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RECOVERY SOLUTIONS

RiskQual DataTrkWeb (DTW) Training

Why DTW?

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Security

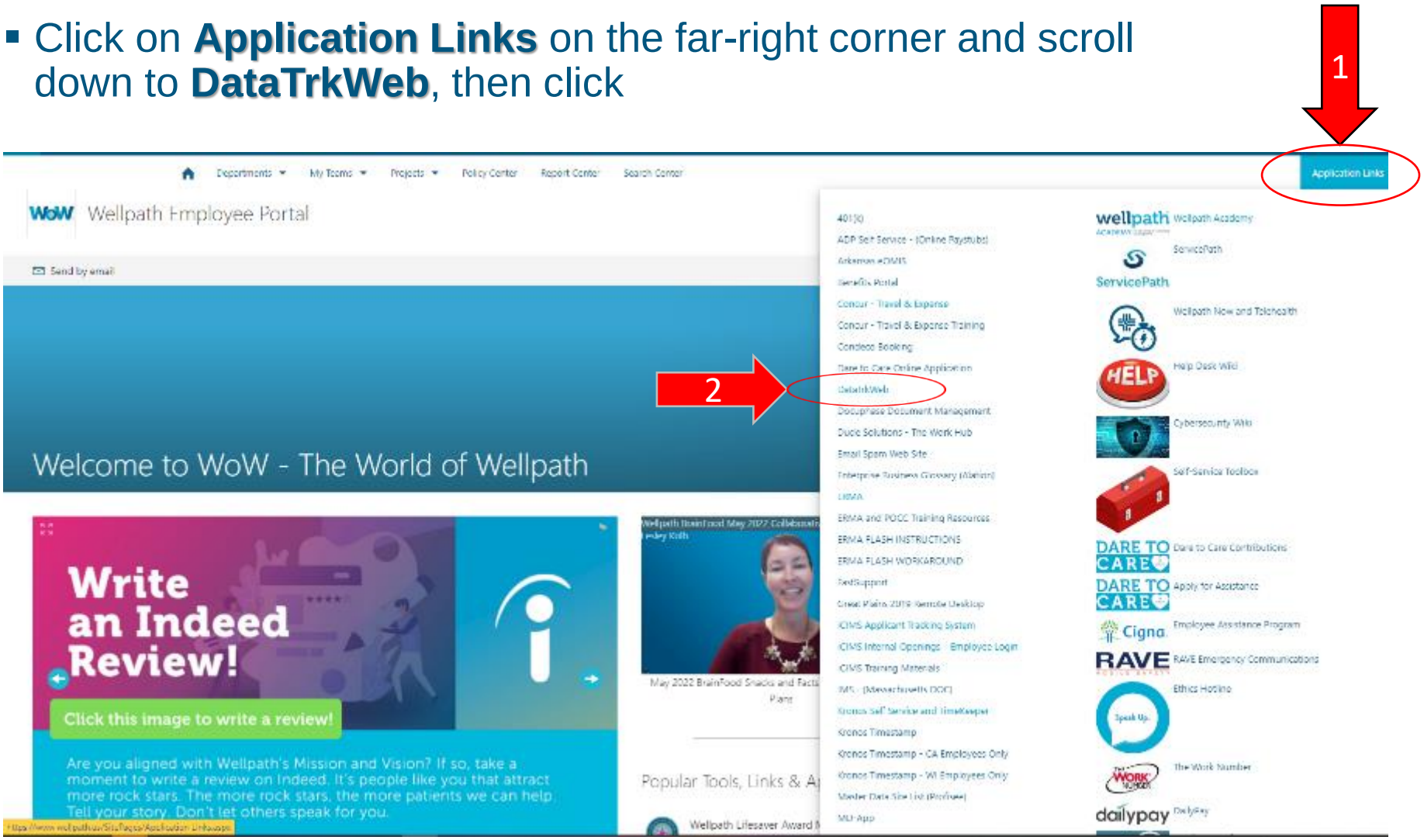
- All information entered (*SIRs, CCEs, Quality Improvement Studies, etc.*) is **highly protected**
- Event entries (*CCE/SIR*) will generate **HIPAA compliant email notifications**
- **Role-based permissions** – each staff member has a unique profile that only allows them access to certain information to their assigned site(s)
- Only certain users will be granted access to search and edit their site's events
- Helps **maintain our privilege**, where applicable – because of the role-based permissions, we are strictly following the **minimum necessary/need-to-know** portions of peer review law, and this also helps maintain our Attorney-Client Privilege if it has been invoked

Convenient & Easy-to-use

- For data entry, **DTW can be accessed from any computer**
- **No downloads or software required** to run the system/website
- DTW is **intuitive** and very **user friendly**

Accessing the System

- **Go to the WoW Page:**
  https://www.wellpath.us/SitePages/Home.aspx
- Click on **Application Links** on the far-right corner and scroll down to **DataTrkWeb**, then click



Accessing the System

Logging in:

- Enter your **User ID** and **Password** (*Use your **Wellpath credentials** to log in to RiskQual – the same used to access your computer, your email/Outlook, ERMA, etc.*)
- **If you experience log in issues**:
  - Ensure that you have not recently reset/changed your general Wellpath password
  - Check to see if you are having any issues accessing your other WP applications (*e.g., Outlook, ERMA, etc*). If you are experiencing this issue in multiple areas/applications, contact the HelpDesk
  - If your credentials are working for all WP applications, except DTW, contact the Risk Manager (*or the person responsible for RiskQual reporting matters*) at your site and advise them of the issue

SIR Reporting
(Entry)

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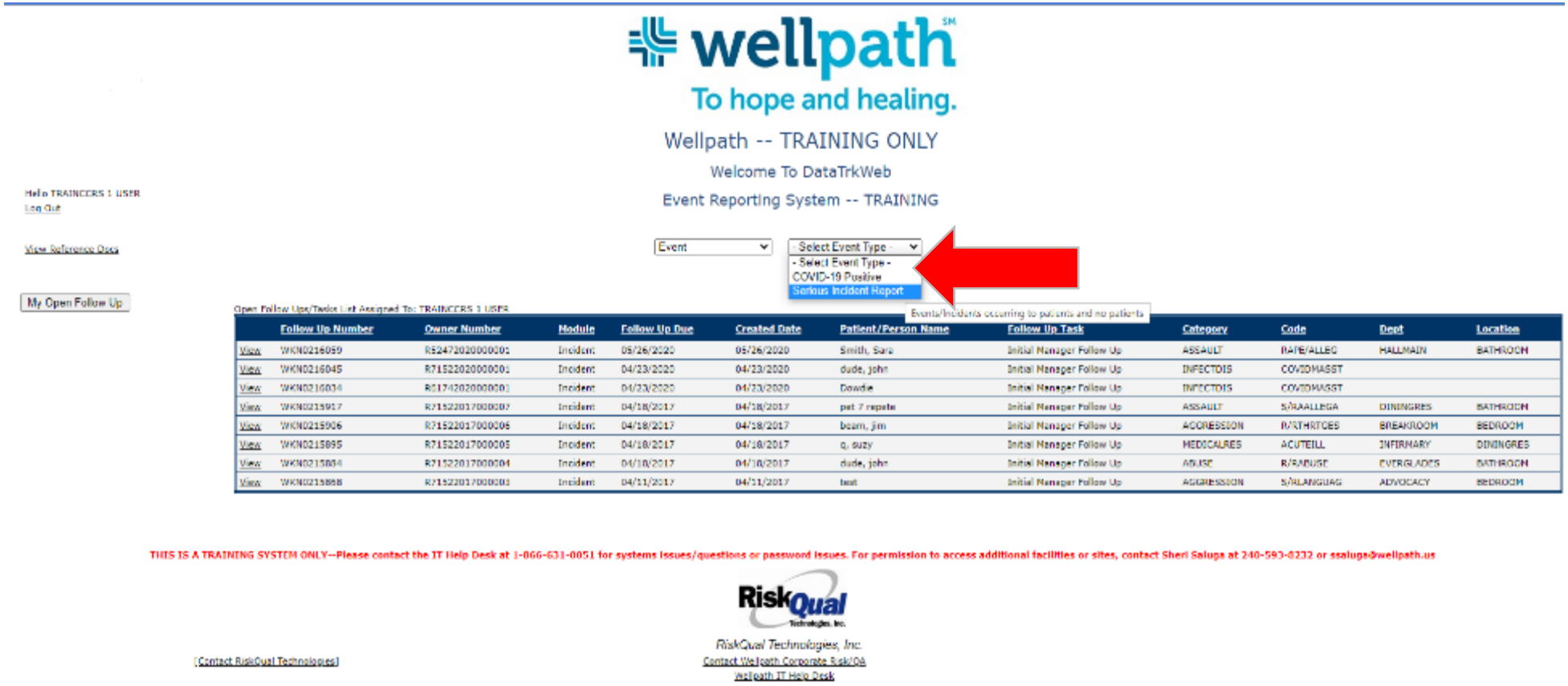
New Entry:

- Select the **Event** from the Entry Type dropdown menu

SIR Reporting
(Event Type)

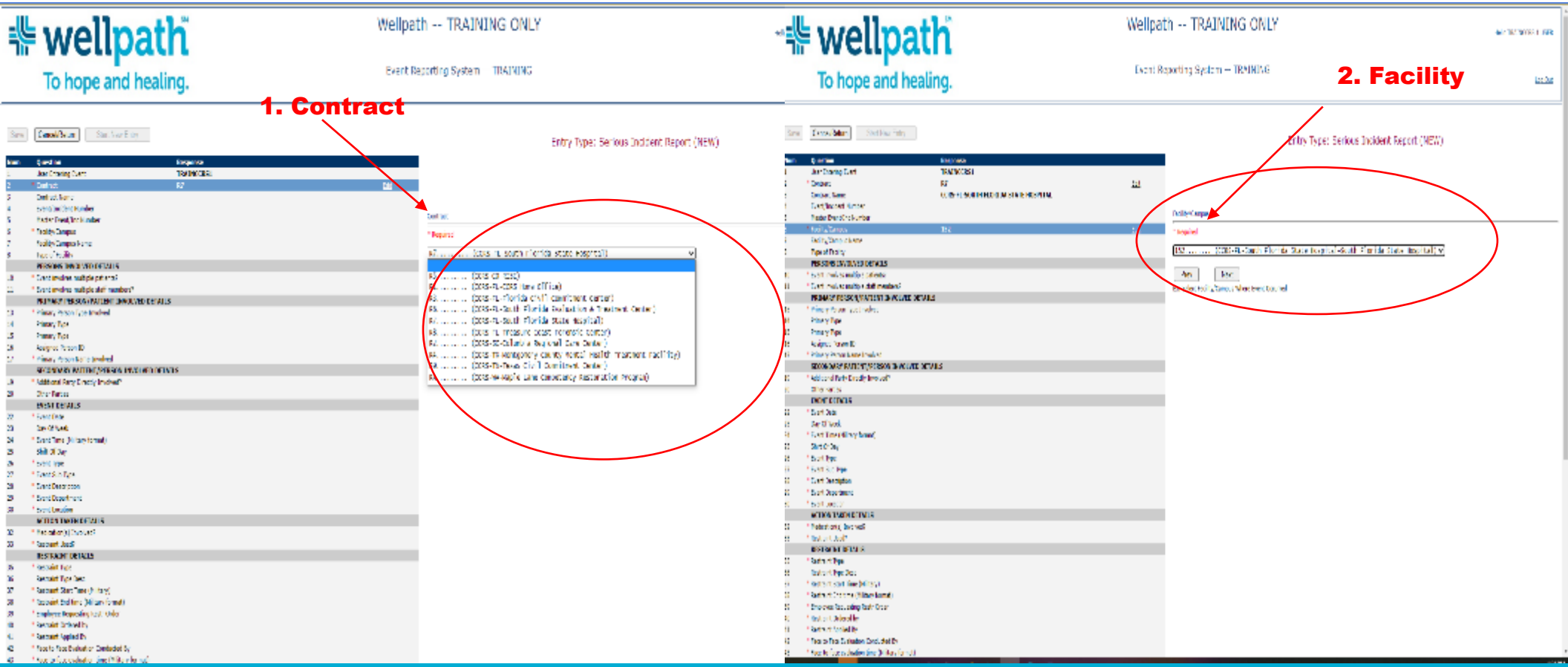
- Select the **Serious Incident Report (SIR)** from the Event Type dropdown menu and then click **New** (*most event entries will be an SIR*)*
- Refer to the **Data Dictionary** for events requiring SIR entry

*You only select **COVID-19 Positive** if you are reporting a positive Employee result (all WRS sites) or a positive Patient result (only for sites that do not use ERMA as their main electronic medical/health record, e.g., MCMHTF, NBH, SFSH, etc.)



SIR Reporting
(Contract & Facility)

- Your **Contract should auto-populate** and then your Facility once you hit "**Next**" (*most sites only have one facility/campus for their Contract*)
- If not, choose your Contract (*Site*) from the dropdown list and click "**Next**," and do the same for your Facility/Campus. If you have multiple Contracts and/or Facilities/Campuses, select the one that pertains to the event
- Your answers for these two question/fields pertain to Numbers 1-8 of the SIR entry



SIR Reporting
(Person Involved Details)

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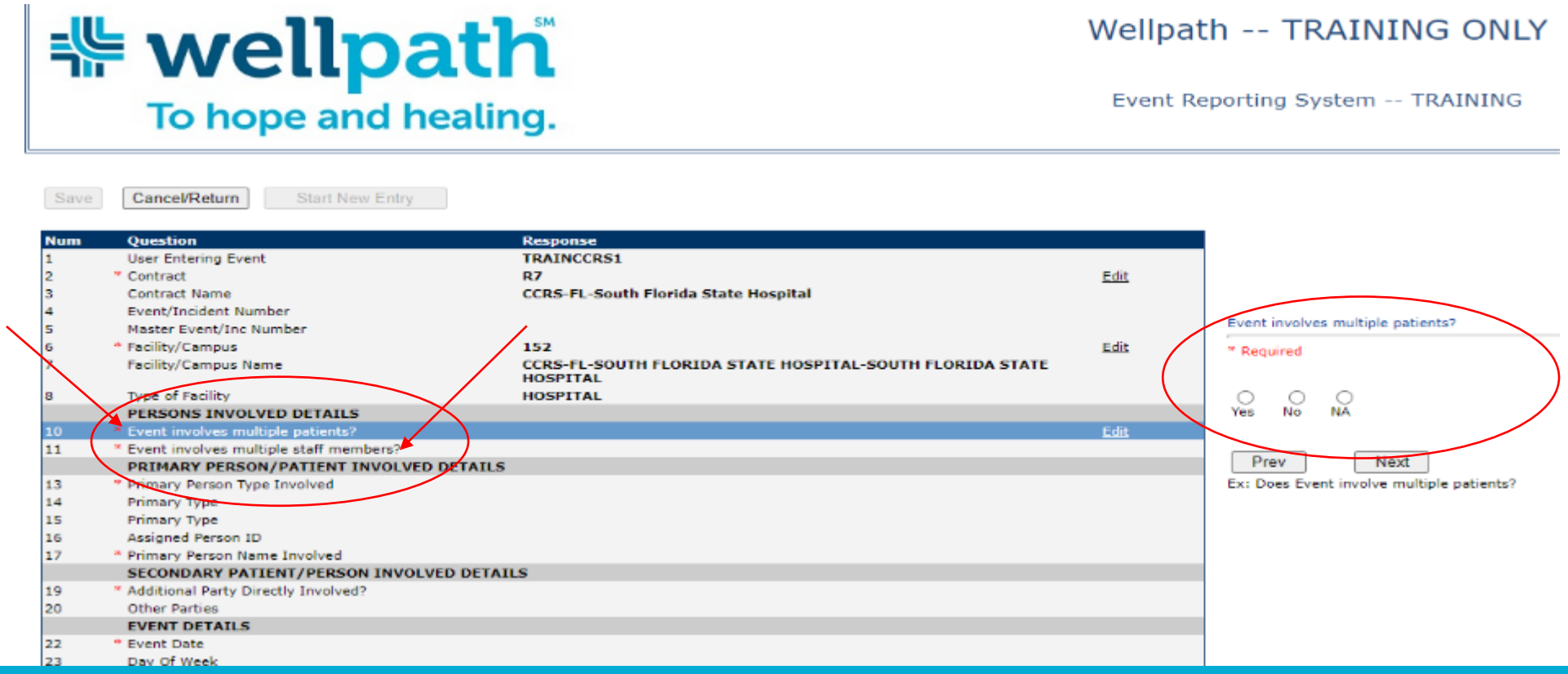
Person Involved Details:

