

**Commonwealth of Massachusetts**  
Executive Office of Health and Human Services



Department of Mental Retardation

***The HCSIS Story***

October 2006



# The HCSIS Story

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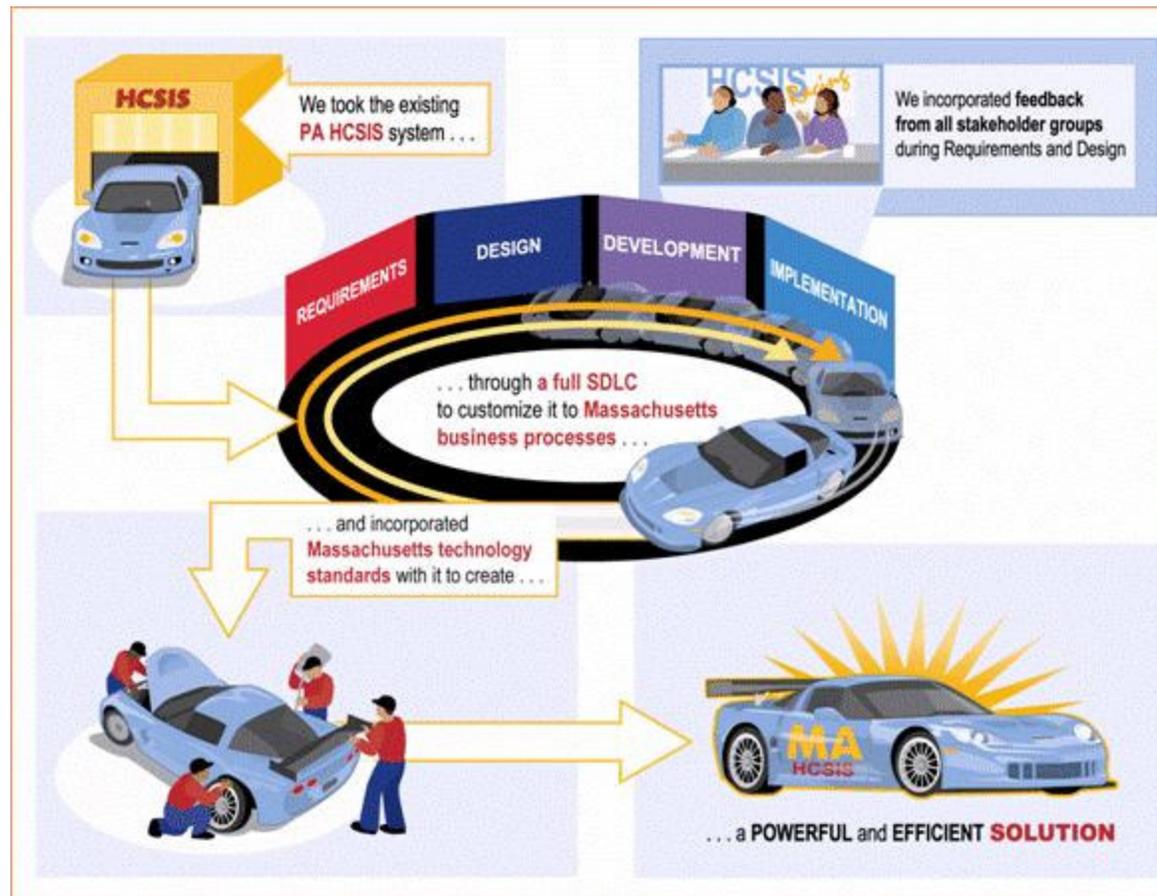


# The HCSIS Story

## *The Evolution of a Solution*



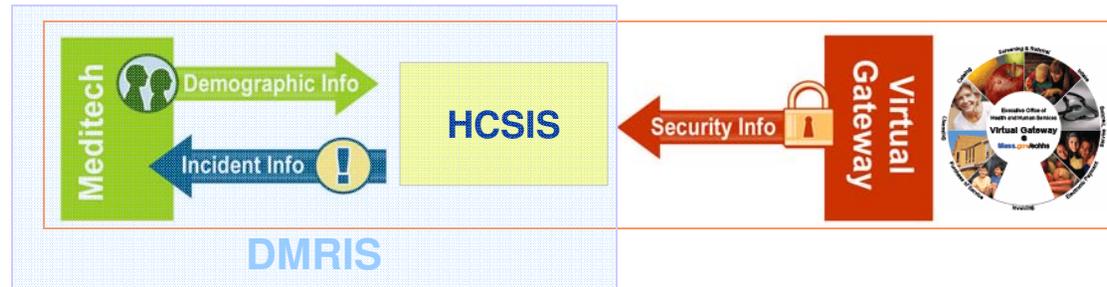
- HCSIS started in Pennsylvania to support the management of their HCBS Programs.
- Massachusetts HCSIS went live with the Quality Management module through a Pilot beginning on March 7, 2006 and became available statewide on July 17, 2006.





# The HCSIS Story

## *Integration into EOHHS and DMRIS*



- Through successful collaboration with EOHHS, HCSIS was made available through the HHS Virtual Gateway
  - The Virtual Gateway is the online portal to Commonwealth of Massachusetts Health and Human Services. The portal allows state and provider agencies to access a multitude of HHS services and applications with a single log-on ID.
- With DMR's first near real-time MEDITECH Data Repository Interface for retrieval of individual demographics, provider relationships and caseload information, HCSIS has fully integrated into the DMRIS
  - MEDITECH continues to be the system of record for case-related information.
  - HCSIS replaced several of DMR applications to become the system of record for quality management-related information



# The HCSIS Story

## *Features and Benefits*



- MA HCSIS features the following components:
  - Incident Management provides for the reporting and management of Incidents, Restraints, Medication Occurrences, and Optionally Reportable Events.
  - Death Reporting supports the reporting and review of Death Reports.
  - Investigations includes the tracking, data entry, and reporting of information for allegations of abuse or mistreatment reported to DPPC.
  - Health Care Record gathers demographic and medical information regarding the health status of individuals.
  - National Core Indicators supports the Core Indicator Surveys, which provide information about various performance indicators across states.
  - User Administration allows DMR to create users and providers to manage the HCSIS roles for their staff.
- For each component / module, reports are available for data analysis and aggregation.



