

CHRIS Modifications

Changes to Serious Incident Reporting Side of CHRIS.



Virginia Department of
Behavioral Health &
Developmental Services

The Need for CHRIS Modifications



The modifications made to the CHRIS system were done to standardize how incidents are reported, collected, and to improve the quality of the data collected. This allows DBHDS to:

- Better analyze, track and trend the data collected;
- Identify areas of improvement, performance metrics, and training opportunities; and
- Produce quality reports to go to stakeholders sharing and communicating the results from the data.

Overview of Training



Due to the different levels of providers participating in the training, this training will encompass everything from acquiring a DELTA login, navigating through the CHRIS system, the revisions made in CHRIS, running provider's reports, and closing out of CHRIS and DELTA.

Reports



The training will focus on the improvements DBHDS has made to better manage and report incidents. Incident management is referenced in each of the documents below.

- [OSIG Report 2019-BHDS-002 Review of Serious Injuries Reported by Licensed Providers of Developmental Services;](#)
- Department of Justice (DOJ) Compliance Emergency Licensing Regulations ("Emergency Regulations"). <http://townhall.virginia.gov/l/viewaction.cfm?actionid=5040>
- Definition of a serious incident (12VAC35-105-20)
<http://www.dbhds.virginia.gov/assets/QMD/licensing/ch.105.full.wemergcompliance.9.01.18docx.pdf>
- Reporting requirements for serious incidents (12VAC35-105-160)
<http://www.dbhds.virginia.gov/assets/QMD/licensing/ch.105.full.wemergcompliance.9.01.18docx.pdf>

Children Residential Providers



- The Emergency Regulations for Compliance with Virginia's Settlement Agreement with US DOJ **do not** apply to children's residential service providers. As a result, the tiered reporting structure for serious incidents **does not** apply to Children Residential providers.
- However, Children's Residential providers should continue to utilize CHRIS to notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department in accordance with the [Standards for the Regulation of Children's Residential Facilities](#).
- Please see later slide for instructions on how children's residential providers should report serious illness, injuries or deaths.

Serious Incident Reporting by Case Managers of Children Receiving Children's Residential Services

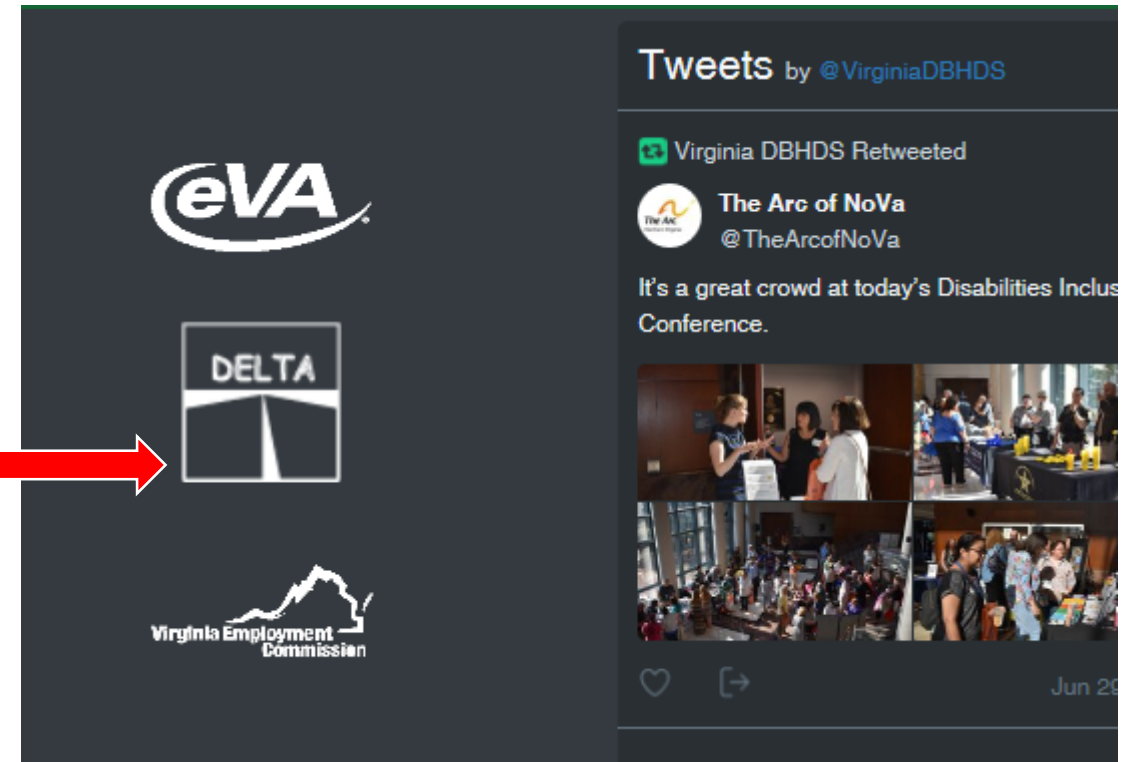
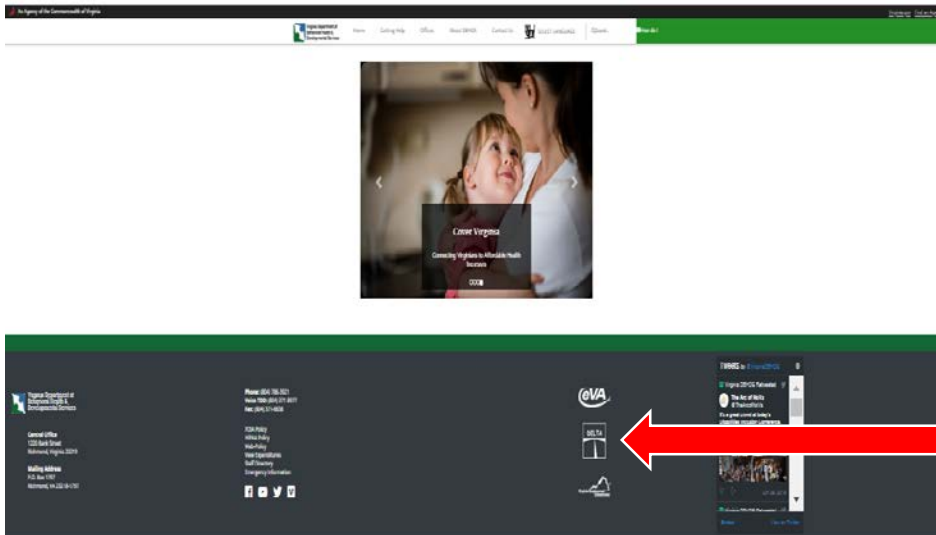


