Department of Health
and Human Services
Maine People Living
Safe, Healthy and Productive Lives

Paul R. LePage, Governor   Ricker Hamilton, Commissioner

Department of Health and Human Services
Aging and Disability Services
41 Anthony Avenue
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-9200; Toll Free (800) 262-2232; Fax (Aging): (207) 287-9229
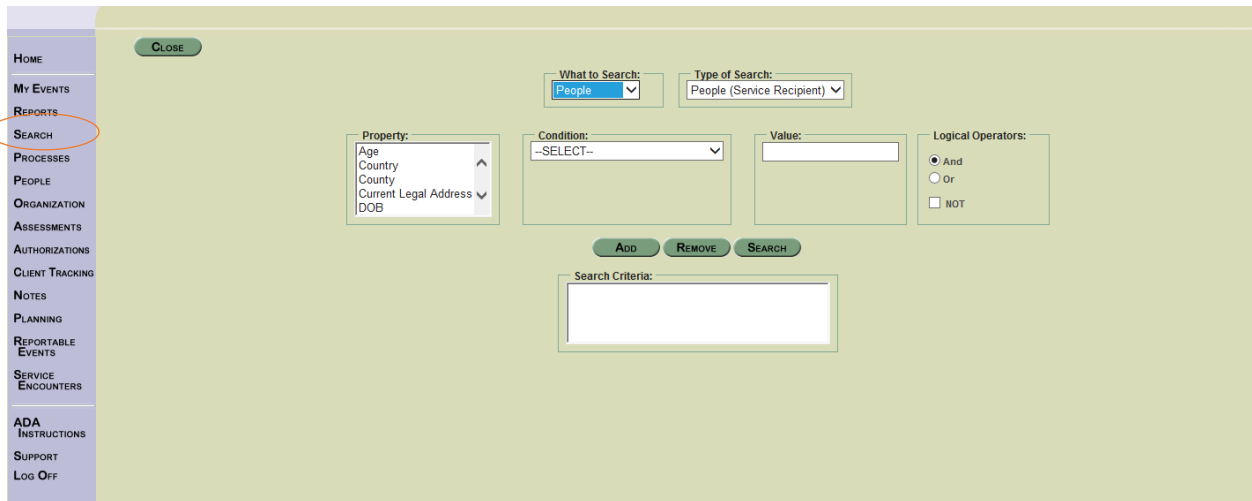Fax (Disability): (207) 287-9915; TTY Users: Dial 711 (Maine Relay)

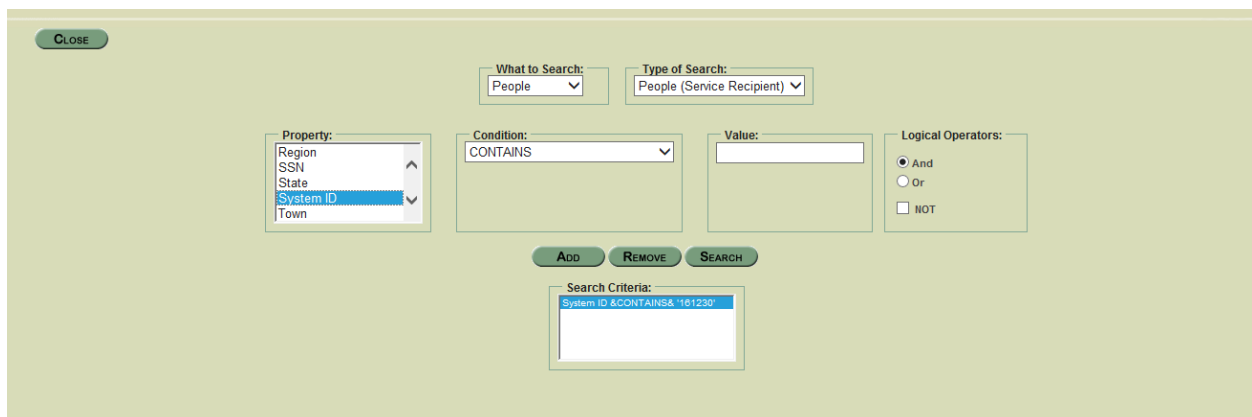# Instructions for Completing the Provider Follow-Up Report in EIS

For each Reportable Event reported to the Department, the Provider must submit a Follow-Up Report through the Reportable Event Database, which is EIS (the Enterprise Information System).

