



## Yellowstone Event System (YES)

### User Guide

Powered By

RiskQual Technologies, Inc.



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## 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)
FAINTED....	(FAINTED)
FRACTURE...	(FRACTURE)
HEMATOMA...	(HEMATOMA)
HEMORRAG...	(HEMORRHAGE)
HYPERGLYC..	(HYPERGLYCEMIA)
HYPERTEN...	(HYPERTENSION)
HYPOCLYCEM.	(HYPOGLYCEMIA)
HYPOTEN...	(HYPOTENSION)
HYPOXIA....	(HYPOXIA)
INFECT.....	(INFECTION)
ITCHING....	(ITCHING)
LACERATION.	(LACERATION)

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

## Login

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

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

The following login page will display:

---



**Yellowstone Insurance Exchange, RRG**

Welcome to H.A.S.

-DataTrkWeb -

Event Reporting System

[Login](#)

[View Reference Docs](#)

Please enter your UserID and Password

User ID

Password

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:** Your Meditech username

(Same as your email username – For example – if your email is [mary.jones@bonnergeneral.org](mailto:mary.jones@bonnergeneral.org), your User ID will be: mary.jones

**Password:** Meditech mnemonic@1441 (Meditech Mnemonic must be in UPPERCASE)

For example: Employee Mary Smith with Meditech User Name: Mary.Smith and Meditech Mnemonic of MAS24 would login as:

User ID: MARY.SMITH


Password: MAS24@1441

### Problem Logging In

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

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



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

Go back to the link to YES system and login.

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

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

### **Entering a New Incident/Event**

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

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



Click to select Incident to report an Incident/Event.

The following options display to the right:



PATIENT INCIDENT – 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  to enter a new Incident/Event.

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

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

### **PATIENT Incident Entry**

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

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

### **Patient Search**



## Enter LAST NAME of Patient & Click SEARCH

---

\* Required

### Search

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

1 (s) Records Found.

Admit ID/Number	Med Rec Number	Patient Name	Admit Date	Disch Date
3232145	MPATIENT	Patient, Mary	10/27/2015 12:00:00 AM	
1				

Please Select a page number to view more records

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

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:

* Type of Person	<b>PATIENT</b>
* Enter LAST NAME of Patient & Click SEARCH	<b>3232145</b>
* Patient OrgPerID	<b>OP00017270</b>
* Patient Name	<b>PATIENT, MARY</b>
Medical Record #	<b>MPATIENT</b>
Gender/Sex	<b>FEMALE</b>
Birth Date	<b>06/02/1980</b>
Patient Age	<b>35</b>
Patient Age Unit	<b>Y</b>
Admission Date	<b>10/27/2015</b>
Admitting Diagnosis	<b>SEVERE HEADACHE</b>

## 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

* Did Incident Reach The Patient?	<b>N</b>
Near Miss - Yes	<b>Y</b>

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


The image shows a calendar for October 2015. The days of the week are abbreviated as S, M, T, W, T, F, S. The dates are arranged in a grid. The date 28 is highlighted in blue, indicating it is the selected date. The calendar is displayed below a text input field.

Prev

Next

Ex: Select Incident Date

## Time of Incident

### Time of Incident (Military)

---

\* Required

 x

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

* Date of Incident	<b>10/28/2015</b>
Day Of Week	<b>Wednesday</b>
* Time of Incident (Military)	<b>12:16</b>
Shift Of Day	<b>DAY</b>

