



Support Coordinator (SC) and Administrative Case Manager (ACM)










Introduction to USTEPS Provider Interface Incident Reporting

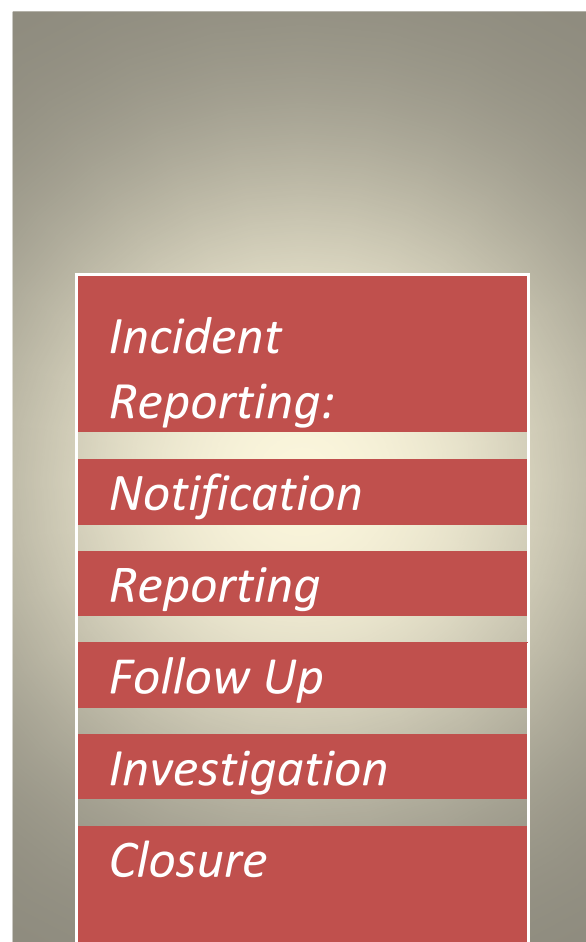
USTEPS PROVIDER INTERFACE

State of Utah

**Division of Services for People with
Disabilities**

*The process for incident reporting tasks are performed in
the order below:*

-  Notification
-  Report
-  Level of Incident and Incident Reporting (IR) administrative team member assigned to the IR
-  IR administrative team member views IR and may ask follow-up questions
-  SC/ACM Follow-up
-  SC/ACM Additional follow-up
-  Investigation (if required – level of incident determines)
-  IR administrative team member performs Closure
-  Incident Notes



DSPD Incident Reporting

Introduction:

Support Coordinators (SC) and Administrative Case Managers (ACM) who have access to USTEPS can access Incident Reporting in one of two ways. First, by selecting a consumer from their caseload in USTEPS and then clicking on the “Incident Report” link located in on the Consumer menu. Second, if they have a UPI user account, they can log directly into UPI and access incident reports for the consumers served by their company.

Accessing Incident Reports from USTEPS

Step 1: Log into your USTEPS home page.

Step 2: Select the consumer needing the incident report or follow up.

Step 3: Click on the “Incident Report” link in the Consumer Menu.



Step 4: A new web browser displays all of the Incident Reports that have been submitted for the consumer.

A screenshot of the 'Incident Reports' page. At the top, there are checkboxes for 'Consumer', 'PID', 'Provider', 'Other Provider', 'Incident Level', and 'Notification'. Below these are checkboxes for 'Report Columns (Select All To Display)' including 'Incident Date/Time', 'Discovery Date/Time', 'Assignee', 'Report', 'Follow Up', 'Add Followup Status', 'Add Followup Date', 'Investigation', and 'Closed'. A search bar is present. Below the search bar is a table with columns: IR ID, Consumer Name, Provider, IR Notice, IR Date/Time, and IR Disc Date. The table contains 10 rows of data. At the bottom, there are pagination controls showing '(1 of 8)' and a list of numbers 1 through 10.

