PA Department of Health (PA-DOH)
Event Notification Internet Site Overview – Facilities
# Effective March 9, 2021

Purpose: To provide a system to enter events per 28 PA Code – 51.3 that is readily available to all appropriate PA-DOH facilities, a simple process to insure consistent data entry and submission, and a source for quick and meaningful feedback on event notification submissions.

Web Site Address: The web site address for the Events Program is:

https://sais.health.pa.gov/Incidents/facilitylogin.asp

**To ensure the application works correctly, please use Internet Explorer as your browser.**

Initial Setup for Event Reporting: When first entering the site for Event Notification, facilities will be required to do a password reset. This is accomplished clicking on the Password Reset button and then entering the facility ID and Email Address supplied to the Department of Health and clicking on the Request Passcode button. You will then receive an email with a temporary password that is valid for 24 hours.
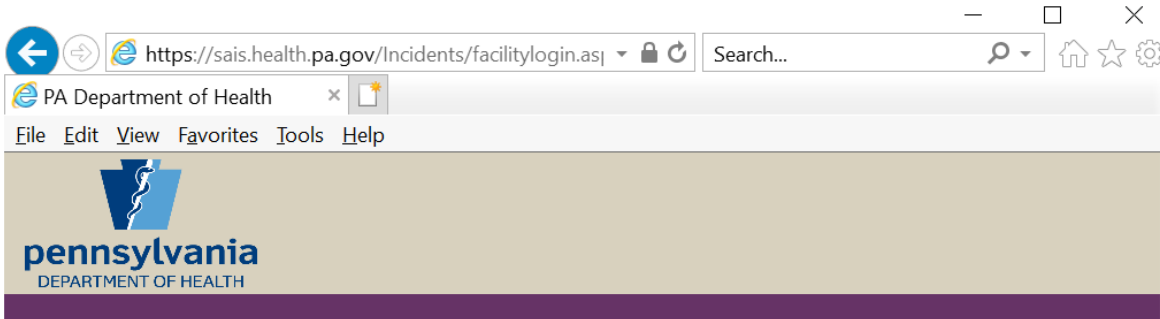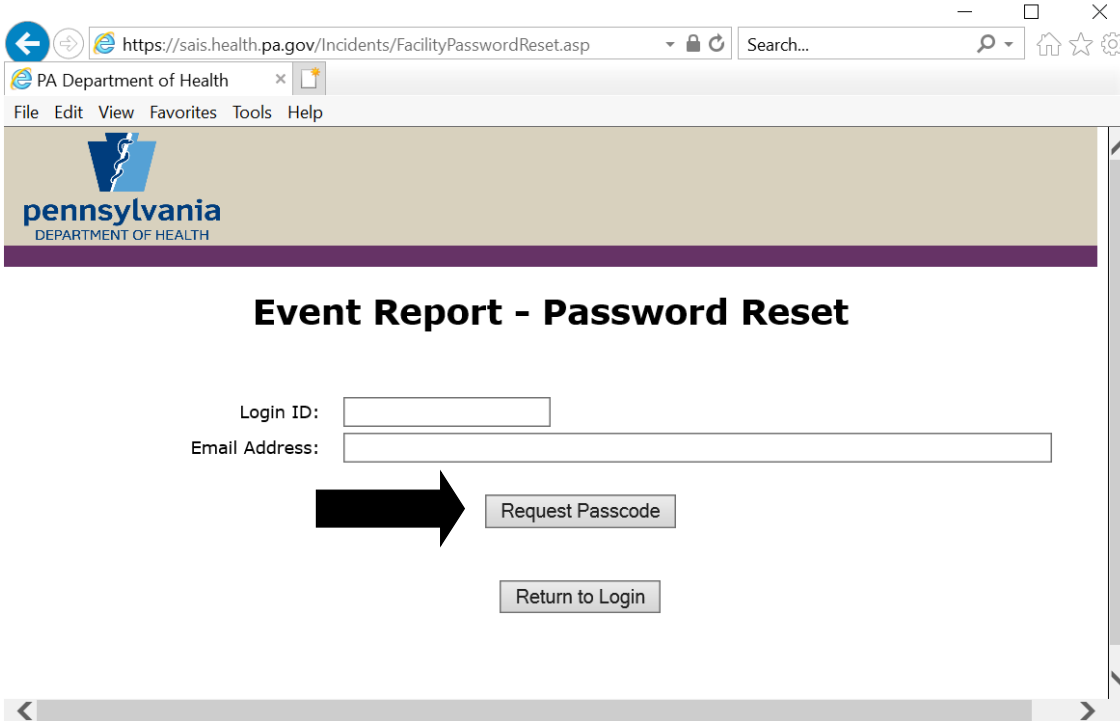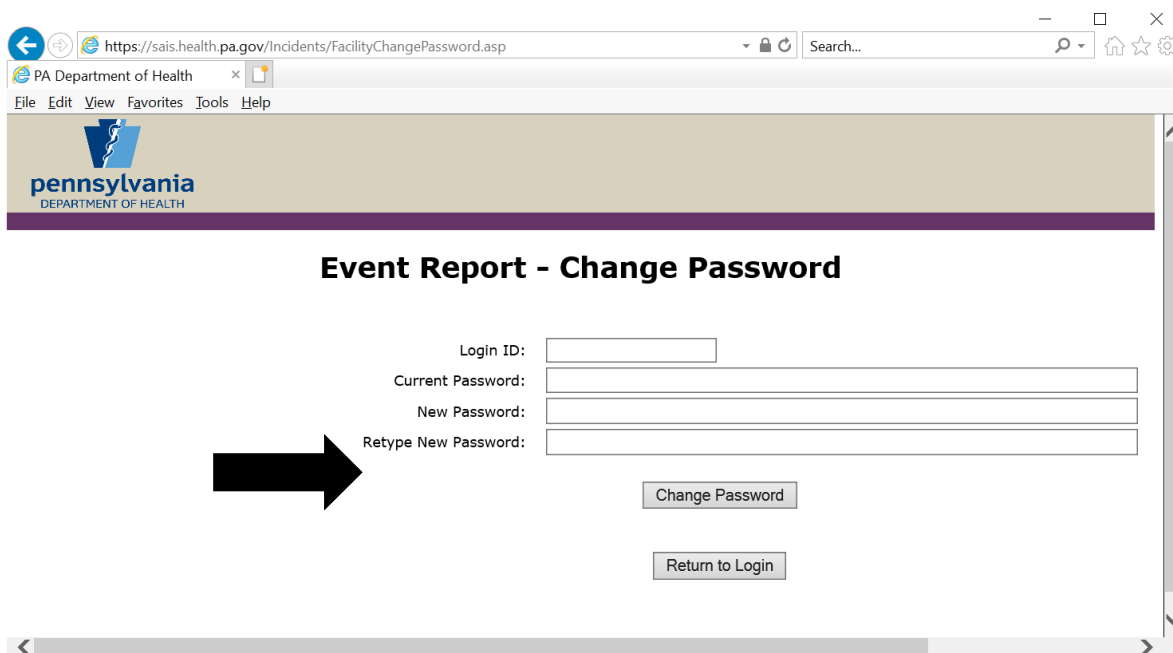
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Change Password: After receiving the Request Passcode email, you will be required to Change Password using this temporary password as your current password. To make sure you don't get any extra spaces, this temporary password should be physically typed in and not done with a copy/paste. You will also be required to change your password every 60 days. Passwords must be at least 12 characters in length.