# The HCSIS Story

## Features and Benefits



### Area and Regional Offices

- ❖ *HCSIS Helps the Area and Regional Offices Track and Manage the Incident, Restraint and Medication Occurrence Review Processes*
- ❖ *HCSIS Helps to Keep Staff Informed of Meaningful Events and Incidents*



### Service Coordinators

- ❖ *HCSIS Helps to Keep Service Coordinators Informed of Meaningful Events and Incidents*
- ❖ *HCSIS Provides Instant Access to All Incidents*



### Individuals Served by DMR

- ❖ *HCSIS Helps to Monitor the Health and Safety of Individuals Served by DMR*



### DMR Central Office

- ❖ *HCSIS Provides DMR a Centralized Location for Quality Management Data*
- ❖ *HCSIS Supports Existing and New Business Processes and Regulations*



### Provider Agencies

- ❖ *HCSIS Helps Providers Collaborate with DMR to Manage Incidents*
- ❖ *HCSIS Offers Reports to Providers for Identifying Trends in Quality Management*



# The HCSIS Story

## *What People are Saying*



*“Data entry is very easy. HCSIS provides guidelines for clear reporting.”*  
**- Provider Agency**

*“I’m in the loop quickly on incidents. Instant notification of Incidents!”*  
**- Service Coordinator Supervisor**



*“Very useful information generated that we never had access to before.”*  
**- Area Office Management**

*“Reports are very helpful to manage data.”*  
**- Regional Management**



# The HCSIS Story

## *The Road to Success*



- Stakeholders involved early on and throughout the process
  - Representatives from DMR Area Offices, DMR Regional Offices, DMR Central Office, and Provider agencies participated in the following activities:
    - General System Design
    - Regional Road shows
    - Partnership Meetings
    - User Acceptance Testing
    - Implementation Planning and Preparation
    - Classroom and Web-based training

Timeframe	Activity
May - July 2005	General System Design Sessions
June - August 2005	Partnership Meetings
June 2005	HCSIS Web Cast
July - August 2005	Regional HCSIS Road Shows
November 2005 - present	Implementation Planning
January - February 2006	User Acceptance Testing
February 2006 - present	HCSIS User Training

- Through various discussions and presentations, Stakeholders quickly saw the benefits of HCSIS as a critical and valuable tool for the management of Incidents, Restraints, Medication Occurrences, and Health Care Records.

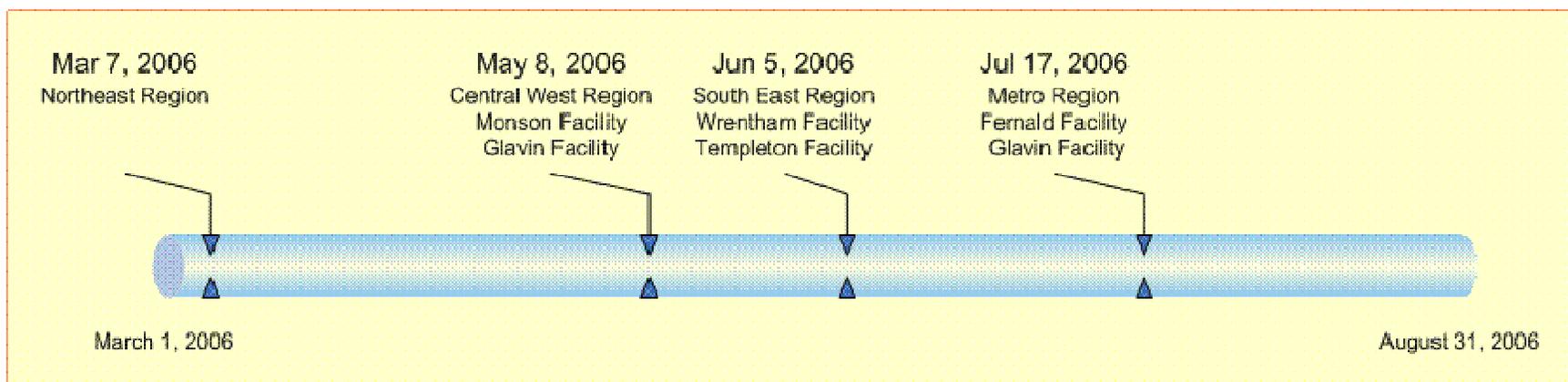


# The HCSIS Story

## *The Road to Success*



- Business Standardization
  - While discussing system design, DMR and Providers identified business processes that would benefit from an additional level of standardization.
    - Categorization of Incidents
    - Review Process for Incident Management
- Pilot Approach
  - Streamlined New User Sign-up
  - Issues and Enhancements identified in the first pilot were evaluated for the next Regional Implementation
  - Providers who offered services across regions had the option to choose which implementation to participate in



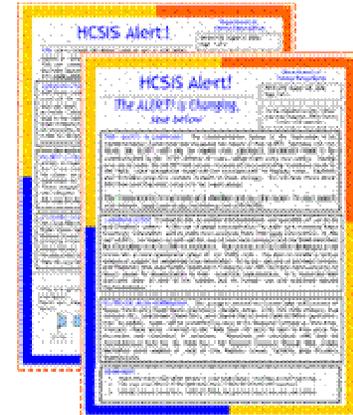


# The HCSIS Story

## *The Road to Success*



- On-going Communications
  - DMR releases HCSIS Alerts! to explain upcoming changes and/or helpful hints
  - DMR updates training materials on an on-going basis
  - Regional Conference Calls and Meetings
    - End-User Forums
    - Scheduled HCSIS Regional Leads Meetings
- Scheduled Maintenance
  - On a scheduled basis, maintenance updates are made to HCSIS
  - DMR tracks issues raised to the DMR Helpdesk





# The HCSIS Story

## *The Road to Success*



- Enhancements
  - DMR continues to pursue enhancements that were identified after implementation and those which were tabled during the initial design phases

### **Provider Enhanced Security**

\* July 2006, with a pilot in September 2006

*Enhanced Security offers Providers the ability to limit the individuals that a user has access to by linking the individuals to security groups (site address or service based) and linking users to security groups.*

### **Process Management for Death Reporting**

\* August 2006

*The Process Management screens for Death Reporting will allow DMR Central Office to identify which death reports have been submitted and/or require review.*

### **Data Extracts**

\* November 2006 (planned)

*Data Extracts is a tool in HCSIS that will allow users (DMR and Providers) to download HCSIS data in the form of a Microsoft access data for the purpose of querying and reporting.*

