



Introduction to USTEPS Provider Interface Incident Reporting

USTEPS PROVIDER INTERFACE

State of Utah

**Division of Services for People with
Disabilities**

*Incident
Reporting:*

Notification

Reporting

Follow Up

Investigation

Closure

Provider Incident Reporting

Notification

Step 1:

Log into the USTEPS Provider Interface application (UPI), the following screen will display listing all the consumers currently being served by the company.

- Select the consumer you wish to submit an Incident Notification on by moving your mouse over the consumer you desire, and clicking anywhere on the line of data to bring you to the UPI consumer's main screen.
- Search feature available in the 'Search all fields'.
- Sort features are available to the right of each column heading (ascending to descending or a – z, etc.)

The screenshot shows the UPI USTEPS Provider Interface. At the top, there is a navigation bar with 'Home', 'Sign Out', and 'Caseload Reports'. Below this is a search bar labeled 'Search all fields:' and a table of consumers. The table has columns for 'Consumer Name', 'PID', 'Birth Date', 'SCE', and 'Service Type'. A callout bubble points to the search bar with the text 'Search and Sort features are available'. Another callout bubble points to a row in the table with the text 'Click anywhere on the line of data relating to that consumer.' The table contains the following data:

Consumer Name	PID	Birth Date	SCE	Service Type
Aaco, Jan	040283886	01/01/1969	Hay COOW	ID
Aams, Bro	030697953	01/01/1994	Sha BYFM	ID
Aehd, Bry	090298448	01/01/1995	Meg TEBN	ID
Aeiv, Tra	070186360	01/01/1992	Kar SELK	ID
Aeiv, Tra	060006053	01/01/1970	Ale ZARI	ID
Aeot, Tre	060200130	01/01/1992	Al RYMS	RC
Aiqp, Ben	070204382	01/01/1991	Amb RAUV	ID
Ayoo, Col	080282577	01/01/1994	Eri FYTV	ID
Ayyg, Tye	020015628	01/01/1983	Cur BIVL	ID

Step 2:

At the consumer's Main screen, select the consumer tab from the main menu, and then Incident Report.

The screenshot shows the UPI USTEPS Provider Interface main menu. The 'Consumer' tab is selected. The menu items are: 'Consumer Information', 'Consumer Main', and 'Incident Report'. The 'Incident Report' item is highlighted with a red arrow.



Step 3:

- The Main Menu can be altered to display the column's data for a specific selected consumer or for the provider's caseload, new incident "Notification" or accessing an incident "Notification", etc. that has already been accomplished:

UPI USTEPS Provider Interface
utah department of human services

Home Sign Out Caseload Reports

Incident Reports

1 Consumer	2 PID	3 Provider	4 Other Provider	5 Incident Level	6 Notification
7 Incident Date/Time	8 Discovery Date/Time	9 Assignee	10 Report	11 Follow Up	12 Add Followup Status
13 Add Followup Date	14 Investigation	15 Closed			

Report Columns(Select All To Display)

Select

IR ID

Select All To Display – Click the column headings you would like to view and click 'Select'

- 1 Consumer – First and last name of consumer.
- 2 PID – Participant Identification Number.
- 3 Provider – Login user that entered the data.
- 4 Other Provider – If the login user is not auto-filled with the provider that needs to submit the incident "Report".
- 5 Incident Level – The level assigned by the IR Administrative team.
- 6 Notification – The date/time the "Notification" was successfully submitted.
- 7 Incident Date/Time – The date and time the incident occurred.
- 8 Discovery Date/Time – The date and time the incident was discovered.
- 9 Assignee – The IR Administrative team member the case is assigned to.
- 10 Report – Date the incident "Report" was successfully submitted.
- 11 Follow Up – Date the SCE submitted the "Follow Up" information
- 12 Additional Follow Up Status – Displays what the status is of the follow up tasks. It will display Requested – IR Administrative team is requesting the SCE to respond to the questions prepared regarding the incident; Responded – The SCE has answered all the questions regarding the incident that the IR Administrative team has requested; or Reviewed – The IR Administrative team has reviewed the answers to the questions as requested.
- 13 Additional Follow up Date – Date that the "Add Follow up Status" was successfully submitted.
- 14 Investigation – Date the "Investigation" was completed by the SCE.
- 15 Closed – Date the IR Administrative team deems the Incident Report closed due to being resolved, determined not reportable, duplicate of another incident already submitted.



