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**State of Nebraska DHHS-Division of Developmental Disabilities**

***Quarterly Provider Incident Report Template***

***Implementation Date: 7/28/17***

DATE:

To: DDD Central Office [DHHS.DDCBSQI@nebraska.gov](mailto:DHHS.DDCBSQI@nebraska.gov)

**Quarterly Incident Report for Provider:**

**Reporting period:**   **Quarter**

Start Date:  **–**  Ending Date:

1. **DATA COMPILATION:**

**Graph/Sheet 1:**

**Graph/Sheet 2:**

**Graph/Sheet 3:**

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| --- |
| 1. **PROVIDER AND PARTICIPANT DATA ANALYSIS AND ACTION PLANS TO ADDRESS INCIDENT REDUCTION OR SYSTEMIC PATTERNS** |
| **DIRECTIONS**: This section includes a detailed compilation and analysis of quarterly incident report data. Complete all sections needing additional analysis by filling in the shaded sections with the requested information or the number of GER events.  ***NOTE***: ***Alphabetical sections B-T needing no analysis, as described in the table for the event category, should be deleted and removed from your Provider Report***. |
| |  | | --- | | A. This quarter there were  **high notification level General Event Reports (GERs),** which involved high level incidents and participants. In comparison, there were High Notification GERs the prior quarter. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | B. **AWOL/Missing Person:** \*Include analysis if any items in column 2 of the table below are checked:  **Analysis:**   |  |  |  |  | | --- | --- | --- | --- | | Item: | Check all reasons for the additional analysis: | | If checked, explain reason(s): | | 1 |  | There were three or more incidents for the quarter. |  | | 2 |  | A participant had three or more incidents. |  | | 3 |  | This quarter’s total exceeded the prior provider or participant total. |  | | 4 |  | There were systemic issues. |  |   Fill in the shaded sections with the number of GER events to complete your analysis:   |  |  | | --- | --- | |  | incidents involved missing persons, and | |  | involved participants leaving supervision. |   **Action Plan to address Incident Reduction or Systemic patterns:**  Please explain in details the action plans that will be taken or have already been taken to address this category of incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:   |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | C. **Assault incidents**: \*Include analysis if any items in column 2 of the table below are checked:  **Analysis:**   |  |  |  |  | | --- | --- | --- | --- | | Item: | Check all reasons for the additional analysis: | | If checked, explain reason(s): | | 1 |  | There were thirteen or more incidents for the quarter. |  | | 2 |  | A participant had six or more incidents. |  | | 3 |  | This quarter’s total exceeded the prior provider or participant total. |  | | 4 |  | There were systemic issues. |  |   Fill in the shaded sections to complete your analysis:   |  |  | | --- | --- | |  | consisted of peer-to-peer-related assaults. | |  | of the assault incidents involved participants aggressing toward employees who sought medical attention. |   **Action Plan to address Incident Reduction or Systemic patterns:**  Explain, in detail, action plans that will be taken or already taken to address incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:   |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | D. **Altercation** incidents: \*Include analysis if any items in column 2 of the table below are checked:  **Analysis:**   |  |  |  |  | | --- | --- | --- | --- | | Item: | Check all reasons for the additional analysis: | | If checked, explain reason(s): | | 1 |  | There were three or more incidents for the quarter. |  | | 2 |  | A participant had two or more incidents. |  | | 3 |  | This quarter’s total exceeded the prior provider or participant total. |  | | 4 |  | There were systemic issues. |  |   Fill in the shaded sections with the number of GER events to complete your analysis:   |  |  | | --- | --- | |  | consisted of peer-to-peer-related incidents | |  | of the assault incidents involved altercations with someone other than another participant. |   **Action Plan to address Incident Reduction or Systemic patterns:**  Explain, in detail, action plans that will be taken or already taken to address incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:   |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | E. **Complaints and/or possible liitigation incidents**: \*Include analysis if any items in column 2 of the table below are checked:  **Analysis:**   |  |  |  |  | | --- | --- | --- | --- | | Item: | Check all reasons for the additional analysis: | | If checked, explain reason(s): | | 1 |  | There were incidents for the quarter. |  | | 2 |  | There were systemic issues. |  |   Fill in the shaded sections with the number of GER events to complete your analysis:   |  |  |  | | --- | --- | --- | |  | of these reports were turned over to APS, and not investigated internally. This was due to   |  | | --- | |  | | |  | complaints were investigated internally. | |  | were found to be unsubstantiated for abuse/neglect. | |  | were found to be substantiated abuse. | |  | were found to be substantiated neglect. | |  | were found to be substantiated exploitation. | |  | Appropriate personnel action, including   |  | | --- | |  |   was taken in all substantiated cases. | |  | were reported appropriately. | |  | were investigated properly. |   **Action Plan to address Incident Reduction or Systemic patterns:**  Explain, in detail, action plans that will be taken or already taken to address incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:   |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | F. **Deaths**: \*Include analysis if any items in column 2 of the table below are checked:  **Analysis:**   |  |  |  |  | | --- | --- | --- | --- | | Item: | Check all reasons for the additional analysis: | | If checked, explain reason(s): | | 1 |  | There were incidents for the quarter. |  | | 2 |  | There were systemic issues. |  |     Fill in the shaded sections with the number of GER events to complete your analysis:   |  |  | | --- | --- | |  | deaths were investigated internally. | |  | deaths were reported to DHHS. | |  | deaths were investigated by DPH. | |  | deaths were reported appropriately. | |  | were found to be substantiated abuse. | |  | were found to be substantiated neglect. |   **Action Plan to address Incident Reduction or Systemic patterns:**  Explain, in detail, action plans that will be taken or already taken to address incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:   |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | G. **Emergency