Mott/Women's/Holden Hospitals
Inpatient Unit Clerk Study

Anne Fischer and Katharine Middleton
Industrial and Operations Engineering
University of Michigan

April 19, 1988
This study was performed upon the request of the Management Systems Department of the University of Michigan Hospitals. Our client for this study was Michael Donnelly, Assistant Manager, Patient Unit Support Services at Mott/Women's/Holden Hospitals. Our project coordinator from the Management Systems Department of the University of Michigan was John Gialanella. Our class sponsor was Richard Coffey, Industrial and Operations Engineering 481 Instructor.
**Evaluation Form:**

During the period between the time when the RFI's were sent out and the responses received, a software evaluation form was created (see Appendix F:). The information in this form was supplied by our initial investigation as to the requirements of the system and input from the Medical Professional Liability Claims Office. This form is comprised of three major sections. Part A is used to screen all of the packages. If a software package does not have one of the essential qualities listed in Part A, then the evaluation of that package stops. If the software does satisfy all of the requirements in Part A, the evaluation then proceeds to the second section.

In Part B the packages are evaluated in six specific areas ranging from format to operations. Every question in each of these sections can be answered in one of three ways: The first indicates that the software has a desired attribute, the second that if it is not currently included but is obtainable, and the third indicates that the desired attribute is not available. Each question has had a weight assigned to it by the Medical Professional Liability Claims Office and after all the questions have been answered a total score can be computed. In the weighting of the attributes the majority were assigned a weight of five. When calculating scores for the system, this bias should not adversely affect the tallying. This is due to the uniform scoring technique used in the evaluation of all systems. As more systems are reviewed, optional attributes may be added to this section of the form. The third section, Part C, allows for any comments the evaluator might have that he or she feels have not been adequately addressed in the previous sections. This form should be used in evaluating future RMIS software packages. If the Medical Professional Liability Claims Office decides to have the software developed in-house the evaluation form will be helpful in defining the components to be included in the system.

**Options:**

Both of the software packages that have been evaluated first hand, Insurance Software Packages product and Best Operating Software Systems product, have
proven inadequate. They are both essentially claims management programs and are not designed to track a large number of incident reports. The most widely used commercial product (according to our search) Risk Master, has not been made available for our evaluation and so no definite conclusions can be made concerning it. Cranbrook Computer Services remains a possibility though it appears that it is also a claims management program. This can not be determined until the software has been evaluated. The General Liability Claims Processing System from Pacific Technical Services is the best of the claims management programs found. The program provides many of the required attributes but also contains many extraneous claims management features. Based on the limited information we have received so far the most promising system is the Incident Reporting Program from RM/QA Systems Inc. This is because it has been designed specifically for the recording and processing of hospital incident information. However until more information is received it remains impossible to adequately assess the systems potential.

A request for proposal (RFP) containing the refined system requirements has been developed to facilitate future vendor contacts (Appendix G:). This RFP should be used to solicit a specific bid from a vendor whose product meets or has the potential to meet the fundamental requirements of the system. It should be stressed that the search is still active and responses are still arriving (see Appendix H: for any late arrivals).

Considering the responses from risk managers at other University Hospitals and information supplied by MSHRM it seems that the two most widely used hospital RMIS options are the program Risk Master and in-house development. The alternative of in-house development has the following advantages. The obvious advantages of such a system are user-specified design of fields, formats and functions that satisfy the specific needs of the UMH. Another advantage would be the proximity of a support team that is familiar with the software. The needs cited in the evaluation form and the RFP would serve as an excellent guideline for the development of an RMIS by the Hospital staff. Development time for the software could be a problem and will depend largely upon the availability of a UMH program development team.
After reviewing the commercial systems received we can not recommend any of them unless the Medical Professional Liability Claims Office has intentions of expanding into claims management. The Incident Reporting program from RM/QA Systems remains a possibility as it was designed for processing hospital incident information. If it and other late arriving responses prove inadequate then the only remaining possibility would be to develop a system that is designed to specifically meet the UMH needs. This can be done in one of two ways. The first would be through the UMH computer services as described above. The second would be through a joint venture with a software developer. Many of the vendors have expressed an interest in this process.
Appendix A:
An Assessment of Risk Management

Information Systems

Office of Professional
Medical Claims Liability

2/8/88
Management Systems Off.
I. Introduction

The intent of this project is to conduct a search to identify the best-suited Risk Management Information System (RMIS) for the Office of Patient-Staff Relations. The goal is to find a system capable of storing and processing incident claim and litigation information. Considering that the current information system was developed when little software was available the current RMIS has been outdated. Some substantial changes in the computer market over the past four years enhance the following RMIS features:

- Increased data storage capacity.
- Software specifically designed for RMIS.
- Greater ease in user operation.

