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RiskQual DataTrkWeb

Refresher for Reviewers and Transmitters

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Purpose & Objectives

Why are we doing this training?

Purpose & Objectives

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- Improving the accuracy and completeness of incident reports while making the system more user-friendly

- Preparing to fully utilize RiskQual's data retrieval capabilities to meet WRS data collection and reporting needs

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RiskQual Access Levels & Roles

Who has access to what and why?

RiskQual Access Levels and Roles

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DataTrkWeb (DTW)

- ***All employees*** are automatically set up with access to enter events in **DataTrkWeb** (DTW)
- Access to perform additional functions must be requested using the Wellpath DTW Permissions Form (*any changes/updates should be forwarded to Corporate Risk & PI Manager*)
- Form is divided into 2 Sections
  - ✓ User and Employee Setup Specifications
  - ✓ Automatic Email Notification Setup

Healthcare Advisor Series (HAS)

- Access to **Healthcare Advisor Series** (**HAS**) ***requires a license*** and is requested separately via email (*these requests need to be forwarded for review and approval to the Corporate Risk & PI Manager*)
- This license provides access to the “back end” of the system to manage events, assign and document follow ups, create browses and run reports, etc.

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User & Employee Set Up

How do we get started?

User & Employee Set Up Specifications

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To obtain specialized access for some of their users, each site will complete the designated User Spreadsheet and forward to the Corporate Risk & PI Manager for submission to RiskQual Support.

Fields that must be included are:

- **Employee Name**
- **Wellpath User ID**
- **User Type: Supervisor/Blank**
  - ✓ Supervisor denotes that the user **can search** for previously entered events
  - ✓ Supervisor access does **not** automatically include **access to edit** in DTW
  - ✓ Ability to edit SIR in DTW **must be specifically requested** for users with Supervisor access who do not have Review/Transmit permission
- **Ability to Assign Level of Severity and Transmit**
  - ✓ Automatically has access to edit
- **Facility Access/Security**
  - ✓ Denotes Contracts/Facilities that the user can access

Automatic Email Notification Setup

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The User Setup Spreadsheet will also entail an Automatic Email Notification setup section which will include the following fields:

- **Email Address**
- **Insert/Update**
  - ✓ Insert – Receives email notification only upon first entry of an event
  - ✓ Update – Receives email notification on update of an entry in DTW
  - ✓ Both types must be specified on the permissions form for a user to receive email upon first entry of an incident and any updates
- **Auto Email Rules Level 1 Notification**
  - ✓ Receives notification of all Level 1 events
- **Auto Email Rules Level 2 Notification**
  - ✓ Receives notification of all Level 2 events
- **Auto Email Rules Level 3 Notification**
  - ✓ Receives notification of all Level 3 events

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RiskQual Supervisor

What are their duties? Who at your site should be an RQ Supervisor?

Site RiskQual Supervisor

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- The designated site RiskQual Supervisor(s) is considered the "**gatekeeper**" of what gets entered in RiskQual and consequently have the following system access and/or responsibilities:

  - First line of review for appropriateness, accuracy, completeness, and quality of presentation for every event entry
  - Providing direction, mentoring, and training for staff assigned to enter events in DTW
  - Responsible for making necessary additions and/or corrections
  - Checking if an event was already entered to avoid duplicate entries
  - Following up with their site users if duplicate entries are found
  - Notifying the RiskQual Reviewer/Transmitter for the site (usually the Risk Manager and/or RM Designee; or Administrator and/or designee for the site) of the presence of duplicate entries and other relevant entry issues

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RiskQual Reviewer/Transmitter

How do they differ from RQ Supervisor?
Who should have this access?

Reviewer/ Transmitter

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The Review/Transmitter(s) for the site will have the previously mentioned Supervisor duties along with being responsible for what gets reported outside of the facility. Their duties include the following:

- Reviewing for appropriateness, accuracy, completeness, and quality of presentation
- Following up to ensure necessary additions and/or corrections are completed
- **Assigning the Risk Severity Level** (*3, 2, or 1*) for each event (*Severity Levels 1 & 2 are automatically transmitted to Corporate upon severity assignment and saving of the update*)
- Verifying that appropriate internal and external notifications have been completed
- Ensuring that necessary Follow Ups have been initiated or completed

Be mindful that Reviewers/Transmitters have ultimate access to all DTW data at your site.

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Risk Manager/Designee

Who oversees Incident Reporting at your site?

