

# CHRIS Training

## January 15, 2020



Virginia Department of  
Behavioral Health &  
Developmental Services

# Purpose of Training



In this training we will be covering the following items:

- Office of Human Rights Changes
- Incident Management Roll out
- Finding locations in CHRIS
- Preexisting CHRIS reports
- Multiple occurrences of the same individual's name
- Cause of Incident
- Injury/Incident Description/ circumstance
- Description of Medical Treatment Provided & Finding
- Describe the consequences and risk of harm
- Updating an incident
- Removing incidents from CHRIS
- Upcoming: New Mandatory Fields

# OHR CHRIS Modifications



	Who entered report in CHRIS?		
Name (First, MI, *Last)	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Phone	<input type="text"/> Phone(###) ###-####		
<div>SaveCancelPrint Abuse</div>			

# OHR CHRIS Modifications



Individual

Allegation

Notification

Accusation

Witnesses

Investigation

DBHDS Advocate Report

LHRC

SHRC

CHRIS VERSION 5.1

Investigation Begin Date  
(hh:mm AM or PM)

04/10/2019

11:30 AM

Investigator's Name

Date of Investigator's Final Report

04/18/2019

10/23/2019

Read Only field

DIRECTOR OR INVESTIGATION AUTHORITY'S DISPOSITION

What type of Abuse/Neglect occurred? (check all that apply)

Physical Abuse	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Undo	Sexual Abuse	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Undo
Verbal Abuse	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Undo	Seclusion /Restraint	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Undo
Neglect Non-Peer to Peer	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Undo	Neglect Peer to Peer	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Undo
Exploit	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Undo	Other	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Undo

Rationale

☐ Eyewitness Statements

☐ Staff Admissions

☐ Failure to Follow Behavior/Mgmt Plan

# Statewide OHR Training Plan

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## *Regional* OHR Training opportunities:

- Navigating CHRIS for OHR Reporting
- “Train the Trainer”/Overview of Human Rights
- LHRC-Review Forms

## **More information available:**

- DBHDS Website by February 1, 2020
- Email blast to DBHDS licensed provider list serve
- Eventbrite
- Regional Provider Roundtable

