ODP RUN REPORTS REFERENCE GUIDE

Created for the Office of Developmental Programs

ODP-IDA and ODP-BSASP

PLEASE NOTE
The software features and functions described in this resource guide look basically the same on the screen and operate the same, regardless of your program-office association. You may notice minor differences in screen-background details, but the instructions are valid for your use.

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Run Reports Reference Guide

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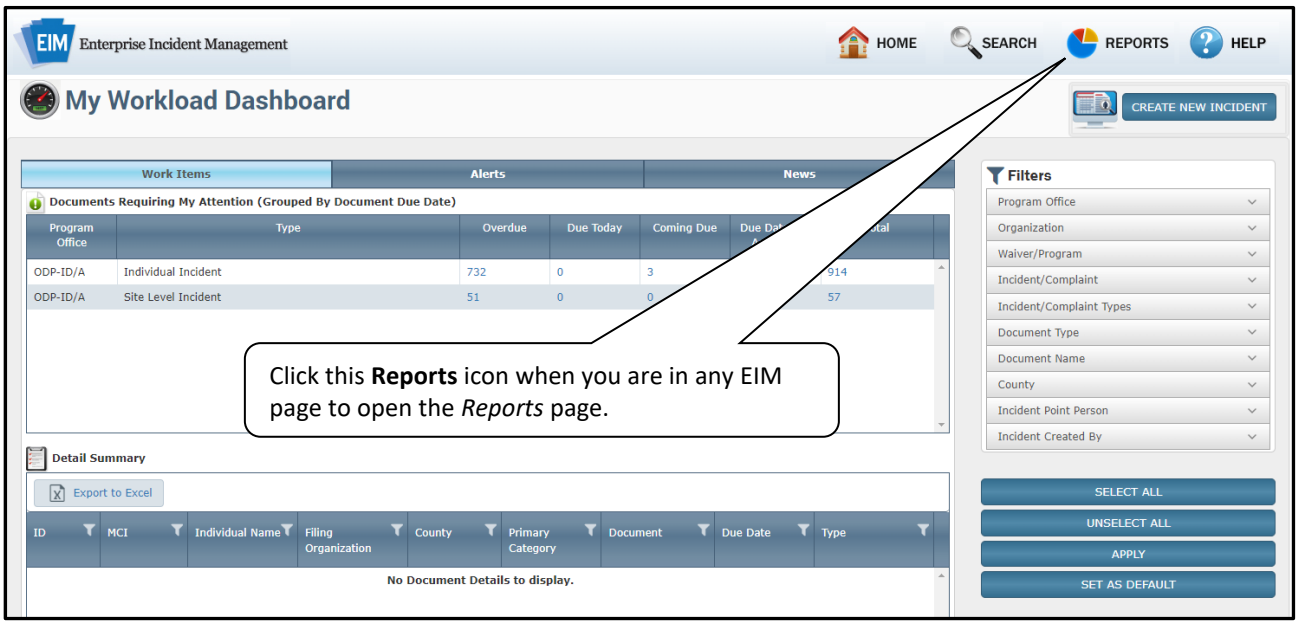
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Introducing EIM Reports

The EIM reports run within EIM on data retained in the EIM database and system. Much of the data that appears in EIM is "snapshot" data. Consequently, the data appearing in reports is the data that was last written to the database for any given fields. EIM does not store previous, overwritten values to provide archiving, auditing, or history capabilities.

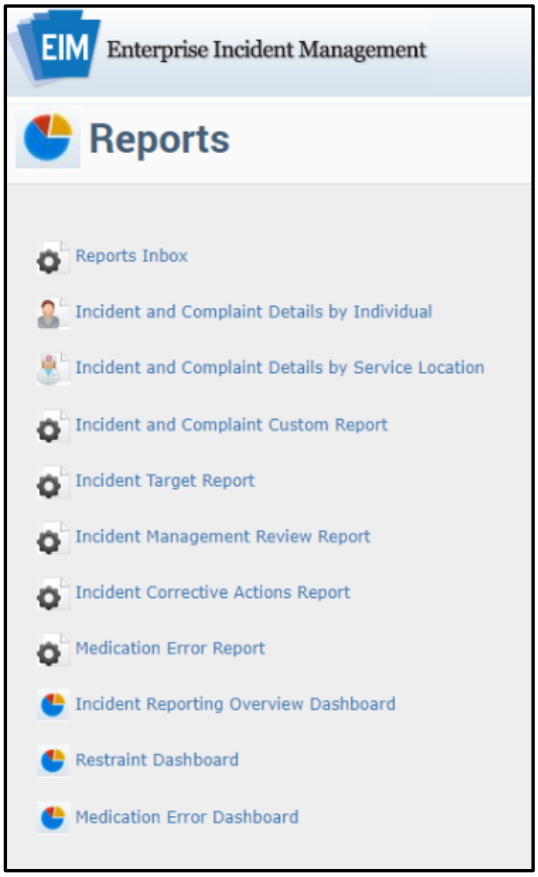
Clicking the **Reports** icon, which is at the top of the My Workload Dashboard and of every page in EIM, opens the *Reports* page. See the callout below, which indicates this icon on a sample My Workload Dashboard. This button appears in the same configuration on all EIM screens.



Opening the Reports Page

Clicking the **Reports** icon opens the *Reports* page. A sample ODP-ID/A page is illustrated below.

Click the name of the report you want to configure and run. Each name is a link, and clicking it opens the configuration page for that report.



Listed below are all the reports in EIM. Users can access the configuration pages to create these reports as indicated below.

- 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

Each of the report names is a hyperlink. Clicking any one of these links opens a configuration page for that report, where you select the filters and other parameters you need to filter the data for your report.

The details provided in all the reports except the Incident and Complaint Custom report and Dashboard reports are fixed by the reports' designs. Multiple fields appearing in these reports are the same from report to report. The advantage of these reports rests in that you can configure them rather quickly, selecting an individual or a provider location to focus on and then submitting the report to run.

The Incident and Complaint Custom Report has a setup very similar to the other reports, but it also lets you set filters to return extensive and detailed information on, for example, incident descriptions or investigation findings.

Understanding Report Basics

Use the summaries of each report's features that appear in the following descriptions to help you decide which report you need. Shown first in these summaries are sample reports so you can see the information each report provides. This lets you evaluate whether this is the information that you need in a report. Illustrated after the sample reports are the reports' setup pages so you can see how to structure your report request.

Understanding the Incident and Complaint Details by Individual Report

Below is a sample Microsoft Excel® report output (with fictitious data) for the Incident and Complaint Details by ***Individual*** report. Note the features indicated by the callouts and described in the numbered list under the screenshot.

EIM Enterprise Incident Management

1 Incident and Complaint Details by Individual Report

Report Criteria			
Program Office:	**ODP-ID/A**	**Incidents or Complaints:**	**Incident**
Discovery From Date:	**7/1/2021** (2)	**Discovery To Date:**	**9/29/2021**
Occurrence From Date:		**Occurrence To Date:**	
Type:	**Individual Incident**	**Status:**	**Open or Closed**
Primary Category:	**Select All**	**Secondary Categories:**	**Select All**
Individual Name:	**All** (3)	**Provider Name:**	**PCG ODP EIM PROVIDER THREE**

Individual Name: Bing, Chandler | **MCI: 550371530** | **County: Philadelphia** | **Waiver/Program: N/A (ODP-ID/A)**

ID	Discovery Date	Type	Primary Category	Occurrence Date	Secondary Categories	Provider MPI	Service Location ID	Provider Name	Service Location Name	Filing Organization	Status
93850	07/30/2021	Individual Incident	Abuse	07/30/2021	Physical (4)	300443509	0001	PCG ODP EIM PROVIDER THREE	Philadelphia Site One	PCG ODP EIM PROVIDER THREE	Open

Total: 1 Incident(s)/Complaint(s)

Individual Name: Cena, John | **MCI:** | **County: Philadelphia** | **Waiver/Program: N/A (ODP-ID/A)**

ID	Discovery Date	Type	Primary Category	Occurrence Date	Secondary Categories	Provider MPI	Service Location ID	Provider Name	Service Location Name	Filing Organization	Status
94369	08/26/2021	Individual Incident	Physical Restraint	08/26/2021	Human Rights Team Approved Restrictive Intervention	300443509	0002	PCG ODP EIM PROVIDER THREE	Philadelphia Site Two	PCG ODP EIM PROVIDER THREE	Closed

Total: 1 Incident(s)/Complaint(s)

Individual Name: Doe, John | **MCI:** | **County: Adams** | **Waiver/Program: N/A (ODP-ID/A)**

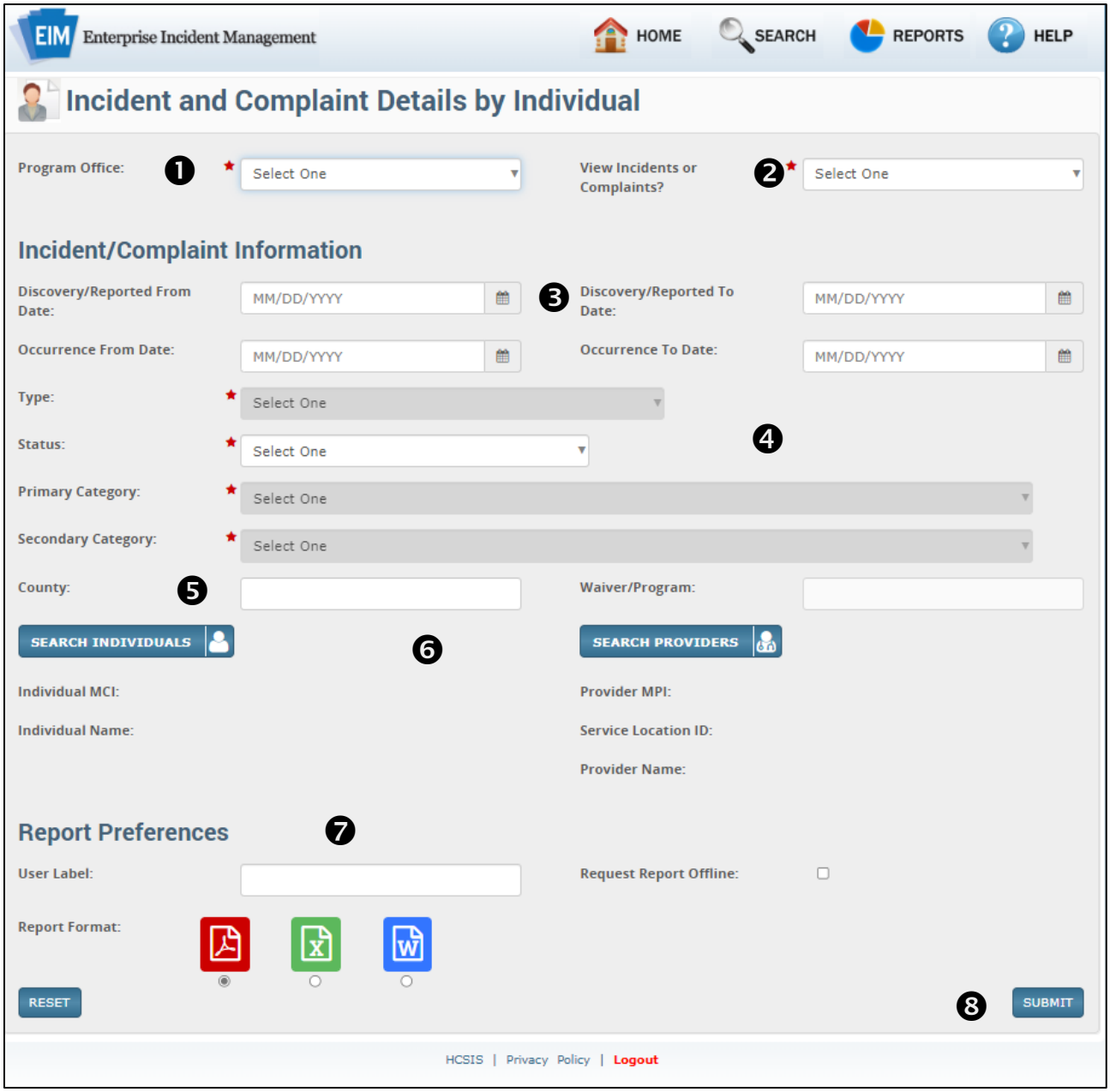
ID	Discovery Date	Type	Primary Category	Occurrence Date	Secondary Categories	Provider MPI	Service Location ID	Provider Name	Service Location Name	Filing Organization	Status
93956	08/02/2021	Individual Incident	Abuse	08/03/2021	Psychological	300443509	0001	PCG ODP EIM PROVIDER THREE	Philadelphia Site One	PCG ODP EIM PROVIDER THREE	Open

1. The report is clearly identified at its top.
2. This header information identifies the date range of discovery or occurrence dates within which the report data was pulled; any specific categories or statuses selected also appear here.
3. This narrow header identifies the individual by name, MCI, county, and waiver/program.
4. This area of the report contains the data provided on the selected individual. These headings are fixed, and the data that this report provides always reflects these headings. The selections cannot be edited to provide different column headings or different data. In addition, these headings and data are the only area of the report output that is in a

flat-file format that can be readily exported to other applications. The header information above this area of the report is in merged cells, which are not conducive to use for further data handing.

Incident and Complaint Details by Individual Report Request Page

Illustrated below is the Reports Request page. Note the features indicated by the callouts and described in the numbered list on this page and the next.



1. Select **Program Office** from this drop-down box if the selection does not already appear. Be sure always to start your setup selections at the top-left corner of the page and work your way down the page in strict order – left to right, and then down, left to right, and then down, etc. Some fields and drop-down boxes on these setup pages do not become active until selections are made in "upstream" fields, so making your selections in this order is important in activating all the necessary fields. Mandatory fields are labeled with red stars.

2. Select Incident.

3. Select the discovery date range and/or the occurrence date range you want to apply to the data returned in the report.

4. Select the incident/complaint type and incident/complaint status, and also select the primary and secondary categories that you want to use to filter the report. Notice that you must make selections in these mandatory drop-down box fields.

5. Select one or more counties and/or one or more waivers/programs in the *County* or *Waiver/Program* drop-down boxes if you want. These selections are optional. If you do not choose counties or waivers/programs, EIM runs the reports as if ALL counties and waivers/programs have been selected. These two fields are the only fields in the setup screen that function in this way.

6. Click the [Search Individuals] and/or [Search Providers] buttons if you want to narrow the report's data to a specific individual and/or provider. Clicking these buttons opens self-explanatory *Search* windows like those used elsewhere in EIM, where you can identify the individual or provider needed.

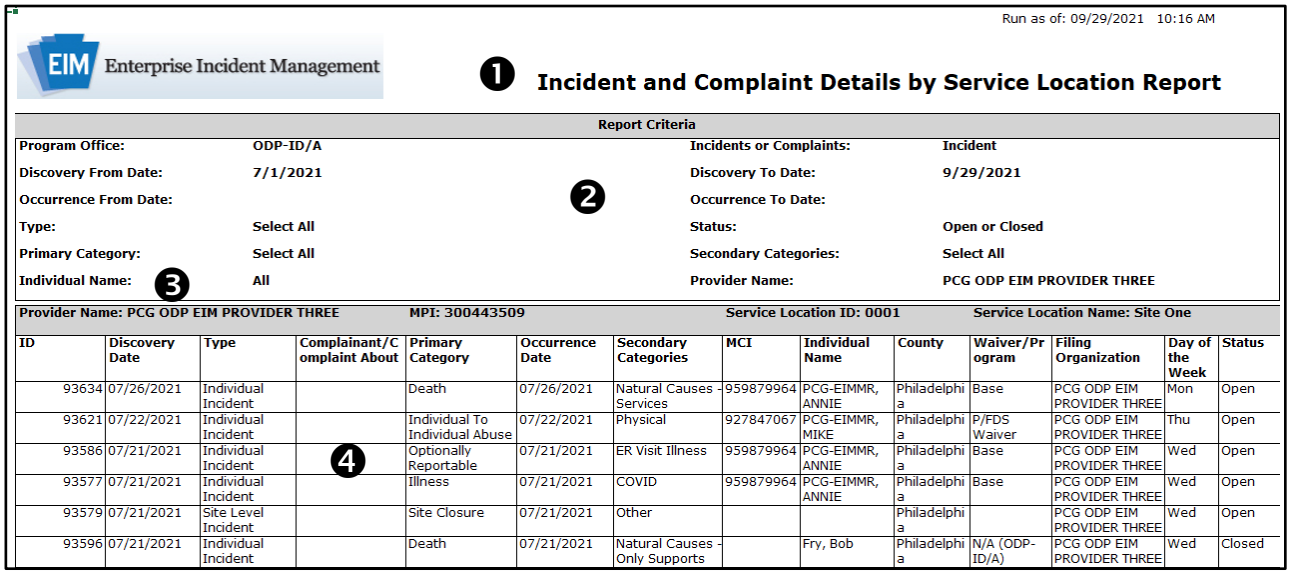
7. Enter a description of your report and its data in the *User Label* field. Text entered here helps you to identify the report in the list of reports presented in the Report Inbox (the Report Inbox is discussed later). Click one of the three option buttons that appear below the colored icons to choose the output format you want for the report: **PDF** (red), **Excel** (green) or **Word** (blue). You can also request this report to be processed offline by checking the *Request Report Offline* box.

8. Click the [Submit] button to process your report. It is at this time that EIM determines whether the report can run in real time or offline:

    - If the report runs in real time, you may see a Microsoft Windows® dialog box prompting you to open or save the report. Make this choice in accordance with your needs.
    - If the report must run overnight, you find the report in the Reports Inbox the day after you enter the report. See the heading, *Using the Reports Inbox*, in this resource guide for an explanation of the functioning of the Reports Inbox.

Understanding the Incident and Complaint Details by Service Location Report

Below is a sample Excel report output (with fictitious data) for the Incident and Complaint Details by ***Service Location*** report. Note the features indicated by the callouts and described in the numbered list under the screenshot.



Run as of: 09/29/2021 10:16 AM

EIM Enterprise Incident Management

❶ **Incident and Complaint Details by Service Location Report**

Report Criteria			
Program Office:	**ODP-ID/A**	**Incidents or Complaints:**	**Incident**
Discovery From Date:	**7/1/2021**	**Discovery To Date:**	**9/29/2021**
Occurrence From Date:		**Occurrence To Date:**	
Type:	**Select All**	**Status:**	**Open or Closed**
Primary Category:	**Select All**	**Secondary Categories:**	**Select All**
Individual Name:	**All**	**Provider Name:**	**PCG ODP EIM PROVIDER THREE**

❷ ❸

Provider Name: PCG ODP EIM PROVIDER THREE **MPI: 300443509** **Service Location ID: 0001** **Service Location Name: Site One**

❹

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
93634	07/26/2021	Individual Incident		Death	07/26/2021	Natural Causes - Services	959879964	PCG-EIMMR, ANNIE	Philadelphia	Base	PCG ODP EIM PROVIDER THREE	Mon	Open
93621	07/22/2021	Individual Incident		Individual To Individual Abuse	07/22/2021	Physical	927847067	PCG-EIMMR, MIKE	Philadelphia	P/FDS Waiver	PCG ODP EIM PROVIDER THREE	Thu	Open
93586	07/21/2021	Individual Incident		Optionally Reportable	07/21/2021	ER Visit Illness	959879964	PCG-EIMMR, ANNIE	Philadelphia	Base	PCG ODP EIM PROVIDER THREE	Wed	Open
93577	07/21/2021	Individual Incident		Illness	07/21/2021	COVID	959879964	PCG-EIMMR, ANNIE	Philadelphia	Base	PCG ODP EIM PROVIDER THREE	Wed	Open
93579	07/21/2021	Site Level Incident		Site Closure	07/21/2021	Other			Philadelphia		PCG ODP EIM PROVIDER THREE	Wed	Open
93596	07/21/2021	Individual Incident		Death	07/21/2021	Natural Causes - Only Supports		Fry, Bob	Philadelphia	N/A (ODP-ID/A)	PCG ODP EIM PROVIDER THREE	Wed	Closed

1. The report name is clearly identified at its top.

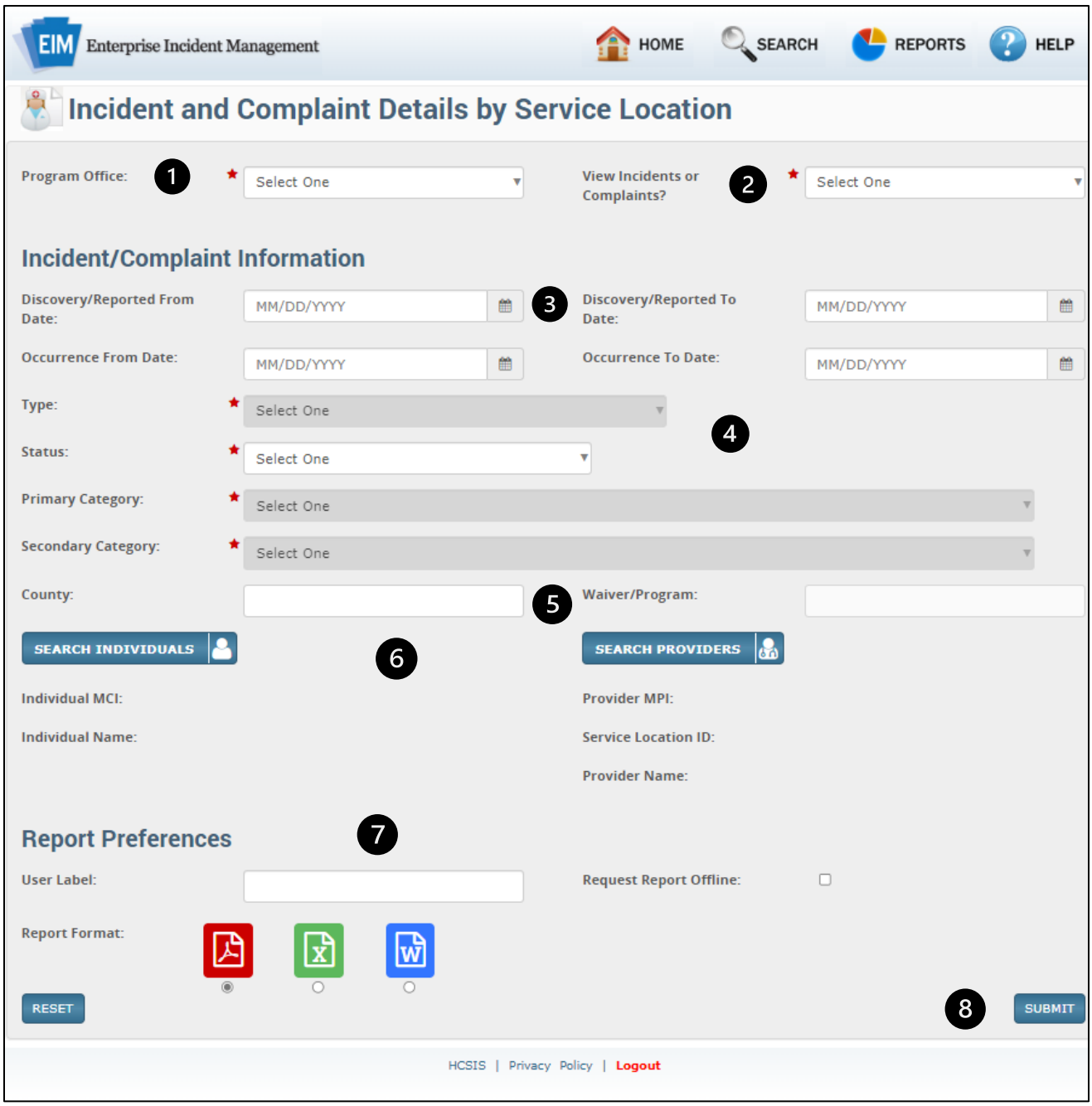
2. This header information identifies the date range of discovery or occurrence dates within which the report data was pulled; any specific categories or statuses selected also appear here.

