DEPARTMENT OF HEALTH

Nursing Home Incident Reporting

USER MANAGEMENT FOR SUPERUSERS

How to Add Additional Users

- 1. Go to MDH Nursing Home Incident Reporting (https://nhir.web.health.state.mn.us).
- 2. Make sure to add it to your "Favorites".
- 3. Select "Login" in the upper righthand corner.
- 4. Once on the Home Screen, locate the "User Management" drop-down from the Main Menu located at the top left of the screen.
- 5. Select "Add User".
- 6. Complete all boxes with an asterisk (*):
 - a. Username.
 - b. Email.
 - c. First Name.
 - d. Last Name.
 - e. Phone.
- 7. Select the Users Role(s):
 - a. Facility Incident Submitter (regular user).
 - b. Facility Super User.
- 8. Select "Save".
- 9. A User Summary Page should appear with the information you entered.
- 10. Add the next user following steps 5-9.
- 11. If you encounter any user entry issues, please contact OHFC at <u>health.ohfcnhrs@state.mn.us</u>.

Updated Web Reporting Welcome Screen



Enter Email and Password

Log in to Health Regulation D Home Incident Reporting - Re Email	Division - Nursing ealm

Select User Management

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	₩ Welcome schult1	
Yo of j auti ac civ are to, me 16	ou have accessed a Minnesota State Government information system. The data contained within this system is owned by the M f protecting the rights and property of the Department, and to monitor compliance with all applicable statutes, regulations, agreent tilization may be monitored, intercepted, recorded, copied, audited, inspected or otherwise captured and/or analyzed in any man uthorized or unauthorized, constitutes consent to this monitoring, interception, recording, copying, auditing, inspecting or otherwise ccess, entry and/or utilization through this system. Unauthorized access is prohibited. Unauthorized access or use of this computer wil and/or administrative action. Department personnel may give any potential evidence of crime found on this computer system required to adhere to all applicable statutes, agreements and policies governing their access to and use of the data contained p. Private data (as defined in Minn. Stat. §13.02, subd. 12), confidential data (as defined in Minn. Stat. §13.02, subd. 3), welfare redical data (as governed by Minn. Stat. §13.384), Minnesota Statutes §144.291 - §144.298, and the Health Insurance Portabilit 60.103. For assistance contact MDH by email at: <u>Heatth.OHFCONHRS@state mn.us</u>	Innesota Department of Health. For purpose nents and policies; data access, entry and ner. Use of this system by any user, se capturing and/or analyzing of data ter system may subject violators to criminal to law enforcement officials. System users within this system including, but not limited lata (as governed by Minn. Stat. §13.46), r Accountability Act (HIPAA), 45 C.F.R. §
Mit	finnesota Vulnerable Adult Reporting Requirement	
Fe	ederal Regulation 42 CFR	
§4 res	483.13(c)(2) The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of uni sident property are reported immediately to the administrator of the facility and to other officials in accordance with State law the se State survey and certification agency).	mown source and misappropriation of ough established procedures (including to
§4 pro	483.13(c)(3) The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further pole rogress.	initial abuse while the investigation is in
Fe	ederal Incident Reporting Requirement	

Select "Add User"

