

Facility Incident Reporting

Tutorial

December 1, 2018



*Division of Long Term Care Residents Protection
Delaware Health and Social Services*

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Purpose of this Application

This application is provided by the Delaware Health and Social Services, Division of Long Term Care Residents Protection. It is designed to allow long term care facilities in Delaware to quickly and easily submit Incident and Follow Up Reports through the Internet, using a web browser. You must have a **Facility Web Code**, issued by the Division, to use this application. Contact the Division toll-free at 1-877-453-0012 to apply for a Facility Web Code.

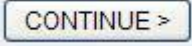
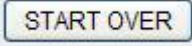
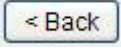
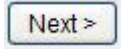
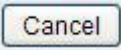


There are four areas of data to complete for each Incident Report: **Reporting Person, Incident Details, Resident(s), and Person(s) Involved/Witness(es)**. As you are filling each section, the application will validate your input before allowing you to move on to the next area. Once you have completed all four areas you will be able to review and modify your data before submitting it to the Division.

There is only one area of data to complete for the Follow Up Report. Your name, your position and the follow up details are required to submit the Follow Up Report.


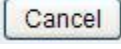

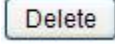
After successfully submitting each report, you will have the opportunity to save an electronic copy of the report and print a paper copy. You **will not** be able to make any changes after submission of an Incident or Follow Up Report. Please contact the Division if there is any missing or incorrect information in your report.

Common Features






Navigation

| | |
|---|--|
|  | <p>Once the Facility is confirmed, click Continue to enter an Incident Report or Follow Up Report.</p> |
|  | <p>If the Facility is found but is not correct, click Start Over to open the Facility Web Code box and enter a different Facility Web Code.</p> |
|  | <p>Returns to the previous screen. If there are any errors on the current screen, navigation is prohibited.</p> |
|  | <p>Moves to the next screen. If there are any errors on the current screen, navigation is prohibited.</p> |
|  | <p>Returns to the Home screen. The current Facility Web Code will be retained, but any information entered about the Incident will be lost and cannot be recovered.</p> |
|  | <p>Click any of the visible tabs to navigate to a set of information. If that set hasn't been entered yet, the tab won't be visible.</p> |
|  | <p>These buttons appear in the pop-up confirmation boxes. Click OK for Yes or Cancel for No.</p> |

Data Entry

| | |
|---|--|
|  | <p>The Save button is only available when adding/editing a Resident or Person Involved/Witness. It saves the data in memory, but does not submit the data to the Division.</p> |
|  | <p>The Cancel button on the Resident and Person Involved/Witness add/edit screen will cancel the add/edit of the Resident or Person Involved/Witness. It will not cancel the entire Incident Report.</p> |
|  | <p>After a Resident or Person Involved/Witness is added, the data may be edited IF the Incident Report has not been submitted. Click Edit on the appropriate line in the grid.</p> |
|  | <p>After a Resident or Person Involved/Witness is added, the data may be deleted IF the Incident Report has not been submitted. Click Delete on the appropriate line in the grid. This data cannot be recovered.</p> |

Help/Tips

| | |
|---|--|
|  | Help button. Click to view helpful information on how to enter data on the current screen. |
|  | Edit masks are provided for phone numbers, dates, and social security numbers. You may type the numbers in without entering the dashes or slashes, i.e. 8005551212 for a phone number. |
|  | If a field uses radio buttons for selection, once you select one of the choices you can only select a different one if your choice is incorrect. You cannot go back to no selection at all. |
|  | Any field labeled with a * is required to submit the Incident Report. |
|  | <p>Use the calendar button to choose a date instead of typing it in. Click the calendar button to display or hide the calendar. If the date is far in the past, it may be easier to type it in and then use the calendar for minor adjustments.</p> <p>To select a date in an earlier month in the same year, after clicking the calendar button to bring up the calendar, click the arrow to the left of the month name, then click the desired month's abbreviation from the list.</p> <p>To select a date in an earlier year, after clicking the calendar button to bring up the calendar, click the arrow to the left of the month name to display month abbreviations, then click the same arrow again to show a list of years.</p> <ul style="list-style-type: none">a.) If the year you want is showing, click it, then click the desired month's abbreviation from the list.b.) If the year you want is earlier than any of the years showing, click the earliest year showing, then click the arrow again to display a list of earlier years.c.) If the year you want is still not showing, repeat (b) above, otherwise click the desired month's abbreviation from the list. |

Confirming the Facility

The first step in entering an Incident or Follow Up report is to use your Facility Web Code to identify yourself and your facility.

Delaware Health and Social Services

Division of Health Care Quality - LTCRP - Incident Reporting Application

Facility Web Code

CONFIRM

CONTINUE > OR START OVER

PLEASE NOTE:

- If you are new to this application, you may want to run through our [Tutorial](#) before creating a new Incident Report.
- To print Incident and Follow Up reports, you must have [Adobe® Reader](#) installed and any pop-up blockers disabled.

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Version 2.1.0.0

Figure 1 - Home Screen

1. Enter your **Facility Web Code**. This code will be supplied to your Facility by the Division.
2. Click the **CONFIRM** button.
 - a. If the Facility name and location *are not valid* an error message will appear. Correct the Facility Web Code and click **CONFIRM** again.
 - b. If the Facility name and location appear but *it is not your facility*, click **START OVER** and reenter your Facility Web Code.
 - c. If the Facility name and location are *correct*, click **CONTINUE >**. The “Create NEW Incident Report” and “Add Follow Up Information” buttons will appear.

Creating a New Incident Report



Figure 2 - Start Screen

1. Click . The **Reporting Person** screen will appear.

Reporting Person

This screen captures the contact information for the person reporting the incident. The screen will be automatically populated with the contact information from the Facility confirmed. However, you may change any of the pre-populated information.