[Note: If the logged in user does not have formal access to UPI, then its main menu is limited to displaying information only about the selected consumer carried over from USTEPS. The user does not have access to all of the consumers served by the Support Coordination Company who employs them.]



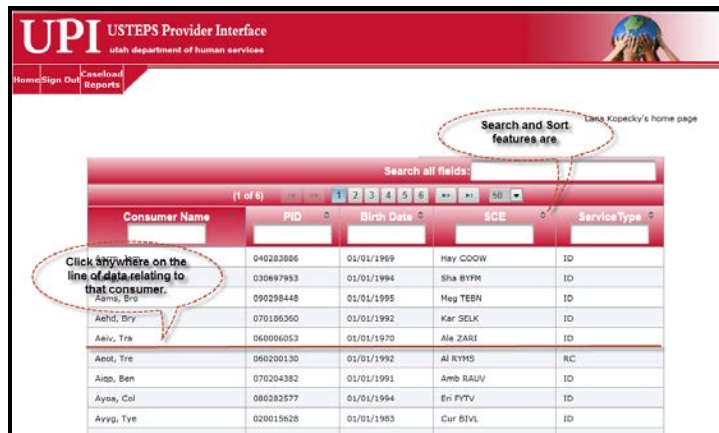
Accessing Incident Reporting From UPI

The consumers you have access to in UPI are based on two parameters:

1. The company listed on the person's Active PCSP budget.
2. The company listed on a closed PCSP for as much as one year after they stopped delivering services to the person.

Step 1: Log into UPI. The following screen will display listing all the consumers currently being served by your company.

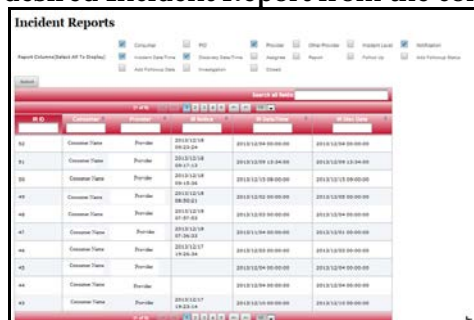
- Search feature available in the 'Search all fields'. Input search criteria.
- Sort features are available to the right of each column heading (ascending to descending or a-z, etc.)
- Click the consumer you wish to proceed with in the IR process and then UPI Consumer's main screen displays.



Step 2: At the Consumer's Main screen, mouse over the consumer tab and click on the "Incident Report" link.



Step 3: Select the desired Incident Report from the consumer level "Incident Report" screen.



[Note: Given that the logged in user does have formal access to UPI, they can access all of the Incident Reports submitted for all of the consumers served by the Support Coordination Company who employs them.]

The data table on the Main Incident Report screens can be altered to display more or less information by selecting or deselecting the desired column headings and clicking the "Select" button.



UPI USTEPS Provider Interface
utah department of human services

Home Sign Out Caseload Reports

Incident Reports

Report Columns (Select All To Display)

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			

Select

IR ID

Each column is populated with its data as the Incident progresses from Notification to Closure. Selecting all of the columns will display as follows:

Incident Reports

Report Columns (Select All To Display)

<input checked="" type="checkbox"/> Consumer	<input checked="" type="checkbox"/> PID	<input checked="" type="checkbox"/> Provider	<input checked="" type="checkbox"/> Other Provider	<input checked="" type="checkbox"/> Incident Level	<input checked="" type="checkbox"/> Notification
<input checked="" type="checkbox"/> Incident Date/Time	<input checked="" type="checkbox"/> Discovery Date/Time	<input checked="" type="checkbox"/> Assignee	<input checked="" type="checkbox"/> Report	<input checked="" type="checkbox"/> Follow Up	<input checked="" type="checkbox"/> Add Followup Status
<input checked="" type="checkbox"/> Add Followup Date	<input checked="" type="checkbox"/> Investigation	<input checked="" type="checkbox"/> Closed			

Select

(1 of 6)

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		displaydisplay		2013/12/18 09:23:24	2013/12/04 00:00:00	2013/12/04 00:00:00							

