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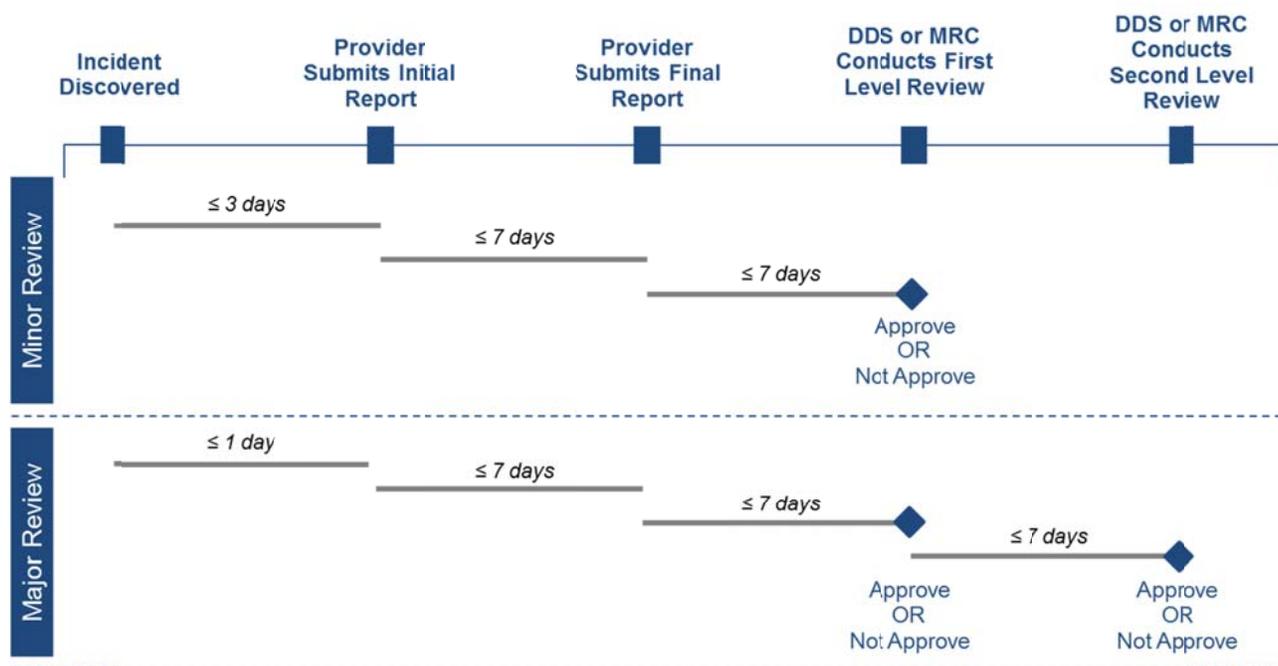
The Incident Report

A reportable event is one that can compromise the safety and well-being of an individual, thus making it rise to the level of an incident. The incident requires timely notification to key people and a prompt and appropriate response to protect the individual and minimize risk. The Department of Developmental Services and the Massachusetts Rehabilitation Commission have reviewed their current incident reporting practices to develop a revised incident reporting process that meets the needs of all DDS and MRC consumers.

Incident Report Overview

The Incident Report provides a comprehensive overview of the incident that occurred, key details of the incident, individuals involved in the incident, follow up steps and additional information that is important to protect the individual, reduce risk of further incidents, and analyze trends.

When an Incident Report is created, the incident must be assigned a primary category. A secondary category should be assigned when available. These categories determine whether or not the incident necessitates a minor- or major- level of review. An initial incident report is submitted immediately after the event and is finalized within a week. The Incident Reporting timeline is shown below.



DDS Incident Report vs. ABI/MFP Incident Report

While the Department of Developmental Services and the Massachusetts Rehabilitation Commission have collaborated to develop an incident reporting process that meets the needs of all consumers, the varying characteristics of these individuals necessitate two slightly different versions of the incident report. The DDS version of the incident report will be used for all individuals enrolled to the adult DDS waivers whereas the ABI/MFP incident report will be used for all individuals enrolled to the ABI and MFP waivers. There are only three prompts which vary between the two reports, neither of which require action on the part of the user filling out the report in HCSIS as the responses to these prompts are automatically populated with information from MEDITECH. The different prompts can be found in the Individual Information section of the incident report, and are outlined in the table below:



Individual Information Section of the Incident Report		
Prompt	On the DDS Incident Report?	On the ABI/MFP Incident Report?
Level of Intellectual Disability	✓	
Does the individual have an acquired brain injury?		✓
Class Status	✓	

Scenario: Viewing an Individual’s Event History

In order to view past reports, create new reports, and conduct first and second levels of review, a user must access an individual’s event history in HCSIS. Follow the steps below to view an individual’s event history screen.

Scenario Description:

- A user needs to view the event history of an individual
- This may occur at any time and is not restricted to the occurrence of a new event

Roles and Responsibilities:

- **Providers (all roles):** View event history for individuals in their caseload
- **Provider Supervisor:** View event history for individuals in their caseload
- **MRC Case Manager:** View event history for individuals in their caseload
- **MRC Case Manager Supervisor:** View event history for individuals in their caseload
- **MRC Central Office Oversight:** View event history for individuals in their caseload
- **DDS ABI/MFP Service Coordinator:** View event history for individuals in their caseload
- **DDS ABI/MFP Service Coordinator Supervisor:** View event history for individuals in their caseload
- **DDS ABI/MFP Regional Staff:** View event history for individuals in their region in read-only mode

First Steps:

- The user logs into HCSIS

Scenario Steps:

- 1) **Navigate to the Quality Management Module**



2) **Navigate to the Incident Management Sub-Module via the IM menu item**

3) **Navigate to the Event Data Entry Screen**

4) **Search for an Individual**

This screen allows you to search for individuals by; Last Name, First Name, SSN, and Event ID. It is not necessary to know complete details of the individual; the results will include partial matches which contain the information entered in the search parameters.



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HCR | IM | Death Reporting | NCI | Investigations | Reports
 Event Data Entry | Site Level Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help

QM > IM > Event Data Entry > Search

Individual/Event Search Criteria

Last Name: First Name:

SSN: Event ID:

From Date : To Date :

For Site Level Incidents, enter a date range and click the Search button.

You are currently logged in as a user from:
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5) Select an Individual from the Search Results Grid

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QM > IM > Event Data Entry > Search

Individual/Event Search Criteria

Last Name: First Name:

SSN: Event ID:

From Date : To Date :

For Site Level Incidents, enter a date range and click the Search button.

Search: Show 10 entries

Name	SSN	DOB	Gender	Race	State Agency	Area Office
JOHNTESTSUBGRPG_SUE	XXX-XX-4	01/03/1969			DDS	ABI-MFP Southeast
JOHNTESTSUBGRPG_SUE	XXX-XX-6	12/31/1981			DDS	ABI-MFP Southeast
JOHNTESTSUBGRPG_SUE	XXX-XX-3	01/02/1973			DDS	ABI-MFP Central West
JOHNTESTSUBGRPH_DOE	XXX-XX-0	12/31/1983			MRC	
JOHNTESTSUBGRPH_DOE	XXX-XX-7	01/02/1975			DDS	ABI-MFP Northeast
JOHNTESTSUBGRPH_DOE	XXX-XX-6	01/01/1979			MRC	
JOHNTESTSUBGRPH_SUE	XXX-XX-0	12/30/1986			DDS	ABI-MFP Southeast
JOHNTESTSUBGRPH_SUE	XXX-XX-9	12/29/1990			DDS	ABI-MFP Central West
JONES, MASON	XXX-XX-9876	04/08/1960	Male		DDS	ABI-MFP Southeast

Showing 41 to 49 of 49 entries

First Previous 1 2 3 4 5 Next Last

Once the user enters search criteria and clicks search, a grid will appear populated with the matching individuals, their SSN, Date of Birth, Gender, Race, State Agency and Area Office. The user will only see those individuals they have permission to access. There are a few features of this grid that will allow for easier navigation.

