

# Enterprise Incident Management (EIM) Training: Reporting an Individual Incident Final Section Overview

- Individual Incidents

See the next slide for a summary and links to instructions for these incidents.

Created for the Office of Developmental Programs – Intellectual Disability / Autism

This course describes the detailed steps for creating and submitting the incident final section for the following incident type:

- [Individual Incident](#)

Note – the screens required to complete the incident final section vary, depending on the incident's primary category.

**Note:** All incident reports (except for Medication Error and Restraint reports) must be submitted within 30 days of the incident discovery date, unless an extension has been requested. Note that Medication Error, Restraints, and Optionally Reportable Events (ORE) do not have a final section.

This course uses previously-created Incident First Section(s) as the basis for creating the Incident Final Section, whenever possible.

During a user's normal workflow, the user's Dashboard will indicate under the Documents Requiring My Attention (Grouped By Document Due Date) the incidents that are ready for review.

Hints, tips, and EIM functionality information appears in yellow.

Watch the yellow text box for helpful hints and tips



Important items to remember appear with this reminder icon



Items or situations to watch out for appear with this caution icon

**These instructions relate to the incident document indicated by the arrow.**

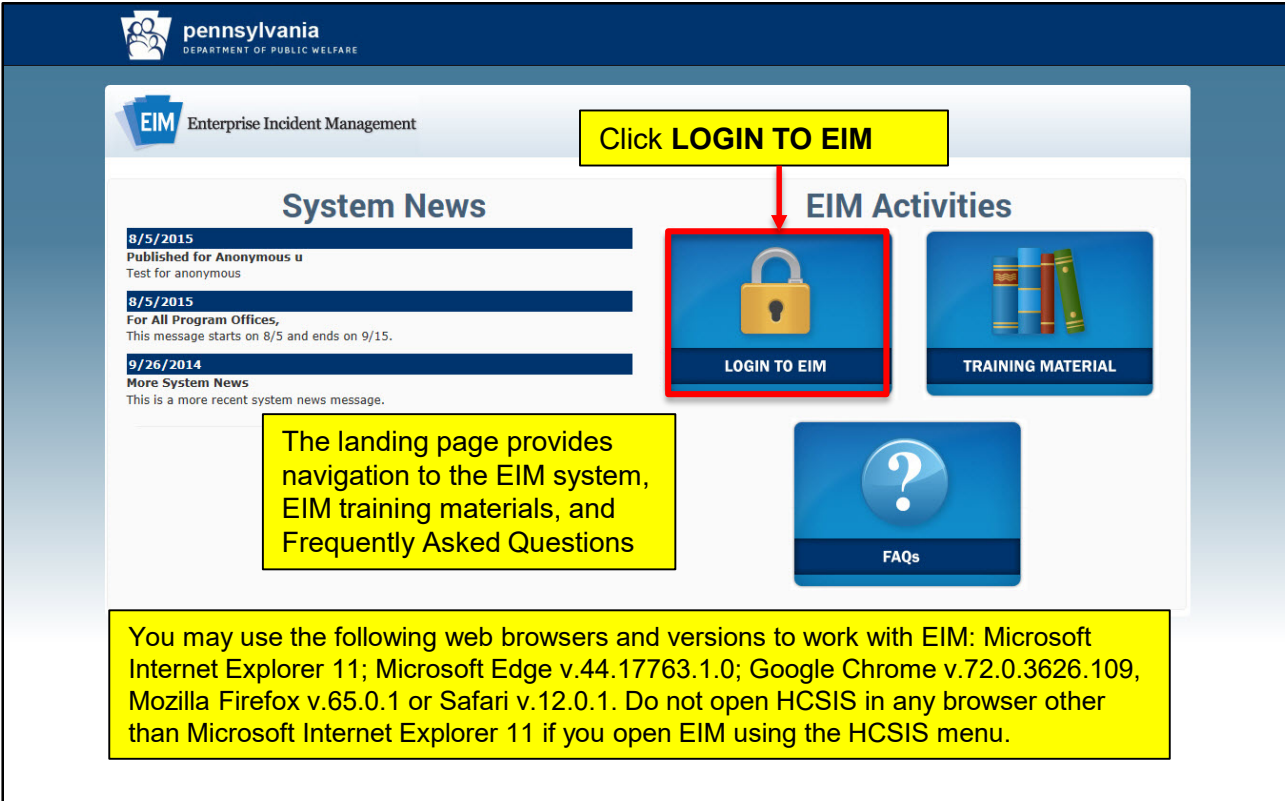
Document Name
Incident First Section
Incident Final Section
Provider Certified Investigator Report
Initial County Management Review
Initial Regional Management Review
County Management Review



# Logging Directly in to EIM

EIM's landing page appears below. Users can navigate directly to the landing page by entering the following web address in their Internet browser's address bar:

<https://www.hhsapps.state.pa.us/eim/>



The screenshot shows the EIM landing page with the following elements:

- Header:** Pennsylvania Department of Public Welfare logo and "Enterprise Incident Management" title.
- System News:** A list of news items with dates (8/5/2015, 9/26/2014) and titles like "Published for Anonymous u" and "For All Program Offices".
- EIM Activities:** Three main navigation buttons: "LOGIN TO EIM" (highlighted with a red box and a yellow callout box pointing to it), "TRAINING MATERIAL" (with a book icon), and "FAQs" (with a question mark icon).
- Annotations:** A yellow box at the top right says "Click LOGIN TO EIM" with an arrow pointing to the login button. A yellow box at the bottom left explains the page's navigation options. A yellow box at the bottom right lists supported web browsers and versions.

# EIM Keystone Key Screen



After clicking Login to EIM, the EIM Keystone Key log on screen appears. Enter your credentials and click **[LOGIN]**.

The screenshot shows the EIM Keystone Key login interface. At the top center is the "PA pennsylvania" logo. Below it, the title "Keystone Key" is displayed. On the left, there is a login form with a yellow border. It contains a "Username:" label above a text input field, a "Password:" label above another text input field, and a prominent orange "LOGIN" button below the fields. To the right of the login form are two panels of self-service options. The first panel, titled "Self-service for Business Partners", includes links for "Forgot User ID" (with a question mark icon), "Forgot Password" (with a lock icon), and "Edit Profile" (with a person icon). The second panel, titled "Self-service for Commonwealth Employees", includes a link for "Change CWOPA Password or Hint Questions" (with a question mark icon). At the bottom of the screen, there is a warning message: "WARNING! US GOVERNMENT SYSTEM and DEPARTMENT OF HUMAN SERVICES SYSTEM. Unauthorized access is prohibited by Public Law 99-474 'The Computer Fraud and Abuse Act of 1986'. Use of this system constitutes CONSENT TO MONITORING AT ALL TIMES and is not subject to ANY expectation of privacy. Unauthorized use of or access to this system may subject you to civil or criminal penalties under state or federal law. This statement is being posted by the Department of Public Welfare Security and Audits Unit." Below the warning is the copyright notice: "Copyright© 2015 by the Commonwealth of Pennsylvania. All Rights Reserved."



The following slides present the various screens users encounter when creating an **Individual Incident Final Section**.

# Documents Requiring My Attention



When you log on, the My Dashboard screen appears first. The Work Item tab, which appears by default, displays links to open incidents in the Documents Requiring My Attention panel with documents that require your action.

The screenshot shows the "My Dashboard" interface. At the top, there is a "CREATE NEW INCIDENT" button. Below it, a navigation bar includes "Work Items", "Alerts", "News", and "SC Comments". The main content area is titled "Documents Requiring My Attention (Grouped By Document Due Date)". It contains a summary table and a detailed list below.

Program Office	Type	Overdue	Due Today	Coming Due	Due Date not Assigned	Total
ODP-ID	Individual Incident	29	4	2	7	42
ODP-ID	Site Level Incident	2	0	0	0	2

Below the summary table is a detailed list of incidents with columns for ID, MCI, Individual Name, Filing Organization, County, Primary Category, Document, Due Date, and Type. The first three rows are visible:

ID	MCI	Individual Name	Filing Organization	County	Primary Category	Document	Due Date	Type
91426	103925821	PCG-EIMMR, CARTER	THREE TSM PROVIDER	Philadelphia	Self-Neglect	Incident First Section	04/14/2021	Indivi Incide
91424	987848016	PCG-EIMMR, ADAM	THREE TSM PROVIDER	Philadelphia	Passive Neglect	Incident First Section	04/14/2021	Indivi Incide
91392	927847067	PCG-EIMMR, MIKE	THREE TSM PROVIDER	Philadelphia	Passive Neglect	Incident First Section	04/13/2021	Indivi Incide

On the right side, there is a "Filters" panel with dropdown menus for Program Office, Organization, Waiver/Program, Incident/Complaint, Incident/Complaint Types, Document Type, Document Name, County, Incident Point Person, and Incident Created By. Below the filters are buttons for "SELECT ALL", "UNSELECT ALL", "APPLY", and "SET AS DEFAULT".

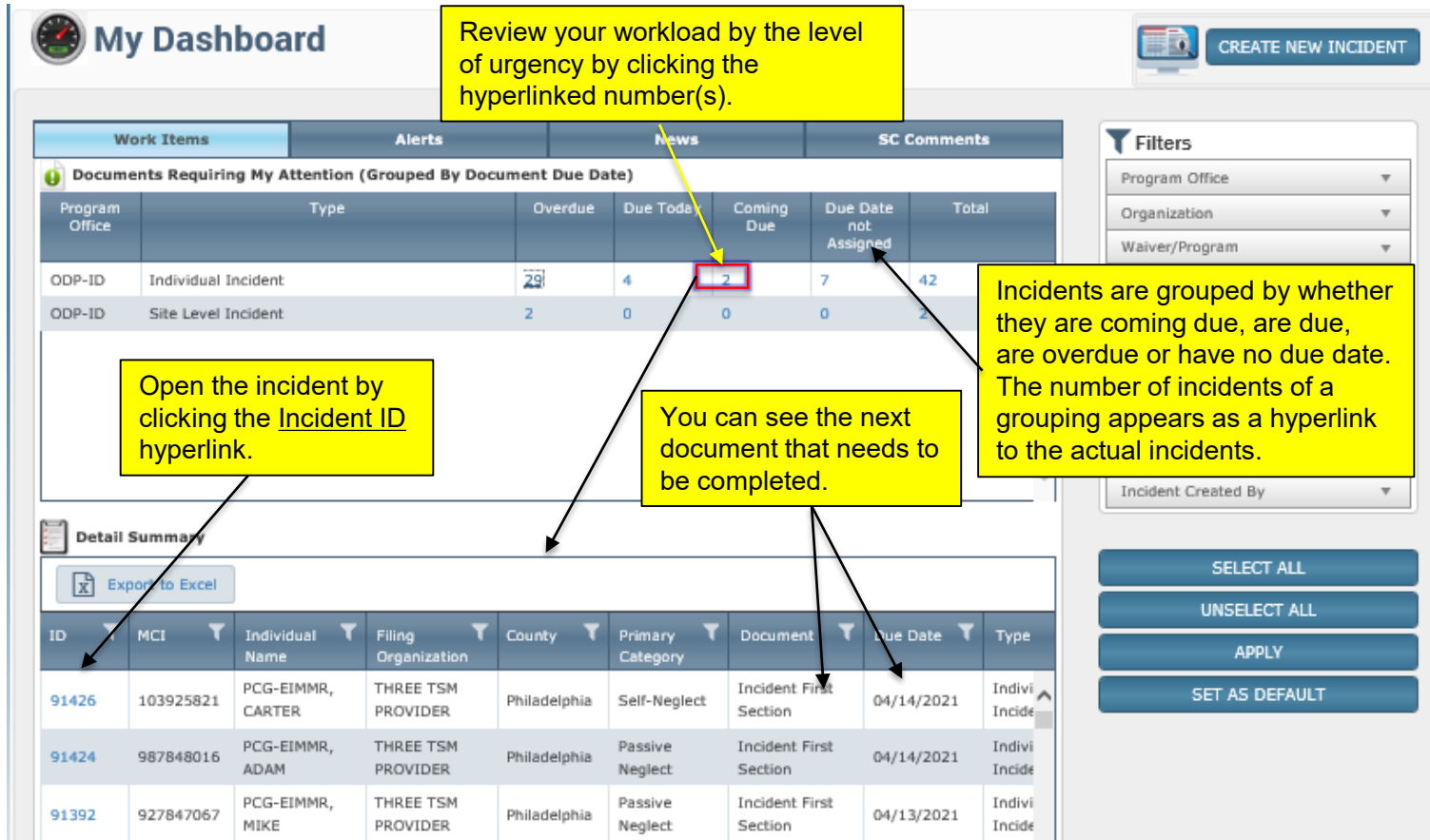
Two yellow callout boxes provide additional information:

- The first callout points to the "Overdue" value of 29 in the summary table, stating: "The incident's due date relative to the EIM system date determines how it is grouped in this display."
- The second callout states: "Documents are included only if they are in 'In Progress' or 'Created' status and if they have been assigned to a logged in user (or to one of the logged in user's organizations.)"



# Workload and Timelines

My Dashboard makes it easier for you to manage the completion of incident final sections, while keeping timelines under control.



**My Dashboard**

Review your workload by the level of urgency by clicking the hyperlinked number(s).

CREATE NEW INCIDENT

Work Items Alerts News SC Comments

Documents Requiring My Attention (Grouped By Document Due Date)

Program Office	Type	Overdue	Due Today	Coming Due	Due Date not Assigned	Total
ODP-ID	Individual Incident	<a href="#">29</a>	4	<a href="#">2</a>	7	42
ODP-ID	Site Level Incident	2	0	0	0	2

Filters

- Program Office
- Organization
- Waiver/Program

Incident Created By

SELECT ALL

UNSELECT ALL

APPLY

SET AS DEFAULT

Open the incident by clicking the Incident ID hyperlink.

You can see the next document that needs to be completed.

Incidents are grouped by whether they are coming due, are due, are overdue or have no due date. The number of incidents of a grouping appears as a hyperlink to the actual incidents.

