Yellowstone Event System (YES)

User Guide

Powered By

RiskQual Technologies, Inc.

Contents

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 Reference Docs

Yellowstone Insurance Exchange,RRG

Welcome to H.A.S.

-DataTrkWeb -

Event Reporting System

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

Enter your assigned User ID and Password:

User ID -   Meditech Pneumonic followed by wph
(Ex. John Doe's User ID would be jdoewph).

Password - Last four digits of SS.

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.

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

Go to your Internet Explorer icon [IE 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 <u>will not be saved automatically</u>.

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

```
- Select Entry Type -
Complaint/Grievance
Incident
```

Click to select Incident to report an Incident/Event.

The following options display to the right:

```
Incident        ▼        - Select Incident Type -
                         NON Patient Incident
                         PATIENT Incident
```

PATIENT INCIDENT – 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 – 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 [New] 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 ▾		Search

Add Patient

Prev   Next

Ex: Make sure to SEARCH first ---- IF NOT Found -- click ADD PATIENT to Add

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.

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

* Patient Name	PATIENT, TESTING
Medical Record #	000000
Gender/Sex	MALE
Birth Date	01/01/1950
Patient Age	65
Patient Age Unit	Y
Admission Date	12/24/2015
Admiting Diagnosis	ALLERGIC ARTHRITIS INVOLVING LOWER LEG

Patients are loaded to the YES system from your Patient Care/Registration system daily All patients should be available therefore in your search.

If you do not find the patient you are searching for after putting in the last name in search

criteria – click on button Add Patient Add Patient

The Add Patient screen will display:

Add New Patient

* Required

Person Type: PATIENT	Birth Date: (mm/dd/yyyy)	Gender: - Select - ▾
TaxID TYpe: - Select - ▾	TaxID:	MarStatus: - Select - ▾
First Name: *	Middle Initial:	Last Name: *

Address

Address Type: HOME ▾	Address:	
Zip Code:	City:	State:
Account Group Name: 38		Account Name: 07

Patient Information

MED REC NUMBER *		Master Patient Index:
ADMIT ID/NUMBER *	Admit Date:(mm/dd/yyyy)	Admit Time:(hh:mm)
Age	AgeUnit Years ▾	Admit Phys: ▾
Admit Bldg: - Select - ▾	Admit Unit: - Select - ▾	Department: - Select - ▾
Admit Room:	Admit Bed:	Admit Loc: - Select - ▾

ADMIT ICD9 CODE

[ ] Search (enter either Diag. Code or a portion of description)

ADMIT ICD9 DESC

[   ] Clear

Save Patient   Cancel

To add a new patient – enter at minimum the required information – Required information is noted with a Red Asterisk *

(First Name, Last Name, Med Rec Number, Admit ID/Number)

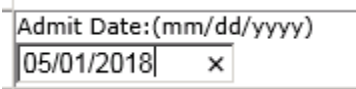| First Name: *	Last Name: *

MED REC NUMBER *

ADMIT ID/NUMBER *

If you save the patient before entering at least the minimum required information, the system will not save and prompt you by the required fields that the information is required – see example below:

First Name: *

First Name is required.
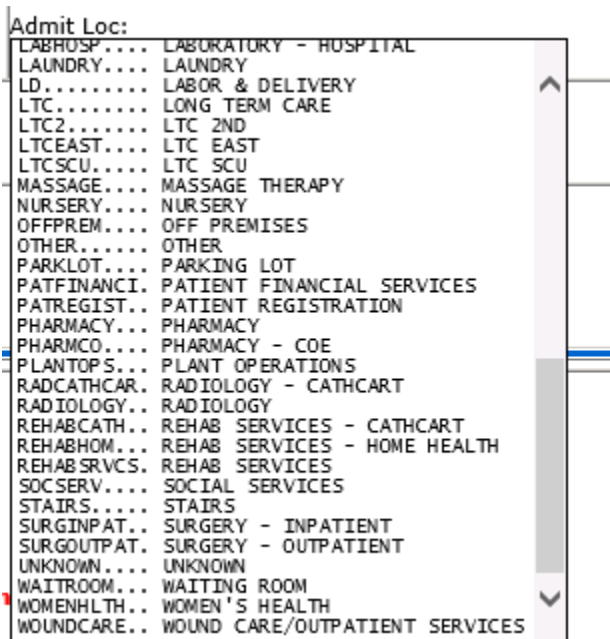
You can add any other information you have about the patient/admission such as Birth Date, Admit Date, Admit Physician, etc.

Ensure that Dates follow the noted format when entered (MM/DD/YYYY) -

Admit Date:(mm/dd/yyyy)

05/01/2018   ×
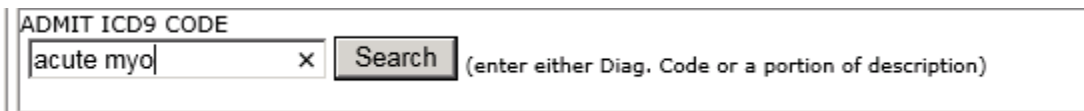
Click on drop downs to find options available to select.

