

Health Facilities Division Online Self Reporting Tool *Step-by-Step Instructions*

In an effort to facilitate the timely reporting of accidents or incidents resulting in the death of or injury to clients, patients, residents, or tenants of health care facilities, the Iowa Department of Inspections and Appeals (DIA) has developed an online reporting tool. The "Self Reporting Tool" application can be accessed through the Health Facilities Division's Internet web site at https://dia-hfd.iowa.gov/DIA_HFD/Home.do.

The following information provides basic instructions for health care facilities in using the Self Reporting Tool application. In order to complete an online report, the user¹ must first sign into the Division's web site by clicking the "Login" button located near the top of the left-hand navigation bar. (See Figure 1)

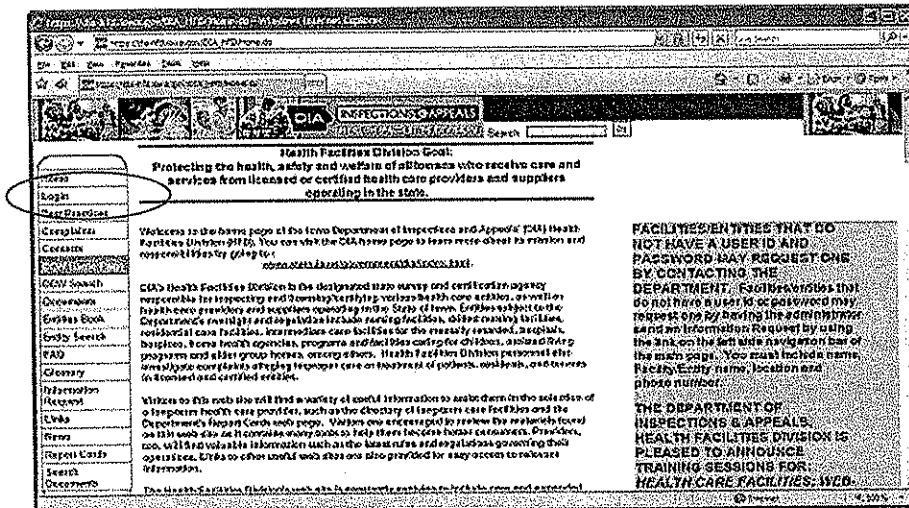


Figure 1

After clicking the login button, a notification box will appear that describes the process for certified nursing assistants (CNAs) to obtain a user ID and password. Facilities that already have a User ID and password may ignore this screen and click the "OK" button to proceed to the "Health Facilities Division Database" sign-on screen. (See Figure 2)

¹ "User" refers to the health care facility or the facility's designated individual(s) who can access the application on behalf of the facility. The Online Self Reporting Tool is designed for facilities to report accidents or injuries involving clients, patients, residents or tenants of health care facilities, as well as other incidents such as suspected abuse, damage to the facility, elopements, suicides, fire, or fire system failures. Individuals who want to report accidents, injuries, or suspected abuse involving health care facility residents should call the Department's toll free Complaint Hotline at 1-877-686-0027.

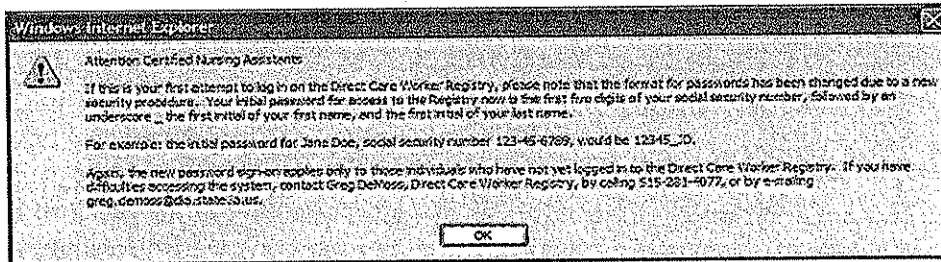


Figure 2

Logging Into the System

Enter your facility's assigned User ID into the Account ID box and your password into the Password box. Click "Sign In" to proceed to your home page. (See Figure 3)

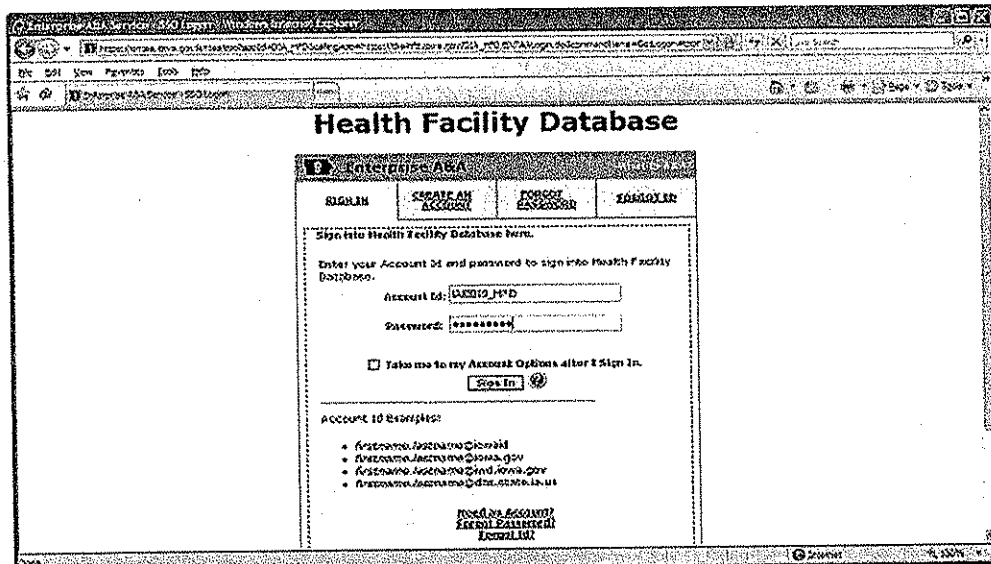


Figure 3

The home page screen displays the facility's name, address, licensing status, and the administrator's name. The home page also displays a list of all CNAs for whom employment history needs to be updated. If you want to verify the employment status of the CNAs at this time, you can navigate to a screen where you may indicate whether the employee is still working for your facility. Note: If you do not have any employees whose employment status must be verified, you will automatically be taken to your facility's home page. (See Figure 4)

