

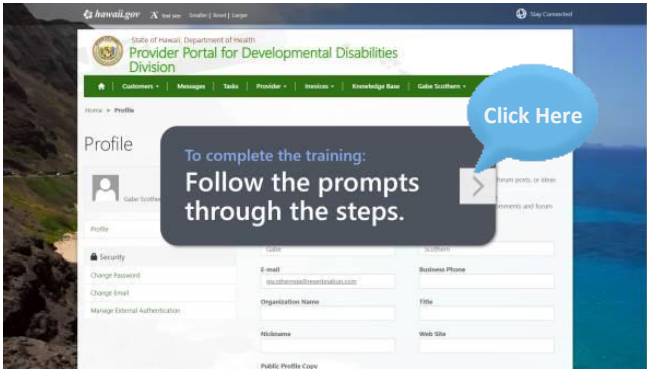
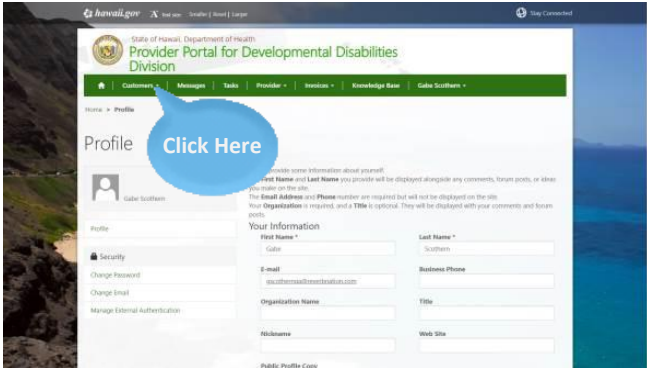
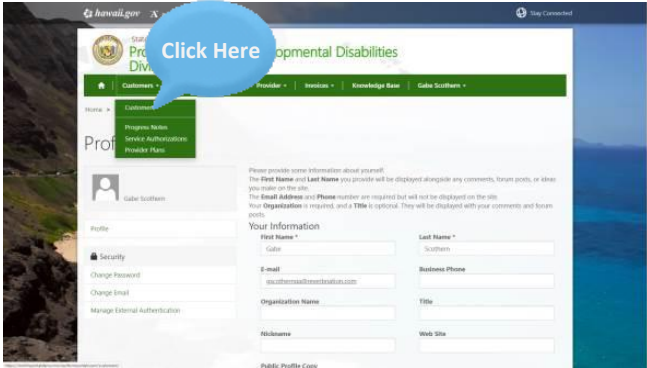


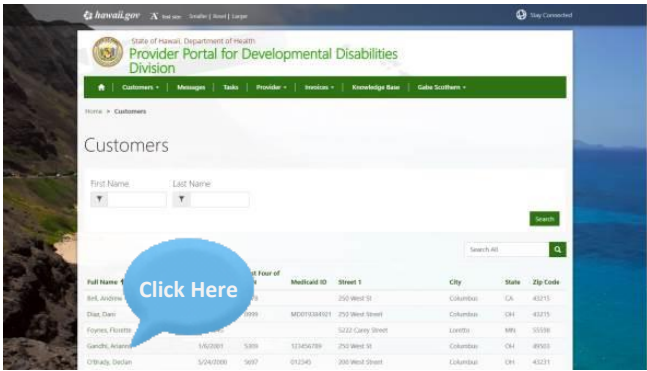
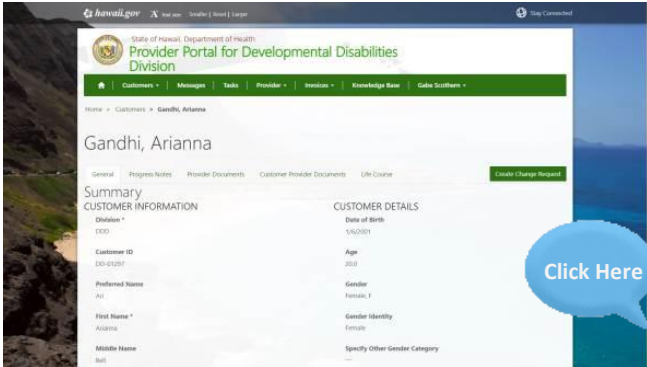
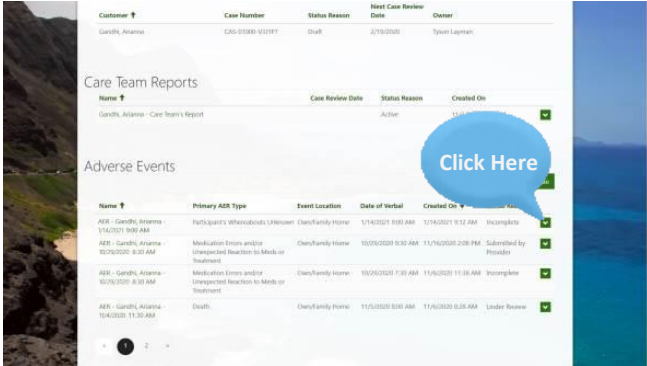


Welcome	Click Instructions	Talking Points
	<p>1.</p>	<p>Welcome to this Provider Portal training for the Developmental Disabilities Division at the State of Hawaii Department of Health.</p> <p>This training module covers <i>adverse event reports (AERs)</i> from the perspective of a <i>rendering provider</i>. For the purposes of this training, 'rendering provider' means either an employee or independent contractor of the provider agency.</p>
	<p>2.</p>	<p>The learning objective for this module is to teach you how to perform the following task:</p> <p>Create an adverse event based on the primary adverse event report type.</p>

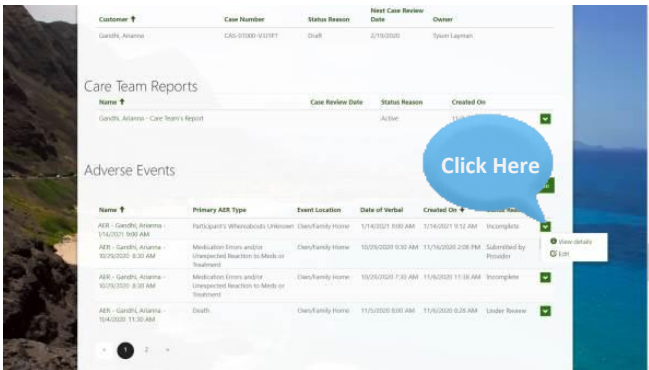
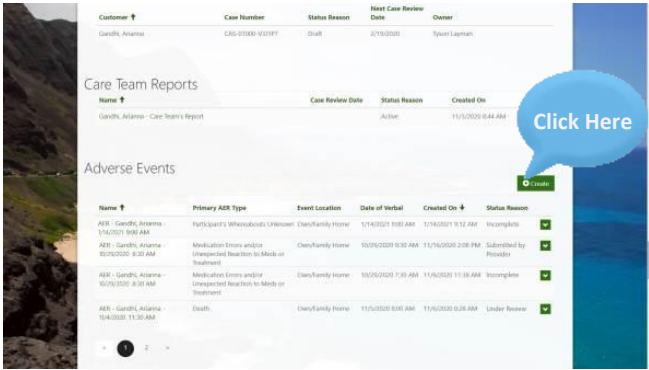
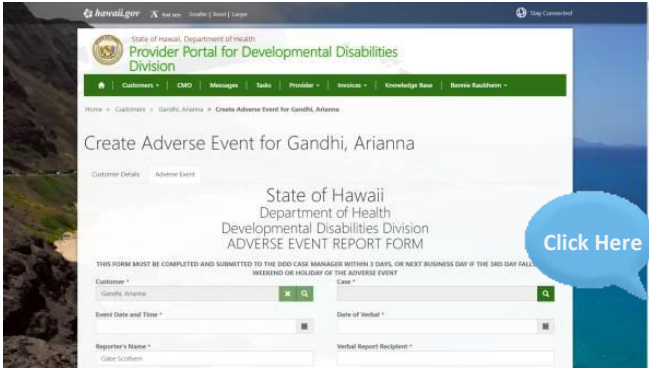
Navigation	Click Instructions	Talking Points
	<ol style="list-style-type: none">1. Click to continue.	<p>To complete the training, follow the prompts on the screen as they guide you through the steps of the process.</p> <p>Let's get started.</p>

Create an adverse event based on the primary adverse event report type	Click Instructions	Talking Points
	<ol style="list-style-type: none"> 1. Click the Customers drop-down arrow. 	<p>From the Customers page, you can select a customer record to report an adverse event.</p> <p>For the purposes of this training, a "customer" is a participant.</p> <p>To begin, click the Customers drop-down arrow.</p>
	<ol style="list-style-type: none"> 2. Click Customers. 	<p>Next, click Customers.</p>