- The Emergency Regulations for Compliance with Virginia's Settlement Agreement with US DOJ **do** apply to licensed case management services. As a result, the tiered reporting structure for serious incidents **does** apply to providers providing case management to children receiving Children's Residential services.
- The case manager is required to report incidents when:
 - An incident originated within the provision of the case managers services; or
 - When the individual is on the premises of the case manager at the time incident occurs.

Logging into Delta



DELTA is the internet portal used to access CHRIS and other DBHDS applications. The DELTA Icon is located on the home page of the DBHDS website.



DELTA Account Request Form



Resources
Help
About
Contact Us
Privacy Policy

Resources
Help
About
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DELTA Help

Please contact the DELTA Security Officer(s) at your location for additional support and questions.

[DELTA Portal Overview](#) (pdf)

[DELTA User Quick Reference Card2](#) (pdf)

[DELTA Supervisor Quick Reference Card2](#) (pdf)

[DELTA Security Officer Quick Reference Card2](#) (pdf)

[DELTA Quick Reference Card - Local Admin](#) (pdf)

[DELTA User Manual V1-1](#) (pdf)

[DELTA Account Request Form \(Save and Use\)](#)



DELTA-Production Account Request Form

Submit completed form via email to: deltaprod@dbhds.virginia.gov

DELTA-PROD USER INFORMATION-CHRIS	
Location* (Agency Name)	
DBHDS License # *	
Email*	
First Name*	
Middle Name	
Last Name*	
Position/Title	
Mailing Address	
City, State, Zip	
Phone Number*	
Fax Number	
CHRIS Location Role*	<input type="checkbox"/> Supervisor <input type="checkbox"/> Security Officer <input type="checkbox"/> CHRIS Local Admin

* Required Field

DELTA Assistance



More details are available on the DELTA web site under [DELTA User's Manual](https://delta.dbhds.virginia.gov/DELTA/Help/DELTA%20User%20Manual%20%20V1-1.pdf)
([https://delta.dbhds.virginia.gov/DELTA/ Help/DELTA%20User%20Manual%20%20V1-1.pdf](https://delta.dbhds.virginia.gov/DELTA/Help/DELTA%20User%20Manual%20%20V1-1.pdf))

Contact Information:

Information Technology Services

- Phone Number: (804) 371-4695
- Fax Number: (804) 786-2029
- Email Address: deltaproduct@dbhds.virginia.gov

Resources	DELTA Help
Help	Please contact the DELTA Security Officer(s) at your location for additional support and questions.
About	DELTA Portal Overview (pdf)
Contact Us	DELTA User Quick Reference Card2 (pdf)
Privacy Policy	DELTA Supervisor Quick Reference Card2 (pdf)
	DELTA Security Officer Quick Reference Card2 (pdf)
	DELTA Quick Reference Card - Local Admin (pdf)
	DELTA User Manual V1-1 (pdf)
	DELTA Account Request Form (Save and Use)



Logging into Delta



The DELTA portal works best on the **Internet Explorer** browser. When logging into the DELTA portal for the first time you will be instructed to change your temporary password. **Passwords will be required to change every 90 days and cannot be repeated for the first 24 uses.**


[Virginia.gov](#) [Online Services](#) | [Commonwealth Sites](#) | [Help](#) | [Governor](#)

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

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Resources

- [Help](#)
- [About](#)
- [Contact Us](#)
- [Privacy Policy](#)



Login

▶ Username:

▶ Password:

[Forgot Password](#)

The security of your personal information is important to us!