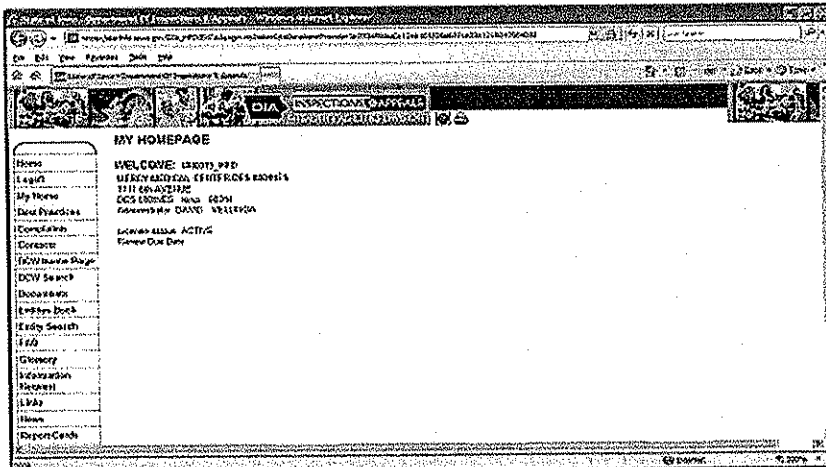


Figure 4

Adding a Self Report

To begin the Self-Reporting tool, simply click the “Add Self Report” button near the bottom of the left-hand navigation bar. (See Figure 5)

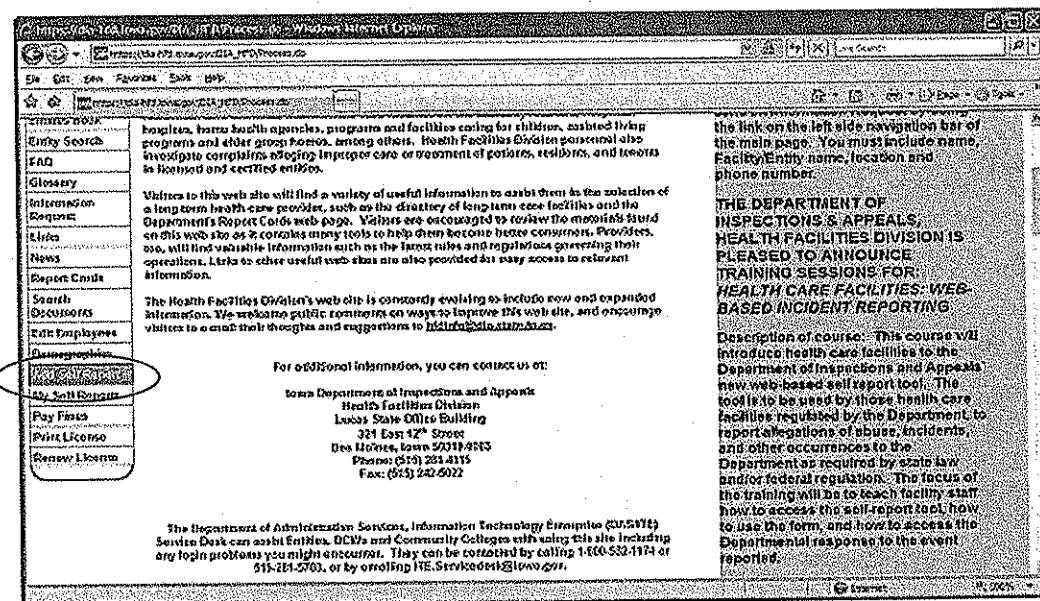


Figure 5

After clicking on the Add Self Report button, a screen appears which contains information about your facility, including the facility’s name, address, telephone number, and e-mail address. Please make sure the Entity Type for your facility is listed correctly. (Note: If the Entity Type is not correct, please log out of the application and use the facility’s User ID and Password to access the system. Each Entity Type – nursing facility, residential care facility, assisted living program, etc. – has it’s own distinct User ID and Password. (See Figure 6)

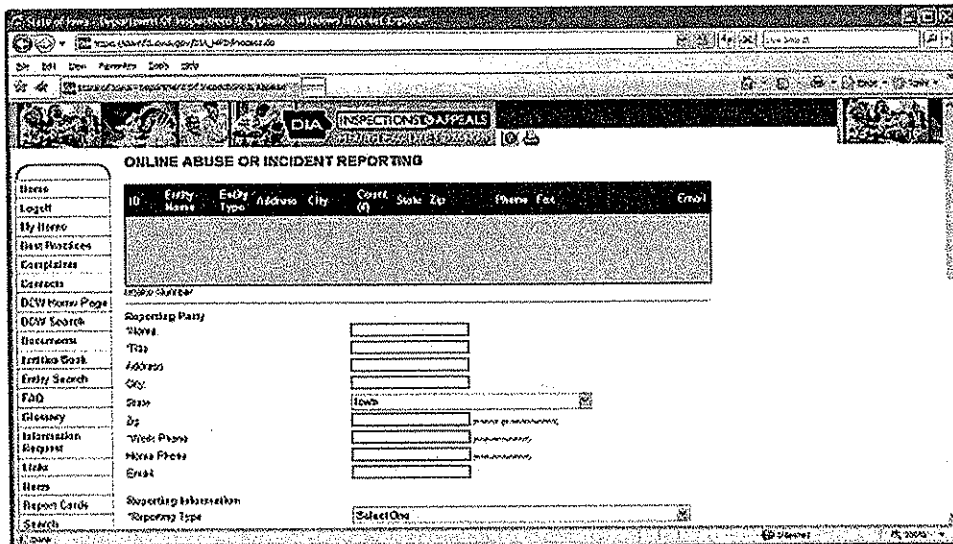


Figure 6

Reporting Person Data

You may start adding information into the various boxes by putting in the reporting person's name and title, along with a telephone number, and a correct email address. It is important we have current contact information in the event DIA staff has questions about the report.