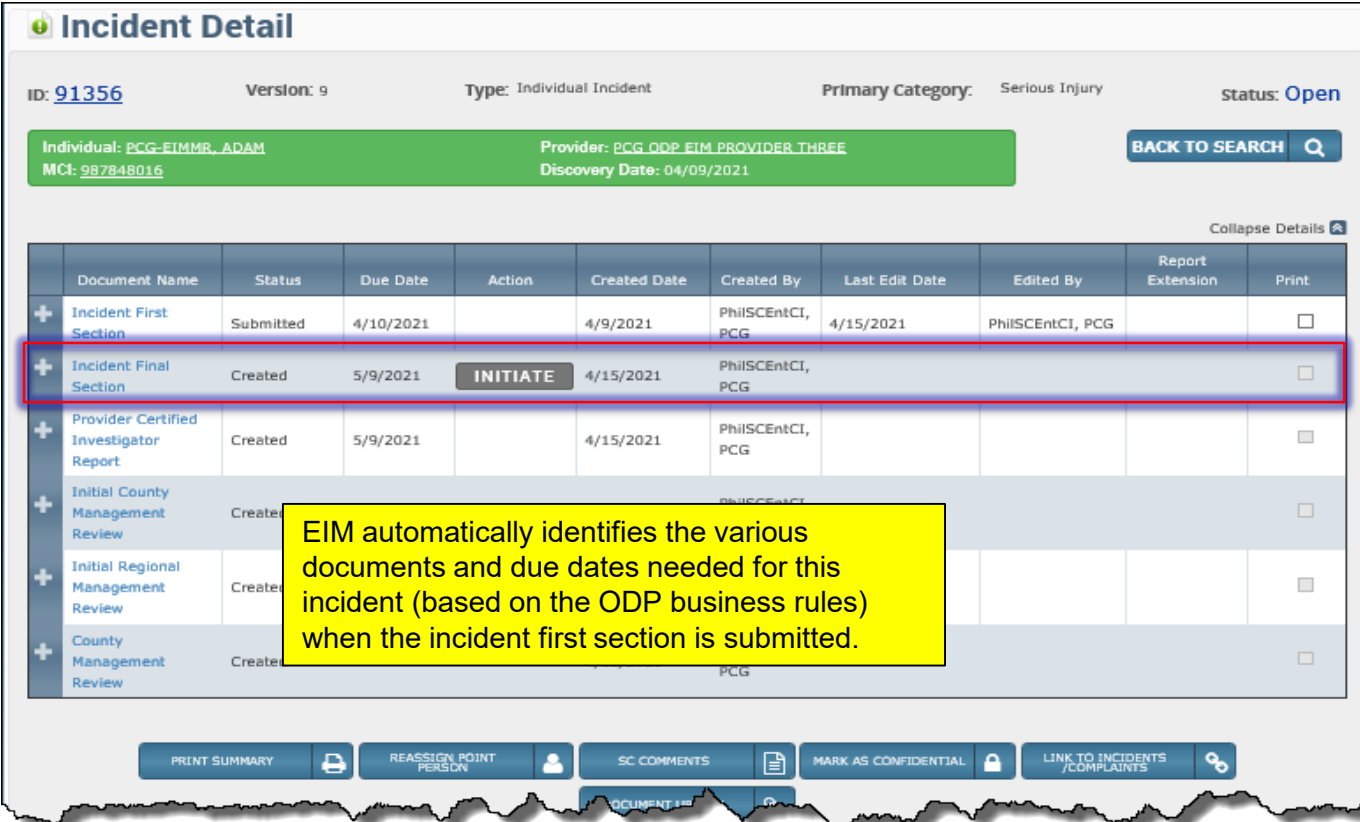
Detail Summary

Export to Excel

ID	MCI	Individual Name	Filing Organization	County	Primary Category	Document	Due Date	Type
<a href="#">91426</a>	103925821	PCG-EIMMR, CARTER	THREE TSM PROVIDER	Philadelphia	Self-Neglect	Incident First Section	04/14/2021	Indivi Incide
<a href="#">91424</a>	987848016	PCG-EIMMR, ADAM	THREE TSM PROVIDER	Philadelphia	Passive Neglect	Incident First Section	04/14/2021	Indivi Incide
<a href="#">91392</a>	927847067	PCG-EIMMR, MIKE	THREE TSM PROVIDER	Philadelphia	Passive Neglect	Incident First Section	04/13/2021	Indivi Incide

# Incident Detail Screen

When you click the incident ID of the incident you need in the Detail Summary, the *Incident Detail* screen for that incident is displayed.



**Incident Detail**

ID: [91356](#)    Version: 9    Type: Individual Incident    Primary Category: Serious Injury    Status: **Open**

Individual: **PCG-EIMMR\_ADAM**    Provider: **PCG\_ODP\_EIM\_PROVIDER\_THREE**    MCI: **987848016**    Discovery Date: **04/09/2021**    [BACK TO SEARCH](#) 🔍

[Collapse Details](#) ⌵

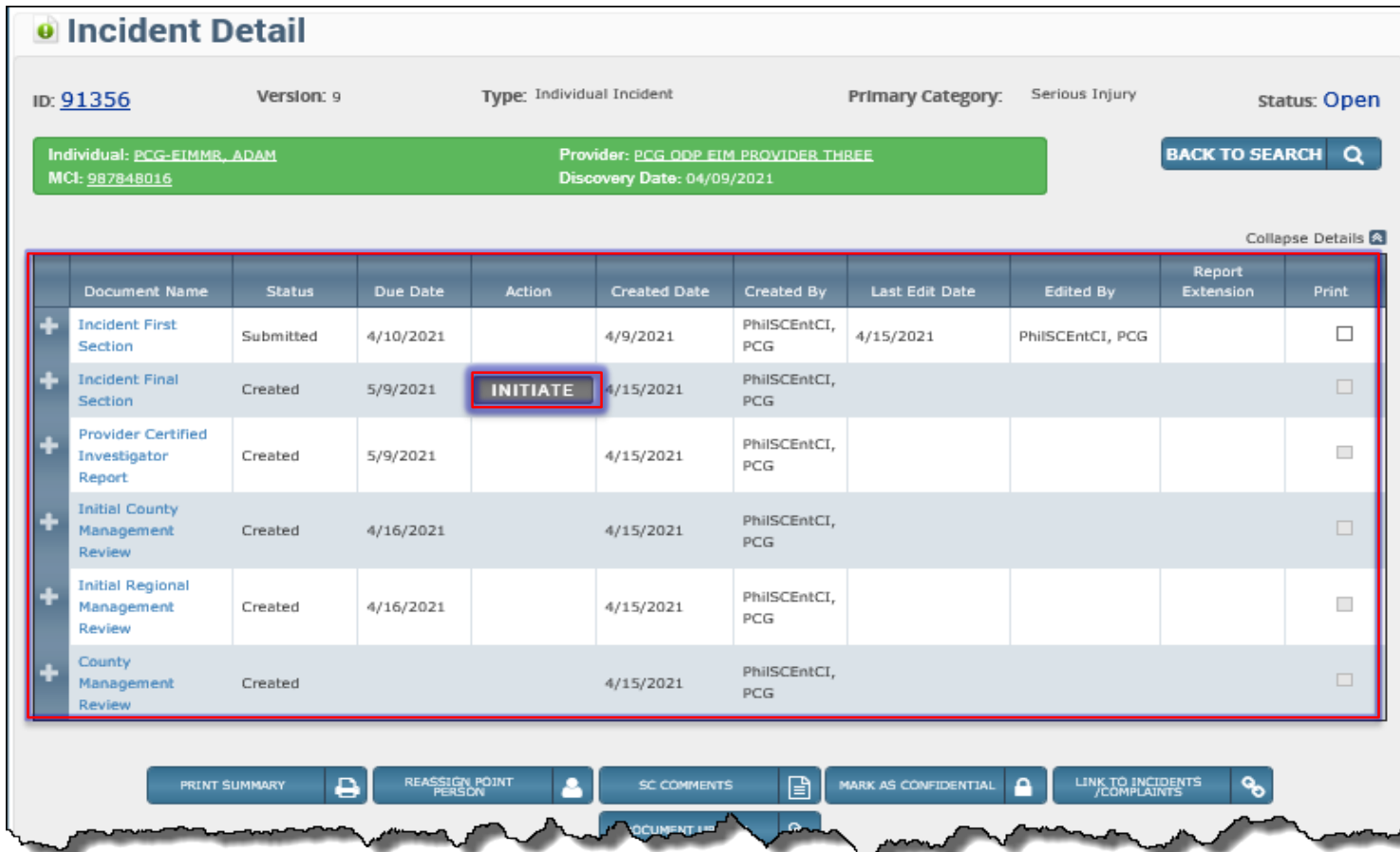
Document Name	Status	Due Date	Action	Created Date	Created By	Last Edit Date	Edited By	Report Extension	Print
+ Incident First Section	Submitted	4/10/2021		4/9/2021	PhiSCEntCI, PCG	4/15/2021	PhiSCEntCI, PCG		<input type="checkbox"/>
+ Incident Final Section	Created	5/9/2021	<b>INITIATE</b>	4/15/2021	PhiSCEntCI, PCG				<input type="checkbox"/>
+ Provider Certified Investigator Report	Created	5/9/2021		4/15/2021	PhiSCEntCI, PCG				<input type="checkbox"/>
+ Initial County Management Review	Created				PhiSCEntCI, PCG				<input type="checkbox"/>
+ Initial Regional Management Review	Created				PhiSCEntCI, PCG				<input type="checkbox"/>
+ County Management Review	Created				PhiSCEntCI, PCG				<input type="checkbox"/>

**EIM automatically identifies the various documents and due dates needed for this incident (based on the ODP business rules) when the incident first section is submitted.**

[PRINT SUMMARY](#) 🖨️    [REASSIGN POINT PERSON](#) 👤    [SC COMMENTS](#) 📄    [MARK AS CONFIDENTIAL](#) 🔒    [LINK TO INCIDENTS /COMPLAINTS](#) 🔗

# Incident Detail, Initiate button

Click **[INITIATE]** to begin the process of recording the incident final section.



**Incident Detail**

ID: [91356](#)    Version: 9    Type: Individual Incident    Primary Category: Serious Injury    Status: Open

Individual: [PCG-EIMMB\\_ADAM](#)    Provider: [PCG QDP EIM PROVIDER THREE](#)    MCI: [987848016](#)    Discovery Date: 04/09/2021    [BACK TO SEARCH](#)

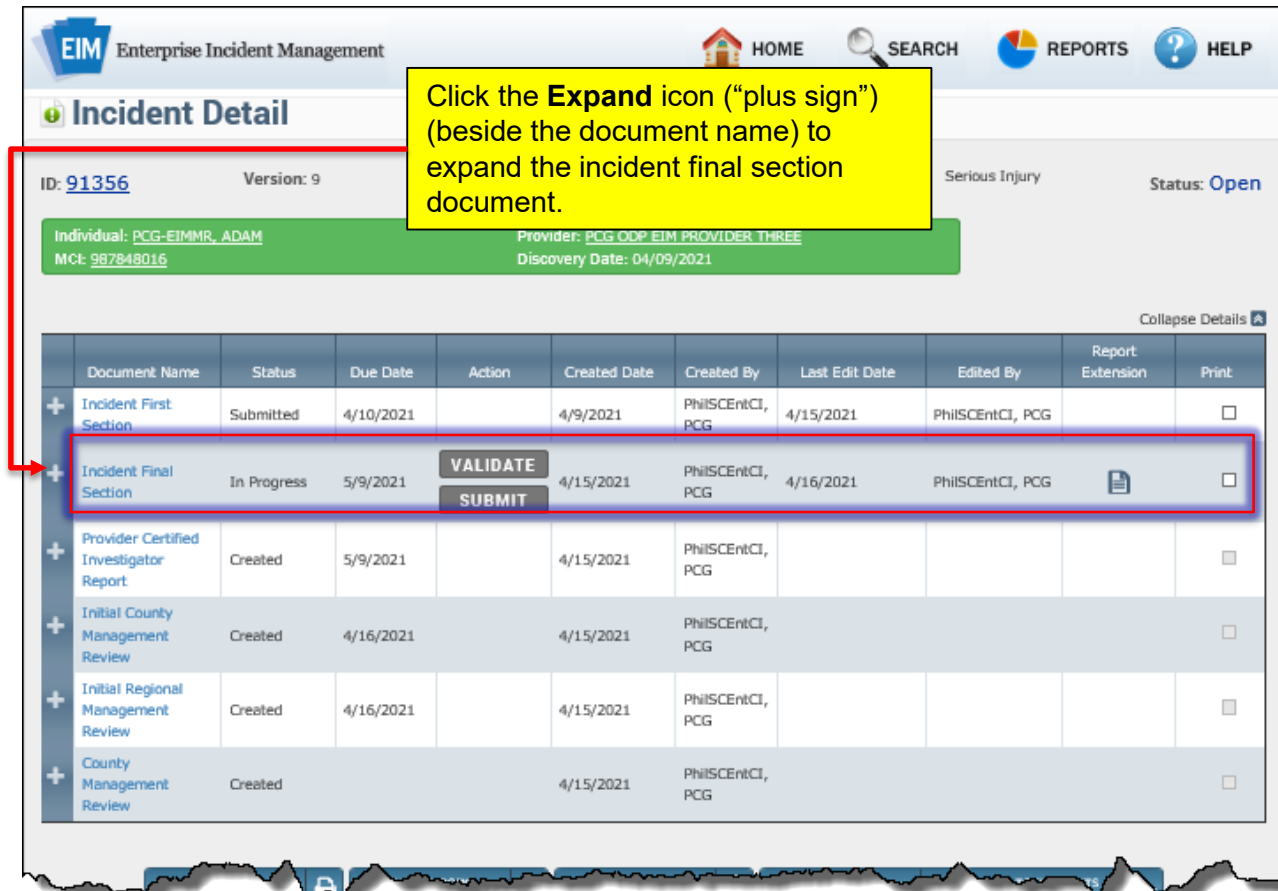
[Collapse Details](#)

	Document Name	Status	Due Date	Action	Created Date	Created By	Last Edit Date	Edited By	Report Extension	Print
+	Incident First Section	Submitted	4/10/2021		4/9/2021	PhiSCEntCI, PCG	4/15/2021	PhiSCEntCI, PCG		<input type="checkbox"/>
+	Incident Final Section	Created	5/9/2021	<b>INITIATE</b>	4/15/2021	PhiSCEntCI, PCG				<input type="checkbox"/>
+	Provider Certified Investigator Report	Created	5/9/2021		4/15/2021	PhiSCEntCI, PCG				<input type="checkbox"/>
+	Initial County Management Review	Created	4/16/2021		4/15/2021	PhiSCEntCI, PCG				<input type="checkbox"/>
+	Initial Regional Management Review	Created	4/16/2021		4/15/2021	PhiSCEntCI, PCG				<input type="checkbox"/>
+	County Management Review	Created			4/15/2021	PhiSCEntCI, PCG				<input type="checkbox"/>

[PRINT SUMMARY](#)   [REASSIGN POINT PERSON](#)   [SC COMMENTS](#)   [MARK AS CONFIDENTIAL](#)   [LINK TO INCIDENTS / COMPLAINTS](#)

# Incident Detail, continued

After you click **[INITIATE]**, the final section status changes from *Created* to *In Progress*, and the *Incident Detail* screen displays this updated status.



