

Medication Administration Reportable Events (MARE)

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Section 1 – Connecting to the Internet Portal Account Web Site for Medication Administration Reportable Events

Go to Internet address:
COHFPortal-EGOV.COM

Enter your username and
password.

Click on the <Sign In>
button.

Colorado Health Facilities Web Portal - Sign In - Windows Internet Explorer

https://www.hfemsd4.dphe.state.co.us/hfportal/hfstart

Colorado Health Facilities Web Portal
Tuesday, September 29, 2009 7:33 AM

Please sign in:

User Name:

Password:

Sign In

Technical Support

Note: This system will be unavailable for 15 minutes starting at 5:30 p.m. on the first Tuesday of every month for system maintenance.

Click on the Medication
Administration Reportable
Events link.

Colorado Health Facilities Web Portal - Message Center - Windows Internet Explorer

https://10.1.0.34/hfportal/msgmain.aspx

File Edit View Favorites Tools Help

Warning do not use the browser's back button. Use the links below on the left or the buttons below on this screen to avoid losing your work.

Message Center

You have 73 messages!

Subject	Date Sent	Date Read
<input type="checkbox"/> TEST TEST	03/14/2011	
<input type="checkbox"/> TEST TEST	03/14/2011	
<input type="checkbox"/> TEST TEST	03/14/2011	
<input type="checkbox"/> Medication Errors reportable Event Final Report	02/22/2011	
<input type="checkbox"/> Drug Diversion reportable Event Final Report	02/22/2011	02/22/2011
<input type="checkbox"/> 11111102003 Final Report	02/17/2011	
<input type="checkbox"/> 11111102003 Initial Report	02/17/2011	
<input type="checkbox"/> 11111102002 Final Report	02/17/2011	
<input type="checkbox"/> 11111102002 Initial Report	02/17/2011	
<input type="checkbox"/> 11111102001 Final Report	02/17/2011	02/17/2011
<input type="checkbox"/> 11111102001 Initial Report	02/17/2011	02/17/2011
<input type="checkbox"/> Campus Location (OCL) Questionnaire	04/19/2010	
<input type="checkbox"/> appid 300 test	04/19/2010	
<input type="checkbox"/> Alert for long term care facilities	08/27/2009	
<input type="checkbox"/> Proposed Omnibus Regulatory Amendments to 6 CCR 1011-1, Chapter IV - General Hospitals	08/26/2009	
<input type="checkbox"/> Proposed Omnibus Regulatory Amendments to 6 CCR 1011-1, Chapter IV -	08/26/2009	

Message Center

My Account Setup

User Account Setup

Documentation

Electronic Plan of Correction

Facility Contact Information

Licensing

Medication Administration Reportable Events

Nursing Home Quarterly Census

Occurrence Reporting

Technical Support

Sign Out

https://10.1.0.34/hfportal/MsgMessage.aspx?msgid=55695

Section 2 – New Event Report

You will be warned on every screen **not** to use the browser's back buttons to go back to a previous screen.

You must use the buttons on the screen to successfully report Medication administration events using this web application.

Click on the <Report a New Event> button

Main page for Medication Administration Reportable Events - Windows Internet Explorer
https://10.1.0.34/mare/homebase.aspx?kc=RHW5IC8CMZ0TAKU3NYYJHT Certificate Error Google
File Edit View Favorites Tools Help X
Main page for Medication Administration Reportable Events...
Colorado Medication Administration Reportable Events for:
TRAINING FACILITY 102
TEST FACILITY - NURSING HOME
Wednesday, April 20, 2011 1:01 PM
Warning do not use the browser's back button. Use the buttons below on this screen to avoid losing your work.
Opening more than one report at the same time on your computer will cause unpredictable results.
Report a New Event Click on this button to report a new event.
Modify a Pending Event Report Click on this button to modify an event report that has not yet been submitted to the state.
Delete a Pending Event Report Click on this button to delete an event report that has not yet been submitted to the state.
View/Print an Event Report Click on this button to view or print an event report that has been submitted to the state.
Return to Message Center

Select the event type from the list.

Enter your name and phone number

Click on the <Save/Continue> button.