You must also provide reporting information such as Reporting Type, which can be accessed through a drop down box listing the choices available. (See Figure 7) The system will require the user to enter the date using a specified format (mm/dd/yyyy), as well as the time. The field may be selected using the drop down box. Remember to indicate either AM or PM.

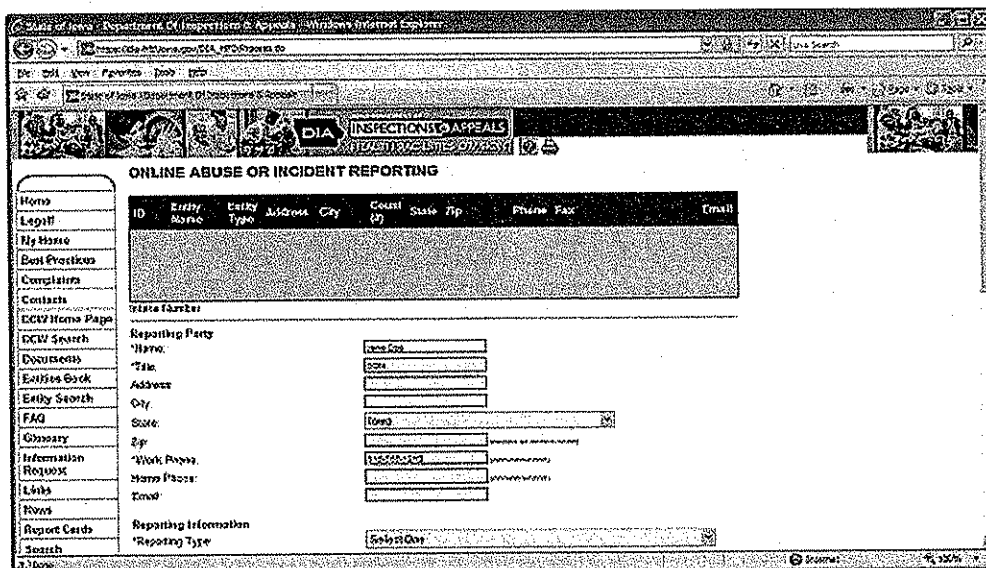


Figure 7

Notification of Law Enforcement and Corrective Action Taken

If you select "Yes" for "Law Enforcement Notified," you will be required to provide additional information for the agency contacted. (See Figure 8)

The screenshot shows a web browser window with a form titled "Report an Incident". The form is divided into several sections. The "Reporting Information" section includes fields for "Reporting Type" (set to "Accident/Injury/Fall"), "Environmental Type" (set to "Slip/Fall"), and "Approximate Date/Time Occurred" (set to "11/18/2008 3:20 PM"). The "Location Occurred" section includes fields for "Location", "Date/Time", and "Day of Week". The "Law Enforcement Notified" section includes a radio button for "Yes" (which is selected) and a "No" option. Below this are fields for "Law Enforcement Agency", "Law Enforcement Contact Name", "Law Enforcement Contact Title", "Law Enforcement Contact Address", "Law Enforcement Contact City", "Law Enforcement Contact State", "Law Enforcement Contact Zip", and "Law Enforcement Phone". There is also a "Facility Summary" field at the bottom.

Figure 8

The user is also required to provide an Incident Summary and the Corrective Action taken to address the accident or incident. The Corrective Action description should include all measures implemented by the facility to prevent a recurrence of the incident, to protect residents from harm, or to address systemic changes made in response to the incident. (See Figure 9)

The screenshot shows a web browser window with a form titled "Report an Incident". The form is divided into several sections. The "Law Enforcement Notified" section includes a radio button for "Yes" (which is selected) and a "No" option. Below this are fields for "Law Enforcement Agency", "Law Enforcement Contact Name", "Law Enforcement Contact Title", "Law Enforcement Contact Address", "Law Enforcement Contact City", "Law Enforcement Contact State", "Law Enforcement Contact Zip", and "Law Enforcement Phone". The "Incident Summary" section includes a text area with the text "Patient fell in bathroom and hit elbow." The "Corrective Action Description" section includes a text area with the text "Hospital Alarm added to bed for patient." The "Report Title" section includes a text area with the text "Patient fell in bathroom and hit elbow." Below this are fields for "Report Name" (set to "Patient fell in bathroom and hit elbow") and "Report Number" (set to "11/18/2008 3:20 PM"). There is also a "Facility Summary" field at the bottom.

