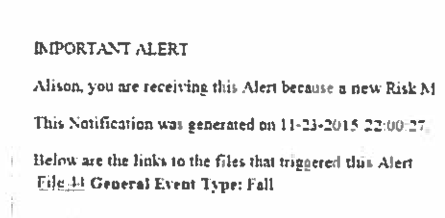
MVH Incident Report Follow Up Process
Using RL6 Incident Reporting Software

ote: If users have forgotten their username, password, have been locked out of the system or have general system questions, they should send an email to RL6Admin@homehealthfoundation.org. They will receive a response directing them how to resolve their issue.

A. MVH TEAM MANAGER

1. All New Files generated by anonymous users (usually field staff) are automatically forwarded to the Team Manager via a "New File Alert" in Outlook.
   - Incidents related to "IV/Vascular Access Device" are simultaneously sent to the Team Manager and IV Program Manager.
   - Incidents related to "Skin Tissue" are simultaneously sent to the Team Manager and Wound Program Manager.



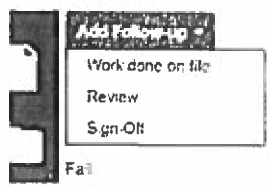
2. The receiving Team Manager accesses the New File by clicking on the hyperlink found in the email notification and logging in to RL6.
3. The receiving Team Manager reviews the Incident Report. When needed, the Team Manager contacts the employee who initiated the Incident Report to fill in any gaps or answer any questions that were omitted in the report. The Team Manager may edit or add to any fields in the original report.
4. As changes are made or new information is added to the fields, the Team Manager should save these changes by clicking on the "More Actions" button at the bottom left, and then selecting "Save".

5. Scrolling further down the Incident Report file screen, in the section titled "Resolution and Outcomes" the Team Manager selects the severity level. The choice selected may or may not agree with the severity level originally selected by the anonymous user, and should reflect the Team Manager's judgment based on the information obtained during the review process. The Team Manager will also answer the next question, dealing with Sentinel Event. Please see "Definitions Criteria Guide" for making severity level and sentinel event choices.

6. If the Team Manager has completed as much of the review as she can but intends to return to the file later for further follow up and review, the Team Manager may select the "Save and Exit" button to the far

bottom right of the screen. Be aware that when the "Save and Exit" button is used, the system will check for completion of all required fields. The Team Manager will receive a message about addressing the Severity and Sentinel Event questions if they have not yet been addressed.

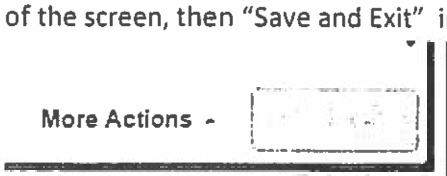
7. If the Incident Report is related to an issue with an IV or Vascular Access Device, part of the Team Manager's process for incident review may include a discussion with the IV Program Manager. If the Incident Report is related to an issue with a wound, the Team Manager may discuss the incident with the Wound Program Manager. The Team Manager may request that the Program Manager add information to the Incident Report, either by having him or her add follow-up (as outlined in #9 below), or the Team Manager can create and assign an actual task (as outlined in #10 below), requesting the Program Managers add follow-up on the Incident Report. Both of these would require the Program Manager add follow-up as outlined in #9.
8. Other review steps the Team Manager may employ include further discussion with the clinician(s) involved in the case, chart review, follow up with an MD, discussion with the VP of Hospice or any other follow up as would normally be employed when reviewing an incident.
9. When the Team Manager has gathered enough information to be able to finalize his or her review of the incident, the Team Manager then selects the blue "Add Follow-up" button at the top left of the screen and selects "Work Done on File".



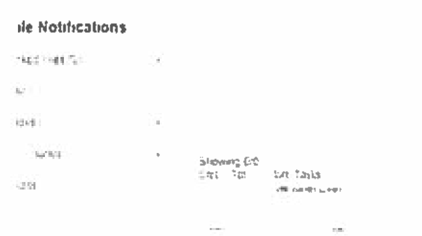
A dialogue box will open. Fill out as follows:

- Type: New Work on File (default)
- Date: defaults to today
- Follow Up By: defaults to Team Manager completing the form

Leave all other drop down fields blank. In the free- text box at the bottom of the screen, enter a summary of your actions, decision making, findings and recommendations. This should be detailed enough so that when the VP of Hospice reads this follow up action, she will be able to forward to the VP of Quality and Compliance. When the "Work Done on File" documentation is complete, click "OK" in the lower right corner of the screen, then "Save and Exit" in the bottom right corner.

