State of New Jersey
Department of Health and Senior Services

Patient Safety Reporting System

Module 2 – New Event Entry

Patient Safety Reporting System

Course Contents:

I. Preparing to Enter an Event

II. Entering a New Event

III. Event Review by Patient Safety

IV. Communication about the Event

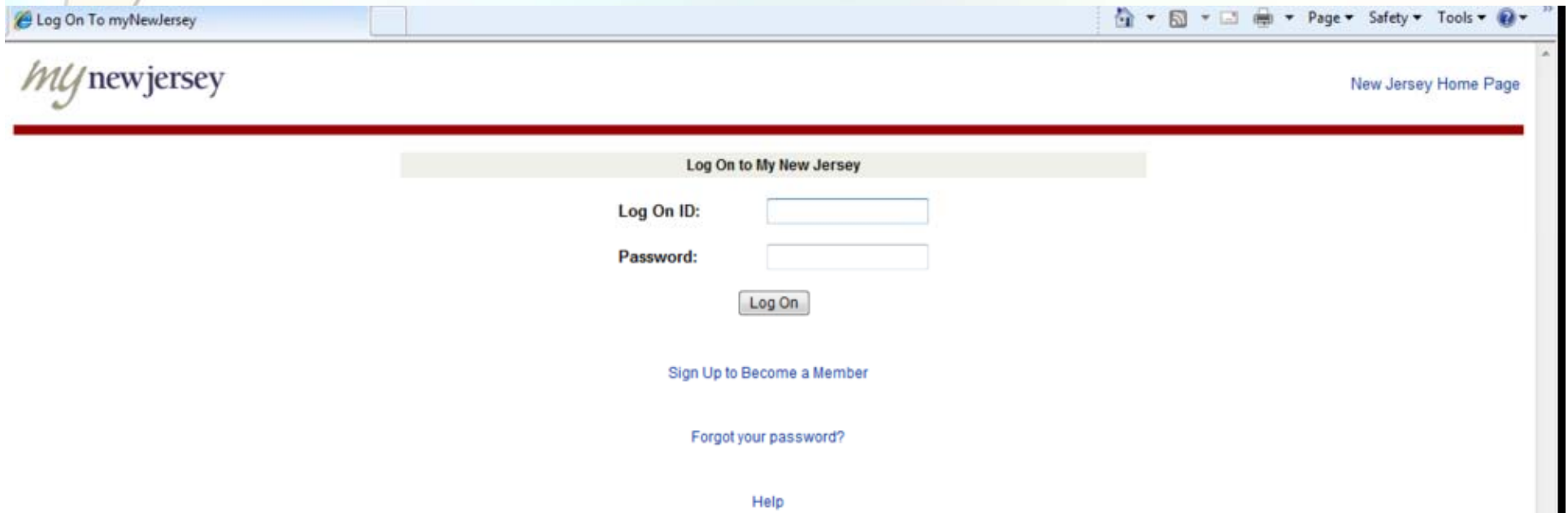# Patient Safety Reporting System

I. Preparing to Enter an Event

1. Log into the system
2. Access the "**Resources**" tab from the Main Menu
3. "Resources" Tab Menu
   - Information Consulted
   - Select Report Questions
   - User's Guide
4. Select Event Type
5. View Initial Event Questions
6. Information needed will be displayed

I. Preparing to Enter an Event - Continued
Log Into the System

I. Preparing to Enter an Event - Continued
Log Into the System

I. Preparing to Enter an Event - Continued
Log Into the System

I. Preparing to Enter an Event – Continued
"Resources" Tab

I. Preparing to Enter an Event – Continued
Initial Event Questions

- These are the questions that are required in order to submit an Event/RCA
- Click on the tab below to change between Initial Event and RCA
- Choose an item from the dropdown to see Event/RCA specific questions

