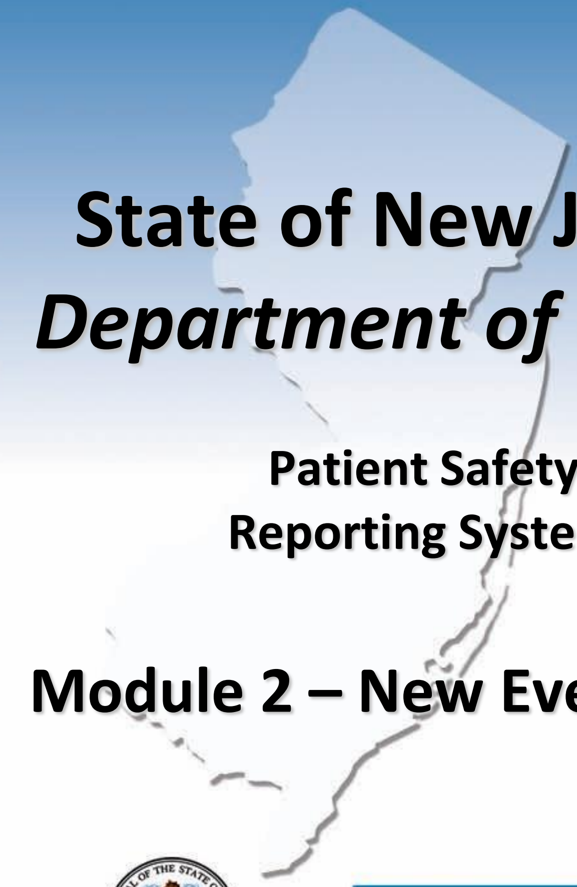


State of New Jersey
Department of Health

Patient Safety
Reporting System

Module 2 – New Event Entry

Phil Murphy
Governor

Sheila Oliver
Lieutenant Governor

Shereef M. Elnahal, M.D., M.B.A.
Commissioner

Revised November 2018

Patient Safety Reporting System

Course Contents

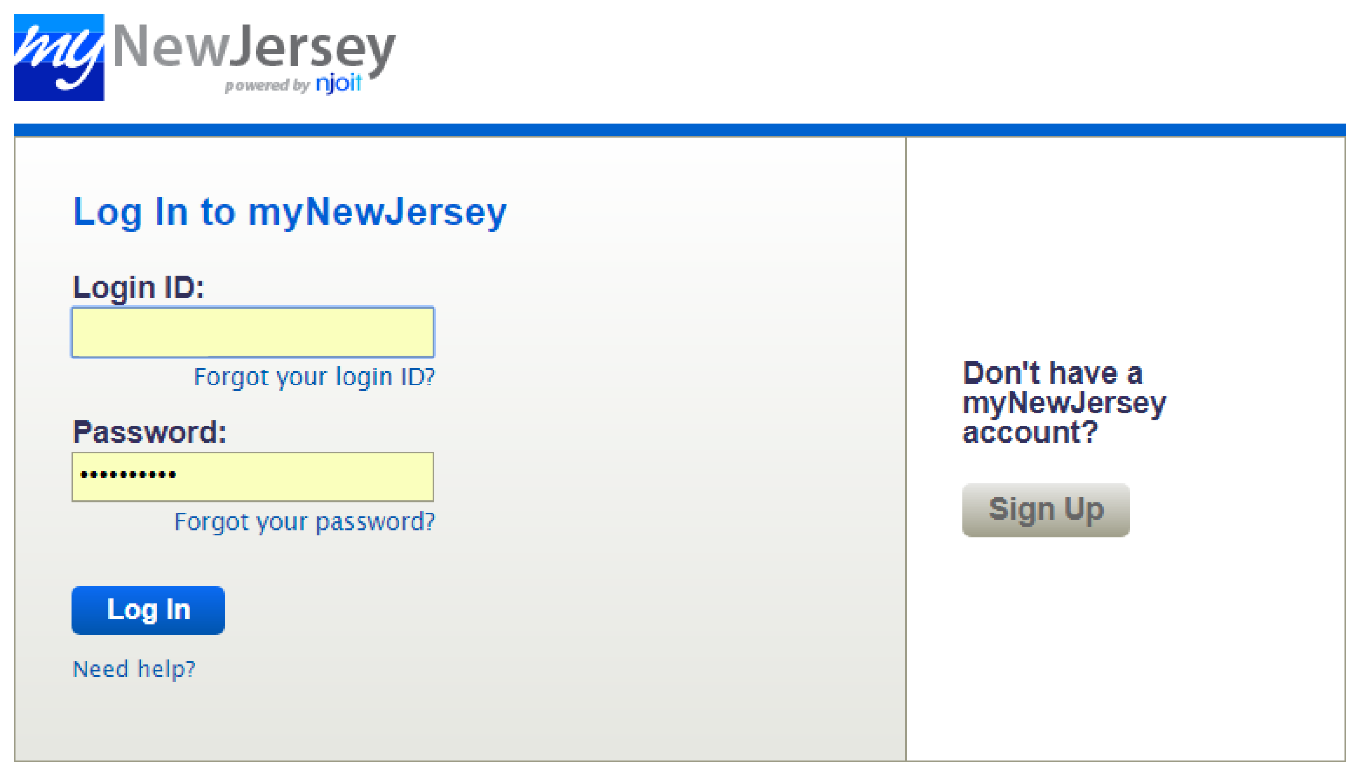
I. Preparing to Enter an Event
II. Entering a New Event
III. Event Review by PSRS
IV. Other Communications About the Event

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
    - Report Questions
    - User 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



Log In to myNewJersey

Login ID:

Forgot your login ID?

Password:

••••••••••

Forgot your password?

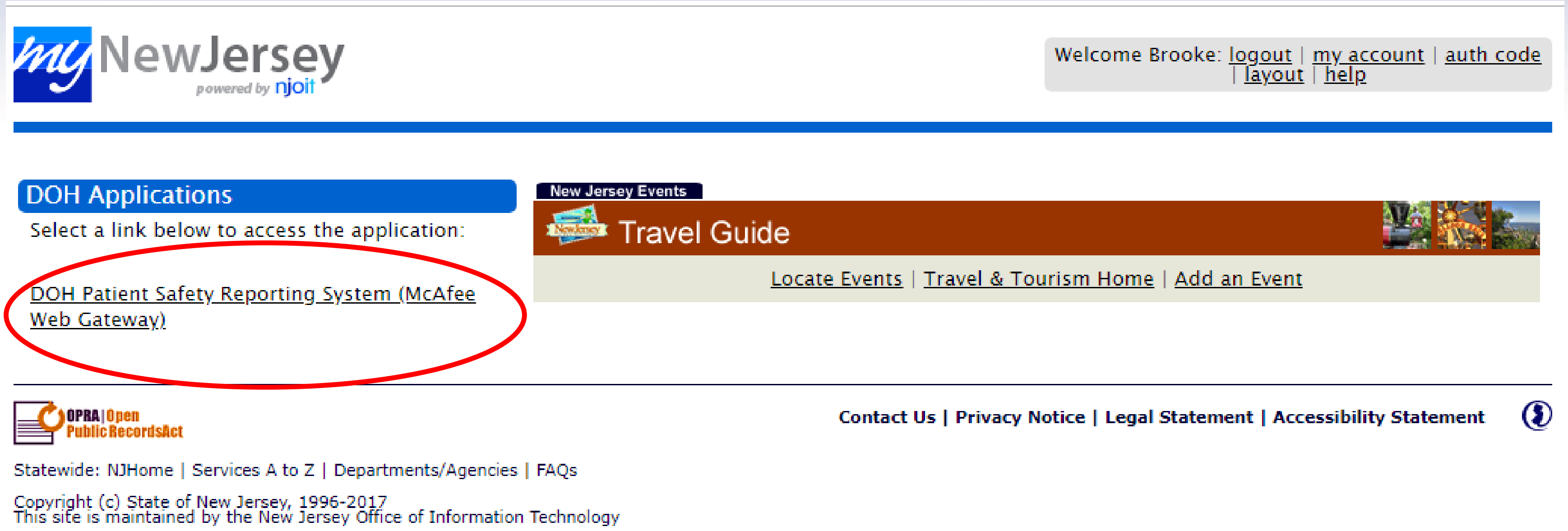
Need help?

Don't have a myNewJersey account?

myNewJersey
powered by njoit
Log In
Sign Up

I. Preparing to Enter an Event – *continued*

Log Into the System



Welcome Brooke: logout | my account | auth code | layout | help

DOH Applications

Select a link below to access the application:

DOH Patient Safety Reporting System (McAfee Web Gateway)

New Jersey Events

Travel Guide

Locate Events | Travel & Tourism Home | Add an Event

Contact Us | Privacy Notice | Legal Statement | Accessibility Statement

Statewide: NJHome | Services A to Z | Departments/Agencies | FAQs

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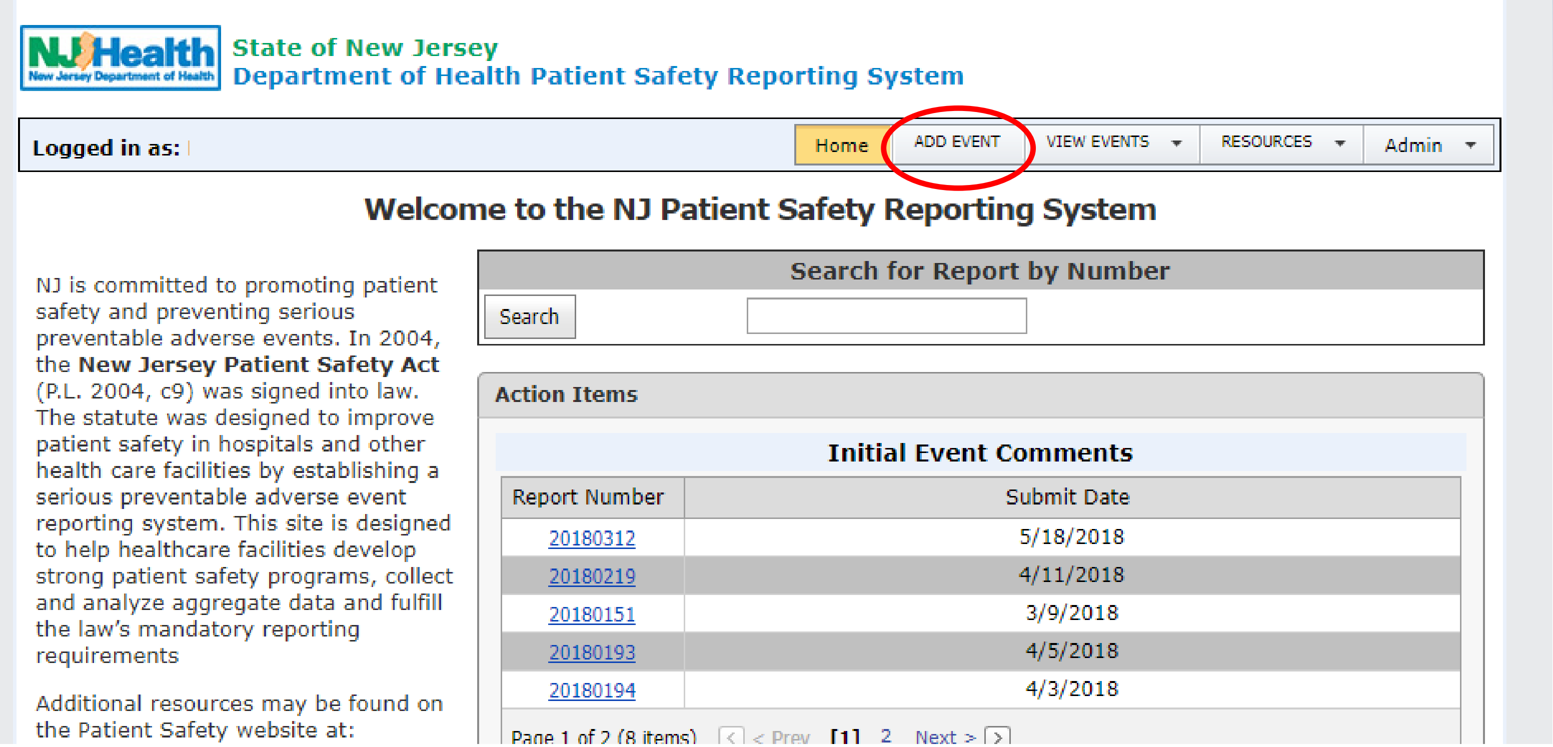
I. Preparing to Enter an Event – *continued*

Enter the System


NJ Health
New Jersey Department of Health
Home
ADD EVENT
VIEW EVENTS
RESOURCES
Admin
Search
Page 1 of 2 (8 items)
< Prev
[1]
2
Next >

State of New Jersey
Department of Health Patient Safety Reporting System

Logged in as:

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:

Search for Report by Number

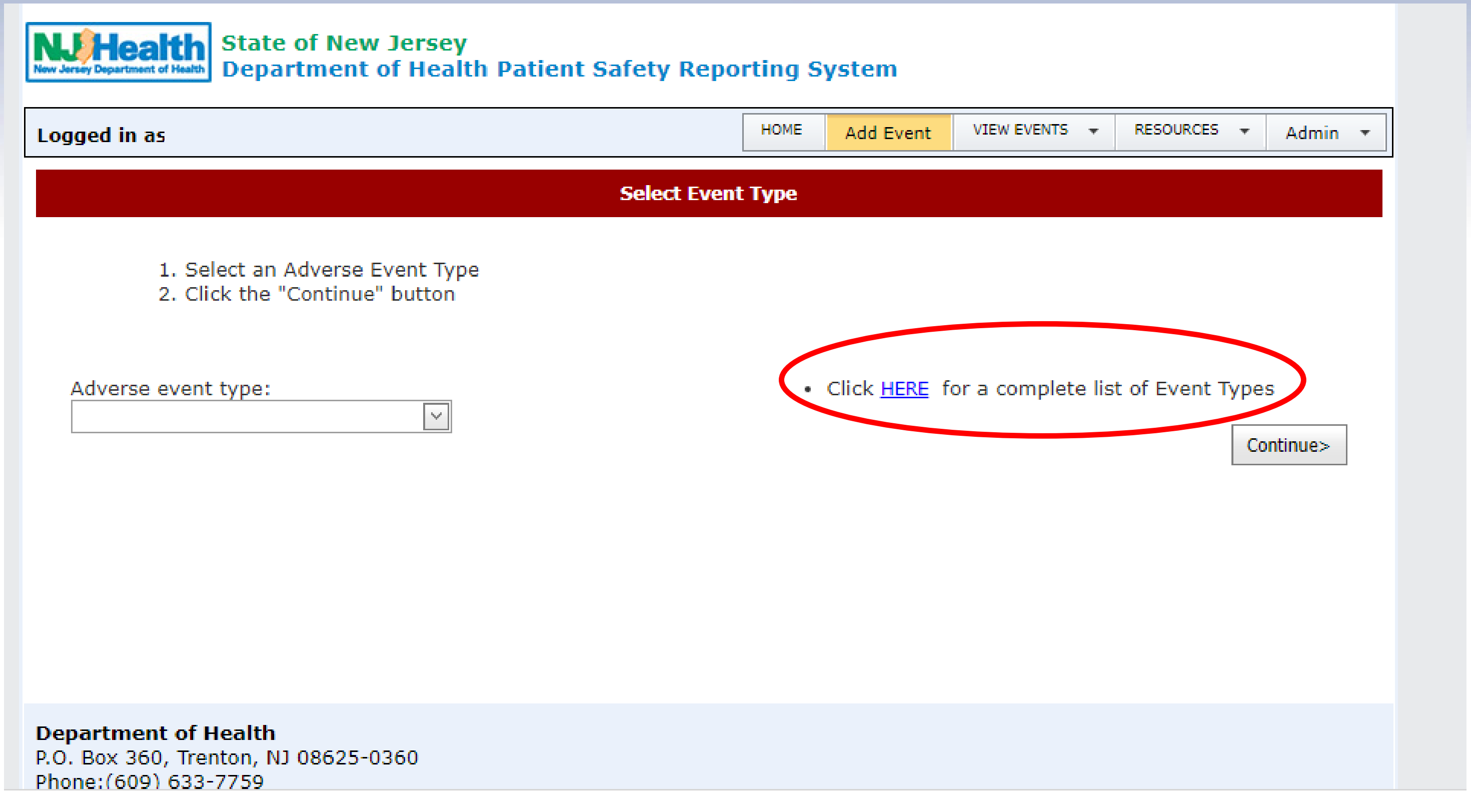
Action Items

Initial Event Comments

Report Number	Submit Date
20180312	5/18/2018
20180219	4/11/2018
20180151	3/9/2018
20180193	4/5/2018
20180194	4/3/2018

I. Preparing to Enter an Event – *continued*

List of Event Types



State of New Jersey
Department of Health Patient Safety Reporting System

Logged in as

HOME
Add Event
VIEW EVENTS
RESOURCES
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>

