
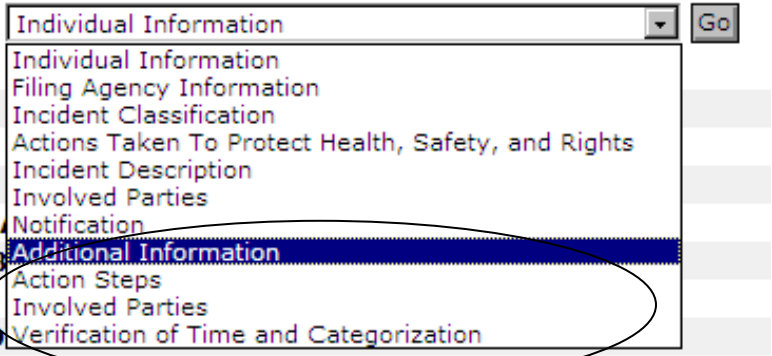
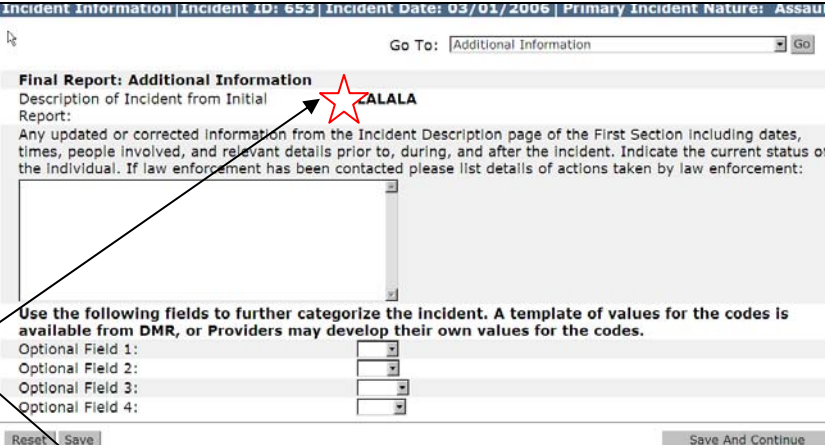
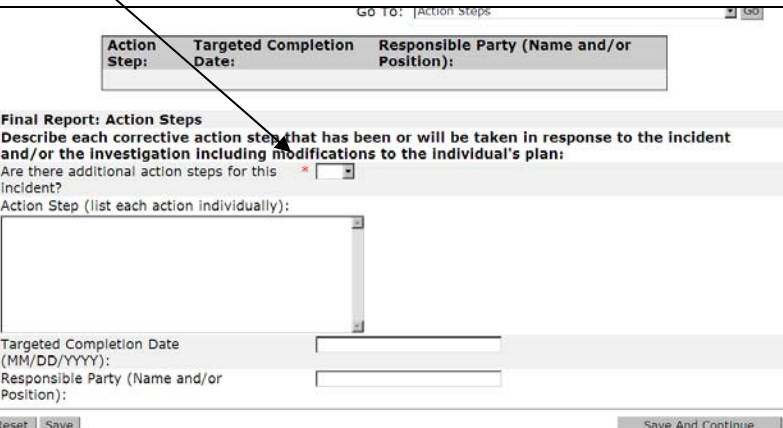



