



Yellowstone Event System (YES)
[User Guide](#)

Powered By

RiskQual Technologies, Inc.




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The Yellowstone Event System (YES) is to be used to track all incidents/events that occur in your facility as well as any near misses or “good catches”. It will provide your risk management department with details regarding any incident/event that you document and proper follow up can be completed by department managers. If you have a question as to what is reportable or not, contact your Risk Management department.

Login

To login to YES to enter an event/incident, click on your YES desktop icon or the link/choice on your hospital web page.

The link will take you to this site: <https://risk.yellowstoneinsurance.com/HAS/Login.aspx>

The following login page will display:

[Login](#)

[View Resource/Help Docs](#)

Please enter your UserID and Password

User ID

Password

Login

You should have your Pop Up Blocker Turned Off for the YES Web Site. [Click HERE To Follow Instructions To Turn Your Pop Up Blocker OFF.](#) If you have any questions ----- Please click RiskQual Support link below to send email to support

v.=01.20.2015

THIS IS A TESTING SYSTEM ONLY ----Contact RiskQual for Password Issues and System Questions at support@riskqual.com

Enter your assigned User ID and Password

User ID: First Name.Last Initial@bcch.org

(For example: John Doe would login as **John.d@bcch.org**)

Password: last 4 of SSN

If you are a Traveler user/not employee – Login as Traveler:

User ID: TRAVELER@BCCH


Password: 1234

Problem Logging In

If you have a problem logging in or once you click LOGIN, and message states “Invalid User Name/Password”, you have not entered your correct User ID and password combination. Please check to ensure you have used the format above. If you still experience a problem, contact your IT Help Desk or Department for assistance.

IF you are exited from the login page upon entering your User ID and password, your Pop Up Blocker settings are most probably turned ON on your computer’s Internet Explorer settings.



Go to your Internet Explorer icon . Click on Tools – Pop Up Blocker – Turn OFF Pop Up Blocker. This is a temporary measure to allow you to enter your incident/event.

Go back to the link to YES system and login.

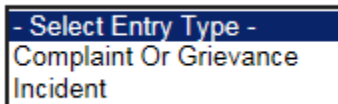
****Contact your IT department so that they can ensure that the Pop Up Blocker is turned OFF only for this YES website****

Any other questions – contact your Risk Manager/Designated YES System Administrator as advised internally by your risk management/nursing direction.

Entering a New Incident/Event

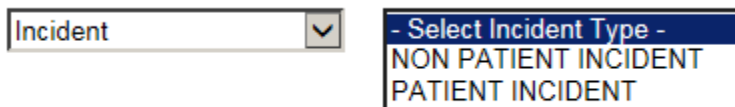
When entering an incident/event, all required questions must be answered at a minimum before you can SAVE. If you do not save your incident/event, it will not be saved automatically.

Upon Login to the system, you are presented with a selection to “Select Entry Type”



Click to select Incident to report an Incident/Event.

The following options display to the right:



PATIENT INCIDENT Crook County – Select if incident affected a Patient or if the incident you are reporting was a Near Miss/Good catch is related to a patient.

NON PATIENT INCIDENT Crook County – Select if incident affected a Non-Patient (i.e., Visitor) or if the incident you are reporting was a Near Miss/Good Catch related to a non patient or non-

person (i.e., Visitor, Volunteer, General Medication or Equipment issues, etc. not affecting or involving any patient or person).

Click to make the appropriate selection.



Click  to enter a new Incident/Event.

You will be taken to the entry screen for a Patient or Non Patient incident/event respectively based on your selection.

*** NOTE *** When entering an incident/event, all required questions must be answered at a minimum before you can SAVE. If you do not save your incident/event, it will not be saved automatically.

PATIENT Incident Entry

When selecting PATIENT Incident in the "Select Incident Type" prompt, the following sets of questions will display. Questions will include/exclude themselves according to logic built into the screens that your facility risk manager designed. Those options are reviewed in the various screenshots below.

The incident entry questions will display to the right one at a time for you to begin answering them. As you answer each question, the responses will display on the grid to the left and the Edit link will display to the right in case you need to navigate back to change your response prior to saving the incident. You can always navigate and Edit above of where you are currently answering questions.

Patient Search

Enter LAST NAME of Patient & Click SEARCH

* Required

Search

| Select Field | Value | |
|--------------|---------|---------------------------------------|
| Patient Name | patient | <input type="button" value="Search"/> |

1 (s) Records Found.

| Financial # | Med Rec Number | Patient Name | Admit Date | Disch Date |
|-------------|----------------|----------------|------------------------|------------|
| SPAT123A | SPAT123 | PATIENT, SUSIE | 12/15/2015 12:00:00 AM | |
| 1 | | | | |

Please Select a page number to view more records

Ex: IF NOT Found - click ADD PATIENT button to Add New Patient

Your facility selected NOT to do an interface of patients from your EHR system.

Enter the Last Name of the Patient and or Last Name, First Name (Last Name comma SPACE First Name) to find the patient involved in the incident and click SEARCH. A listing of patient admissions with that last name displays.

Highlight the respective patient admission associated with the incident and click to select it.

The respective patient's demographics display on the grid and system advances to the next question.

IF THE PATIENT IS NOT Found, you can click on button to add the patient demographics.

You will be taken to an Add Patient screen to add the patient to the system and then will return back to the Incident Entry screen to continue your incident entry.

*** Always SEARCH for the patient first before clicking to Add Patient in the event the patient already is in the patient repository in the system and it can be used for this new event/incident ***

Upon selection of a patient, the demographics entered for the patient display on the grid on the left for viewing as example below:

| | |
|---------------------|-------------------------|
| * Patient OrgPerID | OP00021488 |
| * Patient Name | PATIENT, SUSIE |
| Medical Record # | SPAT123 |
| Gender/Sex | FEMALE |
| Birth Date | 06/19/1970 |
| Patient Age | 45 |
| Patient Age Unit | Y |
| Admission Date | 12/15/2015 |
| Admitting Diagnosis | 924.01 CONTUSION OF HIP |

Incident Reach the patient?

Did Incident Reach The Patient?

* Required

Yes No

Prev

Next

Ex: Did Incident Reach The Patient?

If Y, the system continues to prompt you for pertinent patient incident entry questions.

If answer "Did Incident Reach Patient?" = N

| | | |
|----|-----------------------------------|---|
| 19 | * Did Incident Reach The Patient? | N |
|----|-----------------------------------|---|

System will only prompt you to answer the minimum required questions for a near-miss or good catch incident that did not occur (Incident date/time, category, code, description, etc.)

Incident Date

Date of Incident

* Required



A calendar interface for December 2015. The days of the week are labeled S, M, T, W, T, F, S. The date 18 is highlighted in a blue box. The calendar shows dates from 29 to 9.

Prev Next

Ex: Select Incident Date

Time of Incident

Time of Incident (Military)

* Required

Prev Next

Ex: Enter Time of Incident (i.e., 23:15)

| | |
|-------------------------------|-------------------|
| * Date of Incident | 12/18/2015 |
| Day Of Week | Friday |
| * Time of Incident (Military) | 15:14 |
| Shift Of Day | EVENING |

Upon entry of Date of Incident, the system will automatically populate the entry with the respective Day Of Week. Upon entry of Time of Incident, the system will automatically populate the entry with the respective Incident Time Shift Of Day.

Location of Incident

Location Of Incident

* Required

| | |
|--------------|-------------------------------------|
| ACUTE..... | (ACUTE) |
| ADMIN..... | (ADMINISTRATION) |
| AMBULANCE.. | (AMBULANCE) |
| CASEMGMT... | (CASE MANAGEMENT) |
| CENTRALSTE.. | (CENTRAL STERILE) |
| CENTRALSUP.. | (CENTRAL SUPPLY) |
| CLINICHOSP.. | (CLINIC - HOSPITAL) |
| COMMONA.... | (COMMON AREAS) |
| EDUBLDG.... | (EDUCATION BUILDING) |
| ELEVATOR... | (ELEVATOR) |
| ED..... | (EMERGENCY DEPARTMENT) |
| ENGMANT... | (ENGINEERING / MAINTENANCE) |
| ECULTC..... | (EXTENDED CARE UNIT/LTC) |
| GROUNDS.... | (GROUNDS) |
| INTRANSIT.. | (IN-TRANSIT) |
| LAB..... | (LABORATORY) |
| LABHOSP.... | (LABORATORY - HOSPITAL) |
| LAUNDRY.... | (LAUNDRY) |
| MATERIALS.. | (MATERIALS MANAGEMENT) |
| MEDREC..... | (MEDICAL RECORDS) |
| NUTRIT..... | (NUTRITION AND DIETETICS- HOSPITAL) |
| OFFPREM.... | (OFF PREMISES) |
| OR..... | (OPERATING ROOM) |
| OTHER..... | (OTHER) |
| PARKLOT.... | (PARKING LOT) |
| PATFINANCI.. | (PATIENT FINANCIAL SERVICES) |
| PATREGIST.. | (PATIENT REGISTRATION) |
| PTHOME..... | (PATIENT'S HOME) |
| PHARMACY... | (PHARMACY) |

| | |
|-------------|-----------------------|
| PHYSTHERP.. | (PHYSICAL THERAPY) |
| PHYSOFF.... | (PHYSICIAN'S OFFICE) |
| RADIOLOGY.. | (RADIOLOGY) |
| RECOVERY... | (RECOVERY ROOM) |
| RESPHER... | (RESPIRATORY THERAPY) |
| RHC..... | (RURAL HEALTH CLINIC) |
| SOCSERV.... | (SOCIAL SERVICES) |
| SURGERY.... | (SURGERY) |
| SURGICAL... | (SURGICAL AREA) |
| SWINGBED... | (SWINGBED) |
| UNKNOWN... | (UNKNOWN) |

Choose the Location where the incident occurred from the drop down.

Exact Location/Room

Exact Location/Room #

123 x

Prev

Next

Ex: Enter Room #, Bathroom, etc (Limit 100 characters)

Enter the exact location of the Incident and click Next.

Incident Category

Incident Category

* Required

| | |
|-------------|---|
| ADMIN..... | (ADMINISTRATIVE) |
| ARREST..... | (ARREST (CARDIAC/RESPIRATORY)) |
| BEHAVIOR... | (BEHAVIOR) |
| BLOOD..... | (BLOOD RELATED) |
| CONSENT.... | (CONSENT/AUTHORIZATION) |
| EQUIPMENT.. | (EQUIPMENT/MEDICAL DEVICE) |
| FALL..... | (FALLS) |
| IV..... | (IV) |
| MEDICATION. | (MEDICATION) |
| OTHER..... | (OTHER EVENTS) |
| PROPERTY... | (PROPERTY) |
| TPS..... | (TREATMENT/PROCEDURE/SPECIMEN COLLECTION) |

Incident Category displays with drop down of available selections to choose from.

Incident Sub Category

Incident Sub-Categ

* Required

| | |
|-------------|-----------------------------------|
| CONFIDENT.. | (BREACH OF CONFIDENTIALITY/HIPAA) |
| CONTRACT... | (BREACH OF CONTRACT) |
| COMMUNIC... | (COMMUNICATION) |
| CYBER..... | (CYBER SECURITY) |
| LFSFTY..... | (ENVIRONMENT OF CARE/LIFE SAFETY) |
| MISSVISIT.. | (MISSED VISIT) |
| OTHER..... | (OTHER) |
| PATRELTERM. | (PATIENT RELATIONSHIP TERMINATED) |
| THEFT..... | (THEFT) |

Incident Sub Category can be selected. The Incident Sub Categories that display on above drop down depend on the selection made in Incident Category before it.

Below are Boundary's Specific Categories & Codes (as selected by your risk management department)

ADMIN sub category

Incident Sub-Categ

* Required

| | |
|-------------|-----------------------------------|
| CONFIDENT.. | (BREACH OF CONFIDENTIALITY/HIPAA) |
| CONTRACT... | (BREACH OF CONTRACT) |
| COMMUNIC... | (COMMUNICATION) |
| CYBER..... | (CYBER SECURITY) |
| LFSFTY..... | (ENVIRONMENT OF CARE/LIFE SAFETY) |
| MISSVISIT.. | (MISSED VISIT) |
| OTHER..... | (OTHER) |
| PATRELTERM. | (PATIENT RELATIONSHIP TERMINATED) |
| THEFT..... | (THEFT) |

ARREST Sub Categories

Incident Sub-Categ

* Required

| | |
|-------------|--------------------------------------|
| CARDPULM... | (CARDIAC/PULMONARY OCCURRENCE/EVENT) |
| RESP..... | (RESPIRATORY ARREST) |
| UNEXDEATH.. | (UNEXPECTED DEATH) |

Ex: Select Sub Category of the Incident

BEHAVIOR Sub Categories

Incident Sub-Categ

* Required

| | |
|-------------|-----------------------------------|
| AMA..... | (AGAINST MEDICAL ADVICE) |
| AGGRESSION. | (AGGRESSION) |
| ASSAULT.... | (ASSAULTIVE) |
| ATTSUICIDE. | (ATTEMPTED SUICIDE) |
| AWOL..... | (AWOL/ELOPEMENT) |
| BITE..... | (BITE) |
| COMBPEER... | (COMBATIVE PEER) |
| CONTRABAND. | (CONTRABAND) |
| DANGERSELF. | (DANGER TO SELF) |
| FAMVISWSTA. | (FAMILY/VISITORS WITH STAFF) |
| HARRASS.... | (HARRASSMENT/DISCRIMINATION) |
| INJUNKORIG. | (INJURIES OF UNKNOWN ORIGIN) |
| LWBS..... | (LEFT WITHOUT BEING SEEN) |
| NEGLECT.... | (NEGLECT/ENDANGERMENT) |
| OTHER..... | (OTHER) |
| PATWFAM.... | (PATIENT WITH FAMILY) |
| PATWPAT.... | (PATIENT WITH PATIENT) |
| PATCAREG... | (PATIENT WITH PERSONAL CAREGIVER) |
| PATWPHYS... | (PATIENT WITH PHYSICIAN) |
| PATWSTAF... | (PATIENT WITH STAFF) |
| PATWVIS.... | (PATIENT WITH VISITORS) |
| PHYSFAMVIS. | (PHYSICIAN WITH FAMILY/VISITOR) |
| PHYSPAT.... | (PHYSICIAN WITH PATIENT) |
| PHYSWSTAF.. | (PHYSICIAN WITH STAFF) |
| REFUSAL.... | (REFUSAL OF CARE) |
| RESWRES.... | (RESIDENT WITH RESIDENT) |
| SELFINFLIC. | (SELF INFLICTED) |
| SEXACTING.. | (SEXUAL ACTING OUT) |
| SEXMOL..... | (SEXUAL MOLESTATION) |

| | |
|-------------|-----------------------|
| SMOKRELAT.. | (SMOKING RELATED) |
| STAFFPAT... | (STAFF WITH PATIENT) |
| STAFWSTAF.. | (STAFF WITH STAFF) |
| SUICIDE.... | (SUICIDE) |
| THREAT..... | (THREAT) |
| THREATAGG.. | (THREAT OF AGRESSION) |

