

FEATURE IN FOCUS

W E E K L Y

Each week we focus on a particular feature of RiskClear to help improve your user knowledge and experience of the various features RiskClear offers.

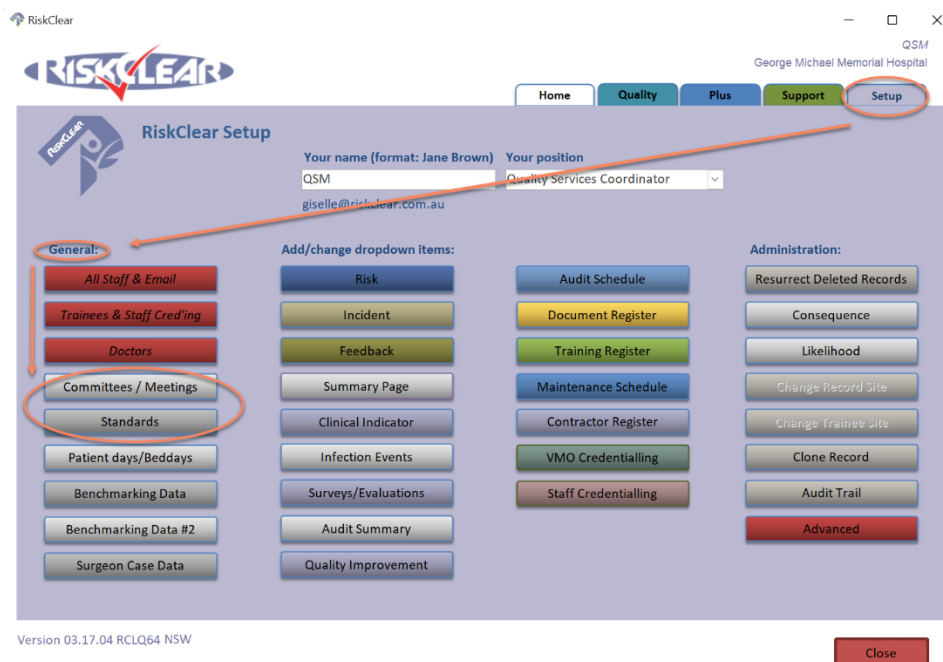
This “Feature in Focus” is emailed weekly to our existing clients. For those new clients just joining us, here is the archive for you to also benefit from.

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Alternatively, the personalisation of RiskClear to your hospital/organisation can be completed as you go via the "Setup" button that is found at the bottom of various screens within RiskClear.

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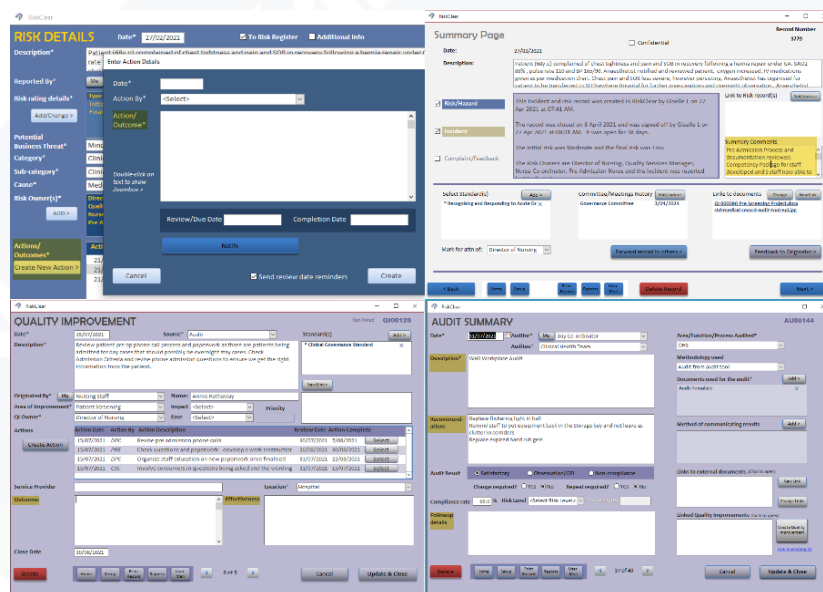
1.Zoom Box (Home, Quality & Plus Tabs)

Audience & Key Users of this Function

- ✓ All RiskClear Users
- ✓ All RiskClear Direct Users

Purpose

- ✓ As the text boxes through-out RiskClear/RiskClear Direct are small in size, double-clicking on any text box will open a much larger edit box (called a **Zoom Box**) for you to work in.
- ✓ Examples include text boxes in the Risk, Incident, Feedback, Quality Improvement, Audit Summary Screens (as **highlighted** below).



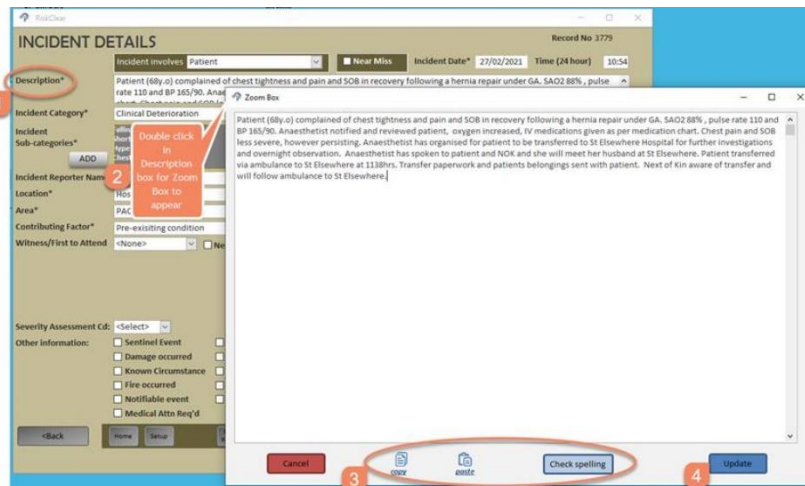
Zoom Box Tips and Examples

1. Zoom-Box can be used anywhere in RiskClear where there is a Text Box – e.g., “***Description**” as per diagram below.
2. Double-Click anywhere in the “**Description**” (text) Box and the Zoom Box will open. Any text entered in the **Zoom Box** will directly update the field concerned.
3. You can also click the ‘**copy text**’ label to copy all text, and ‘**paste text**’ to paste text from other document.

To run spellcheck on your text, click the ‘**Check Spelling**’ button. Note that this uses the spellcheck function from Microsoft Office and so will only be available if Microsoft Office spellcheck is installed.

4. Click “**Update**” to save your entry.

(Note: Double-Clicking in any text box in RiskClear/RiskClear Direct will also re-open the Zoom Box to enable you to read the full entry, not just what is showing on the screen).



The Zoom Box is a useful feature enabling more detailed text entry in RiskClear/RiskClear Direct where required.

2.Snapshot Feature (Home Tab)

Audience & Key Users of this Function

- ✓ CEO
- ✓ DON
- ✓ Managers
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ WHS Manager

Purpose

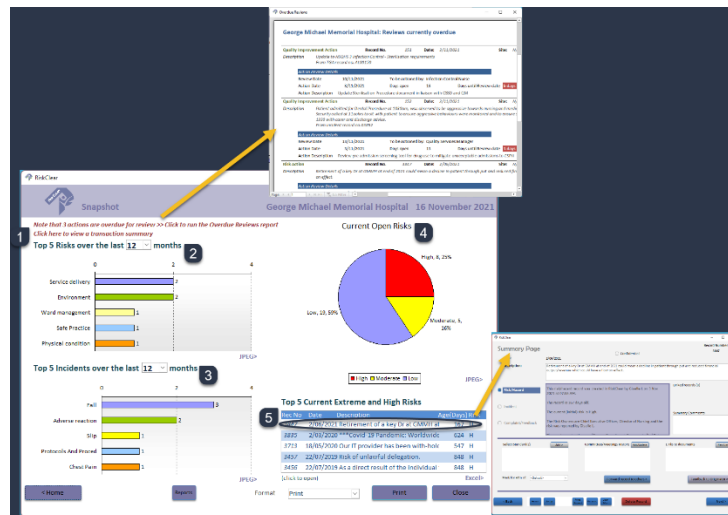
- ✓ Provides a "live status" of your hospital/facilities Incident and Risk Status.
- ✓ Enables easily accessible and timely viewing and management of Risks and Incidents.
- ✓ Can be viewed "live" at appropriate Committees such as Risk and Quality Meetings, MAC, WHS and Staff Meetings.
- ✓ Can be printed and emailed for viewing by appropriate personnel.

Example

The **Snapshot Feature** can be accessed directly from the Home page by clicking "**Snapshot**".



"**Snapshot**" page gives you a live status of your hospital. This page can be printed, converted to PDF, or emailed as a PDF.



Snapshot Fields

1. Risk records **overdue for review** notice (**red text**) at the top left of the page alerts you to any risk records which have had an action review date set, but that day has passed without having been actioned.
"Click" on this caption to show a full report of the overdue records.
2. **Top 5 Risks** display the highest 5 Risk Sub-categories by count for all open and closed records.
The period defaults to 12 months but can be changed to 1, 3, 6 or 12 months.
3. **Top 5 Incidents** works in the same manner as Top 5 Risks above, but for Incident Sub-categories.
4. **Current Open Risks** gives a pie-chart showing the risk level of all open risk records.
5. **Top 5 Current Extreme and High Risks** lists a summary of the top 5 current extreme and high-risk records. "Clicking a record" will open it.

Note:

- All **JPEG** images on the **Snapshot** Screen can be exported to be used in reports.
- The **Reports** Button at the bottom centre of the screen takes you to the extensive RiskClear Reports Suite for more detailed and in-depth reporting of your Risk and Incident Data.

3.Retired Records (Plus Tab)

Audience & Key Users of this Function

- ✓ Quality Coordinator
- ✓ Director of Nursing
- ✓ Training Coordinator
- ✓ Credentialing Officer
- ✓ Maintenance/Contractor Manager

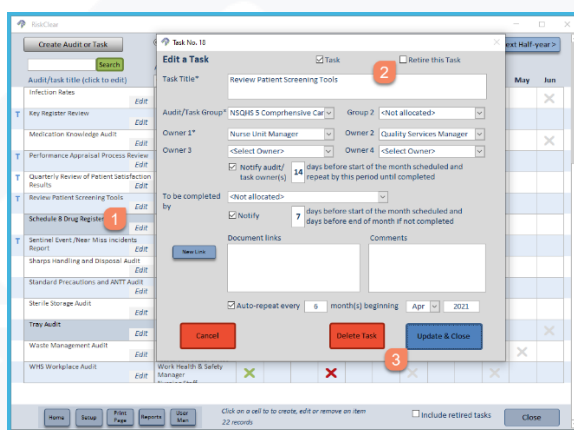
Purpose

- ✓ Being able to retire records (e.g., training/audits/credentiailling/maintenance/documents) in RiskClear ensures that relevant data only can be viewed and included for any reporting purposes.

Steps and Examples to Retire Records

On the Plus Tab of Risk Clear the following Functions/Modules can have their records retired or reactivated where necessary.

- ✓ **Audit Task Schedule:** If you wish to retire an audit or task because it is no longer required, you can click **"Edit"** (1) and at the top of the window that opens click **"Retire this Task"** (2) and then **"Update & Close"** (3).

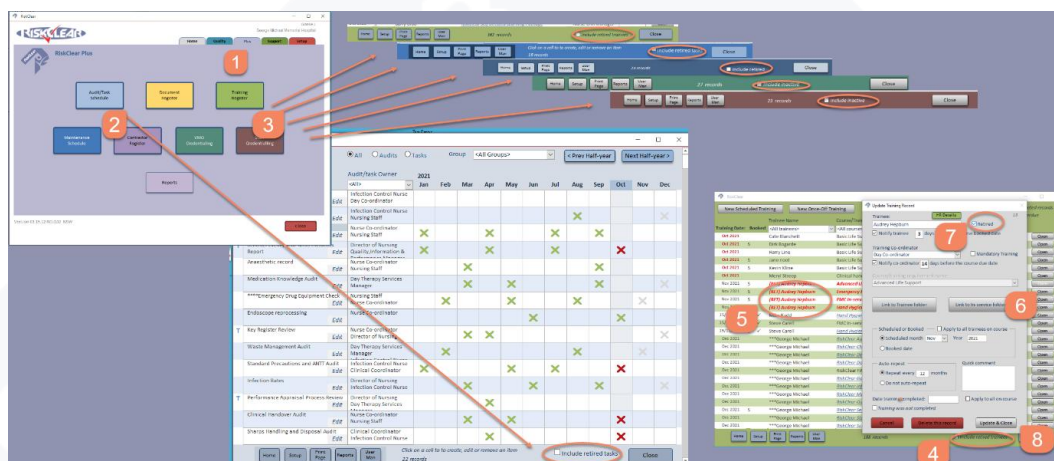


(This process is similar for each of the functions/modules listed below also)

- ✓ **Document Register:** if a particular document (policy, work instruction etc) needs to be retired/archived you can click **"Update"** and then tick the box **"Retire this document"** in the window that appears, then update and close.
- ✓ **Training Register:** if a staff member resigns, goes on maternity leave or long service leave and you need to retire them from the Training Register (which is necessary so as to not skew training compliance rates/reports), find the staff member, click **"Open"** on their Training Record and tick the box **"Retire this Trainee"** in the window that appears follow the prompts and **"Update & Close"**.
- ✓ **Maintenance Schedule:** if a particular maintenance requirement is no longer required (e.g., a piece of equipment is retired) then find the Maintenance Task on the Schedule, click **"Edit"** and then tick **"Retire this Task"** on the window that appears. It is important to do this to not skew maintenance compliance reports.
- ✓ **Contractor Register:** If you no longer require a certain contractor (e.g., end of contract, or equipment retired) then click **"Open"** for that contractor and tick the box **"Retire this Contractor"** so they no longer appear in the Contractor Register or associated reports.
- ✓ **VMO Credentiailling:** If a Doctor goes on a sabbatical, retires or no longer is credentiailled at your hospital, then find the Dr's Name in the Register, click **"Open"**, tick the box **"Retire this Dr"** so they will no longer appear in the Register or any associated reports/reminders.
- ✓ **Staff Credentiailling:** If a Staff member resigns, goes on Maternity or Long Service leave, or retires, find their name in the Register, click **"Open"**, tick the box **"Inactive"**, so they will no longer appear in the Register or any associated reports/reminders.
*Note – retiring a staff member from the Staff Credentiailling Register also retires them from the Training Register and vice-versa.

Steps to re-activate retired or inactive Records (refer to diagram below)

- ✓ Go to the **Plus Tab (1)** and for this example go to the **Audit Schedule (2)** and click on **"Include retired tasks"** – this will show any retired tasks back on the schedule in **Red**.
- ✓ At the bottom of the Screen (3) for each **Plus Tab Function/Module** is a box you can "tick" to include any records (training/documents/credentiailling/audits/maintenance) that have been previously hidden and excluded from reporting.
- ✓ For this example (Training Register), tick the **"Include retired trainees"** box (4) and any retired Trainees will be listed in the Register in **Red**. Find the Trainee (Audrey Hepburn) you are wishing to re-instate because they are back from Parental Leave (5) and click **"Open"** (6).
- ✓ You will see on the window that opens that their training record has **"Retired"** ticked. Untick this box (7) to re-instate their Training Records and follow the prompts, then click **"Update & Close"** (8).



4.De-Identified Reports Function (Reports)

Audience & Key Users

- ✓ Risk and Quality Committee
- ✓ MAC
- ✓ Staff Meetings
- ✓ Quality Coordinator
- ✓ Director of Nursing

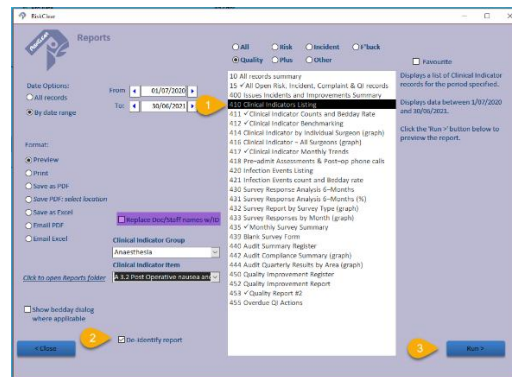
Reports that can be de-identified (e.g. patient details or Dr's name or Reporter's name) for presentation at Committee/s are listed below:

- 201 Incident Register
- 205 Incident Field Analysis (graph)
- 212 Incident Details by category/sub-category
- 301 Complaints Register
- 307 Feedback Analysis (graph)
- 312 Complaint details by category/sub-category
- 410 Clinical Indicator Listing
- 420 Infection Events Listing

Steps (Example)

Select Report 410 (1) and enter the various report parameters, tick the de-identify box (2) and then click Run (3)

**(This report also allows you to tick replace Dr/Staff names with their RiskClear ID)*



(Screenshot of Report 410 below with de-identified data)

George Michael Memorial Hospital - Clinical Indicator records				
Anaesthesia - A 3.2 Post Operative nausea and Vomiting (U)				
Record No	Date	MRN	Patient name	Description
1	06/07/20	*****	*****	Post Operative nausea and Vomiting
Doctor ID	*****	*****	*****	*****
Indicators in group: Anaesthesia				
A 3.2 Post Operative nausea and Vomiting (U)				
2	12/09/21	*****	*****	Patient complaining of N&V, requiring further intervention in PACU
Doctor ID	*****	*****	*****	*****
Indicators in group: Anaesthesia				
A 3.2 Post Operative nausea and Vomiting (U)				
3	16/09/21	*****	*****	Patient complaining of N&V, requiring further intervention in PACU
Doctor ID	*****	*****	*****	*****
Indicators in group: Anaesthesia				
A 3.2 Post Operative nausea and Vomiting (U)				

Extra Tip:

If there is a report that doesn't have the de-identify tick box function, but you require certain identifiable data to not be shared - you can **run the report in Excel Format** and then hide or remove columns with identifying information – e.g. patient name, Drs name, reporters name where necessary.

Benefits

- ✓ Enables data to be shared and utilised as is appropriate to the audience.
- ✓ Being able to de-identify certain data ensures privacy and enables the Hospital/Committee to focus on trends, data, process improvement.

5.Trainee Course and Inservice Folder linking (Plus Tab)

Audience

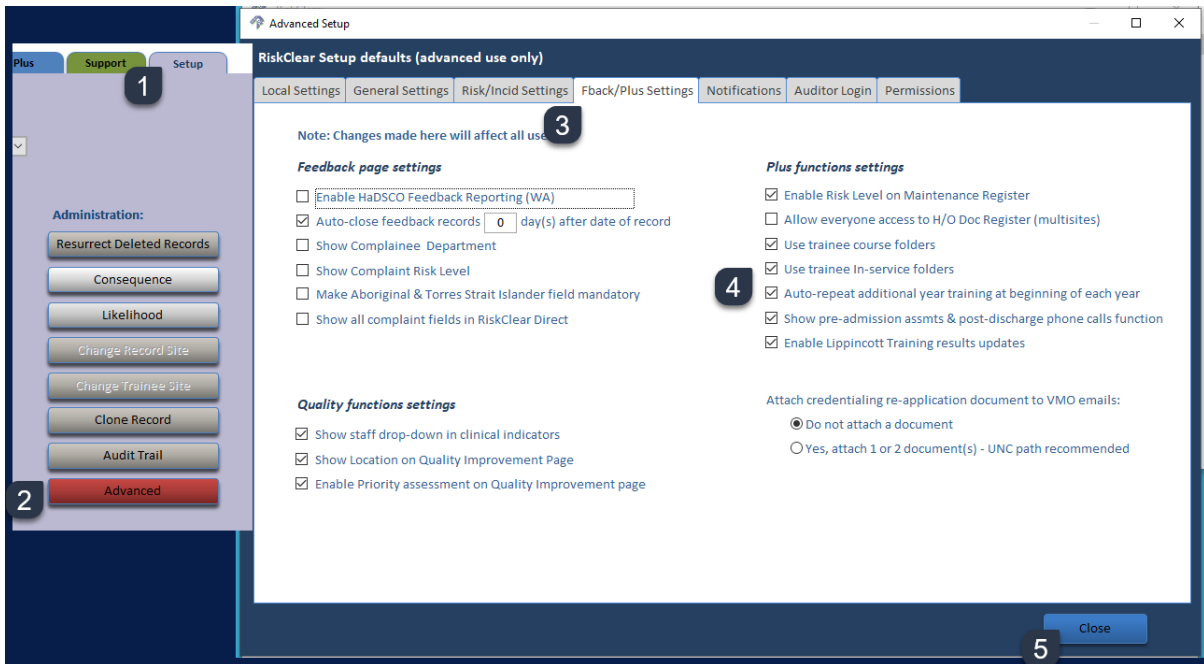
- ✓ Training Coordinator
- ✓ Quality Coordinator
- ✓ Director of Nursing

Steps

If you wish to link each staff member's training record and/or in-service records directly to their individual folder on your network (rather than linking each training document individually) do the following:

- ✓ Go to (1) **Setup Tab**, (2) ***Advanced**, (3) **Fback/Plus Settings** and place a tick in the (4) **'use trainee course folders'** and **'use trainee in-service folder'** boxes.

- ✓ Click (5) Close.



*if you do not have access to Advanced features /settings liaise with your RiskClear System Administrator (e.g. DON, Quality Coordinator) or call RiskClear

Now that the Trainee Folder and Inservice Folders have been ticked in Settings they will appear in the Trainee's Record/s, and you can link the folders accordingly:

- ✓ Go to the **Training Register** on the **PLUS Tab** and select a Trainee and click (6) **Open** – you will see the *Link to Trainee Folder* and *Link to Inservice Folder* buttons in the window/record that appears.
- ✓ To link the (7) **Trainee Folder** to the Trainee's training records, click on the button which will prompt you to browse your network and link the Trainee's training folder to their record in RiskClear (see arrow in diagram below)
- ✓ To link the (8) **In-service Folder** to the Trainee's in-service records, click the button which will prompt you to browse your network and link the Trainee's in-service folder to their record in RiskClear (see arrow in diagram below)



Once you link one or both folders to a staff member training record it will show in all their training records.

Benefits

- ✓ Saves time in having to link every individual training record to each training requirement for each trainee – a big time saver when you have multiple staff.
- ✓ Streamlined experience during Accreditation Surveys and Health Department Inspections for you and the auditor.
- ✓ Just save any new training certificates/in-service records into the Trainee's folder on your network and mark the completion date on RiskClear - and because these folders are linked - you are done.

6.Text Box Right Click Functionality (Home Tab)

Audience & Key Users of this Function

- ✓ RiskClear Users.
- ✓ RiskClear Direct Users

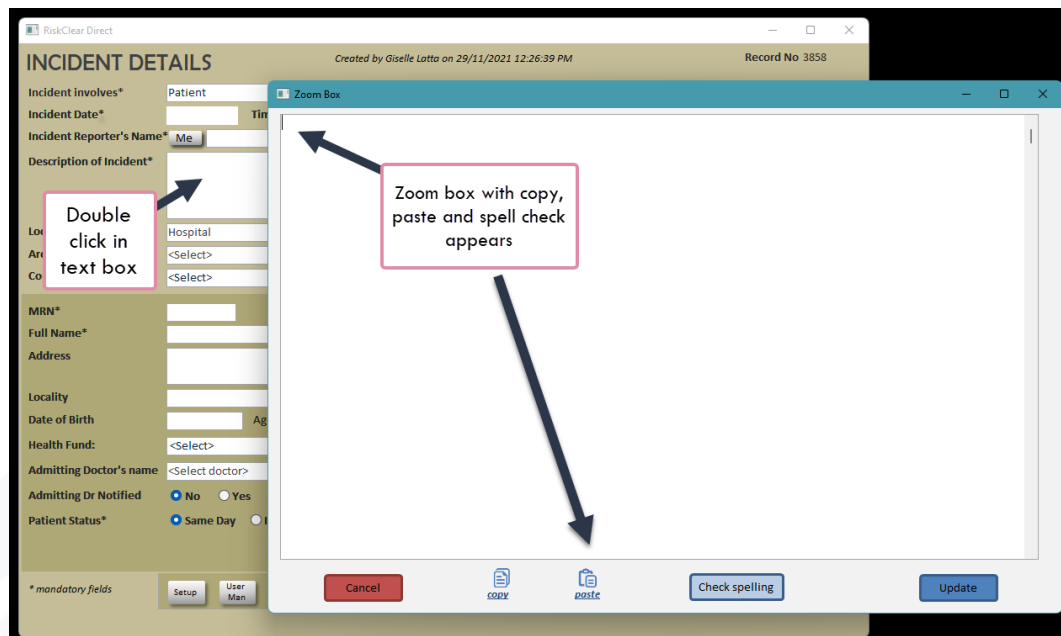
Purpose

- ✓ Enables quick entry of custom text.
- ✓ Zoom Box, Spellcheck and Copy & Paste functions can also be accessed from this menu.

Quick Entry Pop-up Menu: Features and Functions

1. Right-clicking on most free-text boxes within RiskClear will display a pop-up menu .
 - ✓ The entries prefixed with "Insert" are custom quick-text entries.
 - ✓ Selecting one will paste that entry into the text box.

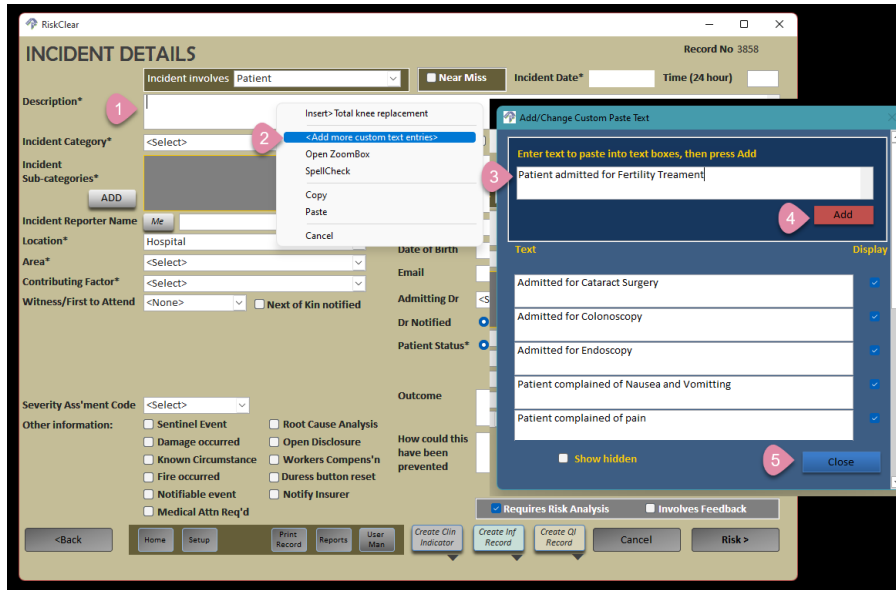
2. To add more custom quick-text entries, select from the menu and enter the text into the panel displayed. Note that these entries are limited to 255 characters including spaces.
3. Zoom Box, Spellcheck and Copy & Paste functions can also be accessed from this menu also.



***NB:** (RiskClear Direct Users cannot do custom text entries but can utilise zoom box, spellcheck, copy, and paste functions by **double-clicking** in any text box in RiskClear Direct).

Example: How to Add Custom Quick Text Entries in RiskClear

1. Right-click on a free-text box within RiskClear (e.g., **Description** Text Box).
2. A **pop-up menu** will appear – select “<Add more custom text entries>”.
3. A “Add/Change Custom Paste Text” window will appear - enter text to paste into text boxes.
4. Click “Add”
5. Click “Close”



7.Quick Pick Function (Home Tab)

Audience & Key Users of this Function

- ✓ All RiskClear Users who enter a Risk, Incident or Complaint Record.

Purpose

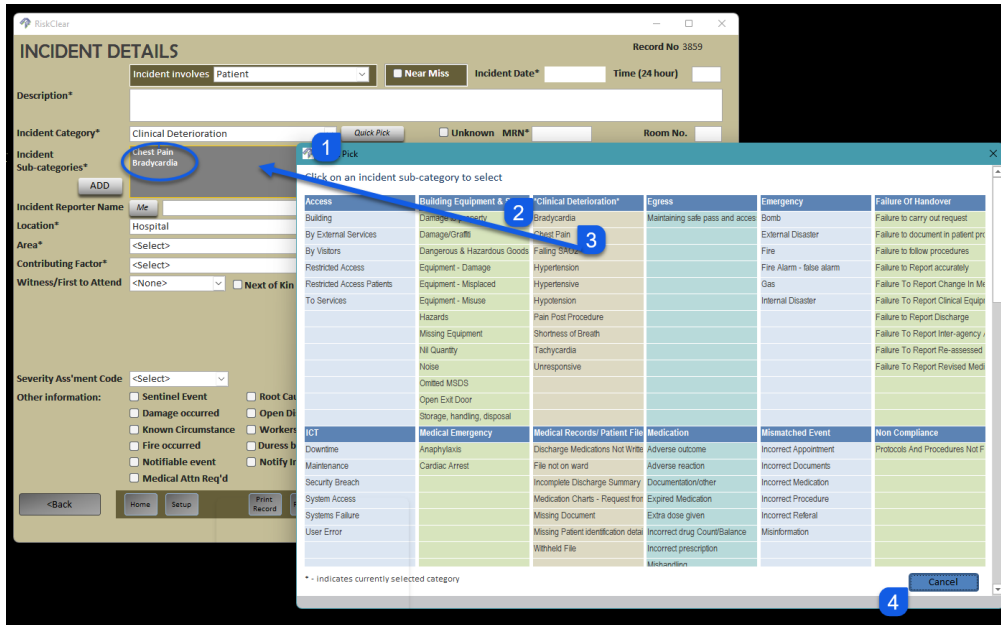
- ✓ The “**Quick Pick**” button displays a list of all Categories and their Sub-categories. Clicking a Sub-category will update both it and its Category in the relevant drop-down boxes.
- ✓ “**Quick Pick**” is a time saving feature that enables selection of a Category and Subcategory with just *one mouse click*.
- ✓ This function can be easier than using the drop-down category and sub-category boxes on the Incident, Risk and Complaint Screens.

Examples

The “**Quick Pick**” feature is shown below for the **Incident**, **Risk** and **Complaint** Screens:

Incident Screen:

- 1) Click “**Quick Pick**” on the Incident Screen.
- 2) Find the appropriate **Incident Category** (e.g., Clinical Deterioration).
- 3) **Select/Click** the **Incident Sub-category** (e.g., Bradycardia).
*The Quick Pick window will *automatically close* once selection has been made and the Category and Sub-category fields will update.
- 4) You can click “**Cancel**” if you wish to exit the Quick Pick Screen.



INCIDENT DETAILS

Record No 3859

Incident involves: Patient | Near Miss | Incident Date* | Time (24 hour)

Description*

Incident Category* Clinical Deterioration

Incident Sub-categories* Chest Pain, Bradycardia

Incident Reporter Name Me

Location* Hospital

Area* <Select>

Contributing Factor* <Select>

Witness/First to Attend <None> | Next of Kin

Severity Ass'ment Code <Select>

Other information:

- ☐ Sentinel Event
- ☐ Damage occurred
- ☐ Known Circumstance
- ☐ Fire occurred
- ☐ Notifiable event
- ☐ Medical Attn Req'd
- ☐ Root Cause
- ☐ Open Discharge
- ☐ Workers Compensation
- ☐ Dueses b
- ☐ Notify

Quick Pick

Click on an incident sub-category to select

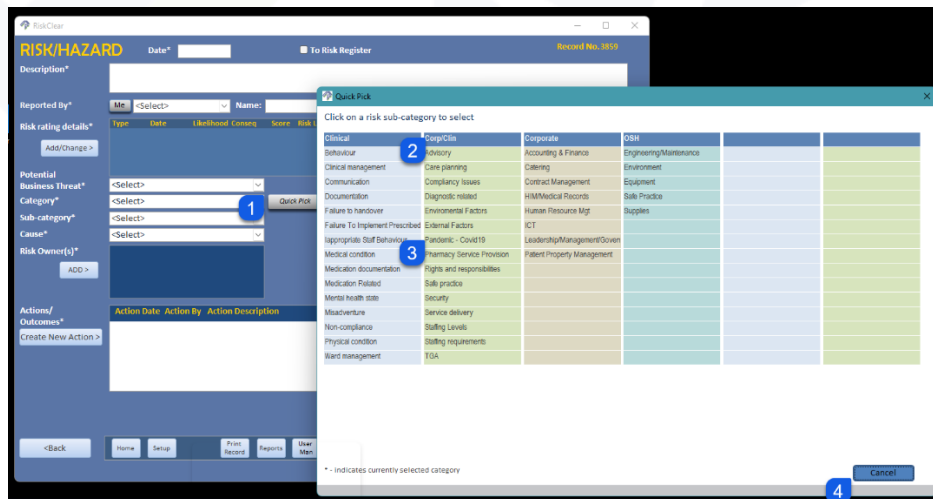
Access	Building Equipment & Safety	Clinical Deterioration	Egress	Emergency	Failure Of Handover
Building	Damage/Equipment	Bradycardia	Maintaining safe pass and access	Bomb	Failure to carry out request
By External Services	Damage/Graffiti	Chest Pain	External Disaster	Fire	Failure to follow procedures
By Visitors	Dangerous & Hazardous Goods	Falling Stairs	Fire Alarm - false alarm	Gas	Failure to Report accurately
Restricted Access	Equipment - Damage	Hypertension	Internal Disaster	Failure To Report Change In Med	Failure To Report Clinical Equip
Restricted Access Patients	Equipment - Misplaced	Hypotension		Failure To Report Discharge	Failure To Report Inter-agency
To Services	Equipment - Mouse	Pain Post Procedure		Failure To Report Re-assessed	Failure To Report Revised Med
	Hazards	Shortness of Breath			
	Missing Equipment	Tachycardia			
	Nil Quantity	Unresponsive			
	Noise				
	Outlet MSDS				
	Open Exit Door				
	Storage, handling, disposal				
ICT	Medical Emergency	Medical Records/ Patient File	Medication	Misscheduled Event	Non Compliance
Downtime	Anaphylaxis	Discharge Medications Not Written	Adverse outcome	Incorrect Appointment	Protocols And Procedures Not F
Maintenance	Cardiac Arrest	File not on ward	Adverse reaction	Incorrect Documents	
Security Breach		Incomplete Discharge Summary	Documentation/Other	Incorrect Medication	
System Access		Medication Charts - Request for	Expired Medication	Incorrect Procedure	
Systems Failure		Missing Document	Extra dose given	Incorrect Referral	
User Error		Missing Patient identification data	Incorrect drug Count/Balance	Misinformation	
		Withheld File	Incorrect prescription		

* - Indicates currently selected category

Cancel

Risk Screen:

- 1) Click **"Quick Pick"** on the Risk Screen.
- 2) Find the appropriate **Risk Category** (e.g., Corp/Clinical).
- 3) **Select/Click** the **Risk Sub-category** (e.g., Pandemic Covid19).
*The Quick Pick window will *automatically close* once selection has been made and the Category and Sub-category fields will update.
- 4) You can click **"Cancel"** if you wish to exit the Quick Pick Screen.



RISK/HAZARD

Date* | To Risk Register | Record No. 3859

Description*

Reported by* Me | Name: |

Risk rating details*

Potential Business Threat* <Select>

Category* <Select>

Sub-category* <Select>

Cause* <Select>

Risk Owner(s)*

Actions/Outcomes*

Create New Action >

Quick Pick

Click on a risk sub-category to select

Clinical	Corporate	OSR
Behaviour	Accounting & Finance	Engineering/Maintenance
Clinical management	Catering	Environment
Communication	Contract Management	Equipment
Documentation	HMM Medical Records	Safe Practice
Failure to handover	Human Resource Mgt	Supplies
Failure to Implement Prescribed	Leadership/Management/Govern	
Inappropriate Staff Behaviour	Patient Property Management	
Medical condition		
Medication documentation		
Medication Related		
Mental health state		
Misadventure		
Non-compliance		
Physical condition		
Ward management		

* - Indicates currently selected category

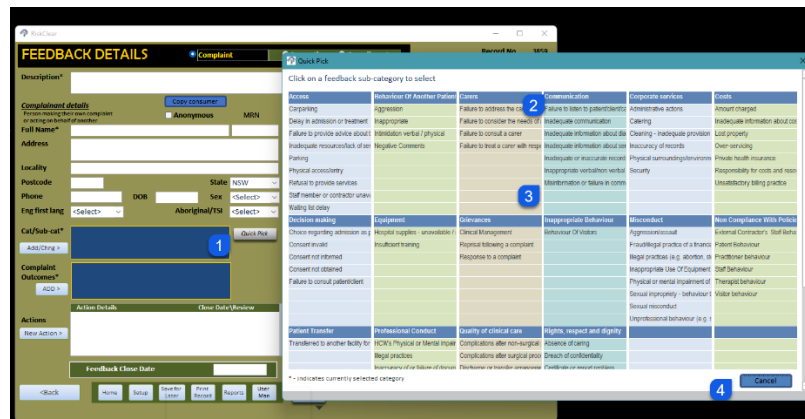
Cancel

Complaint Screen:

- 1) Click **"Quick Pick"** on the Complaint Screen.
- 2) Find the appropriate **Feedback Category** (e.g., Communication).
- 3) **Select/Click** the **Feedback Sub-category** (e.g., Misinformation or failure in communication).

*The Quick Pick window will *automatically close* once selection has been made and the Category and Sub-category fields will update.

- 4) You can click **"Cancel"** if you wish to exit the Quick Pick Screen.



8.Risk Register Additional Details Page (Home & Setup Tabs)

Audience & Key Users of this Function

- ✓ Any RiskClear Users who enter a Risk onto the Risk Register.
- ✓ Quality Coordinator or Manager / DON/ CEO / General Manager / WHS Manager / Finance or Business Manager.

Purpose

- ✓ This **"Additional Details Page"** is designed to augment the **"Risk Details Screen"** (page) with up to four self-defined free-text columns which assist in further defining the risk.
- ✓ This additional page detail will also appear when you run the Risk Register (Reports 101 and 102).
- ✓ This additional page detail is only available when:
 - ✓ RiskClear is set so that Risk Register records are manually selected.
 - ✓ The **'Send to Risk Register'** box is ticked.
 - ✓ Custom **Additional Risk Register headings** have been setup.

Setup (System Administrator/Quality Manager/DON can do this)

1. Go to **Setup**.
2. Click **"Advanced"**.
3. Go to the **"Risk/Incident Settings Tab Setup"**.
4. Remove the tick from the **'Send All Risks to Risk Register'** box. (This will cause the 'Send to Risk Register' option to appear on each Risk page.)
5. Add Titles for each of the four **"Additional columns"** (e.g., Impact, Causes, Current Controls, Effectiveness).
6. Click **"Close"**.

From the **Risk** screen you can now if you need/wish:

- ✓ Tick the **Additional Info** box at the top of the screen (see circled).
- ✓ Click on the **"Additional>"** button on the bottom right of the screen (circled) and another window will appear called the **"Risk Register Additional Details"**. Add your additional detail here in the four columns.
- ✓ Click **"Close"** once completed.

This additional information along with the usual Risk Record information will appear when running the **Risk Register Reports (101/102)** – see example reports below.

Examples of Risk Register Reports (with Risk Register Additional Details included)

Example 1 - Report 101: Risk Register

RISK REGISTER - GEORGE MICHAEL MEMORIAL HOSPITAL											
Both open and closed records dated between 1 Jan 2021 and 31 Oct 2021											
Date	Risk Description			Actions/Controls		Monitoring Strategies				Adequacy of Controls	
	Sample Date	Subsidiary		Consequences	Risk Rating			Risk Owner	Review Date	Review Date	
11/08/2021	Clinical	4	Standard 4 Medication Safety inadequate information given to patients during admission and discharge	4	2	(1) Medication safety policy and procedures are in place staff have been orientated and safety measures are in place to prevent non-compliance of patients to medication administration (2) Final meeting sessions with nursing staff (3) Quality systems management (4) admission policy and procedures (5) Medication policy and procedures (6) Discharge policy and procedures	Quality Systems Management Medication Audits and Protocols Risk Management	M	DON	11/08/2020	No
	17/1							Nurs	14/08/2020		Yes
								CK	26/08/2020		
Impact		Causes			Current Controls			Effectiveness			
Poor patient management Overdose Death Initial poor reputation resulting in loss of business Potential lawsuit		Poor systems for administration of patient medications No direct supervision of patients taking medications Inadequate staff education on policies and procedures regarding medication safety Insufficient discharge information			Medication safety policy and procedures are in place Staff have been orientated to the MHU and safety measures are in place to prevent non-compliance of patients to medication administration			All patients given discharge medication profile prepared by pharmacy Posters near medication window encouraging patients to ask for information if unsure what a new drug			
RiskClear Reports											
Page 1						14 December 2021					

Example - Report 102: Risk Register grouped by Standard.

RISK REGISTER BY STANDARD - GEORGE MICHAEL MEMORIAL HOSPITAL												
For open records dated between 1 Jan 2021 and 31 Oct 2021												
Date	Risk Area	Risk ID	Risk Description	Consequences (Likelihood)	Risk Rating	Actions/Controls	Monitoring Strategies	Risk Owner	Planned Risk Review Date	Planned Date	Adequacy of Controls	
* Medication Safety												
10/08/2021	Clinical	379	Standard 4 Medication Safety - Misappropriation of drugs by patients or staff	4	2	H	• Staff employment documents in place. Reference check form in place. • Staff AHPs checks completed. • Staff orientation information in place. • Initial orientation included, security access to medication room and medication safety. • Internal surveillance and audit schedule in place. • Direct observation of all staff occurs. • Monitoring of practice as per drugs and poisons control plan. • Staff education. • Medication policy and procedures • Patient behaviour policy and procedures • Medication safety procedures	• Quality Systems Management • Staff Performance Management • Medication Audit And Protocols • Risk Management	DON	6/07/2020	No	Yes
								H	6/06/2020			
Impact	Causes			Current Controls				Effectiveness				
Potential catastrophic harm to staff member or patient Non-compliance with drugs and poisons regulations, loss of drugs and poisons licence Initial poor reputation resulting in loss of business Potential lawsuit	Inadequate reference and AHPs checks for potential staff members No Drugs and Poisons plan in place Non-compliance with Medication safety policies and procedures by staff Inadequate or non-compliance with medication room safety measures Inadequate training Inexperienced staff			Staff employment documents in place. Reference check form in place. Staff AHPs, checks completed. Staff orientation information in place. Initial orientation included, security access to medication room and medication safety. Internal surveillance and audit schedule in place. Direct observation of all staff occurs. Monitoring of practice as per drugs and poisons control plan.				No issues since opening				
RiskClear Reports												
Page 1						14 December 2021						

9.Auditor Login Access (Setup Tab)

Audience & Key Users of this Function

- ✓ External Auditors requiring (read only) access to RiskClear during an Accreditation Audit or Health Department Inspection.
- ✓ Quality Coordinator and/ or DON liaising with external auditors.

Purpose

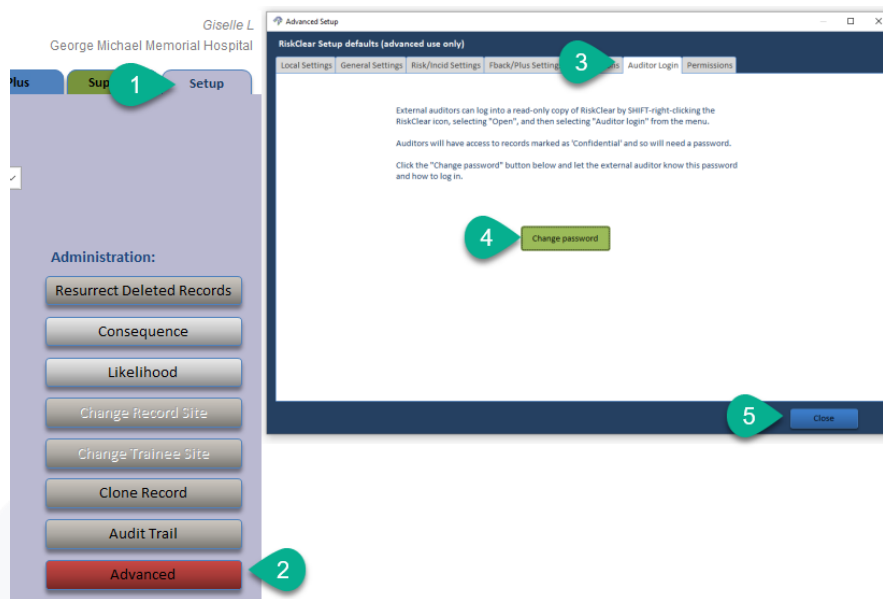
- ✓ RiskClear has a spare read-only login reserved for external auditors use which does not take up a RiskClear licence.
- ✓ As auditors will have access to confidential records, they will need to enter a password to access this login.
- ✓ The initial password is set to "newpassword" however this should be changed after each time the auditor login function is used.

Set-up

To set up the Auditor Login function, open RiskClear:

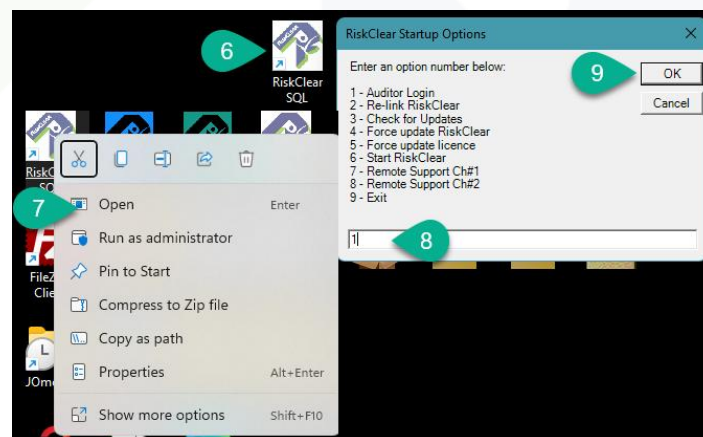
1. Go to the **Setup Tab**.
2. Click **"Advanced"**.
3. Click **"Auditor Login"** tab - any staff who have access to set permissions will also be able to access this tab.

4. Click the **"Change password"** button and enter the external auditor's password twice as prompted. Be sure to give the password to the external auditor along with instructions on how to access the auditor login.
5. Click **"Close"**.

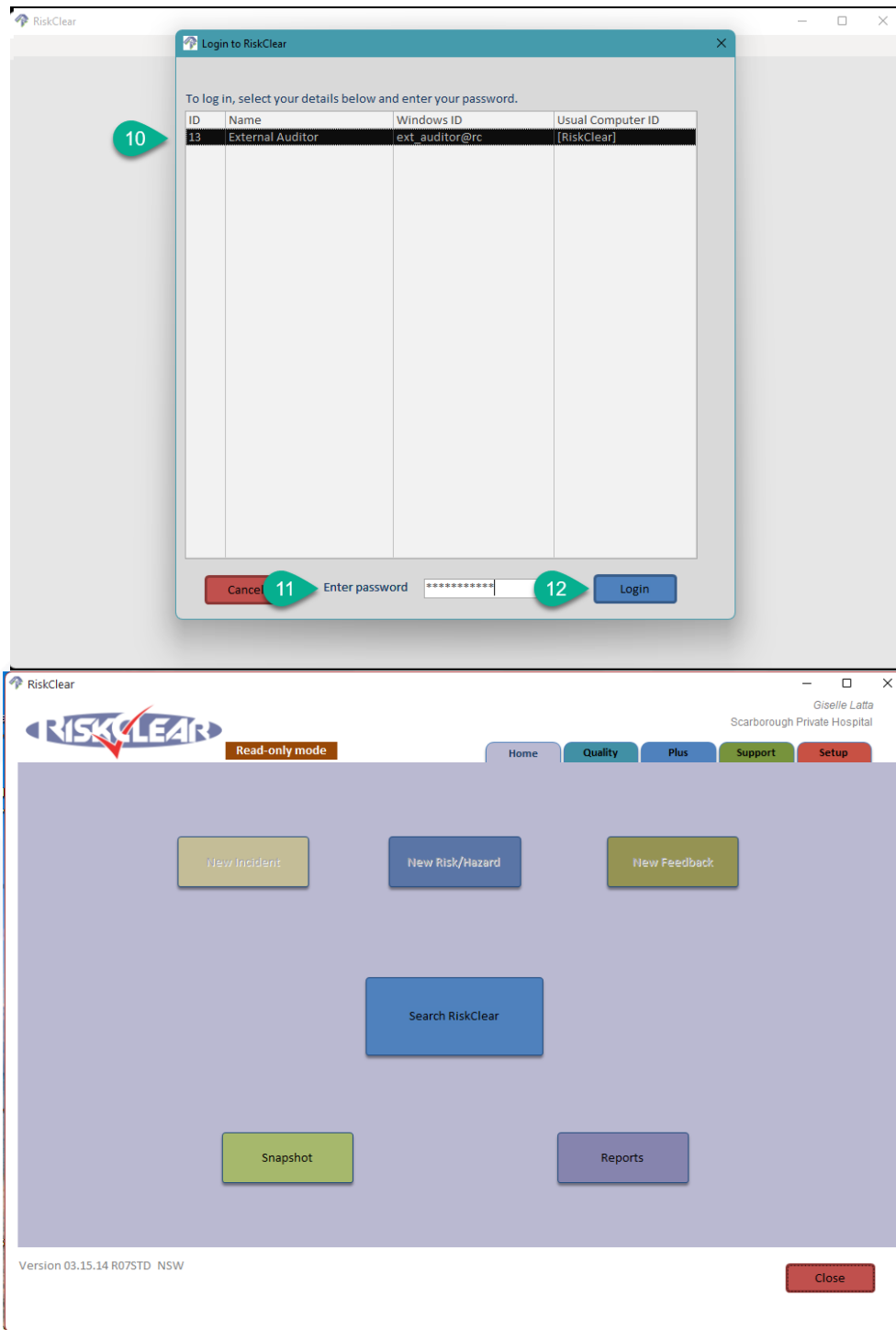


When the auditor is performing the audit, they can

6. Hold down the **SHIFT** key -right click the **RiskClear** icon (see below).
7. Select **"Open"**.
8. Select **"Auditor login"** by entering **1** into the field (see below).
9. Click **"OK"**.



10. They should then select **"External auditor"** in the password panel (see below).
11. Enter their password into the field provided.
12. Click **"Login"** – this will open a **READ ONLY** version of RiskClear for them, enabling them to access evidence and perform the required aspects of the external audit/inspection process.



10.Training Register follow-up notifications and reset (Plus Tab)

Audience & Key Users of this Function

- ✓ 1.RiskClear Users

- ✓ 2.Training Coordinator/s, Quality Manager, DON

Purpose

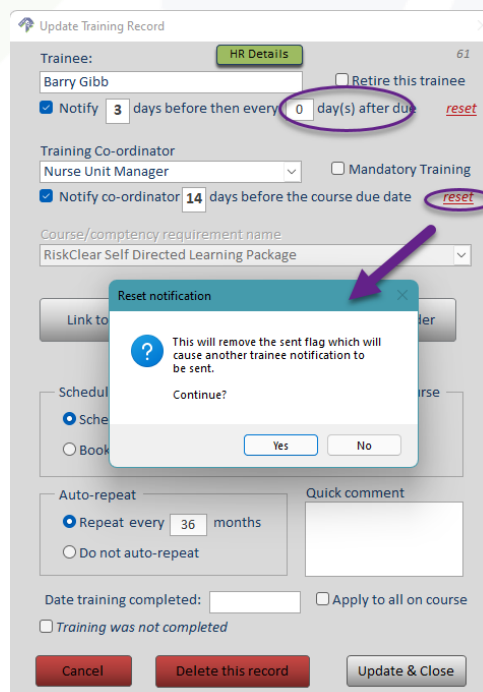
- ✓ Sending follow-up notifications to staff from the Training Register when the initial reminder has not yet yielded the Training Requirement to be completed.
- ✓ Ensures appropriate follow up increasing the opportunity for training compliance and meeting the training requirements arising from the National Standards (Clinical Governance Standard Criteria 1.19, 1.20 & 1.21)

Set-up

Go to the “Plus” Tab and click “Training Register”

From this main page, “open” a staff training record:

- You will notice the “**Notify X days before**” box now continues with a “...**then every X days after**” field. This field is set to “0” by default (e.g., no follow up notifications).
- Entering a number here will cause a notification to be generated every “X days” following the initial notification.
- It is recommended that you enter a “**days after due**” number of more than 7 to avoid saturating staff with reminders.
- Clicking the “**reset**” button will remove the date of the last sent notification, the reset notification window will appear - click “**yes**” to continue.
- This will generate a notification to be sent that night.
- **Note – if a notification has not yet been sent, this “reset” button will be hidden.*



The screenshot shows the 'Update Training Record' form for a trainee named Barry Gibb. The 'Notify' section is active, showing '3 days before then every 0 day(s) after due'. A red circle highlights the 'reset' button next to the '0' field. Another red circle highlights the 'reset' button next to the '14 days before the course due date' field. A 'Reset notification' dialog box is overlaid on the form, asking 'Continue?' with 'Yes' and 'No' buttons. A purple arrow points from the 'reset' button in the '14 days before the course due date' field to the 'Reset notification' dialog box.

11.Show selected items only for Clinical Indicators (Quality Tab)

Audience & Key Users of this Function

- ✓ 1.RiskClear Users.
- ✓ 2.Quality Manager, DONs, Clinical Managers.

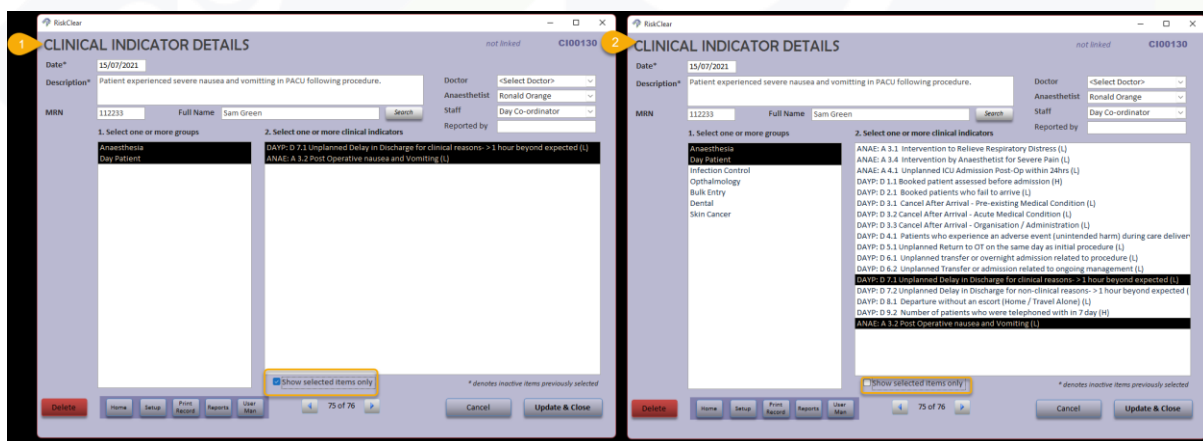
Purpose

- ✓ Clinical Indicators measure the extent to which set targets are achieved. They are expressed as numbers, rates or averages that can provide a basis for clinicians, organisations and planners aiming to achieve improvement in care and the process in which patient care is provided.
- ✓ Enables hospitals to monitor, track and benchmark against targets and meet the requirements arising from the National Standards (Clinical Governance Standard e.g., Criteria 1.8 and 1.28).

How the "Show selected items only" for Clinical Indicators looks and works:

Diagram 1: By default, the clinical indicator entry page will show only those clinical indicators selected for that record and all others will be hidden. This is to make it easier to view, particularly when you might need to scroll down to see which Clinical Indicator has been selected.

Diagram 2: To see all clinical indicators, remove the tick from the "Show selected items only" box near the bottom of the page. If a clinical indicator or group has subsequently been deactivated, it will remain but will be prefixed with an asterisk.



12. Confidential Records Feature (Setup Tab)

Audience & Key Users of this Function

- ✓ RiskClear Users.
- ✓ Quality Manager, DON, RiskClear System Administrator, Clinical Managers.

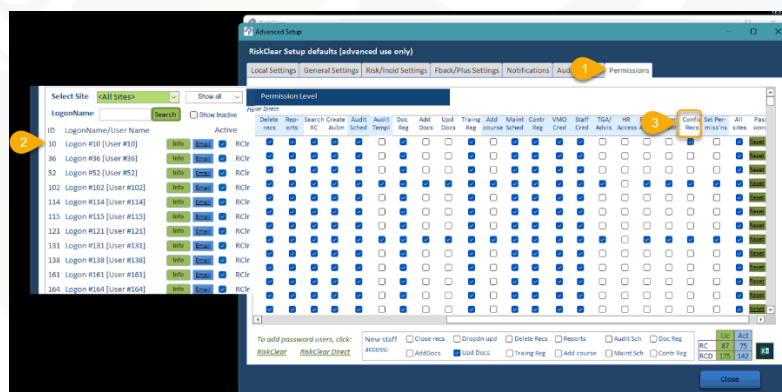
Purpose

- ✓ Allows Risk, Incident & Feedback Records in RiskClear to be set to “Confidential” so that only those personnel with confidential access (set in Permissions) can view that record (see **Example 1** below). The Confidential tick-box itself will be hidden to staff without confidential access (see **Example 2** below).
- ✓ Ensures appropriate access, maintains confidentiality, and complies with privacy and security regulations as outlined in the National Standards (Clinical Governance criteria 1.16).
- ✓ Typically, only Senior Management, Quality Managers, DONs, and Clinical Managers would have the “**Confidential Rec’s**” permission/access set, however this setting would be determined by each hospitals organisational structure and governance.

Set-up of “Confidential Recs” Access

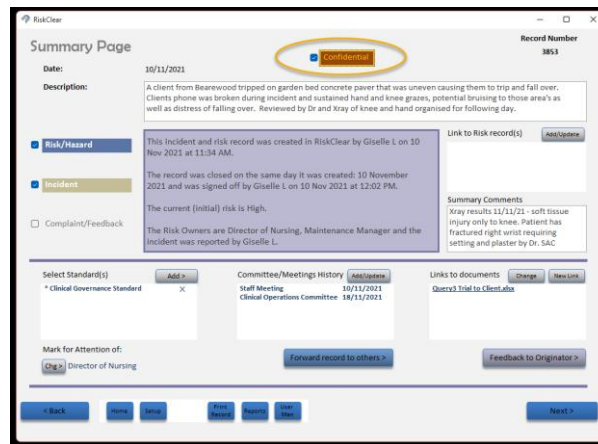
Go to the **Setup Tab** and click on **Advanced**

1. Go to **Permissions** Tab.
2. Find the **User Logon Name/Username of the RiskClear user you wish to grant “Confidential Recs” access to.**
3. Tick the “**Confidential Recs**” box alongside that RiskClear Users Name & Click “Close”.