Any time you see a <Cancel/Return to Message Center> button, you can click on it to end your current session and return to the message center. Inactive sessions will timeout automatically after 60 minutes.

MEDICATION ADMINISTRATION REPORTABLE EVENT - Windows Internet Explorer
https://10.1.0.34/mare/MareEvent.aspx Certificate Error Google
File Edit View Favorites Tools Help X
MEDICATION ADMINISTRATION REPORTABLE EVENT
Colorado Report for:
TRAINING FACILITY 102
TEST FACILITY - NURSING HOME
Wednesday, April 20, 2011 1:04 PM
Warning do not use the browser's back button. Use the buttons below on this screen to avoid losing your work.
MEDICATION ADMINISTRATION REPORTABLE EVENTS
Indicate the reportable event type: Drug Diversion Medication Administration Error
Reported by:
Reporter phone number:
Cancel/Return to Main Screen Save/Continue

Section 3 – Entering Drug Diversion Event information

Example: Drug Diversion Event

Complete questions 1-6.
Please type your response in the boxes.

Questions 7 and 8 you must
Select Yes or No.

When complete, click on the
<Save/Continue> button.

DRUG DIVERSION REPORT - Windows Internet Explorer

https://10.1.0.34/mare/drugd.aspx

File Edit View Favorites Tools Help

DRUG DIVERSION REPORT

Colorado Drug Diversion Report for:
TRAINING FACILITY 102
TEST FACILITY - NURSING HOME
Wednesday, April 20, 2011 1:08 PM

Warning do not use the browser's back button. Use the buttons below on this screen to avoid losing your work.

[Main Screen](#)
[Description of Event](#)
[Print/View Report](#)
[Submit Report to State](#)

DRUG DIVERSION REPORTABLE EVENT

(1) Date of the diversion: (mm/dd/yyyy)

(2) Date facility became aware of the diversion: (mm/dd/yyyy)

(3) Name and quantity of drug:

(4) Form of drug (i.e. tablet, liquid, injectable):

(5) Where was the medication kept at the time of the diversion?:

(6) How was the diversion discovered?:

(7) Was drug screening of staff done? Yes No

(8) Was a perpetrator identified? Yes No

If you answered No to question 8. You will get the screen which shows you everything you have completed. Please review it carefully.

If everything is ok click the <next> button

When you have more information to add to an event such as perpetrator information you will need to return to step 1 and 2. You will click on the

The screenshot shows a Windows Internet Explorer browser window titled "Reportable Event Summary". The address bar shows the URL "https://10.1.0.34/mare/print.aspx". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The "Favorites" bar shows "Reportable Event Summary". The page header features the Colorado state logo and the text "Event Summary for: TRAINING FACILITY 102 TEST FACILITY - NURSING HOME Wednesday, April 20, 2011 2:31 PM". The main content area contains the following information:

- Event type: Drug Diversion
- Date Reported: 04/20/2011
- Reported by: val
- Reporter phone: 123456789

Below this information is a section titled "Description of Event" containing a list of eight items:

- (1) Date of the diversion: 04/19/11
- (2) Date facility became aware of the diversion: 04/20/11
- (3) Name and quantity of drug: jharid
- (4) Form of drug (i.e. tablet, liquid, injectable): fas;dilfj
- (5) Where was the medication kept at the time of the diversion?: zsd;ifj s;o
- (6) How was the diversion discovered?: sd;oifja;oi
- (7) Was drug screening of staff done?: YES
- (8) Was a perpetrator identified?: NO

At the bottom of the form are two buttons: "Back" on the left and "Next" on the right. A black arrow points from the "Next" button in the text on the left to the "Next" button in the screenshot.

If you answered Yes to #8 you will be prompted to complete perpetrator information.

You will be required to answer each question. If there is a text box you will need to provide an explanation or provide information.

When complete, click on the <Save/Continue> button.

QMAP Information - Windows Internet Explorer
https://10.1.0.34/mare/person.aspx
Certificate Error
Google

File Edit View Favorites Tools Help
QMAP Information

Colorado perpetrator information for:
TRAINING FACILITY 102
TEST FACILITY - NURSING HOME
Wednesday, April 20, 2011 1:31 PM

"Warning do not use the browser's back button. Use the buttons below on this screen to avoid losing your work."