Risk Manager/Designee

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Your Risk Manager (or the individual assigned to monitor incident reporting activities and duties at your site) **should be the manager of your incident reporting process and RiskQual System. Their responsibilities include:**

- Managing the list of RiskQual users, including requesting additions, access changes, etc.
- Safeguarding DTW Data Quality and Security
  - ✓ Considering carefully and consulting with the Facility Administrator regarding who should be assigned access as Supervisors and Reviewers/Transmitters
  - ✓ Educating DTW users regarding the expectations for their roles
  - ✓ Providing the necessary training to users for navigating DTW
  - ✓ Providing feedback to guide, support, and hold users accountable for their performance in the various roles and duties in the reporting process

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Data Entry

How do you ensure you are entering the right information in the correct format?

Event Reporting

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- What events are reportable?
  - ***Adverse Events***
    - An adverse event is anything that occurs to the patient/resident/person served/consumer during their stay that is **not an expected part** of their treatment and/or of the facility's processes or operations.
    - These events are reportable because they have the **potential to cause harm/injury** (*physical, emotional, and/or psychological*) to your patient population; **Near-misses** are included.
    - Examples:

✓ Injuries
✓ Accidents
✓ Falls
✓ Assaults
✓ Aggressive Behaviors
✓ Escapes
✓ Abuse/Neglect/Exploit
✓ Employee Misconduct
✓ Fire
✓ Illness
✓ Law Violation
✓ Self-Harm
✓ Theft
✓ Use of Restraint/Seclusion
✓ Death

Event Reporting

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Other Reportable Events:

- ***Disruption to Operations***
  - ✓ Examples include – Natural Disasters, Power Failures, etc.
- ***Events that Present a Liability Risk to the site and/or the Company***

Judgment of the RiskQual user may be required in determining if an event meets the criteria for reporting. Reporting requirements, including event types and timeframes, should be defined in policy.

- **Regarding which Events to Report? – Hint** - Use the Data Dictionary as well as State/Agency/Client reporting standards as your guide
- For **Joint Commission** (TJC) sites – A **sentinel event** is defined as: "*an unexpected occurrence involving **death** or **serious physical or psychological injury**, or the risk thereof. Serious injury specifically includes **loss of limb or function**…they signal the need for immediate investigation and response.*"
- **Best practice** for reporting timeframes - Events should be reported at the site level as soon as they occur, at latest **by the end of the shift** in which they occurred. Events should be assigned a Risk Severity and **transmitted by the next business day**.

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Data Entry:

Event Types

Selecting Event Type

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- Use the **Primary event** type
- Use the **Data Dictionary** to identify available event types

Note - *We removed the majority of events that occur as a result of a "**primary event**" and ensured this information is still captured, but in the form of a question*

- **Medical Emergency** (*patient, staff, visitor*) is to be used for events that entail a response to an illness or accident, which **cannot be** captured as a primary event anywhere else:

  ✓ When a medical emergency occurs as a result of an **assault**, **self-harm**, or **fall** that caused an injury requiring off-site transport, the user needs to choose the event that caused the injury

Selecting Event Type

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- Event types removed from primary event selection menu:
  - ✓ *Arrest*
  - ✓ *Battery* – Use **Assault**
  - ✓ *Emergency Injection* – Use **Treatment** (*only when IM is not a result of a primary event, like: Aggression, Assault, Self-Harm, etc.*)
  - ✓ *Evacuation*
  - ✓ *Lockdown*
  - ✓ *Property Destruction* (*is available now as a subtype of* **Aggression**, along with being a question field for other events)
  - ✓ *Restraint*
  - ✓ *Seclusion*
  - ✓ *Use of Force*
- Questions were added to capture information about these secondary events
- Secondary event information is searchable and can be captured in Browses used to generate reports (HAS)

Selecting Event Type

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- Event Type **OTHER** was recently removed from RiskQual
- **Suicide Attempt** vs **Self Harm**
  - Determination of a suicide attempt **must be made by a clinician**
- **Assault** vs **Aggression**
  - **Aggression** involves **no** physical contact
  - Should not involve any type of injury
  - If an individual attempts to physically attack a peer or a staff it is still considered an **Assault**, even though it is a near-miss.
- Use **Treatment** for **Emergency IM** injections that were not secondary to another event (*e.g., Aggression, Assault, Self-Harm, etc*)

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Data Entry:

Data Fields

Data Appropriateness

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What information is appropriate to include in the event report?

