

Incident Reporting Form Instructions

October 2012

NOTE: Please ensure that at the end of the submission process the following is displayed at the top of your screen in bold red print: “Thank you. Data has been submitted to the Department of Health.” This identifies that your incident has been reported to the Department of Health.

- 1) Log onto the HCS at: <https://commerce.health.state.ny.us/>
- 2) Navigate to the HCS Nursing Home Incident Reporting Form
 - Click on NH Surveillance (listed under “My Applications” on the left side of your screen).
 - Select “Data Entry” from the DataEntry menu.
 - Select the activity “NH INCIDENT FORM”.
 - Click on “Add New” to start reporting a new incident. -Or-
 - Select an incident from the drop down menu to continue a previously started incident (skip to (4) below)

- 3) Enter the date and time of the incident, and select the primary incident type from the drop down menu. Click on “Save”, then click on “Back to Data Entry”.

- 4) Verify that the correct incident is selected by reviewing the date, time, and primary incident type. Click on "Next" to proceed with data entry. **All of the following data tabs are required.**

Nursing Home Surveillance and Reporting System (nuhsur)

HomeCommunicationCustom Data EntityDataEntryReportLogout

[Data Entry] [Home](#)

Activity	NH_INCIDENT_FORM ▾
Reporting Org.	[Nursing Home (pfi)] Internal Test Nursing Home (pfi - 8888) (8888) ▾ I ▾
Data Form	NH Incident Form ▾
Data Entity Type	NH_INCIDENT_FORM ▾
NH_INCIDENT_FORM	9852 07/18/2012 05:00 PM ▾ Edit Add New

Data Entry

NH Incident Form

Overview QuestionsOverview TextResident InformationAccused Staff Information

SaveReset<<Start<PrevNext>End>>2) Click on "Next >"

NH Incident Form

Screen instructions:

1. Click on "Next" to start the "Overview Questions" tab. Data on each of the four tabs for the incident report must be entered. Follow the instructions on each screen to complete the incident report.

For help, call the Hotline at 1-888-201-4563

*Date of occurrence (mm/dd/yyyy):	07/18/2012 ◆	
*Time of occurrence (hh:mm AM/PM):	05:00 PM ◆	<i>1) Verify that you are working on the correct incident</i>
*Select the primary incident type:	Elopement ▾ ◆	

SaveReset<<Start<PrevNext>End>>


Overview Questions

5) Answer all available questions (white or orange background). Some questions may change from gray to orange depending on the answer to a previous question. Click on "Save", then click on "Next".