BLOOD Sub Categories

Incident Sub-Categ

* Required

| | |
|-------------|----------------------------|
| ALLERGY.... | (ALLERGY/REACTION) |
| DISCGIVEN.. | (DISCONTINUED, BUT GIVEN) |
| EXTRDOSE... | (EXTRA DOSE) |
| MISDOSE.... | (MISSED DOSE) |
| OTHEQUIP... | (OTHER ISSUES / EQUIPMENT) |
| TRANSCRIPT. | (TRANSCRIPTION ERROR) |
| TRANSQUICK. | (TRANSFUSED TOO QUICKLY) |
| TRANSLOW.. | (TRANSFUSED TOO SLOWLY) |
| TRANSREAC.. | (TRANSFUSION REACTION) |
| WRGBLOOD... | (WRONG BLOOD) |
| WRGDOSE.... | (WRONG DOSE) |
| WRGLABEL... | (WRONG LABEL) |
| WRGPAT..... | (WRONG PATIENT) |
| WRGTIME.... | (WRONG TIME) |
| WRGTYPE.... | (WRONG TYPE/FILLED WRONG) |

CONSENT Sub Categories

Incident Sub-Categ

* Required

| | |
|-------------|------------------------|
| INCOMPLETE. | (INCOMPLETE CONSENT) |
| INCORRECT.. | (INCORRECT CONSENT) |
| NOFORM..... | (NO CONSENT FORM) |
| OTHER..... | (OTHER CONSENT ISSUES) |
| UNSIGNED... | (UNSIGNED CONSENT) |

EQUIPMENT Sub Categories

Incident Sub-Categ

* Required

| | |
|-------------|-----------------------------|
| BREAK..... | (BROKEN) |
| COMPUTER... | (COMPUTER/SOFTWARE RELATED) |
| CONTAMINAT. | (CONTAMINATED) |
| DMGOUTLET.. | (DAMAGED OUTLET) |
| DEFECTIVE.. | (DEFECTIVE) |
| DELIVERY... | (DELIVERY PROBLEM) |
| DISCON..... | (DISCONNECTED) |
| EXPIRED.... | (EXPIRED) |
| DEVICE..... | (IMPLANTED DEVICE) |
| INTERNET... | (INTERNET DOWN) |
| MALFUNC.... | (MALFUNCTION) |
| NOTAVAIL... | (NOT AVAILABLE) |
| OTHER..... | (OTHER) |
| SETUP..... | (SET UP) |
| STRUCK..... | (STRUCK BY) |
| UTILDISUPT. | (UTILITIES DISRUPTION) |

FALL Sub Categories

Incident Sub-Categ

* Required

| | |
|--------------|----------------------------------|
| ASSISTED... | (ASSISTED/LOWERED TO FLOOR) |
| FAINTED.... | (FAINTED) |
| FLOOR..... | (FOUND ON FLOOR) |
| BED..... | (FROM BED) |
| COMMODE.... | (FROM BEDSIDE COMMODE/TOILET) |
| CHAIR..... | (FROM CHAIR/WHEELCHAIR) |
| CRIB..... | (FROM CRIB) |
| FROM CURB.. | (FROM CURB) |
| EXERCEQUIP.. | (FROM EQUIPMENT) |
| EXAMTABLE.. | (FROM EXAM/XRAY or TABLE/GURNEY) |
| SHOWER..... | (IN SHOWER) |
| OTHER..... | (OTHER) |
| WHILEAMB... | (WHILE AMBULATING / STANDING) |

IV Sub Categories

Incident Sub-Categ

* Required

| | |
|-------------|-------------------------------|
| SWOLLEN.... | (ARM SWOLLEN) |
| BOTTLE..... | (BOTTLE/BAG NOT CHANGED) |
| CATHNCHANG. | (CATHETER NOT CHANGED) |
| DISCONNECT. | (DISCONNECTED) |
| INFILTRATE. | (INFILTRATE) |
| MISSDOSE... | (MISSED DOSE) |
| NUMBNESS... | (NUMBNESS) |
| OTHER..... | (OTHER) |
| OVERINF.... | (OVER INFUSION) |
| PUMPINFUS. | (PUMP NOT INFUSING) |
| REDSITE.... | (REDDENED SITE) |
| SAFETY..... | (SAFETY ISSUE) |
| TUBING..... | (TUBING/DRESSING NOT CHANGED) |
| UNABACC.... | (UNABLE TO ACCESS) |
| UNDERINF... | (UNDER INFUSION) |
| WRGADDIT... | (WRONG ADDITIVE) |
| WRNGLABEL.. | (WRONG LABEL) |
| WRGPAT..... | (WRONG PATIENT) |
| WRGSOL..... | (WRONG SOLUTION) |
| WRGTIM..... | (WRONG TIME) |

MEDICATION Sub Categories

Incident Sub-Categ

* Required

| | |
|-------------|--|
| ADVERREAC.. | (ADVERSE REACTION/ALLERGY) |
| CONTRAI.. | (CONTRAINDICATED) |
| CDINCCNT.. | (CONTROL DRUG - INCORRECT COUNT) |
| CDNCNDN.... | (CONTROL DRUG NARCOTIC COUNT NOT COMPLETE) |
| CDNW..... | (CONTROL DRUG NOT WASTED) |
| DISPENSING. | (DISPENSING) |
| DISTRIB.... | (DISTRIBUTION) |
| DOCUMENT.. | (DOCUMENTATION) |
| EXPIRDRUG.. | (EXPIRED DRUG) |
| EXTRDOSE.. | (EXTRA DOSE) |
| FOODINTER.. | (FOOD INTERACTION) |
| GIVENNORD.. | (GIVEN, NOT ORDERED) |
| MEDNOTAVA.. | (MEDICATION NOT AVAILABLE) |
| WASTED..... | (MEDICATION WASTED) |
| MEDINTER.. | (MEDICATION/DRUG INTERACTION) |
| MISSDOSE.. | (MISSED DOSE) |
| MONITORING. | (MONITORING) |
| OTHER..... | (OTHER) |
| PATNA..... | (PATIENT NOT AVAILABLE) |
| PRESCRIB.. | (PRESCRIBING ERROR) |
| TRANSCRIPT. | (TRANSCRIPTION ISSUE) |
| WRGDATE.... | (WRONG DATE) |
| WRGDOC..... | (WRONG DOCUMENTATION) |
| WRGDOSE.... | (WRONG DOSE) |
| WRGFRDRG.. | (WRONG FORM OF DRUG) |
| WRGLABEL.. | (WRONG LABEL) |
| WRGMED.... | (WRONG MEDICATION) |
| WRGPAT.... | (WRONG PATIENT) |
| WRGROUTE.. | (WRONG ROUTE) |

WRGTIME.... (WRONG TIME)

OTHER Sub Categories

Incident Sub-Categ

* Required

| | |
|--------------|---|
| ABDUCTION.. | (ABDUCTION) |
| BLOODBRN... | (BLOOD BORNE PATHOGEN EXPOSURE) |
| COMMUNIC... | (COMMUNICATION) |
| DOCUMNT.... | (DOCUMENTATION) |
| FIRE..... | (FIRE) |
| GENINJURY.. | (GENERAL INJURY) |
| HAZARD..... | (HAZARDOUS CONDITION) |
| NEEDLESTCK. | (NEEDLESTICK) |
| POLVIOL.... | (POLICY VIOLATIONS) |
| EXPOSURE... | (POSSIBLE EXPOSURE/EXPOSURE TO AN INFECTIOUS DISEASE) |
| PREMDISCH.. | (PREMATURE DISCHARGE) |
| REGISTRAT.. | (REGISTRATION ISSUE) |
| SAFESECUR.. | (SAFETY/SECURITY ISSUES) |
| SOFTWAREMAL. | (SOFTWARE SYSTEM MALFUNCTION) |
| VEHICLECOL. | (VEHICLE COLLISION) |

PROPERTY Sub Categories

Incident Sub-Categ

* Required

| | |
|-------------|-----------------------|
| DAMOTHER... | (DAMAGED - OTHER) |
| DAMCONT.... | (DAMAGED CONTACTS) |
| DAMDENT.... | (DAMAGED DENTURES) |
| DAMGLAS.... | (DAMAGED GLASSES) |
| DAMHEAR.... | (DAMAGED HEARING AID) |
| DAMJEW.... | (DAMAGED JEWELRY) |
| MISOTHER... | (MISSING - OTHER) |
| MISCONT.... | (MISSING CONTACTS) |
| MISDENT.... | (MISSING DENTURES) |
| MISGLASS... | (MISSING GLASSES) |
| MISHEAR.... | (MISSING HEARING AID) |
| MISJEWEL... | (MISSING JEWELRY) |
| MISMONEY... | (MISSING MONEY) |
| STOLEN.... | (STOLEN PROPERTY) |

TPS – Treatment/Procedure/Specimen Collection Sub Categories

Incident Sub-Categ

* Required

| | |
|-------------|--|
| ADVREACT... | (ADVERSE REACTION) |
| ASEPTICNF.. | (ASEPTIC TECHNIQUE NOT FOLLOWED) |
| CANCELLED.. | (CANCELLED) |
| CLERERROR.. | (CLERICAL ERROR) |
| COMPLICATI. | (COMPLICATION) |
| CONDCHANG.. | (CONDITION CHANGE - PROVIDER NOT NOTIFIED) |
| DECUB..... | (DECUBITUS - FACILITY ACQUIRED) |
| DELAY..... | (DELAYED) |
| DISLODGED.. | (DISLODGED) |
| DOCUMT..... | (DOCUMENTATION) |
| FORBODY... | (FOREIGN BODY RETENTION) |
| IMPROPUSE.. | (IMPROPER USE) |
| IMPPERF.... | (IMPROPERLY PERFORMED) |
| INAPPROC... | (INAPPROPRIATE PROCEDURE/TREATMENT) |
| INCOMPLETE. | (INCOMPLETE) |
| INFECTION.. | (INFECTION - FACILITY ACQUIRED) |
| MISDIAG.... | (MISDIAGNOSIS) |
| NONCOMP.... | (NON COMPLIANCE) |
| NOORDENTRY. | (NOT ENTERED IN ORDER ENTRY) |
| NOTORDERED. | (NOT ORDERED) |
| OMISSION... | (OMISSION) |
| ORDERND.... | (ORDERED NOT DONE) |
| OTHER..... | (OTHER) |
| PATPULLED.. | (PATIENT PULLED OUT) |
| POLPROC.... | (POLICY OR PROCEDURE ISSUE) |
| PREPPROBL.. | (PREP PROBLEM) |
| NOTAVAILAB. | (PROVIDER NOT AVAILABLE) |
| REPORTWD... | (REPORT TO WRONG MD/PROVIDER) |
| RESULTSINC. | (RESULTS INCORRECTLY REPORTED) |

| | |
|-------------|---|
| SPECINLABL. | (SPECIMEN LABEL ISSUE) |
| SPECLOST... | (SPECIMEN LOST) |
| SPECWRCNT. | (SPECIMEN WRONG CONTAINER) |
| SYSTEMS.... | (SYSTEMS) |
| TUBEFEED... | (TUBEFEEDING ISSUES) |
| UNMINSCNT.. | (UNMATCHED COUNT-INSTRUMENT) |
| UNMSHRPCNT. | (UNMATCHED COUNT-SHARP) |
| UNMSPNGCNT. | (UNMATCHED COUNT-SPONGE) |
| UNPLANNED.. | (UNPLANNED REMOVAL/REPAIR OF BODY PART) |
| RETURNOR... | (UNPLANNED RETURN TO OR) |
| UNPLANSURG. | (UNPLANNED SURGICAL INTERVENTION) |
| UNPLANTRAN. | (UNPLANNED TRANSFER) |
| WRGPATIENT. | (WRONG PATIENT) |
| WRGSITE.... | (WRONG SITE) |
| WRGTIME.... | (WRONG TIME) |
| WRGTREAT... | (WRONG TREATMENT/PROCEDURE) |

Incident Description

Brief Description Of Incident

* Required

Patient fell from chair while attempting to stand

Prev

Next

Ex: Enter brief description of the incident (include any injury)

Description of the Incident can be entered. You can enter unlimited number of characters for the description.

Treatment/Proc Performed

Treatment/Proc Performed

Prev

Next

Ex: Descr of Treatment/Procedure Performed

Physician Notified?

Physician Notified?

* Required

Yes No

Prev

Next

Ex: Was Physician Notified of the Incident?

Click Yes or No To Answer

If Physician was notified = Y:

Physician Notified Search

Physician Notified SEARCH

| | | |
|-------------|-----------------------|--------|
| M7205..... | (Botkin, Gregory) | |
| BOTKIN0001. | (Botkin, Gregory T) | |
| M8280..... | (Dant, Eric) | |
| M8054..... | (DeHaven, Charlene) | Of The |
| M8720..... | (Dickens, Tricia) | |
| M8754..... | (Friesen, John) | |
| M8663..... | (Garwick, Jennifer) | |
| M8544..... | (Geyman, Troy) | |
| M6718..... | (Gramyk, Kenneth) | |
| M5577..... | (Lucero, Ernest) | |
| M3755..... | (Melendez, Michael) | |
| M7989..... | (Newhouse, Chuck) | |
| PHYTEST3818 | (Physician, Testing) | |
| M8667..... | (REINHARDT, LIGEIA) | |
| M5928..... | (Rumore, Paul) | |
| M8160..... | (wheeler, william) | |
| M9300..... | (willis, Henry) | |
| WILLIS0001. | (willis, Henry S) | |
| M8025..... | (worden, Wm. Lamont) | |
| M8511..... | (Yost, Robert) | |

Physician Search question displays.

Enter the Last Name of the Physician and click SEARCH. A listing of active physicians for your facility displays.

Highlight the respective physician and click to select it.

Physicians can be maintained manually within the system by Risk Management Department.

IF YOU DO NOT find a particular physician, notify your Risk Management Department so they can add that physician to the system

Date Physician Notified
Date Physician Notified



A calendar interface for December 2015. The days of the week are labeled S, M, T, W, T, F, S. The date 18 is highlighted in blue. The calendar shows dates from 29 to 9.

Prev Next

Ex: Select Date Physician Was Notified

Date Physician was notified question displays for entry

Time Physician Notified
Time Physician Notified (Military)

Prev Next

Ex: Enter Time Physician Was Notified (i.e., 23:00)

Time Physician Notified question displays for entry

If Physician Notified? N

Supervisor Notified?

Supervisor Notified?

* Required

Yes No

Prev

Next

Ex: Was Supervisor Notified Of Incident?

If Y, Supervisor questions display for entry:

Supervisor Notified Search

Supervisor Notified Search

* Required

Search

Select Field

Value

Employee Name

Search

1 (s) Records Found.

| Org/Person ID | Employee Name | Empl Num | Dept |
|---------------|----------------|----------|------|
| MEMP21 | Employee, Mary | MEMP21 | |
| 1 | | | |

Please Select a page number to view more records

Prev

Next

Ex: Enter Supervisor LAST Name and Click SEARCH

Supervisor Notified Search – displays for selection of a supervisor if one was notified of the Occurrence. Enter the Last Name of Supervisor (Employee) and click SEARCH.

