CHRIS Training
December 23, 2019

Virginia Department of
Behavioral Health &
Developmental Services

Purpose of Training

In this training we will be covering the following items:

- Provider's Survey Results
- Cause of Incident
- Injury/Incident Description/ circumstance
- Description of Medical Treatment Provided & Finding
- Describe the consequences and risk of harm
- Upcoming: New Mandatory Fields
- Multiple occurrences of the same individual's name
- Analyzes of reported Data

Provider Survey Results

Office of Licensing sent out a survey to providers to see how well the induction of the new CHRIS modifications and incident management roll out was perceived.

The survey was sent out to provider who had submitted an incident during the period of August 5, 2019 – October 5, 2019.

The survey was sent out to 133 providers and 61 (46%) providers completed the survey.

Provider Survey Results

- 69% of the providers were clear about the expectations of the new fields in CHRIS.

- 21% providers felt they needed additional training on the new modifications to CHRIS.

- 10% wanted more training on the specific section titled "Describe the consequences and risk of harm" and the rationale for the modifications to CHRIS.

Cause of Incident

For serious incidents the reported information shall include the **cause of the incident.**

- Causes are actions, omissions, events, conditions, or a combination thereof, that lead to an incident.

Cause of Incident (Select all that apply)

☐ ACCIDENTAL INJURY BY ANOTHER PERSON - A non-intentional injury caused by another person.

☐ ANIMAL OR INSECT BITE/STING - Humans can be injured by the bites or stings of many kinds of insects and animals such as dog or cat to bites from fellow humans and spiders to the stings from bees, wasps, snakes, and marine animals such as jellyfish and stingrays.

☐ ASSAULT (BY OTHERS) - Assault to an individual by someone other than an employee or licensed provider.

☐ ASSAULT (PEER TO PEER AGGRESSION) - An attack that results in significant harm or causes a threat to the health or safety of an individual caused by another individual.

☐ ASSAULT BY STAFF OR CAREGIVER - Assault to an individual by an employee or agent of a licensed provider.

☐ BLUNT FORCE TRAUMA - A traumatic injury caused by mechanical force to the body by a blunt force, object or instrument—or an injury where the body strikes a surface such as a wall or the ground, in which the skin was not penetrated; such injuries usually result from assaults, abuse, accidents or resuscitative measures.

☐ DROWNING/SUBMERSION (WATER ACCIDENT) - The process of experiencing respiratory impairment from submersion/immersion in liquid.

☐ FALL/TRIP - A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.

☐ FOOD INGREDIENTS OR CONSISTENCY - Injury due to food allergies, food borne illness, or incorrect dietary consistency modifications.

☐ INGESTION OF FOREIGN OR HAZARDOUS MATERIAL - Foreign - body ingestion. Ingestion of a foreign body with or without secondary gain regardless of whether the intent was accidetnal or intentional.

☐ MEDICAL EQUIPMENT MALFUNCTION (ADAPTIVE EQUIPMENT) - Any malfunction in the technology designed to improve the quality of life of a person with disabilities.

☐ MEDICATION ERROR - Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of a healthcare provider, patient, or consumer.

☐ MOTOR VEHICLE ACCIDENT - When a motor vehicle strikes or collides another vehicle, a stationary object, a pedestrian, or an animal. Also referred to as "traffic collision."

☐ NATURAL DISEASE PROCESS - The progression of a disease process in an individual over time.

☐ NEGLECT - To fail to provide adequate care.

☐ OVERDOSE - An overdose is an injury to the body (poisoning) that happens when a drug is taken in excessive amounts.

Injury/Incident Description/ Circumstance

The "Injury/Incident Description" is now a required field.

- The narrative should describe the circumstances or, what the incident was and how it occurred.

- The narrative should provide a complete and accurate account of the incident.

Remember, tips are revealed when hovering over the highlighted words

Injury/Incident Description/ Circumstance

Narrative: "a spoken or written account of connected events; a story"

Please assure that when completing the narrative, the following is answered

➢ Who?
➢ What?
➢ When?
➢ Where?
➢ How?

➢ WHY?, WHY?, WHY?

* Injury/Incident Description/ circumstances

This field is now a required field for all injuries.

Injury/Incident Description/ Circumstance

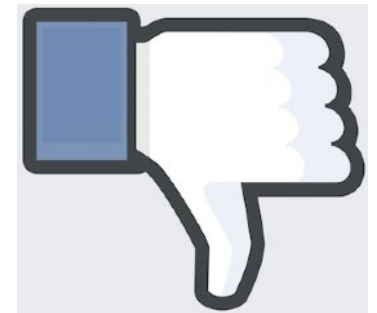## COMPLETENESS AND ACCURATE

*
Injury/Incident
Description/
circumstances

This field is now a required field for all injuries.

