



Yellowstone Event System (YES)

User Guide

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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

Please enter your UserID and Password

User ID

Password

Login

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

Enter your assigned User ID and Password

User ID: First Initial First Name + Last Name (for example Joe Smith is User ID: JSMITH)
Password: rubyvalley (make sure password is entered lowercase)

IF the format for User ID does NOT allow you to login, your User ID may include a # 1 at the end (i.e., Joe Smith may be JSMITH1).

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.

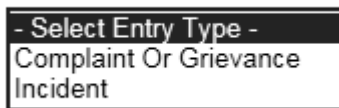
****Contact your IT department so that they can ensure that the Pop Up Blocker is turned OFF only for this YES website****

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

Entering a New Incident/Event

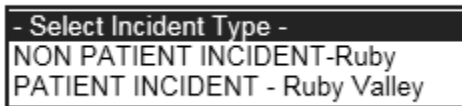
When entering an incident/event, all required questions must be answered at a minimum before you can SAVE. If you do not save your incident/event, it will not be saved automatically.

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.

Choose the type of Patient from the dropdown and the system will move to the next question.

Enter LAST NAME of Patient & Click SEARCH

* Required

Search

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

1 (s) Records Found.

Financial #	Med Rec Number	Patient Name	Admit Date	Disch Date
TESTPAT	TESTPAT	PATIENT, TEST	1/1/1900 12:00:00 AM	
1				

Please Select a page number to view more records

Ex:

Your IT Department has setup an interface from your Patient registration system to automatically feed the YES system with all patient admission demographics. If you cannot find a patient, please notify your IT department or your Risk Management department.

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 OrgPerID	OP00020790
* Patient Name	PATIENT, TEST
Medical Record #	TESTPAT
Gender/Sex	
Birth Date	01/01/1900
Patient Age	0
Patient Age Unit	Y
Admission Date	01/01/1900
Admitting Diagnosis	

Did the Incident Reach the Patient?

Did Incident Reach The Patient?

* Required

Yes No

Prev

Next

Ex: Did Incident Reach The Patient?

Select Yes or No and the system will advance to the next question.

Date of Incident

Date of Incident

* Required

July 2015						
S	M	T	W	T	F	S
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	8

Prev

Next

Ex: Select Incident Date

Choose the date of the event from the calendar. The system will advance to the next question.

Time of Incident

Time of Incident (Military)

* Required

Prev

Next

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

Enter the time of the event and click Next. The system will advance to the next question.

* Date of Event	07/27/2015
Day Of Week	Monday
* Time of Event (Military)	15:14
Shift Of Day	EVENING

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

Location of Incident

Location Of Incident

* Required

ACUADOLES..	(ACUTE - ADOLESCENT)
ACUADULT...	(ACUTE - ADULT)
ACUCHILD...	(ACUTE - CHILD)
ADMIN.....	(ADMINISTRATION)
AMBULANCE..	(AMBULANCE)
BATHROOM...	(BATHROOM)
BIRTHCENTE..	(BIRTHING CENTER)
BLOODBANK..	(BLOOD BANK)
BURNUNIT...	(BURN UNIT)
CARDCATHLA.	(CARDIAC CATH LAB)
CLINICHOSP.	(CLINIC - HOSPITAL)
COMMONA....	(COMMON AREAS)
CCU.....	(CRITICAL CARE UNIT)
DAYCARE....	(DAYCARE)
DIAGUNIT...	(DIAGNOSTIC UNIT)
DIALYSIS...	(DIALYSIS UNIT)
ELEVATOR...	(ELEVATOR)
ED.....	(EMERGENCY DEPARTMENT)
ENGMAINT...	(ENGINEERING / MAINTENANCE)
EXAMROOM...	(EXAMINATION ROOM)
ECULTC.....	(EXTENDED CARE UNIT/LTC)
FINANSERV..	(FINANCIAL SERVICES)
GROUNDS....	(GROUNDS)
HALLWAY....	(HALLWAY)
HOMHEALTH..	(HOME HEALTH)
HOSPICE....	(HOSPICE)
INTRANSIT..	(IN-TRANSIT)
LD.....	(LABOR & DELIVERY)
LABHOSP....	(LABORATORY - HOSPITAL)

Exact Location

Exact Location/Room #

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

Enter the room number or exact location of the incident and click Next.