Admit Loc:

```
LABHOSP.... LABORATORY - HOSPITAL
LAUNDRY.... LAUNDRY
LD......... LABOR & DELIVERY
LTC........ LONG TERM CARE
LTC2....... LTC 2ND
LTCEAST.... LTC EAST
LTCSCU..... LTC SCU
MASSAGE.... MASSAGE THERAPY
NURSERY.... NURSERY
OFFPREM.... OFF PREMISES
OTHER...... OTHER
PARKLOT.... PARKING LOT
PATFINANCI. PATIENT FINANCIAL SERVICES
PATREGIST.. PATIENT REGISTRATION
PHARMACY... PHARMACY
PHARMCO.... PHARMACY - COE
PLANTOPS... PLANT OPERATIONS
RADCATHCAR. RADIOLOGY - CATHCART
RADIOLOGY.. RADIOLOGY
REHABCATH.. REHAB SERVICES - CATHCART
REHABHOM... REHAB SERVICES - HOME HEALTH
REHABSRVCS. REHAB SERVICES
SOCSERV.... SOCIAL SERVICES
STAIRS..... STAIRS
SURGINPAT.. SURGERY - INPATIENT
SURGOUTPAT. SURGERY - OUTPATIENT
UNKNOWN.... UNKNOWN
WAITROOM... WAITING ROOM
WOMENHLTH.. WOMEN'S HEALTH
WOUNDCARE.. WOUND CARE/OUTPATIENT SERVICES
```

If you have Admitting Diagnosis – you can click on SEARCH button next to ADMIT ICD CODE and type beginning of the diagnosis description and system will show you all options loaded that fit that beginning description. Select one as appropriate.

ADMIT ICD9 CODE

acute myo   ×   Search   (enter either Diag. Code or a portion of description)

Click Save ![Save Patient] to save the patient and return to the Incident Entry screen to continue entering your Incident Report.

If you have trouble saving your patient and it does not return to main entry screen to continue your incident – slide up to the top of the patient screen and view the message/issue. If any other problems – contact your Risk Management department.

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 and sets the near miss flag to N.

L8	* Did Incident Reach The Patient?	Y
L9	Near Miss - NO	N

If answer "Did Incident Reach Patient?" = N

* Did Incident Reach The Patient?	N
Near Miss - Yes	Y

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.)

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

Incident Date

Date of Incident

* Required

01/07/2016   ✕

≤		January 2016				≥
S	**M**	**T**	**W**	**T**	**F**	**S**
27	28	29	30	31	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

Prev		Next

Ex: Select Incident Date

Time of Incident

Time of Incident (Military)

* Required

13:15   ✕

Prev		Next

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

* Date of Incident	01/07/2016
Day Of Week	**Thursday**
* Time of Incident (Military)	**13:15**
Shift Of Day	**DAY**

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

```
ACUADOLES.. (ACUTE - ADOLESCENT)
ACUADULT... (ACUTE - ADULT)
ACUCHILD... (ACUTE - CHILD)
ADMIN...... (ADMINISTRATION)
ANESTHESIA. (ANESTHESIA)
BLOODBANK.. (BLOOD BANK)
CAFETERIA.. (CAFETERIA)
CARDIOPUL.. (Cardio-Pulmonary Dept)
CATHCART... (CATHCART BUILDING)
CEDARMNT... (CEDAR MOUNTAIN CENTER)
CLINBEHAV.. (CLINIC - BEHAVIORAL HEALTH)
CLINCANCER. (CLINIC - CANCER CENTER)
CLINENT.... (CLINIC - ENT)
CLINGENSUR. (CLINIC - GENERAL SURGERY)
CLINIM..... (CLINIC - INTERNAL MEDICINE)
CLINOB..... (CLINIC - OB)
CLINPED.... (CLINIC - PEDIATRICS)
CLINURGEN.. (CLINIC - URGENT CARE)
DIETARCLIN. (CLINICAL DIETICIAN)
CCU........ (CRITICAL CARE UNIT)
DAYCARE.... (DAYCARE)
ELEVATOR... (ELEVATOR)
ED......... (EMERGENCY DEPARTMENT)
EMS........ (EMS)
ENVIRNSRVC. (ENVIRONMENTAL SERVICES)
GIFTSHOPPE. (GIFT SHOP)
HALLWAY.... (HALLWAY)
HIM........ (HEALTH INFORMATION MANAGEMENT)
HOMHEALTH.. (HOME HEALTH)
```

```
HOSPICE.... (HOSPICE)
HOSPHOUSE.. (HOSPICE HOUSE)
INTRANSIT.. (IN-TRANSIT)
LD......... (LABOR & DELIVERY)
LABCATHCAR. (LABORATORY - CATHCART)
LABHOSP.... (LABORATORY - HOSPITAL)
LAUNDRY.... (LAUNDRY)
LTC........ (LONG TERM CARE)
LTC2....... (LTC 2ND)
LTCEAST.... (LTC EAST)
LTCSCU..... (LTC SCU)
MASSAGE.... (MASSAGE THERAPY)
NURSERY.... (NURSERY)
NUTRISVC... (NUTRITION SERVICES)
OFFPREM.... (OFF PREMISES)
OTHER...... (OTHER)
PARKLOT.... (PARKING LOT)
PATFINANCI. (PATIENT FINANCIAL SERVICES)
PATREGIST.. (PATIENT REGISTRATION)
PHARMACY... (PHARMACY)
PHARMCO.... (PHARMACY - COE)
PLANTOPS... (PLANT OPERATIONS)
RADIOLOGY.. (RADIOLOGY)
RADCATHCAR. (RADIOLOGY - CATHCART)
REHABSRVCS. (REHAB SERVICES)
REHABCATH.. (REHAB SERVICES - CATHCART)
REHABHOM... (REHAB SERVICES - HOME HEALTH)
SOCSERV.... (SOCIAL SERVICES)
STAIRS..... (STAIRS)
SURGINPAT.. (SURGERY - INPATIENT)
```

```
SURGOUTPAT. (SURGERY - OUTPATIENT)
UNKNOWN.... (UNKNOWN)
WAITROOM... (WAITING ROOM)
WOMENHLTH.. (WOMEN'S HEALTH)
WOUNDCARE.. (WOUND CARE/OUTPATIENT SERVICES)
```

