



## EMPLOYEE W/COMP EVENT 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 related events and reviews and employee incidents.

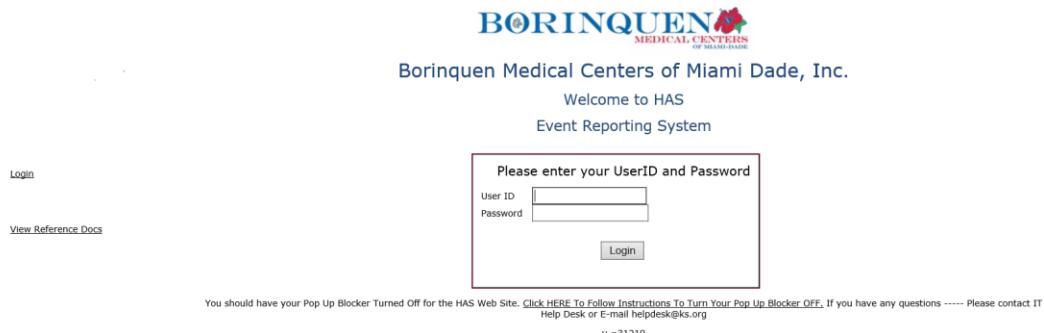
If you have a question as to what is reportable or not, contact your Risk Management department.

## **Login**

To login to HAS to enter an event/incident, 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:



The image shows the login page for Borinquen Medical Centers of Miami Dade, Inc. The page features the Borinquen logo at the top, followed by the text "Borinquen Medical Centers of Miami Dade, Inc." and "Welcome to HAS Event Reporting System". Below this is a login form with fields for "User ID" and "Password", and a "Login" button. A red box highlights the login form. At the bottom of the page, there is a note about a pop-up blocker and contact information for IT support.

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](mailto:helpdesk@ks.org)

v.=31219

LOGIN With Your Borinquen Network ID/Password -- Contact Borinquen IT Help Desk For Password Issues -- Contact your Risk Management Department for System Questions/Issues



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](mailto: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](mailto: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 Employee Event**

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

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

<b>- Select Entry Type -</b>
Complaint/Grievance
Incident
Quality Review
W/Comp Employee Incident

Click to select Event to report an Employee Event.

The following options display to the right:

<input type="button" value="W/Comp Employee Incident ▾"/>	<input type="button" value="Employee/WComp Event ▾"/>
---	---

W/Comp Employee Incident – Select if this is an employee related event.

Click **New** to enter a new Employee Event.

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

## Employee Event Entry

When selecting Employee Event, the following sets of questions will display. Questions will include/exclude themselves according to logic built into the screens that your facility Workers Compensation manager designed. Those options are reviewed in the various screenshots below.

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

### Location/Site Where Event 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)

The facility where the Event Occurred will default to your assigned facility. 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.

## Department Where Event Occurred

### Department Where Event Occurred

\* Required

ADULTMED...	(Adult Medicine)
BEHAVIOR...	(Behavioral Health)
DENTAL.....	(Dental)
EDUCATION..	(Education Department)
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 Department where the Event Occurred from the dropdown. The system will advance to the next question.

## Location

### Location Where Event Occurred

\* Required

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 Event Occurred from the dropdown. The system will advance to the next question.

Your facility's respective main Units or Locations will display accordingly.

## Employee Search

### Employee Search

\* Required

#### Search

Select Field

Value

Employee Name

1 (s) Records Found.

Org/Person ID	Employee Name	Dept
TS10996	Testing, Patient	
1		

Please Select a page number to view more records

Ex: Enter Employee LAST Name and click SEARCH to Find & Select

Enter the Last Name of the Employee and or Last Name, First Name (Last Name comma SPACE First Name) to find the employee involved in the event and click SEARCH. A listing of employees with that last name displays.

Highlight the respective employee record associated with the event and click to select it.

The respective employee's demographics display on the grid and system advances to the next

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

Person Type	<b>EMPLOYEE</b>	<a href="#">Edit</a>
* Employee Search	<b>TS10996</b>	<a href="#">Edit</a>
Employee Name	<b>TESTING, PATIENT</b>	

\*\*\*IF Not Found – Please contact IT Help Desk or your Risk Management Department. There is an Employee data feed from your Employee system to the Event reporting system and all active employees should be in this system always. \*\*\*

## Event Date

### Event Date

\* Required

< November 2019 >

S	M	T	W	T	F	S
<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>	<u>31</u>	<u>1</u>	<u>2</u>
<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>
<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<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>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>

Prev

Next

Ex: Select Event Date

## Event Time

### Event Time (Military format)

\* Required

x

Prev

Next

Ex: Enter Event Time (HH:MM)

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.