Choose the occurrence category from the dropdown. The system will advance to the next question.

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)
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 Ruby Valley's Specific Categories & Codes (as selected by your risk management department)

ADMIN sub category

COMMUNIC...	(COMMUNICATION)
COMPLAINT..	(COMPLAINT)
CONFIDENT..	(BREACH OF CONFIDENTIALITY/HIPAA)
CONTRACT...	(BREACH OF CONTRACT)
LFSFTY.....	(ENVIRONMENT OF CARE/LIFE SAFETY)
OTHER.....	(OTHER)
THEFT.....	(THEFT)

ARREST Sub Categories

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

BEHAVIOR Sub Categories

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

BLOOD Sub Categories

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

CONSENT Sub Categories

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

EQUIPMENT Sub Categories

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

FALL Sub Categories

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

IV Sub Categories

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

MEDICATION Sub Categories

ADVERREAC..	(ADVERSE REACTION/ALLERGY)
CDINCCNT...	(CONTROL DRUG - INCORRECT COUNT)
CDNCNDN....	(CONTROL DRUG NARCOTIC COUNT NOT COMPLETE)
CDNW.....	(CONTROL DRUG NOT WASTED)
CONTRAIN..	(CONTRAINDICATED)
DISTRIB....	(DISTRIBUTION)
DOCUMENT...	(DOCUMENTATION)
EXPIRDRUG..	(EXPIRED DRUG)
EXTRDOSE...	(EXTRA DOSE)
FOODINTER..	(FOOD INTERACTION)
GIVENNORD..	(GIVEN, NOT ORDERED)
MEDINTER...	(MEDICATION/DRUG INTERACTION)
MEDNOTAVA..	(MEDICATION NOT AVAILABLE)
MISSDOSE...	(MISSED DOSE)
MONITORING.	(MONITORING)
OTHER.....	(OTHER)
PATNA.....	(PATIENT NOT AVAILABLE)
PRESCRIB...	(PRESCRIBING ERROR)
TRANSCRIPT.	(TRANSCRIPTION ISSUE)
WASTED.....	(MEDICATION WASTED)
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

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

OTHER Sub Categories

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

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

TPS – Treatment/Procedure/Specimen Collection Sub Categories

ASEPTICNF..	(ASEPTIC TECH. NOT FOLLOWED)
CANCELLED..	(CANCELLED)
CLERERROR..	(CLERICAL ERROR)
COMPLICATI.	(COMPLICATION)
CONDCHANG..	(CONDITION CHANGE - MD 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)
NOTAVAILAB.	(PROVIDER NOT AVAILABLE)
NOTORDERED.	(NOT ORDERED)
OMISSION...	(OMISSION)
ORDERND....	(ORDERED NOT DONE)
OTHER.....	(OTHER)
POLPROC....	(POLICY OR PROCEDURE ISSUE)
PREPROBL..	(PREP PROBLEM)
REPORTWD..	(REPORT TO WRONG MD/PROVIDER)
RESULTSINC.	(RESULTS INCORRECTLY REPORTED)
RETURNOR...	(UNPLANNED RETURN TO OR)
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)
UNPLANSURG.	(UNPLANNED SURGICAL INTERVENTION)
UNPLANTRAN.	(UNPLANNED TRANSFER)
WRGPATIENT.	(WRONG PATIENT)
WRGSITE....	(WRONG SITE)
WRGTIME....	(WRONG TIME)
WRGTREAT...	(WRONG TREATMENT/PROCEDURE)

Brief Description of Incident

Brief Description Of Incident

* Required

Patient fell from bed while reaching for phone on night stand

Prev

Next

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

Enter a brief description of the incident and click Next.

Physician Notified?

Physician Notified?

* Required

Yes No

Prev

Next

Ex: Was Physician Notified of the Incident?

Click Yes or No To Answer

Select Yes or No to answer. If Yes, the following questions will display.