Figure 9

At this time you may want to add a name to the report to assist you in recalling the information. Choose a report name that clearly identifies for your facility the content and the nature of the

report. Once you have named your report, click the “Continue” button to save the data you have entered into the system. (See Figure 10)

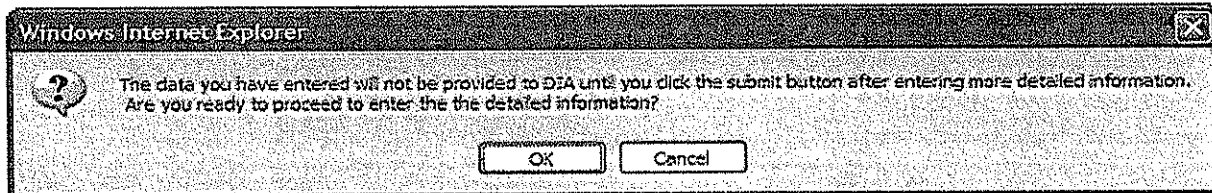


Figure 10

Once you click the “Continue” button, you will see the following message at the top of the screen: “Successfully saved facility self report with id: #XXXX.” If you logout of the system at this time, your draft report will be saved for later use. Note: Saving your report at this time does not transmit it to the Department. (See Figure 11)

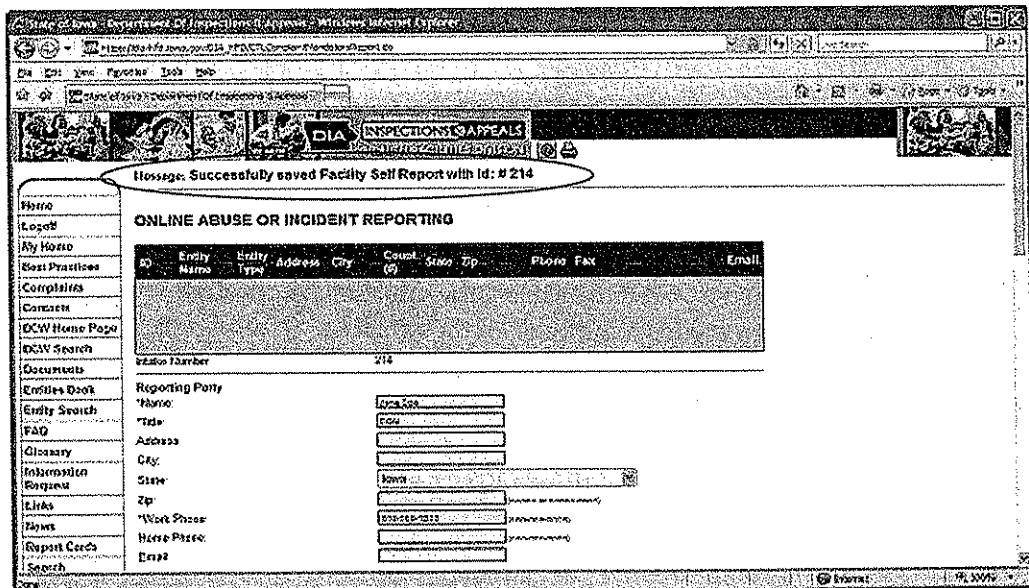


Figure 11

Adding Resident, Alleged Perpetrator, and Witness Information

After saving your report, a new screen will appear with the information you previously entered plus additional new sections. In these sections you can add information about the resident, alleged perpetrator, and witnesses, if appropriate. (See Figure 12)

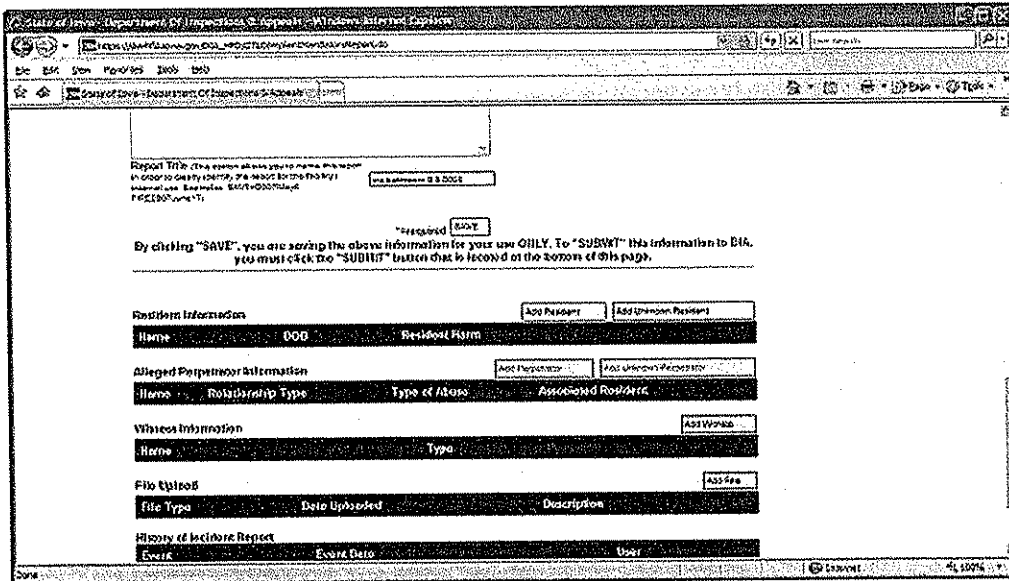


Figure 12

Click on the "Add Resident" button and continue adding information about the resident. Remember you must fill out each required field (indicated by an asterisk *). You may add information by clicking on the drop down boxes and selecting the appropriate choice. (See Figure 13)