When a password change is needed, this should NOT be done unless the appropriate authorized facility personnel communicate that a password change is in order and are, in turn, properly notified of a successful password change. To change your facility password: (1) click the Change Password button on the login page, and on the next page that opens, (2) enter the facility ID, (3) the current password, (4) the new password, (5) re-type the new password, and finally (6) click the Change Password button.

Immediately after selecting the Change Password button, you will receive a message telling you that the "Password Changed Successfully."


Note: If a facility is no longer open (active) that facility will receive an error message when attempting to log in. If you believe this is an error, please contact the Department's Division of Home Health at ra-dhhomehealth@pa.gov

Login In: From the Login Page, enter facility login id and password and click the Login button:
(NOTE: Whenever you type in the password field, an * is shown instead of what is typed – this helps to keep passwords confidential).
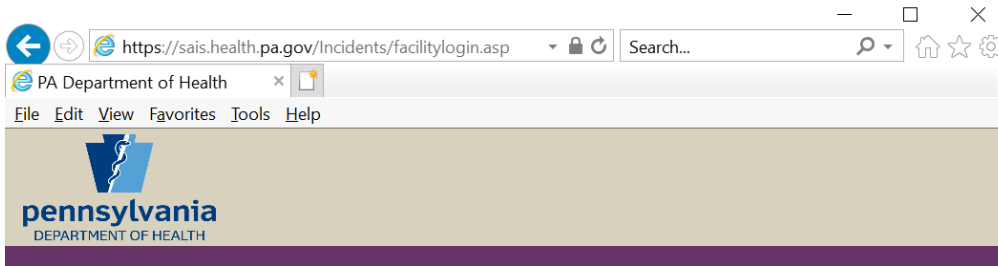
Site Entry – Confidentiality Notice: Upon successful login, the first page is a welcome to the site, as well as a reminder that all information entered into the site and displayed by the site is to be handled and regarded in a confidential manner as described by law. Information is also given on the requirements for a successful event entry. To proceed into the Event Notification system, click the Enter System button:

Event Reporting System - Facility Login

28 PA Code - 51.3 Notification
Confidential Information

Welcome to the Department of Health, Division of Home Health site for electronic submission of the Event Reporting Form.

The information submitted by your facility, following acceptance by Division of Home Health professional staff, will be used to investigate facility events and become part of an electronic repository of event information. This repository will provide easier access to event information as well as the capability to evaluate event trends by regions, facilities, event categories, date ranges, and other criteria. All information is considered confidential and shall not be released without consent of the facility or by a Court Order as outlined in 28 PA Code §51.3(i).

All facilities are required to submit notification of events as defined in 28 Pa Code Chapter 51 to the Department of Health within 24 hours of occurrence or discovery. The Electronic Event Reporting System is the mechanism the Department will use to meet this regulatory requirement.

After facility submission of an event, Department of Health professional staff will review each submitted event and either accept or reject the submission. When a submitted event is rejected, the facilities have three (3) calendar days to either correct and resubmit the event information or to withdraw the original submission. It is expected that only a small number of events will have to be withdrawn. An example of when a facility would withdraw an event would be if they made a duplicate submission of the same event in error.

To protect patient confidentiality, do not include patient names in event submissions. In the patient ID field the patient's Medicare/Medicaid number should be entered. If the Event does not involve a patient, please place Not Applicable in this field. Please note that in this system, the terms patient and resident are used interchangeably.

Click here for detailed instructions on the use of the ERS system

For a submitted event to be acceptable it must:

1. Contain appropriate information in all fields of the online form. For example, enter the event time in military time and provide sufficient description of the event so that the event category is justified and an approval determination can be made. Please note that the Name and Frequency of Medication(s) field and the Diagnosis of Resident/Patient field are not mandatory for all events. All other fields on the Event Report are mandatory fields.

