YELLOWSTONE
INSURANCE EXCHANGE, RRG

Mineral Community Hospital

Yellowstone Event System (YES)

User Guide

Powered By

RiskQual Technologies, Inc.

RiskQual
Technologies, Inc.

Contents

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

Login

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

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

The following login page will display:

Login

View Reference Docs

Yellowstone Insurance Exchange,RRG

Welcome to H.A.S.

-DataTrkWeb -

Event Reporting System

Please enter your UserID and Password

User ID

Password

Login

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

Enter your assigned User ID and Password

      User ID: First Initial First Name + First Initial Last Name + Emp#

Password: mchospital ←- make sure it is entered lowercase

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 computers Internet Explorer settings.

Go to your Internet Explorer icon [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+

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

Click to select Incident to report an Incident/Event.

The following options display to the right:

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

PATIENT INCIDENT . Select if incident affected a Patient or if the incident you are reporting was a Near Miss/Good catch is related to a patient.

NON PATIENT INCIDENT . Select if incident affected a Non-Patient (i.e., Visitor) or if the incident you are reporting was a Near Miss/Good Catch related to a non patient or non-person (i.e., Visitor, Volunteer, General Medication or Equipment issues, etc. not affecting or involving any patient or person).

Click to make the appropriate selection.
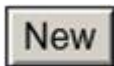
Click [New] to enter a new Incident/Event.

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

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

PATIENT Incident Entry

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

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

Patient Search

Enter LAST NAME of Patient & Click SEARCH

* Required

Search

Select Field	Value	
Patient Name ▾	patient	Search

Add Patient

1 (s) Records Found.

Admit ID/Number	Med Rec Number	Patient Name	Admit Date	Disch Date
PATTEST38141	PATTEST3814111	Patient, Testing	8/3/2015 12:00:00 AM	
1				

Please Select a page number to view more records

Prev   Next

Ex:

Your facility selected NOT to do an interface of patients from your EHR system.

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.

IF THE PATIENT IF NOT Found, you can click on   Add Patient   button to add the patient demographics.

You will be taken to an Add Patient screen to add the patient to the system and then will return back to the Incident Entry screen to continue your incident entry.

*** Always SEARCH for the patient first before clicking to Add Patient in the event the patient already is in the patient repository in the system and it can be used for this new event/incident ***

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

* Type of Person	PATIENT
* Enter LAST NAME of Patient & Click SEARCH	PATTEST38141
Patient OrgPerID	PAT3814
* Patient Name	PATIENT, TESTING
Medical Record #	PATTEST3814111
Gender/Sex	FEMALE
Birth Date	08/01/1965
Patient Age	50
Patient Age Unit	
Admission Date	08/03/2015
Admiting Diagnosis	ACUTE CHOLECYSTITIS

Incident Reach the patient?

Did Incident Reach The Patient?

* Required

○ Yes ○ No

    Prev   Next

Ex: Did Incident Reach The Patient?

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

If answer "Did Incident Reach Patient?" = N

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

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

Incident Date

Date of Incident

* Required

≤		November 2015				**≥**
S	**M**	**T**	**W**	**T**	**F**	**S**
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

12:16	×

Prev	Next

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

* Date of Incident	11/03/2015
Day Of Week	**Tuesday**
* Time of Incident (Military)	12:16
Shift Of Day	**DAY**

