



Office of Developmental Programs – Intellectual Disabilities / Autism

Enterprise Incident Management (EIM)

User Manual

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1. Introduction

The Enterprise Incident Management System (EIM) is used to record, track, and resolve specific events, accidents or other happenings involving consumers of services provided under the Office of Developmental Programs – Intellectual Disabilities / Autism (ODP-ID/A). This manual presents descriptions of the operational elements of this software and instructions on the use of EIM's features to record incidents, review them, and maintain the data needed for reporting and trending.

Listed below are the functional divisions of this manual.

- **Key Terms and Concepts:**

This section provides brief descriptions of key terms and concepts used throughout this manual.

- **EIM User Interface Controls:**

This section describes user interface elements that are common to many EIM pages.

- **Common Pages:**

This section presents the non-configurable EIM pages such as search pages, report request pages and the EIM workload dashboard.

- **Incident Management Pages:**

This section describes incident management pages. These “pages” are the software screens that you fill out and enter information into to record the physical event or happening in the system. Logical collections of these pages are called documents. The documents, therefore, consist of various pages for recording fact-finding results, classifications, evaluations, reviews, investigations, etc., that all come together to create the EIM incident.

- **Supports Coordinator (SC) Comments**

This section offers complete instructions on the use of this module, which lets supports coordinators communicate comments or concerns about an incident to management reviewers, who then act to address the comments expressed.

- **Provider Certified Investigator Reports:**

This document provides an area in EIM where information about a certified investigation can be captured and recorded. This document is completed by a certified investigator.

- **Provider Administrative Reviews**

Incidents that receive a *Provider Certified Investigator* report (Provider CIR) pass through an Administrative Review, which serves as the approval of the CIR. The *Administrative Review document* helps the administrative review committee properly assess the possibility of approval.

- **Incident Detail:**

This section describes the actions that users can perform as needed as part of working an incident.

- **EIM Reports**

This section provides an overview of the general reports not associated with investigations and administrative reviews that are available in EIM. Details on their purposes and the information they contain is provided.

- **Appendix:**

This section describes, among many other things, the Alerts Matrix, which is used to notify users of certain system changes and processes; a complete list of primary and secondary categories that are used to classify incidents, incident subject areas for use in reporting and a list of relevant acronyms.

2. Key Terms and Concepts

Following are some of the key terms that are used throughout this manual.

Roles:

Your role(s) largely determine(s) the actions you can perform in the EIM system. Roles dictate the pages that you can access in EIM and whether you can enter or make changes to the data on the pages. Your role may dictate that you can only view some data and not update it at all. You may not be able to perform actions at all on certain pages. It is possible for a user to have more than one role in EIM.

Please see the tables below and on the next two pages where the current roles matrix is presented. The roles matrix is a chart that lists the various roles and indicates which pages and/or functions are permissible to access or perform for each role. Below is the key to the letters that are used in the matrix to indicate the permission. Footnotes for references in the charts appear on page10.

| ID | Role | Common | | | | | | | | | | | | | | | | | | Help | |
|----|--|-----------|---|---|-----------|---|---|----------------|---|---|--------|---|---|---------|---|---|--------|---|---|------|--|
| | | Dashboard | | | | | | Search | | | | | | Reports | | | | | | | |
| | | Incident | | | Complaint | | | Provider | | | Custom | | | Report | | | Review | | | | |
| 1 | Incident Reporter | R | R | U | U | U | U | R ³ | R | R | R | N | R | R | R | R | R | R | R | R | |
| 2 | Incident Point Person | R | R | U | U | U | U | R ³ | R | R | R | N | N | R | R | R | R | R | R | R | |
| 3 | Incident Reviewer | R | R | U | U | U | U | R ³ | R | N | R | R | N | R | R | R | R | R | R | R | |
| 4 | Incident Administrative Reviewer | R | R | U | U | U | U | R ³ | R | N | R | R | N | R | R | R | R | R | R | R | |
| 5 | Incident Initial Mortality Reviewer | R | R | U | U | U | U | R ³ | R | N | R | R | N | R | R | R | R | R | R | R | |
| 6 | Incident Final Mortality Reviewer | R | R | U | U | U | U | R ³ | R | N | R | R | N | R | R | R | R | R | R | R | |
| 7 | Incident Investigator | R | R | U | U | U | U | R ³ | R | N | N | R | N | R | R | N | N | N | N | R | |
| 8 | Incident Read-Only | R | R | U | U | U | U | R ³ | R | N | R | R | N | R | R | R | R | R | R | R | |
| 9 | Incident Admin | R | R | U | U | U | U | R ³ | R | N | R | R | N | R | R | R | R | R | R | R | |
| 10 | Incident Delete ⁸ | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | |
| 11 | Complaint Reporter | R | R | U | U | U | U | R ³ | R | N | R | R | R | R | R | N | N | N | N | R | |
| 12 | Complaint Reporter and Investigation | R | R | U | U | U | U | N | R | N | R | N | N | R | R | N | N | N | N | N | |
| 13 | Complaint Reviewer | R | R | U | U | U | U | N | R | N | R | N | N | R | R | N | N | N | N | R | |
| 14 | Complaint Investigation | R | R | U | U | U | U | N | N | N | R | N | N | R | R | N | N | N | N | R | |
| 15 | Complaint Read-Only | R | R | U | U | U | U | N | R | N | R | N | N | R | R | R | N | N | N | R | |
| 16 | Complaint Admin | R | R | U | U | U | U | N | R | N | R | N | R | R | R | R | N | N | N | R | |
| 17 | Custom Report Admin | N | N | N | N | N | N | N | N | N | N | N | N | N | U | N | N | N | N | N | |
| 18 | Program Office Configuration Admin | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | |
| 19 | Program Office Configuration Read-Only | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | |
| 20 | System News Admin | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | |

Notes

1. Currently ODP-ID/A does not allow extensions for investigation documents.
2. In addition to the role, there are other requirements to initiate optional state management review: State scope, incident status of Closed, no previous management review performed.
3. Access to the Mortality Review Report and incident details within the Mortality Review documents will be governed by scope rather than role. ODP-ID/A users with a State or Regional scopes and OLTL users with State scope can access this information.
4. Currently ODP-ID/A and ODP-BSASP do not allow extensions for Administrative Review documents.
5. Access to SC Comment functionality on the Dashboard will be governed by scope rather than role. ODP-ID/A users with an SC or AE scope and ODP-BSASP users with an SC or Regional scope can access this functionality.
6. Access to SC Comment functionality within an incident will be governed by scope rather than role. ODP-ID/A users with an SC, AE, Regional, or State scope and ODP-BSASP users with an SC, Regional, or State scope can access this functionality.
7. County/AE and Regional Management Reviewers for ODP-ID/A and Management Reviewers for ODP-BSASP can file extensions for Final Section documents on behalf of the initiating organization.
8. Role can only be assigned to users by Program Office Administrators and must be used in combination with another role with incident access. Role is currently designed to grant MCO users the ability to delete CHC incidents.
9. OLTL users with an OLTL State scope and the Incident Admin role have the ability to initiate, update, and submit incident documents for incidents reported by providers, SCEs, and MCOs.

Incident Management Role Descriptions:

- **Incident Reporter:** This role allows users to record incidents in the EIM system. Users with the Incident Reporter role can enter the first and final sections of the incident report, request a report extension and link/unlink incidents. Only the Incident Reporter role can submit the incident report final section. Users with the Incident Reporter role have the ability to mark an incident confidential at the provider level and assign it to a specific Incident Point Person. The Incident Reporter can still view incident reports marked as confidential. Users with the Incident Reporter role can also run reports in EIM.
- **Incident Point Person:** This role also allows users to record incidents in the EIM system. Users with this role cannot submit the final section. Users with the Incident Point Person role can view and update incidents that have been marked confidential by an Incident Reporter within their organization.
 - **Note:** The Incident Reporter and Incident Point Person roles are NOT interchangeable. Only individuals with the Incident Reporter role can submit the incident report final section.
- **Incident Reviewer:** This role allows users to perform incident management reviews.
- **Incident Administrative Reviewer:** This role lets users initiate, modify, and submit Provider Administrative Reviews; upload documents and delete uploaded documents; link incidents; run reports and view and delete alerts.
- **Incident Investigator:** This role allows users to perform incident investigation functions in the system.
- **Incident Read-Only:** This role allows users to view the incident documents in read-only mode.
- **Incident Admin:** This role allows users to view/delete alerts, delete/undelete incidents, link to incidents and remove linked incidents.
- **Custom Report Admin:** This role allows users to create and save custom report queries.

Mandatory/Conditionally Mandatory Fields:

- Mandatory fields are indicated with a red star  on the EIM page.
- Conditionally mandatory fields become mandatory depending on responses in one or more mandatory fields that have already been completed. Conditionally mandatory fields are not marked on the screen when they become conditionally mandatory.

Read-Only Access versus Update Access:

You experience both read-only and update access in EIM depending on:

- Your role and scope in the system (see the next page of this manual for details on what “scope” refers to), or
- Whether a document you have update access to has been submitted.

When a user is working with an incident in read only mode, fields on the pages are “grayed-out” and cannot be updated. In addition, pages in the incident report that display data in a table format present a [VIEW] button, not an [EDIT] button, that the user clicks to see the complete information that is summarized in the table. The small tables that appear within pages in EIM often present less information than what you see on the page.

To view a complete entry in a table when you have only read-only permissions, highlight the entry in the table, as indicated by the top arrow in the illustration below. Click the [View] button, as shown by the arrow on the right side of the illustration, and the data originally entered in the fields below the table appears as entered. Note the bottom arrow in the illustration below, which points to the description that was entered. The description is not part of the record appearing in the table.

If you had update access to this EIM page, the [VIEW] button would be an [EDIT] button, and none of the fields would be grayed out (assuming that this page is not part of an unsubmitted document).

| Relationship to the individual - Testimonial Evidence | Witness First Name - Testimonial Evidence | Witness Last Name - Testimonial Evidence | Witness Identifier (in an effort to protect identity) - Testimonial Evidence | Agency Title (or Family Role) - Testimonial Evidence | Type of Interview - Testimonial Evidence | Interview Date and Time - Testimonial Evidence |
|--|---|--|--|--|--|--|
| Administrative Entity/County Intellectual Disability Program Staff | John | Smith | | | Initial | 08/04/2021 11:00 PM |

Click the View button.
VIEW

Testimonial Evidence

Relationship to the individual: Select One

Witness First Name:

Witness Last Name:

Witness Identifier (in an effort to protect identity):

Agency Title (or Family Role):

Was this person identified as an alleged target for this incident? Select One

Scope:

A user’s scope in EIM determines what information, or *whose* information, the user can access in the system.

- **Provider:** A provider’s scope includes the individual consumers who receive services from the provider’s organization. The provider must have had an authorized service on an Individual’s Support Plan (ISP) within the last 365 days or have a consumer/provider relationship established in the Home and Community Services Information System (HCSIS) to view and file an incident for the individual in EIM. Providers do not have access to the information of individuals receiving services from other provider organizations.
- **Supports Coordinator (SC):** A supports coordinator’s scope includes the individuals whose plans the SC manages and the providers that serve those individuals. The Supports

Coordination Organization (SCO) must have had an authorized service on an individual's support plan (ISP) within the last 365 days or have a consumer/provider relationship established in HCSIS to view and file an incident for the individual in EIM.

- **Administrative Entity (AE):** An administrative entity's scope consists of individuals that are registered with the AE/county program.
- **Office of Developmental Programs (ODP) Region:** A region's scope includes the various counties that fall within that region of the state.
- **ODP Staff:** ODP staff's scope includes all individuals and providers in ODP programs.
- **State Centers:** Scope includes those individuals receiving care within the state facility for those specific counties/joinders represented.

Page:

Each incident document is comprised of one or more pages. A page includes a group of questions and fields that are displayed on a single EIM page. Pages are sometimes referred to as "screens."

Document:

For every incident recorded in EIM, a predefined set of documents must be completed and submitted. Below is a list of all the current incident documents. Some of them may not be required, depending on the circumstances of the incident.

- **Incident Documents**
 - Incident First Section
 - Incident Final Section
 - Initial County Management Review
 - Initial Regional Management Review
 - Provider Certified Investigator Report
 - Provider Administrative Review
 - County Management Review
 - Regional Management Review
 - County Investigation
 - Regional Investigation
 - State-Center Management Review
 - State-Center Investigation

After a new incident is created and as sections are completed, based on responses, EIM automatically generates the documents that are required to be completed.

3. EIM User Interface Controls

This section describes common user interface controls that appear on many EIM pages.

EIM Main Menu Buttons:

The EIM header bar is common across all pages in the EIM application. It allows users to navigate to the different sections of the EIM system. It includes the following icons:

- **Home:** Click [Home] to open the *My Workload Dashboard* screen.
- **Search:** Click [Search] to open the individual, provider, and incident search screens.
- **Reports:** Click [Reports] to open a page where you can request a report and set its filter parameters.
- **Help:** Click [Help] to display context-sensitive help tips for the current EIM page.



EIM Footer Menu Bar:

The EIM footer is common across all pages in the EIM application. It contains navigation links that let you do the following:

- Click [HCSIS] to open HCSIS using your current EIM login. You may click this link ONLY if you are using Microsoft Internet Explorer to work with EIM. Do not open HCSIS using any internet browser other than Microsoft Internet Explorer.
- Click [PRIVACY POLICY] to open the Commonwealth of Pennsylvania's Privacy Policy
- Click [LOGOUT] to IMMEDIATELY close EIM. You are not prompted to confirm the logout; it happens as soon as you click the link.

[HCSIS](#) | [Privacy Policy](#) | [Logout](#)

Go-To Drop-Down:

This drop-down box is displayed on all pages within an incident document and allows users to navigate to any available page within that document.



Search Screen Tabs:

These tabs are used to navigate between the search screens available within EIM. Specific tabs are displayed or hidden based on the role(s) of the logged-in user.

| Individuals | Providers | Incidents |
|-------------|-----------|-----------|
|-------------|-----------|-----------|

EIM Tables:

Specific EIM tables provide the sorting feature and the filtering features described below.

- **Sorting:** You can sort a table's data by the values in a column by clicking on the up/down  button in the relevant column header. Click inside the column header to make the arrow appear.
- **Filtering:** You can click the  button to filter to see only the data you need to be displayed on specific pages (such as search pages). Select the filter operators (listed below) in the drop-down boxes to apply them to values you enter in the text boxes to create filters that display only the data you need.
 - Is equal to
 - Is not equal to
 - Starts with
 - Contains
 - Does not contain
 - Ends with
 - Is empty (or Is Null)
 - Is not empty (or Is Not Null)

The illustrations below and on the next page show sample filters and how they look when applied as described above.

EIM Tables Function Screenshot – *Equal to*:

| MCI | SSN | Individual Name | DOB | Residential County | Program Office | Waiver/ Program | Program |
|-----------|-------------|-----------------|------------|--------------------|----------------|-----------------|---|
| 400770872 | XXX-XX-3741 | PCG, BD | 04/13/1974 | Philadelphia | ODP | Other | Show items with value that: Is equal to |
| 480370645 | XXX-XX-2774 | PCG, CD | 08/09/1989 | Philadelphia | ODP | Other | <input type="text" value="Other"/>  |
| 720370563 | XXX-XX-5454 | PCG, DD | 09/27/1991 | Philadelphia | ODP | Other | And |
| 430517967 | XXX-XX-4026 | PCG, ED | 09/23/1960 | Philadelphia | ODP | Other | Is equal to |
| 540373438 | XXX-XX-2121 | PCG, FD | 11/14/1991 | Philadelphia | ODP | Other |   |
| 410514250 | XXX-XX-6755 | PCG, GD | 06/04/1971 | Philadelphia | ODP | Other | 7/01/2014- |
| 987842958 | XXX-XX-5784 | PCG, HD | 02/19/1973 | Philadelphia | ODP | Other | |
| 440370117 | XXX-XX-1632 | PCG, ID | 05/21/1969 | Philadelphia | ODP | Other | |
| 770373090 | XXX-XX-2047 | PCG, KD | 07/19/1977 | Philadelphia | ODP | Other | |
| 690373746 | XXX-XX-5606 | PCG, LD | 12/03/1984 | Philadelphia | ODP | Other | |

EIM Tables Function Screenshot – Contains:

| MPI | Provider Name | Service Location ID | Service Location Name | Address | Service Location | Program Office |
|-----------|----------------------------|---------------------|-----------------------|---|------------------|----------------|
| 300443509 | PCG ODP EIM PROVIDER THREE | 0002 | Site Two | 500 GREEN LN, PHILADELPHIA, Pennsylvania 1912 | | |
| 300443509 | PCG ODP EIM PROVIDER THREE | 0004 | Site Two | 500 GREEN LN, PHILADELPHIA, Pennsylvania 1912 | | |
| 300443509 | PCG ODP EIM PROVIDER THREE | 0005 | Site Two | 500 GREEN LN, PHILADELPHIA, Pennsylvania 1912 | | |
| 300443509 | PCG ODP EIM PROVIDER THREE | 0006 | Site Two | 500 GREEN LN, PHILADELPHIA, Pennsylvania 1912 | | |

Show items with value that:
 Contains X
 And X
 Is equal to X
CLEAR FILTER

EIM Tables Function Screenshot – Calendar Feature:

Date columns present a list of criteria that is slightly different from the list above. The criteria are: Is equal to, Is not equal to, Is after or equal to, Is after, Is before or equal to, Is before, Is null, Is not null.

| MCI | SSN | Individual Name | DOB | Residential | Program Office | Waiver/Program | Program Effective Dates |
|-----------|-------------|-----------------|------------|-------------|----------------|----------------|-------------------------|
| 430517967 | XXX-XX-4026 | PCG, ED | 09/23/1960 | | | Other | 7/01/2014- |
| 440370117 | XXX-XX-1632 | PCG, ID | 05/21/1969 | | | Other | 7/01/2014- |
| 280371382 | XXX-XX-2733 | PCG, MC | 11/11/1959 | | | Private ICF/MR | 7/01/2014- |
| 700405649 | XXX-XX-7653 | PCG, MD | 01/06/1965 | | | Other | 7/01/2014- |
| 310372902 | XXX-XX-1612 | PCG, ND | 03/31/1967 | | | Other | 7/01/2014- |
| 760373573 | XXX-XX-7153 | PCG, OC | 09/17/1963 | | | Private ICF/MR | 7/01/2014- |
| 480370654 | XXX-XX-5554 | PCG, OD | 07/25/1960 | | | Other | 7/01/2014- |
| 521649224 | XXX-XX-1666 | PCG, PC | 07/10/1967 | | | Private ICF/MR | 7/01/2014- |
| 969840280 | XXX-XX-6742 | PCG, PC | 04/22/1968 | | | Private ICF/MR | 7/01/2014- |
| 780371516 | XXX-XX-8002 | PCG, RC | 01/13/1965 | | | Private ICF/MR | 7/01/2014- |
| 800369189 | XXX-XX-3866 | PCG, XC | 11/27/1956 | | | Private ICF/MR | 7/01/2014- |

Show items with value that:
 Is before X
 And X
 Is equal to X
CLEAR FILTER

Incident Details Bar:

The *Incident Details* bar displays high-level information about the incident you are currently working on and provides mechanisms for you to quickly access high-level information for the individual or provider (if applicable).

| | | | | |
|--|-------------|--|-------------------------|--|
| ID: 94131 | Version: 10 | Type: Individual Incident | Primary Category: Death | Status: Open |
| Individual: PCG, WRU MCI: 660373781 | | Provider: PCG ODP EIM PROVIDER THREE Discovery Date: 08/07/2021 | | BACK TO SEARCH Q |

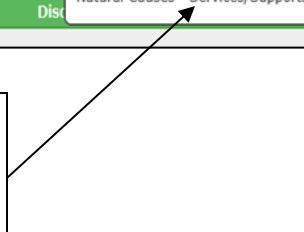
- **ID:** This is the unique identifier for the incident.
- **Version:** The *Version* field identifies under which production version of EIM the incident was created.
- **Type:** This identifies the incident type, whether it is individual or site-level.

- **Primary Category:** The primary category of the incident. You can view the secondary category associated with the incident by letting your mouse pointer hover over the Primary Category of the incident (see illustration below).
- **Status:** The current status of the incident, whether open, closed or deleted.
- **Individual:** Displayed strictly for incidents that are related to an individual. When the individual's name is clicked, the Individual Information popup window opens (see illustration below).
- **Provider:** Displayed for all incidents. When the provider's name is clicked, the Provider Information popup window opens (see illustration on the next page).
- **MCI:** You can navigate to the *Individual Detail* page by clicking the MCI hyperlink within the individual's incident. When the *Individual Detail* page is accessed via the MCI hyperlink, the *Waiver/Program* and *Residential County* fields display as blank and the [CREATE] button that allows users to initiate an incident does not appear (see the illustration on the page after next).
- **Discovery Date:** This is the discovery date entered for the incident.

Displaying Secondary Category(ies)

| | | | | |
|-----------------------------|-------------|---|-------------------------|------------------------------|
| ID: 94131 | Version: 10 | Type: Individual Incident | Primary Category: Death | Status: Open |
| Individual: PCG-EIMMR, ADAM | Pro | Secondary Category(s) : | | |
| MCI: 987848016 | Disc | Natural Causes - Services/Supports Provided | | |

Let your mouse pointer hover over the primary category to view the secondary category associated with the incident.



Individual Information Popup Window:

This window allows users to view read-only information about the individual for whom the incident has been filed

Individual Information

| | |
|---------------------------------------|--|
| MCI: | 103925821 |
| First Name: | CARTER |
| Last Name: | PCG-EIMMR |
| Middle Initial: | |
| Suffix: | |
| Gender: | Male |
| Date of Birth: | 01/01/1990 |
| Individual's Address | |
| Address Line 1: | 1300 MARKET ST |
| Address Line 2: | |
| Address Line 3: | |
| City: | PHILADELPHIA |
| Residential County: | Philadelphia |
| Funding County/Joinder: | PHILADELPHIA |
| Region: | Southeast |
| State: | Pennsylvania |
| Zip Code: | 19107-3742 |
| Phone Number: | |
| Email: | |
| Case Management System: | HCSIS |
| Waiver/Program Name: | Community Living Waiver |
| SC Entity Name: | PHILADELPHIA SC ENTITY - ODP |
| SC Name: | PHILASCENT, ODP |
| SC Phone: | (215)555-1212 |
| SC Email: | phil@aol.com |
| Race: | White |
| Ethnicity: | Non-Hispanic |
| Program Diagnosis: | F70 Mild intellectual disabilities |
| Needs Level: | |
| Needs Group: | |
| Living Situation: | Relative's Home |
| Living Situation Qualifier: | |
| Primary Mode Of Communication: | Other |
| Ambulation: | PART AMBULATORY- MOVE W/ BRACE CANE CRUTCH ASSIST |

Provider Information Popup Window:

This window allows users to view information about the provider and the provider service location pertinent to the incident.

Provider Information

| | |
|--|--|
| Provider Name: | Allied Healthcare |
| MPN: | 300433880 |
| Service Location Provider Type: | 52. Community Residential Rehabilitation |
| Service Location Specialty: | 521. Adult Residential - 6400 |
| Service Location ID: | 0002 |
| Service Location Name: | Philadelphia |
| Address Line 1: | 11 GREEN ST |
| Address Line 2: | |
| Address Line 3: | |
| City: | PHILADELPHIA |
| County: | Philadelphia |
| State: | Pennsylvania |
| Zip Code: | 19144-2726 |
| Phone Number: | (215)515-1212 |
| Email: | |

The **Service Location Specialty** field appears only for ODP-ID/A. This field is not displayed when the service location has overlapping specialties among 521, 522, 520, 456 and/or 524. EIM also does not display the Service Location Specialty field if the service location does not offer any one of these specialty codes.

Individual Detail page via MCI Hyperlink

Clicking the MCI hyperlink in the *Individual Incident* screen opens the *Individual Detail* page (illustrated below). When you open this page using the MCI hyperlink, the *Waiver/Program* and *Residential County* fields show as blank, and the [CREATE] button you use to start creating an incident does not appear.

Individual Detail

| Name: PCG, AC | MCI: 550371530 | SSN: XXX-XX-2456 | | | | | |
|--|---------------------|---------------------|---------------------|--------------------------------|--|----------------|--------|
| Program Office: ODP-ID/A | Waiver/Program: | Residential County: | | | | | |
| <input type="button" value="Export to Excel"/> | | | | | | | |
| ID | Program Office Name | Incident/Complaint | Type | Primary Category | Secondary Category | Discovery Date | Status |
| 94109 | ODP-ID/A | Incident | Individual Incident | Neglect | Failure to Provide Needed Care | 08/05/2021 | Open |
| 94055 | ODP-ID/A | Incident | Individual Incident | Exploitation | Misuse/Theft of Funds | 08/04/2021 | Open |
| 93830 | ODP-ID/A | Incident | Individual Incident | Death | Natural Causes - Only Supports Provided | 07/30/2021 | Open |
| 93825 | ODP-ID/A | Incident | Individual Incident | Illness | COVID | 07/30/2021 | Open |
| 93826 | ODP-ID/A | Incident | Individual Incident | Law Enforcement Activity | Individual Charged with a Crime/Under Police Investigation | 07/30/2021 | Open |
| 93824 | ODP-ID/A | Incident | Individual Incident | Behavioral Health Crisis Event | Immediate Arrest and Incarceration Crisis Response | 07/30/2021 | Open |

Common Buttons:

EIM provides the following buttons on incident forms (see illustrations below):

- **Check Spelling:** This feature appears on screens that contain 4000-character text boxes. When you click [CHECK SPELLING], the spell check window opens and displays all misspelled words on the screen.
- **Undo Changes:** Click this button to clear all fields and populate them with the last set of saved values (if applicable).
- **Save:** Click this button to save the data on the screen without navigating away from the screen.
- **Back:** Click this button to navigate to the previous screen within an incident.
- **Save and Continue:** Click this button to save the information on the screen and then navigate to the next screen in the incident document.
- **Continue:** Click this button to navigate to the next screen in the incident document that you cannot edit or that has been submitted.

Illustrated below are the buttons users see when the user role(s) grants access and permission to make and save changes:

| | |
|---|---------------------------------------|
| CHECK SPELLING UNDO CHANGES | SAVE |
| ◀ BACK | SAVE & CONTINUE ➤ |

Illustrated below are the buttons users see when the user role(s) grants view-only access, or when the page is in a submitted document:

| | |
|------------------------|----------------------------|
| ◀ BACK | CONTINUE ➤ |
|------------------------|----------------------------|

Submitting documents within the Incident Workflow:

When you finish filling out the last page in a document and click [**SAVE & CONTINUE**], the *Incident Detail* screen appears. From this screen, you can choose to validate or submit the document.

There are two ways you can check a document for errors in EIM:

- Click the [**VALIDATE**] button in the *Incident Detail* screen (illustrated below) to verify that all the required fields in the document are complete.
- Click the [**SUBMIT**] button in the *Incident Detail* screen (illustrated below), and the system automatically checks for errors and then submits an error-free document. (If errors are present, EIM will not submit the document.)

If you click [**VALIDATE**], the data in all the pages in the document is validated, and you can see a list of any errors on each page. If there are no errors, you can then submit the document.

If you click [**SUBMIT**], EIM checks for errors before processing the submission. If there are any errors, you must make the changes required and then click [**SUBMIT**] again to resubmit the document.

Note: The system lets you click [**SAVE & CONTINUE**] in the various pages of a document, even though there may be errors on those pages. These errors will not be identified by the system until you click [**VALIDATE**] or [**SUBMIT**].

| Incident Detail | | | | | | | | | | | |
|--|---------------|-----------|---------------------------|--|---------------------------|-----------------|----------------|-----------------|---------------------|--------------------------|--|
| ID: 94109 | Version: 10 | | Type: Individual Incident | | Primary Category: Neglect | | Status: Open | | | | |
| Individual: PCG_AC MCI: 550371530 | | | | Provider: PCG ODP EIM PROVIDER THREE Discovery Date: 08/05/2021 | | | | | | | |
| Collapse Details | | | | | | | | | | | |
| | Document Name | Status | Due Date | Action | Created Date | Created By | Last Edit Date | Edited By | Report Extension | Print | |
| + Incident First Section | Submitted | 8/6/2021 | | VALIDATE SUBMIT | 8/5/2021 | Three, Provider | 8/5/2021 | Three, Provider | | <input type="checkbox"/> | |
| + Incident Final Section | In Progress | 10/3/2021 | | VALIDATE SUBMIT | 8/5/2021 | Three, Provider | 8/5/2021 | Three, Provider | [1] | <input type="checkbox"/> | |

Warning Messages

You may receive warning messages after submitting an incident document. Warning messages do not prevent you from submitting documents. The messages indicate additional actions that you may need to take in the system based on the content of the incident report being submitted.

Example of Medication Error Warning Message:

Incident Detail

Warning: If another incident report was filed as a result of this medication error, please link the incident to this medication error.

| ID: 93936 | Version: 15 | Type: Individual Incident | Primary Category: Medication Error | Status: Closed | | | | | | |
|--|---------------|---|------------------------------------|--------------------------------|---------------------|------------|------------------------|-----------|------------------|--------------------------|
| Individual: PCG, RACHAEL MCi: 947840120 | | Provider: KURT DAY CARE Discovery Date: 08/03/2021 | | | | | | | | |
| Collapse Details | | | | | | | | | | |
| | Document Name | Status | Due Date | Action | Created Date | Created By | Last Edit Date | Edited By | Report Extension | Print |
| + Incident First Section | Submitted | 8/6/2021 | | 8/3/2021 | KurtDayCa... PCG | 8/3/2021 | KurtDayCareEIM, PCG | | | <input type="checkbox"/> |

Example of Restraint Warning Message:

Incident Detail

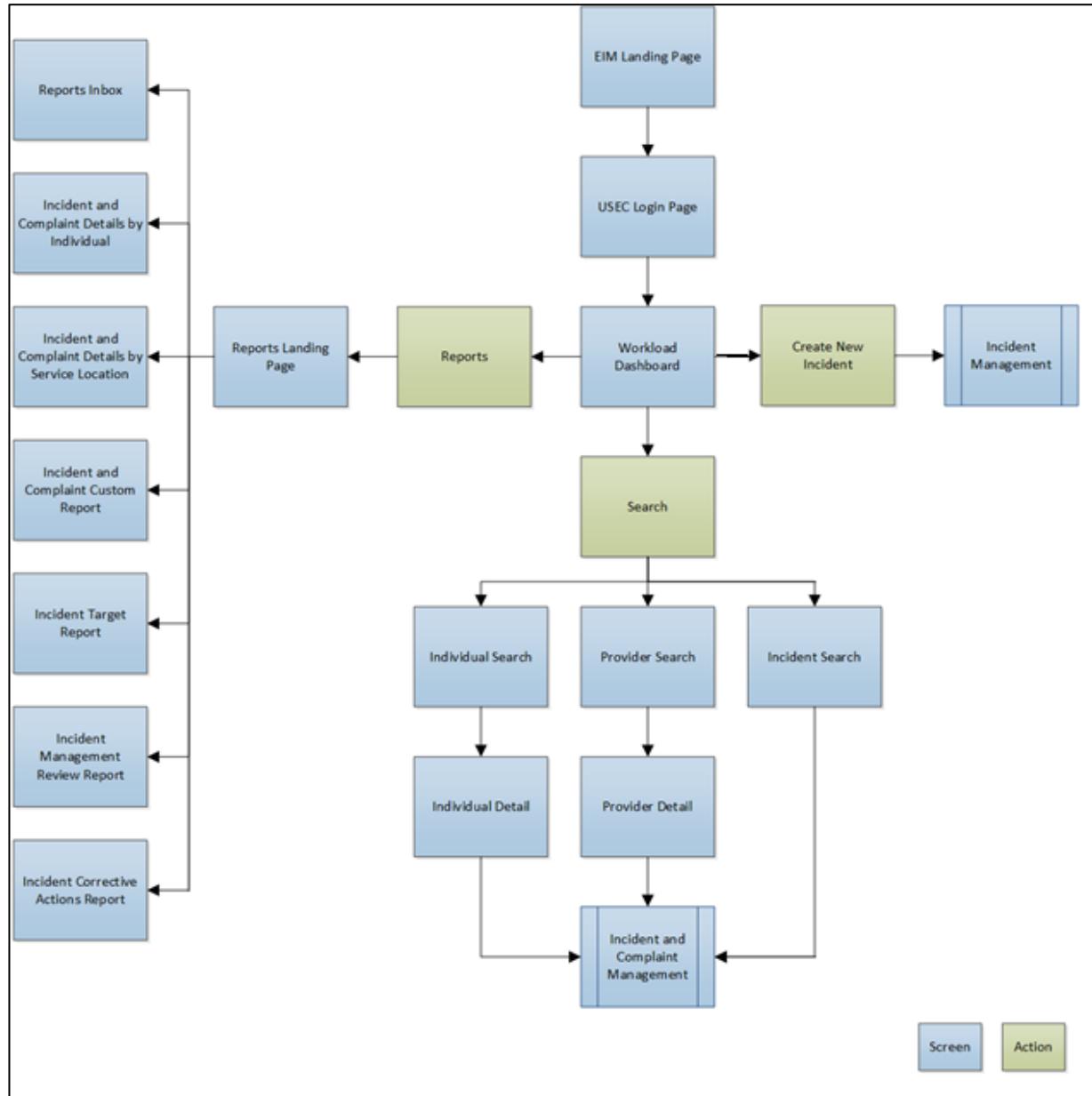
Warning: A Restrictive Procedure Plan (RPP) is required. Additional restraints are considered Abuse-Misapplication/Unauthorized use of restraint, until an RPP is in place.
Warning: An Abuse-Misapplication/Unauthorized use of restraint incident report must be filed.

| ID: 93938 | Version: 10 | Type: Individual Incident | Primary Category: Physical Restraint | Status: Closed | | | | | | |
|---|---------------|--|--------------------------------------|--------------------------------|--------------------|------------|-----------------|-----------|------------------|--------------------------|
| Individual: PCG-EIMMR, ADAM MCi: 987848016 | | Provider: PCG ODP EIM PROVIDER THREE Discovery Date: 08/03/2021 | | | | | | | | |
| Collapse Details | | | | | | | | | | |
| | Document Name | Status | Due Date | Action | Created Date | Created By | Last Edit Date | Edited By | Report Extension | Print |
| + Incident First Section | Submitted | 8/6/2021 | | 8/3/2021 | Three, Provider | 8/3/2021 | Three, Provider | | | <input type="checkbox"/> |

4. Common Pages

This section provides an overview of common pages that users can access to find and view information in EIM.

This site map shows how users can navigate among common pages in EIM:



4.1 EIM Landing Page

The EIM landing page (illustrated below) is a public-facing entry point to the EIM system. It provides navigation to the following locations:

- The EIM System
- EIM Training Materials
- Frequently Asked Questions

This page also presents system news published for anonymous users, such as public users who may not have an EIM user ID.



Enter the Uniform Resource Locator (URL) given below to open this landing page for EIM.

<https://www.hhsapps.state.pa.us/EIM>

Note: You may use the following web browsers and versions to work with EIM: Microsoft Internet Explorer 11; Microsoft Edge v.44.17763.1.0; Google Chrome v.72.0.3626.109, Mozilla Firefox v.65.0.1 or Safari v.12.0.1.

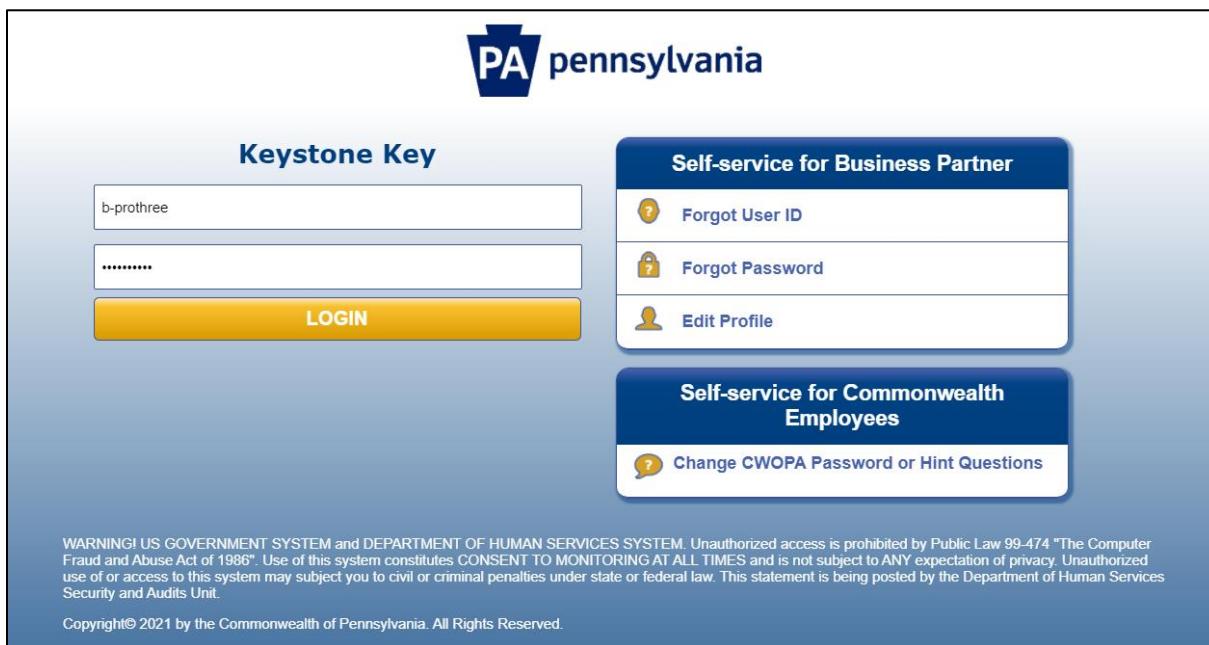
IMPORTANT: Do not open HCSIS in any browser other than Microsoft Internet Explorer 11 if you open EIM using the HCSIS menu.

4.2 Login Page

The EIM system uses Unified Security (USEC) for user management. This approach allows users to have a common username and password for many of the Department of Human Services (DHS) enterprise systems. In addition, this allows users to navigate between EIM and any other systems (such as HCSIS) that use Unified Security without having to log into each system separately.

EIM users log into EIM through the USEC login pages. When users submit their username and password, USEC passes information about the user to EIM, which allows EIM to pre-populate with information about the user.

Note: You may use the following web browsers and versions to work with EIM: Microsoft Internet Explorer 11; Microsoft Edge v.44.17763.1.0; Google Chrome v.72.0.3626.109, Mozilla Firefox v.65.0.1 or Safari v.12.0.1. Do not open HCSIS in any browser other than Microsoft Internet Explorer 11 if you open EIM using the HCSIS menu.



PA pennsylvania

Keystone Key

b-prothree

.....

LOGIN

Self-service for Business Partner

[Forgot User ID](#)

[Forgot Password](#)

[Edit Profile](#)

Self-service for Commonwealth Employees

[Change CWOPA Password or Hint Questions](#)

WARNING! US GOVERNMENT SYSTEM and DEPARTMENT OF HUMAN SERVICES SYSTEM. Unauthorized access is prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Use of this system constitutes CONSENT TO MONITORING AT ALL TIMES and is not subject to ANY expectation of privacy. Unauthorized use of or access to this system may subject you to civil or criminal penalties under state or federal law. This statement is being posted by the Department of Human Services Security and Audits Unit.

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4.3 My Workload Dashboard

The *My Workload Dashboard* screen provides a summary of the user's workload and allows users to view and manage their incident tasks from one screen. Users are able to perform the following actions on the dashboard:

- Create new incidents
- Filter for and view documents that require the user's attention
- View and export the details of each identified incident
- View and delete alerts generated for the user
- View system news published for the user

Note:

- There is more than one version/view of the dashboard. Depending on your role and scope, some of the components may not be available. This manual includes information for all versions of the Dashboard.
- The dashboard contains three separate views accessible via tabs. By default, the "Work Items" tab is displayed as the first screen you encounter when logging into EIM. The Filters buttons on this screen are applicable only to the "Work Items" tab and have no relevance to the other tabs.

Work Items Tab:

The **Work Items** tab (indicated by the callout in the illustration below) displays the **Documents Requiring My Attention** list, which is a display of open incidents that have documents that require the logged-in user's attention. Documents appear in this display only if their status is "Created" or "In Progress." Users see only documents that have been assigned to them or one of their organizations. Not all users have work items assigned to them based on their assigned roles in the system.

Click this button to start a new incident. See the next page for an explanation.

Click this Work Items tab to open the Work Items panel if it is not already open.

Click this button to start a new incident. See the next page for an explanation.

Click this button to start a new incident. See the next page for an explanation.

| Documents Requiring My Attention (Grouped By Document Due Date) | | | | | | |
|---|---------------------|---------|-----------|------------|-----------------------|-------|
| Program Office | Type | Overdue | Due Today | Coming Due | Due Date not Assigned | Total |
| ODP-ID/A | Individual Incident | 39 | 0 | 0 | 64 | 103 |
| ODP-ID/A | Site Level Incident | 2 | 0 | | | |

Detail Summary

Export to Excel

SELECT ALL

UNSELECT ALL

APPLY

SET AS DEFAULT

The date categories in the **Documents Requiring My Attention** panel are based on incident due dates. The due dates are categorized as *Overdue*, *Due Today*, *Coming Due*, *Due Date not Assigned* and *Total*. These categories are arranged to help users target and work on the more pressing incidents first, for example, by finalizing incidents appearing in the first column, the 'Overdue' column, first. Incidents without discovery dates or categories show as not having a due date. This column underscores that users need to update and work these incidents.

The due-date structure on the Dashboard is as follows:

- *Overdue* indicates incidents that have a due date that has already passed.
- *Due Today* indicates incidents whose due dates are today.
- *Coming Due* indicates incidents that are not due today but will come due within the next 30 days. Incidents for which an extension was filed also appear in this column and do not show as overdue until that extension has expired.
- *Due Date not Assigned* indicates incidents that have just begun, and the components that help determine the due date, such as the incident primary and secondary categories and the discovery date, have not yet been selected.

Create New Incident Button:

Clicking the [CREATE NEW INCIDENT] button in the top-right corner of the Dashboard (pointed out by a callout in the illustration on the previous page) is the first step you take to create an incident. The button is displayed based on the role and scope of the user. For example, if you do not have a role to allow you to create a new incident, you do not see the [CREATE NEW INCIDENT] button on your Dashboard.

Detail Summary

When a user clicks one of the hyperlinked numbers in the Documents Requiring My Attention panel, detailed information about the related incident or complaint documents is displayed in the Detail Summary panel. The information in this panel is sorted in reverse chronological order (most recent first), based on the incident ID. Users can access any of the incidents listed in this panel by clicking the corresponding hyperlinked ID. The *Incident Detail* screen displays the relevant incident so that the user can begin work.

Filters:

There are two types of filters on the Dashboard. One set of filters (indicated by the callout A below) lets you expand or limit the number of links that appear in the Documents Requiring My Attention panel. Another type of filter (indicated by the callout B below) is used to work with the results that appear in the Detail Summary panel. Filters are available to logged-in users based on their role and scope.

Detailed instructions on the use of these filters begin on the next page.

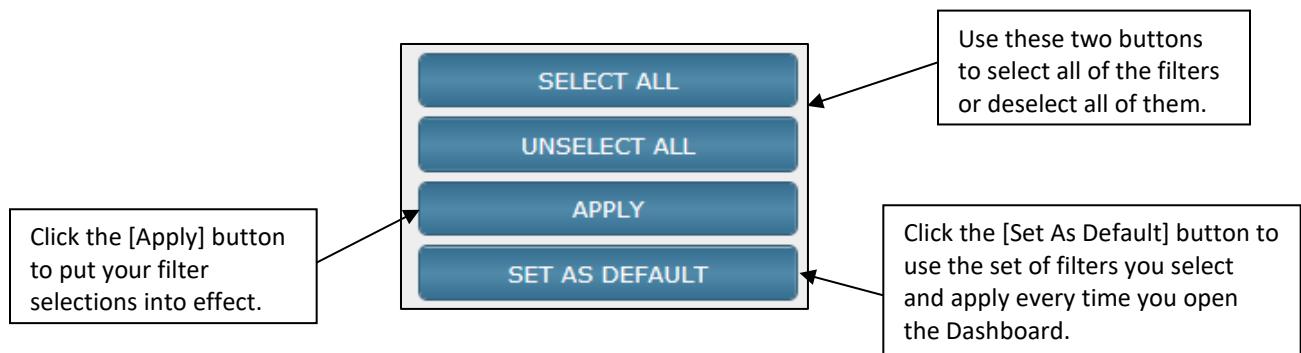
Filters Used with the Documents Requiring My Attention Panel:

The first time you open the Dashboard, all the filters indicated by callout A on the previous page are selected by default to show the maximum number of items. The filters you have available are defined by your scope and role. The illustration below shows the filters available for a few sample roles.

The screenshot shows the 'My Workload Dashboard' interface. At the top, there are four tabs: 'Work Items', 'Alerts', 'News', and 'SC Comments'. The 'Work Items' tab is selected, displaying a table titled 'Documents Requiring My Attention (Grouped By Document Due Date)'. The table has columns for Program Office, Type, Overdue, Due Today, Coming Due, Due Date not Assigned, and Total. Two rows are shown: 'ODP-ID/A Individual Incident' with values 39, 0, 0, 64, 103 and 'ODP-ID/A Site Level Incident' with values 2, 0, 0, 0, 2. Below the table is a 'Detail Summary' section with an 'Export to Excel' button and a table header for columns: ID, MCI, Individual Name, Filing Organization, County, Primary Category, Document, and Type. A message 'No Document Details to display.' is shown. To the right of the dashboard is a sidebar with a 'Filters' section containing dropdowns for Program Office, Organization, Waiver/Program, Incident/Complaint, Incident/Complaint Types, Document Type, Document Name, County, Incident Point Person, and Incident Created By. Below the filters are buttons for 'SELECT ALL', 'UNSELECT ALL', 'APPLY', and 'SET AS DEFAULT'. Callouts with labels A and B point to the 'Filters' section and the 'Detail Summary' table header respectively.

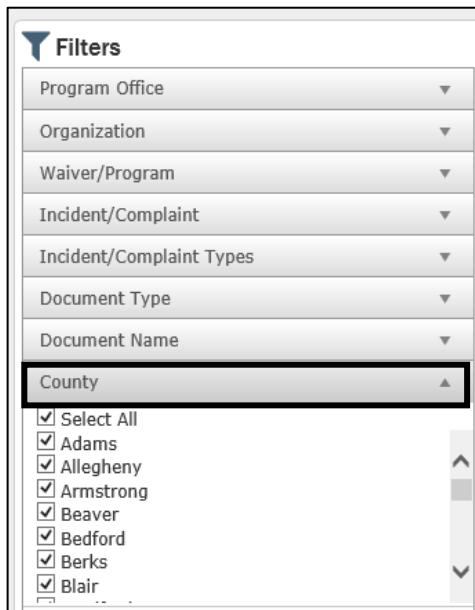
| Incident Reporter/Point Person | County Incident Reviewer | Regional Incident Reviewer |
|---|---|--|
| Filters <ul style="list-style-type: none"> Program Office Organization Waiver/Program Incident/Complaint Incident/Complaint Types Document Type Document Name County Incident Point Person Incident Created By | Filters <ul style="list-style-type: none"> Program Office Organization Waiver/Program Incident/Complaint Incident/Complaint Types Document Type Document Name County Incident Point Person Incident Created By | Filters <ul style="list-style-type: none"> Program Office Organization Waiver/Program Incident/Complaint Incident/Complaint Types Document Type Document Name County County/Joiner |

However, you can modify these default filter selections and click the [Apply] button (see below) to apply their changes. When these selected filters are applied, the data is updated in the display in the Documents Requiring My Attention panel. You can select all filters or deselect all filters by clicking [Select All] or [Unselect All], respectively.



In addition to applying and removing filters in an ad-hoc, case-by-case fashion, you can also define a set of filters to always apply by default each time you open the dashboard. Defining and applying a set of default filters does not keep you from modifying or clearing your filters or from creating a new, different set of default filters. Set your default filters by selecting the filters and clicking the [Set As Default] button (indicated by the callout above).

Note: The *Select All* checkbox is within each filter category (Program Office, Organization, etc.) and is highlighted by the red box in the illustration below. This check box allows you to select or deselect all values within the specific category. You can select/deselect all filters in each category individually. Clicking the *Select All* checkbox within each filter category alone does not apply the filter criteria/selections. You must click [Apply] to apply any filter criteria selections. You can have only one set of default filters at a given time.



Users can apply filters of the following types in the Documents Requiring My Attention Panel:

- **Program Office:** This filter contains a list of all the program offices to which the logged-in user has access. When this filter is modified, users can see only incident documents filed for the program office(s) selected.
- **Organization:** This filter contains each organization that the user belongs to. When this filter is modified, users can only see documents that are assigned to the selected organization or to the specific logged-in user. If the user has filtered out one of their program offices, any organizations that belong to that program office are removed from this list.
- **Waiver/Program:** This filter contains each waiver/program related to the user's program offices. When this filter is modified, users can only see incidents assigned to the selected waiver/programs. If the user has filtered out one of their program offices, any waiver/programs belonging to that program office are removed from the list.
- **Incident/Complaint:** This filter appears only when the user has the appropriate incident management roles. ODP-ID does not use the Complaint features of EIM, so *Incident* is the only selection available.
- **Incident /Complaint Types:** This filter contains a list of all of the incident types related to the user's program office. This list is determined by your selections for the Program Office, Waiver/Program, and Incident filters. When this filter is modified, users can only see documents related to the selected incident types. ODP-ID does not use the Complaint features of EIM, so *Individual Incident* and *Site-level Incident* are the only selections available here.
- **Document Type:** This filter contains a list of all the incident document types (e.g., incident first section, incident final section, etc.). When this filter is modified, users can only see the selected document types for the incidents to which they have access. The list of document types displayed in this filter is determined by the selections in the Incident filter.
- **Document Name:** The list of document types displayed in this filter is determined by the selections in the Document Type filter.
- **County:** This filter contains a list of all of the counties in Pennsylvania. In addition to the check boxes for **Select All** and for each of the 67 counties in Pennsylvania, there is a check box for **Outside PA**. It appears in alphabetical order after Northumberland and before Perry. When users modify this filter, they can view only incidents associated with the selected county. Once a user chooses one or more counties and clicks the [Apply] button, those counties appear at the top of the list, *out* of alphabetical order.
- **County/Joinder:** This filter contains a list of all the County/Joinder programs used by ODP-ID. When users modify this filter, they will be able to view any incidents associated with the selected County/Joinder within their region. This filter pertains to the funding County/Joinder of the individual (individual incidents) and the reviewing County/Joinder of the service location (site-level incidents) Note: This field appears only for ODP-ID regional staff.
- **Incident Point Person:** This filter contains a list of users with the Point Person role from the logged in user's organization and appears only if the organization has users with this role.

- **Incident Created By:** This filter contains a list of users with the Incident Reporter and/or Point Person role from the logged in user's Organization. It appears only for organizations that have users with these roles.

Detail Summary Filters:

| ID | MCI | Individual Name | Filing Organization | County | Primary Category | Document | Due Date | Type |
|-------|-----------|------------------|----------------------------|--------------|--------------------------------|------------------------|------------|---------------------|
| 93892 | 959879964 | PCG-EIMMR, ANNIE | PCG ODP EIM PROVIDER THREE | Philadelphia | Physical Restraint | Incident First Section | 08/05/2021 | Individual Incident |
| 93888 | 987847232 | PCG, COFFEE | PCG ODP EIM PROVIDER THREE | | Behavioral Health Crisis Event | Incident Final Section | 09/01/2021 | Individual Incident |

When you click one of the hyperlinked numbers in the **Documents Requiring My Attention** panel, detailed information about the related incident documents is displayed in the Detail Summary panel.

Click an ID hyperlink to open the Incident Detail screen for the incident and begin working on it.

The following information for each incident is included in the Detail Summary panel:

- **ID:** The unique ID number for an incident or complaint.
- **MCI:** The MCI of the individual associated with the incident. This column is blank if there is not an individual associated with the incident, such as is the case with a site-level incident.
- **Individual Name:** The first and last name of the individual associated with the incident. This column is blank if there is not an individual associated with the incident, such as is the case with a site-level incident.
- **Filing Organization:** The provider or entity that has filed the incident.
- **County:** The residential county for the individual/service location county associated with the incident.
- **Primary Category:** The primary category chosen during classification for the incident. This column is blank for any incident that has not yet been classified.
- **Document:** The name of document requiring the user's attention.
- **Due Date:** The date the document is due to be submitted.
- **Type:** The incident type.

Clicking the **Funnel** icon in the header of any column in the table opens a dialog box where you can select filtering criteria. The filtering capabilities are not the same across all the columns. The tables below explain the different criteria available, depending on whether the column contains numbers, text, or dates.

Note: State Center users who have the necessary role to perform management reviews see incidents across all State Centers in this panel of the Dashboard.

| Filter | Comments |
|-----------------------------|---|
| Is Equal To | Matches the entered ID. The ID you enter must match the ID in the incident EXACTLY. |
| Is Not Equal To | Does not match the entered ID EXACTLY. |
| Is Greater Than or Equal To | Returns incidents with IDs equal to or higher than the ID entered. |
| Is Greater Than | Returns incidents with IDs higher than the ID entered. |
| Is Less Than or Equal To | Returns incidents with IDs equal to or lower than the ID entered. |
| Is Less Than | Returns incidents with IDs lower than the ID entered. |
| Is Null | Returns incidents with no IDs. |
| Is Not Null | Returns incidents with any IDs. |

MCI, Individual Name, Filing Organization, County, Primary Category, Document, Type Columns (Text Fields)

| Filter | Comments |
|------------------|--|
| Contains | Contains the entered text. This is a handy filter to use if you do not know the exact type or name, etc. If you do not know whether the person you are searching for spells his or her name O'Brian or O'Brien, enter just "O'Bri" and click "Contains." |
| Does Not Contain | Does not contain the entered text. This filter works the opposite from "Contains." |
| Starts With | Starts with the entered text. This filter is similar to "Contains," but the match is made with the beginning of the text, not anywhere in the text, as Contains works. |
| Ends With | Ends with the entered text. This filter is similar to "Contains," but the match is made with the end of the text, not anywhere in the text, as Contains works. |
| Is Equal To | Matches the entered text. The text you enter must match the text in the incident EXACTLY. |
| Is Not Equal To | Does not match the entered text EXACTLY. |
| Is Empty | Returns incidents that have no text or space entry in them for the column in question. |
| Is Not Empty | Returns incidents that have text, or one or more spaces entered in them for the column in question. |
| Is Null | Returns incidents that have no text or spaces in them for the column in question. |
| Is Not Null | Returns incidents that have text entered in them for the column in question. |

Due Date Column (Date Field)

| Filter | Comments |
|-----------------------|--|
| Is Equal To | Matches the entered date. The date you enter must match the date in the incident EXACTLY. For this reason, ALWAYS use the pop-up calendar to enter the date so you can prevent mismatches due to format differences. |
| Is Not Equal To | Does not match the entered date EXACTLY. For this reason, ALWAYS use the pop-up calendar to enter the date so you can prevent mismatches due to format differences. |
| Is After | Returns incidents with dates after the entered date. |
| Is Before | Returns incidents with dates before the entered date. |
| Is After or Equal To | Same as Is After but includes the entered date. |
| Is Before or Equal To | Same as Is Before but includes the entered date. |
| Is Null | Returns incidents with no dates. |
| Is Not Null | Returns incidents with any date. |

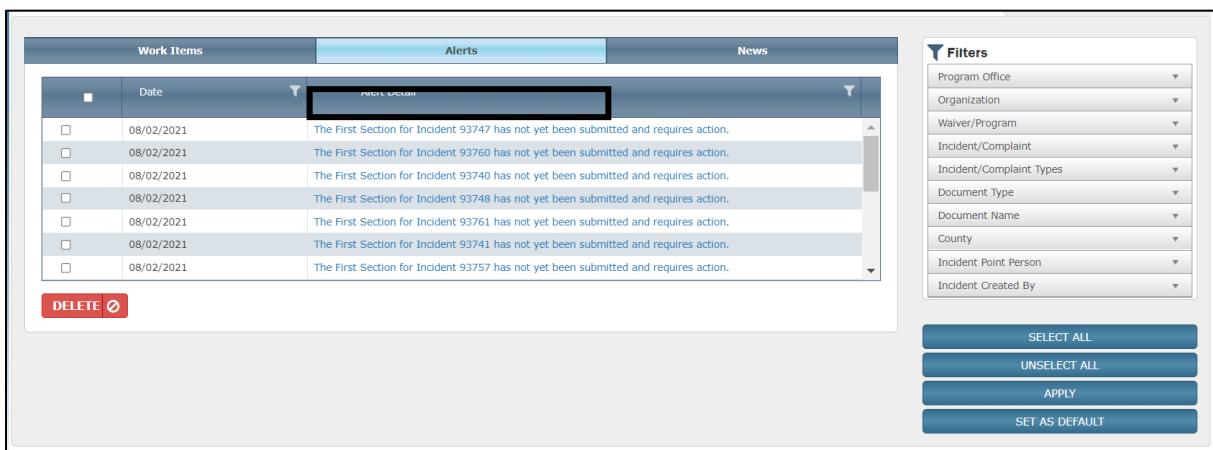
Alerts:

The **Alerts** tab displays any active alerts for the logged-in user. Alerts are listed in reverse chronological order (most recent on top) based on the date that they were generated. Each alert has the following attributes:

- **Date:** This is the date when the alert was generated.
- **Alert Detail:** This is the hyperlinked message of the alert. Clicking the link opens the Incident Detail screen for the subject of the incident.

Alerts that notify of specialized incident events are discussed in other areas of this manual.

Note: Users can delete alerts before they would otherwise expire. All alerts are purged after either 14 or 120 days, depending on the alert. In addition, the list of alerts can be sorted and filtered.

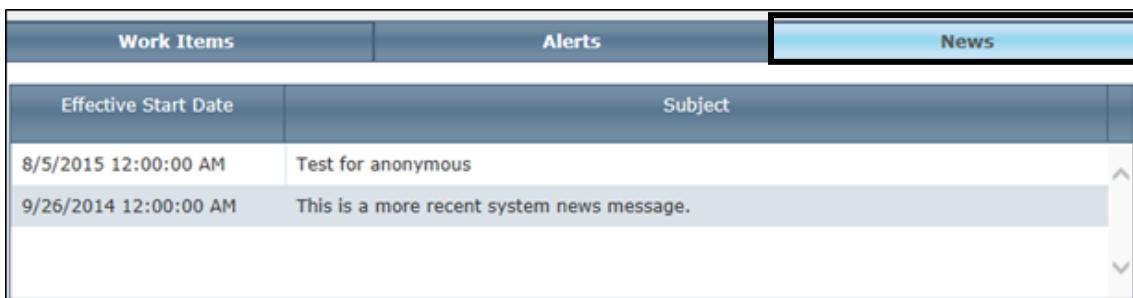


| Date | Alert Detail |
|------------|--|
| 08/02/2021 | The First Section for Incident 93747 has not yet been submitted and requires action. |
| 08/02/2021 | The First Section for Incident 93760 has not yet been submitted and requires action. |
| 08/02/2021 | The First Section for Incident 93740 has not yet been submitted and requires action. |
| 08/02/2021 | The First Section for Incident 93748 has not yet been submitted and requires action. |
| 08/02/2021 | The First Section for Incident 93761 has not yet been submitted and requires action. |
| 08/02/2021 | The First Section for Incident 93741 has not yet been submitted and requires action. |
| 08/02/2021 | The First Section for Incident 93757 has not yet been submitted and requires action. |

News:

The **News** tab displays system news, such as information about system outages, which may be sent to program office users, providers or to all users. Only system news that is relevant to a logged-in user is displayed on the dashboard. System news is displayed in reverse chronological order (latest on top), based on the published date. Each system news post has these attributes:

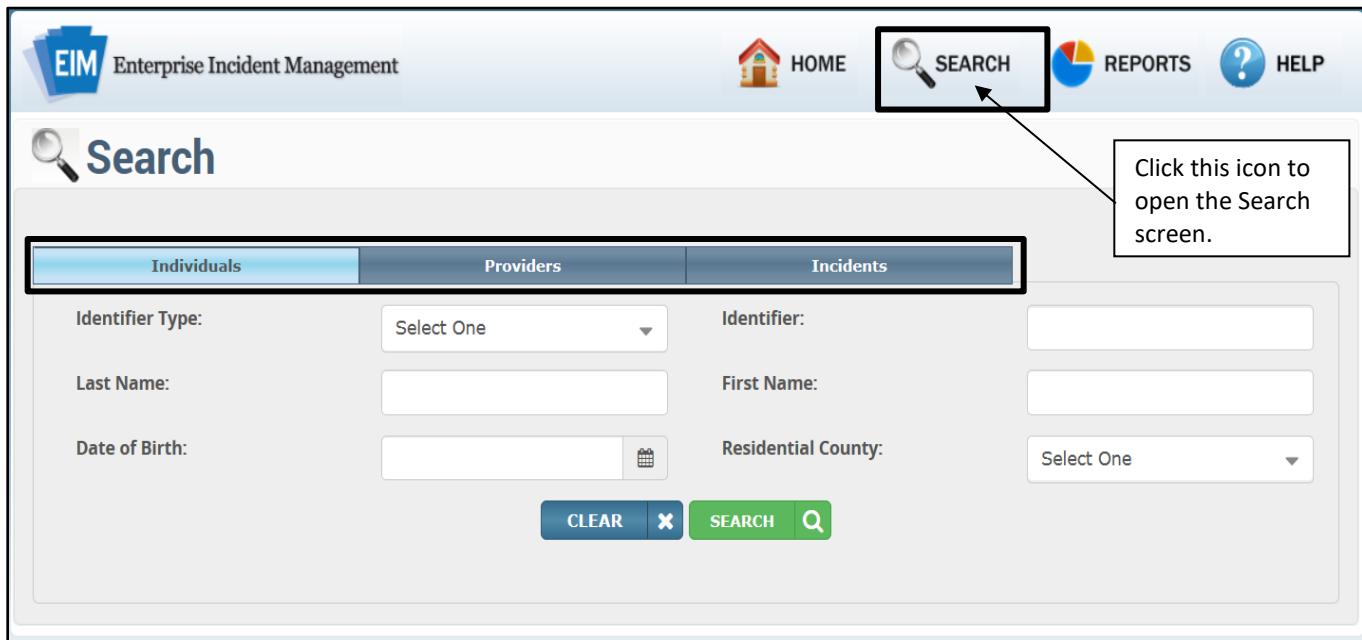
- **Effective Start Date:** The date when the news becomes visible to end users.
- **Subject:** The system news content.



| Effective Start Date | Subject |
|-----------------------|--|
| 8/5/2015 12:00:00 AM | Test for anonymous |
| 9/26/2014 12:00:00 AM | This is a more recent system news message. |

4.4 Search

The *Search* screen lets you search for individuals, providers, and incidents for the purpose of reviewing individual information. Each search method is accessed by clicking one of three tabs that appear on the screen: Individuals, Providers, or Incidents. In the illustration below, a red border runs around these tabs to identify them. This illustration shows the screen when the Individuals tab is selected.



The screenshot shows the EIM search interface. At the top, there are navigation links: HOME (with a house icon), SEARCH (with a magnifying glass icon), REPORTS (with a pie chart icon), and HELP (with a question mark icon). Below the navigation is a search bar with the word "Search" and a magnifying glass icon. Underneath the search bar are three tabs: "Individuals" (selected and highlighted with a red border), "Providers", and "Incidents". The main search area contains fields for "Identifier Type" (dropdown menu "Select One"), "Identifier" (text input field), "Last Name" (text input field), "First Name" (text input field), "Date of Birth" (text input field with a calendar icon), "Residential County" (dropdown menu "Select One"), and search buttons: "CLEAR" (blue button), "SEARCH" (green button), and a magnifying glass icon. A callout box with an arrow points to the magnifying glass icon on the "SEARCH" button, containing the text: "Click this icon to open the Search screen."

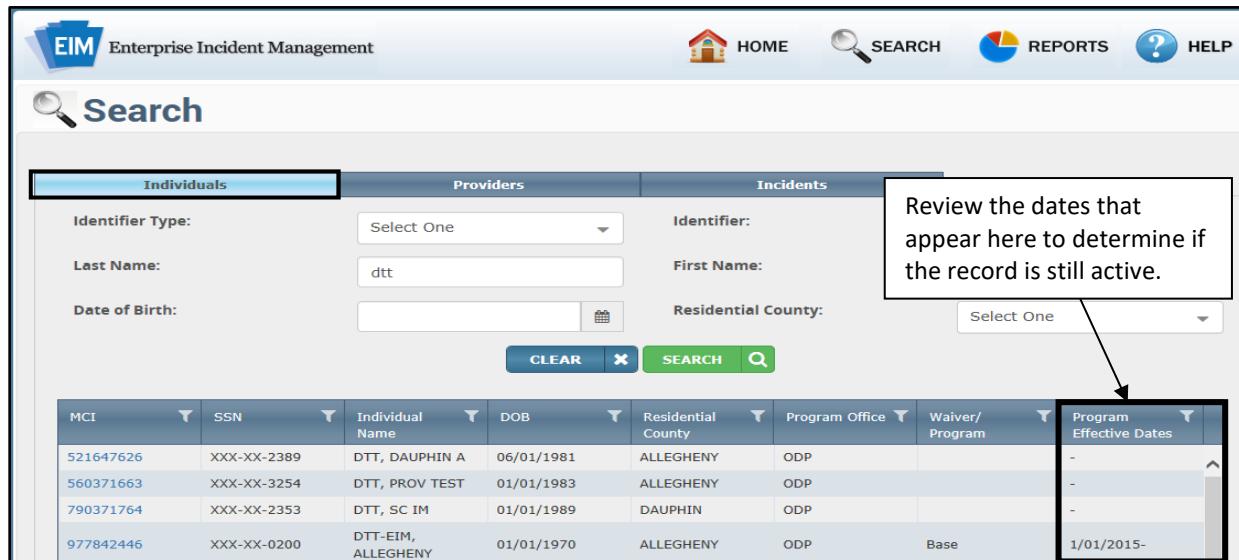
4.4.1 Individuals Search:

The *Individuals Search* screen lets you search for individuals to file a new incident or view an incident already reported in the EIM system. The search results are displayed in a table, where they are sorted alphabetically by last name, then by first name, and finally by MCI number. The most recent waiver/program enrollment segment for the individual is displayed. After you review the results, you can click on an individual's MCI number to open and view an *Individual Detail* page for the individual, where you can create a new incident or view a list of existing incidents filed for the selected individual.

The minimum search criteria when searching by individual name are the first two letters of the last name. If the search criterion is too broad, the search may return more than 100 search results. In this case, the first 100 results are displayed along with a warning message at the top of the screen asking you to refine your search.

Note: Records of individuals appear in search screens regardless of whether they have an active case or waiver/program. When you run a search for individuals, you must review the waiver/program dates for each record found to select the correct record. These dates are displayed in the column on the far right-hand side of the table. If the individual does not have a waiver/program enrollment in HCSIS, the corresponding field in the Waiver/Program and Program Effective Dates columns are blanks.

Individual Search with Results Found:



The screenshot shows the EIM search interface with the following details:

- Search Criteria:**
 - Identifier Type: Select One
 - Last Name: dtt
 - Date of Birth: (empty)
 - Identifier: (empty)
 - First Name: (empty)
 - Residential County: Select One
- Search Buttons:** CLEAR, SEARCH, and a magnifying glass icon.
- Results Table:** A grid showing search results for individuals. The columns are: MCI, SSN, Individual Name, DOB, Residential County, Program Office, Waiver/Program, and Program Effective Dates.
- Callout Box:** A box with the text "Review the dates that appear here to determine if the record is still active." points to the "Program Effective Dates" column in the results table.

| MCI | SSN | Individual Name | DOB | Residential County | Program Office | Waiver/Program | Program Effective Dates |
|-----------|-------------|--------------------|------------|--------------------|----------------|----------------|-------------------------|
| 521647626 | XXX-XX-2389 | DTT, DAUPHIN A | 06/01/1981 | ALLEGHENY | ODP | | - |
| 560371663 | XXX-XX-3254 | DTT, PROV TEST | 01/01/1983 | ALLEGHENY | ODP | | - |
| 790371764 | XXX-XX-2353 | DTT, SC IM | 01/01/1989 | DAUPHIN | ODP | | - |
| 977842446 | XXX-XX-0200 | DTT-EIM, ALLEGHENY | 01/01/1970 | ALLEGHENY | ODP | Base | 1/01/2015- |

Individual Search with NO Results Found (Individuals with no Master Client Index (MCI) Number):

When a user performs a search and the individual search returns zero results, EIM displays a message that no HCSIS results were found. However, it is still possible to enter an incident for such an individual.

See the section "*Creating an Individual Incident for an Individual without an MCI number*".

4.4.2 Provider Search

The *Provider Search* screen lets you search for providers and service locations to file a new site-level incident or view an incident already reported in the EIM system. The search first returns service locations for authorized services on an individual's plan. If there are none, the search shows all Service Locations based on the established consumer/provider relationship. All service locations appear in the case of FMS or vendor services. Sample Provider search screens are shown on the next page.

The list of providers and service locations is sorted alphabetically by provider name, then next in ascending order by service location ID, and finally by Master Provider Index (MPI) number. Searches within this page are run against the HCSIS case-management system database. The search results display a list of the provider service locations that match the search criteria that you have access to and are either active or end-dated within 365 days of the date of the search. Provider service locations end-dated more than 365 days before the date of the search do not appear. You can click the Master Provider Index (MPI) number or service location ID to view the *Provider Detail* page or view a list of incidents filed for the selected service location.

Notes:

- Providers can search by service location name, service location county or service location ID. The other fields are read-only and contain information pertinent to the logged-in provider.
- SCO, county, region, and state users can search by MPI, FEIN, SSN, provider name, service location name, service location county, service location ID or service location provider type. The minimum search term required when you search by provider name is the first three letters of the name.
- If the search criterion is too broad, the search may return more than 100 search results. When this occurs, the first 100 results are displayed along with a warning message at the top of the screen asking you to refine your search.
- If an MPI number was selected in the *Provider Search* screen, incidents for the provider organization are populated.
- If a provider service location ID was selected in the *Provider Search* screen, incidents for the selected service location are populated.
- Use the *Provider Search* page when creating a site-level incident, or to perform an informational search for provider service locations

Office of Developmental Programs



SCO/County/Region user view:

Enterprise Incident Management

HOME SEARCH REPORTS HELP

Search

| Individuals | Providers | Incidents | Complaints |
|--|--|-----------|------------|
| Identifier Type: <input type="button" value="Select One"/> | Identifier: <input type="text"/> | | |
| Provider Name: <input type="text"/> | | | |
| Service Location Name: <input type="text"/> | Service Location ID: <input type="text"/> | | |
| Service Location Provider Type: <input type="text"/> | Service Location County: <input type="button" value="Select One"/> | | |
| <input type="button" value="CLEAR"/> <input type="button" value="X"/> <input type="button" value="SEARCH"/> <input type="button" value="Q"/> | | | |

Provider View:

Enterprise Incident Management

HOME SEARCH REPORTS HELP

Search

| Individuals | Providers | Incidents |
|--|--|-----------|
| Identifier Type: <input type="button" value="MPI"/> | Identifier: <input type="text" value="300443509"/> | |
| Provider Name: <input type="text" value="PCG ODP EIM PROVIDER THREE"/> | | |
| Service Location Name: <input type="text"/> | Service Location ID: <input type="text"/> | |
| Service Location County: <input type="button" value="Select One"/> | | |
| <input type="button" value="CLEAR"/> <input type="button" value="X"/> <input type="button" value="SEARCH"/> <input type="button" value="Q"/> | | |

| MPI | Provider Name | Service Location ID | Service Location Name | Address | Service Location County | Program Office Name |
|-----------|----------------------------|---------------------|-------------------------|--|-------------------------|---------------------|
| 300443509 | PCG ODP EIM PROVIDER THREE | 0001 | Philadelphia Site One | 754 ROSLY AVE, PHILADELPHIA, Pennsylvania 19107-3323 | Philadelphia | ODP-ID/A |
| 300443509 | PCG ODP EIM PROVIDER THREE | 0002 | Philadelphia Site Two | 500 GREEN LN, PHILADELPHIA, Pennsylvania 19128 | Philadelphia | ODP-ID/A |
| 300443509 | PCG ODP EIM PROVIDER THREE | 0003 | Philadelphia Site Three | 6845 FLINT HILL ROAD, PHILADELPHIA, | Philadelphia | ODP-ID/A |

4.4.3 Incident Search

The *Incident Search* screen lets you search for an incident. The search returns incidents that you have access to and that match the search criteria you entered. Search results are sorted in reverse chronological order (latest at top) based on the discovery date. You can click an ID to view the *Incident Detail* page for your selection. If the search returns more than 100 search results, the first 100 results are displayed along with a warning message at the top of the screen asking you to refine your search.

If only the Discovery From Date and Discovery To Date fields, or only the Occurrence From Date and Occurrence To Date fields are used as search criteria, the dates entered cannot span a period of more than 90 days; otherwise, a validation message appears at the top of the screen asking you to refine the search. “Refining the search” means choosing more search parameters or shortening the date range to reduce the number of possible incidents found by the search. A sample Incident search screen is illustrated on the next page.

Notes:

- The **Waiver/Program** field (in the search criteria) displays the waiver/programs based on the Program Office of the logged-in user and the selected incident type.
- The **Status** field allows the user to search for deleted incidents and view deleted incidents in the search results, when the user has access to view deleted incidents.
- The **Individual Last Name** and **Individual First Name** fields allow searches by the name of the subject of the incident.

The error message shown here appears when the total number of incidents found exceeds 100. The first 100 records found are displayed, however whenever a results limit is exceeded, you may need to refine your search. When the permissible discovery or occurrence date ranges are exceeded (as described on the previous page), the error messages described under this illustration appear.

Search

Results limit exceeded. Please add additional parameters.

| Individuals | Providers | Incidents | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------------|---------------------|----------------------|--------------------|----------------|------------------|--------------------|----------------|--------|-------|-----------------|-----|---------------------|----------------------|------------|------------|------|-------|-----------------|-----|---------------------|----------------|------------|------------|------|
| ID: <input type="text"/> | Status: <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discovery From Date: <input type="text"/> <input type="button"/> | Discovery To Date: <input type="text"/> <input type="button"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occurrence From Date: <input type="text"/> <input type="button"/> | Occurrence To Date: <input type="text"/> <input type="button"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual Last Name: <input type="text"/> | Individual First Name: <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| County: <input type="text"/> | Waiver/Program: <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="button" value="CLEAR"/> <input type="button" value="X"/> <input style="background-color: #0070C0; color: white; border: 1px solid #0070C0; border-radius: 5px; padding: 2px 10px; font-weight: bold; font-size: 10px; margin-right: 10px;" type="button" value="SEARCH"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>ID</th> <th>Individual Name</th> <th>Program Office</th> <th>Incident Type</th> <th>Primary Category</th> <th>Secondary Category</th> <th>Discovery Date</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>90202</td> <td>PCG-EIMMR, MIKE</td> <td>ODP</td> <td>Individual Incident</td> <td>Emergency Room Visit</td> <td>Behavioral</td> <td>08/11/2020</td> <td>Open</td> </tr> <tr> <td>90196</td> <td>PCG-EIMMR, MIKE</td> <td>ODP</td> <td>Individual Incident</td> <td>Emergency Room</td> <td>Behavioral</td> <td>08/10/2020</td> <td>Open</td> </tr> </tbody> </table> | | | ID | Individual Name | Program Office | Incident Type | Primary Category | Secondary Category | Discovery Date | Status | 90202 | PCG-EIMMR, MIKE | ODP | Individual Incident | Emergency Room Visit | Behavioral | 08/11/2020 | Open | 90196 | PCG-EIMMR, MIKE | ODP | Individual Incident | Emergency Room | Behavioral | 08/10/2020 | Open |
| ID | Individual Name | Program Office | Incident Type | Primary Category | Secondary Category | Discovery Date | Status | | | | | | | | | | | | | | | | | | | |
| 90202 | PCG-EIMMR, MIKE | ODP | Individual Incident | Emergency Room Visit | Behavioral | 08/11/2020 | Open | | | | | | | | | | | | | | | | | | | |
| 90196 | PCG-EIMMR, MIKE | ODP | Individual Incident | Emergency Room | Behavioral | 08/10/2020 | Open | | | | | | | | | | | | | | | | | | | |

For site-level incidents, EIM displays the *Individual Name* field as a blank, as shown in the inset at right.

| | | | | |
|-------|----------------------|-----|---------------------|-----------|
| 89790 | <input type="text"/> | ODP | Site Level Incident | Fire |
| 89732 | PCG-EIMMR, MIKE | ODP | Individual Incident | Restraint |

Validation messages for the Discovery From/To Date and Occurrence From/To Date fields:

- “The entered Discovery From and To Date exceeded the 90-day limit. Change dates or add additional parameters.”
- “The entered Occurrence From and To Date exceeded the 90-day limit. Change dates or add additional parameters.”

4.5 Viewing Incidents

4.5.1 Viewing Individual Incidents

When you select an individual on the *Individuals Search* screen, the *Individual Detail* page appears. This page lets you view detailed information about the individual and a list of the incidents that have been filed for them. This list only shows incidents that you have access to (as determined by your scope and roles), and it is sorted in reverse chronological order (most recent first) based on the discovery date.

Individual Detail (Point Person/Incident Reporter View):

Individual Detail

| Name: PCG, AC | MCI: 550371530 | SSN: XXX-XX-2456 | | | | | | | | | | | | | | | | |
|---|-------------------------------------|----------------------------------|---------------------|---------------------|---|----------------|------------------|--------------------|----------------|--------|-------|----------|----------|---------------------|-------|---|------------|------|
| Program Office: ODP-ID/A | Waiver/Program: Consolidated Waiver | Residential County: Philadelphia | | | | | | | | | | | | | | | | |
| Incident Type: Individual Incident | | | | | | | | | | | | | | | | | | |
| Point Person: Select One | | | | | | | | | | | | | | | | | | |
| <input type="button" value="BACK TO SEARCH"/> <input type="button" value="CREATE"/> <input type="button" value="+"/> | | | | | | | | | | | | | | | | | | |
| <input type="button" value="Export to Excel"/> <table border="1"> <thead> <tr> <th>ID</th> <th>Program Office Name</th> <th>Incident/Complaint</th> <th>Type</th> <th>Primary Category</th> <th>Secondary Category</th> <th>Discovery Date</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>93830</td> <td>ODP-ID/A</td> <td>Incident</td> <td>Individual Incident</td> <td>Death</td> <td>Natural Causes - Only Supports Provided</td> <td>07/30/2021</td> <td>Open</td> </tr> </tbody> </table> | | | ID | Program Office Name | Incident/Complaint | Type | Primary Category | Secondary Category | Discovery Date | Status | 93830 | ODP-ID/A | Incident | Individual Incident | Death | Natural Causes - Only Supports Provided | 07/30/2021 | Open |
| ID | Program Office Name | Incident/Complaint | Type | Primary Category | Secondary Category | Discovery Date | Status | | | | | | | | | | | |
| 93830 | ODP-ID/A | Incident | Individual Incident | Death | Natural Causes - Only Supports Provided | 07/30/2021 | Open | | | | | | | | | | | |

Individual Detail (Incident Reviewer/Incident Read-only View):

Individual Detail

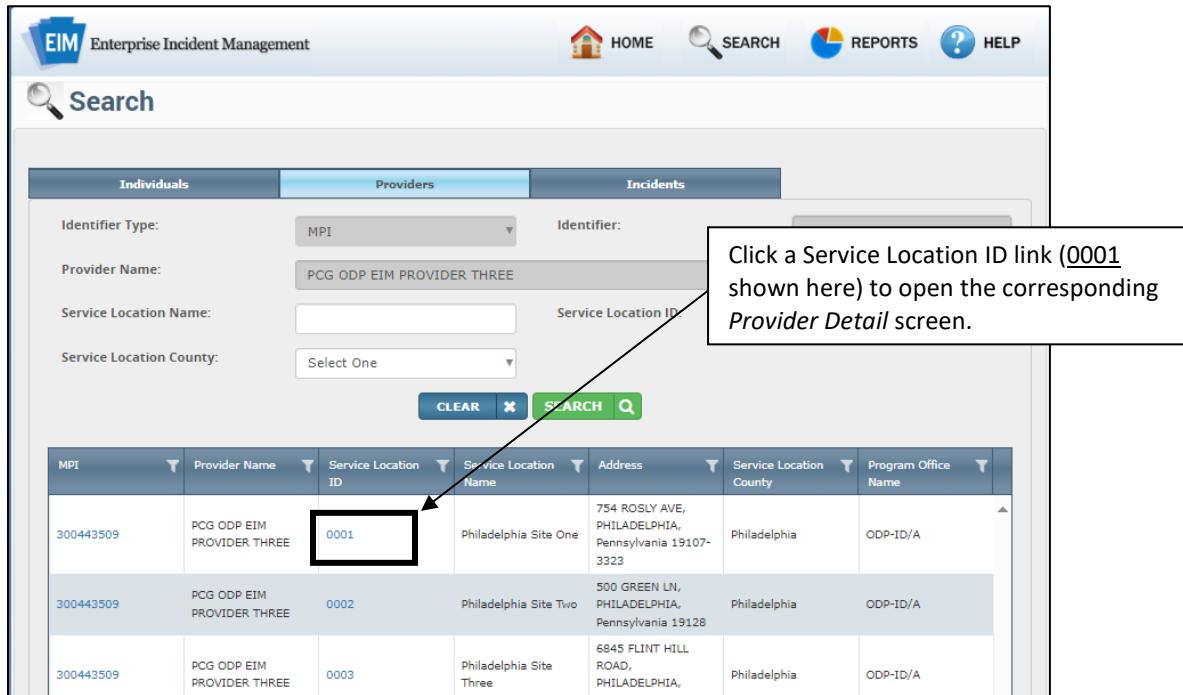
| Name: PCG-EIMMR, DUKE | MCI: 610377387 | SSN: XXX-XX-1652 | | | | | | | | | | | | | | | | |
|--|---|----------------------------------|------|------------------|--------------------|----------------|------------------|--------------------|----------------|--------|--------------------|--|--|--|--|--|--|--|
| Program Office: ODP | Waiver/Program: Community Living Waiver | Residential County: Philadelphia | | | | | | | | | | | | | | | | |
| Incident Type: Individual Incident | | | | | | | | | | | | | | | | | | |
| Point Person: Select One | | | | | | | | | | | | | | | | | | |
| <input type="button" value="BACK TO SEARCH"/> <input type="button" value="CREATE"/> <input type="button" value="+"/> | | | | | | | | | | | | | | | | | | |
| <input type="button" value="Export to Excel"/> <table border="1"> <thead> <tr> <th>ID</th> <th>Program Office</th> <th>Incident/Complaint</th> <th>Type</th> <th>Primary Category</th> <th>Secondary Category</th> <th>Discovery Date</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td colspan="8" style="text-align: center;">No Incidents Found</td> </tr> </tbody> </table> | | | ID | Program Office | Incident/Complaint | Type | Primary Category | Secondary Category | Discovery Date | Status | No Incidents Found | | | | | | | |
| ID | Program Office | Incident/Complaint | Type | Primary Category | Secondary Category | Discovery Date | Status | | | | | | | | | | | |
| No Incidents Found | | | | | | | | | | | | | | | | | | |
| <input type="button" value="<"/> <input type="button" value="<<"/> <input type="button" value="0"/> <input type="button" value=">"/> <input type="button" value=">>"/> 25 items per page | | | | | | | | | | | | | | | | | | |
| No items to display | | | | | | | | | | | | | | | | | | |

"No Incidents Found" appears here in the Individual Detail screen if a selected individual has no incidents in EIM.

4.5.2 Viewing Provider/Service Location Incidents

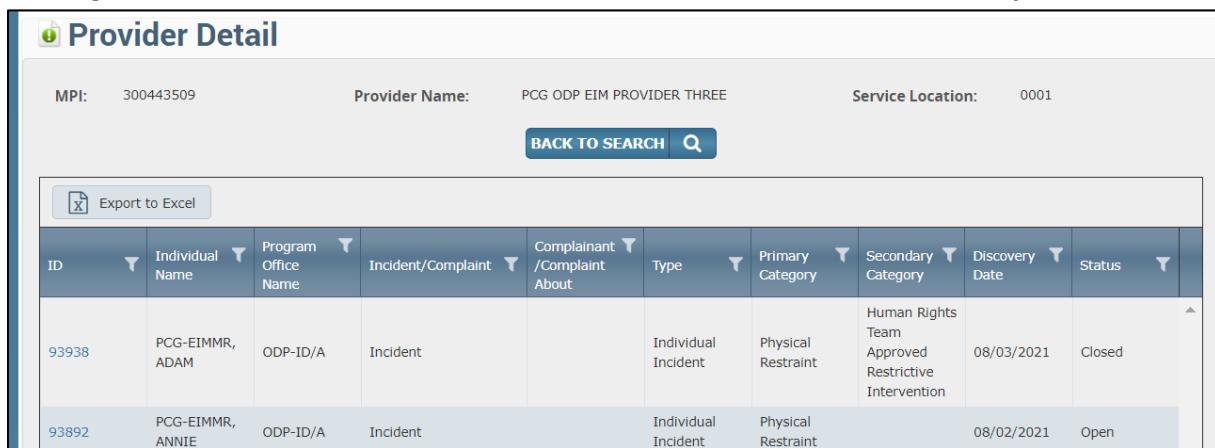
When you click a Service Location ID link on the *Provider Search* screen (see top illustration below), the *Provider Detail* page appears (see bottom illustration below). The list on this page shows only incidents that you have access to (as determined by your scope and roles). The list of incidents is sorted in reverse chronological order (most recent first) based on the discovery date.

Viewing Provider/Service Location Incidents – Point Person/Incident Reporter View:



| MPI | Provider Name | Service Location ID | Service Location Name | Address | Service Location County | Program Office Name |
|-----------|----------------------------|---------------------|-------------------------|--|-------------------------|---------------------|
| 300443509 | PCG ODP EIM PROVIDER THREE | 0001 | Philadelphia Site One | 754 ROSLY AVE, PHILADELPHIA, Pennsylvania 19107-3323 | Philadelphia | ODP-ID/A |
| 300443509 | PCG ODP EIM PROVIDER THREE | 0002 | Philadelphia Site Two | 500 GREEN LN, PHILADELPHIA, Pennsylvania 19128 | Philadelphia | ODP-ID/A |
| 300443509 | PCG ODP EIM PROVIDER THREE | 0003 | Philadelphia Site Three | 6845 FLINT HILL ROAD, PHILADELPHIA, | Philadelphia | ODP-ID/A |

Viewing Provider/Service Location Incident – Incident Reviewer/Incident Read-Only View:



| ID | Individual Name | Program Office Name | Incident/Complaint | Complainant /Complaint About | Type | Primary Category | Secondary Category | Discovery Date | Status |
|-------|------------------|---------------------|--------------------|------------------------------|---------------------|--------------------|---|----------------|--------|
| 93938 | PCG-EIMMR, ADAM | ODP-ID/A | Incident | | Individual Incident | Physical Restraint | Human Rights Team Approved Restrictive Intervention | 08/03/2021 | Closed |
| 93892 | PCG-EIMMR, ANNIE | ODP-ID/A | Incident | | Individual Incident | Physical Restraint | | 08/02/2021 | Open |

Provider Detail

MPI: 300443607 Provider Name: PCG ODP EIM PROVIDER THIRTEEN

[BACK TO SEARCH](#) 

 [Export to Excel](#)

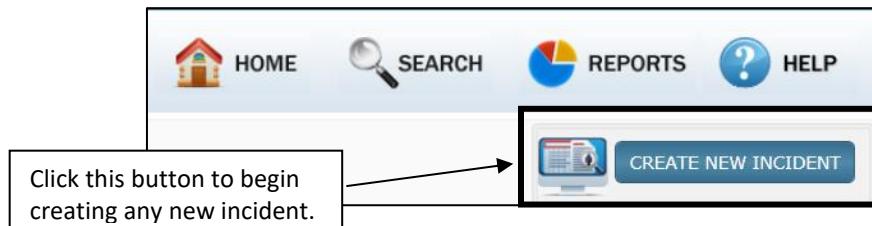
| ID | Individual Name | Program Office | Incident/Complaint | Complainant/ Complaint About | Type | Primary Category | Secondary Category | Discovery Date | Status |
|--------------------|-----------------|----------------|--------------------|---------------------------------|------|------------------|--------------------|----------------|--------|
| No Incidents Found | | | | | | | | | |

[!\[\]\(9c452b787f285e5f1b2985e32773aa45_img.jpg\)](#) [!\[\]\(7d16a7cbc1e6a6d56f67c839360663e8_img.jpg\)](#) [!\[\]\(0ca2e0049f3b71b0512ecc45a2189658_img.jpg\)](#) [!\[\]\(deb054687793ef47fe407656d1684b9c_img.jpg\)](#) [!\[\]\(8745a05dfa076aa04935afbbcf02c056_img.jpg\)](#) 25 items per page [No items to display](#)

"No Incidents Found" appears here in the Individual Detail screen if a selected individual has no incidents in EIM.

