# **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.

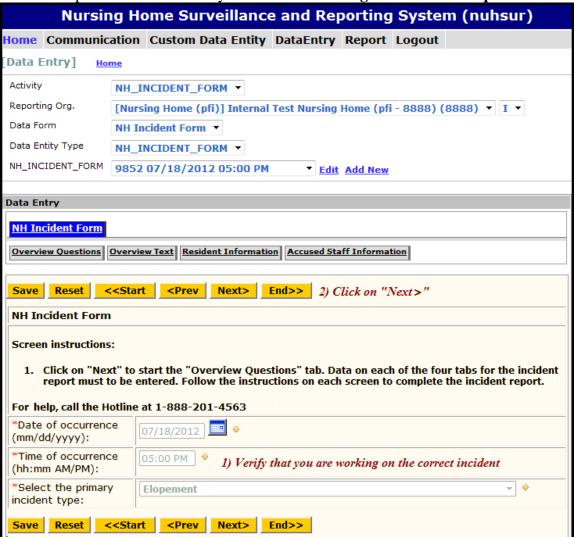
- 1) Log onto the HCS at: https://commerce.health.state.ny.us/
- 2) Navigate to the HCS Nursing Home Incident Reporting Form
  - Click on NH Surveillance (listed under "My Applications" on the left side of your screen).
  - Select "Data Entry" from the DataEntry menu.
  - Select the activity "NH INCIDENT 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".

Nursing Home S	urveillance and	d Reporting System (nuhsur)  Session expires in 30 m Last Access 07/19/12 03:22 P
Home Communication	<b>Custom Data Entity</b>	ty DataEntry Report Logout
[Data Entity] Home > Da	ata Entry	
Reporting Org.	<b>Internal Test Nursi</b>	ing Home (pfi - 8888) ▼ * 💸 ♦ • • 😘 🚹 🛭 ቀ
Data Entity Type	NH_INCIDENT_FOR	DRM ▼
Data Entity	Adding a new data	entity ▼
Delete Back to Data E	Entry 3) Click on "B	Back to Data Entry" (only available after data is saved)
Save 2) Click on "Save"	•	
NH_INCIDENT_FORM		
Screen Instruction Steps	5:	
Answer all questions below     Click "Save"     Click "Back to Data Entry"		1) Enter incident Date and Time, and select incident Type below
*Date of occurrence (mm/dd/yyyy):		
*Time of occurrence (hh:mm AM/PM):		
*Select the primary incident type:		Choose One
NYS DOH   Back to Home	<u>e</u>   <u>Logout</u>	Choose One Physical Abuse Neglect Mistreatment Sexual abuse Verbal abuse Misappropriation of property Medication error or drug diversion Injury of unknown origin Burns Death related to suicide, restraints, or equipment CPR concerns Accidents related to choking, equipment misuse, or equipment failure Elopement Malfunction or misuse of equipment Physical plant issues or loss of service Physical environment, fire, or smoke

