



# Patient Safety Reporting System

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**HQ, US Army Medical Command  
Fort Sam Houston, TX**

19 Nov 2010





# MEDCOM Patient Safety Program

- Mission

Establish an environment of trust, transparency, teamwork and communication to facilitate an interdisciplinary proactive approach to improving safety and preventing adverse events.

- Vision

An integrated, responsive and proactive Patient Safety Program that facilitates the critical concepts of a patient safety culture.

- Goals

- Engage leadership at all levels to foster a culture of Patient Safety
- Analyze AMEDD Patient Safety cultural elements to drive program initiatives
- Integrate teamwork concepts, knowledge, skills and attitudes to improve the quality of Patient Safety
- Provide facilities with meaningful and useful data to identify safe practices, to mitigate potential risks and hazards and to improve clinical outcomes



# Patient Safety Reporting (PSR) System

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# BRIEFING OUTLINE

**PURPOSE:** To provide an overview of the Patient Safety Reporting System

- PSR capabilities
- PSR implementation
- Overview of event reporting & report management pages
- Overview of reporting capabilities



# PSR Capabilities

- **Standardizes:** Reporting for MTFs and across the enterprise
- **Broadly applicable:** Commercial Off-the-Shelf (COTS) reporting system
- **Maintains confidentiality:** Supports anonymous reporting
- **Easily assessable:** Web-based
- **Secure:** Supports role-based security; CAC enforced (PSM, Reviewers)
- **Simple to use:** Intuitive point and click, drop downs, text for the user
- **Promotes information sharing:** Automates the non-standardized paper-based systems



# Patient Safety Tools



# PSR Capabilities

**INCIDENT REPORT**  
For use of this form, see DA Form 4106, the appropriate agency or OTSG.  
Privacy Act of 1974, 5 USC 552a governs access to this document.  
Quality Management Document under 10 USC 1102. Copies of this document, enclosures thereto, and information therefrom will not be further released under penalty of the law. Unauthorized disclosure carries a statutory penalty of up to \$5,000 in the case of a first offense, and up to \$20,000 in the case of a subsequent offense. In addition to these statutory penalties, unauthorized disclosure may lead to adverse actions under the UCMJ and/or adverse administrative action, including separation from military or civilian service.  
Instructions: See page 2 for instructions in completing this form and definitions of terms marked with an asterisk (\*)

1. DATE OF EVENT (mm/dd/yyyy) 2. TIME OF EVENT (Military time) 3. LOCATION

4. This incident was a/an (check one)  Actual Event/Incident\*  Near Miss/Coincidence

5. This incident involved harm or the potential for harm to a patient.  Yes  No

6. This incident involved the following individual(s) (check all that apply) (those of that event)  
 Patient  Family Member  Adult  Child + 18 years old  Staff Member

7. Type of Event (check all that apply): AD18: Items marked with \*\* require additional action, see reverse for further details

Adverse Drug Reaction**	Fall
AMALLET Without Being Seen**	Infant Abduction
Assault (e.g., physical, verbal, emotional)	Infant Discharge to Wrong Family
Blood Products Related**	Laboratory Related
Delay in Diagnosis/Treatment/Transfer	Medication Related
Equipment/Supply Problem**	Needle Stick/Sharp Injury
Exposure to Blood/Body Fluids	Obstetrics Related
Facility/Physical Plant Problem	Operative/Invasive Procedure

8. Effect of this incident on the individual(s) involved. (check all that apply) (AD18: Items marked with \*\* require additional action, see reverse for further details)  
 No harm/sustained  Harm sustained

9. Witness(es) who may be able provide additional detail concerning this incident:  
 a. Name \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_

10. Department(s) involved in this incident (check all that apply):  
 Ambulatory Care  Information Management  
 Behavioral/Mental Health  Laboratory  
 Dental  Logistics (Administration, Grounds, Maintenance)  
 Emergency Care  Medicine

11. Description of incident: (provide narrative, verbal, objective details.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. What actions, if any, could have been taken to prevent this incident from occurring?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Patient ID (Print or Printed Name and SSN, Address, and Daytime Telephone Number)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DA FORM 4106, FEB 2004 PREVIOUS EDITIONS OBSOLETE



## MEDICAL MONTHLY SUMMARY REPORT

### AMEDD PATIENT SAFETY PROGRAM

user access menu



## DENTAL

16 November 2010

Report Event : Login : Register

**△ Patient Safety Event Reporting Form**  
**Reporting is anonymous unless reporter detail is completed**  
 A \* indicates a required field.  
 Click the ? icon for help with a particular field.  
 Click the [v] button to view and select from the list of available options for that field.  
 Once submitted the event report is locked. User may not save draft report.  
 Issues with the PSR system should be reported to the MHS Help Desk:  
 Send email to mhssc@timpo.osd.mil or mhs\_remedy@timpo.osd.mil or call 1-800-600-9332.

