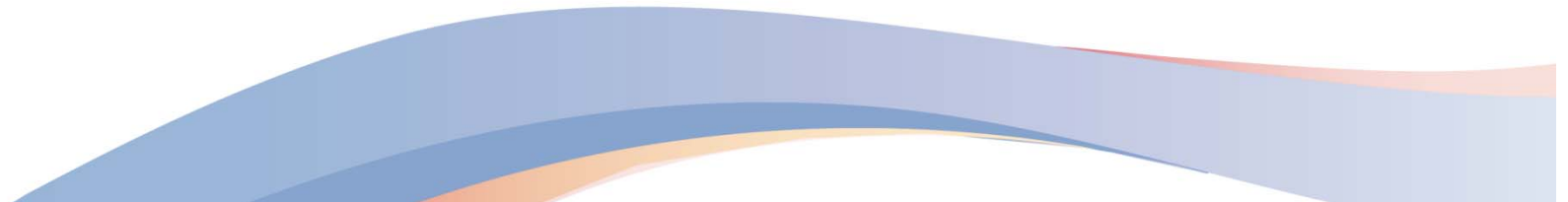


# **Risk Management & Patient Safety AIRS User Guide for Assisted Living Facilities**



# Online Reporting

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



# Single Sign On Access



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## AHCA Portal - Login

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

### AHCA Portal Login

User ID:

Password:

[Forgot Your Password?](#)

[Reset Password Instructions](#)

[New User Registration](#) ←

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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](#) located on our website; <http://ahca.myflorida.com/SCHS/RiskMgtPubSafety/RiskManagement.shtml>

# AHCA Incident Reporting System (AIRS)

## How to submit an Adverse Incident Report

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**



# This is your Dashboard

**AGENCY FOR HEALTH CARE ADMINISTRATION**

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**Dashboard**

**Report**

+ New

Q Search

Portal Landing

Log Out

### 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
---------	---------------	---------------	-------------	----------------	-------------	----------------

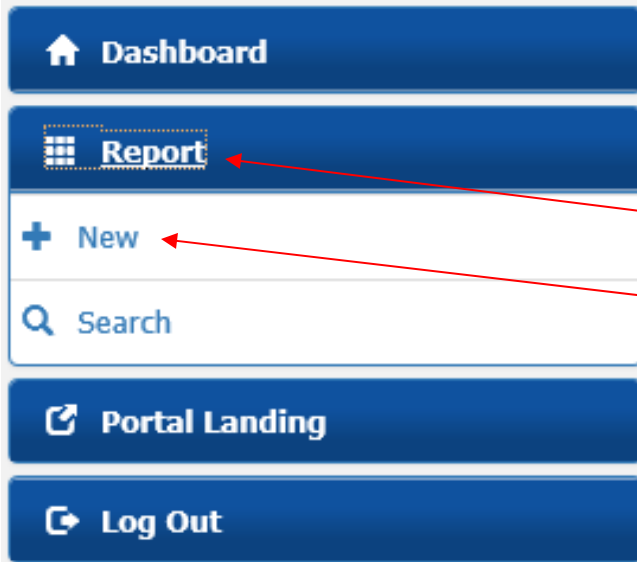
#### Submitted

Report#	Provider Type	Provider Name	Report Type	Submitted Date	Status Date	Current Status
---------	---------------	---------------	-------------	----------------	-------------	----------------

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Once the report has been reviewed by AHCA Risk Management staff, the Current Status will appear on your Dashboard under “Needs Attention” as either “Reviewed” or “Need Info”.



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

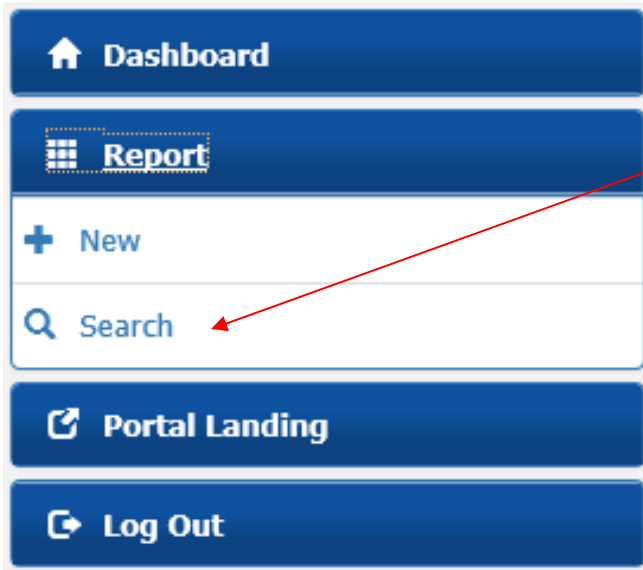
**Select Provider Type, Provider Name, and Report Type – Your facilities information will appear.**

**Provider Type:**

**Provider Name**



**Report Type**

Click on  to begin.



