



*Borinquen Medical Centers of Miami Dade,
Inc.*

INCIDENT/REPORTING

USER GUIDE

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The HAS system is to be used to track all incidents affecting patients and non patients, as well as near misses or “good catches”. It is to also be used to document complaints or grievances and compliments, as well as quality reviews and employee Incidents.

If you have a question as to what is reportable or not, contact your Risk Management department.

Login

To login to HAS to enter an incident or issue, click on your HAS desktop icon or the link/choice on your internal web page.

The link will take you to this site: <https://borinquen.riskqualhosting.net/has/Login.aspx>

The following login page will display:



Borinquen Medical Centers of Miami Dade, Inc.
Welcome to HAS
Event Reporting System

Please enter your UserID and Password

User ID

Password

You should have your Pop Up Blocker Turned Off for the HAS Web Site. [Click HERE To Follow Instructions To Turn Your Pop Up Blocker OFF.](#) If you have any questions ----- Please contact IT Help Desk or E-mail helpdesk@ks.org
v.=31219

LOGIN With Your Borinquen Network ID/Password -- Contact Borinquen IT Help Desk For Password Issues at Ext. 3575 or email IT@borinquenhealth.org --Contact Risk Management for System Questions/Issues



RiskQual Technologies, Inc.
[Contact Risk Management](#)
[Contact RiskQual Support](#)

[\[Contact RiskQual Technologies\]](#)

Enter your assigned User ID and Password.

Your user ID and password is the same as your Borinquen Network login user ID and password.

Problem Logging In

If you have a problem logging in or once you click LOGIN, and message states “User not found in LDAP – Contact Your System Administrator” – you have not entered your correct Borinquen network User ID and/or Password. Please contact the IT Help Desk as instructed above

Please Call Ext. 3575 or email IT@borinquenhealth.org..

If you receive an error “Invalid Username/Password”, then your User ID is not setup as entered in the HAS system. Please contact RiskQual Support at support@riskqual.com for assistance.

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



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

Go back to the link to the Incident login system and login.

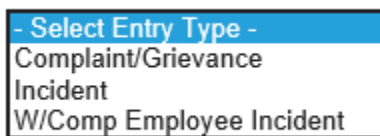
****Contact your IT Help Desk so that they can ensure that the Pop Up Blocker is turned OFF only for this website and this does not occur again****

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

Entering a New Incident

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

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



Click to select Incident to report an Incident.

The following options display to the right:




Near Miss/Good Catch – Select if the Incident you are reporting was a Near Miss/Good catch (it DID NOT reach the patient).

Non-Patient Incident – Select if Incident affected a Non-Patient (i.e., Visitor, Volunteer, etc.) or there was NO PERSON involved (i.e., General Equip Failure, Site wide outage, Meds Stolen, etc.)

Patient Incident – Select if Incident affected a Patient whether there was injury or not.

Click to make the appropriate selection.



Click  to enter a new Incident.

You will be taken to the entry screen for a Near Miss/Good Catch, Patient or Non-Patient Incident respectively based on your selection.

*** NOTE *** When entering an Incident, all required questions must be answered at a minimum before you can SAVE. If you do not save your Incident, 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.

Location/Site Where Incident Occurred

Location/Site

* Required

ADM.....	(Administrative Building)
BHR.....	(Behavioral Health Resource Center)
BFL.....	(Borinquen Medical Centers at Flagami)
CMC.....	(Carrie Meek - Villa Patricia Towers)
OUT.....	(Drop-In Education & Access Center)
MAI.....	(Main Office)
NMP.....	(North Miami Pediatric Center)
WEL.....	(Wellness & Specialty Care Center)
SWT.....	(West Dade/Sweetwater Center)
WHC.....	(Women's Center)

Dept Where Incident Occurred

Dept Where Incident Occurred

* Required

ADULTMED...	(Adult Medicine)
BEHAVIOR...	(Behavioral Health)
DENTAL....	(Dental)
EDUCATION..	(Education Department)
EXECUTIVE..	(Executive)
FACILITIES.	(Facilities)
FINANCE....	(Finance)
HCIOSCHL...	(HCIO Schools)
HUMANRES...	(Human Resources)
INFOTECH...	(Information Technology)
LABS.....	(Labs)
MAINADULT..	(Main - Adult Medicine)
MAINCSUITE.	(Main - C-Suite)
MAINDENT...	(Main - Dental)
MAINGERI...	(Main - Geriatric)
MAINLAB....	(Main - Lab)
MAINOBGYN..	(Main - OB-GYN)
MAINOTRCH..	(Main - Outreach)
MAINPATSV..	(Main - Patient Services)
MAINPED....	(Main - Pediatric)
MAINPHAR...	(Main - Pharmacy)
MAINRAD....	(Main - Radiology)
MENTAL.....	(Mental)
OBGYN.....	(OB/GYN)
PEDIATRIC..	(Pediatrics)
REFERRAL...	(Referrals)
REGISTRAT..	(Registration/Records)
SPECPOPUL..	(Special Population)
UNSPECIF...	(Unspecified)

Choose the Clinic where the Incident occurred from the dropdown. The system will advance to the next question.

Location Where Incident Occurred

Location Where Event Occurred

RESTROOM...	(Bathroom/Restroom)
ELEVATOR...	(Elevator)
EMPLOUNGE..	(Employee Lounge)
EXAMROOM...	(Exam Room)
GROUNDS....	(Grounds)
HALLWAY....	(Hallway)
LOBBY.....	(Lobby Area)
ENTRANCE...	(Main Entrance -Exterior)
NURSING....	(Nursing Station)
OTHER.....	(Other)
PARKINGLOT.	(Parking Lot)
REGISTRATI.	(Registration Area)
SIDEWALK...	(Sidewalk)
STAIRWELL..	(Stairwell)

Choose the Location where the Incident occurred from the dropdown. The system will advance to the next question.