* Event Date	<b>11/01/2019</b>
Event Day Of Week	<b>Friday</b>
* Event Time (Military format)	<b>12:17</b>
Shift	<b>DAY</b>

## Event Category

### Event Category

---

\* Required

BACKINJ....	(BACK SPRAIN/STRAIN)
EXPBLFLUID.	(BLOOD/BODY FLUID EXPOSURE)
BURNS.....	(BURNS)
EXPCHEMIC..	(CHEMICAL EXPOSURES)
CUTABRLAC..	(CUTS/ABRASIONS/LACERATIONS)
EXPDISEASE..	(EXPOSURE TO DISEASE)
EYEEAR.....	(EYE/EAR INJURIES)
FALL.....	(FALL/SLIP/TRIP)
HEADACHE...	(HEADACHE)
HEARLOSS...	(HEARING LOSS)
POISONING..	(POISONING)
REPETMOTN..	(REPETITIVE MOTION)
RESPIRAT...	(RESPIRATORY INJURIES)
SHARPCLEAN..	(SHARPS - CLEAN)
SHARPCONT..	(SHARPS - CONTAMINATED)
SKINDISORD..	(SKIN DISORDER)
STRSPRAIN..	(SPRAIN/STRAIN)
TRAUMA.....	(TRAUMA (HIT BY/STRUCK BY))
VEHACC.....	(VEHICLE ACCIDENT)

## Event Subcategory

### Event Sub Category

---

\* Required

ASSPATF....	(ASSISTING PATIENT FALL)
ASSPATSIT..	(ASSISTING PATIENT SITTING TO STANDING)
ERGONOMICS	(ERGONOMICS)
STRETCH....	(PUSHING STRETCHER - NO PATIENT)
AMBUPAT....	(WHILE AMBULATING PATIENT)
LIFTFURN...	(WHILE LIFTING FURNITURE)
LIFTPAT....	(WHILE LIFTING PATIENT)
MOVEOBJE...	(WHILE MOVING OBJECT/FURNITURE)
REACHNON...	(WHILE REACHING - NON PATIENT)
REACHPATI..	(WHILE REACHING - PATIENT CARE)
REPOSITION.	(WHILE REPOSITIONING PATIENT)
TRNSSTRE...	(WHILE TRANSFER FROM BED TO STRETCHER)
TRNSBED....	(WHILE TRANSFER FROM STRETCHER TO BED)
TRANPAT....	(WHILE TRANSFER OF PATIENT)
TRNSWHEE...	(WHILE TRANSFER TO WHEELCHAIR)

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 Specific Categories & Codes (as selected by your Risk/WC management departments)**

## Back Injury Event Sub Categories

### Event Sub Category

\* Required

ASSPATF....	(ASSISTING PATIENT FALL)
ASSPATSIT..	(ASSISTING PATIENT SITTING TO STANDING)
ERGONOMICS	(ERGONOMICS)
STRETCH....	(PUSHING STRETCHER - NO PATIENT)
AMBUPAT....	(WHILE AMBULATING PATIENT)
LIFTFURN...	(WHILE LIFTING FURNITURE)
LIFTPAT....	(WHILE LIFTING PATIENT)
MOVEOBJE...	(WHILE MOVING OBJECT/FURNITURE)
REACHNON...	(WHILE REACHING - NON PATIENT)
REACHPATI..	(WHILE REACHING - PATIENT CARE)
REPOSITION.	(WHILE REPOSITIONING PATIENT)
TRNSSTRE...	(WHILE TRANSFER FROM BED TO STRETCHER)
TRNSBED....	(WHILE TRANSFER FROM STRETCHER TO BED)
TRANPAT....	(WHILE TRANSFER OF PATIENT)
TRNSWHEE...	(WHILE TRANSFER TO WHEELCHAIR)

