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Software for Realizing Care's

Delaware Division of Health Care Quality (DHCQ) LTC

Provider Incident Management User Guide

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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.

DHCQ LTC will utilize WellSky to identify, track, investigate, and monitor critical incidents and their resolution per DHSS policy.

Learning Objectives for Incident Management User Guide

- Completing the Incident Reporting Form
    - Provider/Facility
    - MCO
    - Member of the public
- Logging into WellSky
- Provider completes 5 day follow up

Chapter 1 Incident Reporting Form

While there are other methods of reporting an Incident, the individual could have called in or the incident could have been redirected from another division. However, the primary focus in this document will be the Online 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

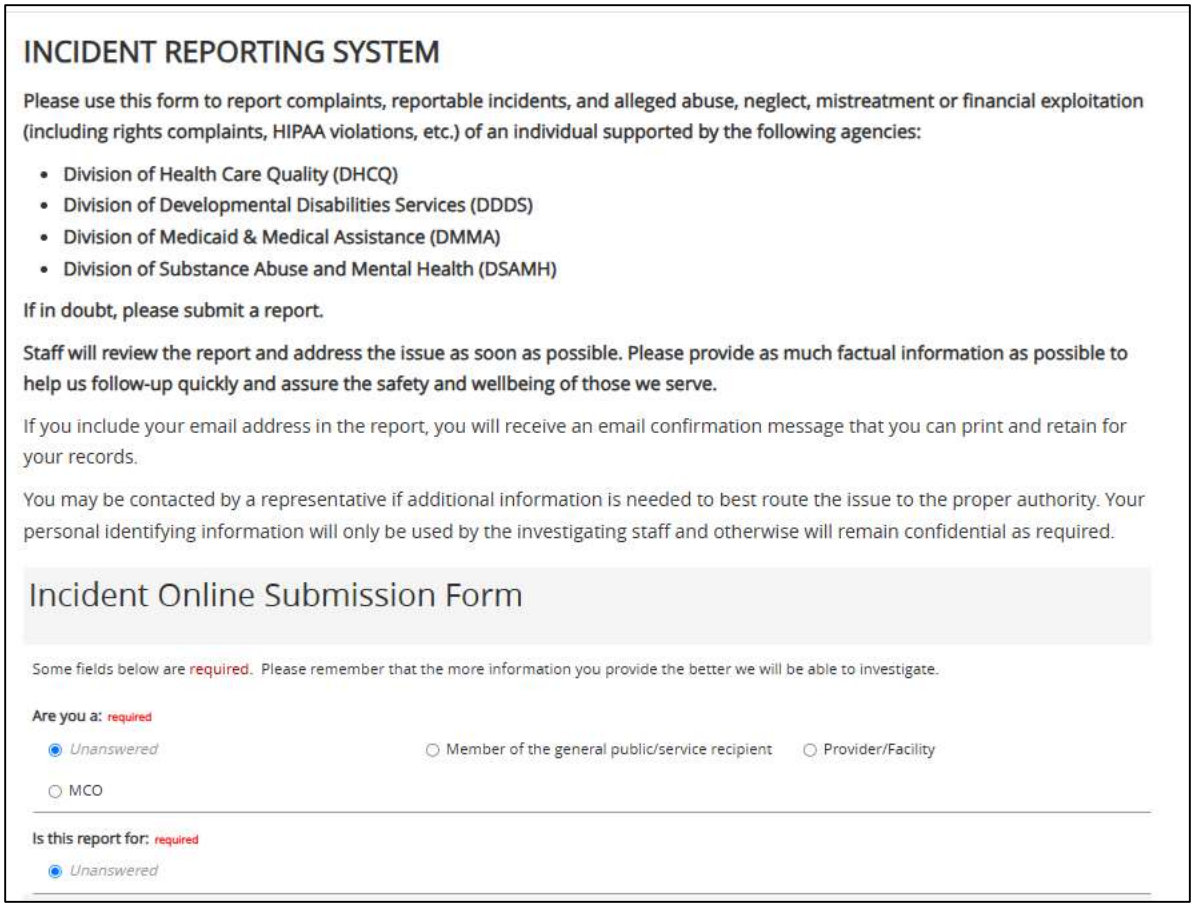
The Incident Workflow begins with the discovery of a reportable incident. The online incident reporting form can be used by anyone and does not require a login.

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

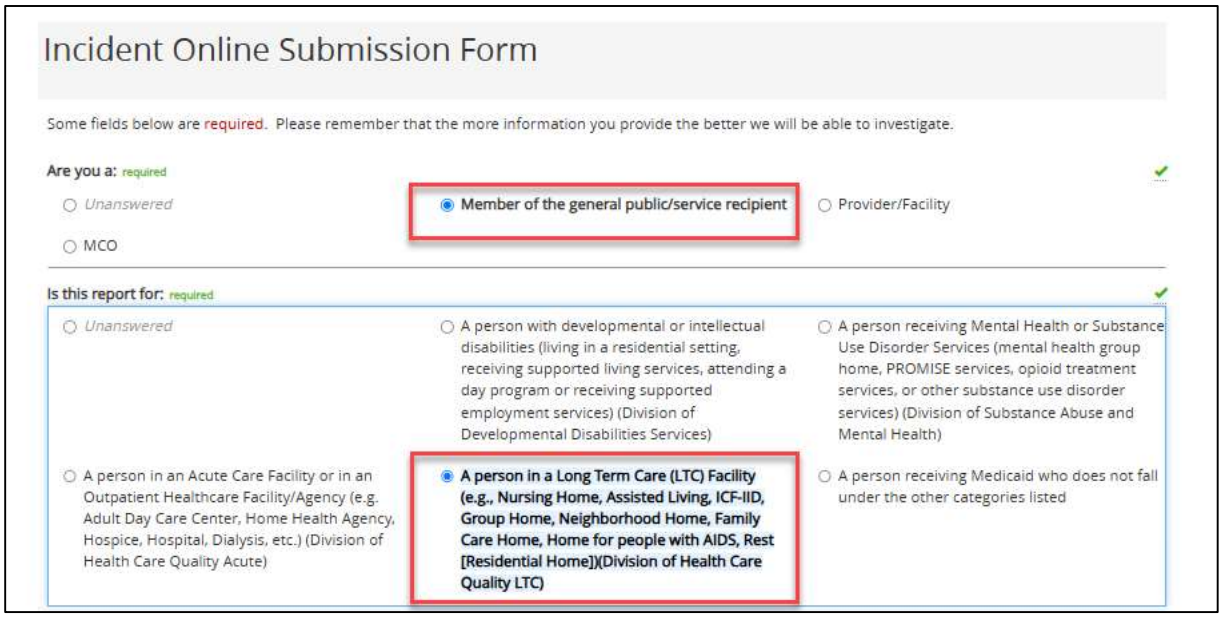
Is this report for: required

Unanswered

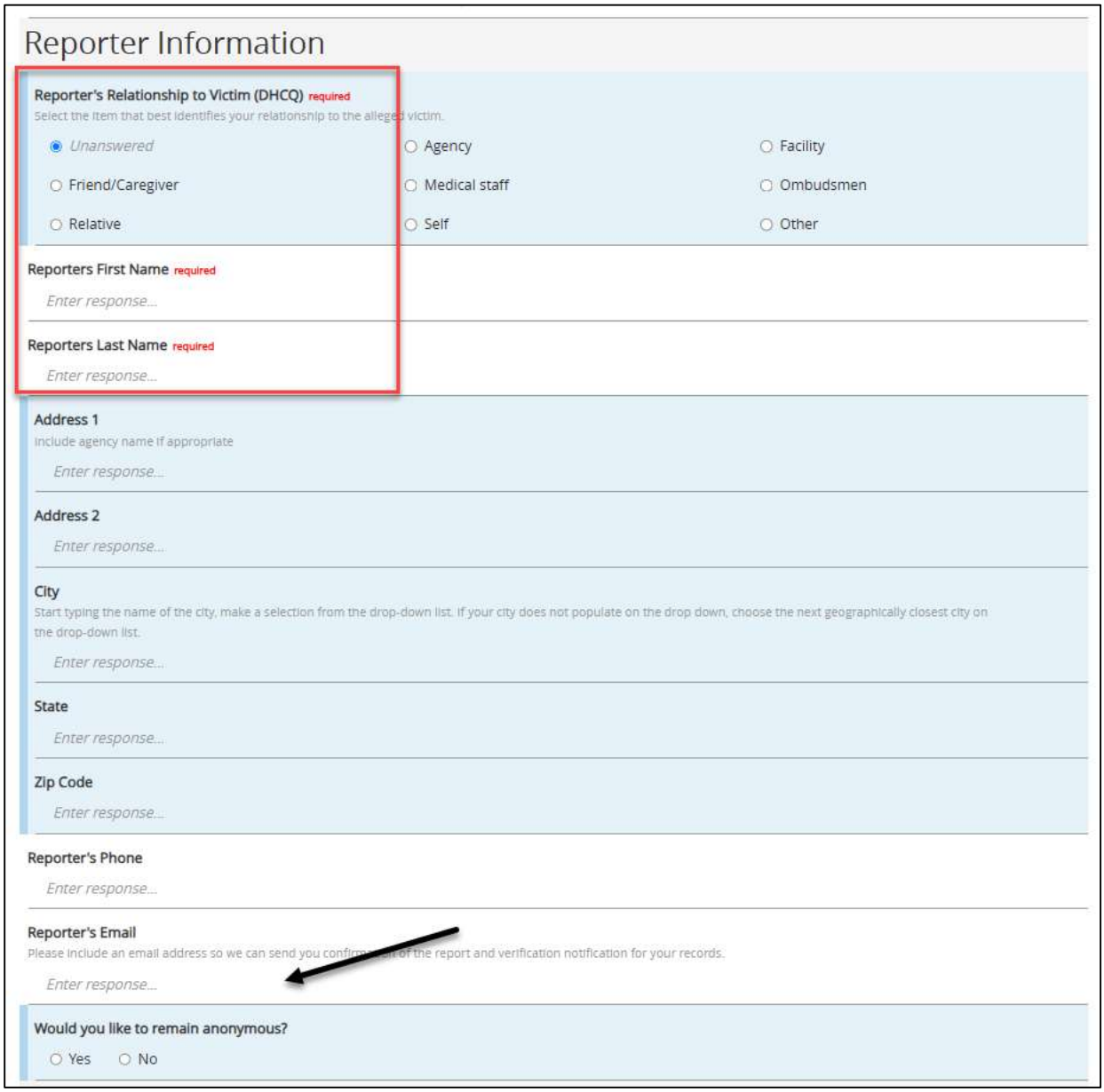
3. The Reporter first selects whether they are a member of the general public, or a Provider. Depending on the choice, the questions vary slightly to match the target audience. They then select the Agency they are reporting to.
4. If you are a Provider or Facility, skip to this step *Provider or a Facility.*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

