

EIM Reference Guide – ODP-ID/A EIM Incident Subject Areas

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ODP-ID/A Incident Subject Areas

The table that appears starting on the next page shows the correspondence between the fields and questions on all of the EIM pages and the subject area classifications that EIM uses to group data for reporting. When you run any Incident and Complaint Custom Reports, refer to this table to help you choose subject areas that return the data you need for your reports. When you request a report, the subject areas you select determine which fields and questions are included in the report.

Follow the steps below to identify the subject areas you must pick in the report request screen to get the corresponding data you need in your report. Use the diagram below the steps to help you visualize the process.

1. Start with the EIM Page column and find the name of the page that contains the field(s) and question(s) that contain(s) the data you need to report on.. The pages are listed in alphabetical order in the table..
2. Look through the entries in the Field/Question column that are on the EIM page you selected. The lists of fields and questions are arranged alphabetically by name. Identify all the questions in the Field/Question column that describe the data you need in your report.
3. Look in the Subject Area column and note which subject areas correspond to the fields and questions you identified. These are the subject areas you need to select and include in your report-request setup in order to see the data you want in your report.

①	②	③
EIM-PAGE	FIELD/QUESTION	SUBJECT-AREA
Death-Information-(Final-Section)	Was-a-'Do-Not-Resuscitate'-order-in-effect?	Death-Information-(Final-Section)
Death-Information-(First-Section)	Was-a-'Do-Not-Resuscitate'-order-in-effect?	Death-Information-(First-Section)

Note: Red arrows and a checkmark in the original image indicate the mapping from EIM-PAGE to FIELD/QUESTION to SUBJECT-AREA.

EIM Incident and Complaint Custom Report – Standard Elements

Note that each *Incident and Complaint Custom Report* contains the following 16 standard data elements. Regardless of subject area(s) selected, these 16 standard data elements are present on all extracts. It is not necessary to pull in an entire subject area if only one of these items are needed, since by default, the elements listed are already included.

ID	Program Office	Version	Status
Incident / Complaint	Type	Primary Category (Name and Date)	Occurrence Date
Secondary Categories (Name and Date)	Discovery Date	MCI	Last Name
First Name	Waiver/Program	County	Incident Point Person

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Actions Taken To Protect Health, Safety, and Rights	If no, please explain (Was 911 contacted ?)	Actions Taken To Protect Health, Safety, and Rights
Actions Taken To Protect Health, Safety, and Rights	If no, please specify (Was a call made to 911?)	Actions Taken To Protect Health, Safety, and Rights
Actions Taken To Protect Health, Safety, and Rights	If other, please specify (Medical Attention Given)	Actions Taken To Protect Health, Safety, and Rights
Actions Taken To Protect Health, Safety, and Rights	If no, please specify (Were supports and/or Services offered to the individual/victim?)	Actions Taken To Protect Health, Safety, and Rights
Actions Taken to Protect Health, Safety, and Rights	If other, please specify (Other Supports and/or Services)	Actions Taken to Protect Health, Safety, and Rights
Actions Taken To Protect Health, Safety, and Rights	Law Enforcement Contacted	Actions Taken To Protect Health, Safety, and Rights
Actions Taken To Protect Health, Safety, and Rights	Medical Attention Given	Actions Taken To Protect Health, Safety, and Rights
Actions Taken To Protect Health, Safety, and Rights	Other Supports and/or Services:	Actions Taken To Protect Health, Safety, and Rights
Actions Taken To Protect Health, Safety, and Rights	Please describe actions taken to protect the individual (Describe administrative, health/safety, treatment, and targeted individual actions taken to address the incident to date, including supports and/or services offered)	Actions Taken To Protect Health, Safety, and Rights
Actions Taken To Protect Health, Safety, and Rights	Was a call made to 911?	Actions Taken To Protect Health, Safety, and Rights
Actions Taken To Protect Health, Safety, and Rights	Were supports and/or services offered to the individual?	Actions Taken To Protect Health, Safety, and Rights
Actions Taken To Protect Health, Safety, and Rights	What supports and/or services were offered to the individual/victim?	Actions Taken To Protect Health, Safety, and Rights
Additional Corrective Actions	Is there an additional corrective action for this incident?	Corrective Action Description
Additional Corrective Actions	Additional Corrective Action	Additional Corrective Actions
Additional Corrective Actions	Description of Additional Corrective Action	Additional Corrective Actions
Additional Corrective Actions	Completed/Expected Completion Date	Additional Corrective Actions
Additional Corrective Actions	Responsible Party (First Name)	Additional Corrective Actions
Additional Corrective Actions	Responsible Party (Last Name)	Additional Corrective Actions
Additional Information and Optional Categorization	Did the individual accept the services/supports offered?	Additional Information and Optional Categorization
Additional Information and Optional Categorization	If other, please specify (Services/Supports Offered)	Additional Information and Optional Categorization