- Data fields are already pre-determined and pre-coded
- Users should be provided with training & cheat sheets of "*do's and don't's*"
  - ✓ Stick to facts and avoid editorializing, blaming (*refer to the "**SIR Quick Guide**"*)

- Supervisors & Reviewers should provide feedback for continuous improvement (e.g., *immediate follow-up with user whenever possible; regular one-to-one and departmental trainings for users, including refreshers*)

Required Data Entry Fields

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- Facility/Campus
- Event Involves Multiple Patients?
- Event Involves Multiple Staff members?
- Primary person type involved
- Organization/Person ID
- Additional Party Directly Involved?
- Event Date
- Event Time
- Event Type
- Event Subtype
- Event Description
- Event Department
- Event Location
- Medications Involved?
- Name(s) of Medication(s)
- Who ordered?
- Who administered?
- Restraint Used
- Type of restraint
- Who requested/ordered/administered
- Seclusion initiated?
- Who requested/ordered/administered
- Patient on Special Precautions (Type)
- Did Medical Assessment of Patient Occur?
- Treatment/Injury Type Sustained by Patient
- Did Medical Assessment of Staff Occur?
- Treatment/Injury Type Sustained by Staff
- Event witnessed?
- Persons Notified
- Notification Date
- Notification Time
- Lockdown?
- Evacuation?
- Property Damage
- Law Enforcement Notified
- Media Involved
- Recording of Event
- Reason for not recording
- Treatment Team Notified?
- Did Patient Debriefing Occur?
- Did Staff Debriefing Occur?
- **Severity Level*** (*Only Reviewers/Transmitters*)

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Data Entry:

The Problem with the Narrative

Data Completeness

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- The field with the most risk for inaccurate and/or incomplete reporting is the **Event Description** (*Narrative*) summary
- What information is required? What type of facts should be included in the narrative summary?
  - **Mandatory data entry fields** – If your site uses a paper incident report form prior to entering the incident in RiskQual, please be sure that your form contains sections addressing the RiskQual event mandatory fields
  - Your narrative should be a summary capturing the mandatory data entry fields along with other incident details.

Event Description Outline

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A complete Event Description would include the details/areas outlined below:

- **When**
  - ✓ Time/Date
- **Where**
  - ✓ Building or area/Room or Location
- **Who or What**
  - ✓ Persons or items involved
- **Event or activity**
  - ✓ What the person did/What happened to the person or thing
  - ✓ Include information source – first-hand observation or report (*fromwhom*)
- **Immediate staff response**
  - ✓ What staff observed/found out/did about it
  - ✓ Treatment/Transport/Referrals/Debriefings
- **Immediate Outcome**
  - ✓ To persons involved (*such as injuries/Meds/Restraint/Seclusion)*
  - ✓ To environment (*such as property damage/lockdown/evacuation*)

Event Description Outline

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A sample of a complete SIR Event Description:

"On 10/1/2021 at approximately 1400hrs, Patient John Smith was sitting in the Blue Unit common area when he was physically attacked by Patient Michael White; Pt White punched Pt Smith in the face and pushed him down to the floor. Unit Nurse Cheryl Jones called a code for Aggressive Event over the radio. Patient Safety Officers Eric Johnson and Mark Williams responded to the call for assistance, separating the two patients and physically redirecting the aggressor away from Pt Smith; a manual hold was ordered by Dr. Jane Richardson and administered by PSO's Johnson and Williams from 1402-1404hrs for safety reasons. Pt White agreed to return to his room for de-escalation. While Officers were redirecting Pt White, Pt Smith was attended to by RN Jones who assessed him for injuries. A scratch was noted on Pt Smith's right cheek. First aid was administered, including cleaning of the scratch with saline solution. Pt Smith denied any other pain or injury. RN Jones referred Pt Smith to the clinic as a precaution. RN Jones completed a face-to-face assessment of Pt White at approximately 1430hrs; no injuries were noted and/or reported at the time of assessment. Debriefing with Pt White revealed that he had struck Pt Smith because he was experiencing voices telling him Pt Smith wanted to hurt him. Pt White reported that he was still experiencing auditory hallucinations, though he was trying to ignore them. RN Jones contacted Dr. Richardson shortly after to discuss Pt White's presentation. Dr. Richardson ordered an Emergency Treatment Order (ETO) of Ativan 2 mg IM, Haldol 10 mg IM, and Benadryl 50 mg IM for Pt White for agitation and psychosis. ETO was administered by RN Jones at approximately 1447hrs. As per RN Jones, Pt tolerated medication well. He was observed by Mental Health Technician Terry Adams sleeping in his room during face check at approximately 1515hrs. Unit staff will continue to monitor both patients."