Delaware Health and Social Services
Division of Long Term Care Residents Protection - Incident Reporting Application
Accord Health Service at Brandywine

Reporting Person

Enter your information (as the person reporting this incident):

| | | | |
|---------------|--------------------------|-----------------|----------------------|
| First Name:* | <input type="text"/> | Address Line 1: | 505 Greenbank Rd |
| Last Name:* | <input type="text"/> | Address Line 2: | <input type="text"/> |
| Position:* | -- Select -- | City: | Wilmington |
| Phone Number: | 302-998-0101 | State (eg DE): | DE |
| Email: | contact@AccordHealth.org | Zip Code: | 19808-3164 |

* Required

Next > Cancel

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Delaware Health and Social Services
Division of Health Care Quality - LTCRP - Incident Reporting Application
Labor Works

Reporting Person

Enter your information (as the person reporting this incident):

| | | | |
|---------------|----------------------|-----------------|-------------------------|
| First Name:* | <input type="text"/> | Address Line 1: | 2500 W. 4th St. Suite 2 |
| Last Name:* | <input type="text"/> | Address Line 2: | <input type="text"/> |
| Position:* | -- Select -- | City: | Wilmington |
| Phone Number: | 302-655-9675 | State (eg DE): | DE |
| Email: | <input type="text"/> | Zip Code: | 19805-____ |

On-Call: Yes No

* Required

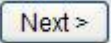
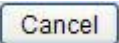
Next > Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Version 2.1.0.0

Figure 3 - Reporting Person Screen

1. Enter the **First Name*** up to 30 characters.
2. Enter the **Last Name*** up to 30 characters.
3. Select the **Position*** from the drop-down list.
4. Enter or modify the **Phone Number**. Type in numbers only, the dashes are already in place.
5. Enter or modify the **Email** address up to 40 characters.
6. If the reporting person is on-call, click Yes.
7. Enter or modify the **Address Line 1** up to 40 characters.




8. Enter or modify the **Address Line 2** up to 40 characters. Use this for Suite #, Apartment #, PO Box, etc.
9. Enter or modify the **City** up to 30 characters.
10. Enter or modify the 2 character **State**.
11. Enter or modify the **Zip Code**. The plus 4 number is optional.
12. Click  to save the Reporting Person information and move to the Incident Details screen.
13. Click  to return to the Facility Web Code confirm screen. Any data entered so far will be lost!

Incident Details

This screen captures the details related to the Incident.

The screenshot shows the 'Incident Details' screen of the 'Division of Health Care Quality - LTCRP - Incident Reporting Application'. The page header includes the Delaware Health and Social Services logo and the text 'Delaware Health and Social Services'. Below the header, it says 'Division of Health Care Quality - LTCRP - Incident Reporting Application' and 'Labor Works'. The main content area is titled 'Enter the Details of the Incident:' and contains several fields: 'Incident Date:*' with a date picker set to 11/01/2018; 'Incident Time:*' with a time picker set to 11:11 and a note '(Military Style, e.g. 0500 or 1525)'; 'Resident to Resident?:*' with radio buttons for 'Yes' and 'No'; 'Primary Incident Type:*' with a dropdown menu set to 'Fraud'; 'Secondary Incident Type: (Click ANY additional that apply)' with a multi-select list containing 'Abuse', 'Death', 'Elopement', 'Fall', and 'Financial Exploitation', with a note '(Hold CTRL key to select or de-select multiple items)'; 'Other*:' with a text input field containing 'other description'; and 'Description of the Incident:*' with a text area containing 'what happened here...'. A note below the text area states: 'Description of incident must include what occurred prior to, during and immediately following the incident, as well as the resident account of incident (if applicable). Include specifics of the alleged incident including frequency of incident (i.e. prone to falls, care planned for falls, etc)'. At the bottom, there are three buttons: '< Back', 'Next >', and 'Cancel'. A legend at the bottom left indicates '* Required'.

Figure 4 - Incident Details Screen

1. Enter the **Incident Date*** either by typing or clicking the .
2. Enter the **Incident Time*** in military style, e.g. 0500 or 1525.
3. If this incident was **Resident to Resident** click Yes.
4. Select the **Primary Incident Type*** from the drop-down list.
5. If there are multiple Incident Types, select additional types from the **Secondary Incident Type** box. Hold the **Ctrl** key to select more than one. To de-select a choice, hold **Ctrl** and click the choice.
6. Enter a **Brief Description of the Incident***.
7. Click  to save the Incident Detail information and move to the Residents screen.
8. Click  to return to the Facility Web Code confirm screen. Any data entered so far will be lost!

Note: if you select “Abuse” as Primary Incident Type, you need to fill out the following additional fields:

Primary Incident Sub-Type*: (Click ANY sub type that apply)

Emotional
Physical
Sexual

(Hold CTRL key to select or de-select multiple items)

Accused*: Family Other Staff Visitor

Other*:

Figure 4.1 Primary Incident Sub-Type Information

Note: if you select “Fall” as Primary Incident Type, you need to fill out the following additional fields:

Primary Incident Sub-Type*: Unwitnessed Witnessed

Figure 4.2 Primary Incident Sub-Type Information

Resident(s)

This screen captures information related to the one (or many) Residents affected by this Incident.

Add Resident

Figure 5 - Resident(s) Screen (empty)

1. Click **ALL RESIDENTS** if the Incident affected many Residents at the Facility then skip to **Step 15**. No single Resident may be added if ALL RESIDENTS is checked.

OR


2. Click **ADD RESIDENT** to add information on a single Resident.

Division of Long Term Care Residents Protection - Incident Reporting Application

Accord Health Service at Brandywine

Resident(s) ?

(No Residents Added)

| | |
|--|---|
| First Name:* <input type="text"/> | Injury Level:* <input type="text" value="-- Select --"/> |
| Last Name:* <input type="text"/> | Alert: <input type="radio"/> Yes <input type="radio"/> No |
| Date of Birth: <input type="text" value="__/__/____"/>  | Oriented: <input type="radio"/> No <input type="radio"/> X1 <input type="radio"/> X2 <input type="radio"/> X3 |
| Gender:* <input type="radio"/> Male <input type="radio"/> Female | Physician Notified:* <input type="radio"/> Yes <input checked="" type="radio"/> No |
| SSN: <input type="text" value="__-__-____"/> | Family Notified:* <input type="radio"/> Yes <input checked="" type="radio"/> No |

* Required


Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Division of Health Care Quality - LTCRP - Incident Reporting Application

Labor Works

Resident(s) ?