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

ACCOUNTING..	(ACCOUNTING)
ADMIN.....	(ADMINISTRATION)
BASEMENT...	(BASEMENT)
BGHIMMEDCA.	(BGH IMMEDIATE CARE)
LABORATORY.	(BGH Laboratory)
BULLRIVER..	(BULL RIVER CLINIC)
BUSINESSOFF.	(BUSINESS OFFICE)
CAFETERIA..	(CAFETERIA)
CANCERCNTR.	(CANCER CENTER)
CARDREHAB..	(CARDIAC REHAB)
CARDIOPUL..	(Cardio-Pulmonary Dept)
CASEMGMT...	(CASE MANAGEMENT)
CENTRALSUP.	(CENTRAL SUPPLY)
CONFROOMS..	(CONFERENCE ROOMS)
DEVELFOUND.	(Development Foundation)
DIETARY....	(DIETARY)
ELEVATOR...	(ELEVATOR)
ED.....	(EMERGENCY DEPARTMENT)
ENVIRNSRVC.	(ENVIRONMENTAL SERVICES)
GIFTSHOPPE.	(GIFT SHOP)
GROUNDS....	(GROUNDS)
HEALTHINFO.	(Health Information)
HOMHEALTH..	(HOME HEALTH)
HOSPICE....	(HOSPICE)
HUMANRESOR.	(HUMAN RESOURCES)
ICU/CCU....	(ICU/CCU)
INFOSERVIC.	(Information services)
LAUNDRY....	(LAUNDRY)
MAILROOM...	(Mail Room)
MAINTENANCE..	(Maintenance)
MATERIALS..	(MATERIALS MANAGEMENT)
MEDSURG....	(MED/SURG UNIT)
OBNURSR....	(OB/NURSERY)
OCCHEALTH..	(OCC HEALTH)
OFFPREM....	(OFF PREMISES)
OSREOCLIN..	(Osteoporosis clinic)
OTHER.....	(OTHER)
PARKLOT....	(PARKING LOT)
PATREGIST..	(PATIENT REGISTRATION)
PTHOME.....	(PATIENT'S HOME)
PHARMACY...	(PHARMACY)
MDLOUNDLIB.	(Physician's Lounge & Library)
PSYCHCLNC..	(PSYCH CLINIC)
RADIOLOGY..	(RADIOLOGY)
REHABSRVCS.	(REHAB SERVICES)
SURGSERV...	(SURGICAL SERVICES)
SWH.....	(SWH)
BROWNHOUSE.	(THE BROWN HOUSE)
UNKNOWN....	(UNKNOWN)
WOUNDCARE..	(WOUND CARE/OUTPATIENT SERVICES)

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

### Exact Location/Room #

Exact Location/Room #

---

123 x

Prev

Next

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

Enter the exact location of the Incident and click Next.

### Incident Category

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

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/SECURITY)
TPS.....	(TREATMENT/PROCEDURE/SPECIMEN COLLECTION)

### Incident Sub Category

Incident Sub-Categ

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\* Required

ASSISTED...	(ASSISTED/LOWERED TO FLOOR)
FAINTED....	(FAINTED)
FLOOR.....	(FOUND ON FLOOR)
BED.....	(FROM BED)
COMMODO....	(FROM BEDSIDE COMMODOE/TOILET)
CHAIR.....	(FROM CHAIR/WHEELCHAIR)
CRIB.....	(FROM CRIB)
FROM CURB..	(FROM CURB)
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 Bonner's Specific Categories & Codes (as selected by your risk management department)

**ADMIN sub category**

**Incident Sub-Categ**

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\* 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**

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\* 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)	v
SUICIDE....	(SUICIDE)	
THREAT.....	(THREAT)	v
THREATAGG..	(THREAT OF AGRESSION)	

## BLOOD Sub Categories

### Incident Sub-Categ

\* Required

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

## CONSENT Sub Categories

### Incident Sub-Categ

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\* Required

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

## EQUIPMENT Sub Categories

### Incident Sub-Categ

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\* Required

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

## FALL Sub Categories

### Incident Sub-Categ

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\* Required

ASSISTED...	(ASSISTED/LOWERED TO FLOOR)
FAINTED....	(FAINTED)
FLOOR.....	(FOUND ON FLOOR)
BED.....	(FROM BED)
COMMODO....	(FROM BEDSIDE COMMODOE/TOILET)
CHAIR.....	(FROM CHAIR/WHEELCHAIR)
CRIB.....	(FROM CRIB)
FROM CURB..	(FROM CURB)
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

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\* 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

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\* 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)

## OBSTETRICS Sub Categories

### Incident Sub-Categ

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\* Required

4DEGLAC....	(4TH DEGREE LACERATION)
APGAR.....	(APGAR SCORE <5 @ 5 MIN)
BIRTRAUMA..	(BIRTH TRAUMA / INJURY)
COMPLIC....	(COMPLICATION)
TOORCOMP...	(COMPLICATION - TO OR)
COMPFORC...	(COMPLICATION OF FORCEPS/VACUUM EXTRACTION)
COMPINDLAB.	(COMPLICATION OF INDUCTION/AUGMENTED LABOR)
FAILHOMEDE.	(FAILED HOME DELIVERY)
INFABDUCT..	(INFANT ABDUCTION)
MECONASP...	(MECONIUM ASPIRATION/ABNORMAL STAINING)
NEONATINJ..	(NEONATAL INJURY)
NORESUC....	(NEONATE RESUSCITATION)
OTHER.....	(OTHER)
PROCDEL....	(PRECEPOUS DELIVERY)
PRECDEL....	(PRECIPITOUS DELIVERY)
RETURNDEL..	(RETURN TO DELIVERY ROOM)
SHOULDDYS..	(SHOULDER DYSTOCIA)
STILLBIRTH.	(STILLBIRTH)
UNATTEND...	(UNATTENDED DELIVERY - DELIVERED BY RN)
UNPLANCS...	(UNPLANNED C/SECTION)