### **Oracle 10g Upgrade**

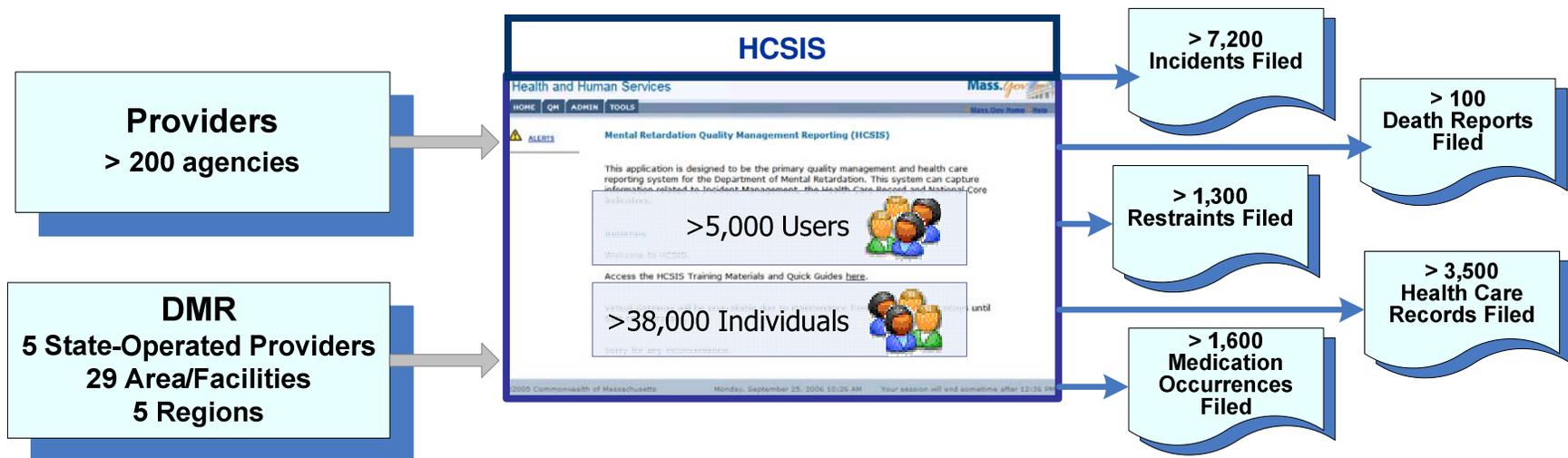
\* November 2006 (planned)

*The Oracle 10g Upgrade will provide DMR with the ability to extend the HCSIS application to more users without effecting the performance of the application*



# The HCSIS Story

## Key Statistics



NOTE: Data collected as of September 23, 2006



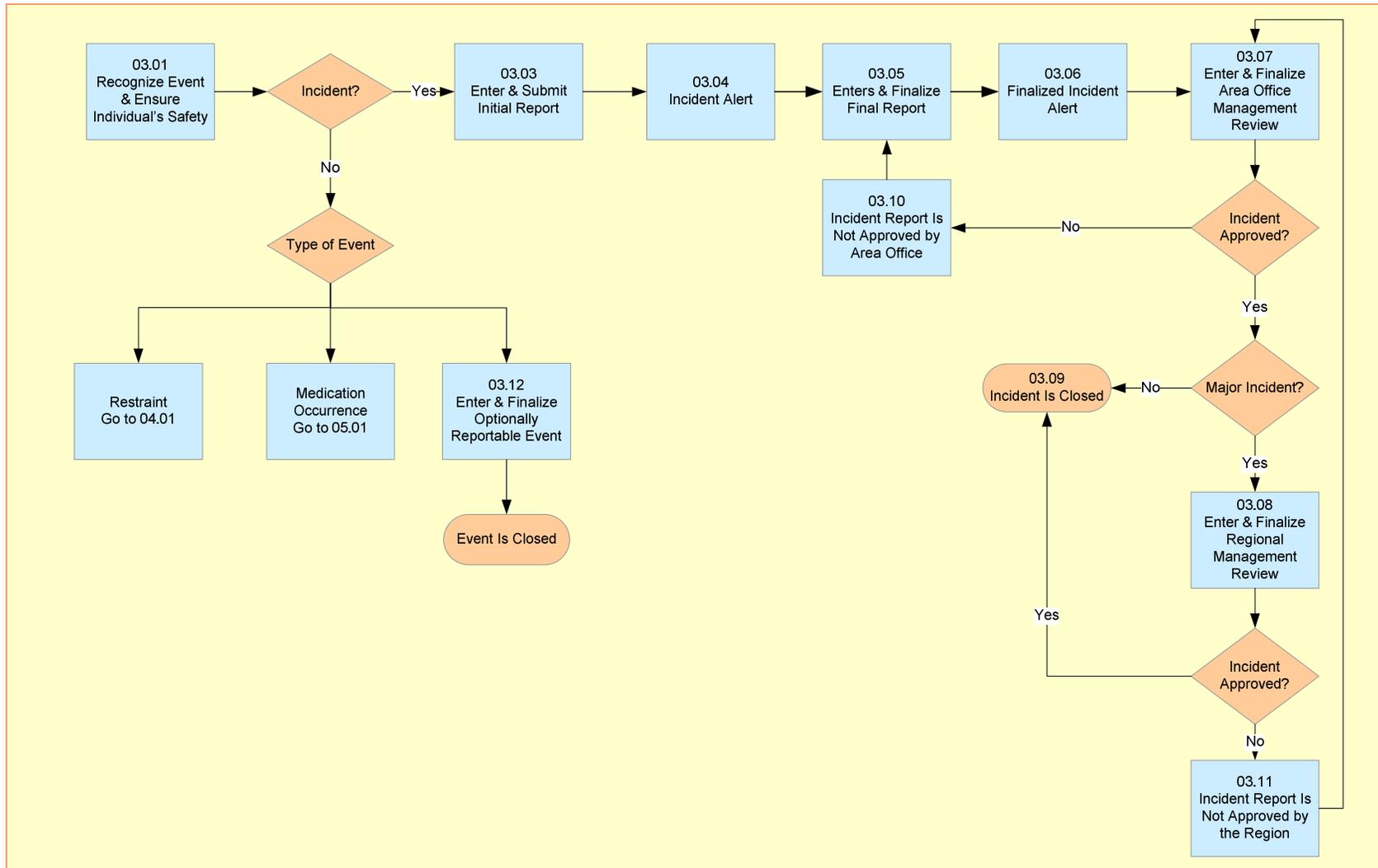
# The HCSIS Story

## Incident Management At-A-Glance



- Process Flow

- Defined during General System Design and updated as needed.