1. First, the grid contains a search box (see #1 in the screenshot below) which allows a secondary search of the results. All columns will be searchable by any text entered in this box.
2. Second, next to each of the column labels you will notice an up and down arrow (see #2 in the screenshot below). Clicking on these arrows will filter the results by that column in ascending or descending order.
3. Finally, should there be more search results than fit on one page, the bar at the bottom right of the grid allows easy navigation between pages (see #3 in the screenshot below).
4. Additionally, the drop down menu at the top lets the user change how many results are visible per page (see #4 in the screenshot below).



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HOME QM PAM ISP ADMIN TOOLS

HCR | IM | Death Reporting | NCI | Investigations | Reports
 Event Data Entry | Site Level Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help
 QM > IM > Event Data Entry > Search

Individual/Event Search Criteria

Last Name: Jones First Name:
 SSN: Event ID:
 From Date: To Date:

For Site Level Incidents, enter a date range and click the Search button.

1

2

3

4 entries

Name	SSN	DOB	Gender	Race	State Agency	Area Office
JONES, MASON	XXX-XX-9876	4/08/1960	Male		DDS	ABI-MFP Southeast

Showing 1 to 1 of 1 entries

6) Navigate the Event History Page

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HCR | IM | Death Reporting | NCI | Investigations | Reports
 Event Data Entry | Site Level Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help
 QM > IM > Event Data Entry > Search

Individual/Event Search Criteria

Last Name: jones First Name:
 SSN: Event ID:
 From Date: To Date:

For Site Level Incidents, enter a date range and click the Search button.

Individual Information

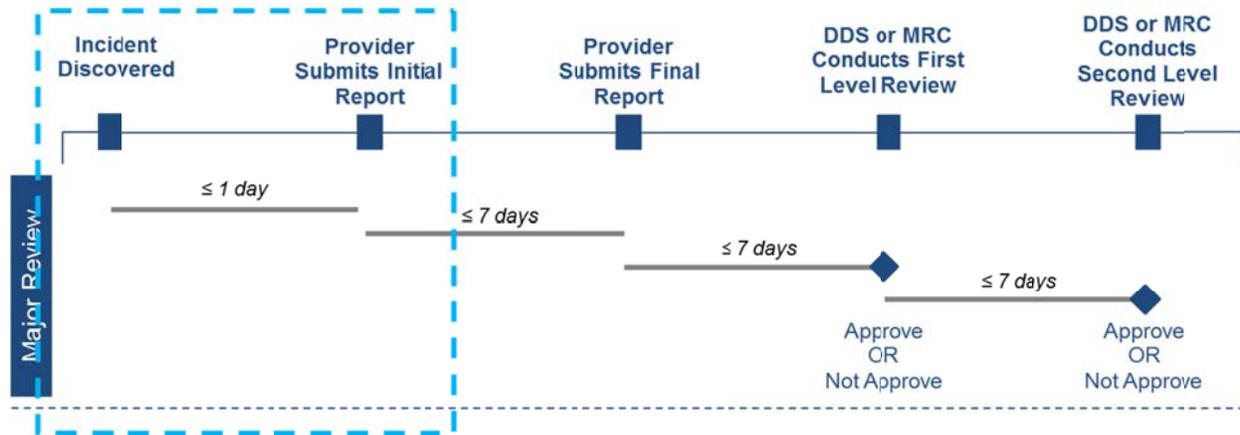
Name: JONES, MASON SSN: XXX-XX-9876 DOB: 4/8/1960 Gender: Male State Agency: DDS Area Office: ABI-MFP Southeast

Search: Show 10 entries

Event ID	Event Date	Primary Nature	Secondary Nature	Event Status	Area Office	Filing Agency
240300	02/01/2014	Unexpected Hospital Visit	E.R. Visit	Open	ABI-MFP Southeast	DELTA PROJECTS
240511	01/13/2014	Missing Person	Law Enforcement Contacted	Open	ABI-MFP Southeast	DELTA PROJECTS
240477				Open	ABI-MFP Southeast	DELTA PROJECTS

Scenario: Create and Submit an Initial Report

The following steps will outline how to create and submit an initial incident report. This report will need to be submitted according to the timeline shown below. For incidents that require a minor-level of review, the initial report must be submitted within 3 business days. For incidents that require a major level of review, the initial report must be submitted within 1 business day. Please note that this guide will follow the incident reporting and review process for an incident that requires a major-level of review.



Roles and Responsibilities

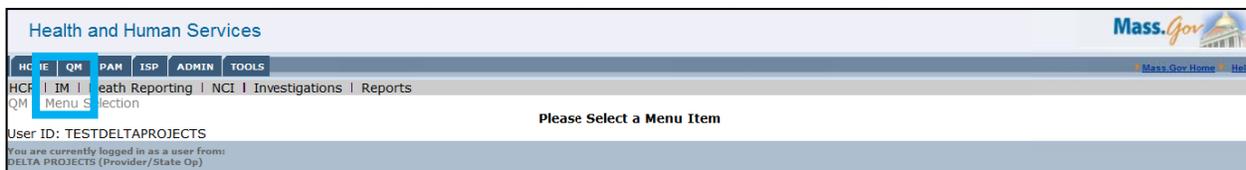
- The following users can create and submit an initial report
 - Providers (all roles)
 - Case Managers
 - Case Manager Supervisors
 - Service Coordinators
 - Service Coordinator Supervisors
 - ABI/MFP Regional Staff

First Steps

- 1) The user logs into HCSIS via the Virtual Gateway
- 2) The user navigates to the Quality Management (QM) module

Scenario Steps

- 1) **Navigate to the IM Sub-Module**



- 2) **Navigate to the Event Data Entry Screen**



- 3) **Search for an Individual**



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 QM > IM > Event Data Entry > Search

Individual/Event Search Criteria

Last Name: First Name:
 SSN: Event ID:
 From Date: To Date:

For Site Level Incidents, enter a date range and click the Search button.

You are currently logged in as a user from:
 DELTA PROJECTS (Provider/State Op)

4) Select an Individual

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HCR | IM | Death Reporting | NCI | Investigations | Reports
 Event Data Entry | Site Level Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help
 QM > IM > Event Data Entry > Search

Individual/Event Search Criteria

Last Name: Jones First Name:
 SSN: Event ID:
 From Date: To Date:

For Site Level Incidents, enter a date range and click the Search button.

Search: Show 10 entries

Name	SSN	DOB	Gender	Race	State Agency	Area Office
JONES, MASON	XXX-XX-9876	04/08/1960	Male		DDS	ABI-MFP Southeast

First Previous 1 Next Last

5) View Individual's Event History

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HCR | IM | Death Reporting | NCI | Investigations | Reports
 Event Data Entry | Site Level Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help
 QM > IM > Event Data Entry > Search

Individual/Event Search Criteria

Last Name: Jones First Name:
 SSN: Event ID:
 From Date: To Date:

For Site Level Incidents, enter a date range and click the Search button.

