Yellowstone Event System (YES)

User Guide

Powered By

RiskQual Technologies, Inc.

Contents

What is YES?

The Yellowstone Event System (YES) is to be used by any authorized employee/user at your facility to track incidents/events and complaints/grievances that occur in your facility as well as any near misses or "good catches". It will provide your risk management and guest relations departments with details regarding any incident/event or complaint/grievance 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 in the YES system, 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:

Yellowstone Insurance Exchange,RRG

Yellowstone Event System (YES)

Event Reporting System

- Select Entry Type -

Hello WEB 3805 PROFILE

Log Out

View Reference Docs

Contact RisKQual for Password Issues and System Questions at support@riskqual.com...

RiskQual Technologies, Inc.
Contact RiskQual Support
Contact Denise McCord - Yellowstone Risk Mgmt

[Contact RiskQual Technologies]

Enter your assigned User ID and Password

User ID: Your Initials plus the last 3-digit number from your Emp #
 (For example: John Doe with Employee # 8ACD00123 would login as **JD123**

Password: Sbh2018!
        Make sure you enter UPPERCASE letters as they are above on the password

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 Hospital IT Help Desk or Department for assistance. You may also contact RiskQual Support at support@riskqual.com.

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 [image]. 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"

```
- 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 -      New     Search
                NON-Patient Incident
                PATIENT Incident
```
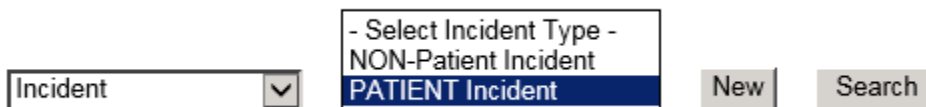
PATIENT INCIDENT – Select if incident affected a Patient or if the incident you are reporting was a Near Miss/Good catch is related to a patient.

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: HIghlight to Select

IF NOT FOUND - Click ADD PATIENT to Add Patient

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.

Enter LAST NAME of Patient & Click SEARCH

* Required

Search

Select Field   Value

| Patient Name ▼ | p | Search |

Add Patient

1 (s) Records Found.

Admit ID/Number	Med Rec Number	Patient Name	Admit Date	Disch Date
PAT383312345	PAT3833123	Patient, Testing	7/12/2017 12:00:00 AM	
1				

Please Select a page number to view more records

| Prev | | Next |

Ex: HIghlight to Select

IF NOT FOUND - Click ADD PATIENT to Add Patient

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

** Patient NOT FOUND ***

At this time -your hospital DOES NOT have an interface/Patient data feed coming into the YES system ongoing. Therefore, if a patient has an Incident or Complaint/Grievance and they have not had one prior, they most likely won't be in the YES system when you search.

If you SEARCH for the given patient and it is not found, click on ADD PATIENT button to add the patient/admission to the YES system.

Add New Patient

* Required

Person Type: PATIENT	Birth Date: (mm/dd/yyyy) 03/01/1950	Gender: F.......... Female
TaxID TYpe: - Select -	TaxID:	MarStatus: - Select -
First Name: * Testing	Middle Initial:	Last Name: * Patient

Address

Address Type: HOME	Address:	
Zip Code:	City:	State:
Account Group Name: 38		Account Name: 32

Patient Information

MED REC NUMBER * PAT383212345		Master Patient Index:
ADMIT ID/NUMBER * PAT383299999	Admit Date:(mm/dd/yyyy) 03/01/2018	Admit Time:(hh:mm) 12:12
Age 68	AgeUnit Years	Admit Phys: - Select Practitioner -

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

Follow the prompts in that ADD PATIENT screen to enter at least the required information *Red Asterisk and Save the Patient (First Name, Last Name, Med Rec Number and Admit /Account #).*

Click SAVE PATIENT button at the bottom of the patient screen to save the patient and continue with your entry. You will then be returned to the entry template to continue your entry of the incident or complaint/grievance.

Upon selection of the patient admission from the list or adding a new patient, the respective patient's demographics display on the grid (if entered) and system advances to the next question.

