



Yellowstone Event System (YES)

User Guide

Powered By
RiskQual Technologies, Inc.



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

Login

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

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

The following login page will display:



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: First Initial First Name + First Initial Last Name + employee number

(For example: John Doe employee number 1234 would login as **JD1234**)

Password: Employee #

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

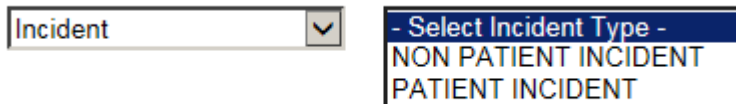
When entering an incident/event, all required questions must be answered at a minimum before you can SAVE. If you do not save your incident/event, it will not be saved automatically.

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



Click to select Incident to report an Incident/Event. Click to select Complaint/Grievance to report a complaint or a grievance.

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 <input type="text"/>	patient
<input type="button" value="Search"/>	

4 (s) Records Found.

Financial #	Med Rec Number	Patient Name	Admit Date	Disch Date
7686745	45456782	PATIENT, JOHN	10/1/2015 12:00:00 AM	
674587	45456782	PATIENT, JOHN	10/8/2015 12:00:00 AM	
5464782	2323245	PATIENT, SUSIE	9/1/2015 12:00:00 AM	
4545678	2323245	PATIENT, SUSIE	2/18/2014 12:00:00 AM	

1

Please Select a page number to view more records

Prev

Next

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:

* Patient Name	PATIENT, JOHN
Medical Record #	45456782
Gender/Sex	M
Birth Date	04/13/1975
Patient Age	40
Patient Age Unit	
Admission Date	10/01/2015
Admitting Diagnosis	FLU SYMPTOMS ELEVATED WHITE COUNT

Incident Reach the patient?

Did Incident Reach The Patient?

* Required

Yes No

Prev

Next

Ex: Did Incident Reach The Patient?

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

If answer “Did Incident Reach Patient?” = N

19 * Did Incident Reach The Patient? N

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

Incident Date

Date of Incident

* Required

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

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

* Date of Incident	10/08/2015
Day Of Week	Thursday
* Time of Incident (Military)	15:14
Shift Of Day	EVENING

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

Dept/Cost Ctr where Incident Occurred

Dept/Cost Cntr where Incident occurred

* Required

NA.....	(Department Not Applicable)
087.....	(Accounts Payable)
090.....	(Administration)
008.....	(Anesthesia)
039.....	(Blood Gas)
023.....	(Bone Density Scan)
999.....	(Boos)
080.....	(Business office)
079.....	(Business office - clinics)
081.....	(Business office - Manager)
078.....	(Business Office - Radiology)
027.....	(Cardio/Pulmonary Rehab)
022.....	(Cardiovascular)
007.....	(Case Management)
032.....	(Central supply)
014.....	(Chemotherapy)
029.....	(CT scan)
083.....	(Diabetic Teaching)
030.....	(Dietary)
042.....	(EEG)
003.....	(ER)
099.....	(Family Health center)
088.....	(Finance Dir.)
012.....	(Heritage Program)
050.....	(HHC - Administration (Medical clinic))
072.....	(Housekeeping)
084.....	(Human Resources)
010.....	(Infection Control)
034.....	(Laboratory)

Dept/Cost Cntr where Incident occurred

* Required

033.....	(Laboratory - Offsite)	
049.....	(Lea County Detention Facility)	^
046.....	(Lovington Clinic)	
047.....	(Lovington Clinic)	
005.....	(Lovington Clinic - Nursing)	
024.....	(Magnetic Res. Image)	
070.....	(Maintenance)	
035.....	(Mammo)	
089.....	(Management Information Sys)	
091.....	(Marketing)	
086.....	(Med Staff Relations)	
002.....	(Med/Surg)	
082.....	(Medical Records - Hospital)	
001.....	(Nursing Administration)	
041.....	(Occupational Therapy)	
998.....	(Online Boos Dept)	
025.....	(OP Services Director)	
009.....	(Operating Room)	
085.....	(Payroll)	
044.....	(Pharmacy)	
038.....	(Physical Therapy)	
074.....	(Plant Services Dir.)	
195.....	(PPC Cardiology)	
495.....	(PPC ENT)	
094.....	(PPC Gastroenterology)	
095.....	(PPC Neurology)	
036.....	(Radiology)	
037.....	(Respiratory Therapy)	
006.....	(Rheumatology Clinic)	v
098.....	(School Base Clinic)	
026.....	(Sleep Lab)	
004.....	(Speciality Clinics)	
040.....	(Speech Therapy)	
048.....	(Tatum Clinic)	
028.....	(Ultrasound)	v