Selecting all of the columns will display as follows:

Incident Reports

Report Columns(Select All To Display)

Consumer PID Provider Other Provider Incident Level Notification
 Incident Date/Time Discovery Date/Time Assignee Report Follow Up Add Followup Status
 Add Followup Date Investigation Closed

Select

(1 of 9)

IR ID	Consumer	PID	Provider	Other Provider	IR Level	IR Notice	IR Date/Time	IR Disc Date	Assigned	Report	SC Follow Up	AFU Status	AFU Date	Investigation	Closure
52	Consumer Name	Consumer PID		dfghjklmnpq		2013/12/18 09:23:24	2013/12/04 00:00:00	2013/12/04 00:00:00							

Each column will be auto-filled as the process continues throughout the entire incident.

Creating a new incident "Notification":

If this is a new incident "Notification", select the consumer in the list of consumers served by that provider or the SCE will select the consumer from USTEPS, enter UPI and click the new button:

New

UPI USTEPS Provider Interface
utah department of human services

Home Sign Out Consumer Caseload Reports

Consumer Name PID Male ID Rick Birrell yahoo

Incident Reports

Report Columns(Select All To Display)

Consumer PID Provider Other Provider Incident Level Notification
 Incident Date/Time Discovery Date/Time Assignee Report Follow Up Add Followup Status
 Add Followup Date Investigation Closed

Select

New

(1 of 2)

IR ID	Consumer	IR Level	IR Notice	IR Date/Time	IR Disc Date	SC Follow Up	Closure
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Accessing an incident "Notification"/"Report" already in progress:

If accessing an incident already saved/submitted, you will be brought to the screen which will allow you to choose the columns you would like to view.



Incident Reports

- Report Columns(Select All To Display)
- Consumer
 - PID
 - Provider
 - Other Provider
 - Incident Level
 - Notification
 - Incident Date/Time
 - Discovery Date/Time
 - Assignee
 - Report
 - Follow Up
 - Add Followup Status
 - Add Followup Date
 - Investigation
 - Closed

Select

Search all fields:

(1 of 5) 1 2 3 4 5 10

IR ID	Consumer	Provider	IR Notice	IR Date/Time	IR Disc Date
52	Consumer Name	Provider	2013/12/18 09:23:24	2013/12/04 00:00:00	2013/12/04 00:00:00
51	Consumer Name	Provider	2013/12/18 09:17:13	2013/12/09 13:34:00	2013/12/09 13:34:00
50	Consumer Name	Provider	2013/12/18 09:15:36	2013/12/15 08:00:00	2013/12/15 09:00:00
49	Consumer Name	Provider	2013/12/18 08:50:21	2013/12/02 00:00:00	2013/12/05 00:00:00
48	Consumer Name	Provider	2013/12/18 07:57:53	2013/12/03 00:00:00	2013/12/04 00:00:00
47	Consumer Name	Provider	2013/12/18 07:36:33	2013/11/04 00:00:00	2013/12/01 00:00:00
46	Consumer Name	Provider	2013/12/17 19:26:34	2013/12/03 00:00:00	2013/12/03 00:00:00
45	Consumer Name	Provider		2013/12/04 00:00:00	2013/12/04 00:00:00
44	Consumer Name	Provider		2013/12/04 00:00:00	2013/12/04 00:00:00
43	Consumer Name	Provider	2013/12/17 19:23:14	2013/12/10 00:00:00	2013/12/10 00:00:00

(1 of 5) 1 2 3 4 5 10

By clicking anywhere on the line of data pertaining to an Incident, it will display all details regarding the incident, as shown on the next page.



Step 4: The Incident Notification screen will display under the notification tab. Enter data as requested.

