Software for Realizing Care's Potential

Delaware Division of Health Care Quality (DHCQ) Acute Care

Provider Incident Management User Guide

1-855-WELLSKY

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Introduction| Incident Management User Guide

The Division of Health Care Quality (DHCQ) has three main sections providing oversight to long-term care (LTC) facilities and acute/ambulatory (outpatient) facilities licensing and certification, and investigations. The Division provides the following services: Adult Abuse Registry; Background Check Center; the Certified Nursing Assistant (CNA) Registry; Incident Reporting Center; Licensing/Certifying Health Care Agencies and Facilities; Promulgating and Enforcing Regulations; and Investigating Allegations of Abuse, Neglect, Mistreatment, and Financial Exploitation. DHCQ conducts incident management processes for its 300+ acute care providers and for its LTC providers. DHCQ has a dedicated investigation unit.

Learning Objectives for Incident Management User Guide

- Incident Reporting Form
    - Provider/Facility
    - MCO
    - Member of the public
- Logging into Wellsky
- Provider submits 30 day follow-up

Chapter 1 Incident Reporting Form

The Online Incident Reporting form is used to report complaints, reportable incidents, and alleged abuse, neglect, mistreatment or financial exploitation (including rights complaints, HIPAA violations, etc.) of an individual supported by the following agencies:

- Division of Developmental Disabilities Services (DDDS)
- Division of Health Care Quality (DHCQ)
- Division of Medicaid & Medical Assistance (DMMA)
- Division of Substance Abuse and Mental Health (DSAMH)

This guide will cover how DHCQ will utilize the form for submission of their division's incident reports.

Completing the DE DHSS Online Incident Reporting Form

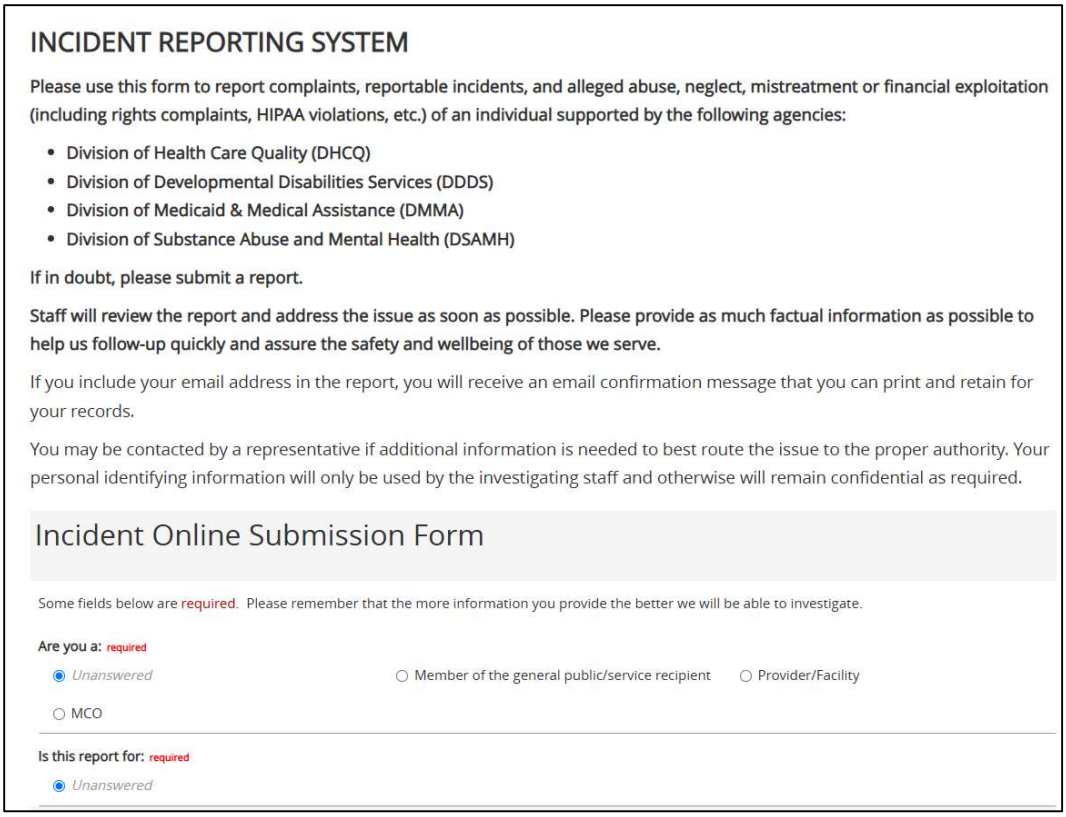
The Incident Workflow begins with the discovery of a reportable incident. The online incident reporting form can be used by anyone and does not require a login.

Role = Reporter of Incident (Provider, Citizen, Parent, Anonymous)

Open a web browser, such as Edge or Chrome, and navigate to

1. The DE DHSS Incident Reporting Form is (Prod site): https://hssdedhssprod.wellsky.com/assessments/?WebIntake=9A2787C9-BDCF-449A-BFD7-59B32DD77BE7

2. The Online Incident report form appears. The information at the top describes the purpose of the page. Required fields will be indicated in red until they are populated, at which point they change to green. Reporters are encouraged to provide as much information as possible even if the field is not required.



INCIDENT REPORTING SYSTEM

Please use this form to report complaints, reportable incidents, and alleged abuse, neglect, mistreatment or financial exploitation (including rights complaints, HIPAA violations, etc.) of an individual supported by the following agencies:

- Division of Health Care Quality (DHCQ)
- Division of Developmental Disabilities Services (DDDS)
- Division of Medicaid & Medical Assistance (DMMA)
- Division of Substance Abuse and Mental Health (DSAMH)

If in doubt, please submit a report.

Staff will review the report and address the issue as soon as possible. Please provide as much factual information as possible to help us follow-up quickly and assure the safety and wellbeing of those we serve.

If you include your email address in the report, you will receive an email confirmation message that you can print and retain for your records.

You may be contacted by a representative if additional information is needed to best route the issue to the proper authority. Your personal identifying information will only be used by the investigating staff and otherwise will remain confidential as required.

Incident Online Submission Form

Some fields below are required. Please remember that the more information you provide the better we will be able to investigate.

Are you a: required

Unanswered | Member of the general public/service recipient | Provider/Facility | MCO