**EIM** Enterprise Incident Management

HOME SEARCH REPORTS HELP

## Incident Detail

ID: [91356](#) Version: 9

Individual: PCG-EIMMR, ADAM Provider: PCG ODP EIM PROVIDER THREE  
MC#: 987848016 Discovery Date: 04/09/2021

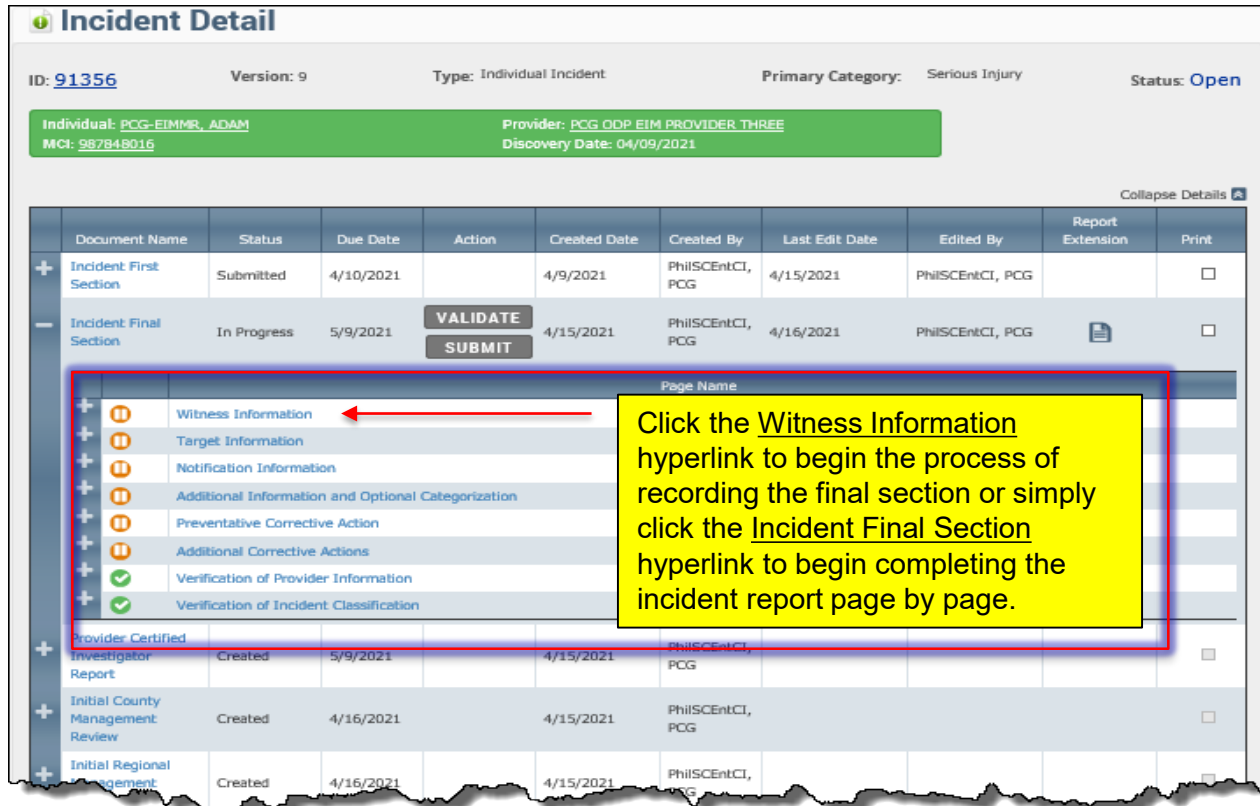
Serious Injury Status: **Open**

Collapse Details

Document Name	Status	Due Date	Action	Created Date	Created By	Last Edit Date	Edited By	Report Extension	Print
+ Incident First Section	Submitted	4/10/2021		4/9/2021	PhiISCENTCI, PCG	4/15/2021	PhiISCENTCI, PCG		<input type="checkbox"/>
+ Incident Final Section	In Progress	5/9/2021	VALIDATE SUBMIT	4/15/2021	PhiISCENTCI, PCG	4/16/2021	PhiISCENTCI, PCG		<input type="checkbox"/>
+ Provider Certified Investigator Report	Created	5/9/2021		4/15/2021	PhiISCENTCI, PCG				<input type="checkbox"/>
+ Initial County Management Review	Created	4/16/2021		4/15/2021	PhiISCENTCI, PCG				<input type="checkbox"/>
+ Initial Regional Management Review	Created	4/16/2021		4/15/2021	PhiISCENTCI, PCG				<input type="checkbox"/>
+ County Management Review	Created			4/15/2021	PhiISCENTCI, PCG				<input type="checkbox"/>

# Incident Detail, expanded Final Section

When you click the **Expand** icon, EIM displays the entire list of screens (pages) in the final section that must be completed for this incident. Each page name is a clickable link.



**Incident Detail**

ID: [91356](#)    Version: 9    Type: Individual Incident    Primary Category: Serious Injury    Status: Open

Individual: [PCG-EIMMR, ADAM](#)    Provider: [PCG ODP EIM PROVIDER THREE](#)  
MCI: [987848016](#)    Discovery Date: 04/09/2021

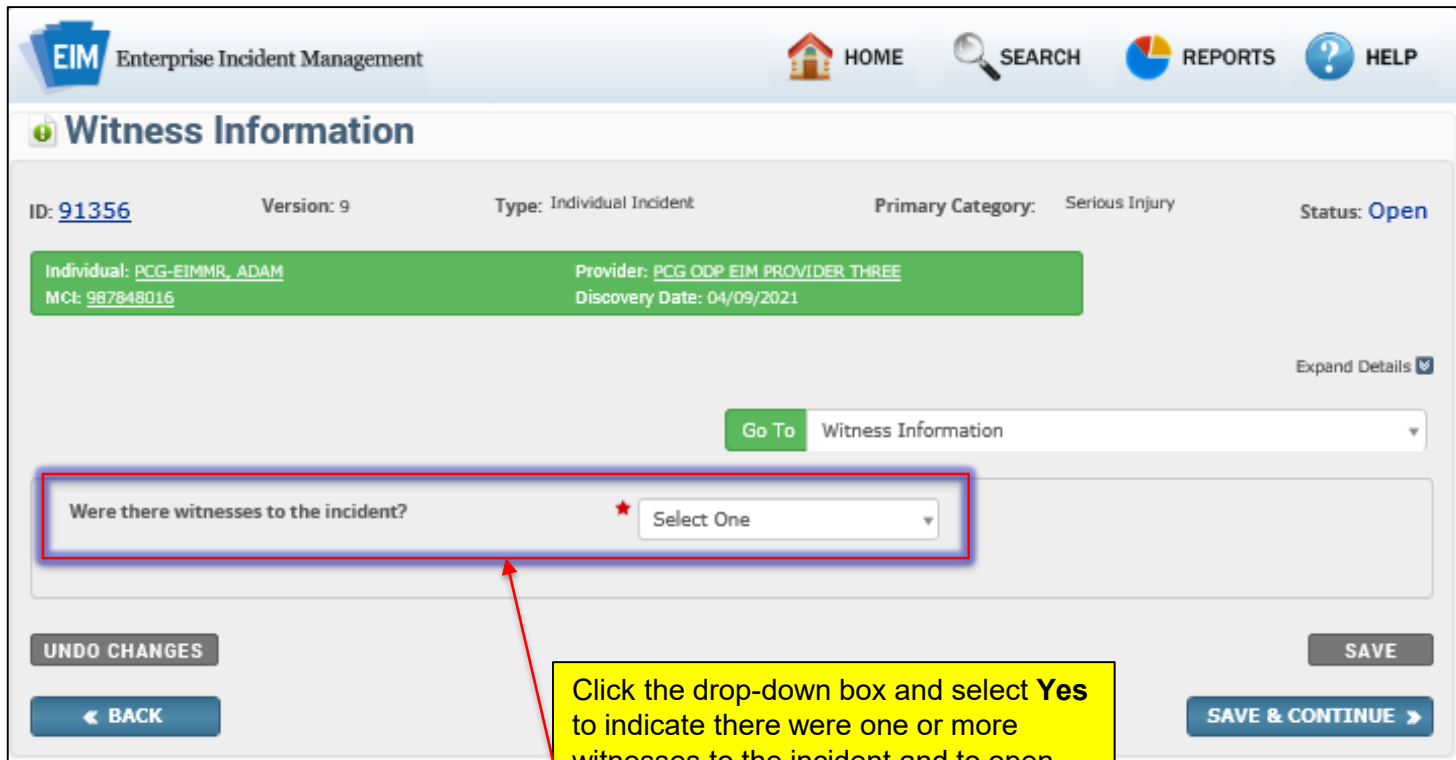
[Collapse Details](#)

Document Name	Status	Due Date	Action	Created Date	Created By	Last Edit Date	Edited By	Report Extension	Print
+ Incident First Section	Submitted	4/10/2021		4/9/2021	PhilSCentCI, PCG	4/15/2021	PhilSCentCI, PCG		<input type="checkbox"/>
- Incident Final Section	In Progress	5/9/2021	<a href="#">VALIDATE</a> <a href="#">SUBMIT</a>	4/15/2021	PhilSCentCI, PCG	4/16/2021	PhilSCentCI, PCG		<input type="checkbox"/>
Page Name									
+ <a href="#">Witness Information</a>									
+ <a href="#">Target Information</a>									
+ <a href="#">Notification Information</a>									
+ <a href="#">Additional Information and Optional Categorization</a>									
+ <a href="#">Preventative Corrective Action</a>									
+ <a href="#">Additional Corrective Actions</a>									
+ <a href="#">Verification of Provider Information</a>									
+ <a href="#">Verification of Incident Classification</a>									
+ Provider Certified Investigator Report	Created	5/9/2021		4/15/2021	PhilSCentCI, PCG				<input type="checkbox"/>
+ Initial County Management Review	Created	4/16/2021		4/15/2021	PhilSCentCI, PCG				<input type="checkbox"/>
+ Initial Regional Management	Created	4/16/2021		4/15/2021	PhilSCentCI, PCG				<input type="checkbox"/>

Click the [Witness Information](#) hyperlink to begin the process of recording the final section or simply click the [Incident Final Section](#) hyperlink to begin completing the incident report page by page.

# Witness Information Screen

The *Witness Information* screen is displayed. Indicate if there were witnesses to the incident by selecting **Yes** or **No** from the drop-down box.

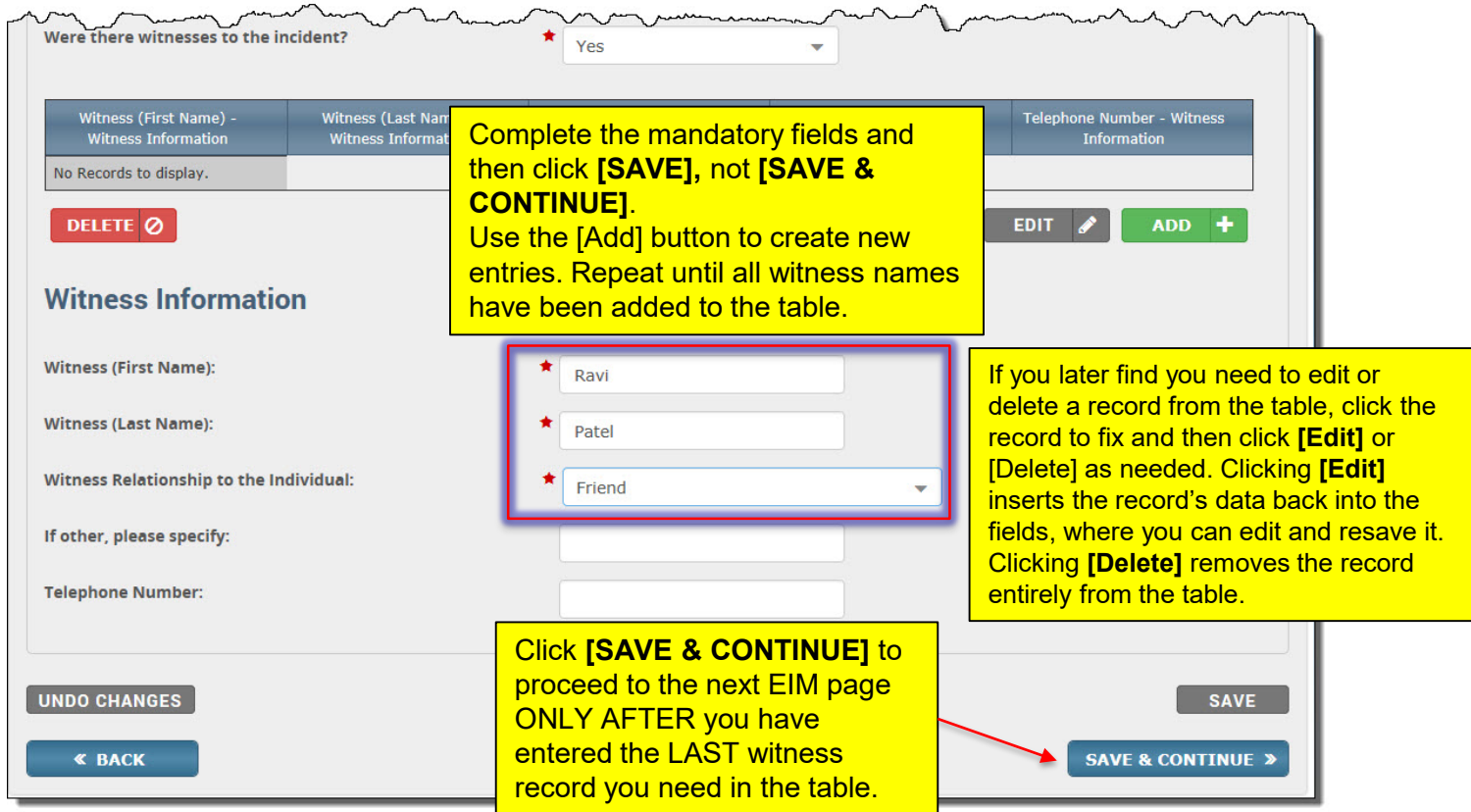


The screenshot shows the 'Witness Information' screen in the Enterprise Incident Management (EIM) system. The header includes the EIM logo and navigation links for HOME, SEARCH, REPORTS, and HELP. The main content area displays incident details: ID: [91356](#), Version: 9, Type: Individual Incident, Primary Category: Serious Injury, and Status: Open. A green bar contains individual and provider information: Individual: [PCG-EIMMR, ADAM](#), MCI: [987848016](#), Provider: [PCG ODP EIM PROVIDER THREE](#), and Discovery Date: 04/09/2021. Below this is a 'Go To' dropdown menu set to 'Witness Information'. A red box highlights the question 'Were there witnesses to the incident?' with a red star icon and a dropdown menu currently showing 'Select One'. At the bottom, there are buttons for 'UNDO CHANGES', 'BACK', 'SAVE', and 'SAVE & CONTINUE'.

Click the drop-down box and select **Yes** to indicate there were one or more witnesses to the incident and to open the table where you can record multiple witnesses (see next slide).


# Witness Information Screen, expanded

When you select **Yes** in the drop-down box, the Witness Information area of the page appears.



Were there witnesses to the incident?

Witness (First Name) - Witness Information	Witness (Last Name) - Witness Information	Telephone Number - Witness Information
No Records to display.		

**DELETE** 

**WITNESS INFORMATION**

Witness (First Name):

Witness (Last Name):

Witness Relationship to the Individual:


If other, please specify:


Telephone Number:


**UNDO CHANGES**

**SAVE**

**SAVE & CONTINUE**

**DELETED** 

**EDIT** 

**ADD** 

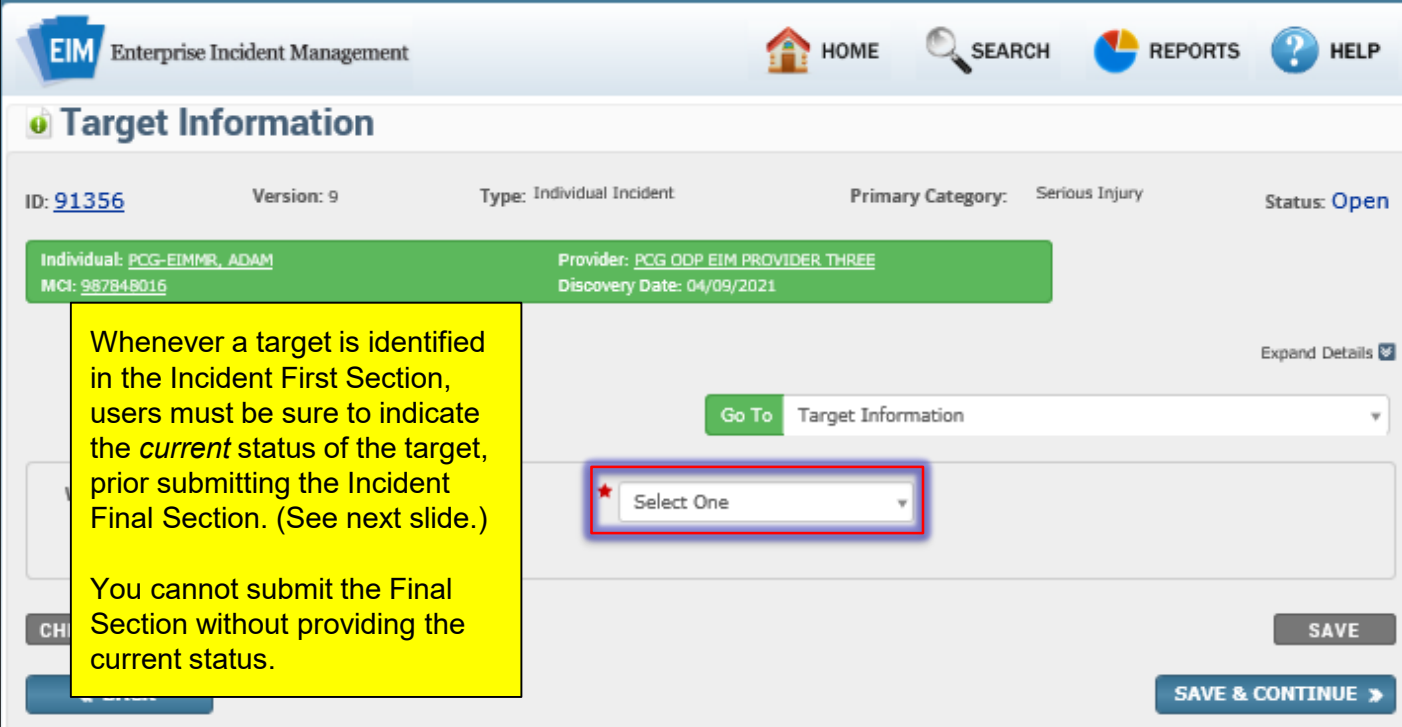
**Complete the mandatory fields and then click [SAVE], not [SAVE & CONTINUE]. Use the [Add] button to create new entries. Repeat until all witness names have been added to the table.**

**If you later find you need to edit or delete a record from the table, click the record to fix and then click [Edit] or [Delete] as needed. Clicking [Edit] inserts the record's data back into the fields, where you can edit and resave it. Clicking [Delete] removes the record entirely from the table.**

**Click [SAVE & CONTINUE] to proceed to the next EIM page ONLY AFTER you have entered the LAST witness record you need in the table.**

# Target Information Screen

The *Target Information* page is displayed next. If one or more targets are identified, click **Yes** in the *Were there targets Identified?* drop-down box and complete the fields in the expanded screen that appears (see the illustration on the next slide as an example). If no target was identified, select **No** in the drop-down box and then click **[SAVE & CONTINUE]**.

