



CHART Event Reporting System

RL6:Risk



Front Line User's Guide for Reporting Events

To report an event, access RL6:Risk, CHART's electronic event reporting system, via the web:

https://rl6.rlsolutions.com/CHART_Prod

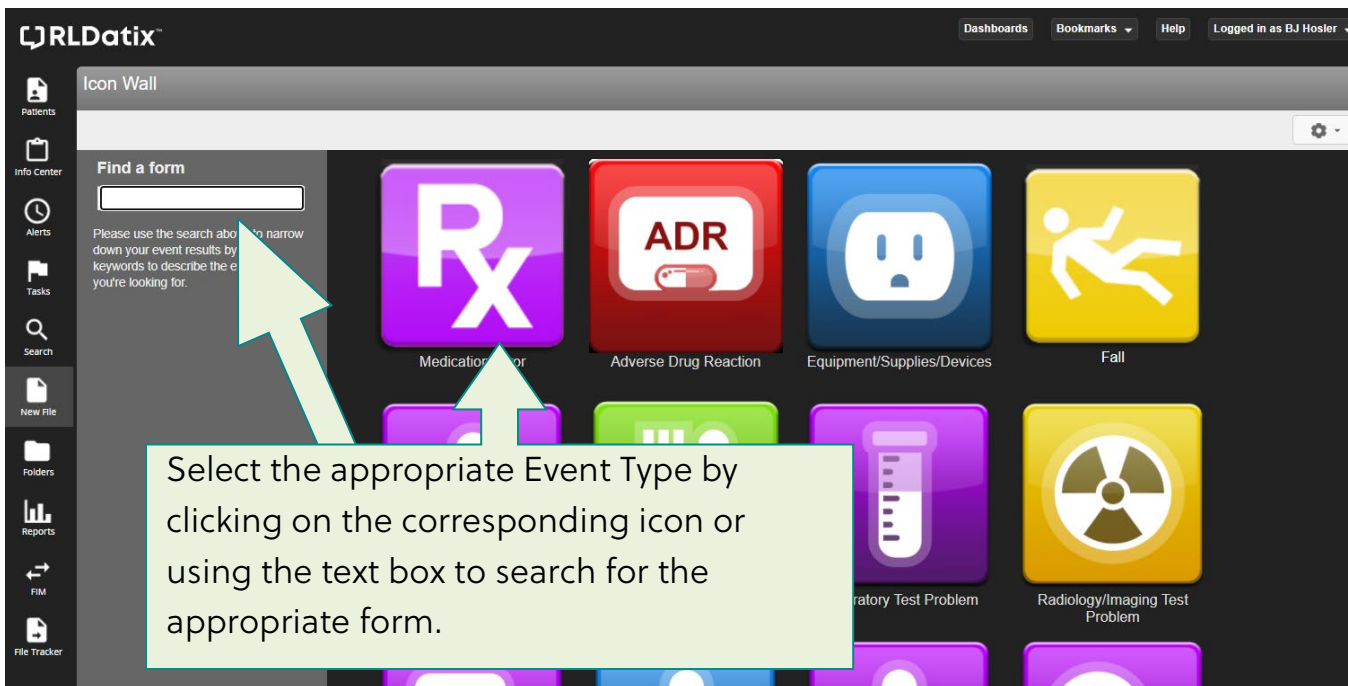
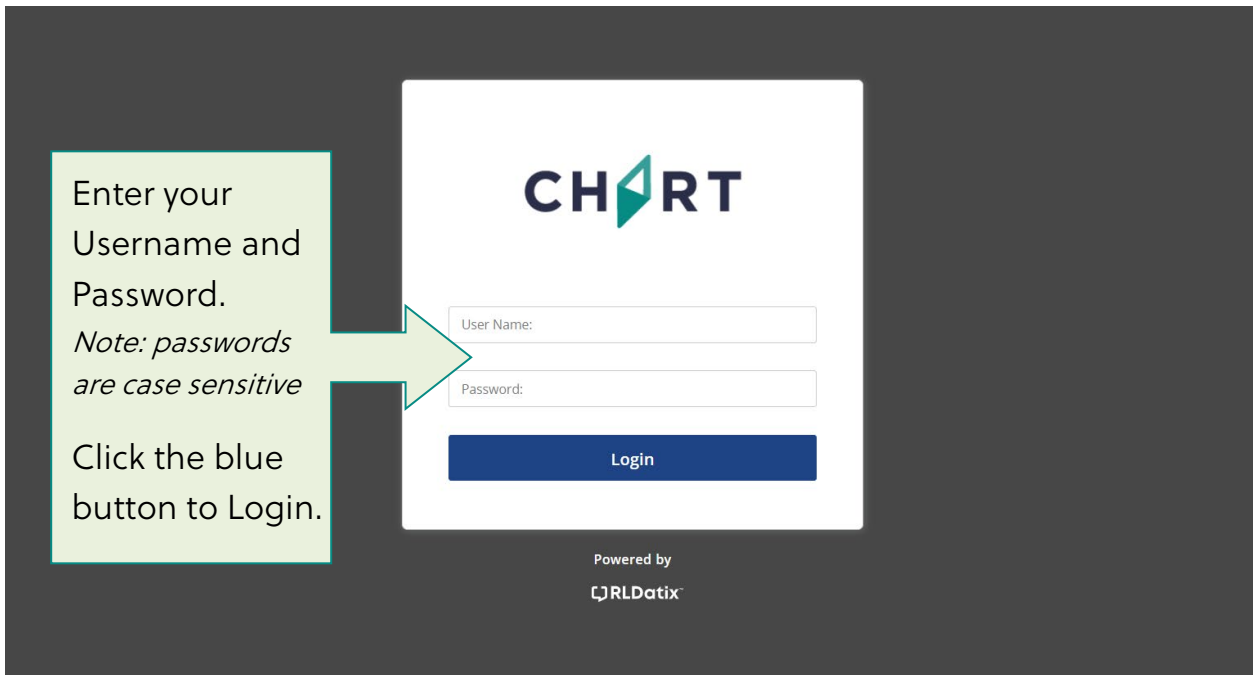