**Event details**  
 This section asks you to detail *When, Where and What* happened.

\* Event date (mm/dd/yyyy)

\* Event time (24 hour local time)

Discovery date (mm/dd/yyyy)

\* Service Affiliation

DA Form 4106

Medical MSR

- Radiology
- Wrong Site - Soft Tissue
- Wrong Site - Hard Tissue
- Other Category

Dental MSR

## JAMRS Medication Event Report

pronounced: jam - erz

to the following pages:

change a medication event you created  
requires the code you received

approve/view medication events  
requires registration/register here

no registration needed

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](mailto:medcompssc@amedd.army.mil).

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JAMRS



# PSR System Implementation

- Limited Deployment - Apr to Sep 10
  - Kimbrough AHC, Martin ACH, Madigan AMC
- Full Deployment
  - Started in Nov 10
  - Will end in May 11
- Scheduled by RMC (with some overlap)
  - NRMC – Nov 10 to Dec 10
  - SRMC – Nov 10 to Feb 11
  - WRMC – Jan 11 to Apr 11
  - PRMC – Apr 11 to May 11
  - ERMC – May 11
  - DENCOM – Summer 11



# Patient Safety Reporting System

- PSR Implementation Leadership Memo – Coming Soon
- Building the MTF Hierarchy
- Pre-Implementation Meetings (PIM)
  - 45, 30, and 15 day PIMs
- PSR Training
  - On-site
  - Virtual – MHS Learn
- Status of MSR and JAMRS
- Monthly Reporting of PS Data



## Event Reporting Page (DIF 1)

This section asks you to detail *When*, *Where* and *What* happened.

<p>★ <b>Event date</b> (mm/dd/yyyy)</p>	<input type="text"/>	} <b>When</b>
<p>★ <b>Event time</b> (24 hour local time)</p>	<input type="text"/>	
<p>Discovery date (mm/dd/yyyy)</p>	<input type="text"/>	
<p>★ <b>Service Affiliation</b> Please select the Service where the event occurred</p>	<input type="text"/>	} <b>Where</b>
★ <b>Service Region</b>	<input type="text"/>	
★ <b>Parent MTF</b>	<input type="text"/>	
★ <b>MTF</b>	<input type="text"/>	
★ <b>Department/Division/Directorate</b>	<input type="text"/>	
★ <b>Clinic/Service</b>	<input type="text"/>	
★ <b>Location Type</b>	<input type="text"/>	
<b>Patient Status</b>	<input type="text"/>	
<p>★ <b>Event description</b> Enter facts, not opinions. Do not enter names of people</p>	<input type="text"/>	} <b>What</b>
<p>★ <b>Immediate action taken</b> What actions were taken to prevent patient harm or lessen the impact?</p>	<input type="text"/>	
<p><b>Reporter's Recommendations</b> What would prevent this type of event occurring in the future?</p>	<input type="text"/>	
<p>Was the provider notified?</p>	<input type="text"/>	
<p>Was the patient in transit?</p>	<input type="text"/>	



## Event Reporting Page (DIF 1)

**Required Information**

Answer Yes to all statements that apply - doing so will cause additional sections of the form to appear.

* Was a patient involved?	Choose ▾	} Answering yes or checking these opens additional sections
* Was this a medication event?	Choose ▾	
* Was equipment/material involved?	Choose ▾	
Are there other people with information on this event?	<input type="checkbox"/>	
Are there any documents to be attached to this record?	<input type="checkbox"/>	

**Details of person reporting the event.**

Last Name	<input type="text"/>	} Optional
First Name	<input type="text"/>	
Status	<input type="text"/> ▾	
Status detail	<input type="text"/> ▾	
E-mail If you wish to receive an e-mail confirmation please enter your work (.mil) e-mail address here	<input type="text"/>	
Telephone	<input type="text"/>	

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## Report Management Page (DIF 2)

17 February 2010

[Report Event](#) : [Login](#) : [Register](#)

### △ Patient Safety Event Reporting Form

**Reporting is anonymous unless reporter detail is completed**

A ★ indicates a required field.

Click the ? icon for help with a particular field.