* Type of Person	PATIENT
* Enter LAST NAME of Patient & Click SEARCH	TEST333
* Patient OrgPerID	SPATIENT
* Patient Name	PATIENT, SUSIE
Medical Record #	SPATIENT
Gender/Sex	FEMALE
Birth Date	05/03/1980
Patient Age	35
Patient Age Unit	Y
Admission Date	08/03/2015
Admiting Diagnosis	HIP JOINT REPLACEMENT

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

If you answer N to above question – the incident will be considered a Near Miss/Good Catch event that did not reach the patient.

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

≤		June 2019				≥
S	**M**	**T**	**W**	**T**	**F**	**S**
26	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	1	2	3	4	5	6

Prev		Next

Ex: Select Incident Date

Time of Incident

Time of Incident (Military)

* Required

12:00	×

Prev		Next

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

21	* Date of Incident	06/04/2019
22	Day Of Week	**Tuesday**
23	* Time of Incident (Military)	**12:00**
24	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

```
ADMIN......   (ADMINISTRATION)
CLINIC.....   (CLINIC)
COMMONA....   (COMMON AREAS)
DIETARY....   (DIETARY)
ED.........   (EMERGENCY DEPARTMENT)
FRONTENTRY.   (FRONT ENTRY)
GROUNDS....   (GROUNDS)
HOSPLOBBY..   (HOSPITAL LOBBY)
HOUSEKEEP..   (HOUSEKEEPING)
IT.........   (INFORMATION TECHNOLOGY/SYSTEMS)
JAIL.......   (JAIL)
LAB........   (LABORATORY)
MAINTENCE..   (MAINTENANCE)
MEDSURG....   (MED/SURG UNIT)
NURSINGHME.   (NURSING HOME)
OTHER......   (OTHER)
PARKLOT....   (PARKING LOT)
PHARMACY...   (PHARMACY)
PHYSTHERP..   (PHYSICAL THERAPY)
RADIOLOGY..   (RADIOLOGY)
UNKNOWN....   (UNKNOWN)
```

Select location where the incident occurred. These are your facility's specific main department/locations. If a particular location is not above, advise your risk management department.

Exact Location/Room #

Exact Location/Room

[ ]

[Prev]   [Next]

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

Enter exact location of the incident (i.e., Patient Room, Room # 234).

Incident Category

Event 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 to note the type of incident you are reporting. Upon selection of an Event Category, the respective Sub Categories within that selected Category will display for you to select one as well.

Below are your facility's specific Categories & Codes (as selected by your risk manager):

ADMIN Sub Categories

Incident Sub-Categ

*Required

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

ARREST Subcategories

Incident Sub-Categ

* Required

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

Ex: Select Sub Category of the Incident

BEHAVIOR Subcategories

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)
```

```
STAFFPAT...  (STAFF WITH PATIENT)
STAFWSTAF..  (STAFF WITH STAFF)
SUICIDE....  (SUICIDE)
THREAT.....  (THREAT)
THREATAGG..  (THREAT OF AGRESSION)
```

BLOOD Subcategories

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)
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/AUTHORIZATION 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 Subcategories

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 Subcategories

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 Subcategories

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)
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)
```

Obstetrics Subcategories

Incident Sub-Categ

* Required

```
BLDLOSS....  (ESTIMATED BLOOS LOSS >700 FOR VAGINAL DELIVERY)
INFABDUCT..  (INFANT ABDUCTION)
NORESUC....  (NEONATE RESUSCITATION)
OTHER......  (OTHER)
PRECDEL....  (PRECIPITOUS DELIVERY)
UNATTEND...  (UNATTENDED DELIVERY - DELIVERED BY RN)
```