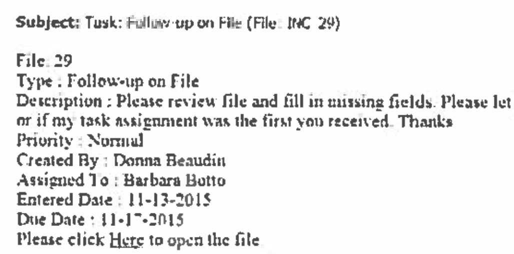


10. When all steps have been completed, send a task to the VP of Hospice notifying her of the incident ready for her review. To do this, click on "Task" under "File Notifications" in the menu on the left side of the screen. Click on "Create Task" (in blue at the bottom left of the dialogue box). A new task will appear. Fill the task out as follows.



- Module: Risk (default)
- Type: select "Follow up on File"
- Reassign to: defaults to the Team Manager's name. Click on the "x" to the left of the name to clear. Type in the first few letters of the VP of Hospice last name to search. Select name when it appears.
- Description: type "Incident Report ready for review"
- Put a ✓ in "Email Notifications"
- Send Emails to: Select "Assignee"
- Leave all other fields blank. Click OK. The task will be sent to the VP of Hospice for review.

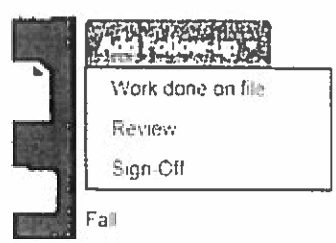
11. If the VP of Hospice requires additional information, the VP will reassign the task and send it back to the Team Manager for further follow up. The task will be received via the Team Manager's Outlook email with the subject of "Task".



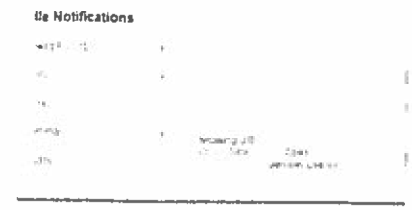
Subject: Task: Follow-up on File (File: INC 29)

File: 29
Type : Follow-up on File
Description : Please review file and fill in missing fields. Please let
or if my task assignment was the first you received. Thanks
Priority : Normal
Created By : Donna Beaudin
Assigned To : Barbara Botto
Entered Date : 11-13-2015
Due Date : 11-17-2015
Please click Here to open the file

   a) Click on the hyperlink and log into the RL6 system to access and read the task. The VP will provide specific direction about what other steps must be taken to resolve the Incident Report.
   b) To directly access the file, click on "Open File" and then click "OK". Do not be concerned about the warning that changes will not be saved, as no changes will be made to the task itself until after the additional work is completed within the Incident Report.
   c) Once in the Incident Report, use the blue "Add Follow-up" button to add additional information and follow the directions in #9 above.

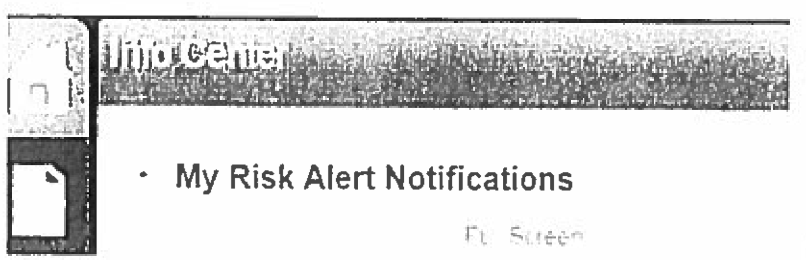


d) Once complete, reopen the existing task by clicking on "Tasks" and then "Open" (in blue to the right of the existing task listed within the dialogue box). The existing task will appear. In Description, write a sentence so that the Director knows the concerns were addressed.



e) In "Reassign to" remove the Team Manager name and add the VP's name, make sure "Email Notifications" is checked off and follow the directions in #10 above in order to re-send the task.

12. File Management Miscellaneous
    - All "New Files" not opened by the assigned Team Manager within 3 days will be sent to VP of Compliance for review and follow up.
    - All File Incidents with a severity of "F" or greater (incidents resulting in ED transport and/or hospitalization or in severe temporary or permanent harm) are automatically sent to the VP of Hospice at the same time it is sent to the Team Manager. This allows the VP to intervene if needed in a timely fashion. These are categorized as "High Severity" alerts and will be identified as such in the notification email. Team Managers are expected to contact their VP immediately upon notification of a high severity alert.
    - When the Team Manager has not yet completed follow up on an Incident Report and has temporarily exited the file, the file can be retrieved by accessing the "Info Center" in RL6. The "Info Center" can be accessed by clicking on the "Home" icon in the far upper left of the RL6 screen. Once in the Info Center, the Team Manager will see a listing of all new and "in process" files assigned to her. Put a check mark in the box to the left of the listing and click "open" to access the file and complete the Incident Review.

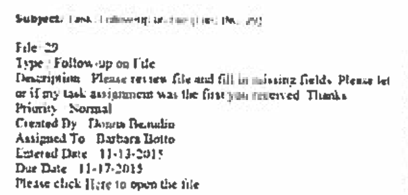


    - When the user is finished working in the RL6 system, log off of the system. If the user does not log off, it will appear that the file is in use and other users will only be able to access as "Read Only".