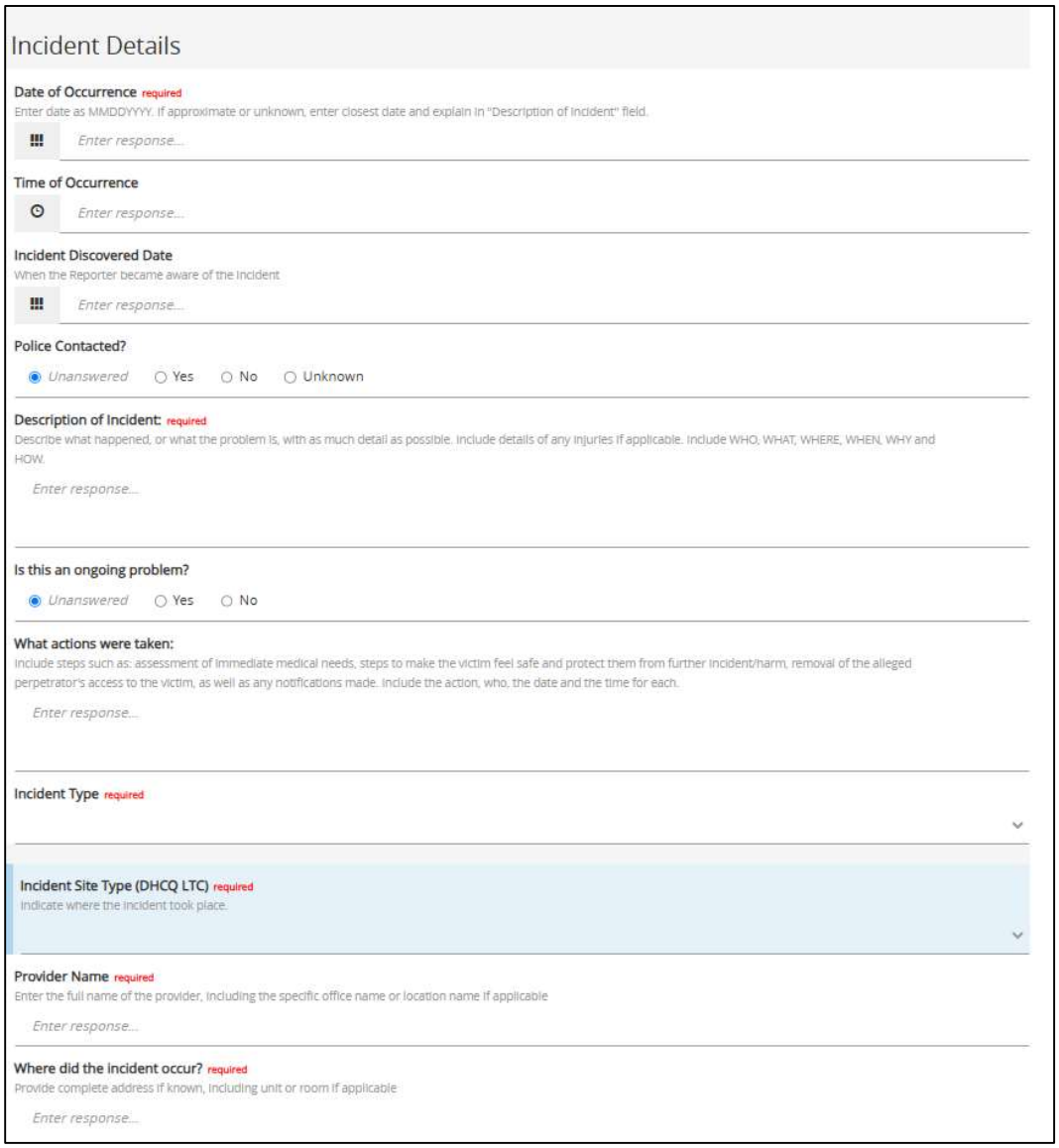
7. Select Member of the general public/service recipient & then select the DHCQ LTC option.



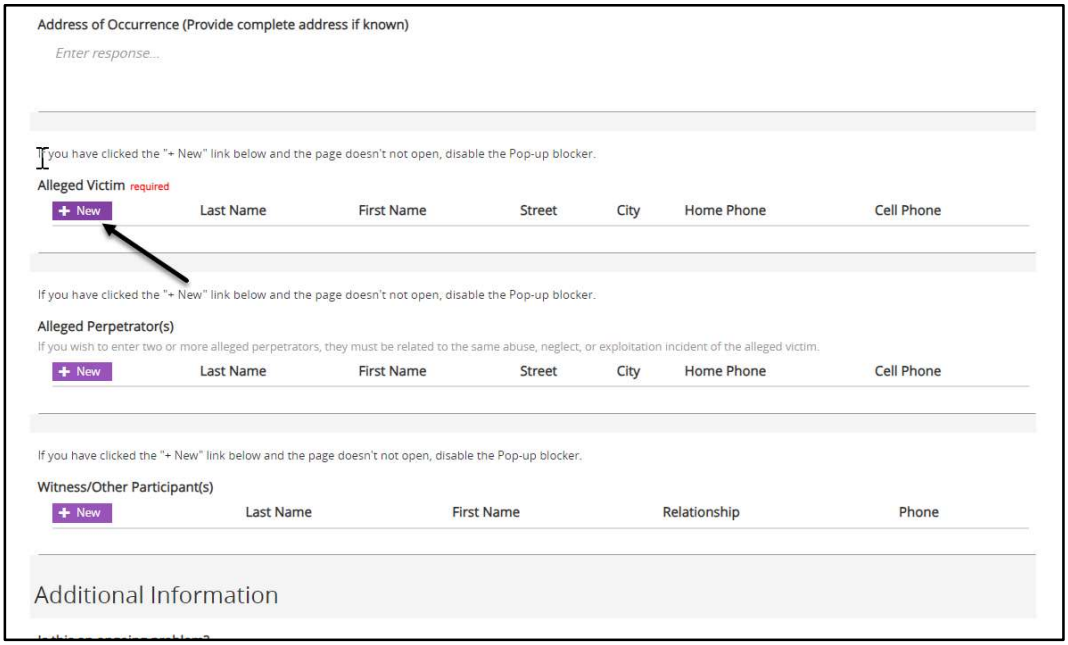
8. Questions appear asking for the Reporter name, relationship and address.
    a. You can also select if you would like to remain anonymous.



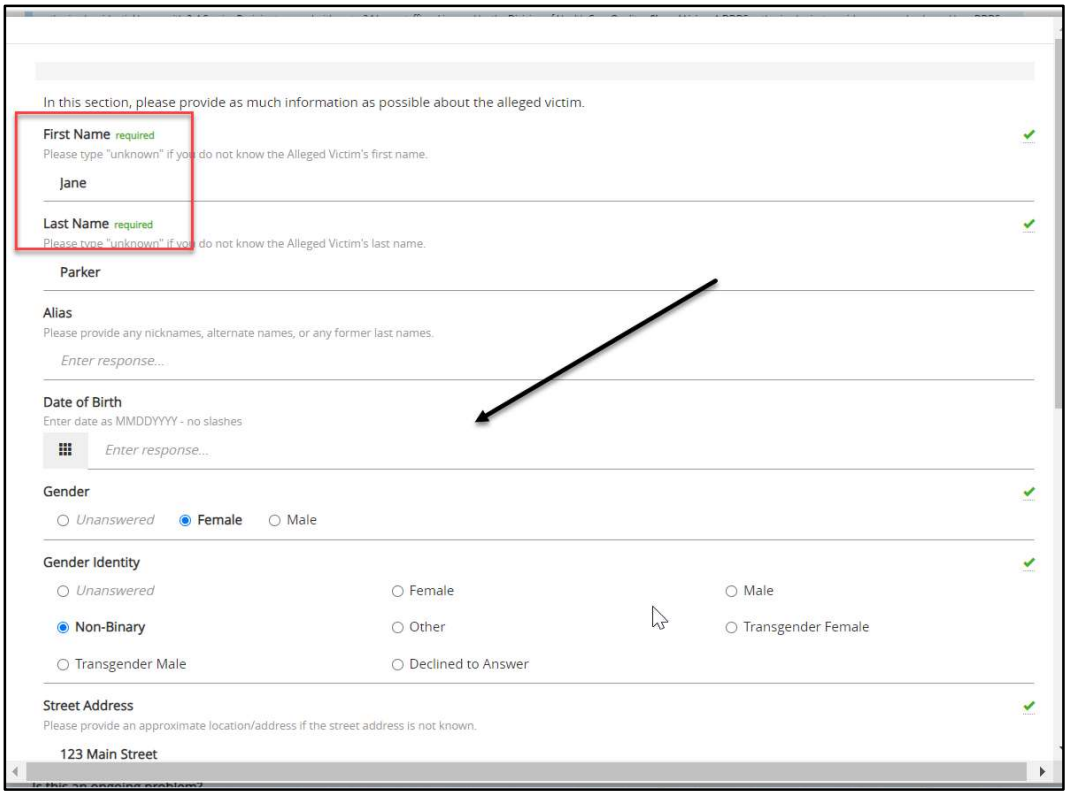
9. Enter the Date of Occurrence, Description of Incident, and Incident Type.