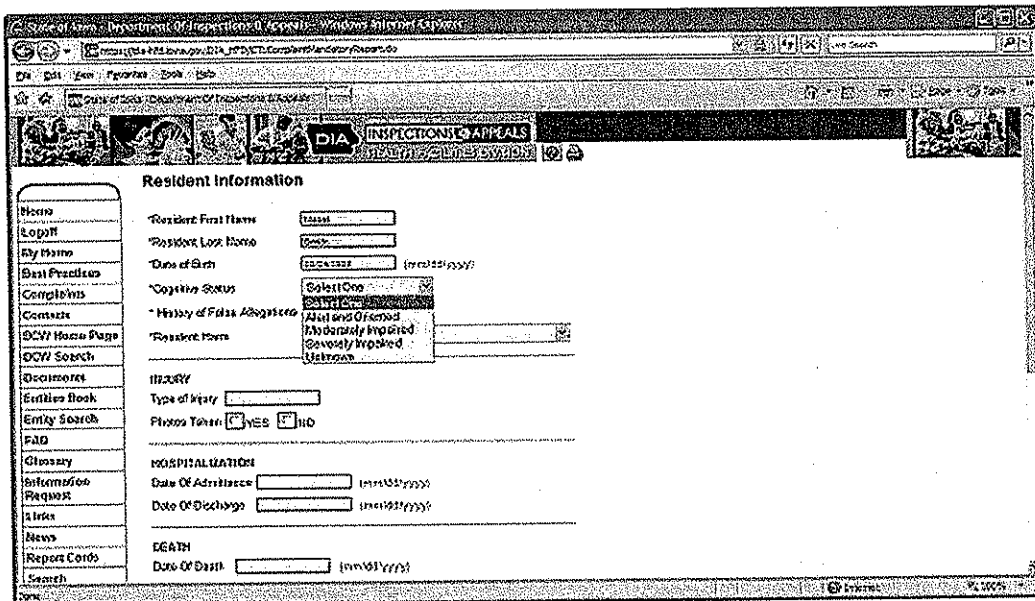


Figure 13

Once you get to the "History of Similar Incident or Injury" box, you must enter relevant information. If there is no history of a similar incident for this resident, enter "None." In the "Resident Statement Summary" field, enter a summary of resident provided information about

the incident. If a resident statement has been created in a Word document or a pdf file, it can be uploaded here also. (See Figure 14)

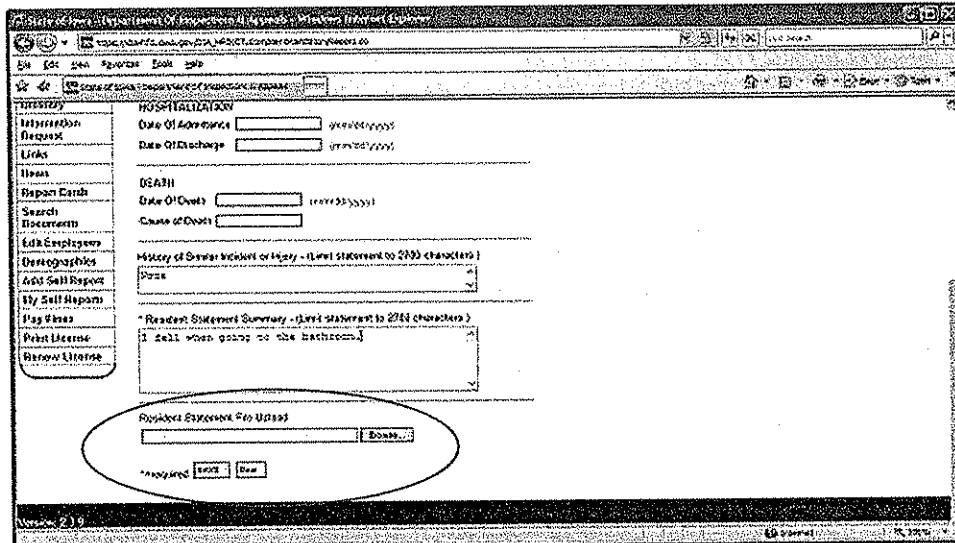


Figure 14

Uploading a File

To upload a file (Word document or pdf), click on the browse button. From the “choose file” screen, locate the file, highlight it, and click the “Open” button. (See Figure 15)

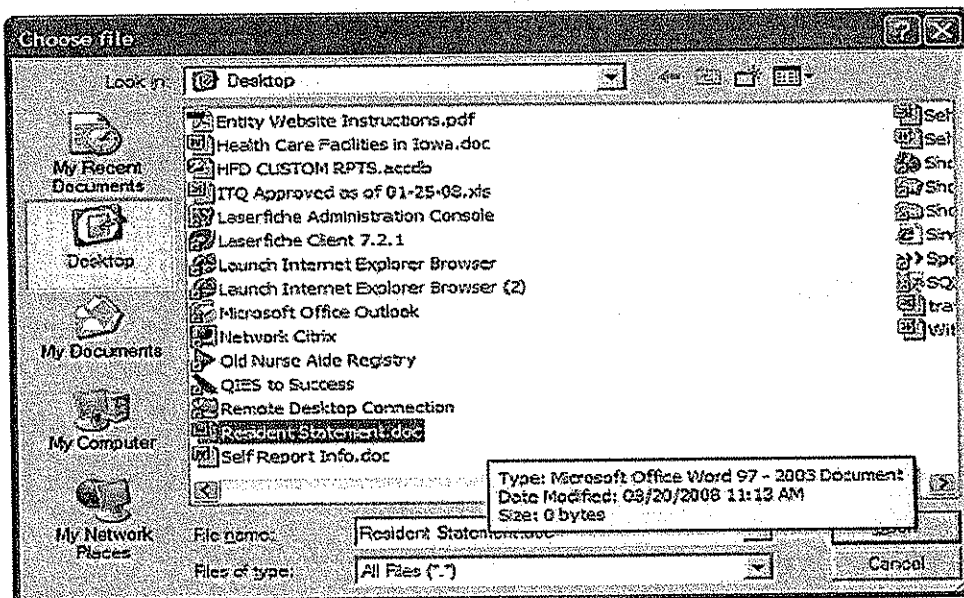


Figure 15

Once your file has been uploaded, click on the “Save” button on the bottom of the page to once again save your report. Saving the report at this stage does not file it with the Department or

fulfill your reporting obligations. The report is only saved for future use by the facility. A message will again appear at the top of the page indicating that your report has been saved. (See Figure 16) From this point, continue to the next field (e.g., Witness, Perpetrator, etc.).