Diligent efforts are made to ensure the security of Commonwealth of Virginia systems. Before you use this Web site to conduct business with the Commonwealth, please ensure your personal computer is not infected with malicious code that collects your personal information. This code is referred to as a [keylogger](#). The way to protect against this is to maintain current [Anti-Virus](#) and [security patches](#).

For more information on protecting your personal information online, refer to the [Citizens Guide to Online Protection](#). [Online Protection Glossary](#)

Navigating to CHRIS System



Once you have logged into Delta successfully, you will be directed to the *Chose a Location* screen.

- Click on the drop down arrow
- Select your Provider's name
- Click "**Set Location**" to go to the next screen

The screenshot displays the website interface for the Virginia Department of Behavioral Health and Developmental Services. At the top, there is a navigation bar with links for 'Virginia.gov', 'Online Services', 'Commonwealth Sites', 'Help', and 'Governor'. A search bar labeled 'Search Virginia.gov' with a 'GO' button is also present. Below this, a blue banner reads 'Virginia Department of Behavioral Health and Developmental Services'. A secondary navigation bar includes 'Home', 'Contact Us', and another search bar labeled 'Search this Site' with a 'GO' button. On the left side, a 'Resources' menu lists 'Help', 'About', 'Contact Us', and 'Privacy Policy'. The main content area is titled 'Choose a Location' and features a 'Location:' label, a dropdown menu with the text 'Select a location...', and a blue 'Set Location' button. At the bottom left of the screenshot is a small logo with the word 'DELTA' above a stylized blue and green graphic.

Logging into CHRIS



Once you have selected your Location, you will see the link to the CHRIS application.



CHRIS is designed to timeout after 15 minutes of session inactivity. If your session times out and you have not saved your entry or changes, your entry or changes will be lost.

Entering Incidents 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

Home » » DELTA » CHRIS

LOGGED IN AS

- 8891dc4d
- Logout

NAVIGATION

- Home
- Incidents >
- Reports
 - Abuse Reports
 - Complaint Reports
 - Serious Incident Reports
 - Death Reports
 - Case Manager Reports
- Help

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)

Search

Entering Incidents into CHRIS



When entering an incident 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.

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)

Jane

Doe

Search

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 Incidents into CHRIS



If the incident involved abuse or neglect, please enter the information first on the Human Rights side under the tab labeled "Abuse Information." Then come back and enter the incident under the tab labeled Death/Incident. The Human Rights number (if applicable) will be needed in the death/incident report.

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)	Jane	S	Doe
SSN (no dashes)	555241234		
Current Address where individual is living			
^ Street	123 Anywhere Ave		
^ City, ^State, ^Zip	Alexandria	VA	22313
Phone	(703) 555-1212 Phone (###) ###-####		
Provider Primary Address			
Street	720 N. Saint Asaph Street		
City, State, Zip	Alexandria	VA	22314

DEMOGRAPHICS

If this incident was reported to Human Rights, please enter number here	
If abuse, enter CHRIS abuse #	If complaint, enter CHRIS complaint #
Was an internal investigation initiated?	<input type="radio"/> No <input type="radio"/> Yes

Entering Incidents into CHRIS



The highlighted ID number link will take you to the individual's Demographic Page.

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) Jane Doe

Search

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

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) Jane S Doe

SSN (no dashes) 555241234

Current Address where individual is living

^ Street 123 Anywhere Ave

^ City, ^State, ^Zip Alexandria VA 22313

Phone (703) 555-1212 Phone (###) ###-####

Provider Primary Address

Street 720 N. Saint Asaph Street

City, State, Zip Alexandria VA 22314

DEMOGRAPHICS

Entering Incidents 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.

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.

Entering Incidents 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)	1231 23123		
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	1231 23123 123		
Substitute Decision Maker	<input type="radio"/> No <input type="radio"/> Yes	Name	
Relationship to Individual			
<input type="button" value="Save"/> <input type="button" value="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)	1231 23123		
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	1231 23123 123		
Substitute Decision Maker	<input type="radio"/> No <input type="radio"/> Yes	Name	
Relationship to Individual			
<input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Continue"/>			

Entering Incidents 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
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CHRIS VERSION 5.1

* denotes a required field

^ additionally required fields for CSBs and Private Providers

*Name (First, MI, Last)	<input type="text" value="Lion"/> <input type="text" value="L"/> <input type="text" value="King"/>
SSN (no dashes)	<input type="text" value="123123123"/>
Current Address where individual is living	
^ Street	<input type="text" value="123 High Hopes Lane"/>
^ City, ^State, ^Zip	<input type="text" value="Alexandria"/> <input type="text" value="VA"/> <input type="text" value="22313"/>
Phone	<input type="text" value="(703) 555-5555"/> Phone (###) ###-####
Provider Primary Address	
Street	<input type="text" value="720 N. Saint Asaph Street"/>
City, State, Zip	<input type="text" value="Alexandria"/> <input type="text" value="VA"/> <input type="text" value="22314"/>

