

SERT

Serious Event Review Team

Manual

**Version 4
2006**



**Seniors and People with Disabilities
In collaboration with Educational and Community
Supports, University of Oregon**

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1.0 AN INTRODUCTION TO SERT

This manual serves three purposes:

1. It provides an overview of the “Serious Event Review Team” (SERT) system and its role in the Department of Human Services Seniors and People with Disabilities (SPD) strategy for managing quality in services for individuals with developmental disabilities.
2. It serves as a technical reference for SERT system users who:
 - Decide which incidents must be tracked through SERT processes; or
 - Enter and update information about these incidents in the statewide SERT database.
3. It offers guidance for system users who analyze serious event data for trends and patterns in order to make decisions and act to improve the health and welfare of individuals in developmental disability services.

The manual assumes most users are staff of Community Developmental Disability Programs (CDDPs). Instructions referencing CDDPs also apply to SPD Children’s Residential Services and any other program that provides individual service coordination and, by rule or policy, is responsible for incident review and tracking through the SERT system.

Common abbreviations in this manual include:

CDDP: Community Developmental Disability Program, an entity responsible for planning and delivery of services for persons with mental retardation or other developmental disabilities in a specific geographic area of the state under a contract with DHS or a local mental health authority. This term is used interchangeably with “County” in this manual and replaces any reference to “CMHP”—Community Mental Health Program---in the online SERT screens.

CPMS: Client Process Monitoring System

CRS: Children’s Residential Services (SPD)

DA: District Attorney

- DD:** Developmental Disability
- DHS:** Department of Human Services, an organizational unit within Oregon government responsible for health and human services
- DOB:** Date of Birth
- ISP:** Individual Support Plan, the written details of the supports, activities and resources required for an individual with developmental disabilities to achieve personal goals
- OAR:** Oregon Administrative Rule
- OIT:** Office of Investigations and Training (DHS)
- PSI:** Protective Services Investigation
- SERT:** Serious Event Review Team
- SPD:** Seniors and People with Disabilities, an organizational unit within DHS that focuses on the planning of services, policy development and regulation of programs for persons that have developmental disabilities

1.1 SERT Background

Oregon's developmental disability service providers have long been required to report unusual incidents involving service recipients. Providers submit these reports to CDDPs or other agencies responsible for individual service coordination. CDDPs also receive, review, and follow up reports of incidents involving individuals with developmental disabilities outside of provider settings---at home or in other community settings.

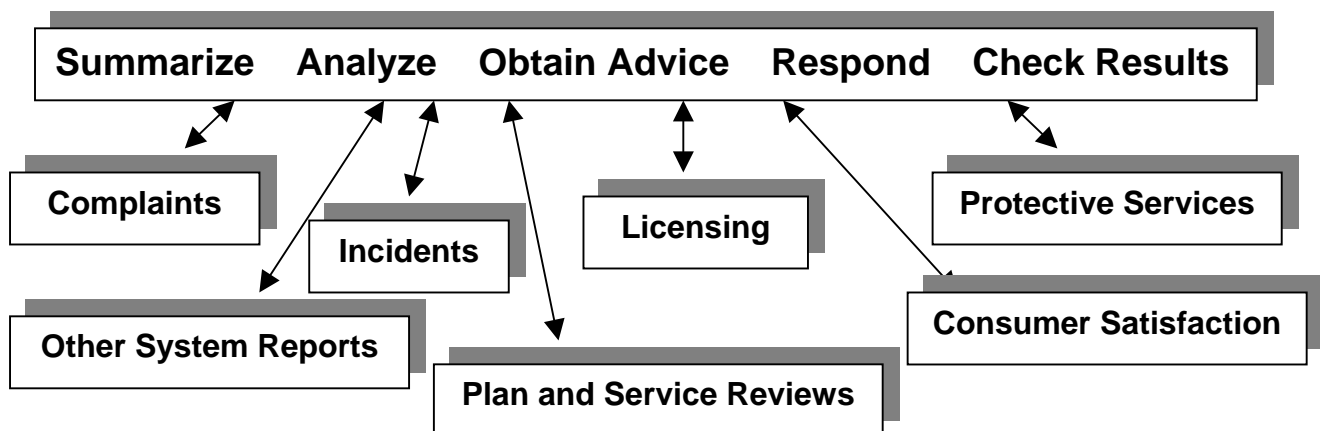
By early 2000, it was evident to SPD that aggregation of statewide information to identify and prevent system problems was growing more difficult and labor intensive as each CDDP developed procedures for incident reporting and response. SPD addressed this problem by developing a standardized statewide process for recording and tracking incidents using a web-based application. Additionally, from among all types of unusual incidents, SPD identified a few more critical than others to evaluating and predicting health and safety of individuals in DD services.

Incidents in this subset became the “serious events” subject to standardized web-based reporting and the focus of regular analysis by state and local review teams. The resulting Serious Event Review Team (SERT) system now provides:

- Centralized reporting of serious events, including initial allegations of abuse;
- A linked, computerized method in which to report serious events;
- A standardized format for tracking and documenting CDDP and SPD actions and outcomes;
- A longitudinal database from which to analyze state and local trends; and
- Integration and review of serious events and significant licensing issues at both state and local levels.

SPD and CDDPs use SERT information to improve overall service quality as well as to respond promptly and effectively to specific individual problems. SERT also helps fulfill DHS’ obligation to the Centers for Medicare and Medicaid Services (CMS)---a federal agency funding the majority of SPD’s community services for people with developmental disabilities through its Home- and Community-Based Services (HCBS) waiver program---to have a quality management strategy for assuring service participants are healthy and safe.

Figure 1.1: SPD Quality Management Activities

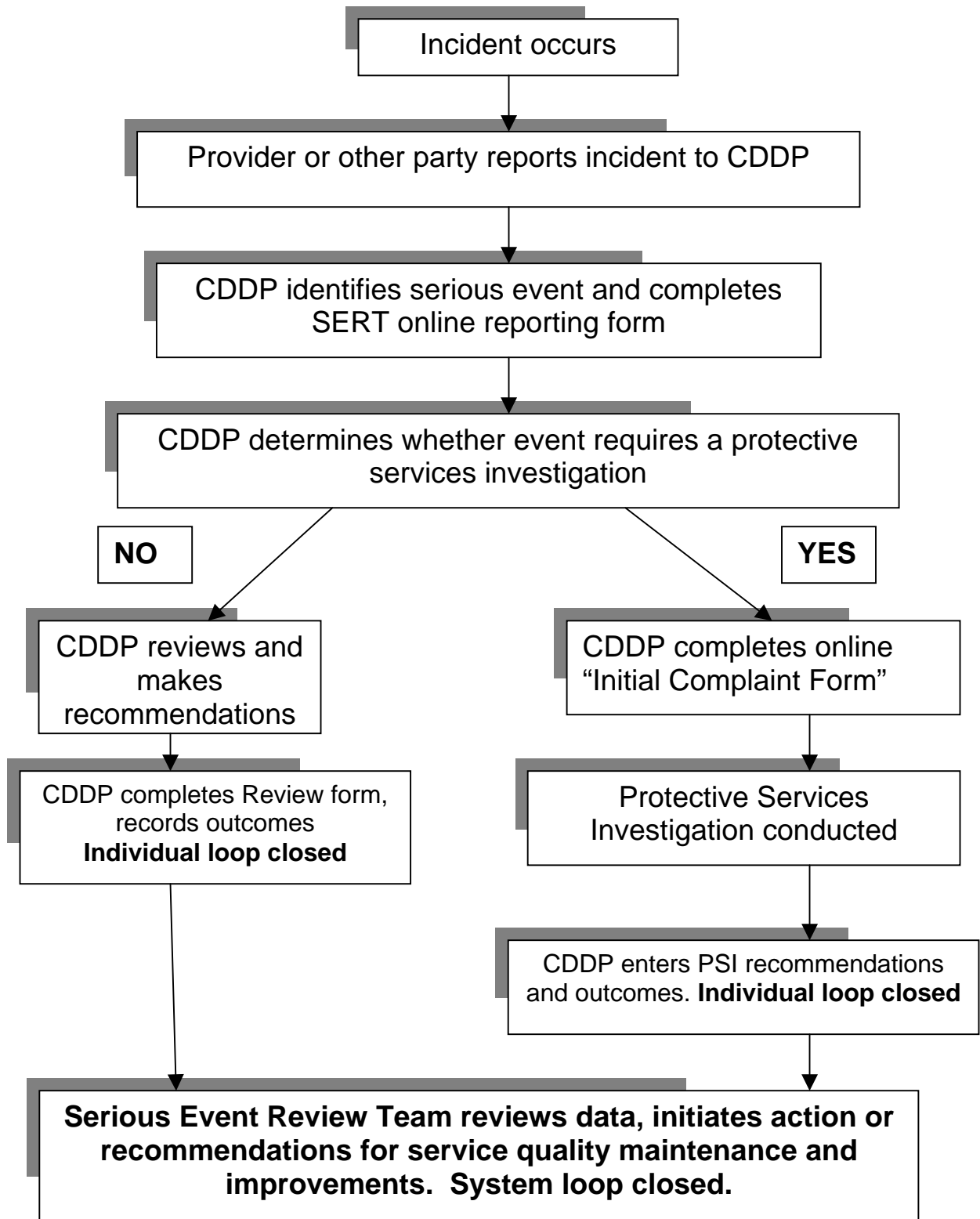


1.2 SERT Processes

SERT involves several processes. Some are directly related to operating SERT and are discussed in detail in sections of this manual. Other processes are only addressed in this manual to the extent they interface with SERT. (For example, the manual discusses entry of information related to protective services investigations, but does not provide detailed instruction about what constitutes abuse, how to conduct an investigation, or how to write a report. CDDPs must consult with trained local investigators and the Office of Investigations and Training (OIT) to remain current on abuse identification and associated procedures.) Together, these typical SERT processes serve to “close the loop” on individual serious events as well as on health and safety concerns about the settings in which those events occur:

- Receiving reports from service providers and community members (e.g., friends or neighbors of people with developmental disabilities).
- Evaluating each report to determine whether it meets the definition of a serious event. ([Section 2](#))
- Determining whether a serious event requires a protective services response, including investigation. ([Section 2](#))
- Conducting protective services investigations (PSIs). (PSIs may be conducted by CDDP investigative staff; OIT, local law enforcement, Medicaid Fraud Unit, or DHS Child Welfare, depending on age of the individual, type of incident, and services involved.)
- Entering and updating information about serious events, recommendations, and outcomes using the online database. ([Section 3](#) and [4](#))
- Reviewing, analyzing, and following-up serious events and program licensing/certification issues in local meetings. ([Section 5](#))
- Reporting analysis and follow-up to SPD. Following each monthly meeting, CDDP SERT Teams send a report to the State SERT Team summarizing local review, analysis and follow-up. ([Section 6](#))

Figure 1.2: Typical SERT Processes



1.3 SERT Roles and Responsibilities – CDDP

This list represents typical local assignment of the roles and responsibilities essential for SERT to operate effectively. Actual staff titles and assignments vary among CDDPs. SPD Children’s Residential Services (CRS) personnel generally assume these roles and responsibilities for serious events involving children in CRS homes and proctor care settings.

1.3.1 SERT Team Coordinator

- Coordinate monthly SERT review, ensuring the review addresses incident analysis, follow-up, and close-out activities as well as SPD licensing information
- Coordinate review and analysis of data for trends
- Submit [Monthly CDDP SERT Review](#) to SPD

1.3.2 Service Coordinator

- Receive incident reports from service providers and others
- Screen reports to determine whether criteria for serious events are met
- Make sure serious events involving individuals on caseload are entered into the web-based SERT database
- Make sure serious events are either reviewed and appropriately resolved or are moved forward into a PSI process
- Make sure individual is protected from harm while investigation is conducted
- Per local procedures, determine and document actions taken based on recommendations and outcomes of county reviews and protective services investigations

1.3.3 Protective Service Investigator

- Receive notice of serious events involving allegations of abuse
- Make sure OIT is notified when PSIs are initiated, completed, or re-assigned to “county review” status
- Initiate investigation process
- Refer investigation to, or collaborate with, other investigative agencies as appropriate

- Notify local law enforcement if there is reason to believe the incident involved a crime
- Notify the local medical examiner in the event of death possibly caused by abuse
- Consult with OIT in cases involving potential conflict of interest or in complex cases requiring special assistance
- Provide information to OIT on request
- Enter outcome of the investigation into the SERT System or forward information to CDDP personnel responsible for entry into the system

1.3.4 Data Entry Support Staff

- Enter initial information about serious events into the web-based SERT database according to timelines specified in this manual
- Update and complete serious event information in the web-based database as follow-up activities and investigations are completed

Note: Data Entry Support Staff are encouraged to review SERT records for completeness and to remind Service Coordinators and Protective Service Investigators to provide updated information necessary to “close out” any incomplete reports.

1.4 SERT Roles and Responsibilities – SPD

1.4.1 Quality Assurance/SERT Coordinator

- Convene SPD SERT group
- Coordinate SPD review of, and response to, information from SERT about service quality throughout the state
- Monitor local SERT implementation
- Provide or coordinate training and technical assistance to improve local implementation of SERT

1.4.2 SERT Data/Technical Coordinator

- Develop inquiries and reports for SPD SERT meetings
- Maintain SERT web-based reporting system
- Provide technical assistance with login difficulties, error messages, and other SERT site issues

1.4.4 SPD Regional Coordinator

- Periodically review monthly reports CDDPs in region
- Inform SPD SERT of regional concerns, including trends noted across counties, providers, and services
- Participate in SPD SERT analysis of, and response to, serious events in region

1.4.5 SPD Licensing and Quality of Care

- Enter reports of significant licensing problems---including significant health, safety and rights concerns---into SERT
- Review provider plans of improvement and follow-up

1.4.6 SPD Medical Director

- Review death reports
- May initiate death reviews by SPD Central Office staff
- Work with OIT to investigate deaths related to medical problems

1.4.7 Children's Residential Services (CRS) SERT Coordinator

- Assure CRS staff complete initial and updated online SERT entries relating to children in SPD direct-contracted children's 24-Hour Residential and Proctor Care programs
- Coordinate review of serious events relating to children in SPD direct-contracted children's 24-Hour Residential and Proctor Care programs
- May participate in local SERT discussions of common provider and service issues

1.5 SERT Roles and Responsibilities – Other Agencies

1.5.1 Office of Investigations and Training (OIT)

- Oversee implementation of abuse reporting and protective services statute
- Conduct PSIs for certain programs (e.g. State Operated Program) and either assist with or conduct local PSIs as needed
- Provide investigation outcome information for CDDP SERT entry

- Provide training and technical assistance for CDDPs related to mandatory reporting and investigation
- Use **read-only access to SERT** to review CDDP entries
- Maintain a database which includes every allegation of abuse reported to OIT, including alleged victims, alleged perpetrators, and investigation outcomes
- Collaborate with SPD in: 1) aggregating and analyzing data related to serious events and PSIs and 2) quality assurance and improvement activities conducted in response to data reviews

1.5.2 DHS Child Welfare

- Responsible to receive and screen reports of suspected child abuse and to cross-report to law enforcement
- Responsible, with law enforcement, for investigating allegations of abuse involving children
- **Does not have access to SERT.** CDDP SERT entries note referral for investigation in cases where there is reason to suspect abuse or neglect of children with DD
- May collaborate with CDDP or OIT in response to/ investigation of allegations involving children with DD
- May inform CDDP about outcome and recommendations from protective services investigations involving children with DD

1.5.3 Local District Attorney (DA) or Law Enforcement Agency (LEA)

- Responsible for investigating criminal allegations
- **Does not have access to SERT.** CDDP SERT entries note referral for investigation in cases involving individuals with DD where there is reason to suspect a crime has occurred
- May collaborate with CDDP or OIT in response to/investigation of serious events where there is reason to suspect a crime has occurred
- May inform CDDP about outcome of criminal investigations

2.0 SERIOUS EVENTS DEFINED

Section 1.0 notes that service providers are required to submit reports of unusual incidents to CDDPs or other agencies responsible for individual service coordination. Oregon Administrative Rule (OAR) 411-320-0020 defines unusual incidents as “incidents involving serious illness or accidents, death of an individual, injury or illness of an individual requiring inpatient or emergency hospitalization, suicide attempts, a fire requiring the services of a fire department, or any other incident requiring abuse investigation”. These unusual incident reports are one source of information for CDDP SERT entries. CDDPs also receive reports or complaints---often by phone or in person---from individuals with developmental disabilities, concerned family or other community members. However reports arrive, each CDDP has a process for evaluating them to determine what kind of response is required. At some point in this process the CDDP determines whether one or more of SPD’s “serious events” are involved and, if so, enters initial and follow-up into SERT.

2.1 What *Is* a Serious Event?

SPD developed the current list of serious events to monitor based on state and local experience with licensing and certification, technical assistance, crisis response and mortality reviews. Most serious events involve abuse as defined by Oregon Revised Statute (ORS) or Oregon Administrative Rule (OAR). A smaller set of serious events helps SPD track use of community resources and agencies that assist all Oregonians during medical crises and other emergencies.

2.1.1 Abuse

Any instance of abuse---as defined by Oregon statute or administrative rule---of an individual with developmental disabilities is a serious event. CDDPs treat any complaint or report alleging abuse as a report of a serious event and enter information about the event into the SERT database within one working day of receipt of the report.

Other related processes begin on receipt of report. For example, CDDPs assess individual safety and initiate protective services if required and

either CDDP or OIT begins screening and investigation. It is not always immediately apparent that abuse is involved. The local investigator or OIT representative may assist with making that determination. Whatever process used for assessing the possibility of abuse, it requires a critical eye for the outcomes of abusive behavior. For example, a report of an individual in a 24-Hour Residential service being transported by ambulance and later hospitalized would not on its face indicate abuse, but a CDDP or OIT will add that allegation to a SERT entry if further review of the circumstances indicate the medical crisis may have been the result of abuse or neglect.

OAR 411-320-0020 defines types of abuse of individuals with developmental disabilities. The exact definition of abuse may be different based on individual age, living situation, or provider of service at time of the incident. Tables [2.1.1A](#) and [2.1.1B](#) summarize abuse circumstances and how they are categorized in the SERT system. Statute or rule changes in definitions of abuse will change what is required in the SERT system as well. Users should take advantage of OIT consultation and training, as well as refer regularly to administrative rules, to remain current on abuse identification and investigation responsibilities.

SERT Table 2.1.1A: Abuse definitions derived from statute

Type of Incident on SERT Report Form	Corresponding Abuse Definition under OAR 411-320-0020(2) (rev. 2/06):
Death	(a)(A) and (b)(A) for children and adults in any setting: Any death caused by other than accidental or natural means, or occurring in unusual circumstances. (NOTE: All deaths are reported in SERT, but only deaths which, after consultation with SPD and OIT, are judged to meet this definition are categorized as abuse and subject to protective services investigation.)
Physical Injury by Other than Accident	(a)(B) for children in any setting: Any physical injury including, but not limited to, bruises, welts, burns, cuts, broken bones, sprains, bites that are deliberately inflicted. (b)(B) for adults in any setting: Any physical injury caused by other than accidental means, or that appears to be at variance with the explanation given of the injury.
Willful infliction of physical pain	(b)(C) for adults in any setting and for children in 24-Hour Residential or Proctor Foster Care settings: Willful infliction of physical pain or injury.
Sexual harassment or exploitation	(a)(D) for children in any setting: Sexual abuse and sexual exploitation including, but not limited to, any sexual contact in which a child is used to sexually stimulate another person. This may include anything from rape to fondling to involving a child in pornography. (b)(D) for adults in any setting and for children in 24-Hour Residential or Proctor Foster Care settings: Sexual harassment or exploitation, including but not limited to, any sexual contact between an employee of a community facility or community program and an adult.
Failure to Act/Neglect	(a)(C) for children in any setting: Neglect including, but not limited to, failure to provide food, shelter, medicine, to such a degree that a child's health and safety are endangered. (b)(E) for adults in any setting and for children in 24-Hour Residential or Proctor Foster Care settings: Neglect that leads to physical harm or significant mental injury through withholding of services necessary to maintain health and well-being.

SERT Incident Table 2.1.1B: Additional abuse definitions in OAR

For 24-hour residential (children and adults) homes; adult foster homes; children’s proctor/foster homes; employment/community inclusion programs; supported living programs; semi-independent living programs; CDDPs; support service brokerages

Type of Incident on SERT Report Form	Corresponding Abuse Definition under OAR 411-320-0020(2):
Failure to Act/Neglect	(c)(A)—for children and adults in 24-hour residential programs, adult foster homes, employment or community inclusion programs, supported living programs, semi-independent living programs; prohibition also applies to staff and volunteers of CDDPs and Brokerages: Failure to act or neglect that results in the imminent danger of physical injury or harm through negligent omission, treatment, or maltreatment.
Verbal Mistreatment with implied Threat	(c)(B) Verbal mistreatment by subjecting an individual to the use of derogatory names, phrases, profanity, ridicule, harassment, coercion or intimidation of such a nature as to threaten significant physical or emotional harm or the withholding of services or supports, including implied or direct threat of termination of services.
Placing restrictions on an individual’s freedom of movement	(c)(C) Placing restrictions on an individual’s freedom of movement by restriction to an area of the residence or program or from access to ordinarily accessible areas of the residence or program, unless agreed to by the ISP team and included in an approved behavior support plan.
Using restraints inappropriately	(c)(D) An inappropriate or unauthorized physical intervention that results in injury. A physical intervention is inappropriate if: it is applied without a functional assessment of the behavior justifying the need for the restraint; it is used for behaviors not addressed in a behavior support plan; it uses procedures outside the parameters described in a behavior support plan; or it does not use procedures consistent with the Oregon Intervention System. A physical intervention is not authorized if: there is not a written physician’s order when intervention is used as a health related protection; or it is applied without ISP team approval as identified on the ISP or as described in a formal written behavior support plan. It is not abuse if it is used as an emergency measure, if absolutely necessary to protect the individual or others from immediate injury and only used for the least amount of time necessary.
Financial Exploitation	(c)(E) Financial exploitation that may include, but is not limited to: an unauthorized rate increase; staff borrowing from or loaning money to an individual; witnessing a will in which the program or staff is a beneficiary; adding the program’s name to an individual’s bank account(s) or other titles for personal property without approval of the individual or the person’s legal representative and notification of the ISP team.

