

Incident Reporting System Quick Start Guide

5/1/2014

(1) To enter an incident on the ISDH Gateway click on “Survey Report System”.



(2) Click on “Click Here to Report an Incident” (Single facility view)

Welcome

Welcome to the Indiana State Department of Health's (ISDH) Electronic Facility Report System.

This email: robtest2@yahoo.com is locked to the facility below. To reset this, please send a request to srshelpdesk@isdh.in.gov

HOOVERWOOD
7001 HOOVER RD
INDIANAPOLIS IN 46260

 [Click Here for Surveys](#)

 [Click Here to Report an Incident](#)

(3) Click on “Incidents” (Multiple facility facility view)

Welcome

Welcome to the Indiana State Department of Health's (ISDH) Electronic Facility Report System.

Please choose a facility to continue:

ID	Name	Address	City		
000031	GOLDEN LIVING CENTER- BROOKVIEW	7145 E 21ST ST	INDIANAPOLIS	Surveys	Incidents
000045	GOLDEN LIVING CENTER-MISHAWAKA	811 E 12TH ST	MISHAWAKA	Surveys	Incidents

[Add Facility](#)

(4) Click on “Report New Incident” to enter an incident. This will create a new incident. This incident is a “shell” and will not be sent to ISDH, however, it should be deleted if unused.

Incidents

Online incident reporting is to be used by health care facilities for the reporting of reportable incidents. This application may be used by all acute care and long term care facilities, centers, agencies, or clinics to notify the ISDH of a reportable incident. Online incident reporting is not to be used by covered individuals to report a reasonable suspicion of a crime against a long term care facility resident or by consumers to file a complaint.

[Report New Incident](#)

ID	Partial incident description	Date reported	Follow up completed		
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(5) Facility information will be automatically populated.

Facility Information

Facility Name HOOVERWOOD
Facility Address 7001 HOOVER RD
Facility City INDIANAPOLIS **State** IN **Zip** 46260

(6) Reported By information will be partially completed, however the user needs to click on “Update Information” to enter their title or change the name if needed.

Reported By:

First Name: Rob

Last Name: Jones

Title: UNKN

[Update Information](#)

(7) Date and time of incident are mandatory fields for the record to be saved. Click on “Add date and time” to enter date and time of incident.

Date and time of incident

Incident Date:

Incident Time: 01 :01 AM PM

[Add date and time](#) [Cancel](#)

(8) Click on “Add Resident” to add resident(s) involved. Multiple residents are allowed.

Residents Involved

[Add Resident](#)

Residents Involved

First Name:

Last Name:

Room Number:

Age:

Diagnosis:

[Add Resident](#) [Cancel](#)

OR

Check the box to indicate that no residents will be entered for the incident

No residents will be entered

(9) Click on “Add Staff” to add staff involved. Multiple staff members are allowed.

Staff Involved

[Add Staff](#)

Staff Involved

First Name:

Last Name:

Title:

License/Certification number if applicable:

[Update](#) [Cancel](#)

OR

Check the box to indicate that no staff will be entered for the incident

No Staff will be entered

(10) Click "Update" under Enter description of incident and the following text box will show

This is Mandatory to submit.

Brief Description of Incident

[Update](#) [Cancel](#)

(11) Click "Update" under Enter type of injury and the following text box will show. This Mandatory to submit.

Type of Injury

[Update](#) [Cancel](#)

(12) Click "Update" under Enter Action Taken and the following text box will show. This Mandatory to submit.

Immediate Action Taken

[Update](#) [Cancel](#)

(13) Click "Update" under Preventative Measures Taken and the following text box will show. This Mandatory to submit.

Preventive Measures Taken

[Update](#) [Cancel](#)

(14) Enter follow-up information. May be left blank if follow-up information is unknown.

Note:

- a. Since all incidents require a “Follow-Up”, if the follow-up information is known at the time of the initial submission, enter the information in the follow-up text box.
- b. If follow-up information was not entered with the initial submission or additional information is necessary, the facility will have the ability to select the incident, then add and submit additional follow-up information.
- c. Since a follow-up is required to be completed within five days, an automatic reminder email will be sent to the facility on the third day after the initial submission of the incident if no follow-up information has been submitted.

Follow Up

[Update](#) [Cancel](#)

(15) Submit or Return. Note: each section will be saved seperately. Information will appear after saving each section.

[Submit](#) [Return](#)

- a. Clicking on submit will notify the ISDH that an incident report has been submitted.
- b. Clicking on save will save the incident allowing the facility to gather more information if necessary.
- c. Return just returns you to the previous page.
- d. Saved incidents will not notify the ISDH that an incident has been reported. Save incidents can be selected and submitted.

(16) Deleting Incidents. Click on “Delete” to delete an incident. An incident cannot be deleted after it has been submitted to ISDH.

[Report New Incident](#)

ID	Partial incident description	Date reported	Follow up completed		
3	Description added – 8/20/2013 Only the follow up area can be modified after the initial sub	8/20/2013	8/20/2013	Select	
2		8/16/2013		Select	Delete
1	Description added – 8/16/2013 This form is not intended for consumers for the submitting of c	8/16/2013		Being processed by the Indiana Department of Health	