

**Risk Management
&
Patient Safety
AIRS User Guide
for
Assisted Living Facilities**



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Online Reporting

- ❖ **AHCA provides an online system for timely submission of all adverse incident reports.**
- ❖ **Faxed or mailed report submissions are not accepted.**

State Regulations 58A-5.0241 Adverse Incident Report.

(1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by Section 429.23(3), F.S., must be submitted within 1 business day after the incident pursuant to Rule 59A-35.110, F.A.C., **which requires online reporting.**

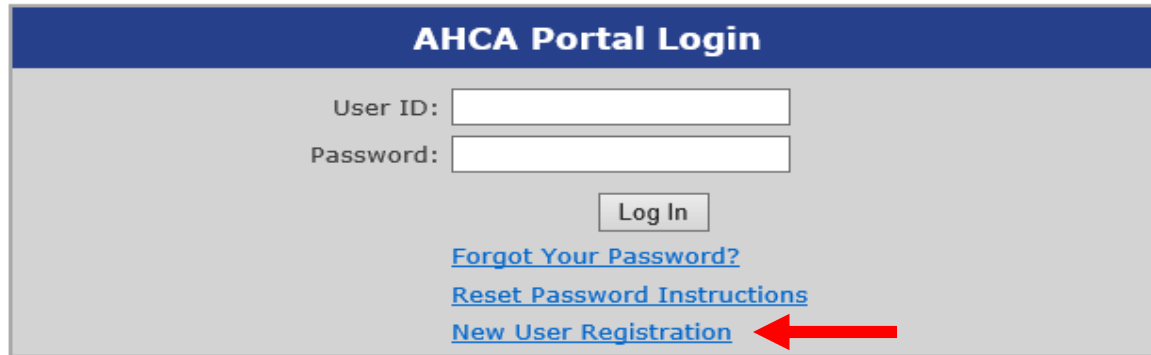
(2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported in subsection (1) above, the facility must submit a full report within 15 days of the incident. The full report must be submitted pursuant to Rule 59A-35.110, F.A.C., **which requires online reporting.**



Single Sign On Access

★ **DO NOT SHARE YOUR USER NAME AND PASSWORD WITH OTHER EMPLOYEES** ★

It is recommended to have more than one person in your facility who has access



To access AIRS, a username and password will need to be obtained through the Single Sign On Server, also known as the AHCA Portal.

Follow the instructions on [AIRS SSO User Registration Guide](http://ahca.myflorida.com/SCHS/RiskMgtPubSafety/RiskManagement.shtml) located on our website;
<http://ahca.myflorida.com/SCHS/RiskMgtPubSafety/RiskManagement.shtml>.

If you are not enrolled on the Portal, you will need to create a Single Sign On account before requesting access to AIRS Online and submitting a user agreement. The user agreement for new accounts must be received and approved by Agency staff before accessing the site. Once access is granted users may submit adverse incident reports via the AIRS system.

★ **When a user is no longer employed at your facility you must request their access be removed by emailing ahcaregistration@ahca.myflorida.com.**

If you do not have them removed, they will continue to have access to all resident's and staff member's personal information.

*Have you forgotten your User ID?



 **HCA Incident Reporting System**

User Registration Agreement

Mail To:
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #61
Tallahassee, FL 32308

Scan and E-Mail To:
AHCARegistration@ahca.myflorida.com
Subject Line: AIRS User Agreement

User Information:

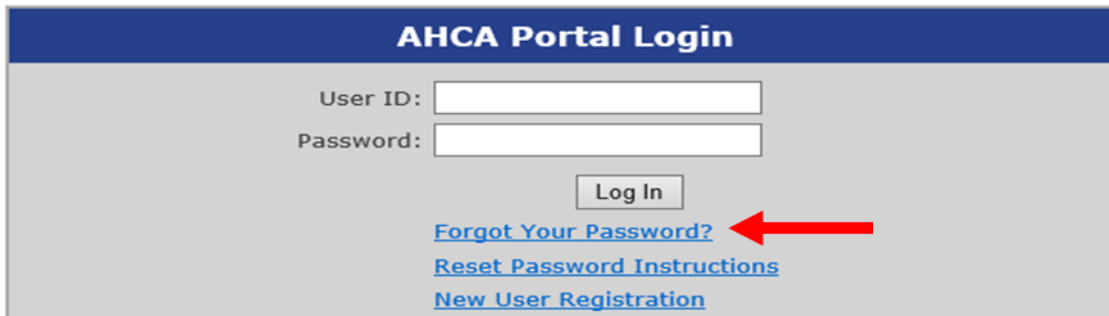
Name: TESTER TESTERSON
Address: 1 TEST ST, TALLYTESTY, FL 32313
Phone Number: (850) 850-8500