Individual Information Name: JONES, MASON SSN: XXX-XX-9876 DOB: 4/8/1960 Gender: Male State Agency: DDS Area Office: ABI-MFP Southeast

Search: Show 10 entries

Event ID	Event Date	Primary Nature	Secondary Nature	Event Status	Area Office	Filing Agency
240271				Open	ABI-MFP Southeast	DELTA PROJECTS

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

6) Create New Report
 a. Select New Individual Incident



The test individual used in this scenario is enrolled in an ABI/MFP residential waiver under DDS and the user entering the incident is a provider user, so the user is able to create individual incidents, medication occurrences and optionally reportable events. For individuals enrolled in DDS state and waiver programs, the user will additionally be able to create a new restraint. Since restraints are not permitted for the ABI/MFP population, this is not an option for the test individual. The types of reports that are able to be created will automatically adjust for the individual selected based on the role of the user creating the incident and the enrollment for the individual.

b. Review Individual Information Screen

Initial Report: Individual Information	
First Name:	MASON
Middle Initial:	-
Last Name:	JONES
SSN:	XXX-XX-9876
Gender:	Male
Date of Birth (MM/DD/YYYY):	04/08/1960
Does the individual have an Acquired Brain Injury?	YES
Individual's Service Coordinator/Case Manager (Last Name, First Name):	-
Is the individual subject to a Day Level 2 or 3 Behavior Plan?	No
Is the individual subject to a Res. Level 2 or 3 Behavior Plan?	No
Services Received:	DELTA PROJECTS - RESIDENTIAL HABILITATION ACQUIRED BRAIN INJURY - RESIDENTIAL HABILITATION
Individual's Address	
Address Line 1:	13 MAIN ST.
Address Line 2:	-
Address Line 3:	-
City:	HYANNIS
State:	MA
Zip Code:	12345
Guardian	
Name:	JONES, SMITH
Address Line 1:	14 LULLABY LANE
Address Line 2:	-
City:	HOUSTON
State:	TX
Zip Code:	12543

This screen is automatically populated with information MEDITECH. While this screen requires no input from the user, review the information to ensure accuracy before continuing with the report.

To move to the next screen you can either select "Continue" on the bottom left of the screen, or jump to a specific screen with the "Go To" drop-down on the upper right of the incident report screen.

c. Complete Filing Agency Information



Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
Incident Information		Incident ID: 240301	Incident Date:	Primary Incident Nature:		
Go To: <input type="text" value="Filing Agency Information"/>						
Initial Report: Filing Agency Information						
Filing Agency:	DELTA PROJECTS					
Address Line 1:	86 HARRISON AVE.					
Address Line 2:	-					
Address Line 3:	-					
City:	PLYMOUTH					
State:	-					
Zip Code:	-					
Phone Number:	-					
Staff who created the Incident Report in HCSIS:	LYONS, KAREN					
Is the staff entering the incident in HCSIS the same staff who filled out the Incident Report? *	<input type="text"/>					
Staff who filled out the Paper Incident Report (First Name):	<input type="text"/>					
Staff who filled out the Paper Incident Report (Last Name):	<input type="text"/>					
Staff responsible for incident follow-up (First Name):	<input type="text"/>					
Staff responsible for incident follow-up (Last Name):	<input type="text"/>					
<input type="button" value="Reset"/> <input type="button" value="Save"/> <input type="button" value="Check Spelling"/>		<input type="button" value="Save And Continue"/>				

This screen is partially populated with information about the filing agency. The user is required to fill out whether or not the staff entering the incident in HCSIS is the same staff member who filled out the incident report, and details about these individuals.

d. Complete Incident Classification

Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
Incident Information		Incident ID: 240511	Incident Date: 1/13/2014	Primary Incident Nature: Missing Person		
Go To: <input type="text" value="Incident Classification"/>						
Initial Report: Incident Classification						
Date the incident was discovered : *	<input type="text" value="01/13/2014"/>					
Approximate time the incident was discovered (HH:MM AM/PM): *	<input type="text" value="07:45 AM"/>					
Do you know the date and/or approximate time that the incident occurred: *	<input type="text" value="Both"/>					
Date the incident occurred :	<input type="text" value="01/13/2014"/>					
Approximate time the incident occurred (HH:MM AM/PM):	<input type="text" value="07:45 AM"/>					
Did staff directly observe the incident? *	<input type="text" value="Yes"/>					
Who was responsible for the supervision of the individual at the time of the incident? *	<input type="text" value="Reporting Provider"/>					
If Reporting Provider, was supervision at the time of the incident being provided as assigned? *	<input type="text" value="Yes"/>					
Responsible Site:	<input type="text" value="50 ALICE RD, BRAINTREE, MA"/>					
Primary Category of Incident: *	<input type="text" value="Missing Person"/>					
Secondary Category of Incident: *	<input type="text" value="Law Enforcement Contacted"/>					
Based on the selected categories, this incident requires a Major level of review.						
Did the incident involve the ingestion of non-food substances? *	<input type="text" value="No"/>					
Did the incident involve unauthorized use of drugs/alcohol? *	<input type="text" value="No"/>					
Did the incident involve suicidal threat/ideation? *	<input type="text" value="No"/>					
Did the incident involve non-compliance with a medical directive? *	<input type="text" value="No"/>					
Did the incident involve a medication refusal? *	<input type="text" value="No"/>					
Is there an injury to the individual(s)? *	<input type="text" value="No"/>					
<input type="button" value="Reset"/> <input type="button" value="Save"/>		<input type="button" value="Save and Continue"/>				

The Incident classification screen requires further detail input about the incident including:

- Date and time of discovery and incident
- Incident Observation
- Responsible Individuals
- Circumstances around the incident including use of unauthorized substances and medical non-compliances

Once a primary and secondary category of incident is selected, a prompt will appear classifying the incident as requiring a major or minor level of review. If the incident involves an injury to the individual, additional prompts will appear requiring detailed information about the injury type and severity, as well as treatment.



e. Complete Incident Description I

HOME	QM	PAH	ISP	ADMIN	TOOLS	Mass.Gov.Home	Help
HCR IM Death Reporting NCI Investigations Reports Event Data Entry Site Level Data Entry Restricted Access Report Extension Provider Filing Process Mgt. State Agency Review Process Mgt. Help QM > IM > Event Data Entry > Incident Description I Search							
Individual Information		Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
Incident Information		Incident ID: 240511	Incident Date: 1/13/2014	Primary Incident Nature: Missing Person			
Go To: Incident Description I							
Initial Report: Incident Description I Please describe in detail exactly what happened during the incident. Include dates, times, and all people involved including staff. Include all relevant details prior to, during, and after the incident. *							
ON 1/13/14 AT AROUND 7:45AM, THE INDIVIDUAL'S (W.O.) VAN ARRIVED TO TRANSPORT HIM TO HIS DAY PROGRAM. STAFF (B.S.), THE INDIVIDUAL AND A SUITEMATE WERE TRANSITIONING FROM THE PROGRAM TO DOWNSTAIRS TO THE VAN AND UPON REACHING DOWNSTAIRS/OUTSIDE OF THE PROGRAM THE ABOVE MENTIONED INDIVIDUAL STATED TO STAFF THAT TODAY THE WEATHER IS GOOD, SO HE'LL BE TAKING THE TRAIN TO HIS DAY PROGRAM. STAFF AND HIS VAN DRIVER COACHED HIM AS BEST THEY COULD TO GET HIM INTO THE VAN TO NO AVAIL. WILLIAM BEGAN WALKING BRISKLY UP THE STREET AWAY FROM STAFF AND HIS RESIDENTIAL PROGRAM. STAFF IMMEDIATELY RETURNED TO THE RESIDENTIAL PROGRAM AND NOTIFIED THE ON-CALL MANAGER, PROGRAM MANAGER, BOSTON POLICE AND ALL OTHER NECESSARY AUTHORITIES.							
Reset		Save		Check Spelling		Save And Continue	