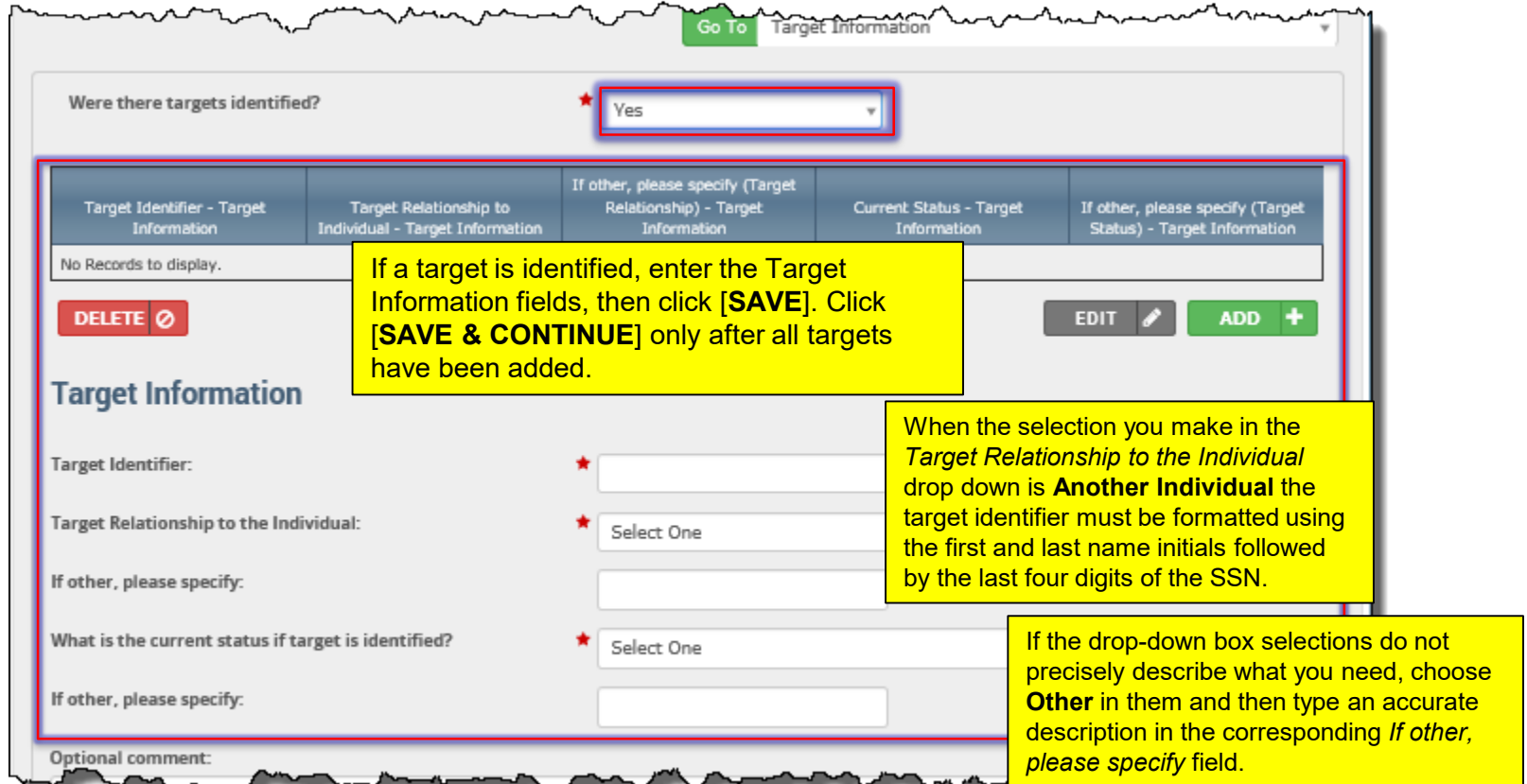


The screenshot shows the 'Enterprise Incident Management' interface. At the top, there are navigation icons for HOME, SEARCH, REPORTS, and HELP. The main heading is 'Target Information'. Below this, incident details are displayed: ID: 91356, Version: 9, Type: Individual Incident, Primary Category: Serious Injury, and Status: Open. A green bar contains individual and provider information: Individual: PCG-EIMMR, ADAM (MCI: 987848016) and Provider: PCG ODP EIM PROVIDER THREE (Discovery Date: 04/09/2021). A 'Go To' dropdown menu is set to 'Target Information', and a red-bordered dropdown menu below it shows 'Select One' with a red star icon. A yellow callout box on the left contains the following text: 'Whenever a target is identified in the Incident First Section, users must be sure to indicate the *current* status of the target, prior submitting the Incident Final Section. (See next slide.) You cannot submit the Final Section without providing the current status.' At the bottom right, there are 'SAVE' and 'SAVE & CONTINUE' buttons.



# Target Information, expanded

When you select **Yes** in the *Were there targets identified?* drop-down box, EIM expands the *Target Information* screen, as shown below.



The screenshot shows the EIM interface for adding target information. At the top, a green button labeled "Go To" is followed by a dropdown menu set to "Target Information". Below this is a form with a question "Were there targets identified?" and a dropdown menu set to "Yes". A table with five columns is shown, but it is empty with the message "No Records to display." Below the table are buttons for "DELETE", "EDIT", and "ADD". The "Target Information" section contains several fields: "Target Identifier:", "Target Relationship to the Individual:", "If other, please specify:", "What is the current status if target is identified?", and "If other, please specify:". There is also an "Optional comment:" field. Three yellow callout boxes provide instructions: one about saving records, one about formatting the target identifier, and one about using the "If other, please specify" field.

Go To Target Information

Were there targets identified?

Target Identifier - Target Information	Target Relationship to Individual - Target Information	If other, please specify (Target Relationship) - Target Information	Current Status - Target Information	If other, please specify (Target Status) - Target Information
No Records to display.				

DELETE

### Target Information

Target Identifier:

Target Relationship to the Individual:

If other, please specify:

What is the current status if target is identified?

If other, please specify:

Optional comment:

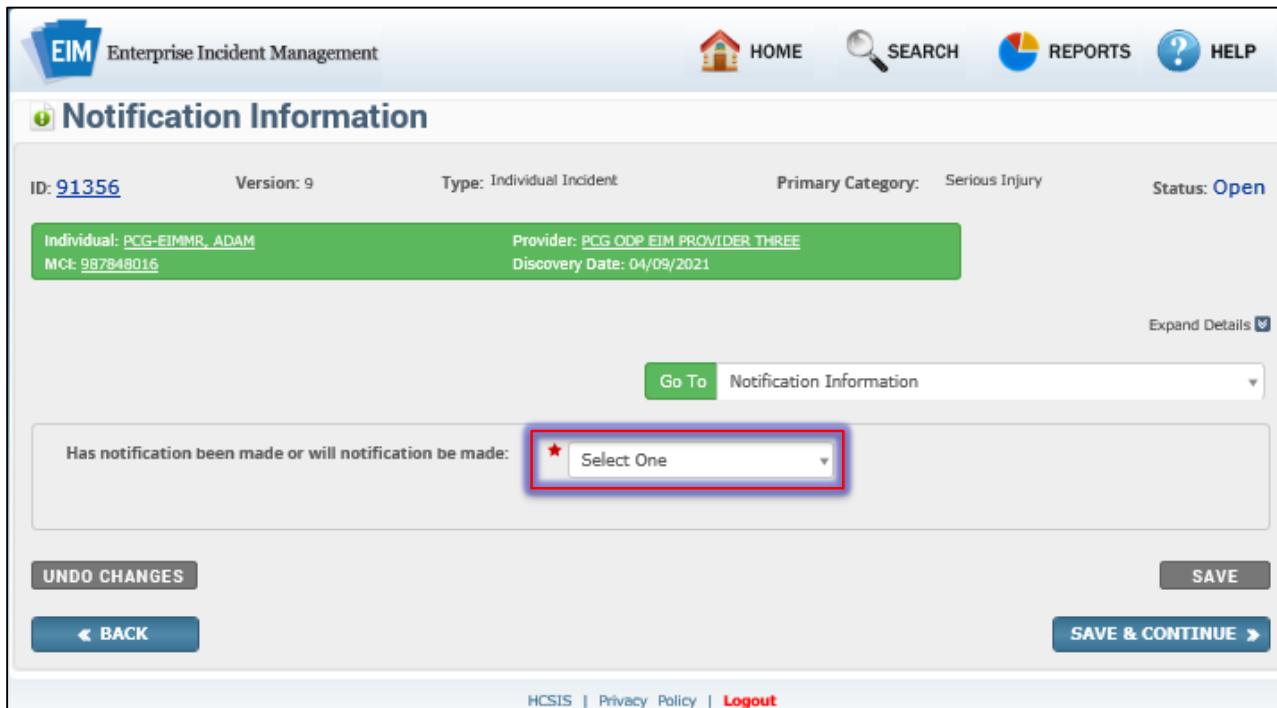
If a target is identified, enter the Target Information fields, then click [SAVE]. Click [SAVE & CONTINUE] only after all targets have been added.

When the selection you make in the *Target Relationship to the Individual* drop down is **Another Individual** the target identifier must be formatted using the first and last name initials followed by the last four digits of the SSN.

If the drop-down box selections do not precisely describe what you need, choose **Other** in them and then type an accurate description in the corresponding *If other, please specify* field.

# Notification Information

The *Notification Information* screen is displayed next. If notifications were made, click **Yes** from the *Has notification been made or will notification be made?* drop-down box and complete the fields in the expanded screen that appears (see the illustration on the next slide as an example). If notifications were not made, select **No**.



**EIM** Enterprise Incident Management

HOME SEARCH REPORTS HELP

## Notification Information

ID: [91356](#) Version: 9 Type: Individual Incident Primary Category: Serious Injury Status: [Open](#)

Individual: [PCG-EIMMR\\_ADAM](#) Provider: [PCG ODP EIM PROVIDER THREE](#)  
MCI: [987848016](#) Discovery Date: 04/09/2021

Expand Details

Go To Notification Information

Has notification been made or will notification be made:

UNDO CHANGES SAVE

← BACK SAVE & CONTINUE →




HCSIS | Privacy Policy | Logout

# Notification Information, expanded

After you click **Yes** in the drop-down box, the Notification Information area of the page is displayed. Complete the *Notification Information* fields.

Has notification been made or will notification be made: ★ Yes

Family/Guardian/Agency - Notification Information	If other, please specify - Notification Information	Notified/Will Notify - Notification Information	Person Notified First Name - Notification Information	Person Notified Last Name - Notification Information	Date Notified/Will Notify - Notification Information
Family/Guardian		Notified	William	Jackson	04/16/2021

**DELETE**  **EDIT**  **ADD** 

### Notification Information


Family/Guardian/Agency: ★

If other, please specify:

Notified/Will Notify:

Person Notified (First Name): ★

Person Notified (Last Name): ★

Date Notified/Will Notify: ★  

Person Making Contact (First Name):

Person Making Contact (Last Name):

To add names, complete the Notification Information fields, and then click **[SAVE]**. Click **[SAVE & CONTINUE]** ONLY AFTER ALL names have been added.

# Death Information Screen



The *Death Information* screen appears next **ONLY** if the incident's Primary Category is "Death." Select **Yes**, **No** or **Unknown** in the first two mandatory drop-down boxes. Select one or more diagnosed terminal illnesses from the corresponding drop-down box.

A screenshot of a web form titled "Death Information". The form contains several questions with corresponding dropdown menus and text boxes. A yellow callout box highlights a specific instruction. The form fields are as follows:

- Question: "Was the individual in hospice care?" with a red asterisk and a dropdown menu labeled "Select One".
- Question: "Did the individual have a diagnosed terminal illness?" with a red asterisk and a dropdown menu labeled "Select One".
- Question: "What is the diagnosed terminal illness?" with a dropdown menu labeled "Select One".
- Text box: "If other, please specify:" followed by a large text area with a "4000 characters remaining" indicator.
- Question: "Was a 'Do Not Resuscitate' order in effect?" with a red asterisk and a dropdown menu labeled "Select One".
- Question: "Did the provider initiate CPR?" with a red asterisk and a dropdown menu labeled "Select One".
- Question: "Did other parties perform CPR?" with a red asterisk and a dropdown menu labeled "Select One".
- Text box: "If other, please specify:" followed by a large text area with a "4000 characters remaining" indicator.

The yellow callout box contains the text: "If the illness you need to enter is not in the drop-down box list, select **Other**, and then identify the illness in the *If other, please specify* text box."

# Death Information Screen, continued



Fill out all the remaining fields relating to existence of DNR orders, whether CPR was administered and by whom, contacting coroners, arranging autopsies, etc.

Was the coroner contacted? ★

Was an autopsy performed or will an autopsy be performed? ★

Did the family refuse an autopsy?

Please indicate what supplemental information exists for this report (Forward hard copies of the available documents to the County and Region):

- Autopsy report
- Death Certificate
- Discharge summary from last hospitalization
- Do Not Resuscitate (DNR) Order
- Lifetime medical history
- Results of most recent health and medical assessments
- Results of most recent physical exam
- Other

If other, please specify:

Was there a Substitute Healthcare Decision Maker? ★

If yes, please specify their name:

Relationship to the deceased:

If other, please specify:

The list of check boxes shows possible supplemental information that exists for the incident. Check all items that apply to the current incident and forward hard copies of the selected documentation to county and regional staff. If you check *Other*, you must identify the additional documentation in the *If other, please specify* text box.

# Death Information Screen, continued



If there is/was a Substitute Healthcare Decision Maker, select **Yes** in the relevant drop-down box, enter the person's name, and select the relationship this decision maker had to the deceased in the corresponding drop-down box.

Was the coroner contacted? ★

Was an autopsy performed or will an autopsy be performed? ★

Did the family refuse an autopsy?

Please indicate what supplemental information exists for this report (Forward hard copies of the available documents to the County and Region):

If other, please specify:

Was there a Substitute Healthcare Decision Maker? ★

If yes, please specify their name:

Relationship to the deceased:

If other, please specify:

If you cannot find a relationship in the drop-down box that “fits” this situation, select **Other** and define the relationship in the *If other, please specify* text box. If **Yes** is selected in the *Was there a Substitute Healthcare Decision Maker?*, then *Please specify their name and Relationship to the deceased* become mandatory fields and must be completed.

