

ON-LINE SUBMISSION OF SELF-REPORTED INCIDENTS

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.
 - <u>Category of Allegation/Suspicion</u> 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.
 - <u>Brief Description of Allegation/Suspicion</u> 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.
 - <u>Alleged/Suspected Perpetrator</u> 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".
 - <u>Initial Source of Allegation/Suspicion</u> 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.
 - <u>Meaningful Information</u> 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.
 - <u>Effect on the Resident</u> 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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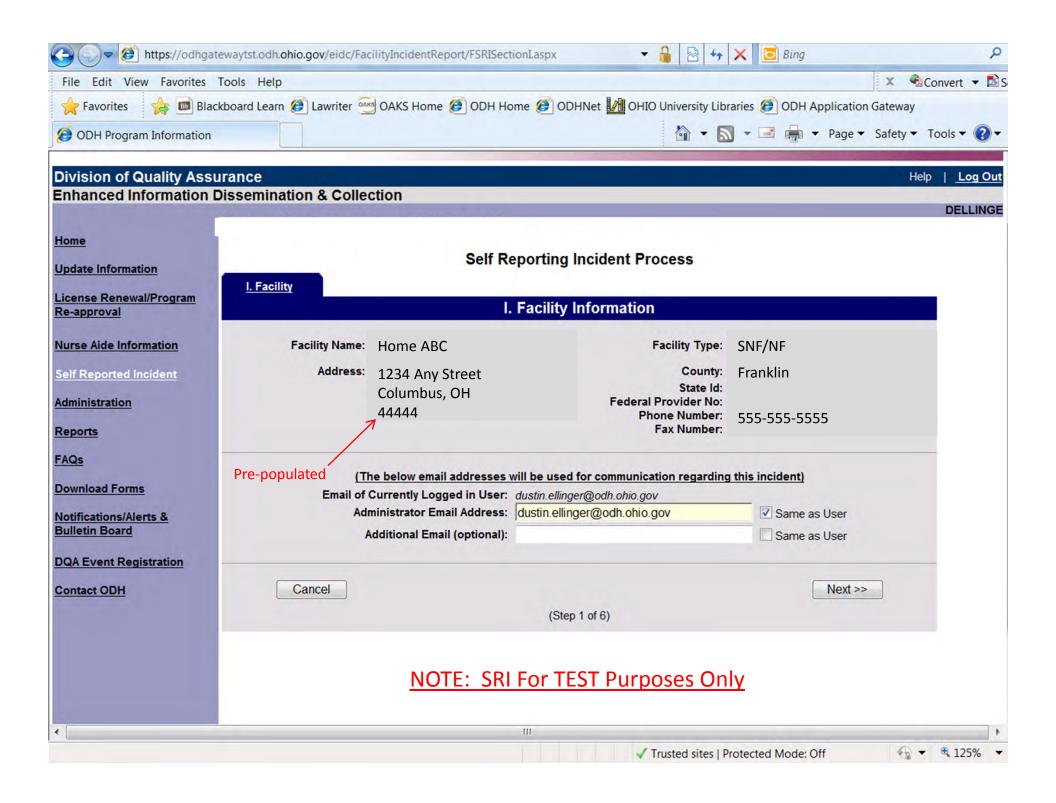
- IV. Summary of Incident (Begin Final Report) Use this section to describe the investigation.
 - Add the Date, Time, and Location of Occurrence when known.
 - <u>Narrative Summary of Incident and Investigation</u> Describe how the incident was investigated and what happened to the resident(s).
 - You 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.
 - <u>Witness</u> should be added when the individual observed or has knowledge of the alleged incident or injury.
 - <u>Alleged perpetrator</u> 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.
 - <u>Unsubstantiated</u> 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 <u>result of the investigation</u> 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.

