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.

⌐ᵇ 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 <u>SERT Reporting Form</u>

On the SERT Home Page (<u>**See Figure 3.2**</u>, 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 (<u>**Figure 3.3**</u>) and enter SERT data.

3.4 Entering Data in <u>SERT Reporting Form</u>

The <u>**SERT Reporting Form**</u> 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)	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: 1. Name of **residential service agency** 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 **employment/alternative to employment service agency** 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. **Foster care** 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. **Independent provider** 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. **Nursing facility** 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. **Transportation** 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
	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.
Payment Source (if Self-Directed Service)	Select payment source if Individual receives self-directed services, even if none are being provided at the time of incident, i.e.: 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.
Site	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: 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.**
Service person was receiving when event occurred	Select type of service Individual was receiving when incident occurred from dropdown menu. For example, select: 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 3rd and 5th 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 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.
Death	Check box to report an Individual---child or adult---has died under any circumstances. If, after initial review and consultation with SPD and OIT, 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 <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.

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

Physical injury by other than accident (Physical Abuse)	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.
Willful infliction of physical pain (Injury/pain)	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.
Sexual harassment or exploitation	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.
Failure to act/neglect	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.
Verbal mistreatment	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.
Placing restrictions on	Check box if it appears Individual---child or adult---has experienced abuse as indicated in Table 2.1.1B by staff or

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 Fo**rm are:

Field	Instructions
Description of incident	Enter complete description of the incident: ▪ 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 <u>County Review of Serious Event Form</u>

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	IMPORTANT---CLICK ON THIS BOX 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.
Explanation of why does not rise to PSI level	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, *and* 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 in 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 <u>Investigation Information</u> 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 I**nvestigation 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: 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: 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	*Use this field unless circumstances meet conditions for optional online reporting under **Summary and Conclusions for In-Home Investigations** (see below).* Enter: 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	*Use this field unless circumstances meet conditions for optional online reporting under **Summary and Conclusions for In-Home Investigations** (see below).*

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	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. 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.
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

DHS INTRANET

‡ **Oregon Department of Human Services Intranet**
Seniors & People with Disabilities

SERT

Login

User ID: SNEWTON
Password: ‡‡‡‡‡‡‡

[Login]

Login and Password:
To obtain logon ID and password fillout the <u>SERT Login Request Form</u> return it by e-mail to <u>SERT Technical Coordinator</u>

If you have forgotten your password, please e-mail the <u>SERT Technical Coordinator</u>.

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
PH: *1-800 282-8096* • Fax: *(503) 373-7274* •
TTY: (503) 945-5933

Comments or Questions on this site: <u>SERT Mailbox</u>

<u>Developmental Disabilities</u> • <u>Seniors</u> • <u>DHS</u>

Figure 3.2

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)

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 3.3

![Oregon DHS]

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

SERT Reporting Form

CLIENT INFORMATION
*indicates required fields

*Case Number		*DOB (MM/DD/YYYY)	
*Last Name:		*First Name:	
Client Is Under 18 ☐		Gender	

INCIDENT INFORMATION

*Incident Date (MM/DD/YYYY)		Date Incident Reported To County	

Approximate Incident Date: ☐

* Provider (at time of incident):	Payment Source (If Self Directed svc)

*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:

*Service person was receiving when event occurred: 24hr. Residential

*Address of Incident:	City:	Unknown: ☐

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

Figure 3.5

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

SERT

County Review of Serious Event

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]