Type of Incident on SERT Report Form	Corresponding Abuse Definition under OAR 411-320-0020(2):
Inappropriately expending an individual's personal funds	(c)(F) Inappropriately expending an individual's personal funds, theft of an individual's personal funds, using an individual's personal funds for the program's or staff's own benefit, commingling an individual's funds with program or another individual's funds, or the program becoming guardian or conservator.

2.1.2 Other serious events

These additional circumstances do not necessarily involve or imply abuse has occurred, but need to be monitored to help state and local planners take appropriate steps to assure individual health and safety.

SERT Incident Table 2.1.2: Other serious events

Type of Incident on SERT Report Form	Typical circumstances in this type of SERT report
Death	The death of <u>any</u> individual who receives DD service coordination (case management) services. (NOTE: Death also appears on Table 2.1.1A. While every death must be reported, not all deaths occur because of abuse.)

The remaining serious events apply to children and adults in: 24-hour residential programs; foster homes; employment or community inclusion programs; supported living programs; semi-independent living programs:

Fire department	Fire department responds to fire emergency, called by program staff, volunteers, individual(s) in service, or community members. Fire department may also come in response to fire alarm.
Police	Police are on site in response to: 1) known or suspected criminal activity (e.g. individual violation of probation, individual arrested, suspected theft from individuals); or 2) individual or public safety emergency (e.g. individual returned following incident in community, call from foster provider to help find missing individual, complaint from neighbors about noise).
Criminal referral made	1) Law enforcement agency (LEA) has been asked to assess and investigate (as appropriate) suspected crime against individual(s) with DD (e.g. theft from an individual with DD, assault associated with abuse). 2) LEA has filed criminal charges against an individual in service (e.g. violation of probation) or against program staff or volunteers for crimes against individual(s) in service.
Ambulance service other than routine transport	Ambulance responds with medical assistance or transportation (or both) in response to medical emergency involving individual(s). (Is NOT use of ambulance for routine, planned medical service.

Medical hospitalization	Admission and at least overnight stay at hospital due to a medical emergency involving Individual injury or illness. Does NOT include stay for dental treatment under sedation or for planned, non-emergent surgical interventions.
Emergency room visit	Emergency room visits for injury or acute physical or mental illness. Does NOT include emergency room visits for routine health care or visits to immediate care and urgent care facilities.
Psychiatric hospitalization	Admission for any length of time to a psychiatric treatment facility

2.1.3 Categories of Serious Events Vary by Type of Service

The matrix on the following page summarizes the information in previous tables about what must be entered in SERT. Examples may also help:

Example 1. An adult receives no DD services other than Service Coordination. Enter serious events listed in [Table 2.1.1A](#) unless the alleged perpetrator is a staff member or volunteer of the CDDP, in which case events in [Table 2.1.1B](#) also apply.

Example 2. An adult is enrolled in Support Services. Enter serious events listed in [Table 2.1.1A](#) unless the alleged perpetrator is a staff member or volunteer of:

- a. The CDDP;
- b. The Brokerage in which the adult is enrolled; or
- c. An agency qualified to provide support services due to SPD license or certification as a 24-Hour Residential, Supported Living, Foster Care, Semi-Independent Living, or Employment/Alternative to Employment program.

If any of situations a - c apply, the events listed in [Table 2.1.1B](#) also apply.

Example 3. An adult is enrolled in 24-Hour Residential Services. Enter serious events listed in all three tables.

Example 4. A full-time resident in a nursing facility receives specialized services from a DD Employment/Alternatives to Employment program. Enter serious events defined in all three tables if the incident occurs when the individual is away from the nursing home and under the care and supervision of the DD Employment/Alternatives to Employment program.

SERT Table 2.1.3. Matrix for Reporting Serious Events

A symbol in the box under the type of serious event means the event must be entered in SERT if it involves an individual in the type of service indicated.

Type of DD Service	Entered by	Death	Physical Injury (Physical Abuse)	Willful Infliction of Pain (Injury/Pain)	Sexual Harassment/Exploitation	Failure to Act/Neglect	Verbal Mistreatment w/Implied Threat	Restricting Freedom of Movement	Restraints	Financial Exploitation	Inappropriate Use of Personal Funds	Medical Hospitalization	Emergency Room Visit	Psychiatric Hospitalization	Police, Fire, or Ambulance	Criminal Referral Made
Adult 24-Hour Residential	CDDP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Adult Foster Care	CDDP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Children Living at Home (inc. Family Support and CIIS)**	CDDP	✓	✓	✓	✓	✓										
Children's Proctor Foster Care*	SPD	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Children's Residential*	SPD	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DD-Eligible Adult w/Service Coordination Only	CDDP	✓	✓	✓	✓	✓	▲	▲	▲	▲	▲					
Employment/Alternative	CDDP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Adults in Support Services or Comp. In-Home Support	CDDP	✓	✓	✓	✓	✓	▲▼	▲▼	▲▼	▲▼	▲▼					
Supported Living and SILP	CDDP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

* CDDP staff who learn about a serious event involving a child in these services must contact the SPD Residential Services Coordinator assigned to the program. SPD staff will enter incident information into SERT.

** If you learn about any of these serious events involving a child living at home, notify the DHS agency providing child protection services and enter the event in SERT.


▲ Report and enter in SERT if staff of CDDP or Brokerage are alleged to have committed this abuse.


▼ Report and enter in SERT if staff of program are alleged to have committed this abuse **and** program is qualified to provide this support service due to SPD license or certification as 24-hour residential, foster home, employment/alternative to employment, supported living, or semi-independent living program.


3.0 ENTERING SERT DATA

When a CDDP receives a report of an incident involving one or more serious events, the CDDP enters information about the incident into the web-based SERT database maintained by SPD. This section of the manual is about how to enter information into that database.

Tips:


 When the manual is viewed as a Portable Document File (“pdf”), click on a figure hyperlink to view SERT screens as they are referenced. Click on “Previous View” arrow to return to manual after viewing a figure.

 Log in to the test site (user ID: snewton; password: test123) to view options in the fields, see how to move through initial entry and updates, and produce some reports before making entries that affect the CDDP database.

 The SERT system “times out” after 20 minutes of inactivity. This is very likely to occur during long narrative entries, for example, since SERT recognizes activity only as screen changes through links or “submit” buttons. Time out is indicated by the appearance of the SERT Login screen when a hyperlink or “submit” button is selected. Options for recovering from time-out:

1. Click the “back” button of web browser to return to last screen where data is stored. All data should still be available.
2. Select File>New>Window or Control+N. This opens a new browser window with the same content as the original window.
3. Click the “forward” button of web browser. Type in user name and password and click on login page. This returns user’s SERT Home Page and resets the 20-minute time clock on the login. User should be able to submit the information already entered into the form without retyping it.
4. Press ALT and Tab keys at the same time to return to the original browser screen with form and entered information. Click “submit” button for that particular form.
5. User may return to SERT Home Page by pressing the ALT and Tab keys at the same time again. (This additional window can be closed at any time without impacting work. Closing the window to save computer memory space is recommended if computer system is slow.)

Avoid time-outs by typing long narrative sections (e.g. description of incident, recommendations, investigation outcomes) in a word processing program like Word or Word Perfect before logging in to the system. Copy the text in the document by highlighting it and pressing the Ctrl and C keys at the same time or by selecting Edit>Copy from the toolbar. Click in desired SERT field and press Ctrl and V keys at the same time or select Edit>Paste from the toolbar to paste the document into the SERT web form.

 **DO NOT WRITE A SERIOUS EVENT REPORT OVER A PREVIOUSLY-ENTERED REPORT.** A unique ID# and entry date attaches to each SERT report as it is created. The new event will retain the previous entry's ID# and date, creating errors in entry, review and investigation timelines. Contact the SERT Technical Coordinator---using the unique SERT ID#---to request that duplicate or otherwise invalid reports be eliminated from the CDDP database.

3.1 Accessing SERT Database

The SERT database is secure. Each user must obtain a unique identification and password from the SPD Technical Coordinator (see [Appendix A](#) for form and contact information). Access is designed according to user need, e.g. CDDP-specific access to input and edit data for users responsible for data entry and review or read-only access for users responsible for administration of the system.

To access the SERT login site:

1. Launch web browser (e.g., Internet Explorer, Firefox, etc.);
2. Enter SERT address in browser address field:
<https://oddsweb.mhd.hr.state.or.us/counties/qa/login/login.cfm>; and
3. Click browser's "Go" button.

3.2 Logging in to SERT Database

Enter user ID and password where indicated on the SERT database Login Screen ([see Figure 3.1](#)). Click "Login" button to be directed to the SERT Home Page for the user's CDDP.

3.3 Navigating to SERT Reporting Form

On the SERT Home Page ([See Figure 3.2](#), the options for hypothetical “Steve” County), include Add an Event, Submit County Monthly SERT Review, Change or View Profile, Online Reports, List of Events, View Licensing Citations, State SERT Team Minutes, and Logout of SERT System. Click on “Add an Event” for the SERT Reporting Form ([Figure 3.3](#)) and enter SERT data.

3.4 Entering Data in SERT Reporting Form

The [SERT Reporting Form](#) has two major sections: CLIENT INFORMATION and INCIDENT INFORMATION. Each section contains several fields for user entry. For example, “Case Number*” is the first field in the CLIENT INFORMATION section of the form. Fields marked with asterisks (e.g., Case Number*, DOB*, Last Name*, etc.) are *required* fields that must be completed for SERT to accept the report.

Table 3.1 provides information for completing each field of the SERT Reporting Form.

Table 3.1 SERT Reporting Form

Field	Instructions
Case Number	Enter CPMS number of Individual---the person with developmental disabilities who is the focus of incident report. Until otherwise instructed, use the Individual’s CPMS number.
DOB	Enter Individual’s date of birth exactly as it appears in the CPMS record. Enter date in following format: MM/DD/YYYY .
Last Name	Enter last name of Individual exactly as it appears in the CPMS record.
First Name	Enter first name of Individual exactly as it appears in the CPMS record.
Client is Under 18	Check box if Individual was 17 or younger when incident occurred. (Facilitates review of events involving children over time.)
Gender	Enter capital M if Individual is male and capital F if Individual is female.
Incident Date	Enter date incident occurred in the following format: MM/DD/YYYY . If specific date of is unknown, enter approximate or estimated date, and check Approximate Incident Date box. If incident spans several days, enter date it began.

Field	Instructions
Date Incident Reported to County	Enter date incident was reported to CDDP. Enter date in following format: MM/DD/YYYY .
Approximate Incident Date	Check box if specific date of incident is unknown and date in "Incident Date" field is approximate.
Provider (at the time of incident)	<p>Indicate provider immediately responsible for supporting Individual when incident occurred. Navigate through drop-down menu by entering first letter of provider name, then scrolling to appropriate selection, for example:</p> <ol style="list-style-type: none"> 1. Name of <u>residential service agency</u> if Individual is enrolled in 24-hour residential or support living services, unless incident occurs when Individual is receiving services from an employment/alternative service provider. Also use this option if event occurs while Individual is temporarily away from the setting on vacation or visiting family. 2. Name of <u>employment/alternative to employment service agency</u> if event occurs when Individual is receiving services from that agency, including when service is a self-directed purchase (through support services or comprehensive in-home support) or is provided as a nursing facility specialized service. 3. <u>Foster care</u> when Individual receives foster care services, unless incident occurs when Individual is receiving services from an employment/alternative service provider. Also use this option if event occurs while Individual is temporarily away from the setting on vacation or visiting family. 4. <u>Independent provider</u> when Individual is receiving a family support, comprehensive in-home support, CIIS or adult support service at the time of the incident from an independent contractor, an employee of the individual, or a self-employed worker. 5. <u>Nursing facility</u> if reporting death of Individual who resides in a nursing facility unless the death occurs while Individual is receiving DD nursing facility specialized services. 6. <u>Transportation</u> if incident involves public transportation employee, Individual is not enrolled in a comprehensive residential service, and no other paid DD service provider is directly responsible for the Individual at the time of the incident.

Field	Instructions
	<p>7. Unknown when: a) name of agency or other provider is unknown; b) no provider is responsible for or providing services at the time of the incident; or c) name of provider does not appear on the dropdown menu.</p>
<p>Payment Source (if Self-Directed Service)</p>	<p>Select payment source if Individual receives self-directed services, even if none are being provided at the time of incident, i.e.:</p> <ol style="list-style-type: none"> 1. Brokerage when Individual is an adult enrolled in a Support Service Brokerage; 2. Children’s Intensive In-Home when Individual is a child and receives SPD Children’s Intensive In-Home Support program services; 3. Comp In-Home when Individual is an adult and receives Comprehensive In-Home Support services through the CDDP; or 4. Family Support when Individual is a child and receives Family Support services through the CDDP.
<p>Site</p>	<p>Choose specific provider site responsible for Individual when incident occurred. This may not always be where the incident occurred, e.g. select name of home if incident occurred in park while Individual was out with residential staff and select name of employment program if incident occurred in park while Individual was landscaping with program crew. All currently licensed or certified DD sites are in the dropdown menu for this field. Search for the agency name, then select the appropriate site. Exceptions:</p> <ol style="list-style-type: none"> 1. Select Family or own home if incident occurs in the home of a child or adult who either receives some type of self-directed service or receives only CDDP service coordination unless the incident occurs during provision of in-home services by a DD licensed or certified agency. 2. Select Site not listed from the menu if the responsible site is unknown or not on the menu AND enter the site name in the associated field titled If site is not available on the dropdown list enter it below.
<p>Service person was receiving when event occurred</p>	<p>Select type of service Individual was receiving when incident occurred from dropdown menu. For example, select:</p> <ol style="list-style-type: none"> 1. Comp InHome if Individual was receiving supports from a provider paid with Comprehensive In-Home Support funds. 2. Case Management if Individual was directly receiving assistance from a Service Coordinator.

Field	Instructions
	3. Brokerage if Individual was directly receiving assistance from Adult Support Service Brokerage staff or volunteers. 4. Support Svcs (svcsPurchasedByBrokerage) if Individual was receiving supports from a provider paid with Support Service Brokerage funds. 5. 24hr Residential if Individual resides in a 24-hour residential setting and was on an unescorted excursion in the community. 6. Unknown if type of service is unknown or Individual was not directly receiving any of the services listed when the incident occurred. NOTE: Do not select High School Transition ---it is no longer available as a DD service.
Address of Incident	Enter street address where incident occurred. If specific street address is unknown, enter identifying information such as “West Hills Shopping Mall,” or “On Yamhill Road between 3 rd and 5 th St. in Portland.” Do not enter something general like “Community” if even approximate location is unknown; leave this field blank and check the Unknown box.
City	Enter name of city where incident occurred.
Unknown	Check box if identifying information about the location of the incident is unavailable. (See Address of Incident field.)

Field: Type of Incident	The following fields name or describe Serious Events. Mark the box next to <u>each</u> serious event that occurs in the context of the incident being reported. Remember: a single incident may involve more than one Serious Event. See Table 2.1.3 for a summary of SERT reporting based on living or service settings and age of individual.
Death	Check box to report an Individual---child or adult---has died under any circumstances. If, <u>after initial review and consultation with SPD and OIT</u> , it appears death was caused by other than accidental or natural means or occurred in unusual circumstances, this may be abuse according to Statute and Rule (see Table 2.1.1A) and a Protective Service Investigation is required.

Field: Type of Incident

The following fields name or describe Serious Events. Mark the box next to each serious event that occurs in the context of the incident being reported. Remember: a single incident may involve more than one Serious Event. See [Table 2.1.3](#) for a summary of SERT reporting based on living or service settings and age of individual.

A PSI is required in the following cases unless initial review and consultation with OIT indicates that circumstances do not meet definitions of abuse in Statute or Rule

<p>Physical injury by other than accident (Physical Abuse)</p>	<p>Check box if it appears the Individual---child or adult---in any setting has experienced abuse defined by Statute and Rule (see Table 2.1.1A). An example that has been used in OIT Mandatory Abuse Reporting training is the presence of bruises indicating perpetrator is involved.</p>
<p>Willful infliction of physical pain (Injury/pain)</p>	<p>Check box if it appears Individual---child or adult---in any setting has experienced abuse defined by Statute and Rule (see Table 2.1.1A). Examples that have been used in OIT Mandatory Abuse Reporting training: medication mismanagement resulting in injury; physical fights involving an adult; some domestic violence situations.</p>
<p>Sexual harassment or exploitation</p>	<p>Check box if it appears Individual---child or adult---in any setting has experienced abuse defined by Statute and Rule (see Table 2.1.1A). Examples that have been used in OIT Mandatory Abuse Reporting training: any sexual contact between an employee, provider, or other caregiver and an adult; unwelcome sexual contact directed toward the adult by anyone else; consensual or nonconsensual with staff; rape or sexual assault.</p>
<p>Failure to act/neglect</p>	<p>Check box in these situations: 1. It appears Individual---child or adult---in any setting has experienced abuse defined by Statute and Rule (see Table 2.1.1A) or 2. It appears that the Individual---child or adult---has experienced abuse as indicated in Table 2.1.1B by staff or volunteers in settings listed in that Table. An example that has been used in OIT Mandatory Abuse Reporting training is withholding food and hydration.</p>
<p>Verbal mistreatment</p>	<p>Check box if it appears Individual---child or adult---has experienced abuse as indicated in Table 2.1.1B by staff or volunteers in settings listed in that Table.</p>
<p>Placing restrictions on</p>	<p>Check box if it appears Individual---child or adult---has experienced abuse as indicated in Table 2.1.1B by staff or</p>

Field: Type of Incident	The following fields name or describe Serious Events. Mark the box next to <u>each</u> serious event that occurs in the context of the incident being reported. Remember: a single incident may involve more than one Serious Event. See Table 2.1.3 for a summary of SERT reporting based on living or service settings and age of individual.
an individual's freedom of movement	volunteers in settings listed in that Table. Examples of such restriction include blocking a doorway, or shutting off an electric wheelchair.
Using restraints inappropriately	Check box if it appears Individual---child or adult---has experienced abuse as indicated in Table 2.1.1B by staff or volunteers in settings listed in that Table.
Financial exploitation	Check box if it appears Individual---child or adult---has experienced abuse as indicated in Table 2.1.1B by staff or volunteers in settings listed in that Table.
Inappropriately expending an individual's personal funds	Check box if it appears Individual---child or adult---has experienced abuse as indicated in Table 2.1.1B by staff or volunteers in settings listed in that Table.

PSI is NOT required for the following serious events in the absence of any apparent abuse. These events are entered into SERT only if Individual---child or adult---receives services listed in [Table 2.1.2](#).

Fire department (service)	Check box if circumstances appear to be those associated with Fire department in Table 2.1.2 .
Police (service)	Check box if circumstances appear to be those associated with Police in Table 2.1.2 .
Criminal referral made	Check box if circumstances appear to be those associated with Criminal referral made in Table 2.1.2 .
Ambulance service other than routine transport	Check box if circumstances appear to be those associated with Ambulance service other than routine transport in Table 2.1.2 .
Medical hospitalization	Check box if circumstances appear to be those associated with Medical hospitalization in Table 2.1.2 .
Emergency room visit	Check box if circumstances appear to be those associated with Emergency room visit in Table 2.1.2 .
Psychiatric hospitalization	Check box if circumstances appear to be those associated with Psychiatric hospitalization in Table 2.1.2 .

The final fields of the **SERT Reporting Form** are:

Field	Instructions
Description of incident	Enter complete description of the incident: <ul style="list-style-type: none"> ▪ What happened to Individual? Describe what occurred, reported cause, any observations leading to suspicion of abuse, any immediate steps taken to protect Individual. ▪ Who was involved? Note others involved and relationship to Individual if known. ▪ When and where did it occur (if not clear from entries in report form fields)?
Case Manager ID	Optional to assist with local follow-up: Enter name or other identifier of Individual's Service Coordinator.

After completing the SERT Reporting Form, click “Submit Client Information & Continue” for the **Decision** screen (see [Figure 3.3](#) in Section 3.5). An “**Errors in Form**” screen will pop up if “**Submit Client Information & Continue**” was selected before all required fields were completed. Return to the SERT Reporting Form, fill in all required information, and re-submit the information.

3.5 Making Decision about Investigation

The [Decision](#) screen documents the CDDP's initial decision about whether an incident requires a protective service investigation. This initial decision is based on the type of event reported as well as cursory evaluation of circumstances using current instruction and advice from OIT. If necessary due to findings of subsequent review or investigation, the CDDP can update SERT to change this decision (see [Section 4](#)).

3.5.1 Protective Service Investigation NOT Required

There are three situations where a decision that a PSI is not required during initial entry of a serious event may be appropriate.

