

Ruby Valley Hospítal

Yellowstone Event System (YES)

User Guide

Powered By

RiskQual Technologies, Inc.



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The Yellowstone Event System (YES) is to be used to track all incidents/events that occur in your facility as well as any near misses or "good catches", as well for tracking complaints/grievances.

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: <u>https://risk.yellowstoneinsurance.com/HAS/Login.aspx</u>

The following login page will display:

YELLOWSTONE Yellowstone Insurance Exchange,RRG
Welcome to H.A.S.
Login -DataTrkWeb -
Event Reporting System
View Reference Docs
 Please enter your UserID and Password User ID Password
Login
You should have your Pop Up Blocker Turned Off for the YES Web Site. <u>Click HERE To Follow Instructions To Turn Your Pop Up Blocker OFF.</u> If yo 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 bes 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.

<u>IF you are exited from the login page upon entering your User ID and password</u>, 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 <u>will not be saved automatically</u>.

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

- Select Entry Type -Complaint/Compliment Incident

Click to select Incident to report an Incident/Event.

The following options display to the right:

- 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.



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 V pat Search	
Add Patient	
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	
Prev Next	

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

Did the Incident Reach the Patient?

Did Incident Reach The Patient?

* Required

OYes ON₀



Ex: Did Incident Reach The Patient?

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

Date of Incident

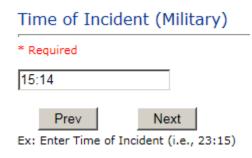
Date of Incident



Ex. Select Incident Date

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

Time of Incident



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.

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Location of Incident

Location Of Incident

* Required

ACUADOLES	(ACUTE - ADOLESCENT)	~
ACUADULT	(ACUTE - ADULT)	
	(ACUTE - CHILD)	
ADMIN	(ADMINISTRATION)	
AMBULANCE	(AMBULANCE)	
BATHROOM		
BIRTHCENTE.	(BIRTHING CENTER)	
	(BLOOD BANK)	
BURNUNIT	(BURN UNIT)	
CARDCATHLA.	(CARDIAC CATH LAB)	
	(CLINIC - HOSPITAL)	
	(COMMON AREAS)	
	(CRITICAL CARE UNIT)	
DAYCARE		
	(DIAGNOSTIC UNIT)	
	(DIALYSIS UNIT)	
ELEVATOR		
	(EMERGENCY DEPARTMENT)	
	(ENGINEERING / MAINTENANCE)	
	(EXAMINATION ROOM)	
	(EXTENDED CARE UNIT/LTC)	
	(FINANCIAL SERVICES)	
GROUNDS		
HALLWAY		
	(HOME HEALTH)	
HOSPICE		
	(IN-TRANSIT)	
LD	(LABOR & DELIVERY)	\sim
LABHOSP	(LABORATORY - HOSPITAL)	

Exact Location

123	
Prev	Next

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

	(ADMINISTRATIVE)
ARREST	(ARREST (CARDIAC/RESPIRATORY))
BEHAVIOR	
BL00D	(BLOOD RELATED)
CONSENT	(CONSENT/AUTHORIZATION)
EQUIPMENT	(EQUIPMENT/MEDICAL DEVICE)
FALL	(FALLS)
IV	(IV)
	(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/LOWERED TO FLOOR)
(FAINTED)
(FOUND ON FLOOR)
(FROM BED)
(FROM BEDSIDE COMMODE/TOILET)
(FROM CHAIR/WHEELCHAIR)
(FROM CRIB)
(FROM CURB)
(FROM EXAM/XRAY/OR TABLE/GURNEY)
(FROM EXERCISE EQUIPMENT)
(IN SHOWER)
(OTHER)
(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

	(COMMUNICATION)
COMPLAINT	
	(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		
PHYSWSTAF		
REFUSAL	(REFUSAL OF CARE)	
RESWRES	(RESIDENT WITH RESIDENT)	
SELFINFLIC.		
SEXACTING	(SEXUAL ACTING OUT)	
SEXMOL	(SEXUAL MOLESTATION)	
	(SMOKING RELATED)	
	(STAFF WITH STAFF)	~
SUICIDE	(SUICIDE)	
THREAT	(THREAT)	\sim
	(THREAT OF AGRESSION)	*
THREAT Addition	(Thitest of Addebbiolog)	

BLOOD Sub Categories

ALLERGY	(ALLERGY/REACTION)
DISCGIVEN	(DISCONTINUED, BUT GIVEN)
EXTRDOSE	(EXTRA DOSE)
MISDOSE	(MISSED DOSE)
OTHEQUIP	
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 CONSENT)
	(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	
FLOOR	(FOUND ON FLOOR)
FROM CURB	(FROM CURB)
OTHER	(OTHER)
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)
PUMPNINFUS.	(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	
CDINCCNT	(CONTROL DRUG - INCORRECT COUNT)
CDNCNDN	(CONTROL DRUG NARCOTIC COUNT NOT COMPLETE)
CDNW	(CONTROL DRUG NOT WASTED)
CONTRAIND	<pre></pre>
DISTRIB	<pre></pre>
	(DOCUMENTATION)
EXPIRDRUG	
	(EXTRA DOSE)
FOODINTER	V
GIVENNORD	(
MEDINTER	
MEDNOTAVA	······
	(MISSED DOSE)
MONITORING.	(······
OTHER	
	(PATIENT NOT AVAILABLE)
	(PRESCRIBING ERROR)
	(TRANSCRIPTION ISSUE)
WASTED	
	(WRONG DATE)
WRGDOC	
	(WRONG DOSE)
WRGFRDRG	(
WRGLABEL	······································
WRGMED	······
	(WRONG PATIENT)
	(WRONG ROUTE)
WRGTIME	(WRONG TIME)

Obstetrics Sub Categories

	(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)
	(PRECIPITOUS DELIVERY)
	(PRECEPOUS DELIVERY)
RETURNDEL	(RETURN TO DELIVERY ROOM)
SHOULDYS	(SHOULDER DYSTOCIA)
STILLBIRTH.	(STILLBIRTH)
TOORCOMP	(COMPLICATION - TO OR)
UNATTEND	
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)
SOFTWREMAL.	(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)