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

Location of Incident

Location Of Incident

* Required

```
ACUADULT...   (ACUTE - ADULT)
ADMIN......   (ADMINISTRATION)
AMBULANCE..   (AMBULANCE)
BATHROOM...   (BATHROOM)
CENTRALSUP.   (CENTRAL SUPPLY)
ED.........   (EMERGENCY DEPARTMENT)
ENDOSCOPY..   (ENDOSCOPY SUITE)
ENVIRNSRVC.   (ENVIRONMENTAL SERVICES)
GROUNDS....   (GROUNDS)
HALLWAY....   (HALLWAY)
LABHOSP....   (LABORATORY - HOSPITAL)
LAUNDRY....   (LAUNDRY)
MAMMO......   (MAMMOGRAPHY)
MEDREC.....   (MEDICAL RECORDS)
OFFPREM....   (OFF PREMISES)
OR.........   (OPERATING ROOM)
OTHER......   (OTHER)
PARKLOT....   (PARKING LOT)
PATROOM....   (PATIENT ROOM)
PHARMACY...   (PHARMACY)
PHYSTHERP..   (PHYSICAL THERAPY)
PREOP......   (PRE-OP)
PTOTST.....   (PT/OT/ST)
RADIOLOGY..   (RADIOLOGY)
SPECCLINIC.   (SPECIALTY CLINICS)
SURGICAL...   (SURGICAL AREA)
SWINGINT...   (SWINGBED - INTERMEDIATE)
SWINGSKIL..   (SWINGBED - SKILLED)
ULTRASOUND.   (ULTRASOUND)
```

```
VOLUNTEERS.   (VOLUNTEERS)
```

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

Exact Location/Room #

Exact Location/Room

| 123 | × |

| Prev | Next |

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

Enter the exact location of the Incident and click Next.

Incident Category

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

Incident Category

* Required

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

Incident Sub Category

```
ASSISTED...   (ASSISTED/LOWERED TO FLOOR)
FAINTED....   (FAINTED)
FLOOR......    (FOUND ON FLOOR)
BED........    (FROM BED)
COMMODE....   (FROM BEDSIDE COMMODE/TOILET)
CHAIR......    (FROM CHAIR/WHEELCHAIR)
CRIB.......    (FROM CRIB)
FROM CURB..   (FROM CURB)
EXAMTABLE..   (FROM EXAM/XRAY/OR TABLE/GURNEY)
EXERCEQUIP.   (FROM EXERCISE EQUIPMENT)
SHOWER.....    (IN SHOWER)
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 Mineral $\circ$ 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)
THEFT...... (THEFT)
```

ARREST Sub Categories

Incident Sub-Categ

* Required

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

BEHAVIOR Sub Categories

Incident Sub-Categ

```
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)
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)
SELFINFLIC.  (SELF INFLICTED)
SEXACTING..  (SEXUAL ACTING OUT)
SEXMOL.....  (SEXUAL MOLESTATION)
SMOKRELAT..  (SMOKING RELATED)
STAFWSTAF..  (STAFF WITH STAFF)
THREATAGG..  (THREAT OF AGRESSION)
```

BLOOD Sub Categories

Incident Sub-Categ

```
ALLERGY....  (ALLERGY/REACTION)
EXTRDOSE...  (EXTRA DOSE)
MISDOSE....  (MISSED DOSE)
OTHEQUIP...  (OTHER ISSUES / EQUIPMENT)
TRANSQUICK.  (TRANSFUSED TOO QUICKLY)
TRANSSLOW..  (TRANSFUSED TOO SLOWLY)
TRANSREAC..  (TRANSFUSION REACTION)
WRGBLOOD...  (WRONG BLOOD)
WRGDOSE....  (WRONG DOSE)
WRGLABEL...  (WRONG LABEL)
WRGPAT.....  (WRONG PATIENT)
WRGTIME....  (WRONG TIME)
```

CONSENT Sub Categories

Incident Sub-Categ

* Required

```
INCOMPLETE.  (INCOMPLETE CONSENT)
INCORRECT..  (INCORRECT CONSENT)
NOFORM.....  (NO CONSENT FORM)
UNSIGNED...  (UNSIGNED CONSENT)
```

