

Division of DD Event Reporting 8-9-19 CIMOR-EMT

Below are notes which correspond to each slide in the PDF presentation "Division of DD Event Reporting 8-9-19 CIMOR-EMT".

Slide 1: Division of DD Event Reporting 8-9-19 CIMOR-EMT

There are several handouts before we get started we want to ensure that you have the following items:

1. Entering EMTs-Provider Directions (Posted with Training)
2. Entering Event Detail Modules-Provider Directions (Posted with Training)
3. CIMOR Portal EMT Access Trouble Shooting. (Posted with Training)
4. Directive 4.070 <https://dmh.mo.gov/dd/directives/docs/directive4070.pdf>
5. 9 CSR 10-5.200 <https://www.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c10-5.pdf> (Abuse & Neglect)
6. DOR 4.270 <https://dmh.mo.gov/about/gencounsel/dors/docs/dor4-270-reportingandrecordingincidents.pdf> (Critical Events)

The system the Missouri Department of Mental Health uses to capture event data is called the Customer Information Management, Outcomes & Reporting system, better known as CIMOR. The reporting mechanism in CIMOR is the Event Management Tracking system better known as EMT. CIMOR-EMT is the system used by the 2 Divisions in the Missouri Department of Mental Health (DMH). The Divisions in our department are Division of Behavioral Health (DBH) and Developmental Disabilities (DD).

Today we are going to introduce to you the Division of DD reportable event categories and electric fillable forms which will be used to capture event data around individuals served by the Division of DD.

Slide 2: Purpose of Today's Training

The purpose of this training is to:

- Review Division Directive 4.070 and discuss the :
- Division event reporting criteria and changes from 2012 reporting criteria,
- Required reporting & data entry timelines,
- Process for submitting events,
- Process for review of events,
- Documenting follow up actions conducted by DD.

As we work through this training please keep in mind that we are only discussing events which meet criteria for entering an Event or Med Error report form. Many things happen each and every day as we support people in our services but not all of these situations will meet the criteria for completing an event report form or med error form and entering it into the CIMOR-EMT database.

Note: not every event/incident will rise to the level of entry into CIMOR-EMT. It may be required to be documented on a MAR, observation notes, APTS, behavior log notes, etc.

Slide 3: Reporting Events-9 CSR 10-5.206 & 200-Division Directive 4.070

The authority for reporting comes from 9 CSR 10-5.206, CSR 9 CSR 10-5.200, and Division Directive 4.070. These apply to DMH-DD Contracted Providers.

There are Department of Operating Regulations, Division Directives, and Guidelines around event reporting and processing which apply to the Regional Offices, State Operated Programs and TCM entities. These are DORs 2.205 & 2.210 for A/N, DOR 4.270 for Critical Events, and Guideline #69 outlines how DMH-DD processes events in CIMOR-EMT.

It is important to note Service Coordination is a “specialized service” 9 CSR 10-5.200 & 5.206, Directive 4.070. Therefore, if a Service/Support Coordinator **learns of an event** which falls under one of the DD EMT Reportable Categories they would complete an event report entry if not already submitted by the provider. (i.e. a Service/Support Coordinator visits an individual in a natural home and the mother informs them of an emergency room visit, the SC would complete a report entry because of the ER visit.) Keep in mind we are saying if you **learn of a reportable event!** We are not sending you in with a microscope to a natural home setting, but if the family reports it to you and it meets the criteria then you would complete the appropriate form/CIMOR-EMT entry.

Slide 4: Governance

The CSRs/Directives/DORs, etc. can be accessed and viewed on line by going to the link under Governance <https://dmh.mo.gov/dd/directives/regs-drafts.html>

- CSR 10-5.206 (Reporting of Events)
- CSR 10-5.200 (Reporting of Abuse/Neglect and Misuse of Funds/Property)-also a handout
- DOR 2.210 (A/N for Community Provider Facilities)
- DOR 2.205 (A/N for SOP)
- DOR 2.220 (Employee Misconduct – DMH staff)
- DOR 4.270 (Procedures for reporting Critical Events and Other Events)
- Division Directive 3.070 (Deaths of DD Consumers)
- Division Directive 4.070 (Event Report Processing)-also a handout
- Guideline #69 applies to Division of DD Regional Offices and SOPs.

