JOINT PATIENT SAFETY REPORTING (JPSR)

LOGGING INTO JPSR

A VA PIV IS REQUIRED TO ACCESS THE APPLICATION AND SUBMIT EVENTS.

- Go to either VAAAHS home page (under safety info click on JPSR link) or VAAAHS shortcuts folder (Joint Patient Safety Reporting)
- Click **OK** on the default DoD Banner
- Click the green CAC/VA PIV/ECA Access image
- Select your PIV certificate and enter PIN at prompt
- Click on the Department of Veterans Affairs Logo

Note: *The system will time out after 10 consecutive minutes of inactivity. Be sure to click in a field or enter data to "reset" the timer. A warning message will display before the user is logged out of the application.* ***Unsaved data will be lost*** *if the user is logged out of the application without saving.*

TO SUBMIT EVENTS

Please complete each section appropriately.
Reporter –Please complete so we can follow up or you can choose to be anonymous
All mandatory fields are designated with a red asterisk (*).

- Event Date
- Event time
- Campus (VAMC/CBOC/Clinic)- type in "ANN" *then*
  - Select **Ann Arbor VAMC** (the next 3 boxes will automatically populate)
- Department/Service Line: (Medicine/Patient Care Services/Community Living Center, etc.)
- Clinic/Unit: (5E, 5W, 6S, etc.)
- Location Type: (Bathroom, bedroom, etc.)
- Event Description fill in the blank: Be as descriptive and thorough as possible when describing the event.
- Was this patient safety event or a near miss/close call? (select Patient safety event of near miss/close call)
- Was a patient involved (yes no) If yes another box will open Last name, First Name, DOB

Key Points to Remember:

- Do NOT use names, SSNs, or other personally identifiable information (PII) in free text fields.
- Document the names of individuals involved in the appropriate sections of the form.
- Complete all relevant sections of the form to report an event.
- Certain fields or sections will be presented based on answers to other fields.
- The Patient Safety Event Reporting Form cannot be saved and submitted later.
- Users must complete and submit the form in one session.
- Clicking "Submit" at the bottom of the form completes the event reporting process.

For questions, call Cindy Paterson at 55191 or JoEllyn Smith at 53772.

EVENT Category	Include relevant information about event

Falls

Morse Fall Score at Time of Fall:
Designated high risk (MFS Score > 45)
Designated low risk (MFS Score 25 - 45)
Designated no risk (MFS Score 0 - 24)
Outpatient

Name of Medication Involved:
Active Medications to populate

Prevention/Safety Measures at Time of Fall:

Toileting schedule	Low bed
Bed/chair alarm	Proper footwear

Assistive Devices in Use at Time of Fall:

Cane/Crutches/Walker	Mechanical Lift
Wheelchair	Positioning /Transfer device

Contributing Factors:

Bed side rails	Dizziness	Obstacles	None
Clothing	Floor condition	Lighting	

Activity at Time of Fall:

Ambulating	Shower/bath	Other
Toileting	In bed	
Transferring	Reaching for item	

Equipment/Supplies

Include EE number and whether equipment/packaging saved or secured.

Type of Injury:

Abrasion	Laceration	Other
Burn	Puncture	
Contusion	Swelling	

Type of Event:

Failure	Trauma	Inappropriate use

Suicide (Inpatient)

1:1 Observation?

Method of Suicide:

Asphyxiation	Gunshot	Overdose
Cutting/Stabbing	Hanging	Other

Lab

Include Personnel Preparing Specimen

Labeling Errors	Specimen mismatch
Wrong patient	Wrong order number
Wrong Lab	Accession error
Incomplete requisition	Insufficient volume
Contaminated specimen	Critical value not reported
Incorrect specimen	Wrong medium

Medication

List Name of Medication and stage event originated (i.e. Storing Prescribing/Ordering/Preparing Dispensing Administering)

Incorrect Patient	Allergies/sensitivities
Incorrect Medication	Timing error
Incorrect or Omitted Dose	Incorrect duration
Over/Under dose. Missed/ omitted dose/extra dose	Incorrect dosage form
Incorrect Route of Administration	Incorrect Monitoring

Missing Patient

From where is patient missing?
Was Patient Found? If Yes, state date and time.
State personnel notified.

Barriers in place at time of elopement:

1:1 observation	Close observation	Locked unit/door
Family	Wandering tag	

Does Patient have active guardianship?
Was facility alert called? If yes, state date/ time.

Transfusion

Contributing factors:

Patient incorrectly identified	Transfusion reaction protocol followed?
Incorrect blood products	Blood Bank Notified?
Blood products incorrectly labeled	

Other

Any Patient Safety Concerns