Room #/Exact Location Desc

Ex: Enter Exact Location/Room Number Where Event Occurred

(Max 100 characters)

Patient Search

Patient Visit Search

* Required

Search

Select Field	Value	
Patient Name ▼	patient	Search

1 (s) Records Found.

Visit Number	Admit Date	Patient Name	Patient ID
PATMAI12345	12/30/2018 12:00:00 AM	Patient, Testing	PATMAI111
1			

Please Select a page number to view more records

Prev	Next
------	------

Ex: Enter Patient Last Name & Click SEARCH

IF NOT FOUND, click ADD PATIENT to Add Patient Visit

Enter the Patient Last Name and click SEARCH. A listing of patient visits displays. If the visit is not found, click ADD PATIENT button to add the patient. Refer to “Enter New Patient” section below.

Highlight the respective patient associated with the Incident and click to select it.

The respective patient’s demographics display on the grid and system advances to the next

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
* Patient Visit Search	PATMAI12345
Patient Number	PATMAI1
Patient ID	PATMAI111
Patient Full Name	PATIENT, TESTING
Birth Date	

Enter New Patient

IF the patient is not found when searching, click ADD PATIENT button to add the patient to the system. The Add New Patient screen displays so you can create the new patient and enter the demographics information you have:

* Required

The minimum required items to save a new patient are First Name, Last Name, Patient ID, Visit # as noted in the Add Patient screen below with a Red Asterisk:

Add New Patient		
* Required		
Person Type: PATIENT	Birth Date: (mm/dd/yyyy)	Gender: - Select -
TaxID Type: - Select -	TaxID:	MarStatus: - Select -
First Name: *	Middle Initial:	Last Name: *
Address		
Address:		
Address Type: HOME	Address:	
Zip Code:	City:	State:
Account Group Name: BQ		Account Name: MAI
Patient Information		
PATIENT ID *	Master Patient Index:	
VISIT NUMBER *	Admit Date: (mm/dd/yyyy)	Admit Time: (hh:mm)
Age:	Admit Unit: - Select -	Admit Phys: - Select Practitioner -
Admit Bldg: - Select -	Admit Unit:	Department: - Select -
Admit Room:	Admit Bed:	Admit Loc: - Select -
ADMIT ICD9 Search (enter either Diag. Code or a portion of description)		
ADMIT ICD9 DESC Clear		

Upon completing at least the required fields, click SAVE PATIENT button at the bottom of the screen and it will save the new patient and return you to the Incident Entry screen to continue your entry. The patient's demographics you just entered will display in the grid on the left.

Was Another Party Directly Involved in Incident?

*** Required**

☐ Yes ☐ No

Prev

Next

Ex: Was Another Party Directly Involved in Incident?

Party Person Type

Party Person Type

* Required

CONTRACT...	(CONTRACT/AGENCY)
EMPLOYEE...	(EMPLOYEE)
OTHER.....	(OTHER)
PATIENT....	(PATIENT)
PHYSICIAN..	(PHYSICIAN)
VISITOR....	(VISITOR)
VOLUNTEER..	(VOLUNTEER)

Involved in the event

IF Party Involved is PATIENT:

Patient Admission Search

Patient Admission Search

* Required

Search

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

1 (s) Records Found.

Visit Number	Patient Name	Admit Date
PATMAI12345	Patient, Testing	12/30/2018 12:00:00 AM
1		

Please Select a page number to view more records

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

Ex: Enter Patient LAST Name and click SEARCH

Highlight the Patient record to select it

IF Party Involved is EMPLOYEE:

Employee Party Involved Search

* Required

Search

Select Field	Value	
Employee Name ▼	emp	Search

1 (s) Records Found.

Employee Name	Job Title	Empl Num
EMPLOYEE, TEST		TS10996
1		

Please Select a page number to view more records

Prev	Next
------	------

Ex: Enter Employee LASTNAME, FIRSTNAME To Search

IF Party Involved is PHYSICIAN:

Physician Party Involved Search

* Required

Search

Select Field	Value	
Pract/Phys Name ▼	a	Search

7 (s) Records Found.

Practitioner ID	Pract/Phys Name	Clin Dept
64G002289	Adler, Robert	
64G002804	Ahmadi, Ramesh	
64G002924	Alvarez Villalba, Clara	
64G002279	Archer, Harry	
64G002275P002	Arenal, Franlix	
64G002230	Arostegui, Ivan	
64G002806	Atilus, Rosita	
1		

Please Select a page number to view more records

Prev	Next
------	------

Party Involvement Desc

Party Involvement Desc

Physician who rendered did not|

Prev

Next

Ex: Enter Description of Party's Direct Involvement

Date of Incident

Incident Date

* Required

November 2019						
S	M	T	W	T	F	S
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	6	7

Prev

Next

Ex: Select Date Incident Occurred

Time of Incident

Incident Time (Military)

* Required

Prev

Next

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

Enter the time of Incident and click Next to advance to the next question.

* Incident Date	11/04/2019
Day Of Week	Monday
* Incident Time (Military)	12:15
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.

The patient's age at the time of the Incident is calculated from the DOB of the patient and the Incident date.