	MDH Department	of Health	Nursing Home Incident Reporting	
schult1 Home Incide	nt Reporting - Investigation Reports	UsenManagement -		Logout
	You have accessed a Minnesota C of protecting the rights and property utilization may be monitored, interor authorized or unauthorized, constitu access, entry and/or utilization. Dr are required to adhere to all applica to, Private data (as defined in Minn. medical data (as defined in Minn 160.103. For assistance confact ME Minnesota Vulnerable Adult Report	Search Users Add User or the Department, and to pited, recorded, copied, an tes consent to this monite ugh this system. Unauthori partment personnel may bib statutes, agreements a Stat. §13.02, subd. 12), o Stat. §13.04), Minnesot DH by email at: <u>Health OHI</u> ng Requirement	Stem. The data contained within this system is owned by the Minnesota Department of Health. For purpose monitor compliance with all applicable statutes, regulations, agreements and policies, data access, entry and udited, inspected or otherwise captured and/or analyzed in any manner. Use of this system by any user, ring, interception, recording, copying, auditing, inspecting or otherwise capturing and/or analyzing of data ized access is prohibited. Unauthorized access or use of this computer system may subject violators to criminal give any potential evidence of crime found on this computer system to law enforcement officials. System users and policies governing their access to and use of the data contained within this system including, but not limited onfidential data (as defined in Minn. Stat. §13.02, subd. 3), welfare data (as governed by Minn. Stat. §13.46), a Statutes §144.291 - §144.298, and the Health Insurance Portability Accountability Act (HIPAA), 45 C.F.R. § <u>FCNHRS@state mn.us</u>	
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		For assist	tance confact MDH by email at: <u>Health.OHFCNHRS@state.mn.us</u>	Version: 1.0.2

Complete All Required Fields and Save

Add User			
User Info	ß		
Username: *		Email: *	
First Name: *		Last Name: *	
Phone: *		Alt Phone:	
Job Title:			
Roles:			
Facility Incident Submitter			
Facility Super User			
Enabled:			
Cancel Save			

User Information Screen

	MDH Minnesota		
	Department of meanin	Nursing Home Incident Reporting	
schult1 Home Incident Reporting +	Investigation Reports + User Managemen	ii •	
	View testuser1 Edit Disable User Info		
	Username: testuser1	Email: test test@state.mn.us	
	First Name: test	Last Name: user	
	Phone: (000) 000-0000(³⁾	Alt Phone:	
	Role: Facility Incident Submitter	Job Title:	
	Enabled: Yes		
	User Facility Info:		
	HFID: 00000		

How to Edit and Disable Users

- Go to "User Management" in the Main Menu.
- Select "Search Users" from the drop down menu.
- Chose user to edit or disable
- Select "Edit" or "Disable" user.

If **editing** - you will only be able to edit the users name and contact information. You will not be able to edit their "Username". Once done with updates, select "Save".

If **disabling** - it is recommended to do so within 24 hours of the end of the users employment at the facility. All have to do is select the "Disable" button and you are done. You can also reactivate a user by selecting "Enable".

Go to User Management

	[India] Department	HISSIN	Nursing Home Incident Reporting	
lome Incide	ent Reporting - Investigation Reports -	User Management +		Logout
	You have accessed a Minnesola St of protecting the rights and property utilization may be monitored, interce authorized, constlu- covia and/or utilization throu- civil and/or administrative action. De are required to adhere to all applical	ate Government information of the Department, and to phed, recorded, copied, au tes consent to this monitori ugh this system. Unauthoriz partment personnel may gi ble statutes, agreements ar	Welcome schult1 In system. The data contained within this system is owned by the Minnesota Department of Health. For purpose monitor compliance with all applicable statutes, regulations, agreements and policies; data access, entry and dited, inspected or otherwise captured and/or analyzed in any manner. Use of this system by any user, ing, interception, recording, copying, auditing, inspecting or otherwise capturing and/or analyzing of data red access is prohibited. Unauthorized access or use of this computer system may subject violators to criminal we any potential evidence of crime found on this computer system to law enforcement officials. System users ind policies governing their access to and use of the data contained within this system including, but not limited	
	Minnesota Vulnerable Adult Reporta	Stat. §13.02, subar. 127, og Stat. §13.34), Minnesota DH by email at: <u>Health.OHF</u> ng Requirement	Statutes §14.291 - §14.4298, and the Health Insurance Portability Accountability Act (HIPAA), 45 C.F.R. § CNHRS@state.mn.us	
	Federal Regulation 42 CFR §483.13(c)(2) The facility must ensure resident property are reported imme the State survey and certification ag	re that all alleged violations diately to the administrator ency).	s involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of of the facility and to other officials in accordance with State law through established procedures (including to	
	§483.13(c)(3) The facility must have progress. Federal Incident Reporting Requirer	e evidence that all alleged v	iolations are thoroughly investigated, and must prevent further potential abuse while the investigation is in	
		For assista	ance contact MDH by email at: Health.OHFCNHRS@state.mn.us	Version 1

