

4.0 FINDING AND UPDATING INCIDENT DATA

Log in and click on “List of Events” on the SERT Home Page. The next screen will be the View Serious Event Reports form ([Figure 4.1](#)).

4.1 Reviewing List of Events Form

4.1.1 Date ranges

Click on “Last Month” option to see all incidents with Incident Date in the last 30 days. Designating another specific date range is also possible. [Figure 4.2](#) is one page of a multi-page report, showing incidents that occurred between November 1, 2004 and November 30, 2004.

4.1.2 Incident Date, etc.

Date of incident, Individual’s Case Number, Individual’s name, and location of incident appear in columns of the form. Incidents are displayed chronologically, with most recent Incident Date at the top.

4.1.3 Action Complete

Date *review* of incident was completed by CDDP will appear in this column after date is entered in “Date Review Completed” field of **County Review of Serious Event** form. Date *investigation* was completed will appear in this column after date is entered in “Date Investigation Completed” field of **Investigation Information** form. If these review or investigation fields are not filled in, the word “No” will appear in this column.

4.1.4 Printable Review or Complaint/PSI

Click on “Print Report” to print a report of all information entered to date about an incident. See [Figure 4.3](#) for an example of a “Printable County SERT Review” and [Figure 4.4](#) for an example of a “Printable SERT Complaint/Investigation Form.”

4.2 Updating “Client and Incident Information”

Updates can *add new data* or *revise data already entered*. Use date range options to find an incident that requires update. To add or revise Client or

Incident Information (on SERT Reporting Form), choose the “Update” option for the incident from the “Update Client and Incident Information” column on the [View Serious Events Report](#) form. Enter update information on the resulting SERT Reporting Form Update screen ([Figure 4.5](#)) using field descriptions from [Table 3.1](#) for the SERT Reporting Form.

4.3 Updating County Review Data

Use the “Update Review or Complaint/PSI” column on the View Serious Event Reports form ([Figure 4.2](#)) to update CDDP review or investigation data. If the incident has not previously required an investigation, click on “Update *Review*” to reach the **Update County Review of Serious Event** form ([Figure 4.6](#))

4.3.1 Updating County Review data: PSI is *not* warranted

If the CDDPs review supports the original decision that a PSI is not warranted, update the relevant fields of the [Update County Review of Serious Event](#) form using field descriptions in [Table 3.2](#). When finished, click on the “Submit Form Now” button at the bottom of the form to reach a screen informing you that your changes have been entered into the SERT database ([Figure 3.10](#)). From this screen you can click a hyperlink to return to the [SERT Home Page](#).

4.3.2 Updating County review data: PSI *is* warranted

If the CDDP’s review of the incident leads to the conclusion that an investigation of the incident *is warranted after all*:

1. Enter the date that decision is made to update to PSI in the “Date Review Completed” field. If necessary, update “Explanation” and “Recommendations” fields of the [County Review of Serious Events](#) form following update procedures in Section 4.3.1;
2. Click on the “Yes” button on the **Update County Review of Serious Event** form to open the **Initial Complaint Form** ([Figure 3.7](#)). After completing **Initial Complaint Form** (see [Table 3.3](#)) click on “Submit” button to reach the **Complaint and Investigation Decision** form (see Section 3.8 and [Figure 3.8](#)); and
3. Notify OIT of change in status of the serious event.

4.4 Updating Investigation Data

4.4.1 Investigation Update: No Change in decision to Investigate

Click on incident's "Update *Complaint*" column on the **View Serious Events** ([Figure 4.2](#)) screen to reach the **Complaint and Investigation Update Form** ([Figure 4.7](#)). After completing updates, click on "Submit Updates" button at the bottom of the form to reach a screen indicating changes have been entered into SERT ([Figure 3.10](#)). Click on hyperlink to return to the [SERT Home Page](#).

4.4.2 Investigation Update: Investigation no longer required

If the CDDP and OIT agree after preliminary investigation steps that *circumstances of the event do not meet the definition of abuse*, then the CDDP must:

1. Obtain written OIT agreement to change serious event to "County Review" status;
2. Send e-mail with evidence of OIT agreement to SPD SERT Technical Coordinator with copy to OIT, specifying SERT entry (by number) and requesting change of status in the database; and
3. Follow procedures for completing the [County Review of Serious Event](#) form (see [Section 3.6](#)).

IMPORTANT NOTE: *Critical information the CDDP has entered about its review of and response to a serious event does not automatically transfer in a conversion from investigation to county review. To avoid re-typing, save the information into a Word document prior to conversion, then paste it into the county review fields when they are available.*

4. If Individual is enrolled in a Support Services Brokerage, indicate in the "Explanation" field of the [County Review of Serious Events](#) form why abuse definition does not apply to the circumstances and that the incident has been referred to the Individual's Support Services Brokerage for follow-up.