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.** 



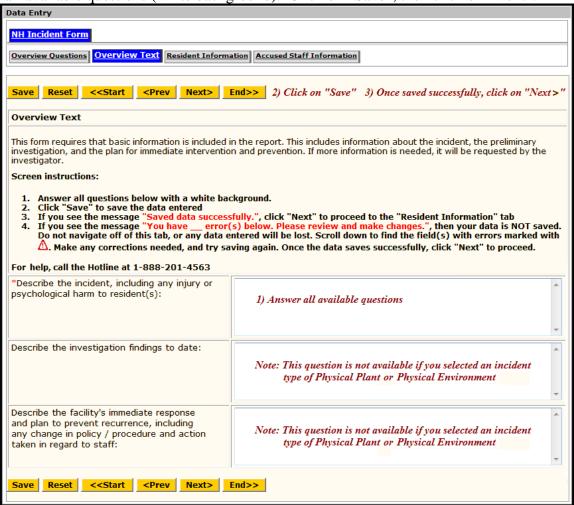
## **Overview Questions**

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	revious que		,			
NH Incident Form						
Overview Questions Overview Text Resident Information Accused Staff Information						
Save Reset <start next="" prev=""> End&gt;&gt; 2) Click on "Save" 3) Once saved successfully, click on "Next&gt;"</start>						
Overview Questions						
Save data periodically, since the system times out if there is no activity for 30 minutes, and unsaved data will be lost.						
Screen instructions:  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   Δ. 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						
*Contact person:	1) Answer all ava	1) Answer all available questions				
*Title:						
*E-Mail Address: for case number and acknowledgement only						
**Phone number (in xxx-xxx-xxxx format): for all other contact						
No questions below this line are available	ble if you selected a	n incident type of Physical Plant o	r Physical Environment			
Do you believe that abuse, neglect or mistreatment occurred?	C Yes C No C Undetermined at this time					
Was the incident a result of a care plan violation?	◎ Yes ◎ No					
Was the incident witnessed?	⊚ Yes ⊚ No					
Is the facility investigation complete?	○ Yes ○ No					
Was a report made to law	Yes  No	Orange questions below are requ	ired			
enforcement or other agencies?	O.M. O.M.	if this question is answered "Yes"	<b>".</b>			
Was the incident reported to the Attorney General?	Yes No					
Date reported (mm/dd/yyyy):			Req. if Attorney General is "Yes"			
Was the incident reported to State Education?	○ Yes ○ No					
Date reported (mm/dd/yyyy):			Req. if State Education is "Yes"			
Was the incident reported to the Bureau of Narcotics Enforcement?	○ Yes ○ No					
Date reported (mm/dd/yyyy):			Req. if Bureau of Narcotics is "Yes"			
Was the incident reported to any other law enforcement or agency?	○ Yes ○ No					
Agency:			Req. if Any Other Agency is "Yes"			
Date reported (mm/dd/yyyy):						
The following questions are only available and are required if the incident type is Elopement.						
Was the resident considered an elopement risk?	○ Yes ○ No					
Date last seen before elopement (dd/mm/yyyy):						
Time last seen before elopement (hh:mm am/pm):						
Date noted missing (mm/dd/yyyy):						
Time noted missing (hh:mm am/pm):						
Did the system to prevent elopement function properly?	○ Yes ○ No					
Has the resident returned to the facility?	○ Yes ○ No					
Save Reset < <start <pre=""></start>	Next> End>>					

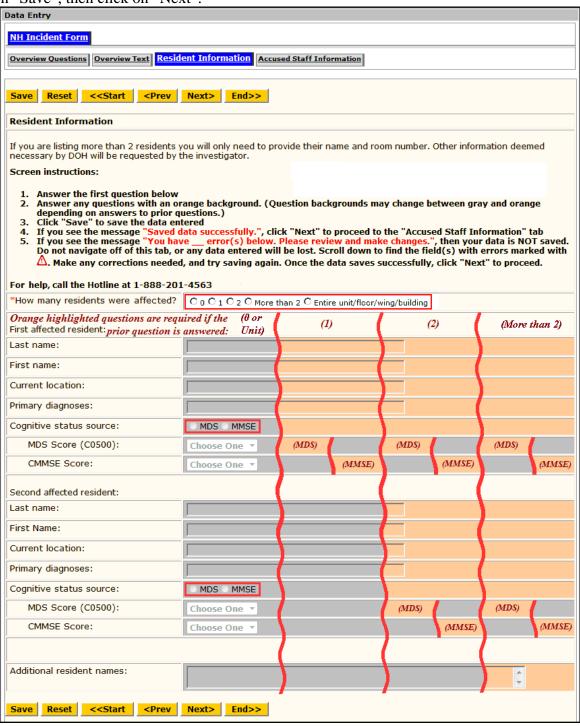
#### **Overview Text**

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



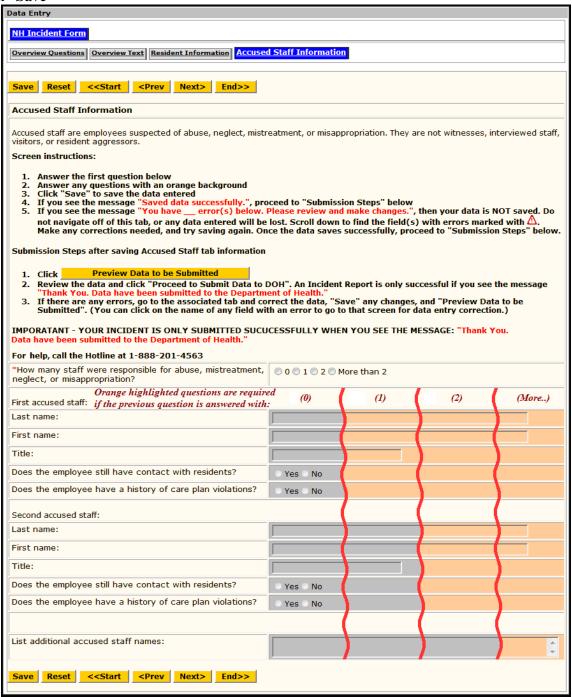
#### **Resident Information**

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".



#### **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"



### **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.