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Additional Information and Optional Categorization	If Yes, were all team members informed and trained, if applicable, on the changes?	Additional Information and Optional Categorization
Additional Information and Optional Categorization	Optional Field 1	Additional Information and Optional Categorization
Additional Information and Optional Categorization	Optional Field 2	Additional Information and Optional Categorization
Additional Information and Optional Categorization	Optional Field 3	Additional Information and Optional Categorization
Additional Information and Optional Categorization	Optional Field 4	Additional Information and Optional Categorization
Additional Information and Optional Categorization	Please clarify (Did the individual/victim accept the supports offered?)	Additional Information and Optional Categorization
Additional Information and Optional Categorization (Individual Incident)	Please include any updated or corrected information from the Incident Description page of the First Section including dates, times, people involved, and relevant details prior to, during, and after the incident. Indicate the current status of the individual.	Additional Information and Optional Categorization
Additional Information and Optional Categorization	Please indicate what action was taken by Law Enforcement or if Law Enforcement was not contacted	Additional Information and Optional Categorization
Additional Information and Optional Categorization	Please explain (Was the individual educated on the circumstances around the incident?)	Additional Information and Optional Categorization
Additional Information and Optional Categorization	Services/Supports Offered	Additional Information and Optional Categorization
Additional Information and Optional Categorization	Was Law Enforcement Contacted?	Additional Information and Optional Categorization
Additional Information and Optional Categorization (Individual Incident)	Was the individual educated on the circumstances around the incident?	Additional Information and Optional Categorization
Additional Information and Optional Categorization	Were any changes made to the ISP (including Behavioral Support Plan component)?	Additional Information and Optional Categorization
Additional Information and Optional Categorization	Were services/supports offered to the individual?	Additional Information and Optional Categorization
Additional Information and Optional Categorization	What was the outcome of the services/supports that were offered?	Additional Information and Optional Categorization

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Additional Information and Optional Categorization (Site Level Incident)	Did the individuals accept the services/supports offered?	Additional Information and Optional Categorization
Additional Information and Optional Categorization (Site Level Incident)	Optional Field 1	Additional Information and Optional Categorization
Additional Information and Optional Categorization (Site Level Incident)	Optional Field 2	Additional Information and Optional Categorization
Additional Information and Optional Categorization (Site Level Incident)	Optional Field 3	Additional Information and Optional Categorization
Additional Information and Optional Categorization (Site Level Incident)	Optional Field 4	Additional Information and Optional Categorization
Additional Information and Optional Categorization (Site Level Incident)	Please clarify (Did the individuals accept the services/supports offered?)	Additional Information and Optional Categorization
Additional Information and Optional Categorization (Site Level Incident)	Please include any updated or corrected information from the Incident Description page of the First Section including dates, times, people involved, and relevant details prior to, during, and after the incident. Indicate the current status of the individuals. If law enforcement has been contacted, please list details of actions taken by law enforcement.	Additional Information and Optional Categorization
Additional Information and Optional Categorization (Site Level Incident)	Were the individuals educated on the circumstances around the incident?	Additional Information and Optional Categorization
Additional Medical Intervention Information	Admitting physician	Additional Medical Intervention Information
Additional Medical Intervention Information	Admitting psychiatrist	Additional Medical Intervention Information
Additional Medical Intervention Information	Diagnostic Testing	Additional Medical Intervention Information
Additional Medical Intervention Information	Did the individual experience a delay in admission?	Additional Medical Intervention Information
Additional Medical Intervention Information	Home Health Nurse	Additional Medical Intervention Information
Additional Medical Intervention Information	If no, please explain (Were all responsible staff, individuals, and caregivers trained on care and follow-up instructions?)	Additional Medical Intervention Information

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Additional Medical Intervention Information	If none, please explain (Initial follow-up appointments)	Additional Medical Intervention Information
Additional Medical Intervention Information	If yes, please explain (Did the individual experience a delay in admission?)	Additional Medical Intervention Information
Additional Medical Intervention Information	Lab Work	Additional Medical Intervention Information
Additional Medical Intervention Information	Other (Initial follow-up appointments)	Additional Medical Intervention Information
Additional Medical Intervention Information	Outpatient psychiatrist	Additional Medical Intervention Information
Additional Medical Intervention Information	Please explain any new equipment, instructions, medical condition, psychotherapy, treatment or facility	Additional Medical Intervention Information
Additional Medical Intervention Information	Primary Care Practitioner (PCP)	Additional Medical Intervention Information
Additional Medical Intervention Information	Specialist	Additional Medical Intervention Information
Additional Medical Intervention Information	Surgeon	Additional Medical Intervention Information
Additional Medical Intervention Information	Swallow Study	Additional Medical Intervention Information
Additional Medical Intervention Information	Was the individual, staff, and caregivers trained on care and follow-up instructions?	Additional Medical Intervention Information
Additional Medical Intervention Information	What changed for this individual after treatment? (Select all that apply)	Additional Medical Intervention Information
Additional Medical Intervention Information	What location did the individual return to after medical treatment?	Additional Medical Intervention Information
Additional Medical Intervention Information	Wound Care Clinic	Additional Medical Intervention Information
Additional Medication Error Information	Length of time the staff involved has been giving medications? (years)	Additional Medication Error Information
Additional Medication Error Information	Name or unique identifier of the staff involved	Additional Medication Error Information
Additional Medication Error Information	Number of medications supposed to be given to this person at the same time as the error was made including the medication where the error was made?	Additional Medication Error Information
Additional Medication Error Information	Number of medications this person receives on a daily basis? (do not include medications that are taken on an episodic basis)	Additional Medication Error Information
Additional Medication Error Information	Number of people (including this person) that the staff involved has to give medications to around the same time as the error occurred?	Additional Medication Error Information
Additional Medication Error Information	Was the staff involved working longer than their regular work hours at the time of the error?	Additional Medication Error Information

