December 22, 2005

DAL/DQS: #05-22
Subject: MI MRDD Survey Letter

Dear Long Term Care Facility Administrator,

As you know, nursing home providers have participated in several discussions with the Department regarding the increasing number of residents with special needs. The Department is discussing this issue with other appropriate state agencies and requests your cooperation in capturing data specifically related to residents with a diagnosis of Mental Illness (MI) and/or Mental Retardation/Developmental Disability (MR/DD).

The DOH has posted a short survey on the Health Provider Network (HPN) to capture this information. The survey is under the Nursing Home Surveillance and Reporting System (NHSRS). Please complete the survey based on your latest official census.

The link to the application is https://commerce.health.state.ny.us/doh3/applinks/nuhsur/mainMenu.do and can be found on the Nursing Home page under Data Systems on the HPN, as well as on the HPN News Bulletin. Please complete the survey and submit the information through the HPN by COB January 6, 2006.

The following roles in the Communications Directory have access to enter data into the Nursing Home Surveillance and Reporting System: Administrator, Director of Nursing, Safety/Security Director, Emergency Response Coordinator, HPN Coordinator, HPN Organizational Security Coordinator, Infection Control Practitioner, Medical Director, Plant Manager and Nursing Home Data Reporter.

If you would like other staff to have access to enter data into the Nursing Home Surveillance and Reporting System, please have your HPN Coordinator add their contact information and HPN account ID to the Nursing Home Data Reporter role in the Communications Directory.

Attached you will find step-by-step instructions on how to access the NHSRS and how to complete and submit the MI and MR/DD survey online. If you have any questions about how to access the application, need technical assistance or assistance in using the application please call the Commerce Trainers at 518-473-1809.

Thank you for your cooperation in completing this short questionnaire.

Sincerely,

Keith W. Servis, Director
Division of Quality & Surveillance
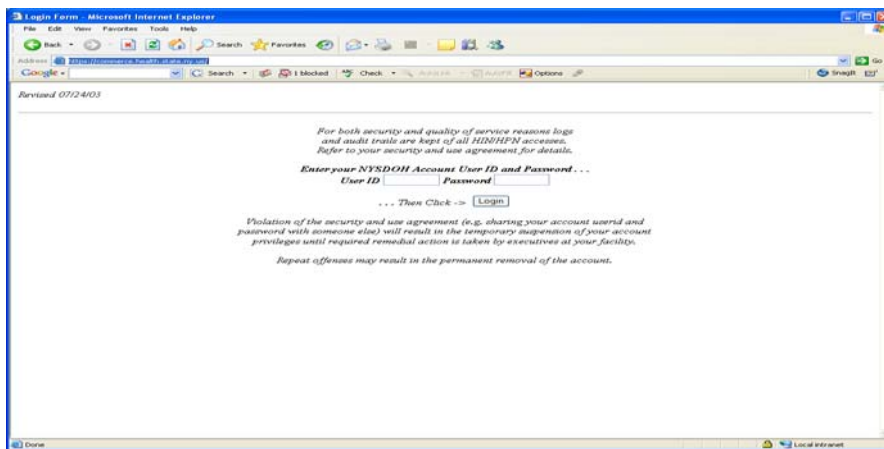 for Nursing Homes & ICFs/MR

Attachment Training Tip

HPN Training Tip

Topic: December 2005 Nursing Home Mental Illness and/or Mental Retardation/Developmental Disability Survey
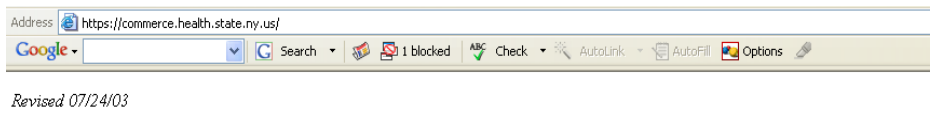
Description: This training tip gives detailed instructions for completing the NH MI MR Survey using the Nursing Home Surveillance and Reporting System.