A listing of active employees with that last name display. Highlight the respective employee and clicks to select.

As with Patients and Physicians, there is a data feed from your respective HR system of all your active Employees on an ongoing basis so that all active employees are in the YES system. If you do not find a particular employee, please check with Risk Management/Nursing Direction.

Date Supervisor Notified

Date Supervisor Notified



A calendar interface for December 2015. The header shows the month and year, with navigation arrows. The days of the week are listed in a row. The dates are arranged in a grid. The date 18 is highlighted in blue, indicating it is the selected date.

| December 2015 | | | | | | |
|---------------|----|----|----|----|----|----|
| S | M | T | W | T | F | S |
| 29 | 30 | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Prev

Next

Ex: Select Date Supervisor Was Notified

Date Supervisor Was Notified can be selected

Time supervisor Notified

Time Supervisor Notified (Military)

 x

Prev

Next

Ex: Enter Time Supervisor Notified (HH:MM)

Time Supervisor was notified can be entered

Others Notified

Other(s) Notified

Prev

Next

Ex: Describe Other(s) Notified of the Incident

If Others were notified of the Incident, you can enter their name(s).

Injury Involved?

Was An Injury Involved?

* Required

Yes No

Prev

Next

Ex: Was An Injury Involved?

User answers Y or N to above.

Type of Injury

Injury Type

* Required

| | |
|-------------|-------------------------------|
| ABRASION... | (ABRASION) |
| ALTEREDSTA. | (ALTERED STATE (OXYGENATION)) |
| BLISTER.... | (BLISTER) |
| BOWELPERF.. | (BOWEL PERFORATED) |
| BRUISE..... | (BRUISE) |
| BURN..... | (BURN) |
| CARDRESP... | (CARDIAC/RESPIRATORY ARREST) |
| COMPARSYND. | (COMPARTMENT SYNDROME) |
| CONTRACTUR. | (CONTRACTURE) |
| CONTUSION.. | (CONTUSION) |
| CRUSH..... | (CRUSH INJURY) |
| DAMAGTEET.. | (DAMAGED TEETH) |
| DEATH..... | (DEATH) |
| DECUBITUS.. | (DECUBITUS) |
| DISLOCAT... | (DISLOCATION) |
| ELECSHOCK.. | (ELECTRICAL SHOCK) |
| EMOTDISTR.. | (EMOTIONAL DISTRESS) |
| EXACERBATE. | (EXACERBATION OF CONDITION) |
| FRACTURE... | (FRACTURE) |
| HEMATOMA... | (HEMATOMA) |
| HEMORRAG... | (HEMORRHAGE) |
| HYPERGLYC.. | (HYPERGLYCEMIA) |
| HYPERTEN... | (HYPERTENSION) |
| HYPOCLYCEM. | (HYPOGLYCEMIA) |
| HYPOTEN.... | (HYPOTENSION) |
| HYPOTHERM.. | (HYPOTHERMIA) |
| HYPOXIA.... | (HYPOXIA) |
| INFECT..... | (INFECTION) |
| ITCHING.... | (ITCHING) |

| | |
|-------------|-------------------------------|
| LACERATION. | (LACERATION) |
| NEURODEFIC. | (NEUROLOGICAL DEFICIT) |
| NONE..... | (NONE) |
| NA..... | (NOT APPLICABLE) |
| OTHER..... | (OTHER) |
| PARALYSIS.. | (PARALYSIS) |
| PERFORAT... | (PERFORATION) |
| PUNCWND.... | (PUNCTURE WOUND) |
| RASHHIVE... | (RASH/HIVES) |
| REDNESS.... | (REDNESS) |
| SKIN..... | (SKIN INJURY) |
| SKINTEAR... | (SKIN TEAR (NOT SKIN INJURY)) |
| STRSPR..... | (STRAIN/SPRAIN) |
| SWELLING... | (SWELLING TO AREA) |
| UNKNOWN.... | (UNKNOWN) |

Select primary injury sustained as a result of the incident.

Family Aware/Notified?

Family Aware/Notified?

* Required

Yes No

Prev

Next

Ex: Was the family aware/notified of the incident? (Y/N)

Select whether Family Is Aware of the event/incident

Patient Aware?

Patient Aware?

* Required

Yes No

Prev

Next

Ex: Is Patient Aware Of Event?

Select whether Patient Is Aware of the event?

Reporter's Information

| | |
|-------------------------------------|-------------------------------------|
| Reported Date | 6/8/2022 |
| Reported By Type | USER |
| Reported/Entered By | WEB3818MGR |
| Reporter Name | WEB 3818 DEPT MANAGER-BOUNDARY TEST |
| * Date Incident/Event Rprt Received | 6/8/2022 |
| Duplicate? | N |

The Reporters information displays automatically on the grid on the left with User ID, User Name, Reported Date and Received Date populate with today's date/time.

If Category is NOT Medication or IV

IF the Incident Category is NOT MEDICATION or IV, following question displays:

Was Incident Witnessed?

* Required

Yes No

Prev

Next

Ex: Was Incident Witnessed?

Click Yes Or No To Answer

Select if the Incident Was Witnessed.

Select Witness Type

* Required

| | |
|-------------|--------------------------------|
| CHILD..... | (CHILD (DAYCARE)) |
| EMPLOYEE... | (EMPLOYEE) |
| FAMILY..... | (FAMILY) |
| FITNESSCNT. | (FITNESS CENTER MEMBER) |
| GOVERNMENT. | (GOVERNMENT REGULATORT AGENCY) |
| OTHER..... | (OTHER) |
| PATIENT.... | (PATIENT) |
| PHYSICIAN.. | (PHYSICIAN/PROVIDER) |
| CAREGIVER.. | (PT. CARE GIVER) |
| STUDENT.... | (STUDENT) |
| VISITOR.... | (VISITOR) |
| VOLUNTEER.. | (VOLUNTEER) |

If Event Witnessed was answered Y – the witness related questions display for entry for the main witness involved in the event – See WITNESS section later on in the document.

Were Other Individuals Involved?

* Required

Yes No

Prev

Next

Ex: Were Other Individuals Involved In The Event?

i.e., Physician, Other Patient or Person, Employee

IF answer to above is Y, additional Party Involved questions will display for user to answer. See INDIVIDUALS INVOLVED section below in this document.

Save Your Incident

At the end of the questions to be displayed for that type of event being entered, user is advised to Preview their work prior to saving by clicking PrevPage to move back through the entries and can make any modifications by clicking on the respective row to modify.

Preview your work prior to saving by clicking on PrevPage. Click SAVE at the top left corner when ready to SAVE.

Click  button at the top left corner of the Grid when ready to save the event.

Once SAVE is clicked, the initial event details will be saved and displayed per example below:

| Num | Question | Response | |
|--|---|-----------------------------|----------------------|
| 1 | * Group # | 38 | |
| 2 | Event Number | 38182015000001 | |
| 3 | Master Event Number | 38182015000001 | |
| 4 | Facility | 18 | |
| 5 | Facility Name | BOUNDARY COMMUNITY HOSPITAL | |
| PATIENT INFO DETAILS | | | |
| 7 | * Type of Person | PATIENT | |
| 8 | * Enter LAST NAME of Patient & Click SEARCH | SPAT123A | Edit |
| 9 | * Patient OrgPerID | OP00021488 | |
| 10 | * Patient Name | PATIENT, SUSIE | |
| 11 | Medical Record # | SPAT123 | |
| 12 | Gender/Sex | FEMALE | |
| 13 | Birth Date | 06/19/1970 | |
| 14 | Patient Age | 45 | |
| 15 | Patient Age Unit | Y | |
| 16 | Admission Date | 12/15/2015 | |
| 17 | Admitting Diagnosis | 924.01 CONTUSION OF HIP | |
| INCIDENT DETAILS | | | |
| 19 | * Did Incident Reach The Patient? | Y | Edit |
| 20 | Near Miss - NO | N | |
| 21 | * Date of Incident | 12/18/2015 | Edit |
| 22 | Day Of Week | Friday | |
| 23 | * Time of Incident (Military) | 15:14 | Edit |
| 24 | Shift Of Day | EVENING | |
| 25 | * Location Of Incident | CLINICHOSP | Edit |
| 26 | Exact Location/Room # | 123 | Edit |
| 27 | * Incident Category | FALLS | Edit |
| 28 | Incident Category Desc | FALLS | |
| 29 | * Incident Sub-Categ | CHAIR | Edit |
| 30 | Incident Sub-Categ Desc | FROM CHAIR/WHEELCHAIR | |
| < Prev. Page Next Page > | | | |
| * Required fields View Reference Docs | | | |

Entry Type: PATIENT Incident (VIEW)

Thank You for Reporting.. Your Event Entry Has Been Submitted

| Additional Incident Info |
|---|
| Add |
| Click Here to add Additional Witnesses Click Here to add Follow Up |

The options on the right will only display if user answered Y to Parties Involved or Y to Witnesses within the main entry questions. It will allow the user to add any Additional Witnesses, Additional Parties Involved in the Event, if any.

You can click on the respective option under “Additional Event Info” to add the additional information for the event, if applies.

IF ADMIN is the Incident Category

Basic questions display and Injury Type question sets itself to N so user does not need to answer:

| INJURY DETAILS | |
|---------------------------|----------|
| * Was An Injury Involved? | Y |
| * Injury Type | HYPERTEN |
| * Family Aware/Notified? | Y |
| * Patient Aware? | Y |

IF BEHAVIOR is the Incident Category

Additional Questions asked:

Was Police Called?

* Required

Yes No

Prev

Next

Ex: Was Police Called?

Was Child/Adult Protective Services Called?

* Required

Yes No

Prev

Next

Ex: Was Child/Adult Protective Services Called?

Click Yes Or No To Answer

Patient/Person Secluded?

* Required

Yes No

Prev

Next

Ex: Patient/Person Secluded?

Patient/Person Restrained?

* Required

Yes No

Prev

Next

Ex: Patient/Person Restrained?

If Patient/Person Restrained = Y, following question also displays:

Type Of Restraint

| |
|---------------------------|
| CHEMICAL . . . (CHEMICAL) |
| MECHANICAL . (MECHANICAL) |
| PHYSICAL . . . (PHYSICAL) |

Ex: Select Type of Restraint

IF CONSENT is the Incident Category

Basic questions display and Injury Type question sets itself to N so user does not need to answer:

| INJURY DETAILS | |
|---------------------------|----------|
| * Was An Injury Involved? | Y |
| * Injury Type | HYPERTEN |
| * Family Aware/Notified? | Y |
| * Patient Aware? | Y |

IF EQUIPMENT is the Incident Category

Additional questions can display for user to enter more information:

Select Equipment/Device

* Required

| | |
|--------------|-------------------------------------|
| ANES..... | (ANESTHESIA EQUIPMENT) |
| BATHTUB.... | (BATHTUB) |
| BED..... | (BED) |
| BIPAP..... | (BIPAP) |
| CATH..... | (CATHETER) |
| COMMODE.... | (COMMODE) |
| COMPUTER... | (COMPUTER RELATED EQUIPMENT) |
| DIAGNOSTIC.. | (DIAGNOSTIC EQUIPMENT) |
| DRAIN..... | (DRAIN) |
| EKG..... | (EKG MACHINE) |
| ENGINEER... | (ENGINEERING/MAINTENANCE EQUIPMENT) |
| HEATPAD.... | (HEATING PAD) |
| INTUBATION.. | (INTUBATION EQUIPMENT) |
| IV..... | (IV EQUIPMENT) |
| KITCHEN.... | (KITCHEN EQUIPMENT) |
| LAB..... | (LAB EQUIPMENT) |
| MONITOR.... | (MONITOR) |
| MRI..... | (MRI) |
| OT..... | (OCCUPATIONAL THERAPY EQUIPMENT) |
| OTHER..... | (OTHER) |
| LIFT..... | (PATIENT LIFT) |
| PT..... | (PHYSICAL THERAPY EQUIPMENT) |
| RADIOLOGY.. | (RADIOLOGY EQUIPMENT) |
| RT..... | (RESPIRATORY THERAPY EQUIPMENT) |
| RESTR..... | (RESTRAINT) |
| ROLCH..... | (ROLLING STOOL/CHAIR) |
| SCALE..... | (SCALE) |
| SCOPE..... | (SCOPE) |
| STRETCHER.. | (STRETCHER) |
| | |
| SUCTION.... | (SUCTION) |
| VENT..... | (VENTILATOR) |
| XRAY..... | (XRAY) |

Model Number

 x

Ex: Enter Model Number

Brand Name

 x

Ex: Enter Brand Name

Serial Number

 x

Ex: Enter Serial Number

Equip/Device Tagged?

Yes No

Prev

Next

Ex: Was Equipment Tagged as defective?

Taken Out Of Service?

Yes No

Prev

Next

Ex: Was Equipment Taken Out Of Service?

Biomed Contacted?

Yes No

Prev

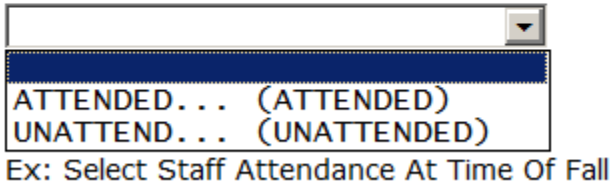
Next

Ex: Was Biomed Contacted After Equipment/Issue?

IF FALL is the Incident Category

Additional questions can display for user to enter more information:

Staff Attended



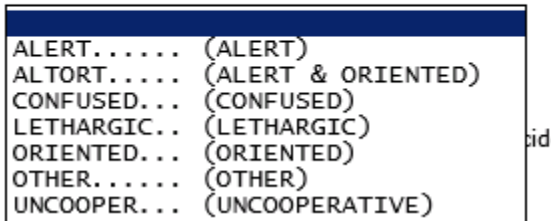
ATTENDED... (ATTENDED)
UNATTEND... (UNATTENDED)

Ex: Select Staff Attendance At Time Of Fall

Select staff attendance details for the Occurrence.

Patient Status Prior To Incident

* Required

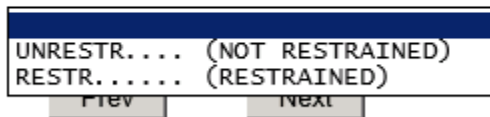


ALERT..... (ALERT)
ALTORT..... (ALERT & ORIENTED)
CONFUSED... (CONFUSED)
LETHARGIC.. (LETHARGIC)
ORIENTED... (ORIENTED)
OTHER..... (OTHER)
UNCOOPER... (UNCOOPERATIVE)

Ex: Select Status of the patient prior to the Incident

Select Status of the patient prior to the Incident

Restraints In Place



UNRESTR.... (NOT RESTRAINED)
RESTR..... (RESTRAINED)

Ex: Select Restraints In Place

Select restraints information.