- **Event involves multiple patients?** Answer "**Yes**" if the incident involves **more than one patient** (*e.g., R/R Assault, etc.*)
- If **only one patient** is involved in the incident being reported, then select "**No**" (*e.g., Medical Resident Emergency*)
- **Event involves multiple staff members?** This question **more than likely will be "Yes**;" most events will involve multiple staff members from various departments observing and/or responding to an incident



SIR Reporting
(Primary Person/Patient Involved Details)

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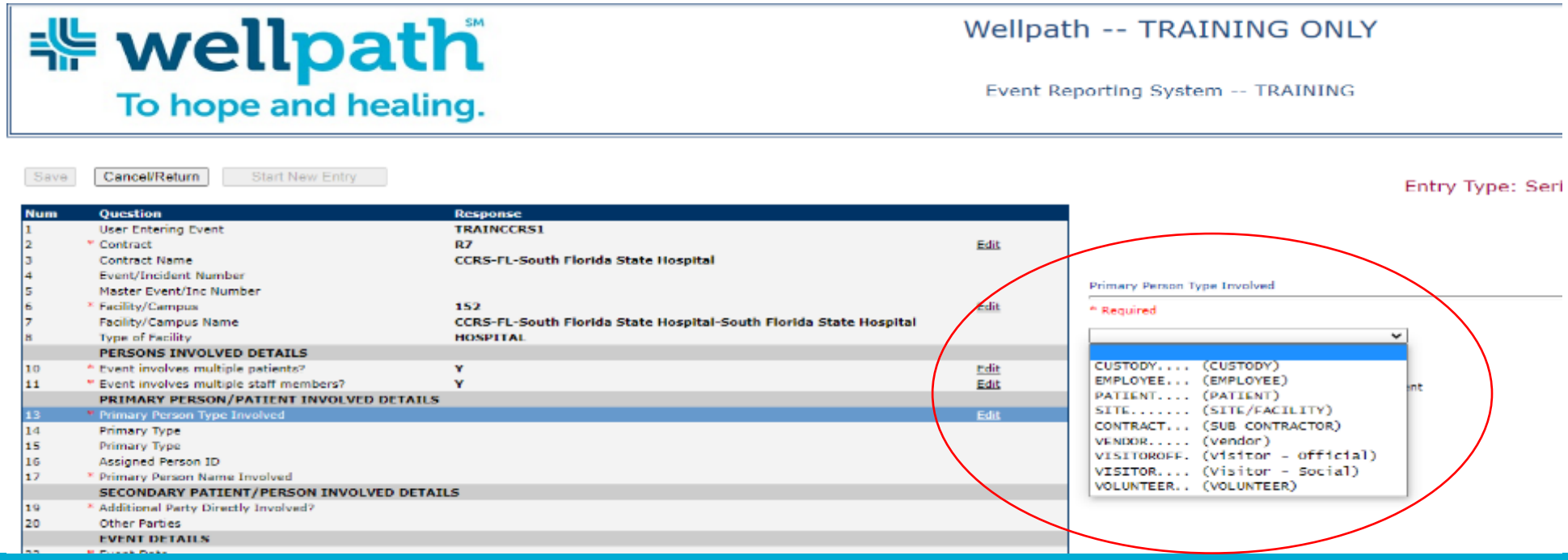
Primary Person/Patient Involved Details:

- **Any** incident involving a patient, the Primary Person Type is **PATIENT**
  - **For most events the Primary Person will be a patient**

- You should only be **selecting EMPLOYEE** (*or other listed Person Types*) as the Primary Person Type if it is an event that **only involves staff** (*or that Person Type and Staff*)
  - **EXAMPLE**: Staff member experiences chest pains during their shift. A medical code is called and they are sent out via EMS
  - No patients were involved in the above scenario
  - The same steps would apply for a similar type situation occurring to a Vendor, Visitor, Volunteer, Contractor, etc.

- **SITE/FACILITY** would be selected for events such as **natural disasters**, **power outages**, etc.



SIR Reporting
(Primary Person/Patient Involved Details)

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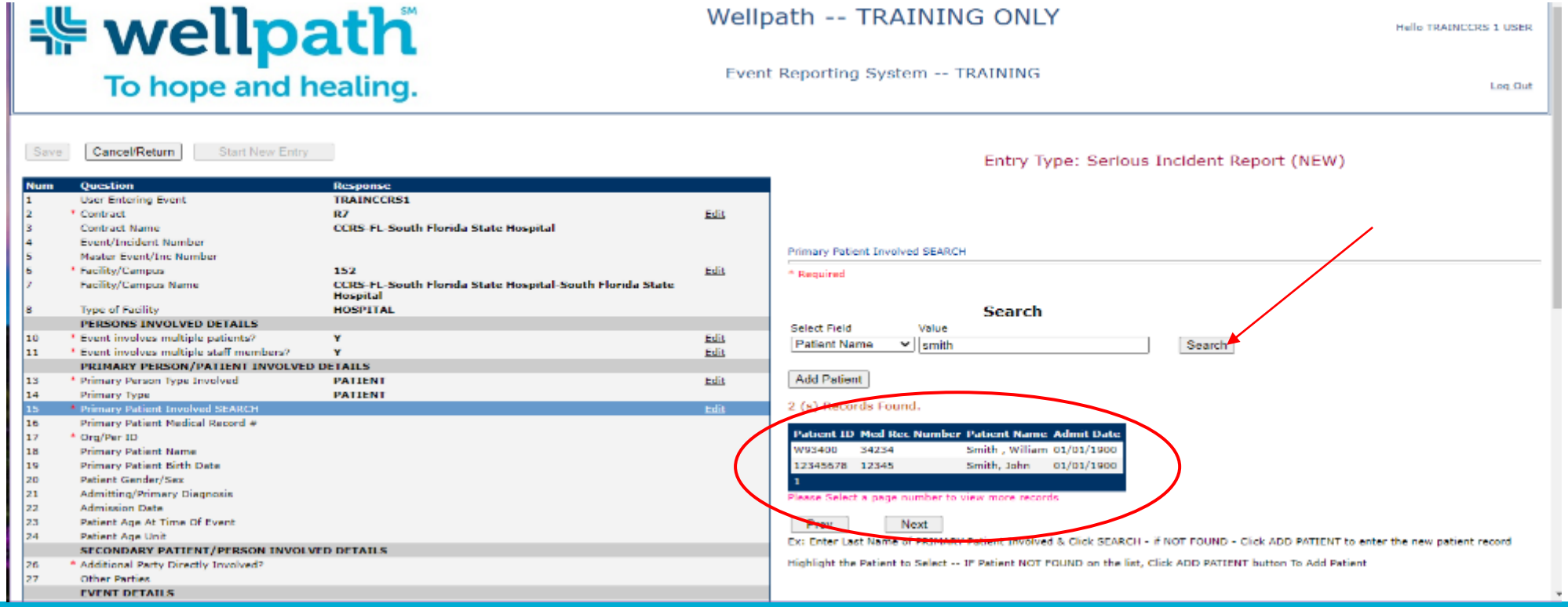
Primary Person Name Involved:

- All names can be searched by the individual's last name (*there are other search values available, but this is the easiest*)
- All patient and employee names should be discoverable in your search
  - If you enter a patient's last name with its correct spelling and the patient does not appear, do **NOT** click on the "**Add Patient**" button, **unless** you have been instructed to do so by your Supervisor or RiskQual instructor.
  - Instead, enter the name of the other party involved for the time being and then send an email notice to your site's Risk Manager (*or the individual in charge of your site's RiskQual reporting matters*), cc'ing your Department Director, re: the missing name so that they can address this matter with RiskQual's Support Team (*this instruction also applies for Employee Names. See **Slide 14** for further details*)



SIR Reporting
(Primary Person/Patient Involved Details)

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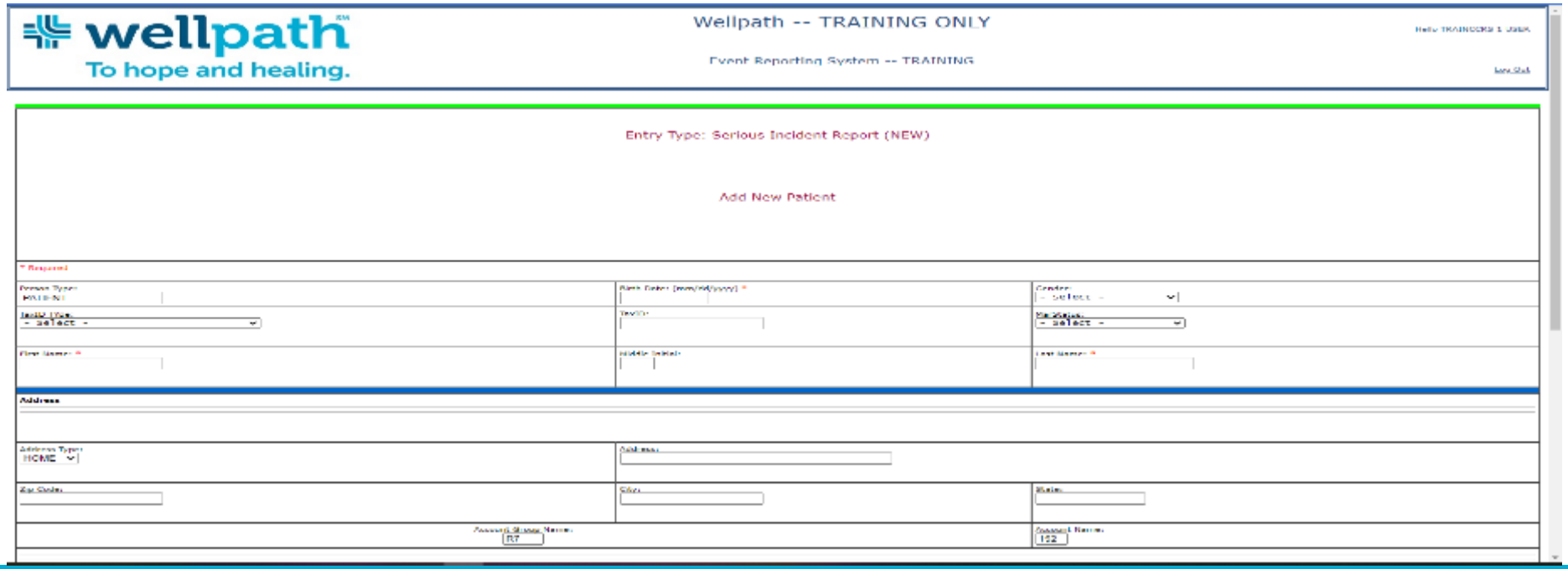
If you do need to add a Patient manually:

- Click on the "**Add Patient**" button
- You will be required to enter the following 6 fields before saving:
  1. **First Name**
  2. **Last Name**
  3. **Date of Birth**
  4. **Admit Date** (*and/or in some cases this is referred to as the **Intake Date***)
  5. **Med Rec Number** (*and/or in some cases this referred to as the **Booking #***)
  6. **Patient ID** (*and/or in some cases this is the **Inmate #***)
- Make sure that all information manually entered is correct so that Duplicate patient profiles are not created if and when RiskQual interfaces with ERMA
- Click on the "**Save Patient**" button



SIR Reporting
(Primary Person/Patient Involved Details)

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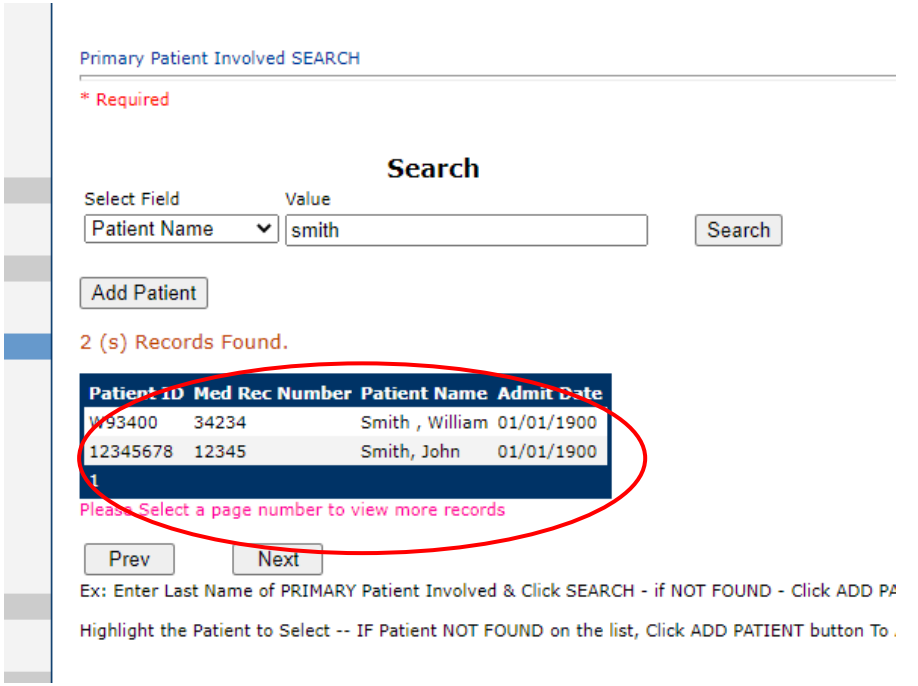
Primary Person Name Involved (cont.):

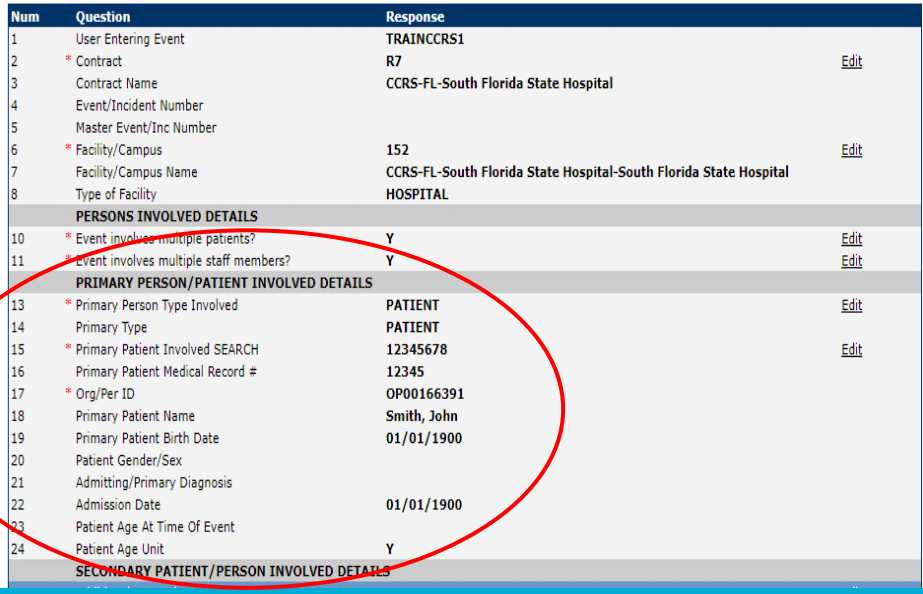
- **Select the correct patient name** from the dropdown list resulting from your search

- If the patient has **multiple profiles** in the system, **select the patient profile with the last Admit Date and/or the correct identifying information** (e.g., correct DOB, Med Record#, Patient ID#, etc). The patient's information will automatically populate in question/fields 13-24 upon selection

- In an altercation involving two patients, the Primary Person Name should be that of the **identified aggressor** because this is the person that will most likely be featured in the SIR because they are receiving the most interventions/treatment/staff response

- The only time the patient victim of an altercation should be considered the Primary Person Name is if **the victim's injuries are severe enough to require ER trip/transfer** because now the focus of the event and interventions has changed
  - This recommendation may change – The Risk Manager or your Administrator will notify you if this occurs





Num	Question	Response	
1	User Entering Event	TRAINCCRS1	
2	* Contract	R7	Edit
3	Contract Name	CCRS-FL-South Florida State Hospital	
4	Event/Incident Number		
5	Master Event/Inc Number		
6	* Facility/Campus	152	Edit
7	Facility/Campus Name	CCRS-FL-South Florida State Hospital-South Florida State Hospital	
8	Type of Facility	HOSPITAL	
	PERSONS INVOLVED DETAILS		
10	* Event involves multiple patients?	Y	Edit
11	* Event involves multiple staff members?	Y	Edit
	PRIMARY PERSON/PATIENT INVOLVED DETAILS		
13	* Primary Person Type Involved	PATIENT	Edit
14	Primary Type	PATIENT	
15	* Primary Patient Involved SEARCH	12345678	Edit
16	Primary Patient Medical Record #	12345	
17	* Org/Per ID	OP00166391	
18	Primary Patient Name	Smith, John	
19	Primary Patient Birth Date	01/01/1900	
20	Patient Gender/Sex		
21	Admitting/Primary Diagnosis		
22	Admission Date	01/01/1900	
23	Patient Age At Time Of Event		
24	Patient Age Unit	Y	
	SECONDARY PATIENT/PERSON INVOLVED DETAILS		

SIR Reporting
(Secondary Patient/Person Involved Details)

- **Additional Party Directly Involved? -** This should **always** be answered **YES**
  - If the event involves 2 or more patients, it will be **Yes**.
  - If the event involves only 1 patient (*e.g., Medical Resident Emergency*), it will still be **Yes**, because the staff observing and/or responding to the event would be the additional party directly involved

SIR Reporting
(Secondary Patient/Person Involved Details, cont.)