Intial Event	RCA

Event Specific Questions ▼   **View Inital Event Questions**

Event Specific Questions
Care Management - Other
Care Management - Medication Error
Care Management - Pressure Ulcers
Environmental - Other
Environmental - Burn
Environmental - Fall
Environmental - Restraints
Product/Device - Malfunction
Patient Protection - Suicide\Attempted Suicide
Surgical - Retained Foreign Object
Surgical - Intra/Post-Op Coma or Death

I. Preparing to Enter an Event – Continued
Initial Event Questions

Intial Event	RCA

Environmental - Fall ▾   [View Inital Event Questions](#)

Patient Information

Facility name:

Patient type:

Admission through:

First name: **Middle name:**

Last name:

Patient billing number: **Medical record number:**

Street Address: **City:**

State:

County: **Zip code:**

Date of Birth: **Gender:**

Race:

Ethnicity:

Admission date or date of ambulatory encounter (mm/dd/yyyy):   **Admitting ICD-9:**

Main Reason for Admission or Ambulatory Encounter:

Initial Event Questions

Event Information

Event date:

Enter Event Time in Military (e.g 1800=6:00PM), if not known, enter 'unknown'

Date event discovered:

Discovery Time in Military (e.g 0200=2:00AM)

How was the event discovered?

In what unit did the event occur?

In what location did the event occur?

Location of injury (check at least one):

Severity of injury (check at least one):

Please supply a brief description of the event or situation you are reporting:

Immediate clinical action(s) taken for patient:

Immediate corrective action(s) to prevent future similiar events:

Was the patient or health care representative notified about the event within 24 hours of event discovery?

Event Specific Questions

Prior to the fall what was the patient attempting to do?

Was this fall witnessed?

Did this fall occur during change of shift?

Did this fall occur during a holiday or weekend?

What was the patient's fall risk at the time of the fall?

Patient Safety Reporting System

I. Preparing to Enter an Event – Continued
System Navigation

"Main Menu" Bar
- Add Event – enter a new event report

"Report Menu" Bar
- Moves you through each report section with red arrow to indicate next step
- Event Summary page builds as information is entered

"Save/Next" Button
- Move to next screen

Patient Safety Reporting System

II.   Entering a New Event

1. Two types of information
   - Patient Information
   - Event Information

2. Series of drop-down menus and text boxes

Patient Safety Reporting System

II.   Entering a New Event - Continued

3. Fields within each screen must be completed and saved
   - Portal will time out after 2 hours from time of logging-in to the portal
   - Information will be lost if not completed and saved

4. Information can be edited prior to submission to Patient Safety

5. When completed, the event is to be submitted to Patient Safety

Patient Safety Reporting System

II. Enter a New Event - Continued

Entering Event Details — Patient

1. Select the "Event Type" from the drop-down list

   - A description of the event selected is displayed
   - Clicking on the link on the right will display all event types and descriptions

2. After selecting the event type, click the "Continue" button

II.   Enter a New Event - Continued

State of New Jersey
Department of Health and Senior Services Patient Safety Reporting System

Home   Add Event   View Events   Report   Admin

Select Event Type

1. Select an Adverse Event Type
2. Click the "Continue" button

Adverse event type:

- Click HERE for a complete list of Event Types

Continue>

Care Management - Medication Error
Care Management - Wrong Blood Product
Care Management - Maternal Labor
Care Management - Hypoglycemia
Care Management - Neonate Hyperbilirubinemia
Care Management - Pressure Ulcers
Care Management - Spinal

Department of Health and Senior Services
P.O. Box 360, Trenton, NJ 08625-0360
Phone:(609) 633-7759
Confidential Fax: (609) 984-7707

Patient Safety Reporting System

II.   Enter a New Event - Continued

Entering Event Details – Patient

3. 1st Screen – Patient Information

- Your facility will be automatically populated (unless reporting for multiple facilities)