Patient Age	50
Patient Age Unit	Y

Incident Category

Incident Category

* Required

ADE.....	(Adverse Drug Reaction)
BEHAVIOR...	(Behavior)
EQUIPMENT..	(Equipment)
FALL.....	(Fall)
HIPAA.....	(HIPAA)
LAB.....	(LAB)
MEDICATION..	(Medication Variance)
OBDELIVER..	(Obstetrics/Delivery)
PATCARE....	(Patient Care Issues)
SAFETY.....	(Safety)
SECURITY...	(Security)
SKIN.....	(Skin Related)
SUPPLIES...	(Supplies Related)
SURGERY....	(Surgical)

incident that occurred

Incident Sub Category

Event Sub Category

* Required

ASSISTEMP..	(Assisted to floor by employee)
ASSISTNONE.	(Assisted to floor by non-employee)
FOUNDFLR...	(Found on Floor)
BED.....	(From Bed)
COMMODE....	(From Bedside Commode)
CHAIR.....	(From Chair)
EQUIP.....	(From Equipment - Stretcher, Table, etc.)
OTHER.....	(Other)
PATSTATE...	(Patient States)
AMBULATING.	(while Ambulating - walking/running)
SHOWER.....	(while Showering)
TOILETING..	(while Toileting)
TRANSFER...	(while Transferring/Repositioning)

IncidentSub 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 Categories & Codes (as selected by your risk management department):

ADE – Adverse Drug Incident Sub Categories

Incident Sub Category

* Required

ALLERGY.... (Allergic Reaction)

Prev

Next

Ex: Select Sub Category of the incident being reported

BEHAVIOR Sub Categories

Incident Sub Category

* Required

BCONAGG...	(Aggressive)
BAKERACT...	(Baker Act and/or Suicide Threat/Attempt)
BCONPATPAT.	(Conflict - Patient to Patient)
BCONFLPF...	(Conflict with Patient Family)
BCONFLWE...	(Conflict with Staff)
BCONFVIS...	(Conflict with Visitor)
BOTHER....	(Other)
SELFINFLIC.	(Self Inflicted)
BSEXUALRR..	(Sexual Misconduct - Patient/Patient)
BSEXUALSF..	(Sexual Misconduct - Staff/Patient)

EQUIPMENT Sub Categories

Incident Sub Category

* Required

EQBATTFAIL.	(Battery Failure)
EQCALCERR..	(Calculation Error)
EQCOMPUTER.	(Computer)
EQDAMAGE...	(Damaged)
EQDEFECT...	(Defect)
EQTHEFT....	(Equipment Theft)
EQIMPROPER.	(Improper Use)
EQMALFUNC..	(Malfunction)
EQMISSING..	(Missing)
EQNOTAVAIL.	(Not Available When Needed)
EQPROGRAM..	(Programming Failure)
EQTAMPER...	(Tampered With)
EQWRONG....	(Wrong Equipment)

FALL Sub Categories

Incident Sub Category

* Required

ASSISTEMP..	(Assisted to floor by employee)
ASSISTNONE.	(Assisted to floor by non-employee)
FOUNDFLR...	(Found on Floor)
CARRSTROLL.	(From Baby Carrier/Stroller)
CHAIR.....	(From Chair)
EQUIP.....	(From Equipment - Stretcher, Table, etc.)
BED.....	(From Exam Bed)
OTHER.....	(Other)
PATSTATE...	(Patient States)
AMBULATING.	(While Ambulating - walking/running)
TOILETING..	(While Toileting)
TRANSFER...	(While Transferring/Repositioning)

HIPAA Sub Categories

Incident Sub Category

* Required

IDENTTHEFT.. (Identity Theft)
DISPOFPHI.. (Improper Disposal of PHI/ PII)
LOSSOFPHI.. (Loss/Theft Document/Device Containing PHI/PII)
OTHER..... (Other)
WRNGRECPT.. (Sent to wrong recipient (location, fax, printer, provider, etc.))
SOCMEDIA... (Social Media Compliance)
UNAUTHACC.. (Unauthorized Access to PHI/PII)
UNAUTHDISC. (Unauthorized Disclosure to PHI/PII)

LAB Sub Categories

Incident Sub Category

* Required

LABCRIT.... (Critical Results)
DELAYDELIV. (Delay - Delivery)
DELAYREP... (Delayed Reporting)
LABDISCREP. (Discrepancy)
DOCUMENTAT. (Documentation)
HNDOFCOMUN. (Hand Off Communication Failure)
LOSTSPECIM. (Lost Specimen)
MISLBLSPEC. (Mislabeled and/or Unlabeled Specimen)
MISLABMEDR. (Mislabeled Medical Record)
MISMTCHBLD. (Mismatch Blood Use)
LABOBTAIN.. (Obtained Incorrectly)
LABORDER... (Ordered Incorrectly)
LABREPORT.. (Results Reported Incorrectly)
SPECHNDL... (Specimen Handling)
UNPROFCOND. (Unprofessional Conduct)
LABWASTE... (Wasted Blood Product)
WRONGBLOOD. (Wrong Blood Product)
WRONGDATE.. (Wrong Date)
WRONGPAT... (Wrong Patient)
WRONGID.... (Wrong Patient ID)
WRONGSITE.. (Wrong Site)
WRONGTEST.. (Wrong Test)
WRONGTIME.. (Wrong Time)