**Search can be used to look up historical data or a specific report if you have the report number or other pertinent information regarding that report.**

**Report ID or License Number or Provider Name are required to filter The search, additional search filters are optional. Also please note that not all search criteria is displayed in the search results grid as columns however it still filters all the criteria entered.**

 <b>Dashboard</b>
 <b>Report</b>
 <b>Report Details</b> 
<a href="#">Provider Information</a>
<a href="#">Person Reporting</a>
<a href="#">Resident Information</a>
<a href="#">Resident Representative</a>
<a href="#">Incident Information</a>
<a href="#">Outcomes</a>
<a href="#">Notifications</a>
<a href="#">Individuals Involved</a>
<a href="#">Investigation</a>
<a href="#">Comments</a>
<a href="#">Review and Submit</a>
<a href="#">Report Status History</a>
 <b>Portal Landing</b>
 <b>Log Out</b>

**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 individual license number if applicable. You must answer the question about having a risk management and quality assurance program.

**Resident Information** - Fill in all the information regarding the resident who experienced the incident.

**Resident Representative** – Fill in all the information regarding the resident representative. If the resident represents themselves, check the box on the top of this field. All fields are required.

**Incident Information** – Fill in the incident date and location. Use the slide bar to select the time of the incident. Check whether or not equipment was involved. All fields are required.



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**Outcomes** - Check every applicable outcome. Required Field.

**Notifications** – If the incident involves a death please check the box for Medical Examiner and provide the required information. If External Agencies were notified, check the appropriate boxes. If family member was notified, list that person’s name. If physician was notified at the time of the incident, list the physician’s name and orders/recommendations.

**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 during and/or after the incident; (Licensed Personnel, Unlicensed Personnel, Witness (Non-Personnel), Involved Party (Non-Personnel)).  
 \*Please note: Involvement Examples: for LICENSED and UNLICENSED personnel include "JOB TITLES" such as RN, LPN, CNA, HHA, RA, Med Tech, house-keeping, maintenance, etc. Examples for INVOLVED PARTIES and WITNESSES (non-personnel) include the relationship to the patient or resident, such as family member, visitor, another resident, agency nurse, hospice nurse, etc.

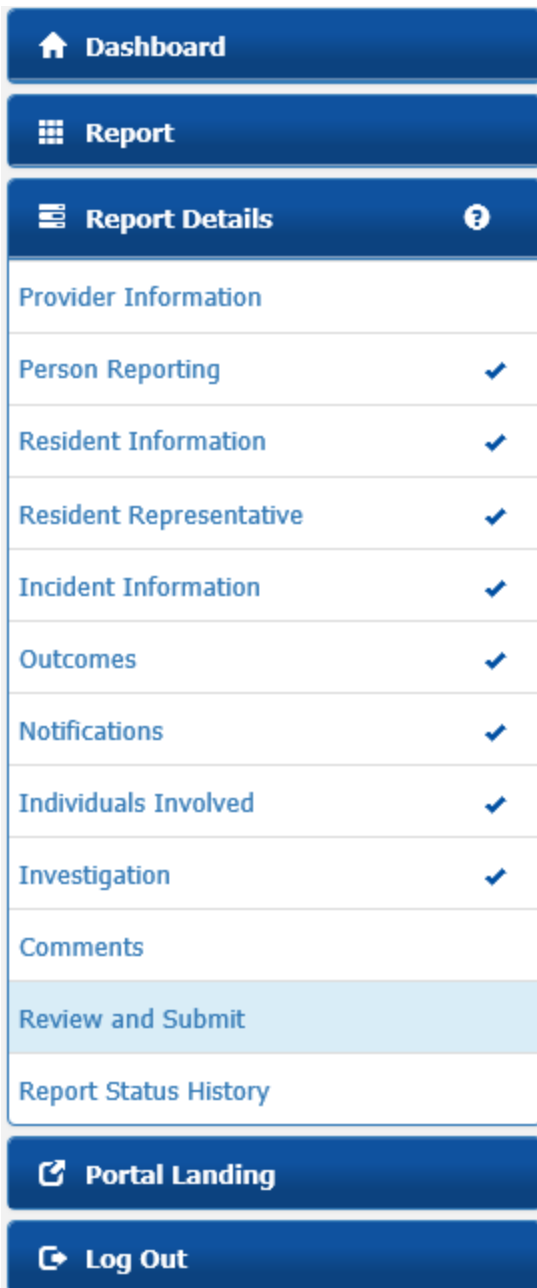
Dashboard
Report
Report Details <span>?</span>
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**Investigation – Preliminary Report** (1 Day): Describe the **Circumstances of the Incident**. The narrative should answer the following basic questions: who, what, where, and when. Provide a detailed timeline of events in the order that they happened. Providing a timeline will explain the duration of the event from beginning to end.