- 1 Incident Number – this will be auto-generated when the “Notification” is submitted.
- 2 Incident Date/Time – If you are not sure, this may be left blank, but will be required on the “Report”.
- 3 Incident Discovered Date/Time – Required.
- 4 Brief Description – Required (more detailed description will be required on the “Report”).
- 5 Provider Name – Required – Will auto-fill with the login user’s company name. This entity will be responsible for submitting the incident “Report”. Otherwise, select ‘Other’ and manually enter the provider.
- 6 DSPD Notification Date – Auto-filled with the date/time the “Notification” was successfully submitted, but the date may be edited by the IR Administrative team if necessary.
- 7 Who Notified DSPD – Auto-filled with the name of the logged in user submitting the “Notification”, but is editable.
- 8 How was DSPD Notified – Select from drop down list.
- 9 Support Coordinator Notified Date/Time – Y/N required – If Yes, today’s date or actual date the SC was notified. If no, then the system will auto-fill with the date the “Notification” is successfully submitted. Note: *A message will be sent to the SC immediately upon successfully submitting the “Notification” and a task will be initiated within USTEPS.*

Step 5:

- 10  Use this feature when you need to save the data entered, but not yet finalized. The following message will auto-fill on the top of the screen:

 The Incident Report Notification is successfully saved

Step 6:

- 11  Use this feature when everything is accurate and ready to be submitted. The following message will be auto-filled on the top of the screen if it was successful.

 The Incident Report Notification is successfully submitted

Otherwise, the error message will display in red indicating the issue.



Provider Incident Reporting Report

Step 1:

Once the Incident Report Notification was successfully submitted, the Incident Notification will be auto-filled as shown below: Click anywhere on the data row to access the incident.

UPI USTEPS Provider Interface
utah department of human services

Home Sign Out Consumer Caseload Reports Bry AEHD 070186360 Male ID Kar Selk

Incident Reports

New

Incident Id	Incident Level	Incident Date/Time	Notification	Report	SC
51		2013-11-11	2013-11-12		
50		2013-11-12	2013-11-12		

Step 2:

The notification tab will appear. Click on the Report tab:

Home Sign Out Consumer Caseload Reports

Notification Report

Incident Number 207

The following will display:

Notification Report SC Follow Up Investigation Closure Log Notes

Incident Date/Time: 10/12/2013 09:00 AM

Guardian Notified Date/Time: []

Incident Detailed Description: []

Location Street 1: [] Location Street 2: []

Location City: [] Location State: []

Location Zip Code: [] Location Type: []

Location Description: []

Incident Description and Detail



Incident Report Main screen

Descriptions:

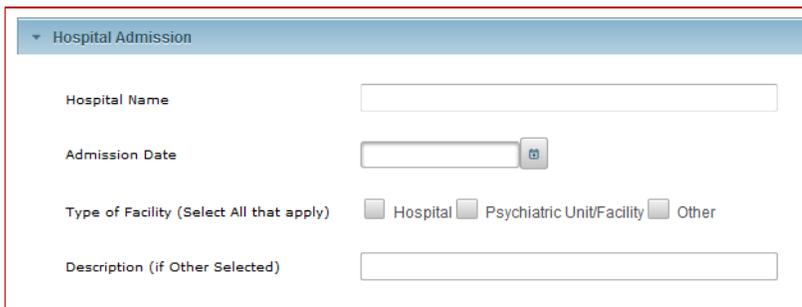
The screenshot shows the 'Incident Report Main screen' in the UPI USTEPS Provider Interface. The interface has a red header with the UPI logo and 'utah department of human services'. Below the header are navigation tabs: Home, Sign Out, Consumer, Caseload Reports, and a user profile for Tyler B Agle. The main form area contains several sections:

- Notification** tab is selected.
- Incident Number 1**: A text field containing the number '1'.
- Incident Date/Time 2**: A date/time input field.
- Incident Detailed Description 3**: A large text area for describing the incident.
- Location** section:
 - Location Street 1 4**: Text input field.
 - Location Street 2 5**: Text input field.
 - Location City 6**: Text input field.
 - Location State 7**: Dropdown menu.
 - Location Zip Code 8**: Text input field.
 - Location Type 9**: Dropdown menu.
 - Location Description 10**: Text input field.
- Guardian Notified 11**: Radio buttons for 'Yes' and 'No'.
- Incident Description and Detail**: A section with checkboxes for various incident categories:
 - Abuse/Neglect/Exploitation
 - Aspiration/Choking
 - Behavior Intervention
 - Compromised Environment
 - Drug/Alcohol
 - Fatality
 - Injury
 - Medication Errors
 - Missing Person
 - Property Destruction
 - Seizure
 - Suicide Attempt
 - Other
- The Incident Involved (Select All that Apply) 13**: Checkboxes for Hospital Admission, Law Enforcement, and Medical Care.
- 14** > People Involved: Expandable section.
- 15** > Parties Notified: Expandable section.
- Print Report**: A button at the bottom.