Bed Rail Level

| | |
|-----------|----------------------------|
| UP..... | (ALL SIDERAILS UP) |
| LUP..... | (LOWER SIDE RAILS UP ONLY) |
| NA..... | (NA) |
| DOWN..... | (SIDERAILS DOWN) |
| UUP..... | (UPPER SIDE RAILS UP) |

Select Bed Rail Level if applies

Bed/Chair Alarm ?

| | |
|-------------|--------------------|
| BEDALARM... | (BED ALARM USED) |
| CHRALARM... | (CHAIR ALARM USED) |
| NA..... | (NOT APPLICABLE) |
| NOTAVAIL... | (NOT AVAILABLE) |
| NOTUSED.... | (NOT USED) |
| USED..... | (USED) |

Select Bed/Chair Alarm if applicable

Patient on Fall Precautions?

* Required

Yes No

Prev

Next

Ex: Click Yes or No To Answer

Select Y or N to note if Patient Was On Fall Precautions?

Change Made to Plan of Care?

Yes No

Ex:

Main Environmental Factor

| | |
|-------------|--------------------------|
| ALARMNON... | (ALARM NOT ON) |
| ALARM..... | (ALARM NOT WORKING) |
| CALLBELL... | (CALL BELL NOT WORKING) |
| CALLOOR.... | (CALL BELL OUT OF REACH) |
| LIGHINSUF.. | (LIGHTING INSUFFICIENT) |
| NONE..... | (NONE) |
| OTHER..... | (OTHER) |
| UNESURF... | (UNEVEN SURFACE) |
| WETSLIP.... | (WET/SLIPPER FLOOR) |

Select main environmental factor that may have contributed to the fall.

IF MEDICATION/IV is the Incident Category

The Medication Involved questions will be included in the main event entry

Enter Name Of Medication/IV Ordered

* Required

Ex: Enter Name of Medication or IV Solution Ordered

Enter Medication/IV Solution Administered Name

* Required

Prev

Next

Ex: Enter Medication/IV Solution Administered Name

Route in which Medication was Ordered

| | |
|-------------|-----------------------------|
| SUBLING.... | (administered sublingually) |
| NASAL..... | (Applied nasally) |
| RECTAL..... | (Applied rectally) |
| IM..... | (Intramuscular) |
| INTRATHEC.. | (Intrathecally) |
| IV..... | (Intravenous) |
| ORAL..... | (oral) |
| SUBQ..... | (Sub cutaneous) |
| TOPICAL.... | (Topical application) |

Dose/Amount Ordered

Prev

Next

Ex: Enter Dose/Amount Ordered (i.e., 100mg)

Dose/Amount Administered

200cc x

Prev

Next

Ex: Enter Dose/Amount Administered

Route Given

| | |
|-------------|-----------------------------|
| SUBLING.... | (administered sublingually) |
| NASAL..... | (Applied nasally) |
| RECTAL..... | (Applied rectally) |
| IM..... | (Intramuscular) |
| INTRATHEC.. | (Intrathecally) |
| IV..... | (Intravenous) |
| ORAL..... | (Oral) |
| SUBQ..... | (Sub Cutaneous) |
| TOPICAL.... | (Topical application) |

Med Severity

| | |
|--------|---|
| F..... | (An error occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization) |
| E..... | (An error occurred that may have contributed to or resulted in temporary harm to the patient and required intervention) |
| I..... | (An error occurred that may have contributed to or resulted in the patient's death) |
| G..... | (An error occurred that may have contributed to or resulted in permanent patient harm) |
| D..... | (An error occurred that reached the patient and required monitoring to confirm that it resulted in no harm to the patient and/or required intervention to preclude harm) |
| C..... | (An error occurred that reached the patient but did not cause patient harm) |
| H..... | (An error occurred that required intervention to sustain life) |
| B..... | (An error occurred, but the error did not reach the patient (An "error" of omission" does reach the patient) |
| A..... | (Circumstances or events that have the capacity to cause error) |

If Category = MEDICATION AND Sub Category = ADVERSE REACTION

Additional question displays for entry:

Select Level Of Adverse Reaction

* Required

| | |
|-------------|---|
| CARDIOVAS.. | (Cardiovascular Related Issues) |
| MENTALSTAT. | (Change in Mental Status) |
| GASTROINTE. | (Gastrointestinal Related Issues) |
| HEMATOLOGI. | (Hematologic Related Issues) |
| KNOWNALL... | (Known Allergy) |
| NEUROLOGIC. | (Neurological Related Issues) |
| NONE..... | (No Reaction Noted) |
| OTHER..... | (Other Related Issues, i.e., fever, renal, metabolic imbalance, etc.) |
| RESPIRATOR. | (Respiratory Related Issues) |
| SKIN..... | (skin Related Issues) |

Level 1 through 6 will be included in Lookup

If OTHER or PROPERTY/SECURITY is the Incident Category

Only standard questions display depending on Did Incident Reached Patient – Y or N

If TPS is the Incident Category

Additional question displays for entry:

Treatment/Proc Performed

Prev

Next

Ex: Descr of Treatment/Procedure Performed

IF WITNESSES = Y

Additional Witness Questions will display for user to enter

Select Witness Type

| | | |
|--------------------|--------------------------------|--------|
| CHILD..... | (CHILD (DAYCARE)) | |
| EMPLOYEE... | (EMPLOYEE) | |
| FAMILY..... | (FAMILY) | |
| FITNESSCNT. | (FITNESS CENTER MEMBER) | |
| GOVERNMENT. | (GOVERNMENT REGULATORT AGENCY) | |
| OTHER..... | (OTHER) | Other) |
| PATIENT.... | (PATIENT) | |
| PHYSICIAN.. | (PHYSICIAN/PROVIDER) | |
| CAREGIVER.. | (PT. CARE GIVER) | |
| STUDENT.... | (STUDENT) | |
| VISITOR.... | (VISITOR) | |
| VOLUNTEER.. | (VOLUNTEER) | |

User selects Witness' type of person.

Upon selection of EMPLOYEE, PHYSICIAN, or PATIENT above, the respective Search question displays for you to search for that type of person, select, displays the name and continue as in example below:

| | |
|-----------------------|--------------------------|
| * Select Witness Type | EMPLOYEE |
| * Employee Search | EMP3827 |
| Phys/Empl/Pat Name | EMPLOYEE, TESTING |

Upon selection of any other type of person above, you will be prompted to enter the Witness First and Last Name

Enter Witness First Name

* Required

Ex: Enter Witness First Name

Witness Last Name

* Required

Ex: Witness Last Name

IF OTHER INDIVIDUALS/PARTIES INVOLVED = Y

User selects if any other parties were directly involved in the event (i.e., physician, employee, other patient, etc.)

If Other Parties Directly Involved is Y – the other parties directly involved questions display for user to answer and document the other party directly involved in the event.

Party Person Type

* Required

| | |
|-------------|----------------------|
| EMPLOYEE... | (EMPLOYEE) |
| OTHER..... | (OTHER) |
| PATIENT.... | (PATIENT) |
| PHYSICIAN.. | (PHYSICIAN/PROVIDER) |
| VISITOR.... | (VISITOR) |
| VOLUNTEER.. | (VOLUNTEER) |

d in the accident

Select the type of person of the party directly involved in the event.

Upon selection of EMPLOYEE, PHYSICIAN, or PATIENT above, the respective Search question displays for user to search for that type of person. Once selected, the name displays and continue as in example below:

Physician Party Involved Search

* Required

Search

| | | |
|-------------------|-------|--------|
| Select Field | Value | |
| Pract/Phys Name ▾ | p | Search |

1 (s) Records Found.

| Practitioner ID | Pract/Phys Name | Clin Dept |
|-----------------|--------------------|-----------|
| PHYTEST3818 | Physician, Testing | |
| 1 | | |

Please Select a page number to view more records

| | |
|------|------|
| Prev | Next |
|------|------|

Ex: Enter Physician LASTNAME, FIRSTNAME To Search

Describe Other Party's Involvement

* Required

Prev

Next

Ex: Enter Description of Party/Person's Involvement

At the end of the questions for the Incident entry, once user saves the incident additional choices for data entry may display or not depending on the particular data entered for that incident.

IF Incident Category selected was MEDICATION, IVPERIP or IVCENT – you can enter additional medications involved, if apply to the right under Additional Event Info “Click Here to add Additional Medication Involved”

IF Incident Category selected was EQUIPMENT – you can enter additional equipment/devices involved, if apply to the right under Additional Event Info “Click Here to add Additional Equipment involved”

IF Witness Involved = Y, you can enter additional witnesses involved, if any to the right under Additional Event Info “Click Here to add Additional Witness involved”

ALL Incidents entered will have option for “Click Here to add Follow Up Entry” which will be used by reporters or managers to enter their follow up for the given Incident.

Thank You for Reporting.. Your Event Entry Has Been Submitted

| |
|--|
| Additional Incident Info |
| Add |
| Click Here to add Additional Witnesses |
| Click Here to add Follow Up |

NON Patient Incident Entry

If you select NON PATIENT INCIDENT from “Select Incident Type” drop down, you will be asked some of the same general questions and some different questions, as the patient questions won’t apply:

Incident Reach Person Involved?

Did Incident Reach The Person Involved?

* Required

Yes No

Prev

Next

Ex: Did Incident Reach The Person Involved?

IF Answer to above is N

Basic questions such as Type of Person, Date of Incident, Time of Incident, Category & Code, Description display only for entry.

Type of Person Who had the Incident

Type of Person who had the Incident

* Required

| | |
|-------------|----------------------|
| EMPLOYEE... | (EMPLOYEE) |
| FAMILY..... | (FAMILY) |
| OTHER..... | (OTHER) |
| PHYSICIAN.. | (PHYSICIAN/PROVIDER) |
| CAREGIVER.. | (PT. CARE GIVER) |
| VISITOR.... | (VISITOR) |
| VOLUNTEER.. | (VOLUNTEER) |

Enter the Name of the Person involved in the incident

Person Name

* Required

Visitor, Susan x

Prev

Next

Ex: Enter Person Name (LAST, FIRST)

Date of Incident

Date of Incident

* Required



A calendar interface for December 2015. The calendar is displayed in a grid format with days of the week (S, M, T, W, T, F, S) as column headers. The date 18 is highlighted in blue. Navigation arrows are visible on the left and right sides of the calendar.

Prev

Next

Ex: Select Incident Date

Time of Incident

Time of Incident (Military)

* Required

Prev

Next

Ex: Enter Time of Incident (i.e., 23:15)

Description of Incident

Brief Description Of Incident

* Required

Prev

Next

Ex: Enter brief description of the incident (include any injury)

The Incident Category is filtered to only display the categories that apply to a NonPatient

Incident Category

Incident Category

* Required

| | |
|-------------|----------------------------|
| BEHAVIOR... | (BEHAVIOR) |
| EQUIPMENT.. | (EQUIPMENT/MEDICAL DEVICE) |
| FALL..... | (FALLS) |
| MEDICATION. | (MEDICATION) |
| OTHER..... | (OTHER EVENTS) |
| PROPERTY... | (PROPERTY) |

Incident Sub Category

Incident Sub-Categ

* Required

| | |
|-------------|----------------------------------|
| ASSISTED... | (ASSISTED/LOWERED TO FLOOR) |
| FAINTED.... | (FAINTED) |
| FLOOR..... | (FOUND ON FLOOR) |
| BED..... | (FROM BED) |
| COMMODO.... | (FROM BEDSIDE COMMODOE/TOILET) |
| CHAIR..... | (FROM CHAIR/WHEELCHAIR) |
| CRIB..... | (FROM CRIB) |
| FROM CURB.. | (FROM CURB) |
| EXERCEQUIP. | (FROM EQUIPMENT) |
| EXAMTABLE.. | (FROM EXAM/XRAY or TABLE/GURNEY) |
| SHOWER..... | (IN SHOWER) |
| OTHER..... | (OTHER) |
| WHILEAMB... | (WHILE AMBULATING / STANDING) |

Respective incident sub categories display based on the Incident category selected (setup for now same filters as in Patient Incident Entry)

Was Person Injured?

Was Person Injured?

* Required

Yes No NA

Prev

Next

Ex: Was Person Injured As A Result Of The Incident?

IF Y answered

Injury Type

Injury Type

* Required

| | |
|-------------|------------------------------------|
| ABRASION... | (ABRASION) |
| ALTEREDSTA. | (ALTERED STATE (OXYGENATION)) |
| AMPUTATION. | (AMPUTATION (IF REMOVAL OR WRONG)) |
| BLISTER.... | (BLISTER) |
| BOWELPERF.. | (BOWEL PERFORATED) |
| BRUISE..... | (BRUISE) |
| BURN..... | (BURN) |
| CARDRESP... | (CARDIAC/RESPIRATORY ARREST) |
| COMPARSYND. | (COMPARTMENT SYNDROME) |
| CONTRACTUR. | (CONTRACTURE) |
| CONTUSION.. | (CONTUSION) |
| CRUSH..... | (CRUSH INJURY) |
| DAMAGTEET.. | (DAMAGED TEETH) |
| DEATH..... | (DEATH) |
| DECUBITUS.. | (DECUBITUS) |
| DISLOCAT... | (DISLOCATION) |
| ELECSHOCK.. | (ELECTRICAL SHOCK) |
| EXACERBATE. | (EXACERBATION OF CONDITION) |
| FRACTURE... | (FRACTURE) |
| HEMATOMA... | (HEMATOMA) |
| HEMORRAG... | (HEMORRHAGE) |
| HYPERGLYC.. | (HYPERGLYCEMIA) |
| HYPERTEN... | (HYPERTENSION) |
| HYPOCLYCEM. | (HYPOGLYCEMIA) |
| HYPOTEN... | (HYPOTENSION) |
| HYPOTHERM.. | (HYPOTHERMIA) |
| HYPOXIA.... | (HYPOXIA) |
| INFECT..... | (INFECTION) |
| ITCHING.... | (ITCHING) |

| | |
|-------------|-------------------------------|
| LACERATION. | (LACERATION) |
| NEURODEFIC. | (NEUROLOGICAL DEFICIT) |
| NA..... | (NOT APPLICABLE) |
| OTHER..... | (OTHER) |
| PARALYSIS.. | (PARALYSIS) |
| PERFORAT... | (PERFORATION) |
| PUNCWND.... | (PUNCTURE WOUND) |
| RASHHIVE... | (RASH/HIVES) |
| REDNESS.... | (REDNESS) |
| SKIN..... | (SKIN INJURY) |
| SKINTEAR... | (SKIN TEAR (NOT SKIN INJURY)) |
| STRSPR..... | (STRAIN/SPRAIN) |
| SWELLING... | (SWELLING TO AREA) |
| UNKNOWN.... | (UNKNOWN) |

Select the Injury Sustained as a result of the incident.