Department of Health
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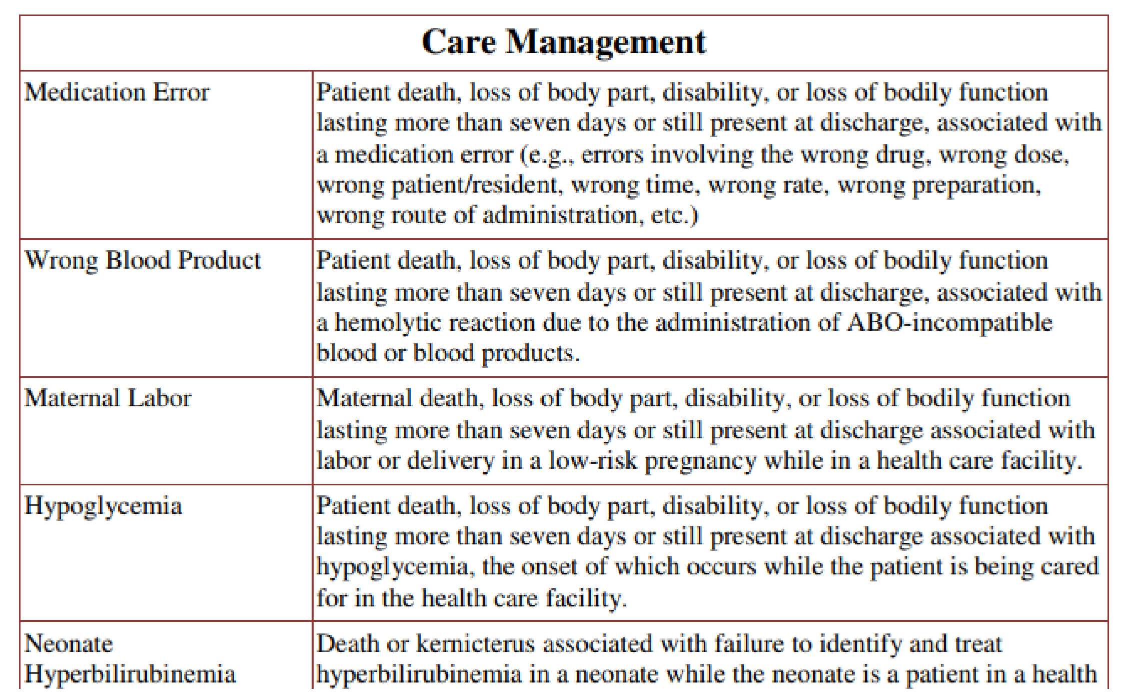
Phone:(609) 633-7759

I. Preparing to Enter an Event – *continued*

List of Event Types

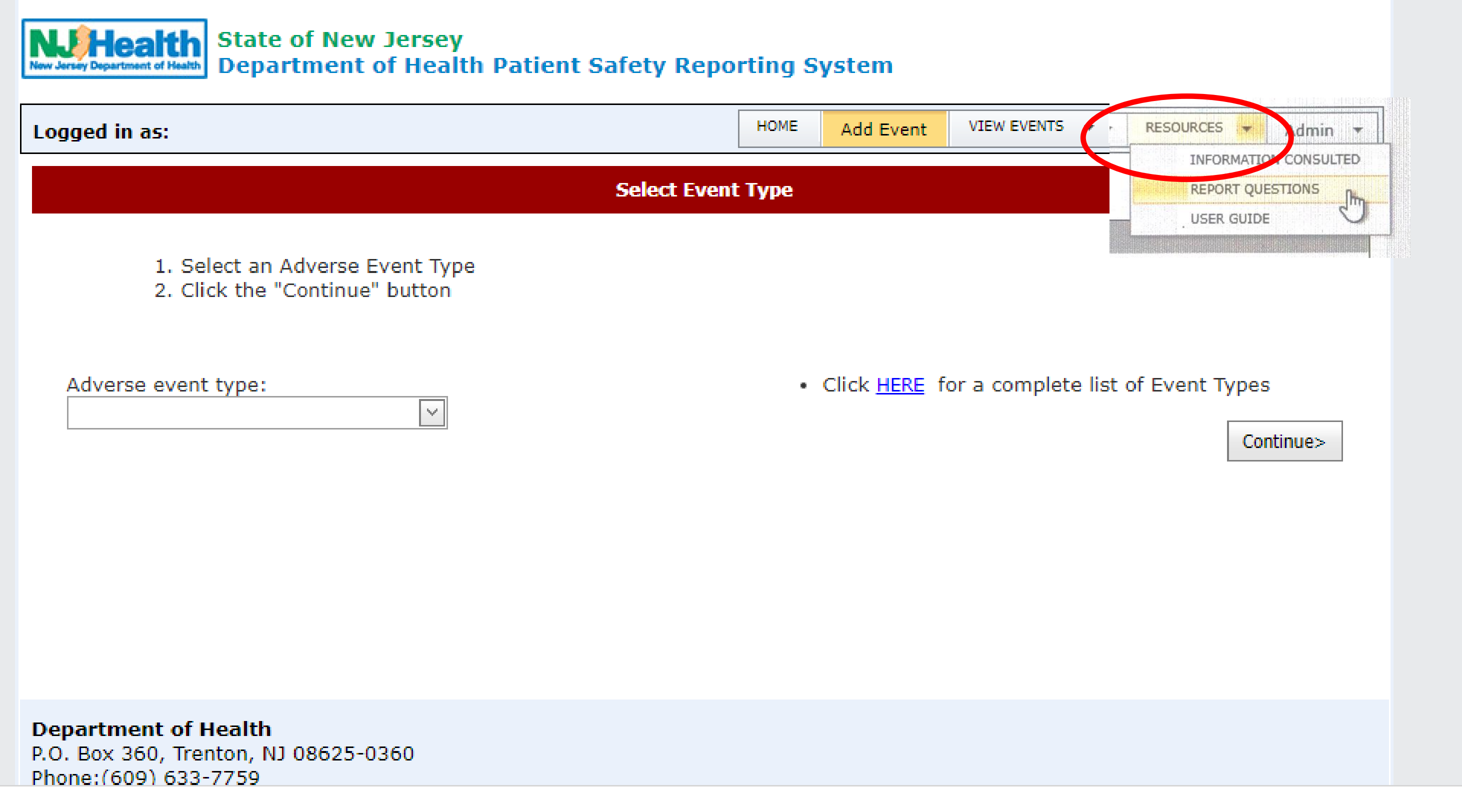


Care Management	
Medication Error	Patient death, loss of body part, disability, or loss of bodily function lasting more than seven days or still present at discharge, associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient/resident, wrong time, wrong rate, wrong preparation, wrong route of administration, etc.)
Wrong Blood Product	Patient death, loss of body part, disability, or loss of bodily function lasting more than seven days or still present at discharge, associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products.
Maternal Labor	Maternal death, loss of body part, disability, or loss of bodily function lasting more than seven days or still present at discharge associated with labor or delivery in a low-risk pregnancy while in a health care facility.
Hypoglycemia	Patient death, loss of body part, disability, or loss of bodily function lasting more than seven days or still present at discharge associated with hypoglycemia, the onset of which occurs while the patient is being cared for in the health care facility.
Neonate Hyperbilirubinemia	Death or kernicterus associated with failure to identify and treat hyperbilirubinemia in a neonate while the neonate is a patient in a health

I. Preparing to Enter an Event – *continued*

Resources Tab

(for questions and more information)



State of New Jersey
Department of Health Patient Safety Reporting System

Logged in as:

HOME
Add Event
VIEW EVENTS
RESOURCES
Admin
INFORMATION CONSULTED
REPORT QUESTIONS
USER GUIDE
Select Event Type
Continue>

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

Adverse event type:

- Click HERE for a complete list of Event Types

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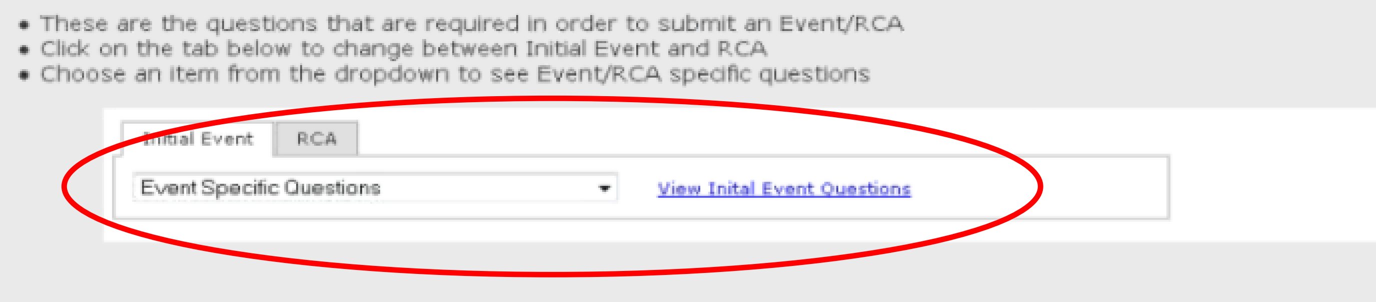
I. Preparing to Enter an Event – *continued*

Resources Tab

(for questions and more information)



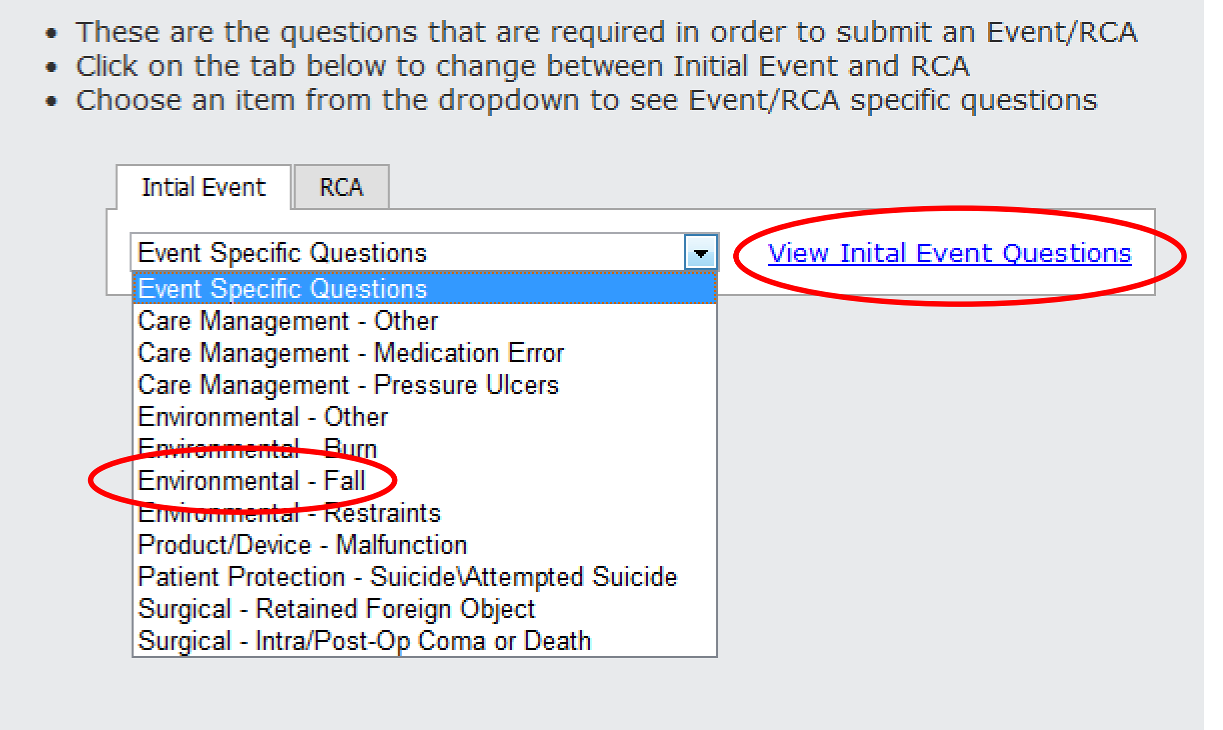
- These are the questions that are required in order to submit an Event/RCA
- Click on the tab below to change between Initial Event and RCA
- Choose an item from the dropdown to see Event/RCA specific questions

Initial Event
RCA
Event Specific Questions
View Inital Event Questions

I. Preparing to Enter an Event – *continued*

Resources Tab

(for questions and more information)



- 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

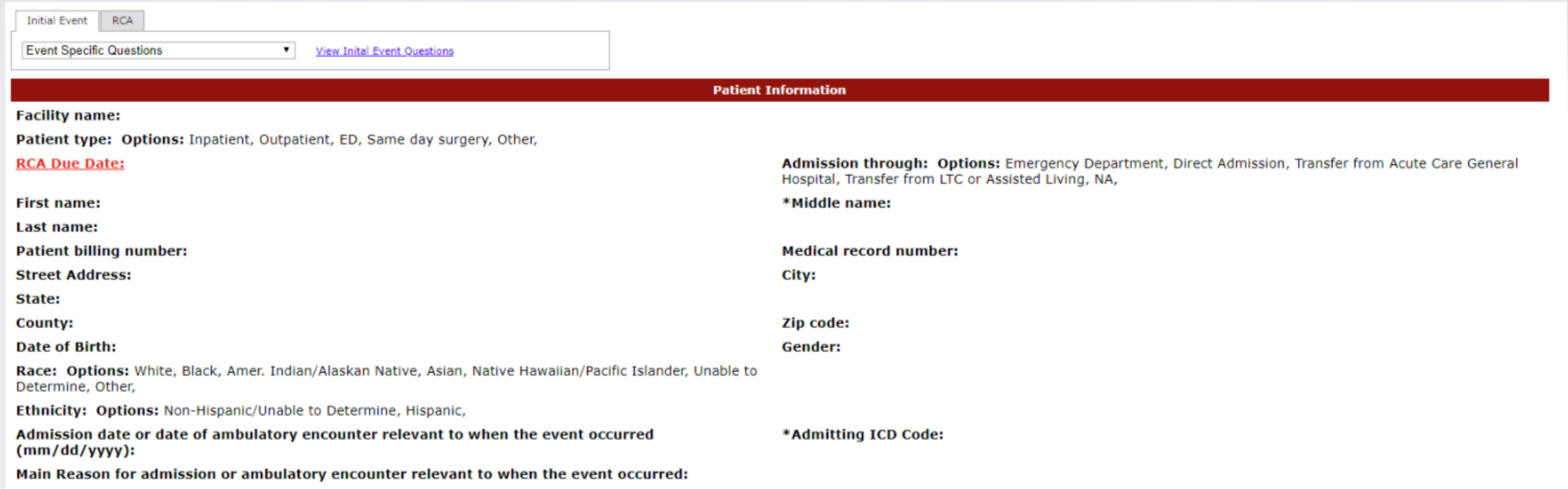
Intial Event
RCA
Event Specific Questions
View Inital Event Questions
Event Specific Questions
Care Management - Other
Care Management - Medication Error
Care Management - Pressure Ulcers
Environmental - Other
Environmental - Burn
Environmental - Fall
Environmental - Restraints
Product/Device - Malfunction
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

Patient Information Questions

Note: Patient Information Questions are Universal



Patient Information

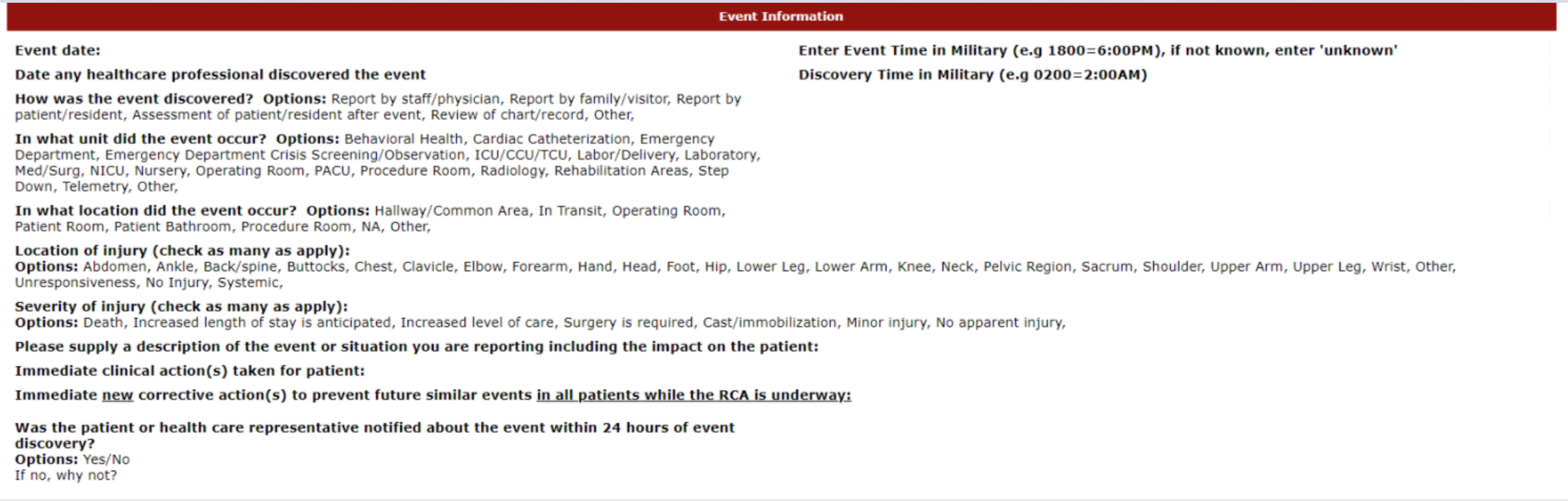
Facility name:	
Patient type: Options: Inpatient, Outpatient, ED, Same day surgery, Other,	
RCA Due Date:	**Admission through: Options:** Emergency Department, Direct Admission, Transfer from Acute Care General Hospital, Transfer from LTC or Assisted Living, NA,
First name:	***Middle name:**
Last name:	
Patient billing number:	**Medical record number:**
Street Address:	**City:**
State:	
County:	**Zip code:**
Date of Birth:	**Gender:**
Race: Options: White, Black, Amer. Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, Unable to Determine, Other,	
Ethnicity: Options: Non-Hispanic/Unable to Determine, Hispanic,	
Admission date or date of ambulatory encounter relevant to when the event occurred (mm/dd/yyyy):	***Admitting ICD Code:**
Main Reason for admission or ambulatory encounter relevant to when the event occurred:	