Exact Location/Room #

Exact Location/Room #

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)
OBSTETRICS. (OBSTETRICS)
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

```
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)
EXAMTABLE.. (FROM EXAM/XRAY/OR TABLE/GURNEY)
EXERCEQUIP. (FROM EXERCISE EQUIPMENT)
SHOWER..... (IN SHOWER)
OTHER...... (OTHER)
WHILEAMB... (WHILE AMBULATING / STANDING)
```

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 WestPark'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)
COMPLAINT.. (COMPLAINT)
LFSFTY..... (ENVIRONMENT OF CARE/LIFE SAFETY)
OTHER...... (OTHER)
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)
PATWPHYS...   (PATIENT WITH PHYSICIAN)
PATWSTAF...   (PATIENT WITH STAFF)
PATWVIS....   (PATIENT WITH VISITORS)
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)
STAFWSTAF..   (STAFF WITH STAFF)
SUICIDE....   (SUICIDE)

THREAT.....   (THREAT)
THREATAGG..   (THREAT OF AGRESSION)
```

BLOOD Sub Categories

Incident Sub-Categ

* Required

```
ALLERGY....   (ALLERGY/REACTION)
DELAYED....   (DELAYED)
DISCGIVEN..   (DISCONTINUED, BUT GIVEN)
EXTRDOSE...   (EXTRA DOSE)
MISDOSE....   (MISSED DOSE)
OTHEQUIP...   (OTHER ISSUES / EQUIPMENT)
TRANSCRIPT.   (TRANSCRIPTION ERROR)
TRANSQUICK.   (TRANSFUSED TOO QUICKLY)
TRANSSLOW..   (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)
DMGOUTLET..  (DAMAGED OUTLET)
DISCON.....  (DISCONNECTED)
INTERNET...  (INTERNET DOWN)
MALFUNC....  (MALFUNCTION)
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)
EXAMTABLE..  (FROM EXAM/XRAY/OR TABLE/GURNEY)
EXERCEQUIP.  (FROM EXERCISE EQUIPMENT)
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)
PUMPNINFUS.  (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)
CONTRAIND..  (CONTRAINDICATED)
CDINCCNT...  (CONTROL DRUG - INCORRECT COUNT)
CDNCNDN....  (CONTROL DRUG NARCOTIC COUNT NOT COMPLETE)
CDNW.......  (CONTROL DRUG NOT WASTED)
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)
HAZARD..... (HAZARDOUS CONDITION)
MISSVISIT.. (MISSED VISIT)
NEEDLESTCK. (NEEDLESTICK)
PATRELTERM. (PATIENT RELATIONSHIP TERMINATED)
POLVIOL.... (POLICY VIOLATIONS)
PREMDISCH.. (PREMATURE DISCHARGE)
REGISTRAT.. (REGISTRATION ISSUE)
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

```
ASEPTICNF..  (ASEPTIC TECHNIQUE NOT FOLLOWED)
CANCELLED..  (CANCELLED)
CLERERROR..  (CLERICAL ERROR)
COMPLICATI.  (COMPLICATION)
CONDCHANG..  (CONDITION CHANGE - PROVIDER NOT NOTIFIED)
DECUB......  (DECUBITUS - FACILITY ACQUIRED)
DELAY......  (DELAYED)
DOCUMT.....  (DOCUMENTATION)
FORBODY....  (FOREIGN BODY RETENTION)
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)
POLPROC....  (POLICY OR PROCEDURE ISSUE)
PREPPROBL..  (PREP PROBLEM)
NOTAVAILAB.  (PROVIDER NOT AVAILABLE)
REPORTWD...  (REPORT TO WRONG MD/PROVIDER)
RESULTSINC.  (RESULTS INCORRECTLY REPORTED)
SPECINLABL.  (SPECIMEN INCORRECTLY LABELED)
SPECLOST...  (SPECIMEN LOST)
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 reaching for a
magazine
```

[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.

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

Enter Physician Last Name & Click SEARCH

Search

Select Field | Value
Pract/Phys Name ⌄ | phys | Search

1 (s) Records Found.

Practitioner ID	Pract/Phys Name
PHYS3807A	Physician 3807, Testing
1	

Please Select a page number to view more records

Prev   Next

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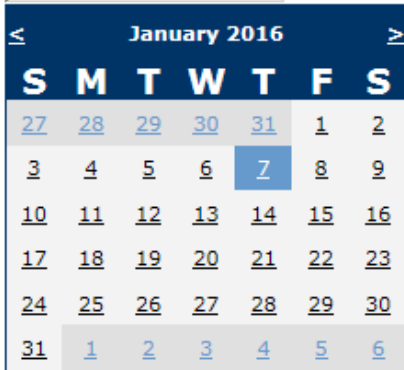
Enter the Last Name of the Physician and click SEARCH. A listing of active physicians for your facility displays.

Highlight the respective physician and click to select it.

As with Patients, an interface is implemented from your particular system that includes physician demographics so that all active physicians will be in the system upon user searches.

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

Date Physician Notified

Date Physician Notified

January 2016

S	M	T	W	T	F	S
27	28	29	30	31	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

Prev   Next

Ex: Select Date Physician Was Notified

Date Physician was notified question displays for entry

Time Physician Notified

Time Physician Notified (Military)

14:15   ×

Prev   Next

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

Time Physician Notified question displays for entry

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

Enter Last Name Of Supervisor Notified --Click SEARCH

* Required

Search

Select Field | Value
Employee Name | empl   Search

1 (s) Records Found.