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- **Secondary Person/Patient Involved**
  - In an **altercation involving 2 Patients**, the patient **victim** of the assault would be named as the **secondary party** *(**unless** it is the situation identified previously where the victim requires emergency medical treatment due to their level of injury – See **Slide 12** for further details)*
  - In an altercation where the Patient attacked a Staff member, the **staff victim** should always be the **Secondary Person Involved**, **regardless of the level of injury** *(identifying the patient aggressor as the Primary Party makes it easier for the site to track all the incidents this patient has been involved in and has initiated in order to determine trends re: patient's behavior as well as appropriate interventions to prevent future incidents)*
  - When an **incident involves solely 1 patient** (*e.g., Self-Harm*), select for **Secondary Party** the **staff member** that first responded to the incident (*e.g., MHT who observed Pt self-injuring*) or the staff member most involved in the response (*e.g., the unit nurse who administered medication, contacted the provider for a restraint order, etc.*)
  - If you are unable to find the Staff member's name in the Staff Search do **NOT** click on "**Add Employee**" button, **unless** you have been instructed to do so by your Supervisor or RiskQual instructor. Instead, select the name of another staff member involved in the event for the time being and send an email notice to the Risk Manager (*or the individual in charge of your site's RiskQual reporting matters*) of the missing employee name so they can address this issue with RiskQual Support. Remember to cc your Department Head on this email notification

SIR Reporting
(Event Date & Time)

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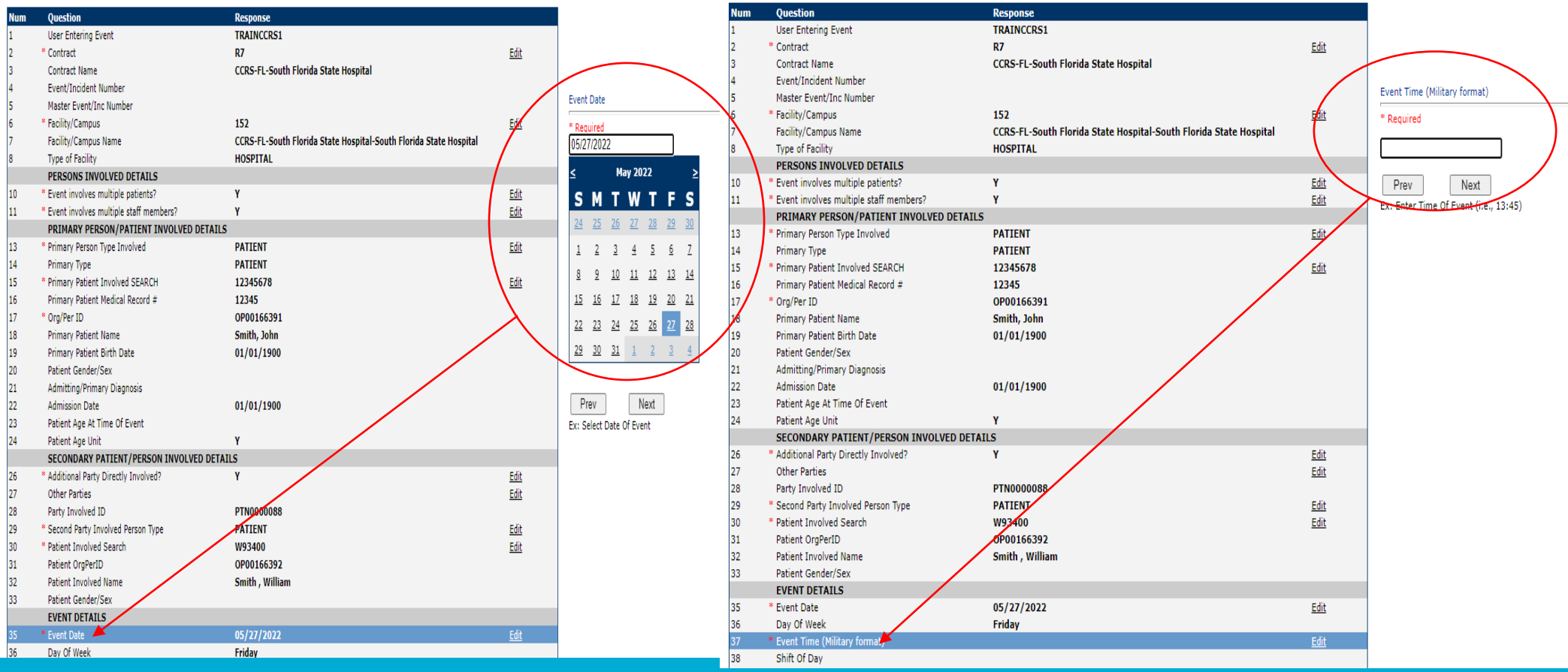
- **Click on the Date of the event**. Upon selection, the next question for the Event Time should automatically show up on your screen. If not, click the "**Next**" button
  - **Day of the Week** will automatically populate

- **Enter the Time** of the event in **military format** (*e.g., 1:00pm = 13:00*). Then click the "**Next**" button
  - **Shift of Day** will automatically populate



Num	Question	Response	
1	User Entering Event	TRAINCCRS1	
2	* Contract	R7	Edit
3	Contract Name	CCRS-FL-South Florida State Hospital	
4	Event/Incident Number		
5	Master Event/Inc Number		
6	* Facility/Campus	152	Edit
7	Facility/Campus Name	CCRS-FL-South Florida State Hospital-South Florida State Hospital	
8	Type of Facility	HOSPITAL	
	PERSONS INVOLVED DETAILS		
10	* Event involves multiple patients?	Y	Edit
11	* Event involves multiple staff members?	Y	Edit
	PRIMARY PERSON/PATIENT INVOLVED DETAILS		
13	* Primary Person Type Involved	PATIENT	Edit
14	Primary Type	PATIENT	
15	* Primary Patient Involved SEARCH	12345678	Edit
16	Primary Patient Medical Record #	12345	
17	* Org/Per ID	OP00166391	
18	Primary Patient Name	Smith, John	
19	Primary Patient Birth Date	01/01/1900	
20	Patient Gender/Sex		
21	Admitting/Primary Diagnosis		
22	Admission Date	01/01/1900	
23	Patient Age At Time Of Event		
24	Patient Age Unit	Y	
	SECONDARY PATIENT/PERSON INVOLVED DETAILS		
26	* Additional Party Directly Involved?	Y	Edit
27	Other Parties		Edit
28	Party Involved ID	PTN0000088	
29	* Second Party Involved Person Type	PATIENT	Edit
30	* Patient Involved Search	W93400	Edit
31	Patient OrgPerID	OP00166392	
32	Patient Involved Name	Smith , William	
33	Patient Gender/Sex		
	EVENT DETAILS		
35	* Event Date	05/27/2022	Edit
36	Day Of Week	Friday	

Event Date
* Required
05/27/2022

May 2022

S	M	T	W	T	F	S
24	25	26	27	28	29	30
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

Prev Next
Ex: Select Date Of Event

Num	Question	Response	
1	User Entering Event	TRAINCCRS1	
2	* Contract	R7	Edit
3	Contract Name	CCRS-FL-South Florida State Hospital	
4	Event/Incident Number		
5	Master Event/Inc Number		
6	* Facility/Campus	152	Edit
7	Facility/Campus Name	CCRS-FL-South Florida State Hospital-South Florida State Hospital	
8	Type of Facility	HOSPITAL	
	PERSONS INVOLVED DETAILS		
10	* Event involves multiple patients?	Y	Edit
11	* Event involves multiple staff members?	Y	Edit
	PRIMARY PERSON/PATIENT INVOLVED DETAILS		
13	* Primary Person Type Involved	PATIENT	Edit
14	Primary Type	PATIENT	
15	* Primary Patient Involved SEARCH	12345678	Edit
16	Primary Patient Medical Record #	12345	
17	* Org/Per ID	OP00166391	
18	Primary Patient Name	Smith, John	
19	Primary Patient Birth Date	01/01/1900	
20	Patient Gender/Sex		
21	Admitting/Primary Diagnosis		
22	Admission Date	01/01/1900	
23	Patient Age At Time Of Event		
24	Patient Age Unit	Y	
	SECONDARY PATIENT/PERSON INVOLVED DETAILS		
26	* Additional Party Directly Involved?	Y	Edit
27	Other Parties		Edit
28	Party Involved ID	PTN0000088	
29	* Second Party Involved Person Type	PATIENT	Edit
30	* Patient Involved Search	W93400	Edit
31	Patient OrgPerID	OP00166392	
32	Patient Involved Name	Smith , William	
33	Patient Gender/Sex		
	EVENT DETAILS		
35	* Event Date	05/27/2022	Edit
36	Day Of Week	Friday	
37	* Event Time (Military format)		Edit
38	Shift Of Day		

Event Time (Military format)
* Required

Prev Next
Ex: Enter Time Of Event (i.e., 13:45)

SIR Reporting
(Event Type)

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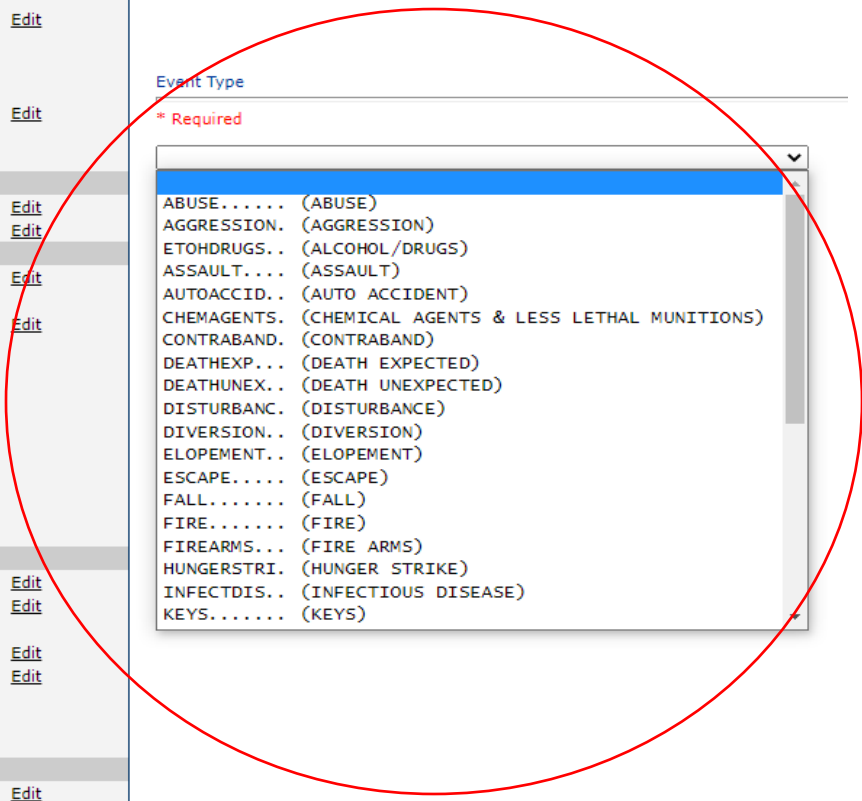
- Click on the correct **Event Type** from the dropdown menu
- You will be taken to the **Event Sub Type** field automatically to provide more detail

Num	Question	Response	
1	User Entering Event	TRAINCCRS1	
2	* Contract	R7	Edit
3	Contract Name	CCRS-FL-South Florida State Hospital	
4	Event/Incident Number		
5	Master Event/Inc Number		
6	* Facility/Campus	152	Edit
7	Facility/Campus Name	CCRS-FL-South Florida State Hospital-South Florida State Hospital	
8	Type of Facility	HOSPITAL	
	PERSONS INVOLVED DETAILS		
10	* Event involves multiple patients?	Y	Edit
11	* Event involves multiple staff members?	Y	Edit
	PRIMARY PERSON/PATIENT INVOLVED DETAILS		
13	* Primary Person Type Involved	PATIENT	Edit
14	Primary Type	PATIENT	
15	* Primary Patient Involved SEARCH	12345678	Edit
16	Primary Patient Medical Record #	12345	
17	* Org/Per ID	OP00166391	
18	Primary Patient Name	Smith, John	
19	Primary Patient Birth Date	01/01/1900	
20	Patient Gender/Sex		
21	Admitting/Primary Diagnosis		
22	Admission Date	01/01/1900	
23	Patient Age At Time Of Event		
24	Patient Age Unit	Y	
	SECONDARY PATIENT/PERSON INVOLVED DETAILS		
26	* Additional Party Directly Involved?	Y	Edit
27	Other Parties		Edit
28	Party Involved ID	PTN0000088	
29	* Second Party Involved Person Type	PATIENT	Edit
30	* Patient Involved Search	W93400	Edit
31	Patient OrgPerID	OP00166392	
32	Patient Involved Name	Smith , William	
33	Patient Gender/Sex		
	EVENT DETAILS		
35	* Event Date	05/27/2022	Edit
36	Day Of Week	Friday	
37	* Event Time (Military format)	13:00	Edit
38	Shift Of Day	DAY	
39	* Event Type		Edit
40	* Event Sub Type		
41	* Event Description		
42	* Event Department		
43	* Event Location		



SIR Reporting
(Event Sub Type)

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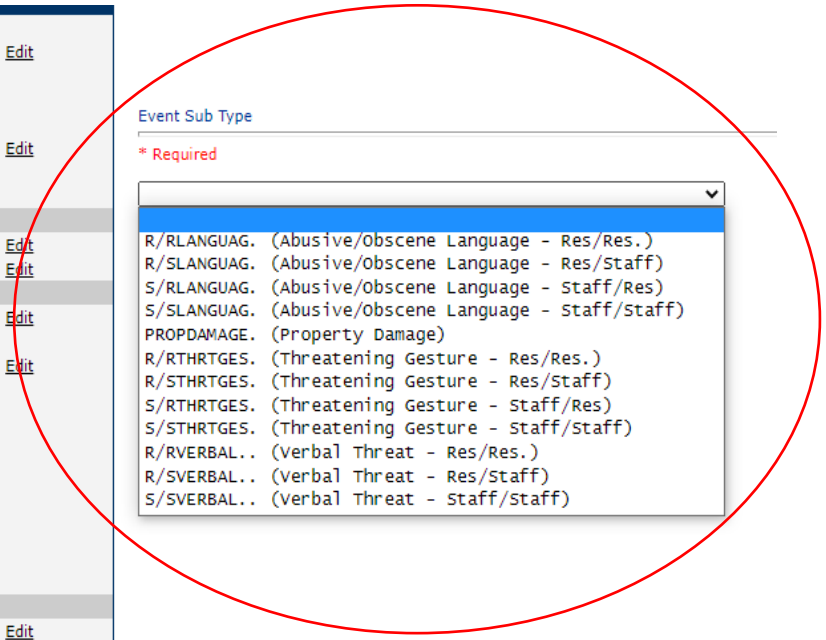
- Click on the **Event Sub Type** from the dropdown menu
- You will automatically be taken to the **Event Description** field

Num	Question	Response	
1	User Entering Event	TRAINCCRS1	
2	* Contract	R7	Edit
3	Contract Name	CCRS-FL-South Florida State Hospital	
4	Event/Incident Number		
5	Master Event/Inc Number		
6	* Facility/Campus	152	Edit
7	Facility/Campus Name	CCRS-FL-South Florida State Hospital-South Florida State Hospital	
8	Type of Facility	HOSPITAL	
	PERSONS INVOLVED DETAILS		
10	* Event involves multiple patients?	Y	Edit
11	* Event involves multiple staff members?	Y	Edit
	PRIMARY PERSON/PATIENT INVOLVED DETAILS		
13	* Primary Person Type Involved	PATIENT	Edit
14	Primary Type	PATIENT	
15	* Primary Patient Involved SEARCH	12345678	Edit
16	Primary Patient Medical Record #	12345	
17	* Org/Per ID	OP00166391	
18	Primary Patient Name	Smith, John	
19	Primary Patient Birth Date	01/01/1900	
20	Patient Gender/Sex		
21	Admitting/Primary Diagnosis		
22	Admission Date	01/01/1900	
23	Patient Age At Time Of Event		
24	Patient Age Unit	Y	
	SECONDARY PATIENT/PERSON INVOLVED DETAILS		
26	* Additional Party Directly Involved?	Y	Edit
27	Other Parties		Edit
28	Party Involved ID	PTN0000088	
29	* Second Party Involved Person Type	PATIENT	Edit
30	* Patient Involved Search	W93400	Edit
31	Patient OrgPerID	OP00166392	
32	Patient Involved Name	Smith , William	
33	Patient Gender/Sex		
	EVENT DETAILS		
35	* Event Date	05/27/2022	Edit
36	Day Of Week	Friday	
37	* Event Time (Military format)	13:00	Edit
38	Shift Of Day	DAY	
39	* Event Type	AGGRESSION	Edit
40	Event Type Desc	AGGRESSION	
41	* Event Sub Type		Edit
42	* Event Description		