# Medical Intervention Information Screen



The *Medical Intervention Information* page is displayed next ONLY if **Yes** has been selected in the drop-down box *Was there a medical intervention for this individual?*, which appears on the *Incident Classification* page and/or *Verification of Incident Classification* page.

**Medical Intervention Information**

Date of Intervention/Admission: \*

Medical Provider/Center Name: \*

Initial Diagnosis: \*

What was provided during the event (Select all that apply):

- Admission to ICU/CCU
- Bloodwork
- Medical isolation
- Restraint use (Physical, Mechanical or Chemical)
- Special studies (e.g. CT, MRI, Colonoscopy, Bronchoscopy, etc.)
- Surgical procedure
- Swallowing study
- Treatment of a fracture
- Treatment on a ventilator
- Urinalysis
- Use of seclusion room
- Wound closure
- X-ray
- Other

If other, please specify:

Select the date of the intervention or admission. Enter also the name of the facility where the intervention was provided and what the initial diagnosis made at that facility was.

Check the check boxes that identify the services and activities that were provided and done in the course of the incident. You may select more than one – check all that apply. If you check the **Other** check box, you must identify the service or activity in the *If other, please specify* text box.

## Medical Intervention Information Screen, cont.



Select in the *What was the extent of treatment* check box the item that best characterizes the nature of the intervention, i.e., primary care physician, emergency room, etc. Provide details in the *Please Explain* text box on what was done in the course of the treatment.

What was the extent of treatment? ★

Please explain: ★

4000 characters remaining

Has the individual been seen for a medical treatment prior to the last 48 hours? ★

If yes, please explain:

4000 characters remaining

If the individual had presented for medical treatment or intervention at any time up to 48 hours before this current intervention, select **Yes** in the *Has the individual been seen...* drop-down box. If your response is **Yes**, you must provide an explanation in the *If yes, please explain* text box.




## Medical Intervention Information Screen, cont.



In the Discharge area of the page, click the calendar icon in the *Discharge Date / Medical Intervention End Date* field and select the date when the intervention or hospitalization ended. As stated in the heading, you must file a report extension if the individual is still hospitalized after 30 days.

**Discharge (if the individual is still hospitalized after 30 days, file a report extension)**

Discharge Date/Medical Intervention End Date:  

Length of the admission (days):

Discharge Diagnosis:

Did you get the discharge instructions upon discharge?

If no, please explain:

4000 characters remaining

Additional Diagnosis:

- Aspiration
- Dehydration
- Constipation
- Seizures
- Sepsis
- GERD (Gastroesophageal reflux disease)
- Pressure Injury

4000 characters remaining

The *Length of the admission (days)* field is automatically calculated by EIM when the *Medical Intervention Information* page is submitted, not when you click the [Save] or [Save & Continue] button to save the page. EIM handles an admission and discharge on the same day as one (1) day. One day is the minimum length of admission.

Complete the discharge information fields, indicating any additional diagnoses that figured into the admission, and then click [SAVE & CONTINUE].

# Additional Medical Intervention Information Screen



The *Additional Medical Intervention Information* page appears in any workflow that includes the *Medical Intervention Information* page. In completing this page, check the check boxes of any new conditions, modes of treatment or new treatment admissions that apply to this individual incident.

**Additional Medical Intervention Information**

Did the individual experience a delay in admission? \*

If yes, please explain:

4000 characters remaining

What changed for this individual after treatment? (Select all that apply): \*

- Deceased
- Modification to the ISP
- New Equipment
- New instructions on when to contact health care practitioner
- New instructions received for signs and symptoms
- New Medical Condition
- New Medication
- New Psychotherapy
- New Treatment
- Transferred to another facility (e.g., Rehabilitation Hospital or Nursing Home)
- Wound Care
- No Change

Please explain any new equipment, instructions, medical condition, psychotherapy, treatment or facility:

4000 characters remaining

Select in the drop-down box at the top of the page the time frame that best describes any length of time that elapsed before the individual could be admitted to receive the medical intervention. This field is mandatory, so if there was no delay, be certain to select **N/A**.

Provide all details for each item you check in the *Please explain any new...* text box below. If you check **No Change**, do not check any other check boxes.

## Additional Medical Intervention Information Screen, cont.



Fill in as needed the remaining fields on this *Additional Medical Intervention Information* page. Use the fields at the bottom of this EIM page to note the dates of any follow-up appointments that have been made at this stage of the individual incident.

What location did the individual return to after medical treatment? ★

Was the individual, staff, and caregivers trained on care and follow-up instructions? ★

If no, please explain:

4000 characters remaining

Make a selection in the mandatory drop-down box *What location did the individual return to after medical treatment?* that best describes any subsequent facility that admitted the individual.

**Date of Initial Follow-Up Appointments**

Primary Care Practitioner (PCP):

Admitting physician:

Surgeon:

Specialist:

Outpatient psychiatrist:

Admitting psychiatrist:

Home Health Nurse:

Wound Care Clinic:

Lab Work:

Diagnostic Testing:

Swallow Study:

Other:

If none, please explain:

4000 characters remaining

If no follow-up appointments have been made and recorded here, explain why in the *If none, please explain* text box.

# Additional Information and Optional Categorization



The *Additional Information and Optional Categorization* page is displayed. The data you can enter into the fields in the Additional Information area of the page focuses on providing corrections and updates as well as on following up on services and supports offered.

**Additional Information**

Please include any updated or corrected information from the Incident Description page of the First section including dates, times, people involved, and relevant details prior to, during, and after the incident. Indicate the current status of the individual: ★

4000 characters remaining

Were services/supports offered to the individual? ★

Did the individual accept the services/supports offered? ★

Please clarify:

4000 characters remaining

What was the outcome of the services/supports that were offered?

4000 characters remaining

Be sure to indicate if the individual accepted any supports offered. This field is mandatory.

## Additional Information and Optional Categorization, cont.

The *Additional Information and Optional Categorization* page also has fields where you can note any changes made to ISPs and the details on any contact with law enforcement.

Were any changes made to the ISP (Including Behavioral Support Plan component)?

If Yes, were all team members informed and trained, if applicable, on the changes?

4000 characters remaining

Services/Supports Offered:

- Contacted Local Domestic Violence Provider
- Contacted Local Rape Crisis Center
- Local Behavioral Health Crisis Intervention
- Respite
- Therapist/Counselor
- Victim/Witness Services
- Not Applicable
- Other

If other, please specify:

4000 characters remaining

Was Law Enforcement Contacted?

Please indicate what action was taken by Law Enforcement or if Law Enforcement was not contacted:

4000 characters remaining

Complete the *Additional Information* fields.

Check the check boxes that identify the services or supports that were offered. You may select more than one – check all that apply. If you choose **Other**, identify the location in the *If other, please explain* text box. If you check the **Not Applicable** check box, do not check any other box.

The *Optional Categorization* area of this page gives providers a way to create and use their own system of categorization.

**Optional Categorization**

Use the following fields to further categorize the incident. These are for Provider internal use only. Providers may develop their own values for the code.

Optional Field 1:	<input type="text" value="Select One"/>
Optional Field 2:	<input type="text" value="Select One"/>
Optional Field 3:	<input type="text" value="Select One"/>
Optional Field 4:	<input type="text" value="Select One"/>

Complete the *Optional Categorization* fields if they are used by your organization.

Click the [**SAVE & CONTINUE**] button to proceed to the next page.

# Suicide Attempt Information



The *Suicide Attempt Information* screen appears next **ONLY** if the incident Primary Category is “Suicide Attempt.” This page is very straightforward. All the fields are mandatory, and the questions are self-explanatory. The possible selections for all the drop-down boxes except the last one are **Yes**, **No** or **Unknown**. **Yes** and **No** are the only selections in the last drop-down box.

Note: Investigations are mandatory for all suicide attempts (with and without medical intervention).

### Suicide Attempt Information

Was the individual’s suicidal act in furtherance or connected to an earlier threat? ★

Has the individual been taking medications regularly? ★

Has the individual been attending medical appointments regularly? ★

Does the individual have access to medications and/or medical support? ★

Is there a treating psychiatrist or clinical psychologist? ★

Does the individual have a BSP (Behavioral Support Plan) component of the ISP? ★

Does the individual have a SEEN (Social Emotional Environmental Needs) component of the ISP? ★

Has the individual participated in the development of a contract for safety? ★

# Preventative Corrective Action



The *Preventative Corrective Action* screen is displayed next. This page lets you identify one single preventative corrective action that has been taken to prevent a recurrence of the incident type being submitted.

**Preventative Corrective Action**

**Describe the Preventative Action Step that has been taken to prevent reoccurrence of this incident type.**

Preventative Corrective Action:

Description of Preventative Corrective Action:

4000 characters remaining

Completed Date:

Responsible Party (First Name):

Responsible Party (Last Name):

Risk Mitigation Plan Details:

4000 characters remaining

**Note:** This text box and label appear only when the primary category is "Passive Neglect" or "Self-Neglect".

**Note:** If there are additional actions that can be taken to achieve this end, you may list them in the next page in the EIM workflow, the Additional Corrective Action page.



The *Preventative Corrective Action* screen has several data-conditional constraints built into it to determine when certain fields become mandatory (summarized below).

For incident's categorized as "Abuse," "Sexual Abuse," "Neglect," "Rights Violation," or "Exploitation" **where** the provider investigation determination is **Confirmed**, the following fields are mandatory:

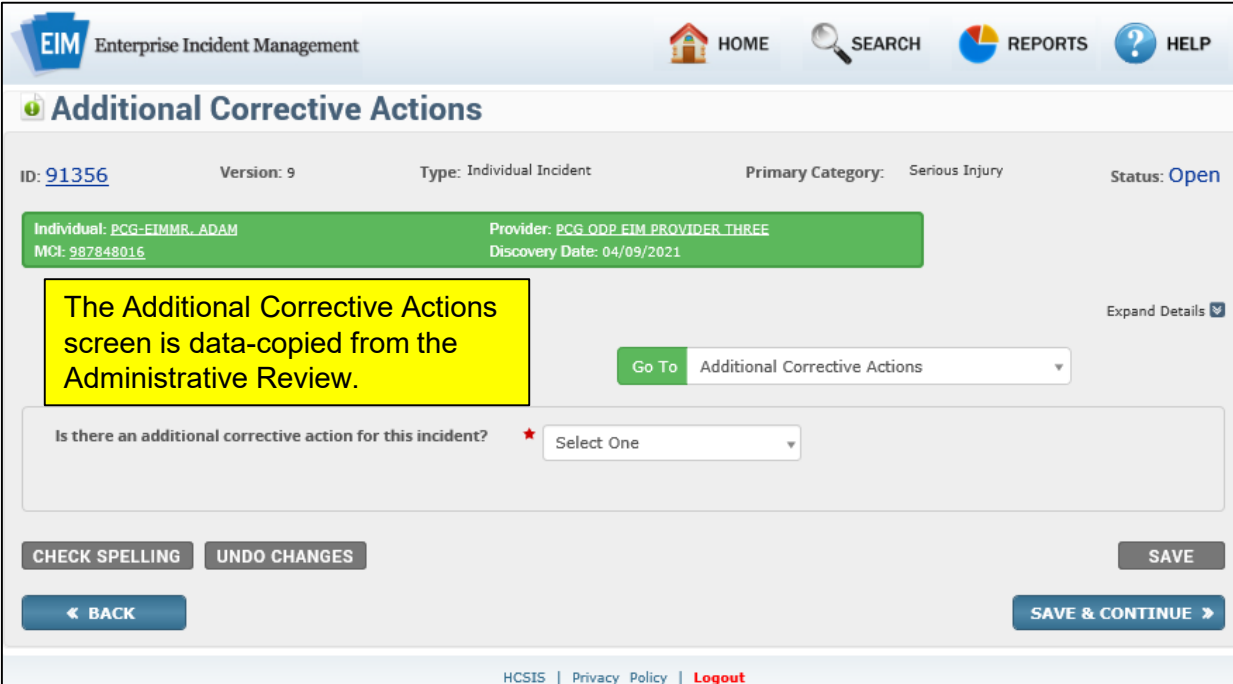
- Preventative Corrective Action
- Description of Preventative Corrective Action
- Completed Date
- Responsible Party - First Name
- Responsible Party - Last Name

If a Provider Certified Investigation Report is required for the incident, the Preventative Corrective Actions entered in the Administrative Review are auto-populated into the Preventative Corrective Action screen, as these fields are read only.

For "Passive Neglect" or "Self-Neglect" incidents, the fields above are mandatory. The *Risk Mitigation Plan Details* text box also appears and is mandatory. This text box appears on the page only when the incident is categorized as "Passive Neglect" or "Self-Neglect."

# Additional Corrective Actions Screen

The *Additional Corrective Actions* screen is displayed. If one or more additional corrective actions are needed, click **Yes** in the *Is there an additional corrective action for this incident?* drop-down box and complete the fields in the expanded screen that appears (see the illustration on the next slide as an example). If no additional corrective action is needed, select **No**.



**EIM** Enterprise Incident Management

HOME SEARCH REPORTS HELP

## Additional Corrective Actions

ID: [91356](#) Version: 9 Type: Individual Incident Primary Category: Serious Injury Status: [Open](#)

Individual: [PCG-EIMMR\\_ADAM](#) Provider: [PCG\\_ODP\\_EIM\\_PROVIDER\\_THREE](#)  
MCI: [987848016](#) Discovery Date: 04/09/2021

The Additional Corrective Actions screen is data-copied from the Administrative Review.

Go To [Additional Corrective Actions](#)

Expand Details

Is there an additional corrective action for this incident? ★ [Select One](#)

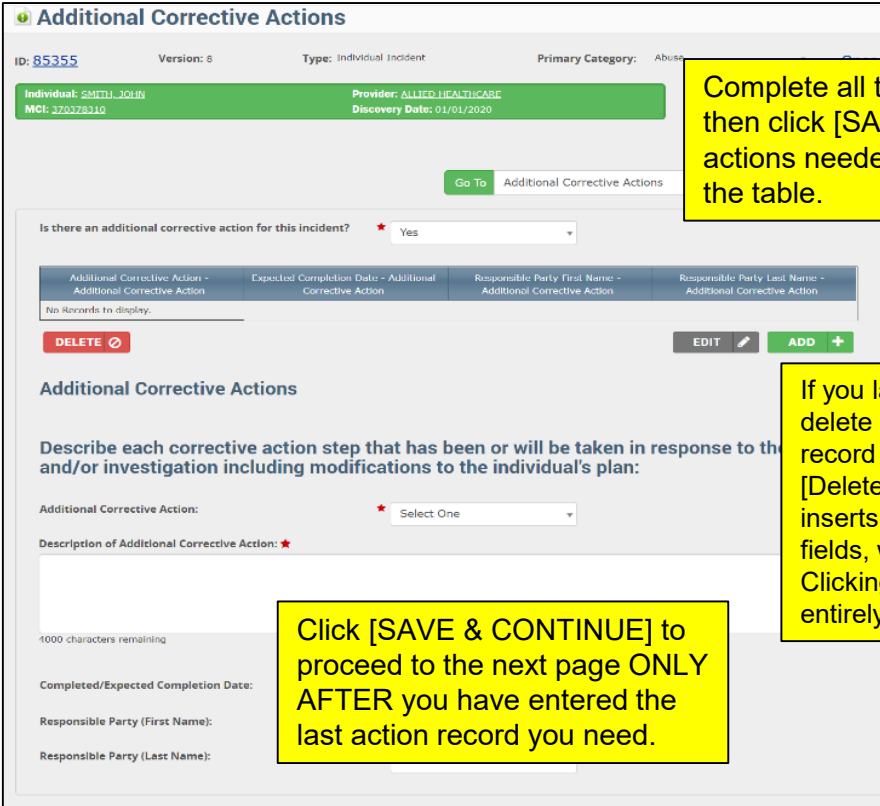
CHECK SPELLING UNDO CHANGES SAVE

[← BACK](#) [SAVE & CONTINUE →](#)

HCSIS | [Privacy Policy](#) | [Logout](#)

# Additional Corrective Actions, expanded

When **Yes** is selected from the drop-down box, the *Additional Corrective Actions* area appears. When there is an Administrative Review related to the incident with additional corrective actions, they will appear in the table on this page. Clicking [Save] causes the action's details to be entered into the table.



