

# **Complaint and Incident Intake (CII)**

## **Training Guide**

How to submit an incident report for Non-Long-Term Care (LTC) facilities.

October 23, 2020

Version 0.6

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# Training Guide Overview

Texas Health and Human Services Commission has introduced a new incidents submission page under the existing Texas Unified Licensure Information Portal (TULIP) for the following licensed and/or certified Texas Health and Human Services providers to submit incidents online to notify the agency if someone in their care has been or may be physically or mentally abused, neglected or exploited.

- Ambulatory surgical centers
- Birthing centers
- Clinical laboratories
- Community mental health center
- End stage renal disease facilities
- Freestanding emergency medical care facilities
- Hospitals
- Private psychiatric hospitals and crisis stabilization units
- Psychiatric hospitals
- Special care facilities
- Substance abuse treatment facilities
- Narcotic Treatment Providers

# 1. How to submit an incident report

## 1.1. Create and submit an incident report

To submit an incident online, please visit the link (<https://txhhs.force.com/nonltc>). We highly recommend anyone submitting the incidents online to bookmark this page for future use.

If you have an existing TULIP account, the incident portal can also be accessed from your TULIP dashboard button 'Submit a Non LTC incident' as shown in the image below.

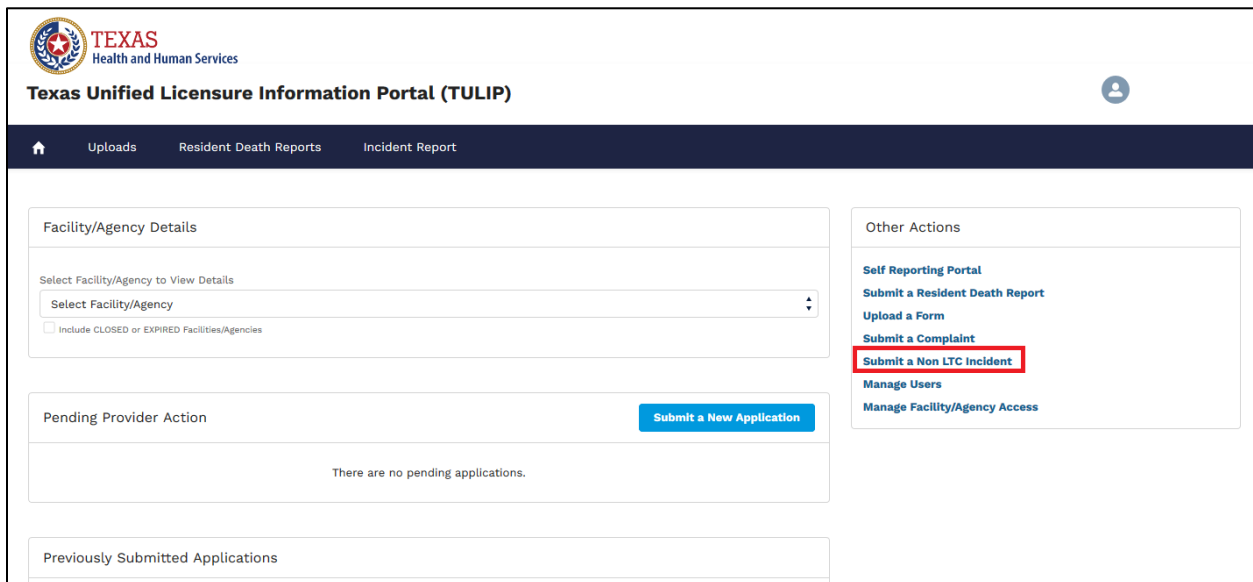


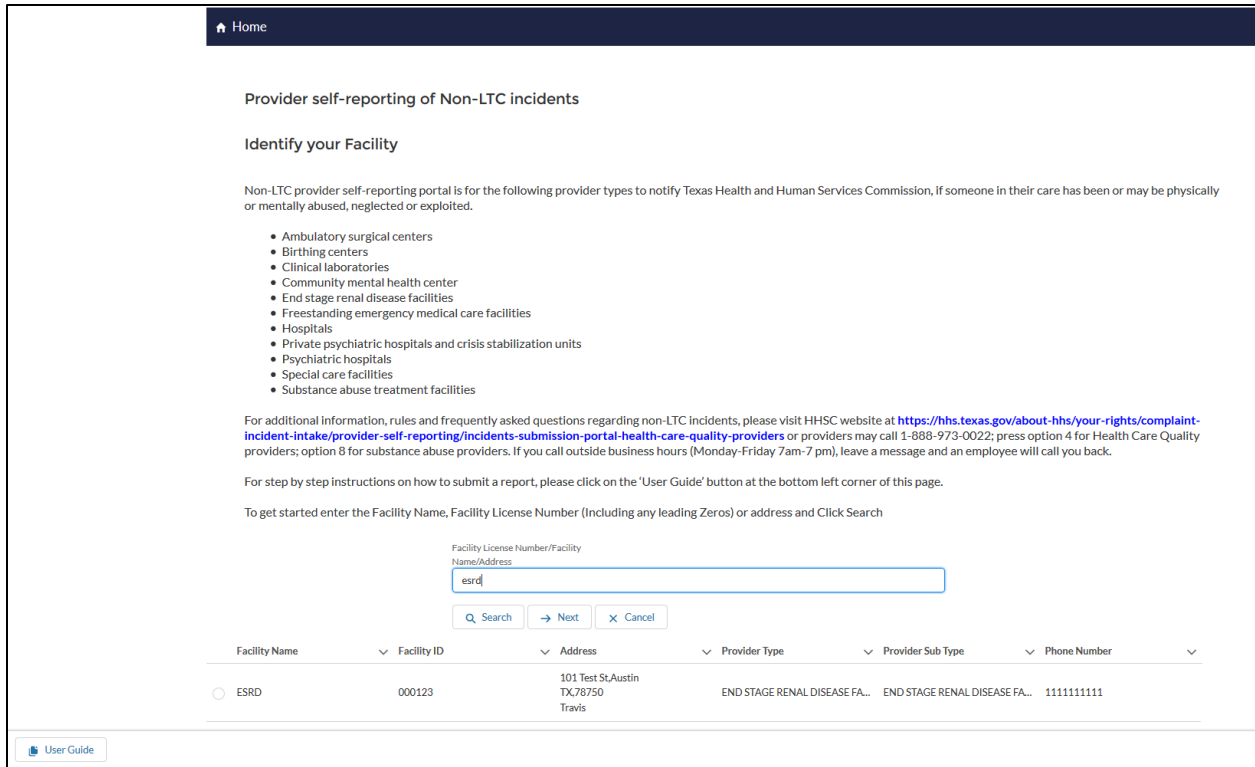
Figure 1. TULIP Provider Homepage

1. To begin with the incident report, you will need to identify the facility.

The screenshot shows a web interface for identifying a facility. At the top left, there is a 'Home' button. The main heading is 'Provider self-reporting of Non-LTC incidents'. Below this is the section 'Identify your Facility'. A paragraph explains that the portal is for notifying the Texas Health and Human Services Commission about physical or mental abuse, neglect, or exploitation. A bulleted list includes facility types such as ambulatory surgical centers, birthing centers, clinical laboratories, community mental health centers, end-stage renal disease facilities, freestanding emergency medical care facilities, hospitals, private psychiatric hospitals, psychiatric hospitals, special care facilities, and substance abuse treatment facilities. A paragraph provides additional information and contact details for HHSC, including a URL and a phone number. Another paragraph instructs users to click on the 'User Guide' button. A final paragraph prompts users to enter the facility name, license number, or address and click search. Below this text is a search input field with the placeholder 'Facility License Number/Facility Name/Address'. To the right of the input field are three buttons: 'Search', 'Next', and 'Cancel'. At the bottom left, there is a 'User Guide' button.

**Figure 2. "Identify your facility" page**

2. Search for the facility you want to submit the incident for using facility ID, facility name, CMS Certification Number (CCN) or address and click on search button. System displays the search results and you must select the facility you want to submit an incident for and click on next button.