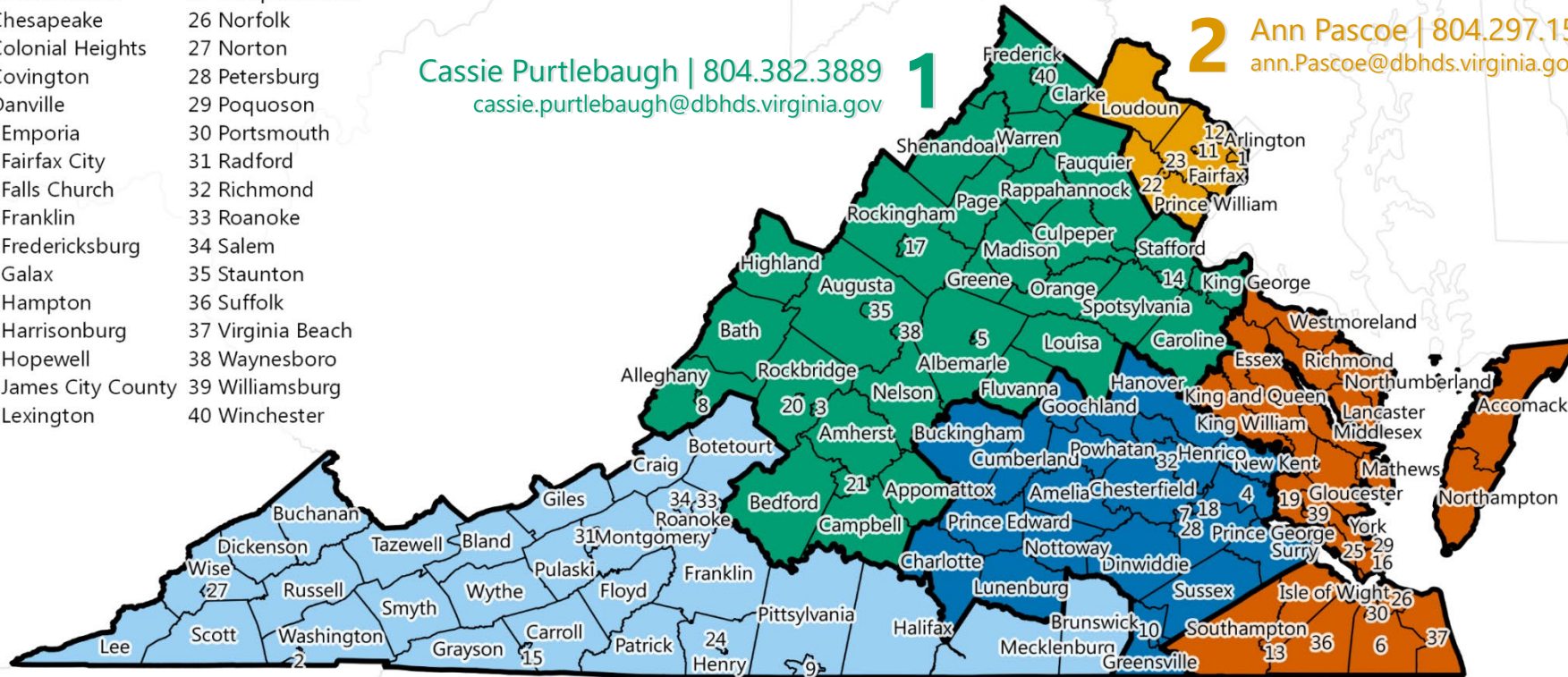
## Key

1 Alexandria	21 Lynchburg
2 Bristol	22 Manassass
3 Buena Vista	23 Manassass Park
4 Charles City County	24 Martinsville
5 Charlottesville	25 Newport News
6 Chesapeake	26 Norfolk
7 Colonial Heights	27 Norton
8 Covington	28 Petersburg
9 Danville	29 Poquoson
10 Emporia	30 Portsmouth
11 Fairfax City	31 Radford