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

Location Of Incident

Location Of Incident

* Required

AMBULANCE..	(AMBULANCE)
BATHROOM...	(BATHROOM)
CASEMGMT...	(CASE MANAGEMENT)
EXAMROOM...	(EXAMINATION ROOM)
GROUNDS....	(GROUNDS)
HALLWAY....	(HALLWAY)
INTRANSIT..	(IN-TRANSIT)
OTHER.....	(OTHER)
PARKLOT....	(PARKING LOT)
PATREGIST..	(PATIENT REGISTRATION)
PATROOM....	(PATIENT ROOM)
PTHOME....	(PATIENT'S HOME)
RECOVERY...	(RECOVERY ROOM)
SURGICAL...	(SURGICAL AREA)
UNKNOWN...	(UNKNOWN)
WAITROOM...	(WAITING ROOM)

Choose the location of the Incident from the dropdown.

ExactLocation/Room

Exact Location/Room

Prev

Next

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

Enter the exact location or room number and click Next.

Incident Category

Incident Category

* Required

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

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

Incident Sub Category

Incident Sub-Categ

* Required

ASSISTED...	(ASSISTED/LOWERED TO FLOOR)
FAINTED....	(FAINTED)
FLOOR.....	(FOUND ON FLOOR)
BED.....	(FROM BED)
COMMODO....	(FROM BEDSIDE COMMODOE/TOILET)
CHAIR.....	(FROM CHAIR/WHEELCHAIR)
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 Nor Lea's Specific Categories & Codes (as selected by your risk management department)

ADMIN sub category

Incident Sub-Categ

* Required

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

ARREST Sub Categories

Incident Sub-Categ

* Required

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

Ex: Select Sub Category of the Incident

BEHAVIOR Sub Categories

Incident Sub-Categ

* Required

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

BLOOD Sub Categories

Incident Sub-Categ

* Required

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

CONSENT Sub Categories

Incident Sub-Categ

* Required

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

EQUIPMENT Sub Categories

Incident Sub-Categ

* Required

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

FALL Sub Categories

Incident Sub-Categ

* Required

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

IV Sub Categories

Incident Sub-Categ

* Required

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

MEDICATION Sub Categories

Incident Sub-Categ

* Required

ADVERREAC..	(ADVERSE REACTION/ALLERGY)
CONTRAIND..	(CONTRAINDICATED)
CDINCCNT...	(CONTROL DRUG - INCORRECT COUNT)
CDNCNDN....	(CONTROL DRUG NARCOTIC COUNT NOT COMPLETE)
CDNW.....	(CONTROL DRUG NOT WASTED)
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)
WRGROUTE...	(WRONG ROUTE)
WRGTIME....	(WRONG TIME)

OTHER Sub Categories

Incident Sub-Categ

* Required

ABDUCTION..	(ABDUCTION)
BLOODBRN...	(BLOOD BORNE PATHOGEN EXPOSURE)
COMMUNIC...	(COMMUNICATION)
DOCUMNT....	(DOCUMENTATION)
FIRE.....	(FIRE)
HAZARD.....	(HAZARDOUS CONDITION)
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)
FORBODY....	(FOREIGN BODY RETENTION)
IMPROPUSE..	(IMPROPER USE)
IMPPERF....	(IMPROPERLY PERFORMED)
INAPPROC...	(INAPPROPRIATE PROCEDURE/TREATMENT)
INCOMPLETE.	(INCOMPLETE)
INFECTION..	(INFECTION - FACILITY ACQUIRED)
MISDIAG....	(MISDIAGNOSIS)
NONCOMP....	(NON COMPLIANCE)
NOORDENTRY.	(NOT ENTERED IN ORDER ENTRY)
NOTORDERED.	(NOT ORDERED)
OMISSION...	(OMISSION)
ORDERND....	(ORDERED NOT DONE)
OTHER.....	(OTHER)
PATPULLED..	(PATIENT PULLED OUT)
POLPROC....	(POLICY OR PROCEDURE ISSUE)
PREPPROBL..	(PREP PROBLEM)
NOTAVAILAB.	(PROVIDER NOT AVAILABLE)
REPORTWD...	(REPORT TO WRONG MD/PROVIDER)
RESULTSINC.	(RESULTS INCORRECTLY REPORTED)
SPECINLABL.	(SPECIMEN 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)