3. This narrow header identifies the provider by name, MPI, service location ID and service location name.

4. This area of the report contains the data provided on the selected service location. These headings are fixed, and the data that this report provides always reflects these headings. The selections cannot be edited to provide different data. In addition, these headings and data are the only area of the report output that is in a flat-file format that can be readily exported to other applications. The header information above this area of the report is in merged cells, which are not conducive to use for further data handing.

Incident and Complaint Details by Service Location Report Request Page

Illustrated below is the Reports Request page. Note the features indicated by the callouts and described in the numbered list on this page and the next.



1. Select **Program Office** from this drop-down box if the selection does not already appear. Be sure always to start your setup selections at the top-left corner of the page and work your way down the page in strict order – left to right, and then down, left to right, and then down, etc. Some fields and drop-down boxes on these setup pages do not become active until selections are made in "upstream" fields, so making your selections in this

order is important in activating all the necessary fields. Mandatory fields are labeled with red stars.

2. Select incidents.

3. Select the discovery date range and/or the occurrence date range you want to apply to the data returned in the report. The date ranges you select can affect whether your reports run in real time or overnight. See the section Using the Reports Inbox in this guide for information about overnight reports. If your report request includes several parameters, especially multiple Select All selections, your requests may crash during processing.

4. Select the incident/complaint type and incident/complaint status, and also select the primary and secondary categories that you want to use to filter the report data. Notice that you must make selections in these mandatory drop-down box fields.

5. Select one or more counties and/or one or more waivers/programs in the *County* or *Waiver/Program* drop-down boxes if you want. These selections are optional. If you do not choose counties or waivers/programs, EIM runs the reports as if ALL counties and waivers/programs have been selected. These two fields are the only fields in the setup screen that function in this way.

6. Click the [Search Individuals] and/or [Search Providers] buttons to narrow the report's data to a specific individual or provider. Clicking these buttons opens self-explanatory *Search* windows like those used elsewhere in EIM, where you can identify the individual or provider needed.

7. Enter a description of your report and its data in the *User Label* field. Text entered here helps you to identify the report in the list of reports presented in the Report Inbox (the Report Inbox is explained later). Click one of the three option buttons that appear below the colored icons to choose the output format you want for the report: **PDF** (red), **Excel** (green) or **Word** (blue). You can also request this report to be processed offline by checking the *Request Report Offline* box.

8. Click the [Submit] button to process your report. It is at this time that EIM determines whether the report can run in real time or offline:

    - If the report runs in real time, you may see a Microsoft Windows dialog box prompting you to open or save the report. Make this choice in accordance with your needs.
    - If the report must run overnight, you find the report in the Reports Inbox the day after you enter the report. See the heading, *Using the Reports Inbox*, in this resource guide for an explanation of the functioning of the Reports Inbox.

Understanding the Incident and Complaint Custom Report

The Incident and Complaint Custom report is the most flexible of the EIM reports and has the greatest capacity to present detailed information. This report lets you choose to include specific data taken from any of the fields appearing on any page in any documents in EIM. You configure the report to display this data by selecting *subject areas* in the report setup window.

Illustrated below are several detail sections of one, single sample Excel report (with fictitious data) for the Incident and Complaint Custom report. In each illustrated sample, note the features indicated by the callouts and described in the numbered list under the screenshot. Keep in mind that in an actual, true report, all the different report areas depicted below are joined in one single, wide spreadsheet.

ID ❶	Program Office	Version	Status	Incident/Complaint	Type	Primary Category (Name and Date)	Occurrence Date	Secondary Categories (Name and Date)	Discovery Date	MCI
93482	ODP-ID/A	10	Open	Incident	Site Level Incident	Fire			07/14/2021	
❷ 93536	ODP-ID/A	10	Open	Incident	Individual Incident	Illness	07/16/2021	COVID	07/16/2021	927847067

1. The initial fields (columns) you see in the report and shown above always appear at the beginning of every custom report. These fields are standard on every custom report.
2. The incidents that appear in the report appear in ascending order. That is, they are sorted to have the oldest incident or complaint at the beginning (top) of the report and the most recent incident at the end (bottom) of the report.

Subject Area:	Additional Information and Optional Categorization ❶						
Document:	Incident Final Section						
Page:	Additional Information and Optional Categorization						
Incident Point Person ❷	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:	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:	Was the individual educated on the circumstances around the incident?	Were the individuals educated on the circumstances around the incident?	Please explain:	Please explain:	Were services/supports offered to the individual?
Three, Provider		❸					
PointPersonThree, PCG	tets		Yes		test		Yes

1. When you choose subject areas in order to have detailed field data appear in your report, these three headings – Subject Area, Document and Page – appear after the "standard" information. These headings describe how the report data is organized: first by subject area, then by EIM document, and then by page in the document.
2. This row of headings consists of the questions and fields on the page named in the row just above it – in the case illustrated here, the *Additional Information and Optional Categorization* page.
3. Data appears in the report when the incident has data corresponding to the field or question. If there is no data in an EIM field, the corresponding cell in the report is blank.

Individual Demographics						
Incident First Section						
Individual Information						
MCI:	SSN:	BSU:	Individual Name:	Case Management System:	Gender:	Date of Birth:
					Not Found	
927847067	2100	5477067005	PCG-EIMMR, MIKE	HCSIS	Male	01-JAN-90
938849018	5152	7508651835	PCG-EIMMR, ALLY	HCSIS	Female	01-JAN-90

1. At this point of this sample report, we go from the *Additional Information and Optional Categorization* subject area information to the *Individual Demographics* subject area information. This is shown in the top row of the report. The data appearing here is from the Individual Information page, which is part of the incident first section in EIM.

Investigation Result						
Incident Final Section						
Internal Investigation Summary						
Were referrals made to other agencies?	If so, what agency were they referred to:	Was the participant notified within 24 hours that a critical incident report has been filed?	Was participant notified of the resolution and measures implemented to prevent recurrence?	If so, who notified the individual (name, title and agency)?	Are further investigative actions required?	If so, please describe what additional actions are required:
Yes	Older Adult Protective Services (OAPS), Adult Protective Services (APS), Area Agency on Aging (AAA)	Yes	No		No	
Yes	Fire Department, Law Enforcement, MCO	Yes	No		Yes	test

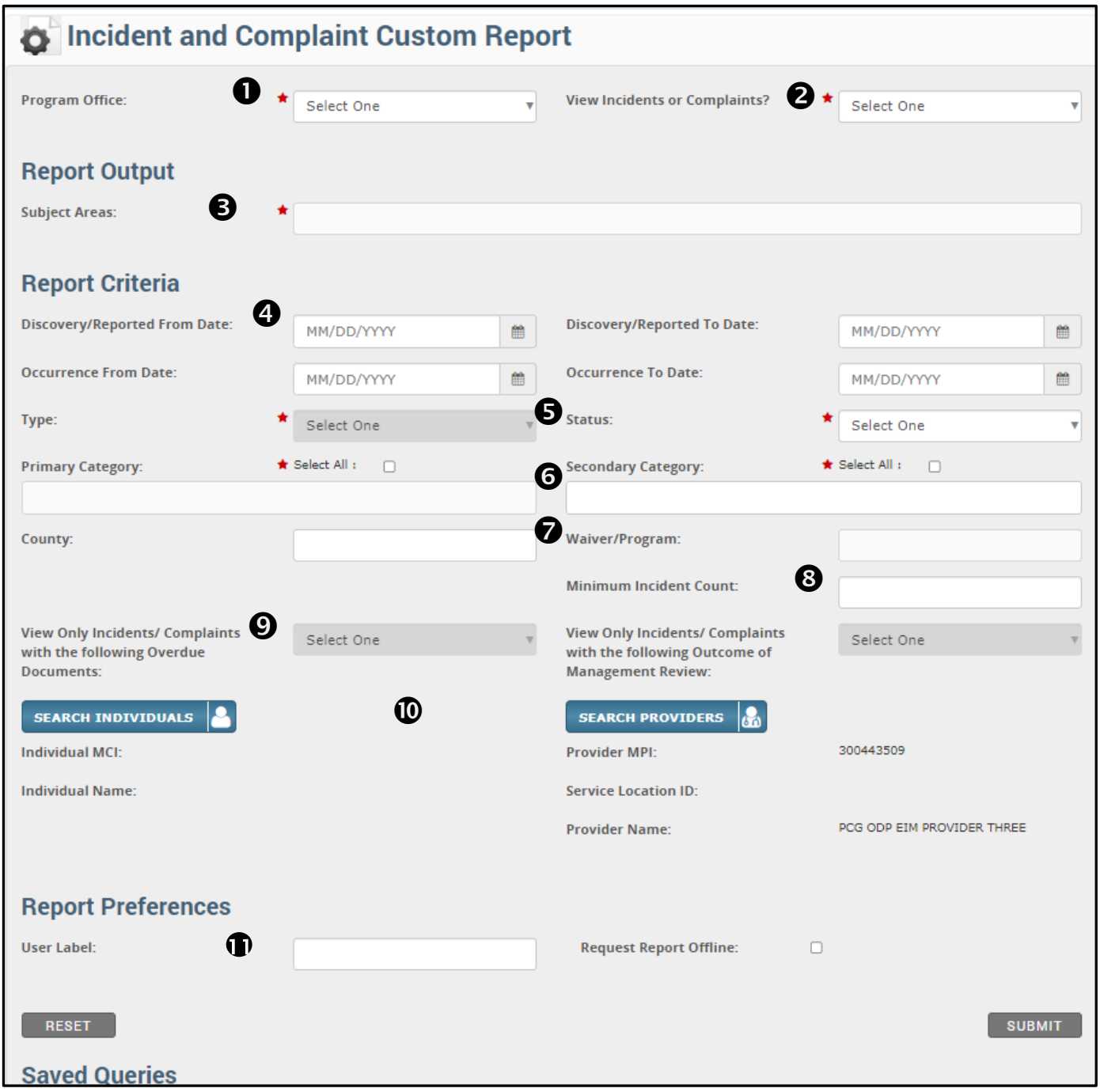
1. At this point of this sample report, we go from the *Individual Demographics* subject area information to the *Investigation Result* subject area information, as shown in the top row of the report. The data appearing here is from the *Internal Investigation Summary* page, which is part of the *Incident Final Section* in EIM.

Provider Investigation Summary						
Were referrals made to other agencies?	If so, what agency were they referred to:	Was the participant notified within 24 hours that a critical incident report has been filed?	Was participant notified of the resolution and measures implemented to prevent recurrence?	If so, who notified the individual (name, title and agency)?	Are further investigative actions required?	If so, please describe what additional actions are required:

1. The illustration above shows the transition from one page in EIM to the next while staying within the same subject area information in the same document. This is why the top two rows of the report are blank: there is no change in document or subject area.

Incident and Complaint Custom Report Request Page

Illustrated below is the Reports Request page. Note the features indicated by the callouts and described in the numbered list on this page and the next.



1. Select **Program Office** from this drop-down box if the selection does not already appear. Start your setup selections at the top-left corner of the page and work your way down the

page in strict order – left to right, and then down, left to right, and then down, etc. Some fields and drop-down boxes on these setup pages do not become active until selections are made in "upstream" fields, so making your selections in this order is important in activating all the necessary fields. Mandatory fields are labeled with red stars.

2. Select Incident.

3. Click the *Subject Areas* field to open the drop-down box where you can select one or more subject areas. Including subject areas in your setup pulls specific data from fields in various EIM documents and adds this data to your reports. See the section *Understanding Subject Areas in the Incident and Complaint Custom Report* in these instructions for more information on the subject areas. Three subject area selections appear in the illustration of the sample setup page in the illustration.

4. Select the discovery date range and/or the occurrence date range you want to apply to the data returned in the report.

   The date ranges you select can affect whether your reports run in real time or overnight. See the section Using the Reports Inbox in this guide for information about overnight reports. If your report request includes several parameters, especially multiple Select All selections, your requests may crash during processing.

5. Select the incident type and incident status. Notice that you must make selections in these mandatory fields.

6. Click the *Primary Category* field to open the drop-down box where you can select one or more primary categories. If you want to include all primary categories in your report filters, click the *Select All* check box. Click the *Secondary Category* field to open its drop-down box where you can select one or more secondary categories. If you want to include all secondary categories in your report filters, click the *Select All* check box to check it.

7. Select one or more counties and/or one or more waivers/programs in the *County* or *Waiver/Program* drop-down boxes, if you want. These selections are optional. If you do not choose counties or waivers/programs, EIM runs the reports as if ALL counties and waivers/programs have been selected. These two fields are the only fields in the setup screen that function in this way.

8. Enter, if you need, a minimum number of incidents to include in this report for a given individual/service location when all other report parameters are also satisfied. This feature lets you set a threshold number of incidents that should be met for reporting purposes.

9. Make a selection in either or both of the *View Only Incidents/Complaints* drop-down boxes to create a report that pinpoints incidents that have an overdue document or approved/unapproved management reviews. You can select only one overdue document or only one outcome. Do not make selections in both drop-down boxes.

10. Click the [Search Individuals] and/or [Search Providers] buttons to narrow the report's data to a specific individual or provider. Clicking these buttons opens self-explanatory *Search* windows, where you can identify the individual or provider needed.

11. Enter a description of your report and its data in the *User Label* field. Text entered here helps you to identify the report in the list of reports presented in the Report Inbox (the Report Inbox is explained later). You can also request this report to be processed offline by checking the Request Report Offline box.

Click the [Submit] button to process your report. It is at this time that EIM determines whether the report can run in real time or offline:

- If the report runs in real time, you may see a Microsoft Windows dialog box prompting you to open or save the report. Make this choice in accordance with your needs.
- If the report must run overnight, you find the report in the Reports Inbox the day after you enter the report. See the section *Using the Reports Inbox* in this guide for information about overnight reports.

Understanding the Incident Target Report

The Incident Target Report allows users to identify targets listed within a particular incident. Targets are identified on the *Target Information* screen.

Illustrated below are several detail sections of one, single sample Excel report (with fictitious data) for the *Incident Target Report*. In each illustrated sample, note the features indicated by the callouts and described in the numbered list under the screenshot. Keep in mind that in an actual, true report, all the different report areas depicted below are joined in one single, wide spreadsheet.

Target Identifier ❶	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
Aaron R	Organization		Driving prohibited		938849018	PCG-EIMMR	ALLY
AASS1234 ❷	Provider Staff Member				570370004	PCG	PD
Ally M	Friend		Enhanced supervision (only for individuals receiving services)		189585432	PCG	TESTAK
Austin	Friend		Medication administration prohibited		189585432	PCG	TESTAK

1. The initial fields (columns) you see in the report and shown above appear at the beginning of every report. The header identifies various details regarding the target.
2. The Target Identifiers appear in the report in alpha order.

Waiver/Program	Needs Level	Needs Group	County	Funding County/Joinder	Incident ID	Status	Incident Type
Base			Philadelphia	PHILADELPHIA	94179	Closed	Individual Incident
Community Living Waiver			Philadelphia	PHILADELPHIA	94134	Open	Individual Incident
Base	❸		Delaware	DELAWARE	93749	Open	Individual Incident
Base	⬆		Delaware	DELAWARE	93749	Open	Individual Incident

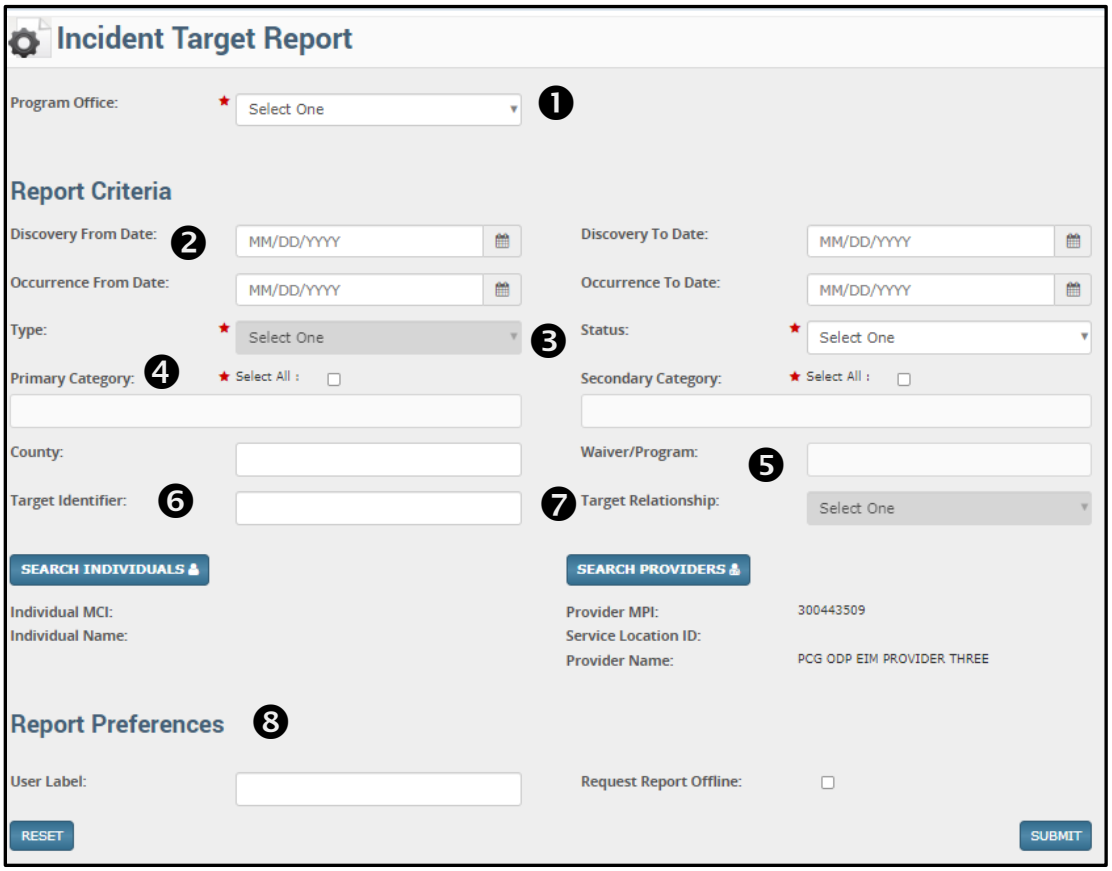
3. Data appears in the report when the incident has data corresponding to the field or question. If there is no data in an EIM field, the corresponding cell in the report is blank.

⬇

Incident Type	Primary Category ❸	Occurrence Date	Secondary Category	Discovery Date	Outcome of Provider Investigation	MPI	Service Location ID	Provider Name
Individual Incident	Death	08/11/2021	Unexpected - Only Supports Provided	08/11/2021		300443509	0002	PCG ODP EIM PROVIDER THREE
Individual Incident	Serious Illness	08/07/2021	New	08/07/2021		300443509	0002	PCG ODP EIM PROVIDER THREE
Individual Incident	Death	07/29/2021	Natural Causes - Only Supports Provided	07/29/2021		300443509	0005	PCG ODP EIM PROVIDER THREE
Individual Incident	Death	07/29/2021	Natural Causes - Only Supports Provided	07/29/2021		300443509	0005	PCG ODP EIM PROVIDER THREE

Incident Target Report Request Page

Illustrated below is the Reports Request page. Note the features indicated by the callouts and described in the numbered list on this page and the next.



1 Select **Program Office** from this drop-down box if the selection does not already appear. Be sure always to start your setup selections at the top-left corner of the page and work your way down the page in strict order – left to right, and then down, left to right, and then down, etc. Some fields and drop-down boxes on these setup pages do not become active until selections are made in "upstream" fields, so making your selections in this order is important in activating all the necessary fields. Mandatory fields are labeled with red stars.

2 Select the discovery date range and/or the occurrence date range you want to apply to the data returned in the report. The date ranges you select can affect whether your reports run in real time or overnight. See the section Using the Reports Inbox in this guide for information about overnight reports. If your report request includes several parameters, especially multiple Select All selections, your requests may crash during processing.

3 Select the incident type and incident status. Notice that you must make selections in these mandatory fields.

4 Click the Primary Category field to open the drop-down box where you can select one or more primary categories. If you want to include all primary categories in your report filters, click the Select All check box. Click the Secondary Category field to open its drop-down box where you can select one or more secondary categories. If you want to include all secondary categories in your report filters, click the Select All check box to check it.

5 Select one or more counties and/or one or more waivers/programs in the County or Waiver/Program drop-down boxes if you want. These selections are optional. If you do not choose counties or waivers/programs, EIM runs the reports as if ALL counties and waivers/programs have been selected. These two fields are the only fields in the setup screen that function in this way

6 Enter a specific target identifier to create the report for a specific individual target or leave blank to include all targets for the requested report criteria.

7 Select a target relationship from the drop-down list or leave blank to include all target relationships for the requested report criteria.

8 Enter a description of your report and its data in the User Label field. Text entered here helps you to identify the report in the list of reports presented in the Report Inbox (the Report Inbox is explained later). You can also request this report to be processed offline by checking the Request Report Offline box.

Click the [Submit] button to process your report. It is at this time that EIM determines whether the report can run in real time or offline:

- If the report runs in real time, you may see a Microsoft Windows dialog box prompting you to open or save the report. Make this choice in accordance with your needs.
- If the report must run overnight, you find the report in the Reports Inbox the day after you enter the report. See the section Using the Reports Inbox in this guide for information about overnight reports.

Understanding the Incident Management Review Report

Below is a portion of a sample Excel report output for the Incident Management Review report. This report provides management-review information sorted by incident IDs. Due to the width of this report, its illustration below has been broken up. The first illustration shows the left side of the report, the illustration below it the next section to the right in the report and so on to where the bottom illustration shows the far-right side.