Org/Person ID	Employee Name	Empl Num	Dept
MJEMPLOYEE	EMPLOYEE, MARYJANE	MJEMPLOYEE	
1			

Please Select a page number to view more records

Prev   Next

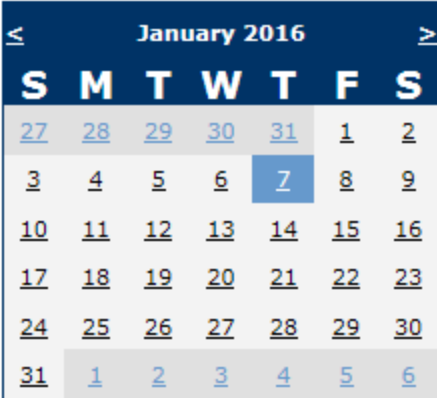Ex: Enter Supervisor LAST Name and Click SEARCH To Find Employee

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.

Date Supervisor Notified

Date Supervisor Notified

Ex: Select Date Supervisor Was Notified

Date Supervisor Was Notified can be selected

Time supervisor Notified

Time Supervisor Notified (Military)

Ex: Enter Time Supervisor Notified (HH:MM)

Time Supervisor was notified can be entered

Others Notified

Other(s) Notified

```
If any other person was notified, enter info
here
```

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. If Y, Type of Injury question will display.

Type of Injury

Injury Type

* Required

```
ABRASION...  (ABRASION)
ALLERGICRX.  (ALLERGIC REACTION)
ALTEREDSTA.  (ALTERED STATE (OXYGENATION, FL))
AMPUTATION.  (AMPUTATION (IF REMOVAL OR WRONG))
BLISTER....  (BLISTER)
BOWELPERF..  (BOWEL PERFORATED)
BREACHCON..  (BREACH OF CONFIDENTIALITY)
BRUISE.....  (BRUISE)
BURN.......  (BURN)
CARDRESP...  (CARDIAC/RESPIRATORY ARREST)
COMPARSYND.  (COMPARTMENT SYNDROME)
CONTRACTUR.  (CONTRACTURE)
CONTUSION..  (CONTUSION)
DAMAGTEET..  (DAMAGED TEETH)
DEATH......  (DEATH)
DECUBITUS..  (DECUBITUS)
DISLOCAT...  (DISLOCATION)
ELECSHOCK..  (ELECTRICAL SHOCK)
FAINTED....  (FAINTED)
FRACTURE...  (FRACTURE)
HEMATOMA...  (HEMATOMA)
HEMORRAG...  (HEMORRHAGE)
HYPERGLYC..  (HYPERGLYCEMIA)
HYPERTEN...  (HYPERTENSION)
HYPOCLYCEM.  (HYPOCLYCEMIA)
HYPOTEN....  (HYPOTENSION)
HYPOXIA....  (HYPOXIA)
INFECT.....  (INFECTION)
ITCHING....  (ITCHING)
```

```
LACERATION.  (LACERATION)
NEURODEFIC.  (NEUROLOGICAL DEFICIT)
OTHER......  (OTHER)
PARALYSIS..  (PARALYSIS)
PERFORAT...  (PERFORATION)
PUNCWND....  (PUNCTURE WOUND)
RASHHIVE...  (RASH/HIVES)
REDNESS....  (REDNESS)
SEIZURE....  (SEIZURE)
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 incidentt? (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 Incident?

Select whether Patient Is Aware of the event?

Reporter's Information

Reported/Entered By	WEB3807
Reporter Name	WEB 3807 PROFILE
* Date Incident/Event Rprt Received	1/7/2016

The Reporters information displays automatically on the grid on the left with User ID, User Name, Reported Date and Time 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.

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 your Event Entry.

Click [Save] 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	38072016000003
3	Master Event Number	38072016000003
4	Facility	07
5	Facility Name	WEST PARK HOSPITAL
	PATIENT INFO DETAILS	
7	* Type of Person	PATIENT
8	* Enter LAST NAME of Patient & Click SEARCH	123456
9	* Patient OrgPerID	OP00007880
10	* Patient Name	Patient, Testing
11	Medical Record #	000000
12	Gender/Sex	MALE
13	Birth Date	01/01/1950
14	Patient Age	65
15	Patient Age Unit	Y
16	Admission Date	12/24/2015
17	Admiting Diagnosis	ALLERGIC ARTHRITIS INVOLVING LOWER LEG
	INCIDENT DETAILS	
19	* Did Incident Reach The Patient?	Y
20	Near Miss - NO	N
21	* Date of Incident	01/07/2016
22	Day Of Week	Thursday
23	* Time of Incident (Military)	13:15
24	Shift Of Day	DAY
25	* Location Of Incident	ED
26	Exact Location/Room #	
27	* Incident Category	FALL
28	Incident Category Desc	FALLS
29	* Incident Sub-Categ	CHAIR
30	Incident Sub-Categ Desc	FROM CHAIR/WHEELCHAIR

< Prev. Page   Next Page >

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

Save   Cancel   Start New Entry

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 Incident 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	
39	Was An Injury Involved?	N
40	Injury Type (NA)	NA

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	
39	Was An Injury Involved?	N
40	Injury Type (NA)	NA

IF EQUIPMENT is the Incident Category

Additional questions can display for user to enter more information:

Select Equipment/Device

```
ANES....... (ANESTHESIA EQUIPMENT)
BED........ (BED)
CATH....... (CATHETER)
COMMODE.... (COMMODE)
CT......... (CT)
DRAIN...... (DRAIN)
HEATPAD.... (HEATING PAD)
IV......... (IV EQUIPMENT)
LAB........ (LAB EQUIPMENT)
MONITOR.... (MONITOR)
MRI........ (MRI)
OTHER...... (OTHER)
PT......... (PHYSICAL THERAPY EQUIPMENT)
RT......... (RESPIRATORY THERAPY EQUIPMENT)
RESTR...... (RESTRAINT)
ROLCH...... (ROLLING STOOL/CHAIR)
SCOPE...... (SCOPE)
STRETCHER.. (STRETCHER)
SUCTION.... (SUCTION)
VENT....... (VENTILATOR)
XRAY....... (XRAY)
```

Model Number

