Design Document-Incident Reporting

# Incident Report Document

Customer: Woods

Date: 2.17.2015

Version: 2.4

## Summary

This design is to create an incident reporting document for Woods.

### *Purpose*

Woods staff needs a way to document significant incidents that occur for Individuals. Purpose is to record the incident, not for tracking purposes beyond the reporting of an incident. The Incident Report and list page should never be in the Individual record, only in the My Office tab.

## System Design

This design includes a list page that is to be in the My Office tab and a detail page for the Incident reports. Additionally, this design includes a custom dashboard widget and toolbar to track Incident Reports needing to be reviewed by staff.

**Tools**



#### Rules

|  |  |
| --- | --- |
| Field | Rules |
| RP | * Clicking on the icon should allow the user to create a new restrictive procedure form. * Tooltip should be displayed as “New Restrictive Procedure Form” |
| IR | * Clicking on the icon should allow the user to create an incident report. * Tooltip should be displayed as “New Incident Report” |
| New Icon | * The standard ‘New’ icon should not be used for this list page |

## List Page



#### Filters

|  |  |  |
| --- | --- | --- |
| Field | Response Options | Rules |
| From Date | Via textbox | Date range required |
| To Date | Via textbox | Date range required |
| Program | Via dropdown  *(containing program list)* | Via Dropdown   * All active programs |
| All Forms | Via dropdown   * All Forms * Incident Report * Restrictive Procedure | Via dropdown   * All Forms * Incident Report * Restrictive Procedure Form |
| Location of incident | Via dropdown (global code xlocationincidnet) | Via Dropdown   * All active location of incidents (global code Xlocationoficidents) |
| Individual Name | Via textbox | * User can enter first or last name and select the filter button. This will location any matches to what is typed in |
| Recorded By (person that creates the report/form) | Via dropdown | * List of all active staff |
| Status | Via Dropdown | * Complete * In Progress |
| Completed By | Checkbox | * Recorder * Nursing * Supervisor * Administrator |

#### Rules

|  |  |
| --- | --- |
| Field  Field | Rule  Rules |
| Date/time | When hyperlink is selected, this will redirect user to the incident report or restrictive procedure details page |
| Individual | When hyperlink is selected, this will redirect user to the Individual’s profile |
| Completed By | 1. Recorder – Will only show incidents reports/restrictive procedures signed by the recorder. 2. Nursing – will only show incidents reports/restrictive procedures where nursing is not applicable this is identified by the checkbox ‘No Medical Staff Notified’ being selected or signed by the nursing for the ‘Follow Up of Individual Status’ section 3. Supervisor – will only show incidents reports/restrictive procedures where supervisor section is signed 4. Administrator – will only show incidents reports/restrictive procedures where administrator section is signed or is not applicable (supervisor section – Administrator notified is answered No) |
| Form | Displays whether it is a restrictive procedure form or an incident report |
| Status | Complete – all signed forms for the recorded by  In progress – any signed form that hasn’t been signed by recorded by |

## Incident Report Page

### General - Within the Incident Section



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization |
| Individual | NA | System generated | Na | Individual demographics |
| DOB | NA | System generated | Na | Individual demographics |
| ID | NA | System generated | Na | Individual demographics |
| Program | Yes | Via dropdown  *(containing all of Individual’s active programs)* | Incident - General-Individual program is required | All individual’s active programs |
| Date of incident | Yes | Via textbox | Incident - General- Date of incident is required | Via current date |
| Time of incident | Yes | Via textbox | Incident - General- Time of incident is required | None |
| Residence | Yes | Via textbox | Incident - General- Individual residence is required | Initialize unit name associated to the Individual from bed census, can be edited |
| Date staff notified | Yes | Via textbox | Incident - General- Date staff notified is required | Via current date |
| Same | No | Checkbox | none | None |
| Time staff notified | Yes | Via textbox | Incident - General- Time staff notified is required | None |
| Location of incident | Yes | Via dropdown (global code xlocationincidnet)   * Community * Residence * Day Program * Place of employment * Other * During Transport * Campus | Incident - General- Location of incident is required | None |
| Incident Category | Yes | Via dropdown – (xIncidentCategory)   * Incident –Other * Incident – Fall * Incident - Seizure | Incident - General- Incident Type is required | None |
| Secondary Category | No | Via dropdown – see rules section | None | None |
| Location details | Yes | Via dropdown – (XincidentLocationDetails)   * Bedroom * Activity Room/Lounge * Outside Building * Bathroom * Dining Room * Hallway * On/Off Bus * Community (textbox) * Other (textbox) | Incident - General- Location details is required | None |

#### Rules

|  |  |
| --- | --- |
| Field  Field | Rule  Rules |
| Other textbox | Text field is disabled until checkbox for other or community is selected. Once it is selected, textbox is required |
| ~~Location~~ | ~~Filter the dropdown to only show locations that are associated with programs staff assigned to the program.~~ |
| Same | When this is checked, the “Date of Incident” and “Time of Incident” fields will populate the same information into the “Date Staff Notified” and “Time Staff Notified” fields |
| Location Details | When ‘other’ is selected an additional text box will be displayed for the user to enter data. |
| Incident Type | Based on the select from the dropdown the following will occur   * Incident – Other   + PDF will be titled ‘Incident Report’   + Only the Incident Tab will be displayed * Fall   + PDF will be titled ‘Fall Report’   + The Incident tab will be disabled except for the general section and the Fall tab will be available to the user to complete * Seizure   + PDF will be titled ‘Seizure Report’   + The Incident tab will be disabled except for the general section and the Seizure tab will be available to the user to complete |
| Secondary Category | Secondary Category is a sub-global code of global code category (xIncidentCategory)   * Incident –Other   + Fall   + Seizure   + Fall & Seizure * Incident – Fall   + Seizure   + Other   + Seizure & Other * Incident – Seizure   + Fall   + Other   + Fall & Other |