MEDICATION Sub Categories

Incident Sub Category

* Required

CONTRAIND..	(Contraindication)
CDBREAK....	(Controlled Drug Breakage)
CDCHARTING..	(Controlled Drug Charting)
CDCOUNT....	(Controlled Drug Discrepancy - Count/Resolution)
CDDIVERS....	(Controlled Drug Diversion/Suspicion)
CDSECURITY..	(Controlled Drug Improperly Secured)
CDRETURN....	(Controlled Drug Return Issue)
CDWASTE....	(Controlled Drug Waste Issue)
CPOESET....	(CPOE Order Set Issue)
EXPIRED....	(Expired Medication)
ILLEGIBLE..	(Illegible Order)
MONITOR....	(Improper Monitoring)
OFFPROT....	(Medication Off Protocol)
OMIT.....	(Omission/Missed Dose)
OTHER.....	(Other)
SCRPTERROR..	(Prescription Error)
ALLERGY....	(Prior Allergy)
TRANSCRIB..	(Transcribing Error)
NOORDER....	(Unordered Drug)
VACCINERR..	(Vaccine Error)
VACCLOSS...	(Vaccine Loss)
WRGCONC....	(Wrong Concentration)
WRGDISPENS..	(Wrong Dispensed Product)
WRGDOSE....	(Wrong Dose)
WRGDRUG....	(Wrong Drug or IV Fluid)
WRGFREQ....	(Wrong Frequency)
WRGIND....	(Wrong Indication)
WRGPAT....	(Wrong Patient)
WRGPRESCR..	(Wrong Prescriber)
WRGPRODUCT..	(Wrong Product in Container)
WRGROUTE...	(Wrong Route)
WRGTIME....	(Wrong Time)
WRGWITPRD..	(Wrong Written Product)
WRGFORM....	(Wrong Dosage Form)

OBSTETRICS/DELIVERY Sub Categories

Incident Sub Category

* Required

BIRTHTRAUM. (Birth Trauma/Injury)

Prev Next

Ex: Select Sub Category of the incident being reported

PATIENT CARE ISSUES Sub Categories

Incident Sub Category

* Required

ADVDIRECT..	(Advanced Directive Issues)
AMA.....	(AMA)
ANCDelay...	(Ancillary Area Delay Issues)
ASPIRATE...	(Aspiration or Choking)
CDBLUE.....	(Code Blue)
COMMUNIC...	(Communication issue)
CONSMISS...	(Consent Missing)
CONSNOSIGN.	(Consent Not Signed)
DLAYDIAG...	(Delay - Diagnosis)
DLAYRESULT.	(Delay - Diagnostic Results)
DELREPR...	(Delay - Report)
DLAYTREAT..	(Delay - Treatment)
DISCHTRNS..	(Discharge/Transfer Issues)
RAPIDRESP..	(Emergency Response Related)
REFER911...	(EMS: Referral to ER/911 called)
EXPOSFLUID.	(Exposure to Blood/Bodily Fluids)
HNDOFCOMUN.	(Hand Off Communication Issue)
IFCONTAM...	(Infection Control - Contamination)
IFAIRBORN..	(Infection Control - Exposure to airborne disease)
INFECCTRL.	(Infection Control - Other)
IFDEVINFEC.	(Infection Control -Device Related infections)
MARCHMAN...	(March Man Act Related)
MEDREC.....	(Medical Record Related)
MISSPAT....	(Missing Patient)
NEEDLESTIC.	(Needle Stick)
OMITTX.....	(Omitted Treatment)
OTHER.....	(Other)
PATMONITOR.	(Patient Monitoring Related)
PHYSICIAN..	(Physician Related)
REFUSETX...	(Refusal of Treatment)
STAFFING...	(Staffing Related)
WRONGPAT...	(Wrong Patient)
WRONGPATID.	(Wrong Patient ID)
WRGTEST....	(Wrong Test)
XRAYDISCR..	(XRay Discrepancy)

SAFETY Sub Categories

Incident Sub Category

* Required

SAFE BIOHAZ.	(Biohazard Exposure)
SAFE CHEMDE.	(Chemical Spill/Decontamination - Code Orange)
SAFE DISAST.	(Disaster - Code Green)
SAFE ELECHA.	(Electrical Hazard)
SAFE ELEENT.	(Elevator Entrapment)
SAFE FALSEA.	(False Alarm)
SAFE FIRE...	(Fire - Code Red)
SAFE FIREAL.	(Fire/Smoke/Drill)
OTHER.....	(Other)
VISCDBLUE..	(Visitor Code Blue)

SECURITY Sub Categories

Incident Sub Category

* Required

SECABDUCTI.	(Abduction - Code Pink)
SECACCESSC.	(Access Control)
SECACCSH00.	(Active Shooter/Gun Incident - Code Gray)
SECAGGRESS.	(Aggressive Behavior - Dr. Strong/Security Stat)
SECASSAULT.	(Assault/Battery - Employee)
SECASSLPAT.	(Assault/Battery - Patient)
SECBOMB....	(Bomb Threat - Code Black)
SECBREAKIN.	(Break in)
SECCONTRAB.	(Contraband)
SAFEGAS....	(Gas/Vapor Exposure)
SECURITYOT.	(Other)
SECPROPERT.	(Property - Damage/Missing)
SAFEHAZ....	(Safety Hazard)
SECSMOKING.	(Smoking Issues)
SECTHEFT...	(Theft)
SECTRESPAS.	(Trespass)
SAFEFLOORS.	(Unsafe floors/Surfaces)
SECVEHICLE.	(Vehicle Accident - Borinquen Property)
SECVEHICNO.	(Vehicle Accident - Non Borinquen Property)

SKIN Sub Categories

Incident Sub Category

* Required

ABRASIONS..	(Abrasions)	
BRUISE.....	(Bruise)	
DISCOLORAT..	(Discoloration)	
EXCORIATIO..	(Excoriation)	g reported
LACERATION..	(Laceration)	
OTHER.....	(Other)	
RASH.....	(Rash)	
REDNESS....	(Redness)	
SKINTEAT...	(Skin Tear)	