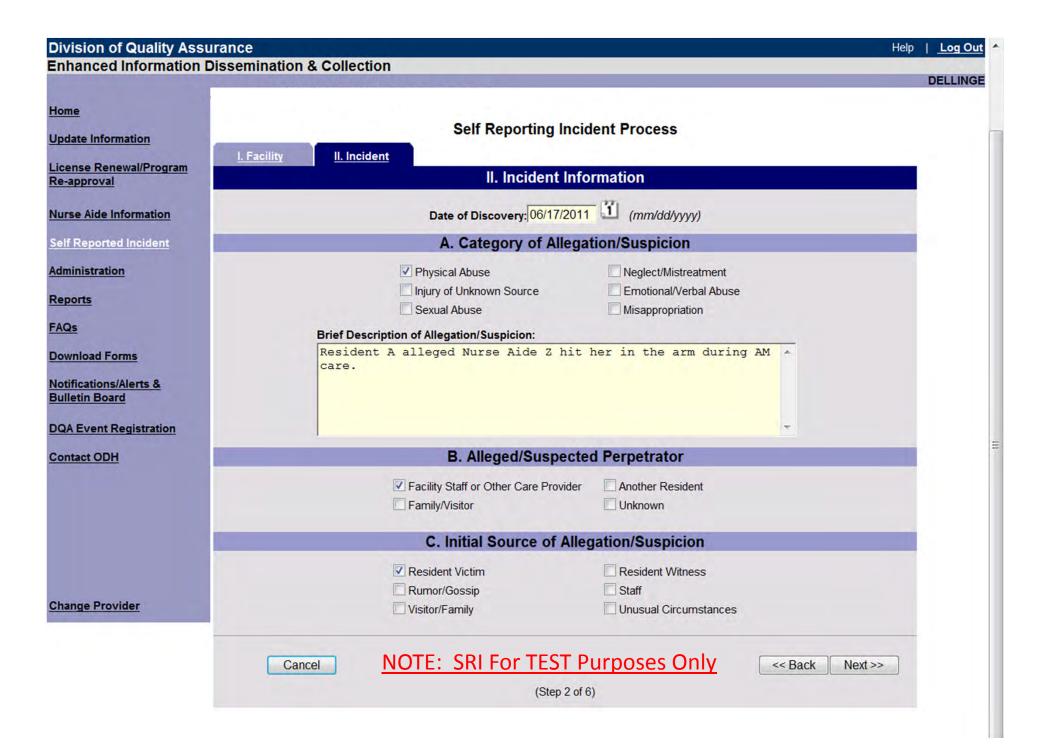
Contact Information

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 or (614) 995-4263.