2. Be submitted by an individual authorized by the facility.

If a submitted event does not contain adequate information to assess its category selection or severity, the event will be rejected for re-submission with complete information. An event may also be rejected based on a determination that the criteria for an event is not met and a report is not needed. The facility may rescind the submission or provide additional information to support the determination that a reportable event has occurred.

Note: An event will not be considered submitted until you receive a confirmation that includes an event number.
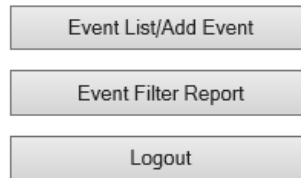
Enter System

Main Menu – After entering the system the first page is a menu of the possible options: Event List/Add Event, Event Filter Report, or Logout. To add a new event, click on the Event List/Add Event button.
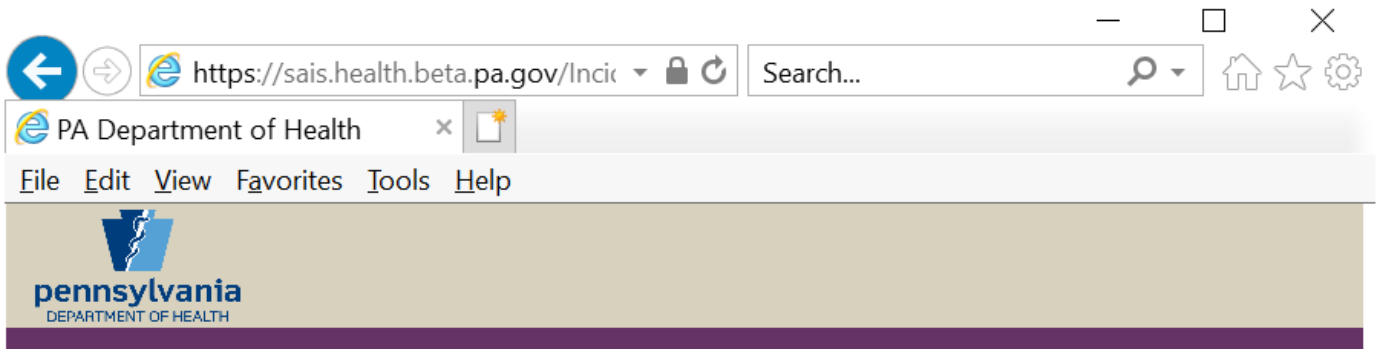
Event List/Add Event – Clicking the Event List/Add Event button on the Main Menu brings up the Facility – Event Report List page. This page displays the status of all submissions entered by the facility for the past **30** calendar days (Accepted, Rejected, or New – a new event is one that has not yet been reviewed by the PA-DOH). The view of the information on this page can be changed several ways. To see all events, not just those within the last 30 days, click the View All button. **A date range pop up box will now appear so you may limit the result set to speed retrieval.** To sort events by event number, event type, status, or by date submitted, click the appropriate column heading.

Facility - Event Report List

TEST FACILITY FOR ERS

New Event

Refresh View

Start: 1/12/2021
End: 2/11/2021
(MM/DD/YYYY)

Main Menu

Event No.	Event Type	Description	Status	Date Submitted
655992	Transfer/Admission to Hospital Because of Injury/Accident	Test	Rejected	02/11/2021
655991	Other	Test	Accepted	02/11/2021

Add Event - To add a new event, click the New Event button on the Facility – Event Report List page. This will open the Event Report page. All fields on this page are required fields except for the Diagnosis field and the Medication field. It is mandatory that information be entered into the required fields. You can navigate from one field to the next by tabbing or by clicking in each field. Complete all the fields and when finished, click the Submit button at the bottom of the page.

NOTES: If the resident does not have a Medicare number they should enter the last four digits of the social security number. In the Resident ID field the resident's Medicare/Medicaid number should be entered. Include patient's name in the text of the factual description. If the event does not involve a resident, please place Not Applicable in this field. Please note that in this system, the terms patient and resident are used interchangeably.

The event type is entered by selecting one of the event categories provided – simply click your cursor in the event type field (or click the arrow to the right of the field), scroll to the appropriate event category and

highlight it. To view the full event type description, click on the Click Here link in the middle of the page. That will display a complete list of all event categories available for selection.

Fields preceeded with '*' are required.

*Patient ID:

*Date of Event (mm/dd/yyyy):

*Time of Event (military hhmm):

To see the full event type description Click Here

*Event Type:

*Location of Event:

Name and Frequency of Medication(s): (maximum 600 characters)

Diagnosis of Resident/Patient: (maximum 250 characters)

*Factual Description: (maximum 3500 characters)

*Description of Follow-up Action: (maximum 3500 characters)

*Submitted By:

*Submitter's Title:

Note: An event will not be considered submitted until you receive a confirmation that includes an event number.

Submit

The following is a list of all Categories that should be submitted:

*Patient ID:

*Date of Event (mm/dd/yyyy):

*Time of Event
(military hhmm):

To see the full event type description Click Here

Activation of Internal or External Emergency Plan
Complaint of Patient/Resident Abuse, Confirmed or Not
Death Due To Injury, Suicide, or Unusual Circumstances While a Patient/Resident
Death Due to Malnutrition, Dehydration or Sepsis
Death Due to a Medication Error or Adverse Reaction to Medication
Health Department Reportable Diseases
Hemolytic Transfusion Reaction
Misappropriation of Patient/Resident Property
Notification of Interruption/Termination of Any Service Vital to the Continued Safe Operation of the Facility or the Health and Safety of its Personnel, Including, But Not Limited to Anticipated or Actual Termination of Utilities
Other
Patient/Resident Neglect
Rape
Receipt of a Strike Notice
Significant Disruption of Service Due To Disaster Such as Fire, Storm, Flood or Other Occurrence
Transfer/Admission to Hospital Because of Injury/Accident
Unlicensed Practice of a Regulated Professional

*Factual Description:
(maximum 3500 characters)

Health Department Reportable Diseases (Covid-19) – If you select Event Type = Health Department Reportable Diseases and Event-Sub-type = Covid-19, you will be required to add at least one Reportable Disease Detail record before submitting the event to DOH.