## Blood/ Body Fluid Exposure Categories

### Event Sub Category

\* Required

AMNIOTIC...	(AMNIOTIC FLUID)
BLOOD.....	(BLOOD AND BLOOD PRODUCTS)
CSF.....	(CSF)
DIRPATCON..	(DIRECT PATIENT CONTACT)
FEEDMALF...	(FEED/VENT/OTHER/TUBE MALFUNCTION)
IVMALFUNC..	(IV/TUBE/BAG/PUMP/MALFUNCTION)
OTHER.....	(OTHER)
OTHLEAK....	(OTHER CONTAINER LEAK/BREAK)
PERITONEAL.	(PERITONEAL FLUID)
PLEURAL....	(PLEURAL FLUID)
SALIVA.....	(SALIVA)
SPCONTBRK..	(SPECIMEN CONTAINER BROKE)
SPCONTLEAK.	(SPECIMEN CONTAINER LEAKED)
SPUTUM.....	(SPUTUM)
TOUCHLINEN.	(TOUCH CONTAM LINENS/ETC)
TOUCHSURF..	(TOUCH CONTAMINATED SURFACE EQUIPMENT)
URINE.....	(URINE)
VOMIT.....	(VOMIT)

## Burns Sub Categories

### Event Sub Category

\* Required

CHEMIBURN.. (CHEMICAL BURN)  
ELECBURN... (ELECTRIC BURN)  
EQUIBURN... (EQUIPMENT BURN)  
HOFOBURN... (HOT FOOD BURN)  
HOWABURN... (HOT WATER BURN)

## Chemical Exposures Sub Categories

### Event Sub Category

\* Required

AIRBORNE... (AIRBORNE CHEMICAL EXPOSURE)  
LIQUID..... (LIQUID CHEMICAL EXPOSURE)  
DOOR..... (WITH DOOR)

Ex: Select Event Sub Category

## Cuts/Abrasions/Lacerations Sub Categories

### Event Sub Category

\* Required

WALL..... (AGAINST WALL)  
BOXCUTTER.. (CUT WITH BOX CUTTER)  
RAZOR..... (CUT WITH RAZOR)  
SCISSOR.... (CUT WITH SCISSORS)  
OTHER..... (OTHER)  
SLICING.... (WHILE SLICING)  
FURNITURE.. (WITH FURNITURE)

## Exposure to Disease Sub Categories

### Event Sub Category

\* Required

CHICKPOX... (EXPOSURE TO CHICKEN POX)  
MENINGITIS. (EXPOSURE TO MENINGITIS)  
MRSA..... (EXPOSURE TO MRSA)  
PERTUSIS... (EXPOSURE TO PERTUSIS)  
SCABIES.... (EXPOSURE TO SCABIES/LICE)  
SMPOX..... (EXPOSURE TO SMALL POX)  
SMPOXVAC... (EXPOSURE TO SMALL POX VACCINE RECIPIENT)  
TB..... (EXPOSURE/CONVERSION TO TB)  
REPROPHY... (REACTION TO PROPHYLACTIC OR VACCINE (EXCEPT SMALLPOX))  
RESMPOXAD.. (REACTION TO SMALL POX VACCINATION-ADVERSEREACTIONS)  
RESMPOX.... (REACTION TO SMALL POX VACCINATION-COMMON SIDE EFFECTS)

## Eye/Ear Injuries Sub Categories

### Event Sub Category

\* Required

FORBODEAR.. (FOREIGN BODY IN EAR)  
FORBODEYE.. (FOREIGN BODY IN EYE/NOT BLOOD OR BODY FLUID)

Prev

Next

Ex: Select Event Sub Category

## Fall Sub Categories

### Event Sub Category

\* Required

CHAIR..... (Chair/Sitting/Rolling)  
FURNIT..... (FALL FROM FURNITURE/FIXTURE)  
LADDER..... (FALL FROM LADDER/SCAFFOLD)  
OUTPAVE.... (FALL OUTDOORS-CURBS)  
WETNOSIGN.. (FALL WET SURFACE)  
WETSIGN.... (FALL WET SURFACE - SIGN POSTED)  
OUTWET..... (FALLS OUTDOORS-WET SURFACE)  
LOOSEUNEV.. (LOOSE OR UNEVEN SURFACE)  
NOOBSTAC... (NO OBSTACLE)  
OBJFLOOR... (OBJECT ON FLOOR)  
SHUTTVAN... (SHUTTLE OR VAN)  
STAIRS..... (TRIP/FALL DOWN STAIRS OR DIFFERENT LEVEL)  
WIRES..... (TRIP/FALL ON WIRES OR CORDS ON FLOOR)

## Headache Categories

### Event Sub Category

\* Required

HEADACHE... (HEADACHE)

