Quality Review Reporting

User Guide

BORINQUEN

Table of Contents

The HAS system is used by the Healthcare District Palm Beach County to track all incidents affecting patients and non-patients, as well as near misses or "good catches". It is also used to document complaints or grievances and compliments, as well as quality related events and reviews and employee events.

If you have a question as to what is reportable or not and in which category above, please contact your Risk or Quality Management departments.

Login

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

The link will take you to this site: https://hcd-vms-risk.hcdpbc.org/has/Login.aspx

The following login page will display:

Enter your assigned User ID and Password

Your user ID and password is the same as your District 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 District Network User ID and/or Password. Please contact the IT Help Desk as instructed above.

If you receive an error "Invalid User Name/Password", then your User ID is not setup as entered in the HAS system. Please contact the IT Help Desk as instructed above.

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 [IE icon].   Click on Tools – Pop Up Blocker – Turn OFF Pop Up Blocker.   This is a temporary measure to allow you to enter your Quality Event.

Go back to the link to the event 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 Quality Review

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

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

```
- Select Entry Type -
Complaint/Grievance
Incident
Quality Review
W/Comp Employee Incident
```
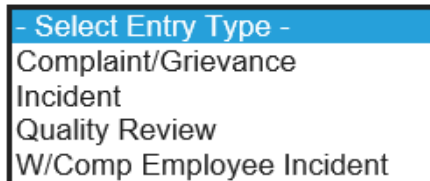
Click to select Quality Review to enter a Quality Review.

The following options display to the right:

| Quality Review ⌄ |

```
- Select Quality Review Type -
Peer - Adult Medical
Peer - Behav Health
Peer - Dentist
Peer - Hygienist
Peer - Pediatric
Peer - Women's Health
QSV - Dental
QSV - Medical Clinical
QSV - Medical NON-Clinical
QSV - Women's Health
```

Peer Adult Medical Provider

Peer Behavioral Health Peer Rev

Peer Behavioral Health Services

Peer Dental Chart Audit

Peer Dental Hygienist Perform

Peer Environment of Care

Peer Medical Chart Audit

Peer Pediatric Provider Perform

 Peer Women's Health Provideer

Click to make the appropriate selection.

Click **New** to enter a new Quality Review.

You will be taken to the entry screen for a Quality Review based on your selection.
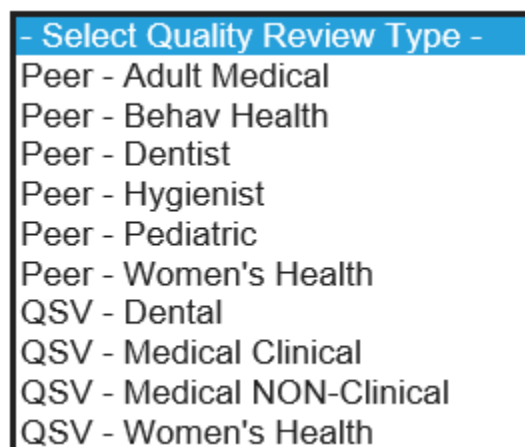
*** NOTE ***   When entering a quality review, all required questions must be answered at a minimum before you can SAVE. If you do not save your Quality review, it will not be saved automatically.

Below is documentation on a **sample Quality Review** entry for Adult Medical Provider.

Each template/quality review entry is similar in nature, whereby user answers each individual question to the best of their knowledge. The overall process of entry, reviewing multiple charts, printing compliance summary and documenting follow up is the same process for any Quality Review entry.

PEER Adult Medical Provider

When selecting PEER Adult Medial Provider Quality Review in the "Select Quality Review Type" prompt, the following sets of questions will display. Questions will include/exclude themselves according to logic built into the screens that your facility quality manager designed. Those options are reviewed in the various screenshots below.

The quality review 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 quality review.   You can always navigate and Edit above of where you are currently answering questions.