asdf

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

Physician Notified?

Physician Notified?

* Required

Yes No

Prev

Next

Ex: Was Physician Notified of the Incident?

Click Yes or No To Answer

If Physician was notified = Y:

Physician Notified Search

Enter Physician Last Name & Click SEARCH

Search

Select Field Value

Pract/Phys Name	phys	<input type="button" value="Search"/>
-----------------	------	---------------------------------------

1 (s) Records Found.

Practitioner ID	Pract/Phys Name
TPHYS	PHYSICIAN, TEST
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.

Date Physician Notified
Date Physician Notified



A calendar interface for October 2015. The header shows the month and year, with navigation arrows. The days of the week are listed as S, M, T, W, T, F, S. The dates are arranged in a grid. The date 8 is highlighted in a blue box. The dates 27, 28, 29, 30, 1, 2, 3 are in the first row. 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: Select Date Physician Was Notified

Date Physician was notified question displays for entry

Time Physician Notified
Time Physician Notified (Military)

Prev Next

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

Time Physician Notified question displays for entry

If Physician Notified? N, the above questions will not display.

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

Search

1 (s) Records Found.

Org/Person ID	Employee Name	Empl Num	Dept
OP00015773	DUNLAP, DENISE	00366	
1			

Please Select a page number to view more records

Prev

Next

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

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

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

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

Date Supervisor Notified

Date Supervisor Notified

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 Supervisor Was Notified

Date Supervisor Was Notified can be selected

Time supervisor Notified

Time Supervisor Notified (Military)

 x

Prev

Next

Ex: Enter Time Supervisor Notified (HH:MM)

Time Supervisor was notified can be entered

Others Notified

Other(s) Notified

Prev

Next

Ex: Describe Other(s) Notified of the Incident

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

Injury Involved?

Was An Injury Involved?

* Required

Yes No

Prev

Next

Ex: Was An Injury Involved?

User answers Y or N to above.

Type of Injury

Injury Type

* Required

ABRASION...	(ABRASION)
ALTEREDSTA.	(ALTERED STATE (OXYGENATION))
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)
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

REPORTER DETAILS	
Reported Date	10/8/2015
Reported By Type	USER
Reported/Entered By	WEB3823
Reporter Name	WEB 3823 PROFILE
* Date Incident/Event Rprt Received	10/8/2015

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 SAVE at the top left corner when ready to SAVE.

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

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

Num	Question	Response
1	* Group #	38
2	Event Number	38232015000001
3	Master Event Number	38232015000001
4	Facility	23
5	Facility Name	NOR-LEA GENERAL HOSPITAL
PATIENT INFO DETAILS		
7	* Type of Person	PATIENT
8	* Enter LAST NAME of Patient & Click SEARCH	7686745
9	* Patient OrgPerID	JPATIENT
10	* Patient Name	PATIENT, JOHN
11	Medical Record #	45456782
12	Gender/Sex	M
13	Birth Date	04/13/1975
14	Patient Age	40
15	Patient Age Unit	
16	Admission Date	10/01/2015
17	Admitting Diagnosis	Flu Symptoms elevated White count
INCIDENT DETAILS		
19	* Did Incident Reach The Patient?	Y
20	Near Miss - NO	N
21	* Date of Incident	10/08/2015
22	Day Of Week	Thursday
23	* Time of Incident (Military)	15:14
24	Shift Of Day	EVENING
25	* Dept/Cost Cntr where Incident occurred	003
26	Dept/Cost Cntr Desc	ER
27	* Location Of Incident	EXAMROOM
28	Location Desc	EXAMINATION ROOM
29	Exact Location/Room #	
30	* Incident Category	FALL

Entry Type: PATIENT Incident (VIEW)

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

Additional Incident Info
Add
Click Here to add Follow Up - Nor Lea

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		
44	Was An Injury Involved?	N
45	Injury Type (NA)	NA

IF BEHAVIOR is the Incident Category

Additional Questions asked:

Was Police Called?