Sort and search features are available within each column. The following is a detailed explanation for each of these available columns (select-box):

- 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 IR was successfully submitted.
- 11 Follow Up – Date the SC/ACM submitted the Follow Up information
- 12 Additional Follow Up Status (AFU Status) – Displays what the status is of the follow up tasks.
 - a. *Requested* – IR Administrative Team is requesting the SC/ACM to respond to the questions prepared regarding the Incident;
 - b. *Responded* – The SCE has answered all the questions regarding the incident that the IR Administrative team has requested;
 - c. *Reviewed* – The IR Admin 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” tab was completed by the SC/ACM.
- 15 Closed – Date the IR Administrative team deems the IR review has been completed, determined not reportable, or duplicate of another incident already submitted.

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



Incident Reporting – Notification

- If this is a **new** Incident Notification, 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

- If accessing an incident notification already **successfully submitted**, you will be brought to the screen which will allow you to choose the columns so you can view the status of each report by selecting or deselecting the columns.

UPI USTEPS Provider Interface
utah department of human services

Home Sign Out Consumer Caseload Reports Monty Arko 030058767 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

Search all fields:

(1 of 8)

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 8)

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.



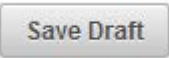
New Incident Notification: Enter data needed under the “Notification” tab.

The screenshot shows the 'Incident Initial Notification' form. It has a header with tabs: Notification, Report, SC Follow Up, Investigation, Closure, and Log Notes. The 'Notification' tab is selected. The form contains the following fields and controls:

- Incident Number 1: A text field with a red number 1 next to it.
- Incident Date/Time 2: A date/time picker with a red number 2 next to it.
- Incident Discovered Date/Time 3: A date/time picker with a red number 3 next to it.
- Brief Description 4: A text area with a red number 4 next to it.
- Provider Name 5: A text field with a red number 5 next to it.
- Provider Id: A dropdown menu with 'Other' selected and a text field next to it.
- DSPD Notification Date 6: A date/time picker with a red number 6 next to it.
- Who Notified DSPD 7: A text field with 'Lana Kopecky' entered and a red number 7 next to it.
- How was DSPD Notified 8: A dropdown menu with 'UPI Entry' selected and a red number 8 next to it.
- Support Coordinator Notified Date/Time 9: A date/time picker with a red number 9 next to it.
- Save Draft 10: A button with a red number 10 next to it.
- Submit 11: A button with a red number 11 next to it.


The following provides a description of the requested information:

- 1 Incident Number – this will be auto-generated when the “Notification” is successfully 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 “Report”. Otherwise, select ‘Other’ and manually enter the provider.
- 6 DSPD Notification Date – Auto-filled with the Date/Time that the Notification was successfully submitted, but the date may be edited by the Incident Reporting Admin 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/ACM was notified. If no, the system will auto-fill. Note: *A message will be sent to the Support Coordinator immediately upon successfully submitting the Notification. A USTEPS task will also be initiated.*

- 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

- 11  Use this feature when everything is accurate and ready to be submitted. The following message will be displayed on the top of the screen if it was successful. Otherwise an error message will display in red indicating the required data.

 The Incident Report Notification is successfully submitted




Incident Reporting - Report

Once the Incident Notification was successfully submitted, the “Notification” will be displayed as shown below: Click anywhere on the data row to access the incident report.

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		

Click on the Report tab:

Home	Sign Out	Consumer	Caseload Reports
<div>Notification</div> <div>Report</div>			
Incident Number 207			

The following will display:

Notification	Report	SC Follow Up	Investigation	Closure	Log Notes
Incident Date/Time 10/11/2013 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					



UPI

USTEPS Provider Interface

utah department of human services

Home

Sign Out

Consumer

Caseload Reports

Tyler B Agle 070329331 Male ID Cathy Maurer

Notification

Report

SC Follow Up

Investigation

Closure

Incident Notes

Incident Number **1**

Incident Date/Time **2**

Incident Detailed Description **3**

Location Street 1 **4**

Location Street 2 **5**

Location City **6**

Location State **7**

Location Zip Code **8**

Location Type **9**

Location Description **10**

Guardian Notified **11**

Incident Description and Detail

12

Incident Categories (Select All that Apply)