To add a record or records to the ERS Event:

1) Click on the Add a Resident/Staff Record button

All fields except Death and Date of Death are required.

       Type drop down selection is either Resident or Staff

       First Name of Staff or Resident

       Last Name of Staff or Resident

       Date of Birth of Staff or Resident

       Covid Test Date (approximate date or record date of agency notification)
       Death – To record a patient or staff death, select the appropriate entry from the dropdown box

       Date of Death – If Yes is selected in the Death field, date of death is required.
              (approximate date or record date of agency notification)

2) Enter multiple records into a spreadsheet and upload the Reportable Disease Data.
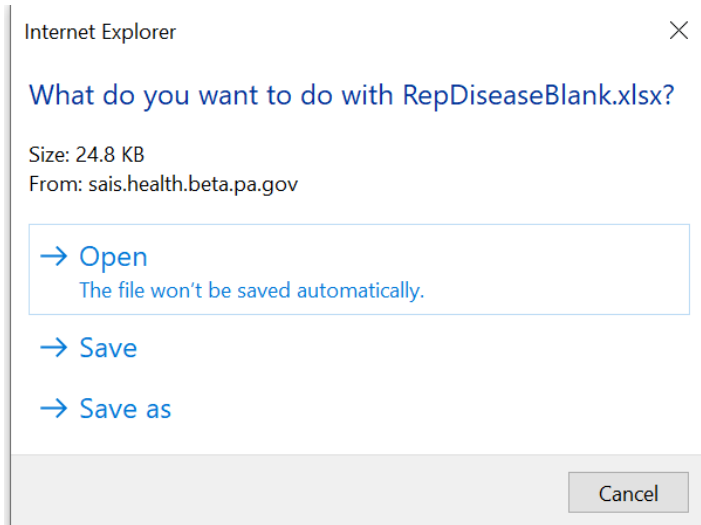
Reportable Disease Detail

Enter Resident and Staff detail for this reportable disease. Enter manually or upload a valid completed spreadsheet in .xlsx file format. Download a template/blank spreadsheet here.

Name	Type	DOB	Test Date	Death	Death Date
Add a Resident/Staff Record	Or choose a file to upload:	Browse...	Upload		

Get the spreadsheet template by clicking on the 'here' link

You can choose to Open or Save the template

Internet Explorer ✕

What do you want to do with RepDiseaseBlank.xlsx?

Size: 24.8 KB
From: sais.health.beta.pa.gov

→ Open
The file won't be saved automatically.

→ Save

→ Save as

Cancel

You will be able to add multiple Residents and/or Staff records and then save the spreadsheet with those entries.

| Resident/Patient First Name (Upper Case; 25 character max)	Resident/Patient Last Name (Upper Case; 25 character max)	Resident DOB (mm/dd/yyyy)	Staff First Name (Upper Case; 25 character max)	Staff Last Name (Upper Case; 25 character max)	Staff DOB (mm/dd/yyyy)	Test Date (mm/dd/yyyy)	Death - The following values are valid: Blank (Default), Yes - Hospital, Yes - Facility, Yes - Home	Date of Death - Required if Death (mm/dd/yyyy)

Click on the Browse button to locate your saved spreadsheet. Click on it so it shows in File Name, click on Open and then click on Upload
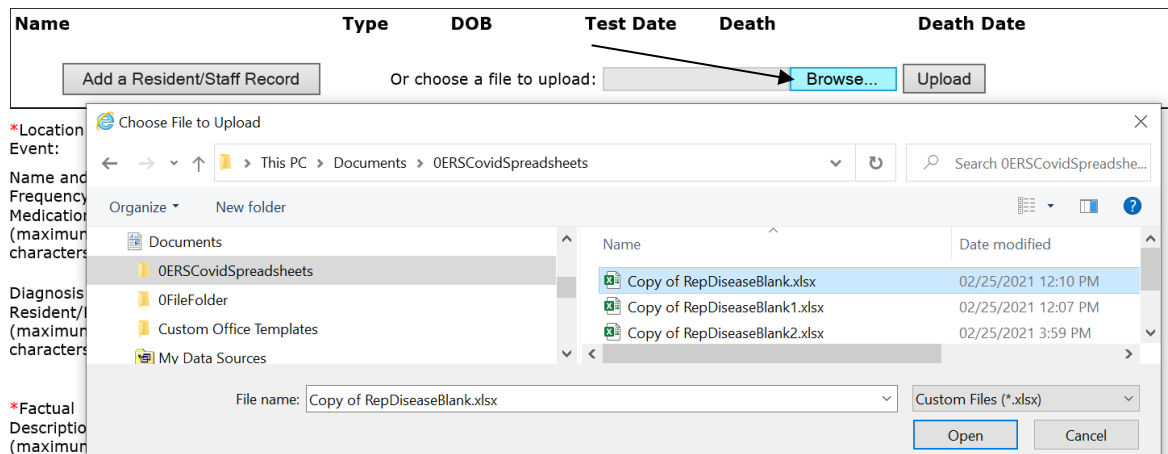
If you receive an error message after clicking on Upload. Fix your spreadsheet and then select Browse again before selecting Upload.