Location/Site

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)
```

Your default facility will display as per above example. Click NEXT to continue to next question.

If you have rights to select other facilities, click on the arrow to select it and system will continue to next question. Refer to that facility's specific User Guide for specific questions prompted based on facility selected.

Clinic Involved

Enter the Clinic Location where the Provider's encounter occurred

* Required

```
ADULTMED...  (Adult Medicine)
BEHAVIOR...  (Behavioral Health)
DENTAL.....  (Dental)
EDUCATION..  (Education Department)          er occurred
EXECUTIVE..  (Executive)
FACILITIES.  (Facilities)
FINANCE....  (Finance)
HCIOSCHL...  (HCIOS 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 Involved for the Quality Review from the dropdown. The system will advance to the next question.

Review Type

* Required

```
DECEASED...   (DECEASED )
DIRECTOR...   (DIRECTOR )
NEWPROVIDE.   (NEWPROVIDE )
QUARTER....   (QUARTER )
```

Choose review type

Enter Year & Quarter of Peer Review Period

* Required

[   ]

[Prev]   [Next]

Ex: Ex: 2018 - Quarter 1, 2018 - Q1

Patient Search
Patient Admission SEARCH

* Required

Search

Select Field   Value
[Patient Name ∨] [patient   ]   [Search]

1 (s) Records Found.

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

Please Select a page number to view more records

[Prev]   [Next]

Ex: Enter Patient Last Name and click SEARCH

Highlight to select respective admission.

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 Quality Review and click SEARCH.

A listing of patient admissions with that last name displays.

Highlight the respective patient admission associated with the event 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:

Medical Record Review

PATIENT INFORMATION		
* Person Type	**PATIENT**	
* Patient Admission SEARCH	**PATMAI12345**	Edit
* Org/Per ID	**PATMAI1**	
Medical Record #	**PATMAI111**	
Date of Service		
Patient Name	**PATIENT, TESTING**	
Patient Age	**0**	
Patient Age Unit		
Gender/Sex		
Rendering Provider #		
Rendering Provider Name		