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.	
NOTORDERED.	(NOT ORDERED)
OMISSION	(OMISSION)
ORDERND	(ORDERED NOT DONE)
OTHER	(OTHER)
POLPROC	(POLICY OR PROCEDURE ISSUE)
PREPPROBL	(PREP PROBLEM)
REPORTWD	
RESULTSINC.	
RETURNOR	(UNPLANNED RETURN TO OR)
SPECINLABL.	(SPECIMEN INCORRECTLY LABELED)
	(SPECIMEN LOST)
SYSTEMS	(SYSTEMS)
TUBEFEED	(TUBEFEEDING ISSUES)
UNMINSCNT	
UNMSHRPCNT.	
UNMSPNGCNT.	
UNPLANNED.	
UNPLANSURG.	
UNPLANSURG.	

		NNED INANGFERJ
WRGPATIENT.	(WRONG	PATIENT)
WRGSITE	(WRONG	SITE)
WRGTIME		
WRGTREAT	(WRONG	TREATMENT/PROCEDURE)

UNPLANTRAN. (UNPLANNED TRANSFER)

Brief Description of Incident

Brief Description Of Incident

* Required

atient n night		bed	while	reaching	for	phone	^
							~

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	
elect Ves or No to answer. If Ves the following	

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

Physician Search

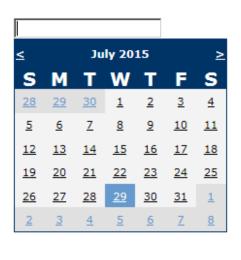
Physician	Notified	SEARCH
-----------	----------	--------

	Search	
Select Field	Value	
Pract/Phys Name 🗸		Search
Prev	Next	
Ex: Enter LAST Name O	f 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

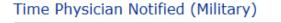




Ex: Select Date Physician Was Notified

Select the date the physician was notified from the calendar.

Time Physician Notified





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

Supervisor Notified?



Ex: Was Supervisor Notified Of Incident?

If Yes, the following will display:



Supervisor Search

Supervisor Notified Search * Required Select Field Value Employee Name Search Prev Next

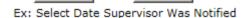
Ex: Enter Supervisor LAST Name and Click SEARCH

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

Date Supervisor Notified

Date Supervisor Notified

≤		Ju	ly 20	15		≥
S	Μ	Т	W	Т	F	S
<u>28</u>	<u>29</u>	<u>30</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>5</u>	<u>6</u>	Z	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>
<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<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>31</u>	1
2	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	Ζ	<u>8</u>
2	<u>3</u>	<u>4</u>	5	<u>6</u>	Z	<u>8</u>



Prev

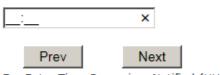
Select the date the supervisor was notified from the calendar.

Next



Time Supervisor Notified

Time Supervisor N	Notified ((Military)
-------------------	------------	------------



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 Ores ONo Prev Next

Ex: Was An Injury Involved?

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

Riskoual Technologies 2001-2024

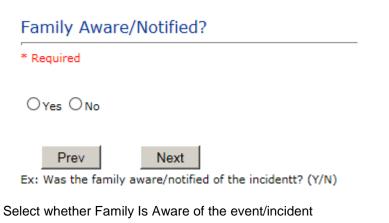
Injury Type

* 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)	\sim
LACERATION.	(LACERATION)	

Choose type of injury sustained from the dropdown.

Family Aware/Notified?



Patient Aware?

Patient Aware?)
* Required	
C Yes C No	
Prev	Next
Ex: Is Patient Aware	Of Incident?

Select whether Patient Is Aware of the event?

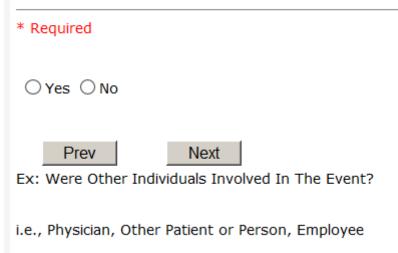
Incident Witnessed?	
Was Incident Witnessed?	
* Required	
⊖Yes ⊖No	
Prev Next Ex: Was Incident Witnessed?	
Click Yes Or No To Answer	

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?



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:

Sa	Ve Cancel Start New En	try	Entry Type: PATIENT INCIDENT - Ruby Valley (VIEW)
Num	Question	Response	,,,
1	* Group #	38	
2	Event Number	38162015000003	
3	Master Event Number	38162015000003	
4	Facility	16	Thank You for Reporting Your Event Entry Has Been Submitted
5	Facility Name	RUBY VALLEY HOSPITAL	
	PATIENT INFO DETAILS		Additional Incident Info
7	* Type of Person	PATIENT	
8	* Enter LAST NAME of Patient & Click SEARCH	TESTPAT <u>Edit</u>	Add
9	* Patient OrgPerID	OP00020790	Click Here to add Additional Parties Involved
10	* Patient Name	PATIENT, TEST	Click Here to add Additional Witnesses
11	Medical Record #	TESTPAT	Click Here to add Additional Witnesses Click Here to add Follow Up
12	Gender/Sex		Click Here to add Follow Op
13	Birth Date	01/01/1900	
14	Patient Age	0	
15	Patient Age Unit	Y	

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
Prev Next Ex: Was Police Called?
EX: Was Police Called?

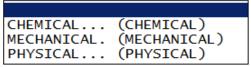


Was Child/Adult Protective Services Called?
* Required
⊖Yes ⊖No
Prev Next Ex: Was Child/Adult Protective Services Called?
Click Yes Or No To Answer
Patient/Person Secluded?
* Required
⊖Yes ⊖No
Prev Next Ex: Patient/Person Secluded?
Patient/Person Restrained?
* Required
⊖Yes ⊖No
PrevNextEx: Patient/Person Restrained?