**Additional Corrective Actions**

ID: 85355    Version: 6    Type: Individual Incident    Primary Category: Abuse

Individual: SMITH, JOHN    Provider: ALLIED HEALTHCARE  
MCI: 320028310    Discovery Date: 01/01/2020

Go To Additional Corrective Actions

Is there an additional corrective action for this incident?  Yes

Additional Corrective Action - Additional Corrective Action	Expected Completion Date - Additional Corrective Action	Responsible Party First Name - Additional Corrective Action	Responsible Party Last Name - Additional Corrective Action
No Records to display.			

DELETE    EDIT    ADD

**Additional Corrective Actions**

Describe each corrective action step that has been or will be taken in response to the incident and/or investigation including modifications to the individual's plan:

Additional Corrective Action:  Select One

Description of Additional Corrective Action: \*

1000 characters remaining

Completed/Expected Completion Date:

Responsible Party (First Name):

Responsible Party (Last Name):

Complete all the mandatory fields; then click [SAVE]. Repeat until all actions needed have been added to the table.

If you later find you need to edit or delete a record from the table, click the record to fix and then click [Edit] or [Delete] as needed. Clicking [Edit] inserts the record's data back into the fields, where you can edit and resave it. Clicking [Delete] removes the record entirely from the table.

Click [SAVE & CONTINUE] to proceed to the next page ONLY AFTER you have entered the last action record you need.

# Verification of Provider Information



The *Verification of Provider Information* screen is displayed. Verify that the provider information is correct, and then click [**SAVE & CONTINUE**]. If you need to correct any information, click the Select Provider/Location link indicated below and reselect as needed using the *EIM Provider Search* dialog box (illustrated on Slide 39).

The screenshot shows the "Verification of Provider Information" screen. At the top, it displays "ID: 91356", "Version: 9", "Type: Individual Incident", and "Primary Category". Below this, a green bar contains "Individual: PCG-EIMMR,\_ADAM" and "Provider: PCG ODP EIM PROVIDER THREE", along with "MCI: 987848016" and "Discovery Date: 04/09/2021". A "Go To" button is visible. The main section is titled "Provider Information:" and contains a red-bordered box around the "Select Provider/Location" link. Below this is another red-bordered box around the text "SCO Users: Select Only Your Agency's MPI and Service Location Number". Further down, it shows "MPI: 300443509" and "Name: PCG ODP EIM PROVIDER THREE".

Information on this screen is read-only; however, users can click the Select Provider/Location link to access the *EIM Provider Search* dialog box and select another provider/location, if necessary. See Slide 39 for an example of this dialog box.

Click this link to edit provider information.

This label and data appear only for ODP-ID/A incidents.

# Verification of Provider Information



Illustrated below is the rest of the *Verification of Provider Information* page. Verify that the provider information is correct, and then click [**SAVE & CONTINUE**].

**Provider Service Location Information:**

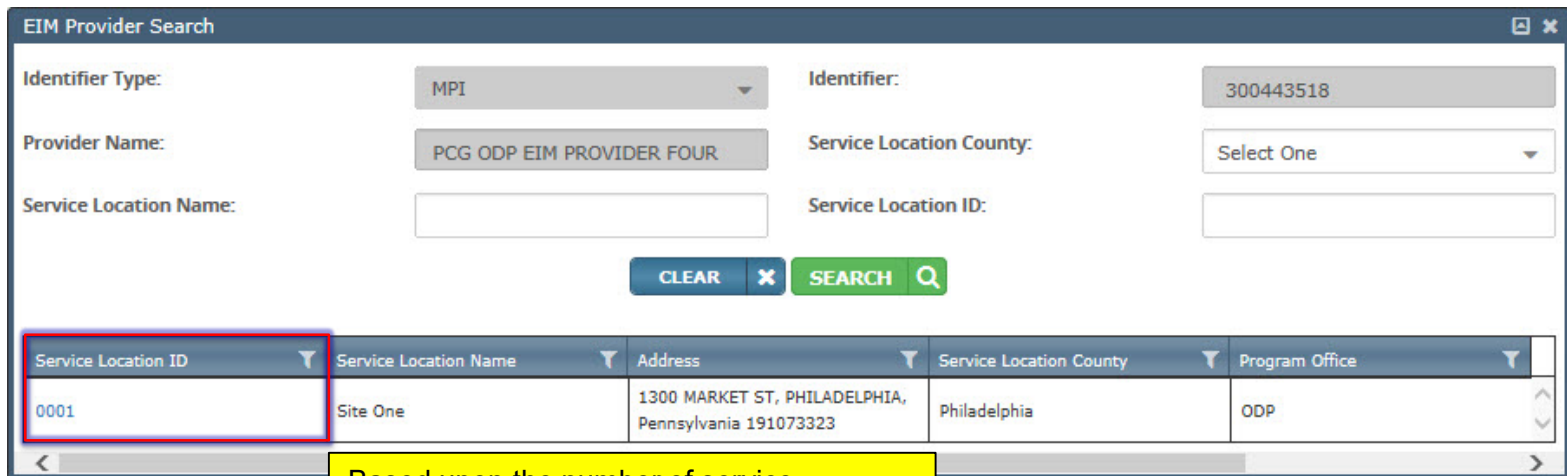
Service Location Provider Type:	
Service Location ID:	
Service Location Name:	Site One
Phone:	(717) 555-1212
Email:	EIMPROVIDER3@EMAIL.
Address Line 1:	1300 MARKET ST
Address Line 2:	<small>Select Provider/Location</small>
Address Line 3:	<small>SCO Users: Select Only Your Agency's MPI and Service Location Number</small>
City:	PHILADELPHIA
County:	Philadelphia
State:	Pennsylvania
Zip Code:	19107-3323

This label and data appear only for ODP-ID/A incidents.

Information on this screen is read-only; however, users can click the [Select Provider/Location](#) link to access the *EIM Provider Search* dialog box and select another provider/location, if necessary. See next slide for an example of this dialog box.

# EIM Provider Search Dialog Box

When users click the Select Provider/Location link on the *Verification of Provider Information* form, the *EIM Provider Search* dialog box appears.




Service Location ID	Service Location Name	Address	Service Location County	Program Office
0001	Site One	1300 MARKET ST, PHILADELPHIA, Pennsylvania 191073323	Philadelphia	ODP

Based upon the number of service locations that exist for a given provider, you can select among a list of possible service location IDs to choose another service location, if necessary. EIM then populates the associated Provider Service Location information into the Verification of Provider Information form.


# Verification of Incident Classification

The Verification of Incident Classification screen displays. Verify that the incident classification information is correct, and then scroll down.







**Verification of Incident Classification**

Discovery Date and Time: ★ 04/09/2021 11:21 AM 

Primary Category: ★ Serious Injury

Primary Category Date Occurred: ★ 04/09/2021 

Secondary Category: ★

Select	Secondary Category	
<input type="checkbox"/>	Choking	MM/DD/YYYY 
<input type="checkbox"/>	Injury Accidental	MM/DD/YYYY 
<input checked="" type="checkbox"/>	Injury Self Inflicted	04/09/2021 
<input type="checkbox"/>	Injury Unexplained	MM/DD/YYYY 
<input type="checkbox"/>	Medical Equipment/Failure/Malfunction	MM/DD/YYYY 
<input type="checkbox"/>	Pressure Injury (Decubiti, Pressure Ulcer, Pressure Sore, Bedsore)	MM/DD/YYYY 

Reason for Reclassification (if applicable):

If there are any changes required to the incident's discovery date or time, primary category, date, or secondary category, you can make those changes on this *Verification of Incident Classification* screen. The screen is continued on the next few slides.

## Verification of Incident Classification, continued



Verify the remaining incident classification information. You can provide additional information as suggested in the yellow boxes below.

Was the incident referred to Child Protective Services (0-17 years of age)?

Was the incident referred to Adult Protective Services (18-59 years of age)?

Was the incident referred to Older Adult Protective Services (60+ years of age)?

If no, please explain:

4000 characters remaining

Indicate provider investigation determination:

Please explain:

4000 characters remaining

Has the Individual been notified of the findings and actions taken as a result of the incident as well as the investigation determination, if applicable?

If no, please explain:

The investigation determination question is data copied from the Administrative Review. If there was no Admin Review, a value should not be entered here. Otherwise, a validation message will result.

On this page you can also report the results of an investigation.



# Verification of Incident Classification, continued

Verify the remaining incident classification information, then click [**SAVE & CONTINUE**].


Has the family/guardian/individual's designee been notified of the findings and actions taken as a result of the incident as well as the investigation determination, if applicable?

If no, please explain:

4000 characters remaining

Note that if a Medical Intervention page was created (by entering "Yes" in the First Section question) and data was added, your data will be deleted if you enter "No" to this medical intervention question in the Final section!!

4000 characters remaining



Was there a medical intervention for this individual?

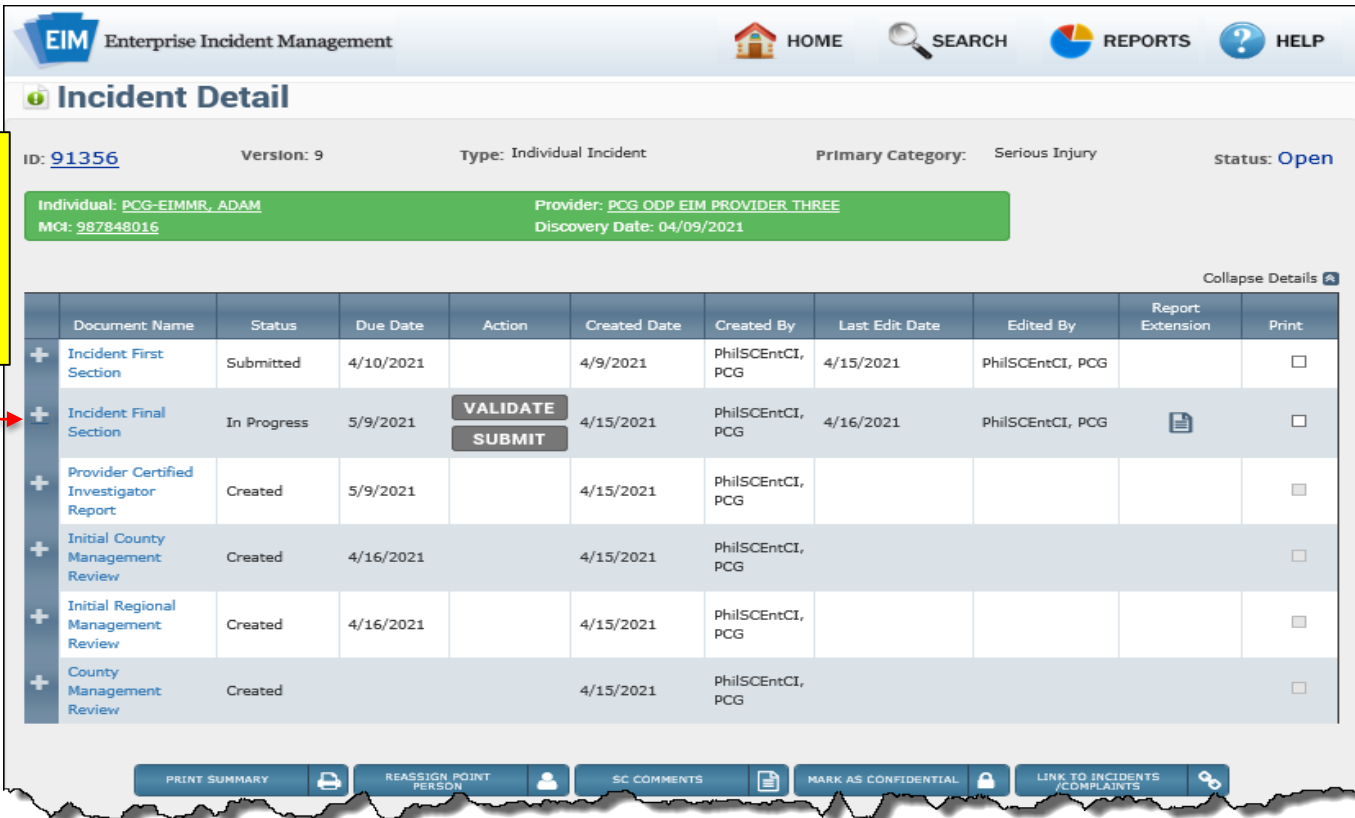
Incident involves confirmed COVID-19 diagnosis (resulting from a positive test or documentation from a health care practitioner):

If the incident is associated with a confirmed or suspected COVID-19 diagnosis, select Yes in the corresponding drop-down box. If it is not, click No. This drop-down box is not mandatory

# Incident Detail

Clicking [**SAVE & CONTINUE**] in the *Verification of Incident Classification* page displays the *Incident Detail* screen. The appearance of this screen indicates that you have completed all the required screens for the incident final section.

Click the **Expand** icon to expand the incident final section document.



**EIM** Enterprise Incident Management HOME SEARCH REPORTS HELP

## Incident Detail

ID: [91356](#) Version: 9 Type: Individual Incident Primary Category: Serious Injury Status: Open

Individual: [PCG-EIMMR, ADAM](#) MCI: [987848016](#) Provider: [PCG ODP EIM PROVIDER THREE](#) Discovery Date: 04/09/2021

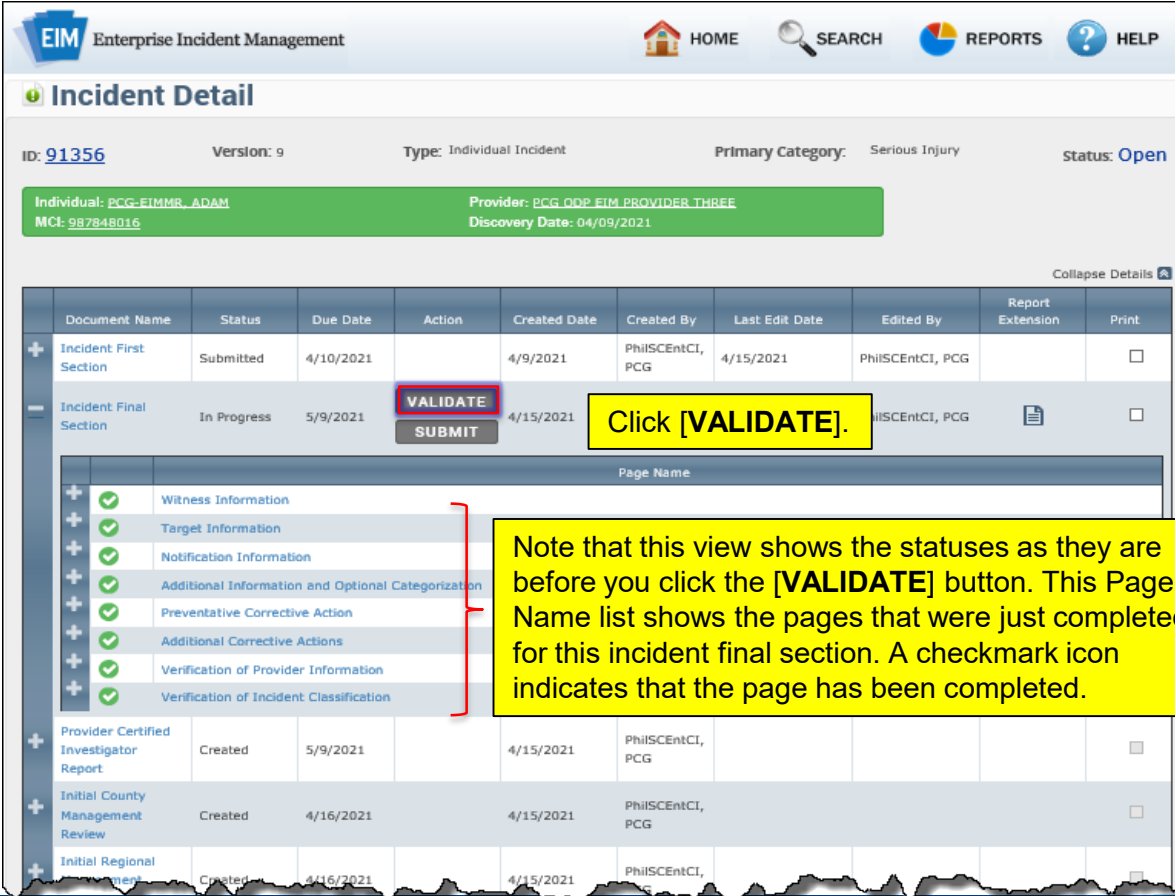
[Collapse Details](#)