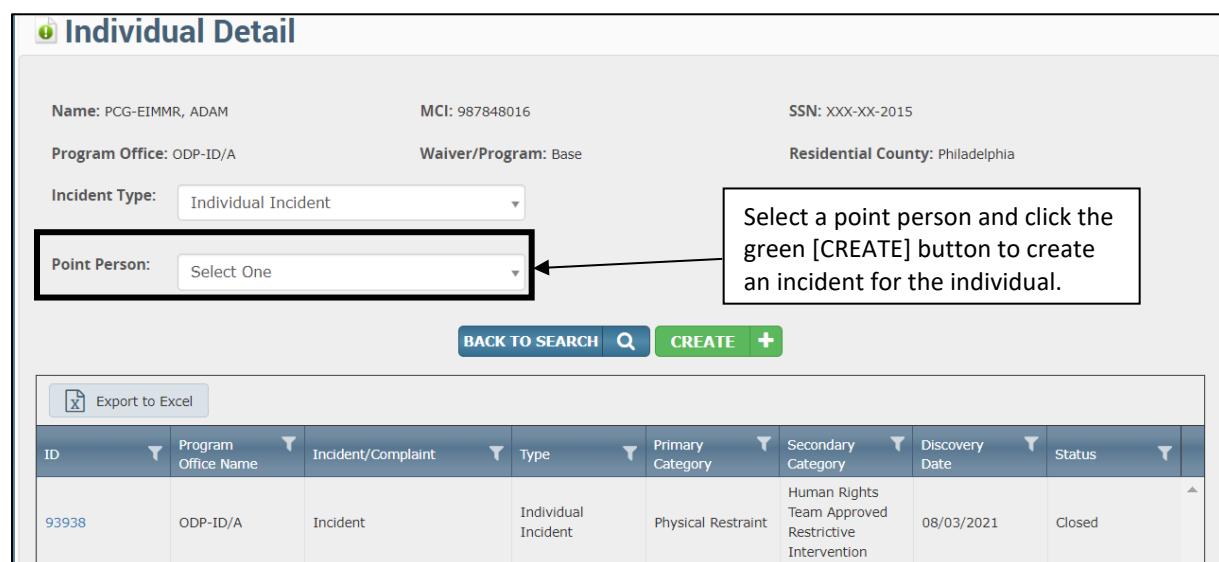
4.6 Creating an Incident

Click the [Create New Incident] button that appears in the top-right corner of the Dashboard to begin creating any new incident, regardless of which type of incident it is. This button is shown below.



4.6.1 Creating an Individual Incident

The Search screen appears after you click the [CREATE NEW INCIDENT] button, and the Individuals tab is selected by default. Enter the information you have for the individual who is the subject of this incident and then click the [SEARCH] button. A window much like the one shown below appears. This page lets you create an individual incident if you are a provider and have the Point Person or Incident Reporter roles.



Individual Detail

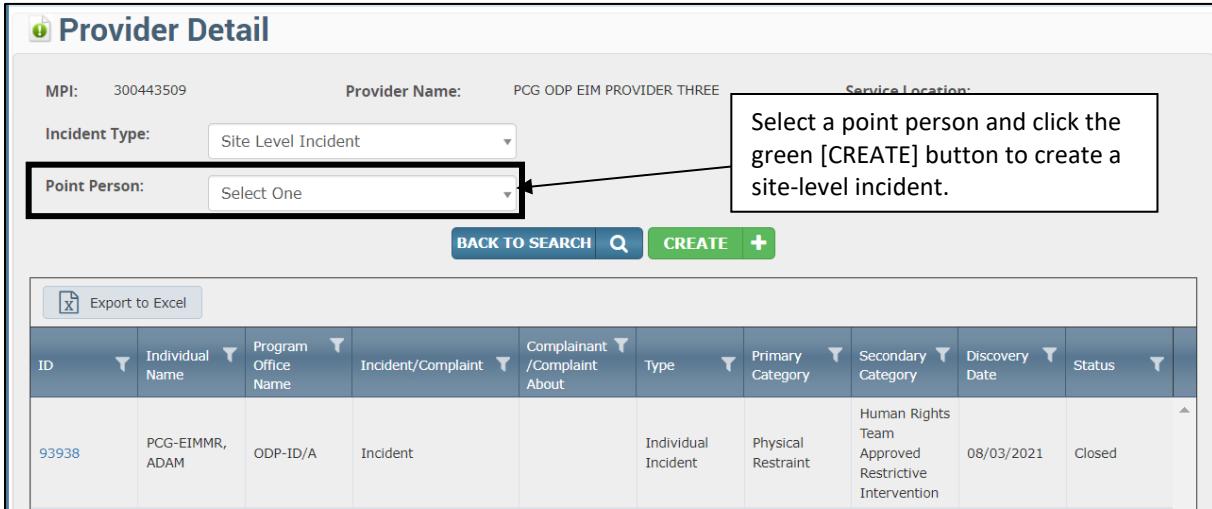
| ID | Program Office Name | Incident/Complaint | Type | Primary Category | Secondary Category | Discovery Date | Status |
|-------|---------------------|--------------------|---------------------|--------------------|---|----------------|--------|
| 93938 | ODP-ID/A | Incident | Individual Incident | Physical Restraint | Human Rights Team Approved Restrictive Intervention | 08/03/2021 | Closed |

Name: PCG-EIMMR, ADAM MCI: 987848016 SSN: XXX-XX-2015
Program Office: ODP-ID/A Waiver/Program: Base Residential County: Philadelphia
Incident Type: Individual Incident
Point Person: Select One

Select a point person and click the green [CREATE] button to create an incident for the individual.

Select the name of a point person for this incident from the list of names that appear in the *Point Person* drop-down box. Click the green [CREATE] button to create an incident for the individual.

4.6.2 Creating a Site-level Incident



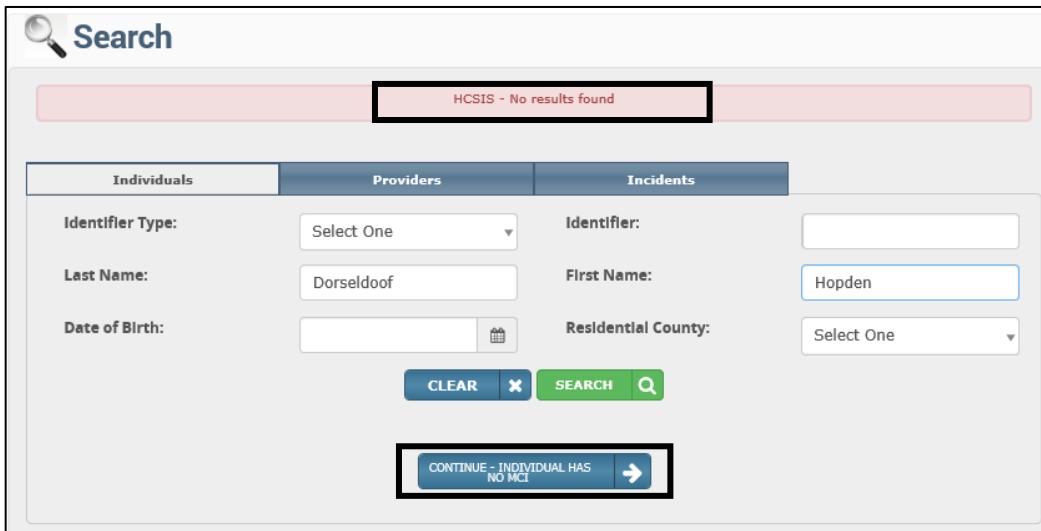
The screenshot shows the 'Provider Detail' screen. At the top, there are fields for 'MPI' (300443509), 'Provider Name' (PCG ODP EIM PROVIDER THREE), and 'Incident Type' (Site Level Incident). A callout box points to the 'Point Person' dropdown, which is set to 'Select One'. Another callout box points to the 'CREATE' button. Below the form is a table with columns: ID, Individual Name, Program Office Name, Incident/Complaint, Complainant /Complaint About, Type, Primary Category, Secondary Category, Discovery Date, and Status. A single row is shown with values: 93938, PCG-EIMMR, ADAM, ODP-ID/A, Incident, Individual Incident, Physical Restraint, Human Rights Team Approved Restrictive Intervention, 08/03/2021, and Closed. A 'Export to Excel' button is also visible.

When you are a provider and have the Point Person or Incident Reporter roles, clicking the [CREATE NEW INCIDENT] button opens a *Provider Search* screen (top illustration on page 42). When you select a service location on the *Provider Search* screen and click [SEARCH], the *Provider Detail* screen appears (shown below). You can create a site-level incident on this page. Verify that the *Incident Type* dropdown box displays **Site-level Incident**, select a point person, and click the [CREATE] button.

4.6.3 Creating an Individual Incident for an Individual without an MCI number

EIM allows you to report incidents for individuals who do not have an MCI number.

When you click the [SEARCH] button, and your search for an individual returns no results, EIM displays a “HCSIS – No results found” error message at the top of the screen. A [CONTINUE – INDIVIDUAL HAS NO MCI] button appears below the [Search] button. See the illustration below.



The screenshot shows the 'Search' screen. At the top, there is a red banner with the text 'HCSIS - No results found'. Below the banner are three tabs: 'Individuals' (selected), 'Providers', and 'Incidents'. The 'Individuals' tab has fields for 'Identifier Type' (Select One), 'Last Name' (Dorseldoof), 'Date of Birth' (a date input field with a calendar icon), 'Identifier' (empty), 'First Name' (Hopden), and 'Residential County' (Select One). Below these fields are 'CLEAR' and 'SEARCH' buttons. At the bottom of the screen is a blue button labeled 'CONTINUE - INDIVIDUAL HAS NO MCI' with a right-pointing arrow.

Click the [CONTINUE – INDIVIDUAL HAS NO MCI] button, and this error message is displayed (see the illustration below showing the message in the red border):

“Stop! Please search again. Check spelling of the name or search by MCI or SSN. If information is correct, click [CONTINUE – INDIVIDUAL HAS NO MCI] again.” **Be sure to follow the instructions at the top of the next page.**

The screenshot shows the EIM Search interface. At the top, there is a search bar with a magnifying glass icon and the word 'Search'. Below the search bar, a pink box contains the error message: "Stop! Please search again. Check spelling of the name or search by MCI or SSN. If information is correct click [CONTINUE - INDIVIDUAL HAS NO MCI] again." The search form includes fields for 'Identifier Type' (dropdown: 'Select One'), 'Last Name' (text: 'Dorseldoof'), 'Date of Birth' (text: '1980-01-01'), 'Identifier' (text: ''), 'First Name' (text: 'Hopden'), and 'Residential County' (text: ''). Below the form are buttons for 'CLEAR' and 'SEARCH'. A callout box points to the 'CONTINUE - INDIVIDUAL HAS NO MCI' button, which is highlighted with a red border. The button text is 'CONTINUE - INDIVIDUAL HAS NO MCI' with a right-pointing arrow.

Double-check and make any corrections needed. **But what is important at this point is that you click the [CONTINUE – INDIVIDUAL HAS NO MCI] button AGAIN.** Clicking the button again opens the *Individual Detail* screen (illustrated below), where you can begin creating an incident.

Individual Detail Screen for Individual without MCI Number:

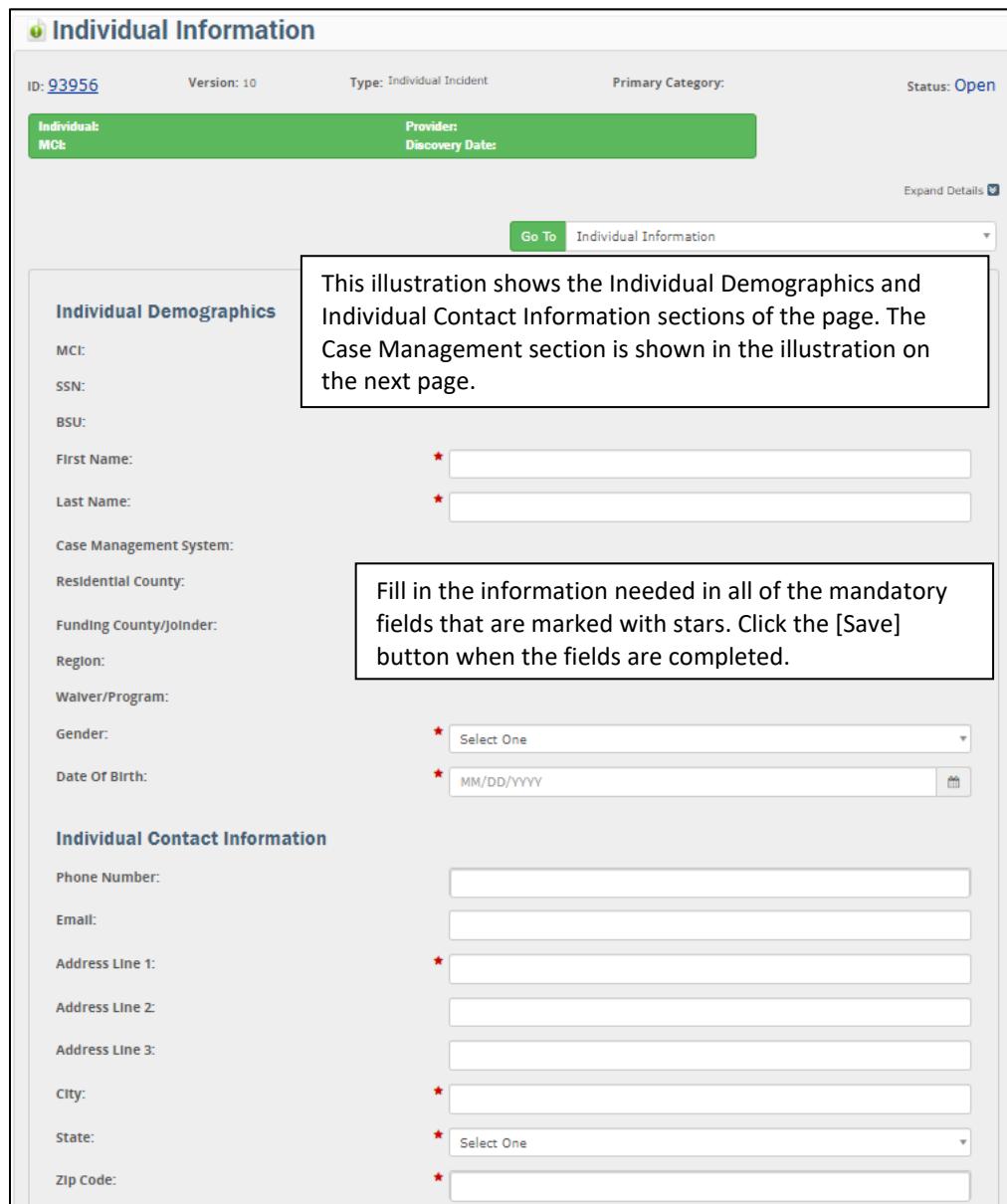
The screenshot shows the EIM Individual Detail screen. At the top, there is a header with the EIM logo and links for 'HOME', 'SEARCH', 'REPORTS', and 'HELP'. The main title is 'Individual Detail'. The form includes fields for 'Name' (text: 'Dorseldoof'), 'MCI' (text: ''), 'SSN' (text: ''), 'Program Office' (text: 'ODP'), 'Waiver/Program' (text: ''), 'Residential County' (text: ''), 'Incident Type' (dropdown: 'Individual Incident'), and 'Point Person' (dropdown: 'Select One'). A callout box points to the 'Point Person' dropdown, with the text: "Select a point person and click the green [CREATE] button to create a site-level incident." Below the form are buttons for 'BACK TO SEARCH' and 'CREATE' (green button with a plus sign).

Once the incident has been created, EIM prompts the user to complete the *Individual Information* page (see illustration on the next page).

Incidents that are created for individuals with no MCI, including those who have Outside of PA as their residential county, are closed upon final section submission and do not require a review or investigation by ODP within EIM.

Individual Information Page for Individual Without an MCI number:

Fill in the information needed in all of the mandatory fields on this page, which are marked with stars. Click the [SAVE] button to complete filling out this *Individual Information* page.

A screenshot of the 'Individual Information' page in the Enterprise Incident Management system. The page is titled 'Individual Information' and shows details for an incident with ID 93956, version 10, type 'Individual Incident', primary category 'Open', and provider 'Discovery Date'. The 'Individual Demographics' section includes fields for MCI (disabled), SSN (disabled), and BSU (disabled). The 'Case Management System' section includes fields for Residential County, Funding County/Joiner, Region, and Waiver/Program. The 'Individual Contact Information' section includes fields for Phone Number, Email, Address Line 1, Address Line 2, Address Line 3, City, State, and Zip Code. A callout box in the 'Case Management System' section instructs the user to 'Fill in the information needed in all of the mandatory fields that are marked with stars. Click the [Save] button when the fields are completed.' A note at the top right of the page says 'This illustration shows the Individual Demographics and Individual Contact Information sections of the page. The Case Management section is shown in the illustration on the next page.'

Individual Information

ID: 93956 Version: 10 Type: Individual Incident Primary Category: Status: Open

Individual Demographics

MCI:

SSN:

BSU:

First Name: *

Last Name: *

Case Management System:

Residential County:

Funding County/Joiner:

Region:

Waiver/Program:

Gender: * Select One

Date Of Birth: * MM/DD/YYYY

Individual Contact Information

Phone Number:

Email:

Address Line 1: *

Address Line 2:

Address Line 3:

City: *

State: * Select One

Zip Code: *

This illustration shows the Individual Demographics and Individual Contact Information sections of the page. The Case Management section is shown in the illustration on the next page.

Go To Individual Information

Fill in the information needed in all of the mandatory fields that are marked with stars. Click the [Save] button when the fields are completed.

Case Management Information for Individual Without an MCI Number:

The fields that are in the Case Management Details section of the Individual Information page are near the bottom of the page. These fields are illustrated below.

Note: Individuals without an MCI number do not have case management details in EIM, so you cannot enter this information.

An incident for an individual without an MCI is routed to the region containing the service-location county where the incident occurred. Regional staff is responsible to conduct the initial regional management review (the “24-hour” review), as well as the regional management review, on these no-MCI incidents, and staff is able to access the incident after the first section is submitted. Providers and state staff may access such incidents at any point after they are created.

Case Management Details

SC Entity Name:

Assigned SC:

Assigned SC Phone:

Assigned SC Email:

Race:

Ethnicity:

Program Diagnosis:

Needs Level:

Needs Group:

Living Situation:

Living Situation Qualifier:

Special Indicator:

Harry M. Litigation:

Other Special Needs:

Primary Language:

Specify if other language:

Is Interpreter Needed:

If yes, Interpreter is needed for:

Ambulation:

UNDO CHANGES

SAVE

◀ BACK

SAVE & CONTINUE ➤

5. Incident Management Pages

There are two types of incidents in EIM for ODP-ID/A, individual incidents, and site-level incidents. Each incident type has a specific set of associated documents and pages; however, each fit into the core EIM workflow. The EIM documents that you must complete as part of your incident report are determined by:

- The type of incident that you need to create
- The way you classify the incident when you define its primary and secondary categories

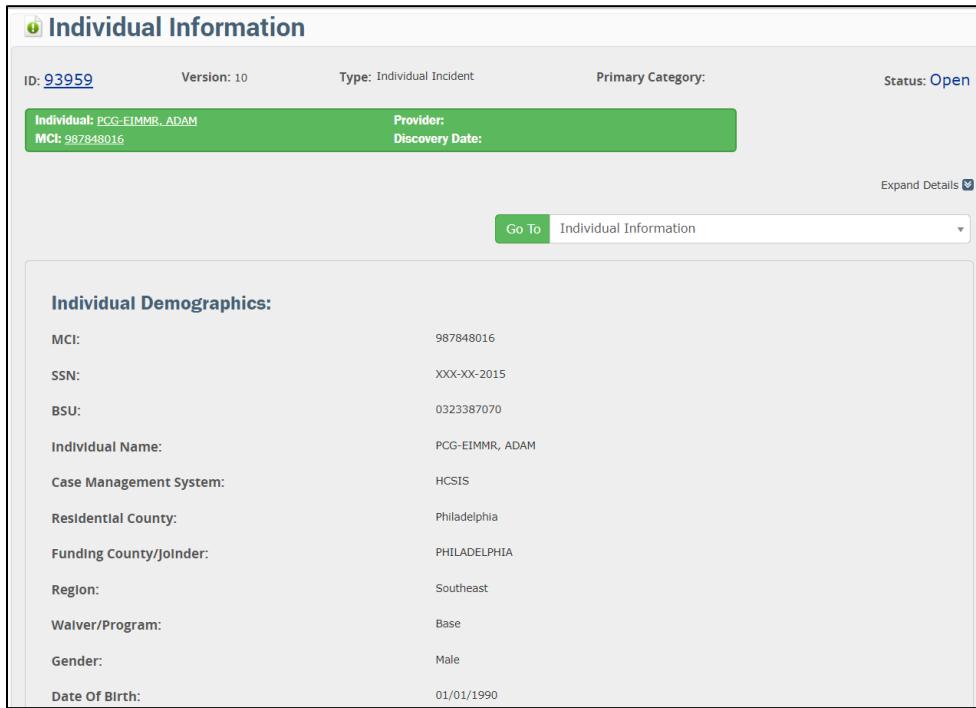
Note: Individual and site-level incident types follow the same basic workflow in EIM, but there are minor differences between the two in terms of the pages and fields that are visible for each type.

5.1 Incident First Section

The process of entering an incident in EIM always begins with filling out and submitting the incident first section. The first section contains the basic description of what happened in the incident. The first section can be entered by providers or ODP staff and must be submitted within 24 hours of the incident's discovery.

5.1.1 Individual Information

The first page of the first section is the long *Individual Information* page, which lets you view read-only information about the individual for whom the incident is being filed. This information is pulled from HCSIS at the time of incident creation, if the individual has an MCI number. See the illustration below of just the Individual Demographics section of the page for such an individual.



The screenshot shows the 'Individual Information' page with the following details:

Header:
ID: 93959 Version: 10 Type: Individual Incident Primary Category: Status: Open

Individual Identification:
Individual: PCG-EIMMR, ADAM
MCI: 987848016

Provider:
Provider: Discovery Date:

Expand Details: Expand Details 

Go To: Individual Information

Individual Demographics:

| | |
|-------------------------|-----------------|
| MCI: | 987848016 |
| SSN: | XXX-XX-2015 |
| BSU: | 0323387070 |
| Individual Name: | PCG-EIMMR, ADAM |
| Case Management System: | HCSIS |
| Residential County: | Philadelphia |
| Funding County/Joiner: | PHILADELPHIA |
| Region: | Southeast |
| Waiver/Program: | Base |
| Gender: | Male |
| Date Of Birth: | 01/01/1990 |

Under the Individual Contact Information section of the page is the Case Management Details section. This information appears for individuals with MCIs who receive services. No information is displayed for new individuals without MCIs or for existing individuals without MCIs. Existing individuals without MCIs have demographic and contact pages that look like conventional individuals' pages.

| Individual Contact Information: | |
|--|--------------------|
| Phone Number: | |
| Email: | pcgemail13@pcg.com |
| Address Line 1: | 1300 MARKET ST |
| Address Line 2: | |
| Address Line 3: | |
| City: | PHILADELPHIA |
| State: | Pennsylvania |
| Zip Code: | 19107-3742 |

Note: Individual incidents created for an individual without an MCI number require users to enter demographic and contact information. Case management details cannot be prepopulated, because this information does not exist. See page 47 for an illustration of the Individual Information page for a new consumer without an MCI.

The Additional Individual Information area of the page shows information that is optional and/or is not filled in for every individual.

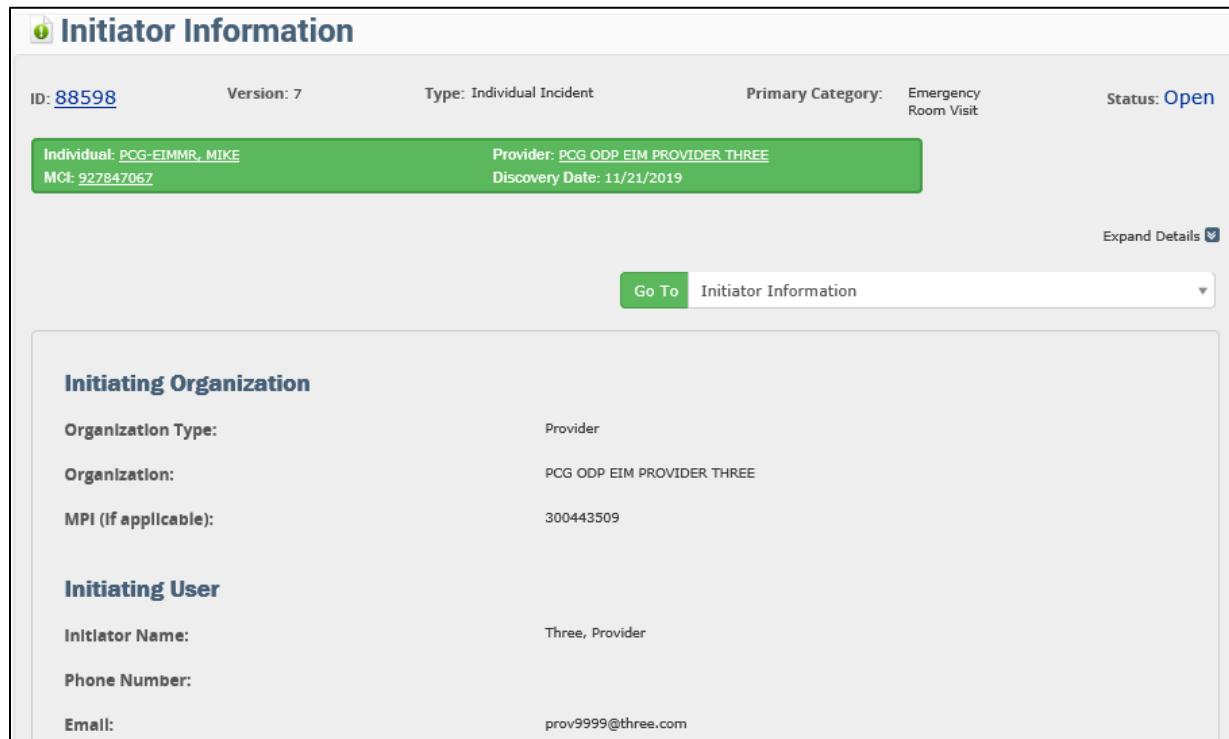
| Case Management Details: | |
|---|-------------------------------------|
| SC Entity Name: | SC ENTITY ONE BERKS REL SIX ONE TWO |
| Assigned SC: | BERKSC, ODP |
| Assigned SC Phone: | (215) 555-9999 |
| Assigned SC Email: | cccc@bbbb.com |
| Additional Individual Information: | |
| Race: | Black or African American |
| Ethnicity: | Hispanic |
| Program Diagnosis: | 317 Mild |
| Needs Level: | |
| Needs Group: | |
| Living Situation: | Relative's Home |
| Living Situation Qualifier: | |
| Special Indicator: | |
| Harry M. Litigation: | No |
| Other Special Needs: | |
| Primary Language: | English |
| Specify if other language: | |
| Is Interpreter Needed: | No |
| If yes, Interpreter is needed for: | |
| Primary Mode of Communication: | Verbal |
| Ambulation: | |
| Restrictive Procedure Plan in Place: | Yes |

The *Restrictive Procedure Plan in Place* field is updated based on the approved Plan effective date at the time of incident creation.

When you have reviewed and verified the accuracy all of the information that appears, you can click the [Save & Continue] button to open the next page, *Initiator Information*.

5.1.2 Initiator Information

The *Initiator Information* page lets you view read-only information about the user who filed the incident. This information is stored at the time of incident creation and cannot be edited. The information you are able to see here is based on your scope.



Initiator Information

ID: [88598](#) Version: 7 Type: Individual Incident Primary Category: Emergency Room Visit Status: [Open](#)

Individual: PCG-EIMMR, MIKE Provider: PCG ODP EIM PROVIDER THREE
MCI: [922847067](#) Discovery Date: 11/21/2019

Expand Details 

Go To Initiator Information 

Initiating Organization

| | |
|----------------------|----------------------------|
| Organization Type: | Provider |
| Organization: | PCG ODP EIM PROVIDER THREE |
| MPI (if applicable): | 300443509 |

Initiating User

| | |
|-----------------|--|
| Initiator Name: | Three, Provider |
| Phone Number: | |
| Email: | prov9999@three.com |

5.1.3 Provider Information

The *Provider Information* page lets you view information about the provider and provider service location selected on the provider search screen. If you are a provider entering an incident, the information that appears here relates to your organization. You must complete the mandatory initial reporter information fields that appear near the bottom of the *Provider Information* page. See the illustration of this area of the EIM page on the next page of this manual.

Provider Information

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------------|--|--------------------------------|------------------------------|-------|----------------------------|---------------------------------|----------------------------|----------------------|------|------------------------|-----------------------|--------|----------------|--------|------------------------|-----------------|----------------|-----------------|--|-----------------|--|-------|--------------|---------|--------------|--------|--------------|-----------|------------|
| ID: 93959 | Version: 10 | Type: Individual Incident | Primary Category: | Status: Open | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual: PCG-EIMMR, ADAM MCI: 987848016 | | Provider: Discovery Date: | Expand Details | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Go To Provider Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Provider Information:</p> <p>Select Provider/Location</p> <p>SCO Users: Select Only Your Agency's MPI and Service Location</p> <p>Click this link to edit or enter provider information.</p> <table border="1"> <tr> <td>Name:</td> <td>PCG ODP EIM PROVIDER THREE</td> </tr> <tr> <td>Service Location Provider Type:</td> <td>03. Extended Care Facility</td> </tr> <tr> <td>Service Location ID:</td> <td>0001</td> </tr> <tr> <td>Service Location Name:</td> <td>Philadelphia Site One</td> </tr> <tr> <td>Phone:</td> <td>(717) 555-1212</td> </tr> <tr> <td>Email:</td> <td>EIMPROVIDER3@EMAIL.COM</td> </tr> <tr> <td>Address Line 1:</td> <td>1300 MARKET ST</td> </tr> <tr> <td>Address Line 2:</td> <td></td> </tr> <tr> <td>Address Line 3:</td> <td></td> </tr> <tr> <td>City:</td> <td>PHILADELPHIA</td> </tr> <tr> <td>County:</td> <td>Philadelphia</td> </tr> <tr> <td>State:</td> <td>Pennsylvania</td> </tr> <tr> <td>Zip Code:</td> <td>19107-3323</td> </tr> </table> | | | | | Name: | PCG ODP EIM PROVIDER THREE | Service Location Provider Type: | 03. Extended Care Facility | Service Location ID: | 0001 | Service Location Name: | Philadelphia Site One | Phone: | (717) 555-1212 | Email: | EIMPROVIDER3@EMAIL.COM | Address Line 1: | 1300 MARKET ST | Address Line 2: | | Address Line 3: | | City: | PHILADELPHIA | County: | Philadelphia | State: | Pennsylvania | Zip Code: | 19107-3323 |
| Name: | PCG ODP EIM PROVIDER THREE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service Location Provider Type: | 03. Extended Care Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service Location ID: | 0001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service Location Name: | Philadelphia Site One | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | (717) 555-1212 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email: | EIMPROVIDER3@EMAIL.COM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 1: | 1300 MARKET ST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 3: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | PHILADELPHIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County: | Philadelphia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State: | Pennsylvania | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip Code: | 19107-3323 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

The *Service Location Specialty* field is prepopulated into EIM from HCSIS. This field is not displayed if a service location has overlapping specialties among 520, 521, 522, 456 and/or 524. EIM also does not display the Service Location Specialty field if the service location does not offer any one of these specialty codes. If a provider with one of these specialties is selected, the specialty appears on the *Provider Information* screen, *Provider Information* pop-ups and the *Verification of Provider Information* screen.

Provider Information

| | | | | |
|--|------------|--|--------------------------------|------------------------------|
| ID: 92722 | Version: 9 | Type: Individual Incident | Primary Category: | Status: Open |
| Individual: PCG, AG MCI: 770373083 | | Provider: Discovery Date: | Expand Details | |
| Go To Provider Information | | | | |

Provider Information:

Select Provider/Location

SCO Users: Select Only Your Agency's MPI and Service Location Number

| | |
|-------|---------------------------|
| MPI: | 300443527 |
| Name: | PCG ODP EIM PROVIDER FIVE |

Provider Service Location Information:

| | |
|---------------------------------|--|
| Service Location Provider Type: | 52. Community Residential Rehabilitation |
| Service Location Specialty: | 521. Adult Residential - 6400 |
| Service Location ID: | 0001 |
| Service Location Name: | Site One |

Note the Service Location Specialty field in this example.

Fill in the mandatory initial reporter information fields (illustrated below). If you select **Other** in the *Relationship to the Individual* drop-down box, you must enter this relationship in the *If other, please specify* field.

Enter in the four “immediate contact” fields the name, contact email and phone of a person who can be relied on to provide accurate information concerning this incident at any time of day or on any day of the week. This person may be the reporter, or someone else at the organization.

| | | |
|---------------------------------|--------------|---|
| Initial Reporter (First Name): | ★ | <div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <p>You must fill in these fields relating to the reporter.</p> </div> |
| Initial Reporter (Last Name): | ★ | |
| Relationship to the individual: | ★ Select One | |
| If other, please specify: | | |
| Immediate Contact (First Name): | | <div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <p>Note here the name and contact info for a reliable source of information.</p> </div> |
| Immediate Contact (Last Name): | | |
| Phone: | | |
| Email: | | |

To edit the provider information, click the Select Provider/Location hyperlink (indicated by a callout in the illustration on the previous page), which opens the EIM Provider Search screen illustrated below. Select the appropriate provider service location that you need to display.

EIM Provider Search

| Identifier Type: | MPI | Identifier: | 300443509 | |
|--------------------------|----------------------------|---|-------------------------|---------------------|
| Provider Name: | PCG ODP EIM PROVIDER THREE | | | |
| Service Location Name: | | Service Location ID: | | |
| Service Location County: | Select One | <input type="button" value="CLEAR"/> <input type="button" value="SEARCH"/>  | | |
| Service Location ID | Service Location Name | Address | Service Location County | Program Office Name |
| 0001 | Philadelphia Site One | 754 ROSLY AVE, PHILADELPHIA, Pennsylvania 19107-3323 | Philadelphia | ODP-ID/A |
| 0002 | Philadelphia Site Two | 500 GREEN LN, PHILADELPHIA, Pennsylvania 19128 | Philadelphia | ODP-ID/A |

Keep in mind the following stipulations on the providers available for selection:

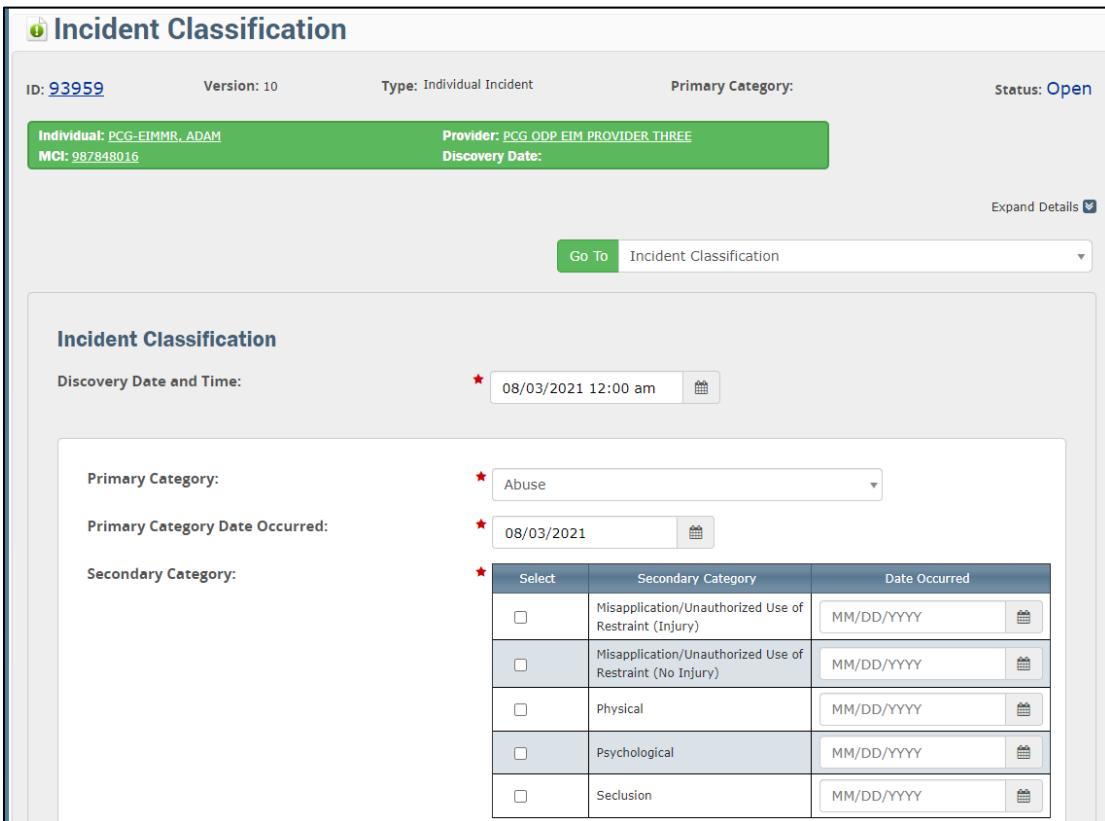
- When performing a provider search within the incident workflow, the system first returns service locations for authorized services on an individual's plan. If there are none, the system shows all service locations based on the existing consumer/provider relationship.
- EIM does not display the Service Location Specialty field if a service location has overlapping specialties among 520, 521, 522, 456 and/or 524.
- EIM also does not display the Service Location Specialty field if the service location does not offer any one of these specialty codes.

5.1.4 Incident Classification

5.1.4.1 Incident Classification – Primary and Secondary Categories

The *Incident Classification* page allows users to categorize an incident and capture the date and time when the incident occurred. This screen also captures investigation assignment information, choking/falling information, protective service information, target assignments and family notifications.

Click the *Discovery Date and Time* calendar icon to open its date-picker. Scroll to the month and click the date when the incident occurred. Click the *Hour* slider and use the right and left arrow keys on your keyboard to select the exact hour. Do likewise with the *Minute* slider to select the exact minute. You **MUST** enter a time in the *Discovery Date and Time* field to correctly save the information on this page.



The screenshot shows the 'Incident Classification' page. At the top, there are fields for ID (93959), Version (10), Type (Individual Incident), Primary Category (dropdown), and Status (Open). Below this is a green header bar with 'Individual: PCG-EIMMR, ADAM' and 'MCI: 987848016' on the left, and 'Provider: PCG ODP EIM PROVIDER THREE' and 'Discovery Date:' on the right. A 'Discovery Date' date-picker is shown with the value '08/03/2021 12:00 am'. The main content area is titled 'Incident Classification' and contains sections for 'Primary Category' (set to 'Abuse') and 'Primary Category Date Occurred' (set to '08/03/2021'). Below these are sections for 'Secondary Category' and a table of secondary categories:

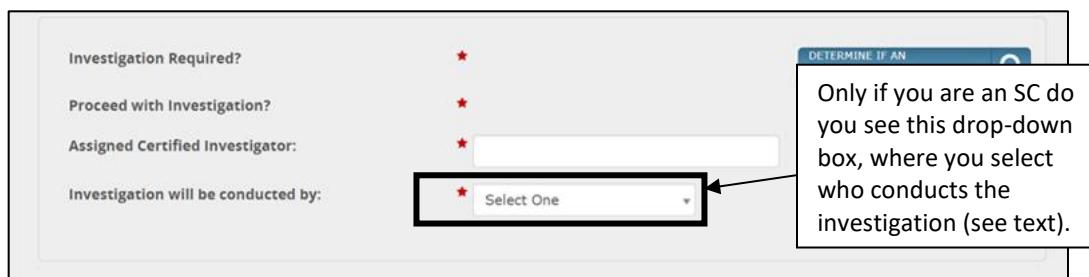
| Select | Secondary Category | Date Occurred |
|--------------------------|--|--|
| <input type="checkbox"/> | Misapplication/Unauthorized Use of Restraint (Injury) | MM/DD/YYYY <input type="button" value="Calendar"/> |
| <input type="checkbox"/> | Misapplication/Unauthorized Use of Restraint (No Injury) | MM/DD/YYYY <input type="button" value="Calendar"/> |
| <input type="checkbox"/> | Physical | MM/DD/YYYY <input type="button" value="Calendar"/> |
| <input type="checkbox"/> | Psychological | MM/DD/YYYY <input type="button" value="Calendar"/> |
| <input type="checkbox"/> | Seclusion | MM/DD/YYYY <input type="button" value="Calendar"/> |

Click the *Primary Category* drop-down box and click the category that best describes the incident. Next, click the date picker for the *Primary Category Date Occurred* and select the date when the incident of this category occurred.

Click to select the check box of any secondary category that applies to the incident. The table of available secondary categories changes, depending on the primary category you select. You may select only one secondary category. Use the date picker to select the same date as the primary category date. These date-pickers do not have time sliders.

5.1.4.2 Incident Classification – Provider Certified Investigator

EIM determines whether an investigation is mandatory, optional, or not allowed based on the primary and secondary categories of the incident. If an investigation is mandatory, then a certified investigator must be assigned. Clicking the [Determine if a Certified Investigation is Required] button makes the system determine if an investigation is required. If the incident requires an investigation, you must select an investigator to be able to continue creating the incident report.



Investigation Required? *

Proceed with Investigation? *

Assigned Certified Investigator: *

Investigation will be conducted by: *

Select One

Only if you are an SC do you see this drop-down box, where you select who conducts the investigation (see text).

To select a certified investigator, type a few letters of the investigator's last or first name in the *Assigned Certified Investigator* field. The system automatically displays a list of possible selections containing the letters typed. Click the name you need to select the investigator.

If you are a supports coordinator (SC) entering the incident, the *Investigation will be conducted by* question appears on this page. Select from the drop-down box whether an administrative entity or county (AE/County) or an SC (SC) is to conduct the investigation.

5.1.4.3 Incident Classification - Choking/Falling, Protective Services

Select **Choking, Falling or Neither** from the *Choking/Falling Indicator* drop-down box, depending on whether choking or falling played a role in the event behind this incident. Select **Neither** if choking or falling played no role.



Choking/Falling Indicator: *

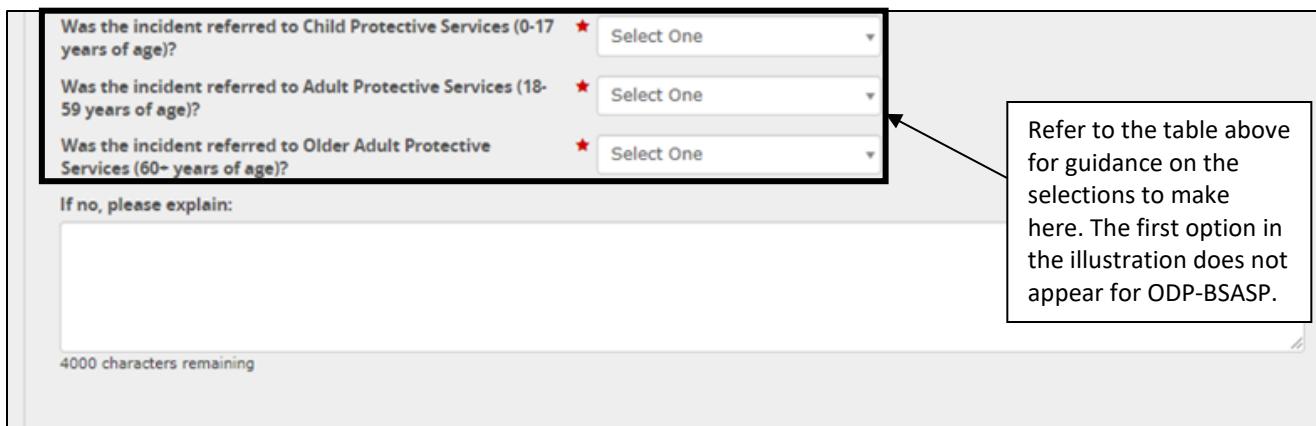
Select One

The next three drop-down boxes that appear on this page relating to protective services need to be looked at together as a group. Each drop-down box is mandatory, but the three fields are mutually exclusive. If the incident is being referred to a protective service, it can be referred to only one.

Use the table at the top of the next page as a guide to the selections to make in these three drop-down boxes, which are illustrated on the next page as well.

| | |
|---|---|
| If the incident needs or needed to be referred to one of the protective services... | <ol style="list-style-type: none">1. Select Yes in the drop-down box of the ONE protective service that the incident was referred to.2. Select N/A in the other two drop-down boxes. |
|---|---|

| | |
|--|---|
| If the incident was not referred to a protective service ... | <ol style="list-style-type: none"> 1. Select No in the drop-down box of the ONE qualifying protective service that the incident was not referred to. 2. Select N/A in the other two drop-down boxes. 3. Enter an explanation of why the incident was not referred to a protective service in the <i>If no, please explain</i> text box. |
| If the incident is not required to be referred to a protective service at all... | Select N/A in all three drop-down boxes. |



The screenshot shows a form section with three dropdown menus and a text input field. The dropdowns are labeled: "Was the incident referred to Child Protective Services (0-17 years of age)?", "Was the incident referred to Adult Protective Services (18-59 years of age)?", and "Was the incident referred to Older Adult Protective Services (60+ years of age)?". Each dropdown has a red asterisk and the placeholder "Select One". Below these is a text input field with the placeholder "If no, please explain:" and a character count of "4000 characters remaining". A callout box with an arrow points from the text "Refer to the table above for guidance on the selections to make here. The first option in the illustration does not appear for ODP-BSASP." to the dropdowns.

5.1.4.4 Incident Classification – Notification, Targets, Intervention, COVID-19

The drop-down boxes relating to notification let you choose **Yes** or **No** to record whether notification of the incident has been made within 24 hours to the individual and to the individual's family, guardian or to another person so designated by the individual. These drop-down boxes and their *If no, please explain* text boxes are illustrated at the top of the next page.

Select **Yes** or **No** in the *Were their targets identified?* field. Select **Yes** in the drop-down box if someone warrants examination as a target. If you select **Yes**, the system may include the Target Information page to your flow (see the footnote to the table on the next page). If you select **No**, provide an explanation in the corresponding *If no, please explain* text box. In addition, the system generates an error if you select **No** here but choose **Yes** in the first field in the Target Information page.

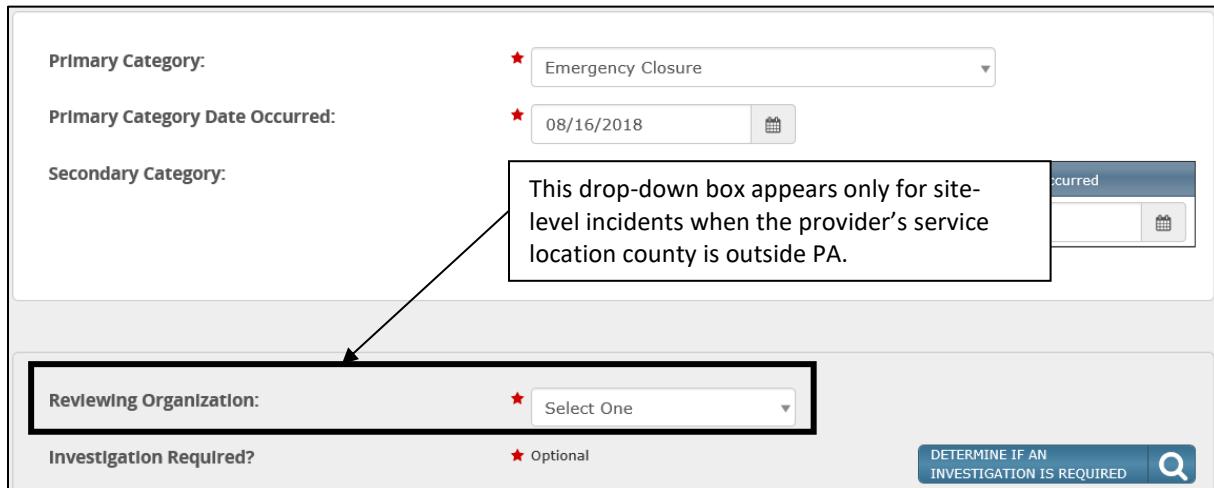
| | |
|---|---|
| Has the individual been notified of the incident? | * Select One |
| If no, please explain: | |
| <div style="border: 1px solid #ccc; height: 100px; margin-bottom: 10px;"></div> 4000 characters remaining | |
| Was the family/guardian/individual's designee notified of the incident? | * Select One |
| If no, please explain: | |
| <div style="border: 1px solid #ccc; height: 100px; margin-bottom: 10px;"></div> 4000 characters remaining | |
| Were there targets identified? | * Select One |
| If no, please explain: | |
| <div style="border: 1px solid #ccc; height: 100px; margin-bottom: 10px;"></div> 4000 characters remaining | |
| Was there a medical intervention for this individual? | * Select One |
| Incident involves suspected/confirmed COVID-19 diagnosis: | Select One |

If the individual needed to undergo a medical intervention, select **Yes** in the corresponding drop-down box. Entering **Yes** causes EIM to add the *Medical Intervention Information* screen and *Additional Medical Intervention Information* screen to the final section workflow.

If the incident is associated with a confirmed or suspected diagnosis of COVID-19, select **Yes** in the corresponding drop-down box. If it is not, click **No**. This drop-down box is not mandatory.

There is a field that appears on the *Incident Classification* page for site-level incidents only. The *Reviewing Organization* drop-down box appears on this page for site-level incidents when the provider's service location county is outside PA. The *Reviewing Organization* drop-down box lets you select one of the four ODP-BSASP regions. The selected region is assigned as the organization that performs the management review.

This field is called out in the illustration of a portion of the *Incident Classification* page for site-level incidents shown below



Primary Category:

Primary Category Date Occurred:

Secondary Category:

This drop-down box appears only for site-level incidents when the provider's service location county is outside PA.

Reviewing Organization:

Investigation Required?

First Section Incident Flow Options

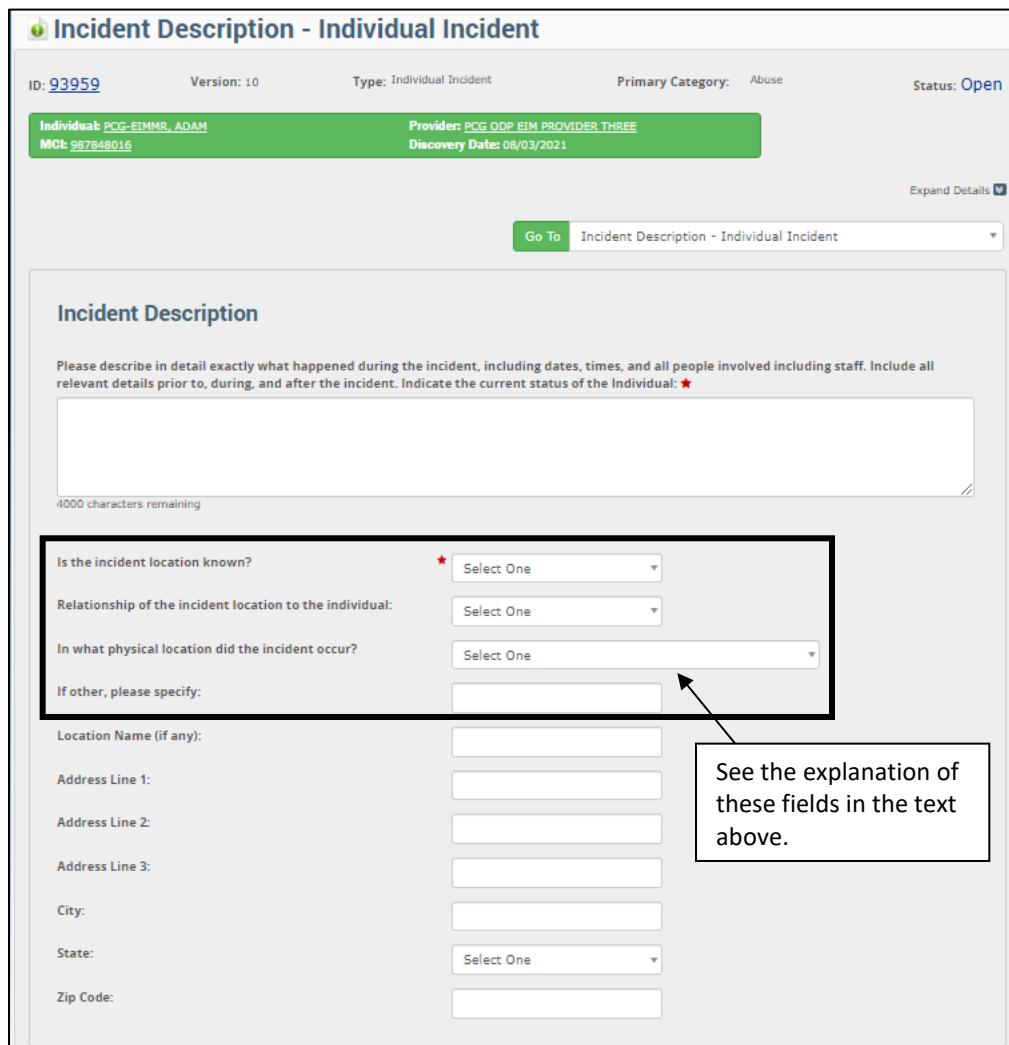
At this point, the next EIM page you need to complete is determined by the primary category you selected in the *Incident Classification* page. Refer to the table below to learn which EIM pages you fill in next.

| Primary Category Selected in First Section | Name of the Next EIM Page to Complete | Instructions to Complete this EIM Page Begin On... |
|--|--|--|
| *Optionally Reportable Event | <i>Optionally Reportable Event Information</i> | Page 65 under the heading <i>"Optionally Reportable Event Information"</i> |
| *Restraint or Physical Restraint | <i>Restraint Information</i> | Page 66 under the heading <i>"Restraint Information"</i> |
| *Medication Error | <i>Medication Error</i> | Page 72 under the heading <i>"Medication Error Information"</i> |
| Any Other Category | <i>Incident Description</i> | Page 60 under the heading <i>"Incident Description (Individual)"</i> |

*The Target Information screen is not added to the incident flows of incidents with these primary categories.

5.1.5 Incident Description (Individual)

The *Incident Description – Individual Incident* page lets you capture the details of the individual incident, including a description of the incident and relationship of the incident location to the individual. If you select **Yes** in the mandatory *Is the incident location known?* drop-down box, the *In what physical location did the incident occur?* drop-down box becomes conditionally mandatory. If you select **Other** in the *In what physical location did the incident occur?* drop-down box, you must identify the location in the *If other, please specify* field.



Incident Description - Individual Incident

ID: [93959](#) Version: 10 Type: Individual Incident Primary Category: Abuse Status: Open

Individual: PCG-EIMMR, ADAM Provider: PCG ODP EIM PROVIDER THREE
MCI: 987848016 Discovery Date: 08/03/2021

Expand Details 

Go To Incident Description - Individual Incident

Incident Description

Please describe in detail exactly what happened during the incident, including dates, times, and all people involved including staff. Include all relevant details prior to, during, and after the incident. Indicate the current status of the individual: **★**

4000 characters remaining

Is the incident location known? **★** Select One

Relationship of the incident location to the individual: Select One

In what physical location did the incident occur? Select One

If other, please specify:

Location Name (if any):

Address Line 1:

Address Line 2:

Address Line 3:

City:

State: Select One

Zip Code:

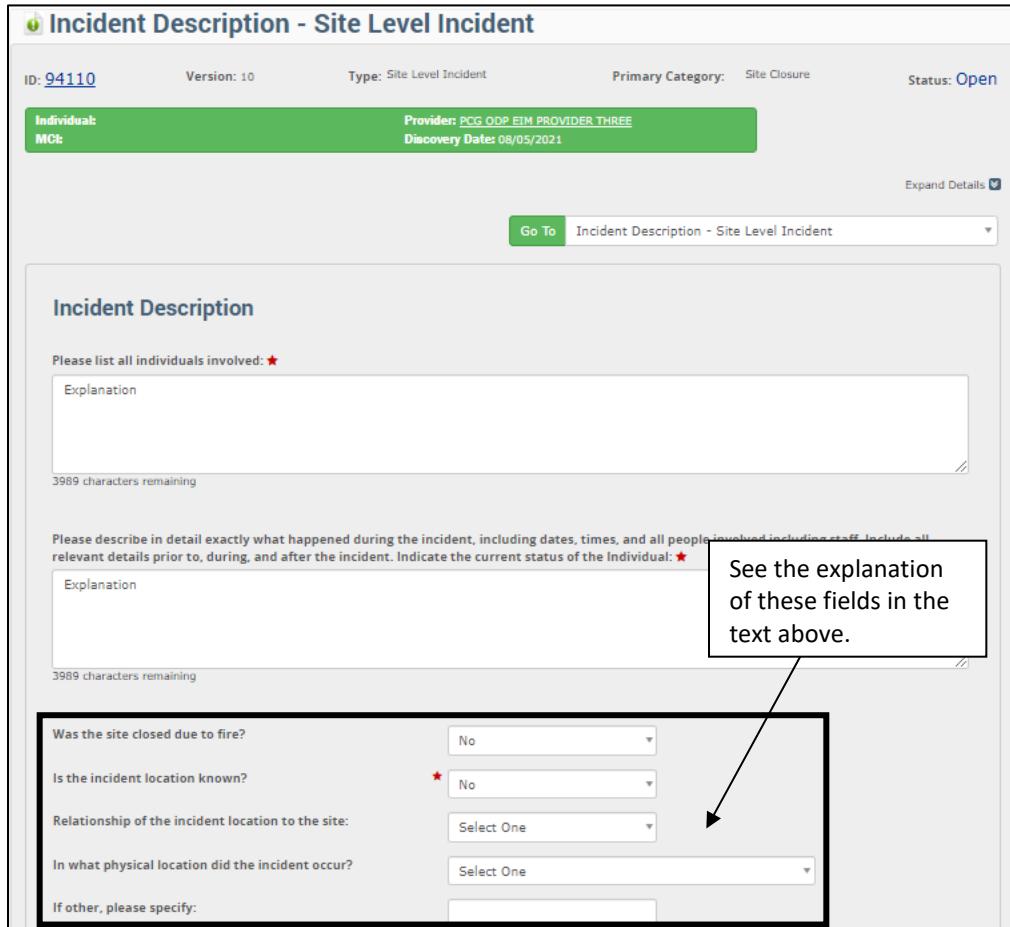
See the explanation of these fields in the text above.

5.1.6 Incident Description (Site-level)

The *Incident Description – Site-Level Incident* page allows users to capture the details of the site-level incident including a description of the incident, individuals involved and incident location.

When a fire occurs at a facility and causes the closure of that facility, the site-level incident should be entered with “Fire” as the category. It should not be entered as a site-closure incident. In addition, when “Fire” is the category, you must make a selection in the *Was the site closed due to fire?* drop-

down box. The system does not let you choose **Yes** to this question in a site-level incident not categorized as "Fire."



Incident Description - Site Level Incident

ID: [94110](#) Version: 10 Type: Site Level Incident Primary Category: Site Closure Status: Open

Individual: **PCG ODP EIM PROVIDER THREE**
MOT: **Discovery Date: 08/05/2021**

Incident Description

Please list all individuals involved: *****

Explanation
3989 characters remaining

Please describe in detail exactly what happened during the incident, including dates, times, and all people involved including staff, include all relevant details prior to, during, and after the incident. Indicate the current status of the individual: *****

Explanation
3989 characters remaining

Was the site closed due to fire? **No**

Is the incident location known? **No**

Relationship of the incident location to the site: **Select One**

In what physical location did the incident occur? **Select One**

If other, please specify:

See the explanation of these fields in the text above.

If you select **Yes** in the mandatory *Is the incident location known?* drop-down box, the *In what physical location did the incident occur?* drop-down box becomes conditionally mandatory. If you select **Other** in the *In what physical location did the incident occur?* drop-down box, you must identify the location in the *If other, please specify* field.

Click [Save & Continue] in this screen to open the *Actions Taken to Protect Health, Safety and Rights* page.

5.1.7 Actions Taken to Protect Health, Safety and Rights

This *Actions Taken to Protect Health, Safety and Rights* page lets you capture the details of the actions taken to protect the individual involved in the incident.

If you select **Yes** in the *Were supports and/or services offered to the individual?* drop-down box, you must enter responses for the following fields:

- *Medical Attention Given*
- *Was a call made to 911?*

- *Law Enforcement Contacted*
- *Other Supports and/or Services*

If other, please specify:

4000 characters remaining

Was a call made to 911?
 Select One ▼

If no, please explain:

4000 characters remaining

Law Enforcement Contacted:
 Select One ▼

If no, please explain:

4000 characters remaining

Other Supports and/or Services:

Contacted Local Domestic Violence Provider
 Contacted Local Rape Crisis Center
 Crime Victim Services
 Formal Counseling
 Local Behavioral Health Crisis Intervention
 Respite
 Other
 Not Applicable

If other, please specify:

4000 characters remaining

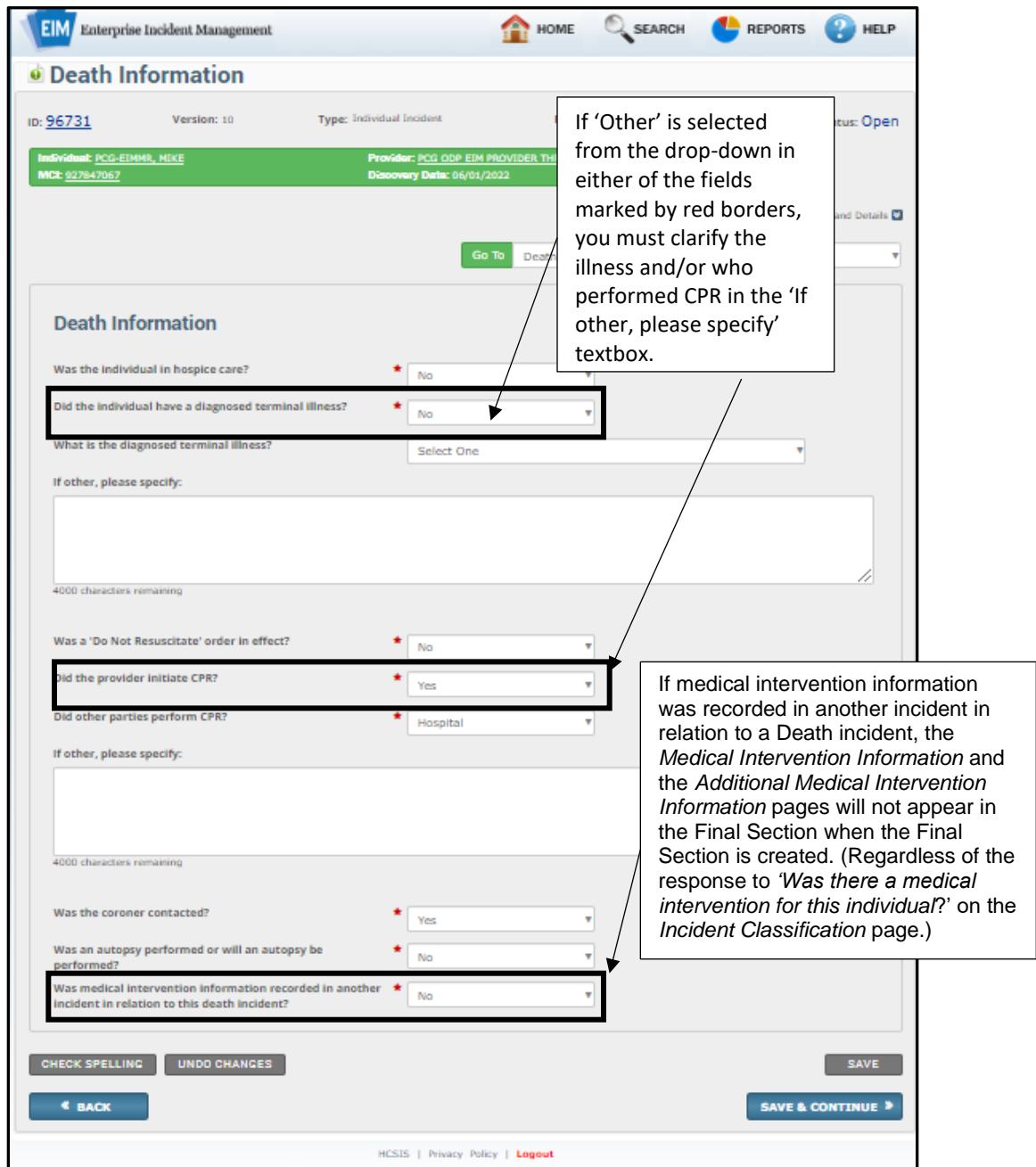
Check as many of these check boxes as apply. If you check *Other*, you must describe the support/ service in the *If other, please specify* textbox. If you check *Not Applicable*, check no other box.

Users may also indicate if a call was made to 911 and/or if Law Enforcement was contacted. If 'No' is selected the 'If no, please specify' textboxes become mandatory fields and must be completed.

5.1.8 Death Information (First Section)

If the primary category of this incident is “Death,” the *Death Information* page appears after the *Actions Taken to Protect Health, Safety and Rights* page. If the primary category is not “Death,” then you do not see this page. You may next see the *Target Information* page, the *Passive Neglect* page, or the *Self-Neglect* page.

The *Death Information* page lets you capture basic information regarding the individual’s death. Note that only the diagnosed terminal illness question is not mandatory. All others ARE mandatory.



Death Information

ID: 96731 Version: 10 Type: Individual Incident

Individual: PCG-ETMMR, MIKE Provider: PCG ODP EIM PROVIDER THI
MC: 927847067 Discovery Date: 06/01/2022

Death Information

Was the individual in hospice care? No

Did the individual have a diagnosed terminal illness? No

What is the diagnosed terminal illness? Select One

If other, please specify:

4000 characters remaining

Was a 'Do Not Resuscitate' order in effect? No

Did the provider initiate CPR? Yes

Did other parties perform CPR? Hospital

If other, please specify:

4000 characters remaining

Was the coroner contacted? Yes

Was an autopsy performed or will an autopsy be performed? No

Was medical intervention information recorded in another incident in relation to this death Incident? No

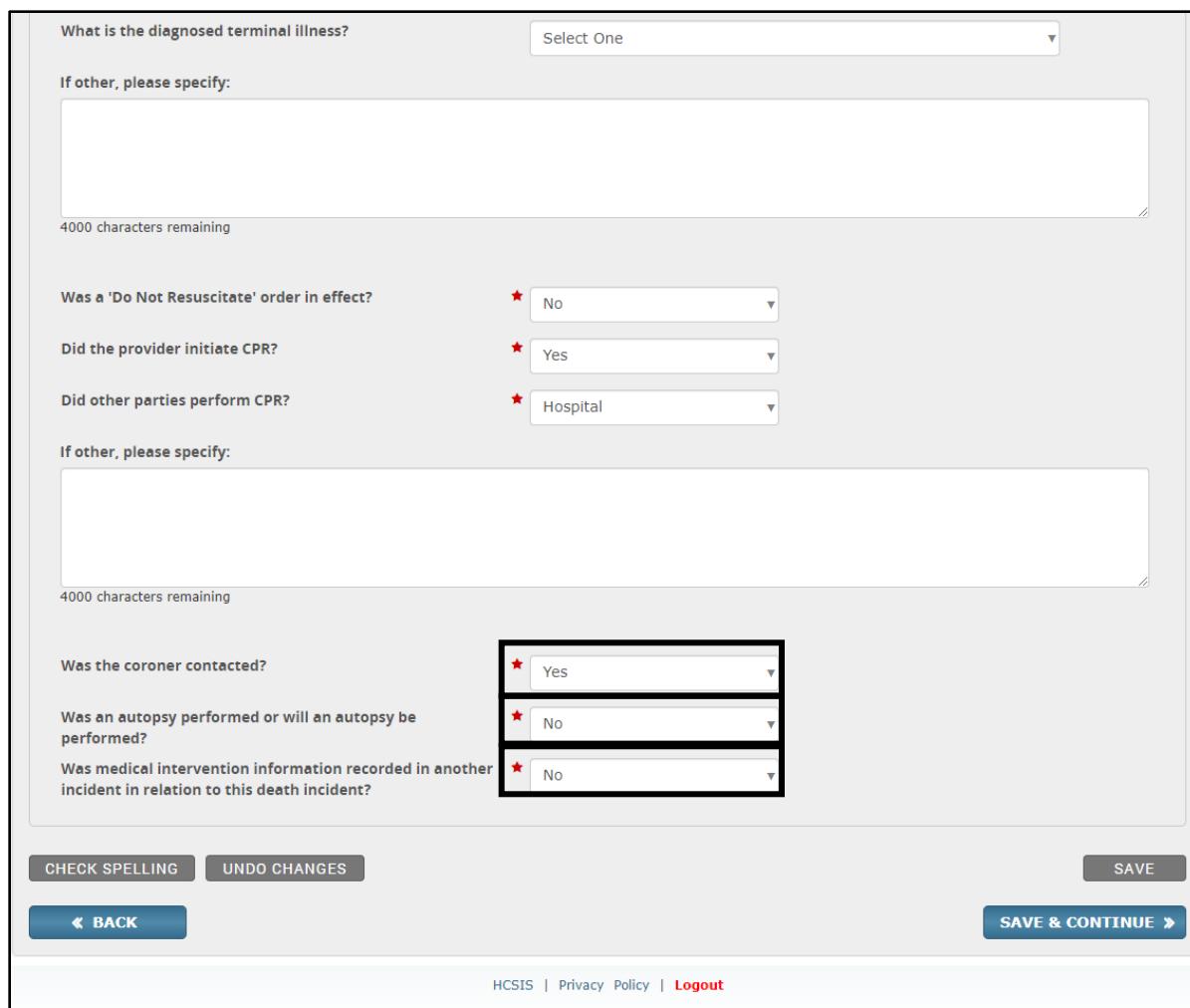
CHECK SPELLING **UNDO CHANGES** **BACK** **SAVE** **SAVE & CONTINUE** **Logout**

If ‘Other’ is selected from the drop-down in either of the fields marked by red borders, you must clarify the illness and/or who performed CPR in the ‘If other, please specify’ textbox.

If medical intervention information was recorded in another incident in relation to a Death incident, the *Medical Intervention Information* and the *Additional Medical Intervention Information* pages will not appear in the Final Section when the Final Section is created. (Regardless of the response to ‘Was there a medical intervention for this individual?’ on the *Incident Classification* page.)

When a user selects 'Yes' to the question "**Was there a medical intervention recorded in another incident in relation to this death incident?**" the Medical Intervention Information and Additional Medical Intervention Information pages will not display in the Incident Final Section. The incident where the medical intervention was recorded should be linked to the Death Incident. The Medical Intervention pages will not display, regardless of the response that is provided to the question "**Was there a medical intervention for this individual?**" When submitting this incident, the following message will be generated: "**Warning: If medical intervention information was recorded in another incident in relation to this death, please link the incident to this death incident**" reminding you to link the incident where the medical intervention was recorded

If the users select, **No**, the Medical Intervention Information and Additional Medical Intervention Information pages will display in the Incident Final Section and the user will be required to complete them. Select **Yes** or **No** to the mandatory question, "**Was this death a result of abuse or neglect?**". This is illustrated in the screenshot below.



What is the diagnosed terminal illness?

If other, please specify:

4000 characters remaining

Was a 'Do Not Resuscitate' order in effect?

Did the provider initiate CPR?

Did other parties perform CPR?

If other, please specify:

4000 characters remaining

Was the coroner contacted?

Was an autopsy performed or will an autopsy be performed?

Was medical intervention information recorded in another incident in relation to this death incident?

CHECK SPELLING **UNDO CHANGES** **SAVE**

◀ BACK **SAVE & CONTINUE ➞**

HCSIS | Privacy Policy | [Logout](#)

5.1.9 Abbreviated Incident Reports

There are three EIM first-section documents that are very focused in the information they convey. You collect all the information they require on 1-3 EIM pages. For this reason, these documents are referred to as “abbreviated incident” reports. The EIM system automatically selects the document you need to complete as a function of the incident’s primary category. The table below lists the three documents, the “triggering” primary categories that make them appear and the names of the EIM pages included in each document.

| Document Name | “Triggering” Primary Category | EIM Pages Included in Document |
|------------------------------------|-------------------------------------|--|
| <i>Optionally Reportable Event</i> | “Optionally Reportable Event” | <ul style="list-style-type: none">• <i>Optionally Reportable Event Information</i> |
| <i>Restraint</i> | “Restraint” or “Physical Restraint” | <ul style="list-style-type: none">• <i>Restraint Information</i>• <i>Restraint – Parties Involved</i> |
| <i>Medication Error</i> | “Medication Error” | <ul style="list-style-type: none">• <i>Medication Error Information</i>• <i>Additional Medication Error Information</i>• <i>Medication List Medication Error Information</i> |

5.1.9.1 Optionally Reportable Event Information

The Optionally Reportable Event page lets you capture information about an optionally reportable event (ORE). Provided are fields allowing you to specify a location if needed, customizable drop-down box selections and a field where you can describe the data you are collecting here.

 Optionally Reportable Event Information

| | | | | |
|---|-------------|--|---|------------------------------|
| ID: 93959 | Version: 10 | Type: Individual Incident | Primary Category: Optionally Reportable Event | Status: Open |
| Individual: PCG-EIMHR, ADAM MCC: 987848015 | | Provider: PCG ODP EIM PROVIDER THREE Discovery Date: 08/03/2021 | | |

[Expand Details](#)

[Go To](#) Optionally Reportable Event Information

Optionally Reportable Event Information

Location Incident Occurred (Building Identification, Room Identification):

Use the following fields to further categorize the incident. A template of values for the code is available from ODP-ID/A, or Providers may develop their own values for the codes.

Optional Field 1:

Optional Field 2:

Optional Field 3:

Optional Field 4:

Description:

4000 characters remaining

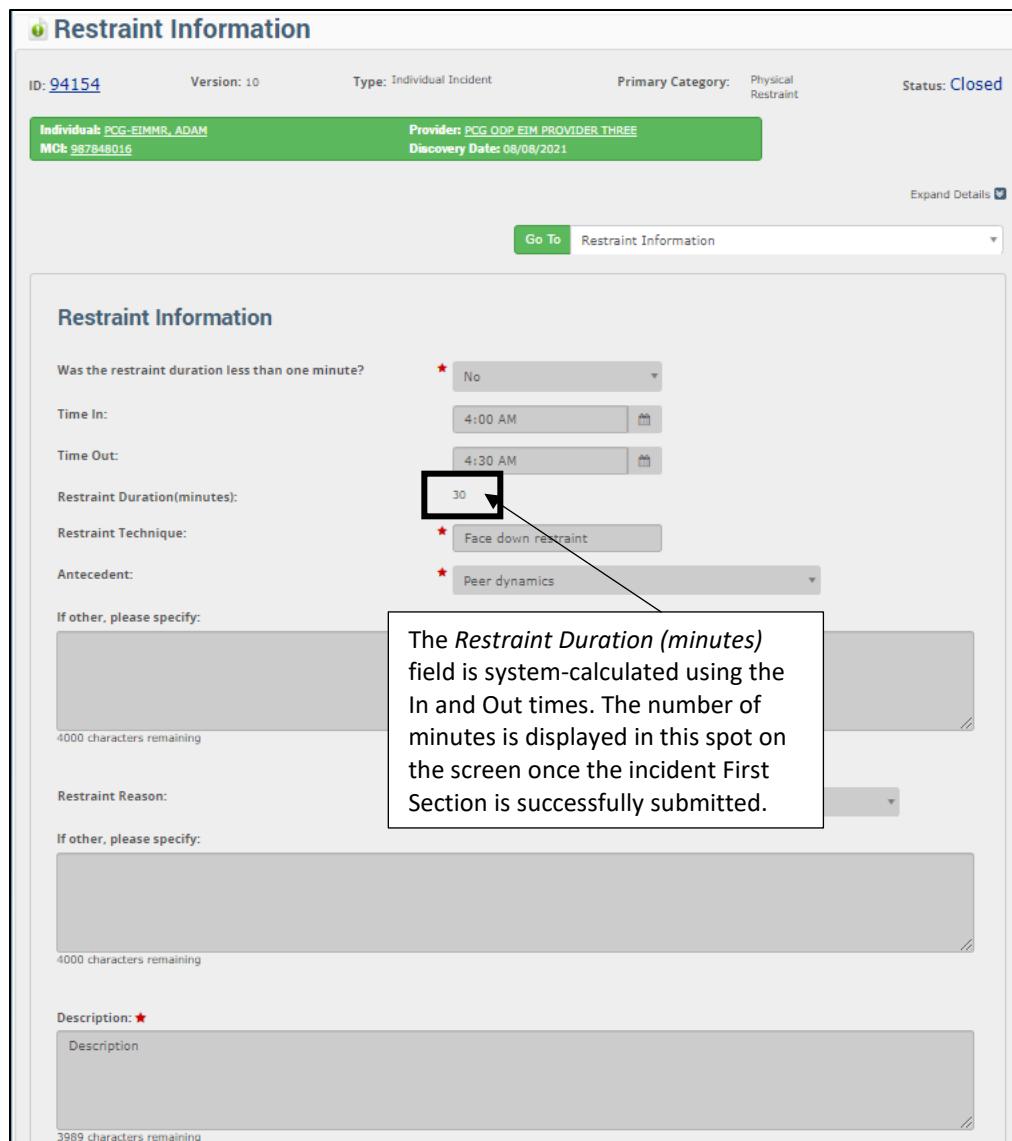
[CHECK SPELLING](#) [UNDO CHANGES](#) [SAVE](#)

[◀ BACK](#) [SAVE & CONTINUE](#)

5.1.9.2 Restraint Information

This page lets you capture information about a restraint incident that has “Physical Restraints” as its primary category. Incidents with “Misapplication/Unauthorized use of Restraint” as secondary categories are not considered to be restraint incidents as defined for this page.

If the total duration of the restraint is less than one minute, select **Yes** from the first drop-down box on the page. If not, click **No**. Clicking **No** in this drop-down box makes the Time In and Time Out fields conditionally mandatory. In this case, EIM compels you to enter the time at which the restraint began and the time it ended in the Time In and Time Out time pickers that appear below the drop-down box. The field marked by the red box in the illustration below indicates where the duration of the restraint is displayed after the system calculates it using the Time In and Time Out values. However, you do not see a value in this field until the first section is submitted.



The screenshot shows the 'Restraint Information' section of the EIM system. At the top, there are fields for 'ID: 94154', 'Version: 10', 'Type: Individual Incident', 'Primary Category: Physical Restraint', and 'Status: Closed'. Below this, a green bar displays 'Individual: PCG-EIMMR, ADAM' and 'MC#: 987848016' on the left, and 'Provider: PCG ODP EIM PROVIDER THREE' and 'Discovery Date: 08/08/2021' on the right. A 'Go To' button and a dropdown menu for 'Restraint Information' are also present. The main form area contains fields for 'Was the restraint duration less than one minute?' (No), 'Time In' (4:00 AM), 'Time Out' (4:30 AM), 'Restraint Duration(minutes)' (30), 'Restraint Technique' (Face down restraint), and 'Antecedent' (Peer dynamics). A callout box points to the 'Restraint Duration(minutes)' field, stating: 'The Restraint Duration (minutes) field is system-calculated using the In and Out times. The number of minutes is displayed in this spot on the screen once the incident First Section is successfully submitted.' There are also 'If other, please specify' text areas and a 'Description' text area.

Identify the restraint technique used in the mandatory *Restraint Technique* field. Select from the *Antecedent* drop-down box the event or condition that led to the need for the restraint, and choose the reason for the restraint from the *Restraint Reason* drop-down box. If you need to select **Other** in either of these drop-down boxes, you must provide details in the two *If Other, please specify* text boxes. Enter a description of what happened over the course of the restraint, tying it into the other information you have provided so far.

The next several drop-down boxes (illustrated on the next page) allow you to provide greater detail on the restraint. Select Yes or No in the drop-down boxes for each of the fields illustrated. A few notes on these fields:

- When the incident primary category is “Restraint” or “Physical Restraint,” and **Yes** is the selection in the *Has this individual had more than 2 emergency restraints in the past 6 months*, submitting this restraint incident generates a warning message stating that a restrictive

procedure plan (RPP) is required and that, until the RPP is in place, additional restraints are considered to be abuse-misapplication/unauthorized use of a restraint.

- Submitting an incident with a primary category of “Physical Restraint” or “Restraint” generates a warning message stating that an abuse-misapplication/ unauthorized use of restraint incident report must be filed whenever one of the following two conditions is met:
 - **Yes**, is the selection in *Was a prone (face down) position used during this Restraint? Was this an improper use of a restraint? and/or Was this an unauthorized use of a restraint?*
 - **No** is the selection in *Is their documentation that all staff involved were trained on the behavioral support plan that was in place at the time of the incident that included this restraint?*
- If you choose **Yes** to indicate that the individual was injured as a result of the restraint, you must provide details on the injury in the text field under the drop-down box.
- You must provide details on the debriefing activities (or explain why debriefing activities were not completed) regardless of your selection in the drop-down box relating to the debriefing activities.
- You must make a selection in the drop-down box *Is their documentation that all staff involved were trained on the behavioral support plan that was in place at the time of the incident that included this restraint?* An answer of **No** in this drop-down box requires an explanation in the *If no, please explain* text box.
- There are no longer any references in the *Restraint Information* screen to the individual’s service or program or service delivery model.

| | |
|---|---|
| Was the restraint part of an approved Restrictive Procedure Plan (RPP)? | * Select One |
| Has this individual had more than 2 emergency restraints in the past 6 months? | * Select One |
| Was a prone (face down) position used during this restraint? | * Select One |
| Was this an Improper use of restraint? | * Select One |
| Was this an unauthorized use of restraint? | * Select One |
| Was this individual injured as a result of the use of a restraint? | * Select One |
| If yes, please specify: <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> <p>4000 characters remaining</p> | |
| Were debriefing activities completed as part of this restraint? | * Select One |
| Please specify debriefing activities or explain why debriefing activities were not completed: * <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> <p>4000 characters remaining</p> | |
| Is there documentation that all staff involved were trained on the behavioral support plan that was in place at the time of the incident that included this restraint? | * Select One |
| If no, please explain: <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> | |

If Yes is selected, submitting this restraint incident generates a warning message stating that a restrictive procedure plan (RPP) is required.

The system uses the selections you make in these drop-down boxes to determine whether to generate alerts to regional incident management reviewers. The alerts read as follows:

“A restraint incident report has been filed that requires follow-up action.”

The triggering event for one of the alerts is as follows:

A restraint first section document is submitted for an individual without an MCI, and at least one of the following two conditions is met:

- **Yes**, is selected in one or more of the following questions on the *Restraint Information* screen:
 - *Has this individual had more than 2 emergency restraints in the past six months?*
 - *Was a prone (face down) position used during this restraint?*
 - *Was this an improper use of restraint?*
 - *Was this an unauthorized use of restraint?*
- **No** is the selection in the following question on the *Restraint Information* page:
 - *Is there documentation that all staff involved were trained on the behavioral support plan that was in place at the time of the incident that included this restraint?*

If **No** is the selection in this drop-down box, a warning message is displayed and recommends that you file an abuse-misapplication / unauthorized use of restraint report

The triggering event for the other new alert, which is also directed to regional reviewers, is when a restraint first section document is submitted for an individual without MCI where the restraint duration is 31 minutes or more.

5.1.9.3 Restraint – Parties Involved

The *Restraint – Parties Involved* page gives you a system location to list the names of all persons involved, and not simply physically present, in the restraint incident.

Select **Yes** in the drop-down box at the top of the page to open the text fields and the drop-down box where you enter the relevant information. Enter the first and last names of the first party that was involved. These name fields are mandatory for all the involved parties you have to record.

Select the role (**Authorizing Staff, Initiating Staff, Participating Staff or Bystander**) of the person identified. Click the [Save] button to save the data on the first involved party into the table in the middle of the page. To add more parties, enter and select data as described above and click [Save]. At least one person must be identified as initiating staff.

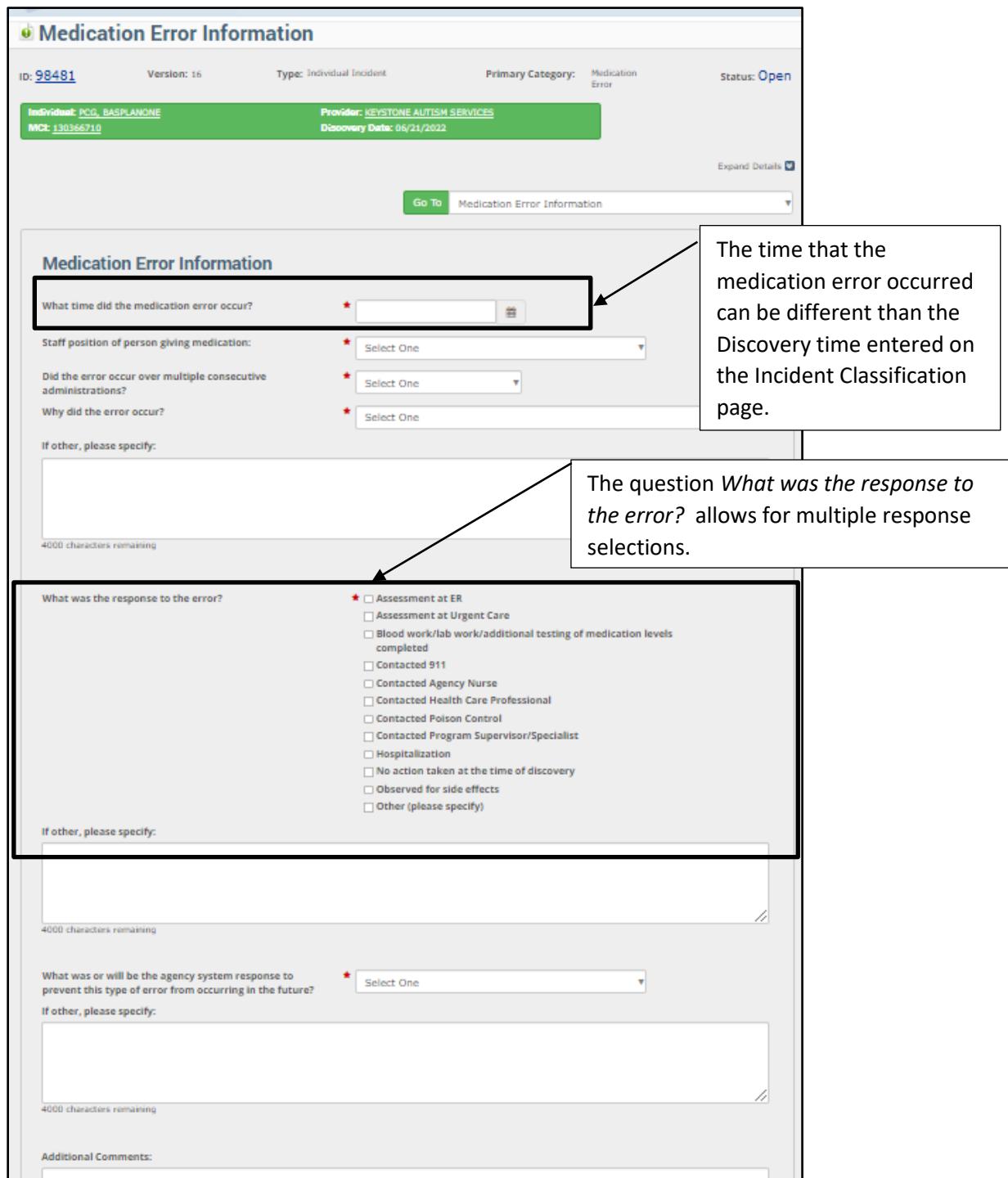
Restraint - Parties Involved

| ID: 93959 | Version: 10 | Type: Individual Incident | Primary Category: Physical Restraint | Status: Open | | | | | | | | | | | | |
|---|--|---|--------------------------------------|------------------------------|---|--|-----------------------------------|------------------------|--|--|------------------------------|-------------------------------|-----------------------------|-------------------------------|-------|---|
| Individual: PCG-EIMMR, ADAM MC#: 987848016 | | Providers: PCG ODP EIM PROVIDER THREE Discovery Date: 08/03/2021 | | | | | | | | | | | | | | |
| Expand Details | | | | | | | | | | | | | | | | |
| Go To Restraint - Parties Involved | | | | | | | | | | | | | | | | |
| <p>Please specify parties involved during the incident (Select 'Yes' to proceed):</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Select Yes in this drop-down box to make entries on this page. </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">First Name - Restraint Parties Involved</th> <th style="width: 33%;">Last Name - Restraint Parties Involved</th> <th style="width: 33%;">Role - Restraint Parties Involved</th> </tr> </thead> <tbody> <tr> <td colspan="3">No Records to display.</td> </tr> </tbody> </table> <div style="display: flex; justify-content: space-between; width: 100%;"> DELETE 0 EDIT ADD </div> <p>Parties Involved</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Party Involved (First Name):</td> <td style="width: 15%; text-align: center;">* <input type="text"/></td> <td style="width: 15%;">Party Involved (Last Name):</td> <td style="width: 15%; text-align: center;">* <input type="text"/></td> <td style="width: 15%;">Role:</td> <td style="width: 15%; text-align: center;"><input type="text" value="Select One"/></td> </tr> </table> <div style="display: flex; justify-content: space-between; width: 100%;"> UNDO CHANGES SAVE </div> <div style="display: flex; justify-content: space-between; width: 100%;"> ◀ BACK SAVE & CONTINUE ➤ </div> | | | | | First Name - Restraint Parties Involved | Last Name - Restraint Parties Involved | Role - Restraint Parties Involved | No Records to display. | | | Party Involved (First Name): | * <input type="text"/> | Party Involved (Last Name): | * <input type="text"/> | Role: | <input type="text" value="Select One"/> |
| First Name - Restraint Parties Involved | Last Name - Restraint Parties Involved | Role - Restraint Parties Involved | | | | | | | | | | | | | | |
| No Records to display. | | | | | | | | | | | | | | | | |
| Party Involved (First Name): | * <input type="text"/> | Party Involved (Last Name): | * <input type="text"/> | Role: | <input type="text" value="Select One"/> | | | | | | | | | | | |

If you later find you need to edit or delete a record from the table, click the record to fix and then click [Edit] or [Delete] as needed. Clicking [Edit] inserts the record's data back into the fields, where you can edit and resave it. Clicking [Delete] removes the record entirely from the table.

5.1.9.4 Medication Error Information

The Medication Error Information page, which is the first of three pages focused on medication errors, lets you capture information about an incident that occurred due to an error in administering a medication.



