

Software for patient safety

## Datix Event Reporting System Review Risk Management's Event Reporting System-Intranet



Online reporting is the reporting mechanism of choice for reporting those events of Risk Management concern. Online reporting is accessed through the CHH Intranet page

The paper form(s), CHH 108 and 108A, should only be used when online Datix access is unavailable for extended lengths of time.

### The Process

 The Datix Event Reporting system can be accessed through the CHH Intranet Homepage under the Services tab or through a shortcut desktop icon on your unit/department's computer. For staff, accessing and using the Datix system is as simple as a 'click'; managers will need to logon to review reports using your assigned username and password.





Staff Select – Report an Event to report Managers Select – Datix for Managers to logon \*Managers **DO NOT logon** to report an event. Go to Report an Event.

#### Home / Services / Datix Event Reporting Links

### **Datix Event Reporting Links**

The Datix Event/Concerns Reporting System replaces the

former intranet Peminic 'Incident Report' and the paper forms CHH 108 and 108a. Online reporting continues to allow us to eliminate the waste of resources that occurs with paper form use, storage, and availability. Datix online reporting is to be used to report any event that normally would have been reported through the Peminic online system or paper reports, Confidential Incident Report or Confidential Medication Incident Report of the past.

- Report an Event
- Datix for Managers
- · Register a new user

Datix

### **Training Materials**

**Events Module** 

- Event Reporting Review for Managers
- · Event Reporting Review for Staff

If you have questions about the Events Module, please contact Deanna Parsons at <u>Deanna.Parsons@chhi.org</u> or ext. 2315.

#### Concerns Module

Concerns Module - Review for Managers

If you have questions about the Concerns Module, please contact Beth Hughes at <u>Beth.Hughes@chhi.org</u> or ext. 2273.

## Datix for Managers link will open to the logon Screen

Nev	New Form   Login   Register							
L	og in to Datix							
	🛷 Log in to I	Datix						
	User name							
	Password							
		Log in						
	User name Password	Log in						

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## Report an Event link will open directly to the report.

Datix: CHH Event R	Reporting Form - Windows Internet Ex	plorer provided by Cabell Hunt	ington Hospital		
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Completion of a information con	an Event Report within this system is n cerning the event and the patient's st	ot a substitute for medical reco atus needs to be documented	ord documentation. If an event of in the patient's medical record.	occurs that relates to patient ca	are, treatment, testing, etc.,
*	Indicates a mandatory field				
0	Click for help with a particular field				
-	View and select from the list of ava	ilable options for that field			
Date format:	Enter in the format mm/dd/yyyy.	Alternatively, click the 🔝 butto	n to select the date from a caler	ndar	
Time format:	Enter in the format hh:mm (Military	time - 24hr clock)			
If you have any CONFIDENTIAL. and/or Work Proc Patient / Per	questions, change requests or require The information contained in this rep duct.	assistance with completing this	s form, click here to e-mail your otected by one or more of the f	Datix System Manager. ollowing: Peer Review, QA/I (Pl	MI), HIPAA, Attorney/Client,
					Clear Section
★ Type of Pers	son Involved		-		
e.g. Patient, I	Employee, Visitor				
★ Last Name					
★ First Name					
Show Addition	al Demographics?				
		3	↓ ↓ ↓ Tr	usted sites   Protected Mode: C	Off ♥ ♥ 125% ▼ ▲ 🔍 🖳 🚺 12:05 PM

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Director of Risk Management

# Note the Banner Bar and the Confidentiality and Protections

New Form	ew Form   Login   Register						
🕕 сн	H Event Reporting Form						
Completion the patient	n of an Event Report within this system is not a substitute for medical record documentation. If an event occu 's status needs to be documented in the patient's medical record.	rs that relates to patient care, treatment, testing, etc., information concerning the event and					
*	Indicates a mandatory field						
0	Click for help with a particular field						
•	View and select from the list of available options for that field						
Date forma	t: Enter in the format mm/dd/yyyy. Alternatively, click the 🔝 button to select the date from a calendar						
Time forma	at: Enter in the format hh:mm (Military time - 24hr clock)						
If you have	any questions, change requests or require assistance with completing this form, click here to e-mail your Dati	x System Manager.					
CONFIDENT	IAL. The information contained in this report may be privileged and/or protected by one or more of the follow	ving: Peer Review, QA/I (PMI), HIPAA, Attorney/Client, and/or Work Product.					