I. Preparing to Enter an Event – *continued*

Initial Event Questions

Event Information Questions

***Note:** Initial Event Information Questions are Universal*



Event Information

Event date:

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

Date any healthcare professional discovered the event

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

How was the event discovered? Options: Report by staff/physician, Report by family/visitor, Report by patient/resident, Assessment of patient/resident after event, Review of chart/record, Other,

In what unit did the event occur? Options: Behavioral Health, Cardiac Catheterization, Emergency Department, Emergency Department Crisis Screening/Observation, ICU/CCU/TCU, Labor/Delivery, Laboratory, Med/Surg, NICU, Nursery, Operating Room, PACU, Procedure Room, Radiology, Rehabilitation Areas, Step Down, Telemetry, Other,

In what location did the event occur? Options: Hallway/Common Area, In Transit, Operating Room, Patient Room, Patient Bathroom, Procedure Room, NA, Other,

Location of injury (check as many as apply):
Options: Abdomen, Ankle, Back/spine, Buttocks, Chest, Clavicle, Elbow, Forearm, Hand, Head, Foot, Hip, Lower Leg, Lower Arm, Knee, Neck, Pelvic Region, Sacrum, Shoulder, Upper Arm, Upper Leg, Wrist, Other, Unresponsiveness, No Injury, Systemic,

Severity of injury (check as many as apply):
Options: Death, Increased length of stay is anticipated, Increased level of care, Surgery is required, Cast/immobilization, Minor injury, No apparent injury,

Please supply a description of the event or situation you are reporting including the impact on the patient:

Immediate clinical action(s) taken for patient:

Immediate new corrective action(s) to prevent future similar events in all patients while the RCA is underway:

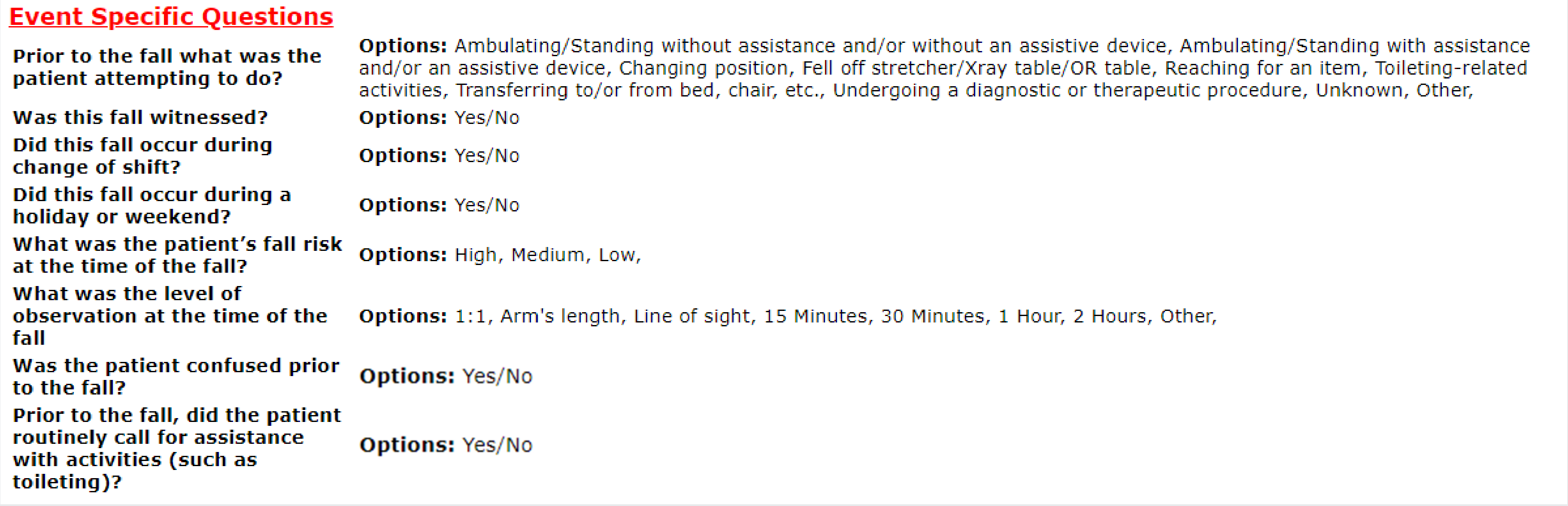
Was the patient or health care representative notified about the event within 24 hours of event discovery?
Options: Yes/No
If no, why not?

I. Preparing to Enter an Event – *continued*

Initial Event Questions

Event Specific Questions

Note: Not all Event Types have Event Specific Questions



Event Specific Questions

Prior to the fall what was the patient attempting to do?	**Options:** Ambulating/Standing without assistance and/or without an assistive device, Ambulating/Standing with assistance and/or an assistive device, Changing position, Fell off stretcher/Xray table/OR table, Reaching for an item, Toileting-related activities, Transferring to/or from bed, chair, etc., Undergoing a diagnostic or therapeutic procedure, Unknown, Other,
Was this fall witnessed?	**Options:** Yes/No
Did this fall occur during change of shift?	**Options:** Yes/No
Did this fall occur during a holiday or weekend?	**Options:** Yes/No
What was the patient's fall risk at the time of the fall?	**Options:** High, Medium, Low,
What was the level of observation at the time of the fall	**Options:** 1:1, Arm's length, Line of sight, 15 Minutes, 30 Minutes, 1 Hour, 2 Hours, Other,
Was the patient confused prior to the fall?	**Options:** Yes/No
Prior to the fall, did the patient routinely call for assistance with activities (such as toileting)?	**Options:** Yes/No

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 an 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

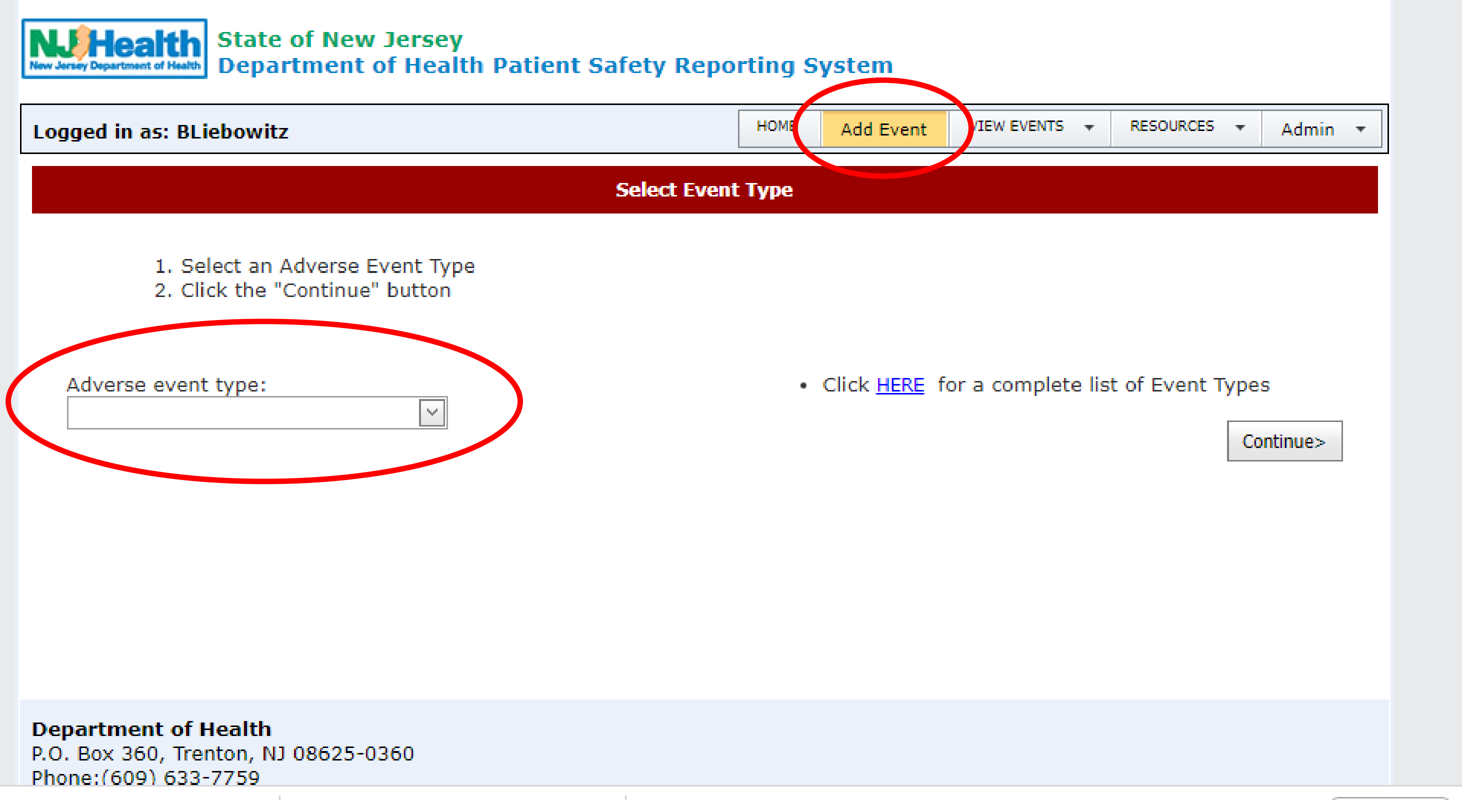
1. **Two types of information**
   - Patient Information
   - Event Information
2. **Series of drop-down menus and text boxes**

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 PSRS**
5. **When completed, click on the "SUBMIT EVENT" tab to send the event to PSRS**
   - Note that saving alone does not submit the event; you must hit the SUBMIT EVENT tab

II. Entering a New Event - *continued*

Adding an Event



State of New Jersey
Department of Health Patient Safety Reporting System
HOME
Add Event
VIEW EVENTS
RESOURCES
Admin
Select Event Type
Adverse event type:
Continue>

Logged in as: BLiebowitz

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

- Click HERE for a complete list of Event Types

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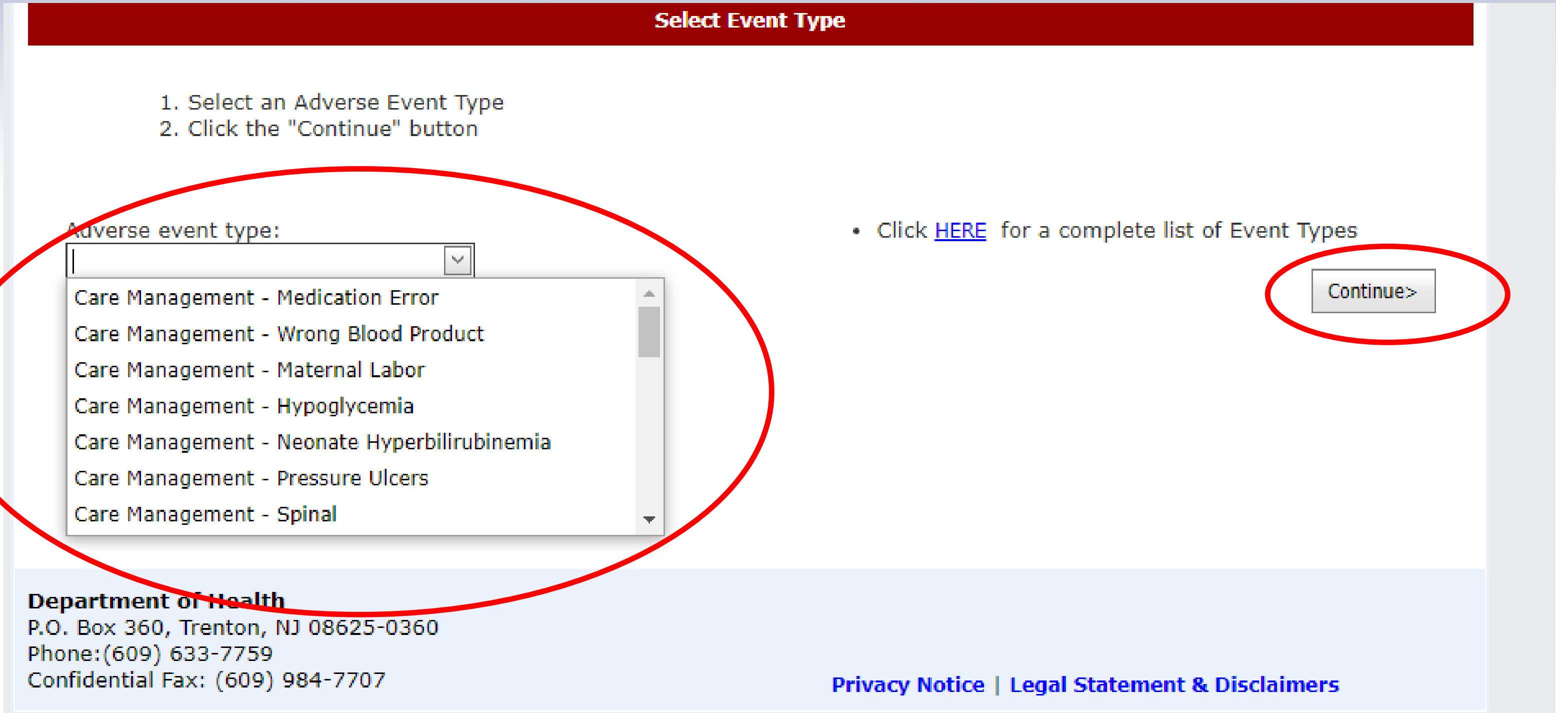
II. Entering a New Event – *continued*

Adding an Event



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

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
Continue>

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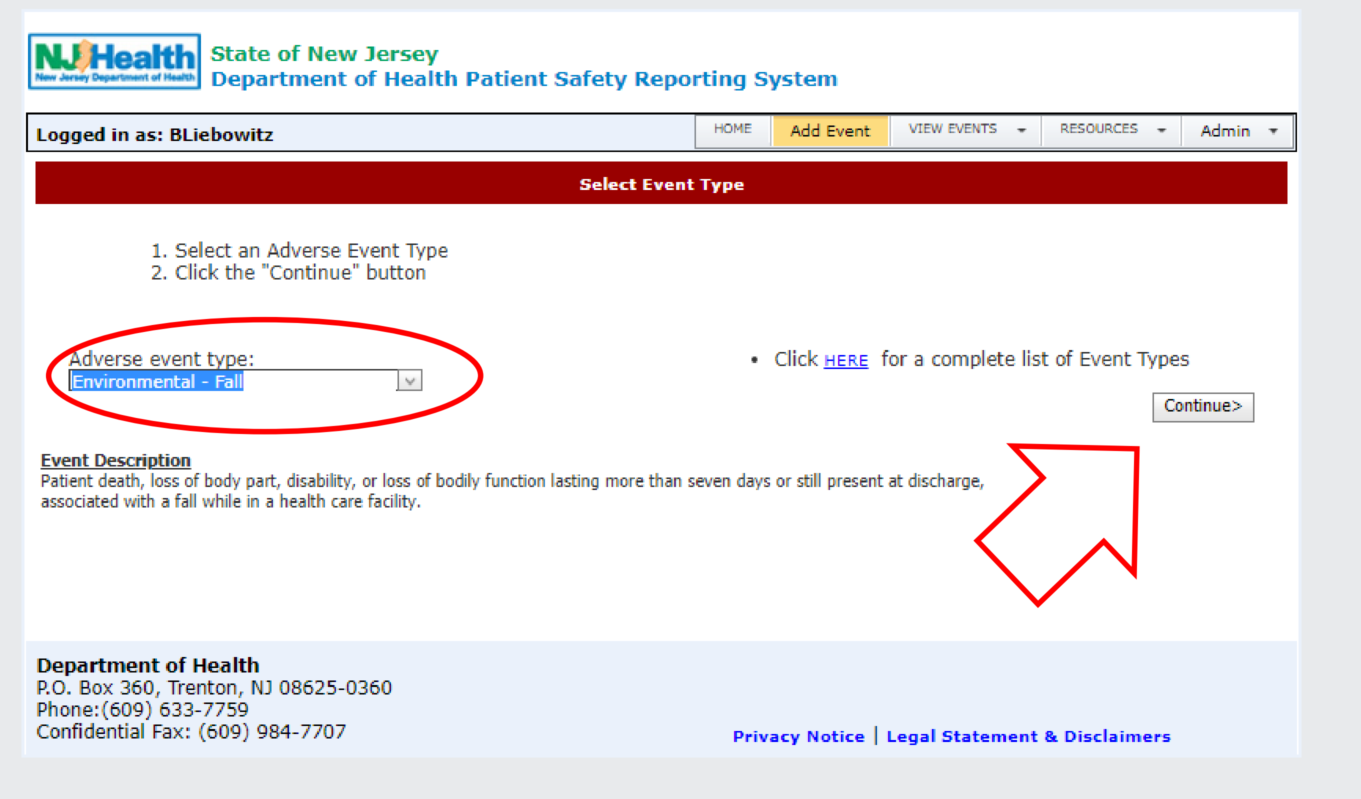
Privacy Notice | Legal Statement & Disclaimers

II. Entering a New Event – *continued*

Adding an Event



State of New Jersey
Department of Health Patient Safety Reporting System

Logged in as: BLiebowitz

HOME
Add Event
VIEW EVENTS
RESOURCES
Admin

Select Event Type

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

Adverse event type: Environmental - Fall

- Click HERE for a complete list of Event Types

Continue>

Event Description
Patient death, loss of body part, disability, or loss of bodily function lasting more than seven days or still present at discharge, associated with a fall while in a health care facility.