EQUIPMENT Sub Categories

Incident Sub-Categ

* Required

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

FALL Sub Categories

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

IV Sub Categories

Incident Sub-Categ

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

MEDICATION Sub Categories

Incident Sub-Categ

* Required

```
ADVERREAC.. (ADVERSE REACTION/ALLERGY)
CONTRAIND.. (CONTRAINDICATED)
CDINCCNT... (CONTROL DRUG - INCORRECT COUNT)
CDNCNDN.... (CONTROL DRUG NARCOTIC COUNT NOT COMPLETE)
CDNW....... (CONTROL DRUG NOT WASTED)
DOCUMENT... (DOCUMENTATION)
EXPIRDRUG.. (EXPIRED DRUG)
EXTRDOSE... (EXTRA DOSE)
FOODINTER.. (FOOD INTERACTION)
GIVENNORD.. (GIVEN, NOT ORDERED)
MEDNOTAVA.. (MEDICATION NOT AVAILABLE)
MEDINTER... (MEDICATION/DRUG INTERACTION)
MISSDOSE... (MISSED DOSE)
PATNA...... (PATIENT NOT AVAILABLE)
WRGDATE.... (WRONG DATE)
WRGDOC..... (WRONG DOCUMENTATION)
WRGDOSE.... (WRONG DOSE)
WRGFRDRG... (WRONG FORM OF DRUG)
WRGLABEL... (WRONG LABEL)
WRGMED..... (WRONG MEDICATION)
WRGPAT..... (WRONG PATIENT)
WRGROUTE... (WRONG ROUTE)
WRGTIME.... (WRONG TIME)
```

OTHER Sub Categories

Incident Sub-Categ

* Required

```
ABDUCTION.. (ABDUCTION)
BLOODBRN... (BLOOD BORNE PATHOGEN EXPOSURE)
COMMUNIC... (COMMUNICATION)
DOCUMNT.... (DOCUMENTATION)
FIRE....... (FIRE)
HAZARD..... (HAZARDOUS CONDITION)
NEEDLESTCK. (NEEDLESTICK)
PATRELTERM. (PATIENT RELATIONSHIP TERMINATED)
PREMDISCH.. (PREMATURE DISCHARGE)
REGISTRAT.. (REGISTRATION ISSUE)
SAFESECUR.. (SAFETY/SECURITY ISSUES)
SOFTWREMAL. (SOFTWARE SYSTEM MALFUNCTION)
VEHICLECOL. (VEHICLE COLLISION)
```

PROPERTY Sub Categories

Incident Sub-Categ

```
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

```
ASEPTICNF..  (ASEPTIC TECHNIQUE NOT FOLLOWED)
CANCELLED..  (CANCELLED)
CLERERROR..  (CLERICAL ERROR)
COMPLICATI.  (COMPLICATION)
CONDCHANG..  (CONDITION CHANGE - PROVIDER NOT NOTIFIED)
DECUB......  (DECUBITUS - FACILITY ACQUIRED)
DELAY......  (DELAYED)
DOCUMT.....  (DOCUMENTATION)
FORBODY....  (FOREIGN BODY RETENTION)
IMPPERF....  (IMPROPERLY PERFORMED)
INAPPROC...  (INAPPROPRIATE PROCEDURE/TREATMENT)
INCOMPLETE.  (INCOMPLETE)
INFECTION..  (INFECTION - FACILITY ACQUIRED)
MISDIAG....  (MISDIAGNOSIS)
NONCOMP....  (NON COMPLIANCE)
NOORDENTRY.  (NOT ENTERED IN ORDER ENTRY)
NOTORDERED.  (NOT ORDERED)
OMISSION...  (OMISSION)
ORDERND....  (ORDERED NOT DONE)
POLPROC....  (POLICY OR PROCEDURE ISSUE)
PREPPROBL..  (PREP PROBLEM)
NOTAVAILAB.  (PROVIDER NOT AVAILABLE)
RESULTSINC.  (RESULTS INCORRECTLY REPORTED)
SPECINLABL.  (SPECIMEN INCORRECTLY LABELED)
SPECLOST...  (SPECIMEN LOST)
TUBEFEED...  (TUBEFEEDING ISSUES)
UNMINSCNT..  (UNMATCHED COUNT-INSTRUMENT)
UNMSHRPCNT.  (UNMATCHED COUNT-SHARP)
UNMSPNGCNT.  (UNMATCHED COUNT-SPONGE)
```

```
RETURNOR...  (UNPLANNED RETURN TO OR)
UNPLANSURG.  (UNPLANNED SURGICAL INTERVENTION)
UNPLANTRAN.  (UNPLANNED TRANSFER)
WRGPATIENT.  (WRONG PATIENT)
WRGSITE....  (WRONG SITE)
WRGTIME....  (WRONG TIME)
WRGTREAT...  (WRONG TREATMENT/PROCEDURE)
```

Incident Description

Brief Description Of Incident

* Required

