

DQA MISCONDUCT INCIDENT REPORTING (MIR) SYSTEM ENTITY USER INSTRUCTIONS

Division of Quality Assurance



**WISCONSIN DEPARTMENT
of HEALTH SERVICES**

P-02312A (03/2024)

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I. DQA MISCONDUCT INCIDENT REPORTING (MIR) SYSTEM GENERAL INSTRUCTIONS

The DQA Misconduct Incident Reporting (MIR) system is a secure, web-based system for health care providers regulated by the Division of Quality Assurance (DQA) to submit the [Alleged Nursing Home Resident Mistreatment, Neglect and Abuse Report \(F-62617\)](#) and/or the [Misconduct Incident Report \(F-62447\)](#) forms to the DQA, Office of Caregiver Quality (OCQ) as required by federal and state regulations.

Use of the MIR system to submit allegations of misconduct is required unless you are unable to access the system. In that case, reports will be accepted via email at DHSOfficeofCaregiverQuality@dhs.wisconsin.gov, fax, or postal mail.

The MIR system can be accessed at <https://dhsapps.health.wisconsin.gov/DQAReporting/wilms>.

IMPORTANT NOTES REGARDING THE MIR SYSTEM

- You may need to adjust the zoom on your browser window in order to view the entire page.
- As a security measure, if the MIR system is left idle for 20 minutes, you will be logged out. If you are logged out of the system, unsaved information will be lost. You will need to close **all browser tabs** to reopen the system.
- Once form F-62617 or F-62447 has been submitted, it can be viewed; however, it cannot be edited.

If you have any questions about submitting reports using the MIR system, email the [HelpDesk](#) or call 608-261-4400 or 866-335-2180 (toll free) for assistance.

LOGGING INTO THE MIR SYSTEM

Log into the MIR system using your Wisconsin Logon Management System (WILMS) username and password. This will take you to your entity's home page.

Instructions for registering a WILMS username with the DQA MIR system can be found on our webpage under "[DQA Misconduct Incident Reporting \(MIR\) Online System: How to Sign Up](#)." (DQA publication P-02312).

NOTE: If your WILMS account has been registered to submit misconduct reports for more than one entity, you will need to select the entity for which you are submitting a report from the home page.

MIR SYSTEM HOME PAGE

The home page will display incident reports that are saved in “draft” status. For nursing homes, the home page will also display incident reports that are awaiting the follow-up submission of the online Misconduct Incident Report (F-62447).

WISCONSIN DEPARTMENT
of HEALTH SERVICES

DQA MISCONDUCT INCIDENT REPORTS

HOME INCIDENT LOGOUT

REPORTING FORMS

Create Nursing Home Resident Mistreatment Form (F-62617)

Create Misconduct Incident Report (F-62447)

ACTIVE REPORTED INCIDENTS FOR THIS FACILITY

Incident ID	Report Type	Facility Name	Affected Person	Date Occurred	Date Submitted	Action	Date F-62447 Due	Incident Status
[REDACTED]	F-62617	[REDACTED]	[REDACTED]		01/07/2020	Complete F-62447 Follow up Report	01/14/2020	Submitted
[REDACTED]	F-62447	[REDACTED]	[REDACTED]	06/29/2019			07/05/2019	Draft

10 items per page 1 - 2 of 2 items

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NAVIGATING BETWEEN SECTIONS

Use the “next,” “save,” or “back” buttons at the bottom of the page to save your work as a draft. **Do not use the tabs at the top to navigate, as this will result in the loss of unsaved information.**

Resident Mistreatment Rep... X

Convert Select

Suggested Sites Web Slice Gallery

Page Safety Tools ?

HOME INCIDENT LOGOUT

Alleged Nursing Home Resident Mistreatment, Neglect, And Abuse Report (F-62617)

Incident ID: 1000561 Form Status: Draft

Instructions Entity Information **Summary of Incident** Brief Summary of Incident Person Preparing This Report Review

AFFECTED RESIDENTS:

Add Affected Person Information

ACCUSED:

Add Accused Person Information

* Allegation: -- Select --

DATE AND TIME DETAILS FOR THE INCIDENT:

Indicate when the incident occurred. If the exact date and time are unknown, make a reasonable estimate and indicate that the date and time are estimated.