12 Falls Church	32 Richmond
13 Franklin	33 Roanoke
14 Fredericksburg	34 Salem
15 Galax	35 Staunton
16 Hampton	36 Suffolk
17 Harrisonburg	37 Virginia Beach
18 Hopewell	38 Waynesboro
19 James City County	39 Williamsburg
20 Lexington	40 Winchester

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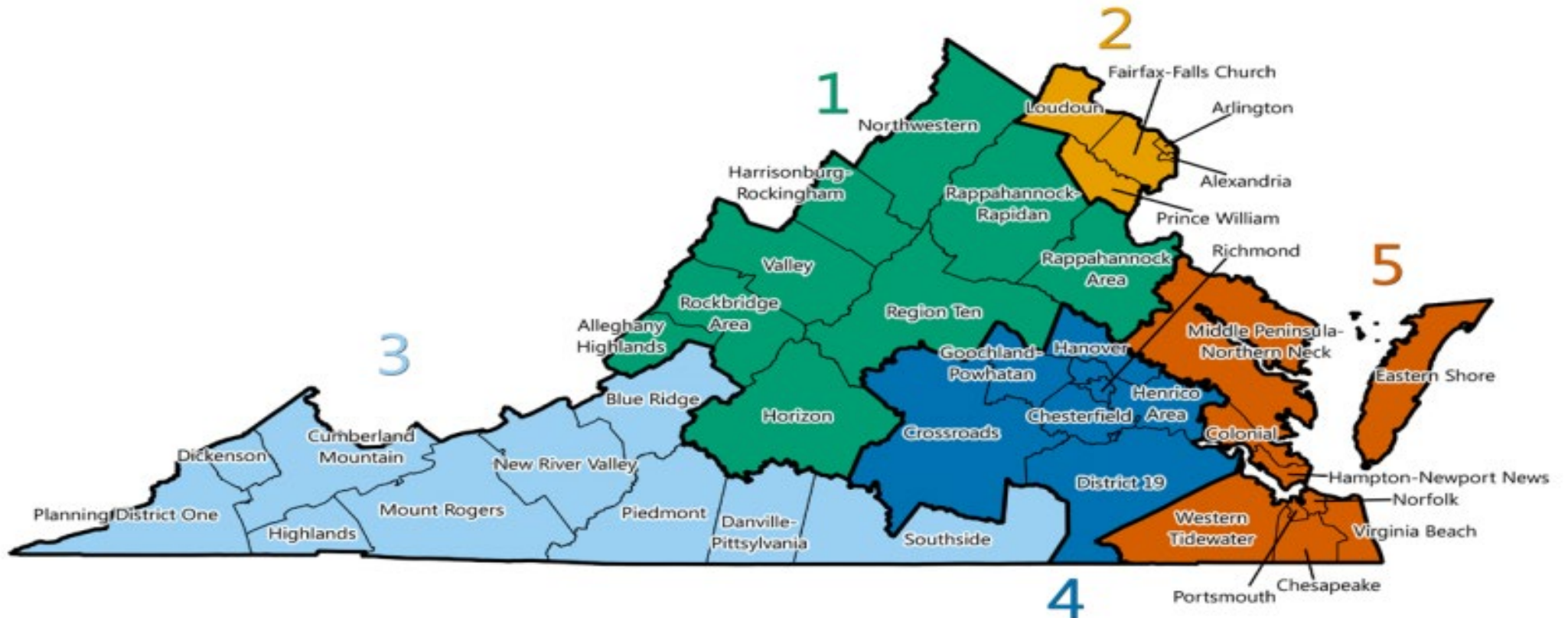
# OHR Regional Manager Contact Information