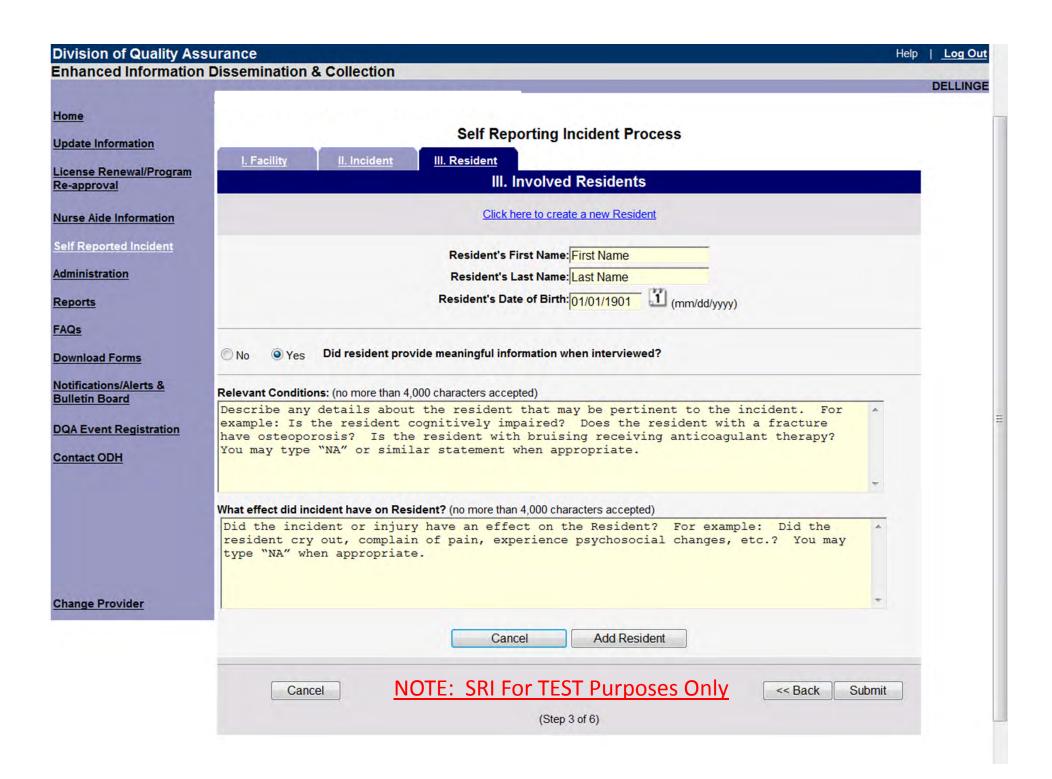






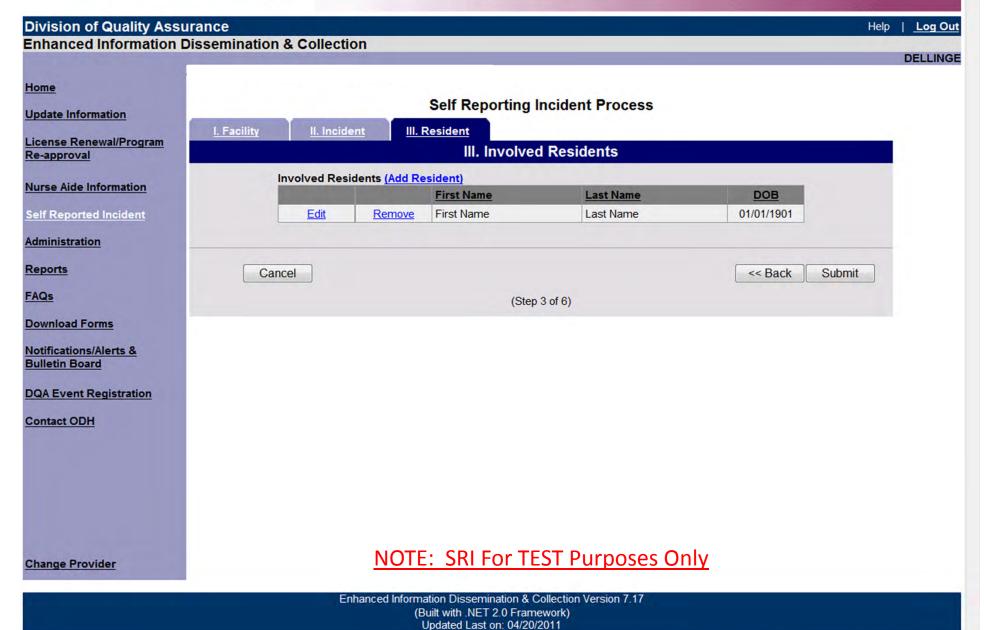


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Enhanced Information D	Dissemination & Collection	DELLINGE
Home Update Information License Renewal/Program Re-approval	Self Reporting Incident Process I. Facility III. Resident III. Involved Residents	DELLINGE
Nurse Aide Information	Click here to create a new Resident	
Self Reported Incident Administration Reports	Cancel << Back Submit (Step 3 of 6)	
FAQs		
Download Forms Notifications/Alerts & Bulletin Board DQA Event Registration Contact ODH		
Change Provider	NOTE: SRI For TEST Purposes Only	



