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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-13-10-602

TO: Acute Care Hospital Chief Executive Officers

FROM: Madeleine Biondolillo, MD, Bureau Director *MB*
Bureau of Health Care Safety and Quality
Interim Associate Commissioner
Massachusetts Department of Public Health

SUBJECT: Guidelines for Reporting Use of Electronic Health Records and Computerized
Provider Order Entry for Acute Care Hospitals

DATE: October 31, 2013

Sections 36 and 37 of Chapter 305 of the Acts of 2008, *An Act to Promote Cost Containment, Transparency and Efficiency in the Delivery of Quality Health Care*, requires hospitals and community health centers to implement certified electronic health records (EHR) and computerized physician order entry (CPOE) systems as a condition of licensure. The Department promulgated regulations pursuant to this requirement in June of 2013, which can be found at 105 CMR 130.375 (Attachment 1; <http://www.mass.gov/eohhs/docs/dph/regs/105cmr130.pdf>). This circular letter outlines the regulatory requirements for acute care hospitals and the steps that these facilities must take to be considered in compliance as of December 1, 2013.

Acute care hospitals must demonstrate compliance with three requirements in 2013. These include:

1. Implementation of Certified EHR Technology that has been tested and certified to comply with 2011 Edition EHR Certification Criteria as outlined in the CMS Meaningful Use program;
2. Registration with CMS and attestation to compliance with CMS Stage 1 Meaningful Use Criteria; and
3. Utilization of CPOE for at least 30% of medication orders, as further specified in 42 CFR Part 495.6(d)(1)(ii).

Acute care hospitals must meet each of these three criteria in order to successfully attest to compliance with CMS Stage 1 Meaningful Use. The Department will consider hospitals that successfully attest to CMS Stage 1 Meaningful Use to be in compliance with the Department's regulations. Detailed instructions on how to submit documentation to the Department are outlined below.

Acute care hospitals that are not able to meet these requirements by December 1, 2013 may apply for a waiver under 105 CMR 130.050. To apply for a waiver, a hospital should submit a written letter to the Department addressing the following items:

1. The specific requirement(s) in 105 CMR 130.375 that the hospital requests be waived (1, 2 or 3, above);
2. The hospital's current progress in implementing EHR/CPOE systems and meeting the requirements outlined in 105 CMR 130.375;
3. The circumstances leading the hospital to request the waiver;
4. The date by which the hospital expects to be in compliance with the requirements; and
5. The measures that the hospital has taken to ensure that its inability to meet the requirements is not jeopardizing patient safety or quality of care.

A hospital that intends to request a waiver must submit the above items at least two weeks before the December 1, 2013 compliance deadline, and at least four weeks before the compliance deadline in future years. Please note that a hospital that has received a waiver is still required to report its compliance status using the Health Care Facilities Reporting System; detailed instructions are included below. Requests can be sent by e-mail or traditional mail to Kara Murray at the Bureau of Health Care Safety and Quality (address above).

If you have any questions please contact Kara Murray at 617-753-8066 or Kara.Murray2@state.ma.us.

Guidelines for Submitting Documentation of Compliance with 105 CMR 130.375

Documentation: Hospitals must submit two documents to the Department:

1. The Summary of Submission PDF generated by the CMS Registration and Attestation System (<https://ehrincentives.cms.gov/hitech/login.action>).
2. The Acknowledgment of Submission PDF generated by the CMS Registration and Attestation System (<https://ehrincentives.cms.gov/hitech/login.action>).

Timeline: Hospitals must submit both documents by December 1, 2013 and by December 1 of each calendar year thereafter. A hospital that has completed its CMS attestation for a calendar year before December 1 is welcome to submit documentation earlier.

Format: Hospitals should submit the documents using the Health Care Facility Reporting System (HCFRS) using the same online form that hospitals use to report incidents, Serious Reportable Events and Mandatory Nurse Overtime. Please note that HCFRS can only be accessed by authorized users. If a hospital wishes to create an account for a new user, it must complete the Section 2 HCFRS Authorized User Agreement form (Attachment 2) and send it to Christina Scimone at Christina.Scimone@massmail.state.ma.us. Once the form has been reviewed by the Department, you will receive a User Request Form. This form must be completed and e-mailed to the Virtual Gateway; please copy the Department on your e-mail. The request should be processed by the Virtual Gateway in 7-10 days. If you have any questions about this process, please contact Christina Scimone (617-753-8184).

Hospitals can also submit the documentation under the account of an existing user. Please do not call the Department to inquire about which individuals at your facility are authorized users; the Department does not keep updated records of this information.