The screenshot shows the 'Medication Error Information' page. At the top, it displays the ID (98481), Version (16), Type (Individual Incident), Primary Category (Medication Error), and Status (Open). Below this, a green bar shows the Individual (PCG_BASPLANONE), Provider (KEYSTONE AUTISM SERVICES), and Discovery Date (06/21/2022). A 'Go To' button and a dropdown menu are also present.

Medication Error Information

What time did the medication error occur?

Staff position of person giving medication:

Did the error occur over multiple consecutive administrations?

Why did the error occur?

If other, please specify: 4000 characters remaining

The time that the medication error occurred can be different than the Discovery time entered on the Incident Classification page.

What was the response to the error? Assessment at ER Assessment at Urgent Care Blood work/lab work/additional testing of medication levels completed Contacted 911 Contacted Agency Nurse Contacted Health Care Professional Contacted Poison Control Contacted Program Supervisor/Specialist Hospitalization No action taken at the time of discovery Observed for side effects Other (please specify)

The question *What was the response to the error?* allows for multiple response selections.

If other, please specify: 4000 characters remaining

What was or will be the agency system response to prevent this type of error from occurring in the future?

If other, please specify: 4000 characters remaining

Additional Comments:

5.1.9.5 Additional Medication Error Information

Use this page to enter additional information about the medication-error incident described on the previous EIM page. Note that all the fields on this EIM page are mandatory.

Complete the Additional Medication Error Information fields and then click [SAVE & CONTINUE].

 **Additional Medication Error Information**

ID: [93959](#) Version: 10 Type: Individual Incident Primary Category: Medication Error Status: [Open](#)

Individual: PCG-EIMMR, ADAM
MCI: 987848016

Provider: PCG ODP EIM PROVIDER THREE
Discovery Date: 08/03/2021

Expand Details 

Go To [Additional Medication Error Information](#) 

Additional Medication Error Information

Name or unique identifier of the staff involved: *

Was the staff involved working longer than their regular work hours at the time of the error? * Select One

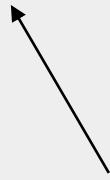
Length of time the staff involved has been giving medications? (years) * Select One

Number of medications supposed to be given to this individual at the same time as the error was made including the medication where the error was made? * Select One

Number of medications this individual receives on a daily basis? (do not include medications that are taken on an episodic basis) * Select One

Number of people (including this individual) that the staff involved has to give medications to around the same time as the error occurred? * Select One

Were any medications involved in this medication error a controlled substance? * Select One

Responses must be formatted as the first two initials of the staff's first name, first two initials of the staff's last name, and the last four digits of the staff's SSN [AABB1234]. 

[UNDO CHANGES](#)

[◀ BACK](#) [SAVE & CONTINUE ➤](#)

5.1.9.6 Medication List

The Medication List page gives you a system location to list the names of the medications involved in the medication error.

Select Yes in the Please specify medications... drop-down box at the top of the page to open the drop-down box where you enter the name of the medication. This field is mandatory for all the medications you must record.

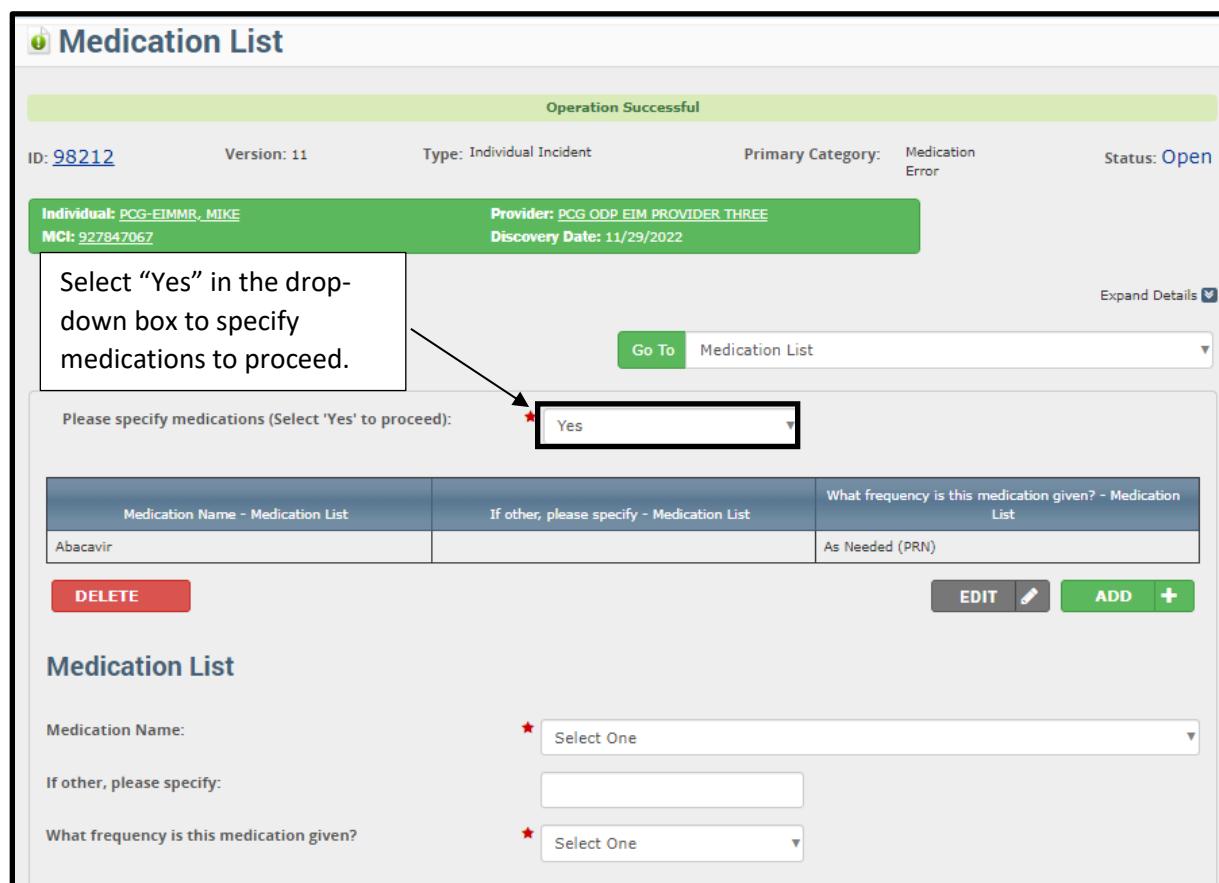
Enter 2-3 letters of the name of the medication you need, and EIM displays a drop-down list of medication names with that letter combination to choose from.

Click the medication you need, and it appears in the drop-down box. Click the [Save] button to save the first medication into the table in the middle of the page.

Answer the question *What frequency is this medication given?* for each medication entered in the table.

To add more medications, repeat these selection steps and click [Save] to enter each medication into the table.

Click [SAVE & CONTINUE] to proceed to the next page ONLY AFTER you have entered the LAST medication you need.



Medication List

Operation Successful

ID: 98212 Version: 11 Type: Individual Incident Primary Category: Medication Error Status: Open

Individual: PCG-EIMMR_MIKE
MCI: 927847067

Provider: PCG ODP EIM PROVIDER THREE
Discovery Date: 11/29/2022

Select "Yes" in the drop-down box to specify medications to proceed.

Please specify medications (Select 'Yes' to proceed):

Medication Name - Medication List: Abacavir

If other, please specify - Medication List:

What frequency is this medication given? - Medication List: As Needed (PRN)

DELETE EDIT ADD +

Medication List

Medication Name:

If other, please specify:

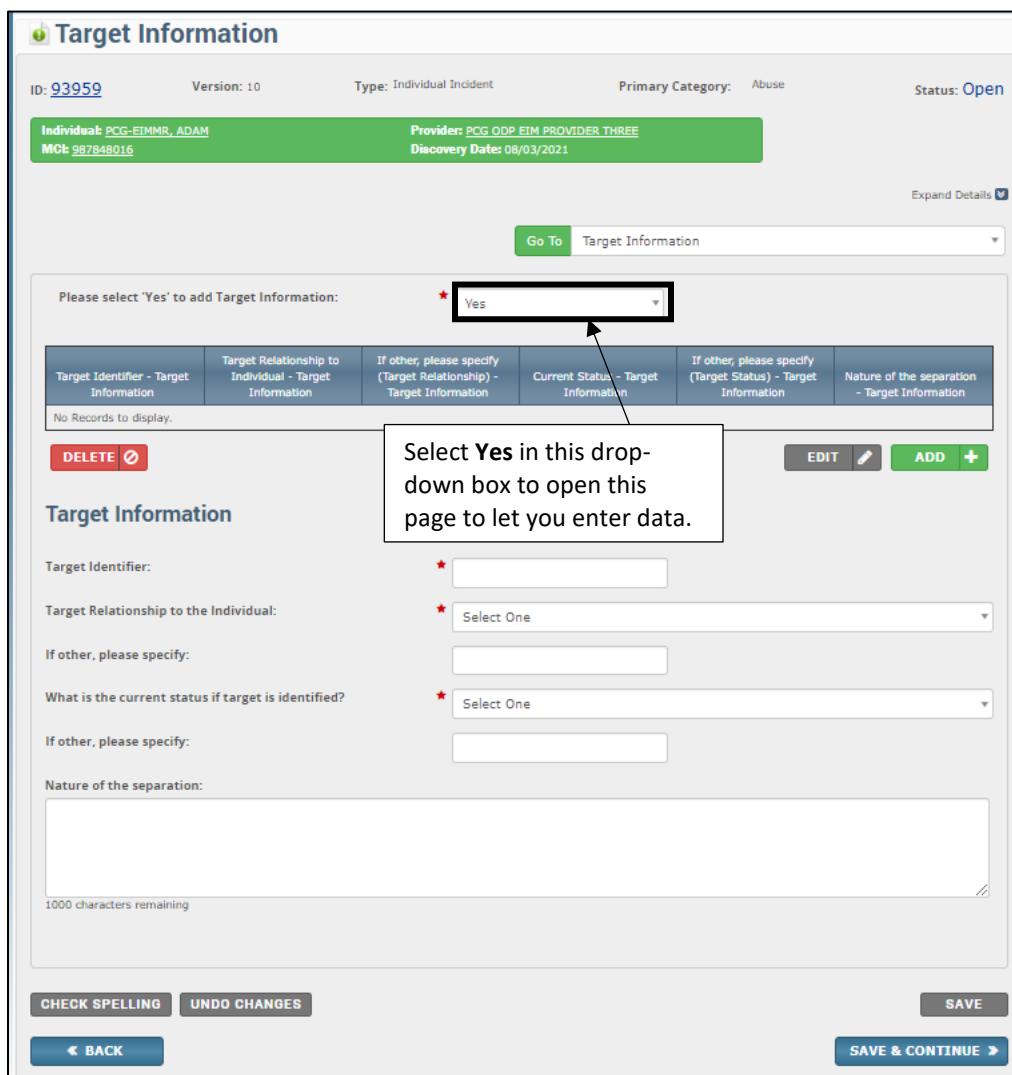
What frequency is this medication given?

If you later find you need to edit or delete a medication record from the table, click the record to fix and then click [Edit] or [Delete] as needed. Clicking [Edit] inserts the data back in the fields, where you can edit and resave it.

5.1.10 Target Information (First Section)

The *Target Information* page appears in your workflow when you select **Yes** in the question *Were there targets identified?* on the *Incident Classification* page. The *Target Information* page gives you a system location to enter information on targets identified in the incident.

Select **Yes** in the *Please select 'Yes' to add Target Information* drop-down box at the top of the page to open the text fields and the drop-down boxes where you enter the relevant information. If you selected **Yes** for *Were their targets identified?* on the *Incident Classification* page but select **No** here in the *Please select 'Yes' to add Target Information* drop-down box, EIM displays the following error message: "Error: If targets were identified, please specify the targets."



The screenshot shows the 'Target Information' page in EIM. At the top, there is a green header bar with the following information: ID: 93959, Version: 10, Type: Individual Incident, Primary Category: Abuse, and Status: Open. Below the header, there is a table with columns for Target Identifier - Target Information, Target Relationship to Individual - Target Information, If other, please specify (Target Relationship) - Target Information, Current Status - Target Information, If other, please specify (Target Status) - Target Information, and Nature of the separation - Target Information. A callout box points to the 'Yes' option in a dropdown menu at the top of the page, with the text 'Select Yes in this drop-down box to open this page to let you enter data.' A red box highlights the 'DELETE' button. At the bottom, there are buttons for CHECK SPELLING, UNDO CHANGES, BACK, SAVE, and SAVE & CONTINUE.

Enter the identifier used to identify the target in the first mandatory field in the “*Target Information*” section of the page. When the selection you make in the *Target Relationship to the Individual* drop down is Another Individual or Provider Staff Member, The format of the target identifier must be the first two initials of the first name, first two initials of the last name, and last four digits of the SSN e.g., ‘ABCD1234’.

Select the relationship of the target to the subject of the incident. If the applicable relationship does not appear in the drop-down box, select **Other** in this field, and describe the relationship in the text field below the drop-down box. Select the current status of the target and choose **Other** if the “right” status does not appear. Enter details on the how the target(s) and victim have been separated in the *Nature of the separation* text box (1000-character maximum).

Click the [Save] button to save the data on the first target into the table in the middle of the page. To add more targets, enter and select data as described above and click [Save]. If you later find you need to edit or delete a record from the table, click the record to fix and then click [Edit] or [Delete] as needed. Clicking [Edit] inserts the record’s data back into the fields, where you can edit and resave it. Clicking [Delete] removes the record entirely from the table.

5.1.11 **Passive Neglect Information**

When the primary category is “Passive Neglect,” the *Passive Neglect* page follows the *Target Information* page in EIM. Only supports coordinators (SCs) and county users can see and select the “Passive Neglect” category in the *Incident Classification* page of EIM, and county users are able to file passive neglect incidents. What constitutes passive neglect is clearly defined and explained in the statement that appears at the bottom of the *Passive Neglect* page. Read that statement before completing the fields on this EIM page.

Select **Paid** or **Unpaid** in the drop-down box labeled *Was the caregiver....* If you select **Paid**, you receive an error message stating that the incident must be reclassified with a primary classification of “Neglect.” If the caregiver is unpaid, you must make a selection in the *Is the ability to provide care/necessities....* drop-down box.

Yes, No or Unknown are the possible selections in the drop-down box labeled *Is the ability to provide care/necessities....* If you select **No** or **Unknown**, the incident must be reclassified with a primary classification of “Neglect.” If the caregiver is unpaid, you must make a selection in this drop-down box. If you select **Yes**, you must provide details in the *Please explain* field.

The next two questions are mandatory. Answer **Yes** or **No** to the question regarding previous incidents entered that are related to this incident. Select **Yes**, **No** or **Unknown** from the drop-down box regarding the failure to implement a risk mitigation plan. If you select **No**, you must explain the reason for that response in the *Please explain* text box under it. However, if you select **Yes**, the incident must be reclassified with a primary classification of “Neglect.”

Passive Neglect Information

Was the caregiver, who was unable to provide care/necessities, a paid or unpaid caregiver?

Is the ability to provide care/necessities beyond the control of the unpaid caregiver?

Please explain:

4000 characters remaining

You must make a selection in this drop-down box. If you select Yes, you must provide details in the Please explain field.

If No or Unknown is selected, the incident must be reclassified.

Have there been current identified issue of passive neglect?

Is this report the result of a caregiver's or provider's failure to implement a risk mitigation plan?

Please explain:

4000 characters remaining

Passive Neglect: The inability of an unpaid caregiver to provide supports because of lack of experience, information, resources or ability. Passive Neglect is reportable if there are no current risk mitigation strategies in the Individual Support Plan (ISP) that specially address the area of passive neglect. Passive neglect is reported by an individual's Supports Coordinator's Organization.

5.1.12 Self-Neglect Information

When the primary category is “Self-Neglect,” the *Self-Neglect* page follows the *Passive Neglect* page in EIM. Only supports coordinators (SCs) and county users can see and select the “Self-Neglect” category in the *Incident Classification* page of EIM, and county users are able to file self-neglect incidents. What constitutes self-neglect is clearly defined and explained in the statement that appears at the bottom of the *Self-Neglect* page. Read that statement before completing the fields on this EIM page.

Yes, No or Unknown are the possible selections in the first drop-down box relating to action or inaction. If you select **Yes** in this drop-down box, you must provide details in the *Please Explain* text box. However, if you select **No**, you receive a system error stating that you must reclassify this incident with a primary classification of “Neglect” and not “Self-Neglect.”

The next text box is mandatory and requires that you explain the connection between the action or inaction and its influence on the self-neglect. Answer **Yes** or **No** to the mandatory question regarding previous incidents entered that are related to the self-neglect. Select **Yes, No or Unknown** from the drop-down box regarding the failure to implement a risk mitigation plan. If you select **No**, you must explain the reason for that response in the *Please explain* text box under it. If you select **Yes** or **Unknown**, the incident must be reclassified with a primary classification of “Neglect.”

Self-Neglect Information

Was the SC able to determine if this incident was due to an action or lack of action by an individual upon themselves? Select One

Please explain:

4000 characters remaining

Explain how the action or lack of action resulted in a type of self-neglect: Select One

If No is selected for this question, a system error message stating that you must reclassify this incident with a primary classification of "Neglect" and not "Self-Neglect" will be generated.

Have there been previous incident reports related to the current identified issue of self-neglect? Select One

Is this report the result of a failure of a caregiver or provider to implement a risk mitigation plan? Select One

Please explain:

4000 characters remaining

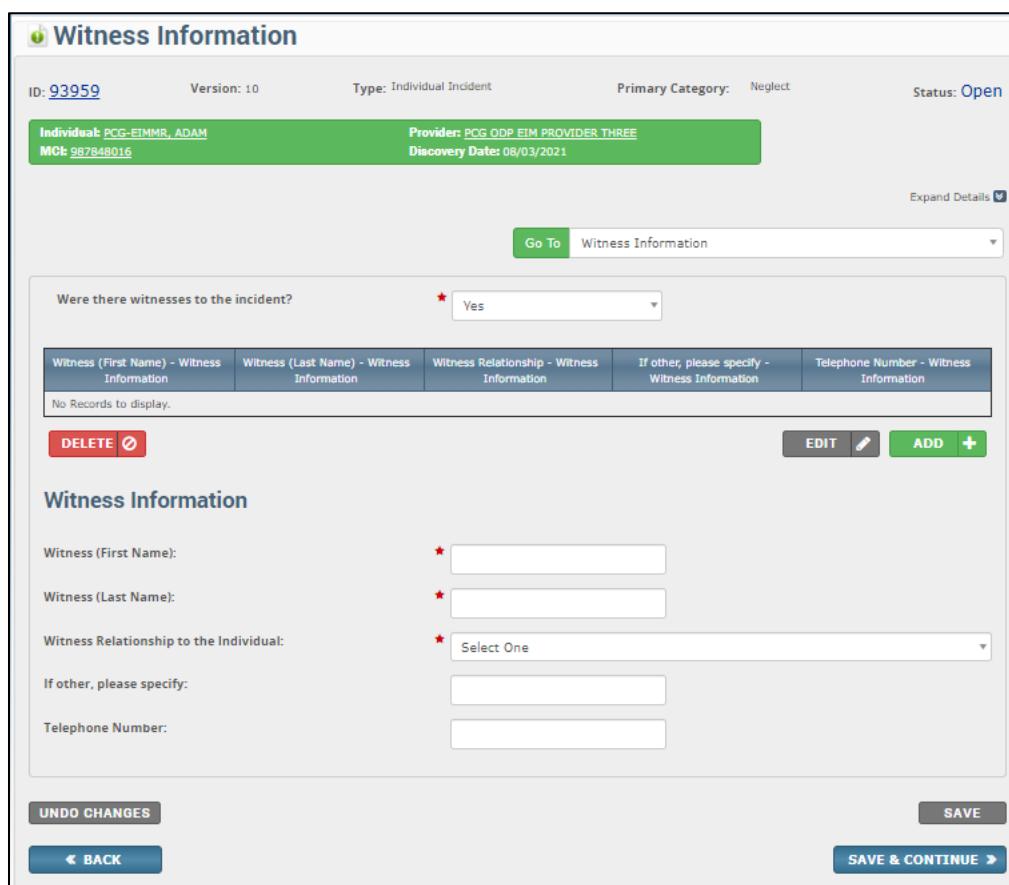
Self-Neglect: An action or lack of action by an individual that results in denying themselves proper care, supports and services. Self-neglect is reportable if there are no current risk mitigation strategies in the Individual Support Plan (ISP) that specifically address the area of self-neglect. Self-neglect is reported by an individual's Supports Coordinator's Organization.

5.2 Incident Final Section

5.2.1 Witness Information

The Witness Information page gives you a system location to capture information about the people present at the time of the incident.

Select **Yes** in the *Were their witnesses to the incident?* drop-down box at the top of the page to open the text fields and the drop-down box where you enter the relevant information on a witness. Enter the first and last names that identify a witness in the first two mandatory fields in the *“Witness Information”* section of the page. Select the relationship in the *Witness Relationship to the Individual* drop-down box that best describes the reality. If none of the selections seem to fit, select **Other** and then enter specifics on the relationship in the *If other, please specify* text box. Enter the witness's telephone number, if known, in the field provided.



Click the [Save] button to save the data on the first witness into the table in the middle of the page. To add more witnesses, enter and select data as described above and click [Save].

If you later find you need to edit or delete a record from the table, click the record to fix and then click [Edit] or [Delete] as needed. Clicking [Edit] inserts the record's data back into the fields, where you can edit and resave it. Clicking [Delete] removes the record entirely from the table.

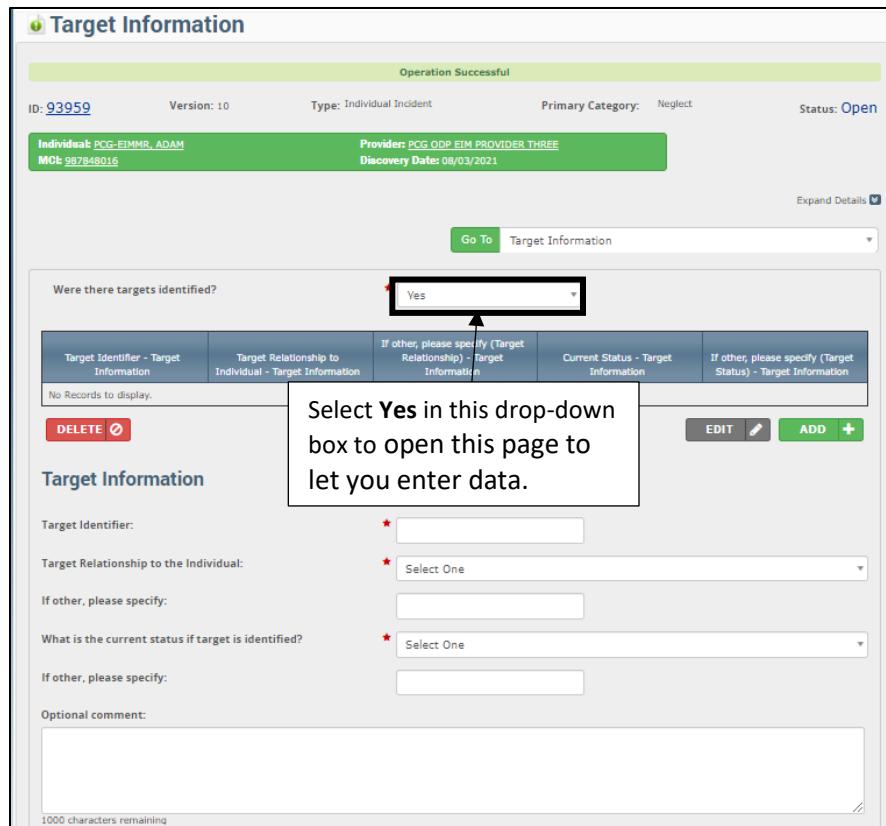
5.2.2 Target Information (Final Section)

The *Target Information* page provides a system location for information on targets identified in the incident. The data appearing in the fields listed below may be automatically carried over from the *Target Information* page in the first section if that information exists. See further details below.

- *Were there targets identified?*
- *Target Identifier*
- *Target Relationship to the Individual*
- *If other, please specify*

EIM automatically copies the information in these fields on the first section's *Target Information* page over to this page in this final section. No data already entered in these fields on this *Target Information* page is overwritten by the copy-over, and you can edit any data copied over. The **Target Relationship to the Individual** does not copy over. Users will need to update the relationship within the Incident Final Section for each Target that has been entered.

If you find you must make revisions to the data presented here, follow these instructions as needed. Select **Yes** in the *Were their targets identified?* drop-down box at the top of the page to open the text fields and the drop-down boxes where you enter the relevant information. Enter the identifier used to identify the target in the first mandatory field in the “*Target Information*” section of the page. When the selection you make in the *Target Relationship to the Individual* drop down is Another Individual or Provider Staff Member, The format of the target identifier must be the first two initials of the first name, first two initials of the last name, and last four digits of the SSN e.g., ‘ABCD1234’.



The screenshot shows the 'Target Information' page in the EIM system. At the top, a green bar indicates 'Operation Successful' with the ID '93959', Version '10', Type 'Individual Incident', Primary Category 'Neglect', and Status 'Open'. Below this, a green header bar shows 'Individual: PCG-ETMMR, ADAM' and 'Provider: PCG QDP EIM PROVIDER THREE' with 'Discovery Date: 08/03/2021'. A dropdown menu is open, with 'Yes' selected, and a callout box states: 'Select Yes in this drop-down box to open this page to let you enter data.' The main form contains fields for 'Target Identifier - Target Information', 'Target Relationship to Individual - Target Information', 'If other, please specify (Target Relationship) - Target Information', 'Current Status - Target Information', and 'If other, please specify (Target Status) - Target Information'. A 'DELETE' button is visible. The 'Target Information' section includes fields for 'Target Identifier', 'Target Relationship to the Individual', 'If other, please specify', 'What is the current status if target is identified?', 'If other, please specify', and an 'Optional comment' text area with a character limit of 1000 characters.

Select the relationship of the target to the individual the incident is about. If the applicable relationship does not appear in the drop-down box, select **Other** in this field, and describe the relationship in the text field below the drop-down box. Select the current status of the target and choose **Other** if the “right” status does not appear. Enter details on the how the target(s) and victim have been separated in the *Nature of the separation* text box.

Click the [Save] button to save the data on the first target into the table in the middle of the page. To add more targets, enter and select data as described above and click [Save].

If you later find you need to edit or delete a record from the table, click the record to fix and then click [Edit] or [Delete] as needed. Clicking [Edit] inserts the record’s data back into the fields, where you can edit and resave it. Clicking [Delete] removes the record entirely from the table.

5.2.3 Notification Information

The Notification Information page gives you a system location to document instances in which a family member, agency, or other party has been notified of an incident.

Select **Yes** in the *Has notification been made, or will notification be made* drop-down box at the top of the page to open the text fields and the drop-down boxes where you enter the relevant information. Select the description of a family member, an agency, etc., in the *Family/Guardians/Agency* drop-down box that best fits the notification that was made. If notification was made to an entity that is not listed here, select **Other** from the drop-down box, and then identify the entity specifically in the *If other*,

please specify text box. In the Notified/Will Notify drop-down box, note whether the notification is past or future.

Notification Information

ID: [93959](#) Version: 10 Type: Individual Incident Primary Category: Neglect Status: [Open](#)

Individual: PCG-EIMMR, ADAM Provider: PCG ODP EIM PROVIDER THREE
MC# 987848016 Discovery Date: 08/03/2021

Has notification been made or will notification be made: **Yes**

| Family/Guardian/Agency - Notification Information | If other, please specify - Notification Information | Notified/Will Notify - Notification Information | Person Notified First Name - Notification Information | Person Notified Last Name - Notification Information | Date Notified/Will Notify - Notification Information |
|---|---|---|---|--|--|
| No Records to display. | | | | | |

[DELETE](#) [EDIT](#) [ADD](#)

Notification Information

Family/Guardian/Agency:

If other, please specify:

Notified/Will Notify: Select One

Person Notified (First Name): *

Person Notified (Last Name): *

Date Notified/Will Notify: MM/DD/YYYY

Person Making Contact (First Name):

Person Making Contact (Last Name):

Select Yes in this drop-down box to activate these fields so you can make entries on this page.

[UNDO CHANGES](#) [SAVE](#)

[BACK](#) [SAVE & CONTINUE](#)

Enter the first and last names of the person who was notified of the incident as well as the date of this notification. In addition, enter the first and last names of the person who made the notifying contact.

Click the [Save] button to save the data on the first target into the table in the middle of the page. To add more targets, enter and select data as described above and click [Save]. If you later find you need to edit or delete a record from the table, click the record to fix and then click [Edit] or [Delete] as needed. Clicking [Edit] inserts the record's data back into the fields, where you can edit and resave it. Clicking [Delete] removes the record entirely from the table.

At this point, EIM systematically analyzes your incident and determines the flow your incident should take through the rest of the final section. Use the table below to determine your next steps.

1. Find the incident characteristic in the first column that best matches the incident you are working on.

2. Look in the second column for the name of the next page that EIM displays on the screen for you to complete as part of this final section.
3. Find in the third column the heading name and page number of the instructions and guidance you need to complete the page(s) you see.

| Incident Characteristic | Name of the Next EIM Page to Complete | Instructions to Complete this EIM Page Begin On... |
|--|---|---|
| Individual Incident with Primary Category of Death | <i>Death Information</i> | Page 83 under the heading <i>“Death Information (Final Section)”</i> |
| Individual Incident with Primary Category Other Than Death | <i>Medical Intervention Information</i> | Page 86 under the heading <i>“Medical Intervention Information”</i> |
| Site-Level Incident | <i>Additional Information and Optional Categorization</i> | Page 92 under the heading <i>“Additional Information and Optional Categorization”</i> |

5.2.4 Death Information (Final Section)

The *Death Information* page lets you enter information regarding an individual's death. This page appears only when the primary category of the incident is **Death**. Most of the values that appear on this page are carried over from the *Death Information* page in the incident first section. Follow the instructions given here if you need to make adjustments to the data that is brought over.

Select **Yes**, **No** or **Unknown** in the first two mandatory drop-down boxes relating to hospice care and a diagnosed terminal illness. Select the diagnosed terminal illness from the relevant drop-down box, if the individual had a terminal illness. You can select more than one item in this drop-down box. If the illness you need to enter is not in the drop-down box list, select **Other**, and then identify the illness in the *If other, please specify* text box.

Select **Yes**, **No** or **Unknown** in the mandatory drop-down box *Was a “Do Not Resuscitate” order in effect?*.

Select **Yes** or **No** in the mandatory *Did the provider initiate CPR?* drop-down box to indicate whether the provider was the first to start CPR on the individual or did not initiate CPR.

The next mandatory question, *Did other parties perform CPR?*, applies regardless of whether the provider initiated CPR or not. If no other party performed CPR, select **No** in this drop-down box. If some other party did perform CPR, however, identify who by selecting **EMS**, **ER**, **Family Member** or **Hospital**. If none of these selections fit the situation, select **Other**, and then identify who performed CPR in the conditionally mandatory *If other, please specify* text box.

Death Information

Was the individual in hospice care? *

Did the individual have a diagnosed terminal illness? *

What is the diagnosed terminal illness?

If other, please specify:

4000 characters remaining

Was a 'Do Not Resuscitate' order in effect? *

Did the provider initiate CPR? *

Did other parties perform CPR? *

If other, please specify:

4000 characters remaining

Select **Yes**, **No** or **Unknown** in the mandatory *Was the coroner contacted?* drop-down box. Regarding the autopsy questions, select **Yes**, **No** or **Unknown** in the *Was an autopsy performed ...?* drop-down box and select **Yes**, **No** or **N/A** in the *Did the family refuse an autopsy?* drop-down box.

The '*Was medical intervention information recorded in another incident in relation to this death incident?*' field is copied over from the *Death Information* screen in the First Section. If the response to this question requires updating, the user is able to update the question by selecting either Yes or No from the dropdown box.

The response to the question, "**Was this death a result of abuse or neglect?**" will be copied over from the Incident First Section. However, the field may be updated if the response is now found to be incorrect by selecting Yes or No in the dropdown.

The list of check boxes shows the possible supplemental information that exists for the incident. Hard copies of the documentation should be forwarded to county and regional staff. Check all items that apply to the current incident. If you check *Other*, you must identify the additional documentation by entering its name in the *If other, please specify* text box.

If there is/was a substitute healthcare decision maker, select **Yes** in the relevant drop-down box, enter their name, and select the relationship of this decision maker to the deceased in the corresponding drop-down box. If you cannot find a relationship that "fits" this situation, select **Other** and define it in the *If other, please specify* text box. If **Yes** is selected to indicate there was a

substitute healthcare decision maker, the fields *Please specify their name and Relationship to the deceased* become mandatory and must be completed.

Was the coroner contacted? Yes

Was an autopsy performed or will an autopsy be performed? Yes

Did the family refuse an autopsy? Select One

Was medical intervention information recorded in another incident in relation to this death incident? Yes

Was this death a result of abuse or neglect? Select One

Please indicate what supplemental information exists for this report (Forward hard copies of the available documents to the County and Region):

- Autopsy report
- Death Certificate
- Discharge summary from last hospitalization
- Do Not Resuscitate (DNR) Order
- Lifetime medical history
- Results of most recent health and medical assessments
- Results of most recent physical exam
- Other

If other, please specify: _____

Was there a Substitute Healthcare Decision Maker? Select One

If yes, please specify their name: _____

Relationship to the deceased: Select One

If other, please specify: _____

Warning messages related to the *Medical Intervention Information* and the *Abuse and Neglect* questions are detailed in the pages below.

When a user selected 'Yes' to the question **"Was there a medical intervention recorded in another incident in relation to this death incident?"**, in the Incident First Section, the Medical Intervention Information and Additional Medical Intervention Information pages will not display. The incident where the medical intervention was recorded should be linked to the Death Incident. The Medical Intervention pages will not display, regardless of the response that is provided to the question **"Was there a medical intervention for this individual?"** However, if this selection was made in error, the user may update the copied over field to a 'No', and when the user saves the page, the Medical Intervention Information and Additional Medical Intervention Information pages will display.

If a user attempts to **Submit** an incident where the question **"Was Medical Intervention Information Recorded in another incident in relation to this death incident?"** is set to **Yes** but no other incident was linked, a warning message results. The warning states **"Warning: If medical intervention information was recorded in another incident in relation to this death, please link the incident to this death incident"** as shown below. This is illustrated in the screenshot below.

When a Death is the Result of Abuse or Neglect

When a death is the result of abuse or neglect, a warning will appear indicating that an additional incident for Abuse or Neglect must be filed and then linked to this death incident. :

If a user attempts to perform a **Validate** or **Submit** on an incident where the question “*Was this death a result of abuse or neglect?*” is set to **Yes** , but no other incident was linked, a warning message results. The warning states “*Warning: If this incident is a result of abuse or neglect, an Abuse or Neglect incident report must be filed and linked to this incident.*” as shown below.

 **Incident Detail**

Warning: If medical intervention information was recorded in another incident in relation to this death, please link the incident to this death incident.

| ID: | 94206 | Version: | 10 | Type: | Individual Incident | Primary Category: | Death | Status: | Open |
|--|-------------|-----------|----------------------------------|--------------------------------------|---------------------|-------------------|------------------------|---|--------------------------|
| Individual: PCG-EIMMR, MIKE | | | | Provider: PCG ODP EIM PROVIDER THREE | | | | | |
| MCI: 922847067 | | | | Discovery Date: 08/12/2021 | | | | | |
| Collapse Details  | | | | | | | | | |
| Document Name | Status | Due Date | Action | Created Date | Created By | Last Edit Date | Edited By | Report Extension | Print |
| + Incident First Section | Submitted | 8/13/2021 | | 8/12/2021 | Three, Provider | 8/12/2021 | Three, Provider | | <input type="checkbox"/> |
| + Incident Final Section | In Progress | 3/9/2022 | VALIDATE SUBMIT | 8/12/2021 | Three, Provider | 8/12/2021 | SEONE, EIM |  [8] | <input type="checkbox"/> |
| + Initial County Management Review | Submitted | 8/13/2021 | | 8/12/2021 | Three, Provider | 9/14/2021 | PhiladelphiaCou... PCG | | <input type="checkbox"/> |
| + Initial Regional Management Review | In Progress | 8/13/2021 | | 8/12/2021 | Three, Provider | 9/9/2021 | SEONE, EIM | | <input type="checkbox"/> |
| + County Management Review | In Progress | | | 8/12/2021 | Three, Provider | 9/14/2021 | PhiladelphiaCou... PCG | | <input type="checkbox"/> |
| + County Investigation | Created | | | 9/14/2021 | Philadelphia... PCG | | | | <input type="checkbox"/> |

5.2.5 Medical Intervention Information

The *Medical Intervention Information* page lets you enter information about any medical intervention (hospitalization, etc.) that the individual undergoes. This page (and the *Additional Medical Intervention Information* page) appears only when **Yes** has been selected in the drop-down box *Was there a medical intervention for this individual?* on the *Incident Classification* page and/or *Verification of Incident Classification* page. This *Medical Intervention Information* page appears for all primary and secondary category combinations.

Click the calendar icon in the first field on the page and select the date of the intervention or admission. Once you fill in this date field, all of the fields on this page become mandatory. Enter the name of the medical provider or of the facility where the intervention was provided in the *Medical Provider/Center Name* field. Type in the initial diagnosis made at that facility in the *Initial Diagnosis* field.

Medical Intervention Information:

Date of Intervention/Acknowledgment: ★ 

Medical Provider/Center Name: ★

Initial Diagnosis: ★

What was provided during the event (Select all that apply):

You may select more than one option in the checkbox list.

Admission to ICU/CCU
 Bloodwork
 Medical Isolation
 Restraint use (Physical, Mechanical or Chemical)
 Special studies (e.g. CT, MRI, Colonoscopy, Bronchoscopy, etc.)
 Surgical procedure
 Swallowing study
 Treatment of a fracture
 Treatment on a ventilator
 Urinalysis
 Use of seclusion room
 Wound Closure
 X-ray
 Other

If other, please specify:

What was the extent of treatment? ★

Please explain: ★
4000 characters remaining

Has the individual received any medical interventions in the last 48 hours prior to this incident? ★

If yes, please explain:
4000 characters remaining

Check the check boxes that identify the services and activities that were provided and done in the course of the intervention. You may select more than one – check all that apply. If you check the **Other** check box, you must identify the service or activity in the *If other, please specify* text box. Select in the *What was the extent of treatment check box* the item that best characterizes the nature of the intervention, i.e., primary care physician, emergency room, etc. Detail in the *Please Explain* text box what was done in the course of the treatment.

If the individual had presented for medical treatment or intervention sometime in the past 48 hours before this current intervention, select **Yes** in the *Has the individual received...* drop-down box and provide details in the *If yes, please explain* text box. If not, click **No** and enter nothing in the text box.

In the Discharge area of the page, click the calendar icon in the *Discharge Date / Medical Intervention End Date* field and select the date when the intervention or hospitalization ended. The next field's value is automatically calculated by EIM when the *Medical Intervention Information* page is submitted, not when you click the [Save] or [Save & Continue] button to save the page. EIM handles an admission and discharge on the same day as one (1) day; and one day is the minimum length of admission. If the primary category is 'Death' and the date entered into the 'Discharge Date/Medical Intervention End Date' field is more than one day after the 'Primary Category Occurrence Date' on the Verification of Incident Classification screen a validation error message will be displayed.

Enter the discharge diagnosis in the corresponding text box and select **Yes** or **No** as to whether you received discharge instructions. If you select **No** to indicate you did not receive them, you must explain why you entered **No**. Select any of the additional diagnoses that figured into the admission. Note that here is where you can indicate whether one or more of the "fatal four" play a role in this incident. Enter any information not already mentioned in the last field on the page.

Discharge (if the individual is still hospitalized after 30 days, file a report extension)

Discharge Date/Medical Intervention End Date: 

Length of the admission (days):

Discharge Diagnosis:

Did you get the discharge instructions upon discharge?

If no, please explain:

4000 characters remaining

Additional Diagnosis:

You may select more than one option in the checkbox list. 

Aspiration
 Dehydration
 Constipation
 Seizures
 Sepsis
 GERD (Gastroesophageal reflux disease)
 Pressure injury

Add additional information not captured above:

4000 characters remaining

For incident reports with a primary category of Death, the discharge date cannot be more than one day after the occurrence date or EIM will display an error message.

5.2.6 Additional Medical Intervention Information

The *Additional Medical Intervention Information* page gives you a system location to enter further information on the medical interventions (hospitalization, etc.) that the individual undergoes. This page (like the *Medical Intervention Information* page) appears when **Yes** has been selected in the drop-down box *Was there a medical intervention for this individual?* on the *Incident Classification* page and/or *Verification of Incident Classification* page. The *Additional Medical Intervention Information* page appears in any workflow that includes the *Medical Intervention Information* page.

Select in the first drop-down box on the page the time frame that best describes the length of any time that elapsed before the individual could be admitted receiving the medical intervention. Choose whether the delay was **Greater than 24 hours**, **Greater than 48 hours** or **Greater than 72 hours**. This field is mandatory, so if there was no delay, be certain to select **N/A**. If you do need to select a delay value, provide details on the delay and its resolution in the *If yes, please explain* text box.

Additional Medical Intervention Information:

Did the individual experience a delay in admission? *

If yes, please explain:
4000 characters remaining

What changed for this individual after treatment? (Select all that apply):

You should check all the changes that apply to the individual. If you check *No Change*, do not check any other check boxes.

★ Deceased Hospice Care/Palliative Care
 Modification to the ISP New Equipment
 New instructions on when to contact the health care practitioner New instructions received for signs and symptoms
 New Medical Condition New Medication
 New Psychotherapy New Treatment
 Transferred to another facility (e.g. Rehabilitation Hospital or Nursing Home) Wound Care
 No Change

Please explain any new equipment, instructions, medical condition, psychotherapy, treatment or facility:
4000 characters remaining

What location did the individual return to after medical treatment? *

Was the individual, staff, and caregivers trained on care and follow-up instructions? *

If no, please explain:
4000 characters remaining

Check the check boxes of any new conditions, modes of treatment or new treatment admissions that apply to this individual incident (see illustration on previous page). You may select more than one – check all that apply. Be sure to provide all details for each item checked in the *Please explain any new...* text box below the check boxes. Make a selection in the mandatory drop-down box *What location did the individual return to after medical treatment?* that best describes any subsequent facility that admitted the individual. If you choose **Other**, identify the location in the *If no, please explain* text box. Select **Yes** or **No** as needed in the *Was the individual, staff, and caregivers...* drop-down box and explain any **No** response in the *If no, please explain* text box.

Use the fields at the bottom of this EIM page to note the dates of any follow-up appointments that have been made at this stage of the individual incident. Click the Calendar icon of the relevant appointment and select the date. If no follow-up appointments have been made and recorded here, explain why in the *If none, please explain* text box.

| Date of Initial Follow-Up Appointments | |
|--|--|
| Primary Care Practitioner (PCP): | MM/DD/YYYY  |
| Admitting physician: | MM/DD/YYYY  |
| Surgeon: | MM/DD/YYYY  |
| Specialist: | MM/DD/YYYY  |
| Outpatient psychiatrist: | MM/DD/YYYY  |
| Admitting psychiatrist: | MM/DD/YYYY  |
| Home Health Nurse: | MM/DD/YYYY  |
| Wound Care Clinic: | MM/DD/YYYY  |
| Lab Work: | MM/DD/YYYY  |
| Diagnostic Testing: | MM/DD/YYYY  |
| Swallow Study: | MM/DD/YYYY  |
| Other: | MM/DD/YYYY  |
| If none, please explain: <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> <small>4000 characters remaining</small> | |

5.2.7 Additional Information and Optional Categorization

The *Additional Information and Optional Categorization* page gives you a system location to enter additional or updated information about the incident, and it also lets you further categorize the incident.

The instructions and illustrations presented here apply to the page you see when you are working an individual incident. The instructions also note, however, which questions and fields are found – or are not found – on the version of this page that is displayed when you work a site-level incident.

Begin this page by entering any updated or corrected information from the *Incident Description* page in the incident's first section into the text box at the top of this *Additional Information and Optional Categorization* page. Read the label to this text box for guidance on the information to collect and the depth of detail that is asked for. This text box appears in the site-level version of the page.

Choose **Yes** or **No** to answer whether the individual was educated on the circumstances of the incident and provide an explanation of this answer in the mandatory *Please explain* text box. These fields appear in the site-level version of the page.

Select **Yes** or **No** as needed in the *Were services/supports offered to the individual?* and *Did the individual accept the services/supports?* drop-down boxes. Use the *Please clarify* and *What was the outcome...?* text boxes to list and discuss the services and supports offered. In addition, state whether the individual accepted these services and supports and describe the outcome in the corresponding text box.

The *Did the individual accept the services/supports?* drop-down box and the *Please clarify* text box are in the site-level version of the page. They *Were services/supports offered to the individual?* drop-down box and *What was the outcome...?* text box are NOT in the site-level version of the page.

Select **Yes** or **No** as needed in the *Were any changes made to the ISP...?* drop-down box. If you select **Yes**, provide details on whether the team members were trained, etc., on the ISP changes. Check the check boxes of any and all of the services and supports that were offered. You may select more than one – check all that apply. If you choose **Other**, identify the location in the *If other, please explain* text box. If you check the **Not Applicable** check box, do not check any other box. None of these fields or check boxes are in the site-level version of the page.

Select **Yes**, **No** or **N/A** as needed in the *Was Law Enforcement Contacted?* drop-down box. Choose **N/A** if the incident is of a type that does not need to be referred to law enforcement. Enter details on whether law enforcement was contacted and what, if any, action was taken by them. (None of these fields or boxes is in the site-level version of the page.)

The fields in the Optional Categorization area of the *Additional Information and Optional Categorization* page give providers a way to create customizable drop-down box selections to allow them to use their own systems of categorization. The fields here can be used much in the same way as the fields appearing in the Optionally Recordable Event page in the first section. That page, however, does not have a final section, so if you use those fields in that first-section page, this final-section page does not appear.

 **Additional Information and Optional Categorization**

ID: [94004](#) Version: 10 Type: Site Level Incident Primary Category: Site Closure Status: [Open](#)

Individual: **Provider:** PCG ODP EIM PROVIDER THREE
MC: Discovery Date: 08/03/2021

[Expand Details](#)

[Go To](#) Additional Information and Optional Categorization

Additional Information

Please include any updated or corrected information from the Incident Description page of the First section including dates, times, people involved, and relevant details prior to, during, and after the incident. Indicate the current status of the individuals. If law enforcement has been contacted, please list details of actions taken by law enforcement: ★

Explanation

3989 characters remaining

Were the individuals educated on the circumstances around the incident? ★

Please explain: ★

Explanation

3989 characters remaining

Did the individuals accept the services/supports offered? ★

Please clarify:

Explanation

3989 characters remaining

Optional Categorization

Use the following fields to further categorize the incident. These are for Provider internal use only. Providers may develop their own values for the code.

Optional Field 1:

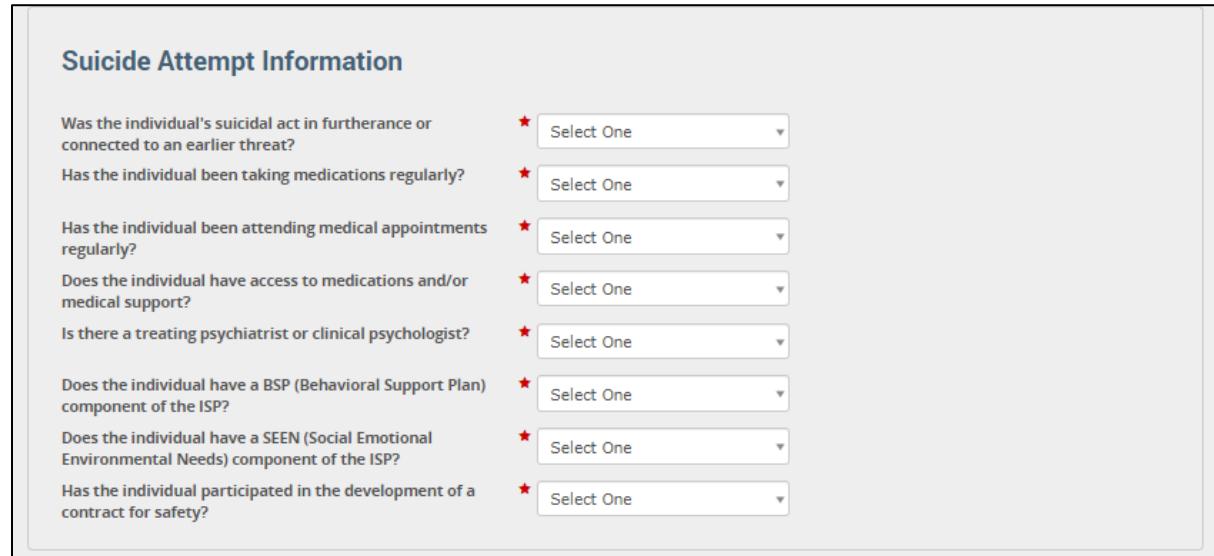
Optional Field 2:

Optional Field 3:

Optional Field 4:

5.2.8 Suicide Attempt Information

The *Suicide Attempt Information* page appears only when the incident primary category is “Suicide Attempt.” This page is very straightforward. All of the fields are mandatory, and the questions are self-explanatory. The possible selections for all the drop-down boxes except the last one is **Yes**, **No** or **Unknown**. **Yes** and **No** are the only selections in the last drop-down box.



The screenshot shows a form titled "Suicide Attempt Information" with eight questions, each with a dropdown menu labeled "Select One". Each question is preceded by a red star indicating it is mandatory. The questions are:

- Was the individual's suicidal act in furtherance or connected to an earlier threat?
- Has the individual been taking medications regularly?
- Has the individual been attending medical appointments regularly?
- Does the individual have access to medications and/or medical support?
- Is there a treating psychiatrist or clinical psychologist?
- Does the individual have a BSP (Behavioral Support Plan) component of the ISP?
- Does the individual have a SEEN (Social Emotional Environmental Needs) component of the ISP?
- Has the individual participated in the development of a contract for safety?

Note: An investigation is mandatory for all suicide attempts (with and without medical intervention).

5.2.9 Preventative Corrective Action

The Preventative Corrective Action page lets you identify one single preventative corrective action that was taken to prevent a recurrence of the incident type being submitted. This EIM page allows you to select one action. If there are additional actions that can be taken to respond to the incident, you may list them in the next page in the workflow, the *Additional Corrective Action* page.

If the primary category of your incident is “Abuse,” “Death,” “Sexual Abuse,” “Neglect,” “Rights Violation,” “Exploitation,” “Serious Injury” or “Suicide Attempt,” *Provider Certified Investigator Report* and *Provider Administrative Review* documents are required. When the *Provider Administrative Review* document is submitted, EIM automatically copies the information in the fields on that page over to this *Preventative Corrective Action* page in this final section. Any data currently entered in this page here is overwritten by the copy-over, and the data copied over and pasted is not editable on this page.

For all other categories, complete the fields on this page as instructed here.

Preventative Corrective Action

Describe the Preventative Action Step that has been taken to prevent reoccurrence of this incident type.

Preventative Corrective Action:

Description of Preventative Corrective Action:

4000 characters remaining

Completed Date:

Responsible Party (First Name):

Responsible Party (Last Name):

Risk Mitigation Plan Details:

4000 characters remaining

Select the single preventative corrective action from the first drop-down box on the page. Describe this action and provide details on the application of the action to this situation. Click the date-picker icon and select the date when the action was completed. You cannot enter a future date in this field because the action must be completed before the final section of the incident can be submitted. There are many other data-conditional constraints built into this page to determine when certain fields become mandatory. These constraints are summarized below.

If the incident is categorized as “Abuse,” “Sexual Abuse,” “Neglect,” “Rights Violation,” or “Exploitation,” AND the provider investigation determination is **Confirmed**, the following fields on this page are mandatory:

- *Preventative Corrective Action*
- *Description of Preventative Corrective Action*
- *Completed Date*
- *Responsible Party - First Name*
- *Responsible Party - Last Name*

If the incident is categorized as “Passive Neglect” or “Self-Neglect,” the fields in the bulleted list above are mandatory. In addition, the Risk Mitigation Plan Details text box appears and is mandatory.

This text box appears on the page only when the incident is categorized as “Passive Neglect” or “Self-Neglect.”

Enter the first and last names of the person who is responsible for performing the preventative action.

5.2.10 Additional Corrective Actions

The *Additional Corrective Actions* page gives you a system location to document additional actions beyond the preventive corrective action that can be conducted to respond to the conditions of the incident.

When the primary category of your incident is “Abuse,” “Death,” “Sexual Abuse,” “Neglect,” “Rights Violation,” “Exploitation,” “Serious Injury” or “Suicide Attempt,” the *Provider Administrative Review* document is required. When the *Provider Administrative Review* document is submitted, EIM automatically copies the information from all of the fields on the *Additional Corrective Actions* page in the *Provider Administrative Review* document over to these same fields on this *Additional Corrective Actions* page in the final section. Data that is already entered on this page is not overwritten by the copy-over, but any data that is copied over and pasted onto this page is not editable.

If the data is not automatically copied over, select **Yes** in the *Is there an additional corrective action for this incident?* drop-down box at the top of the page to open the text fields and the drop-down boxes where you enter the relevant information. Select an action name in the *Additional Corrective Action* drop-down box that best fits the action taken or planned. If none of actions listed here describes the action(s) taken or planned, select **Other** from the drop-down box, and then identify and describe the action in the *Description of Additional Corrective Action* text box.

If you select an action from the drop-down box, describe that action and provide details on the application of the action to this situation in the *Description of Additional Corrective Action* text box. Click the date-picker and select the date when the action was completed or will be completed. You CAN enter a future date in this field on this page.

Enter the first and last names of the person who is responsible for the action you have identified and described in the previous fields.

Click the **[Save]** button to save the data on the first additional corrective action into the table in the middle of the page. To add more actions, enter and select data as described above and click **[Save]**. If you later find you need to edit or delete a record from the table, click the record to fix and then click **[Edit]** or **[Delete]** as needed. Clicking **[Edit]** inserts the record’s data back into the fields, where you can edit and resave it. Clicking **[Delete]** removes the record entirely from the table.

 **Additional Corrective Actions**

ID: [94005](#) Version: 10 Type: Individual Incident Primary Category: Suicide Attempt Status: Open

Individual: [PCG-EIMMR, ADAM](#)
MCI: [987848016](#) Provider: [PCG ODP EIM PROVIDER THREE](#)
Discovery Date: 08/03/2021

Expand Details 

Go To Additional Corrective Actions

Is there an additional corrective action for this incident?  Yes

| Additional Corrective Action - Additional Corrective Action | Expected Completion Date - Additional Corrective Action | Responsible Party First Name - Additional Corrective Action | Responsible Party Last Name - Additional Corrective Action |
|---|---|---|--|
| No Records to display. | | | |

DELETE  **EDIT**  **ADD** 

Additional Corrective Actions

Describe each corrective action step that has been or will be taken in response to the incident and/or investigation including modifications to the individual's plan:

Additional Corrective Action: 

Description of Additional Corrective Action: 

4000 characters remaining

Completed/Expected Completion Date:  

Responsible Party (First Name): 

Responsible Party (Last Name): 

5.2.11 Verification of Provider Information

This page lets you confirm and/or correct the information about the provider and provider service location that were selected in the first section document. Refer to the section "*Provider Information*" for instructions if you need to edit information appearing on this page.

Verification of Provider Information

| | | | | |
|---|-------------|--|-----------------------------------|------------------------------|
| ID: 94005 | Version: 10 | Type: Individual Incident | Primary Category: Suicide Attempt | Status: Open |
| Individual: PCG-EIMMR, ADAM MCI: 987848016 | | Provider: PCG ODP EIM PROVIDER THREE Discovery Date: 08/03/2021 | | |

[Expand Details](#)

[Go To](#) Verification of Provider Information

Provider Information:

Select Provider/Location
SCO Users: Select Only Your Agency's MPI and Service Location Number

| | |
|-------|----------------------------|
| MPI: | 300443509 |
| Name: | PCG ODP EIM PROVIDER THREE |

Provider Service Location Information:

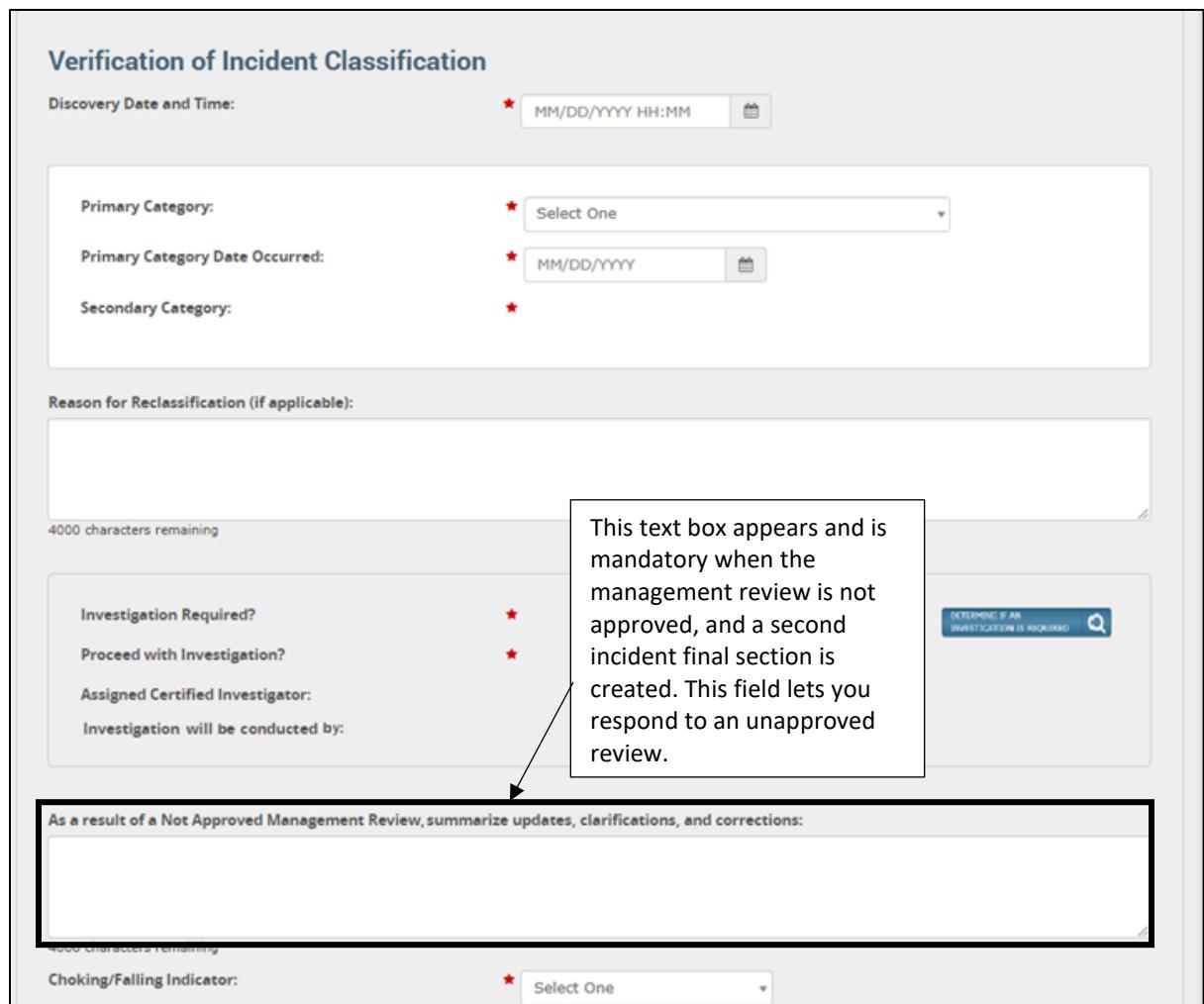
| | |
|---------------------------------|----------------------------|
| Service Location Provider Type: | 03. Extended Care Facility |
| Service Location ID: | 0001 |
| Service Location Name: | Philadelphia Site One |
| Phone: | (717) 555-1212 |
| Email: | EIMPROVIDER3@EMAIL.COM |
| Address Line 1: | 1300 MARKET ST |
| Address Line 2: | |
| Address Line 3: | |
| City: | PHILADELPHIA |
| County: | Philadelphia |
| State: | Pennsylvania |
| Zip Code: | 19107-3323 |

Keep in mind the following stipulations on the providers available for selection:

- When performing a provider search within the incident workflow, the system first returns service locations for authorized services on an individual's plan. If there are none, the system shows all service locations based on the existing consumer/provider relationship.
- EIM does not display the Service Location Specialty field if a service location has overlapping specialties among 520, 521, 522, 456 and/or 524.
- EIM also does not display the Service Location Specialty field if the service location does not offer any one of these specialty codes.

5.2.12 Verification of Incident Classification

The *Verification of Incident Classification* page lets you verify the incident classification and investigation requirements that were captured in the incident first section. If the incident category or investigation requirements have changed, you can make the modifications needed. However, EIM does not allow you to reclassify an incident as a Restraint or Physical Restraint incident on this page.



Verification of Incident Classification

Discovery Date and Time:

Primary Category:

Primary Category Date Occurred:

Secondary Category:

Reason for Reclassification (if applicable):
4000 characters remaining

Investigation Required?

Proceed with Investigation?

Assigned Certified Investigator:
Investigation will be conducted by:

This text box appears and is mandatory when the management review is not approved, and a second incident final section is created. This field lets you respond to an unapproved review.

As a result of a Not Approved Management Review, summarize updates, clarifications, and corrections:
4000 characters remaining

Choking/Falling Indicator:

DETERMINING IF AN INVESTIGATION IS REQUIRED

This page also reports the results of an investigation. When the primary category of your incident is "Abuse," "Death," "Sexual Abuse," "Neglect," "Rights Violation," "Exploitation," "Serious Injury" or "Suicide Attempt," the *Provider Administrative Review* document is required. When the *Provider Administrative Review* document is submitted, EIM automatically copies the information in the *Indicate provider investigation determination* and the associated *Please explain* fields on that page over to these same fields on this *Verification of Incident Classification* page. Any data currently entered in this page here is overwritten by the copy-over, and the data copied over is not editable on this page.

You may use the instructions appearing in the section "*Incident Classification*" as a reference if you wish as you follow the detailed steps given on the next page.

| | |
|---|--|
| <p>Was the incident referred to Child Protective Services (0-17 years of age)? * <input type="button" value="Select One"/></p> <p>Was the incident referred to Adult Protective Services (18-59 years of age)? * <input type="button" value="Select One"/></p> <p>Was the incident referred to Older Adult Protective Services (60+ years of age)? * <input type="button" value="Select One"/></p> <p>If no, please explain: <div style="border: 1px solid #ccc; padding: 5px; height: 100px; width: 100%;"></div> <small>4000 characters remaining</small></p> | <p>When an <i>Administrative Review</i> document is submitted, these entries are copied over from that document. You cannot edit them.</p> |
| <p>Indicate provider investigation determination: <input type="button" value="Select One"/></p> <p>Please explain: <div style="border: 1px solid #ccc; padding: 5px; height: 100px; width: 100%;"></div> <small>4000 characters remaining</small></p> | |
| <p>Has the Individual been notified of the findings and actions taken as a result of the incident as well as the investigation determination, if applicable? <input type="button" value="Select One"/></p> <p>If no, please explain: <div style="border: 1px solid #ccc; padding: 5px; height: 100px; width: 100%;"></div> <small>4000 characters remaining</small></p> | |
| <p>Has the family/guardian/individual's designee been notified of the findings and actions taken as a result of the incident as well as the investigation determination, if applicable? <input type="button" value="Select One"/></p> <p>If no, please explain: <div style="border: 1px solid #ccc; padding: 5px; height: 100px; width: 100%;"></div> <small>4000 characters remaining</small></p> | |
| <p>If no targets were identified, please explain: <div style="border: 1px solid #ccc; padding: 5px; height: 100px; width: 100%;"></div> <small>4000 characters remaining</small></p> | |
| <p>Was there a medical intervention for this individual? * <input type="button" value="Select One"/></p> <p>Incident involves confirmed COVID-19 diagnosis (resulting from a positive test or documentation from a health care practitioner): <input type="button" value="Select One"/></p> | |

The **Discovery Date and Time** entered in the *Incident Classification* page appear here; make any adjustments needed. A time MUST appear in this field to allow you to correctly save the information on this page.

Confirm that the category appearing in the *Primary Category* drop-down box is the category that best describes the incident. Next, click the date picker for the Primary Category Date Occurred and select the date that the incident of this category occurred. EIM does not allow an incident's Primary Category to be reclassified to "*Death*". The *Death Information* screen initially allows the user to change the category to *Death* and perform a Save, an error message will ultimately result when attempting to perform a **Validate** or **Submit** on the Incident Detail screen, because that is where EIM performs screen validations. This is illustrated in the screenshot below.

| Page Name |
|---|
| Witness Information |
| Target Information |
| Notification Information |
| Death Information |
| Additional Information and Optional Categorization |
| Preventative Corrective Action |
| Additional Corrective Actions |
| Verification of Provider Information |
| <input checked="" type="checkbox"/> Verification of Incident Classification |

Errors

Error: Incident cannot be reclassified to Death.

The error message above only occurs after the *Death Information* screen is completed, due to the way EIM processes error messages (meaning EIM will display other "priority" error messages prior to the incident reclassification error message shown above). If users do not complete the *Death Information* screen the error message does not display.

In order to proceed, the user must update the *Verification of Incident Classification* screen back to the original Primary Category so that the *Death Information* screen no longer appears in the Incident Final Section, and then go through normal submission steps for the incident. The user would then link this incident to a new incident that records the death of the individual.

Confirm that the secondary category that appears and its corresponding date are accurate. Also confirm the selection in the *Choking/Falling Indicator* drop-down box. Note and verify the values displayed in the three drop-down boxes relating to protective services.

Select **Yes** or **No** in the drop-down box relating to notifying the individual about findings and actions. If you select **No**, you must explain the reason for your selection in the text box provided. Do the same with the drop-down box and text box associated with notifying the individual's family, guardians, etc.

Yes or **No** was previously selected in the *Were their targets identified?* drop-down box in the *Incident Classification* page. If no targets were identified at that time or since, enter an explanation in the *If no targets were identified, please explain* text box.

Confirm the selection displayed in the *Was there a medical intervention for this individual?* drop-down box.

5.3 Management Reviews and Investigations

The management-review pages are used in different ways in the processes followed by the county, regional and state-center staffs to review and investigate incidents. Presented in this section of this manual are illustrations of these EIM management-review pages, along with discussions of the questions and fields appearing on them. General background on how the questions and fields work is also presented, but scenarios describing specific cases are not given here. Use the table below to find job aids on the Learning Management System (LMS) that cover the specifics of conducting investigations and reviews.

| Job Aid Title | Topic(s) Covered | Job Aid Link Title in LMS |
|---|---|---|
| Management Review Process | Initial Management Review (“24-hour” review) | ODP EIM Mgt Rv Proc |
| Management Review Process | Management Review – (Approved / No Investigation Required) | ODP EIM Mgt Rv Proc |
| Management Review – (Investigation Required) | Management Review – (Investigation Required) | Management Review - Investigation Required |
| Provider Response to a Not Approved Management Review | Steps required whenever an Incident Final Section is marked Not Approved | Provider Response to a Not Approved Management Review Job Aid |

Note: The word “you,” as it is used in the text throughout this manual section relating to reviews and investigations for counties, regions, and state centers, means “you as a user with the role(s) and scope necessary to perform the described function.” It is not meant to imply that you personally can do everything described here; no EIM user has that capability.

5.3.1 Initial Management Review

This *Initial Management Review* page gives you a system location to report and document issues discovered during the initial management review process. The initial management review is focused on reviewing the actions taken to protect the health, safety and rights of the individual as reported in the incident first section. The text box on the *Initial Management Review* page lets you make and save notes about the review process. These notes can be read by other users even if the initial management review document has not been submitted.

The *Initial Management Review* page is to be completed within 24 hours of the date and time of the submission of the incident first section.

These reviews are carried out by both county reviewers and regional reviewers.

Initial Management Review

Were the actions taken to protect the individual's health, safety, and rights prompt and adequate? *

Were the actions taken to protect the individual's health, safety, and rights documented? *

Review Comments:

4000 characters remaining

Select **Yes** or **No** as appropriate from each of the two mandatory drop-down boxes on the Initial Management Review page (illustrated above). If you select **No** in either or both of the drop-down boxes, you must enter an explanation and other comments relating to the review to explain your **No** selection.

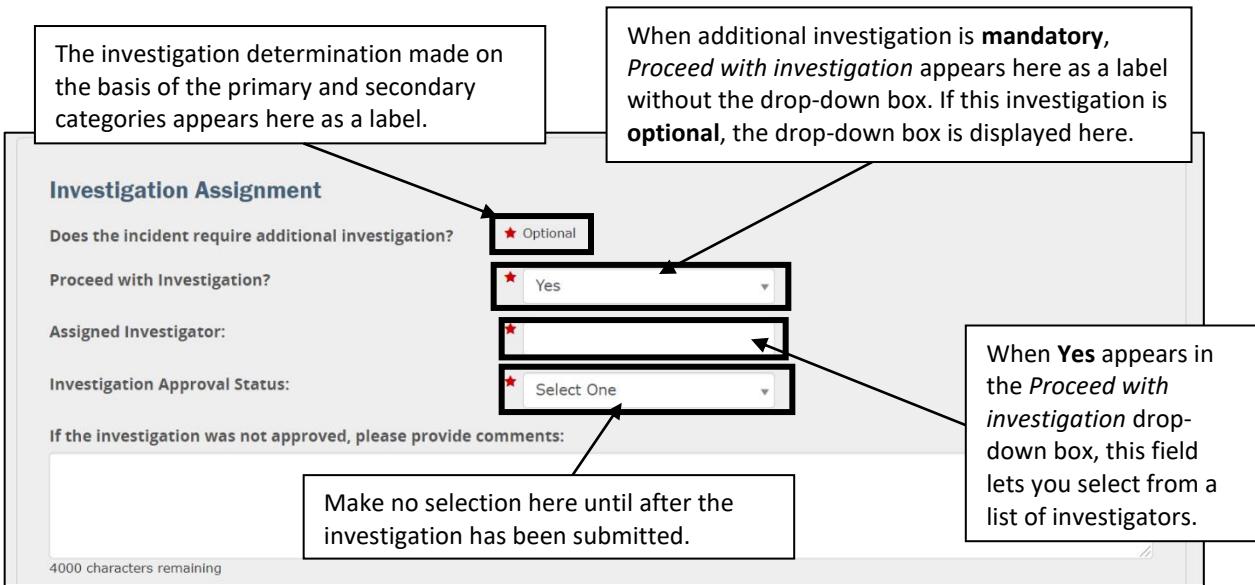
5.3.2 Management Reviews (County, Region, and State Centers)

5.3.2.1 Investigation Assignment

The *Investigation Assignment* page (illustrated on this page and the next) is the first page in the *Management Review* document. On this page, an investigator can be assigned as part of a management review.

EIM automatically determines if an investigation is mandatory, optional, or not allowed, based on the incident's primary and secondary category combinations. When an investigation is mandatory, *Proceed with Investigation?* is displayed as a label on this page, and you must select an investigator from a list of names of users who have the Incident Investigator role. See the callouts in the illustration below for details.

If an investigation is optional or not allowed, you may just click [Save] or [Save and Continue] at the bottom of this *Investigation Assignment* page (illustrated on the next page).



The investigation determination made on the basis of the primary and secondary categories appears here as a label.

When additional investigation is **mandatory**, *Proceed with investigation* appears here as a label without the drop-down box. If this investigation is **optional**, the drop-down box is displayed here.

Investigation Assignment

Does the incident require additional investigation? **Optional**

Proceed with Investigation? **Yes**

Assigned Investigator:

Investigation Approval Status: **Select One**

If the investigation was not approved, please provide comments:

4000 characters remaining

Make no selection here until after the investigation has been submitted.

When **Yes** appears in the *Proceed with investigation* drop-down box, this field lets you select from a list of investigators.

You can decide to proceed with an investigation even if EIM determines that an investigation is optional. To do so, choose **Yes** from the *Proceed with Investigation?* drop-down box, as illustrated above. To assign an investigator, select an investigator's name from the *Assigned Investigator* drop-down box. The *Assigned Investigator* drop-down box appears if you choose **Yes** as described above to proceed with an investigation. In order for the selected investigator to have access to the investigation document, you must click the [Save] or [Save & Continue] button on this page.

After you have made an investigation assignment, or have determined that an investigation is not needed, navigate away from the management review, and return to this page once the investigator has submitted the investigation document.

After a county, regional or state-center investigation has been completed, a review of the investigation can be performed, and the outcome documented on this EIM page. The *Investigation Assignment* screen only needs to be completed for incidents in which an investigation was completed at the county, regional or state-center level.

Do not select **Approved** or **Not Approved** from the *Investigation Approval Status* drop-down box (illustrated on the previous page) until after the investigation has been submitted for review. Reasons for any disapproval must be entered in the comment text field provided. The management review and the Investigation cannot both be marked as **Not Approved** at the same time. In addition, the incident report and the review investigation cannot both be sent back for additional updates at the same time.

Indicate County/Region Investigation Determination:

Has the family/guardian/individual's designee been notified of the outcome of the investigation?

If no, please explain:

4000 characters remaining

Concur with provider investigation?

If no, please explain:

4000 characters remaining

Confirmed, **Not Confirmed** or **Inconclusive** are the possible selections in the *Indicate County/Region Investigation Determination* drop-down box (*Indicate Region Investigation Determination* drop-down box for ODP-BSASP). Select **Yes** or **No** from the *Has the family...* drop-down box. Both of these drop-down boxes are illustrated at the top of the screenshot above.

Explain any **No** selection here in the text box provided. **Yes** and **No** are the possible selections in the *Concur with provider investigation?* drop-down box. This question is intended to make sure that the County/Region investigators do not come to a different determination than the providers. Explain any **No** selection in the *If no, please explain* text box that appears under the drop-down box.

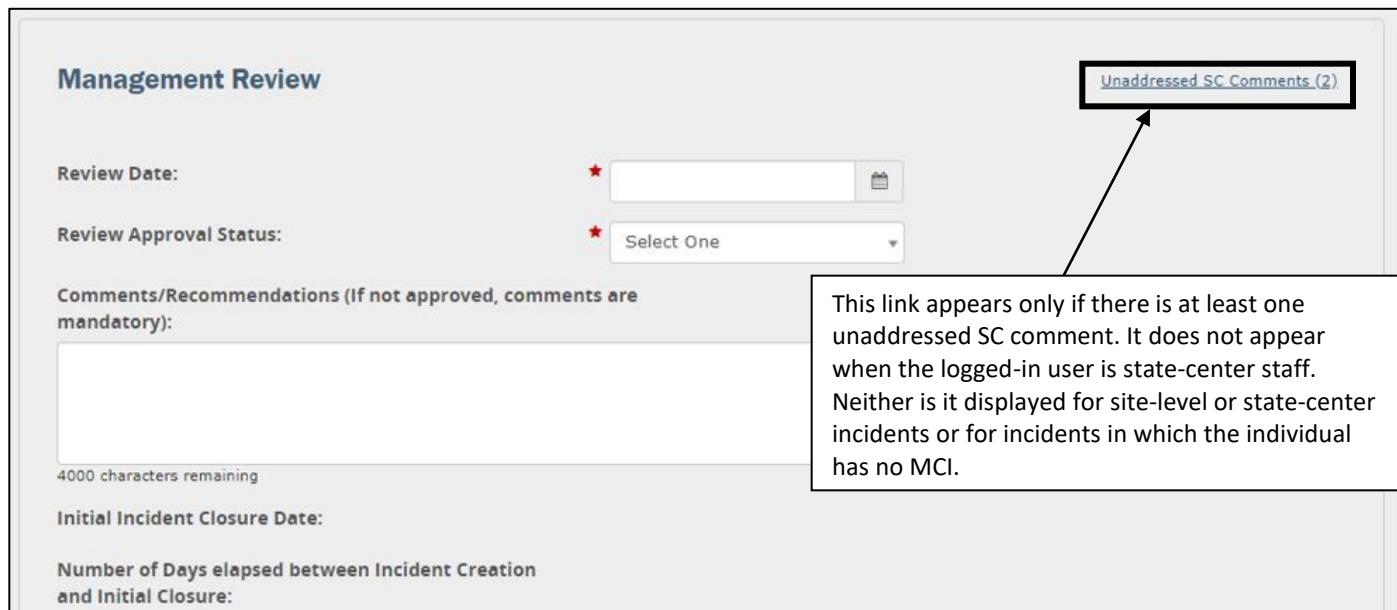
Note: Users must complete both the *Investigation Assignment* page and the *Management Review Information* page in order to not approve a county or regional investigation and to create a new investigation document.

5.3.2.2 Management Review Information

The *Management Review Information* page lets you document the management review information and also mark an incident report as approved or not approved. If the report is not approved, a new final section is generated to be completed for when the management review is submitted.

In addition, a new *Provider Administrative Review* is created when a final section is not approved. And if **Yes** is the selection in the *If not approved, are revisions needed in the Provider Certified Investigator Report?* drop-down box, a new *Provider Certified Investigator Report* and *Provider Administrative Review* are created.

The screenshots on the next several pages depict the *Management Review Information* screens as seen by various EIM users. Labels in the top corners of the screenshots identify the classes of users who view them. Below is a screenshot of the top of a sample *Management Review Information* page. The fields and features in the **top** portion of this page are nearly the same for most ODP-ID/A, OD-BSASP or State-Center users, whether they are county or regional reviewers. Greater differentiation among the users' *Management Review Information* pages is seen in the **bottoms** of this page.



Management Review

Review Date:

Review Approval Status:

Comments/Recommendations (If not approved, comments are mandatory):

4000 characters remaining

Initial Incident Closure Date:

Number of Days elapsed between Incident Creation and Initial Closure:

Unaddressed SC Comments (2)

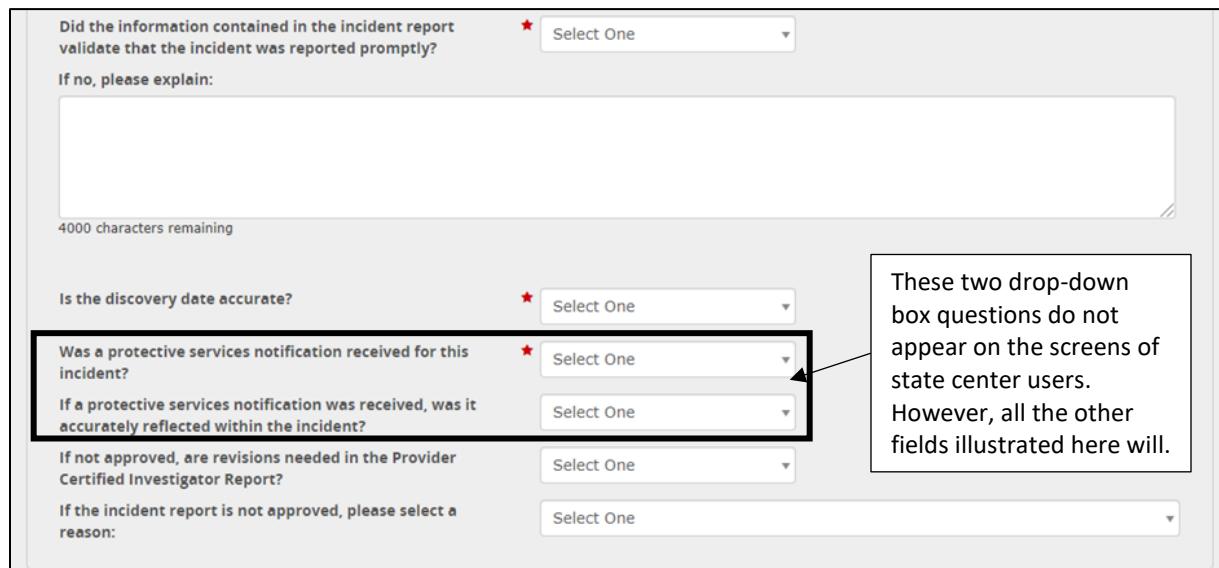
This link appears only if there is at least one unaddressed SC comment. It does not appear when the logged-in user is state-center staff. Neither is it displayed for site-level or state-center incidents or for incidents in which the individual has no MCI.

Refer to the illustration above, which depicts the top portion of the *Management Review Information* page. The fields and features in the top portion of this page are nearly the same for most ODP-ID/A, OD-BSASP or State-Center users, whether they are county or regional reviewers. The only exception is that State-Center users do not see the Unaddressed SC Comments link.

Enter the date when the review began, using the date-picker in the *Review Date* field. Follow the instructions found in the relevant job aid named in the table on page 102 to learn when to make a selection in the *Review Approval Status* drop-down box. As a general rule, you should not enter the status when you are first starting with the review. Enter comments in the *Comments/Recommendations* field as instructed. Note that comments are mandatory when the incident report is not approved.

When the incident is finally closed at the end of the complete incident process, EIM automatically displays the date of the closure in the *Initial Incident Closure Date* field. EIM also calculates the number of days that elapse between the incident creation and closure dates. The date and the number of days that elapsed are displayed as read-only fields on this page.

Go on to the next page of this manual for instructions and discussion of the bottom portion of this same window, as seen by ODP-ID/A county reviewers.



Did the information contained in the incident report validate that the incident was reported promptly? Select One

If no, please explain:

4000 characters remaining

Is the discovery date accurate? Select One

Was a protective services notification received for this incident? Select One

If a protective services notification was received, was it accurately reflected within the incident? Select One

If not approved, are revisions needed in the Provider Certified Investigator Report? Select One

If the incident report is not approved, please select a reason: Select One

These two drop-down box questions do not appear on the screens of state center users. However, all the other fields illustrated here will.

Refer to the illustration above, which depicts the bottom portion of the *page*.

Select **Yes** or **No** in the drop-down box relating to confirming that the primary and secondary categories are correct as they appear in this incident. Select **Yes** or **No** to confirm, or not, that the incident was reported promptly. The *If no, please explain* field allows you to capture any necessary comments. Select **Yes** or **No** in the *Is the discovery date accurate?* drop-down box.

Choose **Yes** or **No** in the drop-down box to answer the question *Was a protective service notification received for this incident?* Select **Yes** or **No** as well to answer whether the notification was accurately reflected in the incident. These two questions are very important for the following reasons.

The EIM system does not force you to disapprove an incident if a protective services notification is not received. However, system validations do prevent you from approving a final section if a protective services notification is received but is not accurately reflected in the incident. If you select **No** as the response to either *Is your discovery date accurate?* or *Was a protective services notification received for this incident?* the review-approval status must be "Not Approved."

Choose **Yes** or **No** in the drop-down box to answer the question *If not approved, are revisions needed in the Provider Certified Investigation Report?*

The drop-down box *If the incident report is not approved, please select a reason* has many possible selections, from which you may choose only one. If you do not see an applicable selection, choose **Other**, but there is not an “*If Other, please specify*” field in which you can identify and explain the reason for the disapproval.

The screenshot shows a portion of the 'Management Review Information' page. At the top, a question asks if the incident primary and secondary categories are correct, with a 'Select One' dropdown. Below it, a question asks if the incident is a result of abuse or neglect, with a required 'Select One' dropdown. A callout box to the right of this field states: 'You are required to indicate whether an incident is the result of Abuse or Neglect. Otherwise, the following error message results during validation: "Error: Incident a result of abuse or neglect - Management Review Information: Response is mandatory"'.

Further down, there are several more 'Select One' dropdowns for questions about protective services notifications, discovery dates, and revisions needed in the Provider Certified Investigator Report. The last dropdown, 'If the incident report is not approved, please select a reason', is also highlighted with a callout box.

Refer to the illustration above, which depicts the bottom portion of the *Management Review Information* page, as seen by ODP-ID/A regional management reviewers.

Select **Yes** or **No** in the question relating to confirming that the primary and secondary categories are correct as they appear in this incident. Select **Yes** or **No** to confirm, or not, that the incident was reported promptly. The *If no, please explain* field allows you to capture any necessary comments. Select **Yes** or **No** in the *Is the discovery date accurate?* drop-down box.

Select **Yes** or **No** to the question, “*Is this incident a result of abuse or neglect?*”. This is a mandatory field.

Choose **Yes** or **No** in the drop-down box to answer the question *If not approved, are revisions needed in the Provider Certified Investigation Report?* Select a reason to respond to why the incident report is not approved.

The remaining drop-down boxes on this page, except the last one, have **Yes** and **No** selections. They all concern departments and agencies that were contacted as part of processing the incident. Select **Yes** or **No** as you need for each entry. The selections in the last drop-down box, *To which agency was a notification made?* are **Local Law Enforcement / Local District Attorney's Office, Office of the Attorney General or Both**.

Refer to the illustration above, which depicts the bottom portion of the *Management Review Information* page.

Select **Yes** or **No** in the question relating to confirming that the primary and secondary categories are correct as they appear in this incident. Select **Yes** or **No** to confirm, or not, that the incident was reported promptly. The *If no, please explain* field allows you to capture any necessary comments. Select **Yes** or **No** in the *Is the discovery date accurate?* drop-down box.

Select **Yes** or **No** to record whether a protective services notification was received for the incident. Choose from the same **Yes** or **No** options to state whether the protective services notification was accurately reflected in the incident document.

Choose **Yes** or **No** in the drop-down box to answer the question *If not approved, are revisions needed in the Provider Certified Investigation Report?* Select a reason to respond to why the incident report is not approved.

The remaining drop-down boxes on this page, except the last one, have **Yes** and **No** selections. They all concern departments and agencies that were contacted as part of processing the incident. Select **Yes** or **No** as you need for each entry. The selections in the last drop-down box, *To which agency was a notification made?* are **Local Law Enforcement / Local District Attorney's Office, Office of the Attorney General or Both**.

Incident Detail page displaying Management Review status of Not Approved:

When an incident document receives a status of not approved, the system marks documents as not approved and creates new documents based on the outcome of the management review.

A **new** incident final section appears with a status of “Created,” and the **earlier** incident final section now shows a status of “Not Approved.” Click the (submitted) County Management Review name link to review the details for the “Not Approved” status.

Incident Detail

ID: [94044](#) Version: 10 Type: Individual Incident Primary Category: Abuse Status: Open

Individual: [PCG-EIMMR, CARTER](#) Provider: [PCG ODP EIM PROVIDER THREE](#)
MCH: [103925821](#) Discovery Date: 08/04/2021

[Collapse Details](#)

| Document Name | Status | Due Date | Action | Created Date | Created By | Last Edit Date | Edited By | Report Extension | Print |
|--|--------------|----------|--------|--------------|---------------------|----------------|------------------------|---|--------------------------|
| Incident First Section | Submitted | 8/5/2021 | | | | 8/4/2021 | Three, Provider | | <input type="checkbox"/> |
| Incident Final Section | Not Approved | 9/3/2021 | | | | 8/4/2021 | Three, Provider |  | <input type="checkbox"/> |
| Provider Certified Investigator Report | Submitted | 9/3/2021 | | 8/4/2021 | Three, Provider | 8/4/2021 | KInvestigator, PCG | | <input type="checkbox"/> |
| Initial County Management Review | Submitted | 8/5/2021 | | 8/4/2021 | Three, Provider | 8/4/2021 | PhiladelphiaCou... PCG | | <input type="checkbox"/> |
| Initial Regional Management Review | Created | 8/5/2021 | | 8/4/2021 | Three, Provider | | | | <input type="checkbox"/> |
| County Management Review | Submitted | 9/3/2021 | | 8/4/2021 | Three, Provider | 8/4/2021 | PhiladelphiaCou... PCG | | <input type="checkbox"/> |
| County Investigation | Submitted | 9/3/2021 | | 8/4/2021 | Philadelphia... PCG | 8/4/2021 | Three, Provider | | <input type="checkbox"/> |
| Provider Administrative Review | Submitted | 9/3/2021 | | | | | | | <input type="checkbox"/> |
| Incident Final Section | Created | 8/4/2021 | | | | | | | <input type="checkbox"/> |
| Provider Certified Investigator Report | Submitted | 9/3/2021 | | 8/4/2021 | Three, Provider | 8/4/2021 | KInvestigator, PCG | | <input type="checkbox"/> |
| Provider Administrative Review | Created | 9/3/2021 | | | | | | | <input type="checkbox"/> |
| County Management Review | Created | 9/3/2021 | | | | | | | <input type="checkbox"/> |

The initial Incident Final Section now shows as "Not Approved."

A new Incident Final Section has been created.

A new County Management Review has been created.

NOTE: EIM also created a new *County Management Review* document for the reviewer to use in the subsequent management review, for the newly added incident final section document.

5.3.3 Follow-Up Actions Taken (Regional Management Review only)

The *Follow-Up Actions Taken* page lets you capture details on any follow-up actions that have been taken as a result of an incident. The only place that this page appears in EIM is as the last page of a regional management review. In addition, this page is constructed like the *Target* or *Witness Information* pages in that selecting **Yes** in the *Were follow-up actions completed as a result of this incident?* drop-down box at the top of the page opens the text fields and the drop-down boxes where you can then enter detailed information on the actions taken.

The screenshot below illustrates a page where **No** is selected from the drop-down box for the mandatory question '*Were follow-up actions completed as a result of this incident?*' If no actions were taken, you select **No** here and then click the [Save & Continue] button.

 **Follow-Up Actions Taken**

| | | | | |
|---|-------------|--|--|------------------------------|
| ID: 93622 | Version: 10 | Type: Individual Incident | Primary Category: Individual To Individual Abuse | Status: Open |
| Individual: PCG-EIMMR, MIKE MCI: 927847067 | | Provider: PCG ODP EIM PROVIDER THREE Discovery Date: 07/22/2021 | | |

[Expand Details](#)

Go To: [Follow-Up Actions Taken](#)

Were follow-up actions completed as a result of this incident? *

[CHECK SPELLING](#) [UNDO CHANGES](#) [SAVE](#) [SAVE & CONTINUE](#)

The screenshot on the next page of this manual illustrates a page where **Yes** is selected from the drop-down for the mandatory question *Were follow-up actions completed as a result of this incident?*

Selecting Yes in the *Were follow-up actions completed as a result of this incident?* opens up additional mandatory drop-down boxes and fields that you must complete. Note that all of the fields on this page are mandatory. Also appearing on the page is a table where you can enter and display information about more than one action taken. Each separate action taken is displayed as a record in the table.