II. Project Plan

Scope: The primary beneficiary of an improved RMIS will be the Office of Patient-Staff Relations and The Hospital Attorney's Office. The Quality Assurance function as well as Veritas, The University Malpractice and Workman's Compensation Insurer, will also gain from the augmented abilities of a new RMIS. Accounting for the profound impact that the system will have on the Risk Management unit, the search for a new RMIS is expected to address the following Risk Management needs:

- Improving retrieval time and cataloging of all known incidents which are within the current statute of limitation laws and/or those still under litigation.
- Providing adequate file security, wherein the Risk Management Office can disclose the necessary levels of information to the appropriate departments.
- Possible connections to a computer mainframe system for electronic intercommunication between departments (such as HIS).
- Performing trend analyses at one, six, and twelve month intervals.
Immediate recognition of all current information stored by patient registration number.
Maintaining current flexibility of sorting on various file attributes (such as location, physician, severity, etc.).

As other desirable RMIS attributes are identified, they will be used to augment and refine the Request for Proposal (RFP).

**Proposed Approach:** This search for a RMIS will consider hardware and software enhancements that will improve the overall information system. The software will establish the basis of any hardware requirements. Vendors of risk-management information products, as well as computer hardware companies, will be consulted with to evaluate possible systems.

A request for information (RFI) will be prepared, reviewed with the client, and mailed to potential vendors. Once information concerning the RMIS is received, an assessment based on client needs, training requirements, cost, and software support service will determine the optimum project decision.

**Expected Impact:** Improvement of the RMIS is expected to effect the service level, involve cost reduction, and may involve new equipment requirements. The following gains are expected:

- Reducing staff-time in processing data and identifying trends. This will be possible due to:
  - elimination of entering duplicate data
  - access to varying levels of information based on receiving department's need to know priority.
  - electronic interaction between departments as a means of reducing paper work.
- Improving protection of confidential data by way of file security in addition to the current locking of disk libraries,
△ Costs can be reduced if trends missed by previous methods are recognized (due to easier data retrieval) and acted upon.
△ It will allow increased staff efforts in areas such as claim investigation, quality assurance and patient injury prevention.

III. Project Team

Client Manager: Ann Munro, Manager of Medical Professional Liability Claims Office
Project Coordinator: Rick Finger, Management Info. Systems
Client Coordinator: Roberta Vander Mey, Office of Patient-Staff Relations
Project Staff: Stacy Sachen, Kurt Schroeder, Carole Sheridan

Required Support:

Roberta Vander Mey: Client Coordinator
William Doty: current hardware support service specialist
Ann Munro: Manager of Medical Profess. Liability Claims Office

IV. Budget Schedule

Management Systems Staff: 2 staff-hours each per week
Operating entity (Coordinator): 1 staff-hour each per week
Vendors (info. acquiring): 3-4 staff-hours each per week

V. Project Schedule

Project initiation: 1/28/88
Project proposal presented to client: 2/15/88
R.I.F. presented to client: 2/19/88
R.I.F. mailed: 3/10/88
Review and progress meeting: 2 per week
Project Completion: 4/18/88

*Scheduling must be flexible due to dependence on vendor response.
Approved by: [Signature]

Client: [Signature]
Title: [Signature]
Date: [Signature]

Approved by: [Signature]

Student: [Signature]
Stacy Rucker
Date: 2/15/08

Date: 2/15/08
Appendix B:
March 8, 1988

Mr. Tom Johnson  
Coopers & Lybrand  
Suite 1800  
First Interstate Center  
999 Third Avenue  
Seattle, WA  98104

Dear Mr. Johnson:

The Medical Professional Liabilities Claims Office of the University of Michigan Hospitals is currently seeking a risk management information system (RMIS) software package. The goal is to find a system capable of storing and processing incident, claim, and litigation information. This system will process and store data regarding potentially compensable events occurring with the Hospitals. The system envisioned would have the following attributes:

- Software specifically designed for a RMIS
- Ease of user operation
- Rapid retrieval time and cataloging of all known incidents, claims and suits within defined periods of time (e.g. the statute of limitations) and/or all current and historical litigation for a period of approximately 10 years
- Adequate file security, wherein the Risk Management Office can disclose the necessary levels of information to the appropriate departments
- The ability to perform trend analyses at one, six and twelve month intervals
- Immediate recognition of all current information stored by patient registration number
- Highly flexible sorting ability on various file attributes (such as location, severity, physician, etc).

The following gains are expected from the system:

- Reduced staff-time in processing data and identifying trends. This will be possible due to:
  -- elimination of entering duplicate data
  -- access to varying levels of information based on receiving department's need to know priority
  -- electronic interaction between departments as a means of reducing paper work.
- Costs can be reduced if trends missed by previous methods are recognized and acted upon
- It will allow increased staff efforts in areas such as claim investigation, quality assurance and patient...
We hope to evaluate available systems as soon as possible, therefore a timely response would be appreciated. Please send any information you have pertaining to a RMIS software system with the above qualities to the Project Coordinator, Richard Finger, at the University of Michigan Hospitals, 300 North Ingalls Street, Room N16A12, Box 0443, Ann Arbor, Michigan 48109-0443.

Sincerely,

Richard E. Finger  
Project Coordinator  
Management Systems  
University of Michigan Hospitals
March 1, 1988

Gary Harris
Director, Risk Management and Insurance
University of Cincinnati Hospital-University Hospital
Cincinnati, OH 45267

Dear Mr. Harris:

This letter is to request any assistance you can render to the University of Michigan Hospitals in our search for a computerized risk management information system (RMIS). The software system being sought will process and store data regarding potentially compensable incidents within the Hospitals. If you have a computerized RMIS we would greatly appreciate information regarding:

- data capacity
- number of users
- ease of use
- data sorting ability and usefulness of print-out
- your satisfaction with it
- commercial availability.