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
CHRIS VERSION 5.1	
<p>* 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.</p> <p>* Level II and Level III serious incidents must be reported in CHRIS within 24 hours of discovery.</p> <p>* 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.</p> <p>* denotes a required field</p> <p>Lion King</p>	
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

Serious Incident Track Interface Changes



*Death or Serious Incident <input type="radio"/> Death <input checked="" type="radio"/> Serious Incident	
Death/Serious Incident ID:	Death/Serious Incident Counter:
Provider: Alexandria Community Services Board	License#
Licensed Service Location: DD Group Home Service	* Specific Site of Death/Incident (e.g.: "Bathroom")
Street City, State, Zip (Entry of Street, City, State and Zip are required for CSB and private provider individuals.)	* Individual receiving a waiver service? <input type="radio"/> No <input type="radio"/> Yes
* FIPS	* Waiver Type Required if receiving waiver service.
* Medicaid Number 123123123123 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 Death/Incident (hh:mm AM or PM) Enter 00:00 if time is unknown	* Date of Discovery of Death/Incident Enter 00:00 if time is unknown

Death/Serious Incident ID

Changed from Location to **Licensed Service Location**. Only license open locations will appear

Date/Time Field Optional

Replace Service Type with License # which will auto generate when the provider selects a Licensed Service Location. **Note:** The licensed # will not appear until after the incident has been saved.

The new Waiver Services

- CCC Plus Waiver
- Community Living Waiver (CL)
- Family and Individual Support Waiver (FIS)
- Building Independence Waiver (BI)
- Other Waiver

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

* Firstname	* Last name	* Relationship with the consumer
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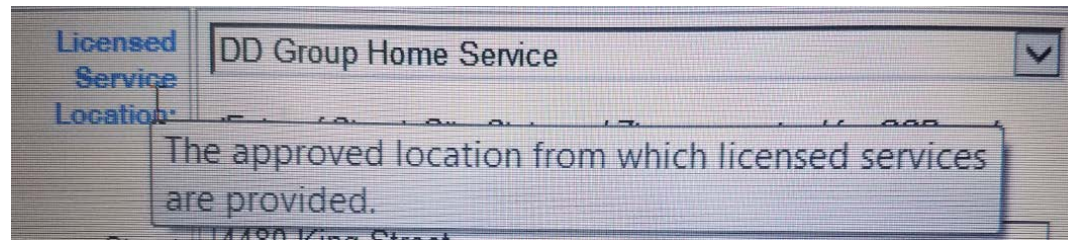
What best describes the incident you are reporting? (check all that apply)

Please select each of the events that occurred. For example, a broken arm that resulted in an emergency room visit would be reported as a serious injury and an unplanned emergency room visit.

Serious Incident Track- Definitions



CHRIS now has two different types of definitions. Any text that is highlighted blue has hover over technology and contains definitions or instructions. An example is below:



There are also concatenated definitions. These are words that have the definitions to the right of the word.

<input type="checkbox"/>	ADVERSE REACTION TO MEDICATION - An adverse reaction to a drug has been defined as any noxious or unintended reaction to a drug that is administered in standard doses by the proper route for the purpose of prophylaxis, diagnosis, or treatment. Some drug reactions may occur in everyone, whereas others occur only in susceptible patients.
<input type="checkbox"/>	ALLERGIC REACTON - Allergic reactions are sensitivities to substances called allergens that come into contact with the skin, nose, eyes, respiratory tract, and gastrointestinal tract. They can be breathed into the lungs, swallowed, or injected.

Serious Incident Changes



Now Serious
Incidents are
reported by Levels



What best describes the incident you are reporting? (check all that apply)

Please select each of the events that occurred. For example, a broken arm that resulted in an emergency room visit would be reported as a serious injury and an unplanned emergency room visit.

Level 3

- ☐ A sexual assault of an individual
- ☐ A serious injury of an individual that results in, or likely will result in, permanent physical or psychological impairment
- ☐ A suicide attempt by an individual that resulted in a hospital admission

Level 2

- ☐ An unplanned medical hospital admission
- ☐ An unplanned psychiatric admission
- ☐ An unplanned emergency room or urgent care facility visit, when not used in lieu of primary care
- ☐ Serious injury requiring medical attention (other than level 3)
- ☐ A diagnosis of a decubitus ulcer
- ☐ A diagnosis of a bowel obstruction
- ☐ A diagnosis of aspiration pneumonia
- ☐ An individual who is missing
- ☐ Ingestion of any hazardous material
- ☐ Choking incident
- ☐ Any other event or circumstance that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident.
- ☐ Any action by the individual that caused or could cause significant harm or threat to the health or safety of others.