Location of Incident

Location Of Incident

* Required

| | |
|-------------|-------------------------------------|
| ACUTE..... | (ACUTE) |
| ADMIN..... | (ADMINISTRATION) |
| AMBULANCE.. | (AMBULANCE) |
| CASEMGMT... | (CASE MANAGEMENT) |
| CENTRALSTE. | (CENTRAL STERILE) |
| CENTRALSUP. | (CENTRAL SUPPLY) |
| CLINICHOSP. | (CLINIC - HOSPITAL) |
| COMMONA.... | (COMMON AREAS) |
| EDUBLDG.... | (EDUCATION BUILDING) |
| ELEVATOR... | (ELEVATOR) |
| ED..... | (EMERGENCY DEPARTMENT) |
| ENGMAINT... | (ENGINEERING / MAINTENANCE) |
| ECULTC..... | (EXTENDED CARE UNIT/LTC) |
| GROUNDS.... | (GROUNDS) |
| INTRANSIT.. | (IN-TRANSIT) |
| LAB..... | (LABORATORY) |
| LABHOSP.... | (LABORATORY - HOSPITAL) |
| LAUNDRY.... | (LAUNDRY) |
| MATERIALS.. | (MATERIALS MANAGEMENT) |
| MEDREC..... | (MEDICAL RECORDS) |
| NUTRIT..... | (NUTRITION AND DIETETICS- HOSPITAL) |
| OFFPREM.... | (OFF PREMISES) |
| OR..... | (OPERATING ROOM) |
| OTHER..... | (OTHER) |
| PARKLOT.... | (PARKING LOT) |
| PATFINANCI. | (PATIENT FINANCIAL SERVICES) |
| PATREGIST.. | (PATIENT REGISTRATION) |
| PTHOME..... | (PATIENT'S HOME) |
| PHARMACY... | (PHARMACY) |

| | |
|-------------|-----------------------|
| PHYSTHERP.. | (PHYSICAL THERAPY) |
| PHYSOFF.... | (PHYSICIAN'S OFFICE) |
| RADIOLOGY.. | (RADIOLOGY) |
| RECOVERY... | (RECOVERY ROOM) |
| RESPTHER... | (RESPIRATORY THERAPY) |
| RHC..... | (RURAL HEALTH CLINIC) |
| SOCSERV.... | (SOCIAL SERVICES) |
| SURGERY.... | (SURGERY) |
| SURGICAL... | (SURGICAL AREA) |
| SWINGBED... | (SWINGBED) |
| UNKNOWN.... | (UNKNOWN) |

Exact Location/Room

Prev

Next

Ex: Enter Room #, Bathroom, etc (Limit 10 characters)

Reporters details automatically prefill as user who is entering incident

| | |
|-------------------------------------|-------------------------|
| Reported Date | 12/18/2015 |
| Reported By Type | USER |
| Reported/Entered By | WEB3818 |
| Reporter Name | WEB 3818 PROFILE |
| * Date Incident/Event Rprt Received | 12/18/2015 |

Was Incident Witnessed?

Was Incident Witnessed?

* Required

Yes No

Prev

Next

Ex: Was Incident Witnessed?

Click Yes Or No To Answer

IF Y answer above, Witness questions will display for entry

Were Other Individuals Involved?

Were Other Individuals Involved?

* Required

Yes No

Prev

Next

Ex: Were Other Individuals Involved In The Event?

i.e., Physician, Other Patient or Person, Employee

IF Answer Y above, Individual Involved questions display for entry

IF FALL is Incident Category

Additional question displays

Environmental Factor

| | |
|-------------|--------------------------|
| ALARMNON... | (ALARM NOT ON) |
| ALARM..... | (ALARM NOT WORKING) |
| CALLBELL... | (CALL BELL NOT WORKING) |
| CALLOOR.... | (CALL BELL OUT OF REACH) |
| LIGHINSUF.. | (LIGHTING INSUFFICIENT) |
| NONE..... | (NONE) |
| OTHER..... | (OTHER) |
| UNEVSURF... | (UNEVEN SURFACE) |
| WETSLIP.... | (WET/SLIPPER FLOOR) |

IF BEHAVIOR is Incident Category

Additional questions displays

Security/Code Called?

* Required

Yes No

Prev

Next

Ex: Was Security/Code Called? (Y/N)

Was CPS/APS Called?

* Required

Yes No

Prev

Next

Ex: Was Child Protective Services/Adult Protective Services Called?

Click Yes Or No To Answer

Police Notified?

* Required

Yes No

Prev

Next

Ex: Click Yes Or No To Answer

FOLLOW UP Entry

Upon save of any incident, one or more automatic emails are generated to specific department managers/directors as designed by your facility Risk Management team. The email advises the particular manager that an event/incident has been entered for their area of responsibility. The auto email text example is below:

From: RiskQualHAS@yierrg.com [mailto:RiskQualHAS@yierrg.com]

Sent: Friday, January 17, 2014 4:14 PM

To: deptmanagerx@wchs.org

Subject: Follow up and review for Event #: 38082015000001

An Incident has occurred per the details above. You may review it by clicking on the link below and Login to the YES/RiskQual system with your assigned User ID and Password.

What - FALL

When - 01/17/2015

Where - MED/SURG

Injury - ABRASION

Once you have completed your review of the event details, if you would like to document any follow-up, Click on "Click Here To Enter Follow-Up" to document your follow-up.

THIS IS AN AUTOMATED EMAIL -- DO NOT REPLY -- If you have any questions - Please Contact your Risk Management Department.

Please click [here](#) to login to the YES/RiskQual system.

Thank you

=====

The auto emails above will have a link in the email that will allow supervisor/manager to click on the email link. Upon clicking on the link, the YES Login page will display. Login to YES, and upon successful login, the system will display the specific Incident on the screen for which the follow up/auto email was generated.

You can review the details of the Incident by clicking on the link [Next Page >](#) at the bottom of the Grid containing all the incident details.

To enter follow up – Under the “Additional Event Info” section to the right of the grid, click on [Click Here to add Follow Up](#).

Adding Follow Up

Upon clicking on the link above to enter follow up, the follow up questions display:

Type Of Follow Up

* Required

| | |
|-------------|---|
| CEOREVIEW.. | (CEO REVIEW) |
| MGREVIEW... | (DEPARTMENT MANAGER / LEADER FOLLOW UP) |
| INITRMREV.. | (INITIAL RISK MANAGEMENT REVIEW) |
| INITUSER... | (INITIAL USER/REPORTER FOLLOW UP) |

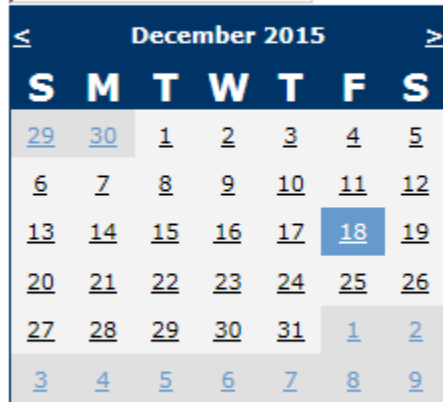
Initial Reporter Follow Up

If you are the reporter of the incident and would like to enter any follow up you have completed after the incident/event occurred or notes, you can select Initial User/Reporter Follow Up.

Upon selection of Initial Reporter Follow Up, the following questions display:

Select Date Follow Up Completed

* Required



The image shows a calendar for December 2015. The days of the week are abbreviated as S, M, T, W, T, F, S. The date 12/18/2015 is entered in the text box above. In the calendar, the 18th is highlighted in blue, indicating it is the selected date for follow-up completion.

Prev

Next

Ex: Select Date Follow-Up Was Completed

Review/Follow-Up Description

* Required

Prev

Next

Ex: Description of the dept manager's review of this issue/event

***DO NOT INCLUDE Special Characters in the description such as Greater Than or Less Than Symbols

At the end of the follow up questions, the system prompts you to review the entry and SAVE to save the follow up.

Preview your work prior to saving by clicking on PrevPage. Click SAVE at the top left corner when ready to SAVE your Additional Entry.

Click to save the follow up and return to the main event entry.

Follow Up : INITIAL USER/REPORTER FOLLOW UP - By: WEB 3818 PROFILE - Entered: 12/18/2015

The follow up entry is displayed in the View section on the main event screen and can be viewed by any other manager/supervisor, etc., with access to search for existing events. Data can be viewed only, cannot be changed.

Reporter or Manager Follow Up

Upon selection of Reporter or Manager Follow Up from above list, the following questions will display:

Follow Up Date

Select Date Follow Up Completed

* Required

 ✕

| December 2015 | | | | | | |
|---------------|----|----|----|----|----|----|
| S | M | T | W | T | F | S |
| 29 | 30 | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Prev

Next

Ex: Select Date Follow-Up Was Completed

Select Date the follow up was performed. The system defaults to “today’s date” so you can Click NEXT if Today’s Date is correct or click on the date follow up was completed on the calendar.

Enter Dept Manager Follow Up Details

Review/Follow-Up Description

* Required

Prev

Next

Ex: Description of the dept manager's review of this issue/event

Enter a detailed description of the follow up you performed and click NEXT to continue.

Primary Cause of Incident

Select Primary Cause

| | |
|-------------|--|
| BEHAVIOR... | (BEHAVIORAL ISSUE) |
| CALCULATE.. | (CALCULATION ERROR) |
| COMMUNICAT. | (COMMUNICATION ISSUE) |
| EDUTRAIN... | (EDUCATION/TRAINING) |
| ENVIRONMEN. | (ENVIRONMENTAL FACTOR) |
| IMPRPROC... | (IMPROPERLY PERFORMED PROCEDURE/TREATMENT) |
| NOTLEGIBLE. | (NOT LEGIBLE) |
| ORDERNCL... | (ORDERS NOT CLEARED) |
| ORDERNFOL.. | (ORDERS NOT FOLLOWED) |
| PATUNCOO... | (PATIENT UNCOOPERATIVE) |
| POLPROC.... | (POLICY/PROCEDURE NOT FOLLOWED) |
| POLPROCIN.. | (POLICY/PROCEDURE INADEQUATE) |
| POLPROCINC. | (POLICY/PROCEDURE INCORRECT) |
| SOFTWARE... | (SOFTWARE ISSUE) |
| STAFFACUI.. | (STAFF/ACUITY) |

Select the primary cause for the incident from the dropdown.

Secondary Cause of Incident

Select Primary Cause

| | |
|-------------|--|
| BEHAVIOR... | (BEHAVIORAL ISSUE) |
| CALCULATE.. | (CALCULATION ERROR) |
| COMMUNICAT. | (COMMUNICATION ISSUE) |
| EDUTRAIN... | (EDUCATION/TRAINING) |
| ENVIRONMEN. | (ENVIRONMENTAL FACTOR) |
| IMPRPROC... | (IMPROPERLY PERFORMED PROCEDURE/TREATMENT) |
| NOTLEGIBLE. | (NOT LEGIBLE) |
| ORDERNCL... | (ORDERS NOT CLEARED) |
| ORDERNFOL.. | (ORDERS NOT FOLLOWED) |
| PATUNCOO... | (PATIENT UNCOOPERATIVE) |
| POLPROC.... | (POLICY/PROCEDURE NOT FOLLOWED) |
| POLPROCIN.. | (POLICY/PROCEDURE INADEQUATE) |
| POLPROCINC. | (POLICY/PROCEDURE INCORRECT) |
| SOFTWARE... | (SOFTWARE ISSUE) |
| STAFFACUI.. | (STAFF/ACUITY) |

Description of Causes/Factors

Enter Description of Causes/Factors

* Required

Prev

Next

Ex: Enter general description of causes you feel led to this Issue/Event

Primary Action Taken To Date

Select Primary Action Taken To Date

NOACTION... (NO ADDITIONAL ACTION REQUIRED)
POLPROC.... (POLICY & PROCEDURE CHANGE)
PREVREV... (PREVIOUSLY REVIEWED/COMPLETED)
STAFFCOUNS. (STAFF COUNSELED)

Date of Initial Action

Select Date Initial Action Was Taken

| December 2015 | | | | | | |
|---------------|----|----|----|----|----|----|
| S | M | T | W | T | F | S |
| 29 | 30 | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Prev

Next

Ex: Date action was taken regarding this Issue/Event

Description of Action(s) Taken

Enter Description of Action(s) Taken To Date

* Required

Prev

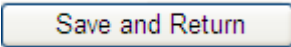
Next

Ex: Enter Description of action(s) taken regarding this Issue/Event

The system will prompt you to preview your entry to ensure it is accurate and click SAVE at top left corner of the grid to save your follow up:

Preview your work prior to saving by clicking on PrevPage. Click SAVE at the top left corner when ready to SAVE your Additional Entry.


Save and Return


Click  to save your follow up entry. The system will save your follow up and return you to the main entry screen.

Follow Up : DEPARTMENT MANAGER FOLLOW UP - By: WEB 3818 PROFILE - Entered: 12/18/2015

Your department manager follow up entry is displayed on the View section and can be viewed by any other manager that has access to the incident/event.

Start New Entry

Click  to return to the main screen and enter an Incident.

Click  the X on the upper right corner of your screen to EXIT the system.

Completing All Open Follow Ups

If you have additional events/incidents or complaints (PATREL) that are assigned to you for Follow Up, you will see a listing of Open Follow Ups.

It will display a grid showing you the list of Open Follow Ups assigned to you as of today:

[View Reference Docs](#)

Incident PATIENT Incident

[My Open Follow Up](#)

Open Follow Ups/Tasks List Assigned To: WEB 3804 PROFILE

| View | Follow Up Number | Owner Number | Module | Follow Up Due | Created Date | Patient/Person Name | Follow Up Task | Category | Code | Dept | Location |
|----------------------|------------------|----------------|----------|---------------|--------------|---------------------|------------------------------|------------|-----------|------|----------|
| View | WKN0033076 | 38042015000018 | Incident | 01/20/2016 | 01/20/2016 | PATIENT, TESTING | DEPARTMENT MANAGER FOLLOW UP | FALL | BED | | MEDSURG |
| View | WKN0033077 | 38042015000016 | Incident | 01/20/2016 | 01/20/2016 | PATIENT, ELLEN | DEPARTMENT MANAGER FOLLOW UP | MEDICATION | ADVERREAC | | ED |

The grid shows the following information:

Open Follow Ups/Tasks List Assigned To: WEB 3804 PROFILE

| View | Follow Up Number | Owner Number | Module | Follow Up Due | Created Date | Patient/Person Name | Follow Up Task | Category | Code | Dept | Location |
|----------------------|------------------|--------------|--------|---------------|--------------|---------------------|----------------|----------|------|------|----------|
|----------------------|------------------|--------------|--------|---------------|--------------|---------------------|----------------|----------|------|------|----------|

Name of user who's logged in for which open follow ups exist.

Module for which the follow up was assigned (i.e., Incident or Pt Relations (Complaints))

Follow Up Due Date – date the follow up was assigned to the user (same date event or complaint was entered)

Created date – date the follow up entry was assigned to the user

Patient/Person Name – name of the patient or person involved in the event or complaint to be followed up

Follow Up task – description of the follow up to be done by the user

Category – Category of the event or complaint for which the follow up was assigned (i.e., Incident Category, Complaint Category, etc.)

Code – Sub code of the event or complaint for which the follow up was assigned

Dept – Department involved in the event or complaint for which the follow up was assigned (Some YSTONE facilities will not have any value in this column as it is not used – Location is used as main department identifier)


Location – Location involved in the event or complaint for which the follow up was assigned


Open Follow Up Grid Options

Sort – The default sort order is by Follow Up Date in Descending Order (latest follow ups showing at the top).