```
Patient fell from chair to floor. Stated "I
felt woozy".
```

| Prev | Next |

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

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

Physician Notified?

Physician Notified?

* Required

◉ Yes ◯ No

| Prev | Next |

Ex: Was Physician Notified of the Incident?

Click Yes or No To Answer

If Physician was notified = Y:

Physician Notified Search

Physician Notified SEARCH

Search

Select Field	Value	
Pract/Phys Name ▾	PHYS	Search

1 (s) Records Found.

Practitioner ID	Pract/Phys Name	Pract Type	Specialty
TESTPHYS	PHYSICIAN, TESTING		
1			

Please Select a page number to view more records

Prev	Next

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

Physician Search question displays.

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

Highlight the respective physician and click to select it.

Physicians are added to HAS by your Risk Management department. If Physician name is not found, please notify your risk management department.

Date Physician Notified

Date Physician Notified

```
┌─────────────────────────┐
│                         │
└─────────────────────────┘
```

≤	November 2015					≥
S	**M**	**T**	**W**	**T**	**F**	**S**
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 Date Physician Was Notified

Date Physician was notified question displays for entry

Time Physician Notified (Military)

```
┌──────────────────────┐
│ 12:18              ×  │
└──────────────────────┘
```

```
┌──────────┐    ┌──────────┐
│   Prev   │    │   Next   │
└──────────┘    └──────────┘
```
Ex: Enter Time Physician Was Notified (i.e., 23:00)

Time Physician Notified question displays for entry

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

Supervisor Notified

Supervisor Notified?

* Required

○ Yes ○ No

[Prev]   [Next]

Ex: Was Supervisor Notified Of Incident?

Supervisor Notified Search

* Required

Search

Select Field   Value

| Employee Name ∨ | bass | [Search] |

1 (s) Records Found.

Org/Person ID	Employee Name	Empl Num	Hosp Dept
OP00016310	BASS, ELIZABETH	0039	
1			

Please Select a page number to view more records

[Prev]   [Next]

Ex: Enter Supervisor LAST Name and Click SEARCH

Date Supervisor Notified

Date Supervisor Notified
_____

<		November 2015				>
S	**M**	**T**	**W**	**T**	**F**	**S**
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 Date Supervisor Was Notified

Time Supervisor Notified

Time Supervisor Notified (Military)
_____

13:00   ✕

Prev	Next

Ex: Enter Time Supervisor Notified (HH:MM)

Others Notified

Other(s) Notified
_____

Enter the names of any others notified

Prev	Next

Ex: Describe Other(s) Notified of the Incident

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

Injury Involved?

Was An Injury Involved?

* Required

○ Yes ○ No

[Prev]   [Next]

Ex: Was An Injury Involved?

User answers Y or N to above.

Type of Injury

Injury Type

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