Rendering Provider

* 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 )
```

Review 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: Click On Date To Select Date Of Review OR Enter As MM/DD/YYYY

Problems list was updated

* Required

◌ Yes   ○ No   ○ NA

[Prev]   [Next]

Ex: Problems list was updated

Comments

[Prev]   [Next]

Ex: Comments

Vitals were appropriately addressed

* Required

◻ Yes   ○ No   ○ NA

[Prev]   [Next]

Ex: Vitals were appropriately addressed

Comments

[text area]

[Prev]   [Next]

Ex: Comments

Adequate History of Present Illness was documented

* Required

◻ Yes   ○ No   ○ NA

[Prev]   [Next]

Ex: Adequate History of Present Illness was documented

Comments

[text area]

[Prev]   [Next]

Ex: Comments

Adequate Review of System was documented

* Required

○ Yes   ○ No   ○ NA

[Prev]   [Next]

Ex: Adequate Review of System was documented

Comments

[   ]

[Prev]   [Next]

Ex: Comments

Adequate Physical Exam was documentated

* Required

○ Yes   ○ No   ○ NA

[Prev]   [Next]

Ex: Adequate Physical Exam was documentated

Comments

[   ]

[Prev]   [Next]

Ex: Comments

Diagnosis was consistent with Physical Exam findings

* Required

○ Yes   ○ No   ○ NA

[Prev]   [Next]

Ex: Diagnosis was consistent with Physical Exam findings

Comments

[text area]

[Prev]   [Next]

Ex: Comments

All problems identified during visit were addressed in A&P

* Required

○ Yes   ○ No   ○ NA

[Prev]   [Next]

Ex: All problems identified during visit were addressed in A&P

Comments

[text area]

[Prev]   [Next]

Ex: Comments

Appropriate orders (meds, referrals, etc.) were placed under correct Dx

* Required

☐ ◯ ◯
Yes No NA

[Prev]   [Next]

Ex: Appropriate orders (meds, referrals, etc.) were placed under correct Dx

Comments

[Prev]   [Next]

Ex: Comments

Patient is on antithrombotic therapy if indicated (Dx: CAD, MI, Cardiac Surgery

* Required

☐ ◯ ◯
Yes No NA

[Prev]   [Next]

Ex: Patient is on antithrombotic therapy if indicated (Dx: CAD, MI, Cardiac Surgery

Comments

[Prev]   [Next]

Ex: Comments

Patient is on lipid lowering therapy if indicated (Dx: CAD, MI, Cardiac Surgery)

* Required

☐   ○   ○
Yes   No   NA

[Prev]   [Next]

Ex: Patient is on lipid lowering therapy if indicated (Dx: CAD, MI, Cardiac Surgery)

Comments

[Prev]   [Next]

Ex: Comments

BP rechecked if above 140 / 90

* Required

☐   ○   ○
Yes   No   NA

[Prev]   [Next]

Ex: BP rechecked if above 140 / 90

Comments

[Prev]   [Next]

Ex: Comments

Smoking counseling was provided if indicated

* Required

☐ ○ ○
Yes No NA

[Prev] [Next]

Ex: Smoking counseling was provided if indicated

Comments

[Prev] [Next]

Ex: Comments

BMI counseling was provided if indicated

* Required

☐ ○ ○
Yes No NA

[Prev] [Next]

Ex: BMI counseling was provided if indicated

Comments

[Prev] [Next]

Ex: Comments

Patient was referred to Behavioral Therapist if indicated (i.e. positive depression screening, reported substance abuse, etc)

* Required

☐ Yes   ○ No   ○ NA

[Prev]   [Next]

Ex: Patient was referred to Behavioral Therapist if indicated (i.e. positive depression screening, reported substance abuse, etc)

Comments

[Prev]   [Next]

Ex: Comments

Relevant health education was provided.

* Required

☐ Yes   ○ No   ○ NA

[Prev]   [Next]

Ex: Relevant health education was provided.

Comments

[Prev]   [Next]

Ex: Comments

Inappropriate or unnecessary diagnostic studies ordered

* Required

☐   ○   ○
Yes   No   NA

[Prev]   [Next]

Ex: Inappropriate or unnecessary diagnostic studies ordered

Comments

[   ]

[Prev]   [Next]

Ex: Comments

Inappropriate or unnecessary lab tests ordered

* Required

☐   ○   ○
Yes   No   NA

[Prev]   [Next]

Ex: Inappropriate or unnecessary lab tests ordered

Comments

[   ]

[Prev]   [Next]

Ex: Comments

Inappropriate medicine type/dose/duration was ordered

* Required

○ Yes   ○ No   ○ NA

[Prev]   [Next]

Ex: Inappropriate medicine type/dose/duration was ordered

Comments

[text box]

[Prev]   [Next]

Ex: Comments

Inappropriate or unnecessary referral ordered (without prior work-up)

* Required