SIR Reporting
(Event Type & Subtype – Data Dictionary)

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- For a **list of all the current Event Types and Event Subtype** found in RiskQual refer to the **Data Dictionary**
  - Should be provided to you by your site's RiskQual Trainer
  - Can be found by clicking the "**View Ref Documents**" in RiskQual DTW home screen

- **Definitions** and **Risk Severity Assignment Levels** are included

- If the Event Type is **listed in the Data Dictionary**, then the event **meets criteria for SIR entry**

- If unsure which Event Type to choose, select the Event Type that has the description with the closest match to the current incident and notify the Risk Manager (*or the person responsible for RiskQual reporting matters at your site*)

WRS DTW Data Dictionary

Parent Code	Code	Code Description	Event Description	Severity Level
ABUSE	S/RABUSE	Staff/Res. Abuse (observed)	Staff member's behavior towards or treatment of a resident is abusive in nature (e.g. use of abusive or threatening language towards the Resident; intimidating the Resident; sexual innuendo; extorting the resident; etc.). ** NOTE : This does not include the use of physical force against a Resident refer to ASSAULT; BATTERY & USE of FORCE for reporting purposes.*	2
ABUSE	R/RABUSE	Res./Res. Abuse	Resident's behavior towards or treatment of another resident has proven to have been abusive in nature (e.g. use of abusive or threatening language towards the resident; intimidating the resident; extorting the resident; etc.).	2
ABUSE	R/RALLEGAT	Res./Res. Abuse /Allegation	Resident lodges a verbal allegation or notifies the Abuse Hot Line that another resident has abused him/her.	2
ABUSE	S/RALLEGAT	Staff/Res. Abuse /Allegation	Resident lodges a verbal allegation or notifies the Abuse Hot Line that a staff member has abused him/her	2
AGGRESSION	R/RLANGUAG	Abusive/Obscene Language - Res/Res.	Resident directs abusive or obscene language towards another resident which causes a disruption of the orderly operation of the facility.	3
AGGRESSION	R/RTHRTGES	Threatening Gesture - Res/Res.	Resident makes a gesture towards another resident which implies/appears as though s/he is going to physically harm them (e.g. fakes a punch; lunges towards the person; acts-out a stabbing motion; simulates a choking action, simulates cutting the person, simulates shooting the person; etc.).	3
AGGRESSION	R/RVERBAL	Verbal Threat - Res/Res.	Resident issues a verbal threat to do bodily harm or threatens to engage in any act that would seriously adversely affect another resident.	3

SIR Reporting (Event Description)

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- The **Event Description is one of the most important areas of the SIR**
- When completing the Event Description, aka Narrative, it should include all the information pertaining to the incident, specifically those of the required fields (*e.g., party name, date, time, etc.*)

Save | Cancel/Return | Start New Entry

Entry Type: Serious

Num	Question	Response	
1	User Entering Event	TRAINCCRS1	
2	* Contract	R7	Edit
3	Contract Name	CCRS-FL-South Florida State Hospital	
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5	Master Event/Inc Number		
6	* Facility/Campus	152	Edit
7	Facility/Campus Name	CCRS-FL-South Florida State Hospital-South Florida State Hospital	
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14	Primary Type	PATIENT	
15	* Primary Patient Involved SEARCH	12345678	Edit
16	Primary Patient Medical Record #	12345	
17	* Org/Per ID	OP00166391	
18	Primary Patient Name	Smith, John	
19	Primary Patient Birth Date	01/01/1900	
20	Patient Gender/Sex		
21	Admitting/Primary Diagnosis		
22	Admission Date	01/01/1900	
23	Patient Age At Time Of Event		

Event Description

* Required

On 05/27/2022 at approximately 1300hrs, 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

Prev | Next

Ex: Enter detail description of the event

- **The Event Description**:
  - **Must be comprehensive**
    - ✓Should be descriptive of the facts
    - ✓Should not include opinions
  - Should be a **summary of all incident/staff reports** received
  - Should include in its body **all the answers to the required SIR question fields**
  - **Should answer**:
    - ✓**Who?**
    - ✓**What?**
    - ✓**When?**
    - ✓**Where?**
    - ✓**AND** whenever possible – **How? & Why?**
  - Should detail the incident, including the staff response and intervention

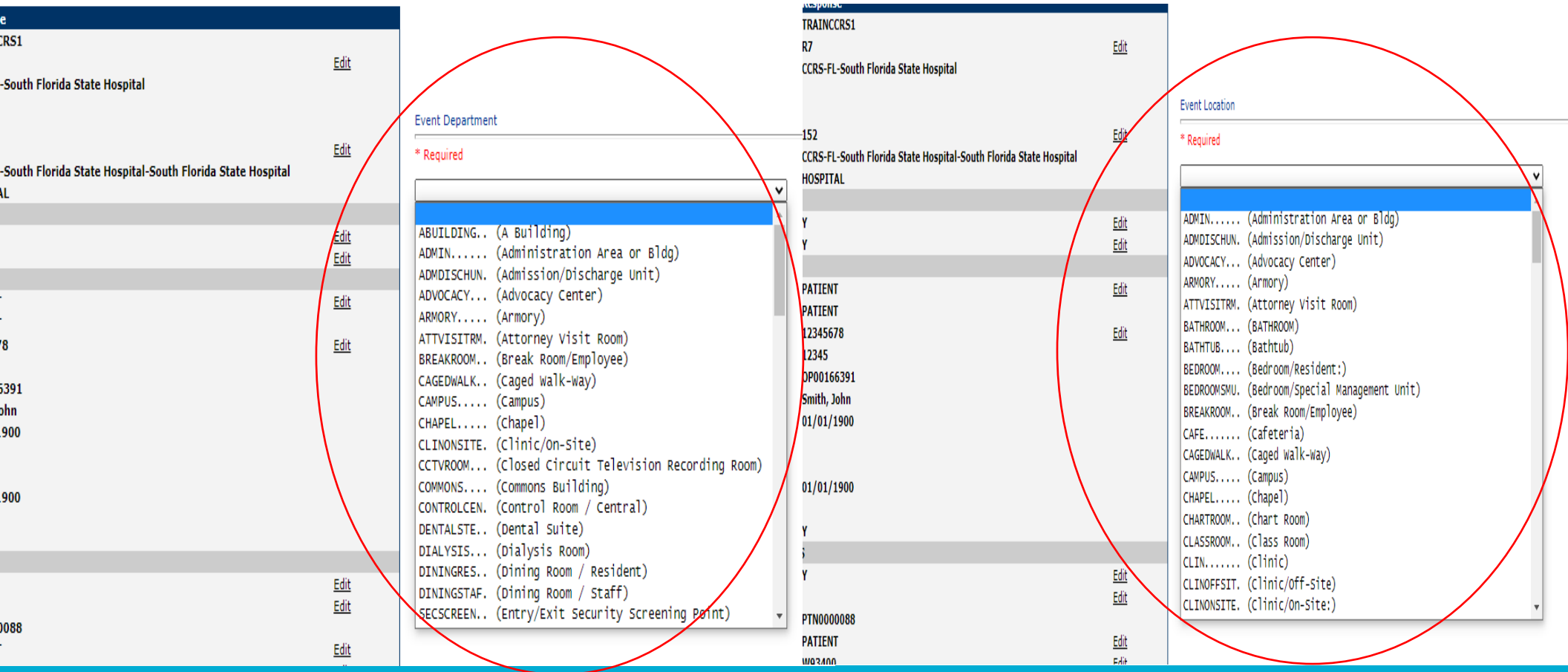
    EXAMPLES OF STAFF RESPONSE would include mention and elaboration of the following:
    - ✓**Medication Administration (***e.g., ETO, IMO, PRN, etc.***)**
    - ✓**Restraint Applied (***e.g., manual hold, restraint chair, etc.***)**
    - ✓**Assessment of the Patient**
    - ✓**De-escalation interventions (***e.g., guided to Quiet Room or Comfort Room***)**
    - ✓**Debriefing with the Treatment Team**
    - ✓**Referral to the clinic**

SAMPLE 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 laceration was noted on Pt Smith's right eyebrow. First aid was administered by RN Jones. Pt Smith denied any other pain/injury but admitted to feeling light-headed and dizzy. RN Jones referred Pt Smith to the clinic for further assessment/treatment. He was escorted to the clinic by PSO Johnson at approximately 1410hrs. Pt Smith was assessed and treated by Dr. Joseph Brown; wound adhesive was applied to the laceration. Dr. Brown ordered that Pt Smith be transported to Jackson Hospital for further evaluation/treatment. 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 2mg IM, Haldol 10mg IM, and Benadryl 50mg 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 Pt White. Pt Smith was transported to Jackson Hospital by PSOs Andy Anderson and Beatriz Walker; they exited the facility at approximately 1530hrs. Treatment Team notified of the incident."

SIR Reporting (Event Department)

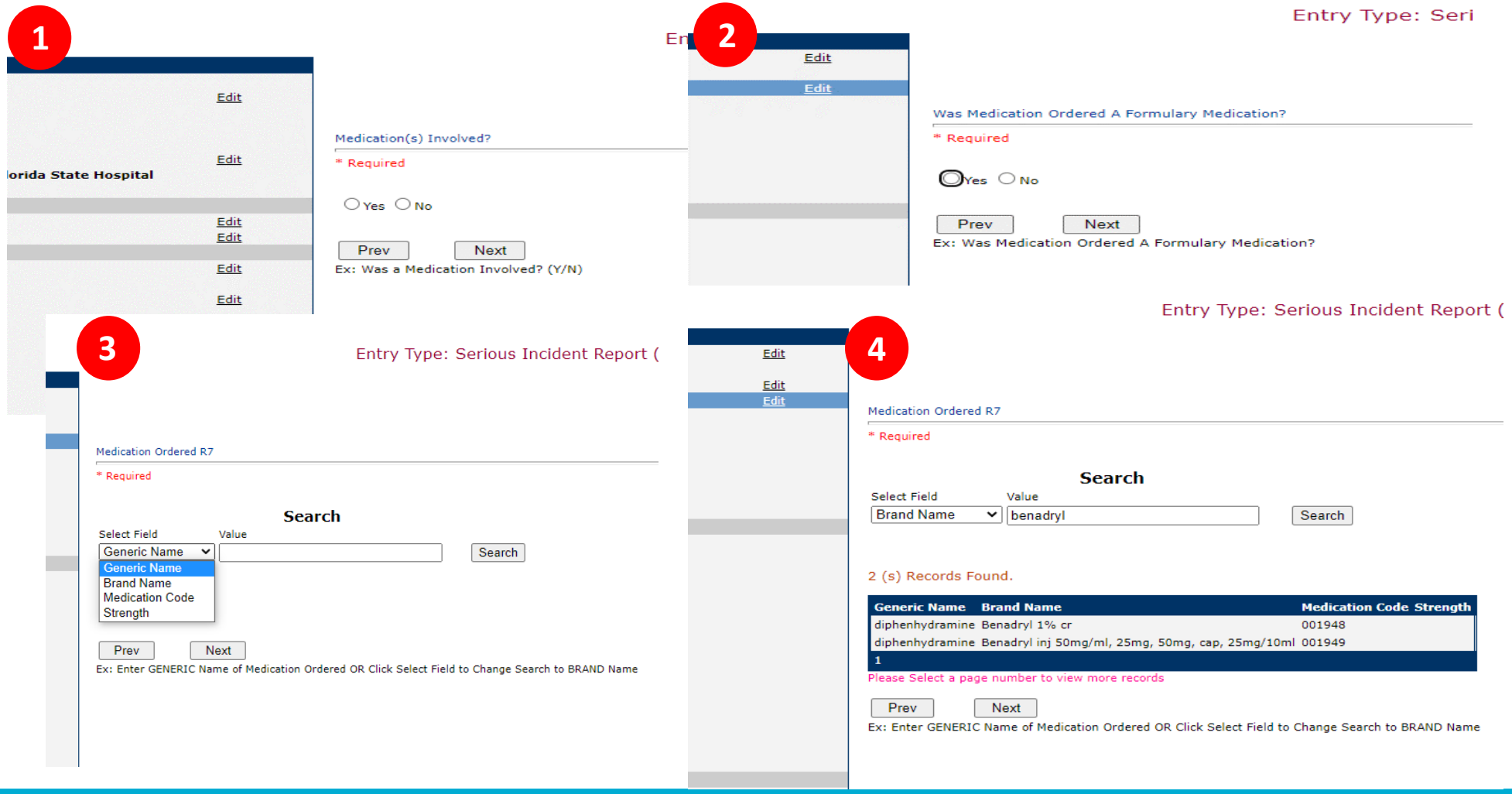
- Select the **Event Department** from the dropdown list
  - This is the **Unit or Facility Area** in which the incident occurred (*e.g., Unit 3, Vizcaya, Lakes, Alamo, Administration, Gym, Library, etc.*)
- Select the **Event Location** from the dropdown list
  - This is the **specific location on the unit or facility area** in which the incident occurred (*e.g., Resident Bedroom, Day Room, Quiet Room, Shower, etc.*)



SIR Reporting
(Action Taken Details – Medications Involved)

wellpath SM RECOVERY SOLUTIONS

- **Action Taken Details include Medication Questions**
  - You will be asked if Meds were Involved? See pics below of Medication Type questions that will be prompted if you answer "**Yes**"



SIR Reporting
(Action Taken Details – Medications Involved)

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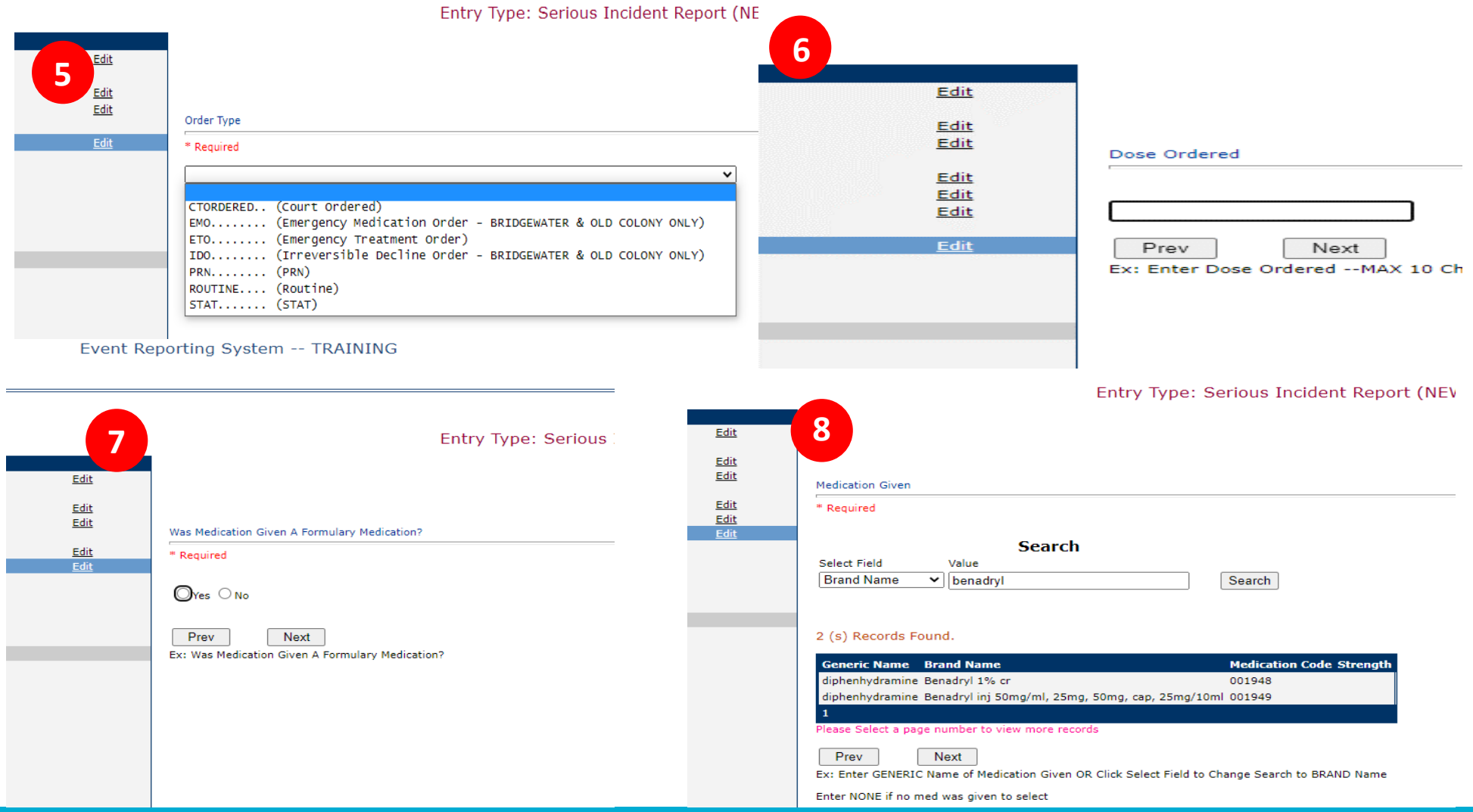
RECOVERY SOLUTIONS

- **Medication Questions – cont.**
  - Although the Medication questions may appear repetitive, they are in fact asking different things – one set of questions addresses the **medication ordered** vs. the other set that inquires about the **medication given**. This is to ensure that both are the same and to help the RiskQual reporter identify any discrepancies/errors



Medication Questions (cont.)