Incomplete

- "Patient exhibited signs of dehydration."
- "Individual was taken to Patient first for the above symptoms but was advised by the medical personnel at Patient first to take him to the Emergency room for evaluation."
- "..."
- "No injuries."

When in doubt, talk it out

Injury/Incident Description/ circumstance

COMPLETENESS AND ACCURATE

Complete

✓ At approximately 3:25 PM John pulled a chair up to the counter. Staff asked him multiple times to please get down from the counter and sit normally at the table. John reportedly responded saying "No, I'm just sitting down" while smiling. At approximately 3:27 PM John reached up near the ceiling (where the clock used to be before he tore it down a couple days prior) and he grabbed something and put it in his mouth. Staff did not see what it was but did see the motion of him reaching up and putting something in his mouth. Staff then asked him "is there something in your mouth?", John responded with a head nod motion, indicating "yes". Staff then asked him to spit whatever it is out and encouraged him verbally to make a positive choice. John proceeded to go to the bathroom as staff followed and drank water from the sink. John then informed staff that it was a thumb tack from the wall that he swallowed. Staff immediately called 911 and then Staff contacted On-Call Supervisor and Legal guardian. EMS transported John to the Emergency Room to be examined.

Description of Medical Treatment Provided & Finding

- Medical treatment means the management and care of a patient by a physician or other licensed health care professional.

- Example of medical treatment includes: surgery, prescription, use or application of a medical devices or equipment, administration of medical therapy such as oxygen use.

- Medical finding signify the collective physical and psychological occurrences (i.e. Physical examinations, patient medical history, laboratory tests, medical device or apparatus, diagnostic procedures) surveyed by a medical doctor to help explain a person's symptoms or condition.

Description of Medical Treatment Provided & Finding

- Refer to ER paperwork/doctor's notes for findings or diagnosis, treatment order, and/or recommendation.

- Scenario#1: While playing basketball in the gym, individual tripped and fell on his left side. Noted redness and swelling on his left wrist and also was c/o pain. Staff took the individual to National Hospital ER for evaluation.

Description of Medical Treatment Provided & Finding	
	Check Spelling

Description of Medical Treatment Provided & Finding

- Example for scenario #1: Individual was evaluated by ER physician. Left wrist X-ray was completed and result showed distal radius (wrist) fracture. Cast was applied and prescription/ f/u appointment with orthopedic specialist in 10 days was given. A PRN medication for pain was also prescribed.

Description of Medical Treatment & Finding	
	Check Spelling

Description of Medical Treatment Provided & Finding

If an incident report has to be submitted in CHRIS prior to receiving ER paperwork or doctor's notes-

- Select the option "**Updates to death/serious incident will be provided**". This is located below the Licensing Specialist box or just before the "SaUve" button box.

- Updates must be submitted within 48 hours of notification

* Required. Plese select one from the following:

- ○ Death/Serious incident report is complete and no further updates will be provided.

- ○ Updates to death/serious incident report will be provided.

- ○ An update to the death/serious incident report has been provided.

Description of Medical Treatment Provided & Finding

When updating a Serious Incident Report please edit any sections to reflect any additional details you have regarding the incident report. For example, if you initially checked the box "OTHER ILLNESS/CONDITION, and the physician's notes stated "UTI", please check the "Urinary Tract Infection" box under the Injury, Illness or Conditions box.

Important Updates should be done to both checkbox fields (for data collection) and narrative fields for the licensing/investigations team.

Description of Medical Treatment Provided & Finding

- Prior to saving your incident report, select the option "**An update to the serious incident report has been provided**."

- This step is critical and will send an email notification out to the licensing/investigations team to review the updates. In the narrative box, indicate which fields have been updated.

* Required. Plese select one from the following:

○ Death/Serious incident report is complete and no further updates will be provided.

○ Updates to death/serious incident report will be provided.

○ An update to the death/serious incident report has been provided.

Description of Medical Treatment Provided & Finding

- Scenario #2: Individual became upset and started pacing around the living room then ran out of the home. Staff followed behind and observed individual picking up small objects and swallowed it. After many attempts to redirect by staff, individual continues to escalate and threatened to scratch the cars in the neighborhood. Staff called non-emergency police and Crisis to assist in the situation. Individual agreed to go to the ER for medical follow up and to be screened for possible psychiatric admission.