If there is an exact duplicate in your spreadsheet, only the first record will load.

If you attempt to add an exact record that was previously added to the incident you will receive the below message. Click OK and then either update the Resident/Staff detail or click Cancel to close the window.
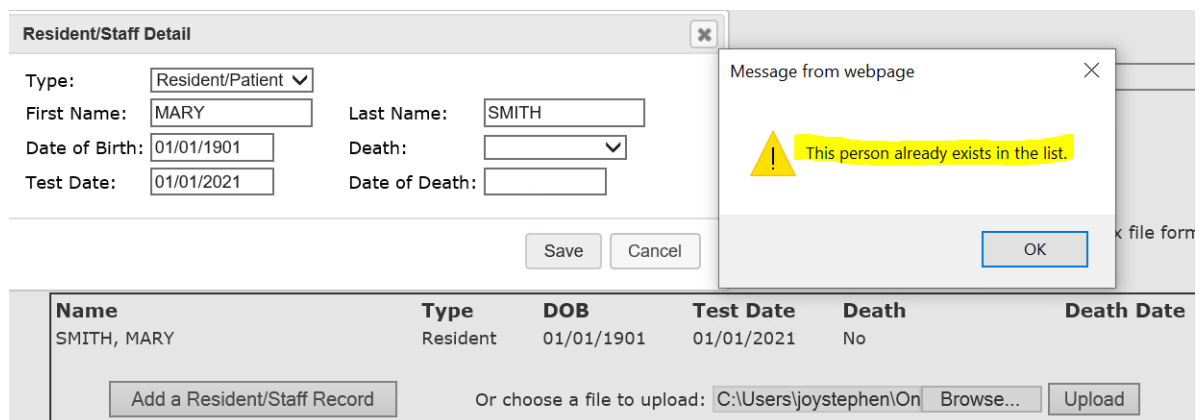
After adding the detail you have the option to edit ✎ or delete ✖ records prior to submission.

Reportable Disease Detail

Enter Resident and Staff detail for this reportable disease. Enter manually or upload a valid completed spreadsheet in .xlsx file format. Download a template/blank spreadsheet here.

Name	Type	DOB	Test Date	Death	Death Date	
BOOP, BETTY	Resident	08/25/1950	02/24/2021	No		✎✖
CAPP, ANDY	Resident	11/20/1951	02/24/2021	No		✎✖
DUCK, DONALD	Resident	03/13/1945	02/24/2021	Yes - Facility	02/24/2021	✎✖
MOUSE, MICKEY	Resident	06/23/1942	02/24/2021	No		✎✖
MOUSE, MINNIE	Resident	03/10/1930	02/24/2021	No		✎✖

| Add a Resident/Staff Record | Or choose a file to upload: | C:\Users\joystephen\Do | Browse... | Upload |

Event Report (confirmation) – after the Submit button is clicked a confirmation page is displayed. One important process performed by the confirmation page is to provide an event number. The event number confirms that the event was successfully entered into the event database. To add another event click the Add Another Event button (a blank Event Report page will open and data may be entered for another event as described above). To return to the event list click the Event List button.

NOTE: An event is not submitted to the Department of Health until a confirmation with an event number has been received.

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DEPARTMENT OF HEALTH

Event Report

Event Submitted Successfully
Event Number: 655991

Event Details:

Patient ID:	test
Date of Event (mm/dd/yyyy):	2/11/2021
Time of Event (military hhmm):	1404
Event Type:	Other
Location of Event:	Test
Name and Frequency of Medication(s):	
Diagnosis of Resident/Patient:	
Factual Description:	Test
Description of Follow-up Action:	Test
Submitted By:	Test
Submitter's Title:	Test
Date First Submitted:	2/11/2021 2:05:50 PM

Event List

Add Another Event

Once you have received the confirmation that your event has been submitted. The event will be reviewed by DOH staff.

NOTE: You will now see the name, field office and phone number of the DOH staff who approved/rejected/pended the event.

Event Details

Facility:	TEST FACILITY FOR ERS
Event Number:	655991
Patient ID:	test
Date of Event (mm/dd/yyyy):	2/11/2021
Time of Event (military hh:mm):	14:04
Event Type:	Other
Location of Event:	Test
Name and Frequency of Medication(s):	
Diagnosis of Resident/Patient:	
Factual Description:	Test
Description of Follow-up Action:	Test
Submitted By:	Test
Submitter's Title:	Test
Reviewed by:	JOYCE STEPHENS
Field Office:	QA TRAINING & DEVELOPMENT
Phone:	(717)346-9575
Reviewer Comment:	
Date First Submitted:	2/11/2021 2:05:50 PM
Status:	Accepted
View History	

Event List

Event Details – The Event Report List provides an overview of events. The details of any event may be displayed by clicking on the event number for that event in the event listing page.

If the field office rejects the event, you will be provided with a reason for the rejection.