## 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)
SAFESECUR..	(SAFETY/SECURITY ISSUES)
SOFTWAREMAL.	(SOFTWARE SYSTEM MALFUNCTION)
VEHICLECOL.	(VEHICLE COLLISION)

## PROPERTY Sub Categories

### Incident Sub-Categ

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\* 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)
PREPROBL..	(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

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 <input type="button" value="v"/>	<input type="text" value="phys"/>	<input type="button" value="Search"/>

1 (s) Records Found.

Practitioner ID	Pract/Phys Name
000	Physician, Unknown
1	

Please Select a page number to view more records

<input type="button" value="Prev"/>	<input type="button" value="Next"/>
-------------------------------------	-------------------------------------

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 are loaded from a file sent to HAS by your IT department.

## Date Physician Notified

### Date Physician Notified

---

A calendar for October 2015. The days of the week are labeled S, M, T, W, T, F, S. The 28th is highlighted in blue. The calendar shows dates from 27 to 31, with the 1st through 7th of the following month also visible.

Prev

Next

Ex: Select Date Physician Was Notified

Date Physician was notified question displays for entry

### Time Physician Notified (Military)

---

 x

Prev

Next

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

Time Physician Notified question displays for entry

If Physician Notified? N, these questions will not display.

## Supervisor Notified

### Supervisor Notified?

---

\* Required

Yes  No

Prev

Next

Ex: Was Supervisor Notified Of Incident?

### Enter Last Name Of Supervisor Notified --Click SEARCH

---

\* Required

### Search

Select Field

Value

Employee Name

adams

Search

2 (s) Records Found.

Org/Person ID	Employee Name	Empl Num	Hosp Dept
OP00009894	ADAMS, CHRISTY	630T	
OP00010853	ADAMS, JASON	87Maint	

1

Please Select a page number to view more records

Prev

Next

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

## Date Supervisor Notified

## Time Supervisor Notified

### Time Supervisor Notified (Military)

---

13:00

Prev

Next

Ex: Enter Time Supervisor Notified (HH:MM)



## Others Notified

### Other(s) Notified

---

Enter the names of any others 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))
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)
FAINTED....	(FAINTED)
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)
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 incident? (Y/N)

Select whether Family Is Aware of the event/incident

## Patient Aware?

### Patient Aware?

---

\* Required

Yes  No

Prev

Next

Ex: Is Patient Aware Of Event?

Select whether Patient Is Aware of the event?

## Reporter's Information

Reported/Entered By	<b>WEB3817</b>
Reporter Name	<b>WEB 3817 PROFILE</b>
* Date Incident/Event Rprt Received	<b>10/28/2015</b>

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

## If Category is NOT Medication or IV

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

### Was Incident Witnessed?

---

\* Required

Yes  No

Prev

Next

Ex: Was Incident Witnessed?

Click Yes Or No To Answer

Select if the Incident Was Witnessed.

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 EDIT on any row on the grid to modify an entry prior to saving. Click SAVE at the top left corner when ready to SAVE your Event Entry.

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

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

Num	Question	Response
1	* Group #	38
2	Event Number	38172015000001
3	Master Event Number	38172015000001
4	Facility	17
5	Facility Name	BONNER GENERAL HOSPITAL
<b>PATIENT INFO DETAILS</b>		
7	* Type of Person	PATIENT
8	* Enter LAST NAME of Patient & Click SEARCH	3232145
9	* Patient OrgPerID	OP00017270
10	* Patient Name	Patient, Mary
11	Medical Record #	MPATIENT
12	Gender/Sex	FEMALE
13	Birth Date	06/02/1980
14	Patient Age	35
15	Patient Age Unit	Y
16	Admission Date	10/27/2015
17	Admitting Diagnosis	severe Headache
<b>INCIDENT DETAILS</b>		
19	* Did Incident Reach The Patient?	Y
20	Near Miss - NO	N
21	* Date of Incident	10/28/2015
22	Day Of Week	Wednesday
23	* Time of Incident (Military)	12:16
24	Shift Of Day	DAY
25	* Location Of Incident	REHABSRVCS
26	Exact Location/Room #	123
27	* Incident Category	FALL
28	Incident Category Desc	FALLS
29	* Incident Sub-Categ	WHILEAMB
30	Incident Sub-Categ Desc	WHILE AMBULATING / STANDING