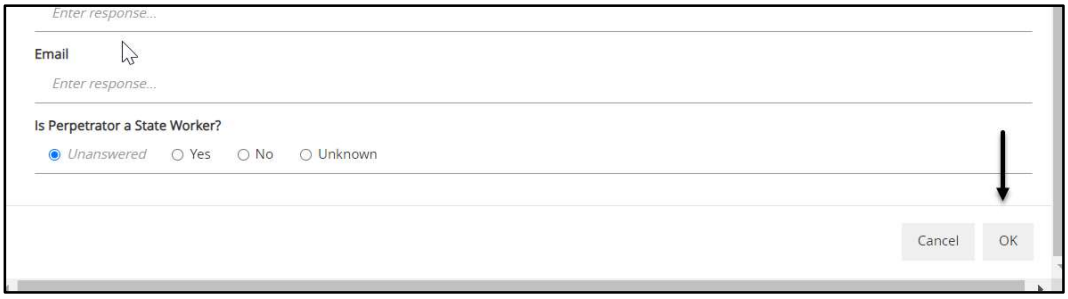
10. Click on the **+New** box to add the Alleged Victim, Alleged Perpetrator(s) and Witness/Other Participants. Note that at least one Alleged Victim must be entered.



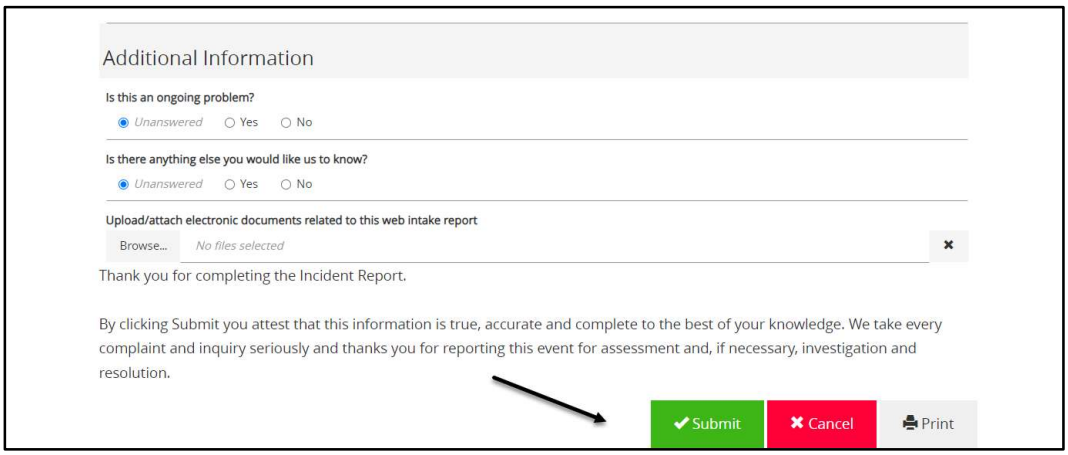
11. Complete all required fields and as much information as possible.