Physician Search

Physician Notified SEARCH

Search

Select Field

Value

Pract/Phys Name

Search

Prev

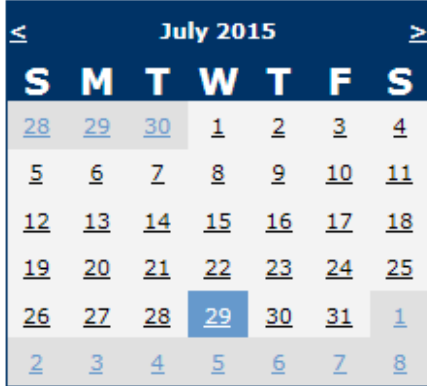
Next

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

Enter the last name of the physician notified and click search. Highlight the name of the physician.

Date Physician Notified

Date Physician Notified



A calendar for July 2015. The days of the week are labeled S, M, T, W, T, F, S. The date 29 is selected and highlighted in blue. The calendar shows dates from 28 to 8.

Prev

Next

Ex: Select Date Physician Was Notified

Select the date the physician was notified from the calendar.

Time Physician Notified

Time Physician Notified (Military)

Prev

Next

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

Enter the time the physician was notified, if known and click Next.

Supervisor Notified?

Supervisor Notified?

* Required

Yes No

Prev

Next

Ex: Was Supervisor Notified Of Incident?

If Yes, the following will display:

Supervisor Search

Supervisor Notified Search

* Required

Search

Select Field Value

Employee Name

Ex: Enter Supervisor LAST Name and Click SEARCH

Enter last name of supervisor and click search. Highlight the name.

Date Supervisor Notified

Date Supervisor Notified

July 2015						
S	M	T	W	T	F	S
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	8

Ex: Select Date Supervisor Was Notified

Select the date the supervisor was notified from the calendar.

Time Supervisor Notified

Time Supervisor Notified (Military)

Prev

Next

Ex: Enter Time Supervisor Notified (HH:MM)

Enter the time the supervisor was notified in Military time and click Next.

Other(s) Notified

Other(s) Notified

Prev

Next

Ex: Describe Other(s) Notified of the Incident

Identify any other persons/agencies that were notified of this incident.

Injury Involved?

Was An Injury Involved?

* Required

Yes No

Prev

Next

Ex: Was An Injury Involved?

If Y, the following question will display. If N, it will not.

Injury Type

* Required

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

Choose type of injury sustained from the dropdown.

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 Incident?

Select whether Patient Is Aware of the event?

Incident Witnessed?

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:

Save	Cancel	Start New Entry	
Num		Question	Response
1	*	Group #	38
2		Event Number	38162015000003
3		Master Event Number	38162015000003
4		Facility	16
5		Facility Name	RUBY VALLEY HOSPITAL
PATIENT INFO DETAILS			
7	*	Type of Person	PATIENT
8	*	Enter LAST NAME of Patient & Click SEARCH	TESTPAT Edit
9	*	Patient OrgPerID	OP00020790
10	*	Patient Name	PATIENT, TEST
11		Medical Record #	TESTPAT
12		Gender/Sex	
13		Birth Date	01/01/1900
14		Patient Age	0
15		Patient Age Unit	Y

Entry Type: PATIENT INCIDENT - Ruby Valley (VIEW)

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

Additional Incident Info
Add
Click Here to add Additional Parties Involved Click Here to add Additional Witnesses Click Here to add Follow Up

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

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

IF ADMIN is the Incident Category

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

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

IF BEHAVIOR is the Incident Category

Additional Questions asked:

Was Police Called?

* Required

Yes No

Ex: Was Police Called?

Was Child/Adult Protective Services Called?

* Required

Yes No

Prev

Next

Ex: Was Child/Adult Protective Services Called?

Click Yes Or No To Answer

Patient/Person Secluded?

* Required

Yes No

Prev

Next

Ex: Patient/Person Secluded?

Patient/Person Restrained?

* Required

Yes No

Prev

Next

Ex: Patient/Person Restrained?

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

Type Of Restraint

CHEMICAL . . . (CHEMICAL)
MECHANICAL . (MECHANICAL)
PHYSICAL . . . (PHYSICAL)

Ex: Select Type of Restraint

IF CONSENT is the Incident Category

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

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

IF EQUIPMENT is the Incident Category

Additional questions can display for user to enter more information:

Select Equipment/Device

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

Model Number

 ×

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

Ex: Was Equipment Taken Out Of Service?

Biomed Contacted?

Yes No

Prev

Next

Ex: Was Biomed Contacted After Equipment/Issue?

