

# NIMRS How To Enter Individuals Involved

The **Individuals Involved** section comes after Incident Details and must be at least partially completed before the **Email OMH** milestone can be met.

- Information on individuals received from the Justice Center (JC) report will appear on the Individuals Involved page with an incomplete status. This information is not saved as part of the NIMRS record until the required information has been completed.
- Click Edit to update and add all required information. Delete can be used to remove an individual.
- Add New Individual can be used to add additional individuals, including a Personal Representative.
- The individual's role determines what information is required.

| Individuals Involved |            |                       |                          |        |                      |
|----------------------|------------|-----------------------|--------------------------|--------|----------------------|
|                      |            |                       |                          |        | + Add New Individual |
| Show Rows 5 🗸        |            |                       |                          |        |                      |
|                      | Name       | DOB                   | Role                     | Alerts | Status               |
| Edit I Delete        | Test Name1 | MM/DD/YYYY - XX Years | Client/Service Recipient | N/A    | Incomplete           |
| Edit I Delete        | Test Name2 | MM/DD/YYYY - XX Years | Subject                  | N/A    | Complete             |
| 1 - 2 of 2 items     |            |                       |                          |        | < < 1 > >>           |
| < Previous           |            |                       |                          |        | Next >               |

## **SEARCH & ADD INDIVIDUAL**

To add an invidvidual received from the JC, select Edit on the approriate row from the Individuals Involved table. Enter the appropriate Role, Last Name and First Name and click Search Individual.

| Add Individual                     |                                  |                              |   |            |           |                       |           |            |        |
|------------------------------------|----------------------------------|------------------------------|---|------------|-----------|-----------------------|-----------|------------|--------|
| Role *                             |                                  |                              |   |            |           |                       |           |            |        |
| Client/Service Recipient ~         |                                  |                              |   |            |           |                       |           |            |        |
| First Name *                       |                                  |                              | Last Name *   |            |           | Date of Birth         |           |            |        |
| TESTCASE1                          |                                  |                              | TEST  |            |           | mm/dd/yyyy            |           |            |        |
| OMH Case #                         |                                  |                              | State ID  |            |           | Client Unknown        |           |            |        |
|                                    |                                  |                              |   |            |           |                       |           |            |        |
| Click Select to<br>and prefill dem | add a known individual           | Click Add No                 | ew if there are no match<br>ndividual isn't listed. | nes, or if | Add Ne    | w Individual Search I | ndividual | Reset      | Close  |
| Please review the Show Rows 5      | he following matches - if indivi | dual is not listed select 'A | dd New Individual'.                                 |            |           |                       |           |            |        |
| Actions                            | Role                             | Role Details                 | OMH Case #  | First Name | Last Name | DOB                   | State Id  | Medicaid # |        |
| Select                             | Client/Service Recipient         |                              | 9876543   | TESTCASE1  | TEST      | 01/01/1900            | 0123456   | AB123456   |        |
| Select                             | Client/Service Recipient         |                              | 9876543   | TESTCASE1  | TEST      | 01/01/1900            | 0123456   |            |        |
| 1 - 2 of 2 items                   |                                  |                              |   |            |           |                       |           | << <       | 1 > >> |
|                                    |                                  |                              |   |            |           |                       |           |            |        |

- Click Select on the appropriate row if the desired individual is returned in the search. This will auto fill any information that already exists in other OMH source systems. If the person has previously been entered into NIMRS for that facility, the information will not appear in the search table but will auto fill a select number of data fields in the Individual Details tab.
- Click Add New Individual if there are no matches or the correct individual is not found in the search results. Some roles will require Date of Birth before they can be added.
- If the Individual's Information is Unknown, select the Client Unknown checkbox. This will allow the Individual to be added without adding any additional details. If/when the information becomes known, delete the "Unknown, Unknown" entry and add the new individual.

## **INDIVIDUAL DETAILS**

The Individual Details tab is where required demographic and other pertinent information will be added. Required fields are dependent upon the Individual's role. The role cannot be edited, but individuals can be deleted and re-added with the correct role.

