

Entering Deaths into CHRIS



CHRIS has the functionality to search for a case by individual name or by the specific abuse allegation number, complaint number, or death/incident number assigned to the case by CHRIS (depending on your individual permissions, you may not have access to all data).

Virginia Department of **Behavioral Health and Developmental Services**

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CHRIS VERSION 5.1

LOGGED IN AS

- 8891dc4d
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NAVIGATION

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 - Complaint Reports
 - Serious Incident Reports
 - Death Reports
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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 | <input type="text"/> |
| Name (First, Last) | <input type="text"/> <input type="text"/> |

Entering Deaths into CHRIS



When entering an death and creating a new profile for an individual, 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**
- All individuals with a name "similar to" the one you've entered will be displayed on the screen.
- Click the highlighted ID number link to choose the individual you need.

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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 |
|----------------------------------|-------|----|------|-----------|------|----------|------------|-------|
| 01620197811179 | John | D | Doe | 124124124 | M | 1/1/1950 | Alexandria | 22314 |
| 0162019619142257 | Jane | S | Doe | 555241234 | F | 1/1/1980 | Alexandria | 22314 |

Entering Deaths into CHRIS



After you conduct the **Name Search**, and if no name appears below the Search row, then you will complete the following steps:

- Click the **here** in the sentence “Choose from the individuals below or click [here](#) to add new individual”, to create a new profile for the individual.

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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.



Entering Deaths into CHRIS



Select Individual

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 | | | |
| ^ Street | 123 High Hopes Lane | | |
| ^ City, ^State, ^Zip | Alexandria | VA | 22313 |
| Phone | (703) 555-5555 | Phone (###) ###-#### | |
| Provider Primary Address | | | |
| Street | 720 N. Saint Asaph Street | | |
| City, State, Zip | Alexandria | VA | 22314 |

DEMOGRAPHICS

| | | | |
|-------------------------------------|--|---------|------|
| *Date of Birth (format: DD/MM/YYYY) | 01/01/1950 | | |
| *Race | Alaskan Native | *Gender | Male |
| Medical Number | 123123123 | Name | |
| Substitute Decision Maker | <input type="radio"/> No <input type="radio"/> Yes | Name | |
| Relationship to Individual | | Name | |
| Save | Cancel | | |

- Complete the Demographic fields as required and click **Save**.
- Once you have clicked **Save** a message saying "the record is saved" and the **Continue** button will appear.
- Click on **Continue** to enter the incident.

Select Individual

CHRIS VERSION 5.1

* denotes a required field

^ additionally required fields for CSBs and Private Providers
The record is saved.

| | | | |
|--|---------------------------|----------------------|-------|
| *Name (First, MI, Last) | Lion | L | King |
| SSN (no dashes) | 123123123 | | |
| Current Address where individual is living | | | |
| ^ Street | 123 High Hopes Lane | | |
| ^ City, ^State, ^Zip | Alexandria | VA | 22313 |
| Phone | (703) 555-5555 | Phone (###) ###-#### | |
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|-------------------------------------|--|----------|------|
| *Date of Birth (format: DD/MM/YYYY) | 01/01/1950 | | |
| *Race | Alaskan Native | *Gender | Male |
| Medical Number | 123123123 | Name | |
| Substitute Decision Maker | <input type="radio"/> No <input type="radio"/> Yes | Name | |
| Relationship to Individual | | Name | |
| Save | Cancel | Continue | |

Entering Deaths into CHRIS



- The **Continue** button will add the heading tabs to the Demographic screen.
- The tab "**Death/Injury**" has been changed to "**Death/Incident**"

| | | | |
|-------------------|-------------------|-----------------------|----------------|
| 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 | | | |
| ^ Street | 123 High Hopes Lane | | |
| ^ City, ^State, ^Zip | Alexandria | VA | 22313 |
| Phone | (703) 555-5555 | Phone (###) ###-#### | |
| Provider Primary Address | | | |
| Street | 720 N. Saint Asaph Street | | |
| City, State, Zip | Alexandria | VA | 22314 |

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DEMOGRAPHICS

Changes to Interface/Data Capture



The Death/Incident tab now reflects two new tracks:

- **Death** Track
- **Serious Incident** Track.