Follow-Up Actions Taken

Operation Successful

| | | | | |
|---|-------------|--|--|--------------|
| ID: 93622 | Version: 10 | Type: Individual Incident | Primary Category: Individual To Individual Abuse | Status: Open |
| Individual: PCG-EIMMR, MIKE MCI: 927847067 | | Provider: PCG ODP EIM PROVIDER THREE Discovery Date: 07/22/2021 | | |

[Expand Details](#)

Go To
Follow-Up Actions Taken

Were follow-up actions completed as a result of this incident?

★
No

| Follow-Up Action - Follow-Up Actions Taken | Description of the Follow-Up Action - Follow-Up Actions Taken | Completed/Expected Completion Date - Follow-Up Actions Taken | Responsible Party (First Name) - Follow-Up Actions Taken | Responsible Party (Last Name) - Follow-Up Actions Taken |
|--|---|--|--|---|
| Issue Violation Report | Description | 08/04/2021 | John | Smith |

DELETE
EDIT
ADD

Follow-Up Actions Taken

| | |
|--|--|
| Follow-Up Action: | ★ <input style="border: 1px solid #ccc; padding: 2px 10px; border-radius: 5px; width: 100%; height: 30px;" type="button" value="Select One"/> |
| Description of the Follow-Up Action: ★ <div style="border: 1px solid #ccc; height: 100px; padding: 5px; margin-top: 5px;"></div> <p>4000 characters remaining</p> | |
| Completed/Expected Completion Date: ★ <input style="width: 100px; border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-right: 10px;" type="text"/> | |
| Responsible Party (First Name): ★ <input style="width: 100px; border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-right: 10px;" type="text"/> | |
| Responsible Party (Last Name): ★ <input style="width: 100px; border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-right: 10px;" type="text"/> | |

The available selections in the *Follow-Up Action* drop-down box are:

- **Department-Certified Incident Investigator**
- **Certified Investigator Peer Review (CIPR) Process**
- **Targeted Technical Assistance**
- **Issue Statement of Findings and Require Corrective Action Plan**
- **Issue Violation Report**
- **Regulatory Sanctions Issued**
- **Other**

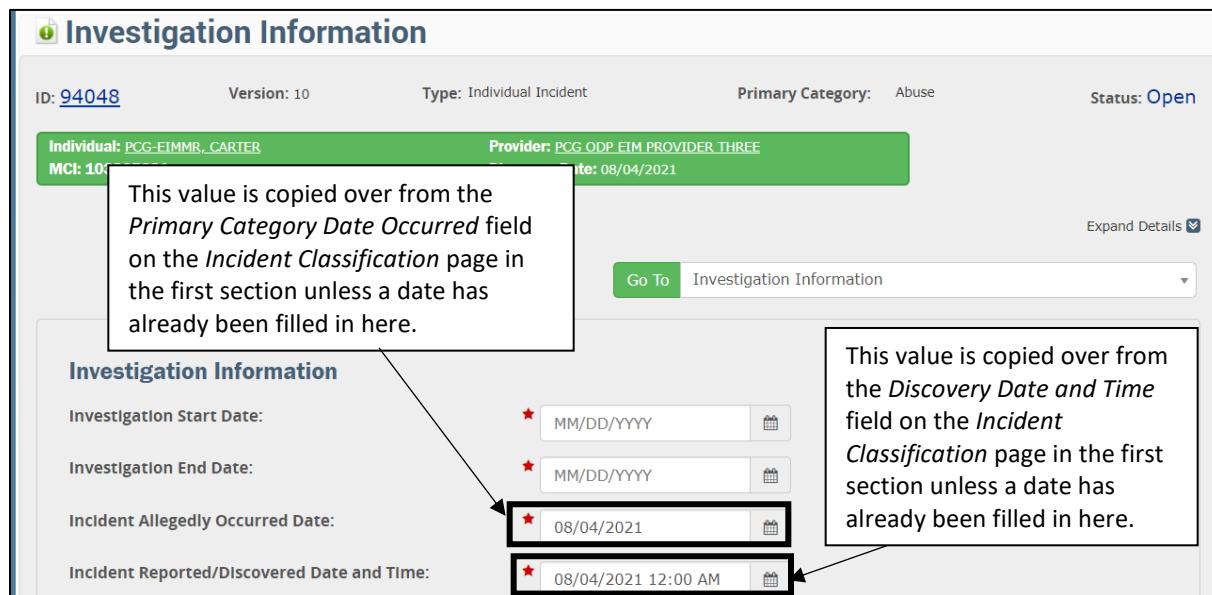
The action must be described in the *Description of the Follow-Up Action* text box. Enter in the date picker the date the action was completed or the date when completion is expected. Enter the first and last names of the person responsible for the action in question. To add additional Follow-up Actions take click the Save button. When finished adding Follow-up Actions Taken click the [Save & Continue] button.

112 | Page

5.3.4 Investigation Information

This *Investigation Information* page provides a location in EIM where you can capture and record information about an investigation. This page is used to collect information in the course of county, regional and state-center investigations and as part of Provider Certified Investigator Reports (Provider CIRs).

See the illustration below of the top portion of this EIM page along with further details and explanations of the fields and questions shown.



Investigation Information

ID: 94048 Version: 10 Type: Individual Incident Primary Category: Abuse Status: Open

Individual: PCG-EIMMR, CARTER Provider: PCG ODP EIM PROVIDER THREE
MCI: 10 Date: 08/04/2021

This value is copied over from the *Primary Category Date Occurred* field on the *Incident Classification* page in the first section unless a date has already been filled in here.

Investigation Information

Investigation Start Date:

Investigation End Date:

Incident Allegedly Occurred Date:

Incident Reported/Discovered Date and Time:

This value is copied over from the *Discovery Date and Time* field on the *Incident Classification* page in the first section unless a date has already been filled in here.

Provide the dates when the investigation began and concluded using the date-pickers in the first two fields on this page. These dates are mandatory.

The date in the *Incident Allegedly Occurred Date* field may have automatically been copied over from the *Primary Category Date Occurred* field and is to reflect the date that the investigation revealed that the incident allegedly occurred. The date and time in the *Incident Allegedly Reported/Discovered Date and Time* field may have automatically been copied over from the *Discovery Date and Time* and is to reflect the date and time when the investigation revealed the incident was reported or discovered.

If these dates and time have not already been copied over, select these dates and time in these two fields when the incident was reported or discovered.

Illustrated and explained on the next page of this manual is the rest of this *Investigation Information* page, as it appears for ODP-ID/A and ODP-BSASP reviewers.

Select a date and time in the date and time picker in this *Investigator Date and Time* field to indicate exactly when the investigator was assigned to this incident. If the investigator was assigned more than 24 hours after the discovery date, explain the reason for the delay in the relevant text box (illustrated below). In the *Information Provided to the Investigator...* text box, detail the information

provided to the investigator at the time the investigator was assigned. In the *Investigatory question(s)*... text box, lay out the investigatory questions that must be addressed.

| | |
|--|---|
| Investigator Assigned Date and Time: | * <input type="text" value="MM/DD/YYYY HH:MM"/>  |
| If the investigator was assigned more than 24 hours after the discovery date, then please explain: <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> 4000 characters remaining | |
| Information provided to the investigator at the time of the assignment: * <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> 4000 characters remaining | |
| Investigatory questions that must be answered by the investigation: * <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> 4000 characters remaining | |
| Did the investigator visit the scene of the incident? | * <input type="button" value="Select One"/> |
| Date and Time of the visit: | <input type="text" value="MM/DD/YYYY HH:MM"/>  |
| Please explain why the scene was not visited (If no or scene unavailable/unknown): <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> 4000 characters remaining | |
| Briefly describe how potential witnesses were identified: <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> 4000 characters remaining | |

Select **Yes, No or Site Unavailable/Unknown** in the drop-down box *Did the investigator visit the site of the incident?* Note the date and time of any site visit made using the date-and-time picker. If the investigator did not visit the site of the incident, explain why not in the *Please explain why the site was not visited...* field. The last large text box on this page is where you may record how any potential witnesses were identified.

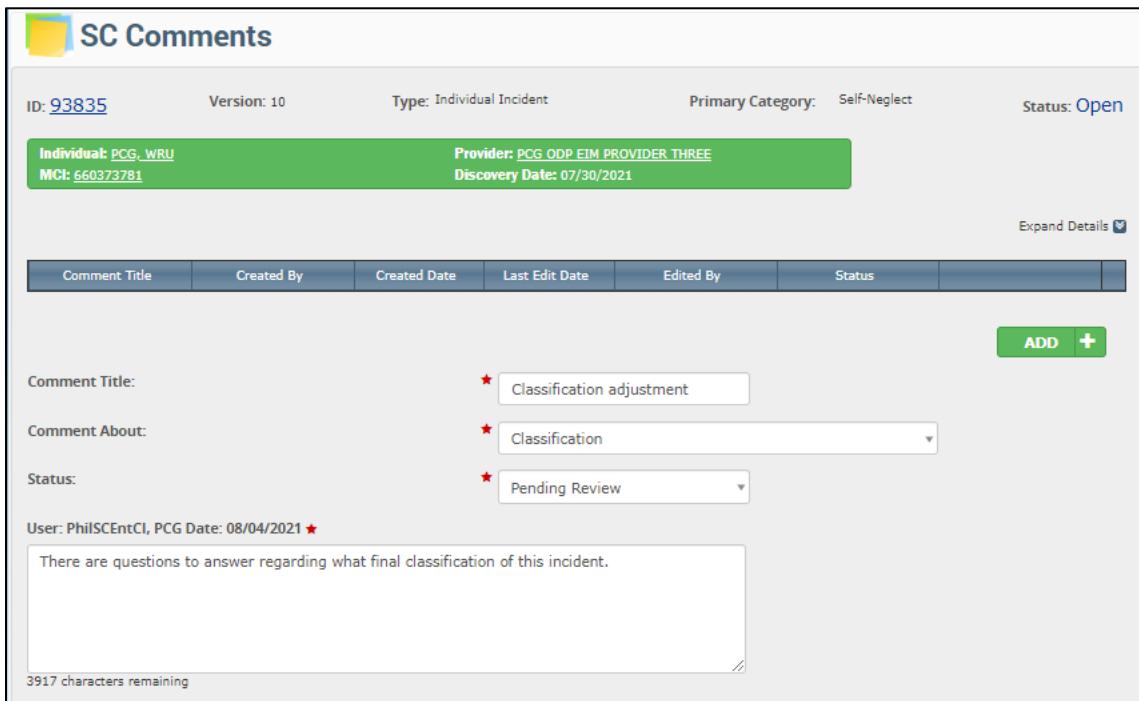
6. SC Comments

6.1 Overview of SC Comments

Using the *SC Comments* screen in EIM, supports coordinators are able to communicate comments or concerns about an incident to management reviewers. The management reviewers then must review and take appropriate actions to address these comments and concerns. Management reviewers at county/AE or regional offices review these comments to return them to the SC originator for updating, or to consider them as addressed. There are different ways in EIM to access these comments. This “*SC Comments*” section of this user manual explains the EIM-system functioning of the SC comments feature and all the possible steps involved in working with SC comments.

Note: The SC comments function works only with individual incidents. SC comments cannot be created for site-level incidents, state-center incidents, abbreviated incidents (e.g., restraint or medication -error incidents) or incidents for individuals without MCIs.

A sample *SC Comments* page is illustrated below.



| Comment Title | Created By | Created Date | Last Edit Date | Edited By | Status |
|---------------|------------|--------------|----------------|-----------|--------|
|---------------|------------|--------------|----------------|-----------|--------|

Comment Title: *

Comment About: *

Status: *

User: PhilSCEntCI, PCG Date: 08/04/2021 *

There are questions to answer regarding what final classification of this incident.

3917 characters remaining

The table below explains who can work with SC comments and any constraints on their use.

| User's Organization and Identity | SC Comment Capability | Notes |
|---|---|--|
| Supports coordinators and supports coordinator supervisors | <ul style="list-style-type: none"> SCs and SC supervisors enter SC comments. Supports coordinators in the SCO of record in HCSIS who enter comments have their usernames appear above the comments in the screen and in the table of details. | <ul style="list-style-type: none"> All SCs from the commenting SCO are able to provide and access their SCO's comments. When an individual is being transferred from one SCO to another, and their incident with comments has a status of "In Progress," both the sending and the receiving SCs may enter comments, as long as the Management Review has not been submitted. <p>The comments of sending and receiving SCs are identified by their usernames, which appear above the comments and in the comment detail table. Sending and receiving SCs may comment until the incident is closed, at which point the sending SC may no longer comment.</p> |
| ODP-ID/A county staff ODP-ID/A Administrative Entity staff | <ul style="list-style-type: none"> These staff people review entered SC comments on ODP-ID/A incidents and may delete SC comments from an incident. Only AEs can enter comments for incidents concerning individuals without an SC assigned at the time the incident was created. | Any deletion of an SC comment should be explained in the text of the comment itself. |
| ODP-ID/A regional staff | <ul style="list-style-type: none"> These staff people only have read-only rights to view entered SC comments. These staff people also may delete SC comments from an incident. | <ul style="list-style-type: none"> These staff people can view the SC Comments page, but all of the information displayed is read-only. Any deletion of an SC comment must be explained in the text of the comment itself. |
| ODP-ID/A state staff | <ul style="list-style-type: none"> These staff people only have read-only rights to view entered SC comments. | These staff people can view the SC Comments page, but the information displayed is read-only. |
| ODP-BSASP regional staff | These staff people review entered SC comments on ODP-BSASP incidents and may delete SC comments from an incident. | Any deletion of an SC comment should be explained in the text of the comment itself. |
| ODP-BSASP state staff | These staff people only have read-only rights to view entered SC comments. | These staff people can view the SC Comments page, but the information displayed is read-only. |
| Providers | Providers cannot enter or view SC comments. | |
| State-Center staff | State-Center staff cannot enter or view SC comments. | State-center users can tell whether SC comments exist for an incident from the number that appears on the [SC Comments] button on the Incident Detail page. |

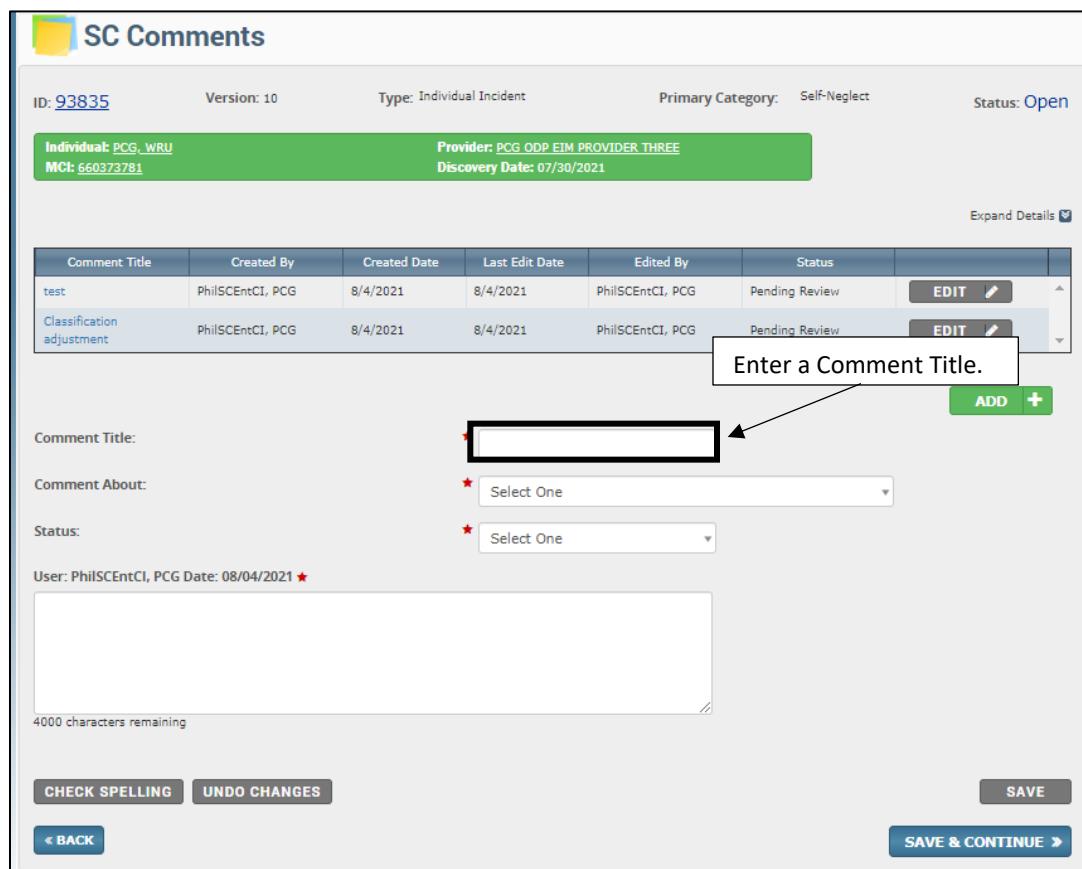
6.2 Entering and Saving SC Comments

Note: The instructions presented in this section 6.2 are written from the viewpoint that you are a supports coordinator following these steps to enter a comment.

1. Open the *Incident Detail* page for the incident in question and find the [SC Comments] button. The [SC Comments] button appears on an *Incident Detail* page after the incident first section is successfully submitted. This button is marked by a red border in the illustration below. The button is dynamic, and the number it displays in brackets indicates the number of SC comments already entered for this incident. If you see no number, comments have not yet been entered.



2. Click the button to open the EIM page titled *SC Comments*. Illustrated below is a sample *SC Comments* page.
3. Enter a title for the comment in the *Comment Title* field. The title should be descriptive and unique so it cannot be confused with other comments.



SC Comments

| Comment Title | Created By | Created Date | Last Edit Date | Edited By | Status | Actions |
|---------------------------|------------------|--------------|----------------|------------------|----------------|-----------------------|
| test | PhilSCEntCI, PCG | 8/4/2021 | 8/4/2021 | PhilSCEntCI, PCG | Pending Review | <button>EDIT</button> |
| Classification adjustment | PhilSCEntCI, PCG | 8/4/2021 | 8/4/2021 | PhilSCEntCI, PCG | Pending Review | <button>EDIT</button> |

Comment Title: Enter a Comment Title.

Comment About:

Status:

User: PhilSCEntCI, PCG Date: 08/04/2021

4000 characters remaining

CHECK SPELLING **UNDO CHANGES** **SAVE** **BACK** **SAVE & CONTINUE**

4. Select the value you need from the *Comment About* drop-down box. The list of items in the drop-down box describes common areas where concerns may arise. If you select **Other** from the *Comment About* drop-down box, explain your reasons for this selection in the body of the comment itself in the text box.
5. Select **Pending Review** in the *Status* drop-down box. This selection signals the system that this comment needs to be reviewed by a reviewer with a county or other entity.
6. Enter your desired comment in the large text box that is on the left side of the *SC Comments* page on the screen. Your system username and the date you are entering the comment appear above this field as identifiers.

SC Comments

ID: [93835](#) Version: 10 Type: Individual Incident Primary Category: Self-Neglect Status: Open

| Comment Title | Created By | Created Date | Last Edit Date | Edited By | Status | EDIT |
|---------------------------|------------------|--------------|----------------|------------------|----------------|----------------------|
| test | PhilSCEntCI, PCG | 8/4/2021 | 8/4/2021 | PhilSCEntCI, PCG | Pending Review | EDIT |
| Classification adjustment | PhilSCEntCI, PCG | 8/4/2021 | 8/4/2021 | PhilSCEntCI, PCG | Pending Review | EDIT |

Comment Title: Select a Comment About from the drop-down list.

Comment About: Select a Status from the drop-down list.

Status:

User: PhilSCEntCI, PCG Date: 08/04/2021 *

There are questions regarding the final classification of this incident.

3928 characters remaining

CHECK SPELLING **UNDO CHANGES** **SAVE** **SAVE & CONTINUE** **BACK**

7. Click [Save] to save your entries. The page is refreshed, and it looks much like the illustration shown at the top of the next page. Some information you entered for the comment appears in the small table in the middle of the *SC Comments* page. The date when the comment was created appears, along with the date the comment was last edited and by whom. Information on this SC comment and possible subsequent comments is collected in this table. Click a Comment Title link in the first column to view the details for the comment appearing in that row of the table.

The next steps of this process are conducted by the relevant management reviewer. Go on to the next page of this manual section to familiarize yourself with the different events in EIM that happen when an SC comment is saved.

SC Comments

Operation Successful

ID: [93835](#) Version: 10 Type: Individual Incident Primary

Individual: PCG, WRU
MCI: [660373781](#) Provider: PCG ODP EIM PROVIDER THREE
Discovery Date: 07/30/2021

Expand Details

| Comment Title | Created By | Created Date | Last Edit Date | Edited By | Status | EDIT |
|---------------------------|----------------|--------------|----------------|----------------|----------------|-------------|
| Adjustment | PhilSEnCI, PCG | 8/4/2021 | 8/4/2021 | PhilSEnCI, PCG | Pending Review | EDIT |
| test | PhilSEnCI, PCG | 8/4/2021 | 8/4/2021 | PhilSEnCI, PCG | Pending Review | EDIT |
| Classification adjustment | PhilSEnCI, PCG | 8/4/2021 | 8/4/2021 | PhilSEnCI, PCG | Pending Review | EDIT |

Comment
Clicking [Save] enters your comment information in this table and clears the fields and drop-down boxes on the page.

Comment

Status:

User: PhilSEnCI, PCG Date: 08/04/2021 *****

4000 characters remaining

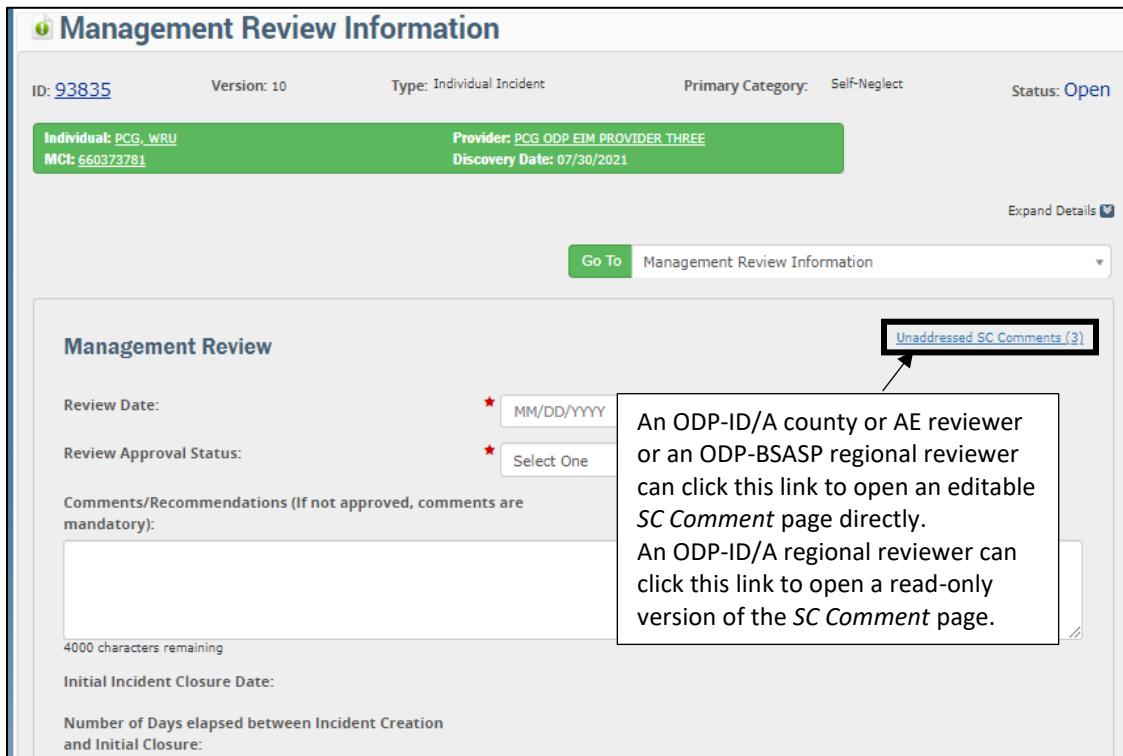
ADD **+**

When a new comment is first saved, the following events occur in EIM:

1. An Unaddressed SC Comments hyperlink appears on the incident's *Management Review Information* page for some reviewer users. Clicking this link opens the *SC Comments* page and displays the reviewers' fields. See the section "*Reviewing SC Comments*."
2. An SC Comments tab appears on the Dashboard. On this tab is information that helps users find and work SC comments. See the section "*Working with SC Comments in the My Workload Dashboard*."
3. An alert via EIM and via email is sent to a reviewer as a prompt for the reviewer to seek out the SC comment. See the section "*Using SC Comment Alerts in the My Workload Dashboard*."

6.3 Reviewing SC Comments

When a comment is entered for an incident, the *Management Review Information* page for that incident displays a link: Unaddressed SC Comments (#) (marked in the illustration below by a red border). The number in parentheses in the link indicates the number of unaddressed comments for the incident. The incident must have at least one unaddressed comment for the link to appear. If no unaddressed comments exist for the incident, the link does not appear.



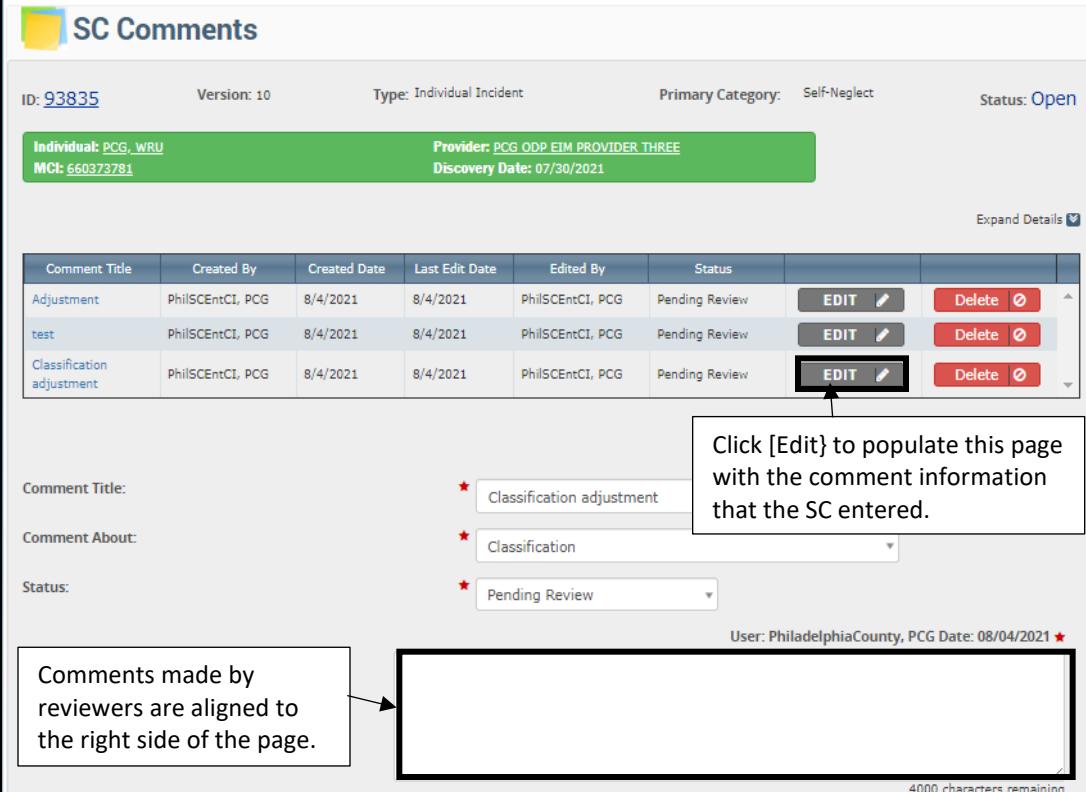
The screenshot shows the 'Management Review Information' page for incident ID 93835. The 'Management Review' section contains fields for 'Review Date' (MM/DD/YYYY) and 'Review Approval Status' (Select One). A large text area for 'Comments/Recommendations' is present, with a note that comments are mandatory. To the right of this area, a callout box provides instructions for ODP-ID/A county or AE reviewers and ODP-BSASP regional reviewers. At the top of the page, a green bar displays 'Individual: PCG, WRU' and 'Provider: PCG ODP EIM PROVIDER THREE'. The 'Discovery Date' is listed as 07/30/2021. The status is shown as 'Open'. A link 'Unaddressed SC Comments (3)' is highlighted with a red box and an arrow pointing to it.

Note: The instructions presented in the rest of this section 6.3 are written from the viewpoint that you are an ODP-ID/A county / AE reviewer, or an ODP-BSASP regional reviewer who is following these steps to review a comment.

ODP-ID/A regional reviewers can click the link on the *Management Review Information* page to open a read-only version of the corresponding *SC Comment* page.

1. Click the link that appears on the *Management Review Information* page. An *SC Comments* page with blank fields appears (illustrated below). Your username and the current date appear above the large text-entry field where you are to enter your comment. The *Comment Title*, *Comment About* and *Status* fields are blank, but comment information that was saved by the SC appears in the small table in the middle of the page.
2. Click the [Edit] button in the table (illustrated above) for the comment you want to edit, and all the comment data that the SC entered is displayed in the fields on the screen, as illustrated at the top of the next page. The SC's comments appear in a field aligned to the **left side** of the *SC Comments* page. The text of these SC comments has been "locked down"

and appears as read-only text. Neither SCs nor reviewers can alter the comments after they have been saved.



SC Comments

ID: 93835 Version: 10 Type: Individual Incident Primary Category: Self-Neglect Status: Open

Individual: PCG_WRU Provider: PCG ODP EIM PROVIDER THREE
MCI: 660373781 Discovery Date: 07/30/2021

Comment Title: Classification adjustment

Comment About: Classification

Status: Pending Review

User: PhiladelphiaCounty, PCG Date: 08/04/2021

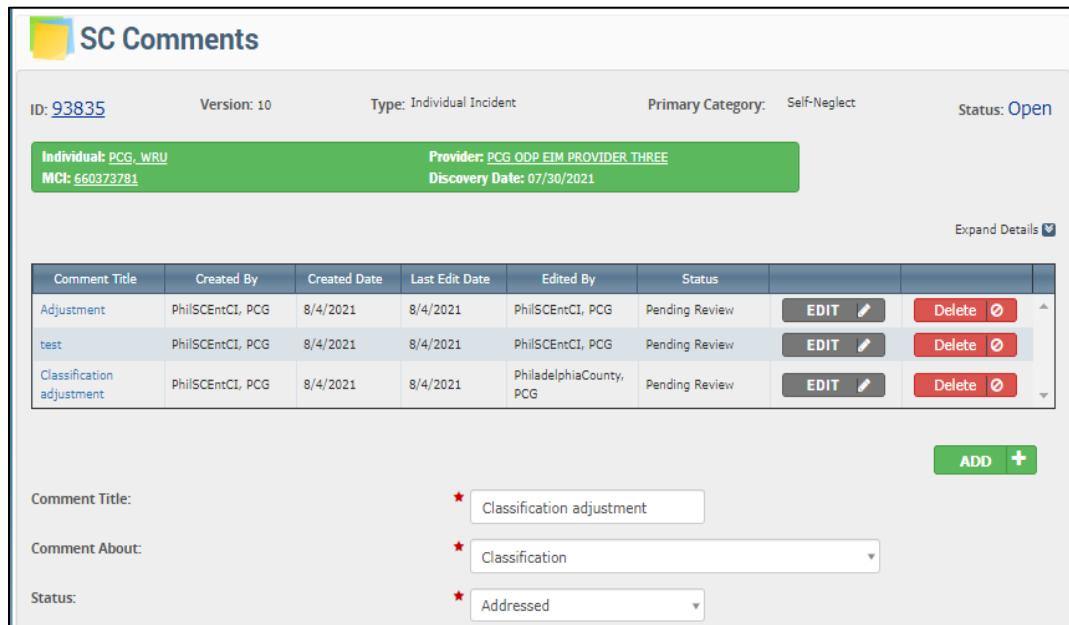
Comments made by reviewers are aligned to the right side of the page.

4000 characters remaining

3. Enter your comments as a reviewer in the large field that is aligned to the **right side** of the page. The first three fields are editable and display the values that the SC entered and selected. Note that the *Status* drop-down box includes the selection **Addressed**, which is a selection that is not available for the SC to pick. Only ODP-ID/A county / AE reviewers or ODP-BSASP regional reviewers have the **Addressed** status available to assign. See Step 6B below for more information.
4. Confirm that the title appearing in the *Comment Title* field is accurate in describing the comment and is unique. If the title needs to be changed, you may change it, but you must enter an explanation for your change in the comment text-box field that is on the right side of the SC Comments page.
5. Confirm that the value in the *Comment About* drop-down box is accurate. Should it require revision, a new value should be selected. When a new value or **Other** is selected from this drop-down box, enter details on the reason for selecting a new or different value in the body of the comment text box.
6. Review the SC's comment and assess whether you can address the concern expressed or not. Then follow one of these two options, A or B.
 - A. If you believe you need more information on the comment before marking it "Addressed," enter any requests in your comment field and change the status in the

Status drop-down box to **Pending SC Updates**. This selection permits SCs to enter additional corrective updates to this comment. The result of this option is illustrated at the top of the next page.

B. If you believe that you can address the concerns or issues, you MUST enter a comment and change the selection in the *Status* drop-down box to **Addressed**.



| Comment Title | Created By | Created Date | Last Edit Date | Edited By | Status | | |
|---------------------------|------------------|--------------|----------------|-------------------------|----------------|----------------------|------------------------|
| Adjustment | PhilSCEntCI, PCG | 8/4/2021 | 8/4/2021 | PhilSCEntCI, PCG | Pending Review | EDIT | Delete |
| test | PhilSCEntCI, PCG | 8/4/2021 | 8/4/2021 | PhilSCEntCI, PCG | Pending Review | EDIT | Delete |
| Classification adjustment | PhilSCEntCI, PCG | 8/4/2021 | 8/4/2021 | PhiladelphiaCounty, PCG | Pending Review | EDIT | Delete |

Comment Title: *

Comment About: *

Status: *

7. Click [Save] at this point to save these entries. The Operation Successful message appears, the entry in the small table remains, and the four fields are blank. The SCs may then respond to your comments. This back-and-forth process repeats itself until the reviewer can mark the SC comments with the status of "Addressed."

Note: Selecting **Addressed** and saving the comment information you must enter "locks" the entire comment to prevent SC users from making further updates. Comments cannot be unlocked, so if an SC needs to revise a locked comment (assuming the final section has not been approved), a new comment must be entered and must make its way through the process.

Note: EIM does not let you submit a management review until ALL SC Comments entered for the incident have been marked as "Addressed." This "hard stop" in the system applies to the County Management Review for ODP-ID/A and to the Incident Management Review for BSASP.

6.4 Deleting SC Comments

ODP-ID/A county / AE users, ODP-ID/A regional users and ODP-BSASP regional users are permitted to delete comments that are in process as long as the comments do not have the **Addressed** status. Reasons for the deletion must be provided in a comment text box. State and regional users can see SC comments with a status of **Deleted**.

To delete a comment:

1. Open the individual incident that has the comment to delete and click the [SC Comments] button on the *Incident Detail* screen for that incident. The *SC Comments* page opens.



2. Find the row in the table in the *SC Comments* page that has the comment to delete.
3. Find the [Edit] button in that row in the small table and click the button. The screen refreshes to show the data entered for this comment (illustrated below). All the back-and-forth steps of the commenting process are displayed on the screen.
4. Enter the explanation for deleting the SC comment in the relevant comment text box. Be sure to enter a justification. Do not delete a comment without entering an explanation.
5. Click the [Delete] button. All the comment entries and other information entered and selected are IMMEDIATELY deleted from the screen. You do not see a dialog box or other message asking you to confirm the deletion before the deletion occurs. An “Operation Successful” message appears at the top of the screen. The screen displays a “fresh” page where all the fields are blank.

SC Comments

| ID: | 93835 | Version: | 10 | Type: | Individual Incident | Primary Category: | Self-Neglect | Status: | Open |
|--|------------------|--------------------------------------|----------------|----------------------------|---------------------|--|--|---------|------|
| Individual: PCG_WRU | | Provider: PCG-ODP EIM PROVIDER THREE | | Discovery Date: 07/30/2021 | | | | | |
| MCI: 660373781 | | | | | | | | | |
| Expand Details  | | | | | | | | | |
| Comment Title | Created By | Created Date | Last Edit Date | Edited By | Status | | | | |
| Adjustment | PhilSCEntCI, PCG | 8/4/2021 | 8/4/2021 | PhilSCEntCI, PCG | Pending Review | EDIT  | Delete  | | |
| test | PhilSCEntCI, PCG | 8/4/2021 | 8/4/2021 | PhilSCEntCI, PCG | Pending Review | EDIT  | Delete  | | |
| Classification adjustment | PhilSCEntCI, PCG | 8/4/2021 | 8/4/2021 | PhiladelphiaCounty, PCG | Pending Review | EDIT  | Delete  | | |

Comment Title:

Comment About:

Status:

Enter the justification for the deletion in the comment box before you click the [Delete] button.

Click the [Delete] button for the comment you need to delete. The comment is immediately deleted.

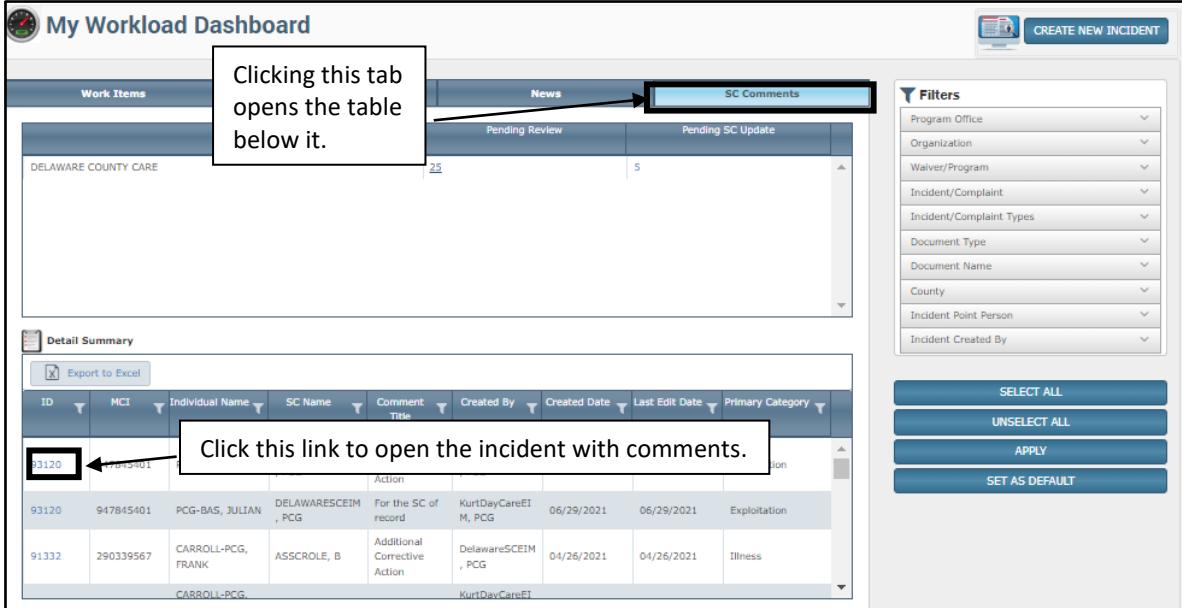
User: PhiladelphiaCounty, PCG Date: 08/04/2021

Enter the justification for the deletion of the comment here

3940 characters remaining

Note: Only state and regional users can see SC comments with a status of Deleted. Below is a sample view of a deleted SC comment as seen by an ODP-ID/A regional reviewer, who has only read-only permissions to the *SC Comments* page.

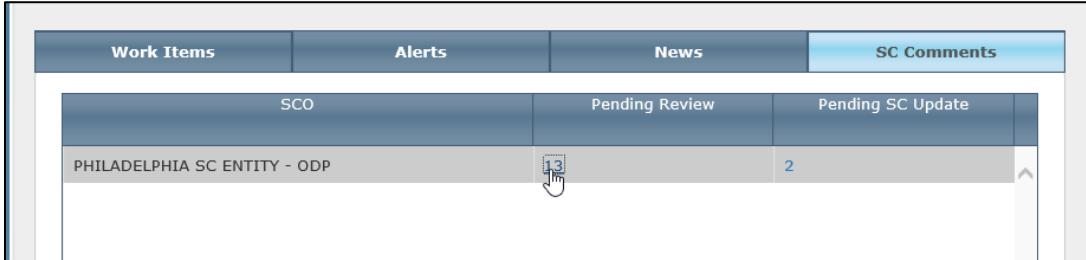
6.5 Working with SC Comments in the My Workload Dashboard



The screenshot shows the 'My Workload Dashboard' interface. At the top, there are tabs: 'Work Items', 'Alerts', 'News', and 'SC Comments'. The 'SC Comments' tab is highlighted with a blue box and a callout bubble. Below the tabs is a table with two columns: 'Pending Review' (25) and 'Pending SC Update' (5). The main area shows a 'Detail Summary' table with columns: ID, MCI, Individual Name, SC Name, Comment Title, Created By, Created Date, Last Edit Date, and Primary Category. A specific row for incident ID 93120 is highlighted with a blue box and a callout bubble containing the text 'Click this link to open the incident with comments.' The table also includes a 'Action' column with a link for each row. To the right of the table is a 'Filters' section with dropdowns for Program Office, Organization, Waiver/Program, Incident/Complaint, Incident/Complaint Types, Document Type, Document Name, County, Incident Point Person, and Incident Created By. Below the filters are buttons for 'SELECT ALL', 'UNSELECT ALL', 'APPLY', and 'SET AS DEFAULT'.

An SC Comments tab has been added to the My Workload Dashboard, alongside the Work Items, Alerts and News tabs (see illustration above). This SC Comments tab is accessible only by SCs and County/AEs for ODP-ID/A, and by SCs and regional staff for ODP-BSASP.

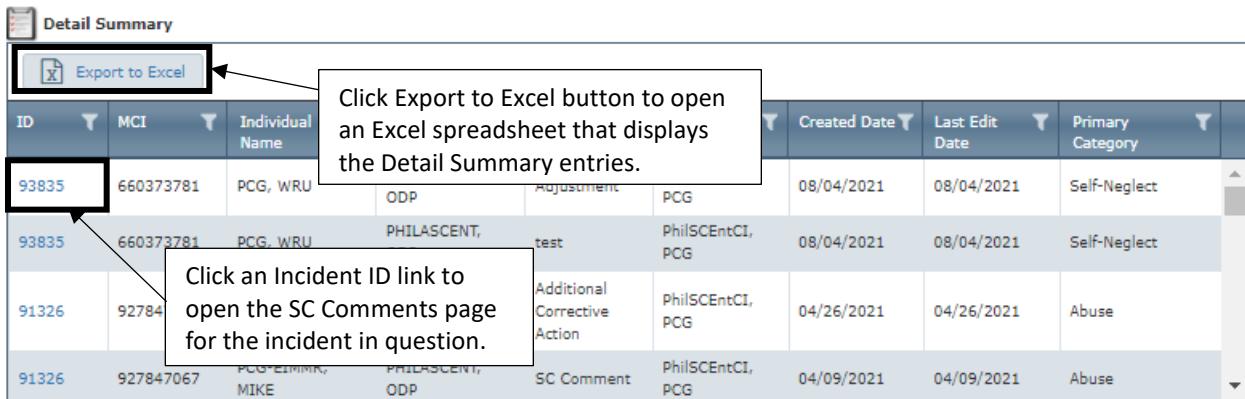
Click the SC Comments tab to open a table that displays data as described below. Refer to the detail screenshot below.



The screenshot shows the 'SC Comments' tab selected. The table has three columns: 'SCO' (containing 'PHILADELPHIA SC ENTITY - ODP'), 'Pending Review' (containing '13'), and 'Pending SC Update' (containing '2'). A hand cursor is pointing at the 'Pending Review' cell.

- The first column of the table (SCO) shows the names of the supports coordination organizations that have at least one incident with an SC comment that requires the attention of an SC or a management reviewer. The SCO and SC names that appear in separate rows in this tab are the names of the SCOs and SCs who created the incidents.
- The second column (Pending Review) shows the total number of the SCO's comments with the status **Pending Review** that the AEs for ODP-ID/A, ODP-ID/A county staff or regional staff for ODP-BSASP must review.
- The third column (Pending SC Update) shows the total number of the SCO's comments with the status **Pending SC Update** that the SCs must revise.

The SC Comments tab functions much like the Work Tab. Click a number link in the Pending Review column (as shown by the mouse pointer in the detail illustration on the previous page) or Pending SC Update column to open a display of the associated detail information in the Detail Summary panel of the dashboard (illustrated below).



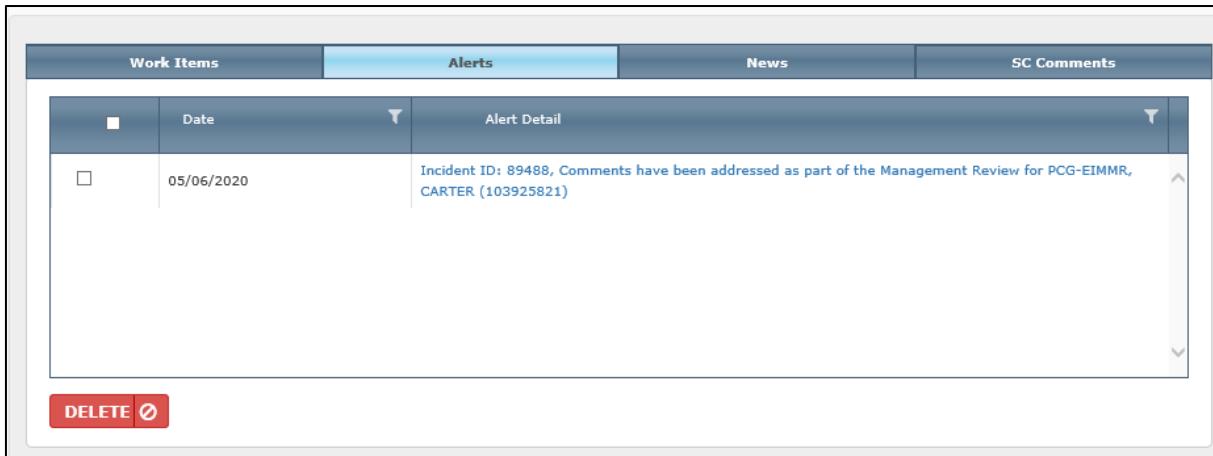
| ID | MCI | Individual Name | ODP | Adjustment | PCG | Created Date | Last Edit Date | Primary Category |
|-------|-----------|-----------------|------------------|------------------------------|------------------|--------------|----------------|------------------|
| 93835 | 660373781 | PCG, WRU | ODP | | PCG | 08/04/2021 | 08/04/2021 | Self-Neglect |
| 93835 | 660373781 | PCG, WRU | PHILASCENT, test | | PhilSCEntCI, PCG | 08/04/2021 | 08/04/2021 | Self-Neglect |
| 91326 | 927847067 | PCG, WRU, MIKE | PHILASCENT, ODP | Additional Corrective Action | PhilSCEntCI, PCG | 04/26/2021 | 04/26/2021 | Abuse |
| 91326 | 927847067 | PCG, WRU, MIKE | PHILASCENT, ODP | SC Comment | PhilSCEntCI, PCG | 04/09/2021 | 04/09/2021 | Abuse |

The Detail Summary panel displays the Incident ID (which appears as a clickable link), the MCI, the Individual Name, the SC Name, the Comment Title, the Created By name and Created Date, the Last Edit Date and the Primary Category. Also provided in the Detail Summary panel is an [Export to Excel] button that converts the data displayed in the panel into a Microsoft Excel® file.

Clicking the ID link opens the relevant *SC Comments* page for the comment in question. You can then enter updates or review details as required. See the other sections of this manual for instructions.

6.6 Using SC Comment Alerts in the My Workload Dashboard

When an SC comment is marked as **Addressed** by a management reviewer, and the management review is submitted, an alert appears in the dashboards of the individual's SC, the SC supervisor, and the SC originator of the comment. This alert is also emailed to these users. Only one alert is generated per incident for each user. See the illustration of a sample alert below.



The screenshot shows a dashboard with four main tabs: Work Items, Alerts, News, and SC Comments. The Alerts tab is selected, displaying a single alert. The alert table has three columns: a checkbox column, a Date column, and an Alert Detail column. The Date column shows '05/06/2020'. The Alert Detail column contains the text: 'Incident ID: 89488, Comments have been addressed as part of the Management Review for PCG-EIMMR, CARTER (103925821)'. At the bottom of the alert table is a red 'DELETE' button with a trash icon.

The alert contains the message text illustrated above, which appears under the Alert Detail heading. Appearing at the start of the alert text is the incident ID of the incident in question, followed by the alert message itself. The message identifies the individual who is the subject of the incident by name and MCI.

The entire message is a link that you can click to open the *Incident Detail* page for the incident in question. On the *Incident Detail* page is the [SC Comments] button, which you click to open the corresponding *SC Comments* page.

6.7 Printing SC Comments Using Print Summary Options

SC comment information is printable through two print-summary options:

1. Click the [Print Summary] button on the *Incident Detail* page to open the *Print Summary* window illustrated below.
2. Select either the **Incident Detail Report with SC Comments** option button or the **SC Comments** option button and then click the [Print] button in the window.

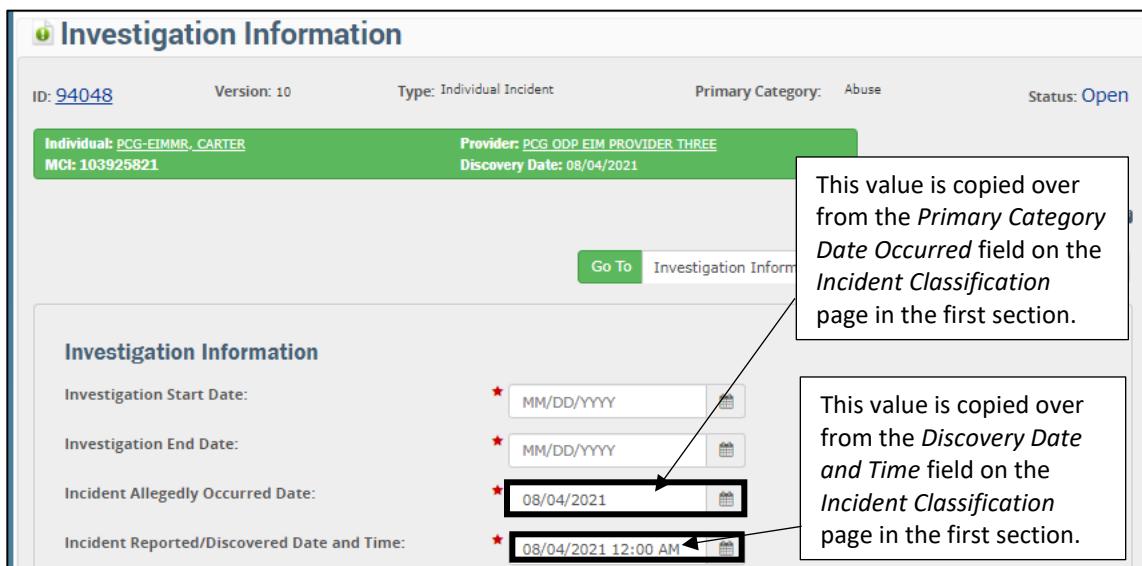
See the sections “*Selecting Incident Detail Reports with SC Comments*” and “*Selecting the SC Comments Summary*” for details and instructions on printing these reports that contain SC comments.



7. Provider Certified Investigator Reports

7.1 Investigation Information

The *Investigation Information* page provides a location in EIM where basic information about a certified investigation can be captured and recorded. This page is filled out by a certified investigator in the course of creating a Provider Certified Investigator Report (Provider CIR). However, note that two values on this page automatically appear when this page first opens because they have been copied over from another document and page of the incident. See the instructions and illustration below for details.



Select the dates when the investigation began and concluded using the *Investigation Start Date* and *Investigation End Date* date-pickers at the top of the page. These dates are mandatory.

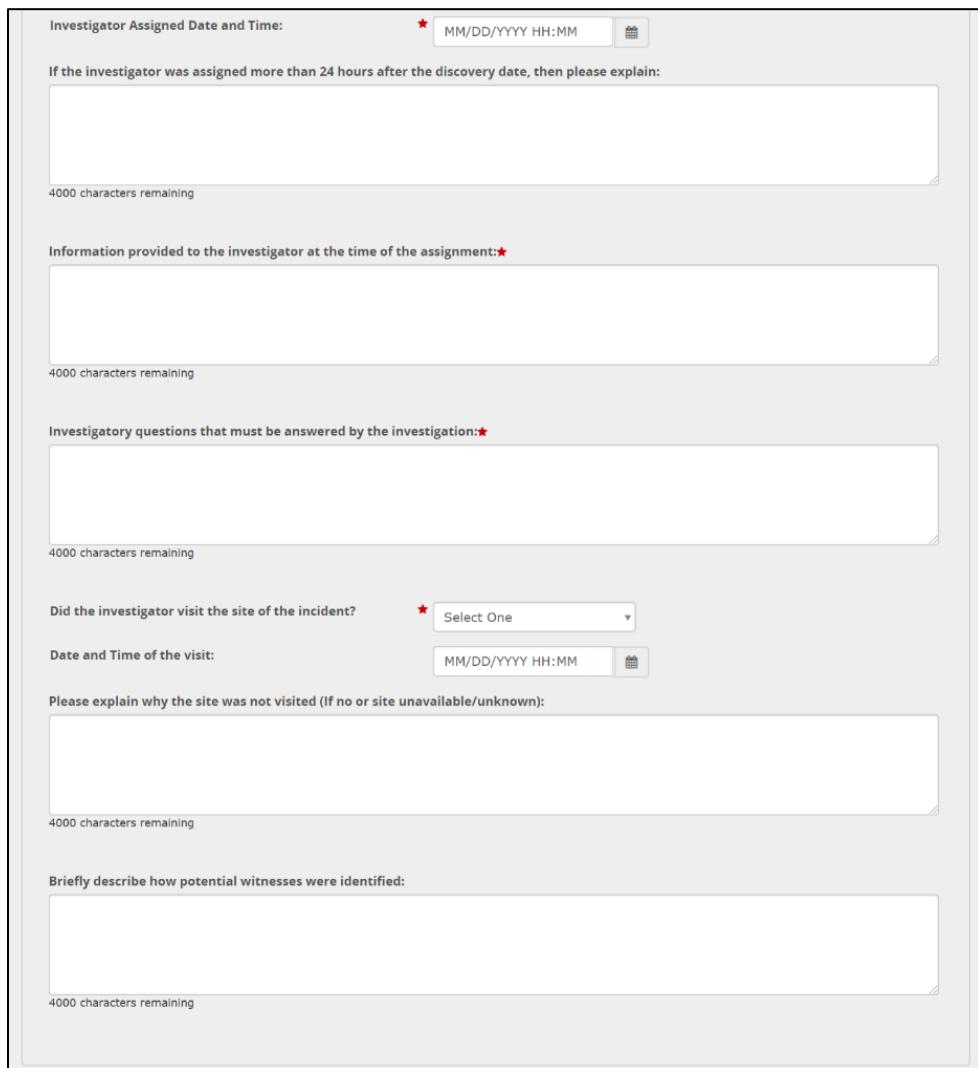
The date in the *Incident Allegedly Occurred Date* field is automatically copied over from the *Primary Category Date Occurred* entered in the *Incident Classification* page and is to reflect the date that the investigation revealed that the incident allegedly occurred. The date and time in the *Incident Reported/Discovered Date and Time* field is automatically copied over from the *Discovery Date and Time* field in the *Incident Classification* page and is to reflect the date and time when the investigation revealed the incident was reported or discovered. See the callouts in the illustration above.

These values do not overwrite existing entered values when they are copied over, and you can edit them after they are copied over. The system event that triggers copying the values over is the clicking of the [Initiate] button at the start of creating the Provider CIR.

Refer to the illustration above as you follow the rest of these instructions.

In the *Investigator Assigned Date and Time* field, enter the date and time when the investigator was assigned. If the assignment came more than 24 hours after the discovery date, explain the reason for the delay in the text box below the drop-down box. In the *Information provided to the investigator...* text box, detail the information the investigator received at the time of the assignment. In the *Investigatory questions...* text box, lay out the questions that the investigator must answer through the investigation.

Select **Yes, No** or **Scene Unavailable/Unknown** in the drop-down box *Did the investigator visit the site of the incident?* Enter the date and time of the visit to the scene of the incident using the date-picker. If the investigator did not visit the scene of the incident, explain why not in the *Please explain why the scene was not visited...* text box. The last large text box on this EIM page is where you may record how any potential witnesses were identified.



The screenshot shows a section of the EIM Incident Report Form. At the top, there is a field for "Investigator Assigned Date and Time" with a date picker and a text area below it for explaining any delay. Below that is a section for "Information provided to the investigator at the time of the assignment" with a text area. Further down is a section for "Investigatory questions that must be answered by the investigation" with a text area. At the bottom of the visible form, there is a dropdown menu for "Did the investigator visit the site of the incident?", a date picker for "Date and Time of the visit", and a text area for "Please explain why the site was not visited (If no or site unavailable/unknown)". The bottom-most section is for "Briefly describe how potential witnesses were identified" with a large text area.

Investigator Assigned Date and Time: MM/DD/YYYY HH:MM

If the investigator was assigned more than 24 hours after the discovery date, then please explain:

4000 characters remaining

Information provided to the investigator at the time of the assignment:*

4000 characters remaining

Investigatory questions that must be answered by the investigation:*

4000 characters remaining

Did the investigator visit the site of the incident? Select One

Date and Time of the visit: MM/DD/YYYY HH:MM

Please explain why the site was not visited (If no or site unavailable/unknown):

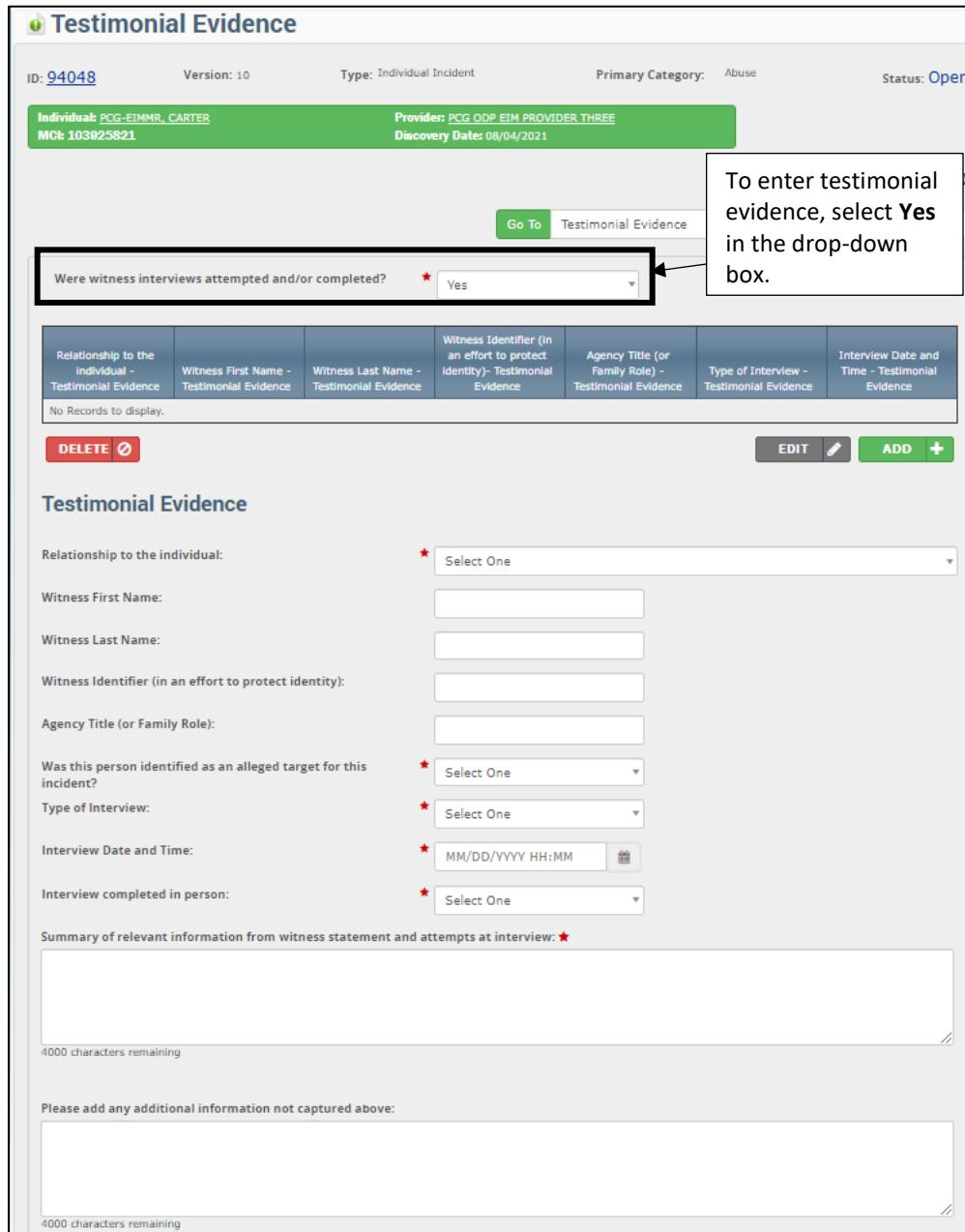
4000 characters remaining

Briefly describe how potential witnesses were identified:

4000 characters remaining

7.2 Testimonial Evidence

The *Testimonial Evidence* page provides a system location for entering and retaining evidentiary information gathered from witnesses to an incident. See the screenshot below for an illustration of the features and instructions presented here. Instructions on entering data are on the next page.



To enter testimonial evidence, select **Yes** in the drop-down box.

Testimonial Evidence

| Relationship to the individual - Testimonial Evidence | Witness First Name - Testimonial Evidence | Witness Last Name - testimonial Evidence | Witness Identifier (in an effort to protect identity) - Testimonial Evidence | Agency Title (or Family Role) - Testimonial Evidence | Type of Interview - Testimonial Evidence | Interview Date and Time - Testimonial Evidence |
|---|---|--|--|--|--|--|
| No Records to display. | | | | | | |

Testimonial Evidence

Relationship to the individual:

Witness First Name:

Witness Last Name:

Witness Identifier (in an effort to protect identity):

Agency Title (or Family Role):

Was this person identified as an alleged target for this incident?

Type of Interview:

Interview Date and Time: 

Interview completed in person:

Summary of relevant information from witness statement and attempts at interview:

Please add any additional information not captured above:

Select **Yes** in the *Were witness interviews attempted and/or completed?* drop-down box at the top of the page. Selecting Yes opens the text fields and the drop-down boxes on this page where you enter the relevant information. If you do not have evidence to record, select **No** in this drop-down box and click [Save & Continue] to advance to the next EIM page.

In the mandatory *Relationship to the individual* drop-down box, select the term that best describes the relationship the witness has or had to the individual who is the subject of this incident. If no relationship in the list corresponds to the relationship identified, choose **Other**. Note, however, that if you choose **Other**, there is not a specific text field where you can identify and describe the actual relationship. Describe the actual relationship in the *Summary of relevant information...* text box farther down the page.

This *Relationship to the Individual* drop-down box dictates whether you enter witnesses' names in the *Witness First Name* and *Witness Last Name* fields. If the selection in the *Relationship to the individual* drop-down box is **Another Individual**, the system does not let you enter the first and last names of the other individual in the *Witness First Name* and *Witness Last Name* fields. When **Another Individual** is the selection, EIM requires an entry in the *Witness Identifier (...)* field. This identifier must be formatted using the initials from the first and last names followed by the last six digits of the Social Security number (SSN) without the dash.

If the selection in the *Relationship to the individual* field is **any** selection **other** than **Another Individual**, then the *Witness First Name* and *Witness Last Name* fields become mandatory, and the *Witness Identifier* field becomes optional.

If the witness providing testimonial evidence is with an agency that was involved in the incident, enter that person's agency title in the *Agency Title (or Family Role)* text box. If the witness is a member of the individual's family, such as brother, spouse, grandchild, etc., enter that family relationship in the field. Be sure to click the [Online Help] button at the top of the EIM page to read a further explanation in the Online Help of what you must document in this field.

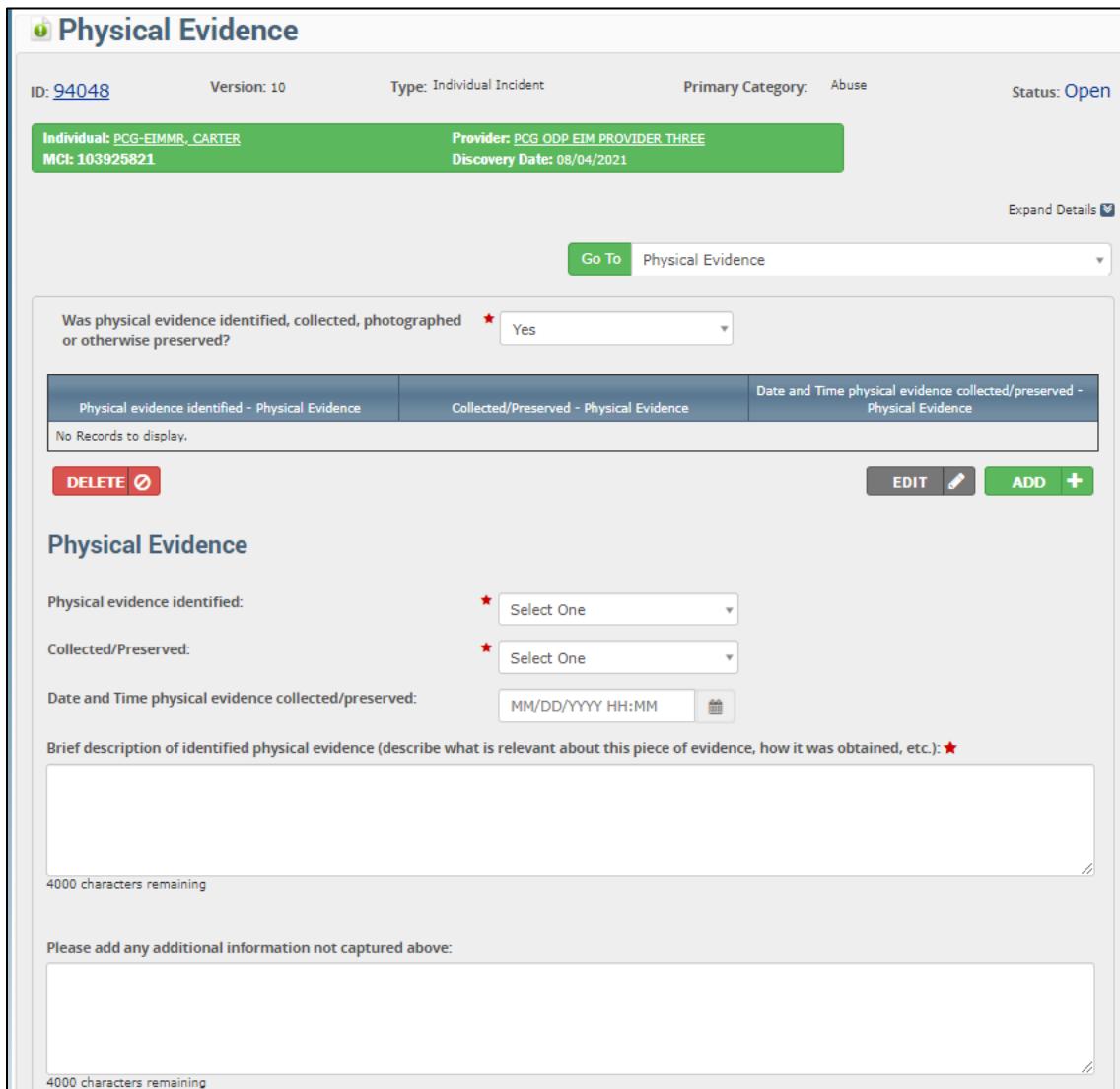
Select **Yes** or **No** in the mandatory *Was this person identified as an alleged target for this incident?* drop-down box. You must make a selection in this drop-down box.

Choose from **Attempt**, **Initial** and **Follow-up** as the type of interview that was conducted (or not conducted). Also include the date and time of the interview and whether the interview was conducted in person. You must not interview more than one person at a time. EIM generates an error if you submit a Provider CIR containing multiple interview records that have the same date and time on this page. The two large text-entry fields at the bottom of the page allow you to record any further information you deem appropriate relating to the witness in question.

Click the [Save] button to save the data on the first witness into the table in the middle of the page. To add more witnesses, enter and select data as described above and click [Save]. If you later find you need to edit or delete a record from the table, click the record to fix and then click [Edit] or [Delete] as needed. Clicking [Edit] inserts the record's data back into the fields, where you can edit and resave it. Clicking [Delete] removes the record entirely from the table.

7.3 Physical Evidence

The *Physical Evidence* page gives you a system location to record and describe information on physical evidence identified, collected, photographed, or preserved in another manner at the scene of the incident. The screenshot below illustrates this EIM page. See the next page in this manual for instructions.



Physical Evidence

ID: [94048](#) Version: 10 Type: Individual Incident Primary Category: Abuse Status: Open

Individual: PCG-EIMMR_CARTER
MC: 103925821 Provider: PCG ODP EIM PROVIDER THREE
Discovery Date: 08/04/2021

Was physical evidence identified, collected, photographed or otherwise preserved?

| Physical evidence identified - Physical Evidence | Collected/Preserved - Physical Evidence | Date and Time physical evidence collected/preserved - Physical Evidence |
|--|---|---|
| No Records to display. | | |

Physical Evidence

Physical evidence identified:

Collected/Preserved:

Date and Time physical evidence collected/preserved:

Brief description of identified physical evidence (describe what is relevant about this piece of evidence, how it was obtained, etc.):

4000 characters remaining

Please add any additional information not captured above:

4000 characters remaining

DELETE **EDIT** **ADD**

Select **Yes** in the *Was physical evidence identified, collected, photographed...* drop-down box at the top of the page to open the text fields and the drop-down boxes on this page where you enter the relevant information. If you do not have such evidence to note, select **No** in this drop-down box and click [Save & Continue] to advance to the next EIM page.

In the *Physical evidence identified* drop-down box, select to identify whether the evidence is an object (**Object**), came from an area of the individual's body (**Body Part**) or was found at the scene (**Incident Scene**) where the incident occurred. If none of these selections accurately describe this case, choose **Other**. Note, however, that if you choose **Other**, there is not a specific text field where you can identify

and describe the actual object, part, etc. Describe this evidence in the *Brief Description of identified physical evidence...* text box farther down the page.

Select **Yes**, **No** or **Evidence not available** in the *Collected/Preserved* drop-down box. Also include the date and time when the evidence was collected, but if you select **Evidence not available** in the *Collected/Preserved* drop-down box, the date is no longer mandatory, and you can leave it blank.

The two large text-entry fields at the bottom of the page let you record any further information you deem appropriate relating to the evidence recorded, not only who identified the evidence but also how the evidence is being retained. Carefully note the level of detail required appearing in the label to the first text-entry field. Note as well that this field is mandatory.

Click the [Save] button to save the data on the first item of evidence into the table in the middle of the page. To add more evidence, enter and select data as described above and click [Save]. If you later find you need to edit or delete a record from the table, click the record to fix and then click [Edit] or [Delete] as needed. Clicking [Edit] inserts the record's data back into the fields, where you can edit and resave it. Clicking [Delete] removes the record entirely from the table.

7.4 Documentary Evidence

The *Documentary Evidence* page gives you a system location to identify and record documentary evidence identified and/or gathered in the course of investigating the incident. See the illustration of the *Documentary Evidence* page at the top of the next page in this manual section.

Select **Yes** in the *Were documents identified as evidence for this investigation?* drop-down box at the top of the page to open the text fields and the drop-down boxes on this page where you enter the relevant information. If you do not have such evidence to note, select **No** in this drop-down box and click [Save & Continue] to advance to the next EIM page.

In the *Title of document/evidence* field enter the title of the document or text to use as the title for the evidence. Select **Yes**, **No** or **Evidence not available** in the *Collected* drop-down box to indicate whether the documentary evidence has been, or can be, obtained. Enter the date and time when the evidence was collected using the date-picker. You must enter a date and time if **Yes** is the selection in the *Collected* drop-down box.

Use the two large text boxes at the bottom of the page to record any further information deemed appropriate. Note carefully, the level of detail required as it is stated in the label to the *Brief description of identified documentation...* text box. Note as well that this field is mandatory. Fill in any additional information you may have in the text box at the bottom of the *Documentary Evidence* page.

Click the [Save] button to save data on the first item of evidence into the table in the middle of the page. To add more evidence, enter and select data as described above and click [Save]. If you later find you need to edit or delete a record from the table, click the record to fix and then click [Edit] or [Delete] as needed. Clicking [Edit] inserts the record's data back into the fields, where you can edit and resave it. Clicking [Delete] removes the record entirely from the table.

7.5 Investigation Methodology

This *Investigation Methodology* page is used to collect information in the course of Provider Certified Investigator Reports (Provider CIRs). Several questions on this page serve as double-checks on data collected on the other *Provider CIR* pages, making this page a summary somewhat of a number of the investigation's findings and actions.

Below are detailed discussions and instructions on each of the fields and questions that appear on the *Investigation Methodology* page. The illustration of the fields and questions appearing on this extensive EIM page is broken out into two parts, which appear on the next two pages of this manual.

CI Investigation Plan

The *CI Investigation Plan* field at the top of the page is mandatory and is used to describe the plan the certified investigator has in place for conducting the investigation.

If witness interviews were not attempted and/or completed, please explain

The *Testimonial Evidence* page has the drop-down box *Were witness interviews attempted and/or completed?* If **No** is the selection in that drop-down box, you must enter an explanation of why witness interviews were not completed or attempted in this *If witness interviews were not attempted and/or completed, please explain* field. Leaving this field blank under these circumstances generates an EIM validation error message.

If the victim was not the first witness interviewed, please explain

The *Testimonial Evidence* page has the *Relationship to the Individual* drop-down box and the *Interview Date and Time* field. In addition, **Victim** is a selection in the *Relationship to the Individual* drop-down box on that page. If the subject of the incident – the “victim” – is not the first witness interviewed, you must enter an explanation in this *If the victim was not the first witness interviewed, please explain* field as to why not.

“First witness interviewed” is as determined by the date and time entered in the *Interview Date and Time* field on the *Testimonial Evidence* page. The victim’s testimony should predate anyone else’s.

Leaving this *If the victim was not the first witness interviewed, please explain* field blank when a witness other than the victim produces the first testimony generates an EIM validation error message. This question is conditionally mandatory for all incident categories except “Death.” When Death is the primary category of the incident, leave this text box blank – no explanation is necessary.

 **Investigation Methodology**

ID: [94048](#) Version: 10 Type: Individual Incident Primary Category: Abuse Status: Open

Individual: PCG-EIMMR, CARTER
MCI: 103925821

Provider: PCG ODP EIM PROVIDER THREE
Discovery Date: 08/04/2021

Expand Details

Go To

Investigation Methodology

CI Investigation Plan: ★

4000 characters remaining

If witness interviews were not attempted and/or completed, please explain:

4000 characters remaining

If the victim was not the first witness interviewed, please explain:

4000 characters remaining

Did the CI interview the victim within 24 hours of being assigned to the case?

Select **Yes**, **No** or **N/A** in the mandatory drop-down box *Did the CI interview the victim within 24 hours of being assigned to the case?* If the investigator did not interview the victim within 24 hours (**No** or **N/A** selected), the explanation as to why not must be entered in the *If no, please explain* field under the drop-down box.

There are important requirements that apply to this drop-down box. If the incident's primary category is "Death," you MUST select **N/A** in this drop-down box. Do not select **N/A** If the incident's primary category is **NOT** "Death," When the primary category is "Death," and **N/A** is selected, you do not need to enter an explanation in the *If no, please explain* field. System error messages appear to guide you to respect these conditions.

Were all initial interviews attempted and/or completed within 10 days of the investigation being assigned?

This drop-down box is mandatory and asks if all interviews were at least attempted, if not completed, within 10 days of the investigation assignment. Select either **Yes** or **No** and explain any **No** selections in the *If no, please explain* field below the drop-down box.

If no targets were identified, please explain

The *Testimonial Evidence* page has the drop-down box *Relationship to the individual*. If **Target** is not selected in this drop-down box, you must enter an explanation for this fact in the *If no*

targets were identified, please explain text-entry field. Leaving this field blank under these conditions generates an EIM validation error message.

If physical evidence was not collected, photographed, or otherwise preserved, please explain

The *Physical Evidence* page has the drop-down box *Was physical evidence collected, photographed, or otherwise preserved?* If **No** is the selection in this drop-down box, you must enter an explanation for this lack of physical evidence in this *If physical evidence was not collected, photographed, or otherwise preserved, please explain* text-entry field. Leaving this field blank under these conditions generates an EIM validation error message.

If no other documents were identified as evidence for this investigation, please explain

The *Documentary Evidence* page has a drop-down box *Were other documents identified as evidence for this investigation?* If **No** is the selection in the drop-down box, you must enter an explanation as to why in this *If no other documents were identified as evidence for this investigation, please explain* text-entry field. Leaving this field blank under these conditions generates an EIM validation error message.

Please enter any evidence that was collected for the investigation that was determined not to be relevant

Entries in this last field on the page are items of evidence that were collected for the investigation but were found to be irrelevant to the investigation.

| | |
|--|--|
| Did the CI interview the victim within 24 hours of being assigned to the case? | * <input type="button" value="Select One"/> |
| If no, please explain: | |
| <div style="border: 1px solid #ccc; height: 100px; margin-bottom: 10px;"></div> 4000 characters remaining | |
| Were all initial interviews attempted and/or completed within 10 days of the investigation being assigned? | * <input type="button" value="Select One"/> |
| If no, please explain: | |
| <div style="border: 1px solid #ccc; height: 100px; margin-bottom: 10px;"></div> 4000 characters remaining | |
| If no targets were identified, please explain: | |
| <div style="border: 1px solid #ccc; height: 100px; margin-bottom: 10px;"></div> 4000 characters remaining | |
| If physical evidence was not collected, photographed, or otherwise preserved, please explain: | |
| <div style="border: 1px solid #ccc; height: 100px; margin-bottom: 10px;"></div> 4000 characters remaining | |
| If no documents were identified as evidence for this investigation, please explain: | |
| <div style="border: 1px solid #ccc; height: 100px; margin-bottom: 10px;"></div> 4000 characters remaining | |
| Please enter any evidence that was collected for the investigation that was determined not to be relevant: | |
| <div style="border: 1px solid #ccc; height: 100px;"></div> 4000 characters remaining | |

When a Provider Administrative Review that is not confirmed is submitted, a new Provider CIR and a new Provider Administrative Review are generated, which allows investigators to make corrections to the Provider CIR as needed. The responses from this Provider CIR should be carried forward into the new version of the Provider CIR to reduce effort needed from users to correct the responses. A new Final Section document is not generated.

7.6 Summary of CI's Findings

The *Summary of CI's Findings* page gives you a system location to summarize and record findings made in the course of investigating the incident. The screenshot below illustrates this EIM page.



The screenshot shows the 'Summary of CI's Findings' page. At the top, there is a header with the title 'Summary of CI's Findings' and a back arrow. Below the header, there is a row of information: ID: 94048, Version: 10, Type: Individual Incident, Primary Category: Abuse, and Status: Open. A green bar contains the individual's name (PCG-EIMMR, CARTER) and MCI (103925821) on the left, and provider information (PCG ODP EIM PROVIDER THREE) and discovery date (08/04/2021) on the right. Below this, there is a 'Go To' button and a dropdown menu set to 'Summary of CI's Findings'. The main content area is titled 'Summary of CI's Findings' and contains two text areas: 'Summary of Investigator's findings:' and 'Findings continued:'. Both areas have a character counter indicating 4000 characters remaining.

Enter the summary information directly in the mandatory *Summary of Investigator's findings* field. Note that as you type in this field, a character counter below the field on the left side displays the number of characters that can still be entered in the field. In lieu of typing the information into this field freehand, you can also type the description in a word-processing application, copy the text and then paste it in this field. Be aware, however, that pasted word-processed text may display characters not in the original copied text. For instance, quotation marks may appear as upside-down question marks. You may find that line spaces in text that you paste into any comment fields like these each count as two characters.

Use the character counters as your guide if you need to enter extensive notes. If your summary runs more than 4000 characters, continue the summary in the *Findings continued* text-box field.

7.7 Concerns Identified by CI

The *Concerns Identified by CI* page lets you note issues and concerns that may have arisen in the course of investigating the incident. These concerns can relate to processes to improve, plans to adjust, individuals to devote added attention to and the like. The screenshot below illustrates this EIM page.

Concerns Identified by CI

ID: [94048](#) Version: 10 Type: Individual Incident Primary Category: Abuse Status: Open

Individual: PCG-EIMMR, CARTER
MCI: 103925821

Provider: PCG ODP EIM PROVIDER THREE
Discovery Date: 08/04/2021

Expand Details 

Go To: [Concerns Identified by CI](#)

Are there any concerns about practice or policy identified by the investigator? *

| Type of concern - Concerns Identified by CI | If other, please specify - Concerns Identified by CI | Describe the investigative concern - Concerns Identified by CI |
|---|--|--|
| No Records to display. | | |

[DELETE](#)  [EDIT](#)  [ADD](#) 

Concerns Identified by CI

Type of concern: *

If other, please specify:

4000 characters remaining

Describe the investigative concern: *

4000 characters remaining

Select **Yes** in the *Are there any concerns about practice or policy identified by the investigator?* drop-down box at the top of the page to open the text fields where you enter the relevant information. If you do not have such evidence to note, select **No** in this drop-down box and click [Save & Continue].

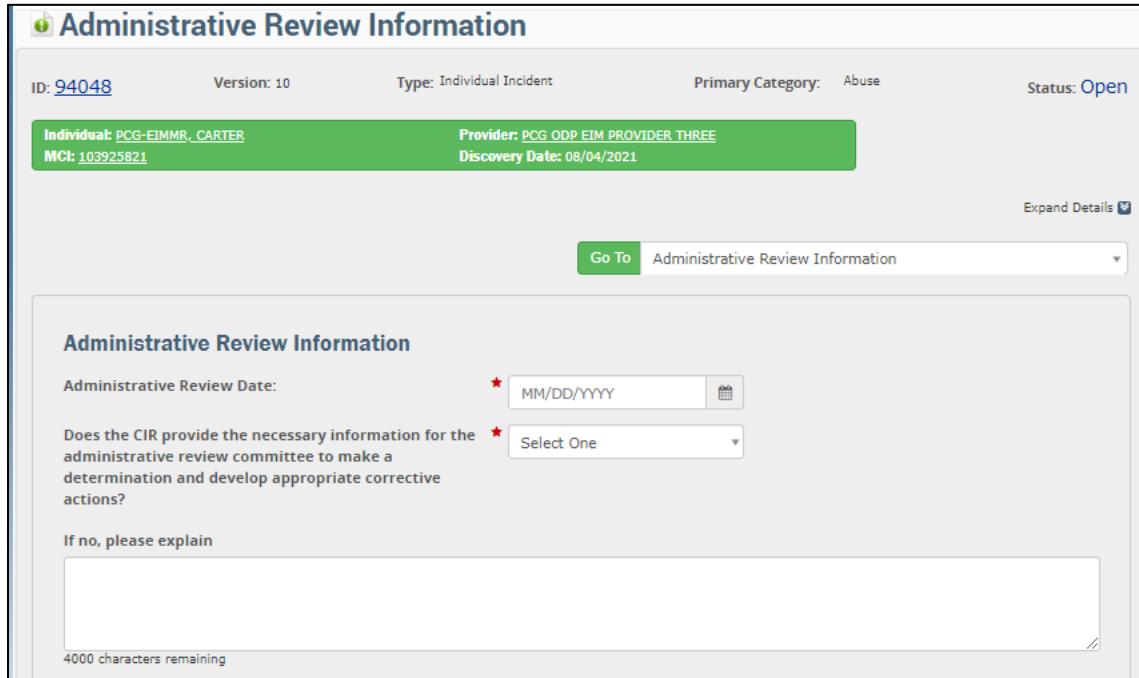
Select the type of concern from the list in the mandatory *Type of concern* drop-down box. If none of the concerns listed here describes the concern identified, select **Other** from the drop-down box, and then identify and describe the concern in the *If other, please specify* text box.

For each concern that you select from the drop-down box, describe, and analyze that concern and provide details on how it might be addressed in the *Describe the investigative concern* text box. This text box is mandatory.

8. Provider Administrative Reviews

8.1 Administrative Review Information

Incidents that receive a *Provider Certified Investigator* report (Provider CIR) pass through an Administrative Review, which serves as the approval of the CIR. The *Administrative Review Information* page (the first page of the administrative review) serves to ensure that the administrative review committee has sufficient information to refer to in the course of reviewing a Provider CIR for possible approval. The screenshot below illustrates this EIM page.



Administrative Review Information

ID: 94048 Version: 10 Type: Individual Incident Primary Category: Abuse Status: Open

Individual: PCG-EIMMR, CARTER Provider: PCG ODP EIM PROVIDER THREE
MCI: 103925821 Discovery Date: 08/04/2021

Administrative Review Date:

Does the CIR provide the necessary information for the administrative review committee to make a determination and develop appropriate corrective actions?

If no, please explain

4000 characters remaining

When providers file an incident, any *Provider Administrative Review* is to be completed by the providers. When an SC files an incident, the SCO or AE conducts the review, depending on whether the staff at the SCO is implicated in the incident. For ODP-BSASP, SCOs always perform the *Provider Administrative Review*.

There is an *Investigation will be conducted by* drop-down box on the *Incident Classification* and *Verification of Incident Classification* pages. The selections in this drop-down box are **AE/County** and **SCO**. These selections determine how EIM “routes” the investigation.

Select the date of the Provider Administrative Review in the mandatory *Administrative Review Date* drop-down box. Select **Yes** or **No** in the mandatory field relating to the adequacy of the information presented in the Provider CIR and the ability to develop appropriate corrective actions. If **No** is selected, you must enter an explanation for the inadequacy in the large text-box field. In addition, if you select **No** to this question, no other *Provider Administrative Review* pages appear for use, and the Provider CIR is considered to be not approved.

8.2 Administrative Review Summary

The *Administrative Review Summary* page allows reviewers to document the adequacy of the incident investigation and to summarize the findings of the Provider Administrative Review. The screenshots on the two pages starting on the next page of this manual illustrate this extensive EIM page. Below are detailed discussions and instructions for each of the fields and questions that appear on the *Administrative Review Summary* page. Note that two values on these pages automatically appear because they are copied over from another document and page of the incident. See the instructions and illustrations below for details.

Was assistance offered to the alleged victim to protect the immediate and ongoing health, safety and welfare of the individual (including victims services)?

Select **Yes**, **No** or **N/A**, as appropriate in this *Was assistance offered to the alleged victim...* drop-down box. If **Yes** is the selection in the drop-down box, describe the assistance offered in the *Please describe the assistance offered* text box. Leaving this text-box field blank when **Yes** is your selection generates an EIM validation error message. If your selection is **No** or **N/A**, provide details on why assistance was not offered.

Victims' assistance services offered

Check the check boxes of any victim assistance services that were offered to the individual who is the subject of the incident. You may select more than one – check all that apply. If you check **Other**, provide details on the services in the *Please describe the assistance offered* text box. If you select **N/A**, you cannot check any of the other five check boxes.

If the incident involved target(s), was the target separated from potential contact with all individuals receiving services until the incident investigation was completed?

Select **Yes**, **No** or **N/A**, as needed in the *If the incident involved target(s)...* drop-down box.

Administrative Review Summary

Was assistance offered to the alleged victim to protect the immediate and ongoing health, safety and welfare of the individual (including victims services)? *

Please describe the assistance offered:

4000 characters remaining

Victims assistance services offered: *

Contacted Local Domestic Violence Provider
 Contacted Local Rape Crisis Center
 Crime Victim Services
 Local Behavioral Health Crisis Intervention
 Other
 N/A

If the incident involved target(s), was the target separated from potential contact with all individuals receiving services until the incident investigation was completed? *

If there were injuries, wounds, illness to the individual that required prompt medical attention, did the individual receive the necessary treatment?

Select **Yes**, **No** or **N/A**, as appropriate in the *If there were injuries, wounds, illness to the individual...* drop-down box. Use the date-and-time-picker in the *Date and Time the injury/wound/illness was discovered* field to select the date and time of this discovery. If **Yes** is the selection in the drop-down box, describe the treatment for the individual in the *Explanation of treatment* text box. If **No** is the selection in the drop-down box, you must state the reason the individual was given no treatment in the *If no treatment was provided, please explain* text box. If **N/A** is the selection in the drop-down box, you must state the reason the injuries, wounds or illness were not detected in the *If no injuries, wounds, or illnesses were discovered, please explain* text box.

Leaving any of the corresponding text-box fields blank when any of these drop-down box options are selected generates an EIM validation error message.

| |
|---|
| <p>If there were injuries, wounds, illness to the individual that required prompt medical attention, did the individual receive the necessary treatment? *</p> <p>Date and Time the injury/wound/illness was discovered:</p> <p>Explanation of treatment:</p> <p>4000 characters remaining</p> <p>If no treatment was provided, please explain:</p> <p>4000 characters remaining</p> <p>If no injuries, wounds, or illnesses were discovered, please explain:</p> <p>4000 characters remaining</p> |
|---|

Did the investigation start in a timely manner?

