



AMEDD PATIENT SAFETY PROGRAM

DATA ENTRY PORTAL :: MAIN MENU

You are not currently logged in.

:: [user access menu](#) ::

User Access Menu

Welcome!

In order to proceed, you must register for an account using the form below. Once your request is submitted, a system administrator will notify you of your account activation by either telephone or email.

This is a CAC-enabled web site, therefore the creation and use of additional ID and passwords is not necessary.

Please Tell Us Who You Are:

Title:	<input type="text" value="Choose One"/>
First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
Last Name:	<input type="text"/>
Suffix:	<input type="text" value="Choose One"/>
MTF/DTF:	<input type="text" value="Choose One"/>
Role/Position/Title:	<input type="text"/>
I am a: (Check any that apply)	<input type="checkbox"/> Patient Safety Manager/Patient Safety Representative <input type="checkbox"/> DENTAC or MEDDAC POC <input type="checkbox"/> Regional POC
Telephone:	<input type="text"/>
Email address:	<input type="text"/>

I am a: (Check any that apply)	<input type="checkbox"/> Patient Safety Manager/Patient Safety Representative <input type="checkbox"/> DENTAC or MEDDAC POC <input type="checkbox"/> Regional POC
Telephone:	<input type="text"/>
Email address: (Please use amedd.army.mil address.)	<input type="text"/>
Forms You Want Access To: (Check only those that apply specifically to you)	<input type="checkbox"/> Ventilator Acquired Pneumonia (VAP) Data Entry Form <input type="checkbox"/> Central Line-Associated Bloodstream Infections (CLABSI) Data Entry Form <input type="checkbox"/> Balanced Scorecard (BSC) Data Entry Form <input type="checkbox"/> Medical Monthly Summary Report (MMSR) Data Entry/Viewer/Editor Form <input type="checkbox"/> MMSR Navigator <input type="checkbox"/> MMSR Report Viewer <input type="checkbox"/> Dental Monthly Summary Report (DMSR) Data Entry/Viewer/Editor Form <input type="checkbox"/> DMSR Navigator <input type="checkbox"/> DMSR Report Viewer
<input type="button" value="Submit"/> <input type="button" value="Reset"/>	

Having trouble with this form? Contact the MEDCOM Patient Safety office by phone at 210-221-8432 or by email at medcompssc@amedd.army.mil.

Please Tell Us Who You Are:

Title:	Mr. <input type="button" value="v"/>
First Name:	James
Middle Name:	William
Last Name:	Wedgeworth
Suffix:	(none) <input type="button" value="v"/>
MTF/DTF:	Choose One <input type="button" value="v"/>
Role/Position/Title:	<input type="text"/>
I am a: (Check any that apply)	<input type="checkbox"/> Patient Safety Manager/Patient Safety Representative <input type="checkbox"/> DENTAC or MEDDAC POC <input type="checkbox"/> Regional POC
Telephone:	<input type="text"/>
Email address: (Please use amedd.army.mil address.)	<input type="text"/>
Forms You Want Access To: (Check only those that apply specifically to you)	<input type="checkbox"/> Ventilator Acquired Pneumonia (VAP) Data Entry Form <input type="checkbox"/> Central Line-Associated Bloodstream Infections (CLABSI) Data Entry Form <input type="checkbox"/> Balanced Scorecard (BSC) Data Entry Form <input type="checkbox"/> Medical Monthly Summary Report (MMSR) Data Entry/Viewer/Editor Form <input type="checkbox"/> MMSR Navigator <input type="checkbox"/> MMSR Report Viewer <input type="checkbox"/> Dental Monthly Summary Report (DMSR)



Address <https://www.qmo.amedd.army.mil/protected/>

Please Tell Us Who You Are:

Title:	Mr. <input type="button" value="v"/>
First Name:	James
Middle Name:	William
Last Name:	Wedgeworth
Suffix:	(none) <input type="button" value="v"/>
MTF/DTF:	Choose One <input type="button" value="v"/>
Role/Position/Title:	Choose One <input type="button" value="v"/>
I am a: (Check any that apply)	<input type="checkbox"/> MEDCOM or Patient Safety Group <input type="checkbox"/> DENTAL: 618th DENTAC <input type="checkbox"/> DENTAL: Aberdeen PG <input type="checkbox"/> DENTAL: Alaska <input type="checkbox"/> DENTAL: Bavaria <input type="checkbox"/> DENTAL: Benning <input type="checkbox"/> DENTAL: Bliss <input type="checkbox"/> DENTAL: Bragg <input type="checkbox"/> DENTAL: Campbell <input type="checkbox"/> DENTAL: Carson <input type="checkbox"/> DENTAL: Drum <input type="checkbox"/> DENTAL: Eustis <input type="checkbox"/> DENTAL: GEN Leonard Wood <input type="checkbox"/> DENTAL: Gordon <input type="checkbox"/> DENTAL: Hawaii <input type="checkbox"/> DENTAL: Heidelberg <input checked="" type="checkbox"/> DENTAL: Hood <input type="checkbox"/> DENTAL: Huachuca <input type="checkbox"/> DENTAL: Irwin
Telephone:	<input type="text"/>
Email address: (Please use amedd.army.mil address.)	<input type="text"/>
Forms You Want Access To: (Check only those that apply specifically to you)	<input type="checkbox"/>