Based on the selections in incident type and secondary category will drive additional fields that are displayed on the screen

|  |  |  |
| --- | --- | --- |
| **Incident Type** | **Secondary Category** | **Display Sections** |
| Other | Fall | * Incident Section * Fall Section |
| Other | Seizure | * Incident Section * Fall Section |
| Other | Fall & Seizure | * Incident Section * Fall Section * Seizure Section |
| Fall | Seizure | * Fall Section * Seizure Section |
| Fall | Other | * Fall Section * Incident Section |
| Fall | Seizure & Other | * Fall Section * Seizure Section * Incident Section |
| Seizure | Fall | * Seizure Section * Fall Section |
| Seizure | Other | * Seizure Section * Incident Section |
| Seizure | Fall & Other | * Seizure Section * Fall Section * Incident Section |

### Details

#### 

#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization |
| Description of incident | Yes | Via textbox | Incident - Details- Description of incident is required | None |
| Actions taken by staff | Yes | Via textbox | Incident - Details- Actions taken by staff is required | None |
| Witness | No | Via textbox | None | None |
| Staff notification for injury | Conditional *(only required when type of incident= injury in Supervisor Section)* | Via dropdown  *(contains all active staff)* | Incident - Details- Staff notification for injury is required | None |
| Date staff notified | Conditional *(only required when type of incident= injury in Supervisor Section)* | Via textbox | Incident - Details- Date staff notified is required | None |
| Times staff notified | Conditional *(only required when type of incident= injury in Supervisor Section)* | Via textbox | Incident - Details- Times staff notified is required | None |
| No medical staff notified | No | Checkbox | none | None |

#### Rules

|  |  |
| --- | --- |
| Field  Field | Rule  Rules |
| Sign Button | * Selecting the sign button   + All validations must be done on the ‘Sign’ button before allowing the user to complete the report   + Based on the signature configuration when the user selects the ‘Sign’ button either it will sign the document or prompt the user for their password. This functionality should work just like signing a document in Smart Care.   + After the section is signed, the system will add the following ‘Signed By: [staff name who signed]’ and ‘Date Signed: [date signed]’.   + All fields will be disabled within the ‘Details’ section.   + ‘Sign’ button will now be an ‘Edit’ button.     - Only the person that signed it can edit the section. When the ‘Edit’ button is selected the fields will be enabled for the user to make modifications.     - If the user has selected the ‘Edit’ button that button will turn back into a ‘Sign’ button.     - Once the user selects the ‘Sign’ button again it will follow the process outlined above.   + Each ‘Sign’ must be recorded in the database for the customer to use later in reporting if needed |

### Follow Up of Individual Status



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization |
| Nurse/staff evaluating | Conditional *(only required when type of incident= injury in Supervisor Section)* | Via dropdown  *(containing all active staff)* | Incident - Follow up of Individual status- Nurse/staff evaluating is required | None |
| Credential/title | Conditional *(only required when type of incident= injury in Supervisor Section)* | Via textbox | Incident - Follow up of Individual status- Credential/title is required | None |
| Details of injury/illness and treatment provided | Conditional *(only required when type of incident= injury in Supervisor Section)* | Via textbox | Incident - Follow up of Individual status- Details of injury/illness and treatment provided is required | None |
| Comments | No | Via textbox | None | None |
| Family/Guardian/Custodian notified? | Yes | Via radio button:   * Yes * No | Incident - Follow up of Individual status – Family/Guardian/Custodian notified is required. | None |
| Date of Notification | Conditional *(when Family/Guardian/Custodian Notified? is answered Yes)* | Via textbox | Incident - Follow up of Individual status – Date of Notification is required | None |
| Time of Notification | Conditional *(when Family/Guardian/Custodian Notified? is answered Yes)* | Via textbox | Incident - Follow up of Individual status – Time of Notification is required | None |
| Staff who completed Notification | Conditional *(when Family/Guardian/Custodian Notified? is answered Yes)* | Via textbox | Incident - Follow up of Individual status – Staff who completed notification is required. | None |
| Name of the family/guardian/ custodian notified | Yes | Via textbox | Incident - Follow up of Individual status – Name of the family/guardian/custodian notified is required. | None |
| Details of Notification | No | Via textbox | NA | None |

#### Rules

|  |  |
| --- | --- |
| Field  Field | Rule  Rules |
| Follow up of Individual status | Section should only show when type of injury in supervisor section=injury |
| Nurse/staff evaluating | Dropdown should be disabled when program is Allies and Brian’s house |
| Sign Button | * . Selecting the sign button   + All validations must be done on the ‘Sign’ button before allowing the user to complete the report   + Based on the signature configuration when the user selects the ‘Sign’ button either it will sign the document or prompt the user for their password. This functionality should work just like signing a document in Smart Care.   + After the section is signed, the system will add the following ‘Signed By: [staff name who signed]’ and ‘Date Signed: [date signed]’.   + All fields will be disabled within the ‘Details’ section.   + ‘Sign’ button will now be an ‘Edit’ button.     - Only the person that signed it can edit the section. When the ‘Edit’ button is selected the fields will be enabled for the user to make modifications.     - If the user has selected the ‘Edit’ button that button will turn back into a ‘Sign’ button.     - Once the user selects the ‘Sign’ button again it will follow the process outlined above.   + Each ‘Sign’ must be recorded in the database for the customer to use later in reporting if needed |
| Credential/title | * Once the staff has been selected populate this field with the staff’s signing suffix from staff details |