safety intervention incidents**: \*Include analysis if any items in column 2 of the table below are checked:  **Analysis:**   |  |  |  |  | | --- | --- | --- | --- | | Item: | Check all reasons for the additional analysis: | | If checked, explain reason(s): | | 1 |  | There were incidents for the quarter. |  | | 2 |  | There were systemic issues. |  |   Fill in the shaded sections with the number of GER events to complete your analysis:   |  |  | | --- | --- | |  | of the interventions were approved. | |  | of the interventions were reported as abuse or neglect. | |  | injuries related to emergency safety interventions occurred. | |  | of the interventions were part of a safety plan. | |  | of the interventions were unplanned and not part of a safety plan. |   **Action Plan to address Incident Reduction or Systemic patterns:**  Explain, in detail, action plans that will be taken or already taken to address incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:   |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | H. **Restraint other incidents**: \*Include analysis if any items in column 2 of the table below are checked:  **Analysis:**   |  |  |  |  | | --- | --- | --- | --- | | Item: | Check all reasons for the additional analysis: | | If checked, explain reason(s): | | 1 |  | There were incidents for the quarter. |  | | 2 |  | There were systemic issues. |  |     Fill in the shaded sections with the number of GER events to complete your analysis:   |  |  | | --- | --- | |  | of the restraint incidents involved the use of chemical restraint, | |  | of the restraint incidents involved the use of mechanical restraint, | |  | of the restraint incidents involved the use of physical restraint, and | |  | of the restraint incidents involved the use of   |  | | --- | | Describe: | | |  | of the interventions were reported as abuse or neglect. | |  | of the interventions reported as abuse or neglect were investigated in accordance with 175 Nebraska Administrative Code 19-006.02#6. | |  | injuries related to restraint occurred. |   **Action Plan to address Incident Reduction or Systemic patterns:**  Explain, in detail, action plans that will be taken or already taken to address incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:   |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | I. **Hospital incidents**: \*Include analysis if any items in column 2 of the table below are checked:  **Analysis:**   |  |  |  |  | | --- | --- | --- | --- | | Item: | Check all reasons for the additional analysis: | | If checked, explain reason(s): | | 1 |  | There were eleven or more incidents for the quarter. |  | | 2 |  | A participant had three or more incidents. |  | | 3 |  | This quarter’s total exceeded the prior provider or participant total. |  | | 4 |  | There were systemic issues. |  |   Fill in the shaded sections with the number of GER events to complete your analysis:   |  |  | | --- | --- | |  | of the admission incidents were for mental health reasons. | |  | of the admission incidents were for physical health hospital admissions incidents. |   **Action Plan to address Incident Reduction or Systemic patterns:**  Explain, in detail, action plans that will be taken or already taken to address incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:   |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | J. **Injuries**: \*Include analysis if any items in column 2 of the table below are checked:  **Analysis:**   |  |  |  |  | | --- | --- | --- | --- | | Item: | Check all reasons for the additional analysis: | | If checked, explain reason(s): | | 1 |  | There were sixteen or more incidents for the quarter. |  | | 2 |  | A participant had four or more incidents. |  | | 3 |  | This quarter’s total exceeded the prior provider or participant total. |  | | 4 |  | There were systemic issues. |  |   Fill in the shaded sections with the number of GER events to complete your analysis:   |  |  | | --- | --- | |  | of these injuries required no treatment, | |  | of them were minor, requiring basic first aid, | |  | of them were moderate, requiring nurse or physician treatment. Finally, | |  | of the injuries were severe, requiring an emergency room visit, with or without admission. | |  | injuries were related to Emergency Safety Interventions, | |  | were of unknown origin, and | |  | injuries were due to displacement due to fires. | |  | injuries required medical attention to staff persons and others resulting from the behavior of a participant. | |  | The leading causes of injuries were   |  | | --- | |  | |   **Action Plan to address Incident Reduction or Systemic patterns:**  Explain, in detail, action plans that will be taken or already taken to address incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:   |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | K. **Falls with injuries**: \*Include analysis if any items in column 2 of the table below are checked:  **Analysis:**   |  |  |  |  | | --- | --- | --- | --- | | Item: | Check all reasons for the additional analysis: | | If checked, explain reason(s): | | 1 |  | A participant had two or more incidents. |  | | 2 |  | This quarter’s total exceeded the prior provider or participant total. |  | | 3 |  | There were systemic issues. |  |   Fill in the shaded sections with the number of GER events to complete your analysis:   |  |  | | --- | --- | |  | Falls with injury occurred this quarter | |  | required no treatment. | |  | of these injuries required minor first aid, | |  | were moderate, requiring nurse or physician treatment. | |  | were severe, requiring hospital/ER treatment. |   **Action Plan to address Incident Reduction or Systemic patterns:**  Explain, in detail, action plans that will be taken or already taken to address incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:   |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | L. **Law enforcement incidents**: \*Include analysis if any items in column 2 of the table below are checked:  **Analysis:**   |  |  |  |  | | --- | --- | --- | --- | | Item: | Check all reasons for the additional analysis: | | If checked, explain reason(s): | | 1 |  | There were incidents for the quarter |  | | 2 |  | A participant had six or more incidents. |  | | 3 |  | This quarter’s total exceeded the prior provider or participant total. |  | | 4 |  | There were systemic issues. |  |   Fill in the shaded sections with the number of GER events to complete your analysis:   |  |  | | --- | --- | |  | law enforcement events occurred this this quarter. | |  | participants were involved with the law enforcement events this quarter. | |  | law enforcement contact incidents were called in by the participant, | |  | were