User ID: tester

E-Mail address: tester@testis.com

1. Look for the copy of your User Registration Agreement. The User ID appears in the upper right side of the form.
2. If you can't find your User Agreement. Please call our Central Services Department (850-412-3951) and we will attempt to verify your information before providing you with your User ID.
3. If we are unable to verify your information, you will need to re-register and send in a new User Registration Agreement.

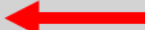
*Have you forgotten your password?



AHCA Portal Login

User ID:

Password:

[Forgot Your Password?](#) 

[Reset Password Instructions](#)

[New User Registration](#)

We do not have access to a User's Password. You will need to click on "Forgot your Password?" and follow the directions. If you cannot answer your security question, you will NOT be able to recover the password for your account. You will need to re-register and send in a new User Registration Agreement.

Requirements of an Adverse Incident Report

This is a State Report. Please enter valid information for all of the REQUIRED fields.

There are **two Report Modes** under the **SAME Report Number**; Preliminary (1 Day) and Full (15 Day). Both are required. *Please review Florida Statutes 429.23.*

Section 429.23, Florida Statutes requires the facility send a preliminary report to the agency within **1 business day** after the occurrence of an adverse incident, with a full report to the agency within **15 calendar days** after the occurrence of the adverse incident. The information contained in this report is confidential.

NOTE: If you are not in compliance with Florida Statutes 429.23, you may be fined.



This is your Dashboard

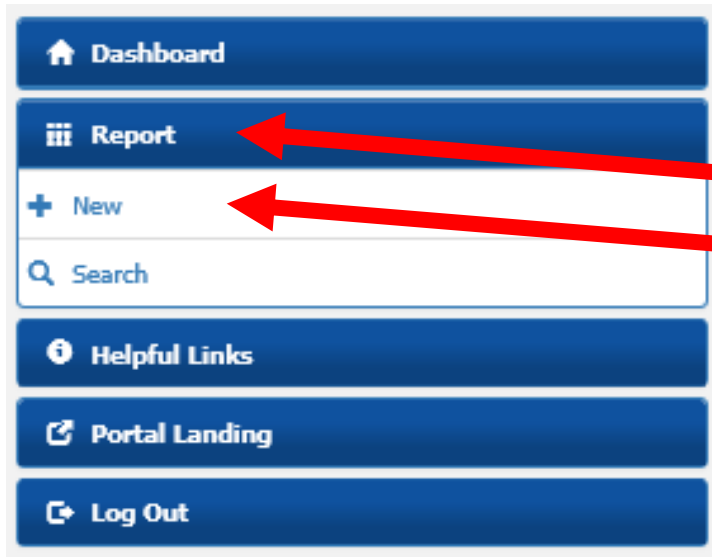
AHCA Incident Reporting System (AIRS)

Dashboard							User Name:
Needs Attention							
Report#	Provider Type	Provider Name	Report Type	Submitted Date	Status Date	Current Status	
In Progress							
Report#	Provider Type	Provider Name	Report Type	Submitted Date	Status Date	Current Status	
Submitted							
Report#	Provider Type	Provider Name	Report Type	Submitted Date	Status Date	Current Status	

Once the Preliminary Report has been reviewed by AHCA Risk Management staff, the Current Status will appear on your **Dashboard** under the “Needs Attention” section as either **“Reviewed”** or **“Need Info”**. Once you have submitted a report, you may check on the Current Status daily by viewing your **Dashboard**.

If your current Status is **“New”**, it will appear under the “In Progress” section because you have not yet submitted your report. “Submitted” section shows reports your have submitted but are not yet completed. See page 19 for instructions on how to Cancel a report if it was created in error.

Once the Full Report as been reviewed, the report will only appear on your Dashboard if the current status is **“Need Info”**. If the report has been Closed, it will no longer appear anywhere on your Dashboard. You will need to use **“Search”** to view it (see page 9 for instructions on searching for reports).