Incident Details								
Incident ID ❶	Incident Status	Document Requiring Attention	MCI ❷	Last Name	First Name	Waiver/Program	Needs Level	Needs Group ❸
68088	Open	First Section	400770872	PCG	BD	Other		
68107	Open	First Section	720370563	PCG	DD	Other		
69708	Open	First Section	400770872	PCG	BD	Other		
69710	Open	First Section	430517967	PCG	ED	Other		

County	AE	Region	MPI	Service Location ID	Provider Name	Service Location Provider Type	Service Location Specialty	Service Location Name	Point Person ❹
Philadelphia	PHILADELPHIA	Southeast	300443509	0007	PCG ODP EIM PROVIDER THREE	52. Community Residential Rehabilitation	521. Adult Residential - 6400	Philadelphia Site One	AdminReviewer, PCG
Philadelphia	PHILADELPHIA	Southeast	300443509	0007	PCG ODP EIM PROVIDER THREE	52. Community Residential Rehabilitation	521. Adult Residential - 6400	Philadelphia Site One	AdminReviewer, PCG

**Note: The Service Location Specialty will only be present for ODP-ID/A Providers.

First Section									
Status	Primary Category	Secondary Category	Discovery Date	Discovery Time	Occurrence Date	Submitted Date	Submitted Time	Time Elapsed (Hours)	Was the First Section submitted on time? ❺
In Progress									
In Progress									
In Progress									
In Progress									

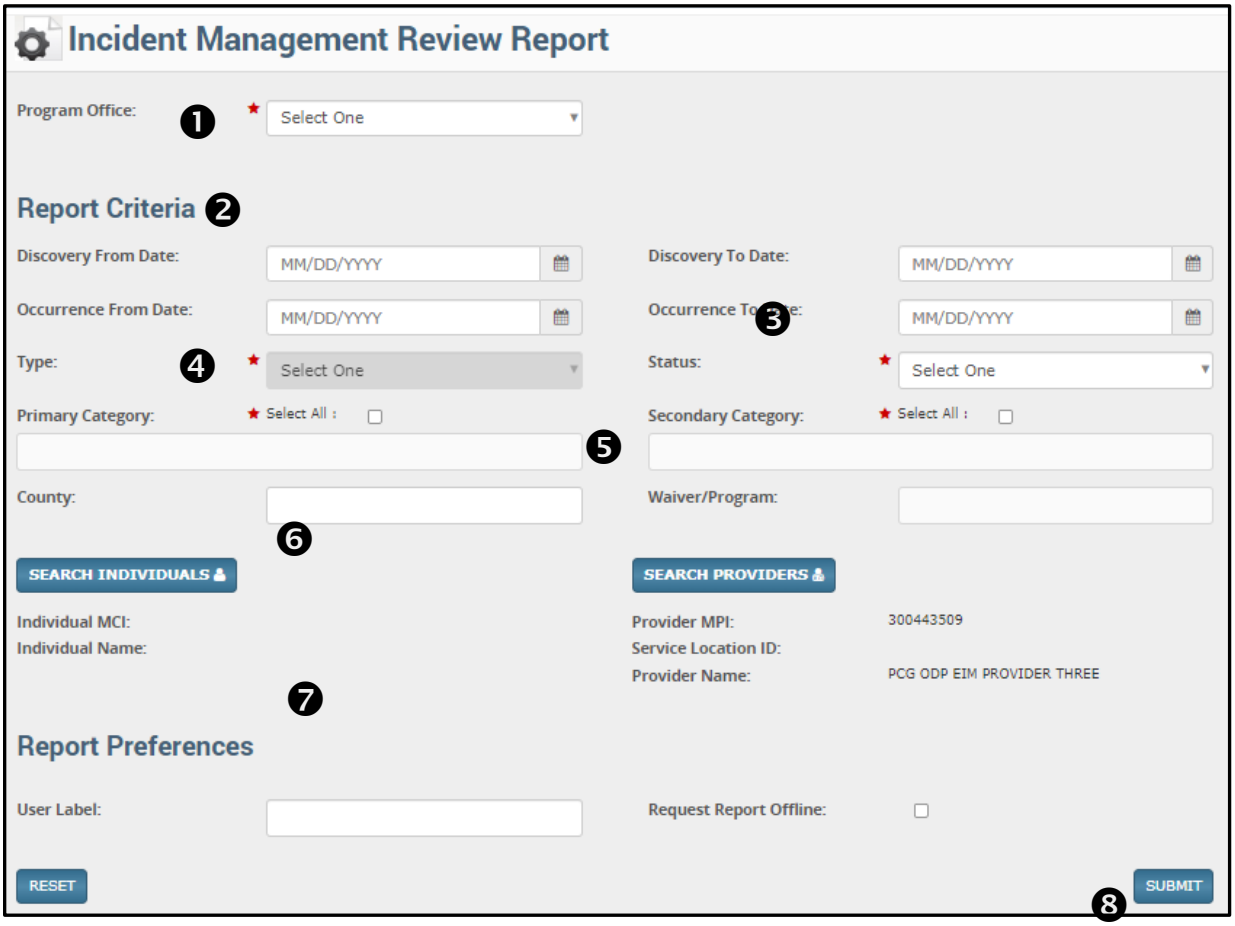
Final Section									
Status	Submitted Date	Submitted Time	Due Date	Time Elapsed (Days)	Was the Final Section submitted on time?	If late, how many days late?	Did the initiating organization file an extension?	If so, what reason did the initiating organization provide for the extension?	How many extensions were filed by the initiating organization? ❻
							No		0
							No		0

Did the initiating organization file an extension?	If so, what reason did the initiating organization provide for the extension?	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		0	No		0			

1. The first column displays the ID of each incident whose management-review information appears.
2. The column headings across the top of the report are the same from report to report. The data in this report is provided in Excel in a true “flat file” format that can be exported to other applications. The report appears only as an Excel file.
3. In a true, finished report, the column to the right of this one is County for the Incident Details shown on the far-left side of the next illustration.
4. In a true, finished report, the column to the right of this one is Status for the First Section shown on the far-left side of the next illustration.
5. In a true, finished report, the column to the right of this one is Status for the Final Section shown on the far-left side of the next illustration.
6. In a true, finished report, the column to the right of this one is Did the initiating organization file an extension? for the continuation of the Final Section shown on the far-left side of the next illustration.

Incident Management Review Report Request Page

Illustrated below is the Reports Request page. Note the features indicated by the callouts and described in the numbered list on this page and the next.



1. Select **Program Office** from this drop-down box if it does not already appear. Be sure always to start your setup selections at the top-left corner of the page and work your way down the page in strict order – left to right, and then down, left to right, and then down, etc.

2. Select the discovery date range and/or the occurrence date range you want to apply to the data returned in the report. The date ranges you select can affect whether your reports run in real time or overnight. See the section *Using the Reports Inbox* in this guide for information about overnight reports. If your report request includes several parameters, especially multiple **Select All** selections, your requests may crash during processing.

3. Select the incident/complaint type and incident/complaint status. Notice that you must make selections in these mandatory fields.

4. Click the *Primary Category* field to open the drop-down box where you can select one or more primary categories. If you want to include all primary categories in your report filters, click the *Select All* check box. Click the *Secondary Category* field to open its drop-

down box where you can select one or more secondary categories. To include all secondary categories in your report filters, click the *Select All* check box to check it.

5. Select one or more counties and/or one or more waivers/programs in the *County* or *Waiver/Program* drop-down boxes if you want. These selections are optional. If you do not choose counties or waivers/programs, EIM runs the reports as if ALL counties and waivers/programs have been selected. These two fields are the only fields in the setup screen that function in this way.
6. Click the [Search Individuals] and/or [Search Providers] buttons to narrow the report's data to a specific individual or provider. Clicking these buttons opens self-explanatory pop-up *Search* windows, where you can select the individual or provider needed.
7. Enter a description of your report and its data in the *User Label* field. Text entered here helps you to identify the report in the list of reports presented in the Report Inbox (the Report Inbox is explained later). You can also request this report to be processed offline by checking the Request Report Offline box. You cannot choose the output format you want for the report. The report is an Excel file only.
8. Click the [Submit] button to process your report. It is at this time that EIM determines whether the report can run in real time or offline:
    - If the report runs in real time, you may see a Microsoft Windows dialog box prompting you to open or save the report. Make this choice in accordance with your needs.
    - If the report must run overnight, you find the report in the Reports Inbox the day after you enter the report. See the section Using the Reports Inbox in this guide for information about overnight reports.

Understanding the Incident Corrective Actions Report

Below is a sample Excel report output (with fictitious data) for the Incident Corrective Actions Report. This report provides details on corrective and preventative actions sorted by incident IDs. Due to the width of this report, its illustration below has been broken up. The first illustration shows the left side of the report, the illustration below it the next section to the right in the report and so on to where the bottom illustration shows the far-right side. Note the features indicated by the callouts and described in the numbered list that begins below the illustrations.

Incident ID	Incident Status	MCI	Last Name	First Name	Waiver/Program	SC Entity	MCO	County
85124	Open	117841199	MCDOWELL-PCG	LISA	CHC-HCBS		PA Health and Wellness	Allegheny
85136	Open	189585909	PCG	BRYCE	Attendant Care Waiver	ALLEGHENY DISABILITY SERVICES		Dauphin
85137	Open	117841199	MCDOWELL-PCG	LISA	CHC-HCBS		PA Health and Wellness	Allegheny

1. The first column displays the ID of each incident whose corrective action information appears.
2. The column headings across the top of the report are the same from report to report, but columns appear only if they have data in them. The data in this report is provided only in Excel in a “flat file” format that can be exported to other applications.

MPI	Service Location I	Provider Name	Service Location Nam	Point Person	Primary Category	Secondary Category	Unexplained Death	Discovery Date
300387947	0001	OLTL FMS SERVICE VENDOR	FMS Service Vendor	REDCHC, MCO	Death	Suicide		05/22/2019
300433880	0002	OLTL FM TOOL FIFTY ONE	Philadelphia	SUPER, EIM	Death	Natural Causes		05/22/2019
300429312	0001	OLTL FM TOOL EIGHTEEN	SITE ONE	REDCHC, MCO	Death	Physical Abuse		05/23/2019

3. In a finished report, the column to the right of this one is MPI for the First Section shown

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)
5	4		Additional	Other	This is A Test	9/27/2021	John	Smith
5	4		Preventative	Introduced/Added new support	Test	9/27/2021	FirstName	LastName
5	4		Additional	Other	This is A Test	9/27/2021	John	Smith

on the far-left side of the next illustration. The rest of the report is illustrated in this way.

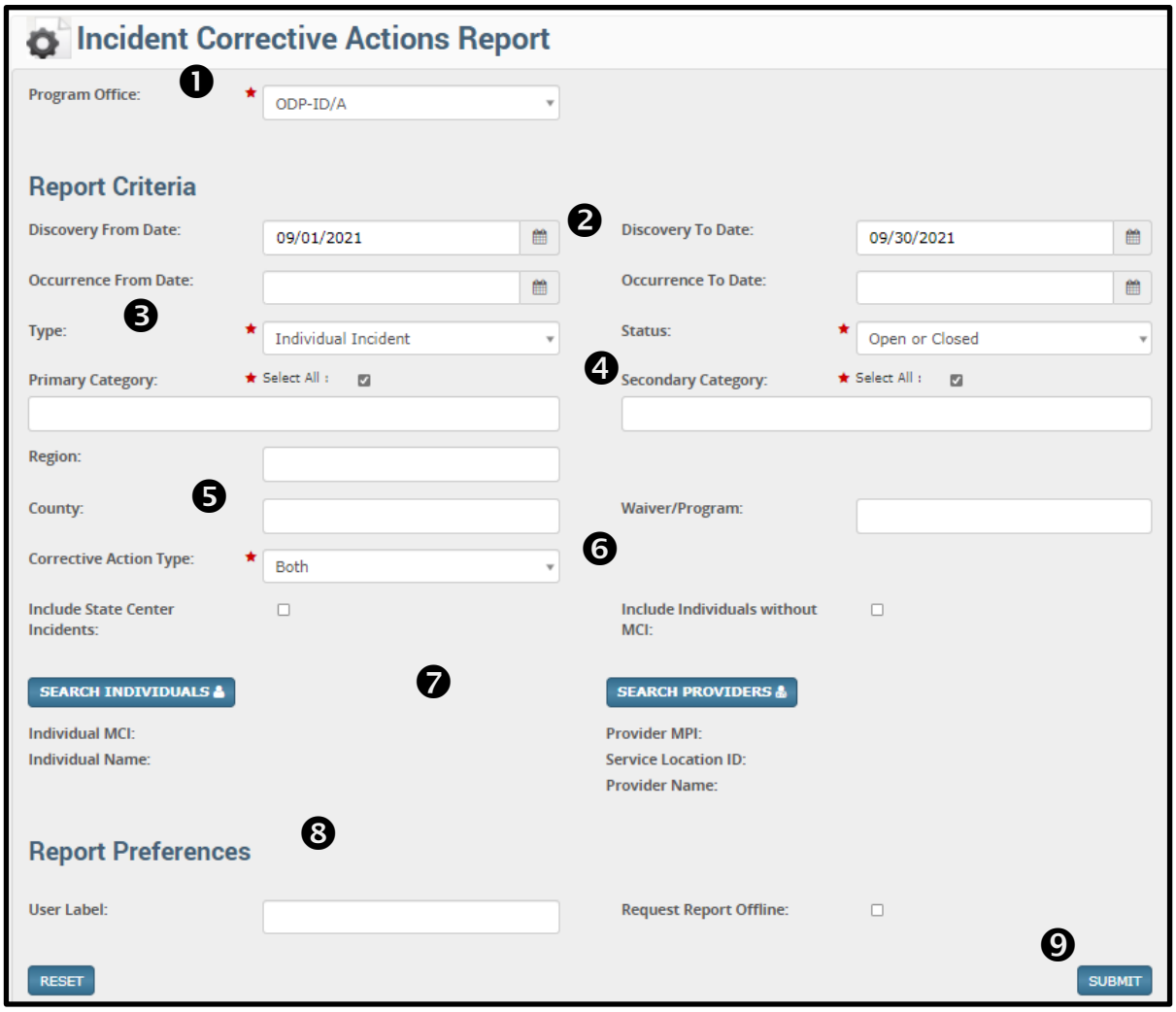
4. In a finished report the columns to the right of the Discovery Date will provide the Needs Level and Needs Group information.

5. The report has columns to display the details relating to type of corrective action and the description of the action taken.

6. Names of the person or entity responsible for ensuring that the actions are taken and recorded appear in the last columns of the report.

Incident Corrective Actions Report Request Page

Illustrated below is the Reports Request page. Note the features indicated by the callouts and described in the numbered list on this page and the next.



1. Select **Program Office** from this drop-down box, if it does not already appear. Be sure always to start your setup selections at the top-left corner of the page and work your way down the page in strict order – left to right, and then down, left to right, and then down, etc.

2. Select the discovery date range and/or the occurrence date range you want to apply to the data returned in the report. The date ranges you select can affect whether your reports run in real time or overnight. See the section “Using the Reports Inbox” of these instructions for details. If your report request includes several parameters, especially multiple Select All selections, your requests may crash during processing.

3. Select the incident type and incident status. Notice that you must make selections in these mandatory fields.

4. Click the *Primary Category* field to open the drop-down box where you can select one or more primary categories. If you want to include all primary categories in your report filters, click the *Select All* check box. Click the *Secondary Category* field to open its drop-down box where you can select one or more secondary categories. If you want to include all secondary categories in your report filters, click the *Select All* check box to check it.

5. Select one or more counties and/or one or more waivers/programs in the *County* or *Waiver/Program* drop-down boxes if you want. These selections are optional. If you do not choose counties or waivers/programs, EIM runs the reports as if **ALL** counties and waivers/programs have been selected.

6. Select the type of corrective action, **Preventative**, **Additional** or **Both**, to report on.

7. Click the [Search Individuals] and/or [Search Providers] buttons to narrow the report’s data to a specific individual or provider. Clicking these buttons opens self-explanatory pop-up *Search* windows, where you can select the individual or provider needed.

8. Enter a description of your report and its data in the *User Label* field. Text entered here helps you to identify the report in the list of reports presented in the Inbox (the Inbox is explained later). You can also request this report to be processed offline by checking the Request Report Offline box. You cannot choose the output format you want for the report. The report is an Excel file only.

9. Click the Submit button to process your report. It is at this time that EIM determines whether the report can run in real time or offline:

    - If the report runs in real time, you may see a Microsoft Windows dialog box prompting you to open or save the report. Make this choice in accordance with your needs.
    - If the report must run overnight, you find the report in the Reports Inbox the day after you enter the report. See the section Using the Reports Inbox in this guide for information about overnight reports.

Understanding the Medication Error Report

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)	MCI	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 to give 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	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?	

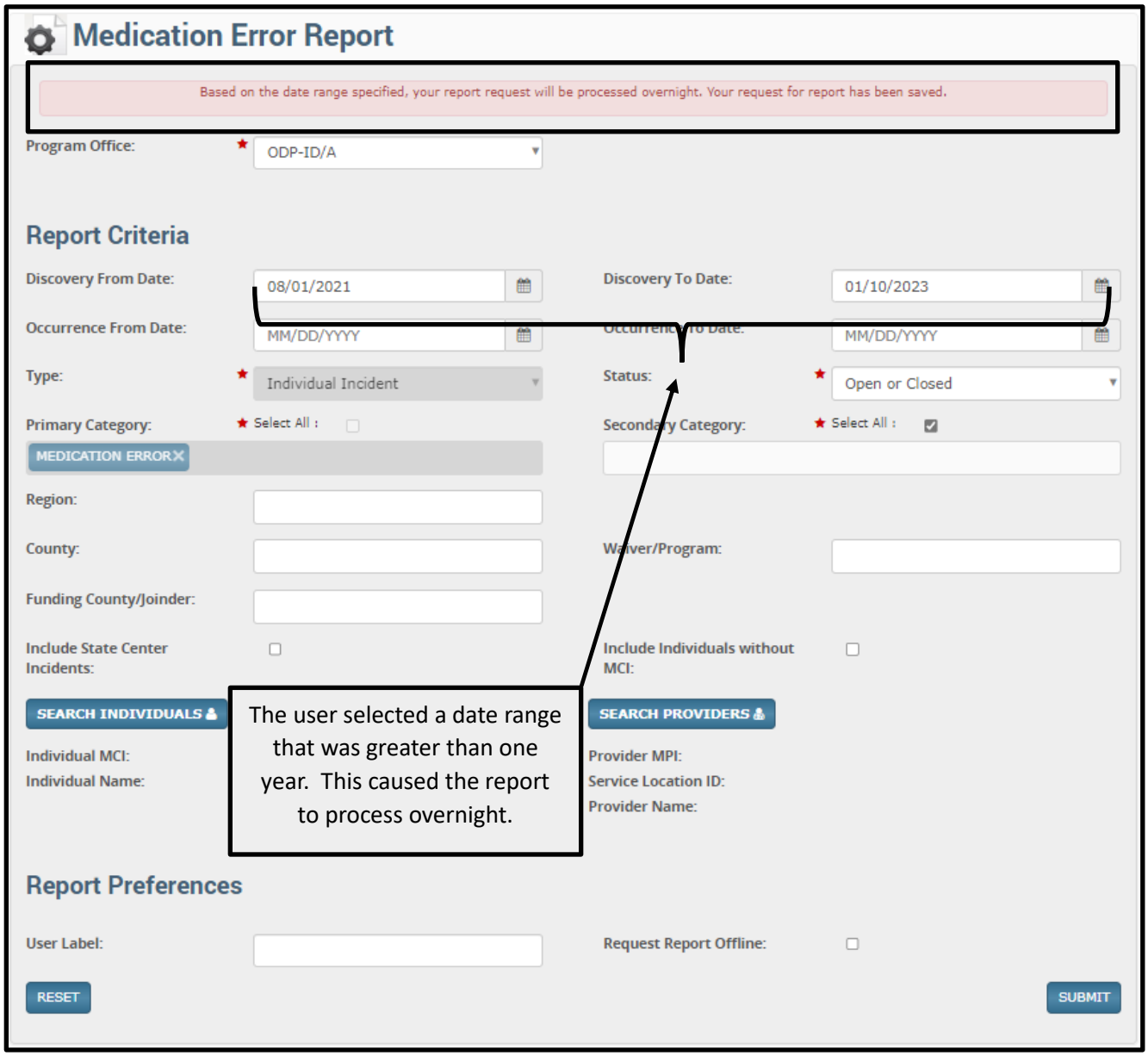
Tip

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|Accolate|Zyvox|Abilify|Neurocil	Contacted Program Supervisor/Specialist|Hospitalization|No action taken at the time of discovery

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.
- User checks the Request Report Offline box.



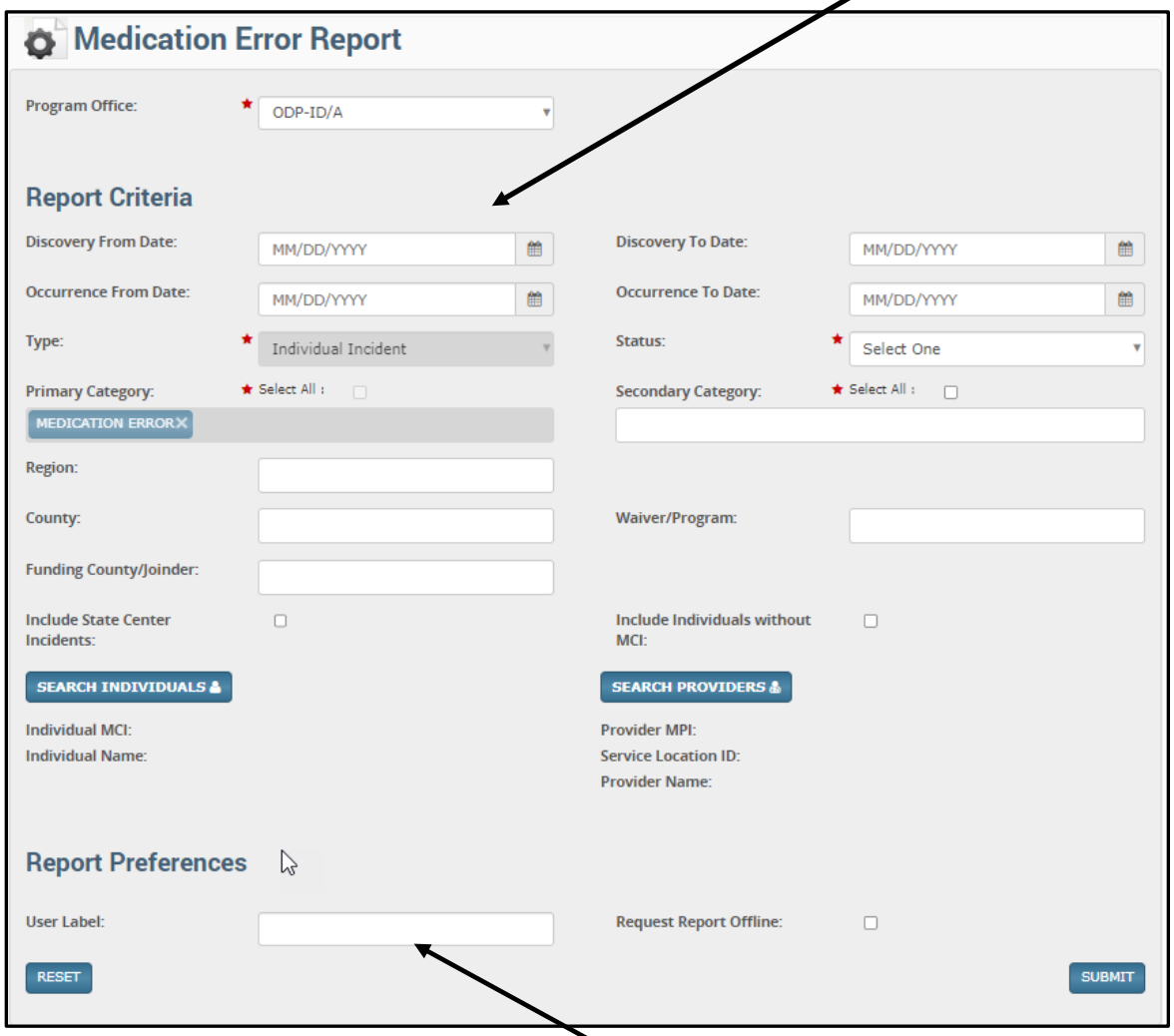
Medication Error Report Request Page

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/Joinder
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.