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



Type Of Restraint



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)
СТ	(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

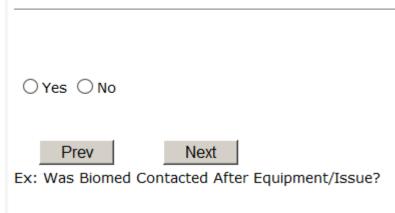


Serial Number
123888 ×
Prev Next Ex: Enter Serial Number
Equip/Device Tagged?
○Yes ○No
Prev Next Ex: Was Equipment Tagged as defective?
Taken Out Of Service?
⊖Yes ⊖No





Biomed Contacted?



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

ORIENTED (ORIENTED) OTHER (OTHER) UNCOOPER (UNCOOPERATIVE)
--

Select Status of the patient prior to the Incident

Restraints In Place
UNRESTR (NOT RESTRAINED) RESTR (RESTRAINED)
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)

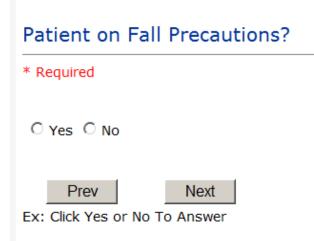
Select Bed Rail Level if applies

Bed/Chair Alarm ?

	(BED ALARM USED)
CHRALARM	(CHAIR ALARM USED)
NOTAVAIL	(NOT AVAILABLE)
NOTUSED	(NOT USED)
USED	(USED)

Select Bed/Chair Alarm if applicable





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

Change Made to Plan of Care?

0	Yes ONo	
	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)	11

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 Ordere	ed

Enter Medication/IV Solution Administered Name

* Required		
Tylenol		~
		\sim
Prev	Next	

Ex: Enter Medication/IV Solution Administered Name

Route in which Medication was Ordered

	(administered sublingually)
	(Applied nasally)
RECTAL	(Applied rectally)
IM	(INTRAMUSCULAR)
	(Intrathecally)
IV	(INTRAVENOUS)
ORAL	(ORAL)
	(Topical application)



Dose/Amount Ordered

500cc		×		
Pre	v	Next		
Ex: Enter			 ed (i.e.	. 100ma

Dose/Amount Administered

200c	С		×
÷,	Prev	1	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 ensure occurred that may have contributed to on neculted in temperatury have to the national and neculted initial on enclosed becapitalization.)
	(An error occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization) (An error occurred that may have contributed to or resulted in temporary harm to the patient and required intervention)
	(An error occurred that may have contributed to or resulted in the patient's death)
	(An error occurred that may have contributed to or resulted in permanent patient s death)
	(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 bid rol cause patient harm)
4	(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)
	·

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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) riev IVEAL

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:



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	Allowel
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				
Susie				
	Prev		Next	
Ex:	Enter Witr	i ness Fir	st Name	

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Witness Last Name			
* Required			
Witnessing			
Prev	Next		
Ex: Witness Last Name	e		

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)	e		

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

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

Physician Involved Search

* Required

Search			
Select Field	Value		
Pract/Phys Name 💌	physician	Search	

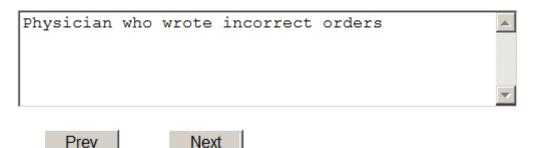
3 (s) Records Found.

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

Please Select a page number to view more records

Involvement Desc

* Required



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			
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)
PHYSICIAN	(PHYSICIAN/HEALTHCARE PROFESSIONAL) (PT. CARE GIVER)
VISITOR VOLUNTEER	(VISITOR)

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	
ast Name, First Name)	
iskoual Copyright – RiskQual Technologies 2001-2024	Page # 36

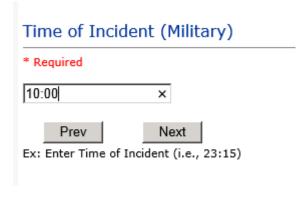
Date of Incident

Date of Incident



Ex: Select Incident Date

Time of Incident



Description of Incident

Brief Description Of Incident

*	Rea	uire	be
	Rey	une	i U

		<u></u>
Prev	Next ption of the incident (include any inju	

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

Incident Category

Incident Category

* Required

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

Incident Sub Category

Incident Sub-Categ

1.1	-		-	
-	Re	O U	Ire	- h
	r.u	чч		

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	

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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)	\sim
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		
FAINTED	(FAINTED)	
FRACTURE	(FRACTURE)	
HEMATOMA	(HEMATOMA)	
HEMORRAG	(HEMORRHAGE)	
HYPERGLYC	(HYPERGLYCEMIA)	
HYPERTEN	(HYPERTENSION)	
HYPOCLYCEM.	(HYPOCLYCEMIA)	
HYPOTEN	(HYPOTENSION)	
HYPOXIA	(HYPOXIA)	
INFECT	(INFECTION)	~
ITCHING	(ITCHING)	

NEURODEFIC. OTHER PARALYSIS PERFORAT	(OTHER) (PARALYSIS) (PERFORATION) (PUNCTURE WOUND) (RASH/HIVES) (REDNESS) (SEIZURE) (SKIN INJURY) (SKIN TEAR (NOT SKIN INJURY))	
SWELLING	(SWELLING TO AREA)	~

Select the Injury Sustained as a result of the incident.