To start a new report, click on “**Report**” and select “**New**” to begin filing your incident report.

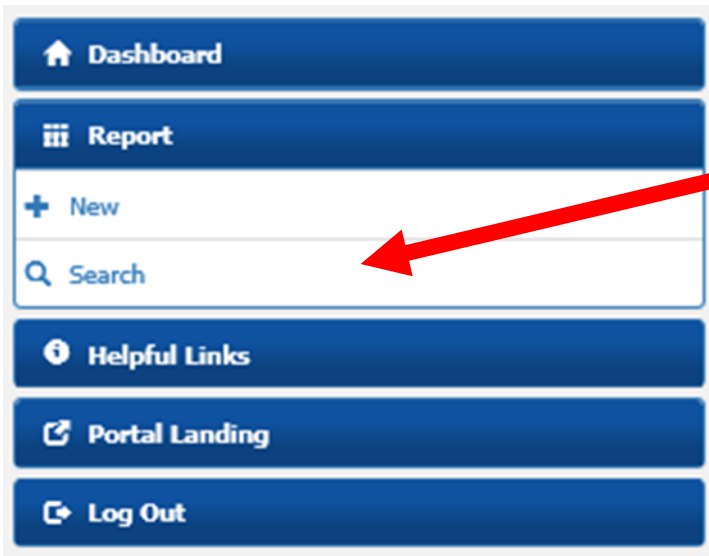
Select Provider Type, Provider Name, and Report Type – Your facilities information will appear.

Provider Type:

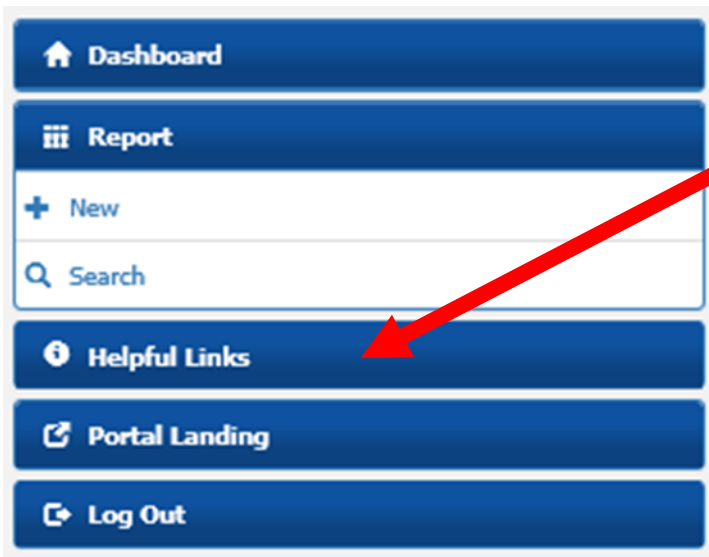
Provider Name

Report Type

Click on  to begin.



“Search” can be used to look up all the reports for your facility or a specific report if you have the report number or other pertinent information regarding that report




A **“Helpful Links”** tab has been added for your convenience. The link contains useful information for filing your report. Click on the blue lettering to open the link.

Report Details



Remember to save your work periodically (especially in the Investigation Section of the report). The system times out after one hour. If that occurs and the work has not been saved, you will need to retype it.

Note: You will see this symbol “” throughout the report. Click on it to see what is required for that field.

Provider Information

Your provider information will automatically populate in the required fields.

Person Reporting

Your name, email address, and phone number will be automatically populated based on the user application you submitted. You will need to choose your title from the drop-down box and provide **your professional individual license number**, if applicable (**NOT the facility license number or your driver’s license number**). You may look up a license number by using the links under “*Helpful Links*”

***NOTE:** If you are continuing a report which another user started, please make sure to change the license information to reflect your license number.

At the bottom of each “**Report Details**” page you will see



Save and Next will bring you to the next page.

***You may move around to different pages by simply clicking on that page under “**Report Details**” on the left side of the screen.**

Resident Information

Fill in all the information regarding the resident who experienced the incident. You must enter a valid SSN# and Medicaid or Medicare number if applicable.

★ NOTE: If more than one resident is involved AND you can check an “Outcome” for each one, **you must file a separate report for each resident**. Please be sure to relate the reports in your narrative.

