

Creating Incident Reports (IRs) in Image

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Visit the DBHDD Applications Portal,

enter your User Name and Password, and select "Login"

one		🖌 Register 🔒
User Name	L User Name	
Password	Password	

Select "Image" to access the system

Select "New Incident Report" from the home page

Welcome to DBHDD Image Application Go to Dashboard New Incident Report Go to Search	The "New Incident Report" button is also available on your Dashboard
Message Center	
This application is for DBHDD Incident Management System. This is a State of Georgia application. It is provided to conduct official State business and must be used appropriately. All individuals using this application must follow the appropriate use policy and procedures defined by their individual Agencies or as defined by Georgia Technology Authority's appropriate use policy. All information in the system belongs to the State of Georgia and may be read or monitored by subtricted persons. By logging into this application, you agree to abide by all established Enterprise. State and Federal policies governing the appropriate use of State of Georgia resources.	

You'll be taken to Stage 1 of the IR. Each IR has 5 stages that must be completed before it can be submitted.

1	Preliminary Information Reporting Party Responsible Party	2	Location of Incident Notifications	3	Persons Involved Incident Description	4 Incident Safety P	Type lan	5	Review and Submit
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- 0. ,	Required info	rmatio	n on each stag	e will be	noted with a re	d asterisk (*)			
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The bottom menu allows you to "Cancel," "Save Progress," or "Save and Continue"



Use "Save Progress" often to ensure you do not lose entered information

Cancel deletes a pending, previously unsaved IR in Stage 1 or removes information you've added in later stages

Save Progress allows you to enter only partial information, creates an IR number, and sets the IR status as "Draft"

Save and Continue validates all required fields on that IR stage, provides an error message if a required field is missing, saves your information, moves you to the next stage of the IR, and sets the IR status as "Draft"



Stage 1 – Preliminary Information, Reporting Party, Responsible Party

Stage 1.1 – Preliminary Information covers the location and time of the incident. The type of location you select (community or hospital) determines the subsequent information you're asked to provide.

		*Please indicate if this is for a co	ommunity provider or hospital.	
		Community O Hospital		
	Community	PRELIMINARY INFORM	MATION	
		*Date and Time of Incident	*Date and Time	of Incident Discovery
		=		=
Ż	Wherever you see a calendar icon, you can use it to quickly — select a date/time			
		*Please indicate if this is for a community provi	ider or hospital.	
		○ Community		
		PRELIMINARY INFORMATION		
	Hospital	Date and Time of Incident	Date and Time of Incident Discovery	*Date and Time of Incident Notification
		Ħ	Ħ	Ħ
		*Shift		
		○ Day ○ Evening ○ Night		

Throughout the IR stages, information you're asked to provide will be determined by your selections (provider, agency, hospital, staff, individual, etc.). While this guide will reflect the stages and sections of an IR, it will <u>not</u> show required information for each type of selection within a specific stage or section. Remember that required fields are always marked with a red asterisk (*).



Stage 1 – Preliminary Information, Reporting Party, Responsible Party (cont)

Stage 1.2 – Reporting Party is the entity that is reporting the incident (select only 1)

REPORTING PARTY			
*Reporting Party O Provider/Agency O Support	rt Coordination Agency O Public	:/Family Member O Region Field O	ffice O Other - Agency Type O Other
Sample information when Reporting Pa is Provider/Agency	REPORTING PARTY Reporting Party Provider/Agency O Support Coordina Name of Reporting Party Select One DBHDD Region Select One Your Name First and Last Name Contact Person's Name First and Last Name	tion Agency O Public/Family Member O Region F Location of Reporting Party Select One 'Your Phone Number Phone Number ere are questions about this IR 'Contact Person's Phone Number Phone Number	Field Office O Other - Agency Type O Other County Select One 'Your Email Email Contact Person's Email Email

Stage 1.3 – Responsible Party is the is the party that was responsible for the care of the individual at the time of the incident (select only 1)

Ż	Selecting "Responsible	RESPONSIBLE PARTY	
	the Reporting Party" will automatically fill in required information provided in Stage 1.2	The Responsible Party is the party that was responsible for the care of the individual at the time of the incident.	
		Please check all that apply.	
		□ Responsible Party is the same as the Reporting Party.	
	Selecting a different responsible party will require completing additional information	Please select a responsible party type.	
		O Provider/Agency O Support Coordination Agency O DBHDD	



