

# Example- Data Entry

Data Collection Period: 1st Quarter, 2014 (Jan. - Mar.)  
Total Participants at the End of the Quarter: 1

Please enter **Unusual Incidents** quality indicator data for this quarter. The PACE User Guide provides examples and suggestions for narrative detail.

\*Required fields are marked with an asterisk.

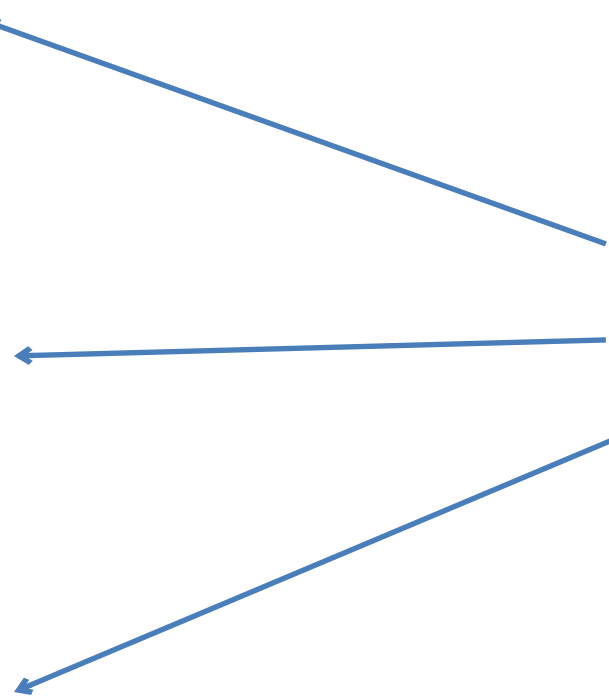
Control #	*Is this person?		*Unusual Incident Date (mm/dd/yyyy)	Reported Level 2
127957	<input checked="" type="radio"/> Dual Eligible (Medicaid & Medicare) Enter HICN <input type="radio"/> Medicaid Only Enter SSN <input type="radio"/> Medicare Only Enter HICN <input type="radio"/> Private Pay (No state or federal insurance) Enter SSN		01/14/2014	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**\*Incident Type(s)**

<input checked="" type="checkbox"/> Adverse Outcome	<input checked="" type="checkbox"/> Elopement	<input type="checkbox"/> Food Borne Infection	<input checked="" type="checkbox"/> Pressure Ulcer
<input type="checkbox"/> Behavioral	<input type="checkbox"/> Employee	<input checked="" type="checkbox"/> Fracture	<input type="checkbox"/> Property Damage
<input checked="" type="checkbox"/> Burn - Chemical	<input type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Hospitalization	<input type="checkbox"/> Property Loss
<input checked="" type="checkbox"/> Burn - Electrical	<input type="checkbox"/> Fell - Community Center	<input checked="" type="checkbox"/> Infectious Outbreak	<input checked="" type="checkbox"/> Restraint
<input checked="" type="checkbox"/> Burn - Thermal	<input checked="" type="checkbox"/> Fell - Day Care	<input type="checkbox"/> Laceration	<input type="checkbox"/> Sepsis
<input checked="" type="checkbox"/> Death	<input checked="" type="checkbox"/> Fell - Home	<input type="checkbox"/> Media	<input type="checkbox"/> Suicide - Actual
<input type="checkbox"/> Diabetic Management	<input checked="" type="checkbox"/> Fell - Nursing Home	<input type="checkbox"/> Medication Administration	<input checked="" type="checkbox"/> Suicide - Attempted
<input checked="" type="checkbox"/> Disaster	<input checked="" type="checkbox"/> Fell - Van	<input checked="" type="checkbox"/> Medication Management	<input type="checkbox"/> Traumatic Injury
<input type="checkbox"/> ED Admission	<input checked="" type="checkbox"/> Fell - Wheelchair	<input checked="" type="checkbox"/> MVA	<input type="checkbox"/> Wandering
<input checked="" type="checkbox"/> Elder Abuse			

**Narrative Description**

Data will include age and gender, type of Incident, location contributing factors, health status, interventions initiated, outcome status



# Example- Overall Statistical Reports

Quality Indicator(s): Unusual Incidents

Include Details? Yes

Reporting Quarter/Year	Region	Site State	Contract Number	Site Name	Total Participants	Unusual Incidents	Falls	Food Poisoning	Fire or Other Disasters	Infectious or Communicable Disease Outbreak	Injury that Required Follow-up Medical Treatment	Injury on Equipment	Lawsuit	Medication Error	Restraint Error	Staff Criminal Record	Suicide or Attempted Suicide	Van Accident Other than Fall	Other
2nd/2013	Boston	MA	H2219	Summit ElderCare-Leominster	236	102	91	0	0	0	0	0	0	3	0	0	0	1	7
2nd/2013	Boston	MA	H2219	Summit ElderCare-Charlton	158	81	66	0	0	0	0	0	0	4	0	0	0	0	11
2nd/2013	Boston	MA	H2219	Summit ElderCare-E.Mtn St, Worc 1	237	84	69	0	0	1	1	0	0	2	0	0	0	3	8
2nd/2013	Boston	MA	H2219	Summit ElderCare-Grafton St, Worc 2	240	98	85	0	0	0	1	0	0	0	0	0	0	2	10
2nd/2013	Boston	MA	H2219	Summit ElderCare-Springfield	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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PACE Organizations have the ability in HPMS to assess their Element data statistically and make changes to their practices and processes according to their data findings.