```
12345                    ×
```

| Prev | Next |

Ex: Enter Model Number

Brand Name

IV R Us ✕

[Prev] [Next]

Ex: Enter Brand Name

Serial Number

123888 ✕

[Prev] [Next]

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?

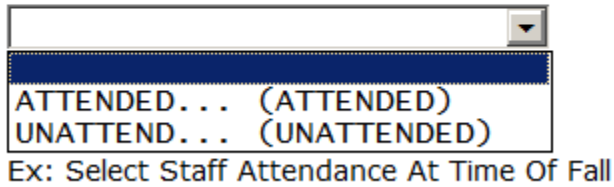## Biomed Contacted?

○ Yes ○ No

[Prev] [Next]

Ex: Was Biomed Contacted After Equipment/Issue?

IF FALL is the Incident Category

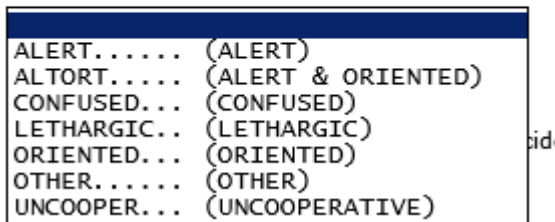**Additional questions can display for user to enter more information:**

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)        id
ORIENTED...  (ORIENTED)
OTHER......  (OTHER)
UNCOOPER...  (UNCOOPERATIVE)
```
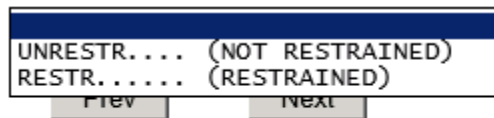
Select Status of the patient prior to the Incident

Restraints In Place

```
UNRESTR....  (NOT RESTRAINED)
RESTR......  (RESTRAINED)
   Prev          Next
```
Ex: Select Restraints In Place

Select restraints information.

Bed Rail Level

```
UP.........  (ALL SIDERAILS UP)
LUP........  (LOWER SIDE RAILS UP ONLY)
NOTRESTR...  (NOT RESTRAINED)
RESTR......  (RESTRAINED)
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)
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?

Main Environmental Factor

```
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)
```

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

```
Advil PM
```

Prev   Next

Ex: Enter Name of Medication or IV Solution Ordered

Enter Medication/IV Solution Administered Name

* Required

```
Tylenol
```

[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)
TOPICAL....   (Topical application)
```

Dose/Amount Ordered

```
500cc          ✕
```

[Prev]   [Next]

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

Dose/Amount Administered

```
200cc            ×
```

```
   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)
TOPICAL....  (Topical application)
```

Primary Contributing Factor

```
ABBREV.....  (Abbreviation)
CALCULATE..  (Calculation Error)
    Prev            Next
```

Ex: Select Primary Contributing Factor

List any additional contributing factors in Event Description

If Category = MEDICATION AND Sub Category = ADVERSE REACTION

Additional question displays for entry:

Select Level Of Adverse Reaction

* Required

```
LEVEL1.....  (Level 1 - ADE occurred but required no change in treatment with suspected drug)
LEVEL2.....  (Level 2 - Drug held, DC'd or changed, but no antidote or additional treatment needed)
    Prev           Next
```

Ex: Select Level Of Adverse Reaction To Medication/IV Solution, if any

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

* Required

```
|                              |▼|
|                              |
EMPLOYEE...  (EMPLOYEE)
FAMILY.....  (FAMILY)
OTHER......  (OTHER)
PATIENT....  (PATIENT)
PHYSICIAN..  (PHYSICIAN)
CAREGIVER..  (PT. CARE GIVER)
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:

Num	Question	Answer
61	* Employee Search	003360
62	Phys/Empl/Pat Name	**GLEASON, RONALD**

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

Enter Witness First Name

* Required

Susie

[Prev]   [Next]

Ex: Enter Witness First Name

Witness Last Name

* Required

Witnessing

[Prev]   [Next]

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)
VISITOR....   (VISITOR)
VOLUNTEER..   (VOLUNTEER)

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 Involved Search

* Required

Search

Select Field	Value	
Pract/Phys Name ▾	physician	Search

3 (s) Records Found.

Practitioner ID	Pract/Phys Name
1234114	PHYSICIAN, JOE
12341234	Physician, Joseph
09178273	PHYSICIANS, JOE
1	

Please Select a page number to view more records

Involvement Desc

* Required

```
Physician who wrote incorrect orders
```

Prev   Next

Ex: Description of Party'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/HEALTHCARE PROFESSIONAL)
CAREGIVER.. (PT. CARE GIVER)
VISITOR.... (VISITOR)
VOLUNTEER.. (VOLUNTEER)
```

Enter the Name of the Person involved in the incident

Person Name

* Required

| Visitor, Susan | ✕ |

| Prev | Next |

Ex: Enter Person Name (LAST, FIRST)

If VISITOR is selected, User can enter reason why that non-patient person is in the hospital/facility

Reason for Visitation

Reason for Visitation

visiting her brother

| Prev | Next |

(Last Name, First Name)

Date of Incident

Date of Incident

* Required

01/07/2016   ✕

≤		January 2016				≥
S	**M**	**T**	**W**	**T**	**F**	**S**
27	28	29	30	31	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

Prev   Next

Ex: Select Incident Date

Time of Incident

Time of Incident (Military)

* Required

10:00   ✕

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)
FALL.......  (FALLS)
MEDICATION.  (MEDICATION)
OTHER......  (OTHER EVENTS)
PROPERTY...  (PROPERTY/SECURITY)
```

Incident Sub Category

Incident Sub-Categ

* Required