13

The Incident Involved (Select All that Apply)

14 People Involved

15 Parties Notified














Print Report

The following are descriptions for the requested information:

- 1** Incident Number: Auto assigned number assigned to Incident once the “Notification” has been submitted successfully.
- 2** Incident Date/Time –Required if blank – This will auto-fill if completed 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 dropdown 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 or No Guardian – If Yes, the report must include the guardian information in the Parties Notified section.

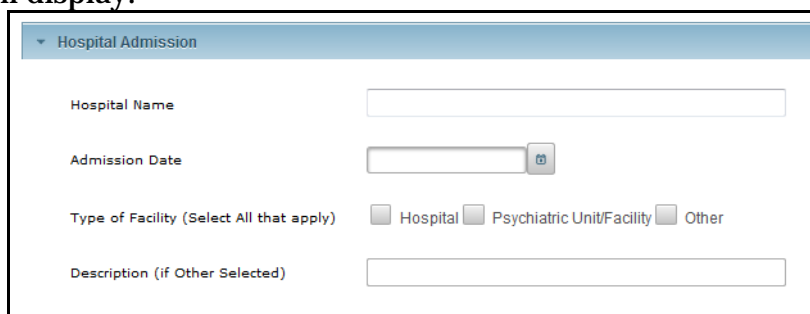


- 12 Incident Categories (Select all that Apply)** – At least one category is required. Select all categories that apply to the specific incident. Each Category will display the necessary required information regarding the incident. Note: *If any of the categories are noted in the ‘detailed incident description’ they must also be checked here.* (Screen shots of these screens shown below). Category choices:

-  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 ‘Hospital Admission’, ‘Law Enforcement’, or any ‘Medical Care’. All sections are required to be selected/clicked/or answered.

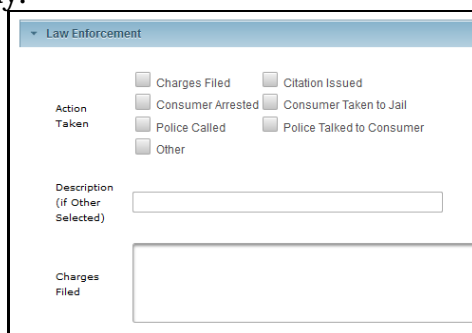
If you select “Hospital Admission”, and click on the hospital admission panel, the following section will display:



The screenshot shows a form titled "Hospital Admission" with a dropdown arrow. It contains the following fields:

- Hospital Name: A text input field.
- Admission Date: A date picker 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.

If you select “Law Enforcement”, and click on the law enforcement panel, the following section will display.



The screenshot shows a form titled "Law Enforcement" with a dropdown arrow. It contains the following sections:

- Action Taken: A group of checkboxes including "Charges Filed", "Citation Issued", "Consumer Arrested", "Consumer Taken to Jail", "Police Called", "Police Talked to Consumer", and "Other".
- Description (if Other Selected): A text input field.
- Charges Filed: A text input field.

If you select “Medical Care”, and click on the medical care panel, the following section will display:



▼ 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)

Save Delete Clear

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 Organization Type Telephone

First Name Last Name Title

Case Number Notification Date

Save Delete Clear

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

Save Draft Submit Print Report

In the following example, note the “Incident Categories” that are selected are displayed 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)	<input checked="" type="checkbox"/> 1 Abuse/Neglect/Exploitation	<input type="checkbox"/> Aspiration/Choking
	<input type="checkbox"/> Compromised Environment	<input checked="" type="checkbox"/> 3 Drug/Alcohol
	<input checked="" type="checkbox"/> 4 Injury	<input checked="" type="checkbox"/> 5 Medication Errors
	<input type="checkbox"/> Property Destruction	<input type="checkbox"/> Seizure
	<input type="checkbox"/> Other	
The Incident Involved (Select All that Apply)	<input type="checkbox"/> Hospital Admission	<input type="checkbox"/> Law Enforcement
	<input type="checkbox"/> Medical Care	
<input checked="" type="checkbox"/> 2 Behavior Intervention		
<input type="checkbox"/> Fatality		
<input type="checkbox"/> Missing Person		
<input type="checkbox"/> Suicide Attempt		
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.