# The HCSIS Story

## Incident Management At-A-Glance



- Screen Shot: Initial Report – Individual Information

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HCR | IM | Death Reporting | NCI | Investigations | Reports  
 Event Data Entry | Restricted Access | Report Extension | Filing Process Mgt. | Review Process Mgt.  
 QM > IM > Event Data Entry > Individual Information

**Search**

<b>Individual Information</b>	Name: DOE, JOHN	SSN: XXX-XX-5555	DOB: 01/01/1970	Gender: Male	Area Office: Wrentham Developmental Ctr
-------------------------------	-----------------	------------------	-----------------	--------------	---

Incident Information	Incident ID: 1474	Incident Date:	Primary Incident Nature:
----------------------	-------------------	----------------	--------------------------

Go To:

**Initial Report: Individual Information**

First Name:	JOHN
Middle Initial:	
Last Name:	DOE
SSN:	XXX-XX-5555
Gender:	Male
Date of Birth (MM/DD/YYYY):	01/01/1970
Level of MR:	Mild (IQ 52-70)
Class Status:	-
Individual's Service Coordinator (Last Name, First Name):	SERVICECOORDINATOR, SALLY
Is the Individual subject to a Level 2 or 3 Behavior Plan?	No
Services Received:	ABC PROVIDER - RESIDENTIAL SUPPORTS

**Individual's Address**

Address Line 1:	100 MAIN ST
Address Line 2:	-
Address Line 3:	-
City:	BOSTON
State:	MA
Zip Code:	02114

**Guardian**

Name:	DOE, JANE
Address Line 1:	2 SPRING ST
Address Line 2:	-
City:	BOSTON
State:	MA
Zip Code:	02118



# The HCSIS Story

## Incident Management At-A-Glance



- Screen Shot: Initial Report – Filing Agency Information

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[QM](#) > [IM](#) > [Event Data Entry](#) > [Filing Agency Information](#)

**Search**

**Individual Information** | Name: **DOE, JOHN** | SSN: **XXX-XX-5555** | DOB: **01/01/1970** | Gender: **Male** | Area Office: **Wrentham Developmental Ctr**

Incident Information
Incident ID: 1474
Incident Date:
Primary Incident Nature:

Go To:

**Initial Report: Filing Agency Information**

Filing Agency:	<b>ABC PROVIDER</b>
Address Line 1:	<b>1 ABC CORPORATE DR</b>
Address Line 2:	-
Address Line 3:	-
City:	<b>BOSTON</b>
State:	-
Zip Code:	-
Phone Number:	-
Staff who created the Incident Report in HCSIS:	<b>STAFF, SALLY</b>
Is the staff entering the incident in HCSIS the same staff who filled out the Incident Report?	* <input type="text" value="Yes"/>
Staff who filled out the Paper Incident Report (First Name):	<input type="text"/>
Staff who filled out the Paper Incident Report (Last Name):	<input type="text"/>
Staff responsible for incident follow-up (First Name):	<input type="text"/>
Staff responsible for Incident follow-up (Last Name):	<input type="text"/>



# The HCSIS Story

## Incident Management At-A-Glance



- Screen Shot: Initial Report – Incident Classification

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[QM](#) > [IM](#) > [Event Data Entry](#) > [Incident Classification](#)

Search

Individual Information	Name: DOE, JOHN	SSN: XXX-XX-5555	DOB: 1/1/1970	Gender: Male	Area Office: Wrentham Developmental Ctr
Incident Information	Incident ID: 1474	Incident Date:	Primary Incident Nature:		

Go To:

**Initial Report: Incident Classification**

Date the incident was discovered (MM/DD/YYYY): \*

Approximate time the incident was discovered (HH:MM AM/PM): \*

Do you know the date and/or approximate time that the incident occurred: \*

Date the incident occurred (MM/DD/YYYY):

Approximate time the incident occurred (HH:MM AM/PM):

Did staff directly observe the incident? \*

Was supervision at the time of incident being provided as assigned? \*

Responsible Site:

Primary Category of Incident: \*

Secondary Category of Incident: \*

**Based on the category selected, this incident is a Minor Incident.**

Is there an injury? \*



# The HCSIS Story

## Medication Occurrence Reporting At-A-Glance



- Screen Shot: Medication Occurrence Report – Medication Occurrence Information

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HCR | IM | Death Reporting | NCI | Investigations | Reports  
 Event Data Entry | Restricted Access | Report Extension | Filing Process Mgt. | Review Process Mgt.  
 QM > IM > Event Data Entry > Medication Occurrence

Search

Individual Information	Name: DOE, JOHN	SSN: XXX-XX-5555	DOB: 01/01/1970	Gender: Male	Area Office: Wrentham Developmental Ctr
Event Information	Event ID: 1475	Event Date:	Primary Event Nature: MOR		

Go To: Medication Occurrence

**Medication Occurrence**

Reporting Agency: **ABC PROVIDER**

Responsible Site: \* 1 ABC ST, BOSTON, MA

Responsible Site Phone Number (123-456-7856): \* 617-555-5555

Staff Responsible for MOR Follow-up (First Name): \* STAFF

Staff Responsible for MOR Follow-up (Last Name): \* SALLY

What happened? \* Omission

Date of Discovery (MM/DD/YYYY): \* 10/01/2006

Time of Discovery (HH:MM AM/PM): \* 12:00 PM

Date of Medication Occurrence (MM/DD/YYYY): \* 10/01/2006

Time of Medication Occurrence (HH:MM AM/PM): \* 11:30 AM

Did the Medication Occurrence happen over multiple consecutive administrations? \* No

Number of Doses:

Staff Position of Person Giving Medication: \* Non-MAP Certified Staff - Direct Care

Why did the Medication Occurrence happen? (Select all that apply) \*

- Misread label
- Did not get prescription, order, or refill from health care provider
- Did not order medication or refill from pharmacy
- Did not pick up medication from pharmacy
- Did not receive medication ordered from pharmacy
- Received wrong medication from pharmacy



