CEI Incident System Instructions

- For Entering Incidents in the Web Portal -

2010-11-08

Reporting Staff

Go to the Web Portal opening screen (<u>https://incident.ceicmh.org/http://jacv.ceicmhb/incident/</u>)

CEI Incident Web Portal	
What would you like to do?	
Enter a New Incident	
Retrieve an Existing Incident	

Select "Enter a New Incident"

Basic Incider	nt Information
Consumer	Reporting Cost Center
Client Code 000000	Code 82902
First Name Thomas	Name Howell
Last Name Testcase	
Incident	
I ype Medication	
Location home	
Date 10/19/2010 (mm/dd/yyyy) Time	15:30 (eg. 22:25 or 10:25pm)
Continue to Rep Exit with	orting Staff Section

Complete the basic information, then click the "Continue to Reporting Staff Section" button. (The "Exit without Saving" button will delete any information that has been entered and take the user goes back to Web Portal opening screen.)

The additional information you see next will be determined by the Incident Type (Medication or General).

The Medication form looks like this:

	Basic I	incident Informati	on		
	Consumer	Reporting Co	ost Center		
	Client-				
	Code	Code poilos			
	First Name Thomas	Name ART			
	Last Name lestcase				
	Incident				
	Type Medication				
	Location home				
	Date 10/31/2010 (mm/dd/yyyy)	Time 12:12 (eg.	22:25 or 10:25pr	π)	
	To be Con	pleted by Reporting	Staff		
	Indica	te Medications Involve	d		[
		Med classification	Prescribed	# doses	
	Medication(s) in event/error	e.g., psycho-tropic,	# of does	affected	
	Med 1	pain, etc.	a a	1	-
	Med 2	Jpain		1	-
	Med 2	pan auchatumia		1	
	Inter S	psychotopic	3		-
	Med 4	pshchotropic	3	1	
]	Add more rows			L
		•			
	Med Error				Missed Meds
E Wasse Damas /Madiantian	0 desirinteend		C Married Ma	distant	
E Wrong route of Administrat	tion		If Med no	ot available.	reason
U Wrong dosage Administrati	on				v
Wrong Time/Day			If Med no	ot available,	who was contacted
MAR* transcription error			If Med re	fused, reaso	on
MAR* staff signing error			If pharma	acy error, w	/hich one
If any errors were checked ab	oove, complete the following:		Was then	e a MAR* tr	anscription error
If pharmacy error, which o	one 📃		Was then	e a MAR* st	aff signing error
Who was contacted			Who was	contacted	
Were Instructions followed			Were inst Missed M	tructions fol	lowed S
Med Error Outcome	al and the		Missed Mi	ed Outcome	e)
If instructions were not follow	ed, explain		In instruction	is were not	Noiowed, explain
	×				<u>×</u>
	* MAR = Mee	dication Administration	Record		
Adverse Medication Reaction What was the outcome	n				
Reporting Staff Signature					
(By entering your name you are attest	ing that information on this form is correct to th	e best of your knowledge)			
	Continu	e to On-Site Supervisor Sectio	n		
		Save Incident and Exit			
		Exit without Saving			

Complete the form.

If more rows are required for listing Meds, click the Add More Rows button and additional rows will become available.

To be Completed by Reporting Staff				
Indica	ate Medications Involv	ed		
Medication(s) in event/error	Med classification e.g., psycho-tropic, pain, etc.	Prescribed # of does each day	# doses affected	
Med 1	pain	3	1	
Med 2	pain	3	1	
Med 3	psychotropic	3	1	
Med 4	pshchotropic	3	1	
	Add more rows			

When a check box is checked, any additional fields below the check box become available for data entry.

The Reporting Staff Signature only requires that you type your name in the box.

Most reporting staff will use the "Save incident and Exit" button which will save the incident and return the user to the receipt page.

The "Exit without Saving" command button returns the user to the opening page and does not save the data entered in the form.

The "Continue to On-Site Supervisor Section" button allows the user to proceed to the next section of the form.

The General Incident form looks like this:

	Basic Incide	nt Information	
Consumer Client Code First Name Last Name		Reporting Cost Center Code 57535 Name Sills Repte Center	_
Incident Type Game Location Nome Date 1021	2010 (mm/44/1000) Time	12:12pm (cg. 22:25 or 10:25pm)	
	To be Completed	d by Reporting Staff	
Description of this Incident	fdgha		e.
Reporting Staff Signature	aga (Sy critering your name you are	attesting that information on this form is correct to the be	at of your knowledge)
	Continue to On-S Continue to On-S Save In Exit w	Site Supervisor Section	

The entire form for Medication incidents (including the On-Site Supervisor Section) looks like this:

	Basic Ir	ncident Informa	tion		
	Consumer	Reporting C	ost Center		
	Client Code 00000	Code sonos	-		
	First Name Thomas	Name Ann			-
	Last Name Textcase	_			
1	Type Medication				
	Date 10/31/2010 (mm/dd/yyyy)	Time 12:12 (cg.	22:25 or 10:25pm	ð	
	To be Com	pleted by Reporting	g Staff		
	Indicat	te Medications Involve	5d		
	Medication(s) in event/error	Med classification e.g., psycho-tropic, pain, etc.	Prescribed # of does each day	# doses affected	
	Med 1	pain	3	1	
	Med 2	pain	3	1	
	Med 3	Paychetropic	2	1	
	Med 4	Paychotropic	2	1	
	1	Add more rolla			
M Wrong Person/Medication Ad Wrong route of Administratio Wrong Time/Day MAR* transcription error MAR* staff signing error If any errors were checked abo If pharmacy error, which o Who was contacted Were Instructions followed Med Error Outcome If instructions were not followed Mat was the outcome Reporting Staff Signature (by orteing your new you are attacting the	ed Error Iministered on n we, complete the following: ne ve, complete the following: n ve,	Scation Administration	IT Missed N If Med If Med If Med If phan Was th Who w Ware in Missed If instruction	Mis not available, m not available, m refused, reasor macy error, whi ere a MAR* tra ere a MAR* tra ere a MAR* sta es contacted nstructions follo Med Outcome ons were not fo	asson
	To be Complete	ed by On-Site Super	vising Staff		
Was Guardian Notified Was Guardian Notified Others who should be informed Case Manager Nurse Doctor Other Other] ed of this event	On-Site responsi On-Site responsi (5) orteing your nam knowledge)	ible staff Sig	nature g that information on	E Signature Date
	1	Exit without Saving			

The entire form for General Incidents (including the On-Site Supervisor Section) looks like this:

		Basic Incid	ent Information
	Consumer Client Code (20000) First Name (2000) Last Name (2000) Incident Type General Location (2000)	10 (mm/44/1999) Tirm	Reporting Cost Center Code 57525 Name Silis Respte Center
	Description of this Incident Reporting Staff Signature	To be Complet Edgbs age (By ordering your name you a Create a New Deal	ed by Reporting Staff
	Desth Arrest Missing Recipient Outcome Description De	To be Completed by Check Ruids	On-Site Supervising Staff all that apply Behavioral Events "Serious Aggressive Event Intervention Required "NETO "Search/Seizure "Physical Intervention Outcome Behavior Tx Plan "NETO "Search/Seizure "Physical Intervention Required "NETO "Search/Seizure "Physical Intervention Outcome "NETO "Search/Seizure "Physical Intervention Required "Serious Self Injury Intervention Required "NETO "Search/Seizure "Physical Intervention Outcome Behavior Tx Plan
Notifications Was Guardian N Others who sho Case Manager Nurse Doctor Other	lotified 💽		On-Site responsible staff comments

On-Site Supervising Staff

On-Site Supervising staff will review and complete the form. When they have completed this, they should enter their name and the date. (Retrieving an incident that Reporting Staff have entered is in the last section of this document.)

The On-Site Supervising staff signature just requires the user to type their name.

The "Save Incident and Exit" button will save all the information entered by the on-site supervising staff and will take them to the receipt page.

The On Site supervisor section of the General Incident form has more fields to be completed, but the command buttons at the bottom of each screen work exactly as they do on the Medication Incident form.

	To be Completed by Check	on-Site Sup	pervising Staff	
			Behavioral Events	
	🗖 Death		Serious Aggressive Event	
	Arrest		Intervention Required	
	Missing Recipient		NETO Search/Seizure Physical	
			Intervention Outcome	
	Outcome		Behavior Tx Plan	
	Exposure to blood/bodily Fluids		Serious Property Damage	
	Outcome		Intervention Required	
	Emergency Care		NETO Search/Seizure Physical	_
	Cause		Intervention Outcome	
	Outcome		Benavior I x Plan	
	C Other		Serious Self Injury	
			Intervention Required	
			Intervention Outcome	
			Pohavior Ty Plan	
Notifications		On-Site resp	onsible staff comments	
Was Guardian Notifie	d Yes 🔽			<u>_</u>
Case Manager Will	iam Smith			_
Nurse		0n-Site res	nonsihle staff Signature	Signature Date
Doctor		Wilbur H. B	Rrown	10/19/2010
Other		, (By entering your knowle	your name you are attesting that information on this fide)	orm is correct to the best of
	0	Incident or d I		
	Save	without Savin		
		malourouving	9	

Receipt Page

Whenever a user exits from a saved incident, they are taken to a receipt page and the pass code for the incident is displayed.

Incident Acknowledgment
Thank you for submitting this incident. This information will be available for up to 30 days from 11/4/2010 for On-Site Supervising Staff Review.
Important Information
Client Code: 000000
Pass Code: 7yucze
Save this information It is needed to view this incident again
Enter a New Incident
Retrive an Existsing Incident

It will be important for Reporting Staff to note the Client Code and the Pass Code so that the On-Site Supervising staff can complete the incident form. (The Pass code is generated by the system and is necessary to maintain client confidentiality.)

Retrieve an Incident

What would you like to do?
Enter a New Incident
Retrieve an Existing Incident

Go to the Web Portal and select "Retrieve an Existing Incident"

Retrieve an Existing Incident
Client Code 000000
Pass Code 1mhi6y
Retrieve Incident Cancel

Enter the Client Code and Pass Code, then click "Retrieve Incident"