[Main Screen](#)
[Description of Event](#)
[Perpetrator Information](#)
[Print/View Report](#)
[Submit Report to State](#)

(1) Name of perpetrator:

(2) Were background checks done on the perpetrator? If yes what were the results:

 Yes No

(3) License or certification number of perpetrator if applicable:

(4) Qualified Medication Administration Personnel (QMAP) type:
 QMAP for Health Facilities
 QMAP for Developmentally Disabled
 Not a QMAP

(5) Were police notified? If yes, please provide the police information:
 Yes No Unknown

Police Department Name:
Police Department Phone:
Police Officer's Name:
Case Number:
Were charges filed? Yes No

Done Internet

Section 3a – Verifying Drug Diversion Event Information

You will get the screen which shows everything you have completed. Please review it carefully.

If you notice you have not entered some information click the <back> button and enter the missing information.

If everything is ok click the <next> button.

Reportable Event Summary - Windows Internet Explorer

Event Summary for:
TRAINING FACILITY 102
TEST FACILITY - NURSING HOME
Wednesday, April 20, 2011 2:09 PM

Event type: Drug Diversion
Date Reported: 04/20/2011
Reported by: val
Reporter phone: 987654321

Description of Event

(1) Date of the diversion: 04/19/2011
(2) Date facility became aware of the diversion: 04/20/2011
(3) Name and quantity of drug: tylenol 30
(4) Form of drug (i.e. tablet, liquid, injectable): tablets
(5) Where was the medication kept at the time of the diversion?: locked medication
(6) How was the diversion discovered?: by staff
(7) Was drug screening of staff done?: YES
(8) Was a perpetrator identified?: YES

Perpetrator Information

(1) Name of perpetrator:
(2) Were background checks done on the perpetrator? If yes what were the results: YES
(3) License or certification number of perpetrator if applicable:
(4) Qualified Medication Administration Personnel (QMAP) type: QMAP for Health Facilities
(5) Were police notified? If yes, please provide the police information: Unknown

Back Next

This screen will appear if you have not completed the required information.

In this example you may click on the appropriate link to be taken to the proper page for corrections.

Submit Reportable Event - Windows Internet Explorer

Report for:
TRAINING FACILITY 102
TEST FACILITY - NURSING HOME
Wednesday, April 20, 2011 2:15 PM

"Warning do not use the browser's back button. Use the buttons below on this screen to avoid losing your work."

[Main Screen](#)
[Description of Event](#)
[Perpetrator Information](#)
[Print/View Report](#)
[Submit Report to State](#)

Validate the Final Report and Submit to the State

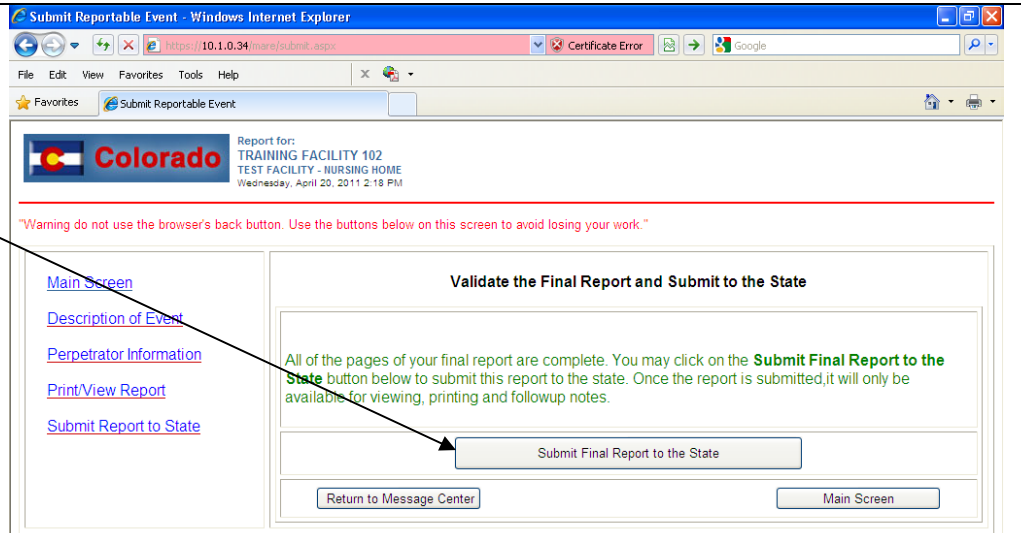
This report cannot be submitted to the state until all of the pages are complete. The following pages of this report are not complete:
Perpetrator Information