# The HCSIS Story

## Medication Occurrence Reporting At-A-Glance



- Screen Shot: Medication Occurrence Report - Medications Involved

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 Event Data Entry | Restricted Access | Report Extension | Filing Process Mgt. | Review Process Mgt.  
 QM > IM > Event Data Entry > Medication(s) Involved

Search

Individual Information	Name: DOE, JOHN	SSN: XXX-XX-5555	DOB: 1/1/1970	Gender: Male	Area Office: Wrentham Developmental Ctr
Event Information	Event ID: 1475	Event Date: 10/1/2006	Primary Event Nature: MOR		

Go To: Medication(s) Involved

Name of Medication as Ordered:	Dosage:	Frequency/Time:	Route:
<input checked="" type="radio"/> folic acid	1000 mg	ONCE A DAY	Oral
<input type="button" value="Add"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/>			

**Medications**

Name of Medication as Ordered: folic acid

Dosage: \* 1000 mg

Frequency/Time: \* ONCE A DAY

Route: \* Oral

Medication as Given: \*

omission



# The HCSIS Story

## Medication Occurrence Reporting At-A-Glance



- Screen Shot: Medication Occurrence Report – Medication Occurrence Additional Information

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HCR | IM | Death Reporting | NCI | Investigations | Reports  
 Event Data Entry | Restricted Access | Report Extension | Filing Process Mgt. | Review Process Mgt.  
 QM > IM > Event Data Entry > Medication Occurrence Additional Information

Search

Individual Information	Name: DOE, JOHN	SSN: XXX-XX-5555	DOB: 1/1/1970	Gender: Male	Area Office: Wrentham Developmental Ctr
Event Information	Event ID: 1475	Event Date: 10/1/2006	Primary Event Nature: MOR		

Go To: Medication Occurrence Additional Information

**Medication Occurrence Additional Information**

Number of medications supposed to be given to this individual at the same time as the Medication Occurrence, including the medication(s) involved in the Medication Occurrence? \*

Was there a recent change in the medication order for the medication(s) involved in the MOR? \*

If Yes, Date of Medication Order Change?

Can this MOR be connected to a single staff person? \*

If Yes, Staff Person (First Name):

If Yes, Staff Person (Last Name):

If Yes, Is this person a regular staff member?

If Yes, Does this person regularly administer medications as part of their routine responsibility?

If Yes, Was the person who caused the Medication Occurrence working their regular shift?

If Yes, Was the person who caused the Medication Occurrence working at their routine site?



# The HCSIS Story

## Restraint Reporting At-A-Glance



- Screen Shot: Restraint Report – Restraint Basic Information

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HCR | IM | Death Reporting | NCI | Investigations | Reports  
 Event Data Entry | Restricted Access | Report Extension | Filing Process Mgt. | Review Process Mgt.  
 QM > IM > Event Data Entry > Restraints Basic Information

Search

<b>Individual Information</b>	Name: DOE, JOHN.	SSN: XXX-XX-5555	DOB: 1/1/1970	Gender: Male	Area Office: Wrentham Developmental Ctr
<b>Event Information</b>	Event ID: 1476		Event Date:	Restraint Type: N/A	

Go To: Restraint Basic Information

**Restraint Basic Information**

Individual's Service Coordinator (Last Name, First Name): SERVICECOORDINATOR, SALLY  
 Reporting Agency: ABC PROVIDER  
 Location where Restraint Occurred: \* 1 ABC ST, BOSTON, MA  
 Restraint Type: \* Physical  
 Type of Restraint Order: \* Initial  
 If Renewal, Restraint ID:   
 Date of Restraint (MM/DD/YYYY): \* 10/01/2006  
 Time of Restraint (HH:MM AM/PM): \* 12:00 AM  
 Date of Restraint Removal (MM/DD/YYYY): 10/01/2006  
 Time of Restraint Removal (HH:MM AM/PM): 12:30 AM  
 Was an Incident Report filed as a result of this restraint?: \* No  
 If Yes, Incident ID:   
 Name of Staff Identifying Emergency, (First Name): \* STAFF  
 Name of Staff Identifying Emergency, (Last Name): \* JOHN  
 Position of Staff Identifying Emergency:   
 Describe Emergency Situation: \*  
  
 Categorize Emergency Situation (select all that apply): \*  
 Substantial Risk of Serious Physical Assault  
 Occurrence of Serious Physical Assault  
 Substantial Risk of Serious Self Injurious Behavior  
 Individual Placed Themselves at Imminent Risk of Significant Physical Harm  
 Occurrence of Serious Self Injurious Behavior

Reset Save Check Spelling Save And Continue



# The HCSIS Story

## Restraint Reporting At-A-Glance



- Screen Shot: Restraint Report – Restraint Information II

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Event Data Entry | Restricted Access | Report Extension | Filing Process Mgt. | Review Process Mgt.  
QM > IM > Event Data Entry > Restraint Information II

Search

Individual Information	Name: DOE, JOHN.	SSN: XXX-XX-5555	DOB: 1/1/1970	Gender: Male	Area Office: Wrentham Developmental Ctr
Event Information	Event ID: 1476	Event Date: 10/01/2006	Restraint Type: Physical		

Go To:

### Restraint Information II

Behavioral Antecedents to Emergency Situation: \*

Less Restrictive Methods Used Prior to Restraint: \*

Did the Restraint result in physical injury? \*

Did the Restraint result in staff injury? \*



# The HCSIS Story

## Restraint Reporting At-A-Glance



- Screen Shot: Restraint Report – Involved Parties

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[QM](#) > [IM](#) > [Event Data Entry](#) > [Involved Parties](#)

Search

<b>Individual Information</b>	Name: DOE, JOHN.	SSN: XXX-XX-5555	DOB: 1/1/1970	Gender: Male	Area Office: Wrentham Developmental Ctr
-------------------------------	------------------	------------------	---------------	--------------	---

<b>Event Information</b>	Event ID: 1476	Event Date: 10/01/2006	Restraint Type: Physical
--------------------------	----------------	------------------------	--------------------------

Go To:

First Name:	Last Name:	Involvement in Restraint:
<input type="radio"/> JANE	SMITH	Authorizing Initial Restraint
<input type="button" value="Add"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/>		

**Involved Parties**

First Name: \*

Last Name: \*

Involvement in Restraint (Select all that apply): \*

- Authorizing Initial Restraint
- Authorizing Renewal Restraint
- Specially Trained Monitor
- Applying Restraint
- Authorizing Removal



