

Incident Reporting Form **Instructions**

September 2011

NOTE: Please ensure that at the end of the submission process the following is displayed at the top of your screen in bold red print:

“Thank you. Data has been submitted to the Department of Health.”

This identifies that your incident has been submitted to the Department of Health.

To submit the incident online:

- 1) Log onto the HCS at: <https://commerce.health.state.ny.us/>
- 2) Navigate to NH Surveillance (listed under “My Applications” on the left side of your screen).
- 3) Select “Data Entry” from the DataEntry menu.
- 4) Select the activity “NH INCIDENT”.
- 5) Select “Add New” to start reporting a new incident. -Or-
Select an incident from the drop down menu to continue a previously started incident (skip to (7) below)

Home Topics HCS Applications Contact Us Logout NYSDOH Health Commerce System

Add to Fav. Print

Nursing Home Surveillance and Reporting System (nuhsur) Session expires in 30 min Last Access 06/30/11 04:25 PM

Home Communication Field Custom Data Entity Activity Form DataEntry Report SystemAdmin Logout

[Data Entry] Home Mark A Ferman (maf20) From OHSM [nuhsurprog]

Activity: NH_INCIDENT

Reporting Org.: [Nursing Home (pfi)] Internal Test Nursing Home (pfi - 8888) (8888)

Data Form: NH_INCIDENT_REPORT

Data Entity Type: NH Incident

NH Incident: Please select NH Incident Add New

NYS DOH | HIN | HPN | Back to Home | Logout | 27 Online User(s) HERDS II System Ver: 3.83 Built: 06/07/10 02:33 PM

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6) Enter the date and time of the incident. Enter one or more keywords to help you identify the incident in the drop down menu on the previous screen (for example, the resident’s name, or the incident type or location for widespread incidents like fire or power outage). Click on “Save”, then click on “Back to Data Entry”.

Home Documents Applications My Accounts Help Contact Us Logout

Add to Fav. Print

Nursing Home Surveillance and Reporting System (nuhsur) Session expires in 30 min Last Access 09/08/11 09:49 AM

Home Communication Field Custom Data Entity Activity Form DataEntry Report SystemAdmin Logout

[Data Entry] Home > Data Entry Mark A Ferman (maf20) From OHSM [nuhsurprog]

Data have been saved successfully

Reporting Org.: Internal Test Nursing Home (pfi - 8888)

Data Entity Type: NH Incident

Data Entity: 09/07/2011 12:25 PM Bob Jones

Delete Back to Data Entry

Save

Incident Type Independent Data

*Date of occurrence (mm/dd/yyyy): 09/07/2011

*Time of occurrence (hh:mm AM/PM): 12:25 PM

*Incident keyword(s) ("John Smith", "Fire", "Bldg A, 2nd Floor"): Bob Jones

Save

End Date: 09/15/2011

NYS DOH | HIN | HPN | Back to Home | Logout | 47 Online User(s) HERDS II System Ver: 3.83 Built: 06/07/10 02:33 PM

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8) Complete all incident summary questions on the INCIDENT OVERVIEW tab (accessed by clicking on “INCIDENT OVERVIEW” directly above the form questions). **This tab is required for all incidents, regardless of incident type.** Click on “Save”.

Data Entry

NH INCIDENT REPORT

Instructions | **INCIDENT OVERVIEW** | RESIDENTS | WITNESS | ACCUSED | ABUSE | CARE PLAN | RESIDENT PROPERTY | QUALITY OF CARE | ELOPEMENT | FIRE SMOKE | EQUIPMENT | PHYSICAL PLANT | OTHER

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

Incident Overview

*Describe the occurrence:

*Describe the facility's plan of action:

*Conclusion of facility investigation:

*Changes in facility policy or procedure/ Plan to prevent recurrence:

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

9) Add Resident(s) (if appropriate) on the RESIDENTS tab (accessed by clicking on “RESIDENTS” directly above the form questions). Click on “Add Resident” to add a resident, complete all questions on the tab, and click on “Save” after each resident added. You can add multiple residents by repeating this process.