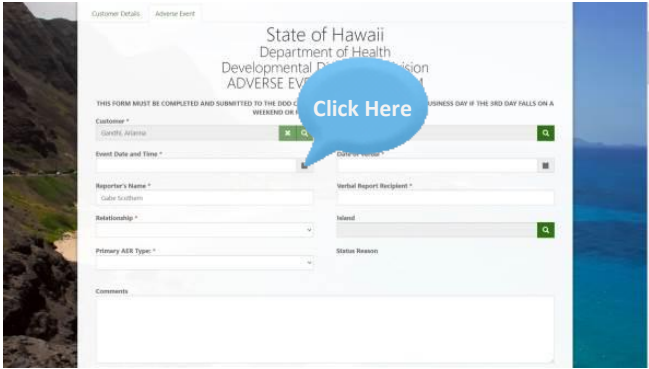
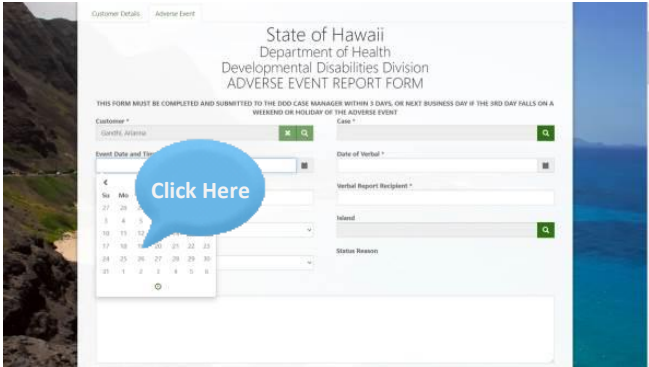
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	<p>3. Click Gandhi, Arianna.</p>	<p>Next, click the customer's name.</p>
	<p>4. Click to scroll.</p>	<p>Scroll down to the Adverse Events section.</p>
	<p>5. Click the drop-down arrow.</p>	<p>To see more information about an adverse event, click the drop-down arrow next to it.</p>

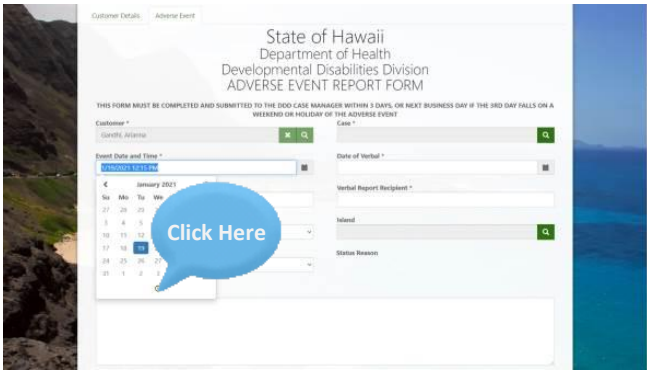
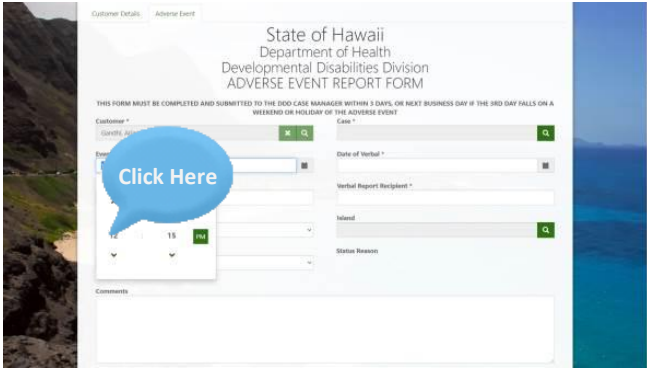
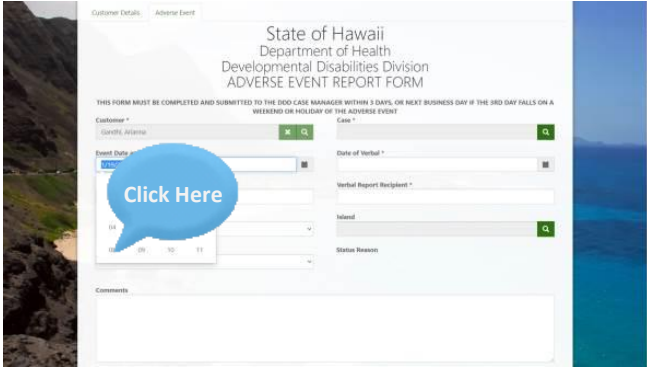
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	<p>6. Click the drop-down arrow.</p>	<p>You can choose to view the details or edit the information. Please note that once an AER has been finalized, you can only edit if the case manager is requesting more information.</p>
	<p>7. Click Create.</p>	<p>To create a new adverse event in the system, click Create.</p>
	<p>8. Click to scroll.</p>	<p>Here, you'll fill in the details for the adverse event.</p> <p>Please note that you'll need to fill out all the applicable fields and provide your signature at the bottom before you submit this form. You can also save your draft and return to the page later using the button at the bottom of this page.</p> <p>Scroll down to continue working on the</p>

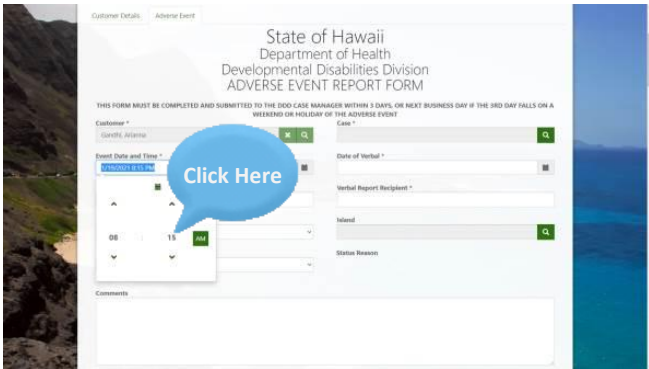
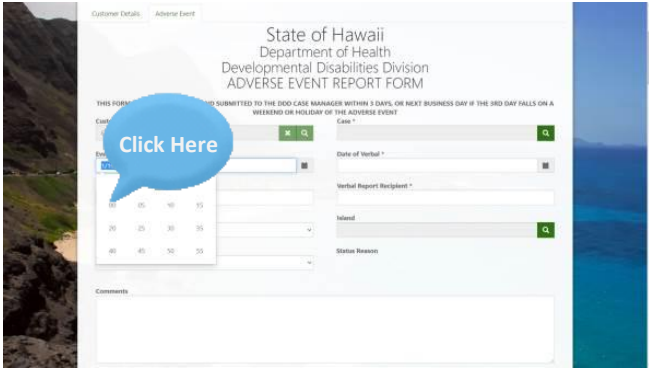
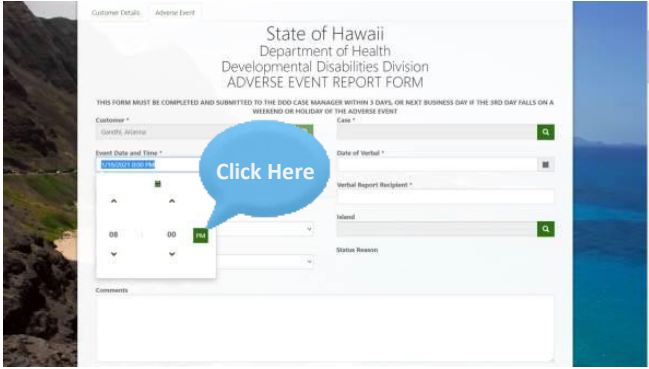
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	<p>9. Click the calendar button to select the date and time of the event.</p>	<p>form.</p> <p>Note that fields marked with an asterisk are required.</p> <p>First, enter the date and time of the event if it occurred during a billable waiver service.</p> <p>If you or another reporter is informed about an adverse event that occurred but was not during a billable waiver service, enter the date that the adverse event was reported, and then explain when the adverse event took place in the Comments section below.</p>
	<p>10. Click to select January 19.</p>	<p>This form must be completed and submitted to the Developmental Disabilities Division case manager within three days of the adverse event, or on the next business day if the third day falls on a weekend or holiday.</p>

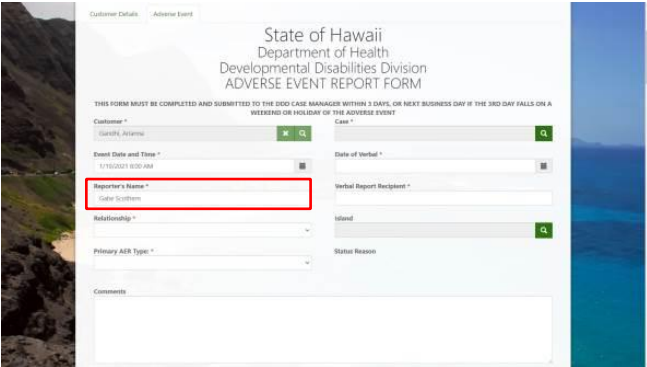
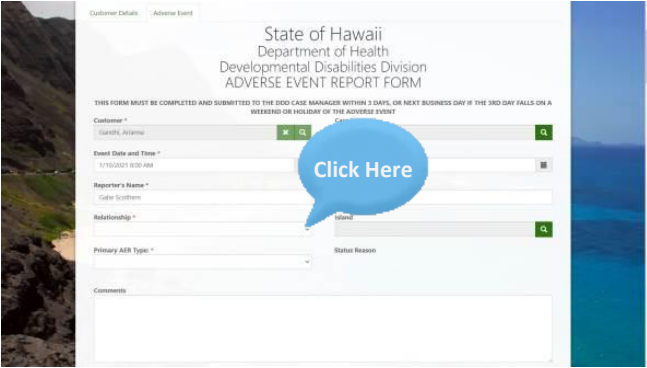
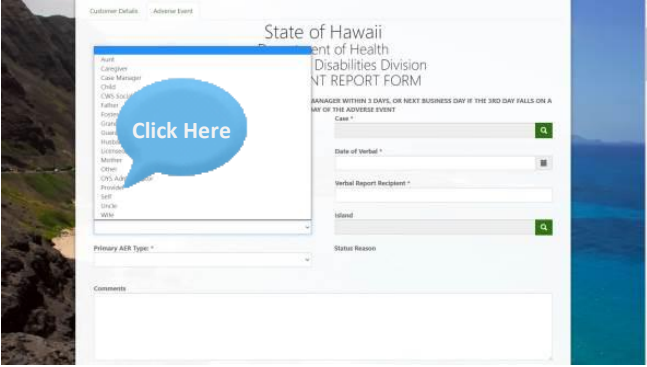
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	<p>11. Click the clock button.</p>	<p>The time defaults to the current time. You can change the time by clicking the clock icon on the calendar or by typing it into the field.</p>
	<p>12. Click to select the hour.</p>	
	<p>13. Click 08.</p>	