|   | , i i i i i i i i i i i i i i i i i i i | lealcation/injury  | Jonathan's Law                                |  |   |  |
|---|---|--|---|--|---|--|
| First Name *  |   | Last Name *  |   | Role *   |   |  |
| TESTCASE1   |   | TEST   |   | Client/Service Recipi  | ent 🗸   |  |
| Date of Birth *   |   | Age  |   | OMH Case #   |   | State ID   |
| 01/01/1900  |   | 124 Years  |   | Z1234567   |   |  |
| Assigned Sex at Birt<br>Certificate *   | th or Sex on Bi                         | rth Do   | es client self-identi                         | fy as transgender? *   | Sexual Ori                                      | entation *   |
| Select  |   | ~  | - Select                                      | ~  | Select  |  |
| Hispanic Ethnicity *  |   | Race *   |   | Admission Date *   |   | Discharge Date   |
| Select 1  | ~                                       | Select   | ~   | mm/dd/yyyy   | · · ·   | mm/dd/yyyy   |
| Select  | auve (must inst                         | be added in Indi   | viduais involved sec                          | Address 2  | f Advocate:                                     | v demographic information  |
| Select  | auve (musi irsi                         | be added in Indi   | viduals involved sec                          | tion above) Se   | f Advocate:                                     |  |
| Select<br>Address 1   | auve (musi insi                         | be added in Indi   | viduais involved sec                          | Address 2  | 1. Nev<br>requir<br>2. Add                      | v demographic information<br>ed for clients.<br>d Personal Representative  |
| Address 1   | auve (musi inst                         | State  | viduals involved sec                          | Address 2<br>Zip Code  | 1. Nev<br>requir<br>2. Add<br>(add c<br>or sel  | v demographic information<br>ed for clients.<br>d Personal Representative<br>one via Individuals Involved)<br>ect Self Advocate.                   |
| Select<br>Address 1<br>City   |   | State  | viduais invoived sec                          | Address 2<br>Zip Code  | 1. New<br>requir<br>2. Add<br>(add c<br>or sel  | w demographic information<br>ed for clients.<br>d Personal Representative<br>one via Individuals Involved)<br>ect Self Advocate.                   |
| Select<br>Address 1<br>City<br>Care Management  |   | State<br>Select<br>Observation *   | viduals involved sec                          | Address 2<br>Zip Code  | 1. Nev<br>requir<br>2. Add<br>(add c<br>or sel  | v demographic information<br>ed for clients.<br>d Personal Representative<br>one via Individuals Involved)-<br>ect Self Advocate.                  |
| Select<br>Address 1<br>City<br>Care Management<br>Select  |   | State<br>Select<br>Observation *<br>Select   | viduals involved sec                          | Address 2<br>Zip Code<br>Privilege Level *   | 1. Nev<br>requir<br>2. Add<br>(add c<br>or sel  | v demographic information<br>ed for clients.<br>d Personal Representative<br>one via Individuals Involved)<br>ect Self Advocate.                   |
| Select<br>Address 1<br>City<br>Care Management<br>Select<br>Residence *                                 |   | State<br>Select<br>Observation *<br>Select<br>Active AOT Ord                           | viduals involved sec                          | Address 2<br>Zip Code<br>Privilege Level *<br>Select<br>AOT Expiration Date        | 1. Nev<br>requir<br>2. Add<br>(add c<br>or sel  | v demographic information<br>ed for clients.<br>d Personal Representative<br>one via Individuals Involved)<br>ect Self Advocate.                   |
| Select<br>Address 1<br>City<br>Care Management<br>Select<br><b>Residence •</b><br>Select                | auve (must inst                         | State<br>Select<br>Observation *<br>Select<br>Active AOT Orr<br>incident *<br>Yes N    | viduals involved sec v v v der at the time of | Address 2<br>Zip Code<br>Privilege Level •<br>Select<br>AOT Expiration Date<br>N/A | f Advocate:                                     | v demographic information<br>ed for clients.<br>d Personal Representative<br>one via Individuals Involved)<br>ect Self Advocate.<br>Legal Status • |
| Select<br>Address 1<br>City<br>Care Management<br>Select<br>Residence *<br>Select<br>Yedical Exam Cond  | auve (must inst                         | State<br>Select<br>Observation *<br>Select<br>Active AOT Ord<br>incident *<br>Yes O No | der at the time of                            | Address 2<br>Zip Code<br>Privilege Level *<br>Select<br>AOT Expiration Date<br>N/A | 1. New<br>requir<br>2. Add<br>(add c<br>or sele | v demographic information<br>ed for clients.<br>d Personal Representative<br>one via Individuals Involved)<br>ect Self Advocate.                   |
| Select<br>Address 1<br>City<br>Care Management<br>Select<br>Residence •<br>Select<br>Medical Exam Condu | ucted? *                                | State<br>Select<br>Observation •<br>Select<br>Active AOT Orr<br>incident •<br>Yes  No  | viduals involved sec                          | Address 2<br>Zip Code<br>Privilege Level •<br>Select<br>AOT Expiration Date<br>N/A | f Advocate:                                     | v demographic information<br>ed for clients.<br>d Personal Representative<br>one via Individuals Involved)<br>ect Self Advocate.                   |

- > Complete all known information on the Individual Details tab.
- If the client is a Self Advocate select the Self Advocate checkbox. If the client has a Personal Representative, a separate Personal Representative Individual must be added and then selected from the dropdown.