Entry Type: PATIENT Incident (VIEW)

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

Additional Incident Info
<b>Add</b>
<a href="#">Click Here to add Additional Witnesses</a>
<a href="#">Click Here to add Follow Up</a>

\* Required fields [View Reference Docs](#)

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:

* Was An Injury Involved?	<b>N</b>
Injury Type (None)	<b>NONE</b>

## 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:

* Was An Injury Involved?	<b>N</b>
Injury Type (None)	<b>NONE</b>

### 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

---

Ex: Enter Model Number

## Brand Name

---

Ex: Enter Brand Name

## Serial Number

---

Ex: Enter Serial Number

## Equip/Device Tagged?

---

Yes  No

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

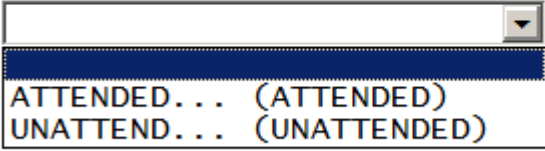
Ex: Was Biomed Contacted After Equipment/Issue?

### IF FALL is the Incident Category

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

## Staff Attended

---



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

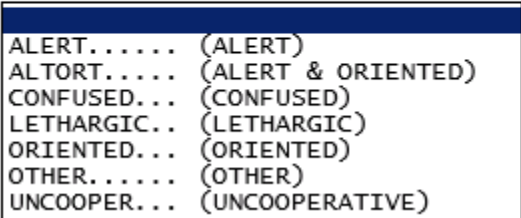
Ex: Select Staff Attendance At Time Of Fall

Select staff attendance details for the Occurrence.

## Patient Status Prior To Incident

---

\* Required



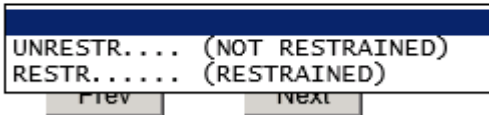
ALERT..... (ALERT)  
ALTORT..... (ALERT & ORIENTED)  
CONFUSED... (CONFUSED)  
LETHARGIC.. (LETHARGIC)  
ORIENTED... (ORIENTED)  
OTHER..... (OTHER)  
UNCOOPER... (UNCOOPERATIVE)

id

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)
UNESURF...	(UNEVEN SURFACE)
WETSLIP....	(WET/SLIPPER FLOOR)

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

## IF MEDICATION/IV is the Incident Category

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

## Enter Name Of Medication/IV Ordered

---

\* Required

Prev

Next

Ex: Enter Name of Medication or IV Solution Ordered

## Enter Medication/IV Solution Administered Name

---

\* Required

Prev

Next

Ex: Enter Medication/IV Solution Administered Name

## Route in which Medication was Ordered

---

SUBLING....	(administered sublingually)
NASAL.....	(Applied nasally)
RECTAL.....	(Applied rectally)
IM.....	(INTRAMUSCULAR)
INTRATHEC..	(Intrathecally)
IV.....	(INTRAVENOUS)
ORAL.....	(ORAL)
TOPICAL....	(Topical application)

## Dose/Amount Ordered

---

Prev

Next

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

## Dose/Amount Administered

---

200cc x

Prev

Next

Ex: Enter Dose/Amount Administered

## Route Given

---

SUBLING.... (administered sublingually)
NASAL..... (Applied nasally)
RECTAL..... (Applied rectally)
IM..... (INTRAMUSCULAR)
INTRATHEC.. (Intrathecally)
IV..... (INTRAVENOUS)
ORAL..... (ORAL)
TOPICAL.... (Topical application)

Med Severity for this event

..... (An error occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization )  
..... (An error occurred that may have contributed to or resulted in temporary harm to the patient and required intervention )  
..... (An error occurred that may have contributed to or resulted in the patient's death )  
..... (An error occurred that may have contributed to or resulted in permanent patient harm )  
..... (An error occurred that reached the patient and required monitoring to confirm that it resulted in no harm to the patient and/or required intervent  
..... (An error occurred that reached the patient but did not cause patient harm)  
..... (An error occurred that required intervention to sustain life )  
..... (An error occurred, but the error did not reach the patient (An "error" of omission" does reach the patient)  
..... (Circumstances or events that have the capacity to cause error)