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

Figure 3.6

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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
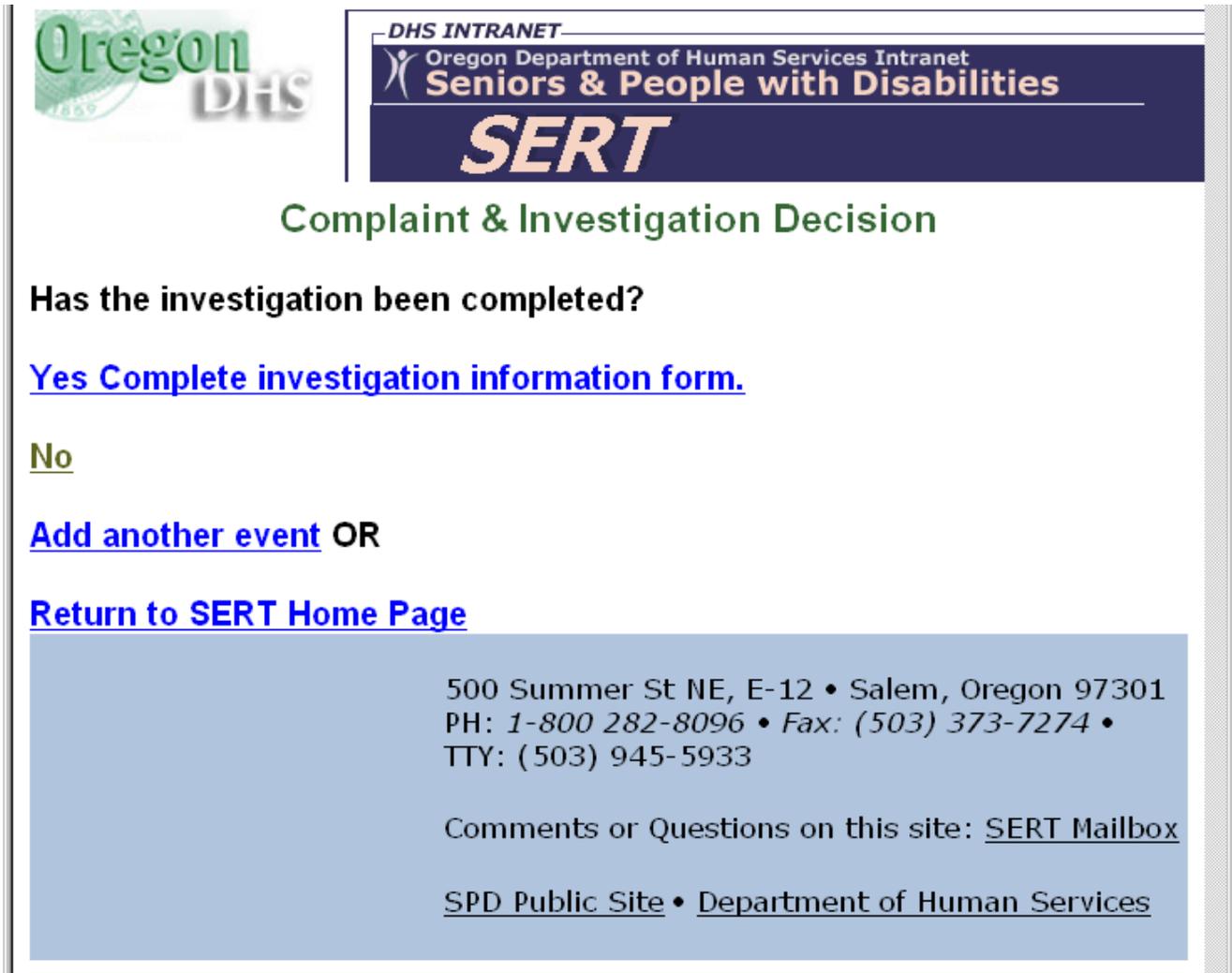
Report Recipient Information

*Staff Taking Report: [   ]

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

Alleged Perpetrator Information

Last Name	First	Address	Phone
[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]

[Submit] [Reset]

Figure 3.8

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 (optionl): [   ]

Date Follow-Up Completed: [   ]

Follow Up Required ☐

(MM/DD/YYYY)

[Submit Investigation Information]   [Reset]

Figure 3.10

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

Transaction Complete

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

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PH: *1-800 282-8096* • *Fax: (503) 373-7274* •
TTY: (503) 945-5933

Comments or Questions on this site: SERT Mailbox

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