

Entering Event Reports into CIMOR-EMT

CIMOR EMT Main Search Screen

Event #	Inv./SRI #	Last Name	First Name	Status	Role	Event Date	Resp Org or Ward
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Entering An Event

From main search screen select Add Incident. At any time during entry you may use the HELP! Link to view hints for data entry. Please note; that these “hints” are for use by all of DMH and may not be specific to DD. This document is specific to DD.

[+ Add Incident \(F8\)](#) [➔ Relate Event Report \(F9\)](#)

Select the appropriate State Oversight Organization and then Your Agency as the Responsible Org, Select Continue

[Cancel](#) [+ Continue \(F12\)](#)

Select State Oversight and Responsible Organization [HELP!](#)

State Oversight:

Responsible:

This will result in the following agencies being added to the event report screen.

Organization Name	Address	Vendor	Org ID	State Oversight	Responsible	Reporting
Albany Regional Office	809 North 13th Street, Albany	011-766	22243	State Oversight	Responsible	<input checked="" type="checkbox"/>

Event Date & Time

Add Event Date and Time, if your staff does not know the actual Event Date you can check estimated or enter only the Discover Date and Time. You may enter both an Event Date/Time and a Discovery Date/Time. If you the Discover Date is known and different from the Event date please enter the Discovery Date. This will allow the division to accurately monitor for timeliness of DMH Notifications and event entry.

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Event Date

Discovery Date

Dates

Event Time Estimated?

Discovery Time Estimated?

[HELP!](#)

Program Category & Location

Select the Program Category pertinent to this event from the drop down. The Program Category is the primary service the consumer was receiving at the time of event. If event was reported or occurred in the Natural Home it would be case management. Check all appropriate locations where the event took place. Reminder to only select from data points reflected on the on the Event, Medication Error and Addendum forms.

Ward/Unit

Location & Program

[HELP!](#)

Program Category

Case Management Only

Day Habilitation

Group Home

Habilitation Center – On Campus

ISL

Other - Community

Personal Assistant

Respite

Self Directed Supports

SOP Crisis

SOP Waiver/ISL Group Home

Supported Employment

Location (Select all that apply)

<input type="checkbox"/> Bathroom	<input type="checkbox"/> Deck	<input type="checkbox"/> Home Visit
<input type="checkbox"/> Bath tub/Shower	<input type="checkbox"/> Dining Area/Cafeteria	<input type="checkbox"/> Kitchen
<input type="checkbox"/> Bedroom	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Laundry Room
<input type="checkbox"/> Comfort Room	<input checked="" type="checkbox"/> Grounds/Yard	<input type="checkbox"/> Medication Room
<input type="checkbox"/> Community Outing	<input type="checkbox"/> Gym/Recreation Area	<input type="checkbox"/> Nurses' Station
<input type="checkbox"/> Dayroom/Living Area	<input type="checkbox"/> Hall	<input type="checkbox"/> Office Area

Persons Involved & Roles

Add all Consumers & Staff Involved in the event. To do this select Add Consumer or Add Staff. If you need to enter people not affiliated with DMH-DD but associated with the event you may choose to add Other. At the same time you are adding their name select the role/s describing what role the involved person fulfilled in the event. **Please note; Aggressor, Person Affected, or Person Accused are not roles reflected on the Event, Medication Error and Addendum forms so do not enter these roles.**

Involved Persons

Detail Modules (Indicates Data Exist)

[HELP!](#)

	Name	Status	Role(s)	DMH/Person ID	MedErr/NearMiss	UA/Elope	E/P	Injury	Death
Delete	Member, Community A	Other	Witness						
Delete	Test, A	Consumer	Victim	4395339	Med Error/Near Miss	UA/Elopement	E/P	Injury	Death
Delete	Test, B	Consumer	Alleged Perpetrator	4395340		UA/Elopement	E/P	Injury	Death
Delete	Teststaffname, Teststaffname	Staff	Reporter	1140230920	Near Miss				
Delete	Teststaffname2, Teststaffname2	Staff	Witness	1140230923					