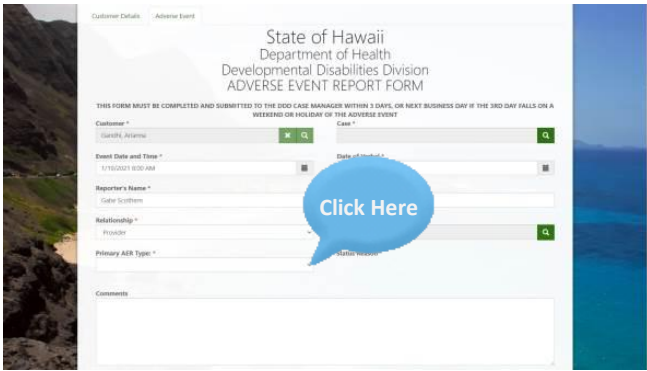
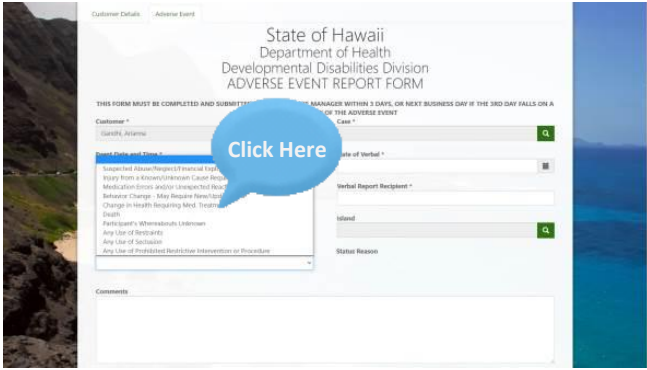
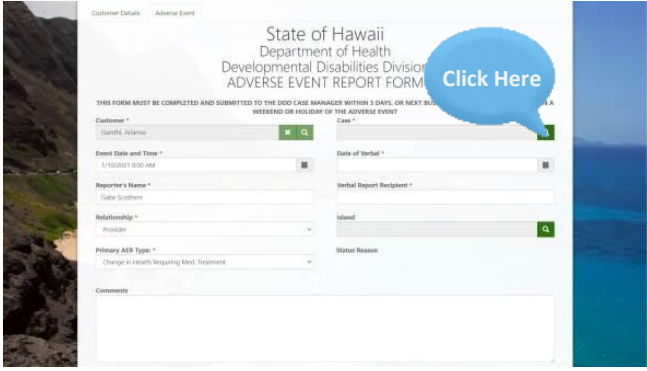
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	<p>14. Click to select the minute.</p>	
	<p>15. Click 00.</p>	
	<p>16. Click PM to change it to AM.</p>	

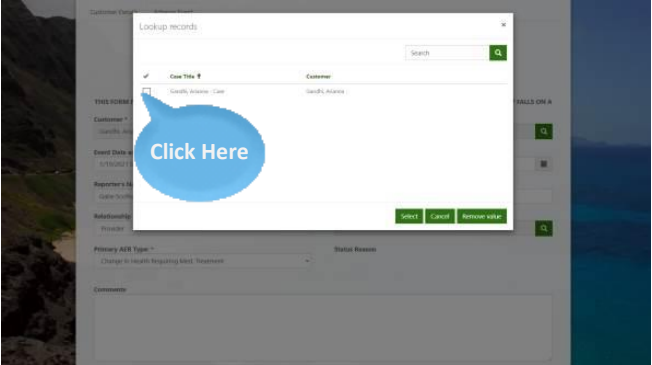
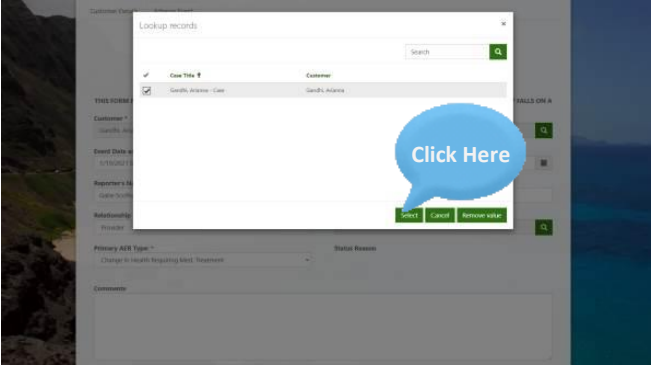
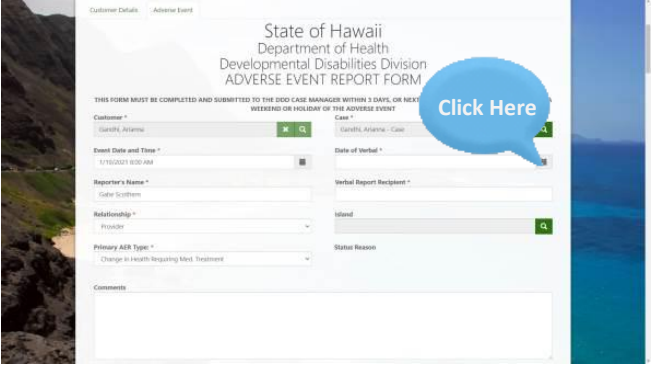
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	<p>17.</p>	<p>By default, the reporter is the person who logged in to the Provider Portal. If you are reporting on behalf of an independent contractor, fill in their name here.</p>
	<p>18. Click the field labeled Relationship.</p>	<p>Next, indicate the reporter's relationship to the customer.</p>
	<p>19. Click Provider.</p>	<p>For the purposes of this training, we'll select Provider.</p>

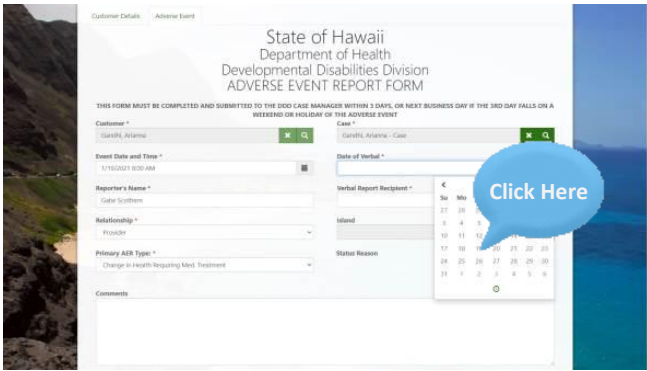
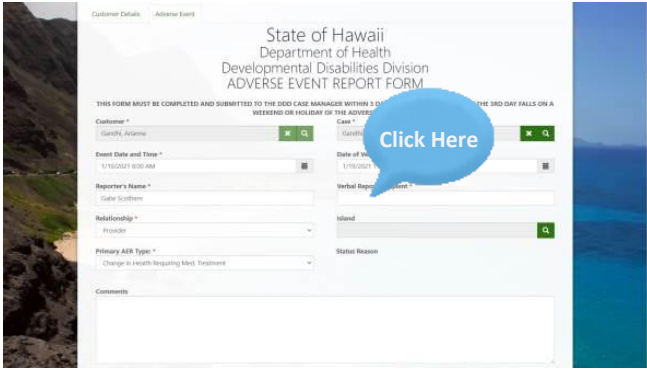
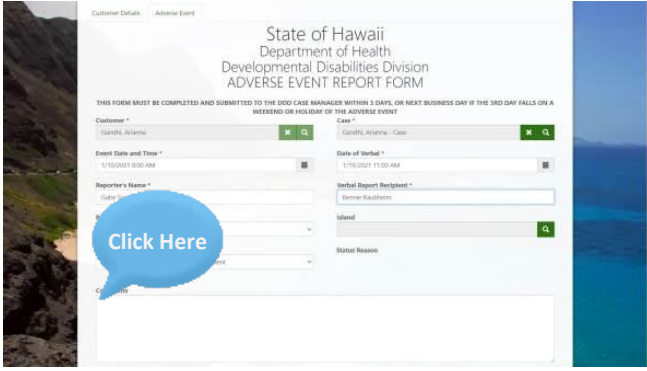
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	<p>20. Click the field labeled Primary AER Type.</p>	<p>Next, indicate the primary adverse event report (AER) type.</p>
	<p>21. Click Change in Health Requiring Med. Treatment.</p>	<p>Note that some fields in the form will populate depending on the AER type that you choose.</p> <p>For the purposes of this training, we'll select Change in Health Requiring Med. Treatment.</p>
	<p>22. Click the search button.</p>	<p>Next, select the case record. Most participants will only have one case.</p>