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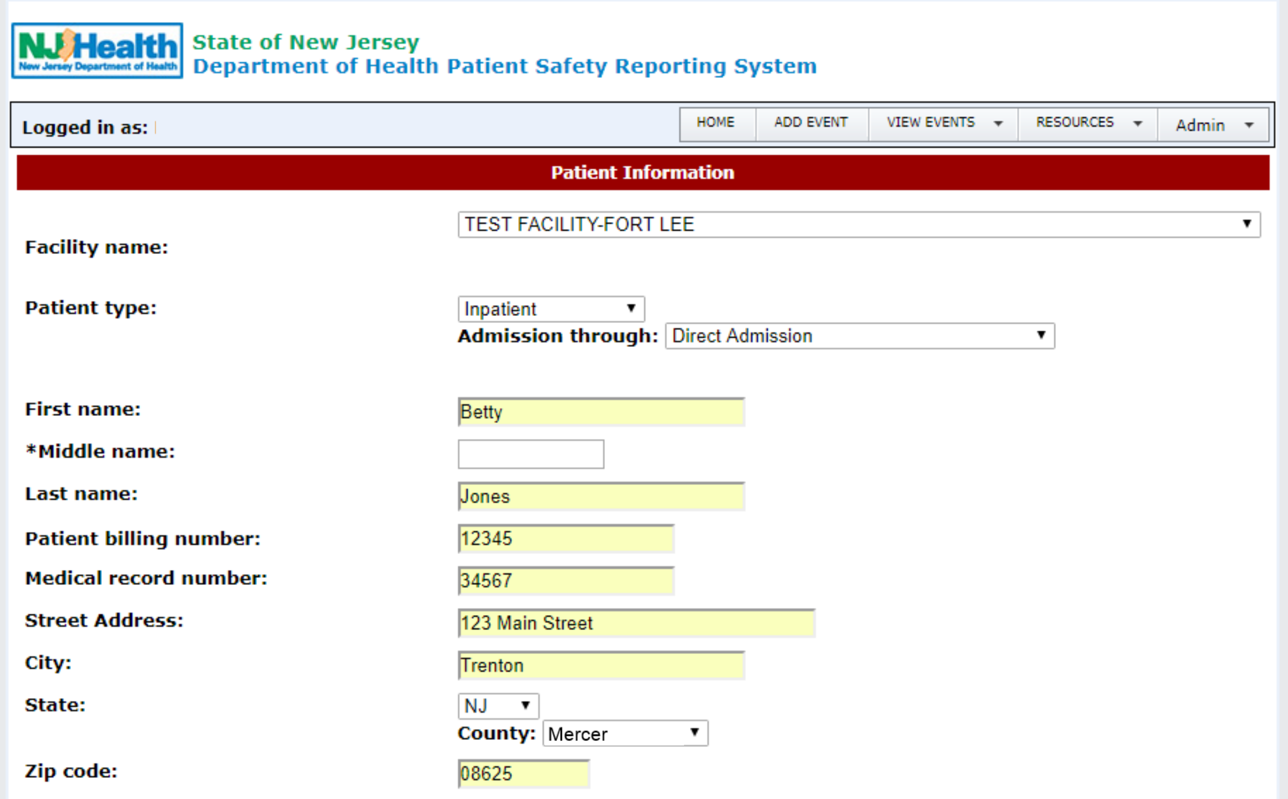
II. Entering a New Event – *continued*

Adding an Event

1. First Screen – Patient Information
    - Your facility will be automatically populated (unless reporting for multiple facilities)
    - Text boxes have character limits
        - *See count down of the number of characters remaining*

II. Entering a New Event – *continued*

Entering Event Details — Patient Information


NJ Health
New Jersey Department of Health
HOME
ADD EVENT
VIEW EVENTS
RESOURCES
Admin

State of New Jersey
Department of Health Patient Safety Reporting System

Logged in as:

Patient Information

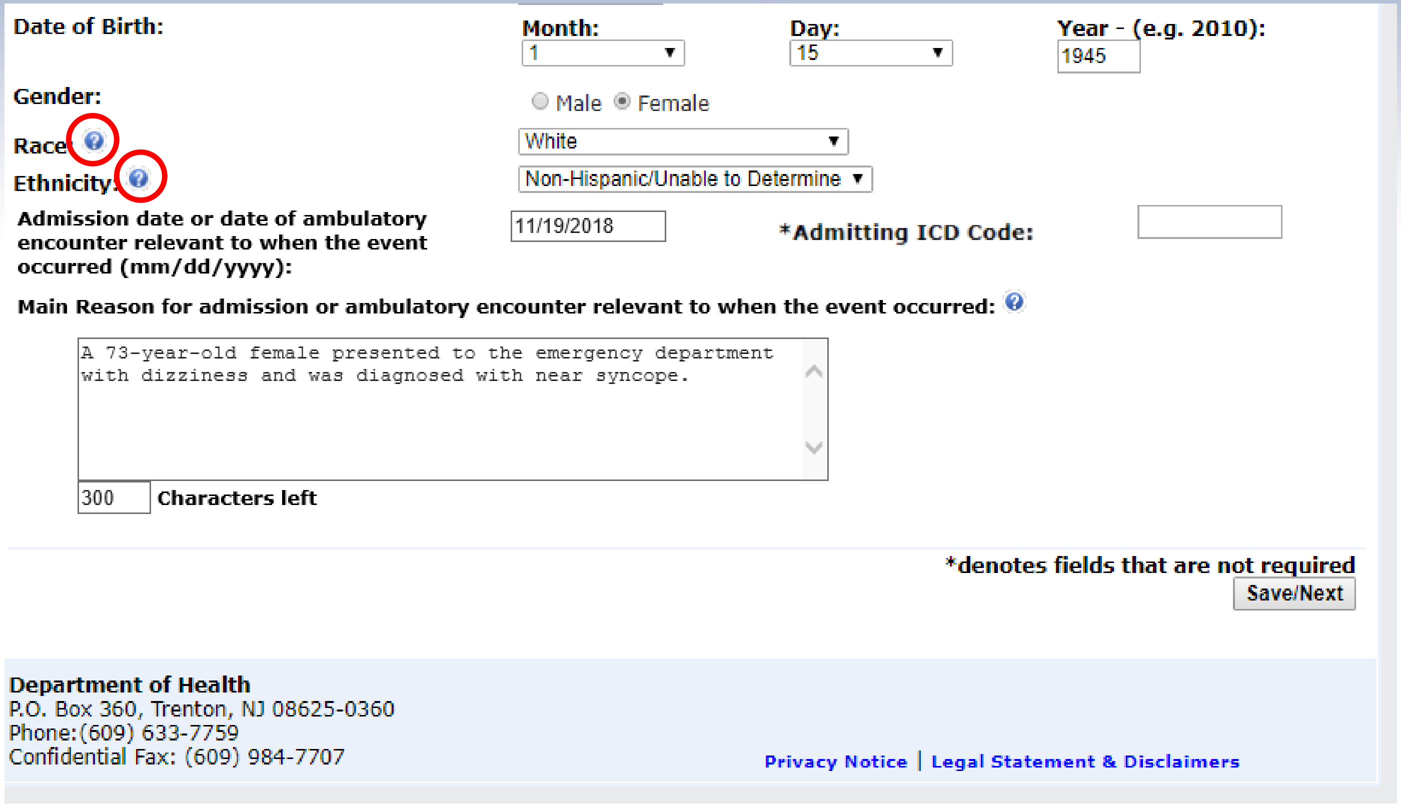
Facility name: TEST FACILITY-FORT LEE

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 Street
City: Trenton
State: NJ
County: Mercer
Zip code: 08625

II. Entering a New Event – *continued*

Entering Event Details — Patient



Date of Birth:

Month: 1

Day: 15

Year - (e.g. 2010): 1945

Gender: ○ Male ● Female

Race: White

Ethnicity: Non-Hispanic/Unable to Determine

Admission date or date of ambulatory encounter relevant to when the event occurred (mm/dd/yyyy): 11/19/2018

***Admitting ICD Code:**

Main Reason for admission or ambulatory encounter relevant to when the event occurred:

```
A 73-year-old female presented to the emergency department
with dizziness and was diagnosed with near syncope.
```

300 **Characters left**

***denotes fields that are not required**

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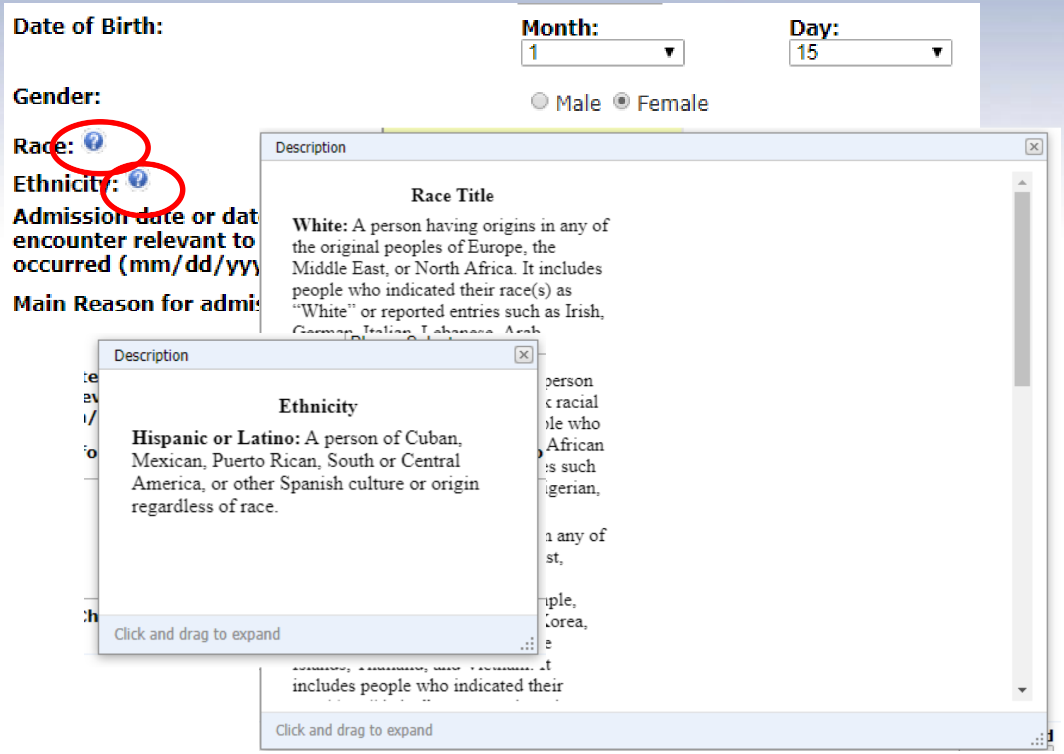
II. Entering a New Event – *continued*

Entering Event Details —Question Mark Help



Date of Birth:

Month: 1

Day: 15

Gender: ○ Male ● Female

Race:

Ethnicity:

Admission date or dat
encounter relevant to
occurred (mm/dd/yy

Main Reason for admi

Description

Race Title

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicated their race(s) as "White" or reported entries such as Irish,

person
racial
le who
African
s such
gerian,
any of
st,
ple,
orea,
e
includes people who indicated their

Click and drag to expand

Description

Ethnicity

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race.

Click and drag to expand

II. Entering a New Event – *continued*

Entering Event Details — Event

1. **Next Screen – Event Information**
   - Please note that the text box for the description of the event or situation is an unlimited text box.
2. **All fields required**
3. **Event specific additional fields, e.g.**
   - Was this fall witnessed?
   - Did this fall occur during a holiday or weekend shift?
   - Prior to the fall, what was the patient attempting to do?

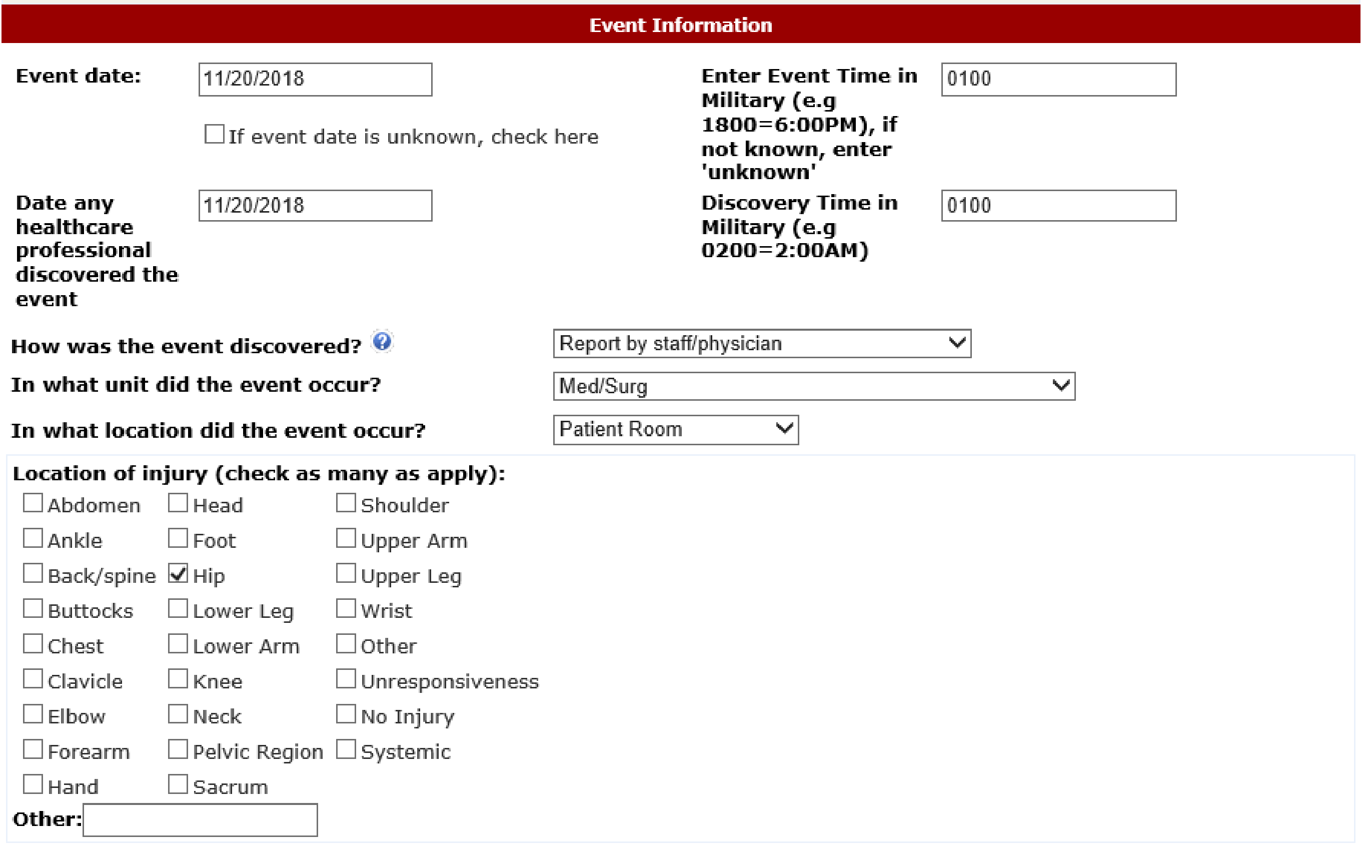
II. Entering a New Event – *continued*

Entering Event Details — Event

4. **After completing all fields, select "Save/Next"**
    - Once you have created and first saved an Event, an Event Number will be assigned. DO NOT create a new event report or a duplicate report
5. **Event Detail Screen**
    - *Note:* You can go back and edit information prior to submission
    - Submit Event to PSRS by clicking on "Submit Event" on "Report Menu"

II. Entering an Event– *continued*

Entering Event Details — Event



Event Information

Event date: 11/20/2018

☐ If event date is unknown, check here

Enter Event Time in Military (e.g 1800=6:00PM), if not known, enter 'unknown' 0100