### Supervisor Follow Up



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization |
| Supervisor name | Yes | Via dropdown selection  *(contains all staff with supervisor role)* | Incident - Supervisor follow up- Supervisor name is required | None |
| Follow up | Yes | Via textbox | Incident - Supervisor follow up- Follow up is required | None |
| Administrator notified | Yes | Via radio button   * Yes * No | Incident - Supervisor follow up- Administrator notified is required | None |
| Administrator | Yes | Via dropdown  *(contains all staff with admin role)* | Incident - Supervisor follow up- Administrator is required | None |
| Date of notification | Conditional  *(if yes is selected above)* | Via textbox | Incident - Supervisor follow up- Date of notification is required | None |
| Time of notification | Conditional  *(if yes is selected above)* | Via textbox | Incident - Supervisor follow up- Time of notification is required | None |
| Family/Guardian/Custodian notified? | Yes | Via radio button:   * Yes * No | Incident - Supervisor follow up – Family/Guardian/Custodian notified is required. | None |
| Date of Notification | Conditional *(when Family/Guardian/Custodian Notified? is answered Yes)* | Via textbox | Incident - Supervisor– Date of Notification is required. | None |
| Time of Notification | Conditional *(when Family/Guardian/Custodian Notified? is answered Yes)* | Via textbox | Incident - Supervisor follow up – Time of Notification is required. | None |
| Staff who completed Notification | Conditional *(when Family/Guardian/Custodian Notified? is answered Yes)* | Via textbox | Incident – Supervisor follow up– Staff who completed notification is required. | None |
| Name of the family/guardian/ custodian notified | Yes | Via textbox | Incident - Supervisor follow up Administrator notified is required | None |
| Details of Notification | No | Via textbox | NA | None |
| Type of Incident | Yes | Via checkbox   * Alleged abuse * Aggression-Verbal * Choking/Swallowing difficulty * Behavioral/restraint report needed * Contraband * Death * Drug use/possession * Elopement on campus * Elopement off campus * Fire Dept. involvement * Illness * Injury * Injury from restraint * Individual to Individual Injury * Hospitalization-Medical * Misuse of funds/property * Outbreak of disease * Out of program area * Aggression-Physical * Police involvement * Property damage * Property destruction * Hospitalization- Psychiatric * Suicide attempt * Suicide threat/gesture * Search/seizure * Self-injury * Sexual incident * Trip to ER * Violation of rights * Other | Incident - Supervisor Follow Up – type of incident – at least one check box is required | None |

#### Rules

|  |  |
| --- | --- |
| Field  Field | Rule  Rules |
| Administrator notified | If program is Brain’s House and ‘Administrator Notified’ = send an alert/notification to the supervisor’s supervisor. Woods to identify role in hierarchy and message |
| Sign Button | * Selecting the sign button   + All validations must be done on the ‘Sign’ button before allowing the user to complete the report   + Based on the signature configuration when the user selects the ‘Sign’ button either it will sign the document or prompt the user for their password. This functionality should work just like signing a document in Smart Care.   + After the section is signed, the system will add the following ‘Signed By: [staff name who signed]’ and ‘Date Signed: [date signed]’.   + All fields will be disabled within the ‘Details’ section.   + ‘Sign’ button will now be an ‘Edit’ button.     - Only the person that signed it can edit the section. When the ‘Edit’ button is selected the fields will be enabled for the user to make modifications.     - If the user has selected the ‘Edit’ button that button will turn back into a ‘Sign’ button.     - Once the user selects the ‘Sign’ button again it will follow the process outlined above.   + Each ‘Sign’ must be recorded in the database for the customer to use later in reporting if needed |

### Administrator Review



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization |
| Administrator | Conditional *(if administrator notified is selected)* | Via dropdown  *(contains all staff with admin role)* | Incident - Administrator Review- Administrator is required | Initialize from the Administrator noted in the Administrator Field of the Supervisor section. |
| Administrator review | Conditional *(if administrator notified is selected)* | Via textbox | Incident - Administrator Review- Administrator review is required | None |
| Filed reportable Incident | Yes | Via radio button:   * Yes * No * Other | Incident - Administrator Review – Filed Reportable Incident is required | None |
| Comments | No | Via textbox | NA | NA |

#### Rules

|  |  |
| --- | --- |
| Field  Field | Rule  Rules |
| Entire section | * This should only display when “administrator notified” = yes |
| Sign Button | * Selecting the sign button   + All validations must be done on the ‘Sign’ button before allowing the user to complete the report   + Based on the signature configuration when the user selects the ‘Sign’ button either it will sign the document or prompt the user for their password. This functionality should work just like signing a document in Smart Care.   + After the section is signed, the system will add the following ‘Signed By: [staff name who signed]’ and ‘Date Signed: [date signed]’.   + All fields will be disabled within the ‘Details’ section.   + ‘Sign’ button will now be an ‘Edit’ button.     - Only the person that signed it can edit the section. When the ‘Edit’ button is selected the fields will be enabled for the user to make modifications.     - If the user has selected the ‘Edit’ button that button will turn back into a ‘Sign’ button.     - Once the user selects the ‘Sign’ button again it will follow the process outlined above.   + Each ‘Sign’ must be recorded in the database for the customer to use later in reporting if needed |

## Fall Tab

### Details



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization |
| Describe Incident | Yes | Via dropdown (xIncidentReportType)   * Found on the floor * Near fall (client lowered to floor by staff or stabilized) * Fall to the floor (witnessed) * Client reported fall | Fall – Details – Describe incident is required | None |
| Cause of Incident | Yes | Via dropdown (xIncidenCauseIncident)   * Lost balance * Slipped (text box) * Lost strength/weakness * Tripped * Lost Consciousness * Seizure * Equipment malfunction (text box) * Environmental factor (text box) * Other(text box) * Unknown | Fall – Details – Cause of incident is required | None |
| Personal/Safety Protective Device(s) Used at Time of Incident | Yes | Via checkbox   * None * Cane * Wheelchair * Seat/Lap Belt * Gait Belt * Wheelchair Tray * Walker * MAFOs/Braces * Helmet * Chest Harness * Other (text box) | Fall – Details – Personal/Safety Protective Device(s) use at time of incident is required | None |
| Incident Occurred While | Yes | Via dropdown (xincidentoccuredwhile)   * Walking to/from client room * Walking to/from bathroom * Transferring on/off toilet * Walking in hallway * Getting up from wheelchair * Sliding out of the wheelchair * Changing clothes/other ADLs * Getting in/out of tub or shower * Reaching for something * Getting on/off bus * Getting in/out bed * None of the above | Fall- Details – Incident occurred while is required | None |
| Footwear at Time of Incident | Yes | via dropdown (xincidentfootwear)   * Shoes/Sneakers * Flip Flops * Plain Socks * High/Narrow Heel * Bare Feet * Boots | Fall – Details – Footwear at time of incident is required | None |
| Was an alarm present | Yes | Via radio buttons   * Yes * No | Fall – Details – Was an alarm present is required | None |

