



RON CHAPMAN, MD, MPH  
Director & State Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



EDMUND G. BROWN, JR.  
Governor

February 11, 2013

AFL 13-12

TO: All Facilities

SUBJECT: New online California Healthcare Event and Reporting Tool (CalHEART)

AUTHORITY: Health and Safety Code Sections 1279.1, 1280.15, and 1288.55

This All Facilities Letter (AFL) announces the availability of the California Healthcare Event and Reporting Tool (CalHEART) for all health care facilities/providers. CalHEART is an additional mechanism to report Adverse Event (AE) and/or patient medical information (PMI) breach incidents and to view the facility's healthcare associated infection reports.

Designed to be an information exchange portal between health care facilities/providers and the California Department of Public Health (CDPH), Licensing and Certification Program (L&C), CalHEART provides a convenient and easy online interface for authorized facility/provider users to submit their AE and PMI breach incidents. In addition, authorized users can access CalHEART to view the investigation progress and outcome of their reported incidents.

The instant the authorized facility user submits an incident report via CalHEART, the information is transmitted electronically to the appropriate CDPH, L&C District Office to initiate the investigation process. In addition to the advantage of being able to access CalHEART anytime during weekdays and on weekends and receiving a confirmation of submission of the reported incident, CalHEART also provides facilities/providers with the status of all facility self-reported incidents submitted through other methods, such as mail, fax, and/or phone calls.

CalHEART also provides participating general acute care hospitals (GACHs) the ability to preview their own quarterly healthcare associated infections reports generated by the Healthcare Associated Infection Program using data reported to the Centers for Disease Control and Prevention National Healthcare Safety Network (NHSN). With the ability to preview their own quarterly-generated reports, GACHs have the opportunity to correct the data reported to the NHSN prior to the release of the annual public reports on

Central Line-Associated Bloodstream Infection, Methicillin-Resistant Staphylococcus Aureus and Vancomycin-Resistant Enterococci Bloodstream Infection, Surgical Site Infection, and Clostridium Difficile Infection.

In order to access CalHEART, the healthcare facility/provider's Operations Executive must endorse an individual or individuals as their representative(s). Please complete the attached Request for Access to CalHEART form and email the completed form, with signature, to: [healthcareport@cdph.ca.gov](mailto:healthcareport@cdph.ca.gov). Once the request is processed, an email will be sent directly to the individual(s) identifying the user ID, temporary password and detailed instructions on how to manage each unique account and access to CalHEART. The login page may be viewed at:

<https://healthcareportal.cdph.ca.gov/>

However, visitors to this web address will not be able to view pages beyond the login page without a user ID and password.

The use of CalHEART does not in any way change the current statutory requirements for health facilities to report AEs and/or PMI breach incidents. All facilities subject to these reporting requirements may continue to report these incidents directly to their local district office; CalHEART is offered only as an alternative way to report the incident to CDPH. If you have questions regarding any applicable reporting requirements for your facility type, please contact your local district office.

The implementation of CalHEART for reporting AEs and/or PMI breach incidents and viewing health associated infection reports is only the initial use of this information exchange portal. CDPH L&C plans to extend this reporting tool for future legislative mandates and/or program needs, as is reasonable and appropriate.

Questions about the security and/or other features of CalHEART should be addressed to [healthcareport@cdph.ca.gov](mailto:healthcareport@cdph.ca.gov).

Sincerely,

**Original signed by Pamela Dickfoss for**

Debby Rogers, RN, MS, FAEN  
Deputy Director  
Center for Health Care Quality

**REQUEST FOR ACCESS  
TO THE  
CALIFORNIA HEALTHCARE EVENT AND REPORTING TOOL (CalHEART)**

**A. Facility Information**

Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Facility ID: \_\_\_\_\_ Or Facility License Number: \_\_\_\_\_

**B. The following individual(s) are authorized to access CalHEART: (attach additional pages for more authorized individuals)**

Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Grant the user CalHEART access to (check all that apply):

- View HAI reports (hospitals only)
- View the facility visits and entity reported incidents reports (includes a history of all ERIs submitted by the facility)
- Report adverse events (not available for all facility types)
- Report PMI breach incidents

Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Grant the user CalHEART access to (check all that apply):

- View HAI reports (hospitals only)
- View the facility visits and entity reported incidents reports (includes a history of all ERIs submitted by the facility)
- Report adverse events (not available for all facility types)
- Report PMI breach incidents

**C. Approval**

I approve the above individual(s) to represent my facility to access CalHEART to review my facility's HAI reports, view reported incident and facility visit reports, and to report adverse event or PMI breach incidents on my behalf as checked off above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

*Scan and submit the completed request form with the signature **and** the separate completed PDF form to: [healthcareport@cdph.ca.gov](mailto:healthcareport@cdph.ca.gov)*

## Request for Access to the CalHEART System Instructions

### Section A – Facility Information

- Name of the facility/provider that will be using CalHEART
- The location of the facility/provider
- The unique facility identifier or license number assigned by Licensing and Certification

### Section B – Authorize individual(s) information

- The first name, middle initial and last name of the individual(s) that will access CalHEART.
- The authorized individual's job title
- The authorized individual's contact phone number
- The authorized individual's email address (**NOTE:** *CalHEART will email this individual directly with the unique user identifier, temporary password and instructions on how to complete the initial account setup directly*)
- The type of access the authorized individual(s) will need when using CalHEART.

### Section C - Approval

The access request form must be signed by the facility's licensee, administrator, or a facility executive authorizing the individual(s) to represent the facility/provider to use CalHEART.

*Scan and submit the completed request form with the signature **and** the separate completed PDF form to: [healthcareport@cdph.ca.gov](mailto:healthcareport@cdph.ca.gov)*

All additional questions and inquiries can be directed  
to [healthcareport@cdph.ca.gov](mailto:healthcareport@cdph.ca.gov)

