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Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
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CIRCULAR LETTER: DHCQ 13-9-599

TO: Long Term Care Facility Administrators

FROM: Madeleine Biondolillo, MD
Interim Assistant Commissioner

DATE: September 17, 2013

RE: Compliance with web-based reporting of incidents and abuse using the **Health Care Facility Reporting System (HCFRS)**.

The Department of Public Health, Division of Health Care Quality has required all LTC facilities to use the **Health Care Facility Reporting System (HCFRS)** to report events since January 1, 2013.

An initial period has been allowed for facilities to finalize enrollment, familiarize themselves with its usage and to overcome any initial data entry challenges. As of Sept 25, 2013, all facilities failing to comply with this requirement will be out of compliance with State reporting requirements. Surveyors will cite facilities for not using the HCFRS.

Attached, for ease of reference, are the documents which have been previously circulated **with additional guidance on ongoing system maintenance:**

- HCFRS Enrollment Process
- Ongoing maintenance of the Health Care Facility Reporting System
- Helpful Hints
- Definitions/highlights (with dates for reporting on the HCFRS)

Please note it is the responsibility of each facility to ensure:

- All staff who are enrolled to report using HCFRS are capable of using the system following the guidelines given;
- Continuity of reporting in the event of change of ownership/personnel;
- DPH and the Virtual Gateway are informed of any change of email addresses of users to ensure that communication through the system is maintained at all times (see attached guidance);
- All DPH reporting requirements are met;
- Situations that require “immediate” reporting to the Department continue to be reported to a live person by telephone (1-800 462 5540 – calls out of regular opening hours will be re-directed to an on call service) in addition to any online report – submitting the report online does not meet the immediate reporting requirement.

Facilities will not be held liable for any technical errors with the HCFRS program, or if express permission has been given by DPH staff for the submission of a faxed report in exceptional circumstances.

Should you have any additional questions regarding this notification, please see the contact details in the attachments to this Circular Letter.

HCFRS enrollment process

The following steps are involved in establishing accounts. Please note that Appendices A and B mentioned below are considered by the Virtual Gateway to be Legal Documents and therefore the originals must be mailed to DPH. DPH will review these forms to ensure they are complete and forward them to the Virtual Gateway.

1. *Fulfillment of Legal Agreements with the Virtual Gateway.*

It is the responsibility of the facility's Administrator to ensure that the facility is in compliance with Virtual Gateway requirements by completing the Virtual Gateway Service Agreement form (referred to as Appendix B)

2. *Designation of "Access Administrator"*

By completing the document known as appendix A, the facility's Administrator designates a staff member at the facility to be responsible for signing up the facility's HCFRS users – this person is known as the Access Administrator. The Access Administrator does not have to be the facility Administrator. It is advisable to also designate a back up Access Administrator. The facility's Administrator must sign both page 1 and page 2 of Appendix A to authorize the Access Administrators. It is imperative that on both the Appendix A and B forms the name of the facility be consistent throughout the document. This name is how the Virtual Gateway will recognize a particular facility going forward. Note: If the legal entity name and facility name are different, please include both the legal name and the doing business as (dba) name for example DPH Inc, dba DPH (Boston).

Mail the fully completed and original signed appendix A&B Forms to:
HCFRS Enrollment
DPH/Bureau of Health Care Safety & Quality
99 Chauncy St., 2nd Floor
Boston, MA 02111

3. *Agreements with DPH*

Facility User and Authorized User Agreement forms, referred to as Form 1 and Form 2, are the agreements with DPH designating the Access Administrator and listing the end users (these should be the same people named in the VG agreements). The Facility and Authorized User Agreement forms should be scanned and emailed to Linda.casaletto@state.ma.us at DPH.

4. *Establishing VG "end users"*

DPH will notify the Access Administrator at a particular facility when the facility's account has been established by the Virtual Gateway. DPH will then email a User Request Form (URF) to the Access Administrator along with instructions for completing and submitting this form. This URF form will establish end users for a particular facility in HCFRS through the Virtual Gateway and must be sent directly to the Virtual Gateway.

When the URF form is received by the Virtual Gateway it will be acknowledged. Seven to ten days later the Virtual Gateway will contact the Access Administrator and provide a User I.D. for the facility by email.

At the same time DPH will approve and upload all end users into HCFRS as the final step. The HCFRS Facility User Agreement form and the HCFRS Authorized User Agreement form (see 3 above) must have been received by DPH for this upload to occur.

Please note, by signing the enrollment application you have agreed to the HCFRS Terms and Conditions.

It is important to note that the Virtual Gateway requires forms to be completed accurately. Applications received with missing information will therefore be returned. Unfortunately, this will delay enrollment in the HCFRS program.

Please be aware that it can take two or more weeks from the time that we receive your application to when the HCFRS account will be available to you.

All the forms mentioned above can be found at:

<http://www.mass.gov/eohhs/provider/reporting-to-state/abuse-neglect/health-care-facilities/forms-and-web-based-reporting.html>

or by going to the DPH website and clicking on the “Provider” tab following the links to “Forms and Applications”; “Health Care Quality”; and “Reporting Incidents in Healthcare Facilities”.