Example 1: What a RiskClear User WITH “Confidential Recs” Access can see and do:

Place a tick in the “**Confidential**” box at the top of the “**Summary Page**”. This will only allow staff who have confidential access to **view, update, and report** on this record.



Summary Page

Date: 10/11/2021

Description: A client from Bearewood tripped on garden bed concrete paver that was uneven causing them to trip and fall over. Clients phone was broken during incident and sustained hand and knee grazes, potential bruising to those area's as well as distress of falling over. Reviewed by Dr and Xray of knee and hand organised for following day.

☒ Risk/Hazard

☒ Incident

☐ Complaint/Feedback

This incident and risk record was created in RiskClear by Giselle L on 10 Nov 2021 at 11:34 AM.

The record was closed on the same day it was created: 10 November 2021 and was signed off by Giselle L on 10 Nov 2021 at 12:02 PM.

The current (initial) risk is High.

The Risk Owners are Director of Nursing, Maintenance Manager and the Incident was reported by Giselle L.

Link to Risk record(s) [Add/Update](#)

Summary Comments: Xray results 11/11/21 - soft tissue injury only to knee. Patient has fractured right wrist requiring setting and plaster by Dr. SAC

Select Standard(s) [Add](#) [X](#) Committee/Meetings History [Add/Update](#)

* Clinical Governance Standard

Staff Meeting 10/11/2021

Clinical Operations Committee 10/11/2021

Links to documents [Change](#) [New Link](#)

Queer's Trial to Client aka

Mark for Attention of: [Change](#) Director of Nursing

[Forward record to others >](#) [Feedback to Originator >](#)

[Back](#) [Home](#) [New](#) [Print](#) [Export](#) [User Help](#) [Next >](#)

RiskClear User with Confidential access CAN see Record 3853

☐ Also search Actions Search > Descr/Rec No [Search](#)

Record No	Date	Description	Review Due	Date Closed	Current Risk	Doc Attn:	Doc links	Risk Unfin	Risk Incid	Fback
3867	31/01/22	test		31/01/22				Unfin	☒	☒
3866									☒	☒
3865	25/01/22	An incident occurred		25/01/22			1		☒	☒
3864	25/01/22	An incident occurred involving graffiti to the laneway entry of the		25/01/22					☒	☒
3863	25/01/22	Supplier unable to access loading dock to traffic detour		25/01/22					☒	☒
3862	18/01/22	Test		18/01/22					☒	☒
3857	06/11/21	Patient complained that the information provided around costing		06/11/21				Unfin	☒	☒
3853	10/11/21	A client from Bearewood tripped on garden bed concrete paver t		10/11/21	H	DON	1		☒	☒

Example 2: What a RiskClear User WITHOUT "Confidential Recs" Access can see:

Example of RiskClear User without "Confidential" Permission set/access

☐ Also search Actions Search > Descr/Rec No [Search](#)

Record No	Date	Description	Review Due	Date Closed	Current Risk	Doc Attn:	Doc links	Risk Unfin	Risk Incid	Fback
3867	31/01/22	test		31/01/22				Unfin	☒	☒
3866									☒	☒
3865	25/01/22	An incident occurred		25/01/22			1		☒	☒
3864	25/01/22	An incident occurred involving graffiti to the laneway entry of the		25/01/22					☒	☒
3863	25/01/22	Supplier unable to access loading dock to traffic detour		25/01/22					☒	☒
3862	18/01/22	Test		18/01/22					☒	☒
3857	06/11/21	Patient complained that the information provided around costing		06/11/21				Unfin	☒	☒
3853	10/11/21	A client from Bearewood tripped on garden bed concrete paver t		10/11/21	H	DON	1		☒	☒

Record 3853 is marked as Confidential by the DON and therefore is not able to be seen by any RiskClear users without permission

Summary Page

Date: 25/01/2022

Description: An incident occurred

☐ Risk/Hazard

☒ Incident

☐ Complaint/Feedback

This incident and risk record was created in RiskClear by Giselle L on 25 Jan 2022 at 07:12 AM.

This is an Access Incident Involving a Patient.

The Incident was reported by Giselle L.

Link to Risk record(s) [Add/Update](#)

Summary Comments: To be discussed at C.O.C Meeting

Select Standard(s) [Add](#) [X](#) Committee/Meetings History [Add/Update](#)

* Blood Management Standard

Clinical Operations Committee 1/02/2022

Links to documents [Change](#) [New Link](#)

Queer's Lab

Mark for Attention of: [Change](#)

[Forward record to others >](#) [Feedback to Originator >](#)

Nil Confidential Tick Box access present

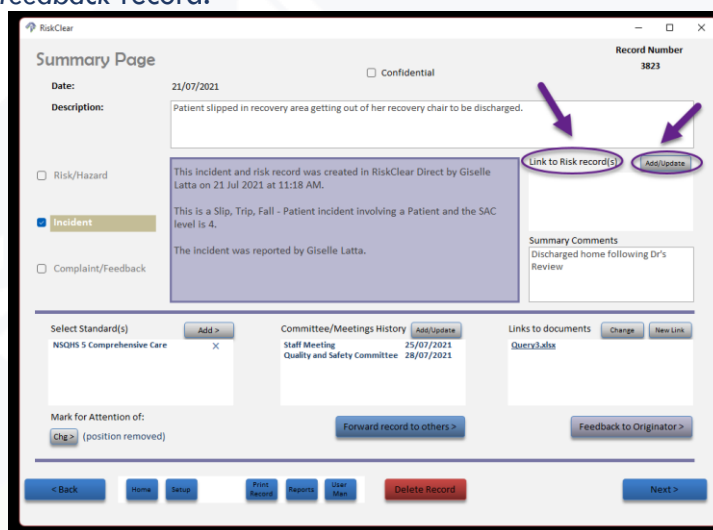
13.Link to Risk Record/s Box (Home Tab)

Audience & Key Users of this Function

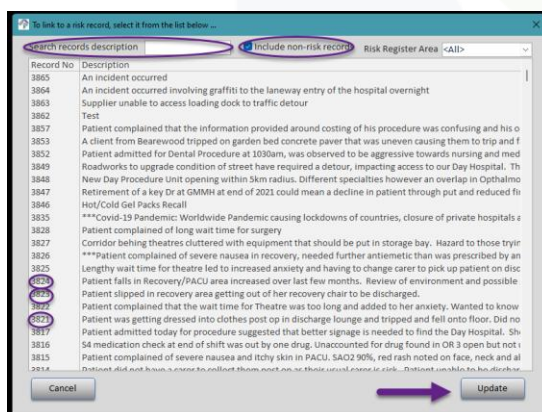
- ✓ RiskClear Users.
- ✓ Quality Manager, DONs, Clinical Managers.

Purpose

- ✓ Enables you to link incident or feedback records to one or more related risk register records so you can monitor activity related to the risk. For example, there may be multiple incident records relating to slips, trips or falls that highlight an “environmental safety risk” in your hospital.
- ✓ Enables hospitals to monitor and identify risk trends and make timely changes to minimise risk and maximise patient safety (Clinical Governance Standard e.g., Criteria 1.10, 1.11 and 1.14).
- ✓ The Record Summary Page displays a summary of data reported on the Incident, Feedback and Risk details pages. There are various functions on this page, and the “**Link to Risk Records**” (circled below) function is today’s feature in focus.
- ✓ The ‘**Add/Update**’ button will only be visible where the *current record involves either an incident or feedback record*.

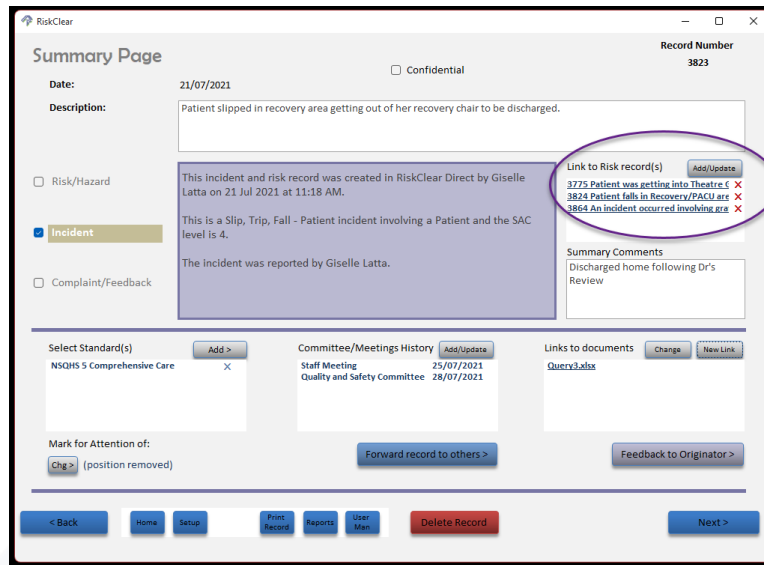


1. When you click on the “**Add/Update**” button on the **Summary Page** the following window/list will appear:



- ✓ Records displayed can be filtered down by keying a search term in the Search Records box. This will search for the term appearing in each records’ description field. Using this box is an easy way to narrow down the record to which you wish to link.
- ✓ If you are using risk areas, you can also filter the list by selecting the appropriate area from the ‘Filter by Risk Register Area’ drop-down box.
- ✓ **Select the related record/s** from the list and click the **Update** button – for example, Record numbers 3824, 3823 and 3821 are all slip/trip/fall incidents occurring in PACU/Discharge lounge.

2. Now back on the Summary Page you can see the linked Risk Records listed below:



Summary Page

Date: 21/07/2021

Description: Patient slipped in recovery area getting out of her recovery chair to be discharged.

☐ Risk/Hazard

☒ Incident

☐ Complaint/Feedback

This incident and risk record was created in RiskClear Direct by Giselle Latta on 21 Jul 2021 at 11:18 AM.

This is a Slip, Trip, Fall - Patient Incident involving a Patient and the SAC level is 4.

The incident was reported by Giselle Latta.

Link to Risk record(s)

3824 Patient falls in Recovery/PACU area X

3864 An incident occurred involving... X

Summary Comments

Discharged home following Dr's Review

Select Standard(s)

NSQHS 5 Comprehensive Care X

Committee/Meetings History

Staff Meeting 25/07/2021

Quality and Safety Committee 28/07/2021

Links to documents

Query3.xlsx

Mark for Attention of:

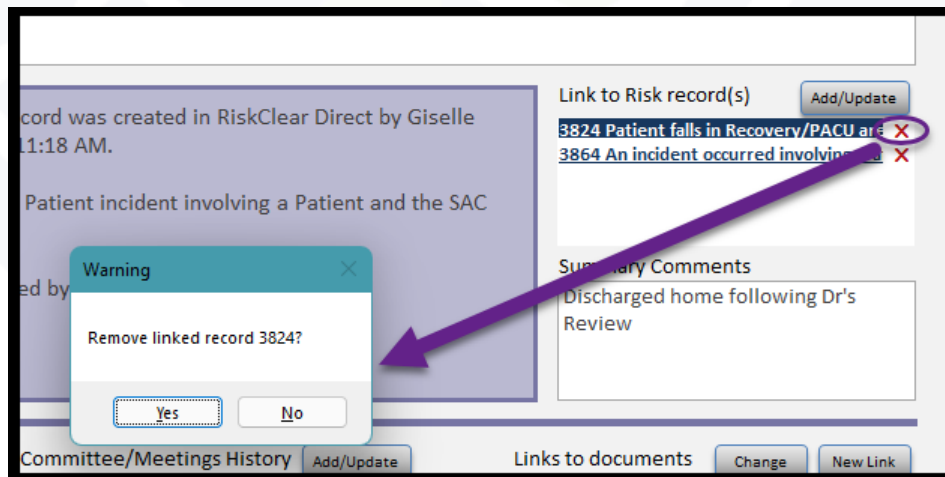
Chg > (position removed)

Forward record to others >

Feedback to Originator >

< Back Home Setup Print Records Reports User Menu Delete Record Next >

If you need to **remove or unlink a record**, click on the "X" and click "Yes" on the Warning dialogue box as shown below:



Record was created in RiskClear Direct by Giselle Latta on 21 Jul 2021 at 11:18 AM.

Patient incident involving a Patient and the SAC

Warning

Remove linked record 3824?

Yes No

Link to Risk record(s)

3824 Patient falls in Recovery/PACU area X

3864 An incident occurred involving... X

Summary Comments

Discharged home following Dr's Review

Committee/Meetings History

Staff Meeting 25/07/2021

Quality and Safety Committee 28/07/2021

Links to documents

Query3.xlsx

Change New Link

This record, along with any linked records, can now be discussed at any of the Committees/Meetings you have listed to show a trend. You will receive a reminder email 3 days prior to the meeting (where a date is recorded) that you wish to discuss this and any linked records at that forum.

14.Once only/last sent reminders VMO/Staff Credentialling (Plus Tab)

Audience & Key Users of this Function

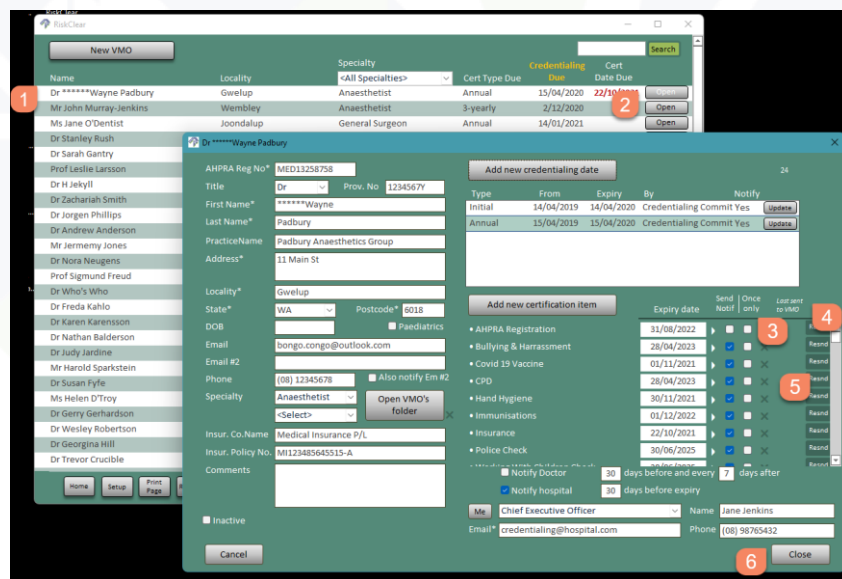
- ✓ RiskClear Users.
- ✓ Quality Manager, DONs, Clinical Managers, Admin Managers, Credentialling Officer.

Purpose

- ✓ The "Once-only" option alongside certification items in the VMO and Staff credentialling registers ensures that the date is never considered overdue - for example will not be highlighted in red in the main list.
- ✓ Lets you see when the last notification was sent for each VMO or Staff certification item by opening the Update panel. The "Last sent" field is between the "X" button (which deletes the certification line) and the "Resend" button. If it's blank, no notification has been sent yet.
- ✓ Enables hospitals to monitor and manage clinician credentialling and scope of practice (Clinical Governance Standard e.g., Criteria 1.23 and 1.24).

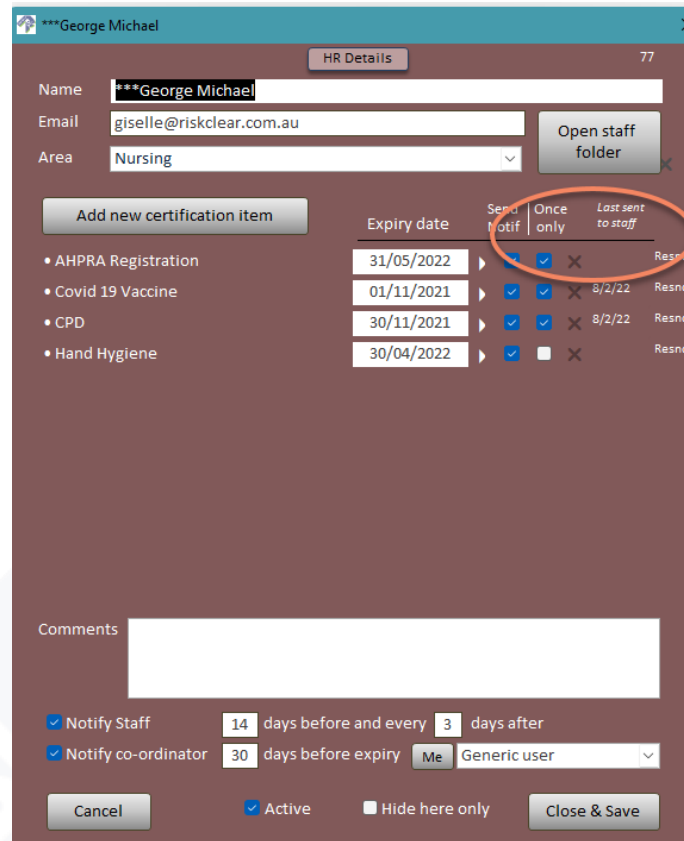
Example of the "Once only and Last Sent" feature/s:

- 1: Open the **VMO Credentialling Register**.
- 2: **Open** a VMO's record.
- 3: Tick the **"once only"** box if the item only requires a once off reminder.
- 4: This shows the date of the **last sent** notification – note if this is blank, no notification has been sent.
- 5: Click the **Resend** button if the first reminder email notification has not yielded a response and you need to send another reminder.
- 6: Click **"Close"** to save your changes.



The screenshot displays the RiskClear VMO Credentialling Register. On the left, a list of VMOs is shown. The central panel shows the details for Dr Wayne Padbury, including personal information, practice details, and insurance. The right panel shows a table of certification items with columns for Type, From, Expiry, By, Notify, and Last sent. Red circles highlight the following features: 1. 'New VMO' button, 2. 'Open' button for Dr Wayne Padbury, 3. 'Once only' checkbox for 'AHRA Registration', 4. 'Last sent' field for 'AHRA Registration', 5. 'Resend' button for 'AHRA Registration', and 6. 'Close' button.

Staff Credentialling Register Example: see the same circled functions below:



***George Michael

HR Details 77

Name ***George Michael

Email giselle@riskclear.com.au

Area Nursing

Open staff folder

Add new certification item

	Expiry date	Send Notif	Once only	Last sent to staff	Resnd
• AHPRA Registration	31/05/2022	☒	☒		Resnd
• Covid 19 Vaccine	01/11/2021	☒	☒	8/2/22	Resnd
• CPD	30/11/2021	☒	☒	8/2/22	Resnd
• Hand Hygiene	30/04/2022	☒	☐		Resnd

Comments

☒ Notify Staff 14 days before and every 3 days after

☒ Notify co-ordinator 30 days before expiry Me Generic user

Cancel ☒ Active ☐ Hide here only Close & Save

15. Search Quality (Quality Tab)

Audience & Key Users of this Function

- ✓ CEO
- ✓ DON
- ✓ Managers
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ WHS Manager
- ✓ RiskClear and RiskClear Direct Users

Purpose

- ✓ Allows you to view any or all existing Clinical Indicator, Infection, Audit Summaries, Surveys/Evaluations, Quality Improvements and TGA/Advisory Alerts. **(NB: RiskClear Direct Users can only see their records not all records).*
- ✓ This Screen is like a “landing page” for all your Quality activities.
- ✓ Has quick search filters to target your records – e.g., just Audit Summaries.
- ✓ Enables you at a glance to see the record number, date, description, name, and type of quality record entered.

Examples: RiskClear and RiskClear Direct

1. Go to the **Quality** Tab (RiskClear) or the Plus Tab (RiskClear Direct).

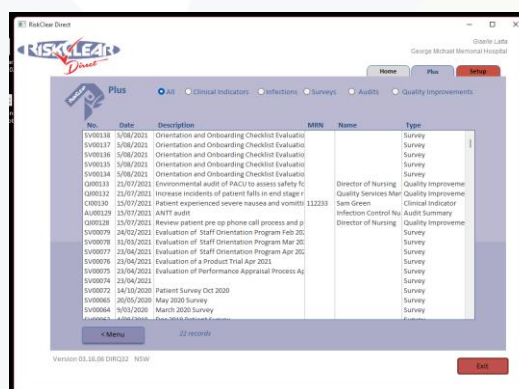
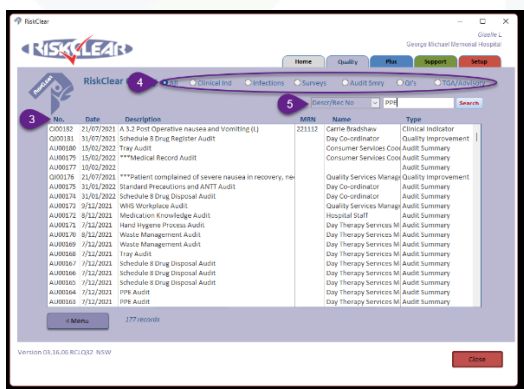
2. Click "Search".

The Quality opens: (left is RiskClear



Landing Page is RiskClear, right Direct).

3. The Quality Landing Page shows all Quality related records listed by number, date, description, MRN, name and type. Remember, RiskClear Direct Users will only be able to see their records not all records.



- You can refine the search by **type of quality record** – e.g., Clinical Indicator, QI, Audit Summary etc.
- You can also search by **description/record number, by name/mrn**, or you can **search by keyword**.

16.Risk Rating function (Home Tab)

Audience & Key Users of this Function

- ✓ CEO
- ✓ DON
- ✓ Managers
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ WHS Manager
- ✓ RiskClear User

Purpose

- ✓ Allows you to complete risk rating/s on risk records entered into RiskClear using an inbuilt risk matrix. This matrix calculates your Risk Score.
- ✓ The Risk Score assists in determining the severity of the risk and the possible impact it can have for your hospital/organisation. This in-turn informs you where to focus your risk mitigation and risk minimisation strategies and actions.
- ✓ This information feeds into various reports such as your Risk Register, Risk Reports, and the Snapshot function on the Home Page/Tab.
- ✓ Assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding Risk Management – e.g., NSQHS 1 Clinical Governance Standard - Criteria 1.10.

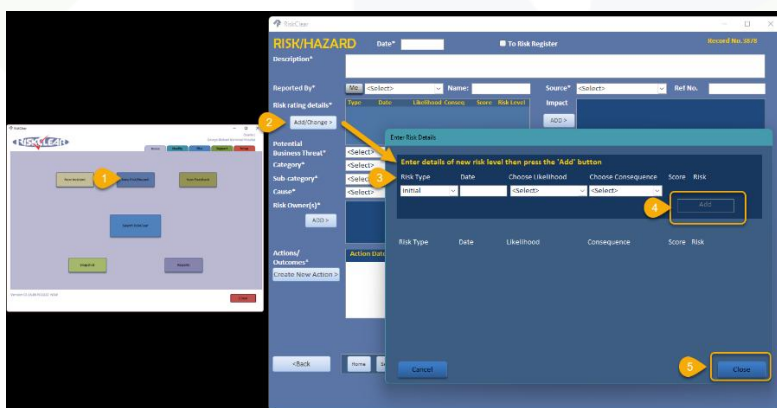
How to complete a Risk Rating in RiskClear:

Example 1 – New Risk/Hazard Record

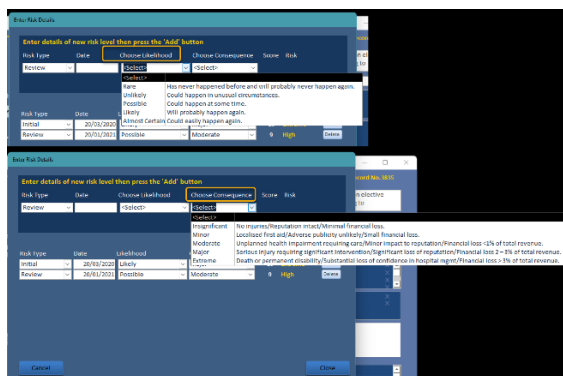
Step 1: Click on **New Risk/Hazard** button on the **Home Page/Tab** to open the Risk Screen.

Step 2: Once you've entered the date, description and reported by click the **"Add/Change>"** button.

Step 3: Register the risk level by selecting the **Risk Type** (Initial, Review or Final). If this is the first time the risk has been reported, the system will set the Risk Type to **Initial**. Enter the **date** that the risk is being analysed.



Step 3 (cont'): Choose a **Likelihood** and **Consequence** (circled below) and RiskClear will allocate a Risk Score and the Risk Level according to the Risk Matrix in use.



Step 4: Click “Add”

Step 5: Click “Close”

Example 2 – Risk Rating in an Existing Risk/Hazard Record

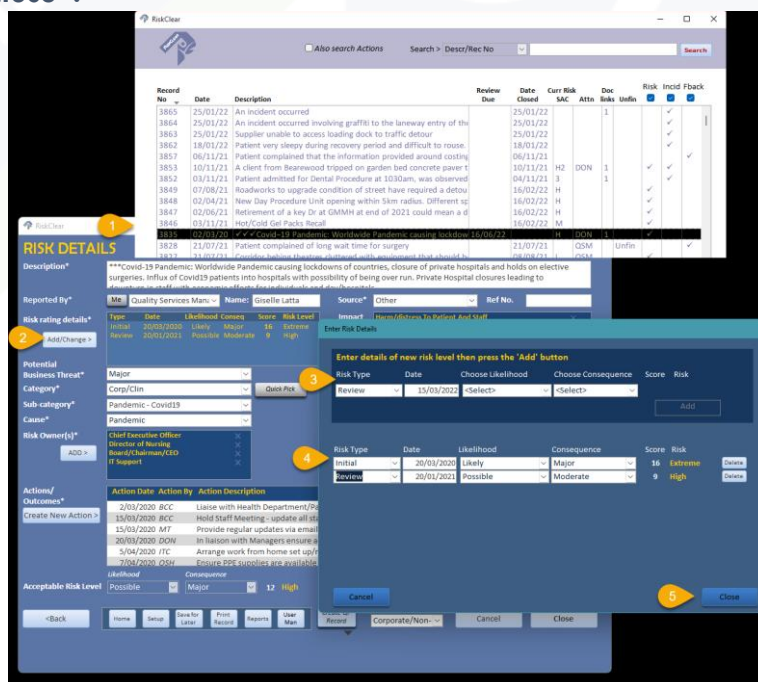
Step 1: Find the **existing** Risk Record and open it.

Step 2: Click the “Add/Change>” button.

Step 3: Register the risk level by selecting the **Risk Type** (Review or Final). Enter the **date** that the risk is being reviewed or finalised. Choose a **Likelihood** and **Consequence** and RiskClear will allocate a Risk Score and the Risk Level according to the Risk Matrix in use.

Step 4: The **Risk Type** and **Rating history** is displayed here – e.g., initial (Extreme), review (High), final (Low).

Step 5: Click “Close”.



Once the risk has been resolved or mitigated to within an acceptable level of risk, select Final. A final risk rating must be present before a risk record can be closed. For simple cases, you can enter a Final risk rating as your only rating.

17.Audit Trail Function (Setup Tab)

Audience & Key Users of this Function

- ✓ CEO
- ✓ DON

- ✓ Managers
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ WHS Manager

Purpose

- ✓ An **audit trail** is a register of every action, event, or activity a user did with your data. Management of this data requires an audit trail for compliance purposes around records management.
- ✓ Providing you have RiskClear administrator access, you can view RiskClear records/entries by clicking the **"Audit Trail"** button.
- ✓ The **"Audit Trail"** displays details of all entries and updates to records made by users of RiskClear/RiskClear Direct.
- ✓ Assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding Records Management – e.g., NSQHS 1 Clinical Governance Standard - Criteria 1.16.

How to utilise the Audit Trail in RiskClear

Step 1: Go to the **Setup Tab** in RiskClear.

Step 2: Click on **"Audit Trail"**.

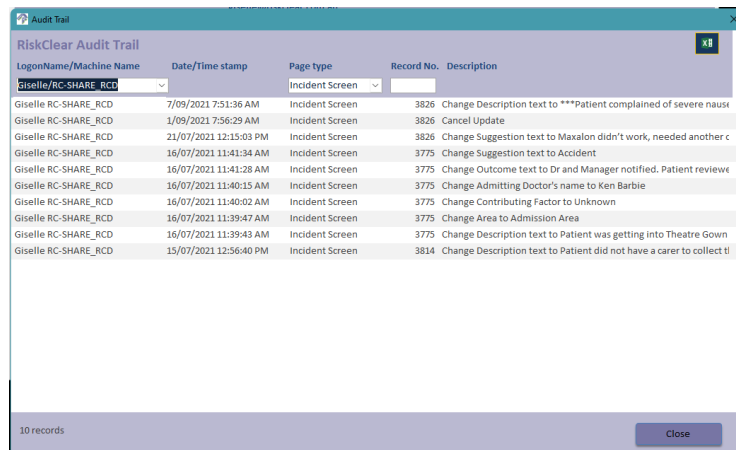
Step 3: The **"Audit Trail"** window appears:

- ✓ The listing can be filtered by **LogonName/Machine Name** and/or **Page Type** (e.g., Home, Risk, Incident, Feedback Screen, Record Summary, Setup Screen, Quality and Plus Page).
- ✓ If you wish to view details for a specific record, this can be keyed in the **Record No.** box.
- ✓ If you wish to export records to an Excel file, click the Excel icon at the top right-hand corner of the screen.



- ✓ Click **"Close"** to exit this window.

Example of a Filtered Audit Trail – by User (Giselle) and by Page Type (Incident Screen)



LogonName/Machine Name	Date/Time stamp	Page type	Record No.	Description
Giselle/RC-SHARE_RCD	7/09/2021 7:51:36 AM	Incident Screen	3836	Change Description text to ***Patient complained of severe nausea
Giselle/RC-SHARE_RCD	1/09/2021 7:56:29 AM	Incident Screen	3836	Cancel Update
Giselle/RC-SHARE_RCD	21/07/2021 12:15:03 PM	Incident Screen	3836	Change Suggestion text to Mavalon didn't work, needed another c
Giselle/RC-SHARE_RCD	16/07/2021 11:41:34 AM	Incident Screen	3775	Change Suggestion text to Accident
Giselle/RC-SHARE_RCD	16/07/2021 11:41:28 AM	Incident Screen	3775	Change Outcome text to Dr and Manager notified. Patient review
Giselle/RC-SHARE_RCD	16/07/2021 11:40:15 AM	Incident Screen	3775	Change Admitting Doctor's name to Ken Barbie
Giselle/RC-SHARE_RCD	16/07/2021 11:40:02 AM	Incident Screen	3775	Change Contributing Factor to Unknown
Giselle/RC-SHARE_RCD	16/07/2021 11:39:47 AM	Incident Screen	3775	Change Area to Admission Area
Giselle/RC-SHARE_RCD	16/07/2021 11:39:43 AM	Incident Screen	3775	Change Description text to Patient was getting into Theatre Gown
Giselle/RC-SHARE_RCD	15/07/2021 12:56:40 PM	Incident Screen	3814	Change Description text to Patient did not have a carer to collect ti

18. Resurrect Deleted Records (Setup Tab)

Audience & Key Users of this Function

- ✓ CEO
- ✓ DON
- ✓ Clinical Managers
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ WHS Manager
- ✓ RiskClear Users

Purpose

- ✓ To resurrect a record that has been deleted in error in RiskClear.
- ✓ Retrieval of deleted records is necessary to ensure relevant data is available.
- ✓ Assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding Records Management – e.g., NSQHS 1 Clinical Governance Standard - Criteria 1.16.

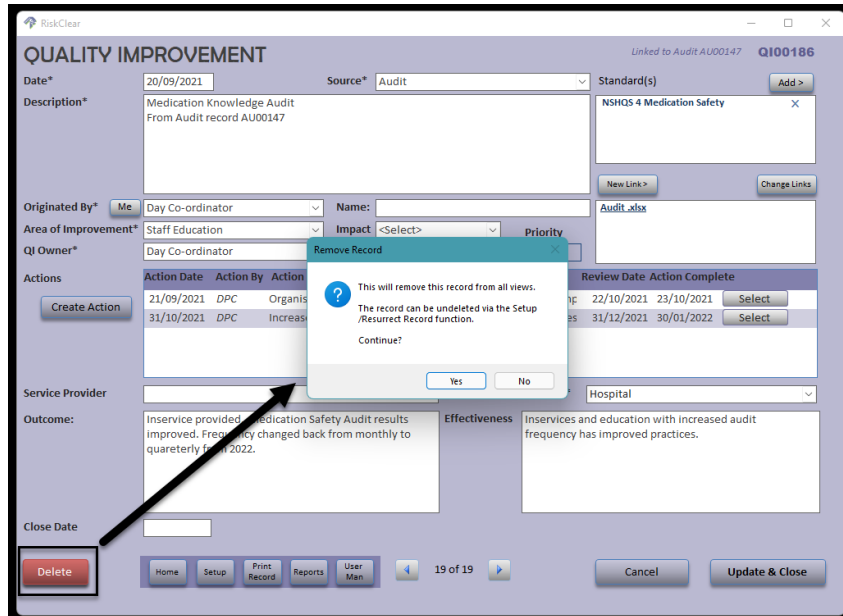
Examples of Records that can be resurrected.

The following records can be resurrected in RiskClear:

- Risk, Incident, Feedback Records
- Clinical Indicator, Infection Event, Audit Summary, TGA/Advisory and Quality Improvement Records
- Documents deleted from the Document Register in error

Any record/screen that has a red **"Delete"** button allowing you to delete a record will show the following **"Remove Record"** dialogue box saying **"This will remove this record from.... The record can be undeleted via the Setup / Resurrect Record Function"**. It is these types of records that can be resurrected if deleted in error.

See example below of a QI record with **Remove Record** dialogue box:



The screenshot shows the 'QUALITY IMPROVEMENT' form in RiskClear. A 'Remove Record' dialog box is open, asking for confirmation to delete the record. The dialog text reads: 'This will remove this record from all views. The record can be undeleted via the Setup /Resurrect Record function. Continue?'. The 'Delete' button is highlighted with a red box and an arrow pointing to it.

How to use the Resurrect Deleted Records Function

Step 1 – Go to the “Setup” Tab.

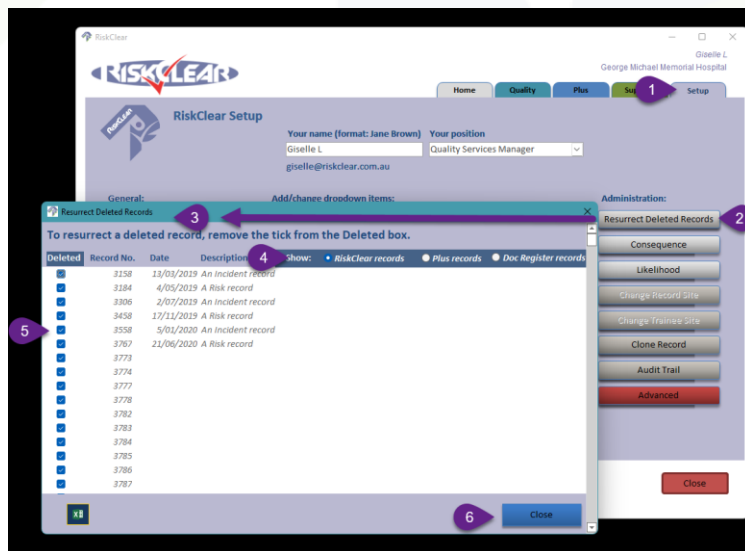
Step 2 – Click “Resurrect Deleted Records”.

Step 3 – A “Resurrect Deleted Records” window appears.

Step 4 - To resurrect a record that has been deleted in error, select either “RiskClear records button” to show all deleted Risk, Incident and Feedback records, the “Plus records button” to show Plus Records, or the “Doc Register records button” to display all records deleted from the Document Register.

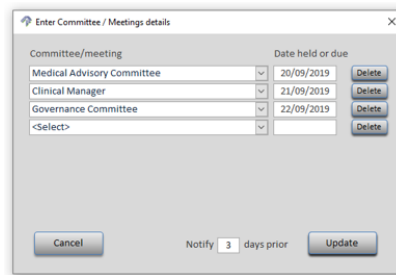
Step 5 - Resurrect the record by removing the tick in the ‘Deleted’ column alongside that record. The record will now be visible once again in relevant pages and reports.

Step 6 – Click “Close” to exit this function.



The screenshot shows the 'RiskClear Setup' window. The 'Resurrect Deleted Records' dialog box is open, displaying a list of deleted records. The dialog has a title bar that says 'Resurrect Deleted Records' and a subtitle 'To resurrect a deleted record, remove the tick from the Deleted box.' The dialog is divided into three sections: 'General', 'Administration', and 'Show:'. The 'Show:' section has three radio buttons: 'RiskClear records', 'Plus records', and 'Doc Register records'. The 'RiskClear records' radio button is selected. The 'Deleted' column has checkboxes next to each record. The 'Close' button is at the bottom right.

19. Committees/Meetings Function- Summary Page (Home Tab)



Audience & Key Users of this Function

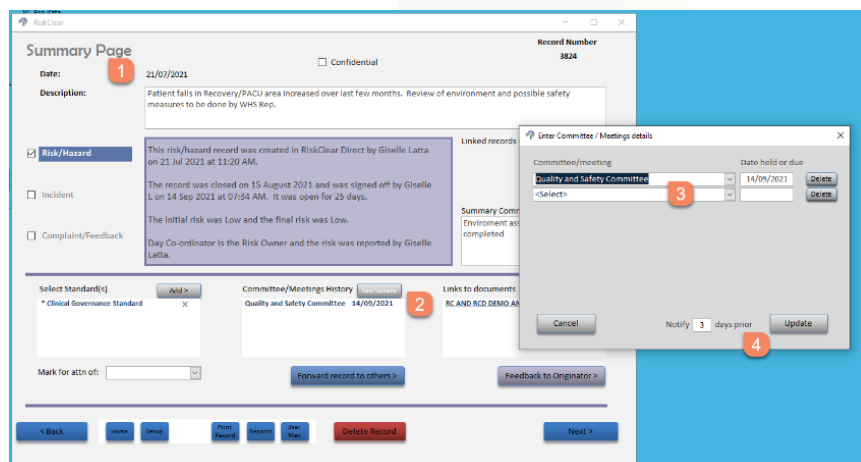
- ✓ Quality Manager
- ✓ DON
- ✓ Managers

Purpose

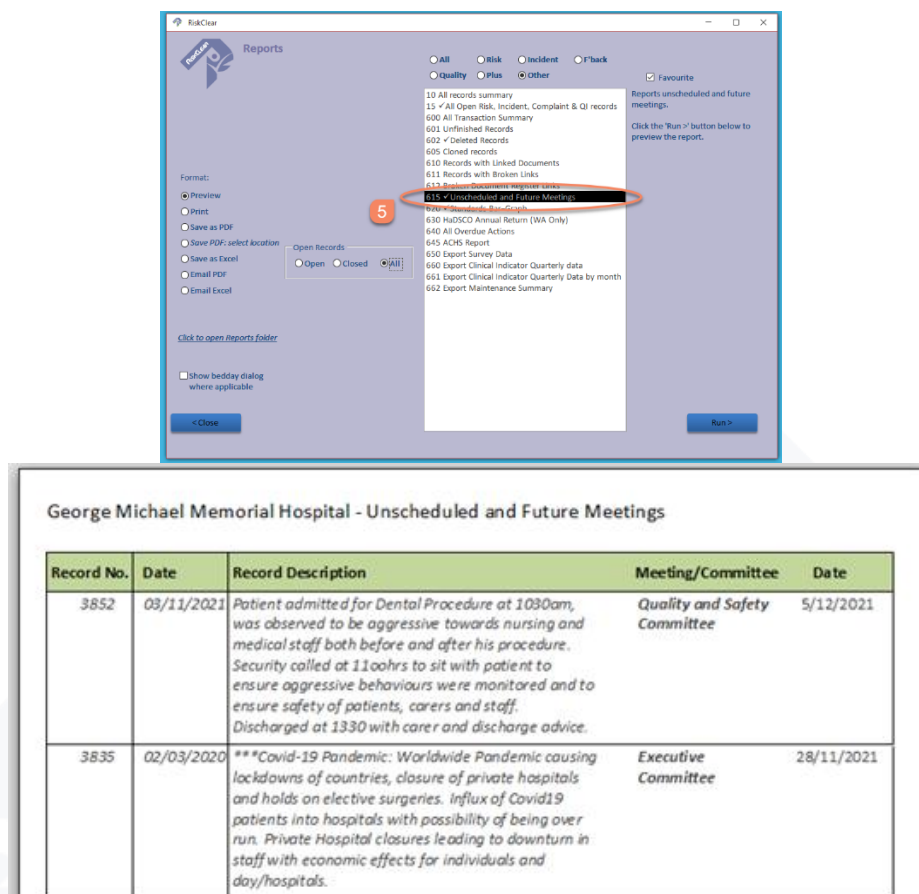
- ✓ Here you can record the meetings and committees that this record has been discussed at. As the date field is optional, you can leave the date blank and only fill it in when the meeting/committee has been held.
- ✓ Alternatively, you can enter future intended date of the meeting and RiskClear will send a reminder email 3 days prior to the meeting date. You can also alter the “number of days prior” on the update form itself.
- ✓ The report can be run to show any records that need to be discussed at any upcoming meetings.
- ✓ Click the ‘Add/Update’ button to add, change or delete Committee/Meeting entries. This field will hold an infinite number of entries.

Example

1. Go to the **Summary Page** of any **Risk/Hazard, Incident or Complaint/Feedback** record.
2. Go to the **Committee/Meetings History** and click “**Add/Update**”.
3. A window will appear allowing you to choose from a **drop-down** a particular Committee or Meeting. In this example, **Quality and Safety Committee** has been selected with a future date of 14/9/21 entered (the Risk record was entered on 21/7/21).
4. In this example, a reminder has been set up for **3 days prior** to the meeting date (you can alter this number of days prior to any number you wish) – click “**Update**”.



In any case, these meetings can be reported with the '**Unscheduled and Future Meetings**' under General Reports (see below and example only) so they can be kept track of and assist in meeting preparedness and ensuring key risks, incidents and feedback are highlighted and tabled at the appropriate meeting/s.



20.Document Register Filter/Display/Keyword Search (Plus Tab)

Audience & Key Users of this Function

- ✓ CEO
- ✓ DON
- ✓ Clinical Managers
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ WHS Manager
- ✓ RiskClear Users
- ✓ RiskClear Direct Users

Purpose

- ✓ Responsive document search and filter functions are important for staff to be able to promptly access documents to assist them in their day-to-day care of patients and workflow.
- ✓ To be able to filter documents in the document register in such a way that it assists RiskClear/RiskClear Direct Users to readily find documents (e.g., policies, forms, brochures, procedures etc).
- ✓ Assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding Policies, Procedures, and Records Management – e.g., NSQHS 1 Clinical Governance Standard - Criteria 1.7 and 1.16.

Examples of Various Filters that can be used in the Document Register

1. Documents can be filtered by **Standard** (e.g., All or NSQHS 4 Medication Safety), by **Type** (Policy, Procedure, Patient Information, Forms) or by using the **Search** function.
2. You can also display information in the Document Register in a variety of ways by simply clicking on the **"headers"** of the various columns. For example, you can click on **Type, Document Name, Document Version, Expiry Date and Owner/Approver** to change the way the information is displayed in the Register/on the screen.

Filter									
Add New Document		Standard	Type	<All Document Types>					
Type	Document Name	Legal	High	Risk	Status	Document Version	Expiry	Owner/Approver	
011	***Code of Conduct Policy	N	1	In Review	1.0	8/10/2013	QSM	Update	
011	***NSQHS DOCUMENT MANAGEMENT POLICY - ST ELSEWHERE EXAMPLE	N	Doesn't expire			08/06/1999	QSM	Update	
TRA	RiskClear Learning Package	N	Approved	1.0	30/04/2015	QSM	Update		
WIL	A Document Search in RiskClear - Work Instruction	N	Doesn't expire			08/06/1999	QSM	Update	
011	AA Work Health and Safety Policy EXAMPLE ONLY	Y	Not in use	2.0	31/07/2024	QSM	Update		
WIL	Accessing RiskClear when License Deactivated Notice - Work Instruction	N	Doesn't expire			08/06/1999	QSM	Update	
Aut	Adult Wound Audit Tool 2019	N	Approved	1.3	28/10/2022	QSM	Update		
Aut	Annual License Forms	N	Approved	2018-1	28/10/2024	QSM	Update		
WIL	Audit Report into Audit Scheduler - Work Instruction	N	Doesn't expire			08/06/1999	QSM	Update	
Evil	Blood Product Register	N	Doesn't expire			08/06/1999	QSM	Update	
Aut	Clinical Coding Policy	N	Approved	1	28/10/2022	QSM	Update		
Evil	Clinical Decontamination Audit	N	Doesn't expire			08/06/1999	QSM	Update	
Aut	Compendium Wound Audit Tool 2019	N	Review Due	v4	28/10/2024	QSM	Update		
Pro	Completing an audit in RiskClear Audit - Work Instruction	N	Approved	1.0	28/04/2024	QSM	Update		
Pro	Copying a new RC File Access to a Client - Work Instruction	N	Doesn't expire			08/06/1999	QSM	Update	
WIL	Copying a new RC File Access to a Client - Work Instruction	N	Doesn't expire			08/06/1999	QSM	Update	
WIL	Data Entry into the Feedback Module - RiskClear Work Instruction	Y	Approved	2	30/06/2021	QSM	Update		
011	DOCUMENT MANAGEMENT POLICY - ST ELSEWHERE EXAMPLE ONLY	N	In Review	2.1	31/07/2024	QSM	Update		
Evil	Evaluation Results of Handoff Tool	N	Doesn't expire			08/06/1999	QSM	Update	
Evil	Falls Assessment Tool	N	Doesn't expire			08/06/1999	QSM	Update	
WIL	Form a Completed Version of RiskClear - Work Instruction	N	Doesn't expire			08/06/1999	QSM	Update	
WIL	Genetic Log in Passports - RiskClear Direct	N	Doesn't expire			08/06/1999	QSM	Update	
WIL	Getting a Copy of the Clients RC Standard Data - Work Instruction	N	Doesn't expire			08/06/1999	QSM	Update	
WIL	Getting a Copy of the Clients RC Standard Data - Work Instruction	N	Doesn't expire			08/06/1999	QSM	Update	
WIL	How to use the Feedback Module - RiskClear Work Instruction	N	Doesn't expire			08/06/1999	QSM	Update	
4 documents									
☐ include retired documents									
Close									

Examples of Various Document Register Filter Options:

A: Filter by Type.

B: Search/Filter by "word" Search.

Examples of Various Document Display Options:

A: Click on **Document Name** Header and it will sort the Documents in the Document Register alphabetically (A-Z).

+

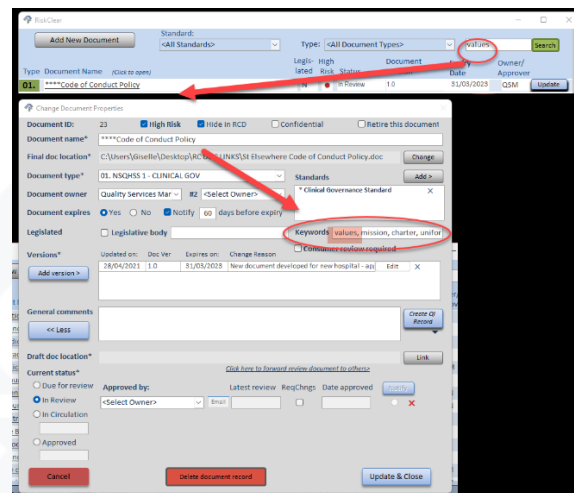
<

B: Click **"Expiry Date"** to display documents in the document register in order of expiry

Type	Document Name	Legislated	High Risk	Status	Document Version	Expiry Date	Owner/Approver
Aud	Standard1 Oct 2018	N	In Review	2.2	10/11/2021	OSM	Update
OS	Needle Stick Injury Policy	N	Review Due	5.1	28/02/2022	DPC	Update
Pol	PD01 - Handling complaints	N	In Circulation	orig	16/04/2022	CEO	Update

***EXTRA TIP: KEYWORDS

Remember you can add keywords into the document properties to improve the Search Functionality of RiskClear for your staff/users.



20.Manual Entry of Audits (Plus Tab)

Audience & Key Users of this Function

- ✓ Clinical Managers
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ WHS Manager
- ✓ RiskClear Users

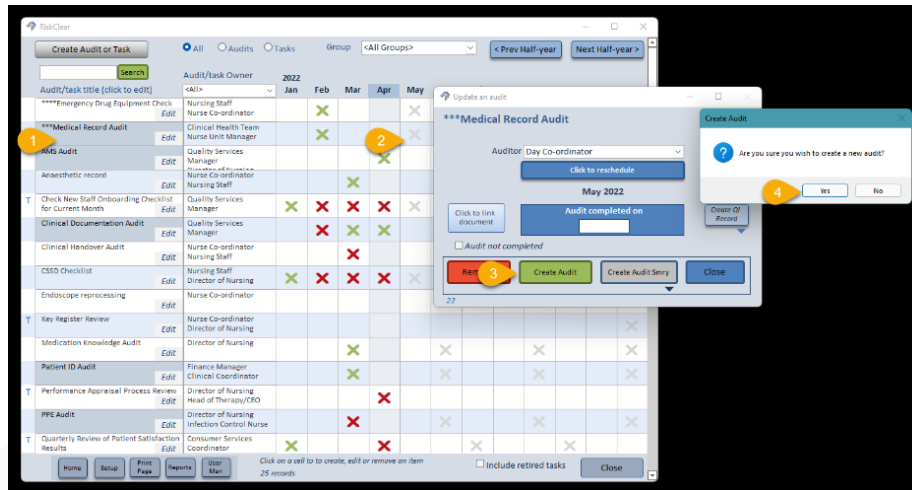
Purpose

- ✓ RiskClear Audit Schedule and functionality is flexible in its delivery allowing various ways for audits to be completed:
 - Paper based templates and checklists to be used (and scanned and linked to the audit or task in RiskClear).
 - Audits to be completed via a Windows Tablet.
 - **Audits to be manually completed within RiskClear – this is the function we are focusing on today.**
- ✓ Assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding measurement and quality improvement, non-conformance, and audit – e.g., NSQHS 1 Clinical Governance Standard - Criteria 1.8 and 1.9, 1.25, 1.28.

Steps & Example

If there is a reason to manually enter an audit rather than complete it on the tablet, then follow the steps below:

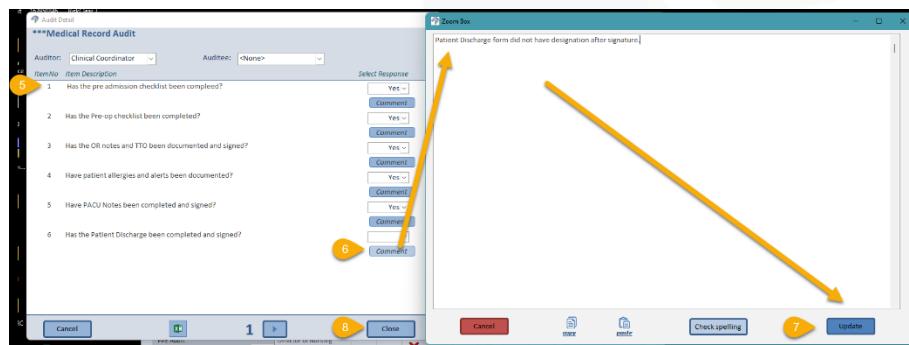
1. Find the **Audit** on your Audit schedule – e.g., **Medical Record Audit**.
2. Click on the **"X"** of the month that you wish to complete.
3. The **Update an Audit** window appears - click **"Create Audit"**.
4. Click **"Yes"**.



5. Select the **"Auditor"** and **"Auditee"** and select the responses from each drop-down field.
6. To add a comment, click the **Comment** button alongside the relevant question.
7. Click **"Update"** to save the comment.

If the audit is a multiple-chart type audit, a page number will be displayed at the bottom of the page with < Back and Next > navigation buttons for each chart. Otherwise, the entire audit will appear on the one scrollable page.

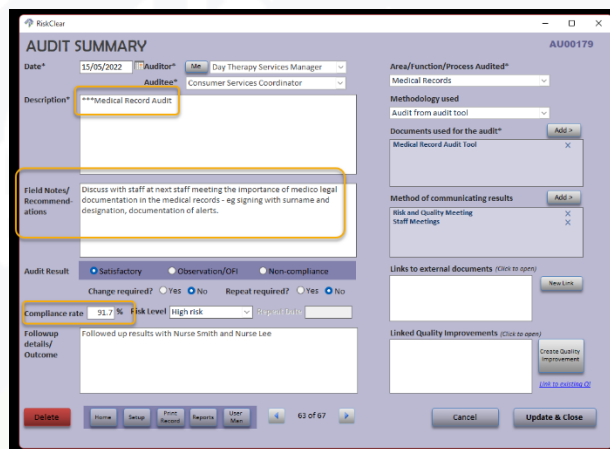
8. Click the **"Close"** button when you have completed the audit.



After Completion, the **"Create Audit"** button will be labelled **"View Locked Audit"** and it can be viewed but not edited.



You can also click **“View Audit Smry”** to see the audit result, any field notes and follow up details/outcome.



21.Search Actions (Home Tab)

Audience & Key Users of this Function

- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ WHS Manager
- ✓ RiskClear Users

Purpose

- ✓ Records can be searched for by record number or by description using the search box at the top of the Search Page. Enter a keyword into the search box and RiskClear will return all records containing that term or part of the term in the description. If you would also like the search to include the description of all action records attached to records, tick the ‘Also search Actions’ box.
- ✓ Assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding Risk and Incident Management - e.g., NSQHS 1 Clinical Governance Standard - Criteria 1.10, 1.11 and 1.12.

Example & Steps

Example: Needing to find a record that you cannot remember the number of, but you know that it involved the “Health Department”.

- 1) Select “Search Description/Record No.”
- 2) Entering **Health Department** in the Search Field without the “Also Search Actions” ticked returns no results when searching.

- 3) This time, tick the “Also Search Actions” box. This will now search all action records attached to your Risk records.
- 4) Now with this function selected/ticked, the search returns 2 records – one of which is the one you are looking for being **Record 3821**.
- 5) When you open **Record 3821** you can see the reference in the **Actions/Outcomes** about the SAC 2 incident report being lodged to the **Health Department**.

22.TGA/Alert Recall Functions (Quality Tab)

The Therapeutic Goods Administration (TGA) issues alerts to advise consumers, health professionals and industry about new safety information regarding therapeutic products. Communicating TGA Alerts to key staff in and receiving feedback/confirmation is fundamental to ensuring a safe environment for our patients.

Audience & Key Users of this Function

- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ WHS Manager
- ✓ Contractor/Supply Manager

Purpose

- ✓ Communicating TGA Alerts to key-staff in a timely manner and receiving feedback regarding any actions taken is fundamental to providing a safe and informed hospital environment.
- ✓ Assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding:
 - Risk Management - e.g., **NSQHS 1 Clinical Governance Standard** - Criteria 1.10, 1.25 and;
 - Communicating critical information including alerts and risks in a timely way - e.g., **NSQHS 6 Communicating for Safety** - Criteria 6.9

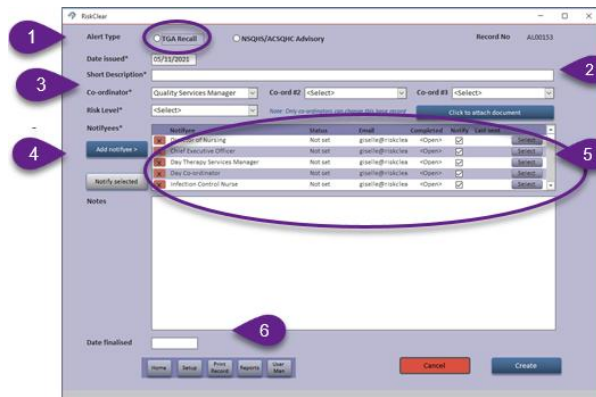
Example & Steps: TGA Coordinator

- ✓ NOTE: Staff who currently have RiskClear Supervisor access will now have access to **create new records** in this function. Everybody else will be able to **access the record** to action it.

The function consists of a main screen which contains details of the TGA recall and a list of notifyees.

1. Select **Alert Type**.
2. Provide a **description** of the TGA Alert.
3. The **Coordinator** of the TGA Alert is selected here along with a **Co-ord #2** if needed – you can also **attach the TGA alert** and any other helpful documentation for the notifyees to utilise.
4. **Add Notifyees** - these are staff within the hospital who will need to action the TGA record. There might be one or several notifyees depending on the alert.
5. Shows the **status** of each notifyees management of the TGA Alert– you can also re/send **reminders**.
6. Once all notifyees have responded with either not applicable or completed the TGA Coordinator can enter the **Date finalised** to close the TGA Alert.

Remember: *The coordinator(s) of each record are the only staff who can change the base record, add/remove notifyees, attach the recall document and enter notes. They can also email notifications to the notifyees of the existence of the record by clicking the "Notify selected" button. These email notifications are sent immediately (not overnight). Notifyees can open the record and select their name/role from the list of notifyees.*



Example & Steps: TGA Notifyee/Recipient

- ✓ TGA Alert email notifications are sent immediately to the notifyees.
- ✓ Notifyees can open the record and select their name/role from the list of notifyees.
- ✓ In the case of TGA recalls, a **panel will be displayed so that notifyees can acknowledge and action the alert.**

1. The **Description** of the TGA is provided here.
2. The **Notifyee** is shown here – e.g., DON.
3. **Status** – this is where the TGA Notifyee provides a status on the alert for their particular area – e.g., **completed, in progress** or **not applicable** and a **date**. The notifyee can click “view recall doc” to see detailed information about the TGA. The “**link document**” is where the notifyee can provide information (photos, documentation etc) relating to management of the TGA.
4. “**Action/outcome**” is where the Notifyee can provide comments regarding actions taken and the outcome achieved. They can also “**Create Risk Record**” or “**Create QI record**” if necessary.
5. Click “**Close**” and the TGA Coordinator will be able to see that the notifyee has actioned the TGA in RiskClear.



