



# Chapter 93 of the Acts of 2020 Elder Facilities Reporting User Guide

Updated August 2020

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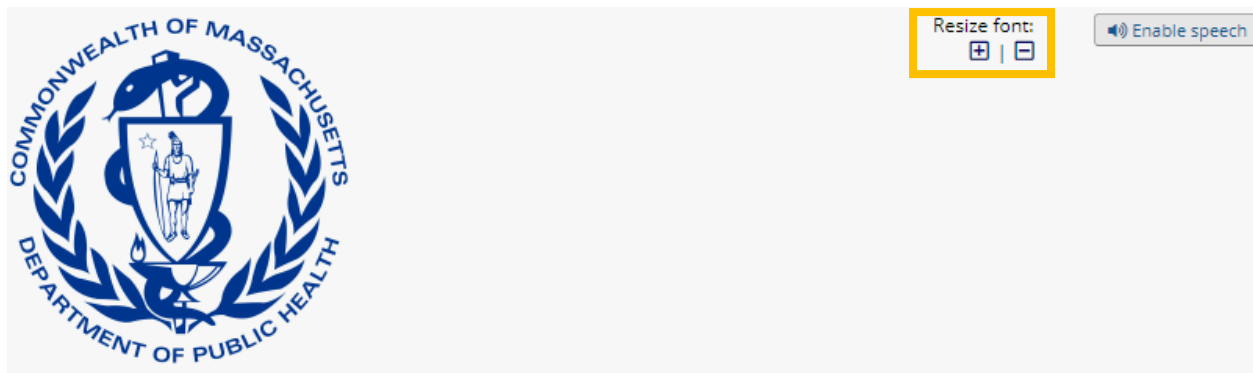
## Getting Started with REDCap

To access the updated REDCap system, visit: <https://redcap.link/Chapter93.V3>.

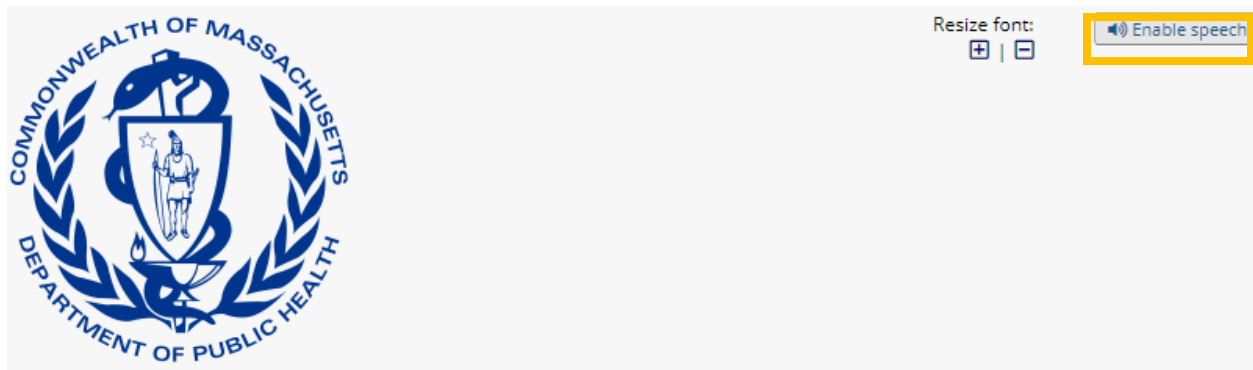
### Navigating the REDCap System

This portal was designed to be responsive to every selection you make. Therefore, answers or selections are required for every question. If a mistake is made on the current page, simply change your answer and proceed accordingly; if a mistake was made on a previous page, click the “Previous Page” button and update your answer(s) as needed.

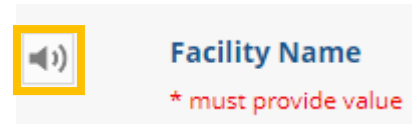
At the top-right of each page are options to resize the font or enable speech. Simply click on the plus or minus icons to increase or decrease the font, respectively.