Depending on the answers selected, more questions may appear that are required to be answered.

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

Behavior Intervention

Behavior Intervention

Intervention Circumstances

Intervention Justification

Intervention Cause

☐ Aggression Toward Other People
 ☐ Aggression Toward Staff
 ☐ Aggression Toward Consumer(s)
 ☐ Property Destruction
 ☐ Self-Injurious Behavior
 ☐ Other

Description (if Other Selected)

Intervention Start Date/Time

Total Intervention Duration (Minutes)

+ Interventions Details

Total Intervention Time in Past 30 days (Minutes)

0

Total Incidents in Past 30 days

0

Interventions Details

Intervention Used

Description (if Other Selected)

Intervention Duration (Minutes)

Intervention In Plan

☐ Yes
 ☐ No

Notes

Save

Delete

Clear

Intervention Used

Description (if Other Selected)

Intervention Duration (Minutes)

Intervention In Plan

Notes

Total Intervention Time in Past 30 days (Minutes)

0

Total Incidents in Past 30 days

0



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

☐ Prescription Medication

☐ Illegal Drugs

☐ Other

☐ Over Counter Medication

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)

☐ Abdomen
☐ Left Ankle
☐ Right Ankle
☐ Back
☐ Left Arm
☐ Right Arm
☐ Buttocks
☐ Left Foot
☐ Right Foot
☐ Chest
☐ Left Hand
☐ Right Hand
☐ Face
☐ Left Knee
☐ Right Knee
☐ Genitals
☐ Left Leg
☐ Right Leg
☐ Head
☐ Left Shoulder
☐ Right Shoulder
☐ Neck
☐ Left Wrist
☐ Right Wrist
☐ Other

Description
(if Other Selected)

Consumer's Role

Self-Inflicted Injury

Self-Inflicted Injury Description

Medication Errors

Medication Errors

Medications Involved

Medication Error Type

Description
(if Other Selected)

Consumer Appear to have an Adverse Reaction

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

Missing Person Involuntary Circumstances

Missing Person Suspicious Circumstances

Consumer Found

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?

Save
Delete
Clear

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	<input type="text"/>
Action Taken	<input type="text"/>

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 "Incident Detailed Description".

Follow-up will be required with each "Report" with the IR Administrative team via SC/ACM.

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.



Incident Reporting - Support Coordinator Follow Up

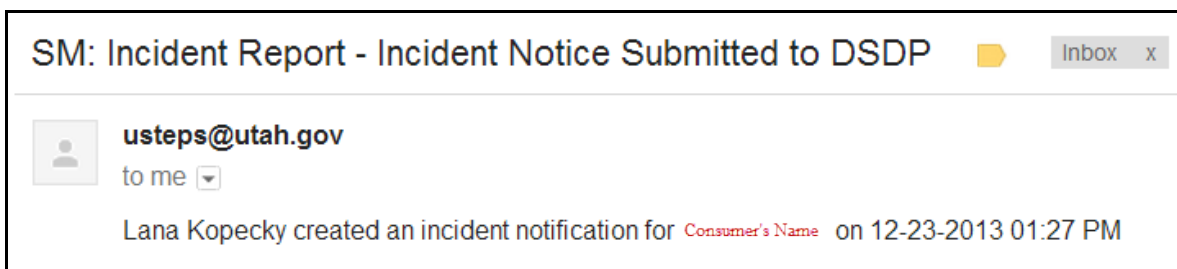
When an Incident notification and report are successfully submitted by a Provider, the SC will receive a secure email informing the Support Coordinator that there has been an incident involving one of their assigned consumers.