*Remember - **Report 470 Alerts Register** can be run to show all TGA Recalls according to a date range or all records, and by open/closed or all records. Also refer to the **Alerts Training Guide** via the **Support Tab/Training Resources**.

23.Reschedule Audits (Plus Tab)

Audience & Key Users of this Function

- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ Clinical Manager
- ✓ RiskClear Users (responsible for auditing)

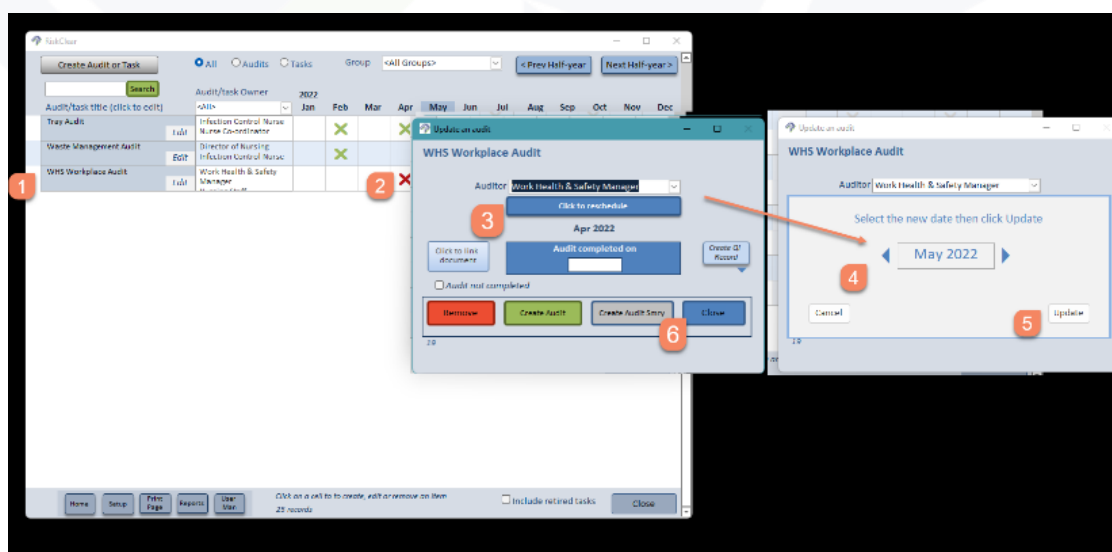
Purpose

- ✓ This function enables appropriate personnel to be able to re-schedule a scheduled audit, when circumstances require, to another month on the audit schedule.
- ✓ Audit/Task Schedule and its various functions assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding their internal audit program – e.g., NSQHS 1 Clinical Governance Criteria 1.8 & 1.9.

Example & Steps:

Go to the **Plus Tab** in RiskClear and click on the **Audit/Task Schedule**:

- 1) Find the audit on the audit schedule that needs to be re-scheduled e.g., **WHS Workplace Safe Audit**.
- 2) Click on the “X” of the scheduled month e.g., April 2022.
- 3) The “Update and audit” window appears – “click to reschedule”.
- 4) Select the new date using the < and > buttons - e.g., change audit scheduled month from April to May.
- 5) Click “Update”.
- 6) Click “Close”.



24.Save for Later (Home Tab)

Audience & Key Users of this Function

- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ Clinical Manager

- ✓ RiskClear Users

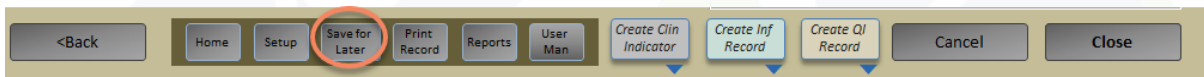
Purpose

- ✓ **“Save for Later”** function enables risk, incident, and feedback records in RiskClear to be left incomplete to come back to later, or to be finalised by another person with appropriate access.
- ✓ **“Save for Later”** function assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding incident, risk, and complaints management – e.g., NSQHS 1 Clinical Governance Criteria 1.10, 1.11 & 1.14.)

Steps & Example

Steps:

1. The **“Save for Later”** button will appear when at least part of the (risk, incident, or feedback) record has been completed. **Click on this button only if the page is incomplete and is to be finalised later or by another person.**

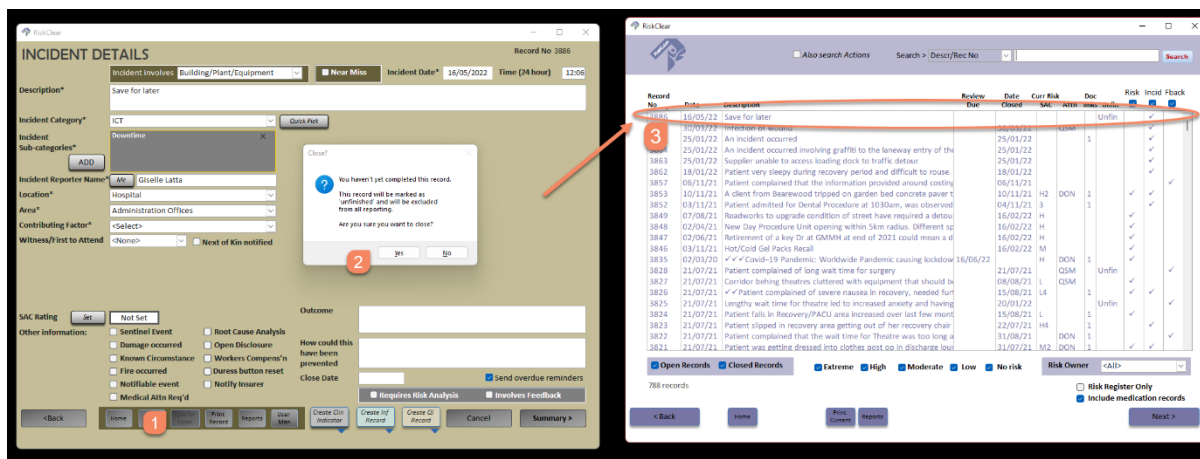


2. The record will show as unfinished (**“Unfin”**) on the **Search** page/screen (see below) and can also be identified by running **Report 501 “Unfinished Records”**.

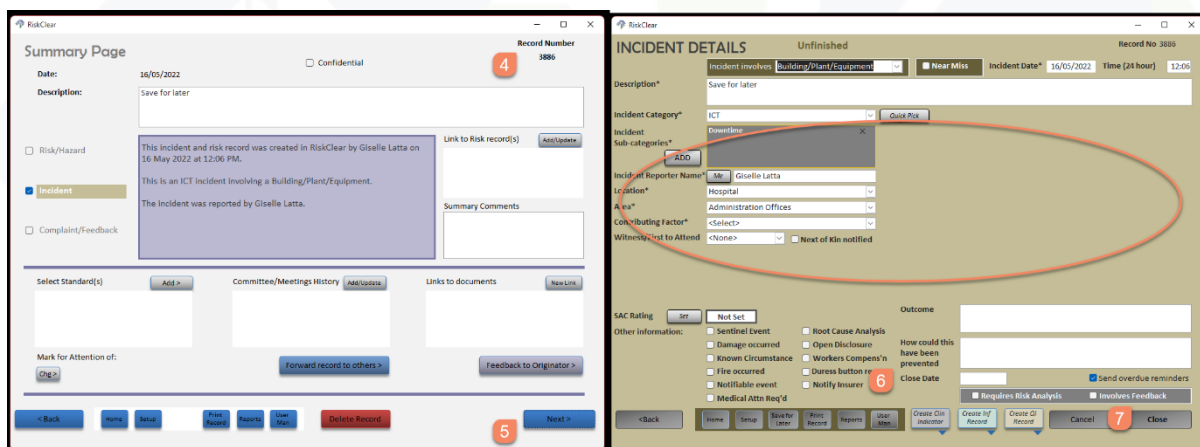
RiskClear									
☐ Also search Actions Search > Descr/Rec No Search									
Record No	Date	Description	Review Due	Date Closed	Curr Risk SAC	Attn	Doc links	Unfin	Risk Incid Fback
3886	16/05/22	Save for later						Unfin	✓
3879	30/03/22	Infection of wound		30/03/22	QSM				✓

Example of an Unfinished Record:

1. Once an incident (risk or feedback record) has been initiated and commenced, click **“Save for Later”** to complete it later .
2. A window prompt will appear saying the record is incomplete and do you wish to close – click **“yes”**.
3. At a later time/date click on **“Search RiskClear”** and find the unfinished record, click on it to open the unfinished record.



4. The "Summary Page" of the unfinished record will appear.
5. Click on "Next>".
6. The unfinished incident record will open, complete any unfinished details/data entry, and enter a "Close Date".
7. Click "Close" – the record is now finished and will no longer appear as an unfinished record.



25.Document Review >> More (Plus Tab)

Audience & Key Users of this Function

- ✓ DON
- ✓ Quality Manager
- ✓ Clinical /Business /Administration Manager
- ✓ RiskClear Users responsible for Document Management/Review Processes

Purpose

- ✓ Document version control and the ability to keep track of document changes is an integral part of document management. Document version control in RiskClear keeps

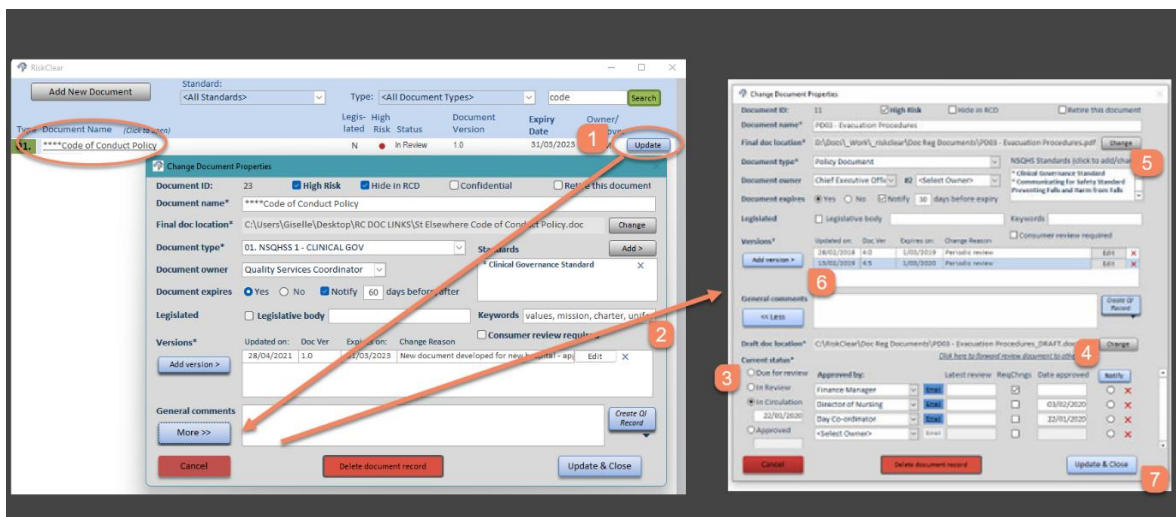
track of different drafts, version history and notifies document owners of documents due for review.

- ✓ Document review and approval function enables those responsible for document (e.g., policies, procedures, and protocols) management to maintain the currency and effectiveness of these documents used by staff in the delivery of safe patient care.
- ✓ Document review and approval function assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding the set out, review and maintenance of the currency of policies, procedures, and protocols – e.g., NSQHS 1 Clinical Governance Standard Criteria 1.7).

Steps & Example

Steps: Go to the **Document Register** on the **Plus Tab**.

1. Find the **document** that is due for review and click **"update"** (circled), then click **"More>>"** (see arrow).
2. The **"More>>"** button expands the screen to enable you to move through the review and approval process.
3. The following fields appear:
 - **Current Status:** Select the **"Due for Review"** option to show your intention to begin the review process on this document. RiskClear will automatically select this option when it sends out an owner notification as set above. Selecting the **"In Review"** option means that the document owner is editing and updating the review document.
 - Selecting the **"In Circulation"** option will auto-populate today's date in the box to the right of this option. It will also display a dialogue box asking whether you would like to notify all approvers that this document requires their attention, and approval. The email notifications will be queued by RiskClear Sentry and sent overnight.
 - Select the **"Approved"** option after all approvers have approved the record. RiskClear Sentry will also notify when all approvals have been made.
4. Link the review document to the record by clicking the **"Change"** button to the right of the **Review doc'mnt location** field. Once linked, all reviewers can open the review document by clicking on the link.
5. Now the document has been approved click go to the **Final doc location** field click **"Change"** and find/select the updated document by browsing your network/drive.
6. Click **"Add Version>"** and record the new updated document version details for that document.
7. Click **"Update & Close"**.



For further information on the Document approval process and functions refer to the **Document Register Training Guide** via the “**RiskClear Training Resources**” on the **Support Tab** and/or refer to pages 64-65 of the “**RiskClear User Manual**” also found on the **Support Tab** of RiskClear.

26. Record Prefix /Category/Subcategory Function (Home Tab)

Audience & Key Users of this Function

- ✓ DON
- ✓ Quality Manager
- ✓ Clinical /Business /Administration Manager
- ✓ RiskClear Users

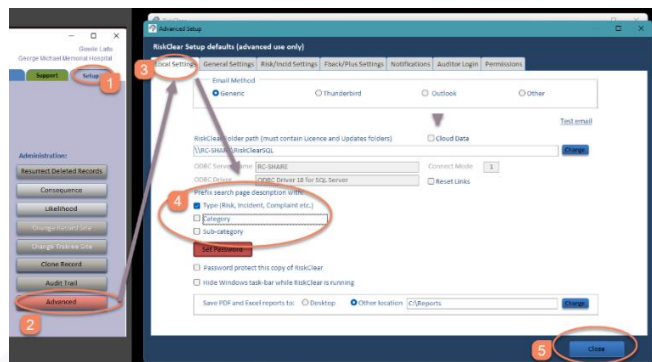
Purpose

- ✓ The RiskClear Search Page shows, amongst other details, the description of each record. If you prefer, these descriptions can also be prefixed with the **Type** (Risk, Incident, Complaint etc), **category and subcategory** of that record, followed by the **description** information.
- ✓ This function assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding incident, risk, and complaints management – e.g., NSQHS 1 Clinical Governance Criteria 1.10, 1.11 & 1.14.).



Steps & Examples: Steps:

1. To do this go to **Setup**.
2. Click **Advanced**.
3. Go to the **Local Settings Tab**.
4. Place a tick in **one or more of the tick-boxes** under the **Prefix Search Page Description with** section.



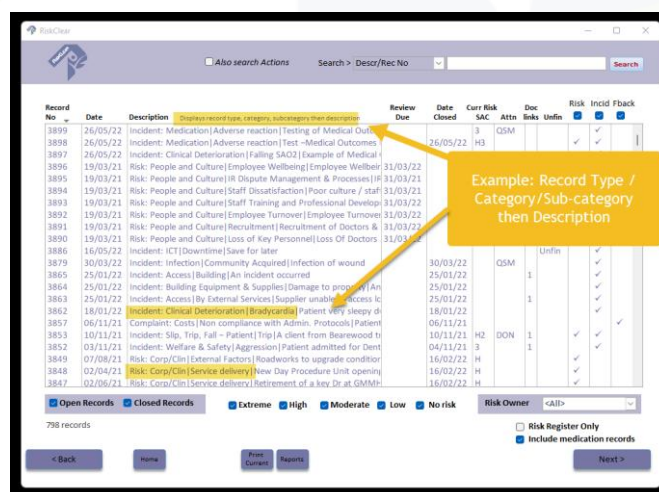
Examples:

1. If you tick all prefix boxes

Prefix search page description with:

- ☒ Type (Risk, Incident, Complaint etc.)
- ☒ Category
- ☒ Sub-category

Your **Search RiskClear Page/Screen** will look like this: e.g., Incident (type) Clinical Deterioration (category): Bradycardia (subcategory) – Description.....



2. If you tick the record Type and Category boxes:

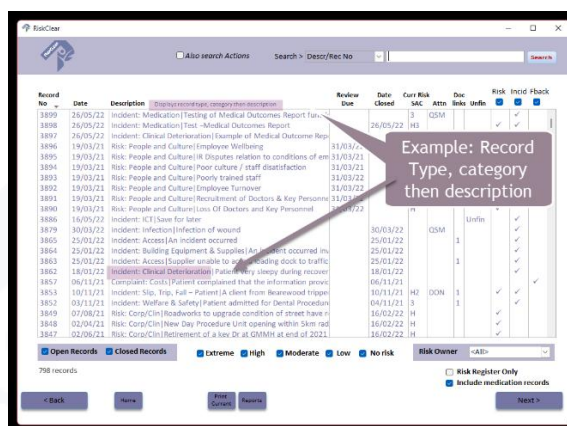
Prefix search page description with:

☒ Type (Risk, Incident, Complaint etc.)

☒ Category

☐ Sub-category

Your **Search RiskClear** Page/Screen will look like this: e.g., Incident (type): Clinical Deterioration (category) – Description.....



3. If you select just (Record) Type:

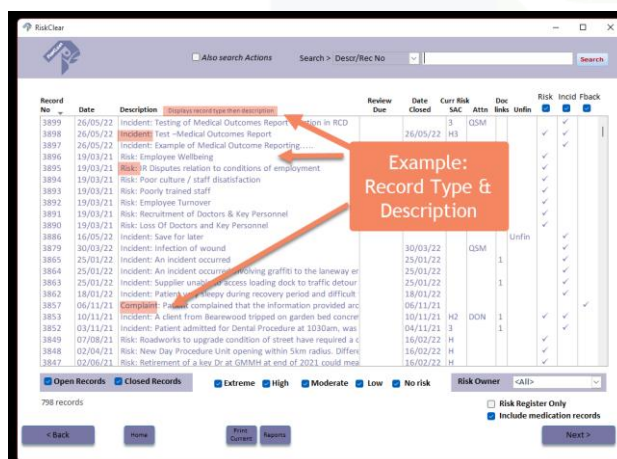
Prefix search page description with:

☒ Type (Risk, Incident, Complaint etc.)

☐ Category

☐ Sub-category

Your **Search RiskClear** Page/Screen will look like this: e.g., Incident (type): Description.....



4. Alternatively, you can leave all the boxes unticked:

Prefix search page description with:

- ☐ Type (Risk, Incident, Complaint etc.)
- ☐ Category
- ☐ Sub-category

And your **Search RiskClear** Page/Screen will just show the (record) Description with no prefixes.



Record No	Date	Description	Review Due	Date Closed	Curr Risk SAC	Attn	Doc links	Unfin	Risk	Incid	Fback
3899	26/05/22	Testing of Medical Outcomes Report function in RCD		26/05/22	3	OSM					
3898	26/05/22	Test -Medical Outcomes Report			H3						
3897	26/05/22	Example of Medical Outcome Reporting.....			3						

27.Exposure Injury Function/Infection Event (Quality Tab)

Audience & Key Users of this Function

- ✓ DON
- ✓ Quality Manager
- ✓ Clinical Manager
- ✓ WHS/OHS Manager
- ✓ Infection Control Coordinator
- ✓ RiskClear Users

Purpose

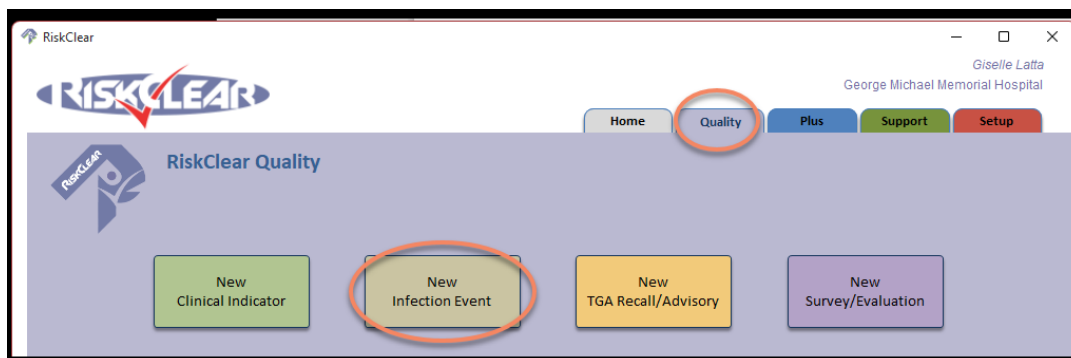
Hospitals need to have safety and quality systems in place for the prevention, surveillance, management, and control of hospital-acquired infections.

- ✓ The Infection Event function in RiskClear assists in surveillance, managing and reporting both infection events and exposure incidents.
- ✓ Infection Events in RiskClear can be found on the Quality Tab and can be configured via Setup.
- ✓ Infection Event Reports (report numbers 420 and 421) can be shared at Infection Control Committee Meetings, as well as other appropriate governance meetings in your hospital/organisation.
- ✓ This function assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding– e.g., NSQHS 3 Preventing and Controlling Healthcare Associated Infections Criteria 3.1, 3.7, 3.11).

Example & Steps

Steps:

You can enter an Infection Event by going directly to the **Quality Tab** in RiskClear and clicking “New Infection Event”.



Alternatively, if the Infection Event has arisen due to an incident (e.g., Exposure Injury) then refer to the diagram below and do the following:

Step 1: Complete the incident **Description** details including all *mandatory fields.

Step 2: Click “**Create Infection Record**” (found at the bottom of the page) – this will open the **Infection Event Details Page** and link the Incident Record to the Infection Event Record.

Data that has already been entered via the Incident Page (e.g., Description, Date, Name etc) will now also appear on the Infection Event Page (see arrow below).

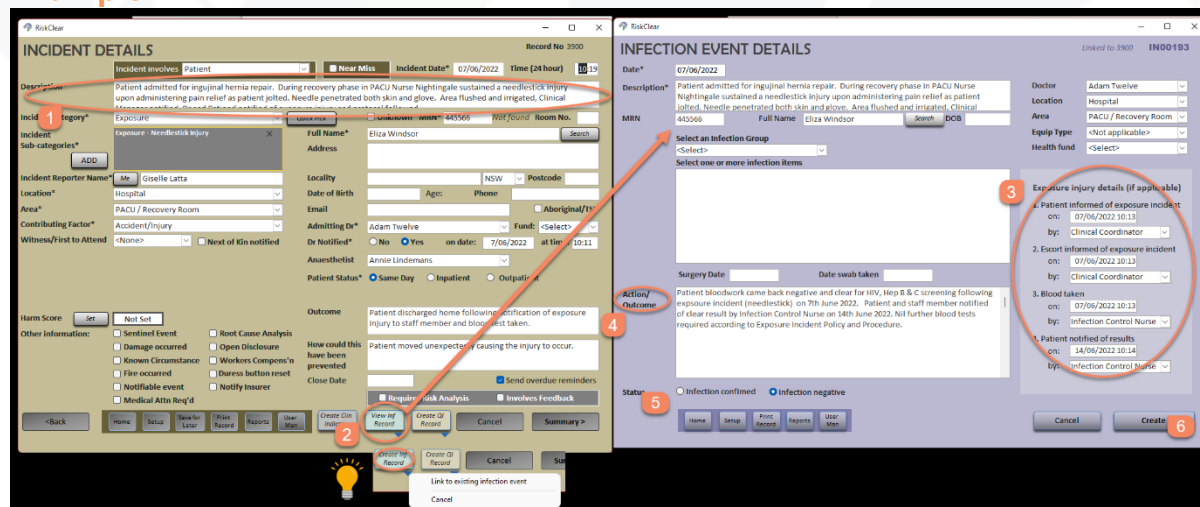
Step 3: Complete the “**Exposure Injury**” details/fields.

Step 4: Add any “**Action/Outcome**” details.

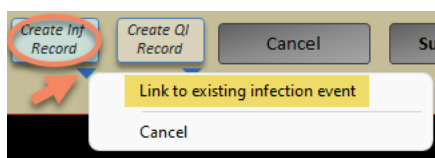
Step 5: Select the “**Status**” (where applicable).

Step 6: Click “**Create**” to create and save the Infection Event Record.

Example:



Note: You can also do this process in reverse where you enter an **Infection Event Record** from the **Quality Tab** first - and then later link it to an existing Incident Record by clicking the blue down arrow and selecting “**link to existing infection event**”.



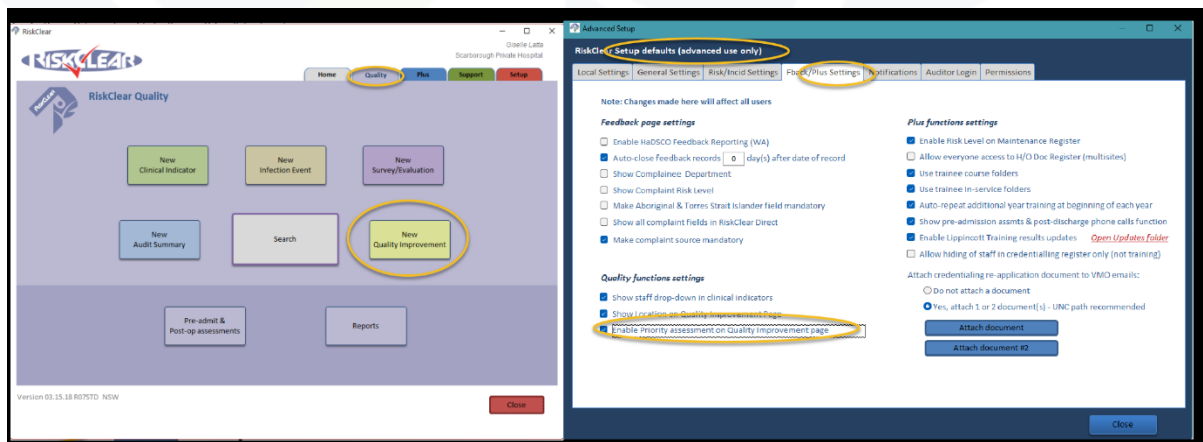
28.Enable Priority Assessment (Quality Tab)

Audience & Key Users of this Function

- ✓ DON
- ✓ Quality Manager
- ✓ Clinical Manager
- ✓ WHS/OHS Manager
- ✓ Managers
- ✓ RiskClear Users
- ✓ RiskClear Direct Users

Purpose

- ✓ Hospitals need to use organisation wide quality improvement systems that identify areas for improvement in quality and safety, as well as implement and monitor quality improvement activities and strategies.
- ✓ The **Quality Improvement** function in RiskClear assists in identifying, implementing, and monitoring quality improvement activities in your hospital.
- ✓ The **"Priority Assessment"** function can assist in determining the urgency and benefit of such Quality Improvement activities and assist also with prioritisation in decision making.
- ✓ Quality Improvement in RiskClear can be found on the **Quality Tab** (diagram below left) and the Priority Assessment function can be enabled via **Setup/Advanced/F'back/Plus Settings** by someone with Admin/Advanced Access (e.g., DON, Quality Manager, Manager).



- ✓ Quality Improvement Reports (report numbers 450, 452, 453 and 455) can be produced and shared at Staff Meetings as well as other appropriate governance meetings in your hospital/organisation.
- ✓ This Quality Improvement function assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding–NSQHS 1 Clinical Governance Standard regarding measurement and quality improvement – e.g., Criteria 1.8, 1.9, 1.25, 1.26.

Example & Steps

Steps:

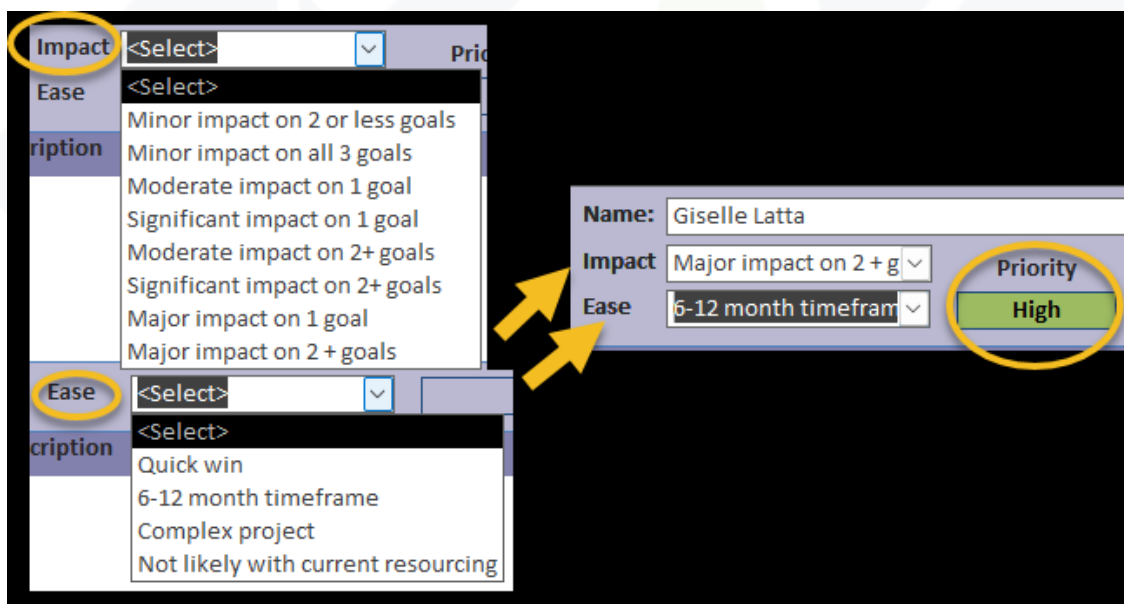
Step 1. Ticking the “*Enable Priority assessment on Quality Improvement page*” box (as shown above) will display this panel (below) on the Quality Improvement page:



The screenshot shows a panel with two dropdown menus labeled 'Impact' and 'Ease', both currently set to '<Select>'. To the right of these is a field labeled 'Priority'.

Step 2: When completing a Quality Improvement Record in RiskClear, select the **Impact** that the QI would have on the organisation and the **Ease** with which the improvement could be implemented.

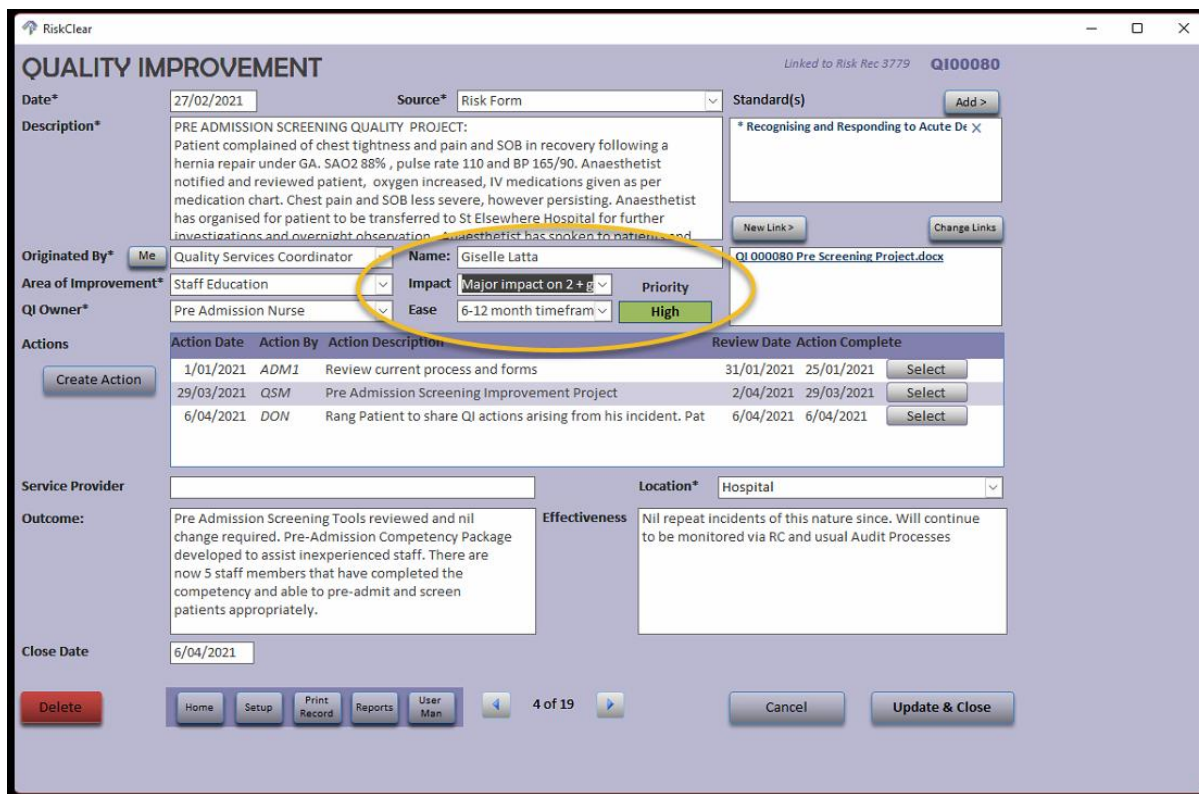
This will calculate and display the priority of either **Low, Moderate or High** in the priority field.



The screenshot shows the 'Impact' and 'Ease' dropdown menus open. The 'Impact' menu lists options from 'Minor impact on 2 or less goals' to 'Major impact on 2 + goals'. The 'Ease' menu lists options from 'Quick win' to 'Not likely with current resourcing'. The 'Priority' field now displays 'High'. Yellow arrows point from the selected 'Impact' and 'Ease' options to the 'Priority' field, indicating the calculation process.

Example

Quality Improvement Record with Priority Assessment completed.

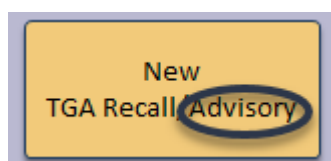


The screenshot shows the RiskClear Quality Improvement Register Report (450) with Priority Assessment. The form is titled "QUALITY IMPROVEMENT" and is linked to Risk Rec 3779 and QI00080. The "Date*" field is 27/02/2021, and the "Source*" is Risk Form. The "Description*" field contains a detailed account of a patient's chest tightness and pain, and the "Standard(s)" field lists "* Recognising and Responding to Acute De x". The "Originated By*" field is Quality Services Coordinator, and the "Area of Improvement*" is Staff Education. The "QI Owner*" is Pre Admission Nurse. The "Impact" is Major impact on 2+ g, and the "Priority" is High. The "Ease" is 6-12 month timeframe. The "Actions" table shows a list of actions with dates, descriptions, and review dates. The "Service Provider" field is empty, and the "Location*" is Hospital. The "Outcome:" field describes the pre-admission screening tools reviewed and the effectiveness of the process. The "Close Date" is 6/04/2021. The form includes buttons for "Delete", "Home", "Setup", "Print Record", "Reports", "User Man", "Cancel", and "Update & Close".

Quality Improvement Register Report (450) with Priority Assessment showing (circled).

29.New Alert Advisory (Quality Tab)

NSQHS Standards Advisories are issued by the Australian Commission on Safety and Quality in Health Care (the Commission) and provide formal guidance, updates, and direction on the interpretation and/or assessment of the NSQHS Standards. Communicating Advisory Alerts to key hospital staff in a timely manner is fundamental in the delivery of quality patient care.



Audience & Key Users of this Function

- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ RiskClear users

Purpose

Communicating Advisory releases to key-staff in a timely manner and receiving feedback regarding any actions taken is fundamental to providing a safe and informed hospital environment.

The RiskClear Advisory function facilitates the following:

- Dissemination of Advisory information to relevant personnel in a timely manner.

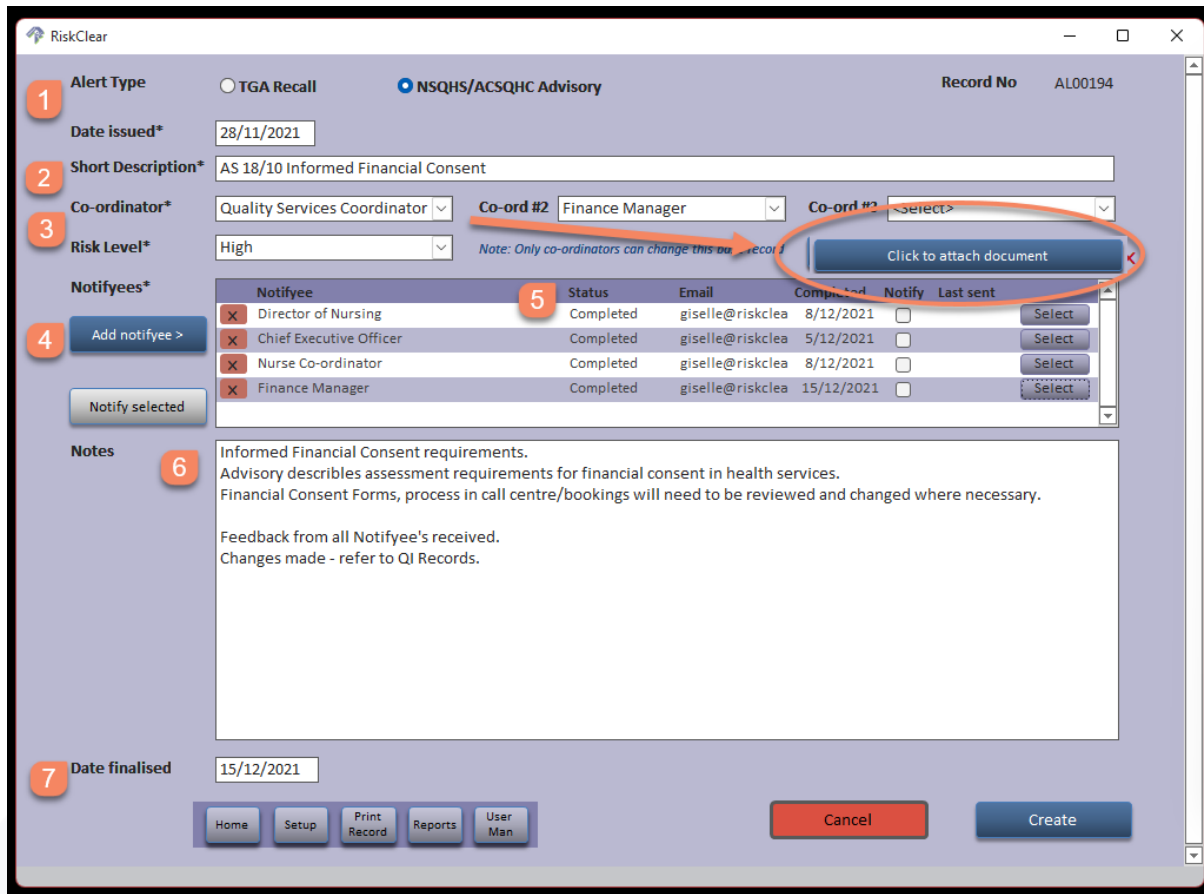
- ✓ Receiving feedback from these personnel as to if and how the Advisory affects them.
- ✓ Receiving feedback as to any changes or quality improvements required to meet the Standard the Advisory relates too.
- ✓ Assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding:
 - Risk Management - e.g., *NSQHS 1 Clinical Governance Standard* - Criteria 1.10, 1.25 and.
 - Communicating critical information including alerts and risks in a timely way - e.g., *NSQHS 6 Communicating for Safety* - Criteria 6.9.

Example & Steps: Advisory Coordinator

***NOTE:** Staff who currently have RiskClear Supervisor access will now have access to **create new records** in this function. Everybody else will be able to **access the record** to action it.

The function consists of a main screen which contains details of the Advisory Alert and a list of notifyees.

7. Select **Alert Type** – e.g., NSQHS Advisory.
8. Provide a **short description** of the Advisory Alert.
9. The **Coordinator** of the Advisory Alert is selected here along with a **Co-ord #2** if needed – you can also **attach the Advisory Alert** or any other helpful documentation for the notifyees to utilise.
10. **Add Notifyees** - these are staff within the hospital who will need to action the Advisory record. There might be one or several notifyees depending on the alert.
11. Shows the **status** of each notifyees management of the Advisory Alert– you can also send and re-send **reminders**.
12. Once all notifyees have responded with acknowledgment of the alert and completed any actions, the Alerts Coordinator can enter any **Notes** and the **Date finalised** to close the Advisory Alert for the Hospital.



1 Alert Type ☐ TGA Recall ☒ NSQHS/ACSQHC Advisory Record No AL00194

2 Date issued* 28/11/2021

3 Short Description* AS 18/10 Informed Financial Consent

4 Co-ordinator* Quality Services Coordinator Co-ord #2 Finance Manager Co-ord #3 Select

5 Risk Level* High Note: Only co-ordinators can change this base record

6 Notifyees*

Notifyee	Status	Email	Completed	Notify	Last sent
☒ Director of Nursing	Completed	giselle@riskclea	8/12/2021	☐	Select
☒ Chief Executive Officer	Completed	giselle@riskclea	5/12/2021	☐	Select
☒ Nurse Co-ordinator	Completed	giselle@riskclea	8/12/2021	☐	Select
☒ Finance Manager	Completed	giselle@riskclea	15/12/2021	☐	Select

7 Notes

Informed Financial Consent requirements.
Advisory describes assessment requirements for financial consent in health services.
Financial Consent Forms, process in call centre/bookings will need to be reviewed and changed where necessary.

Feedback from all Notifyee's received.
Changes made - refer to QI Records.

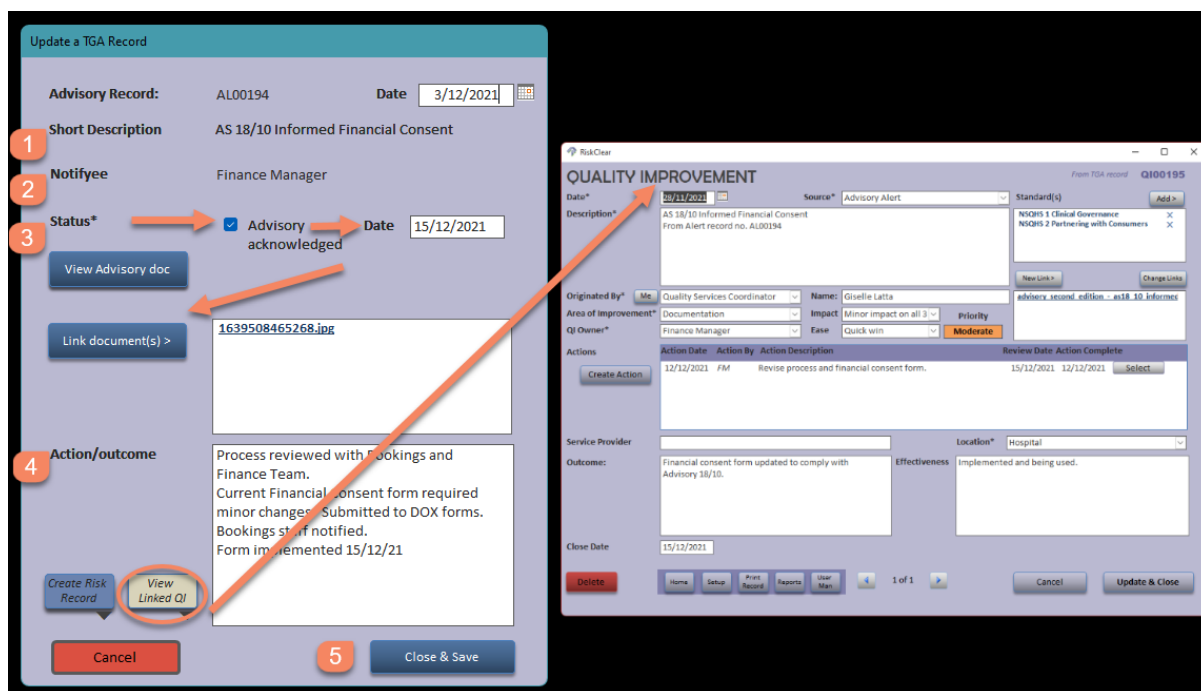
8 Date finalised 15/12/2021

Home Setup Print Record Reports User Man Cancel Create

Remember: The coordinator(s) of each record are the only staff who can change the base record, add/remove notifyees, attach the Advisory document and enter notes. They can also email notifications to the notifyees of the existence of the record by clicking the "Notify selected" button. These email notifications are sent immediately (not overnight). Notifyees can then open the record and select their name/role from the list of notifyees.

Example & Steps: Advisory Alert Notifyee/Recipient

- ✓ Advisory Alert email notifications are sent immediately to the notifyees.
 - ✓ Notifyees can open the record and select their name/role from the list of notifyees.
 - ✓ In the case of Advisory Alerts, a **panel will be displayed so that notifyees can acknowledge and action the alert** (see below for example).
1. The **Description** of the Advisory Alert is provided here.
 2. The **Notifyee** is shown here – e.g., Finance Manager.
 3. **Status** – this is where the Alert Notifyee provides a status on the alert for their particular area – e.g., **Advisory acknowledged** and a **date**. The notifyee can click **View Advisory doc** to see detailed information about the Advisory. The **Link document** is where the notifyee can provide information (photos, documentation etc) relating to management of the Advisory.
 4. **Action/outcome** is where the Notifyee can provide comments regarding actions taken and the outcome achieved. They can also **Create Risk Record** or **Create QI record** (see example below) if necessary.
 5. Click **Close** and the **Alert Coordinator** will be able to see that the **Notifyee** has actioned the Advisory Alert in RiskClear.



Update a TGA Record

Advisory Record: AL00194 Date: 3/12/2021

Short Description: AS 18/10 Informed Financial Consent

Notifeye: Finance Manager

Status* ☒ Advisory acknowledged Date: 15/12/2021

View Advisory doc

Link document(s) > 1639508465268.jpg

Action/outcome: Process reviewed with Bookings and Finance Team. Current Financial consent form required minor changes. Submitted to DOX forms. Bookings staff notified. Form implemented 15/12/21

Create Risk Record View Linked QI

Cancel Close & Save

QUALITY IMPROVEMENT

Date: 15/12/2021 Source: Advisory Alert Standard(s): NSQHS 1 Clinical Governance, NSQHS 2 Partnering with Consumers

Description: AS 18/10 Informed Financial Consent From Alert record no. AL00194

Originated By: Me Quality Services Coordinator Name: Giselle Latta

Area of Improvement: Documentation Impact: Minor impact on all 3 Priority: Moderate

QI Owner: Finance Manager Ease: Quick with

Actions

Action Date	Action By	Action Description	Review Date	Action Complete
12/12/2021	FM	Revise process and financial consent form.	15/12/2021	12/12/2021

Service Provider: Outcome: Financial consent form updated to comply with Advisory 18/10. Effectiveness: Implemented and being used.

Close Date: 15/12/2021

Delete Home Setup Print Record Reports User Menu 1 of 1 Cancel Update & Close

*Remember - **Report 470 Alerts Register** can be run to show all Advisory Alerts according to a date range or all records, and by open/closed or all records. Also refer to the **Alerts Training Guide** via the **Support Tab/Training Resources**.

Scarborough Private Hospital - Quality Improvement Record

Date	29/03/2021	Record	QI00076
Description	REVIEW OF ADMISSION POLICY, PROCEDURE AND CRITERIA Patient complained of chest pain and SOB at 1043hrs. SAO2 dropped to 88%, PR 122 and BP 168/92. Anaesthetist notified and patient reviewed. Medication and Oxygen administered as per chart. Observations within normal parameters, however residual chest pain continues. Anaesthetist spoke to NOK and patient transfer to St Elsewhere for overnight observations via ambulance arranged. Patient transferred to St Elsewhere at 1131hrs with belongings and transfer summary. From Risk record no.03784		
Source	Risk Form	Priority	High
Standard(s)	* Clinical Governance Standard * Recognising and Responding to Acute Deterioration Standard		
Originator	Quality Services Manager Giselle Latta		
Area of Improvement	Process Improvement		
QI Owner	Director of Nursing		
Service Provider	<None selected>		
Outcome	Admission Criteria and Policy / Procedure Documents updated in liaison with key personnel, MAC and Documentation Management Committee's.		
Effectiveness	Audit of Admission Process monthly for 6 months to monitor compliance and respond to non compliance.		
Close Date	<Currently open>		Linked to Risk record 3784
Location	Hospital		
Action:	Action by Quality Services Manager on 2/04/2021 [completed] Review Admission Policy and Procedure including Admission Criteria in liaison with DON and Nursing Coordinator. Review at MAC and Documentation Committee		
Action:	Action by Day Co-ordinator on 2/04/2021 [completed] Coordinate with Quality Manager Staff Inservice on admission criteria		

30. Forward Record to Others (Home Tab)

Audience & Key Users of this Function

- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ RiskClear users

Purpose

- ✓ Use this feature to forward a PDF copy of the current (risk, incident, feedback) record to recipients via email.

Forward record to others >

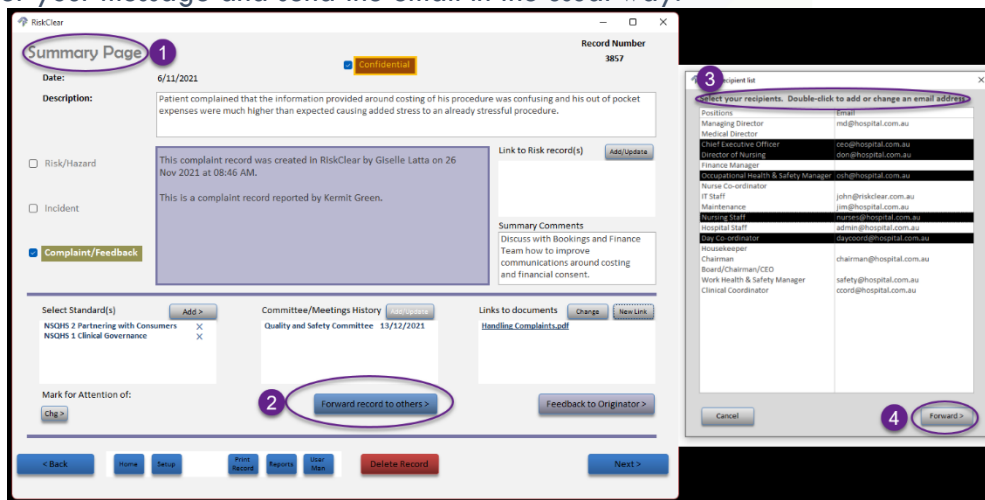
- ✓ Enables appropriate members of the multi-disciplinary health team to be able to receive an incident, risk or feedback record for information or review purposes.
- ✓ Assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding:
 - Risk Management and Incident Management - e.g., **NSQHS 1 Clinical Governance Standard** - Criteria 1.10, 1.11 and 1.25.
 - Communicating critical information in a timely way - e.g., **NSQHS 6 Communicating for Safety** - Criteria 6.9.

Example & Steps:

1. Go to the **Summary Page** of the record you wish to forward.
2. Click **"Forward Record to others>"**.
3. The **Email Recipient panel** will display staff positions and their email addresses. (To add or change an email address, double-click the entry, and enter the new email address in the dialog box that displays).
4. Select one or more positions and click the **Forward>** button.

Your **default email client will open** and a **new message with the record attached and pre-addressed to the selected recipients will be created**.

Enter your message and send the email in the usual way.



The screenshot shows the RiskClear Summary Page for Record Number 3857. The page includes fields for Date (6/11/2021), Description, and a Complaint/Feedback section. A 'Forward record to others >' button is highlighted with a red circle and the number 2. To the right, the 'Email Recipient List' dialog is open, showing a list of staff positions and their email addresses. The dialog has a 'Select your recipients. Double-click to add or change an email address.' instruction. A 'Forward >' button is highlighted with a red circle and the number 4.

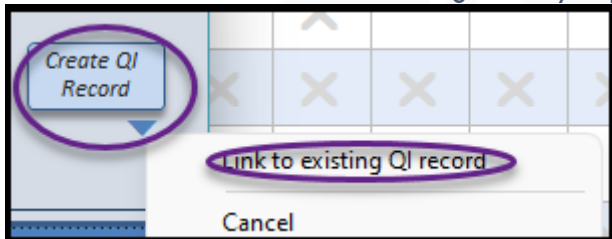
31.Link to Existing Quality Improvement Record (Home, Quality & Plus Tabs)

Audience & Key Users of this Function

- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ RiskClear users

Purpose

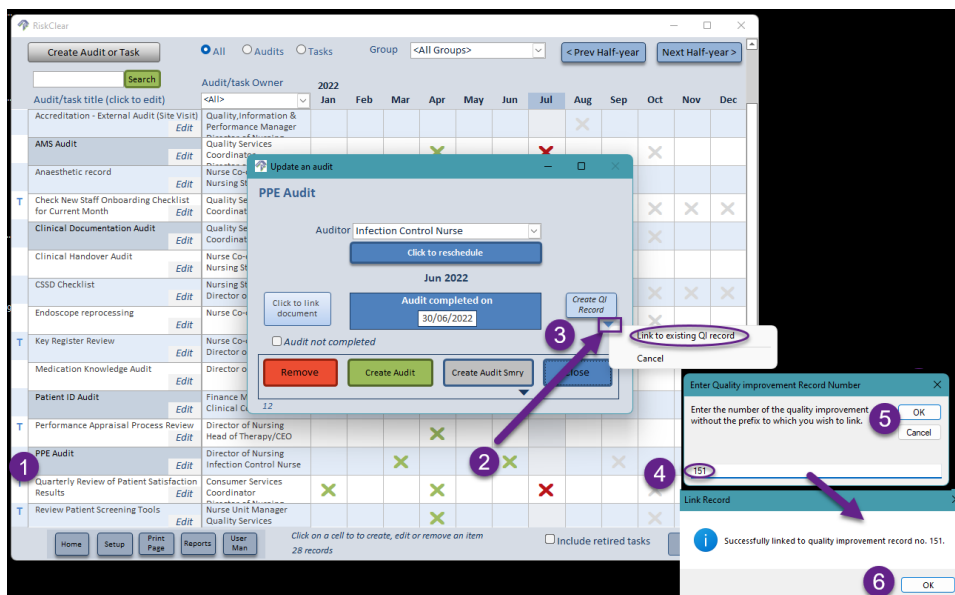
- ✓ Use this feature to link to an existing Quality Improvement Record.



- ✓ **NOTE:** This feature also appears on various screens in RiskClear such as the **Incident, Risk, Feedback, Audit Register, Maintenance Schedule, Document Register** and **TGA/Advisory Alerts** screens. **The example below will feature linking a completed audit to an existing Quality Improvement record.**
- ✓ This function enables records that are co-related to be linked together- e.g., there may be multiple audit records that need to link to one Quality Improvement Record.
- ✓ Assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding:
 - Measurement and quality improvement - e.g., *NSQHS 1 Clinical Governance Standard* - Criteria 1.8 and 1.9.

Example & Steps - Linking a completed audit to an existing Quality Improvement (QI) record:

1. Go to the **Audit Schedule** on the **Plus Tab** and find the audit you wish to link to an existing QI record – e.g., PPE Audit.
2. Click on the **"X"** for the relevant month – e.g., June 2022.
3. Click on the **"blue down arrow"** under the **"Create QI Record"** button and select **"link to existing QI record"**.
4. Enter the **number (without the QI prefix) of the QI record** you wish to link this audit too – e.g., 151.
5. Click **"OK"**.
6. The **"Link Record"** dialogue box will appear confirming you have successfully linked the records to each other – click **"OK"**.



32.Evaluation Function (Quality Tab)

Audience & Key Users of this Function

- Clinical Managers
- DON
- Quality Manager
- Business /Administration Manager
- RiskClear users

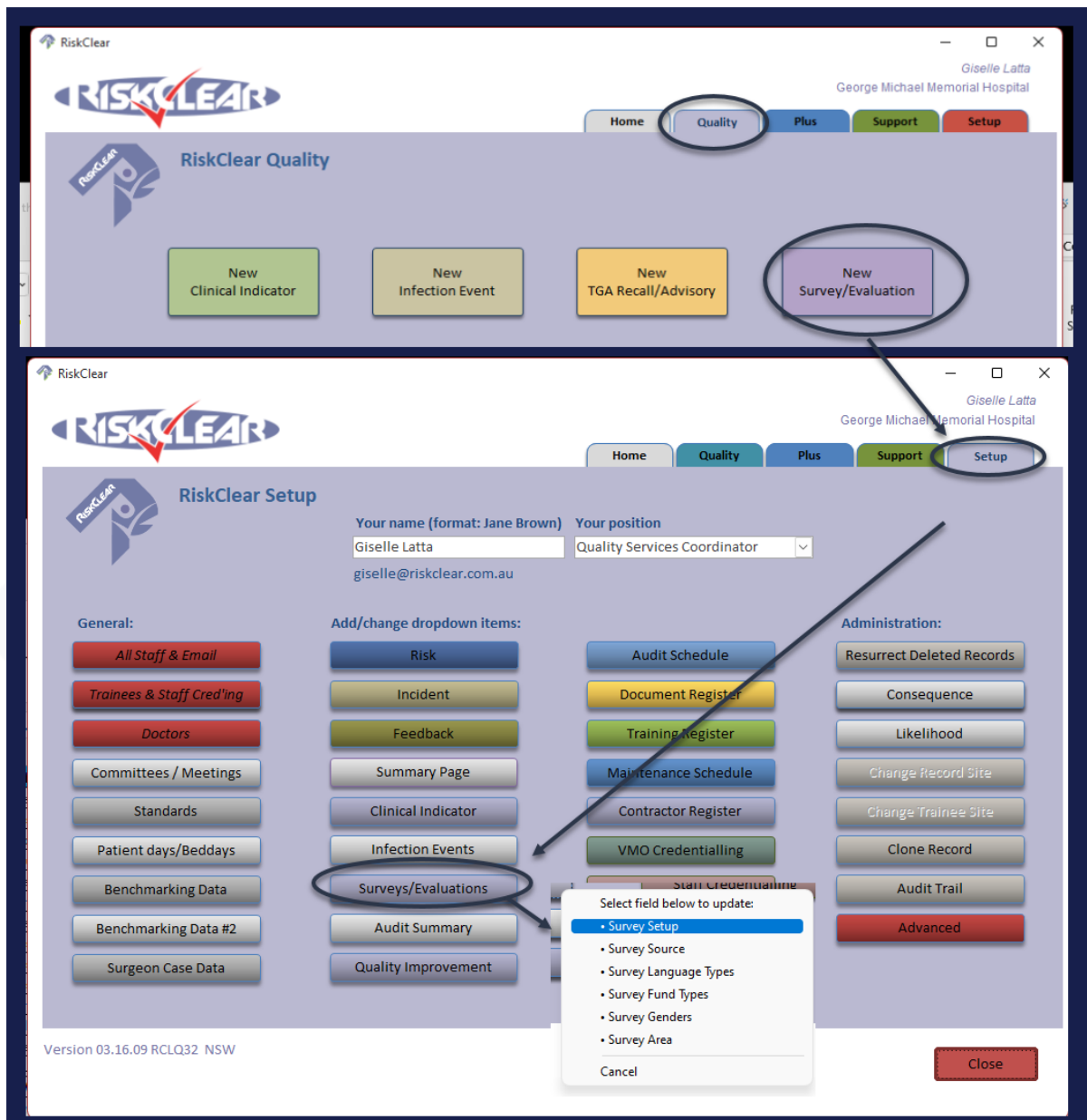
Purpose

- The Survey/**Evaluation Function** in RiskClear is found on the **Quality Tab** and the Setup of this function occurs on the **Setup Tab**.
- Evaluation is important in assessing the effectiveness of a particular process, system, or program.
- Evaluations can include evaluating product trials, hospital processes and programs such as staff orientation and performance appraisals.
- Assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding:
 - Measurement and quality improvement - e.g., **NSQHS 1 Clinical Governance Standard** - Criteria 1.8 , 1.9. , 1.13.