○ Yes   ○ No   ○ NA

[Prev]   [Next]

Ex: Inappropriate or unnecessary referral ordered (without prior work-up)

Comments

[text box]

[Prev]   [Next]

Ex: Comments

Previous PCP/Hospital/ED records were requested

* Required

○ Yes   ○ No   ○ NA

[Prev]   [Next]

Ex: Previous PCP/Hospital/ED records were requested

Comments

[text area]

[Prev]   [Next]

Ex: Comments

Appropriate follow-up interval was documented

* Required

○ Yes   ○ No   ○ NA

[Prev]   [Next]

Ex: Appropriate follow-up interval was documented

Comments

[text area]

[Prev]   [Next]

Ex: Comments

Test results were discussed with patient

* Required

○ ○ ○
Yes No NA

[Prev]   [Next]

Ex: Test results were discussed with patient

Comments

[   ]

[Prev]   [Next]

Ex: Comments

Documentation supports code assigned to visit (if applicable acute care visit)

* Required

○ ○ ○
Yes No NA

[Prev]   [Next]

Ex: Documentation supports code assigned to visit (if applicable acute care visit)

Comments

[   ]

[Prev]   [Next]

Ex: Comments

Mammogram was addressed/up to date

* Required

○ **Yes** ○ **No** ○ **NA**

[Prev]   [Next]

Ex: Mammogram was addressed/up to date

Comments

Ex: Comments

[Prev]   [Next]

Ex: Comments

Mammogram follow up interval documeted

* Required

○ **Yes** ○ **No** ○ **NA**

[Prev]   [Next]

Ex: Mammogram follow up interval documeted

Comments

[Prev]   [Next]

Ex: Comments

Pap Smear was addressed/up to date

* Required

○ Yes ○ No ○ NA

[Prev] [Next]

Ex: Pap Smear was addressed/up to date

Comments

[   ]

[Prev] [Next]

Ex: Comments

Pap Smear follow up interval documeted

* Required

○ Yes ○ No ○ NA

[Prev] [Next]

Ex: Pap Smear follow up interval documeted

Comments

[   ]

[Prev] [Next]

Ex: Comments

Colorectal Cancer Screening was addressed/up to date

* Required

○ ○ ○
Yes No NA

[Prev]   [Next]

Ex: Colorectal Cancer Screening was addressed/up to date

Comments

[text area]

[Prev]   [Next]

Ex: Comments

Colorectal Cancer Screening follow up interval documeted

* Required

○ ○ ○
Yes No NA

[Prev]   [Next]

Ex: Colorectal Cancer Screening follow up interval documeted

Comments

[text area]

[Prev]   [Next]

Ex: Comments

Immunizations were addressed / up to date

* Required

○ Yes ○ No ○ NA

[Prev] [Next]

Ex: Immunizations were addressed / up to date

Comments

[text area]

[Prev] [Next]

Ex: Comments

Family history of substance use was documented

* Required

○ Yes ○ No ○ NA

[Prev] [Next]

Ex: Family history of substance use was documented

Comments

[text area]

[Prev] [Next]

Ex: Comments

History of Drug use was documented

* Required

○ Yes   ○ No   ○ NA

[Prev]   [Next]

Ex: History of Drug use was documented

Comments

[   ]

[Prev]   [Next]

Ex: Comments

History of Tobacco use was documented

* Required

○ Yes   ○ No   ○ NA

[Prev]   [Next]

Ex: History of Tobacco use was documented

Comments

[   ]

[Prev]   [Next]

Ex: Comments

History of Alcohol use was documented

* Required

○ Yes   ○ No   ○ NA

[Prev]   [Next]

Ex: History of Alcohol use was documented

Comments

[   ]

[Prev]   [Next]

Ex: Comments

History of birth control and/or condom use was documented

* Required

○ Yes   ○ No   ○ NA

[Prev]   [Next]

Ex: History of birth control and/or condom use was documented

Comments

[   ]

[Prev]   [Next]

Ex: Comments

Quality Management Tab was addressed / up to date.

* Required

○ Yes   ○ No   ○ NA

[Prev]   [Next]

Ex: Quality Management Tab was addressed / up to date.

Comments

[   ]

[Prev]   [Next]

Ex: Comments

Depression screening was performed

* Required

○ Yes   ○ No   ○ NA

[Prev]   [Next]

Ex: Depression screening was performed

Comments

[   ]

[Prev]   [Next]

Ex: Comments

HgA1C was addressed / up to date (resulted in the last 3 months)

* Required

☐   ○   ○
Yes   No   NA

[Prev]   [Next]

Ex: HgA1C was addressed / up to date (resulted in the last 3 months)

Comments

[text area]

[Prev]   [Next]

Ex: Comments

SIGNIFICANT FINDINGS THAT NEED FURTHER REVIEW

* Required

[text area]

[Prev]   [Next]

Ex: SIGNIFICANT FINDINGS THAT NEED FURTHER REVIEW

Additional Review Comments/Details