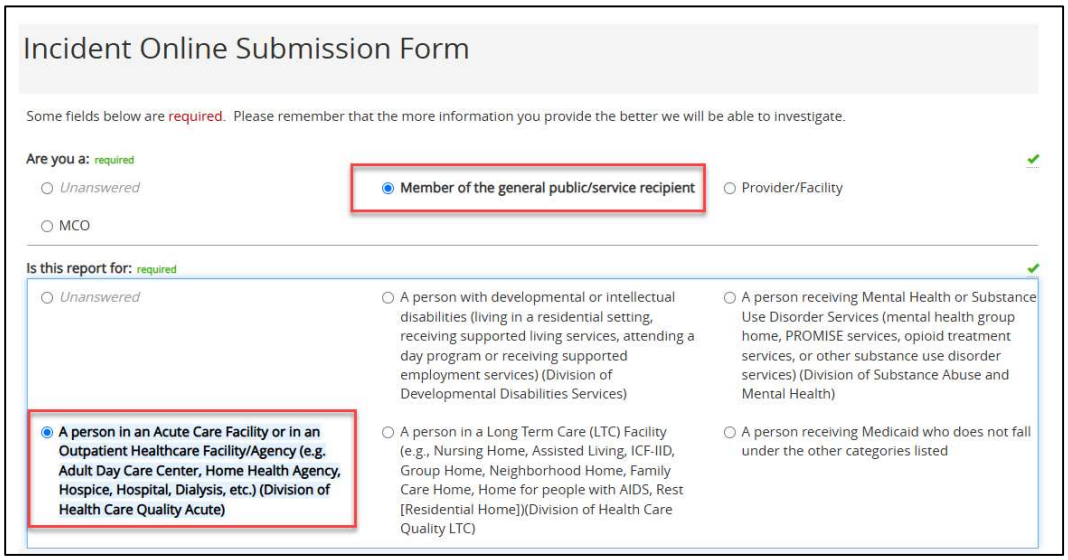
Is this report for: required

Unanswered

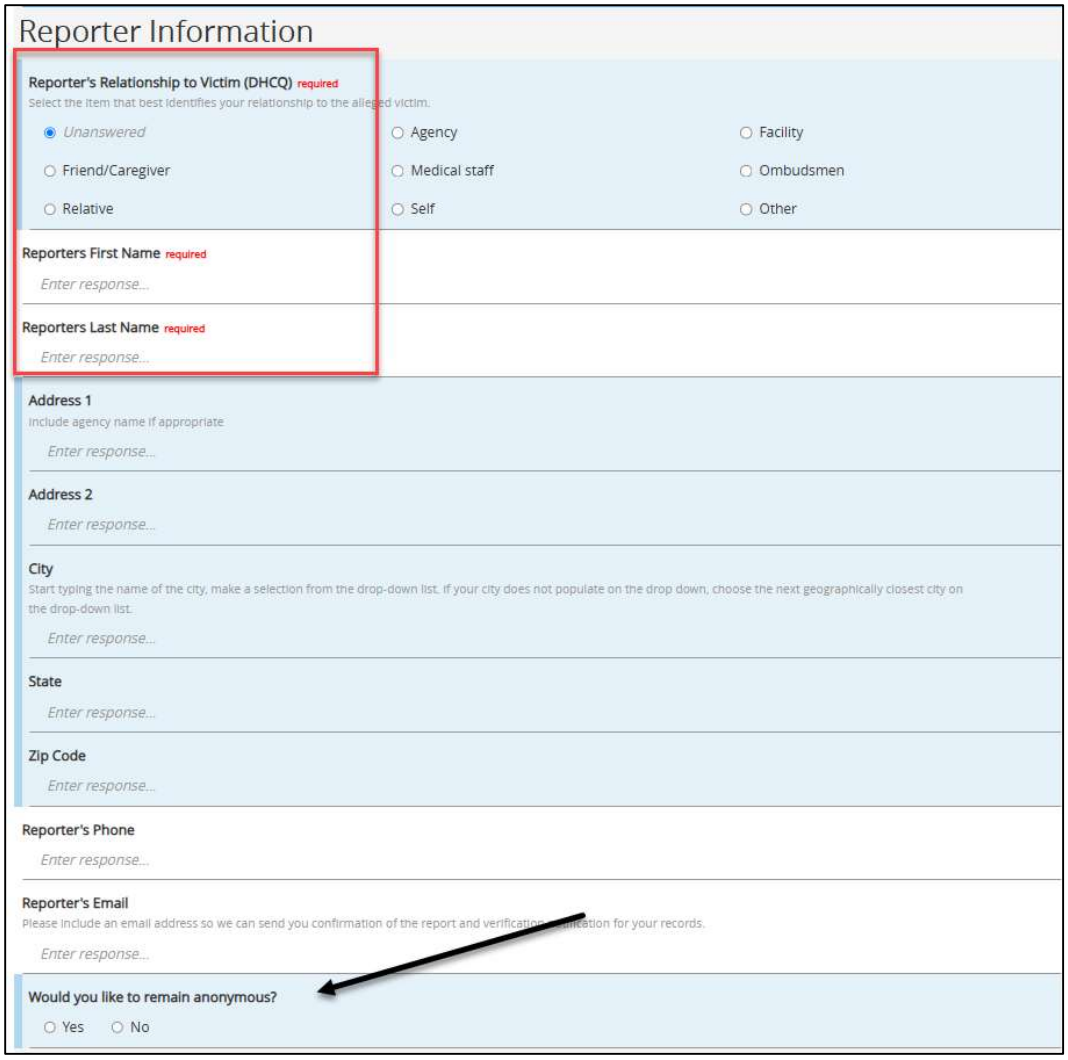
3. The Reporter first selects whether they are a member of the general public or a Provider. Depending on the choice, the questions vary slightly to match the target audience. They then select the Agency they are reporting to.
4. If you are a Provider or Facility, skip to this step *Provider/Facility.*
5. Of you are a MCO, skip to this step, *MCO.*
6. If you are a member of the public, continue to the next step.

Member of the public

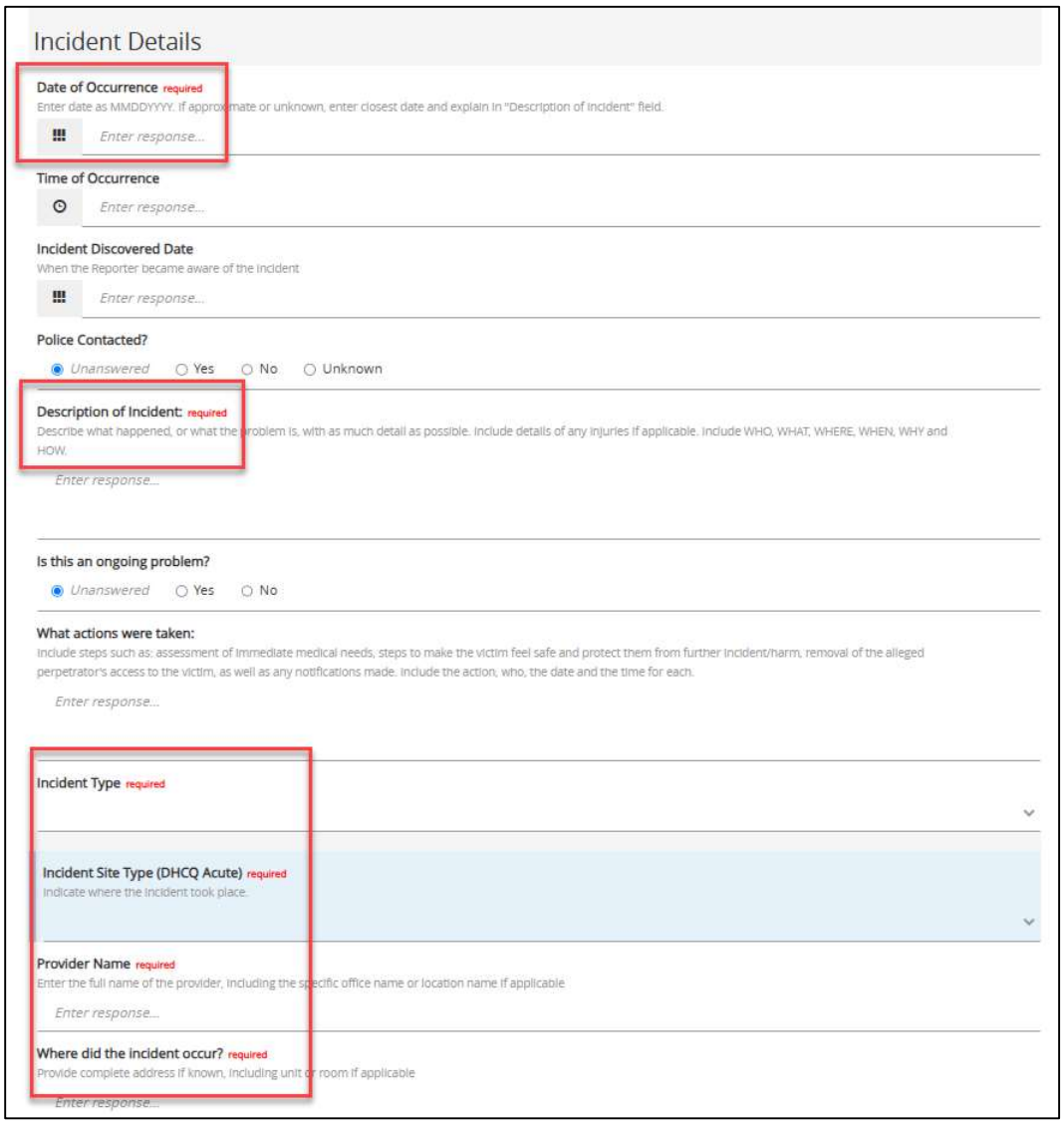
7. Select Member of the general public/service recipient & then select the DHCQ Acute option.



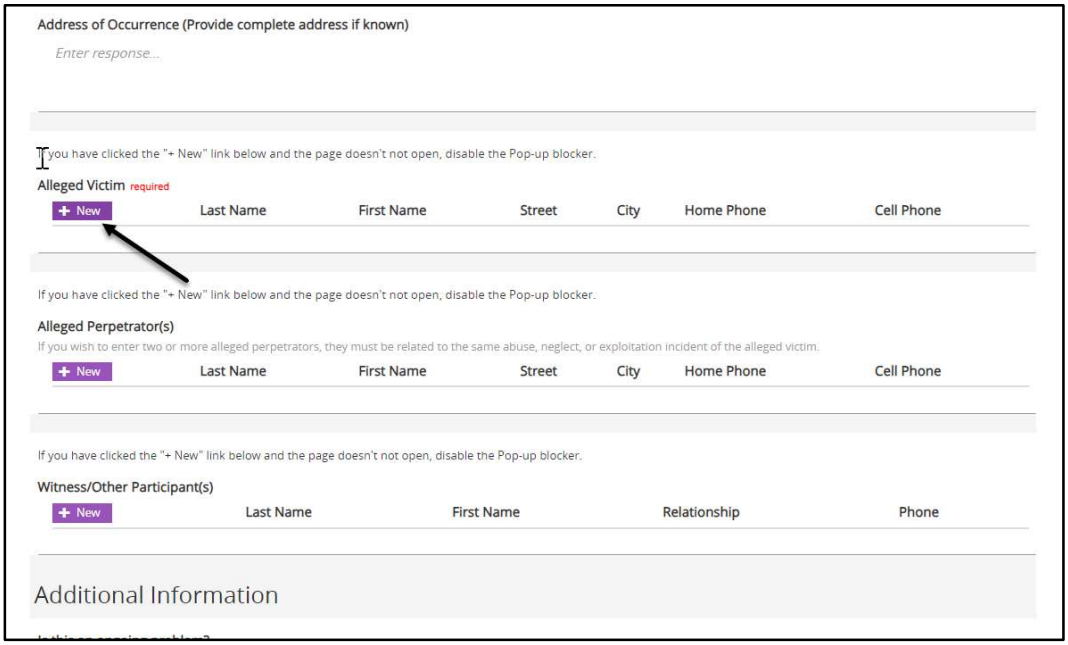
8. Questions appear asking for the Reporter name, relationship and address.
    a. You can also select if you would like to remain anonymous.