The following steps outline how to submit the Follow-Up Report in EIS.

1. Log into EIS
2. Click Search on the left hand purple menu.

3. Search for a client using the client's system ID number (People ID#), which is the client's 6 digit EIS number. Click on System ID under Properties, then under Condition, click Contains or Equals, and then type the number under Value, and click Add, then Search.

4. If the system ID is unknown, search can be performed on the client's First and Last name. This is done the same way, only you must add each separately. Click on First Name, type it in, and click Add, then select Last Name, type it in, and click add.

5. After both names are in the Search Criteria, click Search.
6. Note: searching by Date of Birth (DOB), Social Security Number (SSN) or any other ways of identifying the client is possible.

7. This will bring up search results. Select client by clicking "Set Anchor" to the right of the client's information.
8. After anchoring the client's information, the client's name will show up at the top of the screen.
9. Click on Reportable Events in the left hand purple menu.
10. Click on the Reportable Event that needs the Provider Follow up Assessment added:

11. Scroll to the right, click on the drop-down menu item titled "Show". Click on Assessment List.
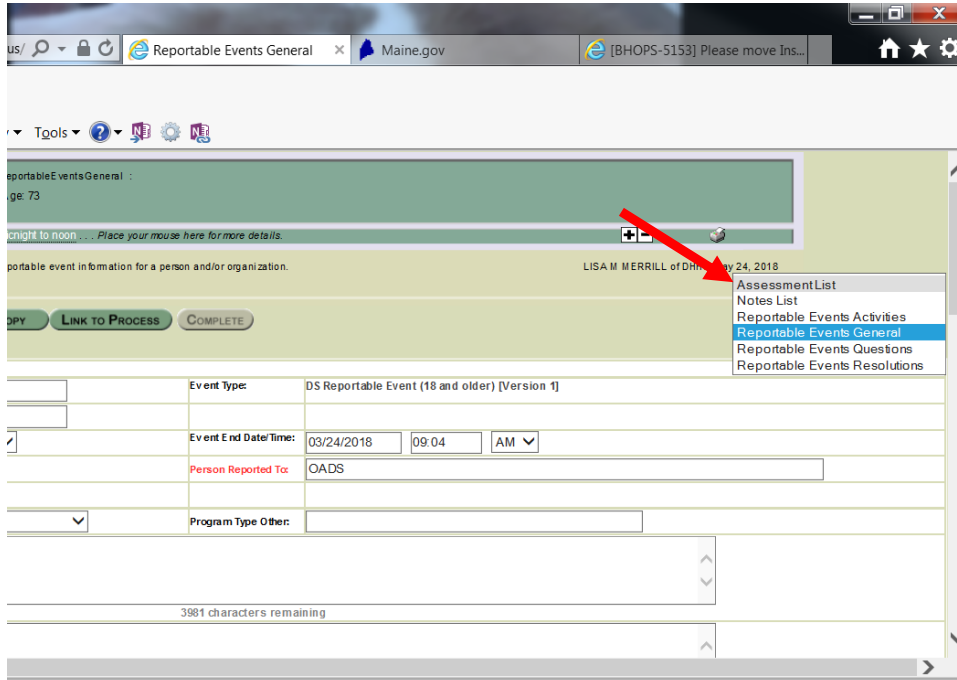
12. Click the Add button:
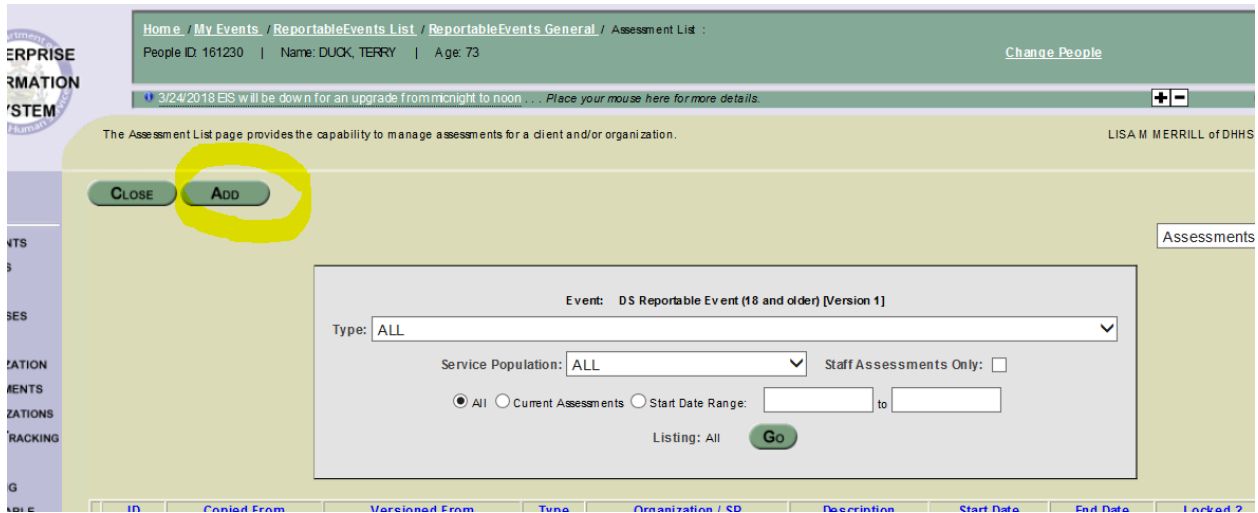
13. The start date will default to the date of entry. No need to change anything on this screen. Click Next.