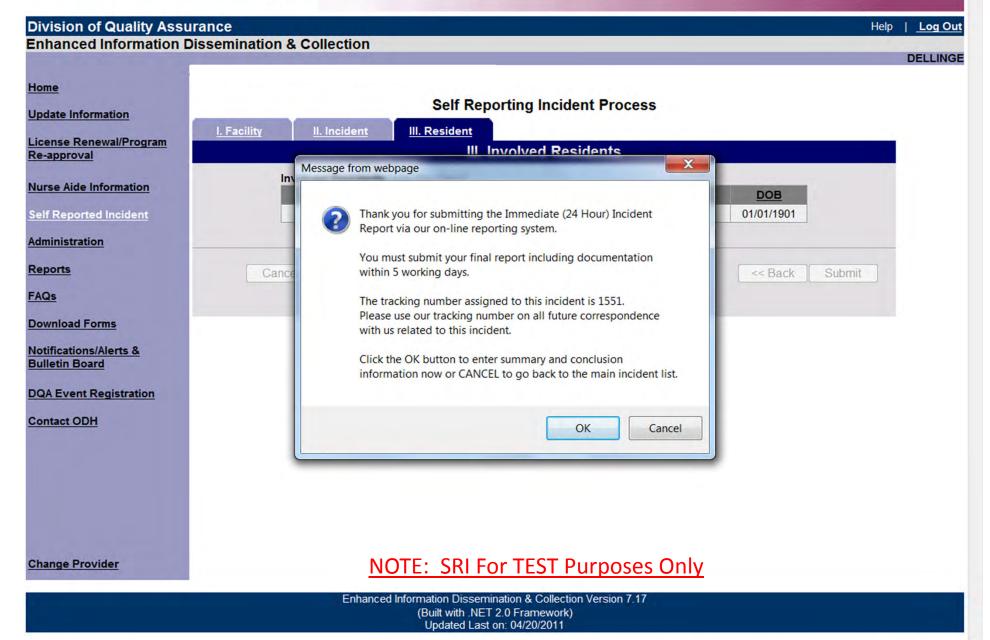














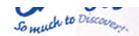


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eports AQs ownload Forms otifications/Alerts & ulletin Board	Narrative Summary of Incident and Investigation: (no more than 4,000 characters accepted) Describe how the incident was investigated and what happened to the resident(s). You may upload supporting documents (e.g. PDF, Word doc, image file).	
QA Event Registration		
ontact ODH	Supporting documentation (if needed, use the dropdown list below to attach documentation) (None) ▼	
	Cancel Save << Back Next >> (Step 4 of 6)	
Change Provider	NOTE: SRI For TEST Purposes Only	