**Figure 3. Identify your facility**

### 3. Enter incident data

The following screenshots will show the layout of incident report. The incident report will vary depending on the type of provider, we have 12 different provider types and the system will automatically load the form applicable to the provider type you choose on the "search for facility" page. The available provider types are

- Abortion facilities
- Ambulatory Surgical Centers
- Birthing centers
- Clinical laboratories
- Community Mental Health Center
- End Stage Renal Disease (ESRD)
- Freestanding Emergency Medical Care Facilities (FEMC)
- Hospitals
- Private Psychiatric hospitals and Crisis Stabilization units
- Psychiatric Hospitals
- Substance Abuse and Narcotic Treatment Providers
- Special care facilities

The fields will also vary in type:

- Free text
- Numerically-restricted
- Email-restricted
- Picklists (both single- and multiple-selection)
- Checkboxes
- Popup entry boxes

Fields that have red asterisk (\*) at the beginning of the field label name are required fields.

The screenshot displays the Texas Unified Licensure Information Portal (TULIP) interface. At the top left is the Texas Health and Human Services logo. To its right, the text reads "TEXAS Health and Human Services" and "Texas Unified Licensure Information Portal (TULIP)". Below this is a dark blue navigation bar with a "Home" link. The main content area is titled "Facility Information" and contains a form with the following fields:

Field Label	Value
Facility License Number	66606
Facility Name	ESRD
CCN#	
Address	123 Physical St,Austin,TX,78750,USA
Phone Number	1234567890
Provider Type	END STAGE RENAL DISEASE FACILITIES
Provider Sub Type	MEDICARE

**Figure 4. Selected facility information**

## Incident Details

Date and Time the Facility First Learned of the Incident

Date: 1/1/2020

Time: 2:37 PM

Date of last dialysis treatment: 1/1/2020

## Incident Type

Incident Type

- Death of a Patient
- Hospital Transfer
- Hepatitis B Conversion - Patient
- Hepatitis B Conversion Staff
- Involuntary Transfer or Discharge of a Patient
- Fire in the Facility

## Reporter Information

\* First Name: Joe

\* Last Name: Doe

Title: Activity Director

\* Contact Email: test@gmail.com

\* Contact Phone Number: (111)111-1111

Additional Contact Number: (111)111-1111

← Back   → Next   × Cancel

**Figure 5. Incident report – Incident details, Incident type and Reporter information**



4. Enter all the required information and click on "next" to proceed to next step/screen.

The screenshot displays the Texas Unified Licensure Information Portal (TULIP) interface. At the top left is the Texas Health and Human Services logo, featuring a star in a circle. To its right, the text reads "TEXAS Health and Human Services" and "Texas Unified Licensure Information Portal". Below the logo is the acronym "(TULIP)". A dark blue navigation bar contains a "Home" link with a house icon. The main content area includes a paragraph of instructions: "List all clients involved in this self-report and their corresponding information using 'Add client' button below. Do not skip the client section if clients are involved. If no clients are involved or if this incident affects all clients of the facility, please click 'Next' to move to the next section". Below this is the section header "Client/Resident Information". Underneath is a table with four columns: "Last Name", "First Name", "DOB", and "Actions". At the bottom right of the form are four buttons: "Back" (with a left arrow), "Next" (with a right arrow), "Cancel" (with an X), and "Add New Client" (with a plus sign).

**Figure 6. Incident Report – Client/resident information**

5. If the report contains no identifiable clients, click next to proceed to the next step.
6. Click on "Add New Client" button to add client information, if there are any identifiable clients

## Add Client/Patient/Resident Information

* First Name	<input type="text"/>
Middle Name	<input type="text"/>
* Last Name	<input type="text"/>
* Date of Birth	<input type="text" value=""/>
* SSN	<input type="text"/>
Phone Number	<input type="text"/>
Mailing Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>

**Figure 7. Incident Report – Add Client/resident information screen**

- \* Please note: Social Security Number (SSN) and Date of Birth (DOB) are required fields when adding client information. If you do not have the client's SSN or DOB, please call 1-888-973-0022 to make your report.

