



















Remote Da	ata E	Entry for	Risk E	Ξv	vents
What fields to incl	ude on	the forms?			
	🗟 Datab	ase Fields for Risk			×
	Required	Description	Module	^	Select
	Ves	Event Date	Rick		
	Yes	Event No.	Risk		Remove
	Yes	Event Type	Risk		
	Yes	Facility	Risk		OK]
	Yes	Location	Risk		
	Yes	Non-Patient ID	Risk		Char
	Yes	Non-Patient Name	Risk		Close
	105	Abstract (Comments)	Rick		
		Attribution Departments	Rick		
		Attribution Employees	Dick		
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		Date Closed	RISK		
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	Selected It	ems:			
	Required	Description			
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Once the fo	orm is designed	
Remote Data Er	Itry Cellocked > dilocke Ser: dilocke MMM: 0201462 Ser: 0/30/2010 10:56 AM FALL EVENT - HOSPITAL NAME THIS FORM ONLY FOREWITS RELATED TO A FALL ification & Submission	Element Description Close
Facility: Indiax Medical Center Fall Date: p1/12/024 Event No.: 16-1 Location Where the Fall Occurred: Fall Fall Occurred: Fall Type: Ways this event C yes		мер
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Worklist Pro	OCESS who does not usually access Midas o open your Worklist when you log in	∺+, you may want n.
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value.	Comic Prott	DOR/Com	10/10/105	TECY / M	MONI	56010					SE +
Deviewed Due	Perris, Drett	DOB/Sex:	10/19/19	57 567 / PI	MIRIN:	56019	•				
Reviewed by.	Dines, periody		Assigned to.	Jones, Dente	- 7						2010
Date:	5/24/2014		Location:								Print
									Incomplete Only	y: 🗌	Save & Reload
Patient		RM-No.	RM-Type	RM-Event Da	t RM-Received	Admit Date	RM-Location	Status	Next Review	^	- magene
Ferris,Brett	10:15:1:		Fall och la Am	0/5/0040	0/5/0040	2/1/2013	0000 5	(Discharged)			Navigate -
Newly Entere	ea kisk Entriës ad Dials Entriës	11-8	Presedural O	1 2/5/2013	2/5/2013		2200 cast		_		Display
wewly Entere	eu kisk chuids	11-37	Procedural, O	2/3/2013	2///2015		Raululogy	(m.)))	_	_	Options
Martin,Lucille						3/6/2013		(Discharged)		_	Readmission
Newly Entere	ed Risk Entries	11-32	Fall while Am	1 3/6/2013	3/8/2013		2200 East			_	History
Newly Entere	ed Risk Entries	11-31	Medication, P	3/7/2013	12/19/2013		Operating Ro		_	_	Other Info
Miller,Jenny						2/5/2013		(Discharged)			
Newly Entere	ed Risk Entries	11-35	Product or De	2/9/2013	2/9/2013		2200 East			_	Close
Newly Entere	ed Risk Entries	11-36	Medication, V	2/10/2013	12/20/2013		2200 East				
Webb,Jana						1/21/2013		(Discharged)			
Newly Entere	ed Risk Entries	11-25	Procedural, O	1/22/2013	1/22/2013		Operating Ro				
Babcock,Gerald	ine					1/23/2013		(Discharged)			
Newly Entere	ed Risk Entries	11-55	Fall while Am	1/24/2013	1/24/2013		2200 East				
Erickson,Raymo	ind					1/17/2013		(Discharged)			
Newly Entere	ed Risk Entries	11-30	Fall while Am	1/18/2013	1/18/2013		2200 East				











SmarTrack Column Name	Monitored Level	Module	Field Monitored
RM-Action	Multiples	RM Episodes:Referrals: Actions	RM:Referrals:Actions:Referral Action
RM-Disposition	Multiples	RM Episodes:Referrals	RM:Referrals:Referral Disp
RM-Entered By	Module	RM Episodes:Referrals	RM:Entered by
RM-Event Date	Module	RM Episodes	RM:Event Date
RM-Facility	Encounter	Entered by default from Encounter Facility	RM:Facility
RM-From Dept	Multiples	RM Episodes:Referrals	RM:Referrals:Ref From Department
RM-From Employee	Multiples	RM Episodes:Referrals	RM:Referrals:Ref From Employee
RM-Info Source	Module	RM Episodes	RM:Info Source
RM-Location	Module	RM Episodes	RM:Location
RM-No.	Module	RM Episodes	Risk Management:(Any)
RM-Received Date	Module	RM Episodes	RM:Received Date
RM-Significance	Module	RM Episodes	RM:Significance
RM-To Dept	Multiples	RM Episodes:Referrals	RM:Referrals:Ref To Department
RM-To Employee	Multiples	RM Episodes:Referrals	RM:Referrals:Ref To Employee
RM-Type	Module	RM Episodes	RM:Type
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General Witnesse Facility: Date Received: Event Date: Event No.: Location: Event Type:	Is joutcomes Attribution Referrals Midas Medical Center 9/11/2014 9/11/2014 14-7 S100 West Fail from Bed/Stretcher ► Xent Parameter ► Ambulation, Unassisted	Comments User Fields Entered By: Info Source: Time: Significance: Quantity: Physician Not Notfried Phys	Prichard, John Prichard, John Shift: Serious Safety Event, Moder Infect:	1 ate Temporar	Save Save & Brint, Documents, Dejete Copy To <u>DM</u> Elles Concel
		Status : Potential Liab Date Closed:	ility:		Heb









