

Adverse Incident Reporting Instructions



Provider Organizations

December 31, 2012



Adverse Incident Reporting Quick Reference Sheet

System Requirements and Browser Settings:

- Firewall Settings may need adjusting to allow the web application to display.
- Internet Connection
- Internet Browser:
 - Microsoft Internet Explorer 6.0 or newer Recommended
 - Firefox current version
- Disable all Pop-Up blockers

Contacts:

Application How To Questions & Security Access:

KDOA Help Desk Phone: (785) 296-4987 or (800) 432-3535 E-Mail: HelpDesk@aging.ks.gov **Questions about the Policies and Guidelines:**

Phone: (800) 432-3535

Accessing the Application:

- 1. Access the KDOA Provider Information Resource Web Site. <u>www.aging.ks.gov</u>
- 2. Click the **Web Applications** button under the "Applications Link" section on the right side of the page.

Logging-In:

Once the Login page is displayed.

- 1. Type the User Name.
- 2. Type the **Password**.
- 3. Click the **OK** button.
- 4. Click on the **AIR** button.

Create an AIR Report:

- 1. Data enter all required fields. Required fields are noted by the red star next the label.
- 2. Click the **Create** button.
- 3. If additional information is data entered, click on the Apply Changes button to save.
- 4. When data entry is complete, click the **Submit the Report to KDADS** button.
- 5. All fields will become disabled.

Provider Reports Submitted Navigation Tab: (On the right side of the application window)

The report displays a listing of all the customers with reports that are associated with the users Organization.

Logging-Out:

When you will not be using the application for a period of time, the program should be closed for security reasons.

1. In the upper right corner of the window click on the **Logout** link.

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General Instructions

Overview	The Adverse Incident Reporting (AIR) Application is a KDADS web application.
System Requirements and Browser Settings	 Firewall Settings may need added. To check if you will be able to access the KDADS Web Application site, follow the steps on pages 3-4. If the sign in page does not display, our site will need to be added to your firewall. Please contact the KDADS Help Desk for the specific address/port to be added to the firewall. Internet Connection Internet Browser: Microsoft Internet Explorer 6.0 or newer - Recommended Firefox – current version Disable all Pop-Up blockers

Contact Persons

Issue	Contact Person
Application How To Questions Password Change	KDADS Help Desk Phone: (785) 296-4987 or (800) 432-3535 E-Mail: HelpDesk@kdads.ks.gov
Questions about the AIR Policies and Guidelines.	Phone: (800) 432-3535

Accessing the Application

- **Introduction** Use Microsoft Internet Explorer or FireFox browser to access the KDADS web application site. All KDADS Web Applications are secured and encrypted.
- **How To** Follow the steps in the table below to accessing the login page for the KDADS Web Application.



Logging-In

How To Follow the steps in the table below to complete the Login process.

Step	Action	Result
1.	Once the Login page is displayed.	Insertion point advances.
	Type the User Name .	
	Press Tab .	
	Enter your Single Sign-On user name and password to sign in. User Name Password	OK Cancel
2	Enter Password . If it is the first time signing into the application, use the initial password that was issued in the e-mail from the KDADS Information Services Division.	The Web Application Home page will display.

Accessing the AIR Application

How To Follow the steps in the table below to access the Adverse Incident Reporting (AIR) application.