## Add Client/Patient/Resident Treatment Information

Did the client/patient receive any treatment?

Did the client/patient sustain any injuries?

Were X-Rays performed?

Did the client/patient have a history of elopements/suicidal ideations or attempts?

**Figure 8. Incident Report – Add Client/resident treatment information screen**

7. Add Client Vitals information (Applicable to ESRD facilities only) – Click on the “Add Record” button next to each vital type to add multiple vitals for each client

### Blood Pressure + Add Record

#	Blood Pressure Date	Blood Pressure(mmHg) Pre	Blood Pressure(mmHg) Post	Actions
---	---------------------	--------------------------	---------------------------	---------

### Weight + Add Record

#	Weight Date	Weight Pre	Weight Post	Actions
---	-------------	------------	-------------	---------

### Hematocrit(Hct.) + Add Record

#	Hematocrit(Hct.) Date	Hematocrit(Hct.) % Result	Actions
---	-----------------------	---------------------------	---------

### Hemoglobin(Hgb.) + Add Record

#	Hemoglobin(Hgb.) Date	Hemoglobin(Hgb.) % Result	Actions
---	-----------------------	---------------------------	---------

### Kt/V or URR + Add Record

#	Kt/V or URR Date	Kt/V or URR Result	Actions
---	------------------	--------------------	---------

### Potassium (mEq/l) + Add Record

#	Potassium (mEq/l) Date	Potassium (mEq/l) Result	Actions
---	------------------------	--------------------------	---------

+ Add Client
X Cancel

**Figure 9. Incident Report – Add Client/resident vital information**

8. Enter client information and click on the "Add Client" button to add and save client information
9. To edit previously entered client information, click on the "Edit" button next to the client you want to edit
10. To remove previously entered client, click on the "Remove" button next to the client you want to remove
11. Click the "Next" button to proceed to next screen/section

Home

List all clients involved in this self-report and their corresponding information using 'Add client' button below. Do not skip the client section if clients are involved. If no clients are involved or if this incident affects all clients of the facility, please click "Next" to move to the next section

### Client/Resident Information

Last Name	First Name	DOB	Actions
Smith	John	1930-01-01	<a href="#">Edit</a> <a href="#">Remove</a>

[← Back](#) [→ Next](#) [X Cancel](#) [+ Add New Client](#)

**Figure 10. Incident Report – Client/resident Actions**

12. Click the "Next" button to proceed to next screen/section

TEXAS Health and Human Services

Texas Unified Licensure Information Portal (TULIP)

Home

Provider self-reporting of Non-LTC incidents

List all alleged perpetrators involved in this self-report and their corresponding information using 'Add Alleged Perpetrator' button below. If no alleged perpetrators are involved, please click "Next" to move to the next section.

**Alleged Perpetrator Information**

Last Name	First Name	DOB	Actions
-----------	------------	-----	---------

← Back   → Next   × Cancel   + Add Alleged Perpetrator

**Figure 11. Incident Report – Alleged Perpetrator information**

13. Some incidents, such as those involving abuse, neglect, or exploitation, may involve a specific alleged perpetrator. **If there are no alleged perpetrators, click "next" to proceed to the next step.**
14. Click on the "Add Alleged Perpetrator" button to add alleged perpetrator information, if there are any identifiable alleged perpetrators

List all alleged perpetrators involved in this self-report and their corresponding information using 'Add Alleged Perpetrator' button below. If no alleged perpetrators are involved, please click 'Next' to move to the next section.