Event Details

TEST FACILITY FOR ERS

Event Number:	655992
Patient ID:	Test
Date of Event (mm/dd/yyyy):	2/9/2021 11:00:00 AM
Event Type:	Transfer/Admission to Hospital Because of Injury/Accident
Location of Event:	Test
Diagnosis of Resident/Patient:	Test
Factual Description:	Test
Description of Follow-up Action:	Test
Submitted By:	Test
Submitter's Title:	Test
Reviewed by:	JOYCE STEPHENS
Phone:	(717)346-9575
Field Office:	QA TRAINING & DEVELOPMENT
Reviewer Comment:	Rejected, more details needed Reject Reasons:
Status:	Rejected
Reject Reasons:	Not specified
View History	

Close

Re-Submit/Withdrawal – If an event has been rejected or pending, clicking on the event number on the Event List page and displaying the details of the event will bring up a window similar to the event report as described above but with two additional buttons at the bottom of the window: "Update Report and Resubmit" and "Withdraw":

Event Details

Facility:	TEST FACILITY FOR ERS
Event Number:	655992
Patient ID:	Test
Date of Event (mm/dd/yyyy):	2/9/2021
Time of Event (military hh:mm):	11:00
Event Type:	Transfer/Admission to Hospital Because of Injury/Accident
Location of Event:	Test
Name and Frequency of Medication(s):	TEst
Diagnosis of Resident/Patient:	Test
Factual Description:	Test
Description of Follow-up Action:	Test
Submitted By:	Test
Submitter's Title:	Test
Reviewed by:	JOYCE STEPHENS
Field Office:	QA TRAINING & DEVELOPMENT
Phone:	(717)346-9575
Reviewer Comment:	Rejected, more details needed Reject Reasons:
Date First Submitted:	2/11/2021 2:15:01 PM
Status:	Rejected
Reject Reasons:	Not specified
View History	

[Event List]

[Update Report and Resubmit]   [Withdraw]

Resubmit – To resubmit an event, click the "Updated Report & Resubmit" button on the Event Details window. An Event Report page will be displayed that looks exactly like the one when that specific event was last submitted – i.e. the fields are populated with that information (see the Add Event screenshot above for what this would look like). Use the reviewer's comments to correct or expand on the information displayed. When the information has been changed (in as many fields as necessary), click the Submit button.

Withdrawal – To withdraw an event, click the Withdraw button on the Event Details window. Enter a reason for withdrawing the event and click the Withdraw button. An Event Review window will appear confirming what has been entered. Click the Event List button to return to the Event list.

Notes: The system will allow only events that are in a **rejected** status to be **withdrawn**. If you find that you have submitted an event in error, please contact your local Department of Health field office and ask them to reject the event. It is expected that only a small number of events will have to be withdrawn. An example of

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when a facility would withdraw an event would be if they made a duplicate submission of the same event in error.

Event Review

TEST FACILITY FOR ERS

[Event List]

Event No.:	655992
Patient ID:	Test
Date of Event (mm/dd/yyyy):	2/9/2021
Time of Event (military hh:mm):	11:00
Event Type:	Transfer/Admission to Hospital Because of Injury/Accident
Location of Event:	Test
Name and Frequency of Medication(s):	TEst
Diagnosis of Resident/Patient:	Test
Factual Description:	Test
Description of Follow-up Action:	Test
Submitted By:	Test
Submitter's Title:	Test
Facility Submission Date/Time:	2/11/2021 2:15:01 PM
View History	
Reason Withdrawing:	Duplicate admission

Comments are required!

[Withdraw]

Event History – As explained above, when an event number is clicked from the Event List page, an Event Detail window is displayed (an image of the Event Detail window is shown in the Resubmit/Withdraw section above). This window contains a View History link.
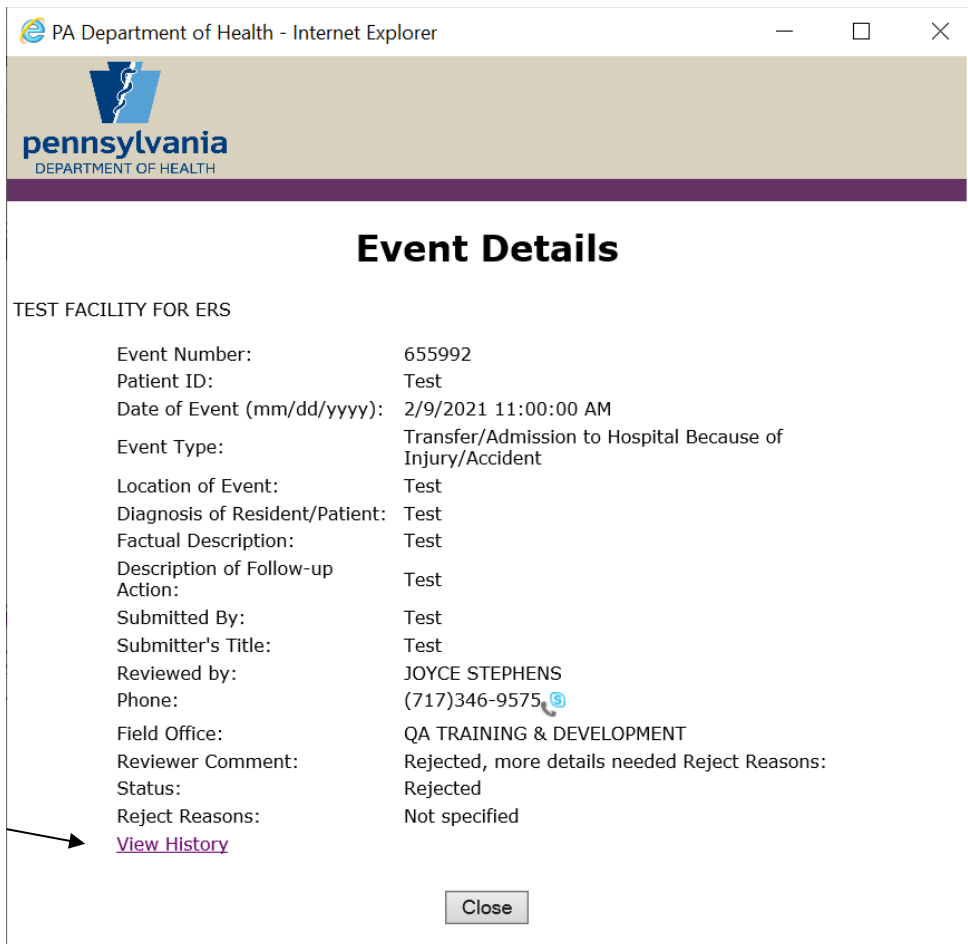
Clicking on the "View History" link brings up the Event History Report, which displays the submission history for that event (if the event was rejected and then resubmitted, and rejected and resubmitted again, and so on). Clicking on the event number provides the Event Details window for that particular submission.