This section of the report contains a text box that allows the user to provide a detailed description of the incident that may not be captured in other sections. This includes dates, times, and involved individuals relevant prior to, during, and following the incident. Input is mandatory, and it is necessary to provide adequate detail.

f. Complete Incident Description II

		Go To: Incident Description I
Initial Report: Incident Description II What is the most recent status of the individual? *		
		POLICE CAME TO THE RESIDENCE AND TOOK A REPORT .W.O RETURNED TO THE PROGRAM AT ABOUT 2:30PM .POLICE WERE NOTIFIED THAT THE INDIVIDUAL HAD RETURNED AND APPEARED TO BE FINE.SERVICE COODINATOR WAS NOTFYED HE HAD RETURNED
Is the incident location known? *		Yes
Where did the incident occur?		Individual's Residence
Location Detail:		Outdoors Area
Site location of incident:		
If not at provider site, information about incident location		
Location Name/Description:		Individual Residence
Address Line 1:		888 Main St A203
Address Line 2:		
Address Line 3:		
City:		Boston
State:		Massachusetts
Individuals Involved (Site Level Incidents Only):		
Reset		Save
Check Spelling		Save And Continue

This section requires input regarding the most recent status of the individual, as well as further details about the incident location details.

g. Fill out Actions Taken to Protect Health, Safety and Rights



Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
Incident Information	Incident ID: 240511	Incident Date: 1/13/2014	Primary Incident Nature: Missing Person			

Go To: Actions Taken To Protect Health, Safety, and Rights ▾

Initial Report: Actions Taken To Protect Health, Safety, and Rights
 Immediate actions taken to protect the individual. Describe administrative, health/safety, treatment and other actions taken to address the incident to date: *

STAFF ATTEMPTED TO VERBALLY RE-DIRECT THE INDIVIDUAL TO RETURN TO HIS RESIDENTIAL BUT TO NO AVAIL. STAFF INFORMED THE ON-CALL MANAGER, PROGRAM MANAGER, BOSTON POLICE AND ALL OTHER NECESSARY AUTHORITIES OF THE INCIDENT.

Treatment Provided By (Select all that apply):

- Self/Family
- Staff (non-licensed)
- LPN, RN, NP
- EMT
- MD's Office
- ER/Crisis Team (no admission)
- PCA
- Other (describe above)
- None

This section requires input regarding actions taken and treatment administered as a result of the incident.

h. Complete Involved Parties

HOME	QM	PAM	ISP	ADMIN	TOOLS	Mass.Gov Home	Help
HCR IM Death Reporting NCI Investigations Reports Event Data Entry Site Level Data Entry Restricted Access Report Extension Provider Filing Process Mgt. State Agency Review Process Mgt. Help QM > IM > Event Data Entry > Involved Parties Search							
Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast	
Incident Information	Incident ID: 240511	Incident Date: 1/13/2014	Primary Incident Nature: Missing Person				

Go To: Involved Parties ▾

First Name:	Last Name:	Relation to individual:	Contact Telephone Number:
Person involved with the Incident (First Name):	Ben		
Person involved with the Incident (Last Name): *	Smith		
Involve ment with Incident (Select all that apply): *	<input checked="" type="checkbox"/> Person who filled out Paper Incident Report <input checked="" type="checkbox"/> Eyewitnesses to the Incident <input checked="" type="checkbox"/> Person who reported the incident <input checked="" type="checkbox"/> Provider/Agency Staff who discovered or was first made aware of the incident		
Relation to individual: *	Reporting Provider Staff ▾		
Contact Telephone Number (123-456-7890):	999-999-9999		

On this screen you may add all involved parties in the incident. Once an individual is added, they will appear in the search box above the form and are able to be edited or removed if necessary.

i. Complete Notification Screen



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HOME QM PAM TSP ADMIN TOOLS						
HCR IM Death Reporting NCI Investigations Reports Event Data Entry Site Level Data Entry Restricted Access Report Extension Provider Filing Process Mgt. State Agency Review Process Mgt. Help QM > IM > Event Data Entry > Notification Search						
Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
Incident Information	Incident ID: 240511	Incident Date: 1/13/2014	Primary Incident Nature: Missing Person			
Go To: Notification						
Initial Report: Notification						
Was the On-Call person notified? *			Yes			
Name of On-Call person notified			John Smith			
Has Executive Office of Elder Affairs been notified of the incident? (Only applies to individuals greater than 59 years old. Choose 'N/A' for all other individuals) *			N/A			
Has DPPC been notified of the Incident? *			No			
Has DCF been notified of the incident? (Only applies to individuals less than 18 years old. Choose 'N/A' for all other individuals) *			N/A			
Has the family/guardian been notified of the Incident?			Yes - Have Notified			
Was Law Enforcement involved in the Incident? *			Yes			
Submitted By:			-			
Submitted Date:			-			
Reset Save		Submit To Agency				

This screen requires information about those individuals notified of the incident. Some of the fields are conditionally mandatory, for example responding “Yes” to “Was the On-Call person notified” will make the “Name of On-Call Person Notified” field mandatory.

j. Submit Report

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Health and Human Services Mass.gov						
HOME QM PAM TSP ADMIN TOOLS						
HCR IM Death Reporting NCI Investigations Reports Event Data Entry Site Level Data Entry Restricted Access Report Extension Provider Filing Process Mgt. State Agency Review Process Mgt. Help QM > IM > Event Data Entry > Notification Search						
Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
Incident Information	Incident ID: 240300	Incident Date: 2/1/2014	Primary Incident Nature: Unexpected Hospital Visit			
Go To: Notification						
Initial Report: Notification						
Was the On-Call person notified? *			Yes			
Name of On-Call person notified			John Smith			
Has Executive Office of Elder Affairs been notified of the incident? (Only applies to individuals greater than 59 years old. Choose 'N/A' for all other individuals) *			N/A			
Has DPPC been notified of the Incident? *			Yes - Have Notified			
Has DCF been notified of the incident? (Only applies to individuals less than 18 years old. Choose 'N/A' for all other individuals) *			N/A			
Has the family/guardian been notified of the Incident?			Yes - Have Notified			
Was Law Enforcement involved in the Incident? *			No			
Submitted By:			-			
Submitted Date:			-			
Reset Save		Submit To Agency				

Next steps:

Now that the initial report has been submitted, the user will be able to review and finalize the final report. The final report must be completed within seven days of the submission of the initial report. Additional incidents may be created simultaneously; therefore because this incident is not yet finalized it does not limit the user’s ability to begin creating a new incident for that individual or any other individual.