р	Action	Result
	To access the AIR Application, click	
	on the Adverse Incident	AAR
	Reporting (AIR) button on the	
	Web Applications Home Page.	
	Opens to the reporting page of	
	the AIR Application.	
-	7	Legout
E	ansas _{xpartment} for Aging	
20	d Disability Services	Provider Reports Submitted
/1	Adverse Incident Reporting	
1	Cancel Create Report	Click to Expand To Upload A File a
E.	Provider Submitting Report Report Contact Phone / Inset6 5995	
	Provider Name: PROVIDER Provider ID: 299999999 Steel Address: 101 STREFT Provider Phone: (316):555-5555	
	WICHITA KS 67206 County SG	
	Report Date: 1/2/01/2012 Provider Type: ~ Select ~ · ·	
1	ncident Information	
	Incident Date: County Where Incident Occurred: ~ Select ~ Staff Person Involved in Incident:	
1	FirstName: LastName:	
2	First Name: Last Name:	
3	Date of Birth: • Gender: • FEMALE MALE Medicaid ID: Kamis ID: • Female (International International Internation Internation Inte	
8	KanCare Organization: 💿 Amerigroup 💿 Sunitower State Health Plan 💿 UnitedHealthcare 💿 Not Assigned	
1	Adverse Incident(s) Elopement High Profile Event Inappropriate Sexual Contact Misuse of Medications:	
	Natural Disaster 🚺 Neglect 📑 Physical Abuse: 📑 Preventable Death: 📑 Psychological Abuse: 📑 Serious Injury: 📑 Suicide: 📑 Suicide Attempt	
8	High Profile Detail:	
	0 of 4000	
1	ncident Details	
	Summary of Facts Relevant to Incident:	8
		- 10
	0 of 4000 Results of Incident (Transport to hospital, Outpatient Medical Treatment, Law Enforcement Involvement, Screen Request	ed, Transferred, Other):
		î
	0 ef 4000	
1	Assignment / Resolution (KDADS Only)	
	Report Submitted Date:	
	Assigned Dut. Assigned Dut. Notify KanCare Organization: []	
	KanCare Org Notified: AnnCare Org Notified Date: Resolved: Resolve Date:	
	dd User: Add Date:	
1	Iod User: Mod Date:	

Creating / Saving and Submitting the Adverse Incident Report

Introduction The AIR Report is not created until it is saved. In order for the reporting process to be completed, the form will need to be submitted to KDADS.

How To Follow the steps in the table below to create/save a Report.

Step	Action	Result
1.	Complete the required reporting	
	form fields.	
2.	Above the "Provider Submitting	The report will be created.
	Report" heading, click on the	
	Create button.	
Departmen and Disabil	1SAS t for Aging ity Services	Logout Provider Adverse Incident Listing

Adverse	e Incident Rep	porting		
	Cancel Create Rep	port		
Note: * Desig	nates that the item is req	wired.		
Provider S	ubmitting Repor	t		
Provider S Report Complete	ubmitting Repor ed By: TEST USER Cor	t ntact Phone: 785-296-4987		
Provider S Report Complete Provider Name:	ubmitting Repor ed By: TEST USER Cor ABLE U HOME HEALTH S	t ntact Phone: 785-296-4987 ERVICES Provider ID: 200546670	KDADS Provider Org Nbr: 5693	
Provider So Report Complete Provider Name: Street Address:	Ubmitting Repor ed By: TEST USER Cor ABLE U HOME HEALTH S 4236 INDIANA TERRACE DTTAWA, KS 66067	t ntact Phone: 785-296-4987 ERVICES Provider ID: 200546670 Provider Phone: (785) 242-2080 County: FR	KDADS Provider Org Nbr: 5693	
Provider Su Report Complete Provider Name: Street Address: Report Date:	Ubmitting Repor ed By: TEST USER Cor ABLE U HOME HEALTH S 4236 INDIANA TERRACE DTTAWA, KS 66067 01/01/2013	t ntact Phone: 785-296-4987 ERVICES Provider ID: 200546670 Provider Phone: (785) 242-2080 County: FR	KDADS Provider Org Nbr: 5693	

Creating / Saving and Submitting the Adverse Incident Report (Continued)

How To Continued

Step	Action	Result
3.	Two additional regions will	
	display.	
	• "Submit to KDADS" Button	
	 "Click to Expand To 	
	Upload A File" Region	
\Lambda Adverse I	ncident Reporting	
Cance	1 Apply Changes	Click to Expand To Upload A File =
Note: * Designate	Report to KDADS state the item is required.	
Provider Sub	nitting Report	
4.	Click on the Submit to KDADS	The Report will be saved and all
	button.	fields will be displayed as read
		only. An e-mail will be forwarded
		to the appropriate KDADS staff for
		action.