```
ASSISTED...  (ASSISTED/LOWERED TO FLOOR)
COMMODE....  (BEDSIDE COMMODE/TOILET)
EXAMTABLE..  (EXAM/XRAY/OR TABLE/GURNEY)
FAINTED....  (FAINTED)
FROM CURB..  (FALL FROM CURB)
FLOOR......  (FOUND ON FLOOR)
BED........  (FROM BED)
CHAIR......  (FROM CHAIR/WHEELCHAIR)
CRIB.......  (FROM CRIB)
EXERCEQUIP.  (FROM EXERCISE EQUIPMENT)
SHOWER.....  (IN SHOWER)
PATSTATES..  (PATIENT / OTHER STATES)
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)
ALLERGICRX.  (ALLERGIC REACTION)
ALTEREDSTA.  (ALTERED STATE (OXYGENATION, FL))
AMPUTATION.  (AMPUTATION (IF REMOVAL OR WRONG))
BLISTER....  (BLISTER)
BOWELPERF..  (BOWEL PERFORATED)
BREACHCON..  (BREACH OF CONFIDENTIALITY)
BRUISE.....  (BRUISE)
BURN.......  (BURN)
CARDRESP...  (CARDIAC/RESPIRATORY ARREST)
COMPARSYND.  (COMPARTMENT SYNDROME)
CONTRACTUR.  (CONTRACTURE)
CONTUSION..  (CONTUSION)
DAMAGTEET..  (DAMAGED TEETH)
DEATH......  (DEATH)
DECUBITUS..  (DECUBITUS)
DISLOCAT...  (DISLOCATION)
ELECSHOCK..  (ELECTRICAL SHOCK)
FAINTED....  (FAINTED)
FRACTURE...  (FRACTURE)
HEMATOMA...  (HEMATOMA)
HEMORRAG...  (HEMORRHAGE)
HYPERGLYC..  (HYPERGLYCEMIA)
HYPERTEN...  (HYPERTENSION)
HYPOCLYCEM.  (HYPOCLYCEMIA)
HYPOTEN....  (HYPOTENSION)
HYPOXIA....  (HYPOXIA)
INFECT.....  (INFECTION)
ITCHING....  (ITCHING)
```

```
LACERATION.  (LACERATION)
NEURODEFIC.  (NEUROLOGICAL DEFICIT)
OTHER......  (OTHER)
PARALYSIS..  (PARALYSIS)
PERFORAT...  (PERFORATION)
PUNCWND....  (PUNCTURE WOUND)
RASHHIVE...  (RASH/HIVES)
REDNESS....  (REDNESS)
SEIZURE....  (SEIZURE)
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

```
BILLINGDEP.  (BILLING DEPARTMENT)
CLINIC.....  (CLINIC)
ED.........  (EMERGENCY DEPARTMENT)
FACILITIES.  (FACILITIES MGR)
HALLWAY....  (HALLWAY)
IT.........  (INFORMATION TECHNOLOGY)
KITCHEN....  (KITCHEN)
LABHOSP....  (LABORATORY - HOSPITAL)
LOBBY......  (LOBBY)
MEDSURG....  (MED/SURG UNIT)
OFFPREM....  (OFF PREMISES)
OR.........  (OPERATING ROOM)
OTHER......  (OTHER)
PARKLOT....  (PARKING LOT)
PATROOM....  (PATIENT ROOM)
PHARMACY...  (PHARMACY - HOSPITAL)
PHYSTHERP..  (PHYSICAL THERAPY)
PURCHASING.  (PURCHASING)
RADIOLOGY..  (RADIOLOGY)
RECOVERY...  (RECOVERY ROOM)
RESPTHER...  (RESPIRATORY THERAPY)
SWINGBED...  (SWINGBED)
UNKNOWN....  (UNKNOWN)
WELLNESS...  (WELLNESS CENTER)
```

Exact Location/Room

[ ]

[Prev] [Next]

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

Reporters details automatically prefill as user who is entering incident

Reported/Entered By	WEB3807
Reporter Name	WEB 3807 PROFILE
* Date Incident/Event Rprt Received	01/07/2016

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

```
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)
```

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@wphcody.org
Subject: Follow up and review for Event #: 38072015000001

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   at the bottom of the Grid containing all the incident details.

To enter follow up – Under the "My Open Follow Up" section to the right of the grid, click on the link "Click here to complete follow up: DEPARTMENT MANAGER/LEADER FOLLOW UP

My Open Follow Up
Click here to complete follow up : DEPARTMENT MANAGER / LEADER FOLLOW UP - WKN0033301

If you have been assigned a different type of follow up – the description will be different above according to the assignment.

If you do not see a link under the "My Open Follow Up" section above – that means that you have not been "assigned" to complete follow up for this event. You can just review its details as "for your information" and close the event.

If you do want to enter a note that you have reviewed the event – you may still add follow up if you wish by clicking on the "Click here to Add Follow Up" under the "Add" section

Add
Click Here to add Additional Witnesses
Click Here to add Follow Up

You will be prompted to select the type of follow up you are entering and answer the respective questions. Click "Save and Return" button to save your follow up entry.

Completing Follow Up

Upon clicking on the link above to complete your assigned follow up, the follow up questions display:

Type Of Follow Up Done

* Required

MGREVIEW...   (DEPARTMENT MANAGER 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

2/18/2016   ✕

≤		February 2016				≥
S	**M**	**T**	**W**	**T**	**F**	**S**
31	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	1	2	3	4	5
6	7	8	9	10	11	12

[Prev]   [Next]

Ex: Select Date Folllow-Up Was Completed

Follow Up Descr

* Required

```
I spoke to patient and family and ...|
```

[Prev]   [Next]

Ex: Enter Details/Description of the Follow-Up performed for this event

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 ![Save and Return] to save the follow up and return to the main event entry.