- **When answering Medication Question Details, if you are:**
  - **Nursing/Medical Users/Reporters**
    - Review the EMR and please complete the information accordingly
    - If you cannot find a listed medication when entering a Formulary Medication, please pick another medication given to the patient or select Non-Formulary Medication for the time being and notify the Risk Manager (*or person in charge of RiskQual matters at your site*), cc'ing your Director, on the missing medication so we can address the issue with RiskQual Support

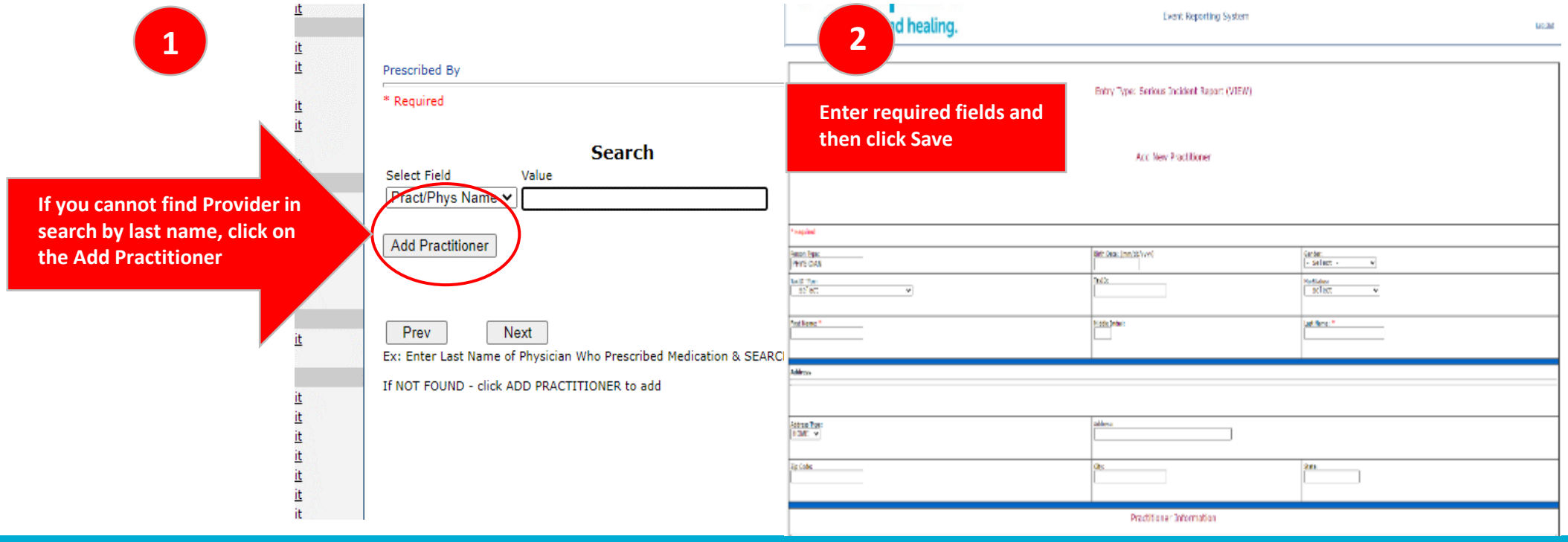
  - **Non-Medical Users/Reporters*** (***e.g., Captains, Security Supervisors, etc.***)
    - Review the reports from Nursing addressing the medication orders and administration
    - Discuss any questions or concerns with the appropriate party from the Nursing Dept (*e.g., Nursing Supervisor, Nurse Manager, Charge Nurse, Unit Nurse, etc*).
    - **IF** you cannot obtain the medication information in time to submit your SIR, answer **"No"** for the "**Medications Involved?"** Then, email the Risk Manager, cc'ing your Director, on the missing medication information and any issues re: entering these details (*e.g., could not obtain information from the Nurse in time to submit the SIR before the end of shift, medication name was missing from search, etc*)

***IMPORTANT NOTE** – **It is advised that sites have Medical/Nursing staff entering events involving Medical Events, medical interventions, etc., whenever possible. If your site does not have Nursing and/or Medical Staff reporters, be sure that your RiskQual reporters have regular communication with Nursing/Medical Staff to verify information.**

SIR Reporting
(Action Taken Details – Medications Involved)

wellpath SM
RECOVERY SOLUTIONS

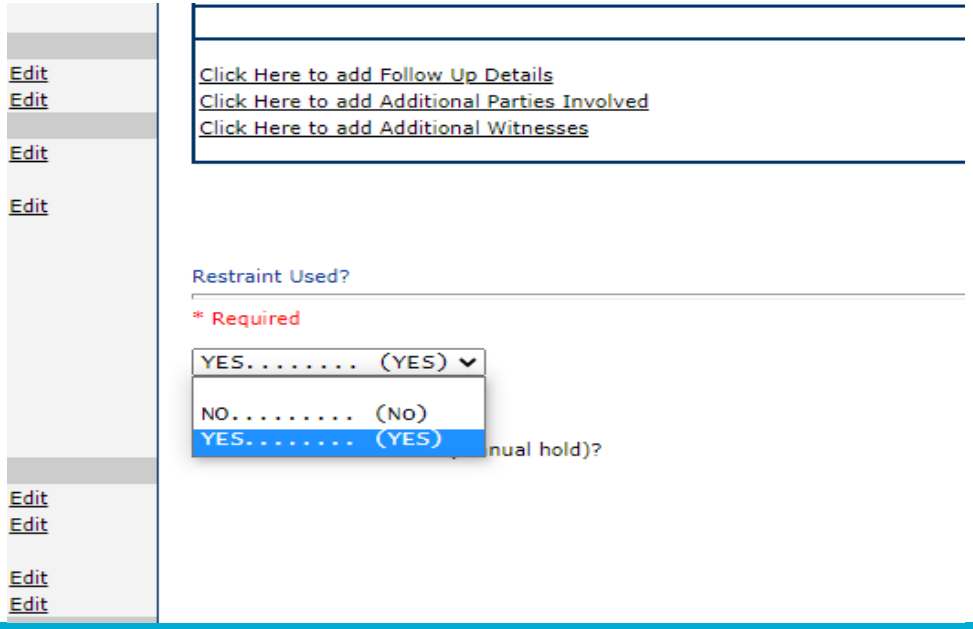
- **Practitioner/Physician Name**
  - If you cannot find a Physician name in the system, click on the "**Add Practitioner**" button and fill in only the required fields – **Practitioner First Name, Last Name, and ID Number** – if you do not have this information – notify the Risk Manager (*or person in charge of RiskQual matters at your site*), cc'ing your Director on the email
  - This is the **ONLY** time you are encouraged to click on the add button (*Practitioner names do not automatically populate from Kronos into this field in RiskQual – we are aware that they need to be manually entered*)
  - Once the Practitioner/Physician profile has been saved, it will be available for selection in future searches



SIR Reporting (Restraint Details)

wellpath SM
RECOVERY SOLUTIONS

- **Restraint Details – Restraint Used?**
  - Choose "**Yes**" if the person was restrained manually (*e.g., manual hold*) or mechanically (*e.g., restraint chair, 4-point restraint, etc*) and a doctor's order was required for the application of the restraint (*in some cases order will be obtained prior to application, while in other instances order will be obtained retroactively*)
  - Choose "**No**" if no restraint was applied/needed **OR** if there was a **Use of Force**
    - Use of Force responses are for volitional behaviors on the part of the patient/resident, not for behaviors caused by mental illness
    - Use of Force do not require a doctor's order
    - Use of Force has its own set of SIR questions
    - Most hospitals will not be able to choose Use of Force and/or will not have access to those questions because of the characteristics of the population they are serving (*e.g., mentally ill, requiring a doctor's order*)



SIR Reporting (Restraint Details) – cont.

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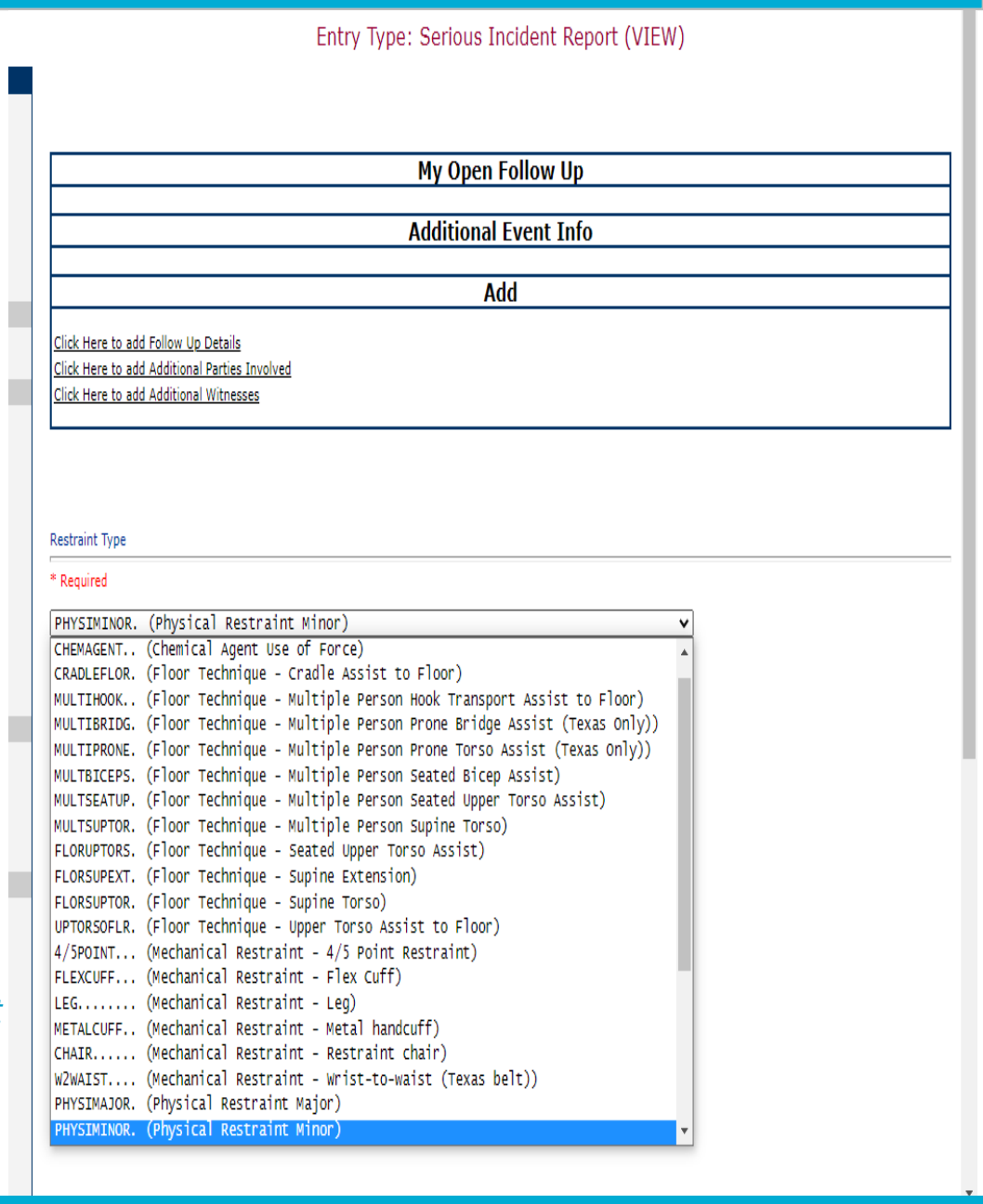
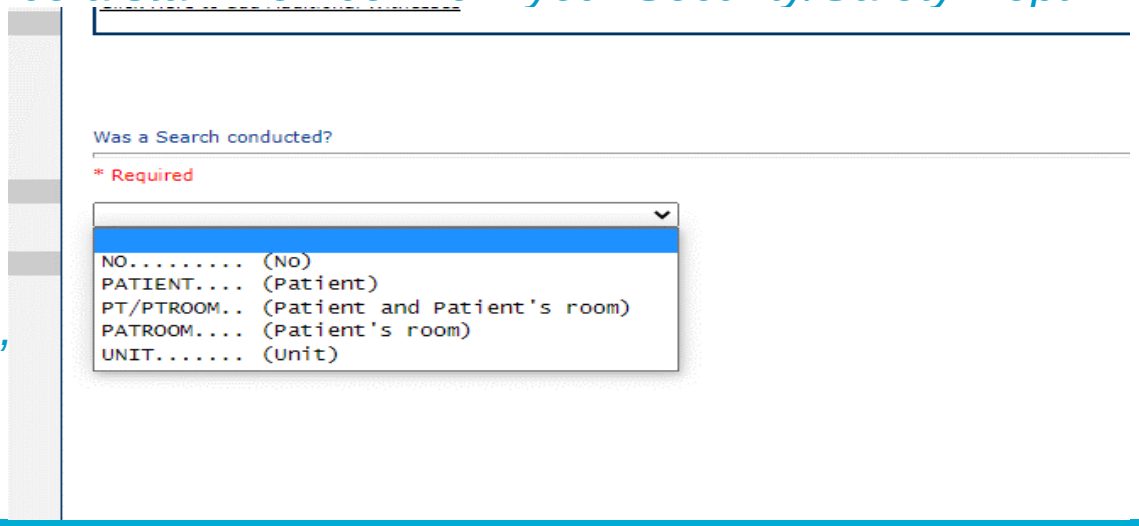
- **Restraint Details – Restraint Type**
  - Select the correct **Restraint Type** from the dropdown menu options
  - You will be required to answer the following restraint details:
    - **Restraint Start Time** (*military format*)
    - **Restraint End Time** (*military format*)
    - **Employee Requesting Restraint Order** (*will usually be the attending/unit nurse*)
    - **Restraint Ordered by** (*will be the Practitioner/Physician providing the order – **Add Practitioner** if not located in search dropdown list – see **Slide 26** for further details on this process*)
    - **Restraint Applied by** (*will usually be a staff member from your Security/Safety Dept, but can be any trained staff member implementing the restraint*)
    - **Family Contacted**? (*some sites are required to obtain consent and contact information from the patient/resident upon their admission re: who to notify if they are restrained*)
    - **Face to Face Evaluation Conducted by** (*will usually be the attending RN*)
    - **Face-to-Face Evaluation Time** (*military time*)(*best practice – should be conducted within 60 minutes of restraint to check for signs of physical/medical distress/injury in response to event. Refer to site protocols/policies for specifics on timeframes*)