Steps & Example – Creating an Evaluation Template

Steps:

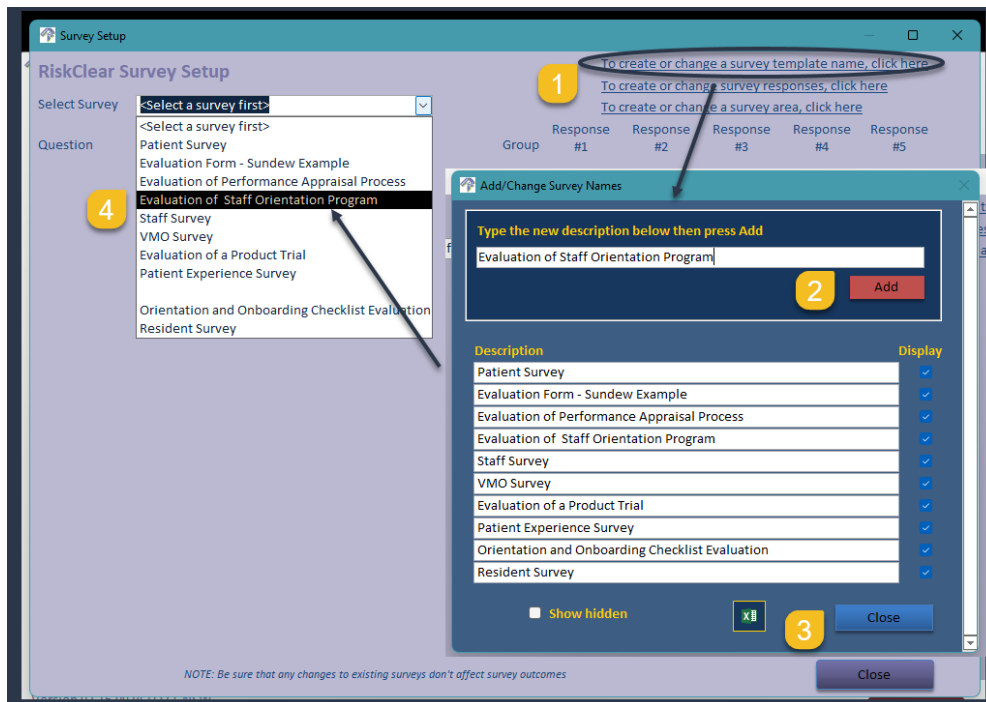
On the **Setup Tab** in RiskClear, click **Surveys/Evaluation** and select **Survey Setup** (see below).



The top screenshot shows the RiskClear Quality dashboard. The 'Setup' tab is selected in the top navigation bar. The 'New Survey/Evaluation' button is circled in the main content area.

The bottom screenshot shows the RiskClear Setup page. The 'Setup' tab is selected in the top navigation bar. The 'Surveys/Evaluations' button is circled in the 'Add/change dropdown items' section. A dropdown menu is open, showing 'Survey Setup' as the selected option.

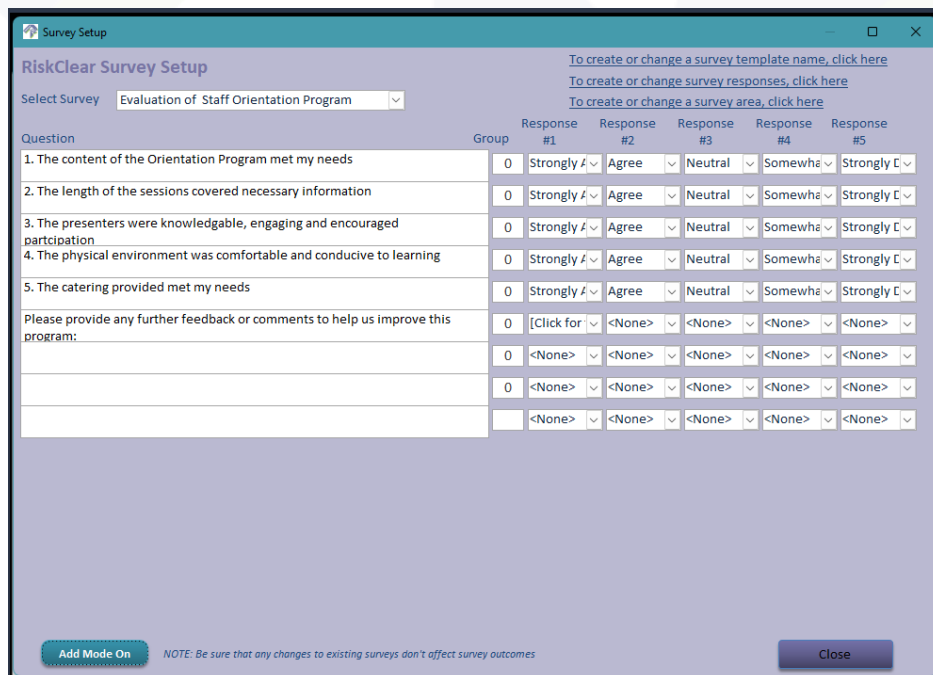
1. Click **To create or change a survey template name, click here.**
2. Type the name of the Evaluation Template – for example, *Evaluation of Staff Orientation Program* and click **Add**.
3. Click **Close**.
4. Now the *Evaluation of Staff Orientation Program* will appear in the Select Survey drop-down menu.



Example:

Evaluation Template in RiskClear – *Evaluation of Staff Orientation Program*.

You can enter the evaluation responses into RiskClear - refer to the **Survey Evaluation Training Guide** found via the **Training Resources** on the **Support Tab** for more information on how to do this.



RiskClear Survey Setup

Select Survey: Evaluation of Staff Orientation Program

Question

Group	Response #1	Response #2	Response #3	Response #4	Response #5
0	Strongly Agree	Agree	Neutral	Somewhat Agree	Strongly Disagree
0	Strongly Agree	Agree	Neutral	Somewhat Agree	Strongly Disagree
0	Strongly Agree	Agree	Neutral	Somewhat Agree	Strongly Disagree
0	Strongly Agree	Agree	Neutral	Somewhat Agree	Strongly Disagree
0	Strongly Agree	Agree	Neutral	Somewhat Agree	Strongly Disagree
1	[Click for]	<None>	<None>	<None>	<None>
0	<None>	<None>	<None>	<None>	<None>
0	<None>	<None>	<None>	<None>	<None>
0	<None>	<None>	<None>	<None>	<None>

NOTE: Be sure that any changes to existing surveys don't affect survey outcomes

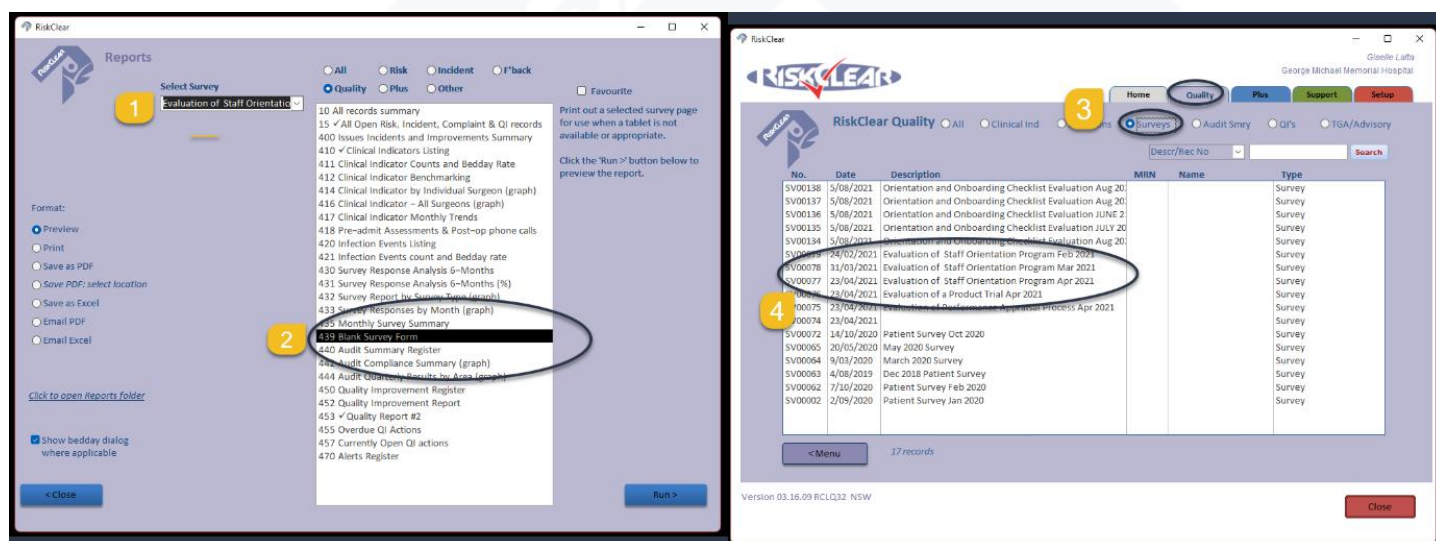
Add Mode On Close

Handy Tips:

1. In **Reports** you can select the **Evaluation of Staff Orientation Program** from the Select Survey drop-down menu and;
2. Select **Report 439 Blank Form** and print off blank templates for new staff to complete at or following your Orientation Program.

(You can enter their responses into RiskClear - refer to the **Survey Evaluation Training Guide** found via the **Training Resources** on the **Support Tab**.)

3. You can then go to the **Quality Tab** and select **Surveys** to see a list of completed survey or evaluation forms from your Staff Orientation Program.
4. You can view the results by clicking on the required evaluation and you can also run reports (430,431,432,433,435) on the completed evaluations and share this feedback at appropriate forums as and utilise it to improve your Orientation program also.



No.	Date	Description	MIN	Name	Type
SV00138	5/08/2021	Orientation and Onboarding Checklist Evaluation Aug 20			Survey
SV00137	5/08/2021	Orientation and Onboarding Checklist Evaluation Aug 20			Survey
SV00136	5/08/2021	Orientation and Onboarding Checklist Evaluation JULY 20			Survey
SV00135	5/08/2021	Orientation and Onboarding Checklist Evaluation JULY 20			Survey
SV00134	5/08/2021	Orientation and Onboarding Checklist Evaluation Aug 20			Survey
SV00078	24/02/2021	Evaluation of Staff Orientation Program Feb 2021			Survey
SV00077	31/03/2021	Evaluation of Staff Orientation Program Mar 2021			Survey
SV00076	23/04/2021	Evaluation of Staff Orientation Program Apr 2021			Survey
SV00075	23/04/2021	Evaluation of Staff Orientation Program Apr 2021			Survey
SV00074	23/04/2021	Evaluation of Staff Orientation Program Apr 2021			Survey
SV00072	14/10/2020	Patient Survey Oct 2020			Survey
SV00065	20/05/2020	May 2020 Survey			Survey
SV00064	9/03/2020	March 2020 Survey			Survey
SV00063	4/08/2019	Dec 2018 Patient Survey			Survey
SV00062	7/10/2020	Patient Survey Feb 2020			Survey
SV00002	2/09/2020	Patient Survey Jan 2020			Survey

33.Compliment Record (Home Tab)

Audience & Key Users of this Function

- Clinical Managers
- DON
- Quality Manager
- Business /Administration Manager
- RiskClear and RiskClear Direct users

Purpose

Collecting and responding to patient feedback via the Compliments Record is important for both patients and staff. Patients can provide valuable feedback as a compliment that is real to time and not necessarily captured in Patient Surveys. The **Compliment Record** in **RiskClear** (below left) and **RiskClear Direct** (below right) is found on the **Home Tab** as part of the **New Feedback** Function.



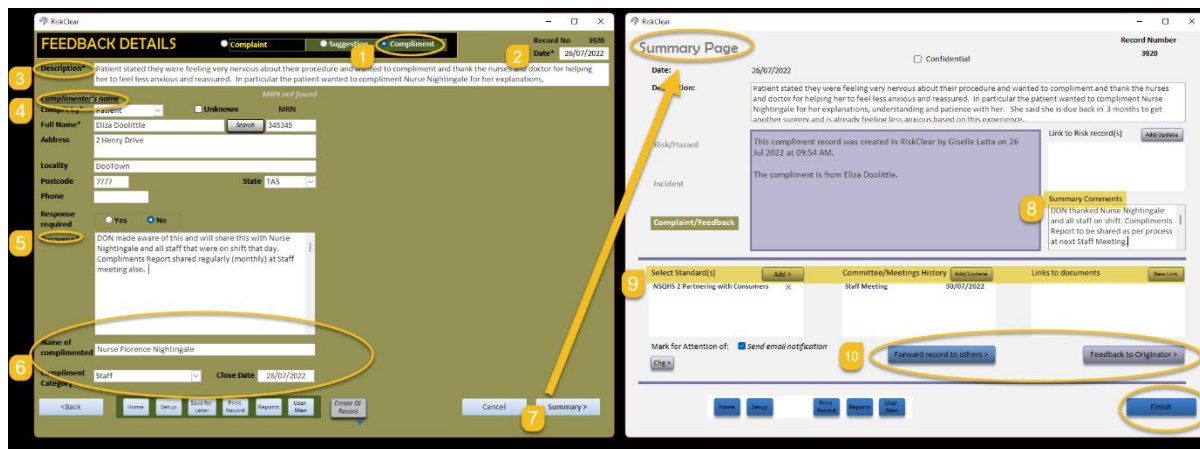
- Sharing these Compliments with staff informally and formally (e.g., Staff Meetings) can also improve staff morale.
- Assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding:
 - **NSQHS 1 Clinical Governance Standard** - Feedback and Complaints Management : Criteria 1.13. "the health service organisation has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care.
 - **NSQHS 2 Partnering with Consumers Standards Clinical** - Applying Quality Improvement systems: Criteria 2.2 "the health service organisation is monitoring/implementing and reporting on partnering with consumers".

Steps & Example – Completing a Compliment Record Steps

On the **Home Tab** in RiskClear, click **New Feedback**:

1. On the **Feedback Details** Screen select **Compliment**.
2. Enter the **Date**.
3. Enter the details of the compliment into the **Description Field**.
4. Complete the **Complimenters name** and details.
5. Add a **Response** if necessary.
6. Select the **Name of complimented** and the **Compliment Category** from the drop-down menus and enter the **Close Date** when appropriate.
7. Click **Summary**.
8. You can add **Summary Comments** here.

9. You can add a relevant National **Standard**, **Committees/Meetings** to discuss this record as well as **link** any relevant documents.
10. You can also **Forward the record to others** or **Feedback to Originator** and/or **Close**.



Handy Tips:

- ✓ The individual Compliment Record can be shared at a meeting with a reminder sent 3 days prior prompting you to share this record. Simply use the Committee/Meetings function on the Summary Page (see Step 9 above).
- ✓ You can run **Report 305 Compliment Register** and **Report 310 Compliments by Person/Area complimented (graph)** to share this information.

34. Suggestions Record (Home Tab)

Audience & Key Users of this Function

- Clinical Managers
- DON
- Quality Manager
- Business /Administration Manager
- RiskClear and RiskClear Direct user

Purpose

Collecting and responding to patient feedback via the **Suggestions Record** is important for both patients and staff. Patients, staff, and doctors can provide valuable feedback /suggestions real to time which is not necessarily captured in Patient/Staff/Dr Surveys. The **Suggestions Record** in **RiskClear** (below left) and **RiskClear Direct** (below right) is found on the **Home Tab** as part of the **New Feedback** Function



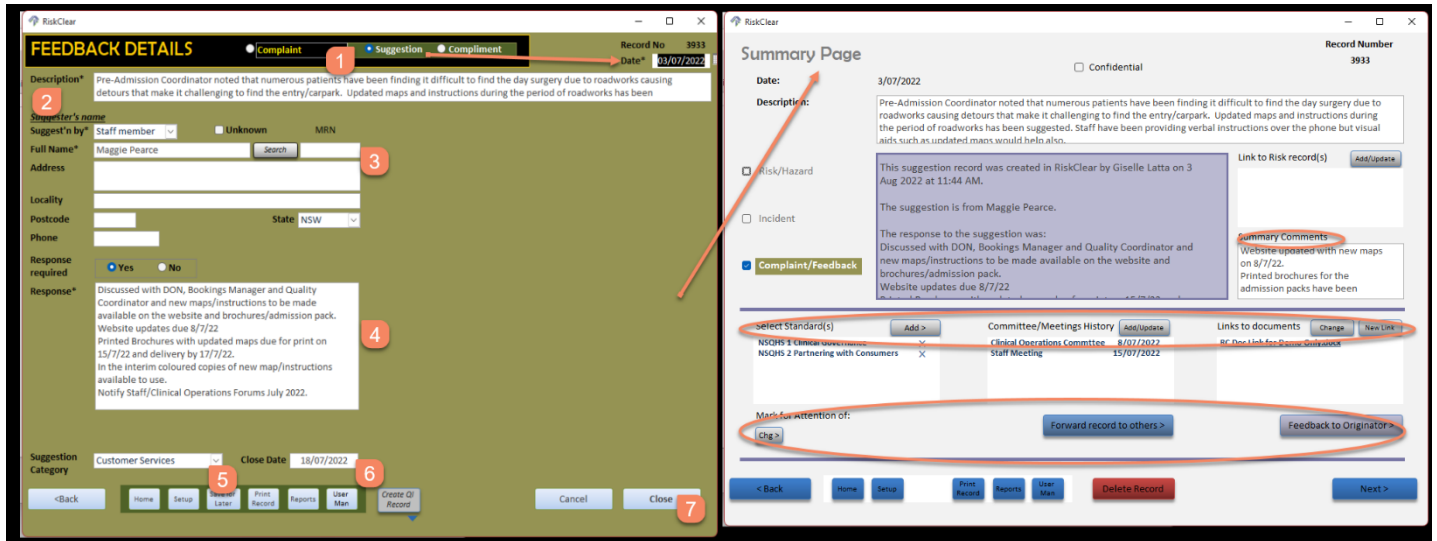
- Suggestion Reports can be shared at appropriate forums (e.g., Staff Meetings, MAC, Quality and Safety Meetings, Consumer Groups).
- Assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding:
 - **NSQHS 1 Clinical Governance Standard – Measurement and quality improvement:** Criteria 1.8 “identify areas for improvement in safety and quality” and Criteria 1.9 “timely reports on safety and quality are provided to the governing body, workforce, consumers...”
 - **NSQHS 1 Clinical Governance Standard - Feedback and Complaints Management :** Criteria 1.13. “the health service organisation has processes to seek regular feedback from patients, carers, and families...and the about their experiences and outcomes of care....and the workforce on their understanding of safety and quality systems.”
 - **NSQHS 2 Partnering with Consumers Standards Clinical - Applying Quality Improvement systems:** Criteria 2.2 “the health service organisation is monitoring/implementing and reporting on partnering with consumers”.

Steps & Example – Completing a Suggestion Record

1. On the **Home Tab** in RiskClear, click **New Feedback**:
2. On the **Feedback Details** Screen select **Suggestion** and enter the **Date**.
3. Enter the details of the suggestion into the **Description Field**.
4. Complete the **Suggester's name** and details.
5. Add a **Response** if necessary (you can also create a QI record if necessary). Select the **Suggestions Category** from the drop-down menu.
6. Enter the **Close Date** when appropriate. Click **Close**.

On the **Summary Page** you can add **Summary Comments**, add a relevant National **Standard, Committees/Meetings History** to discuss this record as well as **link** any relevant documents.

You can also **Forward the record to others>** or **Feedback to Originator** and/or **Close**.



The screenshot displays two side-by-side windows from the RiskClear system. The left window, titled 'FEEDBACK DETAILS', shows a form for a suggestion record. It includes fields for 'Description', 'Suggester's name', 'Staff member', 'Full Name', 'Address', 'Locality', 'Postcode', 'Phone', 'Response required', and 'Response'. A 'Suggestion Category' dropdown is set to 'Customer Services', and the 'Close Date' is '18/07/2022'. The right window, titled 'Summary Page', shows a summary of the suggestion record. It includes a 'Date' of '3/07/2022', a 'Description', and a 'Response'. It also features a 'Committee/Meetings History' table with columns for 'Standard(s)', 'Committee/Meetings History', and 'Links to documents'. The table shows a record for 'NSQHS 2 Partnering with Consumers' and 'Clinical Operations Committee' on '15/07/2022'. The 'Summary Page' also has buttons for 'Forward record to others' and 'Feedback to Originator'.

Handy Tips:

- The individual Suggestion Record can be shared at a meeting with a reminder sent 3 days prior prompting you to share this record. Simply use the Committee/Meetings function on the Summary Page (see above).
- You can run Report 304 Suggestion Register to share collective suggestion records for a time period (or all records) at appropriate forums such as Staff Meetings, with Consumers and at Quality Meetings (see below).

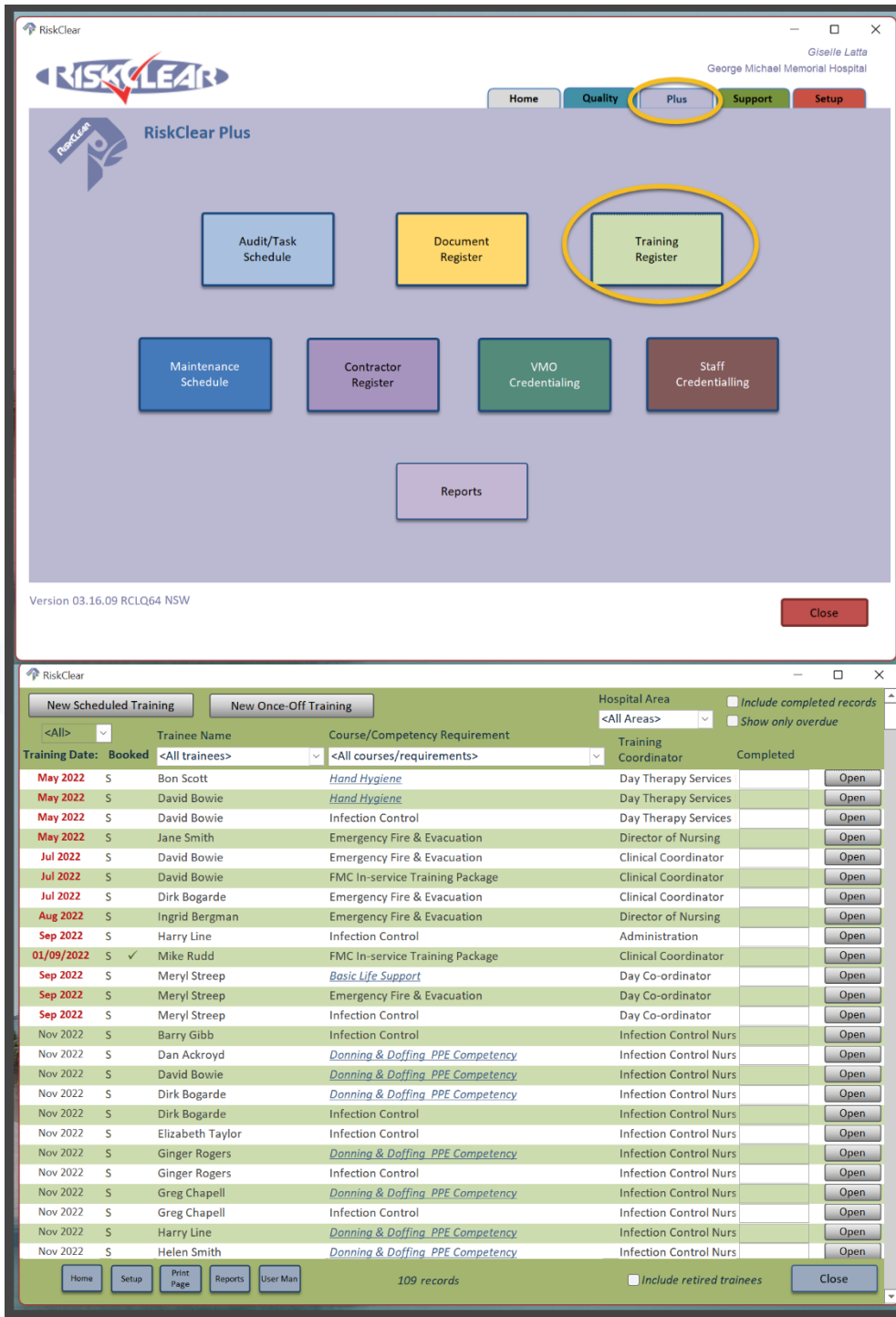
George Michael Memorial Hospital Suggestions Register

1 May 2022 to 31 Jul 2022

Suggestion	Record No	Date	Close Date	Days open
Description Dr Meredith Grey suggested that the theatre trolley/bed in Theatre 2 be repaired or replaced as the lever to adjust height is temperamental and often to high during procedures. Suggestion Category <None> Response to suggestion Request put to DON and Supply Manager by Nurse Smith. Bed in Theatre 2 to be replaced. Ordered 5/5/22. Due to arrive 7/5/22.	3935	3/05/2022	8/05/2022	005
Description Patient suggested that vegan options be provided for post procedure refreshments. Suggestion Category Kitchen & Meals Response to suggestion Suggestion raised with DON and Housekeeping/Catering staff and to be added to orders where appropriate.	3934	3/06/2022	13/06/2022	010
Description Pre-Admission Coordinator noted that numerous patients have been finding it difficult to find the day surgery due to roadworks causing detours that make it challenging to find the entry/carpark. Updated maps and instructions during the period of roadworks has been suggested. Staff have been providing verbal instructions over the phone but visual aids such as updated maps would help also. Suggestion Category Customer Services Response to suggestion Discussed with DON, Bookings Manager and Quality Coordinator and new maps/instructions to be made available on the website and brochures/admission pack. Website updates due 8/7/22. Printed Brochures with updated maps due for print on 15/7/22 and delivery by 17/7/22. In the interim coloured copies of new map/instructions available to use. Notify Staff/Clinical Operations Forums July 2022.	3933	3/07/2022	18/07/2022	015

RiskClear Reports Page 1 of 1 3 August 2022

35. Training Course Document Attach Feature Training Register (Plus Tab)



The screenshot displays the RiskClear Plus web application interface. The top navigation bar includes tabs for Home, Quality, **Plus** (highlighted with a yellow circle), Support, and Setup. The main dashboard area contains several functional tiles: Audit/Task Schedule, Document Register, **Training Register** (highlighted with a yellow circle), Maintenance Schedule, Contractor Register, VMO Credentialing, Staff Credentialing, and Reports. Below the dashboard, the version information 'Version 03.16.09 RCLQ64 NSW' and a 'Close' button are visible.

The bottom section of the image shows the 'Training Register' data table. It includes filters for 'New Scheduled Training' and 'New Once-Off Training', a 'Hospital Area' dropdown set to '<All Areas>', and checkboxes for 'Include completed records' and 'Show only overdue'. The table columns are Training Date, Booked, Trainee Name, Course/Competency Requirement, Training Coordinator, and Completed. Each row has an 'Open' button for more details.

Training Date	Booked	Trainee Name	Course/Competency Requirement	Training Coordinator	Completed
May 2022	S	Bon Scott	Hand Hygiene	Day Therapy Services	☐
May 2022	S	David Bowie	Hand Hygiene	Day Therapy Services	☐
May 2022	S	David Bowie	Infection Control	Day Therapy Services	☐
May 2022	S	Jane Smith	Emergency Fire & Evacuation	Director of Nursing	☐
Jul 2022	S	David Bowie	Emergency Fire & Evacuation	Clinical Coordinator	☐
Jul 2022	S	David Bowie	FMC In-service Training Package	Clinical Coordinator	☐
Jul 2022	S	Dirk Bogarde	Emergency Fire & Evacuation	Clinical Coordinator	☐
Aug 2022	S	Ingrid Bergman	Emergency Fire & Evacuation	Director of Nursing	☐
Sep 2022	S	Harry Line	Infection Control	Administration	☐
01/09/2022	S	Mike Rudd	FMC In-service Training Package	Clinical Coordinator	☐
Sep 2022	S	Meryl Streep	Basic Life Support	Day Co-ordinator	☐
Sep 2022	S	Meryl Streep	Emergency Fire & Evacuation	Day Co-ordinator	☐
Sep 2022	S	Meryl Streep	Infection Control	Day Co-ordinator	☐
Nov 2022	S	Barry Gibb	Infection Control	Infection Control Nurs	☐
Nov 2022	S	Dan Ackroyd	Donning & Doffing PPE Competency	Infection Control Nurs	☐
Nov 2022	S	David Bowie	Donning & Doffing PPE Competency	Infection Control Nurs	☐
Nov 2022	S	Dirk Bogarde	Donning & Doffing PPE Competency	Infection Control Nurs	☐
Nov 2022	S	Dirk Bogarde	Infection Control	Infection Control Nurs	☐
Nov 2022	S	Elizabeth Taylor	Infection Control	Infection Control Nurs	☐
Nov 2022	S	Ginger Rogers	Donning & Doffing PPE Competency	Infection Control Nurs	☐
Nov 2022	S	Ginger Rogers	Infection Control	Infection Control Nurs	☐
Nov 2022	S	Greg Chapell	Donning & Doffing PPE Competency	Infection Control Nurs	☐
Nov 2022	S	Greg Chapell	Infection Control	Infection Control Nurs	☐
Nov 2022	S	Harry Line	Donning & Doffing PPE Competency	Infection Control Nurs	☐
Nov 2022	S	Helen Smith	Donning & Doffing PPE Competency	Infection Control Nurs	☐

At the bottom of the table, there are buttons for Home, Setup, Print Page, Reports, and User Man. The status '109 records' is displayed, along with a checkbox for 'Include retired trainees' and a 'Close' button.

Audience & Key Users of this Function

- ✓ Training Coordinator
- ✓ DON
- ✓ Managers
- ✓ Quality Manager

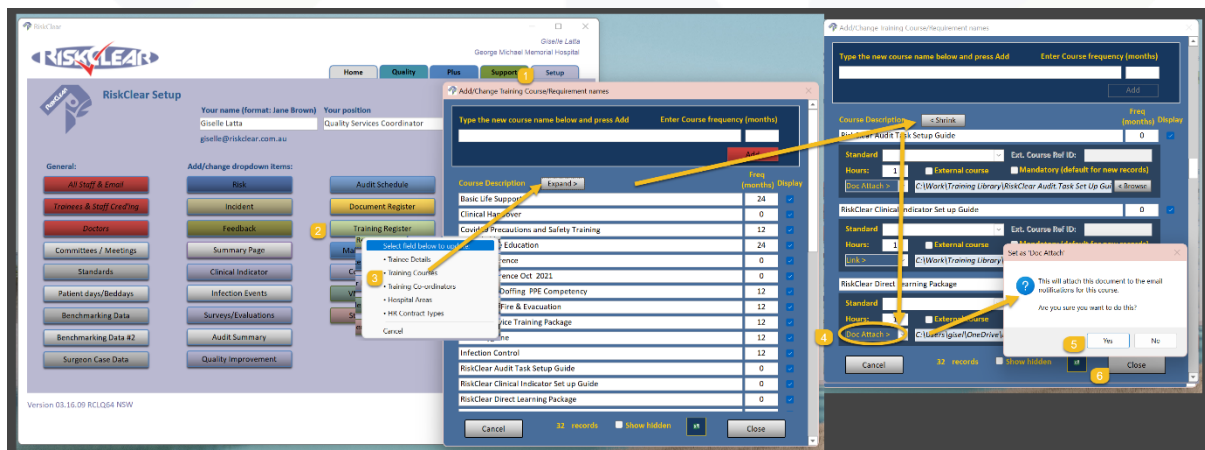
Purpose

- ✓ Enables management and/or training coordinator to be able to directly link a document resource on the hospital network to be accessed by the trainee as an attachment to the email notification for that training course or requirement.
- ✓ Assists hospitals and health service providers to meet the governance requirements specified in NSQHS 1- Clinical Governance Standard e.g., Criteria 1.19, 1.20 and 1.21 (Safety & Quality Training).

Steps

1. Go to **Setup**.
 2. Click **Training Register**.
 3. Select **Training Courses** and click **Expand>**.
 4. The Course Description will expand and show a drop down with Doc Attach> or Link>. Select **Doc Attach>**.
 5. A dialogue window will appear stating *This will attach this document to the email notification for this course – Yes No – Click Yes.*
- (*This will only work for documents of 2 Megabytes in size (PDF) or less which are situated on your hospital's network. The "Doc Attach" link cannot be an internet link.)
6. Click **Close**.

Now that training course will be available to the trainee as a document attachment to access when they receive their email notification reminding them to complete their training.



36.HR Function Staff Credentialling(Plus Tab)

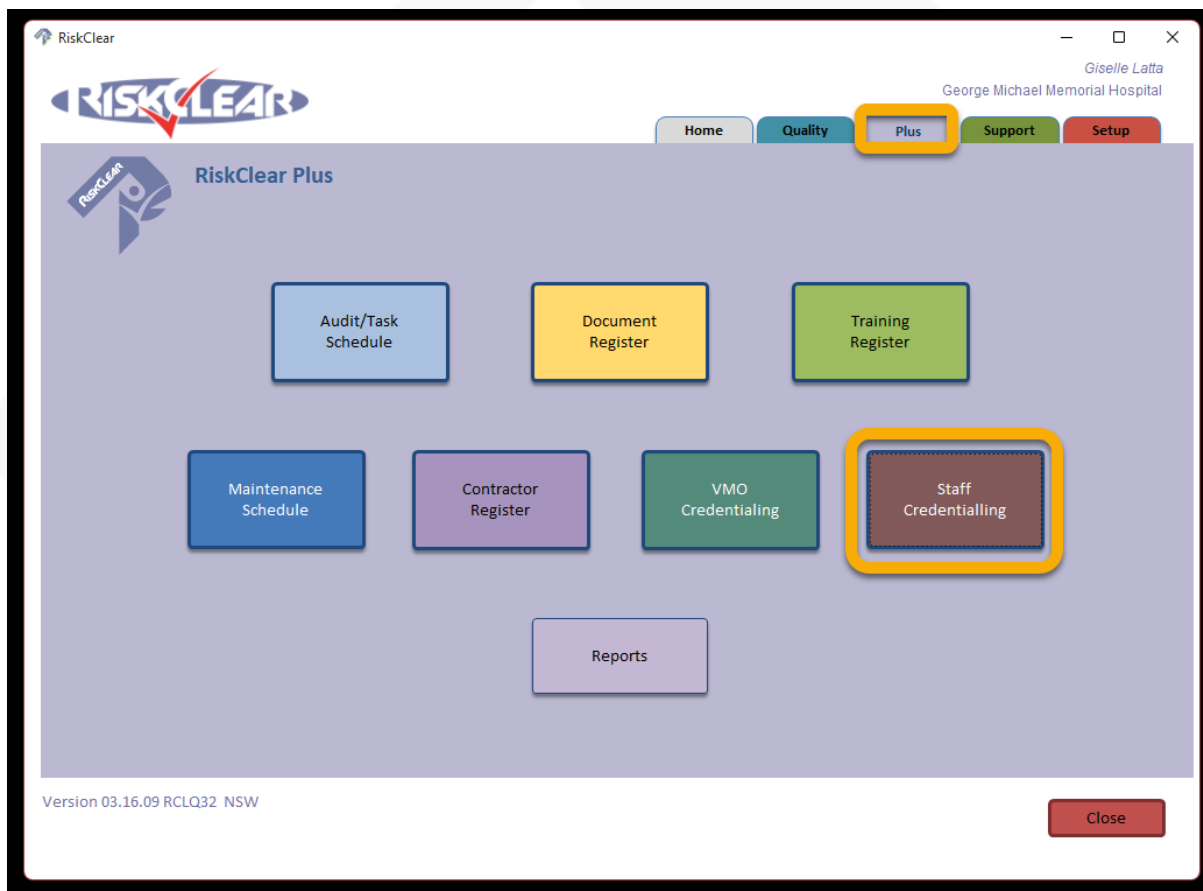
Audience & Key Users of this Function

- ✓ CEO
- ✓ DON
- ✓ Managers
- ✓ Quality Manager

- ✓ Business /Administration Managers
- ✓ HR Manager
- ✓ Auditors for Health Department and Accreditation completing an inspection or external audit

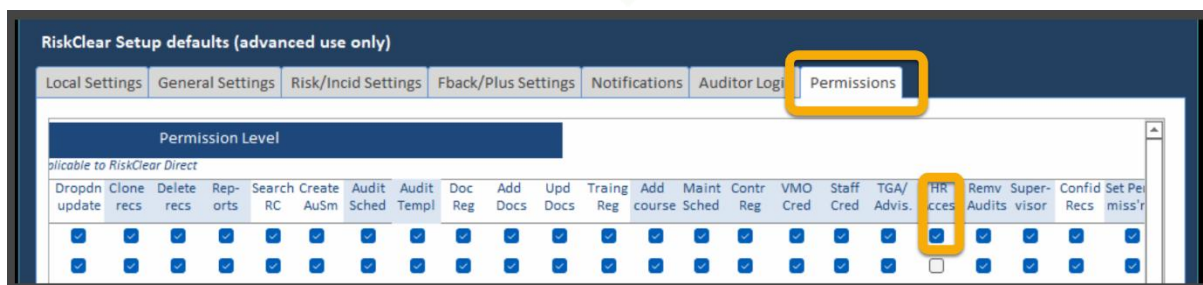
Purpose

- ✓ Enables select/appropriate management to be able to access, administer and manage the HR details of staff members via the Staff Credentialling Register.
- ✓ Assists hospitals and health service providers to meet the governance requirements specified in *NSQHS 1 - Clinical Governance Standard* e.g., Criteria 1.22 (Performance Management) 1.25 & 1.26 (Safety & Quality roles and responsibilities).



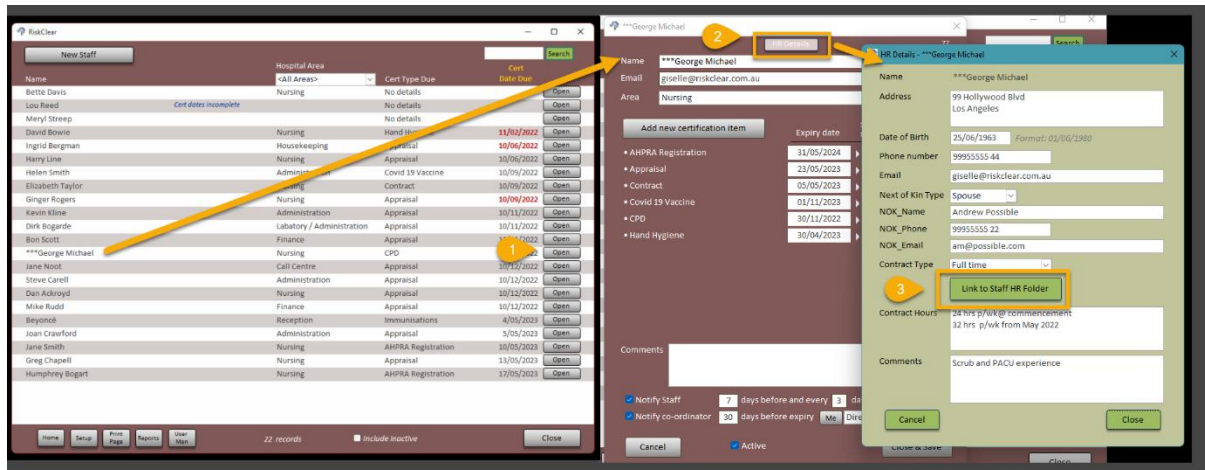
The **HR Feature** can be accessed (with appropriate permission granted by the DON) via **Permissions** and ticking **HR Access** (circled below).

This access should only be granted to appropriate people/roles – e.g., HR Manager, DON, Administration Manager, Clinical Manager.



Once the HR Permission has been appropriately granted that person can then go to **Staff Credentialling** and find the staff member:

1. Click **Open**
2. Click **HR Details**
3. Complete the Staff Members details as per the **HR Details** window/dialogue box, including **linking the staff member to their (secure) HR Folder**.



37.Snapshot Features including Print Functions (Home Tab)

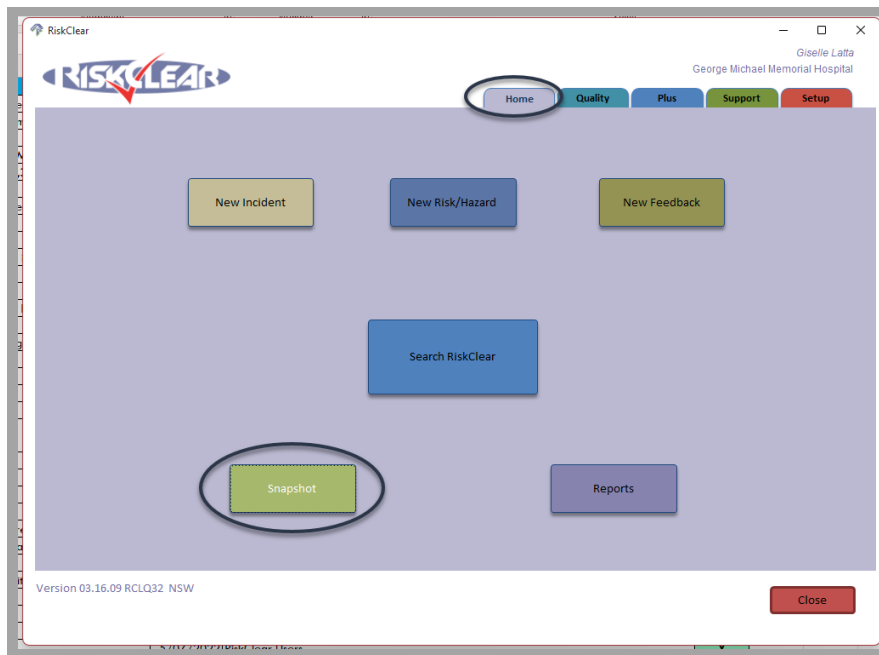
Audience & Key Users of this Function

- ✓ CEO
- ✓ DON
- ✓ Managers
- ✓ Quality Manager
- ✓ Business /Administration Managers
- ✓ WHS Manager

Purpose

- ✓ Provides a "live status" of your hospital/facilities Incident and Risk Status.
- ✓ Enables easily accessible and timely viewing and management of Risks and Incidents.
- ✓ Can be viewed "live" at appropriate Committees such as Risk and Quality Meetings, MAC, WHS and Staff Meetings.
- ✓ Can be printed and emailed for viewing by appropriate personnel.
- ✓ Assists hospitals and health service providers to meet the risk and incident management requirements specified in *NSQHS 1- Clinical Governance Standard* e.g., Criteria 1.10, 1.11 & 1.12.

The **Snapshot Feature** can be accessed directly from the **Home Tab** (page) by clicking **Snapshot**.



Snapshot page gives you a live status of your hospital's top risks and incident profile.

Refer to diagram below:

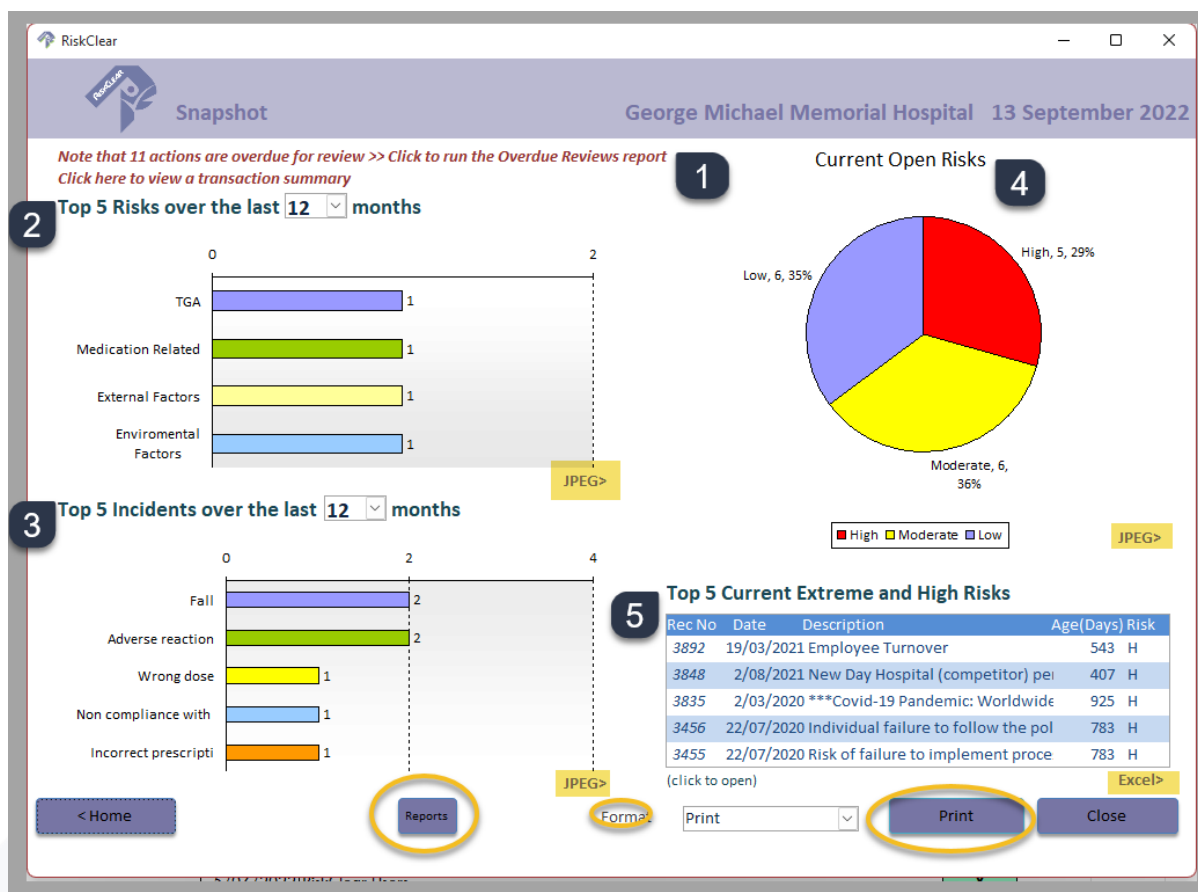
Feature 1 - Risk records **overdue for review** notice (**red text**) at the top left of the page alerts you to any risk records which have had an action review date set, but that day has passed without having been actioned. **Click** on this caption to show a full report of the overdue records.

Feature 2 – Displays **Top 5 Risks** display the highest 5 Risk Sub-categories by count for all open and closed records. The period defaults to 12 months but can be changed to 1, 3, 6 or 9.

Feature 3 - Displays **Top 5 Incidents** works in the same manner as Top 5 Risks above, but for Incident Sub-categories.

Feature 4 – Displays **Current Open Risks** as a pie-chart showing the risk level of all open risk records.

Feature 5 – Displays **Top 5 Current Extreme and High Risks** as a summary of the current extreme and high-risk records. **Clicking a record** will open it.



Note:

- All **JPEG** images on the **Snapshot** Screen can be exported to be used in reports (see yellow highlighted in above diagram).
- The **Reports** Button at the bottom centre of the screen takes you to the extensive RiskClear Reports Suite for more detailed and in-depth reporting of your Risk and Incident Data.
- This page can be printed, converted to PDF, or emailed as a PDF and then clicking **Print** (circled in yellow in above diagram)

38.RiskClear and RiskClear Direct Learning Packages (Support Tab)

Audience & Key Users of this Function

- ✓ Clinical Managers/Business Managers/Quality Managers/DON when orientating new staff to your hospital on how to use RiskClear/RiskClear Direct.
- ✓ New RiskClear Users.
- ✓ New RiskClear Direct Users.

Purpose

- ✓ Providing new staff with a RiskClear or RiskClear Direct Learning Package to complete, assists them in knowing how to use the software effectively for their designated safety and quality roles and responsibilities.
- ✓ Ensures all staff are taught to a consistent standardised level on how to use RiskClear/RiskClear Direct.

- ✓ Improves reporting data and outputs from RiskClear, as the data being entered/inputted is appropriate and meaningful. E.g., good information in, equals good information out.
- ✓ This learning package function assists hospitals and health care services to meet the requirements set in the National Standards – NSQHS Standard 1 Clinical Governance – for example:
 - Criteria 1.11 Incident Management and Open disclosure: *“Supports the workforce to recognise and report incidents..”*
 - Criteria 1.19 Safety and Quality Training: *“...Provides orientation to the organisation...”*
 - Criteria 1.25 Safety and Quality roles and responsibilities:.. *“Supports the workforce to understand and perform their roles and responsibilities for safety and quality.”*

Steps & Example – accessing, completing, and marking the RiskClear Learning Package:

Ideally the new staff member has access to RiskClear and can open the software on their desktop, complete the once off registration process (example below) and then complete the learning package by finding their answers in RiskClear

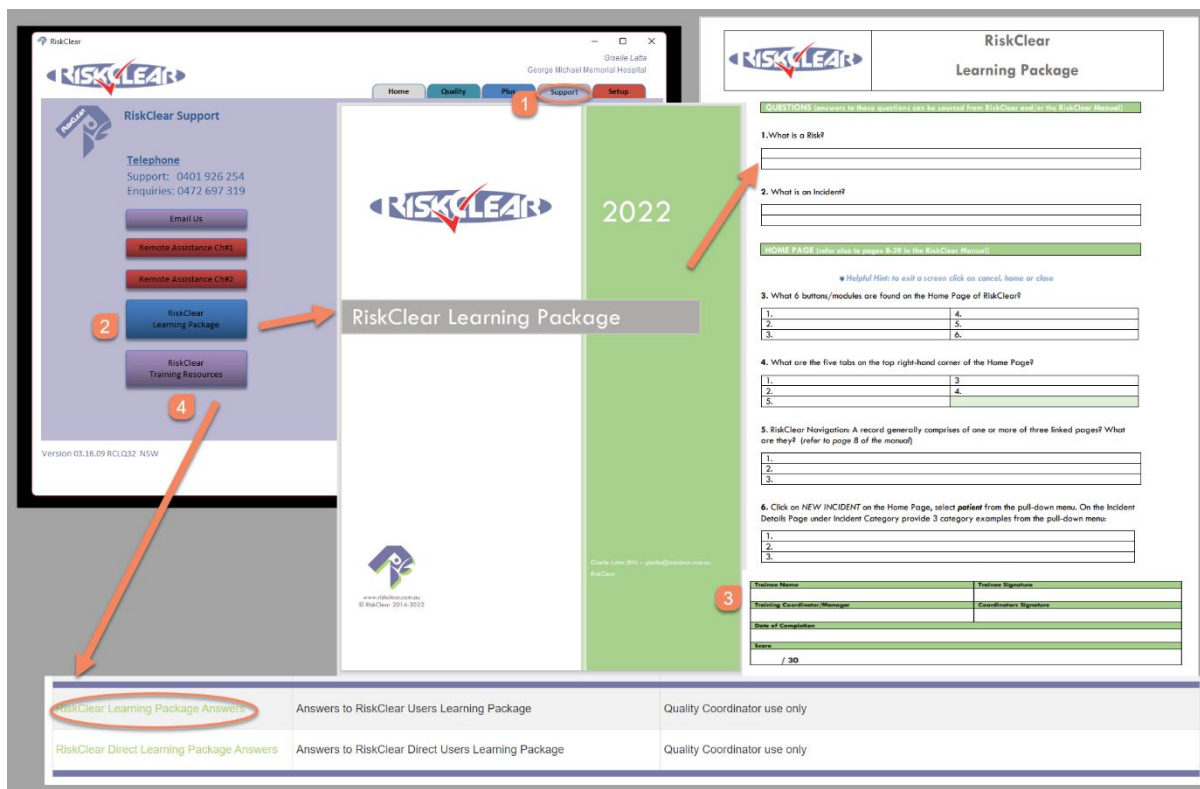


Step 1: Go to the **Support Tab**.

Step 2: Click **RiskClear Learning Package** to open the document – print the learning package off for the new staff member to complete.

Step 3: Once the staff member has **completed** the learning package, they **return** it to their Manager/DON/Quality Coordinator.

Step 4: Click on **RiskClear Training Resources** and find the **RiskClear Learning Package Answers** to mark the new staff members learning package to ensure they are ready to use RiskClear.



RiskClear Learning Package

QUESTIONS (answers to these questions can be sourced from RiskClear and/or the RiskClear Manual)

1. What is a Risk?
2. What is an Incident?

HOME PAGE (refer also to pages 8-30 in the RiskClear Manual)

Helpful Note: to exit a screen click on cancel, home or close

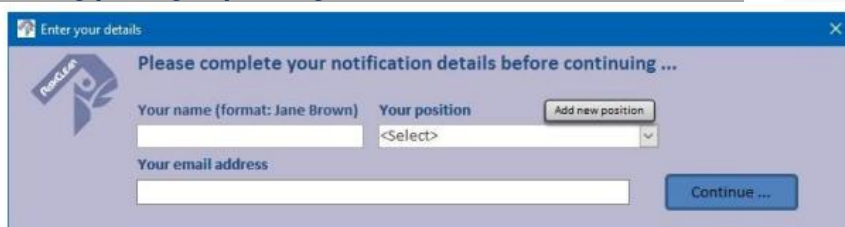
3. What 6 buttons/modules are found on the Home Page of RiskClear?
4. What are the five tabs on the top right-hand corner of the Home Page?
5. RiskClear Navigation: A record generally comprises of one or more of three linked pages? What are they? (refer to page 8 of the manual)
6. Click on NEW INCIDENT on the Home Page, select patient from the pull-down menu. On the Incident Details Page under Incident Category provide 3 category examples from the pull-down menu.

Trainer Name	Trainer Signature
Training Coordinator/Manager	Coordinators Signature
Date of Completion	
Score	
/ 30	

RiskClear Learning Package Answers	Answers to RiskClear Users Learning Package	Quality Coordinator use only
RiskClear Direct Learning Package Answers	Answers to RiskClear Direct Users Learning Package	Quality Coordinator use only

Steps & Example – accessing, completing, and marking the RiskClear Direct Learning Package:

Ideally the new staff member has access to RiskClear Direct and can open the software on their desktop, complete the once off registration process (example below) and then complete the learning package by finding their answers in RiskClear Direct



Enter your details

Please complete your notification details before continuing ...

Your name (format: Jane Brown) Your position

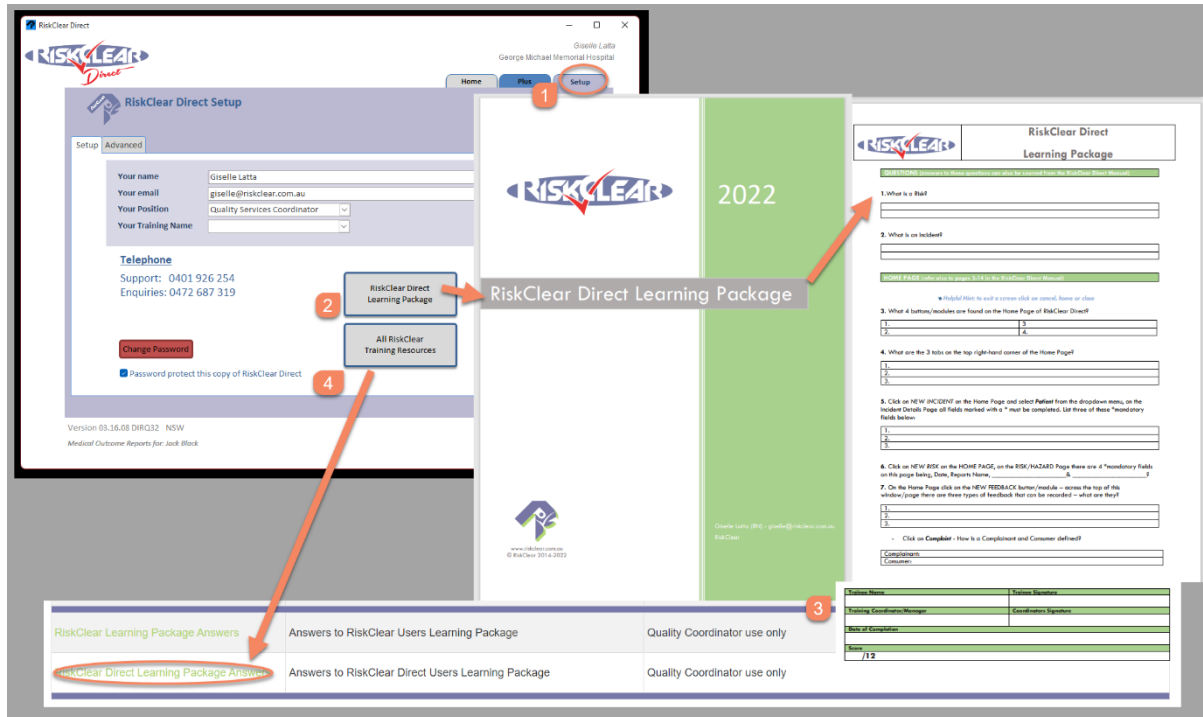
Your email address

Step 1: Go to the **Setup Tab** in RiskClear Direct.