Reporter Information
Reporter's Relationship to Victim (DHCQ) required
Select the item that best identifies your relationship to the alleged victim.
Unanswered
Agency
Facility
Friend/Caregiver
Medical staff
Ombudsmen
Relative
Self
Other
Reporters First Name required
Enter response...
Reporters Last Name required
Enter response...
Address 1
Include agency name if appropriate
Enter response...
Address 2
Enter response...
City
Start typing the name of the city, make a selection from the drop-down list. If your city does not populate on the drop down, choose the next geographically closest city on the drop-down list.
Enter response...
State
Enter response...
Zip Code
Enter response...
Reporter's Phone
Enter response...
Reporter's Email
Please include an email address so we can send you confirmation of the report and verification
tification for your records.
Enter response...
Would you like to remain anonymous?
Yes
No

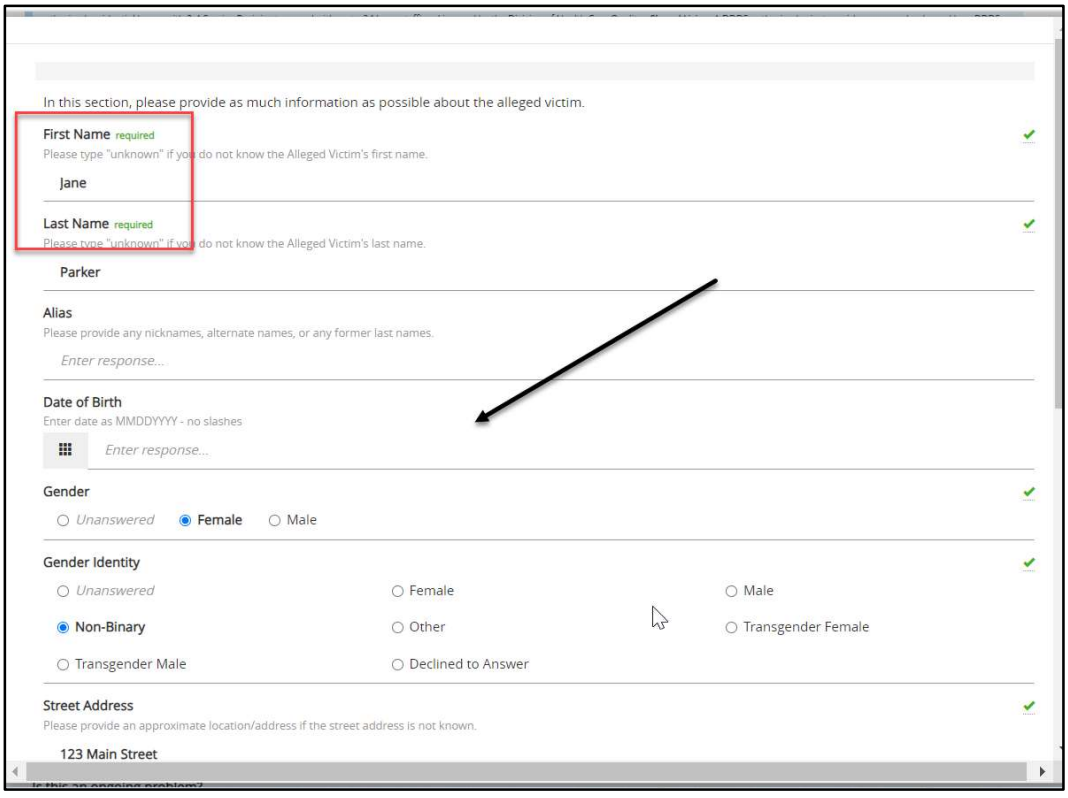
9. Enter the Date of Occurrence, Description of Incident, and Incident Type.



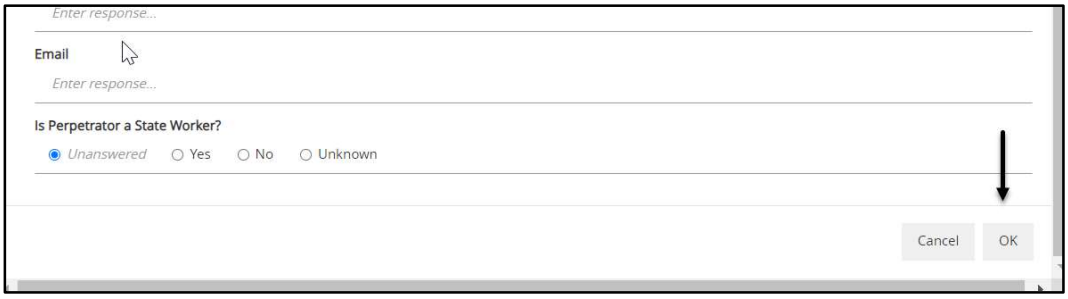
10. Click on the **+New** box to add the Alleged Victim, Alleged Perpetrator(s) and Witness/Other Participants. Note that at least one Alleged Victim must be entered.



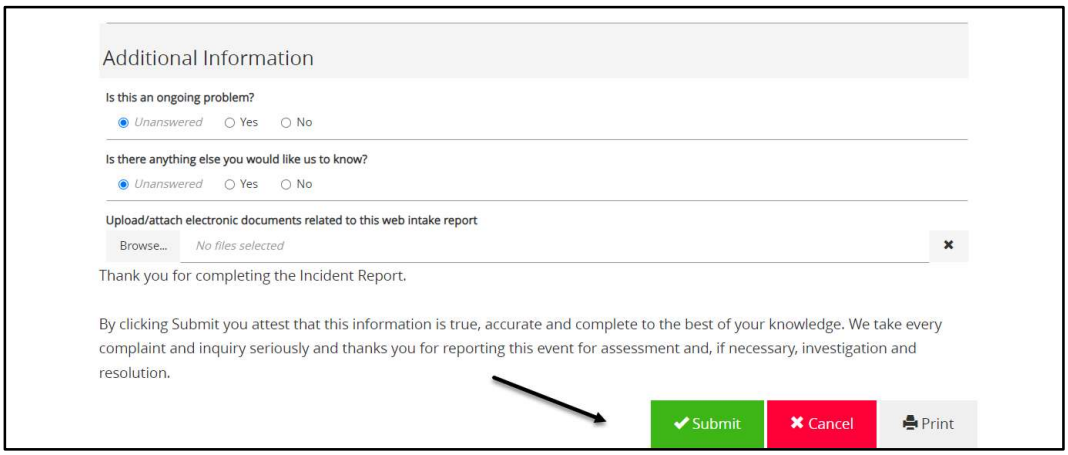
11. Complete all required fields and as much information as possible.



12. Click **OK** at the bottom of the form



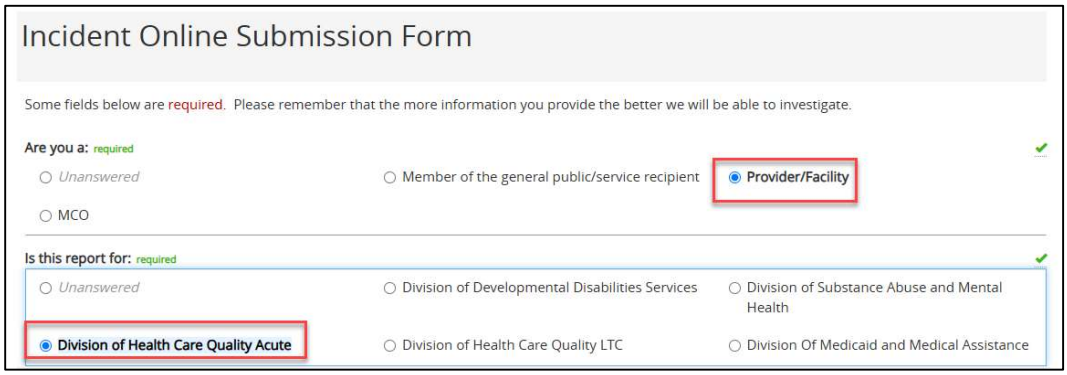
13. Enter any additional information needed and click **Submit**.