### Alleged Perpetrator Information

Last Name	First Name	DOB	Actions
-----------	------------	-----	---------

### Add Alleged Perpetrator Information

\*First Name

Middle Name

\*Last Name

\*Date of Birth

\*SSN

Title

License Number

Address

City


State

Zip Code

Phone Number

**Figure 12. Incident Report – Add Alleged Perpetrator information (if applicable)**

15. Enter alleged perpetrator information and click on the "Add Alleged Perpetrator" button to add and save alleged perpetrator information
  - \* Please note: SSN and DOB are required fields when adding alleged perpetrator information. If you do not have the alleged perpetrator's SSN or DOB, please call 1-888-973-0022 to make your report.
16. To edit previously entered alleged perpetrator information, click on "Edit" the button next to the alleged perpetrator you want to edit
17. To remove previously entered alleged perpetrator, click on the "Remove" button next to the alleged perpetrator you want to remove


**TEXAS**  
 Health and Human Services

**Texas Unified Licensure Information Portal (TULIP)**

Home

Provider self-reporting of Non-LTC incidents

List all alleged perpetrators involved in this self-report and their corresponding information using 'Add Alleged Perpetrator' button below. If no alleged perpetrators are involved, please click "Next" to move to the next section.

### Alleged Perpetrator Information

Last Name	First Name	DOB	Actions
Joe	Mary	01/06/1972	<a href="#">Edit</a> <a href="#">Remove</a>

[← Back](#)
[→ Next](#)
[X Cancel](#)
[+ Add Alleged Perpetrator](#)

**Figure 13. Incident Report – Alleged Perpetrator Actions**

**\*Note: The following sections “Fetus Information” and “Physician Information” may not be present for all provider types. Please skip ahead to the “Intake Summary” section if these do not apply to your provider type.**

- 18. Click the “Next” button to proceed to next screen/section



19. If this report does not have any fetus information, click "next" to proceed to the next step.
20. Click on the "Add Fetus Information" button to add fetus information, if there are any fetus

## Fetus Information

Last Name	First Name	DOB	Actions

← Back→ Next✕ Cancel+ Add Fetus Information

**Figure 14. Incident Report – Fetus information**

21. Enter fetus information and click on the "Add Fetus" button to add and save fetus information

## Fetus Information

Last Name	First Name	DOB	Actions
-----------	------------	-----	---------


  


### Add Fetus/Infant Information

Baby First Name



Baby Middle Name


Baby Last Name

Baby DOB/Event 

Baby Sex  

Date and Time of Death

Date	Time
<input type="text" value=""/> 	<input type="text" value=""/> 

Date of Discharge 

Diagnoses (all)

Figure 15. Incident Report – Add Fetus information

22. To edit previously entered fetus information, click on the "Edit" button next to the fetus you want to edit
23. To remove previously entered fetus, click on the "Remove" button next to the fetus you want to remove

### Fetus Information

Last Name	First Name	DOB	Actions
Jane	Mary	2020-01-01	<input type="button" value="Edit"/> <input type="button" value="Remove"/>

**Figure 16. Incident Report – Fetus actions**

24. Click the "Next" button to proceed to next screen/section
25. If this report does not have any physician information, click "next" to proceed to the next step.
26. Click on the "Add physician Information" button to add physician information, if there are any physician

### Physician Information

Last Name	First Name	License Number	Actions
-----------	------------	----------------	---------

**Figure 17. Incident Report – Physician information**

27. Enter physician information and click on the "Add physician" button to add and save physician information

## Physician Information

Last Name	First Name	License Number	Actions
-----------	------------	----------------	---------

### Add Physician Information

First Name

Last Name

License Number

**Figure 18. Incident Report – Add Physician information**

28. To edit previously entered physician information, click on the "Edit" button next to the physician you want to edit
29. To remove previously entered physician, click on the "Remove" button next to the physician you want to remove

### Physician Information

Last Name	First Name	License Number	Actions
Mike	Bryant	12345	<a href="#">✎ Edit</a> <a href="#">🗑 Remove</a>

[← Back](#) [→ Next](#) [✕ Cancel](#) [+ Add Physician Information](#)

**Figure 19. Incident Report – Physician Actions**

30. Click the "Next" button to proceed to next screen/section

## Summary of Incident

When did you first learn of the incident?

Date

Time

On what shift did the incident occur?

Provide a brief summary of the incident (what happened, who was involved, what action was taken when the incident occurred):

Was this reported to law enforcement?

Was this reported to another organization?