Submit Final Report to the State

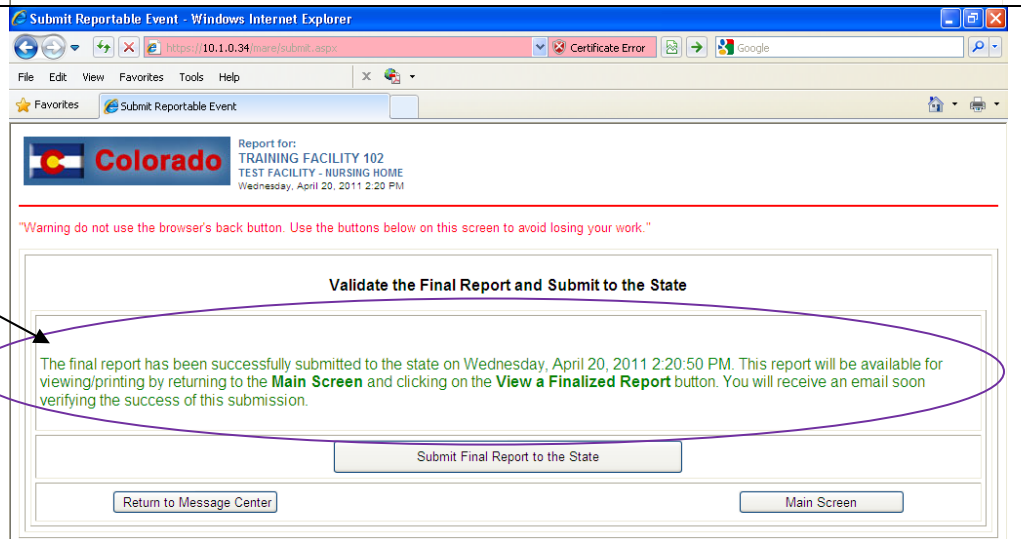
Return to Message Center Main Screen

Section 3b – Submitting Drug Diversion Event Information

This page will appear if you have completed all of the information. Click on <Submit Final Report to the State> button.



After submission of the final report is complete this page will come up. Look at this page closely it will have your submission information. You will also get an email verifying successful submission.



Section 4 – Entering Medication Error Reportable Event Information

Example: Medication Administration

Complete questions 1-9.
Please type your response in
the boxes.
On questions 5, 6 and 7 you
will need to indicate Yes or
No.

When complete, click on the
<Save/Continue> button.

MEDICATION ERROR REPORT - Windows Internet Explorer
https://10.1.0.34/mars/mederr.aspx
Certificate Error
Google

Colorado
Medication Error Report for:
TRAINING FACILITY 102
TEST FACILITY - NURSING HOME
Wednesday, April 20, 2011 3:30 PM

"Warning do not use the browser's back button. Use the buttons below on this screen to avoid losing your work."

[Main Screen](#)
[Description of Event](#)
[Staff Person Information](#)
[Print/View Report](#)
[Submit Report to State](#)

MEDICATION ERROR REPORTABLE EVENT

(1) Date of medication error: (mm/dd/yyyy)

(2) Date facility learned of medication error: (mm/dd/yyyy)

(3) Name and form of medication:

(4) Description of medication error:

(5) Does the staff member have a history of medication errors? If yes, describe:
 Yes No

(6) Were any clients harmed by the error? If yes, describe adverse effects. Include name (s) or identification numbers of clients affected:
 Yes No

(7) Were facility policy and procedures followed? If not, explain:
 Yes No

(8) What interventions were put in place to prevent a recurrence? Describe:

(9) What actions were taken with the QMAP? (suspension, termination, re-training):

Done Internet 100%

Section 4a – Entering Staff information for Medication Error

Enter the information for the staff member that made the Medication error.