Information on how to submit an incident using HCFRS, including training videos, is also available on the website.

We appreciate your participation in the implementation of HCFRS. If you have questions, please contact:

- Technical Support Guido Altomonte at 617-753-8180 or
guido.altomonte@state.ma.us
- Other Reporting queries Rosalind Cresswell at 617-753-8159 or
rosalind.cresswell@state.ma.us

Ongoing Maintenance of the Health Care Facility Reporting System

The Department of Public Health recognizes that on-going change in key personnel is inevitable. It is the facility's responsibility (and not that of DPH) to ensure continuity and to meet the facility's reporting obligations.

Once initial enrollment in the on line incident reporting system has been established, it is the responsibility of the Facility Administrator to maintain the continuity of the reporting process. DPH strongly recommends that all facilities maintain a secondary "back up" *Access Administrator* to help ensure this continuity and keep a written record of the enrollment and on-going maintenance process to guide future users. DPH hopes this additional information will assist in that process.

What to do if:

1. The *Access Administrator* leaves.

- A) The "back up" *Access Administrator* would "deactivate" the former *Access Administrator* from HCFRS by completing a URF (User Request Form) and list that individual by name and placing "Xs" in the columns on the far right of the form "deactivating" that person from HCFRS and from the Virtual Gateway. This form is emailed to the Virtual Gateway and a copy of this form provided to the DPH contact for HCFRS.
- B) A new Section 1 HCFRS Facility User Agreement Form would be completed by the Facility Administrator (only they can do this) designating a new *Access Administrator* and a new Section 2 HCFRS Authorized User form completed by the *Access Administrator*. These forms would be emailed to the DPH contact for HCFRS.
- C) A new Appendix A - Designation of Access Administrator form would be prepared by the Facility Administrator indicating the choice of a new *Access Administrator* and mailed to DPH (this document must be an original) for forwarding to the Virtual Gateway.
DPH will notify the new *Access Administrator* when to submit a URF (User Request Form) to the Virtual Gateway to add himself/herself as a user of HCFRS. The Virtual Gateway will then contact this new user (usually within 7-10 days with a User I.D. and a temporary password for access to the system.

2. A *User* (on-line reporter) needs to be replaced

- A) If an authorized *User* leaves and is being replaced by another *User*, the facility's *Access Administrator* or in their absence the back-up, would submit a new Section 2 HCFRS Authorized User Agreement form by email to the DPH contact for HCFRS.
- B) The *Access Administrator* or in their absence the back-up would then complete a URF (User Request Form) listing the *User* who left and placing "Xs" in the columns on the right side of the form to "deactivate" that person from HCFRS and from the virtual gateway. They would place the name of the new *User* on the next line and "Xs" placed in the columns marked "Medical Facility User" and "New User". This form should then be emailed to the Virtual Gateway and a copy sent by email to the DPH contact for HCFRS.

3. **The facility's name/ownership or users email addresses change.**

- A) The *Access Administrator* or their back-up should submit a short email note to the Virtual Gateway indicating that the email addresses for all users have changed and accompanied by an attached URF (User Request Form). The URF should contain the updated email addresses for each user and placing an "X" in the "modification" block for each user's name. A copy of the URF should also be provided to the DPH contact for HCFRS.
- B) The Facility Administrator should then prepare a new Appendix A - Designation of Access Administrator Form and a new Appendix B - EOHHS Virtual Gateway Services Agreement Form with the new facility name and all other requested information.
- NOTE:** As with your enrollment, the name you place on this form is how the Virtual Gateway will recognize the facility. This is the name that must always appear on any URF (Users Request Form) submitted in the future to the Virtual Gateway. Any deviation from this new name will cause the document (URF) to be rejected. These forms (Appendices A&B) must be originals and be mailed to DPH along with a very brief letter on facility letterhead stating that the name has changed and bearing the signature of the Facility Administrator.

The mailing address for DPH is:

HCFRS Enrollment
DPH/Health Care Quality
99 Chauncy St., 3rd Floor
Boston, MA 02111

The email address for the virtual Gateway is:

virtualgatewayhelpdeskfaxes@massmail.state.ma.us

The email address for DPH HCFRS enrollment is:

HCQHCFRSenrollment@state.ma.us

Information on how to submit an incident using HCFRS, including training videos, is available at: <http://www.mass.gov/eohhs/provider/reporting-to-state/abuse-neglect/health-care-facilities/forms-and-web-based-reporting.html> or by going to the DPH website and clicking on the "Provider" tab following the links to "Forms and Applications"; "Health Care Quality"; and "Reporting Incidents in Healthcare Facilities".

You will find links to four training videos at the bottom of the "Forms and Web Based reporting" webpage.

Helpful Hints

These hints have been written with the benefit of 6 months experience by users and are offered in an attempt to support facilities in their use of the system. The more relevant detail and background information you can provide about an incident, the better to illustrate what occurred, how it has been investigated, what the results of the investigation are and what is being done to remedy the situation.