Step 2: Click **RiskClear Direct Learning Package** to open the document – print the learning package off for the new staff member to complete.

Step 3: Once the staff member has **completed** the learning package, they **return** it to their Manager/DON/Quality Coordinator.

Step 4: The Manager/DON/Quality Coordinator then clicks **RiskClear Training Resources**, finds, and clicks **RiskClear Direct Learning Package Answers** to mark the new staff members learning package to ensure they are ready to use RiskClear Direct.



39.Alpha/Numeric Sort Functions (Plus Tab)

Audience & Key Users of this Function

- Clinical Managers
- DON
- Quality Manager
- Business /Administration Manager
- RiskClear Users
- RiskClear Direct Users (Document Register Only)

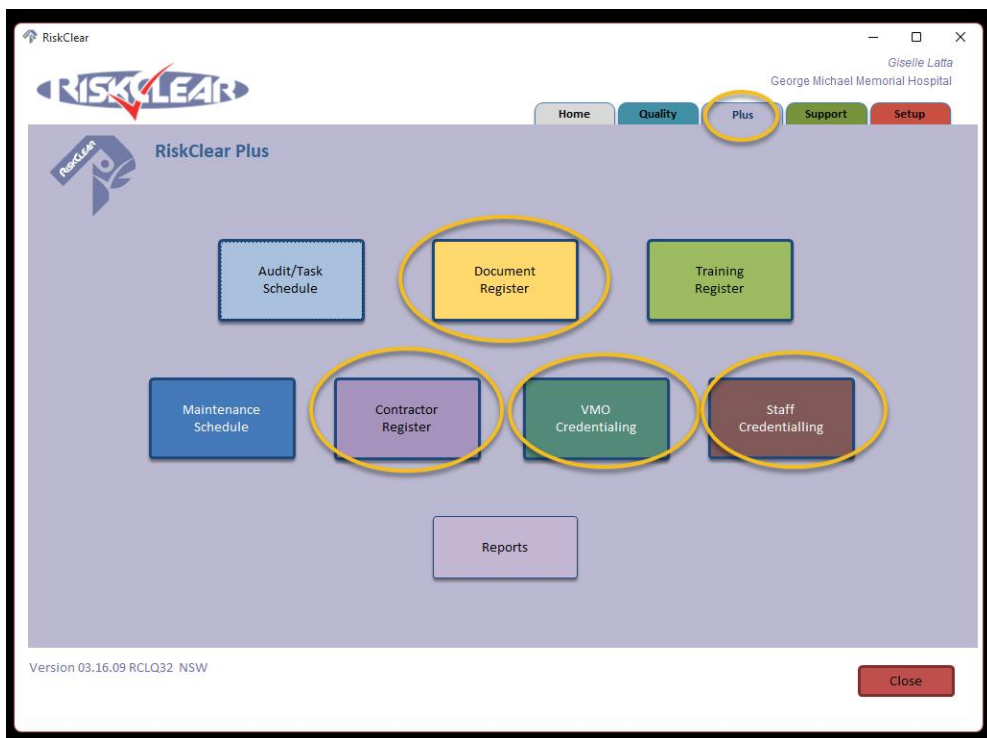
Purpose

Being able to sort information alphabetically (e.g., name) or numerically (e.g., date) can assist RiskClear and RiskClear Direct users in being able to find records more efficiently.

Steps & Example – Alphabetical and/or Numerical Sort

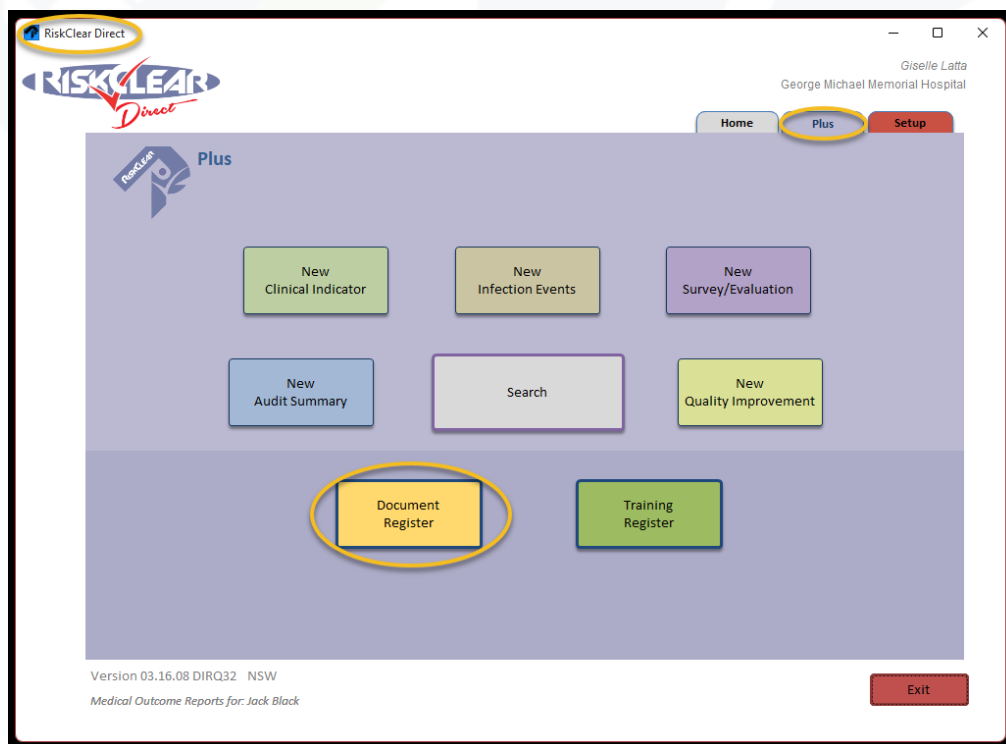
On the **Plus Tab** in RiskClear the following Registers have this sorting functionality:

- ✓ Document Register
- ✓ Contractor Register
- ✓ VMO Credentialling
- ✓ Staff Credentialling



On the **Plus Tab in RiskClear Direct** the following Registers have this sorting functionality:

- ✓ Document Register



Being able to sort information alphabetically (e.g., name) or numerically (e.g., date) can assist RiskClear and RiskClear Direct users in being able to find records more efficiently.

- ✓ To sort information alphabetically- e.g., click on **Name** and it will sort the names from A-Z.

- ✓ To sort information numerically – e.g., click on **Cert Date Due** and it will sort dates from sooner to later.

CLICKING ON ANY OF THE HIGHLIGHTED HEADERS ON THESE SCREENS WILL SORT THE INFORMATION ALPHABETICALLY OR NUMERICALLY

The screenshots show the following tables and highlighted headers:

- Table 1 (Top Left):** Columns include Name, Title, Department, and Cert Date Due. The 'Cert Date Due' header is highlighted.
- Table 2 (Top Right):** Columns include Name, Title, Department, and Cert Date Due. The 'Cert Date Due' header is highlighted.
- Table 3 (Bottom Left):** Columns include Document Name, Type, and Date. The 'Date' header is highlighted.
- Table 4 (Bottom Right):** Columns include Name, Title, Department, and Cert Date Due. The 'Cert Date Due' header is highlighted.

40. Training Course Linking Internet Resource/Hospital Network Linking Feature in Training Register (Plus Tab)

The screenshot shows the RiskClear Plus interface with the 'Training Register' tab selected. The interface includes a navigation menu with options like Home, Quality, Plan, Reports, and Setup. The main area displays a table of training courses with columns for Training Date, Status, Name, and Course/Competency Requirement. The table lists various training courses and their associated requirements.

Audience & Key Users of this Function

- ✓ Training Coordinator

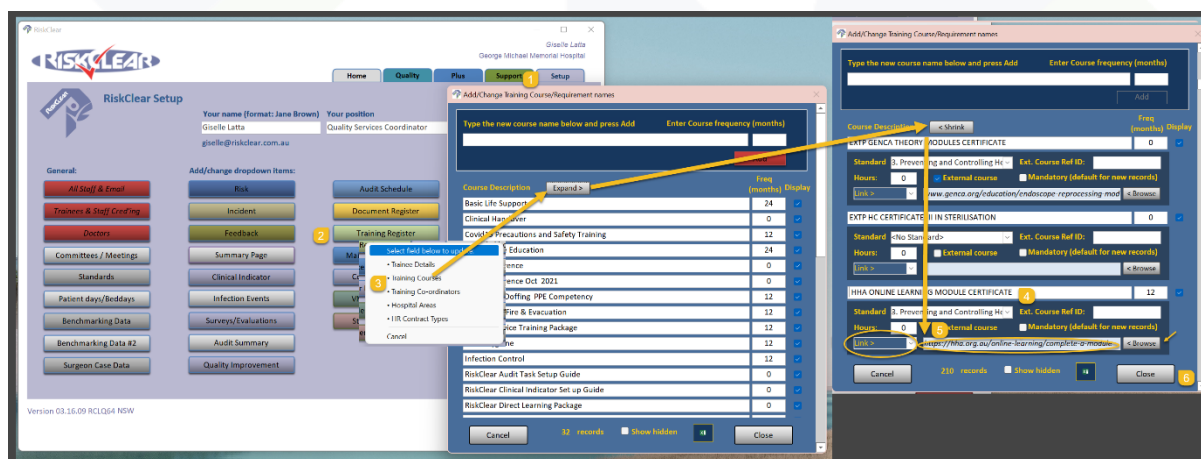
- ✓ DON
- ✓ Managers
- ✓ Quality Manager

Purpose

- ✓ Enables management and/or training coordinator to be able to directly enter the **link** to an **internet resource**, or **other resources** such as documents (Word, PDF, Excel) on your Hospital Network. This will enable that resource to be opened by clicking on the **course name link** on the main training register list.
- ✓ The link will also be included in the notification email to the staff member/trainee.
- ✓ Assists hospitals and health service providers to meet the governance requirements specified in NSQHS 1- Clinical Governance Standard e.g., Criteria 1.19, 1.20 and 1.21 (Safety & Quality Training).

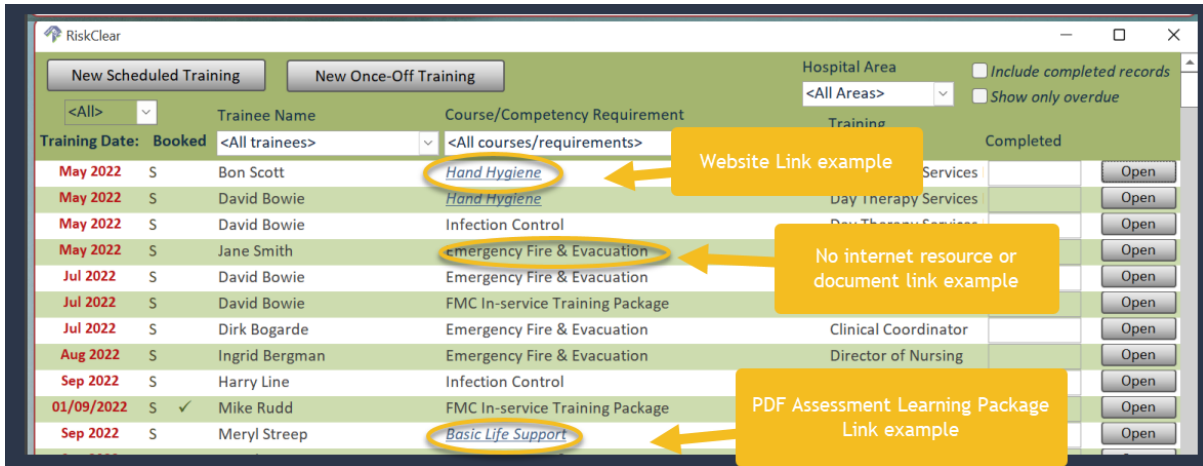
Steps

1. Go to **Setup**.
2. Click **Training Register**.
3. Select **Training Courses** and click **Expand>**.
4. The Course Description (in this example HHA Online Learning Module) will expand and show a **drop down** with Doc Attach> or Link>, select **Link>**.
5. Directly enter the **link** to an **internet resource**, in this example <https://hha.org.au/online-learning/complete-a-module> or you can link **other resources** such as documents (Word, PDF, Excel) on **your Hospital Network** by clicking **<Browse**.
6. Click **Close**.



Example of how links look in the Training Register main list:

- ✓ Website link – Hand Hygiene.
- ✓ No link – Emergency Fire and Evacuation Drill.
- ✓ Basic Life Support Learning Package (Hospital Network PDF) Link.



Training Date	Booked	Trainee Name	Course/Competency Requirement	Hospital Area	Open
May 2022	S	Bon Scott	Hand Hygiene	Services	Open
May 2022	S	David Bowie	Hand Hygiene	Day Therapy Services	Open
May 2022	S	David Bowie	Infection Control	Day Therapy Services	Open
May 2022	S	Jane Smith	Emergency Fire & Evacuation		Open
Jul 2022	S	David Bowie	Emergency Fire & Evacuation		Open
Jul 2022	S	David Bowie	FMC In-service Training Package		Open
Jul 2022	S	Dirk Bogarde	Emergency Fire & Evacuation	Clinical Coordinator	Open
Aug 2022	S	Ingrid Bergman	Emergency Fire & Evacuation	Director of Nursing	Open
Sep 2022	S	Harry Line	Infection Control		Open
01/09/2022	S	Mike Rudd	FMC In-service Training Package		Open
Sep 2022	S	Meryl Streep	Basic Life Support		Open

41.View Update History (Summary Page/Home Tab)

Audience & Key Users of this Function

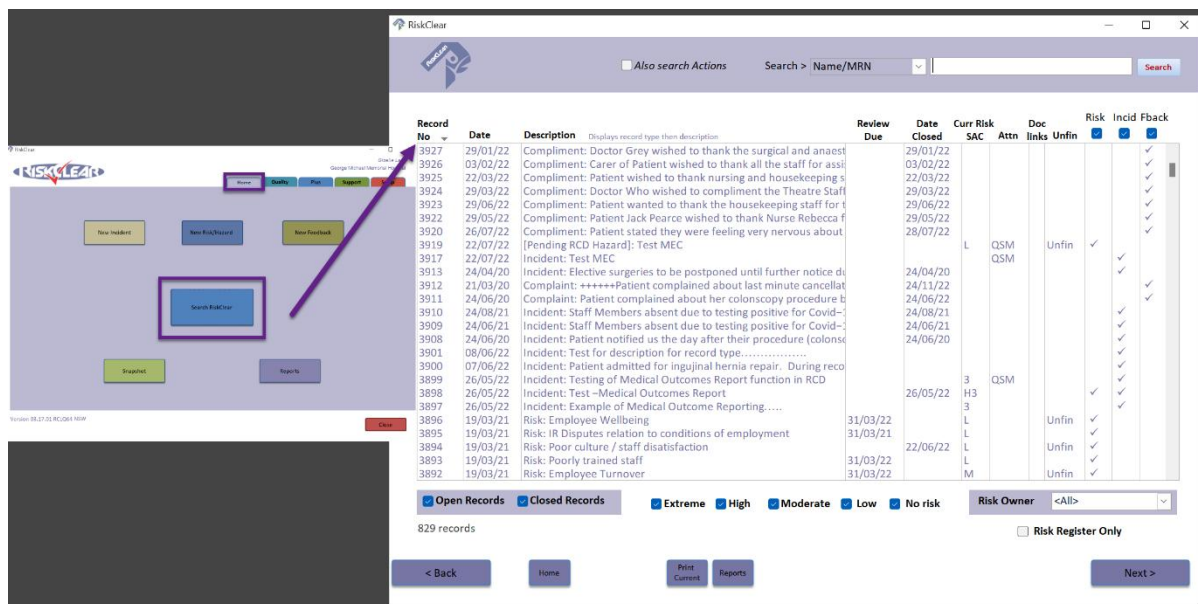
- ✓ RiskClear Users
- ✓ DONs
- ✓ Clinical Managers
- ✓ Business & Administration Managers

Purpose

- ✓ This function allows you to display the details of all updates made to the record after it was initially created. It provides a progress history of how the record has been managed from its creation to completion by the record originator and other relevant personnel.
- ✓ It encourages collaboration and enables transparency for risk, incident, and feedback management by the Health/Hospital Team.
- ✓ Assists hospitals and health service providers to meet the requirements of **NSQHS 1 Clinical Governance** Criteria 1.10 Risk Management, 1.11 Incident Management and 1.14 Feedback and Complaints Management.

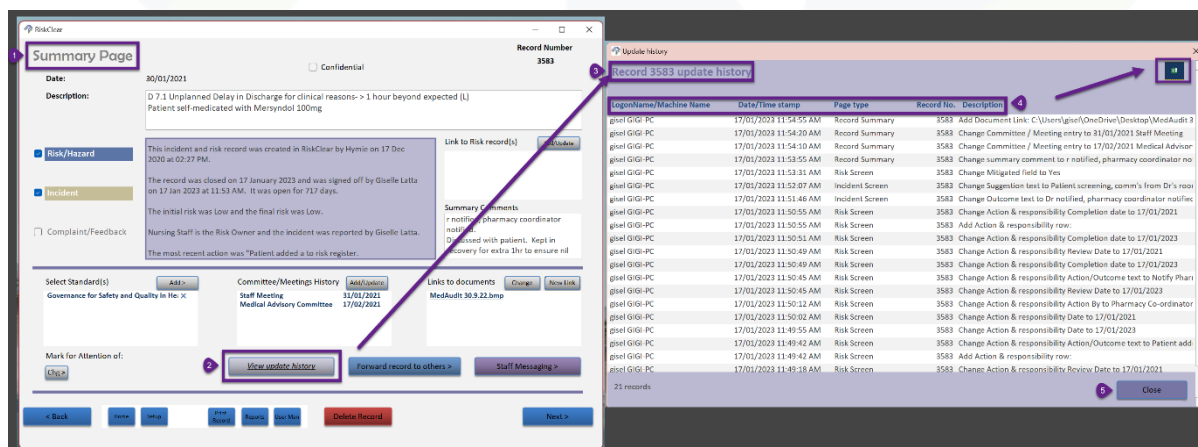
Steps and Example:

On the **Home Tab**, click on **Search RiskClear** and find the record from the list that needs updating and **click** to open - the **Summary Page** will appear.



The screenshot shows the RiskClear application interface. On the left is a sidebar with buttons for 'New Incident', 'New Risk/Hazard', 'New Feedback', 'Search RiskClear', 'Incidents', and 'Reports'. The main area displays a table of records with columns: Record No., Date, Description, Review Due, Date Closed, Curr Risk, SAC, Attn, Doc Links, Unfin, Risk, Incid, and Fback. A search bar at the top right allows searching by Name/MRN. Below the table are filters for 'Open Records', 'Closed Records', risk levels (Extreme, High, Moderate, Low, No risk), and a 'Risk Owner' dropdown. Navigation buttons like '< Back', 'Home', 'Print Current', 'Reports', and 'Next >' are at the bottom.

1. On the Summary page you will see summarised data for the Incident, Risk or Feedback record you have selected.
2. To view updates made to this record by yourself or other relevant personnel with access to it click **View Update History** button.
3. An **Update history window** appears with a list of all updates made to this record from its creation to now or creation to closure.
4. The **Logon details, date and time stamp, page type** (e.g., Risk, Incident, Summary etc), **record number** and a **description** of the updates made. *Note you can also click on the excel icon (top right corner) to export this information into an excel spreadsheet if need be.
5. Click **Close**.



This block contains two screenshots. The left screenshot shows the 'Summary Page' for record 3583. It includes fields for Date (30/01/2021), Description, and a detailed incident report. A 'View update history' button is highlighted with a red box and a red arrow. The right screenshot shows the 'Update History' window for record 3583, displaying a table of updates with columns: LogonName/Machine Name, Date/Time stamp, Page type, Record No., and Description. A red arrow points to the 'Close' button in the top right corner of the window.

42. Linking/Creating Risk Records to audits via the Audit Schedule (Plus Tab)

Audience & Key Users of this Function

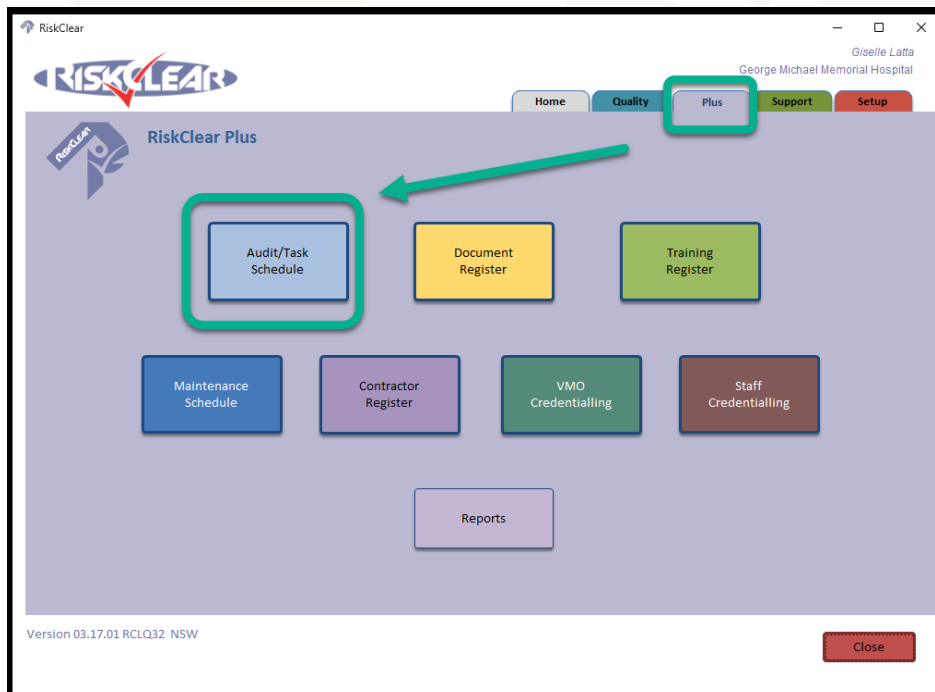
- ✓ RiskClear Users
- ✓ DONs
- ✓ Clinical Managers
- ✓ Quality Manager/Coordinator
- ✓ Business & Administration Managers

Purpose

- ✓ This function allows you to link an existing risk record to an audit via the audit schedule: e.g., where an audit may highlight an existing clinical or organisational risk.
- ✓ This function also allows you to create a new risk record in response to an audit on your Audit Schedule: e.g., where an audit may highlight a new clinical or organisational risk.
- ✓ Assists hospitals and health service providers to meet the requirements of **NSQHS 1 Clinical Governance** Criteria 1.8 Measurement and Quality Improvement and 1.10 Risk Management.

Steps and Example:

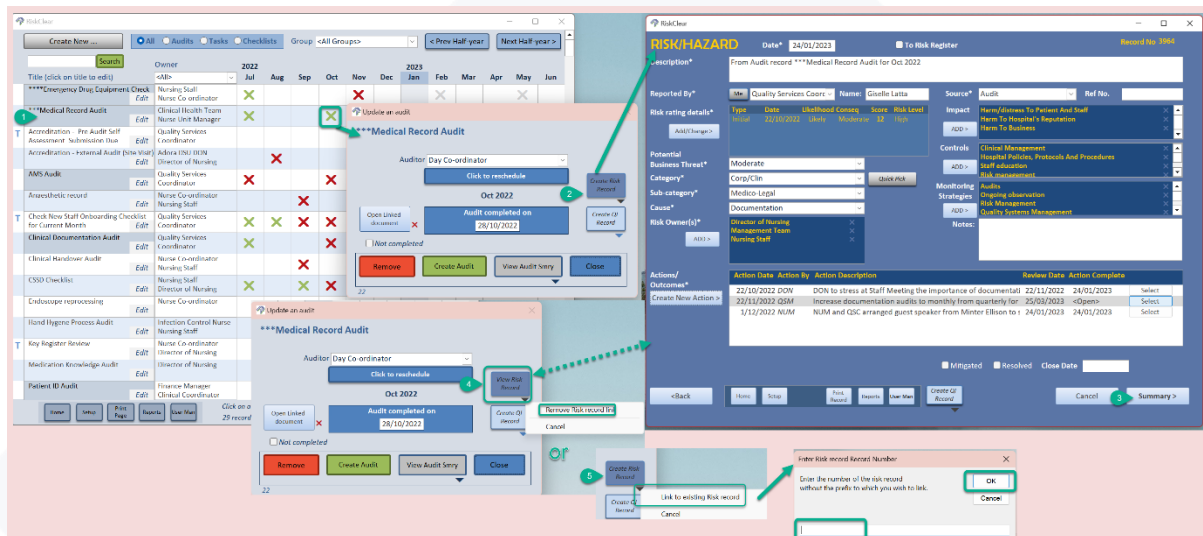
On the **Plus Tab**, click on **Audit Schedule**:



Steps:

6. On the **Audit Schedule**, find the relevant audit (e.g., Medical Record Audit) and **click** the relevant "X" on the schedule (e.g., October) – the **Update an Audit** window will appear.

7. Click **Create Risk Record** to create and link this audit to the new risk record. The **Risk/Hazard** screen/page will appear for you to complete.
8. Click **Summary** to be taken to the Summary page of this record and then click **Close**.
9. You will now notice that the **Update an audit** window says **View Risk Record** – which means the Risk Record and Audit are linked. If you need to for any reason unlink the Risk Record from this audit, **click the down arrow** and select **Remove Risk record link**.
10. Or – if you wish to link an existing Risk Record (that you think is relevant to this audit and don't need to create a new risk record) then **click on the down arrow** and select **Link to existing Risk record**. Another window will appear asking you to **enter the number of the existing Risk Record** that you are needing to link. Then click **OK**.



43. Document Register – new feature Sub Type (Plus Tab)

Audience & Key Users of this Function

- ✓ RiskClear Users responsible for document management reviews and uploads
- ✓ DONs
- ✓ Clinical Managers
- ✓ Quality Manager/Coordinator
- ✓ Business & Administration Managers

Purpose

- ✓ This function allows you to give more detail to the Document Type field. The Sub-Type is like a “child” of the document type which means that each Document Type can have individual sub-types attached to it in a similar way categories and sub-categories interplay.
- ✓ **Example 1:**
 - Document Type = Policy.

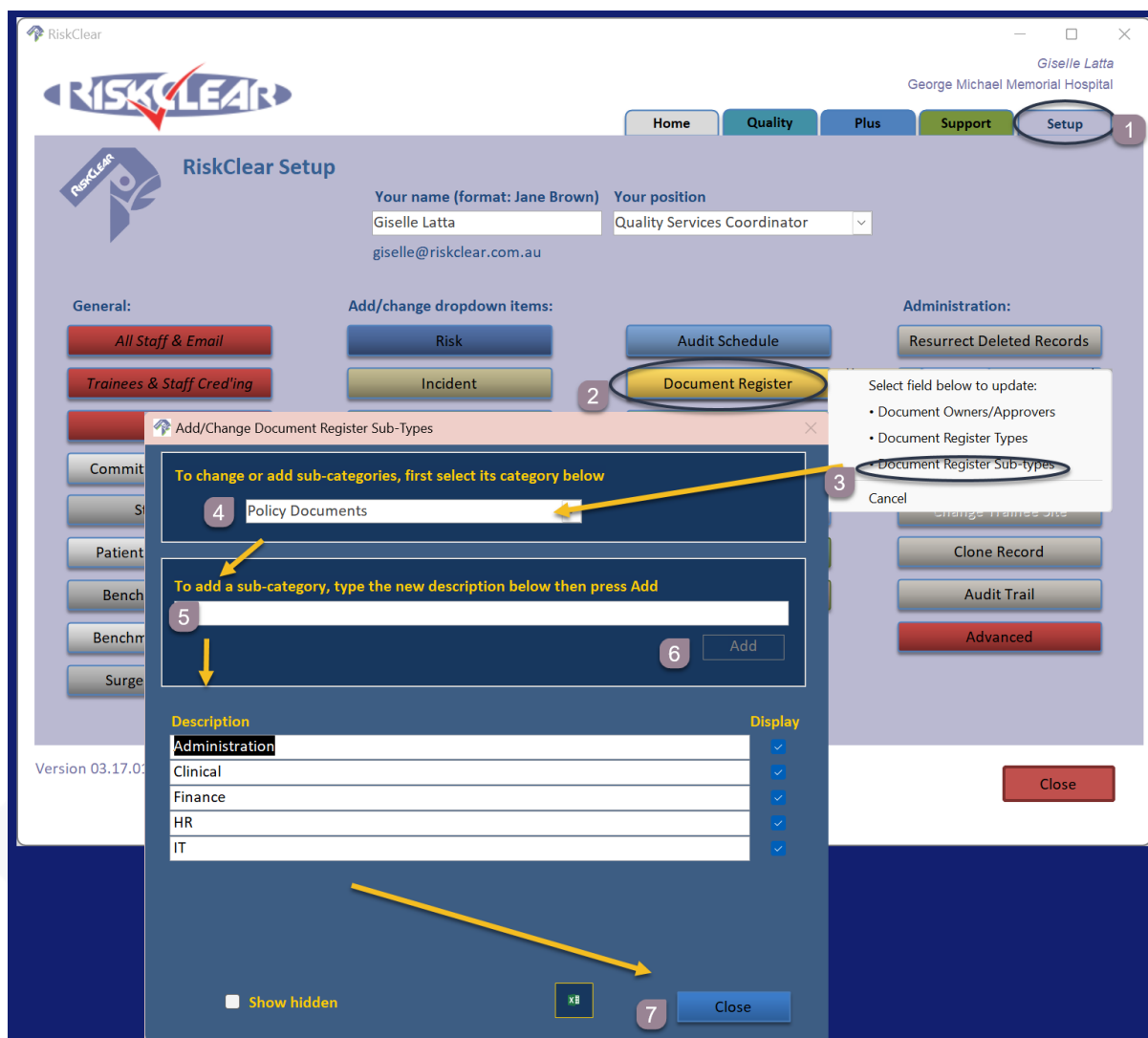
- Document Sub type = Clinical Policies.

Example 2:

- Document Type = Manuals.
 - Document Sub Type = IT Manuals.
- ✓ This function also allows you to further refine your search for documents, allowing you to search by both Document Type and Sub-type.
 - ✓ Assists hospitals and health service providers to meet the requirements of **NSQHS 1 Clinical Governance Criteria 1.7 Policies and Procedures**.

Steps and Example:**Steps - refer to diagram below:**

1. Go to the **Setup Tab** in RiskClear.
2. Click on **Document Register**.
3. Select **Document Register Sub-types** from the list shown.
4. An **Add/Change Document Register Sub-type window** appears - select from the drop-down **Document Type** – e.g., **Policy Documents**.
5. Now add the **Document Sub-type** – e.g., Administration, Clinical, HR, IT etc by typing into the white text field.
6. Click **Add** to add the **Document Sub-type** and it will appear in the **list** below. Continue adding other document sub-types as per your document naming convention.
7. Click **Close**.



RiskClear Setup

Your name (format: Jane Brown) Your position

giselle@riskclear.com.au

General:

All Staff & Email

Trainees & Staff Cred'ing

Add/change dropdown items:

Risk

Incident

Document Register (2)

Administration:

Resurrect Deleted Records

Select field below to update:

- Document Owners/Approvers
- Document Register Types
- Document Register Sub-types** (3)

Cancel

Add/Change Document Register Sub-Types

To change or add sub-categories, first select its category below

4 Policy Documents

To add a sub-category, type the new description below then press Add

5

6 Add

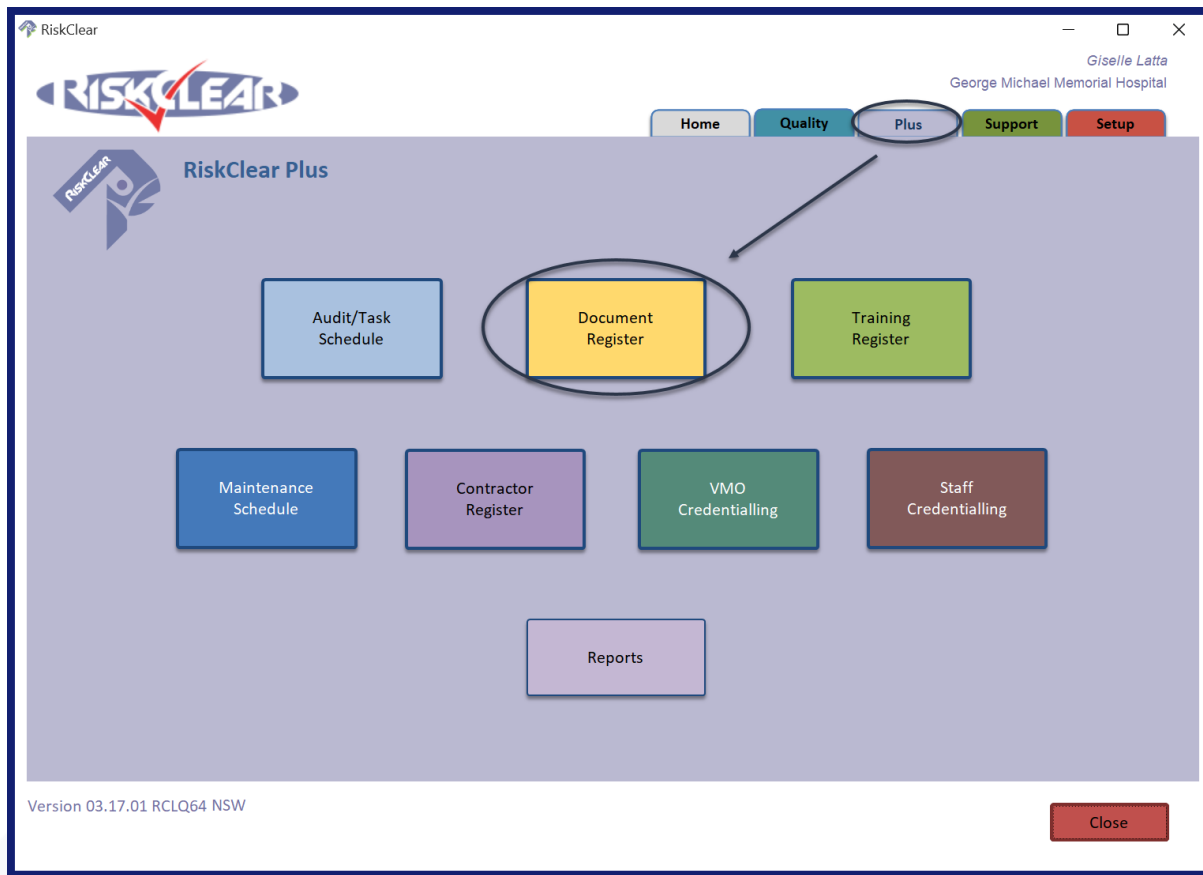
Description

Description	Display
Administration	☒
Clinical	☒
Finance	☒
HR	☒
IT	☒

☒ Show hidden

7 Close

Now that you have set up your Document Sub-types go to the **Plus Tab** and click on the **Document Register**.



Example:

Refer to the diagram below for the following functions:

- Filter by Document **Type** and **Sub-type**.
- When you **Add New Document**, you can now include a **Document Sub-type**.
- When you **update** an existing document, you can now also select a Document **Sub-type**.

(note the *Document Type field is **mandatory**, whilst the Document Sub-type field is **not mandatory**)

44. Infection Event Record – new feature link a document and include the Health Fund (Quality Tab)

Audience & Key Users of this Function

- ✓ RiskClear Users
- ✓ DONs
- ✓ Clinical Managers
- ✓ Quality Manager/Coordinator
- ✓ Infection Control Coordinator/Consultant

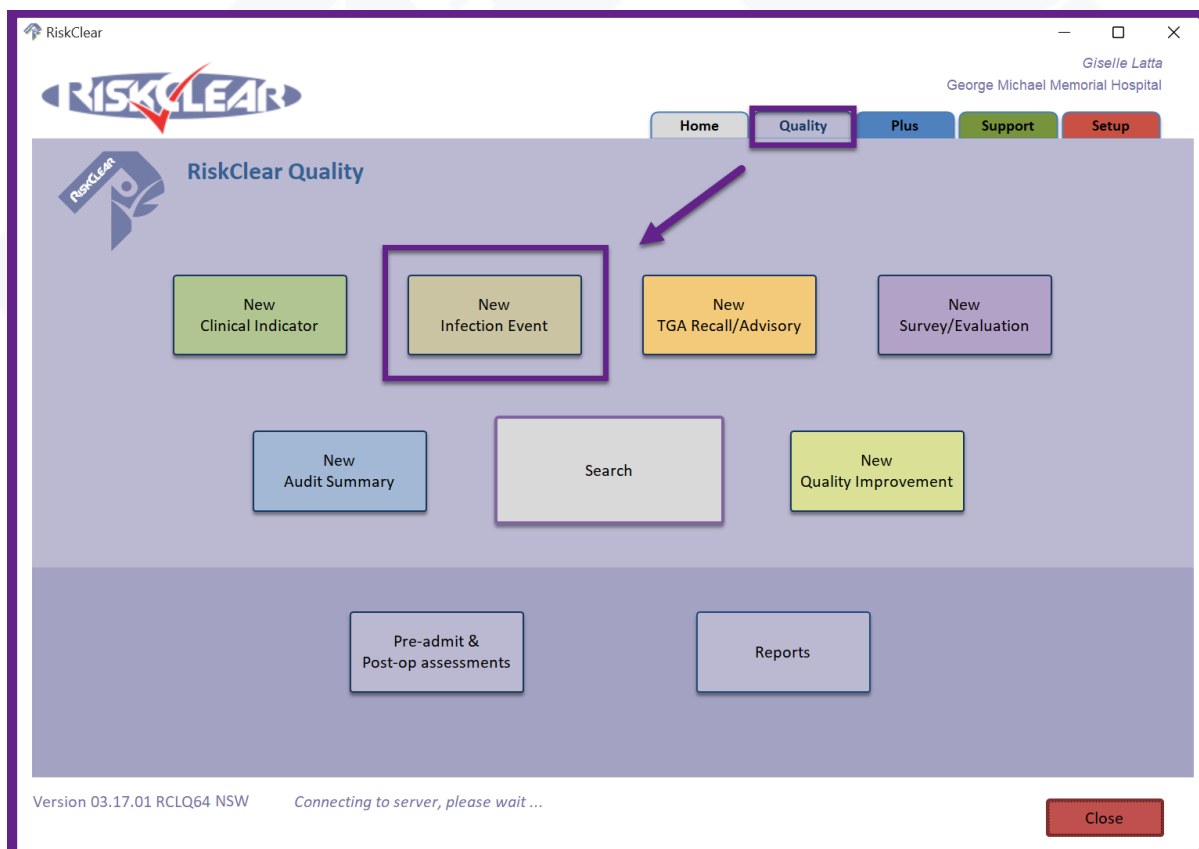
Purpose

- ✓ This recently added function allows you too now:
 - Add a document (e.g., swab result, blood test result, or any other relevant document) that needs to be attached to the Infection Event Record.
 - You can also add the Health Fund to the record as this field has now been added to **Report 420 Infection Event Listing**.
- ✓ Assists hospitals and health service providers to meet the requirements of **NSQHS 3 Preventing and Controlling Healthcare-Associated Infection Criteria 3.4 Surveillance** – “collects...and reports on healthcare-associated infections and antimicrobial use.”

Steps and Example:

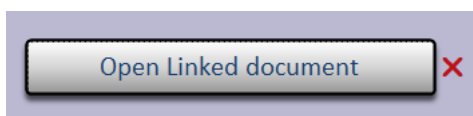
Steps - refer to diagrams below:

Go to the **Quality Tab** in RiskClear and click on **New Infection Event**.



Complete the Infection Event Record as you would normally then follow the steps and diagram below:

Step 1: To attach a document (e.g., swab result, blood test result) **click to link document** which will open your windows file browser – search for and **select the document** you wish to attach.



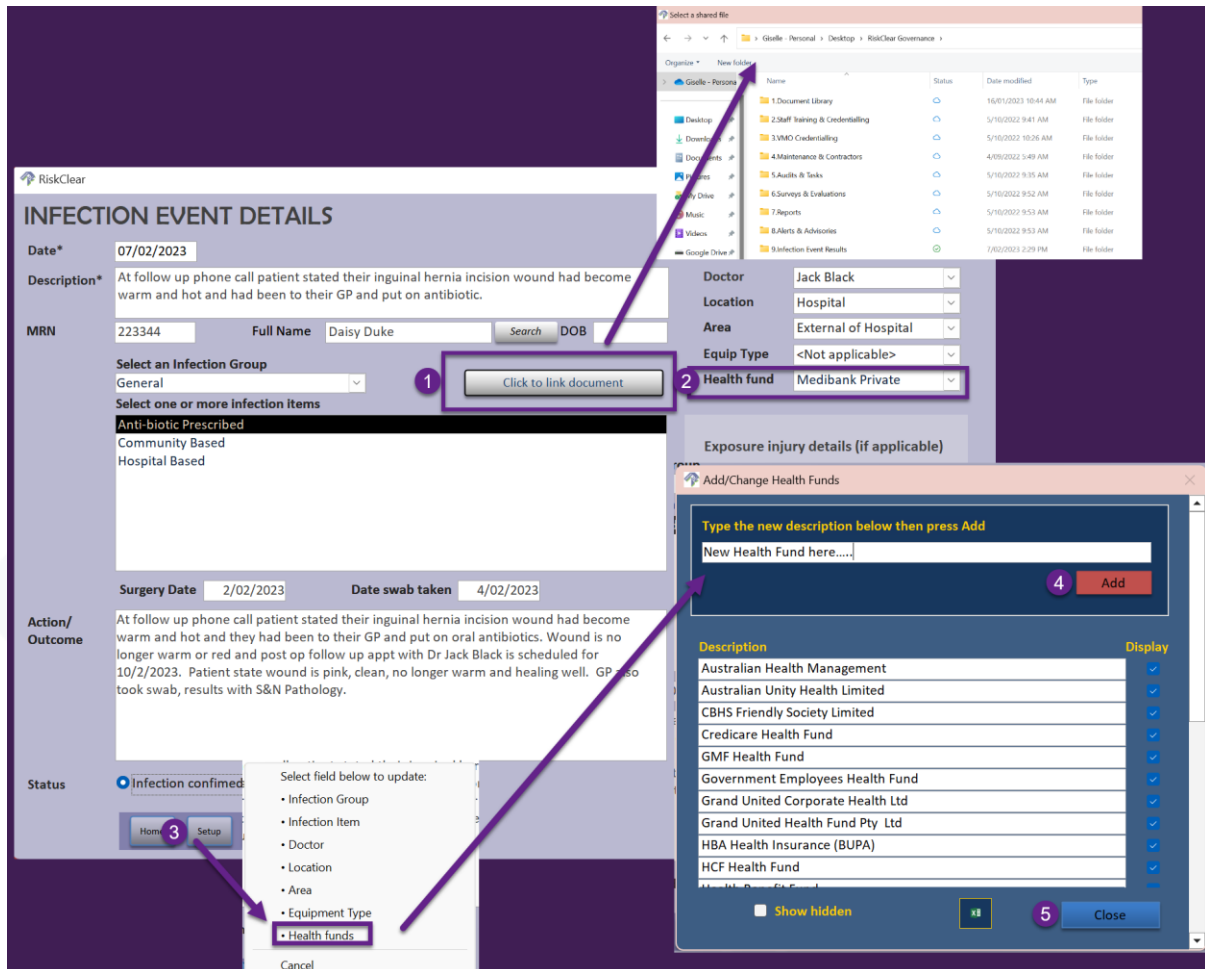
Now the **Click to link document button** will say **Open Linked document** which indicates the **attachment is now linked** to the Infection Event Record.

Step 2: You can choose from the Health Fund drop-down to select the patients' Health Fund. This is now a reportable field in **Report 420 Infection Event Listing**.

Step 3: If you need to add a new Health Fund, click **Setup**, and select **Health Funds**.

Step 4: Type the new Health fund name into the text field and click **Add**.

Step 5: Click **Close**.



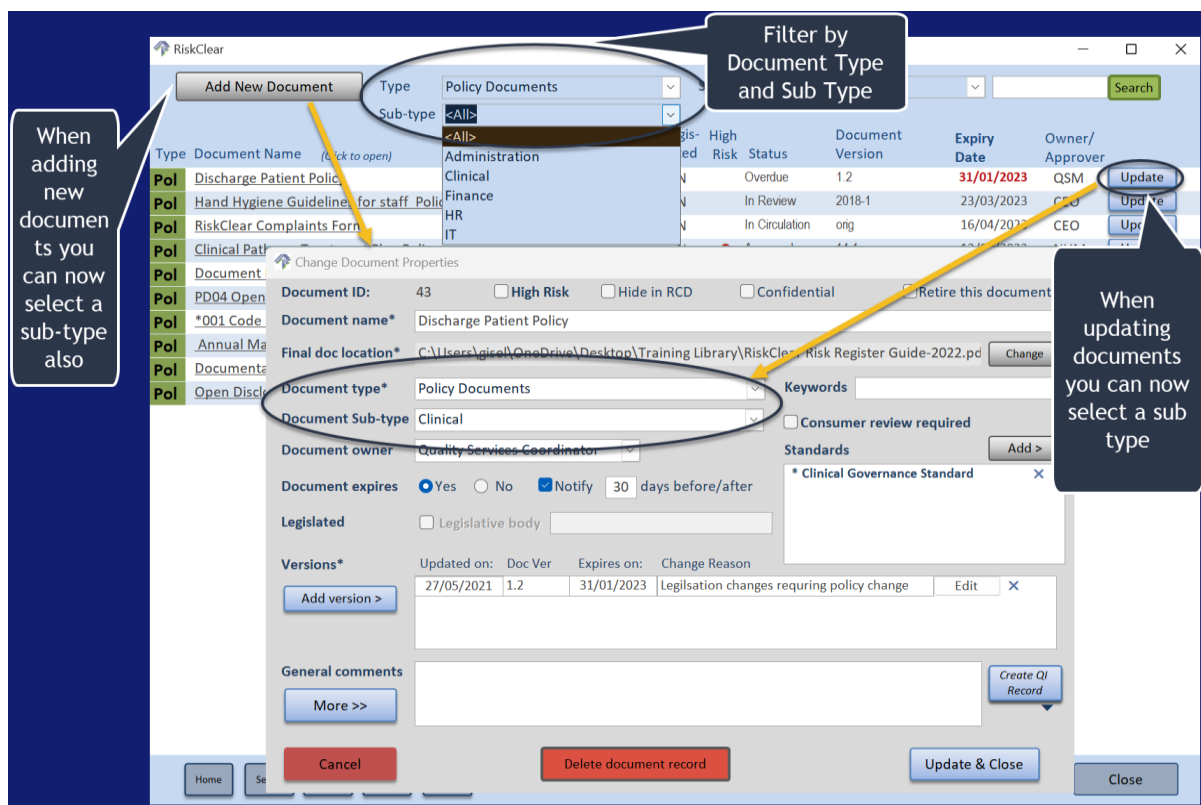
HELPFUL HINT:

- Remember if you need to add multiple documents instead of just one to the Infection Event Record, ensure the document are saved in a folder first on your network. Then **hold down the shift key** whilst **clicking on the "click to link"** button and a folder with multiple documents will upload.

The button will now look like this indicating a **Folder** not just a document is **linked**.



- You can do this anywhere in RiskClear where there is a **click to link** function.



45. Checklist Option (including compliance rate) in the Audit/Task Schedule (Plus Tab)

Audience & Key Users of this Function

- ✓ RiskClear Users
- ✓ DONs
- ✓ Clinical and Administration Managers
- ✓ Quality Manager/Coordinator
- ✓ Internal Auditors

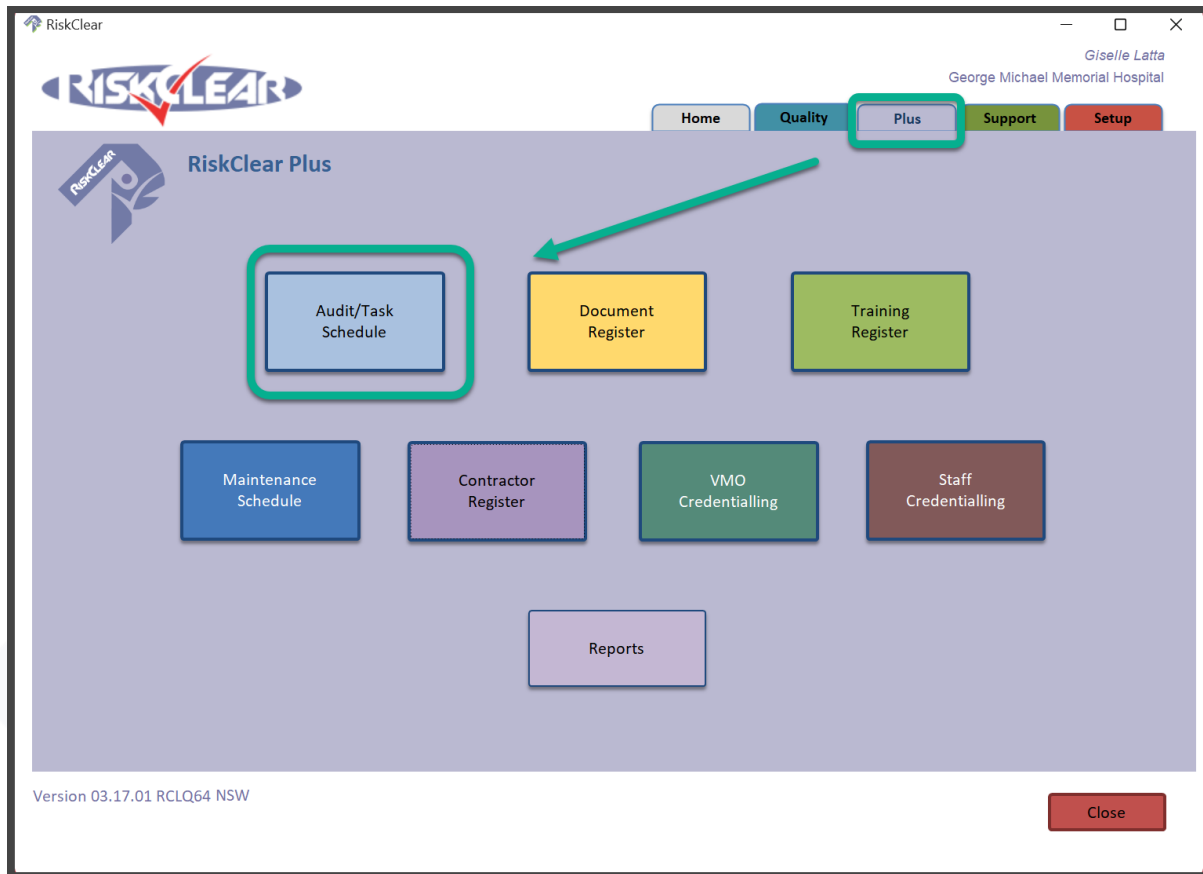
Purpose

- ✓ This recently added function allows you too now:
 - Include Checklists on the Audit schedule - checklists which are completed daily/weekly can be scanned and attached to the audit schedule at the end of each month.
 - Compliance rates for Checklist completion can also be entered directly onto the update panel for that month.
 - This means you no longer need to create and link and audit summary to the Checklist (unless required) in order to record the checklist compliance.
- ✓ Assists hospitals and health service providers to meet the requirements of **NSQHS 1 Clinical Governance Criteria 1.8 Measurement and Quality Improvement**, as well as other healthcare industry standards (e.g., RTAC, ISO 9001:2015, NPAS etc)

Steps and Example:

Steps - refer to diagrams below:

Go to the **Plus Tab** in RiskClear and click on **Audit/Task Schedule**.



To Create a New Checklist on the Audit Schedule – see diagram below:

- A) Click **Create New....**
- B) Select **Checklist** and complete the *mandatory fields, select auto repeat frequency etc.
- C) Click **Create**.

To link the completed checklist to your schedule and enter the compliance rate – see diagram below:

Step 1: Find the checklist you wish to update and the month you wish to update, click on the "X" – e.g., **Emergency Trolley Checklist for January 2023**

Step 2: Select from the **drop-down** the person completing/linking the checklist – e.g., **Day Coordinator**.

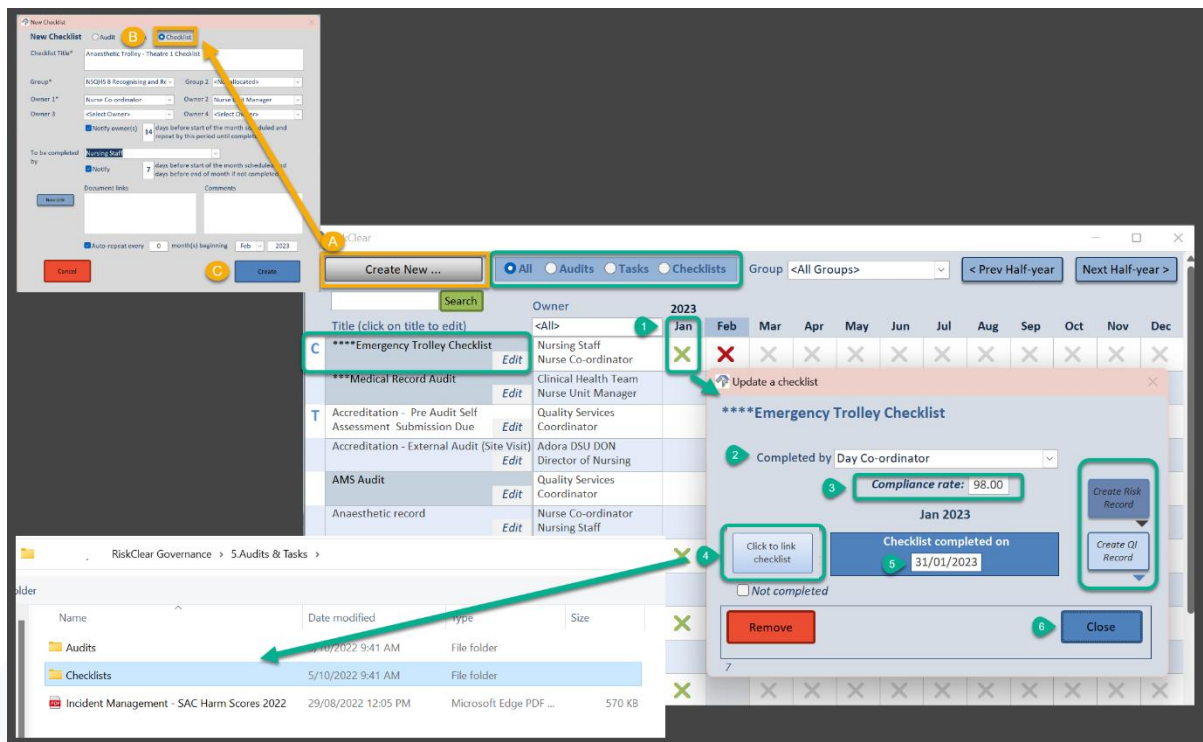
Step 3: Enter the **Compliance Rate** that you have calculated for the completion of that checklist (e.g., if 10/10 items on the checklist have been completed, for every day of the month then it would be 100%).

Step 4: Select **Click to link checklist** – your windows network browser will open, find the checklist, and select it to link it to the Schedule.

Step 5: Enter the **date** of completion.

Step 6: Click **Close**.

NOTE – You can also create a Risk Record or QI record (circled below) to link to the Checklist – e.g., if the Emergency Trolley checklist was incomplete and this created a risk and/or an opportunity to improve, then you can easily do so from this Update a Checklist Panel.