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Additional Medication Error Information	Were any medications involved in this medication error a controlled substance?	Additional Medication Error Information
Administrative Review Committee	Please specify Administrative Review Committee (Select 'Yes' to proceed)	Administrative Review Information
Administrative Review Information	Administrative Review Date	Administrative Review Information
Administrative Review Information	Does the CIR provide the necessary information for the administrative review team to make a determination and develop appropriate corrective actions?	Administrative Review Information
Administrative Review Information	If no, please explain (Does the CIR provide the necessary information for the administrative review committee to make a determination and develop appropriate corrective actions?)	Administrative Review Information
Administrative Review Summary	Based on the information provided in the CIR, is the initial incident category correct?	Administrative Review Information
Administrative Review Summary	Date and Time the injury/wound/illness was discovered	Administrative Review Information
Administrative Review Summary	Did the investigation find all policies, procedures, rules and regulations to be properly implemented?	Administrative Review Information
Administrative Review Summary	Did the investigation start in a timely manner?	Administrative Review Information
Administrative Review Summary	Explanation of treatment	Administrative Review Information
Administrative Review Summary	If no injuries, wounds, or illnesses were discovered, please explain	Administrative Review Information
Administrative Review Summary	If no treatment was provided, please explain	Administrative Review Information
Administrative Review Summary	If no, please explain (Did the investigation find all policies, procedures, rules and regulations to be properly implemented?)	Administrative Review Information
Administrative Review Summary	If no, please explain (Did the investigation start in a timely manner?)	Administrative Review Information
Administrative Review Summary	If no, please explain (If there was reason to suspect that a crime had been committed, was law enforcement contacted?)	Administrative Review Information
Administrative Review Summary	If no, please explain (Was the appropriate notification made related to the Adult Protective Services Act, Older Adult Protective Services Act and Child Line Protective Services Law?)	Administrative Review Information
Administrative Review Summary	If no, please explain (Was the family/guardian/individual's designee notified of the incident within 24 hours?)	Administrative Review Information

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Administrative Review Summary	If the incident involved target(s), was the target separated from potential contact with all individuals receiving services until the incident investigation was completed?	Administrative Review Information
Administrative Review Summary	If there was reason to suspect that a crime had been committed, was law enforcement contacted?	Administrative Review Information
Administrative Review Summary	If there were injuries, wounds, illness to the individual that required prompt medication attention, did the individual receive the necessary treatment?	Administrative Review Information
Administrative Review Summary	Investigation Determination	Administrative Review Information
Administrative Review Summary	Please describe the assistance offered	Administrative Review Information
Administrative Review Summary	Please explain (Based on the information provided in the CIR, is the initial incident category correct?)	Administrative Review Information
Administrative Review Summary	Please explain (Investigation Determination)	Administrative Review Information
Administrative Review Summary	Victims assistance services offered	Administrative Review Information
Administrative Review Summary	Was assistance offered to the alleged victim to protect the immediate and ongoing health, safety and welfare of the individual (including victims services)?	Administrative Review Information
Administrative Review Summary	Was the appropriate notification made related to the Adult Protective Services Act, Older Adult Protective Services Act and Child Line Protective Services Law?	Administrative Review Information
Administrative Review Summary	Was the family/guardian/individual's designee notified of the incident within 24 hours?	Administrative Review Information
Concerns Identified by CI	Are there any concerns about practice or policy identified by the investigator?	Investigation Details
Death Information	Did other parties perform CPR?	Death Information (Final Section)
Death Information	Did the individual have a diagnosed terminal illness?	Death Information (Final Section)
Death Information	Did the provider initiate CPR?	Death Information (Final Section)
Death Information	If other, please specify (Did other parties perform CPR?)	Death Information (Final Section)
Death Information	If other, please specify (Existing supplemental information)	Death Information (Final Section)
Death Information	If other, please specify (Relationship to the deceased)	Death Information (Final Section)
Death Information	If yes, please specify their name (Substitute Healthcare Decision Maker)	Death Information (Final Section)

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Death Information	Please indicate what supplemental information exists for this report (Forward hard copies of the available documents to the County and Region)	Death Information (Final Section)
Death Information	Was an autopsy performed or will an autopsy be performed?	Death Information (Final Section)
Death Information	Was an autopsy performed or will an autopsy be performed?	Death Information (First Section)
Death Information	Was the coroner contacted?	Death Information (Final Section)
Death Information	Was the individual in hospice care?	Death Information (Final Section)
Death Information	Was there a Substitute Healthcare Decision Maker?	Death Information (Final Section)
Death Information	What is the diagnosed terminal illness?	Death Information (Final Section)
Death Information	Did other parties perform CPR?	Death Information (First Section)
Death Information	Did the family refuse an autopsy?	Death Information (Final Section)
Death Information	Did the individual have a diagnosed terminal illness?	Death Information (First Section)
Death Information	Did the provider initiate CPR?	Death Information (First Section)
Death Information	If other, please specify (Did other parties perform CPR?)	Death Information (First Section)
Death Information	If other, please specify (What is the diagnosed terminal illness?)	Death Information (First Section)
Death Information	Relationship to the deceased	Death Information (Final Section)
Death Information	Was the coroner contacted?	Death Information (First Section)
Death Information	Was the individual in hospice care?	Death Information (First Section)
Death Information	Was there a hospitalization for this individual?	Death Information (Final Section)
Death Information	What is the diagnosed terminal illness?	Death Information (First Section)
Death Information (Final Section)	Was a 'Do Not Resuscitate' order in effect?	Death Information (Final Section)
Death Information (Final Section)	Was medical intervention information recorded in another incident in relation to this death incident?	Death Information (Final Section)
Death Information (Final Section)	Was this death a result of abuse or neglect?	Death Information (Final Section)
Death Information (First Section)	Was a 'Do Not Resuscitate' order in effect?	Death Information (First Section)
Death Information (First Section)	Was medical intervention information recorded in another incident in relation to this death incident?	Death Information (First Section)
Death Information	If other, please specify (What is the diagnosed terminal illness?)	Death Information (Final Section)
Documentary Evidence	Were documents identified as evidence for this investigation?	Investigation Details
Documentary Evidence	Title of document/evidence	Investigation Details
Documentary Evidence	Collected	Investigation Details
Documentary Evidence	Date and Time collected	Investigation Details