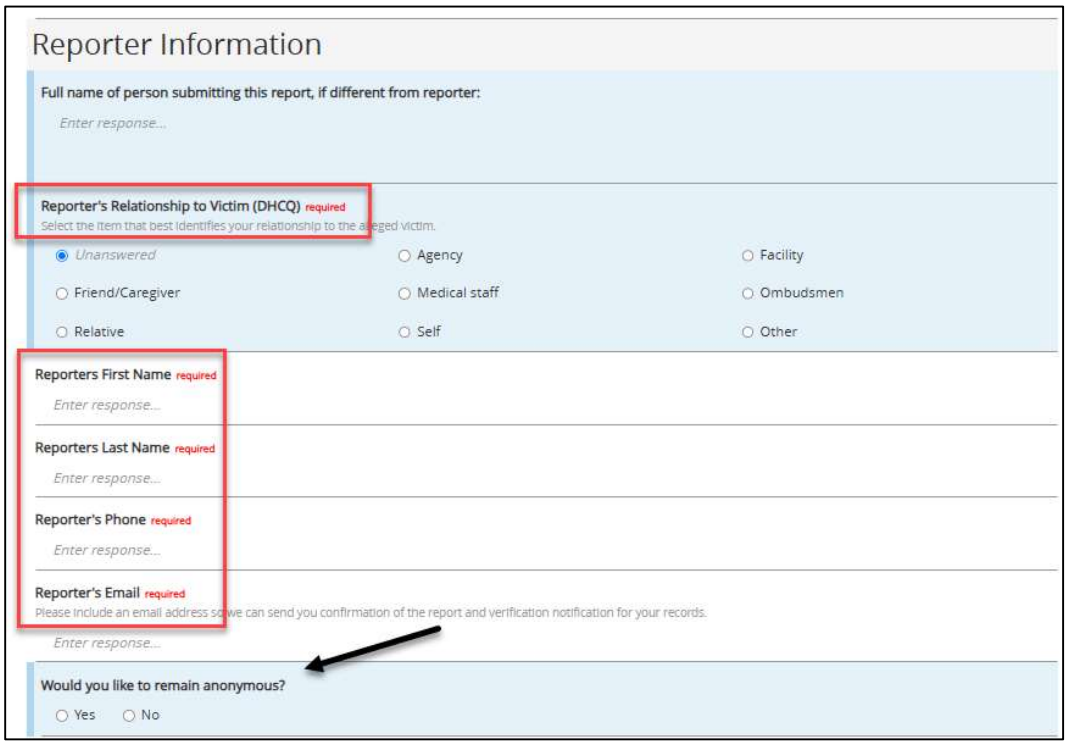
14. A confirmation screen will appear with the Incident ID. The Incident is now submitted to DHCQ staff to review.

Provider/Facility

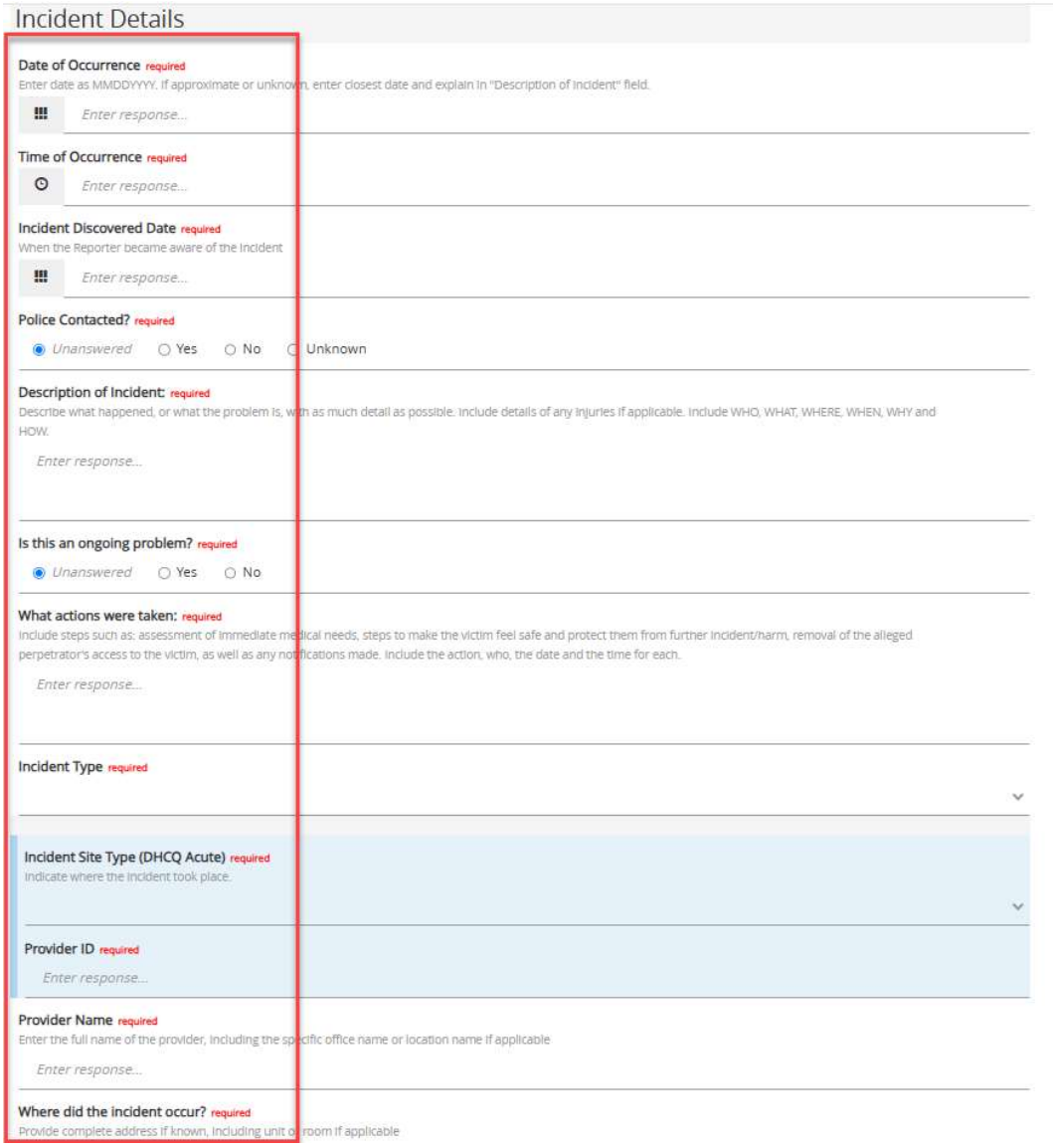
15. Select “Provider/Facility” & “Division of Health Care Quality Acute”



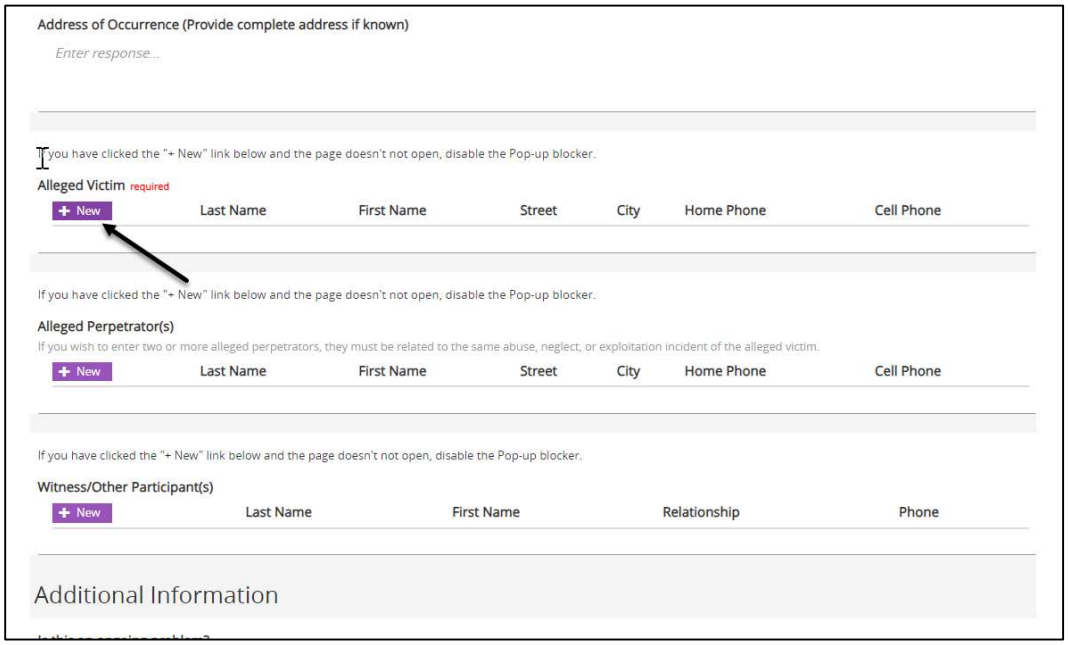
16. Additional questions appear which only apply to Provider/Facility reports. Proceed with entering the Reporter’s details including the Full name of the person submitting the form if different from reporter, the Relationship to the alleged victim, as well as the Reporter's First & Last Name.
    a. You can also select if you would like to remain anonymous.