Date any healthcare professional discovered the event 11/20/2018

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

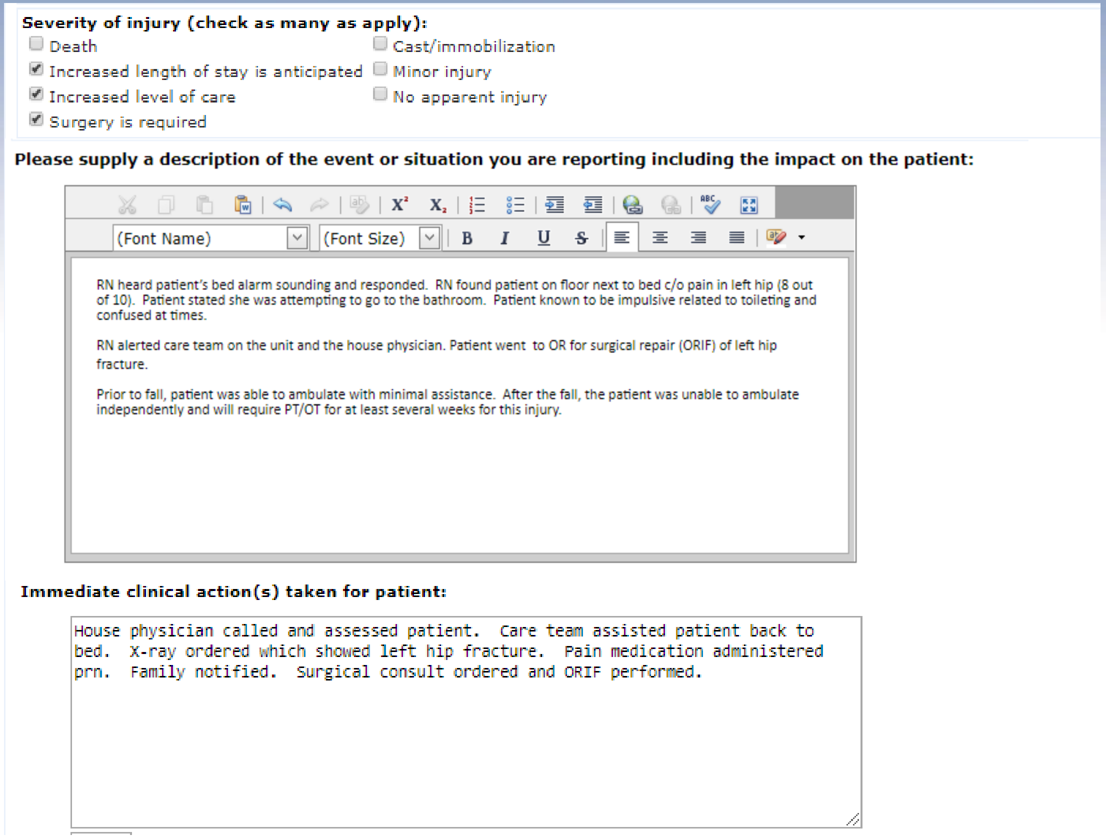
Location of injury (check as many as apply):

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

Other:

II. Entering an Event– *continued*

Entering Event Details — Event



Severity of injury (check as many as apply):

☐ Death
☑ Increased length of stay is anticipated
☑ Increased level of care
☑ Surgery is required
☐ Cast/immobilization
☐ Minor injury
☐ No apparent injury

Please supply a description of the event or situation you are reporting including the impact on the patient:

RN heard patient's bed alarm sounding and responded. RN found patient on floor next to bed c/o pain in left hip (8 out of 10). Patient stated she was attempting to go to the bathroom. Patient known to be impulsive related to toileting and confused at times.

RN alerted care team on the unit and the house physician. Patient went to OR for surgical repair (ORIF) of left hip fracture.

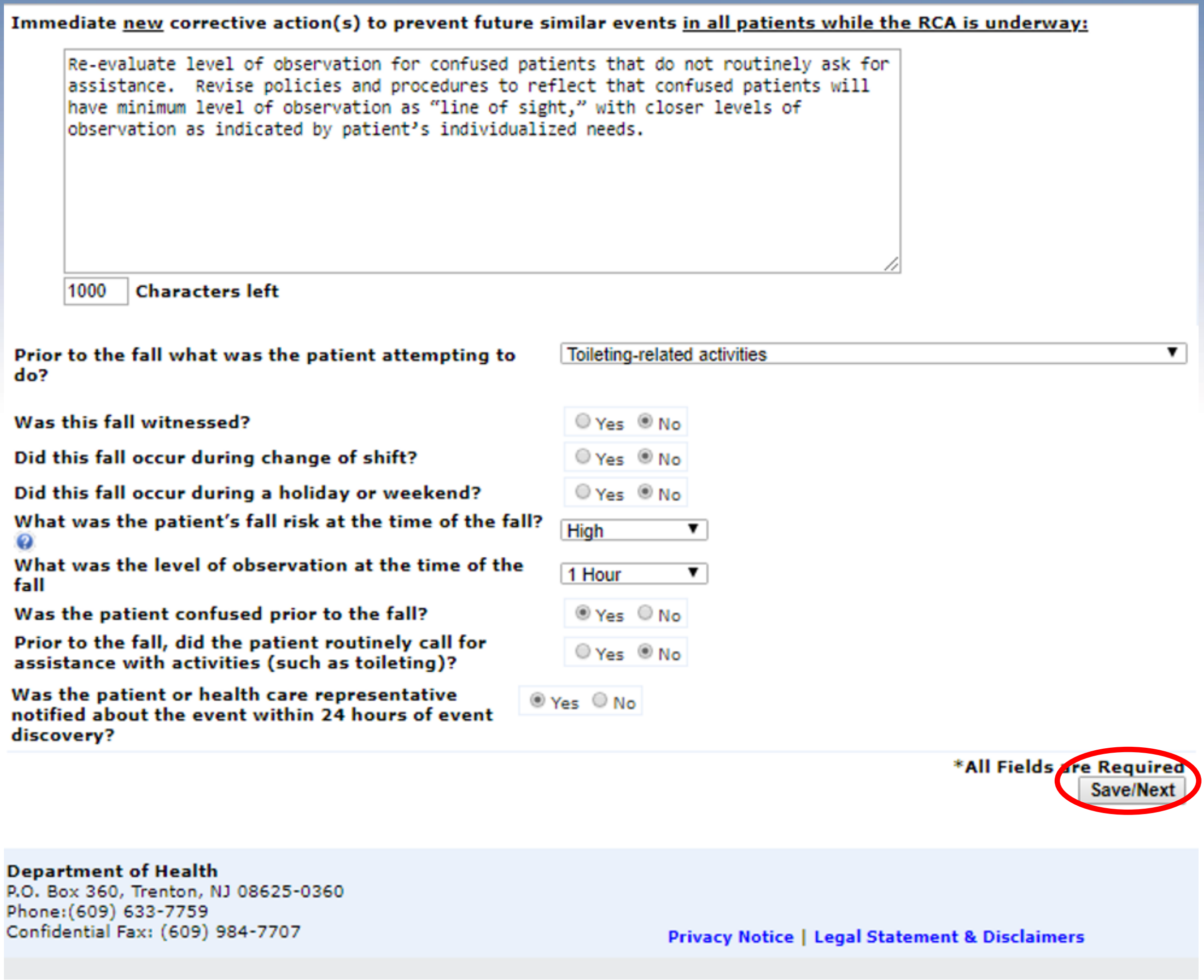
Prior to fall, patient was able to ambulate with minimal assistance. After the fall, the patient was unable to ambulate independently and will require PT/OT for at least several weeks for this injury.

Immediate clinical action(s) taken for patient:

House physician called and assessed patient. Care team assisted patient back to bed. X-ray ordered which showed left hip fracture. Pain medication administered prn. Family notified. Surgical consult ordered and ORIF performed.

Note this example is an illustration of an incomplete description of the event. In later slides, PSRS will show you how to modify this entry to reflect best practices.

II. Entering an Event– *continued*



Immediate new corrective action(s) to prevent future similar events in all patients while the RCA is underway:

Re-evaluate level of observation for confused patients that do not routinely ask for assistance. Revise policies and procedures to reflect that confused patients will have minimum level of observation as "line of sight," with closer levels of observation as indicated by patient's individualized needs.

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 ▼
What was the level of observation at the time of the fall	1 Hour ▼
Was the patient confused prior to the fall?	● Yes ○ No
Prior to the fall, did the patient routinely call for assistance with activities (such as toileting)?	○ Yes ● No
Was the patient or health care representative notified about the event within 24 hours of event discovery?	● Yes ○ No

***All Fields are Required**

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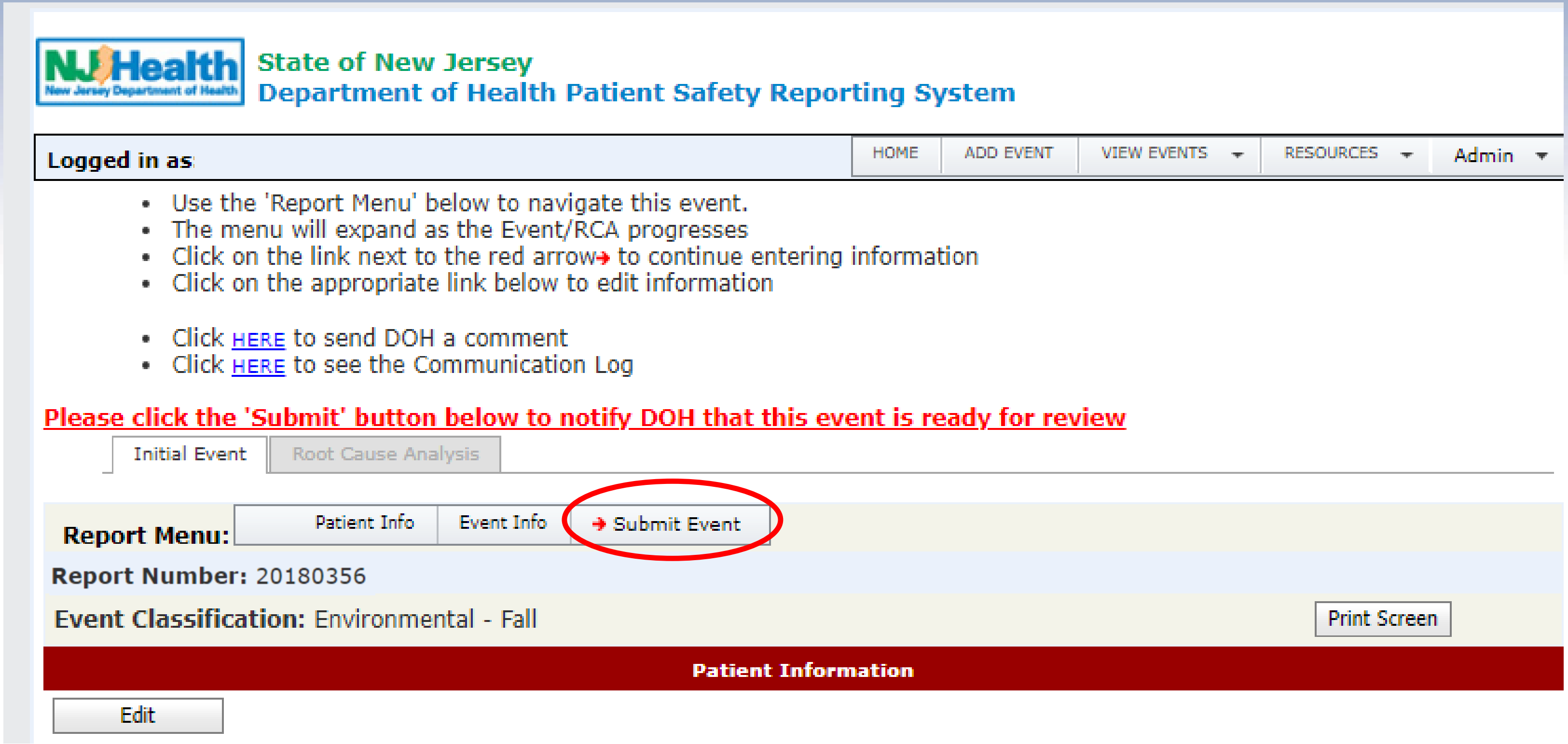
II. Entering an Event– *continued*

Entering Event Details — Review



State of New Jersey
Department of Health Patient Safety Reporting System

Logged in as

HOME
ADD EVENT
VIEW EVENTS
RESOURCES
Admin

- 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

- Click HERE to send DOH a comment
- Click HERE to see the Communication Log

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

Initial Event
Root Cause Analysis
Report Menu:
Patient Info
Event Info
➔ Submit Event

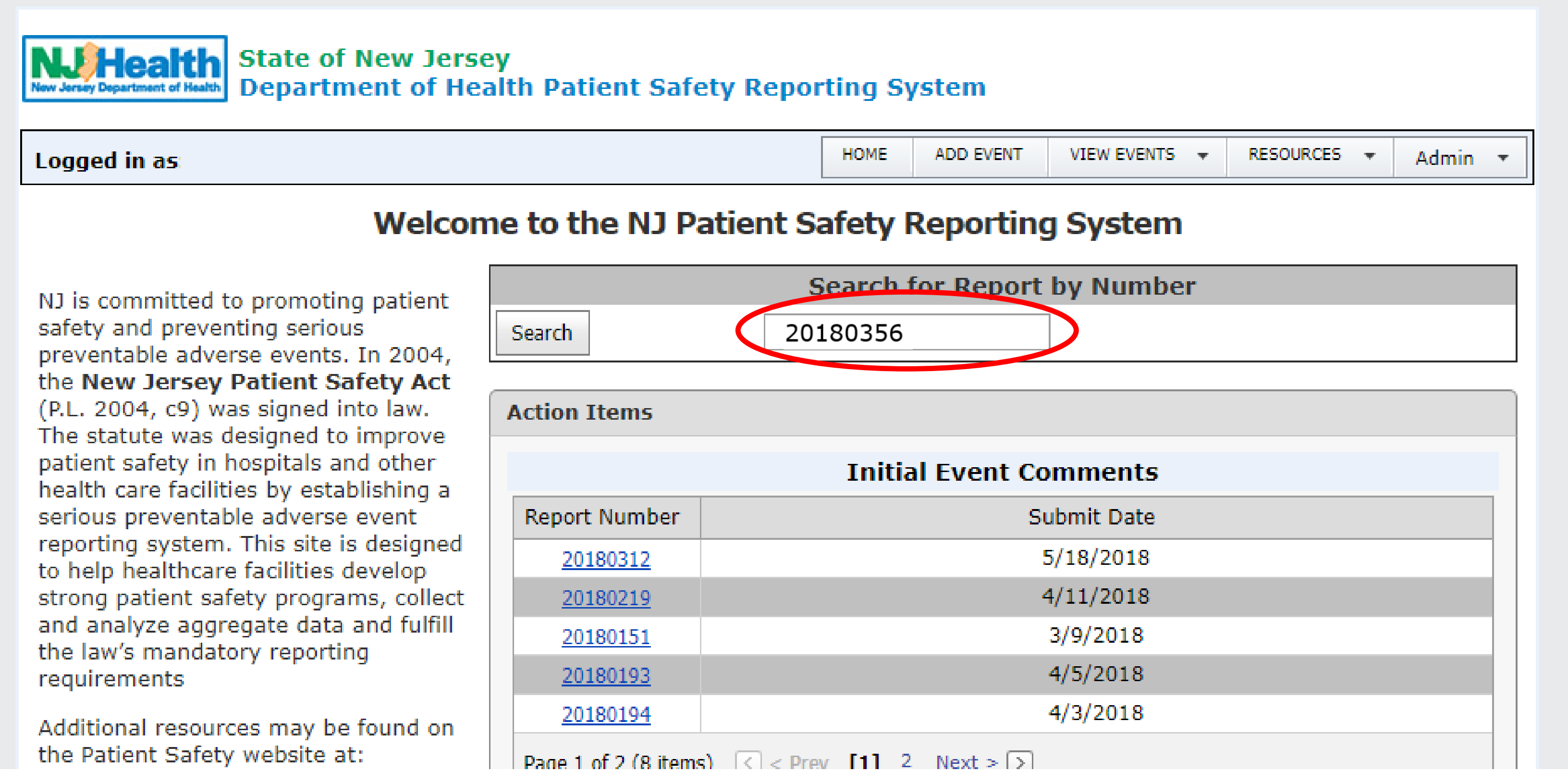
Report Number: 20180356

Event Classification: Environmental - Fall

Print Screen
Patient Information
Edit

II. Entering a New Event – *continued*

Locating a Saved Event



State of New Jersey
Department of Health Patient Safety Reporting System

Logged in as

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:

Search for Report by Number

20180356

Action Items

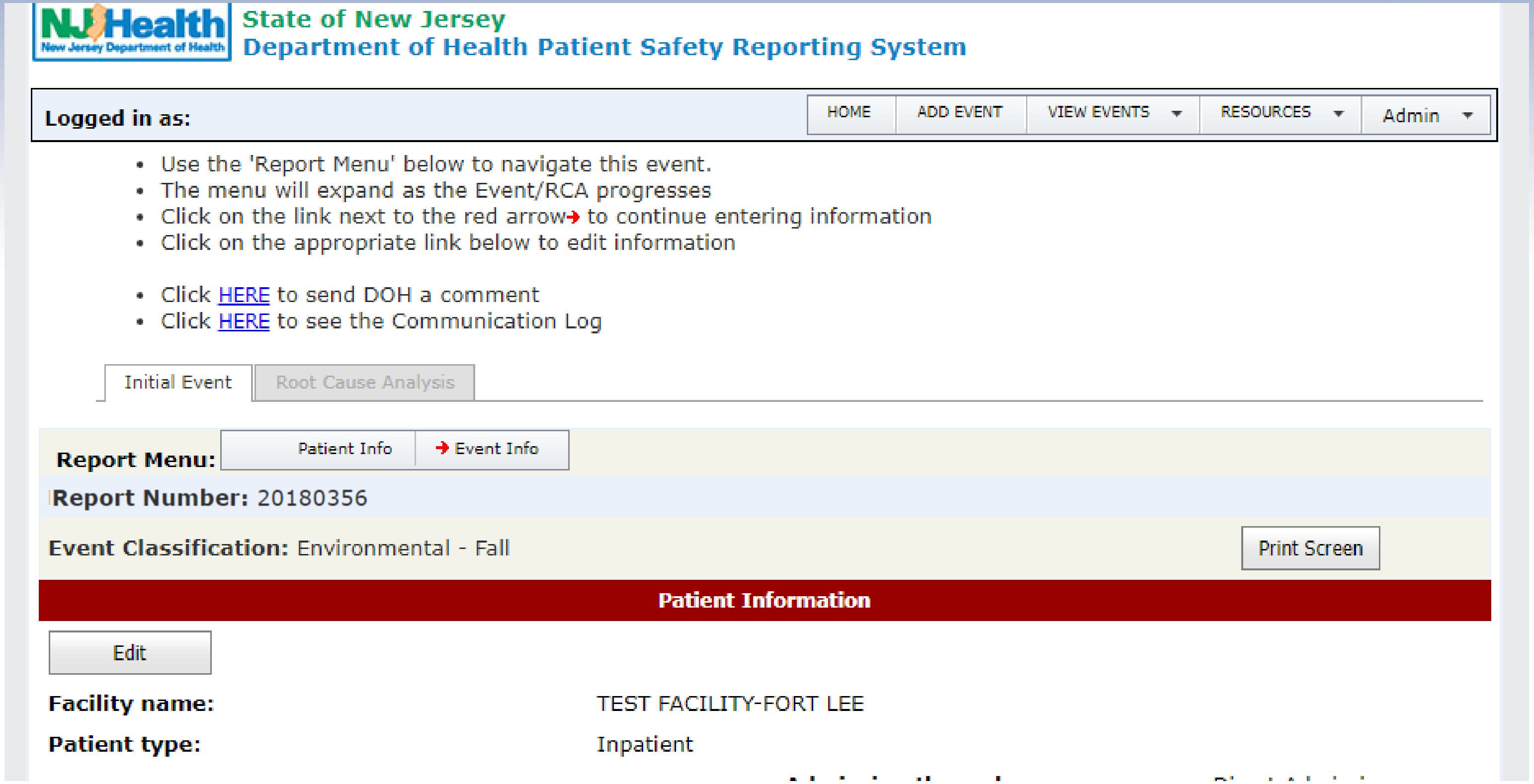
Initial Event Comments

Report Number	Submit Date
20180312	5/18/2018
20180219	4/11/2018
20180151	3/9/2018
20180193	4/5/2018
20180194	4/3/2018

Page 1 of 2 (8 items) < Prev [1] 2 Next >

II. Entering a New Event – *continued*

Locating a Saved Event


HOME
ADD EVENT
VIEW EVENTS
RESOURCES
Admin
Initial Event
Root Cause Analysis
Patient Info
Event Info
Print Screen
Edit

State of New Jersey
Department of Health Patient Safety Reporting System

Logged in as:

- 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

- Click HERE to send DOH a comment
- Click HERE to see the Communication Log

Report Menu: Patient Info → Event Info

Report Number: 20180356

Event Classification: Environmental - Fall

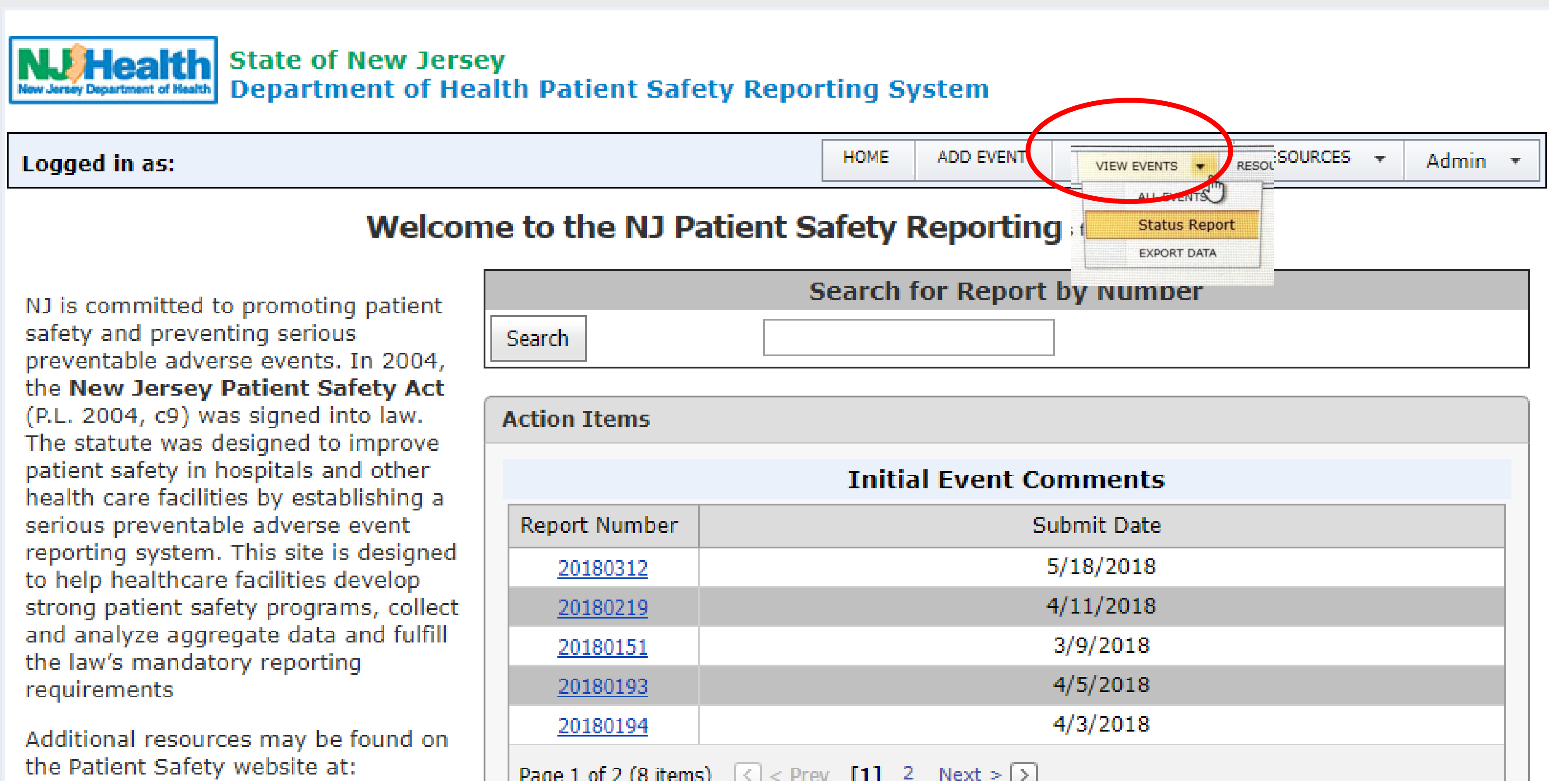
Patient Information

Facility name: TEST FACILITY-FORT LEE

Patient type: Inpatient

II. Entering a New Event – *continued*

Locating a Saved Event


NJ Health
New Jersey Department of Health
State of New Jersey
Department of Health Patient Safety Reporting System
Logged in as:
HOME
ADD EVENT
VIEW EVENTS
RESOU
ESOURCES
Admin
ALL EVENTS
Status Report
EXPORT DATA
Search

Welcome to the NJ Patient Safety Reporting

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

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Search for Report by Number

Action Items

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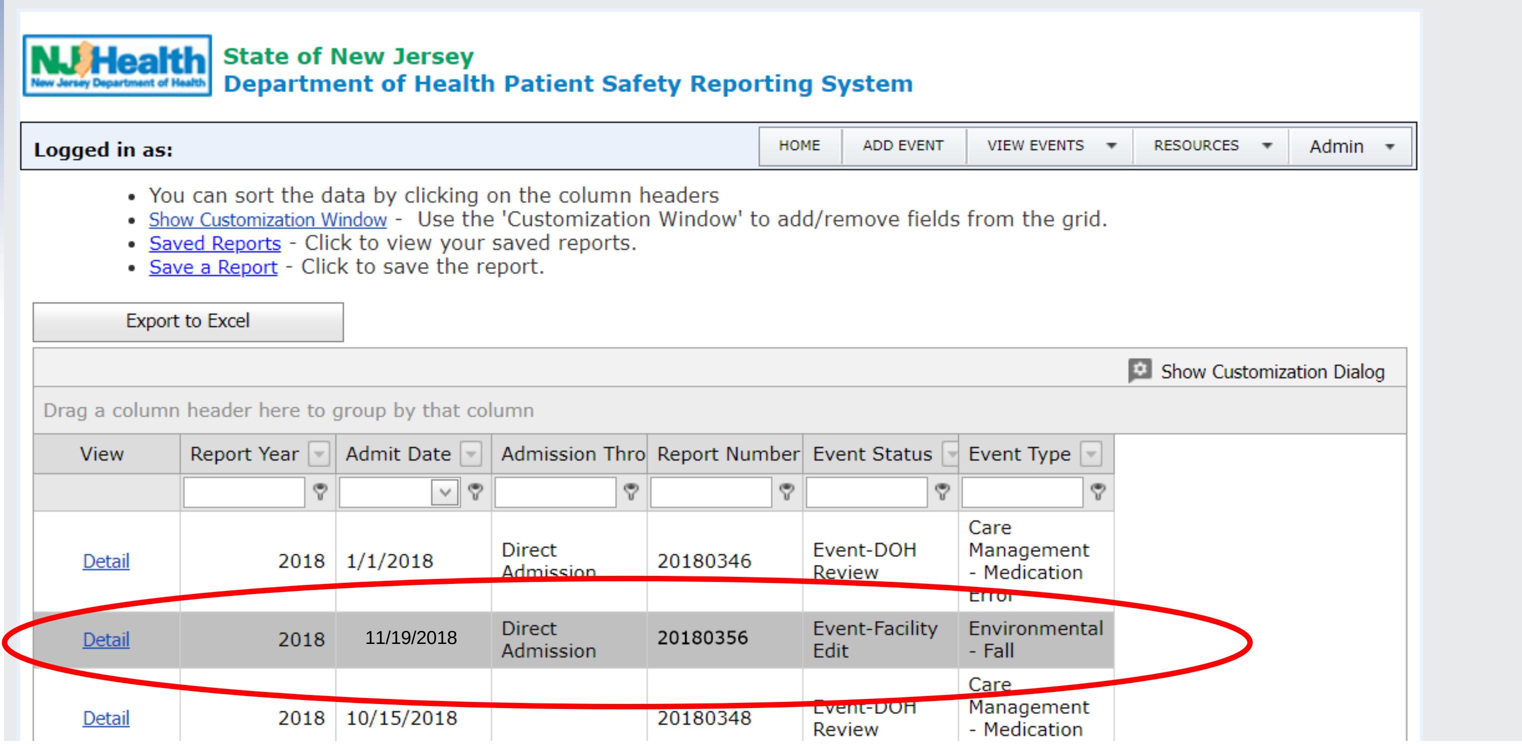
Page 1 of 2 (8 items) < Prev [1] 2 Next >

II. Entering a New Event – *continued*

Locating a Saved Event


State of New Jersey
Department of Health Patient Safety Reporting System
HOME
ADD EVENT
VIEW EVENTS
RESOURCES
Admin
Export to Excel
Show Customization Dialog

Logged in as:

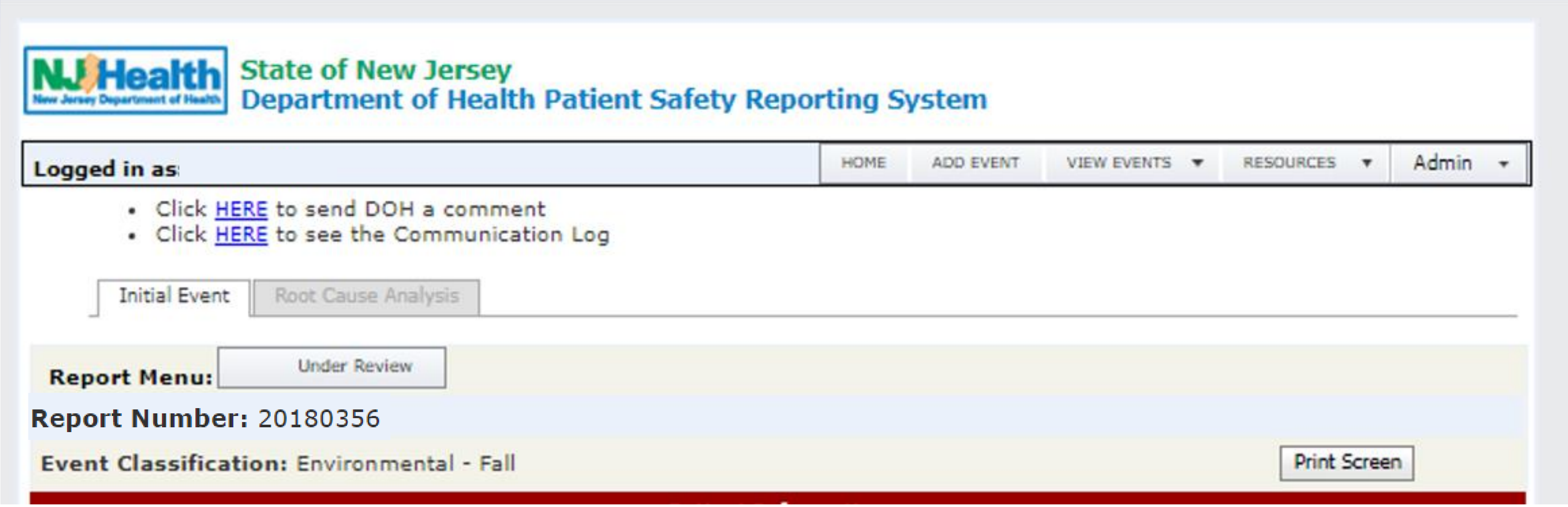
- You can sort the data by clicking on the column headers
- Show Customization Window - Use the 'Customization Window' to add/remove fields from the grid.
- Saved Reports - Click to view your saved reports.
- Save a Report - Click to save the report.

Drag a column header here to group by that column

View	Report Year	Admit Date	Admission Thro	Report Number	Event Status	Event Type
Detail	2018	1/1/2018	Direct Admission	20180346	Event-DOH Review	Care Management - Medication Error
Detail	2018	11/19/2018	Direct Admission	20180356	Event-Facility Edit	Environmental - Fall
Detail	2018	10/15/2018		20180348	Event-DOH Review	Care Management - Medication

II. Entering a New Event – *continued*

Locating a Saved Event



State of New Jersey
Department of Health Patient Safety Reporting System

Logged in as:

- Click HERE to send DOH a comment
- Click HERE to see the Communication Log

Report Menu: Under Review

Report Number: 20180356

Event Classification: Environmental - Fall

NJ Health
New Jersey Department of Health
HOME
ADD EVENT
VIEW EVENTS
RESOURCES
Admin
Initial Event
Root Cause Analysis
Print Screen

Patient Safety Reporting System

III. Event Review by PSRS

1. Automated e-mail sent to PSRS when Event is submitted

2. PSRS reviews the Event

III. Event Review by PSRS - *continued*

3. **When PSRS makes a determination about the event, an email will be sent to the FacAdmin**
    - *A determination has been made on this event. Please log into the Patient Safety Reporting System to view the details of the event and respond accordingly.*
    - Note: PSRS must be added as a safe sender so PSRS emails do not go to your spam folder
4. **A Facility User must log into the PSRS to read the Determination, which will be located in the Communication Log for that event, and respond accordingly**

III. Event Review by PSRS - *continued*

Possible Review Outcomes:

1. Reportable RCA Required
2. Reportable RCA Not Required
3. Not Reportable
4. Less Serious or Near Miss
5. Need More Information

NJ Health
New Jersey Department of Health

III. Event Review by PSRS - *continued*

Reportable RCA Required

1. **The Event is subject to the Patient Safety Act and Reporting Requirements**
2. **A root cause analysis (RCA) must be completed by the facility and submitted to PSRS**
3. **An email is sent to the FacAdmins**
   - The RCA Due Date will be provided in the email and can also be located in the Communication Log

III. Event Review by PSRS - *continued*

Reportable RCA Required - *continued*

4. A Facility User must log into the PSRS to read the Determination, which will be located in the Communication Log for that event.

