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

1. 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

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
I. Preparing to Enter an Event - Continued

“Resources” Tab

We have detected that you are using popup blocking. If you experience problems using this system, please try disabling popup blocking in your browser settings.

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 was passed, which established the New Jersey Patient Safety Reporting System to improve patient safety and health care quality.
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

Initial Event  RCA

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

View Initial Event Questions
## I. Preparing to Enter an Event - Continued

### Initial Event Questions

<table>
<thead>
<tr>
<th>Initial Event</th>
<th>RCA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental - Fall</td>
<td>View Initial Event Questions</td>
</tr>
</tbody>
</table>

### Patient Information

- **Facility name:**
- **Patient type:**
- **Admission through:**
- **First name:**
- **Last name:**
- **Patient billing number:**
- **Street Address:**
- **State:**
- **County:**
- **Date of Birth:**
- **Race:**
- **Ethnicity:**
- **Admission date or date of ambulatory encounter (mm/dd/yyyy):**
- **Main Reason for Admission or Ambulatory Encounter:**
- **Middle name:**
- **Medical record number:**
- **City:**
- **Zip code:**
- **Gender:**
- **Admitting ICD-9:**
I. Preparing to Enter an Event - Continued

Initial Event Questions

<table>
<thead>
<tr>
<th>Event Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Event date:</strong></td>
</tr>
<tr>
<td><strong>Date event discovered:</strong></td>
</tr>
<tr>
<td><strong>How was the event discovered?</strong></td>
</tr>
<tr>
<td><strong>In what unit did the event occur?</strong></td>
</tr>
<tr>
<td><strong>In what location did the event occur?</strong></td>
</tr>
<tr>
<td><strong>Location of injury (check at least one):</strong></td>
</tr>
</tbody>
</table>

**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 similar 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?

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

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

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>
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
II. Enter a New Event - Continued

Date of Birth:

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

Gender:
- Male
- Female

Race:
- Caucasian

Ethnicity:
- Non-Hispanic/Unable to Determine

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

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.

*All Fields are Required

Save/Next
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
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

<table>
<thead>
<tr>
<th>Event date:</th>
<th>1/6/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>If event date is unknown, check here</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date event discovered:</th>
<th>1/6/2011</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>How was the event discovered?</th>
<th>Report by staff/physician</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>In what unit did the event occur?</th>
<th>Med/Surg</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>In what location did the event occur?</th>
<th>Patient Room</th>
</tr>
</thead>
</table>

### 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

<table>
<thead>
<tr>
<th>Other:</th>
</tr>
</thead>
</table>

### Severity of injury (check at least one):

- ☐ Death
- ☐ Cast/immobilization
II. Enter a New Event - Continued

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 similar 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**

| Report Menu: |  |  | Submit Event |
|--------------|---|-----------------|
| Initial Event | Root Cause Action |

**Report Number:** 2010-0035

**Event Classification:** Care Management - Pressure Ulcers

**Patient Information**

<table>
<thead>
<tr>
<th>Edit</th>
</tr>
</thead>
</table>
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
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
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.
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### IV. Communication about the Event - Continued

<table>
<thead>
<tr>
<th>Main Reason for Admission:</th>
<th>reason for admission</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Edit</strong></td>
<td><strong>Comments</strong></td>
</tr>
<tr>
<td>Event date: 9/13/2010</td>
<td>Event Time: 8:00 AM</td>
</tr>
<tr>
<td>Date event discovered: 9/13/2010</td>
<td>Discover Time: 4:30 PM</td>
</tr>
<tr>
<td>How was the event discovered?</td>
<td>Report by staff/physician</td>
</tr>
<tr>
<td>In what unit did the event occur?</td>
<td>Operating Room</td>
</tr>
<tr>
<td>In what location did the event occur?</td>
<td>NA</td>
</tr>
<tr>
<td>Location of injury (check at least one): Shoulder</td>
<td></td>
</tr>
</tbody>
</table>
IV. Communication about the Event - Continued

DHSS Comments

1/4/2011 10:32:15 AM: please add more detail about the description
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'

Discovery Time in Military (e.g 0200 = 2:00AM) 1800

Date event discovered: 1/4/2011

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
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.

<table>
<thead>
<tr>
<th>Report Menu:</th>
<th>Patient Info</th>
<th>Event Info</th>
<th>Submit Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Number:</td>
<td>2010-0035</td>
<td>Event Classification:</td>
<td>Care Management - Pressure Ulcers</td>
</tr>
</tbody>
</table>

Patient Information

[Click here to 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