



CHART Event Reporting System

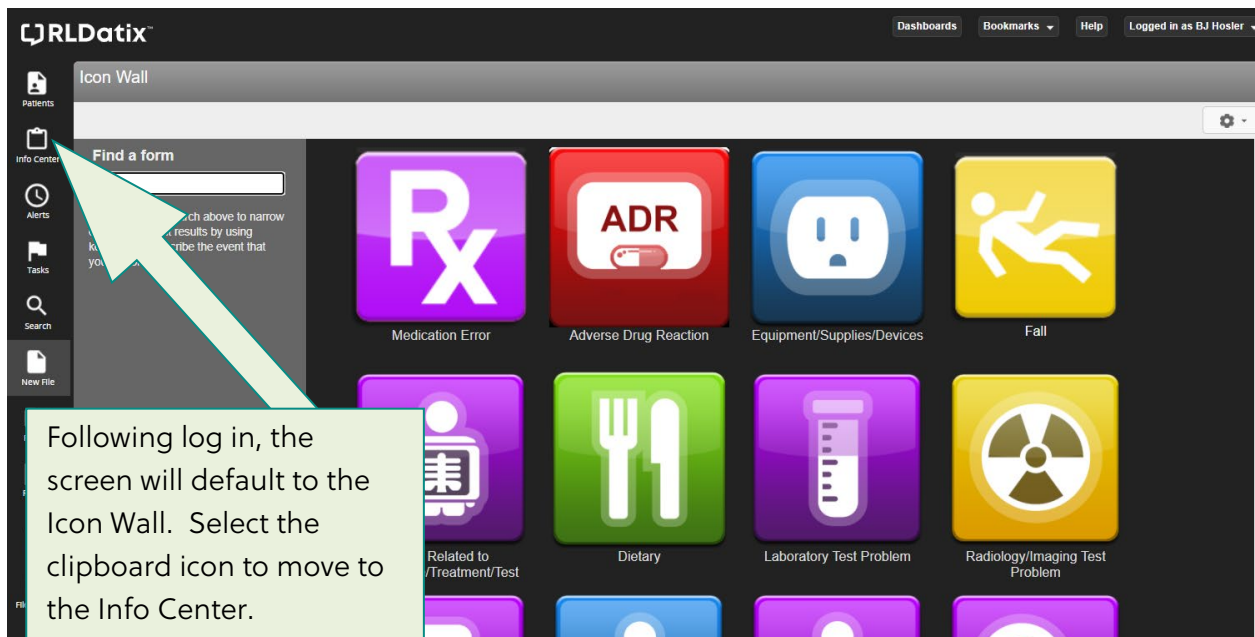
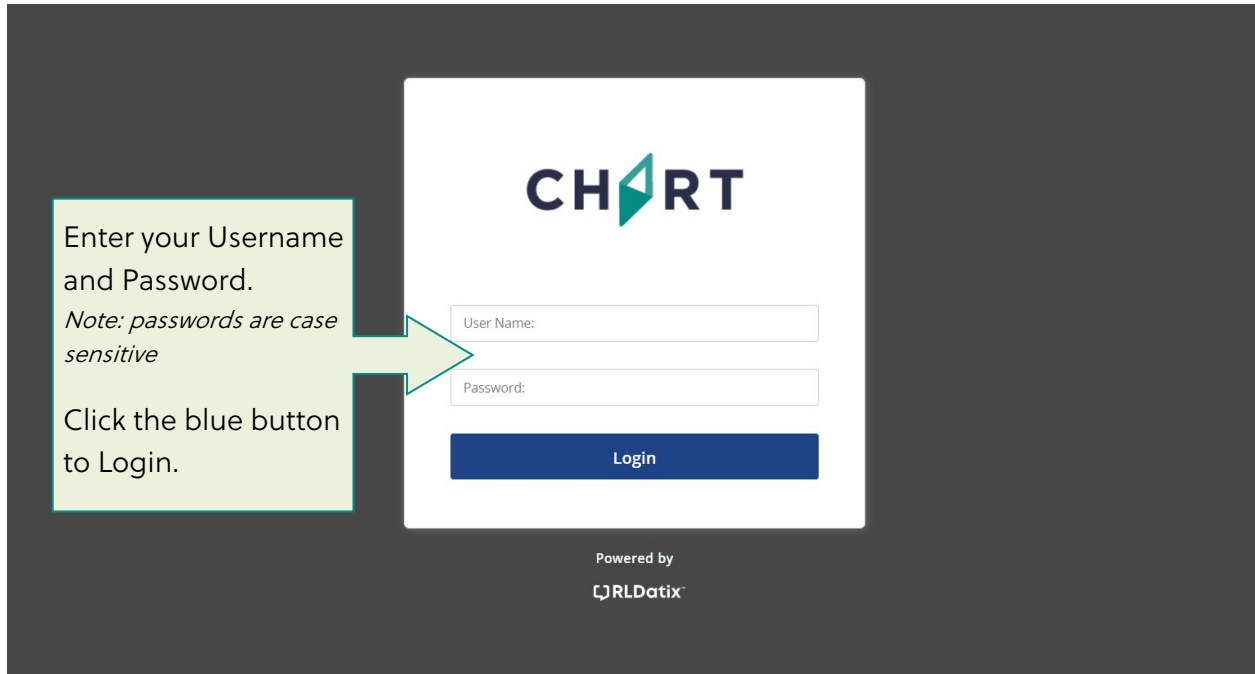
RL6:Risk