IF FALL is the Incident Category

Additional questions can display for user to enter more information:

Staff Attended

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

Ex: Select Staff Attendance At Time Of Fall

Select staff attendance details for the Occurrence.

Patient Status Prior To Incident

* Required

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

Select Status of the patient prior to the Incident

Restraints In Place

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

PREV NEXT

Ex: Select Restraints In Place

Select 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

Ex:

Select Y or N to note if a change was made to the plan of care

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

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

Dose/Amount Administered

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)

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)
OTHER.....	(OTHER)
PATIENT....	(PATIENT)
PHYSICIAN..	(PHYSICIAN)
CAREGIVER..	(PT. CARE GIVER)
VISITOR....	(VISITOR)
VOLUNTEER..	(VOLUNTEER)

User selects Witness' type of person.

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

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

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

Enter Witness First Name

* Required

Ex: Enter Witness First Name

Witness Last Name

* Required

Ex: Witness Last Name

IF OTHER INDIVIDUALS/PARTIES INVOLVED = Y

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

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

Party Person Type

* Required

EMPLOYEE...	(EMPLOYEE)
OTHER.....	(OTHER)
PATIENT....	(PATIENT)
PHYSICIAN..	(PHYSICIAN)
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

Involvement Desc

* Required

Prev

Next

Ex: Description of Party's Involvement

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

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

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

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

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

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

Prev

Next

(Last Name, First Name)

Date of Incident

Date of Incident

* Required

June 2014						
S	M	T	W	T	F	S
<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>	<u>31</u>
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>
<u>15</u>	16	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u>21</u>
<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>
<u>29</u>	<u>30</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>

Prev

Next

Ex: Select Incident Date

Time of Incident

Time of Incident (Military)

* Required

Prev

Next

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

Description of Incident

Brief Description Of Incident

* Required

Prev

Next

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

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

Incident Category

Incident Category

* Required

BEHAVIOR...	(BEHAVIOR)
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 Event

* Required

ACUADOLES..	(ACUTE - ADOLESCENT)
ACUADULT...	(ACUTE - ADULT)
ACUCHILD...	(ACUTE - CHILD)
ADMIN.....	(ADMINISTRATION)
AMBULANCE..	(AMBULANCE)
CCU.....	(CRITICAL CARE UNIT)
CLINICHOSP.	(CLINIC - HOSPITAL)
COMMONA....	(COMMON AREAS)
ED.....	(EMERGENCY DEPARTMENT)
ENGMAINT...	(ENGINEERING / MAINTENANCE)
FINANSERV..	(FINANCIAL SERVICES)
GROUNDS....	(GROUNDS)
HALLWAY....	(HALLWAY)
INTRANSIT..	(IN-TRANSIT)
LAB.....	(LABORATORY)
LAUNDRY....	(LAUNDRY)
MEDREC.....	(MEDICAL RECORDS)
MEDSURG....	(MED/SURG UNIT)
NUTRIT.....	(NUTRITION AND DIETETICS- HOSPITAL)
OFFPREM....	(OFF PREMISES)
OTHER.....	(OTHER)
PARKLOT....	(PARKING LOT)
PATFINANCI.	(PATIENT FINANCIAL SERVICES)
PATREGIST..	(PATIENT REGISTRATION)
PHARMACY...	(PHARMACY)
PHYLOUNG...	(PHYSICIAN'S LOUNGE)
PHYSOFF....	(PHYSICIAN'S OFFICE)
PHYTHERP..	(PHYSICAL THERAPY)
PTHOME.....	(PATIENT'S HOME)

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	EMPLOYEE
Reported By Search	TEST3816A
Reporter Name	Employee, Testing

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 Done

* Required

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

Initial Reporter Follow Up

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

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

Date Follow Up Was Completed

* Required

4/30/2013

April 2013						
S	M	T	W	T	F	S
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4
5	6	7	8	9	10	11

Prev Next

Ex: Select Date Follow-Up Was Completed

Follow Up Descr

* Required

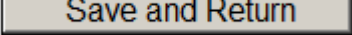
Prev

Next

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

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

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

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

View
<u>Follow Up :</u> <u>INITIAL USER/REPORTER FOLLOW UP</u> <u>By: WEB 3808 PROFILE</u> <u>Entered: 06/02/2015</u>

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.