Complete questions 1-5. Please type your response in the boxes.

On questions 2 and 5 you will need to indicate Yes or No.

On question 4 you will need to indicate QMAP qualification type.

When complete, click on the <Save/Continue> button.

QMAP Information - Windows Internet Explorer
https://10.1.0.34/mare/person.aspx
Certificate Error
Google

File Edit View Favorites Tools Help
X

QMAP Information

Colorado staff information for:
TRAINING FACILITY 102
TEST FACILITY - NURSING HOME
Wednesday, April 20, 2011 3:32 PM

Warning do not use the browser's back button. Use the buttons below on this screen to avoid losing your work.

[Main Screen](#)
[Description of Event](#)
[Staff Person Information](#)
[Print/View Report](#)
[Submit Report to State](#)

(1) Name of staff:

(2) Were background checks done on the staff? If yes what were the results:
 Yes No

(3) License or certification number of staff if applicable:

(4) Qualified Medication Administration Personnel (QMAP) type:
 QMAP for Health Facilities
 QMAP for Developmentally Disabled
 Not a QMAP

(5) Were police notified? If yes, please provide the police information:
 Yes No Unknown

Police Department Name:
Police Department Phone:
Police Officer's Name:
Case Number:
Were charges filed? Yes No

Done Internet 100%

Section 4b – Verifying Event Information for Medication Error

You will get the screen which shows everything you have completed. Please review it carefully.

If you notice you have not entered some information click the <back> button and enter the missing information.

If everything is ok click <next>

Reportable Event Summary - Windows Internet Explorer
https://10.1.0.34/mederr/summary.aspx
Certificate Error
Reportable Event Summary

Colorado
Event Summary for:
TRAINING FACILITY 102
TEST FACILITY - NURSING HOME
Wednesday, April 20, 2011 3:32 PM

Event type: Medication Errors
Date Reported: 04/20/2011
Reported by: val
Reporter phone: 123456789

Description of Event

(1) Date of medication error: 04/01/2011
(2) Date facility learned of medication error: 04/02/2011
(3) Name and form of medication: ioho;i
(4) Description of medication error: ;sdilifaeofj a,fas;
(5) Does the staff member have a history of medication errors? If yes, describe: NO
(6) Were any clients harmed by the error? If yes, describe adverse effects. Include name(s) or identification numbers of clients affected: NO
(7) Were facility policy and procedures followed? If not, explain: NO
asdf awefwasf
(8) What interventions were put in place to prevent a recurrence? Describe: asdf waefasf
(9) What actions were taken with the QMAP?(suspension,termination,re-training):

Staff Information

(1) Name of staff: a erfa
(2) Were background checks done on the staff? If yes what were the results: YES
(3) License or certification number of staff if applicable: 1234
(4) Qualified Medication Administration Personnel (QMAP) type: QMAP for Health Facilities
(5) Were police notified? If yes, please provide the police information: NO

Back Next

This screen will appear if you have not completed the required information.

In this example you may click on the appropriate link to be taken to the proper page for corrections

Submit Reportable Event - Windows Internet Explorer
https://10.1.0.34/mederr/submit.aspx
Certificate Error
Submit Reportable Event

Colorado
Report for:
TRAINING FACILITY 102
TEST FACILITY - NURSING HOME
Wednesday, April 20, 2011 3:59 PM

"Warning do not use the browser's back button. Use the buttons below on this screen to avoid losing your work."

Main Screen
Description of Event
Staff Person Information
Print/View Report
Submit Report to State

Validate the Final Report and Submit to the State

This report cannot be submitted to the state until all of the pages are complete. The following pages of this report are not complete:
Staff Person Information

Submit Final Report to the State

Return to Message Center Main Screen

Section 4c – Submitting Medication Error Event Information

This page will appear if you have completed all of the information.

Click on <Submit Final Report to the State> button.

Submit Reportable Event - Windows Internet Explorer
https://10.1.0.34/mare/submit.aspx
Certificate Error
Google

File Edit View Favorites Tools Help
Submit Reportable Event

Colorado Report for:
TRAINING FACILITY 102
TEST FACILITY - NURSING HOME
Wednesday, April 20, 2011 4:01 PM

"Warning do not use the browser's back button. Use the buttons below on this screen to avoid losing your work."