```
NEURODEFIC.   (NEUROLOGICAL DEFICIT)
NONE.......   (NONE)
OTHER......   (OTHER)
PARALYSIS..   (PARALYSIS)
PERFORAT...   (PERFORATION)
PUNCWND....   (PUNCTURE WOUND)
RASHHIVE...   (RASH/HIVES)
REDNESS....   (REDNESS)
SEIZURE....   (SEIZURE)
SKIN.......   (SKIN INJURY)
SKINTEAR...   (SKIN TEAR (NOT SKIN INJURY))
STRSPR.....   (STRAIN/SPRAIN)
SWELLING...   (SWELLING TO AREA)
UNKNOWN....   (UNKNOWN)
```

Select primary injury sustained as a result of the incident.

Family Aware/Notified?

Family Aware/Notified?

_____

* Required

○ Yes ○ No

[Prev]   [Next]

Ex: Was the family aware/notified of the incidentt? (Y/N)

Select whether Family Is Aware of the event/incident

Patient Aware?

Patient Aware?

_____

* Required

○ Yes ○ No

[Prev]   [Next]

Ex: Is Patient Aware Of Event?

Select whether Patient Is Aware of the event?

Reporter's Information

Reported/Entered By	**WEB3814**
Reporter Name	**WEB 3814 PROFILE**
* Date Incident/Event Rprt Received	**11/3/2015**

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

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

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

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

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

IF ADMIN is the Incident Category

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

* Was An Injury Involved?	**N**
Injury Type (None)	**NONE**

IF BEHAVIOR is the Incident Category

Additional Questions asked:

Was Police Called?

* Required

○ Yes ○ No

Prev	Next

Ex: Was Police Called?

Was Child/Adult Protective Services Called?

* Required

◯ Yes ◯ No

[Prev]   [Next]

Ex: Was Child/Adult Protective Services Called?

Click Yes Or No To Answer

Patient/Person Secluded?

* Required

◯ Yes ◯ No

[Prev]   [Next]

Ex: Patient/Person Secluded?

Patient/Person Restrained?

* Required

○ Yes   ○ No

Prev	Next

Ex: Patient/Person Restrained?

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

Type Of Restraint

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

Ex: Select Type of Restraint

IF CONSENT is the Incident Category

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

* Was An Injury Involved?	N
Injury Type (None)	NONE

IF EQUIPMENT is the Incident Category

Additional questions can display for user to enter more information:

Select Equipment/Device

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

Model Number

12345   ✕

[Prev]   [Next]

Ex: Enter Model Number

Brand Name

IV R Us   ×

[Prev]   [Next]

Ex: Enter Brand Name

Serial Number

123888   ×

[Prev]   [Next]

Ex: Enter Serial Number

Equip/Device Tagged?

○ Yes ○ No

[Prev]   [Next]

Ex: Was Equipment Tagged as defective?

Taken Out Of Service?

○ Yes ○ No

[Prev] [Next]

Ex: Was Equipment Taken Out Of Service?

Biomed Contacted?

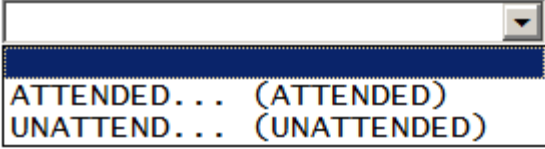○ Yes ○ No

[Prev] [Next]

Ex: Was Biomed Contacted After Equipment/Issue?

IF FALL is the Incident Category

Additional questions can display for user to enter more information:

Staff Attended
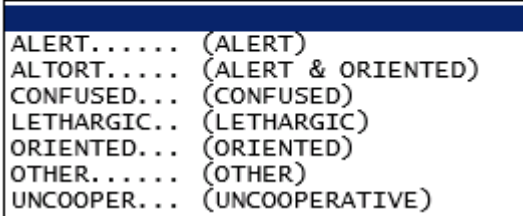
ATTENDED... (ATTENDED)
UNATTEND... (UNATTENDED)

Ex: Select Staff Attendance At Time Of Fall

Select staff attendance details for the Occurrence.

Patient Status Prior To Incident

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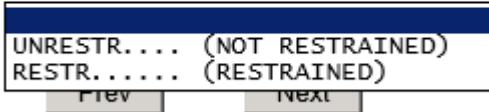
ALERT...... (ALERT)
ALTORT..... (ALERT & ORIENTED)
CONFUSED... (CONFUSED)
LETHARGIC.. (LETHARGIC)
ORIENTED... (ORIENTED)
OTHER...... (OTHER)
UNCOOPER... (UNCOOPERATIVE)

Select Status of the patient prior to the Incident

Restraints In Place

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

Prev   Next

Ex: Select Restraints In Place

Select restraints information.

Bed Rail Level

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

Select Bed Rail Level if applies

Bed/Chair Alarm ?