Data Entry	
NH Incident Form	
Overview Questions	Overview Text Resident Information Accused Staff Information
<p>Save Reset <<Start <Prev Next> End>> 2) Click on "Save" 3) Once saved successfully, click on "Next >"</p>	
<p>Overview Questions</p> <p>Save data periodically, since the system times out if there is no activity for 30 minutes, and unsaved data will be lost.</p> <p>Screen instructions:</p> <ol style="list-style-type: none"> 1. Answer all questions below with a white or orange background. (Note: Questions with a gray background cannot be answered. Question backgrounds may change between orange and gray depending on answers to prior questions.) 2. Click "Save" to save the data entered 3. If you see the message "Saved data successfully.", click "Next" to proceed to the "Overview Text" tab 4. If you see the message "You have ___ error(s) below. Please review and make changes.", then your data is NOT saved. Do not navigate off of this tab, or any data entered will be lost. Scroll down to find the field(s) with errors marked with . Make any corrections needed, and try saving again. Once the data saves successfully, click "Next" to proceed. <p>For help, call the Hotline at 1-888-201-4563</p>	
*Contact person:	1) Answer all available questions
*Title:	
*E-Mail Address: <i>for case number and acknowledgement only</i>	
*Phone number (in xxx-xxx-xxxx format): <i>for all other contact</i>	
<p><i>No questions below this line are available if you selected an incident type of Physical Plant or Physical Environment</i></p>	
Do you believe that abuse, neglect or mistreatment occurred?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undetermined at this time
Was the incident a result of a care plan violation?	<input type="radio"/> Yes <input type="radio"/> No
Was the incident witnessed?	<input type="radio"/> Yes <input type="radio"/> No
Is the facility investigation complete?	<input type="radio"/> Yes <input type="radio"/> No
Was a report made to law enforcement or other agencies?	<input type="radio"/> Yes <input type="radio"/> No
Was the incident reported to the Attorney General?	<input type="radio"/> Yes <input type="radio"/> No
Date reported (mm/dd/yyyy):	<input type="text"/> <i>Req. if Attorney General is "Yes"</i>
Was the incident reported to State Education?	<input type="radio"/> Yes <input type="radio"/> No
Date reported (mm/dd/yyyy):	<input type="text"/> <i>Req. if State Education is "Yes"</i>
Was the incident reported to the Bureau of Narcotics Enforcement?	<input type="radio"/> Yes <input type="radio"/> No
Date reported (mm/dd/yyyy):	<input type="text"/> <i>Req. if Bureau of Narcotics is "Yes"</i>
Was the incident reported to any other law enforcement or agency?	<input type="radio"/> Yes <input type="radio"/> No
Agency:	<input type="text"/> <i>Req. if Any Other Agency is "Yes"</i>
Date reported (mm/dd/yyyy):	<input type="text"/>
<p><i>The following questions are only available and are required if the incident type is Elopement.</i></p>	
Was the resident considered an elopement risk?	<input type="radio"/> Yes <input type="radio"/> No
Date last seen before elopement (dd/mm/yyyy):	<input type="text"/>
Time last seen before elopement (hh:mm am/pm):	<input type="text"/>
Date noted missing (mm/dd/yyyy):	<input type="text"/>
Time noted missing (hh:mm am/pm):	<input type="text"/>
Did the system to prevent elopement function properly?	<input type="radio"/> Yes <input type="radio"/> No
Has the resident returned to the facility?	<input type="radio"/> Yes <input type="radio"/> No
<p>Save Reset <<Start <Prev Next> End>></p>	

Overview Text

6) Answer all available questions (white background). Click on "Save", then click on "Next".

Data Entry	
NH Incident Form	
Overview Questions Overview Text Resident Information Accused Staff Information	
Save Reset <<Start <Prev Next> End>> 2) Click on "Save" 3) Once saved successfully, click on "Next>"	
Overview Text	
<p>This form requires that basic information is included in the report. This includes information about the incident, the preliminary investigation, and the plan for immediate intervention and prevention. If more information is needed, it will be requested by the investigator.</p> <p>Screen instructions:</p> <ol style="list-style-type: none">1. Answer all questions below with a white background.2. Click "Save" to save the data entered3. If you see the message "Saved data successfully.", click "Next" to proceed to the "Resident Information" tab4. If you see the message "You have __ error(s) below. Please review and make changes.", then your data is NOT saved. Do not navigate off of this tab, or any data entered will be lost. Scroll down to find the field(s) with errors marked with . Make any corrections needed, and try saving again. Once the data saves successfully, click "Next" to proceed. <p>For help, call the Hotline at 1-888-201-4563</p>	
*Describe the incident, including any injury or psychological harm to resident(s):	1) Answer all available questions
Describe the investigation findings to date:	Note: This question is not available if you selected an incident type of Physical Plant or Physical Environment
Describe the facility's immediate response and plan to prevent recurrence, including any change in policy / procedure and action taken in regard to staff:	Note: This question is not available if you selected an incident type of Physical Plant or Physical Environment
Save Reset <<Start <Prev Next> End>>	

Resident Information

- 7) Answer the first question on the tab (“How many residents were affected?”)
 Answer all other questions that change from a gray to an orange background.
 Click on “Save”, then click on “Next”.

Data Entry

NH Incident Form

Overview Questions | Overview Text | **Resident Information** | Accused Staff Information

Save | Reset | <<Start | <Prev | Next> | End>>

Resident Information

If you are listing more than 2 residents you will only need to provide their name and room number. Other information deemed necessary by DOH will be requested by the investigator.

Screen instructions:

1. Answer the first question below
2. Answer any questions with an orange background. (Question backgrounds may change between gray and orange depending on answers to prior questions.)
3. Click "Save" to save the data entered
4. If you see the message "Saved data successfully.", click "Next" to proceed to the "Accused Staff Information" tab
5. If you see the message "You have ___ error(s) below. Please review and make changes.", then your data is NOT saved. Do not navigate off of this tab, or any data entered will be lost. Scroll down to find the field(s) with errors marked with . Make any corrections needed, and try saving again. Once the data saves successfully, click "Next" to proceed.