* Required

Yes No

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		
44	Was An Injury Involved?	N
45	Injury Type (NA)	NA

IF EQUIPMENT is the Incident Category

Additional questions can display for user to enter more information:

Select Equipment/Device

ANES.....	(ANESTHESIA EQUIPMENT)
BATHTUB....	(BATHTUB)
BED.....	(BED)
CATH.....	(CATHETER)
COMMODE....	(COMMODE)
COMPUTER...	(COMPUTER 7 RELATED EQUIPMENT)
CT.....	(CT)
DIAGNOSTIC.	(DIAGNOSTIC EQUIPMENT)
DRAIN.....	(DRAIN)
EKG.....	(EKG MACHINE)
HEATPAD....	(HEATING PAD)
INTUBATION.	(INTUBATION EQUIPMENT)
IV.....	(IV EQUIPMENT)
LAB.....	(LAB EQUIPMENT)
MONITOR....	(MONITOR)
MRI.....	(MRI)
OT.....	(OCCUPATIONAL THERAPY EQUIPMENT)
OTHER.....	(OTHER)
LIFT.....	(PATIENT LIFT)
PT.....	(PHYSICAL THERAPY EQUIPMENT)
RADIOLOGY..	(RADIOLOGY EQUIPMENT)
RT.....	(RESPIRATORY THERAPY EQUIPMENT)
RESTR.....	(RESTRAINT)
ROLCH.....	(ROLLING STOOL/CHAIR)
SCALE.....	(SCALE)
SCOPE.....	(SCOPE)
STRETCHER..	(STRETCHER)
SUCTION....	(SUCTION)
VENT.....	(VENTILATOR)
XRAY.....	(XRAY)

Model Number

Ex: Enter Model Number

Brand Name

 x

Ex: Enter Brand Name

Serial Number

 x

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

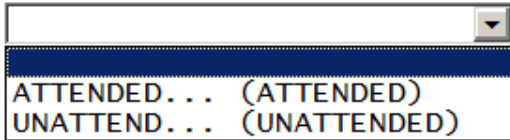
Next

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



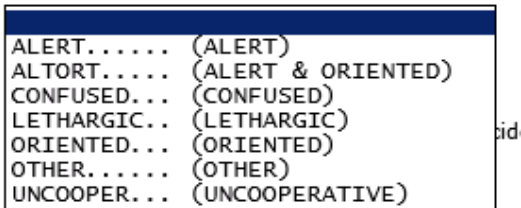
A dropdown menu with a blue header bar. The menu is open, showing two options: "ATTENDED... (ATTENDED)" and "UNATTEND... (UNATTENDED)".

Ex: Select Staff Attendance At Time Of Fall

Select staff attendance details for the Occurrence.

Patient Status Prior To Incident

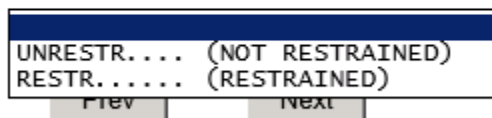
* Required



A dropdown menu with a blue header bar. The menu is open, showing six options: "ALERT..... (ALERT)", "ALTORT..... (ALERT & ORIENTED)", "CONFUSED... (CONFUSED)", "LETHARGIC.. (LETHARGIC)", "ORIENTED... (ORIENTED)", and "UNCOOPER... (UNCOOPERATIVE)".

Select Status of the patient prior to the Incident

Restraints In Place



A dropdown menu with a blue header bar. The menu is open, showing two options: "UNRESTR.... (NOT RESTRAINED)" and "RESTR..... (RESTRAINED)". Below the menu are two buttons labeled "Pprev" and "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?

Change Made to Plan of Care?

Yes No

Prev

Next

Main Environmental Factor

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

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

IF MEDICATION/IV is the Incident Category

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

Enter Name Of Medication/IV Ordered

* Required

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

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

Make the best selection on what you feel the severity of the medication variance is.