5. There are usually comments from the event reviewer that should be reviewed and addressed when the RCA is submitted.

III. Event Review by PSRS - *continued*

Reportable RCA Not Required

1. The Event is subject to the Patient Safety Act and Reporting Requirements
2. A root cause analysis (RCA) does not need to be completed by the facility

   Example: RFO discovered but retained at a different facility
3. An email is sent to the FacAdmins
4. A Facility User must log into the PSRS to read the Determination, which will be located in the communication log for that event
5. There may be comments from the event reviewer which should be reviewed

III. Event Review by PSRS - *continued*

Not Reportable

1. PSRS recommends internal analysis
2. A root cause analysis (RCA) does not need to be submitted to PSRS
3. An email is sent to the FacAdmins
4. A Facility User must log into the PSRS to read the Determination, which will be located in the communication log for that event
5. There may be comments from the event reviewer which should be reviewed

III. Event Review by PSRS - *continued*

Less Serious or Near Miss

1. PSRS recommends internal analysis
2. A root cause analysis (RCA) does not need to be submitted to PSRS
3. An email is sent to the FacAdmins
4. A Facility User must log into the PSRS to read the Determination, which will be located in the communication log for that event
5. There may be comments from the event reviewer which should be reviewed

III. Event Review by PSRS - *continued*

Need More Information

1. PSRS makes comments to determine the status of the event
2. An email is sent to the FacAdmins
3. A Facility User must log into the PSRS and open the event to read the comments and respond accordingly

III. Event Review by PSRS - *continued*

Need More Information - *continued*

4. **Comments can be accessed by:**
   - **A comment link in the event**
     - Only visible in sections of the event with PSRS comments
     - Click on 'Comments' link
   - **A link to the comment through the Communication Log**
     - Click **HERE** to see the Communication Log
     - Click **HERE** to view all comments

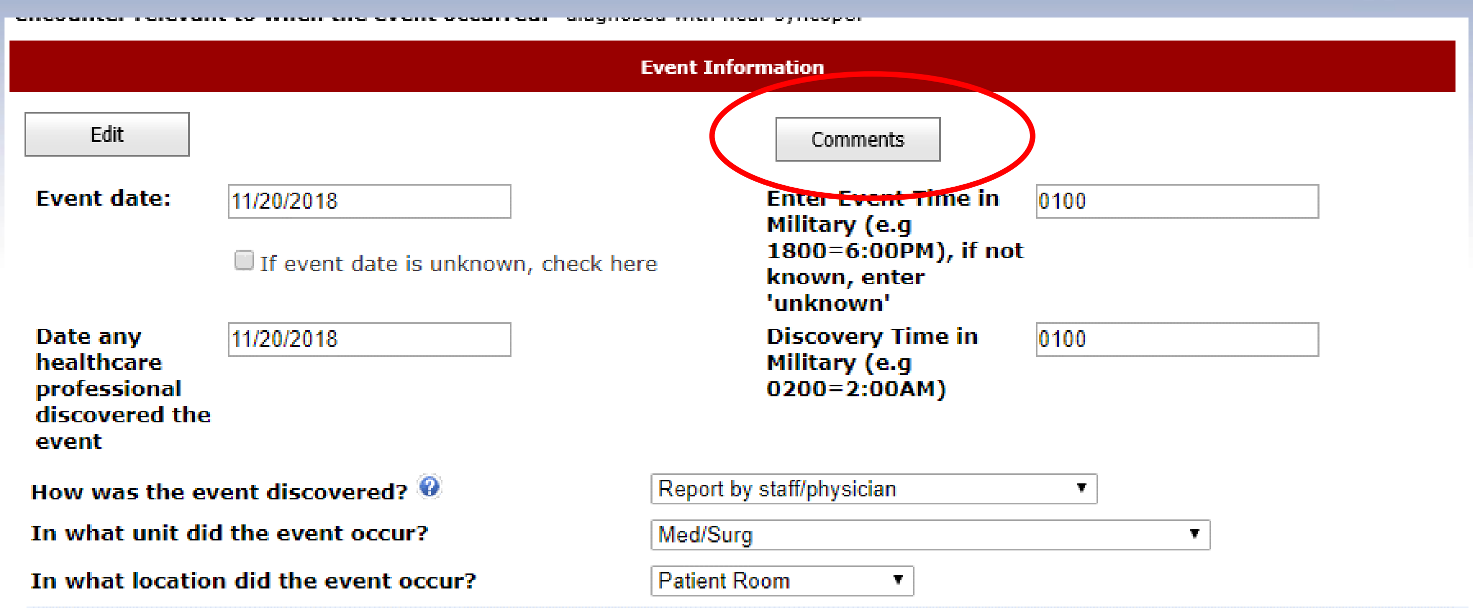
III. Event Review by PSRS - *continued*

Need More Information - *continued*

5. **Respond to all comments *by editing* the event**
    - Click on ‘Edit’ in the section(s) with the Comments
    - Provide responses to the comments/questions
    - The description of the event is an unlimited text field
6. **Resubmit the event to PSRS**
    - Click on ‘Save’ to keep the changes
    - Click on the ‘Submit Event’ tab to resend the event to PSRS
7. **There may be more than 1 cycle of responding to comments**

III. Event Review by PSRS - *continued*

Comment Link in Event



Event Information

Event date:	11/20/2018 ☐ If event date is unknown, check here	**Enter Event Time in Military (e.g 1800=6:00PM), if not known, enter 'unknown'**	0100
Date any healthcare professional discovered the event	11/20/2018	**Discovery Time in Military (e.g 0200=2:00AM)**	0100

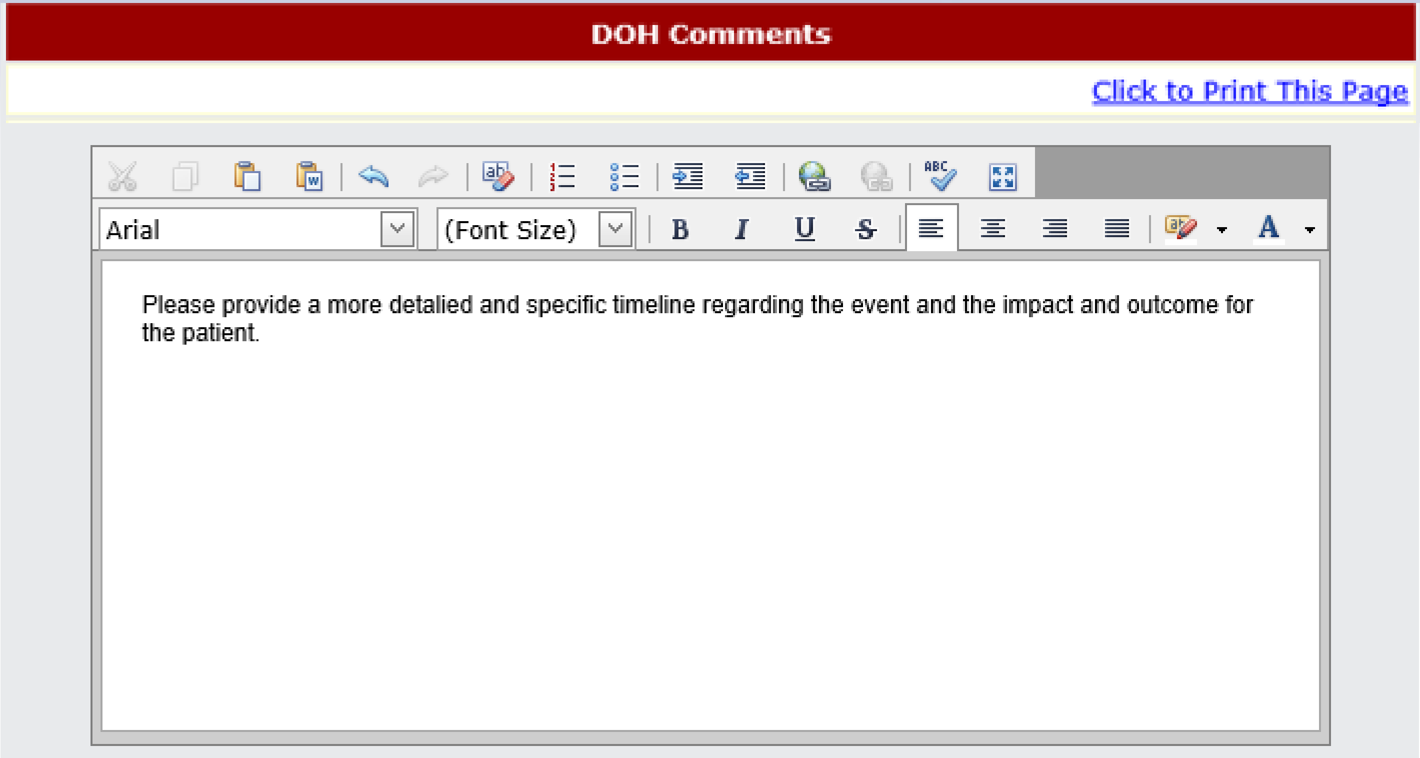
How was the event discovered? Report by staff/physician

In what unit did the event occur? Med/Surg

In what location did the event occur? Patient Room

III. Event Review by PSRS - *continued*

Comment Link in Event


DOH Comments
Click to Print This Page
Arial
(Font Size)
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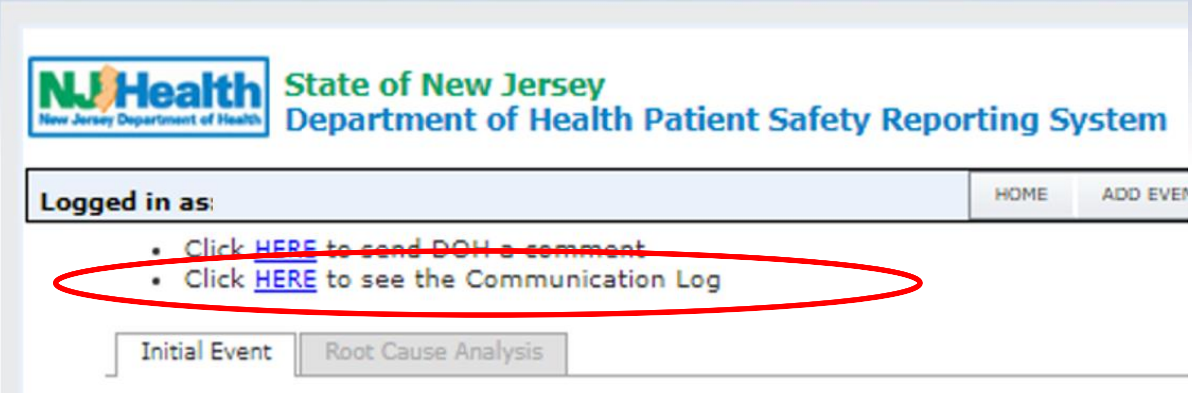
Please provide a more detalied and specific timeline regarding the event and the impact and outcome for the patient.

III. Event Review by PSRS - *continued*

Communications Log



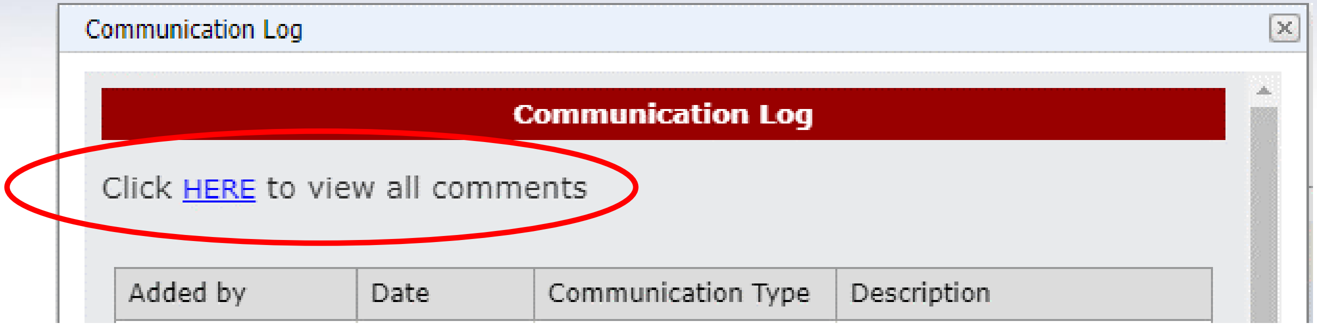
NJ Health
New Jersey Department of Health
State of New Jersey
Department of Health Patient Safety Reporting System
Logged in as:
HOME
ADD EVEN