(No Residents Added)

| | |
|---|---|
| First Name:* <input type="text" value="a"/> | Last Name:* <input type="text" value="b"/> |
| Date of Birth*: <input type="text" value="01/01/2002"/>  | Gender:* <input checked="" type="radio"/> Male <input type="radio"/> Female |
| Injury Level:* <input type="text" value="Injury During Transfer"/> | Oriented*: <input checked="" type="radio"/> NO <input type="radio"/> X1 <input type="radio"/> X2 <input type="radio"/> X3 |
| Alert*: <input checked="" type="radio"/> Yes <input type="radio"/> No | Resident Interviewed*: <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Why the Resident was not Interviewed?*: <input type="text"/> | Physician Notified*: <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Physician Name*: <input type="text"/> | Physician Phone*: <input type="text" value="__-__-____"/> |
| Family/Representative Notified*: <input checked="" type="radio"/> Yes <input type="radio"/> No | Family/Representative Name*: <input type="text"/> |
| Family/Representative Name*: <input type="text"/> | Family/Representative Relationship*: <input type="text"/> |
| Family/Representative Phone*: <input type="text" value="__-__-____"/> | |

* Required

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Version 2.1.0.0

Figure 6 - Resident Data Entry Screen

3. Enter the **First Name*** up to 30 characters.
4. Enter the **Last Name*** up to 30 characters.
5. Enter the **Date of Birth** of the Resident.
6. Select the **Gender*** of the Resident.

7. Select the **Injury Level*** of the Resident from the drop-down list.
 8. If the Resident was **Alert** after the Incident, choose Yes otherwise choose No.
 9. Choose the **Oriented** level.
 10. If the resident was not interviewed, click No and explain.
 11. If the **Physician** was **Notified**, click Yes, and enter Physician Name and Phone Number.
 12. If the **Family/Representative** was **Notified**, click Yes, and enter name, relationship, and phone number.
9. Click and the **Resident** added will appear in the Residents grid.
 10. Click to return to the Residents screen. Any data entered so far will be lost!

Reporting Person | Incident Details | Resident(s)

| First Name | Last Name | SSN | DOB | Gen | Injury Level | Alert | Oriented | Phys Not | Fam Not | | |
|------------|-----------|-------------|------------|-----|--------------|-------|----------|----------|---------|-------------------------------------|---------------------------------------|
| Jane | Doe | 555-55-5555 | 10/31/1930 | F | N/A - Other | Y | X2 | Y | N | <input type="button" value="Edit"/> | <input type="button" value="Delete"/> |

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 7 - Residents Screen (one Resident)

11. Click to enter another **Resident** affected by the Incident.

OR

12. Click to enter **Persons Involved** in or **Witnesses** of the Incident.

Edit Resident

Resident information may be modified only if the Incident Report has not been submitted.



The screenshot shows the 'Resident(s)' tab in the 'Incident Reporting Application'. It features a table with two resident entries. Each entry has an 'Edit' button. Below the table are navigation buttons: '< Back', 'Next >', and 'Cancel'. At the top of the table area is an 'ADD RESIDENT' button. The header of the table includes columns for First Name, Last Name, SSN, DOB, Gen, Injury Level, Alert, Oriented, Phys Not, and Fam Not. A footer bar contains contact information for the Division.


| First Name | Last Name | SSN | DOB | Gen | Injury Level | Alert | Oriented | Phys Not | Fam Not | | |
|------------|-----------|-------------|------------|-----|-------------------------|-------|----------|----------|---------|------|--------|
| Jane | Doe | 333-33-3333 | 10/31/1930 | F | Injury During Transport | Y | X2 | Y | Y | Edit | Delete |
| John | Smith | 222-22-2222 | 01/01/1900 | M | Injury During Transport | N | No | Y | Y | Edit | Delete |

< Back Next > Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 8 - Residents Screen (two Residents)

1. Click next to the desired **Resident**. The Resident data will appear in the edit area. You must click or to return to the Incident Report.



Division of Health Care Quality - LTCRP - Incident Reporting Application

Labor Works

Resident(s) ?

| First Name | Last Name | DOB | Gen | Injury Level | Alert | Oriented | Phys Not | Fam Not | | |
|------------|-----------|------------|-----|------------------------|-------|----------|----------|---------|------|--------|
| a | b | 01/01/2002 | M | Injury During Transfer | Y | NO | Y | Y | Edit | Delete |

First Name*: Last Name*:
 Date of Birth*:  Gender*: Male Female
 Injury Level*: 
 Alert*: Yes No Oriented*: NO X1 X2 X3
 Resident Interviewed*: Yes No
 Why the Resident was not Interviewed?:*
 Physician Notified*: Yes No
 Physician Name*: Physician Phone*:
 Family/Representative Notified*: Yes No
 Family/Representative Name*: Family/Representative Relationship*:
 Family/Representative Phone*:

* Required

Figure 9 - Residents Screen (data entry open)

2. Modify the **First Name*** up to 30 characters.
3. Modify the **Last Name*** up to 30 characters.
4. Modify the **Date of Birth** of the Resident.
5. Modify the **Gender*** of the Resident.
6. Modify the **Injury Level*** of the Resident from the drop-down list.
7. If the Resident was **Alert** after the Incident, choose Yes otherwise choose No.
8. Modify the **Oriented** level.
9. If the resident was not interviewed, click No and explain.
10. If the **Physician** was **Notified**, click Yes, and enter Physician Name and Phone Number.
11. If the **Family/Representative** was **Notified**, click Yes, and enter name, relationship, and phone number.
12. Click and the updated Resident will appear in the Residents grid.
13. Click to return to the Residents screen. Any modifications will be lost!



Division of Long Term Care Residents Protection - Incident Reporting Application

Accord Health Service at Brandywine



Reporting Person Incident Details Resident(s)

ADD RESIDENT

| First Name | Last Name | SSN | DOB | Gen | Injury Level | Alert | Oriented | Phys Not | Fam Not | | |
|------------|-----------|-------------|------------|-----|-------------------------|-------|----------|----------|---------|------|--------|
| Jane | Doe | 333-33-3333 | 10/31/1932 | F | N/A - Other | Y | X2 | N | Y | Edit | Delete |
| John | Smith | 222-22-2222 | 01/01/1900 | M | Injury During Transport | N | No | Y | Y | Edit | Delete |

< Back

Next >

Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 10 - Residents Screen (updated)

Delete Resident

Resident information may be deleted only if the Incident Report has not been submitted.