Serious Incident Changes



- The Injury, Illness or Conditions box will always be visible.
 - If the user selects **YES**, checkboxes will be enabled.
 - If user selects **NO**, checkboxes will still be visible but will not be enabled to check.

*Did an injury, illness or condition occur?

☐ No ☒ Yes

Select any injuries, illnesses, or conditions that occurred (Select all that apply)

Injury	Illness or Condition
<input type="checkbox"/> ADVERSE REACTION TO MEDICATION - An adverse reaction to a drug has been defined as any noxious or unintended reaction to a drug that is administered in standard doses by the proper route for the purpose of prophylaxis, diagnosis, or treatment. Some drug reactions may occur in everyone, whereas others occur only in susceptible patients.	<input type="checkbox"/> ASPIRATION PNEUMONIA - Pneumonia is a breathing condition in which there is swelling or an infection of the lungs or large airways. Aspiration pneumonia occurs when food, saliva, liquids, or vomit is breathed into the lungs or airways leading to the lungs.
<input type="checkbox"/> ALLERGIC REACTION - Allergic reactions are sensitivities to substances called allergens that come into contact with the skin, nose, eyes, respiratory tract, and gastrointestinal tract. They can be breathed into the lungs, swallowed, or injected.	<input type="checkbox"/> ASTHMA - Asthma is a chronic disease that affects your airways. When your airways react, they get narrower and your lungs get less air causing wheezing, coughing, especially early in the morning or at night, chest tightness and shortness of breath.
<input type="checkbox"/> 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"/> BLOOD SUGAR PROBLEM (HIGH OR LOW) - Hyperglycemia (high blood sugar) refers to high blood glucose levels. Hypoglycemia (low blood sugar) refers to dangerously low blood sugar levels.
<input type="checkbox"/> BLEEDING - Escape of blood from an injured vessel.	<input type="checkbox"/> BOWEL OBSTRUCTION - An intestinal obstruction (complete or partial) that occurs when food or stool cannot move through the intestines. A bowel obstruction is different than constipation and must be diagnosed by a medical professional.
<input checked="" type="checkbox"/> BRUISE - A bruise is a mark on your skin caused by blood trapped under the surface. You can get skin, muscle and bone bruises. Bone bruises are the most serious. It can take months for a bruise to fade, but most last about two weeks.	<input type="checkbox"/> CARDIAC EVENT (HEART ATTACK, HEART FAILURE, ANGINA) - Any major or minor cardiovascular event or condition, such as angina, heart attack, or heart failure, that could cause damage to the heart. Symptoms may vary depending on severity but can include heart palpitations, tightness in the chest area, weakness, dizziness, shortness of breath, chest pain, and discomfort in the upper body.
<input type="checkbox"/> BURN - Burns are tissue damage that results from heat, overexposure to the sun or other radiation, or chemical or electrical contact. Burns can be minor medical problems or life-threatening emergencies.	<input type="checkbox"/> CONSTIPATION - Chronic constipation is infrequent bowel movements.

Serious Incident Changes



- If none of the options listed under the Injury, Illness or Conditions box fit the incident needs, there is **"other injury"** or **"other illness/condition"** you can select.

<input type="checkbox"/> LOSS OR SERIOUS IMPAIRMENT OF LIMB OR OTHER BODY PART (E.G., EYES, ARMS, LEGS) - The total loss (as in a surgical or traumatic amputation) or an event, that results in a motor impairment such as the partial or total loss of a function of a body part.	<input type="checkbox"/> disruption in how your brain works that causes a change in behavior. This change can happen suddenly or over days. AMS ranges from slight confusion to total disorientation and increased sleepiness to coma.
<input type="checkbox"/> OBSTRUCTED AIRWAY (UNABLE TO BREATHE, TURNING BLUE) - Blockage of the upper airway occurs when the upper breathing passages become narrowed or blocked, making it hard to breathe.	<input type="checkbox"/> PNEUMONIA (CAUSED BY BACTERIA OR VIRUS) - Pneumonia is an infection, caused by a variety of organisms, that inflames the air sacs in one or both lungs.
<input type="checkbox"/> POISONING - A poison is any substance that is harmful to your body. You might swallow it, inhale it, inject it, or absorb it through your skin. Any substance can be poisonous if too much is taken.	<input type="checkbox"/> SEIZURE - A sudden surge of electrical activity in the brain. A seizure usually affects how a person appears or acts for a short time.
<input type="checkbox"/> PRESSURE INJURY (DECUBITUS ULCER) - Decubitus Ulcers, known as Pressure Injuries, are caused by unrelieved pressure over a defined area, resulting in decreased blood flow to the area, causing the tissue to die.	<input type="checkbox"/> SEPSIS - Sepsis refers to a bacterial infection in the bloodstream or body tissues.
<input type="checkbox"/> SPRAIN/STRAIN/TEAR - Sprains and strains are common injuries that share similar signs and symptoms, but involve different parts of your body. A sprain is a stretching or tearing of ligaments. A strain is a stretching or tearing of muscle or tendon.	<input type="checkbox"/> STROKE - A stroke occurs when the blood supply to part of your brain is interrupted or reduced, depriving brain tissue of oxygen and nutrients causing brain cells to begin to die. A stroke is a medical emergency.
<input type="checkbox"/> OTHER INJURY - Other Injury not otherwise listed.	<input type="checkbox"/> SUICIDAL THOUGHTS/BEHAVIORS - "Suicidal thoughts" are thinking about, considering, or planning suicide. "Suicidal behaviors" are non-fatal, self-directed, potentially injurious behaviors with an intent to die as a result of the behavior; might not result in injury.
	<input type="checkbox"/> URINARY TRACT INFECTION (UTI) - An infection in any part of your urinary system (kidneys, ureters, bladder, or urethra).
	<input type="checkbox"/> OTHER ILLNESS/CONDITION - Other Illness/Condition, not otherwise listed.
If Other please describe:	If Other please describe:
<div></div>	<div></div>