Prev

Next

Ex: Select Event Sub Category

## Hearing Loss Categories

### Event Sub Category

\* Required

LOUDNOISE.. (DUE TO LOUD NOISE)

Prev

Next

Ex: Select Event Sub Category

## Poisoning Sub Categories

### Event Sub Category

\* Required

INGESTED... (INGESTED)  
INHALED.... (INHALED)  
SKIN..... (THROUGH SKIN)

Ex: Select Event Sub Category

## Repetitive Motion Sub Categories

### Event Sub Category

\* Required

COMPUTER... (REPETITIVE MOTION-VDT(COMPUTER))  
EQUIPMENT.. (REPETITIVE MOTION-VDT(COMPUTER))

Prev

Next

Ex: Select Event Sub Category

## Respiratory Injuries Sub Categories

### Event Sub Category

\* Required

ALLERGY.... (DUE TO ALLERGIC REACTION)  
DUST..... (DUE TO DUST)  
FUMES..... (DUE TO FUMES)

Ex: Select Event Sub Category

## Sharps – Clean Sub Categories

### Event Sub Category

\* Required

CLEANNEED.. (CLEAN NEEDLE)  
SURGINST... (CLEAN SURGICAL INSTRUMENTS/SHARPS)  
CLEANINST.. (CLEANING INSTRUMENTS)  
SHAVPAT.... (SHAVING PATIENT)

## Sharps – Contaminated Sub Categories

### Event Sub Category

\* Required

AFUSBEFDIS. (AFTER USE/BEFORE DISPOSAL)  
BEFUSE..... (BEFORE USE OF SHARPS)  
BETWSTEP... (BETWEEN STEPS OF PROCEDURE)  
DURDISP.... (DURING DISPOSAL OF SHARP)  
DURISE..... (DURING USE OF SHARPS)  
PREPREUSE.. (PREP FOR REUSE OF SHARPS)  
DISPSHARP.. (PUTTING SHARP IN DISP CONTAINER)  
RECAPUSED.. (RECAPPING USED SHARPS)  
IMPRDISP... (SHARP DISPOSED OF IMPROPERLY)  
LEFTINAPPR. (SHARP LEFT IN INAPPROPRIATE PLACE)  
PIERCSSIDE.. (SHARP PIERCED SIDE OF CONTAINER)  
PROTCONT... (SHARP PROTRUDING FROM CONTAINER)  
RESTRPAT... (WHILE RESTRAINING PATIENT)

## Skin Disorder Sub Categories

### Event Sub Category

\* Required

ALLREACT...	(ALLERGIC REACTION)
LATEX.....	(LATEX ALLERGY/REACTION)
FOOD.....	(REACTION TO FOOD)
INSECT.....	(REACTION TO INSECT)
PLANT.....	(REACTION TO PLANT)

## Sprain/Strain Sub Categories

### Event Sub Category

\* Required

ASSPATFALL.	(ASSISTING PATIENT FALL)
ASSSITSTND.	(ASSISTING PATIENT SITTING TO STANDING)
ELEVJERK...	(ELEVATOR - SUDDEN STOP OR JERK)
ELEVUNLEV..	(ELEVATOR DID NOT STEP LEVEL WITH FLOOR)
ERGONOMICS.	(ERGONOMICS)
STRETCHER..	(PUSHING STRETCHER - NO PATIENT)
AMBPAT.....	(WHILE AMBULATING PATIENT)
LIFTINGFUR.	(WHILE LIFTING FURNITURE)
LIFTINGPAT.	(WHILE LIFTING PATIENT)
MOVEOBJ....	(WHILE MOVING OBJECT/FURNITURE)
REACHNPAT..	(WHILE REACHING - NON PATIENT)
REACHPAT...	(WHILE REACHING - PATIENT CARE)
REPOSIT....	(WHILE REPOSITIONING PATIENT)
TRANSSTR...	(WHILE TRANSFER FROM BED TO STRETCHER)
TRANSBED...	(WHILE TRANSFER FROM STRETCHER TO BED)
TRANSPAT...	(WHILE TRANSFER OF PATIENT)
TRANSWHL...	(WHILE TRANSFER TO WHEELCHAIR)