Data Entry

NH INCIDENT REPORT

Instructions | INCIDENT OVERVIEW | **RESIDENTS** | WITNESS | ACCUSED | ABUSE | CARE PLAN | RESIDENT PROPERTY | QUALITY OF CARE | ELOPEMENT | FIRE SMOKE | EQUIPMENT | PHYSICAL PLANT | OTHER

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

Add Resident

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

Data Entry

NH INCIDENT REPORT

Instructions | INCIDENT OVERVIEW | **RESIDENTS** | WITNESS | ACCUSED | ABUSE | CARE PLAN | RESIDENT PROPERTY | QUALITY OF CARE | ELOPEMENT | FIRE SMOKE | EQUIPMENT | PHYSICAL PLANT | OTHER

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

Resident Remove this Resident

If widespread or pattern, enter only [3] example affected residents.

*Resident name:

*Current location:

*Primary diagnosis:

*Cognitive status:

Add Resident

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

10) Add Witness(es) (if appropriate) on the WITNESS tab (accessed by clicking on “WITNESS” directly above the form questions). Click on “Add Witness” to add a witness, complete all questions on the tab, and click on “Save”. You can add multiple witnesses by repeating this process.

Data Entry

NH INCIDENT REPORT

Instructions | INCIDENT OVERVIEW | RESIDENTS | **WITNESS** | ACCUSED | ABUSE | CARE PLAN | RESIDENT PROPERTY | QUALITY OF CARE | ELOPEMENT | FIRE SMOKE | EQUIPMENT | PHYSICAL PLANT | OTHER

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

Add Witness

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

Data Entry

NH INCIDENT REPORT

Instructions | INCIDENT OVERVIEW | RESIDENTS | **WITNESS** | ACCUSED | ABUSE | CARE PLAN | RESIDENT PROPERTY | QUALITY OF CARE | ELOPEMENT | FIRE SMOKE | EQUIPMENT | PHYSICAL PLANT | OTHER

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

Witness Remove this Witness

*Witness: Staff Resident Family Visitor

*Name:

Title:

Address:

Phone number:

*Synopsis of statement:

Add Witness

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

11) Add Accused (if appropriate) on the ACCUSED tab (accessed by clicking on “ACCUSED” directly above the form questions). Click on “Add Accused” to add an accused, complete all questions on the tab, and click on “Save”. You can add multiple accused by repeating this process.

Data Entry

NH INCIDENT REPORT

Instructions | INCIDENT OVERVIEW | RESIDENTS | WITNESS | **ACCUSED** | ELOPEMENT | FIRE SMOKE | EQUIPMENT | PHYSICAL PLANT | OTHER

ABUSE | CARE PLAN | RESIDENT PROPERTY | QUALITY OF CARE

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

Add Accused

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

Data Entry

NH INCIDENT REPORT

Instructions | INCIDENT OVERVIEW | RESIDENTS | WITNESS | **ACCUSED** | ELOPEMENT | FIRE SMOKE | EQUIPMENT | PHYSICAL PLANT | OTHER

ABUSE | CARE PLAN | RESIDENT PROPERTY | QUALITY OF CARE

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

Accused Remove this Accused

*Accused: Staff Resident Family Visitor

*Name:

Title:

Relationship to resident:

*Gender: M-Male F-Female

*Does the accused have a history of prior abuse, mistreatment, or neglect? Yes No

Describe occurrences and dates:

The following questions pertain to accused staff members only:

Does the employee still have contact with residents? Yes No

Date of Birth:

Certification or license number:

Address:

Phone number:

Add Accused

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

12) Complete all questions on the incident type tab(s) matching your selected incident type(s) (accessed by clicking on the tab name matching the incident type directly above the form questions). Click on “Save” after completing the questions on each tab. *Please ensure that you complete all appropriate tabs for multi-type incidents.* The example shown below is the tab used for any ABUSE type incident:

Data Entry

NH INCIDENT REPORT

Instructions INCIDENT OVERVIEW RESIDENTS WITNESS ACCUSED
ABUSE CARE PLAN RESIDENT PROPERTY QUALITY OF CARE ELOPEMENT FIRE SMOKE EQUIPMENT PHYSICAL PLANT OTHER

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

Abuse Incidents

Describe physical injury / psychosocial outcome to resident and treatment provided:

Action taken in regard to the accused:

Steps taken to ensure the resident's safety:

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

13) Preview and submit the data to DOH.

- Click on “Preview Data to be Submitted” (near the top of the screen).
- Review data and click on “Proceed to Submit Data to DOH” (near the top of the screen).
- The screen will display **“Thank you. Data has been submitted to the Department of Health.”**

REMEMBER:

Unless you have seen **“Thank you. Data has been submitted to the Department of Health.”** the incident has not been reported to the Department of Health.