```
BEDALARM...  (BED ALARM USED)
CHRALARM...  (CHAIR ALARM USED)
NOTAVAIL...  (NOT AVAILABLE)
NOTUSED....  (NOT USED)
USED.......  (USED)
```

Select Bed/Chair Alarm if applicable

Patient on Fall Precautions?

* Required

○ Yes ○ No

| Prev | Next |

Ex: Click Yes or No To Answer

Select Y or N to note if Patient Was On Fall Precautions?

Main Environmental Factor

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

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

IF MEDICATION/IV is the Incident Category

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

Enter Name Of Medication/IV Ordered

* Required

```
Advil PM
```

Prev   Next

Ex: Enter Name of Medication or IV Solution Ordered

Enter Medication/IV Solution Administered Name

* Required

Tylenol

[Prev]   [Next]

Ex: Enter Medication/IV Solution Administered Name

Route in which Medication was Ordered

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

Dose/Amount Ordered

500cc   ✕

[Prev]   [Next]

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

Dose/Amount Administered

200cc ✕

[Prev] [Next]

Ex: Enter Dose/Amount Administered

Route Given

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

Med Severity for this event

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

If Category = MEDICATION AND Sub Category = ADVERSE REACTION

Additional question displays for entry:

Select Level Of Adverse Reaction

* Required

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

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

Level 1 through 6 will be included in Lookup

If OTHER or PROPERTY/SECURITY is the Incident Category

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

If TPS is the Incident Category

Additional question displays for entry:

Treatment/Proc Performed

Prev   Next

Ex: Descr of Treatment/Procedure Performed

IF WITNESSES = Y

Additional Witness Questions will display for user to enter

Select Witness Type

```
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 Witnessqtype 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

Susie

| Prev | Next |

Ex: Enter Witness First Name

Witness Last Name

* Required

Witnessing

[Prev]   [Next]

Ex: Witness Last Name

IF OTHER INDIVIDUALS/PARTIES INVOLVED = Y

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

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

Type of Person of Other Individual/Party Involved

* Required

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

Select the type of person of the party directly involved in the event.

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

Physician Involved Search

Search

Select Field	Value	
Pract/Phys Name ▼	physician	Search

3 (s) Records Found.

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

Please Select a page number to view more records

Describe Other Party's Involvement

    Did no give order for restraints

[Prev]   [Next]

Ex: Enter Description of Party/Person's Involvement

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

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

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

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

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

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

Additional Incident Info

Add

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

NON Patient Incident Entry

If you select NON PATIENT INCIDENT from "Select Incident Type+drop down, you will be asked some of the same general questions and some different questions, as the patient questions wont apply:

Incident Reach Person Involved?

Did Incident Reach The Person Involved?

* Required

○ Yes   ○ No

[Prev]   [Next]

Ex: Did Incident Reach The Person Involved?

IF Answer to above is N

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

Type of Person Who had the Incident

Type of Person who had the Incident

* Required

```
EMPLOYEE... (EMPLOYEE)
FAMILY..... (FAMILY)
OTHER...... (OTHER)
PHYSICIAN.. (PHYSICIAN/HEALTHCARE PROFESSIONAL)
CAREGIVER.. (PT. CARE GIVER)
VISITOR.... (VISITOR)
VOLUNTEER.. (VOLUNTEER)
```

Enter the Name of the Person involved in the incident

Person Name

* Required

| Visitor, Susan   ✕ |

[Prev]   [Next]

Ex: Enter Person Name (LAST, FIRST)

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

Reason for Visitation

Reason for Visitation

| visiting her brother   ⌃ ⌄ |

[Prev]   [Next]

(Last Name, First Name)

Date of Incident

Date of Incident

* Required

| 10/28/2015 | × |

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

| Prev | Next |

Ex: Select Incident Date

Time of Incident

Time of Incident (Military)

* Required

| 10:00| | × |

| Prev | Next |

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

Description of Incident

Brief Description Of Incident

* Required

[text area input field]

[Prev]   [Next]

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

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

Incident Category

Incident Category

* Required

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

Incident Sub Category

Incident Sub-Categ

* Required

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

Respective incident sub categories display based on the Incident category selected (setup for now same filters as in Patient Incident Entry)

Was Person Injured?

Was Person Injured?

* Required

○ Yes ○ No ○ NA

| Prev | Next |

Ex: Was Person Injured As A Result Of The Incident?