## Trauma (Hit By/Struck by)Sub Categories

### Event Sub Category

\* Required

WALLS.....	(BY WALL)
CAUGHTBET..	(CAUGHT IN BETWEEN)
DOORCLS....	(DOOR CLOSE)
DRAWER.....	(DRAWER CLOSE)
ELECOSHCK...	(ELECTRICAL SHOCK)
ELEVSTR....	(STRUCK BY ELEVATOR/CAUGHT BETWEEN)
EQUIP.....	(STRUCK BY EQUIPMENT)
FALLOBJ....	(STRUCK BY FALLING OBJECT)
FURNIT....	(STRUCK BY FURNITURE)
VEHICLE....	(STRUCK BY MOTOR VEHICLE)
EMPLOYEE....	(STRUCK BY OTHER EMPLOYEE)
OBJECT.....	(STRUCK BY OTHER OBJECT)
VISITOR....	(STRUCK BY VISITOR)
PATIENT....	(STRUCK/KICKED BY PATIENT)

## Vehicle Sub Categories

### Event Sub Category

\* Required

FLEET.....	(VEHICLE ACCIDENT-FLEET AUTO)
NONFLEET...	(VEHICLE ACCIDENT-NON-FLEET-AUTO)
SHUTTLE....	(VEHICLE ACCIDENT-SHUTTLE BUS/VAN)

Ex: Select Event Sub Category

## Did Event Result in an Injury?

### Did Event Result In An Injury?

\* Required

Yes  No

Prev

Next

Ex: Did Event Result In An Injury? (Y/N)

Answer Y/N, If Y system will ask the next questions.

## Nature of Injury

### Nature Of Injury

\* Required

BRUISE..... (BRUISE)
----------------------

Prev      Next

Ex: Select Nature Of Injury

## Body Part 1 Injured

### Body Part 1 Injured

\* Required

ABDO..... (Abdomen)
ANKL..... (Ankle)
ARM..... (Arm (s))
BACK..... (Back)
BUTT..... (Buttocks)
CHES..... (Chest)
CHIN..... (Chin)
EAR..... (Ear (s))
ELBO..... (Elbow)
EYE..... (Eye (s))
FACE..... (Face)
FING..... (Finger)
FOOT..... (Foot (Feet))
GROI..... (Groin)
HAND..... (Hand)
HEAD..... (Head)
HEEL..... (Heel (s))
HIP..... (Hip (s))
JAW..... (Jaw)
KNEE..... (Knee (s))
LEG..... (Leg (s))
MOUT..... (Mouth)
NECK..... (Neck)
NONE..... (None)
NOSE..... (Nose)
OTHR..... (Other)
RIBS..... (Rib(s))
SHOU..... (Shoulder)
THUM..... (Thumb)

Select body part injured from the dropdown, the system will advance to the next question.

## Body Part 2 Injured

### Body Part 2 Injured

---

ABDO.....	(Abdomen)
ANKL.....	(Ankle)
ARM.....	(Arm (s))
BACK.....	(Back)
BUTT.....	(Buttocks)
CHES.....	(Chest)
CHIN.....	(Chin)
EAR.....	(Ear (s))
ELBO.....	(Elbow)
EYE.....	(Eye (s))
FACE.....	(Face)
FING.....	(Finger)
FOOT.....	(Foot (Feet))
GROI.....	(Groin)
HAND.....	(Hand)
HEAD.....	(Head)
HEEL.....	(Heel (s))
HIP.....	(Hip (s))
JAW.....	(Jaw)
KNEE.....	(Knee (s))
LEG.....	(Leg (s))
MOUT.....	(Mouth)
NECK.....	(Neck)
NONE.....	(None)
NOSE.....	(Nose)
OTHR.....	(Other)
RIBS.....	(Rib(s))
SHOU.....	(Shoulder)
THUM.....	(Thumb)

## Body Part 3 Injured

### Body Part 3 Injured

---

ABDO.....	(Abdomen)
ANKL.....	(Ankle)
ARM.....	(Arm (s))
BACK.....	(Back)
BUTT.....	(Buttocks)
CHES.....	(Chest)
CHIN.....	(Chin)
EAR.....	(Ear (s))
ELBO.....	(Elbow)
EYE.....	(Eye (s))
FACE.....	(Face)
FING.....	(Finger)
FOOT.....	(Foot (Feet))
GROI.....	(Groin)
HAND.....	(Hand)
HEAD.....	(Head)
HEEL.....	(Heel (s))
HIP.....	(Hip (s))
JAW.....	(Jaw)
KNEE.....	(Knee (s))
LEG.....	(Leg (s))
MOUT.....	(Mouth)
NECK.....	(Neck)
NONE.....	(None)
NOSE.....	(Nose)
OTHR.....	(Other)
RIBS.....	(Rib(s))
SHOU.....	(Shoulder)
THUM.....	(Thumb)