**If Category = MEDICATION AND Sub Category = ADVERSE REACTION**

Additional question displays for entry:



## Select Level Of Adverse Reaction

---

\* Required

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)

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)
FITNESSCNT.	(FITNESS CENTER MEMBER)
NA.....	(NOT APPLICABLE)
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	<b>EMPLOYEE</b>
* Employee Search	<b>EMP3827</b>
Phys/Empl/Pat Name	<b>EMPLOYEE, TESTING</b>

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

Prev

Next

Ex: Enter Witness First Name

## Witness Last Name

---

\* Required

Ex: Witness Last Name

## IF OTHER INDIVIDUALS/PARTIES INVOLVED = Y

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

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

## 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	<input type="button" value="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

Ex: Enter Description of Party/Person's Involvement

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

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

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

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

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

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

---

---

**Additional Incident Info**

---

---

**Add**

---

---

[Click Here to add Additional Witnesses](#)

[Click Here to add Follow Up](#)

---

### **NON Patient Incident Entry**

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

## Incident Reach Person Involved?

### Did Incident Reach The Person Involved?

---

\* Required

Yes  No

Prev

Next

Ex: Did Incident Reach The Person Involved?

### IF Answer to above is N

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

## Type of Person Who had the Incident

### Type of Person who had the Incident

---

\* Required

EMPLOYEE...	(EMPLOYEE)
FAMILY.....	(FAMILY)
OTHER.....	(OTHER)
PHYSICIAN..	(PHYSICIAN/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 x

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

10/28/2015 x

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

Prev

Next

Ex: Select Incident Date

**Time of Incident**

Time of Incident (Military)

\* Required

10:00 x

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)
COMMODO....	(BEDSIDE COMMODOE/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 By Type	USER
Reported/Entered By	WEB3806
Reporter Name	WEB 3806 PROFILE
* Date Incident/Event Rprt Received	10/28/2015

### Was Incident Witnessed?

#### Was Incident Witnessed?

---

\* Required

Yes  No

Prev

Next

Ex: Was Incident Witnessed?

Click Yes Or No To Answer

IF Y answer above, Witness questions will display for entry

Were Other Individuals Involved?

Were Other Individuals Involved?

\* Required

Yes  No

Prev

Next

Ex: Were Other Individuals Involved In The Event?

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

IF Answer Y above, Individual Involved questions display for entry

IF FALL is Incident Category

Additional question displays

Environmental Factor

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

## IF BEHAVIOR is Incident Category

Additional questions displays

### Security/Code Called?

---

\* Required

Yes  No

Prev

Next

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

### Was CPS/APS Called?

---

\* Required

Yes  No

Prev

Next

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

Click Yes Or No To Answer

## Police Notified?

---

\* Required

Yes  No

Prev

Next

Ex: Click Yes Or No To Answer

### FOLLOW UP Entry

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

-----  
**From:** RiskQualHAS@yierrg.com [mailto:RiskQualHAS@yierrg.com]  
**Sent:** Friday, January 17, 2014 4:14 PM  
**To:** deptmanagerx@wchs.org  
**Subject:** Follow up and review for Event #: 38082015000001

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

What - FALL

When - 01/17/2015

Where – MED/SURG

Injury - ABRASION

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

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



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

Thank you

=====

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

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

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

### Adding Follow Up

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

#### Type Of Follow Up

\* Required

MGREVIEW... (DEPARTMENT MANAGER FOLLOW UP)
INITUSER... (INITIAL USER/REPORTER FOLLOW UP)

Prev Next

Ex: Select Type Of Follow-Up Being Entered

### Initial User/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

10/28/2015 x

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

Prev

Next

Ex: Select Date Follow-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 EDIT on any row on the grid to modify an entry prior to saving. Click SAVE at the top left corner when ready to SAVE your Event Entry.

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

Additional Incident Info
<b>Follow Up : INITIAL USER/REPORTER FOLLOW UP - By: WEB 3817 PROFILE - Entered: 10/28/2015</b>

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

### Reporter or Manager Follow Up

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

#### Follow Up Date

##### Select Date Follow Up Completed

\* Required

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

Ex: Select Date Follow-Up Was Completed

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

## Enter Dept Manager Follow Up Details

### Review/Follow-Up Description

---

\* Required

Prev

Next

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

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

## Primary Cause of Incident

### Select Primary Cause

---

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

Select the primary cause for the incident from the dropdown.