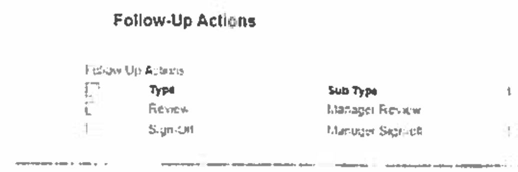
B. Vice President Of Hospice

1. The VP can receive an RL6 File Alert under two conditions: Task Notification and High Severity Alert.
2. Task Notifications:
   a) Task Notifications are sent by the Team Manager assigned to the VP Of Hospice. The Task Notification will be received via Outlook Email.

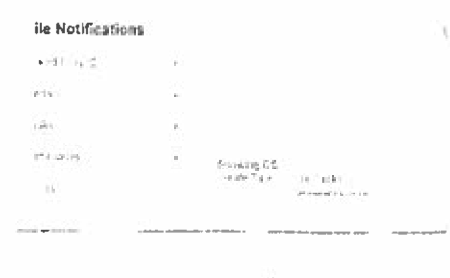
   b) The VP Of Hospice opens the task by clicking on the hyperlink included in the email notification and then logging into the RL6 system. Once in the task, the VP Of Hospice clicks "Open File" in the bottom right of the task. A pop up will appear verifying that the VP Of Hospice would like to open the file. Do not be concerned by the text which reads that information will be lost as no new information is being entered into the task. Click "yes" and the file will open.



   c) The VP Of Hospice reviews the entire Incident Report. In the section titled "Follow-up Actions" the Team Manager's name should be listed as this is where the managers have been instructed to enter their incident review and recommendations. Put a checkmark in the box to the left of the manager's name and click on "modify". Review the manager's documentation. Once review is complete, click "cancel" to return to the Incident Report File.

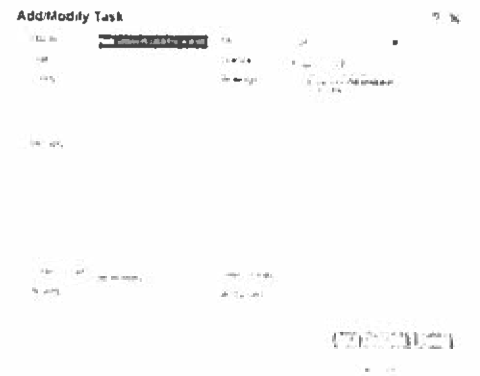


   d) If the VP Of Hospice desires to add additional information to the Incident Report, she will utilize the section titled "Resolution and Outcomes" and document a narrative in the "Resolution Comment" text box. Upon full review and acceptance of the documentation, the VP signs off on the Incident Report by selecting "Add Follow-Up" and clicking "Sign-Off". Completing this action will trigger a notification to the VP of Compliance.
   e) If the VP Of Hospice requires additional information from the Team Manager before finalizing the review, the VP Of Hospice re-sends the Team Manager the existing task with specific instructions for the Team Manager to follow. To do this, click on "Task" under "File Notifications" in the menu on the left side of the screen. Click on "Create Task" (in blue to the right of the existing task listed within the dialogue box). The existing task will appear. Fill the task out as follows.



- Module: Risk (default)

- Type: select "Review File"
- Deadline: enter the due date for the Team Manager to complete the task
- Reassign to: click on the "x" to clear the VP Of Hospice's name. Type in the first few letters of the Team Manager's last name to search. Select name when it appears.
- Description: type specific message to Team Manager that describes any additional follow up required
- Make sure there is a ✓ in "Email Notifications"
- Send Emails to: Select "Assignee"



f) The Team Manager will receive the re-sent task in Outlook and will follow the directions, adding the requested additional information. When complete the Team Manager will re-send the task back to the VP Of Hospice for further review.

g) When the VP Of Hospice is satisfied with the contents of the Incident Report review, the VP Of Hospice will sign off on the file as in section B-2-d above.

3. High Severity Alert

a) The High Severity Alert is sent to the Team Manager, Program Manager (if applicable) and VP Of Hospice simultaneously. A high severity incident is defined as an incident with a severity level of "F" or higher, meaning that there was harm to the patient which required at a minimum ED transport or hospitalization, and may have resulted in permanent harm to the patient.

b) The High Severity Alert is managed in the same way as all other alerts. The difference is that the VP Of Hospice does not have to wait until a task is received from the Team Manager. Notification is immediate. The VP Of Hospice should be proactive in communicating with the Team Manager to determine if any immediate steps need to occur. In this way, the Incident Report itself can be worked at a pace that allows for in depth analysis without concern that this process could delay necessary action on behalf of the patient.