46. Incident Record - New action field functionality (Home Tab)

Audience & Key Users of this Function

- ✓ RiskClear Users
- ✓ DONs
- ✓ Clinical and Administration Managers
- ✓ Quality Manager/Coordinator

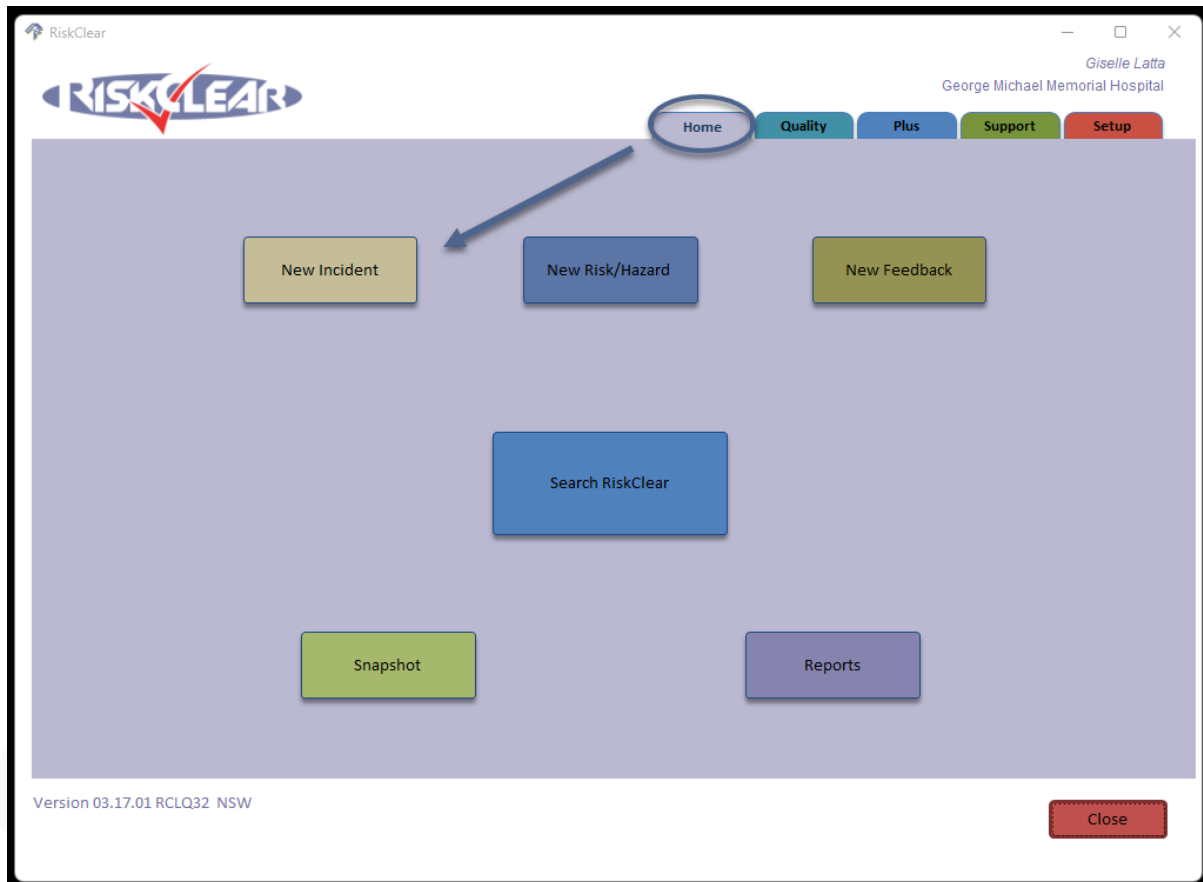
Purpose

- ✓ This recently added function allows you to:
 - Record/add action/s within the Incident record in the same way you can with risk and complaint records.
 - Create and assign various actions to manage the incident thoroughly.
- ✓ Assists hospitals and health service providers to meet the requirements of **NSQHS 1 Clinical Governance Criteria 1.1 Incident Management Systems...** as well as other healthcare industry standards (e.g., RTAC, ISO 9001:2015, NPAS, NATA etc)

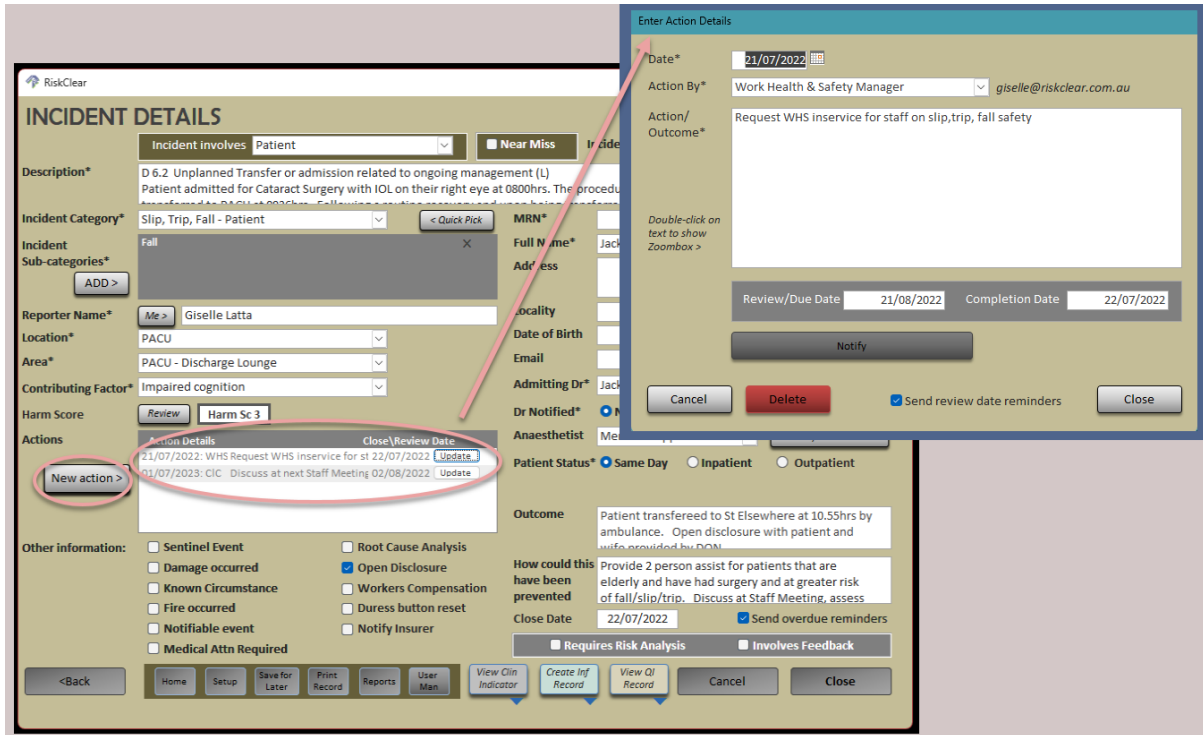
Steps and Example:

Steps - refer to diagrams below:

- Go to the **Home Tab** in RiskClear and click on **New Incident**.



- Click on **"New action"** (circled below) and the **"Enter Action Details"** window will open – complete the fields/details and click notify if you wish an email notification to be sent to that person about their assigned action. Click **"Close"**.
- **NOTE:** All **actions need to be closed** before you can **close the overall incident** record.



INCIDENT DETAILS

Incident Involves: Patient ☐ Near Miss

Description: D 6.2 Unplanned Transfer or admission related to ongoing management (L) Patient admitted for Cataract Surgery with IOL on their right eye at 0800hrs. The procedure was performed by PACU at 0903hrs. Following completion of the procedure, the patient was transferred to PACU at 0903hrs. Following completion of the procedure, the patient was transferred to PACU at 0903hrs.

Incident Category: Slip, Trip, Fall - Patient

Incident Sub-categories:

Reporter Name: Me > Giselle Latta

Location: PACU

Area: PACU - Discharge Lounge

Contributing Factor: Impaired cognition

Harm Score: Harm Sc 3

Actions:

Other information: ☐ Sentinel Event ☐ Root Cause Analysis ☒ Open Disclosure ☐ Damage occurred ☐ Known Circumstance ☐ Workers Compensation ☐ Fire occurred ☐ Duress button reset ☐ Notifiable event ☐ Notify Insurer ☐ Medical Attn Required

Outcome: Patient transferred to St Elsewhere at 10.55hrs by ambulance. Open disclosure with patient and wife provided by DON.

How could this have been prevented: Provide 2 person assist for patients that are elderly and have had surgery and at greater risk of fall/slip/trip. Discuss at Staff Meeting, assess

Close Date: 22/07/2022 ☒ Send overdue reminders

☐ Requires Risk Analysis ☐ Involves Feedback

Enter Action Details

Date: 21/07/2022

Action By: Work Health & Safety Manager

Action/Outcome: Request WHS inservice for staff on slip,trip, fall safety

Review/Due Date: 21/08/2022 Completion Date: 22/07/2022

☒ Send review date reminders

47. New Staff Messaging Function RiskClear<>RiskClear Direct (Summary Page)

Audience & Key Users of this Function

- ✓ RiskClear Users
- ✓ RiskClear Direct Users
- ✓ DONs
- ✓ Clinical and Administration Managers
- ✓ Quality Manager/Coordinator

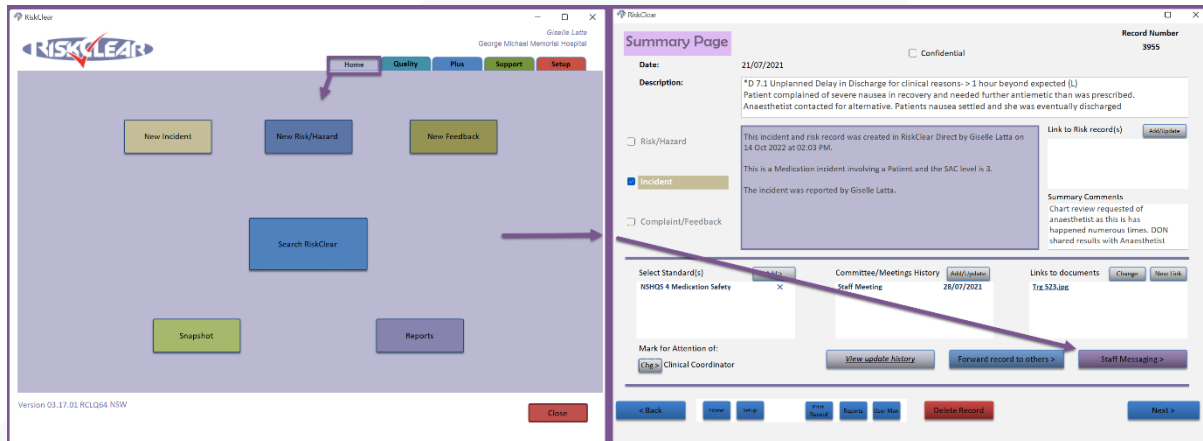
Purpose

- ✓ This recently added function allows you to:
 - Send multiple messages to the originator of the record, or to any other person you wish to communicate with regarding this record.
 - The person who receives the message can also reply.
 - All messages will be recorded on a message trail.
 - The message can also be sent as an email.
- ✓ **Enables timely and convenient communication/messaging between staff members which can improve incident, risk and feedback reporting as staff can see progress and/or closure of their records.**
- ✓ Assists hospitals and health service providers to meet the requirements of **NSQHS 1 Clinical Governance Criteria 1.10 Risk Management, Criteria 1.11 Incident Management Systems & 1.13 Feedback & Complaints Management...** as well as other healthcare

industry standards (e.g., RTAC, ISO 9001:2015, NPAS, NATA etc) including jurisdictional and legislative requirements.

Steps and Example for RiskClear Users

Go to the **Home Tab** in RiskClear, **Search RiskClear** for the record and on the **Summary Page** of any **Incident, Risk or Feedback** record there is a **purple Staff Messaging>** button (see diagram below).



Once you click **Staff Messaging** (above) do the following steps:

Refer to Diagram below:

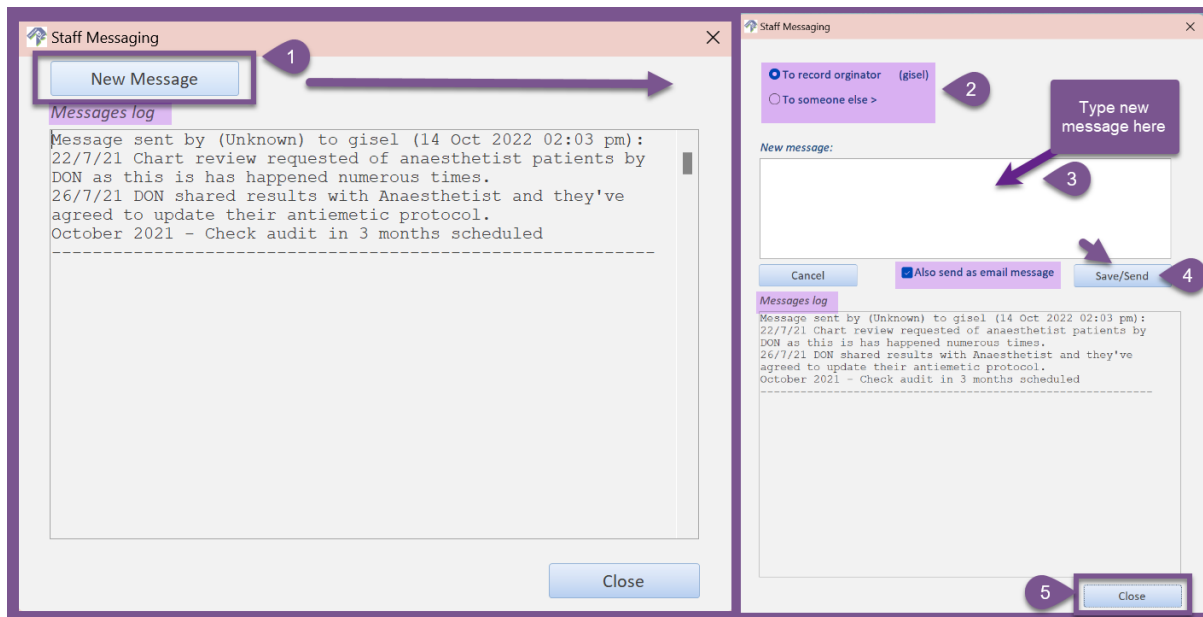
Step 1: A new **Staff Messaging** window will appear – including the **Message Log** for that particular record. To respond click **New Message**.

Step 2: Select whom the message needs to be sent too – e.g., **record originator** or **someone else**.

Step 3: Type your **new message** into the text box. If you wish an email message to be sent also, tick **Also send as email message**.

Step 4: Click **Save/Send**.

Step 5: Click **Close**.



**In order to give staff permission to give other staff access to a record, they must have "Alloc Access" in Setup>Advanced>Permissions set to Yes. All staff with Supervisor access will automatically be given "Alloc Access". Only staff who have access to Confidential records can give other staff access to records marked as confidential.*

Steps and Example for RiskClear Direct Users

RiskClear Direct Users can access the **Messages Log** when they open the particular **Incident, Risk or Feedback (Complaint) Record in RiskClear Direct** (see diagrams below showing messages log box highlighted in **purple**). If the sender has ticked **also send an email**, they will receive an email of this message.

To utilise the Messages Log in RiskClear Direct:

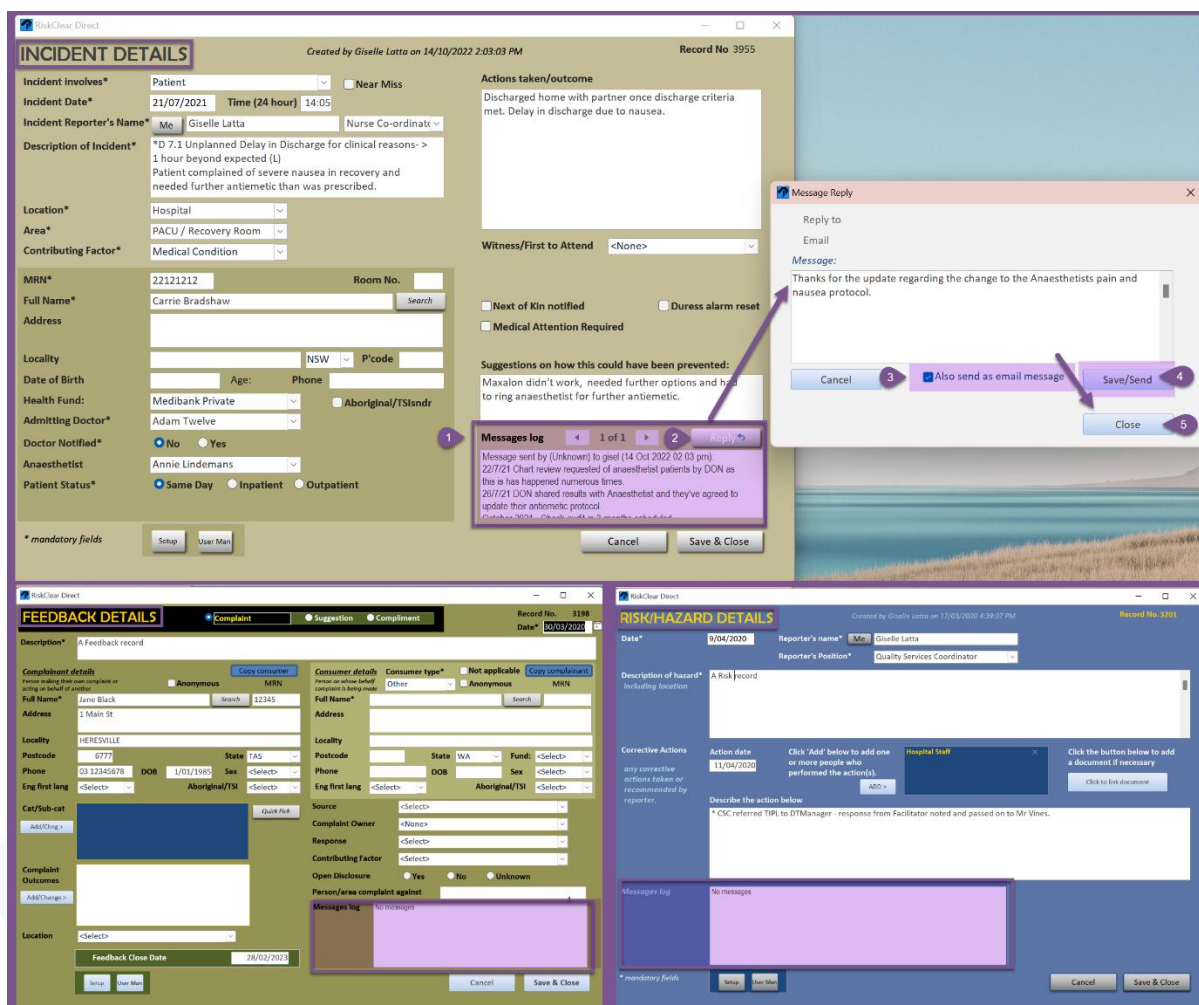
Step 1: Go to the **Messages Log** of the **Incident Record** in this example below.

Step 2: Click **Reply** and a **Message Reply** window appears. Type your reply into the **Message Text Box**.

Step 3 You can **also send as email message** by ticking the corresponding box.

Step 4: Click **Save/Send**.

Step 5: Click **Close**.



48. Linking folders (not just files) in RiskClear

Audience & Key Users of this Function

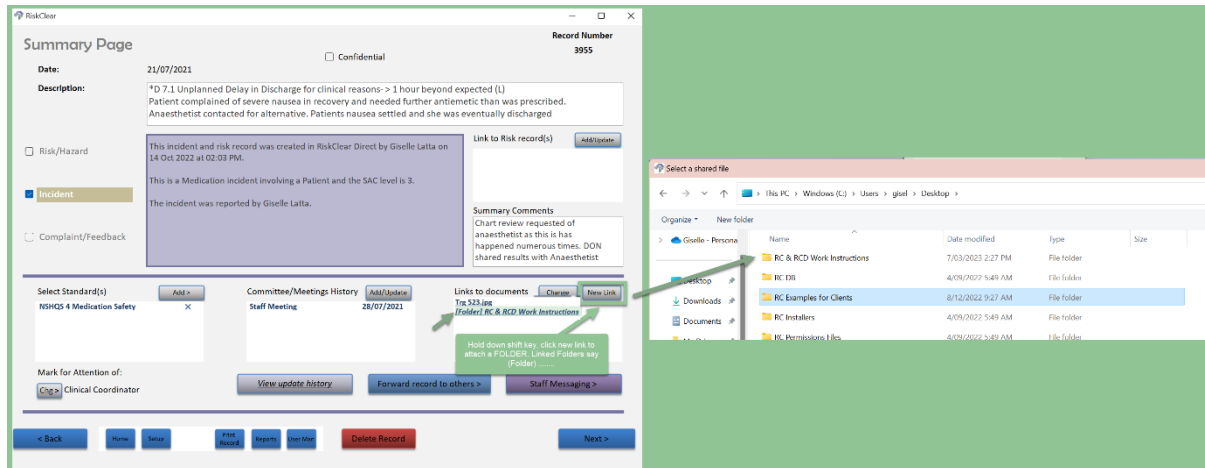
- ✓ RiskClear Users
- ✓ RiskClear Direct Users
- ✓ DONs
- ✓ Clinical and Administration Managers
- ✓ Quality Manager/Coordinator

Purpose

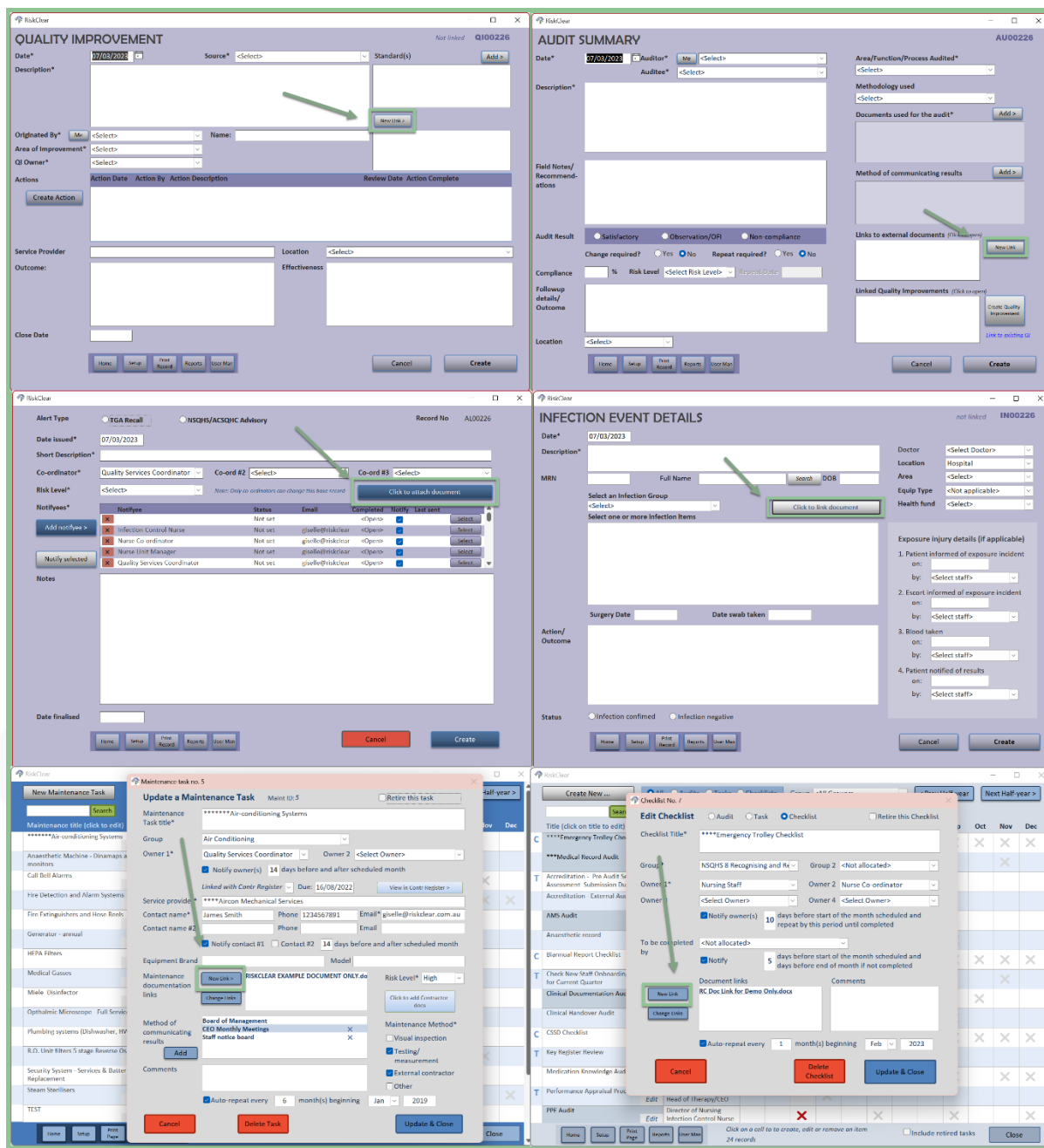
- ✓ This function allows you to link not just documents but also folders in places in RiskClear/RiskClear Direct where the **New Link** button is found.
- ✓ Enables appropriate documents and folders to be linked to records in RiskClear (shown in diagrams below) as evidence of record management.
- ✓ Assists hospitals and health service providers to meet the requirements of **NSQHS 1 Clinical Governance Standard...** as well as other healthcare industry standards (e.g., RTAC, ISO 9001:2015, NPAS, NATA etc) including jurisdictional and legislative requirements.

Steps and Example for RiskClear Users

- ✓ Simply hold down the **Shift Key** and click **New Link** and the **Windows file browser** will open, **select the folder** you wish to link and release.
- ✓ The folder will appear - with the word (Folder) in-front, to easily identify that it is a folder not a single document (see highlighted in diagram below).



- ✓ **This functionality is available in the following places in RiskClear:**
 - Summary Page (above)
- ✓ **And in the following places as per the diagram below:**
 - Quality Improvement Record/Page
 - Audit Summary Record/Page
 - Alert Record/Page
 - Infection Event Record/Page
 - Maintenance Items
 - Audit Items



The screenshot displays four windows from the RiskClear software, each with a 'New Link' button highlighted by a green arrow:

- QUALITY IMPROVEMENT (QI00226):** The 'New Link' button is located next to the 'Description' field.
- AUDIT SUMMARY (AU00228):** The 'New Link' button is located next to the 'Links to external documents' field.
- INFECTION EVENT DETAILS (IN00226):** The 'New Link' button is located next to the 'Click to link document' button.
- Maintenance Task (Maint ID: 5):** The 'New Link' button is located next to the 'RISK CLEAR EXAMPLE DOCUMENT ONLY 60' field.

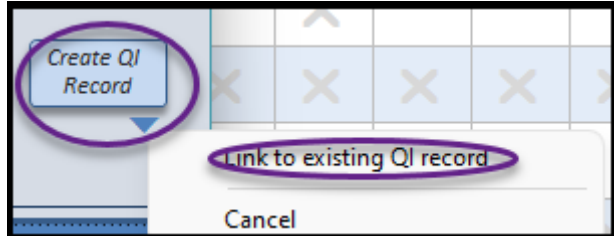
49. Link to existing Quality Improvement Record (Home, Quality & Plus Tabs) – and for multisite clients the ability to link an existing Quality Improvement record from another hospital/site.

Audience & Key Users of this Function

- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ RiskClear users

Purpose

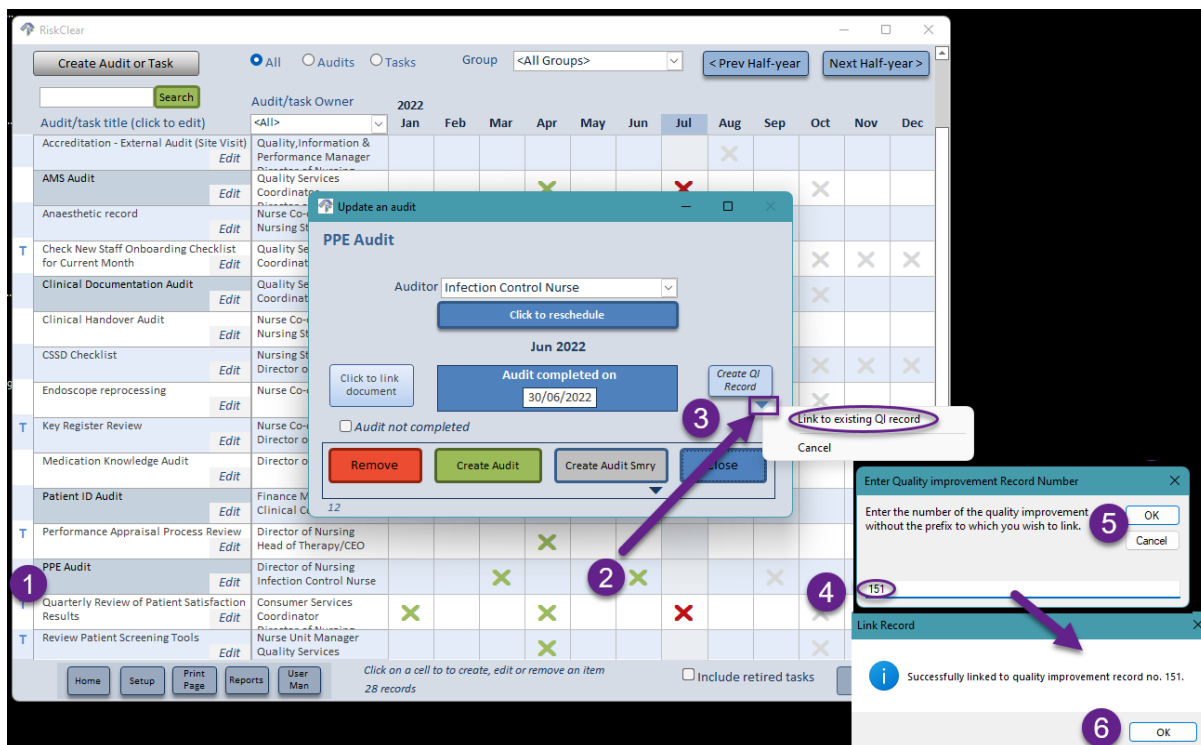
- ✓ Use this feature to link to an existing Quality Improvement Record.



- ✓ **NOTE:** This feature also appears on various screens in RiskClear such as the **Incident, Risk, Feedback, Audit Register, Maintenance Schedule, Document Register** and **TGA/Advisory Alerts** screens. **The example below will feature linking a completed audit to an existing Quality Improvement record.**
- ✓ This function enables records that are co-related to be linked together- e.g., there may be multiple audit records that need to link to one Quality Improvement Record.
- ✓ Assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding:
 - Measurement and quality improvement - e.g., **NSQHS 1 Clinical Governance Standard** - Criteria 1.8 and 1.9 as well as other Industry Standards (ISO 9001:2015/NATA/RTAC etc) and legislative requirements.

Example & Steps - Linking a completed audit to an existing Quality Improvement (QI) record:

1. Go to the **Audit Schedule** on the **Plus Tab** and find the audit you wish to link to an existing QI record – e.g., PPE Audit.
2. Click on the **X** for the relevant month – e.g., June 2022.
3. Click on the “**blue down arrow**” under the **Create QI Record** button and select **link to existing QI record**.
4. Enter the **number (without the QI prefix) of the QI record** you wish to link this audit too – e.g., 151.
5. Click **OK**.
6. The **Link Record** dialogue box will appear confirming you have successfully linked the records to each other – click **OK**.

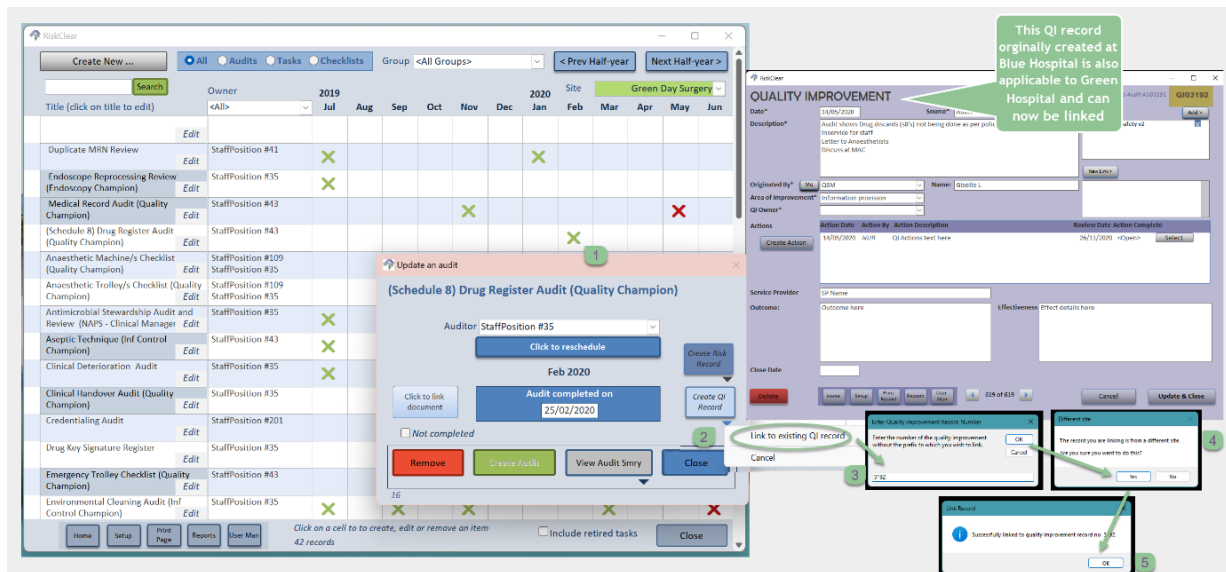


Example & Steps - Linking an existing QI record at a Multi-Site from one hospital/site to another hospital/site:

- ✓ At times, a Quality Improvement (QI) record will apply at multiple sites – so rather than having to enter a separate QI record with the same information, you can simply link an existing QI record that applies at your hospital/site also.
- ✓ This function ensures you can standardise your approach to QI activities where appropriate and save time with data entry.

Go to the Audit Schedule on the Plus Tab and find the audit you wish to link to an existing QI record – e.g., Schedule 8 Drug Register Audit.

1. Click on the **X** for the relevant month – e.g., Feb 2020.
2. The **Update an Audit** message box appears - click on the **blue down arrow** under the **Create QI Record** button and select **link to existing QI record**.
3. An **Enter QI record number** message box appears – enter the **number (without the QI prefix) of the QI record** you wish to link this audit too – e.g., 3192.
4. The **Different Site** message box will appear because you are trying to link a QI record originated at Blue Hospital to Green Hospital - click **OK**.
5. The **Link Record** message box will appear confirming you have successfully linked the records to each other – click **OK**.



50. Adding new staff members/users to RiskClear (or RiskClear Direct)

Audience & Key Users of this Function

- ✓ Quality Manager, DON, RiskClear System Administrator, Clinical Managers (those senior staff members with access to Permissions in Setup) needing to add new staff members to RiskClear.

Purpose

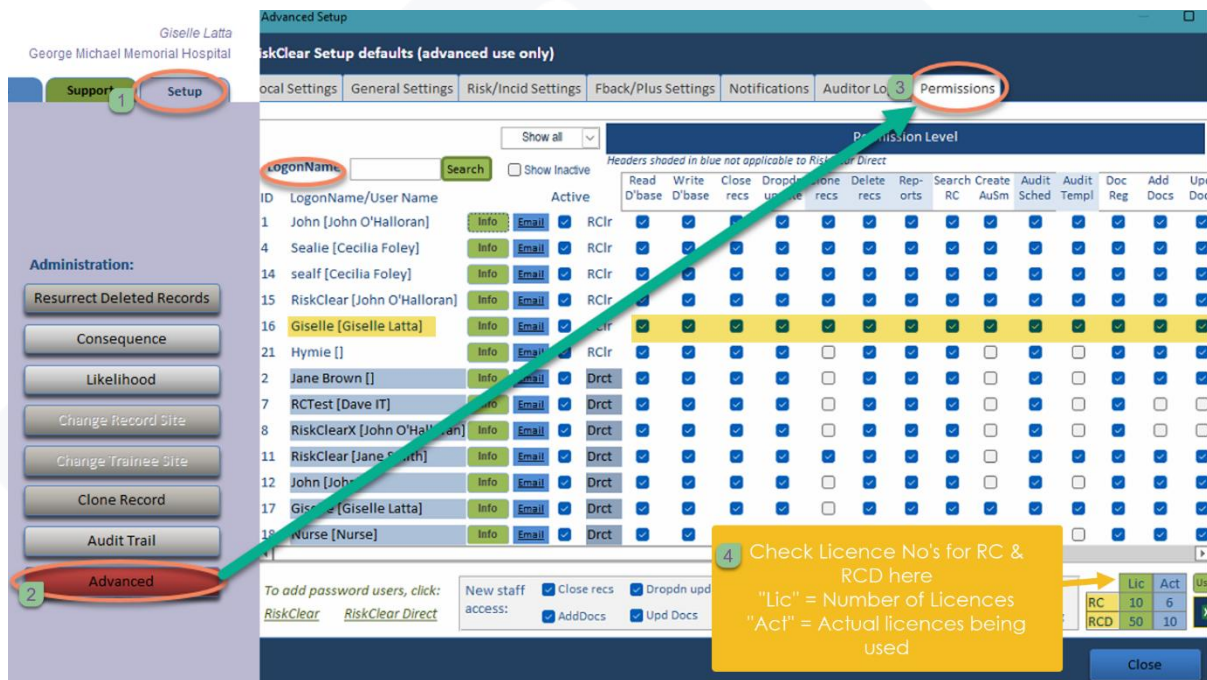
- ✓ Allows new users (RiskClear or RiskClear Direct) to be added enabling them access to RiskClear/RiskClear Direct.
- ✓ Typically, only Senior Management, Quality Managers, DONs, and Clinical Managers would have access to Permissions to be able to add/check new users and assign permissions pertinent to their role.
- ✓ Assists Hospitals and Health Service Providers to ensure appropriate software access and comply with security regulations as outlined in the National Standards (Clinical Governance criteria 1.16) and other Standards (ISO 9001:2015/NATA/RTAC etc) and legislative requirements.

Adding a New RiskClear or RiskClear Direct User

Step 1 – You will need to check that you have adequate RiskClear and RiskClear Direct licence numbers for your new staff member to use and access the software. Typically, it is one user (staff member) per one software licence.

Go to:

1. Setup Tab
2. Click **Advanced**
3. Select **Permissions** Tab
4. Check your current **licence numbers** – see highlighted below **Lic** = licences available **Act** = licences currently being used



Advanced Setup
George Michael Memorial Hospital

RiskClear Setup defaults (advanced use only)

Local Settings | General Settings | Risk/Incid Settings | Fback/Plus Settings | Notifications | Auditor Lo | **Permissions**

LogonName: Search ☐ Show Inactive

ID	LogonName/User Name	Active	Read D'base	Write D'base	Close recs	Dropdn upd	Delete recs	Repor	Search	Create	Audit AuSm	Audit Sched	Audit Templ	Doc Reg	Add Docs	Upd Doc
1	John [John O'Halloran]	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
4	Sealie [Cecilia Foley]	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
14	sealf [Cecilia Foley]	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
15	RiskClear [John O'Halloran]	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
16	Giselle [Giselle Latta]	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
21	Hymie []	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
2	Jane Brown []	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
7	RCTest [Dave IT]	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
8	RiskClearX [John O'Halloran]	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
11	RiskClear [Jane South]	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
12	John [John O'Halloran]	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
17	Giselle [Giselle Latta]	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
18	Nurse [Nurse]	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒

To add password users, click: [RiskClear](#) [RiskClear Direct](#)

New staff access: ☒ Close recs ☒ Dropdn upd ☒ AddDocs ☒ Upd Docs

Check Licence No's for RC & RCD here
"Lic" = Number of Licences
"Act" = Actual licences being used

	Lic	Act	Us
RC	10	6	
RCD	50	10	

Close

If there is a spare licence, then you can set up your new user (go to Step 2).

- ✓ If you do not have enough licences, check to see if there are **any licences that you can make inactive** (e.g., because a staff member has left or no longer uses RiskClear/RiskClear Direct). To make someone inactive simply click on the Active box next to their name to remove the tick. This will free up a licence (see diagram below).
- ✓ If you do not have enough RiskClear or RiskClear Direct licences for your new staff member/s contact RiskClear for a quote and to organise a new licence/s.

LogonName ☐ Show Inactive *He*

ID	LogonName/User Name	Info	Email	Active	
16	Giselle [Giselle Latta]	Info	Email	☒	RCIrr
24	gisel [QSM]	Info	Email	☐	RCIrr
2	Jane Brown []	Info	Email	☒	Drct
7	RCTest [Dave IT]	Info	Email	☒	Drct

Step 2 - You will need to let **your IT Provider** know that you have a new staff member requiring access/software set up for **RiskClear** or **RiskClear Direct** and to be added to the appropriate **User Group**.

Step 3 - Have your **new staff member** simply click on the **RiskClear (white)** or **RiskClear Direct (blue)** **Icon** on their **computer desktop**.



or



The **Initial Setup Prompt** window will appear for the **new staff member to complete**, completing this will **allocate a licence to them**.

Initial Setup Prompt

On first use, RiskClear will display the personalisation form below for completion by you.



These fields will be used to identify you so that your details can be auto-filled on forms and so you can receive RiskClear-originated notification emails.

Enter your name in the format: First-name Last-name e.g. Jane Brown.

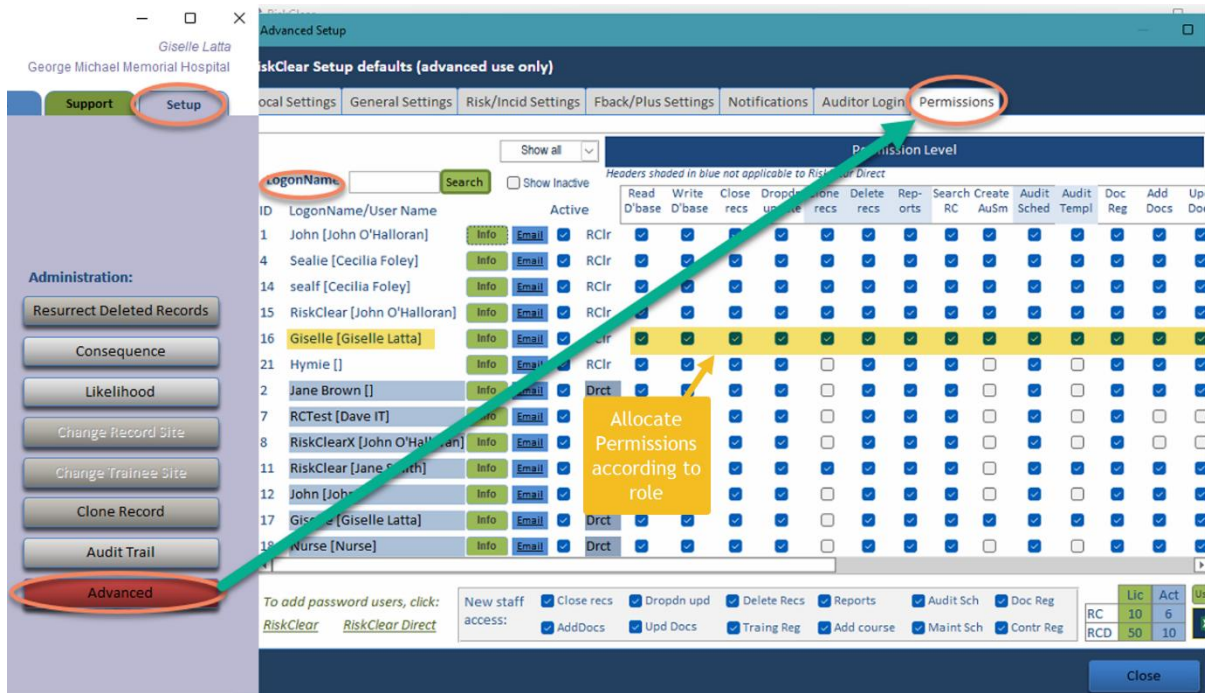
Select your position from the drop-down box, enter your email address then click the "Continue ..." button to open RiskClear.

If your position is not in the list, click the "Add new position" button and enter your position (role) in the box that appears and press "OK".

Note that if you are one of multiple sites, an additional drop-down box will also appear here from which you will select your site.

After completing all fields on this form, it will not show again.

Step 4 - Once your new staff member has done this you can go to **Setup>Advanced>Permissions** and you will see **their name listed** - you can then **assign (tick boxes)** for the appropriate **Permissions required for their role**.



Advanced Setup
Giselle Latta
George Michael Memorial Hospital

Support **Setup**

Advanced

Administration:

- Resurrect Deleted Records
- Consequence
- Likelihood
- Change Record Site
- Change Trainee Site
- Clone Record
- Audit Trail
- Advanced

RiskClear Setup defaults (advanced use only)

Local Settings General Settings Risk/Incid Settings Fback/Plus Settings Notifications Auditor Login **Permissions**

LogonName: Search ☐ Show Inactive

Permission Level

ID	LogonName/User Name	Active	Read D'base	Write D'base	Close recs	Dropdn upd	Delete recs	Reports	Search RC	Create AuSm	Audit Sched	Audit Templ	Doc Reg	Add Docs	Upd Docs
1	John [John O'Halloran]	Info Email	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
4	Sealie [Cecilia Foley]	Info Email	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
14	sealf [Cecilia Foley]	Info Email	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
15	RiskClear [John O'Halloran]	Info Email	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
16	Giselle [Giselle Latta]	Info Email	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
21	Hymie []	Info Email	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
2	Jane Brown []	Info Email	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
7	RCTest [Dave IT]	Info Email	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
8	RiskClearX [John O'Halloran]	Info Email	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
11	RiskClear [Jane Smith]	Info Email	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
12	John [John O'Halloran]	Info Email	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
17	Giselle [Giselle Latta]	Info Email	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
18	Nurse [Nurse]	Info Email	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒

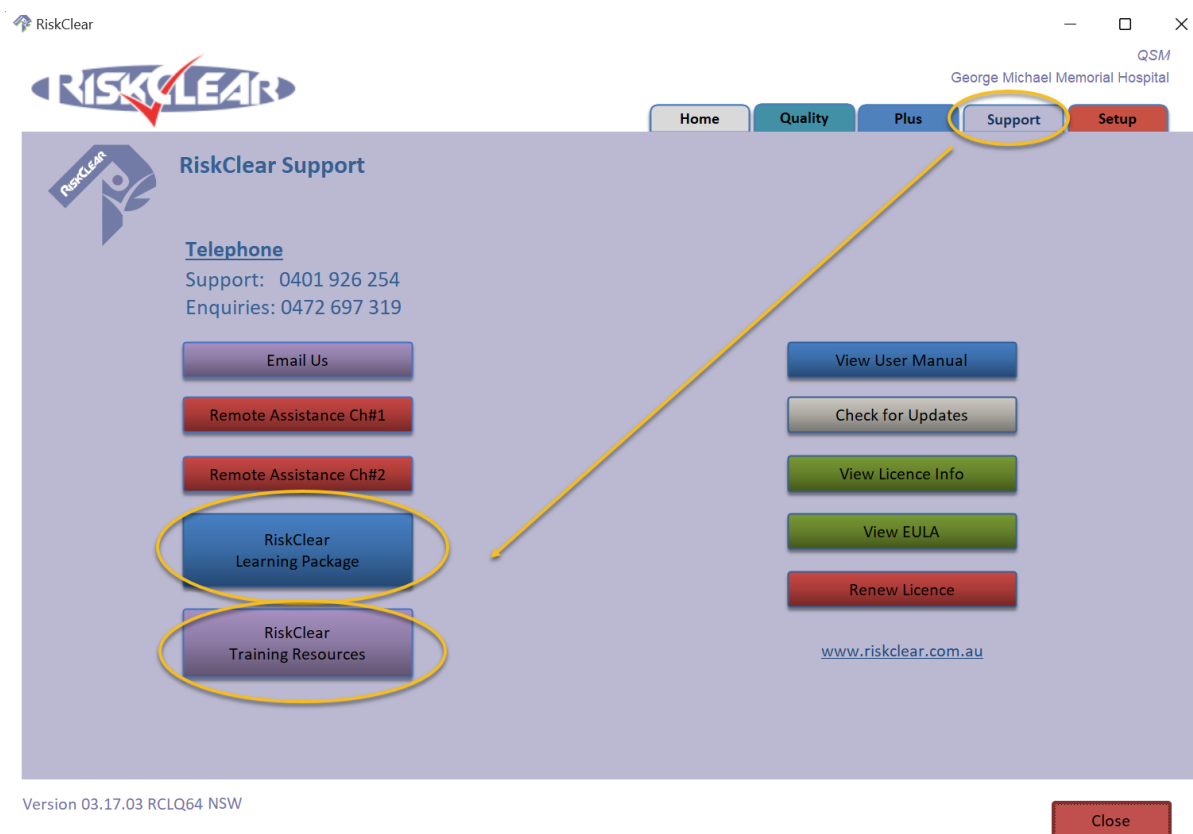
To add password users, click: [RiskClear](#) [RiskClear Direct](#)

New staff access: ☒ Close recs ☒ Dropdn upd ☒ Delete Recs ☒ Reports ☒ Audit Sch ☒ Doc Reg ☒ AddDocs ☒ Upd Docs ☒ Traing Reg ☒ Add course ☒ Maint Sch ☒ Contr Reg

Close

Helpful Tips:

- ✓ Ensure new Staff Members complete the **RiskClear or RiskClear Direct Learning Package** found on the **Support Tab** once they have access to the software.
- ✓ The **Answers** to each of these Learning Packages can be found by Managers via the **RiskClear Training Resources** also found via the **Support Tab**.
- ✓ Let you new Staff Members know to look at the **RiskClear Training Resources** for videos and training guides on the various functions of RiskClear/RiskClear Direct (e.g., How to enter a Risk, Incident, Feedback Record Guide, plus other guides for such functions as Document, Training, QI, Credentialling, CIs, Maintenance, Audit etc relevant to their role).



51. Risk Register Additional Details Page (Home & Setup Tabs)

Audience & Key Users of this Function

- ✓ Any RiskClear Users who enter a Risk onto the Risk Register.
- ✓ Quality Coordinator or Manager / DON/ CEO / General Manager / WHS Manager / Finance or Business Manager.

Purpose

- ✓ This **“Additional Details Page”** is designed to augment the **“Risk Details Screen”** (page) with up to four self-defined free-text columns which assist in further defining the risk.
- ✓ This additional page detail will also appear when you run the Risk Register (Reports 101 and 102).
- ✓ This additional page detail is only available when:
 - ✓ RiskClear is set so that Risk Register records are manually selected.
 - ✓ The **‘Send to Risk Register’** box is ticked.
 - ✓ Custom **Additional Risk Register headings** have been setup.

Setup (System Administrator/Quality Manager/DON can do this)

7. Go to **Setup**.
8. Click **“Advanced”**.
9. Go to the **“Risk/Incident Settings Tab Setup”**.
10. Remove the tick from the **‘Send All Risks to Risk Register’** box. (This will cause the ‘Send to Risk Register’ option to appear on each Risk page.)

11. Add Titles for each of the four **"Additional columns"** (e.g., Impact, Causes, Current Controls, Effectiveness).
12. Click **"Close"**.

From the **Risk** screen you can now if you need/wish:

- ✓ Tick the **Additional Info** box at the top of the screen (see circled).
- ✓ Click on the **"Additional>"** button on the bottom right of the screen (circled) and another window will appear called the **"Risk Register Additional Details"**. Add your additional detail here in the four columns.
- ✓ Click **"Close"** once completed.

This additional information along with the usual Risk Record information will appear when running the **Risk Register Reports (101/102)** – see example reports below.

Examples of Risk Register Reports (with Risk Register Additional Details included)

Example 1 - Report 101: Risk Register

RISK REGISTER - GEORGE MICHAEL MEMORIAL HOSPITAL												
Both open and closed records dated between 1 Jan 2021 and 31 Oct 2021												
Date	Service Area	NSQHS	Risk Description	Consequences	Likelihood	Risk Rating	Actions/Controls	Monitoring Strategies	Risk Owner	Revised Risk	Review Date	Adequacy of Controls
17/08/20 17/21	Clinical	4	Standard 4 Medication Safety Inadequate information given to patients during admission and discharge	4	2	II	- Medication safety policy and procedures are in place - Staff have been orientated and safety measures are in place to prevent non-compliance of patients to medication administration - Final training session with nursing staff. - Quality systems management - Admission policy and procedures - Medication policy and procedures - Discharge policy and procedures	- Quality Systems Management - Medication Audits And Protocols - Risk Management	M NUR CIC	II II II	17/08/2020 18/08/2020 26/08/2020	No Yes
Impact			Causes			Current Controls			Effectiveness			
Poor pain management Overdose Death Initial poor reputation resulting in loss of business. Potential lawsuit			Poor systems for administration of patient medications. No direct supervision of patients taking medications. Inadequate staff education on policies and procedures regarding medication safety Insufficient discharge information			Medication safety policy and procedures are in place Staff have been orientated to the MHU and safety measures are in place to prevent non-compliance of patients to medication administration			All patients given discharge medication profile prepared by pharmacy. Posters near medication window encouraging patients to ask for information if commencing a new drug.			

Example - Report 102: Risk Register grouped by Standard.

RISK REGISTER BY STANDARD - GEORGE MICHAEL MEMORIAL HOSPITAL

For open records dated between 1 Jan 2021 and 31 Oct 2021

Date	Service Area	NSQHS	Risk Description	Consequences	Likelihood	Risk Rating	Actions/Controls	Monitoring Strategies	Risk Owner	Revised Risk	Review Date	Adequacy of Controls	
												Resolved	Mitigated

* Medication Safety

16/08/20 3770	Clinical	4	Standard 4 Medication Safety - Misappropriation of drugs by patients or staff	4	2	H	- Staff employment documents in place. Reference check form in place. Staff APRHA checks completed. Staff orientation information in place. Initial orientation included, security access to medication room and medication safety. Internal surveillance and audit schedule in place. Direct observation of all staff occurs. Monitoring of practice as per drugs and poisons control plan. - Staff education - Medication policy and procedures - Patient behaviour policy and procedures	- Quality Systems Management - Staff Performance Management - Medication Audits And Protocols - Risk Management	DON H	H H	6/07/2020 6/08/2020	No	Yes
------------------	----------	---	---	---	---	---	--	--	----------	--------	------------------------	----	-----

Impact	Causes	Current Controls	Effectiveness
Potential catastrophic harm to staff member or patient Non-compliance with drugs and poisons regulations, loss of drugs and poisons license Initial poor reputation resulting in loss of business. Potential lawsuit	Inadequate reference and APRHA checks for potential staff members. No Drugs and Poisons plan in place Non-compliance with Medication safety policies and procedures by staff Inadequate or non compliance with medication room safety measures. Inadequate training Inexperienced staff	Staff employment documents in place. Reference check form in place. Staff APRHA checks completed. Staff orientation information in place. Initial orientation included, security access to medication room and medication safety. Internal surveillance and audit schedule in place Direct observation of all staff occurs Monitoring of practice as per drugs and poisons control plan	No issues since opening

RiskClear Reports

Page 1

14 December 2021

52. Also Search Actions function on the Search RiskClear Page (Home Tab).

Audience & Key Users of this Function

- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ WHS Manager
- ✓ RiskClear Users

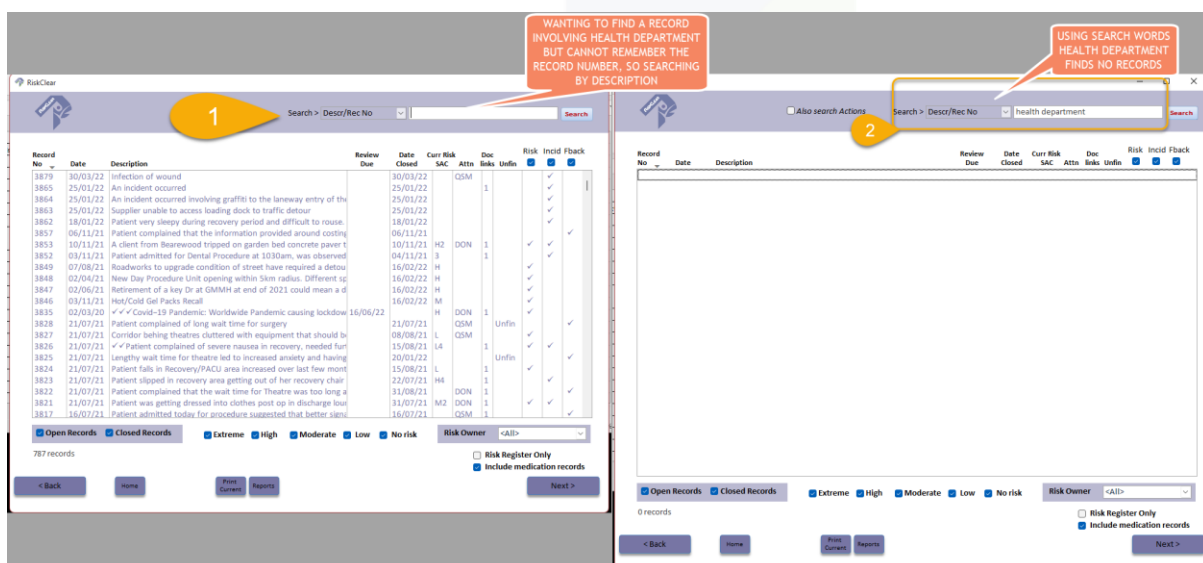
Purpose

- ✓ Records can be searched for by record number or by description using the search box at the top of the Search Page. Enter a keyword into the search box and RiskClear will return all records containing that term or part of the term in the description. If you would also like the search to **include the description of all action records attached to records, tick the 'Also search Actions' box.**
- ✓ Assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding Risk and Incident Management - e.g., NSQHS 1 Clinical Governance Standard - Criteria 1.10, 1.11 and 1.12.

Example & Steps

Example: Needing to find a record that you cannot remember the number of, but you know that it involved the "Health Department"

- 6) Select "Search Description/Record No."
- 7) Entering **Health Department** in the Search Field without the "Also Search Actions" ticked returns no results when searching.



WANTING TO FIND A RECORD INVOLVING HEALTH DEPARTMENT BUT CANNOT REMEMBER THE RECORD NUMBER, SO SEARCHING BY DESCRIPTION

USING SEARCH WORDS HEALTH DEPARTMENT FINDS NO RECORDS

1 Search > Desc/Rec No

2 Search > Desc/Rec No health department

Also search Actions

Record No. Date Description Review Due Date Closed Curr Risk SAC Attn Doc links Unfin Risk Incid Fback

1879 10/03/22 Infection of wound 10/03/22 QSM 1 ✓ ✓ ✓

1885 25/01/22 An incident occurred 25/01/22 QSM 1 ✓ ✓ ✓

1884 25/01/22 An incident occurred involving graffiti to the laneway entry of the 25/01/22 QSM 1 ✓ ✓ ✓

1863 25/01/22 Supplier unable to access loading dock to traffic detour 25/01/22 QSM 1 ✓ ✓ ✓

1862 18/01/22 Patient very sleepy during recovery period and difficult to rouse 18/01/22 QSM 1 ✓ ✓ ✓

1857 06/11/21 Patient complained that the information provided around costing 06/11/21 QSM 1 ✓ ✓ ✓

1853 10/11/21 A client from Beaurewood tripped on garden bed concrete paving 10/11/21 H2 DON 1 ✓ ✓ ✓

1852 01/11/21 Patient admitted for Dental Procedure at 1030am, was observed 04/11/21 H 1 ✓ ✓ ✓

1849 07/08/21 Roadworks to upgrade condition of street have required a detour 16/02/22 H 1 ✓ ✓ ✓

1848 02/04/21 New Day Procedure Unit opening within 5km radius. Different to 16/02/22 H 1 ✓ ✓ ✓

1847 02/04/21 Retirement of a key Dr at GMMH at end of 2021 could mean a d 16/02/22 H 1 ✓ ✓ ✓

1846 03/11/21 Hot/Cold Gel Packs Recall 16/02/22 M 1 ✓ ✓ ✓

1835 02/03/20 ✓✓✓ Covid-19 Pandemic: Worldwide Pandemic causing lockdown 16/06/22 H DON 1 ✓ ✓ ✓

1828 21/07/21 Patient complained of long wait time for surgery 21/07/21 QSM 1 ✓ ✓ ✓

1817 21/07/21 Corridor behind theatre cluttered with equipment that should be 08/08/21 L QSM 1 ✓ ✓ ✓

1826 21/07/21 ✓✓Patient complained of severe nausea in recovery, needed furt 15/08/21 LA 1 ✓ ✓ ✓

1825 21/07/21 lengthy wait time for theatre led to increased anxiety and having 20/01/22 QSM 1 ✓ ✓ ✓

1824 21/07/21 Patient falls in Recovery/PACU area increased over last few mont 15/08/21 L 1 ✓ ✓ ✓

1823 21/07/21 Patient slipped in recovery area getting out of her recovery chair 22/07/21 H4 1 ✓ ✓ ✓

1822 21/07/21 Patient complained that the wait time for Theatre was too long a 31/08/21 DON 1 ✓ ✓ ✓

1821 21/07/21 Patient was getting dressed into clothes post op in discharge tool 31/07/21 M2 DON 1 ✓ ✓ ✓

1817 16/07/21 Patient admitted today for procedure suggested that better sign 16/07/21 QSM 1 ✓ ✓ ✓

Open Records Closed Records Extreme High Moderate Low No risk Risk Owner <AS>

787 records

Back Home Risk Comment Reports Next >

Also search Actions

Record No. Date Description Review Due Date Closed Curr Risk SAC Attn Doc links Unfin Risk Incid Fback

0 records

Open Records Closed Records Extreme High Moderate Low No risk Risk Owner <AS>

0 records

Back Home Risk Comment Reports Next >

- 8) **This time**, tick the “**Also Search Actions**” box. This will now search all action records attached to your Risk records.
- 9) Now with this function selected/ticked, the search returns 2 records – one of which is the one you are looking for being **Record 3821**.
- 10) When you open **Record 3821** you can see the reference in the **Actions/Outcomes** about the SAC 2 incident report being lodged to the **Health Department**.