Search for Staff Name

If a staff member is not currently entered into CIMOR you may add them via CIMOR-EMT. In the example below Teststaffname3 does not return any results. Select Add New Staff and enter appropriate information. They will then be available for selection and you can add them to the event. Be sure to search alternate forms of any of your staff's name if you first cannot find them. (i.e. Chris, Christopher, Cris, maiden names, etc.) You do not want to add duplicate staff names to the system. Enter all fields with information. When all fields are entered it assists with prevention of duplicating employee records.

Add Person Involved

[Event](#) [New Event Report](#)

Search for Staff

Last Name First Name

SSN (Enter last 4 digits)

	Staff Name	PersonID	Organization Name	Gender	DOB	SSN	Parent Organization Name
Select	Teststaffname, Teststaffname	1140230920	Choices of St. Joseph, Inc. ISL	Male			NA
Select	Teststaffname2, Teststaffname2	1140230923	Choices of St. Joseph, Inc. ISL	Female			NA

Entering Event Reports into CIMOR-EMT

The screenshot shows the 'Staff Management' interface. At the top, there are 'Cancel' and 'Save (Ctrl S)' buttons, along with a 'HELP!' link. Below this is the 'Add Human Resource' section, which is divided into 'Required' and 'Optional' fields. The 'Required' section includes 'Last Name' (Teststaffname3), 'Middle Name', 'First Name' (Teststaffname3), 'Suffix', and 'Gender' (Male). The 'Optional' section includes 'SSN' and 'DOB'. Below this is the 'Add Employment' section, which includes a dropdown menu for 'Choose the Organization for this Employee:'.

Event Description

Next enter your event description. When saved, your entry will be date and time stamped with the data entry personnel ID. Note any follow up conducted by your agency.

The screenshot shows the 'Description' field in the CIMOR-EMT system. It includes a button 'Add To Existing Description (F5)' and a 'HELP!' link. The text in the field reads: 'Enter the event description narrative which staff have submitted to you on the Event Report Form. Enter an exact replica of the event report form submitted for data entry. Do not summarize, etc. Following you data entry you will receive an EMT#. This will be recorded at the top of your hard event report form. The # will correspond with your CIMOR-EMT record which you just entered and saved. Your entry will be electronically reviewed by the State Oversight Organization affiliated with the Event. CDS\mzrodrd 8/4/2015 11:14:07 AM'.

Required Timelines for DD Notification of Events & EMT Entry

1. Immediate Notification-Death, Abuse/Neglect, Critical
 - a. During DMH business hours-Immediate Entry into the EMT system can meet the immediate DMH notification requirement for Death, Abuse/Neglect, and Critical. Enter the event the same date the event occurred or was discovered.
 - b. After DMH business hours/holidays/weekends-Make a verbal report to the Regional Office on call system. In the Notification Section of the EMT system, enter the date/time of the verbal report to document DMH immediate notification. Enter the event into the CIMOR-EMT system by the end of the next business day from the date the event occurred or was discovered.
2. Next Business Day Notification-*All other events not Death, Abuse/Neglect, Critical*
 - a. Must be entered into the EMT system by the end of the next business day from the date the event occurred or was discovered.
 - b. If this entry is your "Next Business Day Notification" and there was no need to verbally notify the Regional Office Staff you will enter Regional Office as Notified Type and "Direct Entry" as the Person's Name in the Notification section of the EMT system.

Before a report can be saved you must have entered one of the following 5 roles (Division Director, DMH Facility Head, Regional Office Staff, Regional or District Admin/Deputy or Support Coordinator). Typically the role which provider will enter is Regional Office Staff and/or Support Coordinator.

After entering each notification select "Add Notification" to save the entry. For guardian notifications select the appropriate consumer name for whom they are guardian.