User can click on the title of any column to sort all Open Follow Ups by that column (i.e., Inc Category)

Select from My Open Follow Up List to Complete

Click VIEW link  in front of any Open Follow up task to open the event or complaint associated with that follow up task assigned to you.

Upon clicking View in front of any record on the Open Follow Up grid , the particular record displays:

REPORTS Option

Department Managers, Risk Management or Admins, Directors and/or some Supervisors may have been assigned access to run Reports for their particular areas of responsibility. This option will be designated to you by your Risk Management team.

If you should be able to run reports and do not see the REPORTS button option on the main screen, contact your risk/quality management department administrator.

Running Reports

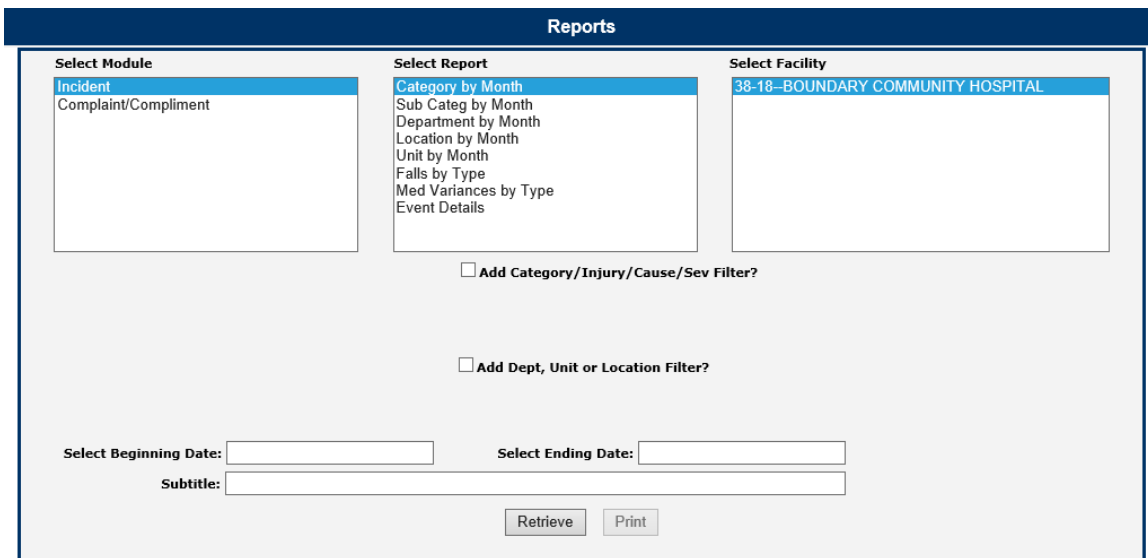
To run reports, click on the REPORTS button from the main screen:

Hello WEBUSER PROFILE
[Log Out](#)

[View Resource/Help Docs](#)



The reports screen will display:

The screenshot shows a web interface titled 'Reports'. It is divided into three columns: 'Select Module', 'Select Report', and 'Select Facility'.
- 'Select Module' contains 'Incident' and 'Complaint/Compliment'.
- 'Select Report' contains 'Category by Month', 'Sub Categ by Month', 'Department by Month', 'Location by Month', 'Unit by Month', 'Falls by Type', 'Med Variances by Type', and 'Event Details'.
- 'Select Facility' contains '38-18-BOUNDARY COMMUNITY HOSPITAL'.
Below these columns are two checkboxes: ' Add Category/Injury/Cause/Sev Filter?' and ' Add Dept, Unit or Location Filter?'.
At the bottom, there are input fields for 'Select Beginning Date:', 'Select Ending Date:', and 'Subtitle:'.
Finally, there are 'Retrieve' and 'Print' buttons.

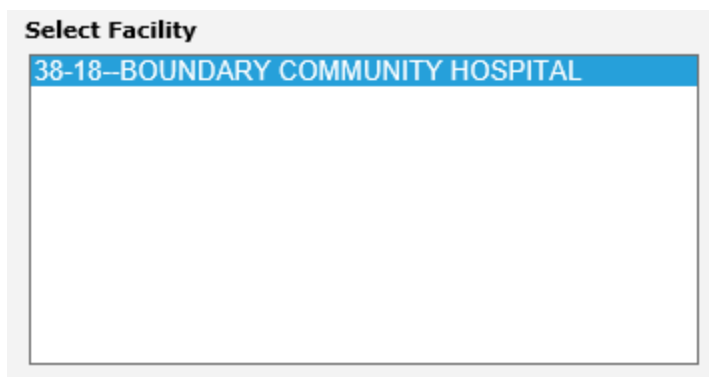
Select Module – Displays the modules within the HAS system for which you have access to run reports. This is managed by your security settings within the system administered by your system administrator.

Select Report – Once you select a Module, click to select a Report to run

- **Category by Month** – Displays a graph and comparison report grid showing Categories by Month for the respective module selected
- **Sub Categ by Month** – Displays a graph and comparison report grid showing Categories & their Sub Categories by Month for the respective module selected.
- **Department by Month** – Displays a graph and comparison report grid showing Department where Event or Issue Occurred by Month - *** THIS IS NOT USED by Your FACILITY – LOCATIONS are your Departments ***
- **Location by Month** – Displays a graph and comparison report grid showing Location (Dept) where Event or Issue Occurred by Month
- **Unit by Month** – Displays a graph and comparison report grid showing Unit/Service related to the respective module selected. **This is NOT utilized by your facility**
- **Falls by Type** – Displays a graph and comparison report grid showing Fall category Events by Sub Type of Fall by Month
- **Med Variances by Type** – Displays a graph and comparison report grid showing Medication Variances by Sub Type by Month.
- **ADRs by Type** – Displays a graph and comparison report grid showing Adverse Drug Reactions by Sub Type by Month.
- **Event Details** – Displays a listing of Events for the respective filters (detailed below). You can export the list to MS Excel as needed.

Select Facility – Select the Facility for the report.

To Multi select facilities, If you have multiple facilities or Facility assigned, you can select more than one for the 1 report if you wish by clicking the first one, click Shift and click the next one to multi select:



Upon selecting a specific report (i.e., Category by Month), selecting the Facility, you can further select an additional Filter to run the report or a Date Range for all.

Beginning Date – Click to display the Calendar and select the beginning date range for your report. You can also manually type the beginning date (i.e., 01/01/2021):

Select Beginning Date:

Subtitle: **February 2021**

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | | | | | | |

Ending Date – Click to display the Calendar and select the ending date range for your report. You can also manually type the ending date (i.e., 02/15/2021)

Select Ending Date:

March 2022

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | | |

Print

ROTECTED **

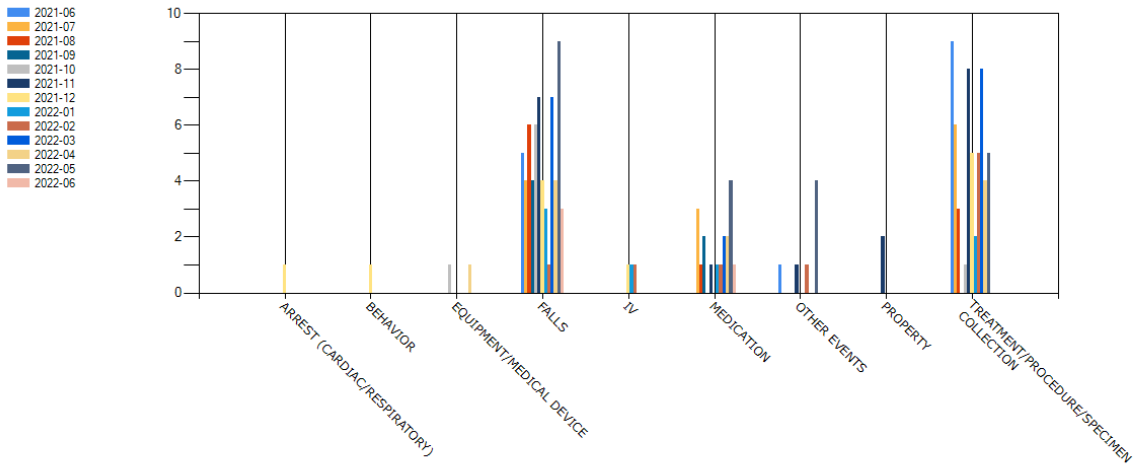
Sub Title – You can enter a sub title to describe the filters you entered for the report if you wish so that the reader will know what specific information is included in the report

Subtitle: x

Retrieve

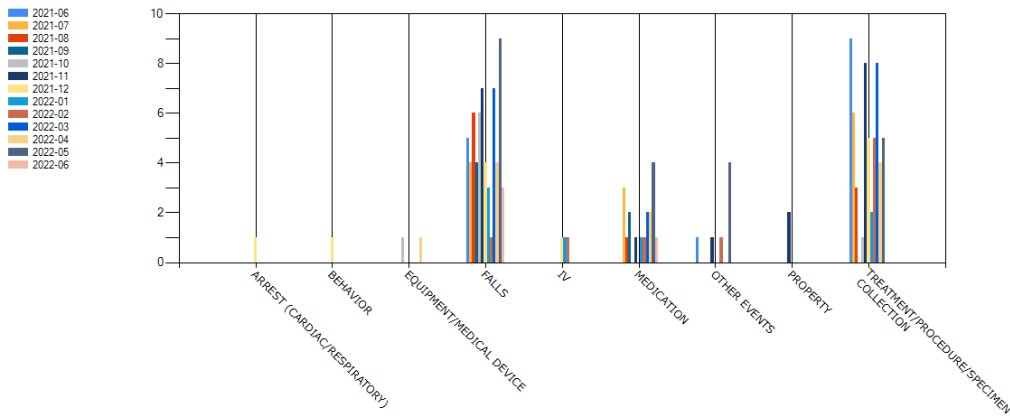
Click Retrieve button to retrieve the report per the Facility and date range entered:

All Events
Security Filters: None
38-18--BOUNDARY COMMUNITY HOSPITAL
Incident Date: 6/1/2021 - 6/9/2022



Other examples:

All Events
Security Filter: None
38-18--BOUNDARY COMMUNITY HOSPITAL
Incident Date: 6/1/2021 - 6/9/2022



| INCIDENT CATEGORY | 2021-06 | 2021-07 | 2021-08 | 2021-09 | 2021-10 | 2021-11 | 2021-12 | 2022-01 | 2022-02 | 2022-03 | 2022-04 | 2022-05 | 2022-06 | Total |
|---|-----------|-----------|-----------|----------|----------|-----------|-----------|----------|----------|-----------|-----------|-----------|----------|------------|
| ARREST (CARDIAC/RESPIRATORY) | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| BEHAVIOR | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| EQUIPMENT/MEDICAL DEVICE | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 |
| FALLS | 5 | 4 | 6 | 4 | 6 | 7 | 4 | 3 | 1 | 7 | 4 | 9 | 3 | 63 |
| IV | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 3 |
| MEDICATION | 0 | 3 | 1 | 2 | 0 | 1 | 0 | 1 | 1 | 2 | 2 | 4 | 1 | 18 |
| OTHER EVENTS | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 4 | 0 | 7 |
| PROPERTY | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| TREATMENT/PROCEDURE/SPECIMEN COLLECTION | 9 | 6 | 3 | 0 | 1 | 8 | 5 | 2 | 5 | 8 | 4 | 5 | 0 | 56 |
| Total | 15 | 13 | 10 | 6 | 8 | 19 | 12 | 7 | 9 | 17 | 11 | 22 | 4 | 153 |

Depending on the report you select and the filters you select, the data will display accordingly.

Add Category, Injury/Cause/Sev Filter

You can add additional filters besides the date range and Facility to your report as needed using

Add Category/Injury/Cause/Sev Filter?

this filter section:

Click on the checkbox to display the respective filters:

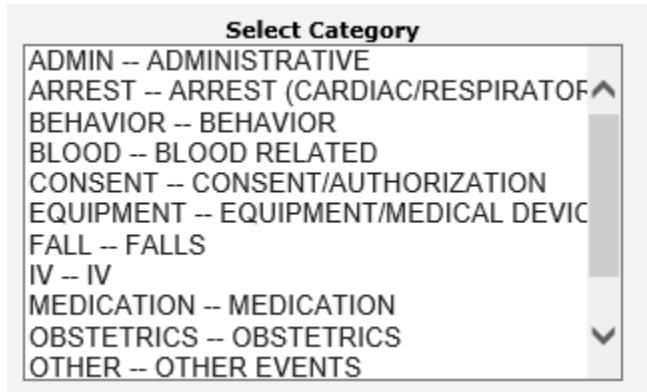
Add Category/Injury/Cause/Sev Filter?

| | | |
|--|---|---|
| <p>Select Category</p> <ul style="list-style-type: none"> ADMIN -- ADMINISTRATIVE ARREST -- ARREST (CARDIAC/RESPIRATORY) BEHAVIOR -- BEHAVIOR BLOOD -- BLOOD RELATED CONSENT -- CONSENT/AUTHORIZATION EQUIPMENT -- EQUIPMENT/MEDICAL DEVICE FALL -- FALLS IV -- IV MEDICATION -- MEDICATION OBSTETRICS -- OBSTETRICS OTHER -- OTHER EVENTS | <p>Select Injury</p> <ul style="list-style-type: none"> ABRASION -- ABRASION ALTEREDSTA -- ALTERED STATE (OXYGEN) AMPUTATION -- AMPUTATION (IF REMOVAL) BLISTER -- BLISTER BOWELPERF -- BOWEL PERFORATED BRUISE -- BRUISE BURN -- BURN CARDRESP -- CARDIAC/RESPIRATORY ARREST COMPARSYND -- COMPARTMENT SYNDROME CONTRACTUR -- CONTRACTURE CONTUSION -- CONTUSION | <p>Select Cause</p> <ul style="list-style-type: none"> BEHAVIOR -- BEHAVIORAL ISSUE LOOK/SOUND -- BRAND/GENETIC NAME LOOK/SOUND CALCULATE -- CALCULATION ERROR COMMUNICAT -- COMMUNICATION ISSUE COMPLIC -- COMPLICATION CONTRAINDI -- CONTRAINDICATED CPOEINC -- CPOE INCORRECT ENTRY EDUTRAIN -- EDUCATION/TRAINING ENVIRONMEN -- ENVIRONMENTAL FACTOR EQUIPFAIL -- EQUIPMENT FAILURE HANDWR -- HANDWRITTEN ENTRY |
| <p>Select Severity</p> <ul style="list-style-type: none"> A -- A-Near miss/did not reach the patient (omission) B -- B-Occurrence reached the patient but did not C -- C-Occurrence reached the patient and required D -- D-Occurrence may have contributed to or resulted E -- E-Occurrence may have contributed to or resulted F -- F-Occurrence may have contributed to or resulted G -- G-Occurrence required intervention to sustain H -- H-Occurrence may have contributed to or resulted I -- I-Unknown origin NONPAT -- Non Patient Event | <p>Select Outcome</p> <ul style="list-style-type: none"> EXP -- DEATH EXTPATCAR -- EXTENDED PATIENT CARE LPATCAR -- LOW IMPACT ON PATIENT CARE NPATCAR -- NO IMPACT ON PATIENT CARE | <p>Select Type</p> <ul style="list-style-type: none"> ACUTE -- ACUTE CANCERCNTR -- CANCER CENTER PATIENT CATHCART -- CATH CART CLINIC -- CLINIC PATIENT CCU -- CRITICAL CARE EMTALA -- EMTALA patient ER -- ER PATIENT HOMEHEAL -- HOME HEALTH PATIENT HOSPICE -- HOSPICE PATIENT INPAT -- INPATIENT INTSWING -- INTERM SWINGBED |

Add Dept/Site, Unit/Svc or Location Filter?