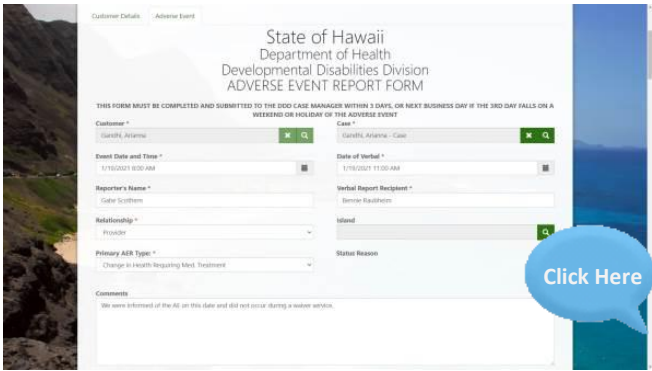
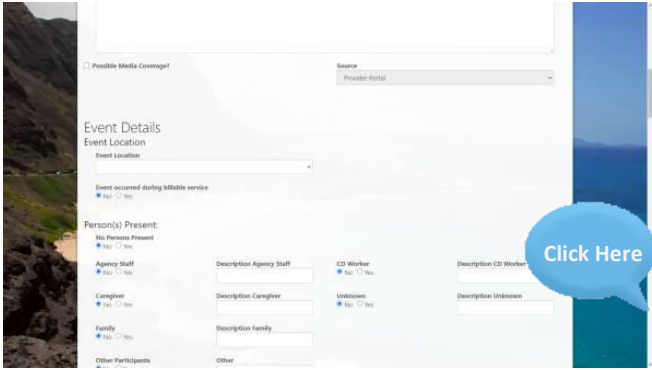
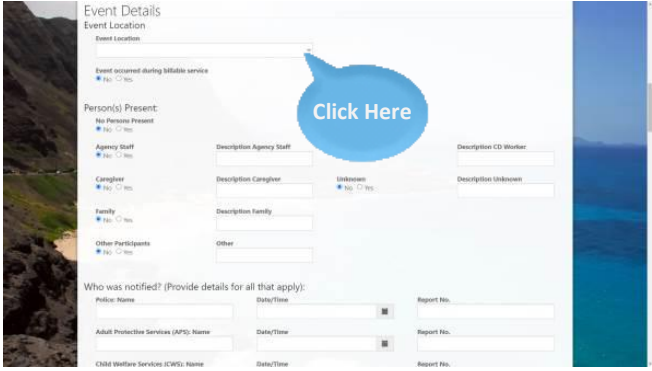
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	<p>23. Click Gandhi, Arianna - Case.</p>	
	<p>24. Click Select.</p>	
	<p>25. Click the field labeled Date of Verbal.</p>	<p>You can enter the details for the verbal report if it has been completed.</p>

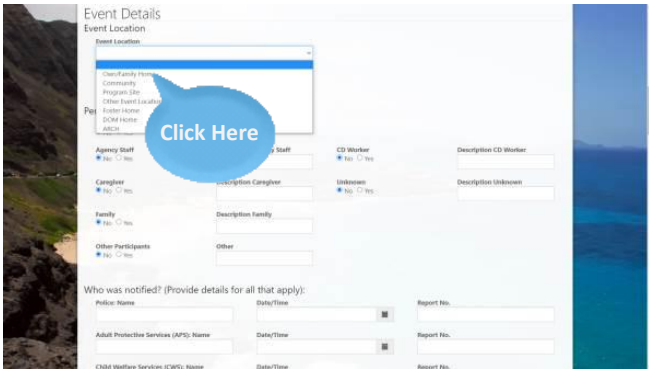
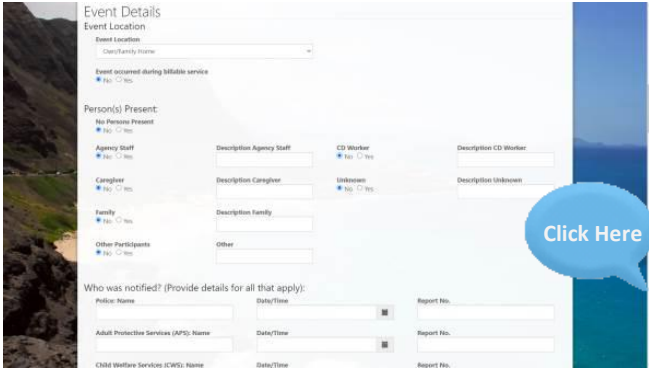
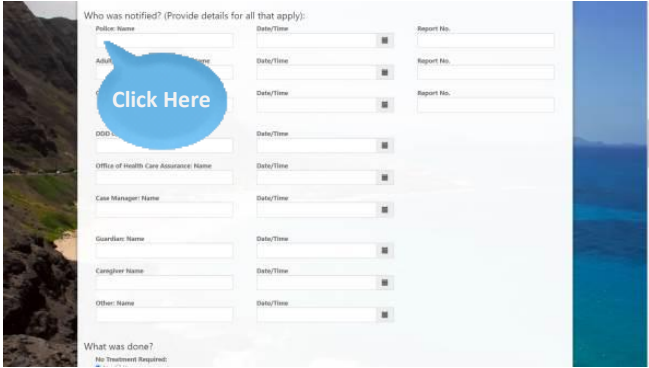
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	<p>26. Click to select January 19.</p>	
	<p>27. Click the field labeled Verbal Report Recipient.</p>	<p>Next, enter the name of the person who received the verbal report. This should be the assigned case manager or the case manager on duty or the unit supervisor.</p>
	<p>28. Click the field labeled Comments.</p>	

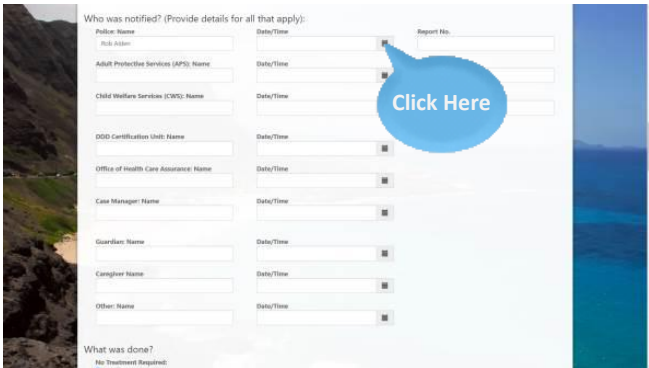
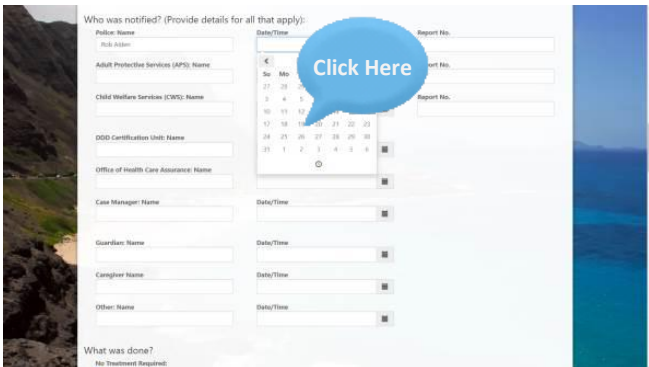
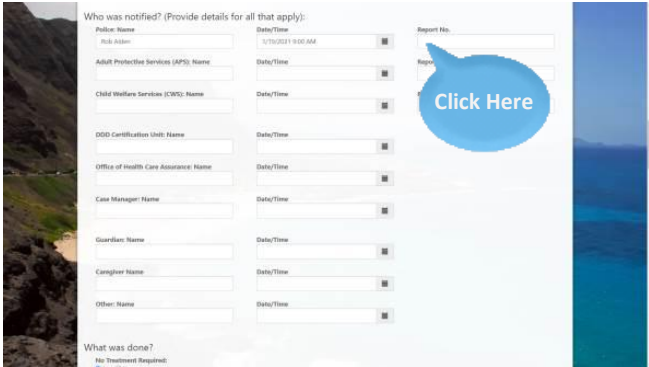
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	<p>29. Click to scroll.</p>	
	<p>30. Click to scroll.</p>	<p>You must indicate if there will be possible media coverage for the event.</p>
	<p>31. Click the field labeled Event Location.</p>	<p>In the Event Details section, you'll specify the event details, including the event location and who was present.</p>

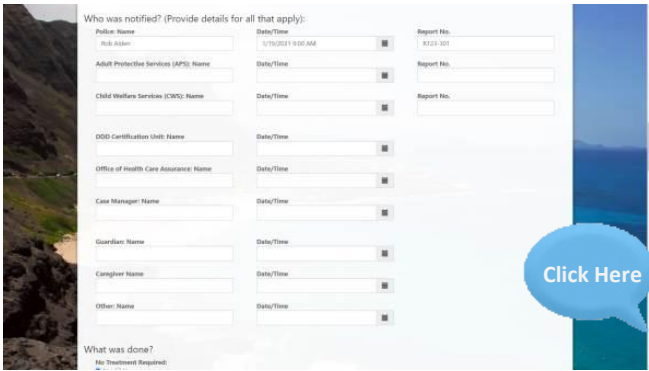
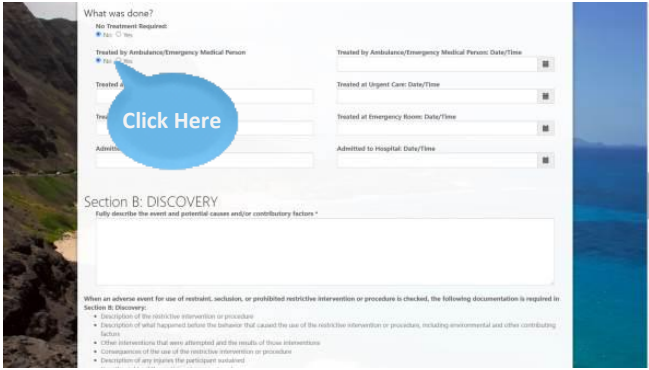
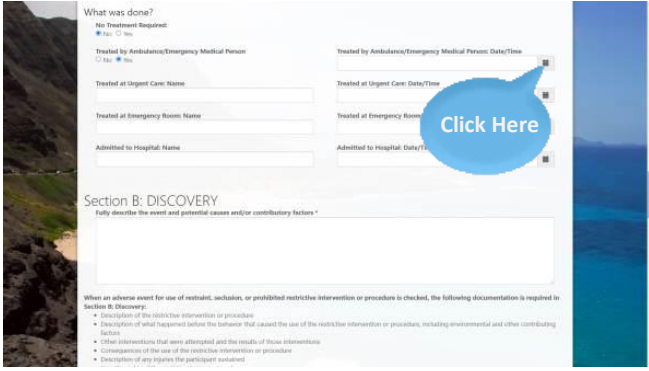
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	<p>32. Click Own/Family Home.</p>	
	<p>33. Click to scroll.</p>	
	<p>34. Click the field labeled Police: Name.</p>	<p>Next, enter who was notified of the event and when. If you have a report number, enter that, too.</p>