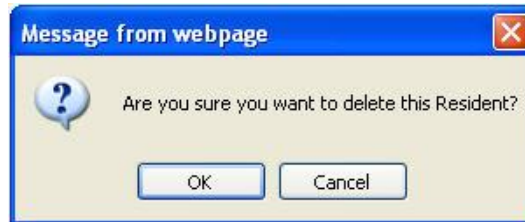
The screenshot shows the 'Residents Screen' in the 'Incident Reporting Application'. It features a navigation bar with 'Reporting Person', 'Incident Details', and 'Resident(s)'. Below the navigation bar is an 'ADD RESIDENT' button and a table with the following data:

| First Name | Last Name | SSN | DOB | Gen | Injury Level | Alert | Oriented | Phys Not | Fam Not | | |
|------------|-----------|-------------|------------|-----|-------------------------|-------|----------|----------|---------|------|--------|
| Jane | Doe | 333-33-3333 | 10/31/1932 | F | N/A - Other | Y | X2 | N | Y | Edit | Delete |
| John | Smith | 222-22-2222 | 01/01/1900 | M | Injury During Transport | N | No | Y | Y | Edit | Delete |

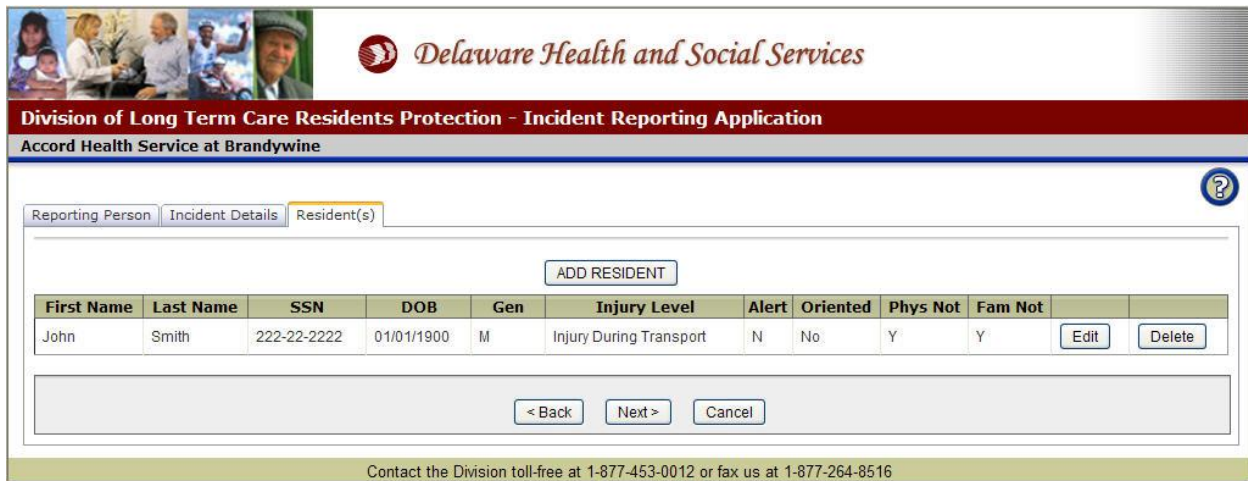
Below the table are navigation buttons: '< Back', 'Next >', and 'Cancel'. At the bottom, contact information is provided: 'Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516'.

Figure 11 - Residents Screen (two Residents)

1. Click next to the appropriate **Resident**. A confirmation box will appear.



2. Click to permanently delete the Resident or to keep the Resident.



The screenshot shows the 'Residents Screen' after one resident has been deleted. The table now contains only one entry:

| First Name | Last Name | SSN | DOB | Gen | Injury Level | Alert | Oriented | Phys Not | Fam Not | | |
|------------|-----------|-------------|------------|-----|-------------------------|-------|----------|----------|---------|------|--------|
| John | Smith | 222-22-2222 | 01/01/1900 | M | Injury During Transport | N | No | Y | Y | Edit | Delete |

The rest of the interface, including the navigation bar, 'ADD RESIDENT' button, and contact information, remains the same as in Figure 11.

Figure 12 - Residents Screen (Resident deleted)

Person(s) Involved/Witness(es)

Add Person

Person(s) Involved and Witness(es) are not required to submit an Incident Report. Click if there are no persons involved or witnesses related to the incident.

Delaware Health and Social Services
Division of Long Term Care Residents Protection - Incident Reporting Application
Accord Health Service at Brandywine

Reporting Person | Incident Details | Resident(s) | Person(s) Involved/Witness(es)

(No Persons Added)

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 13 - Person Screen

1. Click to add information on a single **Person** or **Witness**.

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Division of Long Term Care Residents Protection - Incident Reporting Application
Accord Health Service at Brandywine

Person(s) Involved/Witness(es)

(No Persons Added)

Person Involved Witness

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 14 - Person Screen (select person type)

2. Choose whether the Person is **Involved** or a **Witness**. A Person Involved was a participant in the Incident. A Witness saw the Incident but was not directly involved. Figures 1 & 2 below show the data entry areas for each as they are different.



Delaware Health and Social Services

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Accord Health Service at Brandywine

Person(s) Involved/Witness(es)

(No Persons Added)

Person Involved Witness

First Name:* Street Address:

Last Name:* City:

Position:* -- Select -- State (eg DE):


Phone Number: Zip Code:

Date of Birth: Alt Phone Number:

Gender:* Male Female SSN:

* Required

Figure 15 - Person Involved (data entry)



Delaware Health and Social Services

Division of Health Care Quality - LTCRP - Incident Reporting Application

Labor Works

Person(s) Involved/Witness(es)

(No Persons Added)

Person Involved Witness

First Name:* Street Address:

Last Name:* City:

Position:* -- Select -- State (eg DE):

Phone Number: Zip Code:

Unable to obtain additional witness information: Yes No

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

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Figure 16 - Witness (data entry)

3. Enter the **First Name*** up to 30 characters.
4. Enter the **Last Name*** up to 30 characters.
5. Select the **Position*** of the Person.
6. Enter the **Phone Number** of the Person.

7. Enter the **Date of Birth** of the Person (*Involved only*).
8. Select the **Gender*** of the Person (*Involved only*).
9. Enter or modify the **Street Address** up to 40 characters.
10. Enter or modify the **City** up to 30 characters.
11. Enter or modify the 2 character **State**.
12. Enter or modify the **Zip Code**. The plus 4 number is optional.
13. Enter the **Alternate Phone Number** of the Person (*Involved only*).
14. Enter the **Social Security Number** of the Person (*Involved only*). Partial numbers are not allowed.
15. When adding a witness, click “Unable to obtain additional witness information” if you do not have witness information.
16. Click and the **Person** added will appear in the Persons grid.
17. Click to return to the Persons screen. Any data entered so far will be lost!