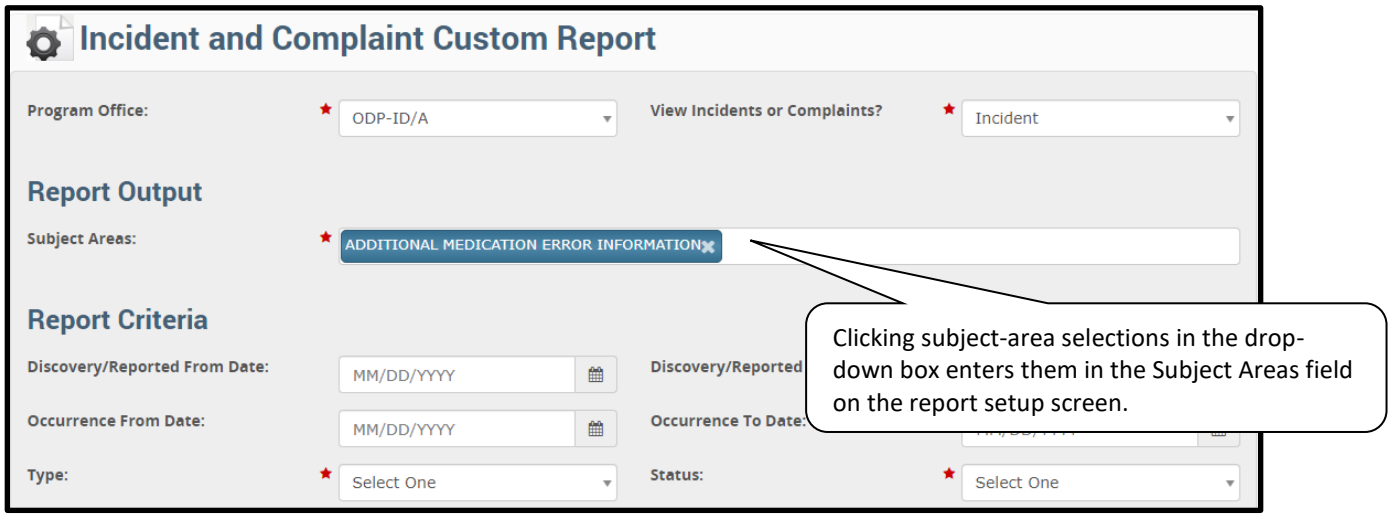


Prior to clicking submit, users can label the report. This can help users find the report later in their report inbox, if the report needs to be processed overnight.

Understanding Subject Areas in the Incident and Complaint Custom Report

The Incident and Complaint Custom report is the most flexible of the EIM reports and has the greatest capacity to present detailed information for a specific reason. By including **subject areas** in your report setup, you can choose to pull specific data into your reports. This specific, detailed data can come from any field appearing on any page in any document in EIM.

Click the Subject Areas field to open the drop-down box where you can select one or more subject areas. Including subject areas in your setup allows specific data from fields in various EIM documents to appear in your reports. The illustration below shows the selection of subject areas in a sample custom report setup screen. There is not a system limit to the number of subject areas you can select.



The next section of this reference guide covers all the subject areas available for incidents in EIM.

Both sections present charts listing the subject areas available for reporting to users in their respective program offices.

Determining Subject Areas to Include in Custom Reports

Use the charts appearing below as instructed to determine which subject areas you must select to get the level of detail you need in your report. One chart covers incidents, and the other covers complaints.

1. Start in the Document column and find the document(s) out of OLTL's five EIM documents for incidents – First Section, Initial MCO Management Review, Final Section, Management Review and Review Investigation – or the three EIM documents for complaints – Complaint Report, Complaint Management Review or Complaint Investigation – that contain(s) the data you need. The documents are listed in the EIM process order in the charts.

2. Find the page(s) in the document(s) where the data is displayed. Use the entries in the Question column along with the entries in the Page column to find what you need faster. The pages are listed in process order – following the task flow in EIM – in the charts to help you find them faster.
3. Identify which questions in the Question column describe the data you need in your report.
4. Look in the Subject Area column and note which subject areas you need to include in your report setup in order to see the data you want in your report.

Incident Subject Areas

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
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
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
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
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
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
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
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
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Additional Medication Error Information	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?	Additional Medication Error Information
Additional Medication Error Information	Number of medications this individual 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 individual) 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
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
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
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)

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
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)
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)
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)

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
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
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
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
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
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
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
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
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
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
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
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
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
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
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
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	Investigation Details
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Investigation Information	Please explain why the scene was not visited (If no 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
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
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
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
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
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
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
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
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 identified issue of passive or self-neglect?	Passive and Self-Neglect Information
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Physical Evidence	Please add any additional information not captured above	Investigation Details
Preventative Corrective Action	Completed Date	Corrective Action Description
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)

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Provider Information	Immediate Contact (First Name)	Provider Contact (Initial)
Provider Information	Immediate Contact (Last Name)	Provider Contact (Initial)
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)

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Restraint Information	Antecedent	Restraint Information
Restraint Information	Authorizing Staff (First Name)	Restraint Information
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Restraint Information	Time Out	Restraint Information
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Self-Neglect Information	Have there been previous incident reports related to the current identified issue of self-neglect?	Passive and Self-Neglect Information
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Target Information	If other, please specify (Target Relationship to the Individual)	Target Information
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

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Testimonial Evidence	Type of interview	Investigation Details
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
Verification of Incident Classification	Was the incident referred to Child Protective Services (0-17 years of age)?	Protective Services Agency

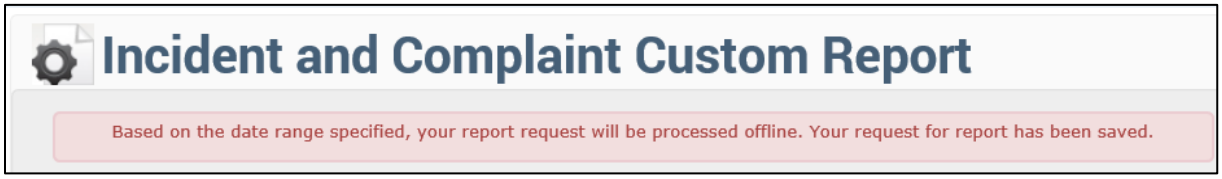
EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Verification of Incident Classification	Was the incident referred to Older Adult Protective Services (60+ years of age)?	Protective Services Agency
Verification of Incident Classification	Was there a medical intervention for this individual?	Medical Intervention Information
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)
Verification of Provider Information	Address Line 3	Provider Contact (Final)

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
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

Using the Reports Inbox

When the number of records that are generated by a report is so great that the report must be processed offline (overnight), the report request is recorded in the Reports Inbox. Generally, when you enter a date range greater than six months in either the discovery-date fields or the occurrence-date fields, EIM automatically configures the report to process in an offline batch.

You are first alerted to this overnight processing requirement by the message (illustrated below) that appears at the top of the page.



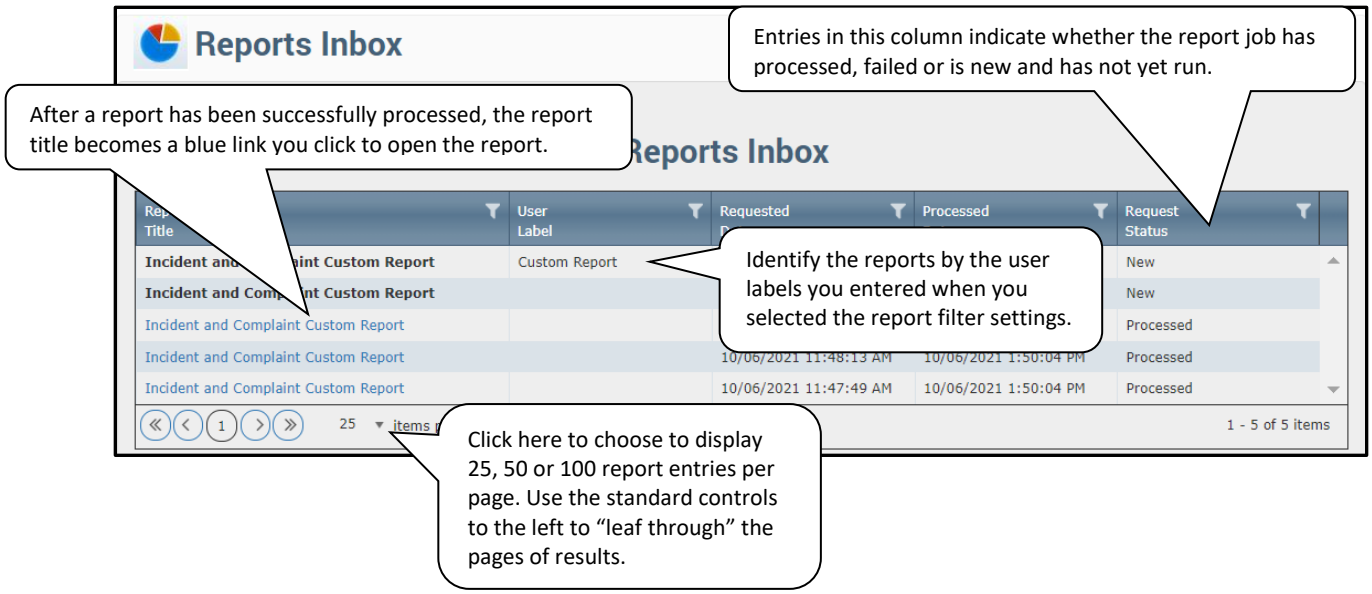
In addition, when the report request is unable to be processed in real time due to timing out, the system displays the following message: *Your online report request is timed out. This report request will be processed offline. Your request for report has been saved.*

The chart below gives the **maximum** selectable date ranges for the three primary reports.

	No Individual or Provider Selected	Either Individual or Provider Selected	Both Individual and Provider Selected
Report by Individual	6 months Data is real-time.	12 months Data is real-time.	NA
Report by Service Location	6 months Data is real-time.	12 months Data is real-time.	NA
Custom Report	6 months Data is current as of previous midnight.	12 months Data is current as of previous midnight.	NA

Click the Reports Inbox link that appears at the top of the list of reports in the Reports page, as shown by the callout above. The Reports Inbox appears and looks much like the sample Report Inbox shown at the top of the next page.





This sample Reports Inbox shows both a new report request in the top two rows of the table and a processed report request in the remaining rows. The entries in the Report Title column are the identifying text you enter in the User Label field on the report setup page. Differentiation of the finished reports is important, so you are encouraged to always identify your reports with user labels.

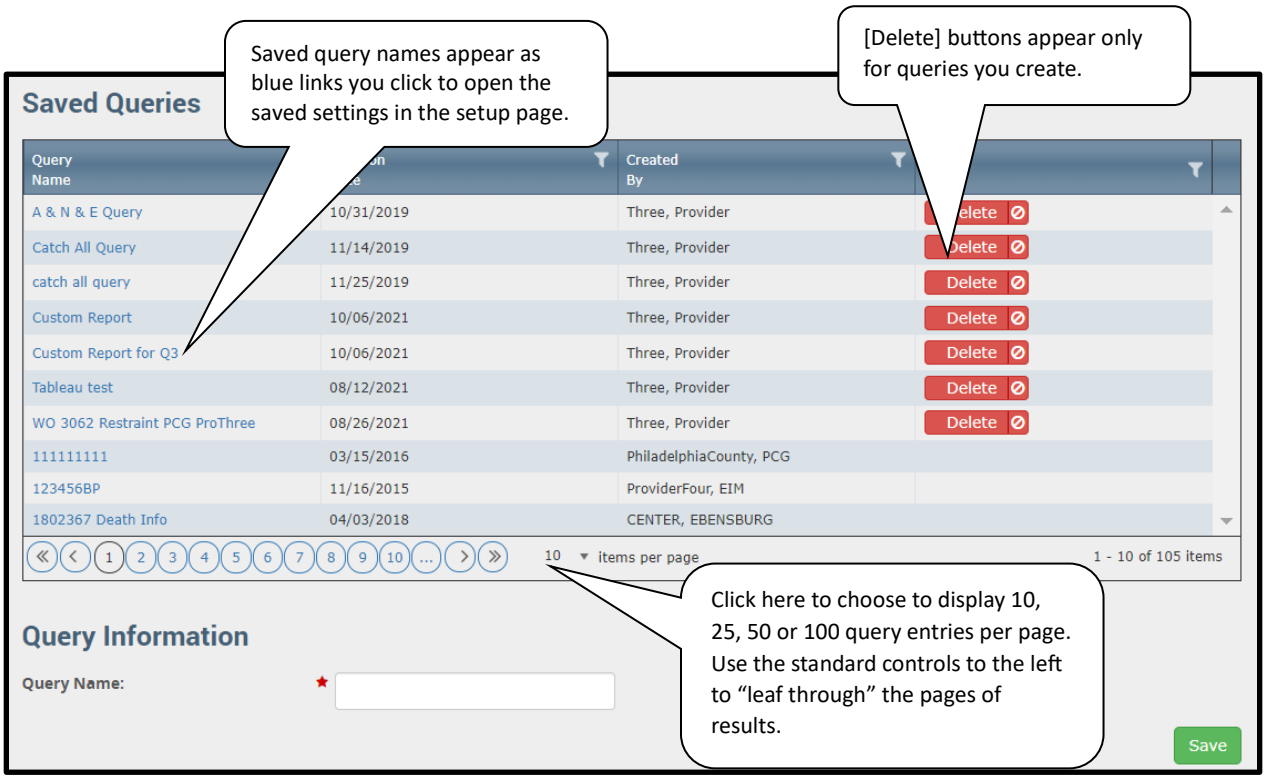
The filters at the tops of the columns function here as they do in the Dashboard. Refer to the reference guide Understanding EIM Dashboard Structure & Use to learn how to filter here if needed.

Creating Queries to Save and Reuse Report-Request Settings

You must have the Custom Report Admin role (PW-EIM-ReportAdmin) to be able to save report settings as queries. All the other incident roles can set up and run the custom report, but only the Custom Report Admin role allows you to save the settings as queries.

To keep you from repeatedly creating Incident and Complaint Custom report requests with the same setups, EIM provides a way for you to save your report settings as a query that you can call up and run whenever you need.

The "query area" of the custom report screen is at the bottom of the screen, and a sample list of queries appears below. The numbered callouts refer to the first set of three steps on the next page.



To save a query:

1. Select all the report parameters you want in a setup screen and scroll to the bottom of the Incident and Complaint Custom Report page, where the saved queries appear.
2. Enter the name you want to use in the Query Name field at the bottom of the page.
3. Click the [Save] button. Your query appears as a line in the Saved Queries table.

To call up a query to run it:

1. Click the name of the query you want to use in the Query Name column of the Saved Queries table. The settings appear in the setup page.
2. Make any adjustments you need to the parameters that appear (dates, individuals, etc.).

3. Click the [Submit] button. Your report processes as it would normally do.

Keep the following in mind as you work with queries:

- If you have the Custom Report Admin role, you can create and delete the queries you create. You cannot delete other users' queries, and they cannot delete yours.
- Users can call up other users' queries for use.
- 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.
- If you have the Custom Report Admin role, you can call up and edit other users' queries and make other adjustments to them before you run them. They can do the same with yours.
- If you have the Custom Report Admin role, you cannot call up another user's query, make changes to it and then save it under the other user's original name. You must rename the altered query to a name you enter. Other Custom Report Admin users cannot alter your queries and save them under your original names. Other users must rename queries to save them.
- Individual and provider information is not saved to protect personal information.

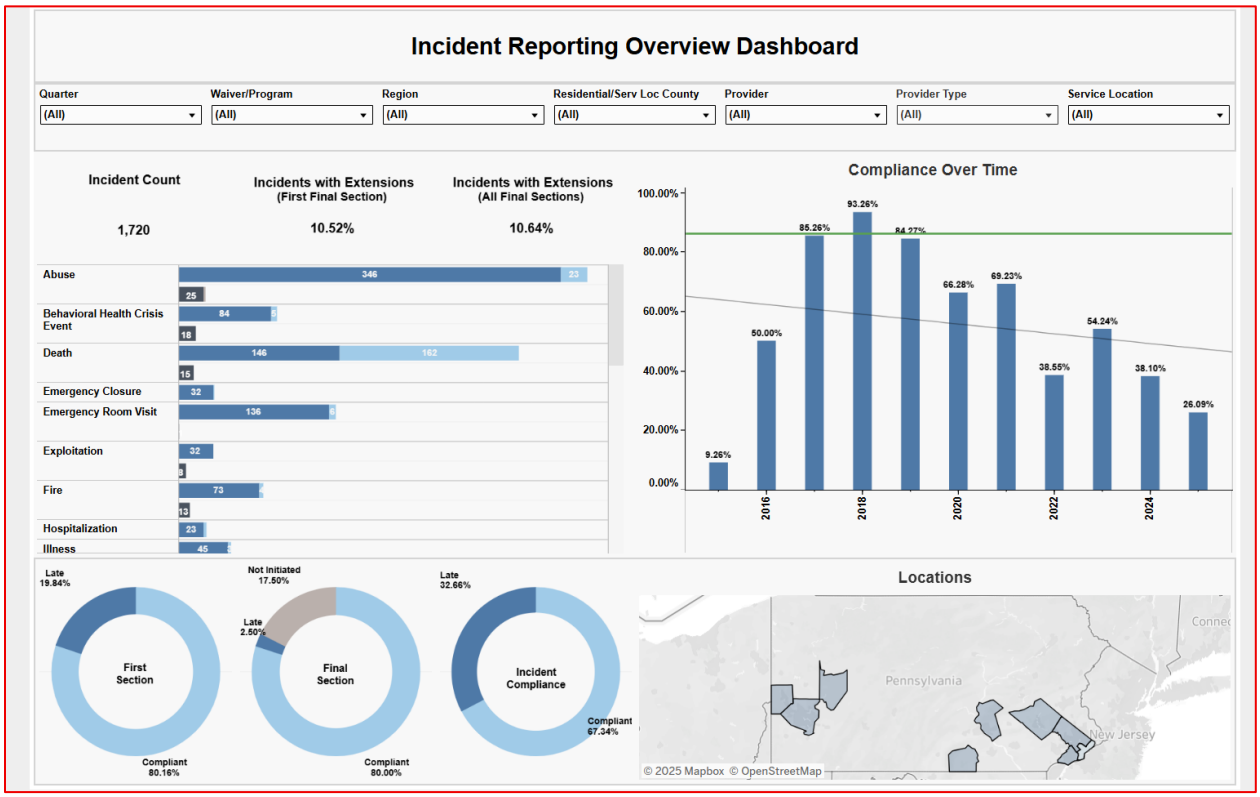
Understanding Constraints on Incident and Complaint Custom Reports

- Questions on screens that allow users to collect multiple sets of data (e.g., Witness Statements, Target Information) can be selected in this report. However, the report indicates only that witness statements or targets exist. No data or details from any multiple sets of data appear in the reports themselves.
- When providers view the *Report Request* screen, their information is automatically populated in the search criteria. As a result, providers have access only to their own data.
- If multiple versions of a document are created as a result of multiple submissions and reviews, this report shows information only from the most recent saved document. For example, if a final section is not approved during the management review, and another final section needs to be submitted, information from the most recent final section appears in reports.
- If the primary category is changed between the first section and the final section, this report shows the primary category as entered in the final section.
- 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.*

Incident Report 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 first and subsequent Final Section document extensions.
- Identify incident types where a larger number of extensions are being filed.



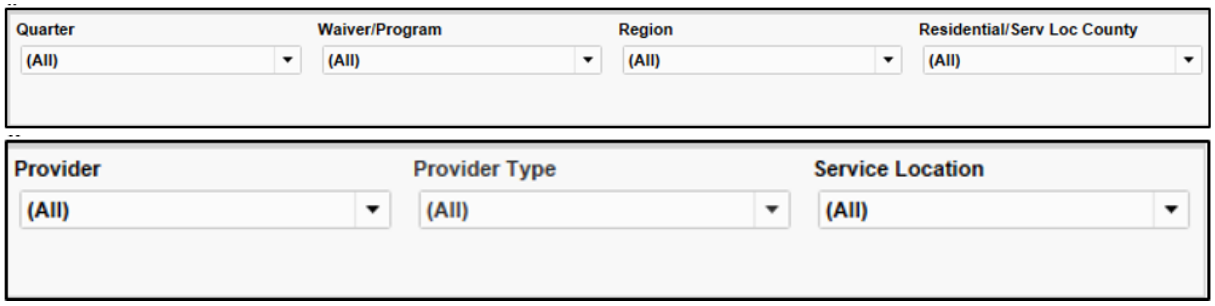
The information that appears on the dashboard correlates directly to the user's role:

- 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 as 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.



