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

Log In

Don't have a myNewJersey account?

Sign Up

Need help?
I. Preparing to Enter an Event – continued

Log Into the System

DOH Applications
Select a link below to access the application:

DOH Patient Safety Reporting System (McAfee Web Gateway)
I. Preparing to Enter an Event – continued

Enter the System

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:
I. Preparing to Enter an Event – continued

List of Event Types

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

- Click **HERE** for a complete list of Event Types

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P.O. Box 360, Trenton, NJ 08625-0360
Phone: (609) 633-7759
I. Preparing to Enter an Event – continued

List of Event Types

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Error</td>
<td>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.)</td>
</tr>
<tr>
<td>Wrong Blood Product</td>
<td>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.</td>
</tr>
<tr>
<td>Maternal Labor</td>
<td>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.</td>
</tr>
<tr>
<td>Hypoglycemia</td>
<td>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.</td>
</tr>
<tr>
<td>Neonate Hyperbilirubinemia</td>
<td>Death or kernicterus associated with failure to identify and treat hyperbilirubinemia in a neonate while the neonate is a patient in a health care facility.</td>
</tr>
</tbody>
</table>
I. Preparing to Enter an Event – continued

Resources Tab
(for questions and more information)
I. Preparing to Enter an Event – continued

Resources Tab
(for questions and more information)
I. Preparing to Enter an Event – continued

Resources Tab
(for questions and more information)

<table>
<thead>
<tr>
<th>Event Specific Questions</th>
<th>View Initial Event Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Event</td>
<td>RCA</td>
</tr>
<tr>
<td>Event Specific Questions</td>
<td></td>
</tr>
<tr>
<td>Care Management - Other</td>
<td></td>
</tr>
<tr>
<td>Care Management - Medication Error</td>
<td></td>
</tr>
<tr>
<td>Care Management - Pressure Ulcers</td>
<td></td>
</tr>
<tr>
<td>Environmental - Other</td>
<td></td>
</tr>
<tr>
<td>Environmental - Burn</td>
<td></td>
</tr>
<tr>
<td>Environmental - Fall</td>
<td></td>
</tr>
<tr>
<td>Environmental - Restraints</td>
<td></td>
</tr>
<tr>
<td>Product/Device - Malfunction</td>
<td></td>
</tr>
<tr>
<td>Patient Protection - Suicide/Attempted Suicide</td>
<td></td>
</tr>
<tr>
<td>Surgical - Retained Foreign Object</td>
<td></td>
</tr>
<tr>
<td>Surgical - Intra/Post-Op Coma or Death</td>
<td></td>
</tr>
</tbody>
</table>
I. Preparing to Enter an Event – continued

Initial Event Questions

*Patient Information Questions*

**Note:** Patient Information Questions are Universal

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

**Patient Information**
I. Preparing to Enter an Event – continued

Initial Event Questions

Event Information Questions

Note: Initial Event Information Questions are Universal

<table>
<thead>
<tr>
<th>Event Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Event date:</strong> Date any healthcare professional discovered the event</td>
</tr>
<tr>
<td><strong>How was the event discovered?</strong> Options: Report by staff/physician, Report by family/visitor, Report by patient/resident, Assessment of patient/resident after event, Review of chart/record, Other</td>
</tr>
<tr>
<td><strong>In what unit did the event occur?</strong> Options: Behavioral Health, Cardiac Catheterization, Emergency Department, Emergency Department Crisis Screening/Observation, ICU/CCU/TCCU, Labor/Delivery, Laboratory, Med/Surg, NICU, Nursery, Operating Room, PACU, Procedure Room, Radiology, Rehabilitation Areas, Step Down, Telemetry, Other</td>
</tr>
<tr>
<td><strong>In what location did the event occur?</strong> Options: Hallway/Common Area, In Transit, Operating Room, Patient Room, Patient Bathroom, Procedure Room, NA, Other</td>
</tr>
<tr>
<td><strong>Location of injury (check as many as apply):</strong> 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</td>
</tr>
<tr>
<td><strong>Severity of injury (check as many as apply):</strong> Options: Death, Increased length of stay is anticipated, Increased level of care, Surgery is required, Cast/Immobilization, Minor injury, No apparent injury</td>
</tr>
<tr>
<td><strong>Please supply a description of the event or situation you are reporting including the impact on the patient:</strong></td>
</tr>
<tr>
<td><strong>Immediate clinical action(s) taken for patient:</strong></td>
</tr>
<tr>
<td><strong>Immediate corrective action(s) to prevent future similar events in all patients while the RCA is underway:</strong></td>
</tr>
<tr>
<td><strong>Was the patient or health care representative notified about the event within 24 hours of event discovery?</strong> Options: Yes/No</td>
</tr>
<tr>
<td><strong>If no, why not?</strong></td>
</tr>
</tbody>
</table>
# I. Preparing to Enter an Event – continued

