

SafeCare BridgingLife



Note: Be sure to select the BridgingLife SafeCare Portal to begin entering an event. Make sure the location is designated as BridgingLife and the department is the Team for which the event is being entered.

Table of Contents:

1. **Patient Events:**
 - a. [Fall](#)
 - b. [Infection](#)
 - c. [Skin Integrity](#)
 - d. [Medication Event](#)
 - e. [IV Related](#)
 - f. [Medical Equipment/Device](#)
 - g. [Facilities Related](#)
 - h. [Privacy/Confidential](#)
 - i. [Information Systems](#)
 - j. [Other](#)
 - k. [Laboratory](#)
 - l. [Patient Behavior](#)
 - m. [Treatment/Procedure](#)
2. [Staff/Provider Behavior](#)
3. [Visitor Event](#)
4. [Controlled Substance Event](#)

Please Note: All fields are not required to be completed for each event type. However, it is important to complete as many fields as possible (with the available information) for each event entry to help support closing the loop on the safety event.

Fall

Witnessed/unwitnessed and assisted/unassisted patient falls occurring in homes, facilities, IPUs and other locations.



Was the Fall Observed?

- Yes
- No
- Unknown

Did the patient sustain a physical injury as a result of the fall?

- Yes
- No
- Unknown

Prior to the fall, what was the patient doing or trying to do?

--None--

Prior to the fall, was a fall risk assessment documented? ⓘ

- Yes
- No
- Unknown

Time since last Fall Assessment

--None--

Fall Score

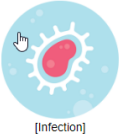
- Low
- Moderate
- High

Was the patient determined to be at increased risk for a fall? ⓘ

- Yes
- No
- Unknown

Infection

Any infection identified on admission or following admission regardless of if the patient is being treated for the infection. This includes but is not limited to UTI, respiratory, skin/wound, GI, and systemic infections, as well as, Central line-associated bloodstream infection (CLABSI), Catheter-associated urinary tract infection (CAUTI), Methicillin-resistant Staphylococcus aureus (MRSA), Clostridium difficile (CDIFF), Surgical site infection (SSI)."



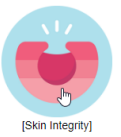
[Infection]

1.

2.

Skin Integrity

Patients identified to have a Stage II or greater wound on admission or following admission.



[Skin Integrity]

What type of skin integrity issue is being reported?

--None--

Occurrence: --None--

When did the issue occur? --None--

When was the issue taken? --None--

Is the patient at risk based on the Norton Score?

Options for skin integrity issue: Abrasion, Blister, Bruise, Burn, Denuded, Dehiscence, Hives, Laceration, Maceration, Moisture, Pressure Injury, Rash, Scratch, Skin tear, Trauma, Other.

Medication Event

Including dose errors, wrong medication, medication reconciliation, delivery, and labeling errors, adverse or suspected adverse drug reactions.



[Medication Event]

You can identify the Medication/Substance involved, as well as the various errors to report out Medication Events.

What type of medication/substance was involved? ⓘ

--None--

Medications

Nutritional Products

Other substance

Brand Name ⓘ

General Information

Medication

Other Involved Party(s)

What are you reporting on?

Adverse Drug Reaction

Medication or other Substance

What type of Error occurred? ⓘ

--None--

Administration error

Automated dispensing device involved

Brand/generic name look alike/sound alike

Calculation error

Computer entry error/prescribing error

Delivery Issue

Error in stocking/restocking

Knowledge deficit

Medication Reconciliation

Misinterpretation of the order

Monitoring inadequate/lacking

Preparing/dispensing error

Procedure/protocol lacking

Similar packaging/labeling

Storage/security issue

System safeguards inadequate/lacking

Transcribing error

Wrong patient label

Other

When you answer the Adverse Drug Reaction within the Medication Event you will be able to report ADR specific events.

Type of ADR Reaction (Check all that apply) ⓘ

- Anaphylaxis
- Bruising
- Chest Pain
- Confusion
- Diarrhea
- Fever
- GI upset
- Hives/Urticaria
- Hypersalivation
- Hypertension
- Hypotension
- Nausea
- Pruritis (itching)
- Rash
- Sedation
- Seizure
- Shock
- Tachycardia
- Vertigo
- Vomiting
- Wheezing/SOB
- Bleeding
- Flushing
- Other

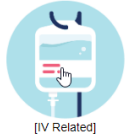
Classification of ADR

- None--
- AD --None--
- Type A: Augmented pharmacologic effects
 - Type B: Bizarre effects (idiosyncratic)
 - Type C: Chronic effects
 - Type D: Delayed effects
 - Type E: End-of-treatment effects
 - Type F: Failure of therapy
 - Lot Type G: Genetic reactions

IV Related

Intravenously infused-medication adverse events including extravasation.

Events related to **IV infiltrates** or **extravasation** can be reported using IV Related Event Type.



[IV Related]

Document the following attributes to describe the adverse event.