#### Rules

|  |  |
| --- | --- |
| Field  Field | Rule  Rules |
| Fall Tab | Incident type/secondary category = Fall tab the following needs to happen   * Insert the additional fall questions in the detail section above ‘description of incident’ as displayed in the above screen shot. |
| Question – Incident Occurred While - Answer = Getting up from wheelchair | * When question ‘Incident Occurred While’ = Getting up from wheelchair the additional question will need to appear and is required * Wheels Locked?   + Radio Buttons     - Yes     - No     - Unknown * Validation Message ‘Fall – Detail – Wheels Locked is required’ |
| Question – Incident Occurred While - Answer = Getting in/out of bed | * When question ‘Incident Occurred While’ = Getting in/out of bed an additional question will need to appear and is required * What types of side rails were present?   + checkboxes     - N/A     - Full length     - 2 Half     - 4 Half     - Both sides up     - One side up     - Bumper Pads     - Further Description (additional textbox) * Validation Message ‘Fall – Detail – Getting in/out of bed is required * Validation Message ’Fall – Detail – Getting in/out of bed - Further description text box is required |
| Cause of Incident | * The following answers require an additional text box to be answered if selected   + Slipped   + Equipment malfunction   + Environmental factor   + Other * Validation Message ‘Fall-Detail- Cause of Incident –(answer) – other is required’ |
| Personal/Safety Protective Device(s) Used at Time of Incident | * The following answers require an additional text box to be answered if selected   + Other (text box) * Validation Message ‘Fall-Detail- Personal/Safety Protective Device(s) Used at Time of Incident -other is required’ |
| Question - Was an alarm present? Answer= yes | * The following answer requires an additional question ‘Type of Alarm’ is asked.   + Checkboxes     - Alarm sounded during incident     - Alarm did not sound during incident     - Bed Mat     - Beam     - Baby Monitor     - Floor Mat     - Magnetic Clip     - Other (text field)   + Validation Message – ‘Fall- Detail- Type of alarm at least one checkbox is required’   + Validation Message – ‘Fall- Detail – Type of alarm – other- text field is required’ |

### Follow Up of Individual Status

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#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization |
| Treatment | Yes | Via checkboxes   * No Treatment/No Injury * First Aid Only * Monitor * To Primary Care Provider/Clinic Evaluation * To Emergency Room * Other (text field) | Fall – Follow up of individual status – Treatment – is required | None |

#### Rules

|  |  |
| --- | --- |
| Field  Field | Rule  Rules |
| Treatment | * When other is selected an additional text field is required |
| Fall Tab | Incident type/secondary category = Fall tab the following needs to happen   * Insert the additional fall questions in the detail section above ‘comments’ as displayed in the above screen shot. |

### Supervisor Follow Up

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#### Rules

|  |  |
| --- | --- |
| Field  Field | Rule  Rules |
| Type of Incident | * Disable this section from the Fall Tab |

## Seizure Tab

### Details



Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization |
| Time of Seizure | Yes | Via text field | Seizure – Details – Time of seizure is required | None |
| Duration of Seizure | Yes | Via text field   * Seconds * Minutes | Seizure – Details – Duration of seizure is required in either minutes or seconds | None |
| Sweating | Yes | Via dropdown   * Yes * No | Seizure – Details – Sweating is required | None |
| Urinary/Fecal Incontinence | Yes | Via dropdown   * Yes * No | Seizure – Details – Urinary/Fecal Incontinence is required | None |
| (Tonic) Stiffness of Arms | Yes | Via dropdown   * Yes * No | Seizure – Details – (Tonic) Stiffness of Arms is required | None |
| (Tonic) Stiffness of Legs | Yes | Via dropdown   * Yes * No | Seizure – Details – (Tonic) Stiffness of Legs is required | None |
| (Clonic) Twitching of Arms | Yes | Via dropdown   * Yes * No | Seizure – Details – (Clonic) Twitching of Arms is required | None |
| (Clonic) Twitching of Legs | Yes | Via dropdown   * Yes * No | Seizure – Details – (Clonic) Twitching of Legs is required | None |
| Pupils Dilated | Yes | Via dropdown   * Yes * No | Seizure – Details – Pupils Dilated is required | None |
| Any abnormal eye movements | Yes | Via dropdown   * Yes * No | Seizure – Details – Any abnormal eye movements is required | None |
| Postictal Period | Yes | Via dropdown   * Yes * No | Seizure – Details – Postictal period is required | None |
| Vagal Nerve Stimulator (VNS) | Yes | Via dropdown   * Yes * No | Seizure – Details – Vagal nerve stimulator (VNS) is required | None |
| Swiped Magnet | Yes | Via dropdown   * Yes * No | Seizure – Details – Swiped magnet is required | None |
| Number of Swipes | Yes | Via text field | Seizure – Details – Number of swipes is required | None |
| Pulse Rate | Yes | Via text field | Seizure – Follow up of individual status – Pulse rate is required | None |
| Breathing | Yes | Via dropdown   * Rapid * Slow * Labored * None | Seizure – Follow up of individual status – Breathing is required | None |
| Color | Yes | Via dropdown   * Pale * Flush * Cyanotic (Blue) | Seizure – Follow up of individual status – Color is required | None |
| Seizure Action Taken | Yes | Via checkbox   * Turned client’s head to side * Client suctioned * Clothing loosened * Airway cleared * Area cleared * O2 given * Placed client on floor * Emergency medication given * Put client to bed | Seizure – Follow up of individual status – Seizure action taken is required | None |
| Notes/Comments | No | Via text box | N/A | None |