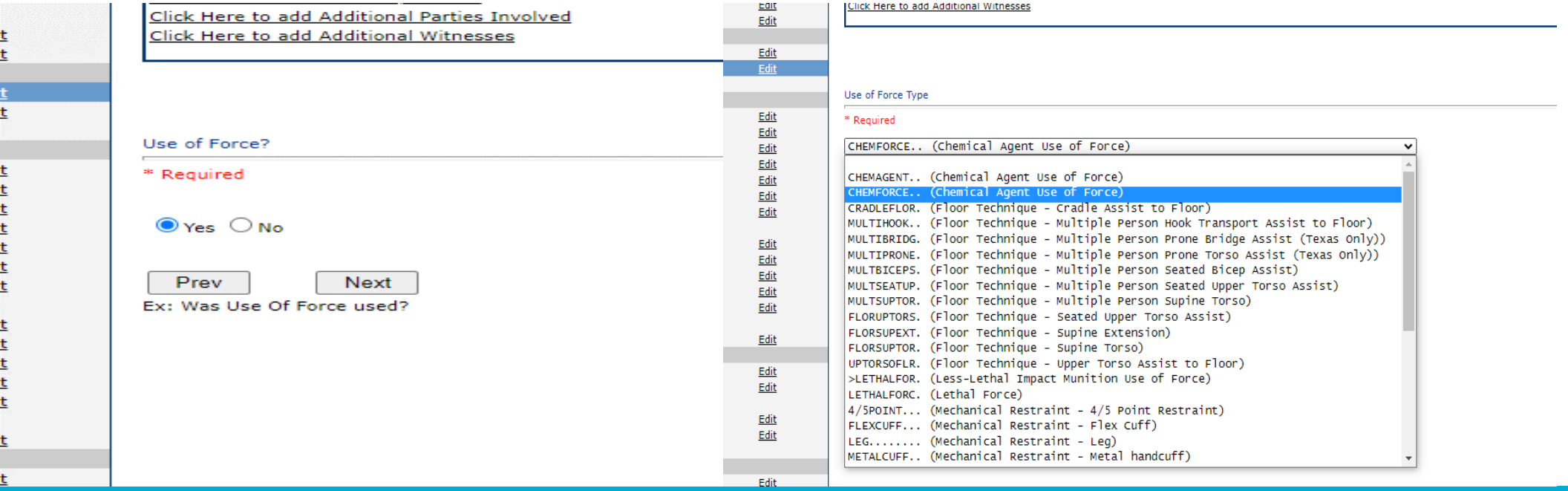
Seclusion Details

- Seclusion Detail Questions follow similar format to those of Restraint
- You will be required to answer the following seclusion details:
  - **Seclusion initiated?** Yes or No
    - Answer "**Yes**" if there was Seclusion implemented and an order was required from the Practitioner/Physician. If answered, "**Yes**" the next questions will follow:
  - **Seclusion Start Time** (*military format*)
  - **Seclusion End Time** (*military format*)
  - **Employee Requesting Seclusion Order** (*will usually be the attending/unit nurse*)
  - **Seclusion Ordered by** (*will be the Practitioner/Physician providing the order – **Add Practitioner** if not located in search dropdown list – see **Slide 26** for further details on this process*)
  - **Seclusion Applied by** (*will usually be a staff member from your Security/Safety Dept or from your Nursing Department*)
  - **Was a Search conducted**? (*this question is unique to Seclusion and other Event Types when a search is necessary to ensure the safety of the patient/staff – e.g., Contraband, Suicide Attempt, Self-Harm, Escape, Elopement, etc.*)



Use of Force (UoF) Details

- **Use of Force** is an intervention implemented usually in the following treatment settings:
  - **Civil Commitment Centers**
  - **Jail-Based Competency Treatment** (JBCT) **Programs**
  - **Some hospitals** in specific unit areas based on the patient/resident population unique characteristics
- It is **not** an available option for all sites
- For sites that utilize UoF, you will be required to answer the following UoF details:
  - **Use of Force?** Yes/No
  - **Use of Force Type** – Select from available dropdown list menu



SIR Reporting (Other Event Details – Patient Supervision, Precaution Level, & Assessment)

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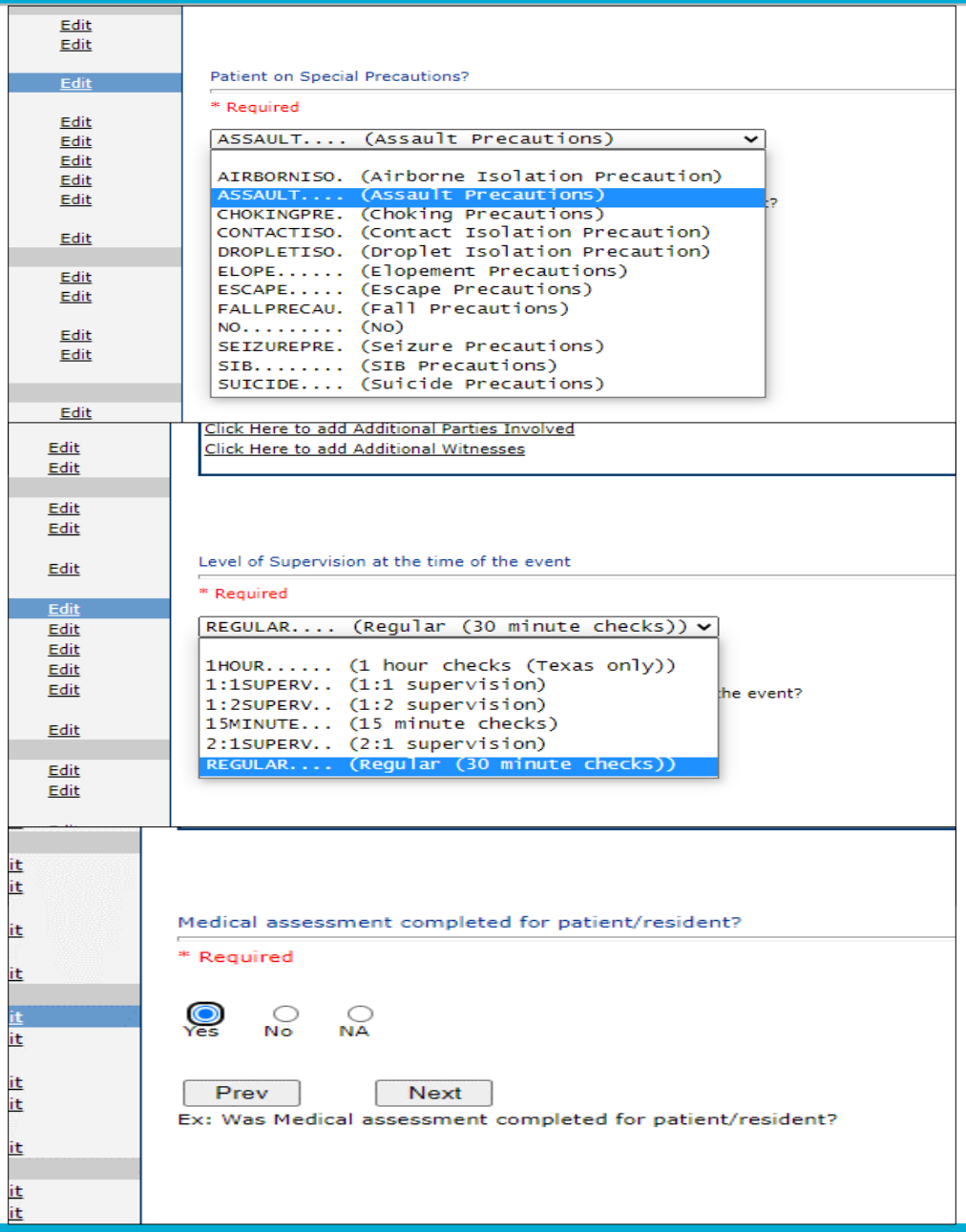
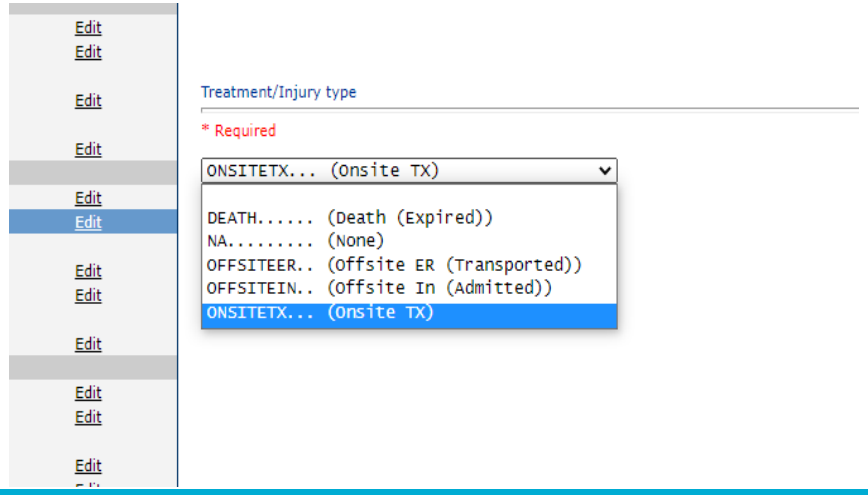
- **Other Important Event Details include:**
  - **Patient on Special Precautions?**
    - Select from the dropdown menu – options include behavioral, safety, and medical precautions as well as "**No**"
  - **Level of Supervision at the time of the Event**
    - Select the patient/residents correct level of supervision *(e.g., 1:1, Regular, etc.)*
  - **Medical assessment completed for the patient/resident**
    - Answer "**Yes**" if they required assessment and were assessed
    - Answer "**No**" if they required assessment, but were not assessed
    - Answer "**NA**" if there was no need for assessment *(e.g., the event and/or interventions did not risk the patient/resident to injury)*



- **Other Important Event Details include (cont.):**
  - **Treatment/Injury Type** (Patient/Resident)
    - Select from the dropdown list the type of Treatment/Injury the patient/resident received/sustained during the event
      - ✓ Do **NOT** select "**DEATH"** *(for any event resulting in Death, a separate SIR will need to be entered w/**DeathExpected** or **DeathUnexpected** as the Event Type)*
      - ✓ Select "**NA**" if no injury was sustained
      - ✓ Select "**OFFSITEER**" if patient was transported to a nearby Emergency Room
      - ✓ Select "**OFFSITEIN**" if you have confirmed that the patient was admitted to the hospital
      - ✓ Select "**ONSITETX**" if all treatment provided occurred at the site



SIR Reporting (Other Event Details – Staff Assessment, Treatment/Injury, & Worker's Comp)

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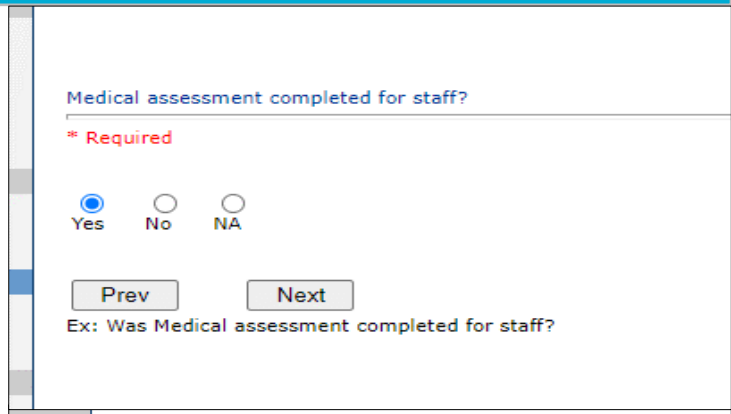
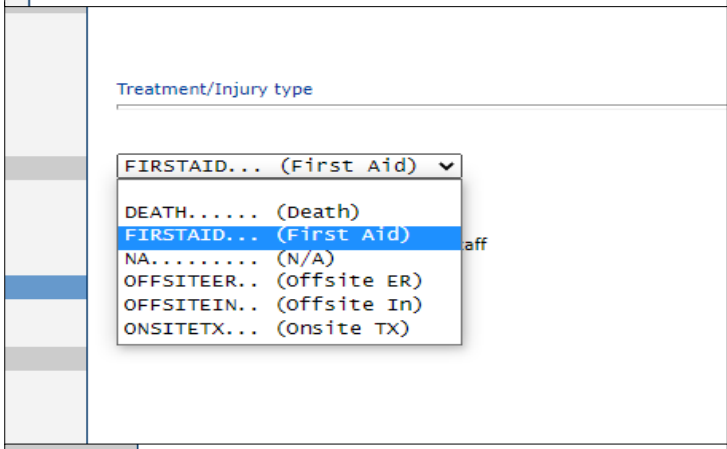
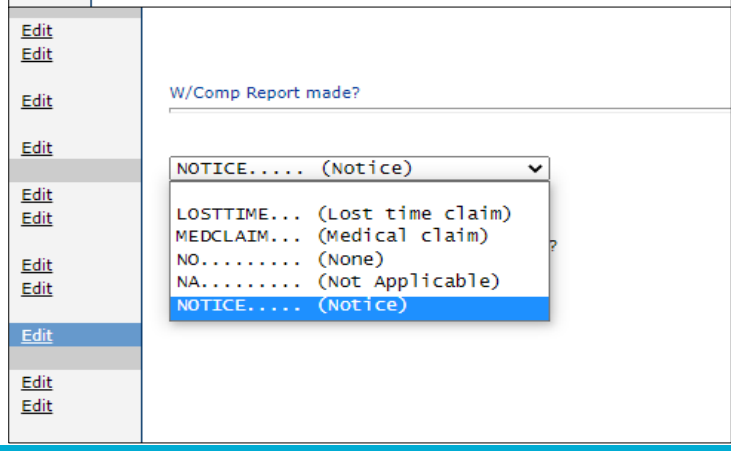
- **Other Important Event Details include (cont.):**
  - **Medical assessment completed for staff?**
    - Select **Yes** if the staff was assessed at the site, including assessment to rule out injury
    - Select **No** if the staff needed to be assessed, but was not
    - Select **NA** if during the event the staff was not injured and/or at risk of sustaining an injury
  - **Treatment/Injury Type** (Staff)
    - Select from the dropdown list the type of Treatment/Injury the staff member received/sustained during the event
      - ✓ Same instructions for Treatment/Injury options for patient/resident apply to staff (*see **Slide 32** for details*)
      - ✓ The dropdown menu for staff includes "**FIRSTAID**" as an extra option. Select this option if the staff member **only received First Aid** at the site in response to this incident (*select **ONSITETX** if the staff member received treatment at the site beyond that of First Aid*)
  - **W/Comp Report made?**
    - Avoid selecting "**NO** (None)"
    - Instead select:
      - ✓ "**NA** (Not Applicable)" if the incident would not have risked the staff to injury
      - ✓ "**NOTICE**" if the incident would have risked the staff to injury, but staff did not sustain any injury and/or require any treatment
      - ✓ "**MEDCLAIM**" if the incident resulted in injury and the staff needed to be seen for treatment at an outside clinic or hospital



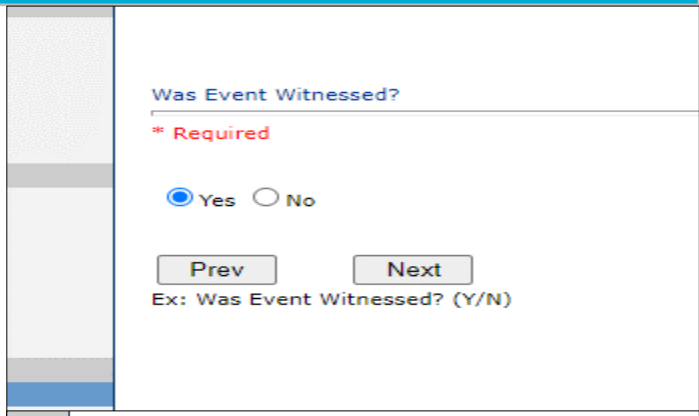


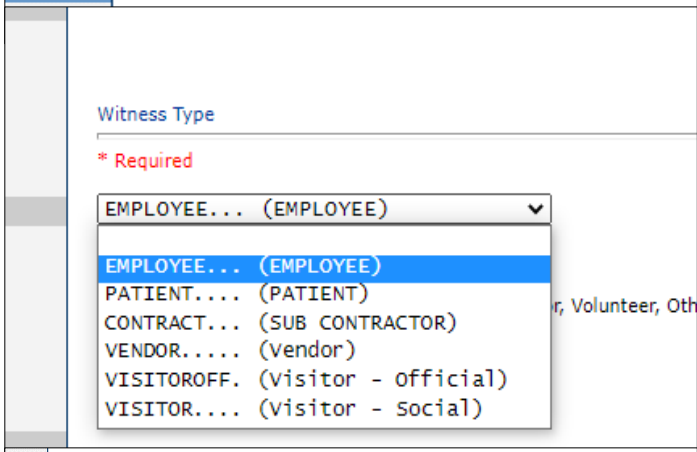


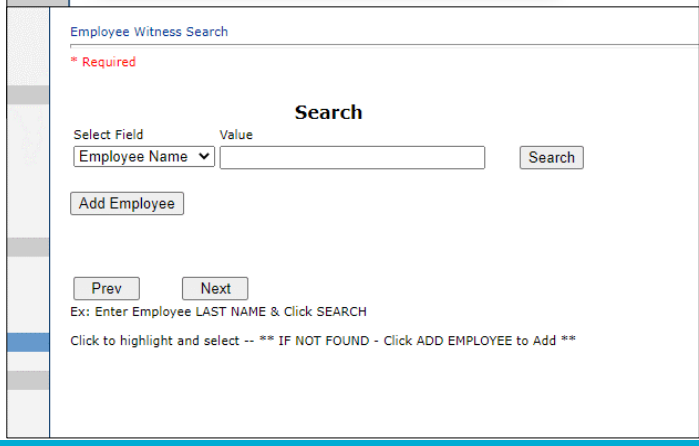
SIR Reporting (Other Event Details – Witness Involved Details)

wellpath RECOVERY SOLUTIONS

- **Witness Involved Details include:**
  - **Was Event Witnessed?**
    - You should rarely answer "**No**" to this question – there should not be incidents occurring at the site regularly that go unwitnessed, especially in patient/resident common areas where most incidents occur
  - **Witness Type**
    - Your witness type should always be an Employee
      - ✓ Employees should be regularly present during incidents, especially ones that have occurred in patient/resident common areas to prevent and/or intervene
      - ✓ Patients are not considered reliable witnesses
    - Whenever possible avoid using as your Employee Witness a party directly involved in the incident
  - **Employee Witness Search**
    - Search for your Employee witness the same way you would search for an Employee name in previous fields (*see **Slides 10 & 14** for details on searching for Employee names*)