For help, call the Hotline at 1-888-201-4563

*How many residents were affected? 0 1 2 More than 2 Entire unit/floor/wing/building

Orange highlighted questions are required if the (0 or (1) (2) (More than 2) prior question is answered: Unit)

	(0 or Unit)	(1)	(2)	(More than 2)
First affected resident:				
Last name:				
First name:				
Current location:				
Primary diagnoses:				
Cognitive status source:	<input checked="" type="radio"/> MDS <input type="radio"/> MMSE			
MDS Score (C0500):	Choose One	(MDS)	(MDS)	(MDS)
CMMSE Score:	Choose One	(MMSE)	(MMSE)	(MMSE)
Second affected resident:				
Last name:				
First Name:				
Current location:				
Primary diagnoses:				
Cognitive status source:	<input checked="" type="radio"/> MDS <input type="radio"/> MMSE			
MDS Score (C0500):	Choose One		(MDS)	(MDS)
CMMSE Score:	Choose One		(MMSE)	(MMSE)
Additional resident names:				

Save | Reset | <<Start | <Prev | Next> | End>>

Accused Staff Information

- 8) Answer the first question on the tab (“How many staff were responsible for abuse, mistreatment, ...?”)
 Answer all other questions that change from a gray to an orange background.
 Click on “Save”

Data Entry

NH Incident Form

Overview Questions | Overview Text | Resident Information | **Accused Staff Information**

Save | Reset | <<Start | <Prev | Next> | End>>

Accused Staff Information

Accused staff are employees suspected of abuse, neglect, mistreatment, or misappropriation. They are not witnesses, interviewed staff, visitors, or resident aggressors.

Screen instructions:

1. Answer the first question below
2. Answer any questions with an orange background
3. Click “Save” to save the data entered
4. If you see the message “Saved data successfully.”, proceed to “Submission Steps” below
5. If you see the message “You have __ error(s) below. Please review and make changes.”, then your data is NOT saved. Do not navigate off of this tab, or any data entered will be lost. Scroll down to find the field(s) with errors marked with △. Make any corrections needed, and try saving again. Once the data saves successfully, proceed to “Submission Steps” below.

Submission Steps after saving Accused Staff tab information

1. Click **Preview Data to be Submitted**
2. Review the data and click “Proceed to Submit Data to DOH”. An Incident Report is only successful if you see the message “Thank You. Data have been submitted to the Department of Health.”
3. If there are any errors, go to the associated tab and correct the data, “Save” any changes, and “Preview Data to be Submitted”. (You can click on the name of any field with an error to go to that screen for data entry correction.)

IMPORATANT - YOUR INCIDENT IS ONLY SUBMITTED SUCUCCESSFULLY WHEN YOU SEE THE MESSAGE: “Thank You. Data have been submitted to the Department of Health.”

For help, call the Hotline at 1-888-201-4563

“How many staff were responsible for abuse, mistreatment, neglect, or misappropriation?” 0 1 2 More than 2

Orange highlighted questions are required if the previous question is answered with:

	(0)	(1)	(2)	(More..)
First accused staff:				
Last name:				
First name:				
Title:				
Does the employee still have contact with residents?	<input type="radio"/> Yes <input type="radio"/> No			
Does the employee have a history of care plan violations?	<input type="radio"/> Yes <input type="radio"/> No			
Second accused staff:				
Last name:				
First name:				
Title:				
Does the employee still have contact with residents?	<input type="radio"/> Yes <input type="radio"/> No			
Does the employee have a history of care plan violations?	<input type="radio"/> Yes <input type="radio"/> No			
List additional accused staff names:				

Save | Reset | <<Start | <Prev | Next> | End>>

Completing the submission

- 9) Click on “Preview Data to be Submitted”
 Review the data and click on “Proceed to Submit Data to DOH”
 The screen should now display “Thank you. Data has been submitted to the Department of Health.”

Remember:

Until you see “Thank you. Data has been submitted to the Department of Health.”, the incident has not been reported to the Department of Health.