Click on the **"ADD A NEW INCIDENT"** link to enter a new incident. Depending upon which track you select, will determine the fields that will appear. Any box or field with a red asterisk "*" is a required field. The incident will not save until you have entered information into **all** required fields.

Individual | **Death/Incident**

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* 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

Death Serious Incident

Death Track



The first two tables in the death track are the same as those in the serious incident tables providing general information for the individual and incident.

| Counter | Death/Incident Date | Discovery Date | Known Facts |
|---------|---------------------|----------------|-------------|
| 102241 | 20160625 | 07-05-2016 | |
| 102240 | 20160624 | 07-04-2016 | |

| | |
|--|--|
| Death or Serious Incident | |
| <input checked="" type="radio"/> Death | <input type="radio"/> Serious Incident |

| | | | |
|--|--|--|---|
| Death/Serious Incident ID: | | Death/Serious Incident Counter: | |
| Provider: | Alexandria Community Services Board | License# | |
| Licensed Service Location: | <input type="text"/> | * Specific Site of Death/Incident: | <input type="text"/> |
| <small>(Entry of Street, City, State and Zip are required for CSB and private provider individuals.)</small> | | * Individual receiving a waiver service? | <input type="radio"/> No <input type="radio"/> Yes |
| Street City, State, Zip | <input type="text"/> | * Waiver | |
| * FIPS | <input type="text"/> | * Waiver Type | <input type="text"/> Required if receiving waiver service. |
| * Medicaid Number | 123123123123 Required if receiving waiver service. | * Case Management Provider | <input type="text"/> Required if receiving waiver service. If not receiving waiver service, Case Management Provider is optional. |
| Date/Time Death/Incident (Month AM or PM) | <input type="text"/> | * Date of Discovery of Death/Incident | <input type="text"/> Enter 00:00 if time is unknown |

* Originator/Witness – the person is present at time of death or serious incident

| | | | | | |
|--------------|----------------------|-------------|----------------------|----------------------------------|----------------------|
| * First name | <input type="text"/> | * Last name | <input type="text"/> | * Relationship with the consumer | <input type="text"/> |
|--------------|----------------------|-------------|----------------------|----------------------------------|----------------------|

Death Track

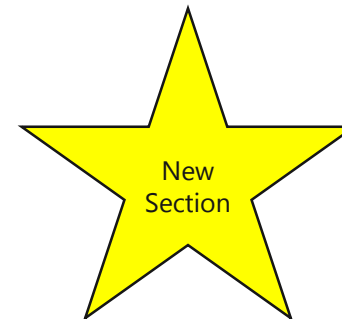


The third table in the death track is a new required field.

* For cases of DD death, providers are responsible for submitting the required documentation listed on the [Mortality Review Record Submission Checklist](#), within 10 business days following a death. By checking here, I acknowledge responsibility for providing these documents per the [Process](#) instituted by DBHDS for all cases of DD Death. I further acknowledge that any documentation containing the Protected Health Information of the deceased individual will be submitted in a secure fashion to ensure compliance with federal and state privacy laws.

By checking here, I acknowledge responsibility for providing these documents.

This was not a DD death and therefore the regulation does not apply.



Death Track Changes



There were a few changes in the fourth table in the death track:

- "Type of Death" has been changed to "**Suspected Type of Death**"
- "Known Facts Regarding Death" has been changed to "**Known Facts Regarding Death/Circumstances.**"

COMPLETE FOR DEATHS ONLY

| | |
|---|---|
| * Suspected Type of Death | <input type="text"/> |
| * Was the death? | <input type="radio"/> EXPECTED-Expected death is a loss caused by an illness or medical condition, e.g.Cancer, that has been progressing. <input type="radio"/> UNEXPECTED-Unexpected Death is a sudden unexpected loss caused by a suicide, homicide, accident, or sudden illness. |
| * Referred to Medical Examiner? | <input type="radio"/> Yes <input type="radio"/> No |
| * Is autopsy to be performed? | <input type="radio"/> Yes <input type="radio"/> No |
| If yes, status is required | <input type="text"/> |
| * Suspected Event | <input type="text"/> If Other description is required |
| * Known Facts Regarding Death/Circumstances | <input type="text"/> This field is now a required field for all deaths |
| <input type="button" value="Check Spelling"/> | |