Category

Click to display the active Categories available within the module you selected (i.e., Event or Complaint/Grievance). A listing displays of the respective active codes available:



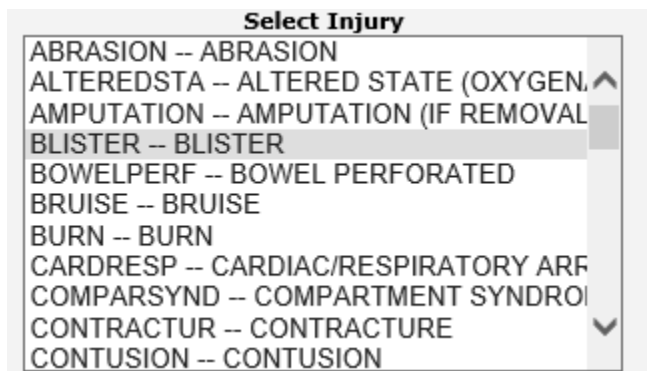
Select the Category to filter your report by.

To blank the Category selected and pick a different one, click on the Blank row at the top.

To Muti Select – Click on the first Category. Click SHIFT Key and also click on Next Category to highlight multiple.

Injury

Click to display the active Injury Types available within the module you selected (i.e., Event or Complaint/Grievance). This list mostly applies to Events as with Complaints/Grievances, injury is not mostly noted. A listing of the codes available displays:

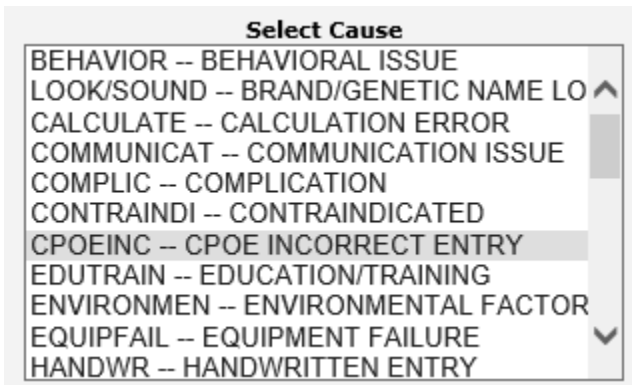


Add an Injury filter by clicking on the respective value.

To Multi Select – Click on the first Injury. Click SHIFT Key and also click on Next Injury to highlight multiple. ****If you want all Incidents WITH Injury – Click SHIFT highlight all of them except NONE****

Cause

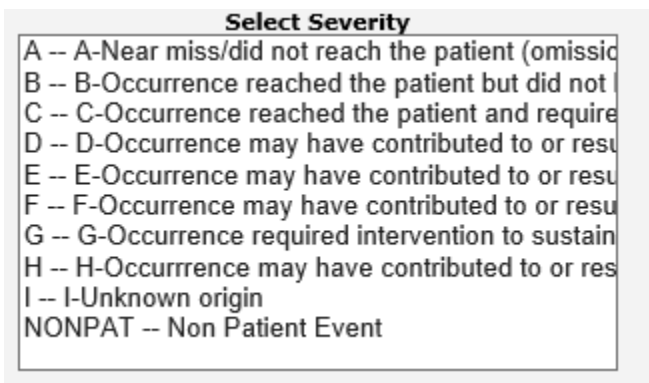
Click to display the active Causes available within the module you selected. This will only yield results if your Risk/Quality Management team has assigned causes to the Events when reviewed. A listing of the codes available displays:



To Multi Select – Click on the first Cause. Click SHIFT Key and also click on Next Cause to highlight multiple.

Severity

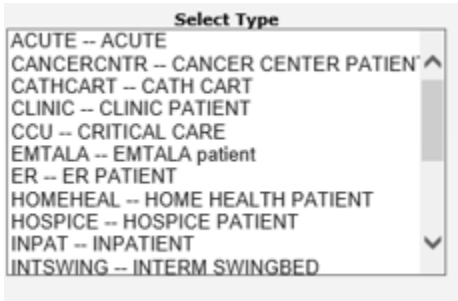
Click to display the active overall Risk Severity (Error Category) assigned to the particular records within the module you selected (i.e., Event – Risk Severity).



To Multi Select – Click on the first Error Category. Click SHIFT Key and also click on Next Error Category to highlight multiple.

Type (Patient Type)

Click to display the patient type you wish to further filter.



To Multi Select – Click on the first patient type. Click SHIFT Key and also click on Next patient type to highlight multiple.

NOTE – Every filter you pick (Facility, Date Range, Category, Injury, Severity, Cause, Outcome) will further drilling down on your data result/output and adding many filters may not display data if ALL conditions are not met.

Add Dept or Location Filter

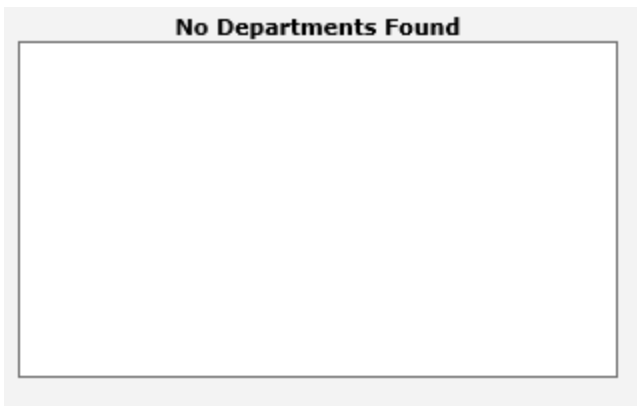
You can add additional filters besides the date range and Facility to your report as needed using this filter section:

Add Dept/Site, Unit/Svc or Location Filter?

Click on the filter to display the active lists of Departments, Units or Locations (UNIT does not apply to your Facility)

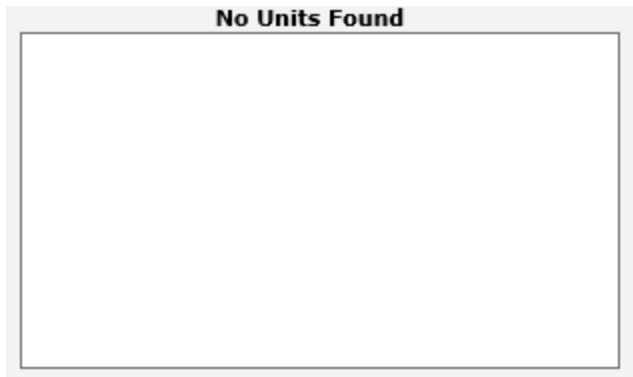
Department

You do not have departments setup – Your facility uses LOCATION as main dept/location where events occur.



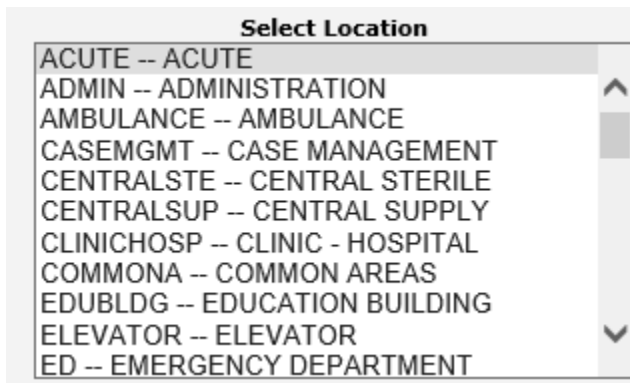
Units/Svc

There are No UNIT values applicable to your facility.



Location

Click to select a Location or SHIFT Click to continue selecting multiple locations for your report output.

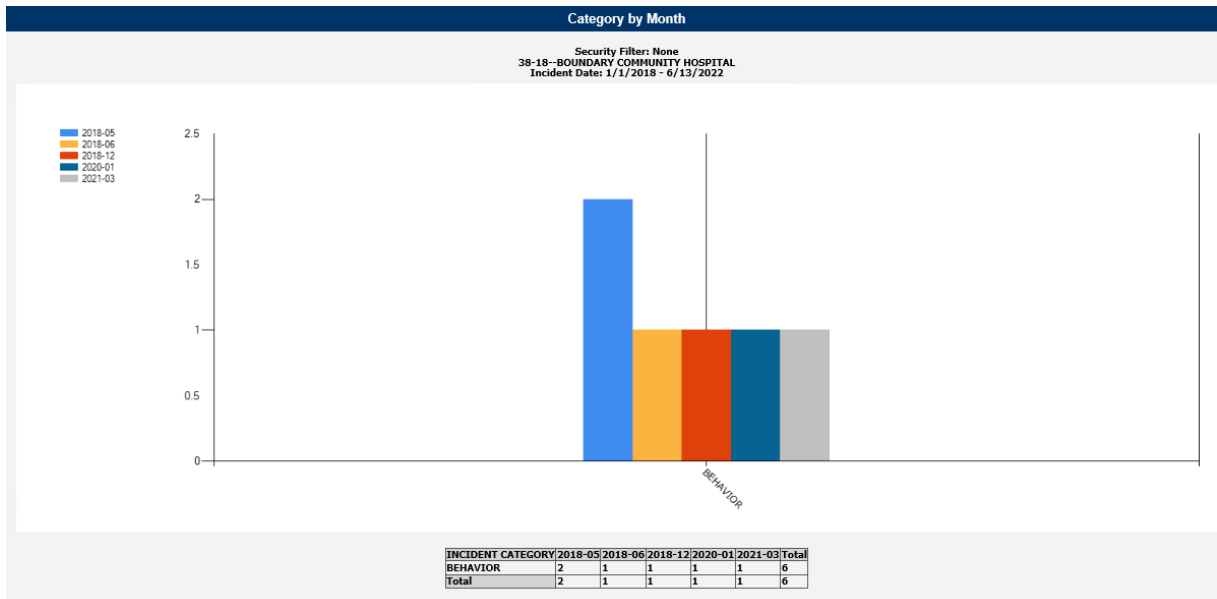


To Multi Select – Click on the first Location. Click SHIFT Key and also click on Next Location to highlight multiple.

Click to retrieve your report with filters and dates:

Reports

| | | |
|---|---|---|
| <p>Select Module</p> <p>Incident Complaint/Compliment</p> | <p>Select Report</p> <p>Category by Month Sub Categ by Month Dept/Site by Month Location by Month Unit/Svc by Month Falls by Type Med Variances by Type ADRs by Type Event Details</p> | <p>Select Facility</p> <p>38-18--BOUNDARY COMMUNITY HOSPITAL</p> |
| <input checked="" type="checkbox"/> Add Category/Injury/Cause/Sev Filter? | | |
| <p>Select Category</p> <p>ADMIN -- ADMINISTRATIVE ARREST -- ARREST (CARDIAC/RESPIRATOR) BEHAVIOR -- BEHAVIOR BLOOD -- BLOOD RELATED CONSENT -- CONSENT/AUTHORIZATION EQUIPMENT -- EQUIPMENT/MEDICAL DEVIC FALL -- FALLS IV -- IV MEDICATION -- MEDICATION OBSTETRICS -- OBSTETRICS OTHER -- OTHER EVENTS</p> | <p>Select Injury</p> <p>ABRASION -- ABRASION ALTEREDSTA -- ALTERED STATE (OXYGEN) AMPUTATION -- AMPUTATION (IF REMOVAL) BLISTER -- BLISTER BOWELPERF -- BOWEL PERFORATED BRUISE -- BRUISE BURN -- BURN CARDRESP -- CARDIAC/RESPIRATORY ARF COMPARSYND -- COMPARTMENT SYNDRO CONTRACTUR -- CONTRACTURE CONTUSION -- CONTUSION</p> | <p>Select Cause</p> <p>BEHAVIOR -- BEHAVIORAL ISSUE LOOK/SOUND -- BRAND/GENETIC NAME LO CALCULATE -- CALCULATION ERROR COMMUNICAT -- COMMUNICATION ISSUE COMPLIC -- COMPLICATION CONTRAIINDI -- CONTRAINDICATED CPOEINC -- CPOE INCORRECT ENTRY EDUTRAIN -- EDUCATION/TRAINING ENVIRONMEN -- ENVIRONMENTAL FACTOR EQUIPFAIL -- EQUIPMENT FAILURE HANDWR -- HANDWRITTEN ENTRY</p> |
| <p>Select Severity</p> <p>A -- A-Near miss/did not reach the patient (omissio B -- B-Occurrence reached the patient but did not C -- C-Occurrence reached the patient and require D -- D-Occurrence may have contributed to or resu E -- E-Occurrence may have contributed to or resu F -- F-Occurrence may have contributed to or resu G -- G-Occurrence required intervention to sustain H -- H-Occurrence may have contributed to or resu I -- I-Unknown origin NONPAT -- Non Patient Event</p> | <p>Select Outcome</p> <p>EXP -- DEATH EXTPATCAR -- EXTENDED PATIENT CARE LPATCAR -- LOW IMPACT ON PATIENT CARE NPATCAR -- NO IMPACT ON PATIENT CARE</p> | <p>Select Type</p> <p>ACUTE -- ACUTE CANCERCNTR -- CANCER CENTER PATIEN CATHCART -- CATH CART CLINIC -- CLINIC PATIENT CCU -- CRITICAL CARE EMTALA -- EMTALA patient ER -- ER PATIENT HOMEHEAL -- HOME HEALTH PATIENT HOSPICE -- HOSPICE PATIENT INPAT -- INPATIENT INTSWING -- INTERM SWINGBED</p> |
| <input checked="" type="checkbox"/> Add Dept/Site, Unit/Svc or Location Filter? | | |
| <p>No Departments Found</p> | <p>No Units Found</p> | <p>Select Location</p> <p>ACUTE -- ACUTE ADMIN -- ADMINISTRATION AMBULANCE -- AMBULANCE CASEMGMT -- CASE MANAGEMENT CENTRALSTE -- CENTRAL STERILE CENTRALSUP -- CENTRAL SUPPLY CLINICHOSP -- CLINIC - HOSPITAL COMMONA -- COMMON AREAS EDUBLDG -- EDUCATION BUILDING ELEVATOR -- ELEVATOR ED -- EMERGENCY DEPARTMENT</p> |
| <p>Person Type: <input type="text"/> <input type="button" value="v"/> <input type="checkbox"/> Include Near Misses?</p> <p>Select Beginning Date: <input type="text" value="01/01/2018"/> Select Ending Date: <input type="text" value="06/13/2022"/></p> | | |
| <p>Subtitle: <input type="text"/></p> | | |



You can combine reports with respective filters accordingly to obtain the desired data you want to display.