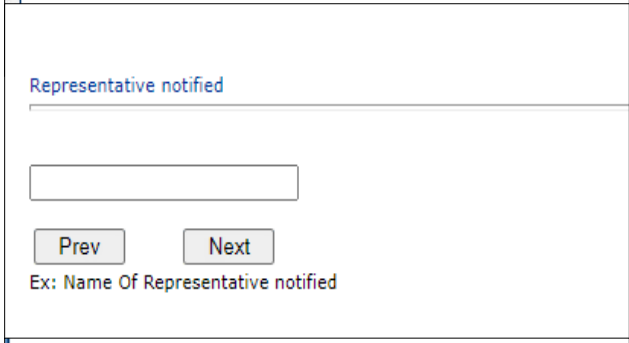


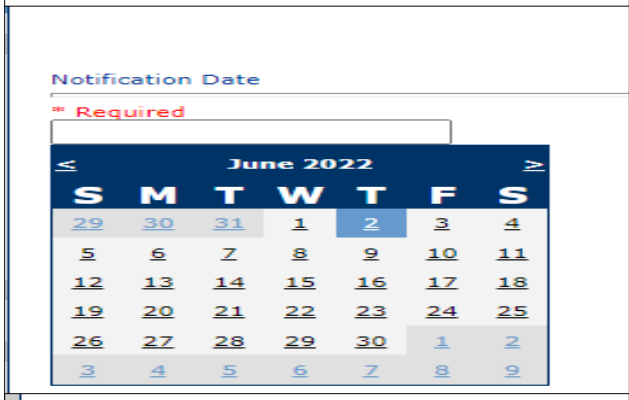


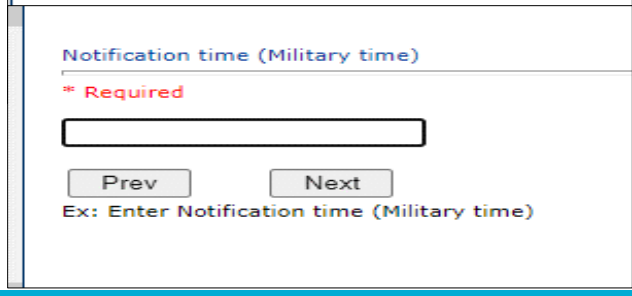
SIR Reporting (Other Event Details – Notification Details)

wellpath℠ RECOVERY SOLUTIONS

- **Be familiar with your site's specific policies and requirements on agency and/or client notifications, including timeframes**
- **Be sure to notify the necessary parties of specific events in a timely manner**
- **Notification Details Include:**
  - **Client Representative Notified?**
    - If a representative was notified, select from the dropdown list of client/agency representatives specific to your site
    - If no representative was notified, select "**No**" from the dropdown list
    - If the client/agency notified is not listed, select "**OTHER**" from the dropdown list
  - **Representative Notified**
    - Enter manually the name of the representative and the name of the agency they represent in the next field, especially if you selected "**OTHER**"
  - **Notification Date**
    - Select date representative was notified of event from calendar
  - **Notification Time** (military format)
    - Select time the notification was made to the representative on the aforementioned date







SIR Reporting
(Other Information Details)

wellpath℠ RECOVERY SOLUTIONS

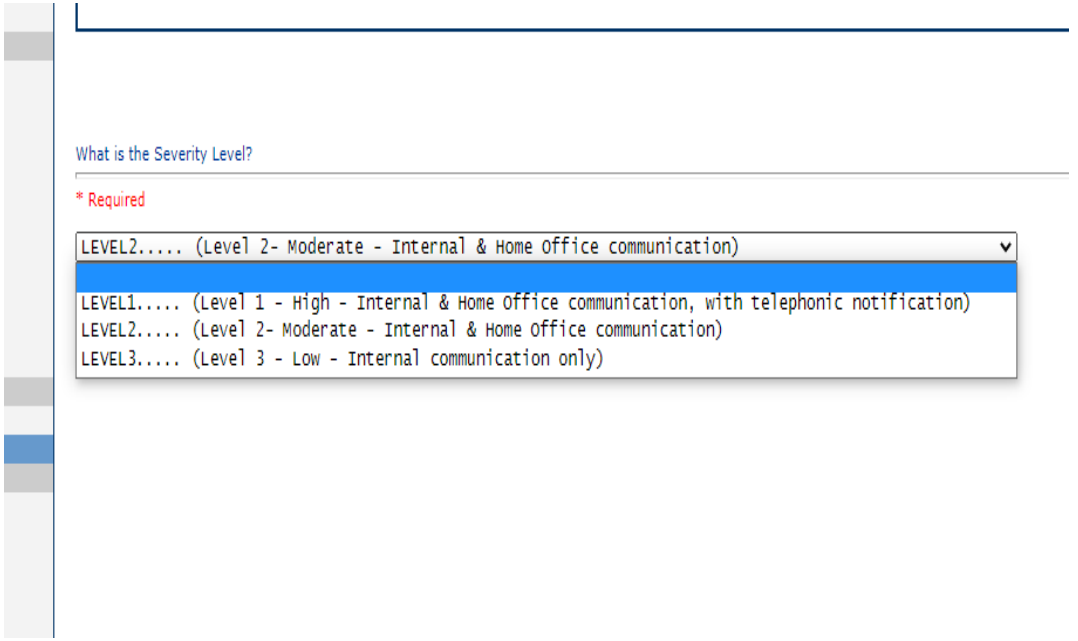
- **Other Information Details include:**
  - **Lock down? -** No, Partial, Total (*select from dropdown*)
  - **Evacuated? –** No, Partial, Total (*select from dropdown*)
  - **Property damaged?** (*select from dropdown – do your best to estimate the cost of the damage, if there was any*)
    - No
    - Yes < $1000
    - Yes >/= $1000
  - **Law Enforcement Notified?**
    - Select "**Yes**" if they were
    - Select "**No**" if they were not, but should have been notified
    - Select "**NA**" if the event does not call for Law Enforcement notification and/or intervention
  - **Media Involved?**
    - Select "**Yes**" if this event was covered in the media (e.g., local or national news outlet, etc). This includes awareness of social media communications and/or posts involving the incident
  - **Recording of the Event?**
    - Will almost always be "**Yes**," unless there is a camera malfunction or it occurs in a known blindspot (*e.g., resident bedroom*)
  - **Type of Recording**
    - Will most times be **CCTV**, especially in patient/resident common areas
    - **HANDHELD** should be selected when a handheld video camera was used in the recording, especially in the site's CCTV blindspots (*e.g., patient bedroom when patient is receiving an ETO*)
    - **STILLPHOTO** can be selected when photo documenting with a camera (e.g., pictures of a resident room where contraband was found; pictures of a patient's injury following an event or treatment intervention)

Other Information Details include:

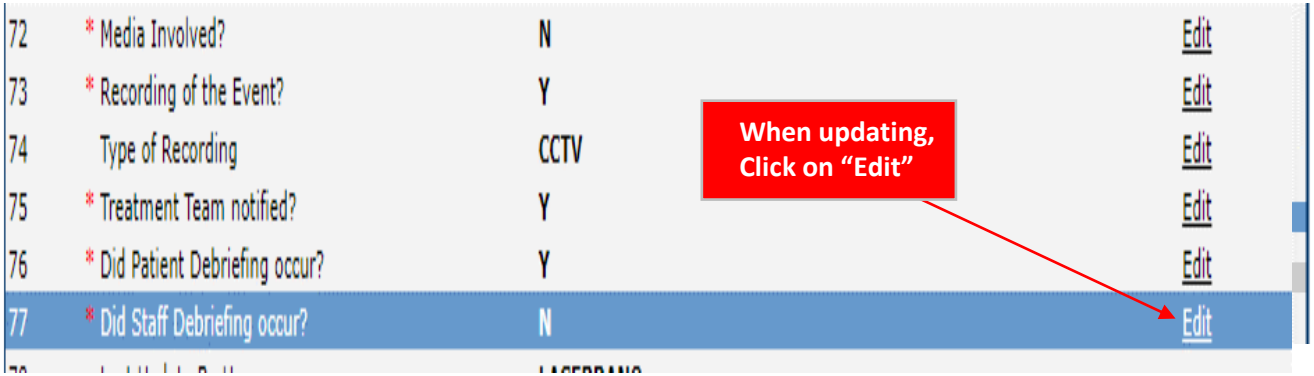
- **Treatment Team notified?** Yes/No
  - There should always be attempts to notify the Treatment Team of a patient event, especially during business hours
  - Answer "**Yes**" if a Treatment Team member:
    - ✓ Was notified in person, by phone, or by email
    - ✓ Was present during the event
    - ✓ Provided treatment/intervention to the patient after the event
- **Did Patient Debriefing occur?** Yes/No
  - There should always be attempts by the staff to debrief with the patient/resident in order to:
    - ✓ Find out the reasons why the patient/resident was behaving in this manner or why the event occurred
    - ✓ Educate the patient/resident on interventions and/or treatment provided
    - ✓ De-escalate the patient/resident if they are still upset or agitated
  - Patient/Resident debriefing will not always be possible, especially right after the incident, because the patient/resident's emotional/mental status may prevent them from properly participating in the debriefing with staff or patient/resident may have needed to be transported to another setting. Examples of the above include:
    - ✓ Patient is actively psychotic and responding to auditory stimuli
    - ✓ Resident remains agitated and refuses to speak to staff
    - ✓ Person served was transported to local ER for treatment of his injuries
- **Did Staff Debriefing occur?** Yes/No
  - Staff should always try their best to debrief following an event in order to ensure that:
    - ✓ All protocols/procedures were followed
    - ✓ All necessary parties were notified/informed of the event
    - ✓ All interventions were provided to patient/resident and staff
    - ✓ Identified issues and/or deviations from the policy/protocol were immediately addressed and corrected, if possible
    - ✓ Event was reviewed for "*lessons learned*" and to prevent recurrence

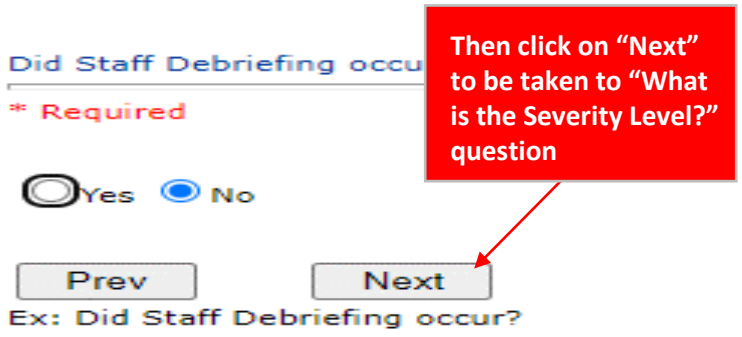
Review/Transmit Details

- **For users with Reviewer/Transmitter access:**
  - **When entering an event**, following your answer to **"Did Staff Debriefing occur?," you will automatically be taken** to the following question: **"What is the Severity Level?"**



  - **When editing/updating an event** that was already entered, you **will need to click on Edit** for question **"Did Staff Debriefing occur?"** and **then click Next**, in order for the Severity Level question to be prompted – (*See below*)





- **Review/Transmit Details – Assigning Severity Level**
  - Reviewer/Transmitters need to reference the Data Dictionary – See examples of Event Types and their Risk Severity Levels as well as the Risk Severity criteria below:

AGGRESSION	S/SLANGUAG	Abusive/Obscene Language - Staff/Staff	Staff member directs abusive or obscene language towards another staff member.	3
KEYS	EMERGKEYS	Deployment of Emergency Keys	Any time emergency keys are deployed at a high or medium security facility.	2
MEDERROR	SIDEEFFECT	SIDE EFFECT	Resident experienced an adverse effect in response to taking a prescribed medication.	2*
DEATHEXP	CANCER	CANCER	Death of a resident who was diagnosed with terminal cancer.	1

Risk Severity Level
Level 1 - High Severity Level - Significant events that require telephonic notification, and include both internal & Home Office communication.
Level 2 - Moderate Severity Level - Internal & Home Office Communication
Level 3 - Low Severity Level - Events that only require internal communication between staff members at the site.

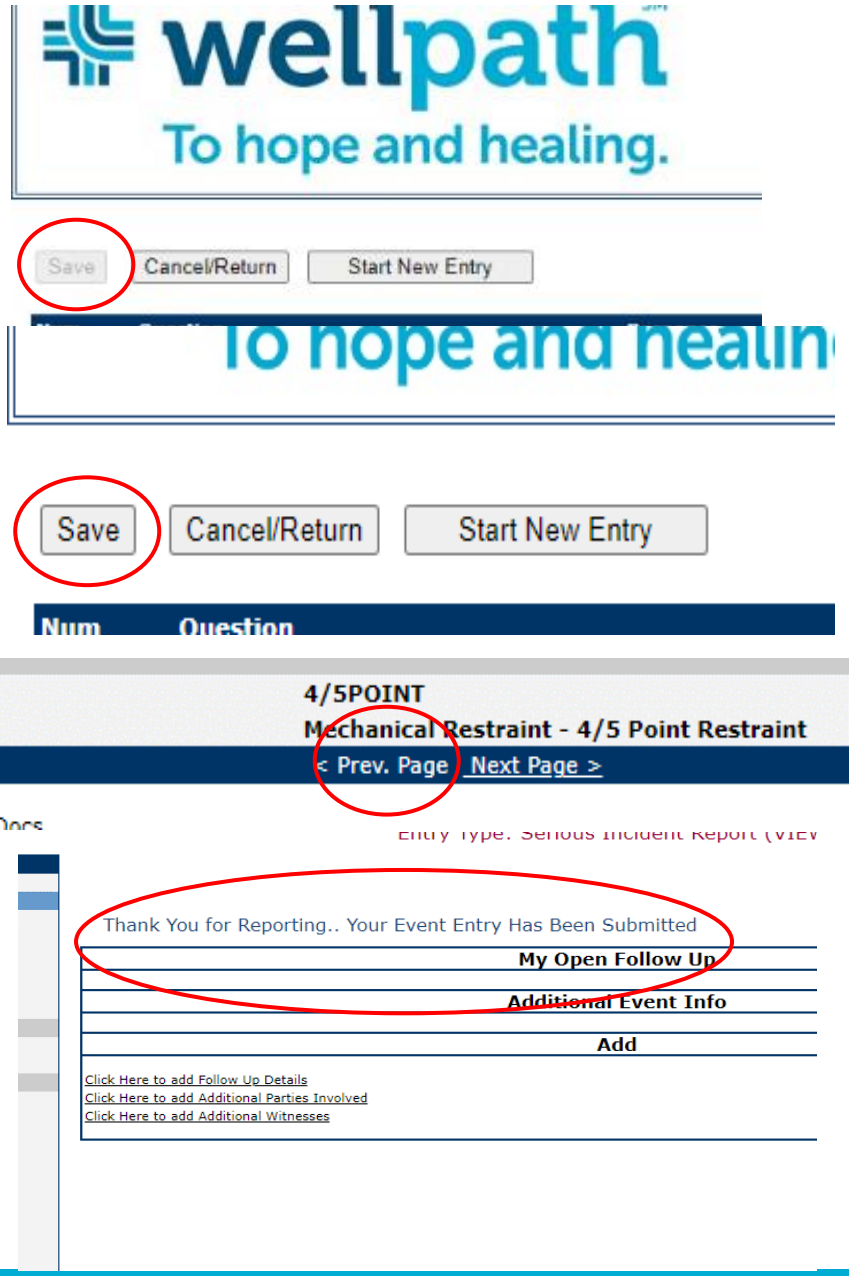
NOTE:

2* means the event report should only be categorized as a Level 2 (Moderate Severity Level) and transmitted to Corporate if the event results in an injury requiring treatment beyond first aid to one of the parties involved and/or parties outside of the facility required notification of the event (e.g., Worker's Comp was called; Police was contacted because a party wanted to press charges, etc).