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



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

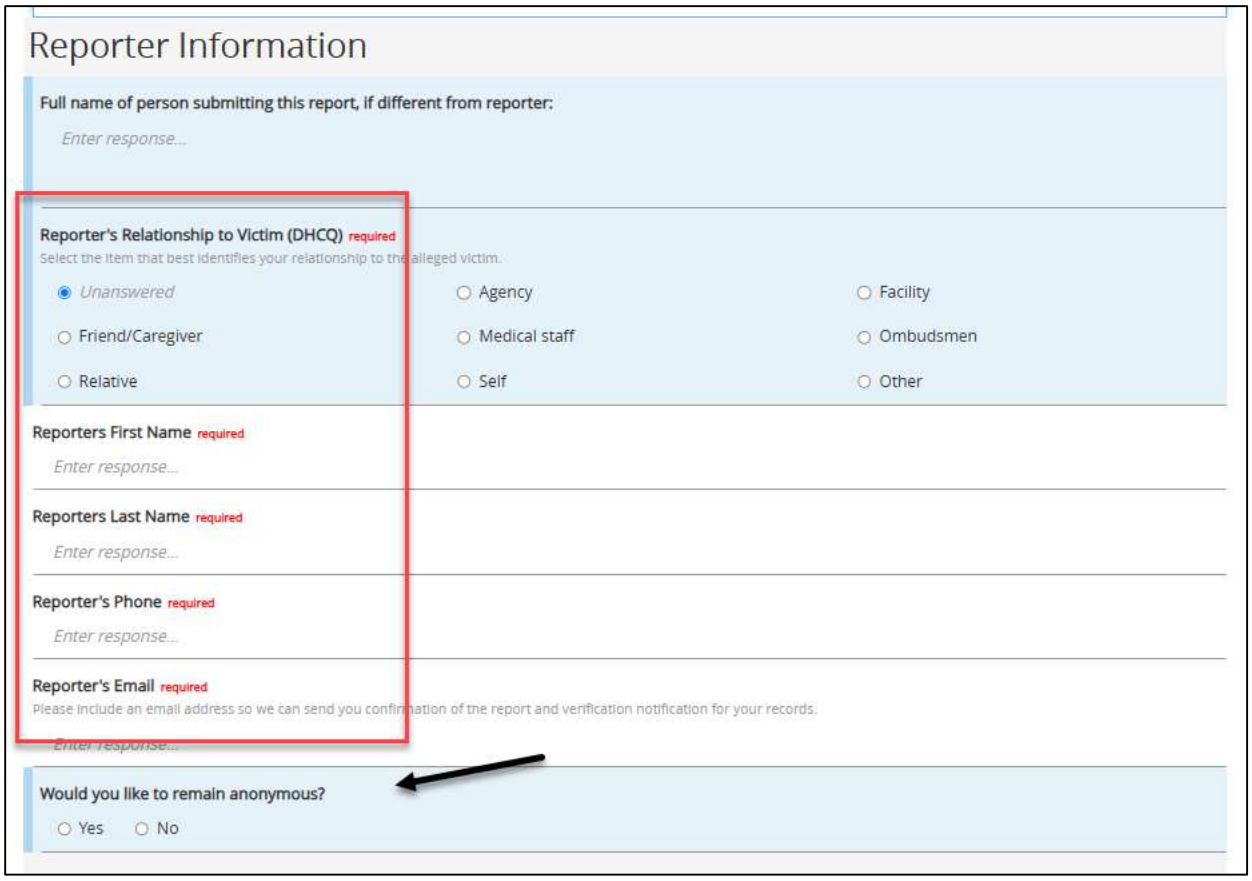


14. A confirmation screen will appear with the Incident ID. The Incident is now submitted to DHCQ staff to review.

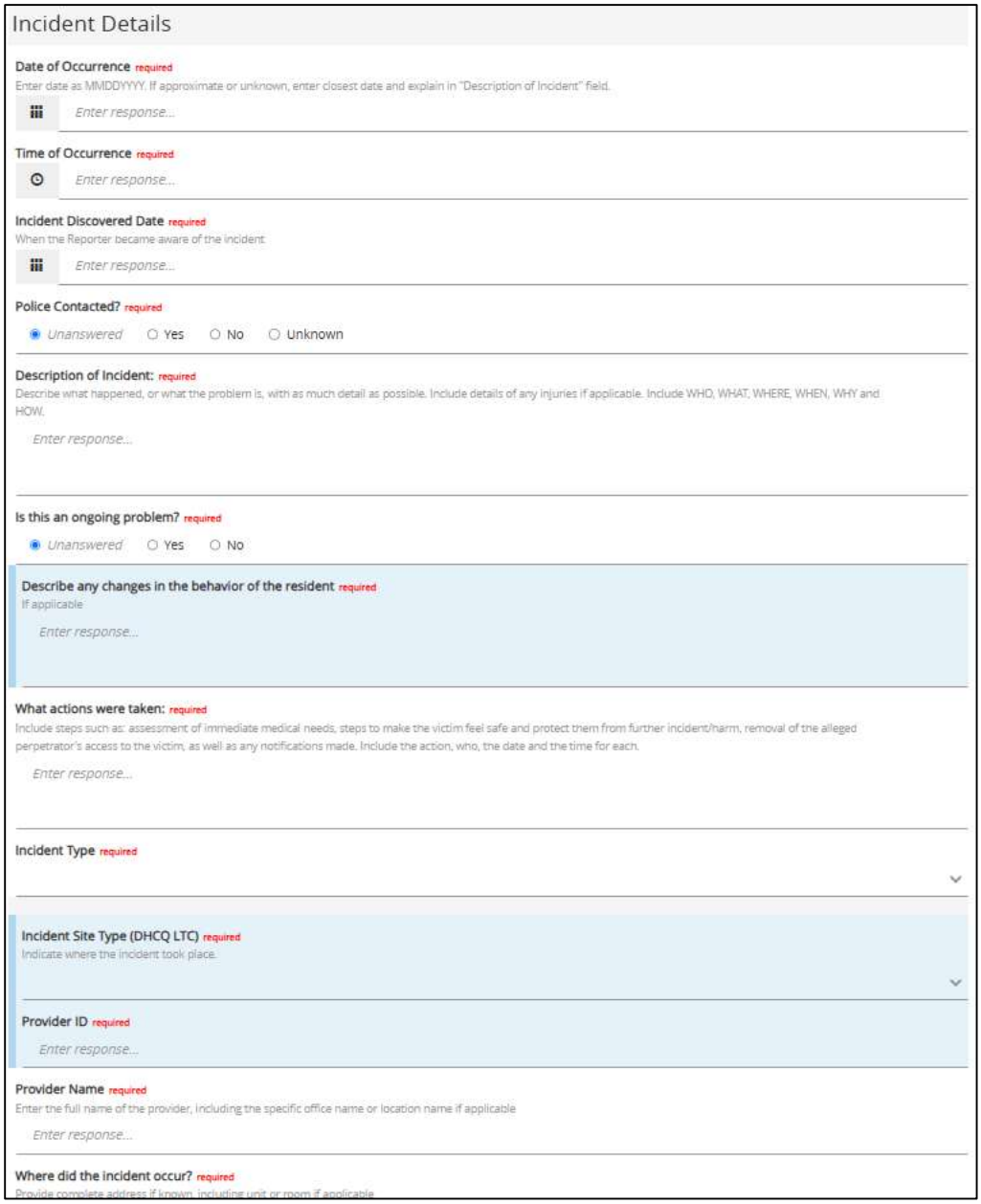
Provider or a Facility

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

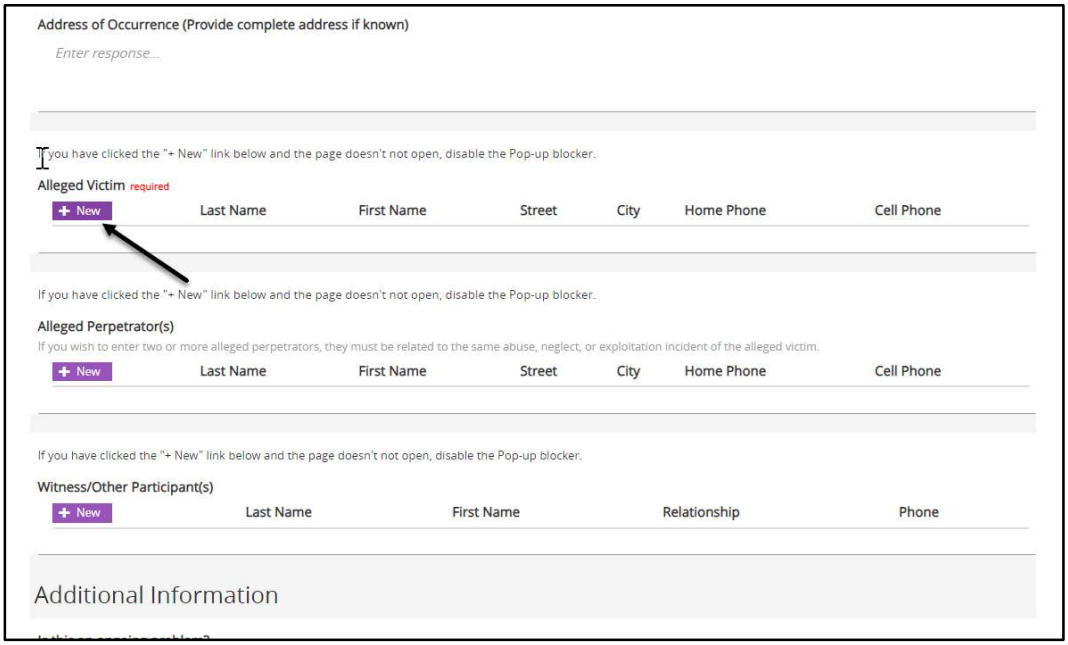
16. Additional questions appear which only apply to Provider/Facility reports. Procced with entering the Reporter’s details including the full name of the person submitting the form if different from reporter, the Relationship to the alleged victim, as well as the Reporters First & Last Name, phone &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



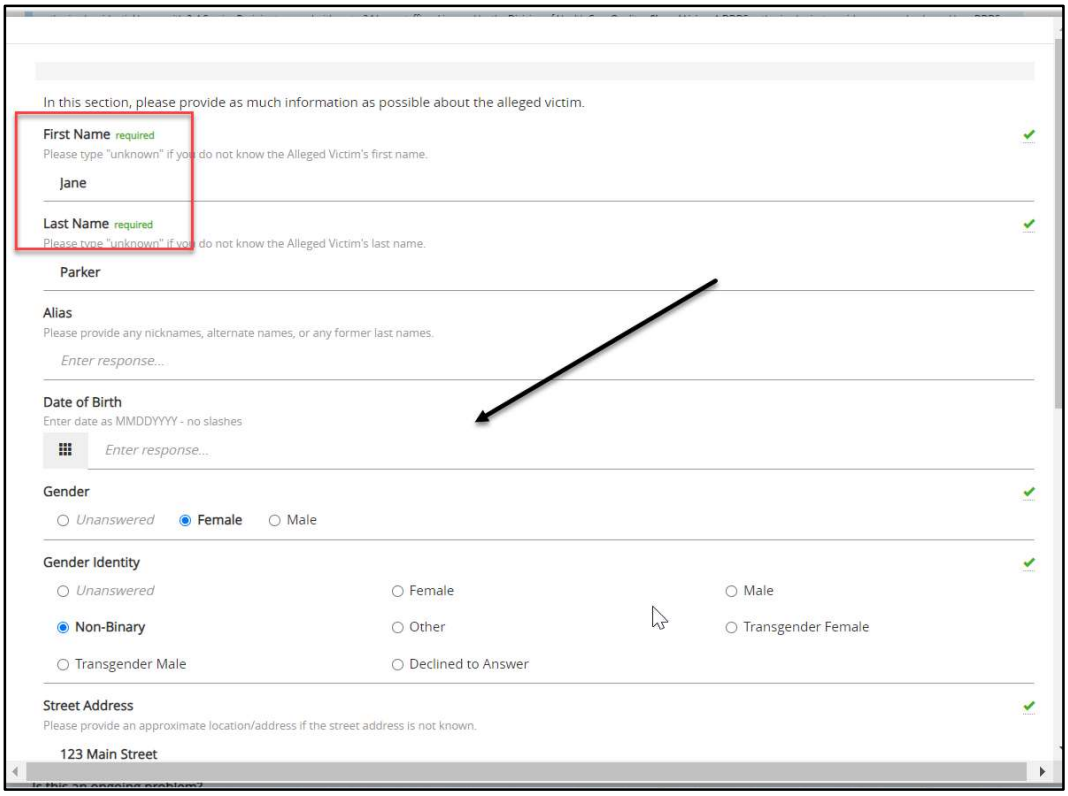
17. Enter the Date of Occurrence, Description of Incident, and Incident Type.



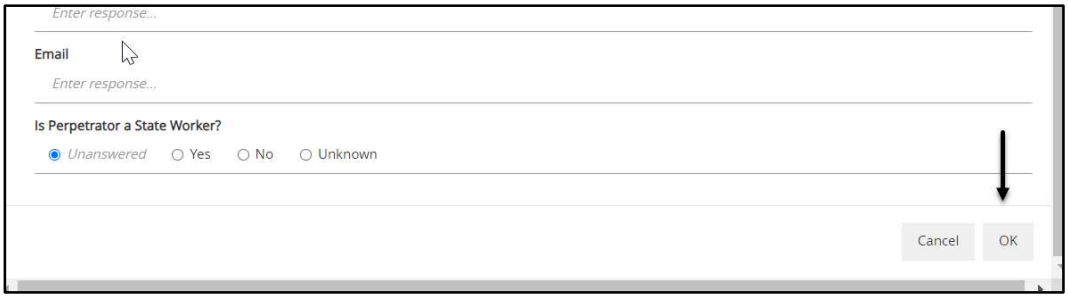
18. Click on the **+New** box to add the Alleged Victim, Alleged Perpetrator(s) and Witness/Other Participants. Note that at least one Alleged Victim must be entered.



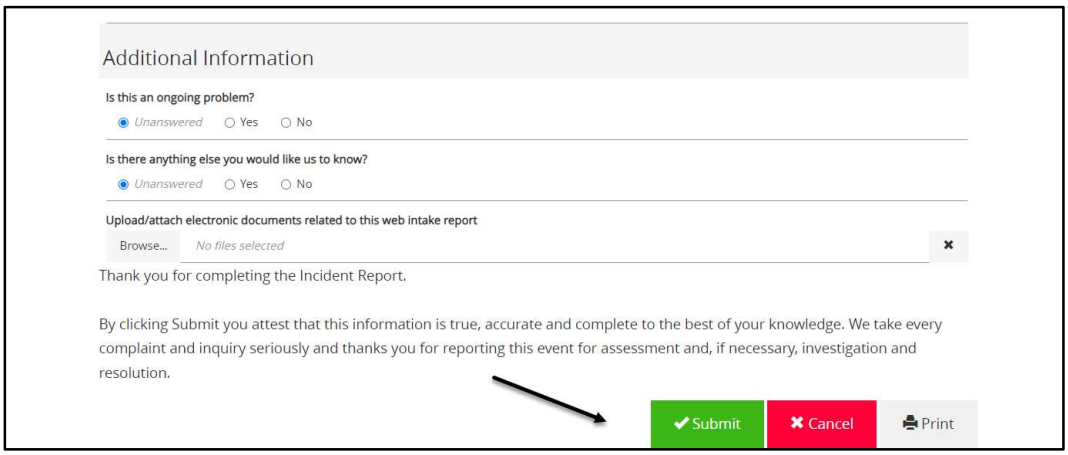
19. Complete all required fields and as much information as possible.



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



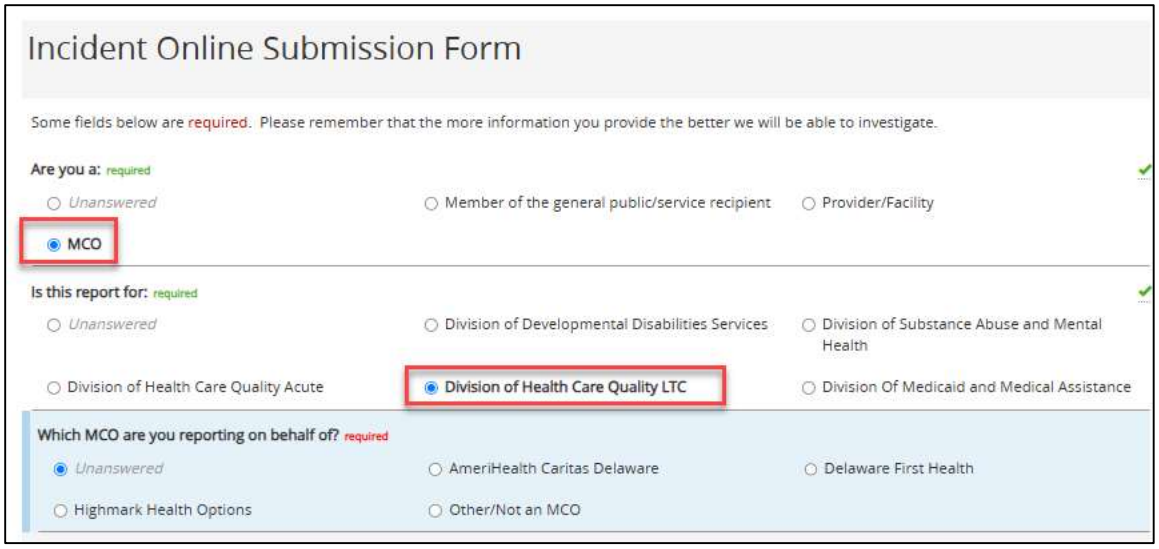
21. Enter any additional information needed and click **Submit**.