If Category = MEDICATION AND Sub Category = ADVERSE REACTION

Additional question displays for entry:

Select Level Of Adverse Reaction

* Required

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

PREV

NEXT

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

Level 1 through 6 will be included in Lookup

If OTHER or PROPERTY/SECURITY is the Incident Category

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

If TPS is the Incident Category

Additional question displays for entry:

Treatment/Proc Performed

Prev

Next

Ex: Descr of Treatment/Procedure Performed

IF WITNESSES = Y

Additional Witness Questions will display for user to enter

Select Witness Type

* Required

EMPLOYEE...	(EMPLOYEE)
FAMILY.....	(FAMILY)
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	EMPLOYEE
* Employee Search	EMP3827
Phys/Empl/Pat Name	EMPLOYEE, TESTING

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

Enter Witness First Name

* Required

Ex: Enter Witness First Name

Witness Last Name

* Required

Ex: Witness Last Name

IF OTHER INDIVIDUALS/PARTIES INVOLVED = Y

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

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

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

My Open Follow Up
Click here to complete follow up : DEPARTMENT MANAGER / LEADER FOLLOW UP - WKN0059833
Additional Incident Info
Add
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

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

 x

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

(Last Name, First Name)

Date of Incident

Date of Incident

* Required



A calendar for June 2014. The days of the week are labeled S, M, T, W, T, F, S. The dates are arranged in a grid. The date 16 is highlighted in orange. The calendar shows the following dates: 25, 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.

Prev

Next

Ex: Select Incident Date

Time of Incident

Time of Incident (Military)

* Required

 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.

Department/Cost Cntr where Incident Occurred

Dept/Cost Cntr where Incident occurred

* Required

NA.....	(Department Not Applicable)
087.....	(Accounts Payable)
090.....	(Administration)
008.....	(Anesthesia)
039.....	(Blood Gas)
023.....	(Bone Density Scan)
999.....	(Boos)
080.....	(Business office)
079.....	(Business office - clinics)
081.....	(Business Office - Manager)
078.....	(Business Office - Radiology)
027.....	(Cardio/Pulmonary Rehab)
022.....	(Cardiovascular)
007.....	(Case Management)
032.....	(Central supply)
014.....	(Chemotherapy)
029.....	(CT scan)
083.....	(Diabetic Teaching)
030.....	(Dietary)
042.....	(EEG)
003.....	(ER)
099.....	(Family Health center)
088.....	(Finance Dir.)
012.....	(Heritage Program)
050.....	(HHC - Administration (Medical clinic))
072.....	(Housekeeping)
084.....	(Human Resources)
010.....	(Infection Control)
034.....	(Laboratory)

Dept/Cost Cntr where Incident occurred

* Required

033.....	(Laboratory - Offsite)
049.....	(Lea County Detention Facility)
046.....	(Lovington Clinic)
047.....	(Lovington Clinic)
005.....	(Lovington Clinic - Nursing)
024.....	(Magnetic Res. Image)
070.....	(Maintenance)
035.....	(Mammo)
089.....	(Management Information Sys)
091.....	(Marketing)
086.....	(Med Staff Relations)
002.....	(Med/Surg)
082.....	(Medical Records - Hospital)
001.....	(Nursing Administration)
041.....	(Occupational Therapy)
998.....	(Online Boos Dept)
025.....	(OP Services Director)
009.....	(Operating Room)
085.....	(Payroll)
044.....	(Pharmacy)
038.....	(Physical Therapy)
074.....	(Plant Services Dir.)
195.....	(PPC Cardiology)
495.....	(PPC ENT)
094.....	(PPC Gastroenterology)
095.....	(PPC Neurology)
036.....	(Radiology)
037.....	(Respiratory Therapy)
006.....	(Rheumatology Clinic)
098.....	(School Base Clinic)
026.....	(Sleep Lab)
004.....	(Speciality Clinics)
040.....	(Speech Therapy)
048.....	(Tatum Clinic)
028.....	(Ultrasound)

