



**OHIO DEPARTMENT OF HEALTH**  
**DIVISION OF QUALITY ASSURANCE**

**ON-LINE SUBMISSION OF SELF-REPORTED INCIDENTS**

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Effective **July 1, 2011**, the Self-Reported Incident submission process will be fully converted to an automated electronic system which will eliminate the burden of paper reporting. On this date, district offices will no longer routinely process incident reports received via fax or alternate methods. If a provider experiences an internet outage or similar failure after July 1, they may temporarily notify the district office via alternate method (e.g., phone) but will be expected to submit the Self-Reported Incident online once service is restored.

**Current EIDC Users:**

If you are a current EIDC user, use your existing account and access EIDC at <https://odhgateway.odh.ohio.gov/>.

**New EIDC Users:**

To request a user name and password, please go to <http://publicapps.odh.ohio.gov/eid> and select “EIDC User Account Request”.

**Using EIDC:**

- I. Facility Information (Begin Immediate Report)** –You must enter the Administrator’s e-mail address. You may also enter an additional e-mail address per your facility’s preference. Confirmation notices will be sent to the identified e-mail recipients when the incident reports are submitted to ODH.
- II. Incident Information** – Use this section to provide basic details for the immediate report.
  - Date of Discovery - This is the date on which the incident was first discovered or observed.
  - Category of Allegation/Suspicion - Select a check box that best describes the incident (e.g., physical abuse, injury of unknown source, etc.). The choices provided are representative of all incidents that are required to be reported. If you are unsure about how to categorize an incident, please select the closest description.
  - Brief Description of Allegation/Suspicion - Provide a brief description of the incident for the purposes of the immediate report. For example: “Resident A reported Nurse Aide B struck him in the left arm this morning.” You will be asked to provide a more detailed description of the incident in Section IV of the final report.
  - Alleged/Suspected Perpetrator - Select an alleged/suspected perpetrator (e.g., staff, visitor, etc.) that best describes the individual who may have caused the incident. For reports of resident-to-resident abuse, select “another resident”.
  - Initial Source of Allegation/Suspicion - How or by whom was the incident first reported or discovered?
- III. Resident** – Use this section to describe the resident who was the subject of the allegation or incident.
  - “Click here to create a new Resident” - Add the resident’s name and date of birth.
  - Meaningful Information – Select “yes” if the resident provided any relevant details about the incident; otherwise select “no”.
  - Relevant Conditions – Describe any details about the resident that may be pertinent to the incident. For example: Is the resident cognitively impaired? Does the resident with a fracture have osteoporosis? Is the resident with bruising receiving anticoagulant therapy? You may type “NA” or similar statement when appropriate.
  - Effect on the Resident – Did the incident or injury have an effect on the Resident? For example: Did the resident cry out, complain of pain, experience psychosocial changes, etc.? You may type “NA” when appropriate.
  - Select “Add Resident” when complete. You may add multiple residents on one report where applicable.
  - Select “Submit” once the resident(s) are added. **This button sends the Immediate Report to ODH.** You will receive on-screen and e-mail confirmation.



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**IV. Summary of Incident (Begin Final Report)** – Use this section to describe the investigation.

- Add the Date, Time, and Location of Occurrence when known.
- Narrative Summary of Incident and Investigation – Describe how the incident was investigated and what happened to the resident(s).
- You may upload supporting documents (e.g. PDF, Word doc, image file).

**V. Statements** – Use the statements tab to add witness(es) where applicable and add information about the alleged perpetrator when known.

- Witness should be added when the individual observed or has knowledge of the alleged incident or injury.
- Alleged perpetrator should be added when there is an allegation, knowledge, or suspicion that another person caused or contributed to the incident that involved the resident.
- When the alleged perpetrator is a nurse aide, you will be required to enter the last four digits of the employee's social security number for cross-reference with the nurse aide registry database.
- You may upload supporting documents (e.g. PDF, Word doc, image file).

**VI. Conclusion** – Use the conclusions tab to report the results of the facility's investigation and submit the final report to ODH.

- Substantiated – the allegation was verified by evidence collected during the investigation.
- Unsubstantiated – the allegation was refuted by evidence collected during the investigation (or) the evidence was inconclusive (i.e., the allegation could not be verified or refuted).
- **Note:** For injuries of unknown source, select substantiated when the investigation determined the injury was resultant from abuse or neglect. Otherwise, select the appropriate rationale for unsubstantiated, based on the evidence.
- Add the investigator who had the primary responsibility for conducting the investigation.
- Use the text field to describe any action taken by the facility as a result of the investigation or allegation.
- Select “yes” or “no” to denote whether the allegation was reported to law enforcement or another state agency, where applicable.
- Select “Submit” to send the final report to ODH. You will receive on-screen and e-mail confirmation.

**VII. Addendum** – Use the addendum tab to submit text messages or upload documents after a final report is submitted. An addendum can be used to communicate new information about a case.

**Contact Information**

Questions regarding the Self-Reported Incident business process should be directed to the BLTCQ District Offices.

- Akron District Office (330)643-1300
- Cambridge District Office (740)432-3012
- Dayton District Office (937)285-6250
- Toledo District Office (419)245-2840

Technical questions or issues regarding EIDC should be directed to [Liccert@odh.ohio.gov](mailto:Liccert@odh.ohio.gov) or (614) 995-4263.