Upon saving the event, the event will appear at the Regional Office through the CIMOR-EMT system as an event which needs to be reviewed by a DMH-DD Reviewer.

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Notification						
+ Add Notification						
Delete	Support Coordinator	Coordinator Test	8/2/2015	9 : 00	AM	
Delete	Regional Office Staff	Direct Entry	8/4/2015	11 : 05	AM	
Delete	Agency Administrator	Director Test	8/2/2015	8 : 30	AM	
Delete	911 Emergency Call	Dispatcher Test	8/2/2015	8 : 05	AM	
Delete	Guardian	Mom Test	8/2/2015	9 : 30	AM	<input checked="" type="checkbox"/> Test, A <input type="checkbox"/> Test, B
Delete	Local Law Enforcement	Officer Test	8/2/2015	8 : 15	AM	

Detail Modules Specific to Consumer Role

The previous steps are required for basic entry of an event. If Detail Module information is required you will enter those details as they correspond to each consumer in the detail module next to the Consumer's name in the Involved Persons screen. Corresponding Detail Modules include: Med/Error/Near Miss, UA/Elopement, E/P (emergency procedures), Injury and Death. This information is typically provided by staff on an Addendum form. For specific details on how to enter a "Detail Module" please see a second document titled *Entering Event Detail Modules-Provider Directions*.

Involved Persons							
			Detail Modules		(Indicates Data Exist)		
Name	Status	Role(s)	DMH/Person ID	MedErr/NearMiss	UA/Elope	E/P	Injury Death
Delete Member, Community A	Other	Witness					
Delete Test, A	Consumer	Victim	4395339	Med Error/Near Miss	UA/Elopement	E/P	Injury Death
Delete Test, B	Consumer	Alleged Perpetrator	4395340		UA/Elopement	E/P	Injury Death
Delete Teststaffname, Teststaffname	Staff	Reporter	1140230920	Near Miss			
Delete Teststaffname2, Teststaffname2	Staff	Witness	1140230923				

Saving The Event Entry

At the completion of your entry, scroll to the top of the screen and select "Save". This will save your entry and give you an EMT # to record on your hard copy event report form. You can then search your entry at a later date. You may update your entry until the event is reviewed by DMH. When DMH completes their electronic review it will lock the event. If you have additional information to add or a correction which needs to be made, contact the Regional Office and they can either "unlock" the event or enter the correction/additional information.

+ Print Event Rpt (Ctrl P)	+ Show Actions (Ctrl A)	<input checked="" type="checkbox"/> Save (Ctrl S)	<input type="checkbox"/> Cancel	Event (New)	HELP!
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After You Save An EMT Entry

- Immediately it appears for the Regional Office in the CIMOR-EMT Un-reviewed Tab. DMH-DD reviewers will review the event and conduct follow up when needed.
- The next morning the SC/SC Supervisor will receive an encrypted email which will contain the event description, dates, times, person type notified and individual name/roles involved in the event. Below is a sample of the event summary the SC/SC Supervisor will receive.

Entering Event Reports into CIMOR-EMT



Department of Mental Health

Run Date: 12/9/2015

Events Summary for Support Coordinator # 505451

Event #	Event Date	Event Time	Discovery Date	State Oversight Org	Responsible Org	Program Category
####			12/8/2015	DD Facility Name	Agency Name	Group Home
Location of Event:		Unknown				
Event Description entered into the EMT system with electronic signature & date and time of data entry personnel. CDS\MZRODRD 12/8/2015 10:24 AM						

<u>Person Involved Name</u>	<u>Event Detail</u>							
<u>(Consumers Only)</u>	<u>Role</u>	<u>Med Error</u>	<u>Elopement</u>	<u>Emergency Procedure</u>	<u>Injury</u>	<u>Death</u>	<u>Notified</u>	<u>Date Notified</u>
Consumer/s Name	Victim						Regional Office Staff	12/8/2015

Completed Event, Medication Error and Addendum forms are not a part of a Consumer Record.