- Example #2: Individual was evaluated in the ER and Xray showed small foreign objects in his stomach. Medication was given to aid in passing the two objects. Once it was confirmed that the objects had passed through his bowels, individual was screened in Tuckers Pavilion for admission. Individual was transported and was admitted.

Describe the consequences and risk of harm

Risk Management means an integrated system-wide program to ensure the safety of individuals, employees, visitors and others through identification, mitigation, early detection, monitoring, evaluation, and control of risks.

12 VA35-105-520. Risk Management

B. The provider shall implement a written plan to identify, monitor, reduce, and minimize harms and risk of harm, including personal injury, infectious diseases, property damage or loss, and other sources of potential liability.

*Describe the consequences and risk of harm:

Check Spelling

Describe the consequences and risk of harm

- The "**Describe the consequences and risk of harm**" is now a required field.

- Any text that is highlighted blue has hover over technology and contains definitions or instructions.

*Describe the consequences and risk of harm:

Check Spelling

Describe the consequences and risk of harm

- **Describe what harm resulted or could have resulted, as result of this serious incident.**
  - In order to do this you must first have a complete and accurate description of what has happened and the circumstances related to the incident.
  - To assess risk, you need to ask questions/interview, review documentation, complete environmental reviews and observations
  - Risk identification looks beyond what it initially reported

*Describe the consequences and risk of harm:

Check Spelling

Describe the consequences and risk of harm

Ask yourself…

- Is there an effect of an action or condition?

- For example, if an individual sustains a broken rib after receiving abdominal thrusts because they were choking, the broken rib is a consequence of the serious incident (choking) and should be reported as such.

*Describe the consequences and risk of harm:

Check Spelling

Describe the consequences and risk of harm

Ask yourself...

- Why are you taking action?

- What are you trying to mitigate? Prevent? Resolve?

- For example, a person with a history of aspiration pneumonia experiences episodes of coughing throughout the day and presents with a low-grade fever. A decision is made for them to be evaluated in the Emergency Department because of the risk of aspiration. The consequences and risk of harm in this example could be, but not limited to: aspiration pneumonia, hospitalization, death.

*Describe the consequences and risk of harm:

Check Spelling

Describe the consequences and risk of harm

More Examples

- Person evaluated at ED and found to have a UTI. Risk of harm associated with a UTI include, but is not limited to: pain, other infections, sepsis, death

- Person hospitalized due to suicidal and homicidal thoughts. Risk of harm associated with this incident includes but is not limited to: hospitalization resulting from risk of harm to self or/or others.

- Person evaluated in the ED post fall. Risk of harm associated with a fall may include, but is not limited to: head trauma, contusion, concussion, fractures, lacerations, unseen injuries requiring testing to evaluate and other undiagnosed medical conditions.

*Describe the consequences and risk of harm:

Check Spelling

Describe the consequences and risk of harm

Incomplete Responses

- Blank (nothing noted in the textbox)

- N/A

- None

- Unknown

- Risk of Harm

- No injury noted

- No risk of harm since we did everything that we were supposed to do per policy & procedure.

Upcoming: New Mandatory Fields

The following sections will be made mandatory to complete in an incident. A red asterisk "*" will be placed by the required fields. An email notification will go out to all providers giving notice of the date these fields will become required.

- Description of Medical Treatment Provided & Finding will be changed and made mandatory. The title will be changed to Description of Medical Treatment Provided and/or Finding.

Description of Medical Treatment Provided & Finding	
	Check Spelling

Upcoming: New Mandatory Fields

The "External notifications made" will become a required field. The following three notifications will be added to the boxes already listed

- Non-Applicable

- Substitute Decision Maker/Legal Guardian

- Support Coordinator

External notifications made (Check all that apply)		Other (please specify):
	☑ DSS	
	☑ Local Law Enforcement Agency	
	☐ State Police	
	☐ Department of Health Professionals	
	☐ Department of Health	
	☐ Other	

Upcoming: New Mandatory Fields

When a provider select Substitute Decision Maker/Legal Guardian or Support Coordinator a required text box will appear for you to type in the name.

☒ **Substitute Decision Maker/Legal Guardian**

☒ **Support Coordinator**

Multiple Occurrences of Individual's name

Select a Record by Clicking

By Name-You must enter the individual's first and last names
(This search will display all records that 'sound like' the name you entered.)
By Abuse Case - you must enter the abuse allegation case number
By Complaint Case - you must enter the complaint case number

Agency CD:222 , User Role: 24

● by Name	○ by Abuse Case	○ by Complaint Case	○ by Death/Incident Case

Case Number		
Name (First, Last)	John	Doe

Search		Choose from the individuals below or click here to add new individual.