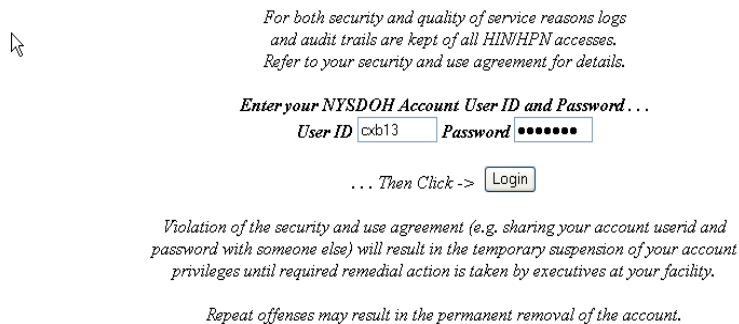Step 1: Start by logging onto the HPN website.
(https://commerce.health.state.ny.us/)

Step 2: Enter User ID and Password. Click "Login."

Step 3: Click "HPN: The Health Providers Network."

Address https://commerce.health.state.ny.us/pages/index.html

Google ▾ | G Search ▾ | 1 blocked | ABC Check ▾ | AutoLink ▾ | AutoFill | Options ✎

This is the New York State Department of Health Internet Commerce Site.
Currently the services available at this site are:

HPN The Health Providers Network
HIN Local Health Departments' Health Information Network

Send email questions or comments to (Web Administration).
Last Revised 11/06/02

Step 4: Click "Health Care Organizations" found on the left menu under
INFO by USER TYPE.

UTILITIES: | Search | Communications Directory | Other Directories | Secure Discussion Forum | File Transfer Utility | HPN Log Off | CONTACT US

Quick search:

GO

State of New York Department of Health
Health Provider Network
George E. Pataki, Governor
Antonia C. Novello, M.D., M.P.H., Dr.P.H., Commissioner of Health

Latest Health Notification from the Health Alert Network (HAN) - go to the HEALTH NOTIFICATION VIEWER for all notifications (About the Viewer)

| ADVISORY | UPDATE ON INFLUENZA VACCINE SUPPLY | 11/10/2005 |

INFO BY USER TYPE:
▶ Health Care Organizations
▶ Practitioner

INFO BY TOPIC:
▶ Application List
▶ Data Retrieval
▶ Data Submission
▶ Programs
▶ Special Topics
▶ Links 'n Lists

HELP/TRAINING:
▶ HPN User Help
▶ HPN Coordinator's
▶ HPN Training

HOT TOPICS:
▶ Community Health Update Newsletter
▶ HERDS *(Access Restricted)*
▶ HPN Regulations
▶ Weekly WNV Surveillance Update

PRESS RELEASES:
▶ NYSDOH
▶ Office of the Governor

NEWS BULLETINS

DAL 05-18 Influenza and Pneumococcal Immunization Requirements in LTC Facilities, 11/18/2005 - posted on the Health Care Organizations' Nursing Home page 11/18/2005

Q & A: Influenza Vaccine Supply and Prioritization Recommendations for the 2005-06 Season, November 14, 2005 - posted on the HAN Influenza Information page 11/17/2005

DAL 05-17 Cold Weather Advisory, 11/15/2005 - posted on the Health Care Organizations' Nursing Home page 11/15/2005

Avian Influenza (Bird Flu) resources - posted on the Programs/Communicable Disease/Zoonoses page 11/14/2005

Clinical Guidelines for the Medical Management of Hepatitis C and Viral Hepatitis information - posted on the Programs/CCH/Communicable Disease Control Program page under Guidelines 11/07/2005

DAL 05-16 Quality Improvement Practices and Initiatives in Nursing Homes, 11/04/2005 - posted on the Health Care Organizations Nursing Home page under DALs 11/04/2005

CEO Letter to Hospitals regarding Regional Preparedness Council (RPC), October 20, 2005 - posted on the Health Care Organizations Hospital page under Public Health Preparedness (and DALs) 11/04/2005

Exam Room Poster to Assist Practitioners in Promoting the Prudent Use of Antibiotics - posted on the Practitioners/Physicians and HCO/Hospitals pages 11/04/2005

Previous Postings

HEALTH ALERT NETWORK (HAN) HOT TOPICS:

Hurricane Katrina

Influenza

WNV/Arbovirus Surveillance

Smallpox

Strategic National Stockpile

Radiological Terrorism

Cyber Security Alerts & Library

Return to the HAN

DOH Bureau of HEALTHCOM Network Systems Management | Help Desk: 518-473-1809

HPN Training Tip

Step 5: Choose "Nursing Homes."

