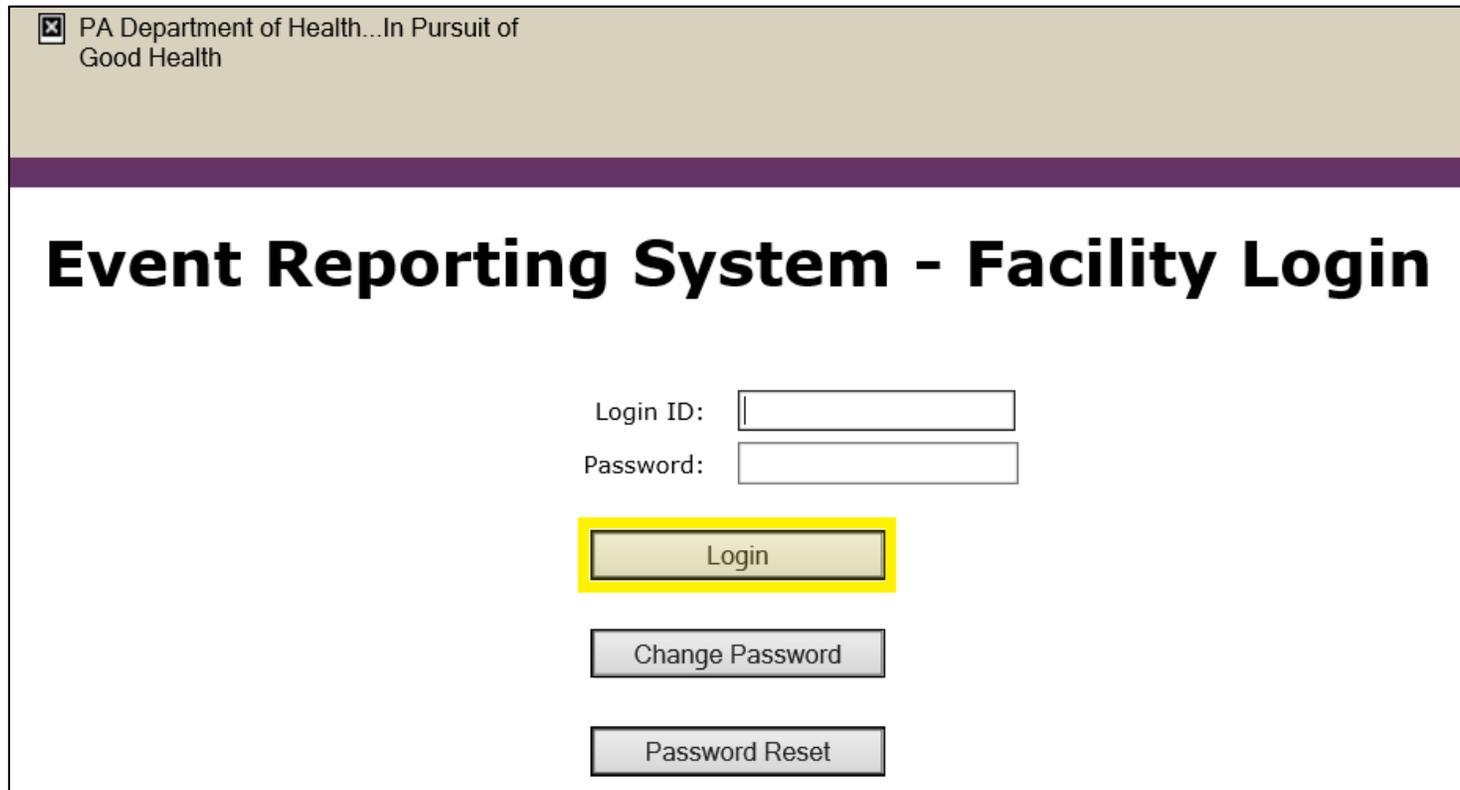


Event Reporting System (ERS) Department of Drug and Alcohol Programs (DDAP) Provider Manual

SUBMITTING AN UNUSUAL INCIDENT REPORT

1. Enter your **Login ID** and **Password** on the Event Reporting System Facility Login page and click the **Login** button.



