MedTrainer Incident Reporting

May 3, 2024

Winona Health



Creating a New Incident/Feedback Report

To create a new incident report, click the **Create** option from the **My** Student Dashboard page.

SUPER ADMIN			Incident Report Binder				Create
\sim	My Otydant Daabbaard		Incident Number	 Туре 	🔷 Status	Created Date	Incident
Y	My Student Dashboard		47732160	Provision of Care	Resolved	04-24-2024	04-12-20:
þ	Document Center	•	54734103	Fall	Escalated	04-30-2024	04-30-20:
LET	Compliance Toolkits	•	54895555	Restraint/Seclusion	Resolved	04-25-2024	04-21-20:
ΰO	Organization Management		55036309	Medication Error	Resolved	04-24-2024	04-21-20:
		•	86913746	Adverse Drug Reaction	Escalated	04-30-2024	04-30-20:



Creating a New Incident/Feedback Report (cont.)

After clicking on the ∇ , select the appropriate form:

- Feedback Choose this form to submit any complaint, compliment, or other feedback from a patient/resident/visitor/employee.
- Incident Choose this form to report any type of event or circumstance that could have, or did, result in harm to a patient/resident/visitor/employee.

Then click **Continue**

.th lent Da	Create New Incident Report	×
Incid	Please select the Incident Report Form that you want to create, then click on Continue to go to the next step.	
Repor	Select a Form Feedback Incident	Crea 04-24
Create New Incide Please select the Inc to go to the next ste	ent Report × ident Report Form that you want to create, then click on Continue	04-30
Incident		
Fall	Cancel New Form Continue 04	WH-

Creating a New Incident/Feedback Report (cont.)

Complete the form as directed, providing as much detail as needed to provide a complete description of the incident/feedback.

When reporting incidents:

- Please provide a summary of facts of the event as they occurred.
- Avoid opinions, making assumptions, or drawing conclusions.



Patient / R

- En Na
- Dat
- Gei

MRN

Incident

Da

Loc Oc

Spe Inc

Inc

Did the patient or is in the patient of the patient

Resident / Visito	r / Employee Informatio	n 🚯		
mployee $^{\bigcirc}$ Patient $^{\bigcirc}$ Ve	endor $^{\bigcirc}$ Visitor $^{\bigcirc}$ Other			
ame 🛊	Select an option	~	Employee Internal ID	
ate of Birth	mm/dd/yyyy		Phone	XXX-XXX-XXXXX
ender				
	0			
l or FIN				
Description				
te of Incident *	mm/dd/yyyy	***	Time	~
cation Incident ccurred *	NA	~	Department Incident Occurred *	NA
ecific Location Where cident Occurred *	Eg. bathroom			
cident Description *				
his incident reach the nt/resident/visitor/emplo it a near miss?	Actual Incident Near Mayee	liss Unsafe Condition		

* = Required field



Creating a New Incident/Feedback Report (cont.)

Upload any supporting documentation (*<u>do not upload medical records</u>), add your electronic signature, and click **Submit form.** You can also click the **Save Draft** button so you can revisit and continue editing before submitting.

• The changes will not be saved until you click on the Save Documentation butto



on. The page will refresh afterwards.		
in.		
ou will have to select the affected areas again.		
t		
x), .ppt(x), .txt, .zip, .xlx, .xlxs, .png, .jpg, .jpeg only		1
	Save Documentation	Additional Documentation



Thank you!

CONTACT INFORMATION

Winona Health