* Is date and time when incident occurred known? -- Select --

* Date Discovered Date Discovered

Back: Entity Information Save Next: Brief Summary of the Incident

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100%

II. SUBMITTING F-62617, ALLEGED NURSING HOME RESIDENT MISTREATMENT, NEGLECT, AND ABUSE REPORT (NURSING HOMES ONLY)

From the home page, select “Create Nursing Home Resident Mistreatment Form” to reach DQA form F-62617, *Alleged Nursing Home Resident Mistreatment Report*. To navigate through to the next page, click “Create New Report.”

ENTITY INFORMATION

If you are associated with multiple facilities, review the entity page to ensure you are submitting under the correct facility. If not, change the dropdown menu to the proper facility and restart the process.

The screenshot displays the 'Entity Information' section of the 'Alleged Nursing Home Resident Mistreatment, Neglect, and Abuse Report (F-62617)' form. The form is titled 'DQA MISCONDUCT INCIDENT REPORTS' and includes a navigation bar with 'HOME', 'INCIDENT', and 'LOGOUT' options. The incident ID is 1000561 and the form status is 'Draft'. The 'Entity Information' section contains the following fields:

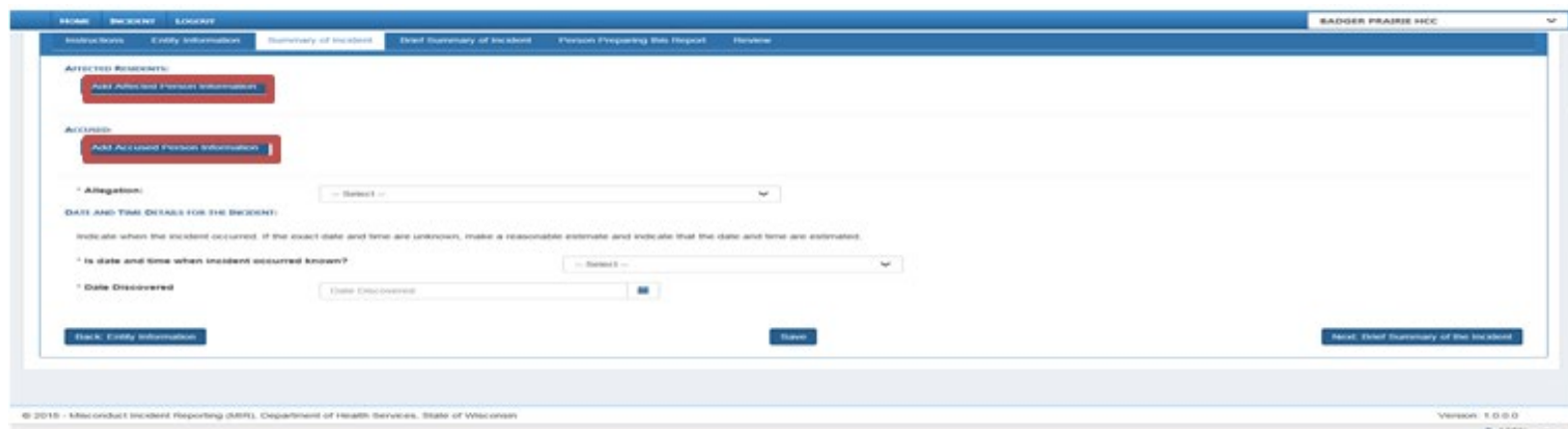
- Name - Facility or Entity: [Redacted]
- WI License, Approval, or Registration Number: [Redacted]
- Certification No.: [Redacted]
- Street Address 1: [Redacted]
- Street Address 2: [Redacted]
- City: [Redacted]
- State: [Redacted]
- ZIP Code: [Redacted]
- County: [Redacted]

Navigation buttons include 'Back: Instructions' and 'Next: Summary of Incident'. A red box highlights a dropdown menu in the top right corner of the page.