Field Requirements

FieldThe table below lists all the report fields and if they are required.Requirements

Field	Action / Purpose	
Cancel	Will return to the Report Listing.	
Create / Apply Changes	Creates the report then saves subsequent data entry.	
Submit Report to KDADS	Button will display after the report is created. When data entry	
	is complete, clicking on this button will submit the report to	
	KDADS.	
Adverse Incident Reporting Cancel Create Report Note: * Designates that the item is required. Provider Submitting Report Provider Submitting Report		
P	Provider Submitting Report Region	
Auto-filled fields	User information and the Provider the user is associated.	
Report Date	Required. Date the Report is being entered. Defaults to the current date.	
Provider Type	Required. Select the Provider type of the Organization.	
Provider Submitting Report Report Completed By: TEST USER Contact Phone: 785-296-4987 Provider Name: ABLE U HOME HEALTH SERVICES Provider ID: 200546670 KDADS Provider Org Nbr: 5693 Street Address: 4236 INDIANA TERRACE Provider Phone: (785) 242-2080 OTTAWA, KS 66067		
 * Report Date: 12/31/2012 * Provider Type: CENTER FOR INDEPENDENT LIVING 		

Field Requirements Continued

Incident Information Region			
Incident Date	Required. Date of the incident.		
County where incident	Required. County where the incident occurred. This will		
occurred	facilitate the KDADS assignment.		
Staff person involved in	Required. The actual person involved with the incident. This		
incident:	may not be the same as the user entering the report.		
First/Last Name			
Incident Information	Incident Information		
* Incident Date: 12/31/2012 * County Where Incident Occurred: OS - OSAGE			
Staff Person Involved in In	cident:		
* First Name: GRAY	* Last Name: SLATE		
Custome	r Involved in Incident Information Region		
First/Last Name of Customer	Required.		
Date of Birth	Required.		
Gender	Required.		
Medicaid ID			
KAMIS ID			
SAPT Block Grant ID			
KanCare Organization	Required only if there is a Medicaid ID entered.		
Customer Involved in Incident Information			
* First Name: FRED	* Last Name: FLINTSTON		
* Date of Birth: 12/12/1980	* Gender: O FEMALE O MALE		
Medicaid ID: 00112233445	Kamis ID: 123456 SAPT Block Grant ID: 12345678910abcd		
* KanCare Organization: 🔘 Amerigroup 🔘 Sunflower State Health Plan 🔘 UnitedHealthcare 🔘 Value Options 💿 Not Assigned			

Field Requirements Continued

	Adverse Incident(s) Region
Elopement	At least one option is required to be selected.
High Profile Event	At least one option is required to be selected.
High Profile Detail	Required if "High Profile Event" is checked.
Inappropriate Sexual Contact	At least one option is required to be selected.
Misuse of Medications	At least one option is required to be selected.
Natural Disaster	At least one option is required to be selected.
Neglect	At least one option is required to be selected.
Physical Abuse	At least one option is required to be selected.
Preventable Death	At least one option is required to be selected.
Psychological Abuse	At least one option is required to be selected.
Serious Injury	At least one option is required to be selected.
Suicide Attempt	At least one option is required to be selected.
Suicide	At least one option is required to be selected.
Adverse Incident(s)	
Elopement: 🛛 🔽 High Pr	rofile Event: 🔲 Inappropriate Sexual Contact: 🔲 Misuse of Medications: 🕅
Natural Disaster	t: Physical Abuse: Preventable Death:
Psychological Abuse: Serious	s Injury: Suicide: Suicide Attempt:
Lich Profile Dotoil:	
High Profile Detail:	- ABC
0 of 4000	