Please send any information you can provide to Richard Finger at the University of Michigan Hospitals, 300 North Ingalls Street, Room NI6A14, Box 0443, Ann Arbor, Michigan 48109-0443.

Thank you for your assistance.

Sincerely,

Richard E. Finger
Project Coordinator
Management Systems
University of Michigan Hospitals
March 1, 1988

Cobe Benefit Systems Inc.
6780 Dublin Rd.
Dublin, OH 43017

Dear Sir/Madam:

The University of Michigan Hospitals (UMH) is an 880 bed teaching hospital providing tertiary care. The UMH Medical Professional Liabilities Claims Office is currently searching for a computerized risk management information system (RMIS). This system will process and store data regarding potentially compensable events occurring within the Hospitals. We would like to know if you have any information on such a system. Please send any information to the Project Coordinator, Richard Finger, at the University of Michigan Hospitals, 300 North Ingalls Street, Room N16A14, Box 0443, Ann Arbor, Michigan 48109-0443.

Thank you for your assistance.

Sincerely,

Richard E. Finger
Project Coordinator
Management Systems
University of Michigan Hospitals
Appendix C:
<table>
<thead>
<tr>
<th>VENDORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Erisco</strong></td>
</tr>
<tr>
<td>1700 Broadway</td>
</tr>
<tr>
<td>New York, NY 10019</td>
</tr>
<tr>
<td>212-765-8500</td>
</tr>
<tr>
<td><strong>Insurance Software Packages Inc.</strong></td>
</tr>
<tr>
<td>5118 N. 56th St.</td>
</tr>
<tr>
<td>Tampa, FL 33610</td>
</tr>
<tr>
<td>813-621-6069</td>
</tr>
<tr>
<td><strong>Computer Assoc.</strong></td>
</tr>
<tr>
<td>Attn: Terry Smith</td>
</tr>
<tr>
<td>2195 Fortune Drive</td>
</tr>
<tr>
<td>San Jose, CA 95131</td>
</tr>
<tr>
<td><strong>On-Line Software International Inc.</strong></td>
</tr>
<tr>
<td>Two Executive Dr.</td>
</tr>
<tr>
<td>Fort Lee, NJ 07024</td>
</tr>
<tr>
<td><strong>Travis Software Corporation</strong></td>
</tr>
<tr>
<td>1001 S. Diary Ashford</td>
</tr>
<tr>
<td>Suite 206</td>
</tr>
<tr>
<td>Houston, TX 77077</td>
</tr>
<tr>
<td><strong>AMR</strong></td>
</tr>
<tr>
<td>251 New Karner Rd.</td>
</tr>
<tr>
<td>Albany, NY 12205</td>
</tr>
<tr>
<td><strong>Dyer Wells &amp; Assoc.</strong></td>
</tr>
<tr>
<td>2251 Lake Park Dr.</td>
</tr>
<tr>
<td>Smyrna, GA 30080</td>
</tr>
<tr>
<td>404-432-5888</td>
</tr>
<tr>
<td><strong>The National Underwriter Company</strong></td>
</tr>
<tr>
<td>420 E 4th St.</td>
</tr>
<tr>
<td>Cincinnati, OH 45202</td>
</tr>
<tr>
<td><strong>Cobe Benefit Systems Inc.</strong></td>
</tr>
<tr>
<td>6780 Dublin Rd</td>
</tr>
<tr>
<td>Dublin, OH 43017</td>
</tr>
<tr>
<td>614-766-9141</td>
</tr>
<tr>
<td><strong>Oracle</strong></td>
</tr>
<tr>
<td>20 Davis Drive</td>
</tr>
<tr>
<td>Belmont, CA 94002</td>
</tr>
<tr>
<td><strong>BOSS</strong></td>
</tr>
<tr>
<td>P.O. Box 980</td>
</tr>
<tr>
<td>Farmington, Utah 84025</td>
</tr>
<tr>
<td><strong>Conway Computer Consultant Inc.</strong></td>
</tr>
<tr>
<td>Box 12801</td>
</tr>
<tr>
<td>Jackson, MS 39236</td>
</tr>
<tr>
<td>601-932-5504</td>
</tr>
<tr>
<td><strong>Pacific Technical Services</strong></td>
</tr>
<tr>
<td>2950 Merced St.</td>
</tr>
<tr>
<td>Suite 101</td>
</tr>
<tr>
<td>San Leandro, CA</td>
</tr>
<tr>
<td>415-351-9095</td>
</tr>
<tr>
<td><strong>Geneico</strong></td>
</tr>
<tr>
<td>1600 South Brentwood Blvd.</td>
</tr>
<tr>
<td>Suite 500</td>
</tr>
<tr>
<td>St. Louis, MO 63144</td>
</tr>
<tr>
<td>314-962-2040</td>
</tr>
</tbody>
</table>
Mr. Tom Johnson  
Coopers & Lybrand  
Suite 1800  
First Interstate Center  
999 Third Avenue  
Seattle, WA 98104