Please note that all hospitals were required to enroll in HCFRS by June 30, 2013, per circular letter number DHCQ 13-4-588 (<http://www.mass.gov/eohhs/docs/dph/quality/hcq-circular-letters/2013/dhcq-1304588.pdf>). No hospital is authorized to submit its documentation by fax or mail. Complete enrollment instructions are included in circular letter number DHCQ 13-4-588 (Attachment 3).

Steps:

To submit your hospital's documentation to the Department, please complete the following steps:

1. Complete the CMS Meaningful Use Attestation online
2. Save the two documents in PDF form which are made available after submission
 1. Summary of submission
 2. Acknowledgment of submission

Please note that hospitals are required to keep these documents for at least six years following the EHR reporting period, as defined in 42 CFR 495.4.

3. Log-in to HCFRS to create a new report at:
<https://gateway.hhs.state.ma.us/authn/login.do>
4. Complete the Reporter Information section.

Guidelines for Submitting Documentation of Compliance with 105 CMR 130.375

5. When asked to “Enter a patient/resident/client” in the Patient Information section, select “No.” No other information should be completed in this section.
6. In the Incident Information section, complete the following fields:
 - a. Incident Date: Please enter the date on which you are submitting the report.
 - b. Select the Incident Type: EHR/CPOE
 - c. Leave all of the other fields in the Incident Information field blank, except for the Incident Narrative field.
 - d. In the Incident Narrative field, please enter the appropriate text, choosing from the options below:
 - i. EHR/CPOE documentation is attached to this report; or
 - ii. Hospital has been granted a waiver for this reporting period.

If neither of the options above is accurate for your hospital, please contact Kara Murray at 617-753-8066 or Kara.Murray2@state.ma.us.
 - e. Leave the Notification, Witness Information and Accused Information sections blank.
 - f. **Attach the Summary of Submission and Acknowledgement of Submission PDFs.**
 - g. Submit your report.

ATTACHMENT 1: REGULATIONS

130.370: continued

(G) A hospital shall provide written notice to a patient of the patient's right to inspect and to receive a copy of the patient's medical records and the hospital's medical record retention policy, as specified in M.G.L. c. 111, § 70.

130.371: Posting of Notice of Patients' Rights

A hospital shall have visibly posted a notice that has the heading "NOTICE OF PATIENTS' RIGHTS" in block letters at least one inch high that contains all the rights provided by M.G.L. c. 111, § 70E. The notice shall be posted in at least one central area where all patients are likely to see it. In addition, each patient, upon admittance to the hospital, shall be given a written document containing all the rights provided by M.G.L. c. 111, § 70E.

130.375: Electronic Health Records

(A) Definitions applicable to 105 CMR 130.375

Acute Hospital means a hospital with a majority of medical-surgical, pediatric, obstetric, and maternity beds, as defined by the Department.

Centers for Medicare & Medicaid Services (CMS) means the agency within the federal Department of Health and Human Services responsible for administering Medicare, Medicaid, and the Children's Health Insurance Program.

Certification Commission for Healthcare Information Technology (CCHIT) means the nonprofit organization authorized by the Office of the National Coordinator for Health Information Technology to test and certify EHR technology to the certification criteria specified in 45 CFR Part 170.

Certified Electronic Health Record (Certified EHR) Technology means EHR technology that has been tested and certified by CCHIT or another agency or organization approved by ONC-HIT to test and certify EHR technology.

CMS Stage 1 Meaningful Use Criteria means the Stage 1 meaningful use objectives and measures specified in 42 CFR Part 495.

CMS Stage 2 Meaningful Use Criteria means the Stage 2 meaningful use objectives and measures specified in 42 CFR Part 495.

Computerized Provider Order Entry (CPOE) means a system that enables the provider to directly enter medication orders, laboratory orders, and radiology orders from a computer or other electronic device. The order is then documented or captured in a digital, structured, and computable format for use in improving the safety and efficiency of the ordering process.

Electronic Health Record (EHR) Technology means computer technology that records patient health-related information and:

- (1) includes patient demographic and clinical health information, such as medical history and problem lists;
- (2) has the capacity to:
 - (a) provide clinical decision support;
 - (b) support provider order entry;
 - (c) capture and query information relevant to health care quality;
 - (d) exchange electronic health information with, and integrate such information from other sources;
 - (e) protect the confidentiality, integrity and availability of health information stored and exchanged.

Eligible Professional (EP) means an eligible professional as defined in 42 CFR 495.100 or a Medicaid eligible professional as defined in 42 CFR 495.304.

Non-acute Hospital means a hospital licensed under 105 CMR 130.000 that is not an acute hospital.

130.375: continued

Office of the National Coordinator for Health Information Technology (ONC-HIT) means the agency within the federal Department of Health and Human Services responsible for authorizing organizations to test and certify EHR technology to the certification criteria specified in 45 CFR Part 170.