## Body Part 4 Injured

### Body Part 4 Injured

---

ABDO.....	(Abdomen)
ANKL.....	(Ankle)
ARM.....	(Arm (s))
BACK.....	(Back)
BUTT.....	(Buttocks)
CHES.....	(Chest)
CHIN.....	(Chin)
EAR.....	(Ear (s))
ELBO.....	(Elbow)
EYE.....	(Eye (s))
FACE.....	(Face)
FING.....	(Finger)
FOOT.....	(Foot (Feet))
GROI.....	(Groin)
HAND.....	(Hand)
HEAD.....	(Head)
HEEL.....	(Heel (s))
HIP.....	(Hip (s))
JAW.....	(Jaw)
KNEE.....	(Knee (s))
LEG.....	(Leg (s))
MOUT.....	(Mouth)
NECK.....	(Neck)
NONE.....	(None)
NOSE.....	(Nose)
OTHR.....	(Other)
RIBS.....	(Rib(s))
SHOU.....	(Shoulder)
THUM.....	(Thumb)

Select second body part injured from the dropdown, if applicable. If not, click Next to advance to the next question.

## Event Description

### Description Of Event

---

\* Required

Employee was repositioning patient in bed when  
she strained her lower back.

Prev

Next

Ex: Enter A Detailed Description Of The Event

---

Answer Y/N and the system will advance to the next question.

## Was First Aid Rendered?

### Was First Aid Rendered?

\* Required

Yes  No  Unknown

Prev

Next

Ex: Was First Aid Rendered? (Y/N/U)

Answer Y/N/U and the system will advance to the next question. If Y, the following will display:

## Who Rendered First Aid

### Who Rendered First Aid

COWORKER... (Co-worker)  
EMPHEALTH... (Employee Health)  
OTHER..... (Other)  
PHYSICIAN.. (Physician)  
SELF..... (self)

### Date First Aid Rendered

≤	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 First Aid Rendered

**Medical Treatment Ordered?****Medical Treatment Ordered?****\* Required** Yes  No**Prev****Next**

Ex: Was Medical Treatment Ordered? Y/N

Answer Y/N and the system will advance to the next question. If Y, the following will display:

**Medical Care Treatment Location****Medical Care Treatment Location**

BORINQUEN..	(Borinquen)
ER.....	(Emergency Room)
OTHER.....	(Other)
URGENTCARE.	(Urgent Care)

Choose the location where medical treatment was rendered from the dropdown. If the location does not display in the dropdown, Choose Other and document in the incident description.

**Treatment Refused?****Treatment Refused?****\* Required** Yes  No**Prev****Next**

Ex: Was Treatment Refused? Y/N

**Event Reported to Manager?****Was Event Reported To Manager?**

\* Required

Yes  No

[Prev](#)

[Next](#)

Ex: Was Event Reported To Manager? (Y/N)

**Personal Protection Available?****Personal Protection Available?**

\* Required

Yes  No  NA

[Prev](#)

[Next](#)

Ex: Personal Protection Available?

If answer is Y – following question is asked:

**Personal Protection Used?****Personal Protection Used?**

\* Required

Yes  No

[Prev](#)

[Next](#)

Ex: Personal Protection Used?

### Equipment or Sharp Involved?

#### Equipment or Sharp Involved?

---

\* Required

Yes  No

[Prev](#)

[Next](#)

Ex: Equipment or Sharp Involved In The Event? (Y/N)

### Event Witnessed?

#### Event Witnessed?

---

\* Required

Yes  No

[Prev](#)

[Next](#)

Ex: Was Event Witnessed?

If Event Witnessed was answered Y – the witness related questions display for entry:

### Witness Type of Person?

#### Witness Type of Person

---

\* Required

EMPLOYEE...	(EMPLOYEE)
OTHER.....	(OTHER)
PHYSICIAN..	(PHYSICIAN)
VISITOR....	(VISITOR)
VOLUNTEER..	(VOLUNTEER)

Upon selection of Employee or Physician above, the respective Search question displays for you to search for that type of person. If OTHER or Visitor, or Volunteer was a witness, the next questions display instead:

## Witness Name

\* Required

Prev

Next

Ex: Enter Witness Name (Last Name, First Name)

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

Prev

Next

Ex: Enter Witness First Name

## Witness Last Name

\* Required

Prev

Next

Ex: Witness Last Name

## Were Other Parties Directly Involved?

### Were Other Parties Directly Involved?

\* Required

Yes  No

[Prev](#)

[Next](#)

Ex: Were Other Parties Directly Involved? Y/N

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

Reported Date	<b>11/1/2019</b>
Reported Time	<b>14:00</b>
Reported By Type	<b>USER</b>
Reported By	<b>WEBUSER</b>
Reporter Name	<b>WEBUSER PROFILE</b>
Reporter Number	<b>MT SINAI</b>

### Save Your Event

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 your Event Entry.