called in by the provider, and | |  | were called by someone from the community. |   **Action Plan to address Incident Reduction or Systemic patterns:**  Explain, in detail, action plans that will be taken or already taken to address incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:   |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | M. **Medication errors (high notification) incidents**: \*Include analysis if any items in column 2 of the table below are checked:  **Analysis:**   |  |  |  |  | | --- | --- | --- | --- | | Item: | Check all reasons for the additional analysis: | | If checked, explain reason(s): | | 1 |  | There were two or more incidents for the quarter. |  | | 2 |  | There were systemic issues. |  |   Fill in the shaded sections with the number of GER events to complete your analysis:   |  |  | | --- | --- | |  | high notification level medication error incidents occurred this quarter. | |  | medication errors resulted in injury, | |  | resulted in serious illness, and | |  | resulted in hospitalization. |   **Action Plan to address Incident Reduction or Systemic patterns:**  Explain, in detail, action plans that will be taken or already taken to address incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:   |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | N. **Possible criminal activity high notification incidents**: \*Include analysis if any items in column 2 of the table below are checked:  **Analysis:**   |  |  |  |  | | --- | --- | --- | --- | | Item: | Check all reasons for the additional analysis: | | If checked, explain reason(s): | | 1 |  | There were incidents for the quarter |  | | 2 |  | A participant had two or more incidents. |  | | 3 |  | This quarter’s total exceeded the prior provider or participant total. |  | | 4 |  | There were systemic issues. |  |   Fill in the shaded sections with the number of GER events to complete your analysis:   |  |  | | --- | --- | |  | participants were involved in criminal involvement incidents this quarter. | |  | provider employees were involved in criminal involvement incidents this quarter. | |  | other people were suspected of engaging in criminal activity involving participants. |   **Action Plan to address Incident Reduction or Systemic patterns:**  Explain, in detail, action plans that will be taken or already taken to address incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:   |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | O. **Property damage high notification incidents**: \*Include analysis if any items in column 2 of the table below are checked:  **Analysis:**   |  |  |  |  | | --- | --- | --- | --- | | Item: | Check all reasons for the additional analysis: | | If checked, explain reason(s): | | 1 |  | There were three or more incidents for the quarter. |  | | 2 |  | A participant had five or more incidents. |  | | 3 |  | This quarter’s total exceeded the prior provider or participant total. |  | | 4 |  | There were systemic issues. |  |   Fill in the shaded sections with the number of GER events to complete your analysis:   |  |  | | --- | --- | |  | High notification property damage incidents caused by participants occurred this quarter. | |  | High notification property damage incidents caused by staff occurred this quarter. |   **Action Plan to address Incident Reduction or Systemic patterns:**  Explain, in detail, action plans that will be taken or already taken to address incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:   |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | P. **High notification seizure incidents**: \*Include analysis if any items in column 2 of the table below are checked:  **Analysis:**   |  |  |  |  | | --- | --- | --- | --- | | Item: | Check all reasons for the additional analysis: | | If checked, explain reason(s): | | 1 |  | There were two or more incidents for the quarter. |  | | 2 |  | There were systemic issues. |  |   Fill in the shaded sections with the number of GER events to complete your analysis:   |  |  | | --- | --- | |  | high notification seizure incidents occurred this quarter. | |  | resulted in hospitalizations. |   **Action Plan to address Incident Reduction or Systemic patterns:**  Explain, in detail, action plans that will be taken or already taken to address incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:   |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Q. **Serious illness incidents**: \*Include analysis if any items in column 2 of the table below are checked:  **Analysis:**   |  |  |  |  | | --- | --- | --- | --- | | Item: | Check all reasons for the additional analysis: | | If checked, explain reason(s): | | 1 |  | There were incidents for the quarter. |  | | 2 |  | There were systemic issues. |  |   Fill in the shaded sections with the number of GER events to complete your analysis:   |  |  | | --- | --- | |  | incidents were the result of medication errors. | |  | resulted in hospitalizations. |   **Action Plan to address Incident Reduction or Systemic patterns:**  Explain, in detail, action plans that will be taken or already taken to address incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:   |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | R. List any GER incidents not previously listed above. Include totals and any additional analysis. These need to be addressed in action plans since high notification was used for incidents not listed in the GER Instruction Guide Reportable Incident List.  **Analysis:**  Fill in the shaded sections with the number of GER events to complete your analysis:   |  |  |  |  | | --- | --- | --- | --- | |  | incidents were reported in the |  | Therap category. (Repeat as needed) | |  | incidents were reported in the |  | Therap category. (Repeat as needed) | |  | incidents were reported in the |  | Therap category. (Repeat as needed) |     **Action Plan to address Incident Reduction or Systemic patterns:**  Explain, in detail, action plans that will be taken or already taken to address incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:   |  | | --- | |  | |  |  |  | | --- | --- | | S. There were participants with more than 4 high GERs.  **Analysis:**  **Action Plan to address Incident Reduction or Systemic patterns:**  Explain, in detail, action plans that will be taken or already taken to address incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:   |  | | --- | |  | |  |  |  | | --- | --- | | T. Participant trends included…  **Analysis:**  **Action Plan to address Incident Reduction or Systemic patterns:**  Explain, in detail, action plans that will be taken or already taken to address incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:   |  | | --- | |  | | |