Select **Yes** or **No**, as appropriate in the *Did the investigation start in a timely manner?* drop-down box. If you select **No** in the drop-down box, explain why the investigation did not start in a timely manner in the *If no, please explain* text box. Leaving this text-box field blank when **No** is the selection generates an EIM validation error message.

Was the family/guardian/individual's designee notified of the incident?

The selection in this drop-down box and the related text box following it may be copied over from the corresponding fields on the *Incident Classification* fields in the first section (see the illustration on the previous page). These copied-over values do not overwrite any existing values that have been entered. You can edit them after they are copied over. The values are copied when the *Provider Administrative Review* document is initiated after creation.

If, however, no values automatically appear, select **Yes** or **No**, as appropriate in this mandatory *Was the family/guardian/individual's designee notified...?* drop-down box. If **No** is the selection in the drop-down box, explain why the family, guardian or designee was not notified of the incident in the *If no, please explain* text box. Leaving this text-box field blank when **No** is the selection generates an EIM validation error message.

Was the appropriate notification made related to the Adult Protective Services Act, Older Adult Protective Services Act and Child Line Protective Services Law?

Select **Yes**, **No** or **N/A**, as needed in this *Was the appropriate notification made related to the Adult Protective...?* drop-down box. If you select **No** or **N/A** in this drop-down box, relate the reasons for not notifying these agencies in the *Please explain (if no or not applicable)* text box. Leaving this text-box field blank when **No** or **N/A** is the selection generates an EIM validation error message.

Did the investigation start in a timely manner? Select One

If no, please explain:
 4000 characters remaining

Was the family/guardian/individual's designee notified of the incident? Yes

If no, please explain:
 4000 characters remaining

Was the appropriate notification made related to the Adult Protective Services Act, Older Adult Protective Services Act and Child Line Protective Services Law? Select One

Please explain (if no or not applicable):
 4000 characters remaining

The selection appearing here is copied over from the *Was the family/guardian/individual's designee...* field on the *Incident Classification* page in the first section.

The selection appearing here is copied over from the *Was the family/guardian/individual's designee...* field on the *Incident Classification* page in the first section.

If there was reason to suspect that a crime had been committed, was law enforcement contacted?

Select **Yes**, **No** or **N/A**, as needed in this *If there was a reason to suspect that a crime had been committed ...* drop-down box. If you select **No** or **N/A** in this drop-down box, relate the reasons for not contacting law enforcement in the *Please explain (if no or not applicable)* text box. Leaving this text-box field blank when **No** or **N/A** is the selection generates an EIM validation error message.

Did the investigation find all policies, procedures, rules, and regulations to be properly implemented?

Select **Yes** or **No**, as appropriate in the *Did the investigation find all policies, procedures...?* drop-down box. If **No** is the selection in the drop-down box, explain why these policies, etc., were not properly implemented in the *If no, please explain* text box. Leaving this text-box field blank when **No** is the selection generates an EIM validation error message.

Based on the information provided in the CIR, is the initial incident category, correct?

Select **Yes** or **No**, as appropriate in the *Based on the information provided in the CIR ...?* drop-down box. Explain fully the validity of your determination of the category's correctness in the *Please explain* text box. This text box is mandatory – you must enter a full explanation of your selection.

Investigation Determination

Select **Confirmed**, **Not Confirmed** or **Inconclusive** in the *Investigation Determination* drop-down box as you determine and explain your reasoning, evaluation, and judgements in the mandatory *Please explain* text box. If the incident's primary category is Death, leave the Investigation Determination field and the associated text box blank. Otherwise, EIM will display an error message during the validation process: *Error: If the primary category is Death, Investigation Determination must be blank.* If the incident's primary category is not Death, this field is mandatory, and the user must enter a full explanation of their reasoning for selecting the investigation determination.

If there was reason to suspect that a crime had been committed, was law enforcement contacted? *

Please explain (if no or not applicable):

4000 characters remaining

Did the investigation find all policies, procedures, rules and regulations to be properly implemented? *

If no, please explain:

4000 characters remaining

Based on the information provided in the CIR, is the initial incident category correct? *

Please explain: *

4000 characters remaining

Investigation Determination:

Please explain:

4000 characters remaining

Select **Yes** or **No** from the drop-down box. Complete the **Please explain** field. This is a mandatory field.

Select **Confirmed**, **Inconclusive** or **Not Confirmed** from the drop-down box. Complete the Please explain field. This is a mandatory field unless the incident's Primary Category is Death.

8.2.1 Preventative Corrective Action

The Preventative Corrective Action page lets you identify one single preventative corrective action that was taken to prevent a recurrence of the incident type being submitted. This EIM page allows you to select one action. If there are additional actions that can be taken, or were taken, to respond to the incident, you may list them in the next page in the EIM workflow, the *Additional Corrective Actions* page.

When the *Provider Administrative Review* document is submitted, EIM automatically copies some Information entered on this page over to the *Preventative Corrective Action* page in the final section. Any data currently entered on the *Preventative Corrective Action* page of the final section is overwritten by the copy-over, and the data copied over and pasted is not editable.

Preventative Corrective Action

Describe the Preventative Action Step that has been taken to prevent reoccurrence of this incident type.

Preventative Corrective Action:

Select One

Description of Preventative Corrective Action:

This text box and label appear only when the primary category of the incident is “Passive Neglect” or “Self-Neglect.”

4000 characters remaining

Completed Date:

MM/DD/YYYY



Responsible Party (First Name):

Responsible Party (Last Name):

Risk Mitigation Plan Details:

4000 characters remaining

Select the single preventative corrective action from the first drop-down box on the page. Describe this action and provide details on the application of the action to this situation. Click the date-picker icon and select the date when the action was completed. You cannot enter a future date in this field because the action must be completed before the final section of the incident can be submitted. There are many other data-conditional constraints built into this page to determine when certain fields become mandatory, and these constraints are summarized below.

If the incident is categorized as “Abuse,” “Sexual Abuse,” “Neglect,” “Rights Violation,” or “Exploitation,” AND the provider investigation determination is **Confirmed**, the following fields are mandatory:

- *Preventative Corrective Action*
- *Description of Preventative Corrective Action*
- *Completed Date*
- *Responsible Party - First Name*
- *Responsible Party - Last Name*

If the incident is categorized as “Passive Neglect” or “Self-Neglect,” the fields in the bulleted list above are mandatory. In addition, the *Risk Mitigation Plan Details* text box appears and is mandatory. This text box appears on the page only when the incident is categorized as “Passive Neglect” or “Self-Neglect.”

Enter the first and last names of the person who is responsible for performing the preventative action.

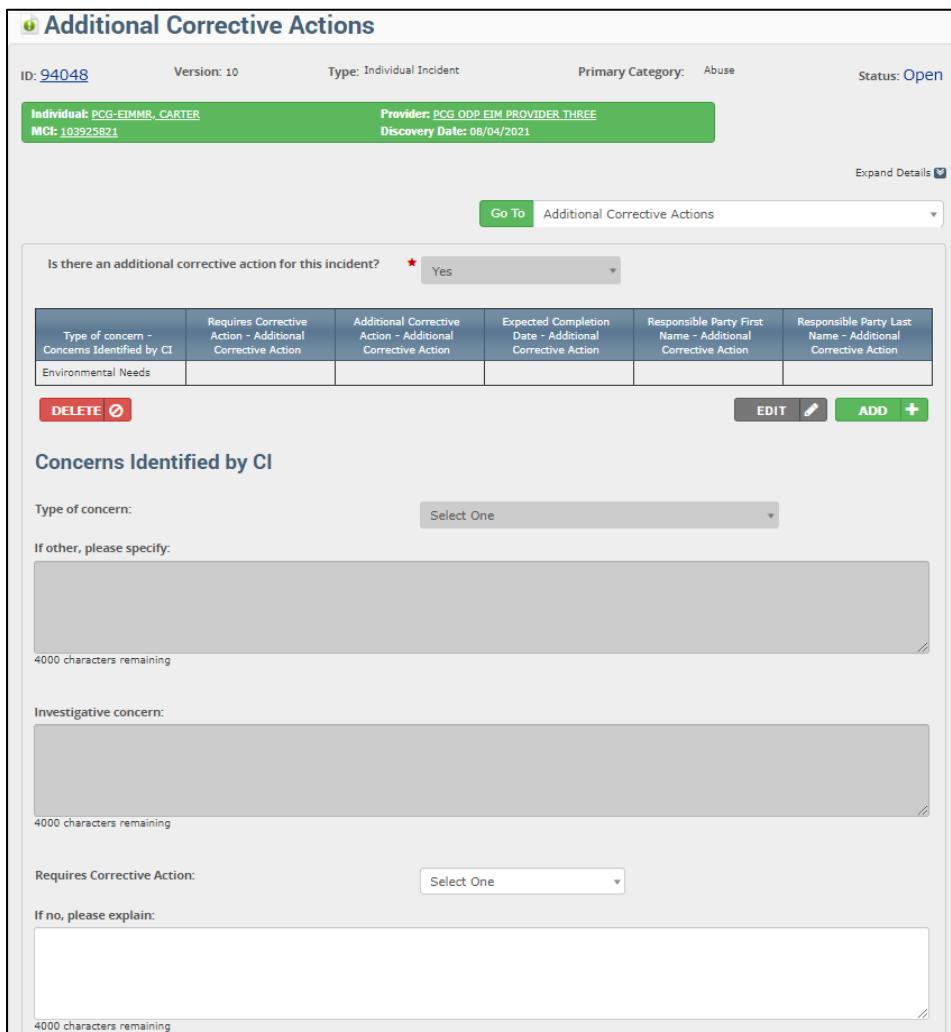
8.2.2 Additional Corrective Actions

The *Additional Corrective Actions* page gives you a system location to document additional actions beyond the preventive corrective action conducted to respond to the incident.

Select **Yes** in the *Is there an additional corrective action for this incident?* drop-down box at the top of the page to open the text fields and the drop-down boxes where you enter the relevant information.

Under the heading “Concerns Identified by CI” three read-only label fields may appear when you open the page. These fields are copied over from the *Concerns Identified by CI* page, which is part of the *Certified Investigator Report* document. These fields are triggered to be brought over into the page when the [Initiate] button is clicked to initiate the Provider Administrative Review.

Indicate in the *Requires Corrective Action* drop-down box if action must be taken to address the concern.



The screenshot shows the 'Additional Corrective Actions' page. At the top, there are fields for ID (94048), Version (10), Type (Individual Incident), Primary Category (Abuse), and Status (Open). Below this is a green header bar with 'Individual: PCG-EIMMR_CARTER', 'Provider: PCG ODP EIM PROVIDER THREE', and 'MCI: 103925821'. A 'Discovery Date' field shows 08/04/2021. There is an 'Expand Details' link. A navigation bar at the top right includes 'Go To' and 'Additional Corrective Actions'. A dropdown menu shows 'Is there an additional corrective action for this incident?' with 'Yes' selected. Below this is a table with columns: Type of concern - Concerns Identified by CI, Requires Corrective Action - Additional Corrective Action, Additional Corrective Action - Additional Corrective Action, Expected Completion Date - Additional Corrective Action, Responsible Party First Name - Additional Corrective Action, and Responsible Party Last Name - Additional Corrective Action. The first row shows 'Environmental Needs' and 'Yes' in the 'Requires Corrective Action' column. Buttons for 'DELETE', 'EDIT', and 'ADD' are at the bottom. Below the table is a section for 'Concerns Identified by CI' with fields for 'Type of concern' (dropdown 'Select One'), 'If other, please specify' (text area with 4000 characters remaining), and 'Investigative concern' (text area with 4000 characters remaining). At the bottom, there is a 'Requires Corrective Action' dropdown ('Select One') and a 'If no, please explain' text area (4000 characters remaining).

Select an action name in the *Additional Corrective Action* drop-down box that best fits the action taken or planned. If none of actions listed here describe the action(s) taken or planned, select **Other** from the drop-down box, and then identify and describe the action in the *Description of Additional Corrective Action* text box.

If you select an action from the drop-down box, describe that action and provide details on the application of the action to this situation in the *Description of Additional Corrective Action* text box. Click the Calendar icon and select the date when the action was completed or will be completed. You CAN enter a future date in this field on this page.

Enter the first and last names of the person who is responsible for the action you have identified and described in the previous fields.

Click the [Save] button to save the data on the first additional corrective action into the table in the middle of the page. To add more actions, enter and select data as described above and click [Save]. If you later find you need to edit or delete a record from the table, click the record to fix and then click [Edit] or [Delete] as needed. Clicking [Edit] inserts the record's data back into the fields, where you can edit and resave it. Clicking [Delete] removes the record entirely from the table.

Additional Corrective Actions

Describe each corrective action step that has been or will be taken in response to the incident and/or investigation including modifications to the individual's plan:

Additional Corrective Action:

Description of Additional Corrective Action:

4000 characters remaining

Completed/Expected Completion Date:

Responsible Party (First Name):

Responsible Party (Last Name):

8.3 Administrative Review Committee

The *Administrative Review Committee* page lets you identify and record who participated in the meeting of the committee, which reviews the findings on the CIR and the incident itself. Listing the names on this page and submitting the Provider Administrative Review serve as confirmation of the reviewers' participation.

 **Administrative Review Committee**

| | | | | |
|---|-------------|--|-------------------------|--------------|
| ID: 94048 | Version: 10 | Type: Individual Incident | Primary Category: Abuse | Status: Open |
| Individual: PCG-EIMMR, CARTER MCI: 103925821 | | Provider: PCG ODP EIM PROVIDER THREE Discovery Date: 08/04/2021 | | |

[Expand Details](#)

Go To: [Administrative Review Committee](#)

Please specify Administrative Review Committee members *****

(Select 'Yes' to proceed):

| First Name - Administrative Review Committee | Last Name - Administrative Review Committee | Title - Administrative Review Committee | External Agency - Administrative Review Committee |
|--|---|---|---|
| John | Smith | Provider | |
| John | Doe | Provider | |

[DELETE](#) 

[EDIT](#)  [ADD](#) 

Administrative Review Committee

First Name:

Last Name:

Title:

External Agency:

Entering names on this screen and submitting this document in EIM attests that the people listed participated in the Administrative Review Committee meeting for this incident.

[UNDO CHANGES](#) [SAVE](#)

[◀ BACK](#) [SAVE & CONTINUE](#)

Select **Yes** in the mandatory *Please specify Administrative Review Committee members (Select 'Yes' to proceed)* drop-down box at the top of this EIM page to open the text fields where you enter the reviewers' information. Given the necessity of this committee, do not select **No** in this drop-down box. Clicking **No** does not display the fields, so you are unable to identify any committee members. Selecting **No** and then clicking [Save] or [Save & Continue] generates an EIM validation error message.

Enter the first and last names of the first reviewer in the mandatory *First Name* and *Last Name* fields. Enter the reviewer's title in the mandatory *Title* field and identify any external agency to which the reviewer is associated in the *External Agency* field. This optional field can be used to record the agency

name if an individual on the Provider Administrative Review Board serves an agency other than the filing organization.

Click the [Save] button to save the data on this first reviewer into the table in the middle of the page. To add more reviewers, enter data as described above and click [Save]. There must be a minimum of two reviewer records in the table for EIM to allow the *Administrative Review Committee* page to be saved. If the minimum of two reviewer records is not met, EIM generates one of two possible error messages at the time the *Provider Administrative Review* document is validated or submitted:

Error for ODP-ID/A

"Error: Minimum requirement of two committee members is not met. For additional support, contact the appropriate county/AE for assistance."

Error for ODP-BSASP

Error: Minimum requirement of two committee members is not met. For additional support, contact the provider support mailbox at ra-basprovidersupprt@pa.gov for assistance.

If you later find you need to edit or delete a record from the table, click the record to fix and then click [Edit] or [Delete] as needed. Clicking [Edit] inserts the record's data back into the fields, where you can edit and resave it. Clicking [Delete] removes the record entirely from the table.

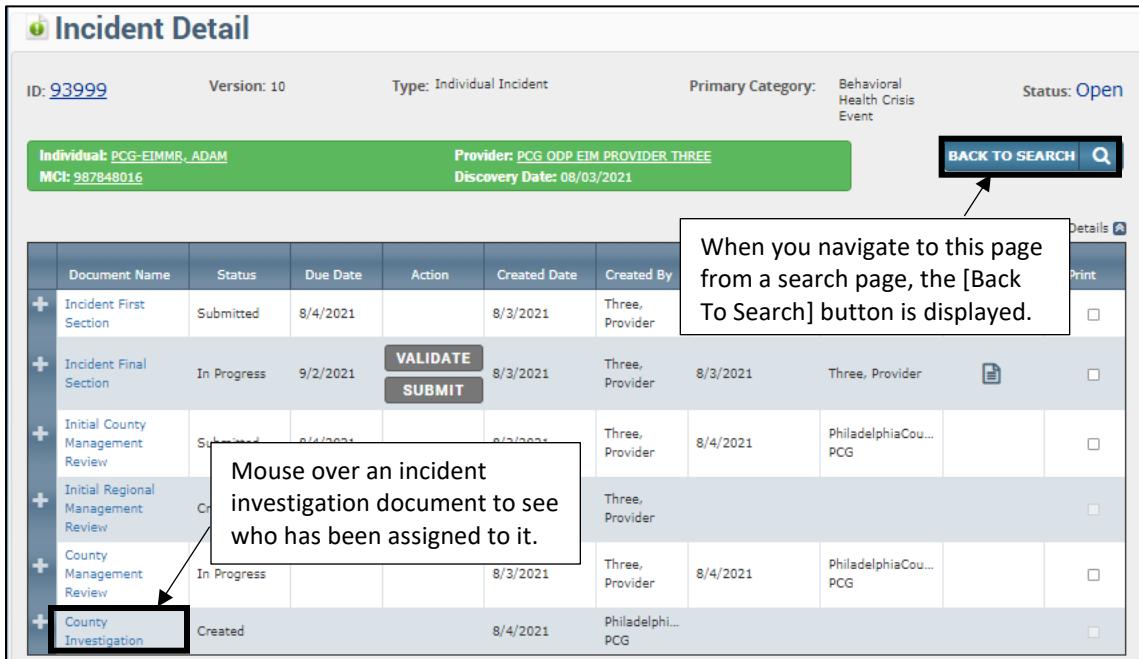
The attestation statement that appears at the bottom of the *Provider Administrative Review Committee* screen serves as confirmation that a review meeting took place and was conducted by the reviewers whose names appear in the table.

9. Incident Detail

9.1 Incident Detail

The *Incident Detail* page is used for controlling incident workflow and to display information describing the history of the incident. Users can perform the following incident workflow and management actions:

- Navigate documents
- View audit trail information
- Link/unlink incidents
- Delete and undelete incidents
- Extend due dates for certain documents
- Upload relevant documents for specific incidents
- Initiate, validate, review, and submit documents
- Mark incidents as confidential
- Reassign incident point persons
- Generate printable summaries
- Enter SC comments in incident records



The screenshot shows the 'Incident Detail' page with the following details:

- Header:** ID: 93999, Version: 10, Type: Individual Incident, Primary Category: Behavioral Health Crisis Event, Status: Open.
- Individual:** PCG-EIMMR, ADAM, MC# 987848016
- Provider:** PCG ODP EIM PROVIDER THREE, Discovery Date: 08/03/2021
- Buttons:** BACK TO SEARCH, Print, Details.
- Table:** A list of investigation documents with columns: Document Name, Status, Due Date, Action, Created Date, Created By. The table includes rows for 'Incident First Section', 'Incident Final Section', 'Initial County Management Review', 'Initial Regional Management Review', 'County Management Review', and 'County Investigation'.
- Validation Buttons:** VALIDATE and SUBMIT are located in the 'Action' column of the table.
- Tooltip:** A callout box points to the 'BACK TO SEARCH' button with the text: "When you navigate to this page from a search page, the [Back To Search] button is displayed."
- Mouseover:** A callout box points to the 'County Investigation' row with the text: "Mouse over an incident investigation document to see who has been assigned to it."

Document Status Bar:

Incident Detail

| ID: 93999 | Version: 10 | Type: Individual Incident | Primary Category: Behavioral Health Crisis Event | Status: Open | | | | | | |
|--|------------------------|--|--|--------------|--------------|-----------------|----------------|-----------------|------------------|--------------------------|
| Individual: PCG-EIMMR, ADAM MCI: 987848016 | | Provider: PCG ODP EIM PROVIDER THREE Discovery Date: 08/03/2021 | | | | | | | | |
| BACK TO SEARCH  | | | | | | | | | | |
| Collapse Details  | | | | | | | | | | |
| | Document Name | Status | Due Date | Action | Created Date | Created By | Last Edit Date | Edited By | Report Extension | Print |
|  | Incident First Section | Submitted | 8/4/2021 | | 8/3/2021 | Three, Provider | 8/3/2021 | Three, Provider | | <input type="checkbox"/> |

The incident status bar on the documents panel displays a summary of information related to the incident:

- Document Name
- Status
 - Until the document is initiated by a user, the document has a status of "Created." When the document is initiated, the document's status changes to "In Progress." Once a document is successfully submitted, its status changes to "Submitted." If a given document is not approved as part of a management review, the status becomes "Not Approved" and later "Reviewed." The possible statuses for each document therefore can be "In Progress," "Created," "Not Approved," "Reviewed" and "Submitted."
- Due Date
- Action (Initiate, Validate and Submit)

| | | | | | | | | | |
|---|--------------------------------|-------------|----------|-----------------|----------|----------------------|--------------------------|-----------------|--------------------------|
|  | Incident Final Section | Created | 9/3/2021 | INITIATE | 8/5/2021 | Three, Provider | <input type="checkbox"/> | | |
|  | Provider Administrative Review | In Progress | 9/3/2021 | VALIDATE | 8/5/2021 | KInvestiga... PCG | 8/5/2021 | Three, Provider | <input type="checkbox"/> |

- **[INITIATE]:** Click **[INITIATE]** to begin filling out the pages that make up the document. (EIM marks the incident as "In Progress")
- **[VALIDATE]:** Click **[VALIDATE]** to check for errors in the document before attempting to submit.
- **[SUBMIT]:** Click **[SUBMIT]** to submit the document. If there are no errors, the document is submitted. If the document contains errors, submission fails. All errors are identified by error messages appearing at the top of the EIM screen to instruct users on how to correct the errors. Users then resubmit the document until all errors are corrected, and the document can be submitted successfully.
- Created Date

- This is the date when the document is initiated. It appears automatically in the documents panel when the user clicks the [INITIATE] button for the document. For example, the final section is created automatically when the first section is submitted. However, the creation date is not the date when the system creates the document (the first section's submission date). Instead, the date when the user initiates the final section is recorded as the creation date.
- **Created By**
 - Displayed in this column is the system username of the user who performs the action that creates the document.
- **Last Edit Date**
 - This is the date when the document was last edited.
- **Edited By**
 - Displayed in this column is the system username of the user who last edited the document.
- **Report Extension**
 - Click the icon that appears in this column to open the *Report Extension* page. In this EIM page you can file a due date extension for the document in question. This icon appears only for those documents in which extensions are allowed. Extensions are never allowed for first sections.
- **Print (Checkbox)**
 - Click the check box(es) in the Print column for specific documents to indicate that only these selected documents are to be printed as part of a *Incident Detail Report* print summary. If you do not check these check boxes to select only certain documents for printing, all documents are printed in the *Incident Detail Report* print summary. See the section "*Print Summaries*" in this manual for complete details on using these check boxes.

Documents and Errors:

The names of all the documents generated for an incident appear in this *Incident Detail* screen as they are generated. When it is time to validate or submit a single document, use the icons that appear with the document and page names on the *Incident Detail* screen to guide you to any errors that EIM finds on the pages of that document.

The document names and page names displayed in the *Incident Detail* screen are hyperlinks. Click a document name to open the first page of the document. Click a page name to open the relevant page.



The screenshot shows a table with the following columns and data:

| Document Name | Review Status | Date | Actions |
|-----------------------------------|---------------|----------|-----------------|
| County Management Review | Created | | VALIDATE |
| Provider Administrative Review | In Progress | 9/3/2021 | SUBMIT |
| Administrative Review Information | Valid | | |
| Administrative Review Summary | Invalid | | |
| Preventative Corrective Action | Valid | | |
| Additional Corrective Actions | Valid | | |
| Administrative Review Committee | Valid | | |

Annotations on the left side of the screenshot state: "The hyperlinked names of the individual documents are listed in the Document Name column as they are created." An annotation on the right side states: "Clicking an Expand icon (plus sign) beside a document name displays all the pages of the document that must be validated for the document to be submitted." Arrows from these annotations point to the plus signs in the "Document Name" column header and the plus sign icon next to the "Administrative Review Summary" row.

Whenever you click the [Validate] button for a document, EIM validates that the information provided on all pages of that document conform to EIM requirements (validation occurs when you click the [Submit] button as well). The results of that validation are then displayed in the table on the *Incident Details* page, as shown at the top of the next page.

The illustration above shows how the unsuccessful validation of an incident final section causes each page of that document to be displayed with an icon that indicates the validation status of that page. See the chart at the top of the next page for descriptions of the icons that can appear and their meanings.

| | |
|--|--|
| | An icon that consists of a white check mark in a green circle indicates that the page is complete and free of errors. A page that contains data that came from another page or document displays this icon as well. |
| | An icon that consists of a white x in a red circle indicates that the document page contains one or more invalid responses that require correction. |
| | An icon that consists of white bars in an orange circle indicates that no data has yet been entered and/or selected and/or saved on the page. It is still in its default state, and no user has done anything with the page. |

The error icons indicate the pages that require your attention and correction. Clicking an **Expand** icon (plus sign) beside the name of the page displaying an error icon opens the list of errors on the page, as illustrated below.

County Management Review

Created 8/5/2021 Three, Provider

Provider Administrative Review In Progress 8/5/2021 VALIDATE MIT 8/5/2021 KInvestiga. PCG 8/5/2021

Page Name

Administrative Review Information

Administrative Review Summary

Errors

1 2 3

Error: Was assistance offered to the alleged victim - Administrative Review Summary: Response is mandatory

Preventative Corrective Action

Additional Corrective Actions

Administrative Review Committee

Error messages follow a general pattern, which is marked by the red boxes above and callout numbers described below:

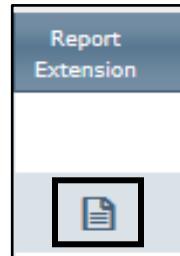
1. The field with missing or nonconforming data is identified.
2. The page where this field is found is identified.
3. The error is described.

In the case shown here, “Response is mandatory” means that the fields identified are missing data that must be filled in or selected.

9.2 Incident/ Actions

The *Incident Detail* page allows users to perform the actions listed below. Also shown are the buttons and icons that appear on the *Incident Detail* page, depending on the user role.

- Print Summaries
- Reassign Point Persons
- Mark Incidents as Confidential
- Link Incidents
- Delete/Undelete Incidents
- Enter Report Extensions
- Enter SC Comments
- Upload Documents



The actions that a user can take on the *Incident Detail* page are based on the user's role. Below are overview discussions of the connections among roles and actions. Click the links at the ends of each action entry to navigate to the subsection of this user manual where the action is discussed in greater detail.

- **Print Summary:** Users with any role are able to click the [Print Summary] button and open the Print Summary pop-up dialog box. This dialog box offers the choice of one of four different reports that present incident information in a concise format and condensed package. [Print Summaries](#)
- **Reassign Point Person:** If the user has the Incident Reporter role, the system displays the [Reassign Point Person] button. A new point person can be assigned if necessary. [Reassign Point Person](#)
- **Mark as Confidential:** This action is available only to the Incident Reporter role in an organization and lets the reporter limit point-person access to the incident report within their organization to a specific point person. *The point person appointed when the incident was created is the only point person from the provider's organization who may access the confidential incident.* [Mark as Confidential](#)
- **Link to Incidents/Complaints:** All users except those with the Incident Read-Only role are authorized to link an incident to any other incident to which they have access. Linking can be

done at any time after the incident has been created. All linked incidents appear in the panel at the bottom of the *Incident Detail* page (even if they have been marked as **Deleted**). Although a user may not have access to an incident, they still can see it in the list of linked incidents. However, they cannot view the incident report itself or remove the linkage. [Link Incidents/Complaints](#)

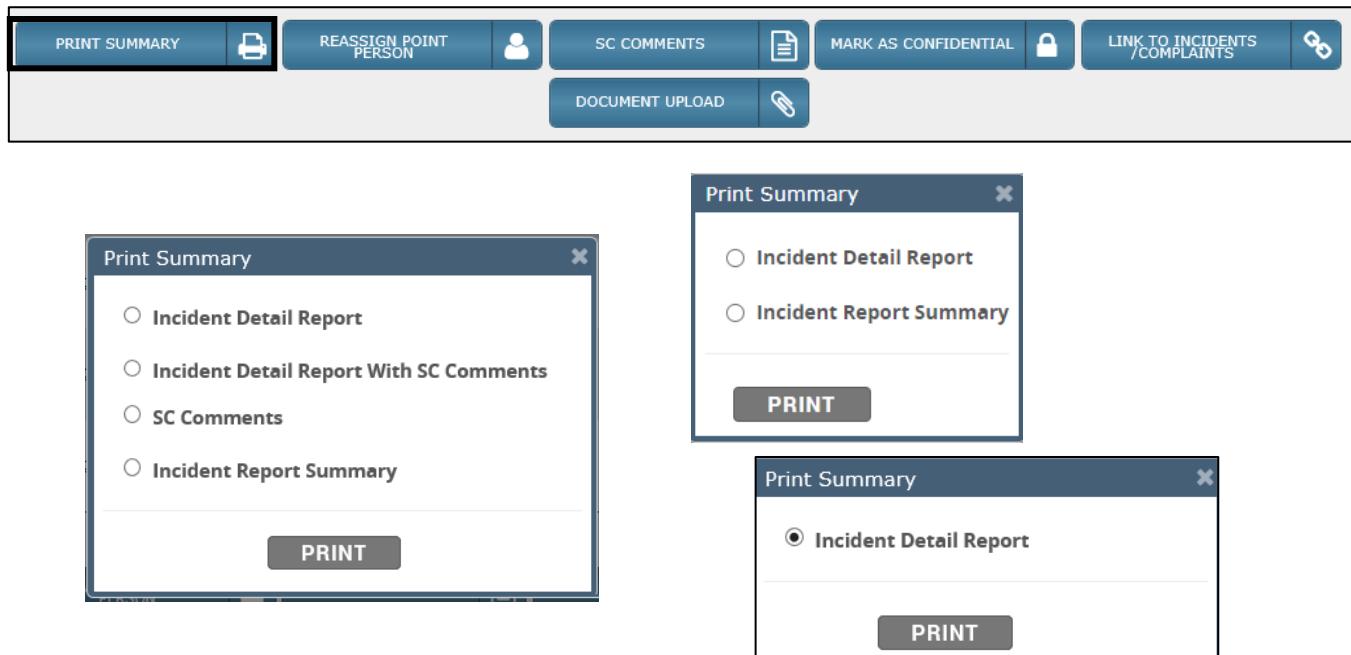
- **Delete/Undelete:** Only users with the Incident Administrator, Incident Point Person or Incident Reporter roles can view the [Delete]/[Undelete] button and delete an incident. When an incident is deleted, the incident is not accessible by most users. EIM has two levels of security around the deletion of incidents, as described below. [Delete / Undelete Incident](#)
 - Before the incident report first section is submitted, users with the Incident Point Person or Incident Reporter roles are allowed to delete that incident. This functionality is designed to help eliminate duplicate, unnecessary, or accidentally filed incidents. Users with the Incident Administrator role are also allowed to delete unsubmitted incident first sections.
 - After the first section is submitted, only users with the Incident Administrator role can delete the incident.
 - **Note:** Once an incident is deleted, it does not appear in search results or reports unless specifically requested. It is only accessible by users with the ability to undelete the incident. When one of these users accesses the *Incident Detail* page, they see a button that allows them to undelete the incident. When an incident is undeleted, it reverts to its pre-deletion status and becomes accessible to the previous set of authorized users.
- **Report Extension:** Every document except the first section is assigned a due date. When users with roles other than the Incident Administrator and Incident Read-Only roles believe that a due date is going to be missed, they can use this link to request an extension for submitting the document. This link is available from the time the document is generated through the time it is submitted. The number of extensions that have been filed will be displayed next to the report extension icon. [Report Extension](#)
- **SC Comments:** An [SC Comments] button appears with other buttons on the *Incident Detail* screen for qualified users. Access to the SC Comments page is controlled by scope and not by role. If you are an SC (or meet other qualifications), you can see and click this button to open the *SC Comments* page, where you can enter comments or questions for incident reviewers. [SC Comments](#)
- **Document Upload:** Users with any role(s) except the Incident Read-Only role see the [DOCUMENT UPLOAD] button on the *Incident Detail* screen of an incident. Clicking this button initiates the document upload process, which lets you add relevant supporting documentation to incidents as they are worked in EIM. The button also displays the number of uploaded documents for the incident. [Document Upload](#)

9.3 Print Summaries

9.3.1 Overview of Print Summaries

EIM provides four different varieties of printable PDF-files that are summaries of incident data presented in straightforward formats. These files are collectively referred to as “print summaries.” They are the *Incident Detail Report*, the *Incident Detail Report With SC Comments*, *SC Comments*, and the *Incident Report Summary*. Users with the necessary permissions can select and view print summaries for open or closed incidents. Users can choose to print summaries for incidents in different stages of the incident-processing process in EIM.

Depending on users’ permissions and statuses of the incidents, these summaries are selectable in the *Print Summary Popup* window (see sample windows illustrated below). You open the *Print Summary Popup* window by clicking the [Print Summary] button in an *Incident Detail* window (bordered by a red box below).



The two *Incident Detail* reports each begin with an overview page that contains very high-level information about the incident. After that overview page, the printout displays the data entered page-by-page in EIM for each document with a status of **In Progress** or **Submitted**. (**Created** documents are not included in *Incident Detail* reports.) These sections contain all the questions within the document, grouped by the page on which they were recorded. First and final sections, county and regional management reviews and provider investigations can all appear in a printable summary.

- For instructions and more information on the *Incident Detail* report, see the section heading “*Selecting Incident Detail Reports*” in this manual.

Any SC comments that are entered for an incident can appear as a separate section at the end of an *Incident Detail Report*, or they can appear and be printed as a standalone document. You have the

choice of which of the two forms you want for your printable summary. The *SC Comment Summaries* have their own format which is different from the *Incident Detail Reports*.

- For instructions and more information on the *SC Comments Summaries*, see the section heading “*Selecting Incident Detail Reports with SC Comments*” in this manual or the heading “*Selecting the SC Comments Summary*.”

The *Incident Report Summary* also has its own format, presenting data in table form to summarize the main points of an incident. For non-abbreviated incidents, *Incident Report Summaries* can be run if at least one final-section document has been submitted. For abbreviated incidents, *Incident Report Summaries* can be run if the first section document has been submitted.

- For instructions and more information on the *Incident Report Summary*, see the section heading “*Selecting the Incident Report Summary*” in this manual.

9.3.2 Selecting *Incident Detail Reports*

1. Open the *Incident Detail* page for the incident you need the summary report for. Decide if you want a report that A) displays details on all of the incident documents or B) displays details only on documents you select. Skip to Step 3 for the report described by A) but go on to the next step, Step 2, for the report described by B).
2. Specify the documents you want to print by selecting the check boxes in the Print column on the *Incident Detail* screen that correspond to each of the documents you need (see check marks illustrated below). The summary will contain only the data from the checked documents.

| | Document Name | Status | Due Date | | Print |
|---|------------------------|-----------|-----------|--|-------------------------------------|
| + | Incident First Section | Submitted | 5/25/2020 | | <input type="checkbox"/> |
| + | Incident Final Section | Submitted | 6/23/2020 | | <input checked="" type="checkbox"/> |
| + | Provider Investigation | Submitted | 6/23/2020 | | <input checked="" type="checkbox"/> |

3. Click the [Print Summary] button on the *Incident Detail* page (top illustration below). The *Print Summary* window appears greatly reduced in size, as shown in the bottom illustration below. The window appears this way while EIM runs through the various validations it needs to determine which option buttons to display.



After a few moments, a window resembling the window below appears. The display in this window reflects the results of the validations.



4. Click the **Incident Detail Report** option button to select it, and then click the [Print] button to print the summary report as a PDF file to the screen. The most recent versions of the incident documents are printed with the information grouped by document and page. Documents with a status of “Created” or “Not Approved” are not included in these summary reports.

The following users can select the **Incident Detail Report** option button:

- Providers and SCs
- All ODP-ID/A county/AE, regional and state staff
- All ODP-BSASP regional and state staff
- State Center staff

The **Incident Detail Report** option button appears by itself in the window when you are working with a site-level incident or optionally reportable event incident. No other option buttons appear. The **Incident Detail Report** option button appears along with the **Incident Report Summary** button when you are working with a state-center incident or an incident involving an individual without an MCI.

Note: The printed report includes the latest version of each document in the incident. But if an investigation document is associated with a final section or a management review that is not the latest version, the investigation document is not part of the printout.

Likewise, this report does not include any of the content of the *Provider Administrative Review* document unless you check the check box (as described in Step 2 above) for this review in the *Incident Details* screen. In addition, unless you click the *Provider Certified Investigator Report* check box in the Print column on the *Incident Detail* screen, only the *Summary of CI's Findings* section of the *Provider Certified Investigator Report* appears in the printed *Incident Detail Report*.

Shown on the next page are selected illustrations taken from a sample *Incident Detail* report. Callouts in the illustrations explain features of this report.

EIM Enterprise Incident Management

Print Summary

Run as of: 06/01/2020 11:30 AM

Overview

Program Office: ODP
 Incident or Complaint: Incident
 ID: 89877
 Version: 8
 Type: Individual Incident
 Status: Open

The Overview page shows brief and very high-level information about the incident.

The page headers provide additional summary information.

Primary Category: Behavioral Health Crisis Event **Incident ID:** 94238

Individual Name: PCG, ETHAN **Discovery Date:** 08/16/2021 05:09 PM

Incident First Section

Status: Submitted
 Created Date: 08/16/2021 05:08:48 PM (Three, Provider)
 Last Edit Date: 08/16/2021 05:10:22 PM (Three, Provider)

The individual documents are identified, and you can see their current incident-document statuses.

Individual Information

MCI: 087735211
 SSN: XXX-XX-9191
 BSU:
 Individual Name: PCG, ETHAN
 Case Management System: HCSIS

Primary Category: Behavioral Health Crisis Event **Incident ID:** 94238

Individual Name: PCG, ETHAN **Discovery Date:** 08/16/2021 05:09 PM

Incident Final Section

Status: In Progress
 Created Date: 08/16/2021 05:10:24 PM (Three, Provider)
 Last Edit Date: 08/16/2021 06:24:37 PM (PhilSO, PCG)
 Due Date: 08/16/2021
 Report Extensions: 1

The number of report extensions that have been filed for the Incident Final Section, will be shown here.

Provider Investigation

Primary Category: Hospitalization
 Individual Name: PCG-EIMMR, CARTER

Investigation and management review documents appear in the summary report.

Investigation Information

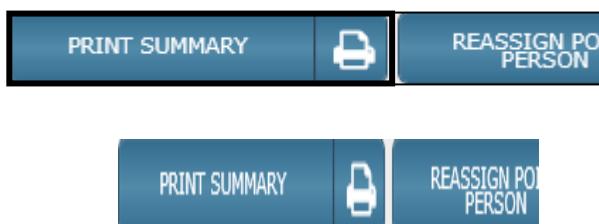
Investigation Start Date: 05/26/2020
 Investigation End Date: 05/27/2020
 Investigation Assignment Date and Time: 05/26/2020 09:00 AM
 First Witness Statement Date and Time: 05/26/2020 09:25 AM
 Last Witness Statement Date and Time: 05/26/2020 04:15 PM
 If the last witness statement was more than 10 days after the first witness statement, please explain:
 Enter the primary investigatory question:
 Summary of investigator's findings:

What caused he fall that led to the leg fracture?
 Trip hazards abound in all living quarters of the house.
 Eliminating these hazards would go far in curbing the common occurrences of stumbling among the inhabitants.

9.3.3 Selecting Incident Detail Reports with SC Comments

Exchanges of SC comments appear as their own report or as the last pages of an *Incident Detail Report*. Follow the instructions below to add an *SC Comments Summary* report to the end of an *Incident Detail* report. Deleted comments do not appear in summaries.

1. Open the *Incident Detail* page for the incident with the SC comments that you need. If you want only certain documents to print, check their check boxes in the Print.
2. Click the [Print Summary] button on the *Incident Detail* page (top-left illustration below). The *Print Summary* window appears greatly reduced in size, as illustrated on the bottom-left below. The window appears this way while EIM runs through the various validations it needs to determine which option buttons to display. After a few moments, a window resembling the window on the right below appears. The display in this window reflects the results of the validations.



3. Click the **Incident Detail Report With SC Comments** option button to select it, and then click the [Print] button to print the PDF file of the combined *Incident Detail* and *SC Comments Summary* to the screen.

The following users can select the **Incident Detail Report With SC Comments** option button:

- SCs
- All ODP-ID/A county/AE, regional and state staff
- All ODP-BSASP regional and state staff

Providers and State Center users cannot access the **Incident Detail Report With SC Comments** option button. This option button is also unavailable when the incident involves an individual without an MCI.

Illustrated on the page after next is a screenshot taken from a sample *SC Comments Summary* that ran as part of an *Incident Detail Report*. Callouts in the illustration explain some of the features of this report. The illustration shows a sample comment consisting of two SC comments and two reviewer comments. There is no limit on the number of comments that can be exchanged. Consequently, the report displays as many comments as there are in the incident.

If the incident has no comments, the *SC Comments Summary* looks like the illustration below.

| | |
|---|--|
| Primary Category: Hospitalization | Incident ID: 89877 |
| Individual Name: PCG-EIMMR, CARTER | Discovery Date: 05/24/2020 11:22 AM |
| SC Comments | |
| <i>No comments to display</i> | |

Primary Category: Hospitalization **Incident ID:** 89877
Individual Name: PCG-EIMMR, CARTER **Discovery Date:** 05/24/2020 11:22 AM

SC Comments

This key information appears for each comment.

| Comment Title | Date |
|------------------------|------------|
| Inadequate examination | 06/01/2020 |
| Corrective Actions | 06/01/2020 |
| Addressed | 06/01/2020 |

The page headers show at the top of this report, too.

User: PhiladelphiaSCEntity, PCG (SC) **Date: 06/01/2020**
Any concern about an in-process incident or about the process itself can be raised in a comment to be addressed by a reviewer.

User: PhiladelphiaCounty, PCG (County Management Reviewer) **Date: 06/01/2020**
A reviewer's response to the concern about the incident appears in this area of the SC Comment page. At this point, the reviewer can address the concern or ask for further details or updates.

User: PhiladelphiaSCEntity, PCG (SC) **Date: 06/01/2020**
These are the updates that are made to allow the reviewer to address the issue.

User: PhiladelphiaCounty, PCG (County Management Reviewer) **Date: 06/01/2020**
The comment can be addressed

The individual comments appear in chronological order of entry. The report displays all the comments that are entered for the incident.

The commenter's username appears with each comment. The user's organization/ role is identified within parentheses beside the username above each comment.

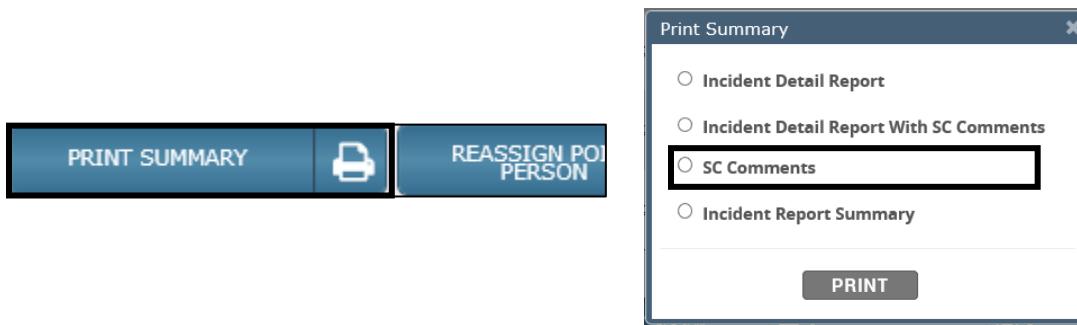
The page numbering follows the numbering of the Incident Detail report.

Date Printed: 06/01/2020 Page 9 of 9

9.3.4 Selecting the *SC Comments* Summary

Exchanges of SC comments can appear as their own summary report. Follow the instructions below to select a standalone *SC Comments Summary* report.

1. Open the *Incident Detail* page for the incident with the SC comments that you need. If you want only certain documents to print, check their check boxes in the Print column.
2. Click the [Print Summary] button on the *Incident Detail* page (top-left illustration below). The *Print Summary* window appears greatly reduced in size, as illustrated on the bottom-left below. The window appears this way while EIM runs through the various validations it needs to determine which option buttons to display. After a few moments, a window resembling the window on the right below appears. The display in this window reflects the results of the validations.



3. Click the **SC Comments** option button to select it, and then click the [Print] button to print the PDF file of the *SC Comments Summary* to the screen.

The following users can select the **SC Comments** option button:

- SCs
- All ODP-ID/A county/AE, regional and state staff
- All ODP-BSASP regional and state staff

Providers and State Center users cannot access the **SC Comments** option button. This option button is unavailable as well when the incident involves an individual without an MCI.

Illustrated on the page after next is a screenshot taken from a sample *SC Comments Summary*. Callouts in the illustration explain some of the features of this summary. The illustration shows a sample comment consisting of two SC comments and two reviewer comments. There is no limit on the number of comments that can be exchanged. Consequently, the report displays as many comments as there are in the incident.

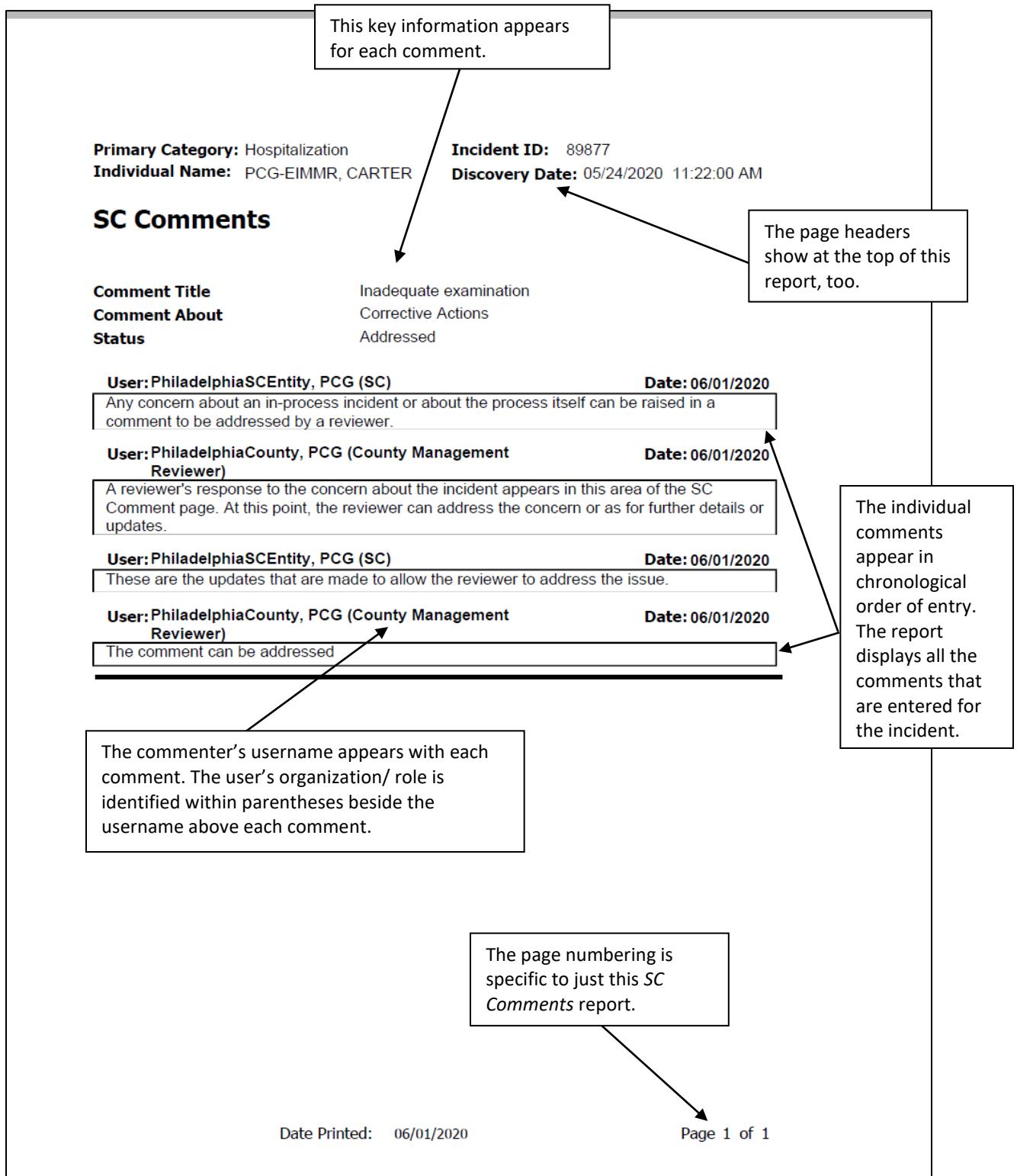
If the incident has no comments, the *SC Comments Summary* looks like the illustration below.

Primary Category: Hospitalization
Individual Name: PCG-EIMMR, CARTER

Incident ID: 89877
Discovery Date: 05/24/2020 11:22 AM

SC Comments

No comments to display

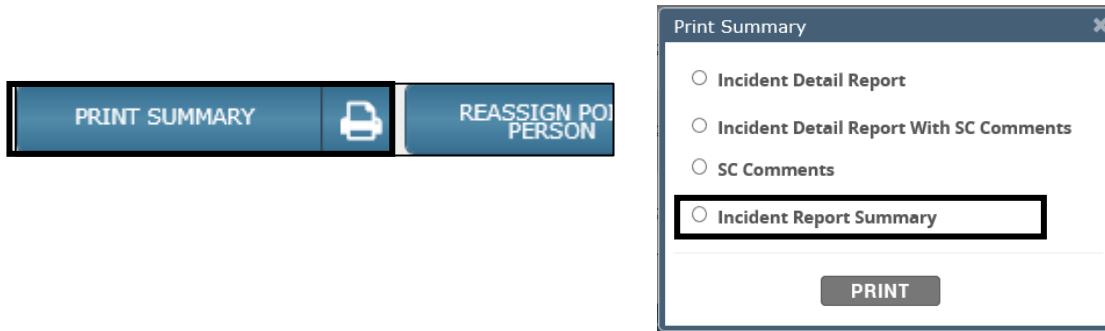


9.3.5 Selecting the Incident Report Summary

The *Incident Report Summary* is a one- or two-page summary of information presented in the *Incident Detail Report*. The summary provides many important incident details in a single source and comes in a few different forms illustrated here.

When you are working with a non-abbreviated incident, the option to print an *Incident Report Summary* is available if at least one final section document has been submitted. When working with an abbreviated incident, you can print an *Incident Report Summary* if you have successfully submitted the incident first section. Follow the instructions below to select an *Incident Report Summary* to print.

1. Open the *Incident Detail* page for the incident that you need the *Incident Report Summary* for. If you want only certain documents to print, check their check boxes in the Print column.
2. Click the [Print Summary] button on the *Incident Detail* page (top-left illustration below). The *Print Summary* window appears greatly reduced in size, as illustrated on the bottom-left below. The window appears this way while EIM runs through the various validations it needs to determine which option buttons to display. After a few moments, a window resembling the window on the right below appears. The display in this window reflects the results of the validations.



3. Click the **Incident Report Summary** option button to select it, and then click the [Print] button to print the PDF file of the *Incident Report Summary* to the screen.

The following users can select the **Incident Report Summary** option button:

- Providers and SCs
- All ODP-ID/A county/AE, regional and state staff
- All ODP-BSASP regional and state staff

The **Incident Report Summary** option button appears along with the **Incident Detail Report** button when you are working with an incident involving an individual without an MCI.

The next three pages show illustrations of sample *Incident Report Summaries*. On the next page is a summary for a non-abbreviated incident, followed by a medication-error summary, and a summary for a restraint. Callouts in the illustrations explain some of the features of each of these printable summary reports.

This version of the summary includes the following sections:

- Incident Details
- Incident Description
- Actions Taken
- Additional Information / Findings
- Notification Information
- Medical Intervention Information
- Corrective Actions
- Investigation Summary and Determination (if applicable)

Regarding the data appearing in the report, when two questions on the same topic on separate pages are answered (e.g., are there targets, was law enforcement involved, etc.) the more recent values (which tend to be from the final section) appear

This disclaimer does not appear in summaries of closed incidents.



Incident Report Summary

Disclaimer: The information summarized within this incident report is subject to change based upon final management review.

Incident Details:

| | |
|---|---|
| Incident ID: 89480 | Incident Status: Open |
| Individual Name: MIKE PCG-EIMMR | |
| Occurred Date: 05/01/2020 | Discovery Date and Time: 05/01/2020 9:24 AM |
| Primary Category: Abuse | Secondary Category: Sexual |
| Provider Investigation Determination: Confirmed | |
| Provider's Name: PCG ODP EIM PROVIDER THREE | Provider's Address: 1300 MARKET ST, PHILADELPHIA, PA 19107-3323 |

Incident Description:

The individual was groped by staff members from the SC organization

Immediate Action Taken:

The Provider is looking for a new SCO for the consumer and separating the SC from t be made.

Additional Information/Findings:

The incident description neglected to mention that the individual was alone in the indi occurred. That is why there were no witnesses.

Notification Information:

Law Enforcement Contacted: Yes

Protective Services notified: Yes (Child Protective Services, Adult Protective Services, Older Adult Protective Services)

| Family/Guardian/ Agency | If Other, Please Specify | Person Notified (First Name) | Person Notified (Last Name) | Date Notified/Will Notify |
|-------------------------|--------------------------|------------------------------|-----------------------------|---------------------------|
| Law Enforcement | N/A | Chief | OF Police | 05/01/2020 |
| Individual's ISP Team | N/A | Marshall | Erickson | 05/01/2020 |

Medical Intervention Information:

Admission/Intervention Date: N/A

Discharge/Intervention End Date: N/A

Medical Provider/Center Name: N/A

Initial Diagnosis: N/A

Discharge Diagnosis: N/A

Additional Diagnosis: N/A

Extent of treatment: Emergency Room, Hospital, Urgent Care Center

Follow up appointments scheduled: No

When more than one additional diagnosis is selected, the diagnosis names appear separated by commas.

Incident ID: 89480

Date Printed: 06/11/2020

Page 1 of 2



Corrective Actions:

| Action | Completion/Expected Completion Date | Description |
|--|-------------------------------------|---|
| Modify existing policy and/or procedure, train appropriate staff, and evaluate effectiveness | 05/01/2020 | Policies at the SCO have been updated. It will take approved and a part of the process. |

This Corrective Actions table displays combined information from the Preventative Corrective Actions and Additional Corrective Actions pages in EIM.

Note: Information may be removed or redacted to protect Personally Identifiable Information and Protected Health Information.

Anyone printing or using this summary report must be aware of this step taken to protect personal information.

age

| |
|---|
|  pennsylvania DEPARTMENT OF HUMAN SERVICES OFFICE OF DEVELOPMENTAL PROGRAMS |
| No disclaimer appears in summaries for medication errors. |

Incident Report Summary

| | | | | | | | | | |
|--|---|---|---|--|---|---|---|---|---|
| Incident Details: <table border="1"> <tr> <td>Incident ID: 00502</td> <td>Incident Status: Closed</td> </tr> <tr> <td>No disclaimer appears in summaries for restraint errors.</td> <td>Discovery Date and Time: 05/07/2020 11:02 AM</td> </tr> <tr> <td>Primary Category: Medication Error</td> <td>Secondary Category: Wrong Form - Gave the wrong form of the medication (e.g. gave a tablet instead of a liquid)</td> </tr> <tr> <td>Provider's Name: PCG ODP EIM PROVIDER THREE</td> <td>Provider's Address: 1300 MARKET ST, PHILADELPHIA, PA 19107-3323</td> </tr> </table> | | Incident ID: 00502 | Incident Status: Closed | No disclaimer appears in summaries for restraint errors. | Discovery Date and Time: 05/07/2020 11:02 AM | Primary Category: Medication Error | Secondary Category: Wrong Form - Gave the wrong form of the medication (e.g. gave a tablet instead of a liquid) | Provider's Name: PCG ODP EIM PROVIDER THREE | Provider's Address: 1300 MARKET ST, PHILADELPHIA, PA 19107-3323 |
| Incident ID: 00502 | Incident Status: Closed | | | | | | | | |
| No disclaimer appears in summaries for restraint errors. | Discovery Date and Time: 05/07/2020 11:02 AM | | | | | | | | |
| Primary Category: Medication Error | Secondary Category: Wrong Form - Gave the wrong form of the medication (e.g. gave a tablet instead of a liquid) | | | | | | | | |
| Provider's Name: PCG ODP EIM PROVIDER THREE | Provider's Address: 1300 MARKET ST, PHILADELPHIA, PA 19107-3323 | | | | | | | | |
| Medication Error Information: <table border="1"> <tr> <td>Error occurred over multiple consecutive administrations: Yes</td> <td rowspan="4"> "Yes" appears here with a table of incidents and their categories when at least one incident has been linked to this incident. "No" appears with no table if there are no linked incidents. </td> </tr> <tr> <td>Reason for the error: Did not compare log to label</td> </tr> <tr> <td>Response to the error: Contacted health care professional</td> </tr> <tr> <td>Agency system response to prevent error from occurring in the future: Evaluate practice</td> </tr> <tr> <td>Additional comments: testing incident</td> </tr> </table> | | Error occurred over multiple consecutive administrations: Yes | "Yes" appears here with a table of incidents and their categories when at least one incident has been linked to this incident. "No" appears with no table if there are no linked incidents. | Reason for the error: Did not compare log to label | Response to the error: Contacted health care professional | Agency system response to prevent error from occurring in the future: Evaluate practice | Additional comments: testing incident | | |
| Error occurred over multiple consecutive administrations: Yes | "Yes" appears here with a table of incidents and their categories when at least one incident has been linked to this incident. "No" appears with no table if there are no linked incidents. | | | | | | | | |
| Reason for the error: Did not compare log to label | | | | | | | | | |
| Response to the error: Contacted health care professional | | | | | | | | | |
| Agency system response to prevent error from occurring in the future: Evaluate practice | | | | | | | | | |
| Additional comments: testing incident | | | | | | | | | |
| Medication List: <table border="1"> <tr> <td>Absorica</td> </tr> </table> | | Absorica | | | | | | | |
| Absorica | | | | | | | | | |
| Additional incidents filed as a result of Medication Error: No | | | | | | | | | |
| Notification Information: <table border="1"> <tr> <td>Family/guardian/individual's designee notified of the incident: Yes</td> <td rowspan="2"> Any explanation of a "No" response appears here. N/A appears when no details are provided. </td> </tr> <tr> <td>N/A</td> </tr> </table> | | Family/guardian/individual's designee notified of the incident: Yes | Any explanation of a "No" response appears here. N/A appears when no details are provided. | N/A | | | | | |
| Family/guardian/individual's designee notified of the incident: Yes | Any explanation of a "No" response appears here. N/A appears when no details are provided. | | | | | | | | |
| N/A | | | | | | | | | |
| Note: Information may be removed or redacted to protect Personally Identifiable Information and Protected Health Information. | | | | | | | | | |

Anyone printing or using this summary report must be aware of this step taken to protect personal information.



Incident Report Summary

Incident Details:

| | |
|---|---|
| Incident ID: 89591 | Incident Status: Closed |
| Individual Name: MIKE PCG-EIMMR | |
| Occurred Date: 05/07/2020 | Discovery Date and Time: 05/07/2020 10:59 AM |
| Primary Category: Restraint | Secondary Category: Mechanical |
| Provider's Name: PCG ODP EIM PROVIDER THREE | Provider's Address: 1300 MARKET ST, PHILADELPHIA, PA 19107-3323 |
| Restraint Information: | |
| Time In: 12:00 AM | Time Out: 10:59 AM |
| Restraint Duration: 659 minutes | Restraint Technique: Full Nelson |
| Antecedent: Family dynamics | |
| Restraint Reason: Self-injurious behavior | |
| Description: This is a testing incident | |
| Individual injured as a result of the use of a restraint: Yes Mike has a broken nose. | |

For ODP-ID/A incidents, when more than one secondary category is selected, the names of the categories appear, separated by commas.

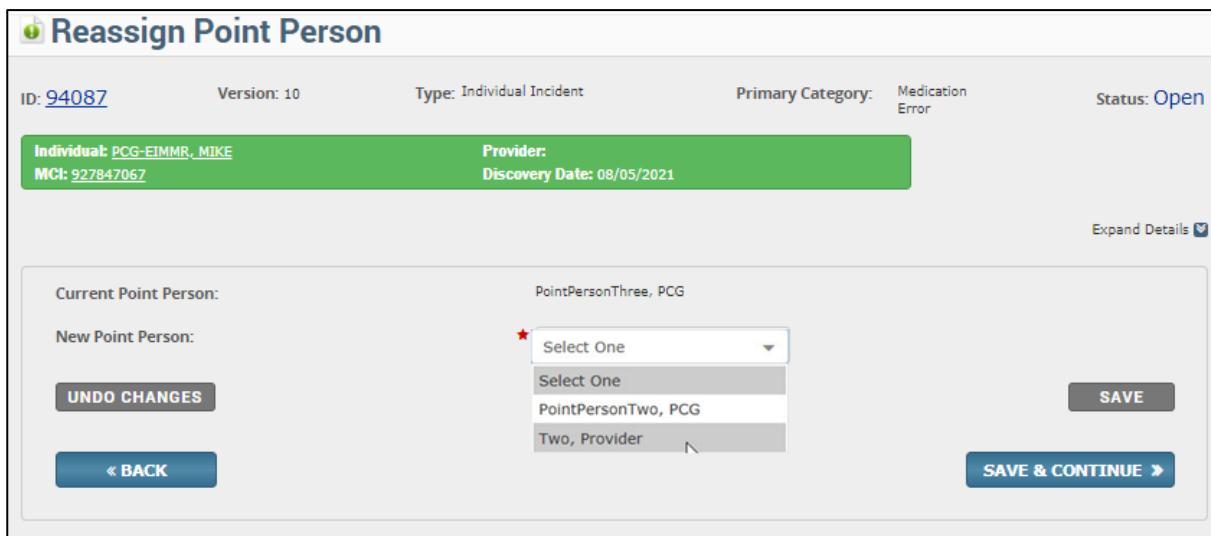
Note: Information may be removed or redacted to protect Personally Identifiable Information and Protected Health Information.

Anyone printing or using this summary report must be aware of this step taken to protect personal information.

9.4 Reassign Point Person

The *Reassign Point Person* page let you reassign the incident point person who was initially assigned at the time of incident creation. You access this page by clicking the [Reassign Point Person] button on the *Incident Details* page. Click the *New Point Person* drop-down box to select from a list of users from the incident filing organization who have the Point Person role.

Note: Only users with the Incident Reporter role can perform this function.



Reassign Point Person

ID: [94087](#) Version: 10 Type: Individual Incident Primary Category: Medication Error Status: Open

Individual: PCG-EIMMR, MIKE
MC: 927847067

Provider: Discovery Date: 08/05/2021

Current Point Person: PointPersonThree, PCG

New Point Person: *

UNDO CHANGES

SAVE

SAVE & CONTINUE >

< BACK

9.5 Mark as Confidential

Marking an incident as confidential means that access to the incident is denied to all point persons within the incident reporter's organization, except to the point person who is specifically assigned to the incident. Only point persons who are in the incident reporter's organization are denied the access. This action does not affect any users outside the reporter's organization. In addition, incident reporters can still view their incident reports that have been marked as confidential.

Note: Only users with the Incident Reporter role can perform this function.

Mark as Confidential

ID: [94110](#) Version: 10 Type: Site Level Incident Primary Category: Site Closure Status: Open

Individual: MCI: Provider: PCG ODP EIM PROVIDER THREE Discovery Date: 08/05/2021

Mark as Confidential? Yes

Once a user selects yes from the drop down, the only point person at the organization that can view the incident is the user identified on this page.

Point Person: PointPersonThree, PCG

UNDO CHANGES **SAVE** **BACK** **SAVE & CONTINUE**

9.6 Link Incidents/Complaints

This screen lets you search for incidents and associate them with other incidents. You open this screen by clicking the [Link to Incidents/Complaints] button on the *Incident Detail* screen. You then search for the incident to be linked, select the incident ID of the incident you are searching for and then click [SAVE] or [SAVE & CONTINUE]. The Incident Read-Only role is the only role that cannot link incidents.

Link Incidents/Complaints

ID: [94087](#) Version: 10 Type: Individual Incident Primary Category: Medication Error Status: Open

Individual: PCG-EIMMR, MIKE MCI: 927847067 Provider: Discovery Date: 08/05/2021

Incidents

ID: 94063 Status: Select One

Discovery From Date: MM/DD/YYYY Occurrence From Date: MM/DD/YYYY Individual Last Name: County: Select the Incident you want to link.

Search for an Incident ID. Individual First Name: Waiver/Program: CLEAR X SEARCH 

Select

| Name | Incident Type | Primary Category | Secondary Category | Discovery Date | Status |
|---------------|---------------------|--------------------------------|--------------------|----------------|--------|
| 94063 PCG, RW | Individual Incident | Individual To Individual Abuse | Physical | 08/04/2021 | Open |

1 - 1 of 1 items

25 items per page

BACK **SAVE** **SAVE & CONTINUE**

Click Save or Save & Continue.

After you link incidents, you see the linkage when viewing the Incident Detail page for any of the incidents you linked. You can remove the link by clicking the [Remove] button that appears in the row of a linked incident.

| Linked Incidents/Complaints | | | | | | |
|-----------------------------|---------------------|---------------------|--------------------------------|----------------|--------|------------------------|
| ID | Program Office Name | Incident Type | Primary Category | Discovery Date | Status | Action |
| 94063 | ODP-ID/A | Individual Incident | Individual To Individual Abuse | 8/4/2021 | Open | Remove |

9.7 Delete / Undelete Incident

This page allows users with the Incident Administrator, Incident Point Person, or Incident Reporter roles to delete or undelete an unsubmitted incident first section and provide comments regarding the reason for deletion. Once the first section has been submitted, only users with the incident Administrator role can delete or undelete an incident.

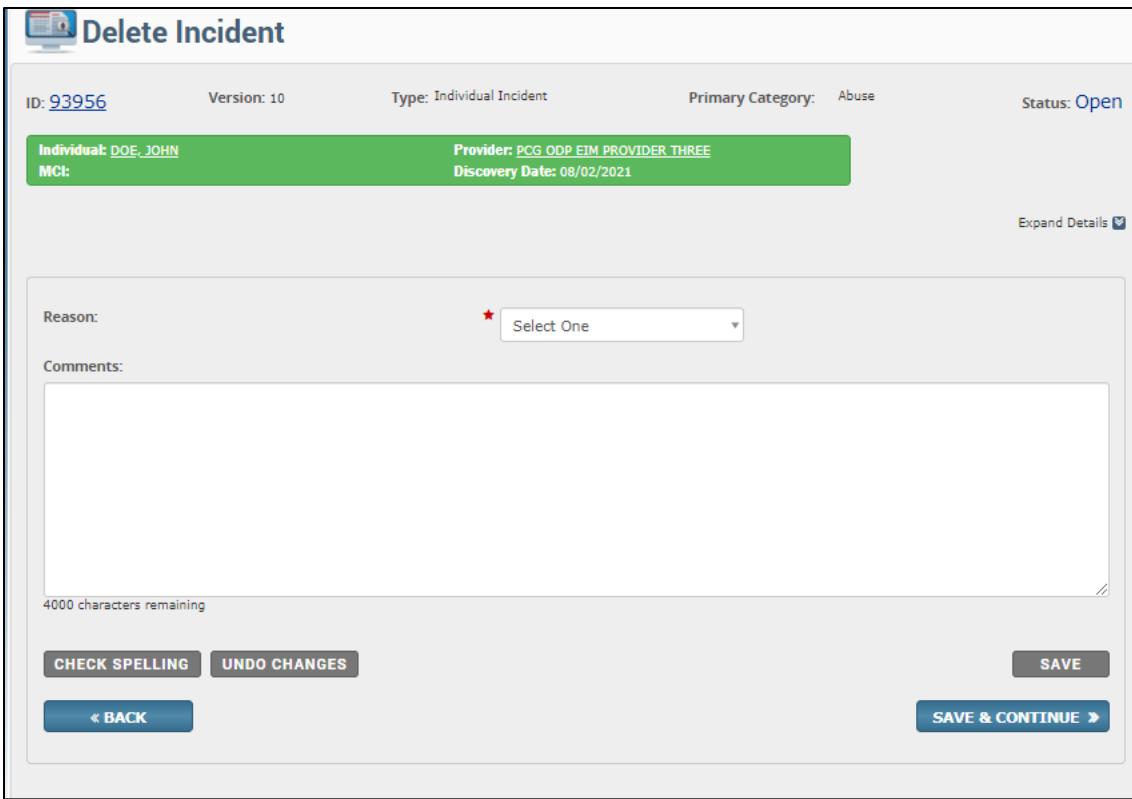
After the incident is deleted, users with the management review role can review the comments for deleting the incident. The column displays the full text comment entered by the user.

Delete Incident Screen:

Incident Detail

| | | | | | | | | | | |
|--|------------------------|--|-------------------------|--|--|-----------------|----------------|-----------------|------------------|--------------------------|
| ID: 93956 | Version: 10 | Type: Individual Incident | Primary Category: Abuse | Status: Open | | | | | | |
| Individual: DOE, JOHN MCI: | | Provider: PCG ODP EIM PROVIDER THREE Discovery Date: 08/02/2021 | | BACK TO SEARCH | | | | | | |
| Collapse Details | | | | | | | | | | |
| + | Document Name | Status | Due Date | Action | Created Date | Created By | Last Edit Date | Edited By | Report Extension | Print |
| | Incident First Section | In Progress | 8/3/2021 | VALIDATE SUBMIT | 8/3/2021 | Three, Provider | 8/3/2021 | Three, Provider | | <input type="checkbox"/> |
| Click [DELETE] to open the Delete Incident screen. DELETE | | | | | MARK AS CONFIDENTIAL LINK TO INCIDENTS /COMPLAINTS DOCUMENT UPLOAD | | | | | |

Select a reason from the drop-down box, enter an explanation in the Comments text box, and then click [SAVE & CONTINUE].



The screenshot shows the 'Delete Incident' page. At the top, it displays the incident ID (93956), version (10), type (Individual Incident), primary category (Abuse), and status (Open). Below this, a green bar contains the individual's name (DOE, JOHN), provider (PCG ODP EIM PROVIDER THREE), and discovery date (08/02/2021). The main form area has fields for 'Reason' (with a dropdown menu 'Select One') and 'Comments' (a large text area with a character count of 4000). Buttons at the bottom include 'CHECK SPELLING', 'UNDO CHANGES', 'BACK', 'SAVE', and 'SAVE & CONTINUE'.

Note: When an incident is deleted, its status changes to “Deleted,” and the incident does **not** appear in searches or reports, unless they are requested by a user with the Incident Administrator role. Deleted incidents do not appear on the *My Workload Dashboard*. When a deleted incident is undeleted, EIM reverts the incident status to the status in effect before the incident’s deletion. The incident becomes available in search results, reports and in the Dashboard.

9.8 Report Extension

Incidents, once started, must progress through the submission and review process on a set time schedule. These schedules are given in charts that appear at the end of this reference guide. However, situations can arise that make it impossible to complete documents in accordance with these timelines.

To provide a way to notify others and to allow timelines to be extended, EIM provides the Report Extension screen. This screen allows the user to enter an expected new completion date for a single document along with a reason for extending the date.

To view the *Report Extension* screen, click the **Report Extension** icon (File icon), which appears in the Report Extension column of the table in the *Incident Detail* page. ODP-ID/A only allows extensions to be reported on the Incident Final Section.

There is a limit of 6 (30 day) Report Extensions across all the Final Section documents.

| | Document Name | Status | Due Date | Action | Submitted Date | Submitted By | Last Edit Date | Edited By | Report Extension |
|---|------------------------------------|--------------|--------------------|----------------------------------|-----------------------|----------------------|-----------------------|-----------------------|------------------|
| + | Incident First Section | Submitted | 6/29/2023 09:00 AM | | 6/28/2023 03:08:44 PM | Three, Provider | 6/28/2023 03:08:44 PM | Three, Provider | [2] |
| + | Incident Final Section | Not Approved | 7/30/2023 | | 6/28/2023 03:14:13 PM | Three, Provider | 6/28/2023 03:14:13 PM | Three, Provider | [2] |
| + | Initial County Management Review | Submitted | 6/29/2023 | | 6/28/2023 03:16:20 PM | PhiladelphiaC... PCG | 6/28/2023 03:16:20 PM | PhiladelphiaCo... PCG | [2] |
| + | Initial Regional Management Review | Created | 6/29/2023 | | | | | | |
| + | County Management Review | Submitted | 7/28/2023 | | 6/28/2023 03:18:10 PM | PhiladelphiaC... PCG | 6/28/2023 03:18:10 PM | PhiladelphiaCo... PCG | [2] |
| + | Incident Final Section | In Progress | 7/20/2023 | VALIDATE SUBMIT | | | 6/28/2023 03:38:24 PM | Three, Provider | [4] |
| + | County Management Review | Created | | | | | | | |

Follow the steps given below to enter an extension once the **Report Extension** icon appears in an *Incident Detail* page of a document.

1. Click a **Report Extension** icon, like that illustrated above, when you wish to extend the due date of the Incident Final Section. The *Report Extension* screen appears.

This screen shows the name of the document in question in the Document Name field, along with the original due date. Your EIM username and the date of your request also appear. Both items will be recorded with the other information you enter.

2. Click the **Calendar** icon and select the revised date you need. This field is mandatory. Extensions for the Incident Final Section may not exceed thirty (30) days. Depending on the primary category of the incident that you are extending, you may enter multiple thirty (30) day extensions. Please see the table in the section "Understanding Report Extension Details" to see the limitations for each primary category.

Report Extension

ID: [94385](#) Version: 15 Type: Individual Incident Primary Category: Death Status: Open

Individual: PCG, DAISEY Provider: KURT DAY CARE
MCI: 840371633 Discovery Date: 08/30/2021

Expand Details

Document Name: Incident Final Section Due Date: 09/29/2021

Expected Completion Date: ADD 

Requesting User:

Reason for Extension: Enter the date or select a date from the calendar.

4000 characters remaining

CHECK SPELLING UNDO CHANGES SAVE « BACK SAVE & CONTINUE »

3. Enter your reason for the extension in the large, text-entry *Reason for Extension* field. This field is mandatory. The *Reason for Extension* must be at least 25 characters or an error message, shown below will be displayed.

Report Extension

Error: A minimum of 25 characters must be entered for Reason for Extension.

ID: [98527](#) Version: 16 Type: Individual Incident Primary Category: Behavioral Health Crisis Event Status: Open

Individual: PCG-BAS, JULIAN Provider: KURT DAY CARE
MCI: 947845401 Discovery Date: 01/23/2023

Expand Details

Document Name: Incident Final Section Due Date: 02/22/2023

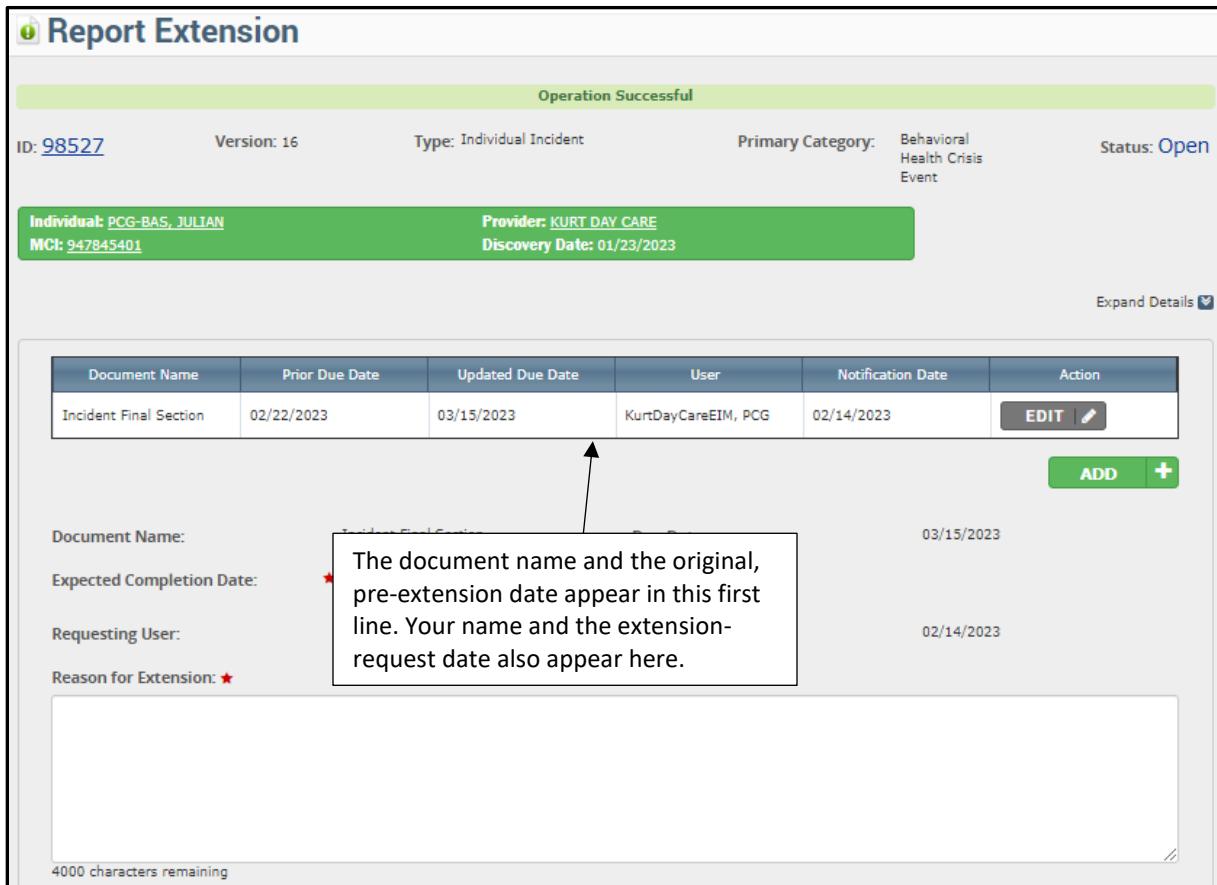
Expected Completion Date: ADD 

Requesting User: KurtDayCareEIM,PCG Request Date: 02/14/2023

Reason for Extension: Needed

3994 characters remaining

4. Click **[SAVE]** once you have selected the date and entered your Reason for Extension. Clicking **[SAVE & CONTINUE]** will take you back to the Incident Detail screen.
5. After a brief pause, the *Report Extension* screen reappears and displays a table showing a record of the extension. **[Edit]** and **[Add]** buttons also appear. The illustration on the below shows this table and the Edit and Add buttons.



The screenshot shows the 'Report Extension' screen with the following details:

Operation Successful

ID: [98527](#) Version: 16 Type: Individual Incident Primary Category: Behavioral Health Crisis Event Status: Open

Individual: PCG-BAS, JULIAN **Provider:** KURT DAY CARE
MCI: 947845401 **Discovery Date:** 01/23/2023

Extension Record:

| Document Name | Prior Due Date | Updated Due Date | User | Notification Date | Action |
|------------------------|----------------|------------------|---------------------|-------------------|---|
| Incident Final Section | 02/22/2023 | 03/15/2023 | KurtDayCareEIM, PCG | 02/14/2023 | EDIT  |

Buttons: **ADD** | 

Form Fields (with a callout box):

- Document Name:
- Expected Completion Date:
- Requesting User:
- Reason for Extension:
4000 characters remaining

Callout Box Text: The document name and the original, pre-extension date appear in this first line. Your name and the extension-request date also appear here.

Clicking the **[Edit]** button allows you to edit the reason for the extension. You cannot reselect a new extension date. If further extension is needed, you need to create a new extension.

Clicking the **[Add]** button allows you to create a new extension. However, once the prior extension is entered or edits are made, the system will allow extensions to be entered without selecting this button.

Clicking **[SAVE & CONTINUE]** will direct you back to the Incident Detail screen.

Once an extension has been entered, the report extension indicator will appear. A number in brackets will appear next to the report extension icon, representing the number of extensions that have been filed for that incident.

Incident Detail

| ID: 94385 | Version: 15 | Type: Individual Incident | Primary Category: Death | Status: Open |
|---|-------------|---|----------------------------------|--------------|
| Individual: PCG, DAISEY MCI: 840371633 | | Provider: KURT DAY CARE Discovery Date: 08/30/2021 | | |
| Collapse Details | | | | |
| Document Name | Status | Due Date | Action | Created Date |
| Incident First Section | Submitted | 8/31/2021 | | 8/31/2021 |
| Incident Final Section | In Progress | 10/9/2021 | VALIDATE SUBMIT | 8/31/2021 |
| Initial Management Review | Submitted | 9/1/2021 | | 8/31/2021 |
| Incident Management Review | Created | | | 8/31/2021 |

In this example, 2 extensions have been filed for the Incident Final Section.

Provider and SC users are limited to six report extensions that can be entered for an Incident Final Section. If you have reached the maximum number of extensions, for that primary category, the error message displayed below will display. If additional extensions are required, the user should work with the County (ODP-ID/A) and request that they file additional extensions on behalf of the Provider or SC user.

The table in the section “*Understanding Report Extension Limitations*” displays the number of extensions allowed for each Primary Category.

Report Extension

Error: The maximum number of allowed extensions has been reached for this incident. Contact the appropriate Region for assistance if an additional extension is required.

| ID: 94385 | Version: 15 | Type: Individual Incident | Primary Category: Death | Status: Open |
|---|-------------|---|-------------------------|--------------|
| Individual: PCG, DAISEY MCI: 840371633 | | Provider: KURT DAY CARE Discovery Date: 08/30/2021 | | |
| Expand Details | | | | |

- Error message “Error: The maximum number of extensions have been reached for this incident. Contact the appropriate County for assistance if an additional extension is required.”

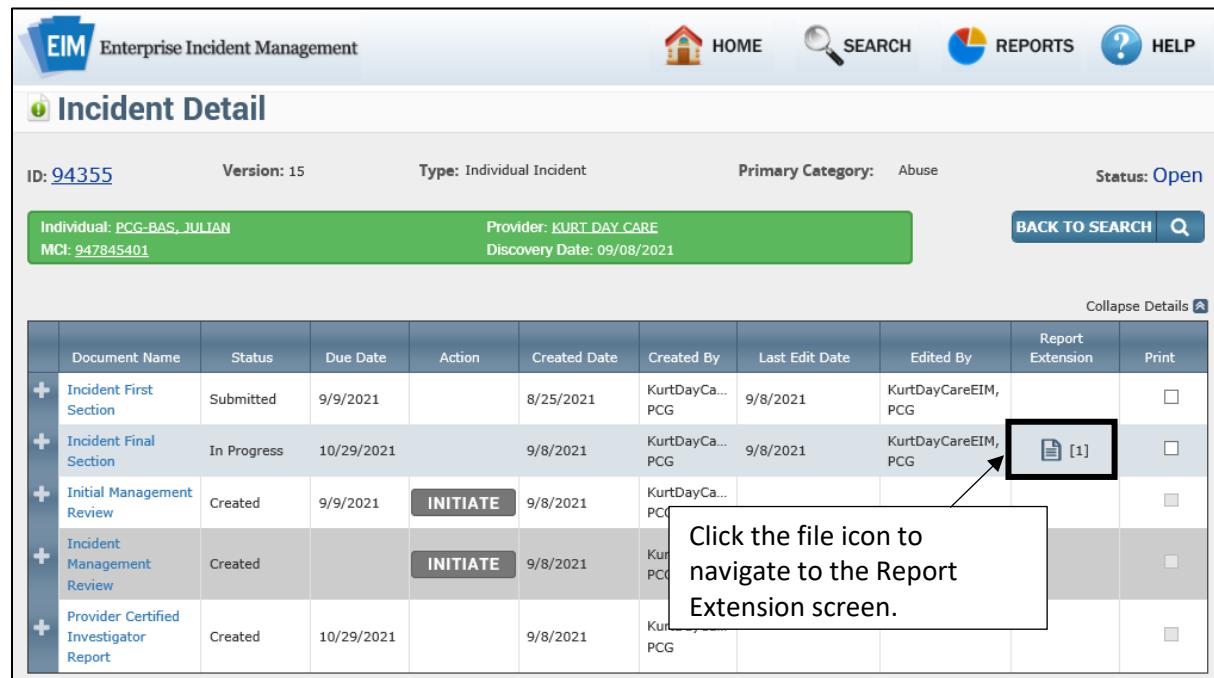
9.8.1 Entering Extension on Behalf of a Provider or SC

If a Provider or SC user reaches the limit on the number of extensions that can be entered for an Incident Final Section, the County (ODP-ID/A), is able to enter extensions on their behalf.

After being notified that an extension needs to be entered on behalf of another user, the County will navigate to the Incident Detail screen. Once on the Incident Detail screen, the user will see that there is already an extension entered for the Incident Final Section.

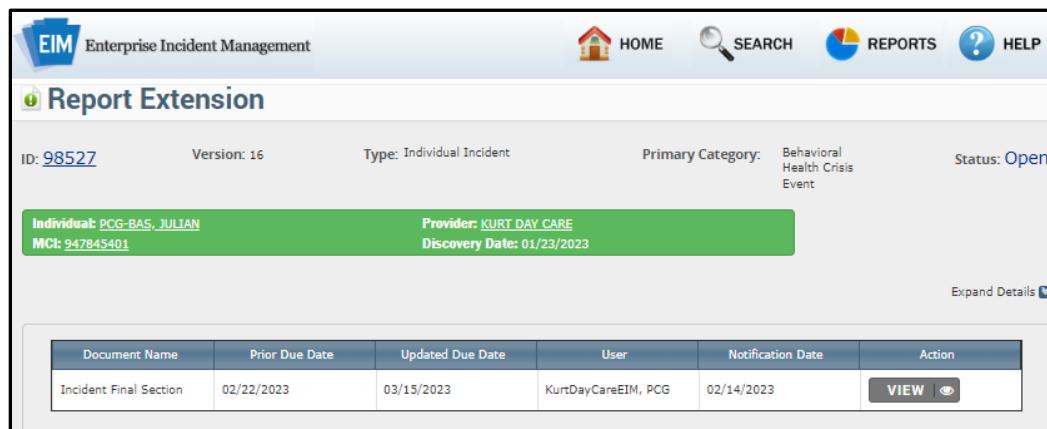
Follow the steps given below to enter an extension on behalf of the provider.

1. Click a **Report Extension** icon, like that illustrated above, when you wish to extend the due date of the Incident Final Section. The *Report Extension* screen appears.



The screenshot shows the 'Incident Detail' screen in the Enterprise Incident Management system. At the top, there are navigation links: HOME, SEARCH, REPORTS, and HELP. Below the header, the incident details are listed: ID: 94355, Version: 15, Type: Individual Incident, Primary Category: Abuse, and Status: Open. A green box at the top contains the individual information: Individual: PCG-BAS, JULIAN, MCI: 947845401, Provider: KURT DAY CARE, and Discovery Date: 09/08/2021. A 'BACK TO SEARCH' button and a search icon are also present. The main table lists five document sections: Incident First Section, Incident Final Section, Initial Management Review, Incident Management Review, and Provider Certified Investigator Report. The 'Incident Final Section' row has an 'INITIATE' button. A callout box with an arrow points to the 'Report Extension' icon (a file icon) in the 'Incident Final Section' row, with the text: 'Click the file icon to navigate to the Report Extension screen.'

Once you click on the icon, the **Report Extension** screen is displayed and the previously entered extension is displayed for that final section document.



The screenshot shows the 'Report Extension' screen. At the top, there are navigation links: HOME, SEARCH, REPORTS, and HELP. Below the header, the incident details are listed: ID: 98527, Version: 16, Type: Individual Incident, Primary Category: Behavioral Health Crisis Event, and Status: Open. A green box at the top contains the individual information: Individual: PCG-BAS, JULIAN, MCI: 947845401, Provider: KURT DAY CARE, and Discovery Date: 01/23/2023. A 'Expand Details' link is located at the bottom of this box. The main table lists the extension details for the Incident Final Section: Document Name, Prior Due Date, Updated Due Date, User, Notification Date, and Action. The 'Action' column for the Incident Final Section row contains a 'VIEW' button, which is highlighted with a callout box and an arrow pointing to it.

By clicking on the **View** button, the user can review the reason(s) for the extension that were entered, as shown in the screenshot below.

Report Extension

ID: [94355](#) Version: 15 Type: Individual Incident Primary Category: Abuse Status: Open

Individual: PCG-BAS, JULIAN Provider: KURT DAY CARE
MCI: 947845401 Discovery Date: 09/08/2021

Document Name: Incident Final Section Date Requested: 09/08/2021 Action: [VIEW](#)

Document Name: Incident Final Section Due Date: 10/08/2021

Expected Completion Date: [Calendar](#)

Requesting User: KurtDayCareEIM, PCG Request Date:

Reason for Extension:
4000 characters remaining

Clicking the 'View' button allows users to review all the reasons for extensions that were previously entered.

Clicking 'Add' will clear the previously entered extension and allow for the user to enter one of their own.

2. To enter an extension, click the **ADD** button and the screen will now allow for the entering of additional extensions.