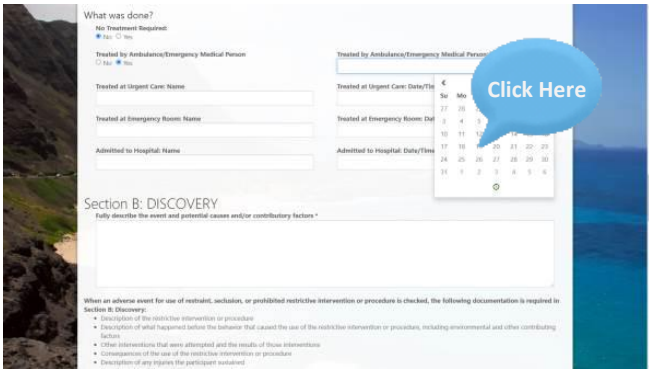
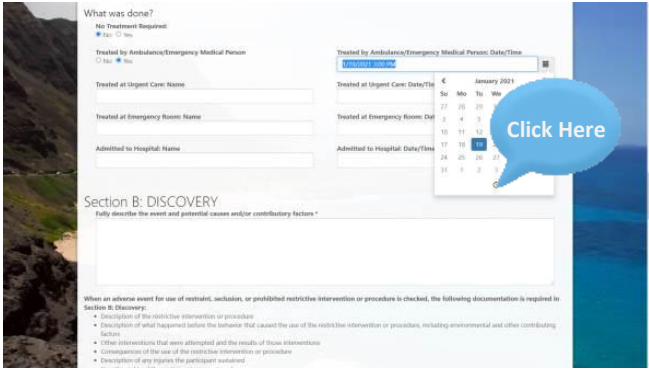
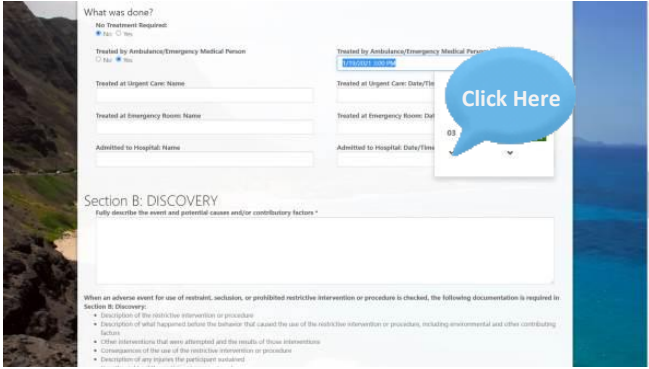
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	<p>35. Click the calendar button.</p>	
	<p>36. Click to select January 19.</p>	
	<p>37. Click the field labeled Report No.</p>	

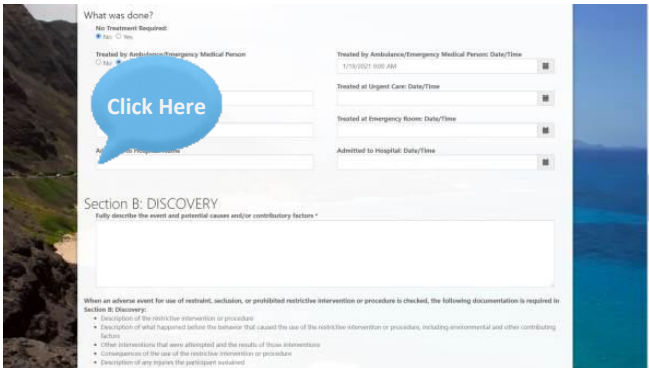
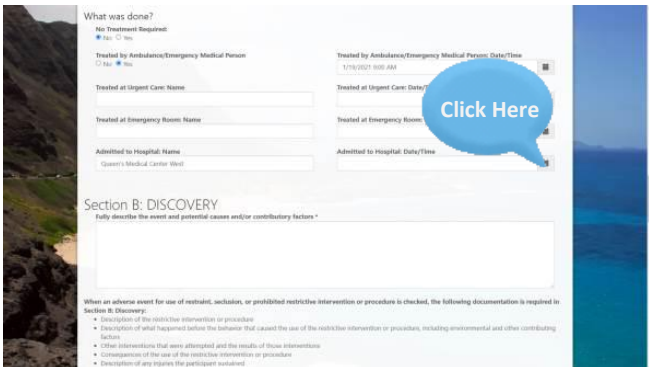
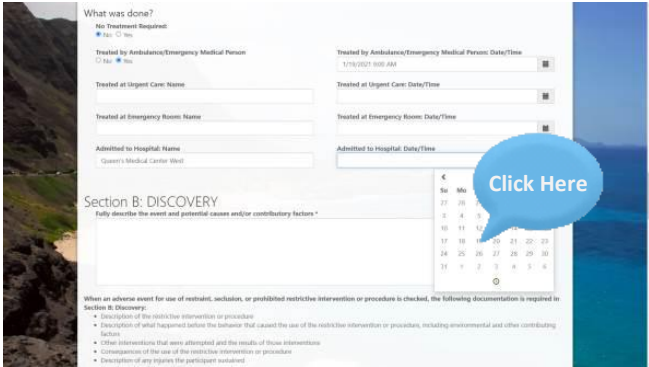
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	<p>38. Click to scroll.</p> <p>You must specify what was done in response to the adverse event, including the treatment required and where the customer was treated.</p> <p>Scroll down to continue.</p>	
	<p>39. Click Yes.</p>	
	<p>40. Click the calendar button.</p>	

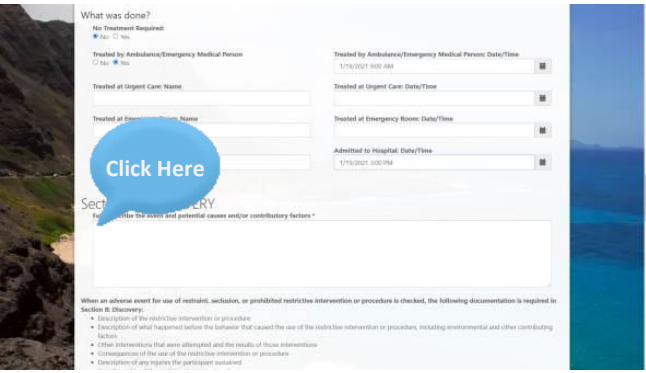
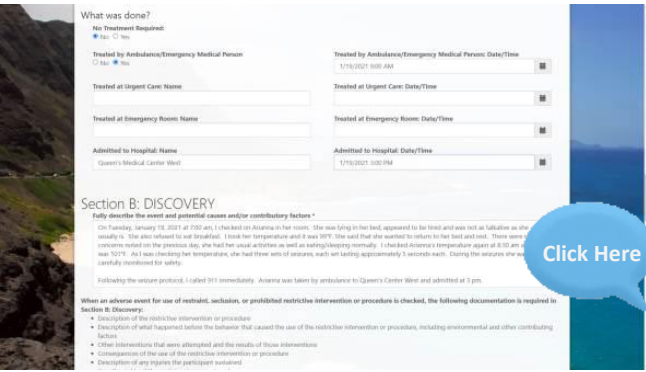
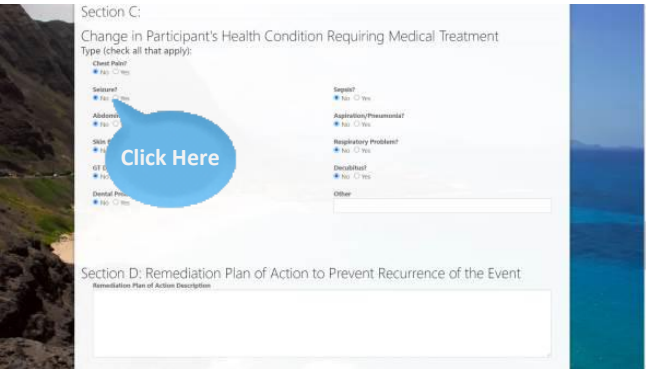
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 <p>What was done? <input checked="" type="radio"/> No Treatment Required <input type="radio"/> Yes</p> <p>Treated by Ambulance/Emergency Medical Person <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Treated at Urgent Care: Name _____ Date/Time _____</p> <p>Treated at Emergency Room: Name _____ Date _____</p> <p>Admitted to Hospital: Name _____ Date/Time _____</p> <p>Section B: DISCOVERY Fully describe the event and potential causes and/or contributory factors *</p> <p>When an adverse event for use of restraint, seclusion, or prohibited restrictive intervention or procedure is checked, the following documentation is required in Section B: Discovery:</p> <ul style="list-style-type: none"> • Description of the restrictive intervention or procedure • Description of what happened before the behavior that caused the use of the restrictive intervention or procedure, including environmental and other contributing factors • Other interventions that were attempted and the results of those interventions • Consequences of the use of the restrictive intervention or procedure • Description of any injuries the participant sustained 	<p>41. Click to select January 19.</p>	
 <p>What was done? <input checked="" type="radio"/> No Treatment Required <input type="radio"/> Yes</p> <p>Treated by Ambulance/Emergency Medical Person <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Treated at Urgent Care: Name _____ Date/Time _____</p> <p>Treated at Emergency Room: Name _____ Date _____</p> <p>Admitted to Hospital: Name _____ Date/Time _____</p> <p>Section B: DISCOVERY Fully describe the event and potential causes and/or contributory factors *</p> <p>When an adverse event for use of restraint, seclusion, or prohibited restrictive intervention or procedure is checked, the following documentation is required in Section B: Discovery:</p> <ul style="list-style-type: none"> • Description of the restrictive intervention or procedure • Description of what happened before the behavior that caused the use of the restrictive intervention or procedure, including environmental and other contributing factors • Other interventions that were attempted and the results of those interventions • Consequences of the use of the restrictive intervention or procedure • Description of any injuries the participant sustained 	<p>42. Click the clock button.</p>	
 <p>What was done? <input checked="" type="radio"/> No Treatment Required <input type="radio"/> Yes</p> <p>Treated by Ambulance/Emergency Medical Person <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Treated at Urgent Care: Name _____ Date/Time _____</p> <p>Treated at Emergency Room: Name _____ Date _____</p> <p>Admitted to Hospital: Name _____ Date/Time _____</p> <p>Section B: DISCOVERY Fully describe the event and potential causes and/or contributory factors *</p> <p>When an adverse event for use of restraint, seclusion, or prohibited restrictive intervention or procedure is checked, the following documentation is required in Section B: Discovery:</p> <ul style="list-style-type: none"> • Description of the restrictive intervention or procedure • Description of what happened before the behavior that caused the use of the restrictive intervention or procedure, including environmental and other contributing factors • Other interventions that were attempted and the results of those interventions • Consequences of the use of the restrictive intervention or procedure • Description of any injuries the participant sustained 	<p>43. Click to select the hour.</p>	