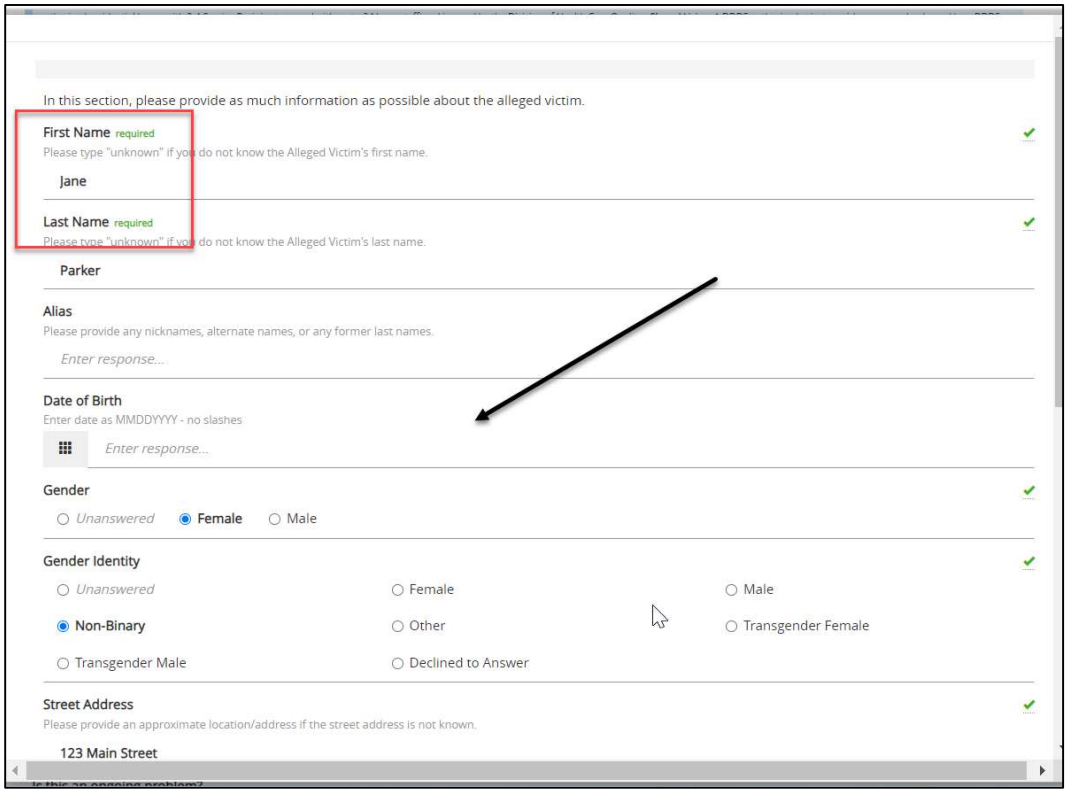
17. Enter the all Incident details, such as Date of Occurrence, Description of Incident, Incident Type, etc.

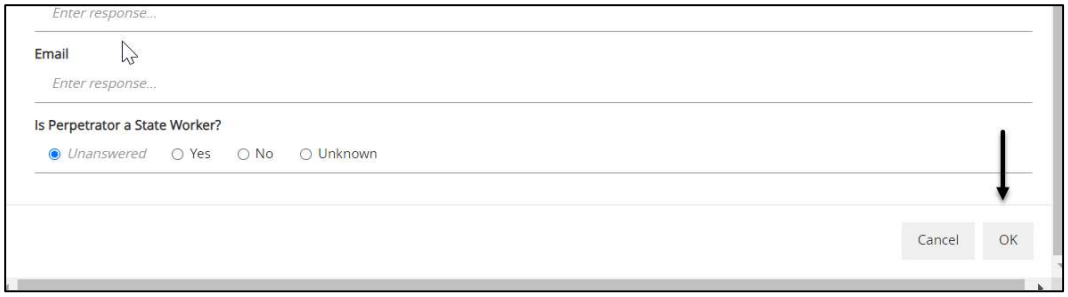


18. Click on the +New field to add the Alleged Victim, Alleged Perpetrator(s) and Witness/Other Participants. Note that at least one Alleged Victim must be entered.

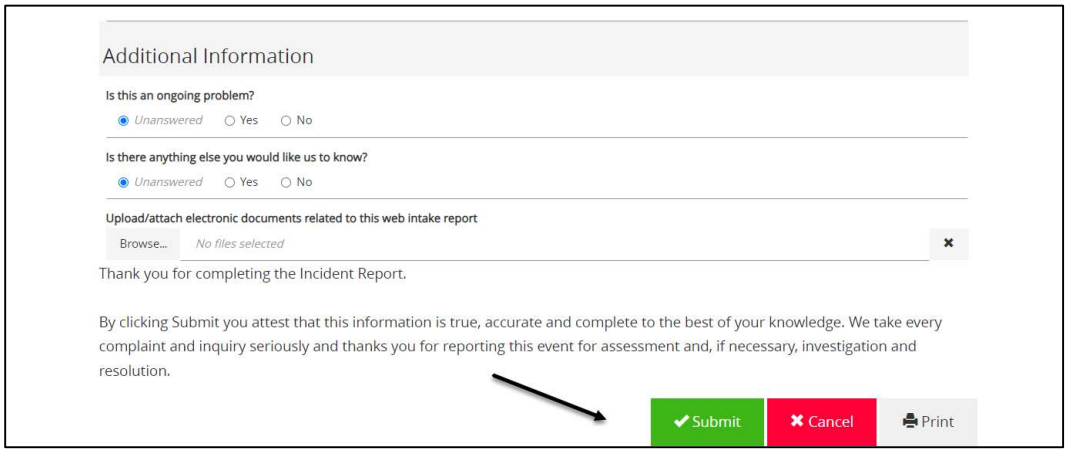


19. Complete all required fields and as much information as possible and click OK at the bottom of the form.





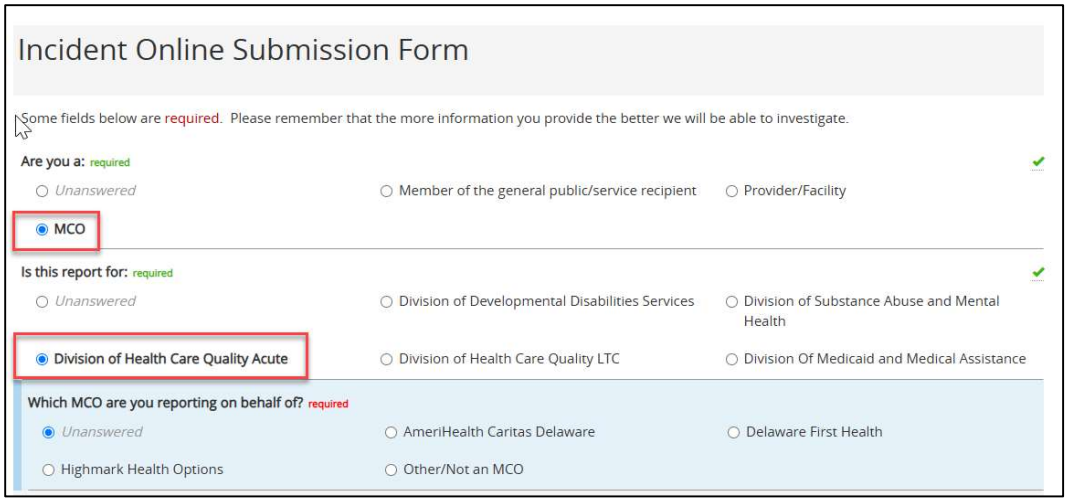
20. Enter any additional information needed and click Submit.



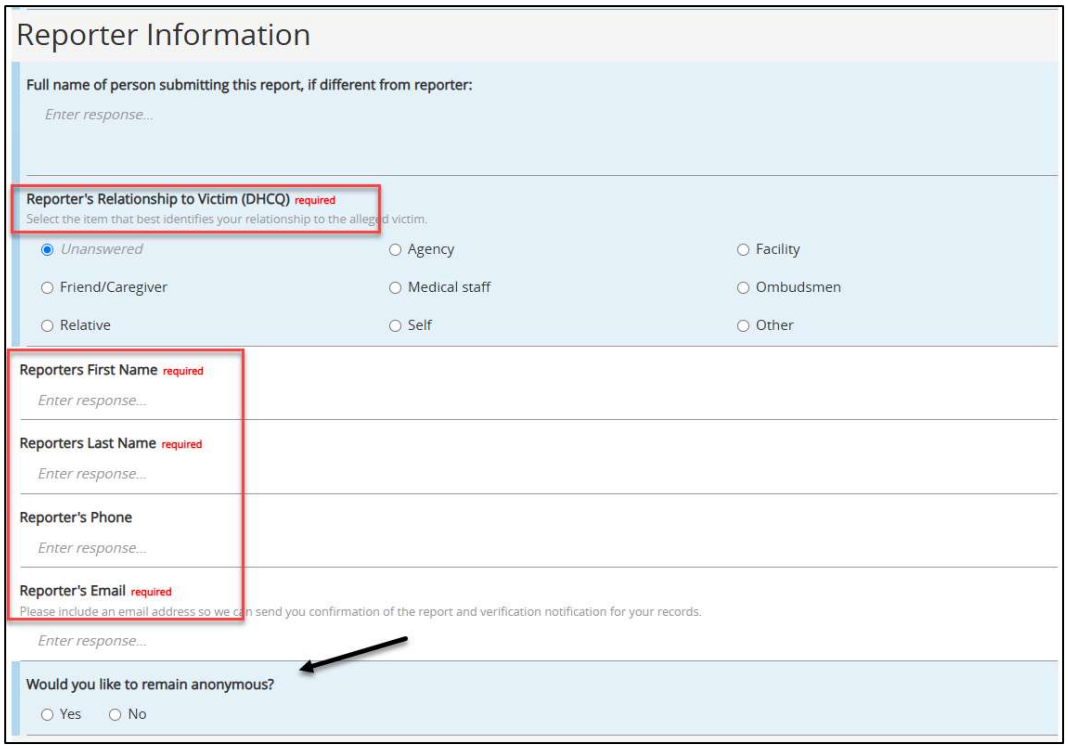
21. A confirmation screen will appear with the Incident ID. The Incident is now submitted to DHCQ staff to review.