Resident Representative

Fill in all the information regarding the resident representative. **A valid street address is required**. If the resident represents themselves, check the box on the top of this field.

Incident Information

1. Fill in the incident date and location.

The “**Date of the Incident**” is the date the event occurred, **not** the date of the “outcome”. Use the slide bar to select the time of the incident (Please note: this is in military time).

*Military time divides the day into 24 hours. The day starts at midnight and is written as “0000”. The last minute of the day is written as “2359”, in other words, one minute before the next midnight. Slide the Incident Time slider bar to the left or right to select the time of the incident. Use the left or right arrow keys on the keyboard to adjust the slider bar to an exact time.

2. Check whether or not equipment was involved. If equipment was involved, list the equipment.
3. There are 3 choices for Incident Location in the drop-down box. If the “Incident Location” is outside on the facility grounds or anywhere inside your facility (other than Patient Room), that is considered “Facility Campus”.

***When choosing “Other”, you must list a specific location.
Simply writing “off campus” or “other location” is not acceptable.**

Outcomes


You must be able to check a box in order to file a report.

If you CANNOT check a box, you CANNOT file a report.

Check **every** applicable outcome. ***There may be more than one outcome.**

- Death.
- Brain or spinal damage.
- Permanent disfigurement.
- Fracture or dislocation of bones or joints.
- Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives.
- Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident.
- An event that is reported to law enforcement or its personnel for investigation.
- Resident elopement, if the elopement places the resident at risk of harm or injury.

Notifications

1. If the incident involves a **DEATH** please check the box for **Medical Examiner** and provide the required information. Check whether or not an autopsy was performed.
 **NOTE:** Medical Examiner should only be listed in the event of a death.
1. If **External Agencies** were notified, check the appropriate boxes. If you choose "Others", you will need to "List Other Agencies Notified". **Do not use abbreviations** for the Agencies notified.
2. If family member was notified, list that person's full name.
3. If the physician/ARNP was notified **AT THE TIME OF THE INCIDENT**, list the physician's or ARNP's name and orders/recommendations. If the physician/ARNP was notified and you did not receive any orders or recommendations, please indicate that in the space provided.

 **if you left a message, indicate if you received a call back and if orders/recommendations were provided.** 12

Individuals Involved

The resident's name should **NOT** be relisted in this section. *List **ALL** personnel/witnesses/fellow residents that made contact with the resident or who were in any way involved **during and/or after the incident.**

★ **Names of “Individuals Involved” should match those in the narrative**

ROLE:

(Licensed Personnel, Unlicensed Personnel, Witness (Non-Personnel), Involved Party (Non-Personnel).

****The word “Personnel” refers to employees of the facility. If they do not work at your facility then the role should be Witness (Non-Personnel) or Involved Party (Non-Personnel).**

INVOLVEMENT: Involvement should only be a **JOB TITLE or **RELATIONSHIP TO THE RESIDENT.****

Any other information belongs in your narrative. The word “staff” is NOT considered a job title.

Examples for **LICENSED Personnel** include **“JOB TITLES”** such as RN, LPN, CNA, ME, ARNP, etc.

Please enter the complete license number correctly. Enter License Prefix and License Number with no spaces.

Examples: NH1234, RN123456, PN123456, ARNP1234567, SW1234, CNA123456, etc. ***If it is a multi-state license, please provide that information under “Involvement”.**

Examples for **UNLICENSED Personnel** include **“JOB TITLES”** such as caregiver, HHA, RA, Med Tech, dietary personnel, house-keeping, maintenance, etc.

Examples for **INVOLVED PARTY** and **WITNESS** (Non-Personnel) include the relationship to the patient or resident, such as family member, visitor, another resident, agency or hospice nurse, etc.

LICENSE#: You may verify license information by clicking on the following hyperlinks; [Florida Department of Health](#) or (for Administrators) [University of South Florida College of Education](#)

SSN#: It is NOT acceptable to list an invalid Social Security Number such as 000-00-0000 or 123-45-6789.

To Edit or Delete “Individuals Involved” use the Action tabs.