Virginia Department of Behavioral Health & Developmental Services

# Incident Management Rollout



Incident Management will be rolling out into Region 2 on February 1, 2020.

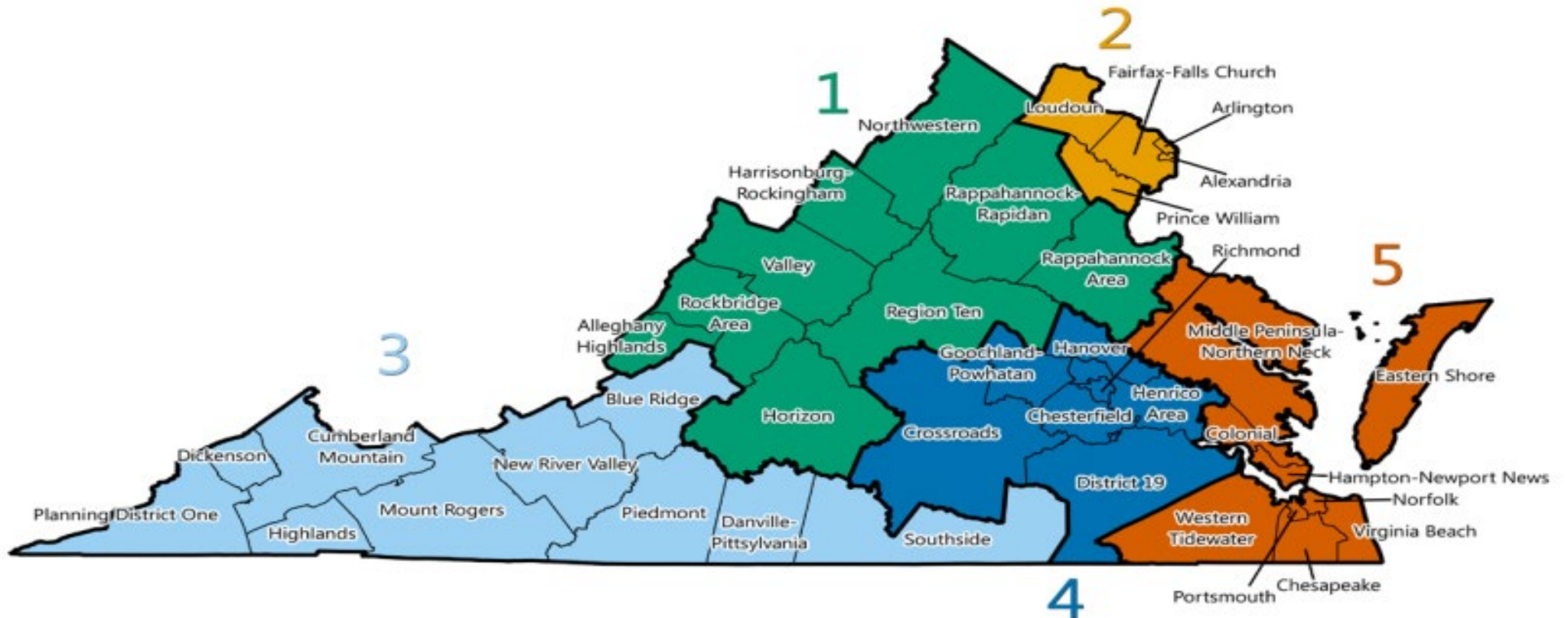




# Incident Management Rollout



IMU will be reviewing all incidents submitted in CHRIS for Regions 2, 3 and 4.

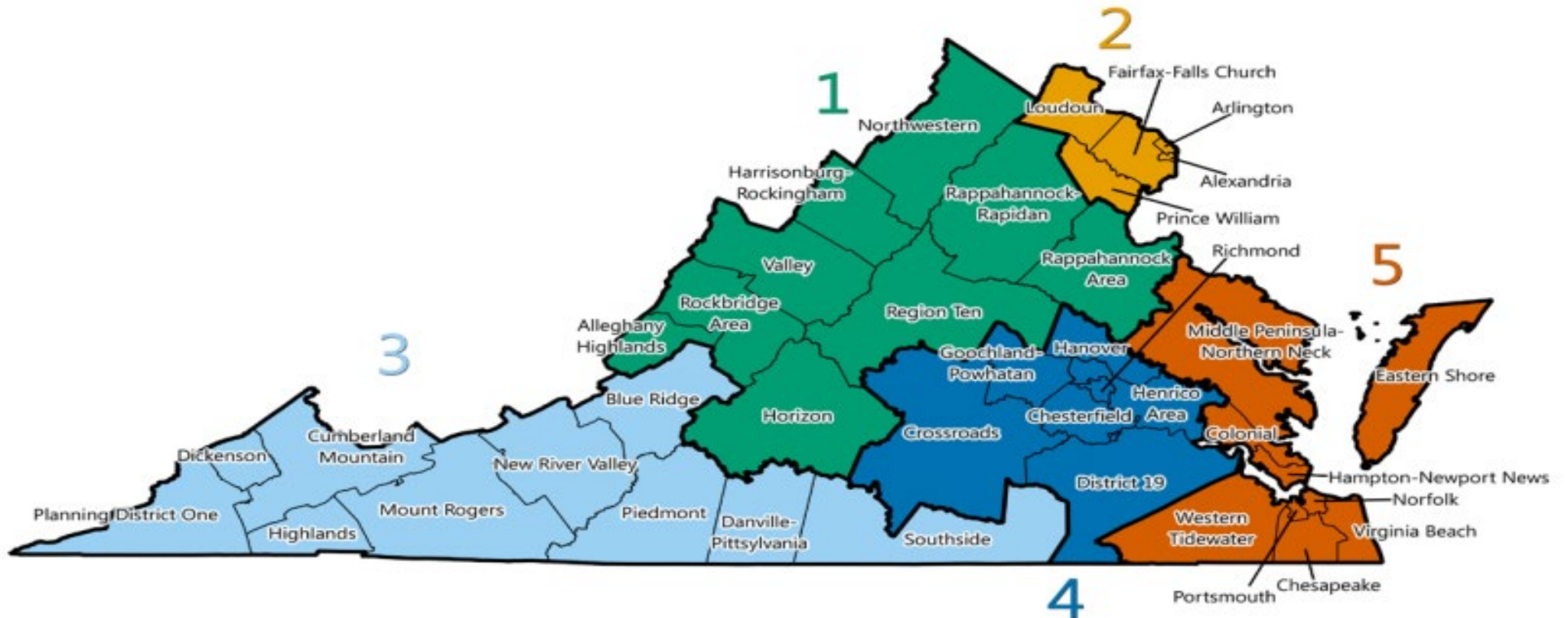




# Incident Management Rollout



IMU will roll out to Region 5 next and then to Region 1.  
Notification will go out when the dates have been established.



# Pre-existing CHRIS Reports

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Incident Management Unit and Licensing Specialists have noticed that a few providers have gone back into old CHRIS report and over written the information with a new incident that the individual had experienced.