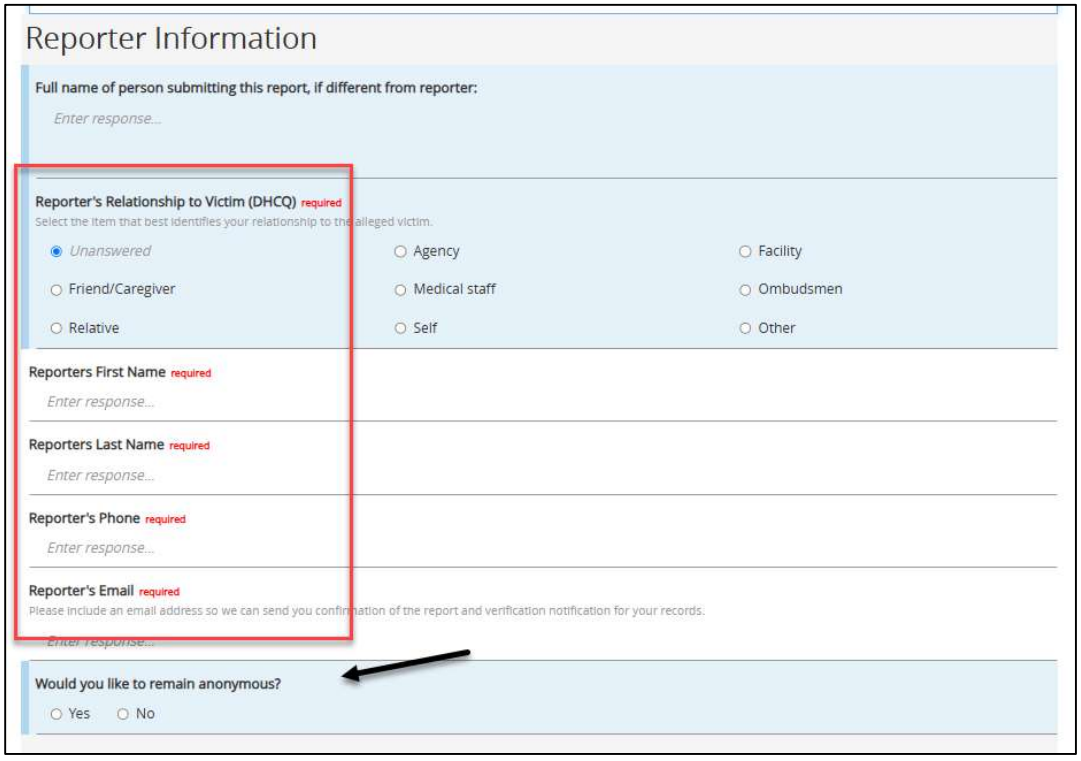
22. A confirmation screen will appear with the Incident ID. The Incident is now submitted to DHCQ staff to review.

MCO

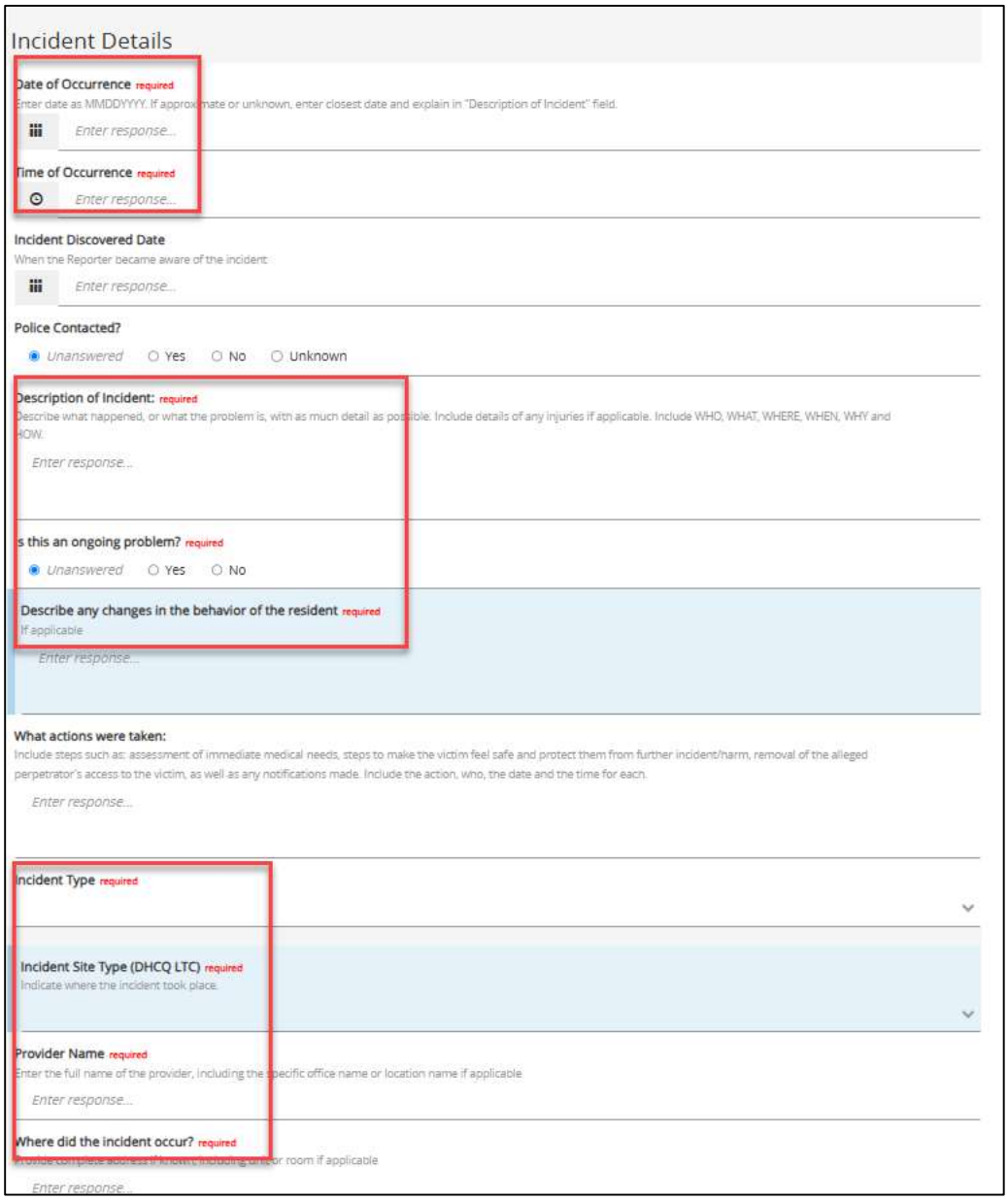
23. Select “MCO” & “Division of Health Care Quality LTC”



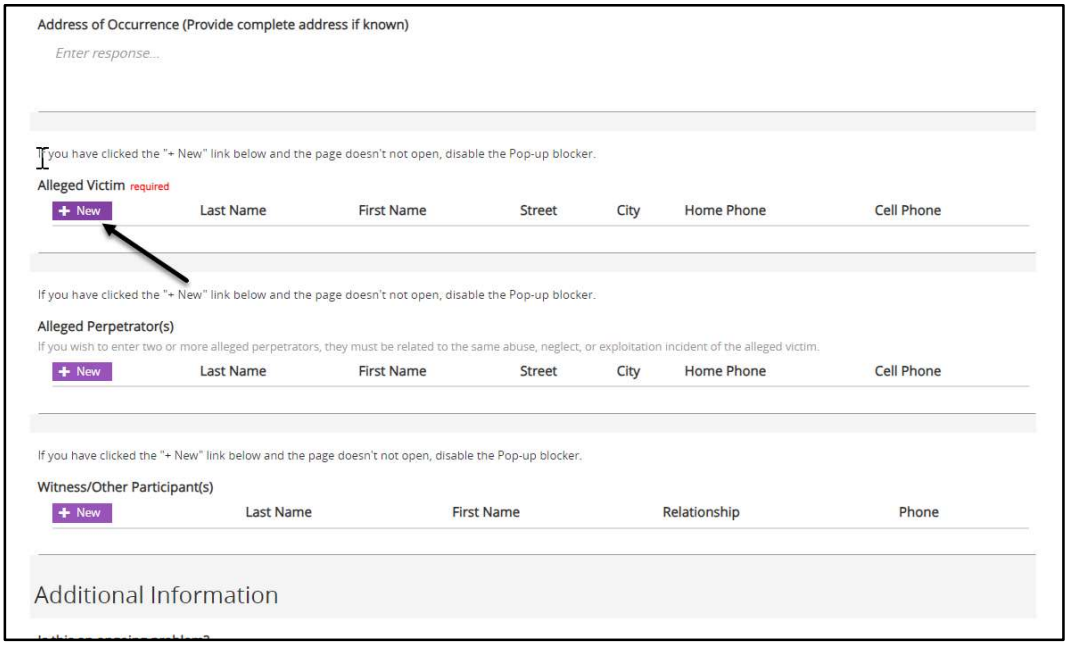
24. Additional questions appear which only apply to MCO reports. Procced with entering the Reporter’s details including the full name of the person submitting the form if different from reporter, the Relationship to the alleged victim, as well as the Reporters First & Last Name, phone & email.
    a.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