TICK "ALSO SEARCH ACTIONS" TO IMPROVE FINDING RECORDS

3 ☒ Also search Actions

Search by: Clinical/Risk Area: Health department

Search

Record No.	Date	Description	Review Due	Date Closed	Care Risk SAC	Area	Dis. Basis	Initial	Final	Risk	Incident	Block
1821	21/07/21	Patient who getting dressed into clothes post op in discharge lounge		31/07/21	NO	CCOM	1					

4 SEARCHING WITH "ALSO SEARCH ACTIONS" YIELDS 2 RECORDS ONE OF WHICH IS THE DESIRED RECORD

☒ Open records ☒ Closed records

☒ Unknown ☒ High ☒ Moderate ☒ Low ☒ No risk

Risk Owner: <210>

☐ Risk register only ☒ Include medication records

< Back Home Filter Forward Next >

RISK DETAILS Date: 21/07/2021 To Risk Register

Record No: 1821

Description: Patient was getting dressed into clothes post op in discharge lounge and tripped and fell onto floor. Did not knock head, small reddened area on R) hip. Dr reviewed patient, obs stable and still able to be discharged into care of wife with follow up (ray of R) hip booked for the 29/07/21.

Reported By: Me Quality Services Manager Name: Giselle Latta

Source: RiskClear Direct Ref No.

Risk rating details:

Type	Date	Likelihood	Conseq	Score	Risk Level
Initial	21/07/2021	Possible	Minor	6	Moderate

Add/Change >

Potential Business Threat: Insignificant

Category: Clinical Quick Pick

Sub-category: Physical condition

Cause: Safe Practice

Risk Owner(s): Occupations Health & Safety Manager

ADD >

Impact: Harm/distress to Patient

Controls: Occupational Safety And Health Management

Monitoring Strategies: Audits

Notes:

Actions/Outcomes:

Action Date	Action By	Action Description	Review Date	Action Complete
21/07/2021	QSM	Review environment for any safety issues that maybe influer	21/07/2021	22/07/2021
23/07/2021	QSM, DO	SAC 2 incident report lodged with Health Department	-	31/07/2021

Create New Action >

☒ Mitigated ☐ Resolved Close Date: 31/07/2021

< Back Home Setup Save for Later Print Record Reports User Menu View QI Record Cancel Incident >

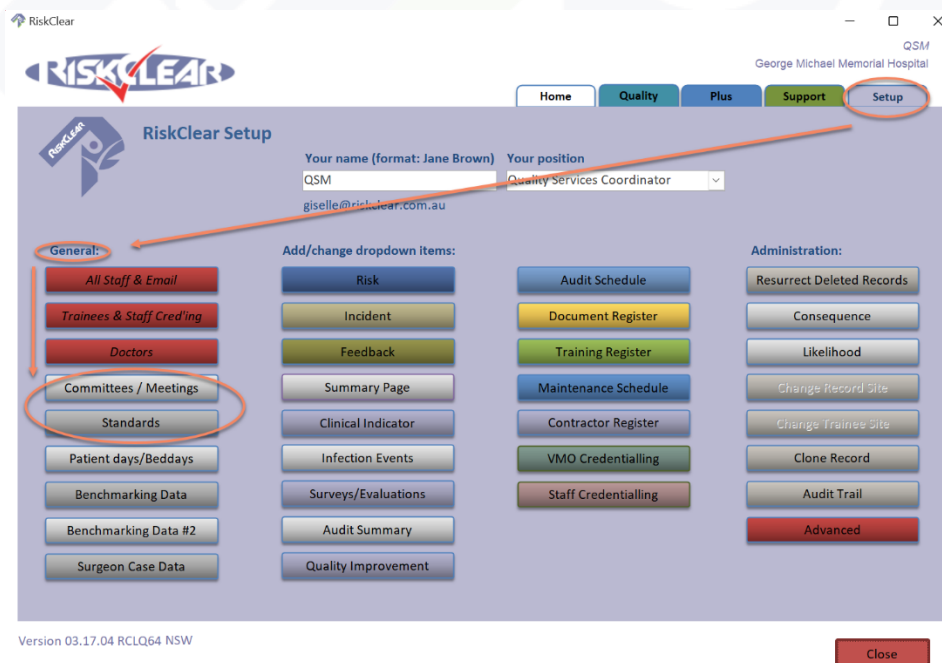
53. Setup Tab Personalisation Features – Meetings & Standards.

Audience & Key Users of this Function

- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ WHS Manager
- ✓ RiskClear Users that have permission/access to personalise features in RiskClear Setup

Purpose

- ✓ Allows for the **personalisation** of your copy of RiskClear for the addition, alteration and hiding of information that appears in drop-down boxes throughout RiskClear.
- ✓ **Setup Tab>Committee/Meetings** - This is where you enter your **Committee/Meeting** names so that they will appear in drop-down menus throughout RiskClear.
- ✓ **Setup Tab>Standards** - This is where you enter your **Industry based Standards** (e.g., NSQHSS, ISO, RTAC etc) so that they will appear in drop-down menus throughout RiskClear.
- ✓ Assists Hospitals and Health Service Providers to meet the requirements set in Industry Standards (e.g., NSQHS, ISO, RTAC etc) and relevant legislation - e.g., **NSQHS 1 Clinical Governance Standard "Organisational Leadership" Criteria 1.3 -1.5.**




Alternatively, the personalisation of RiskClear to your hospital/organisation can be completed as you go via the "Setup" button that is found at the bottom of various screens within RiskClear.

Examples & Steps

Example 1 - Committee Meetings

This is where you enter your **Committee/Meeting** names so that they will appear in drop-down menus throughout RiskClear.

Step 1: Click on “**Committees/Meetings**”.

Step 2: Enter the **Committee or Meeting** (e.g., MAC, Staff, Risk & Quality Meeting) **title** and then click “**Add**”. These will then appear in the list as shown below.

Step 3: Click “**Close**”.

***Example:** Committee/Meetings History on the Summary Page (diagram below).



The top screenshot shows the 'Add/Change Committee / Meeting Names' dialog box. It has a 'General' tab and a 'Committees / Meetings' section. A list of committees is shown with columns for 'Description', 'ID', and 'Display'. The list includes: Executive Committee (CEO), Quality and Safety Committee (CLM), Governance Committee (GOV), Medical Advisory Committee (MAC), Clinical Operations Committee (QSM), and Staff Meeting (STF). A 'Close' button is at the bottom right.

The bottom screenshot shows the 'Summary Page' for a patient incident. It includes a 'Date' field (21/07/2021), a 'Description' field, and a 'Risk/Hazard' section. A 'Committee/Meetings History' section is highlighted, showing a table with the following data:

Committee/Meetings History	Add/Update
Staff Meeting	9/08/2021
Medical Advisory Committee	2/03/2022

Example 2 - Standards

This is where you enter your Health Industry **Standards** so that they will appear in drop-down menus throughout RiskClear.

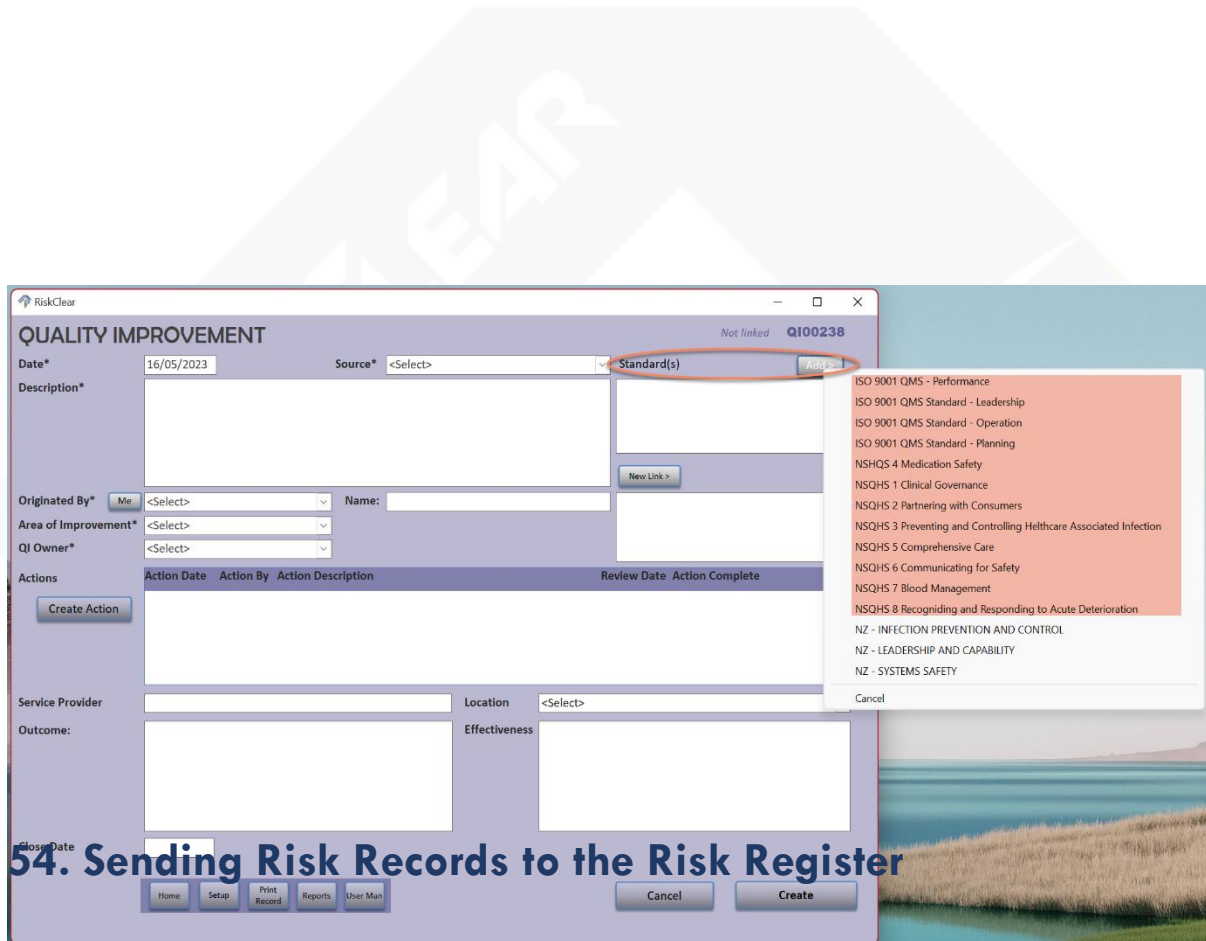
Step 1: Click on “Standards”.

Step 2: Enter the **Standard** title (e.g., NSQHS 1 Clinical Governance, ISO Standard...) and then click “Add”. These will then appear in the list as shown below.

Step 3: Click “Close”.

***Example:** Standard(s) on the Quality Improvement Screen in RiskClear (diagram bottom right).

(Standards also appear in other places such as the Summary Page, Audit Schedule, Document Register etc in RiskClear).



The screenshot shows the 'QUALITY IMPROVEMENT' screen in RiskClear. The 'Standards' dropdown menu is open, displaying a list of standards including ISO 9001 QMS - Performance, ISO 9001 QMS Standard - Leadership, ISO 9001 QMS Standard - Operation, ISO 9001 QMS Standard - Planning, NSHQ5 4 Medication Safety, NSQHS 1 Clinical Governance, NSQHS 2 Partnering with Consumers, NSQHS 3 Preventing and Controlling Healthcare Associated Infection, NSQHS 5 Comprehensive Care, NSQHS 6 Communicating for Safety, NSQHS 7 Blood Management, NSQHS 8 Recognising and Responding to Acute Deterioration, NZ - INFECTION PREVENTION AND CONTROL, NZ - LEADERSHIP AND CAPABILITY, and NZ - SYSTEMS SAFETY. The 'Add' button is highlighted in the top right corner of the dropdown menu.

54. Sending Risk Records to the Risk Register

Audience & Key Users of this Function

- ✓ Any RiskClear Users who enter a Risk onto the Risk Register.
- ✓ Quality Coordinator or Nurse Manager / DON/ CEO / General Manager / WHS Manager / Finance or Business Manager.
- ✓ RiskClear Users that have permission/access to personalise features in RiskClear Setup.

Purpose

- ✓ This **feature** is designed to allow you to determine for your hospital or Health Service Organisation (HSO) whether:
 - You wish to **elect manually to allocate risk records to the Risk Register**– or;
 - You wish to have **every Risk Record automatically added to the Risk Register**.

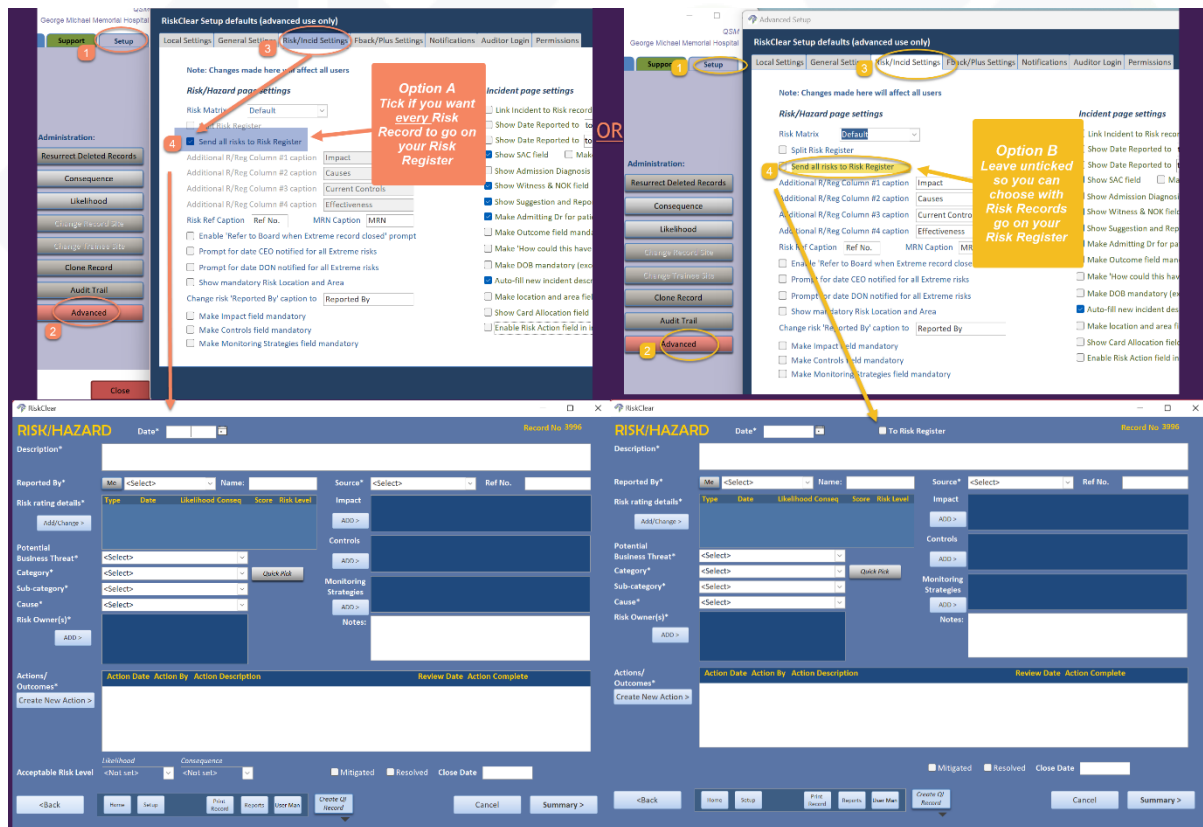
- ✓ There are benefits to either choice and it will often be determined by the staff/skill mix, size of your organisation and HSO culture.
- ✓ This feature assists in making your Risk Register management suitable for your needs.
- ✓ Assists Hospitals and Health Service Providers to meet the requirements set in Industry Standards (e.g., NSQHS, ISO, RTAC etc) - e.g., **NSQHS 1 Clinical Governance Standard Risk Management Criteria 1.10** and relevant legislation.

Setup (System Administrator/Quality Manager/DON can do this)

Determine whether you wish to utilise Option A or B - see diagram below:

13. Go to **Setup**.
14. Click **Advanced**.
15. Go to the **Risk/Incident Settings Tab Setup**.
16. Either tick (Option A)- or leave unticked (Option B) the **Send All Risks to Risk Register** box.

From the Risk Screen you will see **Option A does not have a tick box and Option B does have the tick box option "To Risk Register"**.



Option A
Tick if you want every Risk Record to go on your Risk Register

Option B
Leave unticked so you can choose with Risk Records go on your Risk Register

RISK/HAZARD Screen 1 (Left): Shows the 'To Risk Register' checkbox is unticked.

RISK/HAZARD Screen 2 (Right): Shows the 'To Risk Register' checkbox is ticked.

HANDY TIP:

If you choose **Option B** where you manually tick the **"To the Register"** box, you can still see all Risk Records entered into RiskClear/RiskClear Direct even if they are not on the Risk Register.

- ✓ You can run **Report 103 Risk Records** to view all your Risk Records.
- ✓ You would run **Reports 101, 102 and 104** to view risk records that are on **your Risk Register**.

Typically Risk Records that are on your Risk Register tend to be those long standing or business continuity type risk records. For example – Staff retention, Covid Management, Nursing Shortage, IT outage etc.

Risk Records that typically wouldn't need to be on your Risk Register but need to be entered as a Risk Record and be reported on, mitigated and managed are short to medium term risks. For example - Wet floor causing a slip or fall hazard.



55. Personalisation of Incident & Risk Screen

Audience & Key Users of this Function

- ✓ Any RiskClear/RiskClear Direct Users who enter an incident or risk/hazard record.
- ✓ Quality Coordinator or Nurse Manager / DON/ CEO / General Manager / WHS Manager / Finance or Business Manager.
- ✓ RiskClear Users that have permission/access to personalise features in RiskClear Setup.

Purpose

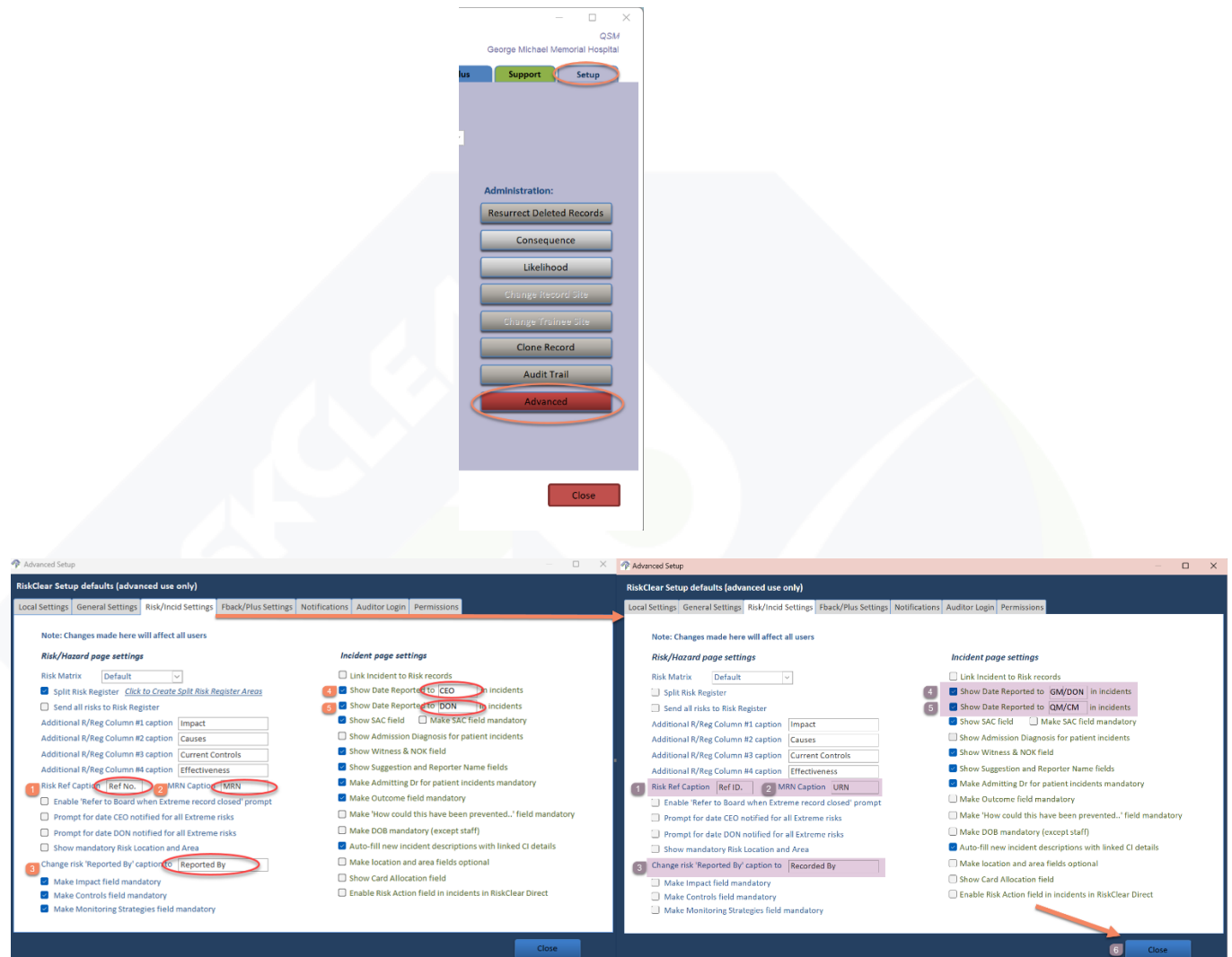
- ✓ These personalisation **features** are designed to allow you to determine for your hospital or Health Service Organisation (HSO) the most appropriate risk and incident settings.
 - You wish to **change the wording of the Risk reference caption** on the **Risk Page/Screen**.
 - You wish to **change the caption for MRN (medical record number) to another caption** on the **Incident Page/Screen** – e.g., URN (unit record number).
 - You wish to **change Risk Reported by to another term** on the **Risk Page/Screen** – e.g., Recorded by.
 - You wish to **change the initials for the people that incidents are reported to** on the **Incident Page/Screen** – e.g., from CEO/DON to GM, Manager or QM (Quality Manager).
 - ***Note** – each of these fields have a character limit of 8 characters.
- ✓ These personalisation features assist in making your Incident and Risk Recording management suitable for your needs regardless of what type of health service organisation you are and what your organisational structure is.
- ✓ Assists Hospitals and Health Service Providers to meet the requirements set in Industry Standards (e.g., NSQHS, ISO, RTAC etc) - e.g., **NSQHS 1 Clinical Governance Standard Risk & Incident Management Criteria 1.10, 1.11 & 1.12** and relevant legislation.

Setup (System Administrator/Quality Manager/DON can do this)

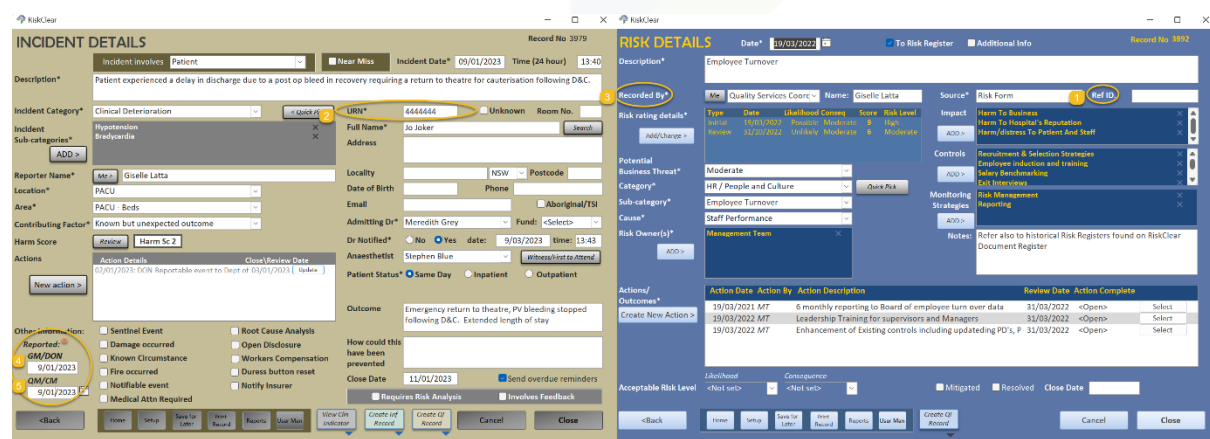
Go to **Setup > Advanced > Risk/Incident Settings** Tab:

1. Edit the **Risk Ref** Caption.
2. Edit the **MRN** Caption.
3. Change the risk **Reported By** caption.
4. Change position of **Reported to**.
5. Change position of **Reported to**.

The diagram on the left (below) shows the pre-set Risk/Incident Settings in RiskClear and the diagram on the right (below) shows the personalisation examples/changes that can be made.



The diagrams (below) show how the above setting personalisations translate to the Incident and Risk Pages/Screens:



56. Text Box Right Click & Quick Entry Functionality (Home Tab)

Audience & Key Users of this Function

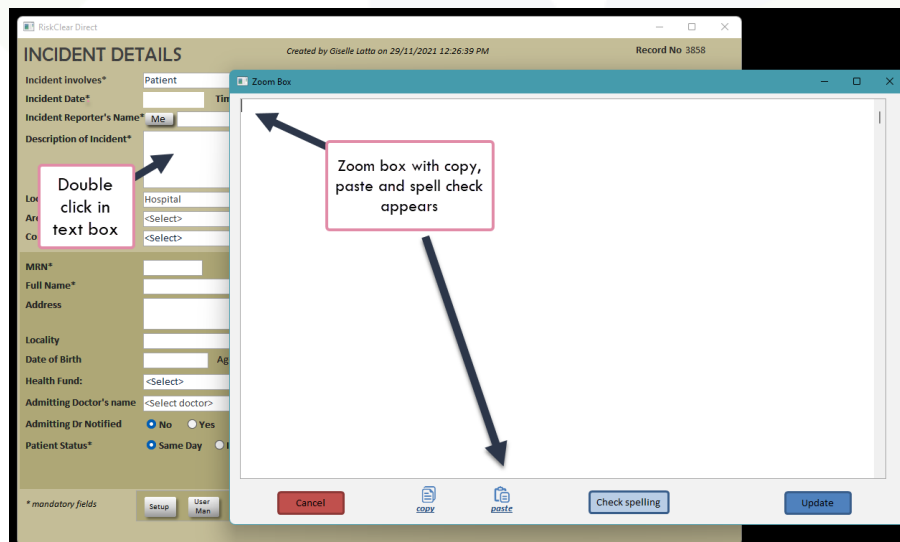
- ✓ RiskClear Users.
- ✓ RiskClear Direct Users.

Purpose

- ✓ Enables quick entry of custom text.
- ✓ Zoom Box, Spellcheck and Copy & Paste functions can also be accessed from this menu.

Quick Entry Pop-up Menu: Features and Functions

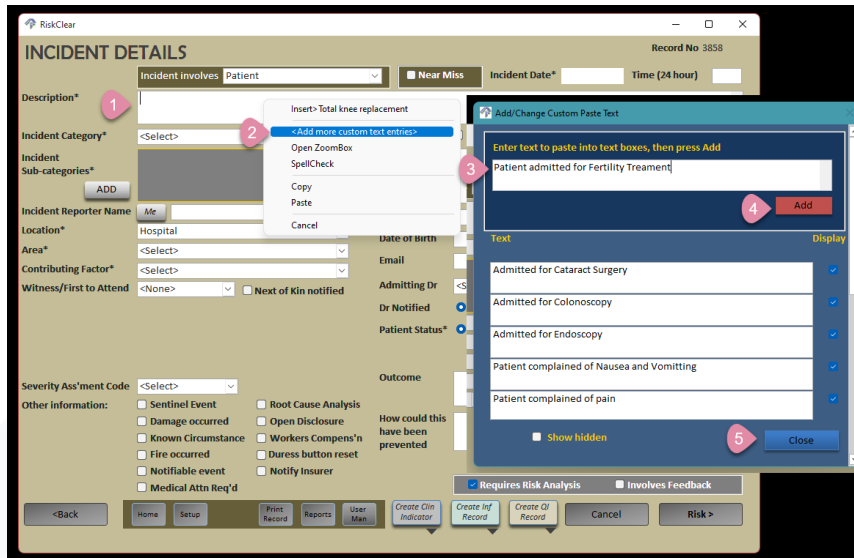
- ✓ **Right-clicking** on most **free-text boxes** within RiskClear will display a **pop-up menu**.
- ✓ The entries prefixed with “Insert” are custom quick-text entries.
- ✓ Selecting one will paste that entry into the text box.
- ✓ To add more custom quick-text entries, select from the menu and enter the text into the panel displayed. Note that these entries are limited to 255 characters including spaces.
- ✓ **Zoom Box, Spellcheck and Copy & Paste** functions can also be accessed from this menu also.



***NB:** (RiskClear Direct Users cannot do custom text entries but can utilise zoom box, spellcheck, copy, and paste functions by **double-clicking** in any text box in RiskClear Direct).

Example: How to Add Custom Quick Text Entries in RiskClear

- 1.Right-click on a free-text box within RiskClear (e.g., **Description** Text Box).
- 2.A **pop-up menu** will appear – select “<Add more custom text entries>”.
- 3.A “Add/Change Custom Paste Text” window will appear - enter text to paste into text boxes.
- 4.Click ‘Add’
- 5.Click ‘Close’



The screenshot shows the RiskClear 'INCIDENT DETAILS' form. A right-click context menu is open over the 'Description*' text box, with the option '<Add more custom text entries>' selected. An 'Add/Change Custom Paste Text' dialog box is also open, showing a list of custom text entries: 'Admitted for Cataract Surgery', 'Admitted for Colonoscopy', 'Admitted for Endoscopy', 'Patient complained of Nausea and Vomitting', and 'Patient complained of pain'. The 'Add' button is highlighted. The main form includes fields for Incident involves (Patient), Incident Date, Incident Category, Incident Sub-categories, Incident Reporter Name, Location, Area, Contributing Factor, Witness/First to Attend, Severity Ass'ment Code, and Other Information. It also has checkboxes for Sentinel Event, Damage occurred, Known Circumstance, Fire occurred, Notifiable event, Medical Attn Req'd, Root Cause Analysis, Open Disclosure, Workers Compens'n, Duress button reset, and Notify Insurer. At the bottom, there are buttons for Back, Home, Setup, Print Record, Reports, User Menu, Create Clin Indicator, Create Inf Record, Create QI Record, Cancel, and Risk >.

57. TGA Alerts – Quality Tab

The Therapeutic Goods Administration (TGA) issues alerts to advise consumers, health professionals and industry about new safety information regarding therapeutic products. Communicating TGA Alerts to key staff in and receiving feedback/confirmation is fundamental to ensuring a safe environment for our patients.

Audience & Key Users of this Function

- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ WHS Manager
- ✓ Contractor/Supply Manager

Purpose

- ✓ Communicating TGA Alerts to key-staff in a timely manner and receiving feedback regarding any actions taken is fundamental to providing a safe and informed hospital environment.
- ✓ Assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding:
 - Risk Management - e.g., **NSQHS 1 Clinical Governance Standard** - Criteria 1.10, 1.25 and;
 - Communicating critical information including alerts and risks in a timely way - e.g., **NSQHS 6 Communicating for Safety** - Criteria 6.9

- ✓ Assists Hospitals and Health Service Providers to meet the requirements set by other Industry based (e.g., ISO, NADA, RTAC etc) Standards and legislative requirements.

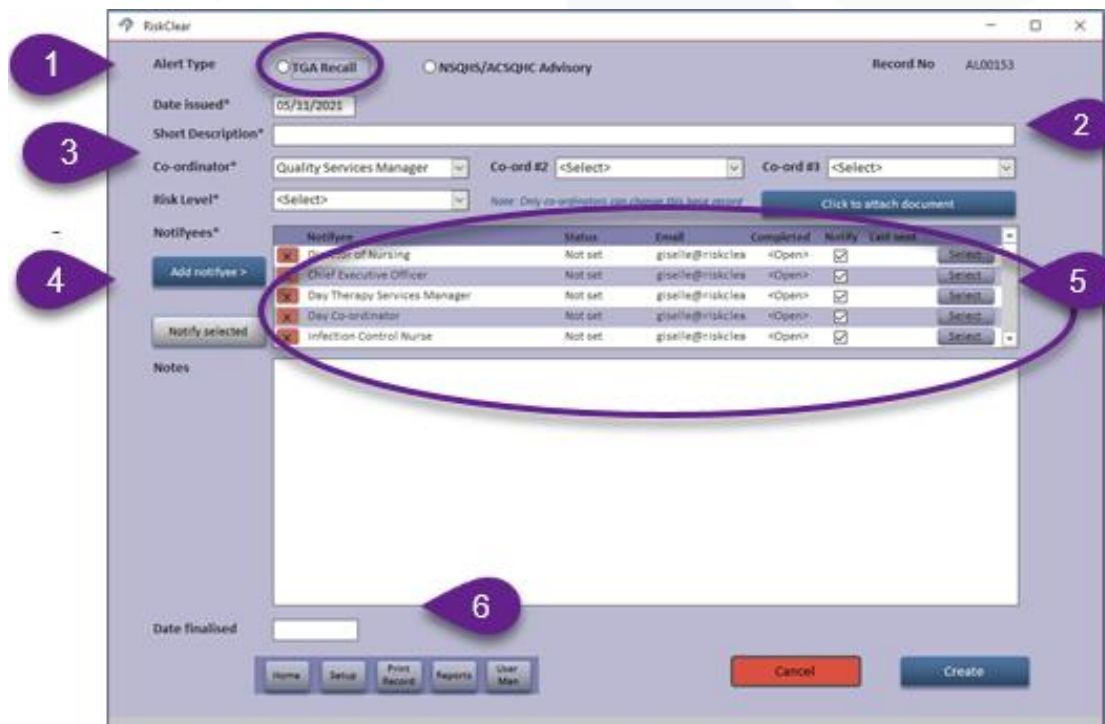
Example & Steps: TGA Coordinator

- ✓ NOTE: Staff who currently have RiskClear Supervisor access will also have access to **create new records** in this TGA function. Everybody else will be able to **access the record** to action it.

The function consists of a main screen which contains details of the TGA recall and a list of notifyees.

1. Select **Alert Type**.
2. Provide a **description** of the TGA Alert.
3. The **Coordinator** of the TGA Alert is selected here along with a **Co-ord #2** if needed – you can also **attach the TGA alert** and any other helpful documentation for the notifyees to utilise.
4. **Add Notifyees** - these are staff within the hospital who will need to action the TGA record. There might be one or several notifyees depending on the alert.
5. Shows the **status** of each notifyees management of the TGA Alert– you can also re/send reminders.
6. Once all notifyees have responded with either not applicable or completed the TGA Coordinator can enter the **Date finalised** to close the TGA Alert.

Remember: The coordinator(s) of each record are the only staff who can change the base record, add/remove notifyees, attach the recall document and enter notes. They can also email notifications to the notifyees of the existence of the record by clicking the "Notify selected" button. These email notifications are sent immediately (not overnight). Notifyees can open the record and select their name/role from the list of notifyees.



The screenshot shows the RiskClear TGA Recall form. The form is titled "RiskClear" and has a "Record No" field with the value "AL00153". The form is divided into several sections:

- Alert Type:** A radio button labeled "TGA Recall" is selected, and another radio button labeled "NSQHS/ACSQHC Advisory" is unselected.
- Date issued*:** A text field containing "05/11/2021".
- Short Description*:** A large text area for describing the alert.
- Co-ordinator*:** A dropdown menu showing "Quality Services Manager".
- Co-ord #2:** A dropdown menu showing "<Select>".
- Co-ord #3:** A dropdown menu showing "<Select>".
- Risk Level*:** A dropdown menu showing "<Select>".
- Notifyees*:** A table with columns: Notifyee, Status, Email, Completed, Notify, and Call back. The table lists four notifyees: Director of Nursing, Chief Executive Officer, Day Therapy Services Manager, and Day Co-ordinator. Each row has a "Status" of "Not set", an "Email" of "giselle@riskclear", and a "Completed" status of "<Open>". There are checkboxes for "Notify" and "Call back" for each row.
- Buttons:** "Add notifyee >", "Notify selected", and "Click to attach document".
- Notes:** A large text area for entering notes.
- Date finalised:** A text field at the bottom.
- Footer:** Buttons for "Home", "Setup", "Print Record", "Reports", "User Man", "Cancel", and "Create".

Numbered callouts (1-6) are placed over the form to highlight specific areas:

1. Alert Type
2. Short Description
3. Co-ordinator
4. Add notifyee >
5. Notifyees table
6. Date finalised

Example & Steps: TGA Notifyee/Recipient

- ✓ TGA Alert email notifications are sent immediately to the notifyees.
- ✓ Notifyees can open the record and select their name/role from the list of notifyees.
- ✓ In the case of TGA recalls, a **panel will be displayed so that notifyees can acknowledge and action the alert.**

1.The **Description** of the TGA is provided here.

2.The **Notifyee** is shown here – e.g., DON.

3.**Status** – this is where the TGA Notifyee provides a status on the alert for their area – e.g., **completed, in progress** of **not applicable** and a **date**. The notifyee can click “view recall doc” to see detailed information about the TGA. The **link document** is where the notifyee can provide information (photos, documentation etc) relating to management of the TGA.

4.**Action/outcome** is where the Notifyee can provide comments regarding actions taken and the outcome achieved. They can also **Create Risk Record** or **Create QI record** if necessary.

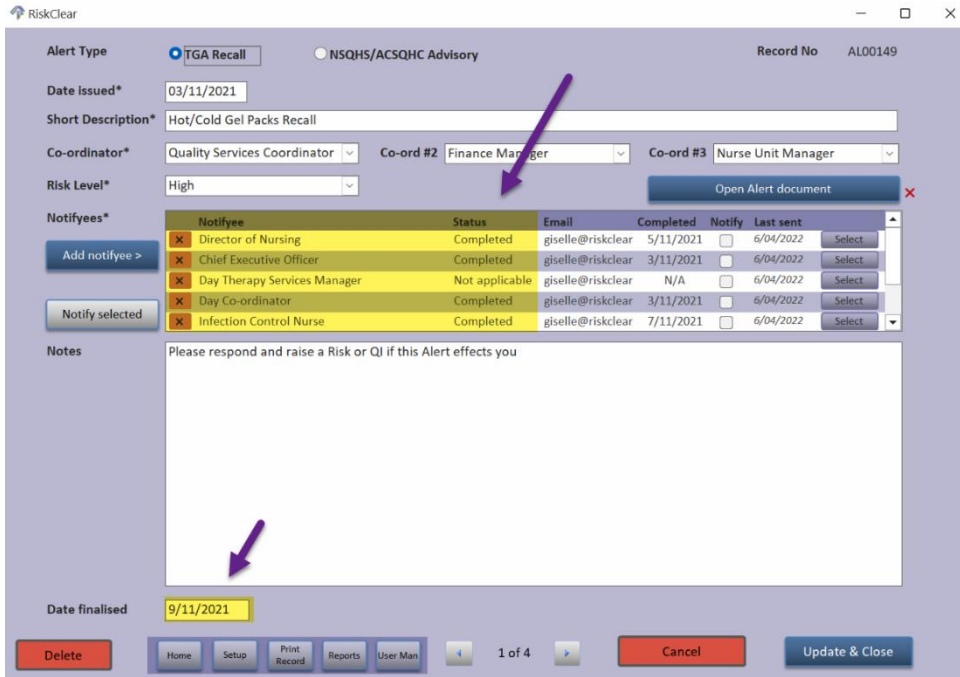
5.Click **Close**



The screenshot shows the 'Update a TGA Record' form. It contains the following fields and buttons:

- 1** TGA Recall Record: AL00145
- 2** Date: 05/11/2021
- 3** Short Description: Hot/Cold Gel Packs Recall
- 4** Notifyee: Director of Nursing
- 5** Status: Completed (selected), In progress, Not applicable
- Date: 05/11/2021
- View recall doc (button)
- Link document(s) > (button)
- Action/outcome: Removed stock from supply. Ordered replacement stock.
- Create Risk Record (button)
- Create QI Record (button)
- Cancel (button)
- Close & Save (button)

- ✓ The **TGA Coordinator** will be able to see (highlighted below) that the notifyees have actioned the TGA in RiskClear.
- ✓ Once all notifyees have completed the TGA, the **TGA Coordinator** can enter the **Date finalised**.



Alert Type: ☒ TGA Recall ☐ NSQHS/ACSQHC Advisory Record No: AL00149

Date issued*: 03/11/2021

Short Description*: Hot/Cold Gel Packs Recall

Co-ordinator*: Quality Services Coordinator Co-ord #2: Finance Manager Co-ord #3: Nurse Unit Manager

Risk Level*: High

Open Alert document

Notifyee	Status	Email	Completed	Notify	Last sent
Director of Nursing	Completed	giselle@riskclear	5/11/2021	☐	6/04/2022
Chief Executive Officer	Completed	giselle@riskclear	3/11/2021	☐	6/04/2022
Day Therapy Services Manager	Not applicable	giselle@riskclear	N/A	☐	6/04/2022
Day Co-ordinator	Completed	giselle@riskclear	3/11/2021	☐	6/04/2022
Infection Control Nurse	Completed	giselle@riskclear	7/11/2021	☐	6/04/2022

Notes: Please respond and raise a Risk or QI if this Alert effects you

Date finalised: 9/11/2021

Buttons: Delete, Home, Setup, Print Record, Reports, User Man, 1 of 4, Cancel, Update & Close

*Remember - **Report 470 Alerts Register** can be run to show all TGA Recalls according to a date range or all records, and by open/closed or all records. Also refer to the **Alerts Training Guide** via the **Support Tab/Training Resources** for further information.

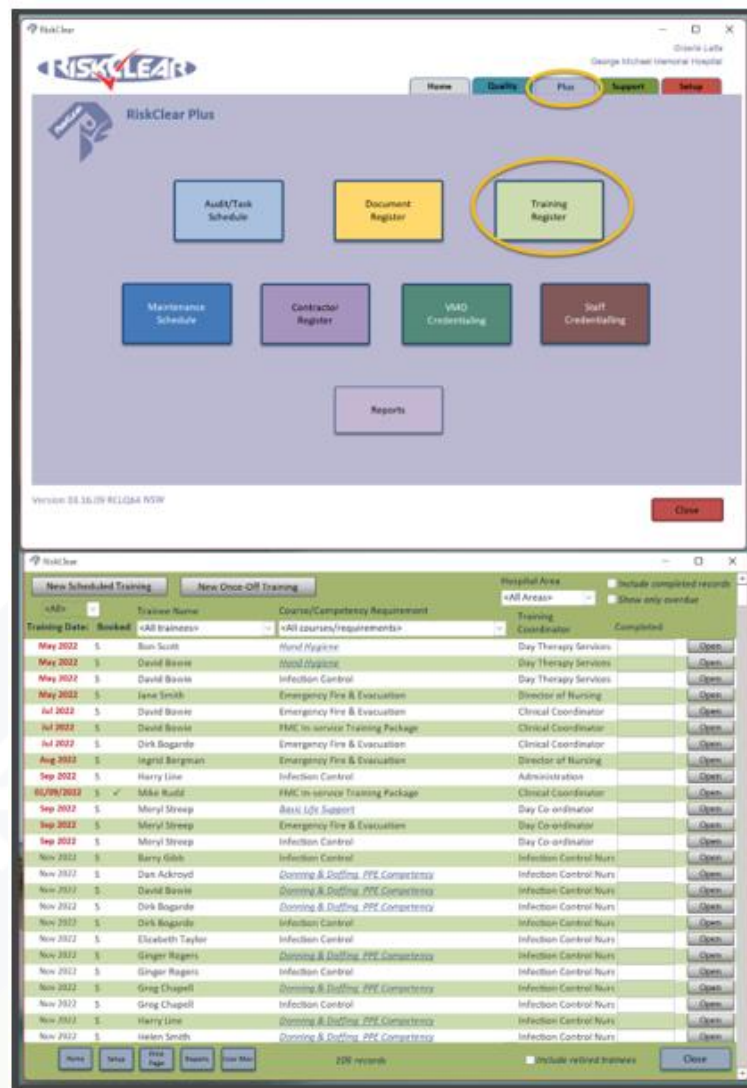
58. Linking Training & Inservice Folders to Staff/Trainees (Training Register – Plus Tab)

Audience & Key Users of this function

- ✓ Training Coordinator
- ✓ Quality Coordinator
- ✓ Director of Nursing

Purpose

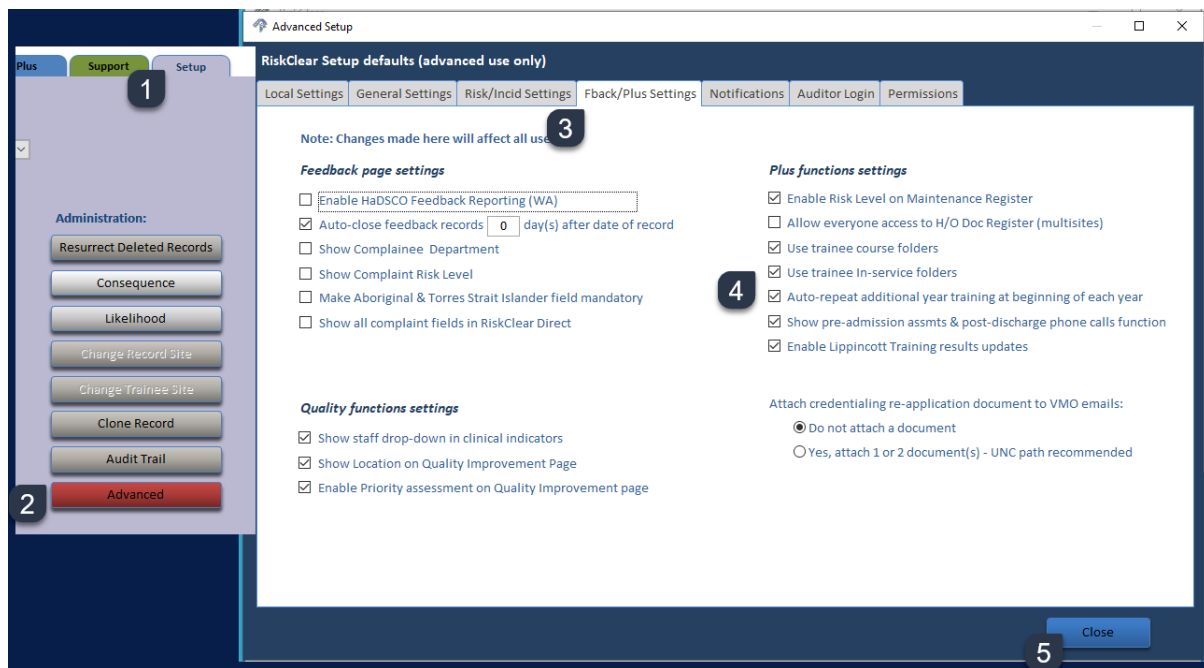
- ✓ Assists hospitals and health service providers to meet the governance requirements specified in *NSQHS 1- Clinical Governance Standard* e.g., Criteria 1.19, 1.20 and 1.21 (Safety & Quality Training).
- ✓ Assists hospitals and health service providers to efficiently link, access and manage staff training records.



Steps to Link Folder/s

If you wish to link each staff member's training record and/or in-service records directly to their individual folder on your network (rather than linking each training document individually) do the following:

- ✓ Go to (1) **Setup Tab**, (2) ***Advanced**, (3) **Back/Plus Settings** and place a tick in the (4) **'use trainee course folders'** and **'use trainee in-service folder'** boxes.
- ✓ Click (5) **Close**.



*if you do not have access to Advanced features /settings liaise with your RiskClear System Administrator (e.g., DON, Quality Coordinator) or call RiskClear

Now that the Trainee Folder and Inservice Folders have been ticked in Settings they will appear in the Trainees Record/s, and you can link the folders accordingly:

- ✓ Go to the **Training Register** on the **PLUS Tab** and select a Trainee and click **(6) Open** – you will see the *Link to Trainee Folder* and *Link to Inservice Folder* buttons in the window/record that appears.
- ✓ To link the **(7) Trainee Folder** to the Trainee's training records, click on the button which will prompt you to browse your network and link the Trainee's training folder to their record in RiskClear (see arrow in diagram below).
- ✓ To link the **(8) In-service Folder** to the Trainee's in-service records, click the button which will prompt you to browse your network and link the Trainee's in-service folder to their record in RiskClear (see arrow in diagram below).



Once you link one or both folders to a staff member training record it will show in all their training records.

Benefits

- ✓ Saves time in having to link every individual training record to each training requirement for each trainee – a big time saver when you have multiple staff.
- ✓ Streamlined experience during Accreditation Surveys and Health Department Inspections for you and the auditor.
- ✓ Just save any new training certificates/in-service records into the Trainee's folder on your network and mark the completion date on RiskClear - and because these folders are linked - you are done.

59. Linking Folders (not just documents) where the New Link Button appears in RiskClear

Audience & Key Users of this Function

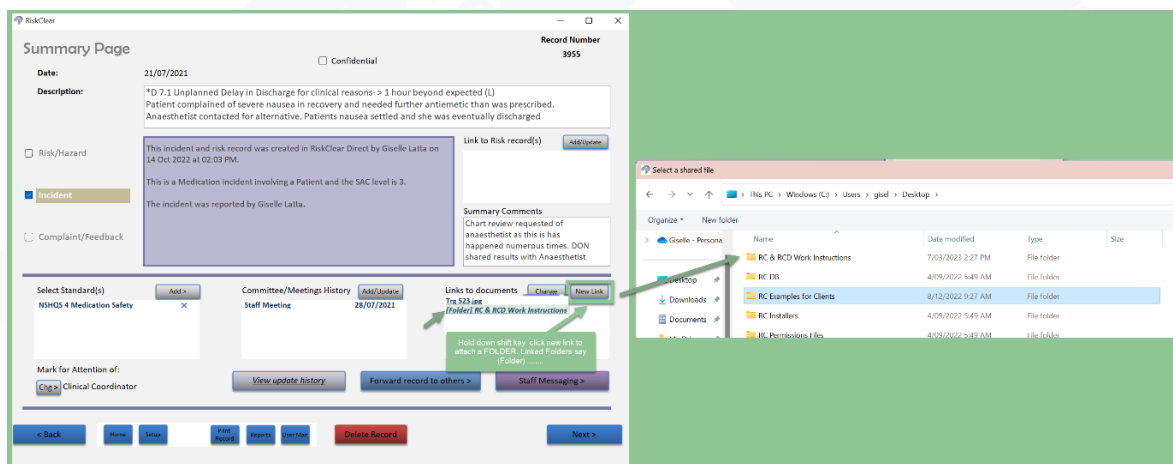
- ✓ RiskClear Users
- ✓ RiskClear Direct Users
- ✓ DONs
- ✓ Clinical and Administration Managers
- ✓ Quality Manager/Coordinator

Purpose

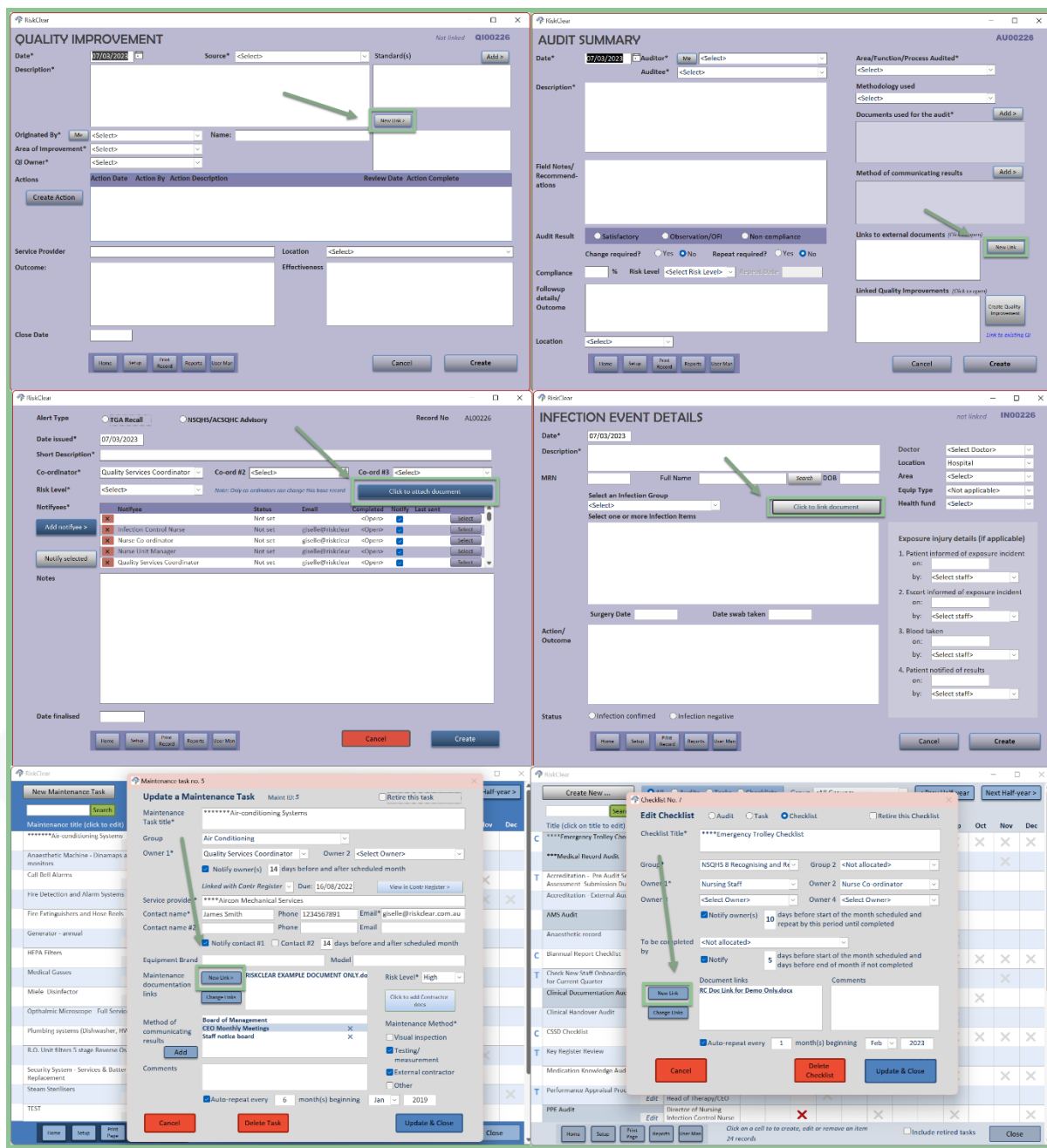
- ✓ This function allows you to link not just documents but also folders in places in RiskClear/RiskClear Direct where the **New Link** button is found.
- ✓ Enables appropriate documents and folders to be linked to records in RiskClear (shown in diagrams below) as evidence of record management.
- ✓ Assists hospitals and health service providers to meet the requirements of **NSQHS 1 Clinical Governance Standard...** as well as other healthcare industry standards (e.g., RTAC, ISO 9001:2015, NPAS, NATA etc) including jurisdictional and legislative requirements.

Steps and Example for RiskClear Users

- ✓ Simply hold down the **Shift Key** and click **New Link** and the **Windows file browser** will open, **select the folder** you wish to link and release.
- ✓ The folder will appear - with the word (Folder) in-front, to easily identify that it is a folder not a single document (see highlighted in diagram below).