Director of Marketing, RIMS  
500 Technology Dr.  
Naperville, IL 60540-2599  
312-369-5300

ABACUS  
3100 McCormick  
Rensacola, FL 32514

Tillinghast  
313-261-4440

SOFTEC Inc.  
33063 Schoolcraft Rd.  
Livonia, MI 48150

Risk Planning Group Inc.  
722 Post Rd.  
Darien, CT 06820

Self-Insured Benefactors  
4160 SE International Way #D206  
Milwaukie, OR 97222
UNIVERSITY HOSPITALS

Grena Porto
Risk Manager
University Hospital
Stony Brook, NY 11794

Ardath Auinlan
Actg. dir. qual. assur. and risk mgt.
University of Mass. Medical School
& Teaching Hospital
Worcester, MA 01605

Jeffrey Rasco
West Virginia Univ. Hospital
Morgantown, WV

Robert Sinclair
Dir. risk and ins. mgt.
Vanderbilt Univ. Hospital
Nashville, TN

James Holzer
v.p. loss prevention & underwriting
Cambridge, MA

Mark Hubbard
Dir. risk mgt.
Loma Linda Univ. Medical Center
Loma Linda, CA

John Hunt
Risk Manager
University Hospital
800 Rose St.
Lexington, KY 40536

Jim Humphries
Dir. Bus. Serv.
Baylor Univ. Medical Center
Dallas, TX

Josephine Johnson
Dir. risk mgt.
Univ. of Maryland Hospital
Baltimore, MD

Richard Johnson
Risk Manager
Univ. of Calif
San Francisco, CA 94143-0208

Alfred Kaulfers
Prog. mgr.
Univ. of Virginia Hospitals
Charlottesville, VA

Ellen Klimon
Dir. risk mgt.
Univ. of Pennsylvania
Philadelphia, PA

Deborah Korieski
Risk Manager
Thomas Jefferson Univ. Hosp.
Philadelphia PA 19107

Gary Kraus, atty & risk mgr.
Univ of Missouri Grad. Studies
Columbia, MO 65212

Karen Axnick
Dir. risk mgt.
Stanford Univ. Hospital
Stanford, CA 94305

Mark Cohen
Adm. analyst-risk mgt.
Univ. of Calif at L.A.
Los Angeles, CA 90024
Eileen Smith
Asst. supt.
Univ. of Wisconsin Hospital
Madison, WI 53792

Christine St Andre
Assoc. adm
Washington, DC

Betty Breden
Coor. risk mgt. review
Univ. of Virginia Hospitals
charlottesville, VA 22908

Murray Edge
Dir. risk mgt.
Univ. of Tennessee
Knoxville, TN

Chris Chisena
Adm. claims and risk mgt.
Hospitals of the Univ. of Penn
Philadelphia, PA

Mark Hamilton
Ast. dir.
Indiana Univ. Hospitals
Indianapolis, IN 46223

Barbara Heins
Dir. qula. assur.
Univ. Hospital
Seattle, WA

Robert Heins
Dir. med. servie planning
Univ. of Texas Health Sciences
Dallas, TX

John Walker
Director Risk
Univ. of Alabama in Birmingham
Birmingham, AL 35233

Frank Tabrah
Prof. ccommun. health
Univ. of Hawaii School of Med.
Honolulu, HI

Rodney Unscheid
Dir. risk mgt. & safety
Univ. of Calif.
Berkely, CA

Yvonne Buckley
Coor. quality assurance
New York Univ. Med. Center
New York, NY 10016

Mel Cecchine
Dir. risk mgt.
Baylor College of Medicine
Houston, TX

Caryn Flournoy
Dir. risk mgt.
Medical College of Ohio Hosp.
Toledo, OH 43699

Douglas Glasscock, atty.
University of Texas
Office of General Counsel
Austin, TX

Trudy Goldman
Risk mgr.
Univ. of Illinois at the Med. Center
Chicago, IL

Gary Harris
Dir. risk mgt. & ins.
Univ of Cincinnati Hospital-Univ. Hosp.
Cincinnati, OH 45267
OTHER

American Assoc. of Health Data System
William H. Kincaid, exec. dir.
3550 Woodland Rd.
Ann Arbor, MI 48104
313-971-9492

American Society for Healthcare Risk Management
David Meyers, dir.
840 N. Lake Shore Dr.
Chicago, IL 60611
312-280-6425

Technicon Data Systems Corp.
Denise MacGregor
5885 Glenridge Dr.
Atlanta, Georgia 30328
404-252-0083

Loyd Cunningham
Dir. computer service
Compucare
Tampa, FL.