**Click on “

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Investigation

Preliminary Report (1 Day): Describes the **Circumstances of the Incident** from **BEGINNING** to **END**

Circumstances of the Incident (Narrative of Facts): The narrative needs to match the box you checked under Outcomes. The narrative should answer the following basic questions: **WHO** (provide names) were the individuals involved during and/or after the incident? **WHAT** events occurred? **WHERE** did the incident occur? **WHEN** did the incident occur (**DATES & TIMES**)? Providing a **TIMELINE** (dates/times), will explain the duration of the event from beginning to end. If applicable, include the location to where the resident was transferred. In this section, when using any abbreviations, please make sure to write out the full term (or hospital name) at least once for every report.

★ **This section should NOT include any part of the ANALYSIS - resident and staff interviews, answers to HOW and WHY an incident occurred.**

★ **This section should NOT include any part of The CORRECTIVE ACTION SUMMARY.**

*NOTE: You will **NOT** have access to **Analysis of the Incident or Corrective Action Summary** until your Preliminary Report as been reviewed. (See page 18 for instructions on how to manually switch to the **Full Report Mode**). Once the facility investigation has been conducted, you may complete your Full Report (15 Day).

Do NOT submit the Full Report until 15 calendar days from the date of incident unless you have completed your facility investigation.

*It is not necessary to document in this section when completing the Full Report unless you have an addendum.

**Please only click the “Save” button one time and wait for the system to save it.
If you click on it multiple times, it will save it multiple times.**

Investigation

Full Report (15 Day): Includes the **Analysis of the incident** and the **Corrective Action Summary**. It is to be completed under the **SAME REPORT NUMBER**. Do NOT create a New Report for a “Full Report (15 Day report).”

★ **The report must include the results of the facility’s investigation into the adverse incident (not DCF’s or Law Enforcement’s).**

Analysis of the Incident (Apparent Cause(s)) This is where you will explain **HOW and WHY** the incident occurred based on the facts and findings gathered during the **facility’s internal investigation** (including resident and staff interviews and the investigation of the scene of the incident).

★ **Do not repeat or (copy & paste) information** which was reported under Circumstances of the Incident (Narrative).

Corrective Action Summary (Corrective or Proactive Actions Taken) Based on the apparent cause(s) of the incident presented in the analysis, describe the corrective or proactive actions to be implemented to prevent this type or a similar type of incident from reoccurring to this or other residents. List and explain in detail what, if any, staff training was provided or scheduled to be provided to direct care staff. ★ **This is a required field.** “No corrective action required”, “N/A” and “this is not adverse” are **NOT** acceptable answers. **If you submit a report as an adverse incident, there should ALWAYS be corrective or proactive actions.**

★ If you are filing **a report which you have determined is not adverse**, you can either **withdraw** it or **complete the report with ALL the required information**. The Office of Risk Management and Patient Safety cannot tell you if an incident is reportable. All submitted reports are reviewed as Adverse Incidents.

If a surveyor deems the incident to be a reportable event on a report that you have withdrawn, you may be cited.

****See page 19 for instructions on how to request a report to be reopened.**

Comments

This section is view only (It is **for AHCA use only** for the purpose to notify you if more information is needed). If you receive an automated email stating that further action will or may be required, open your report. It will open on the Comments section. Review the comments/questions and respond.

★ **If you resubmit the report without responding to the comments, the comment will be reposted so that you may respond. You need only respond to those questions with the latest date.** The previous questions will remain listed even though they have been answered. **If you do not provide the requested information your report may be Administratively Closed.**

Please note the “**Section Name**” (ex: Notifications, Individuals involved, Investigation, etc.). When you hover over the word you will see the hand icon you will be able to click on it (☞). It will bring you to the section where the information needs to be added. The comment will also appear at the bottom of the section page.

***PLEASE NOTE: You can also click on the section under Report Details to the left of your screen.**

Comments

Only Agency staff can add section comments. Please respond to section comments by clicking on the Section Name link to navigate to the appropriate section and editing the field(s) on the data entry screen. [Click here](#) to view Comments in a new window.

