

QUALITY RISK MANAGEMENT (QRM)

Incident Management System (IMS) Incident Entry: Reference Document for Employees

Overview

This document provides instructions on similar functionality and sections across different safety incidents. Templates differ depending on the type of Incident you are reporting, however functionality is similar across all templates. Additional tip sheets and information can be located on the CARE4 website www.care-4.ca > Training > Resources > Administrative Training Materials > QRM.

Quick Keys:

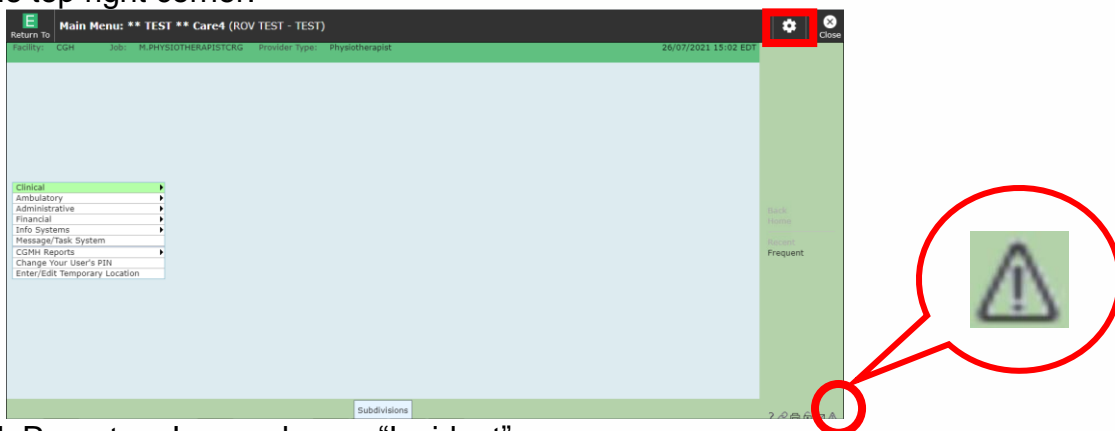
T or t = Today; enter this in any date/calendar field to populate today's date automatically.

N or n = Now; enter this in any time field to populate the current time.

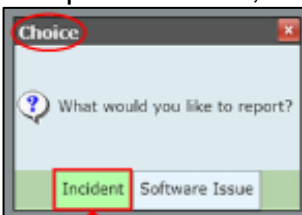
F9 = Menu list; press F9 in any field with a drop-down arrow to open the options list without clicking the arrow.

Incident Entry

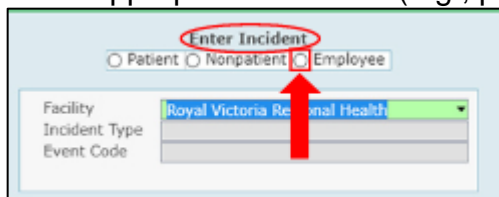
From your home screen in Meditech click on the icon in the bottom right corner OR the cog in the top right corner.



Click Report an Issue; choose "Incident".



Click the appropriate selection (e.g., person affected).



Choose the type of incident that occurred; for this example, we have chosen “Exposure”.

Choose the Event Code. Event Code is a more specific description of the incident type. If entering “last name, first name” in the Identifier field; if there are multiple persons with the same last name, a list will populate; click on the correct patient/employee and the Incident template will open for you to complete.

Documentation Sections

Proceed to enter the incident information into the following documentation sections. **Any field that has a * beside it must be completed in order to save.**

These sections will be filled out by the person submitting the incident.
Note: sections differ by Incident type.

Employee Demographics (Employee affected Incidents Only)


Enter the affected employee’s information in this section.

Event Information

Entered By and *Entered Date/Time* will automatically populate when the incident is opened. You are required to enter the *Event Date* and *Location*; the location entered tells the system which Manager/Leader to send the report to.

Objective Description of the Event (e.g., describe what happened)

Use the drop-down arrow to open the documentation screen. As outlined in the instructions, document the event only giving facts, actions, etc.

Objective Description of Event	
Instructions	Briefly describe the incident in your own words. Describe what you saw/heard/did. Include any actions taken when the event happened to mitigate harm caused (e.g., details of first aid administered, procedures followed, etc.).
	Enter facts, not opinions. Do not enter names of staff or patients in this section (enter names in the Individuals Involved/Witnesses section below).
"Description of Event" 	

Associated Employee Injury

Where a patient incident has resulted in an employee injury, an Employee Incident must also be entered.


Associated Employee Injury?		
Was This Patient Incident Associated With An Employee Injury	Yes	No
If Yes, Please Complete An Employee Incident		

This specifically applies to Falls, Safety/Security, Infection Control, Equipment/Device

Event Severity

Use the drop-down arrow to open up the menu for your event severity, conversely if you know the harm level (e.g., 1 Near Miss) you can type the number and it will automatically populate the correct harm level.



Note: CGMH employee severity scale is different from Patient and Non-patient incidents.

Event Severity	
	

Individuals Involved/Witnesses

You can add the names of those who were present/involved with this incident by clicking on the drop-down arrow and choosing from the appropriate list.

Individuals not employed by the health care facility (e.g. visitor, family, POA/SDM) will have to be manually entered; last name, first name and phone number. Where a full name is not available enter "unknown"; where a phone number is unknown enter all the same number (e.g., 555-555-5555).

Individuals Involved/Witnesses			
Instructions	Please add any anyone who was involved in this incident.		
Other Individuals Involved	Contact Type	Name	
			
+ x			

Individuals Notified/Other Parties Notified

Who did you notify about the incident occurred. This is a single or multiple-choice field. Click to select; double click to deselect.

Individuals Notified			
Parties Notified	Manager	Most Responsible Provider	Family
	<input checked="" type="checkbox"/> Hospital Coordinator/HSL	Director/VP	Visitor
	Supervisor/Coordinator	POA/SDM	Other

Some templates have a "Contact Type" dictionary; click drop-down arrow (F9) to open the menu.

Manager/Other Parties Notified			
*Contact Type	*Name	*Date/Time	

Cause

Indicate in this section the reason that the incident occurred. Select the drop-down arrow to display the list of Specific Causes. Where the Specific Cause has only one General Cause, it will automatically populate; otherwise use the drop-down arrow to display the options, and choose the most appropriate.

Cause			
*Specific Cause	*General Cause	Primary	
		<input type="radio"/>	

Referrals

Manager/Leader referrals are automatically populated based on the location/unit/area where the incident occurred and/or the type of incident that occurred. **NOTE: If you do not see your Manager/Leader/Supervisor listed in the Referrals section, you must add them.** Click the + icon and use the drop-down arrow to search for your Manager/Leader/Supervisor.

Referrals			
*Refer To	Primary	Statement	
	<input type="radio"/>		

Your Accountability (Employee Injury Incidents Only)

There are multiple sections within Your Accountability. Ensure you read the statements and click “Yes” to acknowledge each section in order to save the incident.

Filing Your Incident

When you have completed all sections of your incident; you can file it by clicking SAVE in the bottom right corner. You will be prompted if any mandatory fields were missed. A pop up will display notifying you that the incident has been filed as well as the incident number; you will also receive an email thanking you for submitting the incident and it will include the incident details.

Attachments	Cancel	Save	?			
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When a patient or non-patient incident has been reviewed and completed, you will receive a final email indicating that follow-up has been completed and the incident has been closed.