1. The incident is a report only of death---with no other alleged abuse or neglect---of an individual receiving any DD services, including service coordination (case management). This serves to immediately report the death and establish a “placeholder” for the case in SERT pending SPD Medical Director review. The CDDP must inform the SPD Medical Director of the death immediately, leaving the county review open and available for update to protective services investigation if necessary.

2. The incident appears only to involve one or more of the events in [Table 2.1.2](#)---other than death---that are *not* considered types of abuse in any setting.
3. Clarifying basic elements of the event and consulting protective service or OIT personnel indicates alleged action does not meet conditions for or definitions of abuse listed in [Tables 2.1.1A](#) or [2.1.1B](#) in Section 2.

Click the “No, County will Review” button to be directed to **County Review of Serious Event** form (see [Section 3.6](#)).

3.5.2 Protective Service Investigation Is Required

If there is any indication that the incident may involve one or more of the types of abuse other than death (see [Section 3.5.1](#)) in [Tables 2.1.1A](#) or [2.1.1B](#) in Section 2---according to age or services received—a decision to proceed with a protective services investigation is required on initial entry of the serious event.

Special Considerations:

1. If an incident involves death and another serious event from [Tables 2.1.1A](#) or [2.1.1B](#), make the decision that protective services investigation is required. Consult with OIT and immediately notify the SPD Medical Director of the death.
2. CDDPs often receive reports that must also be referred to other agencies for investigation or other resolution. DHS Child Welfare investigates child abuse or may delegate investigation to OIT. If a crime is involved, so is law enforcement. OIT investigates allegations of abuse involving individuals in State Operated Community Program services. Investigation information, process and timelines in all of these cases are not under a CDDP’s immediate control and any further activity that might be required of the CDDP usually depends on unique factors associated with each case. Nevertheless, using SERT to indicate a protective service investigation is required, as well as to record referral to the appropriate agency, what the CDDP knows or learns about the case (including reports and outcomes shared by the investigating agency), and CDDP activities (e.g. action to protect Individual, collaboration with investigating agency, monitoring investigation progress, subsequent or separate investigation, follow-up on recommendations or required actions) prior to closure.

Click the “Yes, Submit Complaint/PSI Request” button to be directed to Initial Complaint Form (see [Section 3.7](#)).

3.6 Entering Data in County Review of Serious Event Form

CDDP service coordinators, QA staff or management, separately or as a team, clarify the nature of these serious events and take any steps necessary to address causes and prevent recurrence. It is not necessary to complete the entire form on initial entry; update as the review process develops and concludes. The form must, however, be completed—as indicated by the date entered in the **Date Review Completed** field---within 45 days of entering the serious event in SERT.

Table 3.2 provides instructions for entering data about this CDDP review process in each field of the County Review of Serious Event form ([Figure 3.5](#)). Field instructions also apply to Update County Review of Serious Event form ([Figure 4.6](#))

Table 3.2 County Review of Serious Event form

Field	Instructions
County to review	<p style="text-align: center;">IMPORTANT---CLICK ON THIS BOX</p> <p>Although the NO box has been selected on the previous Decision screen, data cannot be accurately sorted and analyzed if this field is not completed.</p>
Explanation of why does not rise to PSI level	<ol style="list-style-type: none"> 1. If incident involves death and no other related alleged abuse, note that CDDP has taken this step as temporary measure pending SPD Medical Director advice about possibility of abuse OR enter that SPD Medical Director has determined investigation is required. 2. If incident report alleged any other type of abuse according to Tables 2.1.1A and 2.1.1B, enter explanation why incident does not require investigation, including input from OIT. 3. If only serious events from Table 2.1.2 are involved, field may be left blank.

Field	Instructions
Recommendations Made	Record recommendations CDDP review generated for provider, Service Coordinator, or other parties. Include information about how recommendations were presented to provider, date, response, etc. Leave field blank if CDDP review indicates issue resolved, no further action required.
Follow Up Required	Check box if CDDP plans follow-up with provider, Service Coordinator, or other party to see if appropriate action is taken on recommendations.
Date Follow Up Completed	If Follow Up Required box is checked, enter date CDDP completes follow-up. Enter date in the following format: MM/DD/YYYY .
Date Review Completed	Enter date CDDP considers adequate steps have been taken to address concerns associated with the incident and review is complete. If review indicates follow-up is required to resolve concerns, wait to complete this field until after the follow-up is complete. Enter the date in the following format: MM/DD/YYYY .

Click “Submit Form Now” button after entering data. On “The serious event has been entered” screen ([Figure 3.6](#)), select:

1. “Add another event” to return to the SERT Reporting Form_ ([Figure 3.3](#)) or
2. “Return to SERT Home Page” for your CDDP ([Figure 3.2](#)) and either logout of the SERT System or select another option (e.g., Download SERT Data, etc.).

3.7 Entering Data in Initial Complaint Form

The Initial Complaint Form ([Figure 3.7](#)) is an extended report about serious events that involve abuse. These reports are not automatically sent to the Office of Investigations and Training, the agency that tracks abuse and protective service activity in developmental disability services. To ensure OIT is aware of new or changing status of PSIs, CDDPs must:

- Notify OIT when a serious event originally designated for County Review is changed to PSI; and
- Obtain OIT’s agreement to change a serious event from PSI status to County Review status.

Table 3.3 provides instructions for entering data in the (PSI) Initial Complaint Form ([Figure 3.7](#)). The field instructions also apply to the Complaint & Investigation Update Form ([Figure 4.7](#)) discussed in section 4.0 of the manual.

Table 3.3 Initial Complaint Form

Field	Instructions
County PSI Unit for investigation	Check box if incident is referred to CDDP Protective Service Investigation (PSI) Unit.
Phone	If incident is referred to CDDP PSI Unit, enter telephone number of PSI Unit or Investigator.
District Attorney	Check box if incident is referred to local District Attorney's office for investigation.
Phone	If incident is referred to local DA's office, enter telephone number of contact.
Seniors and People with Disabilities	Check box if incident has been referred to SPD Medical Director.
Office of Investigations and Training	Check box if incident is referred to OIT for investigation. Checking box does NOT mean OIT receives automatic notice through SERT of CDDP's referral. Refer directly to OIT.
Police	Check box if incident is referred to law enforcement for investigation. Checking box does not mean automatic referral through SERT or that case is accepted/investigated. Refer directly. Follow up and update SERT regularly.
Phone	If incident is referred to law enforcement, enter telephone number of contact.
Child Welfare	Check box if incident is referred to DHS Child Welfare.
Date Referred	If the incident is referred to DHS Child Welfare, enter date of referral in format: MM/DD/YYYY .
Other	Write in name of any other agency to which incident is referred
Phone	If incident is referred to some other agency for investigation, enter agency telephone number
Person Reporting	Enter name of person reporting incident (reporter) to CDDP. Leave field blank if reporter declines to provide name.
Person Wishes to Remain Anonymous	Check Yes box if: 1) Reporter wishes to remain anonymous; or 2) Reporter is willing to give name to the CDDP, but not for CDDP to give name to

Field	Instructions
	anyone else---enter reporter's name in "Person Reporting" field, <i>and</i> check the "Yes" box.
Telephone	Enter telephone number—if available---of reporter.
Relationship to Alleged Victim	Enter nature of relationship between reporter and Individual (e.g., friend, sister, residential service provider, etc.).
Address (of victim)	Enter home address of Individual
Telephone (of victim)	Enter telephone number (with area code) of Individual.
Does alleged victim have a guardian?	Check Yes box if Individual has a guardian.
Has guardian been notified?	Check Yes box if Individual has guardian and guardian has been notified of the incident.
Staff Taking Report	Enter name of CDDP employee to whom incident was reported.
Time of Call	Enter time of day incident was reported to CDDP. Enter hour and minutes and "am" or "pm." Do not use periods when inputting "am" and "pm" (i.e., do not input a.m. or p.m.)
Last Name (of alleged perpetrator)	Enter last name of alleged perpetrator (person alleged to have committed abuse) of the incident. (Space is available to enter information for up to four alleged perpetrators.)
First (name of alleged perpetrator)	Enter first name of alleged perpetrator of incident.
Address (of alleged perpetrator)	Enter address of alleged perpetrator of incident.
Phone (of alleged perpetrator)	Enter telephone number of alleged perpetrator of incident.

After entering data, click button labeled "Submit" to reach the Complaint & Investigation Decision form/screen ([Figure 3.8](#)).

3.8 What To Do When the Investigation Has—or Has Not—Been Completed

The **Complaint & Investigation Decision** form/screen asks, “Has the investigation been completed?” Click on one of four answers:

1. Yes Complete Investigation form
2. No
3. Add another event
4. Return to SERT Home Page

Select answers 2, 3, or 4 if the investigation has *not been completed*, e.g. the **Initial Complaint Form** for the serious event is complete, but the investigation is ongoing or the report is not finalized.

3.8.1 Selecting Answer 2

Click on answer 2, “No,” to indicate investigation is not complete and return to the **SERT Home Page** for your CDDP ([Figure 3.2](#)).

3.8.2 Selecting Answer 3

Click on answer 3, “Add another event,” to indicate investigation is not complete, *and you want to enter data for one or more other incidents in the database*. You will be returned to the **SERT Reporting Form** ([Figure 3.3](#)).

3.8.3 Selecting Answer 4

Click on answer 4, “Return to SERT Home Page,” to indicate investigation is not complete and return to the **SERT Home Page** for your County ([Figure 3.2](#)).

3.8.4 Selecting Answer 1

Click answer 1, “Yes Complete Investigation form,” to indicate investigation *has been completed* and go to the **Investigation Information** form ([Figure 3.9](#)).

Please note: This instruction assumes user completes the Initial Complaint Form and the Investigation Information form at the same time. However, these forms are typically completed at different points in time. In fact, the Investigation Information form is only available during the initial incident entry session. Another form, the **Complaint & Investigation Update Form** ([Figure 4.7](#)) will appear for subsequent updates. Refer to [Section 4.0](#) “Finding and Updating Incident Data” to learn how to **find and update** the data for a previously entered incident.

3.9 Entering Data in Investigation Information Form

The Investigation Information form must be completed---as indicated by date entered in the “Date Investigation Completed” field---within 45 days of entry of the serious event.

Table 3.4 provides instructions for entering data into the fields of the Investigation Information form ([Figure 3.9](#)). Instructions also apply to the Complaint & Investigation Update Form ([Figure 4.7](#)) discussed in section 4.0 of this manual.

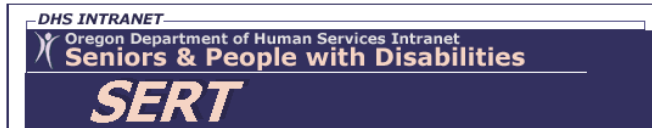
Table 3.4 Investigation Information form

Field	Instructions
Investigation Outcome	Click appropriate “radio button” if: <ol style="list-style-type: none"> 1. Incident involves single allegation and alleged perpetrator OR 2. Incident involves multiple allegations or multiple perpetrators, but all outcomes are the same. Do not click a button if: <ol style="list-style-type: none"> 1. Incident involves multiple allegations, perpetrators and outcomes. Detail outcomes per allegation in Investigation Summary or Summary and Conclusions for In-Home Investigations fields. 2. Investigation closed without outcome. Explain why, including OIT input, in Investigation Summary or Summary and Conclusions for In-Home Investigations fields, as appropriate.
Investigation Summary	<i>Use this field unless circumstances meet conditions for optional online reporting under Summary and Conclusions for In-Home Investigations (see below).</i> Enter: <ol style="list-style-type: none"> 1. Brief summary of investigation outcomes per allegation, recommendations, response to recommendations, protective services provided or offered, other agency referrals/actions AND note full report on file with OIT; OR 2. The investigation report completed by the CDDP, consistent in content and format with current OIT instruction
Action as a Result of Investigation	<i>Use this field unless circumstances meet conditions for optional online reporting under Summary and Conclusions for In-Home Investigations (see below).</i>

Field	Instructions
	List actions CDDP---and, if known and applicable, the Individual's support service brokerage---has taken or will take as a result of the investigation, including related timelines.
Summary and Conclusions for In-Home Investigations	<p>This field is an option for submitting physical abuse or neglect investigation reports to OIT through SERT, but only when Individual lives at home (own or family) and receives only service coordination, adult support (brokerage) services or comprehensive in-home services. If this field is used, additional information will not be required in the Investigation Summary or Action as a Result of Investigation fields on the Investigation Information screen.</p> <p>Provide information and format according to current OIT guidance, e.g. allegation(s), statute and rule violated, protective services action taken, other agency referrals and actions, summary and conclusions, outcome, recommendations and timelines for response.</p>
Investigator's Initials	Enter initials of Investigator completing investigation.
Date Investigation Completed	Enter date investigation and investigation report are complete. Enter date in format: MM/DD/YYYY.
Enter County PSI Event Code...	CDDP option: Enter any code used internally to track serious events.
Follow Up Required	Check box if CDDP must perform follow-up activity after close of investigation.
Date Follow-Up Completed	If follow-up field is checked, enter date CDDP completes follow-up. Enter date in format: MM/DD/YYYY.

After entering data, click "Submit Investigation Information" button to reach a screen indicating changes have been entered into SERT ([Figure 3.10](#)). This screen also allows return to [SERT Home Page](#).

Figure 3.1



Login

User ID:
Password:

Login and Password:

To obtain logon ID and password fillout the [SERT Login Request Form](#) return it by e-mail to [SERT Technical Coordinator](#)

If you have forgotten your password, please e-mail the [SERT Technical Coordinator](#).

[SERT Manual Version 3.0 - July 2003 \(watch for new version - soon\)](#)

** Don't Share Passwords

[DHS Password and User Identification Security Policy](#)

500 Summer St NE, E-12 • Salem, Oregon 97301
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TTY: (503) 945-5933

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

[Developmental Disabilities](#) • [Seniors](#) • [DHS](#)

Figure 3.2

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

SERT Home Page for Steve

- ➔ [Add an Event](#)
- ➔ [Submit](#)
County Monthly SERT Review
- ➔ [Download](#)
SERT Data from Steve County
- ➔ [Profile:](#)
Change or View
- ➔ [Logout](#)

- ➔ [Online Reports](#)
- ➔ [List of Events](#)
- ➔ [View](#)
Licensing Citations
- ➔ [State SERT Team Minutes](#)
- ➔ [County Monthly Review Forms](#)
Example - County Monthly SERT Rev. Rpt. [Word](#)
Template [Word](#)

SERT Quick Picks

- ➔ [Licensing](#)
Citations [Whitepaper](#)
- ➔ [SERTDatabase \(NEW\) Read Me](#)
before saving/ using SERTdatabase tool.
- ➔ [Sert Manual - 2003](#)
- ➔ [Excel: SERT Tutorial](#)
[Excel Tutorial Read me](#)
[Instructions](#)
[Demo Excel file](#)
[Tutorial zip file \(all\)](#)

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Figure 3.3



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.			
<input type="text"/>			
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:	<input type="text"/>	City:	<input type="text"/>
		Unknown:	<input type="checkbox"/>

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 door way, 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 3.4

Oregon DHS

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

Decision: Does this incident rise to the level that requires a Protective Services Investigation?

Yes **Submit Complaint/PSI Request** **No** **County will Review**

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Figure 3.5

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

County to review:

Explanation of why does not rise to PSI level

Recommendations Made:

Follow Up Required Date Follow Up Completed:

Date Review Completed (MM/DD/YYYY):

Submit Form Now

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TTY: (503) 945-5933

Figure 3.6



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

The serious event has been entered.

Please select:

[Add another event](#) OR

[Return to SERT Home Page](#)

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TTY: (503) 945-5933

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Figure 3.7

(PSI) Initial Complaint Form

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: Person Wishes to Remain Anonymous: Yes No

Telephone: Relationship to Alleged Victim:

Additional Victim Information

Address: Telephone:

Does the alleged victim have a guardian?: Yes No

Has the guardian been notified?: Yes No

ALL INFORMATION BELOW THIS LINE IS PUBLIC RECORD

Report Recipient Information

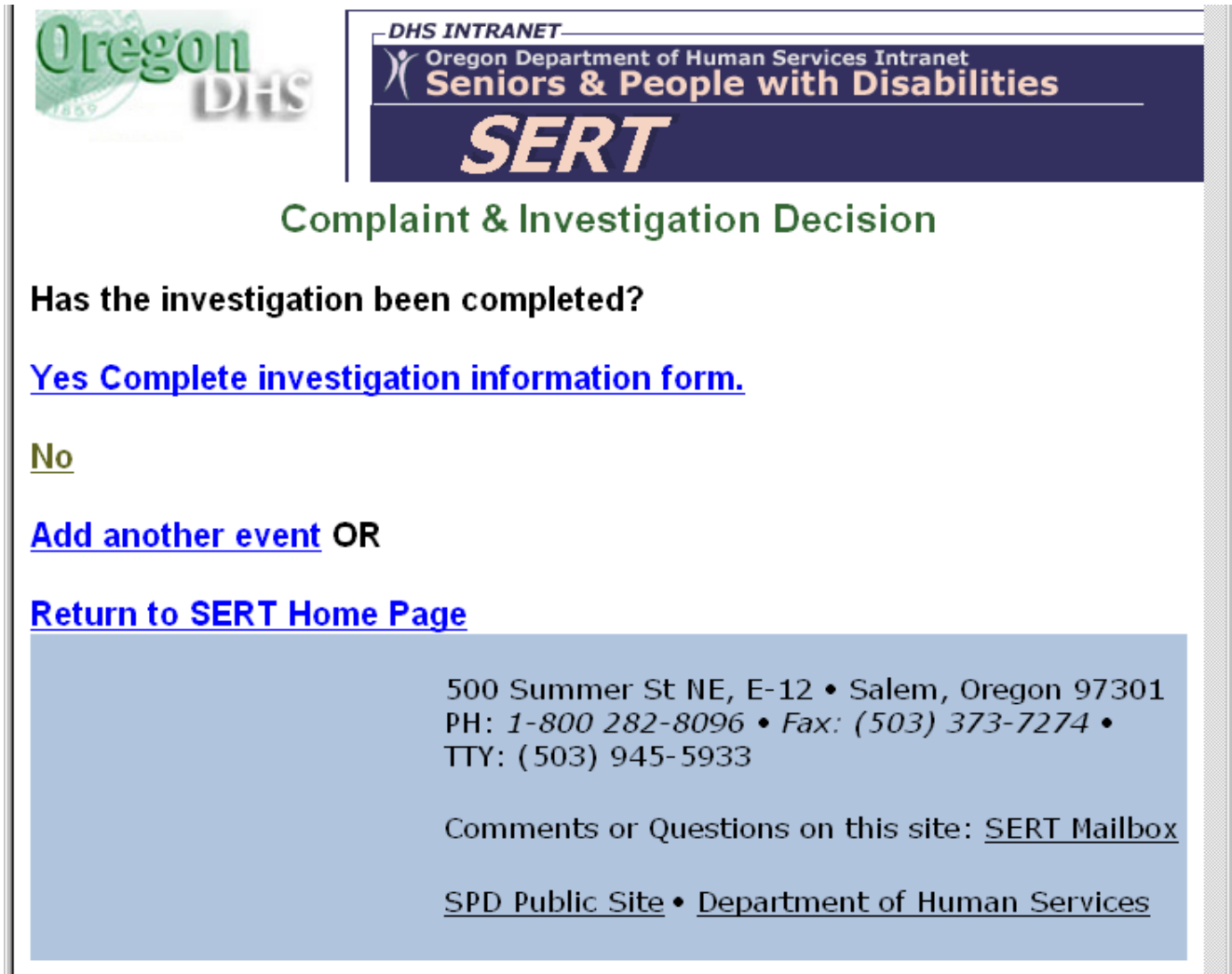
*Staff Taking Report:

* Time of Call:(Format Example: 1:00PM or 13:00)

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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 3.8



The screenshot shows a web page with a header for "Oregon DHS" and "DHS INTRANET Oregon Department of Human Services Intranet Seniors & People with Disabilities SERT". The main heading is "Complaint & Investigation Decision". Below this is the question "Has the investigation been completed?". There are two options: "Yes Complete investigation information form." and "No". Below "No" is the text "Add another event OR Return to SERT Home Page". At the bottom, there is a light blue box containing contact information: "500 Summer St NE, E-12 • Salem, Oregon 97301 PH: 1-800 282-8096 • Fax: (503) 373-7274 • TTY: (503) 945-5933". Below this box are links for "Comments or Questions on this site: SERT Mailbox" and "SPD Public Site • Department of Human Services".

Oregon DHS

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

Complaint & Investigation Decision

Has the investigation been completed?

[Yes Complete investigation information form.](#)

[No](#)

[Add another event](#) OR

[Return to SERT Home Page](#)

500 Summer St NE, E-12 • Salem, Oregon 97301
PH: 1-800 282-8096 • Fax: (503) 373-7274 •
TTY: (503) 945-5933

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

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

Figure 3.9

Investigation Information

Investigation Outcome: Substantiated Not Substantiated Inconclusive

Investigation Summary:

Action as a Result of Investigation:

Summary and Conclusions for In-Home Investigation:

Investigator's Initials: Date Investigation Completed:

Enter County PSI Event Code (optional):

Follow Up Required Date Follow-Up Completed:

(MM/DD/YYYY)

Figure 3.10



Your information has been submitted to the SERT database. You will automatically be returned to the SERT home page in 10 seconds or you can select the link below.