Created Date	Section Name	Comment	Created By
02/06/2019 03:30:11 PM	Individuals Involved	Individuals Involved: Please list ALL personnel and witnesses that made contact with the resident or who were in any way involved during and/or after the incident. Please review page 10 of the REPORT SUBMISSION GUIDE located under "Helpful Links" to the left of this screen.	FDHC\morthiej
02/06/2019 03:30:05 PM	Individuals Involved	Individuals Involved: "INVOLVEMENT" should ONLY be a job title or relationship to the resident. Any other information belongs in your narrative. Please review EXAMPLES on page 10 of the REPORT SUBMISSION GUIDE located under "Helpful Links" to the left of this screen.	FDHC\morthiej
02/06/2019 03:29:47 PM	Outcomes	Outcomes Section - Please check every applicable outcome. If the resident was transferred out of your facility for more acute or higher level of care due to the incident rather than the resident's condition before the incident, please check the appropriate box and list the location (name of facility) to which the resident was transferred. Please do not use abbreviations for the facility name. Please review page 9 of the Report Submission Guide located under "Helpful Links" to the left of this screen.	FDHC\morthiej
02/06/2019 03:29:26 PM	Person Reporting	Person Reporting Information: Please remove the facility license number from this section. License # refers to your individual license number, if you have one, not the facility's license number. You can verify a license number at the Florida DOH website; link provide under "Helpful Links" to the left of this screen.	FDHC\morthiej

★ **NOTE:** There is an option to view all the comments in a new window for your convenience.

Dashboard

Report

New

Search

Report Details

Provider Information

Person Reporting ✓

Resident Information ✓

Resident Representative ✓

Incident Information ✓

Outcomes ✓

Notifications ✓

Individuals Involved ✓

Investigation ✓

Comments

Review and Submit


Report Status History

Helpful Links

Portal Landing

Log Out


Review and Submit

Your Report Status will remain as “New” until you hit . If you do not see a “Submit Report” button, check the Error Description and click on the Section Name to fill in the required information.

Example of Error Description


Section Name	Error Description
Person Reporting	Reporter not updated: Please enter your information and click save to update with your information.
Investigation	Analysis is missing
Investigation	Corrective Action Summary is missing

check mark beside each section name indicates that the section is completed.

If your report is in “NEED INFO” Status and you have responded to the comments, **DO NOT FORGET** to go to the Review and Submit section to submit your report again. If you do not hit , it does not show up on the Risk Management and Patient Safety Dashboard.

Report Status History


This shows you the history of your report. It includes the status code, status description, report mode, who created the report, and the status date/time.

 **NOTE:** This system will send out automated emails when you have submitted a report. If a report is reviewed and requires additional information or if the report is late, you will receive daily automated emails until the issues have been addressed.

Helpful Information

If the Report Status is **“NEED INFO”** you can do one of two things;

1. Correct the info and resubmit the preliminary report
2. Change it to the **“Full Report Mode”**. You change the Report Mode by going to the Investigation tab. You would see a box in the upper right corner where you can change the Report Mode to Full. You would then provide the requested info and complete the Analysis and Corrective Action before resubmitting the report.

Report #:	Report Status: NEED INFO	Provider Name:	User Name: ^
Report Type: Adverse Incident	Provider Type: Assisted Living Facility		
Incident Date: 03/29/2018	Report Mode: Preliminary		
Change Report Mode ?			 <input type="button" value="Change Report Mode"/>

Once you change the report to Full Mode, you cannot switch it back to Preliminary Mode

Change Report Mode ×

Please change the report mode from Preliminary to Full to submit a full report along with the additional information requested by the Agency.

Preliminary Full

How to Cancel or Withdraw a Report

You can click on  if the report was created in error.

Are you sure you want to cancel this report? Once it has been cancelled, it cannot be re-opened.

Yes No

You can also choose to click  . if you choose to withdraw the **ENTIRE REPORT**, a popup will appear asking you;

Are you sure you want to withdraw this report?

Yes No

 **NOTE:** Once a report has been “Withdrawn” or “Administratively Closed”, you cannot reopen it. **You must send an email requesting that the report be reopened with the reason why.** Emails are to be sent to The Office of Risk Management and Patient Safety at; riskmgmtps@ahca.myflorida.com.

Definition of “Administratively Closed”- The Agency administratively closed the report because requested information was not received from the provider.

Office of Risk Management and Patient Safety

❖ Visit the webpage at:

<http://ahca.myflorida.com/SCHS/RiskMgtPubSafety/RiskManagement.shtml>

❖ See upcoming changes under *Important Notices and Alerts*.

❖ Contact by phone at 850-412-3731, or email directly to: Riskmgmtps@ahca.myflorida.com