Click the ▾ button to view and select from the list of available options for that field.

Once submitted the event report is locked. User may not save draft report.

#### Event details

This section asks you to detail *When, Where and What* happened.

★ <b>Event date</b> ? (mm/dd/yyyy)	<input type="text"/>
★ <b>Event time</b> (24 hour local time)	<input type="text"/>
<b>Discovery date</b> ? (mm/dd/yyyy)	<input type="text"/>
★ <b>Service Affiliation</b> Please select the Service where the event occurred	<input type="text"/>
★ <b>Service Region</b>	<input type="text"/>
★ <b>Parent MTF</b>	<input type="text"/>
★ <b>MTF</b>	<input type="text"/>



## PSM and Reviewers – CAC Log-in

This Website has been Public Key Enforced



Please click on "CAC Access" below to access the application using your Common Access Card (CAC).

Make sure that your CAC is inserted into the CAC reader so that your identity certificate is available to the web browser.

If you need to update your Enterprise E-Mail Address, click the link below:

[Update your Enterprise E-mail Address](#)



This is a web site of the Military Health System - The Pentagon  
For Help, please contact [MHS Helpdesk](#). For O

ActivClient Login

Actividentity  
**ActivClient**

Please enter your PIN.

PIN

OK Cancel



# Patient Safety Tools



## Report Management Page (DIF 2)


Jorge Carrillo  
7 March 2010


Main Menu : Logout

 Event Reporting ! There are overdue items

-  Actions
-  Contacts
-  Administration


Jorge Carrillo  
7 March 2010


Main Menu : Logout

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 Event Reporting ! There are overdue items

- Events awaiting review (2)
- Events still being reviewed (5)
- Events awaiting final approval (2)
- Rejected events (0)
- Events with final approval status (50)
- Standard Report
- Design a report
- New search
- Saved queries
- ! There are 2 overdue events in the holding area awaiting review**
- ! There are 5 overdue events still being reviewed**
- ! There are 2 overdue events awaiting final approval**

 Actions
   
 Contacts
   
 Administration, setup and configuration

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## Report Management Page (DIF 2)



Jorge Carrillo  
17 February 2010



[Main Menu](#) : [Logout](#)

### Patient Safety Officer/Manager Event Investigation Form (DIF2)

A **\*** indicates a required field.

Click the icon for help with a particular field.

Click the button to view and select from the list of available options for that field.

**The system will time out after 10 minutes of inactivity and current information will be lost.**

#### Current record

- Name and reference
- Location
- Details
- Medication
- Equipment/Material details
- Event Classification
- Notifications
- Investigation
- Action Plan
- Feedback and general e-mail correspondence
- Documents
- Associated Events
- PSM Notepad
- Contacts for this event
- Print**
- Printer Friendly
- Listings**
- List all
- New search

#### Name and reference

The Name is used as a label for the Event record, it is derived from the name of the patient involved: LASTNAME FIRSTNAME

If the Name is empty, enter a brief description, e.g. MISSING NOTES

<b>* Name</b>	<input type="text" value="WINFREY OPRAH"/>
<b>DATIX ID</b>	1063
<b>Approval status</b>	Awaiting final approval
<b>Form reference</b>	PSR-1232
<b>Reported date</b>	02/16/2010
<b>Opened date</b>	02/16/2010
<b>Handler</b>	Carrillo, Jorge - PSM @ Parent MTF (Madigan)

**Event Status**

#### Close Event

**Event Closed date**

#### Location



## Report Management Page (DIF 2)



**AHRQ  
Harm  
Scale**

<b>* Degree of harm</b> ?	Death
<b>What do you think caused the event?</b>	<input type="text"/>
<b>Reporter's Recommendations</b> What would prevent this type of event occurring in the future?	<input type="text"/>
<b>Was the provider notified?</b>	Yes
<b>Root cause analysis?</b>	Yes
<b>RCA Reference Number</b>	56789
<b>Sentinel Event?</b>	Yes
<b>Sentinel Event Number</b>	12345
<b>Date The Joint Commission notified</b>	02/17/2010
<b>AAAHC Adverse Incident</b>	
<b>Medication</b>	
<b>Stage of process</b>	Prescribing and Ordering
<b>Medication Event Type</b>	Prescribing error
<b>Drug Involved</b> ?	Penicillin G Potassium
- Form	
- Dose and Strength	
- Route	