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.

Follow Up : INITIAL USER/REPORTER FOLLOW UP - By: WEB 3807 PROFILE - Entered:
02/18/2016

Department Manager Follow Up

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

Follow Up Date

Ex: Select Date Folllow-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

```
This is my department manager follow up, this
and that....
```

    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)
LOOK/SOUND.  (BRAND/GENETIC NAME LOOK ALIKE OR SOUND ALIKE)
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)
IDSCAN.....  (ID NOT SCANNED)
IMPRPROC...  (IMPROPERLY PERFORMED PROCEDURE/TREATMENT/SPECIMEN)
MEDSCAN....  (MED NOT SCANNED)
MEDCOND....  (MEDICAL CONDITION)
MEDEXPIRED.  (Medication Expired)
NONFORMULA.  (NON FORMULARY DRUG)
NOTLEGIBLE.  (NOT LEGIBLE)
ORDERNCL...  (ORDERS NOT CLEAR)
ORDERNFOL..  (ORDERS NOT FOLLOWED)
ORDPROC....  (ORDERS NOT PROCESSED PROPERLY)
ORDEREMR...  (ORDERS/EMR NOT UPDATED)
OTHER......  (OTHER)
PATUNCOO...  (PATIENT UNCOOPERATIVE)
POLPROCIN..  (POLICY/PROCEDURE INADEQUATE)
POLPROCINC.  (POLICY/PROCEDURE INCORRECT)
POLPROC....  (POLICY/PROCEDURE NOT FOLLOWED)
RECONCILE..  (RECONCILIATION (i.e., ADMISSION, D/C, TRANSITION))
SOFTWARE...  (SOFTWARE ISSUE)
```

```
UNKNOWN....  (UNKNOWN)
LABELING...  (UNLABELED/MISLABELED)
```

Select the primary cause for the incident from the dropdown.

Secondary Cause of Incident

Select Secondary Cause

```
BEHAVIOR...  (BEHAVIORAL ISSUE)
LOOK/SOUND.  (BRAND/GENETIC NAME LOOK ALIKE OR SOUND ALIKE)
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)
IDSCAN.....  (ID NOT SCANNED)
IMPRPROC...  (IMPROPERLY PERFORMED PROCEDURE/TREATMENT/SPECIMEN)
MEDSCAN....  (MED NOT SCANNED)
MEDCOND....  (MEDICAL CONDITION)
MEDEXPIRED.  (Medication Expired)
NONFORMULA.  (NON FORMULARY DRUG)
NOTLEGIBLE.  (NOT LEGIBLE)
ORDERNCL...  (ORDERS NOT CLEAR)
ORDERNFOL..  (ORDERS NOT FOLLOWED)
ORDPROC....  (ORDERS NOT PROCESSED PROPERLY)
ORDEREMR...  (ORDERS/EMR NOT UPDATED)
OTHER......  (OTHER)
PATUNCOO...  (PATIENT UNCOOPERATIVE)
POLPROCIN..  (POLICY/PROCEDURE INADEQUATE)
POLPROCINC.  (POLICY/PROCEDURE INCORRECT)
POLPROC....  (POLICY/PROCEDURE NOT FOLLOWED)
RECONCILE..  (RECONCILIATION (i.e., ADMISSION, D/C, TRANSITION))
SOFTWARE...  (SOFTWARE ISSUE)
```

```
UNKNOWN....  (UNKNOWN)
LABELING...  (UNLABELED/MISLABELED)
```


Description of Causes/Factors

Enter Description of Causes/Factors

*Required

```
the reason for this was....|
```

[Prev] [Next]

Ex: Enter general description of causes you feel led to this Issue/Event
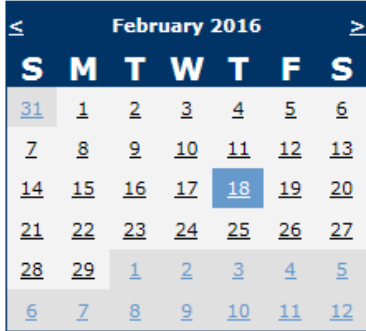
Primary Action Taken To Date

Select Primary Action Taken To Date

```
DISCONSRV.. (DISCONTINUED SERVICES)
EDUCTRAIN.. (EDUCATIONAL TRAINING)
NOACTION... (NO ADDITIONAL ACTION REQUIRED)
NOTRESPASS. (NO TRESPASS PLACED ON INDIVIDUAL)
PHYSNOTIF.. (PHYSICIAN NOTIFIED WITH RESOLUTION)
POLPROC.... (POLICY & PROCEDURE CHANGE)
PREVREV.... (PREVIOUSLY REVIEWED/COMPLETED)
PROCESS.... (PROCESS IMPROVEMENT INITIATED)
REVSTAFMTG. (REVIEWED AT STAFF MEETING)
SELFEVAL... (SELF-EVALUATION REQUESTED)
SENIORLEAD. (SENIOR LEADER NOTIFIED)
MEDEVAL.... (SENT FOR FURTHER MEDICAL EVALUATION)
STAFFCOUNS. (STAFF COUNSELED)
```

Date of Initial Action

Select Date Initial Action Was Taken

≤		February 2016				≥
S	**M**	**T**	**W**	**T**	**F**	**S**
31	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	1	2	3	4	5
6	7	8	9	10	11	12

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

Action Taken

Prev   Next

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

The following questions will only display if the Category for the Event is Fall.

Contributing Factor for Fall

Contributing factor for Fall

* Required