Reporting Person | Incident Details | Resident(s) | **Person(s) Involved/Witness(es)**

| First Name | Last Name | Position | Phone | Alt Phone | Type | Edit | Delete |
|------------|-----------|----------|--------------|--------------|------|-------------------------------------|---------------------------------------|
| Sue | Jones | Nurse | 800-555-1212 | 800-555-2121 | I | <input type="button" value="Edit"/> | <input type="button" value="Delete"/> |

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 17 - Person Screen (person involved added)

18. Click to enter another **Person Involved** or **Witness**.
- OR**
19. Click to Review the **Incident** data.

Edit Person

Person information may be edited only if the Incident Report has not been submitted.

Reporting Person | Incident Details | Resident(s) | **Person(s) Involved/Witness(es)**

ADD PERSON

| First Name | Last Name | Position | Phone | Alt Phone | Type | | |
|------------|-----------|----------------------|--------------|--------------|------|------|--------|
| Sue | Jones | Nurse | 800-555-1212 | 800-555-2121 | I | Edit | Delete |
| Bob | Knight | Facility Maintenance | 800-555-1212 | | W | Edit | Delete |

< Back | Next > | Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 18 - Person Screen (two Persons)

1. Click next to the desired **Person**. The Person data will appear in the edit area. You must Save or Cancel to return to the Incident Report.

Person(s) Involved/Witness(es)

ADD PERSON

| First Name | Last Name | Position | Phone | Alt Phone | Type | | |
|------------|-----------|--------------|-------|-----------|------|------|--------|
| a | b | -- Select -- | | | W | Edit | Delete |

Person Involved Witness

First Name:* Street Address:

Last Name:* City:

Position:* State (eg DE):

Phone Number: Zip Code:

Unable to obtain additional witness information: Yes No

Save | Cancel

Figure 19 - Person Screen (data entry open)

2. Modify the **First Name*** of the Person, up to 30 characters.
3. Modify the **Last Name*** of the Person, up to 30 characters.
4. Modify the **Position*** of the Person.
5. Modify the **Phone Number** of the Person.
6. Modify the **Date of Birth** of the Person (*only on Involved*).

7. Modify the **Gender*** of the Person (*only on Involved*).
8. Modify the **Street Address** up to 40 characters.
9. Modify the **City** up to 30 characters.
10. Modify the 2 character **State**.
11. Modify the **Zip Code**. The plus 4 number is optional.
12. Modify the **Alternate Phone Number** of the Person (*only on Involved*).
13. Modify the **Social Security Number** of the Person (*only on Involved*). Partial numbers are not allowed.
13. Click and the updated **Person** will appear in the Persons grid.
14. Click to return to the Persons screen. Any modifications will be lost!

Reporting Person | Incident Details | Resident(s) | **Person(s) Involved/Witness(es)**

| First Name | Last Name | Position | Phone | Alt Phone | Type | | |
|------------|-----------|----------------------|--------------|--------------|------|-------------------------------------|---------------------------------------|
| Sue | Jones | Nurse | 800-555-1212 | 800-555-2121 | I | <input type="button" value="Edit"/> | <input type="button" value="Delete"/> |
| Bob | Knight | Facility Maintenance | 888-555-1212 | | W | <input type="button" value="Edit"/> | <input type="button" value="Delete"/> |

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 20 - Person Screen (person updated)

Delete Person

Person information may be deleted only if the Incident Report has not been submitted.



Reporting Person | Incident Details | Resident(s) | Person(s) Involved/Witness(es)

ADD PERSON

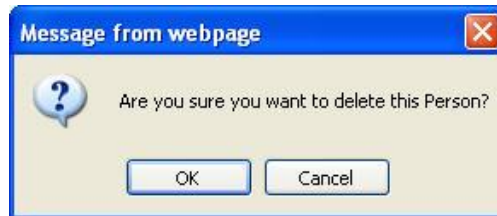
| First Name | Last Name | Position | Phone | Alt Phone | Type | | |
|------------|-----------|----------------------|--------------|--------------|------|------|--------|
| Sue | Jones | Nurse | 800-555-1212 | 800-555-2121 | I | Edit | Delete |
| Bob | Knight | Facility Maintenance | 800-555-1212 | | W | Edit | Delete |

< Back Next > Cancel

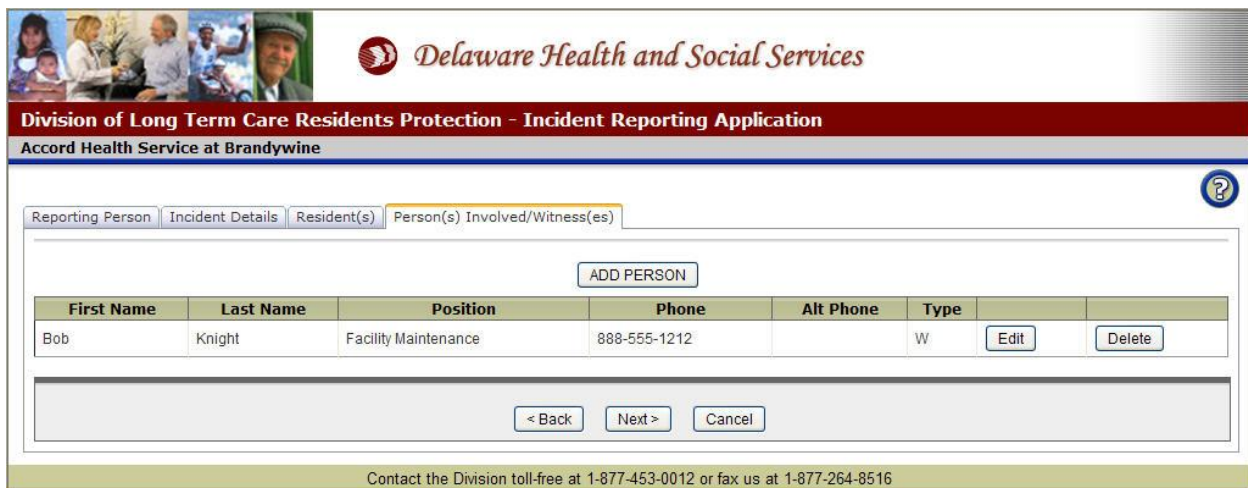
Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 21 - Person Screen (two Persons)

1. Click next to the appropriate **Person**.



2. Click to permanently delete the **Person** or to back out without deleting the Person.



Reporting Person | Incident Details | Resident(s) | Person(s) Involved/Witness(es)

ADD PERSON

| First Name | Last Name | Position | Phone | Alt Phone | Type | | |
|------------|-----------|----------------------|--------------|-----------|------|------|--------|
| Bob | Knight | Facility Maintenance | 888-555-1212 | | W | Edit | Delete |

< Back Next > Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 22 - Person Screen (person deleted)

Review and Submit the Incident Report

This screen allows you to review the Incident Report data before submitting it to the Division. If there is any incorrect or missing data that needs to be modified, click the appropriate tab to return to that set of information. Once the Incident Report has been submitted, the data cannot be changed.