Document Name	Status	Due Date	Action	Created Date	Created By	Last Edit Date	Edited By	Report Extension	Print
<a href="#">Incident First Section</a>	Submitted	4/10/2021		4/9/2021	PhilSCEntCI, PCG	4/15/2021	PhilSCEntCI, PCG		<input type="checkbox"/>
<a href="#">Incident Final Section</a>	In Progress	5/9/2021	<b>VALIDATE</b> <b>SUBMIT</b>	4/15/2021	PhilSCEntCI, PCG	4/16/2021	PhilSCEntCI, PCG		<input type="checkbox"/>
<a href="#">Provider Certified Investigator Report</a>	Created	5/9/2021		4/15/2021	PhilSCEntCI, PCG				<input type="checkbox"/>
<a href="#">Initial County Management Review</a>	Created	4/16/2021		4/15/2021	PhilSCEntCI, PCG				<input type="checkbox"/>
<a href="#">Initial Regional Management Review</a>	Created	4/16/2021		4/15/2021	PhilSCEntCI, PCG				<input type="checkbox"/>
<a href="#">County Management Review</a>	Created			4/15/2021	PhilSCEntCI, PCG				<input type="checkbox"/>

[PRINT SUMMARY](#) [REASSIGN POINT PERSON](#) [SC COMMENTS](#) [MARK AS CONFIDENTIAL](#) [LINK TO INCIDENTS / COMPLAINTS](#)

# Incident Detail, Expanded Final Section

When you click the **Expand** icon, the incident final section document is expanded, displaying the various pages and their status.



**EIM Enterprise Incident Management** HOME SEARCH REPORTS HELP

**Incident Detail**

ID: [91356](#) Version: 9 Type: Individual Incident Primary Category: Serious Injury Status: Open

Individual: PCG-EIMMR\_ADAM Provider: PCG\_ODP\_EIM\_PROVIDER\_THREE  
MCI: 987848016 Discovery Date: 04/09/2021

Collapse Details

Document Name	Status	Due Date	Action	Created Date	Created By	Last Edit Date	Edited By	Report Extension	Print
+ Incident First Section	Submitted	4/10/2021		4/9/2021	PhIScEntCI, PCG	4/15/2021	PhIScEntCI, PCG		<input type="checkbox"/>
- Incident Final Section	In Progress	5/9/2021	<b>VALIDATE</b> SUBMIT	4/15/2021	PhIScEntCI, PCG				<input type="checkbox"/>

Page Name

- +  Witness Information
- +  Target Information
- +  Notification Information
- +  Additional Information and Optional Categorization
- +  Preventative Corrective Action
- +  Additional Corrective Actions
- +  Verification of Provider Information
- +  Verification of Incident Classification

+ Provider Certified Investigator Report Created 5/9/2021 4/15/2021 PhIScEntCI, PCG

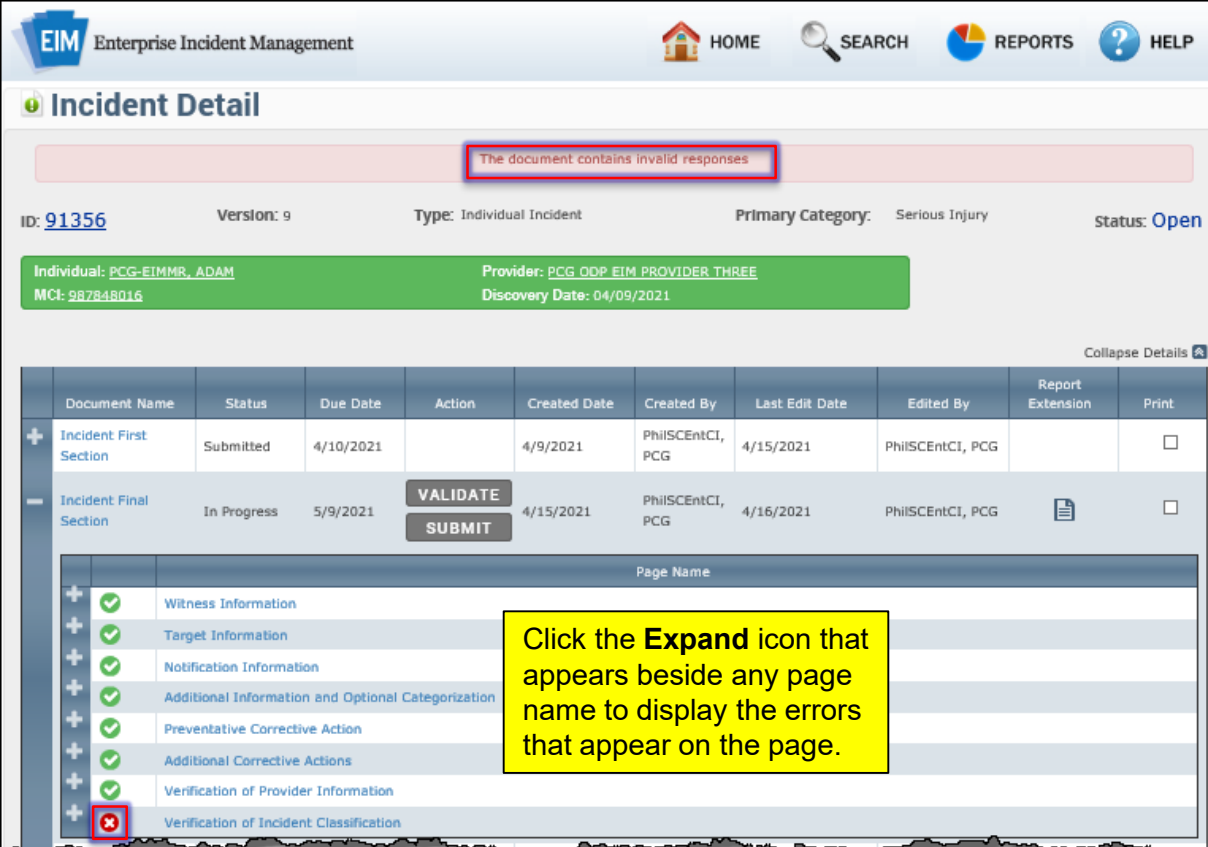
+ Initial County Management Review Created 4/16/2021 4/15/2021 PhIScEntCI, PCG

+ Initial Regional Management Created 4/16/2021 4/15/2021 PhIScEntCI, PCG

Note that this view shows the statuses as they are before you click the [VALIDATE] button. This Page Name list shows the pages that were just completed for this incident final section. A checkmark icon indicates that the page has been completed.

# Incident Detail, Validation Error

When you click [**VALIDATE**], EIM may indicate that the *Verification of Incident Classification* page has one or more invalid responses (see sample below).



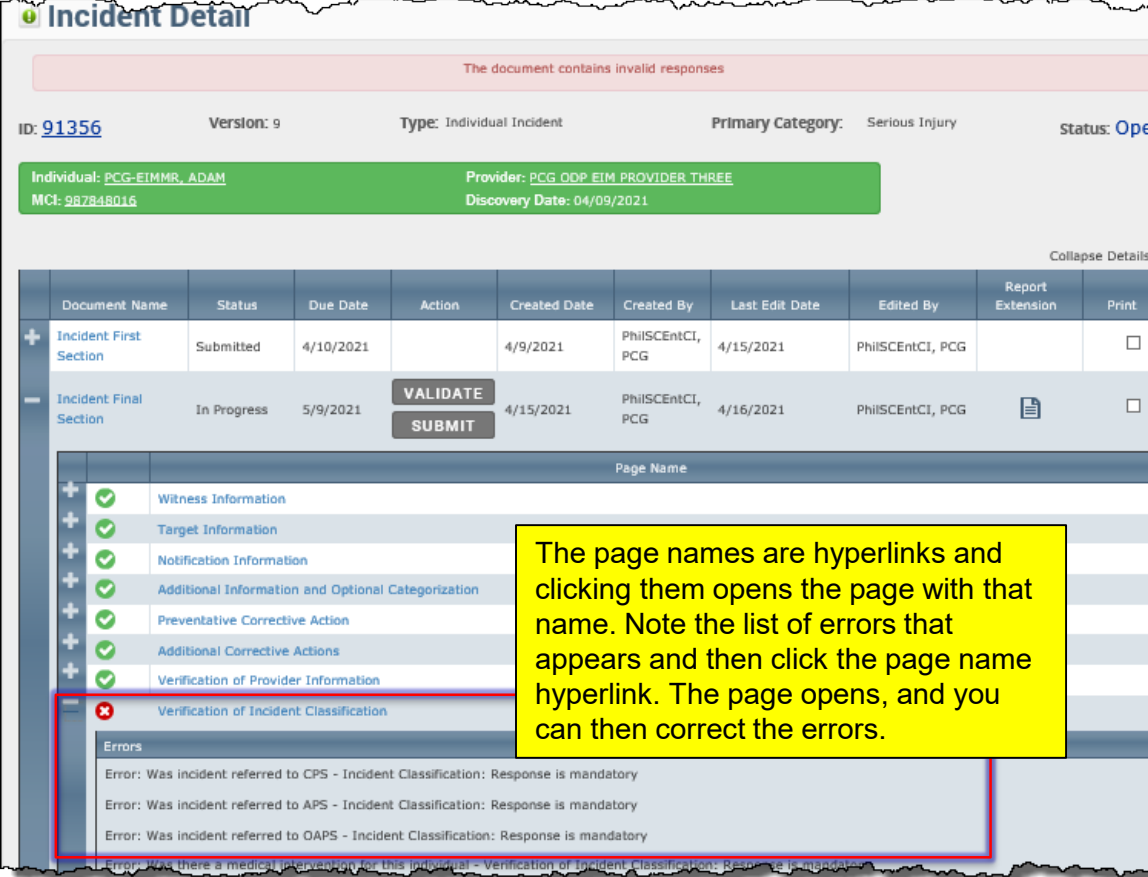
The screenshot displays the EIM Enterprise Incident Management interface. At the top, there is a navigation bar with 'HOME', 'SEARCH', 'REPORTS', and 'HELP' icons. Below this is the 'Incident Detail' header. A red box highlights a message: 'The document contains invalid responses'. The incident details include ID: 91356, Version: 9, Type: Individual Incident, Primary Category: Serious Injury, and Status: Open. A green box contains individual and provider information. Below this is a table with columns: Document Name, Status, Due Date, Action, Created Date, Created By, Last Edit Date, Edited By, Report Extension, and Print. The table lists 'Incident First Section' (Submitted) and 'Incident Final Section' (In Progress). The 'Incident Final Section' row has 'VALIDATE' and 'SUBMIT' buttons. Below the table is a list of pages to be validated, each with a green checkmark icon and a page name. The 'Verification of Incident Classification' page has a red 'x' icon next to it, which is highlighted by a red box and a red arrow pointing to the bottom of the page. A yellow callout box points to the 'x' icon with the text: 'Click the **Expand** icon that appears beside any page name to display the errors that appear on the page.'

Document Name	Status	Due Date	Action	Created Date	Created By	Last Edit Date	Edited By	Report Extension	Print
Incident First Section	Submitted	4/10/2021		4/9/2021	PhiSCEntCI, PCG	4/15/2021	PhiSCEntCI, PCG		<input type="checkbox"/>
Incident Final Section	In Progress	5/9/2021	VALIDATE SUBMIT	4/15/2021	PhiSCEntCI, PCG	4/16/2021	PhiSCEntCI, PCG		<input type="checkbox"/>

	Page Name
<input checked="" type="checkbox"/>	Witness Information
<input checked="" type="checkbox"/>	Target Information
<input checked="" type="checkbox"/>	Notification Information
<input checked="" type="checkbox"/>	Additional Information and Optional Categorization
<input checked="" type="checkbox"/>	Preventative Corrective Action
<input checked="" type="checkbox"/>	Additional Corrective Actions
<input checked="" type="checkbox"/>	Verification of Provider Information
<input checked="" type="checkbox"/>	Verification of Incident Classification

# Incident Detail, Errors Expanded

Click the plus sign beside the page name with the red icon, EIM indicates the errors that were found on the *Verification of Incident Classification* screen.



**Incident Detail**

The document contains invalid responses

ID: [91356](#)    Version: 9    Type: Individual Incident    Primary Category: Serious Injury    Status: Open

Individual: [PCG-EIMMR, ADAM](#)    Provider: [PCG ODP EIM PROVIDER THREE](#)  
MCI: [987848016](#)    Discovery Date: 04/09/2021

Collapse Details

Document Name	Status	Due Date	Action	Created Date	Created By	Last Edit Date	Edited By	Report Extension	Print
+ Incident First Section	Submitted	4/10/2021		4/9/2021	PhiISCentCI, PCG	4/15/2021	PhiISCentCI, PCG		<input type="checkbox"/>
- Incident Final Section	In Progress	5/9/2021	<a href="#">VALIDATE</a> <a href="#">SUBMIT</a>	4/15/2021	PhiISCentCI, PCG	4/16/2021	PhiISCentCI, PCG		<input type="checkbox"/>

Page Name

- + [Witness Information](#)
- + [Target Information](#)
- + [Notification Information](#)
- + [Additional Information and Optional Categorization](#)
- + [Preventative Corrective Action](#)
- + [Additional Corrective Actions](#)
- + [Verification of Provider Information](#)
- [Verification of Incident Classification](#)

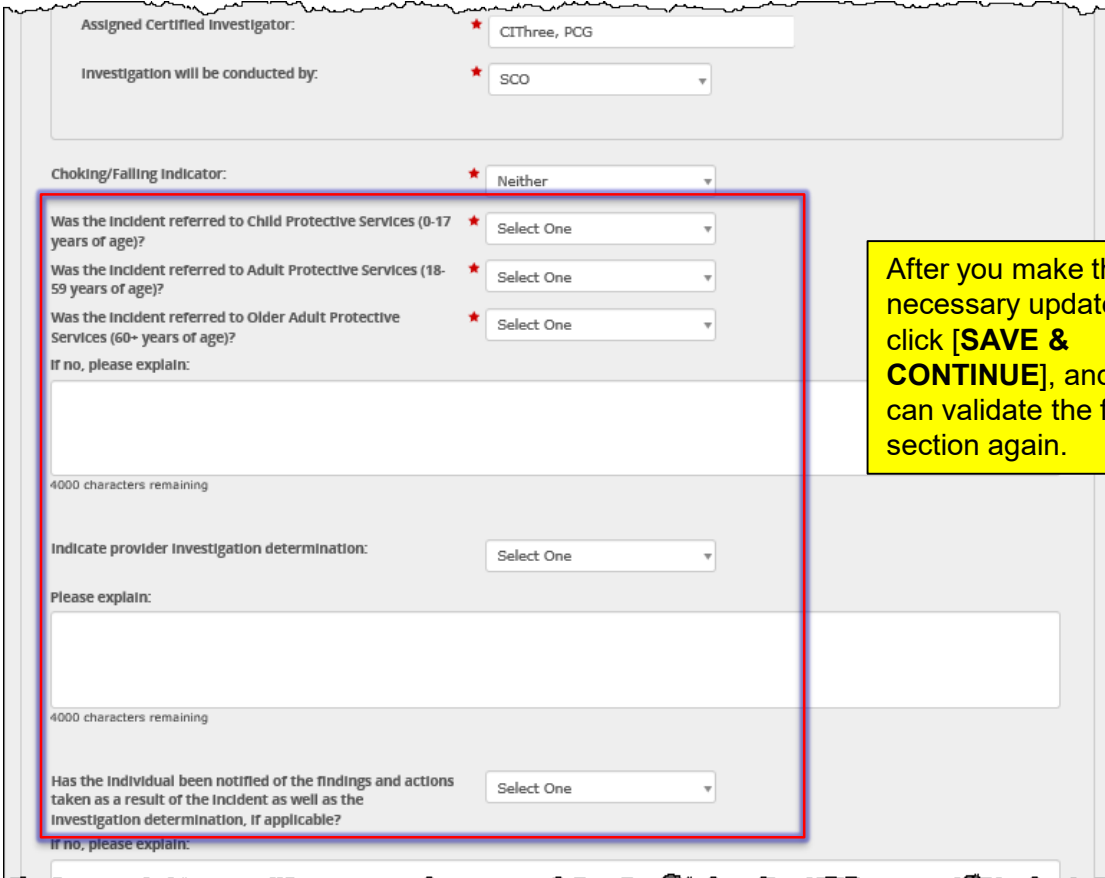
Errors

- Error: Was incident referred to CPS - Incident Classification: Response is mandatory
- Error: Was incident referred to APS - Incident Classification: Response is mandatory
- Error: Was incident referred to OAPS - Incident Classification: Response is mandatory
- Error: Was there a medical intervention for this individual - Verification of Incident Classification: Response is mandatory

The page names are hyperlinks and clicking them opens the page with that name. Note the list of errors that appears and then click the page name hyperlink. The page opens, and you can then correct the errors.