Telephone:

111-222-3333

Email address:

(Please use amedd.army.mil address.)

james@amedd.army.mil

Forms You Want Access To:

(Check only those that apply specifically to you)

- Ventilator Acquired Pneumonia (VAP)**
Data Entry Form
- Central Line-Associated Bloodstream Infections (CLABSI)**
Data Entry Form
- Balanced Scorecard (BSC)**
Data Entry Form
- Medical Monthly Summary Report (MMSR)**
Data Entry/Viewer/Editor Form
- MMSR Navigator**
- MMSR Report Viewer**
- Dental Monthly Summary Report (DMSR)**
Data Entry/Viewer/Editor Form
- DMSR Navigator**
- DMSR Report Viewer**

Submit

Reset

Having trouble with this form? Contact the MEDCOM Patient Safety office by phone at 210-221-8432 or by email at medcompssc@amedd.army.mil.

©2007 AMEDD Patient Safety Program



Sent Items - Microsof...

Microsoft SQL Server ...

Search Desktop

Microsoft PowerPoint ...

Patient Safety - User ...





no.amedd.army.mil/protected/index.php



AMEDD PATIENT SAFETY PROGRAM

DATA ENTRY PORTAL :: MAIN MENU

You are not currently logged in.

:: [user access menu](#) ::

User Access Menu

Thank you! You have just sent a **request** for access. Your information will be reviewed and access will be granted based on your request.

Please be aware that this may take up to 48 hours to process (although usually processed within several minutes if during our normal office hours).

Someone will contact you by phone or by email when your request has been processed.

Return to [main menu](#).

Having trouble with this form? Contact the MEDCOM Patient Safety office by phone at 210-221-8432 or by email at medcompssc@amedd.army.mil.

From: Army MSR Portal New User Form [benjamin.p.solomon@amedd.army.mil]
Solomon, Benjamin P Mr CTR USA MEDCOM HQ; Wedgeworth, James W MIL USA MEDCOM HQ

Sent: Tue 8/1

Subject: Army MSR Portal New User Request (James Wedgeworth)

James Wedgeworth (from [DTF] Hood) is requesting access to input forms:

<https://www.gmo.amedd.army.mil/protected/admin.php>

- DMSR Form
- DMSR Navigator
- DMSR Report Viewer

am a PSM or PS Representative.
am the DENTAC/MEDDAC POC.
am the Regional POC.



AMEDD PATIENT SAFETY PROGRAM

DATA ENTRY PORTAL :: MAIN MENU

Logged in as **JAMES.WILLIAM.WEDGEWORTH**

:: [user access menu](#) ::

User Access Menu

Welcome, **James Wedgeworth**.

You may continue onward to the following pages:

[User Downloads](#)

[Dental Monthly Summary Report](#)

[Dental Monthly Summary Report Navigator](#)

[DEAD Dental Monthly Summary Report Navigator](#)

Having trouble with this form? Contact the MEDCOM Patient Safety office by phone at 210-221-8432 or by email at medcompssc@amedd.army.mil.



AMEDD PATIENT SAFETY PROGRAM

DATA ENTRY PORTAL :: MAIN MENU

Logged in as **JAMES.WILLIAM.WEDGEWORTH**

:: [user access menu](#) ::

User Access Menu

Welcome, **James Wedgeworth**.

You may continue onward to the following pages:

[User Downloads](#)

[Dental Monthly Summary Report](#)

[Dental Monthly Summary Report Navigator](#)

[DEAD Dental Monthly Summary Report Navigator](#)

Having trouble with this form? Contact the MEDCOM Patient Safety office by phone at 210-221-8432 or by email at medcompssc@amedd.army.mil.