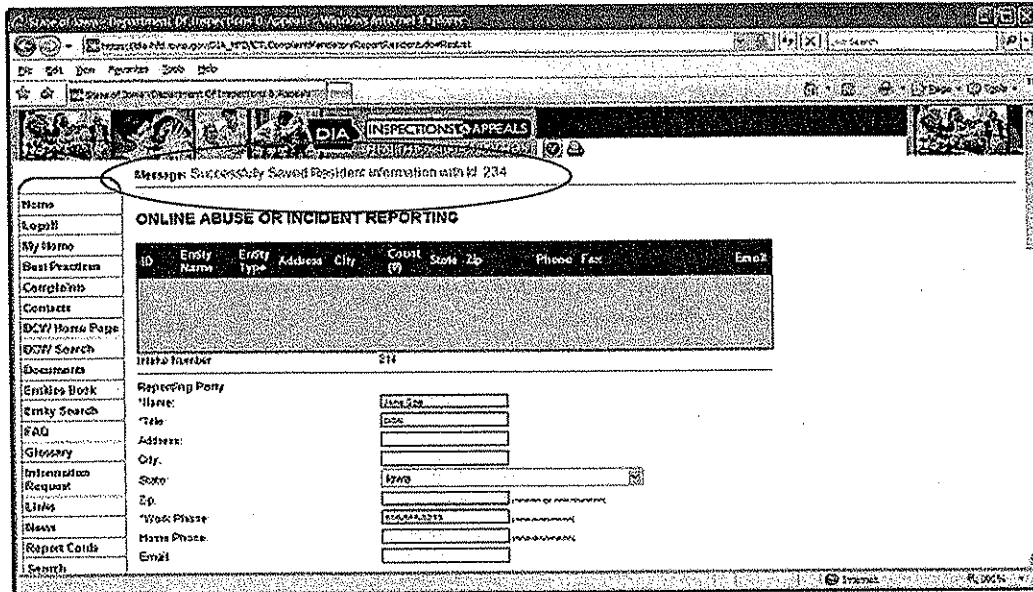


Figure 16

Adding a Witness

If you need to add a witness, click the "Add Witness" button and a new screen will appear. Again, an asterisk marks required fields. Use the drop down box to indicate the "type" of witness. If the witness is a facility employee, select the appropriate employee type from the categories listed. (See Figure 17)

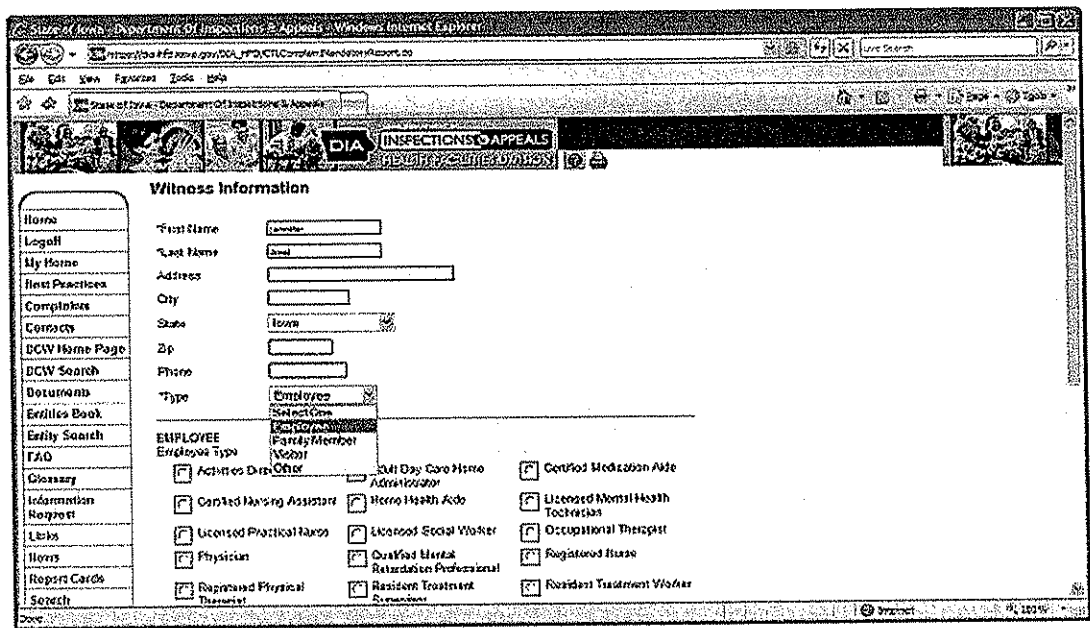


Figure 17

Use the “Witness Statement Summary” box to provide a summary. If you have already prepared a witness statement in a Word document or pdf file, attach the file using the steps described above. If you upload a file, be sure to click the “Save” button before proceeding. The “successfully saved” message will appear at the top of the screen. (See Figure 18)

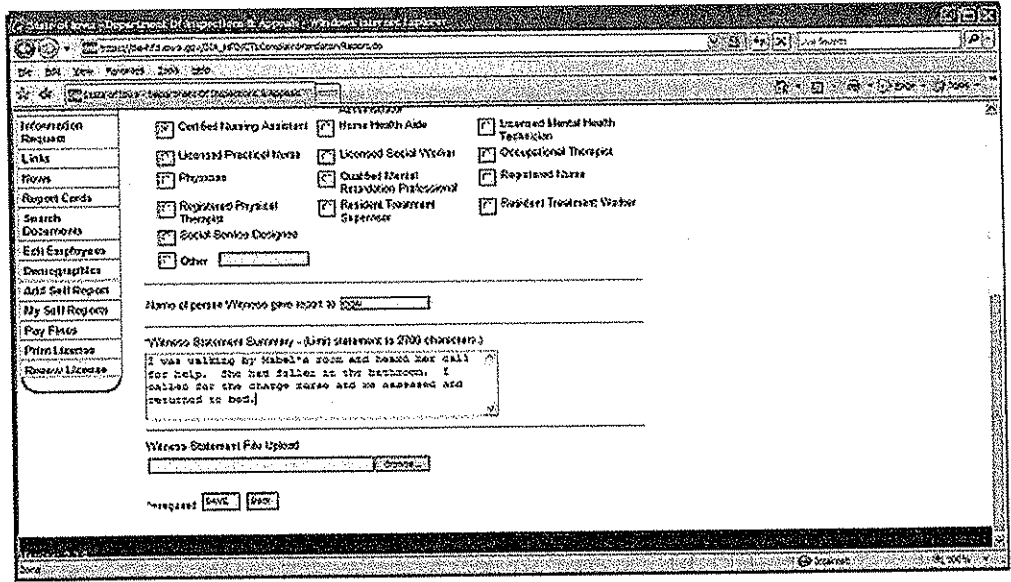


Figure 18

Submitting Your Report to the Department

Once you have completed your report and are ready to transmit it to the Department, click the “Submit” button. (See Figure 19)