#### Rules

|  |  |
| --- | --- |
| Field  Field | Rule  Rules |
| Number of swipes | * Number of swipes cannot be zero |
| Seizure Action Taken = O2 | * When the answer to ‘Seizure Action Take’ = O2 enable the Liter/Min text field. This field is required * Validation Message – ‘Seizure – Follow up of individual status – O2 Liter/Min is required |
| Seizure Tab | * If seizure is the only incident type/secondary category selected then Supervisor and Administrator sections do not have to be completed. * This would mark the incident report complete and should update the list page and widget accordingly |

### Supervisor Follow Up

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#### Rules

|  |  |
| --- | --- |
| Field  Field | Rule  Rules |
| Type of Incident | * Disable this section from the Fall Tab |

# Restrictive Procedures Form

**Restrictive Procedures List Page**



**Filter Section**

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#### Requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization | Document Creation Initialization |
| From | Yes | Via textbox | Date range required | None | None |
| To | Yes | Via textbox | Date range required | None | None |
| Completed By | No | Checkbox   * Recorder * Nursing * Supervisor * Administrator | None | None | None |

**Grid Section**

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#### Rules

|  |  |  |  |
| --- | --- | --- | --- |
| Field  Field | Rule  Rules | Validation  Validation Message | Initializations Occurring on Signature |
| Date/time | When hyperlink is selected, this will redirect user to the restrictive procedure form page | None | None |
| Individual | When hyperlink is selected, this will redirect user to the Individual’s profile | None | None |
| Completed By | 1. Recorder – Will only show restrictive procedure forms signed by the recorder. 2. Nursing – will only show restrictive procedure forms where nursing is not applicable or signed by the nursing for the ‘Follow Up of Individual Status’ section 3. Supervisor – will only show restrictive procedure forms where supervisor section is signed 4. Administrator – will only show restrictive procedure forms where administrator section is signed or is not applicable (supervisor section – Administrator notified is answered No) | None | None |
| Form | The column form denotes the type of the form (i.e) Restrictive Procedure form | None | None |

**Staff Reporting Tab**

### General Section



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization |
| Date of Occurrence | Yes | Via date field | Staff Reporting - General – Date of Occurrence is required. | None |
| Time of Occurrence | Yes – Woods to confirm if the field is required or not. | Via textbox | Staff Reporting - General –Time of Occurrence is required. | None |
| Individual Residence | No | Via textbox | None | None |
| Individual program | Yes | Via dropdown   * Beechwood * Allies * Brian’s House * Crestwood * Woods 3800 * Woods 6400 | Staff Reporting - General-Program name is required | None |
| Location of incident | Yes | Via dropdown - *(pull in all active values in the location table)* | Staff Reporting - General - Location of Incident is required | None |
| Location Details | No | Via dropdown – (XincidentLocationDetails)   * Bedroom * Activity Room/Lounge * Outside Building * Bathroom * Dining Room * Hallway * On/Off Bus * Community (textbox)   Other (textbox) | NA | None |
| Staff Involved | Yes | Via Textbox | Staff Reporting - General - Staff Involved is required | None |
| Antecedents (What happened before the behavior?) | Yes | Via checkbox   * Individual Alone * Individual protecting self or property * Individual was asked to do something * Individual was asked to stop doing something * Change in routine or environment * Interaction with another Individual. * Request was not understood * Other | Staff Reporting - General- Antecedents is required. | None |
| Describe the antecedent and the behavior being reported. | No | Via textbox | None | None |
| Conditional (Yes when any of the checkboxes is checked) | Via textbox | General – Describe the antecedent and the behavior being reported is required. | None |

#### Staff Response tab

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#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization |
| Counseled Individual | Yes | Via dropdown   * 1 * 2 * 3 * 4 * 5 * 6 * 7 * 8 * 9 * 10 | Staff Response – counseling Individual is required | None |
| Asked Individual to stop | Yes | Via dropdown   * 1 * 2 * 3 * 4 * 5 * 6 * 7 * 8 * 9 * 10 | Staff Response- Asked Individual to stop  is required | None |
| Ignored Behavior | Yes | Via dropdown   * 1 * 2 * 3 * 4 * 5 * 6 * 7 * 8 * 9 * 10 | Staff Response- Ignored Behavior  is required | None |
| Moved Other Individuals | Yes | Via dropdown   * 1 * 2 * 3 * 4 * 5 * 6 * 7 * 8 * 9 * 10 | Staff Response- Moved Other Individuals  is required | None |
| Discussed Individual’s Concerns w/Individual | Yes | Via dropdown   * 1 * 2 * 3 * 4 * 5 * 6 * 7 * 8 * 9 * 10 | Staff Response- Discussed Individual’s Concerns w/Individual is required | None |
| Interrupted Behavior | Yes | Via dropdown   * 1 * 2 * 3 * 4 * 5 * 6 * 7 * 8 * 9 * 10 | Staff Response- Interrupted Behavior  is required | None |
| Deep Breathing / Relaxation Exercises. | Yes | Via dropdown   * 1 * 2 * 3 * 4 * 5 * 6 * 7 * 8 * 9 * 10 | Staff Response- Deep Breathing / Relaxation Exercises.  is required | None |
| Redirected Individual to another activity / area | Yes | Via dropdown   * 1 * 2 * 3 * 4 * 5 * 6 * 7 * 8 * 9 * 10 | Staff Response- Redirected Individual to another activity / area is required | None |
| Took Steps to Calm Individual | Yes | Via dropdown   * 1 * 2 * 3 * 4 * 5 * 6 * 7 * 8 * 9 * 10 | Staff Response- Took Steps to Calm Individual is required | None |
| Other – drop down | Yes | Via dropdown   * 1 * 2 * 3 * 4 * 5 * 6 * 7 * 8 * 9 * 10 | Staff Response- Other dropdown is required | None |
| Staff Response Details / Comments | No | Via textbox | None | None |
| Conditional (It is required when any one of the values is selected in the section) | Via textbox | Staff Response Details / Comments is required. | None |