NEW YORK STATE DEPARTMENT OF HEALTH
HEALTH PROVIDER NETWORK

Health Care Organization's Page

Find information by organization type:

- Adult Care Facilities
- Certified Home Health Agencies
- Diagnostic & Treatment Centers (D&TC)
- Hospice
- Hospitals
- Laboratories
- Licensed Home Care Services Agencies
- Long Term Home Health Care Programs
- Managed Care
- Nursing Homes

Step 6: Select "Nursing Home Surveillance and Reporting System (NHSRS)"

NEW YORK STATE DEPARTMENT OF HEALTH   Revised 12/23/2005
HEALTH PROVIDER NETWORK

NURSING HOMES' PAGE

| Data Systems | Dear Administrator Letters | Guidelines | Public Health Preparedness | Regulations | Resources |

Data Systems

- **Nursing Homes Surveillance and Reporting System (NHSRS)**.

Attention New York State Prescribers and Facilities

A new Public Health Law requires that all prescriptions written in New York

Step 7: On the main menu, click "Data Entry."

Date: 11/21/2005   Nursing Home Surveillance and Reporting System

Main Menu

Communication Links	Message List	Message
Send Us Your Comments	➡ NH survey app coming soon	Jun 14 2005 04:41 AM NH survey app coming soon
Activity Functions		
Activity Status Management		
Data Entry Functions		
Data Entry		
Report Functions		
Completion Status Report		
Summary Report		
Standard Detail Report		
Entity Detail Report		

DOH Bureau of HEALTHCOM Network Systems Management   Help Desk: 518-473-1809

Step 8: Select "December 2005 NH MI MR Survey". Click "Next Selection."

Date: 12/23/2005   Nursing Home Surveillance and Reporting System   **Time:** 09:12 AM

Select Activity/Nursing Home/Form   **Main Menu**

Activity Name   [December 2005 NH MI MR Survey ▾]   [Next Selection]   [Start Over]

HIN Home Page   HPN Home Page   Back to Main Menu   **Version:** 1.4
                                                                         Revision: 12/22/2005

Step 9: Confirm choice and click "Continue."

Date: 12/23/2005   Nursing Home Surveillance and Reporting System   **Time:** 09:14 AM

Select Activity/Nursing Home/Form   **Main Menu**

You have made the following selections:

Activity Name: December 2005 NH MI MR Survey
Entity Name: Internal Test Nursing Home (pfi - 8888)
Form Name: NH MI and/or MR/DD Survey Form

[Continue]   [Start Over]

HIN Home Page   HPN Home Page   Back to Main Menu   **Version:** 1.4
                                                                         Revision: 12/22/2005

Step 10: On right menu, click "NH MI and/or MR/DD Survey Form."

Date: 12/23/2005   Nursing Home Surveillance and Reporting System   **Time:** 09:20 AM

Data Entry   **Main Menu** > **Select Activity/Entity/Form**

Activity December 2005 NH MI MR Survey   **Form** NH MI and/or MR/DD Survey Form
Nursing Home Internal Test Nursing Home (pfi - 8888)

* Required field
♦ Repeatable Section
♦ Field with data saved
● Field with data submitted to DOH

| Preview Data to be Submitted | Change Nursing Home/Activity | Change to Another Form |
| Printable Form |

Navigation Style [Tree Menu ▾]