IF Y answered

Injury Type

Injury Type

* Required

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

```
LACERATION. (LACERATION)
NEURODEFIC. (NEUROLOGICAL DEFICIT)
OTHER...... (OTHER)
PARALYSIS.. (PARALYSIS)
PERFORAT... (PERFORATION)
PUNCWND.... (PUNCTURE WOUND)
RASHHIVE... (RASH/HIVES)
REDNESS.... (REDNESS)
SEIZURE.... (SEIZURE)
SKIN....... (SKIN INJURY)
SKINTEAR... (SKIN TEAR (NOT SKIN INJURY))
STRSPR..... (STRAIN/SPRAIN)
SWELLING... (SWELLING TO AREA)
UNKNOWN.... (UNKNOWN)
```

Select the Injury Sustained as a result of the incident.

Location of Incident


```
Location Of Incident

* Required

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

Exact Location/Room

[   ]

[Prev]   [Next]

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

Reporters details automatically prefill as user who is entering incident

Reported By Type	USER
Reported/Entered By	WEB3806
Reporter Name	WEB 3806 PROFILE
Date Incident/Event Rprt Received	10/28/2015

Was Incident Witnessed?

Was Incident Witnessed?

* Required

○ Yes ○ No

[Prev]   [Next]

Ex: Was Incident Witnessed?

Click Yes Or No To Answer

IF Y answer above, Witness questions will display for entry

Were Other Individuals Involved?

Were Other Individuals Involved?

* Required

○ Yes ○ No

[Prev]   [Next]

Ex: Were Other Individuals Involved In The Event?

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

IF Answer Y above, Individual Involved questions display for entry

IF FALL is Incident Category

Additional question displays

Environmental Factor

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

IF BEHAVIOR is Incident Category

Additional questions displays

Security/Code Called?

* Required

○ Yes ○ No

| Prev | Next |

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

Was CPS/APS Called?

* Required

○ Yes ○ No

| Prev | Next |

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

Click Yes Or No To Answer

Police Notified?

* Required

○ Yes ○ No

[Prev]   [Next]

Ex: Click Yes Or No To Answer

FOLLOW UP Entry

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

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

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

What - FALL
When - 01/17/2015
Where – MED/SURG
Injury - ABRASION

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

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

Please click here to login to the YES/RiskQual system.

Thank you

============================

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

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

To enter follow up . Under the "Additional Event Info" section to the right of the grid, click on Click Here to add Follow Up .

Adding Follow Up

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

Type Of Follow Up 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 Folllow-Up Was Completed

Follow Up Descr

* Required

I spoke to patient and family and ...|

[Prev]   [Next]

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

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

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

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

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

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

Enter Dept Manager Follow Up Details

Review/Follow-Up Description

* Required

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

| Prev | Next |

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

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

Primary Cause of Incident

Select Primary Cause

```
BEHAVIOR...   (BEHAVIORAL ISSUE)
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

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

| Prev | Next |

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

Primary Action Taken To Date

Select Primary Action Taken To Date

```
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

<		June 2015				>
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: Date action was taken regarding this Issue/Event

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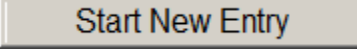
The system will prompt you to preview your entry to ensure it is accurate and click SAVE at top left corner of the grid to save your follow up:

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

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

```
Follow Up :
DEPARTMENT MANAGER FOLLOW UP
By: WEB 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 **Start New Entry** to return to the main screen and enter an Incident.

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

Completing All Open Follow Ups

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

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

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

Hello WEB 3804 PROFILE
Log Out

Event Reporting System

View Reference Docs

| Incident | PATIENT Incident | New | Search |

My Open Follow Up

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

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

The grid shows the following information:

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

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

Name of user whos logged in for which open follow ups exist.
Module for which the follow up was assigned (i.e., Incident or Pt Relations (Complaints))

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

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

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

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

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

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

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

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

Open Follow Up Grid Options

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

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

Select from My Open Follow Up List to Complete

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

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

My Open Follow Ups

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

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

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

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

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

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

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

Any Questions

Contact your IT Help Desk for Login Issues/Questions

Contact your Risk Management Department for System Questions/How To

Contact RiskQual Technologies Support Services – support@riskqual.com