General Wittnesses Outcomes Attribution Referrals Comments User Fields Facility: Midas Medical Center Date Received: 9/11/2014 Info Source:

Name:	Pagel,David	DOB/Sex:	5/26/193	7 75Y / M	MRN:	957008	Enc. Type:	Inpatient	> E +
General Witne	esses Outcomes Att	ribution Referrals	Comments User F	ields					Save
Date	From Department	From Employee	To Department	To Employee	To Other Pe	rson Fil	es 🔨		Save & Print
* 3/17/2014	Risk Management	Redford,Ricardo	Radiology	Jones,Bentley					Documents
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Setup		
Review & Revise Risk Dictionaries	Install PSO Specific Focus Studies Focus Studies Complete Mapping of Terms using Process Focus (4005) Define Dictionary Terms (4005) Determine Workflow Process Worklist Tar	ules al 'get
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Question	AHRQ Terms	Dictionary Name (Code)
What is being reported?	All related	Significance (106)
Was there any evidence of harm to a patient at the time of this report?	Yes only	Significance (106)
After discovery of the incident, what was the extent of harm to the patient?	All related	Significance (106)
Which of the following categories are associated with the event or unsafe condition?	All related	Risk Event Class (192)
Where did the event occur, or, if an unsafe condition, where does it exist?	All related	Location (5)
Who reported the event or unsafe condition?	All related	Info Source (97)
What factor(s) contributed to the event?	All related	Risk Parameters (139)
Was the event a Serious Reportable Event?	Yes only	Risk Outcome (36)
What was the applicable Serious Reportable Event?	All related	Risk Event Class (192) or Risk Event Type (8)
What is the patient's race?	All related	Registration: Ethnic Group (166)

Manning c	of Terms	
mapping c	ЛТСППО	
R	eport Type Patient Harm Category Race Location Reporter Type	3
	Evidence of Harm	
		-
	Patient Harm	
	AHRQ Common Significance Dictionary (106) Term Format Term	
	Yes 3-Minimal Temporary Harm	<u> </u>
	Yes 4-Minimal Permanent Harm	
	Yes 5-Moderate Temporary Harm	
	Yes 6-Moderate Permanent Harm	
	Yes 7-Severe Temporary Harm	
	Yes 8-Severe Permanent Harm	
	Yes 9-Death	
	Yes D-Medication Event, intervention to eliminate possible harm	
	Yes E-Medication Event, causing temporary harm & intervention	
	Yes F-Medication Event, temp harm & prolonged hospitalization	
	Yes G-Medication Event, causing/contributing permanent harm	
	Yes H-Medication Event, requiring intervention to sustain life	
	Yes I-Medication Event, causing/contributing to death	
	4	
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Fields that will populate without mapping

PSO Focus term		Copy from	
Anonymous reporter?		Risk:Entered by if RDE,Risk@	
Anonymous reporter?		Risk:Entered by if not RDE,Risk@ OR null	
Description of event or unsafe of	ondition	Risk:Comments	
Description of location of event	or unsafe condition	Risk:Location	
Event discovery date?		Risk:Event Date	
Event discovery time?		Risk:Event Time	
Hispanic or Latino Descent		Registration: Hispanic	
Initial report date (Focus Date)		Risk: Last Update Date upon creation of PS	O Focus
Midas+ Risk Event No.		Risk:Event No.	
Patient age at event		Calculated based on Date of Event and Dat	te of Birth
Principal diagnosis code at disc	harge	Encounter:Diagnosis Principal (Code)	
Reporter's Email Address		Risk:Entered by Employee Dictionary: Emai	il
Reporter's Job or Position		Risk:Entered by Employee Dictionary:Job T	ītle
Reporter's Name		Risk:Entered by Employee Dictionary: Nam	ie
Reporter's Phone		Risk:Entered by Employee Dictionary: Telep	phone
las+"	Midas+ Annual Clinical & Appli	Symposium cation Effectiveness	xer

Minimum Data Elements Required by AHRQ

Data Element Name
PSO OID
Provider ID
Event ID
Report type
Category(s) associated with event or unsafe condition
Initial report date
Patient gender
Patient date of birth*
Patient age*

Set. AHRQ Common formats Technical Specifications Version 1.2 – April 2012 – Implementation Guide

