

Online Patient Adverse Event Report User Guide

1. Access the Employee Resources web page. There is a shortcut located on the THA Desktop. Or, go to www.thagroup.org/employee-resources. If you are prompted to enter a password to access the site, use **thagroup** (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

Accident Resulting in Injury Details

Activity Resulting in Injury * Witness(es) *

Contributing Factors *

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

Describe the injury: *

PATIENT ADVERSE EVENT REPORT

POLICY: All untoward patient/client 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 not limited to: provision of care errors, 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.](#)

<p>Patient Adverse Event Reported By *</p> <input type="text"/> <small>First Last</small>	<p>Reporter's Email *</p> <input type="text"/>
<p>Patient Name *</p> <input type="text"/> <small>First Last</small>	<p>Service Line *</p> <input type="text"/>
<p>Date of Event *</p> <input type="text"/> / <input type="text"/> / <input type="text"/> <small>MM DD YYYY</small>	<p>Community Office *</p> <input type="text"/>
<p>Location of Event (if applicable)</p> <input type="text"/>	<p>Time of Event *</p> <input type="text"/>

Did this event result in death or serious physical or psychological injury? *

Yes No

Nature of Event *

- Accident resulting in injury
- Acquired infection
- Equipment failure
- Fall
- Injury by violence
- Medical treatment error
- Medication issue
- Medical product issue
- New pressure ulcer
- Non-adherence resulting in serious decline
- Other (please describe below):

Accident Resulting in Injury Details

Acquired Infection Details

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.

Fall Details

Injury by Violence Details

Medical Treatment Error Details

Medication Issues Details

Medical Product Issue Details

New Pressure Ulcer Details

Non-Adherence Resulting in Serious Decline Details

Additional Notes

Did THA Group address issues that contributed to the event? *

Yes No

Has the patient's physician been notified? *

Yes No

Additional Notes

Attach a File

No file chosen

No file chosen

No file chosen

ii. Acquired Infection

Acquired Infection Details

Has the patient had an infection there before? *

Yes No

Describe the infection: *

Include all relevant information.

Was THA Group addressing infection prevention? *

Yes No

Has the infection been documented in the EHR? *

Yes No

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 *

<input type="checkbox"/> Ambulating w/ AD	<input type="checkbox"/> Ambulating w/o AD
<input type="checkbox"/> Bathing	<input type="checkbox"/> Toileting
<input type="checkbox"/> Dressing	<input type="checkbox"/> Transferring w/ assist
<input type="checkbox"/> Transferring w/o assist	<input type="checkbox"/> In wheelchair
<input type="checkbox"/> Preparing food	<input type="checkbox"/> Doing housework
<input type="checkbox"/> Unknown	

Witness(es) *

Contributing Factors *

<input type="checkbox"/> Dementia	<input type="checkbox"/> Poor safety awareness
<input type="checkbox"/> Cognitive impairment	<input type="checkbox"/> Left unattended
<input type="checkbox"/> Non-adherent to safety precautions	<input type="checkbox"/> 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 assault and injuries obtained as a result of the assault: *

Is law enforcement involved? *

Yes No Unknown

If so, what agency?

Is THA Group's Medical Social Worker involved with this patient's care? *

Yes 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., product shelf life)
- Suspected contamination
- Therapeutic errors (product does not work)

ix. New Pressure Ulcer

New Pressure Ulcer Details

Location and Stage of New Pressure Ulcer *

Were there other ulcers already? * Yes No

What wound care has THA Group been providing? *

What teaching has been implemented for prevention? *

What disciplines are seeing this patient? *

Factors contributing to pressure ulcer development: *

- Paralysis
- Parasthesia
- Chair/bedbound
- Unable to care for self
- Caregiver unwilling to provide adequate care
- Caregiver unable to provide adequate care
- Inadequate DME
- Other

x. Non-Adherence Resulting in Serious Decline

Non-Adherence Resulting in Serious Decline Details

Reason for Non-Adherence * Issue with medication Issue with diet Issue with activity Issue with medical appointment(s)

Non-Adherence Related To * Finances Understanding Availability Transportation Home dynamics Lack of motivation

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

Did THA Group address issues that contributed to the event? * Yes No

If so, how?

k. Has the patient's physician been notified?

If **Yes** is selected, the following boxes will appear:

Has the patient's physician been notified? * Yes No

Physician Name *

Date Physician Notified * / /

MM DD YYYY

Time Physician Notified *

Physician Instructions

If **No** is selected, the following box will appear:

Has the patient's physician been notified? * Yes No

Why not? *

l. 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.