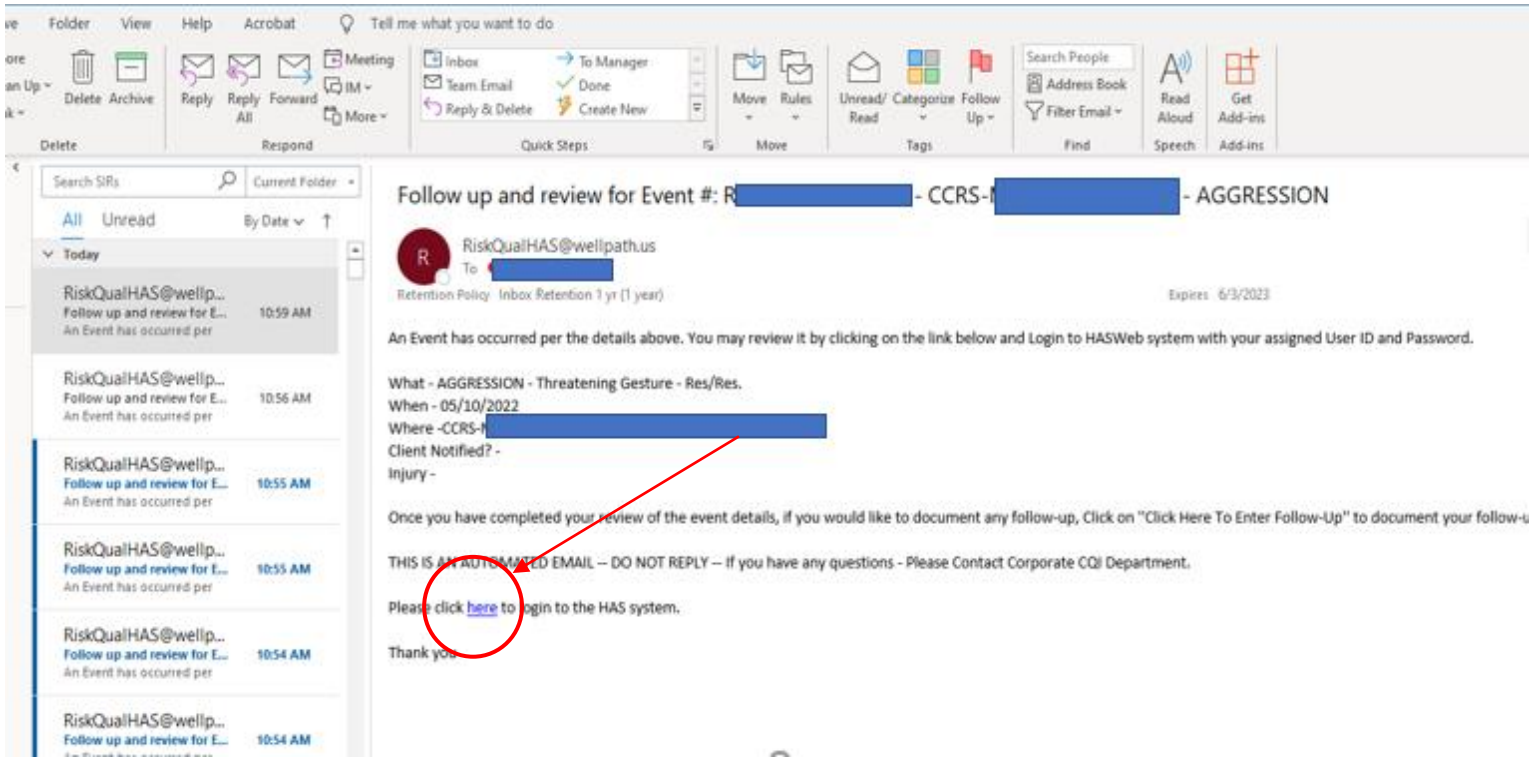
If not, the incident should be recorded as a Level 3 (Low Severity Level).

Saving an Event

- **For initial entry users**
  - While entering an event, the "**Save**" button at the top left corner of the screen will be grayed out
  - When all required question fields have been answered, the "**Save**" button will be accessible
  - If the "**Save**" button does not appear when you reach the end of the SIR questions, go back to the beginning of the SIR by clicking on "**Prev. Page**" near the bottom of the left side of the page and go through all question fields, ensuring that all were answered, until the "**Save**" button becomes accessible
  - Upon clicking on the "**Save**" button, if an entry has been successfully entered the user will see the following message on the right side of the screen above the **My Open Follow Up section**: "**Thank you for Reporting…Your Event Entry Has Been Submitted**."



- **Saving an Event** (cont.)
  - **For initial entry users** (cont.)
    - An email notification of your entry will be received by all site users assigned to receive these notices from RiskQual
    - Users will be able to click on the link provided in the email to directly access the event for review (*they will be taken initially to the RiskQual DTW login page and upon entering their credentials will be taken to the directly to the incident*)



- **Updating an Event**
  - **Supervisor Users**
    - Users who have Supervisor rights, including Searching and Editing, will be able to review, edit, and update entries
    - Most edits will allow you to save the update upon clicking next
    - However, if after an edit you note that the "**Save"** button suddenly is grayed out and/or does not become accessible it means new required questions that were not in the original SIR entry were prompted by this change and need answers before you can save your update. If this occurs, be sure to go through all the question fields of the SIR until the "**Save**" button becomes accessible again, allowing you to save your edits
    - When an event has been updated, RiskQual users that are supposed to receive email notifications for event updates will receive an email advising them of an update for this entry. The email notice will look the same as the one received for initial entry. Users will be able to directly access the event via email in the same manner as detailed before (*See **Slide 41** for further details*)
- **Transmitting an Event**
  - **Reviewer/Transmitter Users**
    - As mentioned previously, Reviewer/Transmitters can assign a Risk Severity Level
    - Once the Risk Severity Level is assigned and saved, email notification to those assigned to receive updates will receive the notice
    - If an Event is assigned a Risk Severity Level of 1 or 2, Corporate users assigned to receive RiskQual email notifications will receive notice of the event entry. This will be their first notification of this event, regardless of previous entries/updates. This notification process allows for the sites to review events in detail and ensure all information is accurate and complete before it reaches Corporate staff for review and feedback

SIR Reporting (Follow-up Actions)

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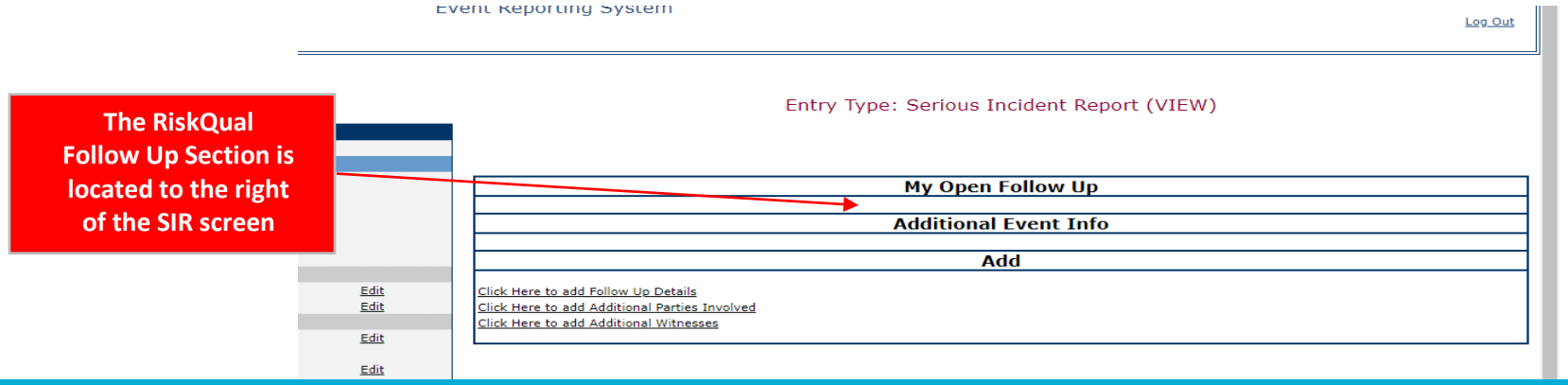
- **Follow Up Actions**
  - Essential in the reporting process
  - They can entail simple updates on the individual's status or involve analysis of person/incident
- **Updated/Final Outcome**
  - Updating depends on the timeframe of the report, the event type, and the follow-ups required by State/Agency/Client
    - **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 an event later, if not available at time of initial reporting, as part of the original narrative or as 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
- **RiskQual Follow Up Details**
  - There are specific types of Follow Ups available for selection in RiskQual
  - Each of these has its own unique template with specific questions or actions required



SIR Reporting
(Follow-up Actions – cont.)

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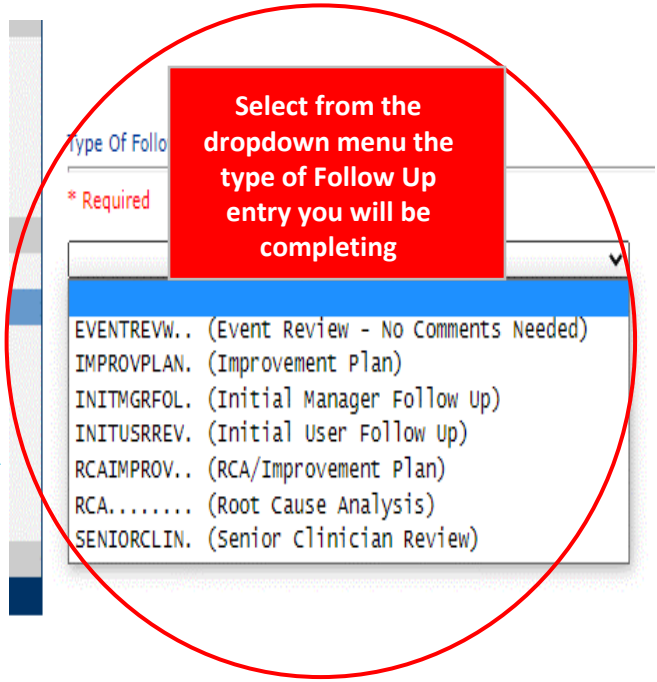
- **Follow Up Actions in RiskQual include the following:**
  - **Event Review – *No Comments Needed***
    - ✓ To be used by a RiskQual (RQ) User/Supervisor to demonstrate that they are aware of the event and have reviewed its details by the date noted
  - **Improvement Plan**
    - ✓ To be used by an RQ Supervisor when an Improvement Plan has been created in response to findings of an After-Action Review and/or RCA
  - **Initial Manager Follow Up**
    - ✓ To be used by an RQ 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 an RQ 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, notification to other parties, the scheduling of an After-Action Review, investigative notes and updates, etc.
  - **Root Cause Analysis (RCA)**
    - ✓ 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*)



SIR Reporting
(Follow-up Actions – cont.)

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- **Automated Workload**
  - Some users will be assigned an automated workload based on certain criteria such as Event Type, Risk Severity Assignment, etc.
    - Automated workloads will show in two locations:
      1. On your **initial screen** following your login, the same screen where you would select to enter a new event or search for a prior entry

      2. On the **Follow Up section of the SIR requiring the workload**, under My Open Follow Up

SIR Reporting (Additional Event Info)

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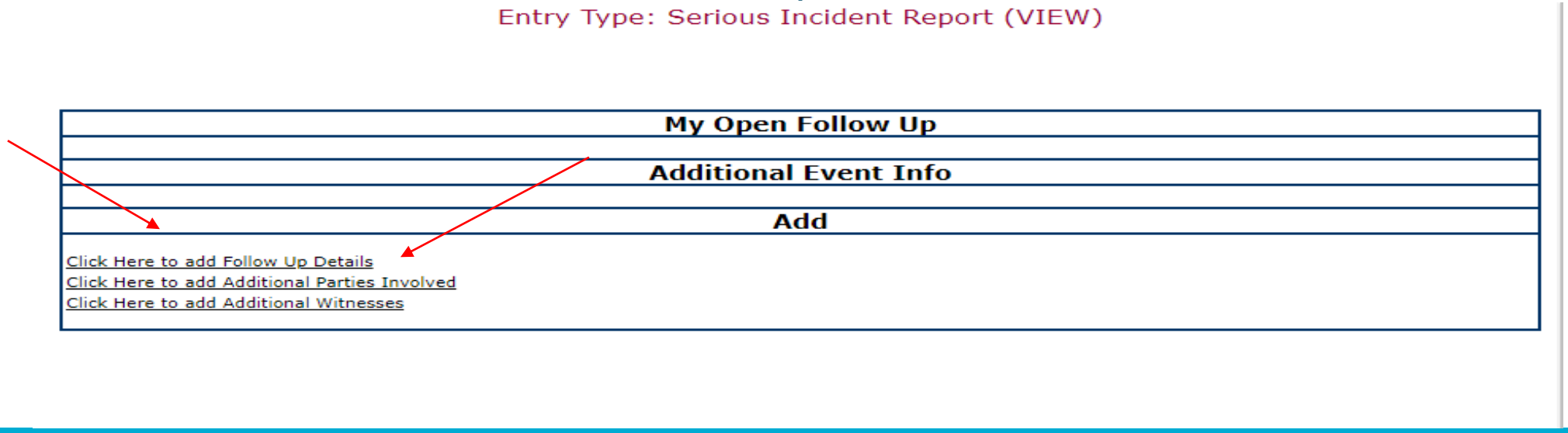
Additional Event Info

- In the same area where you would find the link to add Follow up Details, the user can find links for the following Additional Event Info additions:
  - **Additional Parties Involved –** This action is to add other active participants of the event not already mentioned as the Primary and Secondary parties
  - **Additional Witnesses –** This action is to add other witnesses of the event not already named in the SIR
  - **Additional Meds Involved** – This field would appear if the user identified that meds were involved, allowing the user to enter more than one medication, if needed
- Although the user is free to add this additional information in this section, it is not mandated. Instead, it is advised to name all these participants, witnesses, and/or medication in the Event Description



Training Environment (HAS Train)

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For further training & practice, please access the DTW Training Site:

https://ccs.hasweb.net/hastrain/login.aspx

User ID List:

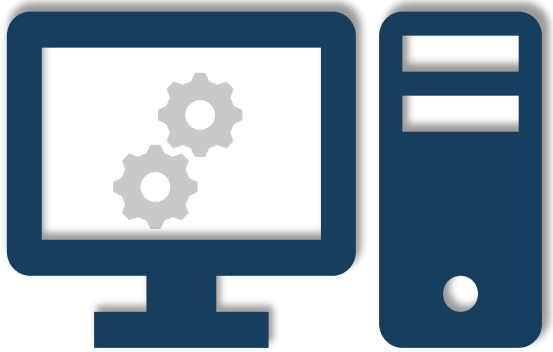
TRAINCCRS1	TRAINCCRS 1 USER	WEBUSERCCRS	Y	SUPERVISOR	
TRAINCCRS2	TRAINCCRS 2 USER	WEBUSERCCRS	Y	SUPERVISOR	
TRAINCCRS3	TRAINCCRS 3 USER	WEBUSERCCRS	Y	SUPERVISOR	
TRAINCCRS4	TRAINCCRS 4 USER	WEBUSERCCRS	Y	SUPERVISOR	
TRAINCCRS5	TRAINCCRS 5 USER	WEBUSERCCRS	Y	SUPERVISOR	
TRAINERCCRS	TRAINER CCRS USER	WEBUSERCCRS	Y	SUPERVISOR	REVTRANSM
TRAINREV1	TRAINREV 1 USER	INCEDIT	Y	SUPERVISOR	REVTRANSM
TRAINREV2	TRAINREV 2 USER	INCEDIT	Y	SUPERVISOR	REVTRANSM
TRAINREV3	TRAINREV 3 USER	INCEDIT	Y	SUPERVISOR	REVTRANSM
TRAINREV4	TRAINREV 4 USER	INCEDIT	Y	SUPERVISOR	REVTRANSM
TRAINREV5	TRAINREV 5 USER	INCEDIT	Y	SUPERVISOR	REVTRANSM

TrainCCRS1-TrainCCRS5 (Supervisor Level Access Training)

TrainerCCRS & TrainRev1-TrainRev5 (Reviewer/Transmitter Level Access Training)

Password: #training

Test Patient ID for Searches and Entries – **Patient, Testing**



How can I be of Service?

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Questions?

Feedback?

Forward any questions not addressed in this PowerPoint to the Risk Manager or the individual in charge of RiskQual reporting matters at your site

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Thank you!

Laura Serrano
WRS Risk & PI Manager

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954-354-8774