**Note:** You will not have access to Analysis of the Incident (Apparent Cause(s)) or Corrective Action Summary (Corrective or Proactive Actions Taken) until it is time to complete your Full Report (15 Day).

**Full Report (15 Day):** Is to be completed under the same Report Number. **Analysis of the Incident (Apparent Cause(s))** should answer the following basic questions: Based on the facts and findings gathered during the ***facility’s internal investigation*** (interviews conducted and the investigation of the scene of the incident); how and why did the incident occur?

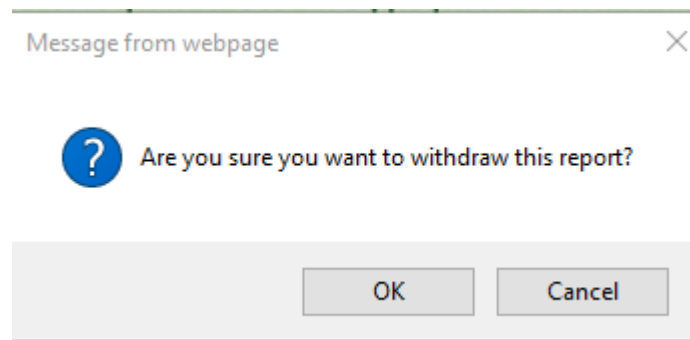
**Corrective Action Summary (Corrective or Proactive Actions Taken);** Based on the apparent cause(s) of the incident presented in the analysis, describe the corrective or proactive actions to be implemented to prevent this type or a similar type of incident from reoccurring to this or other residents.



**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. When a section has been completed a check mark will appear.

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

You can also choose to click . If you choose to withdraw the report, a popup will appear asking you;



Once a report has been cancelled or withdrawn it can not be reopened. You will have to recreate the report if it was done in error.

 <a href="#">Dashboard</a>
 <a href="#">Report</a>
 <a href="#">Report Details</a> 
<a href="#">Provider Information</a>
<a href="#">Person Reporting</a>
<a href="#">Resident Information</a>
<a href="#">Resident Representative</a>
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 <a href="#">Log Out</a>

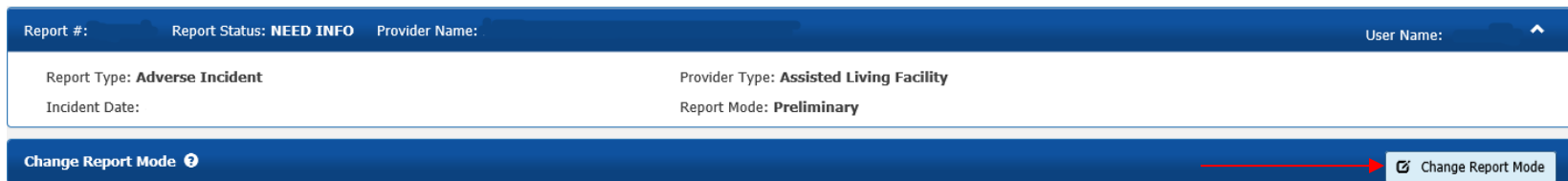
**Comments** – This section is view only (It is for AHCA use only for the purpose to notify you if more information is needed). If you receive an automated email stating that further action will or may be required, open your report. It will open on the Comments section. Review the questions. **Note:** There is an option to view all the comments in a new window for your convenience. The comments/questions will appear in the order in which they were written. Please note the “Section Name” (ex: Notifications, Individuals involved, Investigation, etc.). When you hover over the word 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.

**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.

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: Report Mode: **Preliminary**

Change Report Mode ⓘ ➔ Change Report Mode

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



**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

# 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](mailto:Riskmgmtps@ahca.myflorida.com)