[Return to SERT home page](#)

500 Summer St NE, E-12 • Salem, Oregon 97301
PH: 1-800 282-8096 • Fax: (503) 373-7274 •
TTY: (503) 945-5933

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

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

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:

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
 Oregon Department of Human Services Intranet
Seniors & People with Disabilities
SERT
 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 4.4

CLIENT INFORMATION

SERT ID Number: 23242			
Input Date and Time: 2004-12-09 00:00:00			
Case Number	110	DOB(MM/DD/YYYY)	11/07/1965
Last Name:	Yeh	First Name:	Preston
Client Is Under 18	<input type="checkbox"/>	Gender:	male

INCIDENT INFORMATION			
Incident Date (MM/DD/YYYY)	11/24/2004	Date Incident Reported To County	12/01/2004
Approximate Incident Date:	<input type="checkbox"/>		
Provider at the time of incident:	Zeus Inc.	Payment Source (If Self Directed svc)	
If site is not available on the drop down list enter below: Site: 9734 Hidden Lagoon			
Service person was receiving when event occurred: 50.0			
Address of Incident:	9734 Hidden Lagoon	City: Burlington	Unknown: <input type="checkbox"/>
Type of Incident: Injury, Police called,			
Description of Incident: Preston was involved with in a physical altercation with his brother at Preston's residential program. During the altercation, Preston's brother punched and pushed Preston. The police were notified.			
Case Manager ID:* 993 (This is an optional field for county use)			

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
- Other: Phone:

Reporter Information

INFORMATION BELOW THIS LINE IS CONFIDENTIAL

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

Additional Victim Information

Address:	Telephone:
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: Varitek
 * Time of Call: (Format Example: 1:00PM or 13:00)

Alleged Perpetrator Information

Last Name	First	Address	Phone
------------------	--------------	----------------	--------------

Investigation Information

Action Taken or To Be Taken:
 Outcome:
 Investigation Outcome: Substantiated Unsubstantiated Inconclusive
 Investigator's Initials: rh Date Investigation Completed: 1/5/2005
 Enter County PSI Event Code (optional):
 Proposed Follow-Up Date: (MM/DD/YYYY)

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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Oregon Department of Human Services Intranet
Seniors & People with Disabilities
SERT

Yes Submit Complaint/PSI Request

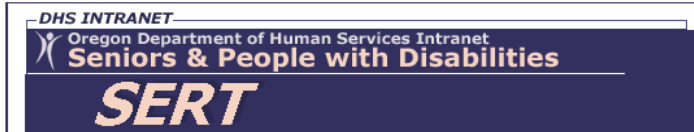
(Upon review we have decided that this event merits a Initial Complaint/PSI Investigation)

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
Recommendations Made:
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)	
Follow Up Required <input type="checkbox"/>			<input type="text" value="10/14/2005"/>
<input type="button" value="Submit Updates"/>		<input type="button" value="Reset"/>	

5.0 ANALYSIS OF SERT DATA: THE BASICS

Analyzing SERT data requires:

- Breaking the data up into smaller elements;
- Studying those smaller elements to identify opportunities to improve SERT processes; and
- Developing theories about how to act on opportunities to improve the SERT processes.

5.1 Opportunities to improve SERT Processes

Analysis of SERT data helps a CDDP identify opportunities to improve efficiency and effectiveness of one or more of the typical CDDP SERT processes listed in section 1.0 of this manual:

- Receiving written incident reports or allegations of abuse;
- Determining whether an incident meets the definition of a serious event;
- Determining whether a serious event requires a formal investigation of abuse;
- Determining who will undertake a formal investigation of abuse;
- Entering and updating information about a serious event into the online SPD database;
- Analyzing, reviewing, and following-up on serious events; and
- Reporting on serious events to SPD.

At minimum, SERT data analysis also helps identify opportunities to improve provider processes and results by identifying:

- Individual *people* who experience many serious events;
- Individual “*sites*” serving people who experience many serious events; and
- Individual *provider agencies* with several sites, many of which serve people who experience many serious events.

Identifying such people, sites, and provider agencies and developing theories about why problems occur increases the likelihood of improving health-and-safety processes through targeted strategies. Analysis of subsequent SERT data allows CDDP and provider to evaluate whether improvement efforts have been successful.

5.2 Minimum expectations for data entry and review

5.2.1 Ongoing local processes

Each CDDP must maintain an ongoing process of entering individual reports, reviewing data, deciding what to do about what the data says, acting on those decisions, reviewing actions CDDP and providers take to respond to the data, and reviewing the outcomes of actions taken.

To demonstrate this process, CDDP SERT team must:

- Meet monthly to review events and data from the previous month, looking for system trends, significant service issues, or significant licensing violations that require follow-up (see [Section 6.0](#) for additional discussion of meeting topics and reviews);
- Create the [Monthly CDDP SERT Review](#) to record this meeting, using the optional format at the end of this manual or another designed by the CDDP to document data analysis, issue review, action taken, and outcomes;
- Submit the [Monthly CDDP SERT Review](#) to SPD through the “Submit County Monthly SERT Review” link on the SERT Home Page.

5.2.2 Timelines

<u>Action</u>	<u>Timeline</u>
<u>Death report in SERT:</u>	Within one (1) working day of CDDP receipt
<u>Abuse report in SERT:</u>	Within one (1) working day of CDDP receipt
<u>Other serious events in SERT:</u>	No later than five (5) calendar days after CDDP receipt
<u>Complete County Review:</u>	Within 45 days of date event originally entered in SERT
<u>Complete Investigation:</u>	Within 45 days of date originally entered in SERT, including recommendations and results

Timelines for completing CDDP review of serious events each month are:

Report Period	Review Incidents Occurring during Report Period and Entered By:	CDDP SERT Team Report Uploaded to SPD By:
June 1 – June 30	July 10	July 20
July 1 – July 31	August 10	August 20
August 1 – 31	September 10	September 20
September 1 – 30	October 10	October 20
October 1 – 31	November 10	November 20
November 1 – 30	December 10	December 20
December 1 – 31	January 10	January 20
January 1 – 31	February 10	February 20
February 1 – 28 (29)	March 10	March 20
March 1 – 30	April 10	April 20
April 1 – 30	May 10	May 20
May 1 – 31	June 10	June 20

5.3 Analysis: Breaking Data Into Smaller Elements

Much of the first phase of SERT data analysis----breaking the data into smaller elements----has already been done for users. The SERT online database has many reports available “at the push of a button.”

Each CDDP’s downloaded data consists of a matrix of 99 columns and one row for every SERT incident ever entered into the online SERT database. If a CDDP has entered SERT data since the Year 2000, there may now easily be more than 1,000 rows (incidents) of data. Breaking up and organizing this matrix containing up to 99,000 individual “cells” of data is no easy task. By *automatically* breaking up the massive amount of SERT data into smaller, organized elements, the online reports offer the user a major advantage at this phase of analysis.

5.4 Introducing the Online SERT Reports

What follows is a brief look at samples of the online SERT Reports. ***All of the sample reports in this manual contain only hypothetical (“fake”) SERT data.*** Reports produced by a CDDP will show actual SERT data for serious events experienced by people with developmental disabilities served by the CDDP.

To access the online SERT reports, log in to the SERT database as described earlier in Section 3.0. Once on the [SERT Home Page](#) for the CDDP, click on **Online Reports** to reach the **SERT Reports** main menu. ([Figure 5.1](#)) Click on any of the 14 hyperlinks in the menu to reach its associated report.

5.4.1 View Incidents by Type Report

Click on [View Incidents by Type Report](#) to reach a “Set-up” page ([Figure 5.2](#)). Use the drop-down arrow to select the type of serious event to be reported. To produce the report:

- Enter desired date range;
- Choose whether to view the dated results in ascending or descending order; and
- Click “Submit Query” button.

For example, [Figure 5.3](#) is a report showing four Deaths that occurred between 09/01/2004 and 09/30/2004 (with incident dates in descending order). Note that if a cell under the “Complaint” column reads “Review,” this means that the incident was reviewed by the County. If the cell under the Complaint column reads “Yes,” this means the incident was investigated. Click on “Review” or “Yes” to see a more detailed report about the incident.

To print the **View Incidents by Type Report** (or one or more of the detailed reports), use your browser’s built-in menu command: File>Print...

The date in a cell under the “Action Complete?” column is the date the review (or investigation) was completed. If the review or investigation has *not* been completed, the word “No” will appear in the cell.

To return to the **SERT Home Page**, click **SERT Home**. Once there, return to the **SERT Reports** main menu by clicking on the **Online Reports** hyperlink.

Similar steps can be used to view and print the remaining reports, which are briefly described below or have an associated example to view.

5.4.2 Incident by Provider

From the **SERT Reports** main menu, click on **View Incidents by Provider** to see a report of incidents involving Individuals served by a provider chosen from the drop-down arrow. [Figure 5.4](#) is a report showing three incidents experienced by two different people served in foster care.

5.4.3 Incident by Type of Service

This is a report of incidents according to the service Individuals were receiving at the time the incident occurred (e.g., 24-hour Residential, Employment & Alternatives, etc.). [Figure 5.5](#) is a report showing four incidents experienced by two different people who were receiving 24-hour residential services at the time the incident occurred.

5.4.4 View Incidents by Individual (Use CPMS Number)

[Figure 5.6](#) is a report showing two incidents experienced by Drew Ives (CPMS 174) between 11/01/2004 and 11/30/2004.

5.4.5 Top 10 Individuals

[Figure 5.7](#) is a report showing data for the 10 people who experienced the greatest number of incidents between January 1, 2004 and December 31, 2004. Note the many options in specifying a date range for considering the top 10 individuals.

5.4.6 Top 10 Providers

[Figure 5.8](#) is a report showing data for the 10 providers who serve the people who experienced the greatest number of incidents between November 1, 2004 and December 31, 2004.

5.4.7 Top 10 Locations

[Figure 5.9](#) is a report showing data for the 10 locations where the greatest number of incidents were experienced by people between November 1, 2004 and December 31, 2004.

5.4.8 Overdue Investigations

[Figure 5.10](#) is a report showing the four investigations that (a) are overdue *as of today's date* (i.e., the date the report is produced; in this case, 05/13/2005), and (b) have not been referred to the police.

5.4.9 Overdue Investigations Referred to Police

[Figure 5.11](#) is a report showing the investigations that (a) are overdue *as of today's date* and (b) *have been* referred to the police. In this case, there were no overdue investigations.

5.4.10 Overdue County Reviews

[Figure 5.12](#) is a report showing the seven incidents for which County (CDDP) reviews are overdue *as of today's date* (in this case, 05/13/2005.)

5.4.11 Error in Investigation Completion Date

[Figure 5.13](#) is a report of incidents with errors in the investigation completion date. This report will show any incidents with an investigation completion date that *precedes* the date the incident was reported to the CDDP. In this case, there was one incident with such an error. Users may click on hyperlinks under the “View Incident” and “View Review” columns to view and correct errors.

5.4.12 Error in Review Completion Date

[Figure 5.14](#) is a report of incidents with errors in the County (CDDP) review completion date. It will show any incidents with a review completion date that *precedes* the date the incident was reported to the CDDP. Click on hyperlinks under “View Incident” and “View Review” columns to view and correct errors.

5.4.13 Type of Incidents Reported Pie Chart

[Figure 5.15](#) is a report—in this case, a pie chart—showing the type, number, and proportion of serious events occurring between December 1, 2004 and December 31, 2004. The types of serious events are listed beside the pie chart. Click on a type of serious event (e.g., Death), to produce an Incident by Type report with the following columns: Incident Date, Case#, Client, Location, View Incident, View Initial Complaint.

5.4.14 Incidents Per Month Bar Chart

[Figure 5.16](#) is a report of the number of incidents people experienced per month. By default, the bar chart will show data for *all* months and years to date. Note the Start Month and year for the bar chart can be changed. [Figure 5.17](#) shows another bar chart with a start month and year of January, 2004.

5.5 Introducing “Offline” SERT Reports

A CDDP may need reports that go beyond what is currently available online. In 2005 a supplementary SERT database(db) “template” was made available with additional report options. The template can be installed on a computer equipped with Microsoft Access 2000 (or a later version). The db template has a simple menu system for selecting a range of “offline” SERT reports (including line graphs and bar charts). A technical supplement available on the SERT site describes how to acquire the template, download CDDP SERT data, import SERT data into the template, and use the template’s menu system.

The db template can produce 45 different reports at the touch of a button. Some of these reports provide content nearly identical to that of current online reports, and some of the reports produce unique content. This section offers a look at a few samples of offline SERT Reports that can be produced using the Access db template. ***Remember, all of the sample reports in this manual contain only hypothetical (“fake”) SERT data.***

5.5.1 SERT Incidents by Case Number

[Figure 5.18](#) is one page of a multi-page offline report showing the number of incidents to date, with the data by month for a given year. It presents the data in descending order (i.e., the person with the most incidents to date is listed first).

The report also shows the percentage of incidents for a single person, as well as the cumulative percentage of incidents accounted for multiple people. For example, during 2004, Drew Ives experienced 8 incidents that involved one or more serious events. Those 8 incidents accounted for 5% of all incidents experienced by people in that County during 2004. Note that—collectively—20% of the County’s incidents were accounted for by 6 people: Drew, Corey Conde, Chad Babbit, Nannie Roth, Maude Robles, and Vernon Beck.

5.5.2 SERT Incidents by Provider

[Figure 5.19](#) is one page of a multi-page offline report showing the number of incidents by people served by each of the CDDP’s providers who have submitted at least one incident. The data are organized by month across an entire year to date. Data is arranged in descending order (i.e., the providers whose service recipients experienced the most incidents are listed first).

The report also shows the percentage of County incidents accounted for by a single provider, as well as the cumulative percentage accounted for by multiple

providers. For example, during 2004, people served by Zeus, Inc. experienced 41 incidents. Those 41 incidents accounted for 26% of all incidents experienced by people in that County during 2004. Note that—collectively—53% of the County’s incidents were accounted for by Zeus, Inc. and various Foster Care providers.

The db template provides similar reports organized by (a) location of incident, (b) site responsible for the person at the time an incident occurred, and (c) type of service the person was receiving at the time an incident occurred (expressed as a service element number, e.g., “50,” representing 24-hr. residential support).

5.5.3 Serious Events by Case Number

[Figure 5.20](#) is one page of a multi-page offline report showing the number of *serious events* people experienced to date, with the data organized by month for a given year. Note the difference between the report depicted in [Figure 5.18](#) and the report depicted in [Figure 5.20](#). A person may experience a single incident that involves *multiple serious events*. For example, a single incident might include the serious events of (a) Restriction, (b) Police, and (c) Psychiatric Hospitalization. The report depicted in Figure 5.20 presents the number of serious events, rather than the number of incidents. By contrasting the data in Figure 5.18 and 5.20, the SERT user can see (for example) that Drew Ives experienced 8 incidents, and that those 8 incidents included 11 serious events.

The db template provides similar serious event reports organized by (a) location of incident, (b) site responsible for the person at the time an incident occurred, and (c) type of service the person was receiving at the time an incident occurred.

5.5.4 SERT Incidents to Date for Specified Year (Graph)

[Figure 5.21](#) is a line graph showing the total number of incidents by people in this County, to date. When producing the report, the user will be asked to specify the year. The db template also offers a similar report for serious events.

5.5.5 Serious Events to Date, by Category, for Specified Year (Bar Graph)

[Figure 5.22](#) is a bar graph showing the total number of serious events, by category, experienced by people in this CDDP, to date. When producing the report, the user will be asked to specify the year. There is also an option to produce a similar report for a single *month* and year.

5.5.6 Investigation Results for Specified Year (Bar Graph)

Figure 5.23 is a bar graph showing the results of investigations that have been completed to date for a specified year. This graph shows the results of all investigations for which a date has been entered in the online “Date Investigation Completed” field of the online Investigation Outcome online form (**Figure 3.9**).

Monthly CDDP SERT Review

Monthly CDDP SERT Review

CDDP/Program: _____ Date of Review: _____ Period reviewed: From _____ To _____
 SERT Team Present: _____

I. Summary of Information Reviewed

Type of Information	Total in Period	# Rev'd this Meeting	Type of Information	Total in Period	# Rev'd this Meeting
Serious Events			Deaths		
Serious Events Not Requiring PSI			Overdue County Reviews		
Serious Events Requiring PSI			Overdue PSI's		
Licensing/Certification Notices			Current status of serious events referred to Child Welfare, Law Enforcement, SPD Medical Director, Other Agencies		

SERT Data-Based Reports Reviewed (Including reports of data beyond current period)

Type of Report (e.g. Top 10 Individuals)	Period Covered (e.g. past 30 days, previous 12 months, etc.)	Frequency of report (e.g. annual, monthly, quarterly, one-time)

List Other Sources of Information Reviewed (e.g. Service Coordination Meeting Notes, Service Monitoring records): _____

CDDP Monthly SERT Report
1

II. Summary of SERT Issues, Actions, Outcomes. Do not remove item from list until outcome has been recorded. Add rows to each table as required.

A. Individual Issues: Summarize issues, trends, actions and outcomes related to individuals involved in serious events.

1. **Individual cases SERT team wants to follow due to significance of issues.** Identify individuals only by case number and do not include other information from which individuals might be easily personally identified, e.g. gender, date of birth, family name, etc.

Individual Number	Trend/Issue	Action	Outcome

2. **Trends and issues Team notes re collective individual information,** e.g. increasing numbers of serious events involve incomplete health care protocols regardless of provider, increasing numbers of cases on overdue PSI list involve referral to local police, decreasing use of emergency room in foster care, etc.

Trend/Issue	Action	Outcome

B. Provider Issues: Summarize issues, trends, actions and outcomes related to providers, including licensing or certification issues as well as those related to serious events.

1. **Provider circumstances SERT team will follow.** *MUST* follow licensing/certification issues; choose other circumstances based on significance of issue, e.g. number of events, seriousness of events, etc.

Provider and Site(s)	Trend/Issue	Action	Outcome

CDDP Monthly SERT Report
2

2. **Trends and issues Team notes re collective provider information** (e.g. increasing number of employment providers having difficulty with implementing individual health care protocols, decreasing number of financial exploitation events in foster care, etc.)

Trend/Issue	Action	Outcome

C. CDDP Issues: Summarize issues, trends, actions and outcomes the Team notes throughout local system. Should be used to note positive trends and outcomes as well as concerns.

Trend/Issue	Action	Outcome

SERT Home page

Transaction Complete - Microsoft Internet Explorer provided by Department of Human Services

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media History Mail Print Edit

Address <https://oddsweb.mhd.hr.state.or.us/counties/qa/serthome.cfm> Go Links

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SERT Home Page for Steve

- ➔ [Add an Event](#)
- ➔ [Submit](#)
County Monthly SERT Review
- ➔ [Download](#)
SERT Data from Steve County
- ➔ [Profile:](#)
Change or View
- ➔ [Logout](#)
- ➔ [Online Reports](#)
- ➔ [List of Events](#)
- ➔ [View](#)
Licensing Citations
- ➔ [State SERT Team Minutes](#)
- ➔ [County Monthly Review Forms](#)
Example - County Monthly SERT Rev. Rpt. [Word](#)
Template [Word](#)

SERT Quick Picks


- ➔ [Licensing Citations \[Whitepaper\]\(#\)](#)
- ➔ [SERTDatabase \(NEW\) \[Read Me\]\(#\) before saving/using SERTdatabase tool.](#)
- ➔ [Sert Manual - 2003](#)
- ➔ [Excel: SERT Tutorial](#)
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Figure 5.1



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SERT Reports

[SERT home](#)

Reports:

- [View Incidents By Type Report](#)
- [View Incidents By Provider](#)
- [View Incidents By Type of Service](#)
- [View Incidents By Individual \(Use CPMS Number\)](#)
- [Top 10 Individuals](#)
- [Top 10 Providers](#)
- [Top 10 Locations](#)
- [Overdue Investigations](#)
- [Overdue Investigations Referred To Police](#)
- [Overdue County Reviews](#)
- [Error in Investigation Completion Date](#)
- [Error in Review Completion Date](#)
- [Type Of Incidents Reported Pie Chart](#)
- [Incidents Per Month Bar Chart](#)

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Figure 5.2

The screenshot displays the SERT web application interface. On the left is the Oregon DHS logo. On the right is a dark blue header with the text: "DHS INTRANET", "Oregon Department of Human Services Intranet", "Seniors & People with Disabilities", and "SERT" in large white letters. Below the header, there is a link for "SERT home" and a section titled "View Incidents by Type Report Set-up". The search criteria are: "Select all incidents between and (use MM/DD/YYYY format or calendar)". Below this, there are radio buttons for "ascending order" and "descending order". At the bottom of the search area are two buttons: "Submit Query" and "Reset". A thick horizontal line is present below the search area.