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HERF
🖾 Focus Encounter Entry - Innovera, Margaret 4/14/2012 Emergency
Focus: MIDAS+ AHRQ PSO ACUTE CARE Date: 7/19/2012 Focus ID: 1/2-173 Save
HERF PJF FALL SIR Transmittal File
HEALTHCARE EVENT REPORTING FORM (HER)
Was there any evidence of harm to a TYes >
Event Date Known? 🔁 Event Time Known?
Event discovery 6/30/2012 Event discovery 4:14 PM date:
Briefly describe the event that occurred or unsafe pt in hallway in her w/c. Previously medicated for procedure.
Location: Briefly describe the location where the event occurred or where the unsafe condition exists:
Which of the following categories are associated with the event or unsafe condition? (select all applicable):
How many patients did the incident 1
Anonymous No 🔽
Reporter Information
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HIDAST AIROPSO ACOTE CARE	Date. Stoports Totas ID. Is Sur	
HERF PIF FALL SIR		
PATIENT INFORMATION FORM (PIF)		
age?	encs Adult (18-64 years)	
Is the patient's ethnicity Hispanic or Latino?	Not Hispanic or Latino	
What is the patient's race?	White	
Enter Principal Diagnosis, if known:		
After discovery of the incident, what was the (Gelect fits applicable): Approximately when after discovery of the I Was any intervention attempted in order to minimize, or to reverse harm?? Did, or will, the incident result in an increase After the discovery of the incident, was the OMB to 0035-015 Spo Date 3010011 OMB to 0035-015 Spo Date 3010011 e. a coefficient of information incidents displays a including suggestions for reducing this burden, for Rockville, MD 20850.	e extent of harm to the patient? Additional treatment: Injury limited to additional interve cident was harm assessed? rescue the patient (i.e., to prevent, to length of stay? patient, patients family, or guardian notified? on is selfanded to average 15 minutes part response. An agency may not conduct or sponsor, and a person is not re- treating visit Officer, Atlention: RRA, Paperwork Reduction Project (1935-0143), AHRO, 540 Gather Resc HBIO Reports Clearance Officer, Atlention: RRA, Paperwork Reduction Project (1935-0143), AHRO, 540 Gather Resc	ntton during admi() suifed for respond n of information, 1, Room #5006,
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Focus Encounter Entry - Innovera, Margaret - Focus: MIDAS+AHRQPSO.ACUTE CARE HERE PIE FALL SIR Transmittal FALL Was the fall observed? Who observed the fall? Did the patient sustain an injury as a result of the fall? Did the patient sustain an injury as a result of the fall? Poirt to the fall, what was the patient doing on trying to do? Prior to the fall, what was the patient doing on trying to do? What protocols/interventions were in place, or being used, to prevent falls for this patient? At time of the fall, was the patient on medicate bown to increase the risk for a fall? At time of the fall, was the patient on medicate bown to increase the risk for a fall? At time of the fall, was the patient on medicate bown to increase the risk for a fall on the order of the collection of information to increase the risk for a fall on the fall, was the patient on medicate bown to increase the risk for a fall on the fall, was the patient on medicate bown to increase the risk for a fall on the collection of information to increase the risk for a fall on the collection of information to increase the risk for a fall on the collection of information to increase the risk for a fall on the collection of information to increase the risk for a fall on the collection of information to increase the risk for a fall on the collection of information the collection of information the collection of information to increase the risk for a fall on the collection of information the c	4/14/2012 Emergency Date: ?(19/2012) Focus ID: [12-173] Fle Assisted > Staff > Staff > Staff > Dislocation > Arrbulating without assistance and without an assistive device or medication Ves > Dislocation > Arrbulating without assistance and without an assistive device or medication Ves > Image: Complete the second of	Sove Sove & Print Oocumenty Eles Qualitying Criterias Cencel
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Focus Encounter Entry - Innovera, Margaret 4/14/20 Focus: MIDAS+ AHRQ PSO ACUTE CARE	012 Emergency Date: 7/19/2012 Focus ID: 12-173	
HERE PIE FALL SIR Transmittal File		Save & Print
		Eiler
What is the date of this report?	7/19/2012	Qualifying
Where did the event occur, or, if an unsafe condition, where does it exist? (Please refer to Location on HERF tab):	Inpatient general care area (e.g., medical/surgical unit)	Criteria
Who reported the event or unsafe condition? (Please refer to Reported By on HERF tab):	Anonymous or unknown	
Please describe any additional details about the event or unsafe condition discovered after completion of the HERF:	Pt injury assessment completed and sent to safety committee.	
Was the event associated with a handover/handoff? Are any contributing factors to the event known?		
What factor(s) contributed to the event? (Select all applicable):	Environment: Physical surroundings (e.g., lighting, noise)	
Was health information technology (HIT) implicated in this event?	No	
Was the event a National Quality Forum (NQF) Serious Reportable Event?	Yes	
What was the applicable Serious Reportable Event? How preventable was the incident?	Environmental Events: Patient death or serious disability associated wit Likely could not have been prevented Com	▼ npleted: <u>H</u> elp
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Com for S	pleting and F ubmission	Preparing	Event	
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