# Incident Detail, Validation Errors Corrected

When you click the [Verification of Incident Classification](#) link to open the page, you can update missing or incorrect data and then click [**SAVE & CONTINUE**].



Assigned Certified Investigator: \* CTHree, PCG

Investigation will be conducted by: \* SCO

Choking/Falling Indicator: \* Neither

Was the incident referred to Child Protective Services (0-17 years of age)? \* Select One

Was the incident referred to Adult Protective Services (18-59 years of age)? \* Select One

Was the incident referred to Older Adult Protective Services (60+ years of age)? \* Select One

If no, please explain:

4000 characters remaining

Indicate provider Investigation determination: Select One

Please explain:

4000 characters remaining

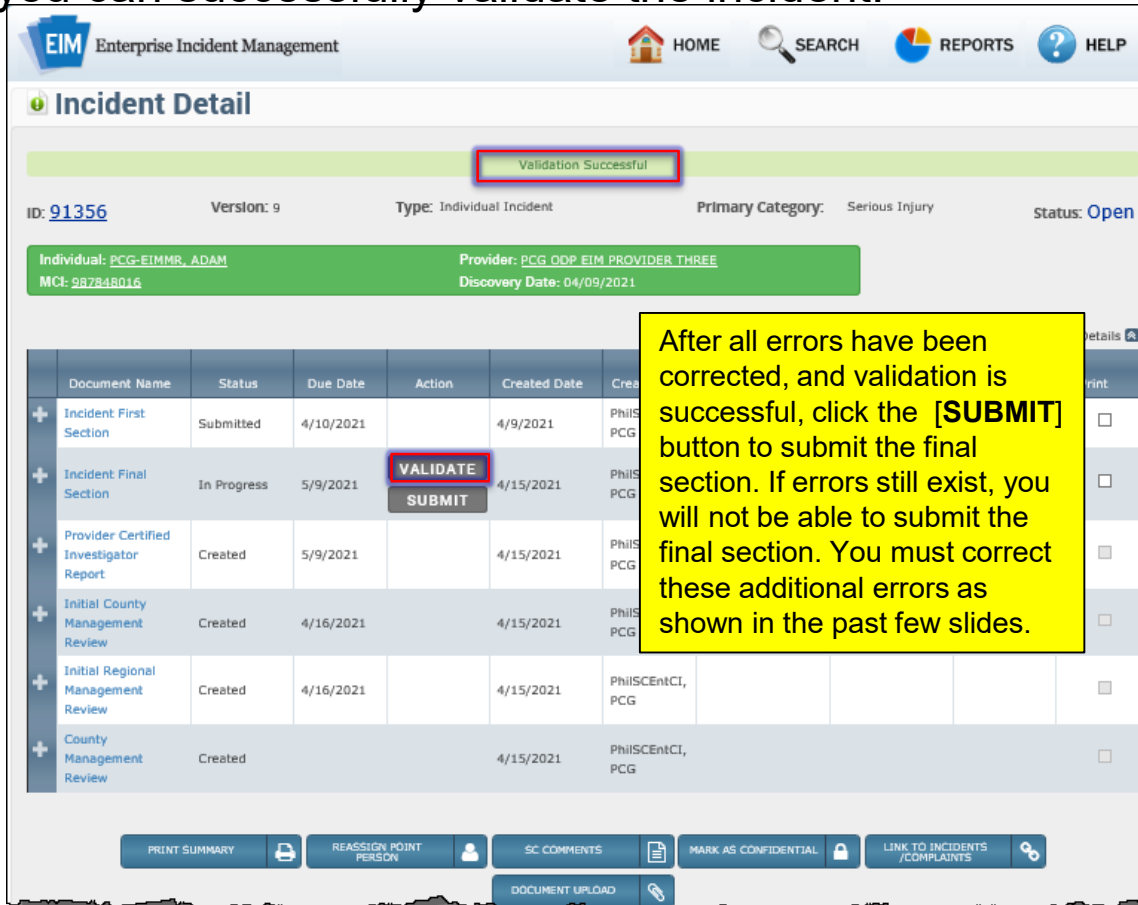
Has the individual been notified of the findings and actions taken as a result of the incident as well as the investigation determination, if applicable? Select One

If no, please explain:

After you make the necessary updates, click [**SAVE & CONTINUE**], and you can validate the final section again.

# Incident Detail, Repeat Validation & Submit

After you correct the missing or inaccurate fields and reopen the *Incident Detail* screen, you can successfully validate the incident.



**EIM Enterprise Incident Management** HOME SEARCH REPORTS HELP

## Incident Detail

Validation Successful

ID: [91356](#) Version: 9 Type: Individual Incident Primary Category: Serious Injury Status: Open

Individual: [PCG-EIMMR\\_ADAM](#) MCI: [987848016](#) Provider: [PCG ODP EIM PROVIDER THREE](#) Discovery Date: 04/09/2021

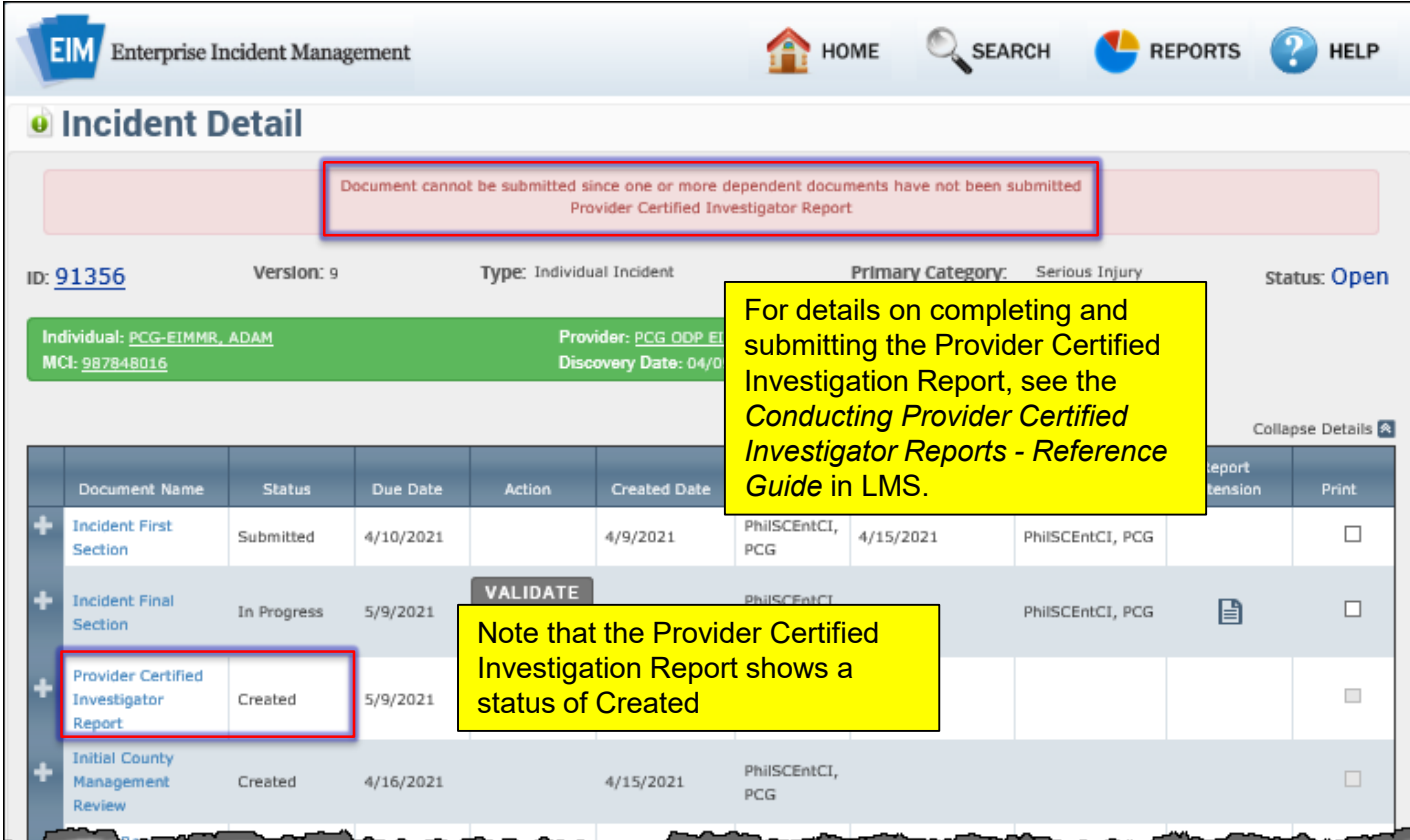
Document Name	Status	Due Date	Action	Created Date	Created By	Print
Incident First Section	Submitted	4/10/2021		4/9/2021	PhilS PCG	<input type="checkbox"/>
Incident Final Section	In Progress	5/9/2021	VALIDATE SUBMIT	4/15/2021	PhilS PCG	<input type="checkbox"/>
Provider Certified Investigator Report	Created	5/9/2021		4/15/2021	PhilS PCG	<input type="checkbox"/>
Initial County Management Review	Created	4/16/2021		4/15/2021	PhilS PCG	<input type="checkbox"/>
Initial Regional Management Review	Created	4/16/2021		4/15/2021	PhilS EntCI, PCG	<input type="checkbox"/>
County Management Review	Created			4/15/2021	PhilS EntCI, PCG	<input type="checkbox"/>

PRINT SUMMARY REASSIGN POINT PERSON SC COMMENTS MARK AS CONFIDENTIAL LINK TO INCIDENTS /COMPLAINTS DOCUMENT UPLOAD

After all errors have been corrected, and validation is successful, click the [SUBMIT] button to submit the final section. If errors still exist, you will not be able to submit the final section. You must correct these additional errors as shown in the past few slides.

# Incident Detail, Repeat Validation & Submit

Upon clicking Submit, EIM issues a message stating the Final Section cannot be submitted prior to the Provider Certified Investigation Report submission.



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### Incident Detail

Document cannot be submitted since one or more dependent documents have not been submitted  
Provider Certified Investigator Report

ID: [91356](#) | Version: 9 | Type: Individual Incident | Primary Category: Serious Injury | Status: Open

Individual: [PCG-EIMMR, ADAM](#) | Provider: [PCG ODP E](#)  
MCI: [987848016](#) | Discovery Date: 04/0

Document Name	Status	Due Date	Action	Created Date	Report Extension	Print
+ Incident First Section	Submitted	4/10/2021		4/9/2021		<input type="checkbox"/>
+ Incident Final Section	In Progress	5/9/2021	VALIDATE			<input type="checkbox"/>
+ Provider Certified Investigator Report	Created	5/9/2021				<input type="checkbox"/>
+ Initial County Management Review	Created	4/16/2021		4/15/2021		<input type="checkbox"/>

For details on completing and submitting the Provider Certified Investigation Report, see the *Conducting Provider Certified Investigator Reports - Reference Guide* in LMS.

Note that the Provider Certified Investigation Report shows a status of Created



# Incident Detail Successfully Submitted



The Incident Final Section can only be submitted after the Provider Certified Investigation and Provider Administrative Review have been submitted.

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### Incident Detail

ID: [91356](#) | Version: 9 | Type: Individual Incident | Primary Category: Serious Injury | Status: Open

Individual: [PCG-EIMMR\\_ADAM](#) | Provider: [PCG\\_ODP\\_EIM\\_PROVIDER\\_THREE](#)  
MCI: [987848016](#) | Discovery Date: 04/09/2021

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[Collapse Details](#) ⌵

Document Name	Status	Due Date	Action	Created Date	Created By	Last Edit Date	Edited By	Report Extension	Print
+ Incident First Section	Submitted	4/10/2021		4/9/2021	PhilSCentCI, PCG	4/15/2021	PhilSCentCI, PCG		<input type="checkbox"/>
+ Incident Final Section	Submitted	5/9/2021		4/15/2021	PhilSCentCI, PCG	4/23/2021	PhilSCentCI, PCG		<input type="checkbox"/>
+ <b>Provider Certified Investigator Report</b>	<b>Submitted</b>	5/9/2021		4/15/2021	PhilSCentCI, PCG	4/22/2021	ThreeCI, PCG		<input type="checkbox"/>
+ Initial County Management Review	Created	4/16/2021							<input type="checkbox"/>
+ Initial Regional Management Review	Created	4/16/2021							<input type="checkbox"/>
+ County Management Review	Created	5/23/2021		4/15/2021	PhilSCentCI, PCG				<input type="checkbox"/>
+ Provider Administrative Review	Submitted	5/9/2021		4/22/2021	ThreeCI, PCG	4/23/2021	Art, PCG		<input type="checkbox"/>

Note that the Provider Certified Investigator Report and Provider Administrative Review show a status of Submitted.

You should now be able to:

- Use My Dashboard to identify open incidents with documents that require the logged-in user's action.
- Access the *Incident Detail* screen by clicking the incident ID found in the search results.
- Identify the screens that must be reviewed and completed before the incident final section can be validated or submitted for an individual incident.
- Be able to update the *Witness Information* screen table, *Target Information* screen table, and other related information screen tables.
- Explain what information the *Additional Information and Optional Categorization* screen allows users to update.
- Add a corrective action to an incident.
- Modify the *Verification of Provider Information* screen with an updated service location ID if needed.
- Validate and submit the incident final section report for an individual incident.



**Congratulations:** You have completed the Incident Final Section Overview.

- Online Help

Click the Help option in the top right corner of any EIM screen to view a description for the fields and information displayed on the screen.

- HCSIS Help Desk

For technical assistance, contact the HCSIS Help Desk:

E-mail: [c-hhcsishd@state.pa.us](mailto:c-hhcsishd@state.pa.us)

Phone: 1-866-444-1264

Fax: 717-540-0960