Figure 5.3



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[SERT home](#)

View Incidents By Incident Type Report for Steve County

Incident Type: Death

Date Range: 09/01/2004 to 09/30/2004

Date	Client Name	Case #	Service	Provider	Site	Complaint	Action Complete?
Sep-24-2004	Glover, Daniel	45	51.0	Zeus Inc.	99 Belmont Way	Review	10/15/2004
Sep-21-2004	LeBaron, Timmy	95	48.0	CDDP (CM Services Only)	65 Zebulon Street	Review	10/13/2004
Sep-13-2004	Martinson, Corey	134	48.0	CDDP (CM Services Only)	548 Pineland	Review	10/26/2004
Sep-13-2004	Isbell, Seth	9	48.0	CDDP (CM Services Only)	159 Fall City Place	Review	10/26/2004
#GetReport. CMHP#							

Figure 5.4



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Incident By Provider Report for Steve County

Provider: Foster Care

Date Range: 12/01/2004 to 12/31/2004

Date	Client Name	Case #	Service	Site	Incident Type	Complaint	Action Complete?
Dec-31-2004	BABBIT, KELSEY	298	58.0	1569 ELKO STREET	Neglect	Yes	1/28/2005
Dec-30-2004	HILLIARD, RICARDO	266	58.0	2988 PETULIA WAY	Medical Hospitalization ER Visit	Yes	1/28/2005
Dec-25-2004	Babbit, Kelsey	298	58.0	1569 Elko Street	Ambulance called Medical Hospitalization ER Visit	No	No

Figure 5.5



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Incident By Type of Service Report for Steve County

Service: 24hr. Residential

Date Range: 12/01/2004 to 12/31/2004

Date	Client Name	Case #	Provider	Site	Incident Type	Complaint	Action Complete?
Dec-13-2004	Conde, Corey	122	Zeus Inc.	357 Mayo Street	ER Visit	No	No
Dec-11-2004	Conde, Corey	122	Zeus Inc.	357 Mayo Street	ER Visit	No	No
Dec-06-2004	Conde, Corey	122	Zeus Inc.	357 Mayo Street	Medical Hospitalization	No	No
Dec-05-2004	Ives, Drew	174	Ellison Inc.	548 Davie Street	ER Visit	No	12/27/2004

Figure 5.6



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Incident By CPMS Number Report

CPMS Number: 174

Date Range: 11/01/2004 to 11/30/2004

Date	Client Name	Case #	Service	Site	Incident Type	Complaint	Action Complete?
Nov-17-2004	Ives, Drew	174	50.0	548 Davie Street	Ambulance called ER Visit	No	12/10/2004
Nov-07-2004	Ives, Drew	174	50.0	548 Davie Street	Ambulance called ER Visit	No	12/20/2004

Figure 5.7



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Top 10 of Incidents per Case Number

Number of Incidents	Case Number	Name	DOB
8	174	Ives, Drew	03/17/1973
7	122	Conde, Corey	10/19/1968
7	304	Babbit, Chad	01/13/1984
3	24	Roth, Nannie	12/28/1955
3	52	Robles, Maude	10/13/1937
3	339	Fleck, Tori	07/04/1969
3	192	Beck, Vernon	09/25/1969
3	201	Vail, Clinton	07/03/1944
2	194	Milano, Rowena	08/27/1963
2	44	Minoso, Sally	04/03/1955

Select the period from any one of these options:

Last Month

Last Two Months

Since this date:

Date Range:

Figure 5.8



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Top 10 Incidents Per Provider Agency

Number of Incidents	Provider
9	Zeus Inc.
6	Foster Care
4	Ellison Inc.
2	Nursing Provider
2	Dante Inc.
1	Mabley Inc.
1	Coleridge Inc.
1	Aaron Inc.

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
December 31 2004

Update Table

Figure 5.9



[SERT home](#)

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Top 10 of Incidents per Location

Number of Incidents	Location	Provider
5	357 Mayo Street	Zeus Inc.
3	548 Davie Street	Ellison Inc.
1	1258 Acmee	Coleridge Inc.
1	148 Patrick Place	Ellison Inc.
1	1569 ELKO STREET	Foster Care
1	2349 June Lane	Foster Care
1	29 King Street	Aaron Inc.
1	2988 PETULIA WAY	Foster Care
1	125 Jackpot Place	Dante Inc.
1	3849 Lazy Lane	Nursing Provider

Select the period from any one of these options:

Last Month

Last Two Months

Since this date:

2004 Date Range:

March 13 2000

November 1 2004
December 31 2004

Update Table

Figure 5.10

[SERT home](#)



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Overdue Investigations Not Referred to the Police
 45 Days Overdue As Of: May-13-2005
 Steve County

Incident Date	Date Reported	Case #	Name	View Complaint
Oct-10-2004	Oct-12-2004	171	Vo, Isaac	View Complaint
Nov-15-2004	Nov-17-2004	133	Angsly, Jasper	View Complaint
Nov-24-2004	Dec-01-2004	152	McCormick, Tameika	View Complaint
Dec-30-2004	Jan-15-2005	266	HILLIARD, RICARDO	View Complaint

Figure 5.11

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Overdue Investigations Referred to the Police
45 Days Overdue As Of: May-13-2005
Steve County

Incident Date	Date Reported	Case #	Name	View Complaint
---------------	---------------	--------	------	----------------

Figure 5.12

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County Reviews 45 Days Overdue As Of: May-13-2005
 Steve County

Incident Date	Date Reported	Case #	Name	Days Overdue	View Incident	View Review
Oct-19-2004	Nov-09-2004	8	Staten, Lance	185.449780092589	Incident	County Review Update
Oct-24-2004	Oct-26-2004	173	Burrow, Javier	199.449780092589	Incident	County Review Update
Dec-06-2004	Dec-12-2004	122	Conde, Corey	152.449780092589	Incident	County Review Update
Dec-11-2004	Dec-20-2004	122	Conde, Corey	144.449780092589	Incident	County Review Update
Dec-12-2004	Dec-14-2004	44	Minoso, Sally	150.449780092589	Incident	County Review Update
Dec-13-2004	Dec-16-2004	122	Conde, Corey	148.449780092589	Incident	County Review Update
Dec-25-2004	Dec-27-2004	298	Babbit, Kelsey	137.449780092589	Incident	County Review Update


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Figure 5.13

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Mistake in Investigation Completion Date for Steve County

*Note: The investigation can not be completed before the date that the incident was reported to the county.

Incident Date	Date Reported	Date Investigation Completed	Case #	Name	View Incident	View Review
Dec-08-2005	Dec-08-2005	Oct-21-2005	test	LINE, BORDER	Incident	Update Investigation Information

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Figure 5.14

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Mistake in Review Completion Date for Steve County

*Note: The investigation can not be completed before the date that the incident was reported to the county.

Incident Date	Date Reported	Date Review Completed	Case #	Name	View Incident	View Review
Dec-08-2005	Dec-08-2005	Oct-15-2005	test	LINE, BORDER	Incident	Update Review Information

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Figure 5.15

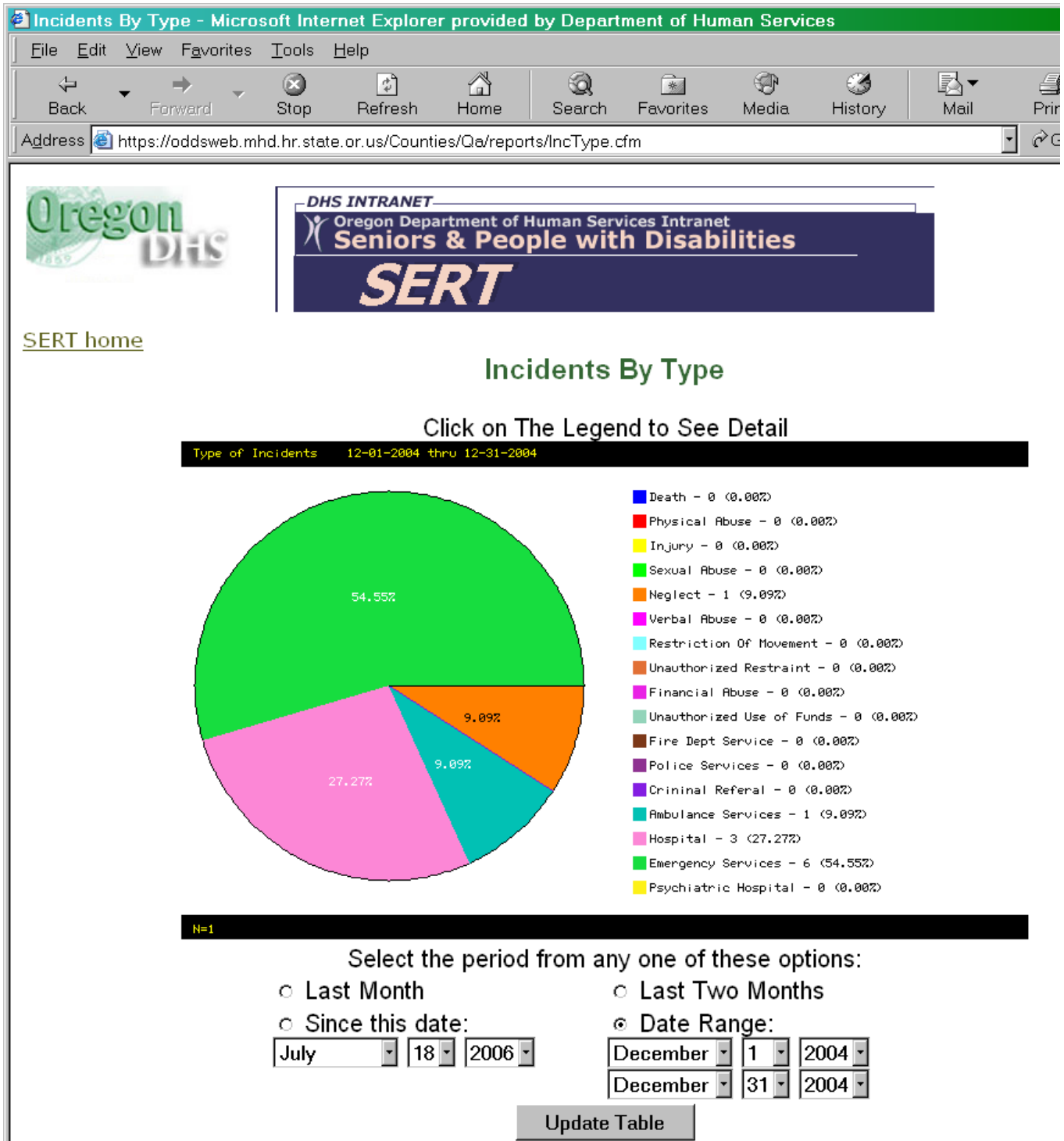


Figure 5.16



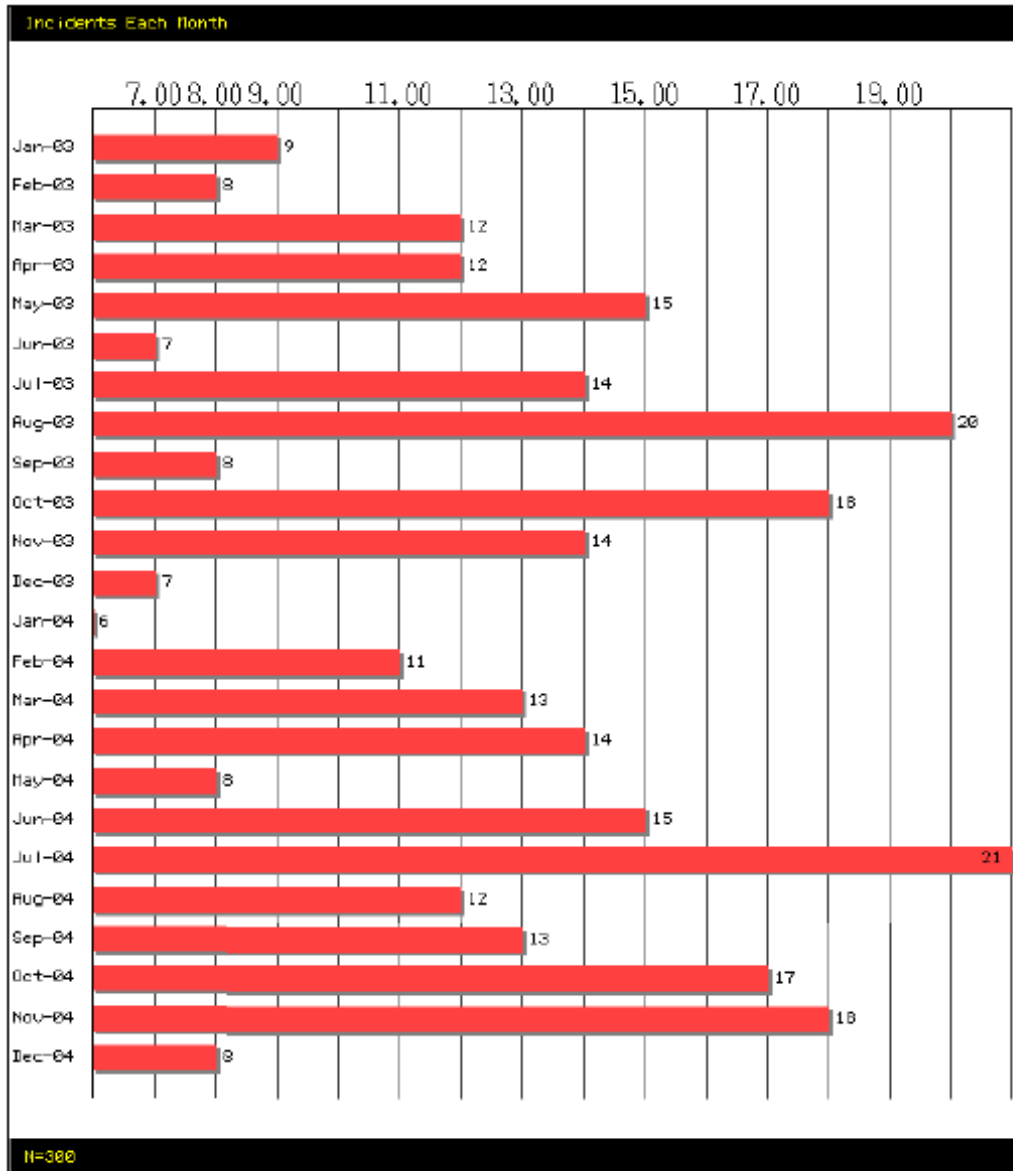
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Incidents Per Month



Start Month:

Figure 5.17



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Incidents Per Month

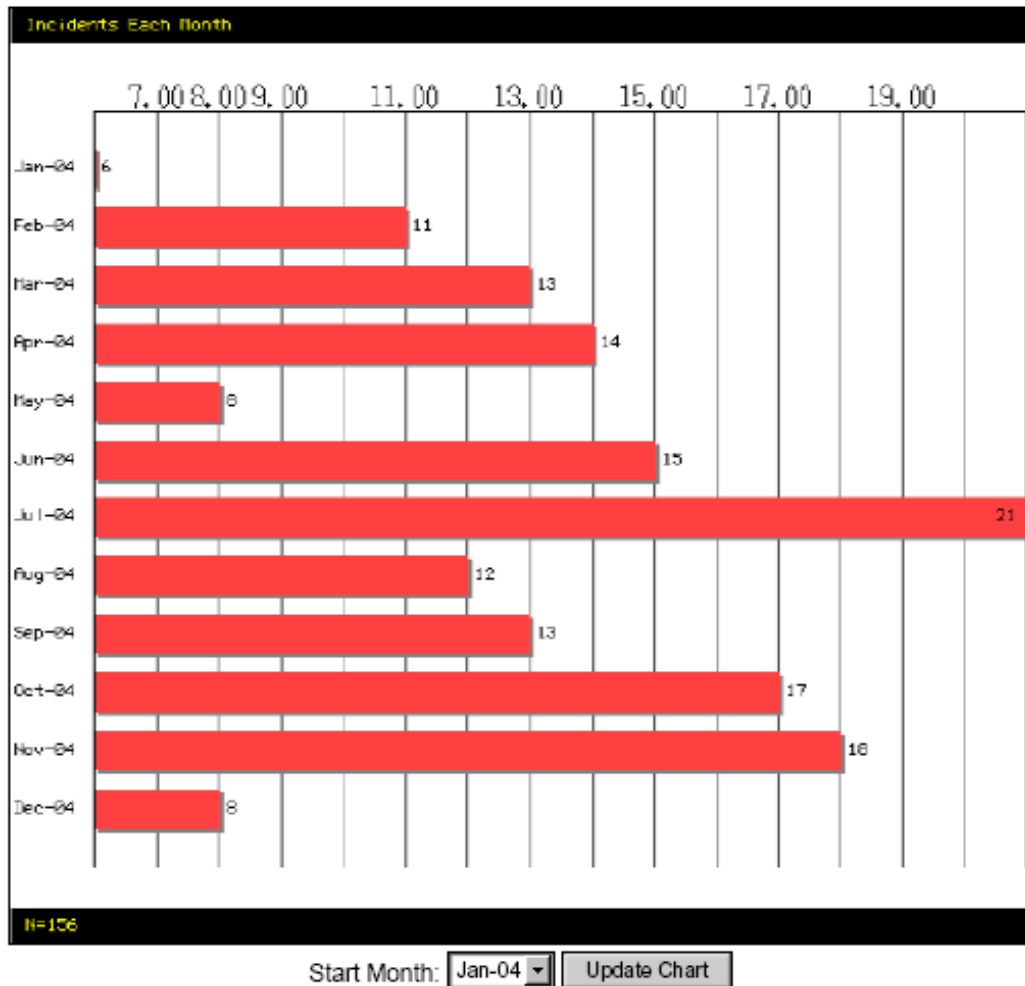


Figure 5.18

Figure 5.18

3.1 SERT Incidents by Case Number

Year	CaseNo	Name	Provider	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	%	Cum. %
2004	174	Ives, Drew	Ellison Inc.	0	0	0	1	0	1	3	0	0	0	2	1	8	5%	5%
	122	Conde, Corey	Zeus Inc.	0	0	0	0	0	0	0	1	0	1	2	3	7	4%	10%
	304	Babbit, Chad	Zeus Inc.	0	0	2	5	0	0	0	0	0	0	0	0	7	4%	14%
	24	Roth, Nannie	Zeus Inc.	1	0	0	0	0	0	2	0	0	0	0	0	3	2%	16%
	52	Robles, Maude	Zeus Inc.	0	0	1	0	0	1	1	0	0	0	0	0	3	2%	18%
	192	Beck, Vernon	Foster Care	1	2	0	0	0	0	0	0	0	0	0	0	3	2%	20%
	339	Fleck, Tori	Coleridge Inc.	0	1	0	1	0	0	0	1	0	0	0	0	3	2%	22%
	50	Stubblefield, Zella	Zeus Inc.	0	0	0	0	1	1	0	0	0	0	0	0	2	1%	23%
	340	Moats, Wesley	Foster Care	0	0	0	0	0	0	1	0	0	0	1	0	2	1%	24%
	182	Varnish, Darren	Foster Care	0	0	1	0	0	0	1	0	0	0	0	0	2	1%	26%
	349	Demings, Lakisha	Dante Inc.	0	0	0	0	0	0	0	0	0	0	2	0	2	1%	27%
	296	Purdy, Jenice	CDDP (CM Services Only)	1	0	0	0	0	0	0	1	0	0	0	0	2	1%	28%
	109	Luck, August	Goodale Inc.	0	0	0	0	0	0	1	1	0	0	0	0	2	1%	29%
	113	Lockton, Clayton	Foster Care	0	0	0	0	1	0	0	0	0	0	1	0	2	1%	31%
	194	Milano, Rowena	Foster Care	0	1	1	0	0	0	0	0	0	0	0	0	2	1%	32%
	201	Vail, Clinton	Lee Inc.	1	0	1	0	0	0	0	0	0	0	0	0	2	1%	33%
	298	BABBIT, KELSEY	Foster Care	0	0	0	0	0	0	0	0	0	0	0	2	2	1%	35%
	32	Botts, Renate	Nursing Provider	0	0	0	0	0	1	0	0	0	0	1	0	2	1%	36%
	367	Raab, Courtney	CDDP (CM Services Only)	0	0	0	0	0	0	0	1	1	0	0	0	2	1%	37%
	363	Zappa, Drew	Peacock Inc.	0	1	0	0	0	0	0	1	0	0	0	0	2	1%	38%
	169	Woodley, Malcolm	Zeus Inc.	0	0	0	0	0	0	1	0	0	0	0	0	1	1%	39%
	168	Dickern, Wesley	Foster Care	0	0	1	0	0	0	0	0	0	0	0	0	1	1%	40%
	166	Glisson, Austin	Foster Care	0	0	0	1	0	0	0	0	0	0	0	0	1	1%	40%
	163	Angus, Rayette	Nursing Provider	0	0	0	0	0	0	0	0	0	0	1	0	1	1%	41%
	158	Nakamura, Lashawn	Raleigh Inc.	0	0	0	0	0	1	0	0	0	0	0	0	1	1%	42%
	133	Angly, Jasper	Zeus Inc.	0	0	0	0	0	0	0	0	0	0	1	0	1	1%	42%

Figure 5.19

Figure 5.19

3.4 SERT Incidents by Provider

Year	Line#	Provider	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	%	Cum. %	
2004																		
	1	Zeus Inc.	2	1	3	5	2	3	6	2	6	2	6	3	41	26%	26%	
	2	Foster Care	1	6	7	3	3	1	7	0	3	4	3	3	41	26%	53%	
	3	CDDP (CM Services Only)	1	0	0	1	1	2	1	2	4	2	0	0	14	9%	62%	
	4	Ellison Inc.	0	0	0	1	0	3	3	1	0	0	3	1	12	8%	69%	
	5	Coleridge Inc.	1	2	0	2	0	2	0	2	0	1	1	0	11	7%	76%	
	6	Lee Inc.	1	0	2	2	0	0	2	1	0	2	0	0	10	6%	83%	
	7	Nursing Provider	0	0	0	0	1	2	0	0	0	1	2	0	6	4%	87%	
	8	Illich Inc.	0	0	1	0	0	1	0	0	0	2	0	0	4	3%	89%	
	9	Peacock Inc.	0	1	0	0	0	0	0	2	0	0	0	0	3	2%	91%	
	10	Quillen Inc.	0	1	0	0	0	0	0	1	0	1	0	0	3	2%	93%	
	11	Dante Inc.	0	0	0	0	0	0	1	0	0	0	2	0	3	2%	95%	
	12	Aaron Inc.	0	0	0	0	1	0	0	0	0	1	1	0	3	2%	97%	
	13	Goodale Inc.	0	0	0	0	0	0	1	1	0	1	0	0	3	2%	99%	
	14	Mabley Inc.	0	0	0	0	0	0	0	0	0	0	0	1	1	1%	99%	
	15	Raleigh Inc.	0	0	0	0	0	1	0	0	0	0	0	0	1	1%	100%	
		Total:	6	11	13	14	8	15	21	12	13	17	18	8	156			