Serious Incident Changes



The **"Injury Incident Description"** is now a required field. There is also a new required section titled **"Describe the consequences and risk of harm."**

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

Did this incident involve **loss of consciousness?** ☐ No ☐ Yes

Date/Time Medical Attention (hh:mm AM or PM)

Medical Attention Type ☐ NonEmergency ☐ Emergency

Description of Medical Treatment Provided & Finding

***Describe the consequences and risk of harm:**

New Section

Serious Incident Changes



- The section titled “**Did the case involve?**” did not have any changes.
- Right below a new section “**If this incident was reported to Human Rights, please enter number here**” was added.
- In addition, the “If NEGLECT, enter CHRIS complaint #” language has been changed to say “**If complaint, enter CHRIS complaint#**”

Did this case involve? (Check all that apply)

<input type="checkbox"/> Seclusion	Involve Other(please specify) <div></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"/>
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Was an internal investigation initiated?

☐ No ☐ Yes

If yes, indicate date begun:

Serious Incident (sections with no change)



The following sections of CHRIS did not contain any changes.

External notifications made (Check all that apply)	<input type="checkbox"/> DSS	Other (please specify): <div></div>
	<input 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	

Serious Incident (sections with no change)



The following sections of CHRIS did not contain any changes.

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

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

Serious Incident (sections with no change)



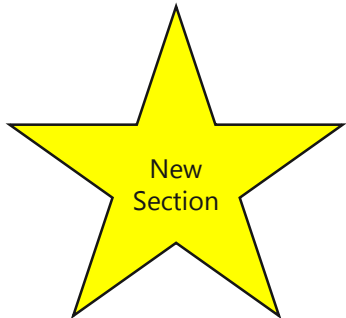
The following sections of CHRIS did not contain any changes.

* Person Filling Out Form Name/Title							
* First name	<input type="text"/>	* Last name	<input type="text"/>	* Staff Title	<input type="text"/>	* Date of Completion	<input type="text"/>
* Licensing Specialist:	<input type="text"/>		Date/Time Licensing Notification:	<input type="text"/>	Date Case Closed:	<input type="text"/>	

Serious Incident Changes



The last new required section added is right before you save the incident. 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 provide the updates within 24-48 hrs.

Serious Incident



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 wait for the “Spinning Wait Cursor” to stop spinning. Please, do not hit enter multiple times, because this will duplicate the incident. Once the record counter number appears please press continue.

The screenshot shows a web form with the following elements:

- Buttons: "Save", "Cancel", and "Print Death/Incident" (partially visible).
- Text: "Record Counter: 2019xxxx" (where "xxxx" represents the last four digits of the counter).
- Button: "Continue" (highlighted with a green border).
- Text: "The record is saved." (in green).
- Link: "Back to top" (in blue).

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
100041	20100000	07-05-2010	
100040	20100000	07-04-2010	

Death or Serious Incident
☒ Death ☐ Serious Incident

Death/Serious Incident ID:	Death/Serious Incident Counter:
Provider: Alexandria Community Services Board	Licensed:
Licensed Service Location: (Entry of Street, City, State and Zip are required for CSB and private provider individuals.) Street: City, State, Zip: *FIPS:	* Specific Site of Death/Incident: (e.g.: Bathroom) * Individual receiving a waiver service? <input type="radio"/> No <input type="radio"/> Yes * Waiver Type: Required if receiving waiver service.
* Medicaid Number: 123123123123 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 Death/Incident (known AM or PM): Enter 00:00 if time is unknown.	* Date of Discovery of Death/Incident: Enter 00:00 if time is unknown.

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

* First name:	* Last name:	* Relationship with the consumer:
---------------	--------------	-----------------------------------

Death Track

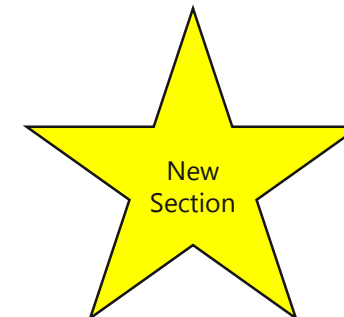


The third table in the death track is a new required field.