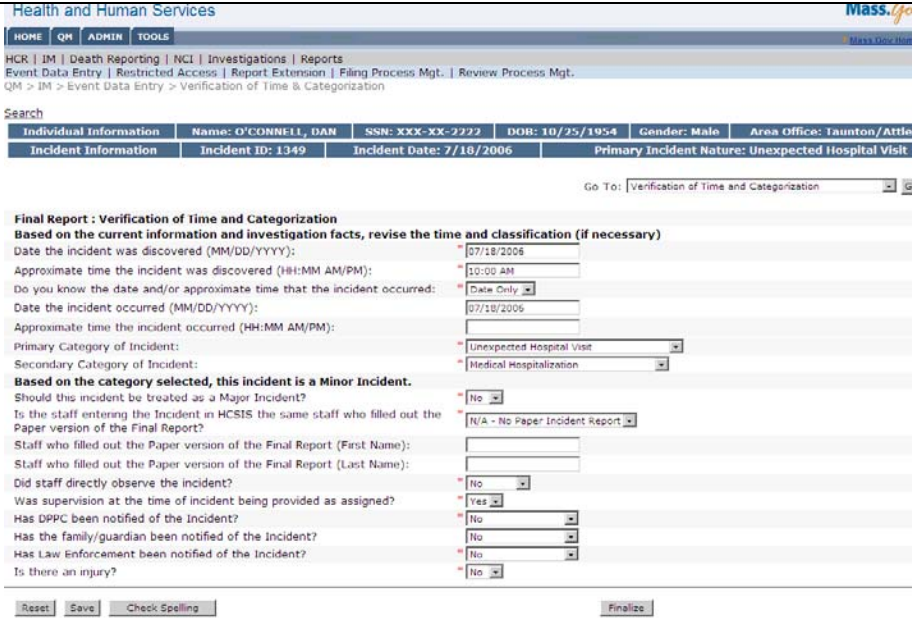
Incident Management Finalizing the Initial Report Quick Guide

<p>Alerts</p> <p>User logs into HCSIS and navigates to the Alerts screen by clicking on the Alerts link on the left side of the home page.</p> <p>The user is redirected to the Pending Alerts screen where there is a filter and a list of alerts.</p> <p>From the list of pending Alerts, the user clicks on the underline Alert that indicates that an initial report has been submitted.</p>	<p>Incident Management Supervisor</p> <p>Health and Human Services</p> <p>HOME QM ADMIN TOOLS</p> <p> ALERTS Mental Retardation Quality Management Reporting (HCSIS)</p> <p>This application is designed to be the primary quality management and health care reporting system for the Department of Mental Retardation. This system can capture information related to Incident Management, the Health Care Record and National Core Indicators.</p>												
<p>Switchboard</p> <p>Note: the Switchboard screen appears with the list of documents for the incident.</p> <p>User clicks on the Initial Report Submitted link.</p>	<p>HCR IM Death Reporting NCI Investigations Reports Event Data Entry Restricted Access Report Extension Filing Process Mgt. Review Process Mgt. QM > IM > Event Data Entry > Switch Board</p> <p>Search</p> <p style="text-align: center;">Incident Notification Printable Summary Printable Incident Summary</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Individual Information</td> <td style="width: 25%;">Name: TUMMINOWEBB, CONSUMER</td> <td style="width: 15%;">SSN: XXX-XX-4221</td> <td style="width: 15%;">DOB: 2/2/1985</td> <td style="width: 10%;">Gender: Male</td> <td style="width: 20%;">Area Office: Middle</td> </tr> <tr> <td>Incident Information</td> <td>Incident ID: 653</td> <td>Incident Date: 3/1/2006</td> <td colspan="3">Primary Incident Nature:</td> </tr> </table> <p style="text-align: center;">Incident Management Documents</p> <p style="text-align: center;">Incident Report</p> <p style="text-align: center;">Initial Report Submitted - Date Created: 04/11/2006</p> <p style="text-align: center;">Area Office Management Review</p> <p style="text-align: center;">Regional Office Management Review</p> <p style="text-align: center;">Action Steps Follow-up</p>	Individual Information	Name: TUMMINOWEBB, CONSUMER	SSN: XXX-XX-4221	DOB: 2/2/1985	Gender: Male	Area Office: Middle	Incident Information	Incident ID: 653	Incident Date: 3/1/2006	Primary Incident Nature:		
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<p>Additional Information</p> <p>User enters all mandatory fields on all screens. Use Save and Continue to navigate through all the screen or pages.</p>	
<p>Additional Information</p> <p>User enters all mandatory information in the Additional Information screen and clicks Save and Continue.</p> <p>Note: mandatory fields are identified with a red asterisk.</p> <p>Click Save (bottom left) periodically; click Reset to start over.</p>	
<p>Action Steps</p> <p>User enters all mandatory information in the Action Steps screen and clicks Save and Continue button.</p>	

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<p>Involved Parties screen</p>	
<p>Verification of Time and Categorization</p>	
<p>.</p>	<p>Note: for specific information regarding filing time lines please consult the documentation on the DMR Home page: http://mass.gov/dmr and click on the HCSIS link for Incident Management documents</p>