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 Event Data Entry | Site Level Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Individual Dashboard | Help
 QM > IM > Event Data Entry > Switch Board

Search

[Incident Notification Printable Summary](#)
[Printable Incident Summary](#)
[Incident Report Download \(PDF\)](#)
[Incident Report Download \(RTF\)](#)

Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
Incident Information	Incident ID: 240511	Incident Date: 1/13/2014	Primary Incident Nature: Missing Person			
Filing Agency Name: DELTA PROJECTS						

Incident Management Documents

Provider Incident Report
 Created: 01/14/2014; Initial Report Submitted: 01/14/2014

Area Office Management Review

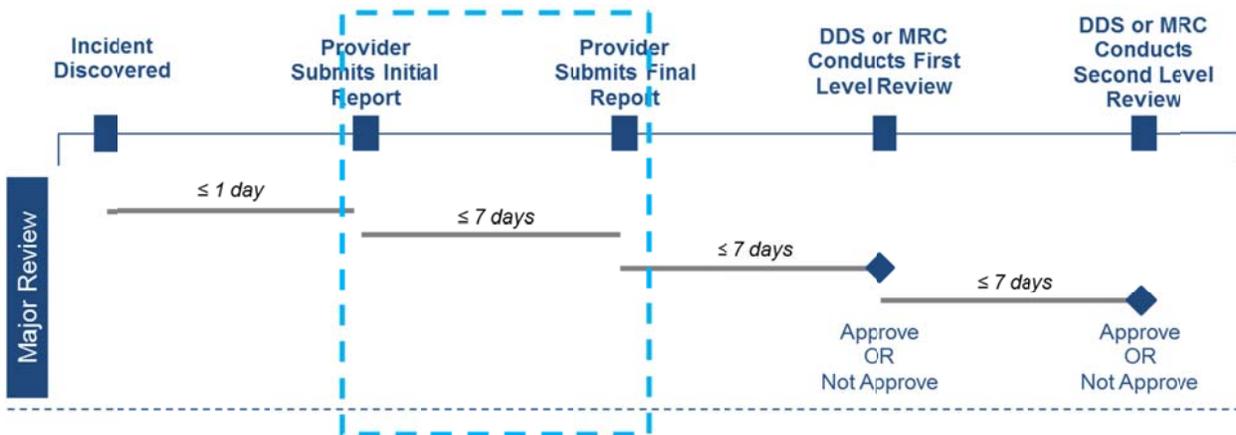
Regional Office Management Review

Action Steps Follow-up

On the individual event switchboard, as shown above, this event will appear as “Initial Report: Submitted” with the date of submission. This screen will update automatically as the report is finalized and reviews occur.

Scenario: Review and Finalize an Incident Report

The following steps will outline how to review and finalize an initial incident report. This occurs after an initial incident report has been submitted and will need to be completed within seven days of submitting the initial incident report. Finalizing the report allows the user to add more detail and information than was known at the time of the initial report, including changes that have occurred during the time period between the initial and final report. These may lead the user to change the category of an incident, add action steps follow up, or record details that become known after completion of the initial report.





Roles and Responsibilities

- The following users can finalize an initial report
 - Provider Supervisor
 - Case Manager
 - Case Manager Supervisor
 - MRC Central Office Oversight
 - DDS ABI/MFP Service Coordinator
 - DDS ABI/MFP Service Coordinator Supervisor

First Steps

- 1) The user logs into HCSIS via the Virtual Gateway
- 2) The user navigates to the Quality Management (QM) module
- 3) The user navigates to the Incident Management (IM) sub-module

Scenario Steps

- 1) **Search for an Individual**

a) Input search criteria

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HOME QM PAM ISP ADMIN TOOLS

HCR | IM | Death Reporting | NCI | Investigations | Reports
 Event Data Entry | Site Level Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help

QM > IM > Event Data Entry > Search

Individual/Event Search Criteria

Last Name: First Name:
 SSN: Event ID:
 From Date (MM/DD/YYYY): To Date (MM/DD/YYYY):

For Site Level Incidents, enter a date range and click the Search button.

User ID: TESTDELTAPROJECTS
 You are currently logged in as a user from:
 DELTA PROJECTS (Provider/State Op)

b) Select an Individual

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HOME QM PAM ISP ADMIN TOOLS

HCR | IM | Death Reporting | NCI | Investigations | Reports
 Event Data Entry | Site Level Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help

QM > IM > Event Data Entry > Search

Individual/Event Search Criteria

Last Name: Jones First Name:
 SSN: Event ID:
 From Date: To Date:

For Site Level Incidents, enter a date range and click the Search button.

Search: Show 10 entries

Name	SSN	DOB	Gender	Race	State Agency	Area Office
JONES, MASON	XXX-XX-9876	04/08/1960	Male		DDS	ABI-MFP Southeast

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

- 2) **View the Individual's Event History**



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HCR | IM | Death Reporting | NCI | Investigations | Reports
 Event Data Entry | Site Level Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help
 QM > IM > Event Data Entry > Search

Individual/Event Search Criteria

Last Name: First Name:

SSN: Event ID:

From Date: To Date:

For Site Level Incidents, enter a date range and click the Search button.

Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
<input type="button" value="New Individual Incident"/> <input type="button" value="New Medication Occurrence"/> <input type="button" value="New Optionally Reportable Event"/>						

Search: Show 10 entries

Event ID	Event Date	Primary Nature	Secondary Nature	Event Status	Area Office	Filing Agency
240300	02/01/2014	Unexpected Hospital Visit	E.R. Visit	Open	ABI-MFP Southeast	DELTA PROJECTS
240511	01/13/2014	Missing Person	Law Enforcement Contacted	Open	ABI-MFP Southeast	DELTA PROJECTS
240477				Open	ABI-MFP Southeast	DELTA PROJECTS

3) Select an Event

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 Event Data Entry | Site Level Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help
 QM > IM > Event Data Entry > Search

Individual/Event Search Criteria

Last Name: First Name:

SSN: Event ID:

From Date: To Date:

For Site Level Incidents, enter a date range and click the Search button.

Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
<input type="button" value="New Individual Incident"/> <input type="button" value="New Medication Occurrence"/> <input type="button" value="New Optionally Reportable Event"/>						

Search: Show 10 entries

Event ID	Event Date	Primary Nature	Secondary Nature	Event Status	Area Office	Filing Agency
240300	02/01/2014	Unexpected Hospital Visit	E.R. Visit	Open	ABI-MFP Southeast	DELTA PROJECTS
240511	01/13/2014	Missing Person	Law Enforcement Contacted	Open	ABI-MFP Southeast	DELTA PROJECTS
240477				Open	ABI-MFP Southeast	DELTA PROJECTS

4) View the Event Switchboard

On the individual event switchboard, the user can see the status of the incident report; at this point the incident will appear as submitted but not yet finalized.



