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TO: NYS Article 31 Mental Health Provider Agencies
NYS Article 28 Hospital Provider Facilities
OMH-Operated Psychiatric Center Executive Directors, Quality and Risk
Management Directors

FROM: Suzanne Feeney, MBA, Deputy Commissioner, Division of Quality Management

DATE: April 21, 2020

SUBJECT: Incident Reporting and NIMRS Update

To aid in the identification and tracking of COVID-19 related deaths, the New York State Incident Management and Reporting System (NIMRS) has been updated to include a new subtype when reporting Death incidents.

Please choose the subtype "COVID-19 Related" for any client death which can be attributed to, or is suspected to be related to, COVID-19. Please review any reportable deaths that have occurred since March 1, 2020 and update the final incident subtype as necessary. If the incident report is closed, please reopen and change the final incident subtype on the Investigation Findings and IRC tabs. Please note that this subtype cannot be utilized for deaths that occurred prior to March 1, 2020.

OMH is **not** requiring providers to report in NIMRS when clients have been tested for COVID-19 and are awaiting results or when a client tests positive for COVID-19. If a person is thought to have symptoms of COVID-19 or meets other screening criteria, providers should call the NYS DOH Hotline at 1-888-364-3065 or local health department at <https://www.nyscho.org/directory/> for instruction.

Providers should continue to adhere to OMH NYCRR Part 524 regulations for all incident reporting requirements. Information on incident reporting requirements can be found using the links below or by calling your regional Clinical Risk Manager at (518) 474-3619.

https://omh.ny.gov/omhweb/policy_and_regulations/adoption/part-501.pdf

https://omh.ny.gov/omhweb/dqm/bqi/nimrs/regulations/omh_nimrs_reportability_card.pdf

See NIMRS entry examples below.

Next >	Save	Delete Client	New Incident	Close Incident	
Incident	Client	Initial Findings	Notification	Investigation & CAP	History
Incident					Print
Incident #	<New Incident>		Incident Status		
Facility Name	[Redacted]		Contact#	[Redacted]	Extn. 207
Ward/Program #	007	Program Name	[Redacted]		
Site	On Site	Location			
Incident Type	Death of Client	Incident Sub Type			
Harm	3-Life threatening injury (emergency life-sa	Risk	Natural Causes, Expected Natural Causes, Unexpected Homicide Suicide Accidental Lack of Appropriate Treatment		
Incident Date	[Calendar Icon]	Discovered Date			
Incident Time	: : [Time Selector]	Time Unknown			
Incident Description		Any death attributed to or suspected to be caused by COVID-19.			
		Medication Error Covid-19 Related			
Help	User Defined Fields	< Back	Next >	Save	

< Back	Next >	Save	New Incident	Close Incident					
Incident	Client	Initial Findings	Notification	Investigation & CAP	History				
Investigation Findings & IRC					Corrective Action Plan				
Investigation Findings									
Incident# <input type="text" value="<New Incident>"/>					Incident Status <input type="text"/>				
Special Investigation <input type="radio"/> Yes <input type="radio"/> No			Regional CRM Root Cause Analysis (For Sentinel Events*) <input type="radio"/> Yes <input type="radio"/> No			*For TJC accredited facilities only			
Contacts									
First Name	Last Name	MI	Role	Role Details	DOB	Address			
None	None	None	None	None	None	None			
< >									
<input type="button" value="Add Contact"/>									
Investigation Notes									
Investigation Conclusions									
Investigation Attachment(s)									
<input type="button" value="Attach Investigation Material/View Log"/>					No Investigation Material uploaded for this Incident yet.				
Incident Review Committee (IRC)									
IRC Review Date <input type="text" value=""/> <input type="button" value="Calendar"/>									
Contributing Factor(s)									
<input type="checkbox"/> Action Of Employee	<input type="checkbox"/> Environmental Factors	<input type="checkbox"/> Physical Disability							
<input type="checkbox"/> Action Of Patient	<input type="checkbox"/> Equipment Problems	<input type="checkbox"/> Restraint or Sedation							
<input type="checkbox"/> Alcohol Use/Abuse	<input type="checkbox"/> Fall	<input type="checkbox"/> Seizure/Loss Of Consciousness							
<input type="checkbox"/> Anger Expression (Inappropriate)	<input type="checkbox"/> Inappropriate Staff Intervention	<input type="checkbox"/> Significant Personal Loss							
<input type="checkbox"/> Attention Seeking Behavior	<input type="checkbox"/> Medication Side Effect	<input type="checkbox"/> Substance Abuse							
<input type="checkbox"/> Choking	<input type="checkbox"/> Non-compliance with Medication	<input type="checkbox"/> Unsafe Conditions on Facility Property							
<input type="checkbox"/> Contraband	<input type="checkbox"/> Non-compliance with Therapy	<input type="checkbox"/> Other							
<input type="checkbox"/> Delusions/Hallucinations	<input type="checkbox"/> Patient Missing	<input type="checkbox"/> Unknown							
<input type="checkbox"/> Electroconvulsive Therapy (ECT)	<input type="checkbox"/> Client on Pass								
IRC Findings									
Final Incident Type <input type="text" value="Death of Client"/>					Final Incident Sub Type <input type="text" value="Covid-19 Related"/>				