Cobe Benefit Systems, Inc.
6780 Dublin Rd.
Dublin, OH 43017
614-766-9141
Appendix D:
**WC CLAIMS INQUIRY - BASIC INFORMATION**

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<th>Claim Type: Indemnity</th>
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<td>Contractor: Holcomb Timber Inc.</td>
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<tr>
<td>John Smith</td>
<td>P.O. Box 365</td>
</tr>
<tr>
<td>507 Main Street</td>
<td>Sumrall, MS 39482</td>
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<tr>
<td>Pass Christian, MS 39571</td>
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<td>Policy #: 87 WC MS 0900</td>
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<td>Adjuster: 4</td>
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<td>Date/Time of First Report: 07/02/87</td>
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- Injury Code: 190/Cut, Laceration, Punct
- Accident Code: 27/Inj by Hand Tools
- Tool Code: 11/Chain Saw
- Job Class: 2702/Logs-Longwood
- Supervisor: A. F. Holcomb
- Employed Since: 01/01/86
- Injury Acc Des: Chain Saw Laceration to Leg
- Claim Status: Open
- Recoveries: 0.00

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**CM CASE INQUIRY - BASIC INFORMATION**

**CASE NUMBER:** 87-000004  
**CASE TYPE:** 1000 / WORKERS' COMPENSATION

**EMPLOYEE:** 273-44-6607  
**ACCOUNT:** WESTMORLAND MINES

**SMITH, JOHN**  
**1 TAMPA AVE**

**PATIENT:** 273-44-6607  
**PHONE #:** (813) 555 - 1111

**SMITH, JOHN**  
**TAMPA, FL 23434**

**LOCATION #:** 1000  
**REVIEW DATE:** 04/30/88

**DATE OF LOSS:** 09/09/87  
**DATE OF FIRST REPORT:** 09/10/87

**ADJUSTER:** 2

**JURY CODE:** 150/CONCUSSION  
**ACCIDENT CODE:** 11/FELL ON STAIRS, STEP

**SUPERVISOR:** JOHN JONES  
**BODY PART:** 1/HEAD

**/ACC DESC:** FELL DOWN STAIRS

**CASE STATUS:** OPEN

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**DOCTOR:** DR SMITH

**CLINIC:** GENERAL
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<td>3 - Employee</td>
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<td>4 - Volunteer</td>
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<tr>
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<th>REPORT DATE</th>
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<td>A.M.</td>
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<td>3rd</td>
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No. 939828

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<table>
<thead>
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<th>INCIDENT TYPE - OTHER</th>
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<table>
<thead>
<tr>
<th>NATURE OF INJURY</th>
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BRIEF DESCRIPTION OF INCIDENT: RECORD PATIENT'S CONDITION PRIOR TO INCIDENT; LIST WITNESSES: (Name, address, telephone - continue on reverse if necessary)

---

PRINT NAME AND PROFESSIONAL DESIGNATION OF PERSON COMPLETING REPORT
Appendix F:
Risk Management Information System

Evaluation Form (April, 1988)

This evaluation has been created for the purpose of evaluating Risk Management Information Systems (RMIS) for the Patient Staff Relations Office of the University of Michigan Hospital (UMH). This evaluation form is designed to evaluate RMIS software packages on various specific criteria. *NOTE* This evaluation is not designed to evaluate the computer hardware on which the software will run. Different software systems may require different computer systems, and the comparison of different computers is beyond the scope of this particular evaluation form. The decision to purchase a computer system should be made in conjunction with the RMIS software selection. The computer system selected should however be one that is supported by the Hospital.
EVALUATION FORM:

PART A:
Checking either YES (Y) of NO (N) to each of these listed items in this section, tally the choices for both responses. If any NO responses are recorded, terminate the evaluation for the system, otherwise, proceed to PART B.

<table>
<thead>
<tr>
<th></th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Does the system (RMIS) offer any user support services?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>2) Does this package (RMIS) allow for an form of trend analysis?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>3) Can the software system generate reports?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>4) Can the files/records be updated and deleted by any method?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>5) Can the RMIS sort on at least three attributes?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>6) Does the RMIS have any form of file protection?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>7) Does the software have the capacity for storing at least 10 fields/record?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>8) Is one of the primary purposes of this system the tracking of incident occurrence information.</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

Tally: ___ ___ ___ ___ ___ ___
EVALUATION FORM:

Product Information: Please complete this section before beginning Part A of the evaluation.

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Company</th>
<th>Computer Supported</th>
<th>System Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>System I:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>System II</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>System III</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>System IV</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note* The following section is to be completed only after the rest of the evaluation has been competed.

Evaluation Tally: Enter subtotals from Part B of the evaluation.

<table>
<thead>
<tr>
<th></th>
<th>System I:</th>
<th>System II</th>
<th>System III</th>
<th>System IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Format</td>
<td>/46</td>
<td>/46</td>
<td>/46</td>
<td>/46</td>
</tr>
<tr>
<td>User Ease</td>
<td>/36</td>
<td>/36</td>
<td>/36</td>
<td>/36</td>
</tr>
<tr>
<td>Storage and Sorting</td>
<td>/56</td>
<td>/56</td>
<td>/56</td>
<td>/56</td>
</tr>
<tr>
<td>Security</td>
<td>/14</td>
<td>/14</td>
<td>/14</td>
<td>/14</td>
</tr>
<tr>
<td>Communications</td>
<td>/15</td>
<td>/15</td>
<td>/15</td>
<td>/15</td>
</tr>
<tr>
<td>Operations</td>
<td>/62</td>
<td>/62</td>
<td>/62</td>
<td>/62</td>
</tr>
<tr>
<td>Totals:</td>
<td>/229</td>
<td>/229</td>
<td>/229</td>
<td>/229</td>
</tr>
</tbody>
</table>
EVALUATION FORM

Please indicate one of the following in the box marked score for each question listed.