Navigation Frame	**Data Entry Frame**
[Collapse All] [Expand All]	[Save]
NH MI and/or MR/DD Survey Form ←	
🗋Census *	**NH MI and/or MR/DD Survey Form**
🗋Num of residents with MI *	
🗋Num of residents with MR *	[Save]
🗋Num of residents with MI and M *	
🗋Evidence of MR DD *	
🗋Evidence of MI *	
🗋Date completed *	[Start] [< Back] [Next >] [End]
🗋Contact Person	
🗋Name *	
🗋Telephone *	
🗋E-mail *	

| Preview Data to be Submitted | Change Nursing Home/Activity | Change to Another Form | Printable Form |

HPN Training Tip

Step 11: Enter data; click "Save."

Activity December 2005 NH MI MR Survey **Form** NH MI and/or MR/DD Survey Form **Nursing Home** Internal Test Nursing Home (pfi - 8888)

⚙ Repeatable Section
◆ Field with data saved
● Field with data submitted to DOH

| Preview Data to be Submitted | Change Nursing Home/Activity | Change to Another Form | Printable Form |

Navigation Style Tree Menu ▾

Navigation Frame	Data Entry Frame

| Collapse All |
| Expand All |

NH MI and/or MR/DD Survey Form ◀
📄 Census *
📄 Num of residents with MI *
📄 Num of residents with MR *
📄 Num of residents with MI and M *
📄 Evidence of MR DD *
📄 Evidence of MI *
📄 Date completed *
📄 Contact Person
📄 Name *
📄 Telephone *
📄 E-mail *

| Save |

NH MI and/or MR/DD Survey Form

*What is your total census as of today?	[ ]
*Based on answers to the screen, but not MR/DD, what is the number of residents that have a diagnosis of Mental Illness (MI)?	[ ]
*Based on answers to the screen, but not MI, what is the number of residents that have a diagnosis of Mental Retardation/Developmental Disability (MR/DD)?	[ ]
*What is the number of residents that have a diagnosis of both MR and MI?	[ ]
*Have you identified additional residents who present evidence of MR/DD?	Choose One ▾
If yes, how many?	[ ]
*Have you identified additional residents who present evidence of MI?	Choose One ▾
If yes, how many?	[ ]
*Date completed (MM/DD/YYYY)	[ ] 📅
Contact Person to Respond to Questions	
*Name	[ ]
*Telephone (Please enter in the following format ###-###-####)	[ ]
*E-mail	[ ]

| Save |

| Start | < Back | Next > | End |

| Preview Data to be Submitted | Change Nursing Home/Activity | Change to Another Form | Printable Form |

Step 12: A message indicating the data has been saved successfully will appear in upper left corner.

Date: 12/23/2005   Nursing Home Surveillance and Reporting System   **Time:** 09:31 AM

Data Entry   **Main Menu** > **Select Activity/Entity/Form**

Data has been saved successfully.

Activity December 2005 NH MI MR Survey   **Form** NH MI and/or MR/DD Survey Form
Nursing Home Internal Test Nursing Home (pfi - 8888)

* Required field
✸ Repeatable Section
◇ Field with data saved
● Field with data submitted to DOH

[Preview Data to be Submitted]   [Change Nursing Home/Activity]   [Change to Another Form]
[Printable Form]

Navigation Style [Tree Menu   ▾]

Step 13: Click "Preview Data to be Submitted."

Activity December 2005 NH MI MR Survey   **Form** NH MI and/or MR/DD Survey Form   **Nursing Home** Internal Test Nursing Home (pfi - 8888)

✸ Repeatable Section
◇ Field with data saved
● Field with data submitted to DOH

[Preview Data to be Submitted]   [Change Nursing Home/Activity]   [Change to Another Form]   [Printable Form]

Navigation Style [Tree Menu   ▾]

Navigation Frame	Data Entry Frame
[Collapse All] [Expand All] **NH MI and/or MR/DD Survey Form** ← Census * ◇ Num of residents with MI * ◇ Num of residents with MR * ◇ Num of residents with MI and M * ◇ Evidence of MR DD * ◇ Evidence of MI * ◇ Date completed * ◇ Contact Person Name * ◇ Telephone * ◇ E-mail * ◇	[Save] **NH MI and/or MR/DD Survey Form**