Stage 2 – Location of Incident, Notifications

Stage 2.1 - Location of Incident notes where the incident occurred

id the incident occur while the i	ndividual(s) was eloping?	
Yes O No		
Select Location Where Incident C	ocurred	
At a Residence	O Community	O Other Location
	 Day Program 	○ CSU/BHCC
	 Outpatient/On site of provider 	O While Receiving Respite Services
	O While Being Transported by Staff	O Not Under Staff Supervision
	 Other Community Location (park, store, etc.) While Accompanied by Staff 	Community Hospital/Hospice or With Family
Comments		
Please specify		

Stage 2.2 – Notifications notes if any agency, authority, family, or guardian was notified of the incident

NOTIFICATIONS	
agency/Family Notified	
Select One	~
Save Natification	

Stage 3 – Persons Involved, Incident Description

Stage 3.1 – Persons Involved allows you to note any staff, individuals, witnesses, or other persons involved in the incident. Select "Add New Person" to create that person's record on the IR.





Stage 3 – Persons Involved, Incident Description (cont)

Stage 3.2 – New Person allows you to select the type of person involved and complete the required information related to that selection type

New Pe	rson						
Fields marked with an	*are required						
*Person Involved							
O Individual	○ Staff	○ Family	○ Visitor	O Unknown	O Other		

When adding an "Individual" to an incident, additional information is required and is determined by whether the incident occurred at a Provider or a Hospital

<u>Provider</u>

The 9-digit CID# and the Last Name must match what is on file. Once the CID is entered, the system will automatically populate the Individual's information.

If the Individual does not yet have an assigned CID# or you do not have access to it, you can use 111111111 and manually enter the required fields. <u>NOTE</u> that using this generic CID will cause data integrity issues. You can update the CID field later to the assigned CID.

*First Name	Middle Name	Last Name	
		•	
CID			
*CID			
MH DD AD			
*Disability Type (Please se	elect all that apply)		
Involved Ukitness	🗆 Initial Reporter		
*Involvement Type			
® Individual ○ Staff (⊃Family ○Visitor ○Unkn	own O Other	

<u>Hospital</u>

You can use the Avatar search for an Individual at a hospital. Once the Avatar ID is entered, the Individual's information will automatically populate.

:	Person Involved If individual Staff Pamily Involvement Type Alleged Aggressor Alleged victi Avatar ID Avatar ID Disability Type (Please select all th Avatar ID Disability Type (Please select all th Avatar ID Avata	 Visiter Unknown Ot m Involved Witness Gearch Avatar hat apply) 	her Initial Reporter		Avatar lets you "Search" by Last Name and "Select" the Individual from a dropdown list. If the Individual has already been discharged, be sure to enter "Days Since Discharge."
	*CID CID			Avatar Search Enter the last name and the number o *Last Name Last Name	fdry since discharge (if the individual has been discharged). Then cick "Search". Days Since Discharge 0 3 Search
	*First Name	Middle Name	*Last Name	select	
	First Name	Middle Name	Last Name		Cancel Select



Stage 3 – Persons Involved, Incident Description (cont)

Stage 3.3 – Save Person Select "Save Person" or, if you have additional persons to add, select "Save Person and Add Another"

Save Person	Save Person and Add Another

Stage 3.4 - Persons Involved now reflects anyone who was added to the IR

INDIVIDUALS U	NDER CARE							
Alias Assigned Person 2	First and Last Name Road Runner	Type Individual	Involvement Type Involved	Sex DOB	Complete	Edit Delete		
OTHER PERSON	15							
Alias Assigned	First and Last Name	Туре	Involvement Type	Sex	C DOB	Complete		
Person 1	Wiley Coyote	Staf	Involved			-	Edit	Delete



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Stage 3 – Persons Involved, Incident Description (cont)

Stage 3.5 – Incident Description allows you to provide a detailed description of the incident

INCIDENT DESCRIPTION		1	
Please provide a brief description of the Incident - circumstances immediately prior to the incident, describe the incident (who, what, when, where, how), and the result. Do not use the names or initials of any individuals or their family members-use aliases.	Please use the aliases assigned to the individuals		
Please specify	Wiley Coyote Person 1 Road Runner Person 2	Ĵ	When writing your description, be sure to use the assigned aliases for individuals receiving services or their family members
0 characters 5000 characters left Is there supporting information related to this incident (such as letters, pictures, videos)? Add a Document YOUR UPLOADED DOCUMENTS		Ż	Note there is a character limit on the description field
Use "Add a Document" to upload documents along with the descrip documents will appear in the "You Documents" section.	any supporting tion. Supporting ur Uploaded	-	



Stage 4 – Incident Type, Safety Plan

Stage 4.1 – Incident Type allows you to assign specific incident type(s) for each person who will be cited as a result of the IR