Click **SUBMIT** to complete the **Incident Report** or **Cancel** to return to the home screen without submitting (and lose all data entered).

Delaware Health and Social Services
Division of Health Care Quality - LTCRP - Incident Reporting Application
Labor Works

Reporting Person | Incident Details | Resident(s) | Person(s) Involved/Witness(es) | **Review Incident Report**

Incident Details

| | | | |
|-------------------|---|-----------|---|
| Reporting Person: | s s | Facility: | Labor Works |
| Address: | 2500 W. 4th St. Suite 2 Wilmington, DE 19805 | Address: | 2500 W. 4th St. Suite 2 Wilmington, DE 19805 |
| Phone: | 302-655-9675 | Phone: | 302-655-9675 |
| Email: | s | | |
| Position: | Certified Nurse Aide (Facility) | | |

| | | | |
|-----------------------|-----------------|-----------------------|---|
| Incident Date/Time: | 11/1/2018 11:22 | Resident-to-Resident: | N |
| Incident Type(s): | Fall | | |
| Incident Description: | s | | |

Resident(s)

| | | | | | | | |
|---------------|------------------------|------------------|---|---------------------|----|--------|---|
| Resident: | a b | Gender: | M | Physician Notified: | Y | Alert: | Y |
| DOB: | 1/1/2002 | Family Notified: | Y | Oriented: | NO | | |
| Injury Level: | Injury During Transfer | | | | | | |

Person(s) Involved/Witness(es)

| | | | | | | |
|----------|-----|-----------|--------------|--------|---|--------------------------------------|
| Name: | a b | Position: | -- Select -- | Phone: | * | <input type="text" value="Witness"/> |
| Address: | * | | | | | |

Do you have additional information to add to this incident? if Yes, click the Incident Details tab above.

Click **SUBMIT** to send the report to the Division of Health Care Quality - LTCRP.

You will be able to print the Incident Report (with the Web Intake ID #) after successfully submitting your data.

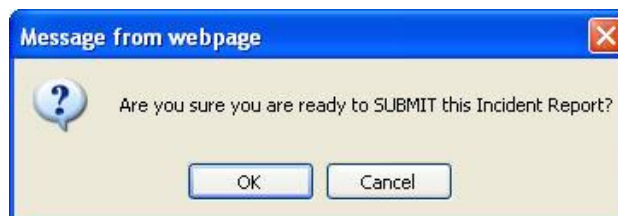
Once you click Submit, be prepared to print and/or save PDF document for future reference. Be sure Pop-up blocker is off.

If required by regulation, you must submit a 5-day Follow-up within 5 business days of initial reported incident. Failure to submit 5-day follow-up may result in a substantial fine(s) per CMS and/or State Regulations.

Version 2.1.0.0

Figure 23 - Incident report (before submit)

When you click **SUBMIT**, a confirmation box will pop up:



Click  to submit the **Incident Report** or  to stay on the Review Incident Report screen.

Save and Print the Incident Report

If the **Incident Report** has been successfully submitted, this screen will appear:

The screenshot shows a web application interface. At the top left, there is a collage of five small images showing people in various settings. To the right of the collage is the logo for Delaware Health and Social Services, which consists of a red circle with a white bird-like symbol and the text "Delaware Health and Social Services" in a serif font. Below this is a dark red banner with the text "Division of Long Term Care Residents Protection - Incident Reporting Application" and "Accord Health Service at Brandywine" in white. The main content area has a white background with a thin border. At the top left of this area is a small box with the text "Submit Successful". In the center, the text "Submit Successful" is displayed in a large, bold, red font. Below this, a message reads: "Your Incident Report has been submitted. The Web Intake ID# is 68. You MUST have the Web Intake ID# to enter Follow Up information later." Below the message is a button labeled "VIEW DOCUMENT". At the bottom of the main content area, there is a warning: "Once you leave this screen you will not be able to view or print the document." Below the warning are two buttons: "Enter Another Incident Report" and "EXIT". At the very bottom of the page, there is a light green footer bar with the text: "Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516".

Figure 24 - Incident Report (submitted successfully)