Patient / Person Information

Depending on the dropdown selection other windows may open requesting more information.



## Any field **noted by a red asterisk** \* is a required field that must be completed before you can submit your report.

Time format: Enter in th	ne format hh:mm (Military time - 24hr clock)	
f you have any questions, ch	hange requests or require assistance with completing this form, click here to e-mail your Datix System Manager.	
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eople Affected	Patient / Person Information	
+ Add a new event		Clear Section
<ul> <li>✓ My reports</li> <li>✓ Design a report</li> </ul>	★ Type of Person Involved	
New search	e.g. Patient, Employee, Visitor	
Show staff	* Last Name	
	★ First Name	
	Show Additional Demographics? Yes	
	Address	·
	Zip Code	
	Telephone Number	
	★ Gender	
	Date of Birth (MM/dd/yyyy)	
	★ Was the person injured in the Event?	
	Add Another	

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Director of Risk Management

### Drop down boxes ease report completion:

Event Reporting 🗰 CHHi   Hor	ne page		19 - H	🛚 🛨 📑 Page 🔹	• 😳 Tools	-
Visitor						1
★ Last Name						
★ First Name						
Show Additional Demographics?				-		
★ Gender				-		
Date of birth (MM/dd/yyyyy) 🕜						
★ Was the person injured in the incident?	No	Yes				
Add Another		No				

## When you choose the Event Category, the screens will change to help guide you to provide the correct documentation.

Location Type		
Event Classification		
★ Person Affected is Patient	Yes	
★ TJC Pt Safety Event Classification		
★ Event Category	Fall Related	-
★ Event Sub Category		
Fall Related		
★ Patient admitted with TIA or CVA as primary diagnosis?		-
★ Patient's mental status prior to fall	[	•
* Patient considered high risk for fall?		•
* Risk assessment completed before fall?		•
Was Falling Star protocol utilized?		*
Patient's 1st Fall?		•
★ Was fall witnessed?		*

Dropdowns with larger areas above indicate multi-select fields. By single clicking on your choice you can select as many options as apply then you double click on your last selection.



## Use the right sided Scroll Bar to see all the <u>Fields</u>.

Event Location Information			
Department Reporting Event		▼	Afi
Department Location of Event			
Location (type)		<b>•</b>	Rix
Other Department(s) Involved			
Nature of the Event		•	≣ Citr Nei
Classification of Event	Fall Related	•	
Event Sub Category			LIV Staf
			Ce

To add information regarding witnesses to the event choose 'Yes' and complete the information requested in the new section

Witnesses	
the Event?	Yes Clear Section
<ul> <li>★ Type of Person</li> <li>First Name</li> </ul>	
Last Name	
Address	
Telephone Number	
Add Another	
	Save Cancel
3	_ [] Datix

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# The Narrative is a text box. Remember to be FACTUAL and OBJECTIVE.

★ Bed Rails Up			
Ambulation Privileges	•		
Physical restraint used prior to fall?			
Physical restraint utilized during fall?			
Bed Position	-		
Was X-Ray, CT Scan, MRI ordered after fall?			
* Severity of Injury			
Narrative			
		abs	
Witnesses			
* Were there any Witnesses to the Event?			
	Submit	Cancel	
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### Once you have completed the report left click on the Save at the button of the form to submit your report.

Sitter prior to rail?	
Medicated in past 4 hours?	
* Bed Rails Up	
Ambulation Privileges	
Physical restraint used prior to fall?	
Physical restraint utilized during fall?	
Bed Position	
Was X-Ray, CT Scan, MRI ordered after fall?	
* Severity of Injury	
Narrative	
* Narrative Description of Event	abs
Witnesses	
★ Were there any Witnesses to the Event?	
	Submit Cancel

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# There is also a link to this PowerPoint you can reference.

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### If you have any questions regarding reporting you can contact Risk Mgmt at ext. 2315 or via the email link on the reporting form.

#### CHH Event Reporting Form

Completion of an Event Report within this system is not a substitute for medical record documentation. If an event occurs that relates to patient the patient's status needs to be documented in the patient's medical record.

*	Indicates a mandatory field	
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