Figure 5.20

Figure 5.20

4.1 Serious Events by Case Number

Year	CaseNo	Name	Provider	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	%	Cum. %
2004	174	Ives, Drew	Ellison Inc.	0	0	0	2	0	1	3	0	0	0	4	1	11	5%	5%
	122	Conde, Corey	Zeus Inc.	0	0	0	0	0	0	0	1	0	1	3	3	8	4%	9%
	304	Babbitt, Chad	Zeus Inc.	0	0	2	6	0	0	0	0	0	0	0	0	8	4%	13%
	192	Beck, Vernon	Foster Care	3	4	0	0	0	0	0	0	0	0	0	0	7	3%	16%
	201	Vail, Clinton	Lee Inc.	3	0	2	0	0	0	0	0	0	0	0	0	5	2%	19%
	296	Purdy, Jenice	CDDP (CM Services Only)	3	0	0	0	0	0	0	2	0	0	0	0	5	2%	21%
	339	Fleck, Tori	Coleridge Inc.	0	1	0	2	0	0	0	2	0	0	0	0	5	2%	23%
	349	Demings, Lakisha	Dante Inc.	0	0	0	0	0	0	0	0	0	0	5	0	5	2%	26%
	298	BABBIT, KELSEY	Foster Care	0	0	0	0	0	0	0	0	0	0	0	4	4	2%	28%
	32	Botts, Renate	Nursing Provider	0	0	0	0	0	1	0	0	0	0	2	0	3	1%	29%
	340	Moats, Wesley	Foster Care	0	0	0	0	0	0	2	0	0	0	1	0	3	1%	31%
	344	Tan, Dona	Foster Care	0	0	0	0	0	0	3	0	0	0	0	0	3	1%	32%
	182	Vamish, Darren	Foster Care	0	0	2	0	0	0	1	0	0	0	0	0	3	1%	33%
	190	Strain, Betty	Foster Care	0	0	0	0	0	0	3	0	0	0	0	0	3	1%	35%
	367	Raab, Courtney	CDDP (CM Services Only)	0	0	0	0	0	0	0	1	2	0	0	0	3	1%	36%
	194	Milano, Rowena	Foster Care	0	1	2	0	0	0	0	0	0	0	0	0	3	1%	38%
	24	Roth, Nannie	Zeus Inc.	1	0	0	0	0	0	2	0	0	0	0	0	3	1%	39%
	109	Luck, August	Goodale Inc.	0	0	0	0	0	0	1	2	0	0	0	0	3	1%	41%
	52	Robles, Maude	Zeus Inc.	0	0	1	0	0	1	1	0	0	0	0	0	3	1%	42%
	266	HILLIARD, RICARDO	Foster Care	0	0	0	0	0	0	0	0	0	0	0	2	2	1%	43%
	131	Barrow, August	Foster Care	0	0	0	0	0	0	0	0	2	0	0	0	2	1%	44%
	70	Wilkie, Toby	Zeus Inc.	2	0	0	0	0	0	0	0	0	0	0	0	2	1%	45%
	168	Dickern, Wesley	Foster Care	0	0	2	0	0	0	0	0	0	0	0	0	2	1%	46%
	113	Lockton, Clayton	Foster Care	0	0	0	0	1	0	0	0	0	0	1	0	2	1%	47%
	201	Vail, Clinton	Quillen Inc.	0	0	0	0	0	0	0	0	0	2	0	0	2	1%	48%
	239	Noah, Dona	Zeus Inc.	0	0	0	0	2	0	0	0	0	0	0	0	2	1%	49%
	151	Spell, Lester	Foster Care	0	0	0	0	0	0	0	0	0	2	0	0	2	1%	50%

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Report 4.1

rptSEsByCaseNo&Year

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Figure 5.21

Figure 5.21

7.1 Total SERT Incidents to Date for Specified Year

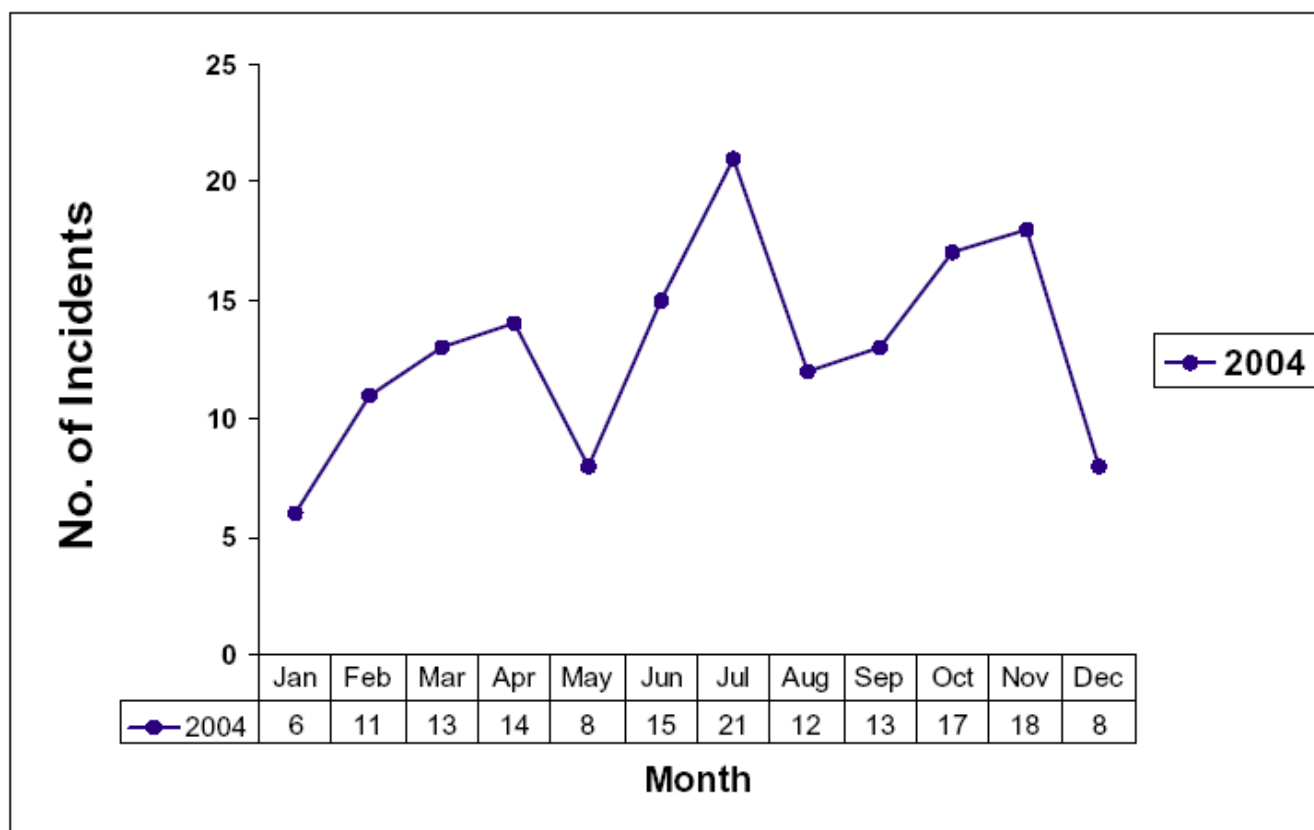
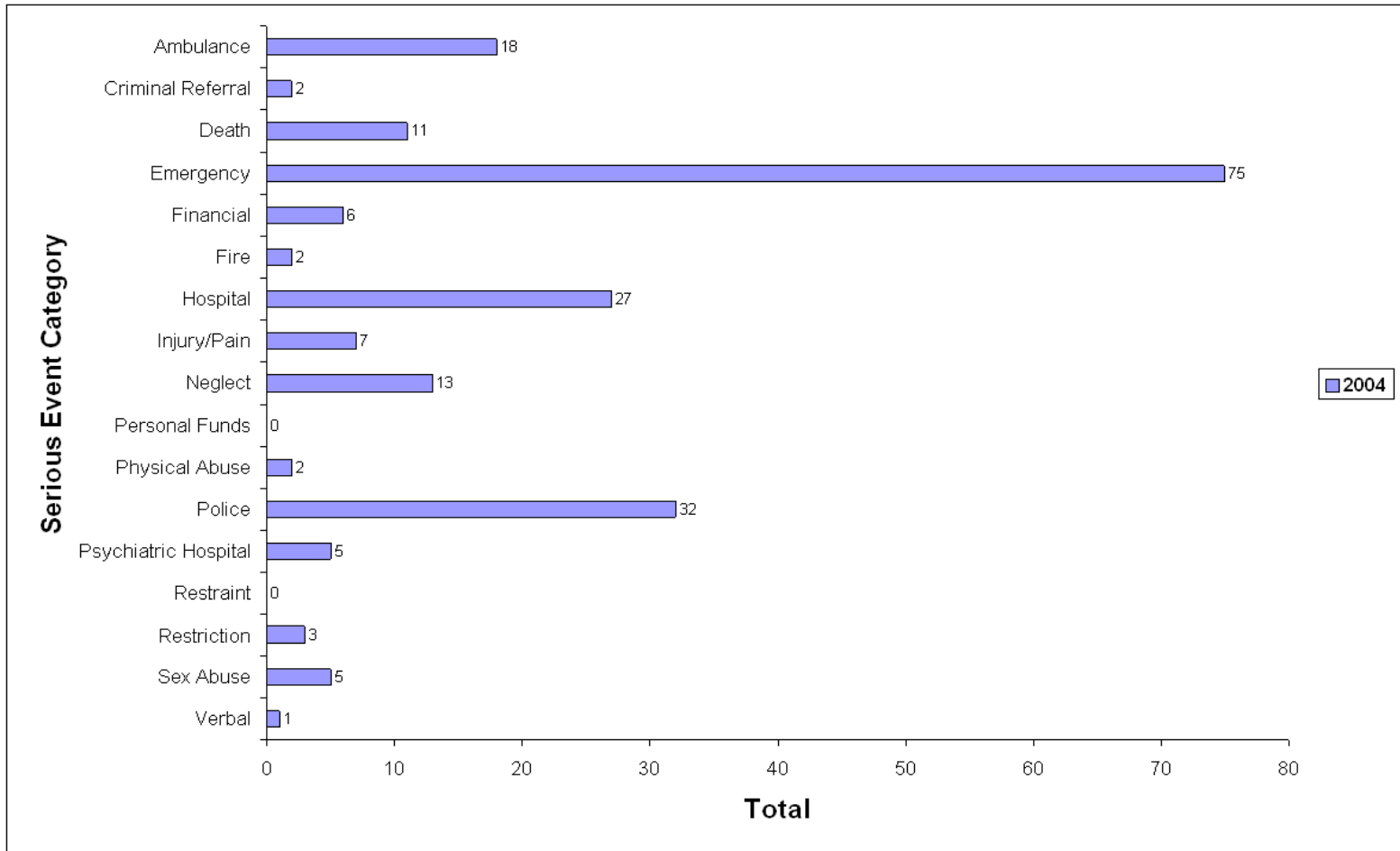


Figure 5.22

7.3 Total Serious Events to Date, by Category, for Specified Year

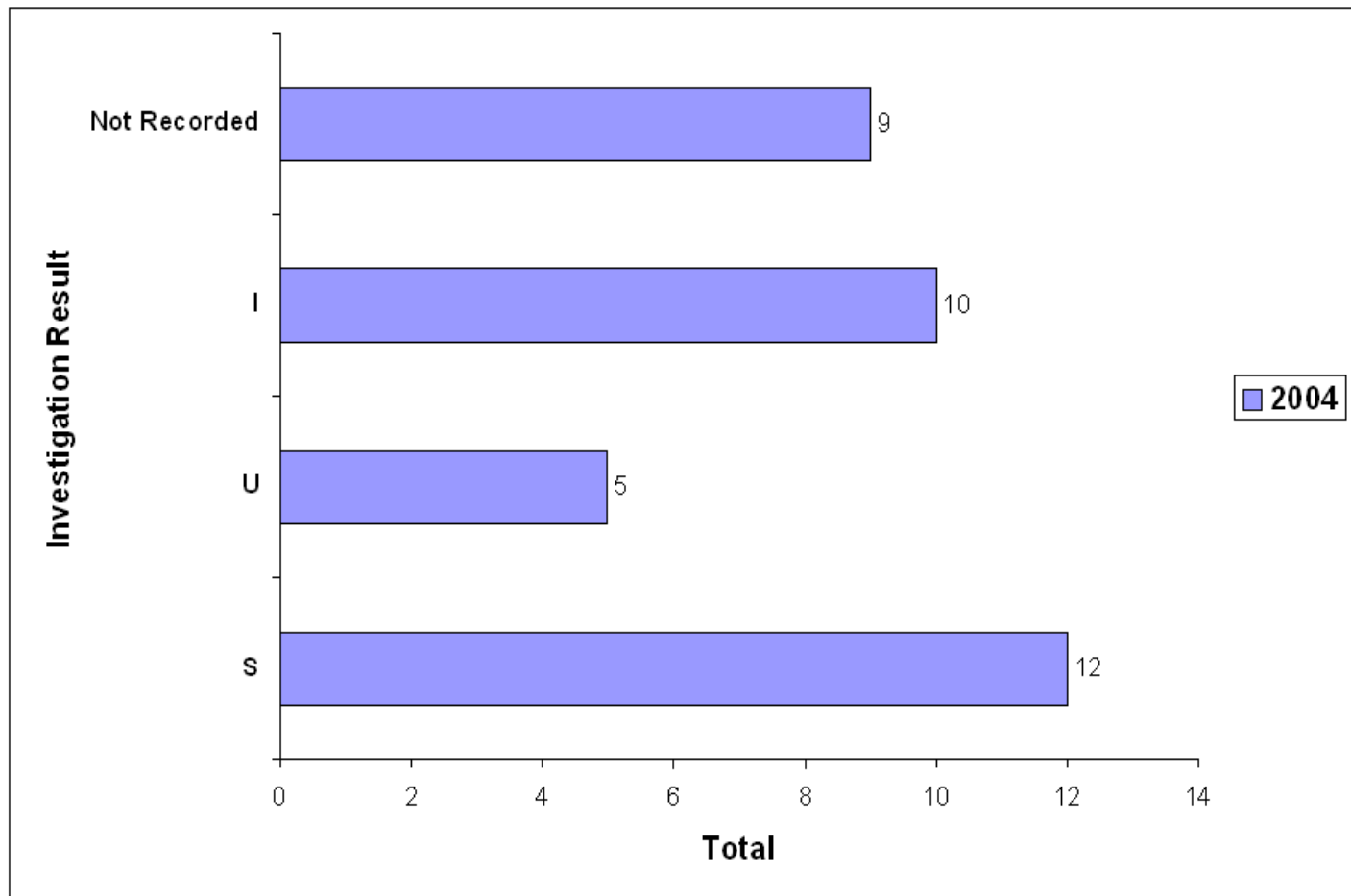


Report 7.3: rptBarChartSEsToDate

Figure 5.23

7.9 Results of Investigations Completed During Specified Year

"S" = Substantiated, "U" = Unsubstantiated, "I" = Inconclusive, "Not recorded" indicates that the investigation has been completed, but no result has been recorded in the online SERT database



Report 7.9: rptBarChartInvestigationResults

6.0 ANALYSIS OF SERT DATA: IMPROVING QUALITY

Section 5.0 introduced basic expectations for local SERT processes and introduced online and offline reports that break data up into manageable pieces. The next steps of analysis involve studying reports to identify opportunities for improvement and determine what actions to take.

6.1 Report examples: CDDP processes

The online Overdue County Reviews report ([Figure 5.12](#)) provides details concerning overdue reviews; the online Overdue Investigations report ([Figure 5.10](#)) provides details concerning overdue investigations not referred to police; and the online Overdue Investigations Referred to Police report ([Figure 5.11](#)) provides details concerning overdue investigations that have been referred to police. Offline reports available from the Microsoft Access SERT database template can also help. The following are a few examples.

6.1.1 Completed CDDP SERT reviews

[Figure 6.1](#) shows information about County SERT reviews conducted to date for a specified year. This report shows that during 2004 this CDDP completed reviews of 121 incidents. The fewest number of days required to complete a review of an incident was 7; the most number of days required to complete a review was 136; the average number of days required to complete a review was 31; and the standard deviation for number of days to complete a review was 20. Fifteen of the completed reviews were late (completed more than 45 days after the incident was reported to the County); thus, 12% of the completed reviews were late.

6.1.2 Days required to complete SERT reviews

[Figure 6.2](#) is a histogram showing a “picture” of the number of days required by the CDDP to complete its reviews of incidents. The report shows that during the year 2004, no CDDP reviews of incidents were completed in fewer than 5 days after the incident was reported to the CDDP; 14 incident reviews were completed within 5 to 10 days after the incident was reported to the CDDP; 16 incident reviews were completed within 41 to 45 days, and so on. One incident review required more than 90 days to complete.

The reports depicted in [Figures 6.1](#) and [6.2](#) show SERT data *entered to date* for the specified year. By producing these reports at regular intervals a CDDP may quickly identify problems and initiate actions to improve review processes.

The Microsoft Access SERT database template also provides similar reports regarding investigations (see examples in [Figures 6.3](#) and [6.4](#)).

6.2 Report examples: Provider processes

The reports below allow a team to “drill down” into the data to discover more about incidents by site vs serious events by site. (Remember that a single incident may involve multiple serious events.)

6.2.1 SERT incidents by site

[Figure 6.5](#) is one page of a multi-page offline report showing the number of incidents experienced by people served by each CDDP provider site that has submitted at least one incident. The data are organized by month across an entire year to date. The report presents data in descending order (i.e., the provider sites named in the most reports are listed first). The report also shows the percentage of CDDP incidents accounted for by a single site, as well as the cumulative percentage accounted for by multiple sites. In this example, people served during 2004 at 548 Davie Street (a site affiliated with a provider named Ellison, Inc.) experienced 8 incidents. Those 8 incidents accounted for 5% of all incidents in the year. Six sites (548 Davie Street, 357 Mayo Street, 2548 Cashmere Way, 29 Brown Lane, and 2999 Carthage St.) accounted for 20% of the incidents. Three sites are affiliated with a single provider named Zeus Inc.

6.2.2 Serious events by site

[Figure 6.6](#) is one page of a multi-page offline report showing a similar report. [Figure 6.5](#) provided information about *incidents*, but Figure 6.6 provides information about *serious events*.

6.3 Report examples: Levels of Analysis and Action

Analysis of SERT data can occur at different “levels”, e.g.: by individual, by site, by provider agency, and by CDDP. These levels of analysis help determine whether action must be directed toward a single person, a single site, a single

provider agency, or multiple provider agencies experiencing the same problem. For example, the following offline reports could be produced regularly and reviewed to help the CDDP be sure that necessary action has been taken related to particular individuals.

6.3.1 County Review of Serious Events

[Figure 6.7](#) shows the first page of a 7-page “County Review of Serious Events” (i.e. all incidents that are not being investigated) report for which the Incident Date fell on or between 11/01/2004 and 11/30/2004. The report *also* shows all county review incidents with *outstanding (uncompleted) follow-ups*, regardless of the date on which the incident occurred.

6.3.2 County Review of Serious Events (“Late Entries”)

A “Late Entry” report may be helpful to capture incidents entered into the online database too late to be reviewed during their typical review period. For example, a CDDP SERT Team meets on December 15, 2004 to review all incidents that occurred during the previous month between 11/01/2004 and 11/30/2004 and that were entered into the online SERT database by 12/10/2004. The Team may also decide to include incidents for that period that were entered too late in SERT to have been reviewed at the *previous* monthly meeting, i.e. were entered into the SERT database *after* 11/10/2004. The report depicted in [Figure 6.8](#) can ensure those incidents don’t get lost. This report shows two incidents that occurred on or between 10/01/2004 and 10/31/2004, but were entered into the SERT database after 11/10/2004 (the date of the last monthly SERT Team meeting in the example).

6.3.3 Investigations

[Figures 6.9](#) and [6.10](#) depict similar reports for incidents that are being investigated, rather than being reviewed by the CDDP.

6.4 SERT licensing and certification information

SPD Licensing and Quality of Care enters information in the online SERT database about providers with significant health, safety and rights concerns affecting the licensing or certification process. (See [Enter New Purple Sheet](#) and [Purple Sheet List](#).) Each CDDP can access this information about its providers by selecting “View Licensing Citations” on its [SERT Home Page](#).

6.5 Putting It All Together

Despite differences in how CDDP’s implement SERT processes, the basic responsibilities for each SERT team are the same: **ANALYZE** the data, **ACT** on the information, and **RECORD** action taken and outcomes of action taken.