```

```

[Prev] [Next]

Ex: Enter Any General Comments/Additional Details To Further Document This Review

Opportunities For Improvement

```

```

[Prev] [Next]

Ex: Comments about Opportunities for Improvement

Potential for Improvement

REVIEWER DETAILS	
Reviewed By Per Type	**USER**
Reviewed By User ID	**WEBUSER**
Reviewer Name	**WEBUSER PROFILE**
Review Time	**11:24**
Received Date	**11/04/2019**
Quality Review Status	**OPEN**
Include on Reports?	**Y**
Follow Up	**Y**
Follow Up Link	
	< Prev. Page Next Page >

Reviewer information will display at the left-hand side of the screen.

Save Your Quality Review

At the end of the questions to be displayed for the Quality Review entry entered, you will be advised to Preview your work prior to saving:

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

To preview your answers, click on PrevPage link at the bottom of the grid.

Click Save button at the top left corner of the Grid when ready to save the Quality Review.

Once SAVE is clicked, the quality review entry has been saved and details are displayed on the grid

The message confirming your Quality Entry as saved will display

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

The section to the right:

My Open Follow Up

will be discussed in the Follow Up section further down in this User Guide.

Review Next Chart

Once a quality chart review entry is saved, the system will display options for reviewing another chart for the same review (i.e., Emergency Room)

Num	Question	Response
1	Quality/Review #	BQMAI201900001
2	Master Number	BQMAI201900001
3	Study/Review Name	QUALITY_ADULTMED_PER
4	User Entering Study	WEBUSER
5	Same Study?	N
6	Facility Group	BQ
7	Group Name	Borinquén Medical Centers of Miami, Inc.
8	* Facility	MAI
9	Facility Name	Main Office
10	* Enter the Clinic Location where the Provider's encounter occurred	EXECUTIVE
11	Clinic Location Desc	Executive
12	* Review Type	DECEASED
13	Review Type Desc	DECEASED

Review Next Chart can be done at this time once the first chart has been entered, or you can Cancel/Return and exit the system if you need to and return at a later time to find the last review entered and continue to click on Review Next Chart to continue adding chart reviews to the same group/study.
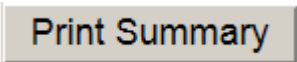
To review another chart at this time and link it to the previous chart reviewed as 1 study (i.e.,

3/1/17 – 3/31/17 charts), click on **Review Next Chart** button.

The system will begin a new entry page and prompt you for the first question to select the Department Involved if may be different for the respective next chart.

Select the Department (which may be the same) and continue on to select the next Patient and begin answering the same questions in this review for the next patient chart.

Follow same steps to save the next chart review and continue to click on Review Next Chart button for as many charts that have to be reviewed for this particular study/group of charts.

When you complete the group of chart reviews, you can click on **Complete Study** button to complete your study/group of reviews for this chart review.

You can then click on **Print Summary** button to view a graph/summary of the charts you've reviewed in this group/study and review % of Compliance for each indicator/question and overall compliance for all charts reviewed in this group/study:

CQI Screen:	*PCC Adult Medical Provider*

YELLOWSTONE
INSURANCE EXCHANGE, RRG

Facility Name:	C.L. Brumback Primary Care Clinics
Reviewer's Name:	WEB-PB-PCC PROFILE

Date Range for Data Collection

_____ Date Reported (CQI Meeting)

Total # of records audited: 2

Data Collected and reported by _____

EVALUATION

QI Screen Results
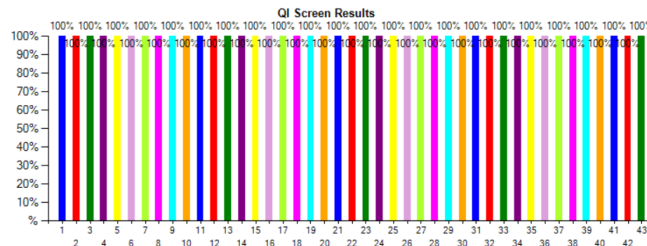
CRITERIA	Results			
	Yes	No	NA	%
1 Problems list updated?	2	0	0	100%
2 All drugs allergies entered on the problem list?	2	0	0	100%

Click **Print** to print your Summary/Analysis.

Click **Back** to return to the last chart reviewed in the group.

If you need to enter follow up as a result of the percentage of compliance not being met for the particular study/group of charts, you can click on Follow Up section – Refer to Follow Up Section below.

To Cancel and return to the main screen, click on **Cancel/Return**.

To Begin a new group of chart reviews for this same review (i.e., PEER Adult Medical Provider), click on **Start New Study**. The system will begin a new entry and position you at the first question to be answered. This will begin a new study/group and will not be tied to the previous group of charts.

PEER Environment of Care

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

The quality review 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 quality review. You can always navigate and Edit above of where you are currently answering questions.

Facility

Facility

* Required

PCC......... (C.L. Brumback Primary Care Clinics) ▾

[Prev] [Next]

Ex: Select Facility for Quality Review Entry

Your default facility will display as per above example. Click NEXT to continue to next question.

If you have rights to select other facilities, click on the arrow to select it and system will continue to next question. Refer to that facility's specific User Guide for specific questions prompted based on facility selected.

Department Involved

* Required