- Please do not overwrite old CHRIS reports. This is misrepresenting previous information and distorting data from new incidents.
- All New CHRIS reports should start with the number 2020 (ex. **2020XXXX**).

# Entering Incidents into CHRIS



When entering an incident please perform a **Name** search first to ensure a profile does not already exist for the individual. To search by individual name:

- Click the **by Name** button
- Enter the individual's **First Name** and **Last Name**
- Click **Search**
- Click the highlighted ID number link to choose the individual you need.

## CHRIS VERSION 5.1

**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:016 , User Role: 24

☒ by Name ☐ by Abuse Case ☐ by Complaint Case ☐ by Death/Incident Case

Case Number

Name (First, Last)

Choose from the individuals below or click [here](#) to add new individual.

ID	First	MI	Last	SSN	Gen.	DOB	City	Zip
<a href="#">01620197811179</a>	John	D	Doe	124124124	M	1/1/1950	Alexandria	22314
<a href="#">0162019619142257</a>	Jane	S	Doe	555241234	F	1/1/1980	Alexandria	22314

# Entering Incidents into CHRIS



Click on the **"Death/Incident"** tab

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

CHRIS VERSION 5.1

\* denotes a required field

^ additionally required fields for CSBs and Private Providers

*Name (First, MI, Last)	Lion	L	King
SSN (no dashes)	123123123		
Current Address where individual is living			

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 Human Rights and the CHRIS case number obtained from the report is then used to complete your Serious Incident Report to the Office of Licensing.

\* denotes a required field  
Lion King

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

There are no previous incidents to display.

*Death or Serious Incident	<input type="radio"/> Death	<input type="radio"/> Serious Incident
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Click on the **"ADD A NEW INCIDENT"** link to enter a new incident or **DEATH**. Depending upon which track you need to select

# Finding Locations in CHRIS

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CHRIS retrieves its locations from the Office of Licensing Information System. The locations found under each licensed service are directly related to the locations on the agency's license. If you are having trouble finding a location you believe should be there, please conduct the following steps:

# Finding Locations in CHRIS



First, check your license addendum to ensure you have the correct service selected for the address.

- Each service has a listing of all locations licensed to provide that service.
- For example, there are two locations that are licensed for group home service and one location for centered based day support service.

## SEA NAME STREET, LLC

### Licensed Services

1. *Licensed As: A co-occurring disorder of developmental disability and mental health residential group home service for adults.*  
Stipulations:

Service License Number	Type of License	Effective Date	Expiration Date
xxx-01-001	Triennial	07/28/2017	07/27/2020



**Locations:** 1 Anywhere Home  
1234 XXXX Drive  
Chesterfield, VA 23832  
Bed Capacity: 4 Child/Adol. Beds: 0  
Effective Date: 07/28/1995

2 Come Home  
My Place Road  
Midlothian, VA 23112  
Bed Capacity: 4 Child/Adol. Beds: 0  
Effective Date: 10/01/2005



2. *Licensed As: An intermediate care facility for individuals with an intellectual disability (ICF-IID) residential group home service for adults*  
Stipulations:

Service License Number	Type of License	Effective Date	Expiration Date
xxxx-01-005	Annual	05/10/2019	05/09/2020

**Locations:** 1 Everywhere (ICF/IID)  
6789 Everywhere Boulevard  
Petersburg, VA 23806  
Bed Capacity: 12 Child/Adol. Beds: 0  
Effective Date: 05/10/2018

3. *Licensed As: A developmental disability center based day support service for adults.*  
Stipulations:

Service License Number	Type of License	Effective Date	Expiration Date
xxx-02-006	Triennial	07/28/2017	07/27/2020

**Locations:** 1 We're Here  
4321 We're Here Drive  
Richmond, VA 23238  
Bed Capacity: 0 Child/Adol. Beds: 0  
Effective Date: 07/28/1995



# Finding Locations in CHRIS

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If after verifying the location is on the agency's licensed addendum, please contact the Incident Management Unit to assist you with correcting this issue.

If the location is not listed on the agency's license addendum, please contact your licensed specialist and they will assist you in correcting this matter.