SUPPLIES RELATED Sub Categories

Incident Sub Category

* Required

EXPIRED....	(Expired)	
INAPRUSE...	(Inappropriate Usage)	
OPENDAMAG..	(Opened/Damaged)	
STORAGE....	(Storage)	ed
UNLABELED..	(Unlabeled)	

SURGICAL Sub Categories

Incident Sub Category

* Required

SPCANCEL...	(Cancelled)	
SPCOMPLIC..	(Complication)	
SCONSENT...	(Consent Related)	
DELAY.....	(Delay)	
SPGNEEDIN..	(Sponge/Needle Instrument Related)	
SFCONTAM...	(Sterile field contaminated)	
UNEXCODE...	(Unexpected Code)	
UNRELATED..	(Unrelated to Patient Dx or Need)	
WRGPAT.....	(Wrong Patient)	
WRGPROCED..	(Wrong Procedure)	
WRGSITE....	(Wrong Site)	

Incident Description

Incident Description

* Required

Patient slipped and fell in hallway...

^

v

Prev

Next

Ex: Enter detail description of the incident

Enter a description of the incident and click Next to advance to the next question.

Patient Injured?

Was Patient Injured?

* Required

☐ Yes ☐ No ☐ Unknown

Prev

Next

Ex: Was Patient Injured As A Result of This Event?

User answers Y or N to above. If Y, the type of injury question will display.

Type of Injury

Type Of Injury

* Required

ABRASION...	(Abrasion)	^
BLEEDING...	(Bleeding)	
BLISTER....	(Blister)	
BRUISING...	(Bruising)	
CARDARREST.	(Cardiac Arrest)	
CONCUSSION.	(Concussion)	
CRUSHINJ...	(Crushing Injury)	
DEATH.....	(Death)	
DISLOCATE..	(Dislocation)	
DIZZINESS..	(Dizziness)	
EDEMA.....	(Edema/Swelling)	
FETALDEATH.	(Fetal Death)	
FRACTURE...	(Fracture)	
HEMATOMA...	(Hematoma)	
HEMORRHAGE.	(Hemorrhage)	
HYPOTENS..	(Hypotension)	
ITCHING....	(Itching)	
LACERATION.	(Laceration)	
MYOCAR.....	(Myocardial Infarction)	
NEEDLESTCK.	(Needlestick)	
NONE.....	(No injury)	
NUMBNESS...	(Numbness)	
OTHER.....	(Other)	
PAIN.....	(Pain)	
PUNCTURE...	(Puncture)	
RASH.....	(Rash)	
REDNESS....	(Redness)	
RESPARRST..	(Respiratory Arrest)	v
RESPDISTR..	(Respiratory Distress)	

SEIZURE....	(Seizures)	
SHLDYSTOC..	(Shoulder Dystocia)	
SKINTEAR...	(Skin Tear)	
SPRAIN.....	(Sprain)	
STRAIN.....	(Strain)	
STROKE.....	(Stroke)	v
UNKNOWN....	(Unknown)	

Select primary injury sustained as a result of the Incident.

Physician/Provider Notified?

Physician/Provider Notified?

* Required

☐ Yes ☐ No

Prev

Next

Ex: Was Physician or Provider Notified of the Event?

If Physician or Provider was notified = Y

Physician/Provider Notified Search

Physician or Provider Notified

* Required

64G002285..	()
64G002289..	(Adler, Robert)
64G002804..	(Ahmadi, Ramesh)
64G002924..	(Alvarez Villalba, Clara)
64G002279..	(Archer, Harry)
64G002230..	(Arostegui, Ivan)
64G002806..	(Atilus, Rosita)
64G002770..	(Bachrach, Marlene)
64G003022..	(Barnes-Espanol, Ricardo)
64G002306..	(Barreto, Oscar)
64G000102..	(Burgos, Gloria)
64G002694..	(Camacho, Maelyn)
64G002304..	(Charlemagne, Leila)
64G003075..	(Dowla, Nizar)
64G002617..	(Duque, Juliana)
64G002858..	(Eugene, Pierre)
64G002130..	(Fuentes, Ileana)
64G002162..	(Garcia, Domingo)
64G002476..	(Gutierrez, Carlos)
64G002665..	(Joseph, John)
64G003030..	(Lapierre, Gladys)
Z8V000052..	(Liburd, Carmelle)
64G002814..	(Lopez-Reyes, Wilfredo)
64G003045..	(Mestre, Jairo)
64G002478..	(Navarro Gonzalez, Nancy)
64G002362..	(Negrette, Jesus)
64G002181..	(Nieves, Nelson)
Z8V000051..	(OBGYN, South Florida)

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 or Provider Notified

* Required

<

November 2019

>

S	M	T	W	T	F	S
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	6	7

Prev

Next

Ex: Enter Date Physician or Provider Was Notified

Date Physician was notified question displays for entry

Family Contacted?

Family Notified?

☐ Yes ☐ No

Prev

Next

Clear Response

Ex: Was Family Notified Regarding the Incident?

Select whether Family has been contacted regarding this Incident.

If Y, the following will display:

Name of Family Member Notified

Name Of Family Member Notified

Prev

Next

Ex: Enter Name of Family Member Notified

Date Family Notified

Date Family Notified

November 2019						
S	M	T	W	T	F	S
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	6	7

Prev

Next

Ex: Select Date Family Notified

Time Family Contacted

Time Family Contacted

Prev

Next

Ex: Enter Time Family Member Was Contacted (Military format)

Patient Transferred to a Higher Level of Care?

Patient Transferred to Higher Level of Care?

* Required

☐ Yes ☐ No ☐ Unknown

Prev

Next

Ex: Was Patient Transferred to Higher Level of Care?

Taken to ER?

Taken to ER?