Satellite Community Health Center (SCHC) means a satellite unit of a hospital that also is a federally-qualified health center operating in conformance with federal rules for community health centers at 42 U.S.C. 254b and currently participating in the Massachusetts Medicaid program, or a community health center with an active provider agreement with MassHealth under 130 CMR 405.000: *Community Health Center Services*.

2011 Edition EHR Certification Criteria means the 2011 EHR certification criteria specified in 45 CFR Part 170.

2014 Edition EHR Certification Criteria means the 2014 EHR certification criteria specified in 45 CFR Part 170.

(B) Implementation of Certified Electronic Health Record Technology in Hospitals.

(1) A hospital shall provide documentation to the Department demonstrating that it has implemented Certified Electronic Health Record Technology and that it utilizes CPOE, as specified in 105 CMR 130.375 and in guidelines of the Department.

(2) A hospital shall submit data regarding its implementation and use of Certified EHR Technology, as specified in guidelines of the Department.

(3) Acute Hospitals.

(a) No later than December 1, 2013, an acute hospital shall:

1. implement Certified EHR Technology that has been tested and certified to comply with *2011 Edition EHR Certification Criteria*;
2. register with CMS and attest to compliance with CMS Stage 1 Meaningful Use Criteria; and
3. utilize CPOE for at least 30% of medication orders, as specified in 42 CFR Part 495 and in guidelines of the Department.

(b) No later than December 1, 2015, an acute hospital shall:

1. implement Certified EHR Technology that has been tested and certified to comply with *2014 Edition EHR Certification Criteria*;
2. register and attest to compliance with CMS Meaningful Use Criteria, as specified in guidelines of the Department; and
3. utilize CPOE for at least 60% of medication, 30% of laboratory and 30% of radiology orders, as specified in 42 CFR Part 495 and guidelines of the Department.

(c) Beginning in 2015, an acute hospital shall report to the Department annually whether it is subject to CMS downward payment adjustments, as described in 42 CFR 412.64 or 495.211, resulting from failure to meet meaningful use criteria, as specified in guidelines of the Department.

(4) Non-acute hospitals.

(a) No later than October 1, 2015, a non-acute hospital shall:

1. implement Certified EHR Technology, as specified in 45 CFR Part 170 and in guidelines of the Department; and
2. utilize CPOE, as specified in guidelines of the Department.

(5) Documentation of Meaningful Use.

(a) A hospital shall, upon request of the Department, submit documentation to the Department pertaining to the hospital's use of Certified EHR Technology, Medicare payment adjustments, and CMS registration and attestation, as specified in guidelines of the Department.

(b) A hospital shall keep documentation supporting its demonstration of meaningful use for six years following the EHR reporting period, as defined in 42 CFR 495.4.

(C) Implementation of Certified EHR Technology in Satellite Community Health Centers.

(1) A hospital licensed to operate a Satellite Community Health Center shall provide documentation to the Department demonstrating that the SCHC has implemented Certified EHR Technology, that its eligible professionals have registered with CMS and attested to compliance with CMS EHR Meaningful Use Criteria, and that it utilizes CPOE, as specified in 105 CMR 130.375 and in guidelines of the Department.

105 CMR: DEPARTMENT OF PUBLIC HEALTH

130.375: continued

- (2) No later than October 1, 2016, an SCHC shall:
 - (a) implement Certified EHR Technology, as specified in 45 CFR Part 170 and in guidelines of the Department;
 - (b) attest that at least 70% of eligible professionals employed by the SCHC have registered with CMS and attested to compliance with CMS Stage 1 meaningful use criteria, as specified in guidelines of the Department; and
 - (c) utilize CPOE, as specified in guidelines of the Department.
- (3) After October 1, 2016 the Department may require that a higher percentage of eligible professionals employed by the SCHC register with CMS, attest to compliance with CMS EHR meaningful use criteria, and utilize CPOE as specified in guidelines of the Department.
- (4) Review of Meaningful Use.
 - (a) A SCHC shall, upon request of the Department, submit documentation to the Department pertaining to its use of Certified EHR Technology and meaningful use by eligible professionals, as specified in guidelines of the Department.
 - (b) A SCHC shall keep documentation supporting its eligible professionals' demonstration of meaningful use for six years following the EHR reporting period, as defined in 42 CFR 495.4.

ATTACHMENT 2: HCFRS AUTHORIZED USER AGREEMENT

HCFRS Authorized User Agreement

Facility

MDPH FAC ID

I, _____ (name of Authorized User), have been designated by the above named Facility to submit data and Facility Reports to, and use data and Facility Reports from, the MDPH Health Care Facility Reporting System (HCFRS) in accordance with the HCFRS Facility User Agreement and this Authorized User Agreement.