Location of Incident

Location Of Incident

* Required

AMBULANCE..	(AMBULANCE)
BATHROOM...	(BATHROOM)
CASEMGMT...	(CASE MANAGEMENT)
EXAMROOM...	(EXAMINATION ROOM)
GROUNDS....	(GROUNDS)
HALLWAY....	(HALLWAY)
INTRANSIT..	(IN-TRANSIT)
OTHER.....	(OTHER)
PARKLOT....	(PARKING LOT)
PATREGIST..	(PATIENT REGISTRATION)
PATROOM....	(PATIENT ROOM)
PTHOME.....	(PATIENT'S HOME)
RECOVERY...	(RECOVERY ROOM)
SURGICAL...	(SURGICAL AREA)
UNKNOWN....	(UNKNOWN)
WAITROOM...	(WAITING ROOM)

Exact Location/Room

Prev

Next

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

Reporters details automatically prefill as user who is entering incident

REPORTER DETAILS	
Reported Date	07/01/2016
Reported By Type	USER
Reported/Entered By	WEB3823
Reporter Name	WEB 3823 PROFILE
* Date Incident/Event Rprt Received	07/01/2016

Was Incident Witnessed?

Was Incident Witnessed?

* Required

Yes No

Prev

Next

Ex: Was Incident Witnessed?

Click Yes Or No To Answer

IF Y answer above, Witness questions will display for entry

Were Other Individuals Involved?

Were Other Individuals Involved?

* Required

Yes No

Prev

Next

Ex: Were Other Individuals Involved In The Event?

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

IF Answer Y above, Individual Involved questions display for entry

IF FALL is Incident Category

Additional question displays

Environmental Factor

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

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: RiskQual@yierg.com Sent: Wed 9/30/2015 5:03
To: KATHYL@RISKQUAL.COM
Cc:
Subject: Follow up and review for Incident #: 38112015000001

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

THIS IS AN AUTOMATED EMAIL -- DO NOT REPLY

An Incident has occurred per the details above. 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.

What Happened - FALLS - WHILE AMBULATING / STANDING
When - 09/30/2015
Where - NUTRITION AND DIETETICS- HOSPITAL

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 Enter Follow-Up"

THIS IS AN AUTOMATED EMAIL -- DO NOT REPLY

If you have any questions - Please Contact Your Hospital Risk/QI Manager or email support@riskqual.com.

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

My Open Follow Up
Click here to complete follow up : DEPARTMENT MANAGER / LEADER FOLLOW UP - WKN0059833

Click on the link

[Click here to complete follow up : DEPARTMENT MANAGER / LEADER FOLLOW UP](#)

The Follow up entry questions will display for you to complete.

If you do not see a link under My Open Follow Up section, you can also add Follow Up by clicking on the link "Click Here to add Follow Up"

Add
Click Here to add Follow Up

Department Manager/Leader Follow Up

Upon clicking on the link "Click here to complete follow up – DEPARTMENT MANAGER/LEADER FOLLOW UP", the following questions display for entry:

Type Of Follow Up

* Required

CEOREVIEW.. (CEO REVIEW)
MGREVIEW... (DEPARTMENT MANAGER / LEADER FOLLOW UP)
INITUSER... (INITIAL USER/REPORTER FOLLOW UP)

Ex: Select Type Of Follow-Up Being Entered

Select DEPARTMENT MANAGER/LEADER FOLLOW UP if you are a department manager/supervisor or leader completing follow up for the Event.

Select CEOREVIEW if you are the CEO and are noting your review of the Event.

If you are the Initial Reporter/User who entered the Event and have some notes/follow up to enter, select INITIAL USER/REPORTER FOLLOW UP.

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

Follow Up Date

Select Date Follow Up Completed

* Required

9/30/2015 x

September 2015						
S	M	T	W	T	F	S
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	7	8	9	10