PA Department of Health...In Pursuit of Good Health

Event Reporting System - Facility Login

Login ID:

Password:

Login

Change Password

Password Reset

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2. The *Event Reporting System Facility Login* landing page will display. Click the **Enter System** button.

PA Department of Health...In Pursuit of Good Health

Event Reporting System - Facility Login

**28 PA Code - 51.3 Notification
Confidential Information**

Welcome to the Department of Drug and Alcohol Programs site for the electronic submission of the Unusual Incident/Event Reporting Form.

The information submitted by your facility, following acceptance by Bureau of Quality Assurance for Prevention and Treatment professional staff, will be used to conduct investigations of facility events and incidents. The information will also become part of an electronic repository of event information. This repository will provide easier access to event information as well as allow the Department 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 unusual incident/events. Department of Drug and Alcohol Programs regulations identifying the circumstances in which unusual incidents are reported are at 28 PA Code §709.34 (a)(b)(c) and 28 PA Code §715.28(a)(b)(c). The Electronic Event Reporting System is the mechanism the Department will use to meet these regulatory requirements.

After facility submission of an event, Bureau of Quality Assurance for Prevention and Treatment 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 full names (or any other protected patient-identifying information) in event submissions. In the patient ID field, the patient's first name and last initial or patient 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 client 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 a 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.

NEITHER ACKNOWLEDGEMENT OF RECEIPT NOR CONFIRMATION OF A REPORTED EVENT CONSTITUTES APPROVAL OF THE FACILITY'S CHARACTERIZATION OF THE EVENT OR THE MANNER IN WHICH IT HAS BEEN CATEGORIZED. RESPONSIBILITY FOR ACCURATE CHARACTERIZATION OF THE EVENT AND PROPER CATEGORIZATION REMAINS AT ALL TIMES WITH THE FACILITY.

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

Enter System

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3. The *Department of Drug and Alcohol Programs Facility Event Report List* page will display. Click the **New Event** button to enter the details for a new unusual incident report: OR



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Facility - Event Report List

Your Facility Name

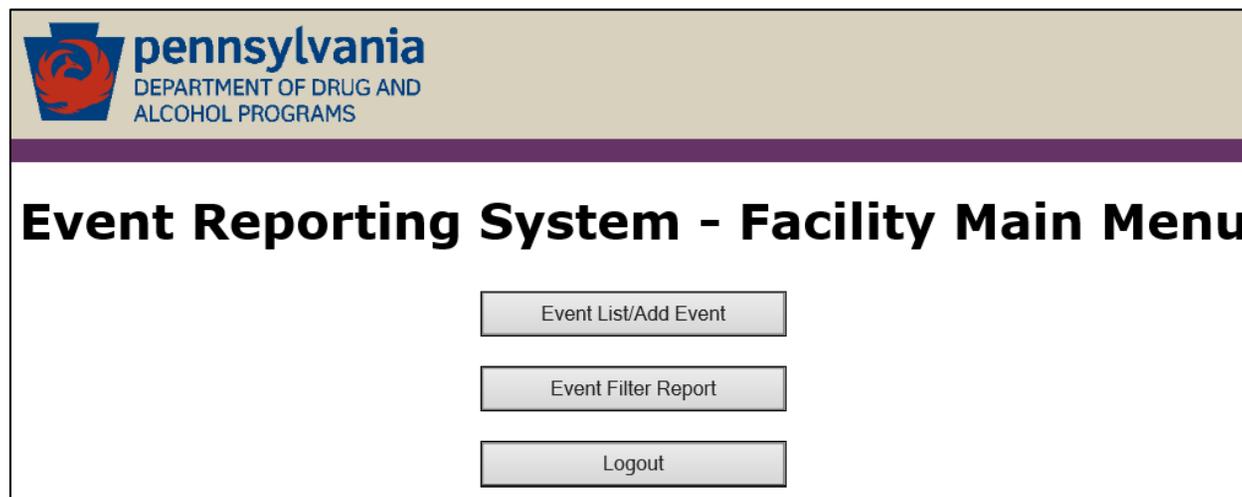
New Event

Refresh View

Start: 8/13/2019
End: 9/12/2019
(MM/DD/YYYY)

Main Menu

From the *Event Reporting System Facility Main Menu* page, click the **Event List/Add Event** button.