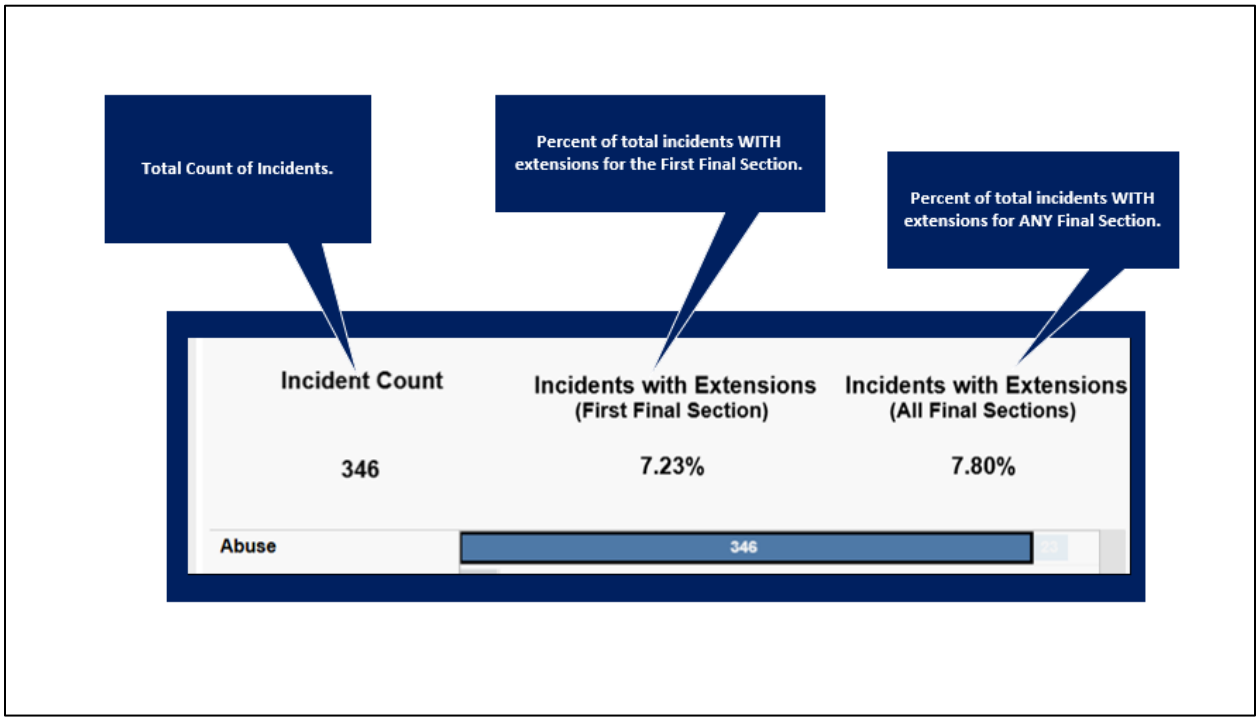
Filter	Description	Default Value	Sort Order
Quarter	The quarter of the year in which the incident occurred	The current quarter of the current year	Reverse chronological order
Waiver/Program	The Waiver or Program the individual was enrolled in at the time the incident was created	All	Alphabetical
Region	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 (First Final Section)	Incidents with Extensions (All Final Sections)
1,726	10.49%	10.60%

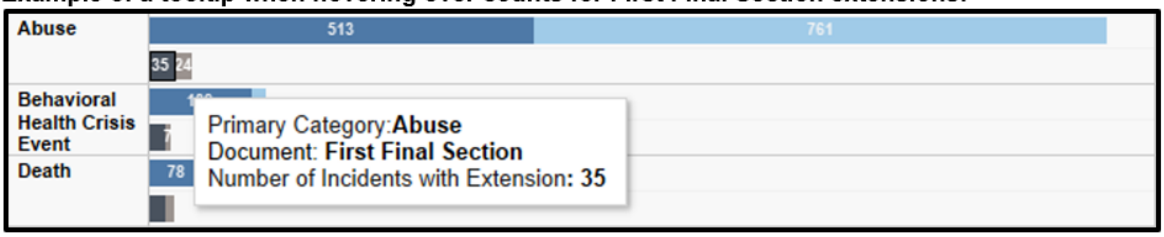
Element	Description
Incident Count	The total count of incidents that have occurred during the selected quarter(s).
Incidents with Extensions (First Section)	The percentage of incidents where an extension was filed for the first Final Section
Incidents with Extensions (All Final Sections)	The percentage of Final Section documents where an extension was filed, as compared to the total number of incidents (incident count). This reflects the percentage of extensions on both first and subsequent final sections.



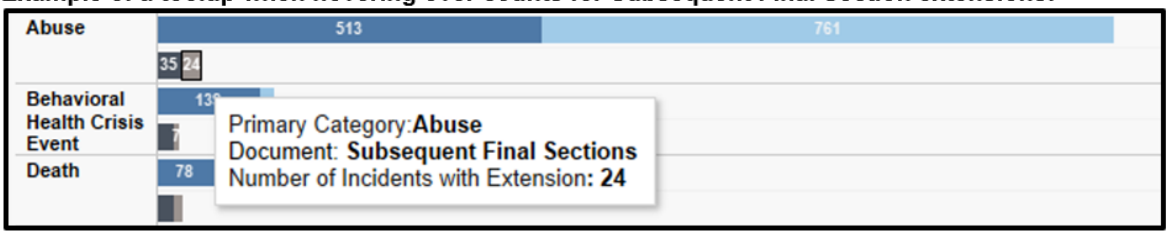
Incident Reporting Overview Dashboard Changes- Tooltips

The Tooltips were updated for the KPI for extensions by Primary Category to indicate whether the counts are for first Final Section extensions or for subsequent Final Section extensions.

Example of a tooltip when hovering over counts for First Final Section extensions:

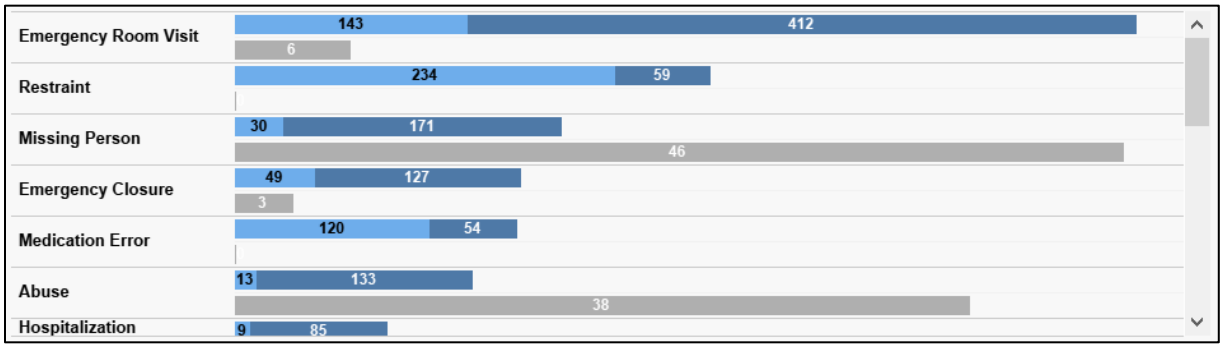


Example of a tooltip when hovering over counts for Subsequent Final Section extensions:



Primary Categories View

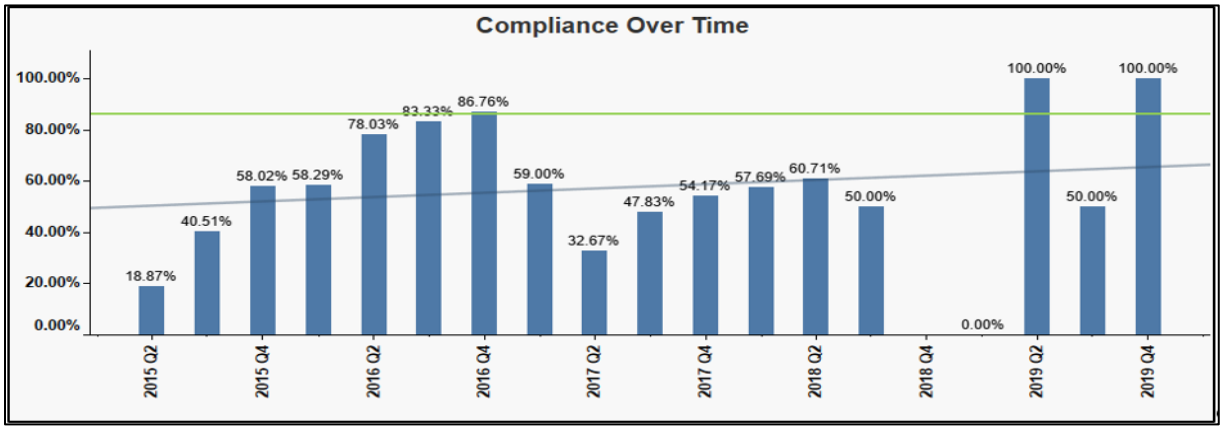
The Primary Categories view displays the number of Closed and Open incidents by Primary Category, including the number of extensions that were filed for the corresponding Primary Category. Users can select groupings within this chart to filter other data on the dashboard to further review compliance 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

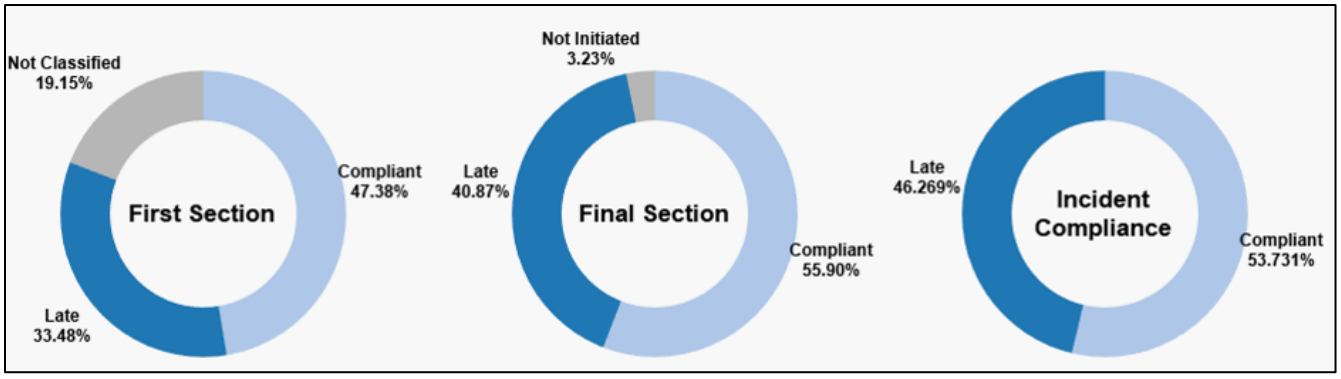
The Compliance Over Time view displays a provider's compliance in submitting Incident Report documents over time by quarters. The compliance shown is the aggregate of the overall incident compliance for that quarter.



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.



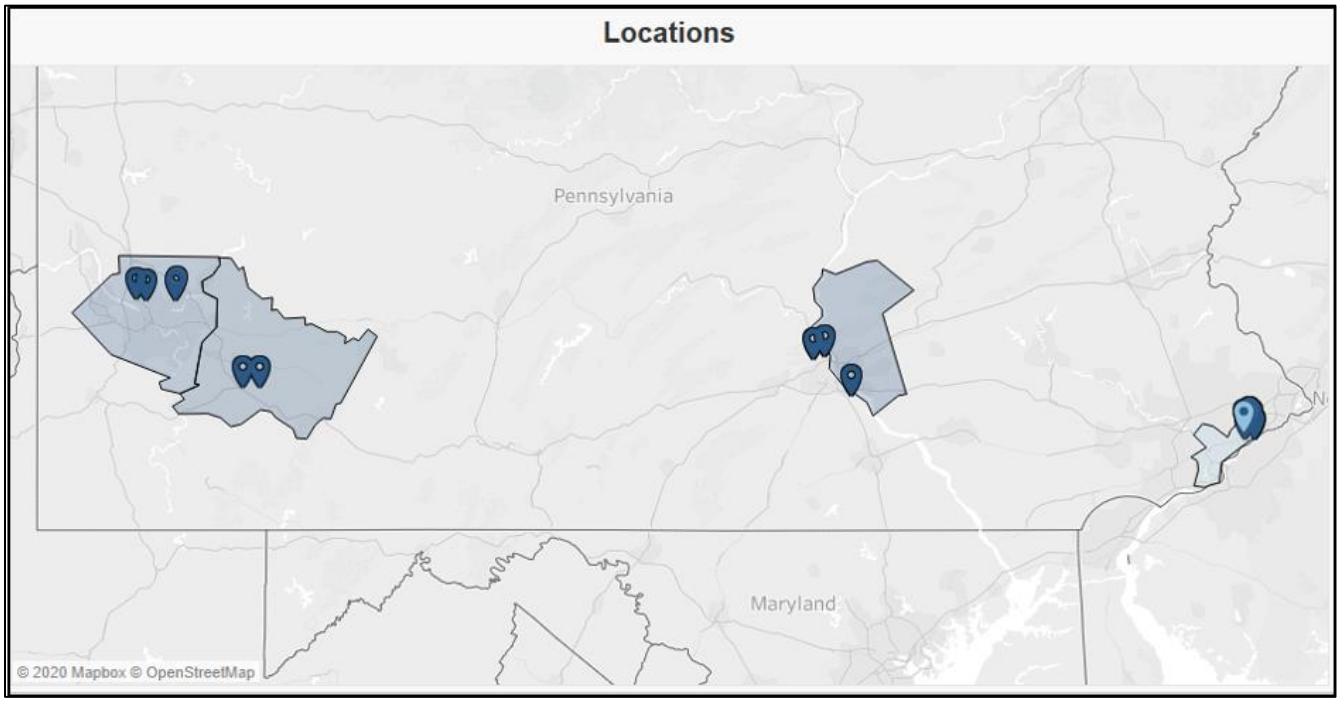
- Slices resize based on percentage of incidents within each status compared to the sum total of incidents.

- 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	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: • 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	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: • 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	This section represents the percentages of each compliance status for overall incident compliance compared to all incidents. Compliance status for incident compliance are: • 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.



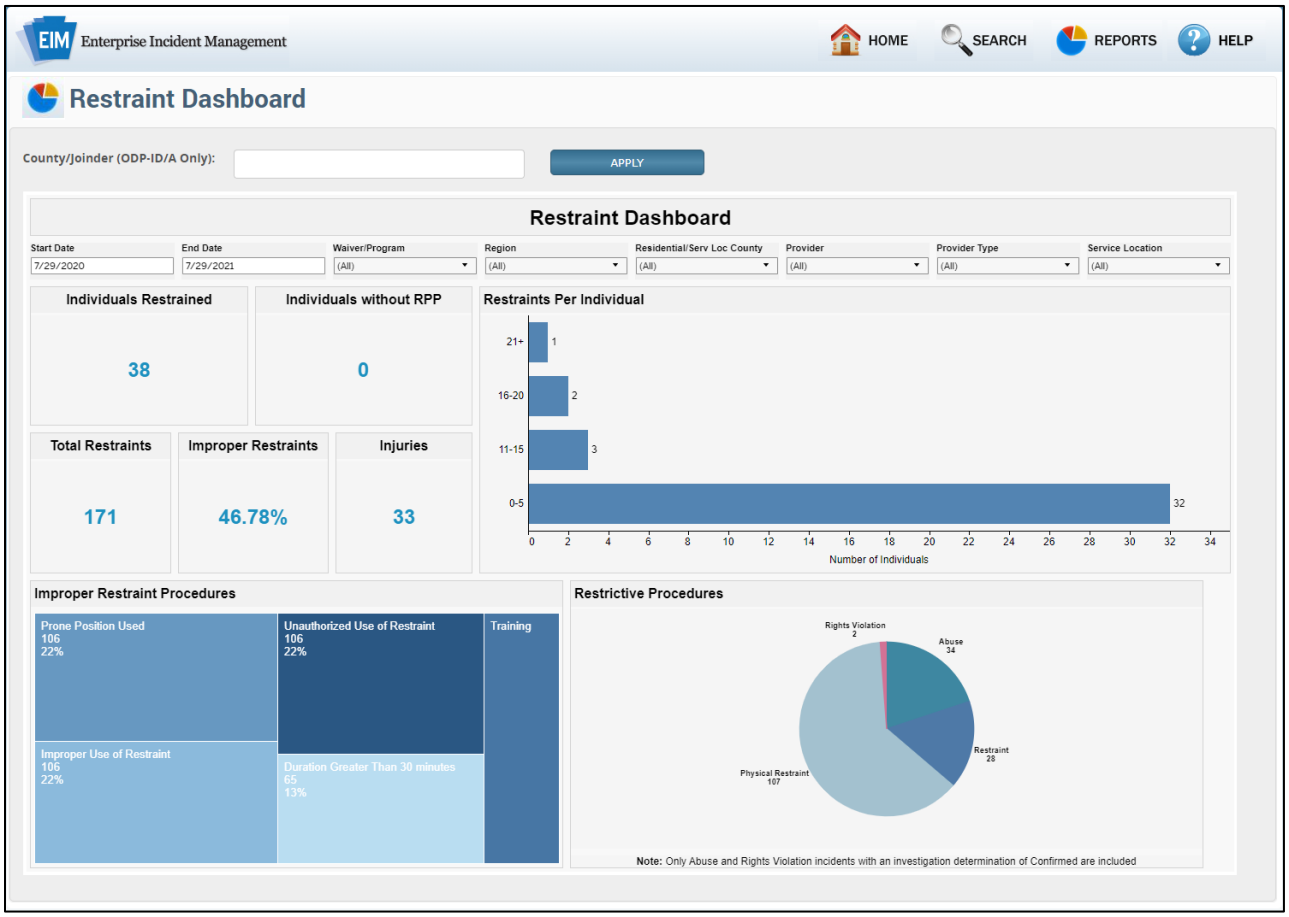
Restraint Dashboard

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.

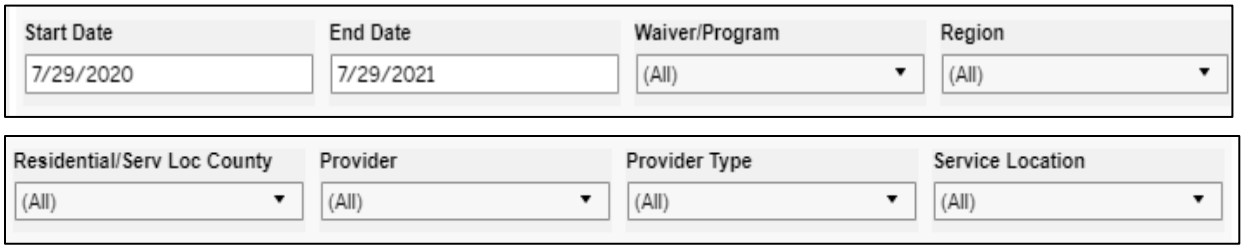
The information that appears on the dashboard correlates directly to the user's role:

- 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:

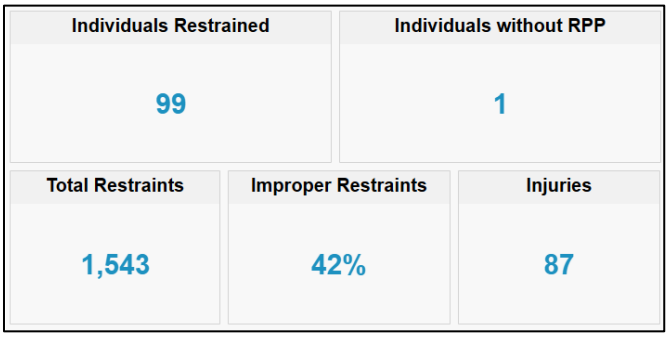


Filter	Description	Default Value	Sort Order
Start Date and End Date	The date on which the incident occurred	Dates encompassing the 12 months prior to the system date	N/A
Waiver/Program	The Waiver or Program the individual was enrolled in at the time the incident was created	All	Alphabetical
Region	The 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.

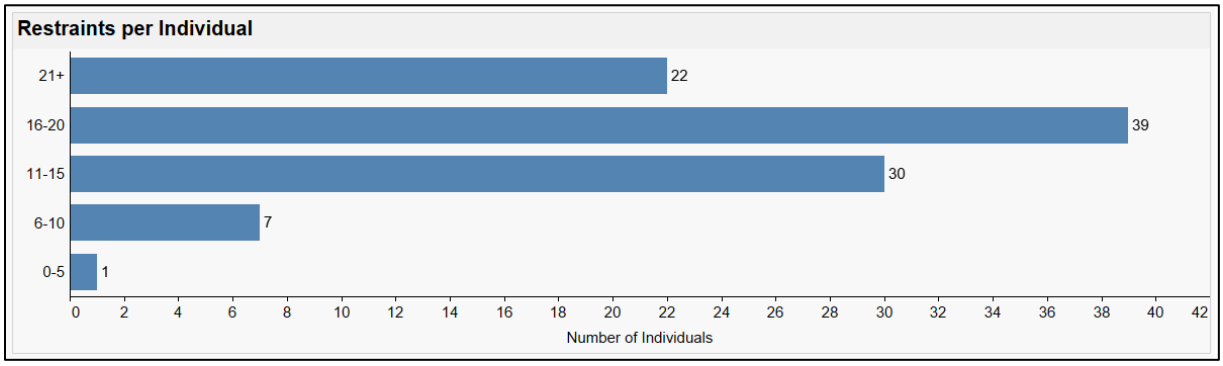


The summary labels are dynamic and are updated based on the selected filters:

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



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+).

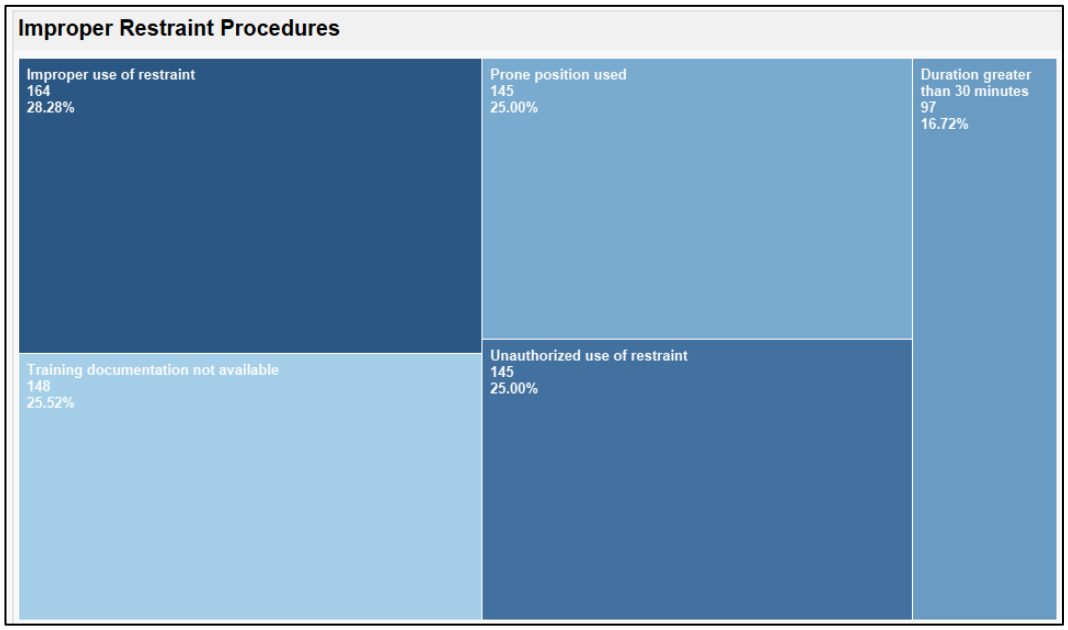
- Groupings within this chart can be selected to filter other data on the dashboard to drill-down the restraint data for the individuals falling into these groupings.
- Multiple groupings can be selected at one time by clicking and dragging over the groupings, or by holding Control or Shift and clicking 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.