DENTAL

MONTHLY SUMMARY REPORT

AMEDD PATIENT SAFETY PROGRAM

Logged in as JAMES.WILLIAM.WEDGEWORTH

:: [user access menu](#) ::

Submission Form

DTF: **Hood**

Month:

Year:

- Administrative
- Adverse Drug Reaction
- Assault
- Consent Issues
- Delay in Dx/Treatment
- Environment of Care
- Equipment Related
- Exposure to Blood/Body Fluid
- Falls
- Infection Control
- Needlestick/Sharps
- Operative/Other Procedure Related
- Radiology

Month:

Year:

- Administrative
- Adverse Drug Reaction
- Assault
- Consent Issues
- Delay in Dx/Treatment
- Environment of Care
- Equipment Related
- Exposure to Blood/Body Fluid
- Falls
- Infection Control
- Needlestick/Sharps
- Operative/Other Procedure Related
- Radiology
 - Incorrect Technique
 - Lost X-ray
 - Mislabeled/Unlabeled
 - Network

Horizontal angulation (overlapping), vertical angulation (fore shortening or elongation of image), cone-cut of film.

- + Administrative
- + Adverse Drug Reaction
- + Assault
- + Consent Issues
- + Delay in Dx/Treatment
- + Environment of Care
- + Equipment Related
- + Exposure to Blood/Body Fluid
- + Falls
- + Infection Control
- + Needlestick/Sharps
- + Operative/Other Procedure Related
- Radiology

- Incorrect Technique ?

	Number	Comments
Category A ?	<input type="text"/>	<input type="text"/>
Category B ?	<input type="text"/>	<input type="text"/>
Category C ?	<input type="text"/>	<input type="text"/>

Month: August

Year: 2009

- + Administrative
- + Adverse Drug Reaction
- + Assault
- + Consent Issues
- + Delay in Dx/Treatment
- + Environment of Care
- + Equipment Related
- + Exposure to Blood/Body Fluid
- + Falls
- + Infection Control
- + Needlestick/Sharps
- + Operative/Other Procedure Related
- Radiology

- Incorrect Technique ?

	Number	Comments
Category A ?	1	
Category B ?		

A Circumstances or Events that have the capacity to cause error.

- Administrative
- Adverse Drug Reaction
- Assault
- Consent Issues
- Delay in Dx/Treatment
- Environment of Care
- Equipment Related
- Exposure to Blood/Body Fluid
- Falls
- Infection Control
- Needlestick/Sharps
- Operative/Other Procedure Related
- Radiology

 Incorrect Technique ?

	Number	Comments
Category A ?	<input type="text" value="1"/>	<input type="text" value="reversed radiograph"/>
Category B ?	<input type="text"/>	<input type="text"/>
		<input type="text"/>

- Sensors
- Wrong Patient 
- Wrong Side/Site/Level 
- Equipment Malfunction 

Wrong Site - Soft Tissue

Wrong Site - Hard Tissue

Other/Miscellaneous

Safety Improvement

Safety Improvement Actions

Please briefly describe one or more actions you took to improve safety at your facility for this month.

Topic	Comments
<input type="text" value="Reversed radiograph"/>	<input type="text" value="educate clinic on correct radiology techniques"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="button" value="Add"/> <input type="button" value="Remove"/>	

Check here if this facility has no events to report:

- + Needlestick/Sharps
- + Operative/Other Procedure Related
- + Radiology
- + Wrong Site - Soft Tissue
- + Wrong Site - Hard Tissue
- + Other/Miscellaneous
- Safety Improvement

Safety Improvement Actions

Please briefly describe one or more actions you took to improve safety at your facility for this month.

Topic	Comments
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<div style="display: flex; justify-content: flex-end; gap: 10px;"> <input type="button" value="Add"/> <input type="button" value="Remove"/> </div>	

Check here if this facility has no events to report:

Submit & Finalize Data

Submit & Hold for Review

Reset Form



DENTAL

MONTHLY SUMMARY REPORT

AMEDD PATIENT SAFETY PROGRAM

Logged in as JAMES.WILLIAM.WEDGEWORTH

:: [user access menu](#) ::

Submission Form

Report submitted. This report is in a pending/hold status for further review and editing.

DTF: **PSTG**

Month:

Year:

- Administrative
- Adverse Drug Reaction
- Assault
- Consent Issues
- Delay in Dx/Treatment
- Environment of Care
- Equipment Related



DENTAL

MONTHLY SUMMARY REPORT

AMEDD PATIENT SAFETY PROGRAM

Logged in as JAMES.WILLIAM.WEDGEWORTH

:: [user access menu](#) ::

Submission Form

Report submitted and finalized. Thank you for your submission.

DTF: **PSTG**

Month:

Year:

- Administrative
- Adverse Drug Reaction
- Assault
- Consent Issues
- Delay in Dx/Treatment
- Environment of Care
- Equipment Related
- Exposure to Blood/Body Fluid
- Falls