## Report Management Page (DIF 2)

<b>Model/size</b>	<input type="text"/>		
<b>Quantity defective</b>	<input type="text"/>		
<b>Date of manufacture</b> ? (mm/dd/yyyy)	<input type="text"/>		
<b>Last serviced</b> ? (mm/dd/yyyy)	<input type="text"/>		
<b>Date put in service</b> ? (mm/dd/yyyy)	<input type="text"/>		
<b>Batch/lot no.</b>	<input type="text"/>		
<b>Outcome code</b>	<input type="text"/>		
<b>Event Classification</b>			
★ <b>Event type</b>	Medication / IV fluid / biological (includes vaccine)		
★ <b>Event sub-type</b>	Medication		
★ <b>Event detail</b>	Adverse reaction		
★ <b>Result/Outcome</b>	Death		
<b>Notifications</b>			
Below are the people who were notified via e-mail when this event was first reported.			
<b>Recipient Name</b>	<b>Recipient E-mail</b>	<b>Date/Time</b>	<b>Contact ID</b>
Davis, Elaine	elaine.davis@amedd.army.mil	Feb 16 2010 9:48AM	1569
Peroga, Jeremy	bfallon@valytics.com	Feb 16 2010 9:48AM	635
Hurt, Williams Archie	mferguson@valytics.com	Feb 16 2010 9:48AM	621
Nguon, Kosal	kosal.nguon@us.army.mil	Feb 16 2010 9:48AM	1567
Copeland, Pamela	copelandp@afip.osd.mil	Feb 16 2010 9:48AM	1564
Freeburn, Susan	freeburns@afip.osd.mil	Feb 16 2010 9:48AM	1565
Rivera, Enrique	enrique.rivera@us.army.mil	Feb 16 2010 9:48AM	1335
Carrillo, Jorge	jorge.carrillo@us.army.mil	Feb 16 2010 9:48AM	1336
Winstanley, Christine	christine.winstanley@med.dau.mil	Feb 16 2010 9:48AM	1568

**Classify Event**



## Report Management Page (DIF 2)

**Investigation**

**Investigator(s) ?**  
Carrillo, Jorge - PSM @ Parent MTF (Madigan)   
Rivera, Enrique - Clinic Reviewer @ Gen Surg

**Date investigation started**  
02/16/2010

**Action taken ?**  
Please click on the question mark for examples of action taken.  
A separate Allergies form has been created and must be checked before administering any drugs to patients.

**Date investigation completed**  
02/16/2010

**Outcome of investigation**  
New processes / procedures put into place

**Further inquiry?**  
No other review required

**Lessons learned ?**  
Please click on the question mark for examples of lessons learned.

**Cost**

**Risk Assessment Matrix: ?**

	Severity on Patient and Facility (consequence)				
Probability of recurrence (likelihood)	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain - Will undoubtedly recur, possibly frequently	●	●	●	●	●
Likely - Will probably recur, but is not a	●	●	●	●	●

Action Taken & Lessons Learned





## Report Management Page (DIF 2)

### 1. Communication (written and verbal)

- 1.01 Care plan not followed (e.g. dropped consult)
- 1.02 Distractions-Audit
- 1.03 Distractions-Visual
- 1.04 Distractions-Spatial
- 1.05 Interruptions-By
- 1.06 Interruptions-By
- 1.07 Interruptions-By
- 1.08 Illegible handwriting
- 1.09 Product directions
- 1.10 Read back not performed
- 1.11 Reporting and recording
- 1.12 Unapproved abbreviations

### 2. Communication: Team

- 2.01 No or inadequate communication
- 2.02 No or inadequate communication
- 2.03 No or inadequate communication
- 2.04 Repeat back not used
- 2.05 Staff to family/other
- 2.06 Staff to patient
- 2.07 Staff to staff
- 2.08 Staff to supervisor
- 2.09 Supervisor to staff
- 2.10 Pre-procedure verification
- 2.11 Marking procedure
- 2.12 Timeout immediate
- 2.13 Vendor to staff

### 3. Built Environment/Facility Design

- 3.01 Assistive devices not available (e.g., patient lift devices, IV poles)
- 3.02 Bathroom location (e.g., not on hallway)
- 3.03 Clutter, disorganized
- 3.04 Co-location of
- 3.05 Distractions-Audit
- 3.06 Distractions-Visual
- 3.07 Distractions-Spatial
- 3.08 Disrupted, observed
- 3.09 Disrupted, observed
- 3.10 Emergency situation
- 3.11 Flooring as trip hazard
- 3.12 Inadequate/crowded
- 3.13 Inadequate/crowded
- 3.14 Lack of suitable
- 3.15 Location of medication
- 3.16 Noise
- 3.17 Poor lighting (e.g., glare)
- 3.18 Railings, grab bars
- 3.19 Sink, rub dispenser
- 3.20 Wet and/or icy