[Main Screen](#)
[Description of Event](#)
[Staff Person Information](#)
[Print/View Report](#)
[Submit Report to State](#)

Validate the Final Report and Submit to the State

All of the pages of your final report are complete. You may click on the **Submit Final Report to the State** button below to submit this report to the state. Once the report is submitted, it will only be available for viewing, printing and followup notes.

Submit Final Report to the State

Return to Message Center Main Screen

After submission of the final report is complete this page will come up. Look at this page closely it will have your submission information. You will also get an email verifying successful submission.

Submit Reportable Event - Windows Internet Explorer
https://10.1.0.34/mare/submit.aspx
Certificate Error
Google

File Edit View Favorites Tools Help
Submit Reportable Event

Colorado Report for:
TRAINING FACILITY 102
TEST FACILITY - NURSING HOME
Wednesday, April 20, 2011 2:20 PM

"Warning do not use the browser's back button. Use the buttons below on this screen to avoid losing your work."

Validate the Final Report and Submit to the State

The final report has been successfully submitted to the state on Wednesday, April 20, 2011 2:20:50 PM. This report will be available for viewing/printing by returning to the **Main Screen** and clicking on the **View a Finalized Report** button. You will receive an email soon verifying the success of this submission.

Submit Final Report to the State

Return to Message Center Main Screen

Section 5 – Modifying an Event

Please refer to Part 1 and 2

You will be warned on every screen **not** to use the browser's back buttons to go back to a previous screen.

You must use the buttons on the screen to successfully report Medication administration events using this web application.

Click on the <Modify a Pending Event Report>

Section 5a – Selecting the Event to Modify

Click on the event you want to modify.

Then click the <continue> button.

In this Medication error example you will click on the appropriate link to be taken to the proper page for modifications.

MEDICATION ERROR REPORT - Windows Internet Explorer

https://10.1.0.34/mare/mederr.aspx

File Edit View Favorites Tools Help

MEDICATION ERROR REPORT

Colorado Medication Error Report for:
TRAINING FACILITY 102
TEST FACILITY - NURSING HOME
Wednesday, April 20, 2011 4:05 PM

"Warning do not use the browser's back button. Use the buttons below on this screen to avoid losing your work."

[Main Screen](#)
[Description of Event](#)
[Staff Person Information](#)
[Print/View Report](#)
[Submit Report to State](#)

MEDICATION ERROR REPORTABLE EVENT

(1) Date of medication error: 04/01/2011 (mm/dd/yyyy)

(2) Date facility learned of medication error: 04/02/2011 (mm/dd/yyyy)

(3) Name and form of medication: ioho,i

(4) Description of medication error: ;sdilfjaeofj a:fas:

(5) Does the staff member have a history of medication errors? If yes, describe:
aedfaed
 Yes No

(6) Were any clients harmed by the error? If yes, describe: adfawedf

Section 6 – Print/View a Report

Please refer to Part 1 and 2

In this Medication error example you will click on the Print/View Report link.

MEDICATION ERROR REPORT - Windows Internet Explorer

https://10.1.0.34/mare/mederr.aspx

File Edit View Favorites Tools Help

MEDICATION ERROR REPORT

Colorado Medication Error Report for:
TRAINING FACILITY 102
TEST FACILITY - NURSING HOME
Wednesday, April 20, 2011 4:05 PM

"Warning do not use the browser's back button. Use the buttons below on this screen to avoid losing your work."

[Main Screen](#)
[Description of Event](#)
[Staff Person Information](#)
[Print/View Report](#)
[Submit Report to State](#)

MEDICATION ERROR REPORTABLE EVENT

(1) Date of medication error: 04/01/2011 (mm/dd/yyyy)

(2) Date facility learned of medication error: 04/02/2011 (mm/dd/yyyy)

(3) Name and form of medication: ioho,i

(4) Description of medication error: ;sdilfjaeofj a:fas:

(5) Does the staff member have a history of medication errors? If yes, describe:
aedfaed
 Yes No

(6) Were any clients harmed by the error? If yes, describe: adfawedf

You will get the screen which shows everything you have completed. Please review it carefully.