User Guide for Managing Files

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

https://rl6.rlsolutions.com/CHART_Prod



RLDatix File Info Center
VIEW: MY ACTIVE RISK FILES

The Info Center is unique to each individual user and displays files based on your user Role and Scope. You will only see files you have permission to see.

	File ID	File Name	Classification...	Last Name	First Name	Event Date	MRN#	Harm Score	File State
<input type="checkbox"/>	1552000	Skin Integrity_E	IN-PATIENT	TEST	TEST	06/01/2020	12345	A	New
<input type="checkbox"/>	1551999	Skin Integrity_E	IN-PATIENT	TEST	TEST	06/01/2020	12345	A	New
<input type="checkbox"/>	1551998	Skin Integrity_E	IN-PATIENT	TEST	TEST	06/01/2020	12345	A	In-Progress
<input type="checkbox"/>	1551997	Other/Miscellar	IN-PATIENT	DOE	JANE	06/01/2020	87320	A	New
<input type="checkbox"/>	1551993	Skin Integrity_E	OUT-PATIENT	TEST	TEST	03/06/2020	124345	A	New
<input type="checkbox"/>	1551991	Incidental Findir		DOE	JANE	03/05/2020	87320		In-Progress
<input type="checkbox"/>	1551990	Employee Acci	EMPLOYEE	STAFF	DEMO	03/05/2020			In-Progress
<input type="checkbox"/>	1551989	Employee/Affili	AFFILIATE	DOE	JOHN	03/05/2020			New
<input type="checkbox"/>	1551988	Infrastructure F	IN-PATIENT	DOE	JANE	03/05/2020	87320	D	New
<input type="checkbox"/>	1551987	Other/Miscellar	IN-PATIENT	DOE	JANE	03/05/2020	87320	D	New
<input type="checkbox"/>	1551986	Skin Integrity_E	OUT-PATIENT	DOE	JANE	03/05/2020	87320	C	New
<input type="checkbox"/>	1551985	Transfusion Ev	OUT-PATIENT	DOE	JANE	03/05/2020	87320	C	New

RLDatix File Info Center
VIEW: MY ACTIVE RISK FILES

Select a file to enter additional details by clicking on the File ID.

	File ID	File Name	Classification...	Last Name	First Name	Event Date	MRN#	Harm Score	File State
<input type="checkbox"/>	1552000	Skin Integrity_E	IN-PATIENT	TEST	TEST	06/01/2020	12345	A	New
<input type="checkbox"/>	1551999	Skin Integrity_E	IN-PATIENT	TEST	TEST	06/01/2020	12345	A	New
<input type="checkbox"/>	1551998	Skin Integrity_E	IN-PATIENT	TEST	TEST	06/01/2020	12345	A	In-Progress
<input type="checkbox"/>	1551997	Other/Miscellar	IN-PATIENT	DOE	JANE	06/01/2020	87320	A	New
<input type="checkbox"/>	1551993	Skin Integrity_E	OUT-PATIENT	TEST	TEST	03/06/2020	124345	A	New
<input type="checkbox"/>	1551991	Incidental Findir		DOE	JANE	03/05/2020	87320		In-Progress
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<input type="checkbox"/>	1551987	Other/Miscellar	IN-PATIENT	DOE	JANE	03/05/2020	87320	D	New
<input type="checkbox"/>	1551986	Skin Integrity_E	OUT-PATIENT	DOE	JANE	03/05/2020	87320	C	New
<input type="checkbox"/>	1551985	Transfusion Ev	OUT-PATIENT	DOE	JANE	03/05/2020	87320	C	New

Skin Integrity Management Form - 1551999

Add Follow-up

Table of Contents

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

File Notifications

- Linked Files (0)
- Related Files
- Alerts (0)
- Tasks (0)
- Summaries
- Audits
- File Exports

When a file is opened, the **Management Form** is used to display its details. The Management Form has additional fields that the Submission Form does not contain.

burns, lacerations, rashes and ulcers (pressure or venous stasis), abrasions, blisters,

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 * IN-PATIENT

MRN# * 12345

Last Name * TEST

Last Saved: 06/01/2020 13:31

Exit

More Actions

Save & Exit

RLDatix™

Dashboards Bookmarks Help Acting as CHART RISK MA...