* Required

☐ Yes ☐ No

Prev

Next

Ex: Referred to Emergency Room?

Was Patient Referred to Emergency Room?

Rescue Called?

Rescue Called?

* Required

☐ Yes ☐ No

Prev

Next

Ex: Was Rescue Called?

Incident Witnessed?

Was Event Witnessed?

* Required

☐ Yes ☐ No

Prev

Next

Ex: Was Event Witnessed (Y/N)?

Select if the Incident Was Witnessed.

If Incident Witnessed was answered Y – the witness related questions display for entry for the main witness involved in the Incident – See WITNESS section later on in the document.

Reporter's Information

REPORTER DETAILS		
76	* Duplicate?	N
77	* Reported Date	11/11/2019
78	Reported Time	11:44
79	Reported By Type	USER
80	Reported By	WEBALL
81	Reporter Number	
82	Reporter Name	WEBUSER ALL PROFILE
83	Dept/Cost Center Reporting the Incident	
84	Name Of Dept Reporting the Incident	
85	Reporter Job Title	
86	How Reported	INCIDENT
87	Date Entered	11/11/2019
88	Days In Transit/Lag Time	0

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

Enter the phone extension of the person reporting the Incident.

Save Your Incident

At the end of the questions to be displayed for that type of Incident 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** your Event Entry.

Save

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

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

Entry Type: Patient Incident (VIEW)

Num	Question	Response
1	Facility Group	BQ
2	Occurrence Number	BQMAI201900010
3	Master Occurrence Number	BQMAI201900010
4	Near Miss - No	N
FACILITY/LOCATION DETAILS		
6	* Facility	MAI
7	Facility Name	Main Office
8	* Dept Where Incident Occurred	MAINPED
9	Dept Name	Main - Pediatric
10	Location Where Incident Occurred	EXAMROOM
11	Location Desc	Exam Room
12	Room #/Exact Location Desc	1234
PATIENT INFORMATION		
14	* Type of Person	PATIENT
15	* Patient Visit Search	PATMAI12345
16	* Patient Number	PATMAI1
17	Patient ID	PATMAI111
18	Patient Full Name	Patient, Testing
19	Birth Date	
20	Gender/Sex	
21	Admission Date	12/30/2018
22	Admitting Diagnosis	
23	Admitting Physician #	
24	Admitting Phys Name	
OTHER PARTY DIRECTLY INVOLVED DETAILS		
26	* Was Another Party Directly Involved in Incident?	Y
27	Party Directly Involved	
28	Party Involved Unique Number	PTN0000013
29	* Party Person Type	PHYSICIAN

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

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

IF EQUIPMENT is the Incident Category

Additional questions can display for user to enter more information:

Equipment Type

Select Type Of Equipment Involved

* Required

AEROSOL....	(Aerosol machine)
ALARM.....	(Alarm)
AUDIOMETER..	(Audiometer)
AUTOCLAVE..	(Auto Clave)
BED.....	(Bed Related Equipment/Stretchers)
BPCUFF.....	(BP Cuff)
BPMACHINE..	(BP Machine)
CABIN.....	(Cabinet)
CAMERA.....	(Camera)
PHYSMO.....	(Cardiovascular Monitoring Devices)
CART.....	(Cart)
CENTRIFUGE..	(Centrifuge)
COLPOSCOPY..	(Colposcopy machine)
COMP.....	(Computer)
CRYOTHERAP..	(Cryotherapy gun)
DEFIB.....	(Defibrillator)
DISMO.....	(Display/Monitor)
DOPPLE.....	(Doppler)
EKG.....	(Electrocardiograph)
GLUCOMETER..	(Glucometer)
LEEPTOWER..	(Leep Tower)
NEBULIZER..	(Nebulizer machine)
NBSCALE....	(New born scale and measurement bed)
NITROGEN...	(Nitrogen)
OXYMON.....	(Oxygen Tank)
MODOXIM....	(Pulse Oximeter/SO2/CO2 Monitor)
SCALE.....	(Scale)
WHEELCHAIR..	(Wheelchair)
XRAY.....	(XRAY Realted Equipment)

Model #

Model Number

Prev

Next

Ex: Enter Equipment/Device Model Number

Serial #

Serial Number

Prev

Next

Ex: Enter Equipment/Device Serial Number

Brand Name

Brand Name

Prev

Next

Ex: Enter Equipment/Device Brand Name

IF MEDICATION is the Incident Category

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

Med Ordered

Name of Medication Ordered

* Required

Ex: Enter Name of Medication Ordered

Med Given

Medication Given Name

* Required

Ex: Enter Name of Medication Given

Witness Entry

Witnessed?

Was Event Witnessed?

* Required

☐ Yes ☐ No

Prev

Next

Ex: Was Event Witnessed (Y/N)?

If YES, the following questions display for entry of a witness:

Witness Type

Witness Type of Person

* Required

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

14	* Witness Type of Person	EMPLOYEE
15	* Employee Witness Search	EMPTESLMC
16	Witness Name	EMPLOYEE, TESTING

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

Enter Witness First Name

* Required

Ex: Enter Witness First Name

Witness Last Name

* Required

Ex: Witness Last Name

Witness Address 1

Ex: Enter Witness Address line 1

Witness Address 2

Ex: Enter Witness Address line 2

Witness City

Ex: Enter Witness City

Witness Address - State

CA.....	(California)
CT.....	(Connecticut)
FL.....	(Florida)
IL.....	(Illinois)
LA.....	(Louisiana)
MI.....	(Michigan)
NY.....	(New York)
RI.....	(Rhode Island)
TN.....	(TENNESSEE)
TX.....	(Texas)
WY.....	(WYOMING)