* 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 <input type="text"/>
* Known Facts Regarding Death/Circumstances	This field is now a required field for all deaths <input type="text"/> <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></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?		<input type="radio"/> No <input type="radio"/> Yes	

Death (sections with no change)



The section titled “External notifications made” had no changes.

External notifications made (Check all that apply)	<input type="checkbox"/> DSS	Other (please specify): <div></div>
	<input 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	

Death (sections with no change)



The section titled “Provider’s Corrective Action” had no changes.

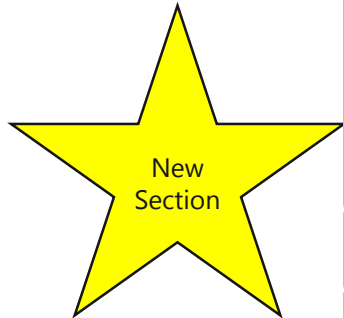
*** Provider's Corrective Action**(Check all that apply)

<input type="checkbox"/> Change policy and procedure	Other (please specify): <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/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.

Save

Cancel

Print Death/Incide

Record Counter: 2019xxxx

Continue

The record is saved.

[Back to top](#)

Documenting an Incident



- If the provider identifies multiple, *related* serious incidents for the same individual within a 24 hour period, all incidents may be included in the same CHRIS Serious Incident report (Reported as 1 incident), by updating the record, and selecting all that apply.
 - However, if a death occurs, within the 24 hour period, that is related to the initial incident, the provider will have to submit a separate death report into CHRIS, and notate that the cases are related under the "***Known facts regarding death/circumstances***" section of the 2nd report.
 - Example: Individual is admitted to the hospital for a bowel obstruction. 12 hours later the patient dies due to the severity of the bowel obstruction. **2 incident reports must be submitted:**
 1. One Serious Incident report for the bowel obstruction and hospital admission.
 2. One Death Serious Incident report.

Documenting an Incident



- All incidents that happen more than 24 hours apart, must be reported as separate incidents.
 - Example: At 10 a.m. on Monday an individual fell and cut their arm. Individual was taken to ER and had to get six stitches. On Tuesday at 4 p.m. the area on the individual's arm with the stitches started oozing puss and blood. As a result, the individual was taken back to the ER . **TWO incident reports must be submitted:**
 1. One Serious Incident report for the trip to the ER for the cut on their arm
 2. Second Serious Incident report for the trip to ER for the infection on the individual's arm.

Note: Had the individual gone to the hospital for the second time on Tuesday morning at 8 a.m. this would have all be included in one incident report.

Updating a Serious Incident Report



- To update an incident report you must first locate the incident report.
- You can do this by either searching for the record (Option A) or by accessing the individual's profile (Option B).

Option A

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)

Individual Death/Injury **Death/Injury LSA Report**

CHRIS VERSION 5.1

* REPORTABLE DEATH – Death that occurs during the time an individual is receiving services in the program.

* REPORTABLE INJURY – any injury resulting in bodily damage, harm, or loss that requires medical attention by a licensed p assistant, or nurse practitioner while the individual is supervised by or involved in services.

* ATTENTION: If this is a case of suspected abuse or neglect the report should first be made to Human Rights and the CHRIS complete your Serious Incident Report to the Office of Licensing.

* denotes a required field

Option B

Jane Doe

Select an existing Death/Injury case below or [here](#) to add a new record.

Count	DeathIncidentDate	Known Facts
66501		
11192		

DeathSeriousInjury ID: 00000 DeathSeriousInjury Counter: 2019xxxx

Updating a Serious Incident Report



- Next edit **any** sections to reflect any additional details you have regarding the incident report.
- *****Important***** Updates should be done to both checkbox fields (for data collection) and narrative fields for the licensing/investigations team.

Updating a Serious Incident Report



- 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:

☐ Serious incident report is complete and no further updates will be provided.

☐ Updates to serious incident report will be provided.

☐ An update to the serious incident report has been provided.

Please Indicate which Fields have been updated.

Email notification sent to OL: Chesterfield Community Services Board - Alexandria Serious Incident test Case #:20190161 An update to the death/serious incident report has been provided.

Important



- Toggling between Death and Serious Incident will change the subsequent fields and cause data to be lost. Select Death or Serious Incident prior to filling in subsequent fields.

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**

☐ Death ☐ Serious Incident

Children's Residential Providers Reporting



- As previously stated, the DOJ Compliance Emergency Licensing Regulations **do not** apply to Children Residential services.
- However per the DBHDS Children's Residential Regulations, children's residential providers are required to report any serious illness, injury or death of a resident within 24 hours.

Children's Residential Provider's Death



- For Deaths, children's residential providers will select the "Death" button.
- Next, for non-DD children's residential providers, select "This is not a DD death and therefore the regulations does not apply."
- Then complete any other field that applies.

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

There are no previous incidents to display.

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

* 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.