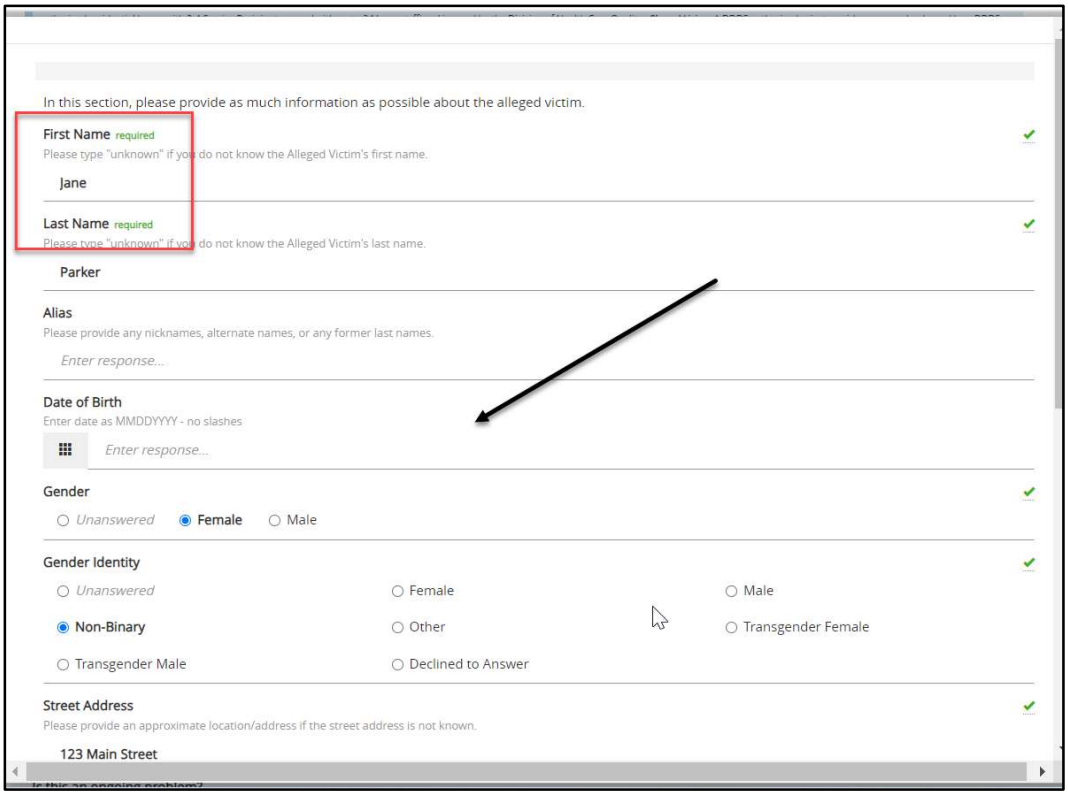
25. Enter the Date of Occurrence, Description of Incident, and Incident Type.



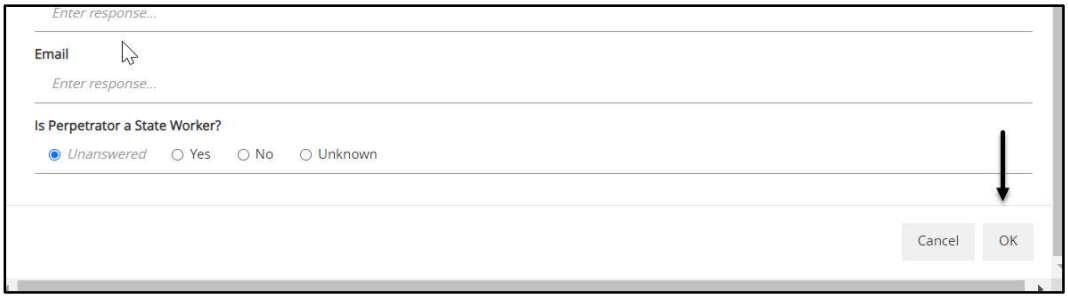
26. Click on the **+New** box to add the Alleged Victim, Alleged Perpetrator(s) and Witness/Other Participants. Note that at least one Alleged Victim must be entered.



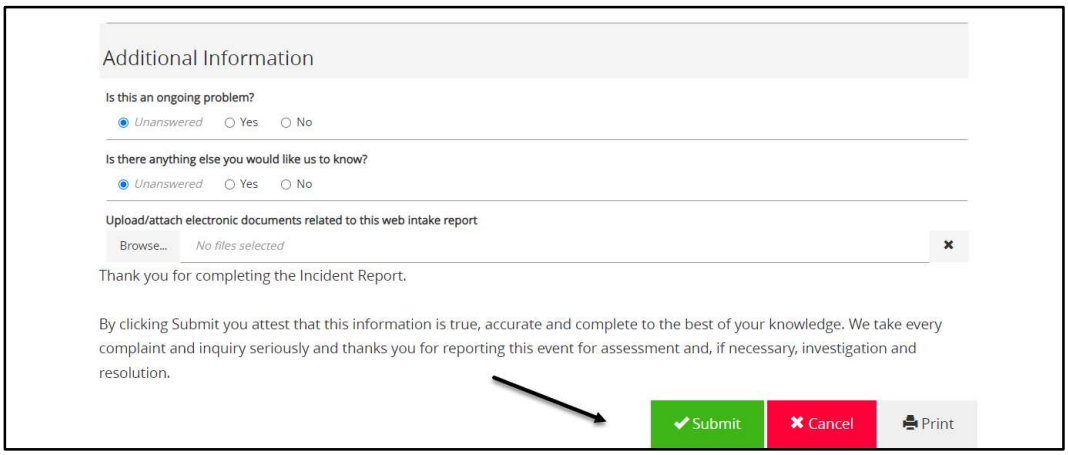
27. Complete all required fields and as much information as possible.



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



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



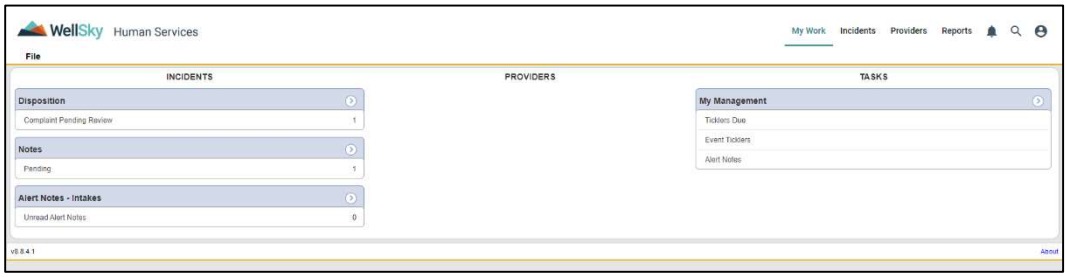
30. A confirmation screen will appear with the Incident ID. The Incident is now submitted to DHCQ staff to review.

Chapter 2 Getting Started: Logging into WellSky

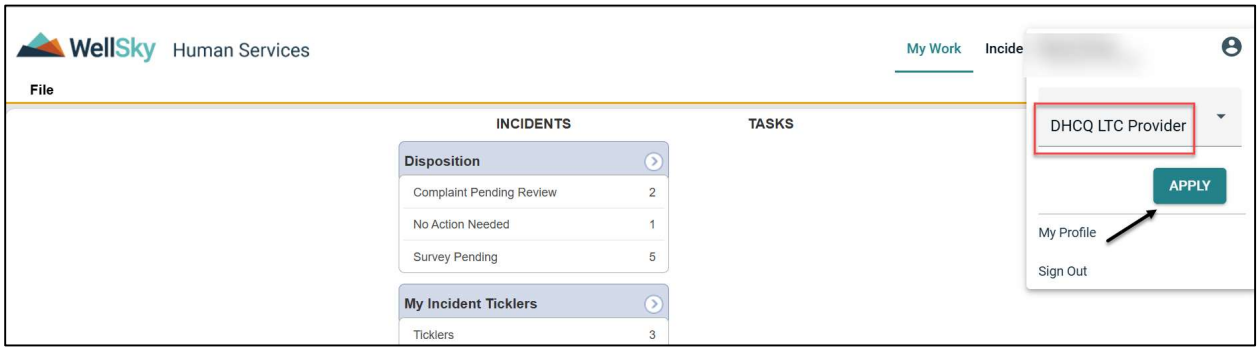
1. Log into the Prod Environment using your username and password.

   Delaware DHSS Production URL:
   https://hssdedhssprod.wellsky.com/humanservices/

2. System will default to the My Work screen



3. Click the Person Icon in the upper right portion of the screen to view the default role. If you have multiple Roles assigned to you, you can select a new Role from the dropdown then click Apply