MCO

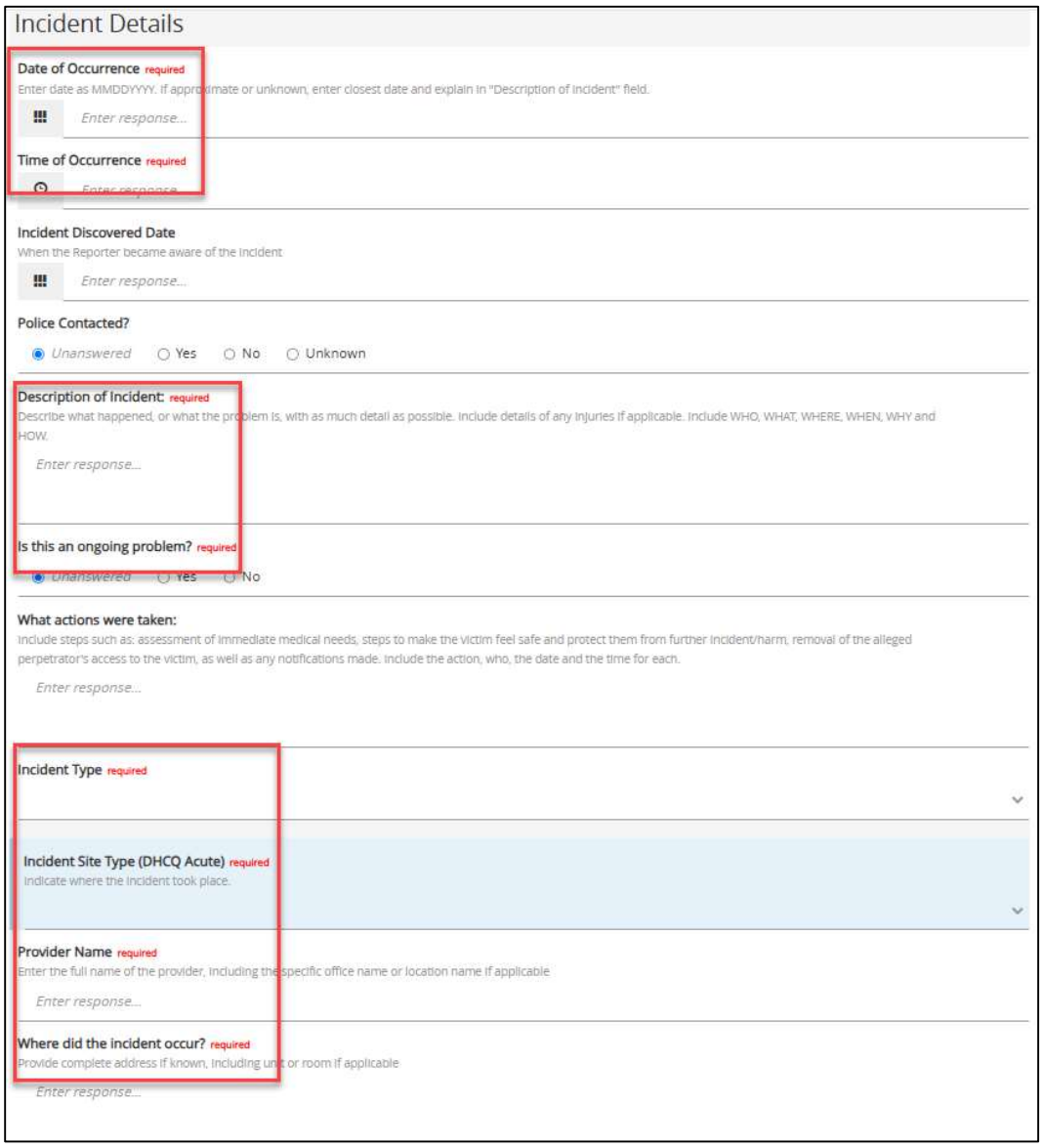
22. Select “MCO” & “Division of Health Care Quality Acute”



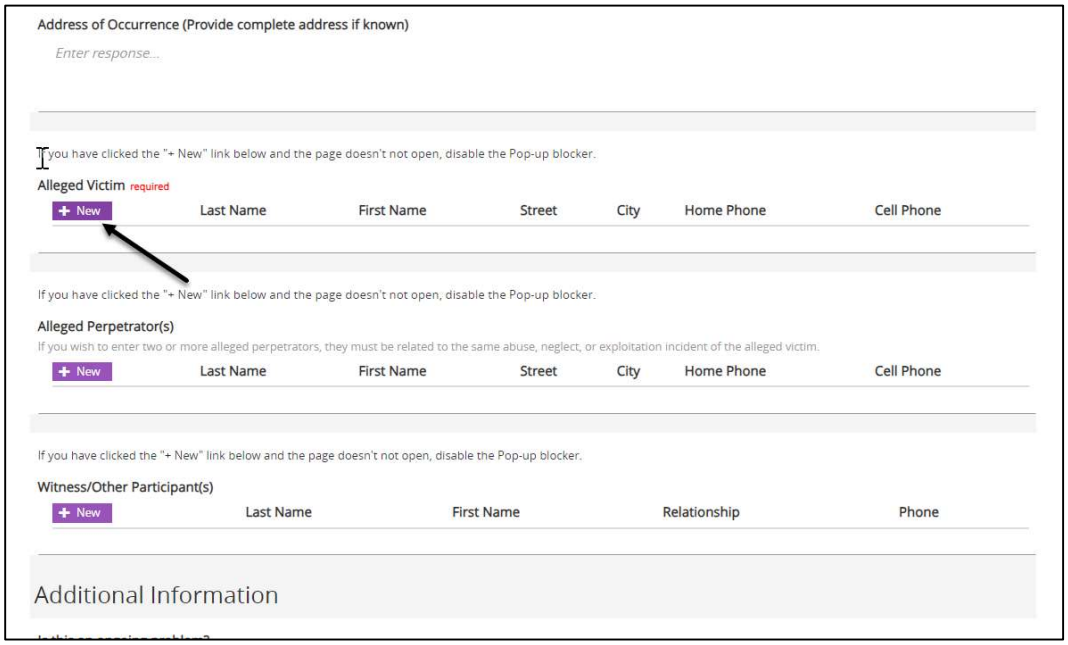
23. Additional questions appear which only apply to MCO reports. Proceed with entering the Reporter's details including the Full name of the person submitting the form if different from reporter, the Relationship to the alleged victim, as well as the Reporter's First & Last Name.
    a. You can also select if you would like to remain anonymous.



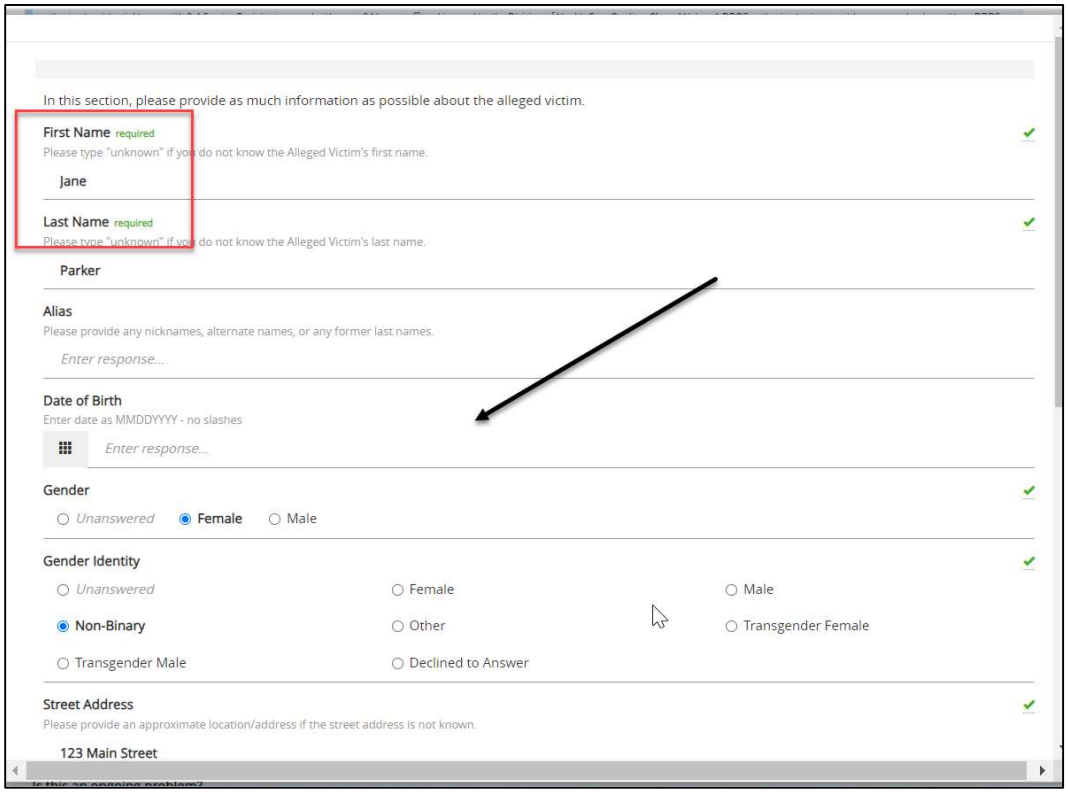
24. Enter the all Incident details, such as Date of Occurrence, Description of Incident, Incident Type, etc.