```
158........ (BEHAVIORAL HEALTH)
882........ (BELLE GLADE DENTAL CLINIC)
873........ (BELLE GLADE MEDICAL CLINIC)
881........ (DELRAY DENTAL CLINIC)
872........ (DELRAY MEDICAL CLINIC)
878........ (DENTAL CLINIC ADMINISTRATION)
876........ (JEROME GOLDEN CENTER)
886........ (JUPITER CLINIC)
885........ (LAKE WORTH MEDICAL CLINIC)
880........ (LANTANA DENTAL CLINIC)
871........ (LANTANA MEDICAL CLINIC)
884........ (LEWIS CENTER)
874........ (MEDICAL CLINIC ADMINISTRATION)
NONE....... (NONE)
144........ (OUTREACH)
877........ (RAMS CLINIC)
889........ (WEST BOCA CLINIC)
879........ (WEST PALM BEACH DENTAL CLINIC)
870........ (WEST PALM BEACH MEDICAL CLINIC)
```

Choose the Department Involved for the Quality Review from the dropdown. The system will advance to the next question.

Patient Exact Loc/Room Number

| Prev | Next |

Ex: Enter Exact Location Of Patient/Room Number

Enter Patient Room Number/ER Room Number if available.

Patient Search

Patient Admission SEARCH

* Required

Search

Select Field	Value	
Patient Name ▾	PATIENT	Search

2 (s) Records Found.

Admit ID/Number	Med Rec Number	Patient Name	Admit Date
PATPCCTEST1	PATPCCTEST	Patient, Testing	10/4/2015 12:00:00 AM
PATPCC2234	PATPCC222	Patient, TestingToo	6/6/2016 12:00:00 AM
1			

Please Select a page number to view more records

Prev	Next

Ex: Enter Patient Last Name and click SEARCH

Highlight to select respective admission.

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 Quality Review and click SEARCH.

A listing of patient admissions with that last name displays.

Highlight the respective patient admission associated with the event 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:

Medical Record Review

		PATIENT INFORMATION		
14	* Person Type	**PATIENT**		
15	* Patient Admission SEARCH	**PATPCCTEST1**		Edit
16	* Org/Per ID	**PATPCCTEST**		
17	Patient Full Name	**Patient, Testing**		
18	Patient Age	**50**		
19	Patient Age Unit	**Y**		
20	Gender/Sex	**F**		
21	Admission Date	**10/04/2015**		
22	Medical Record #	**PATPCCTEST**		
23	Admitting Physician #	**PHYPCC**		
24	Admitting Phys Name	**PHYSICIAN, TESTING**		
25	Attending Physician #			
26	Attending Phys Name			
		ADULT MEDICAL PROVIDER PERFORMANCE REVIEW FORM		

Review Date

Review Date

* Required

[   ]

≤		**August 2017**				≥
S	**M**	**T**	**W**	**T**	**F**	**S**
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

[Prev]   [Next]

Ex: Click On Date To Select Date Of Review OR Enter As MM/DD/YYYY

Select the Review Date for this particular Quality Review. The system will advance to the next question.

Select the Review Date for this particular Quality Review. The system will advance to the next question.

PLEASE SEE NOTE BELOW:

[   ]

| Prev | Next |

Ex: Answer All Following Questions As Best Possible.

IF You Have Any Additional Comments, You May Enter A General Comment At The End Of The Review - Click NEXT To BEGIN

FOLLOW UP Entry

Upon save of any Quality Review, one or more automatic emails and Open Follow Ups may be generated to specific individuals as designed by your facility Quality Management team.

The email advises the particular manager that a Quality Review has been entered for their area of responsibility that they need to address. An example of the auto email is below:

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

From: RiskQualHAS@hcdpbc.org

Sent: Wednesday, January 19, 2017 4:38 PM
To: deptmanagerX@hcdpbc.org
Subject: Follow up and review for Quality Review #: PBLMC2015000006