Select Search Users

MDH Minnesota Department of Health	Nursing Home Incident Reporting	
schult1 Home Incident Reporting - Investigation Reports - User Management -		Logout
You have accessed a Minnesota te of protecting the rights and property or me uspartment, and to utilization may be monitored, intercepted, recorded, copied, aud authorized or unauthorized, constitutes consent to this monitorin access, entry and/or utilization through this system. Unauthoriz civil and/or administrative action. Department personnel may gi are required to adhere to all applicable statutes, agreements an to, Private data (as defined in Minn. Stat. §13.02, subd. 12), con medical data (as governed by Minn. Stat. §13.384), Minnesota 160.103. For assistance contact MDH by email at <u>Health OHFG</u> <u>Minnesota Vulnerable Adult Reporting Requirement</u>	Stem. The data contained within this system is owned by the Minnesota Department of Health. For purpose montor compliance with all applicable statutes, regulations, agreements and policies; data access, entry and dited, inspected or otherwise captured and/or analyzed in any manner. Use of this system by any user, ng, interception, recording, copying, auditing, inspecting or otherwise capturing and/or analyzed of data access is prohibited. Unauthorized access or use of this computer system may subject violators to criminal we any potential evidence of crime found on this computer system may subject violators to criminal opticies; governing their access to and use of the data contained within this system including, but not limited indential data (as defined in Minn. Stat. §13.02, subd. 3), welfare data (as governed by Minn. Stat. §13.46), Statutes §144.291 - §144.298, and the Health Insurance Portability Accountability Act (HIPAA), 45 C.F.R. § <u>NNHRS@statem.nus</u>	
Federal Regulation 42 CFR §483.13(c)(2) The facility must ensure that all alleged violations resident property are reported immediately to the administrator the State survey and certification agency). §483.13(c)(3) The facility must have evidence that all alleged vi progress. Federal Incident Reporting Requirement	involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of of the facility and to other officials in accordance with State law through established procedures (including to olations are thoroughly investigated, and must prevent further potential abuse while the investigation is in	
For assista	nce contact MDH by email at: Health OHFCNHRS@state mn.us	Version: 1.0.2

Select Edit or Disable



Edit Text and Save

MDH Minnesota Department of	/Health	Nursing Home Inci	dent Reporting	
schult1 Home Incident Reporting • Investigation Reports •	User Management +			Logout
Edit joyceinc				
User Info	₿.			
Username: *	joyceinc	Email: *	jduclos9876@gmail.com	
First Name: *	Joy	Last Name: *	Duc	
Phone: *	(123) 123-1234	Alt Phone:		
Job Title:	Incident Submitter			
Facility Contact:	20			
Roles:				
Gracility Super User				
Facility Incident Submitter				
Facility: *	00000: Test Facility - St Paul	l, Minnesota - 55000	~	
Carlos Save				
	For assistance contact	MDH by email at: Health OHFCNHRS@state	mn.us	
				Version: 1.0.2

To Reactivate Account Select Enable

Department of health	Nursing Home Incident Reporting
schult1 Home Incident Reporting - Investigation Reports - User Management -	
View joyceinc	
Username: Email: joyceinc jduclos9876@gmail.com	
First Name: Last Name: Joy Duc	
Phone: Alt Phone: (123) 123-1234	
Role: Job Title: Facility Incident Submitter Incident Submitter	
Enabled: No	
User Facility Info:	
HFID: 00000	

Minnesota Department of Health Health Regulation Division Office of Health Facility Complaints Street address PO Box 64970 St. Paul, MN 55164-0970 651-201-4200 health.ohfc-complaints@state.mn.us www.health.state.mn.us

04/05/2023

To obtain this information in a different format, call: 651-201-4200.