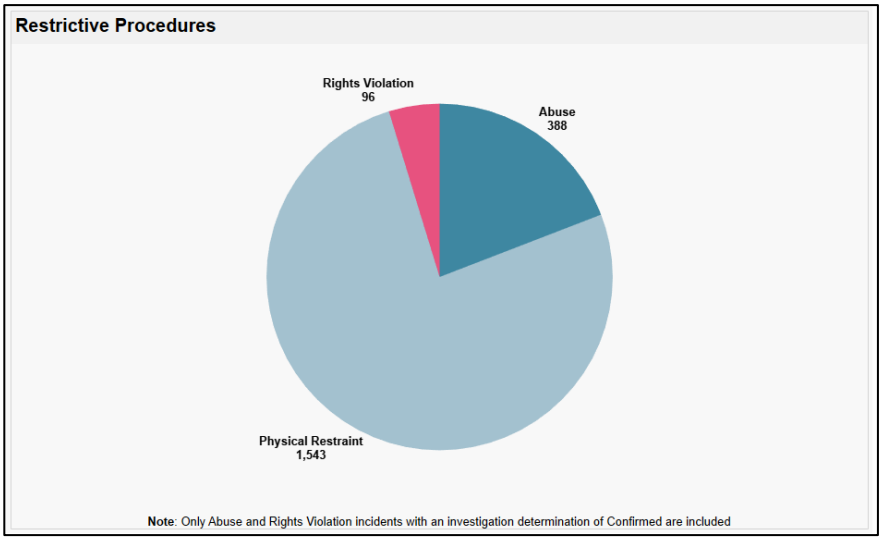
Element	Description
Improper use of restraint	This section contains a distinct count of incidents where the question “Was this an improper use of a restraint?” is answered as “Yes”.
Training documentation not available	This section contains a distinct count of incidents where the question “Is there documentation 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.

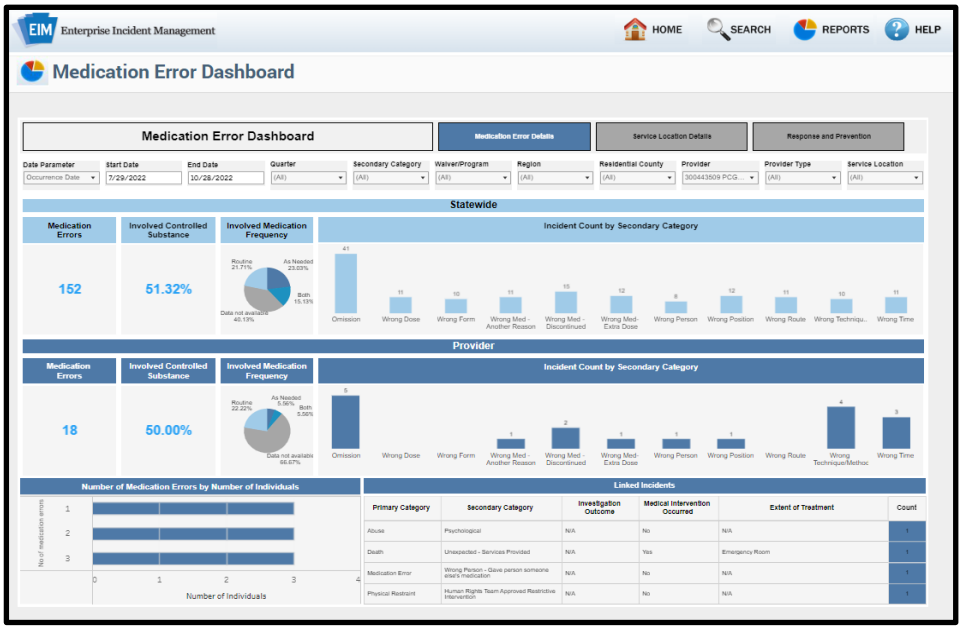
- Each “slice” displays the Primary Category name and the count of incidents classified with the corresponding Primary Category and Secondary Category combinations.

Medication Error Visual Analytic Dashboard

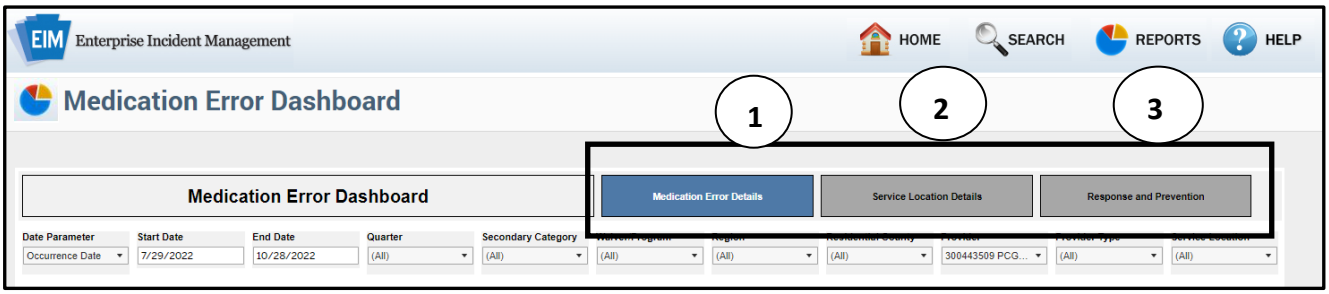
General Information

Medication Error Visual Analytic Dashboard Default View

After clicking the hyperlink, 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 Visual Analytic Dashboard consists of three separate views. Users may click on tabs (Medication Error Details, Service Location Details, Response and Prevention) to view visualizations of different data.

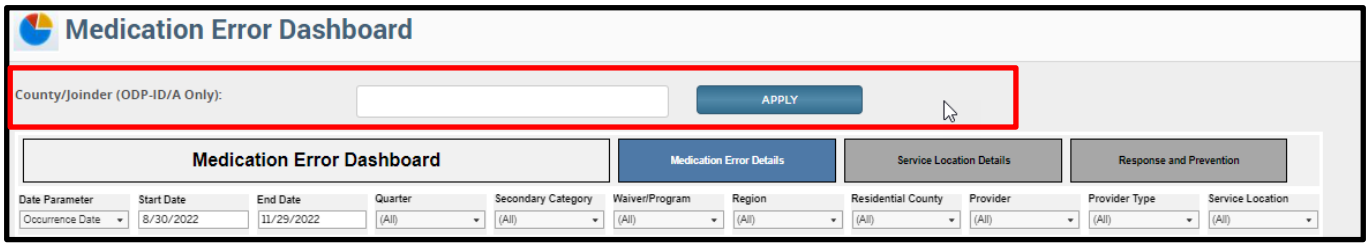


1. **Medication Error Details**: Statewide and provider general medication error metrics
2. **Service Location Details**: Metric information about the Service Locations where medication errors occurred and the circumstances around staff involvement in the incident that may have contributed to the occurrence of a medication error
3. **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.

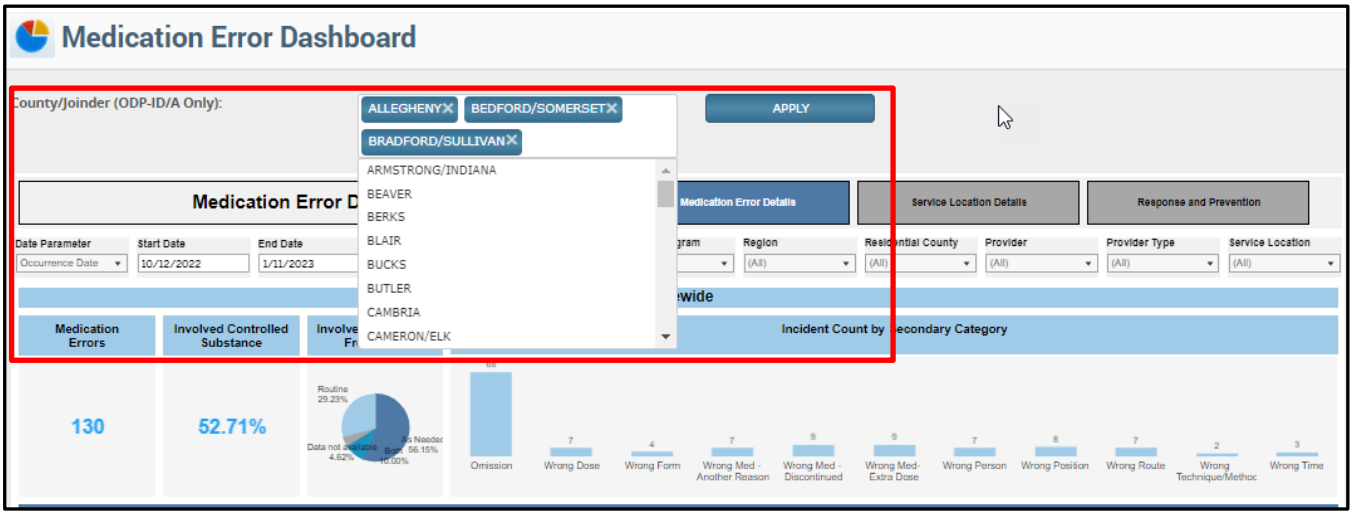
Working with Filters

County/Joinder Filter

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”.



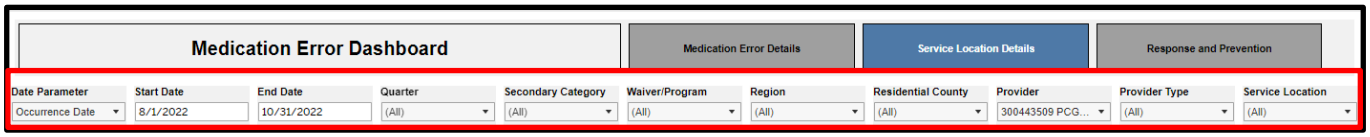
Select the County/Joinder(s) that are needed, by clicking on the box and then clicking Apply. Multiple selections are permitted.



***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

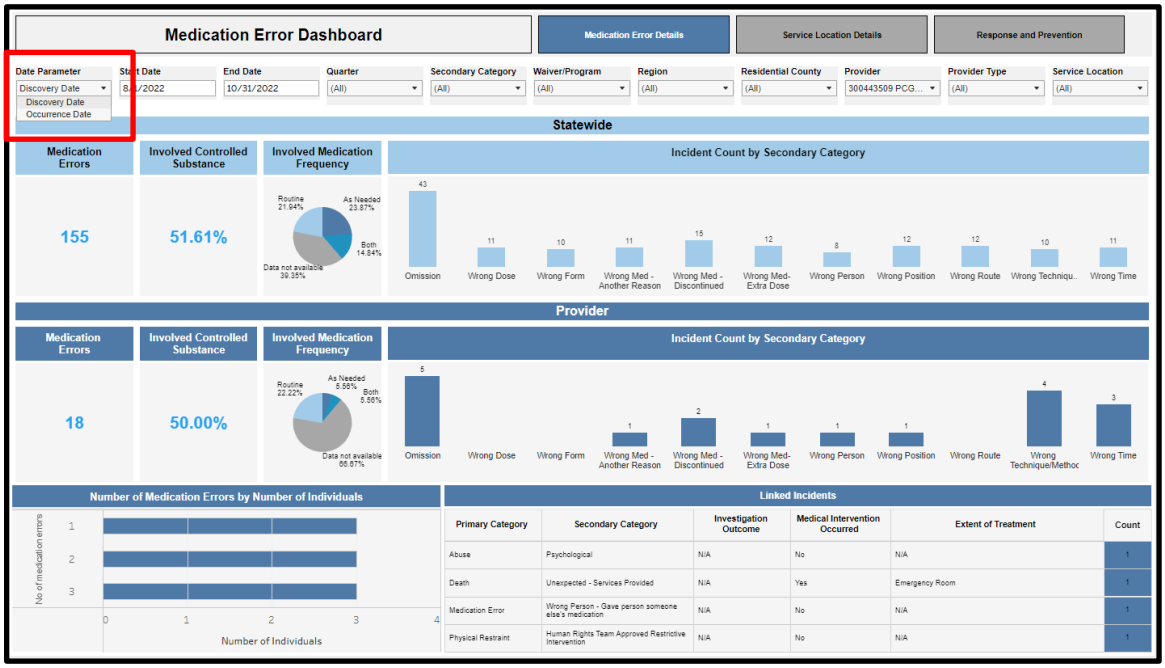
Users can apply filters on the dashboard to aid in data visualizations. Users may further explore data visualizations by combining these filters with dynamic data elements on the dashboard charts. When no data is available for a visualization based on the selected filters, the visualization will not appear on the dashboard.



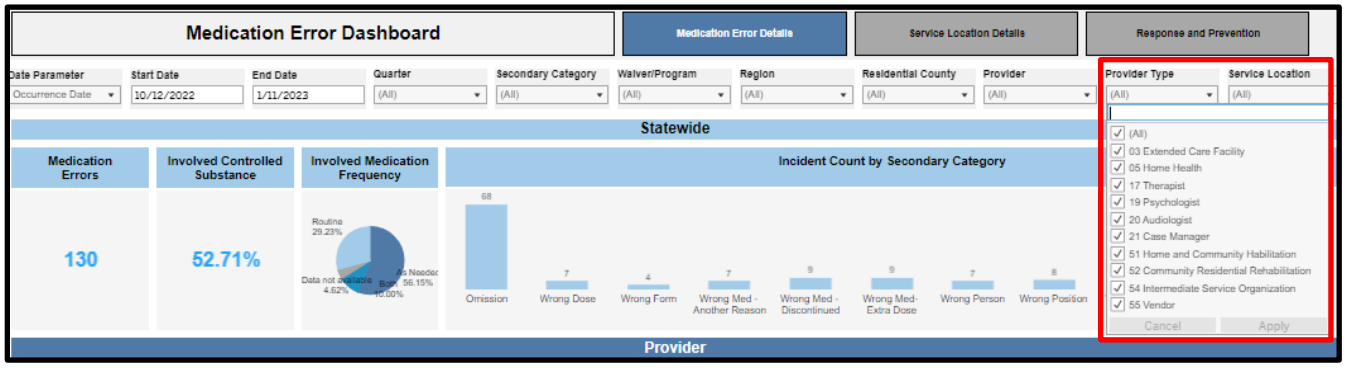
- Date Parameter
- Date Range-Start Date-End Date
- Quarter
- Secondary Category
- Waiver/Program
- Region
- Residential County
- Provider
- Provider Type
- Service Location

Note: These filters appear on all views of the dashboard. Once a filter is applied it will filter data across all dashboard views.

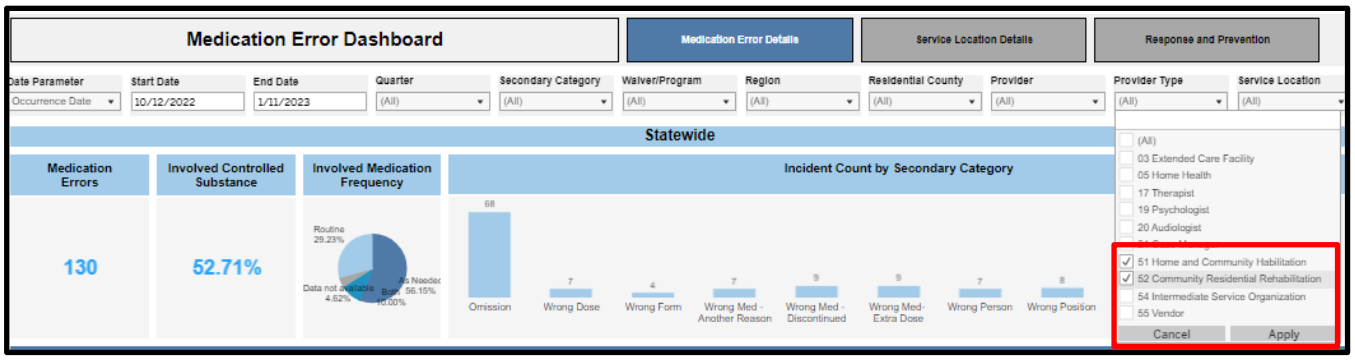
The Medication Error Visual Analytic Dashboard is filtered by calendar year quarter (like the Restraint and Incident Reporting Overview Dashboards), and it has an additional filter for Date Parameter. The Date Parameter allows the user to filter by Discovery Date or Occurrence Date.



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.



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).



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.



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.

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.

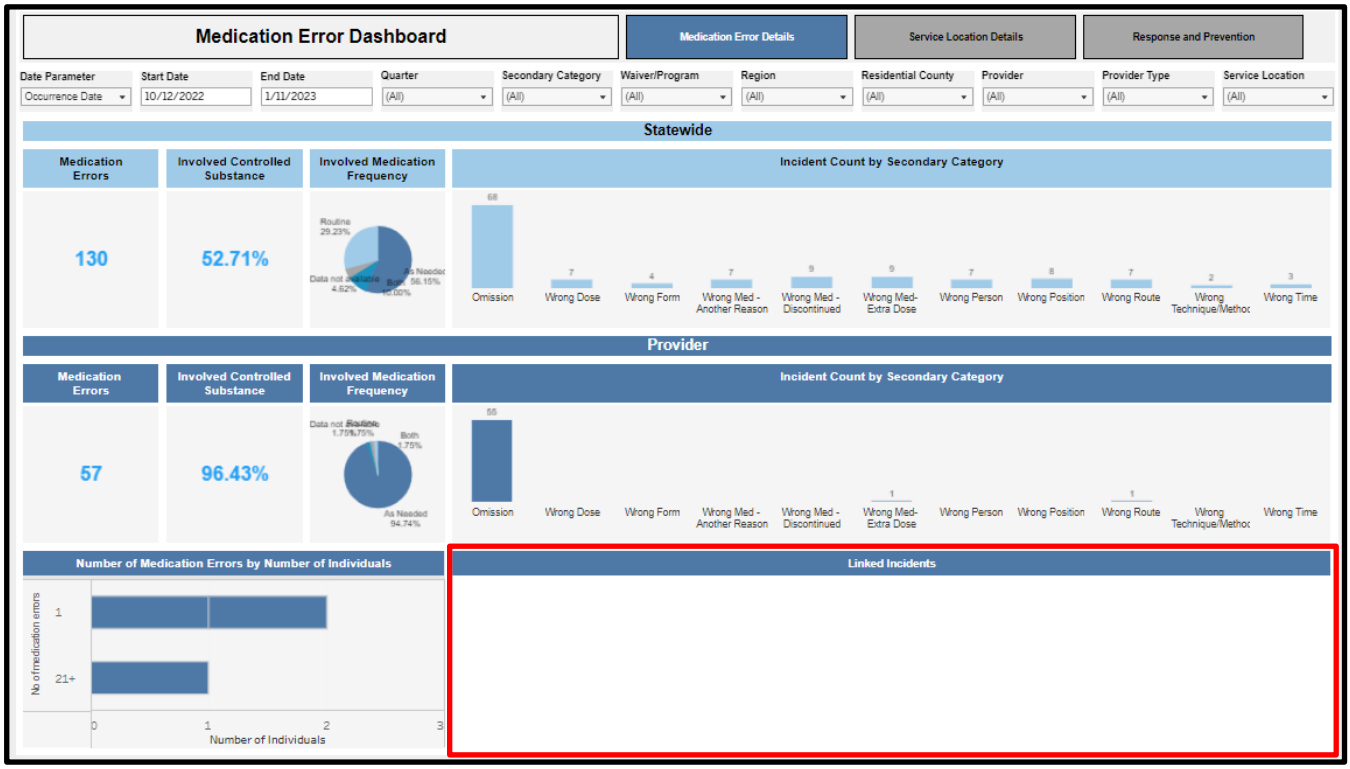
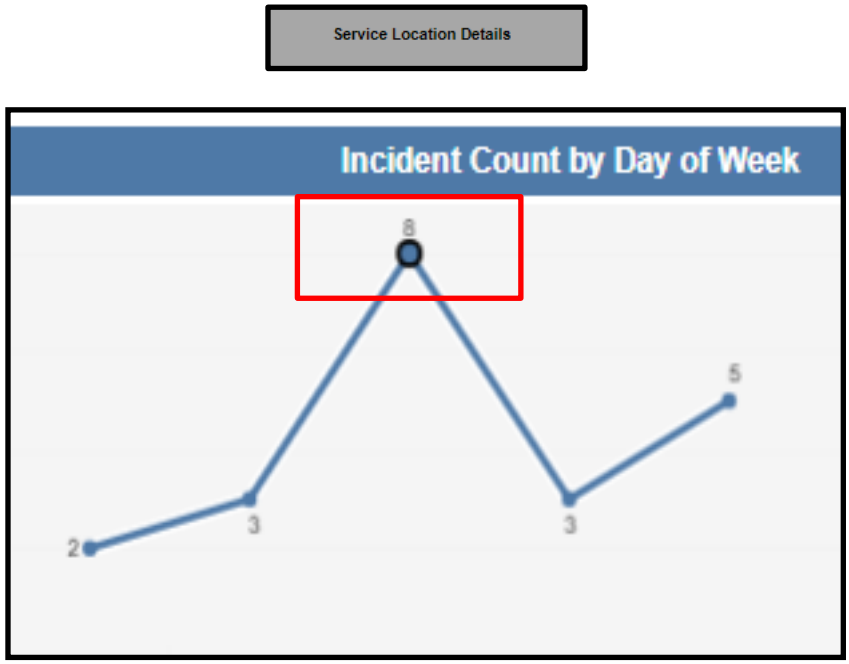


Chart Elements

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.



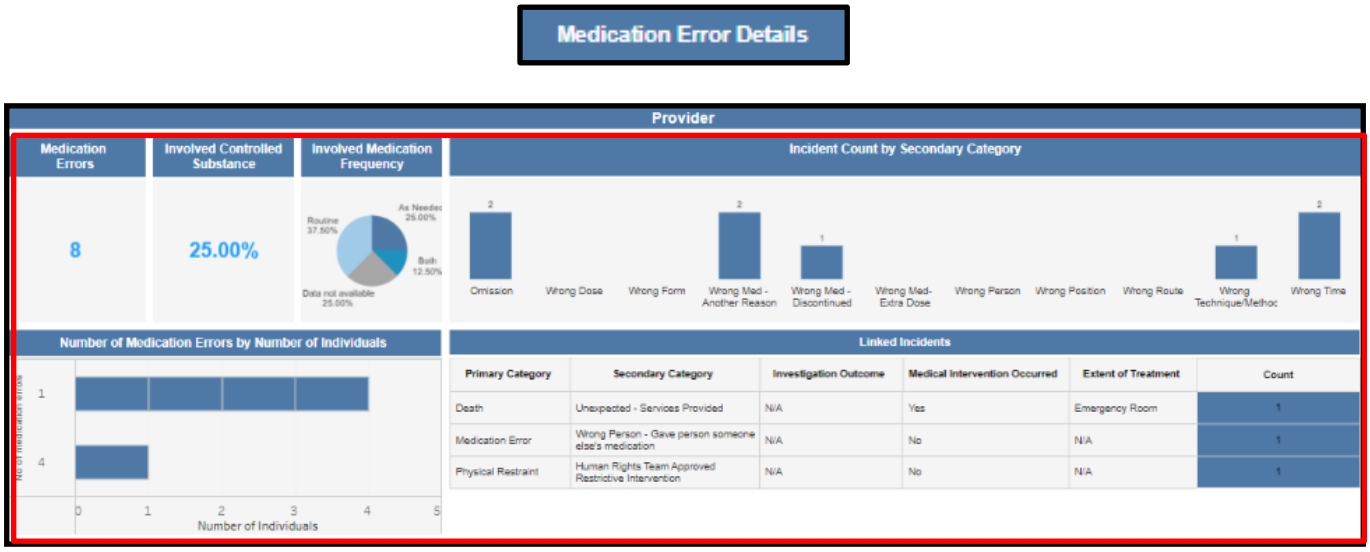


Chart Heatmaps

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.