Location of Incident

Location Of Event

* Required

ACUADOLES	(ACUTE - ADOLESCENT)	\sim
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		
LAUNDRY		
	(MEDICAL RECORDS)	
MEDSURG		
NUTRIT	(NUTRITION AND DIETETICS- HOSPITAL)	
OFFPREM	(OFF PREMISES)	
OTHER		
	(PARKING LOT)	
PATFINANCI.	·····	
PATREGIST		
PHARMACY		
	(PHYSICIAN'S LOUNGE)	
PHYSOFF	·····	
	(PHYSICAL THERAPY)	\sim
PTHOME	(PATIENT'S HOME)	

Exact Location/Room

Prev	Next

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

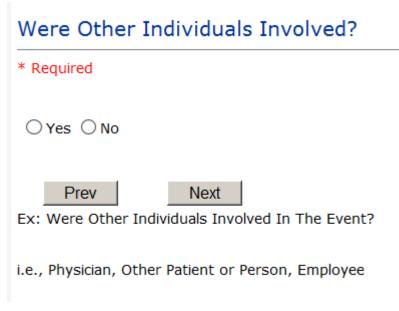
Reporters details automatically prefill as user who is entering incident

* Reported By Type Reported By Search Reporter Name	EMPLOYEE TEST3816A 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?



IF Answer Y above, Individual Involved questions display for entry

IF FALL is Incident Category

Additional question displays

Environmental Factor

	(CALL BELL NOT WORKING)
	(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 <u>here</u> 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 $\frac{\text{Next Page} >}{\text{Next Page}}$ 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 Click Here to add Follow Up

on

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

Follow Up Descr

spoke to patient and family and	4
---------------------------------	---

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.

Follow Up : DEPARTMENT MANAGER / LEADER FOLLOW UP - By: WEB 3816 PROFILE RUBY TEST - Entered: 06/24/2024

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

^e Req			Foll				
6/2/2				×			
<		Ju	ne 20	15		≥	
s	м	т	w	т	F	s	
<u>31</u>	<u>1</u>		<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	
Z	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>	
<u>14</u>	<u>15</u>	<u>16</u>	<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>	1	2	<u>3</u>	4	
<u>5</u>	<u>6</u>	Ζ	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	
	Prev	,		Nex	ct		

Ex: Select Date Folllow-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	
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	^
	\sim
Prev Next Ex: Enter general description of causes you feel led to t	his Issue/Event

Primary Action Taken To Date

Select Primary Action Taken To Date

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

Date of Initial Action

Select Date Initial Action Was Taken



Ex: Date action was taken regarding this Issue/Event

Description of Action(s) Taken

Enter Description of Action(s) Taken To Date

*	Requir	ed									
I	did	this	and	that	and	Mary	d	id.	••		^
											\sim
	P	rev		Nex	t						

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:

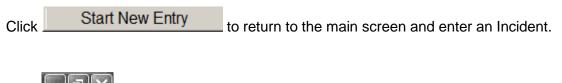
Preview your work prior to saving by clicking on PrevPage. Click SAVE at the top left corner when ready to SAVE your Additional Entry.

Save and Return

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.



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 ***).

	OWNER ID	Account Group	Account/Facility	Incident Number	Person Type	Incident Date	<u>Shift</u>	Location	Incident Category	Incident Sub Category	Reported Date	Reported By Name
View	INC0031223	38	16	38162024000001	PATIENT	06/24/2024	DAY	ACUADULT	FALL	FLOOR	06/24/2024	WEB 3816 PROFILE RUBY TH
View	INC0030933	38	16	38162022000002	PATIENT	02/28/2022	DAY	CCU	FALL	BED	03/01/2022	WEB 3816 PROFILE RUBY TE
View	INC0030932	38	16	38162022000001	PATIENT	03/01/2022	DAY	ACUADULT	FALL	BED	03/01/2022	WEB 3816 PROFILE RUBY TH
View	INC0030867	38	16	38162019000002	PATIENT	09/10/2019	DAY	ACUADULT	FALL	EXAMTABLE	09/10/2019	WEB 3816 PROFILE RUBY TE
View	INC0030866	38	16	38162019000001	PATIENT	09/10/2019	DAY	ACUADULT	FALL	FLOOR	09/10/2019	WEB 3816 PROFILE RUBY TH

The grid shows the following information:

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

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

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

Module for which the follow up was assigned (i.e., Incident or Pt Relations (Complaints)) **Follow Up Due Date** – date the follow up was assigned to the user (same date event or complaint was entered)

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

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

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

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

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

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

Open Follow Up Grid Options

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

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

Select from My Open Follow Up List to Complete

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

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

Save	Cancel/Return Start New Entry		Entry Type: PATIENT Incident (VIEW)
Num	Question	Response	
	• Group #	38	
2	Event Number	38162024000001	
3	Master Event Number	38162024000001	My Open Follow Up
4	Facility	16	ну орси толож ор
5	Facility Name	RUBY VALLEY HOSPITAL	
	PATIENT INFO DETAILS		Additional Incident Info
7 •	* Type of Person	PATIENT	
8	Enter LAST NAME of Patient & Click SEARCH	ADH0135625	Follow Up : DEPARTMENT MANAGER / LEADER FOLLOW UP - By: WEB 3816 PROFILE RUBY TEST - Entered: 06/24/2024
9 *	Admit/Visit ID	TEST3816ABC	Add
10	Patient OrgPerID	TEST3816	Add
	Patient Name	Patient, Testing	Click Here to add Follow Up
12	Medical Record #	TEST3816A	NUME I TOTAL AND AND A DATA AND AND AND AND AND AND AND AND AND AN
13	Gender/Sex		
14	Birth Date		
15	Patient Age	0	
16	Patient Age Unit		
17	Admission Date	06/30/2019	
18	Admiting Diagnosis		
	INCIDENT DETAILS		
20	Did Incident Reach The Patient?	Y	
21	Near Miss - NO	N	
	* Date of Incident	06/24/2024	
23	Day Of Week	Monday	
24	* Time of Incident (Military)	10:00	
25	Shift Of Day	DAY	
	Location Of Incident	ACUADULT	
27	Exact Location/Room #		
	* Incident Category	FALL	
29	Incident Category Desc	FALLS	
	Incident Sub-Categ	FLOOR	
	Incident Sub-Categ Desc	FOUND ON FLOOR	
32 *	Brief Description Of Incident	patient fell during	
	FALL INCIDENT DETAILS		
34	Staff Attended	ATTENDED	
	Patient Status Prior To Incident	ALERT	
36	Restraints In Place	UNRESTR	
37	Bed Rail Level	UP	
38	Bed/Chair Alarm ?	CHRALARM	
	* Patient on Fall Precautions?	N	
40	Change Made to Plan of Care?	N	
41	Main Environmental Factor	CALLBELL	
	PARTIES NOTIFIED DETAILS		
	Physician Notified?	Y	
44	Physician Notified SEARCH	TESTPYYS	
45	Phys Notified Name	Physician, Testing	
46	Date Physician Notified	06/24/2024	

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

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 <u>Start New Entry</u> 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 Click the X on the upper right corner of your screen to EXIT the system.