Event History Report

TEST FACILITY FOR ERS

Close

Submission No.	Event Type	Description	Status	Date Submitted	Date Reviewed
0	Transfer/Admission to Hospital Because of Injury/Accident	Test	New	2/11/2021	N/A
0	Transfer/Admission to Hospital Because of Injury/Accident	Test	Rejected	2/11/2021	2/11/2021
1	Transfer/Admission to Hospital Because of Injury/Accident	Test	Resubmitted	2/11/2021	N/A
1	Transfer/Admission to Hospital Because of Injury/Accident	Test	Rejected	2/11/2021	2/11/2021

Event Filter Report – Facilities also have the opportunity to view additional information on their previous submissions through the Event Filter Report. Clicking the Event Filter Report button on the Main Menu page opens the Event Filter Report screen.

This report can provide the facility with a list of events by event type (or all event types) or by a specific status (or all status) for a given date range (or all events entered if no date range is provided). Event types and status types can be selected by clicking on the drop down arrow to the right of each of the fields, then highlighting the appropriate choice. The report information can also be saved into an excel spreadsheet (and imported into Access, etc). To save the report into a file, check the write output to file box (bottom left). To generate the desired report click the Generate Report button.

Write Output to File – The generate report button opens the Event Filter Report window. If the write output to file box is checked then that window will include this line: Right Click Here to Download Report.

NOTE: More fields stored in the database have been added to the write output to file option.
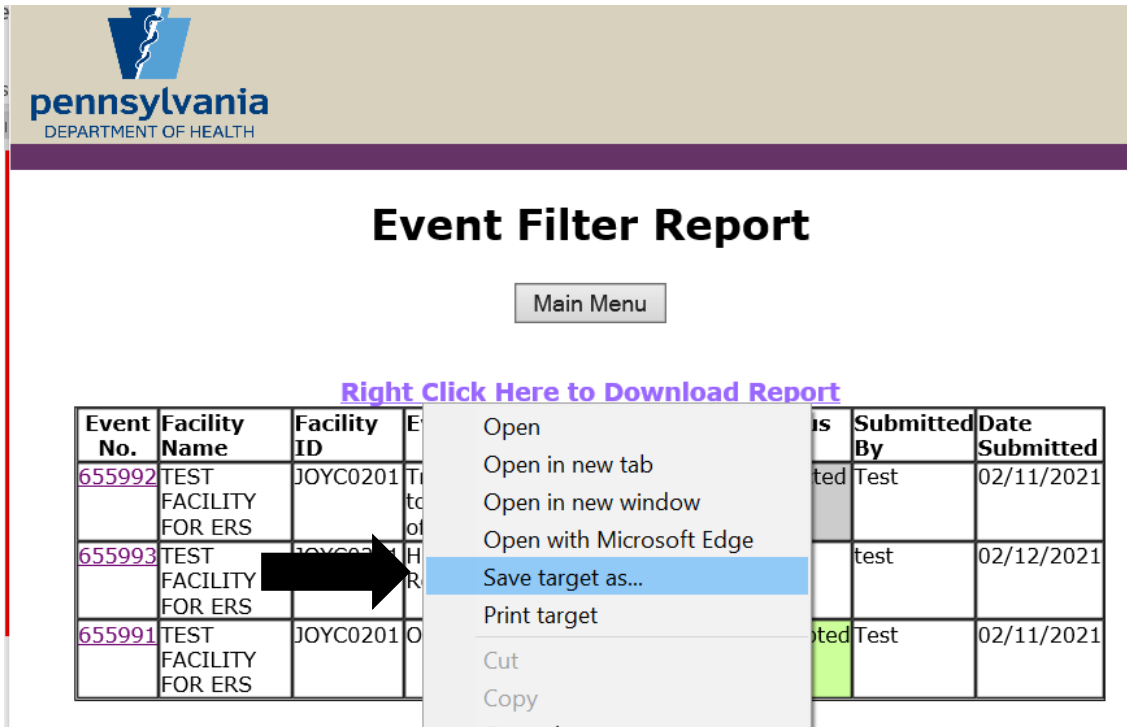
Event Filter Report

Main Menu

Right Click Here to Download Report

Event No.	Facility Name	Facility ID	Event Type	Event Date	Status	Submitted By	Date Submitted
655992	TEST FACILITY FOR ERS	JOYC0201	Transfer/Admission to Hospital Because of Injury/Accident	02/09/2021	Rejected	Test	02/11/2021
655993	TEST FACILITY FOR ERS	JOYC0201	Health Department Reportable Diseases	02/12/2021	New	test	02/12/2021
655991	TEST FACILITY FOR ERS	JOYC0201	Other	02/11/2021	Accepted	Test	02/11/2021

Right click the Click Here to Download Report link at the top of the page, choose Save Target As.