**THIS IS AN AUTOMATED EMAIL -- DO NOT REPLY **

A Quality Event has occurred per the details below. You may review it by clicking on the click here link below and Login to the HAS Event System with your assigned User ID and Password.

What: PEER Adult Medical Provider
When: 05/01/2017
Where: PEER Adult Medical Provider

Once you Login to the HAS Event System, review the details of the event by clicking on the NextPage link below the grid. Document your follow-up by clicking on the link ''Click Here To Complete Follow-Up'' in the section labeled: My Open Follow Up.

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

Please click here to login to the HAS system.

Thank you

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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 Event on the screen for which the follow up/auto email was generated.

You can review the details of the Quality Review pages by clicking on the link
 Next Page at the bottom of the Grid containing all the review details.

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

My Open Follow Up

Click Here To Complete Your Follow Up: Initial Quality Event Review - WKN0000601

Adding Follow Up
Upon clicking on the link above to enter follow up, the follow up questions for the Quality Review follow up will display:

Initial Reporter Follow Up
If you are the reporter of the Quality Review (You entered it) and would like to enter any follow up you have completed after the review is entered or additional notes, you can select Initial User/Reporter Follow Up.

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

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

Provide a description of all follow up actions that have been taken for this group of charts/study

* Required

[text area]

[Prev] [Next]

Ex: Please provide a description of all follow up actions that have been taken for this group of charts/study

Describe all your findings and the root cause of the compliance issues with this group/study

* Required

[text area]

[Prev] [Next]

Ex: Please describe all your findings and the root cause of the compliance issues with this group/study

Provide your intervention steps and education provided to prevent the compliance issues from happening in the future

* Required

[text area]

[Prev] [Next]

Ex: Please provide your intervention steps and education provided to prevent the cmopliance issues with this group of charts/study from happening in the future.

When you have answered all the follow up questions prompted, click SAVE and Return button at the top of the Grid [Save and Return] to Save Your Follow Up.

My Open Follow Up
Additional Quality Event Info
Follow Up : Reporter/User Follow Up - By: WEB PB LMC PROFILE - Entered: 01/25/2017

The follow up entry you just saved is displayed in the Additional Quality Event Info 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.

Department Manager Follow Up

Upon selection Department Manager Follow Up from above list, the following questions will display:

Follow Up Date

Date of Follow Up

* Required

2/26/2016   ×

≤		**February 2016**				≥
S	**M**	**T**	**W**	**T**	**F**	**S**
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	1	2	3	4	5
6	7	8	9	10	11	12

Prev   Next

Ex: Select Date of Follow Up

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.

Follow Up Details

Provide a description of all follow up actions that have been taken for this group of charts/study

* Required