Slide 5: Why Do We Report?

Event Reporting is an essential part of maintaining collaborative communication between the DMH Division charged with oversight and the entities providing direct service to individuals served. Documenting, evaluating and monitoring certain events, ensures necessary people receive the information for review or action. It informs stakeholders and assists in quality improvement projects as they arise. Aggregated data is used to inform policies makers, funding sources and may be used in reporting to Legislative oversight.

How and who uses the data from event reporting is lengthy. It is obviously valuable information which can be used to make a positive impact on service delivery.

Example: daily reports go out to the

- RNs for any event entered the previous day for serious/moderate, choking, medical emergency – consumer so that they can follow up when needed.
- Behavioral Analyst for Physical Altercations and Emergency Procedures.
- Event Summary Reports to the SC/SC Supervisors for those agencies directly entering events into the EMT system.
- Daily DMH reports on death and serious events.

Note: not every event/incident will rise to the level of entry into CIMOR-EMT. It may be required to be document on a MAR, observation notes, APTS, behavior log notes, etc. Just because the incident does not meet the DD CIMOR-EMT reporting criteria, it does not mean the information is not important so you may need to report through other means to DMH.

Slide 6: Division Directive 4.070 Reportable Events

The Reportable Categories establish the criteria for submitting and entering a event into the CIMOR-EMT database. View the DD Reportable Categories on Division Directive 4.070 Handout.

This list establishes the criteria and answers the question, “when should I complete an event report, med error or addendum form (if agencies are exempt and use the form as a communication tool) and when will these events be entered into CIMRO-EMT?”

Imagine this as your filter...sift all events through this Reportable Category list to determine if an event or med error needs to be reported and entered into CIMOR-EMT. Keep in mind the CIMOR-EMT database is not designed to capture every situation! It may be that what your thinking is reportable, is better captured on a MAR, observation notes, APTS, behavior log notes, etc.

We use the EMT system to identify situations/trends which may need to be addressed with an individual or within an agency.

Example-CIMOR-EMT is not to be used as a “behavior log”...some “behaviors” when filtered through the “Reportable Categories” may not meet the criteria for entry into CIMOR-EMT. This data may better be documented in the individuals “behavior log” in the home or “daily observation notes”.

Slide 7: Reportable Category #1

The first Reportable Category is **all events where there is a report, allegation or suspicion of misuse of consumer funds/property, neglect, physical abuse, sexual abuse or verbal abuse.**

- Handout Needed: 9 CSR 10-5.200-Report of Complaints of Abuse, Neglect and Misuse of Funds/Property & Hotline Numbers.
- Other References are: DOR 2.210-A/N Definitions and Procedures for Community Provider Facilities & DOR 2.205-Investigative Procedures and Penalties, SOP-can be viewed on line.

Note: Not all events are required to be hot lined. If 18 or under DSS must be notified. Notify DHSS if the A/N occurred outside of a DMH service or in facility that is dually licensed DHSS/DMH. See 9 CSR 10-5.200 for required notifications.

We will quickly review the definitions for abuse/neglect and misuse of consumer funds and property. When these situations are reported, alleged, or suspected it is required that you immediately notify the Regional Office. If your agency wants additional training on A/N definitions and reporting please request this from the Regional Office Inquiry Coordinator or view the Online A/N Training posted on the DD Website. A later slide will show you where you can access the A/N Online training.

Let’s take a look at handout 9 CSR 10-5.200. *Presenter: Read each definition from the CSR.*

Slide 8: Misuse of Funds/Property

DOR 2.205, 2.210 and 9 CSR 10-5.200 defines Misuse of Funds/Property as...

The misappropriation or conversion for any purpose of a **consumer’s funds or property** by **an employee or employees** with or without the consent of the consumer, or the purchase of property or services from a consumer in which the purchase price substantially varies from the market value.

Examples may be staff...

**Purchasing a new TV from a consumer for \$20, which is substantially lower than market value.*

**Staff using a consumer’s EBT card/money/debit card to make personal purchases.*

**Staff taking a consumer's property for their personal use.*

**Etc. This is by no means and inclusive list but some examples.*

When these situations are reported to staff, alleged or suspected by staff or others...the agency needs to immediately notify the Regional Office. Please note, the credibility of the reporter does not matter (i.e. an individual who fabricates stories, a disgruntled employee, etc). If there is a complaint, allegation or suspicion it is to be **immediately reported** to the Regional Office.