OTHER Subcategories

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)
PREMDISCH..  (PREMATURE DISCHARGE)
REGISTRAT..  (REGISTRATION ISSUE)
SAFESECUR..  (SAFETY/SECURITY ISSUES)
SOFTWREMAL.  (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)
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)
SPECWRGCNT.   (SPECIMEN WRONG CONTAINER)
SYSTEMS....   (SYSTEMS)
TUBEFEED...   (TUBEFEEDING ISSUES)
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 fir her
phone on the floor next to her chair.
```

 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.

Following above question – depending on the Incident Category you selected, you may get other questions prompted – See below sections based on Category of Incident selection.

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

_____

Search

Select Field   Value

[Pract/Phys Name ▼] [p   ]   [Search]

1 (s) Records Found.

Practitioner ID	Pract/Phys Name	Pract Type	Specialty
PHY3833123	Physician, Testing		
1			

Please Select a page number to view more records

[Prev]   [Next]   [Clear Response]

Ex: Enter LAST Name Of Physician Who Was Notified Of The Incident & Click SEARCH

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 that display are maintained in the YES system from an ongoing data feed from your IT respective systems.

*IF Physician NOT FOUND ** - Advise your Risk Management Department so they can add.*

Date Physician Notified

Date Physician Notified

* Required

Ex: Select Date Physician Was Notified

Date Physician was notified question displays for entry

Time Physician Notified

Time Physician Notified (Military)

* Required

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

Time Physician Notified question displays for entry

If Physician Notified? N, the above questions will not display and below question displays:

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 ▾ | em | Search |

1 (s) Records Found.

Org/Person ID	Employee Name	Empl Num	Dept
EMPTEST383	Employee, Testing	EMPTEST3832	
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.

Your facility has an ongoing data feed from your respective HR system of all your active Employees so that all active employees are in the YES system.

IF Employee NOT FOUND -- If you do not find a particular employee, please check with Risk Management/Nursing Direction.

Date Supervisor Notified

Date Supervisor Notified

* Required

			June 2019			
S	M	T	W	T	F	S
26	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	1	2	3	4	5	6

Prev   Next

Ex: Select Date Supervisor Was Notified

Date Supervisor Was Notified can be selected

Time supervisor Notified

Time Supervisor Notified (Military)

15:18

Prev   Next

Ex: Enter Time Supervisor Notified (HH:MM)

Time Supervisor was notified can be entered

If Supervisor Notified = N, following question will display:

Why Wasn't Supervisor Notified?

* Required

Prev   Next

Ex: Enter Why Wasn't Supervisor Notified?

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)
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)
HYPOXIA....   (HYPOXIA)
INFECT.....   (INFECTION)
ITCHING....   (ITCHING)
LACERATION.   (LACERATION)
NEURODEFIC.   (NEUROLOGICAL DEFICIT)
```

```
NONE....... (NONE)
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 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 Event?

Select whether Patient Is Aware of the event?

Reporter's Information

51	Reported Date	07/14/2017
52	Reported By Type	USER
53	Reported/Entered By	WEB3833
54	Reporter Name	WEB 3833 PROFILE-SOUTH BIG HORN TEST
55	* Date Incident/Event Rprt Received	07/14/2017

The Reporter's 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

Select Witness Type

* Required

```
CHILD...... (CHILD (DAYCARE))
EMPLOYEE... (EMPLOYEE)
FAMILY..... (FAMILY)
FITNESSCNT. (FITNESS CENTER MEMBER)                Other)
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 Directly Involved?

Were Other Individuals Directly Involved?

* Required

◯ Yes ◯ No

[Prev]   [Next]

Ex: Were Other Individuals Directly 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.

Party Person Type

Party Person Type
_____

* Required

```
EMPLOYEE...  (EMPLOYEE)
OTHER......  (OTHER)
PATIENT....  (PATIENT)
PHYSICIAN..  (PHYSICIAN/PROVIDER)
VISITOR....  (VISITOR)
VOLUNTEER..  (VOLUNTEER)
```
ed in the accident

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 **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:

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	
42	Was An Injury Involved?	**N**
43	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