- Click HERE to send DOH a comment
- Click HERE to see the Communication Log

Initial Event
Root Cause Analysis

III. Event Review by PSRS - *continued*

Communications Log



Communication Log

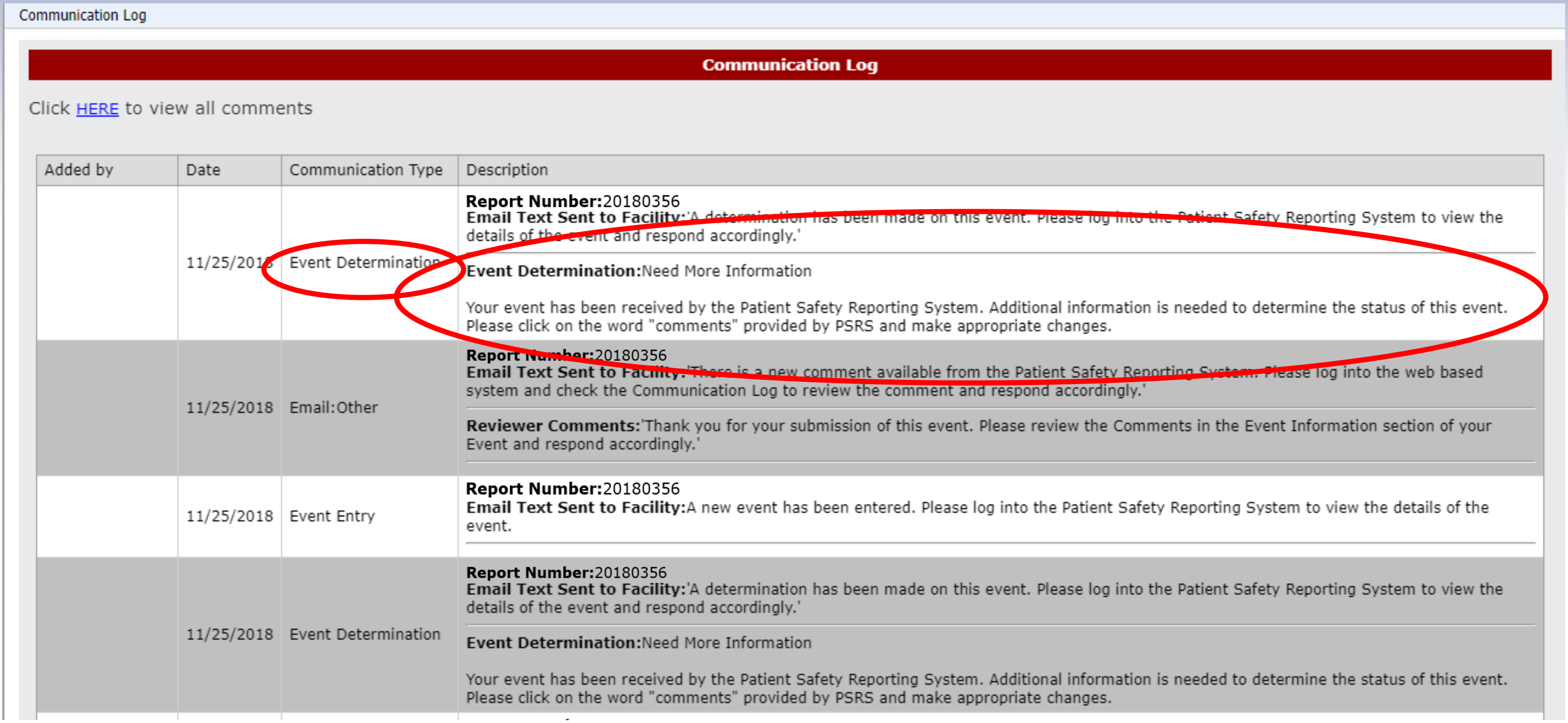
Communication Log

Click HERE to view all comments

Added by	Date	Communication Type	Description

III. Event Review by PSRS - *continued*

Communications Log



Communication Log

Communication Log

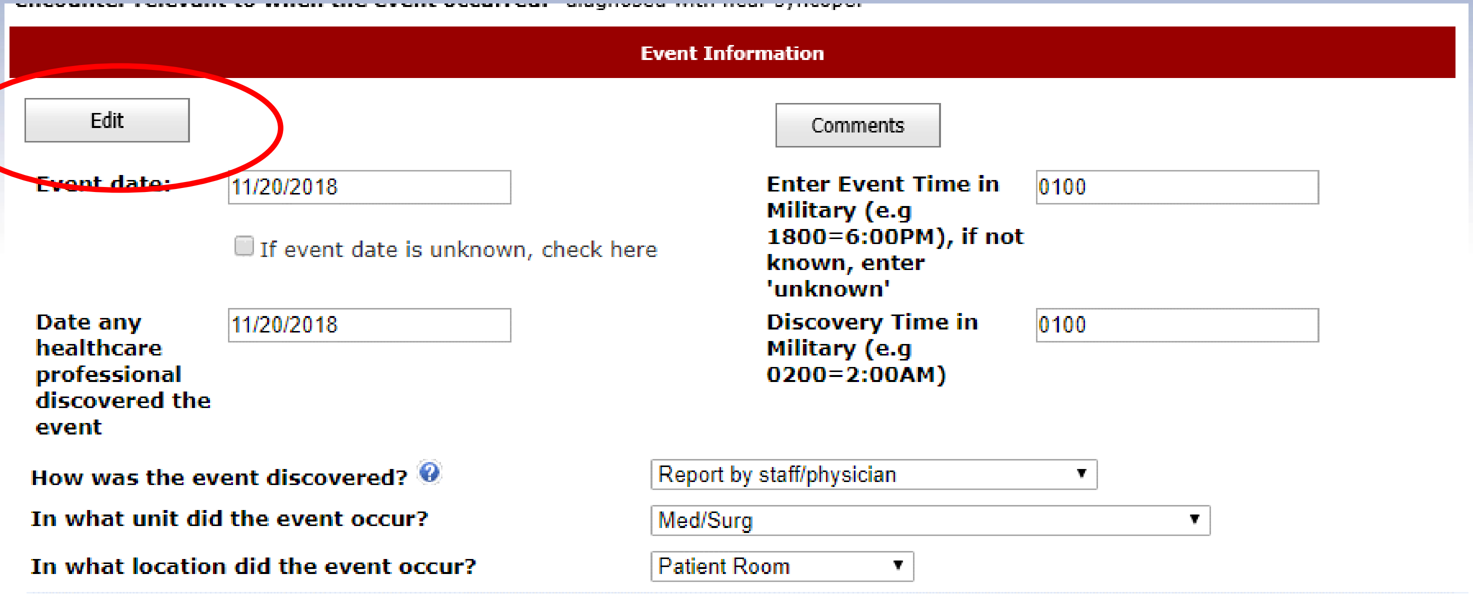
Click HERE to view all comments

Added by	Date	Communication Type	Description
	11/25/2018	Event Determination	**Report Number:**20180356 **Email Text Sent to Facility:**'A determination has been made on this event. Please log into the Patient Safety Reporting System to view the details of the event and respond accordingly.' **Event Determination:**Need More Information Your event has been received by the Patient Safety Reporting System. Additional information is needed to determine the status of this event. Please click on the word "comments" provided by PSRS and make appropriate changes.
	11/25/2018	Email:Other	**Report Number:**20180356 **Email Text Sent to Facility:**'There is a new comment available from the Patient Safety Reporting System. Please log into the web based system and check the Communication Log to review the comment and respond accordingly.' **Reviewer Comments:**'Thank you for your submission of this event. Please review the Comments in the Event Information section of your Event and respond accordingly.'
	11/25/2018	Event Entry	**Report Number:**20180356 **Email Text Sent to Facility:**A new event has been entered. Please log into the Patient Safety Reporting System to view the details of the event.
	11/25/2018	Event Determination	**Report Number:**20180356 **Email Text Sent to Facility:**'A determination has been made on this event. Please log into the Patient Safety Reporting System to view the details of the event and respond accordingly.' **Event Determination:**Need More Information Your event has been received by the Patient Safety Reporting System. Additional information is needed to determine the status of this event. Please click on the word "comments" provided by PSRS and make appropriate changes.

NJ Health
New Jersey Department of Health

III. Event Review by PSRS - *continued*

Edit the Event



Event date: 11/20/2018

☐ If event date is unknown, check here

Enter Event Time in Military (e.g 1800=6:00PM), if not known, enter 'unknown': 0100

Date any healthcare professional discovered the event: 11/20/2018

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

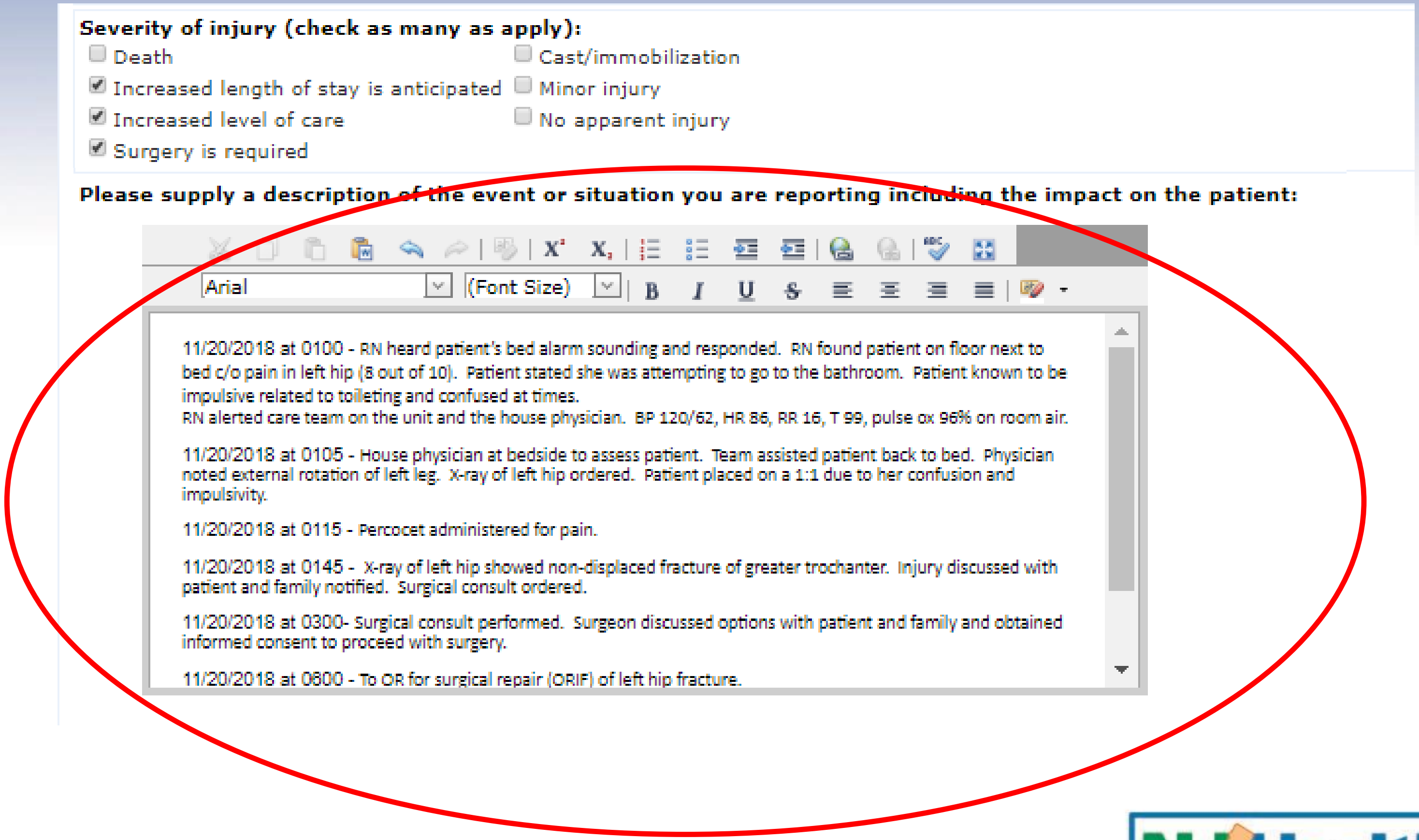
How was the event discovered?: Report by staff/physician

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

In what location did the event occur?: Patient Room

III. Event Review by PSRS - *continued*

Edit Event



Severity of injury (check as many as apply):

☐ Death

☑ Increased length of stay is anticipated

☑ Increased level of care

☑ Surgery is required

☐ Cast/immobilization

☐ Minor injury

☐ No apparent injury

Please supply a description of the event or situation you are reporting including the impact on the patient:

11/20/2018 at 0100 - RN heard patient's bed alarm sounding and responded. RN found patient on floor next to bed c/o pain in left hip (8 out of 10). Patient stated she was attempting to go to the bathroom. Patient known to be impulsive related to toileting and confused at times.
RN alerted care team on the unit and the house physician. BP 120/62, HR 86, RR 16, T 99, pulse ox 96% on room air.

11/20/2018 at 0105 - House physician at bedside to assess patient. Team assisted patient back to bed. Physician noted external rotation of left leg. X-ray of left hip ordered. Patient placed on a 1:1 due to her confusion and impulsivity.

11/20/2018 at 0115 - Percocet administered for pain.

11/20/2018 at 0145 - X-ray of left hip showed non-displaced fracture of greater trochanter. Injury discussed with patient and family notified. Surgical consult ordered.

11/20/2018 at 0300- Surgical consult performed. Surgeon discussed options with patient and family and obtained informed consent to proceed with surgery.

11/20/2018 at 0600 - To OR for surgical repair (ORIF) of left hip fracture.

Patient Safety Reporting System

IV. Other Communication about the Event

Communication from PSRS

- FacAdmins receive notification via email there is a communication from PSRS

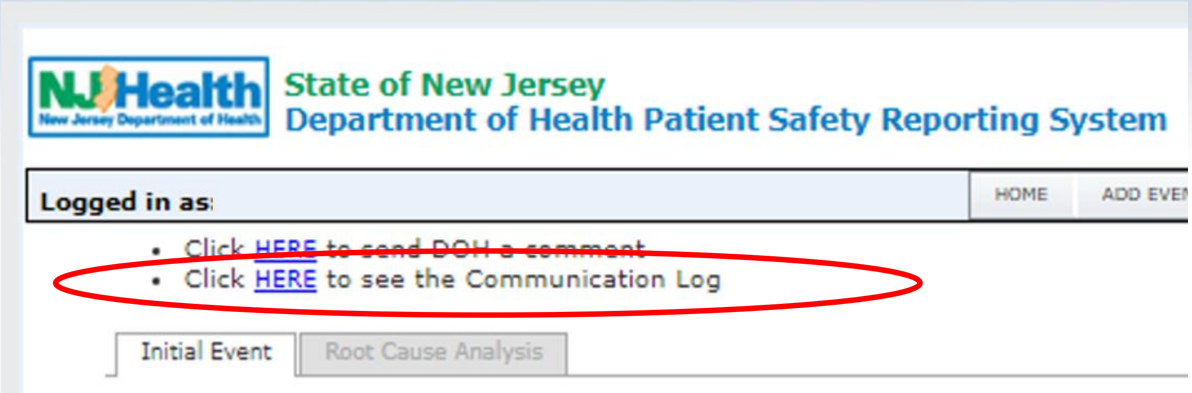
1. **General Comment or Email:Other**

   There is a new comment available from the Patient Safety Reporting System. Please log into the web based system and check the Communication Log to review the comment and respond accordingly

2. **Access Communications by**
   - Communication Log - General Comment or Email:Other

IV. Other Communication about the Event - *continued*

Communications Log


HOME
ADD EVE
Initial Event
Root Cause Analysis

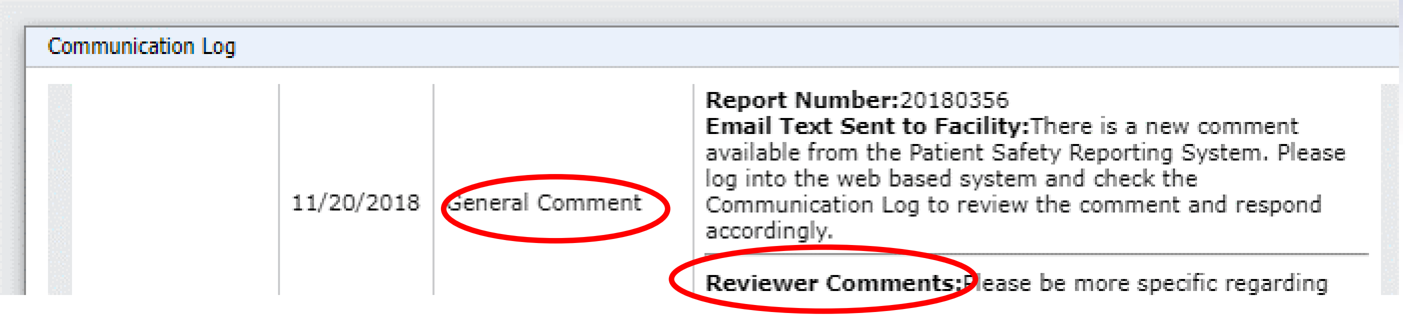
State of New Jersey
Department of Health Patient Safety Reporting System

Logged in as:

- Click HERE to send DOH a comment
- Click HERE to see the Communication Log

IV. Other Communication about the Event - *continued*

General Comment



11/20/2018 General Comment

Report Number:20180356
Email Text Sent to Facility: There is a new comment available from the Patient Safety Reporting System. Please log into the web based system and check the Communication Log to review the comment and respond accordingly.

Reviewer Comments: Please be more specific regarding

IV. Other Communication about the Event - *continued*

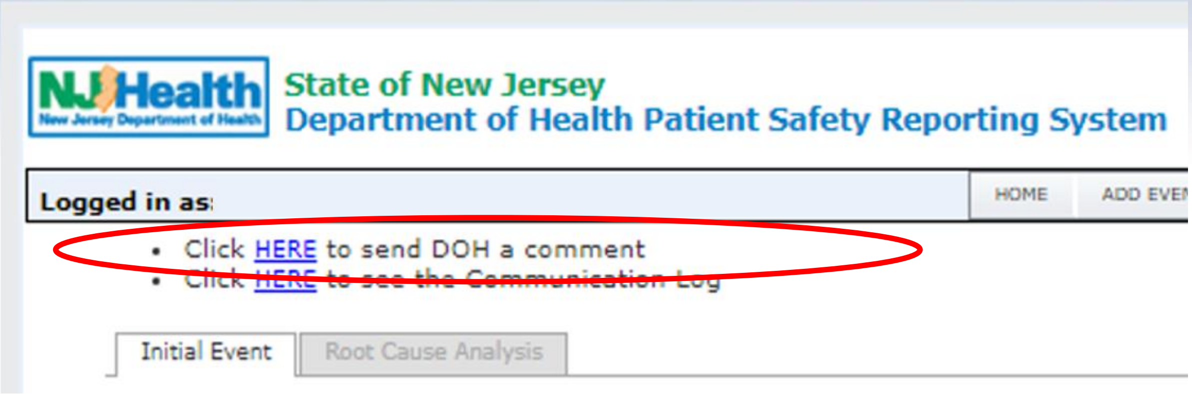
Communication to PSRS

- PSRS will receive email notification that there is a communication from the facility about a specific event
- Be sure to send communication for the correct event number

1. **General Comment**
2. **Respond to PSRS Comment**
3. **Send Communication through the Communication Log**

IV. Other Communication about the Event - *continued*

Communications Log



State of New Jersey
Department of Health Patient Safety Reporting System

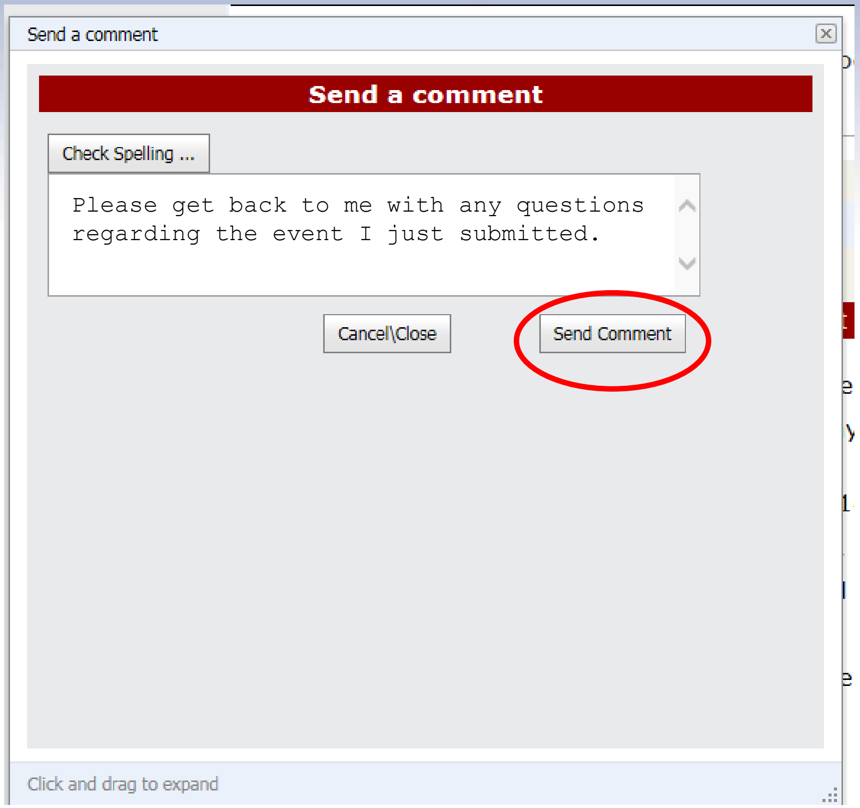
Logged in as:

- Click HERE to send DOH a comment
- Click HERE to see the Communication Log

NJ Health
New Jersey Department of Health
HOME
ADD EVE
Initial Event
Root Cause Analysis

IV. Other Communication about the Event - *continued*

Communications Log



Send a comment
Send a comment
Check Spelling ...
Cancel\Close
Send Comment
Click and drag to expand

Please get back to me with any questions regarding the event I just submitted.

Patient Safety Reporting System

Review

1. Use “Resource” menu to review standard and event specific questions
2. Enter Initial Event information *including how the event impacted the patient*
3. PSRS reviews Event and responds with next step
4. Review PSRS comments and respond accordingly

Patient Safety Reporting System

Next Module

I. Preparing to Enter Root Cause Analysis and Action Plan
II. Enter Root Cause Analysis and Action Plan
III. PSRS review of RCA
IV. Other Communications about RCA