Children's Residential Serious Injury



- For Serious Injuries, CORE providers should select the "Serious Incident" button. With the new changes Level 3 or Level 2 are required fields. Under Level 2 please **always** select "**Serious injury requiring medical attention (other than Level 3)**". (You are also able to check any other fields that apply from the list, but please be sure to select "**Serious injury requiring medical attention**").
- Next select any injury, illness, or conditions that apply.
- Complete the reminder of the form as required.

What best describes the incident you are reporting? (check all that apply)

Please select each of the events that occurred. For example, a broken arm that resulted in an emergency room visit would be reported as a serious injury and an unplanned emergency room visit.

Level 3

- ☐ A sexual assault of an individual
- ☐ A serious injury of an individual that results in, or likely will result in, permanent physical or psychological impairment
- ☐ A suicide attempt by an individual that resulted in a hospital admission

Level 2

- ☐ An unplanned medical hospital admission
- ☐ An unplanned psychiatric admission
- ☐ An unplanned emergency room or urgent care facility visit, when not used in lieu of primary care
- ☒ Serious injury requiring medical attention (other than level 3)
- ☐ A diagnosis of a decubitus ulcer
- ☐ A diagnosis of a bowel obstruction
- ☐ A diagnosis of aspiration pneumonia
- ☐ An individual who is missing
- ☐ Ingestion of any hazardous material
- ☐ Choking incident
- ☐ Any other event or circumstance that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident.
- ☐ Any action by the individual that caused or could cause significant harm or threat to the health or safety of others.

CHRIS Reports



The following reports are available in the CHRIS system

CHRIS VERSION 5.1

LOGGED IN AS

- AH0b3ed1
- Logout

NAVIGATION

- Home
- Incidents >
- **Reports**
 - Abuse Reports
 - Complaint Reports
 - Serious Injury Reports
 - Death Reports
 - Case Manager Reports
 - AdHoc Reports
 - Accused List
 - Alleged Abuser History
- Help

Select the agency where this incident took place.

☐ State Operated Facility ☐ CSB/BHA ☐ Other Licensed Provider

Agencies...

Choose

SI-01: Status of Serious Incident by Date of Incident

SI-02: Status of Serious Incident by Date DBHDS Notified

DS-01: Status of Death Case by Date of Death

DS-02: Status of Death

CM-01D: Case Management Serious Incident or Death

CHRIS Reports



- Once the report screen pops up, select a report from the dropdown menu (Step 2).
- Select the timeframe (Step 3) and "Waiver Type" (Step 4).
- Select preview report (Step 5) and wait for the report to load. The report will load in a separate browser

CHRIS VERSION 5.1

LOGGED IN AS

- SS91dc4d
- Logout

NAVIGATION

- Home
- Incidents >
- Reports
 - Abuse Reports
 - Complaint Reports
 - Serious Incident Reports
 - Death Reports
 - Case Manager Reports
- Help

Select one of the pre-defined reports below to begin.

2

3

4

5

Begin Date

End Date

Waiver Type

All Waiver and Non-Waiver Records

Preview Report

CHRIS Scenario - 1



Individual had been vomiting and unexplained increase in aggressive behaviors, resulting in ER visit that led to a brief psychiatric admission, where during medical clearance it was discovered that individual had a stomach virus, was dehydrated and had a UTI which caused the aggressive behaviors.

CHRIS Scenario - 2



Individual who had an unplanned ER visit due to vomiting was diagnosed with bowel obstruction due to dehydration and previous history of diagnosis of chronic constipation. Individual was admitted to the hospital and died one week later due to complication of bowel surgery.

CHRIS Children's Residential -3



Resident was playing basketball in the gym. Resident fell and injured their arm. Resident was taken to the ER where it was diagnosed that they had a fractured elbow.

Logging Out of CHRIS



1

To log out of CHRIS scroll to the top of screen and select log out.

Virginia Department of Behavioral Health and Developmental Services

Home » » DELTA » CHRIS

Individual | Death/Incident | Death/Incident LSA Report

CHRIS VERSION 5.1

LOGGED IN AS

- SS91dc4d
- Logout**

NAVIGATION

- Home
- Incidents >
- Reports
 - Abuse Reports
 - Complaint Reports
 - Serious Incident Reports
 - Death Reports
 - Case Manager Reports
- Help

* 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
Jane Doe

Select an existing Death/Incident case below or [ADD A NEW INCIDENT.](#)

	Counter	Death/Incident Date	Discovery Date	Known Facts
	103257	20190808	07-10-2019	
	103248	20190808	07-08-2019	
	103234	20190808	07-08-2019	Checked on individual in the morning and found her unresponsive.

*Death or Serious Incident

☐ Death ☒ Serious Incident

Death/Serious: Death/Serious:

2

Home » » DELTA » CHRIS

CHRIS VERSION 5.1

Good Bye!!

LOGGED IN AS

- SS91dc4d
- Logout

NAVIGATION

- Home

Close Window

3

Windows Internet Explorer

? The webpage you are viewing is trying to close the tab.
Do you want to close this tab?

Yes No

Questions



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