INCIDENT TYPE			-
Please select all that apply.			
🗆 An individual died			
*Was there an allegation of Staff Abuse, Ne	glect, or Exploitation?		
○ Yes ○ No ○ Unknown			
*Were any of the individuals admitted to th	e hospital, CSU, or BHCC?		
○ Yes ○ No ○ Unknown			
Community policy			
All Incident Types			
🗆 000 - Incident Not Reportable	230 - Inappropriate Intervention	🗆 440 - Secl/Restraint - Injury 3+	
🗆 100 - Death - Expected	300 - Falls - Injury 3+	🗆 441 - Secl/Restraint - CSU	
🗆 101 - Death - Unexpected	🗆 310 - Choking	🗆 450 - Elopement	
🗆 102 - Suicide	320 - Med Error	500 - Law Enforcement	
🗆 103 - Death - Other	🗆 330 - Hospital - Medical	🗆 501 - Criminal Act	Check all Incident
🗆 104 - Homicide	🗆 331 - Hospital - Psych	🗆 600 - Rights Violation	Types that apply
🗆 200 - Abuse - Physical	🗆 340 - Accident - Injury 3+	🗆 900 - Media Alert	
🗆 201 - Abuse - Sexual	🗆 400 - Sexual Assault (Ind)	🗆 910 - Non-Compliance	
202 - Abuse - Psychological	411 - Alleged Financial Exploitation - Ind/Ind	920 - Exposure-Coronavirus	
🗆 203 - Abuse - Verbal	420 - Aggressive Physical Act Ind/Ind with an Injury Severity Rating of 3+	🗆 921 - Positive-Coronavirus	
210 - Neglect	424 - Aggressive act resulting in death - Ind/N Ind	on 🗍 922 - Death-Coronavirus	
🗆 220 - Exploit (St/In)	🗆 425 - Aggression (In/Other) - Injury 3+	923 - Recovered-Coronavirus	
221 - Financial Exploit (St/In)	🗆 430 - Suicide Attempt		

Stage 4.2 – Select Staff or Individual Per Incident Type allows you to assign specific incident types to specific persons cited in the IR





Stage 4 – Incident Type, Safety Plan (cont)

Stage 4.3 - Incident Type(s) now shows all individuals selected and the associated incident type

INCIDENT TYPE(S)					ľ	You can use the
Person Involved Chester Cat	Incident Type 203: Alleged Abuse - Verbal - Staff/Ind	Complete	Delete	Details	-	"Delete" or "Details" links to view or remove
		1				Temove
🛃 If the and	e "Complete" column shows a red X, click the "Save and Close" button	you'll need to sel	ect "Deta	ails"		

Stage 4.4 – Safety Plan outlines the steps that were, or are being, taken to ensure the safety of any individuals

SAFETY PLAN			
What was done directly following the incident to make sure individuals and staff were safe?			
Please specify	h		
What circumstances may have led to the incident?			
Please specify			
Please check all that apply.			
There were medication changes/PRNs administered.			
Seclusion and restraints were ordered.			
Type of Step Implementation Date	lame of Person Responsible		
Select One	IMA BOIM		
Responsible Agency			
YAX'S, INC			
Description of Step			
Description		Ê	Once the Safety Plan
0 characters 5000 characters left	le le		is completed, you must select "Save
Save New Entry			New Entry"

Stage 4.5 – Steps Taken to Prevent Incident are now visible

STEPS TAKEN TO PREVEN	NT INCIDENT					ġ	Use the "Edit" or "Delete"
Type of Step	Person Responsible	Implementation Date	Responsible Agency	Description			links to update
Staff-related (Staff training, review, changes to staffing patterns, supervision, etc.)	IMA BOIM	10/6/2021	YAX'S, INC	Staff was reprimanded and reassigned to non-patient care pending further assessment and training.	Edit Delete		



Stage 5 – Review and Submit

Stage 5.1 - Review allows you to verify that all stages of the IR have been completed

REVIEW AND SUBMIT	Generate PDF Generate Unredacted PDF	₽	You can generate draft reports for the incident
Please review the information. You will only be able to submit after all sections have b section.	een completed. Click on any section header to edit that		
PRELIMINARY INFORMATION, REPORTING PARTY, AND RESPONSIBLE PARTY	COMPLETE: ✔	• -	
There will be a section header for each sta "Complete" with a green checkmark	age of the IR and it should show as		

Stage 5.2 - Certify & Submit allows you to formally submit the IR for review

I certify that the information contained in this incident report is correct to the best of my knowledge.			ġ	Be sure to check the certification and then click "Submit"
Cancel	Submit			

If you search for this IR or open it from your dashboard, the Incident Overview page will show a status of "Submitted"



"Submitted" is the initial status of a newly submitted IR. This status will change as the IR progresses through the review and, if necessary, investigation process.