Skin Appearance

- Normal
- Blanched
- Translucent
- Discoloration

Skin Temperature

- Cool
- Hot
- Normal
- Warm

Swelling

- Normal
- Mild (< 2cm)
- Moderate (> 2cm)
- Severe (> 3cm)

Blistering/Ulceration

- Yes
- No

Pain Level

- None
- Mild
- Moderate
- Severe

Altered Sensation

- Yes
- No

Decreased Perfusion

- Yes
- No

Identify the IV Details.

IV Related Details

Type of Catheter

- None--
- Central Venous
- Extended dwell
- Hemodialysis Cath
- Peripheral IV
- Peripherally inserted central catheters (PICC), MID Line
- Port a Cath
- Umbilical
- Warm Compress

Medical Equipment/Device

Implantable devices, medical/surgical supply, reusable instrumentation.



[Medical Equipment/Device]

What type of device was involved in the event or unsafe condition? ⓘ

Medical/surgical supply

What type of problem occurred?

--None--

- None--
- Defects
- Failure to work as intended/malfunction
- Instructions
- Interaction with other devices
- Labeling
- Packaging
- Software problems
- Sterilization Problem
- Use error
- Other

What type of device was involved in the event or unsafe condition? ⓘ

Monitoring System

What type of monitoring issue

--None--

- None--
- Design flaw
- Device lacked battery when unplugged
- Device turned off.
- Free-flow of fluid
- Inadvertent connection to wrong device
- Lack of visible or audible warning alarms
- Misuse
- Tampered
- Wrong setting set on machine
- Other

What type of device was involved in the event or unsafe condition? ⓘ

Implantable device

What type of problem occurred?

--None--

- None--
- Defects
- Failure to work as intended/malfunction
- Instructions
- Interaction with other devices
- Labeling
- Packaging
- Software problems
- Sterilization Problem
- Use error
- Other

Facilities Related

Environmental (air quality, noise, etc.) Property or Premise (fire/explosion, chemical spill, water leak/flood).



Type of Facility Issue

- Environmental
- Property or Premise
- Other

Facilities Environmental Issue

--None--

We --None--

Adi

- Air Quality
- Biohazardous Waste Disposal
- Chemical Exposure
- Cleanliness of Facility
- Construction Dust Issue
- Hazardous Gases
- Insect Issue
- Noise Level of Facility
- Radiation Exposure
- Rodent Issue
- Sharps disposal
- Temperature of Facility
- Other

Type of Facility Issue

- Environmental
- Property or Premise
- Other

Property or Premise Issue

--None--

We --None--

Adi

- ADA Accessible Design
- Automobile Fleet safety issues
- Blocked/Obstructed Hallway/Sidewalk/Stairway
- Breach in security access/locked door
- Ceiling tiles - damaged/missing
- Chemical Spill
- Door lock release failure
- Elevator Malfunction
- Emergency Exits Blocked
- Fire/Explosion
- Fumes/Gas Leak
- Ice on Pavement/Parking Lot
- Improper Storage
- Injured by Object
- Ligature risk
- Lighting of Facility/Parking Areas
- Loss of negative pressure
- Mold
- Power Outage

Privacy/Confidentiality

Improper access, use and/or disclosure of patient health information, insufficient safeguards, patient rights violated, minimum necessary disclosure.



[Privacy/Confidentiality]

1. **Privacy/Confidentiality Category**

--None--

2. **Method of Breach**

--None--

Desktop Computer

Electronic Medical Record

Email

Fax Machine

Laptop

Network Server

Other Portable Electronic Device

Paper/Films

Verbal Communication

Other

Type of Protected Health Information Involved in Breach

Clinical (I.e. diagnosis/condition, lab results, medications, etc.)

Demographic (I.e. address/zip, date of birth, driver's license, SSN, medical record number, etc.)

Financial (I.e. claims information, credit card, bank account, etc.)

Other

Information Systems

Health Information Systems such as EHR/EMR (defect, malfunction, operational/error, etc.)



[Information Systems]

General Information

Information Systems

Other Involved Party(s)

Submit

Which of the following best characterizes the type of HIT device related to the event or unsafe condition?

--None--

Administrative/billing or practice management system

Automated dispensing system

Bar Coding

Computerized provider order entry system (CPOE)

Electronic health record (EHR) or component EHR

Human interface device(e.g., keyboard, mouse, touchscreen, speech recognition system, monitor/display, printer)

Laboratory information system (LIS), including microbiology and pathology systems

Medication Administration Record (MAR)

Point of Care Technology

Radiology/diagnostic imaging system, including picture archiving and communications system (PACS)

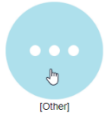
Telemedicine

Telesitter

Other

Other

Please check all other icon's help text before using this option to report events not otherwise specified.



[Other]

General Information	<input type="checkbox"/>
Other Involved Party(s)	<input type="checkbox"/>
Submit	<input type="checkbox"/>

What is being reported? ⓘ

- Incident
- Near Miss
- Unsafe Condition

Laboratory

Lost/mislabeled/unlabeled, wrong patient/specimen/test performed, critical/abnormal results not reported, no/wrong order, etc.



