




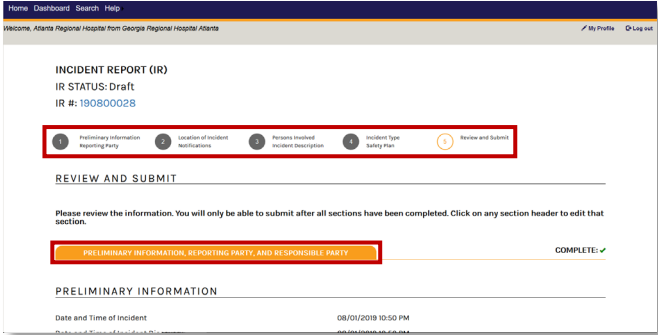
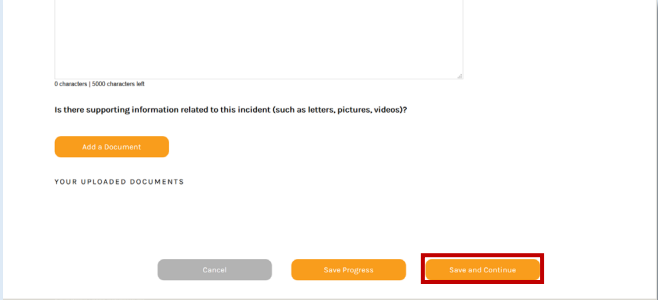
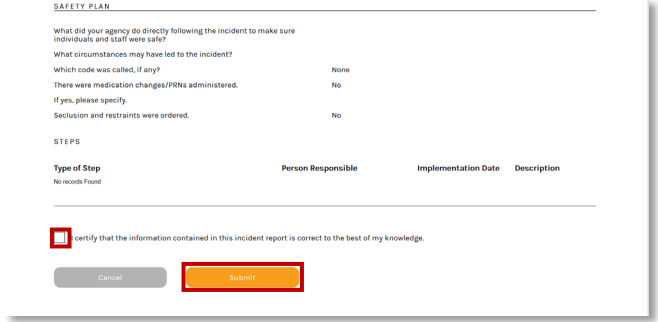


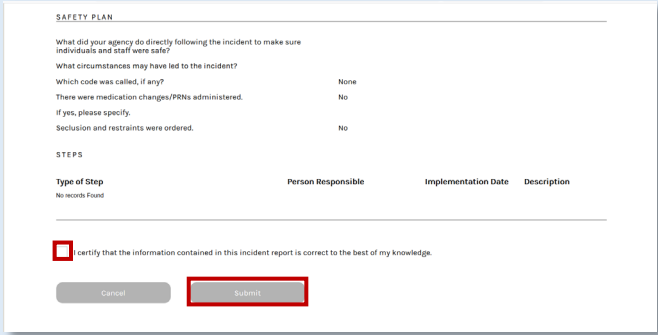
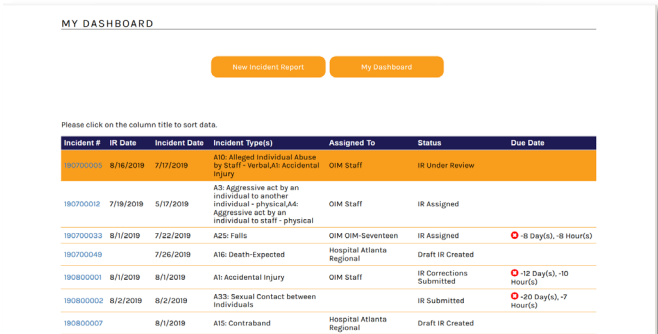
Stage 5: Review and Submit

SUMMARY

This job aid covers the last of five stages about how to Create an Incident Report in Image. The following steps will cover Stage 5, Review and Submit.

Step	Action	Visual
1	<p>Stage 5 is the last stage in creating an Incident Report. This stage allows you to review all the information and details that you added to Image before submitting the Incident Report.</p>	
1a	<p>The name of the stage you are reviewing is shown as white text with an orange background.</p> <p>The sections within a stage are shown in all capital, gray letters.</p> <p>The information you entered in the various fields is then shown under the section name. This is the information you want to review and verify as correct before submitting the Incident Report.</p> <p>If all of the required information for a stage has been entered into the system, you will see a green checkmark next to the word COMPLETE.</p> <p> NOTE: This is the information you want to review and verify as correct before submitting the Incident Report.</p>	
1b	<p>However, if some of the required information for a stage is missing, you will see a red X next to the word COMPLETE in the upper right side of the screen.</p> <p> NOTE: Even if the green checkmark is displayed, it does not mean the information entered is <u>correct</u>. It is important to review all of the information before submitting the Incident Report.</p>	