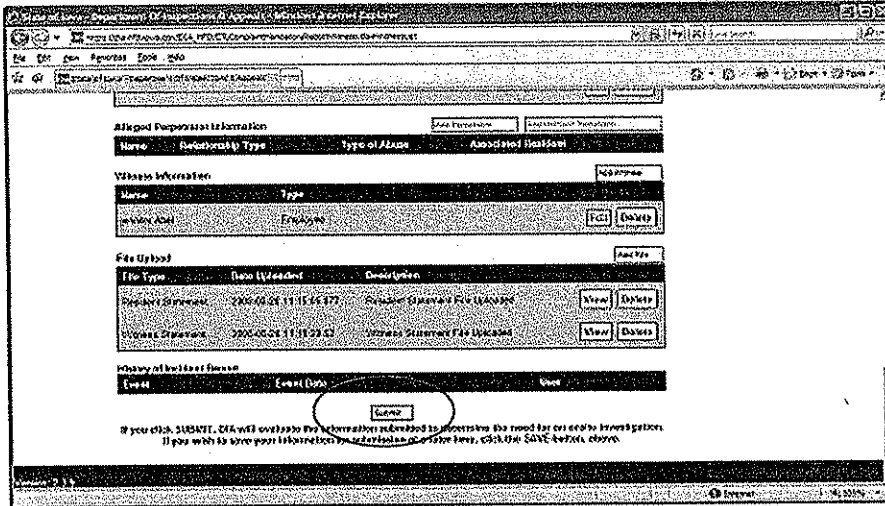


Figure 19

A message will appear to indicate that you are submitting your report to the DIA. If you want to continue, click the "OK" button. (See Figure 20)

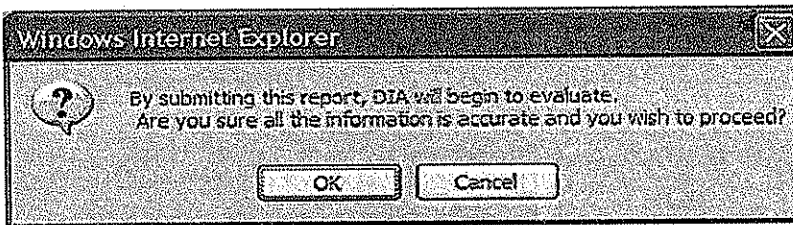


Figure 20

A message will appear at the top of the screen indicating that your report has been transmitted to the Department. (See Figure 21)

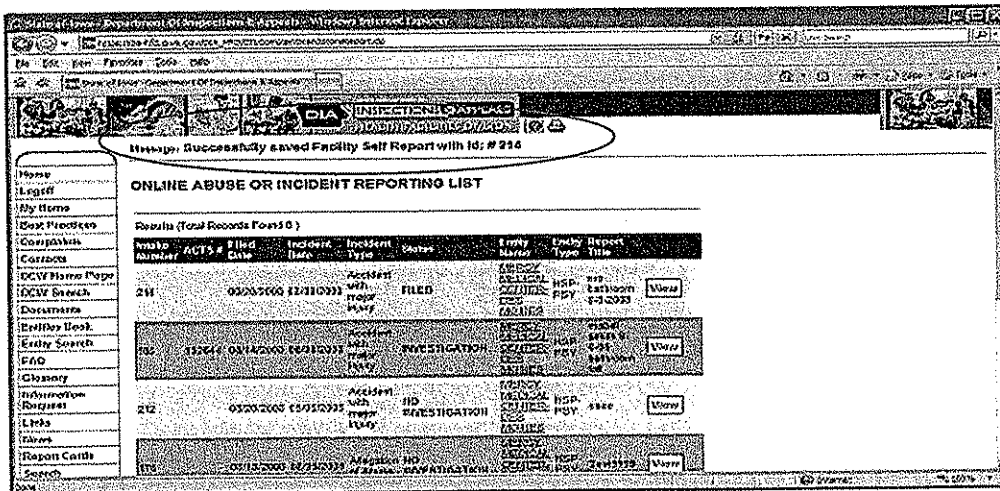


Figure 21

If your report was submitted within the required timeframes, this transmission will fulfill the regulatory requirement for reporting incidents and allegations of abuse. By electronically submitting your report, you should receive a faster response to your report.