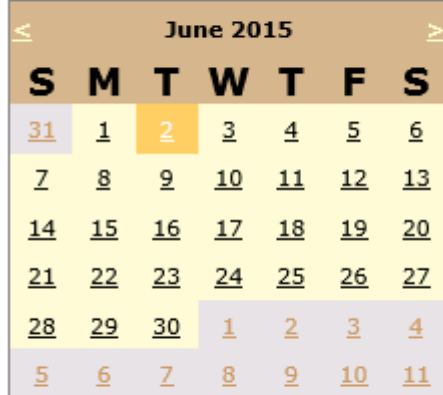
Reporter or Manager Follow Up

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



A calendar for June 2015. The days of the week are labeled S, M, T, W, T, F, S. The date 6/2/2015 is selected and highlighted in orange. The calendar shows the following dates: 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, 11.

Prev

Next

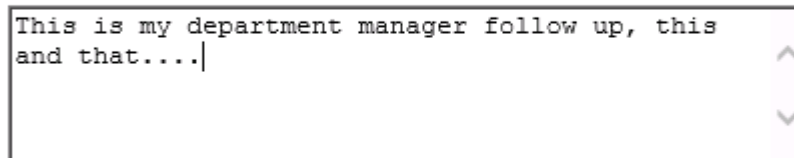
Ex: Select Date Follow-Up Was Completed

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



A text area for entering a detailed description of the follow up. The text "This is my department manager follow up, this and that...." is entered. There are up and down arrow icons on the right side of the text area.

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

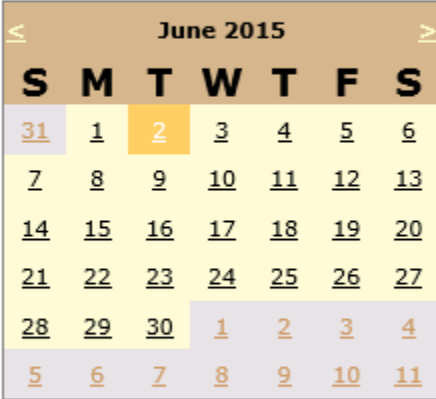
Primary Action Taken To Date

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



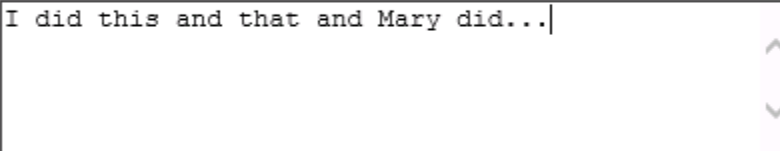
A calendar for June 2015. The days of the week are labeled S, M, T, W, T, F, S. The date 2 is highlighted in orange. Below the calendar are two buttons: 'Prev' and 'Next'.

Ex: Date action was taken regarding this Issue/Event

Description of Action(s) Taken

Enter Description of Action(s) Taken To Date

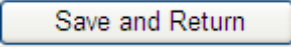
* Required



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

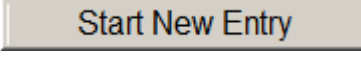
The system will prompt you to preview your entry to ensure it is accurate and click SAVE at top left corner of the grid to save your follow up:


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

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 3808 PROFILE
Entered: 06/02/2015

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

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

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

Hello WEB 3804 PROFILE Event Reporting System
[Log Out](#)

[View Reference Docs](#)

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

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

The grid shows the following information:

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

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

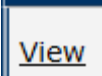
Location – Location involved in the event or complaint for which the follow up was assigned


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
PATIENT INFO DETAILS		
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	
INCIDENT DETAILS		
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	Pt fell from bed.....
32	Reportable Occurrence	
FALL INCIDENT DETAILS		
34	Staff Attended	UNATTEND
35	* Patient Status Prior To Incident	UNCOOPER
36	Restraints In Place	UNRESTR
37	Restraints In Place Desc	NOT RESTRAINED
38	Reel Rail Level	DOWN

Entry Type: PATIENT Incident (VIEW)

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


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

My Open Follow Up
Click here to complete follow up : DEPARTMENT MANAGER FOLLOW UP - WKN0033076

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

Click  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