*What is your total census as of today?	100	◇
*Based on answers to the screen, but not MR/DD, what is the number of residents that have a diagnosis of Mental Illness (MI)?	5	◇
*Based on answers to the screen, but not MI, what is the number of residents that have a diagnosis of Mental Retardation/Developmental Disability (MR/DD)?	5	◇
*What is the number of residents that have a diagnosis of both MR and MI?	3	◇
*Have you identified additional residents who present evidence of MR/DD?	No ▾	◇
If yes, how many?		
*Have you identified additional residents who present evidence of MI?	Yes ▾	◇
If yes, how many?	5	◇
*Date completed (MM/DD/YYYY)	12/23/2005 📅	◇
Contact Person to Respond to Questions		
*Name	Lisa Beaudoin	◇
*Telephone (Please enter in the following format ###-###-####)	518-473-180!	◇
*E-mail	lmb07@health.state.ny.us ◇	

[Save]

[Start] [< Back] [Next >] [End]

[Preview Data to be Submitted]   [Change Nursing Home/Activity]   [Change to Another Form]   [Printable Form]

HPN Training Tip

Step 14: Preview data to ensure it is accurate and complete.
Note: Changes to data may still be made by clicking on question.

Data Entry

Nursing Home: Internal Test Nursing Home (pfi - 8888)
Activity: December 2005 NH MI MR Survey
Form: NH MI and/or MR/DD Survey Form

[Proceed to Submit Data to DOH]   [Return to Data Entry]

#	Field Description	Field Value	Data Location	Updated By	Updated On
1	What is your total census as of today? *	100	Pending	lmb07	2005-12-23 09:31:40
2	Based on answers to the screen, but not MR/DD, what is the number of residents that have a diagnosis of Mental Illness (MI)? *	5	Pending	lmb07	2005-12-23 09:31:40
3	Based on answers to the screen, but not MI, what is the number of residents that have a diagnosis of Mental Retardation/Developmental Disability (MR/DD)? *	5	Pending	lmb07	2005-12-23 09:31:40
4	What is the number of residents that have a diagnosis of both MR and MI? *	3	Pending	lmb07	2005-12-23 09:31:40
5	Have you identified additional residents who present evidence of MR/DD? *	No	Pending	lmb07	2005-12-23 09:31:40
6	If yes, how many?				
7	Have you identified additional residents who present evidence of MI? *	Yes	Pending	lmb07	2005-12-23 09:31:40
8	If yes, how many?	5	Pending	lmb07	2005-12-23 09:31:40
9	Date completed (MM/DD/YYYY) *	12/23/2005	Pending	lmb07	2005-12-23 09:31:40
10	Contact Person to Respond to Questions				
11	Name *	Lisa Beaudoin	Pending	lmb07	2005-12-23 09:31:40
12	Telephone (Please enter in the following format ###-###-####) *	518-473-1809	Pending	lmb07	2005-12-23 09:31:40
13	E-mail *	lmb07@health.state.ny.us	Pending	lmb07	2005-12-23 09:31:40

Step 15: Click "Proceed to Submit Data to DOH."

Date: 12/23/2005 Nursing Home Surveillance and Reporting System **Time:** 09:37 AM

Data Entry **Main Menu** > **Select Activity/Entity/Form**

Nursing Home: Internal Test Nursing Home (pfi - 8888)
Activity: December 2005 NH MI MR Survey
Form: NH MI and/or MR/DD Survey Form

[Proceed to Submit Data to DOH]   [Return to Data Entry]

Step 16: Data confirmation.