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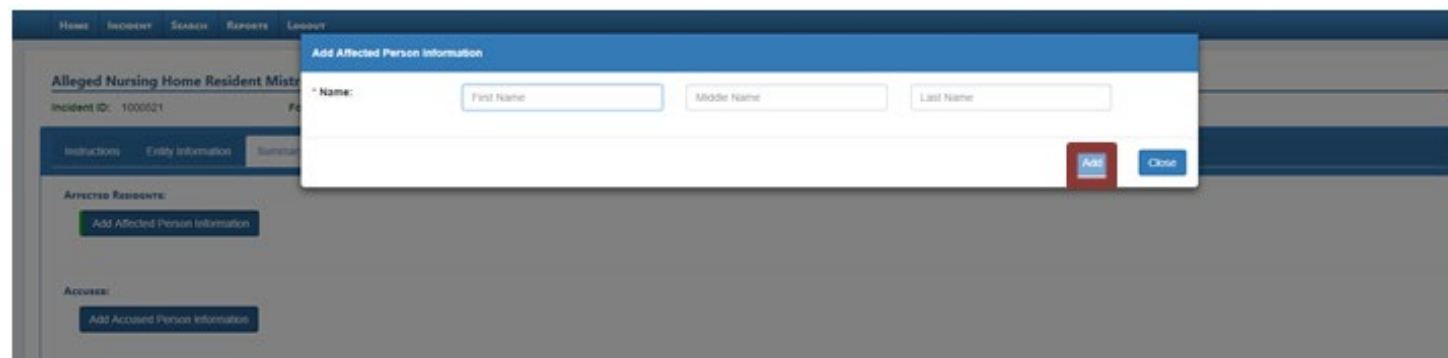
SUMMARY OF INCIDENT

This tab is used to provide information pertaining to the incident including any affected residents, accused persons, the date, time, and details of the incident. You can add multiple affected or accused persons by clicking “Add Affected Person” or “Add Accused Person” again.



The screenshot shows the 'Summary of Incident' form in the MISRI system. The form is titled 'Summary of Incident' and is part of the 'Alleged Nursing Home Resident Mistreatment' incident. The form includes sections for 'Affected Residents', 'Accused', and 'Allegation'. The 'Affected Residents' section has a red box around the 'Add Affected Person Information' button. The 'Accused' section has a red box around the 'Add Accused Person Information' button. The 'Allegation' section has a dropdown menu for 'Select --'. The 'DATE AND TIME DETAILS FOR THE INCIDENT' section includes a dropdown menu for 'Is date and time when incident occurred known?' and a text field for 'Date Discovered'. The form also has a 'Back: Entry Information' button and a 'Next: Brief Summary of the Incident' button. The footer of the form indicates '© 2019 - Misconduct Incident Reporting (MISRI), Department of Health Services, State of Wisconsin' and 'Version: 1.0.0.0'.

Once you have entered information into the “Add Affected Person Information” pop-up window, you must click “Add” to save. **Clicking on “close” will result in the loss of any information that was entered.**



The screenshot shows the 'Add Affected Person Information' pop-up window. The window has a blue header with the title 'Add Affected Person Information'. Below the header, there is a 'Name:' label followed by three text input fields: 'First Name', 'Middle Name', and 'Last Name'. At the bottom right of the window, there are two buttons: 'Add' and 'Close'. The 'Add' button is highlighted with a red box. The background of the window shows the 'Summary of Incident' form from the previous screenshot.

When you are finished, click “Next: Brief Summary of the Incident.”

BRIEF SUMMARY OF INCIDENT

Write a brief summary of the incident in the space provided. When you are finished, click “Next: Person Preparing the Report.”

PERSON PREPARING THIS REPORT

In this section, provide your name, title, and the telephone and email address at which OCQ can contact you regarding this incident.

REVIEW PAGE

In this section, complete your review of the report one last time to ensure all information is correct before submitting it.