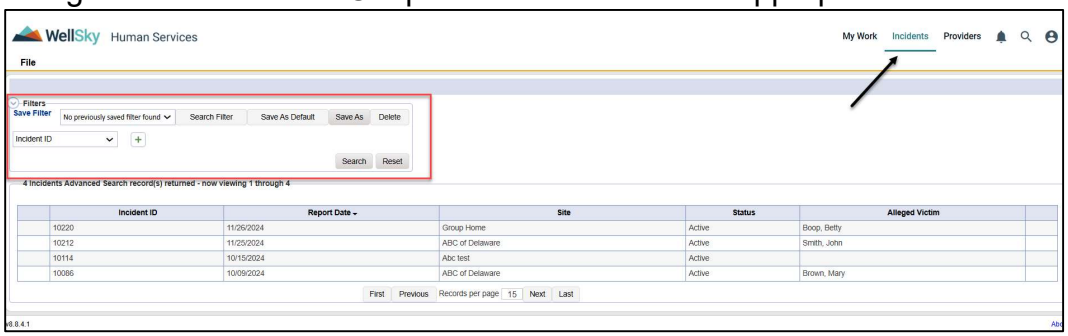


4. This will refresh the user's Role and the system will automatically return to the My Work page.

Chapter 3 Provider Completes 5 Day Follow Up

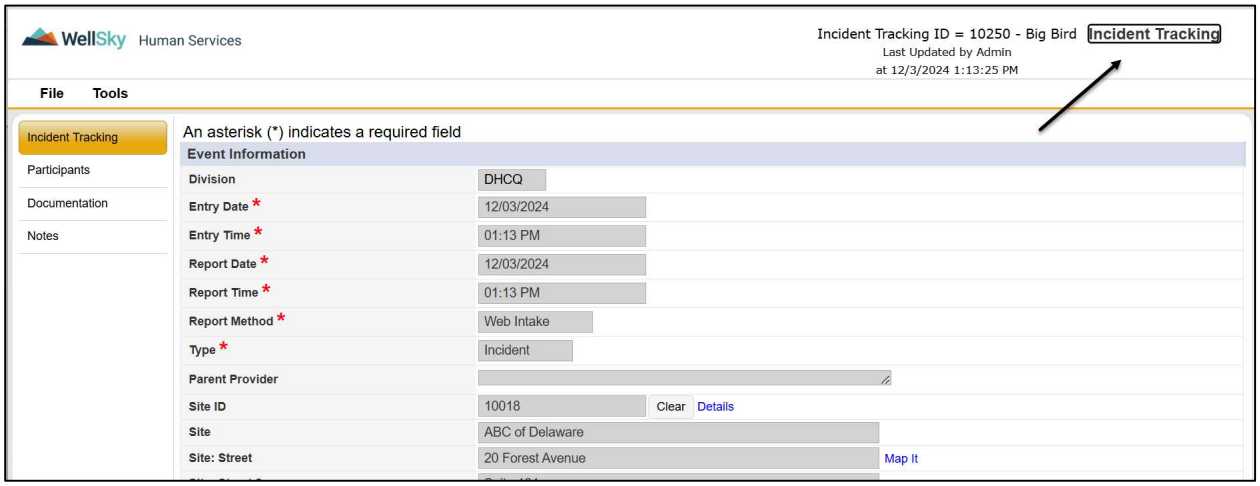
Role: DHCQ LTC Provider

1. Navigate to the Incident Chapter and search for the appropriate incident.

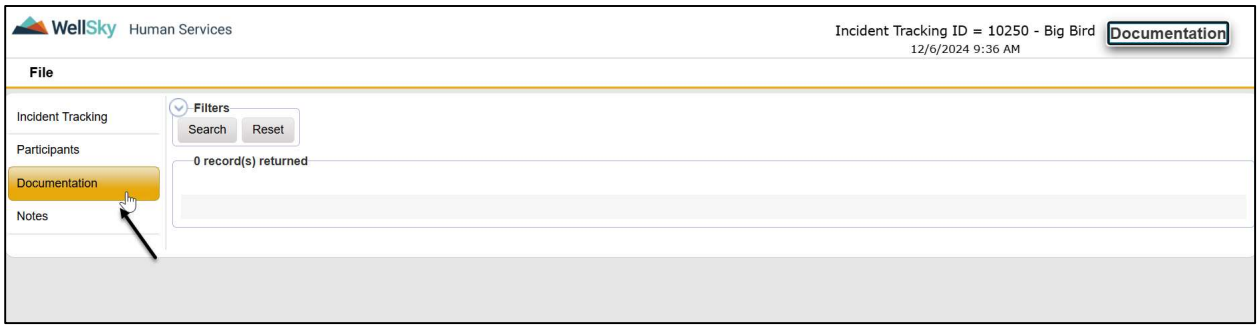


2. To select the Incident, click anywhere on the row.

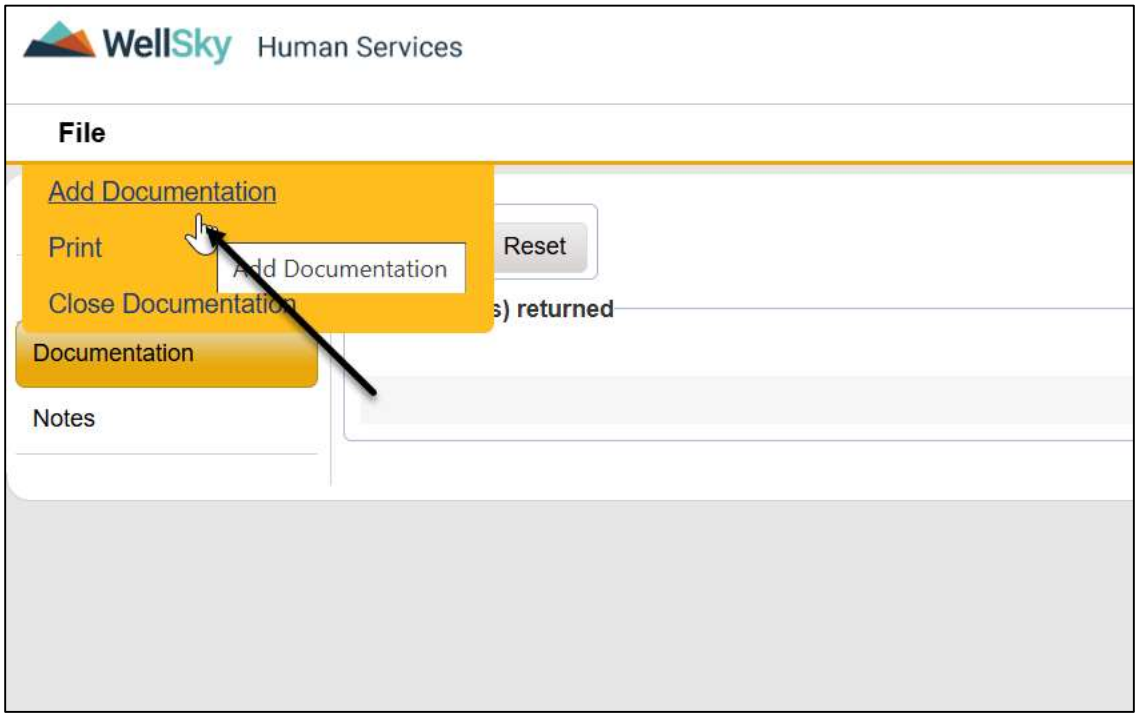
3. When the Incident pulls ups, it directs you to the Incident Tracking page.



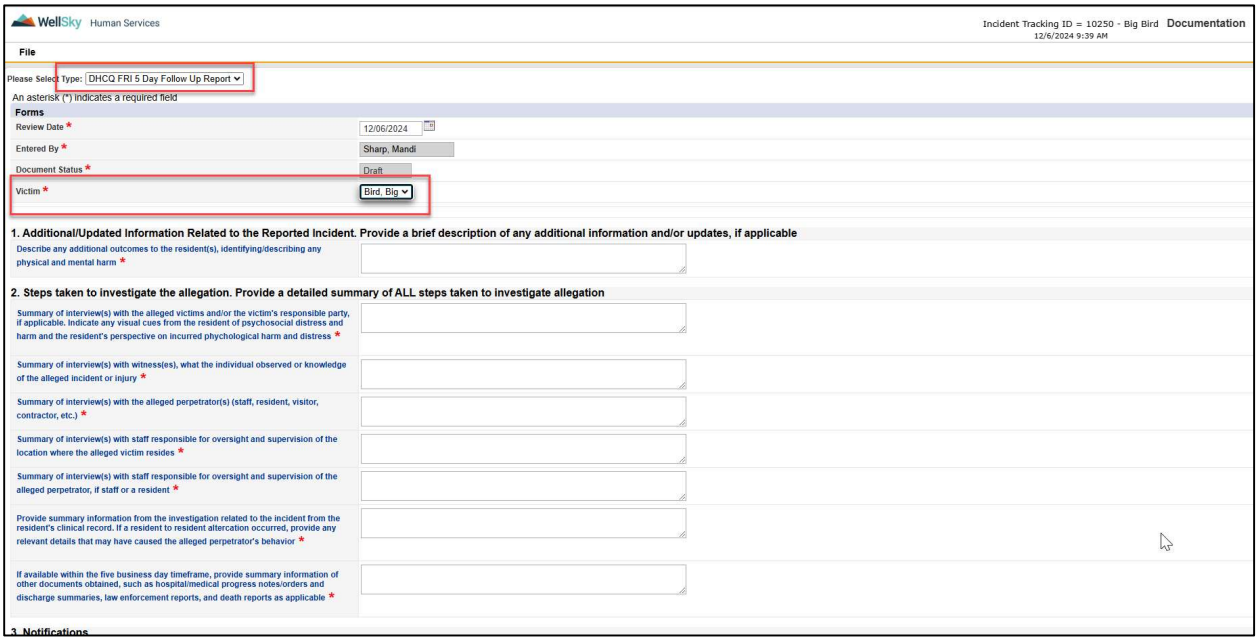
4. Navigate to the **Documentation** subpage.



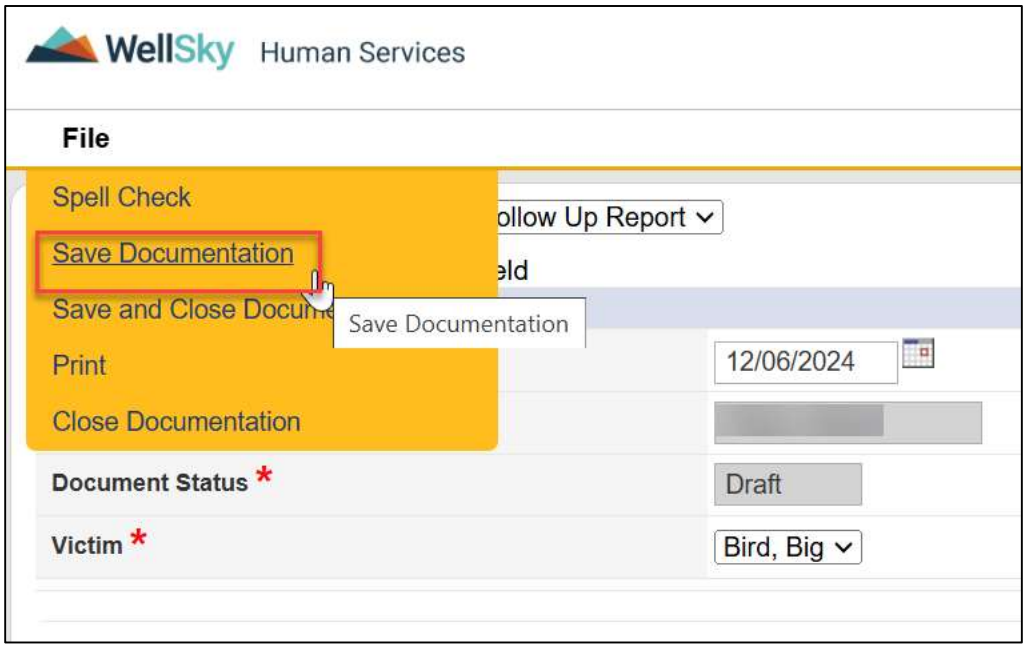
5. From the **File** menu, select **Add Documentation**.