Slide 9: Neglect

DOR 2.205, 2.210 and 9 CSR 10-5.200 defines neglect as...

Failure of an employee to provide reasonable or necessary services to maintain the physical and mental health of any consumer **when that failure presents either imminent danger to the health, safety or welfare of a consumer, or a substantial probability that death or serious physical injury would result.**

Please note a bad outcome to the event did not have to occur. Bottom-line if staff did something or failed to do something which put the consumer at risk of immediate/certain/impending danger or substantial probability of death or serious physical injury it would be immediately reported.

Examples of neglect may be:

**Staff work with a consumer who has a history of choking and is required to have their food pureed.*

Staff did not puree the food but chopped this could be neglect.

**Staff transporting consumers while suspected to be under the influence of drugs or alcohol.*

**Staff administering the wrong person's medications to a consumer.*

**Etc. This is by no means and inclusive list but some examples.*

When these situations are reported to staff, alleged or suspected by staff or others...the agency needs to immediately notify the Regional Office. Please note, the credibility of the reporter does not matter (i.e. an individual who fabricates stories, a disgruntled employee, etc). If there is a complaint, allegation or suspicion it is to be **immediately reported** to the Regional Office.

Slide 10: Physical Abuse

DOR 2.205, 2.210 and 9 CSR 10-5.200 defines physical abuse as...

- **An employee** purposefully beating, striking, wounding or injuring a consumer.
- In any manner whatsoever, **an employee** mistreating or mistreating a consumer in a brutal or inhumane manner.
- **An employee** handling a consumer with any more force than is reasonable for a consumer's proper control, treatment or management.

Examples:

**Staff use hot/cold water to discipline a consumer.*

**Staff use a physical restraint when there is no need for a restraint to be used.*

**Staff hitting a consumer.*

**Etc. This is by no means and inclusive list but some examples.*

When these situations are reported to staff, alleged or suspected by staff or others...the agency needs to immediately notify the Regional Office. Please note, the credibility of the reporter does not matter (i.e. an individual who fabricates stories, a disgruntled employee, etc). If there is a complaint, allegation or suspicion it is to be **immediately reported** to the Regional Office.

Slide 11: Sexual Abuse

DOR 2.205, 2.210 and 9 CSR 10-5.200 defines sexual abuse as...

Any touching, directly or through clothing, of a consumer by an employee for sexual purpose or in a sexual manner. This includes but is not limited to: Kissing, Touching of the genitals, buttocks or breasts, Causing a consumer to touch the employee for sexual purposes, Failing to intervene or attempting to stop inappropriate sexual activity or performance between consumers; Promoting or observing for sexual purpose any sexual activity or performance involving consumers including any play, motion picture, photography, dance or any other written or visual representation; Encouraging inappropriate sexual activity or performance between consumers.

Examples:

- *Staff watching pornographic media with a consumer.
- *Staff touching a consumer in a manner which does not align with required/needed supports for care and physical support of a consumer.
- *Staff and consumer engaged in a sexual relationship.
- *Etc. This is by no means an inclusive list but some examples.

When these situations are reported to staff, alleged or suspected by staff or others...the agency needs to immediately notify the Regional Office. Please note, the credibility of the reporter does not matter (i.e. an individual who fabricates stories, a disgruntled employee, etc). If there is a complaint, allegation or suspicion it is to be immediately reported to the Regional Office.

Slide 12: Verbal Abuse

DOR 2.205, 2.210 and 9 CSR 10-5.200 defines verbal abuse as...

An employee making a threat of physical violence to a consumer, when such threats are **made directly to a consumer** or **about a consumer in the presence of a consumer**.