## Initial Event Questions

**Event Specific Questions**

*Note: Not all Event Types have Event Specific Questions*

<table>
<thead>
<tr>
<th>Event Specific Questions</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to the fall what was the patient attempting to do?</td>
<td><strong>Options:</strong> Ambulating/Standing without assistance and/or without an assistive device, Ambulating/Standing with assistance and/or an assistive device, Changing position, Fell off stretcher/X-ray 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, <strong>Yes/No</strong></td>
</tr>
<tr>
<td>Was this fall witnessed?</td>
<td><strong>Options:</strong> Yes/No</td>
</tr>
<tr>
<td>Did this fall occur during change of shift?</td>
<td><strong>Options:</strong> Yes/No</td>
</tr>
<tr>
<td>Did this fall occur during a holiday or weekend?</td>
<td><strong>Options:</strong> Yes/No</td>
</tr>
<tr>
<td>What was the patient’s fall risk at the time of the fall?</td>
<td><strong>Options:</strong> High, Medium, Low,</td>
</tr>
<tr>
<td>What was the level of observation at the time of the fall?</td>
<td><strong>Options:</strong> 1:1, Arm’s length, Line of sight, 15 Minutes, 30 Minutes, 1 Hour, 2 Hours, Other, <strong>Yes/No</strong></td>
</tr>
<tr>
<td>Was the patient confused prior to the fall?</td>
<td><strong>Options:</strong> Yes/No</td>
</tr>
<tr>
<td>Prior to the fall, did the patient routinely call for assistance with activities (such as toileting)?</td>
<td><strong>Options:</strong> Yes/No</td>
</tr>
</tbody>
</table>
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
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

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

*Click [HERE](#) for a complete list of Event Types*
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:

- 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

Click HERE for a complete list of Event Types

Continue>

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II. Entering a New Event – continued

Adding an Event

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

Adverse event type: [Environmental - Fall]

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.
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

![Patient Information Form]

- Facility name: TEST FACILITY-FORT LEE
- Patient type: Inpatient
  - Admission through: Direct Admission
- First name: Betty
- 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: 1945

Gender:
Male Female

Race:
White
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

Save/Next

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II. Entering a New Event – continued

Entering Event Details — Question Mark Help

Date of Birth:
Gender:
Race:
Ethnicity:
Admission date or date encountered relevant to occurred (mm/dd/yy)
Main Reason for admission

Month: [1]  
Day: [15]

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, German, Italian, Lebanese, Arab, or Jewish.