REPORTS Option

Department Managers, Risk Management or Admins, Directors and/or some Supervisors may have been assigned access to run Reports for their particular areas of responsibility. This option will be designated to you by your Risk Management team.

If you should be able to run reports and do not see the REPORTS button option on the main screen, contact your risk/quality management department administrator.

Running Reports

To run reports, click on the REPORTS button from the main screen:



The reports screen will display:

	Reports							
Select Module Select Report Select Facility Incident Category by Month 38-16-RUBY VALLEY HOSPITAL Dept/Site by Month Location by Month 1000000000000000000000000000000000000								
Person Type: Select Beginning Date:	✓ Salart End	Include Near Misses?						
Select Beginning Date: Select Ending Date:								
Retrieve Print ** CONFIDENTIAL and PROTECTED **								

Select Module – Displays the modules within the HAS system for which you have access to run reports. This is managed by your security settings within the system administered by your system administrator.

Select Report – Once you select a Module, click to select a Report to run

- **Category by Month** Displays a graph and comparison report grid showing Categories by Month for the respective module selected
- Sub Categ by Month Displays a graph and comparison report grid showing Categories & their Sub Categories by Month for the respective module selected.
- Department by Month Displays a graph and comparison report grid showing Department where Event or Issue Occurred by Month - *** THIS IS NOT USED by Your FACILITY – LOCATIONS are your Departments ***
- Location by Month Displays a graph and comparison report grid showing Location (Dept) where Event or Issue Occurred by Month
- Unit by Month Displays a graph and comparison report grid showing Unit/Service related to the respective module selected. This is NOT utilized by your facility

- **Falls by Type** Displays a graph and comparison report grid showing Fall category Events by Sub Type of Fall by Month
- Med Variances by Type Displays a graph and comparison report grid showing Medication Variances by Sub Type by Month.
- **ADRs by Type** Displays a graph and comparison report grid showing Adverse Drug Reactions by Sub Type by Month.
- **Event Details** Displays a listing of Events for the respective filters (detailed below). You can export the list to MS Excel as needed.

Select Facility – Select the Facility for the report.

To Multi select facilities, If you have multiple facilities or Facility assigned, you can select more than one for the 1 report if you wish by clicking the first one, click Shift and click the next one to multi select:

Select Facility						
38-16RUBY VALLEY HOSPITAL						

Upon selecting a specific report (i.e., Category by Month), selecting the Facility, you can further select an additional Filter to run the report or a Date Range for all.

Beginning Date – Click to display the Calendar and select the beginning date range for your report. You can also manually type the beginning date (i.e., 01/01/2021):

Select Beginning Date:							
Subtitle:	0	F	ebru	iary 2	2021		0
	Su	Мо	Tu	We	Th	Fr	Sa
		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						

Ending Date – Click to display the Calendar and select the ending date range for your report. You can also manually type the ending date (i.e., 02/15/2021)

Select Ending Date:]
	0		Mar	ch 20)22		0
	Su	Мо	Tu	We	Тh	Fr	Sa
Print			1	2	3	4	5
ROTECTED **	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		

Sub Title – You can enter a sub title to describe the filters you entered for the report if you wish so that the reader will know what specific information is included in the report

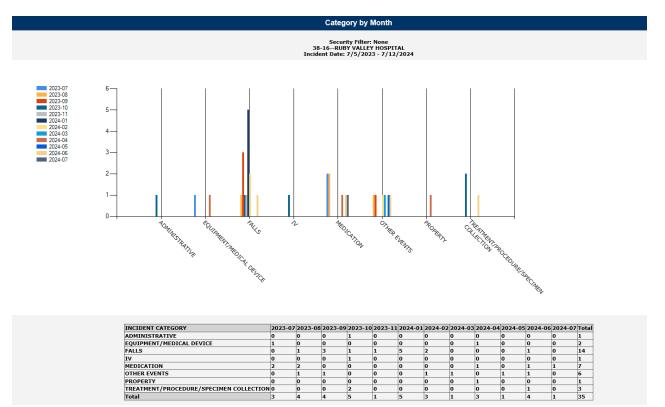
Subtitle:	All Events
-----------	------------

×

Retrieve

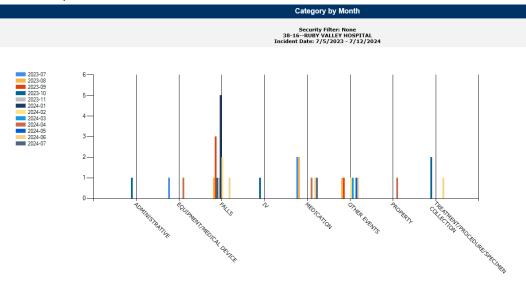
to retrieve the report per the Facility and date range

Click Retrieve button entered:



6 1

Other examples:



													_
INCIDENT CATEGORY 2	2023-07	2023-08	2023-09	2023-10	2023-11	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	Tota
ADMINISTRATIVE	0	0	0	1	0	0	0	0	0	0	0	0	1
EQUIPMENT/MEDICAL DEVICE 1	1	0	0	0	0	0	0	0	1	0	0	0	2
FALLS	0	1	3	1	1	5	2	0	0	0	1	0	14
IV	0	0	0	1	0	0	0	0	0	0	0	0	1
MEDICATION 2	2	2	0	0	0	0	0	0	1	0	1	1	7
OTHER EVENTS 0	0	1	1	0	0	0	1	1	0	1	1	0	6
PROPERTY	0	0	0	0	0	0	0	0	1	0	0	0	1
TREATMENT/PROCEDURE/SPECIMEN COLLECTION O	0	0	0	2	0	0	0	0	0	0	1	0	3
Total 3	3	4	4	5	1	5	3	1	3	1	4	1	35

Depending on the report you select and the filters you select, the data will display accordingly.