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Event Reporting System - Facility Main Menu

Event List/Add Event

Event Filter Report

Logout

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4. Enter all mandatory information in the required (*) fields, at a minimum, and click the **Submit** button.



Event Report

Cancel

Fields preceded 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

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NOTE: If you click on the [Click Here](#) hyperlink, the **Event Type** descriptions will display in full.

To see the full event type description [Click Here](#)

*Event Type:

The screenshot shows a browser window with the title 'PA Department of Health - Internet Explorer'. The page header features the Pennsylvania Department of Drug and Alcohol Programs logo and name. The main content is titled 'Event Type Key' and includes a 'Close' button above a table.

Event Type ID	Event Type Description
B1	Abuse/Assault
B8	Community Concern
B3	Death/Serious Injury
B7	Disruption of Services
B9	Drug Related
B4	Drug Related Hospitalization
B2	Drugs On Premises
BA	Fire/Structural Damage
B6	Outbreak requiring CDC Notification
B5	Presence of Police/Fire/Ambulance
BB	Theft/Burglary/Break-In

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5. The *Facility Event Report List* page will display. All unusual incident reports the facility has entered will display on this page.

NOTE: By changing the **Start** and/or **End** date fields and clicking the **Refresh View** button, you can adjust the display to include only those unusual incident reports that fall within the entered timeframe.



Facility - Event Report List
A & O RECOVERY SERVICES, INC.

New Event

Refresh View

Start: 8/7/2019
End: 9/6/2019
(MM/DD/YYYY)

Main Menu

Event No.	Event Type	Description	Status	Date Submitted
565287	Presence of Police/Fire/Ambulance	Patient was observed by staff to have yellow eyes, having tremors, and sweating profusely. Patient ...	New	08/30/2019
565286	Death/Serious Injury	patient choked on a chicken bone while eating lunch	New	08/29/2019

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VIEWING UNUSUAL INCIDENT REPORT DETAILS

To view the details of an unusual incident report, click the [Event No. hyperlink](#).

Event No.	Event Type	Description	Status	Date Submitted
565287	Presence of Police/Fire/Ambulance	Patient was observed by staff to have yellow eyes, having tremors, and sweating profusely. Patient ...	New	08/30/2019
565286	Death/Serious Injury	patient choked on a chicken bone while eating lunch	New	08/29/2019



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Event Details

Facility: A & O RECOVERY SERVICES, INC.

Event Number: 565287

Patient ID: 123456789

Date of Event (mm/dd/yyyy): 8/30/2019

Time of Event (military hh:mm): 11:30

Event Type: Presence of Police/Fire/Ambulance

Location of Event: 123 Pennsylvania Road, Anywhere, PA 12345

Diagnosis of Resident/Patient:

Factual Description: Patient was observed by staff to have yellow eyes, having tremors, and sweating profusely. Patient was asked of recent illegal drug use and patient stated that they had been using drugs recently and has only stopped about 4-5 hours ago. Staff member also observed patient to show signs of self-neglect and poor hygiene. It was observed that the patient may be experiencing withdrawal symptoms.

Description of Follow-up Action: Staff contacted 911 and the patient was picked up by EMTs/ambulance and was taken to Memorial Hospital. Hospital staff called facility later in the day and reported that there were no current concerns of withdrawal or immediate danger to safety, so patient was sent home.

Submitted By: Willy Wonka

Submitter's Title: Project Director

Reviewer Comment:

Date First Submitted: 8/30/2019 1:16:03 PM

Status: New

[View History](#)

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GENERATING A REPORT OF ALL UNUSUAL INCIDENT REPORT EVENTS

To generate a report of all unusual incident reports the facility entered, submitted and/or withdrew, click the **Event Filter Report** button.