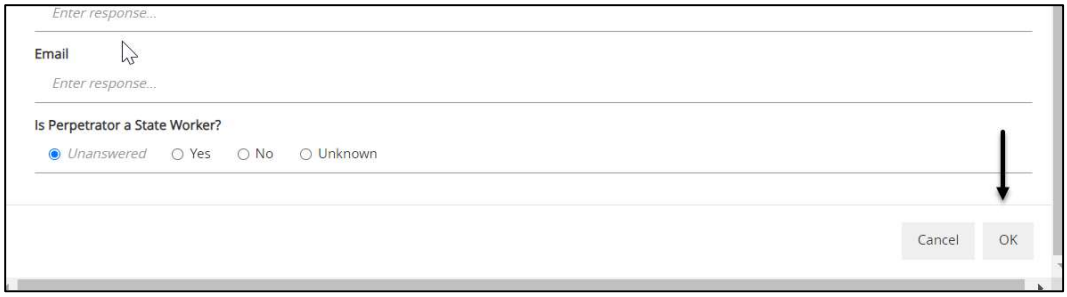


25. Click on the +New field to add the Alleged Victim, Alleged Perpetrator(s) and Witness/Other Participants. Note that at least one Alleged Victim must be entered.

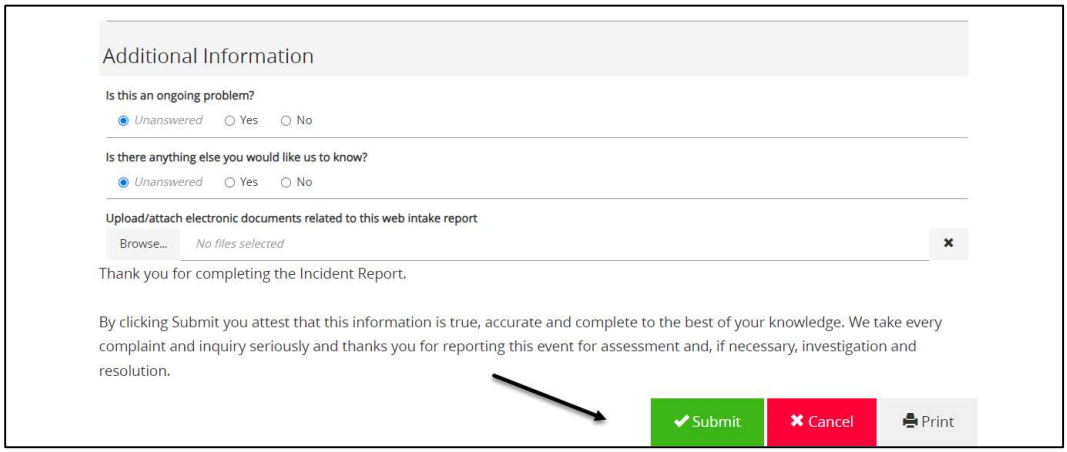


26. Complete all required fields and as much information as possible and click OK at the bottom of the form.

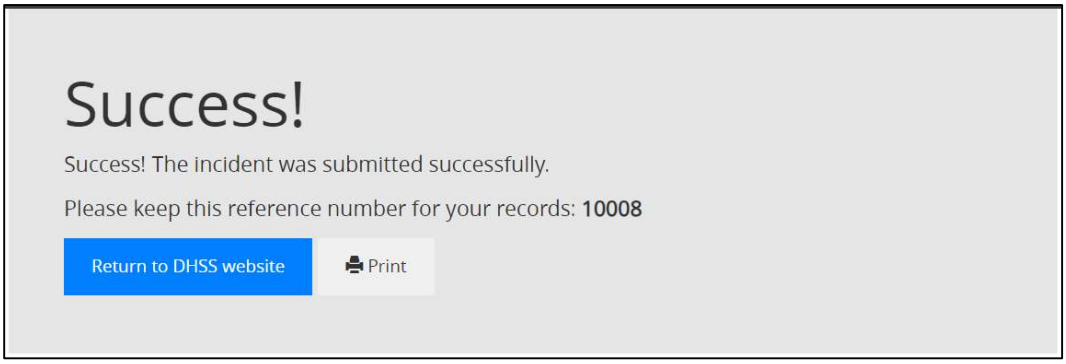




27. Enter any additional information needed and click Submit.

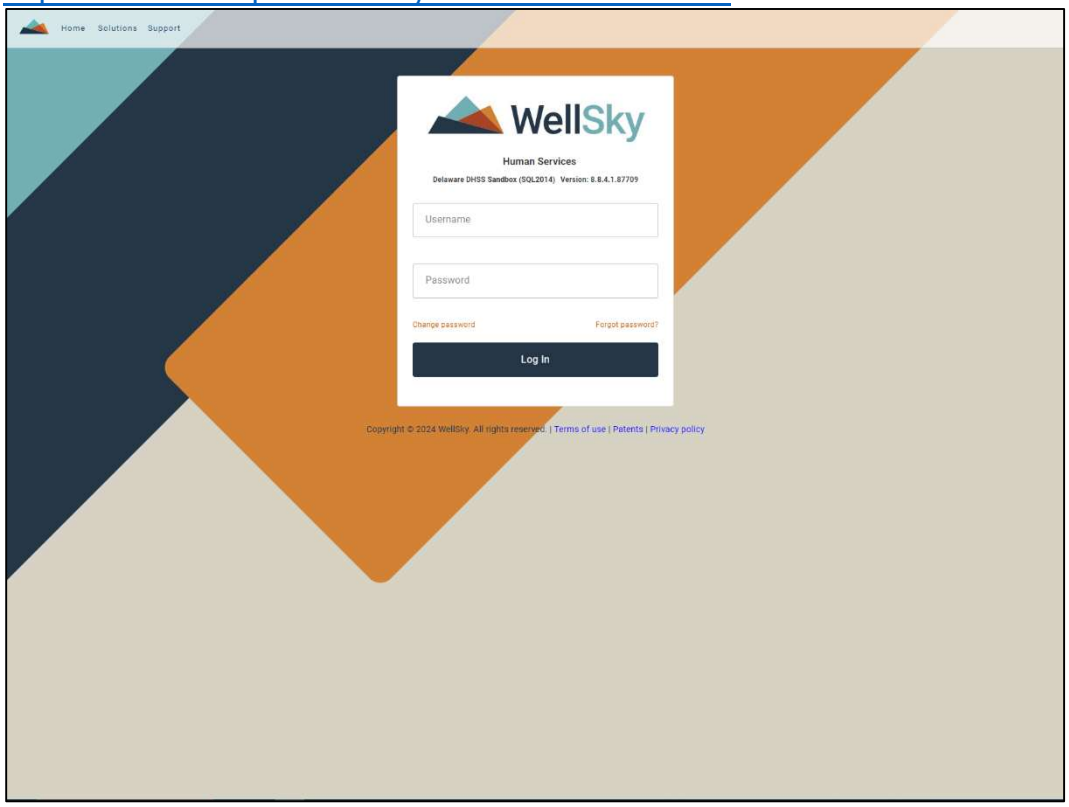


28. A confirmation screen will appear with the Incident ID. The Incident is now submitted to DHCQ staff to review.

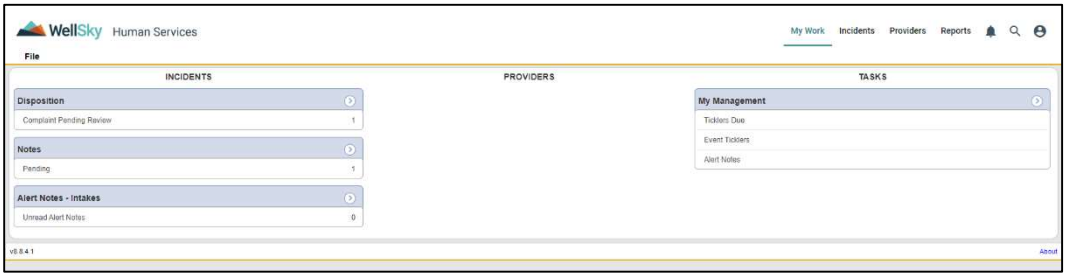


Chapter 2 Getting Started: Logging into Wellsky

1. Log into the Prod Environment using your username and password
2. Delaware DHSS Production URL: https://hssdedhssprod.wellsky.com/humanservices/



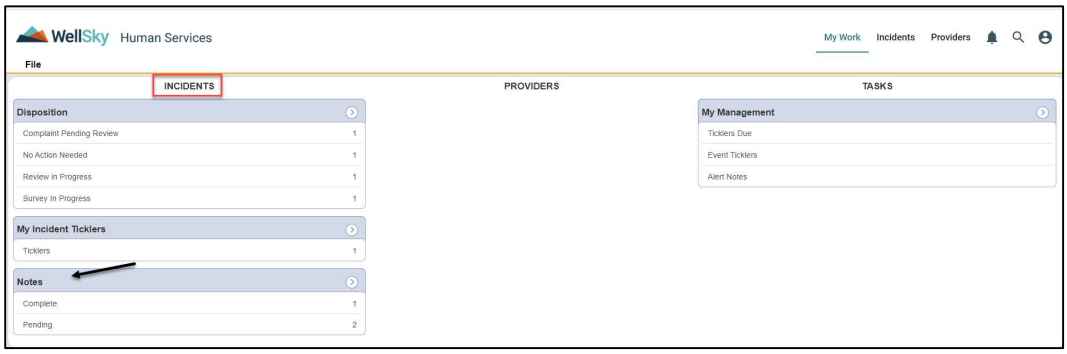
   a. System will default to the My Work screen