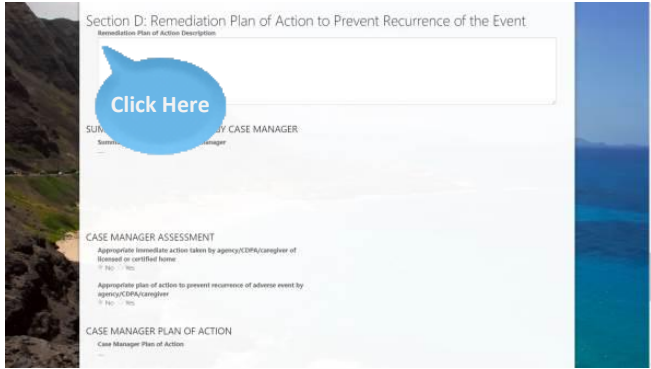

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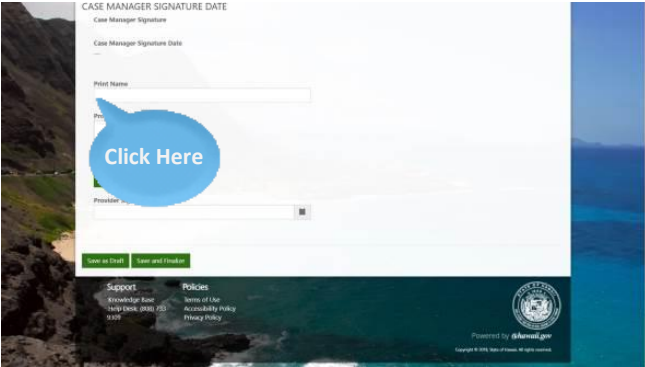
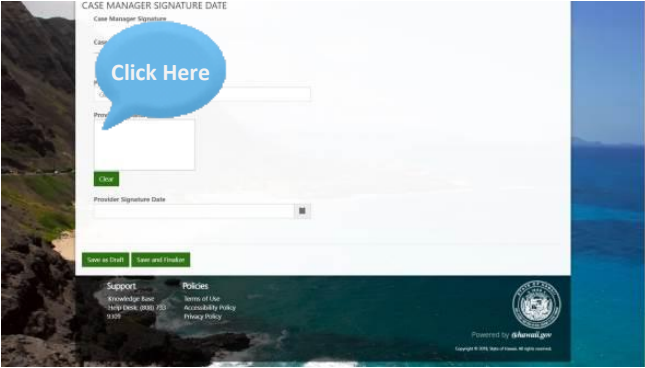
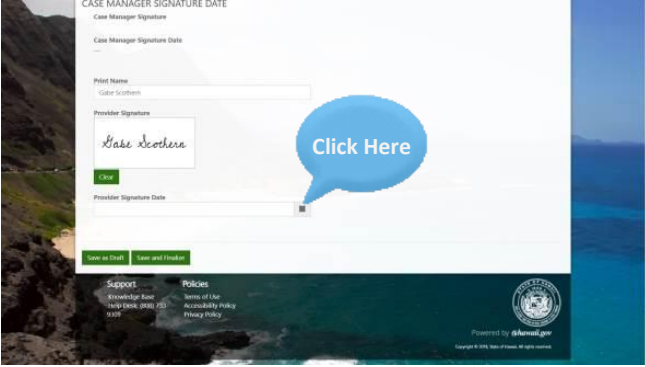
	<p>44. Click the field labeled Admitted to Hospital: Name</p>	
	<p>45. Click the calendar button.</p>	
	<p>46. Click to select January 19.</p>	

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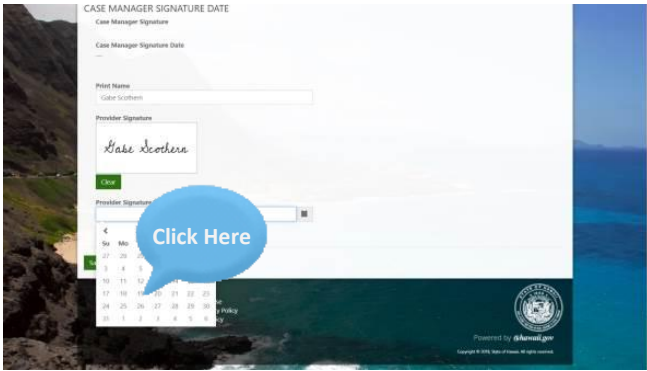
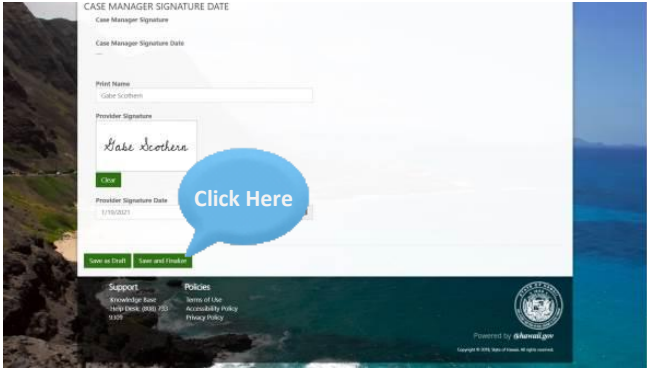
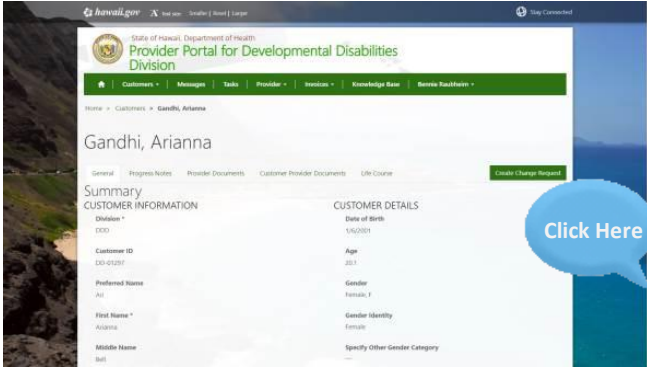
	<p>47. Click the field labeled Fully describe the event</p>	<p>In Section B, you must fully describe the event, along with the potential causes and contributing factors.</p>
	<p>48. Click to scroll.</p>	
	<p>49. Click Yes.</p>	<p>The fields that appear in Section C are based on the primary adverse event report type you selected in the first section.</p> <p>Here, you'll indicate any changes in the participant's health condition requiring medical treatment.</p>

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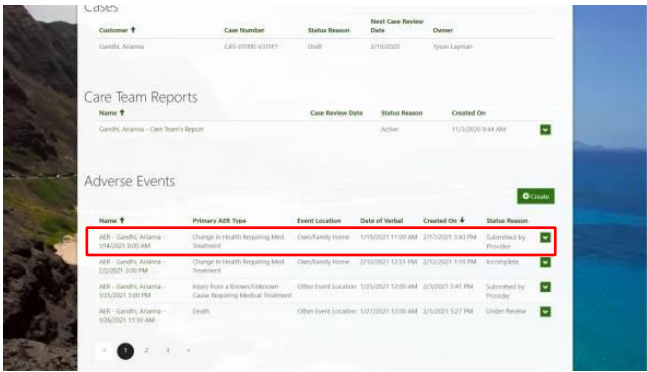
	<p>50. Click to scroll.</p>	<p>In Section D, you must describe the remediation plan of action to prevent the event from recurring.</p>
	<p>51. Click the field labeled Remediation Plan of Action Description.</p>	
	<p>52. Click to scroll.</p>	<p>Notice that there are Case Manager fields on the form. You will not be able to fill these in. These will be completed by the case manager after you submit the report.</p>


	<p>53. Click the field labeled Print Name.</p>	<p>When you are finished filling in the form, enter your name and signature. You can sign by using your mouse or a stylus or your finger if you have a touchscreen device.</p>
	<p>54. Click the field labeled Provider Signature.</p>	
	<p>55. Click the calendar button.</p>	