Part 1:

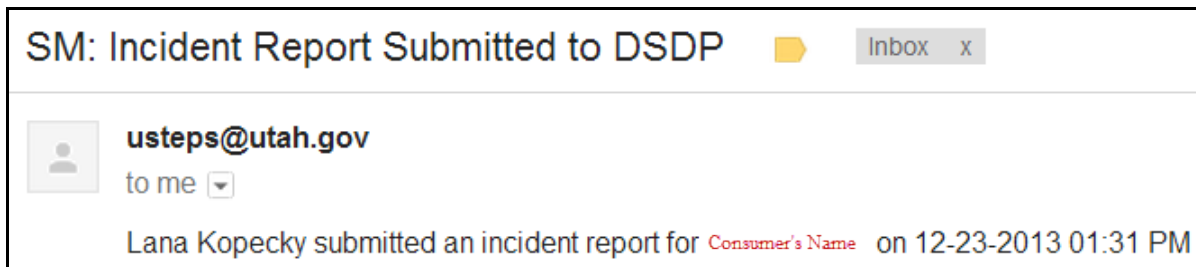
The following is a list of secure emails communicating to the SC the status of the Incident.

- 1 Incident Notice
- 2 Incident Report
- 3 Incident Follow Up
- 4 Incident Additional Follow Up
- 5 Incident Additional Follow Up (These emails will continue until the data collected is adequate.)
- 6 Incident Closure
- 7 Investigation

This email indicates that an Incident Notification has been successfully submitted:



This email indicates that an Incident Report has been successfully submitted and support coordinator follow up is required at this time:



Part 2:

The IR Administrative team member will review the IR and will assign its level based on the Department of Health's policies.

Part 3:

The assigned IR Administrative team member will review all information contained in the IR and ask the SC/ACM any follow-up questions they may have regarding the incident. An email will be sent indicating that Follow Up Questions need to be addressed. The email will contain the IR number, as well as, the consumer's name.

Support Coordinator Follow-up:

Go to the SC Follow Up tab:



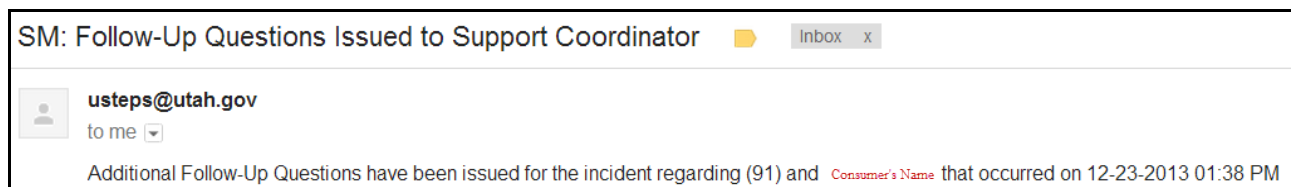
The following screen is required to have all questions answered. Some waivers require a mandatory face-to-face review.

A screenshot of the 'Follow Up' form in the USTEPS Provider Interface. The form has two tabs: 'Follow Up' and 'Additional Follow Up'. The 'Follow Up' tab is active. The form contains a text area for 'Recommendations' with the placeholder text 'Recommending that this is a test, this is only a test.' Below this are three questions with radio button options for 'Yes' and 'No': 'Were Prevention Strategies Needed?', 'Were Prevention Strategies Developed and Implemented?', and 'Is Face-to-Face Review Completed?'. There is also a field for 'Face-to-Face Review Completion Date'. At the bottom are 'Save Draft' and 'Submit' buttons.

Once you have entered the data requested, click Submit.

Support Coordination Additional Follow up:

If the IR Team member has additional questions regarding the incident, the SC will be notified via a secure email.