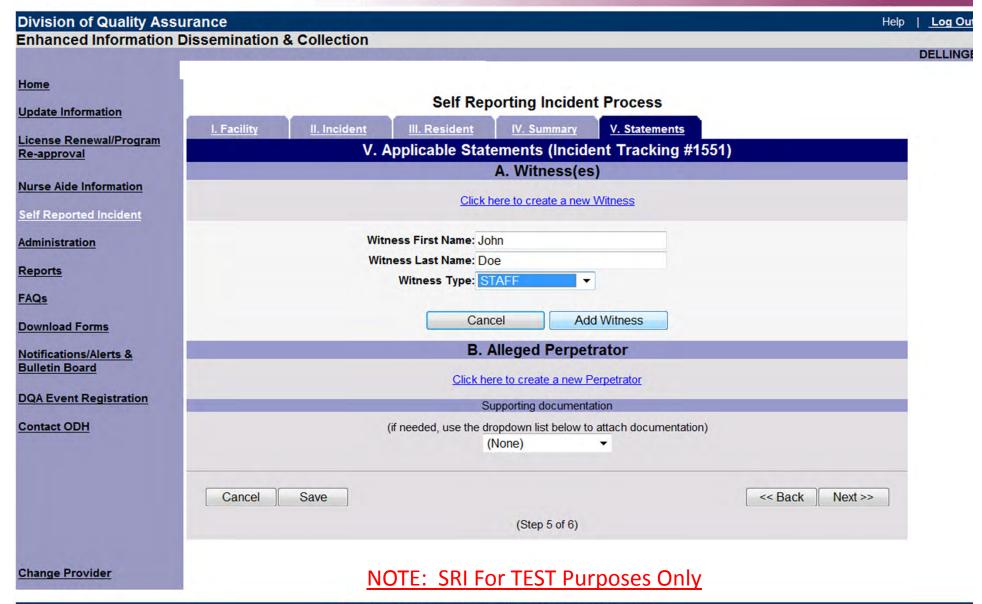


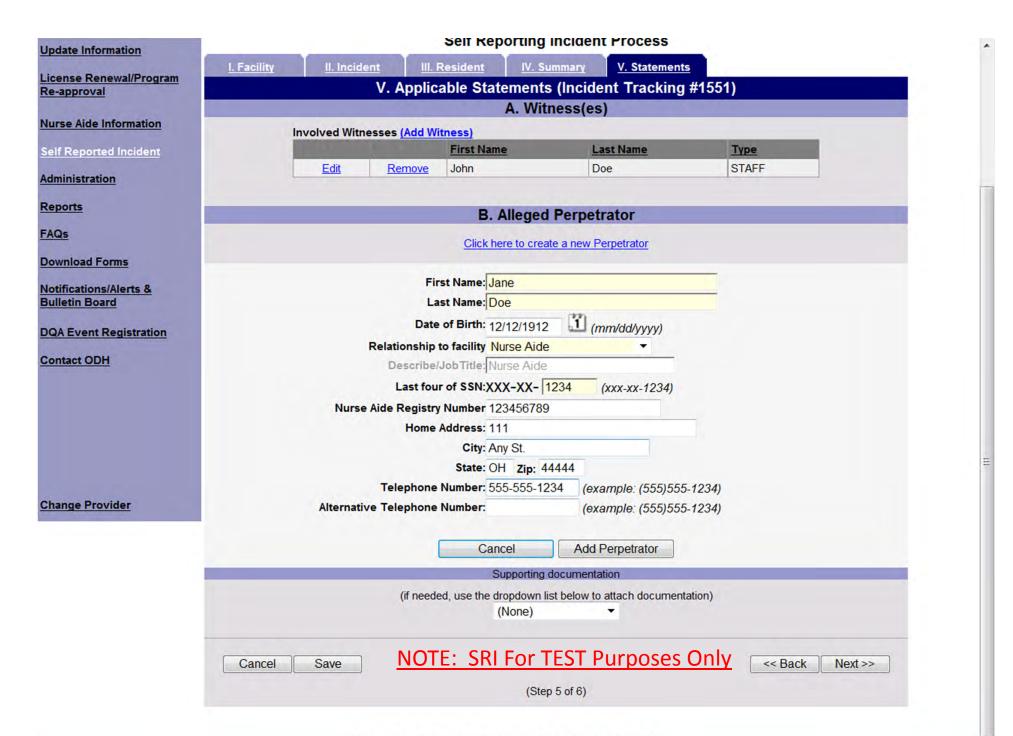


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Administration			B. A	Illeged Perpet	trator		
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