- 1** Incident Number: Auto generated number assigned to incident once the “Notification” has been submitted successfully.
- 2** Incident Date/Time –Required if blank – This will auto-fill if entered in the “Notification”.
- 3** Incident Detailed Description – Required – This is a detailed description of the incident.
- 4** Location Street 1 – Required – Exactly where the incident took place.
- 5** Location Street 2 – Additional address information, i.e., apt, suite.
- 6** Location City – Required – The city where the incident took place.
- 7** Location State – Required – The state where the incident took place.
- 8** Location Zip Code – Required – The zip code which coincides with the location.
- 9** Location Type – Required – Choose location type from drop down list.
- 10** Location Description – Required if ‘Other’ or no address is in Location Street 1 – description of where the incident took place.



- 11** Guardian Notified Y/N – If yes, the report must include the guardian information in the “Parties Notified” section.
- 12** Incident Categories (Select all that Apply) – At least one category is required. Select all categories that apply to the specific incident. Each category will display the necessary required information regarding the incident. (Screen shots of these screens start on Page 10 of this document). Category choices are:
- Abuse/Neglect/Exploitation
 - Aspiration/Choking
 - Behavior Intervention
 - Compromised Environment
 - Drug/Alcohol
 - Fatality
 - Injury
 - Medication Errors
 - Missing Person
 - Property Destruction
 - Seizure
 - Suicide attempt
 - Other
- 13** The Incident Involved (Select all that Apply) – Required if the incident involved a ‘Hospital Admission’, ‘Law Enforcement’, or if any ‘Medical Care’ was required.



The screenshot shows a form titled "Hospital Admission" with the following fields and options:

- Hospital Name:** A text input field.
- Admission Date:** A date picker field with a calendar icon.
- Type of Facility (Select All that apply):** Three checkboxes labeled "Hospital", "Psychiatric Unit/Facility", and "Other".
- Description (if Other Selected):** A text input field.



Incident Involved (continued):

▼ Law Enforcement

Action Taken

Charges Filed Citation Issued

Consumer Arrested Consumer Taken to Jail

Police Called Police Talked to Consumer

Other

Description (if Other Selected)

Charges Filed

▼ Medical Care

Type of Contact (Select All that apply)

Consumer Taken to ER Consumer Taken to Medical Clinic

First Aid Administered Poison Control Contacted

Provider Nurse Contacted 911 Called

Crisis Worker Assessed Consumer Other

Description (if Other Selected)

14 People involved – Information for all individuals involved and what their role was in regard to the incident.

▼ People Involved

First Name Last Name Title

Person Role Description (if Other Selected)

Person Involvement Role Description (if Other Selected)

First Name	Last Name	Title	Person Involvement Role	Person Role



15 Parties notified – Information for all parties, agencies, guardian, etc. that were notified regarding the incident.

▼ Parties Notified

Organization

First Name

Case Number

Organization Type

Last Name

Notification Date

Telephone

Title

Organization	Organization Type	Telephone	First Name	Last Name	Title	Case Number	Notification Date
APS	Adult Protective Services	(111) 111-1111	Jack	Jones	Staff	0000000000	11/09/2013 02:00 AM

In the following example, note the categories selected display in the listing. When clicked, the screen will be displayed with the questions to collect the data necessary for the incident.

Incident Description and Detail

Incident Categories (Select All that Apply)

The Incident Involved (Select All that Apply)

1 Abuse/Neglect/Exploitation

Compromised Environment

4 Injury

Property Destruction

Other

Hospital Admission

Aspiration/Choking

3 Drug/Alcohol

5 Medication Errors

Seizure

Law Enforcement

2 Behavior Intervention

Fatality

Missing Person

Suicide Attempt

Medical Care

1 Abuse/Neglect/Exploitation

2 Behavior Intervention

3 Drug/Alcohol

4 Injury

5 Medication Errors

6 People Involved

7 Parties Notified

The following are screen shots of each Incident Category showing the necessary information for each.