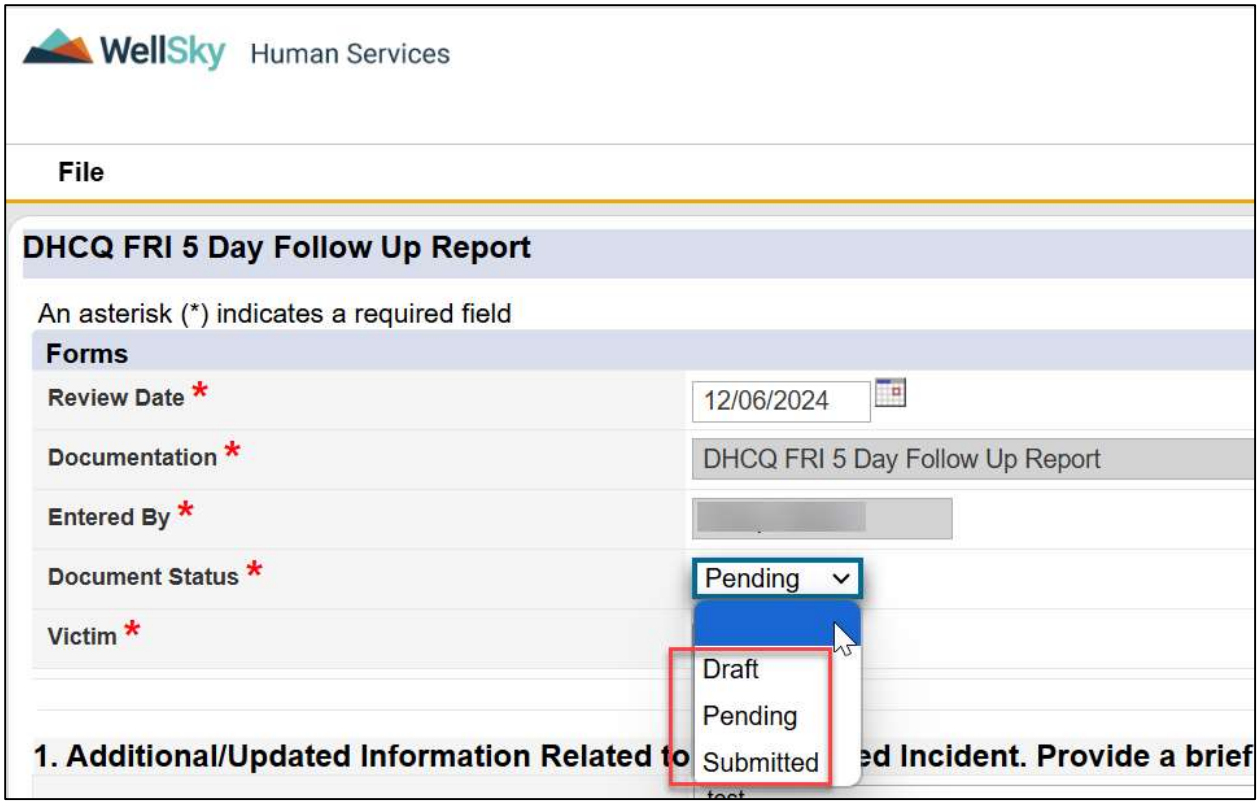
6. Select the **DHCQ FRI 5 Day Follow Up Report** and complete the documentation form.
    a. Select the Victims name.
    b. Complete all required fields.



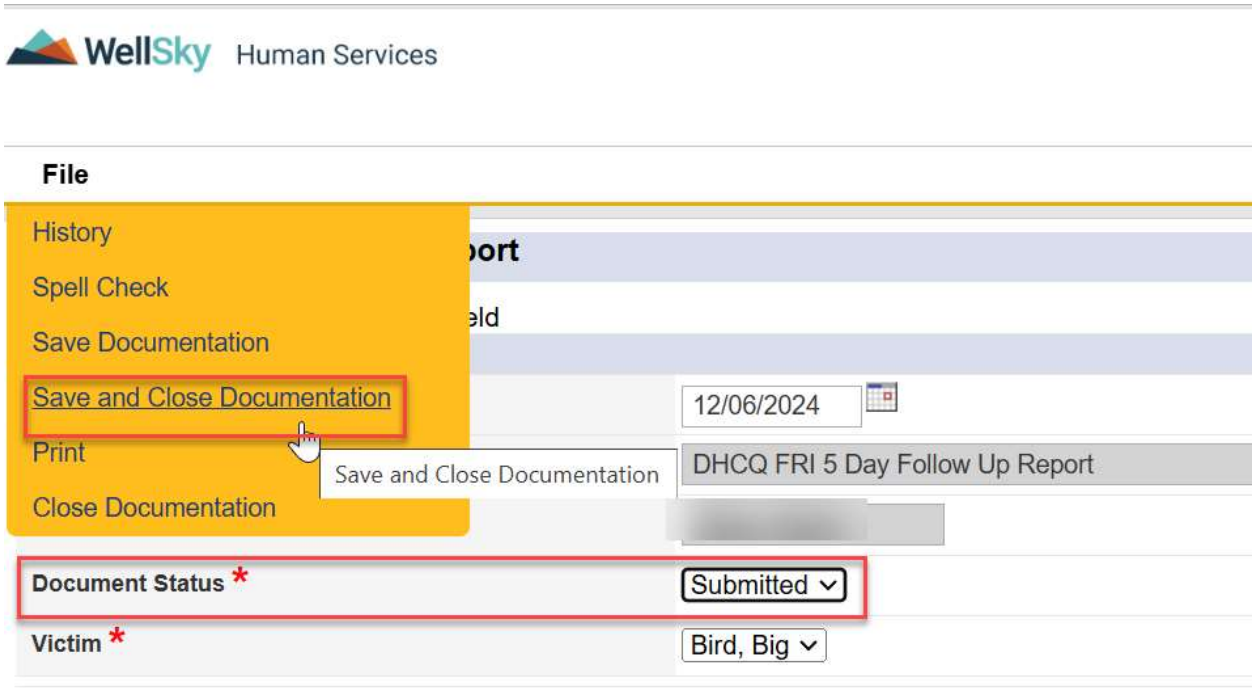
7. From the **File** menu, select **Save Documentation**.



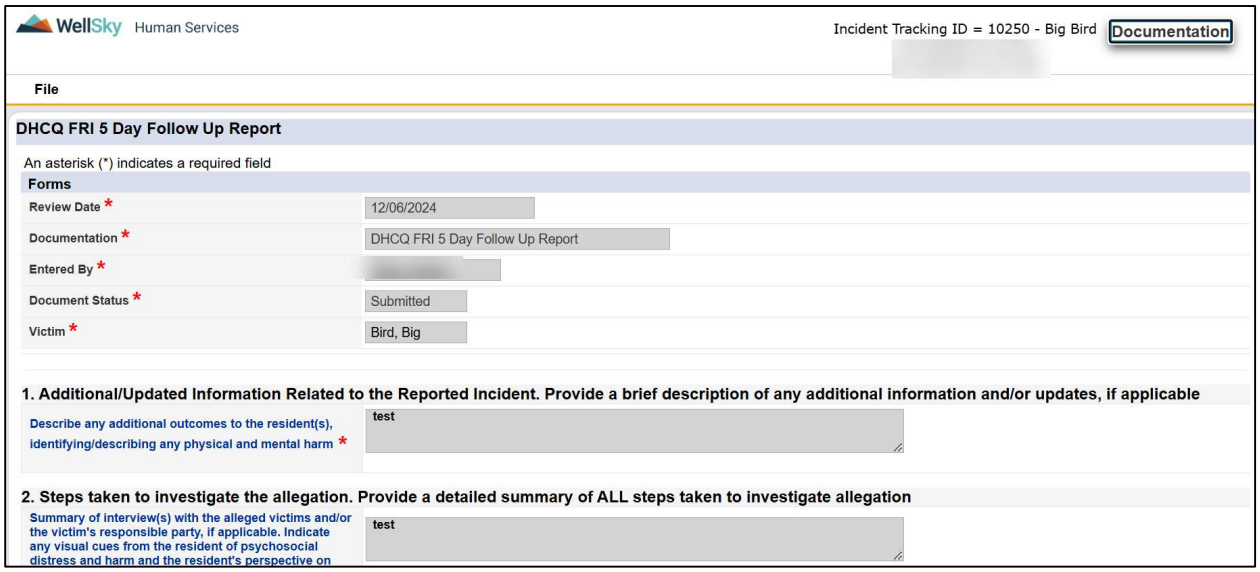
8. This will make the Status editable. You can continue to make edits to the document if it is in a Draft or Pending status.
    a. Draft = Auto-populated when the document if first created.
    b. Pending = Used when the document is still being edited and not ready to submit.
    c. Submitted = All edits are complete and marks the form as read only.



9. Once the document is complete, update Status = Submitted.
10. From the **File** menu, select **Save and Documentation**.



11. This marks the form a read only and can no longer be edited.



12. End of Workflow.