1. Click to print and/or save the **Incident Report** (next page).

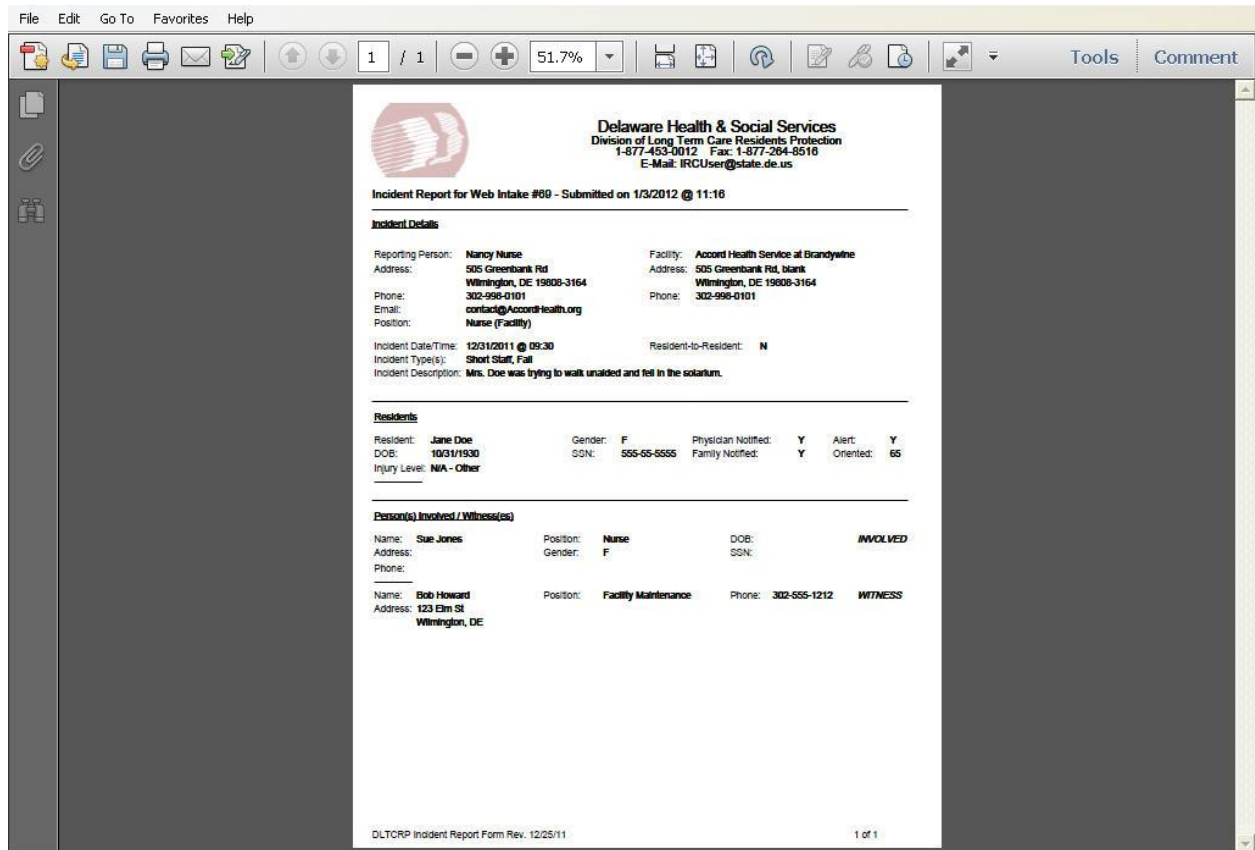


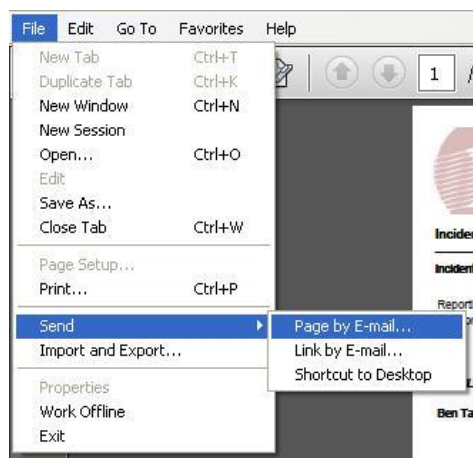


Figure 25 - Incident Report (in Adobe PDF)

2. Click the  to **Save** a copy of the Incident Report electronically.
3. Click the  to **Print** a copy of the Incident Report.
4. To send the Incident Report to someone by email, click the **File** menu and select **Send => Page by E-mail...**



An email window will appear with the **Incident Report** as an attachment. Depending on what email service you use, your window may look different. Add the recipient's email address and any clarifying information and click Send. This **will not** save the Incident Report on your computer.

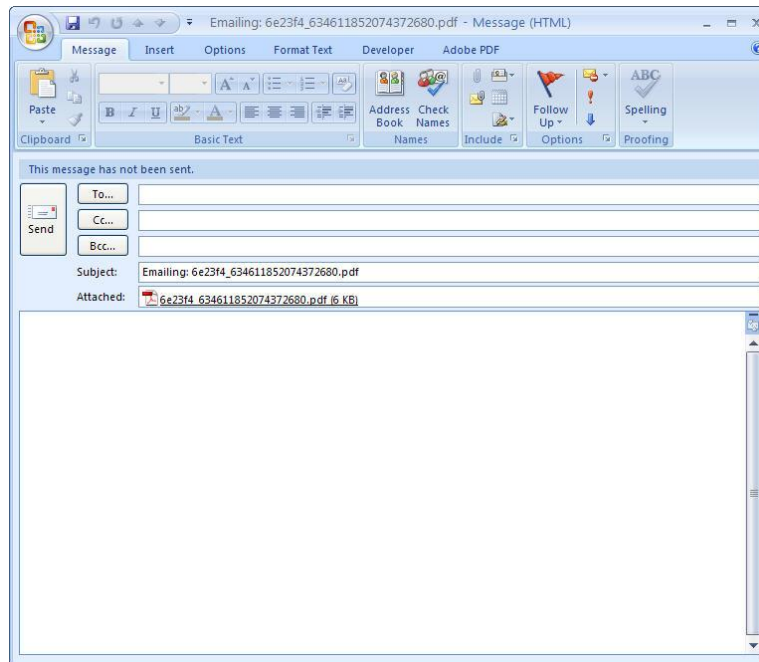


Figure 26 - Emailing Incident Report

5. Click **Enter Another Incident Report** to return to the **Reporting Person** page and skip the Facility confirmation step. Your 30 minute time limit will start over.
6. Click **EXIT** to return to the **Home** screen.

Add Follow Up Information

Follow up information may be added to an existing **Incident Report**. After confirming the Facility information on the home screen, click **CONTINUE >** to access this screen:



The screenshot shows the start screen of the Delaware Health and Social Services Incident Reporting Application. At the top, there is a header with the Delaware Health and Social Services logo and the text "Delaware Health and Social Services". Below this is a red banner with the text "Division of Long Term Care Residents Protection - Incident Reporting Application". The main content area is a light gray box containing two buttons: "Create NEW Incident Report" and "Add Follow Up Information". At the bottom of the screen, there is a footer with the text "Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516".

Figure 27 - Start Screen

1. Click **Add Follow Up Information** to access the **Follow Up** screen:



The screenshot shows the Follow Up screen of the Delaware Health and Social Services Incident Reporting Application. At the top, there is a header with the Delaware Health and Social Services logo and the text "Delaware Health and Social Services". Below this is a red banner with the text "Division of Long Term Care Residents Protection - Incident Reporting Application". The main content area is a light gray box containing a "Follow Up" tab, a "Web Intake ID #" input field, a "Confirm" button, and a "Cancel" button. At the bottom of the screen, there is a footer with the text "Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516".

Figure 28 - Follow Up Screen (confirm Web Intake ID)

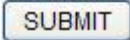
2. Enter the desired **Web Intake ID #**. This ID number appears on the Incident Report.
3. Click **Confirm** to check the validity of the **Web Intake ID #**.
 - a. If the Web Intake ID # is invalid, an error message will appear.
 - b. If the **Web Intake ID #** already has Follow Up information, this screen will appear:

Figure 29 - Follow Up information may only be added once for each Incident Report

c. If the Web Intake ID # is confirmed, the following screen will appear:

Figure 30 - Follow Up Screen (data entry)

4. Enter **Your Name*** up to 50 characters.
5. Enter **Your Position*** up to 50 characters.
6. Enter the **Root Cause Analysis*** up to 4000 characters.
7. Enter the **Result of Investigation*** up to 4000 characters.
8. If changes were made to the Care Plan, select Yes and explain.
9. If system changes were put into place, select Yes and explain.