# Level III –Death



- Only one CHRIS report needs to be submitted for a **Death Involving the Same Provider with an Individual in Several Services.**
  - When an individual who died was enrolled in several services with the **same provider**, the **provider** will only have to enter one CHRIS entry under the main service in which the death occurred.
  - The **provider** should include in their narrative what other services the individual was enrolled in (case management, day support, residential etc.)
  - Death of individuals with Developmental Disabilities: The **provider** should submit the MRC documents for all services.

**\*\*This only applies to a Provider who had the individual enrolled in several services**

# 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.

What's the  
cause?



## Cause of Incident (Select all that apply)

<input type="checkbox"/> ACCIDENTAL INJURY BY ANOTHER PERSON - A non-intentional injury caused by another person.
<input type="checkbox"/> 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.
<input type="checkbox"/> ASSAULT (BY OTHERS) - Assault to an individual by someone other than an employee or licensed provider.
<input type="checkbox"/> 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.
<input type="checkbox"/> ASSAULT BY STAFF OR CAREGIVER - Assault to an individual by an employee or agent of a licensed provider.
<input type="checkbox"/> 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, a abuse, accidents or resuscitative measures.
<input type="checkbox"/> DROWNING/SUBMERSION (WATER ACCIDENT) - The process of experiencing respiratory impairment from submersion/immersion in liquid.
<input type="checkbox"/> 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.
<input type="checkbox"/> FOOD INGREDIENTS OR CONSISTENCY - Injury due to food allergies, food borne illness, or incorrect dietary consistency modifications.
<input type="checkbox"/> 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 accidental or intentional.
<input type="checkbox"/> MEDICAL EQUIPMENT MALFUNCTION (ADAPTIVE EQUIPMENT) - Any malfunction in the technology designed to improve the quality of life of a person with disabilities.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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."
<input type="checkbox"/> NATURAL DISEASE PROCESS - The progression of a disease process in an individual over time.
<input type="checkbox"/> NEGLIGENCE - To fail to provide adequate care.
<input type="checkbox"/> 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.

\* Injury/Incident Description/ circumstances

This field is now a required field for all injuries.

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?**

<p>*</p> <p>Injury/Incident Description/ circumstances</p>	<p>This field is now a required field for all injuries.</p> <div></div>
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# Injury/Incident Description/ Circumstance



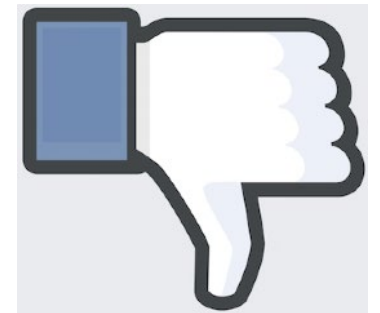
## COMPLETENESS AND ACCURATE

<p>* Injury/Incident Description/ circumstances</p>	<p>This field is now a required field for all injuries.</p> <div></div>
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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

<p>* Injury/Incident Description/ circumstances</p>	<p>This field is now a required field for all injuries.</p> <div></div>
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### 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

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- 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.

<p>Description of Medical Treatment Provided &amp; Finding</p>	<div data-bbox="996 896 2048 1072" style="border: 1px solid black; height: 123px; width: 413px;"></div> <div data-bbox="996 1100 1253 1148" style="border: 1px solid black; padding: 2px; text-align: center;">Check Spelling</div>
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# 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.

<p>Description of Medical Treatment Provided &amp; Finding</p>	<div data-bbox="988 785 2074 963" style="border: 1px solid black; height: 125px; position: relative;"><div style="position: absolute; right: -10px; top: 50%; transform: translateY(-50%);">^</div><div style="position: absolute; right: -10px; bottom: 0;">v</div></div> <div data-bbox="988 992 1253 1035" style="border: 1px solid black; padding: 2px; text-align: center;">Check Spelling</div>
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# 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-

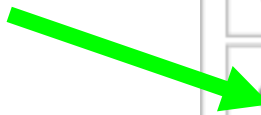
- Select the option "**Updates to death/serious incident will be provided**". This is located below the Licensing Specialist box or just before the "Save" button box.
- **Failure to update a serious incident report in CHRIS within 48 hours from the initial submission of the report, or from the time that the provider is made aware of the need to update the report will be cited as a regulatory violation of 12VAC35-105-160.B, or 12VAC35-46-230.A, as applicable.**

\* Required. Please 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

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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. Please 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

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- 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.