Abuse/Neglect/Exploitation

▼ Abuse/Neglect/Exploitation

Abuse Category Emotional Exploitation Financial
 Neglect Physical Sexual

Abuse Type

Consumer Role

Protective Services Notified Yes No

Aspiration/Choking

▼ Aspiration/Choking

Type of Incident

Aspirated/Choked Item (Select All that Apply) Food Liquid Object

Action Taken



Compromised Environment

▼ Compromised Environment

Compromised Environment Type

Action Taken

New Location (If Applicable)

Drug/Alcohol

▼ Drug/Alcohol

Type of Substance (Select All that Apply) Alcohol Illegal Drugs Over Counter Medication
 Prescription Medication Other

Description (if Other Selected)

Did the Consumer Appear to be Impaired Yes No

Did the Consumer Overdose Yes No

Fatality

▼ Fatality

Fatality Status

Was the consumer receiving hospice care? Yes No

Unexpected Fatality Cause

Description (if Other Selected)



Injury

▼ Injury

Injured Body Parts (Select All that Apply)

<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	Left Ankle	<input type="checkbox"/>	Right Ankle
<input type="checkbox"/>	Back	<input type="checkbox"/>	Left Arm	<input type="checkbox"/>	Right Arm
<input type="checkbox"/>	Buttocks	<input type="checkbox"/>	Left Foot	<input type="checkbox"/>	Right Foot
<input type="checkbox"/>	Chest	<input type="checkbox"/>	Left Hand	<input type="checkbox"/>	Right Hand
<input type="checkbox"/>	Face	<input type="checkbox"/>	Left Knee	<input type="checkbox"/>	Right Knee
<input type="checkbox"/>	Genitals	<input type="checkbox"/>	Left Leg	<input type="checkbox"/>	Right Leg
<input type="checkbox"/>	Head	<input type="checkbox"/>	Left Shoulder	<input type="checkbox"/>	Right Shoulder
<input type="checkbox"/>	Neck	<input type="checkbox"/>	Left Wrist	<input type="checkbox"/>	Right Wrist
<input type="checkbox"/>	Other				

Description (if Other Selected)

Consumer's Role

Self-Inflicted Injury Yes No

Self-Inflicted Injury Description

Medication Errors

▼ Medication Errors

Medications Involved

Medication Error Type Missed Dose Overdose Under Dose Wrong Medication Other

Description (if Other Selected)

Consumer Appear to have an Adverse Reaction Yes No

Adverse Reaction Description



Missing Person

Missing Person

Consumer Last Seen Date/Time

Consumer Last Seen Location

Consumer Discovered Missing Date/Time

Missing Person Unexplained Circumstances Yes No

Missing Person Involuntary Circumstances Yes No

Missing Person Suspicious Circumstances Yes No

Consumer Found Yes No

Consumer Found Date/Time

Consumer Found Location

Current Living Status

Property Destruction

Property Destruction

Damaged Item Name

Action Taken

Is the Damaged Item Consumer's Property? Yes No

Name	Action	Consumer Property



Seizure

Seizure

Describe the Seizure

Does Consumer have a Seizure Diagnosis?

Start Time of Seizure

Seizure Duration in Minutes

Suicide Attempt

Suicide Attempt

Suicide Attempt Description

Action Taken

Other

An attempt has been made to have the categories listed above inclusive of most incidents. If 'Other' is selected, data required will be included in People Involved, Parties Notified and Detailed Description.

Follow-up will be required with the Incident Reporting team via support coordinator or provider.



Notification to Provider: When an Incident notification and report are successfully submitted by a Provider, the SC will receive a secure email informing the Support Coordinator that there has been an incident involving one of their assigned consumers. The provider will receive a secure email informing them that the notification, report and/or incident closure has been successfully accomplished. These emails will contain the IR number, as well as, the consumer's name.

Level of Incident: The IR Administrative team will review the IR and will assign its level (Critical 1, Critical 2, Level 3, non-reportable) based on the Department of Health's policies. The level of the incident will determine the process that will be required by the Department of Health.

Important items to keep in mind:

If the 'Submit' button does not gray out, check at the top of the page for the error message detailing what other information is needed.

If you do not have UPI access, then you will need to go to the Incident Report through the selected consumer process in USTEPS.

When you receive the secured email regarding the IR "Report" being submitted, this is your queue that you need to complete the "SC Follow Up" tab.

All steps must be followed in order to keep the incident moving forward.