- Text boxes have character limits

   o See count down of the number of characters remaining

II.   Enter a New Event - Continued

Report Number: 20110007

Event Classification: Environmental - Fall

Patient Information	
Facility name:	TEST FACILITY [Edit Facility Name]
Patient type:	Inpatient ▼
	Admission through: Direct Admission ▼
First name:	BETTY
Middle name:	
Last name:	JONES
Patient billing number:	12345
Medical record number:	34567
Street Address:	123 Main St
City:	Trenton
State:	NJ ▼
	County: MERCER ▼
Zip code:	08625

Date of Birth:

Month: **Day:**   **Year - (e.g. 2010):**

1   15   1936

Gender: ○ Male ● Female

Race: ❓   Caucasian

Ethnicity: ❓   Non-Hispanic/Unable to Determine

Admission date or date of ambulatory encounter (mm/dd/yyyy):   1/4/2011   **Admitting ICD-9:**

Main Reason for Admission or Ambulatory Encounter: ❓

Patient had been admitted as an inpatient for placement of a permanent pacemaker which was successfully performed on January 5, 2011.

300   **Characters left**

*All Fields are Required

Save/Next

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18

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II.   Enter a New Event - Continued

Entering Event Details — Event

1. Next Screen – Event Information

2. All fields required

3. Event specific additional fields, e.g.

   - Location of pressure ulcer

   - Stage

Patient Safety Reporting System

II.   Enter a New Event - Continued

Entering Event Details — Event

4.   After completing all fields, select "Save/Next"

5.   Event Detail Screen

- Edit information prior to submission

- Submit Event to Patient Safety by clicking on "Submit Event" on "Report Menu"

II.   Enter a New Event - Continued

Event Classification: Environmental - Fall

Event Information

Event date: 1/6/2011

☐ If event date is unknown, check here

Enter Event Time in Military (e.g 1800=6:00PM), if not known, enter 'unknown' unknown

Date event discovered: 1/6/2011

Discovery Time in Military (e.g 0200=2:00AM) 0100

How was the event discovered? Report by staff/physician ▼

In what unit did the event occur? Med/Surg ▼

In what location did the event occur? Patient Room ▼

Location of injury (check at least one):

☐ Abdomen   ☐ Head   ☐ Upper Arm
☐ Ankle   ☑ Hip   ☐ Upper Leg
☐ Back/spine   ☐ Knee   ☐ Wrist
☐ Chest   ☐ Lower Leg   ☐ No Injury
☐ Elbow   ☐ Lower Arm   ☐ Systemic
☐ Forearm   ☐ Neck   ☐ Unresponsiveness
☐ Foot   ☐ Pelvic Region   ☐ Other
☐ Hand   ☐ Shoulder

Other:

Severity of injury (check at least one):

☐ Death   ☐ Cast/immobilization

Immediate clinical action(s) taken for patient:

> Patient was assisted back to bed. She was unable to bear
> weight on her left side. The patient's physician was
> notified. A foley catheter, pelvis and chest x-rays were
> ordered.

1000   **Characters left**

Immediate corrective action(s) to prevent future similiar events:

> All bed alarms were checked to make sure they were
> functioning appropriately.

1000   **Characters left**

Prior to the fall what was the patient attempting to do?   Toileting-related activities ▼

Was this fall witnessed?   ○ Yes ◉ No

Did this fall occur during change of shift?   ○ Yes ◉ No

Did this fall occur during a holiday or weekend?   ○ Yes ◉ No

What was the patient's fall risk at the time of the fall?   High ▼

Was the patient or health care representative notified about the event within 24 hours of event discovery?   ◉ Yes ○ No

*All Fields are Required

Save/Next

II.   Enter a New Event - Continued

- Use the 'Report Menu' below to navigate this event.
- The menu will expand as the Event/RCA progresses
- Click on the link next to the red arrow➜ to continue entering information
- Click on the appropriate link below to edit information