14. In the Instrument Type list, click on "Reportable Event Provider FollowUp [Version1], click Finish.

15. The screen will refresh and the Assessment General page will display.

16. Click on the dropdown menu to the right with the label "Show". Click on Questionnaire.

17. Complete the Questionnaire as per the policy outlined below:

Rule	EIS Assessment
1. **The date and time** of the Reportable Event and, if the Reportable Event is reported in the Reportable Event Database more than one business day from the time of the Reportable Event, an explanation for the delay in reporting;	Assessment: Reportable Event Provider Follow Up — Dimension: Provider Follow up to Critical Incident Report — Dimension Description — A. — Dates: Date of Follow up, Date of Incident, Time of Incident — Reason for delay: If Critical Incident was reported to DHHS more than one business day from the time of the Critical Incident, what was the reason for delay? — Domain(s)
2. A **summary** of the circumstances that resulted in the Reportable Event	Summary — Please provide a summary of circumstances that resulted in the Critical Incident — 4000 characters remaining
3. An outline of any **Remediation Action Steps that were taken following** the Reportable Event to decrease the likelihood that the same or a similar incident will reoccur, including the date(s) of implementation and the party or parties responsible for	Remediation Action Steps to decrease the chance of incident reoccurrence — 1. Action, 1. Date Completed, 1. Name(s) of party responsible — 2. Action, 2. Date Completed, 2. Name(s) of party responsible — 3. Action, 3. Date Completed, 3. Name(s) of party responsible — 4. Action, 4. Date Completed, 4. Name(s) of party responsible — 5. Action, 5. Date Completed, 5. Name(s) of party responsible — 6. Action, 6. Date Completed, 6. Name(s) of party responsible — 7. Action, 7. Date Completed, 7. Name(s) of party responsible — 8. Action, 8. Date Completed, 8. Name(s) of party responsible — 9. Action, 9. Date Completed, 9. Name(s) of party responsible — 10. Action, 10. Date Completed, 10. Name(s) of party responsible

	implementing each Remediation Action Step;	
4.	An **outline of any future Remediation Action Steps** that will be taken to decrease the likelihood that such an incident will reoccur, including the planned dates of implementation, if applicable, and the party or parties responsible for implementing each Remediation Action Step;	Future Remediation Action Steps to decrease the chance of incident reoccurrence [form fields: 1–10 Action / Deadline / Assigned to]
5.	If no Remediation Action Steps have been or will be taken in response to the incident, an explanation as to why Remediation Action Steps are not necessary.	OR Please provide reasons why action steps were not necessary [form field: Please provide a description of why action steps were not necessary — 4000 characters remaining]

18. Click Save

4000 characters remaining

CLOSE   SAVE