Click the **Calendar** icon and select the revised date you need. This field is mandatory. Extensions for the Incident Final Section may not exceed thirty (30) days. Depending on the primary category of the incident that you are extending, you may enter multiple thirty (30) day extensions. Please see the table in the section "Understanding Report Extension Details" to see the limitations for each primary category.

| Document Name | Prior Due Date | Updated Due Date | User | Notification Date | Action |
|------------------------|----------------|------------------|---------------------|-------------------|------------------------|
| Incident Final Section | 02/22/2023 | 03/15/2023 | KurtDayCareEIM, PCG | 02/14/2023 | EDIT + |

3. Enter your reason for the extension in the large, text-entry *Reason for Extension* field. This field is mandatory. The *Reason for Extension* must be at least 25 characters or an error message, shown below will be displayed.

Note: Regions are not limited in the number of extensions that can be entered for an incident.

4. Click **[SAVE]** once you have selected the date and entered your Reason for Extension. Clicking **[SAVE & CONTINUE]** will take you back to the Incident Detail screen.
5. After a brief pause, the *Report Extension* screen reappears and displays a table showing a record of the extension. **[Edit]** and **[Add]** buttons also appear. The illustration on the below shows this table and the Edit and Add buttons.
6. Clicking **[SAVE & CONTINUE]** takes the user back to the Incident Detail screen, where all extensions now appear.

The screenshot shows the EIM system's Incident Detail page. At the top, it displays the incident ID (94355), version (15), type (Individual Incident), primary category (Abuse), and status (Open). Below this, a green header bar shows the individual (PCG-BAS, JULIAN) and provider (KURT DAY CARE) information, along with the discovery date (09/08/2021). The main content area contains a table of document extensions, each with a plus sign icon and a 'Collapse Details' button. The table columns include Document Name, Status, Due Date, Action, Created Date, Created By, Last Edit Date, Edited By, Report Extension, and Print. The table rows list various extensions such as 'Incident First Section', 'Incident Final Section', 'Initial Management Review', 'Incident Management Review', and 'Provider Certified Investigator Report'.

9.8.2 Understanding Report Extension Limitations

EIM no longer allows for unlimited extensions to be placed on all primary categories. The table below displays the maximum number of extensions for each extension based on the incident primary category. The number of days that each extension can be entered for will always be thirty (30) days. If additional extensions are required, please reach out to the County for assistance with filing additional extensions.

The table below indicates the maximum number of extensions and number of days for each extension based on the incident primary category.

| Primary Category | Initiating Organization | | County/AE | |
|--------------------------------|------------------------------|----------------------------|------------------------------|----------------------------|
| | Maximum Number of Extensions | Maximum Days per Extension | Maximum Number of Extensions | Maximum Days per Extension |
| Abuse | 6 | 30 | 2 | 30 |
| Behavioral Health Crisis Event | 6 | 30 | 3 | 30 |
| Death | 6 | 30 | 10 | 30 |
| Exploitation | 6 | 30 | 2 | 30 |
| Fire | 6 | 30 | 1 | 30 |
| Illness | 6 | 30 | 3 | 30 |

| | | | | |
|--------------------------------|---|----|---|----|
| Individual to Individual Abuse | 6 | 30 | 2 | 30 |
| Law Enforcement Activity | 6 | 30 | 3 | 30 |
| Missing Individual | 6 | 30 | 3 | 30 |
| Neglect | 6 | 30 | 2 | 30 |
| Passive Neglect | 6 | 30 | 1 | 30 |
| Rights Violation | 6 | 30 | 2 | 30 |
| Self-Neglect | 6 | 30 | 1 | 30 |
| Serious Illness | 6 | 30 | 4 | 30 |
| Serious Injury | 6 | 30 | 4 | 30 |
| Sexual Abuse | 6 | 30 | 2 | 30 |
| Site Closure | 6 | 30 | 1 | 30 |
| Suicide Attempt | 6 | 30 | 1 | 30 |

9.9 Document Upload

EIM provides a way to retain certain documentation as part of an EIM incident record. These documents could take many forms and have multiple purposes, including but not limited to:

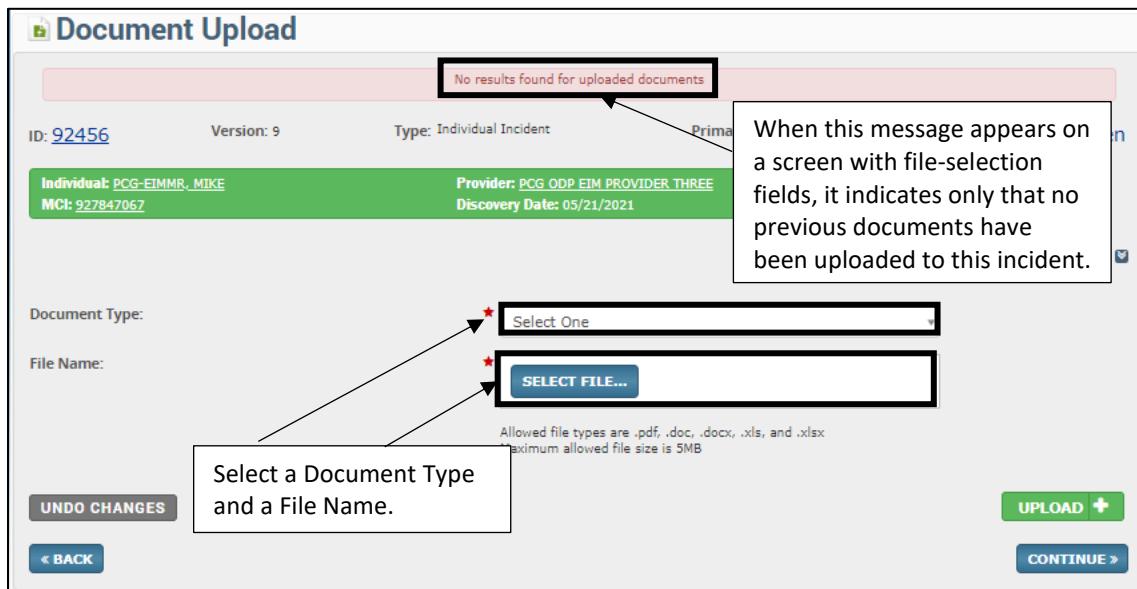
- Documents that substantiate findings or occurrences relating to the incident
- Documents that bear signatures
- Documents providing discharge information or details on corrective actions
- Documents that aid in conducting reviews

Users with any role(s) except the Incident Read-Only role see the [DOCUMENT UPLOAD] button on the *Incident Detail* screen of an incident. Clicking this button initiates the document upload process. This process requires that specific criteria be met before you can upload a document:

- **You can upload documents ONLY for incidents created ON or AFTER June 27, 2020.**
- The user logged in and running the upload must be from the reporting, reviewing or supports-coordination organization responsible for the incident, or be the certified investigator assigned to the incident. You can upload documents only for incidents that you or your associated entity have created. You cannot upload documents for incidents created by users associated with entities other than yours.
- The incident must be open and not closed.
- The [DOCUMENT UPLOAD] button does not appear when the incident status is “Closed.” The button reappears if the incident is changed from “Closed” back to “Open.”

- You can upload documents to incidents, starting at the point when the incidents are created and assigned an incident ID number, up to the point when the incident final section has the status of “Submitted.” Reviewers and other users can upload documents any time after an incident is opened. For example, documents can be uploaded at the time of initial management reviews, or at any time while the final section is in process before submission. If a management review is marked as “Disapproved,” the document upload feature is enabled again for that incident, because a new final section is created for the incident.
- Clicking the [DOCUMENT UPLOAD] button after the final section is submitted opens a *Document Upload* page with no file-selection fields.

A sample *Document Upload* page is illustrated below. All program offices have the same screen layout and screen function.



Document Upload

No results found for uploaded documents

ID: 92456 Version: 9 Type: Individual Incident

Individual: PCG-EIMMR, MIKE Provider: PCG ODP EIM PROVIDER THREE
MCI: 927847067 Discovery Date: 05/21/2021

When this message appears on a screen with file-selection fields, it indicates only that no previous documents have been uploaded to this incident.

Document Type: Select One

File Name: SELECT FILE...

Select a Document Type and a File Name.

Allowed file types are .pdf, .doc, .docx, .xls, and .xlsx
maximum allowed file size is 5MB

UPLOAD +

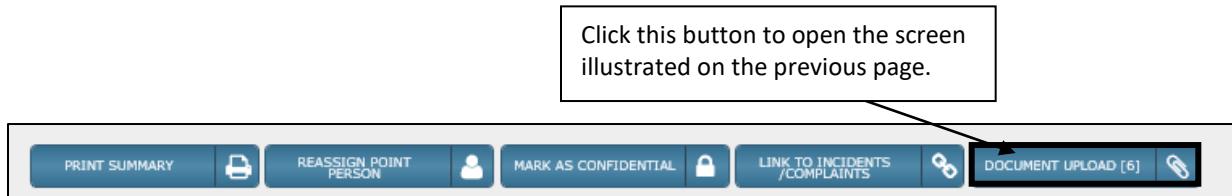
CONTINUE >

UNDO CHANGES

< BACK

9.9.1 Using the Document Upload Button

The [DOCUMENT UPLOAD] button appears on the *Incident Detail* screen of an incident with the other buttons, as shown below. Click the button to open the Document Upload page.



Click this button to open the screen illustrated on the previous page.

DOCUMENT UPLOAD [6]

PRINT SUMMARY

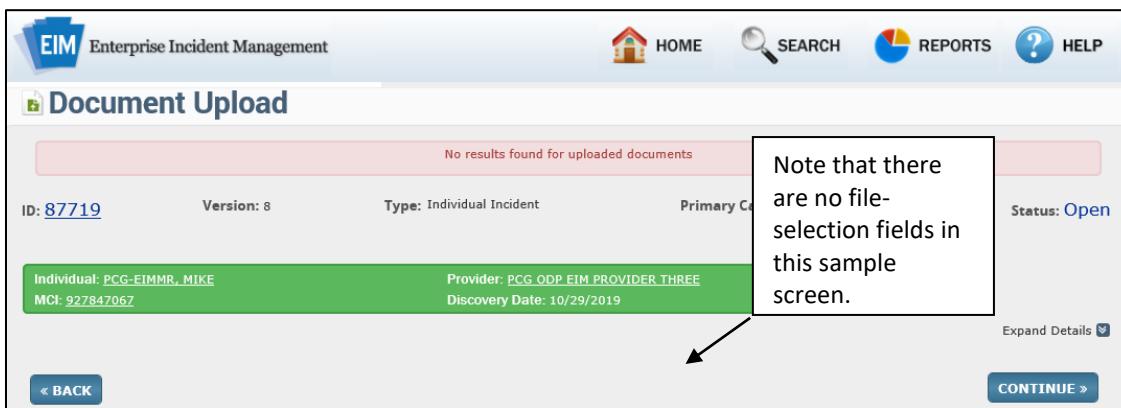
REASSIGN POINT PERSON

MARK AS CONFIDENTIAL

LINK TO INCIDENTS /COMPLAINTS

The number of documents that have been uploaded for the incident will be displayed as illustrated above. In this example, 6 documents have been uploaded.

If you click the [DOCUMENT UPLOAD] button and see a screen that looks like the one illustrated below with an error message and **no** file-selection fields or [UPLOAD] button, the incident final section has been submitted, or the incident may be closed. You cannot upload documents for this incident.

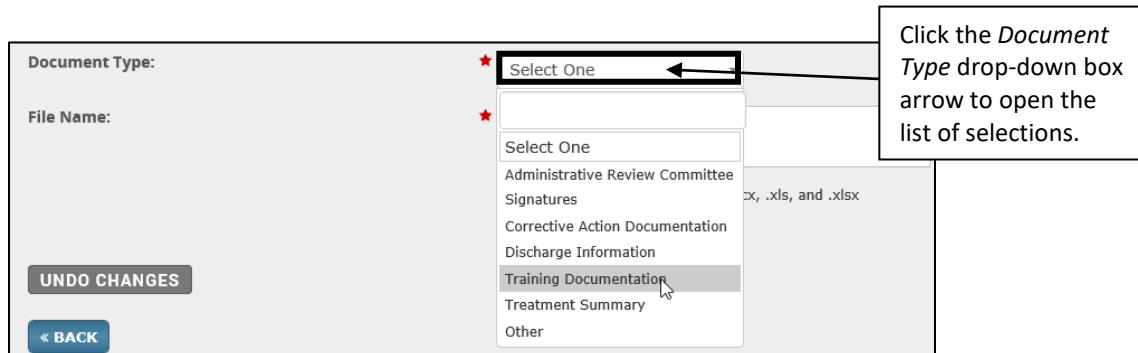


The screenshot shows the EIM Document Upload interface. At the top, there are navigation links: HOME, SEARCH, REPORTS, and HELP. Below that is a title bar with 'Document Upload' and a sub-header 'No results found for uploaded documents'. The main content area displays incident details: ID: 87719, Version: 8, Type: Individual Incident, Primary C, Status: Open. Below these details is a green box containing 'Individual: PCG-EIMMR, MIKE' and 'MCI: 927847067' on the left, and 'Provider: PCG ODP EIM PROVIDER THREE' and 'Discovery Date: 10/29/2019' on the right. A callout box with an arrow points to the right side of the screen, containing the text: 'Note that there are no file-selection fields in this sample screen.' At the bottom are 'BACK' and 'CONTINUE >' buttons.

If you click the [DOCUMENT UPLOAD] button and see a screen like the one illustrated at the bottom of the previous page, proceed with the instructions given in the “*Uploading a File*” section on the next page.

9.9.2 Uploading a File

9.9.2.1 Selecting the Document Type



The screenshot shows a form for selecting a document type. It has fields for 'Document Type:' and 'File Name:' with validation stars. Below is a 'UNDO CHANGES' button and a 'BACK' button. To the right, a callout box with an arrow points to the 'Select One' dropdown menu, which lists options: Select One, Administrative Review Committee Signatures, Corrective Action Documentation, Discharge Information, Training Documentation (which is highlighted), Treatment Summary, and Other.

Click the *Document Type* drop-down box arrow and select the document type that best fits the document that you are uploading (see illustration above). This selection lets you classify the document you are uploading, which helps to organize the uploaded documents and makes reviewing selected documents easier.

Your program-office association determines which selections are available in this drop-down box: The available selections for each program office are listed below.

Office of Developmental Programs – Intellectual Disabilities / Autism

Office of Developmental Programs – Bureau of Supports for Autism and Special Populations

- Administrative Review Committee Signatures
- Autopsy Report

- Corrective Action Documentation
- Death Certificate
- Discharge Information
- Do Not Resuscitate (DNR) Order
- Lifetime Medical History
- Medical/Health Assessment(s)
- Physical Exam
- Training Documentation
- Treatment Summary
- Other

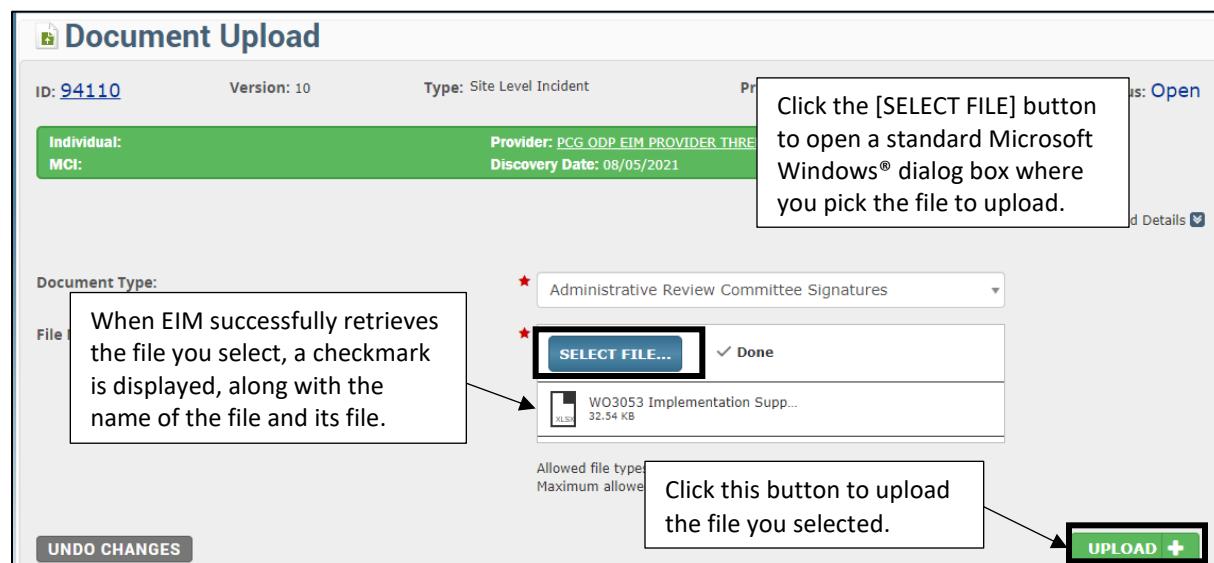
9.9.2.2 Selecting the File to Upload

Click the [SELECT FILE] button (illustrated below) to open a standard Microsoft Windows® dialog box where you pick the file you need to upload. You can upload only one file at a time. If you need to upload several files, repeat the processes described here as many times as you need to upload all the necessary files. For future ease of reference, ensure that any file you upload has a good descriptive name.

Only the following file types can be uploaded, and the maximum file size per file is 5 MB.

- Adobe® PDF files (.PDF)
- Microsoft Word® files (.doc and .docx)
- Microsoft Excel® files (.xls and .xlsx)

EIM does not allow photos or graphic files to be uploaded.



The screenshot shows the 'Document Upload' page for a Site Level Incident (ID: 94110, Version: 10). The 'Provider' is listed as 'PCG ODP EIM PROVIDER THREE' and the 'Discovery Date' is '08/05/2021'. A callout box points to the 'SELECT FILE...' button in the 'File' section, which is highlighted with a red border. A tooltip for this button states: 'Click the [SELECT FILE] button to open a standard Microsoft Windows® dialog box where you pick the file to upload.' Another callout box points to the 'UPLOAD +' button, which is also highlighted with a red border. A tooltip for this button states: 'Click this button to upload the file you selected.' A note in the 'File' section says: 'When EIM successfully retrieves the file you select, a checkmark is displayed, along with the name of the file and its file type.' The 'Document Type' dropdown is set to 'Administrative Review Committee Signatures'. The 'File' section also shows a preview of a file named 'WO3053 Implementation Supp...' with a size of '32.54 KB'. The 'File' section includes a 'File Type' dropdown and a 'Maximum allowed' input field.

9.9.2.3 Uploading the File

Click the green [UPLOAD] button that is in the bottom-right corner of the *Document Upload* page (illustrated above). The file you select is uploaded to a separate system outside of EIM, where the file is scanned for viruses, and other checks are performed. You may need to wait 1-2 minutes as EIM performs these checks.

The following kinds of files are rejected and removed from this separate system. They are not uploaded:

- Files that contain viruses
- Zipped files
- Files that contain macros
- Files that are corrupted
- Encrypted files
- Password-protected files

A message that flags the issue preventing the upload appears under the [SELECT FILE] button and at the top of the Document Upload page. If a file fails, and you have more files to upload, click the [SELECT FILE] button again to restart the procedure with a different file.

Document Upload

Operation Successful

| | | | | |
|---------------------------------|---------------|---------------------------|--------------------------------|--------------|
| ID: 94110 | Version: 10 | Type: Site Level Incident | Primary Category: Site Closure | Status: Open |
| Individual: PCG | Provider: PCG | Discovery Date | | |
| MCI: | | | | |

As files are successfully uploaded, they are listed in rows in this table.

| Document Type | File Name | User Uploaded | Date Uploaded | |
|---------------------------------|--|-----------------|---------------|------------------------|
| Corrective Action Documentation | WO3053 Implementation Support Tracker.xlsx | Three, Provider | 8/6/2021 | DELETE |

Document Type:

File Name:

Allowed file types are .pdf, .doc, .docx, .xls, and .xlsx
Maximum allowed file size is 5MB

UNDO CHANGES **UPLOAD +**

Records of files successfully uploaded are displayed in a table that appears in the middle of the *Document Upload* page the first time that a file is successfully uploaded (see illustration above). The table appears with the first file uploaded for the incident. The information that is displayed on each file is the document type, the filename (which is a link to open the file), the name of the logged-in user who uploaded the file and the upload date. As more files are uploaded for an incident, additional records relating to those uploaded files are added to this table.

You can open any of the uploaded files by clicking the hyperlinked filename in the table. The Internet browser that you use for EIM determines the screens, dialog boxes and selections you make to open or save the uploaded file. Opening an uploaded file is just like opening any other file in your browser.

9.9.3 Working with Uploaded Files

9.9.3.1 Opening Uploaded Files

The [DOCUMENT UPLOAD] button not only serves to initiate the file upload process, it also “opens the door” to the *Document Upload* page. If you are working on an incident and need to open one of the uploaded documents for this incident to get reference information, reopen the *Incident Detail* page for the incident. Find the [DOCUMENT UPLOAD] button and click it, even though you are not going to upload a document. The *Document Upload* page opens and shows the table where previously uploaded documents are recorded. Click the filename links to open any files you need.

You may wish to periodically click the [DOCUMENT UPLOAD] button for incidents you are responsible for. In this way, you can check to see if any documents have been uploaded for these incidents.

9.9.3.2 Deleting Uploaded Files

You can delete uploaded files, if, for instance, the file was incorrectly uploaded or needs to be updated. To be able to delete uploaded files, an ODP-ID/A user must have the incident administrator role AND be with a regional office or a state office. An ODP-BSASP regional or state user does not need the administrator role.



The screenshot shows the 'Document Upload' page. At the top, a green bar displays 'Operation Successful'. Below it, incident details are shown: ID: 94110, Version: 10, Type: Site Level Incident, Primary Category: (empty). A callout box points to the 'DELETE' button in the table below, with the text: 'Click the [DELETE] button to immediately delete the uploaded file.' The table has columns: Document Type, File Name, User Uploaded, Date Uploaded, and a DELETE button. One row shows: Administrative Review, WO3053 Implementation Support Tracker.xlsx, Three, Provider, 8/6/2021, and a red 'DELETE' button with a white circle.

To delete an uploaded file, click the [DELETE] button in the row of the record to delete. The system **immediately** deletes the uploaded file record from the table, and an “Operation Successful” message appears at the top of the screen. You do not see a dialog box or other message asking you to confirm the deletion before the deletion occurs.

Deleted files are removed from the incident; however, they are stored on the server. If you would need to access a document that has been deleted, contact your Program Office for assistance.

9.9.3.3 Retaining Uploaded Files

Uploaded files are retained for 10 years. Contact the ODP-ID/A or ODP-BSASP program offices if you need further details on file retention.

9.9.4 Understanding the System Error Message

There are several software applications that the document upload feature uses to process your document files. It is possible that any one of these applications could be temporarily unavailable and unable to function. At any stage of the document upload process, you may see the error message illustrated below. If you encounter this message at any time, you must postpone your work and try again at a later time.

The system could not process your request. Please try again later.

9.10 SC Comments

An [SC Comments] button appears with other buttons on the *Incident Detail* screen for qualified users. If you are an SC (or meet other qualifications), you can see and click this button to open the *SC Comments* page (illustrated on the next page).

This EIM page and several related EIM pages are described in full detail in Section 6 of this manual titled “*SC Comments*.” See that section of the manual for background and instructions on the [SC Comments] button that appears on the *Incident Detail* screen and the page that opens when the button is clicked.

You may also refer to the separate job aid, *Entering and Using SC Comments*, which is found in the Learning Management System (LMS) with other EIM documentation.

This illustration shows an in-process *SC Comments* page. This *SC Comments* page opens when you click the [SC Comments] button on the *Incident Detail* screen.

For complete descriptions and instructions on this feature, see Section 6 of this manual titled “*SC Comments*.”

 **SC Comments**

Operation Successful

| | | | | | | | | | |
|-------------|-------|-----------|----|-----------------|---------------------|----------------------------|--------------|---------|------|
| ID: | 93835 | Version: | 10 | Type: | Individual Incident | Primary Category: | Self-Neglect | Status: | Open |
| Individual: | | PCG, WRU | | Provider: | | PCG ODP EIM PROVIDER THREE | | | |
| MC: | | 660373781 | | Discovery Date: | | 07/30/2021 | | | |

Expand Details ▾

| Comment Title | Created By | Created Date | Last Edit Date | Edited By | Status | Actions |
|---------------|------------------|--------------|----------------|------------------|----------------|----------------------|
| Adjustment | PhilSCEntCI, PCG | 8/4/2021 | 8/4/2021 | PhilSCEntCI, PCG | Pending Review | EDIT |
| Comments | PhilSCEntCI, PCG | 8/4/2021 | 8/5/2021 | PhilSCEntCI, PCG | Pending Review | EDIT |

ADD 

Comment Title: *

Comment About: * Select One

Status: * Select One

User: PhilSCEntCI, PCG Date: 08/05/2021 *

4000 characters remaining

[CHECK SPELLING](#) [UNDO CHANGES](#) [SAVE](#) [SAVE & CONTINUE](#) 

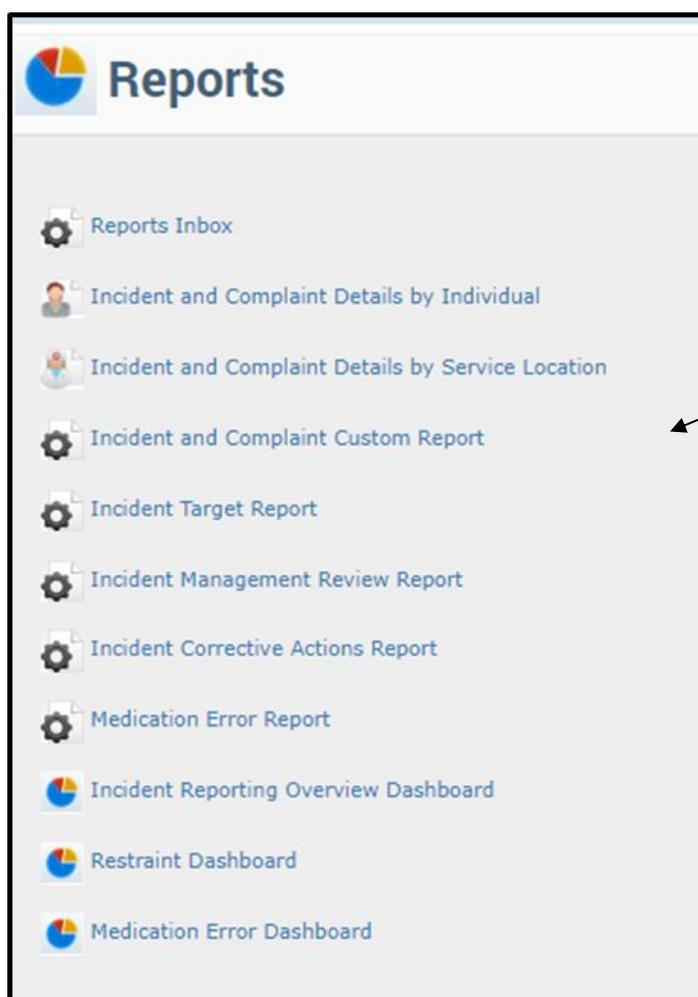
[◀ BACK](#)

10. EIM Reports

EIM provides a variety of reporting options for users. Users may run real time and overnight reports. Report availability is based on the scope of the data requested.

The EIM system provides the following reports:

- Incident and Complaint Details by Individual
- Incident and Complaint Details by Service Location
- Incident and Complaint Custom Report
- Incident Target Report
- Incident Management Review Report
- Incident Corrective Actions Report
- Medication Error Report
- Incident Reporting Overview Dashboard
- Restraint Dashboard
- Medication Error Dashboard



Click a link to request the corresponding report.

Report Tips:

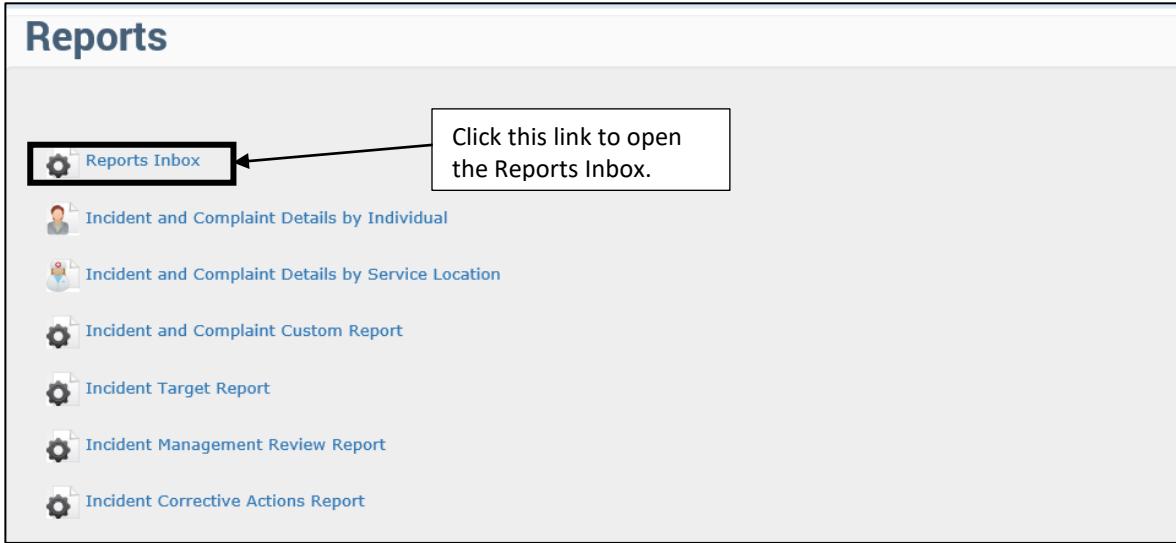
- If multiple versions of a document were created over the course of the incident life cycle, this report only shows information as of the most recent version. For example, if a final section is not approved during a management review, and another final section has to be created, only information from the most recent final section is used for reporting purposes. Another example is if the primary category is changed between the first section and the final section, the report would show the primary category as it was entered in the final section.
- The selectable values displayed in the *Primary Category*, *Secondary Category* and *Waiver/Program* drop-down boxes in report-request screens appear based on the program office(s) that the user is associated with.
- When providers or state centers open the *Reports* screen to run a search, their MPI number appears as the default MPI used for the search. However, their service location ID does not appear as a default value.
- Only service locations active in the past 365 days (based on their service location end dates) are available for selection in searches for reports.
- Service locations in reports are sorted alphabetically by provider name and then by service location ID. Incidents and complaints are sorted in reverse chronological order (most recent first) by discovery date, and then “alphabetically” by incident/complaint ID.
- ODP-ID/A does not use EIM’s Complaint functionality.
- When the report request is unable to be processed in real time due to timing out, the system displays the following message: Your online report request is timed out. This report request will be processed offline. Your request for report has been saved.

Reports Inbox:

The Report Inbox in EIM contains user-requested reports that meet the following criteria:

- If the selected discovery -date or occurrence-date span exceeds six months and neither a provider nor individual is selected, the report request is processed offline overnight, and the completed report is saved in the user's Report Inbox.
- If the selected discovery -date or occurrence-date span exceeds 12 months (even if a provider or an individual is selected), the report request is processed offline overnight, and the completed report is saved in the user's Report Inbox.
- When the report request is unable to be processed in real time due to timing out.
- When the user selects “Request Report Offline” on a report request screen.

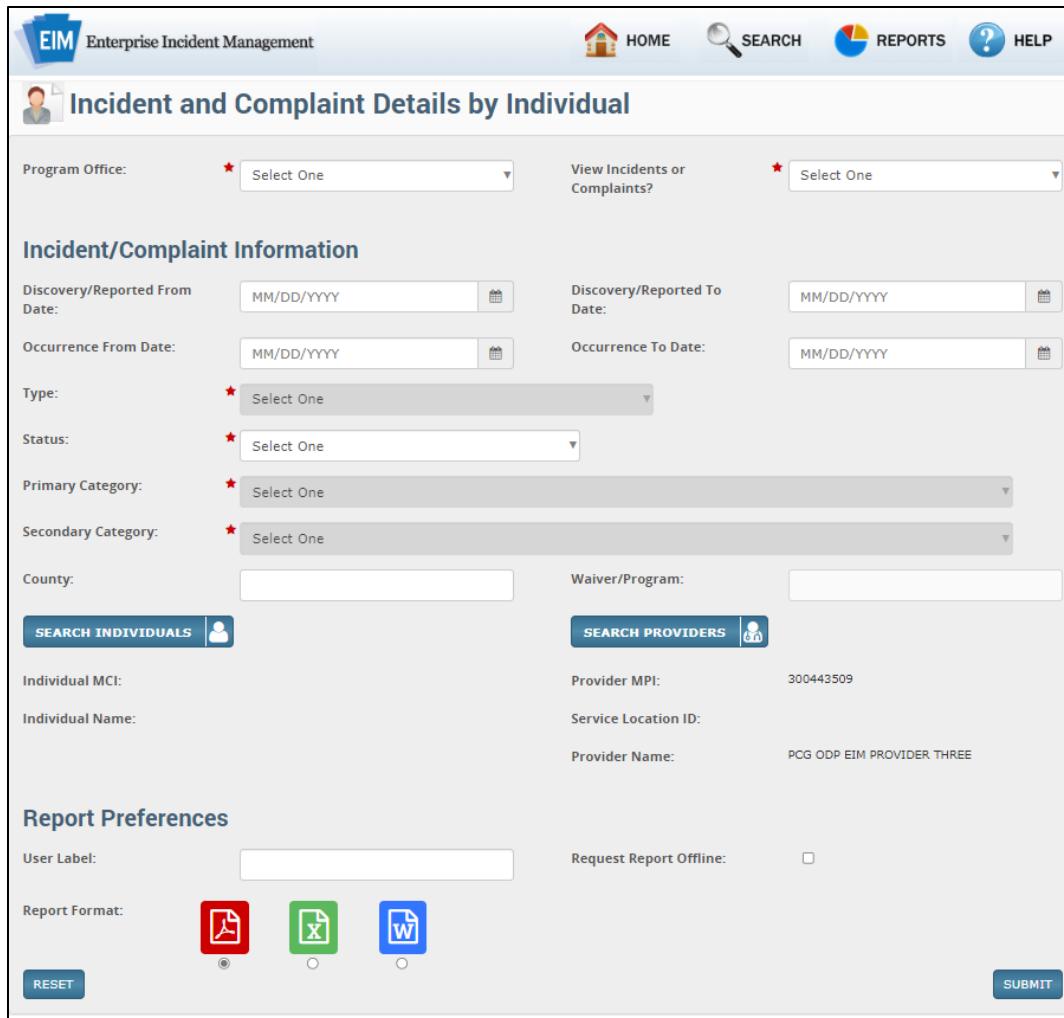
See the section "*Reports Inbox*" of this manual for more information.



The screenshot shows a user interface for 'Reports'. At the top, the word 'Reports' is displayed in a blue header. Below the header, there is a list of report types, each preceded by a small icon. The first item in the list is 'Reports Inbox', which is highlighted with a black rectangular box. A callout box with a black border and white text is positioned to the right of this highlighted link, containing the text 'Click this link to open the Reports Inbox.' A thin black arrow points from the text in the callout box to the 'Reports Inbox' link. The other report items listed are: 'Incident and Complaint Details by Individual', 'Incident and Complaint Details by Service Location', 'Incident and Complaint Custom Report', 'Incident Target Report', 'Incident Management Review Report', and 'Incident Corrective Actions Report'.

10.1 Incident and Complaint Details by Individual Report Request

The *Incident and Complaint Details by Individual* report request page lets you request a report that provides details on incidents grouped by individual.



The screenshot shows the 'Incident and Complaint Details by Individual' report request page. The top navigation bar includes links for HOME, SEARCH, REPORTS, and HELP. The main content area is titled 'Incident and Complaint Details by Individual'. It features several input fields and dropdown menus for filtering incidents. The 'Incident/Complaint Information' section includes fields for Discovery/Reported From Date, Discovery/Reported To Date, Occurrence From Date, Occurrence To Date, Type, Status, Primary Category, Secondary Category, County, and Waiver/Program. Below this, there are search buttons for 'SEARCH INDIVIDUALS' and 'SEARCH PROVIDERS', and fields for Individual MCI, Individual Name, Service Location ID, and Provider Name. The 'Report Preferences' section allows users to set a User Label, choose a Report Format (PDF, Excel, Word), and check for Request Report Offline. A 'RESET' button is located at the bottom left, and a 'SUBMIT' button is at the bottom right.

This page provides fields that let you create reports to view based on the following criteria:

- **Program Office (required):** This is populated based on the user's security and is used to populate several other fields.
- **View Incidents (required):** The selection in this drop-down list determines the available options in other fields. For ODP, the only selection is *Incidents*.
- **Discovery/Reported From and To Dates:** The date range that can be entered will vary based on whether an individual, provider or both have been selected.
- **Occurrence From and To Dates:** The date range that can be entered will vary based on whether an individual, provider or both have been selected.

- **Type (required):** This is populated based on the program office and incident drop-down boxes. It shows all of the incident types of all versions of the program office's configuration of the EIM system. This drop-down allows users to select all types by choosing the **Select All** value in the drop-down list.
- **Status (required):** This is populated from the list of incident statuses (Open or Closed, Open, Closed, Deleted).
 - **Note:** Users will only be able to view and select the **Deleted** status if they have the Incident Administrator role permission.
- **Primary Category (required):** This is populated based on the incident type selected. It shows all of the primary categories across all of the program office configurations for this specific incident type. This drop-down allows users to select all primary categories by choosing the **Select All** value in the drop-down list.
- **Secondary Category (required):** This is populated based on the primary category selected. It shows all the secondary categories across all of the program office configurations for this specific incident type and primary category. This drop-down allows users to select all secondary categories by choosing the **Select All** value in the drop-down list.
- **County (optional):** This is populated with a list of counties used in EIM.
- **Waiver/Program (optional):** This is populated with a list of the waiver/programs that are associated with the incident type (across all versions).
- **Search Individuals:** This link opens the *Individual Search* page in a popup window. The search returns a list of matching individuals from the case management system in HCSIS. When a user selects an individual, their information is displayed in the labels below the link. When EIM generates reports for this individual, the reports are based on the MCI number (in case other individual information has changed since an incident was filed).
- **Search Providers:** This link opens the *Provider Search* screen in a popup window. The search returns a list of matching service locations from the case management system in HCSIS. When a user selects a service location, its information is displayed in the labels below the link. When EIM generates reports for this provider, the reports are based on the MPI number and Service Location ID (in case other information has changed since an incident was filed).
 - **Note:** When providers navigate to this page, their MPI number is filled in as the default value for the search criteria; however, their service location ID is not filled in as the default value.
 - **Note:** The search returns only the service locations that have been active in the past 365 days (based on the service location end date).
- **User Label:** Users can specify a label for their output report to identify the report in the Report Inbox and differentiate it from reports run by other users.
- **Report Format:** Users can choose a report output format from the following: PDF, Excel, or Word.
- **Request Report Offline:** Users can check this box to request the report to process offline overnight.

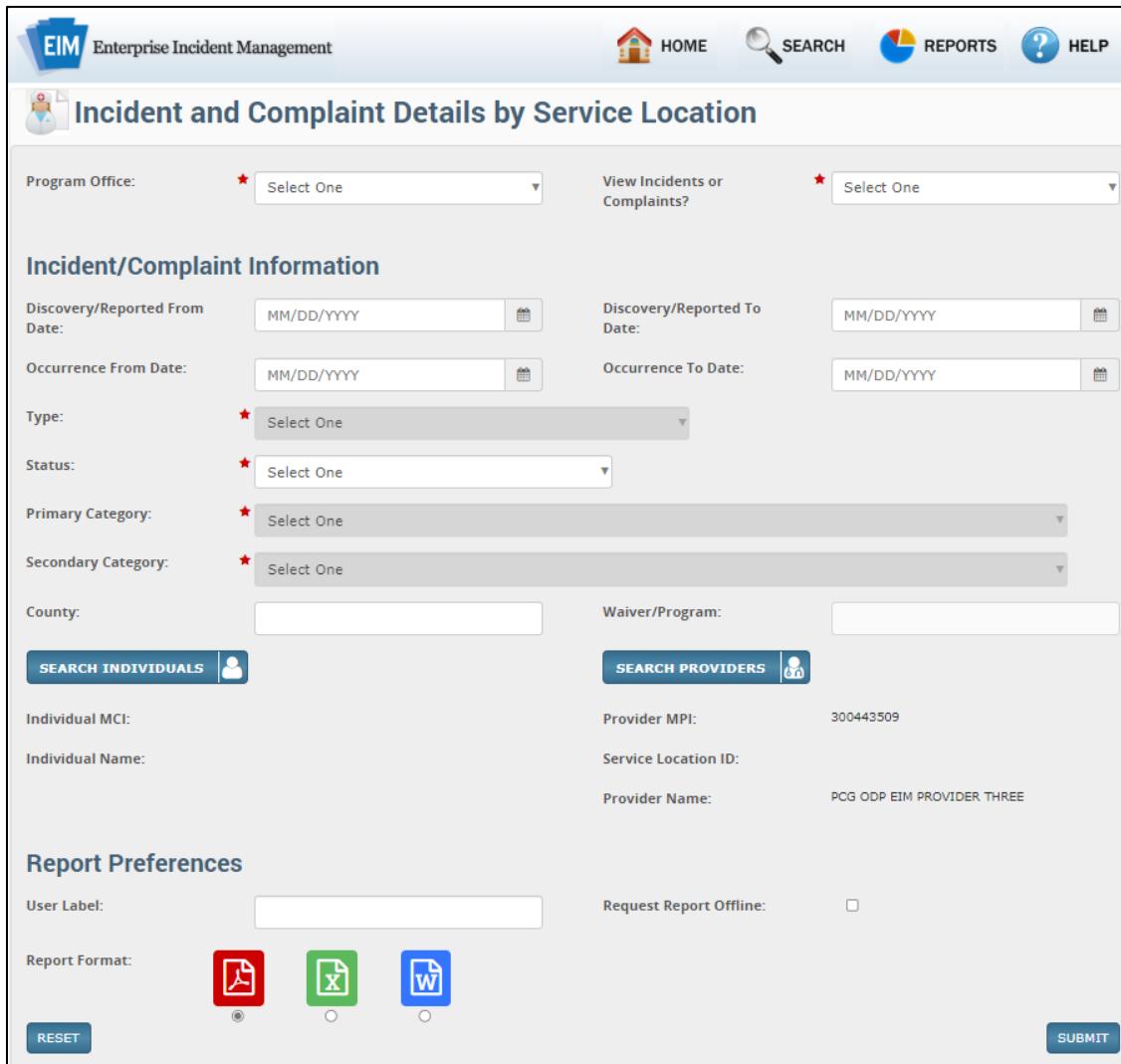
10.2 Incident and Complaint Details by Individual Report

The *Incident and Complaint Detail by Individual* report displays incident information based on the criteria entered by a user on the *Incident and Complaint Details by Individual* report request page. This report groups results into tables by individual. This report can be saved in any one of the following formats: printer-friendly PDF, Excel spreadsheet or Word document.

| Report Criteria | | | | | | | | | | | | Run as of: 08/05/2021 3:09 PM |
|---|---------------------|---------------------|------------------|-----------------|----------------------|--------------|--------------------------|----------------------------|-----------------------|----------------------------|--------|-------------------------------|
| Program Office: | ODP-ID/A | | | | | | Incidents or Complaints: | Incident | | | | |
| Discovery From Date: | 6/1/2021 | | | | | | Discovery To Date: | 8/1/2021 | | | | |
| Occurrence From Date: | | | | | | | Occurrence To Date: | | | | | |
| Type: | Individual Incident | | | | | | Status: | Open or Closed | | | | |
| Primary Category: | Abuse | | | | | | Secondary Categories: | Psychological | | | | |
| Individual Name: | All | | | | | | Provider Name: | All | | | | |
| Individual Name: PCG-EIMMR, MIKE | | | | | | | | | | | | |
| ID | Discovery Date | Type | Primary Category | Occurrence Date | Secondary Categories | Provider MPI | Service Location ID | Provider Name | Service Location Name | Filing Organization | Status | |
| 92986 | 06/17/2021 | Individual Incident | Abuse | 06/17/2021 | Psychological | 300443509 | 0006 | PCG ODP EIM PROVIDER THREE | Site Two | PCG ODP EIM PROVIDER THREE | Open | |
| Total: 1 Incident(s)/Complaint(s) | | | | | | | | | | | | |
| Grand Total: 1 Incident(s)/Complaint(s) | | | | | | | | | | | | |

10.3 Incident Details by Service Location Report Request

The *Incident Details by Service Location* report request page lets you request a report that provides details on incidents grouped by provider service location.



The screenshot shows the 'Incident and Complaint Details by Service Location' report request page. The top navigation bar includes links for HOME, SEARCH, REPORTS, and HELP. The main content area is titled 'Incident and Complaint Details by Service Location'. It features several dropdown menus and input fields for filtering incidents. The 'Incident/Complaint Information' section includes fields for Discovery/Reported From Date, Type, Status, Primary Category, Secondary Category, County, and Waiver/Program. Below this, provider-specific details are listed: Individual MCI, Individual Name, Provider MPI (300443509), Service Location ID, and Provider Name (PCG ODP EIM PROVIDER THREE). The 'Report Preferences' section allows users to set a User Label, Request Report Offline, and choose a Report Format (PDF, Excel, Word). Buttons for SEARCH INDIVIDUALS, SEARCH PROVIDERS, RESET, and SUBMIT are located at the bottom of the form.

This page provides fields that let you create reports to view based on the following criteria:

- **Program Office (required):** This is populated based on the user's security and is used to populate additional fields.
- **View Incidents (required):** The selection in this drop-down list determines the available options in other fields. For ODP, the only selection is *Incidents*.
- **Discovery/Reported From and To Dates:** The date range that can be entered will vary based on whether an individual, provider or both have been selected.
- **Occurrence From and To Dates:** The date range that can be entered will vary based on whether an individual, provider or both have been selected.

- **Type (required):** This is populated based on the program office and incident drop-down boxes. It shows all of the incident types of all versions of the program office's configuration of the EIM system. This drop-down allows users to select all types by choosing the **Select All** value in the drop-down list.
- **Status (required):** This is populated from the list of incident statuses (Open or Closed, Open, Closed, Deleted).
 - **Note:** Users will only be able to view and select the **Deleted** status if they have the Incident Administrator role permissions.
- **Primary Category (required):** This is populated based on the incident type selected. It shows all of the primary categories across all of the program office configurations for this specific incident type. This drop-down allows users to select all primary categories by choosing the **Select All** value in the drop-down list.
- **Secondary Category (required):** This is populated based on the primary category selected. It shows all the secondary categories across all of the program office configurations for this specific incident type and primary category. This drop-down allows users to select all secondary categories by choosing the **Select All** value in the drop-down list.
- **County (optional):** This is populated with a list of counties used in EIM.
- **Waiver/Program (optional):** This is populated with a list of the waiver/programs that are associated with the incident type (across all versions).
- **Search Individuals:** This link opens the *Individual Search* page in a popup window. The search returns a list of matching individuals from the case management system in HCSIS. When a user selects an individual, their information is displayed in the labels below the link. When EIM generates reports for this individual, it is based on the MCI number (in case other individual information has changed since an incident was filed).
- **Search Providers:** This link opens the *Provider Search* page in a popup window. The search returns a list of matching service locations from the case management system in HCSIS. When a user selects a service location, its information is displayed in the labels below the link. When EIM generates reports for this provider, the reports are based on the MPI number and Service Location ID (in case other information has changed since an incident was filed).
 - When providers navigate to this page, their MPI number is filled in as the default value for the search criteria; however, their service location ID is not filled in as the default value.
 - The search returns only the service locations that have been active in the past 365 days (based on the service location end date).
- **User Label:** Users can specify a label for their output report to identify the report and differentiate it from reports run by other users.
- **Report Format:** Users can choose a report output format from the following: PDF, Excel, or Word.
-

- **Request Report Offline:** Users can check this box to request the report to process offline overnight.

10.4 Incident and Complaint Details by Service Location Report

The *Incident and Complaint Detail by Service Location* report displays incident information based on the criteria entered by a user on the *Incident and Complaint Details by Service Location* report request page. The report groups results into separate tables by service location. This report can be saved in any one of the following formats: printer-friendly PDF, Excel spreadsheet or Word document.

| Report Criteria | | Incident and Complaint Details by Service Location Report | | | | | | | | | | | |
|---|---------------------|---|-----------------------------|---------------------------|-----------------|----------------------|---------------------------------|----------------------------|--------------|----------------|----------------------------|-----------------|--------|
| Program Office: | ODP-ID/A | Incidents or Complaints: | | | | | | Incident | | | | | |
| Discovery From Date: | 6/1/2021 | Discovery To Date: | | | | | | 8/1/2021 | | | | | |
| Occurrence From Date: | | Occurrence To Date: | | | | | | | | | | | |
| Type: | Individual Incident | Status: | | | | | | Open or Closed | | | | | |
| Primary Category: | Abuse | Secondary Categories: | | | | | | Psychological | | | | | |
| Individual Name: | All | Provider Name: | | | | | | PCG ODP EIM PROVIDER THREE | | | | | |
| Provider Name: PCG ODP EIM PROVIDER THREE | | MPI: 300443509 | | Service Location ID: 0006 | | | Service Location Name: Site Two | | | | | | |
| ID | Discovery Date | Type | Complainant/Complaint About | Primary Category | Occurrence Date | Secondary Categories | MCI | Individual Name | County | Waiver/Program | Filing Organization | Day of the Week | Status |
| 92986 | 06/17/2021 | Individual Incident | | Abuse | 06/17/2021 | Psychological | 927847067 | PCG-EIMMR, MIKE | Philadelphia | P/FDS Waiver | PCG ODP EIM PROVIDER THREE | Thu | Open |
| Total: 1 Incident(s)/Complaint(s) | | | | | | | | | | | | | |
| Grand Total: 1 Incident(s)/Complaint(s) | | | | | | | | | | | | | |

10.5 Incident and Complaint Custom Report Request

 **Incident and Complaint Custom Report**

Program Office: ★ Select One View Incidents or Complaints? ★ Select One

Report Output

Subject Areas: ★

Report Criteria

| | |
|--|---|
| Discovery/Reported From Date: MM/DD/YYYY  | Discovery/Reported To Date: MM/DD/YYYY  |
| Occurrence From Date: MM/DD/YYYY  | Occurrence To Date: MM/DD/YYYY  |
| Type: ★ Select One | Status: ★ Select One |
| Primary Category: ★ Select All : <input type="checkbox"/> | Secondary Category: ★ Select All : <input type="checkbox"/> |
| County: | Waiver/Program: |
| Minimum Incident Count: | |
| View Only Incidents/ Complaints with the following Overdue Documents: Select One | |
| View Only Incidents/ Complaints with the following Outcome of Management Review: Select One | |
| SEARCH INDIVIDUALS  | |
| Individual MCI: | Provider MPI: 300443509 |
| Individual Name: | Service Location ID: |
| | Provider Name: PCG ODP EIM PROVIDER THREE |
| SEARCH PROVIDERS  | |
| Report Preferences | |
| User Label: | Request Report Offline: <input type="checkbox"/> |
| Saved Queries | |
| <p>The Incident and Complaint Custom Report Request page allows users to request reports containing information about incidents. Users can select Subject Areas, which are mapped to information in the incident report. Subject Areas determine the fields whose data is to be included in the report output.</p> | |

Data for this report is retrieved from the EIM Data Warehouse and is refreshed on a pre-determined schedule. The data that can be retrieved is limited by the user's scope and role. This report output is limited to Microsoft Excel (xls). Users can save report-request screen settings as queries. These saved queries can be reused with different data to produce reports with a preferred look and content. Users with the Custom Report Administrator role can save queries in the system for reuse. All users with access to EIM can view custom queries.

Users can request reports based on the following criteria:

- **Program Office (required):** This is populated based on the user's security and is used to populate multiple fields.
- **View Incidents/Complaints (required):** The selection in this drop-down is automatically defaulted to Incident.
- **Subject Areas (required):** Questions in the incident documents in EIM are systematically grouped into subject areas. EIM populates the 'Subject Areas' drop-down list with a list of subject areas configured by the program office.
 - **Note:** Please refer to the appendix "*Error! Reference source not found.*" for a complete listing of all the current subject areas.
- **Discovery/Reported From and To Dates:** The beginning date and end date for the date range when the incident was discovered or reported. The date range that can be entered will vary based on whether an individual, provider or both have been selected.
- **Occurrence From and To Dates:** The beginning date and end date for the date range when the incident occurred. The date range that can be entered will vary based on whether an individual, provider or both have been selected.
- **Type (required):** This is populated based on the program office and incident drop-down boxes. It shows all of the incident types of all versions of the program office's configuration of the EIM system. This drop-down allows users to select all types by choosing the Select All value in the drop-down list.
- **Status (required):** This is populated from the list of incident statuses (Open or Closed, Open, Closed, Deleted).
 - **Note:** Users will only be able to view and select the Deleted status if they have the Incident Administrator role permissions.
- **Primary Category (required):** This is populated based on the incident type selected. It shows all of the primary categories across all of the program office configurations for this specific incident type. You can select all primary categories by clicking the Select All check box above the drop-down box.
- **Secondary Category (required):** This is populated based on the primary category selected. It shows all the secondary categories across all of the program office configurations for this specific incident type and primary category. You can select all secondary categories by clicking the Select All check box above the drop-down box.
- **Region (optional):** This is populated with the list of ODP-ID/A regions and allows users to select which region (or regions) to include in this report.

- **County (optional):** This is populated with a list of counties used in EIM and allows users to select which county (or counties) to include in this report.
- **Waiver/Program (optional):** This is populated with a list of the waiver/programs that are associated with the incident type (across all versions). If 'Select All' is clicked, the system populates the 'Waiver/Program' drop-down with a list of all the waiver/programs.
- **Minimum Incident Count:** The minimum number of incidents for the given individual / service location which meets all report parameters to include in this report.

View Only Incidents/ Complaints with the Following Overdue Documents (optional):

This field allows users to view only incidents that have documents which are not started but are past their due dates, in progress but are past their due dates or were submitted past their due dates. The selectable documents are:

- Incident First and Final Sections
- Provider Investigations
- County and Regional Investigations
- State-Center Investigations
- Initial County and Initial Regional Management Reviews
- County and Regional Management Reviews
- State-Center Management Reviews

- **View Only Incidents/ Complaints with the Following Outcome of Management Review:** This is an optional field that allows users to only view incidents based on whether they were ever assigned one of the following statuses:
 - County Investigation Approved
 - Incident Final Section Approved
 - Regional Investigation Approved
 - State-Center Investigation Approved
 - County Investigation Not Approved
 - Incident Final Section Not Approved
 - Regional Investigation Not Approved
 - State-Center Investigation Not Approved
- **Include State Center Incidents:** Check this check box to have your report include incidents that involve state-center individuals.
- **Include Individuals without MCI:** Check this check box to have your report include incidents that involve individuals with no MCIs.
- **Search Individuals:** This link opens the *Individual Search* page in a popup window. The search returns a list of matching individuals from the case management system in HCSIS. When a user selects an individual, their information is displayed in the labels below the link. When EIM generates reports for this individual, it is based on the MCI number (in case other individual information has changed since an incident was filed).

- **Search Providers:** This link opens the *Provider Search* page in a popup window. The search returns a list of matching service locations from the case management system in HCSIS. When a user selects a service location, its information is displayed in the labels below the link. When EIM generates reports for this provider, it is based on the MPI number and Service Location ID (in case other information has changed since an incident was filed)
 - Provider's information is automatically displayed in the search criteria.
 - When providers navigate to this page, their MPI number defaults for the search criteria (however, their service location ID is not defaulted).
 - The search returns only the service locations which have been active in the past 365 days (based on the service location end date).
- **User Label:** Users can specify a label for their output report to identify the report in the Report Inbox and differentiate it from reports run by other users.
- **Report Format:** Users can choose a report output format from the following: PDF, Excel, or Word.
- **Request Report Offline:** Users can check this box to request the report to process offline overnight.
- **Custom Queries:** Users with the Report Admin role can save the values selected for the custom report as set of options, known as a “query”. This allows them to save both the selected subject areas and the report criteria. **In order to save a custom query, users must enter a unique and descriptive name.** Once the query has been saved, it will be available to all users within the specified program office. All queries are sorted in alphabetical order; however, if the logged-in user has saved any custom queries in the past, their queries appear first in the list.
 - Individual or provider information is not saved as part of a query in order to protect the security of personally identifiable information.
 - Users can delete only their own saved queries.
 - Users can open their own queries, make edits to the report request parameters, and save the edited queries under their same query names. Users do not have to save the query under a new name to keep the query. In addition, it is not necessary to have values in the Discovery/Reported or Occurrence date fields in order to save a query. When users open a saved query, the Discovery/Reported or Occurrence date fields are blank.

Note: For State, Region, County or State-Center users the report will be processed offline. This means that the user will need to revisit the Reports Inbox in order to retrieve their report. The following message will be displayed after the report criteria has been submitted, “Your report request will be processed offline. Your request for report has been saved.”

10.6 Incident and Complaint Custom Report

The **Incident and Complaint Custom Report** is displayed in Excel format and includes all the subject areas requested. In addition to the user's requested subject areas, the report displays the following fields:

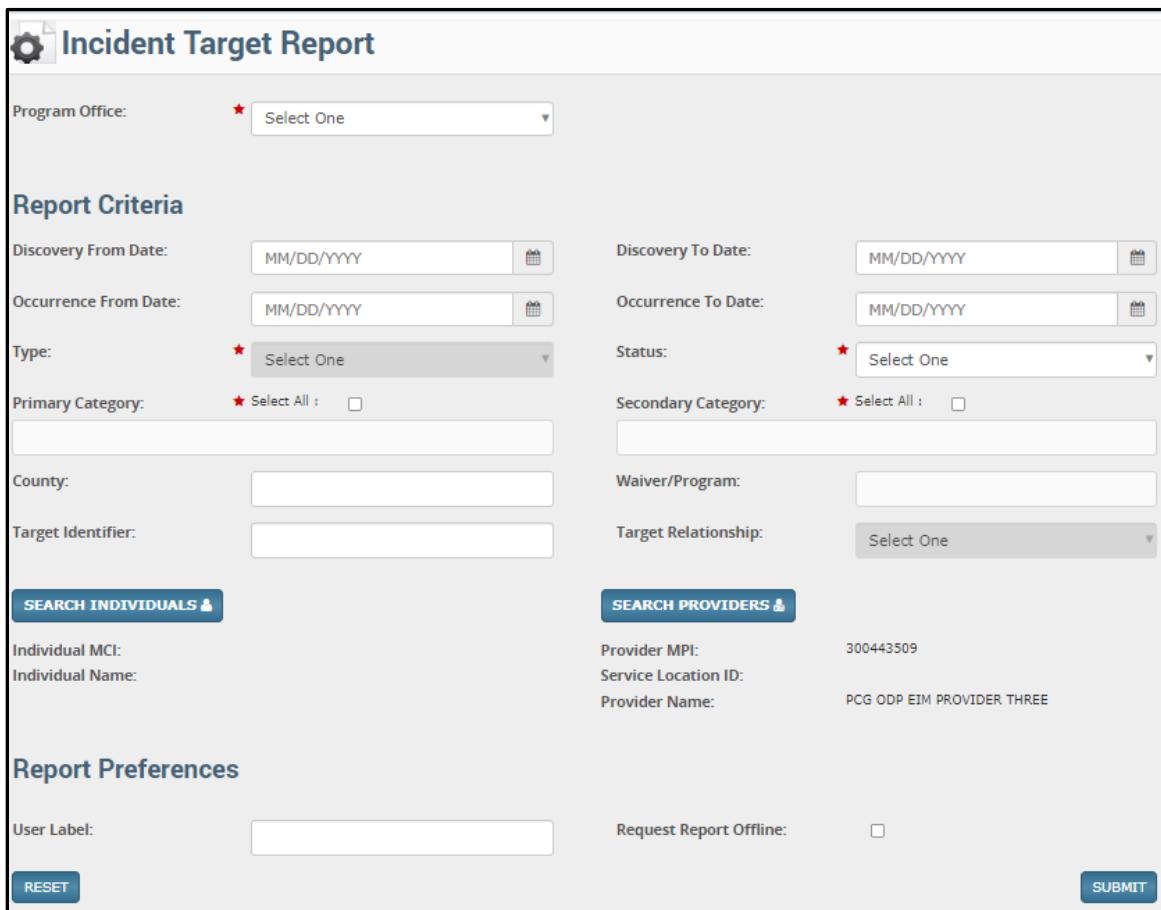
- ID
- Program Office
- Version
- Status
- Incident
- Type
- Primary Category (Name and Date)
- Secondary Categories (Name and Date)
- Discovery Date
- Waiver/Program
- County
- Incident Point Person
- First Name
- Last Name
- MCI

Additional columns may appear based on the subject areas specified on the Incident and Complaint Custom Report Request page.

| A | B | C | D | E | F | G | H | I | J | K | L | M |
|-------|----------------|---------|--------|--------------------|---------------------|----------------------------------|-----------------|---|----------------|-----------|-----------|------------|
| <hr/> | | | | | | | | | | | | |
| <hr/> | | | | | | | | | | | | |
| ID | Program Office | Version | Status | Incident/Complaint | Type | Primary Category (Name and Date) | Occurrence Date | Secondary Categories (Name and Date) | Discovery Date | MCI | Last Name | First Name |
| 93888 | ODP-ID/A | 10 | Open | Incident | Individual Incident | Behavioral Health Crisis Event | 08/02/2021 | Immediate Arrest and Incarceration Crisis Response | 08/02/2021 | 987847232 | PCG | COFFEE |
| 93892 | ODP-ID/A | 10 | Open | Incident | Individual Incident | Physical Restraint | | | 08/02/2021 | 959879964 | PCG-EIMMR | ANNIE |
| 93938 | ODP-ID/A | 10 | Closed | Incident | Individual Incident | Physical Restraint | 08/03/2021 | Human Rights Team Approved Restrictive Intervention | 08/03/2021 | 987848016 | PCG-EIMMR | ADAM |
| 93959 | ODP-ID/A | 10 | Open | Incident | Individual Incident | Neglect | 08/03/2021 | Failure to Provide Protection from Hazards | 08/03/2021 | 987848016 | PCG-EIMMR | ADAM |
| 93995 | ODP-ID/A | 10 | Open | Incident | Individual Incident | Death | 08/03/2021 | Unexpected - Only Supports Provided | 08/03/2021 | 987848016 | PCG-EIMMR | ADAM |
| 93998 | ODP-ID/A | 10 | Open | Incident | Individual Incident | Behavioral Health Crisis Event | 08/03/2021 | Violence Based Crisis Response | 08/03/2021 | 987848016 | PCG-EIMMR | ADAM |
| 93999 | ODP-ID/A | 10 | Open | Incident | Individual Incident | Behavioral Health Crisis Event | 08/03/2021 | Psychiatric Hospitalization (Voluntary) | 08/03/2021 | 987848016 | PCG-EIMMR | ADAM |
| 94005 | ODP-ID/A | 10 | Open | Incident | Individual Incident | Suicide Attempt | 08/03/2021 | No Injury/Illness that Required Medication Intervention | 08/03/2021 | 987848016 | PCG-EIMMR | ADAM |

10.7 Incident Target Report Request

The *Incident Target* report request page allows users to request a report that contains information about the target (or targets) of one or more incidents.



Incident Target Report

Program Office: * Select One

Report Criteria

Discovery From Date: ▼ Discovery To Date: ▼

Occurrence From Date: ▼ Occurrence To Date: ▼

Type: * Select One

Primary Category: * Select All :

Secondary Category: * Select All :

County:

Waiver/Program:

Target Identifier:

Target Relationship: Select One

SEARCH INDIVIDUALS ▼ **SEARCH PROVIDERS** ▼

Individual MCI: Provider MPI: 300443509

Individual Name: Service Location ID:

Provider Name: PCG ODP EIM PROVIDER THREE

Report Preferences

User Label: Request Report Offline:

RESET **SUBMIT**

This page allows users to view reports based on the following criteria:

- **Program Office (required):** This is populated based on the user's security and is used to populate additional fields.
- **Discovery/Reported From and To Dates:** The date range that can be entered will vary based on whether an individual, provider or both have been selected.
- **Occurrence From and To Dates:** The date range that can be entered will vary based on whether an individual, provider or both have been selected.
- **Type (required):** This is populated based on the program office and incident drop-down boxes. It shows all of the incident types of all versions of the program office's configuration of the EIM system. This drop-down allows users to select all types by choosing the **Select All** value in the drop-down list.

- **Primary Category (required)**: This is populated based on the incident type selected. It shows all of the primary categories across all of the program office configurations for this specific incident type. You can select all primary categories by clicking the **Select All** check box above the drop-down box.
- **Secondary Category (required)**: This is populated based on the primary category selected. It shows all the secondary categories across all of the program office configurations for this specific incident type and primary category. You can select all secondary categories by clicking the **Select All** check box above the drop-down box.
- **Region (optional)**: This is populated with the list of ODP-ID/A regions and allows users to select which region (or regions) to include in this report.
- **County (optional)**: This is populated with a list of counties used in EIM.
- **Waiver/Program (optional)**: This is populated with a list of the waiver/programs that are associated with the incident type (across all versions).
- **Target Identifier (optional)**: The target identifier which was entered within the incident.
- **Target Relationship (optional)**: The target relationship for a given target entered within the incident.
- **Minimum Incident Count**: The minimum number of incidents for given target which meets all report parameters to include in this report.
- **Search Individuals**: This link opens the *Individual Search* page in a popup window. The search returns a list of matching individuals from the case management system in HCSIS. When a user selects an individual, their information is displayed in the labels below the link. When EIM generates reports for this individual, it is based on the MCI number (in case other individual information has changed since an incident was filed).
- **User Label**: Users can specify a label for their output report to identify the report in the Report Inbox and differentiate it from reports run by other users.
- **Request Report Offline**: Users can check this box to request the report to process offline overnight.

10.8 Incident Target Report

The Incident Target Report displays information based on the criteria entered by a user on the Incident Target Report Request page. The Incident Target Report spans 24 columns.

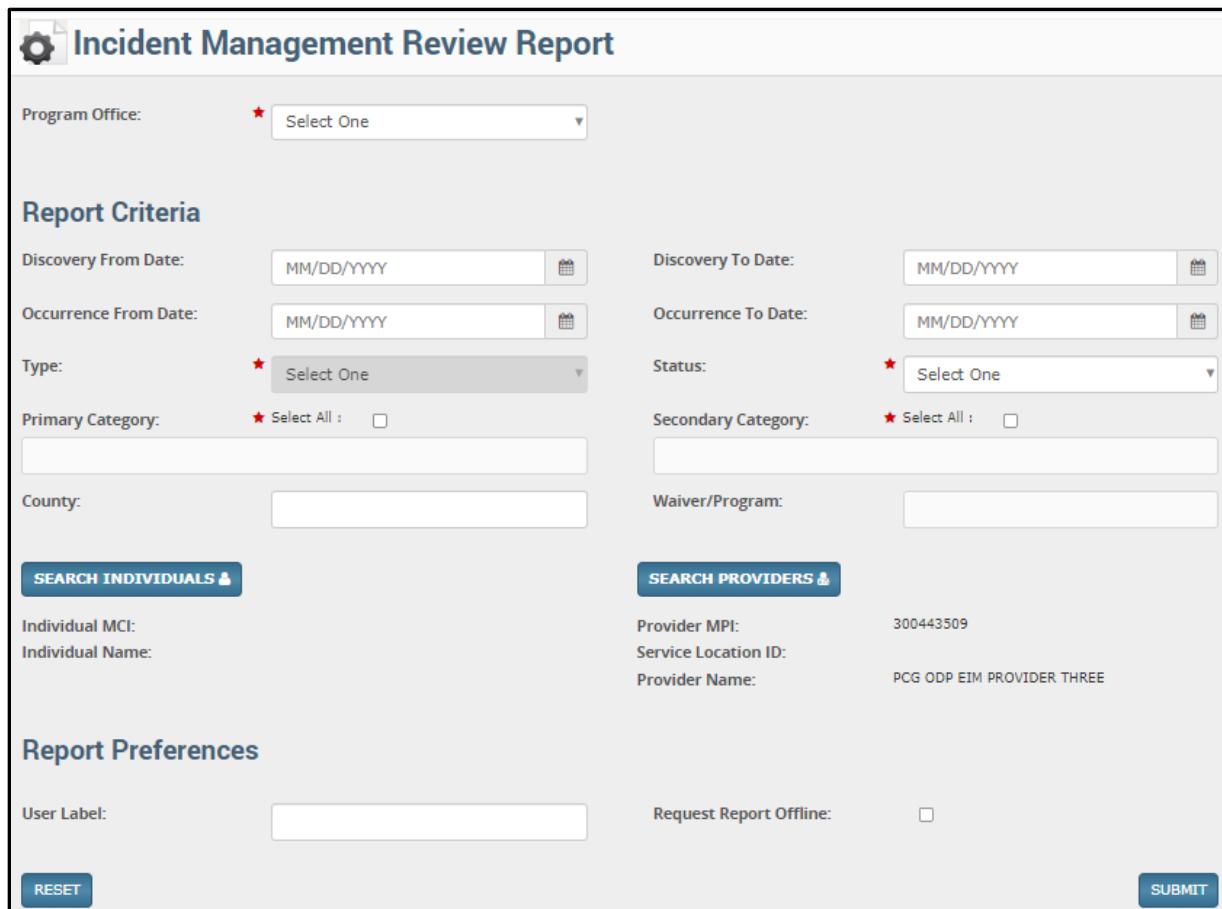
Below is a sample Excel report output (with fictitious data) for the Incident Target report. Due to the width of this report, its illustration below has been broken up. The top illustration shows the left side of the report, and the bottom illustration shows the right side.

| Target Identifier | Target Relationship | If Other, please specify - Incident Target Relationship | Current Status of Target | If Other, please specify - Incident Target Status | MCI | Last Name | First Name | Waiver/Program | Needs Level | Needs Group |
|-------------------|-----------------------|---|---|---|-----------|-----------|------------|-------------------------|-------------|-------------|
| Aaron R | Organization | | Driving prohibited | | 938849018 | PCG-EIMMR | ALLY | Base | | |
| AASS1234 | Provider Staff Member | | | | 570370004 | PCG | PD | Community Living Waiver | | |
| AB1234 | Guardian | | Other | test | 760378759 | PCG-EIMMR | FRANK | Community Living Waiver | 2 | 2 |
| AB1234 | Provider Staff Member | | Medication administration prohibited | | 410519245 | PCG-EIMMR | LANEY | Consolidated Waiver | 4 | 3 |
| Ally M | Friend | | Enhanced supervision (only for individuals) | | 189585432 | PCG | TESTAK | Base | | |

| County | Funding County/Joiner | Incident ID | Status | Incident Type | Primary Category | Occurrence Date | Secondary Category | Discovery Date | Outcome of Provider Investigation | MPI | Service Location ID | Provider Name |
|--------------|-----------------------|-------------|--------|---------------------|------------------|-----------------|--|----------------|-----------------------------------|-----------|---------------------|----------------------------|
| Philadelphia | PHILADELPHIA | 94179 | Closed | Individual Incident | Death | 08/11/2021 | Unexpected - Only Supports Provided | 08/11/2021 | | 300443509 | 0002 | PCG ODP EIM PROVIDER THREE |
| Philadelphia | PHILADELPHIA | 94134 | Open | Individual Incident | Serious Illness | 08/07/2021 | New | 08/07/2021 | | 300443509 | 0002 | PCG ODP EIM PROVIDER THREE |
| Philadelphia | PHILADELPHIA | 92835 | Open | Individual Incident | Rights Violation | 06/05/2021 | Unauthorized Restrictive Procedure | 06/05/2021 | Confirmed | 300443509 | 0007 | PCG ODP EIM PROVIDER THREE |
| Philadelphia | PHILADELPHIA | 92740 | Open | Individual Incident | Neglect | 06/02/2021 | Failure to Provide Medication Management | 06/02/2021 | Confirmed | 300443509 | 0001 | PCG ODP EIM PROVIDER THREE |
| Delaware | DELAWARE | 93749 | Open | Individual Incident | Death | 07/29/2021 | Natural Causes - Only Supports Provided | 07/29/2021 | | 300443509 | 0005 | PCG ODP EIM PROVIDER THREE |
| Delaware | DELAWARE | 93749 | Open | Individual Incident | Death | 07/29/2021 | Natural Causes - Only Supports Provided | 07/29/2021 | | 300443509 | 0005 | PCG ODP EIM PROVIDER THREE |
| DAUPHIN | | 93756 | Open | Individual Incident | Death | 07/29/2021 | Natural Causes - Services Provided | 07/29/2021 | Confirmed | 300443509 | 0005 | PCG ODP EIM PROVIDER THREE |

10.9 Incident Management Review Report Request

The Incident Management Review Report request page allows users to request a report containing information about the timeliness of one or more incidents. This information is gathered and calculated based on user-entered data and system-generated timestamps. The report is available only to ODP-ID users. This report is exported in an Excel formatted report only.



Report Criteria

Program Office: Select One

Discovery From Date: Select

Discovery To Date: Select

Occurrence From Date: Select

Occurrence To Date: Select

Type: Select One

Status: Select One

Primary Category: Select All

Secondary Category: Select All

County:

Waiver/Program:

SEARCH INDIVIDUALS

Individual MCI:

Individual Name:

SEARCH PROVIDERS

Provider MPI:

Service Location ID:

Provider Name:

Report Preferences

User Label:

Request Report Offline:

RESET **SUBMIT**

This screen allows users to view reports based on the following criteria:

- Program Office (required):**
This is populated based on the user's security and is used to populate several other fields.
- Discovery From and To Dates or Occurrence From and To Dates (required):**
The date range that can be entered will vary based on whether an individual, provider or both have been selected.
- Type (required):**
This drop-down allows users to specify site-level or Individual Incidents. Users can select both types by choosing the **Select All** value in the drop-down list.

- **Status (required):**

This is populated from the list of incident statuses (Open or Closed, Open, Closed, Deleted).

Note: Users will only be able to view and select the **Deleted** status if they have the correct role permissions to do so.

- **Primary Category (required):**

This is populated based on the incident type selected. It shows all of the primary categories across all of the program office configurations for this specific incident type. You can select all primary categories by clicking the **Select All** check box above the drop-down box.

- **Secondary Category (required):**

This is populated based on the primary category selected. It shows all the secondary categories across all of the program office configurations for this specific incident type and primary category. You can select all secondary categories by clicking the **Select All** check box above the drop-down box.

- **Region (optional):** This is populated with the list of ODP-ID/A regions and allows users to select which region (or regions) to include in this report.

- **County (optional):**

This is populated with a list of counties used in EIM.

- **Waiver/Program (optional):**

This is populated with a list of the waiver/programs that are associated with the incident type (across all versions).

- **Include State Center Incidents:** Check this check box to have your report include incidents that involve state-center individuals.

- **Include Individuals without MCI:** Check this check box to have your report include incidents that involve individuals with no MCIs.

- **Search Individuals:**

This link opens the *Individual Search* screen (discussed earlier) in a pop-up window. The search returns a list of matching individuals from the case management system in HCSIS. When a user selects an individual, their information is displayed in the labels below the link. When EIM generates reports for this individual, it is based on the MCI number (in case other individual information has changed since an incident was filed).

- **Search Providers:**

This link opens the *Provider Search* screen (discussed earlier) in a popup window. The search returns a list of matching service locations from the case management system in HCSIS. When a user selects a service location, its information is displayed in the labels below the link. When EIM generates reports for this provider, it is based on the MPI number and Service Location ID (in case other information has changed since an incident was filed).

Notes:

- When providers navigate to this screen, their MPI number defaults for the search criteria (however, their service location ID is not defaulted).

- The search returns only the service locations which have been active in the past 365 days (based on the service location end date).

If multiple versions of a document were created over the course of the incident/complaint lifecycle, this report only shows information as of the most recent version. For example, if the final section was not approved during management review and another final section had to be created, only the most recent final section will be used for reporting purposes. Another example is if the primary category was changed between the first section and the final section, this report would show the primary category as it was entered in the final section.

- **User Label:** Users can specify a label for their output report to identify the report in the Report Inbox and differentiate it from reports run by other users.
- **Request Report Offline:** Users can check this box to request the report to process offline overnight.

10.10 Incident Management Review Report

The *Incident Management Review Report* displays incident information based on the criteria entered on the report request screen. This report groups incidents by **Provider Name** then by **Provider Service Location ID**. The information in each table is sorted by **Discovery Date**.

The *Incident Management Review Report* spans 51 columns.

| Incident Details | | | | | | | | | | | |
|------------------|-----------------|------------------------------|-----------|-----------|------------|----------------|-------------|-------------|--------|--------------|--------------|
| Incident ID | Incident Status | Document Requiring Attention | MCI | Last Name | First Name | Waiver/Program | Needs Level | Needs Group | County | AE | |
| 68088 | Open | First Section | 400770872 | PCG | BD | Other | | 1 | 1 | Philadelphia | PHILADELPHIA |
| 68107 | Open | First Section | 420370563 | PCG | DD | Other | | 1 | 1 | Philadelphia | PHILADELPHIA |
| 69708 | Open | First Section | 400770872 | PCG | BD | Other | | 1 | 1 | Philadelphia | PHILADELPHIA |
| 69710 | Open | First Section | 430517967 | PCG | ED | Other | | 1 | 1 | Philadelphia | PHILADELPHIA |
| 69718 | Open | First Section | 430517967 | PCG | ED | Other | | 1 | 1 | Philadelphia | PHILADELPHIA |

| Region | MPI | Service Location ID | Provider Name | Service Location Name | Point Person | Status | First Section | | Discovery Date | Discovery Time |
|-----------|-----------|---------------------|----------------------------|-----------------------|-----------------------|-------------|--------------------|----------------------------------|----------------|----------------|
| | | | | | | | Primary Category | Secondary Category | | |
| Southeast | 300443509 | 0001 | PCG ODP EIM PROVIDER THREE | Site One | PointPersonThree, PCG | In Progress | Abuse | Physical | 07/19/2021 | 09:22:00 AM |
| Southeast | 300443509 | 0001 | PCG ODP EIM PROVIDER THREE | Site One | PointPersonThree, PCG | In Progress | Death | Unexpected - Services Provided | 07/20/2021 | 03:58:00 PM |
| Southeast | 300443509 | 0001 | PCG ODP EIM PROVIDER THREE | Site One | PointPersonThree, PCG | In Progress | Physical Restraint | Provider Emergency Protocol | 07/20/2021 | 04:00:00 PM |
| Southeast | 300443509 | 0001 | PCG ODP EIM PROVIDER THREE | Site One | PointPersonThree, PCG | In Progress | Suicide Attempt | Injury/Illness that Required Med | 07/20/2021 | 04:03:00 PM |
| Southeast | 300443509 | 0001 | PCG ODP EIM PROVIDER THREE | Site One | PointPersonThree, PCG | In Progress | Death | Unexpected - Services Provided | 07/20/2021 | 04:15:00 PM |

Office of Developmental Programs



| V | W | X | Y | Z | AA | AB | AC | AD | AE | AF | AG |
|----------------|-----------------|----------------|----------------|----------------------|--|---------------|----------------|----------------|------------|---------------------|--|
| Discovery Time | Occurrence Date | Submitted Date | Submitted Time | Time Elapsed (Hours) | Was the First Section submitted on time? | Final Section | | | | | |
| | | | | | | Status | Submitted Date | Submitted Time | Due Date | Time Elapsed (Days) | Was the Final Section submitted on time? |
| 09:22:00 AM | 07/19/2021 | 07/20/2021 | 04:11:36 PM | 0.15 | Yes | In Progress | 07/29/2021 | 01:42:35 PM | 08/28/2021 | 9 | Yes |
| 03:58:00 PM | 07/20/2021 | 07/20/2021 | 04:16:59 PM | 0.04 | Yes | Submitted | 07/29/2021 | 01:49:09 PM | 08/28/2021 | 9 | Yes |
| 04:00:00 PM | 07/20/2021 | 07/20/2021 | 04:18:47 PM | 0.03 | Yes | Submitted | 07/29/2021 | 01:54:39 PM | 08/28/2021 | 9 | Yes |
| 04:03:00 PM | 07/20/2021 | 07/21/2021 | 08:44:33 AM | 0.05 | Yes | In Progress | 07/29/2021 | 01:42:35 PM | 08/28/2021 | 8 | Yes |
| 04:15:00 PM | 07/20/2021 | 07/20/2021 | 4:25:36 PM | 0.03 | Yes | Submitted | 07/29/2021 | 01:49:09 PM | 08/28/2021 | 9 | Yes |

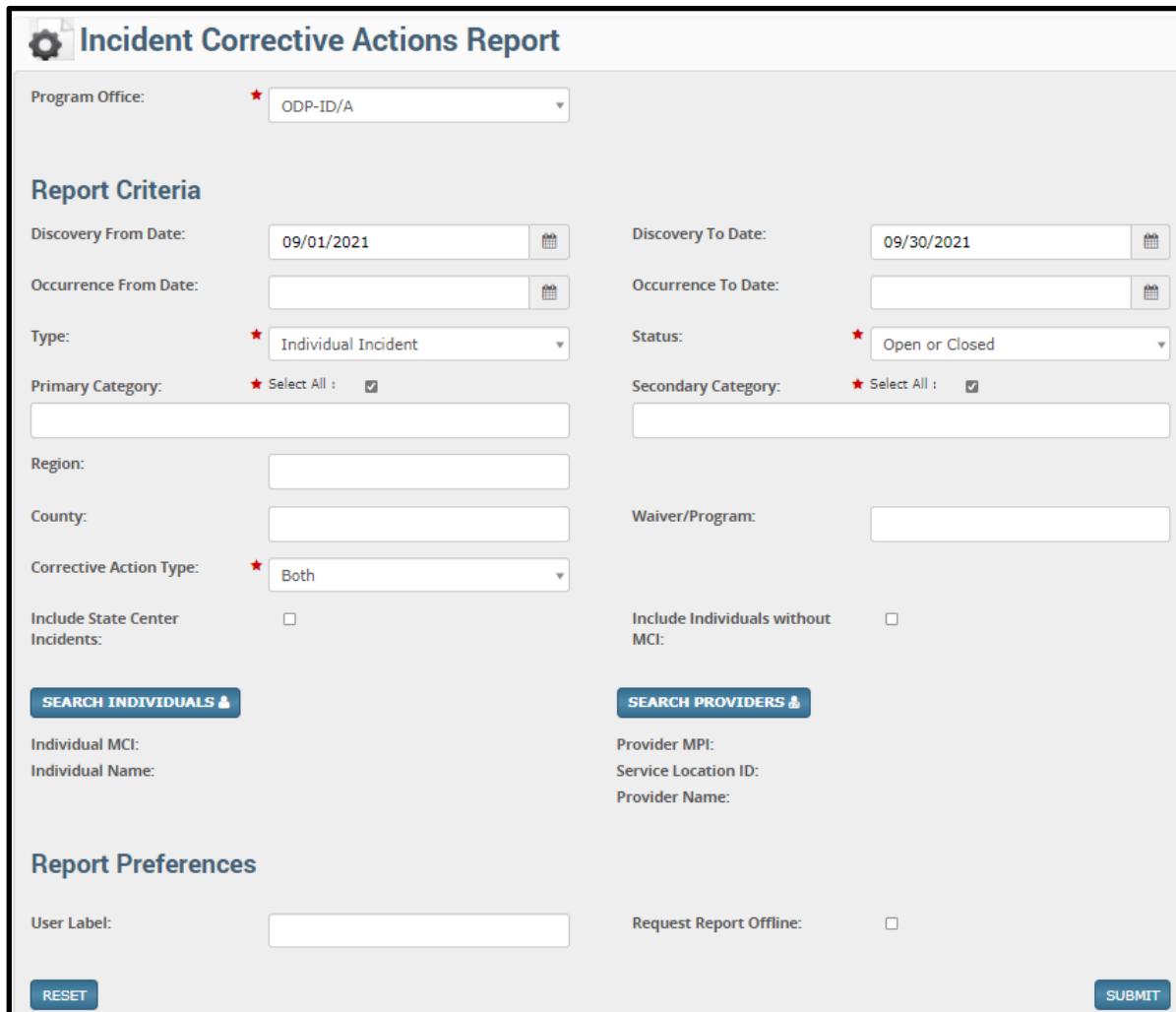
| AH | AI | AJ | AK | AL | AM | AN | AO | AP | AQ |
|------------------------------|--|---|--|---------------------------------------|---|--|---|-------------------------|-----------------------|
| If late, how many days late? | Did the initiating organization file an extension? | If so, what reason did the initiating organization provide for the | How many extensions were filed by the initiating organization? | Did the County/AE file an extension? | If so, what reason did the County/AE provide for the extension? | How many extensions were filed by County/AE? | Was any final section not approved for corrective action reasons? | Investigation Required? | Investigation Outcome |
| No | | | 0 No | | | 0 No | | Mandatory | Confirmed |
| Yes | | Need additional time to receive reports from local law enforcement. | 1 Yes | Backlog of existing incident reports. | | 1 No | | Mandatory | Confirmed |
| No | | | 0 No | | | 0 No | | Optional | Confirmed |
| No | | | 0 No | | | 0 No | | Optional | Confirmed |
| No | | | 0 No | | | 0 No | | Mandatory | Confirmed |

| AR | AS | AT | AU | AV | AW | AX | AY | AZ | BA | BB | BC |
|------------------------|----------------|----------------|-------------------|-----------------|-----------------|------------|------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Provider Investigation | | | | | | | | | | | |
| Status | Submitted Date | Submitted Time | Investigator Name | Assignment Date | Assignment Time | Start Date | End Date | First Witness Statement Date | First Witness Statement Time | Last Witness Statement Date | Last Witness Statement Time |
| Submitted | 07/29/2021 | 01:23:43 PM | ThreeCI, PCG | 07/29/2021 | 01:21:00 PM | 07/29/2021 | 07/29/2021 | 07/21/2021 | 11:00:00 PM | 07/22/2021 | 11:00:00 PM |
| Submitted | 07/29/2021 | 01:35:27 PM | ThreeCI, PCG | 07/29/2021 | 01:32:00 PM | 07/29/2021 | 07/29/2021 | 07/22/2021 | 11:00:00 PM | 07/22/2021 | 11:00:00 PM |
| Submitted | 07/29/2021 | 01:23:43 PM | ThreeCI, PCG | 07/29/2021 | 01:21:00 PM | 07/29/2021 | 07/29/2021 | 07/23/2021 | 11:00:00 PM | 07/23/2021 | 11:00:00 PM |
| Submitted | 07/29/2021 | 01:35:27 PM | ThreeCI, PCG | 07/29/2021 | 01:32:00 PM | 07/29/2021 | 07/29/2021 | 07/21/2021 | 11:00:00 PM | 07/22/2021 | 11:00:00 PM |
| Submitted | 07/29/2021 | 01:35:27 PM | ThreeCI, PCG | 07/29/2021 | 01:32:00 PM | 07/29/2021 | 07/29/2021 | 07/25/2021 | 11:00:00 PM | 07/27/2021 | 11:00:00 PM |

| BD | BE | BF | BG | BH |
|-------------------------------------|------------------------------------|---|---------------------|---|
| Days to Complete Witness Statements | Witness Statements within 10 Days? | Was the Provider Investigation started on time? | Time Elapsed (Days) | Was the Provider Investigation completed on time? |
| 0 | Yes | Yes | 1 | Yes |
| 0 | Yes | Yes | 1 | Yes |
| 0 | Yes | Yes | 1 | Yes |
| 0 | Yes | Yes | 1 | Yes |
| 0 | Yes | Yes | 1 | Yes |

10.11 Incident Corrective Actions Report Request

The Incident Corrective Actions Report request screen allows users to request a report that contains corrective actions sorted by Incident ID and type of corrective action.



Report Criteria

Program Office: **ODP-ID/A**

Discovery From Date: 09/01/2021

Discovery To Date: 09/30/2021

Occurrence From Date:

Occurrence To Date:

Type: **Individual Incident**

Status: **Open or Closed**

Primary Category: **Select All**

Secondary Category: **Select All**

Region:

County:

Waiver/Program:

Corrective Action Type: **Both**

Include State Center Incidents:

Include Individuals without MCI:

SEARCH INDIVIDUALS

Individual MCI:

Individual Name:

SEARCH PROVIDERS

Provider MPI:

Service Location ID:

Provider Name:

Report Preferences

User Label:

Request Report Offline:

RESET **SUBMIT**

This screen allows users to view reports based on the following criteria:

- Program Office (required):**
This is populated based on the user's security and is used to populate several other fields.
- Discovery From and To Dates or Occurrence From and To Dates (required):**
The date range that can be entered will vary based on whether an individual, provider or both have been selected.
- Type (required):**
This drop-down allows users to specify site-level or individual incidents. Users can also select both types by choosing the **Select All** value in the drop-down list.

- **Status (required):**

This is populated from the list of incident statuses (Open or Closed, Open, Closed, Deleted).

Note: Users will only be able to view and select the **Deleted** status if they have the correct role permissions to do so.

- **Primary Category (required):**

This is populated based on the incident type selected. It shows all of the primary categories across all of the program office configurations for this specific incident type. You can select all primary categories by clicking the **Select All** check box above the drop-down box.

- **Secondary Category (required):**

This is populated based on the primary category selected. It shows all the secondary categories across all of the program office configurations for this specific incident type and primary category. You can select all secondary categories by clicking the **Select All** check box above the drop-down box.

- **Region (optional):** This is populated with the list of ODP-ID/A regions and allows users to select which region (or regions) to include in this report.

- **County (optional):**

This is populated with a list of counties used in EIM.

- **Waiver/Program (optional):**

This is populated with a list of the waiver/programs that are associated with the incident type (across all versions).

- **Corrective Action Type:**

This is populated with the type of corrective action. This drop down allows users to select whether the corrective action was **Preventative, Additional or Both**.

- **Include State Center Incidents:** Check this check box to have your report include incidents that involve state-center individuals.

- **Include Individuals without MCI:** Check this check box to have your report include incidents that involve individuals with no MCIs.