ID	First	MI	Last	SSN	Gen.	DOB	City	Zip
22220191211222429	John		Doe	555555555	M	1/1/1999	Chesterfield	23832
22220191211222550	John	a	Doe	555555555	M	1/1/1999	Chesterfield	23832
22220191113124059	John	A	Doe	555555555	M	1/1/1999	Chesterfield	23832
22220191113124323	John	A	Doe	555555555	M	1/1/1999	Chesterfield	23832
2222019121122272	John	A	Doe	555555555	M	1/1/1999	Chesterfield	23832

INCORRECT

Multiple Occurrences of Individual's name

Each individual should only be entered into CHRIS one time. This is the correct view of how an individual's name should be displayed in CHRIS.

Multiple Occurrences of Individual's name

Select Individual | Abuse Information | Complaint Information | **Death/Incident**

CHRIS VERSION 5.1

* denotes a required field

^ additionally required fields for CSBs and Private Providers

CLICK HERE

*Name (First, MI, Last)	Roger	R	Rabbit
SSN (no dashes)	555555555		

Current Address where individual is living

^ Street	7878 Stop St
^ City, ^State, ^Zip	Richmond	VA	23219
Phone	(804) 555-5555	Phone (###) ###-####

Provider Primary Address

Street	Post Office Box 92
City, State, Zip	Chesterfield	VA	23832

Multiple Occurrences of Individual's name

Individual | Death/Incident

CHRIS VERSION 5.1

* If an incident does not meet the criteria for a Level II or Level III Serious Incident, do not report the incident in CHRIS. Level I serious incidents are not required to be reported into CHRIS. However, providers shall collect, maintain, and review at least quarterly all Level I serious incidents as part of their quality improvement program.
* Level II and Level III serious incidents must be reported in CHRIS within 24 hours of discovery

* ATTENTION: If this is a case of suspected abuse or neglect the report should first be made to H number obtained from the report is then used to complete your Serious Incident Report to the O

* denotes a required field
Roger Rabbit

*Death or Serious Incident   ○ Death   ⦿ Serious Incident

Select an existing Death/Incident case below or **ADD A NEW INCIDENT.**

There are no previous incidents to display.

*Death or Serious Incident   ○ Death   ⦿ Serious Incident

		Death/Serious Incident Counter:	
Death/Serious Incident ID:			

Provider:	*Chesterfield Community Services Board*	License#	

Licensed Service Location:	[▾]	* Specific Site of Death/Incident	
	(Entry of Street, City, State and Zip are required for CSB and private provider individuals.)	*(e.g.: "Bathroom")*	

*   Individual receiving a waiver service?
* **Waiver**   ○ No   ○ Yes

Street
City,State,Zip

* Waiver Type [▾] Required if receiving waiver service.

*FIPS

*Medicaid Number	123456987110 Required if receiving waiver service.	* Case Management Provider	[▾] Required if receiving waiver service. If not receiving waiver service, Case Management Provider is optional.

Date/Time of Death/Incident (hh:mm AM or PM)	[📅] Enter 00:00 if time is unknown	*Date/Time of Discover of Death/Incident	[📅] Enter 00:00 if time is unknown

IMU Data

The next slides will present data from incidents reported in Regions 3 & 4 from August 5, 2019 – November 30, 2019.

Note: Incident management rolled out in Region 3 on November 1, 2019

Region	No. of Providers	Incidents Reviewed	Duplication of Incidents	No. of Unique Incidents
Region 3	48	330	26	304
Region 4	166	1313	123	1190
Total	**214**	**1643**	**149**	**1494**

Diagnosis	Number of Reports
DD Incidents	849
Non-DD Incidents	794
Total	**1643**

IMU Data

The chart display the frequency of health and safety reported incidents.

Type of Incident	Number Reported
Falls	87
Fractures	42
seizure	28
Constipation	18
Urinary Tract Infection	14
Aspiration Pneumonia	9
Choking	8
Dehydration	8
Bowel Obstructions	6
Medication Error	2
Pressure Ulcer	1

Locating CHRIS Training

- From DBHDS website

Locating CHRIS Training

- From Licensing Home page

MORE INFORMATION

- QMHP Emergency Regulation Summary posted (September 2018)
- Mortality Review Committee Document Submission Memorandum (July 2019)
- Mortality Review Committee Required Documents (July 2019)
- Enhanced Licensing Visit Protocol
- DBHDS Citation Dispute Resolution Process
- CHRIS Training

- From CHRIS Home page

Documentation

- CHRIS Modification Training PowerPoint (August 2019)

CHRIS training located in DELTA

Questions

On behalf of the DBHDS Office of Licensing we thank you for participating in the training.