Date: 12/23/2005 Nursing Home Surveillance and Reporting System **Time:** 09:40 AM

Data Entry **Main Menu** > **Select Activity/Entity/Form**

Thank You. Data has been submitted to Department of Health
You have submitted all forms for this activity click Here to update completion status

* Required field
🖎 Repeatable Section
◆ Field with data saved
● Field with data submitted to DOH

Activity December 2005 NH MI MR Survey   **Form** NH MI and/or MR/DD Survey Form
Nursing Home Internal Test Nursing Home (pfi - 8888)

[Preview Data to be Submitted]   [Change Nursing Home/Activity]   [Change to Another Form]
[Printable Form]

Step 17: To complete survey click "Here"

Date: 12/23/2005 Nursing Home Surveillance and Reporting System **Time:** 09:40 AM

Data Entry **Main Menu** > **Select Activity/Entity/Form**

Thank You. Data has been submitted to Department of Health
You have submitted all forms for this activity click Here to update completion status

* Required field
🖎 Repeatable Section
◆ Field with data saved
● Field with data submitted to DOH

Activity December 2005 NH MI MR Survey   **Form** NH MI and/or MR/DD Survey Form
Nursing Home Internal Test Nursing Home (pfi - 8888)

[Preview Data to be Submitted]   [Change Nursing Home/Activity]   [Change to Another Form]
[Printable Form]

HPN Training Tip

Step 18: Select "Completed" for Activity Status

HPN Training Tip

Step 19: Click "Set" to complete Activity.

Activity Status Report - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Date: 12/23/2005 **Nursing Home Surveillance and Reporting System** **Time:** 09:45 AM

Activity Status Report   **Main Menu** > **Select Activity/Entity/Form** > **Data Entry**

Nursing Home: Internal Test Nursing Home (pfi - 8888)
Activity: December 2005 NH MI MR Survey

Activity Status [Completed ▼] [Set] [Exit]

Form Name	Form Description	Form Status	Form Data User@Time
NH MI and/or MR/DD Survey Form	NH MI and/or MR/DD Survey Form	Submitted	lmb07 @ Dec 23 2005 9:40AM

Legend	
Form Status	**Not Started**: No data has been saved or submitted. **Pending**: Data has been saved for the form. **Submitted**: Data has been submitted to DOH.
Activity Status	**Not Completed**: Activity has not been completed. **Completed**: Activity has been completed.

HIN Home Page   HPN Home Page   Back to Main Menu   **Version:** 1.4
                                                          Revision: 12/22/2005

🔒 💻 Local intranet

start   Lisa M Be...   3 Micro... ▼   Activity St...   Microsoft ...   SnagIt Ca...   9:50 AM

DOH Bureau of HEALTHCOM Network Systems Management   Help Desk: 518-473-1809

HPN Training Tip

Step 21: A confirmation of a status change with date, time and user will appear.

Activity Status Report - Microsoft Internet Explorer

File   Edit   View   Favorites   Tools   Help

Date: 12/23/2005   Nursing Home Surveillance and Reporting System   **Time:** 09:50 AM

Activity Status Report   **Main Menu** > **Select Activity/Entity/Form** > **Data Entry**

Nursing Home: Internal Test Nursing Home (pfi - 8888)
Activity: December 2005 NH MI MR Survey

Activity Status [Completed ▾] [Set] [Exit]

Status updated at 12/23/2005 09:50 AM **by** lmb07

Form Name	Form Description	Form Status	Form Data User@Time
NH MI and/or MR/DD Survey Form	NH MI and/or MR/DD Survey Form	**Submitted**	lmb07 @ Dec 23 2005 9:40AM

Legend	
Form Status	**Not Started**: No data has been saved or submitted. **Pending**: Data has been saved for the form. **Submitted**: Data has been submitted to DOH.
Activity Status	**Not Completed**: Activity has not been completed. **Completed**: Activity has been completed.

HIN Home Page   HPN Home Page   Back to Main Menu   **Version:** 1.4
Revision: 12/22/2005

Local intranet

start   Lisa M Be...   3 Micro... ▾ Activity St...   Microsoft ...   SnagIt Ca...   9:53 AM

HPN Training Tip

Step 24: Click "Back to Main Menu."

If you require technical assistance, please call 518-473-1809.