### 4. CPOE/Computer Ent

- 4.01 Automated medication
- 4.02 Confusing automatic
- 4.03 Inappropriate, incorrect
- 4.04 Incorrect selection
- 4.05 Lack of verification

### 5. Equipment/Devices

- 5.01 Alarm disabled, silenced
- 5.02 Bedrails in use
- 5.03 Bedrails not in use
- 5.04 Equipment/device dis
- 5.05 Equipment incompat
- 5.06 Equipment inoperable
- 5.07 Equipment used in a
- 5.08 Equipment plugged i
- 5.09 Illegible label (e.g., p
- 5.10 Incorrect selection, s
- 5.11 Malfunction, failure, c
- 5.12 Misconnections, wro
- 5.13 Misidentification of t
- 5.14 Not available, access
- 5.15 Physical requirement
- 5.16 Poor packaging, pres

### 6. Equipment/Devices: Human

- 6.01 Confusing automatic
- 6.02 Inadvertent activation
- 6.03 Inappropriate, incorrect
- 6.04 Incorrect setup, procedure
- 6.05 Lack of consistency i
- 6.06 Lack of feedback as
- 6.07 Lack of verification s
- 6.08 Poor visual display a
- 6.09 Screen information c

### 7. IT Systems

- 7.01 Computer issue (e.g., system down, software bugs, terminal not available)
- 7.02 Electronic Medical Record system down, unavailable
- 7.03 Electronic Medical Record system interface incompatibility (e.g., systems can't communicate with each other)
- 7.04 Missing, inaccurate medical record information after IT network shutdown and reboot

### 8. Infection Control

- 8.01 Break in sterile technique
- 8.02 Donning and removing Personal Protective Equipment precautions not followed (e.g., Airborne and Contact precautions of when to put on and remove PPE when entering/exiting a patient room)
- 8.03 Hand hygiene precautions not followed
- 8.04 Inappropriate selection/use of cleaning, disinfecting agent for surfaces
- 8.05 Inappropriate selection/use of cleaning, disinfecting agent for reusable equipment
- 8.06 Infected patient identification and placement procedures inadequate, not followed
- 8.07 Personal Protective Equipment unavailable (e.g., isolation gown, gloves, mask, goggles)
- 8.08 Personal Protective Equipment not worn when indicated
- 8.09 Precautions for containing, transporting and handling patient-care equipment/instruments not followed
- 8.10 Protective barriers not used when transporting infected patient (e.g., use of mask, gown, dressings to cover affected area)
- 8.11 Safe injection practices not followed for needles, cannulae, etc. (e.g., aseptic technique, using single dose vial)
- 8.12 Sterilization of equipment/device incomplete, not performed

### 9. Patient Characteristics

- 9.01 Alcohol and/or drug intoxication
- 9.02 Complication (e.g., co-morbidity, pre-existing conditions)
- 9.03 Family member and other patient visitor-related
- 9.04 Mental impairment (e.g., dementia)
- 9.05 Patient Literacy
- 9.06 Physical impairment that impedes movement (e.g., prosthesis, blindness)
- 9.07 Psychological or psychiatric impairment
- 9.08 Psychological or psychiatric impairment



## Report Management Page (DIF 2)

ABC

Contacts for this event

A next to any of the individuals listed below indicates that the Contact has yet to be verified.

In order to verify a Contact:

1. Click on **Save**, at the bottom of the form;
2. Click onto the contacts name below;
3. Scroll to the bottom of the form and click the *Check for matching contacts* button;
4. If there is an appropriate match, click *Choose*. If not, click *Cancel*;
5. Click the *Create new link* button.