Examples:

- *Staff say to a consumer, if you take another bite of my pizza I will break your hand.*
- *Two staff are having a conversation in the office. The office door is open to the kitchen area of the group home where consumers are eating dinner. During the conversation between staff, say that they are going to rough up Consumer A if they call their guardian one more time. Consider what other consumers may have heard/seen the physical threat. If other consumers heard/saw the threat they are also victims of verbal abuse.*
- *A threatening gesture towards a consumer such as staff pulling a belt out of their bag and verbally telling the consumer that you need to return to your room. Please note that non-verbal communication can also be considered verbal abuse if context of the staff action is provided to demonstrate that their non-verbal action was a threat of physical violence.*
- *Etc. This is by no means an inclusive list but some examples.*

When these situations are reported to staff, alleged or suspected by staff or others...the agency needs to **immediately notify the Regional Office**. Please note, the credibility of the reporter does not matter (i.e. an individual who fabricates stories, a disgruntled employee, etc). If there is a complaint, allegation or suspicion it is to be **immediately reported** to the Regional Office.

Slide 13: Link to Online A/N Training

If you or your staff need additional training and examples of what constitutes A/N please visit the online training offered by DD. Go to DMH Web Site-Developmental Disabilities-Information for Service Providers-Additional Information-Abuse & Neglect Training. <https://dmh.mo.gov/dd/ServiceProviders.htm> Direct Link to training <http://www.mimhtraining.com/dd/abuse-neglect/> or we can schedule another day for A/N training.

Slide 14: Reportable Category #2

The second reportable category which would require entry into CIMOR-EMT is all of the following:
Reportable Category #2- The only significant change from 2012 is Emergency Procedure-Time Out definition. The definition requires only seclusion time out to be entered into CIMOR-EMT.

Report All

- **Emergency Room Visits**
- **Unscheduled Hospitalizations**
- **Deaths of individuals served by DD**
- **Medication errors that reach an individual**
- **And incidents of falls**
- **Uses of Emergency Procedures**

Emergency Room Visit is pretty self explanatory. But what about those situations where the individual is taken to Urgent Care for treatment? We will address this question under Reportable Category #8. For this particular Category we want to know only about all of those events where the individual was taken to the ER.

Unscheduled Hospitalizations-we are asking staff to complete an event form for those events that may result in an individual going to the hospital and it was not a planned occurrence. (i.e.. They go to the doctor's office because of flu like systems, high fever, etc. and the doctor admits the individual into the hospital.) This would be an event that would require an EMT entry/form to be completed. An example of when staff would not complete an event entry/form is when the person has scheduled a procedure which will require hospitalization such as a cancer treatment, surgery, etc.

Deaths-any time we learn of a death of an individual served by the division we would require an event form to be completed. If the person was living in their natural home with family and the Support Coordinator learns of the death, because the person was getting Service Coordination the Support Coordinator-TCM agency would enter the event into CIMOR-EMT.

Medication Errors-report only those med errors which reach the individual. Example, if staff forget to give a med to an individual that is an error that reached the individual...because the person did not get their meds. Some examples of situations that are not considered a med error are: a dropped medication, a documentation error on the MAR, an individual refusing a medication. These situations are typically documented on the Med Administration Record. Please keep in mind that you must report a med error if you can't verify that the prescription was given/used, etc. as prescribed by the physician (i.e. medicated shampoo, creams, etc) We can review more examples as we work through the Medication Error EMT Screens.

Incidents of Falls-report all falls that an individual experiences. A fall is defined as, The apparent (witnessed, not witnessed or reported) unintentional sudden loss from a normative position for the engaged activity to the ground, floor or object which has not been forcibly instigated by another person. Examples could be an individual rolls out of bed onto the floor, or slides out of the wheelchair onto the floor, etc.

Emergency Procedures- *any restraint/time out used by DMH staff or contracted staff to restrict an individuals' freedom of movement, physical activity, or normal access while in DMH services. If any of the following restraint types or time out occurs as defined they must be reported on an event form and the Emergency Procedure section of the addendum must be completed. (Report all emergency procedures used even if outlined in an individual's support plan, BSP, personal plan, ISP, Crisis Plan, etc.)*

Chemical Restraint- a medication used to control behavior or to restrict the individual's freedom of movement and is not a standard treatment for the individual's medical or psychiatric condition. A chemical restraint would put an individual to sleep or render them unable to function as a result of the medication (the result of the med may not be instantaneous but may be noticeable within the hour of taking the med). **(A pre-med for a dental or medical procedure would not be reported as a chemical restraint.)**