10. Click . Once the **Follow Up** information has been successfully submitted it cannot be changed.

Save and Print the Follow Up Report

If the **Follow Up Report** has been successfully submitted, this screen will appear:



Figure 31 - Follow Up Screen (after successfully submitting)

1. Click **VIEW DOCUMENT** to save and print the **Follow Up Report**.

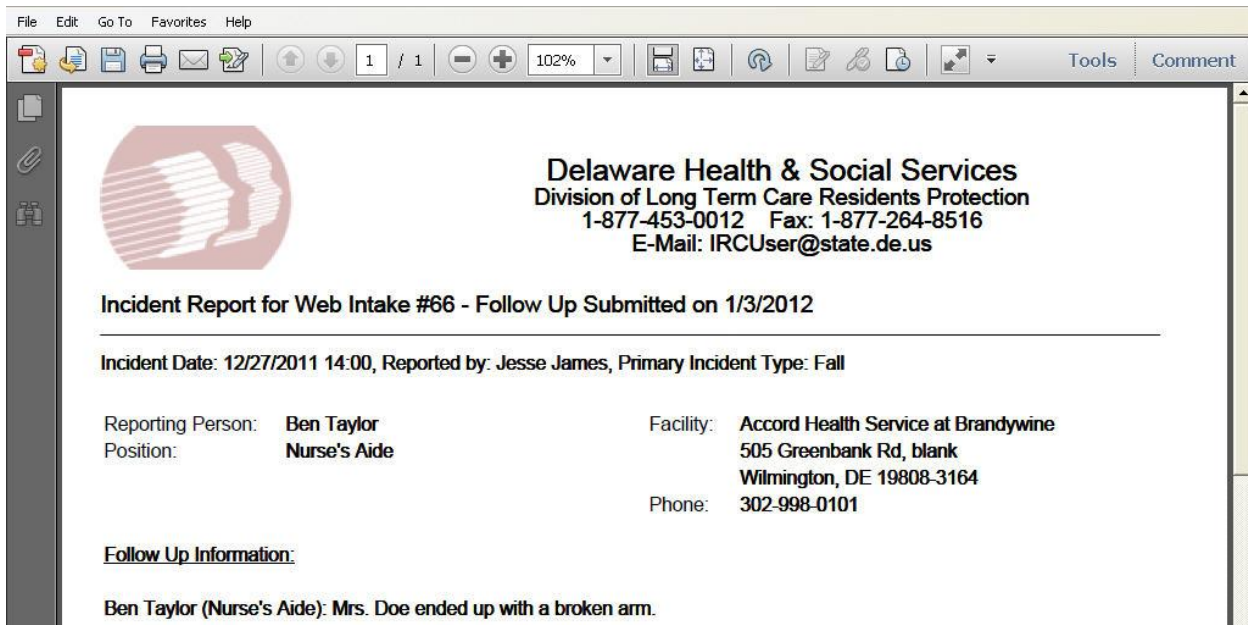


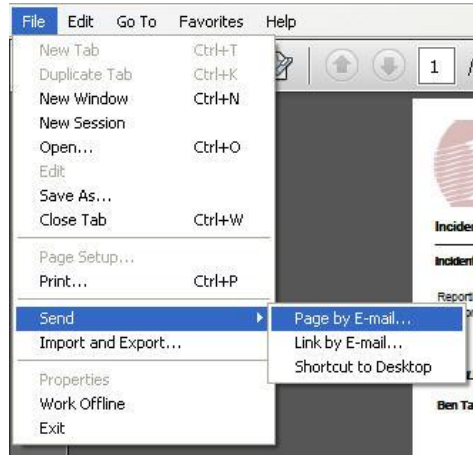


Figure 32 - Follow Up Report

2. Click the  to **Save** a copy of the Follow Up Report electronically.
3. Click the  to **Print** a copy of the Follow Up Report.
4. To send the Follow Up Report to someone by email, click the **File** menu and select **Send => Page by E-mail...**



An email window will appear with the **Follow Up Report** as an attachment. Depending on what email service you use, your window may look different. Add the recipient's email address and any clarifying information and click Send. This **will not** save the Follow Up Report on your computer.

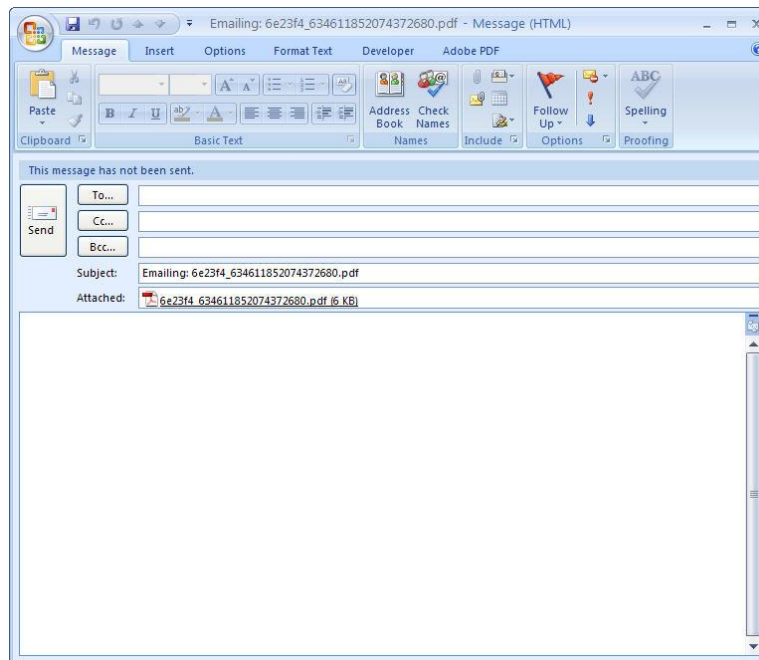


Figure 33 - Emailing Follow Up Report

5. Click to return to the **Home** screen. Your 30 minute time limit will start over.
6. Click to clear the data and enter a follow up for a different **Incident Report**.
7. Click to return to the **Home** screen.