#### DIAGNOSIS/MEDICATION/INJURY

- Diagnosis/Medication/Injury information is required for client role types.
- Clicking the Add buttons will open the Diagnosis, Injury and Harm, and Medication tables for adding the appropriate medication. Clicking No Medication will add none to the medication grid.

| Dia           | Diagnosis:                  |               |         |             |             |              |       |          |            |              |
|---------------|-----------------------------|---------------|---------|-------------|-------------|--------------|-------|----------|------------|--------------|
|               | + Add Diagnosis             |               |         |             |             |              |       |          |            |              |
| Show Rows 5 V |                             |               |         |             |             |              |       |          |            |              |
|               | Primary                     | Dx date       | Dx Type | Dx Code     | DSM D       | escription   | DSM T | ype      | ICD Type   | Active       |
|               | No record found.            |               |         |             |             |              |       |          |            |              |
| Sh            | owing 0 to 0 of             | ) entries     |         |             |             |              |       |          | <<         | < > >>       |
| Inju          | iry and Harn                | ı:            |         |             |             |              |       |          |            |              |
| Hig           | hest Level of H             | arm Occurred: |         | 2-Serious H | arm or Deat | h            |       |          | + Add Inju | iry and Harm |
| Sh            | ow Rows 5 🗸                 | ,             |         |             |             |              |       |          |            |              |
|               | Injury                      | Гуре          |         |             | Degree      | e of Harm    |       |          |            |              |
|               |                             |               |         |             | No record f | ound.        |       |          |            |              |
| Sh            | owing 0 to 0 of             | ) entries     |         |             |             |              |       |          | <<         | < > >>       |
| Me            | dication:                   |               |         |             |             |              |       |          |            |              |
|               |                             |               |         |             |             |              | +     | No Medic | ation + Ad | d Medication |
| Sh            | Show Rows 5 V               |               |         |             |             |              |       |          |            |              |
|               | Trade Name Generic Name     |               |         |             | Dose        | Unit Measure |       | Freque   | ncy        | Route        |
|               | No record found.            |               |         |             |             |              |       |          |            |              |
| Sh            | Showing 0 to 0 of 0 entries |               |         |             |             |              |       |          |            |              |
|               |                             |               |         |             |             |              |       |          | Continue   | Close        |

## Diagnosis

- Search for diagnoses by typing in **Diagnosis Code** or **Diagnosis Description**.
- One Diagnosis must be designated as the Primary Diagnosis.
- The Active checkbox should be used to mark diagnoses as Active/Currently Taking.

✤ ICD/DSM Type will fill in automatically based on the Diagnosis Type.

| ndividuals Involved       |                         |                    |                |
|---------------------------|-------------------------|--------------------|----------------|
| < Back to Medical Details |                         |                    |                |
| Add/Edit Diagnosis        |                         |                    |                |
| Diagnosis Date *          | Diagnosis Type *        | Primary Diagnosis: | Active:        |
| mm/dd/yyyy                | Mental                  |                    |                |
| Diagnosis Code *          | Diagnosis Description * |                    | ICD/DSM Type * |
|                           |                         |                    |                |
|                           |                         |                    |                |

# **Injury and Harm**

✤ Injury Type and Degree of Harm must be added for each Injury.

| Individuals Involved      |                  |
|---------------------------|------------------|
| < Back to Medical Details |                  |
| Add/Edit Injury and Harm  |                  |
| Injury Type *             | Degree of Harm * |
| Select V                  | Select V         |
|                           |                  |

# Medication

Search for medications by entering the medication **Trade Name** or **Generic Name**.

| Individuals Involved      |                |   |                |   |         |   |
|---------------------------|----------------|---|----------------|---|---------|---|
| < Back to Medical Details | ;              |   |                |   |         |   |
| Add/Edit Medication       |                |   |                |   |         |   |
| Trade Name *              |                |   | Generic Name * |   |         |   |
| Dose *                    | Unit Measure * |   | Frequency *    |   | Route * |   |
|                           | Select         | ~ | Select         | ~ | Select  | ~ |
|                           |                |   |                |   |         |   |

- Jonathan's Law is required for: Death, Abuse/Neglect, Wrongful Conduct, and Missing Patient incidents.
- It is not required to be completed before submitting the Email to OMH milestone but must be completed before the incident can be closed.
- Use the Action Taken Report button to generate a printable report that can be signed and disseminated to Qualified Persons.

| Individual Details  | Diagnosis/                      | Medication/Injury          | Jonathan's Law       |                                    |                                    |
|---|---------------------------------|----------------------------|----------------------|------------------------------------|------------------------------------|
| Qualified Person ha   | as not been no                  | otified of this Incide     | ent yet. Please noti | ify Qualified Person (QP) and take | appropriate action.                |
| Did facility notify the<br>Yes No                                     | e Qualified Pe                  | erson (QP) of the in       | cident? *            | Date Notified *                    |                                    |
| QP notified within 2  | 4 hours? *                      | Name of the QP             | P notified *         | QP Phone Number                    | Relationship of the QP to Client * |
| Did facility offer QP<br>one meeting? *<br>Yes<br>Immediate Actions t | a one-on-<br>~<br>aken with res | Meeting Date<br>mm/dd/yyyy | ent *                | Date Action Taken Report Shared    | d                                  |
| Did facility receive a<br>*<br>O Yes O No                             | ı written requ                  | est from QP of the         | Incident Report?     | Date Request Received *            | Date Incident Report Shared *      |
| Action Taken Repo   | ort                             |                            |                      | Save                               | Cancel Changes Close               |