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HCR | IM | Death Reporting | NCI | Investigations | Reports
 Event Data Entry | Site Level Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Individual Dashboard | Help
 QM > IM > Event Data Entry > Switch Board

Search

[Incident Notification Printable Summary](#)
[Printable Incident Summary](#)
[Incident Report Download \(PDF\)](#)
[Incident Report Download \(RTF\)](#)

Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
Incident Information	Incident ID: 240511	Incident Date: 1/13/2014	Primary Incident Nature: Missing Person			
Filing Agency Name: DELTA PROJECTS						

Incident Management Documents

Provider Incident Report
 Created: 01/14/2014; Initial Report Submitted: 01/14/2014

Area Office Management Review

Regional Office Management Review

Action Steps Follow-up

User ID: TESTDELTAPROJECTS

5) Finalize the Incident Report

- a) Click the Provider Incident Report status hyperlink to open the Initial Incident Report

HOME QM PAN ISP ADMIN TOOLS

HCR | IM | Death Reporting | NCI | Investigations | Reports
 Event Data Entry | Site Level Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Individual Dashboard | Help
 QM > IM > Event Data Entry > Switch Board

Search

[Incident Notification Printable Summary](#)
[Printable Incident Summary](#)
[Incident Report Download \(PDF\)](#)
[Incident Report Download \(RTF\)](#)

Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
Incident Information	Incident ID: 240511	Incident Date: 1/13/2014	Primary Incident Nature: Missing Person			
Filing Agency Name: DELTA PROJECTS						

Incident Management Documents

Provider Incident Report
 Created: 01/14/2014; Initial Report Submitted: 01/14/2014

Area Office Management Review

Regional Office Management Review

Action Steps Follow-up

User ID: TESTDELTAPROJECTS

- b) Input any additional information related to the incident

On this screen the user can input any additional information that has surfaced since logging the incident and submitting the initial report.



Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
Incident Information	Incident ID: 240511	Incident Date: 1/13/2014	Primary Incident Nature: Missing Person			

Go To:

Final Report: Additional Information
 Description of Incident from Initial Report: (THIS INFORMATION HAS NOT BEEN EDITED AND IS UNCHANGED FROM THE INITIAL REPORT)
 ON 1/13/14 AT AROUND 7:45AM, THE INDIVIDUAL'S (W.O.) VAN ARRIVED TO TRANSPORT HIM TO HIS DAY PROGRAM. STAFF (B.S.), THE INDIVIDUAL AND A SUITEMATE WERE TRANSITIONING FROM THE PROGRAM TO DOWNSTAIRS TO THE VAN AND UPON REACHING DOWNSTAIRS/OUTSIDE OF THE PROGRAM THE ABOVE MENTIONED INDIVIDUAL STATED TO STAFF THAT TODAY THE WEATHER IS GOOD, SO HE'LL BE TAKING THE TRAIN TO HIS DAY PROGRAM. STAFF AND HIS VAN DRIVER COACHED HIM AS BEST THEY COULD TO GET HIM INTO THE VAN TO NO AVAIL. WILLIAM BEGAN WALKING BRISKLY UP THE STREET AWAY FROM STAFF AND HIS RESIDENTIAL PROGRAM. STAFF IMMEDIATELY RETURNED TO THE RESIDENTIAL PROGRAM AND NOTIFIED THE ON-CALL MANAGER, PROGRAM MANAGER, BOSTON POLICE AND ALL OTHER NECESSARY AUTHORITIES.
 Any updated Information about the Incident Description (including dates, times, people involved, and relevant details prior to, during, and after the incident) since the submission of the Initial Report. Also, please indicate the current status of the individual. If law enforcement has been contacted, please list details of actions taken by law enforcement: (NEW DATA SINCE SUBMISSION OF INITIAL REPORT)
 POLICE CAME TO THE RESIDENCE AND TOOK A REPORT .W.O RETURNED TO THE PROGRAM AT ABOUT 2:30PM .POLICE WERE NOTIFIED THAT THE INDIVIDUAL HAD RETURNED AND APPEARED TO BE FINE.SERVICE COODINATOR WAS NOTFYED HE HAD RETURNED

Use the following fields to further categorize the event. Providers may develop their own template of values for the codes.
 Optional Field 1:
 Optional Field 2:
 Optional Field 3:
 Optional Field 4:

c) Add, edit or delete any Action Steps related to the incident

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 Event Data Entry | Site Level Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help

QM > IM > Event Data Entry > Action Steps

Search

Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
Incident Information	Incident ID: 240511	Incident Date: 1/13/2014	Primary Incident Nature: Missing Person			

Go To:

Action Step:	Targeted Completion Date:	Responsible Party (Name and/or Position):
--------------	---------------------------	---

Final Report: Action Steps
 Describe each corrective action step that has been or will be taken in response to the incident and/or the investigation including modifications to the individual's plan:
 Are there additional action steps for this incident? Yes No
 Action Step (list each action individually):
 ASSISTANT CLINICAL DIRECTOR WILL REVIEW HIS PLAN .SITE MANAGER MET WITH W.O TO TALK WITH HIM ABOUT SAFETY IN THE COMMUNITY .ALSO THAT IF HE WAS HAVING DIFFICULTY HE COULD TALK WITH STAFF.

Targeted Completion Date (MM/DD/YYYY):
 Responsible Party (Name and/or Position):

d) Add, edit or delete the Involved Parties fields



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HCR | IM | Death Reporting | NCI | Investigations | Reports
 Event Data Entry | Site Level Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help
 QM > IM > Event Data Entry > Involved Parties

Search

Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
Incident Information	Incident ID: 240511	Incident Date: 1/13/2014		Primary Incident Nature: Missing Person		

Go To: Involved Parties

First Name:	Last Name:	Relation to individual:	Contact Phone Number:
Ben	Smith	Reporting Provider Staff	999-999-9999

[Add](#) [Edit](#) [Delete](#)

Final Report: Involved Parties

Person involved with the Incident (First Name): Ben

Person involved with the Incident (Last Name): Smith

Involvement with Incident (Select all that apply):

- Person who filled out Paper Incident Report
- Eyewitnesses to the Incident
- Person who reported the incident
- Provider/Agency Staff who discovered or was first made aware of the incident

Relation to individual: Reporting Provider Staff

Contact Phone Number (123-456-7890): 999-999-9999

[Reset](#) [Save](#) [Check Spelling](#) [Save And Continue](#)

e) **Verify time and category of incident**

The last screen of the final report requires the user to review and verify the time and categorization information that was input during the initial submission of the report.

Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
Incident Information	Incident ID: 240511	Incident Date: 1/13/2014		Primary Incident Nature: Missing Person		

Go To: Verification of Time and Categorization

Final Report : Verification of Time and Categorization
Based on the current information and investigation facts, revise the time and classification (if necessary)

Date the incident was discovered: 01/13/2014

Approximate time the incident was discovered (HH:MM AM/PM): 07:45 AM

Do you know the date and/or approximate time that the incident occurred: Both

Date the incident occurred: 01/13/2014

Approximate time the incident occurred (HH:MM AM/PM): 07:45 AM

Primary Category of Incident: Missing Person

Secondary Category of Incident: Law Enforcement Contacted

Based on the selected categories, this incident requires a Major level of review.

Is the staff entering the Incident in HCSIS the same staff who filled out the Paper version of the Final Report? N/A - No Paper Incident Report

Staff who filled out the Paper version of the Final Report (First Name):

Staff who filled out the Paper version of the Final Report (Last Name):

Did staff directly observe the incident? Yes

Who was responsible for the supervision of the individual at the time of the incident? Reporting Provider

If Reporting Provider, was supervision at the time of the incident being provided as assigned? Yes

Was the On-Call person notified? Yes

Name of On-Call person notified: John Smith

Has Executive Office of Elder Affairs been notified of the incident? (Only applies to individuals greater than 59 years old. Choose 'N/A' for all other individuals) N/A

Has DPPC been notified of the Incident? No

Has DCF been notified of the incident? (Only applies to individuals less than 18 years old. Choose 'N/A' for all other individuals) N/A

Has the family/guardian been notified of the Incident? Yes - Have Notified

Was Law Enforcement involved in the Incident? Yes

f) **Finalize**

After completing the Verification of Time and Categorization Screen the user can finalize the incident report by clicking the Finalize button



Based on the selected categories, this incident requires a Major level of review.