#### Rules

|  |  |
| --- | --- |
| Field | Rules |
| Indicate all responses taken by staff in the order they were provided. | The user should select a value from the dropdown for all the labels specified. If the user selects the same value for 2 different labels, then an error should be displayed saying “The order number cannot be repeated more than once.” Should be displayed. The repeated order number should be cleared from the dropdown, allowing the user to select another value for the dropdown. |
| Other | When the ‘Other’ dropdown is filled with a value, the textbox placed next to it should get enabled. The textbox should remain disabled, until the user makes a selection for the ‘Other’ dropdown. Validation Message ‘Staff Response- Other text field is required’ |

#### Restrictive Procedures



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization |
| Were restrictive procedures/safety techniques used? | Yes | Via radio button   * Yes * No | Restrictive Procedures- Were restrictive procedures/safety techniques used?  Is required. | None |
| Was alternative area/room used? | Yes | Via radio button   * Yes * No | Restrictive Procedures- Was alternative area/room used is required. | None |
| Duration | No | Via text box | None | None |
| Conditional (if ‘Was alternative area/room used = “yes”) | Via text box | Restrictive Procedures- Duration is required. | None |
| Description of restrictive procedure/safety techniques used | No | Via textbox | None | None |
| Type of Restraint | Yes | Via dropdown   * + - * 1 person Extended-Arm Assist       * 2 person Extended-Arm Assist       * 1 person Seated Forearm Hold       * 2 person Seated Forearm Hold       * Standing Control       * 2 person Face up Floor Control       * 3 person Face Up Floor Control       * 4 person Face Up Floor Control       * 5 person Face up Floor Control       * 6 person Face up Floor Control       * 5 or more person Face Up Floor Control       * 1 person Hand Held Down       * 2 person Hand Held Down       * Other | Restrictive Procedures- Type of Restraint is required | None |
| Conditional (when Other is selected in Type of Restraint | Textbox | Restrictive Procedures – Type of Restraint – Textbox is required when Other is selected. | None |
| Who implemented restraint (list all)? | Yes | Via text field | Restrictive Procedures– Who implemented restraint (list all)? Is required |  |
| How long did it last? | No | Via textbox | None | None |
| Who was the observer? | Conditional *(When Program selected is Woods 3800)* | Via textbox | Restrictive Procedures -Who was the observer is required. | None |
| Condition at 10 minutes? | Conditional *(When Program selected is Woods 3800)* | Via textbox | Restrictive Procedures - Condition at 10 minutes is required. | None |
| Condition at 20 minutes? | Conditional *(When Program selected is Woods 3800)* | Via textbox | Restrictive Procedures - Condition at 20 minutes is required. | None |
| Condition at 30 minutes? | Conditional *(When Program selected is Woods 3800)* | Via textbox | Restrictive Procedures - Condition at 30 minutes is required. | None |
| Were staff repositioned? | Conditional *(When Program selected is Woods 3800)* | Via radio button   * Yes * No | Restrictive Procedures - Were staff repositioned is required | None |
| Were other restrictive procedures/safety techniques used? (If yes, provide description) | Yes | Via radio button   * Yes * No | Restrictive Procedures – Were other restrictive procedures/safety techniques used? Is required | None |
| Conditional (when answer is Yes) | Via textbox | Restrictive Procedures – Text is required when Were other restrictive procedures/safety techniques uses is answered ‘Yes’ | None |

#### Rules

|  |  |
| --- | --- |
| Field | Rules |
| Type of Restraint / Procedure – Other | When “Other” value is selected from the Type of Restraint dropdown, the textbox placed next to it gets enabled. The textbox will remain disabled until the value ‘Other’ is selected.  Validation Message – ‘Restrictive Procedure Form – Type of Restraint – Other is required.’ |
| Restrictive Procedures Section | When the question, ‘Were restrictive procedures/safety techniques used’ is answered ‘Yes’ than a minimum of one line must be inserted to the Type of Restraint list in this section. The validation that staff should receive when signing is, ‘Staff Reporting – Restrictive Procedures – Minimum of one restraint must be entered in the list. |

### Resolution



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization |
| What was the outcome of the behavior? | Yes | Via checkboxes   * Individual calmed down * Returned to program * Sought medical help * Other | Staff Reporting – Resolution- What was the outcome of the behavior is required. | None |
| Comments regarding Individual Outcome | No | Via textbox | None | None |
| Conditional (when one of the checkboxes is checked, it is required) | Via textbox | Staff Reporting – Resolution- Comments regarding Individual Outcome is required. | None |
| Persons Notified: Nurse | Conditional *(When program field is Woods 3800, Woods 6400)* | Via Textbox | Staff Reporting – Resolution \_ Persons Notified: Nurse is required | None |
| Persons Notified: Behaviorist | Conditional *(When program field is Allies)* | Via textbox | Staff Reporting – Resolution – Persons Notified: Behaviorist is required | None |
| Persons Notified: Supervisor | Yes | Via textbox | Staff Reporting – Resolution – Persons Notified: Supervisor is required | None |
| Time Notified | Conditional *(when associated Persons Notified is required)* | Via textbox | Staff Reporting – Resolution – Time Notified is required | None |