* Required

```
BATHTUB....    (BATHTUB)
BED........    (BED)
CATH.......    (CATHETER)
COMMODE....    (COMMODE)
COMPUTER...    (COMPUTER RELATED EQUIPMENT)
CT.........    (CT)
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)
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)
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?

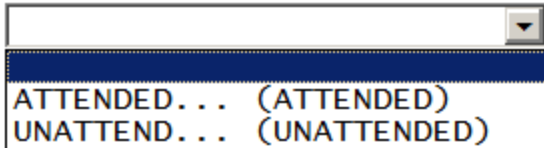## Biomed Contacted?

○ 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
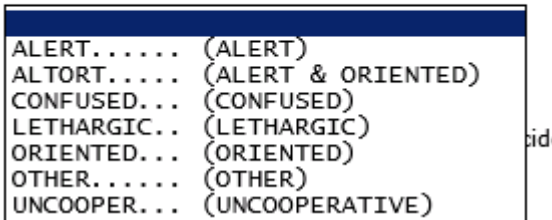
ATTENDED... (ATTENDED)
UNATTEND... (UNATTENDED)
Ex: Select Staff Attendance At Time Of Fall

Select staff attendance details for the Occurrence.
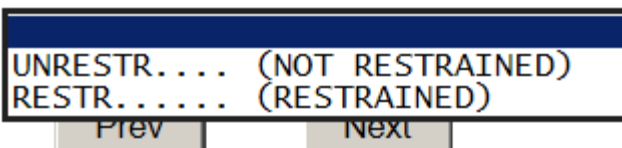
Patient Status Prior To Incident

* Required

ALERT...... (ALERT)
ALTORT..... (ALERT & ORIENTED)
CONFUSED... (CONFUSED)
LETHARGIC.. (LETHARGIC)
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 if restraints were in place prior to Fall.

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 prior to Fall

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: Was Patient On Fall Precautions?

Page # 36

Change Made to Plan of Care?

⊘ Yes ◯ No

[Prev]   [Next]

Ex: Was A Change Made to Plan of Care?

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)
UNEVSURF...  (UNEVEN SURFACE)
WETSLIP....  (WET/SLIPPER FLOOR)
```

Select Primary intervention Prior 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)
SUBQ.......  (Sub Cutaneous)
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)
SUBQ....... (Sub Cutaneous)
TOPICAL.... (Topical application)
```

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)
```

If OTHER or PROPERTY/SECURITY is the Incident Category

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

If TPS (Treatment/Test/Procedure/Specimen) 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

```
CHILD...... (CHILD (DAYCARE))
EMPLOYEE... (EMPLOYEE)
FAMILY..... (FAMILY)
FITNESSCNT. (FITNESS CENTER MEMBER)
GOVERNMENT. (GOVERNMENT REGULATORT AGENCY)
OTHER...... (OTHER)
PATIENT.... (PATIENT)
PHYSICIAN.. (PHYSICIAN/HEALTHCARE PROFESSIONAL)
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

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.

Type of Person of Other Individual/Party Involved

* Required

```
EMPLOYEE...  (EMPLOYEE)
OTHER......  (OTHER)
PATIENT....  (PATIENT)
PHYSICIAN..  (PHYSICIAN/HEALTHCARE PROFESSIONAL)
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

Describe Other Party's Involvement

*Required

```
Did no give order for restraints
```

| 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 – After you SAVE the Event/Incident, you will see a link to the right on "Add" section where you can add any additional medication(s) involved in the event/incident - "Click Here to add Additional Medication Involved"

IF Incident Category selected was EQUIPMENT – After you SAVE the Event/Incident, you will see a link to the right under the "Add" section where you can add any additional equipment(s) involved in the event/incident - "Click Here to add Additional Equipment involved"

IF Witness Involved = Y, After you SAVE the Event/Incident, you will see a link to the right under the "Add" section where you can add any additional witnesses involved in the event/incident - "Click Here to add Additional Witness involved"

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

My Open Follow Up
Click Here To Complete Your Follow Up: DEPARTMENT MANAGER / LEADER FOLLOW UP – WKN0033410
Additional Incident Info
Add
Click Here to add Additional Parties Involved Click Here to add Follow Up

Manager Follow Up Section will be detailed below – See Follow Up section.