# 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



- The “**Describe the consequences and risk of harm**” is now a required field.
- A consequence of an incident is what actually happen as a result of the incident.
- Risk of harm is what could have happen as a result of the incident.
  - ❖ **Both the consequences and risk of harm can be placed in the same box below.**
- Any blue text 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.
- For this example, the risk of harm could lead to aspiration or death.

\*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 consequence is the ER visit 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 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.

\*Describe the consequences and risk of harm:

Check Spelling

# 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

<p>External notifications made (Check all that apply)</p>	<table border="1"><tr><td><input checked="" type="checkbox"/> DSS</td></tr><tr><td><input checked="" type="checkbox"/> Local Law Enforcement Agency</td></tr><tr><td><input type="checkbox"/> State Police</td></tr><tr><td><input type="checkbox"/> Department of Health Professionals</td></tr><tr><td><input type="checkbox"/> Department of Health</td></tr><tr><td><input type="checkbox"/> Other</td></tr></table>	<input checked="" type="checkbox"/> DSS	<input checked="" type="checkbox"/> Local Law Enforcement Agency	<input type="checkbox"/> State Police	<input type="checkbox"/> Department of Health Professionals	<input type="checkbox"/> Department of Health	<input type="checkbox"/> Other	<p>Other (please specify):</p> <div></div>
<input checked="" type="checkbox"/> DSS								
<input checked="" type="checkbox"/> Local Law Enforcement Agency								
<input type="checkbox"/> State Police								
<input type="checkbox"/> Department of Health Professionals								
<input type="checkbox"/> Department of Health								
<input type="checkbox"/> 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)

Search

Choose from the individuals below or click [here](#) to add new individual.

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

# 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.

**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)

Choose from the individuals below or click [here](#) to add new individual.

ID	First	MI	Last	SSN	Gen.	DOB	City	Zip
<a href="#">22220191211222959</a>	Roger	R	Rabbit	555555555	M	8/8/1980	Chesterfield	23832





# 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



*Name (First, MI, Last)	<input type="text" value="Roger"/>	<input type="text" value="R"/>	<input type="text" value="Rabbit"/>
SSN (no dashes)	<input type="text" value="555555555"/>		
Current Address where individual is living			
^ Street	<input type="text" value="7878 Stop St"/>		
^ City, ^State, ^Zip	<input type="text" value="Richmond"/>	<input type="text" value="VA"/>	<input type="text" value="23219"/>
Phone	<input type="text" value="(804) 555-5555"/>	Phone (###) ###-####	
Provider Primary Address			
Street	<input type="text" value="Post Office Box 92"/>		
City, State, Zip	<input type="text" value="Chesterfield"/>	<input type="text" value="VA"/>	<input type="text" value="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 the appropriate authority. The case number obtained from the report is then used to complete your Serious Incident Report to the OAH.

\* denotes a required field

Roger Rabbit

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 or Serious Incident

☐ Death ☒ Serious Incident

Death/Serious Incident ID:		Death/Serious Incident Counter:	
Provider:	Chesterfield Community Services Board	License#	
Licensed Service Location:	<div><div></div><div></div></div> (Entry of Street, City, State and Zip are required for CSB and private provider individuals.)	* Specific Site of Death/Incident	<div><div></div><div>(e.g.: "Bathroom")</div></div>
Street City,State,Zip	<div><div></div><div></div><div></div></div>	* Waiver	* Individual receiving a waiver service? <input type="radio"/> No <input type="radio"/> Yes
*FIPS	<div><div></div><div></div></div>	* Waiver Type	<div><div></div><div></div></div> Required if receiving waiver service.
*Medicaid Number	123456987110 Required if receiving waiver service.	* Case Management Provider	<div><div></div><div></div></div> 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)	<div><div></div><div></div></div> Enter 00:00 if time is unknown	*Date/Time of Discover of Death/Incident	<div><div></div><div></div></div> Enter 00:00 if time is unknown