#### Rules

|  |  |
| --- | --- |
| Field | Rules |
| What was the outcome of the behavior – Other | When “Other” value is selected from the list of checkboxes, the textbox placed next to it gets enabled. The textbox will remain disabled until the value ‘Other’ is selected.  Validation Message – ‘Restrictive Procedure Form –Resolution – Other is required.’ |
| Sign | * Selecting the sign button   + All validations must be done on the ‘Sign’ button before allowing the user to complete the report   + Based on the signature configuration when the user selects the ‘Sign’ button either it will sign the document or prompt the user for their password. This functionality should work just like signing a document in Smart Care.   + After the section is signed, the system will add the following ‘Signed By: [staff name who signed]’ and ‘Date Signed: [date signed]’.   + All fields will be disabled within the ‘Details’ section.   + ‘Sign’ button will now be an ‘Edit’ button.     - Only the person that signed it can edit the section. When the ‘Edit’ button is selected the fields will be enabled for the user to make modifications.     - If the user has selected the ‘Edit’ button that button will turn back into a ‘Sign’ button.     - Once the user selects the ‘Sign’ button again it will follow the process outlined above.   + Each ‘Sign’ must be recorded in the database for the customer to use later in reporting if needed |

## Follow Up of Individual Status



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization |
| Nurse/Staff Completing Body Check | Yes | Via dropdown  -Nursing staff list | Follow Up of Individual Status –Body check follow up- Nurse/Staff Completing Body Check is required. | Initialize from the Person Notified: Nurse field in the Resolution section above. |
| Credential / Title | No | Via textbox | None | None |
| Date of Body check | Yes | Via date field | Follow Up of Individual Status –Body check follow up- Date of Body check is required. | None |
| Time of body check | No | Via textbox | Follow Up of Individual Status –Body check follow up- Time of body check is required. | None |
| Comments | No | Via textbox | None | None |

#### Rules

|  |  |
| --- | --- |
| Field | Rules |
| Sign | * Selecting the sign button   + All validations must be done on the ‘Sign’ button before allowing the user to complete the report   + Based on the signature configuration when the user selects the ‘Sign’ button either it will sign the document or prompt the user for their password. This functionality should work just like signing a document in Smart Care.   + After the section is signed, the system will add the following ‘Signed By: [staff name who signed]’ and ‘Date Signed: [date signed]’.   + All fields will be disabled within the ‘Details’ section.   + ‘Sign’ button will now be an ‘Edit’ button.     - Only the person that signed it can edit the section. When the ‘Edit’ button is selected the fields will be enabled for the user to make modifications.     - If the user has selected the ‘Edit’ button that button will turn back into a ‘Sign’ button.     - Once the user selects the ‘Sign’ button again it will follow the process outlined above.   + Each ‘Sign’ must be recorded in the database for the customer to use later in reporting if needed |
| Staff List | * Need to create a new staff list called ‘nursing’ to use for the Nurse/Staff Completing Body Check dropdown |

## Management review



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization |
| Name of Staff Reviewing Report | Yes | Via dropdown  -supervisor list | –Management Review- Name of Staff Reviewing Report  is required. | Initialize from the Person Notified: Supervisor field in the Resolution section above. |
| Date of Review | Yes | Via date field | Management Review - Date of review is required. | None |
| Did debriefing occur with staff? | Yes | Via radio button   * Yes * No | Management Review – Did debriefing occur between staff is required. | None |
| Did debriefing occur with Individual | Yes | Via radio button   * Yes * No | Management Review – Did debriefing occur with Individual is required | None |
| Debriefing Comments | No | Via textbox | None | None |
| Family/Guardian/Custodian notified? | Yes | Via radio button   * Yes * No | Management Review – Family/Guardian/Custodian Notified is required | None |
| Date of Notification | Conditional *(when Family/Guardian/Custodian Notified is Yes.)* | Via textbox | Management Review – Date of Notification is required | None |
| Time of Notification | Conditional *(when Family/Guardian/Custodian Notified is Yes.)* | Via textbox | Management Review – Time of Notification is required | None |
| Staff who completed notification | Conditional *(when Family/Guardian/Custodian Notified is Yes.)* | Via textbox | Management Review – Staff who completed notification is required | None |
| Name of the family/guardian/custodian notified | Conditional *(when Family/Guardian/Custodian Notified is Yes.)* | Via Textbox | Management review – Name of family/guardian/custodian notified is required | None |
| Details of Notification | No | Via textbox | None | None |
| Did any staff sustain an injury? | Yes | Via Radio Button   * Yes * No | Management Review – Did any staff sustain an injury is required | None |
| Details of Injury | Conditional *(when Did any staff sustain an injury is Yes.)* | Via textbox | Management Review – Details of Injury is required | None |
| Does the individual have a behavior support plan? | Yes | Via Radio Button   * Yes * No | Management Review \_ Does the individual have a behavior support plan is required | If there is a signed Behavior Support Plan document with an effective date within the past 365 days from this form’s effective date, then initialize this field as ‘Yes’ |
| Does the behavior support plan have restrictive procedures? | Yes | Via Radio Button   * Yes * No | Management Review – Does the behavior support plan have restrictive procedures is required | Restrictive Procedures are a part of the behavior support plan – If there is a Behavior support plan document with an effective date within the past 365 days from this form’s effective date, and on the Behavior Support Plan, the check box, ‘Emergency Response/Restrictive Procedures are a part of this plan’ is checked, then initialize this field as answered ‘Yes’ |
| Administrator notified | Yes | Via Radio Button   * Yes * No | Management Review – Administrator notified is required | None |
| Date of notification | Yes | Via date textbox | Management Review – Date of notification is required | None |
| Time of notification | Yes | Via textbox | Management Review – Time of notification is required | None |
| Administrator | No | Via dropdown  *(contains all staff with admin role)* | Management Review – Administrator is required | None |