Skin Integrity Management Form - 1551999

Info Center Alerts Tasks Search New File

Add Follow-up

- Work done on file
- Referral Sent
- Reply Received
- Physician Comment
- Review
- Sign-Off
- Root Cause Analysis

Person Affected

Classification of Person Affected * IN-PATIENT

MRN# * 12345

Last Name * TEST

* TEST

* 06/13/2013

* 6 years

* Male

History Encounter * 06/01/2020

After opening the file, scroll through the fields of the form and review the entered information for accuracy. Modify any information as appropriate. Enter additional information based on investigation if appropriate. At a minimum, complete the required information.

To **Add Follow-Up** related to the event, you must use the blue "Add Follow-Up" **button** on the top of the screen. Click on the button to reveal the list of options. Select the appropriate item from the list of actions.

New Work done on file Follow-up

General

Type Work done on file Sub-Type

Method Date * 11/20/2017

Time 15:52 Follow-up By * CHART Risk Manager

Follow-up To/With Time Spent(minutes)

Money Spent

Details

Form Letters: Please Select | [Populate](#) | [Email](#) | [Print](#)

Cancel **Add**

A pop-up box will appear with fields to enter follow-up information about the event.

New Sign-Off Follow-up



General

Type: Sub-Type:

Method: Date:

Time: Follow-up By:

Follow-up To/With: Time Spent(minutes):

Sub-Type dropdown menu:

- Director Sign-off
- Manager Sign-off
- Pharmacist Sign-off
- Executive Council Sign-off

Details

Form Letters: [Populate](#) [Email](#) [Print](#)

The relevant manager may review files and provide additional information and would sign-off on the file indicating to the Risk Manager that the Department level review is complete.

- Save
- Close
- Change File Type
- Delete
- Import File
- File Properties
- Send to Another Module
- Copy to New File
- Exit

Click "Save" or "Save & Exit"

If mandatory fields are incomplete a user is prompted to "Save as is" or "Return to form"

Save

There are some validation errors or empty mandatory fields on this form. Do you want to save as is with the errors, or return to the form and correct the errors?

The options to "share" files can be found on the Info Center screen. Options vary based on the user's role. Options include: Print, Email and Download.

	File ID	File Name	Classification...	Last Name	
<input type="checkbox"/>	1552000	Skin Integrity_E	IN-PATIENT	TEST	
<input checked="" type="checkbox"/>	1551999	Skin Integrity_Ev	IN-PATIENT	TEST	
<input type="checkbox"/>	1551998	Skin Integrity_E	IN-PATIENT	TEST	
<input type="checkbox"/>	1551997	Other/Miscellar	IN-PATIENT	DOE	
<input type="checkbox"/>	1551993	Skin Integrity_E	OUT-PATIENT	TEST	

- Download
- Important
- Add to Folder
- Change Owner
- Change State
- Properties
- Close
- Delete

Print Summary ?

Summary: Current Summary

Edit Summary Hide Instructional Text
 Redact Sensitive Fields / Tagged Text Hide Empty Fields

Show Sections [Select None](#) | [Select All](#)

- Form Header
- Form Instructions
- Person Affected
 - Person Classification
 - Person Information
 - Person Address
- When and Where Event Occurred
 - When
 - Where
- Event Details
 - Harm Score
 - Untitled subsection
- Potential Contributing Factors
 - Potential Contributing Factors
- Who Was Notified?
 - Who Was Notified?
- Follow-Up Actions
 - Untitled subsection
- Risk Evaluation
 - Risk Evaluation
 - Untitled subsection
- Patient Safety Work Product (PSWP)
- All Tasks

The user can select which sections of the form to include.

Alerts (0) ▶

Tasks (1) ▶

Summaries ▶

Audits

File Exports

Submit to PA-PSRS? *

Submit to CHART Institute Patient Safety Organization(PSO)? *

By selecting "Yes" I acknowledge that this information is being assembled for submission to the PSO for analysis. To complete the submission process, you must close this file. This file will only be submitted when the answer is "Yes" and the file is closed, it will not be included in any analysis reports provided by the PSO until both of these conditions are met.

More Actions ▶ **Save & Exit**

To submit a file to the PSO select "Yes" then close the file.