Death Track Changes



- The section titled "Did this case involve?" currently has "Assault by Client." This has been changed to **"Assault Peer to Peer Aggression."**
- "Unexplained" has been removed from this area.

Did this case involve? (Check all that apply)

| | |
|--|--|
| <input type="checkbox"/> Seclusion | Involve Other(please specify) <div style="border: 1px solid gray; height: 150px; width: 100%;"></div> |
| <input type="checkbox"/> Restraint | |
| <input type="checkbox"/> Abuse Allegation | |
| <input type="checkbox"/> Neglect Allegation | |
| <input type="checkbox"/> Assault-Peer to Peer aggression | |
| <input type="checkbox"/> Self Injurious Behavior | |
| <input type="checkbox"/> Other | |

If this incident was reported to Human Rights, please enter number here

| | | | |
|-------------------------------|----------------------|---------------------------------------|----------------------|
| If abuse, enter CHRIS abuse # | <input type="text"/> | If complaint, enter CHRIS complaint # | <input type="text"/> |
|-------------------------------|----------------------|---------------------------------------|----------------------|

Was an internal investigation initiated?

No Yes

Death (sections with no change)



The section titled "External notifications made" had no changes.

| | | |
|--|---|--|
| <p>External notifications made <i>(Check all that apply)</i></p> | <p><input type="checkbox"/> DSS</p> <p><input type="checkbox"/> Local Law Enforcement Agency</p> <p><input type="checkbox"/> State Police</p> <p><input type="checkbox"/> Department of Health Professionals</p> <p><input type="checkbox"/> Department of Health</p> <p><input type="checkbox"/> Other</p> | <p>Other (please specify):</p> <div data-bbox="1340 458 2188 928" style="border: 1px solid gray; height: 329px; position: relative;"><div style="position: absolute; top: -15px; right: 0;">^</div><div style="position: absolute; bottom: -15px; right: 0;">v</div></div> |
|--|---|--|

Death (sections with no change)



The section titled "Provider's Corrective Action" had no changes.

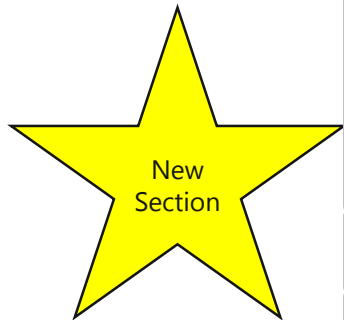
*** Provider's Corrective Action**(Check all that apply)

| | |
|---|--|
| <input type="checkbox"/> Change policy and procedure | Other (please specify): |
| <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/location | |
| <input type="checkbox"/> Corrective action pending further internal investigation | |
| <input type="checkbox"/> Other | |

Death Changes



The last new required section added is right before you save the death. There are three options for you to pick from.



*** 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.

Please Indicate which Fields have been updated.

Please make every effort to submit any updates within 24-48 hrs.

Death Track



To ensure the incident has been saved, a **Record Counter** number will appear. The number is eight (8) digits long and starts with the year of the incident date. If you do not see the Record Counter number check to see if the browser is still spinning. Please, do not hit enter multiple times, because this will duplicate the death. Once the record counter number appears please press continue.

A screenshot of a web form interface. At the top, there are three buttons: 'Save' (dark blue), 'Cancel' (light blue), and 'Print Death/Incide' (dark blue). Below these buttons, the text 'Record Counter: 2019xxxx' is displayed in green. Underneath, a 'Continue' button is highlighted with a green border. Below the button, the message 'The record is saved.' is shown in green. At the bottom left, there is a blue link labeled 'Back to top'.