6.5.1. Data analysis

SERT teams review reports to learn about individual or system trends, issues, or licensing violations that require follow-up. Typical reviews address:

1. **Trends**: What types of events occur and how frequently do they occur? Are there positive or negative trends? (**Tips**: A minimum of 5 data points going in the same direction---up or down—may indicate a trend. For example, if there were 3 financial abuse allegations in a specific provider site in March, 5 in April, 8 in May, 12 in June, and 17 in July, the CDDP would be observing a trend.)
2. **Unusual patterns**: Are there holes or spikes in the data? For example, if the CDDP generally only has 3-4 incidents involving hospitalization and in one month there were 15---why was that?
3. **High frequency**: Do recurring incidents involve one Individual? Site? Provider? Type of incident throughout the whole county?
4. **Licensing or certification issues**: Has the CDDP been notified by SPD of any local programs with licensing violations? What type of violations? Do citations based on harm or potential for harm involve abuse? Are incident type and frequency consistent with what the CDDP knows of the agency’s performance?
5. **Reporting issues**: Do any programs appear to be under-reporting? How is the CDDP learning about incidents?
6. **Deaths**: Did deaths occur? Are those deaths currently being reviewed or investigated?

7. **Investigation and review outcomes/process:** How many investigated events resulted in substantiated, not substantiated or inconclusive outcomes? Is there a pattern or an increase in the number of substantiated allegations of abuse? How long does it take to complete investigation and review processes?

6.5.2 Acting on Information

Each SERT team acts to improve health and safety in services and in CDDP processes and then reviews the outcomes of those actions. Examples of typical SERT team actions include:

1. **Training or technical assistance to respond to a noticed trend.** For example, providing training on proper financial management of client funds in response to a trend of incidents involving mishandling of client money.
2. **Monitoring plans of improvement.** See that programs facing licensing problems turn in a plan of improvement and follow up by overseeing implementation within a prescribed time frame.
3. **Adjusting individual supports.** Review Individual Service Plan (ISP) or specific interventions (such as a behavior support plan) when an individual is continually involved in a particular kind of incident or an increasing number of incidents.
4. **Recommendations.** Provide programs with written recommendations with definitive completion dates.
5. **Adjusting procedures.** If incidents are not being reviewed in a timely manner or investigations are not being completed in a timely manner, develop or revise strategies for improving timeliness.
6. **Seeking assistance.** Explore options for technical assistance, training, special reviews or other assistance through SPD or other sources.

6.5.3 Recording actions and outcomes

SERT teams record action taken to improve services and processes. This record must include a description of the issue or problem addressed, recommended action, action taken, responsible person(s), timelines, any follow-up required, and outcomes of the action. Both immediate and long-term outcomes are included in the record. For example, when a SERT team notices a trend of increasing incidents of financial exploitation or mismanagement, the action taken might be to implement training for providers on setting up financial records and making a financial plan. The *immediate* outcome may be that 120 people complete the training. The *long-term* result may be that financial exploitation incidents drop by 20%.

6.6 Monthly CDDP SERT Review

The Monthly CDDP SERT Review is the local SERT team's report to SPD (see [Section 5.2.1](#)).

6.6.1 Report format.

SPD does not require a standard format for [Monthly CDDP SERT Reviews](#), but the reports must include evidence of data analysis, issue review, actions taken, and outcomes of actions taken. An [example report format](#) is available at the end of this manual that meets SPD requirements for content.

6.6.2 Submitting the Monthly CDDP SERT Review

Monthly CDDP SERT Reviews must be uploaded to SPD according to timelines given in Section 5 ([Table 5.2.2](#)). Here is a convenient way to upload the reports:

1. Open up a blank WORD document and minimize it.
2. Open up Internet Explorer and login to SERT.
3. Go to the SERT "Home Page" for the county.
4. Look under SERT Quick Picks – Online Forms County Monthly SERT Review Report template **Word**. Click on **Word**. This will pull up the template in Microsoft-Word.
5. Fill out the information. Save the document with a new file name to a directory of user's choice, then minimize the document. This will be the document to upload. (File name example: Lincoln-2003-0402 saved to C:).
6. Return to the [SERT Home Page](#) for the CDDP and click "Submit County Monthly SERT Review". Click **Browse** button and locate file saved to upload. Double click the file-name. It will appear in the **Form to upload** space. Click "Upload File" button.

6.7 What happens outside the CDDP?

SPD personnel periodically review Monthly CDDP SERT reports looking for regional trends and trends across providers with sites in multiple counties. The state SERT team meets regularly to review and act on information from these

reports, the SERT database, licensing and certification records and the Office of Investigations and Training. This process is similar to the CDDP review, although its focus is on regional and statewide trends and issues. Notes of the meetings are available through each CDDP's **SERT Home Page**; simply click on "State SERT Team Minutes".

State Review Process

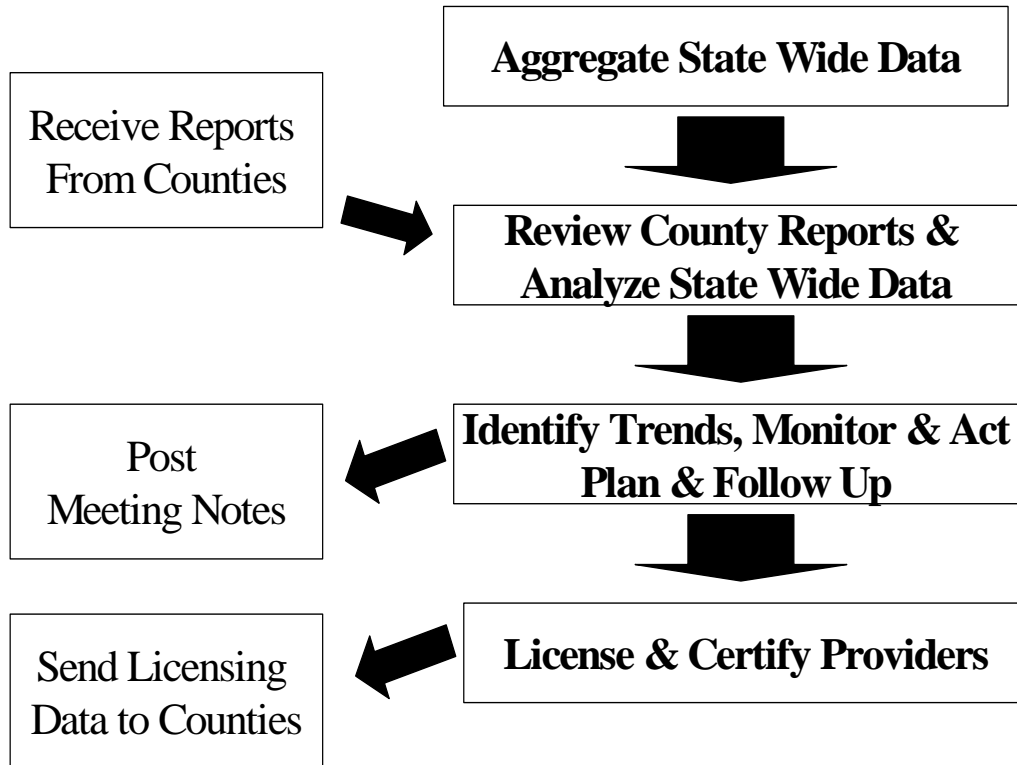


Figure 6.1

Figure 6.1

1.2 Completed County SERT Reviews

(Notes - "Days to complete a review" is measured as:

The date the County review was completed, minus the date the incident was reported to the County.

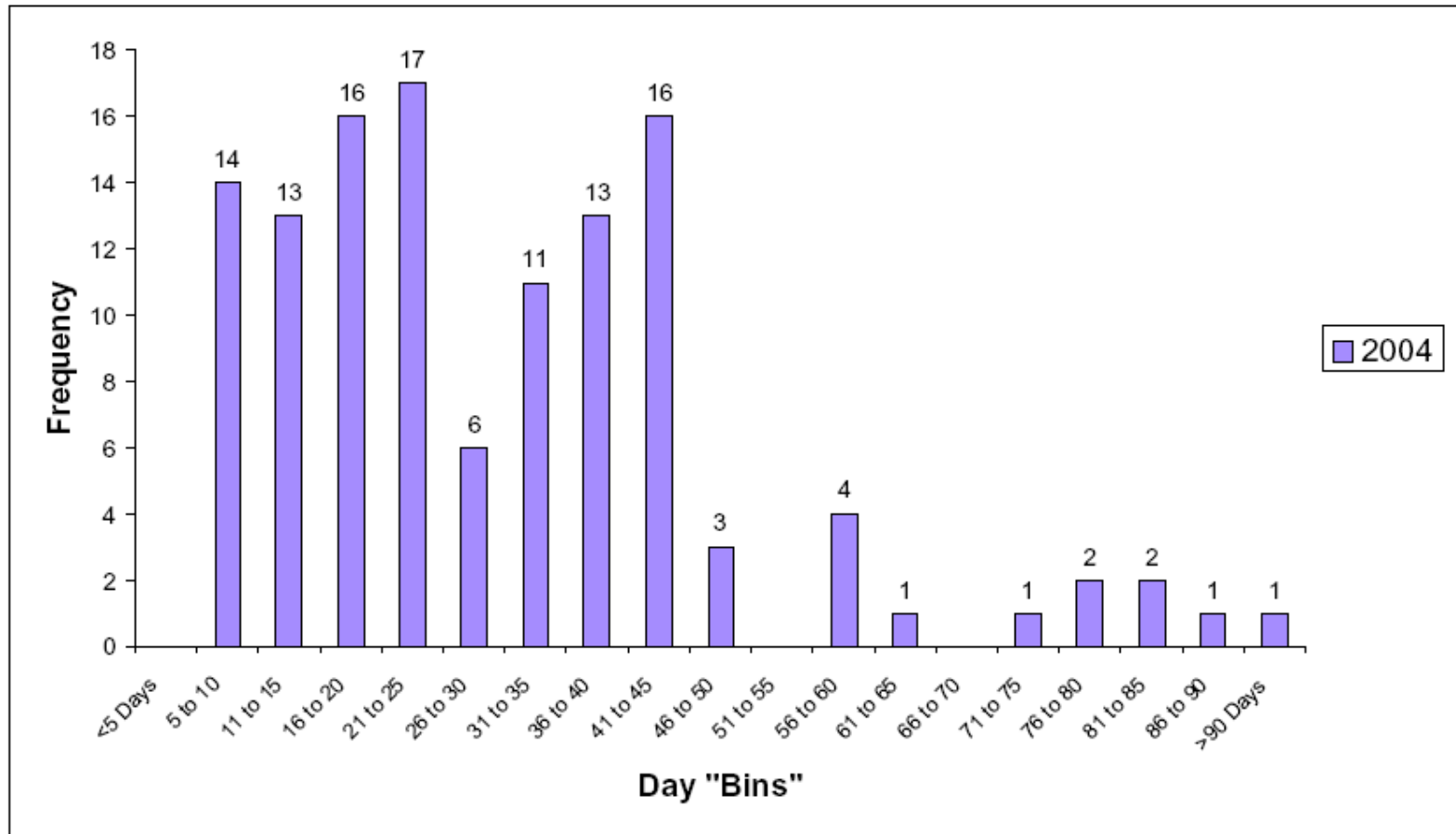
"Late" reviews are reviews completed more than 45 days after the date the incident was reported to the County.)

<i>Year</i>	<i>No. of Reviews</i>	<i>Fewest No. of Days to Complete a Review</i>	<i>Most No. of Days to Complete a Review</i>	<i>Average No. of Days to Complete a Review</i>	<i>StDev for No. of Days to Complete a Review</i>	<i>No. of Late Reviews</i>	<i>% of Reviews that were late</i>
2005	2	13	33	23.00	10.00	0	0%
2004	121	7	136	30.80	19.99	15	12%
2003	107	3	124	35.24	23.65	22	21%

Figure 6.2

Figure 6.2

7.6 Days Required to Complete SERT Reviews



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Report 7.6 rptRevCompHistogram

Figure 6.3

Figure 6.3

2.2 Completed SERT Investigations

(Notes - "Days to complete an investigation" is measured as:

The date the investigation was completed, minus the date the incident was reported to the County.

"Late" investigations are investigations completed more than 45 days after the incident was reported to the County.)

Year	No. of Investigations	Fewest No. of Days to Complete an Investigation	Most No. of Days to Complete an Investigation	Average No. of Days to Complete an Investigation	StDev for No. of Days to Complete an Investigation	No. of Late Investigations	% of Investigations that were late
2005	2	23	35	29	6.00	0	0%
2004	36	24	268	98	54.16	26	72%
2003	22	22	161	65	35.99	13	59%

Figure 6.4

Figure 6.4

7.8 Days Required to Complete Investigations

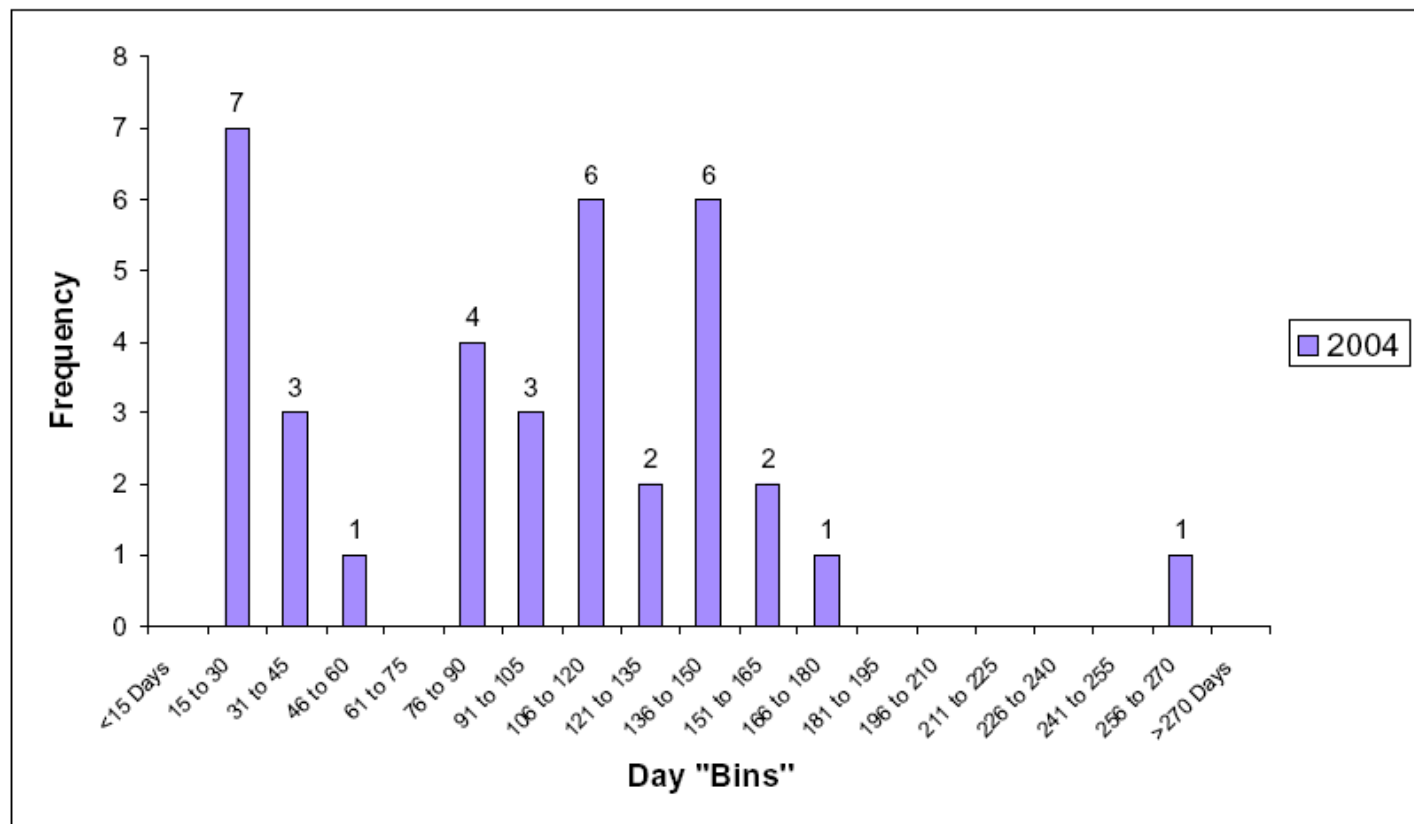


Figure 6.5

Figure 6.5

3.3 SERT Incidents by Site

Year	Line#	Site	Provider	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	%	Cum. %
2004	1	548 Davie Street	Ellison Inc.	0	0	0	1	0	1	3	0	0	0	2	1	8	5%	5%
	2	357 Mayo Street	Zeus Inc.	0	0	0	0	0	0	0	1	0	1	2	3	7	4%	10%
	3	2548 Cashmere Way	Zeus Inc.	0	0	2	5	0	0	0	0	0	0	0	0	7	4%	14%
	4	29 Brown Lane	Foster Care	1	2	0	0	0	0	0	0	0	0	0	0	3	2%	16%
	5	2999 Carthage St.	Zeus Inc.	1	0	0	0	0	0	2	0	0	0	0	0	3	2%	18%
	6	148 Yerington Street	Coleridge Inc.	0	1	0	1	0	0	0	1	0	0	0	0	3	2%	20%
	7	298 Garcia Way	Zeus Inc.	0	0	1	0	0	1	1	0	0	0	0	0	3	2%	22%
	8	876 Harvest Road	Foster Care	0	0	0	2	0	0	0	0	0	0	0	0	2	1%	23%
	9	125 Jackpot Place	Dante Inc.	0	0	0	0	0	0	0	0	0	0	2	0	2	1%	24%
	10	148 Lovelock Road	CDDP (CM Services Only)	0	0	0	0	0	0	0	1	1	0	0	0	2	1%	26%
	11	2999 Misty Meadow	Foster Care	0	0	0	0	0	0	1	0	0	1	0	0	2	1%	27%
	12	124 Zephyr Cove Road	Peacock Inc.	0	1	0	0	0	0	0	1	0	0	0	0	2	1%	28%
	13	8390 Turner Avenue	Foster Care	0	0	0	0	1	0	0	0	0	0	1	0	2	1%	29%
	14	1569 ELKO STREET	Foster Care	0	0	0	0	0	0	0	0	0	0	0	2	2	1%	31%
	15	8888 Dillsboro St.	Foster Care	0	0	0	0	0	0	1	0	0	0	1	0	2	1%	32%
	16	368 Asheboro Blvd.	Goodale Inc.	0	0	0	0	0	0	1	1	0	0	0	0	2	1%	33%
	17	458 Oak Island Blvd.	Zeus Inc.	0	0	0	0	1	1	0	0	0	0	0	0	2	1%	35%
	18	93737 Misty Quail	Foster Care	0	1	1	0	0	0	0	0	0	0	0	0	2	1%	36%
	19	3849 Lazy Lane	Nursing Provider	0	0	0	0	1	0	0	0	0	0	1	0	2	1%	37%
	20	159 Arcadia	Lee Inc.	1	0	1	0	0	0	0	0	0	0	0	0	2	1%	38%
	21	287 Williams Way	Foster Care	0	0	0	0	0	0	1	0	0	0	0	0	1	1%	39%
	22	3269 Carlton Street	Zeus Inc.	0	0	0	0	0	0	0	0	1	0	0	0	1	1%	40%
	23	3269 Vashon Road	Lee Inc.	0	0	0	0	0	0	1	0	0	0	0	0	1	1%	40%
	24	387 Miller Blvd.	CDDP (CM Services Only)	1	0	0	0	0	0	0	0	0	0	0	0	1	1%	41%
	25	33 Troutman Blvd.	Illich Inc.	0	0	0	0	0	1	0	0	0	0	0	0	1	1%	42%
	26	34 Spring Valley	Foster Care	0	0	0	0	0	0	0	0	0	1	0	0	1	1%	42%

Figure 6.6

Figure 6.6

4.3 Serious Events by Site

Year	Line#	Site	Provider	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	%	Cum. %
2004	1	548 Davie Street	Ellison Inc.	0	0	0	2	0	1	3	0	0	0	4	1	11	5%	5%
	2	2548 Cashmere Way	Zeus Inc.	0	0	2	6	0	0	0	0	0	0	0	0	8	4%	9%
	3	357 Mayo Street	Zeus Inc.	0	0	0	0	0	0	0	1	0	1	3	3	8	4%	13%
	4	29 Brown Lane	Foster Care	3	4	0	0	0	0	0	0	0	0	0	0	7	3%	16%
	5	159 Arcadia	Lee Inc.	3	0	2	0	0	0	0	0	0	0	0	0	5	2%	19%
	6	125 Jackpot Place	Dante Inc.	0	0	0	0	0	0	0	0	0	0	5	0	5	2%	21%
	7	148 Yerington Street	Coleridge Inc.	0	1	0	2	0	0	0	2	0	0	0	0	5	2%	23%
	8	1569 ELKO STREET	Foster Care	0	0	0	0	0	0	0	0	0	0	0	4	4	2%	25%
	9	8888 Dillsboro St.	Foster Care	0	0	0	0	0	0	2	0	0	0	1	0	3	1%	27%
	10	148 Lovelock Road	CDDP (CM Services Only)	0	0	0	0	0	0	0	1	2	0	0	0	3	1%	28%
	11	2999 Carthage St.	Zeus Inc.	1	0	0	0	0	0	2	0	0	0	0	0	3	1%	30%
	12	298 Garcia Way	Zeus Inc.	0	0	1	0	0	1	1	0	0	0	0	0	3	1%	31%
	13	387 Miller Blvd.	CDDP (CM Services Only)	3	0	0	0	0	0	0	0	0	0	0	0	3	1%	33%
	14	368 Asheboro Blvd.	Goodale Inc.	0	0	0	0	0	0	1	2	0	0	0	0	3	1%	34%
	15	88888 Jefferson Street	Foster Care	0	0	0	0	0	0	3	0	0	0	0	0	3	1%	35%
	16	287 Williams Way	Foster Care	0	0	0	0	0	0	3	0	0	0	0	0	3	1%	37%
	17	93737 Misty Quail	Foster Care	0	1	2	0	0	0	0	0	0	0	0	0	3	1%	38%
	18	4848 Lula Collins Road	Foster Care	0	0	2	0	0	0	0	0	0	0	0	0	2	1%	39%
	19	3849 Lazy Lane	Nursing Provider	0	0	0	0	1	0	0	0	0	0	1	0	2	1%	40%
	20	458 Basin City Place	Zeus Inc.	0	0	0	0	2	0	0	0	0	0	0	0	2	1%	41%
	21	444 Fallong	CDDP (CM Services Only)	0	0	0	2	0	0	0	0	0	0	0	0	2	1%	42%
	22	258 Sedalia Way	Zeus Inc.	2	0	0	0	0	0	0	0	0	0	0	0	2	1%	43%
	23	654 Pace	Zeus Inc.	0	0	0	0	0	0	0	0	0	0	2	0	2	1%	44%
	24	397 Lazy Way	Foster Care	0	0	0	0	0	0	0	0	2	0	0	0	2	1%	45%
	25	458 Oak Island Blvd.	Zeus Inc.	0	0	0	0	1	1	0	0	0	0	0	0	2	1%	46%
	26	21597 Hawthorne Place	CDDP (CM Services Only)	0	0	0	0	0	0	0	2	0	0	0	0	2	1%	47%
	27	159 Arcadia	Quillen Inc.	0	0	0	0	0	0	0	0	0	2	0	0	2	1%	48%