Figure 4.1



DHS INTRANET
 Oregon Department of Human Services Intranet
Seniors & People with Disabilities

SERT

View Serious Event Reports
Steve County

Select the period from any one of these options:

Last Month Last Two Months
 Since this date: Date Range:

April ▾ 13 ▾ 2005 ▾

January ▾ 1 ▾ 2000 ▾
 January ▾ 1 ▾ 2000 ▾

Get History

Entered by 'snewton'	Incident Date	Case#	Client	Location	Action Complete	Update Client and Incident Information	Update Review or Complaint/PSI	Printable Review or Complaint/PSI

500 Summer St NE, E-09 • Salem, Oregon 97301-1075
 PH: (503) 945-6976 • Fax: (503) 947-5044 •
 TTY: (503) 945-5895 or 1-800 375-2863

Comments or Questions on this site: [SERT Mailbox](#)

[SPD Public Site](#) • [Department of Human Services](#)

Figure 4.2



DHS INTRANET
 Oregon Department of Human Services Intranet
Seniors & People with Disabilities
SERT
 View Serious Event Reports
 Steve County

Select the period from any one of these options:

- Last Month
 Last Two Months
 Since this date:
 Date Range:
- March 13 2005
 November 1 2004
 November 30 2004

Get History

Entered by 'snewton'	Incident Date	Case#	Client	Location	Action Complete	Update Client and Incident Information	Update Review or Complaint/PSI	Printable Review or Complaint/PSI
	11/28/2004	214	Bethell, Lyn	29 King Street	Review Completed: 1/3/2005	Update	Update Review	Print Report
Incident Type: Emergency Room Visit								
	11/25/2004	32	Botts, Renate	975 Quiet Lane	Review Completed: 12/10/2004	Update	Update Review	Print Report
Incident Type: Psychiatric Hospitalization Emergency Room Visit								
	11/24/2004	110	Yeh, Preston	9734 Hidden Lagoon	Investigation Completed: 1/5/2005	Update	Update Complaint	Print Report
Incident Type: Injury, Police called,								
	11/24/2004	152	McCormick, Tameika	658 Satsuma Place	No	Update	Update Complaint	Print Report
Incident Type: Injury, Police called,								
	11/20/2004	122	Conde, Corey	357 Mayo Street	Review Completed: 12/10/2004	Update	Update Review	Print Report
Incident Type: Ambulance service, Emergency Room Visit								
	11/20/2004	122	Conde, Corey	357 Mayo Street	Review Completed: 12/3/2004	Update	Update Review	Print Report
Incident Type: Emergency Room Visit								
	11/17/2004	174	Ives, Drew	548 Davie Street	Review Completed: 12/10/2004	Update	Update Review	Print Report
Incident Type: Ambulance service, Emergency Room Visit								

Figure 4.3



DHS INTRANET
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 Printable County SERT Review

SERT ID Number: 23246

CLIENT INFORMATION

Case Number	214	DOB(MM/DD/YYYY)	01/12/1954
Last Name:	Bethell	First Name:	Lyn
Client Is Under 18 <input type="checkbox"/>		Gender:	F

INCIDENT INFORMATION			
Incident Date (MM/DD/YYYY)	11/28/2004	Date Incident Reported To County	12/01/2004
Approximate Incident Date:	<input type="checkbox"/>		
Provider at the time of incident: Aaron Inc.		Payment Source (If Self Directed svc)	
If site is not available on the drop down list enter below: Site: 29 King Street			
Service person was receiving when event occurred: 50.0			
Address of Incident: 29 King Street	City: Burlington	Unknown:	<input type="checkbox"/>
Type of Incident: Emergency Room Visit			
Description of Incident: Lyn fell at home, cutting her chin. Staff transported her to the Friendly Hospital ER. She got stitches, and was released.			
Case Manager ID:* 975 (This is an optional field for county use)			

Complete if Incident does not rise to level of initial complaint:

County to review: <input checked="" type="checkbox"/>
Explanation of why does not rise to PSI level Did not meet definition for abuse or one of the other types of serious events that do require an investigation.
Recommendations Made:

Follow Up Required Date Follow Up Completed:

Date Review Completed: 01/03/2005

Figure 4.5



SERT Reporting Form

CLIENT INFORMATION

*Indicates required fields

*Case Number	<input type="text"/>	*DOB (MM/DD/YYYY)	<input type="text"/>
*Last Name:	<input type="text"/>	*First Name:	<input type="text"/>
Client Is Under 18	<input type="checkbox"/>	Gender	<input type="text"/>