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

Description
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”
## Entering an Event — continued

### Entering Event Details — Event

<table>
<thead>
<tr>
<th>Event Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Event date:</strong> 11/20/2018</td>
</tr>
<tr>
<td>Enter Event Time in Military (e.g. 1800=6:00PM), if not known, enter 'unknown'</td>
</tr>
<tr>
<td>Discovery Time in Military (e.g. 0200=2:00AM)</td>
</tr>
<tr>
<td>0100</td>
</tr>
</tbody>
</table>

**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
- [ ] Head
- [ ] Shoulder
- [ ] Ankles
- [ ] Foot
- [ ] Upper Arm
- [ ] Back/spine
- [x] Hip
- [ ] Upper Leg
- [ ] Buttocks
- [ ] Lower Leg
- [ ] Wrist
- [ ] Chest
- [ ] Lower Arm
- [ ] Other
- [ ] Clavicle
- [ ] Knee
- [ ] Unresponsiveness
- [ ] Elbow
- [ ] Neck
- [ ] No Injury
- [ ] Forearm
- [ ] Pelvic Region
- [ ] Systemic
- [ ] Hand
- [ ] Sacrum
- [ ] Other
II. Entering an Event—continued

Entering Event Details — Event

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?

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?

What was the level of observation at the time of the fall?

Was the patient confused prior to the fall?

Prior to the fall, did the patient routinely call for assistance with activities (such as toileting)?

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

*All Fields are Required

Save/Next

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II. Entering an Event— continued

Entering Event Details — Review

Please click the 'Submit' button below to notify DOH that this event is ready for review.
II. Entering a New Event – continued

Locating a Saved Event

Welcome to the NJ Patient Safety Reporting System

Search for Report by Number

Search 20180356

Action Items

<table>
<thead>
<tr>
<th>Initial Event Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Number</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>20180312</td>
</tr>
<tr>
<td>20180219</td>
</tr>
<tr>
<td>20180151</td>
</tr>
<tr>
<td>20180193</td>
</tr>
<tr>
<td>20180194</td>
</tr>
</tbody>
</table>

Additional resources may be found on the Patient Safety website at:
II. Entering a New Event – continued

Locating a Saved Event

- 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 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:
II. Entering a New Event – continued

Locating a Saved Event

- 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
II. Entering a New Event – continued

Locating a Saved Event
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
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
- Date any healthcare professional discovered the event: 11/20/2018
- 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

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

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III. Event Review by PSRS - continued

Comment Link in Event

Please provide a more detailed and specific timeline regarding the event and the impact and outcome for the patient.
III. Event Review by PSRS - continued

Communications Log

- Click HERE to send DOH a comment
- Click HERE to see the Communication Log
III. Event Review by PSRS - continued

Communications Log

Click HERE to view all comments
### Communications Log

**III. Event Review by PSRS - continued**

<table>
<thead>
<tr>
<th>Added by</th>
<th>Date</th>
<th>Communication Type</th>
<th>Description</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Added by</th>
<th>Date</th>
<th>Communication Type</th>
<th>Description</th>
</tr>
</thead>
</table>
|          | 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.

<table>
<thead>
<tr>
<th>Added by</th>
<th>Date</th>
<th>Communication Type</th>
<th>Description</th>
</tr>
</thead>
</table>
|          | 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.

<table>
<thead>
<tr>
<th>Added by</th>
<th>Date</th>
<th>Communication Type</th>
<th>Description</th>
</tr>
</thead>
</table>

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.
III. Event Review by PSRS - continued

Edit the Event

Event Information

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

Comments

- Enter Event Time in Military (e.g. 1800=6:00PM), if not known, enter 'unknown'
- 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
- Cast/immobilization
- Increased length of stay is anticipated
- Minor injury
- Increased level of care
- No apparent injury
- Surgery is required

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 (5 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 0300 - Surgical consult performed. Surgeon discussed options with patient and family and obtained informed consent to proceed with surgery.

11/20/2018 at 0800 - 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

[Image of a screen from the New Jersey Department of Health Patient Safety Reporting System]
### General Comment

<table>
<thead>
<tr>
<th>Date</th>
<th>Comment</th>
<th>Reviewer Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/20/2018</td>
<td>General Comment</td>
<td>Please be more specific regarding</td>
</tr>
</tbody>
</table>

**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.
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
Communications Log

- Click HERE to send DOH a comment
- Click HERE to see the Communications Log
IV. Other Communication about the Event - continued

Communications Log

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