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| 1. **DATA INTERPRETATION:** |
| **DIRECTIONS**: This section includes overall data interpretation, including reasons for the performance or reasons for the overall data increases/decreases.  Include reasons why data points are/are not determined to be problematic.  Address how GERs were entered, processed, and approved. |
| 1. The overall incident Increase/Decrease is possibly due to 2. Additional actions to address the overall incident increase are/are not needed because  |  | | --- | |  |  1. Reporting of incidents to provider management, the participant, family member/legal representative (As appropriate), the Service Coordinator, CPS/APS and Law Enforcement as appropriate was completed properly and timely for of GER incidents. 2. GERs were approved properly and timely, based on the Report Date and Approve Date Columns of the Excel GER Management Summary Report, for of GER incidents. 3. Notification levels for GERs were initially completed properly for of GERs. 4. GERs were completed, based on the Event Date and Report Date Columns of the Excel GER Management Summary Report, within required timelines for of GER incidents. 5. Corrective actions, based on the Corrective Action Taken and Plan of Future Action Columns of the Excel GER Management Summary Report were taken for of GER incidents.   **Action Plan to address Incident Reduction or Systemic patterns:**  Explain, in detail, action plans that will be taken or already taken to address incidents for the participant or provider, or list why additional action plans should not be implemented to address the analysis of the incidents:   |  | | --- | |  | |

Sincerely,

Name(s) and Title(s) of person Completing Report:

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When finished, e-mail a PDF version or scan a copy of your Provider Report to: [DHHS.DDCBSQI@nebraska.gov](file:///C:\Users\eedmond\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\UX2RYX4G\DHHS.DDCBSQI@nebraska.gov)

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| --- | --- | --- |
| Quarter: | Quarter Data: | Quarterly Report Due Date: |
| 1st Quarter | January – March | April 30th |
| 2nd Quarter | April – June | July 30th |
| 3rd Quarter | July – September | October 30th |
| 4th Quarter | October - December | January 30th |