#### Rules

|  |  |
| --- | --- |
| Field | Rules |
| Sign | * Selecting the sign button   + All validations must be done on the ‘Sign’ button before allowing the user to complete the report   + Based on the signature configuration when the user selects the ‘Sign’ button either it will sign the document or prompt the user for their password. This functionality should work just like signing a document in Smart Care.   + After the section is signed, the system will add the following ‘Signed By: [staff name who signed]’ and ‘Date Signed: [date signed]’.   + All fields will be disabled within the ‘Details’ section.   + ‘Sign’ button will now be an ‘Edit’ button.     - Only the person that signed it can edit the section. When the ‘Edit’ button is selected the fields will be enabled for the user to make modifications.     - If the user has selected the ‘Edit’ button that button will turn back into a ‘Sign’ button.     - Once the user selects the ‘Sign’ button again it will follow the process outlined above.   + Each ‘Sign’ must be recorded in the database for the customer to use later in reporting if needed |

**Administrator Review**



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization |
| Administrator | Conditional *(if administrator notified is selected)* | Via dropdown  *(contains all staff with admin role)* | Administrator Review- Administrator is required | Initialize from the Administrator noted in the Administrator Field of the Supervisor section. |
| Administrator review | Conditional *(if administrator notified is selected)* | Via textbox | Administrator Review- Administrator review is required | None |
| Filed reportable Incident | Yes | Via radio button:   * Yes * No * Other | Administrator Review – Filed Reportable Incident is required | None |
| Comments | No | Via textbox | NA | NA |

#### Rules

|  |  |
| --- | --- |
| Field  Field | Rule  Rules |
| Entire section | This should only display when “administrator notified” = yes |
| Sign Button | * Selecting the sign button   + All validations must be done on the ‘Sign’ button before allowing the user to complete the report   + Based on the signature configuration when the user selects the ‘Sign’ button either it will sign the document or prompt the user for their password. This functionality should work just like signing a document in Smart Care.   + After the section is signed, the system will add the following ‘Signed By: [staff name who signed]’ and ‘Date Signed: [date signed]’.   + All fields will be disabled within the ‘Details’ section.   + ‘Sign’ button will now be an ‘Edit’ button.     - Only the person that signed it can edit the section. When the ‘Edit’ button is selected the fields will be enabled for the user to make modifications.     - If the user has selected the ‘Edit’ button that button will turn back into a ‘Sign’ button.     - Once the user selects the ‘Sign’ button again it will follow the process outlined above.   + Each ‘Sign’ must be recorded in the database for the customer to use later in reporting if needed |

#### Setup

|  |  |  |  |
| --- | --- | --- | --- |
| Field  Field | Rule  Rules | Validation  Validation Message | Initializations Occurring on Signature |
| Nurse | * Create a new staff list called ‘Nurse’ * Dropdown will be filter by program using the program dropdown called ‘individual program’ of the document * ~~Then it will be filter by role ‘Nurse’~~ | None | None |
| Behaviorist | * Create a new staff list called ‘Behaviorist’ * Dropdown will be filter by program using the program dropdown called ‘individual program’ of the document * ~~Then it will be filter by role ‘Behaviorist’~~ |  |  |
| Supervisor | * Create a new staff list called ‘Supervisor’ * Dropdown will be filter by program using the program dropdown called ‘individual program’ of the document * ~~Then it will be filter by role ‘Supervisor’~~ |  |  |
| Administrator | * Create a new staff list called ‘Administrator’ * Dropdown will be filter by program using the program dropdown called ‘individual program’ of the document * ~~Then it will be filter by role ‘Administrator’~~ |  |  |

#### Overall Document Rules

|  |  |
| --- | --- |
| Field  Field | Rule  Rules |
| General/Detail Section | * Once the first section has been signed the general and detail section will be disabled |
| Signing Rule | * If the first section has not been signed then the other sections cannot be signed |

## Incident Report Widget

This is a custom widget needing to be built to track the incident reports needing staff attention.



#### Requirements

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Description | Data to Display Logic | Hyperlink Logic |
| Incident Reports in Progress | Displays all Incident Report pages where the signed in user is the Recorder but has not yet signed the Detail section of the page. | Display the number of documents the logged in user is the recorder for (creator of the page) and has not yet signed the Incident section of the page. | The number hyperlink will open the Report list page filtered based on user, form, unsigned |
| Restrictive Procedure Forms in Progress | Displays all Restrictive Procedures Forms where the signed in user is the Recorder but has not yet signed the staff reporting section of the page | Display the number of documents the logged in user is the recorder for (creator of the page) and has not yet signed the incident section of the page | The number hyperlink will open the report list page filtered based on user, form, and unsigned |
| Incident Reports Assigned for Review | Displays all incident report pages where the signed in user is identified as either the ‘Nurse/staff evaluating’, ‘Supervisor Name’ or ‘Administrator’ in the Supervisor Follow Up Section and the section the staff is identified in is not yet signed. | Display the number of documents the logged in user is assigned to for the following fields and that section is not yet signed | The number hyperlink will open the Report/Restrictive Procedure Forms list page and display only those Incident Reports that the logged in staff is assigned as one of the staff for the following sections and the section is not yet signed |
| Restrictive Procedure Forms Assigned for review | Displays all restrictive procedure forms where the signed in user is identified as either the ‘Nurse/staff evaluating’, ‘Supervisor Name’ or ‘Administrator’ in the Supervisor Follow Up Section and the section the staff is identified in is not yet signed. | Display the number of documents the logged in user is assigned to for the following fields and that section is not yet signed | The number hyperlink will open the Report/Restrictive Procedure Forms list page and display only those Incident Reports that the logged in staff is assigned as one of the staff for the following sections and the section is not yet signed |