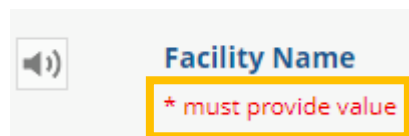
Clicking on “Enable speech” will add a speaker icon next to each question.



You can click on the speaker icon to have the question read aloud.



You will be prompted with an error message if you click submit and leave a required question blank. Required questions are indicated by “\*must provide value” in red text.



## Page 1: Choose Facility Type

On the first page, you will be prompted to choose the facility type for which you are reporting. Answers include: Nursing Home, Rest Home, and Assisted Living Residence.

Chapter 93 Elder Facility × + ▾

https://redcap.ehs.mass.gov/redcap/surveys/?s=HTK3E9ADPW

Resize font: + | - Enable speech

**COMMONWEALTH OF MASSACHUSETTS**  
**DEPARTMENT OF PUBLIC HEALTH**

### Chapter 93 Elder Facility Submission

Please complete a form for each resident that has been admitted to or resided in your facility and staff member who has worked within your facility **who has tested COVID-19 positive on or after March 10, 2020.**

An entry must be completed for every case of COVID-19 and every death.

Page 1 of 7

**What type of facility are you reporting for?**  
\* must provide value

Nursing Home  
 Rest Home  
 Assisted Living Residence

reset

Next Page >>

You will then be prompted to select your facility name from a drop-down list of nursing homes, rest homes, or assisted living residences. If you do not see your facility name on the list, select “OTHER” from the drop-down list. If you select “OTHER”, you will be prompted to write in the name of your facility.

## Page 2: User Information

On the second page, you will be prompted to provide your name and select if you've entered data into this updated V3 system previously.

Chapter 93 Elder Facility Submission

Page 2 of 7

**Reporter Contact Information**

What is the name of the person completing the data entry?

\* must provide value

Has this reporter input data in this V3 system before?  Yes  No

Answering yes will skip collection of additional contact information. It is very important that the Department has contact information for you to follow up on data quality issues that may arise. If you are not sure, select "No" to provide this information.

\* must provide value

reset

<< Previous Page

Next Page >>

If this is your first time accessing this V3 system, click “No”. You’ll then be prompted to provide your email address and phone number. **It is critical that you provide this information so that the Department of Public Health can follow up with you if an issue arises.**

If you've accessed this V3 system before and provided your contact information already, click “Yes”.

## Page 3: Reporting Data on Behalf of Facility

The third page elaborates upon the questions asked on the second page. Specifically, you will be prompted to choose if you've entered data on behalf of your facility in this updated V3 system previously.

Chapter 93 Elder Facility Submission

Page 3 of 7

**Facility Information**

Are you reporting data on your facility for the first time?  
\* must provide value

Yes  
 No

reset

<< Previous Page      Next Page >>

If you've accessed this V3 system before and reported data on behalf of your facility, click "No".

If this is the first time you're reporting on your facility in this V3 system, click "Yes". You will then be prompted to answer if your facility had any COVID-19 cases among staff or residents.

Are you reporting data on your facility for the first time?  
\* must provide value

Yes  
 No

reset

Has your facility had any cases of COVID-19 among staff or residents?  
\* must provide value

Yes  
 No

reset

Please note that if your answer to the question about COVID-19 cases is "No" the system will automatically progress you to the end on Page 7. If you need to go back, click "Previous Page".

## Page 4: Demographics

The fourth page explores information about the data you are reporting. You'll first be prompted to select if you're reporting on a staff member or a resident along with that person's name, date of birth, if you've reported data for them previously, and the nature of the data you're reporting.

The screenshot shows a web browser window with the URL <https://redcap.ehs.mass.gov/redcap/surveys/index.php?s=HTK3E9ADPW>. The page title is "Chapter 93 Elder Facility Submission" and it is "Page 4 of 7". The section is titled "Demographics".