Field Requirements Continued

	Incident Details Region	
Summary of Facts Relevant to Incident	Required.	
Results of IncidentRequired.(Transport to hospital,Outpatient Medical Treatment,Law Enforcement Involvement,Screen Requested, Transferred,Other)Other		
Incident Detaile		
* Summary of Facts Relevant to Incident:		
This is where you put the summary of the Adve	erse Incident. There are 4000 characters available and spell check available also.	
126 of 4000		
* Results of Incident (Transport to hospital, O	utpatient Medical Treatment, Law Enforcement Involvement, Screen Requested, Transferred, Other):	
This is where you put the results of the Adverse Incident. There are 4000 characters available and spell check available also.		
126 of 4000		

Field Requirements Continued

Assignment / Resolution (KDADS Only) Region						
Report Status	Required. The status will automatically change when the					
	Provider clicks on the "Submit Report to KDADS" button.					
Report Submitted Date	Automatically fills when the status changes to "Reported".					
Assigned To	Required when the status is changed to "Accepted".					
Assigned Date	Required when there is an entry in the Assigned To field.					
KanCare Organization for Re-						
notification						
KanCare Org Notified Date	Required when there is an entry in the Notify KanCare					
	Organization field.					
Resolved	Required when the status is changed to "Completed".					
Resolve Date	Required when there is an entry in the Resolved field.					
Resolution Comment						
Correspondence History						

Assignment / F	Resolutio	n (KDADS Only)		
Report Status:				
	JRK IN PROG	RESS CREPORTED CACCEPTED	COMPLETED	
Report Submitted Date	e: 12/07/2012			
Assigned To:	~ Select ~	•		
Assigned Date:				
KanCare Organization	for Re-Notific	ation: ~ Select ~ 🔹	Re-Send KanCa	re Organization E-Mail
KanCare Org Initial No	tified Date:	12/07/2012		
Resolved: 📃 Resolve	e Date:			
Resolution Comment:			*	
			- <u>ABC</u>	1
	0 of 2000			
orraanandanaa Uiata				
Correspondence misto	1 y			E Mail Cont To
Type	Date	Subject	From	KanCare Organization
EMAIL	12/07/2012	AIR Submitted ABLE U HOME HEALTH SERVI	CES-BU TRAININGUSER	AMERIGROUP - MCO
EMAIL	12/07/2012	AIR Submitted ABLE U HOME HEALTH SERVI	CES-BU TRAININGUSER	SUNFLOWER STATE HEALTH PLAN - MCO

Form Status

Report Status The table below lists all the report statuses available and the purpose.

Status	Purpose
Work In Progress	Initial status prior to the report being created or while it is being
Reported	The provider has completed data entry of the report and has
	submitted the report to KDADS for action.
Accepted	Indicates that KDADS has seen the report.
Completed	Indicates that the KDADS portion of the report has been completed.

AIR Reports Submitted by a Provider

IntroductionClick on the Provider Reports Submitted Tab at the upper right of the page.
The report displays the customers with Adverse Incident Reports that have
an association with the users Organization.

The report is interactive with a search field. Enter the criteria and click on the "Go" Button. Additional sorting and filtering options as well as a download utility can be found under the "Gear" icon.



The report is also interactive by utilizing the column headings to sort or filter by the content.

Departu and Diss	Department for Aging and Disability Services							Prov	Lo ider Reports Submitt	gout
A	dverse Ind	ident Rep	orting							
Prov Cri	ider Report	s Submitteo	l tows 15 🔻	60 🙀						
Edit	<u>Report Date</u>	Incident Date	<u>Customers</u> Last Name	<u>Custom</u> First Nar	r e <u>Report Statu</u>	I <u>s</u> <u>Report Ass</u>	iqne <u>1 To</u>	<u>Assigned Date</u>	<u>Resolved Date</u>	
Z	11/30/2012	11/30/2012	PERSON	CUSTOME	🔺 💌 👿		N	12/02/2012	-	
Z	12/01/2012	12/01/2012	FLINTSTONE	FRED				-	-	
R	12/01/2012	11/30/2012	FLINTSTONE	WILMA	ACCEPTED		N	12/01/2012	12/02/2012	
Z	12/01/2012	11/15/2012	DOGG	DEPUTY	REPORTED			-	-	
Z	12/02/2012	12/02/2012	JETSON	JUDY	REPORTED)	-	-	
Z	12/02/2012	12/02/2012	BOOP	BETTY	REPORTED	-		-	-	
									1 - 6	