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:

Num	Question	Response
1	Facility Group	BQ
2	Incident Number	BQMA1201900001
3	Master Number	BQMA1201900001
<b>FACILITY/LOCATION DETAILS</b>		
5	* Facility Where Event Occurred	MAI
6	Facility Name Where Event Occurred	Main Office
7	* Department Where Event Occurred	FINANCE
8	Department Name	Finance
9	* Location Where Event Occurred	GROUNDS
10	Location Name	Grounds
<b>EMPLOYEE INFO</b>		
12	Person Type	EMPLOYEE
13	* Employee Search	TS10996
14	Employee Name	Testing, Patient
15	Sex/Gender	
16	Employee's Department/Location	
17	Job Title	
<b>EVENT INFO</b>		
19	* Event Date	11/01/2019
20	Event Day Of Week	Friday
21	* Event Time (Military format)	12:17
22	Shift	DAY
23	* Event Category	VEHACC
24	Event Category Desc	VEHICLE ACCIDENT
25	* Event Sub Category	FLEET
26	Event Sub Category Desc	VEHICLE ACCIDENT-FLEET AUTO

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

My Open Follow Up
<b>Additional W/Comp Employee Incident Info</b>
<b>Add</b>

[Click Here to add Additional Witnesses](#)

The options for “Click Here to add Parties Involved” or “Click Here to add Witnesses” 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.

[My Open Follow Up](#) and “Click Here to add Follow Up” will be discussed in the Follow Up section further down in this User Guide

## **FOLLOW UP Entry**

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

---

**From:** RiskQualHAS@borinquenhealth.org [mailto:RiskQualHAS@ borinquenhealth.org]  
**Sent:** Monday November 4<sup>th</sup>, 2019  
**To:** deptmanagerx@borinquenhealth.org  
**Subject:** Follow up and review for Employee Event #: BQMAI2019000005

THIS IS AN AUTOMATED EMAIL -- DO NOT REPLY

An Event 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 –Back Injury – While Lifting

When –11/01/2019

Where – Main - GI

Injury –Sprain/Strain

Once you have completed your review of the event 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 HR 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 Event on the screen for which the follow up/auto email was generated.

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

To enter follow up – Under the “Additional Event Info” section to the right of the grid, click on [Click Here to add Follow Up](#). You would only enter follow up using this link if you do not have a link in “Click Here to Complete My Follow Up” – otherwise your open follow up will remain and you will create a new follow up.

## Completing Follow Up

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

### Date of Follow Up

\* Required

11/1/2019

November 2019						
S	M	T	W	T	F	S
<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>	<u>31</u>	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

### Manager Follow Up Description

\* Required

Ex: Enter general description of your follow up

Document specific Causes, Actions Taken in Next Questions

## Describe Causes/Findings

\* Required

the issue was caused by testing and testing

Prev

Next

Ex: Describe Cause(s)/Findings for this event

## Action Taken Descr

\* Required

Took this test action

Prev

Next

Ex: Enter Description Of Action(s) Taken After Event

## Recommendation for preventing recurrence

\* Required

Recommend that this and that

Prev

Next

Ex: Enter your recommendation for preventing recurrence

Edit

At the end of the entry of your follow up, review your answers and click Edit link next to any of your responses to change the response.

**Save and Return**

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

### **Follow Up : Department Manager Follow Up - By: WEBUSER PROFILE - Entered: 11/01/2019**

Your department manager follows up entry is displayed on the View section and can be viewed by any other manager that has access to the Event.

**Start New Entry**

Click **Start New Entry** to return to the main screen and enter an Event.



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 events or complaints that are assigned to you for Follow Up, for which you would have also received individual emails but have not yet completed follow up, you will see a listing of Open Follow Ups assigned to you as of today when you click Cancel/Return button from the Employee Event Details page.