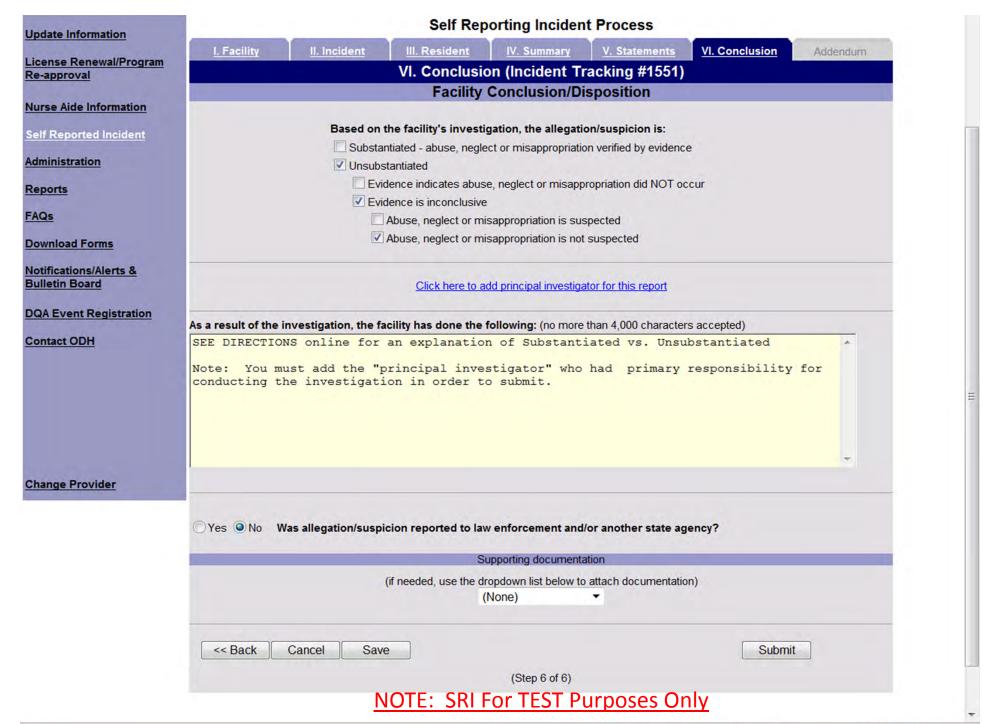




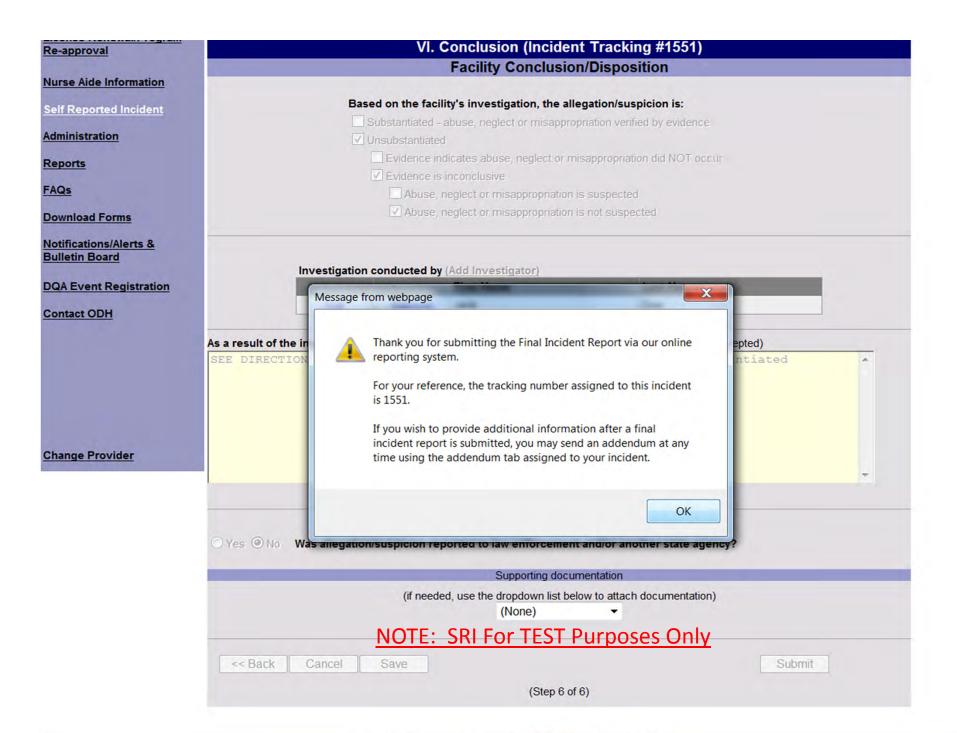


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Change Provider		NOTE:	SRI For TE	ST Purpose	<u>s Only</u>		