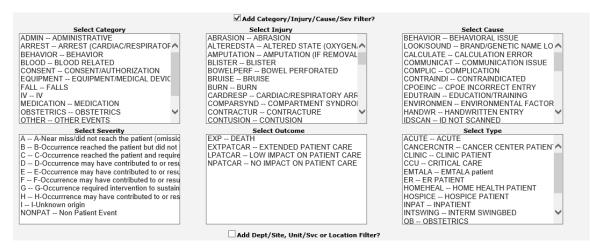
Add Category, Injury/Cause/Sev Filter

You can add additional filters besides the date range and Facility to your report as needed using

```
Add Category/Injury/Cause/Sev Filter?
```

this filter section:

Click on the checkbox to display the respective filters:





<u>Category</u>

Click to display the active Categories available within the module you selected (i.e., Event or Complaint/Grievance). A listing displays of the respective active codes available:

Select Category

Select the Category to filter your report by.

To blank the Category selected and pick a different one, click on the Blank row at the top.

To Muti Select – Click on the first Category. Click SHIFT Key and also click on Next Category to highlight multiple.

Injury

Click to display the active Injury Types available within the module you selected (i.e., Event or Complaint/Grievance). This list mostly applies to Events as with Complaints/Grievances, injury is not mostly noted. A listing of the codes available displays:

Select Injury					
ABRASION ABRASION					
ALTEREDSTA ALTERED STATE (OXYGEN, ^					
AMPUTATION AMPUTATION (IF REMOVAL					
BLISTER BLISTER					
BOWELPERF BOWEL PERFORATED					
BRUISE BRUISE					
BURN BURN					
CARDRESP CARDIAC/RESPIRATORY ARF					
COMPARSYND COMPARTMENT SYNDRO					
CONTRACTUR CONTRACTURE					
CONTUSION CONTUSION					

Add an Injury filter by clicking on the respective value.



To Muti Select – Click on the first Injury. Click SHIFT Key and also click on Next Injury to highlight multiple. **If you want all Incidents WITH Injury – Click SHIFT highlight all of them except NONE**

<u>Cause</u>

Click to display the active Causes available within the module you selected. This will only yield results if your Risk/Quality Management team has assigned causes to the Events when reviewed. A listing of the codes available displays:

Select Cause						
BEHAVIOR BEHAVIORAL ISSUE						
LOOK/SOUND BRAND/GENETIC NAME LO 🔨						
CALCULATE CALCULATION ERROR						
COMMUNICAT COMMUNICATION ISSUE						
COMPLIC COMPLICATION						
CONTRAINDI CONTRAINDICATED						
CPOEINC CPOE INCORRECT ENTRY						
EDUTRAIN EDUCATION/TRAINING						
ENVIRONMEN ENVIRONMENTAL FACTOR						
HANDWR HANDWRITTEN ENTRY						
IDSCAN ID NOT SCANNED						

To Muti Select – Click on the first Cause. Click SHIFT Key and also click on Next Cause to highlight multiple.

<u>Severity</u>

Click to display the active overall Risk Severity (Error Category) assigned to the particular records within the module you selected (i.e., Event – Risk Severity).

Select Severity

	Delect Deventy	
A	A-Near miss/did not reach the patient (omissid	
B	B-Occurrence reached the patient but did not	
C	C-Occurrence reached the patient and require	
D	D-Occurrence may have contributed to or resu	
E	E-Occurrence may have contributed to or resu	
F	F-Occurrence may have contributed to or resu	
G	 G-Occurrence required intervention to sustain 	
	H-Occurrrence may have contributed to or res	
	-Unknown origin	
ION	NPAT Non Patient Event	
		1

To Muti Select – Click on the first Error Category. Click SHIFT Key and also click on Next Error Category to highlight multiple.



Type (Patient Type)

Click to display the patient type you wish to further filter - **Verify that your facility users enter Patient Type for their incident entries before you filter**

Select Type
ACUTE -- ACUTE
CANCERCNTR -- CANCER CENTER PATIEN
CLINIC -- CLINIC PATIENT
CCU -- CRITICAL CARE
EMTALA -- EMTALA patient
ER -- ER PATIENT
HOMEHEAL -- HOME HEALTH PATIENT
HOMEHEAL -- HOSPICE PATIENT
INPAT -- INPATIENT
INPAT -- INPATIENT
INTSWING -- INTERM SWINGBED
OB -- OBSTETRICS

To Muti Select – Click on the first patient type. Click SHIFT Key and also click on Next patient type to highlight multiple.

NOTE – Every filter you pick (Facility, Date Range, Category, Injury, Severity, Cause, Outcome) will further drilling down on your data result/output and adding many filters may not display data if ALL conditions are not met.

Add Dept or Location Filter

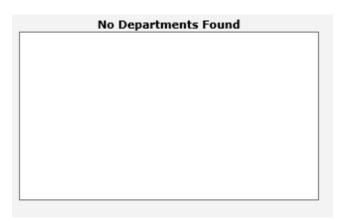
You can add additional filters besides the date range and Facility to your report as needed using this filter section:

Add Dept/Site, Unit/Svc or Location Filter?

Click on the filter to display the active lists of Departments, Units or Locations (UNIT does not apply to your Facility)

<u>Department</u>

You do not have departments setup – Your facility uses LOCATION as main dept/location where events occur.



