates made to the GER Resolution form to document completion of recommendations made by the investigator.
 - The provider must also notify the participant and their guardian(s), when applicable, of the outcome of the follow-up.



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Resolution Review and Verification



Quality Review of GER Resolution

- All High GERS and a sample size of medium GERS will receive a quality review by Liberty Healthcare or DHHS-DDD.

- Through this process, the GER resolution and recommendations made by the provider and ISP team will be reviewed for:
 - Quality and thoroughness of the Resolution Process
 - Appropriate Remediation
 - Complete and thorough Remediation



Quality Review of GER Resolution

The provider has the option to agree with the recommendations or disagree.

If the provider agrees:

- Provider has 2 business days to update the GER Resolution. Liberty or DHHS will continue to monitor the resolution for completion and evidence.

If the provider disagrees:

- Provider will SCOMM the requesting party with justification for the disagreement. Justification must include factual, evidence-based reasoning.



Critical Incident Management Process(CIMP) Provider Disagreement

- Liberty Incident Review Specialist refers the case to the Incident Review Manager(IRM) - Betty Smith
- 3 possible Outcomes
 - Meeting Members agree with Provider justification
 - Meeting Members agree with Incident Review Specialist Decision
 - Meeting Members provide additional recommendations

Provider still disagrees: Grievance form @
<https://libertyhealth.research.net/r/NELibertyGrievance>



Resolution Recommendations Monitoring

- GER Resolution/Recommendations are accepted
- Liberty Incident Review Specialist or DHHS Quality Team member reviews recommendation completion every 5 days until completed.
- Upon completion, Provider will mark the recommendation as complete in the resolution and upload evidence
- Evidence may include:
 - Training Record Documentation
 - Updated Individual or Agency Documents
 - Meeting Attendance Records/Minutes
 - Evidence of Bills/Bids from contractors as applicable
 - Medical appointment documentation



Exceptions to Evidence

- Personnel Action items above training
- Sealed court records
- Protected Health Information of other participants
- Unavailable documents

Provider must provide comments in the GER resolution with enough information to provide proof of completion for any item that cannot be uploaded.



Questions? Email:

NEGERhelp@libertyhealth.com

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