Manual Restraint- any physical hold involving a restriction of an individual's voluntary movement. Physically assisting someone who is unsteady, blocking to prevent injury, etc. is not considered a manual restraint. **(i.e. blocking is open hand, staff positioning their body between an individual and imminent danger.)**

Mechanical Restraints- any device, instrument or physical object used to confine or otherwise limit an individual's freedom of movement that he/she cannot easily remove. (The definition does not include the following: Medical protective equipment, Physical equipment or orthopedic appliances, surgical dressings or bandages, or supportive body bands or other restraints necessary for medical treatment, routine physical examinations, or medical tests; Devices used to support functional body position or proper balance, or to prevent a person from falling out of bed, falling out of a wheelchair; or Equipment used for safety during transportation, such as seatbelts or wheelchair tie-downs; Mechanical supports, supportive devices used in normative situations to achieve proper body position and balance; these are not restraints.)

Time Out- 2019-The involuntary confinement of a consumer **alone in a room or an area** from which the **consumer is physically prevented** from having contact with others or leaving.

(Reference Only for DD Trainers- criteria from 2012: removing the individual from one location and **requiring** them to go to any specified area, where that individual is unable to participate or observe other people. Time-out includes but is not limited to requiring the person to go to a separate room, for a specified period of time, the use of verbal directions, blocking attempts of the individual to leave, or physical barriers such as doors or ½ doors, etc. or until specified behaviors are performed by the individual. Locked Rooms (using a key lock or latch system not requiring staff directly holding the mechanism) are prohibited.)

Slide 15: Reportable Category #3

Staff will need to report and an EMT entry is required for...*only a minor change of clarification from 2012.*

2019-All events where there is Law Enforcement involvement when the consumer is either the victim, alleged perpetrator, or when law enforcement is called in support of the event.

(Reference Change from the 2012 category- all events where there is Law Enforcement involvement when the individual is either the victim, alleged perpetrator, or law enforcement is called as a support in the event.)

An example might be an individual leaves the home and staff are following them to ensure health and safety but staff is concerned for the safety of the individual or others so they call law enforcement to assist in the situation. In this scenario staff would report and enter into CIMOR-EMT.

An example that would not require an event entry to be completed would be where law enforcement shows up at a group home to subpoena a staff to appear in court.

Slide 16: Reportable Category #4

2019 Events of fire, theft, or natural disaster resulting in disruption of DMH-DD service to consumer/s.

(Reference Change from the 2012 category- Report all events that result in disruption of DMH service due to fire, theft or natural disaster; resulting in extensive property damage or loss.)

Examples of this may be:

- A structural fire resulting in individuals having to move or support services having to be provided in a different location.
- An ice storm that knocks out the electricity to an ISL for a significant amount of time and the individuals may temporarily move to a different location for housing.
- Tornado resulting in extensive property damage.

This category was changed from the 2012 category to remove extensive property damage from original definition and focused on disruption of DMH-DD Service due to fire, theft or natural disaster. Ice Storm and Day Programs canceled would be a disruption to service due to natural disaster. They don't have to enter all 50 consumers...just report into the EMT system with staff name as reporter and save. Please note, if the agency wants to use the EMT system to notify the SC/SC Supervisor then they will need to enter consumer names. If the agency can project days of closure in the narrative then maybe only one entry is required. Multiple sites can be reported on one event entry.

Because of Missouri's geography, the state is frequently visited by natural disasters. Ice storms, tornadoes, severe storms, and flooding are all common occurrences in Missouri. Department of Homeland Security defines a natural disaster as... Natural disasters include all types of severe weather, which have the potential to pose a significant threat to human health and safety, property, critical infrastructure, and homeland security. Natural disasters occur both seasonally and without warning, subjecting the nation to frequent periods of insecurity, disruption, and economic loss. Natural disasters may include winter storms, floods, tornados, hurricanes, wildfires, earthquakes, or any combination thereof. <https://www.dhs.gov/natural-disasters>, [https://sema.dps.mo.gov/maps and disasters/disasters/](https://sema.dps.mo.gov/maps-and-disasters/disasters/)

Example of a disruption of service but not because of a natural disaster is bed bugs. In this example agencies will want to notify the RO if individuals are relocated during treatment of home but an EMT entry is not required.