- **Search Individuals:**

This link opens the *Individual Search* screen (discussed earlier) in a pop-up window. The search returns a list of matching individuals from the case management system in HCSIS. When a user selects an individual, their information is displayed in the labels below the link. When EIM generates reports for this individual, it is based on the MCI number (in case other individual information has changed since an incident was filed).

- **Search Providers:**

This link opens the *Provider Search* screen (discussed earlier) in a popup window. The search returns a list of matching service locations from the case management system in HCSIS. When a user selects a service location, its information is displayed in the labels below the link. When EIM generates reports for this provider, it is based on the MPI number and Service Location ID (in case other information has changed since an incident was filed).

Notes:

- When providers navigate to this screen, their MPI number defaults for the search criteria (however, their service location ID is not defaulted).
- The search returns only the service locations which have been active in the past 365 days (based on the service location end date).
- **User Label:** This field allows a user-supplied label to be assigned to the report, which displays on the Reports Inbox page.
- **Request Report Offline:** Users can check this box to request the report to process offline overnight.

10.12 Incident Corrective Actions Report

The Incident Corrective Actions Report displays information based on the criteria entered by a user on the Incident Corrective Actions Report Request page.

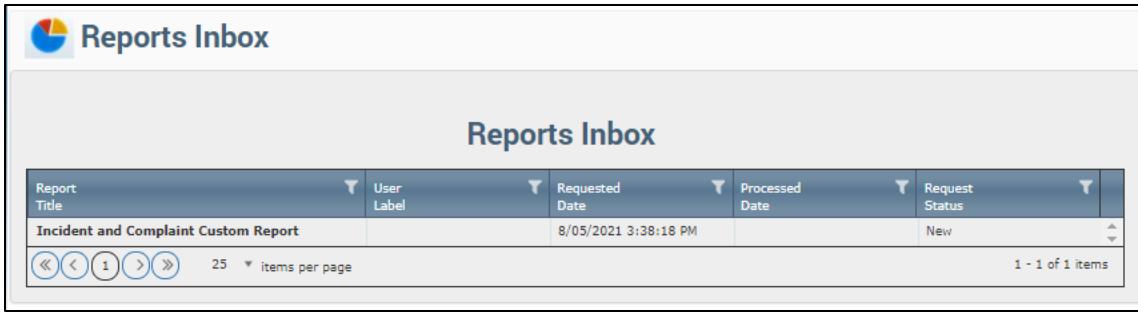
The Incident Corrective Actions Report spans 23 columns.

| A | B | C | D | E | F | G | H | I | J | K | L | M | N |
|-------------|-----------------|-----------|-----------|------------|----------------|--------------|--------------|-----------|-----------|---------------------|----------------------------|-----------------------|------------------------|
| Incident ID | Incident Status | MCI | Last Name | First Name | Waiver/Program | County | AE | Region | MPI | Service Location ID | Provider Name | Service Location Name | Point Person |
| 93536 | Open | 927847067 | PCG-EIMMR | MIKE | P/FDS Waiver | Philadelphia | PHILADELPHIA | Southeast | 300443509 | 0001 | PCG ODP EIM PROVIDER THREE | Site One | PointPersonThree , PCG |
| 93554 | Closed | 938849018 | PCG-EIMMR | ALLY | Base | Philadelphia | PHILADELPHIA | Southeast | 300443509 | 0001 | PCG ODP EIM PROVIDER THREE | Site One | PointPersonThree , PCG |
| 93561 | Open | 959879964 | PCG-EIMMR | ANNIE | Base | Philadelphia | PHILADELPHIA | Southeast | 300443509 | 0001 | PCG ODP EIM PROVIDER THREE | Site One | PointPersonThree , PCG |
| 93562 | Open | 959879964 | PCG-EIMMR | ANNIE | Base | Philadelphia | PHILADELPHIA | Southeast | 300443509 | 0001 | PCG ODP EIM PROVIDER THREE | Site One | PointPersonThree , PCG |

| O | P | Q | R | S | T | U | V | W | X | Y | Z |
|------------------|---|----------------|-------------|-------------|---|---------------------------|--|----------------------------------|----------------|--------------------------------|-------------------------------|
| Primary Category | Secondary Category | Discovery Date | Needs Level | Needs Group | Indicate Provider Investigation Determination | Type of Corrective Action | Corrective Action | Description of Corrective Action | Completed Date | Responsible Party (First Name) | Responsible Party (Last Name) |
| Illness | COVID | 07/16/2021 | 1 | 1 | Confirmed | Preventative | Develop new policy and/or procedure, train appropriate staff, and evaluate effectiveness | description of corrective action | 7/16/2021 | John | Doe |
| Abuse | Physical | 07/19/2021 | 1 | 1 | Confirmed | Preventative | Modify existing policy and/or procedure, train appropriate staff, and evaluate effectiveness | description of corrective action | 7/20/2021 | Bill | Smith |
| Abuse | Misapplication/Unauthorized Use of Restraint (Injury) | 07/20/2021 | 1 | 1 | Inconclusive | Preventative | Retrain appropriate staff on existing policy and/or procedure and evaluate effectiveness | description of corrective action | 8/24/2021 | Bart | Starr |
| Illness | COVID | 07/20/2021 | 1 | 1 | Confirmed | Preventative | Modify existing policy and/or procedure, train appropriate staff, and evaluate effectiveness | description of corrective action | 7/20/2021 | Ken | Adams |

10.13 Reports Inbox

The **Report Inbox** page allows users to view the new and processed offline report requests that the user has created. The reports are purged from the inbox after 14 days.



The screenshot shows a 'Reports Inbox' page with a single item listed:

| Report Title | User Label | Requested Date | Processed Date | Request Status |
|--|------------|----------------------|----------------|----------------|
| Incident and Complaint Custom Report | | 8/05/2021 3:38:18 PM | | New |

Below the table, there are navigation icons for page navigation and a message indicating 1 - 1 of 1 items.

This page allows users to view results based on the following data elements:

- **Report Title:** Displays the title of the requested report. The Report Title is displayed as a hyperlink if the report is successfully processed.
- **User Label:** This read-only field displays the label that the user assigned to the report on the report request page.
- **Requested Dates:** This read-only field displays the date and time that the user requested the report.
- **Processed Dates:** This read-only field displays the date and time that the report was processed
- **Requested Status:** This read-only field displays the status of the report request (New, Processed, Failed)

10.14 Incident Reporting Overview Dashboard

The Incident Reporting Overview Dashboard allows users to identify providers who are non-compliant with submitting Incident Report documents on time, per ODP-IDA and BSASP's guidelines. Dashboard data is available in near-real-time using data within the Enterprise Data Warehouse (EDW) as part of an overnight process. This dashboard also provides the following additional metrics:

- Identifies areas where providers are either reporting incidents late or submitting the documents late.
- Provides a trend chart to identify the provider's incident management behavior over time.
- Provides information on Final Section document extensions.
- Identify incident types where a larger number of extensions are being filed.



The information that appears on the dashboard correlates directly to the user's role:

- For Providers, the dashboard will display data only for the incidents to which they have access.
- For SCO users, the dashboard displays data for incident to which the user has access for the provider selected from the Provider Search.
- For AE, Regional, or State users, the dashboard will display data for all incidents for the provider selected from the Provider search.

Dashboard Filters

The filters located at the top of the Incident Reporting Overview Dashboard shown below allow users to select from multiple “*visualization elements*” or views.

| Quarter | Waiver/Program | Region | Residential/Serv Loc County |
|---------|----------------|--------|-----------------------------|
| (All) | (All) | (All) | (All) |

| Provider | Provider Type | Service Location |
|----------|---------------|------------------|
| (All) | (All) | (All) |

| Filter | Description | Default Value | Sort Order |
|-----------------------------|--|---|-----------------------------|
| Quarter | The quarter of the year in which the incident occurred | The current quarter of the current year | Reverse chronological order |
| Waiver/Program | The Waiver or Program the individual was enrolled in at the time the incident was created | All | Alphabetical |
| Region | The region of the individual's Residential County at the time the incident was created for Individual incidents or the Provider's Service Location County at the time the incident was created for Site Level incidents. | All | Alphabetical |
| Residential/Serv Loc County | The individual's Residential County at the time the incident was created for Individual incidents or the Provider's Service Location County at the time the incident was created for Site Level incidents. | All | Alphabetical |
| Provider | The name of the provider's organization | All | Alphabetical |
| Provider Type | The Provider Type of the provider for whom the incident was filed | All | Ascending |
| Service Location | The four-digit Service Location and Service Location name of the location of the provider for whom the incident was filed | All | Ascending |

Summary Labels View

The Summary Labels view provides a quick overview for the total count of incidents and the percentage of incidents that have extensions, compared to the total count of incidents.

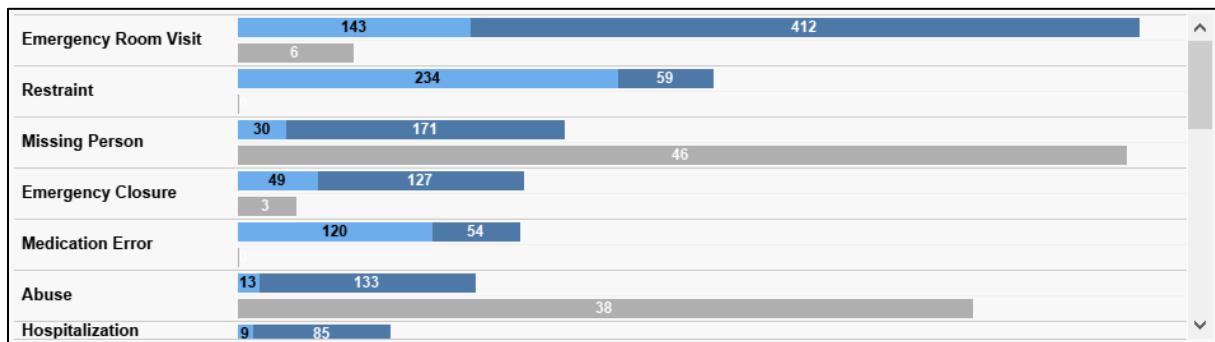
| Incident Count | Incidents with Extensions |
|----------------|---------------------------|
| 2,345 | 4% |

| Element | Description |
|----------------|---|
| Incident Count | The total count of incidents that have occurred during the selected quarter(s). |

| Element | Description |
|---------------------------|---|
| Incidents with Extensions | The percentage of Final Section documents where an extension was filed, as compared to the total number of incidents (Incident Count) |

Primary Categories View

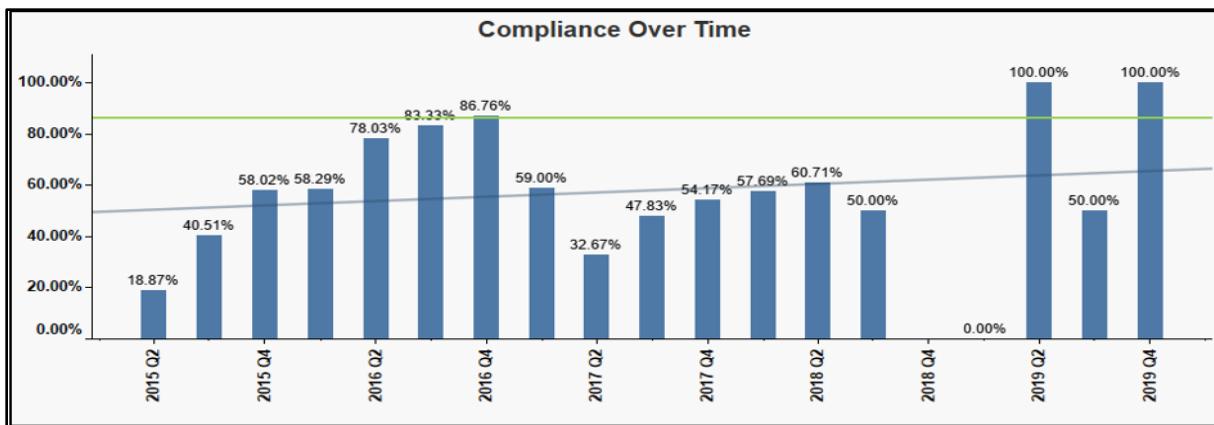
The Primary Categories view displays the number of Closed and Open incidents by Primary Category, including the number of extensions that were filed for the corresponding Primary Category. Users can select groupings within this chart to filter other data on the dashboard to further review compliance data for those incidents with the selected Primary Category



| Element | Description |
|--------------------|--|
| Primary Categories | This chart identifies the count of incidents by Closed and Open status by Primary Category. Additionally, the chart identifies the count of incidents where an extension was requested for a Final Section document. |

Compliance Over Time View

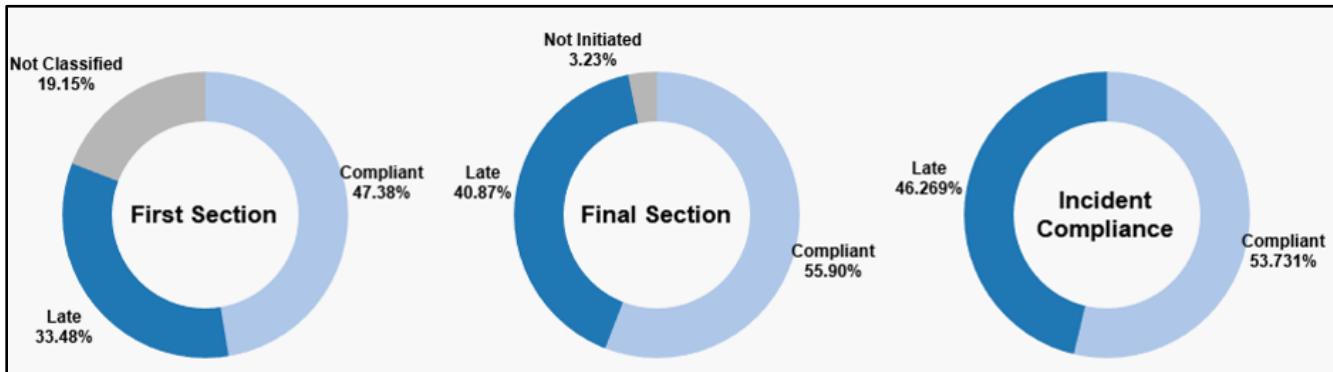
The Compliance Over Time view displays a provider's compliance in submitting Incident Report documents over time by quarters. The compliance shown is the aggregate of the overall incident compliance for that quarter.



| Element | Description |
|----------------------|--|
| Compliance Over Time | This chart represents the percentage of incidents where both the First Section and first Final Section documents were submitted prior to the Due Date. |
| Trendline | This trendline represents ODP's threshold for on-time incident reporting at 86%. |

First Section, Final Section, and Incident Compliance

The First Section, Final Section, and Incident Compliance “donut” chart displays the percentage of incidents that fall into each category of compliance for the First Section and Final Section documents, in addition to the compliance of the overall incident. This view represents the compliance for the first pass of the incident.



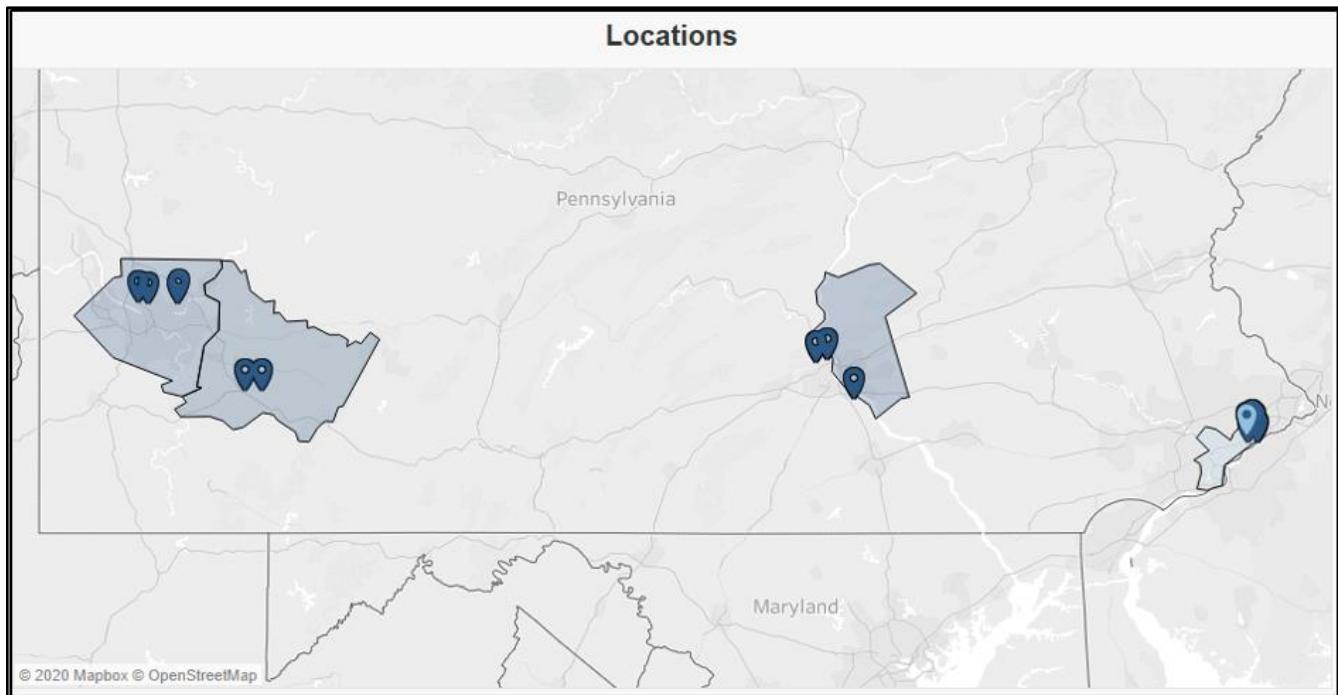
- Slices resize based on percentage of incidents within each status compared to the sum total of incidents.
- Slices display the compliance status and percentage of incidents with the corresponding compliance status
- Sections within this chart can be selected to filter other data on the dashboard to drill-down the compliance data for the chosen document or incident compliance status

- Multiple sections can be selected at one time by clicking and dragging over the sections, or by holding Control or Shift and clicking the sections

| Element | Description |
|---------------------|---|
| First Section | <p>This section represents the percentages of each compliance status for First Section documents compared to all First Section documents. Compliance status for First Section documents are:</p> <ul style="list-style-type: none">• Compliant – submitted prior to the due date• Late – submitted after the due date• Not Classified – Primary Category and Secondary Category not selected, and no Due Date is calculated |
| Final Section | <p>This section represents the percentages of each compliance status for the first Final Section documents compared to all first Final Section documents. Compliance status for Final Section documents are:</p> <ul style="list-style-type: none">• Compliant – submitted prior to the due date• Late – submitted after the due date• Not Initiated – First Section was submitted, and Final Section document is in “Created” status |
| Incident Compliance | <p>This section represents the percentages of each compliance status for overall incident compliance compared to all incidents. Compliance status for incident compliance are:</p> <ul style="list-style-type: none">• Compliant – both First Section and first Final Section documents submitted prior to the due date• Late – First Section, first Final Section, or both documents submitted after the due date |

Locations View

The Locations chart displays the physical location of each Service Location where an incident occurred, in addition to the Residential County of the individual for Individual incidents, or the county of the Service Location for Site Level incidents. Users can interact with the map to display different zoom levels within the map. Hover your mouse over an outlined county or over a pin representing a Service Location to display a tooltip with additional information, such as the number of incidents and details of the Service Location.

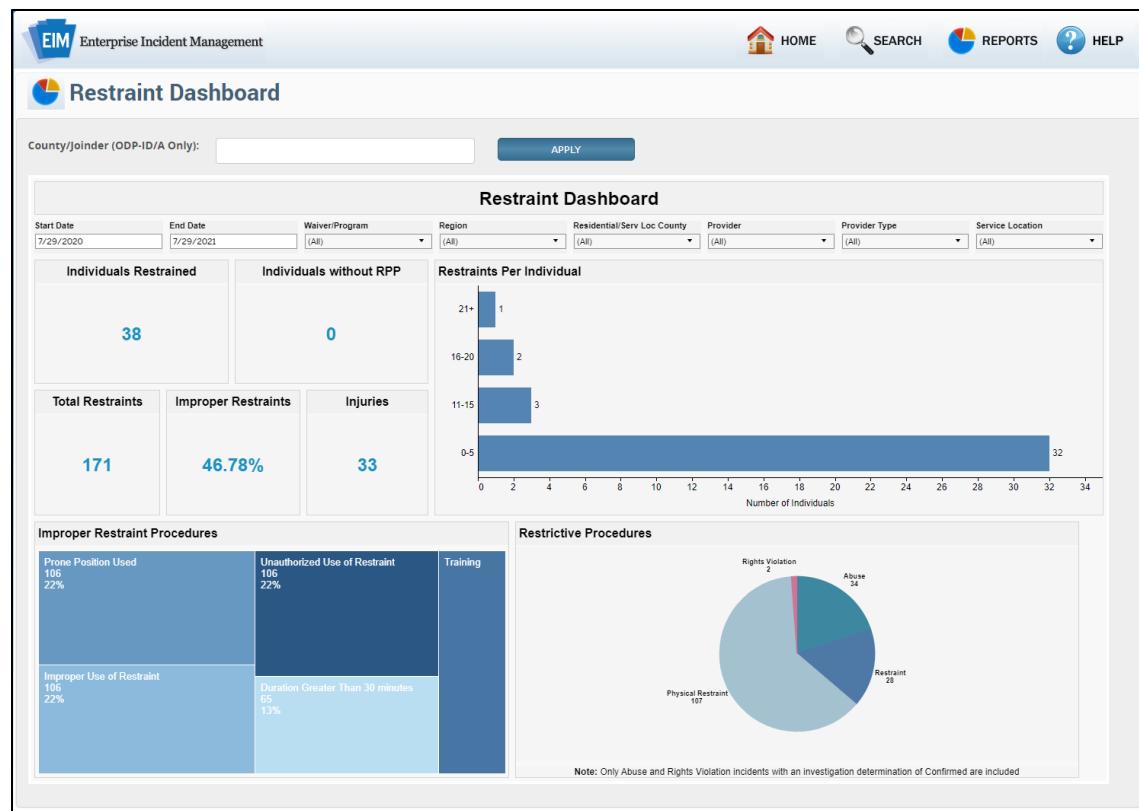


10.15 Restraint Dashboard

The Restraint Dashboard identifies providers who have recorded a high number of improper restraints, including the common causes of those restraints that classify them as improper. The Restraint Dashboard allows users to analyze metrics related to restraints, with a focus on improperly conducted restraints.

This dashboard allows users to provide targeted technical assistance to those providers. This assistance helps providers maintain compliance with ODP-ID/A's and BSASP's restraint policies and procedures for restraining individuals who are served under ODP waivers and programs. Dashboard data is available in near-real-time using data within the Enterprise Data Warehouse (EDW) as part of an overnight process.

The information that appears on the dashboard correlates directly to the user's role:



- For providers, SCOs, and State Center users, data for incidents to which the user has accessed displays on the dashboard.
- For AEs, Regional, or State users, data for all incidents displays on the dashboard

Restraint Dashboard Filters

The filters located at the top of the Restraint Dashboard shown below allow users to select from multiple “*visualization elements*” or views:

| Start Date | End Date | Waiver/Program | Region |
|------------|-----------|----------------|--------|
| 7/29/2020 | 7/29/2021 | (All) | (All) |

| Residential/Serv Loc County | Provider | Provider Type | Service Location |
|-----------------------------|----------|---------------|------------------|
| (All) | (All) | (All) | (All) |

| Filter | Description | Default Value | Sort Order |
|-----------------------------|--|---|--------------|
| Start Date and End Date | The date on which the incident occurred | Dates encompassing the 12 months prior to the system date | N/A |
| Waiver/Program | The Waiver or Program the individual was enrolled in at the time the incident was created | All | Alphabetical |
| Region | The region of the individual's Residential County at the time the incident was created for Individual incidents or the Provider's Service Location County at the time the incident was created for Site Level incidents. | All | Alphabetical |
| Residential/Serv Loc County | The individual's Residential County at the time the incident was created for Individual incidents or the Provider's Service Location County at the time the incident was created for Site Level incidents. | All | Alphabetical |
| Provider Type | The Provider Type of the provider for whom the incident was filed | All | Ascending |
| Provider | The name of the provider's organization | All | Alphabetical |
| Service Location | The four-digit Service Location and Service Location name of the location of the provider for whom the incident was filed | All | Ascending |

Summary Labels View

Summary labels provide users with an overview of key metrics related to restraints that have occurred, such as:

- The number of individuals restrained
- Individuals without a Restrictive Procedure Plan
- The total number of restraints.
- The percentage of restraints that are considered improper.
- The number of injuries that have occurred during the restraints.

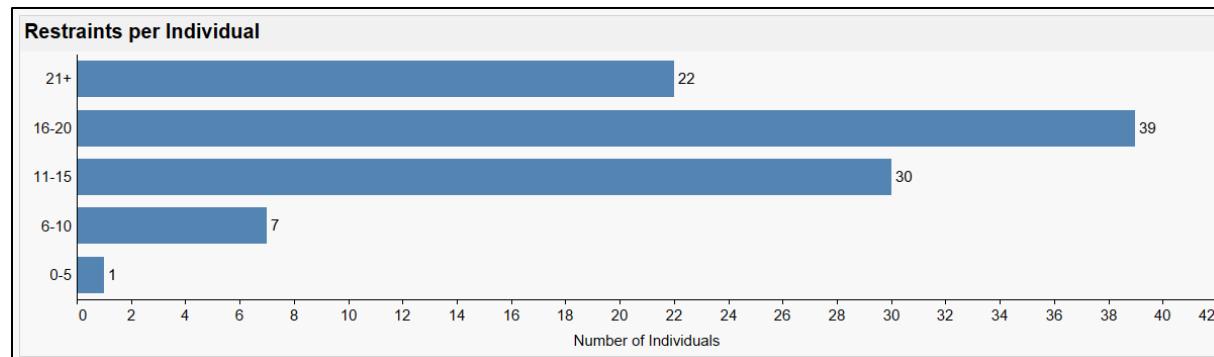
The summary labels are dynamic and are updated based on the selected filters:

| Element | Description |
|-------------------------|--|
| Individuals Restrained | Reflects the distinct number of individuals for whom a restraint incident was filed |
| Individuals without RPP | Reflects the distinct number of individuals who were restrained and did not have a Restrictive Procedure Plan in place at the time the incident was created. Information for Restrictive Procedure Plans is retrieved from HCSIS based on the current approved Plan at the time the incident is created and stored in EIM as part of the Individual Information snapshot. |
| Total Restraints | Reflects the total number of restraint incidents that have been filed. |
| Improper Restraints | Reflects the percentage of incidents that are considered improper compared to the total number of restraint incidents that have been filed. A restraint is considered improper if any of the following conditions are true: 1) The incident was indicated as an improper use of a restraint 2) Documentation is not available indicating that all involved staff were trained on the individual's Behavioral Support Plan that was in place at the time of the incident 3) A prone position was used during the restraint 4) The incident was indicated as an unauthorized use of a restraint 5) The individual was restrained for more than 30 minutes |
| Injuries | Reflects the number of individuals who were injured during the restraint. |

Restraints per Individual View

The Restraints per Individual view displays the totals for the number of restraint incidents for a specific individual in predetermined groupings

| Individuals Restrained | Individuals without RPP | |
|------------------------|-------------------------|----------|
| 99 | 1 | |
| Total Restraints | Improper Restraints | Injuries |
| 1,543 | 42% | 87 |



| Element | Description |
|---------------------------|---|
| Restraints per Individual | This chart identifies the count of incidents where a specific individual was restrained, and groups these counts into predetermined groupings (0-5, 6-10, 11-15, 16-20, 21+). |

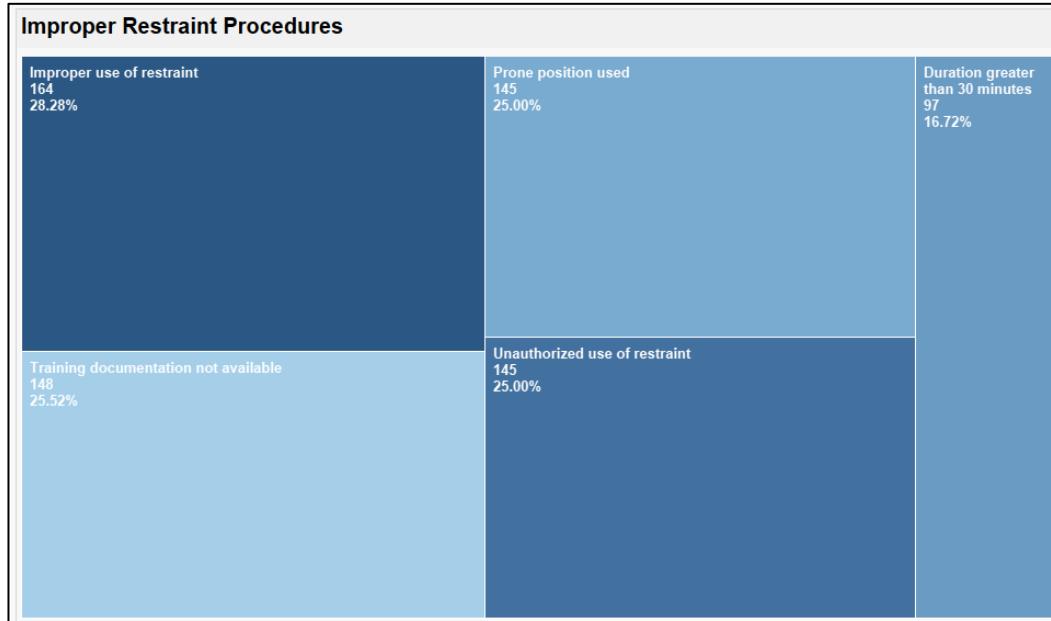
- Groupings within this chart can be selected to filter other data on the dashboard to drill-down the restraint data for the individuals falling into these groupings.
- Multiple groupings can be selected at one time by clicking and dragging over the groupings, or by holding Control or Shift and clicking the groupings.

Improper Restraint Procedures

The Improper Restraint Procedures view displays totals for the number of restraint incidents where an improper procedure was used. A restraint is considered improper when:

- The incident indicates that it was an improper use of a restraint.
- Documentation is not available indicating that all involved staff were trained on the individual's Behavioral Support Plan in place at the time of the incident
- A prone position was used,
- It was an unauthorized use of a restraint

- The individual was restrained for more than 30 minutes.

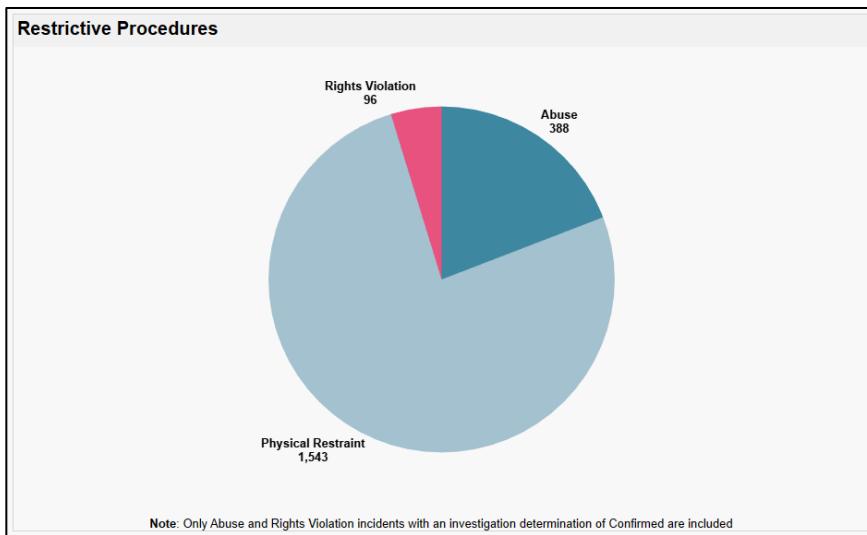


| Element | Description |
|--------------------------------------|--|
| Improper use of restraint | This section contains a distinct count of incidents where the question "Was this an improper use of a restraint?" is answered as "Yes". |
| Training documentation not available | This section contains a distinct count of incidents where the question "Is there documentation that all staff involved were trained on the behavioral support plan that was in place at the time of the incident that included this restraint?" is answered as "No". |
| Prone position used | This section contains a distinct count of incidents where the question "Was a prone (face down) position used during this restraint?" is answered as "Yes". |
| Unauthorized use of restraint | This section contains a distinct count of incidents where the question "Was this an unauthorized use of restraint?" is answered as "Yes". |
| Duration greater than 30 minutes | This section contains a distinct count of incidents where the calculated field "Restraint Duration (minutes)" is greater than 30 minutes. |

- Sections of this view resize based on the percentage of incidents for each section compared to the total incidents that are considered to be "improper".
- Each section displays a short name for the corresponding question within the incident, the count of incidents for each section, and the percentage of the section compared to the total of all sections.
- Sections within this chart can be selected to filter other data on the dashboard to drill-down the restraint data for the chosen improper procedures.
- Multiple sections can be selected at one time by clicking and dragging over the groupings, or by holding Control or Shift and clicking the sections.
- Information on restraint duration is not included for historical incidents where the restraint duration was not calculated in the system.

Restrictive Procedures

The Restrictive Procedures view displays the number of incidents categorized as a combination of Primary and Secondary categories related to restraints.



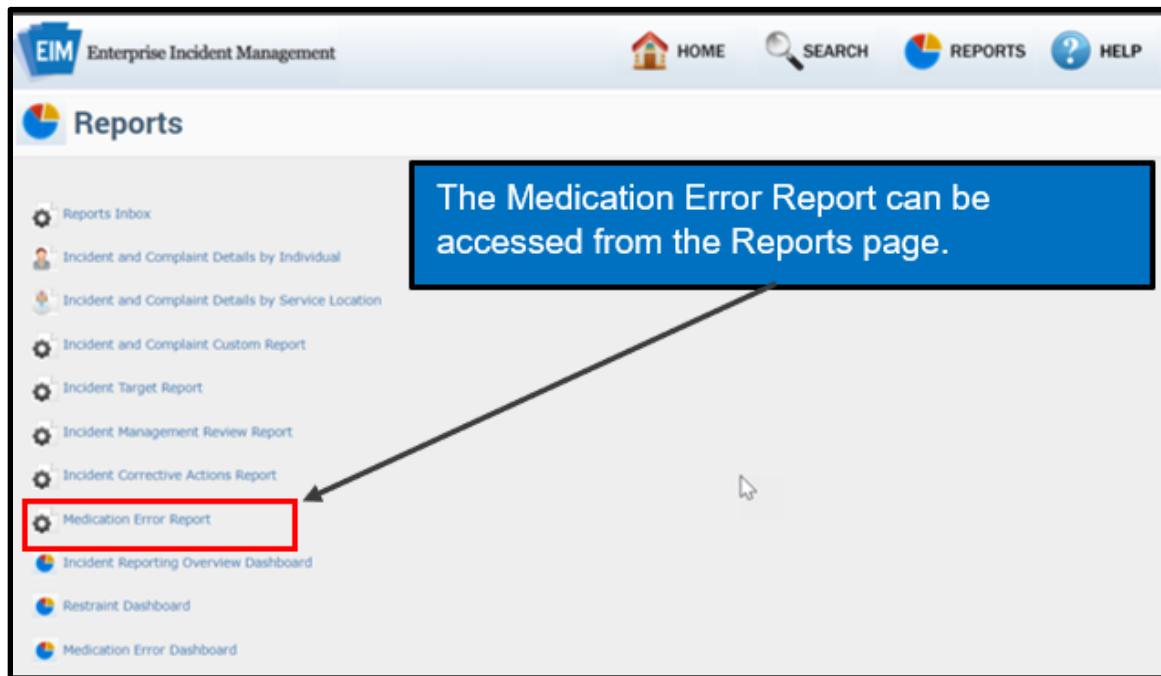
| Element | Description |
|--------------------|---|
| Abuse | This slice considers incidents which are classified with a Primary Category of "Abuse" and a Secondary Category of "Misapplication/Unauthorized Use of Restraint (Injury)" or "Misapplication/Unauthorized Use of Restraint (No Injury)". Only Abuse incidents where an investigation was conducted, and the investigation determination was "Confirmed" will be included in this metric. |
| Physical Restraint | This slice considers incidents which are classified with a Primary Category of "Physical Restraint" and any corresponding Secondary Category. |
| Restraint | This slice considers incidents which are classified with a Primary Category of "Restraint" and any corresponding Secondary Category. |
| Rights Violation | This slice considers incidents which are classified with a Primary Category of "Rights Violation" and a Secondary Category of "Unauthorized Restrictive Procedure". Only Rights Violation incidents where an investigation was conducted, and the investigation determination was "Confirmed" will be included in this metric. |
| Footnote | The visualization contains a footnote indicating that Abuse and Rights Violation incidents for which an investigation was conducted, and the investigation determination was "Confirmed" will be included in the chart |

- Each “slice” in the pie chart resizes based on the percentage of incidents for each Primary Category compared to the total number of incidents for each of the specified Primary Categories.
- Each “slice” displays the Primary Category name and the count of incidents classified with the corresponding Primary Category and Secondary Category combinations.

10.16 Medication Error Report

The Medication Error Report can be accessed from the Reports page in EIM. This report allows users to drill-down into the details of all medication error incidents including any status; Open, Closed, or Deleted (if applicable).

Users with only the “Incident Investigator Role”, **cannot** access this report.



The Medication Error Report can be accessed from the Reports page.

Medication Error Report

The screenshot shows the EIM Reports page. A list of reports is displayed on the left, and a callout box on the right contains the text: "The Medication Error Report can be accessed from the Reports page." An arrow points from the text in the callout box to the "Medication Error Report" option in the list, which is highlighted with a red box. The list includes: Reports Inbox, Incident and Complaint Details by Individual, Incident and Complaint Details by Service Location, Incident and Complaint Custom Report, Incident Target Report, Incident Management Review Report, Incident Corrective Actions Report, Medication Error Report (highlighted), Incident Reporting Overview Dashboard, Restraint Dashboard, and Medication Error Dashboard.

Medication Error Report Request Screen

The Medication Error Report Request screen allows users to customize report results by selecting the following criteria as applicable to role/scope in EIM before clicking Submit:

1. Program Office
2. Date
3. Status
4. Secondary Category
5. Region
6. County
7. Waiver Program
8. Funding County/Joiner
9. Include State Center Incidents
10. Include Individuals without MCI
11. Individual
12. Provider

Mandatory fields are marked with a red star on the Report Request screen. These represent the minimum amount of information needed for the system to process the report.

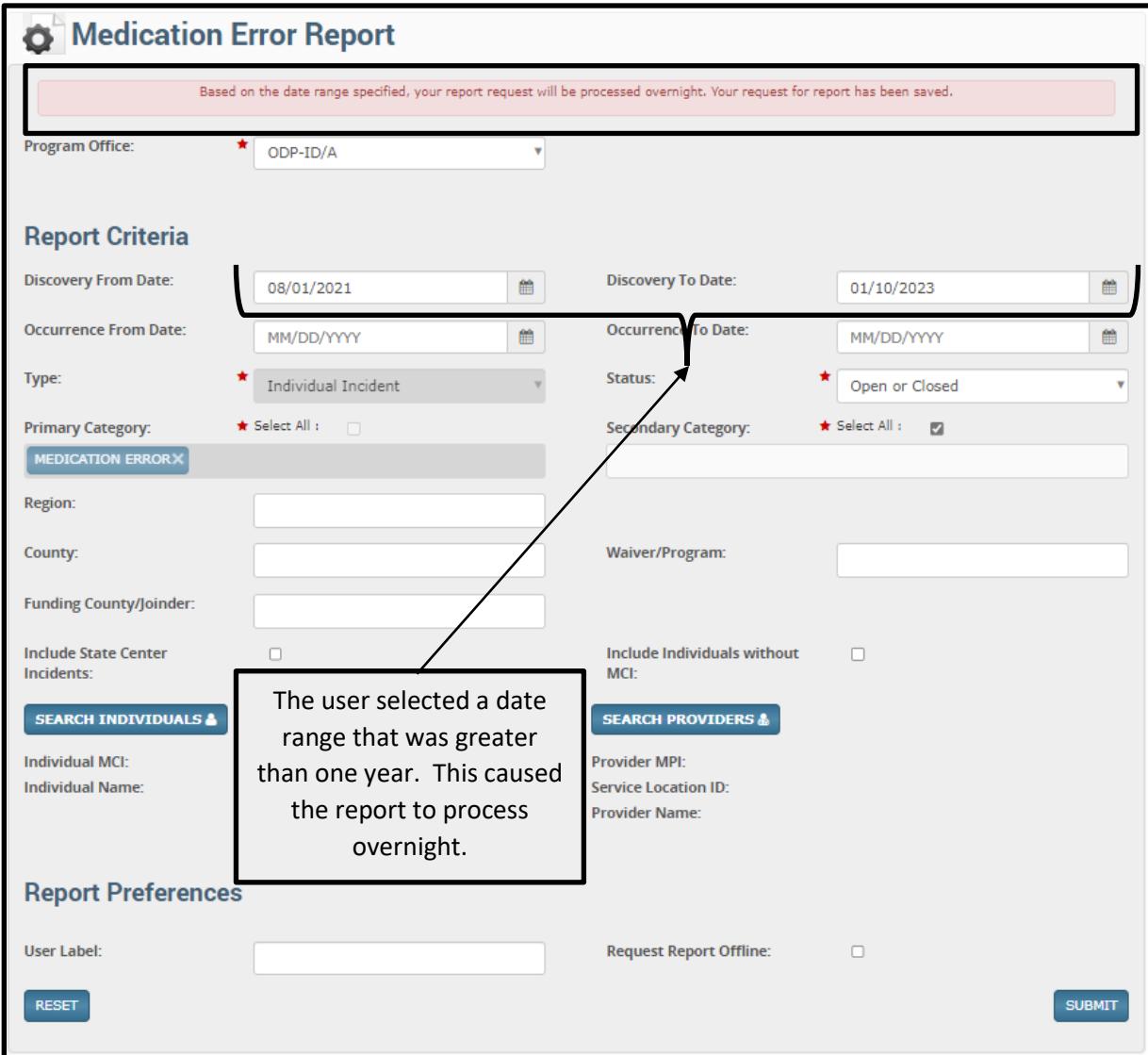
Please note, while not marked with a red star, the user must select either Discovery or Occurrence dates in order for the report to process.

Prior to clicking submit, users can label the report. This can help users find the report later in their report inbox, if the report needs to be processed overnight.

Report Parameters-Overnight Reports

Report results are generally available to users in real time. However, there are times when reports will be processed overnight.

- If the Discovery or Occurrence date range exceeds six months and neither a Provider nor an Individual is selected, the report request will be processed offline overnight and returned to the users Reports Inbox in EIM.
- If either date range exceeds twelve months and an Individual and/or Provider is selected, the report request will be processed offline overnight and returned to the users Reports Inbox in EIM.

A screenshot of the 'Medication Error Report' form. The 'Report Criteria' section is highlighted with a red box. Inside this box, the 'Discovery From Date' (08/01/2021) and 'Discovery To Date' (01/10/2023) fields are selected. An arrow points from this red box to a callout box in the center of the form. The callout box contains the text: 'The user selected a date range that was greater than one year. This caused the report to process overnight.' The 'Status' field is also visible within the red box.

Medication Error Report

Based on the date range specified, your report request will be processed overnight. Your request for report has been saved.

Program Office:

Report Criteria

| | | | |
|---|--|---------------------|---|
| Discovery From Date: | <input type="text" value="08/01/2021"/> | Discovery To Date: | <input type="text" value="01/10/2023"/> |
| Occurrence From Date: | <input type="text" value="MM/DD/YYYY"/> | Occurrence To Date: | <input type="text" value="MM/DD/YYYY"/> |
| Type: | <input type="text" value="Individual Incident"/> | Status: | <input type="text" value="Open or Closed"/> |
| Primary Category: | <input type="text" value="MEDICATION ERROR"/> | Secondary Category: | <input type="text" value="Select All"/> |
| Region: | <input type="text"/> | | |
| County: | <input type="text"/> | | |
| Funding County/Jointer: | <input type="text"/> | | |
| Include State Center Incidents: | <input type="checkbox"/> | | |
| Individual MCI: | <input type="checkbox"/> | | |
| Individual Name: | <input type="text"/> | | |
| <input type="button" value="SEARCH INDIVIDUALS"/> | | | |
| <input type="checkbox"/> Include Individuals without MCI: | | | |
| <input type="button" value="SEARCH PROVIDERS"/> | | | |
| Provider MPI: | <input type="text"/> | | |
| Service Location ID: | <input type="text"/> | | |
| Provider Name: | <input type="text"/> | | |

Reports Inbox

If a report is processed Offline for any reason, it will appear the next business day in the Reports Inbox.



Click on the Hyperlink to access the Offline Report.

| Report Title | User Label | Requested Date | Processed Date | Request Status |
|--------------------------------------|------------|------------------------|-----------------------|----------------|
| Incident and Complaint Custom Report | | 12/28/2022 11:09:53 AM | 12/28/2022 1:50:04 PM | Processed |
| Incident and Complaint Custom Report | | 12/28/2022 11:09:55 AM | 12/28/2022 1:50:04 PM | Processed |
| Incident and Complaint Custom Report | | 12/28/2022 11:03:23 AM | 12/28/2022 1:50:05 PM | Processed |
| Incident and Complaint Custom Report | | 12/28/2022 11:02:10 AM | 12/28/2022 1:50:04 PM | Processed |

Report Output

The Medication Error Report Output is in Excel. Below is an example of the Medication Error Report output.

| ID | Status | Primary Category | Secondary Category | Occurrence Date | Occurrence Time | Occurrence Day of Week | Discovery Date | Discovery Time | Time to Discover (Days) | HCI | Last Name | First Name |
|-------|--------|------------------|--|-----------------|-----------------|------------------------|----------------|----------------|-------------------------|-----------|-----------|------------|
| 98176 | Open | Medication Error | Omission - missed a dose of medication | 11/22/2022 | 12:00 AM | Tuesday | 11/22/2022 | 12:00 AM | 0 | 927847067 | PCG-EIMMR | MIKE |

| Waiver/Program | County | AE | Region | MPI | Provider Name | Service Location Provider Type | Service Location Specialty | Service Location ID | Service Location Name |
|----------------|--------------|--------------|-----------|-----------|----------------------------|--------------------------------|----------------------------|---------------------|-----------------------|
| P/FDS Waiver | Philadelphia | PHILADELPHIA | Southeast | 300443509 | PCG ODP EIM PROVIDER THREE | 03, Extended Care Facility | | 0001 | Philadelphia Site One |

| Service Location Address | Medication Name | Number of medications involved in medication error | Did the medication error involve medication that is taken routinely? | Did the medication error involve medication that is taken as needed (PRN)? | Staff position of person giving medication | Did the error occur over multiple consecutive administrations? | Why did the error occur? | What was the response to the error? |
|--|-----------------|--|--|--|--|--|--|-------------------------------------|
| 1300 MARKET ST, PHILADELPHIA, PA 19107 | Pimozide | | 1 Yes | | Direct Care Staff | No | Did not pick up prescription or refill from pharmacy | Observed for side effects |

| What was or will be the agency system response to prevent this type of error from occurring in the future? | Unique identifier of the staff involved | Was the staff involved working longer than their regular work hours at the time of the error? | Length of time the staff involved has been giving medications? (years) | Number of medications supposed to be given to this individual at the same time as the error was made including the medication where the error was made? | Number of medications this individual receives on a daily basis? (do not include medications that are taken on an episodic basis) | Number of people (including this individual) that the staff involved has given medications to around the same time as the error occurred? | Were any medications involved in this medication error a controlled substance? | Number of linked incidents |
|--|---|---|--|---|---|---|--|----------------------------|
| Individual feedback to employee | AB1234 | Yes | 1 | 1 | 1 | 3 | 1 No | 0 |

| Medication Error Report Output Fields | | | | |
|---------------------------------------|-------------------------|--------------------------------|--|---|
| ID | Discovery Time | MPI | Number of medications involved in medication error | Unique identifier of the staff involved |
| Status | Time to Discover (Days) | Provider Name | Did the medication error involve medication that is taken routinely? | Was the staff involved working longer than their regular work hours at the time of the error? |
| Primary Category | MCI | Service Location Provider Type | Did the medication error involve medication that is taken as needed (PRN)? | Length of time that the staff involved has been giving medications (years) |
| Secondary Category | Last Name | Service Location Specialty | Staff position of person giving medication | Number of medications this individual receives on a daily basis? (do not include medications that are taken on an episodic basis) |
| Occurrence Date | First Name | Service Location ID | Did the error occur over multiple consecutive administrations? | Number of people (including this individual) that the staff involved has to give medications to around the same time as the error occurred? |
| Occurrence Time | Waiver/Program | Service Location Name | Why did the error occur? | Were any medications involved in this medication error a controlled substance? |
| Occurrence Day of Week | AE | Service Location Address | What was the response to the error? | Number of linked incidents |
| Discovery Date | Region | Medication Name | What was or will be the agency system response to prevent this type of error from occurring in the future? | |

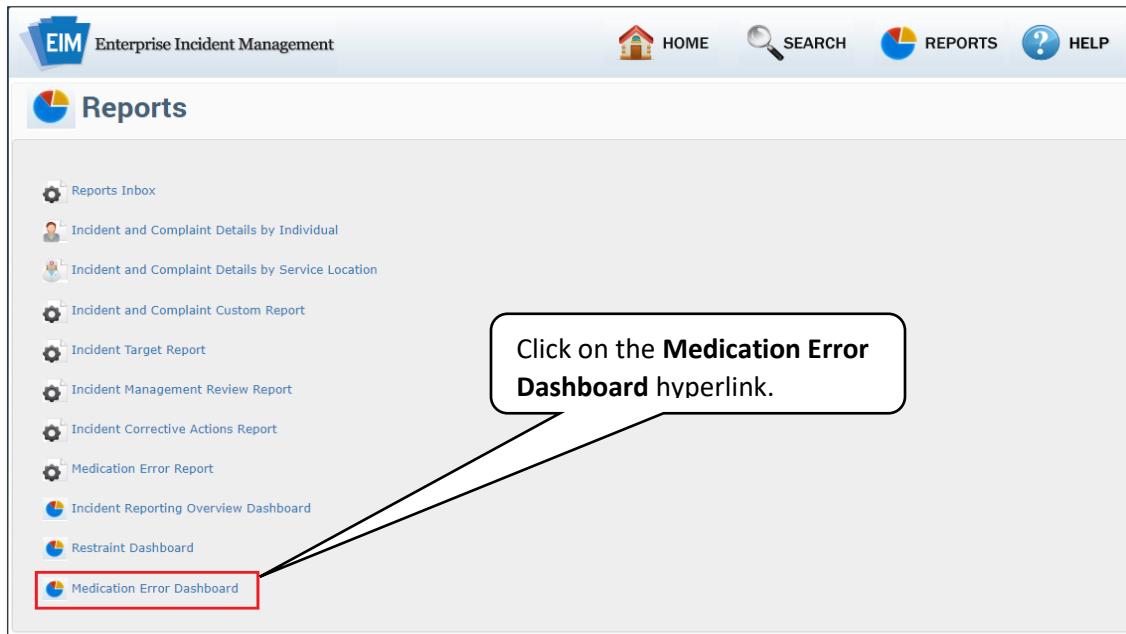
 **Tip**

Some values on the report output are separated by a pipe [|] symbol. This occurs when the Medication Error Report contains more than one entry for the field.

| Medication Name | What was the response to the error? |
|---|---|
| Actavis Abelcet | Assessment at Urgent Care Contacted 911 Contacted Health Care Professional |
| Zyrtec Vidaza Doxycycline | Assessment at ER Assessment at Urgent Care |
| Methylin Acadote Zyvox Abilify Neurocil | Contacted Program Supervisor/Specialist Hospitalization No action taken at the time of discovery |

10.17 Medication Error Visual Analytic Dashboard

To access the Medication Error Visual Analytic Dashboard, navigate to the Reports page in EIM.



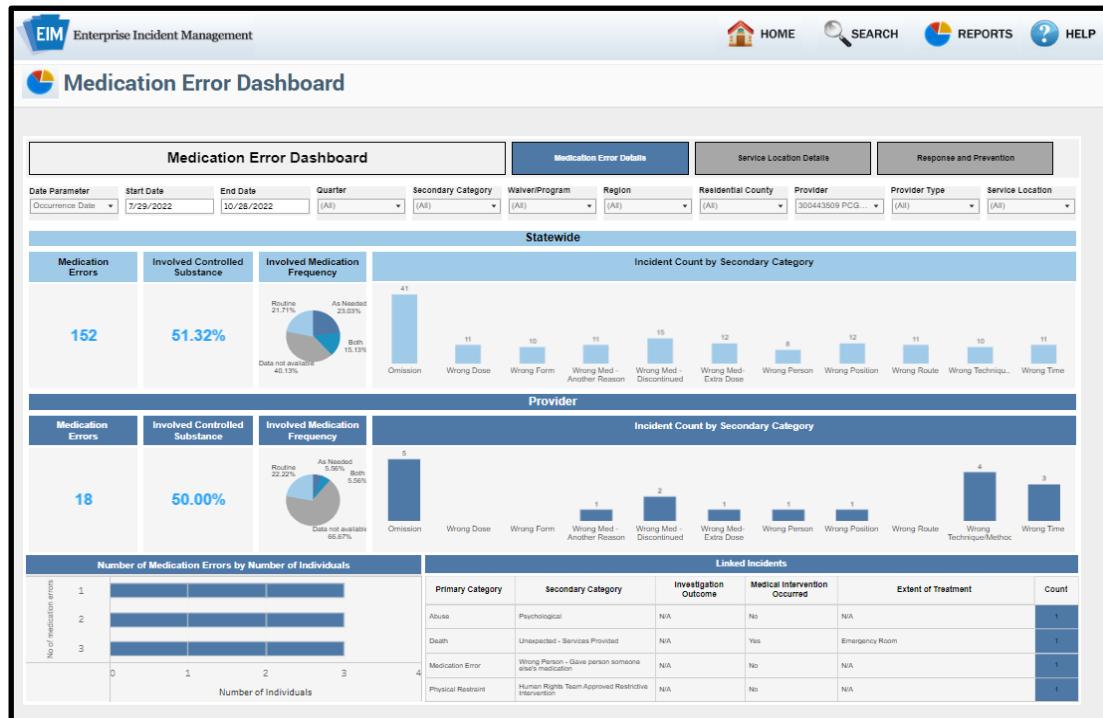
The screenshot shows the EIM Reports page. At the top, there are navigation links: HOME, SEARCH, REPORTS, and HELP. Below the navigation, the word "Reports" is displayed in a large font. A list of report links is provided, including:

- Reports Inbox
- Incident and Complaint Details by Individual
- Incident and Complaint Details by Service Location
- Incident and Complaint Custom Report
- Incident Target Report
- Incident Management Review Report
- Incident Corrective Actions Report
- Medication Error Report
- Incident Reporting Overview Dashboard
- Restraint Dashboard
- Medication Error Dashboard** (this link is highlighted with a red box and has a callout bubble pointing to it)

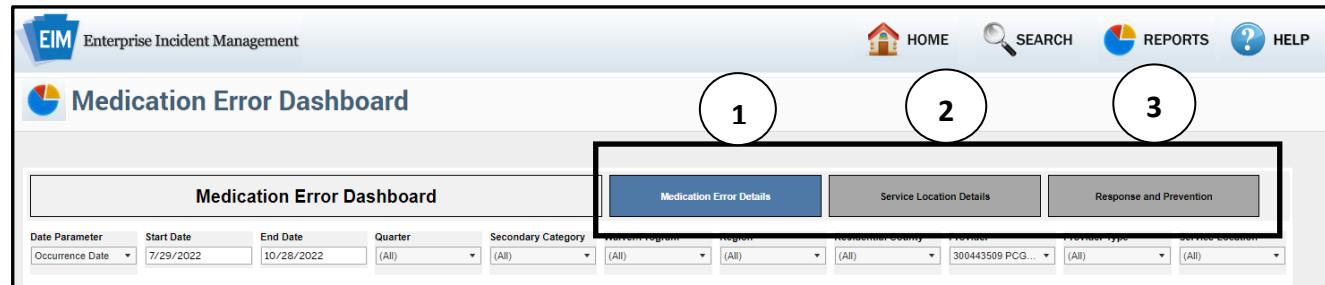
Click on the **Medication Error Dashboard** hyperlink.

Medication Error Visual Analytic Dashboard Default View

The Medication Error Visual Analytic Dashboard displays. The default view of the Dashboard is the Medication Error Details tab. Users may click on additional tabs to view visualizations of different data.



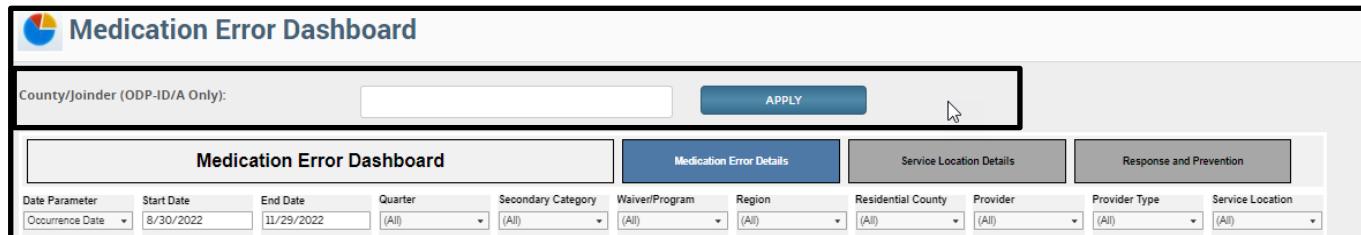
The Medication Error Dashboard consist of three separate views. Users may click on tabs (Medication Error Details, Service Location Details, Response and Prevention) to view visualizations of different data.



- Medication Error Details:** Statewide and provider general medication error metrics
- Service Location Details:** Metric information about the Service Locations where medication errors occurred and the circumstances around staff involvement in the incident that may have contributed to the occurrence of a medication error
- Response and Prevention:** Metric information about responses to medication errors and the actions being done to prevent medication errors from occurring in the future. In addition, users can view the amount of time between discovery of a medication error and the entry of an incident report.

Working with Filters

County/Administrative Entity (AE) and State users have the option to filter by County/Joinder***. This filter is hidden for all other users. The default setting for this filter is "All".



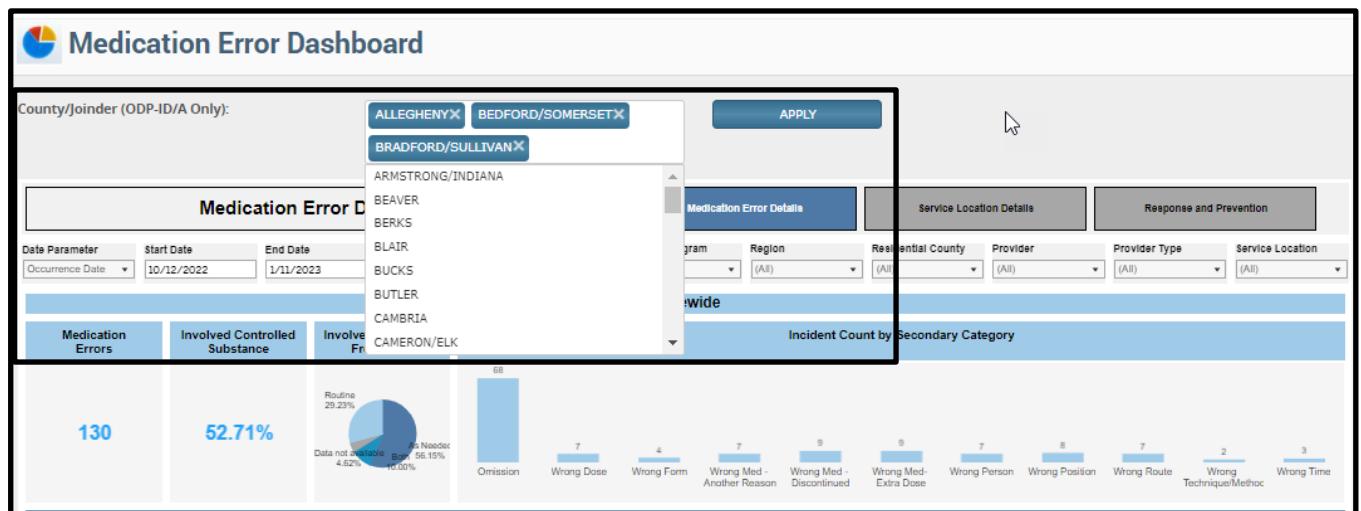
Medication Error Dashboard

County/Joinder (ODP-ID/A Only):

APPLY

| Medication Error Dashboard | | | Medication Error Details | | Service Location Details | | Response and Prevention | | | |
|----------------------------|------------|------------|--------------------------|--------------------|--------------------------|--------|-------------------------|----------|---------------|------------------|
| Date Parameter | Start Date | End Date | Quarter | Secondary Category | Waiver/Program | Region | Residential County | Provider | Provider Type | Service Location |
| Occurrence Date | 8/30/2022 | 11/29/2022 | (All) | (All) | (All) | (All) | (All) | (All) | (All) | (All) |

Select the County/Joinder(s) that are needed, by clicking on the box and then clicking Apply. Multiple selections are permitted.



Medication Error Dashboard

County/Joinder (ODP-ID/A Only):

APPLY

| Medication Error Details | | | Service Location Details | | Response and Prevention | |
|--------------------------|--------|--------------------|--------------------------|---------------|-------------------------|--|
| Program | Region | Residential County | Provider | Provider Type | Service Location | |
| (All) | (All) | (All) | (All) | (All) | (All) | |

Incident Count by Secondary Category

| Category | Count |
|----------------------------|-------|
| Omission | 68 |
| Wrong Dose | 7 |
| Wrong Form | 4 |
| Wrong Med - Another Reason | 7 |
| Wrong Med - Discontinued | 9 |
| Wrong Med - Extra Dose | 9 |
| Wrong Person | 7 |
| Wrong Position | 8 |
| Wrong Route | 7 |
| Wrong Technique/Method | 2 |
| Wrong Time | 3 |

***Please note: This filter appears on all the dashboard views. However, when applied it will always take the user back to the Medication Error Details view.

Universal Filters

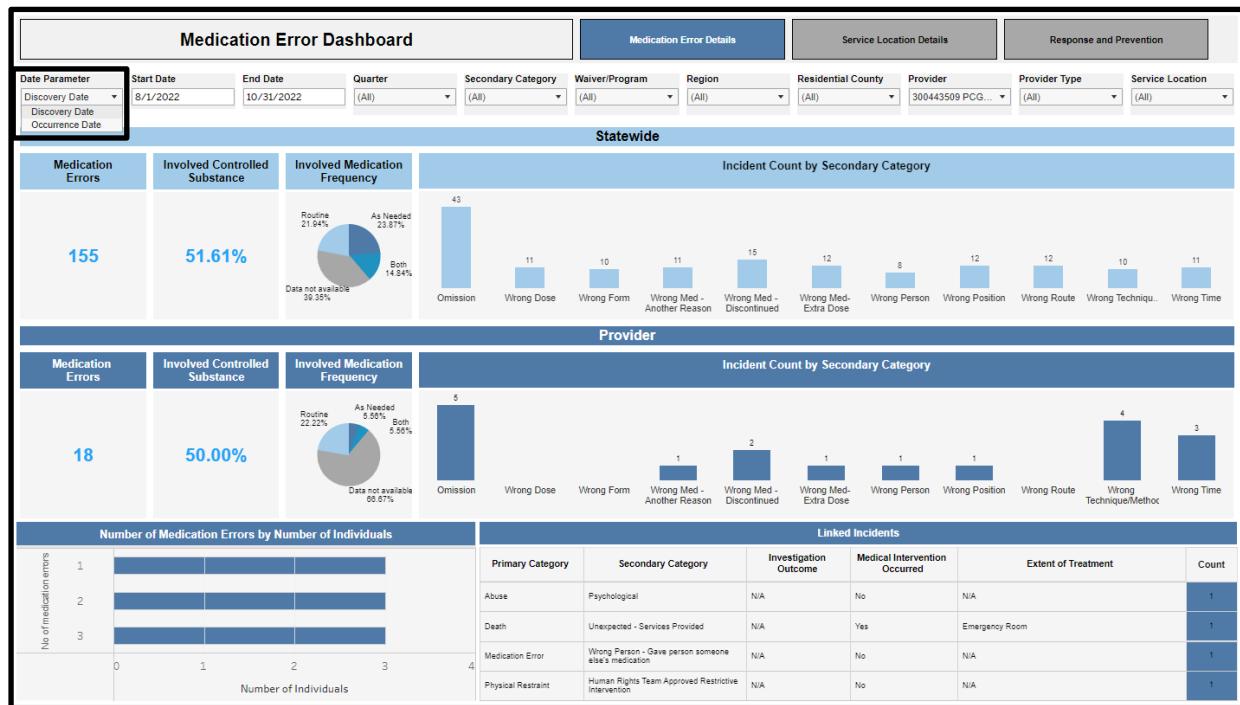
Users can apply filters on the dashboard to aid in data visualizations. Users may further explore data visualizations by combining these filters with dynamic data elements on the dashboard charts. When no data is available for a visualization based on the selected filters, the visualization will not appear on the dashboard.

| Medication Error Dashboard | | | | | Medication Error Details | | Service Location Details | | Response and Prevention | | |
|----------------------------|------------|------------|---------|--------------------|--------------------------|--------|--------------------------|------------------|-------------------------|------------------|--|
| Date Parameter | Start Date | End Date | Quarter | Secondary Category | Waiver/Program | Region | Residential County | Provider | Provider Type | Service Location | |
| Occurrence Date | 8/1/2022 | 10/31/2022 | (All) | (All) | (All) | (All) | (All) | 300443509 PCG... | (All) | (All) | |

- Date Parameter
- Date Range-Start Date-End Date
- Quarter
- Secondary Category
- Waiver/Program
- Region
- Residential County
- Provider
- Provider Type
- Service Location

Note: These filters appear on all views of the dashboard. Once a filter is applied it will filter data across all dashboard views.

The Medication Error Visual Analytic Dashboard can be filtered by calendar year quarter (like the Restraint and Incident Reporting Overview Dashboards), and it has an additional filter for Date Parameter. The Date Parameter allows the user to filter by Discovery Date or Occurrence Date.



The drop-down values in the filters will differ based on users' scope, provider locations, incident circumstances, etc. The default value for the filters (other than those related to dates) is All. In this example, the logged in user has access to data on the dashboard only for the Provider Types listed in the drop down.

The screenshot shows the Medication Error Dashboard with the following filters applied:

- Date Parameter: Occurrence Date (10/12/2022)
- Start Date: 10/12/2022
- End Date: 1/11/2023
- Quarter: (All)
- Secondary Category: (All)
- Waiver/Program: (All)
- Region: (All)
- Residential County: (All)
- Provider: (All)
- Provider Type: (All) (checkbox checked)
- Service Location: (All) (checkbox checked)

The chart displays the Incident Count by Secondary Category:

| Secondary Category | Count |
|----------------------------|-------|
| Omission | 68 |
| Wrong Dose | 7 |
| Wrong Form | 4 |
| Wrong Med - Another Reason | 7 |
| Wrong Med - Discontinued | 9 |
| Wrong Med - Extra Dose | 9 |
| Wrong Person | 7 |
| Wrong Position | 8 |

To further filter to view a specific provider type, the user would uncheck "All", click the box for the Provider Type(s) desired and click Apply. The data on the dashboard will update based on the selection(s).

The screenshot shows the Medication Error Dashboard with the following filters applied:

- Date Parameter: Occurrence Date (10/12/2022)
- Start Date: 10/12/2022
- End Date: 1/11/2023
- Quarter: (All)
- Secondary Category: (All)
- Waiver/Program: (All)
- Region: (All)
- Residential County: (All)
- Provider: (All)
- Provider Type: 51 Home and Community Habilitation (checkbox checked), 52 Community Residential Rehabilitation (checkbox checked)
- Service Location: (All) (checkbox checked)

The chart displays the Incident Count by Secondary Category:

| Secondary Category | Count |
|----------------------------|-------|
| Omission | 68 |
| Wrong Dose | 7 |
| Wrong Form | 4 |
| Wrong Med - Another Reason | 7 |
| Wrong Med - Discontinued | 9 |
| Wrong Med - Extra Dose | 9 |
| Wrong Person | 7 |
| Wrong Position | 8 |

Working with Charts

Each view on the dashboard has charts that work with the filters to create visualizations of data. In the charts, users can select single and multiple groupings at one time by clicking, dragging over groupings and/or holding Control+Shift and clicking items.

The screenshot shows the Medication Error Dashboard with the following filters applied:

- Date Parameter: Occurrence Date (8/1/2022)
- Start Date: 10/31/2022
- End Date: (All)
- Quarter: (All)
- Secondary Category: (All)
- Waiver/Program: (All)
- Region: Central
- Residential County: (All)
- Provider: 300443509 PCG.
- Provider Type: (All)
- Service Location: (All)

The chart displays the Incident Count by Secondary Category. A red box highlights the bars for Omission, Wrong Dose, Wrong Form, and Wrong Med - Another Reason, which are the only ones with solid fill, indicating they were selected using Control+Shift.

| Secondary Category | Count |
|----------------------------|-------|
| Omission | 42 |
| Wrong Dose | 11 |
| Wrong Form | 10 |
| Wrong Med - Another Reason | 11 |
| Wrong Med - Discontinued | 10 |
| Wrong Med - Extra Dose | 12 |
| Wrong Person | 8 |
| Wrong Position | 12 |
| Wrong Route | 11 |
| Wrong Technique | 10 |
| Wrong Time | 11 |

In this example, the user held **Control+Shift** and selected the secondary categories desired. Notice that the three categories selected kept their formatting, while the rest of the categories became more transparent.

Office of Developmental Programs



Enterprise Incident Management

If there is not any data for a particular chart based on available data in EIM or filter combinations, the chart will be blank. In the example below, the user has filtered and used the charts to drill down. The drill down data in this example does not contain any medication errors that have other incidents linked to them.

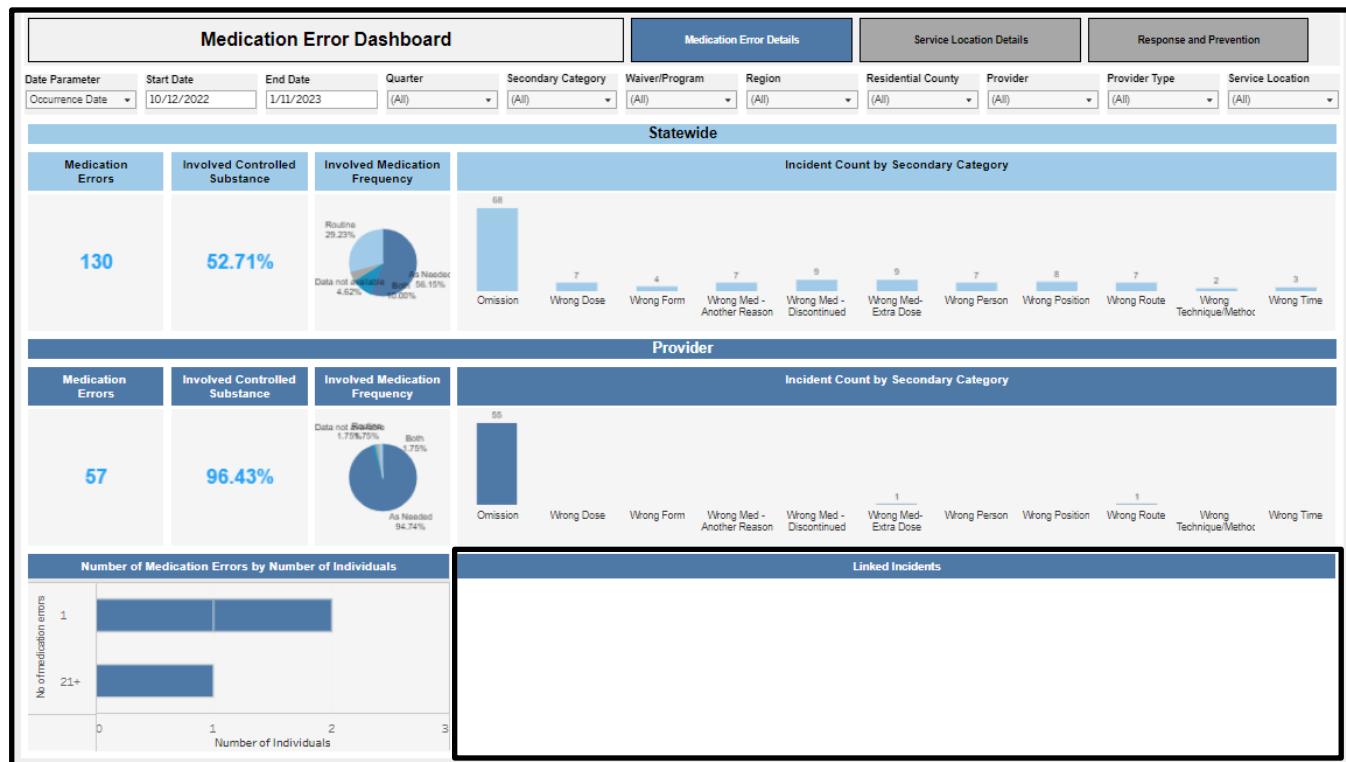
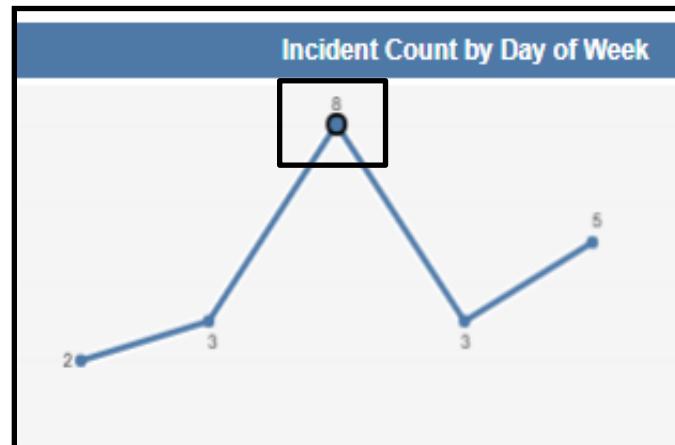


Chart Elements

Selecting items in the charts on the dashboard views, will update the data across all dashboard views.

For example, selecting the value of **8** on the Incident Count by Day of Week chart on the Service Location Details view, updates the provider information on all other views of the dashboard.

Service Location Details



Medication Error Details

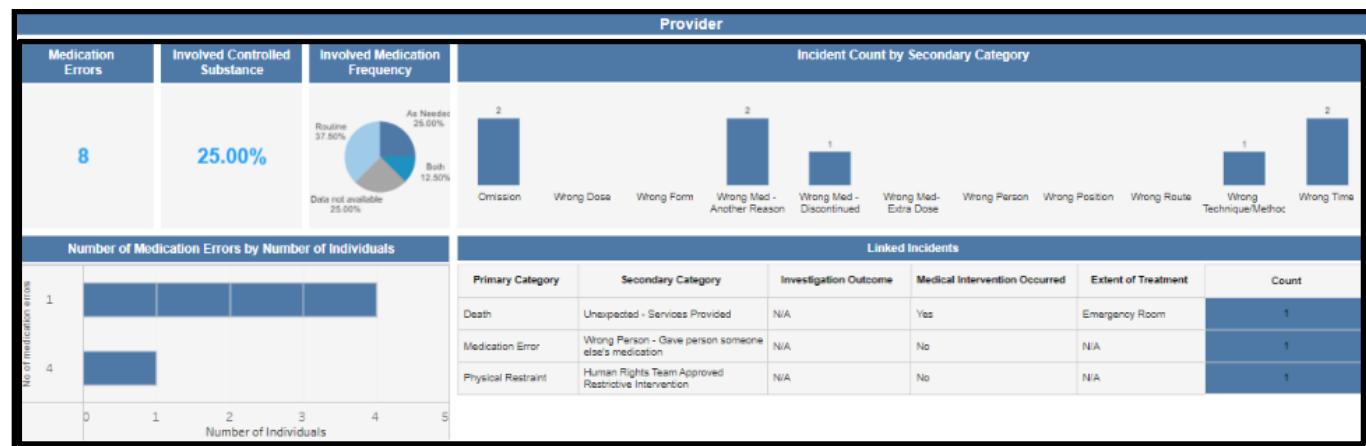


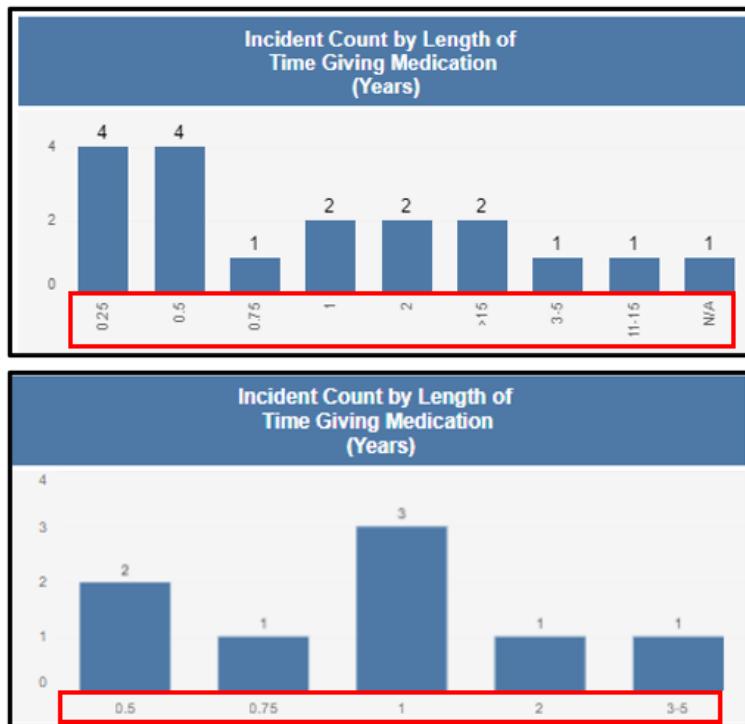
Chart Heatmaps

Some of the charts on the dashboard, have a *heatmap* style visualization. The charts below have cells that are filled with color. The darker the color, the greater the value in the cell. This provides a quick, at a glance, visualization of data and areas that may require further analysis.

| Why did the error occur? | | What was the response to the error? | | What is being done to prevent future occurrences? | |
|--|---|---|---|--|---|
| Did not compare log to label | 5 | Contacted Agency Nurse | 7 | HCQU referral | 6 |
| Did not get prescription or refill from health care provider | 4 | Contacted Health Care Professional | 6 | Evaluate new practice/modified existing practice | 4 |
| Did not pick up prescription or refill from pharmacy | 4 | Contacted 911 | 4 | | |
| Another individual obtained unattended medication | 3 | Assessment at ER | 3 | Evaluate new policy/modified existing policy | 2 |
| Error in Medication Administration Record (MAR)/Medication Log | 1 | No action taken at the time of discovery | 3 | Indicator for quality improvement initiative | 2 |
| Got wrong prescription from pharmacy | 1 | Contacted Program Supervisor/Specialist | 2 | Individual feedback to employee | 2 |
| Misidentified person | 1 | Hospitalization | 2 | | |
| Misread label | 1 | Assessment at Urgent Care | 1 | Monitoring medication passes for that staff person | 2 |
| Unknown | 1 | Blood work/lab work/additional testing of medication levels completed | 1 | | |
| | | Called poison control | 1 | Referral to risk management for further evaluation | 1 |
| | | Contacted Poison Control | 1 | | |
| | | Contacted program supervisor | 1 | Situation reviewed, no action taken | 1 |
| | | Other (please specify) | 1 | Training/Retraining | 1 |

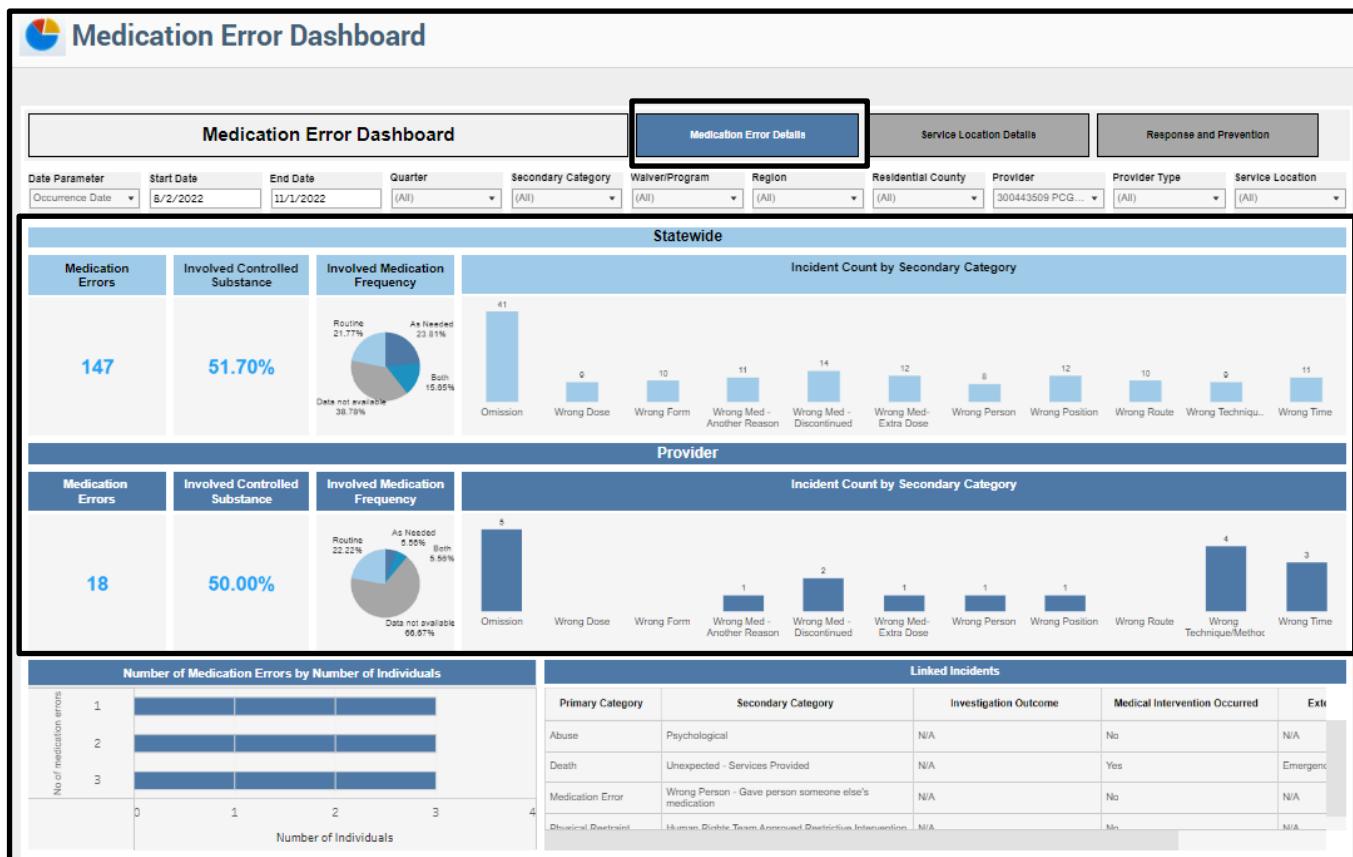
Chart Labels

Axis labels on the chart are dynamic and will switch orientation based on the data that needs to be presented. Notice that the same view of the Service Location Details view of the dashboard looks slightly different, depending on the amount/type of data being displayed. One of the labels is horizontal and one is vertical.

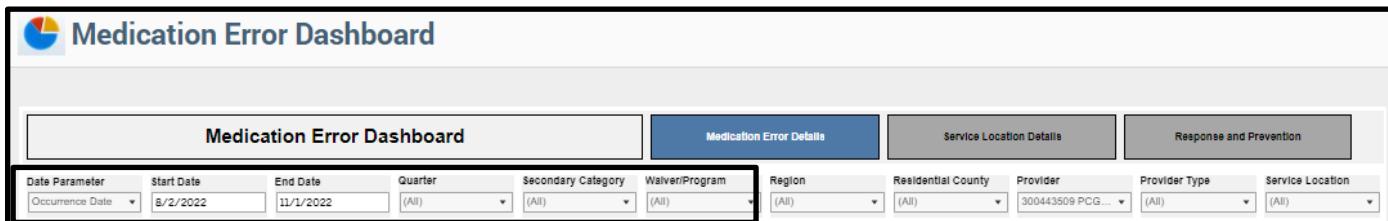


Medication Error Details View

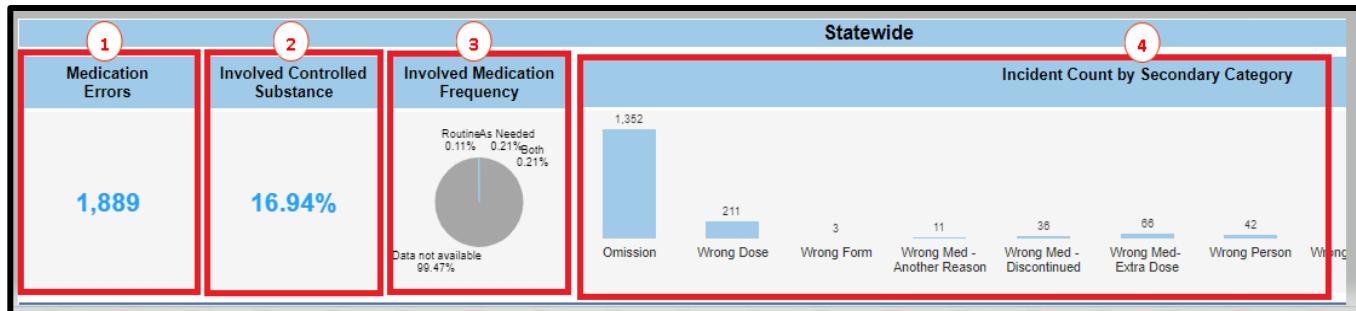
The Medication Error Details view on the dashboard has both Statewide and Provider data. This is the only view that contains Statewide Medication Error data.



The Statewide charts only update based on certain filters selected by the user.

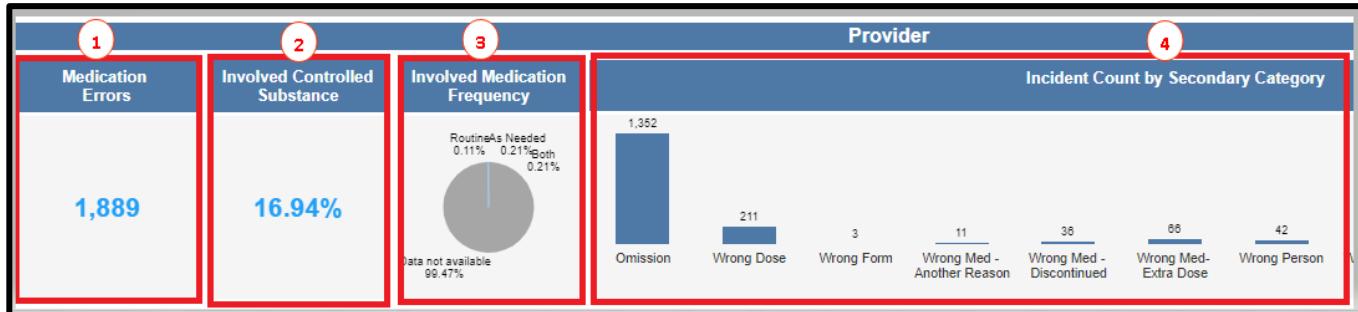


The charts are the same for certain metrics which allows for performance comparison across basic medication error statistics. The charts on this tab are dynamic and will update based on filter selection(s) and also selections made within the charts themselves.



The Statewide and Provider Charts Metric Definitions

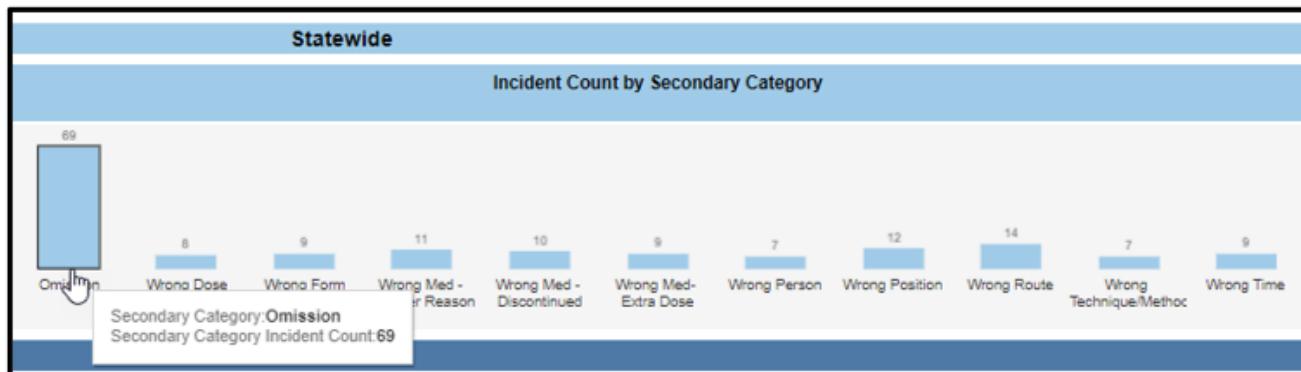
- Medication Errors**-The total number of medication errors.
- Involved Controlled Substance**-Percent of medication errors involving a controlled substance.
- Involved Medication Frequency**-The percentage of medication errors involving routine, PRN, or both medication frequencies.
- Incident Count by Secondary Category**-The number of medication errors broken down by Secondary Category.



Toolips

In the Incident Count by Secondary Category (for both Statewide and Provider charts), the user can hover over each secondary category for additional information. This is called a tooltip, which gives the user information about medication errors at a glance.

