

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner




Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

HEALTHCARE QUALITY AND SAFETY BRANCH

BLAST FAX 2020-32

TO: Ambulatory Surgical Centers

FROM: Commissioner Renée D. Coleman-Mitchell, MPH 

CC: Deputy Commissioner Heather Aaron, MPH, LNHA
Barbara Cass, RN., Branch Chief, Healthcare Quality and Safety Branch
Donna Ortelle, Section Chief, Facility Licensing and Investigations Section

DATE: April 9, 2020

SUBJECT: Instructions on how to Update COVID-19 Data for ASCs

The following instructions is how to Update COVID-19 Data for Ambulatory Surgical Centers (ASCs) on the Department of Public Health's website: <https://dphflisevents.ct.gov/>



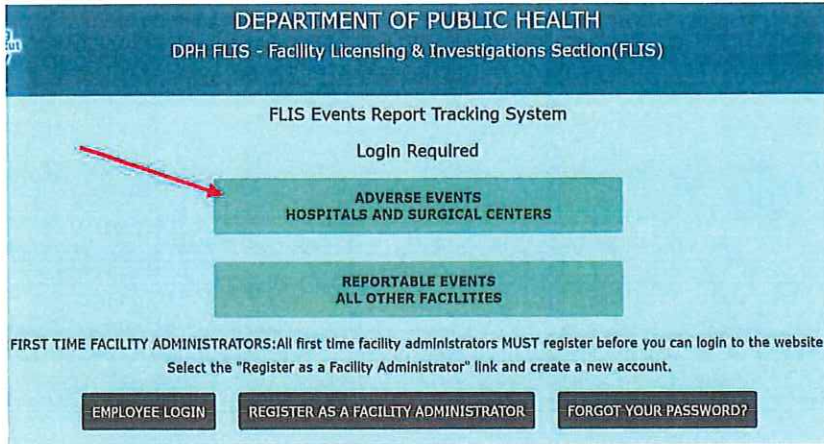
Phone: (860) 509-7400 • Fax: (860) 509-7543
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

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How to Update COVID-19 Data for Ambulatory Surgical Centers

- Go to the website at <https://dphflisevents.ct.gov/> and click on the tab “Adverse Events Hospitals and Surgical Centers”



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FLIS Events Report Tracking System

Login Required

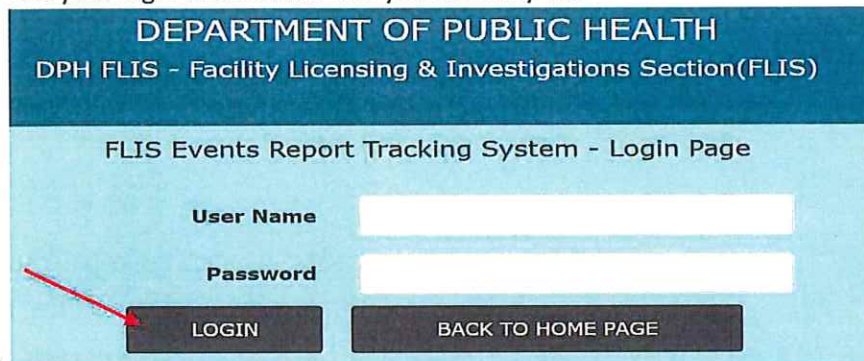
ADVERSE EVENTS
HOSPITALS AND SURGICAL CENTERS

REPORTABLE EVENTS
ALL OTHER FACILITIES

FIRST TIME FACILITY ADMINISTRATORS: All first time facility administrators MUST register before you can login to the website. Select the "Register as a Facility Administrator" link and create a new account.

EMPLOYEE LOGIN REGISTER AS A FACILITY ADMINISTRATOR FORGOT YOUR PASSWORD?

- Use your login information that you normally use



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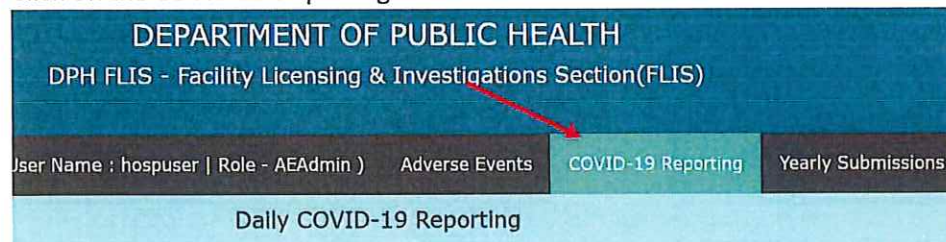
FLIS Events Report Tracking System - Login Page

User Name

Password

LOGIN BACK TO HOME PAGE

- Click on the COVID-19 Reporting tab

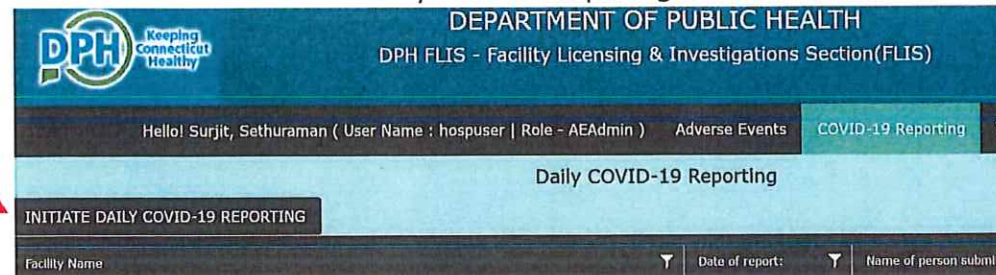


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User Name : hospuser | Role - AEAdmin) Adverse Events COVID-19 Reporting Yearly Submissions

Daily COVID-19 Reporting

- Then click on the Tab “Initiate Daily COVID-19 Reporting”



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Hello! Surjit, Sethuraman (User Name : hospuser | Role - AEAdmin) Adverse Events COVID-19 Reporting Ye

Daily COVID-19 Reporting

INITIATE DAILY COVID-19 REPORTING

Facility Name Date of report: Name of person submitti

- A screen like this will appear. Be sure to fill out all the requested data. The boxes with the * are required fields.

* - Required Field

General Information

Facility Name *

Date of report: *

Total daily census: *

Total residents hospitalized: *

Are there any issues in your facility that you would like to discuss with DPH? Yes No *

Resident Information

Do any residents currently have symptoms of fever, cough, or shortness of breath? Yes No *

Do any residents currently have pneumonia? Yes No *

- Make sure to fill out all the areas on the before clicking the submit button

Staff Information

Are there any staff in your facility with suspected or confirmed COVID-19 infections? Yes No *

