



**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.

https://odhgatewaystst.odh.ohio.gov/eidc/FacilityIncidentReport/FSRISectionI.aspx

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### Self Reporting Incident Process

#### I. Facility

#### I. Facility Information

Facility Name:	Home ABC	Facility Type:	SNF/NF
Address:	1234 Any Street Columbus, OH 44444	County:	Franklin
		State Id:	
		Federal Provider No:	
		Phone Number:	555-555-5555
		Fax Number:	

Pre-populated

(The below email addresses will be used for communication regarding this incident)

Email of Currently Logged in User: *dustin.ellinger@odh.ohio.gov*

Administrator Email Address: *dustin.ellinger@odh.ohio.gov* ☒ Same as User

Additional Email (optional):  ☐ Same as User

Cancel Next >>

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## Self Reporting Incident Process

[I. Facility](#)

[II. Incident](#)

### II. Incident Information

Date of Discovery: 06/17/2011  (mm/dd/yyyy)

#### A. Category of Allegation/Suspicion

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Physical Abuse | <input type="checkbox"/> Neglect/Mistreatment   |
| <input type="checkbox"/> Injury of Unknown Source  | <input type="checkbox"/> Emotional/Verbal Abuse |
| <input type="checkbox"/> Sexual Abuse              | <input type="checkbox"/> Misappropriation       |

#### Brief Description of Allegation/Suspicion:

Resident A alleged Nurse Aide Z hit her in the arm during AM care.

#### B. Alleged/Suspected Perpetrator

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Facility Staff or Other Care Provider | <input type="checkbox"/> Another Resident |
| <input type="checkbox"/> Family/Visitor                                   | <input type="checkbox"/> Unknown          |

#### C. Initial Source of Allegation/Suspicion

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Resident Victim | <input type="checkbox"/> Resident Witness      |
| <input type="checkbox"/> Rumor/Gossip               | <input type="checkbox"/> Staff                 |
| <input type="checkbox"/> Visitor/Family             | <input type="checkbox"/> Unusual Circumstances |

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III. Involved Residents

[Click here to create a new Resident](#)

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## III. Involved Residents

[Click here to create a new Resident](#)Resident's First Name: Resident's Last Name: Resident's Date of Birth:   (mm/dd/yyyy)☐ No ☒ Yes Did resident provide meaningful information when interviewed?**Relevant Conditions:** (no more than 4,000 characters accepted)

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.

**What effect did incident have on Resident?** (no more than 4,000 characters accepted)

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.

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## III. Involved Residents

Involved Residents ([Add Resident](#))

		First Name	Last Name	DOB
<a href="#">Edit</a>	<a href="#">Remove</a>	First Name	Last Name	01/01/1901

Cancel

&lt;&lt; Back

Submit

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## Self Reporting Incident Process

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## III. Involved Residents

Message from webpage



Thank you for submitting the Immediate (24 Hour) Incident Report via our on-line reporting system.

You must submit your final report including documentation within 5 working days.

The tracking number assigned to this incident is 1551.  
Please use our tracking number on all future correspondence with us related to this incident.

Click the OK button to enter summary and conclusion information now or CANCEL to go back to the main incident list.

OK

Cancel

DOB

01/01/1901

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Submit

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
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## Self Reporting Incident Process

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## IV. Summary of Incident (Incident Tracking #1551)

Date of Occurrence: 06/15/2011  (mm/dd/yyyy)

Time of Occurrence: : (hour:min am/pm)

Location of Occurrence: time, date, and/or location may be unknown

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).

Supporting documentation

(if needed, use the dropdown list below to attach documentation)

(None)

Cancel

Save

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## Self Reporting Incident Process

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## V. Applicable Statements (Incident Tracking #1551)

## A. Witness(es)

[Click here to create a new Witness](#)

## B. Alleged Perpetrator

[Click here to create a new Perpetrator](#)

Supporting documentation

(if needed, use the dropdown list below to attach documentation)

(None) ▼

Cancel

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### V. Applicable Statements (Incident Tracking #1551)

#### A. Witness(es)

[Click here to create a new Witness](#)

Witness First Name: John

Witness Last Name: Doe

Witness Type: **STAFF**

Cancel

Add Witness

#### B. Alleged Perpetrator

[Click here to create a new Perpetrator](#)

Supporting documentation

(if needed, use the dropdown list below to attach documentation)

(None)

Cancel

Save

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### V. Applicable Statements (Incident Tracking #1551)

#### A. Witness(es)

Involved Witnesses ([Add Witness](#))

		First Name	Last Name	Type
<a href="#">Edit</a>	<a href="#">Remove</a>	John	Doe	STAFF

#### B. Alleged Perpetrator

[Click here to create a new Perpetrator](#)

First Name:

Last Name:

Date of Birth:   (mm/dd/yyyy)

Relationship to facility:

Describe/Job Title:

Last four of SSN: XXX-XX-  (xxx-xx-1234)

Nurse Aide Registry Number:

Home Address:

City:

State:  Zip:

Telephone Number:  (example: (555)555-1234)

Alternative Telephone Number:  (example: (555)555-1234)

#### Supporting documentation

(if needed, use the dropdown list below to attach documentation)

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### V. Applicable Statements (Incident Tracking #1551)

#### A. Witness(es)

Involved Witnesses [\(Add Witness\)](#)

		First Name	Last Name	Type
<a href="#">Edit</a>	<a href="#">Remove</a>	John	Doe	STAFF

#### B. Alleged Perpetrator

Involved Perpetrators [\(Add Perpetrator\)](#)

		First Name	Last Name
<a href="#">Edit</a>	<a href="#">Remove</a>	Jane	Doe

Supporting documentation

(if needed, use the dropdown list below to attach documentation)

(None) ▼

Cancel

Save

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### VI. Conclusion (Incident Tracking #1551)

#### Facility Conclusion/Disposition

Based on the facility's investigation, the allegation/suspicion is:

- ☐ Substantiated - abuse, neglect or misappropriation verified by evidence
- ☒ Unsubstantiated
- ☐ Evidence indicates abuse, neglect or misappropriation did NOT occur
- ☒ Evidence is inconclusive
- ☐ Abuse, neglect or misappropriation is suspected
- ☒ Abuse, neglect or misappropriation is not suspected

[Click here to add principal investigator for this report](#)

As a result of the investigation, the facility has done the following: (no more than 4,000 characters accepted)

SEE DIRECTIONS online for an explanation of Substantiated vs. Unsubstantiated

Note: You must add the "principal investigator" who had primary responsibility for conducting the investigation in order to submit.

☐ 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) ▼

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Cancel

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## VI. Conclusion (Incident Tracking #1551)

### Facility Conclusion/Disposition

Based on the facility's investigation, the allegation/suspicion is:

- ☐ Substantiated - abuse, neglect or misappropriation verified by evidence
- ☒ Unsubstantiated
- ☐ Evidence indicates abuse, neglect or misappropriation did NOT occur
- ☒ Evidence is inconclusive
- ☐ Abuse, neglect or misappropriation is suspected
- ☒ Abuse, neglect or misappropriation is not suspected

[Click here to add principal investigator for this report](#)

Investigator First Name: Jack

Investigator Last Name: Doe

Investigator Title: Director of Nursing

Cancel

Add Investigator

As a result of the investigation, the facility has done the following: (no more than 4,000 characters accepted)

SEE DIRECTIONS online for an explanation of Substantiated vs. Unsubstantiated

Note: You must add the "principal investigator" who had primary responsibility for conducting the investigation in order to submit.

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☐ 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)

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## VI. Conclusion (Incident Tracking #1551)

### Facility Conclusion/Disposition

Based on the facility's investigation, the allegation/suspicion is:

- ☐ Substantiated - abuse, neglect or misappropriation verified by evidence
- ☒ Unsubstantiated
- ☐ Evidence indicates abuse, neglect or misappropriation did NOT occur
- ☒ Evidence is inconclusive
- ☐ Abuse, neglect or misappropriation is suspected
- ☒ Abuse, neglect or misappropriation is not suspected

Investigation conducted by (Add Investigator)

Message from webpage



Thank you for submitting the Final Incident Report via our online reporting system.

For your reference, the tracking number assigned to this incident is 1551.

If you wish to provide additional information after a final incident report is submitted, you may send an addendum at any time using the addendum tab assigned to your incident.

OK

As a result of the in

SEE DIRECTION

Accepted)

Initiated

☐ 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)

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(List of Self Reported Incidents for /

Tracking Number	Status	Created	Discovery Date	Last Updated	Finalized	View/Print
<a href="#">1551</a>	✓	06/17/2011 - DELLINGE	06/17/2011	06/17/2011 - DELLINGE	06/17/2011 - DELLINGE	
<a href="#">1545</a>	✓	06/07/2011 - DELLINGE	01/01/2011	06/07/2011 - DELLINGE	06/07/2011 - DELLINGE	
<a href="#">1544</a>	●	06/07/2011 - DELLINGE	06/07/2011	06/07/2011 - DELLINGE		
<a href="#">1541</a>	●	05/18/2011 - DELLINGE	11/12/2008	05/18/2011 - DELLINGE		
<a href="#">1540</a>	●	05/18/2011 - DELLINGE	01/11/2011	05/18/2011 - DELLINGE		

(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**

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### Addendum (Incident Tracking #1551)

#### Addendum Information

[Click here to create a new addendum](#)

Supporting documentation

Upload

*(Either type the File Path in or click on the Browse button and find file to be uploaded)*

Select Document to Add:

*(Accepted file types are PDF, DOC, DOCX, TXT, RTF and Common image files)*

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