**VERIFYING CONTACTS IS ONE OF THE MOST IMPORTANT PARTS OF THE SYSTEM - PLEASE ENSURE THAT ALL CONTACTS ARE CHECKED BEFORE THE RECORD IS GIVEN FINAL APPROVAL.**

People Affected			
Name	Type	Status	Role
Oprah Winfrey			
<a href="#">Create a new Person link</a>			
Employees Involved			
<b>No Employees Involved.</b>			
<a href="#">Create a new Employee link</a>			
Other Contacts			
Name	Type	Status	Role
Jorge Carrillo			Reporter of Event
Teresa Castillo	Civilian		Member of Staff directly involved in Event
Aaron Montgomery	Active Duty Service Member		Provider
<a href="#">Create a new Contact link</a>			

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# Standard Reports

## Report Generator - Event Reporting

### Reports

- Standard Report
- Design a report

### Listings

- List all
- New search
- Saved queries
- Standard Report

### Modules

- Event Reporting
- Actions
- Contacts
- Admin
- Main Menu

### Standard Report

- All Events by Day of Week (CrossTab)
- All Events by Day of Week (Pie Chart)
- All Events by Event Date and Degree of Harm (No Harm - Death) for a Specific Date Range (Bar Chart)
- All Events by Event Date and Degree of Harm (Temporary Harm - Death) for a Specific Date Range (Bar Chart)
- All Events by Event Date and Degree of Harm (Unsafe Condition - Near Miss) for a Specific Date Range (Bar Chart)
- All Events by Event Date and Degree of Harm for a Specific Date Range (Bar Chart)
- All Events by Event Type (Crosstab)
- All Events by Event Type (Pareto Graph)
- All Events by Event Type and Month (Crosstab)
- All Events by Event type and Month (Line Graph)
- All Events by Month
- All Events by Month (Crosstab)
- All Events by Month (Run Chart)
- All Events for a Specific Date Range
- All Events for a Specific Date Range (Crosstab)
- All Events grouped by Event Category (A-B) for a Specific Date Range (Crosstab)
- All Events grouped by Event Category (C-I) for a Specific Date Range (Crosstab)
- All Events grouped by Event Category (E-I) for a Specific Date Range (Crosstab)
- All Events grouped by Event Category for a Specific Date Range (Crosstab)
- All Events grouped by Event Type (Listing Report)
- All Reports grouped by MTF for Impact on Patient (Result/Outcome Crosstab)
- All Reports grouped by MTF for Impact on Patient (Result/Outcome)
- All Sentinel Events grouped by Degree of Harm for a Specific Date Range
- All Sentinel Events grouped by Degree of Harm for a Specific Date Range (Crosstab)
- Events by Event Type and Result/Outcome (Crosstab w/ drilldown)
- Events by Month for a Service
- Events by Month for a Service (Crosstab)



## Design a Report


Jorge Carrillo  
17 February 2010


Main Menu : Logout

**Report Generator - Event Reporting**

**Reports**

- Standard Report
- Design a report

**Listings**

- List all
- New search
- Saved queries
- Standard Report

**Modules**

- Event Reporting
- Actions
- Contacts
- Admin
- Main Menu

**Design a report**

Some selection criteria have already been defined using a query by example.

Query:

Report type:

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# Patient Safety Tools



# Reports



Mike Datena  
1 October 2009



Main Menu : Logout

All Events grouped by Event Category for a Specific Data Range

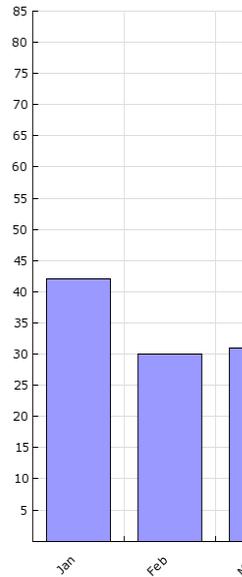


PSR Patient Safety Reports

Mike Datena  
1 October 2009

Main Menu : Logout

All Events by Month



PSR Patient Safety Reports

Mike Datena  
1 October 2009

Main Menu : Logout

## DATIX Crosstab Report

Drill down:

All Events grouped by Event Category (E-I) for a Specific Data Range (Crosstab)

	Category E - Temporary harm, intervention required	Category F - Temporary harm, prolonged hospitalization	Category G - Permanent harm	Category H - Intervention required to sustain life	Category I - Death	Total
Jan 2009	9	0	0	0	0	9
Feb 2009	4	1	0	0	0	5
Mar 2009	0	15	0	0	0	15
Apr 2009	6	16	2	0	0	24
May 2009	14	4	2	0	0	20
Jun 2009	0	0	0	0	0	0
Jul 2009	3	0	1	1	0	5
Aug 2009	2	1	0	0	0	3
Sep 2009	1	6	0	0	1	8
<b>Total</b>	<b>39</b>	<b>43</b>	<b>5</b>	<b>1</b>	<b>10</b>	<b>98</b>

[Back](#) [Export](#)



# Questions ??

Army Patient Safety Center Webpage

<https://www.gmo.amedd.army.mil/ptsafety/pts.htm>