Is the staff entering the Incident in HCSIS the same staff who filled out the Paper version of the Final Report?*

Staff who filled out the Paper version of the Final Report (First Name):

Staff who filled out the Paper version of the Final Report (Last Name):

Did staff directly observe the incident?*

Who was responsible for the supervision of the individual at the time of the incident?*

If Reporting Provider, was supervision at the time of the incident being provided as assigned?*

Was the On-Call person notified?*

Name of On-Call person notified

Has Executive Office of Elder Affairs been notified of the incident? (Only applies to individuals greater than 55 years old. Choose 'N/A' for all other individuals)*

Has DPPC been notified of the Incident?*

Has DCF been notified of the incident? (Only applies to individuals less than 18 years old. Choose 'N/A' for all other individuals)*

Has the family/guardian been notified of the Incident?*

Was Law Enforcement involved in the Incident?*

Did the incident involve the ingestion of non-food substances?*

Did the incident involve unauthorized use of drugs/alcohol?*

Did the incident involve suicidal threat/ideation?*

Did the incident involve non-compliance with a medical directive?*

Did the incident involve a medication refusal?*

Is there an injury to the individual(s)?*

Buttons:

Finalize an Unexpected Hospital Visit Incident Report

If the initial incident was designated as an Unexpected Hospital Visit, there is an additional screen in the Final Incident Report that addresses the details of the hospital visit. This additional screen appears before the remaining Final Incident Report screens. The following screenshots depict the additional information required related to the hospital visit.

In the screenshot below, the selection of the Reason for ER/Hospital Visit will determine the level of review required for the incident, as opposed to the primary and secondary incident categories.

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HCR | IM | Death Reporting | NCI | Investigations | Reports
 Event Data Entry | Site Level Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help

QM > IM > Event Data Entry > Hospital Visit

Search

Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
Incident Information	Incident ID: 240300	Incident Date: 2/1/2014	Primary Incident Nature: Unexpected Hospital Visit			

Go To: Hospital Visit

Final Report: Hospital Visit
 This page is to be completed only for a hospital visit.

Admission

Length of time spent in the Emergency Room/Urgent Care Facility/Crisis Unit: < 6 hours

Date of Admission (MM/DD/YYYY): 02/01/2014

Hospital name:

If other, please specify:

Reason for ER/Hospital visit: * Significant Behavioral Incident - Involving a Physical Altercation

If admitted, was admission from the Emergency Room?

If individual went to the ER, whether admitted or not, did you contact the individual's doctor's office prior to going to the ER? Yes

If yes, did you get an appointment at the doctor's office? (Answer only if doctor's office was contacted prior to going to the ER.) No

If no, reason for no appointment at doctor's office: (Answer only if you did not get appointment at doctor's office.) Dr. Appointment not available

After providing details about the Admission information, the user would be requested to provide information on the Hospital Course, Discharge and Diagnosis.





There are additional prompts on the diagnosis, as shown below:





Once all of the Hospital Visit information is saved in the Final Incident Report, the user would move through the additional screens of the Final Incident Report. On the last screen of the Final Incident Report, there is one key difference between an Unexpected Hospital Visit incident and any other incident type. Instead of stating that based on the incident categories selected, the incident will require a major/minor level of review, the system will state that based on the reason for ER/Hospital Visit, the incident is a major/minor incident.

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HCR | IM | Death Reporting | NCI | Investigations | Reports
 Event Data Entry | Site Level Data Entry | Restricted Access | Report Extension | Provider Filing Process Mgt. | State Agency Review Process Mgt. | Help
 QM > IM > Event Data Entry > Verification of Time & Categorization

Search

Individual Information	Name: JONES, MASON	SSN: XXX-XX-9876	DOB: 4/8/1960	Gender: Male	State Agency: DDS	Area Office: ABI-MFP Southeast
Incident Information	Incident ID: 240300	Incident Date: 2/1/2014	Primary Incident Nature: Unexpected Hospital Visit			

Go To: Verification of Time and Categorization

Final Report : Verification of Time and Categorization
 Based on the current information and investigation facts, revise the time and classification (if necessary)

Date the incident was discovered: 02/01/2014
 Approximate time the incident was discovered (HH:MM AM/PM): 09:15 AM
 Do you know the date and/or approximate time that the incident occurred: Both
 Date the incident occurred: 02/01/2014
 Approximate time the incident occurred (HH:MM AM/PM): 09:15 AM
 Primary Category of Incident: Unexpected Hospital Visit
 Secondary Category of Incident: E.R. Visit

Based on the Reason for ER/Hospital Visit, this incident is a Major Incident.

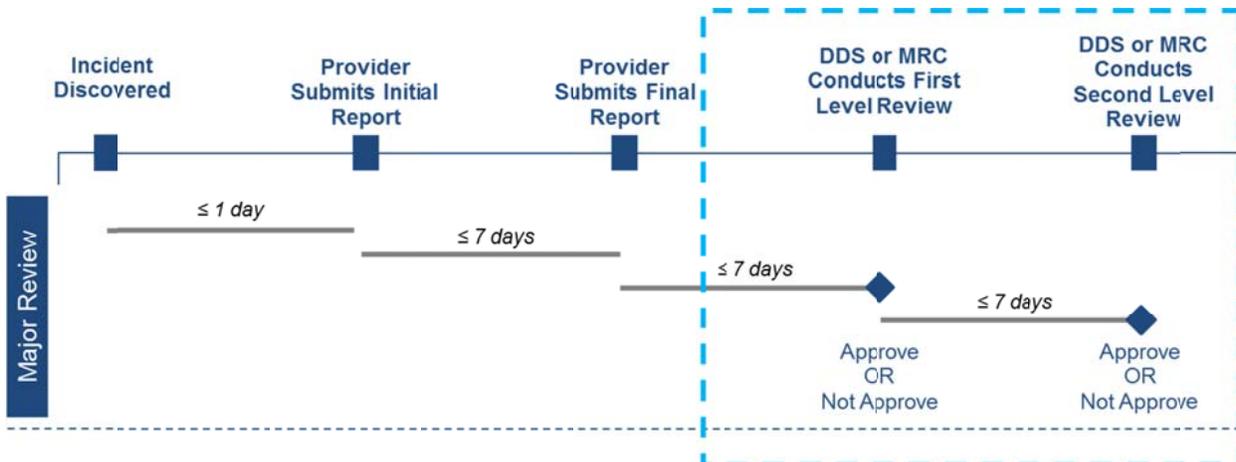
Is the staff entering the Incident in HCSIS the same staff who filled out the Paper version of the Final Report? N/A - No Paper Incident Report
 Staff who filled out the Paper version of the Final Report (First Name):
 Staff who filled out the Paper version of the Final Report (Last Name):
 Did staff directly observe the incident? Yes

Scenario: Delete an Incident

There are situations that will necessitate the deletion of a created incident. This may occur for one of three reasons:

- 1) It does not rise to the level of an incident
- 2) There is a duplicate entry
- 3) There is a user error

An event may be deleted during the review process following the submission of the final report by the provider. Please note you must know the event ID of the event you are deleting.