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

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 WKN0000027	BQMAI2019000004	Incident	11/13/2019	11/13/2019	Patient, Testing	Department Manager Follow Up	SAFETY	SAFEDISAST	DENTAL	RESTROOM
View WKN0000030	BQMAI2019000002	Incident	11/13/2019	11/13/2019	Patient, Testing	Department Manager Follow Up	BEHAVIOR	BCONPATPAT	DENTAL	ELEVATOR
View WKN0000026	BQMAI2019000001	Incident	11/13/2019	11/13/2019	Patient, Testing	Department Manager Follow Up	BEHAVIOR	BAKERACT	BEHAVIOR	ELEVATOR
View WKN0000033	BQADM2019000001	Workers' Comp Incident	11/13/2019	11/13/2019	EMPLOYEE, TESTING	Department Manager Follow Up	BACKINJ	REACHNON	INFOTECH	HALLWAY

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.

**Module** for which the follow up was assigned (i.e., Event 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 or employee involved in the event or complaint to be followed up.

**Follow Up task** – description of the follow up to be done.

**Category** – Category of the event or complaint for which the follow up was assigned (i.e., Event 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.

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

## Open Follow Up Grid Options

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

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

## Select from My Open Follow Up List to Complete

Click **VIEW** link [View](#) in front of any Open Follow up task to open the event or complaint associated with that follow up task assigned to you as per below:

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	
<a href="#">View</a> WKN0000027	BQMAI2019000004	Incident	11/13/2019	11/13/2019	Patient, Testing	Department Manager Follow Up	SAFETY	SAFEDISAST	DENTAL	RESTROOM	
<a href="#">View</a> WKN0000030	BQMAI2019000002	Incident	11/13/2019	11/13/2019	Patient, Testing	Department Manager Follow Up	BEHAVIOR	BCONPATPAT	DENTAL	ELEVATOR	
<a href="#">View</a> WKN0000026	BQMAI2019000001	Incident	11/13/2019	11/13/2019	Patient, Testing	Department Manager Follow Up	BEHAVIOR	BAKERACT	BEHAVIOR	ELEVATOR	
<a href="#">View</a> WKN0000033	BQADM2019000001	Workers' Comp Incident	11/13/2019	11/13/2019	EMPLOYEE, TESTING	Department Manager Follow Up	BACKINJ	REACHNON	INFOTECH	HALLWAY	

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

**BORINQUEN**  
MEDICAL CENTERS  
OF MIAMI-DADE

Borinqueen Medical Centers of Miami Dade Inc -- TESTING ONLY  
Event Reporting System -- TESTING ONLY

Hello WEBUSER ALL PROFILE

[Log Out](#)

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

Entry Type: Employee/WComp Event (VIEW)

Num	Question	Response
1	Facility Group	BQ
2	Incident Number	BQADM2019000001
3	Master Number	BQADM2019000001
<b>FACILITY/LOCATION DETAILS</b>		
5	* Facility Where Event Occurred	ADM
6	Facility Name Where Event Occurred	Administrative Building
7	* Department Where Event Occurred	INFOTECH
8	Department Name	Information Technology
9	* Location Where Event Occurred	HALLWAY
10	Location Name	Hallway
<b>EMPLOYEE INFO</b>		
12	Person Type	EMPLOYEE
13	* Employee Search	TESTEMP
14	Employee Name	EMPLOYEE, TESTING

**My Open Follow Up**

[Click Here To Complete Your Follow Up: Department Manager Follow Up - WKN0000033](#)

**Additional W/Comp Employee Incident Info**

[Add](#)

[Click Here to add Follow Up](#)

## My Open Follow Up

This section will display at the top right corner of the Event or Complaint screen under the heading "My Open Follow Up"

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

## My Open Follow Up

[\*\*Click here to complete follow up : Dept Manager Follow Up - WKN0000212\*\*](#)

Click on the link to complete your follow up for this Employee Event.

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

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. As you complete follow ups, the open follow ups will drop off your Open Follow Up grid/list on the main screen.

Click LOG OUT to log out of the system.

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



**Contact your IT Help Desk for Login Issues/Questions**

Call Extension 3575 or email [IT@borinquenhealth.org](mailto:IT@borinquenhealth.org)

**Contact your Risk Management Department for System Questions/How To**

**Contact RiskQual Technologies Support Services – [support@riskqual.com](mailto:support@riskqual.com)**



***You Have Successfully Completed User  
Training on Employee Event Reporting***

**Thank You for Training with Us!**