Example of Statewide Tooltip

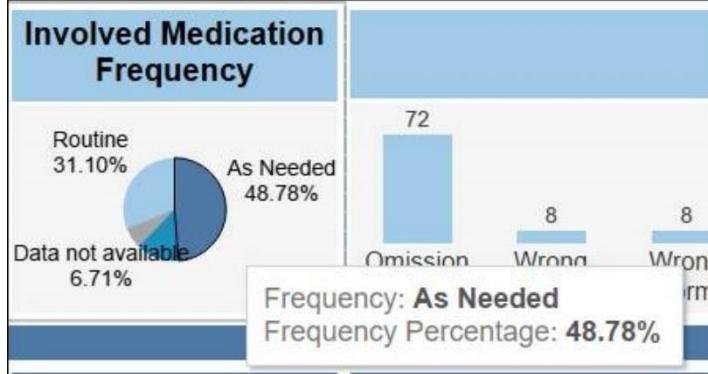


Example of a Provider Tooltip



There is also a tool tip that allows users to hover over hidden data labels. This occurs in a pie chart when the titles of data labels are too long to properly display all at the same time.

To view the hidden label, users hover the mouse over the section of the pie chart that is hidden.



The final two charts on the Medication Error Details view of the dashboard apply to provider data only. The Number of Medication Errors by Number of Individuals and the Linked Incident charts are comprised of data related to the provider(s) selected for review. Users will notice that these charts only update when changes are made to filters etc. that apply at the provider level.



Medication Error Details View-Provider Metrics

| Chart Name | Metric Definition |
|---|---|
| Number of Medication Errors by Number of Individuals | The count of medication errors that involved a specific individual, and groups these counts. |
| Linked Incidents | Displays information about incidents that are linked to medication error incidents. Linked incident information is taken from the most recently submitted Final Section document. |

Please Note:

Any incident category can be linked to a medication error and will appear on the Linked Incidents chart on the dashboard. This includes when incidents are linked between different individuals. Data for this chart is based on the most recently submitted final section document (or first section for incident categories that do not require a final section document).

| Linked Incidents | | | | | |
|--------------------|--|-----------------------|-------------------------------|---------------------|-------|
| Primary Category | Secondary Category | Investigation Outcome | Medical Intervention Occurred | Extent of Treatment | Count |
| Abuse | Psychological | N/A | N/A | N/A | 1 |
| Death | Unexpected - Services Provided | N/A | Yes | Emergency Room | 1 |
| Medication Error | Wrong Person - Gave person someone else's medication | N/A | No | N/A | 1 |
| Physical Restraint | Human Rights Team Approved Restrictive Intervention | N/A | No | N/A | 1 |

Service Location Details View

Click on the Service Location Details tab. The Service Location Details view of the dashboard appears.



| Service Location Details View-Provider Metrics | |
|--|---|
| Chart Name | Metric Definition |
| Incident Count by Service Location | Service Locations where medication errors occurred. |
| Incident Count by Day of Week | Number of medication errors that occurred on a specific day of the week. |
| Incident Count by Time of Day | Number of medication errors that occurred at a specific time of the day. |
| Percentage of Incidents Involving Staff Working Longer Hours | Percentage of medication errors that involved staff working longer than their regular work hours at the time of the medication error. |
| Percentage of Incidents Occurring Over Multiple Consecutive Administrations | Percentage of medication errors that involved medication errors that occurred over multiple consecutive administrations. |
| Incident Count by Length of Time Giving Medication (Years) | Number of medication errors that have occurred, broken down by the options for the length of time in years that the involved staff has been giving medication. |
| Incident Count by Number of Individuals Receiving Medication at Time of Error | Number of medication errors that have occurred, broken down by the number of individuals who were receiving medication from the involved staff around the time the medication error occurred. |
| Incident Count by Staff Position Giving Medication | Count of medication errors by staff position. |

| | |
|--|---|
| Incident Count by Number of Medications Involved | Number of medications involved in a medication error, aggregated by the number of medication errors with that count of involved medications. |
| Incident Count by Number of Medications to be Given at Time of Error | Number of medication errors that have occurred, broken down by the number of medications that the involved staff was supposed to give to the individual at the time when a medication error occurred. |
| Incident Count by Number of Medications to be Given to Individual Daily | Number of medication errors that have occurred, broken down by the number of medications that are supposed to be given to the individual daily. |
| Incident Count by Number of Individuals Receiving Medication at Time of Error | Number of medication errors that have occurred, broken down by the number of individuals who were receiving medication from the involved staff around the time the medication error occurred. |

Service Location Data

To drill-down to the data for a specific service location click on the ID, Name or Count for the location you wish to view. This will update all data across all views of the dashboard.

| Incident Count by Service Location | | | | |
|------------------------------------|------|-----------------------|-------|--|
| Provider MPI | ID | Name | Count | |
| 300417278 | 0020 | WO 3031 Site | 57 | |
| | 0004 | ODP Site 03 | 1 | |
| | 0003 | ODP Site 51 | 1 | |
| | 0002 | ODP Site One | 1 | |
| | 0001 | ODP Site One | 1 | |
| 300443509 | 0005 | Philadelphia Site Two | 7 | |
| | 0010 | Berks Site | 4 | |
| | 0001 | Philadelphia Site One | 4 | |
| | 0007 | Phil. 111-111-1111 | 0 | |

For example, once the Service location 0020 (with 57 medication errors) is clicked, the provider data on the Medication Error Details tab updated.

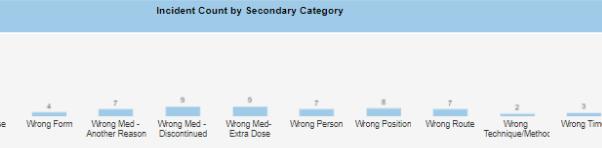
Medication Error Dashboard

Medication Error Details

Service Location Details

Response and Prevention

Statewide

| Medication Errors | Involved Controlled Substance | Involved Medication Frequency | Incident Count by Secondary Category |
|-------------------|-------------------------------|--|--|
| 130 | 52.71% |  Data not available: 3.91% |  |

Provider

| Medication Errors | Involved Controlled Substance | Involved Medication Frequency | Incident Count by Secondary Category |
|-------------------|-------------------------------|--|--|
| 57 | 98.21% |  Data not available: 3.91% |  |

Number of Medication Errors by Number of Individuals

Linked Incidents

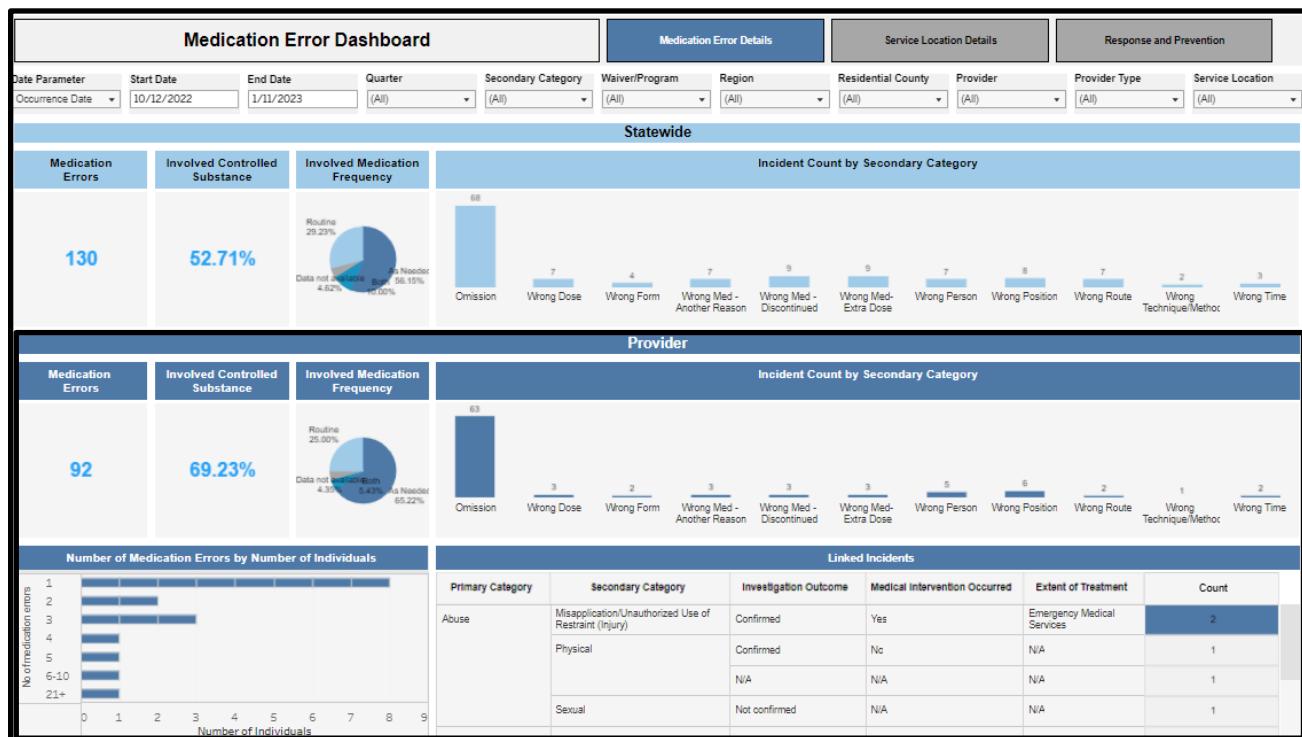
| Primary Category | Secondary Category | Investigation Outcome | Medical Intervention Occurred | Extent of Treatment | Count |
|------------------|---|-----------------------|-------------------------------|----------------------------|-------|
| Abuse | Misapplication/Unauthorized Use of Restraint (Injury) | Confirmed | Yes | Emergency Medical Services | 2 |

Staff Position Data

To drill-down to the data for a specific Staff Position Giving Medication click on the Staff Position Title or Count you wish to view. This will update all data across all views of the dashboard.

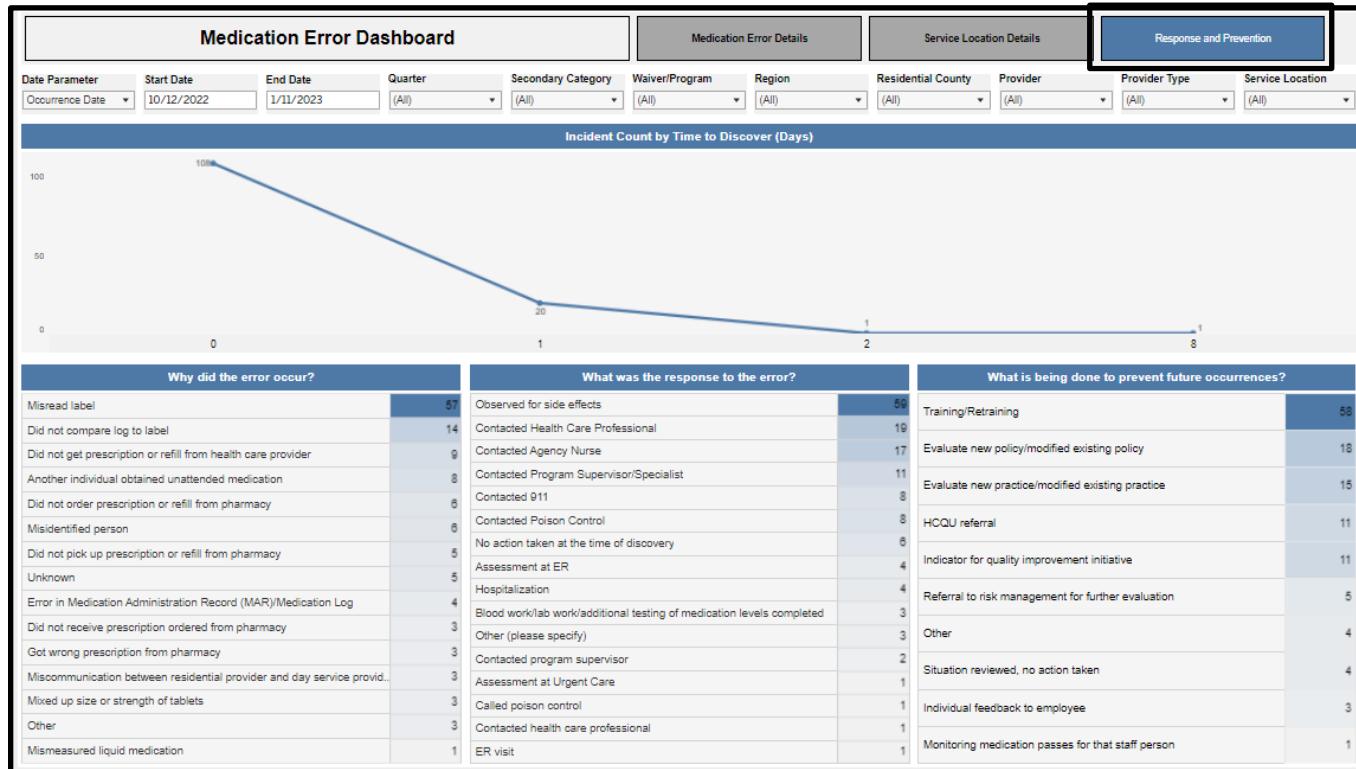
| Incident Count by Staff Position Giving Medication | |
|--|----|
| Direct Care Staff | 92 |
| Supervisory Staff | 16 |
| Individual | 7 |
| Management or Administrative Staff | 7 |
| RN | 6 |
| Other (use Additional Comments to specify) | 2 |

For example, once the Staff Position Title *Direct Care Staff* (with 92 medication errors) is clicked, the provider data on the Medication Error Details tab updated.



Response and Prevention View

Click on the Response and Prevention tab. The Response and Prevention view of the dashboard appears.

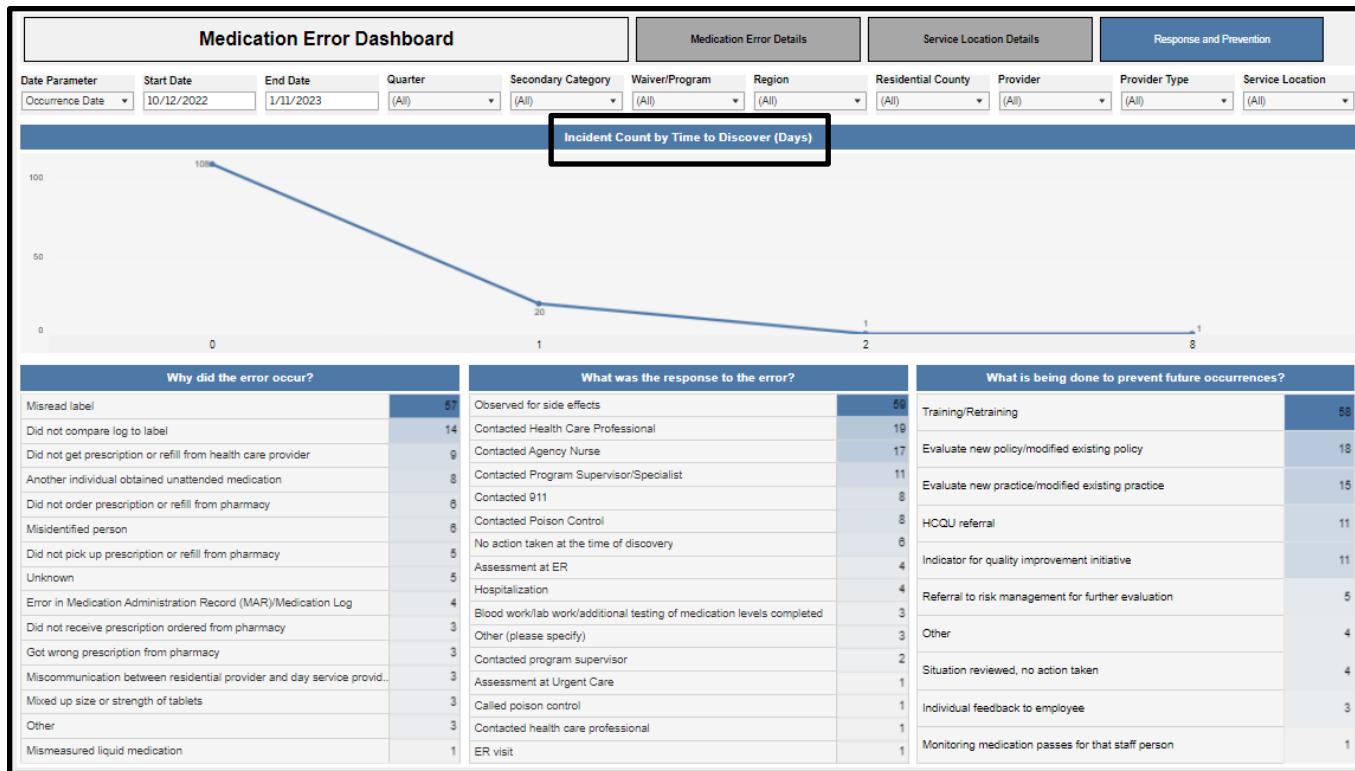


Response and Prevention View-Provider Metric Definitions

| Chart Name | Metric Definition |
|--|--|
| Incident Count by Time to Discover (Days) | This chart represents the number of days that elapsed between the occurrence of a medication error and the discovery of the error. |
| Why did the error occur? | This chart lists the count of medication errors that occurred categorized by the reason given in the Medication Error Incident Report. |
| What was the response to the error? | This chart lists the count of medication errors that occurred categorized by the response given in the Medication Error Incident Report. |
| What is being done to prevent future occurrences? | This chart lists the count of medication errors that occurred categorized by the action that is being taken to prevent future occurrences of a medication error. |

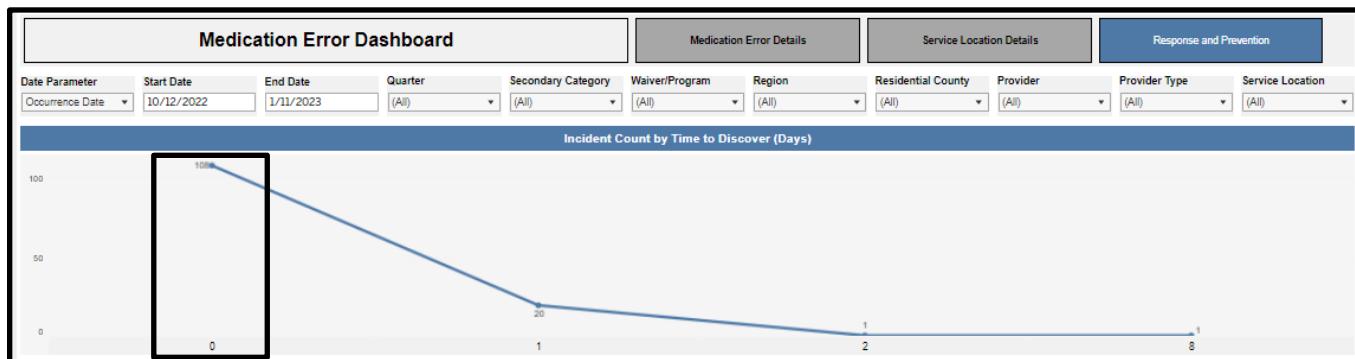
Reporting Timeliness

The dashboard calculates the number of days between when a medication error occurred and when it was discovered. This is a timeliness measure that can be used for compliance monitoring.

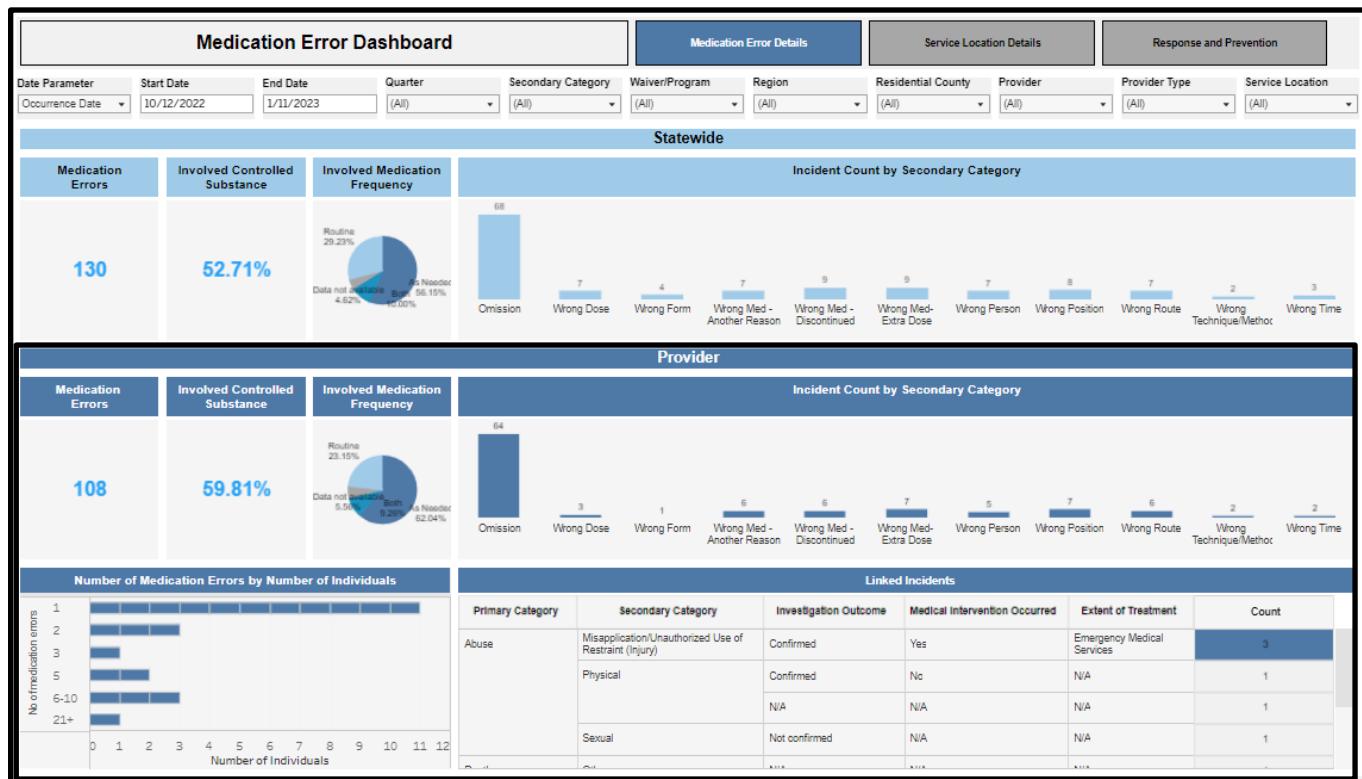


Days to Report

To drill-down to the data for a specific Time to Discover (Days) you wish to view, click on the number of days or the number of incident reports. This will update all data across all views of the dashboard.



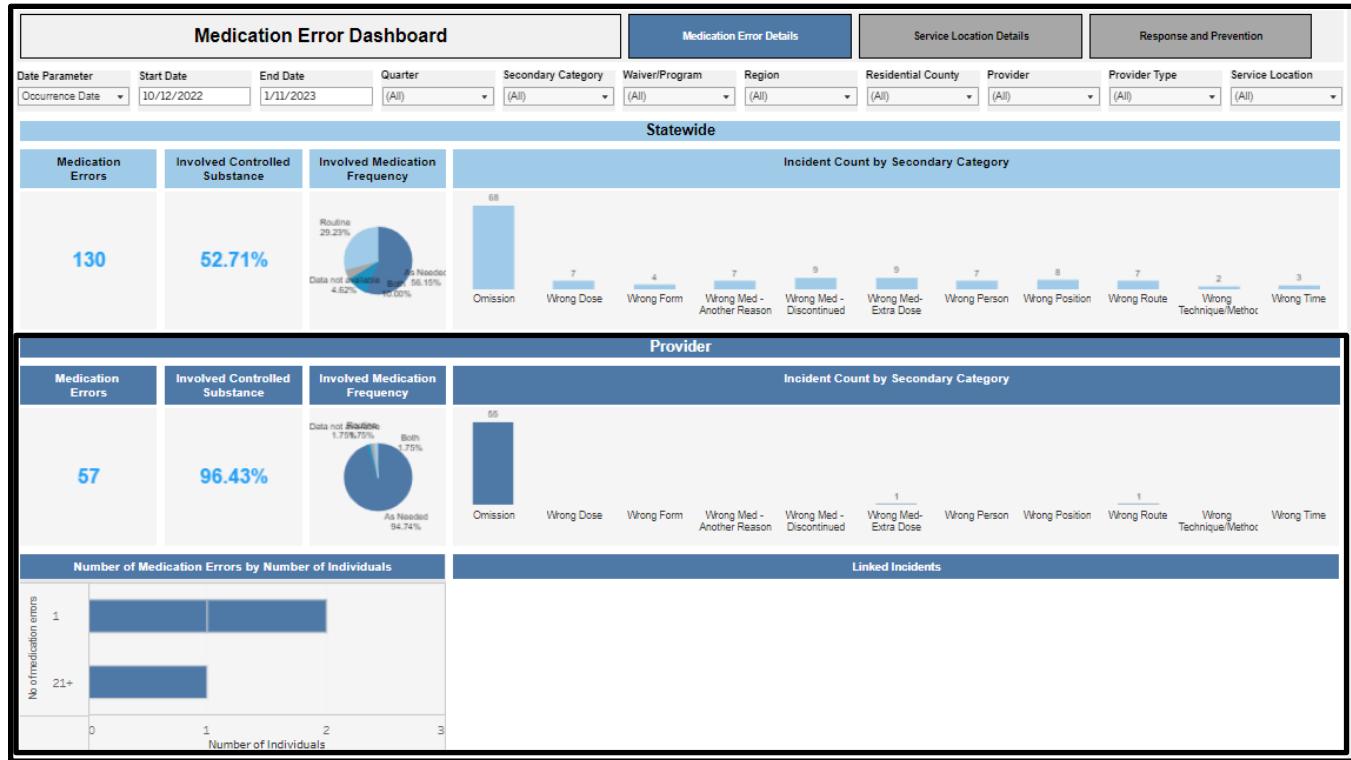
For example, once the Number of Days 0 (with 108 medication errors) is clicked, the provider data on the Medication Error Details tab updated.



To drill-down to the data for specific information about the medication error or response you wish to view, click on the name or number of incidents. This will update all data across all views of the dashboard.

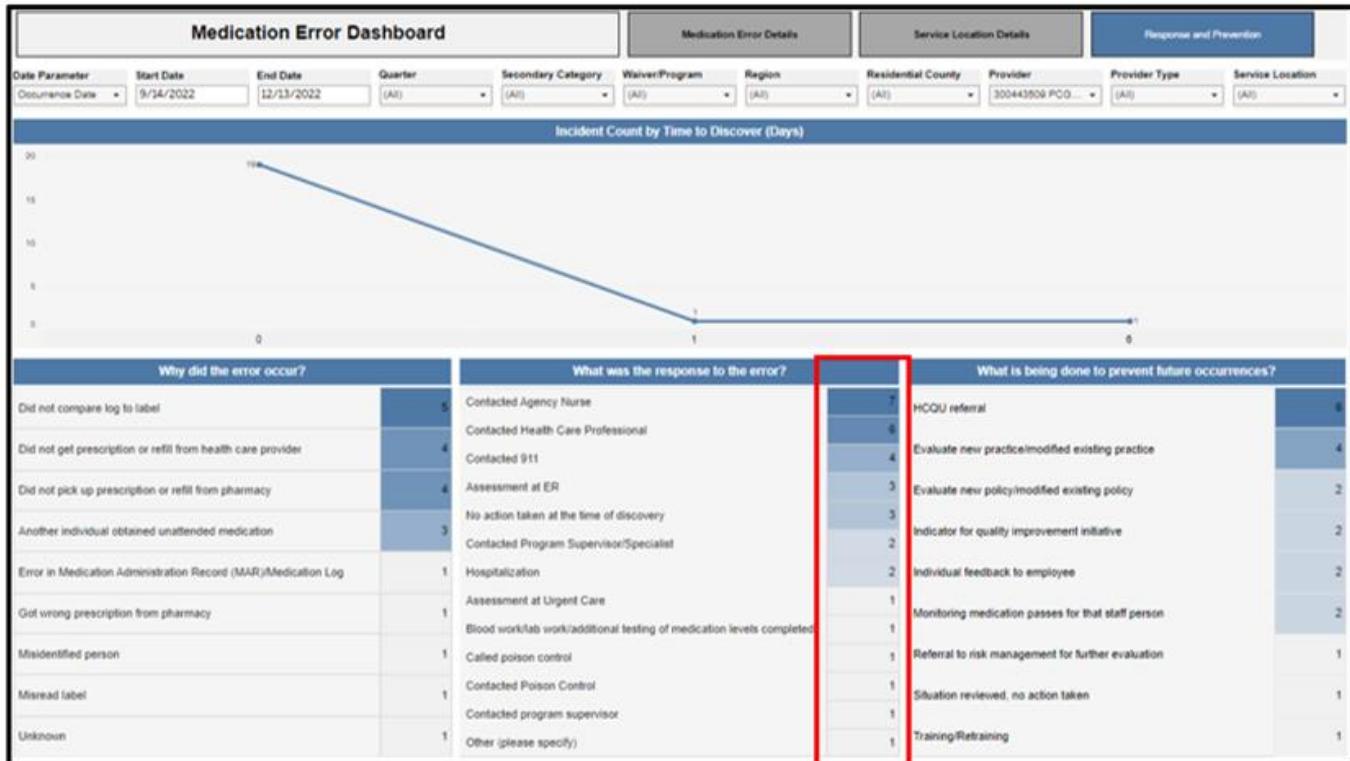
| Why did the error occur? | | What was the response to the error? | | What is being done to prevent future occurrences? | |
|--|----|---|----|--|----|
| Misread label | 57 | Observed for side effects | 58 | Training/Retraining | 57 |
| Did not get prescription or refill from health care provider | 9 | Contacted Agency Nurse | 13 | Evaluate new practice/modified existing practice | 12 |
| Another individual obtained unattended medication | 8 | Contacted Health Care Professional | 11 | HCQI referral | 11 |
| Did not compare log to label | 7 | Contacted 911 | 8 | Indicator for quality improvement initiative | 11 |
| Did not order prescription or refill from pharmacy | 4 | Contacted Program Supervisor/Specialist | 7 | Evaluate new policy/modified existing policy | 9 |
| Misidentified person | 4 | No action taken at the time of discovery | 6 | Individual feedback to employee | 2 |
| Did not pick up prescription or refill from pharmacy | 3 | Contacted Poison Control | 4 | Other | 2 |
| Did not receive prescription ordered from pharmacy | 3 | Hospitalization | 4 | Situation reviewed, no action taken | 2 |
| Got wrong prescription from pharmacy | 3 | Assessment at ER | 3 | Monitoring medication passes for that staff person | 1 |
| Mixed up size or strength of tablets | 3 | Blood work/lab work/additional testing of medication levels completed | 3 | Referral to risk management for further evaluation | 1 |
| Unknown | 3 | Other (please specify) | 3 | | |
| Other | 2 | Contacted program supervisor | 2 | | |
| Error in Medication Administration Record (MAR)/Medication Log | 1 | Called poison control | 1 | | |
| Miscommunication between residential provider and day service provider | 1 | Contacted health care professional | 1 | | |
| | | ER visit | 1 | | |

For example, once the name Misread Label (with 57 medication errors) is clicked, the provider data on the Medication Error Details tab updated.



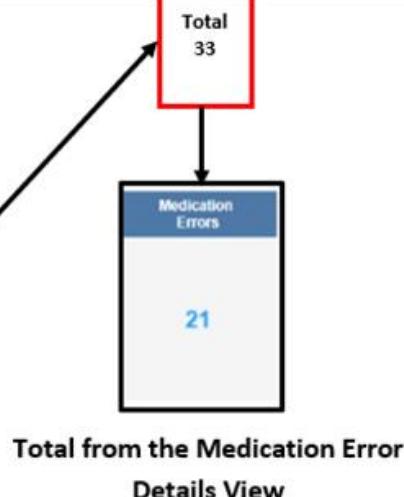
Data Collection and Charts

It is important to understand the data behind the charts on the dashboard. There are instances where it may appear that the charts have “incorrect” data but that is due to the way the data is collected in the Medication Error Incident Report.



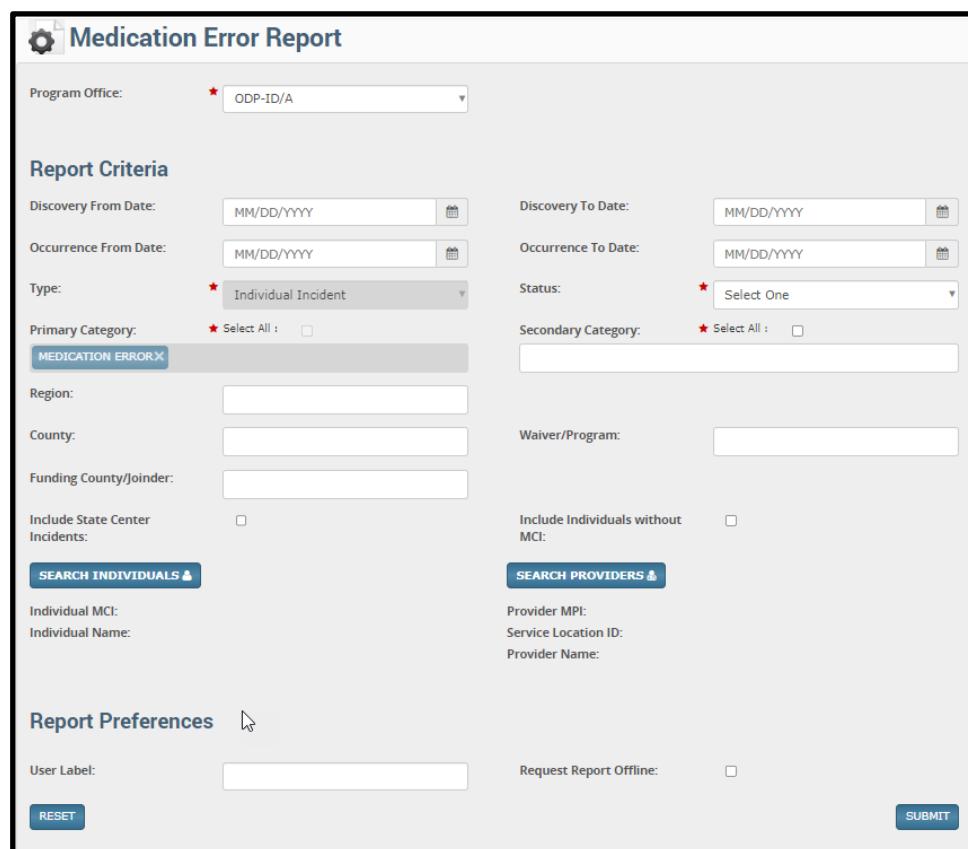
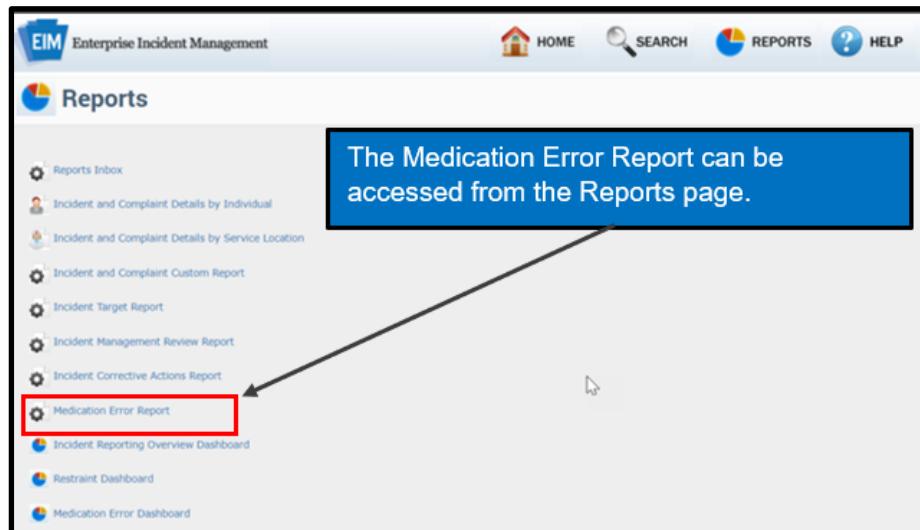
Typically, on the charts on the dashboard, the totals of the data elements will equal to the total number of Medication Errors as displayed on the Medication Error Details View.

However, the *What was the response to the error?* chart may have totals that are higher than the total number of Medication Errors. This is because this question in the Medication Error Incident Report allows users to select more than one response.



Additional Data Drill Down

Users can further drill-down into the data used to populate the dashboard by pulling the Medication Error Report available in EIM. This report will give users access to specific details of each medication error used to create the visualizations on the dashboard.



Medication Error Report

Program Office: * ODP-ID/A

Report Criteria

| | | | |
|---------------------------------|--|-------------------------|---|
| Discovery From Date: | MM/DD/YYYY | Discovery To Date: | MM/DD/YYYY |
| Occurrence From Date: | MM/DD/YYYY | Occurrence To Date: | MM/DD/YYYY |
| Type: | * Individual Incident | Status: | * Select One |
| Primary Category: | * Select All : <input type="checkbox"/> MEDICATION ERROR | Secondary Category: | * Select All : <input type="checkbox"/> |
| Region: | | | |
| County: | | | |
| Funding County/Joiner: | | | |
| Include State Center Incidents: | <input type="checkbox"/> | | |
| SEARCH INDIVIDUALS | | SEARCH PROVIDERS | |
| Individual MCI: | Provider MPI: | | |
| Individual Name: | Service Location ID: | | |
| Provider Name: | | | |

11. Appendix

11.1 Alerts Matrix

The following table contains the list of all default EIM alerts.

| Alert Text Subject | Hyperlink To | Recipient(s) | Expiration Period |
|--|-----------------|--|-------------------|
| First Section Submitted | Incident Detail | Individual's Primary Support Coordinator/Supports Coordinator Supervisor | 120 days |
| Final Section Submitted | Incident Detail | Individual's Primary Support Coordinator/Supports Coordinator Supervisor | 120 days |
| Incident Report is Not Approved | Incident Detail | Individual's Primary Support Coordinator/Supports Coordinator Supervisor All users at reporting organization with Point Person and Incident Reporter Roles. Note: EIM generates an alert to all Incident Reporters at the initiating organization when an Individual Incident report is not approved during county/ regional management review. | 14 days |
| A restraint incident report has been filed that requires follow-up action. | Incident Detail | Individual's SC AE/County (Individual has MCI) | 120 days |
| A restraint incident report has been filed that requires follow-up action. | Incident Detail | Regional Staff (Individual does not have MCI) | 120 days |
| A restraint incident report has been filed that requires follow-up action. | Incident Detail | Individual's SC (Individual has MCI and was restrained ≥ 31 minutes) | 14 days |
| A restraint incident report has been filed that requires follow-up action. | Incident Detail | Regional Staff (Individual does not have MCI and was restrained ≥ 31 minutes) | 120 days |

| Alert Text Subject | Hyperlink To | Recipient(s) | Expiration Period |
|---|-----------------|--|-------------------|
| The Initial County Management Review has been submitted with comments that may require action. | Incident Detail | Users with an Incident Point Person or Incident Report Role Individual's Primary Supports Coordinator Individual's Primary Supports Coordinator Supervisor | 14 days |
| The Initial Regional Management Review has been submitted with comments that may require action. | Incident Detail | Users with an Incident Point Person or Incident Report Role Individual's Primary Supports Coordinator Individual's Primary Supports Coordinator Supervisor | 14 days |
| The Initial Regional Management Review findings disagree with the Initial County Management Review Findings | Incident Detail | Individual's AE/Funding County with the Incident Management Reviewer role | 14 days |
| The First Section for <Incident ID> has not yet been submitted and requires action. | Incident Detail | All users with the PW-EIM-INCIDENTRPTR role in the reporting organization as well as the assigned Point Person for the incident. | 14 days |
| A medication error report has been filed that requires follow-up action. | Incident Detail | All SCE users in the individual's SCE Individual's AE/funding county and regional staff with the Incident Management Reviewer role (regional staff alerted only if individual has no MCI) Only one alert is received for two linked incidents. | 120 days |
| Comments have been addressed as part of the Management Review | Incident Detail | Individual's SC and SC Supervisor in the assigned organization | 14 days |

11.2 ODP Email Alerts

Supports Coordinators (SC) and/or Supports Coordinator (SC) Supervisors receive email alerts generated from EIM for individuals on their caseload. Email alerts will be generated in real-time when EIM generates a system alert for the SC or SC Supervisor. The emails will be generated for alerts that are listed in the above **8.1 Alerts Matrix**.

The individual receiving the alert must be assigned to an SC and/or SC Supervisor in HCSIS in order for the email alert to be generated for the incident. Users should ensure that their email address is listed correctly in Identify Manager in order to receive these email alerts. Below is an example of the Email Template:

From: noreply@pa.gov
Sent: Thursday, November 01, 2018 2:05 PM
To: Smith, John<jsmith@test.com>
Subject: HIGH PRIORITY - You have a new alert in EIM

New EIM Alert

Incident ID: [<Incident ID>](#), First Section is Submitted for an individual assigned to your caseload or SC you supervise.

Primary Category: Abuse
Secondary Category: Improper or unauthorized use of restraint

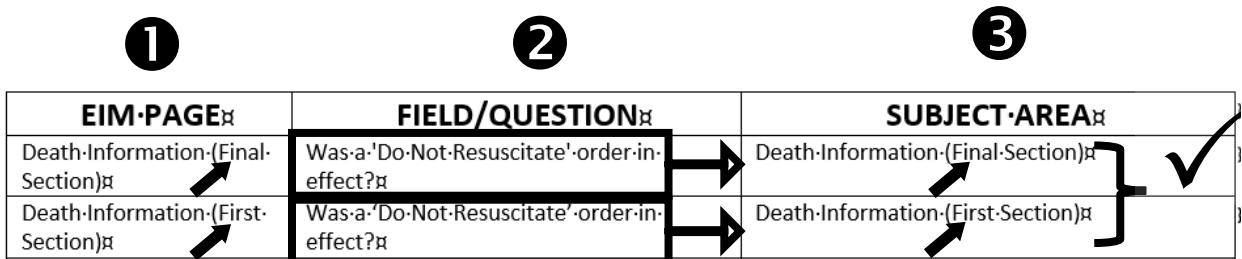
Please login to the application [here](#) to view this alert in EIM.

ODP-ID/A Incident Subject Areas

The table that appears starting on the next page shows the correspondence between the fields and questions on all of the EIM pages and the subject area classifications that EIM uses to group data for reporting. When you run any Incident and Complaint Custom Reports, refer to this table to help you choose subject areas that return the data you need for your reports. When you request a report, the subject areas you select determine which fields and questions are included in the report.

Follow the steps below to identify the subject areas you must pick in the report request screen to get the corresponding data you need in your report. Use the diagram below the steps to help you visualize the process.

1. Start with the EIM Page column and find the name of the page that contains the field(s) and question(s) that contain(s) the data you need to report on. The pages are listed in alphabetical order in the table.
2. Look through the entries in the Field/Question column that are on the EIM page you selected. The lists of fields and questions are arranged alphabetically by name. Identify all the questions in the Field/Question column that describe the data you need in your report.
3. Look in the Subject Area column and note which subject areas correspond to the fields and questions you identified. These are the subject areas you need to select and include in your report-request setup in order to see the data you want in your report.



The table begins on the next page.

EIM Incident and Complaint Custom Report – Standard Elements

Note that each *Incident and Complaint Custom Report* contains the following 16 standard data elements. Regardless of subject area(s) selected, these 16 standard data elements are present on all extracts. It is not necessary to pull in an entire subject area if only one of these items are needed, since by default, the elements listed are already included.

| ID | Program Office | Version | Status |
|---|-----------------------|---|------------------------------|
| Incident / Complaint | Type | Primary Category (Name and Date) | Occurrence Date |
| Secondary Categories (Name and Date) | Discovery Date | MCI | Last Name |
| First Name | Waiver/Program | County | Incident Point Person |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|---|---|---|
| Actions Taken To Protect Health, Safety, and Rights | If no, please explain (Was 911 contacted ?) | Actions Taken To Protect Health, Safety, and Rights |
| Actions Taken To Protect Health, Safety, and Rights | If no, please specify (Was a call made to 911?) | Actions Taken To Protect Health, Safety, and Rights |
| Actions Taken To Protect Health, Safety, and Rights | If other, please specify (Medical Attention Given) | Actions Taken To Protect Health, Safety, and Rights |
| Actions Taken To Protect Health, Safety, and Rights | If no, please specify (Were supports and/or Services offered to the individual/victim?) | Actions Taken To Protect Health, Safety, and Rights |
| Actions Taken to Protect Health, Safety, and Rights | If other, please specify (Other Supports and/or Services) | Actions Taken to Protect Health, Safety, and Rights |
| Actions Taken To Protect Health, Safety, and Rights | Law Enforcement Contacted | Actions Taken To Protect Health, Safety, and Rights |
| Actions Taken To Protect Health, Safety, and Rights | Medical Attention Given | Actions Taken To Protect Health, Safety, and Rights |
| Actions Taken To Protect Health, Safety, and Rights | Other Supports and/or Services: | Actions Taken To Protect Health, Safety, and Rights |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|---|--|---|
| Actions Taken To Protect Health, Safety, and Rights | Please describe actions taken to protect the individual (Describe administrative, health/safety, treatment, and targeted individual actions taken to address the incident to date, including supports and/or services offered) | Actions Taken To Protect Health, Safety, and Rights |
| Actions Taken To Protect Health, Safety, and Rights | Was a call made to 911? | Actions Taken To Protect Health, Safety, and Rights |
| Actions Taken To Protect Health, Safety, and Rights | Were supports and/or services offered to the individual? | Actions Taken To Protect Health, Safety, and Rights |
| Actions Taken To Protect Health, Safety, and Rights | What supports and/or services were offered to the individual | Actions Taken To Protect Health, Safety, and Rights |
| Additional Corrective Actions | Is there an additional corrective action for this incident? | Corrective Action Description |
| Additional Corrective Actions | Additional Corrective Action | Additional Corrective Actions |
| Additional Corrective Actions | Description of Additional Corrective Action | Additional Corrective Actions |
| Additional Corrective Actions | Completed/Expected Completion Date | Additional Corrective Actions |
| Additional Corrective Actions | Responsible Party (First Name) | Additional Corrective Actions |
| Additional Corrective Actions | Responsible Party (Last Name) | Additional Corrective Actions |
| Additional Information and Optional Categorization | Did the individual accept the services/supports offered? | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization | If other, please specify (Services/Supports Offered) | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization | If Yes, were all team members informed and trained, if applicable, on the changes? | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization | Optional Field 1 | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization | Optional Field 2 | Additional Information and Optional Categorization |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|--|--|--|
| Additional Information and Optional Categorization | Optional Field 3 | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization | Optional Field 4 | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization | Please clarify (Did the individual/victim accept the supports offered?) | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization (Individual Incident) | Please include any updated or corrected information from the Incident Description page of the First Section including dates, times, people involved, and relevant details prior to, during, and after the incident. Indicate the current status of the individual. | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization | Please indicate what action was taken by Law Enforcement or if Law Enforcement was not contacted | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization | Please explain (Was the individual educated on the circumstances around the incident?) | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization | Services/Supports Offered | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization | Was Law Enforcement Contacted? | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization (Individual Incident) | Was the individual educated on the circumstances around the incident? | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization | Were any changes made to the ISP (including Behavioral Support Plan component)? | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization | Were services/supports offered to the individual? | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization | What was the outcome of the services/supports that were offered? | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization (Site Level Incident) | Did the individuals accept the services/supports offered? | Additional Information and Optional Categorization |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|--|---|--|
| Additional Information and Optional Categorization (Site Level Incident) | Optional Field 1 | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization (Site Level Incident) | Optional Field 2 | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization (Site Level Incident) | Optional Field 3 | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization (Site Level Incident) | Optional Field 4 | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization (Site Level Incident) | Please clarify (Did the individuals accept the services/supports offered?) | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization (Site Level Incident) | Please include any updated or corrected information from the Incident Description page of the First Section including dates, times, people involved, and relevant details prior to, during, and after the incident. Indicate the current status of the individuals. If law enforcement has been contacted, please list details of actions taken by law enforcement. | Additional Information and Optional Categorization |
| Additional Information and Optional Categorization (Site Level Incident) | Were the individuals educated on the circumstances around the incident? | Additional Information and Optional Categorization |
| Additional Medical Intervention Information | Admitting physician | Additional Medical Intervention Information |
| Additional Medical Intervention Information | Admitting psychiatrist | Additional Medical Intervention Information |
| Additional Medical Intervention Information | Diagnostic Testing | Additional Medical Intervention Information |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|---|---|---|
| Additional Medical Intervention Information | Did the individual experience a delay in admission? | Additional Medical Intervention Information |
| Additional Medical Intervention Information | Home Health Nurse | Additional Medical Intervention Information |
| Additional Medical Intervention Information | If no, please explain (Were all responsible staff, individuals, and caregivers trained on care and follow-up instructions?) | Additional Medical Intervention Information |
| Additional Medical Intervention Information | If none, please explain (Initial follow-up appointments) | Additional Medical Intervention Information |
| Additional Medical Intervention Information | If yes, please explain (Did the individual experience a delay in admission?) | Additional Medical Intervention Information |
| Additional Medical Intervention Information | Lab Work | Additional Medical Intervention Information |
| Additional Medical Intervention Information | Other (Initial follow-up appointments) | Additional Medical Intervention Information |
| Additional Medical Intervention Information | Outpatient psychiatrist | Additional Medical Intervention Information |
| Additional Medical Intervention Information | Please explain any new equipment, instructions, medical condition, psychotherapy, treatment, or facility | Additional Medical Intervention Information |
| Additional Medical Intervention Information | Primary Care Practitioner (PCP) | Additional Medical Intervention Information |
| Additional Medical Intervention Information | Specialist | Additional Medical Intervention Information |
| Additional Medical Intervention Information | Surgeon | Additional Medical Intervention Information |
| Additional Medical Intervention Information | Swallow Study | Additional Medical Intervention Information |
| Additional Medical Intervention Information | Was the individual, staff, and caregivers trained on care and follow-up instructions? | Additional Medical Intervention Information |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|---|---|---|
| Additional Medical Intervention Information | What changed for this individual after treatment? (Select all that apply) | Additional Medical Intervention Information |
| Additional Medical Intervention Information | What location did the individual return to after medical treatment? | Additional Medical Intervention Information |
| Additional Medical Intervention Information | Wound Care Clinic | Additional Medical Intervention Information |
| Additional Medication Error Information | Length of time the staff involved has been giving medications? (years) | Additional Medication Error Information |
| Additional Medication Error Information | Unique identifier of the staff involved: | Additional Medication Error Information |
| Additional Medication Error Information | Name or unique identifier of the staff involved | Additional Medication Error Information |
| Additional Medication Error Information | Number of medications supposed to be given to this person at the same time as the error was made including the medication where the error was made? | Additional Medication Error Information |
| Additional Medication Error Information | Number of medications this person receives on a daily basis? (do not include medications that are taken on an episodic basis) | Additional Medication Error Information |
| Additional Medication Error Information | Number of people (including this person) that the staff involved has to give medications to around the same time as the error occurred? | Additional Medication Error Information |
| Additional Medication Error Information | Was the staff involved working longer than their regular work hours at the time of the error? | Additional Medication Error Information |
| Additional Medication Error Information | Were any medications involved in this medication error a controlled substance? | Additional Medication Error Information |
| Administrative Review Committee | Please specify Administrative Review Committee (Select 'Yes' to proceed) | Administrative Review Information |
| Administrative Review Information | Administrative Review Date | Administrative Review Information |
| Administrative Review Information | Does the CIR provide the necessary information for the administrative review team to make a determination and develop appropriate corrective actions? | Administrative Review Information |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|-----------------------------------|---|-----------------------------------|
| Administrative Review Information | If no, please explain (Does the CIR provide the necessary information for the administrative review committee to make a determination and develop appropriate corrective actions?) | Administrative Review Information |
| Administrative Review Summary | Based on the information provided in the CIR, is the initial incident category, correct? | Administrative Review Information |
| Administrative Review Summary | Date and Time the injury/wound/illness was discovered | Administrative Review Information |
| Administrative Review Summary | Did the investigation find all policies, procedures, rules, and regulations to be properly implemented? | Administrative Review Information |
| Administrative Review Summary | Did the investigation start in a timely manner? | Administrative Review Information |
| Administrative Review Summary | Explanation of treatment | Administrative Review Information |
| Administrative Review Summary | If no injuries, wounds, or illnesses were discovered, please explain | Administrative Review Information |
| Administrative Review Summary | If no treatment was provided, please explain | Administrative Review Information |
| Administrative Review Summary | If no, please explain (Did the investigation find all policies, procedures, rules, and regulations to be properly implemented?) | Administrative Review Information |
| Administrative Review Summary | If no, please explain (Did the investigation start in a timely manner?) | Administrative Review Information |
| Administrative Review Summary | If no, please explain (If there was reason to suspect that a crime had been committed, was law enforcement contacted?) | Administrative Review Information |
| Administrative Review Summary | If no, please explain (Was the appropriate notification made related to the Adult Protective Services Act, Older Adult Protective Services Act and Child Line Protective Services Law?) | Administrative Review Information |
| Administrative Review Summary | If no, please explain (Was the family/guardian/individual's designee notified of the incident within 24 hours?) | Administrative Review Information |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|-------------------------------|---|-----------------------------------|
| Administrative Review Summary | If the incident involved target(s), was the target separated from potential contact with all individuals receiving services until the incident investigation was completed? | Administrative Review Information |
| Administrative Review Summary | If there was reason to suspect that a crime had been committed, was law enforcement contacted? | Administrative Review Information |
| Administrative Review Summary | If there were injuries, wounds, illness to the individual that required prompt medication attention, did the individual receive the necessary treatment? | Administrative Review Information |
| Administrative Review Summary | Investigation Determination | Administrative Review Information |
| Administrative Review Summary | Please describe the assistance offered | Administrative Review Information |
| Administrative Review Summary | Please explain (Based on the information provided in the CIR, is the initial incident category, correct?) | Administrative Review Information |
| Administrative Review Summary | Please explain (Investigation Determination) | Administrative Review Information |
| Administrative Review Summary | Victims' assistance services offered | Administrative Review Information |
| Administrative Review Summary | Was assistance offered to the alleged victim to protect the immediate and ongoing health, safety, and welfare of the individual (including victims services)? | Administrative Review Information |
| Administrative Review Summary | Was the appropriate notification made related to the Adult Protective Services Act, Older Adult Protective Services Act and Child Line Protective Services Law? | Administrative Review Information |
| Administrative Review Summary | Was the family/guardian/individual's designee notified of the incident within 24 hours? | Administrative Review Information |
| Concerns Identified by CI | Are there any concerns about practice or policy identified by the investigator? | Investigation Details |
| Death Information | Did other parties perform CPR? | Death Information (Final Section) |
| Death Information | Did the individual have a diagnosed terminal illness? | Death Information (Final Section) |
| Death Information | Did the provider initiate CPR? | Death Information (Final Section) |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|-----------------------------------|--|-----------------------------------|
| Death Information | If other, please specify (Did other parties perform CPR?) | Death Information (Final Section) |
| Death Information | If other, please specify (Existing supplemental information) | Death Information (Final Section) |
| Death Information | If other, please specify (Relationship to the deceased) | Death Information (Final Section) |
| Death Information | If yes, please specify their name (Substitute Healthcare Decision Maker) | Death Information (Final Section) |
| Death Information | Please indicate what supplemental information exists for this report (Forward hard copies of the available documents to the County and Region) | Death Information (Final Section) |
| Death Information | Was an autopsy performed or will an autopsy be performed? | Death Information (Final Section) |
| Death Information | Was an autopsy performed or will an autopsy be performed? | Death Information (First Section) |
| Death Information | Was the coroner contacted? | Death Information (Final Section) |
| Death Information | Was the individual in hospice care? | Death Information (Final Section) |
| Death Information | Was there a Substitute Healthcare Decision Maker? | Death Information (Final Section) |
| Death Information | What is the diagnosed terminal illness? | Death Information (Final Section) |
| Death Information | Did other parties perform CPR? | Death Information (First Section) |
| Death Information | Did the family refuse an autopsy? | Death Information (Final Section) |
| Death Information | Did the individual have a diagnosed terminal illness? | Death Information (First Section) |
| Death Information | Did the provider initiate CPR? | Death Information (First Section) |
| Death Information | If other, please specify (Did other parties perform CPR?) | Death Information (First Section) |
| Death Information | If other, please specify (What is the diagnosed terminal illness?) | Death Information (First Section) |
| Death Information | Relationship to the deceased | Death Information (Final Section) |
| Death Information | Was the coroner contacted? | Death Information (First Section) |
| Death Information | Was the individual in hospice care? | Death Information (First Section) |
| Death Information | Was there a hospitalization for this individual? | Death Information (Final Section) |
| Death Information | What is the diagnosed terminal illness? | Death Information (First Section) |
| Death Information (Final Section) | Was a 'Do Not Resuscitate' order in effect? | Death Information (Final Section) |
| Death Information (Final Section) | Was medical intervention information recorded in another incident in relation to this death incident? | Death Information (Final Section) |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|-----------------------------------|--|-----------------------------------|
| Death Information (Final Section) | Was this death a result of abuse or neglect? | Death Information (Final Section) |
| Death Information (First Section) | Was a 'Do Not Resuscitate' order in effect? | Death Information (First Section) |
| Death Information (First Section) | Was medical intervention information recorded in another incident in relation to this death incident? | Death Information (First Section) |
| Death Information | If other, please specify (What is the diagnosed terminal illness?) | Death Information (Final Section) |
| Documentary Evidence | Were documents identified as evidence for this investigation? | Investigation Details |
| Documentary Evidence | Title of document/evidence | Investigation Details |
| Documentary Evidence | Collected | Investigation Details |
| Documentary Evidence | Date and Time collected | Investigation Details |
| Documentary Evidence | Description of identified documentary evidence (what is relevant about this piece of evidence, how did you obtain this evidence, etc.) | Investigation Details |
| Documentary Evidence | Please add any additional information not captured above | Investigation Details |
| Follow-Up Actions Taken | Were follow-up actions completed as a result of this incident? | Program Office Review Details |
| Follow-Up Actions Taken | Follow-Up Action | Program Office Review Details |
| Follow-Up Actions Taken | Description of the Follow-Up Action | Program Office Review Details |
| Follow-Up Actions Taken | Completed/Expected Completion Date | Program Office Review Details |
| Follow-Up Actions Taken | Responsible Party (First Name) | Program Office Review Details |
| Follow-Up Actions Taken | Responsible Party (Last Name) | Program Office Review Details |
| Hospitalization Information | Actual Date of Discharge | Hospitalization Information |
| Hospitalization Information | Add additional information not captured above | Hospitalization Information |
| Hospitalization Information | Admitting diagnosis | Hospitalization Information |
| Hospitalization Information | Date of Admission | Hospitalization Information |
| Hospitalization Information | Describe the person's current status (Select all that apply) | Hospitalization Information |
| Hospitalization Information | Did you get the discharge instructions upon discharge? | Hospitalization Information |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|-----------------------------|---|-----------------------------|
| Hospitalization Information | Discharge diagnosis | Hospitalization Information |
| Hospitalization Information | Hospital Name | Hospitalization Information |
| Hospitalization Information | If other, please specify (What occurred during the hospitalization?) | Hospitalization Information |
| Hospitalization Information | Was a follow-up appointment scheduled for post hospitalization with the medical professional? (Select all that apply) | Hospitalization Information |
| Hospitalization Information | Was the admission from the Emergency Room? | Hospitalization Information |
| Hospitalization Information | What changed for this person after discharge? (Select all that apply) | Hospitalization Information |
| Hospitalization Information | What occurred during the hospitalization? Include follow-up or referral information. (Select all that apply) | Hospitalization Information |
| Hospitalization Information | Was there a hospitalization for this individual? | Hospitalization Information |
| Incident Classification | Assigned Certified Investigator | Incident Detail - Initial |
| Incident Classification | Investigation Required? | Incident Detail - Initial |
| Incident Classification | Choking/Falling Indicator | Choking/Falling Indicator |
| Incident Classification | Determine if an Investigation is required | Incident Detail - Initial |
| Incident Classification | Discovery Date and Time | Incident Detail - Initial |
| Incident Classification | Has the Individual been notified of the incident? | Incident Detail - Initial |
| Incident Classification | If no, please explain (Has the Individual been notified of the incident?) | Incident Detail - Initial |
| Incident Classification | If no, please explain | Incident Detail - Initial |
| Incident Classification | If no, please explain (Was the family/guardian/individual's designee notified of the incident?) | Incident Detail - Initial |
| Incident Classification | If no, please explain (Was the incident referred to Protective Services Agencies?) | Incident Detail - Initial |
| Incident Classification | If no, please explain (Were there targets identified?) | Target Information |
| Incident Classification | Investigation will be conducted by | Incident Detail - Initial |
| Incident Classification | Proceed with investigation? | Incident Detail - Initial |
| Incident Classification | Reviewing Organization | Incident Detail - Initial |
| Incident Classification | Waiver/Program | Incident Detail - Initial |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|--|---|----------------------------------|
| Incident Classification | Was the family/guardian/individual's designee notified of the incident? | Incident Detail - Initial |
| Incident Classification | Was the incident referred to Adult Protective Services (18-59 years of age)? | Protective Services Agency |
| Incident Classification | Was the incident referred to Child Protective Services (0-17 years of age)? | Protective Services Agency |
| Incident Classification | Was the incident referred to Older Adult Protective Services (60+ years of age)? | Protective Services Agency |
| Incident Classification | Was there a medical intervention for this individual? | Medical Intervention Information |
| Incident Classification | Were there targets identified? | Target Information |
| Incident Description (Individual and Site-level Incidents) | Address Line 1 | Incident Description |
| Incident Description (Individual and Site-level Incidents) | Address Line 2 | Incident Description |
| Incident Description (Individual and Site-level Incidents) | Address Line 3 | Incident Description |
| Incident Description (Individual and Site-level Incidents) | City | Incident Description |
| Incident Description (Individual and Site-level Incidents) | In what physical location did the event occur? | Incident Description |
| Incident Description (Individual and Site-level Incidents) | Is incident location known? | Incident Description |
| Incident Description (Individual and Site-level Incidents) | Location Name (if any) | Incident Description |
| Incident Description (Individual and Site-level Incidents) | Please describe in detail exactly what happened during the incident including dates, times, and all people involved including staff. Include all relevant details prior to, during, and after the incident. Indicate the current status of the individual | Incident Description |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|--|--|--|
| Incident Description (Individual and Site-level Incidents) | State | Incident Description |
| Incident Description (Individual and Site-level Incidents) | Zip Code | Incident Description |
| Incident Description (Individual Incidents) | Relationship of the incident location to the individual | Incident Description |
| Incident Description (Individual Incidents) | What service delivery model was the person participating in when the event occurred? | Incident Description |
| Incident Description (Individual Incidents) | What service/program was the person participating in when the event occurred? | Incident Description |
| Incident Description (Site-level Incidents) | Please list all individuals involved | Incident Description |
| Incident Description (Site-level Incidents) | Relationship of the incident location to the site | Incident Description |
| Incident Description - Site Level Incident | Was the site closed due to fire? | Incident Description |
| Individual Detail | Incident Point Person | Individual Case Management Information |
| Individual Information | Address Line 1 | Individual Contact Information |
| Individual Information | Address Line 2 | Individual Contact Information |
| Individual Information | Address Line 3 | Individual Contact Information |
| Individual Information | Ambulation | Individual Case Management Information |
| Individual Information | Assigned SC | Individual Case Management Information |
| Individual Information | Assigned SC Email | Individual Case Management Information |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|------------------------|-----------------------------------|--|
| Individual Information | Assigned SC Phone | Individual Case Management Information |
| Individual Information | BSU | Individual Demographics |
| Individual Information | Case Management System | Individual Demographics |
| Individual Information | City | Individual Contact Information |
| Individual Information | Date of Birth | Individual Demographics |
| Individual Information | Email | Individual Contact Information |
| Individual Information | Funding County/Joinder | Individual Case Management Information |
| Individual Information | Gender | Individual Demographics |
| Individual Information | Harry M. Litigation | Individual Case Management Information |
| Individual Information | If yes, Interpreter is needed for | Individual Case Management Information |
| Individual Information | Individual Name | Individual Demographics |
| Individual Information | Is Interpreter Needed? | Individual Case Management Information |
| Individual Information | Living Situation | Individual Case Management Information |
| Individual Information | Living Situation Qualifier | Individual Case Management Information |
| Individual Information | MCI | Individual Demographics |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|------------------------|-------------------------------|--|
| Individual Information | Needs Group | Individual Case Management Information |
| Individual Information | Needs Level | Individual Case Management Information |
| Individual Information | Other Special Needs | Individual Case Management Information |
| Individual Information | Phone Number | Individual Contact Information |
| Individual Information | Primary Language | Individual Case Management Information |
| Individual Information | Primary Mode of Communication | Individual Case Management Information |
| Individual Information | Program Diagnosis | Individual Case Management Information |
| Individual Information | Region | Individual Case Management Information |
| Individual Information | Residential County | Individual Contact Information |
| Individual Information | SC Entity Name | Individual Case Management Information |
| Individual Information | Special Indicator | Individual Case Management Information |
| Individual Information | Specify if other language | Individual Case Management Information |
| Individual Information | SSN | Individual Demographics |
| Individual Information | State | Individual Contact Information |
| Individual Information | Waiver/Program | Individual Case Management Information |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|---------------------------|--|---|
| Individual Information | Zip Code | Individual Contact Information |
| Initial Management Review | Review Comments | Initial Management Review |
| Initial Management Review | Were the actions taken to protect the individual's health, safety, and rights documented? | Initial Management Review |
| Initial Management Review | Were the actions taken to protect the individual's health, safety, and rights prompt and adequate? | Initial Management Review |
| Initiator Information | Email | Initiator Information |
| Initiator Information | Initiator Name | Initiator Information |
| Initiator Information | MPI (if applicable) | Initiator Information |
| Initiator Information | Organization | Initiator Information |
| Initiator Information | Organization Type | Initiator Information |
| Initiator Information | Phone Number | Initiator Information |
| Investigation Assignment | Assigned Investigator | Program Office Investigation Assignment |
| Investigation Assignment | Concur with provider investigation? | Program Office Investigation Assignment |
| Investigation Assignment | Does the incident require additional investigation? | Program Office Investigation Assignment |
| Investigation Assignment | Has the family/guardian/individual's designee been notified of the outcome of the investigation? | Program Office Investigation Assignment |
| Investigation Assignment | Has the family/guardian/individual's designee been notified of the incident? | Program Office Investigation Assignment |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|---------------------------|---|---|
| Investigation Assignment | If no, please explain (Has the family/guardian been notified of the outcome of the investigation?) | Program Office Investigation Assignment |
| Investigation Assignment | If no, please explain (Concur with provider investigation?) | Program Office Investigation Assignment |
| Investigation Assignment | If the investigation was not approved, please provide comments | Program Office Investigation Assignment |
| Investigation Assignment | Indicate County/Region Investigation Determination | Program Office Investigation Assignment |
| Investigation Assignment | Indicate Region Investigation Determination | Program Office Investigation Assignment |
| Investigation Assignment | Investigation Approval Status | Program Office Investigation Assignment |
| Investigation Assignment | Proceed with Investigation? | Program Office Investigation Assignment |
| Investigation Information | Briefly describe how potential witnesses were identified | Investigation Details |
| Investigation Information | Date and Time of the visit | Investigation Details |
| Investigation Information | Did the investigator visit the scene of the incident? | Investigation Details |
| Investigation Information | Enter the primary investigatory question | Investigation Details |
| Investigation Information | First Witness Statement Date and Time | Investigation Details |
| Investigation Information | If the investigator was assigned more than 24 hours after the discovery date, then please explain | Investigation Details |
| Investigation Information | If the last witness statement was more than 10 days after the first witness statement, please explain | Investigation Details |
| Investigation Information | Incident Allegedly Occurred Date and Time | Investigation Details |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|--|---|-----------------------|
| Investigation Information | Incident Reported/Discovered Date and Time | Investigation Details |
| Investigation Information | Information provided to the investigator at the time of the assignment | Investigation Details |
| Investigation Information | Investigation Assignment Date and Time | Investigation Details |
| Investigation Information | Investigation End Date | Investigation Details |
| Investigation Information | Investigation Start Date | Investigation Details |
| Investigation Information | Investigator Assigned Date and Time | Investigation Details |
| Investigation Information | Investigatory questions that must be answered by the investigation | Investigation Details |
| Investigation Information | Last Witness Statement Date and Time | Investigation Details |
| Investigation Information | Please explain why the site scene was not visited (If no or site scene unavailable/unknown) | Investigation Details |
| Investigation Information | Summary of investigator's findings | Investigation Details |
| Investigation Information (Provider Certified Investigator Report) | Incident Allegedly Occurred Date | Investigation Details |
| Investigation Methodology | CI Investigation Plan | Investigation Details |
| Investigation Methodology | Did the CI interview the victim within 24 hours of being assigned to the case? | Investigation Details |
| Investigation Methodology | If no other documents were identified, please explain | Investigation Details |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|-------------------------------|--|-------------------------------|
| Investigation Methodology | If no, please explain (Did the CI interview the victim within 24 hours of being assigned to the case?) | Investigation Details |
| Investigation Methodology | If no, please explain (Were all initial interviews attempted and/or completed within 10 days of the investigation being assigned?) | Investigation Details |
| Investigation Methodology | If no targets were identified, please explain | Investigation Details |
| Investigation Methodology | If physical evidence was not collected, photographed, or otherwise preserved, please explain | Investigation Details |
| Investigation Methodology | If the victim was not the first witness interviewed, please explain | Investigation Details |
| Investigation Methodology | If witness interviews were not attempted and/or completed, please explain | Investigation Details |
| Investigation Methodology | Please enter any evidence that was collected for the investigation that was determined not to be relevant | Investigation Details |
| Investigation Methodology | Were all initial interviews attempted and/or completed within 10 days of the investigation being assigned? | Investigation Details |
| Management Review Information | Are the incident primary and secondary categories, correct? | Program Office Review Details |
| Management Review Information | Comments/Recommendations | Program Office Review Details |
| Management Review Information | Did the information contained in the incident report validate that the incident was reported promptly? | Program Office Review Details |
| Management Review Information | If a protective services notification was received, was it accurately reflected within the incident report? | Program Office Review Details |
| Management Review Information | If no, please explain (Did the information contained in the incident report validate that the incident was reported promptly?) | Program Office Review Details |
| Management Review Information | If not approved, are revisions needed in the Certified Investigator Report? | Program Office Review Details |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|----------------------------------|--|----------------------------------|
| Management Review Information | If the incident report is not approved, please provide comments | Program Office Review Details |
| Management Review Information | If the incident report is not approved, please select a reason | Program Office Review Details |
| Management Review Information | Initial Incident Closure Date | Program Office Review Details |
| Management Review Information | Is the discovery date accurate? | Program Office Review Details |
| Management Review Information | Is this incident a result of abuse or neglect? | Program Office Review Details |
| Management Review Information | Number of Days elapsed between Incident Creation and Initial Closure | Program Office Review Details |
| Management Review Information | Review Approval Status | Program Office Review Details |
| Management Review Information | Review Date | Program Office Review Details |
| Management Review Information | Was a protective services notification received for this incident? | Management Review Information |
| Management Review Information | Was the incident closed on time? | Program Office Review Details |
| Medical Intervention Information | Additional Diagnosis | Medical Intervention Information |
| Medical Intervention Information | Date of Intervention/Admission | Medical Intervention Information |
| Medical Intervention Information | Discharge Diagnosis | Medical Intervention Information |
| Medical Intervention Information | Discharge Date/Medical Intervention End Date | Medical Intervention Information |
| Medical Intervention Information | Did you get the discharge instructions upon discharge? | Medical Intervention Information |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|----------------------------------|--|----------------------------------|
| Medical Intervention Information | Has the individual received any medical interventions in the last 48 hours prior to this incident? | Medical Intervention Information |
| Medical Intervention Information | If other, please specify: (What was provided during the event? (Select all that apply)) | Medical Intervention Information |
| Medical Intervention Information | If no, please explain (Did you get the discharge instructions upon discharge?) | Medical Intervention Information |
| Medical Intervention Information | If yes, please explain (Has the individual received any medical interventions in the last 48 hours prior to this incident) | Medical Intervention Information |
| Medical Intervention Information | Initial Diagnosis | Medical Intervention Information |
| Medical Intervention Information | Medical Provider/Center Name | Medical Intervention Information |
| Medical Intervention Information | Please explain (What was the extent of treatment?) | Medical Intervention Information |
| Medical Intervention Information | What was provided during the event? (Select all that apply) | Medical Intervention Information |
| Medical Intervention Information | What was the extent of treatment? | Medical Intervention Information |
| Medication Error Information | Additional Comments | Medication Error |
| Medication Error Information | Did the error occur over multiple consecutive administrations? | Medication Error |
| Medication Error Information | If other, please specify (What was the response to the error?) | Medication Error |
| Medication Error Information | If other, please specify (What was/will be agency system response?) | Medication Error |
| Medication Error Information | If other, please specify (Why did the error occur?) | Medication Error |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|---|--|---|
| Medication Error Information | Staff position of person giving medication | Medication Error |
| Medication Error Information | What was or will be the agency system response to prevent this type of error from occurring in the future? | Medication Error |
| Medication Error Information | What was the response to the error? (Select all that apply) | Medication Error |
| Medication Error Information | What time did the medication error occur? | Medication Error |
| Medication Error Information | Why did the error occur? (Select all that apply) | Medication Error |
| Medication List | Please specify medications (Select 'Yes' to proceed) | Medication List |
| Medication List | What frequency is this medication given? | Medication List |
| Notification Information | Has notification been made, or will notification be made? | Notification Information |
| Optionally Reportable Event Information | Description | Optionally Reportable Event Information |
| Optionally Reportable Event Information | Location Incident Occurred (Building Identification, Room Identification) | Optionally Reportable Event Information |
| Optionally Reportable Event Information | Optional Field 1 | Optionally Reportable Event Information |
| Optionally Reportable Event Information | Optional Field 2 | Optionally Reportable Event Information |
| Optionally Reportable Event Information | Optional Field 3 | Optionally Reportable Event Information |
| Optionally Reportable Event Information | Optional Field 4 | Optionally Reportable Event Information |
| Passive Neglect Information | Have there been previous incident reports related to the current | Passive and Self-Neglect Information |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|--------------------------------|---|--------------------------------------|
| | identified issue of passive or self-neglect? | |
| Passive Neglect Information | Is the ability to provide care/necessities beyond the control of the unpaid caregiver? | Passive and Self-Neglect Information |
| Passive Neglect Information | Is this report the result of a caregiver's or provider's failure to implement a risk mitigation plan? | Passive and Self-Neglect Information |
| Passive Neglect Information | Please explain (Is the ability to provide care/necessities beyond the control of the unpaid caregiver?) | Passive and Self-Neglect Information |
| Passive Neglect Information | Please explain (Is this report the result of a caregiver's or provider's failure to implement a risk mitigation plan?) | Passive and Self-Neglect Information |
| Passive Neglect Information | Was the caregiver, who was unable to provide care/necessities, a paid or unpaid caregiver? | Passive and Self-Neglect Information |
| Physical Evidence | Was physical evidence identified, collected, photographed, or otherwise preserved? | Investigation Details |
| Physical Evidence | Physical evidence identified | Investigation Details |
| Physical Evidence | Collected/Preserved | Investigation Details |
| Physical Evidence | Preserved via photo, diagram, video, other | Investigation Details |
| Physical Evidence | Date and Time physical evidence collected/preserved | Investigation Details |
| Physical Evidence | Description of identified physical evidence (what is relevant about this piece of evidence, how did you obtain this evidence, etc.) | Investigation Details |
| Physical Evidence | Please add any additional information not captured above | Investigation Details |
| Preventative Corrective Action | Completed Date | Corrective Action Description |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|--------------------------------|---|-------------------------------|
| Preventative Corrective Action | Description of Preventative Corrective Action | Corrective Action Description |
| Preventative Corrective Action | Preventative Corrective Action | Corrective Action Description |
| Preventative Corrective Action | Responsible Party (First Name) | Corrective Action Description |
| Preventative Corrective Action | Responsible Party (Last Name) | Corrective Action Description |
| Preventative Corrective Action | Risk Mitigation Plan Details | Corrective Action Description |
| Provider Information | Address Line 1 | Provider Contact (Initial) |
| Provider Information | Address Line 2 | Provider Contact (Initial) |
| Provider Information | Address Line 3 | Provider Contact (Initial) |
| Provider Information | City | Provider Contact (Initial) |
| Provider Information | County | Provider Contact (Initial) |
| Provider Information | Email | Provider Contact (Initial) |
| Provider Information | Email | Provider Contact (Initial) |
| Provider Information | If other, please specify (Relationship to the individual) | Provider Contact (Initial) |
| Provider Information | Immediate Contact (First Name) | Provider Contact (Initial) |
| Provider Information | Immediate Contact (Last Name) | Provider Contact (Initial) |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|-----------------------|--------------------------------|---------------------------------|
| Provider Information | Initial Reporter First Name | Provider Contact (Initial) |
| Provider Information | Initial Reporter Last Name | Provider Contact (Initial) |
| Provider Information | MPI | Provider Demographics (Initial) |
| Provider Information | Name | Provider Demographics (Initial) |
| Provider Information | Phone | Provider Contact (Initial) |
| Provider Information | Phone | Provider Contact (Initial) |
| Provider Information | Relationship to the individual | Provider Contact (Initial) |
| Provider Information | Service Location ID | Provider Demographics (Initial) |
| Provider Information | Service Location Name | Provider Demographics (Initial) |
| Provider Information | Service Location Provider Type | Provider Demographics (Initial) |
| Provider Information | Service Location Specialty | Provider Demographics (Initial) |
| Provider Information | State | Provider Contact (Initial) |
| Provider Information | Zip Code | Provider Contact (Initial) |
| Restraint Information | Antecedent | Restraint Information |
| Restraint Information | Authorizing Staff (First Name) | Restraint Information |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|-----------------------|--|-----------------------|
| Restraint Information | Authorizing Staff (Last Name) | Restraint Information |
| Restraint Information | Description | Restraint Information |
| Restraint Information | Has this person had more than two emergency restraints in the past 6 months? | Restraint Information |
| Restraint Information | If no, please explain (Is there documentation that all staff involved were trained) | Restraint Information |
| Restraint Information | If other, please specify (Restraint reason) | Restraint Information |
| Restraint Information | If other, please specify (Antecedent) | Restraint Information |
| Restraint Information | If yes, please specify (Was the person injured as a result of the use of a restraint?) | Restraint Information |
| Restraint Information | Is there documentation that all staff involved were trained on the behavioral support plan that was in place at the time of the incident that included this restraint? | Restraint Information |
| Restraint Information | Please specify debriefing activities or explain why debriefing activities were not completed | Restraint Information |
| Restraint Information | Restraint Duration (minutes) | Restraint Information |
| Restraint Information | Restraint Reason | Restraint Information |
| Restraint Information | Restraint Technique | Restraint Information |
| Restraint Information | Time In | Restraint Information |
| Restraint Information | Time Out | Restraint Information |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|------------------------------|--|--------------------------------------|
| Restraint Information | Was a prone (face down) position used during this Restraint? | Restraint Information |
| Restraint Information | Was the person injured as a result of the use of a restraint? | Restraint Information |
| Restraint Information | Was the restraint duration less than one minute? | Restraint Information |
| Restraint Information | Was the Restraint part of an approved Restrictive Procedure Plan (RPP)? | Restraint Information |
| Restraint Information | Was this an improper use of restraint? | Restraint Information |
| Restraint Information | Was this an unauthorized use of restraint? | Restraint Information |
| Restraint Information | Were debriefing activities completed as part of this restraint? | Restraint Information |
| Restraint Information | What service delivery model was the person participating in when the event occurred? | Restraint Information |
| Restraint Information | What service/program was the person participating in when the event occurred? | Restraint Information |
| Restraint - Parties Involved | Please specify parties present during the incident (Select 'Yes' to proceed) | Restraint Information |
| Restraint - Parties Involved | Party Involved (First Name) | Restraint Information |
| Restraint - Parties Involved | Party Involved (Last Name) | Restraint Information |
| Restraint - Parties Involved | Role | Restraint Information |
| Self-Neglect Information | Explain how the action or lack of action resulted in a type of self-neglect | Passive and Self-Neglect Information |
| Self-Neglect Information | Have there been previous incident reports related to the current identified issue of self-neglect? | Passive and Self-Neglect Information |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|-----------------------------|--|--------------------------------------|
| Self-Neglect Information | Is the incident due to an action or lack of action by the individual upon themselves? | Passive and Self-Neglect Information |
| Self-Neglect Information | Is this report the result of a caregiver's or provider's failure to implement a risk mitigation plan? | Passive and Self-Neglect Information |
| Self-Neglect Information | Please explain (Is the incident due to an action or lack of action by an individual upon themselves?) | Passive and Self-Neglect Information |
| Self-Neglect Information | Please explain (Is this report the result of a caregiver's or provider's failure to implement a risk mitigation plan?) | Passive and Self-Neglect Information |
| Suicide Attempt Information | Does the individual have a BSP (Behavioral Support Plan) component of the ISP? | Suicide Attempt Information |
| Suicide Attempt Information | Does the individual have a SEEN (Social Emotional Environmental Needs) component of the ISP? | Suicide Attempt Information |
| Suicide Attempt Information | Does the individual have access to medications and/or medical support? | Suicide Attempt Information |
| Suicide Attempt Information | Has the individual been attending medical appointments regularly? | Suicide Attempt Information |
| Suicide Attempt Information | Has the individual been taking medications regularly? | Suicide Attempt Information |
| Suicide Attempt Information | Has the individual participated in the development of a contract for safety? | Suicide Attempt Information |
| Suicide Attempt Information | Is there a treating psychiatrist or clinical psychologist? | Suicide Attempt Information |
| Suicide Attempt Information | Was the individual's suicidal act in furtherance or connected to an earlier threat? | Suicide Attempt Information |
| Summary of CI's findings | Findings continued | Investigation Details |
| Summary of CI's findings | Summary of Investigator's findings | Investigation Details |
| Target Information | If other, please specify (Target Relationship to the Individual) | Target Information |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|------------------------------------|--|-----------------------|
| Target Information | If other, please specify (What is the current status if target is identified?) | Target Information |
| Target Information | Target Identifier | Target Information |
| Target Information | Target Relationship to the Individual | Target Information |
| Target Information | What is the current status if target is identified? | Target Information |
| Target Information – Final Section | Optional Comment | Target Information |
| Target Information – Final Section | Were there targets identified? | Target Information |
| Target Information - First Section | Nature of the separation | Target Information |
| Target Information – First Section | Please select 'Yes' to add Target Information | Target Information |
| Testimonial Evidence | Agency Title (or Family Role) | Investigation Details |
| Testimonial Evidence | Interview completed in person | Investigation Details |
| Testimonial Evidence | Interview Date and Time | Investigation Details |
| Testimonial Evidence | Please add any additional information not captured above | Investigation Details |
| Testimonial Evidence | Relationship to the Individual | Investigation Details |
| Testimonial Evidence | Summary of relevant information from witness statement and attempts at interview | Investigation Details |
| Testimonial Evidence | Type of interview | Investigation Details |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|---|--|---------------------------|
| Testimonial Evidence | Was this person identified as an alleged target for this incident? | Investigation Details |
| Testimonial Evidence | Were witness interviews attempted and/or completed? | Investigation Details |
| Testimonial Evidence | Witness First Name | Investigation Details |
| Testimonial Evidence | Witness Identifier (in an effort to protect identity) | Investigation Details |
| Testimonial Evidence | Witness Last Name | Investigation Details |
| Verification of Incident Classification | As a result of a Not Approved Management Review, summarize updates, clarifications, and corrections | Incident Detail - Final |
| Verification of Incident Classification | Assigned Certified Investigator | Incident Detail - Final |
| Verification of Incident Classification | Certified Investigation Required? | Incident Detail - Final |
| Verification of Incident Classification | Choking/Falling Indicator | Choking/Falling Indicator |
| Verification of Incident Classification | Determine if an Investigation is required | Incident Detail - Final |
| Verification of Incident Classification | Has the family/guardian been notified of the outcome of the investigation? | Incident Detail - Final |
| Verification of Incident Classification | Has the family/guardian/individual's designee been notified of the findings and actions taken as a result of the incident as well as the investigation determination, if applicable? | Incident Detail - Final |
| Verification of Incident Classification | Has the Individual been notified of the findings and actions taken as a result of the incident as well as the investigation determination, if applicable? | Incident Detail - Final |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|---|--|----------------------------|
| Verification of Incident Classification | If no, please explain (Has the individual been notified of the findings and actions taken as a result of the incident as well as the investigation determination, if applicable?) | Incident Detail - Final |
| Verification of Incident Classification | If no targets were identified, please explain | Target Information |
| Verification of Incident Classification | If no, please explain | Incident Detail - Final |
| Verification of Incident Classification | If no, please explain (Has the family/guardian/individual's designee been notified of the findings and actions taken as a result of the incident as well as the investigation determination, if applicable?) | Incident Detail - Final |
| Verification of Incident Classification | If no, please explain (Was the incident referred to Protective Services Agencies?) | Incident Detail - Final |
| Verification of Incident Classification | Indicate provider investigation determination | Incident Detail - Final |
| Verification of Incident Classification | Investigation Required? | Incident Detail - Final |
| Verification of Incident Classification | Investigation will be conducted by | Incident Detail - Final |
| Verification of Incident Classification | Please explain | Incident Detail - Final |
| Verification of Incident Classification | Proceed with Investigation? | Incident Detail - Final |
| Verification of Incident Classification | Reason for Reclassification (if applicable) | Incident Detail - Final |
| Verification of Incident Classification | Review Organization | Incident Detail - Final |
| Verification of Incident Classification | Was the incident referred to Adult Protective Services (18-59 years of age)? | Protective Services Agency |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|---|--|----------------------------------|
| Verification of Incident Classification | Was the incident referred to Child Protective Services (0-17 years of age)? | Protective Services Agency |
| Verification of Incident Classification | Was the incident referred to Older Adult Protective Services (60+ years of age)? | Protective Services Agency |
| Verification of Incident Classification | Was there a medical intervention for this individual? | Medical Intervention Information |
| Verification of Incident Classification | Was the incident referred to Adult Protective Services (18-59 years of age)? | Protective Services Agency |
| Verification of Incident Classification | Was the incident referred to Child Protective Services (0-17 years of age)? | Protective Services Agency |
| Verification of Incident Classification | Was the incident referred to Older Adult Protective Services (60+ years of age)? | Protective Services Agency |
| Verification of Incident Classification | Was there a medical intervention for this individual? | Medical Intervention Information |
| Verification of Provider Information | Address Line 1 | Provider Contact (Final) |
| Verification of Provider Information | Address Line 2 | Provider Contact (Final) |
| Verification of Provider Information | Address Line 3 | Provider Contact (Final) |
| Verification of Provider Information | City | Provider Contact (Final) |
| Verification of Provider Information | County | Provider Contact (Final) |
| Verification of Provider Information | Email | Provider Contact (Final) |
| Verification of Provider Information | Address Line 1 | Provider Contact (Final) |
| Verification of Provider Information | Address Line 2 | Provider Contact (Final) |

| EIM PAGE | FIELD/QUESTION | SUBJECT AREA |
|--------------------------------------|---------------------------------------|-------------------------------|
| Verification of Provider Information | Address Line 3 | Provider Contact (Final) |
| Verification of Provider Information | City | Provider Contact (Final) |
| Verification of Provider Information | County | Provider Contact (Final) |
| Verification of Provider Information | Email | Provider Contact (Final) |
| Verification of Provider Information | MPI | Provider Demographics (Final) |
| Verification of Provider Information | Name | Provider Demographics (Final) |
| Verification of Provider Information | Phone | Provider Contact (Final) |
| Verification of Provider Information | Service Location ID | Provider Demographics (Final) |
| Verification of Provider Information | Service Location Name | Provider Demographics (Final) |
| Verification of Provider Information | Service Location Provider Type | Provider Demographics (Final) |
| Verification of Provider Information | Service Location Specialty | Provider Demographics (First) |
| Verification of Provider Information | Service Location Specialty | Provider Demographics (Final) |
| Verification of Provider Information | State | Provider Contact (Final) |
| Verification of Provider Information | Zip Code | Provider Contact (Final) |
| Witness Information | Were there witnesses to the incident? | Witness Information |

11.3 Acronyms

| Term | Description of Term |
|----------|--|
| AE | Administrative Entity |
| AR | Administrative Review |
| BSASP | Bureau of Autism and Special Populations |
| BSP | Behavioral Support Plan |
| BSU | Base Service Units |
| CI | Certified Investigator |
| CIPR | Certified Investigator Peer Review |
| CIR | Certified Investigator Report |
| COVID-19 | Coronavirus Disease - 2019 |
| CPR | Cardiopulmonary Resuscitation |
| DHS | Department of Human Services |
| DNR | Do Not Resuscitate |
| EIM | Enterprise Incident Management |
| EMS | Emergency Medical Service |
| ER | Emergency Room |
| FEIN | Federal Employer Identification Number |
| HCSIS | Home and Community Services Information System |
| ID | Identifier |
| ID/A | Intellectual Disabilities/Autism |
| ISP | Individual Support Plan |
| LMS | Learning Management System |
| MB | Megabyte |
| MCI | Master Client Index |
| MPI | Master Provider Index |

| | |
|------------|--------------------------------------|
| N/A | Not Applicable |
| ODP | Office of Developmental Programs |
| ORE | Optionally Reportable Events |
| PCP | Primary Care Provider |
| PDF (file) | Portable Document Format |
| RPP | Restrictive Procedure Plan |
| SC | Supports Coordinator |
| SCO | Supports Coordination Organization |
| SEEN | Social Emotional Environmental Needs |
| SSN | Social Security Number |
| USEC | Unified Security |
| URL | Uniform Resource Locator |