1. Tabs that are green indicate all required information has been provided and the report is ready to be submitted to OCQ.
2. Tabs that are red indicate required information is missing and must be completed before submitting to OCQ.

Resident Mistreatment Rep. x

Convert Select

Suggested Sites Web Slice Gallery

HOME INCIDENT LOGOUT

Alleged Nursing Home Resident Mistreatment, Neglect, and Abuse Report (F-62617)

Incident ID: 1000561 Form Status: Draft

Instructions Entity Information Summary of Incident Brief Summary of Incident Person Preparing this Report Review

For any tabs in red, click on 'Edit' button

Expand all Collapse all

ENTITY INFORMATION

Name - Facility or Entity: [REDACTED]

WI License, Approval, or Registration number: [REDACTED] Certification No.: [REDACTED]

Street address 1: [REDACTED] City: [REDACTED] ZIP Code: [REDACTED]

Street address 2: [REDACTED] State: [REDACTED] County: [REDACTED]

SUMMARY OF THE INCIDENT

AFFECTED RESIDENTS:
Unknown

ACCUSED:
Unknown

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III. SUBMITTING DQA FORM F-62447, MISCONDUCT INCIDENT REPORT

For Nursing Homes Only: When you are ready to submit form F-62447 as follow-up to the related form F-62617, locate the incident related to form F-62617 previously submitted and click the link “Create F-62447 Report.” Do not click the “Create Misconduct Report” link.

Other Entity Types: Other entity types are not required to submit form F-62617. Create form F-62447 by clicking the link “Create Misconduct Incident Report (F-62447).”

The screenshot shows the user interface for the Wisconsin Department of Health Services' DQA Misconduct Incident Reports system. At the top left is the department logo. The main navigation bar includes 'HOME', 'INCIDENT', and 'LOGOUT'. Below this is a 'REPORTING FORMS' section with two links: 'Create Nursing Home Resident Mistreatment Form (F-62617)' and 'Create Misconduct Incident Report (F-62447)'. The latter is highlighted with a red box. Below the forms is a table titled 'ACTIVE REPORTED INCIDENTS FOR THIS FACILITY'. The table has columns for Incident ID, Report Type, Facility Name, Affected Person, Date Occurred, Date Submitted, Action, Date F-62447 Due, and Incident Status. Two rows are visible: one for report F-62617 (Submitted) and one for report F-62447 (Draft). The 'Action' for the F-62447 row is 'Complete F-62447 Follow up Report', which is also highlighted with a red box. At the bottom of the table are pagination controls showing '10 items per page' and '1 - 2 of 2 items'. The footer contains the copyright notice '© 2020 - Misconduct Incident Reporting (MIR), Department of Health Services, State of Wisconsin' and the version number 'Version: 2.0.0.0'.

Incident ID	Report Type	Facility Name	Affected Person	Date Occurred	Date Submitted	Action	Date F-62447 Due	Incident Status
[REDACTED]	F-62617	[REDACTED]	[REDACTED]		01/07/2020	Complete F-62447 Follow up Report	01/14/2020	Submitted
[REDACTED]	F-62447	[REDACTED]	[REDACTED]	06/29/2019			07/05/2019	Draft

INCIDENT SUMMARY

Provide a detailed summary of the incident and then click “Next: Affected Person Information.”

AFFECTED PERSON INFORMATION

Add additional affected persons discovered and edit the existing affected person information to include demographic and contact information. Once all information is entered for each additional affected person and existing affected person(s), click “Next: Accused Person Information.”

ACCUSED PERSON INFORMATION

Provide additional accused persons discovered and edit the existing accused person to include demographic and contact information. Once all information is entered for each additional accused person and existing accused person(s), click “Next: Law Enforcement Information.”

Note: If information is unknown for the accused, click the checkbox associated with unknown information.