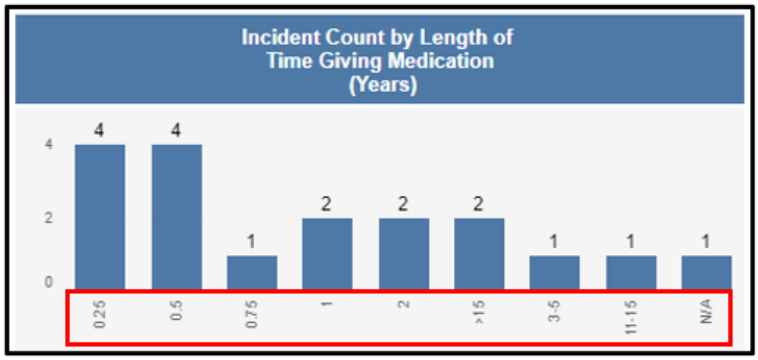
Why did the error occur?	
Did not compare log to label	5
Did not get prescription or refill from health care provider	4
Did not pick up prescription or refill from pharmacy	4
Another individual obtained unattended medication	3
Error in Medication Administration Record (MAR)/Medication Log	1
Got wrong prescription from pharmacy	1
Misidentified person	1
Misread label	1
Unknown	1

What was the response to the error?	
Contacted Agency Nurse	7
Contacted Health Care Professional	6
Contacted 911	4
Assessment at ER	3
No action taken at the time of discovery	3
Contacted Program Supervisor/Specialist	2
Hospitalization	2
Assessment at Urgent Care	1
Blood work/lab work/additional testing of medication levels completed	1
Called poison control	1
Contacted Poison Control	1
Contacted program supervisor	1
Other (please specify)	1

What is being done to prevent future occurrences?	
HCQU referral	6
Evaluate new practice/modified existing practice	4
Evaluate new policy/modified existing policy	2
Indicator for quality improvement initiative	2
Individual feedback to employee	2
Monitoring medication passes for that staff person	2
Referral to risk management for further evaluation	1
Situation reviewed, no action taken	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.





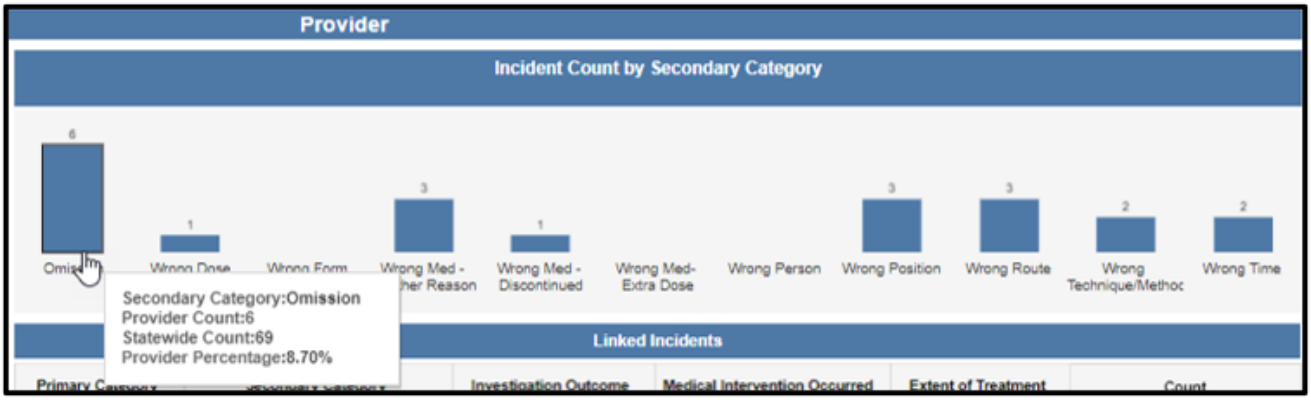
Tooltips

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. Tool Tips can be found on various data points within the dashboard.

Example of Statewide Tooltip

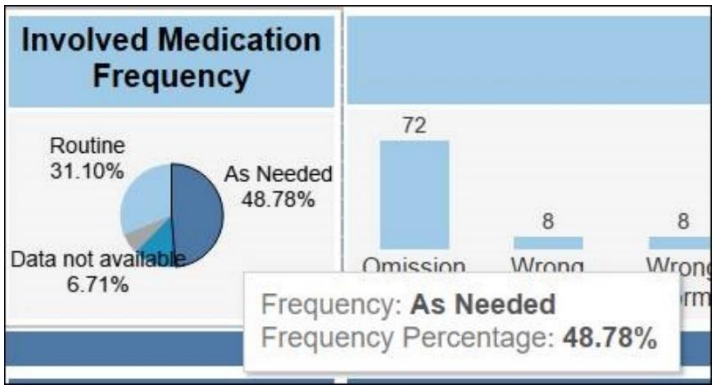


Example of a Provider Tooltip



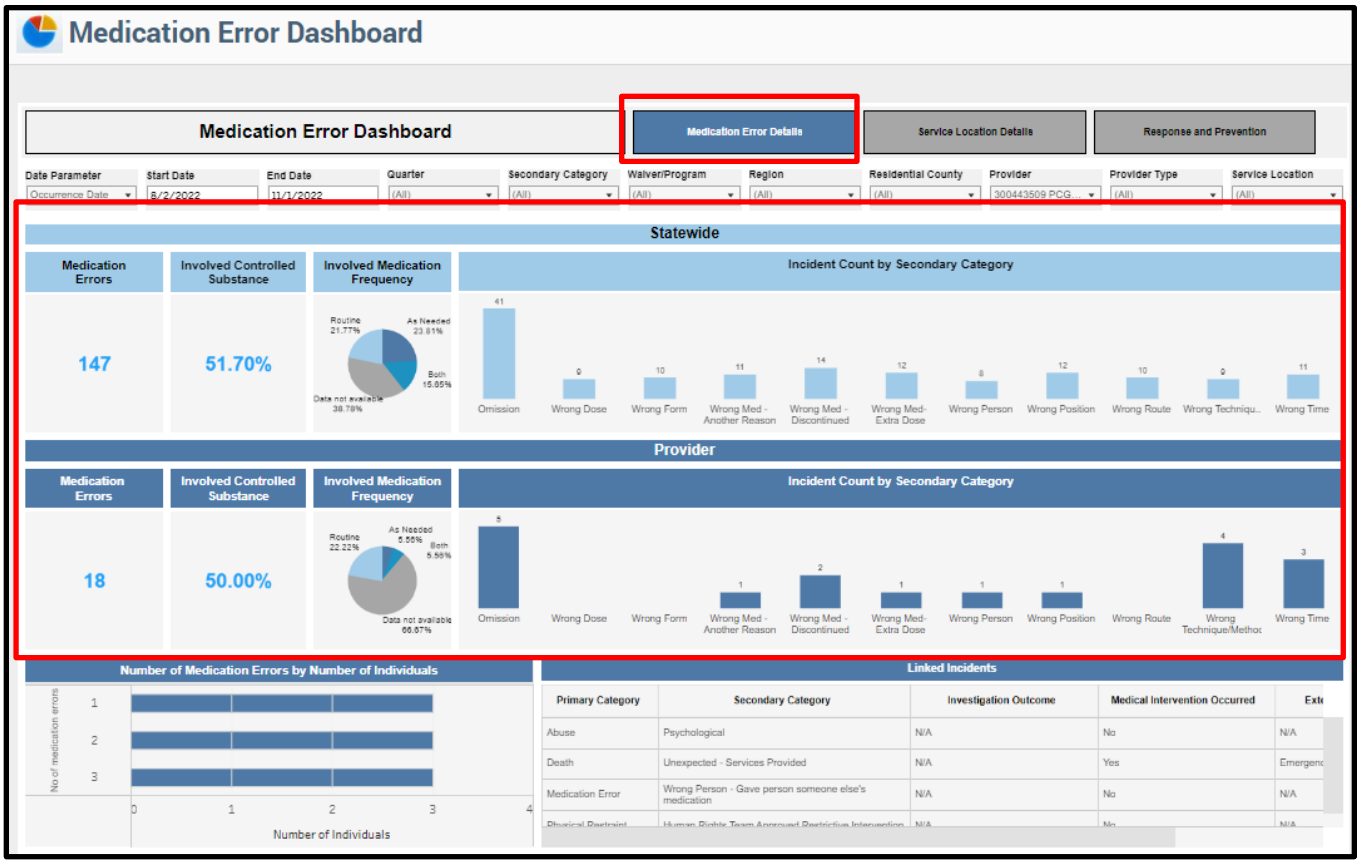
There is also a tool tip that allows users to hover over hidden data labels. This occurs in a pie chart when the titles of data labels are too long to properly display all at the same time.

To view the hidden label, users hover the mouse over the section of the pie chart that is hidden.

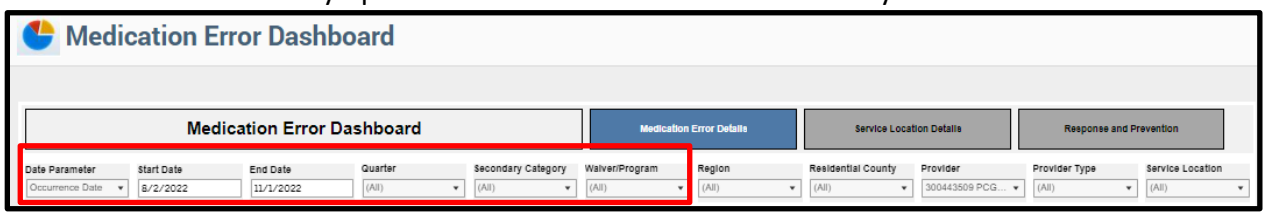


Medication Error Details View

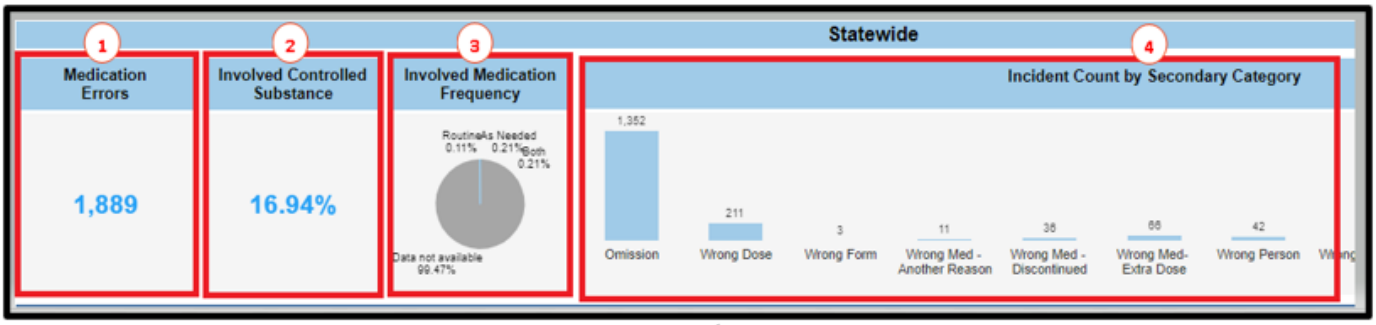
The Medication Error Details view on the dashboard has both Statewide and Provider data. This is the only view that contains Statewide Medication Error data.



The Statewide charts only update based on certain filters selected by the user.

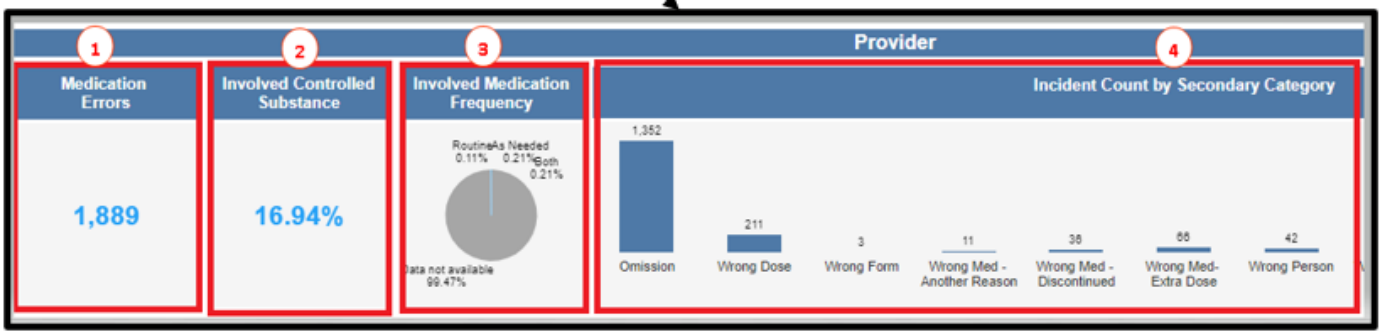


The charts are the same for certain metrics which allows for performance comparison across basic medication error statistics. The charts on this tab are dynamic and will update based on filter selection(s) and also selections made within the charts themselves.

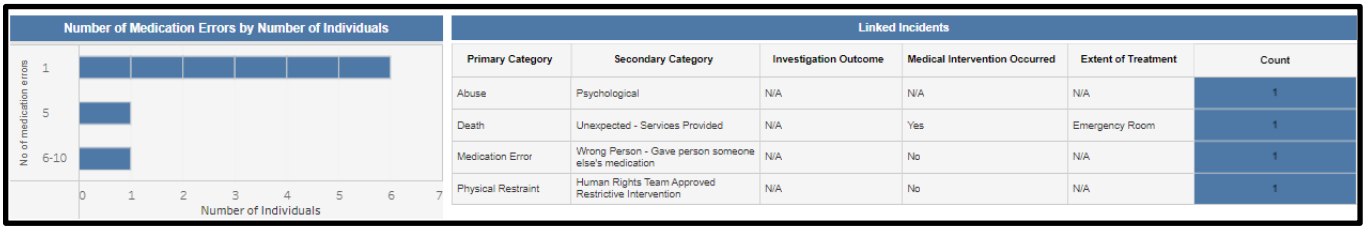


The Statewide and Provider Charts Metric Definitions

1. **Medication Errors**-The total number of medication errors.
2. **Involved Controlled Substance**-Percent of medication errors involving a controlled substance.
3. **Involved Medication Frequency**-The percentage of medication errors involving routine, PRN, or both medication frequencies.
4. **Incident Count by Secondary Category**-The number of medication errors broken down by Secondary Category.



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.

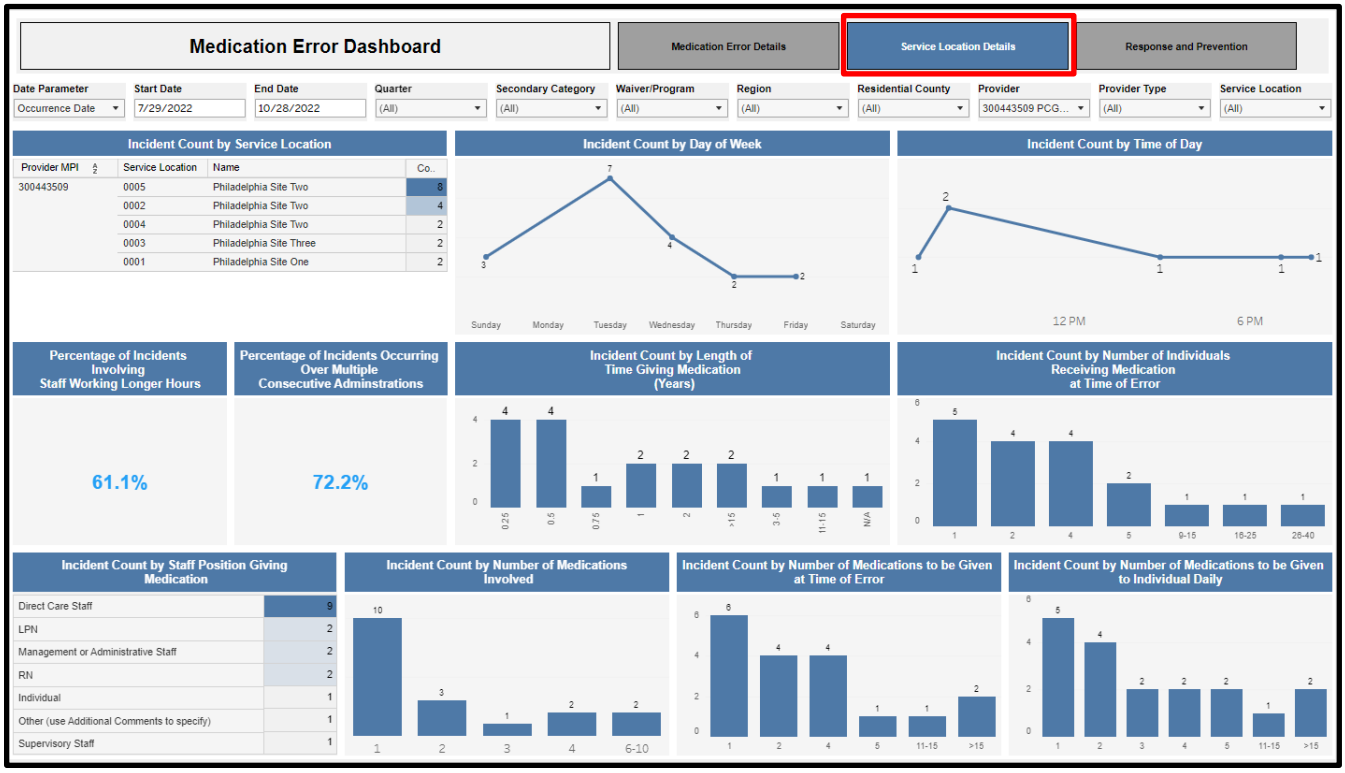
Please Note:
Any incident category can be linked to a medication error and will appear on the Linked Incidents chart on the dashboard. This includes when incidents are linked between different individuals. Data for this chart is based on the most recently submitted final section document (or first section for incident categories that do 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.

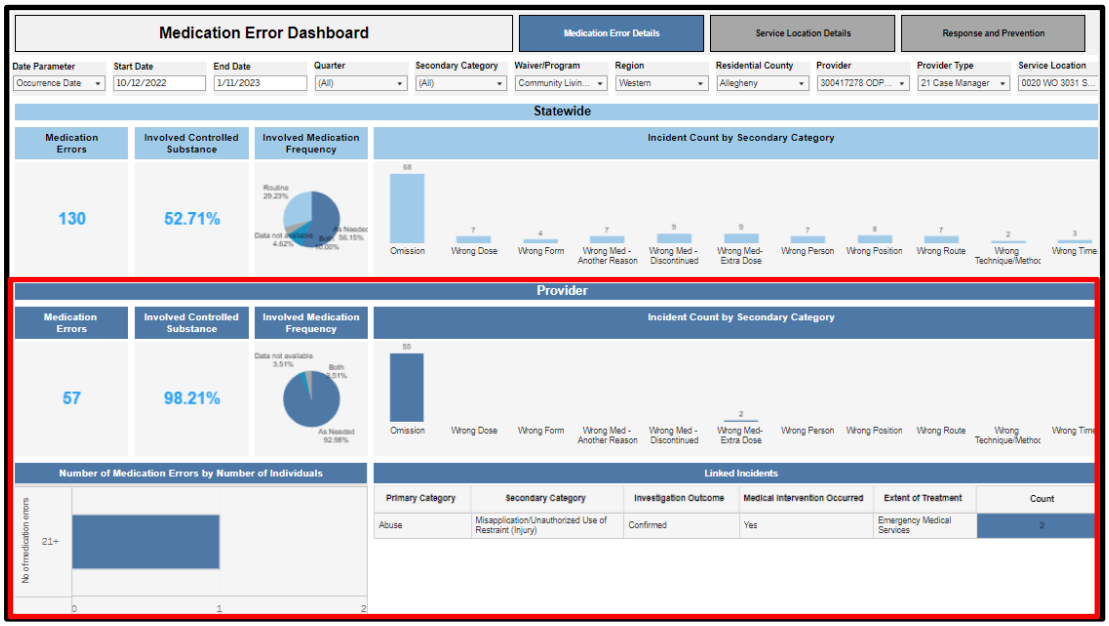
Incident Count by Number of Medications Involved	Number of medications involved in a medication error, aggregated by the number of medication errors with that count of involved medications.
Incident Count by Number of Medications to be Given at Time of Error	Number of medication errors that have occurred, 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.

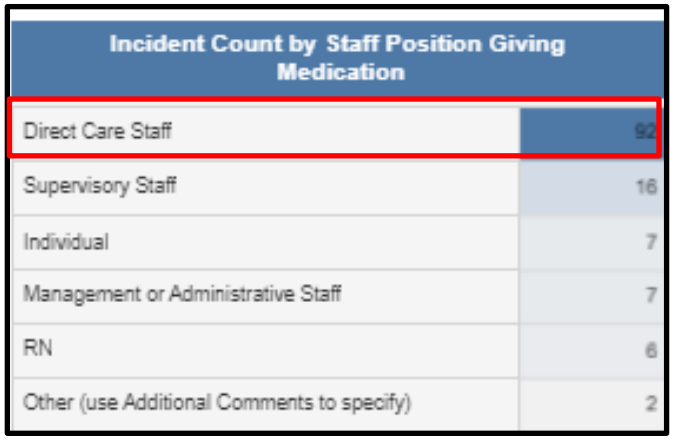


For example, once the Service location 0020 (with 57 medication errors) is clicked, the provider data on the Medication Error Details tab updated.