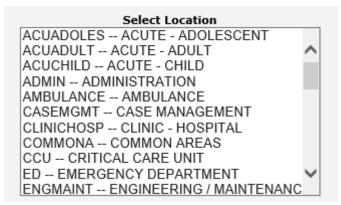
Units/Svc

There are No UNIT values applicable to your facility.

No Units Found						

Location

Click to select a Location or SHIFT Click to continue selecting multiple locations for your report output.





To Muti Select – Click on the first Location. Click SHIFT Key and also click on Next Location to highlight multiple.

Reports Select Module Select Report Select Facility 8-16 Sub Categ by Month Dept/Site by Month Location by Month Unit/Svc by Month Complaint/Compliment Facility by Month Falls by Type Med Variances by Type ADRs by Type Event Details ✓ Add Category/Injury/Cause/Sev Filter? Add Category/Injury/Cause/Sev Filte
 Select Injury
 ABRASION - ABRASION
 ALTERED STATE (OXYGEN.▲
 AMPUTATION - AMPUTATION (IF REMOVAL
 BLISTER - BLISTER
 BOWELPERF - BOWEL PERFORATED
 BRUISE - BRUISE
 BURN - BURN
 CARDRESP - CARDIAC/RESPIRATORY ARR
 COMPARSYND - COMPARTMENT SYNDROI
 CONTRACTUR - CONTRACTURE
 CONTUSION
 Select Outcome Select Category ADMIN -- ADMINISTRATIVE ARREST -- ARREST (CARDIAC/RESPIRATOF Select Cause .CAUSED BY THIRD PARTY THIRDPRTY .THIRDPRTY -- .CAUSED BY THIRE BEHAVIOR -- BEHAVIORAL ISSUE BEHAVIOR – BEHAVIORAL ISSUE LOOK/SOUND – BRAND/GENETIC NAME LO CALCULATE – CALCULATION ERROR COMMUNICAT – COMMUNICATION ISSUE COMPLIC – COMPLICATION CONTRAINDI – CONTRAINDICATED CPOEINC – CPOE INCORRECT ENTRY EDUTRAIN – EDUCATION/TRAINING ENVIRONMEN – ENVIRONMENTAL FACTOR BEHAVIOR - BEHAVIOR BLOOD - BLOOD RELATED CONSENT - CONSENT/AUTHORIZATION EQUIPMENT - EQUIPMENT/MEDICAL DEVIC FALL - FALLS IV - IV MEDICATION - MEDICATION OBSTETRICS - OBSTETRICS OTHER OTHER EVENTS OTHER -- OTHER EVENTS EQUIPFAIL -- EQUIPMENT FAILURE Select Severity
 A-Near miss/did not reach the patient (omissid
 - B-Occurrence reached the patient but did not
 C-Occurrence reached the patient and require
 D-Occurrence may have contributed to or resu Select Outcom Select Type A ACUTE - ACUTE CANCERCNTR - CANCER CENTER PATIEN CATHCART - CATH CART CLINIC - CLINIC PATIENT CCU - CRITICAL CARE EMTALA - EMTALA patient EMTALA - EMTALA patient ER - ER PATIENT HOMEHEAL - HOME HEALTH PATIENT HOSPICE - HOSPICE PATIENT INPAT - INPATIENT NOPAT - INPATIENT SE -- Safety Event SSE -- Serious Safety Event B C D E - E-Occurrence may have contributed to or resu
 F - F-Occurrence may have contributed to or resu
 G - G-Occurrence required intervention to sustain
 H - H-Occurrence may have contributed to or resu I -- I-Unknown origin NONPAT -- Non Patient Event INTSWING -- INTERM SWINGBED Add Dept/Site, Unit/Svc or Location Filter? Person Type: ~ Include Near Misses? Select Ending Date: 07/12/2024 Select Beginning Date: 12/01/2021 Subtitle: Retrieve Print ** CONFIDENTIAL and PROTECTED ** Category by Month Security Filter: None 38-16--RUBY VALLEY HOSPITAL Incident Date: 12/1/2021 - 7/12/2024 2023-01 1.2 0.8 0.6 0.4 0.2 INCIDENT CATEGORY 2023-01 Total

Click to retrieve your report with filters and dates:

You can combine reports with respective filters accordingly to obtain the desired data you want to display.

Additional Filters

If you have specific filters added to your security settings (ie., your Facility and/or Location only or a specific event category of incident, etc. – your Additional Filters will be displayed in the sub title of the graph page). This will allow you to know if in addition to the filters you noted in the report screen above, if you have any other sub filters automatically assigned to obtain the output on the report due to your limitation on security.

It will display in the title of the graph as below:

Security Filter: None 38-16--RUBY VALLEY HOSPITAL Incident Date: 12/1/2021 - 7/12/2024

Above example shows the user who ran the report does NOT have any additional security filters. If you do have security filters, it will display accordingly (i.e.,Location: Med/Surg.).

IF you do not see the correct number/counts of data that you expect, please check with your HAS Administrator or RiskQual Support – support@riskqual.com for assistance.



Print Report/Graph

You can print the report/graph by clicking PRINT button

The Print window displays for your assigned printer :

eneral Options	
Select Printer Select Printer Fax (redirected 66) Foxit PhantomPDF Printer (redirected 6 HPE5C5FF (HP Officejet 5740 series) (redirected 6)	
Status: Ready Location: Comment:	Print to file Preferences Find Printer
Page Range All Selection Current Page Pages: 1 Enter either a single page number or a single	Number of copies: 1 \bigcirc Collate

You can change the report to output as Landscape by clicking on Preferences button and click on LAYOUT tab and change to Landscape:

HPE5C5FF (HP Officejet 5740 series) Dc

Layout	Paper/Quality	Printing Sho	rtcut
Orien	tation:		
A P	ortrait		\sim
A Po	ortrait		
	indscape		
ΔN	one		\sim