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Documentary Evidence	Description of identified documentary evidence (what is relevant about this piece of evidence, how did you obtain this evidence, etc.)	Investigation Details
Documentary Evidence	Please add any additional information not captured above	Investigation Details
Follow-Up Actions Taken	Were follow-up actions completed as a result of this incident?	Program Office Review Details
Follow-Up Actions Taken	Follow-Up Action	Program Office Review Details
Follow-Up Actions Taken	Description of the Follow-Up Action	Program Office Review Details
Follow-Up Actions Taken	Completed/Expected Completion Date	Program Office Review Details
Follow-Up Actions Taken	Responsible Party (First Name)	Program Office Review Details
Follow-Up Actions Taken	Responsible Party (Last Name)	Program Office Review Details
Hospitalization Information	Actual Date of Discharge	Hospitalization Information
Hospitalization Information	Add additional information not captured above	Hospitalization Information
Hospitalization Information	Admitting diagnosis	Hospitalization Information
Hospitalization Information	Date of Admission	Hospitalization Information
Hospitalization Information	Describe the person's current status (Select all that apply)	Hospitalization Information
Hospitalization Information	Did you get the discharge instructions upon discharge?	Hospitalization Information
Hospitalization Information	Discharge diagnosis	Hospitalization Information
Hospitalization Information	Hospital Name	Hospitalization Information
Hospitalization Information	If other, please specify (What occurred during the hospitalization?)	Hospitalization Information
Hospitalization Information	Was a follow-up appointment scheduled for post hospitalization with the medical professional? (Select all that apply)	Hospitalization Information
Hospitalization Information	Was the admission from the Emergency Room?	Hospitalization Information
Hospitalization Information	What changed for this person after discharge? (Select all that apply)	Hospitalization Information
Hospitalization Information	What occurred during the hospitalization? Include follow-up or referral information. (Select all that apply)	Hospitalization Information
Hospitalization Information	Was there a hospitalization for this individual?	Hospitalization Information
Incident Classification	Assigned Certified Investigator	Incident Detail - Initial
Incident Classification	Investigation Required?	Incident Detail - Initial
Incident Classification	Choking/Falling Indicator	Choking/Falling Indicator
Incident Classification	Determine if an Investigation is required	Incident Detail - Initial
Incident Classification	Discovery Date and Time	Incident Detail - Initial
Incident Classification	Has the Individual been notified of the incident?	Incident Detail - Initial

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Incident Classification	If no, please explain (Has the Individual been notified of the incident?)	Incident Detail - Initial
Incident Classification	If no, please explain	Incident Detail -Initial
Incident Classification	If no, please explain (Was the family/guardian/individual's designee notified of the incident?)	Incident Detail - Initial
Incident Classification	If no, please explain (Was the incident referred to Protective Services Agencies?)	Incident Detail - Initial
Incident Classification	If no, please explain (Were there targets identified?)	Target Information
Incident Classification	Investigation will be conducted by	Incident Detail - Initial
Incident Classification	Proceed with investigation?	Incident Detail - Initial
Incident Classification	Reviewing Organization	Incident Detail - Initial
Incident Classification	Waiver/Program	Incident Detail - Initial
Incident Classification	Was the family/guardian/individual's designee notified of the incident?	Incident Detail - Initial
Incident Classification	Was the incident referred to Adult Protective Services (18-59 years of age)?	Protective Services Agency
Incident Classification	Was the incident referred to Child Protective Services (0-17 years of age)?	Protective Services Agency
Incident Classification	Was the incident referred to Older Adult Protective Services (60+ years of age)?	Protective Services Agency
Incident Classification	Was there a medical intervention for this individual?	Medical Intervention Information
Incident Classification	Were there targets identified?	Target Information
Incident Description (Individual and Site-level Incidents)	Address Line 1	Incident Description
Incident Description (Individual and Site-level Incidents)	Address Line 2	Incident Description
Incident Description (Individual and Site-level Incidents)	Address Line 3	Incident Description
Incident Description (Individual and Site-level Incidents)	City	Incident Description
Incident Description (Individual and Site-level Incidents)	In what physical location did the event occur?	Incident Description
Incident Description (Individual and Site-level Incidents)	Is incident location known?	Incident Description

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Incident Description (Individual and Site-level Incidents)	Location Name (if any)	Incident Description
Incident Description (Individual and Site-level Incidents)	Please describe in detail exactly what happened during the incident including dates, times, and all people involved including staff. Include all relevant details prior to, during, and after the incident. Indicate the current status of the individual	Incident Description
Incident Description (Individual and Site-level Incidents)	State	Incident Description
Incident Description (Individual and Site-level Incidents)	Zip Code	Incident Description
Incident Description (Individual Incidents)	Relationship of the incident location to the individual	Incident Description
Incident Description (Individual Incidents)	What service delivery model was the person participating in when the event occurred?	Incident Description
Incident Description (Individual Incidents)	What service/program was the person participating in when the event occurred?	Incident Description
Incident Description (Site-level Incidents)	Please list all individuals involved	Incident Description
Incident Description (Site-level Incidents)	Relationship of the incident location to the site	Incident Description
Incident Description - Site Level Incident	Was the site closed due to fire?	Incident Description
Individual Detail	Incident Point Person	Individual Case Management Information
Individual Information	Address Line 1	Individual Contact Information
Individual Information	Address Line 2	Individual Contact Information
Individual Information	Address Line 3	Individual Contact Information

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Individual Information	Ambulation	Individual Case Management Information
Individual Information	Assigned SC	Individual Case Management Information
Individual Information	Assigned SC Email	Individual Case Management Information
Individual Information	Assigned SC Phone	Individual Case Management Information
Individual Information	BSU	Individual Demographics
Individual Information	Case Management System	Individual Demographics
Individual Information	City	Individual Contact Information
Individual Information	Date of Birth	Individual Demographics
Individual Information	Email	Individual Contact Information
Individual Information	Funding County/Joinder	Individual Case Management Information
Individual Information	Gender	Individual Demographics
Individual Information	Harry M. Litigation	Individual Case Management Information
Individual Information	If yes, Interpreter is needed for	Individual Case Management Information
Individual Information	Individual Name	Individual Demographics
Individual Information	Is Interpreter Needed?	Individual Case Management Information