Event Filter Report

Main Menu

Right Click Here to Download Report

Event No.	Facility Name	Facility ID	E				s	Submitted By	Date Submitted
655992	TEST FACILITY FOR ERS	JOYC0201	T	Open			ted	Test	02/11/2021
				Open in new tab					
				Open in new window					
				Open with Microsoft Edge					
655993	TEST FACILITY FOR ERS	JOYC0...	H R	Save target as...				test	02/12/2021
				Print target					
655991	TEST FACILITY FOR ERS	JOYC0201	O	Cut			ted	Test	02/11/2021
				Copy					

In the window that opens (1) browse to a location on your own computer where you wish to store this report, (2) rename the file to something meaningful regarding the report, (3) check to insure the file is saved as type Microsoft Excel Comma Separated Values file, and (4) choose Open in the window that opens after the file is saved.
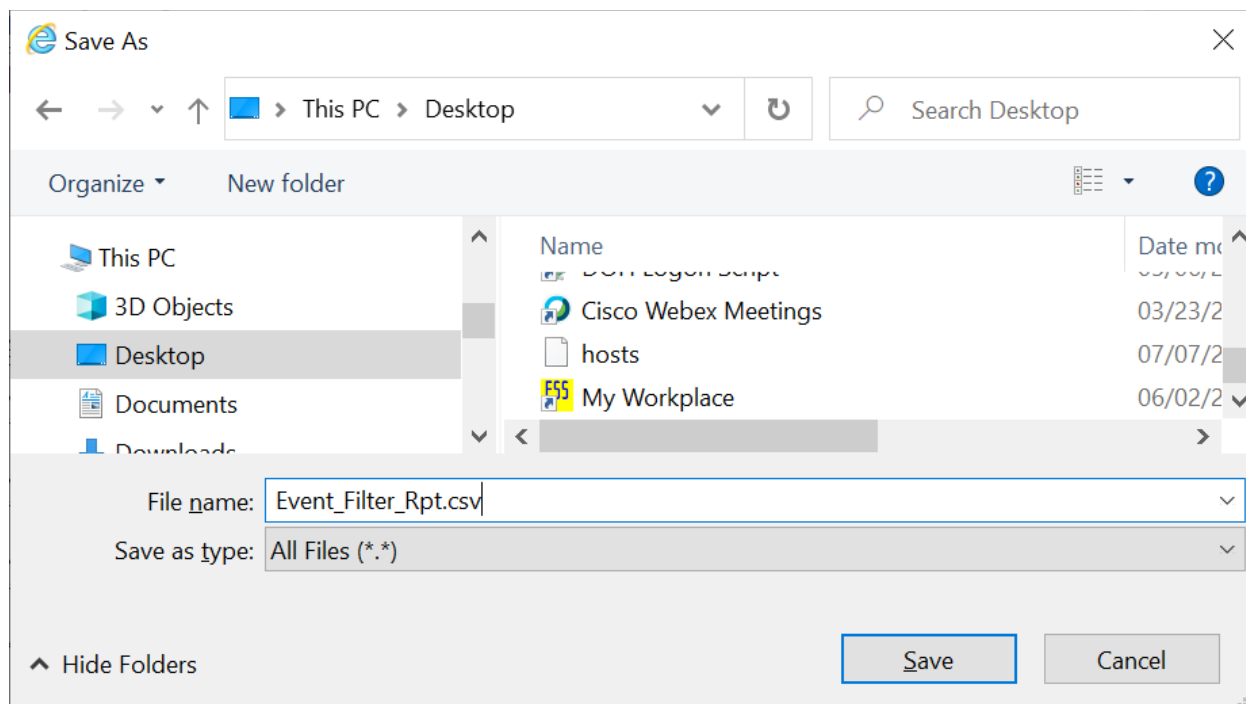
Note: To insure you always view the current report when you right click the link on the page, your browser settings must seek the current page. In Internet Explorer this is done by choosing Tools (top menu bar), Internet Options, General (tab), Settings (under Temporary Internet files), and for Check for Newer versions of stored pages select every visit to the page.

Logout – To logout of the Event Notification System return to the Main Menu and click the Logout button. The Event Reporting System – Facility Login page opens.
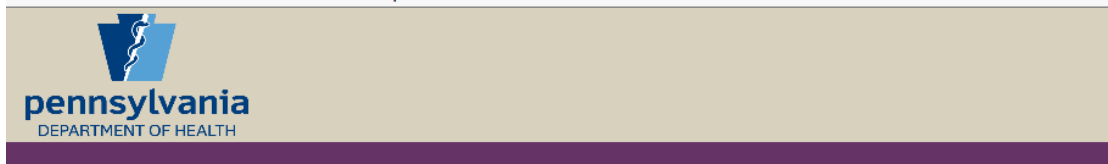
<u>**General Information**</u>

<u>**Recommendations on Electronic Filing**</u>: If you have a significant amount of information to enter into the Electronic Event Reporting System, it is highly recommended that you first type the information in a word processing program and then "copy and paste" it into the appropriate fields in the Event Program. It is also recommended that when you type your information you do not use symbols or special characters such as bullets, pound signs and ampersands. These symbols and special characters do not "travel" well over the Internet and may be lost or changed during transmission.

Information may be typed directly into event fields; however, there is **NO** spell check and for security reasons there is a time limit for you to enter information directly into the field. If you go over this time limit, you will be sent back to the Login screen when you click on submit and your typing will be lost.

Please verify the accuracy of your information prior to submission. Once you submit an Event, the record will be "locked" and you will be unable to make any additional changes until the submission is reviewed by the Department of Health.

If you are having a problem filing an Event electronically, please review the appropriate section of this manual. If the problem appears to be a submission problem, please logout of your web browser and then log back on and try again.

Additional Information

If you find that your Event Reporting account has been disabled or you forgot your password, click on the link "Reset Password" on the page -- you will then be asked for the Login ID and Email Address -- the email that you will enter must be the one associated with the facility's account. If that doesn't work, please contact the Division of Home Health at ra-dhhomehealth@pa.gov and ask for assistance with electronic filing.