(0) if the RMIS does not have the indicated attribute.

(1) if the attribute is obtainable on the RMIS.

(2) if the RMIS has the indicated attribute.

After all the questions have been answered calculate the subtotal by multiplying your score by the weighting factor of each question.

**PART B:**

<table>
<thead>
<tr>
<th>Format</th>
<th>Weighting Factor</th>
<th>I</th>
<th>Score</th>
<th>Subtotal</th>
<th>II</th>
<th>Score</th>
<th>Subtotal</th>
<th>III</th>
<th>Score</th>
<th>Subtotal</th>
<th>IV</th>
<th>Score</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) The information on the screen display is easy to follow.</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Can view a complete record for a specific reg. # on one screen.</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Printed reports have user adjustable formats based on user design.</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Report format allows for tallying given a specific sorting guideline.</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Field abbreviations and numerical coding is user-defined.</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals: I | II | III | IV
Please indicate one of the following in the box marked score for each question listed.

(0) If the RMIS does not have the indicated attribute.
(1) If the attribute is obtainable on the RMIS.
(2) If the RMIS has the indicated attribute.

After all the questions have been answered, calculate the subtotal by multiplying your score by the weighting factor of each question.

<table>
<thead>
<tr>
<th>User Ease</th>
<th>Weighting Factor</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Has a readable and useful manual.</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Professional consulting is not necessary for user training.</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) On screen directions exist and are understandable.</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Support services are available during extended hours through an on-line system (i.e., 800 number, electronic bulletin board, local office, etc.)</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals: I II III IV
Please indicate one of the following in the box marked score for each question listed:

(0) If the RMIS does not have the indicated attribute.
(1) If the attribute is obtainable on the RMIS.
(2) If the RMIS has the indicated attribute.

After all the questions have been answered calculate the subtotal by multiplying your score by the weighting factor of each question.

<table>
<thead>
<tr>
<th>Storage and Sorting</th>
<th>Weighting Factor</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Has at least 45 fields available, with a minimum of four having a 50 character capacity.</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Can sort on at least five attributes.</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Can perform trend analysis on one, six and twelve month intervals.</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Can tally the number of records satisfying search criteria.</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) System can maintain the current 5000 records with the ability to accept a 10% annual storage capacity expansion.</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Has an easy way to remove inactive files from the master file.</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals: I II III IV
EVALUATION FORM

PART B:

Please indicate one of the following in the box marked score for each question listed:
(0) if the RMIS does not have the indicated attribute.
(1) if the attribute is obtainable on the RMIS.
(2) if the RMIS has the indicated attribute.

After all the questions have been answered calculate the subtotal by multiplying your score by the weighting factor of each question.

<table>
<thead>
<tr>
<th>Security</th>
<th>Weighting Factor</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Score</td>
<td>Subtotal</td>
<td>Score</td>
<td>Subtotal</td>
</tr>
<tr>
<td>1) System offers filelock/password option.</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Has the ability to release varying levels of Information within a record.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If the system can be connected to HIS.</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If the system is a stand alone system.</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals: I | II | III | IV
**EVALUATION FORM**

Please indicate one of the following in the box marked 'score' for each question listed.

- (0) If the RMIS does not have the indicated attribute.
- (1) If the attribute is obtainable on the RMIS.
- (2) If the RMIS has the indicated attribute.

After all the questions have been answered calculate the subtotal by multiplying your score by the weighting factor of each question.

**PART B:**

### Communications

<table>
<thead>
<tr>
<th>Weighting Factor</th>
<th>System</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Score</td>
<td>Subtotal</td>
<td>Score</td>
<td>Subtotal</td>
</tr>
<tr>
<td>1) Software can be run on HIS network compatible machine.</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Reports can be transferred along HIS network.</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals:** | I | II | III | IV |
Please indicate one of the following in the box marked score for each question listed.
(0) if the RMIS does not have the indicated attribute.
(1) if the attribute is obtainable on the RMIS.
(2) if the RMIS has the indicated attribute.

After all the questions have been answered calculate the subtotal by multiplying your score by the weighting factor of each question.

<table>
<thead>
<tr>
<th>Operations</th>
<th>Weighting Factor</th>
<th>I Score</th>
<th>I Subtotal</th>
<th>II Score</th>
<th>II Subtotal</th>
<th>III Score</th>
<th>III Subtotal</th>
<th>IV Score</th>
<th>IV Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Data entry of 15 fields takes less than 1 minutes.</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Time required to activate RMIS is less than 2 minutes.</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Is able to pull and update a field for a specific record.</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Given a unique field to sort on (i.e. reg. #) the average</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>time required to retrieve a particular record is less than 2 minutes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) It does not require multiple disk interchanges.</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Redundant information does not have to be re-keyed.</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) System automatically alerts data entry person if a registration number</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>is already on file.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals:  I                       II                        III                       IV
EVALUATION FORM:

PART C:

In this section space is provided for any additional comments you might wish to make on the systems. You may elaborate on features already mentioned or discuss features not considered in this evaluation.