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Individual Information	Living Situation	Individual Case Management Information
Individual Information	Living Situation Qualifier	Individual Case Management Information
Individual Information	MCI	Individual Demographics
Individual Information	Needs Group	Individual Case Management Information
Individual Information	Needs Level	Individual Case Management Information
Individual Information	Other Special Needs	Individual Case Management Information
Individual Information	Phone Number	Individual Contact Information
Individual Information	Primary Language	Individual Case Management Information
Individual Information	Primary Mode of Communication	Individual Case Management Information
Individual Information	Program Diagnosis	Individual Case Management Information
Individual Information	Region	Individual Case Management Information
Individual Information	Residential County	Individual Contact Information
Individual Information	Restrictive Procedure Plan in Place	Individual Case Management Information
Individual Information	SC Entity Name	Individual Case Management Information
Individual Information	Special Indicator	Individual Case Management Information

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Individual Information	Specify if other language	Individual Case Management Information
Individual Information	SSN	Individual Demographics
Individual Information	State	Individual Contact Information
Individual Information	Waiver/Program	Individual Case Management Information
Individual Information	Zip Code	Individual Contact Information
Initial Management Review	Review Comments	Initial Management Review
Initial Management Review	Were the actions taken to protect the individual's health, safety, and rights documented?	Initial Management Review
Initial Management Review	Were the actions taken to protect the individual's health, safety, and rights prompt and adequate?	Initial Management Review
Initiator Information	Email	Initiator Information
Initiator Information	Initiator Name	Initiator Information
Initiator Information	MPI (if applicable)	Initiator Information
Initiator Information	Organization	Initiator Information
Initiator Information	Organization Type	Initiator Information
Initiator Information	Phone Number	Initiator Information
Investigation Assignment	Assigned Investigator	Program Office Investigation Assignment

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Investigation Assignment	Concur with provider investigation?	Program Office Investigation Assignment
Investigation Assignment	Does the incident require additional investigation?	Program Office Investigation Assignment
Investigation Assignment	Has the family/guardian/individual's designee been notified of the outcome of the investigation?	Program Office Investigation Assignment
Investigation Assignment	Has the family/guardian/individual's designee been notified of the incident?	Program Office Investigation Assignment
Investigation Assignment	If no, please explain (Has the family/guardian been notified of the outcome of the investigation?)	Program Office Investigation Assignment
Investigation Assignment	If no, please explain (Concur with provider investigation?)	Program Office Investigation Assignment
Investigation Assignment	If the investigation was not approved, please provide comments	Program Office Investigation Assignment
Investigation Assignment	Indicate County/Region Investigation Determination	Program Office Investigation Assignment
Investigation Assignment	Indicate Region Investigation Determination	Program Office Investigation Assignment
Investigation Assignment	Investigation Approval Status	Program Office Investigation Assignment
Investigation Assignment	Proceed with Investigation?	Program Office Investigation Assignment
Investigation Information	Briefly describe how potential witnesses were identified	Investigation Details
Investigation Information	Date and Time of the visit	Investigation Details
Investigation Information	Did the investigator visit the site scene of the incident?	Investigation Details
Investigation Information	Enter the primary investigatory question	Investigation Details

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Investigation Information	First Witness Statement Date and Time	Investigation Details
Investigation Information	If the investigator was assigned more than 24 hours after the discovery date, then please explain	Investigation Details
Investigation Information	If the last witness statement was more than 10 days after the first witness statement, please explain	Investigation Details
Investigation Information	Incident Allegedly Occurred Date and Time	Investigation Details
Investigation Information	Incident Reported/Discovered Date and Time	Investigation Details
Investigation Information	Information provided to the investigator at the time of the assignment	Investigation Details
Investigation Information	Investigation Assignment Date and Time	Investigation Details
Investigation Information	Investigation End Date	Investigation Details
Investigation Information	Investigation Start Date	Investigation Details
Investigation Information	Investigator Assigned Date and Time	Investigation Details
Investigation Information	Investigatory questions that must be answered by the investigation	Investigation Details
Investigation Information	Last Witness Statement Date and Time	Investigation Details
Investigation Information	Please explain why the site scene was not visited (If no or site scene unavailable/unknown)	Investigation Details
Investigation Information	Summary of investigator's findings	Investigation Details
Investigation Information (Provider Certified Investigator Report)	Incident Allegedly Occurred Date	Investigation Details

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Investigation Methodology	CI Investigation Plan	Investigation Details
Investigation Methodology	Did the CI interview the victim within 24 hours of being assigned to the case?	Investigation Details
Investigation Methodology	If no other documents were identified, please explain	Investigation Details
Investigation Methodology	If no, please explain (Did the CI interview the victim within 24 hours of being assigned to the case?)	Investigation Details
Investigation Methodology	If no, please explain (Were all initial interviews attempted and/or completed within 10 days of the investigation being assigned?)	Investigation Details
Investigation Methodology	If no targets were identified, please explain	Investigation Details
Investigation Methodology	If physical evidence was not collected, photographed, or otherwise preserved, please explain	Investigation Details
Investigation Methodology	If the victim was not the first witness interviewed, please explain	Investigation Details
Investigation Methodology	If witness interviews were not attempted and/or completed, please explain	Investigation Details
Investigation Methodology	Please enter any evidence that was collected for the investigation that was determined not to be relevant	Investigation Details
Investigation Methodology	Were all initial interviews attempted and/or completed within 10 days of the investigation being assigned?	Investigation Details
Management Review Information	Are the incident primary and secondary categories correct?	Program Office Review Details
Management Review Information	Comments/Recommendations	Program Office Review Details
Management Review Information	Did the information contained in the incident report validate that the incident was reported promptly?	Program Office Review Details
Management Review Information	If a protective services notification was received, was it accurately reflected within the incident report?	Program Office Review Details