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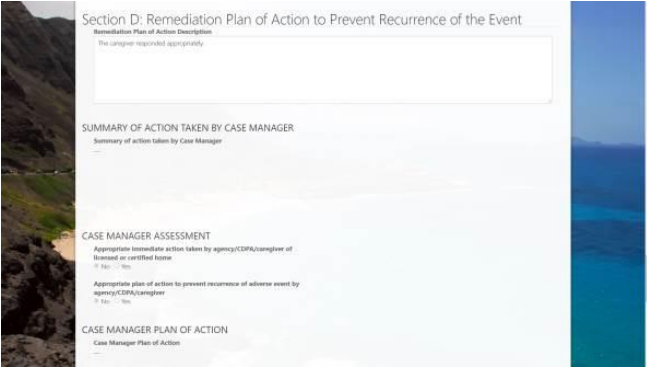

	<p>56. Click to select January 19.</p>	
	<p>57. Click Save and Finalize.</p>	<p>You can now save and finalize the form to submit the AER to the case manager. Please note that saving and finalizing the form will update the AER status to "Submitted by Provider" and you will no longer be able to edit the form.</p>
	<p>58. Click to scroll.</p>	<p>The adverse event you created now appears at the bottom of the customer record.</p>

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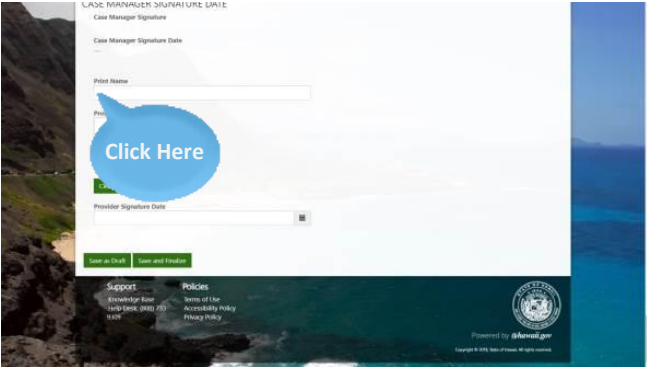
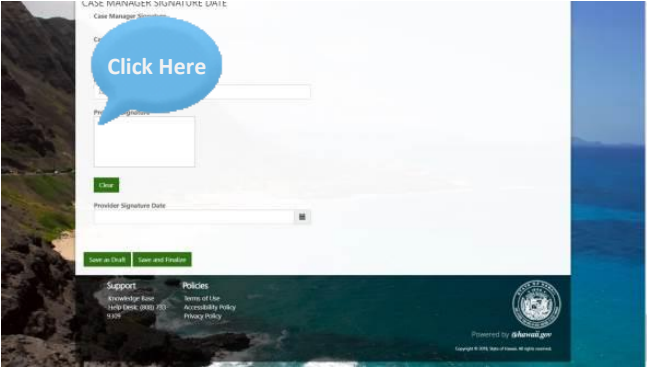
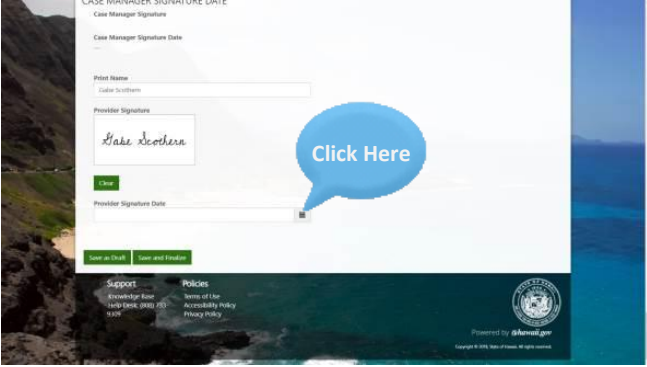
	59.	
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Create an insufficient adverse event report	Click Instructions	Talking Points
	1. Click to continue.	For the purposes of this training, let's see what happens when we create an <i>insufficient</i> adverse event report.

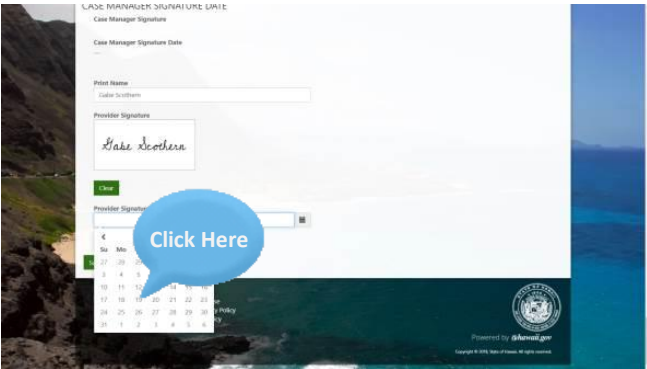
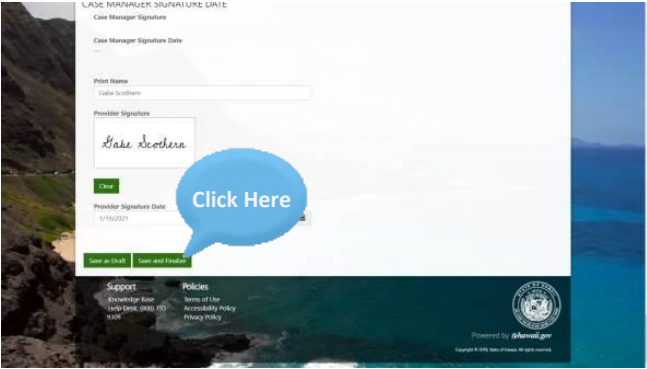
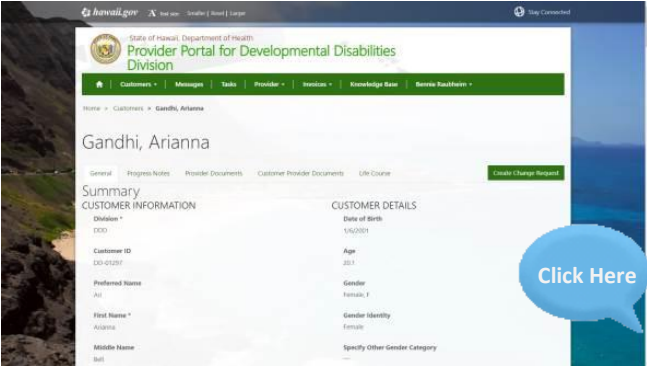
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 <p>Section D: Remediation Plan of Action to Prevent Recurrence of the Event Remediation Plan of Action Description</p> <p>Click Here</p> <p>SUMMARY OF ACTION TAKEN BY CASE MANAGER</p> <p>CASE MANAGER ASSESSMENT</p> <p>CASE MANAGER PLAN OF ACTION</p>	<p>2. Click the field labeled Remediation Plan of Action Description.</p>	<p>In the adverse event report, enter a description of the remediation plan of action.</p>
 <p>Section D: Remediation Plan of Action to Prevent Recurrence of the Event Remediation Plan of Action Description</p> <p>SUMMARY OF ACTION TAKEN BY CASE MANAGER</p> <p>CASE MANAGER ASSESSMENT</p> <p>CASE MANAGER PLAN OF ACTION</p>	<p>3.</p>	<p>We'll provide a description that is incomplete.</p>
 <p>Section D: Remediation Plan of Action to Prevent Recurrence of the Event Remediation Plan of Action Description</p> <p>SUMMARY OF ACTION TAKEN BY CASE MANAGER</p> <p>CASE MANAGER ASSESSMENT</p> <p>CASE MANAGER PLAN OF ACTION</p> <p>Click Here</p>	<p>4. Click to scroll.</p>	<p>Next, provide your signature at the bottom of the page.</p>

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	<p>5. Click the field labeled Print Name.</p>	
	<p>6. Click the field labeled Provider Signature.</p>	
	<p>7. Click the calendar button.</p>	

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	<p>8. Click the January 19.</p>	
	<p>9. Click Save and Finalize.</p>	<p>Save and finalize the form.</p>
	<p>10. Click to scroll.</p>	<p>The adverse event record now appears in the Adverse Events section.</p>

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The screenshot shows the 'Adverse Events' section of a web application. A table lists several reports. The first report is highlighted with a red box:

11.

The screenshot shows the same 'Adverse Events' section. The status of the first report has been updated to 'Incomplete'.

12.