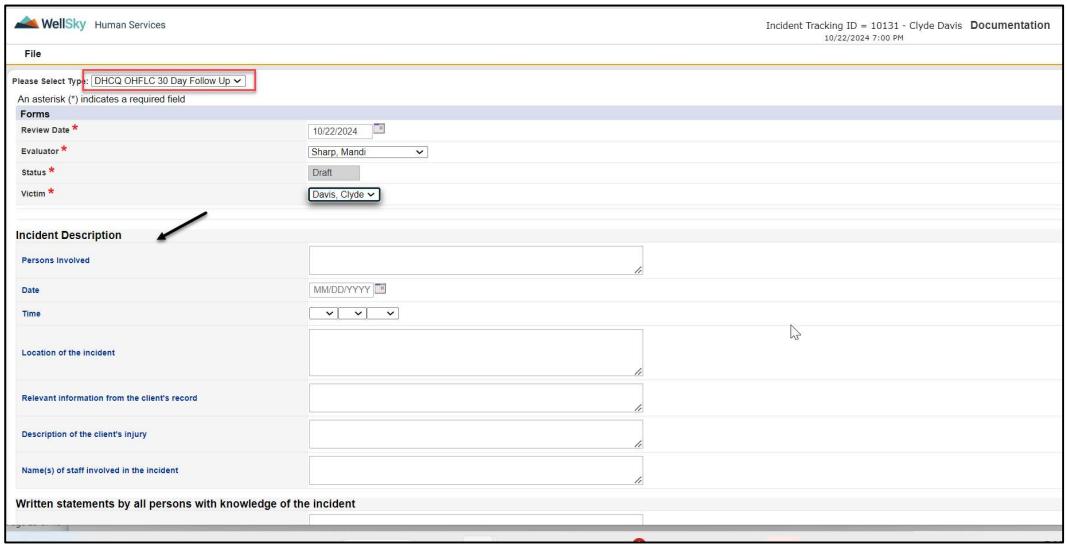
Chapter 3 Provider 30 Day Follow Up

Role: DHCQ Acute Provider

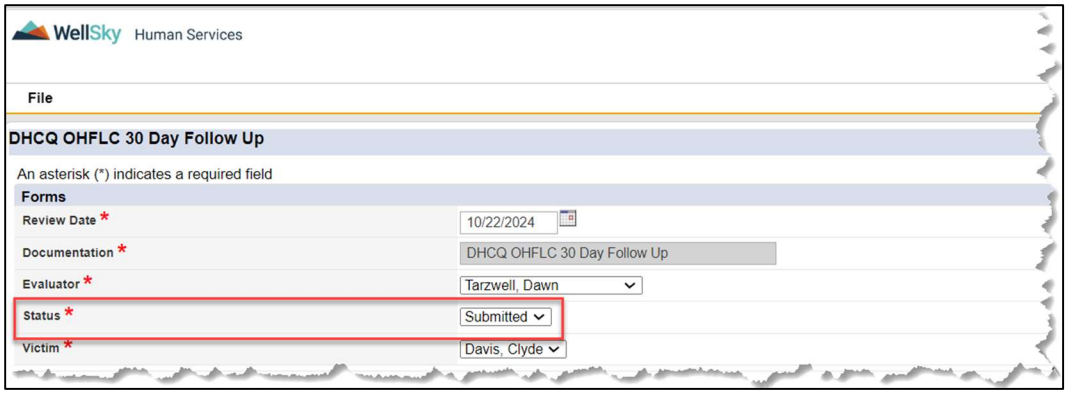
1. Monitor **My Work** dashboard for incoming Pending notes.



2. Review the Pending Note and navigate to appropriate incident.
3. Navigate to the **Documentation** subpage and from the **File** menu, select **Add Documentation**.
4. Select the **DHCQ 30 Day Follow Up Report** and complete the documentation form.

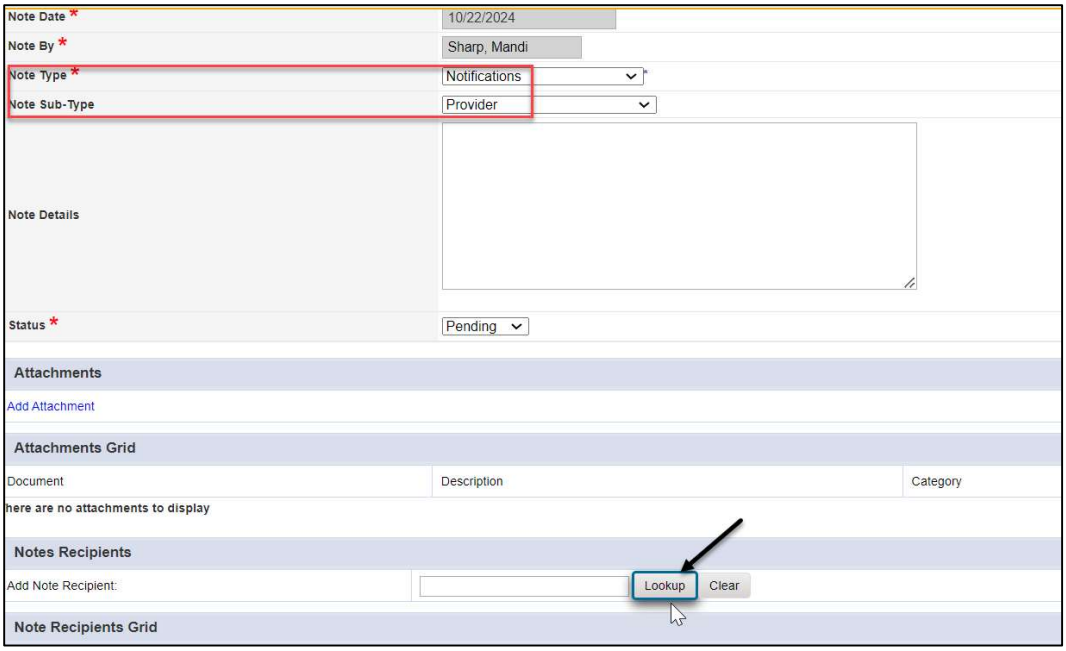


5. From the **File** menu, select **Save Documentation**.
6. This will make the Status editable.
    a. Update Status = Submitted.

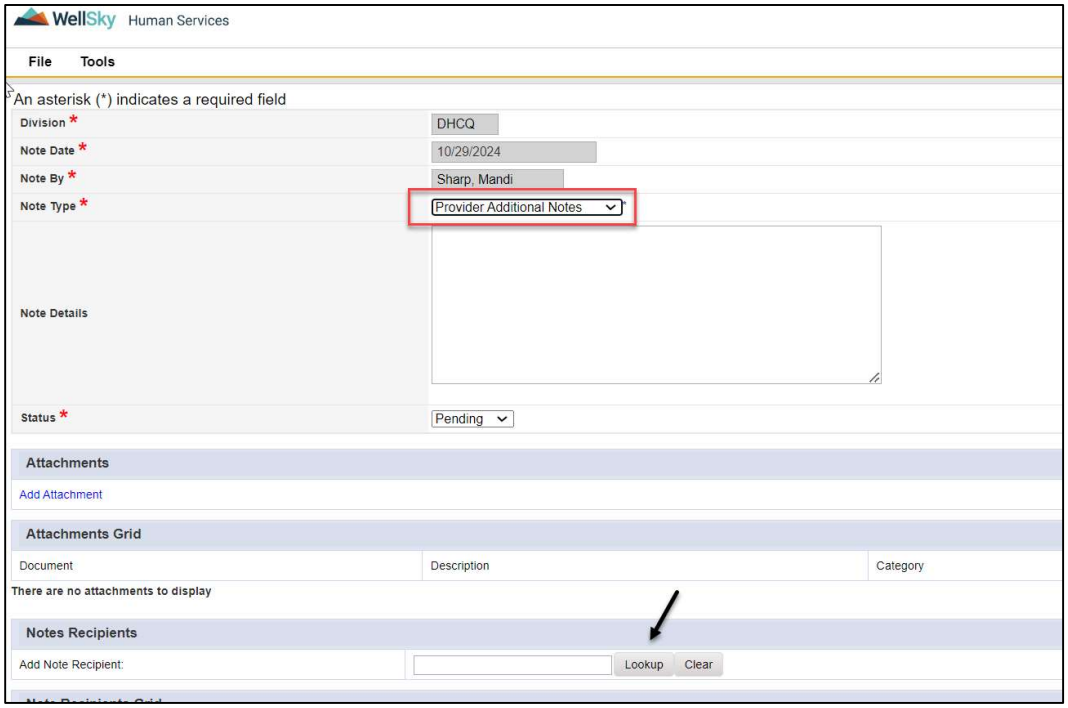


7. From the **File** menu, select **Save and Close Documentation**.
8. If additional participants have been identified, navigate to the **Notes** subpage.
9. From the **File** menu, select **Add Note**.

   a. Note Type = Notifications
   b. Note Subtype = Provider
   c. Note Details = Enter the participants that need to be added to the incident.
   d. Status = Complete
   e. Recipient = DHCQ Acute Staff



10. From the **File** menu, select **Save and Close Note**.
11. If additional information is needed, from the **File** menu, select **Add Note**.
    a. Note Type = Provider Additional Notes
    b. Status = Pending
    c. Recipient = DHCQ Acute Staff



12. From the **File** menu, select **Save and Close Note**.