# The HCSIS Story

## Event Management At-A-Glance



- Screen Shots - Event Management - Filing Process Management

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**Event Search Criteria**

From Date (MM/DD/YYYY): \*

Area Office:

Include:

To Date (MM/DD/YYYY): \*

Region:

Sort By:

Event ID	Name	Event Date	Primary Nature	Secondary Nature	Recent Milestone	Person Responsible for FollowUp	Provider	Site	Area Office
<a href="#">383</a>	Site Level Incident	10/01/2006	Emergency Relocation	None	Initial Report - Submitted		ABC PROVIDER		Wrentham Developmental Ctr
<a href="#">465</a>	DOE, JOHN	10/01/2006	MOR	Omission	Medication Occurrence Report - In progress		ABC PROVIDER	1 ABC ST, BOSTON	Wrentham Developmental Ctr



# The HCSIS Story

## Event Management At-A-Glance



- Screen Shots - Event Management – Review Process Management

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[QM](#) > [IM](#) > [Review Process Management](#) > [Search](#)

**Event Search Criteria**

From Date (MM/DD/YYYY): *	<input type="text" value="09/01/2006"/>	To Date (MM/DD/YYYY): *	<input type="text" value="10/01/2006"/>
Area Office:	<input type="text"/>	Region:	<input type="text"/>
Include:	<input type="text"/>	Major/Minor:	<input type="text"/>
Area Management Review Status:	<input type="text"/>	Sort By:	<input type="text"/>

Event ID	Name	Event Date	Primary Nature	Secondary Nature	Recent Milestone	Major Minor	Provider	Site	Area Office	SC
<u>71</u>	DOE, JOHN	09/02/2006	Restraint	Mechanical	Restraint Report - Finalized		ABC PROVIDER	1 ABC ST, BOSTON	Hogan Regional Center	SERVICE, SALLY
<u>157</u>	DOE, JANE	09/30/2006	MOR	Wrong Dose	Medication Occurrence Report - Finalized		ABC PROVIDER	1 ABC ST, BOSTON	Wrentham Developmental Ctr	COORDINATOR, ALBERT
<u>243</u>	DOE, JAMES	10/01/2006	Emergency Relocation	None	Area Management Review - In Progress	Major	CDE PROVIDER	2 CDE AVE, BOSTON	Wrentham Developmental Ctr	SERVICE, MARK



# The HCSIS Story

## Health Care Record At-A-Glance



- Screen Shot: Health Care Record – View/Edit Health Care Record

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[HCR Data Entry](#) | [Update Log](#)  
[QM](#) > [HCR](#) > [HCR Data Entry](#) > [View/Edit Health Care Record](#)

Search

Individual Information:
Name: DOE, JOHN
Gender: Male
SSN: XXX-XX-5555
DOB: 01/01/1970
Area Office: Wrentham Developmental Ctr

**Current HCR**

Last Updated By: STAFF, ALICE Last Updated Date: 10/10/2006 2:21:50 PM

Next ISP Date: 05/01/2007

[Update the HCR](#)
[View the HCR Printable Summary](#)
[View the HCR Printable Form](#)

**HCR Snapshot**

#	Description	Date Snapshot Taken	Taken By	Organization	Update Log
2	FOR 2006 ISP	12/1/2006 11:08:05 AM	STAFF, KAREN	ABC PROVIDER	<a href="#">View</a>
1	<u>INITIAL HEALTH CARE RECORD</u>	4/5/2006 11:05:44 AM	STAFF, EDWARD	ABC PROVIDER	<a href="#">View</a>



# The HCSIS Story

## Health Care Record At-A-Glance



- Screen Shot: Health Care Record – Basic Information

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HCR | IM | Death Reporting | NCI | Investigations | Reports  
HCR Data Entry | Update Log  
QM > HCR > HCR Data Entry > Basic Information

Search

Individual Information: Name: DOE, JOHN Gender: Male SSN: XXX-XX-5555 DOB: 01/01/1970 Area Office: Wrentham Developmental Ctr

Go To: Basic Information

Name:	DOE, JOHN	<a href="#">Follow-Up</a>
Likes to be Called:	<input type="text"/>	<a href="#">Follow-Up</a>
DOB:	01/01/1970	<a href="#">Follow-Up</a>
Gender:	Male	<a href="#">Follow-Up</a>
SSN:	XXX-XX-5555	<a href="#">Follow-Up</a>
Religious Considerations for care:	<input type="text"/>	<a href="#">Follow-Up</a>
Street Address 1:	100 MAIN ST	<a href="#">Follow-Up</a>
Street Address 2:	-	<a href="#">Follow-Up</a>
City:	BOSTON	<a href="#">Follow-Up</a>
State:	MA	<a href="#">Follow-Up</a>
Zip:	02114	<a href="#">Follow-Up</a>
Phone Number (123-456-7890):	617-555-5555	<a href="#">Follow-Up</a>
Health Insurance Type #1:	MEDICAID OF MASS.	<a href="#">Follow-Up</a>
Health Insurance ID #1:	01234567890	<a href="#">Follow-Up</a>
Health Insurance Type #2:	-	<a href="#">Follow-Up</a>
Health Insurance ID #2:	-	<a href="#">Follow-Up</a>
Agency Responsible for Providing Residential Services?	Yes	<a href="#">Follow-Up</a>
If Yes, Name of Agency:	ABC PROVIDER	<a href="#">Follow-Up</a>
If Yes, Primary Contact Person:	<input type="text"/>	<a href="#">Follow-Up</a>
If Yes, Phone Number (123-456-7890):	<input type="text"/>	<a href="#">Follow-Up</a>
Consent Status:	<input type="text"/>	<a href="#">Follow-Up</a>
If Consent from Guardian, Name:	<input type="text"/>	<a href="#">Follow-Up</a>
If Consent from Guardian, Phone Number (123-456-7890):	<input type="text"/>	<a href="#">Follow-Up</a>
Resuscitation Status:	<input type="text"/>	<a href="#">Follow-Up</a>
If DNR, is comfort care form available?	<input type="text"/>	<a href="#">Follow-Up</a>
Health Care Proxy?	<input type="text"/>	<a href="#">Follow-Up</a>
If Yes, Name:	<input type="text"/>	<a href="#">Follow-Up</a>
If Yes, Phone Number (123-456-7890):	<input type="text"/>	<a href="#">Follow-Up</a>
Additional Comments regarding the individual's medical condition or state:	<input type="text"/>	<a href="#">Follow-Up</a>