Upload File Attachment Utility

Introduction At times, it is necessary for additional information to be attached to the report. All attached files are associated with the AIR worksheet.

Step	Actio	วท	Results
1.	Click on the "+" at t	the end of the	Click to Expand To Upload A File -
	region. The region	will expand.	
Click	to Expand To Uplo	oad A File =	
То	Attach / Upload File:		
Steps to Upload a File: Browse to the file location by clicking on the "Browse" button Type a unique name in the "File Name" field for identification. Click the "Upload or Delete File" button. Do not upload ".docx" or ".xlsx" files. (Save "docx"/"xlxs" files as PDFs then upload the PDF			To Delete a File: Only the person who uploaded the file can delete the file. Click on the checkbox next to the file to be deleted. Click on the "Upload or Delete File" button.
			Browse
File	size limited to 1mb!		
File	Name:		Upload or Delete File
Atta App na	ached / Uploaded Files lication: AIR Id: 6 me delete size source add	led by	
Atta App na	ached / Uploaded Files lication: AIR ld: 6 me delete size source add	led by	
Atta App na 2.	In the Attachments	led by region, click on	The "Choose File to Upload" dial
Atta App na 2.	In the Attachments the Browse button Browse to the save	region, click on d document to	The "Choose File to Upload" dial box displays. For best results attach only the
Atta App na 2. 3.	In the Attachments the Browse button Browse to the save be attached.	region, click on d document to	The "Choose File to Upload" dial box displays. For best results attach only the following type of documents:
Atta App na 2. 3.	In the Attachments the Browse button Browse to the save be attached.	region, click on d document to	The "Choose File to Upload" dial box displays. For best results attach only the following type of documents:
Atta App na 2. 3.	In the Attachments the Browse button Browse to the save be attached.	region, click on d document to	The "Choose File to Upload" dial box displays. For best results attach only the following type of documents: Action
Atta App na 2. 3.	In the Attachments the Browse button Browse to the save be attached.	region, click on d document to	The "Choose File to Upload" dial box displays. For best results attach only the following type of documents: Action
Atta App na 2. 3.	In the Attachments the Browse button Browse to the saved be attached.	region, click on d document to	The "Choose File to Upload" dial box displays. For best results attach only the following type of documents: Action nts to Acrobat Reader format
Atta App na 2. 3.	In the Attachments the Browse button Browse to the save be attached.	s region, click on d document to Convert docume (pdf) before atta	The "Choose File to Upload" dial box displays. For best results attach only the following type of documents: Action Ints to Acrobat Reader format ching
Atta App na 2. 3.	In the Attachments the Browse button Browse to the saved be attached.	region, click on d document to Convert docume (pdf) before atta Attach with no at	The "Choose File to Upload" dial box displays. For best results attach only the following type of documents: Action Ints to Acrobat Reader format ching dditional steps needed

How to Attach a File Follow the steps below to attach a file to a specific report.