Additional Filters

If you have specific filters added to your security settings (ie., your Facility and/or Location only or a specific event category of incident, etc. – your Additional Filters will be displayed in the sub title of the graph page). This will allow you to know if in addition to the filters you noted in the report screen above, if you have any other sub filters automatically assigned to obtain the output on the report due to your limitation on security.

It will display in the title of the graph as below:



Above example shows the user who ran the report does NOT have any additional security filters. If you do have security filters, it will display accordingly (i.e., Location: Med/Surg.).

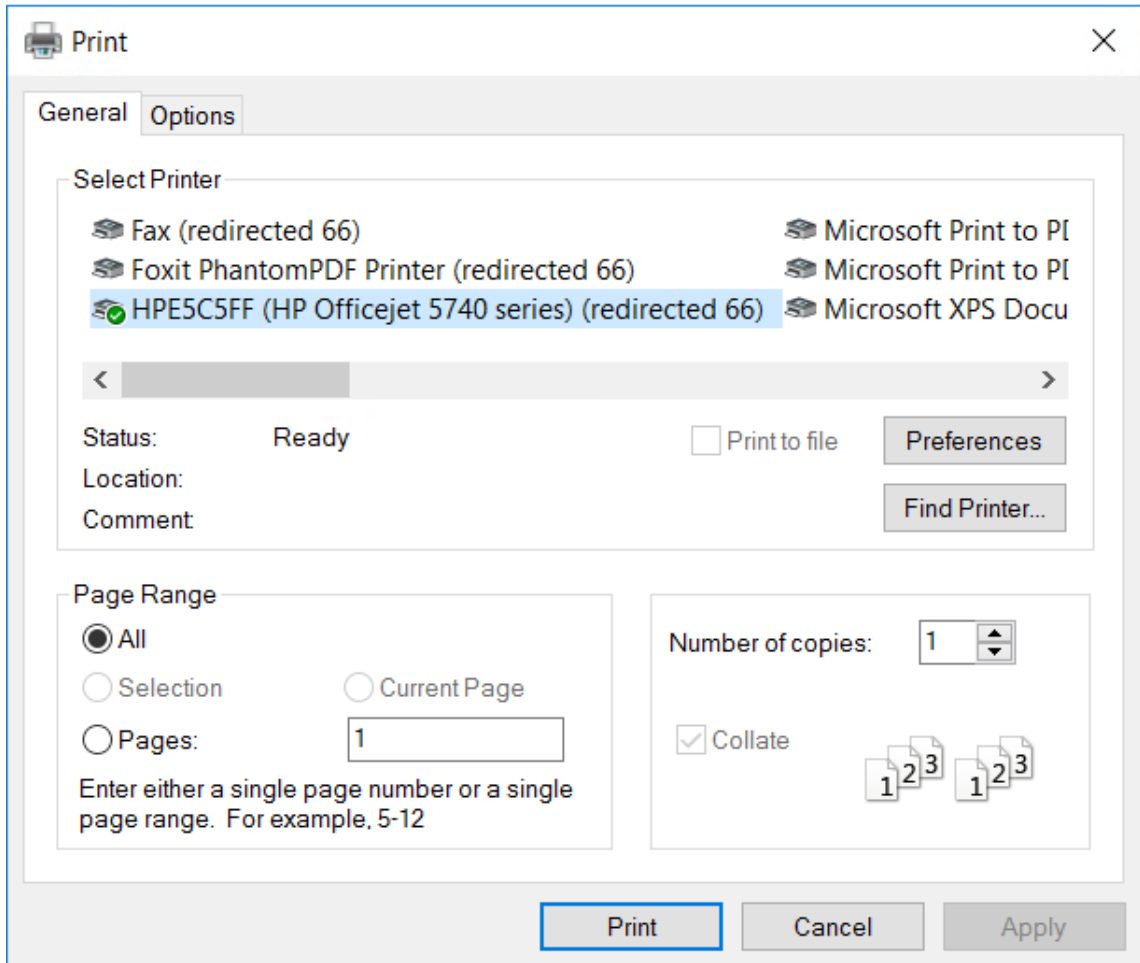
If you do not see the correct number/counts of data that you expect, please check with your HAS Administrator or RiskQual Support – support@riskqual.com for assistance.

Print Report/Graph

You can print the report/graph by clicking PRINT button

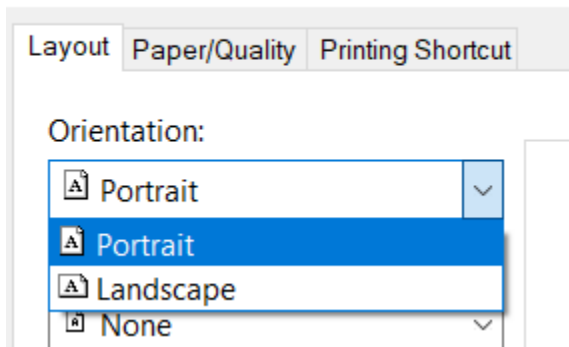


The Print window displays for your assigned printer :



You can change the report to output as Landscape by clicking on Preferences button and click on LAYOUT tab and change to Landscape:

HPE5C5FF (HP Officejet 5740 series) Dc



If you DO NOT SEE your assigned printer in the list above, check with your IS Department for assistance.

Event Details Report

This report displays detail data/log of the events or Events based on the filters you've assigned. It then allows you to Export the list to Excel.

Select Event Details Report, select any specific filters you wish to select (i.e., Category FALL), select the date range and run your report:

Reports

Select Module

Incident
Complaint/Compliment

Select Report

Category by Month
Sub Categ by Month
Dept/Site by Month
Location by Month
Unit/Svc by Month
Falls by Type
Med Variances by Type
ADRs by Type
Event Details

Select Facility

38-18--BOUNDARY COMMUNITY HOSPITAL

Add Category/Injury/Cause/Sev Filter?

Select Category

ADMIN -- ADMINISTRATIVE
ARREST -- ARREST (CARDIAC/RESPIRATOR) ^
BEHAVIOR -- BEHAVIOR
BLOOD -- BLOOD RELATED
CONSENT -- CONSENT/AUTHORIZATION
EQUIPMENT -- EQUIPMENT/MEDICAL DEVIC
FALL -- FALLS
IV -- IV
MEDICATION -- MEDICATION
OBSTETRICS -- OBSTETRICS
OTHER -- OTHER EVENTS

Select Injury

ABRASION -- ABRASION
ALTEREDSTA -- ALTERED STATE (OXYGEN ^
AMPUTATION -- AMPUTATION (IF REMOVAL
BLISTER -- BLISTER
BOWELPERF -- BOWEL PERFORATED
BRUISE -- BRUISE
BURN -- BURN
CARDRESP -- CARDIAC/RESPIRATORY ARF
COMPARSYND -- COMPARTMENT SYNDRO
CONTRACTUR -- CONTRACTURE
CONTUSION -- CONTUSION

Select Cause

BEHAVIOR -- BEHAVIORAL ISSUE
LOOK/SOUND -- BRAND/GENETIC NAME LO ^
CALCULATE -- CALCULATION ERROR
COMMUNICAT -- COMMUNICATION ISSUE
COMPLIC -- COMPLICATION
CONTRAINDI -- CONTRAINDICATED
CPOEINC -- CPOE INCORRECT ENTRY
EDUTRAIN -- EDUCATION/TRAINING
ENVIRONMEN -- ENVIRONMENTAL FACTOR
EQUIPFAIL -- EQUIPMENT FAILURE
HANDWR -- HANDWRITTEN ENTRY

Select Severity

A -- A-Near miss/did not reach the patient (omissio
B -- B-Occurrence reached the patient but did not
C -- C-Occurrence reached the patient and require
D -- D-Occurrence may have contributed to or resu
E -- E-Occurrence may have contributed to or resu
F -- F-Occurrence may have contributed to or resu
G -- G-Occurrence required intervention to sustain
H -- H-Occurrence may have contributed to or resu
I -- I-Unknown origin
NONPAT -- Non Patient Event

Select Outcome

EXP -- DEATH
EXTPATCAR -- EXTENDED PATIENT CARE
LPATCAR -- LOW IMPACT ON PATIENT CARE
NPATCAR -- NO IMPACT ON PATIENT CARE

Select Type

ACUTE -- ACUTE
CANCERCNTR -- CANCER CENTER PATIEN ^
CATHCART -- CATH CART
CLINIC -- CLINIC PATIENT
CCU -- CRITICAL CARE
EMTALA -- EMTALA patient
ER -- ER PATIENT
HOMEHEAL -- HOME HEALTH PATIENT
HOSPICE -- HOSPICE PATIENT
INPAT -- INPATIENT
INTSWMNG -- INTERM SWMNGBED

Add Dept/Site, Unit/Svc or Location Filter?

No Departments Found

No Units Found

Select Location

ACUTE -- ACUTE
ADMIN -- ADMINISTRATION
AMBULANCE -- AMBULANCE
CASEMGMT -- CASE MANAGEMENT
CENTRALSTE -- CENTRAL STERILE
CENTRALSUP -- CENTRAL SUPPLY
CLINICHOSP -- CLINIC - HOSPITAL
COMMONA -- COMMON AREAS
EDUBLDG -- EDUCATION BUILDING
ELEVATOR -- ELEVATOR
ED -- EMERGENCY DEPARTMENT

Person Type:

Include Near Misses?

Select Beginning Date: Select Ending Date:

Subtitle:

Click on Retrieve and the list will display:

Export To Excel

2 Record(s) found

| Incident Number | Person Type | Person/Org Name | Med Rec Number | Admit ID/Number | Incident Date | Incident Time | Dept/Unit | Report error dept | Unit/Floor | Location |
|-----------------|-------------|------------------|----------------|-----------------|---------------|---------------|--------------------------------|-------------------|------------|----------------------|
| JHJHM2021000001 | PATIENT | Patient, Testing | JHJHMTST1234 | JHJHMTST12345 | 05/01/2021 | 08:00 | 4STELE - JHMC 4 SOUTH MED SURG | | | EXAMROOM - Exam Room |
| JHJHM2021000004 | PATIENT | Patient, Testing | JHJHPAT12345 | JHJHMADM123456 | 05/31/2021 | 12:22 | 4STELE - JHMC 4 SOUTH MED SURG | | | EXAMROOM - Exam Room |

The listing shows several key items from each Event in the output relevant for you to review such as type of person who had the Event, person/patient name, Med Rec Number, Admit #/Encounter #, Event Date, Event Time, Department Where Occurred, Dept Reporting, Location, Event Category.

Slide to the right to see the additional ones:

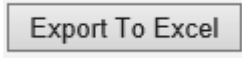
| Incident Category | Incident Sub Category | Injury Type | Outcome | Risk Severity | Inc Status | Incident Desc |
|-------------------|-----------------------------|----------------------|---------|---------------|-------------|---|
| FALL - Fall | | NONE - No injury | | | OPEN - Open | Pt wanted to void by themselves. RN waiting outside door. Pt attempted to rise from toilet and lost balance. RN heard Pt call out and found Pt on the floor. No injury noted and patient denies pain. |
| FALL - Fall | FOUNDFLR - Found on Floor | NONE - No injury | | | OPEN - Open | RN heard pt call out and found pt on floor by bedside. |
| FALL - Fall | FROMBED - From Bed | SKINTEAR - Skin Tear | | | OPEN - Open | Pt sitting on side of bed unattended to use urinal when he states the sheet slipped, and he fell to the floor landing on his buttocks. Pt didn't hit his head, but struck elbow on gurney rail resulting in skin tear to R bicep approx 2cm x 4 cm. |
| FALL - Fall | TOILETING - While Toileting | NONE - No injury | | | OPEN - Open | pt did not want assistance from RN. RN present outside bathroom door and heard fall. No apparent injury noted. |
| FALL - Fall | TOILETING - While Toileting | ABRASION - Abrasion | | | OPEN - Open | pt denied request from RN to assist them in the bathroom. RN outside Pt bathroom and eard patient fall. |

Sub Category, Injury Type, Outcome, Risk Severity, Event Status, Event Description.

Sort

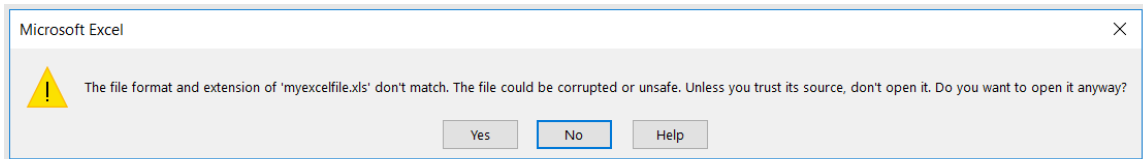
You can click on any of the columns to sort by that column.

Export to Excel



Click Export to Excel button to export the list to MS Excel.

You may receive a warning message to ensure the data can be exported.



Click YES to continue to Excel.

The event details grid will be displayed in MS Excel:

| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
|-----------------|-------------|--------------------|------------------|-----------------|---------------|---------------|------------------------------------|-------------------|------------|--------------------------|-------------------|-----------------------------|----------------------|---------|
| Incident Number | Person Type | Person/Org Name | Med Rec Number | Admin ID/Number | Incident Date | Incident Time | Dept/Clinic | Report error dept | Unit/Floor | Location | Incident Category | Incident Sub Category | Injury Type | Outcome |
| SLSLH2020000001 | PATIENT | Patient_Testing | SLSLH12345 | SLSLHPAT123455 | 09/17/2020 | 23:00 | ACF - Hospital/Acute Care Facility | | | PATROOM - Patient Room | FALL - Fall | | NONE - No injury | |
| SLSLH2020000002 | PATIENT | Patient_Testing | SLSLH12345 | SLSLHPAT123455 | 09/17/2020 | 17:15 | ACF - Hospital/Acute Care Facility | | | PATROOM - Patient Room | FALL - Fall | FOUNDFLR - Found on Floor | NONE - No injury | |
| SLSLH2020000005 | PATIENT | Patient_Testing | SLSLH12345 | SLSLHPAT123455 | 09/28/2020 | 13:00 | ED - Emergency Department | | | PATROOM - Patient Room | FALL - Fall | FROMBED - From Bed | SKINTEAR - Skin Tear | |
| SLSLH2020000008 | PATIENT | PatientToo_Testing | PATTEST123456666 | PATTEST1235699 | 10/01/2020 | 12:22 | ACF - Hospital/Acute Care Facility | | | PARKINGLOT - Parking Lot | FALL - Fall | TOILETING - While Toileting | NONE - No injury | |
| SLSLH2020000009 | PATIENT | PatientToo_Testing | PATTEST123456666 | PATTEST1235699 | 10/01/2020 | 12:30 | ACF - Hospital/Acute Care Facility | | | PATROOM - Patient Room | FALL - Fall | TOILETING - While Toileting | ABRASION - Abrasion | |



Any Questions

Contact your IT Help Desk for Login Issues/Questions

Contact your Risk Management Department for System Questions/How To

Contact RiskQual Technologies Support Services - support@riskqual.com