Table of Contents

- Form Instructions
- Person Affected
- When and Where Event Occ...
- Event Details

File Status

1 of 29 total fields completed.

0 of 17 mandatory fields completed.

est. This event type includes a mandatory and/or surgical/invasive procedure issues.

EXCLUSIONS: any event related to a procedure, treatment or test that results in a clinical complication

Mandatory fields are indicated by the **green asterisk (*)**. These fields must be completed in order to submit this form.

Person Affected

Classification of Person Affected *

Last Name *

First Name *

DOB (mm/dd/yyyy) *

Age *

Gender *

Date of Admission or Date of Ambulatory Encounter *

You can move through the fields by

- hitting the "Tab" key on your keyboard,
- moving the scroll bar up and down, or
- clicking on one of the "Content" areas to move directly to that location on the form.

Complete all fields as accurately and factually as possible. At a minimum, all mandatory fields indicated with a green asterisk must be completed.

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0 of 29 total fields completed.

0 of 17 mandatory fields completed.

When and Where Event Occurred

When

Event Date *

Event Time (00:00)

Event Shift

!WARNING!
The Site field is **READ ONLY** on the submission form to prevent end users from selecting an incorrect value which could result in a HIPAA breach.
If you do not see the correct Site value and/or the location you are looking for in the Care Area Name and Care Area Type lists **STOP** and contact the system administrator before submitting the file.

Where

Site (Read Only)

Care Area Name *

Care Area Type *

How was the event discovered? * Not Specified Add/Modify

Individual preparing report: *

Reporting Department: *

To complete "How was the event discovered?" select Add/Modify.

Delete More Actions

How was the event discovered? ?

- assessment after event
- report by family or visitor
- report by patient
- Report by resident, fellow, or student
- report by staff member
- review of record or chart
- witnessed/involved

Cancel

When clicking **Add/Modify**, a pop-up box will appear. Select all appropriate items from the pick list then click the OK button.

Error Related to Procedure/Treatment/Test Submission Form

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- Form Instructions
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1 of 30 total fields completed.

1 of 18 mandatory fields completed.

Event Details

Harm Score *

Definitions

Unsafe Conditions

A - Circumstances that could cause a...

Event, No Harm

B1 - An event occurred but did not reach...

B2 - An event occurred but did not reach the individual (near miss/close call) because of active recovery efforts by caregivers.

C - An event occurred that reached the individual but did not cause harm and did not require increased monitoring.

D - An event occurred that req'd monitoring to confirm that it resulted in no harm and/or required intervention to prevent harm.

Event, Harm

E - An event occurred that contributed to/resulted in temporary harm and required treatment or intervention.

F - An event occurred that contributed to/resulted in temporary harm and required initial/prolonged hospitalization.

G - An event occurred that contributed to/resulted in permanent harm.

H - An event occurred that resulted in a near-death event (e.g. required ICU care/other intervention to sustain life).

Event, Death

I - An event occurred that contributed to/resulted in death.

Specific Event Type *

Type of Outcome/Injury * [Add/Modify](#)

Did Health IT cause or contribute to this event? *

Brief Factual Description (No proper names or personal identifiers)

Who Was Notified

More Actions

The Event Submission Forms are dynamic. The total number of fields and the types of fields on the Event Submission Form will vary based on the general event type selected from the Icon Wall.

Your response to Specific Event Type will guide the fields that appear and determine the total number of fields.