The screenshot displays the 'Add Accused Person Information' form. The form is titled 'Add Accused Person Information' and includes the following fields and instructions:

- INSTRUCTIONS:**
 - * Complete all the required fields marked with an asterisk (*)
 - * Entries must follow the accused person that a report regarding the incident is being filed with the appropriate authority
- PLEASE CHECK IF [field] IS UNKNOWN:** (Red boxes highlight checkboxes for: First Name, Middle Name, Last Name, SSN, Telephone Number, RDN, Gender, Position or Title or Relation to affected Person, Address, Date of Birth, and Is the accused person adjudicated incompetent, under 18, or do they have an authorized Power of Attorney for Health Care?)
- Fields:** First Name, Middle Name, Last Name, SSN, Telephone Number, RDN, Gender, Position or Title or Relation to affected Person, Address (Street, City, State, ZIP Code), Date of Birth, and Is the accused person adjudicated incompetent, under 18, or do they have an authorized Power of Attorney for Health Care?
- Buttons:** Add, Close

LAW ENFORCEMENT INVOLVEMENT

If applicable, complete information regarding law enforcement involvement.

PERSONS WITH KNOWLEDGE

Add any persons with specific knowledge of the incident by clicking the “Add Person with Knowledge” button; then click “Next: Incident Attachment.”

ATTACHMENTS

Upload files that may be related to the incident such as word documents, pdf's, video, etc. Add a description of the file in the free text box and click “Upload File.” **Ensure that files being uploaded are not password protected.** Once all documents related to the case appear under “List of Documents,” move to the “Prepared By” tab.


The screenshot displays the 'Attachments' tab in the MISconduct Incident Reporting (MIR) system. The breadcrumb trail shows the current location: Entity Information > Incident Summary > Affected Person > Accused Person > Law Enforcement > Person with Knowledge > Attachments > Prepared By > Review. A blue banner at the top of the main content area reads 'ATTACH A COPY OF THE ENTITY'S INVESTIGATIVE RECORDS CONCERNING THE INCIDENT'. Below this, there are two buttons: 'Prev: Person With Knowledge' and 'Next: Person Preparing Report'. A link for 'For additional instructions CLICK HERE' is also present. The 'UPLOAD NEW DOCUMENT' section contains instructions: 'INSTRUCTIONS: Please click on 'Choose File' button to select a file and then click on 'Upload File' button to attach the file to the incident.' It features an 'Upload Document:' field with a 'Choose File' button, and a 'Description:' field with a red box around it and an 'Upload File' button. Below this is a 'LIST OF DOCUMENTS' table with columns for 'Document Name', 'Document Type', and 'Description'. The table is currently empty, with a red box around the empty rows. At the bottom of the page, there is a footer with the text '© 2018 - Misconduct Incident Reporting (MIR), Department of Health Services, State of Wisconsin' and 'Version: 1.0.0.0'.

PREPARED BY

Complete this section with your information as the person preparing this report and click “Next: Review and Submit.”

REVIEW PAGE

Review the information entered for completeness and accuracy and click “submit Incident.” Submitted reports cannot be edited or deleted.



WISCONSIN DEPARTMENT
of HEALTH SERVICES

DQA MISCONDUCT INCIDENT REPORTS

HOME INCIDENT LOGOUT

VIEW MISCONDUCT INCIDENT REPORT (F-62447)

Incident ID: 1009610 Expand all Collapse all

Incident Status: Draft

- ENTITY INFORMATION
- SUMMARY OF INCIDENT
- AFFECTED PERSON INFORMATION
- ACCUSED PERSON INFORMATION
- LAW ENFORCEMENT INVOLVEMENT
- PERSONS WITH SPECIFIC KNOWLEDGE OF THE INCIDENT
- DESCRIBE BELOW OR ATTACH A COPY OF THE ENTITY'S INVESTIGATIVE RECORDS CONCERNING THE INCIDENT
- PERSON PREPARING THIS REPORT
- FOLLOW UP QUESTIONS TO BE ASKED BY THE ENTITY

Edit Incident Submit Incident Delete Incident Print F-62447

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IV.SAVING, EDITING, AND DELETING DRAFTS

SAVING DRAFTS

In the event that a report cannot be completed in one sitting, the draft can be saved to be accessed later at any time by clicking the “Save” button at the bottom of any of the pages of both of the report forms. Once the draft has been saved, the information entered will be retained in the system and can be re-accessed at a later time.