# The HCSIS Story

## Health Care Record At-A-Glance



- Screen Shot: Health Care Record – Special Needs

Health and Human Services Mass.gov

HOME QM ADMIN TOOLS Mass.Gov Home Help

HCR | IM | Death Reporting | NCI | Investigations | Reports  
HCR Data Entry | Update Log  
QM > HCR > HCR Data Entry > Special Needs

Search

**Individual Information:** Name: DOE, JOHN Gender: Male SSN: XXX-XX-5555 DOB: 01/01/1970 Area Office: Wrentham Developmental Ctr

Go To:

Usual Response to Medical/Dental Exams:	* <input type="text" value="Cooperates"/>	<a href="#">Follow-Up</a>
Sedation for clinical visits :	* <input type="text" value="Yes"/>	<a href="#">Follow-Up</a>
If Yes, what type of clinical visit:	<input type="text"/>	<a href="#">Follow-Up</a>
If Yes, please explain the type of sedation used:	<input type="text"/>	<a href="#">Follow-Up</a>
Special positioning required for examination :	* <input type="text" value="Yes"/>	<a href="#">Follow-Up</a>
If Yes, please explain:	<input type="text"/>	<a href="#">Follow-Up</a>
Double staffing required for assistance with exams :	* <input type="text" value="Yes"/>	<a href="#">Follow-Up</a>
If Yes, please explain:	<input type="text"/>	<a href="#">Follow-Up</a>
Requires limited waiting periods for exams:	* <input type="text" value="Yes"/>	<a href="#">Follow-Up</a>
Appointment Schedule Preference:	* <input checked="" type="checkbox"/> Prefers early day appointment <input type="checkbox"/> Prefers end of day appointments <input type="checkbox"/> Unknown <input type="checkbox"/> No Preference	<a href="#">Follow-Up</a>
Special communication device/method :	* <input type="text" value="Yes"/>	<a href="#">Follow-Up</a>
If Yes, please explain:	<input type="text"/>	<a href="#">Follow-Up</a>
Pain Response:	* <input type="text" value="Normal"/>	<a href="#">Follow-Up</a>
If Unique, please explain:	<input type="text"/>	<a href="#">Follow-Up</a>
Signs of Discomfort	* <input type="text" value="Yes"/>	<a href="#">Follow-Up</a>
If Yes, please explain:	<input type="text"/>	<a href="#">Follow-Up</a>



# The HCSIS Story

## Tools At-A-Glance



- Screen Shot: Tools – Alerts

Health and Human Services

HOME
QM
ADMIN
TOOLS

[Mass.Gov Home](#) [Help](#)

[Reports](#) | [Alerts](#) | [Misc](#) | [IM Utilities](#) | [DPPC](#) | [Data Extracts](#)

[Pending Alerts](#)

[Tools](#) > [Alerts](#) > [Pending Alerts](#) > [Pending Alerts](#)

**Alert Search Criteria**

Subject:

Recipient User:

**Your search found multiple matches. Please select the desired Alert.**

Select	Date of Alert	Alert Subject	Alert Message
<input type="checkbox"/>	10/01/2006	Restraint Report is Submitted	<u>Restraint Report is Submitted</u> : Individual Name: DOE, JOHN; Event ID: 1411; Event Date: 09/30/2006; Event Time: 10:00 AM; Human Services Coordinator Name: COORDINATOR, KEVIN
<input type="checkbox"/>	09/30/2006	An Incident has been closed	<u>An Incident has been closed</u> : Individual Name: DOE, JANE; Event ID: 1258; Primary Nature: Physical Altercation; Secondary Nature: Individual to Individual, Alleged Victim; Incident Date: 09/10/2006; Incident Time: 10:15 AM; Human Services Coordinator Name: SERVICE, SAM



# The HCSIS Story

## Tools At-A-Glance



- Screen Shot: Reports – Reports Request

Health and Human Services Mass.gov 

HOME QM ADMIN TOOLS Mass.Gov Home Help

Reports | Alerts | Misc | IM Utilities | DPPC | Data Extracts  
Reports Request | Reports Inbox  
Tools > Reports > Reports Request

**Reports List**

**Incident Management**  
[Aging Incident Detail](#)  
[Aging Incident Summary Report](#)  
[Event Counts](#)  
[Events By Individual Detail Report](#)  
[Events By Site/Provider](#)  
[Incidents With Injury Counts](#)  
[Incidents With Injury Detail](#)  
[Incidents By Case Status](#)  
[Multiple Events By Individual Summary](#)

**Death Reporting**  
[Death Report](#)

**Investigations**  
[Action Plans](#)  
[Investigation Count](#)  
[Outstanding Investigations](#)

**Medication Occurrence Reporting**  
[Medication Occurrence Detail](#)  
[Medication Occurrence Summary](#)

**Restraint Management**  
[Restraint Detail Report](#)

**Administrative Security**  
[Administrative Analysis Report By Local Admin](#)  
[Administrative Analysis Report By User](#)

**National Core Indicators**  
[Aggregate Response Report](#)  
[Survey Status](#)



# The HCSIS Story

## Tools At-A-Glance



- Sample Report: Events By Individual Detail

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF MENTAL RETARDATION  
INCIDENT MANAGEMENT - EVENTS BY INDIVIDUAL DETAIL REPORT

Run Date : 10/09/2006  
Run Time : 12:43:29 pm  
As Of Date :10/09/2006 12:43:29 pm

Begin Date (MM/DD/YYYY): 01/01/2006  
End Date (MM/DD/YYYY): 10/09/2006  
SSN #: NULL  
First Name: NULL  
Last Name: NULL  
Primary Nature: NULL  
Secondary Nature: NULL  
Provider: NULL  
Site: NULL  
Area Office: NULL  
Site: NULL  
Region: NULL  
Area/Provider Reported Incidents: NULL  
Event Type: NULL  
Event Category: NULL  
Event Status: NULL

Individual's Name: DOE, JOHN

Event ID	Event Date	Event Time	Day of Week	Filing Agency	Site Location	Major/Minor Designation	Primary Nature	Secondary Nature	Status
478	01/08/2006	12:00 PM	Sunday	ABC PROVIDER	1 ABC ST, BOSTON		Optionally Reportable Event	Optionally Reportable Event	CLOSED