To 'Respond' to the Follow-Up Questions, go to the SC Follow Up tab:



Then click on Additional Follow Up tab:

As shown in the following diagram, click on each question the IR team has asked and answer each question as thoroughly as possible in the text box. Then click the Add Response button to finish each response.

Steps (as shown above):

- 1 Click on the question
- 2 The question you have clicked on asking for further clarification of the incident is displayed in the "In Progress List".
- 3 Click in the text box and answer the question as thoroughly as possible.
- 4 After each response, click the "Add Response" button, and then click the next question.
- 5 When you have entered all responses to the questions, click "Submit Follow Up Response".

 The Incident Report Followup Question RESPONSE Data is successfully submitted.

The IR system will not allow you to submit your responses until all of the questions have been answered. If you click Submit Follow up Response before answering all the questions, then you will get the following error message:

 All Questions should have a Response before Submit.



The Additional Follow-Up Status (AFU Status):

Request – SC/ACM needs to answer SC follow-up and any additional follow-up questions.

Respond – The SC/ACM has answered the follow-up questions and is ready for the IR Team member to review their responses.

Reviewed – The IR Administrative team member has reviewed the responses submitted by the SC/ACM. However, they can ask as many follow-up questions as needed (another email will be sent each time new questions are generated).

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

Click anywhere on the line with '91'

(1 of 9)

IR ID	Consumer	PID	Provider	IR Level	IR Notice	IR Date/Time	IR Disc Date	Assigned	Report	SC Follow Up	AFU Status	AFU Date
91	Consumer	PID	Provider who submitted Notification Report	Level 3	2013/12/23 13:27:20	2013/12/20 11:00:00	2013/12/20 12:00:00	Lana Kopecky	2013/12/23	2013/12/23	Request	
90	Consumer	PID	Provider who submitted Notification Report	Level 3	2013/12/22 07:40:38	2013/12/03 00:00:00	2013/12/03 00:00:00		2013/12/22	2013/12/22	Reviewed	

Request: Follow Up Questions need to be answered.

Respond: Follow Up Questions have been answered.

Reviewed: IR Team member has reviewed so your fields answers.

As you continue with the process, you can access the Incident Reports main screen at any time to check the status. This main screen continues to auto-fill as each of the tasks are accomplished.

New

Search all fields:

IR ID	Consumer	PID	Provider	IR Level	IR Notice	IR Date/Time	IR Disc Date	Assigned	Report	SC Follow Up	AFU Status	AFU Date	Investigation	Closure
91	Aspen Lewis	020536169	Aspen Grove Advocacy, LLC	Level 3	2013/12/23 13:27:20	2013/12/20 11:00:00	2013/12/20 12:00:00	Lana Kopecky	2013/12/23	2013/12/23	Reviewed		2013/12/23	



Incident Reporting – Investigation

Incident Investigation Required

Inbox x

usteps@utah.gov

to me

12/7/13

(229) and Mon Aahh on 42-07-2013 20:42 requires an investigation .(i.e. the IR Level has been set = to Level 1 or Level 2)

Notification

Report

SC Follow Up

Investigation

Closure

Incident Notes

The Investigation task will be accomplished by the SC/ACM for the consumer. Each numbered section is required to be answered as thoroughly as possible. Depending how a question is answered, additional questions may become required. The additional questions are dynamically displayed.

1.Incident Summary

Please provide a detailed summary of the incident.

This is a detailed test, this is only a detailed test.

2.Precipitating Events/Patterns of Behavior

Do the provider monthly summaries and/or support coordinator activity logs reflect any precipitating events or patterns of behavior leading up to this incident

☐ Yes ☒ No

3.Missing Person Timeline

This is a missing person incident: ☐ Yes ☒ No



4. Participant's Health/Medical Issues

Participant's diagnoses and any other health/medical issues:

ID

Medication Name:

Dosage:

Frequency:

Add

Delete

Clear

Medication	Dosage	Frequency
Medication Name	How Much	How Often

5. Post Incident Medical Assessment

The incident report provides a detailed description of the Post Incident Medical Assessment:

☐ Yes ☒ No

After the incident, the participant was evaluated by a nurse or a physician to determine the need for medical attention?