Please note, many things happen each and every day as we support people in our services but not all of these situations will meet the criteria for completing an event report form or med error form and entering it into the CIMOR-EMT database. It may be required to be notified/documentated on a MAR, observation notes, APTS, behavior log notes, etc.

Slide 17: Reportable Category #5

Report all events where there is sexual conduct involving an individual and it is alleged, suspected or reported that one of the parties is not a consenting participant. No change from 2012.

Example of a situation when an event entry would not be completed:

There is a guardian who has said that the person may not participate in sexual activities but staff has discovered that the individual willingly participated in sexual conduct with another person who is not a DMH-DD staff or contracted staff member...this would not rise to the level of entry into CIMOR-EMT. It does not meet the criteria because all participants were consenting. Although this scenario may not meet the criteria for entry into EMT it should be documented elsewhere and discussed with the guardian and possibly the interdisciplinary team, only because the guardian has indicated that the person may not participate in sexual activities.

Note: Take into consideration that a person who has limited communication or no verbal communication may not be able to give consent.

Example of a situation when an event entry would be completed:

- A staff member and individual were consenting participants in sexual conduct together. The individual reports this to another staff member. The staff member who learned of the activity would complete an event report entry/form because it met the criteria of a reportable event under Category #1.
- Two consumers engage in sexual conduct but one of the individuals' reports that they did not want to do it.

Slide 18: Reportable Category #6

Report all events where there is ...All events involving a consumer when there is a realistic threat or physical action of serious self-harm or assault of others.

(Significant Change from 2012-Reference Change from the 2012 category- any threat or action, verbal or non-verbal, which conveys a significant risk of immediate harm or injury and results in reasonable concern that such harm will actually be inflicted.)

Changes made from the 2012 category to make this more objective. The focus is on a **realistic threat** or **physical action** of **serious** self-harm or **“serious”** assault of others. The term serious should be applied to both self-harm and assault. Assault would be actions more severe than annoying behavior, or a nuisance or irritant. Serious assault could leave a significant red mark lasting longer than a few minutes, results in a bruise, injury or complaint of pain. Realistic is the person has the means and capability of carrying out the threat.

Example: Going to hang myself-do they have a history of suicide attempts, do they have the means, do they have the capability? The Division relies on the DSPs to evaluate the situation to evaluate for serious self-harm/assault.

Slide 19: Reportable Category #7

Report all events where the individual ingests a non-food item. (No Change from 2012)

A non-food item would be an item that is not food, water, medication or other commonly ingestible items. Example is, an individual goes through the trash and picks up a tea bag and eats it...is this reportable? Yes, a tea bag is a non-food item. Yet another example is, if an individual eats “dog food”...is this reportable? Yes, “dog food” is not commonly eaten by people.

Slide 20: Reportable Category #8

Report all events that result in a need for an individual to receive life saving intervention or emergency medical/psychiatric intervention. (No Change from 2012)

Medical/Psychiatric intervention=treatment for an injury or condition sought outside of a DD service.

Examples of events that may be reportable under this category:

- An individual chokes and staff administer back blows, finger swipe or the Heimlich maneuver to dislodge a item from their throat.
- Staff member finds an individual unconscious in their bed. Staff do not find a pulse and administer CPR.
- Staff calls 911, ambulance arrives provides treatment on site and the individual is not taken to ER or hospital.

Example of events that may not need an event form completed:

An individual has a high fever and flu like systems. Staff take an individual to Urgent Care because it is after hours and the Dr. office is closed. It is not an emergency at this time but they wanted the individual to be seen by a someone outside of a DD support service. Is this reportable? The answer is no, because the current situation is not an emergency. Not every urgent care visit is a “reportable event”. (example going to urgent care for the flu, poison ivy, high fever) An urgent care visit would be reportable only if they went to urgent care in an emergency situation.

If urgent care is used in lieu of a doctor’s office visit because of the need for treatment on a weekend or after hours this most likely would not meet the criteria for an event report form.

Medical intervention is not the Community RN applying a band aid, or a staff member who is certified in first aid applying minor first aid to a cut.