System management

HCFRS has a time out function for security reasons. Always remember to save data regularly so that it is not lost.

To create a report do not double click to open the Intake function as it will result in the report being opened in read only mode and none of your data can be saved. Instead use the “available action” drop down function, highlight the action you wish to take and then click “start action”. The report form screen will then appear. As a checking mechanism always ensure the save button is highlighted on the report form screen before entering data because if it is not, you will not be able to save what you have typed.

Throughout the report form there are “add new” functions (in blue) which should be used, for example, for submitting multiple residents in resident to resident altercations or for additional harm types etc. relevant to the incident reported. **Do not** check multiple residents, no demographic (which is intended for incidents affecting all or most of the resident such as an infection outbreak or an environmental problem), when completing a resident to resident report. Instead click “yes” which will give you a field of questions to answer about the resident. Then, go back up and click the blue “add new”, scroll to the bottom of resident #1 info, answer “yes” again and get a new field of questions for resident #2.

If using the tab function to move between fields on the form, the drop down functions do not appear. For accessing the drop down function use the mouse to scroll between fields.

Once a report is submitted your initial 9 digit reference number (starting with 1000) will change to a 7 digit number beginning with your facility ID number. This is your confirmation that the report has been submitted.

Once the report is submitted information cannot be added to the original report. If you wish to add information you can:

- For small additional notes use the note box function at the top right of the dashboard (the first page before the report screen) which can also be used for dialogue with DPH and is visible to both parties.
- For longer comments or copying documents like a care plan, final conclusion or statement use the attachment function located on the left of the dashboard and click “[add](#)”. Once saved, the attachment is available to DPH to review.

DPH staff will be alerted via the system to any new information which is added in these ways without the need to re-submit it.

If DPH requires additional information on a report you will receive an email from Virtual Gateway alerting you to check the submitted report. To ensure you receive this email, you must ensure DPH and the Virtual gateway is informed of any new email addresses used. You can also add the address to your safe sender list - hcq.intake@massmail.state.ma.us and please check your spam/junk email to ensure no mail has ended up there.

Content management

Completing the incident narrative

To avoid time spent duplicating information, include only information not covered elsewhere in the report form but please provide full details of the allegation made or incident – including specific details about what was allegedly said/heard/witnessed or what happened and who was involved etc. If you refer to safety measures please specify whether they were in use, used appropriately and working.

Completing the internal investigation narrative

Include details of how you have investigated, what has been determined, whether there are contributory factors, whether similar incidents have occurred and what your conclusions are. Please explain the reasons for these conclusions or if you are unable to reach a conclusion.

Completing the corrective measures narrative

Include all action taken in response to the incident or allegations, the resident's current status, any disciplinary action (if taken), checks made to equipment/facility, the plan of correction and changes to care plan including details etc.

Please do not include proper names in your narrative. Instead refer to “the resident” or “resident #1” etc if there are multiples.

Ensure that all questions on the form are completed as fully as possible including using more than one option from a drop down menu when applicable and available. For example a resident can be demented and mentally ill.

If information is unknown at the time of completing the report use either the unknown option in a drop down menu or, if none of the available options apply please explain in the report narrative section.

If the report is an initial report and you intend to send additional information, please make this clear in the narrative. Additional information should be sent as an attachment to the original report and not by creating a new report. If you indicate that your investigation is on-going, DPH will await a copy of the final report to be attached within usual regulatory time limits.

For accused information the name is required regardless of the outcome of the facility's investigation.

Please remember that the more information you include and the clearer it is written the less likely we will need to contact you for additional material.

Thank you for your participation in HCFRS. This data is very important to all of us and contributes to the shared goal of maintaining and raising standards of care provided to residents in Massachusetts LTC facilities.

DEFINITIONS / HIGHLIGHTS

December 1, 2012	Deadline for submission of all enrollment paperwork.
January 1, 2013	Facilities will be required to report via HCFRS by this date.
September 17, 2013	Potential for enforcement action against facilities failing to use system.
HCFRS	Health Care Facility Reporting System, to replace currently used faxed reporting forms for incidents and allegations.
VG	Virtual Gateway, secure internet portal that facilities are required to establish an account with in order to use HCFRS.
Access Administrator	Designee by facility administrator who is responsible for signing up the facility HCFRS end users. The facility administrator may designate him/herself if desired.
End Users	Facility staff members who will be able to access and enter reports in the HCFRS.
Appendices A & B	First forms to be submitted, as originals, to DPH. Appendices A&B are available on the website listed on the enclosed circular attachment.
URF	User Request Form. Emailed by DPH to the facility Access Administrator after the VG establishes an account based on receipt of completed Appendix A & B forms. The facility will identify its end users on the URF which is then returned directly to the VG. The VG will email the Access Administrator with the User ID 7-10 days later.
Facility User (section 1 form) & Authorized User Agreement (section 2 forms)	Emailed by DPH to the facility Access Administrator. Once completed, these two forms should be scanned and emailed to linda.casaletto@state.ma.us