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Risk Severity Level

Selecting Severity Level

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- Responsibility of the **Reviewer/Transmitter** only
  - Severity level question only appear for persons with this permission
- Select from the following levels
  - **Level 1 –** Transmitted to Corporate (also requires immediate telephone notification – e.g., Death)
  - **Level 2 –** Transmitted to Corporate
  - **Level 3 –** Not transmitted to Corporate
- Severity Level for every event type/subtype is provided on the data dictionary
- For a few event types, the transmitter has to decide the Level, based on the type of injury - Indicated with **2*** on Data Dictionary
  - Do **not** transmit events with no injury or injury requiring only first aid (Level 3)
  - Transmit events resulting in injuries requiring offsite transport (Level 1 or 2)

Selecting Severity Level

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- **Data Dictionary Event Types/Subtypes with Level 2***
  - Any event that could require beyond first aid treatment due to injury or illness
  - An event that could require notification to or involvement from outside parties
- **Events requiring determination of injury type in order to determine Severity Level**
  - Assault
  - Fall
  - Medication Errors
  - Self Harm
  - Treatment
  - Vaccine COVID – Adverse Reaction
- **Events that may require notification to or involvement from outside parties**
  - Aggression – Property Damage (depends on the level of damage and its cost)

Data Completeness

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All information may not be available upon initial entry of the event

Assign responsibility for obtaining and entering missing information or additional information as it becomes available

Standardizing content and order will increase consistency of completeness and quality of expression in the narrative

Data Completeness – Follow Up Actions

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- **Follow Up Actions are also essential in the reporting process**
- **They can entail simple updates on the individual's status or involve analysis of person/incident**

Updated/Final Outcome

- Updating depends on the timeframe of the report, the event type, and the follow-ups required by State/Agency/Client
  - **Examples of Minor Outcome Updates**: Patient admitted to hospital/ER; Patient returned from hospital/ER; DCF/Law Enforcement came, etc.
    - ✓ These should be added to event later, if not available at time of initial reporting, as part of the original narrative or a Follow Up Detail
  - **Examples of Major Outcome Updates**: Conducting an MR; Completion & findings of an RCA, etc.
    - ✓ These outcomes will usually be added 14-45 days after the incident, depending on the required follow-up actions and their timeframes

Data Completeness – Follow Up Actions

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- **Follow Up Actions in RiskQual include the following:**
  - Event Review – *No Comments Needed*
    - ✓ To be used by a User/Supervisor to demonstrate that they are aware of the event and have reviewed its details by the date noted
  - Improvement Plan
    - ✓ To be used by a Supervisor when an Improvement Plan has been created in response to findings of an After-Action Review and/or Root Cause Analysis
  - Initial Manager Follow Up
    - ✓ To be used by a Supervisor (*from the site or Corporate*) to add updates regarding the incident, including: updates on the status of the individuals involved, notifications to other parties, the scheduling of an After-Action Review, etc.
  - Initial User Follow Up
    - ✓ To be used by a User (initial entry user or other user who is responsible for the entry of certain follow up information) to add updates regarding the incident, including: updates on the status of the individuals involved, notifications to other parties, the scheduling of an After-Action Review, investigative notes and updates, etc.
  - Root Cause Analysis
    - ✓ To be used by Risk Manager (*or designee*) to complete a Root Cause Analysis using the specific RiskQual template (*TJC sites **must** use the TJC RCA Template for Sentinel Events*)
  - Senior Clinician Review
    - ✓ To be used by the designated clinical staff at the site for clinical follow up in specific events (*All Suicide Attempts; Self-Harm events resulting in offsite medical treatment; Assaults resulting in offsite medical treatment*)

Data Accuracy

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- Facility should have clearly defined Data Management Processes:
  - Who enters data
  - Data sources – How is information collected and documented
  - Data validation and reconciliation procedures
  - Updating information

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Corporate Team Involvement

WRS Corporate Safety Huddle Process

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- Senior Director of Operations & PI, along with Risk & PI Manager, identify events for review
- They also determine the need for additional information or for Root Cause Analysis (RCA), and assign workloads in HAS as well as send email follow-ups
- Facility Risk Manager/Designee receives email and workload added in DTW and HAS
- Facility Risk Manager/Designee updates event data in DTW
- Facility Risk Manager/Designee assigns or conducts RCA and documents in DTW/HAS
- WRS Corporate SME review Senior Clinician Review (SCR) and follow up with designated site staff
- Corporate Huddle Team reviews RCAs and SCRs, as well as other Follow Up tasks and provides feedback and/or makes recommendations

How Can I Be of Service?

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Questions?

Feedback?

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Thank you!

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