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Management Review Information	If no, please explain (Did the information contained in the incident report validate that the incident was reported promptly?)	Program Office Review Details
Management Review Information	If not approved, are revisions needed in the Certified Investigator Report?	Program Office Review Details
Management Review Information	If the incident report is not approved, please provide comments	Program Office Review Details
Management Review Information	If the incident report is not approved, please select a reason	Program Office Review Details
Management Review Information	Initial Incident Closure Date	Program Office Review Details
Management Review Information	Is the discovery date accurate?	Program Office Review Details
Management Review Information	Is this incident a result of abuse or neglect?	Program Office Review Details
Management Review Information	Number of Days elapsed between Incident Creation and Initial Closure	Program Office Review Details
Management Review Information	Review Approval Status	Program Office Review Details
Management Review Information	Review Date	Program Office Review Details
Management Review Information	Was a protective services notification received for this incident?	Management Review Information
Management Review Information	Was the incident closed on time?	Program Office Review Details
Medical Intervention Information	Additional Diagnosis	Medical Intervention Information
Medical Intervention Information	Date of Intervention/Admission	Medical Intervention Information
Medical Intervention Information	Discharge Diagnosis	Medical Intervention Information

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Medical Intervention Information	Discharge Date/Medical Intervention End Date	Medical Intervention Information
Medical Intervention Information	Did you get the discharge instructions upon discharge?	Medical Intervention Information
Medical Intervention Information	Has the individual received any medical interventions in the last 48 hours prior to this incident?	Medical Intervention Information
Medical Intervention Information	If other, please specify: (What was provided during the event? (Select all that apply))	Medical Intervention Information
Medical Intervention Information	If no, please explain (Did you get the discharge instructions upon discharge?)	Medical Intervention Information
Medical Intervention Information	If yes, please explain (Has the individual received any medical interventions in the last 48 hours prior to this incident)	Medical Intervention Information
Medical Intervention Information	Initial Diagnosis	Medical Intervention Information
Medical Intervention Information	Medical Provider/Center Name	Medical Intervention Information
Medical Intervention Information	Please explain (What was the extent of treatment?)	Medical Intervention Information
Medical Intervention Information	What was provided during the event? (Select all that apply)	Medical Intervention Information
Medical Intervention Information	What was the extent of treatment?	Medical Intervention Information
Medication Error Information	Additional Comments	Medication Error
Medication Error Information	Did the error occur over multiple consecutive administrations?	Medication Error
Medication Error Information	If other, please specify (What was the response to the error?)	Medication Error
Medication Error Information	If other, please specify (What was/will be agency system response?)	Medication Error

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Medication Error Information	If other, please specify (Why did the error occur?)	Medication Error
Medication Error Information	Staff position of person giving medication	Medication Error
Medication Error Information	What was or will be the agency system response to prevent this type of error from occurring in the future? (Select all that apply)	Medication Error
Medication Error Information	What was the response to the error? (Select all that apply)	Medication Error
Medication Error Information	Why did the error occur? (Select all that apply)	Medication Error
Medication List	Please specify medications (Select 'Yes' to proceed)	Medication List
Notification Information	Has notification been made or will notification be made?	Notification Information
Optionally Reportable Event Information	Description	Optionally Reportable Event Information
Optionally Reportable Event Information	Location Incident Occurred (Building Identification, Room Identification)	Optionally Reportable Event Information
Optionally Reportable Event Information	Optional Field 1	Optionally Reportable Event Information
Optionally Reportable Event Information	Optional Field 2	Optionally Reportable Event Information
Optionally Reportable Event Information	Optional Field 3	Optionally Reportable Event Information
Optionally Reportable Event Information	Optional Field 4	Optionally Reportable Event Information
Passive Neglect Information	Have there been previous incident reports related to the current identified issue of passive or self-neglect?	Passive and Self-Neglect Information
Passive Neglect Information	Is the ability to provide care/necessities beyond the control of the unpaid caregiver?	Passive and Self-Neglect Information

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Passive Neglect Information	Is this report the result of a caregiver's or provider's failure to implement a risk mitigation plan?	Passive and Self-Neglect Information
Passive Neglect Information	Please explain (Is the ability to provide care/necessities beyond the control of the unpaid caregiver?)	Passive and Self-Neglect Information
Passive Neglect Information	Please explain (Is this report the result of a caregiver's or provider's failure to implement a risk mitigation plan?)	Passive and Self-Neglect Information
Passive Neglect Information	Was the caregiver, who was unable to provide care/necessities, a paid or unpaid caregiver?	Passive and Self-Neglect Information
Physical Evidence	Was physical evidence identified, collected, photographed or otherwise preserved?	Investigation Details
Physical Evidence	Physical evidence identified	Investigation Details
Physical Evidence	Collected/Preserved	Investigation Details
Physical Evidence	Preserved via photo, diagram, video, other	Investigation Details
Physical Evidence	Date and Time physical evidence collected/preserved	Investigation Details
Physical Evidence	Description of identified physical evidence (what is relevant about this piece of evidence, how did you obtain this evidence, etc.)	Investigation Details
Physical Evidence	Please add any additional information not captured above	Investigation Details
Preventative Corrective Action	Completed Date	Corrective Action Description
Preventative Corrective Action	Description of Preventative Corrective Action	Corrective Action Description
Preventative Corrective Action	Preventative Corrective Action	Corrective Action Description
Preventative Corrective Action	Responsible Party (First Name)	Corrective Action Description