☐ Yes ☒ No

Please explain why no evaluation was done.

Test

6. Referral to CPS/APS/Law Enforcement

Is this a case of suspected abuse, neglect or exploitation?

☐ Yes ☒ No

7. Behavior Support Plan

The participant has a behavior support plan. ☐ Yes ☒ No

8. Human Rights Restrictions

Does the participant have any human rights restrictions?

☐ Yes ☒ No



9.Services at the Time of the Incident

Were any service(s) scheduled for the participant at the time of the incident?

☐ Yes
☒ No

10.Changes to the Service Plan

Will changes be made to the service plan?

☐ Yes
☒ No

Will any new interventions or strategies be implemented?

☐ Yes
☒ No

11.Additional Reviews or Investigations

Did the incident trigger a review by another agency?

☐ Yes
☒ No

12.Process Improvements

Please describe any opportunities to improve processes that will be implemented as a result of the analysis of this incident/event. Please include training opportunities, policy changes, etc:

Planning to improve testing.

The following “Investigation Completed by (Names and Titles)”: should contain the name and titles of the person(s) filling out the investigation. The date is auto-filled.

Investigation completed by (Names and Titles):

Lana Kopecky, Sr. Business Analyst

Date:

12/23/2013

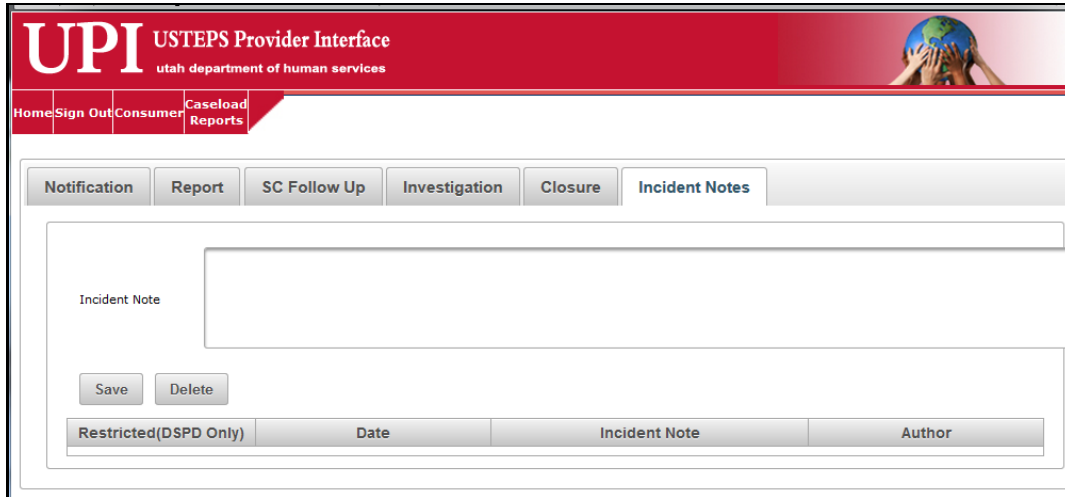
The IR Administrative team member is the only entity that can close an IR, and that process cannot be accomplished until all steps are completed and successfully submitted.



Incident Reporting – Incident Notes



Anyone who can access Incident Reports for the person and write incident data can create an Incident Note for a specific incident.



Restricted(DSPD Only)	Date	Incident Note	Author
N	2013-12-26	This is a test, this is only a test.	Lana Kopecky

Once the Incident Note has been entered, click Save and the table will auto-fill with that information.

Restricted(DSPD Only)	Date	Incident Note	Author
N	2013-12-26	This is a test, this is only a test.	Lana Kopecky

Questions and/or comments regarding application:

Email: USTEPS@utah.gov

USTEPS/UPI/IR Help Line: (801) 698-7431

Incident report questions and/or comments:

dspdincidents@utah.gov