Witness Address - Zip Code

 x

Ex: Enter Witness Address - Zip Code

Witness Contact Phone

 x

Ex: Enter Witness Contact Phone #

IF Incident Category selected was MEDICATION or IV – you can enter additional medications involved, if apply to the right under Additional Incident 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 Incident 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 Incident 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 PATIENTINCIDENT 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. Below are the different types of questions asked for a NON Patient:

Type of Person Involved in the Incident

Type of Person involved in the Incident

* Required

CONTRACT...	(CONTRACT/AGENCY)
EMPLOYEE...	(EMPLOYEE)
VISITOR....	(VISITOR)
VOLUNTEER..	(VOLUNTEER)

IF you select EMPLOYEE from above, the following question displays:

*** NOTE *** You have selected EMPLOYEE as Person Who Had the Event

Prev

Next

Ex: IF This is a Workers' Comp Employee Accident - click CANCEL and select W/Comp Employee Event -- otherwise click NEXT to Continue with this Entry

IF you are reporting an Employee Incident NOT related to Workers' Comp, click NEXT to continue.

IF you are reporting an Employee Incident that is related to Workers' Comp, click CANCEL at the top of the entry grid and return to the main entry screen. Select W/Comp Employee Incident on the first drop down selection

- Select Entry Type -
Complaint/Grievance
Incident
W/Comp Employee Incident

Person Name

Enter the Name of the Person involved in the Incident

Person Name

* Required

 x

Prev

Next

Ex: Enter Person Name (LAST, FIRST)

Contact Information

Contact Information

Prev

Next

Ex: Enter Person Involved Contact Information (i.e., Address and/or Phone #)

Incident Category

Incident Category

* Required

BEHAVIOR...	(Behavior)
EQUIPMENT..	(Equipment)
FALL.....	(Fall)
MEDICATION.	(Medication Variance)
SAFETY.....	(Safety)
SECURITY...	(Security)
SUPPLIES...	(Supplies Related)

Choose the Category of the incident from the dropdown. The system will advance to the next question.

Incident Sub Category

Incident Sub Category

BCONAGG... (Agressive)
BAKERACT... (Baker Act and/or Suicide Threat/Attempt)
BCONPATPAT. (Conflict - Patient to Patient)
BCONFLPF... (Conflict with Patient Family)
BCONFLWE... (Conflict with Staff)
BCONFVIS... (Conflict with Visitor)
BOTHER.... (Other)
SELFINFLIC. (Self Inflicted)
BSEXUALRR.. (Sexual Misconduct - Patient/Patient)
BSEXUALSF.. (Sexual Misconduct - Staff/Patient)

Was Person Injured?

Was Person Injured?

* Required

☐ Yes ☒ No ☐ Unknown

Prev

Next

Ex: Was Person/Patient Injured? (Y/N/U)

If N, system automatically sets injury type = NONE

* Was Person Injured?	N
Injury Type	NONE

Description of the Incident

Description of the INCIDENT

* Required

Visitor was

Prev

Next

Ex: Enter description of the incident/how did event occur?

If Police Notified - include Police Report # if available

Taken to ER?
Taken to ER?

* Required

☐ Yes ☐ No

Prev

Next

Ex: Did Person Go To Emergency Department?

Did Person Go To Emergency Department? (Y/N)

Rescue Called?

Rescue Called?

* Required

☐ Yes ☐ No

Prev

Next

Ex: Was Rescue Called?

Was Incident Witnessed?

Was Incident Witnessed?

* Required

☐ Yes ☒ No

Prev

Next

Ex: Was Incident Witnessed (Y/N)?

IF Y answer above, Witness questions will display for entry as per above Witness Section.

Reporter Info

The details of the employee/user who reported the incident auto prefill:

REPORTER DETAILS		
61	* Duplicate?	N
62	* Reported Date	11/11/2019
63	Reported Time	14:50
64	Reported By Type	USER
65	Reported By	WEBALL
66	Reporter Number	2522
67	Reporter Name	WEBUSER ALL PROFILE
68	Dept/Cost Center Reporting the Incident	MAINPATSV
69	Name Of Dept Reporting the Incident	MAIN - PATIENT SERVICES
70	Reporter Job Title	

Information on how reported and date received display on left side of screen.

71	How Reported	INCIDENT
72	Date Entered	11/11/2019
73	Days In Transit/Lag Time	0
74	Event Status	OPEN
75	Follow Up Required	Y

FOLLOW UP Entry

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

From: RiskQualHAS@borinquenhealth.org

Sent: Friday November 8, 2019 4:14 PM

To: deptmanagerx@borinquenhealth.org

Subject: Follow up and review for Incident #: BQMAI2019000001

THIS IS AN AUTOMATED EMAIL -- DO NOT REPLY

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

What - FALL

When – 11/08/2019

Where – MAIN OFFICE - Pediatrics

Injury - Abrasion

Once you have completed your review of the Incident details, 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 HAS system.

Thank you.

=====

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

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

To enter follow up – Under the “My Open Follow Up” section to the right of the grid, click on *Click Here to Complete Your Follow Up link*:

My Open Follow Up
Click Here To Complete Your Follow Up: Initial Risk Management Follow Up

The follow up questions designed by your Risk Management Department will display for entry.

Completing Follow Up

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

Date of Follow Up

Date of Follow Up

* Required

11/4/2019

November 2019						
S	M	T	W	T	F	S
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	6	7

Prev

Next

Ex: Select Date of Follow Up

Follow Up Description

Manager Follow Up Description

* Required

TESTINGGG

Prev


Next

Ex: Enter general description of your follow up

Document specific Causes, Actions Taken in Next Questions


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 your Additional Entry.


