Online Patient Adverse Event Report User Guide

- Access the Employee Resources web page. There is a shortcut located on the THA Desktop. Or, go to <u>www.thagroup.org/employee-</u> <u>resources</u>. If you are prompted to enter a password to access the site, use **thagr0up** (use a zero and not the letter "o").
- 2. Click on **Patient Adverse Event Report** in the Electronic Forms section.
- 3. Fill in the form sections. **Be as detailed as possible.** A red asterisk indicates a required field.
 - a. Patient Adverse Event Reported By = your name
 - b. Reporter's Email = your THA Group email address
 - c. Patient Name = patient's name
 - d. Service Line = select patient's service line
 - e. Community Office = select the community office to which the patient is assigned.
 - f. Date of Event = date the event occurred
 - g. Time of Event = time the event occurred
 - h. Location of Event = where the event occurred (i.e., patient's home, facility, etc.).
 - i. Nature of Event = select all that apply. Additional sections will appear that require you to add more detail.
 - i. Accident Resulting in Injury



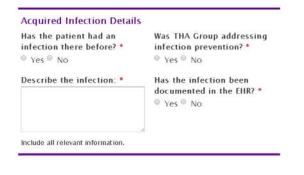
POLICY: All untoward patient/chent adverse events that result in or have the potential to result in injury or illness should be reported in writing. Patient adverse events include but are uot limited to: provision of care error unusual occurrences, vehicular crashes, other types of accidents and injuries and safety hazards. View the full Adverse Event Policy. View the full Serious Adverse Event Policy: Patient Adverse Event Policy. View the full Serious Adverse Event Policy. Patient Adverse Event Reporter's Email * Reporter's Email * Reporter's Email * Patient Name * First Last Patient Name * First Last Service Line * Community Office * Date of Event * M DD YYYY Location of Event (if applicable) Did this event result in deatl applicable) Patient failure Fail Patient failure Fail Patient failure Fail Patient failure Fail Non-adherence resulting in serious decline Fail Details Medical Product Issue Details Medical Infection Details Medical Infection Details Medical Infection Etails Medical Product Issue Details Medical Infection Etails Medical Infection Etails Medical Infection Details Medical Infection Details Acquired Infection Details Medical Infection Details Medical Infection Details Medical Product Issue Deta	TATILAT ADVLA	OL LVENT NETONT
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been notified? * ◎ Yes [@] No	🔍 Yes 🎱 No	
Additional Notes	been notified? *	
	Additional Notes	
	2000-000000000000000000000000000000000	

Attach a File Choose File No file chosen Choose File No file chosen Choose File No file chosen

Submit

PATIENT ADVEDCE EVENT DEDODT

ii. Acquired Infection



iii. Equipment Failure

Equipment Failure Details

Any item that is used for the diagnosis, treatment or prevention of a disease, injury or other condition and is not a drug or biologic. Medical devices may include equipment, implants, disposable and radioactive contrast media.

Reason for Equipment Failure *

- Device failure
- Environmental factors
- Maintenance error
- Packaging error
- Patient reaction
- Support system failure
- Tampering
- User error

iv. Fall

Fall Details Activity Resulting in the Fall * Ambulating w/ AD Bathing Transferring w/ assist Transferring w/ assist Preparing food Unknown Witness(es) *

Contributing Factors *	
🗖 Dementia	Poor safety awareness
Cognitive impairment	Left unattended
Non-adherent to safety precautions	Other (please describe below):

*

-

Describe the fall: *

Include all relevant information

v. Injury by Violence

Injury by Violence Details	
Assailant *	
Describe the events resulting in the assa and injuries obtained as a result of the	ault
assault: *	
	<u>^</u>
	*
Is law enforcement involved? *	If so, what agency?
🖲 Yes C No C Unknown	
Is THA Group's Medical Social Worker in patient's care? *	volved with this
O Yes O No	

vi. Medical Treatment Error

Medical Treatment Error Details

Cause of Medical Treatment Error *

- Missed lab
- Missed scheduled treatment
- Incorrect lab
- Incorrect scheduled treatment
- Unusable lab sample
- Wound or injury resulting from medical treatment

vii. Medication Issues

Medication Issues Details

Cause of Medication Issue *

- Incorrect drug
- Incorrect dose
- Incorrect time
- Incorrect route
- Reaction to medication
- Negative side effect(s)

viii. Medical Product Issue

Medical Product Issue Details

Cause of Medical Product Issue *

- Counterfeit product
- Poor packaging/labeling
- Questionable stability (i.e., produt shelf life)
- Suspected contamination
- Therapeutic errors (product does not work)

Location and Stage of New	Were there other ulcers	Non-Adherence Resulting	in Serious Decline Details
Pressure Ulcer * What wound care has THA Group been providing? *	already? * Yes No What teaching has been implemented for prevention?	Reason for Non-Adherence *	Non-Adherence Related To * Einances
		Issue with diet	Understanding
		Issue with activity	Availability
	•	Issue with medical appointment(s)	 Transportation Home dynamics
What disciplines are seeing th patient? *	is		Lack of motivation
Factors contributing to pressu development: * Paralysis	ire ulcer		
Parasthesia			
Chair/bedbound			
Unable to care for self			
ondore to care for sen			
Caregiver unwilling to provide			
 Caregiver unwilling to provide adequate care Caregiver unable to provide ad 			

x. Non-Adherence Resulting in Serious

Decline

Did THA Group address issues that contributed to the event? If Yes is selected, the following box will j. appear:

Did THA Group address	If so, how?
issues that contributed to	
the event? *	
🖲 Yes ^O No	

k. Has the patient's physician been notified?

If Yes is selected, the appear:	following boxes will	If No is selected, the feature appear:	ollowing box will
Has the patient's physician been notified? * ® Yes © No		Has the patient's physician been notified? * [•] Yes ® No	Why not? *
Physician Name *	Time Physician Notified *		

- I. Additional Notes (optional) = add details not included in the above sections.
- m. Attach Additional Information (optional) = upload up to three files of supporting documentation related to this feedback
- 4. After you click Submit, you will receive a confirmation email with a copy of your submission. Please retain this for your records.