Please click the 'Submit' button below to notify DHSS that this event is ready for review

| Initial Event | Root Cause Action |

Report Menu: Patient Info   Event Info   ➜ Submit Event

Report Number: 2010-0035

Event Classification: Care Management - Pressure Ulcers

Patient Information

Edit

Patient Safety Reporting System

III.   Event Review by Patient Safety

1. Automated e-mail sent to Patient Safety
2. Patient Safety completes review

Patient Safety Reporting System

III. Event Review by Patient Safety - Continued

3. Review Outcomes:
   - Reportable Event – RCA needs to be completed
   - Reportable Event - RCA does not need to be completed (i.e. RFO discovered but not retained by that facility)
   - Event not accepted – Patient Safety recommends internal analysis, but RCA does not need to be submitted to Patient Safety
   - Near-Miss or Less Serious Event – Patient Safety recommends internal analysis, but RCA does not need to be submitted to Patient Safety
   - More Information Needed – Update event information and re-submit to Patient Safety

4. Patient Safety generates e-mail notification of review outcome

Patient Safety Reporting System

IV.   Communication about the Event

Additional Information Needed Email Text

"Your event has been received by the Patient Safety Reporting System. Additional information is needed to determine the status of this event. Please see comments provided by DHSS and make appropriate changes."

- Events can be accessed by:
  - Action Items – Listed under "Initial Event Comments"
  - View Event – By Status
- A comment link will only be visible for sections of the event with Patient Safety comments

Patient Safety Reporting System

IV. Communication about the Event - Continued

Additional Information Needed

- Edit the field(s) necessary to respond to comments

- When edits are completed event must be re-submitted to Patient Safety for further review

- Cycle continues until Event is determined Reportable/Not Reportable.

State of New Jersey
Department of Health and Senior Services Patient Safety Reporting System

Logged in as: sfacility   Home | Add Event | View Events | Resources | User Maintenance

Welcome to the NJ Patient Safety Reporting System

NJ is committed to promoting patient safety and preventing serious preventable adverse events. In 2004, the **New Jersey Patient Safety Act** (P.L. 2004, c9) was signed into law. The statute was designed to improve patient safety in hospitals and other health care facilities by establishing a serious preventable adverse event reporting system. This site is designed to help healthcare facilities develop strong patient safety programs, collect and analyze aggregate data and fulfill the law's mandatory reporting requirements

Additional resources may be found on the Patient Safety website at: http://nj.gov/health/ps/

Program staff are also available to speak with you at: 609.633.7759

Action Items

Initial Event Comments

Report Number	Submit Date
20103043	12/17/2010
20103041	12/15/2010
20110002	1/4/2011

RCA Comments

Report Number	RCA Due Date
No data to display	

28

Main Reason for Admission: *reason for admission*

<div style="background:#8B1A2A;color:white;text-align:center;">**Event Information**</div>

Edit   **Comments**

Event date:	*9/13/2010*	**Event Time:**	*8:00 AM*
Date event discovered:	*9/13/2010*	**Discover Time:**	*4:30 PM*
How was the event discovered?	*Report by staff/physician*		
In what unit did the event occur?	*Operating Room*		
In what location did the event occur?	*NA*		

