DRSi Frequently Asked Questions

- Is there a way to find out how well our MTF is reporting on a consistent basis?
  Yes. A quarterly report is sent out via the DRSi helpdesk informing users of the reporting status for their assigned duty location(s). Individuals interested in receiving a mid-report prior to the quarterly report being produced to check status of their current reporting can contact the DRSi helpdesk. This information will assist in finding out where improvements can be made dealing with reporting.

- How can I obtain a list of diseases that are considered reportable in DRSi?
  A list of Reportable Events is located on the NMCPHC website at this link: [http://www.med.navy.mil/sites/nmcphc/program-and-policy-support/drsi/Pages/default.aspx](http://www.med.navy.mil/sites/nmcphc/program-and-policy-support/drsi/Pages/default.aspx).

- How do I know what diseases are required to be reported within 24 hours in DRSi?
  Diseases annotated with asterisks on the Reportable Medical Events page are to be reported with 24 hours.

- What if I have a report that must be submitted within 24 hours and I do not have a DRSi account or I have an account and I’m having problems with the site?
  If you need to report a Medical Event, contact the DRSi helpdesk to obtain access to the site. If for some reason you have an account and you are having trouble creating a Medical Event Report, it is imperative to contact your cognizant NEPMU directly. Coast Guard reporters should contact Operational Medicine at 202-731-6485.

- I’m new to DRSi and I don’t feel quite confident on how the modules work within the system. Is there any way I can receive training?
  Yes. The DRSi helpdesk is readily available to individuals needing training on modules within DRSi. Training can be scheduled via phone or Defense Connect Online (DCO) training can be set up to train an entire MTF/group that is in need of any clarification within the system.

- I entered information in DRSi under the wrong patient and did not catch it before hitting save. What should I do to correct the problem?
  If at any time information is entered in DRSi in error for the wrong patient, you as the creator of the MER can delete the entire MER by opening the MER you created and click “Delete” at the top right corner. A box will then populate asking you to
explain the reason why the MER is being deleted from the system. Explain in detail the reason why and click “Save”. The MER that was entered in error will no longer display when you enter the patient’s SSN.

• Can I delete a patient’s profile/MER out of the system if I entered the profile/MER in error? For example: I had two patients with the last name of “Thomas”. One “Thomas” bought their child in to be seen by the doctor and I mistakenly added the child under the second “Thomas” who came in for an STD and they have no children; but I created a profile/MER for the child under the wrong “Thomas”. Can I delete this out of the system myself? No. For this type of error you will need to send an email to the DRSi helpdesk and explain why the profile/MER needs to be deleted and the case number of the MER that was created. If additional information is needed, you will receive an email or phone call from the helpdesk. If no additional information is need, once the request is processed, you will receive an email letting you know the correction was made in the system.

• I currently have a DRSi account and I moved to a new duty location. When I try to create a new MER it displays my old duty information (Reporting Unit). How do I fix this? It is a requirement for all DRSi users to contact the DRSi helpdesk when they relocate to a new duty location; as well as complete a new DD Form 2875 (dated Aug 2009) and have it endorsed by their new leadership (a Department Head or one with by direction authority or higher. Once our office receives this information, your new request will be processed and your profile will be updated accordingly.

• Why did the name of DRSi change from NDRSi to DRSi? The name change came about as a result of DRSi being adopted by all service branches. Instead of it being identified as Navy Disease Reporting System internet, we dropped “Navy” and made it Disease Reporting System internet. It is known to Air Force users as (AFDRSi), Army users as (ADRSi) and Navy and Coast Guard users as (DRSi).

• How often are upgrades and changes made to DRSi? Upgrades and changes are made to the system as we see a need to assist users with daily duties. Whenever upgrades or changes take place, users are notified via email by the helpdesk by way of email or a message will display at time of login on the DRSi homepage.

• Can I have visibility to more than one location within DRSi? Yes. If you need to report on more than one location, the helpdesk has the ability to grant visibility on
multiple locations to assist with creating or monitoring MERs at multiple locations.

- Can I access DRSi from home? No. The system is CAC enable and can only be accessed via CAC card.

- I have a few suggestions regarding DRSi that I think may help with improvement for reporting. Who do I need to contact? Please notify the DRSi helpdesk with your suggestions or corrective immediately. We are always open for suggestions from users because you use the system on a daily basis and it is our goal to ensure reporting is made easy for you at the local level to make your job easy.

- Does DRSi have the capability to pull reports? Yes. Each module within the system has an excel icon that will allow you to convert data to an excel spreadsheet. A module within the system entitled “Summary Reports” allows you to pull daily and monthly reports based on date ranges, diseases, and Reporting Units.

- I noticed DRSi is now CAC enabled, but I have a Personal Identity Verification (PIV) card instead of a CAC card. What steps do I need to take to access the site? Some military locations do not use CAC cards but instead use PIV. If you have a PIV, please contact the helpdesk immediately. The profiles of these individuals are treated differently as a result of certificate requirements.

- How often are trainings provided? The helpdesk provide Monthly Surveillance trainings the last Tuesday of every month with the exception of November and December. Trainings are held at 0900EST, 1500EST and 1700EST. CME and CNE credits are available and credits can be claimed by all registered attendees in the month of September. Please contact the helpdesk for additional information to register for CME and CNE credits.

- What if you’re interested in attending the monthly training but your work schedule doesn’t permit or your presences is needed in another meeting, or you are out of the office due to TDY or on leave. How can I find out what was briefed? All monthly trainings are recorded and are posted on the NMCPHC website the same week of training (NLT Friday). All recorded trainings and any slides presented can be found at this link:
• Is the helpdesk open 24 hours? No. Currently the helpdesk is only staffed Monday thru Friday from 0630 to 1800EST. All calls and emails are answered the next business day.

• Is there a requirement to have only one MER Recorder at each duty location? No. We highly recommend that each duty location have more than one MER Recorder at least a primary and an alternate. Having multiple MER Recorders help prevent work stoppage and medical information can be reported in the system in a timely manner.

• Can an individual obtain access to DRSi if they belonging to one branch of service but are stationed with a different branch of service (for example: I’m Navy stationed at an Army base?) Yes. All DRSi users are based on the discretion of their leadership. Leadership will identify and approve users based on their signature on the DD Form 2875 (blocks 17-28b).

• I’m the Department Head for my office; can I endorse my own SAAR form to request access to DRSi? No. Per regulations, at no time will an individual endorse their own SAAR form to request access to the site. If you are the Department Head, the individual that has by Direction Authority in your absences can endorse the form.