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Re-approval	VI. Conclusion (Incident Tracking #1551)	
	Facility Conclusion/Disposition	
Nurse Aide Information		
Self Reported Incident	Based on the facility's investigation, the allegation/suspicion is:	
Administration	Substantiated - abuse, neglect or misappropriation verified by evidence Unsubstantiated	
	Evidence indicates abuse, neglect or misappropriation did NOT occur	
Reports	Evidence is inconclusive	
FAQs	Abuse, neglect or misappropriation is suspected	
Download Forms	✓ Abuse, neglect or misappropriation is not suspected	
Notifications/Alerts & Bulletin Board	Click here to add principal investigator for this report	
DQA Event Registration		
DQA Event Registration	Investigator First Name: Jack	
Contact ODH	Investigator Last Name: Doe	
	Investigator Title: Director of Nursing	
	Consol Add Investigator	
	Cancel Add Investigator	
	As a result of the investigation, the facility has done the following: (no more than 4,000 characters accepted)	
Anna Santa	SEE DIRECTIONS online for an explanation of Substantiated vs. Unsubstantiated	
Change Provider	Note: You must add the "principal investigator" who had primary responsibility for	
	conducting the investigation in order to submit.	
	NOTE COLE TECT D	
	NOTE: SRI For TEST Purposes Only	
	○ Yes ○ No Was allegation/suspicion reported to law enforcement and/or another state agency?	
	Supporting documentation	
	(if needed, use the dropdown list below to attach documentation)	
	(None) ▼	
	<< Back Cancel Save Submit	
	✓ Trusted sites Protected Mode: Off	125% -







Division of Quality Assurance

Log Out

Help

Enhanced Information Dissemination & Collection

DELLINGE

Home

Update Information

License Renewal/Program Re-approval

Nurse Aide Information

Self Reported Incident

Administration

Reports

FAQs

Download Forms

Notifications/Alerts & **Bulletin Board**

DQA Event Registration

Contact ODH

(List of Self Reported Incidents for)

Tracking Number	Status	Created	Discovery Date	Last Updated	Finalized	View/Print
<u>1551</u>	V	06/17/2011 - DELLINGE	06/17/2011	06/17/2011 - DELLINGE	06/17/2011 - DELLINGE	3
<u>1545</u>	V	06/07/2011 - DELLINGE	01/01/2011	06/07/2011 - DELLINGE	06/07/2011 - DELLINGE	3
<u>1544</u>	•	06/07/2011 - DELLINGE	06/07/2011	06/07/2011 - DELLINGE		3
<u>1541</u>	•	05/18/2011 - DELLINGE	11/12/2008	05/18/2011 - DELLINGE		3
<u>1540</u>	•	05/18/2011 - DELLINGE	01/11/2011	05/18/2011 - DELLINGE		3

(The above view shows all reports that are within 30 days, Pending and Overdue)

Create New Incident

Previously Completed Incidents

Self Reported Incident Graphics Key

= Completed (Immediate and Final report received)

= Pending (Immediate report received - Final report pending)

= Overdue (Greater than 5 days)

= Completed but Overdue

Change Provider

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Enhanced Information Dis	ssemination 8	Collection						DELLINGE
Home Update Information			Self Rep	orting Inciden	t Process			DELLINGE
	I. Facility	II. Incident	III. Resident	IV. Summary	V. Statements	VI. Conclusion	<u>Addendum</u>	
License Renewal/Program Re-approval	Addendum (Incident Tracking #1551)							
Nurse Aide Information			LEAD LOS	lendum Inform ere to create a new a				
Self Reported Incident								
Administration			S	upporting documenta	ation			
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FAQs			Ocument to Add:			Browse		
Download Forms		(Accept	ed file types are PDF,	DOC, DOCX, TXT,	RTF and Common			
Notifications/Alerts & Bulletin Board				Jpload Documentat	tion			
DQA Event Registration								
Contact ODH				Send Addendum In	nfo			
Change Provider		<u> </u>	NOTE: SRI	For TEST P	urposes C)nly		