Step	Action	Visual
<p>1c</p>	<p>If you discover an error in the information entered within a particular stage, section, or field – or if the stage is marked as <u>incomplete</u> – you will need to navigate back to that stage, section, or field to make the necessary updates.</p> <p>There are two ways to navigate back to a stage: either by selecting the stage title links or by using the stage buttons at the top of the page.</p> <p>Ideally, users should use the stage title links to navigate between stages. This saves time by not having to scroll to the top of the page to access the stage buttons.</p> <p> NOTE: Using the stage title links to navigate is quicker than scrolling to the top of the page to access the stage buttons.</p>	
<p>1d</p>	<p>Once you have updated the information for a stage, you will need to scroll to the bottom of the page and select the Save and Continue button to save your updates.</p>	
<p>2</p>	<p>After you have reviewed all of the information, select the checkbox at the bottom of the page to certify that the information in the Incident Report is correct to the best of your knowledge.</p> <p>Select the Submit button to submit the Incident Report.</p>	

Step	Action	Visual																																																								
2a	If there is missing information, the Submit button and the certification checkbox will be disabled.	 <p>SAFETY PLAN</p> <p>What did your agency do directly following the incident to make sure individuals and staff were safe?</p> <p>What circumstances may have led to the incident?</p> <p>Which code was called, if any? None</p> <p>There were medication changes/PRTs administered. No</p> <p>If yes, please specify.</p> <p>Seclusion and restraints were ordered. No</p> <p>STEPS</p> <table border="1"> <thead> <tr> <th>Type of Step</th> <th>Person Responsible</th> <th>Implementation Date</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>No records Found</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><input type="checkbox"/> Certify that the information contained in this incident report is correct to the best of my knowledge</p> <p>Cancel Submit</p>	Type of Step	Person Responsible	Implementation Date	Description	No records Found																																																			
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2b	After you submit the Incident Report, the system will take you back to the MY DASHBOARD page.	 <p>MY DASHBOARD</p> <p>New Incident Report My Dashboard</p> <p>Please click on the column title to sort data.</p> <table border="1"> <thead> <tr> <th>Incident #</th> <th>IR Date</th> <th>Incident Date</th> <th>Incident Type(s)</th> <th>Assigned To</th> <th>Status</th> <th>Due Date</th> </tr> </thead> <tbody> <tr> <td>190700000</td> <td>8/16/2019</td> <td>7/17/2019</td> <td>A1C: Alleged Individual Abuse by Staff - Verbal/AI: Accidental Injury</td> <td>OIM Staff</td> <td>IR Under Review</td> <td></td> </tr> <tr> <td>190700019</td> <td>7/18/2019</td> <td>5/17/2019</td> <td>A3: Aggressive act by an individual to another individual - physical; A4: Aggressive act by an individual to staff - physical</td> <td>OIM Staff</td> <td>IR Assigned</td> <td></td> </tr> <tr> <td>190700033</td> <td>8/1/2019</td> <td>7/22/2019</td> <td>A25: Falls</td> <td>OIM OIM-Seventeen</td> <td>IR Assigned</td> <td>8 Day(s), 8 Hour(s)</td> </tr> <tr> <td>190700049</td> <td></td> <td>7/26/2019</td> <td>A16: Death-Expected</td> <td>Hospital Atlanta Regional</td> <td>Draft IR Created</td> <td></td> </tr> <tr> <td>190800001</td> <td>8/1/2019</td> <td>8/1/2019</td> <td>A1: Accidental Injury</td> <td>OIM Staff</td> <td>IR Corrections Submitted</td> <td>12 Day(s), 10 Hour(s)</td> </tr> <tr> <td>190800002</td> <td>8/2/2019</td> <td>8/2/2019</td> <td>A33: Sexual Contact between Individuals</td> <td></td> <td>IR Submitted</td> <td>20 Day(s), 7 Hour(s)</td> </tr> <tr> <td>190800007</td> <td></td> <td>8/1/2019</td> <td>A15: Contraband</td> <td>Hospital Atlanta Regional</td> <td>Draft IR Created</td> <td></td> </tr> </tbody> </table>	Incident #	IR Date	Incident Date	Incident Type(s)	Assigned To	Status	Due Date	190700000	8/16/2019	7/17/2019	A1C: Alleged Individual Abuse by Staff - Verbal/AI: Accidental Injury	OIM Staff	IR Under Review		190700019	7/18/2019	5/17/2019	A3: Aggressive act by an individual to another individual - physical; A4: Aggressive act by an individual to staff - physical	OIM Staff	IR Assigned		190700033	8/1/2019	7/22/2019	A25: Falls	OIM OIM-Seventeen	IR Assigned	8 Day(s), 8 Hour(s)	190700049		7/26/2019	A16: Death-Expected	Hospital Atlanta Regional	Draft IR Created		190800001	8/1/2019	8/1/2019	A1: Accidental Injury	OIM Staff	IR Corrections Submitted	12 Day(s), 10 Hour(s)	190800002	8/2/2019	8/2/2019	A33: Sexual Contact between Individuals		IR Submitted	20 Day(s), 7 Hour(s)	190800007		8/1/2019	A15: Contraband	Hospital Atlanta Regional	Draft IR Created	
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