Roles and Responsibilities

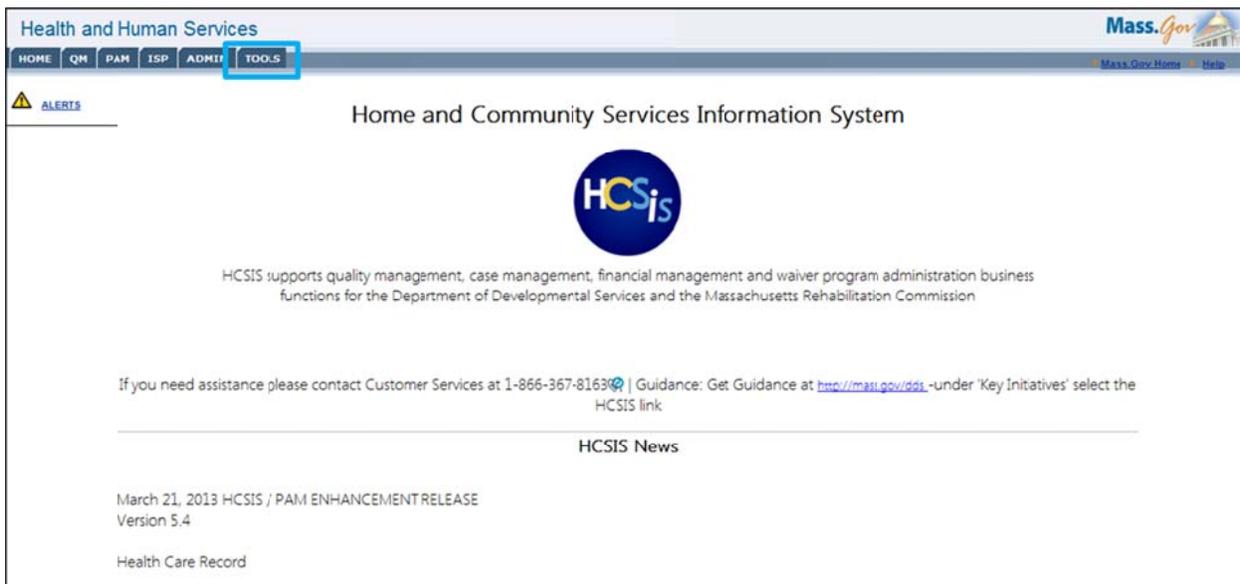
- The following users can delete an incident
 - MRC Case Manager Supervisor
 - MRC Central Office Oversight
 - DDS ABI/MFP Regional Staff

First Steps

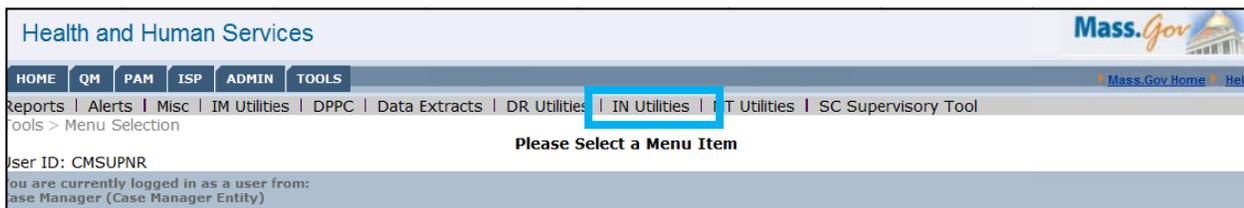
- 1) The user logs into HCSIS via the Virtual Gateway
- 2) The incident has been created in the system by a Provider, Service Coordinator or Case Manager

Scenario Steps

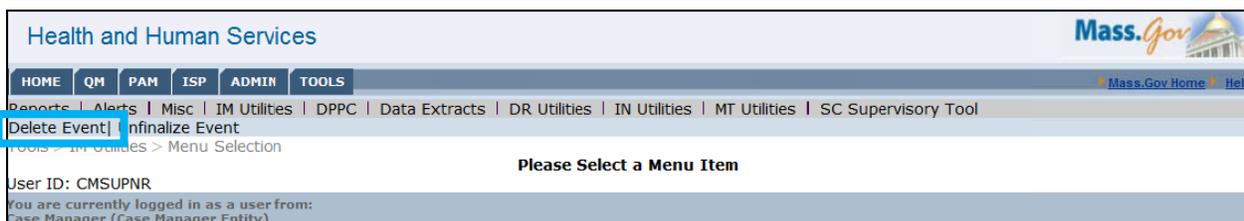
- 1) **Select Tools**



- 2) **Select the IM Utilities Menu Item**



- 3) **Select the Delete Event Menu Item**



- 4) **Search for an Event using the Event ID**



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Reports | Alerts | Misc | IM Utilities | DPPC | Data Extracts | DR Utilities | IN Utilities | MT Utilities | SC Supervisory Tool

Delete Event| Unfinalize Event

Tools > IM Utilities > Delete Event > Delete Event

Event Search Criteria

Event ID:

You are currently logged in as a user from:
Case Manager (Case Manager Entity)

5) Delete Event
a. Select “Delete”

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Reports | Alerts | Misc | IM Utilities | DPPC | Data Extracts | DR Utilities | IN Utilities | MT Utilities | SC Supervisory Tool

Delete Event| Unfinalize Event

Tools > IM Utilities > Delete Event > Delete Event

Event Search Criteria

Event ID:

Individual Information	Name: WALKERTESTSUBGRPA, JASON	SSN: XXX-XX-6	DOB: 1/3/1970	Gender:	State Agency: MRC	Area Office:
Incident Information	Incident ID: 239135	Incident Date: 1/1/2012	Primary Incident Nature: Missing Person			

View Event Details

You are currently logged in as a user from:
Case Manager (Case Manager Entity)

Note: the user could also view the event details before clicking “Delete” to confirm that the event is the event they would like to delete.

b. Enter a reason for deletion

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Reports | Alerts | Misc | IM Utilities | DPPC | Data Extracts | DR Utilities | IN Utilities | MT Utilities | SC Supervisory Tool

Delete Event| Unfinalize Event

Tools > IM Utilities > Delete Event > Delete Event

Event Search Criteria

Event ID:

Reason For Deletion: *

Please confirm your selection

Does not rise to the level of an incident.

Duplicate

User Error

You are currently logged in as a user from:
Case Manager (Case Manager Entity)



c. Confirm deletion

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Reports | Alerts | Misc | IM Utilities | DPPC | Data Extracts | DR Utilities | IN Utilities | MT Utilities | SC Supervisory Tool

Delete Event | Unfinalize Event

Tools > IM Utilities > Delete Event > Delete Event

Event Search Criteria

Event ID:

Reason For Deletion: * ▾

Please confirm your desire to delete the event 239135.

You are currently logged in as a user from:
Case Manager (Case Manager Entity)

Filename: C4755CDD
Directory: C:\Users\Hernande\AppData\Local\Microsoft\Windows\Temporary
Internet Files\Content.MSO
Template: H:\OMR_Training\Templates\Job Aid.dot
Title:
Subject: Individual Assessment Job Aid v1.0
Author: Goulden, Katrina
Keywords:
Comments:
Creation Date: 5/7/2014 9:05:00 AM
Change Number: 2
Last Saved On: 5/7/2014 9:05:00 AM
Last Saved By: Victor Hernandez
Total Editing Time: 2 Minutes
Last Printed On: 5/7/2014 9:15:00 AM
As of Last Complete Printing
Number of Pages: 27
Number of Words: 2,419 (approx.)
Number of Characters: 13,791 (approx.)