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


Follow Up : Department Manager Follow Up - By: WEBUSER PROFILE - Entered: 11/04/2019

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

Click  to return to the main screen and enter another type of incident if needed or review your other open/pending items to follow up.

Click  to return to enter a new Incident for the same entry type

Click  on the upper right corner of the system to Log Out of the System.

You can also click  the X on the upper right corner of your screen to EXIT the system.

Completing All Open Follow Ups Assigned to You

If you have additional Incidents/occurrences or complaints that are assigned to you for Follow Up, for which you would may have also received individual emails, you will see a listing of Open Follow Ups when you click on Cancel/Return from the incident detail screen.

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

Open Follow Ups/Tasks List Assigned To: WEBUSER ALL PROFILE

	Follow Up Number	Owner Number	Module	Follow Up Due	Created Date	Patient/Person Name	Follow Up Task	Category	Code	Dept	Location
View	WKN0000060	BQMAI201900010	Incident	11/11/2019	11/11/2019	Patient, Testing	Department Manager Follow Up	FALL	CHAIR	MAINPED	EXAMROOM

(**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 Risk Manager to advise them **).

My Open Follow Up

Open Follow Ups/Tasks List Assigned To: WEB-PB-LMC PROFILE

	Follow Up Number	Owner Number	Module	Follow Up Due	Created Date	Patient/Person Name	Follow Up Task	Category	Code	Dept	Location
View	WKN0000247	PBLMC2015000005	Incident	03/07/2016	03/07/2016	Patient, Mary T	Dept Manager Follow Up	HIPAAAPHI	IMPRODISP	643	OFFICE
View	WKN0000236	PBLMC2015000002	Patient Relations	03/04/2016	03/04/2016	Patient, Mary T	Dept Manager Follow Up	PAIN	MEDPAINMGM	604	PATROOM
View	WKN0000237	PBLMC2016000001	Patient Relations	03/04/2016	03/04/2016	Patient, Mary T	Dept Manager Follow Up	ADMITREG	DELADMIT	805	PATROOM
View	WKN0000210	PBLMC2015000008	Incident	03/01/2016	03/01/2016	Patient, Mary T	Dept Manager Follow Up	ADE	ALLERGY	606	PATROOM
View	WKN0000212	PBLMC2016000026	Incident	03/01/2016	03/01/2016	Patient, Mary T	Dept Manager Follow Up	SURGERY	FOREIGNBOD	606	OR
2											

The grid shows the following information:

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

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

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

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 Incident 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 Incident to be followed up

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

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

Code – Sub code of the Incident for which the follow up was assigned

Dept – Department involved in the Incident for which the follow up was assigned.

Location – Location involved in the Incident 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 Incident associated with that follow up task assigned to you.

Open Follow Ups/Tasks List Assigned To: WEBUSER.ALL PROFILE

	Follow Up Number	Owner Number	Module	Follow Up Due	Created Date	Patient/Person Name	Follow Up Task	Category	Code	Dept	Location
View	WKN0000060	BQMAI201900010	Incident	11/11/2019	11/11/2019	Patient, Testing	Department Manager Follow Up	FALL	CHAIR	MAINPED	EXAMROOM

Upon clicking View in front of any record on the Open Follow Up grid [View](#), the particular record displays:

[Save](#) [Cancel/Return](#) [Start New Entry](#)

Num	Question	Response
1	Facility Group	BQ
2	Occurrence Number	BQMAI201900010
3	Master Occurrence Number	BQMAI201900010
4	Near Miss - No	N
FACILITY/LOCATION DETAILS		
6	* Facility	MAI
7	Facility Name	Main Office
8	* Dept Where Incident Occurred	MAINPED
9	Dept Name	Main - Pediatric
10	Location Where Incident Occurred	EXAMROOM
11	Location Desc	Exam Room
12	Room #/Exact Location Desc	1234
PATIENT INFORMATION		
14	* Type of Person	PATIENT
15	* Patient Visit Search	PATMAI12345
16	Patient Number	PATMAI1
17	Patient ID	PATMAI111
18	Patient Full Name	Patient, Testing

Entry Type: Patient Incident (VIEW)

My Open Follow Up
Click Here To Complete Your Follow Up: Department Manager Follow Up - WKN0000060
Additional Incident Info
Add
Click Here to add Parties Involved
Click Here to add Follow Up
Click Here to add Additional Witnesses

Review the details of the Incident by scrolling down on the page to view the grid contents. Click Next Page link at the bottom of each page to advance to the next page of information for that incident:

47	* Type Of Injury	HEMATOMA
48	Type Of Injury Desc	Hematoma
PHYSICIAN / PROVIDER NOTIFIED DETAILS		
50	* Physician/Provider Notified?	Y
< Prev. Page Next Page >		

Once you have reviewed the details of the incident, you can complete your follow up by clicking on “Click Here to Complete Your Follow Up” link on the upper right side of the screen


My Open Follow Up
Click Here To Complete Your Follow Up: Department Manager Follow Up

Follow the prompts to complete your follow up.

Upon saving your follow up entry, you can click Cancel/Return to return to the main screen and the open follow up you just completed will no longer display on your Open Follow Up list because it has been closed/completed.

You can click on the next open follow up to view the incident for it and complete it same as above.

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

Click  the X on the upper right corner of your screen to EXIT the system or click Log Out.



Any Questions

Contact your IT Help Desk for Login Issues/Questions

Call Extention 3575 or email IT@borinquenhealth.org

Contact your Risk Management Department for System Questions/How To

Contact RiskQual Technologies Support Services - support@riskqual.com



***You Have Successfully Completed User
Training***

Thank You for Training with Us!