HCFRS allows Authorized Users at specified health care facilities in the Commonwealth of Massachusetts to:

- (1) Submit electronic reports of incidents, accidents, SREs, and patient abuse and neglect required to be reported by a Facility to MDPH under state law. In certain cases, a Facility also is required to immediately notify MDPH by telephone of certain serious incidents by calling: [insert name and phone number for immediate reports]; and
- (2) View and print copies of the Facility's reports submitted to MDPH through HCFRS. Only the data entered and submitted by the Facility is accessible to the Facility.

Authorized Users access HCFRS through the Virtual Gateway ("VG") operated by EOHHS.

I agree to use HCFRS in accordance with the terms of the HCFRS Facility User Agreement and this Authorized User Agreement as follows:

- I will not disclose my HCFRS user ID and/or password to any person or entity.
- I will access, use and/or review HCFRS data and reports only as required to perform my job duties for the above-named Facility.
- I will not share any data or reports I receive from HCFRS with others unless such sharing is necessary to perform my job duties on behalf of the above-named Facility.
- I will discuss data or reports submitted to or received from HCFRS with others only as required to perform my job duties for the above-named Facility, and I will conduct such discussions only in non-public areas to ensure that I am not overheard.
- I will not disclose any data or reports that I receive from HCFRS to third parties unless I have specific written permission from the Facility's Access Administrator or a court order compels such disclosure.
- I will immediately report any privacy or security incidents or breaches, including unauthorized transmissions to the Facility Access Administrator and to the MDPH System Administrator.
- If I am the Facility HCFRS Access Administrator, I will immediately notify the MDPH System Administrator when an Authorized User terminates employment or is no longer authorized to access HCFRS for any reason.
- I understand that the above-named Facility or MDPH may terminate my authorization to access HCFRS at any time, for any reason.
- I understand that MDPH retains ownership of all data and reports that reside in HCFRS.
- I understand that any willful and knowing disclosure of Confidential Data to unauthorized persons is in violation of the law and may subject me to legal penalty.

I hereby acknowledge that I have received and read the HCFRS Facility Agreement and the terms

and conditions of this Authorized User Agreement and agree to be bound thereby as a condition of my access to and use of HCFRS.

Signature of Authorized User: _____ Date: _____

Authorized User Complete Name: _____

Job Title and Professional Credential: _____

Work Mailing Address (include name of company and department):

Work Email Address: _____

Work Telephone: _____ Work Fax: _____

Signature of Facility Access

Administrator approving this request: _____ Date:

Facility Access Administrator complete name: _____

Telephone: _____

E-mail: _____

ATTACHMENT 3: CIRCULAR LETTER DHCQ 13-4-588



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
99 Chauncy Street, 11th Floor, Boston, MA 02111
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CIRCULAR LETTER: DHCQ 13-4-588

TO: Hospital Chief Executive Officers

FROM: Madeleine Biondolillo, MD
Director, Bureau of Health Care Safety and Quality

DATE: April 22, 2013

RE: Transition to web-based reporting of incidents using the **Health Care Facility Reporting System (HCFRS)**.

The Department of Public Health, Bureau of Health Care Safety and Quality is pleased to share with you our **Health Care Facility Reporting System (HCFRS)**. HCFRS is a web-based IT system designed to support and streamline the process of reporting Health Care Facility incidents. The **Health Care Facility Reporting System (HCFRS)** has been used successfully for several months (almost 1 year) by over 90% of Massachusetts Long Term Care facilities.

The system provides:

- A straight forward reporting mechanism
- Timely communication with Intake staff to clarify issues, ask questions etc online
- Useful work flow reminders of the status of the report
- A means of attaching additional information to preliminary reports
- A reduction in paper use

Transition to HCFRS will be required by June 30, 2013. If your organization has not already enrolled, all paperwork should now be submitted to the Virtual Gateway by May 15, 2013 to ensure the enrollment process is complete by June 30, 2013. Full guidance on this enrollment process is attached to this Circular Letter.

Secure use of HCFRS is ensured by the Virtual Gateway (VG), the secure internet portal of the State's Executive Office of Health and Human Services. Individual accounts need to be established for your facility and each satellite facility in both the VG and HCFRS environments. Instructions on how to establish an account are attached to this Circular Letter along with definitions and helpful hints on using the system and creating a report.

Should you have any 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., 3rd 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 Christina Scimone at HCFRSenrollment@state.ma.us.

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

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.

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.

At this time we are working on ways to simplify this process but for now please alert DPH by phone (referencing the report's incident number) if you are submitting additional information which we have not requested.

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, add the address to your safe sender list - hcq.intake@massmail.state.ma.us.

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.