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

Date of Incident

Date of Incident

* Required

≤		June 2019				≥
S	**M**	**T**	**W**	**T**	**F**	**S**
26	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	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)
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)
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)
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)
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)
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

```
ADMIN......  (ADMINISTRATION)
CLINIC.....  (CLINIC)
COMMONA....  (COMMON AREAS)
DIETARY....  (DIETARY)
ED.........  (EMERGENCY DEPARTMENT)
FRONTENTRY.  (FRONT ENTRY)
GROUNDS....  (GROUNDS)
HOSPLOBBY..  (HOSPITAL LOBBY)
HOUSEKEEP..  (HOUSEKEEPING)
IT.........  (INFORMATION TECHNOLOGY/SYSTEMS)
JAIL.......  (JAIL)
LAB........  (LABORATORY)
MAINTENCE..  (MAINTENANCE)
MEDSURG....  (MED/SURG UNIT)
NURSINGHME.  (NURSING HOME)
OTHER......  (OTHER)
PARKLOT....  (PARKING LOT)
PHARMACY...  (PHARMACY)
PHYSTHERP..  (PHYSICAL THERAPY)
RADIOLOGY..  (RADIOLOGY)
UNKNOWN....  (UNKNOWN)
```

Exact Location/Room

[Prev]   [Next]

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

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)
```

Reporter's details automatically prefill as user who is entering incident.

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?

IF Answer Y above, Individual Involved questions display for entry

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 or complaint/grievance, one or more automatic emails are generated to specific department managers/directors as designed by your facility Risk Management team. Along with the email, particular managers/directors may also get an open follow up in YES to complete follow up, as assigned by your risk manager.

The email advises the particular manager that an event/incident or complaint/grievance 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@southbighornhospital.org
Subject: Follow up and review for Event #: 38332015000001

THIS IS AN EMAIL FROM THE TEST SYSTEM -- IT IS NOT A REAL INCIDENT

THIS IS AN AUTOMATED EMAIL -- DO NOT REPLY

A TEST Incident has been entered per the details below.

What Happened – FALL – Found on Floor
When - 06/05/2019
Where - EMERGENCY DEPARTMENT

You may review it by clicking on the click here link below and Login to the YES System with your assigned User ID and Password.

Once you Login to YES System, review the details of the incident by clicking on the NextPage link below the grid.
Document your follow-up by clicking on ''Click Here To Complete Your Follow-Up''
If you have any questions - Please Contact Your Hospital Risk/QI Manager or email support@riskqual.com.

THIS IS AN AUTOMATED EMAIL FROM TEST SYSTEM-- DO NOT REPLY.

Please click here to login to the HAS 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 "My Open Follow Up" section to the right of the event details grid click on the link" Click here to complete follow up".

You must click on this link in the MY OPEN FOLLOW UP section in order to document and close your open follow up.

My Open Follow Up

Click Here To Complete Your Follow Up: DEPARTMENT MANAGER / LEADER FOLLOW UP – WKN0060082

If you do not see a link in My Open Follow Up, that means that you're not assigned to complete an open follow up, but if you do want to document a follow up for this event, you can still enter a follow up by clicking on the "ADD Section" in the link Click Here to add Follow Up .

Additional Incident Info

Add

Click Here to add Follow Up

Completing Your Open Follow Up

Upon clicking on the link "Click Here to Complete Follow Up…" in the MY OPEN FOLLOW UP section, 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 (who entered 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.

If you are a department manager – see Department Manager Follow Up section below

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

Select Date of Follow Up/Entry

* Required

| 5/5/2019 | × |

≤		June 2019				≥
S	**M**	**T**	**W**	**T**	**F**	**S**
26	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	1	2	3	4	5	6

| Prev | | Next |

Ex: Select Date of Follow Up/Entry

Enter Description of Initial Review

* Required

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

[Prev]   [Next]

Ex: Enter Details/Description of Initial Review 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.

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

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

My Open Follow Up
Additional Incident Info
Follow Up : CEO REVIEW – By: WEB 3833 PROFILE-SOUTH BIG HORN TEST – Entered: 06/05/2019
Follow Up : INITIAL RISK MANAGEMENT REVIEW – By: WEB 3833 PROFILE-SOUTH BIG HORN TEST – Entered: 06/05/2019

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.

CEO Review Follow Up

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)
```

Ex: Select Type Of Follow-Up Being Entered

If you are the CEO and wish to add a note of your review of the event, upon selection of CEO Review Follow Up from above list, the following questions will display:

Select Date of Follow Up/Entry

* Required

5/5/2019   ×

	June 2019					
S	**M**	**T**	**W**	**T**	**F**	**S**
26	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	1	2	3	4	5	6

[Prev]   [Next]

Ex: Select Date of Follow Up/Entry

CEO Review Description

* Required

```
reviewed event - no further comments
```

| Prev | Next |

Ex: Enter CEO Review Description

Department Manager/Leader Follow Up

If you are a department manager or supervisor, make this selection. Upon selection of Department Manager/Leader Follow Up from above list, the following questions will display:

Follow Up Date

Select Date of Follow Up/Entry

* Required

```
06/05/2019          ×
```

≤	June 2019					≥
S	M	T	W	T	F	S
26	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	1	2	3	4	5	6

| Prev | Next |

Ex: Select Date of Follow Up/Entry

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

```
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)

STAFFACUI..  (STAFF/ACUITY)
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)
```
```
STAFFACUI..   (STAFF/ACUITY)
UNKNOWN....   (UNKNOWN)
LABELING...   (UNLABELED/MISLABELED)
```

Description of Additional Causes/Factors

Enter Description of Additional Causes/Factors

* Required

```
Nurse manager also did ...|
```

[Prev]   [Next]

Ex: Enter general description of additional 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

<	June 2019					>
S	**M**	**T**	**W**	**T**	**F**	**S**
26	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	1	2	3	4	5	6

Prev   Next

Ex: Date action was taken regarding this Issue/Event

Description of Additional Action(s) Taken

Enter Desc of Additional Actions Taken To Date

* Required

Prev   Next

Ex: Enter Desc of Additional Actions Taken To Date 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.

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.

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

My Open Follow Up
Additional Incident Info
Follow Up : DEPARTMENT MANAGER / LEADER FOLLOW UP - By: WEB 3833 PROFILE-SOUTH BIG HORN TEST - Entered: 06/05/2019
Follow Up : CEO REVIEW - By: WEB 3833 PROFILE-SOUTH BIG HORN TEST - Entered: 06/05/2019
Follow Up : INITIAL RISK MANAGEMENT REVIEW - By: WEB 3833 PROFILE-SOUTH BIG HORN TEST - Entered: 06/05/2019

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

Click [Start New Entry] or [Cancel] to return to the main screen.

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

Completing Open Follow Ups Assigned to You

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 ***).

Open Follow Ups/Tasks List Assigned To: WEB 3833 PROFILE-SOUTH BIG HORN TEST

	Follow Up Number	Owner Number	Module	Follow Up Due	Created Date	Patient/Person Name	Follow Up Task	Category	Code	Dept	Location
View	WKN0060081	38332019000003	Incident	06/05/2019	06/05/2019	dfgdrfg	T E S T DEPARTMENT MANAGER / LEADER FOLLOW UP	FALL	FLOOR		HOSPLOBBY
View	WKN0060080	38332019000002	Incident	06/04/2019	06/04/2019	Patient, Testing	T E S T DEPARTMENT MANAGER / LEADER FOLLOW UP	CONSENT	OTHER		ED
View	WKN0059981	38332017000002	Incident	07/14/2017	07/14/2017	Visitor, Joe	T E S T DEPARTMENT MANAGER / LEADER FOLLOW UP	BEHAVIOR	THREATAGG		FRONTENTRY
View	WKN0059983	38332017000001	Patient Relations	07/14/2017	07/14/2017	Patient, Testing	T E S T DEPARTMENT MANAGER FOLLOW UP	BILLING	OTHB		ED
View	WKN0059980	38332017000001	Incident	07/14/2017	07/14/2017	Patient, Testing	T E S T DEPARTMENT MANAGER / LEADER FOLLOW UP	OBSTETRICS	PRECDEL		ED

The grid shows the following information:

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
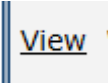
Open Follow Up Grid Options

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:

My Open Follow Ups

This section will display at the top right corner 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

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.   It will also refresh to Remove any Open Follow Ups that you have just completed and closed.

Click ▢▢✕ 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