```
[                                        ]
```

[Prev]   [Next]

Ex: Please provide a description of all follow up actions that have been taken for this group of charts/study

Describe all your findings and the root cause of the compliance issues with this group/study

* Required

```
[                                        ]
```

[Prev]   [Next]

Ex: Please describe all your findings and the root cause of the compliance issues with this group/study

Provide your intervention steps and education provided to prevent the compliance issues from happening in the future

* Required

```
[                                        ]
```

[Prev]   [Next]

Ex: Please provide your intervention steps and education provided to prevent the cmopliance issues with this group of charts/study from happening in the future.

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

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

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

Additional Quality Review Info

Follow Up : Reporter/User Follow Up - By: WEB PB LMC PROFILE - Entered: 08/04/2017

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 Event.

Click [Cancel/Return] to return to the main system page to perform another task, enter reviews for another entry/study type, etc.

Click [Start New Study] to begin a new set of charts/study for the same chart review type.

Click [- ☐ X] 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 HAS Events (Incidents, Complaints, Quality Events, W/Comp Events) that are assigned to you for Follow Up, for which you would have also received individual emails, but not yet completed follow up, you will see a listing of Open Follow Ups when you click on CANCEL or Start New Entry in the main 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 grid/listing below, you are not assigned to receive Open Follow Up queue. Contact your Quality Manager to advise them ***).

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

	Follow Up Number	Owner Number	Module	Follow Up Due	Created Date	Patient/Person Name	Follow Up Task	Category	Code	Dept	Location
View	WKN0000609	PBPCC2017000007	Quality	01/25/2017	01/25/2017	Patient, Testing	Nurse Leader Follow Up	BEHAVIOR	COMPOTHER	872	EXTWALKWAY
View	WKN0000608	PBPCC2017000005	Quality	01/25/2017	01/25/2017	Patient, Testing	Nurse Leader Follow Up	POLPROCED	NOTFOLLOW	876	OPERATORY

The grid shows the following information:

	Follow Up Number	Owner Number	Module	Follow Up Due	Created Date	Patient/Person Name	Follow Up Task	Category	Code	Dept	Location
View	WKN0000609	PBPCC2017000007	Quality	01/25/2017	01/25/2017	Patient, Testing	Nurse Leader Follow Up	BEHAVIOR	COMPOTHER	872	EXTWALKWAY
View	WKN0000608	PBPCC2017000005	Quality	01/25/2017	01/25/2017	Patient, Testing	Nurse Leader Follow Up	POLPROCED	NOTFOLLOW	876	OPERATORY

Name of user who's logged in for which open follow ups exist.
Module for which the follow up was assigned
> Incident   (Incident/Occurrence)
> Patrel   (Complaint/Grievance/Compliment)
> Quality   (Quality Event)
> WC Incident   (Workers' Comp Event)
> Quality Review (Quality Review)

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, complaint, quality review to be followed up
Follow Up task – description of the follow up to be done by the user
Category – Category of the event for which the follow up was assigned.
Code – Sub code of the event for which the follow up was assigned.
Dept – Department involved in the event or quality review for which the follow up was assigned.
Location – Location involved in the event or quality review for which the follow up was assigned.

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

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

Select from My Open Follow Up List to Complete
Click VIEW link View in front of any Open Follow up task to open the event or quality review associated with that follow up task assigned to you.

	Follow Up Number	Owner Number	Module	Follow Up Due	Created Date	Patient/Person Name	Follow Up Task	Category	Code	Dept	Location
View	WKN0000609	PBPCC2017000007	Quality	01/25/2017	01/25/2017	Patient, Testing	Nurse Leader Follow Up	BEHAVIOR	COMPOTHER	872	EXTWALKWAY
View	WKN0000608	PBPCC2017000005	Quality	01/25/2017	01/25/2017	Patient, Testing	Nurse Leader Follow Up	POLPROCED	NOTFOLLOW	876	OPERATORY

Upon clicking View in front of any record on the Open Follow Up grid View , the particular event or quality review details screen displays:

	Follow Up Number	Owner Number	Module	Follow Up Due	Created Date	Patient/Person Name	Follow Up Task	Category	Code	Dept	Location
View	WKN0000609	PBPCC2017000007	Quality	01/25/2017	01/25/2017	Patient, Testing	Nurse Leader Follow Up	BEHAVIOR	COMPOTHER	872	EXTWALKWAY
View	WKN0000608	PBPCC2017000005	Quality	01/25/2017	01/25/2017	Patient, Testing	Nurse Leader Follow Up	POLPROCED	NOTFOLLOW	876	OPERATORY

You can view the details of the Event or quality review, and on the right upper side of the grid under "MY OPEN FOLLOW UP", click on the link "Click here to complete my follow up" to complete/close your follow up for the Event or Quality Review.
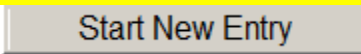
My Open Follow Ups

This section will display at the top right corner of the Quality Review 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 : Dept Manager Follow Up – WKN0000212

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

Click [Cancel] or [Start New Entry] to return to the main screen and enter an Event or to select any other Open Event you have to complete follow up for.

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 HAS.

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

Any Questions

Contact your IT Help Desk for Login Issues/Questions
561-804-5800 or E-mail helpdesk@hcdpbc.org

Contact your Quality Management Department for System Questions/How To

Contact RiskQual Technologies Support Services – support@riskqual.com

You Have Successfully Completed User Training on Quality Event Reporting