After submitting your report, you will be taken back to a listing of all saved or submitted reports. You may also view this list by clicking the "My Self Reports" button. This page lists all reports submitted to DIA using the Online Self Reporting Tool, as well as all saved reports that have yet to be submitted (highlighted in yellow). (See Figure 22)

ONLINE ABUSE OR INCIDENT REPORTING LIST

Results (Total Records Found: 8)

Inkno Number	ACTS #	Filed Date	Incident Date	Incident Type	Status	Entity Name	Entity Type	Report Title	
214		03/20/2008	03/08/2008	Accident with major injury	FILED	MERCY MEDICAL CENTER DES MOINES	HSP-PSY	tra. bathroom 2-8-2008	View
165	182641	03/14/2008	03/08/2008	Accident with major injury	INVESTIGATION	MERCY MEDICAL CENTER DES MOINES	HSP-PSY	tra. bathroom 6/1	View
212		03/20/2008	05/05/2008	Accident with major injury	NO INVESTIGATION	MERCY MEDICAL CENTER DES MOINES	HSP-PSY	code	View
178		03/13/2008	03/08/2008	Allegation of abuse	NO INVESTIGATION	MERCY MEDICAL CENTER DES MOINES	HSP-PSY	Ten 3009	View
134		03/04/2008	03/04/2008	Accident with major injury	NO INVESTIGATION	MERCY MEDICAL CENTER DES MOINES	HSP-PSY	mobl smth br 03/04	View

Figure 22

The "Status" field indicates the action taken by the Department regarding your report. The following status flags will be displayed:

- FILED, which means DIA has received but not yet reviewed the report.
- PENDING REVIEW, which means staff in the Complaint Unit has opened the report but further action is pending.
- INVESTIGATION, which means an onsite investigation will occur.
- NO INVESTIGATION, which means no onsite investigation is scheduled at this time.

Remember that the status can change at any time, and an e-mail notice will be sent to the facility if it has a current e-mail listed in the "Demographics" section of the Health Facilities Division web site.

Printing a Copy of Your Report

You may print any page of the application by clicking the "Click Here for Print Friendly View." The system will format the page by removing the navigation bar. (See Figure 23)

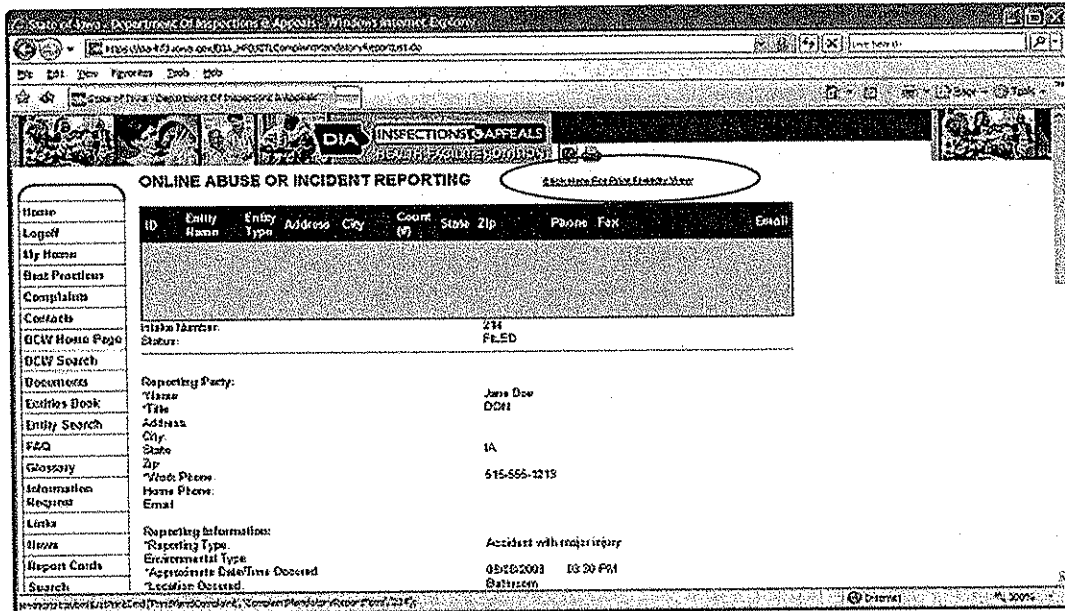


Figure 23

A printer dialogue box will appear from which you can select the appropriate printer. Click the "Print" button to print the selected page. (See Figure 24)

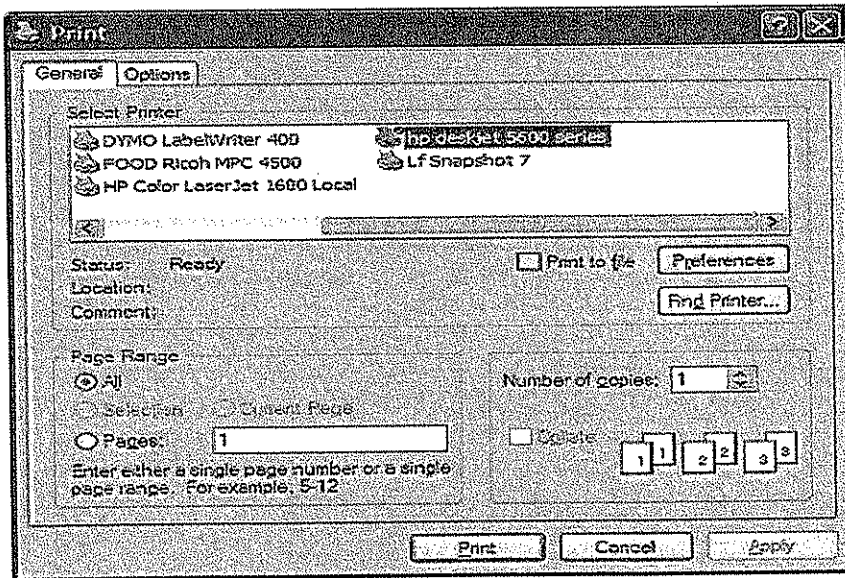


Figure 24

Who To Contact for Help

With these basic instructions, you should be able to create and submit an online report to DIA. If you have problems with the application or suggestions for improvement, contact Jim Berkley, Complaint Unit Program Coordinator, at (515) 281-4548, or Dawn Fisk, Complaint Unit Bureau Chief, at (515) 281-4277.

If you need to have your facility's password reset, contact the ITE Service Desk at (515) 281-5703 (toll free at 1-800-532-1174) or by e-mail at ITE.ServiceDesk@iowa.gov.

Thank you for using the Online Self Reporting Tool.