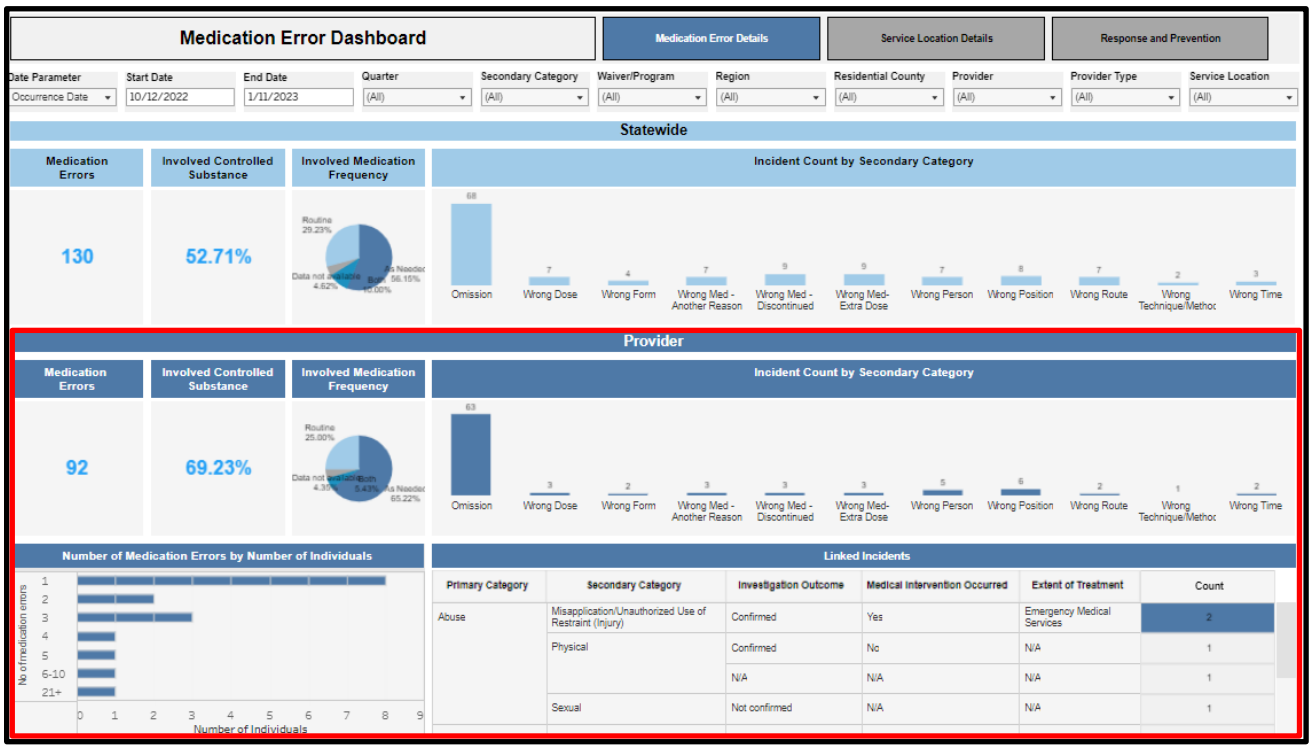
Staff Position Data

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.



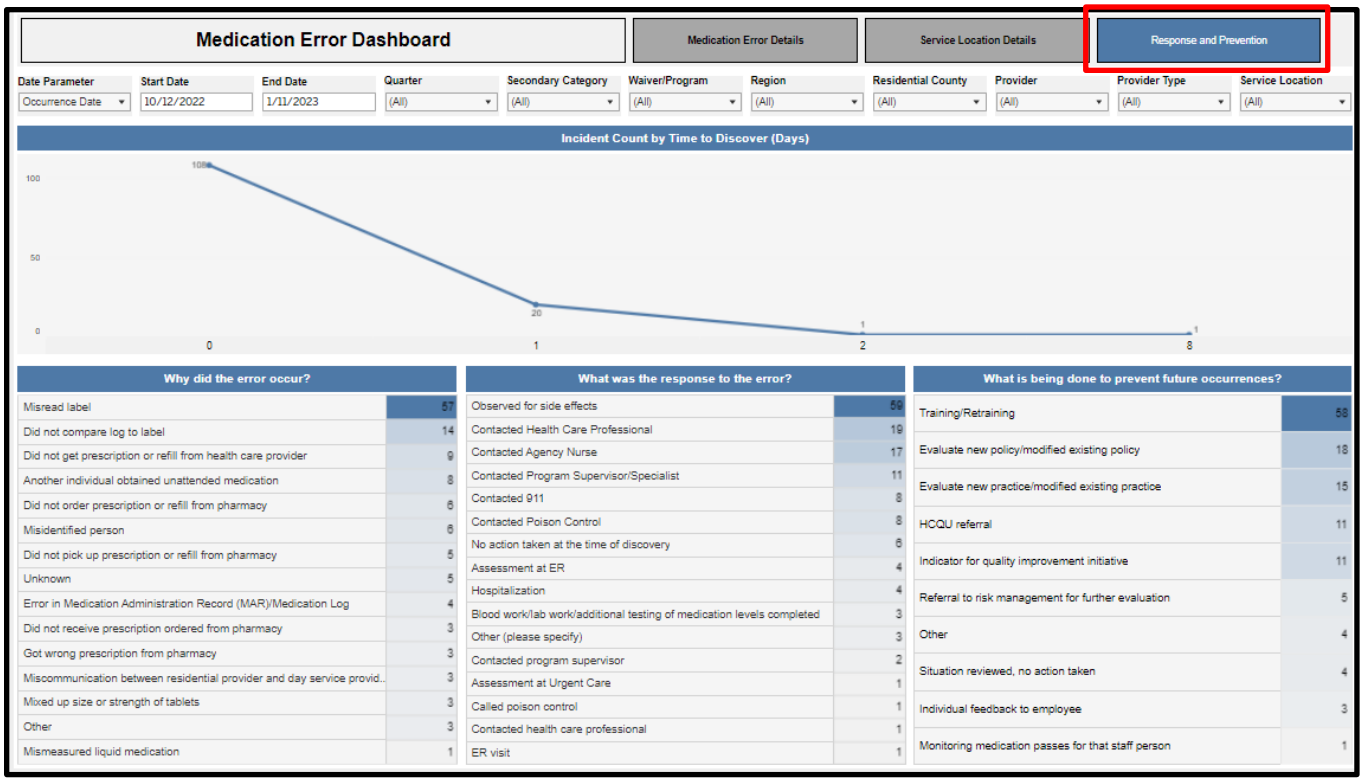
Incident Count by Staff Position Giving Medication	
Direct Care Staff	92
Supervisory Staff	16
Individual	7
Management or Administrative Staff	7
RN	6
Other (use Additional Comments to specify)	2

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

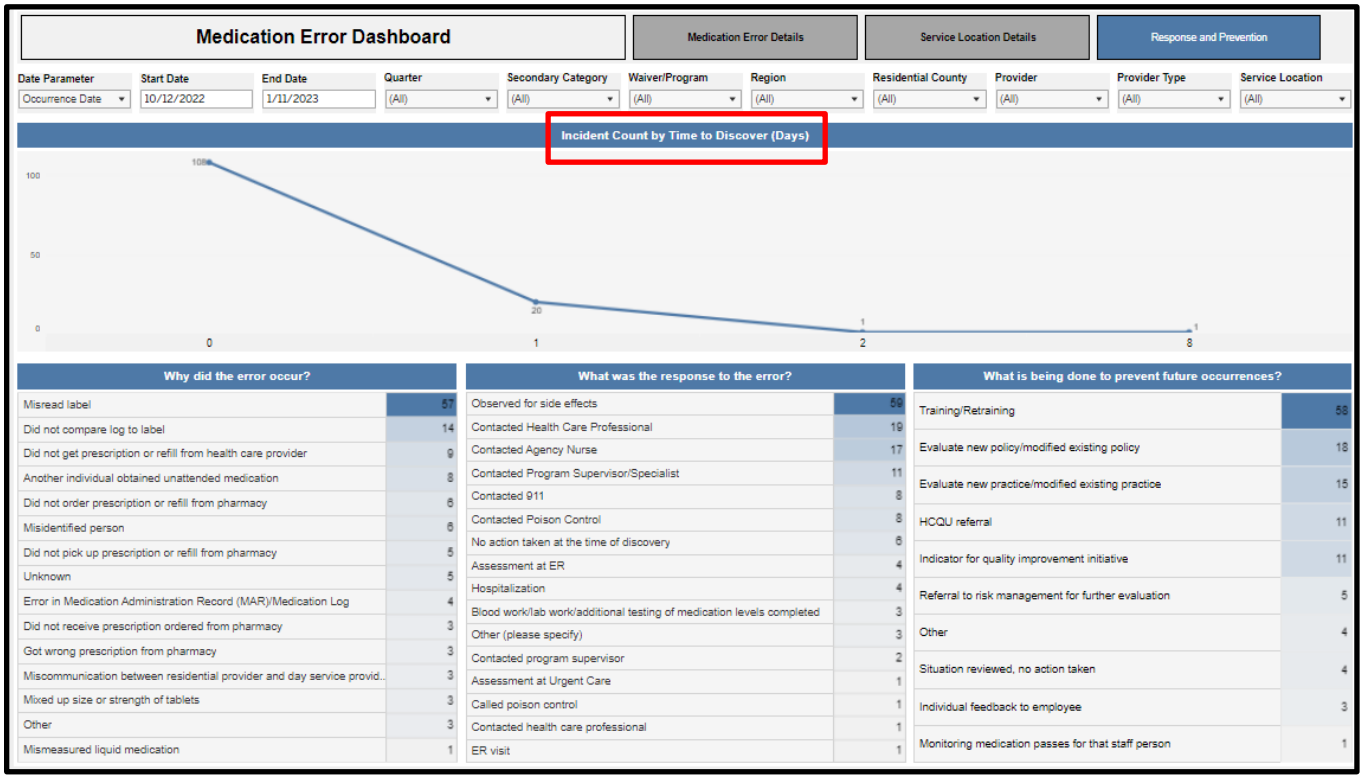
Click on the Response and Prevention tab. The Response and Prevention view of the dashboard appears.



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.

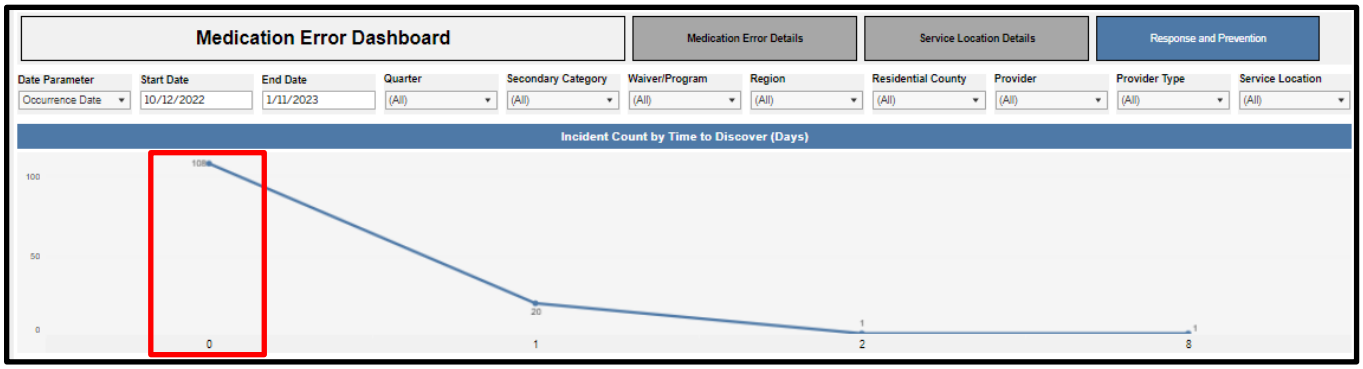
Reporting Timeliness

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.

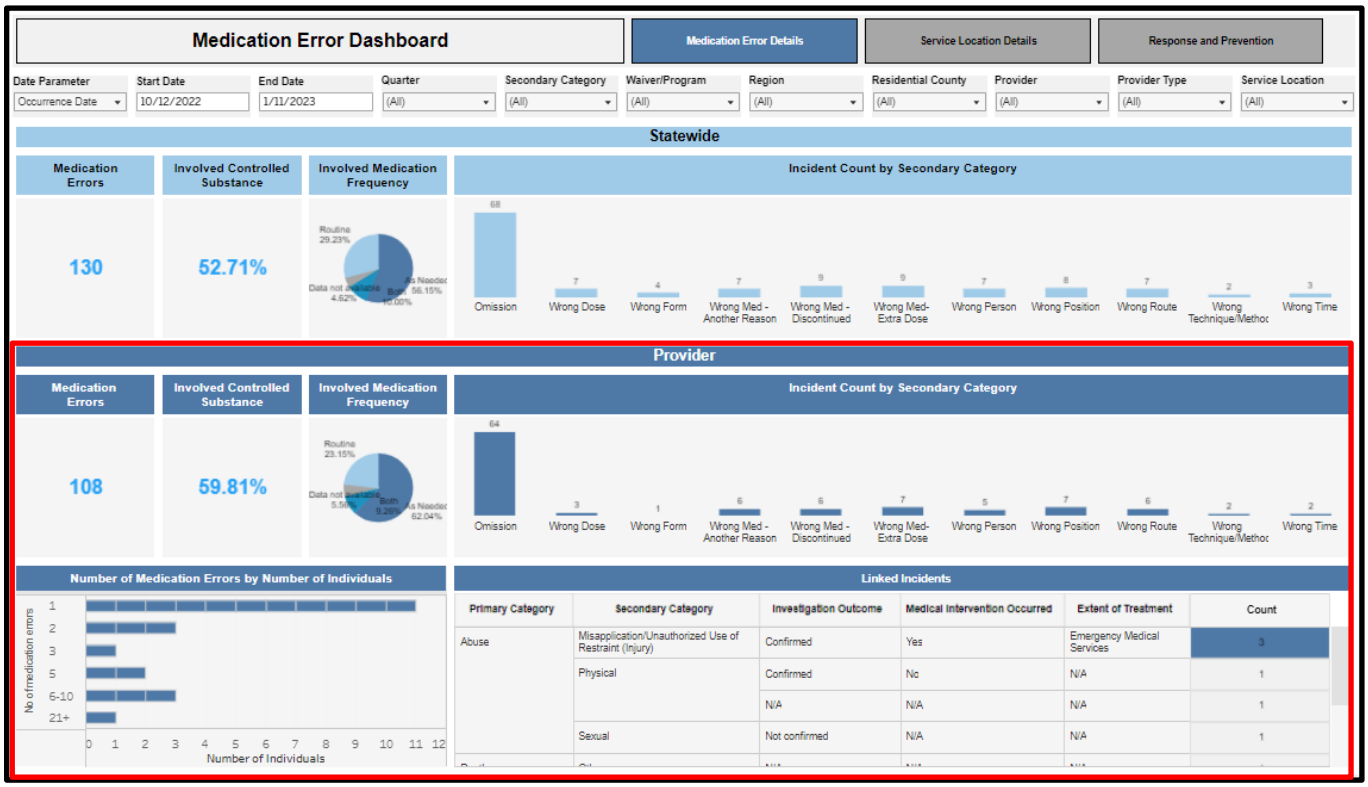


Days to Report

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.



Cause of Medication Error Data

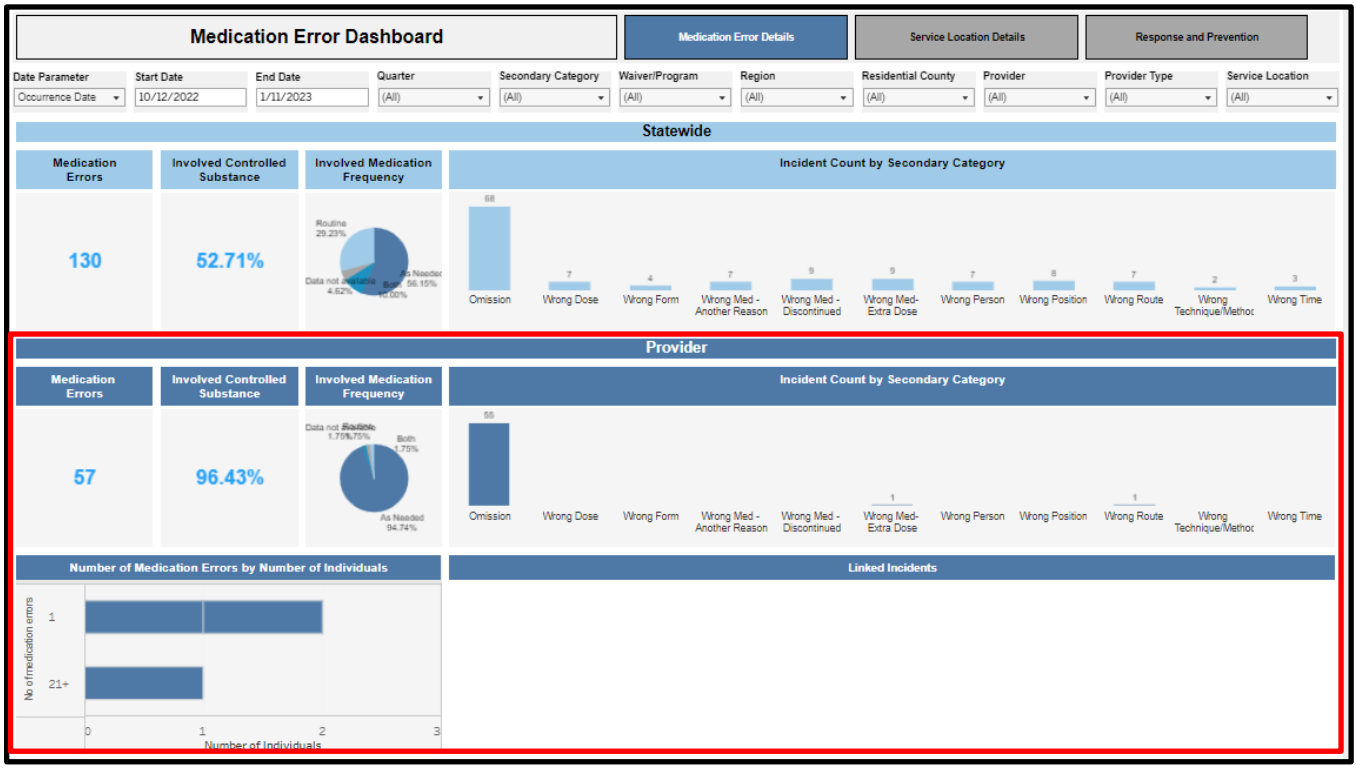
To drill-down to the data for specific information about the medication error or response you wish to view, click on the name or number of incidents. This will update all data across all views of the dashboard.

Why did the error occur?	
Misread label	57
Did not get prescription or refill from health care provider	9
Another individual obtained unattended medication	8
Did not compare log to label	7
Did not order prescription or refill from pharmacy	4
Misidentified person	4
Did not pick up prescription or refill from pharmacy	3
Did not receive prescription ordered from pharmacy	3
Got wrong prescription from pharmacy	3
Mixed up size or strength of tablets	3
Unknown	3
Other	2
Error in Medication Administration Record (MAR)/Medication Log	1
Miscommunication between residential provider and day service provider	1

What was the response to the error?	
Observed for side effects	55
Contacted Agency Nurse	13
Contacted Health Care Professional	11
Contacted 911	8
Contacted Program Supervisor/Specialist	7
No action taken at the time of discovery	6
Contacted Poison Control	4
Hospitalization	4
Assessment at ER	3
Blood work/lab work/additional testing of medication levels completed	3
Other (please specify)	3
Contacted program supervisor	2
Called poison control	1
Contacted health care professional	1
ER visit	1

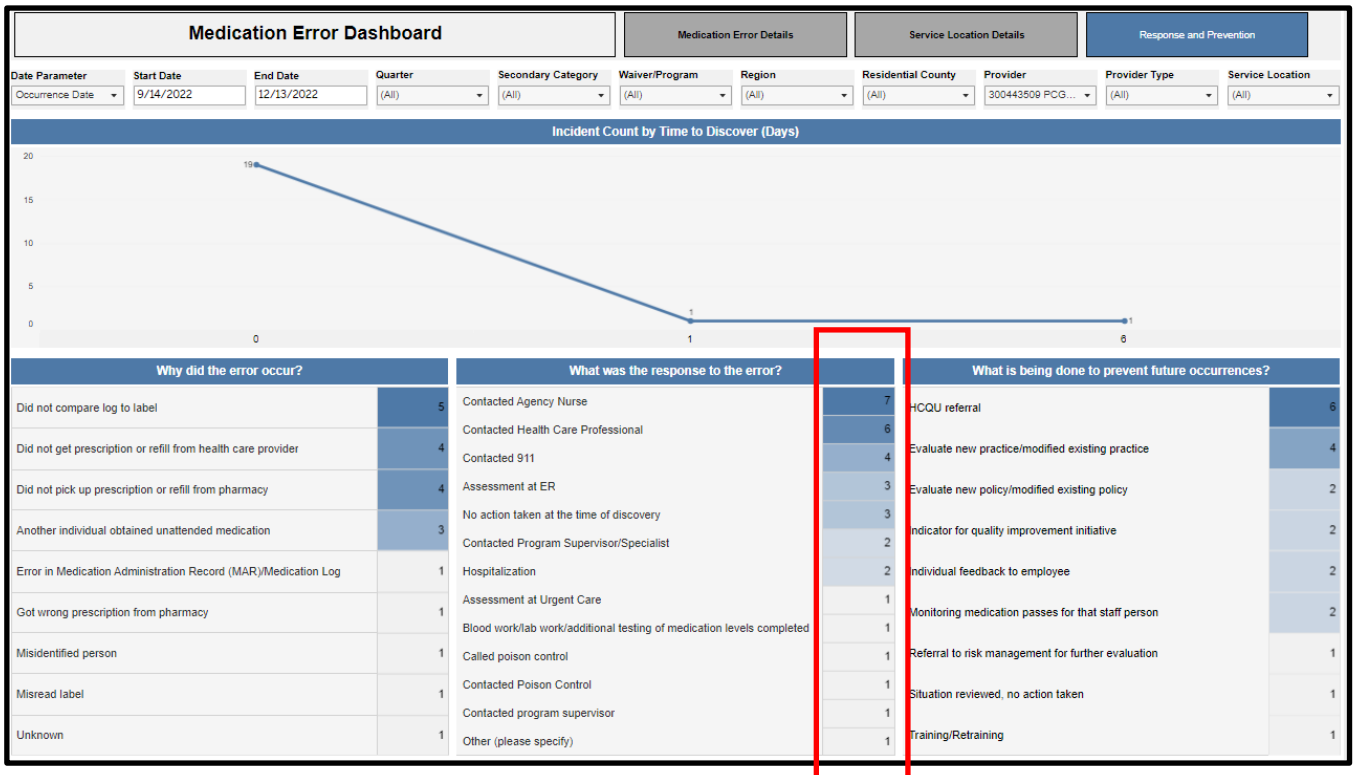
What is being done to prevent future occurrences?	
Training/Retraining	57
Evaluate new practice/modified existing practice	12
HCQU referral	11
Indicator for quality improvement initiative	11
Evaluate new policy/modified existing policy	9
Individual feedback to employee	2
Other	2
Situation reviewed, no action taken	2
Monitoring medication passes for that staff person	1
Referral to risk management for further evaluation	1

For example, once the name Misread Label (with 57 medication errors) is clicked, the provider data on the Medication Error Details tab updated.



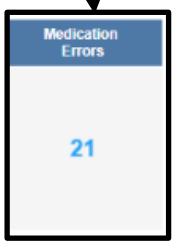
Response and Prevention View Data

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 <u>higher</u> 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.



Total from the Medication Error Details View