If Yes, list name of organization

Provide a narrative report of your investigation (how was the incident handled, what actions will be taken to reduce the potential of similar incidents in the future):

Action you will take as a result of this incident: (check all that apply)

- Corrective action and monitoring
- Development of policy/procedure
- Education of caregiver
- Education of patient
- Education of staff
- Measure, analyze and track in QAPI (Quality Assessment and Performance Improvement)
- Revision of policy/procedure
- Suspension of Perpetrator
- Termination of Perpetrator
- Other

← Back


→ Next

× Cancel

Figure 20. Incident Report – Summary of Incident

# Patient Transfer

Name of Facility

Date of transfer  

Address

City

State

Zip Code

Figure 21. Incident Report – Patient Transfer

# Attestation of Incident Report

\* Signature (Printed Name)

\* Title


\* Date  

Figure 22. Incident Report – Attestation Screen



Home

### Summary Step

#### Facility Information

Facility License Number	66606
Facility Name	ESRD
CCN#	
Address	123 Physical St,Austin,TX,78750,USA
Phone Number	1234567890
Provider Type	END STAGE RENAL DISEASE FACILITIES
Provider Sub Type	MEDICARE

#### Incident Details

Date and Time the Facility First Learned of the Incident	Date	Time
	1/1/2020	2:37 PM
Date of last dialysis treatment	1/1/2020	

**Figure 23. Incident Report – Summary of incident**



### Attestation of Incident Report

\*Signature (Printed Name)

\*Title

\*Date

List all clients involved in this self-report and their corresponding information using 'Add client' button below. Do not skip the client section if clients are involved. If no clients are involved or if this incident affects all clients of the facility, please click "Next" to move to the next section

#### Client/Resident Information

Last Name	First Name	DOB	Actions
Smith	John	01/01/1930	<input type="button" value="View Record"/> <input type="button" value="Hide Record"/>

List all alleged perpetrators involved in this self-report and their corresponding information using 'Add Alleged Perpetrator' button below. If no alleged perpetrators are involved, please click "Next" to move to the next section.

#### Alleged Perpetrator Information

Last Name	First Name	DOB	Actions
Joe	Mary	01/06/1972	<input type="button" value="View Record"/> <input type="button" value="Hide Record"/>

**Figure 24. Incident Report – Summary of incident actions**

31. To edit report, click on the "Back" button to proceed to the step you want to edit information on
32. To print summary of incident, click on the "Print Page" button
33. To submit report, click on the "Submit" button
34. Submission confirmation page with intake number will be displayed after submitting the report

Home

## Provider self-reporting of Non-LTC incidents

**Case Information**

Your information has been received and will be processed accordingly. Your intake number is 215251.

**Attachment Upload**

Please provide any supporting documentation as an attachment. Once you press the "Done" button to finalize your submission, you will not be able to attach additional documents.

No file selected.

**There is a 10MB size limit per uploaded document.**  
**To upload a document, click the "Choose File" button to browse for the file. After selecting the file, click the "Upload" button, and your attachment will be listed above.**  
**Repeat for each document that needs to be attached.**

**Figure 25. Incident report – Confirmation Page**

35. To add an attachment to the incident report, click on "Browse" button, select the attachment and then click on "Upload" button

Home

## Provider self-reporting of Non-LTC incidents

**Case Information**

Your information has been received and will be processed accordingly. Your intake number is 215251.

**Attachment Upload**

Please provide any supporting documentation as an attachment. Once you press the "Done" button to finalize your submission, you will not be able to attach additional documents.

Upload Attachment

Test Upload.docx	Preview	Delete
------------------	---------	--------

Browse... No file selected. Upload

**There is a 10MB size limit per uploaded document.**  
**To upload a document, click the "Choose File" button to browse for the file. After selecting the file, click the "Upload" button, and your attachment will be listed above.**  
**Repeat for each document that needs to be attached.**

Done

**Figure 26. Incident report – Add attachments**

36. To add additional attachments, click on "Browse" button
37. To delete recently uploaded attachment, click on "Delete" button next to attachment to delete attachment
38. If you have completed the report, click on "Done" button to submit attachments and return to HHSC CII Non LTC incidents home page.