INCIDENT INFORMATION

*Incident Date (MM/DD/YYYY)	<input type="text"/>	Date Incident Reported To County	<input type="text"/>
Approximate Incident Date:	<input type="checkbox"/>		
* Provider (at time of incident):	<input type="text"/>	Payment Source (If Self Directed svc)	<input type="text"/>
*Site: Select a site from the drop down box. If the site is not listed, select "Site Not Listed" and fill in site information below.			
If site is not available on the drop down list enter it below:			
<input type="text"/>			
*Service person was receiving when event occurred:	<input type="text"/>		
*Address of Incident:	City:	Unknown: <input type="checkbox"/>	
<input type="text"/>	<input type="text"/>		

Type of Incident:

Type of Incident (Check All that Apply)

- Death
- Physical injury by other than accident (Physical Abuse)
- Willful infliction of physical pain (Injury/Pain)
- Sexual harassment or exploitation
- Failure to act/neglect
- Verbal mistreatment
- Placing restrictions on an individual's freedom of movement (For example, staff blocking a doorway, shutting off an electric wheelchair, placing an individual in a timeout room, etc.)
- Using restraints inappropriately
- Financial exploitation
- Inappropriately expending an individual's personal funds
- Fire department (service)
- Police (service)
- Criminal referral made
- Ambulance service other than routine transport
- Medical hospitalization
- Emergency Room Visit
- Psychiatric hospitalization

Description of Incident:

Case Manager ID: (This is an optional field for county use)

Submit Client Information & Continue

Figure 4.6



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SERT

Yes Submit Complaint/PSI Request

(Upon review we have decided that this event merits a Initial Complaint/PSI Investigation)

Update County Review of Serious Event

SERT ID Number: 30587

County to review: <input type="checkbox"/>
Explanation of why does not rise to PSI level
<input type="text"/>
Recommendations Made:
<input type="text"/>
Follow Up Required <input type="checkbox"/> Date Follow Up Completed: <input type="text"/>
Date Review Completed (MM/DD/YYYY): <input type="text"/>
<input type="button" value="Submit Form Now"/>

Figure 4.7



Complaint & Investigation Update Form

SERT ID Number: 25864

CLIENT INFORMATION

Case Number	test	DOB (MM/DD/YYYY)	01/01/1943
Last Name:	LINE	First Name:	BORDER
Client Is Under 18 <input type="checkbox"/>		Gender:	M

INCIDENT INFORMATION

Incident Date (MM/DD/YYYY)	12/08/2005	Date Incident Reported To County	12/08/2005
Approximate Incident Date:	<input type="checkbox"/>		
Provider at the time of incident:	Unknown	Payment Source (If Self Directed svc)	
Site: TEST ONLY			
Service person was receiving when event occurred: 50.0			
Address of Incident: TEST AVE - TEST ONLY			Unknown: <input type="checkbox"/>
Type of Incident: Neglect,			
Description of Incident: THIS IS A TEST ONLY AGAIN			

IF YES Complete the rest of this form

Referred To:(Check all that apply)

County PSI Unit for Investigation Phone:

District Attorney Phone:

Seniors and People with Disabilities

Office of Investigation and Training

Police Phone:

Child Welfare Date Referred:

Other: Phone:

Reporter Information

INFORMATION BELOW THIS LINE IS CONFIDENTIAL

Person Reporting:	<input type="text"/>	Person Wishes to Remain Anonymous:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Telephone:	<input type="text"/>	Relationship to Alleged Victim:	<input type="text"/>

Figure 4.7 (cont.)

Additional Victim Information			
Address:	<input type="text"/>	Telephone	<input type="text"/>
Does the alleged victim have a guardian?:	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Has the guardian been notified?:	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
ALL INFORMATION BELOW THIS LINE IS PUBLIC RECORD			
Report Recipient Information			
*Staff Taking Report:	<input type="text" value="TESTonly"/>		
* Time of Call:(Format Example: 1:00PM or 13:00)	<input type="text" value="1:00 PM"/>		
Alleged Perpetrator Information			
Last Name	First	Address	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investigation Information			
Investigation Outcome: <input type="radio"/> Substantiated <input type="radio"/> Not Substantiated <input type="radio"/> Inconclusive			
Investigation Summary:			
<input type="text" value="test only"/>			
Action as a Result of Investigation:			
<input type="text" value="Action as a result of investigation field"/>			
Summary and Conclusions for In-Home Investigation:			
<input type="text" value="In-Home field summary - test only"/>			
Investigator's Initials:	<input type="text"/>	Date Investigation Completed:	<input type="text" value="10/21/2005"/>
Enter County PSI Event Code (optional):	<input type="text"/>	Date Follow-up Completed: (MM/DD/YYYY)	<input type="text" value="10/14/2005"/>
Follow Up Required	<input type="checkbox"/>		
<input type="button" value="Submit Updates"/>		<input type="button" value="Reset"/>	