# Provider's Corrective Action



- This would apply to all licensed services except for children's residential services.
- Per DBHDS emergency regulation 12 VAC 35-105-160 E, a root cause analysis shall be conducted by the provider within 30 days of discovery of Level II and Level III serious incidents. According to this statement, all Level II and Level III serious incidents under "Provider's Corrective Action" should have "conduct root cause analysis" selected. Per the Serious Incident Reporting guidance effective November 29, 2018, in the case of a Level III incident that did not occur while the individual was receiving active services from the provider, or on the provider's premises, the provider's root cause analysis should only be based on what is reported to or otherwise known by the provider.
- Any and all corrective actions you have taken to ensure the individual's safety and well-being should also be documented or selected in this area.
- **Give yourself credit for everything you have done to mitigate the incident and to ensure the individual is safe.**

**Provider's Corrective Action** (Check all that apply)

<input type="checkbox"/> Change policy and procedure	<b>Other (please specify):</b> <div></div>
<input type="checkbox"/> Implement Current policy and procedure	
<input type="checkbox"/> Train individual staff	
<input type="checkbox"/> Train all staff	
<input type="checkbox"/> Increase staffing	
<input type="checkbox"/> Increase qualifications of staff	
<input type="checkbox"/> Increase supervision (change patterns of supervision)	
<input type="checkbox"/> Conduct root cause analysis	
<input type="checkbox"/> Decreased capacity	
<input type="checkbox"/> No new admissions	
<input type="checkbox"/> Individual(s) were moved	
<input type="checkbox"/> Environmental modification	
<input type="checkbox"/> ISP modification	
<input type="checkbox"/> Obtain additional services/assessments	
<input type="checkbox"/> Meet with support team to review/plan	
<input type="checkbox"/> Improve QA	
<input type="checkbox"/> Supervisory/Administrative staff change/action	
<input type="checkbox"/> Corrective action pending further internal investigation	
<input type="checkbox"/> Other	

# Locating CHRIS Training



- From DBHDS website

An Agency of the Commonwealth of Virginia

Virginia Department of Behavioral Health & Developmental Services

Home Getting Help **Offices** About DBHDS Contact Us

SELECT LANGUAGE

**DIVISIONS**

- Architectural & Engineering
- Behavioral Health Wellness
- Children & Family Services
- Office of Management Services
- Developmental Services
- Office of Budget and Financial Reporting
- Forensic Services

**Human Rights**

- Internal Audit
- Licensing**
- Pharmacy
- Policy & Public Affairs
- Procurement
- Quality Management and Development
- Office of Recovery Services
- Substance Use Disorders

**SERVICE PROVIDERS**

- Licensed Provider Location Search
- Provider Inspection/investigation Reports Search

HRIS

Investigations Unit

Health

# 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



Home » » DELTA » CHRIS

## CHRIS VERSION 5.1

### LOGGED IN AS

- ss7a7874
- Logout

### NAVIGATION

- Home
- Incidents >
- Reports
  - Abuse Reports
  - Complaint Reports
  - Serious Incident Reports
  - Death Reports
  - Case Manager Reports
  - Office of Licensing Reports
    - Summary Reports
    - Consumer Summary Reports
    - Statewide Summary Reports
    - Death/Injury By Date Range Reports
  - ODS Reports
    - Waiver Reports
    - Summary Waiver Reports
    - Statewide Waiver Summary Reports
  - AdHoc Reports
    - Accused List
    - Alleged Abuser History
- Edit LookUp Tables
- [Help](#)

Select the agency where this incident took place.

☐ State Operated Facility

☐ CSB/BHA

☐ Other Licensed Provider

Agencies...

Choose



Virginia.gov

Virginia Department of Behavioral Health and Developmental Services

Home » » DELTA » CHRIS

## CHRIS VERSION 5.1

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### NAVIGATION

Welcome to the Computerized Human Rights Information System (CHRIS). CHRIS is a system that will help you with the new CHRIS electronic system, links to the User's Guide, Frequently Asked Questions, and more.

## CHRIS DOCUMENTATION

- [CHRIS Modification Training PowerPoint](#) (August 2019)

# Questions

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On behalf of the DBHDS Office of Licensing and the Office of Human Rights we thank you for participating in this training.