[Laboratory]

Diagnostic Issue for Lab

--None--

Ph: --None--

Type: --None--

Ad: --None--

- Accessioning Error
- Conflicting or inaccurate results
- Contamination
- Critical result not communicated
- Delay in collecting test / draw
- Delay in delivery of specimen
- Delay in diagnosis
- Delay in performing study
- Delay in receiving specimen
- Delay in reporting abnormal results
- Delay in reporting critical result
- Delay in reporting results
- Delay in reporting STAT results
- Delivery via pneumatic tube system
- Diagnostic lab test omitted when ordered
- Expired collection tube / media
- Failure to perform pregnancy test on female patient of childbearing age
- Frozen
- Hemolyzed

1.

2.

Phase of Laboratory process where issue occurred

--None--

Type: --None--

Ad: --None--

- Drawing/Collection
- Labeling
- Ordering
- Processing
- Reporting
- Specimen

Type of Specimen

--None--


Ad: --None--

- Blood, arterial
- Blood, Infant Cord
- Blood, venous
- Bodily fluids, Aspirate
- Bodily fluids, Sputum
- Bodily fluids, Urine
- COVID19 testing
- Fecal
- Line/Tubes/Drain Culture
- Tissue, Biopsy
- Tissue, Placenta
- Tissue, Umbilical Cord
- Tissue Swab Culture

3.

Patient Behavior

Behavior by the patient (harassment, verbal aggression, wandering, etc.)



[Patient Behavior]

General Information

Patient Behavior

Other Involved Party(s)

Submit

Patient Behavior Issue being reported

Patient Behavior
 Patient Protection
 Personal Property Missing/Damaged
 Other

Type of Behavior Issue

--None--

Wandering
Aggression toward an Inanimate Object
AMA
Chemical Dependency
Imminent
Death Threat
Discrimination/Prejudice
Elopement
Harassment
Inconsiderate/Rude/Hostile/Inappropriate
Non-compliant/Uncooperative/Obstructive
Patient to Patient Physical Abuse
Patient to Patient Sexual Abuse
Patient to Staff Physical Abuse
Patient to Staff Sexual Abuse
Risky/Reckless/Dangerous
Suicidal Gesture
Verbal Aggression
Wandering
Other

Patient Behavior Issue being reported

Patient Behavior
 Patient Protection
 Personal Property Missing/Damaged
 Other

Type of Patient Protection Issue

--None--

Wandering
Burn (non-surgical related)
Care provided by unlicensed caregiver
Contraband found in patient possession
Imminent
Discharge of patient unable to make decisions
Electric Shock
Financial Abuse to the Patient
Infant released to unauthorized person
Intended Self Harm/Suicide
Mental/Psychological abuse to the patient
Neglect of the Patient
Physical Assault to Patient
Sexual Assault to Patient
Verbal/Emotional Abuse to the Patient
Other
Room search

Treatment/Procedure

Consent/Documentation issues, nutrition, other.



[Treatment/Procedure]

Type of Treatment/Procedure

--None--

Admission
Communication
Consent
Consult Delay
Documentation
Food Service
Non-invasive Supportive Devices
Treatment Delay
Treatment Omitted
Ventilator Care
Other

Staff/Provider Behavior

Staff conducts concerns involving: MD, OD, resident/fellow, NP, RN, etc. and other similar positions.



Staff/Provider Behavior

What type of behavior is this issue?

--None--

--None--

Ad Communication handoff missed
Consult delay
Delay in responding
Delay in writing orders
Disrespect or unprofessional conduct

Wo Impairment
Misuse of property
Policy Workaround identified
Potential financial/emotional/verbal/neglect of residents/patients

Pat Provide care outside the scope of one's practice
Sexual harassment
Other

Visitor Event

Report incidents involving visitors.



Visitor Event

Type of Visitor/Non-Employee Event

--None--

--None--

Me Allergic Reaction
Burn
Caught in/under/between
Combative Patient

Wit Cut/puncture/laceration
Exposure - Chemicals
Exposure - Hazardous Drugs
Exposure - Infectious Disease (Meningitis, etc.)
Exposure - other
Exposure - Splash

Do Illegal drugs/illicit substances
Lift/push/pull
Motor Vehicle
Needle Stick

Wh Slip/trip/fall
Struck by or against object
Struck by or against person
Other

Reporter Department

Controlled Substance Event

Narcotic events involving loss/missing medication, not charted, dispensing cabinet discrepancy, wrong patient.



Controlled Substance Event

Type of Discrepancy

	--None--
Oth	--None--
	Documentation Incorrect Amount
	Documented Late
	Incomplete Administration Record
Pri	IV/PO Occurrence
	Lost/misplaced- theft of medication/medication found
	Medication Discrepancy Resolution Error
	Medication Not Charted
Sec	Medication not ordered
	Medication Not Wasted
	Patient did not receive charted dose
	Selected Wrong Patient
Nar	Technician refill/return error
	Other