## Secondary Cause of Incident

## Select Secondary Cause

---

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

## Description of Causes/Factors

### Enter Description of Causes/Factors

---

\* Required

Prev

Next

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

## Primary Action Taken To Date

### Select Primary Action Taken To Date


---

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

## Date of Initial Action

### Select Date Initial Action Was Taken

---

A calendar interface for October 2015. The days of the week are listed as S, M, T, W, T, F, S. The dates 27, 28, 29, 30, 1, 2, 3 are in the first row. The date 28 is highlighted in a blue box. The dates 4, 5, 6, 7, 8, 9, 10 are in the second row. The dates 11, 12, 13, 14, 15, 16, 17 are in the third row. The dates 18, 19, 20, 21, 22, 23, 24 are in the fourth row. The dates 25, 26, 27, 28, 29, 30, 31 are in the fifth row. The dates 1, 2, 3, 4, 5, 6, 7 are in the sixth row.

Prev

Next


Ex: Date action was taken regarding this Issue/Event

## Description of Action(s) Taken

### Enter Description of Action(s) Taken To Date

---

\* Required

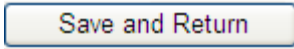
Prev

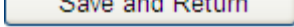
Next

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

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

Preview your work prior to saving by clicking on PrevPage. Click EDIT on any row on the grid to modify an entry prior to saving. Click SAVE at the top left corner when ready to SAVE your Additional Entry.



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


**Follow Up : DEPARTMENT MANAGER FOLLOW UP - By: WEB 3817 PROFILE - Entered: 10/28/2015**

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



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



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

### Completing All Open Follow Ups

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

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

Hello WEB 3804 PROFILE  
Log Out

Event Reporting System

[View Reference Docs](#)

[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
<a href="#">View</a>	WKN0033076	38042015000018	Incident	01/20/2016	01/20/2016	PATIENT, TESTING	DEPARTMENT MANAGER FOLLOW UP	FALL	BED		MEDSURG
<a href="#">View</a>	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

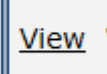
### Open Follow Up Grid Options

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  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:

Num	Question	Response
1	* Group #	38
2	Event Number	38042015000018
3	Master Event Number	38042015000018
4	Facility	04
5	Facility Name	NORTHERN MONTANA HOSPITAL
<b>PATIENT INFO DETAILS</b>		
7	* Type of Person	PATIENT
8	* Patient SEARCH	TESTPAT3804A
9	* Org/Per ID	OP00020149
10	* Patient Name	PATIENT, TESTING
11	Medical Record #	TESTPAT3804
12	Gender/Sex	
13	Birth Date	07/08/1956
14	Patient Age	58
15	Patient Age Unit	Y
16	Admission Date	07/08/2014
17	Admitting Diagnosis	
<b>INCIDENT DETAILS</b>		
19	* Did Incident Reach The Patient?	Y
20	Near Miss - NO	N
21	* Date of Incident	10/09/2015
22	Day Of Week	Friday
23	* Time of Incident (Military)	14:14
24	Shift Of Day	DAY
25	* Location Of Incident	MEDSURG
26	Exact Location/Room #	
27	* Incident Category	FALL
28	Incident Category Desc	FALLS
29	* Incident Sub-Categ	BED
30	Incident Sub-Categ Desc	FROM BED
31	* Brief Description Of Incident Reportable Occurrence	Pt fell from bed.....
<b>FALL INCIDENT DETAILS</b>		
34	Staff Attended	UNATTEND
35	* Patient Status Prior To Incident	UNCOOPER
36	Restraints In Place	UNRESTR
37	Restraints In Place Desc	NOT RESTRAINED
38	Bed Rail Level	DOWN

Entry Type: PATIENT Incident (VIEW)

<b>My Open Follow Up</b>
<a href="#">Click here to complete follow up : DEPARTMENT MANAGER FOLLOW UP - WKN0033076</a>
<b>Additional Incident Info</b>
Follow Up : DEPARTMENT MANAGER FOLLOW UP - By: LOGUE, KATHY - Entered: 10/09/2015
<b>Add</b>
<a href="#">Click Here to add Additional Witnesses</a>
<a href="#">Click Here to add Follow Up</a>

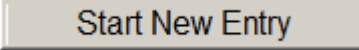
## My Open Follow Ups

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

<b>My Open Follow Up</b>
<a href="#">Click here to complete follow up : DEPARTMENT MANAGER FOLLOW UP - WKN0033076</a>

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

Click  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  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](mailto:support@riskqual.com)**