Individual Total: 1 Event

Individual's Name: DOE, JANE

Event ID	Event Date	Event Time	Day of Week	Filing Agency	Site Location	Major/Minor Designation	Primary Nature	Secondary Nature	Status
1410	01/25/2006	11:00 AM	Wednesday	ABC PROVIDER	2 ABC DR, BOSTON	Non-Hotline	MOR	Wrong Route	OPEN
1411	02/19/2006	10:00 AM	Thursday	CDE PROVIDER	1 CDE ST, BOSTON		Restraint	Physical	OPEN



# The HCSIS Story

## Tools At-A-Glance



- Sample Report: Events By Site/Provider

COMMONWEALTH OF MASSACHUSETTS  
 DEPARTMENT OF MENTAL RETARDATION  
 INCIDENT MANAGEMENT - EVENTS BY SITE/PROVIDER REPORT

Run Date : 10/10/2006  
 Run Time : 12:44:13 pm  
 As Of Date : 10/10/2006 12:44:13 pm

Begin Date (MM/DD/YYYY): 01/01/2006  
 End Date (MM/DD/YYYY): 10/09/2006  
 SSN #: NULL  
 First Name: NULL  
 Last Name: NULL  
 Primary Nature: NULL  
 Secondary Nature: NULL  
 Provider: NULL  
 Site: NULL  
 Area Office: NULL  
 Site: NULL  
 Region: NULL  
 Event Type: NULL  
 Event Category: NULL  
 Area/Provider Reported Incidents: NULL

---

Provider : ABC PROVIDER

---

Site : 1 ABC ST, BOSTON

---

Individual's Name : DOE, JOHN

---

Event ID	Event Date	Event Time	Day of Week	Filing Agency	Primary Nature	Secondary Nature	Person Responsible for Follow-up	Status
1411	01/20/2006	10:00 am	Friday	ABC PROVIDER	Restraint	Physical		Open

Site Total: 1 Events

---

Provider Total: 1 Events

---

Grand Total: 1 Events



# The HCSIS Story

## Tools At-A-Glance



- Sample Report: Multiple Events by Individual Summary

**COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF MENTAL RETARDATION  
INCIDENT MANAGEMENT - MULTIPLE EVENTS BY INDIVIDUAL SUMMARY**

Run Date : 10/10/2006  
Run Time : 12:44:44 pm  
As of Date: 10/10/2006 10:02:23 am

Begin Date (MM/DD/YYYY): 01/01/2006  
End Date (MM/DD/YYYY): 10/09/2006  
Minimum Total Event Count: 1  
Minimum Event Count filed by Agency: NULL  
Primary Nature: NULL  
Secondary Nature: NULL  
Provider: NULL  
Site: NULL  
Area Office: NULL  
Site: NULL  
Region: NULL  
Area/Provider Reported Incidents: NULL  
Include OREs: NULL  
HSC: NULL  
Exclude MOR & Restraints: NULL

**Provider Name: ABC PROVIDER**

Individual's Name	SSN	HSC	# of Total Incidents	# of Incidents Filed by Agency	# of Medication Occurrences (only for Agency)	# of Restraints	# of Restraints Filed by Agency
DOE, JOHN	XXX-XX-5555	SERVICE, MARK	8	8	1	0	0
DOE, JANE	XXX-XX-4444	COORD, MARY	2	1	4	2	1

**Number of Events for ABC PROVIDER: 15**

**Total Number of Events : 15**



# The HCSIS Story

## Administration At-A-Glance



- Screen Shot: Administration – User Roles

Health and Human Services

HOME QM ADMIN TOOLS
Mass.Gov Home Help

[Help Desk](#) | [User Administration](#) | [Site/Security Group Management](#) | [Enhanced Security Management](#)  
[New User Wizard](#) | [User Profile](#) | [Privileges](#)  
 Admin > User Administration > Privileges

Search

Virtual Gateway User ID: JDOE	First Name: JOHN	Middle Initial:	Last Name: DOE
Phone: (617) 555-5555		Email: jdoe@jdoe.com	
Account Status: OPEN		Meditech User ID:	

Select	Scopes	Roles
<input checked="" type="radio"/>	ABC PROVIDER	Provider/State Data Extract Request Role IM Supervisor Role Exec. Director / Designee Human Rights Coordinator Restraint Manager HCR Supervisor

Reset
Modify Roles



# The HCSIS Story

## Administration At-A-Glance



- Screen Shot: Administration – User to Security Group Relationships

Health and Human Services Mass.gov 

HOME QM ADMIN TOOLS Mass.Gov Home Help

Help Desk | User Administration | Site/Security Group Management | Enhanced Security Management  
Individual to Security Group | Security Group to Individual | User to Security Group | Security Group to User | Enhanced Security Settings  
Admin > Enhanced Security Management > User to Security Group > User Search

Search

Provider Information		Name: ABC PROVIDER
Enhanced Security Indicator: No		
User Information	Virtual Gateway User ID: JDOE	User Name: DOE, JOHN

**Security Group:**

- 1 ABC ST, BOSTON
- 2 ABC ST, BOSTON
- 3 ABC ST, BOSTON
- 4 ABC ST, BOSTON

Select All  
 All Individuals  
 None

Reset Save



# The HCSIS Story

## Administration At-A-Glance



- Screen Shot: Administration – Individual to Security Group Relationships

Health and Human Services Mass.Gov

HOME QM ADMIN TOOLS [Mass.Gov Home](#) [Help](#)

Help Desk | User Administration | Site/Security Group Management | Enhanced Security Management  
Individual to Security Group | Security Group to Individual | User to Security Group | Security Group to User | Enhanced Security Settings  
Admin > Enhanced Security Management > Individual to Security Group > Individual To Security Group Relationship

Search

Provider Information			Name: ABC PROVIDER		
Enhanced Security Indicator: No					
Individual Information	Name: DOE, JOHN	SSN: XXX-XX-5555	DOB: 01/01/1970	Gender: Male	Area Office: Wrentham Developmental Ctr

**Security Group:**

- 1 ABC ST, BOSTON, MA
- 2 ABC ST, BOSTON, MA
- 3 ABC ST, BOSTON, MA
- 4 ABC ST, BOSTON, MA

Select All  
 None