The screenshot shows the 'LAW ENFORCEMENT INVOLVEMENT' section of a 'MISCONDUCT INCIDENT REPORT (F-62447)'. The incident ID is 1009610 and the status is Draft. The navigation bar includes: Entity Information, Incident Summary, Affected Person, Accused Person, Law Enforcement (active), Person with Knowledge, Attachments, Prepared By, and Review. The 'LAW ENFORCEMENT INVOLVEMENT' section contains the following fields and instructions:

- INSTRUCTIONS:**
 - * Complete all the required fields marked with an asterisk (*).
 - * Attach a copy of the law enforcement incident report, if available in the attachments section.
- * Was Law enforcement contacted or involved?:** A dropdown menu currently shows "-- Select --". To the right, it says: "If Yes, complete the following. Attach a copy of the law enforcement incident report, if available in the attachments section."
- Officer Name:** Three input fields for First Name, Middle Name, and Last Name.
- Department:** One input field for Department.
- Case Number:** One input field for Case Number.
- Address:** Three input fields for Enter Street Address, Address Line 2, and Telephone Number.
- City:** One input field for Enter City.
- State:** A dropdown menu currently showing "-- Select --".
- ZIP Code:** One input field for Enter ZIP code.

At the bottom of the form, there are two buttons: "Save" (highlighted with a red box) and "Cancel". Navigation buttons "Prev: Accused Person Information" and "Next: Person With Knowledge" are also present.

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EDITING DRAFTS

To re-access a report that has been saved in draft form --- from the “Home” screen, click on the number in the “Incident ID” column that corresponds with the draft you wish to edit.

WISCONSIN DEPARTMENT of HEALTH SERVICES

DQA MISCONDUCT INCIDENT REPORTS

HOME INCIDENT LOGOUT

REPORTING FORMS

Create Nursing Home Resident Mistreatment Form (F-62617)

Create Misconduct Incident Report (F-62447)

ACTIVE REPORTED INCIDENTS FOR THIS FACILITY

Incident ID	Report Type	Facility Name	Affected Person	Date Occurred	Date Submitted	Action	Date F-62447 Due	Incident Status
1009610	F-62617				01/07/2020	Complete F-62447 Follow up Report	01/14/2020	Submitted
	F-62447			06/29/2019			07/05/2019	Draft

10 items per page 1 - 2 of 2 items

Click on “Edit Incident.”

WISCONSIN DEPARTMENT of HEALTH SERVICES

DQA MISCONDUCT INCIDENT REPORTS

HOME INCIDENT LOGOUT

VIEW MISCONDUCT INCIDENT REPORT (F-62447)

Incident ID: 1009610

Incident Status: Draft

Expand all Collapse all

- ENTITY INFORMATION
- SUMMARY OF INCIDENT
- AFFECTED PERSON INFORMATION
- ACCUSED PERSON INFORMATION
- LAW ENFORCEMENT INVOLVEMENT
- PERSONS WITH SPECIFIC KNOWLEDGE OF THE INCIDENT
- DESCRIBE BELOW OR ATTACH A COPY OF THE ENTITY'S INVESTIGATIVE RECORDS CONCERNING THE INCIDENT
- PERSON PREPARING THIS REPORT
- FOLLOW UP QUESTIONS TO BE ASKED BY THE ENTITY

Edit Incident Submit Incident Delete Incident Print F-62447

DELETING DRAFTS

Once a report has been submitted, it cannot be deleted. However, a draft report can be deleted by clicking on “Delete Incident” at the bottom of the page. You will be asked by a pop-up window if you are sure you wish to delete the draft. Clicking on “Delete Report” will finalize the deletion. Drafts cannot be retrieved once they are deleted.