Prev

Next

Ex: Select Date Follow-Up Was Completed

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

Enter Dept Manager Follow Up Details

Review/Follow-Up Description

* Required

I reviewed the event details and

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)
HANDWR.....	(HANDWRITTEN ENTRY)
IDSCAN.....	(ID NOT SCANNED)
IMPRPROC...	(IMPROPERLY PERFORMED PROCEDURE/TREATMENT/SPECIMEN)
MEDSCAN....	(MED NOT SCANNED)
MEDCOND....	(MEDICAL CONDITION)
NONFORMULA.	(NON FORMULARY DRUG)
NOTLEGIBLE.	(NOT LEGIBLE)
ORDERNCL...	(ORDERS NOT CLEARED)
ORDERNFOL..	(ORDERS NOT FOLLOWED)
ORDPROC....	(ORDERS NOT PROCESSED PROPERLY)
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)
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)
HANDWR.....	(HANDWRITTEN ENTRY)
IDSCAN.....	(ID NOT SCANNED)
IMPRPROC...	(IMPROPERLY PERFORMED PROCEDURE/TREATMENT/SPECIMEN)
MEDSCAN....	(MED NOT SCANNED)
MEDCOND....	(MEDICAL CONDITION)
NONFORMULA.	(NON FORMULARY DRUG)
NOTLEGIBLE.	(NOT LEGIBLE)
ORDERNCL...	(ORDERS NOT CLEARED)
ORDERNFOL..	(ORDERS NOT FOLLOWED)
ORDPROC....	(ORDERS NOT PROCESSED PROPERLY)
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)
LABELING...	(UNLABELED/MISLABELED)

Description of Causes/Factors

Enter Description of Additional Causes/Factors

* Required

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

EDUCTRAIN..	(EDUCATIONAL TRAINING)
NOACTION...	(NO ADDITIONAL ACTION REQUIRED)
PHYSNOTIF..	(PHYSICIAN NOTIFIED WITH RESOLUTION)
POLPROC....	(POLICY & PROCEDURE CHANGE)
PREVREV....	(PREVIOUSLY REVIEWED/COMPLETED)
PROCESS....	(PROCESS IMPROVEMENT INITIATED)
STAFF.....	(Resolution to staff member completing report)
REVSTAFMTG.	(REVIEWED AT STAFF MEETING)
SELFEVAL...	(SELF-EVALUATION REQUESTED)
SENIORLEAD.	(SENIOR LEADER NOTIFIED)
STAFFCOUNS.	(STAFF COUNSELED)

Description of Action(s) Taken

Enter Description of Action(s) Taken To Date

* Required

I did this and that and Mary did...|

Prev

Next

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

Date Initial Action Was Taken

Select Date Initial Action Was Taken

July 2016						
S	M	T	W	T	F	S
26	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

Prev

Next

Ex: Date action was taken regarding this Issue/Event

Additional Actions Taken to Date

Enter Desc of Additional Actions Taken To Date

* Required

Prev

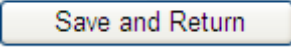
Next

Ex: Enter Desc of Additional Actions Taken To Date regarding this Issue/Event

At the end of the questions provided, review your entry.

FOLLOW UP DETAILS		
Follow Up Completed By	WEB3823	
Completed By Name	WEB 3823 PROFILE	
* Select Date Follow Up Completed	07/01/2016	Edit
Follow Up Desc	Department Manager Initial Review	
Manager Review	Y	
Dept Mgr Date Of Review	07/01/2016	
Review By	WEB3823	
* Review/Follow-Up Description	I reviewed the event details and	Edit
CAUSE/ACTION TAKEN		
Select Primary Cause	COMPLIC	Edit
Select Secondary Cause	OTHER	Edit
* Enter Description of Additional Causes/Factors	other causes identified were	Edit
Select Primary Action Taken To Date	STAFF	Edit
Select Date Initial Action Was Taken	07/01/2016	Edit
* Enter Desc of Additional Actions Taken To Date	additional actions taken by	Edit


Click "Edit" next to any response that you need to change prior to saving.


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

My Open Follow Up
Additional Incident Info
Follow Up : DEPARTMENT MANAGER / LEADER FOLLOW UP - By: WEB 3823 PROFILE - Entered: 07/01/2016
Add
Click Here to add Follow Up

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

Your "My Open Follow Up" section no longer has a link that a follow up is open pending your review because you have just completed it.

Click  or  to return to the main screen and enter an Incident or review your Open Follow Up for any other Events.

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

CEO Review

If you are a CEO/Administrator, and you have been assigned to document CEO follow up, you will see a link in the Incident/Event Details screen to the right under "My Open Follow Up" section – "Click here to complete CEO Review".