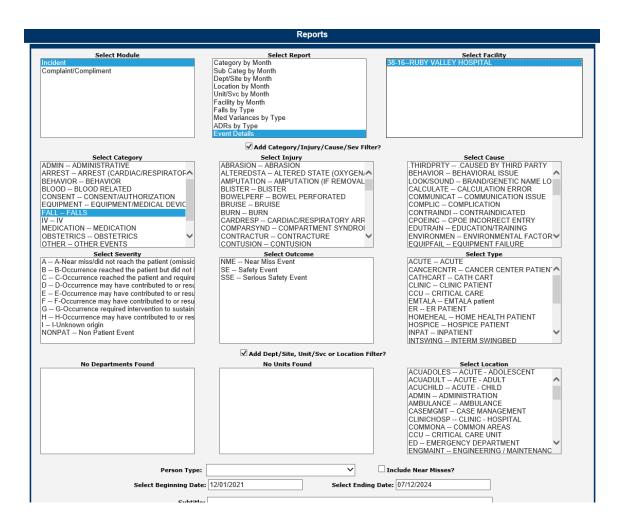
If you DO NOT SEE your assigned printer in the list above, check with your IS Department for assistance.

Event Details Report

This report displays detail data/log of the events or Events based on the filters you've assigned. It then allows you to Export the list to Excel.

Select Event Details Report, select any specific filters you wish to select (i.e., Category FALL), select the date range and run your report:





Click on Retrieve and the list will display:

36 Record(s) foun	d										Export To Excel
Incident Number	Person Type	Person Name	Med Rec Number	Admit ID/Number	Incident Date	Incident Time Dept Dept Rept Error Unit/Wing	Location	Incident Category	Incident Sub Category	Injury Type	Event Class Error Ca
38162022000043	PATIENT	Adamson, Dave T	10003485	10003485	09/22/2022	09:40	MEDSURG - MED/SURG UNIT	FALL - FALLS	ASSISTED - ASSISTED/LOWERED TO FLOOR	NONE - NONE	
38162023000045	PATIENT	Ball, Kathy L	10010271	10010271	08/19/2023	21:15	SWINGBED - SWINGBED	FALL - FALLS	EXERCEQUIP - FROM EQUIPMENT	NONE - NONE	

The listing shows several key items from each Event in the output relevant for you to review such as type of person who had the Event, person/patient name, Med Rec Number, Admit #/Encounter #, Event Date, Event Time, Department Where Occurred, Dept Reporting, Location, Event Category.

Slide to the right to see the additional ones:



38162023000022	EMPLOYEE	Branum, Allison			04/19/2023	07:40	GROUNDS - GROUNDS	FALL - FALLS	OTHER - OTHER	ABRASION - ABRASION
38162024000005	PATIENT	CHRISTIE, PATRICIA	21781	10013074	01/21/2024	18:40	MEDSURG - MED/SURG UNIT	FALL - FALLS	COMMODE - FROM BEDSIDE COMMODE/TOILET	NONE - NONE
38162023000019	PATIENT	Collins, Don	21068	10007603	03/29/2023	12:00	CLINICHOSP - CLINIC - HOSPITAL	FALL - FALLS	CHAIR - FROM CHAIR/WHEELCHAIR	NONE - NONE
38162023000025	PATIENT	Collins, Don	21068	10007603	05/01/2023	17:23	ACUADULT - ACUTE - ADULT	FALL - FALLS	CHAIR - FROM CHAIR/WHEELCHAIR	NONE - NONE
38162022000018	OTHER	Dave Adamson			08/07/2022	22:00	MEDSURG - MED/SURG UNIT	FALL - FALLS	FLOOR - FOUND ON FLOOR	NONE - NONE
38162023000011	EMPLOYEE	Dr. Roman Hendrickson			02/28/2023	08:25	CLINICHOSP - CLINIC - HOSPITAL	FALL - FALLS	OTHER - OTHER	STRSPR - STRAIN/SPRAIN

Sub Category, Injury Type, Outcome, Risk Severity, Event Status, Event Description.

<u>Sort</u>

You can click on any of the columns to sort by that column.

Export to Excel

	Export To Excel	
Click Export to Excel button		to export the list to MS Excel.

You may receive a warning message to ensure the data can be exported.

Microsoft Excel	×
The file format and extension of 'myexcelfile.xls' don't match. The file could be corrupted or unsafe. Unless you trust its source, don't open it. D Yes No Help	io you want to open it anyway?

Click YES to continue to Excel.

The event details grid will be displayed in MS Excel:

A	В	C	D	E	F	G	Н	1	J	K	L	М	N	0	
Incident Number	Person Type	Person/Org Name	Med Rec Number	Admit ID/Number	Incident Date	Incident Time	Dept/Clinic	Report error dept	Unit/Floor	Location	Incident Category	Incident Sub Category	Injury Type	Outcome	≹isk S
SLSLH2020000001	PATIENT	Patient, Testing	SLSLH12345	SLSLHPAT123455	09/17/2020	23:00	ACF - Hospital/Acute Care Facility			PATROOM - Patient Room	FALL - Fall		NONE - No injury		
SLSLH2020000002				SLSLHPAT123455			ACF - Hospital/Acute Care Facility			PATROOM - Patient Room		FOUNDFLR - Found on Floor			_
SLSLH2020000005	PATIENT	Patient, Testing	SLSLH12345	SLSLHPAT123455	09/28/2020	13:00	ED - Emergency Department			PATROOM - Patient Room	FALL - Fall	FROMBED - From Bed	SKINTEAR - Skin Tear		
SLSLH202000008	PATIENT	PatientToo, Testing	PATTEST123456666	PATTEST1235699	10/01/2020	12:22	ACF - Hospital/Acute Care Facility			PARKINGLOT - Parking Lot	FALL - Fall	TOILETING - While Toileting	NONE - No injury		
SLSLH202000009	PATIENT	PatientToo, Testing	PATTEST123456666	PATTEST1235699	10/01/2020	12:30	ACF - Hospital/Acute Care Facility			PATROOM - Patient Room	FALL - Fall	TOILETING - While Toileting	ABRASION - Abrasion		



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