System I:

System II:

System III:

System IV:
Appendix G:
University of Michigan Hospitals  
300 North Ingalls Street  
Room N16A14/ Box 0443  
Ann Arbor, MI 48109-0443

Dear (vendor to be specified),

The Medical Professional Liability Claims Office of the University of Michigan Hospitals (UMH) is interested in purchasing a Risk Management Information System (RMIS) software package. In the accompanying outline, the necessary attributes of the system are described in detail.

If you can provide a system meeting the specified criteria we would greatly appreciate detailed information regarding:

- Sorting  
- Data Capacity  
- Availability  
- Ease of Use  
- Report Format  
- File Security  
- Cost  
- User Support  
- File Operations

Please send the information package describing the RMIS by October 15, 1988 to:

Roberta VanderMey  
University of Michigan Hospitals  
C246 Med Inn Building, Box 0822  
Ann Arbor, MI 48109-0822

Thank you for your assistance.

Sincerely,

(solicitor to be specified)
**RMIS Software Package Criteria:**

--Primary purpose of the software is the tracking, reporting, and updating of incident reports.

--The software is capable of generating printed reports.
   * These reports have adjustable formats based on user design.
   * Report format allows for tallying given a specific sorting guideline.

--The software is user friendly.
   * Information displayed on the screen is easy to follow.
   * A readable and useful manual is provided.
   * On screen directions, that are understandable, exist.
   * Support service is available during extended hours through an on-line system.

--The software has the necessary field and sorting components.
   * There exists at least 45 fields, with a minimum of four having a 50 character capacity.
   * The data can be sorted on at least five simultaneous fields.
   * The software is capable of performing trend analysis on one, six, and twelve month intervals.
   * The software is capable of maintaining 5000 records with the ability to accept a 10% increase in annual storage capacity.
* Field abbreviations and numerical coding is user designated.

-- The software meets the requirements of the following operations:

* The system has a sufficient way to remove inactive files from the master file.
* Time required to activate the RMIS is less than two minutes.
* The software is able to pull and update a field for a specific record.
* Redundant information does not have to be re-entered, but may be transferred to other levels of litigation.
* The system automatically alerts the data entry person if a registration number already exists on file.

-- Other desired attributes are:

* The screen layout allows for the viewing of a complete record for a specific registration number on one screen.
* The system offers a filelock/password option.
* Software can be run on an IBM or IBM compatible machine.
* The running of the system does not require multiple disk interchange.
Appendix H:
(Late Arrivals)
RM/QA Systems, Inc.

The promised information packet from RM/QA Systems Inc. on their Incident Reporting Program arrived on the afternoon of 4/20/88. The packet included a demonstration disk and sample copies of reports generated by the program. The program was easily installed on the hard disk and was soon running. The company had created a small database showing some of the basic features of the system. This caused some initial confusion as only those injury codes, and incident types used in this demonstration database were installed. After contacting the company (they do have an 800 number) it was explained that this was done in the demonstration program so that the user could see how easy it was to specify his/her own codes. They also made it clear that they were quite willing to alter the program to fit the new UMH Incident Report form. They said that they were currently altering the program for a veterans hospital that used a government form that was significantly different than the one the program was designed for. This alteration would be done at a rate of $35.00/hour. As was noted earlier the UMH incident form and the form used by the program have more similarities than differences.

The company also stated that each record takes up about 1,000 bytes of disk memory. A database of 5,000 records would require approximately five megabytes of memory and as most hard disk drives have at least ten megabytes of memory, storage would not be a problem for a stand alone system. The system is able to sort and produce reports on various attributes such as month by incident type and floor by incident type by month (sample reports are provided in the information packet). Another feature is the ability of the system to create multiple databases that can either correspond to different hospitals or to different departments within the hospital. As the system arrived so late in the search it was not possible to conduct a complete evaluation of the software. However, it appears to have more of the basic attributes and fewer extraneous features than any of the other systems tested. Further investigation of this system is strongly suggested.
April 14, 1988

Mr. Richard E. Finger
Project Coordinator
Management Systems
University of Michigan Hospitals
Ann Arbor, MI 48109-2007

Dear Mr. Finger:

Enclosed you will find sample software of our Incident Reporting Program along with an abbreviated set of instructions. You will also find enclosed copies of the various screens and menus that will come up with the program. I have also enclosed sample copies of the type of reports generated by the program taken from miscellaneous data that we had previously entered ourselves.

To load the program to your hard disk, at the C prompt type in A:INSTALL. The F1/Help key will provide additional information at the various windows as to what codes can be entered into the system. If you have any difficulties or if something needs clarification, feel free to contact Mr. Ron Holtz at 1-800-848-8073.

I hope this program meets your requirements. If we can provide any additional assistance or information, please let us know.

Sincerely,

Robert B. Meyers
General Manager
RM/QA Systems, Inc.