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Preventative Corrective Action	Responsible Party (Last Name)	Corrective Action Description
Preventative Corrective Action	Risk Mitigation Plan Details	Corrective Action Description
Provider Information	Address Line 1	Provider Contact (Initial)
Provider Information	Address Line 2	Provider Contact (Initial)
Provider Information	Address Line 3	Provider Contact (Initial)
Provider Information	City	Provider Contact (Initial)
Provider Information	County	Provider Contact (Initial)
Provider Information	Email	Provider Contact (Initial)
Provider Information	Email	Provider Contact (Initial)
Provider Information	If other, please specify (Relationship to the individual)	Provider Contact (Initial)
Provider Information	Immediate Contact (First Name)	Provider Contact (Initial)
Provider Information	Immediate Contact (Last Name)	Provider Contact (Initial)
Provider Information	Initial Reporter First Name	Provider Contact (Initial)
Provider Information	Initial Reporter Last Name	Provider Contact (Initial)
Provider Information	MPI	Provider Demographics (Initial)

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Provider Information	Name	Provider Demographics (Initial)
Provider Information	Phone	Provider Contact (Initial)
Provider Information	Phone	Provider Contact (Initial)
Provider Information	Relationship to the individual	Provider Contact (Initial)
Provider Information	Service Location ID	Provider Demographics (Initial)
Provider Information	Service Location Name	Provider Demographics (Initial)
Provider Information	Service Location Provider Type	Provider Demographics (Initial)
Provider Information	Service Location Specialty	Provider Demographics (Initial)
Provider Information	State	Provider Contact (Initial)
Provider Information	Zip Code	Provider Contact (Initial)
Restraint Information	Antecedent	Restraint Information
Restraint Information	Authorizing Staff (First Name)	Restraint Information
Restraint Information	Authorizing Staff (Last Name)	Restraint Information
Restraint Information	Description	Restraint Information
Restraint Information	Has this person had more than two emergency restraints in the past 6 months?	Restraint Information

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Restraint Information	If no, please explain (Is there documentation that all staff involved were trained)	Restraint Information
Restraint Information	If other, please specify (Restraint reason)	Restraint Information
Restraint Information	If other, please specify (Antecedent)	Restraint Information
Restraint Information	If yes, please specify (Was the person injured as a result of the use of a restraint?)	Restraint Information
Restraint Information	Is there documentation that all staff involved were trained on the behavioral support plan that was in place at the time of the incident that included this restraint?	Restraint Information
Restraint Information	Please specify debriefing activities or explain why debriefing activities were not completed	Restraint Information
Restraint Information	Restraint Duration (minutes)	Restraint Information
Restraint Information	Restraint Reason	Restraint Information
Restraint Information	Restraint Technique	Restraint Information
Restraint Information	Time In	Restraint Information
Restraint Information	Time Out	Restraint Information
Restraint Information	Was a prone (face down) position used during this Restraint?	Restraint Information
Restraint Information	Was the person injured as a result of the use of a restraint?	Restraint Information
Restraint Information	Was the restraint duration less than one minute?	Restraint Information
Restraint Information	Was the Restraint part of an approved Restrictive Procedure Plan (RPP)?	Restraint Information

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Restraint Information	Was this an improper use of restraint?	Restraint Information
Restraint Information	Was this an unauthorized use of restraint?	Restraint Information
Restraint Information	Were debriefing activities completed as part of this restraint?	Restraint Information
Restraint Information	What service delivery model was the person participating in when the event occurred?	Restraint Information
Restraint Information	What service/program was the person participating in when the event occurred?	Restraint Information
Restraint - Parties Involved	Please specify parties present during the incident (Select 'Yes' to proceed)	Restraint Information
Restraint - Parties Involved	Party Involved (First Name)	Restraint Information
Restraint - Parties Involved	Party Involved (Last Name)	Restraint Information
Restraint - Parties Involved	Role	Restraint Information
Self-Neglect Information	Explain how the action or lack of action resulted in a type of self-neglect	Passive and Self-Neglect Information
Self-Neglect Information	Have there been previous incident reports related to the current identified issue of self-neglect?	Passive and Self-Neglect Information
Self-Neglect Information	Is the incident due to an action or lack of action by the individual upon themselves?	Passive and Self-Neglect Information
Self-Neglect Information	Is this report the result of a caregiver's or provider's failure to implement a risk mitigation plan?	Passive and Self-Neglect Information
Self-Neglect Information	Please explain (Is the incident due to an action or lack of action by an individual upon themselves?)	Passive and Self-Neglect Information
Self-Neglect Information	Please explain (Is this report the result of a caregiver's or provider's failure to implement a risk mitigation plan?)	Passive and Self-Neglect Information

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Suicide Attempt Information	Does the individual have a BSP (Behavioral Support Plan) component of the ISP?	Suicide Attempt Information
Suicide Attempt Information	Does the individual have a SEEN (Social Emotional Environmental Needs) component of the ISP?	Suicide Attempt Information
Suicide Attempt Information	Does the individual have access to medications and/or medical support?	Suicide Attempt Information
Suicide Attempt Information	Has the individual been attending medical appointments regularly?	Suicide Attempt Information
Suicide Attempt Information	Has the individual been taking medications regularly?	Suicide Attempt Information
Suicide Attempt Information	Has the individual participated in the development of a contract for safety?	Suicide Attempt Information
Suicide Attempt Information	Is there a treating psychiatrist or clinical psychologist?	Suicide Attempt Information
Suicide Attempt Information	Was the individual's suicidal act in furtherance or connected to an earlier threat?	Suicide Attempt Information
Summary of CI's findings	Findings continued	Investigation Details
Summary of CI's findings	Summary of Investigator's findings	Investigation Details
Target Information	If other, please specify (Target Relationship to the Individual)	Target Information
Target Information	If other, please specify (What is the current status if target is identified?)	Target Information
Target Information	Target Identifier	Target Information
Target Information	Target Relationship to the Individual	Target Information
Target Information	What is the current status if target is identified?	Target Information