```
COMMUNICA.. (Communication Barrier)
CONFUSION.. (Confusion)
ENVIRONFAC. (Environmental Factor)
GAITBALAN.. (Gait/Balance Impairment)
USEASSTDEV. (Improper use of assistive device)
INCONTINEN. (Incontinence)
INTOXICAT.. (Intoxication)
NEUROLOGIM. (Neurological Impairment)
OTHER...... (Other)
PATHOLOGFX. (Pathological Fx)
PHYSRESTRA. (Physical Restraint)
RECENTFALL. (Recent Fall)
SEIZURES... (seizures)
SUBSTANCEA. (Substance Abuse)
VISUALIMPA. (Visual Impairment)
```

Choose the primary contributing factor for the fall from the dropdown. The system will advance to the next question.

Added Primary Intervention Post fall

Added Primary Intervention post fall

* Required

```
BEDALARM... (Bed alarm)
BEDRAILS... (Bed Rails)
FOOTWEAR... (Footwear)
NONSKIDSTR. (Non-Skid Strips)
NONE....... (None/No Changes)
PHARMREV... (Pharmacy Review)
TABSALARM.. (TABS Alarm)
VOS........ (VOS)
```

Choose the added primary intervention measure taken from the dropdown. The system will advance to the next question.

Added Secondary Intervention Post fall

Added Secondary Intervention post fall

```
BEDALARM...  (Bed Alarm)
BEDRAILS...  (Bed Rails)
FOOTWEAR...  (Footwear)
NONSKIDSTR.  (Non-Skid Strips)        fall
NONE.......  (None/No Changes)
PHARMREV...  (Pharmacy Review)
TABSALARM..  (TABS Alarm)
VOS........  (VOS)
```

The following questions will only display if the Category for the Event is Medication.

Medication Variance Additional Interventions/Monitoring

Medication Variance Additional Interventions/Monitoring

* Required

```
LEVELCARE..  (A new level of care not yet determined)
AIRWAYVENT.  (Airway established/patient ventilated)
ANTIDOTE...  (Antidote administered)
BLOODPROD..  (Blood Product Infusion)
DEFIBRILL..  (Cardiac Defibrillation performed)
CPR.......   (CPR Administered)
DIALYSIS...  (Dialysis)
DRUGTHERAP.  (Drug Therapy initiated/changed)
HOSP>10DAY.  (Hospitalization prolonged >10 days)
HOSP1TO5...  (Hospitalization prolonged 1-5 days)
HOSP6TO10..  (Hospitalization prolonged 6-10 days)
HOSPINITIA.  (Initial hospitalization)
LABTEST....  (Lab Tests Performed)
NARCOTICAN.  (Narcotic antagonist administered)
OBSERVATIO.  (Observation initiated/increased)
OXYGEN.....  (Oxygen administered)
SURGERY....  (Surgery performed)
TRANSFERHI.  (Transferred to a higher level of care)
VITALMONIT.  (Vital signs monitoring initiated/increased)
XRAYMRI....  (X-ray/MRI/other diagnostic tests performed)
```

Choose the added Medication intervention/monitoring measure taken from the dropdown. The system will advance to the next question.

Medication Variance Contributing factors

Medication Variance Contributing Factors

* Required

```
LEVELCARE.. (A new level of care not yet determined)
AIRWAYVENT. (Airway established/patient ventilated)
ANTIDOTE... (Antidote administered)
BLOODPROD.. (Blood Product Infusion)
DEFIBRILL.. (Cardiac Defibrillation performed)
CPR........ (CPR Administered)
DIALYSIS... (Dialysis)
DRUGTHERAP. (Drug Therapy initiated/changed)
HOSP>10DAY. (Hospitalization prolonged >10 days)
HOSP1TO5... (Hospitalization prolonged 1-5 days)
HOSP6TO10.. (Hospitalization prolonged 6-10 days)
HOSPINITIA. (Initial hospitalization)
LABTEST.... (Lab Tests Performed)
NARCOTICAN. (Narcotic antagonist administered)
OBSERVATIO. (Observation initiated/increased)
OXYGEN..... (Oxygen administered)
SURGERY.... (Surgery performed)
TRANSFERHI. (Transferred to a higher level of care)
VITALMONIT. (Vital signs monitoring initiated/increased)
XRAYMRI.... (X-ray/MRI/other diagnostic tests performed)
```

Choose the primary Medication Variance contributing factor measure taken from the dropdown.

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.

Click **Save and Return** 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 3807 PROFILE - Entered: 02/18/2016

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.

Click **Start New Entry** 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 that are assigned to you for Follow Up, for which you would have also received individual emails, you will see a listing of Open Follow Ups when you click on CANCEL or Start New Entry from any Incident or Complaint screen.

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

(***IF you are a department manager, and do not see this option below, you are not assigned to receive Open Follow Up queue. Contact your Hospital Risk Manager to advise them ***).

Hello WEB 3804 PROFILE
Log Out

View Reference Docs

Event Reporting System

| Incident ▾ | PATIENT Incident ▾ | New | Search |

My Open Follow Up

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

	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

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 **View** 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 **View**, the particular record displays:

My Open Follow Ups

This section will display at the <u>top right corner</u> of the Event or Complaint screen under the heading "My Open Follow Up"

A link noted as "**Click here to complete follow up: DEPARTMENT MANAGER FOLLOW UP**" will display as per below

My Open Follow Up

Click here to complete follow up : DEPARTMENT MANAGER FOLLOW UP – WKN0033076

Follow same instructions as above for documenting your follow up & closing it.

Click [**Start New Entry**] to return to the main screen and enter an Incident or

To view the rest, if any, of your Open Follow Ups and complete them.

The My Open Follow Up grid will refresh itself for NEW follow ups assigned to you while you are logged into the same session in YES.

Click [- □ X] the X on the upper right corner of your screen to EXIT the system.

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