Printed: 5/12/2005

Report 4.3

ptSEsBySite&Year

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Figure 6.7

Figure 6.7

6.1 County Review of Serious Events

(includes county review incidents that occurred between the specified date parameters, AND county review incidents with outstanding follow-ups, regardless of their incident date)

Incidents occurring between 11/1/2004 and 11/30/2004

No.	Inc. Date	ID	Case No.	Name	Provider	Incident Location	Description of Incident	
<u>1</u>	10/18/2004	2157	324	Chatman, Clinton	Foster Care	1548 Beatty Street	Clint had an aggressive incident at work. He was still upset when he returned to his foster home. The foster care provider was afraid and called the police. He acted aggressive toward the police, and was taken to the Mt. Pleasant Psychiatric Hospital.	
<p>Amb CrimRef Death Emerg Finan Fire Hosp InjPain Neg PerFnd PhyAbu Pol PsyHos Restraint Restrict SexAbuse Verbal</p> <p style="text-align: center;">Yes Yes</p>								
Date Review Completed		Recommendations for incident described above, if applicable				Follow-Up Required?		Date Follow-up Completed, if applicable
11/20/2004						Yes		
<u>2</u>	10/20/2004	2159	151	Spell, Lester	Foster Care	977 Mount Mitchell Way	Lester threatened his foster provider in the night. The police were called. Lester repeatedly threatened suicide. He was taken to Mt. Pleasant Psychiatric Hospital.	
<p>Amb CrimRef Death Emerg Finan Fire Hosp InjPain Neg PerFnd PhyAbu Pol PsyHos Restraint Restrict SexAbuse Verbal</p> <p style="text-align: center;">Yes Yes</p>								
Date Review Completed		Recommendations for incident described above, if applicable				Follow-Up Required?		Date Follow-up Completed, if applicable
11/10/2004						Yes		
<u>3</u>	10/25/2004	2178	135	Sloan, Stuart	Coleridge Inc.	98 Plantain	Stuart attacked another resident. Staff tried to calm him, but he began hitting himself and throwing furniture. He was taken to Friendly Hospital ER, where he received stitches.	
<p>Amb CrimRef Death Emerg Finan Fire Hosp InjPain Neg PerFnd PhyAbu Pol PsyHos Restraint Restrict SexAbuse Verbal</p> <p style="text-align: center;">Yes</p>								
Date Review Completed		Recommendations for incident described above, if applicable				Follow-Up Required?		Date Follow-up Completed, if applicable
11/10/2004						Yes		

Figure 6.8

Figure 6.8

6.2 County Review of Serious Events ("Late Entries")

(includes county review incidents that occurred between the specified date parameters, but were entered too late to have been reviewed at a previous meeting)

Incidents occurring between 10/1/2004 and 10/31/2004 but entered after 11/10/2004

No.	Inc. Date	ID	Case No.	Name	Provider	Incident Location	Description of Incident	
<u>1</u>	10/19/2004	2186	8	Staten, Lance	Foster Care	Highway 99, near Dobson city limits	Lance was visiting his sister. They had a car accident, and Lance was taken to the Friendly Hospital ER for treatment.	
<p>Amb CrimRef Death Emerg Finan Fire Hosp InjPain Neg PerFnd PhyAbu Pol PsyHos Restraint Restrict SexAbuse Verbal</p> <p style="text-align: center;">Yes</p>								
Date Review Completed		Recommendations for incident described above, if applicable				Follow-Up Required?		Date Follow-up Completed, if applicable
<u>2</u>	10/24/2004	2177	173	Burrow, Javier	Aaron Inc.	659 Cape Coral Road	Javier was getting ready to go home from his day program, when he got mad at a staff member for an unknown reason. Javier broke the pane of the fire extinguisher box with his left hand. He was transported to the Friendly Hospital ER, where he was treated	
<p>Amb CrimRef Death Emerg Finan Fire Hosp InjPain Neg PerFnd PhyAbu Pol PsyHos Restraint Restrict SexAbuse Verbal</p> <p style="text-align: center;">Yes</p>								
Date Review Completed		Recommendations for incident described above, if applicable				Follow-Up Required?		Date Follow-up Completed, if applicable

Figure 6.9

Figure 6.9

6.3 Investigations (includes investigation incidents that occurred between the specified date parameters; ALSO includes completed investigations with unentered results and investigations with outstanding follow-ups, regardless of their incident date)

Incidents occurring between 11/1/2004 and 11/30/2004

No.	Inc. Date	ID	Case No.	Name	Provider	Incident Location	Description of Incident	
<u>1</u>	2/8/2003	1843	139	Clough, Corey	Coleridge Inc.	8745 Trenton Street	Complainant reported a residential staff applied a "head lock" to Corey while trying to restrain him.	
<p>Amb CrimRef Death Emerg Finan Fire Hosp InjPain Neg PerFnd PhyAbu Pol PsyHos Restraint Restrict SexAbuse Verbal</p> <p style="text-align: right;">Yes</p>								
<i>Date Invest. Completed</i>		<i>Result</i>		<i>Outcome</i>		<i>Action</i>	<i>Follow-Up Required?</i>	<i>Date Follow-up Completed, if applicable</i>
3/20/2003		I		Does not meet the definition of abuse.			Yes	
<u>2</u>	2/11/2003	1841	318	Ambriz, Rosie	Coleridge Inc.	3267 Ocean Park Place	A staff person was witnessed roughly escorting Rosie to her room to change her clothes. While in the room, Rosie was yelling and trying to get out.	
<p>Amb CrimRef Death Emerg Finan Fire Hosp InjPain Neg PerFnd PhyAbu Pol PsyHos Restraint Restrict SexAbuse Verbal</p> <p style="text-align: right;">Yes</p>								
<i>Date Invest. Completed</i>		<i>Result</i>		<i>Outcome</i>		<i>Action</i>	<i>Follow-Up Required?</i>	<i>Date Follow-up Completed, if applicable</i>
4/8/2003		I		The investigation did not reveal any corroborating evidence related to the allegation. The investigation was inconclusive for unauthorized restraint.		Recommended the agency review AV's behavior support plan and have preferred staff working with AV if possible.	Yes	
<u>3</u>	3/15/2003	1842	239	Noah, Dona	Foster Care	87 Heather Ridge	Dona reported to vocational staff that her foster provider slapped her face and spanked her prior to Dona's leaving for work that morning.	
<p>Amb CrimRef Death Emerg Finan Fire Hosp InjPain Neg PerFnd PhyAbu Pol PsyHos Restraint Restrict SexAbuse Verbal</p> <p style="text-align: right;">Yes</p>								
<i>Date Invest. Completed</i>		<i>Result</i>		<i>Outcome</i>		<i>Action</i>	<i>Follow-Up Required?</i>	<i>Date Follow-up Completed, if applicable</i>
4/24/2003		I		There was no corroborating evidence to support the allegation. The investigation was inconclusive for willful infliction of pain.		Recommendation the foster providers receive mandatory abuse reporting training.	Yes	

Figure 6.10

Figure 6.10

6.4 Investigations ("Late Entries") *(includes investigation incidents that occurred between the specified date parameters, but were entered too late to have been reviewed at a previous meeting)*

Incidents occurring between 10/1/2004 and 10/31/2004 but entered after 11/10/2004

No.	Inc. Date	ID	Case No.	Name	Provider	Incident Location	Description of Incident	
<u>1</u>	10/10/2004	2158	171	Vo, Isaac	CDDP (CM Services Only)	14 William & Mary St.	It is alleged that Isaac's medical care had been neglected by his family. It was reported that Isaac has been showing signs of a severe toothache for two weeks, and his needs have not been addressed yet.	
<p>Amb CrimRef Death Emerg Finan Fire Hosp InjPain Neg PerFnd PhyAbu Pol PsyHos Restraint Restrict SexAbuse Verbal</p> <p style="text-align: center;">Yes</p>								
<i>Date Invest. Completed</i>		<i>Result</i>	<i>Outcome</i>	<i>Action</i>			<i>Follow-Up Required?</i>	<i>Date Follow-up Completed, if applicable</i>

Enter a new Purple Sheet
(for use by Licensing only)

Enter New Purple Sheet

DRAFT:

FINAL:


Service Type:

Agency:

Site Address:


Phone:

County:


License Exp. Date: 

Nursing Services: Yes No

How many people being served?:

Date of Review: 
(MM/DD/YYYY format or calendar)

Type of Review:

Follow up scheduled for 
(MM/DD/YYYY format or calendar)

Name of Licensing Spec and # of Records Reviewed & Name(s)

Problem:

500 Summer St NE, E-12 • Salem, Oregon 97301
PH: 1-800 282-8096 • Fax: (503) 373-7274 •
TTY: (503) 945-5933

Purple Sheet List
(for use by Licensing only)



DHS INTRANET

Oregon Department of Human Services Intranet
Seniors & People with Disabilities

SERT

Purple Sheet List

Select the period from any one of these options:

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

August | 18 | 2006

January | 1 | 2000

January | 1 | 2000

Get History

Entered by	Review Date	Provider	Draft	View/Print	Update
tritner	8/18/2006	RON WILSON CENTER 155 W Clay	Draft	View/Print	Update
cdavison	8/21/2006	RAINBOW ADULT LIVING 17816 SE Tibbetts		View/Print	Update
acoskey	8/22/2006	NATIONAL MENTOR SERVICES, LLC dba DSI 3033 NE Rodney		View/Print	Update
tritner	8/23/2006	COMMUNITY ACCESS SERVICES II, INC. 5405 SW 197th, Aloha		View/Print	Update
jransom	8/29/2006	COAST REHAB. SERVICES/COASTAL 65 N HWY 101, Warrenton	Draft	View/Print	Update

Appendices

Appendix A

SERT User Password Request Form *(Requires Management approval)*

SERT Login and Password:

To obtain your SERT logon ID and password, fill out form and attach as an e-mail addressed to the [SERT Technical Coordinator](#). Your password and logon ID will be sent via e-mail.

First Name		County	
Last Name:			
E-mail:			
Phone Number:	Include area code	Other Info	
Address			City
Zip			Job Title:
<input type="checkbox"/> Check if you will be entering SERTs		<input type="checkbox"/> Check if you are a county investigator	
<input type="checkbox"/> Check if you are replacing an individual whose SERT password is no longer required and must be revoked. Name of individual:		Date you are replacing this person:	
Name & phone # of Supervisor or Manager Name:		Phone:	

Appendix B:

SPD SERT Contacts

For Login passwords, SERT process, definitions, determining what is an event, other data entry questions; or reports and data:

Dana Messman (SERT Coordinator)
Phone: (503) 945-5810
E-mail: dana.messman@state.or.us

For technical difficulties with SERT or password problems or reports and data:

Margie Bibby (SERT Web Administrator)
Phone: (503) 945-6836
E-mail: margie.bibby@state.or.us

For problem-solving local strategies for issues identified in the SERT process, contact the SPD-DD Regional Coordinator for your region.

Appendix C: Monthly CDDP SERT – Review EXAMPLE

Monthly CDDP SERT Review EXAMPLE

CDDP/Program: County A Date of Review: July 11, 2008 Period reviewed: From 6/1/08 To 6/30/08

SERT Team Present: Laurie Manager, DDPM; Tom Sert, SERT Coordinator; Arthur Trend, QA Coordinator; Martha Super, SC Supervisor; Lana Curious, Protective Service Investigator

⊕ I. Summary of Information Reviewed

Type of Information	Total in Period	# Rev'd this Meeting	Type of Information	Total in Period	# Rev'd this Meeting
Serious Events	25	8	Deaths	1	1
Serious Events Not Requiring PSI	20	3	Overdue County Reviews	6	6
Serious Events Requiring PSI	5	5	Overdue PSI's	2	2
Licensing/Certification Notices	2	2	Current status of serious events referred to Child Welfare, Law Enforcement, SPD Medical Director, Other Agencies	2	2

SERT Data-Based Reports Reviewed (Including reports of data beyond current period)

Type of Report (e.g. Top 10 Individuals)	Period Covered (e.g. past 30 days, previous 12 months, etc.)	Frequency of report (e.g. annual, monthly, quarterly, one-time)
Top 10 individuals w/physical abuse	1/2001 through 6/2008	annual
Top 10 provider sites w/unauthorized restriction	1/2007 through 12/2007	annual

List Other Sources of Information Reviewed (e.g. Service Coordination Meeting Notes, Service Monitoring records):

Service coordinator meeting re service monitoring in Provider A sites.

II. Summary of SERT Issues, Actions, Outcomes. Do not remove item from list until outcome has been recorded. Add rows to each table as required.

A. Individual Issues: Summarize issues, trends, actions and outcomes related to individuals involved in serious events.

1. **Individual cases SERT team wants to follow due to significance of issues.** Identify individuals only by case number and do not include other information from which individuals might be easily personally identified, e.g. gender, date of birth, family name, etc.

Individual Number	Trend/Issue	Action	Outcome
14333	Increasing # of hospitalizations last 6 months; 5 times this month. Most appear related to degenerative osteoporosis	Provider scheduled appointment July 14 with Dr. to review meds. Provider also reviewing living environment 7/15 to see if there are ways to reduce risk of injury.	
841	Has been calling police w/various complaints. Data indicates calls on Monday and Wednesday from group home, almost never any other days.	Service Coordinator to work w/provider re possible staffing issues Mon. and Wed. Will also review ISP for new approach by 8/1/08.	
1144444	Pattern 8/07 to 4/08 of increasing events apparently related to psychiatric issues.	Service Coordinator reviewed w/provider 5/5. Psychiatrist reviewed 5/14; new prescription for anxiety prescribed.	Significant decrease in serious events after 5/14.

2. **Trends and issues Team notes re collective individual information**, e.g. increasing numbers of serious events involve incomplete health care protocols regardless of provider, increasing numbers of cases on overdue PSI list involve referral to local police, decreasing use of emergency room in foster care, etc.

Trend/Issue	Action	Outcome
Overdue PSI's connected to police referrals—at least 3 months delay	Arthur Trend to discuss with police chief by 8/1.	

B. Provider Issues: Summarize issues, trends, actions and outcomes related to providers, including licensing or certification issues as well as those related to serious events.

1. **Provider circumstances SERT team will follow.** MUST follow licensing/certification issues; choose other circumstances based on significance of issue, e.g. number of events, seriousness of events, etc.

Provider and Site(s)	Trend/Issue	Action	Outcome
Group Home A	Reports no serious events last 4 months other than hospitalizations. Odd as this home is know to have incidents in general. May be non-reporting OR something is working well right now.	Laurie Manager will contact provider, discuss lack of incidents, assess reason for no reports. Call to be made by July 20.	
Voc Provider A	Last month noted lack of incident reports. Research reveals large staff turnover, need for training new staff re incident reports required.	Arthur Trend called Voc Provider 8/14/05 and discussed lack of reports. Training scheduled for July 3, 2005	Training occurred as scheduled for 15 employees (8 new). Continue monitoring incident reporting.
Program 1	Did not pass licensing review in June.	Program Director to present Plan of Improvement by 8/1.	
Program 2	Did not pass licensing review in April	Plan of Improvement received 5/14; Service Coordinator conducted follow-up 5/18 and 5/27; Licensing conducted another review 6/12	Passed licensing review 6/12 after implementing Plan of Improvement

2. **Trends and issues Team notes re collective provider information** (e.g. increasing number of employment providers having difficulty with implementing individual health care protocols, decreasing number of financial exploitation events in foster care, etc.)

Trend/Issue	Action	Outcome
Increasing number of employment providers having difficulty with implementing individual health care protocols.	Schedule ISP training and orientation to health care protocols by 8/15/08.	

C. CDDP Issues: Summarize issues, trends, actions and outcomes the Team notes throughout local system.

Should be used to note positive trends and outcomes as well as concerns.

Trend/Issue	Action	Outcome
Increase in hospitalizations and police calls Dec-Feb. Also seems to correlate to heavy staff turnover and understaffing in these periods. May represent seasonal fluctuation.	Worked w/all providers on recruitment and training of staff. Discussed at monthly provider meetings. Monitored for further change.	Number of hospitalizations and police calls has dropped steadily for the last three months.

Appendix D: SERT Reporting and Review: CDDP/SOCP/OIT

An incident occurs or a complaint is received at a SOCP site and.....

Process	State-Operated Community Program (SOCP)	Office of Investigation and Training (OIT)	Community Developmental Disability Program (CDDP)
Stage 1: Response and Notification	<p>Ensures safety of individual Calls Service Coordinator Consults with OIT re abuse Writes incident report (IR) Enters data in internal incident tracking system</p> <p>Sends IRs of unusual incidents to CDDP</p> <p>Based on OIT decision, Prog. Admin. gives summary form and IR to OIT, sends CDDP copy of summary form</p>	<p>Evaluates need for investigation per consultation or IR and e-mails SOCP and CDDP with decision</p> <p>If decision is not to investigate, sends follow-up notice to CDDP with reasons</p>	<p>Evaluates incident, entering serious events in SERT and assigning follow-up on others as needed</p> <p>Checks on safety of individual if abuse is alleged</p>
Stage 2: Investigation or Review	<p>Invites Service Coordinator to case review meeting</p> <p>Participates in case review meeting, reviewing draft report with CDDP and OIT</p>	<p>Conducts investigation and drafts report of investigation Notifies SOCP and CDDP when investigation is complete, scheduling case review meeting Reviews draft report with CDDP and SOCP Finalizes Report and distributes it to CDDP and SOCP</p>	<p>Completes review of serious events that do not require protective services investigation, entering data in SERT</p>
Stage 3: Follow-up	<p>Completes actions required as result of investigation</p>		<p>Enters information from PSI report into SERT Completes follow-up on action taken as result of county review or PSI, tracking in monthly SERT reviews as needed Maintains record of unusual incidents</p>

SERT ENTRIES FOR EVENTS REFERRED TO DHS CHILD WELFARE

When the CDDP receives a report that appears to involve child abuse as defined in section 2.0 of the SERT manual:

1. Report incident to DHS Child Welfare;
2. Enter incident in SERT as PSI; and
3. Indicate referral to DHS Child Welfare (CW).

Subsequent SERT entries for the event depend on several factors, among them whether Child Welfare assigns the case for assessment, whether the child resides in a DD setting and whether Child Welfare requests CDDP consultation or help (e.g. with safety planning or other follow-up). For example, when a report does not involve a child in a DD residential setting:

- If CW screener indicates case will not be assigned for assessment, the SERT entry may be closed without outcome after a few days without further word from CW. Indicate reason for closure in the **Investigation Summary** field and insert **Date Investigation Completed**. Be prepared to update the entry if contacted by CW.
- If CW screener indicates case will be assigned for assessment, leave the SERT entry open, periodically checking with CW for status updates.
 - If CW requests DD involvement, continue to check status of case regularly until CW indicates either that the case is closed or that DD assistance is no longer needed. Record CDDP actions and whatever is known of CW investigation outcomes and actions and then indicate investigation is complete.
 - If CW does not request DD involvement but does provide some level of information about outcomes and actions taken as a result, record that information and indicate investigation is complete.
 - If CW neither requests DD involvement nor provides information about outcomes and actions, the SERT entry may be closed without outcome 60 days after referral to CW. Indicate reason for closure in **Investigation Summary** field. Be prepared to update the entry if contacted by CW.

Appendix F:

SERT Monthly Reports – the easy way

1. Open up a blank WORD document and minimize it.
2. Open up Internet Explorer and login to SERT.
3. Go to the SERT “Home Page” for the county.
4. Look under SERT Quick Picks – Online Forms County Monthly SERT Review Report template **Word**. Click on **Word**. This will pull up the template in Microsoft-Word.
5. Fill out the information. Save the document with a new file name to a directory of your choice, then minimize the document. This will be the document you upload. (File name example: Lincoln-2003-0402 saved to C:).
6. Return to the “Home Page” for the county and click **Submit County Monthly SERT Review**. Click the **Browse** button and locate the file you saved to upload. Double click the file-name. You will see it appear in the **Form to upload** space. Click **Upload File** button.

You are done!