The form contains the following fields and options:

- Are you adding information about a staff member or resident?** (Required field)
  - Staff
  - Resident
  - reset
- First name** (Required field)
- Last name** (Required field)
- Date of birth** (Required field)
  - Calendar icon
  - Today
  - M-D-Y
- Have you input information about this person before?** (Required field)
  - Yes
  - No
  - reset
- Select what information you need to submit** (Required field)
  - Positive test results or Infection information
  - Hospitalization of a COVID-positive resident
  - Death information
  - Discharge information
  - Termination of employment information (including retirement)

Navigation buttons: << Previous Page and Next Page >>

If you haven't reported data about this person before, you'll be prompted to enter information about the person's: gender, race (note: if "Other" is chosen, you must write in their race), ethnicity, age, if they have any disability, and their primary language.

## Pages 5-7: Follow-up Information from Page 4

Depending on your answer to the question on Page 4 about the nature of the data you're reporting, the follow-up questions on the next page(s) will differ accordingly. If you selected multiple answers at the end of Page 4, you will see some combination of the follow-up questions below. Please remember that if you need to go back at any point, click "Previous Page".

If you selected "Positive test results or Infection information" on Page 4

You will be taken to the fifth page that explores infection information, including: if the person for whom you're reporting data had symptoms of COVID-19, the date of their first positive test, and if their test was taken in the facility, at a hospital, or "Other" location. If you answer that the person did have symptoms of COVID-19, you will then be prompted to enter the date when they initially started to show signs/symptoms of COVID-19.

Following the completion of these questions, you will then be progressed to the end of Page 7.

If you selected "Hospitalization of a COVID-positive resident" on Page 4

You will be taken to a unique Page 7 that explores the date of the person's admission to the hospital and reason for hospitalization before the conclusion of the questionnaire.

If you selected "Death information" on Page 4

You will be taken to Page 6, which elaborates upon your answer about the death of a staff member or resident. You will be prompted to enter the date when the person died as well as if the death was COVID-19-related. You will then be progressed to the end of Page 7.

If you selected "Discharge information" on Page 4

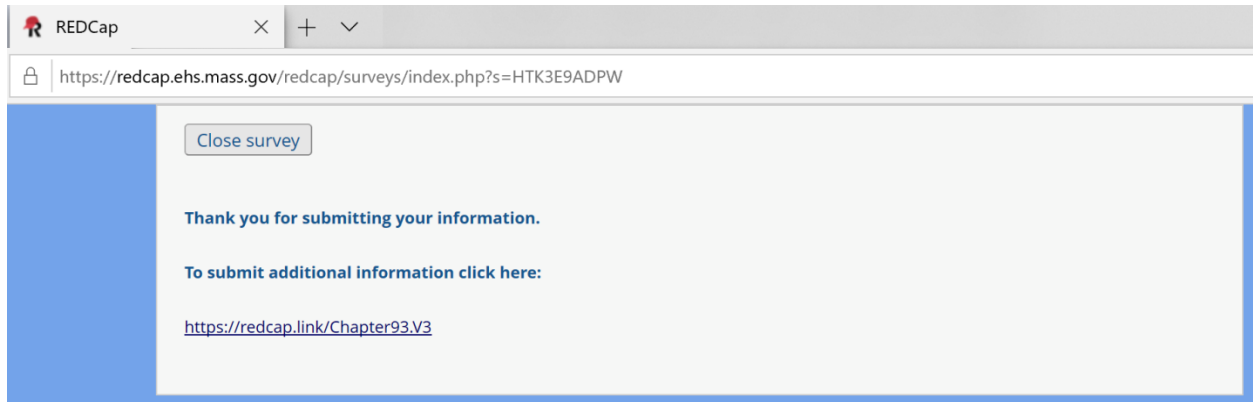
You will be taken to Page 6, which elaborates upon your answer about the discharge of a staff member or resident. You will be prompted to enter the date when the person was discharged. You will then be progressed to the end of Page 7.

If you selected "Termination of employment (including retirement)" on Page 4

You will be taken to Page 6, which elaborates upon your answer about the final date of employment of a staff member. You will then be progressed to the end of Page 7.

## Ending Your REDCap Session

Unlike in previous versions of the REDCap reporting system, you do not need to re-submit data that you previously submitted. Upon completion of submitting data for one person, after progressing through Page 7 you have the option to close the page or to submit additional information for another person.



If you encounter issues navigating through the REDCap system please [contact us](#).