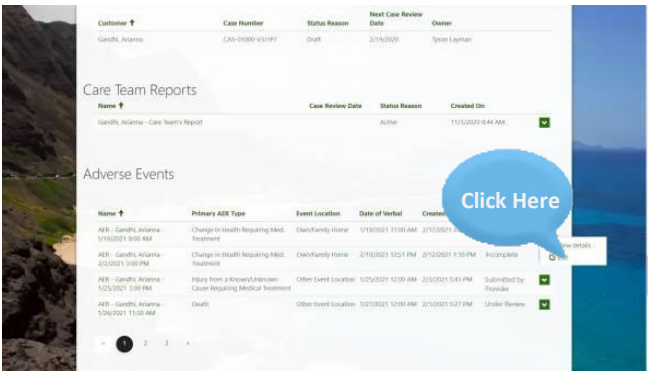
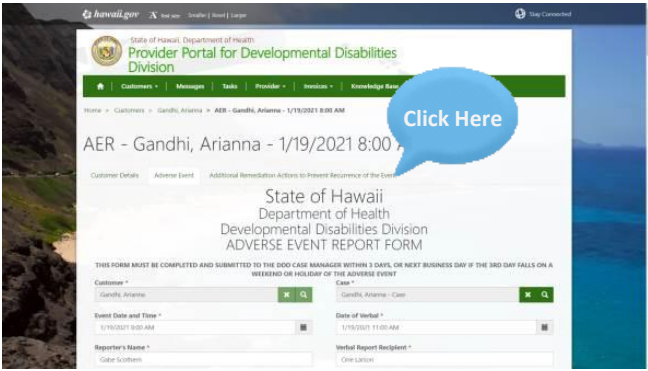
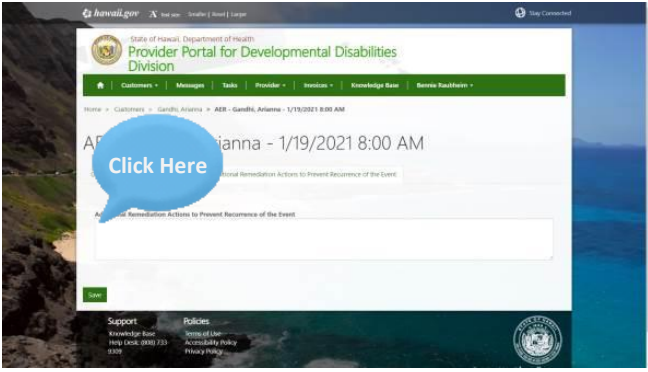
Upon reviewing the AER, the case manager determined the report to be insufficient and updated the status to "Incomplete."

The screenshot shows the same 'Adverse Events' section. A blue callout bubble with the text 'Click Here' points to the status dropdown arrow of the first report.

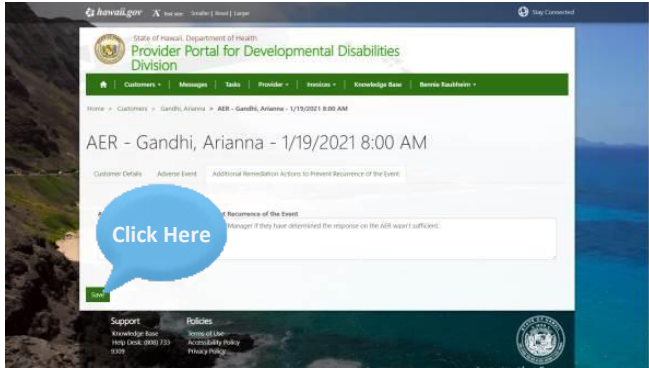
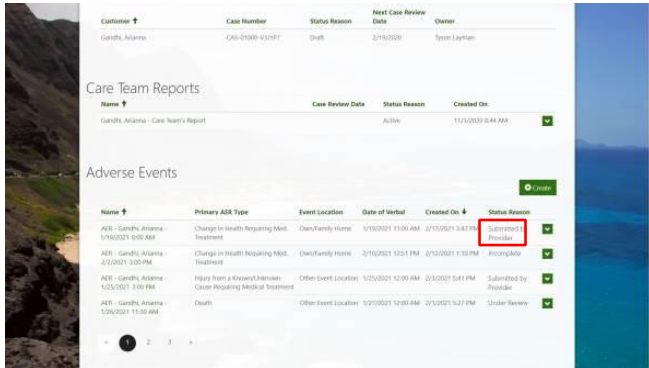
13. Click the drop-down arrow.

You can now return to the report and edit its details.

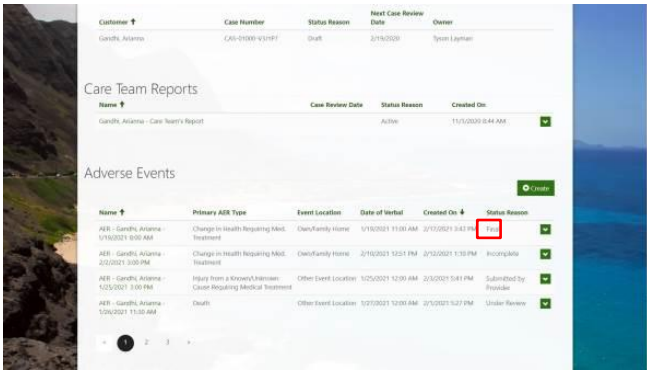
State of Hawaii – DOH – DDD - Training Module - Adverse Event Reports

	<p>14. Click Edit.</p>	
	<p>15. Click the Additional Remediation Actions to Prevent Recurrence of the Event tab.</p>	<p>Open the next tab.</p>
	<p>16. Click the field labeled Additional Remediation Actions to Prevent Recurrence of the Event.</p>	<p>If in the course of the case manager’s review of the adverse event they find the plan of action to prevent recurrence of the adverse event to be inappropriate, the case manager will contact you and request additional documentation.</p> <p>You will need to submit additional actions in the adverse event record on a new tab that will appear titled “Additional Remediation Actions to</p>

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		<p>Prevent Recurrence of the Event.” The requested additional information must be returned to the case manager within 1 business day of the request.</p> <p>Enter the additional remediation actions and then save your changes.</p>																														
	<p>17. Click Save.</p>																															
 <table><thead><tr><th>Name</th><th>Primary AER Type</th><th>Event Location</th><th>Date of Verbal</th><th>Created On</th><th>Status Reason</th></tr></thead><tbody><tr><td>AER - Gandhi, Arianna - 1/19/2021 8:00 AM</td><td>Change in Health Requiring Med. Treatment</td><td>Care/Family Home</td><td>1/19/2021 11:00 AM</td><td>2/10/2021 3:41 PM</td><td>Submitted by Provider</td></tr><tr><td>AER - Gandhi, Arianna - 2/2/2021 3:00 PM</td><td>Change in Health Requiring Med. Treatment</td><td>Care/Family Home</td><td>2/18/2021 12:31 PM</td><td>2/18/2021 1:30 PM</td><td>Incomplete</td></tr><tr><td>AER - Gandhi, Arianna - 5/25/2021 3:00 PM</td><td>Injury from a Known/Unknown Cause Requiring Medical Treatment</td><td>Other Event Location</td><td>5/25/2021 12:00 AM</td><td>2/10/2021 5:41 PM</td><td>Submitted By Provider</td></tr><tr><td>AER - Gandhi, Arianna - 5/26/2021 11:30 AM</td><td>Death</td><td>Other Event Location</td><td>5/27/2021 12:00 AM</td><td>2/10/2021 5:27 PM</td><td>Under Review</td></tr></tbody></table>	Name	Primary AER Type	Event Location	Date of Verbal	Created On	Status Reason	AER - Gandhi, Arianna - 1/19/2021 8:00 AM	Change in Health Requiring Med. Treatment	Care/Family Home	1/19/2021 11:00 AM	2/10/2021 3:41 PM	Submitted by Provider	AER - Gandhi, Arianna - 2/2/2021 3:00 PM	Change in Health Requiring Med. Treatment	Care/Family Home	2/18/2021 12:31 PM	2/18/2021 1:30 PM	Incomplete	AER - Gandhi, Arianna - 5/25/2021 3:00 PM	Injury from a Known/Unknown Cause Requiring Medical Treatment	Other Event Location	5/25/2021 12:00 AM	2/10/2021 5:41 PM	Submitted By Provider	AER - Gandhi, Arianna - 5/26/2021 11:30 AM	Death	Other Event Location	5/27/2021 12:00 AM	2/10/2021 5:27 PM	Under Review	<p>18.</p>	<p>The status of the AER is now "Submitted by Provider."</p>
Name	Primary AER Type	Event Location	Date of Verbal	Created On	Status Reason																											
AER - Gandhi, Arianna - 1/19/2021 8:00 AM	Change in Health Requiring Med. Treatment	Care/Family Home	1/19/2021 11:00 AM	2/10/2021 3:41 PM	Submitted by Provider																											
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Case Team Reports


Name	Case Review Date	Status Reason	Created On
Garth, Arlene - Case Team's Report		Active	11/15/2020 8:44 AM

Adverse Events

Name	Primary AER Type	Event Location	Date of Verbal	Created On	Status Reason
AER - Garth, Arlene - 1/16/2021 9:00 AM	Change in Health Requiring Med. Treatment	Care/Family Home	1/16/2021 11:00 AM	2/17/2021 3:43 PM	Final
AER - Garth, Arlene - 2/2/2021 3:00 PM	Change in Health Requiring Med. Treatment	Care/Family Home	2/16/2021 12:17 PM	2/16/2021 1:30 PM	Incomplete
AER - Garth, Arlene - 1/25/2021 1:00 PM	Injury from a Known/Unknown Cause Requiring Medical Treatment	Other Event Location	1/25/2021 12:09 AM	2/16/2021 5:41 PM	Submitted by Provider
AER - Garth, Arlene - 1/26/2021 11:00 AM	Death	Other Event Location	1/27/2021 10:00 AM	2/16/2021 5:27 PM	Under Review

19.

The case manager will update the status to "Final" once they review the AER and confirm it's sufficient.

Conclusion	Click Instructions	Talking Points
 The image is a title slide for a training module. It features a scenic background of a tropical coastline with a steep, green cliff overlooking a blue ocean under a clear sky. In the top left corner is the official seal of the State of Hawaii. Text on the slide includes: 'State of Hawaii, Department of Health' and 'Provider Portal for the Developmental Disabilities Division' in the top left; 'Training module:' followed by 'Adverse Event Reports' in large, bold, black font in the center; and 'Rendering Provider' in a smaller font at the bottom right. <p>State of Hawaii, Department of Health Provider Portal for the Developmental Disabilities Division</p> <p>Training module: Adverse Event Reports</p> <p>Rendering Provider</p>	<ol style="list-style-type: none">1.	<p>This training module is now complete.</p> <p>Thanks for watching.</p>