If you notice you have not entered some information click the <back> button and enter the missing information.

If everything is ok click <next>

This screen will appear if you have not completed the required information.

In this example you will click on the appropriate link to be taken to the proper page for corrections

Section 7 – Submit Report to State

Please refer to Part 1 and 2

In this Medication error example you will click on the <Submit Report to State> button.

MEDICATION ERROR REPORT - Windows Internet Explorer
https://10.1.0.34/mare/mederr.aspx

File Edit View Favorites Tools Help

Colorado Medication Error Report for:
TRAINING FACILITY 102
TEST FACILITY - NURSING HOME
Wednesday, April 20, 2011 4:05 PM

Warning do not use the browser's back button. Use the buttons below on this screen to avoid losing your work.

Main Screen
Description of Event
Staff Person Information
Print/View Report
Submit Report to State

MEDICATION ERROR REPORTABLE EVENT

(1) Date of medication error: 04/01/2011 (mm/dd/yyyy)

(2) Date facility learned of medication error: 04/02/2011 (mm/dd/yyyy)

(3) Name and form of medication: ioho;i

(4) Description of medication error: ;edilfjaeofj a;fas;

(5) Does the staff member have a history of medication errors? If yes, describe:
 Yes No

(6) Were any clients harmed by the error? If yes, describe: adfawedf

This screen will appear if you have not completed the required information.

In this example you will click on the appropriate link to be taken to the proper page for corrections

Submit Reportable Event - Windows Internet Explorer
https://10.1.0.34/mare/submit.aspx

File Edit View Favorites Tools Help

Colorado Report for:
TRAINING FACILITY 102
TEST FACILITY - NURSING HOME
Wednesday, April 20, 2011 2:15 PM

Warning do not use the browser's back button. Use the buttons below on this screen to avoid losing your work.

Main Screen
Description of Event
Perpetrator Information
Print/View Report
Submit Report to State

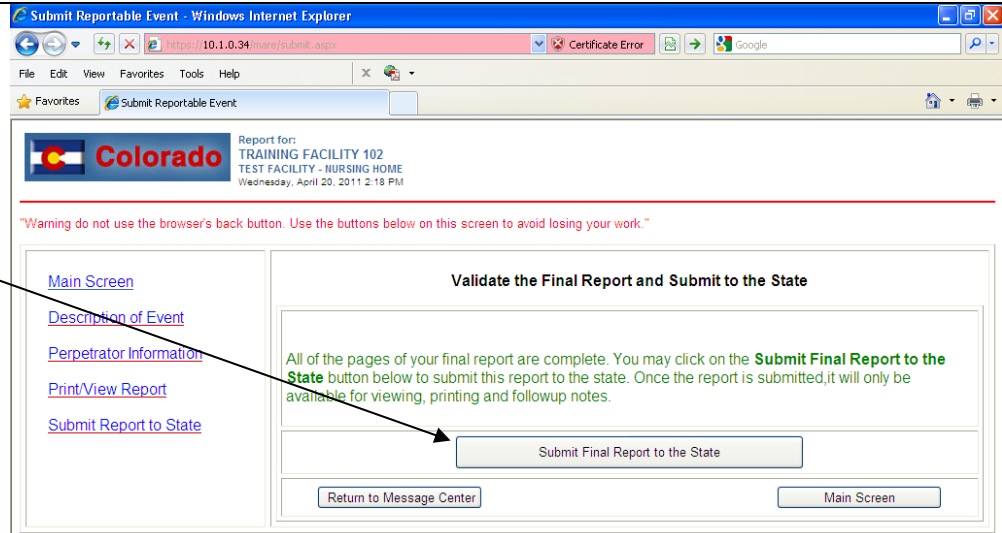
Validate the Final Report and Submit to the State

This report cannot be submitted to the state until all of the pages are complete. The following pages of this report are not complete:
Perpetrator Information

Submit Final Report to the State

Return to Message Center Main Screen

This page will appear if you have completed all of the information. Click on <Submit Final Report to the State> button.



After submission of the final report is complete this page will come up.

Look at this page closely it will have your submission information. You will also get an email verifying successful submission.