Location of injury (check at least one):
Shoulder
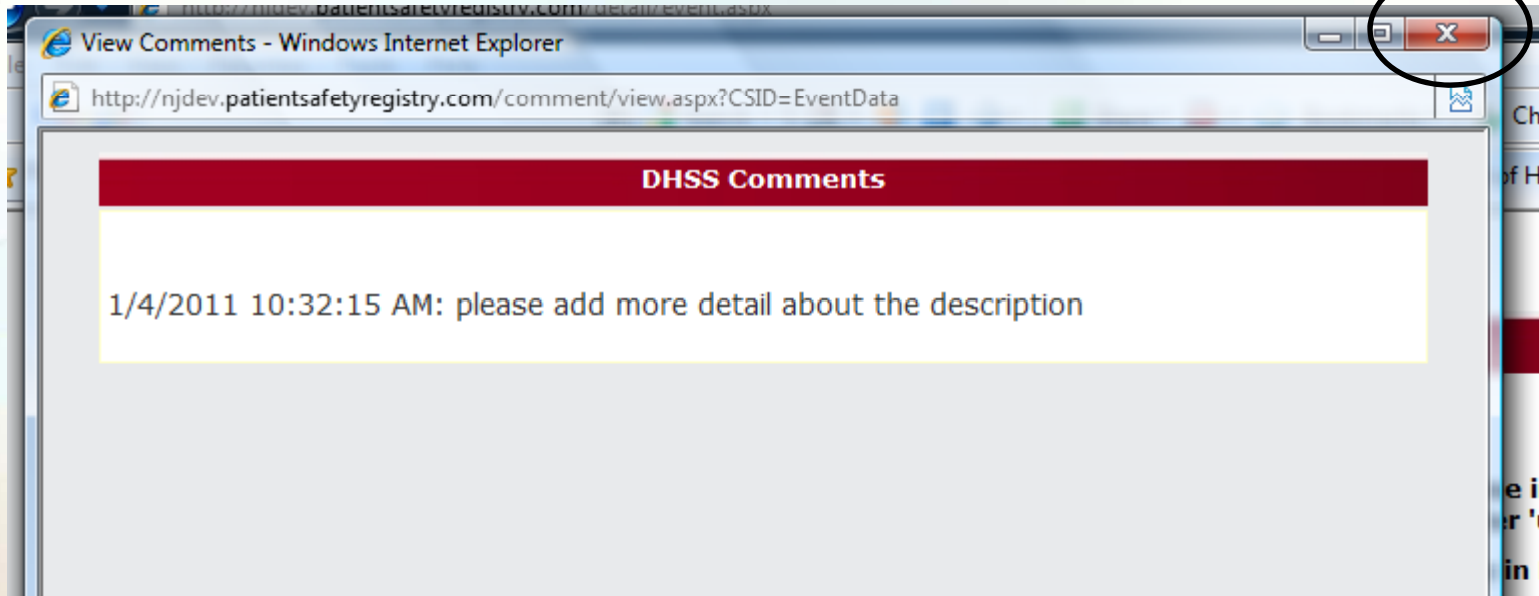
IV.   Communication about the Event - Continued

Logged in as: sfacility

Report Menu: Return to Detail

Report Number:20110002

Event Classification: Surgical - Wrong Procedure

Event Information

Event date: | 1/4/2011 | **Enter Event Time in Military (e.g 1800=6:00PM), if not known, enter 'unknown'** | 1800

☐ If event date is unknown, check here

Date event discovered: | 1/4/2011 | **Discovery Time in Military (e.g 0200=2:00AM)** | 1800

Please explain why submission is over due:

How was the event discovered? | Report by family/visitor ▼

In what unit did the event occur? | Behavioral Health ▼

In what location did the event occur? | Patient Room ▼

31

IV. Communication about the Event – Continued

Event is Re-submitted for Review

- Use the 'Report Menu' below to navigate this event.
- The menu will expand as the Event/RCA progresses
- Click on the link next to the red arrow➜ to continue entering information
- Click on the appropriate link below to edit information

Please click the 'Submit' button below to notify DHSS that this event is ready for review

| Initial Event | Root Cause Action |

Report Menu: Patient Info   Event Info ➜ Submit Event

Report Number: 2010-0035

Event Classification: Care Management - Pressure Ulcers

Patient Information

Edit

Patient Safety Reporting System

IV.   Communication about the Event

Event Accepted and RCA Required Email Text

"Your event has been received and accepted by the Patient Safety Reporting System. Please follow the process for submitting an RCA for this event.

RCA Due Date:2/18/2011"

Patient Safety Reporting System Review

1. Use "Resource" menu to review questions
2. Enter Initial Event information
3. Patient Safety reviews Event and responds with next step
4. Review Patient Safety comments and edit event
5. Re-submit event to Patient Safety

Patient Safety Reporting System

Next Module

1. Enter Root Cause Analysis and Action Plan
2. Patient Safety review of RCA
3. Communication about RCA