Slide 21: Timelines for Reporting

Division Directive 4.070. 9 CSR 10-5.206 Reporting of Events, 9 CSR 10-5.200 Abuse & Neglect CSRs outline the timelines for reporting to DD and entering events into CIMOR-EMT. Timelines are outlined at the top of the event and med error report forms for those services who are exempt from direct entry into CIMOR-EMT. If you are an agency entering your own events directly into the EMT system the timelines are outlined in Division Directive 4.070

Bottom-line any event which is categorized as Abuse/Neglect, Misuse of Funds or Property (9 CSR 10-5.200, DOR 2.210, DOR 2.205), Critical Events (DOR 4.270), Deaths must be immediately reported to DMH-DD.

1. Immediate Notification-Death, Abuse/Neglect, Critical

- a. During DMH business hours-Immediate Entry into the EMT system can meet the immediate DMH notification requirement for Death, Abuse/Neglect, and Critical. Enter the event the same date the event occurred or was discovered.
- b. After DMH business hours/holidays/weekends-Make a verbal report to the Regional Office on call system. In the Notification Section of the EMT system, enter the date/time of the verbal report to document DMH immediate notification. Enter the event into the CIMOR-EMT system by the end of the next business day from the date the event occurred or was discovered.

Slide 22: Timelines for Reporting

All other events require entry into EMT within next business day of event or discovery of event.

2. Next Business Day Notification-All other events not Death, Abuse/Neglect, Critical

- a. Must be entered into the EMT system by the end of the next business day from the date the event occurred or was discovered.

- i. If this entry is your “Next Business Day Notification” and there was no need to verbally notify the Regional Office Staff you will enter Regional Office as Notified Type and “Direct Entry” as the Person’s Name in the Notification section of the EMT system.

Slide 23: CIMOR EMT Data Entry Demo

Demonstrate and Practice entering events into CIMOR-EMT. Use the **CIMOR Training** Platform to enter “demo” events. For agencies who are entering “real events” have them sign into **CIMOR Production** to enter “real events”.

Only use CIMOR Production to enter actual events into EMT.

Watch for future training videos to be produced demonstrating event entry into CIMOR-EMT.

Slide 24: CIMOR Production Screen Shot

Reminder to only enter into CIMOR Production. DO NOT Use CIMOR Train or Test to enter events!

Trouble Shooting: Effective 2019 CIMOR is compatible with all browsers such as Google Chrome, Microsoft Edge, etc. but **Internet Explorer** is the most reliable with CIMOR applications. If after ensuring you are entering events into CIMOR Production but the event still does not appear for the Regional Office then try using the browser **Internet Explorer**. Notify your Regional Office immediately if you discover the CIMOR system is not operating with browsers other than Internet Explorer.

Slide 25: What Happens After My Agency Enters an Event?

Once an event is reported, entered & saved into EMT as outlined in Division Directive 4.070 then the event entry is processed by designated staff at each regional office in accordance with Review Guideline #69.

<https://dmh.mo.gov/dd/docs/guideline69.pdf>

Next morning an event summary will be sent to the active SC/SC Supervisor (*with a current email address selected Yes for Primary*) for any consumer listed in the Person Involved section of the EMT entry. This notification includes the critical information outlined in Division Directive 4.070.

Events are reviewed by a DD facility designated staff who have been trained on how to review an event.

- There are 61 different incident type codes to choose from.
- If the entry is not complete DD Reviewer will contact the agency to gather additional information and/or correct data entry.
- Reviewers code as to whether or not critical according to DOR 4.270
- Close the Review-Once the review is closed the agency cannot alter the record but the agency can request the RO to unlock if additional information needs to be added.

DD will determine if any additional follow up actions need to be taken. Follow up action by the Regional Office is then documented under a decision type.

- Clinical/QE Review
- Inquiry
- Unknown Injury Inquiry
- Death Review
- Plan of Action
- Special Request Inquiry
- Investigation Request
- Investigation Determination

Slide 26: SC/SC Supervisor Event Notification

This is a sample of the SC/SC Supervisor Event Notification which they will receive the next day after a provider enters an event into the EMT system.

Slide 27: Event Report Sample

This is a sample of one report available in CIMOR on the left side CIMOR Production Tree. Select Reports-Report-Report Category-DD Providers EMT Entry-(Search)-Event By Responsible Org