Continue to complete all fields by selecting the appropriate response from the drop-down lists. The form will guide you. Continue to move down toward the end of the form. You will not need to navigate to any other areas.

Did Health IT cause or contribute to this event? *

Brief Factual Description (No proper names or personal identifiers)

in Notified

Delete More Actions - Submit

This field is a free text entry field describing the details of the event. Enter a factual, objective description. **Do NOT include extraneous comments, personal opinions or staff/physician/patient names or other identifiers.**

When finished, click the submit button.

A confirmation message will appear with your file number.

Submit File

Thank you for taking the time to communicate this issue, CHART. Your submission helps us improve our organization's overall safety. For reference, your file number is **1356590**.

OK

Additional Elements of Event Entry

Event Details

Harm Score ***** Definitions
B1

Unsafe Conditions
A - Circumstances that could cause adverse events (e.g. look-alike medications, confusing equipment, etc.).

Event, No Harm
B1 - An event occurred but did not reach the individual (near miss/close call) because of chance alone.
B2 - An event occurred but did not reach the individual (near miss/close call) because of active recovery efforts by caregivers.
C - An event occurred that reached the individual but did not cause harm and did not require increased monitoring.
D - An event occurred that req'd monitoring to confirm that it resulted in no harm and/or required intervention to prevent harm.

Event, Harm
E - An event occurred that contributed to/resulted in temporary harm and required treatment or intervention.
F - An event occurred that contributed to/resulted in temporary harm and required initial/prolonged hospitalization.
G - An event occurred that contributed to/resulted in permanent harm.
H - An event occurred that resulted in a near-death event (e.g. required ICU care/other intervention to sustain life).

Event, Death
I - An event occurred that contributed to/resulted in death.

Specific Event Type *****

Type of Outcome/Injury [Add/Modify](#)

Select **Add/Modify** to enter the "Type of Outcome/Injury" if known. Selecting a Harm Score of E – H (an event resulting in harm other than death) will make the field mandatory.

Type of Outcome/Injury ?

abrasion

amputation

anoxia/respiratory distress

blister

burn

cardiac/respiratory arrest

circulatory impairment

concussion

contusion

When clicking **Add/Modify**, a pop-up box will appear. Select all appropriate items from the pick list then click the OK button.

Cancel **OK**

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14 of 34 total fields completed.
14 of 20 mandatory fields completed.

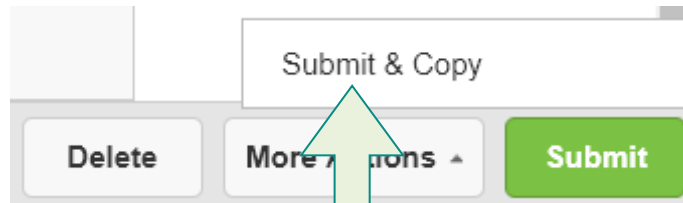
The Status Bar on the right side of the screen will update as you complete the fields of the event form.

If you try to submit a form with incomplete mandatory fields, gray boxes will appear indicating which fields must be completed.

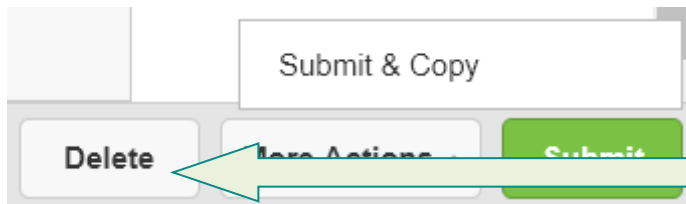
A screenshot of a web form with several fields. Two fields, 'Care Area Name' and 'Care Area Type', have gray error boxes overlaid on them. The error messages are: 'Care Area Name is a mandatory field. Add/Modify' and 'Care Area Type is a mandatory field. Add/Modify'. Other fields include 'Care Area Type' with a dropdown menu showing 'Not Specified' and 'Add/Modify', and a text field containing 'Sam'.

To use spellcheck, place your cursor inside the text box and double click. A pop-up window will appear with editing functions, then select the spell check button.

A screenshot of a text editor window titled 'Brief Factual Description'. The text inside reads: 'Since this is a free text field, it is a good idea to check your spelling.' A red circle highlights the spellcheck icon (ABC with a checkmark) in the toolbar. A green arrow points from the text box to the spellcheck icon. Below the text box, it says 'Character Count: 74'. At the bottom right, there are buttons for 'Cancel', 'OK', and 'Remove Tag'.



You can use the "Submit & Copy" action found under "More Actions" to save time when entering identical events affecting multiple persons (e.g. a specimen delivery problem that affected the specimens from multiple patients).



Selecting "Delete" cancels the file. It must be selected prior to Submitting the file. Once the file is submitted, it can only be deleted by a Risk Manager or System Administrator.