How to Attach a File continued

Step		Action			Resu	ılts	
4.	On the Choo	se File to Upload		File is	selected and	entered into	
	dialog box, c	lick on Open but	ton	the Up	oload File fiel	d.	
5.	Enter a Nam	e in the File Nam	ie				
	field.						
6.	Click on Uplo	ad or Delete File	e	Comp	letes the uplo	oad. Table of	
	button			the attached files is displayed.			
Click	to Expand T	o Upload A File	9 =				
TO A	ttach / Upload F	file:					
File N	Steps to Upload a File: Browse to the file location by clicking on the "Browse" button Type a unique name in the "File Name" field for easy identification. Click the "Upload or Delete File" button. Do not upload ".docx" or ".xlsx" files. (Save "docx"/"xlxs" files as PDFs then upload the PDF file.) File size limited to 1mb! File Name: Upload or Delete File Upload or Delete File Upload or Delete File Upload or Delete File Upload or Delete File						
And	instian: AIR Id: 6					-	
	name delete	size source	add	ed	by		
Co	ntact Listing	462,387 Contact List.pdf	12/02/2012	02:58:49	USERNAME		
	Note: If the file is too large, a warning notice will be displayed that the file was too large and was deleted. File too large. Deleted. Files must be less than 1mb is size! 12/14/09 11:49:14 AM						

Viewing an Attachment

How to View the File Follow the steps below to view an attached file on a specific report.

Step	Action	Results
1.	Click on the file name	"Contact Listing" in the above
		example
2.	The document will open in a	
	separate window.	
	https://webapps.aging.ks.gov/pls/apex_dvl/wwv_f	low_file_mgr.get_file?p_s
	File Edit Go To Favorites Help	
	Favorites @https://webapps.aging.ks.gov/pls/apex_dvl/	• 🔝 · 🖾 🖶 • Page ▼ Safety ▼ Tools ▼ 🎽
	🔶 🐳 🚺 / 1 🛛 Ik 🖑 🤻 💌 🖲 60.5% - 🆓 Gollaborate	🔹 🖉 Sign 👻 📑 🔛 Find
	•	<u>^</u>
	Contact numbers for Mr. Jetson:	
	Elroy	
	101 Skypad Apartments, #3001 Orbit City	
	555-555-5555	
	ybut	
	5000 Little Moon Saturn	
	999-888-7777	
	Astro	
	800 MilkBone	
	444-4444	
	Ø	
	Done	🔮 Unknown Zone 🦓 🔹 🔢

Deleting an Attachment

Introduction The delete option is only available to the user who originally attached the file.

How to Delete a File Follow the steps below to delete an attached file on a specific report.

Step		Action			Resu	ilts
1.	In the Attach	ments region, cl	ick on			
	the check bo	x under the dele	ete			
	column.					
Click	to Expand T	o Upload A File	9 =			
To A	ttach / Upload F	ile:				
Ste	ps to Upload a File:					
Bro	wse to the file location	on by clicking on the		To Delete a	File:	
"Bro	wse" button	the "File Name" field fo	reasy	Only the pe	rson who upload	ed the file can
ider	tification.	une i me ivanne merciro	casy	Click on the	e checkbox next to	the file to be
Clic	k the "Upload or De	lete File" button.	1	deleted.		to Files by Here
D0	not upload ".docx" of	EXISX TILES.	E file)	Click on the	e "Upload or Dele	te File" button.
File s	ize limited to 1mb!				Brows	E File(s) Uploaded 12/02/12 02:58:49 PM
File N	ame:			Upload o	or Delete File	
121012	a <u>anaranan</u> a					
Atta	ched / Uploaded	d Files				
Appl	cation: AIR Id: 6					
	name delete	size source	add	ed	by	
Col	Contact Listing 462,387 Contact List.pdf 12/02/20			02:58:49	USERNAME	
2.	Click the Upl	oad or Delete Fi	le	File is	deleted from	n the system.
	button.					

Logging-Out

Introduction When the user will not be using the application for a period of time, log off the program for security reasons.

How To Follow the steps in the table below to exit the application.

Step	Action		Result
1.	In the upper right corner of the		
	window, there are three		
	navigational options.		
_			
	Link		Action
Logout	Logout The		browser will return to the Log-
	in		age
KDADS Home Page		Returns back to the KDADS Home	
	, j		e for further access options.