RBM/ebm
L4/14fef.rbm

Enclosures
GENERAL INSTRUCTIONS

To enter data into a window you follow the menu line at the bottom of the screen. You may either Add or Edit a record by pressing the appropriate letter (A or E). Some menu lines will only have an Edit function. This function will add a record if the windows start out to be blank; that is you have not found a record. Likewise, you edit a record by finding it first and then moving to the desired window which has the information you want to change. Be sure to enter (return) past the window before hitting the escape key (Esc) to save the changes. Also, the record may not be saved into the database yet if you have not saved it by hitting the S key. Some menu lines do not have the Save option. If this is the case the record is saved into the database automatically when you have put in the last entry on that screen. NOTE: If you hit the escape key (Esc) during a screen which has this type of save routine that data will not be saved in the record. When you have hit the S key to save a record you will be prompted whether you want to save the record or not. You may hit the enter key or put a N for no to keep from saving the record.

To delete a record you first have to find the record by using the edit option and then once you have found a record you can hit the escape key and then hit the D key to delete. The question will prompt you if you really want to delete this record. You will put a Y in place of the N if you want to delete the record which is displayed on the screen, otherwise just hit the enter key.
To clear a screen you may hit the C key. This clears out all the windows on the screen.

To get out of a program you hit the X key. This will take you back to the menu you previously came from.

Do not press the enter key after any of the menu line letters.
DEFINITIONS

A window is defined to be the individual entry where you enter information. To operate the programs you will need to know the following "HOT" keys:

F1 => Help key

Up-Arrow => Moves the cursor up a window.

Enter => Moves the cursor down a window and updates the information in that window. 
Note: You must press the Enter key after you have changed information in a given window in order to save those changes for that window.

Right-Arrow => Moves the cursor to the right in the same window.

Left-Arrow => Moves the cursor to the left in the same window.

Del/Delete => Deletes a character in the window.

Ins/Insert => Insert a character in the window.

Backspace Key => Blanks window from the right of the cursor.

Pg Up/Page Up => Finds the previous record. This can only be done in an indexed window which is signified by the symbols < >.

Pg Dn/Page Down => Finds the next record. This can only be done in an indexed window which is signified by the symbols < >.
Tab => Find a record. Be sure to enter valid information before pressing this key. If you fill the field up, you will need to back up by using the up-arrow key.

Esc/Escape => This allows you to abandon whatever you are doing. Caution: Be sure to save the record by completing the screen or by hitting the S for S)ave.
EM/QA SYSTEMS, INC.
INCIDENT REPORTING SYSTEM

1 Incident Maintenance
2 Hospital Maintenance
3 Location Maintenance
4 Injury Maintenance
5 Incident Type Maintenance
6 Incident Reports
7 DATAFLEX UTILITIES MENU
9 EXIT TO OPERATING SYSTEM

Please enter your choice: 1

Use Up Arrow or Down Arrow to select option, then Return
Esc to return to previous menu
REPORT DATA ENTRY

ver. 1.0
04/12/88
RM/QA SYSTEMS, INC.

INCIDENT

Form No.: __________ Floor: __________ Unit: __________

Incident Date: __________ Report Date: __________ Shift: __________

Hospital Code: __________ Name: __________________________

Person: __________________ Sex: __________ Age: __________

Incident Location: __________________________

Incident Type -- Subtype: __________________________

Incident Type -- Code: __________________________

Nature of Injury: __________________________

|dit S|ave D|elete C]lear e[X]it : [E]
HOSPITAL DATA ENTRY

hospital Code: ___

hospital Name: __________________________________________

total # Beds: ___ Total # Beds Occupied: ___

hospital Location ([U]rban or [R]ural): ___

dit S)ave D)elete C)lear e(X)it : [N]
LOCATION DATA ENTRY

LOCATION

Location Code: __
Location Description: ____________________________

|dit Save D]lete C]lear e(X)it : [S] |
INJURY DATA ENTRY

INJURY

Injury Code: ____________

Injury Description: ____________________________

[ ] Save  [ ] Delete  [ ] Clear  [ ] Exit
Incident Type: [1=medication 2=falls 3=med 4=other 9=no code]

Incident Code: 

Incident Description: ________________________________

[edit S]ave D]elete C]lear e(X)it : [B]
Please enter your choice: 1

Use Up Arrow or Down Arrow to select option, then Return
press Escape to return to previous menu
<table>
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<td>8 Month by Pers. Inv. by Shift</td>
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Please enter your choice: 1

Use Up Arrow or Down Arrow to select option, then Return. Press Escape to return to previous menu.
INCIDENT REPORTING SYSTEM
Reports II

1 Age by Location
2 Age by Incident Type
3 Age by Nature of Injury
4 Occupied Bed by Incident Type
5 Unit by Inc. Type by Month
6 Floor by Inc. Type by Month

Please enter your choice: 1

Up Arrow or Down Arrow to select option, then Return
ss Escape to return to previous menu
EM/QA INCIDENT REPORTING SYSTEM
REPORT PARAMETERS

Hospital: [0001]  {Leave blank for all hospitals}
Report From Date: [01/01/87]
Report to Date: [12/12/99]
Hospital: [___]

Report From Date: [___]
Report To Date: [___]