Click on the link to complete your administrative review.

Type Of Follow Up

* Required

CEOREVIEW..	(CEO REVIEW)
MGREVIEW...	(DEPARTMENT MANAGER / LEADER FOLLOW UP)
INITUSER...	(INITIAL USER/REPORTER FOLLOW UP)

Ex: Select Type Of Follow-Up Being Entered

Select Date Follow Up Completed

* Required

June 2016						
S	M	T	W	T	F	S
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	7	8	9

Prev

Next

Ex: Select Date Follow-Up Was Completed

CEO Review Description

* Required

Prev

Next

Ex: Enter CEO Review Description

Enter a note about your review of the incident/event. Click NEXT to continue.

At the end of the questions, the system will prompt you to check that your entry is accurate

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.

Save and Return

Click **Save and Return** to save your follow up/review entry. The system will save your follow up and return you to the main entry screen.

Additional Incident Info

Follow Up - Nor Lea : DEPARTMENT MANAGER / LEADER FOLLOW UP - By: WEB 3823 PROFILE - Entered: 10/05/2015


Your CEO Review entry is displayed on the “Additional Incident Info” section and can be viewed by any other manager that has access to the incident/event.

Start New Entry

Cancel

Click **Start New Entry** or **Cancel** to return to the main screen and enter an Incident or view the rest of your Open Follow Ups, if any.

See Section “Completing PENDING Open Follow Ups” below for instructions on how to complete any additional open follow ups for any other incidents or complaints assigned to you to date.

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 Event Reporting System
[Log Out](#)

[View Reference Docs](#)

[My Open Follow Up](#)

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

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

The grid shows the following information:

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

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

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

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

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

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

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

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

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

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

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


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


Open Follow Up Grid Options

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

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

Select from My Open Follow Up List to Complete

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

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

Num	Question	Response
1	* Group #	38
2	Event Number	38232015000001
3	Master Event Number	38232015000001
4	Facility	23
5	Facility Name	NOR-LEA GENERAL HOSPITAL
PATIENT INFO DETAILS		
7	* Type of Person	PATIENT
8	* Enter LAST NAME of Patient & Click SEARCH	000000
9	* Patient OrgPerID	OP00017267
10	* Patient Name	Patient, Test
11	Medical Record #	000000
12	Gender/Sex	
13	Birth Date	01/01/1900
14	Patient Age	0
15	Patient Age Unit	Y
16	Admission Date	01/01/1900
17	Admitting Diagnosis	
INCIDENT DETAILS		
19	* Did Incident Reach The Patient?	Y
20	Near Miss - NO	N
21	* Date of Incident	10/05/2015
22	Day Of Week	Monday
23	* Time of Incident (Military)	08:00
24	Shift Of Day	DAY
25	* Dept/Cost Cntr where Incident occurred	002
26	Dept/Cost Cntr Desc	Med/Surg
27	* Location Of Incident	BATHROOM
28	Location Desc	BATHROOM
29	Exact Location/Room #	200
30	* Incident Category	FALL
31	Incident Category Desc	FALLS
32	* Incident Sub-Categ	FLOOR
33	Incident Sub-Categ Desc	FOUND ON FLOOR
34	* Brief Description Of Incident	Found on floor in bathroom
FALL INCIDENT DETAILS		
36	Staff Attended	ATTENDED
37	* Patient Status Prior To Incident	ALTORT
38	Restraints In Place	UNRESTR
39	Restraints In Place Desc	NOT RESTRAINED
40	Bed Rail Level	LUP
41	Bed/Chair Alarm ?	
42	* Patient on Fall Precautions?	Y
43	Change Made to Plan of Care?	Y
44	Main Environmental Factor	NONE

Follow same instructions above to click on the link under “MY OPEN FOLLOW UP” section to the right of the above Event details page to complete your follow up:

My Open Follow Up

[Click here to complete follow up : DEPARTMENT MANAGER / LEADER FOLLOW UP - WKN0059550](#)



Any Questions

Contact your IT Help Desk for Login Issues/Questions

Contact your Risk/Quality Management Department for System Questions/How To

Contact RiskQual Technologies Support Services - support@riskqual.com