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Target Information – Final Section	Optional Comment	Target Information
Target Information – Final Section	Were there targets identified?	Target Information
Target Information -First Section	Nature of the separation	Target Information
Target Information – First Section	Please select 'Yes' to add Target Information	Target Information
Testimonial Evidence	Agency Title (or Family Role)	Investigation Details
Testimonial Evidence	Interview completed in person	Investigation Details
Testimonial Evidence	Interview Date and Time	Investigation Details
Testimonial Evidence	Please add any additional information not captured above	Investigation Details
Testimonial Evidence	Relationship to the Individual	Investigation Details
Testimonial Evidence	Summary of relevant information from witness statement and attempts at interview	Investigation Details
Testimonial Evidence	Type of interview	Investigation Details
Testimonial Evidence	Was this person identified as an alleged target for this incident?	Investigation Details
Testimonial Evidence	Were witness interviews attempted and/or completed?	Investigation Details
Testimonial Evidence	Witness First Name	Investigation Details
Testimonial Evidence	Witness Identifier (in an effort to protect identity)	Investigation Details

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Testimonial Evidence	Witness Last Name	Investigation Details
Verification of Incident Classification	As a result of a Not Approved Management Review, summarize updates, clarifications, and corrections	Incident Detail - Final
Verification of Incident Classification	Assigned Certified Investigator	Incident Detail - Final
Verification of Incident Classification	Certified Investigation Required?	Incident Detail - Final
Verification of Incident Classification	Choking/Falling Indicator	Choking/Falling Indicator
Verification of Incident Classification	Determine if an Investigation is required	Incident Detail - Final
Verification of Incident Classification	Has the family/guardian been notified of the outcome of the investigation?	Incident Detail - Final
Verification of Incident Classification	Has the family/guardian/individual's designee been notified of the findings and actions taken as a result of the incident as well as the investigation determination, if applicable?	Incident Detail - Final
Verification of Incident Classification	Has the Individual been notified of the findings and actions taken as a result of the incident as well as the investigation determination, if applicable?	Incident Detail - Final
Verification of Incident Classification	If no, please explain (Has the Individual been notified of the findings and actions taken as a result of the incident as well as the investigation determination, if applicable?)	Incident Detail - Final
Verification of Incident Classification	If no targets were identified, please explain	Target Information
Verification of Incident Classification	If no, please explain	Incident Detail - Final
Verification of Incident Classification	If no, please explain (Has the family/guardian/individual's designee been notified of the findings and actions taken as a result of the incident as well as the investigation determination, if applicable?)	Incident Detail - Final

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Verification of Incident Classification	If no, please explain (Was the incident referred to Protective Services Agencies?)	Incident Detail - Final
Verification of Incident Classification	Indicate provider investigation determination	Incident Detail - Final
Verification of Incident Classification	Investigation Required?	Incident Detail - Final
Verification of Incident Classification	Investigation will be conducted by	Incident Detail - Final
Verification of Incident Classification	Please explain	Incident Detail - Final
Verification of Incident Classification	Proceed with Investigation?	Incident Detail - Final
Verification of Incident Classification	Reason for Reclassification (if applicable)	Incident Detail - Final
Verification of Incident Classification	Review Organization	Incident Detail - Final
Verification of Incident Classification	Was the incident referred to Adult Protective Services (18-59 years of age)?	Protective Services Agency
Verification of Incident Classification	Was the incident referred to Child Protective Services (0-17 years of age)?	Protective Services Agency
Verification of Incident Classification	Was the incident referred to Older Adult Protective Services (60+ years of age)?	Protective Services Agency
Verification of Incident Classification	Was there a medical intervention for this individual?	Medical Intervention Information
Verification of Incident Classification	Was the incident referred to Adult Protective Services (18-59 years of age)?	Protective Services Agency
Verification of Incident Classification	Was the incident referred to Child Protective Services (0-17 years of age)?	Protective Services Agency
Verification of Incident Classification	Was the incident referred to Older Adult Protective Services (60+ years of age)?	Protective Services Agency

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Verification of Incident Classification	Was there a medical intervention for this individual?	Medical Intervention Information
Verification of Provider Information	Address Line 1	Provider Contact (Final)
Verification of Provider Information	Address Line 2	Provider Contact (Final)
Verification of Provider Information	Address Line 3	Provider Contact (Final)
Verification of Provider Information	City	Provider Contact (Final)
Verification of Provider Information	County	Provider Contact (Final)
Verification of Provider Information	Email	Provider Contact (Final)
Verification of Provider Information	Address Line 1	Provider Contact (Final)
Verification of Provider Information	Address Line 2	Provider Contact (Final)
Verification of Provider Information	Address Line 3	Provider Contact (Final)
Verification of Provider Information	City	Provider Contact (Final)
Verification of Provider Information	County	Provider Contact (Final)
Verification of Provider Information	Email	Provider Contact (Final)
Verification of Provider Information	MPI	Provider Demographics (Final)
Verification of Provider Information	Name	Provider Demographics (Final)

EIM PAGE	FIELD/QUESTION	SUBJECT AREA
Verification of Provider Information	Phone	Provider Contact (Final)
Verification of Provider Information	Service Location ID	Provider Demographics (Final)
Verification of Provider Information	Service Location Name	Provider Demographics (Final)
Verification of Provider Information	Service Location Provider Type	Provider Demographics (Final)
Verification of Provider Information	Service Location Specialty	Provider Demographics (First)
Verification of Provider Information	Service Location Specialty	Provider Demographics (Final)
Verification of Provider Information	State	Provider Contact (Final)
Verification of Provider Information	Zip Code	Provider Contact (Final)
Witness Information	Were there witnesses to the incident?	Witness Information