HOME INCIDENT LOGOUT

VIEW MISCONDUCT INCIDENT REPORT (F-62447)

Incident ID: 1009610
Incident Status: Draft

Expand all Collapse all

ENTITY INFORMATION

Facility Name:	[REDACTED]	Telephone Number:	[REDACTED]
Federal Provider or Certification Number:	[REDACTED]	State License or Registration Number:	[REDACTED]
Administrator Name:	[REDACTED]	Entity Type:	[REDACTED]
Address:	[REDACTED]	County:	[REDACTED]
City:	[REDACTED]	State:	[REDACTED]
		ZIP Code:	[REDACTED]

- SUMMARY OF INCIDENT
- AFFECTED PERSON INFORMATION
- ACCUSED PERSON INFORMATION
- LAW ENFORCEMENT INVOLVEMENT
- PERSONS WITH SPECIFIC KNOWLEDGE OF THE INCIDENT
- DESCRIBE BELOW OR ATTACH A COPY OF THE ENTITY'S INVESTIGATIVE RECORDS CONCERNING THE INCIDENT
- PERSON PREPARING THIS REPORT
- FOLLOW UP QUESTIONS TO BE ASKED BY THE ENTITY

Edit Incident Submit Incident **Delete Incident** Print F-62447

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V. SEARCHING FOR AND PRINTING PREVIOUSLY SUBMITTED REPORTS

SEARCHING FOR PREVIOUSLY SUBMITTED REPORTS

To search for a previously submitted report, select the “Incident” tab at the top of the home page and click “Search Incident.” Use the search criteria fields to find the incident you need. You must enter at least one search criteria. To view all incidents associated with your entity, select “All” next to the “Incident Status” dropdown.

WISCONSIN DEPARTMENT
of HEALTH SERVICES

DQA MISCONDUCT INCIDENT REPORTS

HOME INCIDENT LOGOUT

SEARCH MISCONDUCT INCIDENT REPORTS

CREATE NURSING HOME RESIDENT MISTREATMENT FORM (F-62617)

CREATE MISCONDUCT INCIDENT REPORT (F-62447)

SEARCH INCIDENT

INSTRUCTION
To search enter search criteria in the fields below.
To clear the search click the Clear button.

Facility Name: Facility

Accused Name: First Name Last Name

Date Discover From: Discover From

Date Discover To: Discover To

Date Occurred From: Occurred From

Date Occurred To: Occurred To

Incident ID: Incident Number

Incident Status: --Select--

Date Submitted From: Submitted From

Date Submitted To: Submitted To

Search Clear

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PRINTING PREVIOUSLY SUBMITTED REPORTS

Forms may be printed (or viewed as a PDF) by clicking on the link in the “Report Type” column, then “Print” at the bottom of that page. Attachments included with the F-62447 will be included under the “Describe Below or Attach a Copy of the Entity’s Investigative Records Concerning the Incident” section. Attachments will not automatically print when using the “Print” button. Each attachment will need to be printed separately.

HOME INCIDENT LOGOUT

VIEW MISCONDUCT INCIDENT REPORT (F-62447)

Incident ID: 1012062
Incident Status: Submitted

Expand all Collapse all

ENTITY INFORMATION

Facility Name:	[REDACTED]	Telephone Number:	[REDACTED]
Federal Provider or Certification Number:	[REDACTED]	State License or Registration Number:	[REDACTED]
Administrator Name:	[REDACTED]	Entity Type:	[REDACTED]
Address:	[REDACTED]	County:	[REDACTED]
City:	[REDACTED]	State:	[REDACTED]
		ZIP Code:	[REDACTED]

- SUMMARY OF INCIDENT
- AFFECTED PERSON INFORMATION
- ACCUSED PERSON INFORMATION
- LAW ENFORCEMENT INVOLVEMENT
- PERSONS WITH SPECIFIC KNOWLEDGE OF THE INCIDENT
- DESCRIBE BELOW OR ATTACH A COPY OF THE ENTITY'S INVESTIGATIVE RECORDS CONCERNING THE INCIDENT**
- PERSON PREPARING THIS REPORT
- FOLLOW UP QUESTIONS TO BE ASKED BY THE ENTITY

Print F-62447

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Version: 2.0.0.0