- ✓ This functionality is available in the following places in RiskClear:
 - Summary Page (above)
- ✓ And in the following places as per the diagram below:
 - Quality Improvement Record/Page
 - Audit Summary Record/Page
 - Alert Record/Page
 - Infection Event Record/Page
 - Maintenance Items
 - Audit Items



QUALITY IMPROVEMENT (QI00226)

Date: 07/03/2023 Source: <Select> Standard(s): <Select> Add

Description: <Text>

Originated By: <Select> Name: <Text> New Link

Area of Improvement: <Select>

QI Owner: <Select>

Actions: Action Date Action By Action Description Review Date Action Complete

Create Action

Service Provider: <Text> Location: <Select>

Outcome: <Text> Effectiveness: <Text>

Close Date: <Text>

Home Setup Print Reports User Mail Cancel Create

AUDIT SUMMARY (AU00228)

Date: 07/03/2023 Auditor: <Select> Me Auditee: <Select>

Area/Function/Process Audited: <Select>

Description: <Text>

Methodology used: <Select>

Documents used for the audit: <Text> Add

Field Notes/Recommendations: <Text>

Method of communicating results: <Text> Add

Audit Result: ☐ Satisfactory ☐ Observation/DIR ☐ Non compliance

Change required? ☐ Yes ☒ No Repeat required? ☐ Yes ☒ No

Compliance: % Risk Level: <Select Risk Level> Proposed Date: <Text>

Follow-up details/Outcome: <Text>

Location: <Select>

Links to external documents: <Text> New Link

Linked Quality Improvements: <Text> Create Quality Improvement

Home Setup Print Reports User Mail Cancel Create

INFECTION EVENT DETAILS (IN00226)

Date: 07/03/2023

MRN: <Text> Full Name: <Text> Search DOR

Doctor: <Select Doctor>

Location: <Select>

Area: <Select>

Equip Type: <Select>

Health fund: <Select>

Select an Infection Group: <Select>

Select one or more Infection Items: <Text> Click to link document

Surgery Date: <Text> Date swab taken: <Text>

Action/Outcome: <Text>

Status: ☐ Infection confirmed ☐ Infection negative

Exposure injury details (If applicable):

- Patient informed of exposure incident on: <Text> by: <Select staff>
- Expert informed of exposure incident on: <Text> by: <Select staff>
- Blood taken on: <Text> by: <Select staff>
- Patient notified of results on: <Text> by: <Select staff>

Home Setup Print Reports User Mail Cancel Create

Maintenance Task (Maint ID: 5)

Maintenance task title: <Text> Retire this task

Group: <Select> Owner 1: <Select> Owner 2: <Select>

Quality Services Coordinator: <Text> Co-ord #1: <Select> Co-ord #2: <Select>

Notify owner(s) 14 days before and after scheduled month

Linked with Centre Register: Due: 16/08/2022 View in Centre register

Service provider: <Text>

Contact name 1: James Smith Phone: 1234567891 Email: jsmith@riskclear.com.au

Contact name 2: <Text> Phone: <Text> Email: <Text>

Equipment Brand: <Text> Model: <Text>

Risk Level: High

Click to add Evidence documents

Maintenance Method: ☐ Visual inspection ☒ Testing/measurement ☐ External contractor ☐ Other

Method of communicating results: <Text> Add

Comments: <Text>

Auto-repeat every 6 month(s) beginning Jan 2019

Home Setup Print Reports User Mail Cancel Delete Task Update & Close

Create New Checklist (Checklist No. 7)

Checklist Title: <Text>

Group: <Select> Group 2: <Select>

Owner 1: <Select> Owner 2: <Select>

Owner 3: <Select> Owner 4: <Select>

Notify owner(s) 10 days before start of the month scheduled and repeat by this period until completed

To be completed by: <Text>

Notify: ☐ 5 days before start of the month scheduled and days before end of month if not completed

Document links: <Text> New Link

Auto-repeat every 1 month(s) beginning Feb 2023

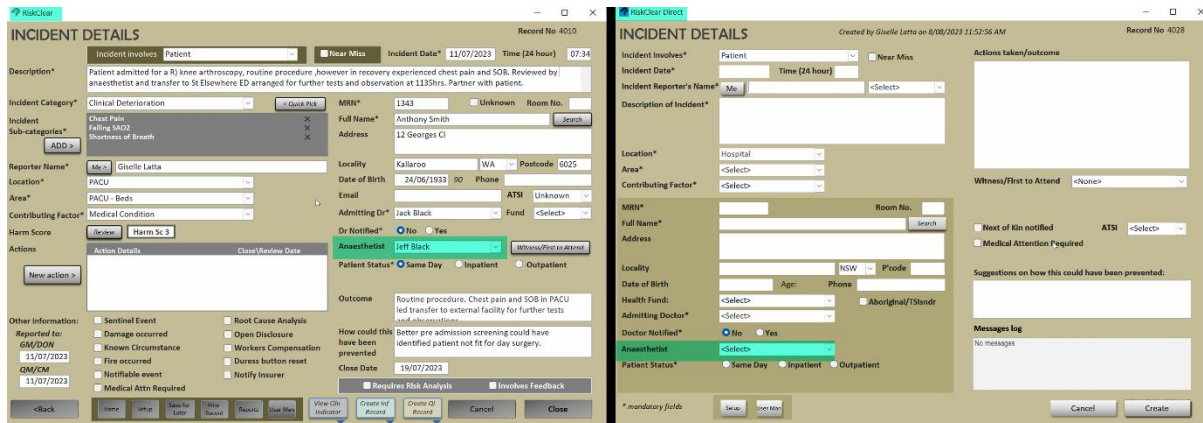
Cancel Delete Checklist Update & Close

60. Function to differentiate between Drs & Anaesthetists on the Incident Screen dropdowns.

**This is a new feature as part of our latest software update that went out to all clients overnight.*

Audience & Key Users of this Function

- ✓ **RiskClear Users** (Managers, Senior Health Team, Portfolio holders, Quality Coordinators) - diagram on left below.
- ✓ **RiskClear Direct Users** (General Nursing, Admin, Allied Health Staff) - diagram on right below.



Purpose

- ✓ This feature will make it easier to differentiate anaesthetists from other doctors in the dropdowns.
- ✓ It means you can select a Doctor and **Anaesthetist** from dropdowns on the Incident Screen for a given patient.

Set-up

To differentiate which Doctors are Anaesthetists do the following in RiskClear (it will also automatically apply to RiskClear Direct for those clients that use both platforms).

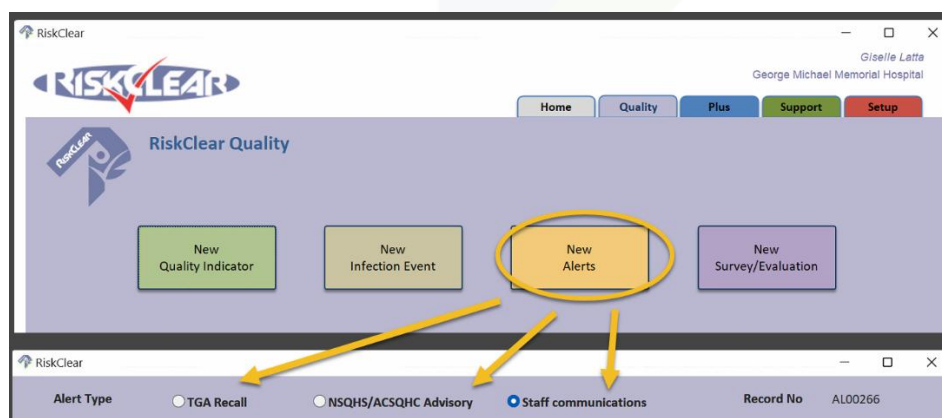
1. Go to the **Setup** Tab.
2. Click **Doctors/Anaesthetists**.
3. **Tick the Anaesthetist box** alongside the appropriate the listed name.
4. Click **Close**.

It's recommended to do this as soon as possible as there will be no anaesthetists in the drop-down list until done.



61. Staff Communications Feature (included in New Alert on Quality Tab)

As part of the latest software update (3.17.07) that was deployed 2 weeks ago, we have added a Staff Communications function to the New Alerts Function on the Quality Tab. This was previously called New TGA/Alert and has been used to communicate TGA Alerts and recalls as well as any Advisory Alerts from the Commission. You can also now use this function to communicate to staff any important information such as new policies or procedure documents that need reading/acknowledgment, sharing relevant Staff Meeting Information, Closure Dates, Memos etc.



Audience & Key Users of this Function

- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ RiskClear users

Purpose

We've covered communicating TGA Alerts and Advisories in previous Feature in Focus emails. Today we will focus on the **Staff Communication** function:

The RiskClear Staff Communication function facilitates the following:

- ✓ Dissemination of Staff Communications to relevant personnel in a timely manner.
- ✓ Receiving feedback from staff as to if and how this Communication affects them.
- ✓ Receiving feedback as to any changes or quality improvements required relating to the Staff Communication.
- ✓ Assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding:
 - **NSQHS 1 Clinical Governance Standard**
 - **NSQHS 6 Communicating for Safety**
 - Plus, other relevant **Industry Standards** and **legislative requirements**.

Example & Steps:

Alert Coordinator (diagram below left)

***NOTE:** Staff who currently have **RiskClear Supervisor access** will now have access to **create new records** in this function. Everybody else will be able to **access the record** to action it.

The function consists of a main screen which contains details of the Advisory Alert and a list of notifyees.

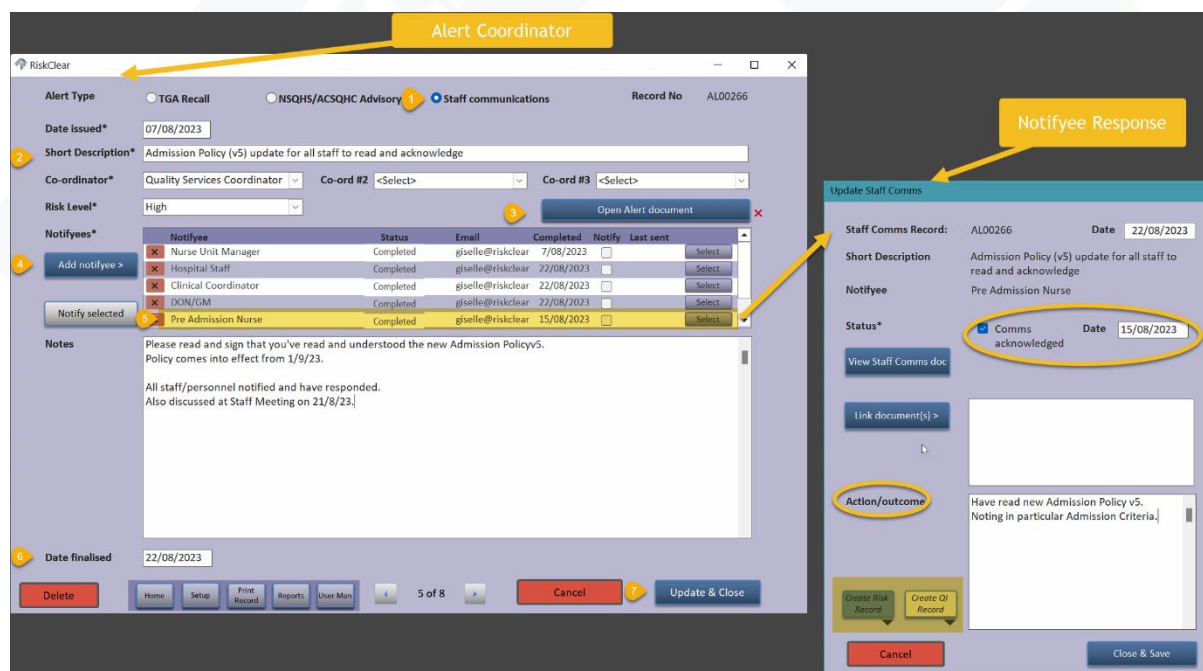
1. Select **Alert Type** – e.g., Staff Communications.
2. Provide a **short description** of the Staff Communication – e.g., New Admission Policy v5 for all staff to read and acknowledge. The **Coordinator** of the New Alert is selected here along with a **Co-ord #2** if needed.
3. **Attach the Alert Document (e.g., Admission Policy v5)** or any other helpful documentation for the notifyees to read/acknowledge/action.
4. **Add Notifyees** - these are staff within the hospital who will need to acknowledge/action the Staff Communications record. There might be one or several notifyees depending on the communication type.
5. Shows the **status** of each notifyees management of the Staff Comm's you can also send and re-send **reminders**.
6. Once all **notifyees have responded** with acknowledgment of the Staff Comm's and completed any actions, the Alerts Coordinator can enter any final **Notes** and the **Date finalised**.
7. Click **Update & Close**.

Remember: *The coordinator(s) of each record are the only staff who can change the base record, add/remove notifyees, attach a document and enter notes. They can also email notifications to the notifyees of the existence of the record by clicking the "Notify selected" button. These email notifications are sent immediately (not overnight). Notifyees can then open the record and select their name/role from the list of notifyees.*

Notifyee/Recipient (diagram below right)

Alert email notifications are sent immediately to the notifyees and Notifyees can open the record and select their name/role from the list of notifyees.

- ✓ A **panel will be displayed so that notifyees can acknowledge and action the alert.**
- ✓ A **Short Description** of the Alert is provided here.
- ✓ The **Notifyee** is shown – e.g., Pre-Admission Nurse.
- ✓ **Status** – this is where the Alert Notifyee provides a status on the alert for their particular area – e.g., **Comm's acknowledged** and a **date**. The notifyee can click **View Staff Comm's doc** to see (in this example) the new Admission Policy v5. The **Link document(s)>** is where the notifyee can provide information (if required) relating to management of the Staff Comm's.
- ✓ **Action/outcome** is where the Notifyee can provide comments regarding actions taken and the outcome achieved. They can also **Create Risk Record** or **Create QI record** if necessary.
- ✓ Click **Close** and the **Alert Coordinator** will be able to see that the **Notifyee** has actioned the Staff Comm's Alert in RiskClear.



Alert Coordinator

Alert Type: ☐ TGA Recall ☐ NSQHS/ACSQHC Advisory ☒ Staff communications Record No: AL00266

Date issued*: 07/08/2023

Short Description*: Admission Policy (v5) update for all staff to read and acknowledge

Co-ordinator*: Quality Services Coordinator Co-ord #2: <Select> Co-ord #3: <Select>

Risk Level*: High

Open Alert document

Notifyee	Status	Email	Completed	Notify	Last sent
Nurse Unit Manager	Completed	giselle@riskclear	7/08/2023	☐	Select
Hospital Staff	Completed	giselle@riskclear	22/08/2023	☐	Select
Clinical Coordinator	Completed	giselle@riskclear	22/08/2023	☐	Select
DDN/GM	Completed	giselle@riskclear	22/08/2023	☐	Select
Pre Admission Nurse	Completed	giselle@riskclear	15/08/2023	☐	Select

Notes: Please read and sign that you've read and understood the new Admission Policy v5. Policy comes into effect from 1/9/23. All staff/personnel notified and have responded. Also discussed at Staff Meeting on 21/8/23.

Date finalised: 22/08/2023

Update Staff Comms

Staff Comms Record: AL00266 Date: 22/08/2023

Short Description: Admission Policy (v5) update for all staff to read and acknowledge

Notifyee: Pre Admission Nurse

Status*: ☒ Comms acknowledged Date: 15/08/2023

View Staff Comms doc

Link document(s) >

Action/outcome

Have read new Admission Policy v5. Noting in particular Admission Criteria.

Choose Risk Record Create QI Record

Cancel Close & Save

*Remember - **Report 470 Alerts Register** can be run to show all Staff Communications according to a date range or all records, and by open/closed or all records. Also refer to the **Alerts Training Guide** via the **Support Tab/Training Resources**.

63. Filter Confidential risk, incident, and feedback records

(*This is a new feature which was part of our latest software update released August 2023.)

Audience & Key Users of this Function

- ✓ **RiskClear Users** (Managers, Senior Health Team, Portfolio holders, Quality Coordinators) with Confidential Record access.

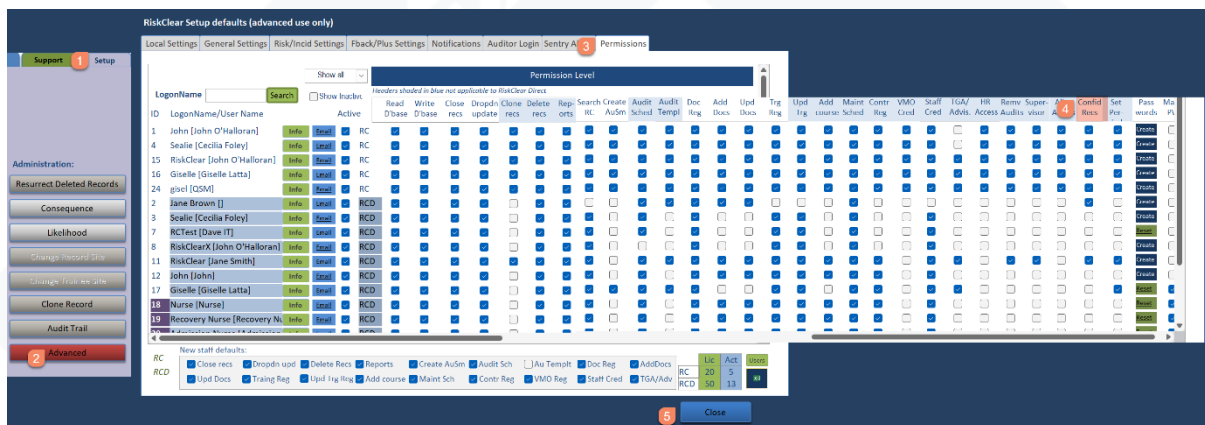
Purpose

- ✓ This feature ensures risk, incident, or feedback records of a sensitive or confidential nature can be marked as such and filtered by utilising the Confidential only tick-box feature.
- ✓ This button will only appear for staff who have confidential record access (how to set this up is outlined below).

Set-up

To grant permission to confidential records a person with access to Permissions (e.g., GM/DON, Quality Manager) can do the following:

1. Go to the **Setup** Tab.
2. Click **Advanced**
3. Select the **Permissions** Tab
4. Tick the **Confid Recs** for those staff that require access to confidential records as part of their position/role.
5. Click **Close**



The screenshot displays the 'RiskClear Setup defaults (advanced use only)' window, specifically the 'Permissions' tab. The interface includes a sidebar with navigation options like 'Support', 'Setup', 'Administration', 'Resurrect Deleted Records', 'Consequence', 'Likelihood', 'Change Record File', 'Change Profile Site', 'Clone Record', 'Audit Trail', and 'Advanced'. The main area shows a table of users with columns for 'LogonName', 'Active', and various permissions. The 'Confid Recs' column is highlighted in blue, indicating it is not applicable to RiskClear Direct. The 'Permissions' tab is selected, and the 'Advanced' button is visible at the bottom.

Making risk, incident, or feedback records confidential

On the **Summary Page** of any risk, incident, or feedback (complaint, suggestion, compliment) record tick the **Confidential** box to make the record confidential and therefore only visible to those staff with confidential record access/permission.

How to Filter Confidential Records via Search RiskClear

1. Click **Search RiskClear**
2. **Tick the Confidential Only** box on the lower right-hand corner of the screen
3. Once ticked it **will show only those records** that have been marked as Confidential.

64. Enabling the Action Field on the Incident Screen in RiskClear Direct

- ✓ **RiskClear Users** (Managers, Senior Health Team, Portfolio holders, Quality Coordinators).
- ✓ **RiskClear Direct Users** (general nursing, admin, and allied health staff).

- ✓ This feature enables alignment between actions entered into RiskClear Direct with RiskClear assisting in consistency across the two platforms.

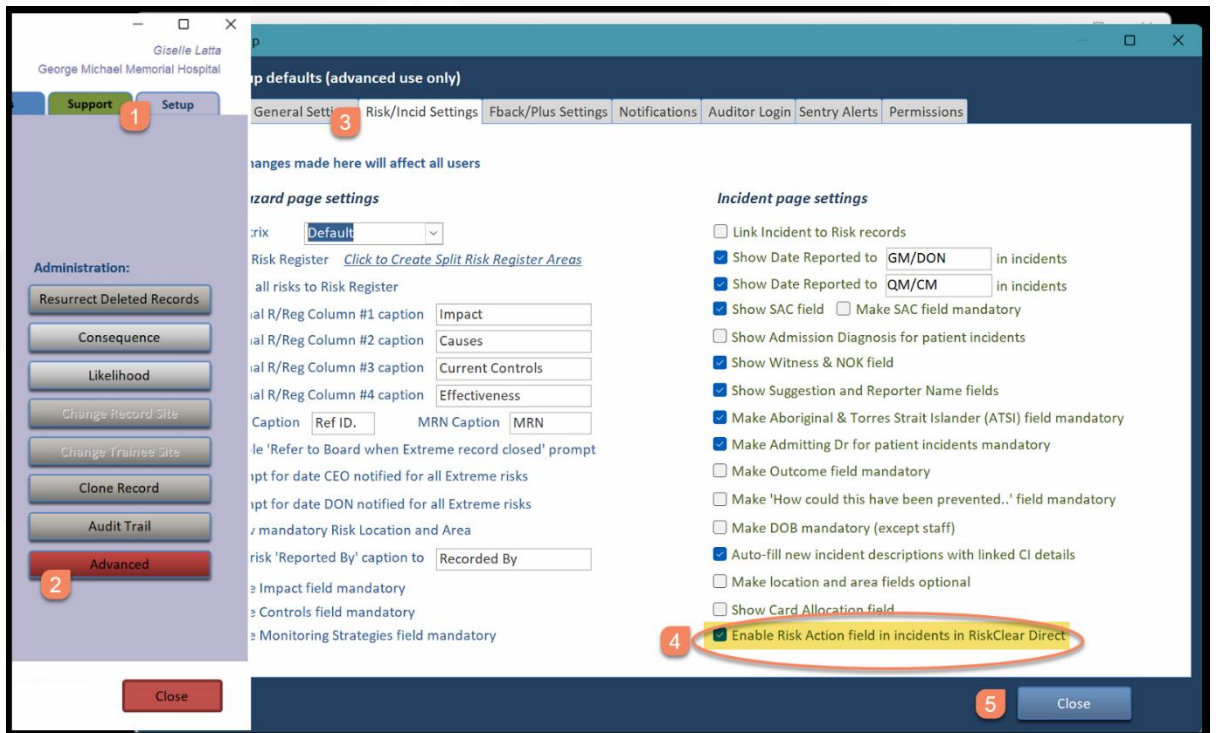
- ✓ Assists in meeting the requirements regarding Incident Management as per criteria outlined in *NSQHSS 1 Clinical Governance Standard*. It also assists in meeting other healthcare industry standards and legislative requirements (e.g., ISO 9001:2015 / RTAC/NPAS/NATA etc).

Set-up

To set this function up do the following:

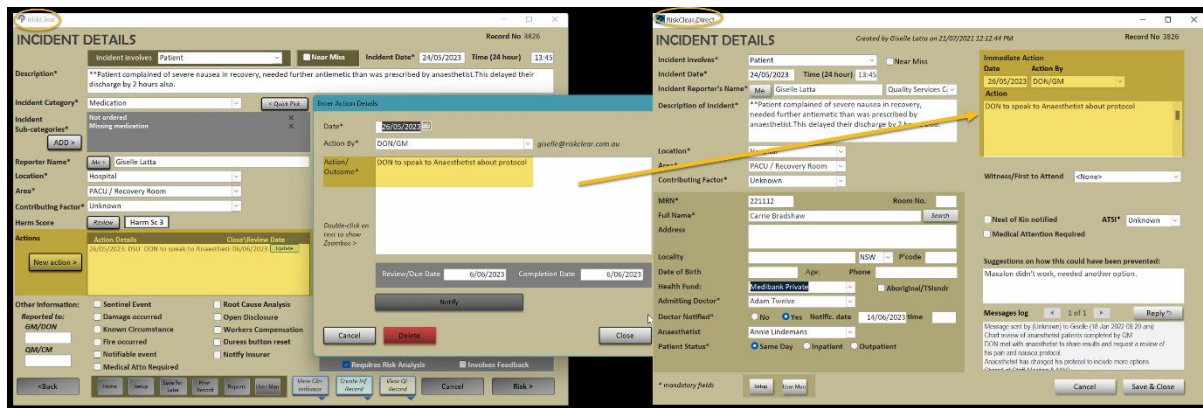
* Can only be set up by someone with Supervisor Access.

1. Go to the **Setup** Tab.
2. Click **Advanced**.
3. Select the **Risk/Incident Settings** Tab.
4. Tick the **Enable Risk Action field in incidents in RiskClear Direct**.
5. Click **Close**.



The screenshot displays the RiskClear Setup interface. On the left, the 'Setup' tab is selected, and the 'Advanced' button is highlighted. The main area shows the 'Risk/Incident Settings' sub-tab. In the 'Incident page settings' section, the checkbox 'Enable Risk Action field in incidents in RiskClear Direct' is checked and circled in red. Other settings include 'Show Date Reported to' (GM/DON), 'Show Date Reported to' (QM/CM), 'Show SAC field', 'Show Admission Diagnosis for patient incidents', 'Show Witness & NOK field', 'Show Suggestion and Reporter Name fields', 'Make Aboriginal & Torres Strait Islander (ATSI) field mandatory', 'Make Admitting Dr for patient incidents mandatory', 'Make Outcome field mandatory', 'Make 'How could this have been prevented..' field mandatory', 'Make DOB mandatory (except staff)', 'Auto-fill new incident descriptions with linked CI details', 'Make location and area fields optional', 'Show Card Allocation field', and 'Enable Risk Action field in incidents in RiskClear Direct'.

How the Screen appears in RiskClear (left hand diagram) and RiskClear Direct (right hand diagram) with this function ticked/activated – see circled areas:



65. New Link Function including Linking Websites

Audience & Key Users of this Function

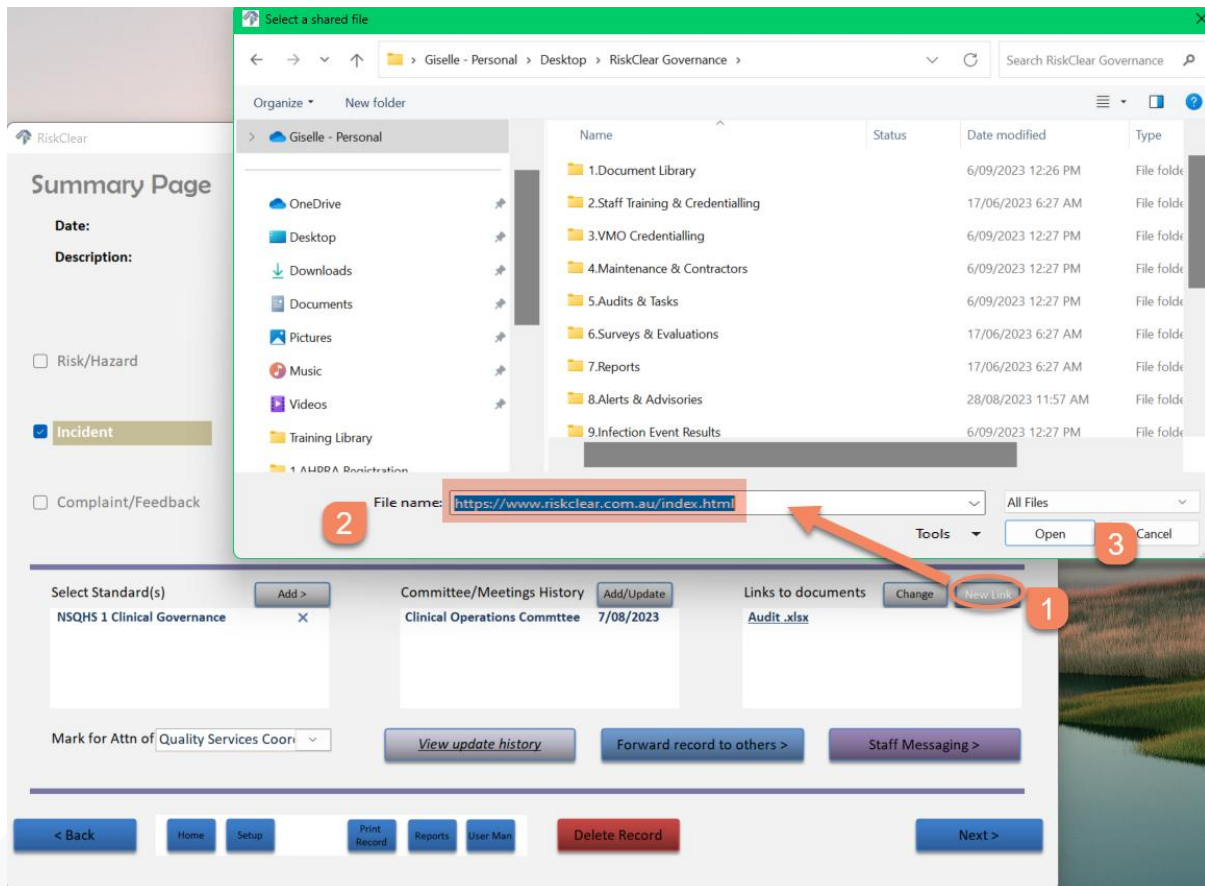
- ✓ RiskClear Users
- ✓ RiskClear Direct Users
- ✓ DONs
- ✓ Clinical and Administration Managers
- ✓ Quality Manager/Coordinator

Purpose

- ✓ The **New Link button** /function appears in various places in RiskClear (e.g., **Summary Page, Alerts Record, QI Record, Audit Summary, Maintenance/Audit Items**) and it allows you to link not just documents and folders but also **website links** (*be sure to include the **https://** at the beginning of the website link).
- ✓ Enables appropriate documents/ folders/**websites** to be linked to records in RiskClear (shown in diagrams below) as evidence of record management and/or a source for staff to refer too.
- ✓ **This New Link Functionality will also be added to the Document Register at our next software update coming soon!**
- ✓ Assists hospitals and health service providers to meet the requirements of **NSQHS 1 Clinical Governance Standard...** as well as other healthcare industry standards (e.g., RTAC, ISO 9001:2015, NPAS, NATA etc) including jurisdictional and legislative requirements.

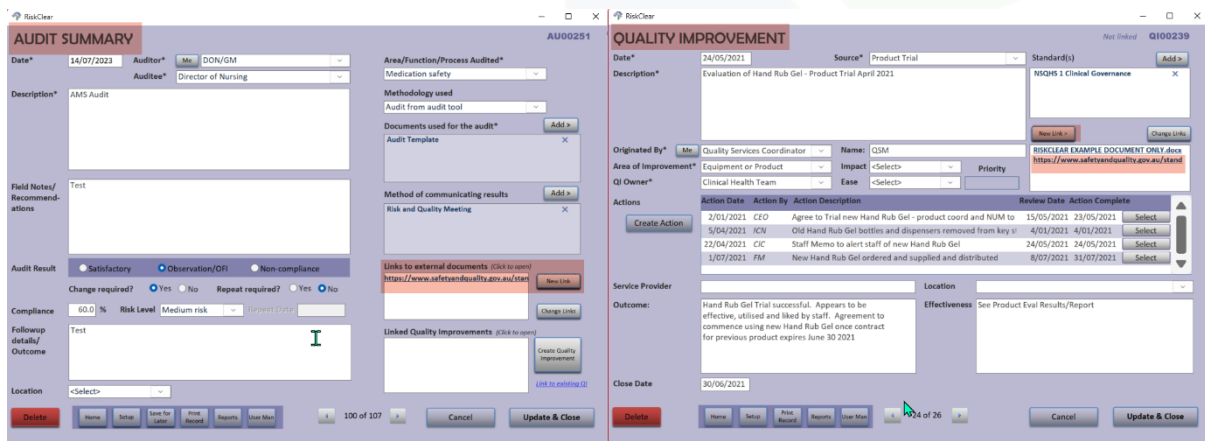
Steps and Example for RiskClear Users

- ✓ Simply click (1) **New Link** and the **Windows file browser** will open, (2) **type the website location** in being sure to **include the https://** at the beginning (e.g., **https://tga.gov.au**), then click (3) **Open**.



The **New Link** functionality is available in the following places in RiskClear – refer to highlighted sections in the diagrams/examples below:

- ✓ **Audit Summary Record/Page**
- ✓ **Quality Improvement Record/Page**



- ✓ **Audit Items**
- ✓ **Maintenance Items**

Audit & Maintenance

Edit Audit

Audit No. 30

☒ Audit ☐ Task ☐ Checklist ☐ Retire this Audit

Audit Title*

Group* Group 2

Owner 1* Owner 2

Owner 3 Owner 4

☐ Notify owner(s) 14 days before start of the month scheduled and repeat by this period until completed

Usual auditor ☐ Mandatory Audit

☒ Notify auditor 7 days before start of the month scheduled and 7 days before end of month if not completed

Document links

[Query3 Trial to Client.xlsx](#)

<https://hha.org.au/>

☒ Auto-repeat every 3 month(s) beginning Jul 2023

Update a Maintenance Task

Maintenance task no. 5

☐ Retire this task

Maintenance Task title*

Group

Owner 1* Owner 2

☒ Notify owner(s) 14 days before and after scheduled month

Linked with Contr Register ☐ Due: 20/08/2023

Service provider*

Contact name* Phone Email

Contact name #2 Phone Email

☒ Notify contact #1 ☐ Contact #2 14 days before and after scheduled month

Equipment Brand Model

Maintenance documentation links

[RISKCLEAR EXAMPLE DOCUMENT ONLY.docx](#)

Method of communicating results

☒ Board of Management ☒ CEO Monthly Meetings ☒ Staff notice board

Comments

☒ Auto-repeat every 1 month(s) beginning Mar 2023

- ✓ Alert Record/Page
- ✓ Summary Page

Alert Type

☒ TGA Recall ☐ NSQHS/ACSQHC Advisory ☐ Staff communications

Record No. AL00279

Date issued*

Short Description*

Co-ordinator* Co-ord #2 Co-ord #3

Risk Level* Note: Only co-ordinators can change this level

Notifies*

Name	Status	Email	Completed	Notify	Last sent
Infection Control Nurse	Not set	giselle@riskclear.com.au	☒	☒	
Nurse Co-ordinator	Not set	giselle@riskclear.com.au	☒	☒	
Nurse Unit Manager	Not set	giselle@riskclear.com.au	☒	☒	
Quality Services Coordinator	Not set	giselle@riskclear.com.au	☒	☒	

Notes

Select a shared file

File name: <https://hha.org.au/>

Summary Page

Date: 24/05/2023

☐ Confidential

Record Number 3826

Description: **Patient complained of severe nausea in recovery, needed further antiemetic than was prescribed by anaesthetist. This delayed their discharge by 2 hours also.

☐ Risk/Hazard

☒ Incident

☐ Complaint/Feedback

This incident and risk record was created in RiskClear Direct by Giselle Latta on 21 Jul 2021 at 12:12 PM.

This is a Medication incident involving a Patient and the SAC level is 3.

The incident was reported by Giselle Latta.

Summary Comments

Nausea subsided and patient discharged home with partner. Noted this is the 4th patient in 2 weeks with severe nausea. DON

Select Standard(s)

☒ Communicating for Safety Standard ☒ Medication Safety Standard

Committee/Meetings History

Links to documents

[Audit Template Example Outlines MedHealth 30.5.22.docx](#) <https://www.riskclear.com.au/>

66. Multiple/Bulk entries of Clinical Indicator Records

Audience & Key Users of this Function

- RiskClear Users
- RiskClear Direct Users
- Quality Manager, DONs, Clinical Managers
- Auditors (Accreditation, Short Notice Assessments and Health Department)

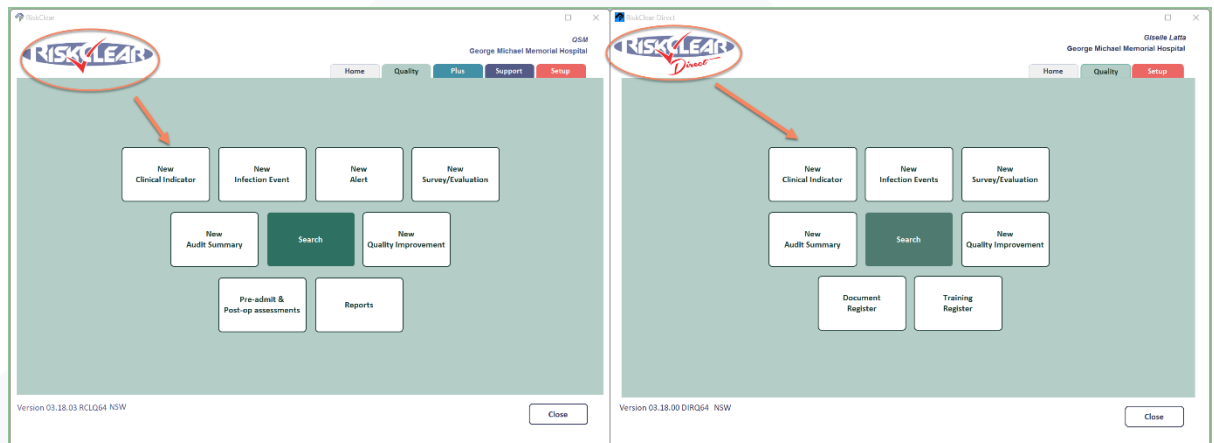
Purpose

- Clinical Indicators (CI) measure the extent to which set targets are achieved. They are expressed as numbers, rates or averages that can provide a basis for clinicians, organisations and planners aiming to achieve improvement in care and the process in which patient care is provided.

- Enables hospitals to monitor, track and benchmark against targets and meet the requirements arising from the National Standards (Clinical Governance Standard e.g., Criteria 1.8 and 1.28).
- RiskClear enables you to enter single entry Clinical Indicator records or multiple (bulk) entry Clinical Indicator records depending on your requirements and processes.

Where is the data entered?

Clinical Indicator records can be entered via the **Quality Tab** in **RiskClear** (diagram below left) or **RiskClear Direct** (diagram below right).



How Single-entry vs Multiple (bulk) entry Clinical Indicators records work:

Diagram 1 – Single CI Record Entry:

Go to the **Quality Tab** and click **New Clinical Indicator** – **NOTE** - By default when entering a New Clinical Indicator, the CI record page is by default set for a single-entry record with the Number of Cases set to 1 (see highlighted below).

1. Enter the **Date**.
2. Enter the **Patients URN/MRN and name**.
3. Complete the **Location, Doctor, Anaesthetist, Staff and Reported by** details.
4. **Select the appropriate CIs** from the list.
5. Click **Create** to create and save the record.

Diagram 2 – Multiple (Bulk) CI Record Entry:

Go to the **Quality Tab** and click **New Clinical Indicator**

1. Enter the **Date**.
2. Because this is a **bulk entry**, for example an afternoon Theatre list where you need to record the number of "patients scheduled for a colonoscopy whose bowel preparation was adequate", you will enter in a number between 2-20. In this example it is 15 – see highlighted below. As soon as you have entered the number and **hit enter** the URN/Full Name fields are replaced by text saying **Multiple clinical indicators**.
3. Select the **CI group**.
4. **Select the appropriate CIs** from the list.
5. Click **Create** to create and save the bulk entry CI record.

Diagram 1

Diagram 2

When **Searching for Clinical Indicators via Search on the Quality Tab** you can easily identify at a glance which CI records are single entry and which are bulk entry.

- ✓ For the **single-entry CI record** it will show a MRN and Name (see highlighted below).
- ✓ For the **bulk entry CI record** it will have no MRN and say Blank (see highlighted below).

Search

Search

Search

QUALITY

☒ All
☐ Clinical Indicators
☐ Infections
☐ Surveys
☐ Audit Summaries
☐ Quality Improvements
☐ Alerts

No.	Date	Description	MRN	Name	Type
Ci00247	24/10/2023	D 6.1 Unplanned transfer or overnight admission related to procedi	223344	Daisy Duke	Clinical Indicator
Ci00246	24/10/2023	COLCI 1- Patients scheduled for a colonoscopy whose bowel preparat		blank	Clinical Indicator
Ci00245	23/10/2023	O 1.4 Unscheduled Anterior Vitrectomy (L)		blank	Clinical Indicator
AU00244	18/07/2023	Schedule 8 Drug Disposal Audit		Hospital Staff	Audit Summary
AU00243	18/10/2023	PPE Audit		Clinical Health Tea	Audit Summary
AU00242	18/09/2023	Medication Knowledge Audit		Clinical Coordinator	Audit Summary
Ci00241	8/06/2023	QI-01 Referral-eligible in-patients are referred to CR within 3 calend	7777777	Andrew Ridgley	Clinical Indicator
Ci00240	5/06/2023	QI-01 Referral-eligible in-patients are referred to CR within 3 calend	9988777	Oliver Hart	Clinical Indicator
QI00239	24/05/2021	Evaluation of Hand Rub Gel - Product Trial April 2021		Clinical Health Team	Quality Improvement
AU00238	23/03/2023	Medication Knowledge Audit		Clinical Health Team	Audit Summary
AU00237	20/04/2023	***Medical Record Audit		Day Co-ordinator	Audit Summary
AU00236	20/04/2023	Clinical Documentation Audit		DON/GM	Audit Summary
Ci00235	6/04/2023	Acute Bed Days (unplanned care/emergencies)	22333333	Miranda Cooper	Clinical Indicator
AU00234	28/03/2023	WHS Workplace Audit		Hospital Staff	Audit Summary
AU00233	28/02/2023	Waste Management Audit		Clinical Health Team	Audit Summary
AU00232	28/02/2023	Sharps Handling and Disposal Audit		Clinical Coordinator	Audit Summary
AU00231	28/03/2023	Clinical Handover Audit		Clinical Health Team	Audit Summary
AU00230	28/02/2023	AMS Audit		Director of Nursing	Audit Summary
AU00229	28/02/2023	***Medical Record Audit		Clinical Health Team	Audit Summary
Ci00228	1/02/2023	D 7.1 Unplanned Delay in Discharge for clinical reasons- > 1 hour bey	778899	Jane Vilenuella	Clinical Indicator
Ci00227	7/03/2023	D 7.1 Unplanned Delay in Discharge for clinical reasons- > 1 hour bey	13594	John Duke	Clinical Indicator
Ci00226	9/03/2023	D 7.1 Unplanned Delay in Discharge for clinical reasons- > 1 hour bey	4444444	Jo Jo	Clinical Indicator
AU00225	13/01/2023	Standard Precautions and ANTT Audit		Clinical Health Team	Audit Summary
AU00224	13/02/2023	Schedule 8 Drug Disposal Audit		Hospital Staff	Audit Summary
AU00223	13/09/2022	Clinical Handover Audit		Director of Nursing	Audit Summary
AU00222	13/02/2023	AMS Audit		Infection Control Nurse	Audit Summary

< Back

Home

Reports

Open >

67. Spell Check Function

(*This is a new feature which was part of our latest software update released October 2023.)

Audience & Key Users of this Function

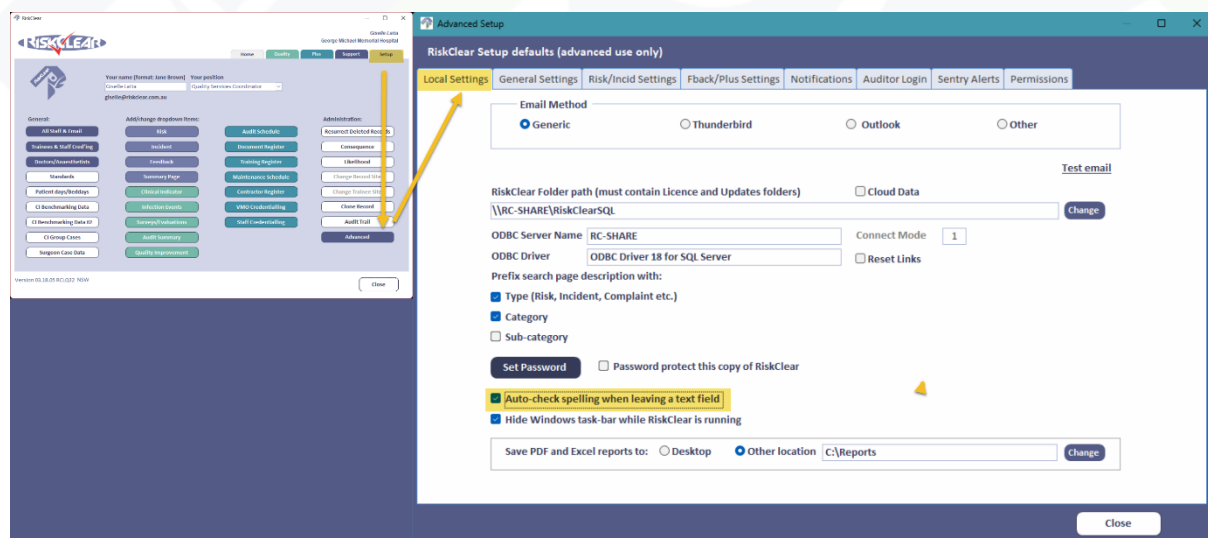
- ✓ RiskClear Users
- ✓ RiskClear Direct Users

Purpose

- ✓ The spell check feature in RiskClear compares a word typed with an inbuilt list of correctly spelled words – e.g., a dictionary.
- ✓ Wherever there are free text fields within RiskClear/RiskClear Direct the inbuilt spell check will check/correct/suggest words. Note that for RiskClear Direct records the spellcheck works when the Manager accesses the Record in RiskClear.
- ✓ Improves on the accuracy of information recorded within RiskClear or RiskClear Direct.

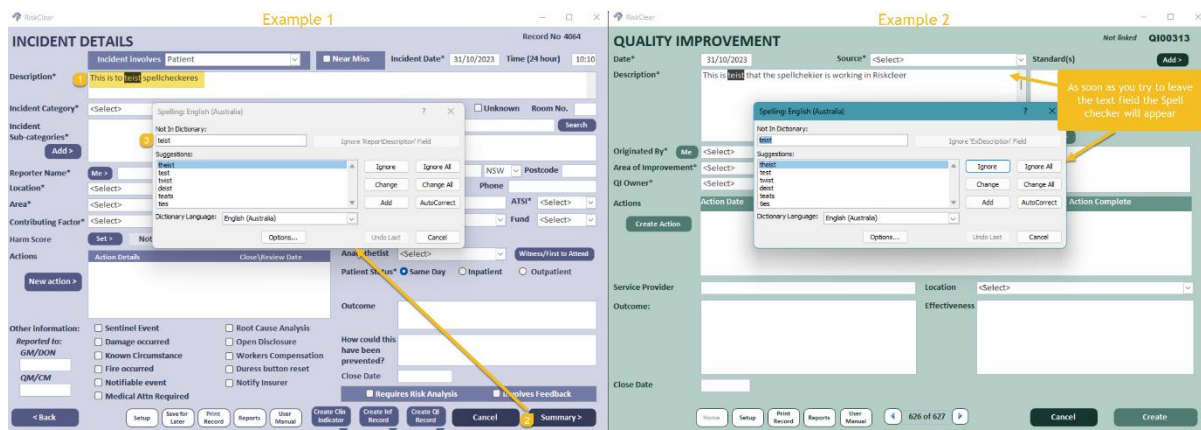
To activate Spell Check

Go to **Setup>Advanced>Local Settings** and tick the **Auto check spelling when leaving a text field** box.



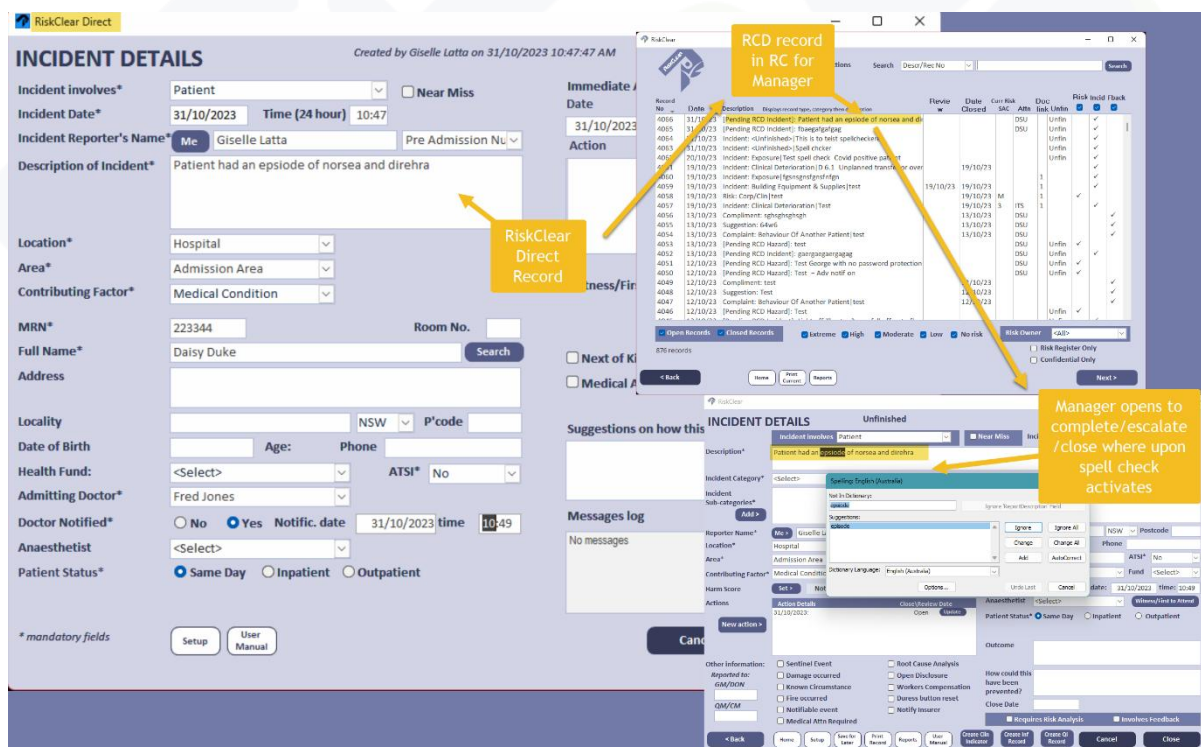
Example of Spell Check in RiskClear (see diagram below).

1. RiskClear user types of the incident into the description field.
(This applies in any text field in RiskClear – for example the following types of records have text fields - risk, feedback, clinical indicator, quality improvement record, audit summary etc there is a text field in RiskClear).
2. Once you **leave** the text field and before you can complete the record;
3. The spell checker will appear automatically.



Example of Spell Check in RiskClear Direct

Once the RiskClear Direct user has completed an incident record in RiskClear Direct (in this example - see below), the record is immediately available in RiskClear for the notified Manager to check/complete/escalate the auto spell checker will then work.



68. Staff Credentiailling – once only and repeating certification items

Audience & Key Users of this Function

- ✓ RiskClear Users
- ✓ DONs

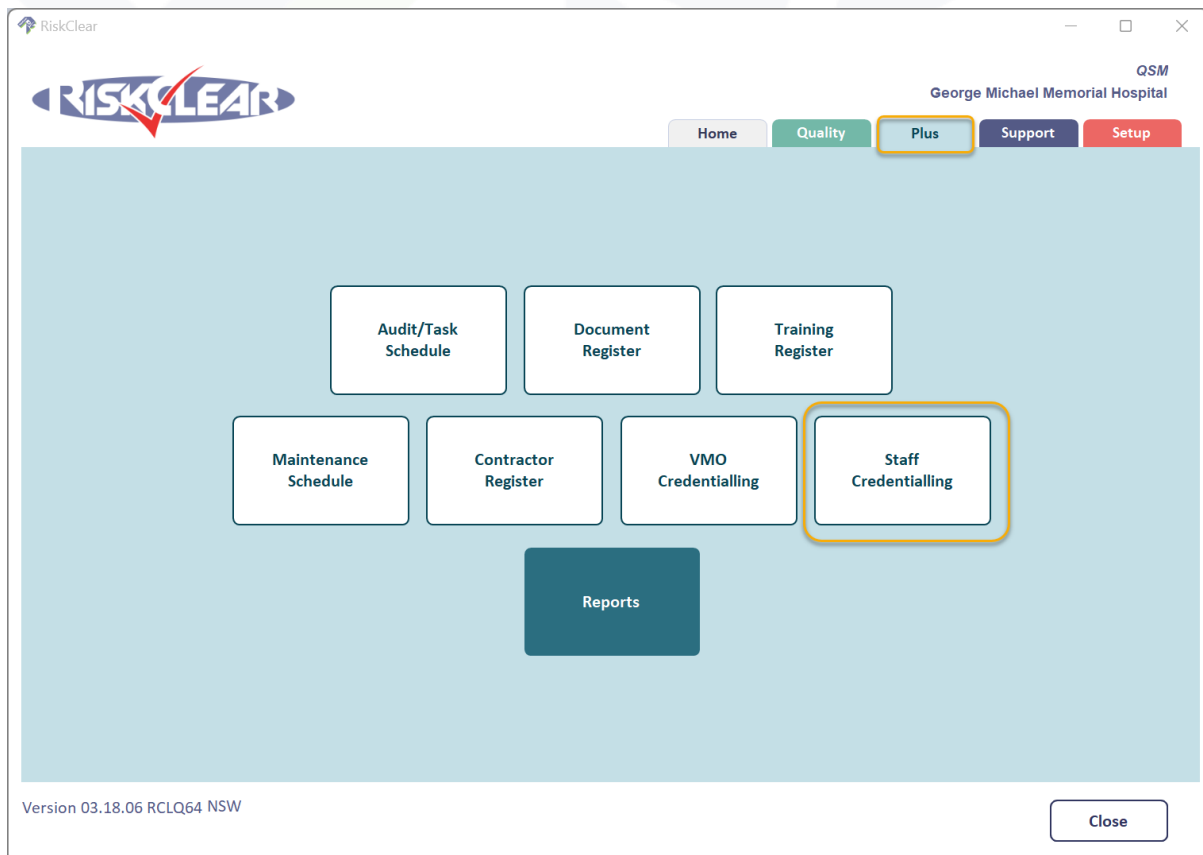
- ✓ Clinical and Administration Managers
- ✓ Quality Manager/Coordinator
- ✓ HR Manager

Purpose

- ✓ Enables you to differentiate between certification items that are **once only with a completed date** versus those that are **repeating certification items that require an expiry date**.
- ✓ For example, **once only Certification items** could include such items as Contract, Onboarding Checklist, References which once done require a completion date entered.
- ✓ For example, **repeating certification items** could include such items as AHPRA, Performance Appraisals, Covid and Flu Vaccine (annually), other Immunisations, and certification items that repeat.
- ✓ Note that there is now a **"Link to Folder 2"** option which can be used to link items of a more sensitive nature (serology/police checks/reference checks) or for any other information requiring a separate/second folder for your staff member.
- ✓ Assists hospitals and health service providers to meet the requirements of **NSQHS 1 Clinical Governance Standard... Criteria 1.23 Performance Management** as well as other healthcare industry standards (e.g., RTAC, ISO 9001:2015, NPAS, NATA etc) including jurisdictional and legislative requirements.

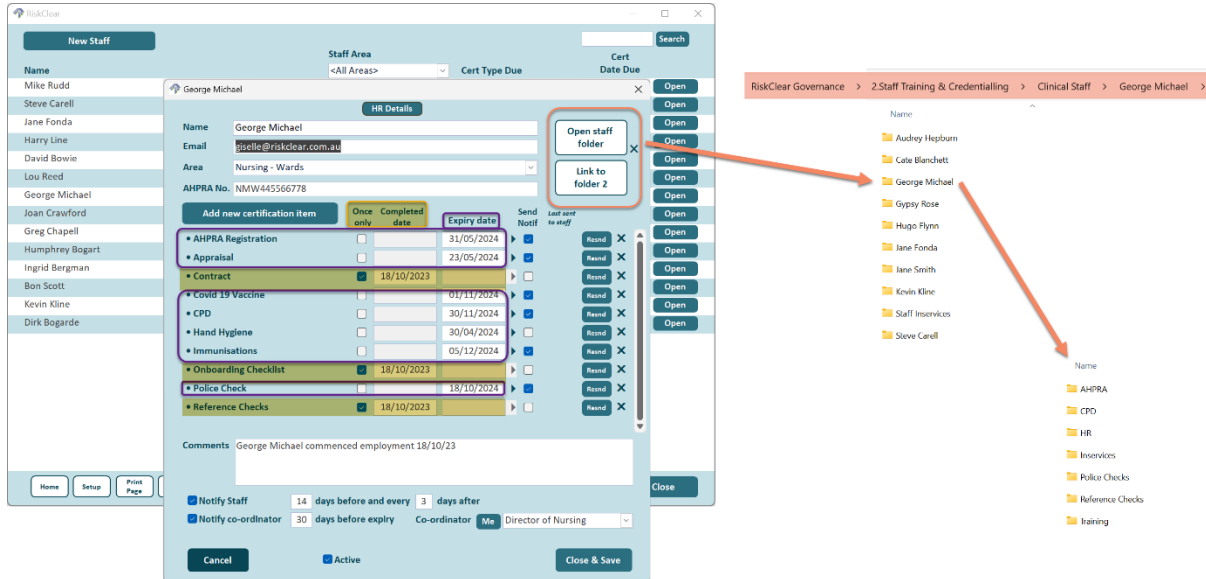
Example

Go to the **Plus Tab of RiskClear** and click on **Staff Credentialling**:



Click **open** on a Staff Members record:

- ✓ Once only certification items are highlighted in yellow below.
- ✓ Repeating certification items are circled in purple below.
- ✓ Linking to Folders (on your network) is highlighted in orange below.



The screenshot displays the RiskClear Staff Management interface. On the left, a list of staff members is shown. The central pane displays the details for George Michael, including his email, area, and AHPRA number. Below this, a table lists various certification items with columns for 'Once only', 'Completed date', 'Expiry date', and 'Send Notif'. The 'Once only' column is highlighted in yellow, and the 'Completed date' and 'Expiry date' columns are circled in purple. An orange box highlights the 'Link to folder 2' button. On the right, a folder structure is shown, with arrows indicating the selection of folders for different certification items.

69. Incident Owner Field on the Incident Screen (Home Tab)

Audience & Key Users of this Function

- ✓ Any RiskClear Users who enter an incident record.
- ✓ Quality Coordinator or Nurse Manager / DON/ CEO / General Manager / WHS Manager / Finance or Business Manager.

Purpose

- ✓ New feature added in the last update (v13.18.08 January 2023) which enables differentiation to exist between the Incident Reporter and Incident Owner where they are not the same person. For example, the Incident Reporter may be a Nurse, and the Incident Owner the Manager or another Staff Member.
- ✓ Incident Owner appears on the RiskClear Incident Screen only and not on the RiskClear Direct Incident Screen. This enables the Manager reviewing the RiskClear Direct entry to assign an Incident Owner which may be themselves, or another Manager/Staff Member as per their discretion.
- ✓ Like risk, complaint and QI owners, the incident owner will receive review reminders for any actions created for that record.
- ✓ Assists Hospitals and Health Service Providers to meet the requirements set in Industry Standards (e.g., NSQHS, ISO, RTAC etc) - e.g., **NSQHS 1 Clinical**

Governance Standard Risk & Incident Management Criteria 1.10, 1.11 & 1.12 and relevant legislation.

Example:

The **Incident Owner** Field is shown below on the **RiskClear Incident Details** Screen:



INCIDENT DETAILS Record No 3977

Incident Involves: Patient ☐ Near Miss Incident Date*: 07/02/2023 Time (24 hour): 13:44

Description*: Patient experienced bradycardia post op which required anaesthetist intervention and additional length of stay in PACU post procedure. Patient met discharge criteria and was eventually discharged home into care of wife

Reporter Name*: Me > Giselle Latta URN*: 13594 ☐ Unknown Room No.

Location*: PACU Area*: PACU - Beds Full Name*: John Duke

Incident Owner: Clinical Coordinator Address: 20 Patcham Way

Contributing Factor*: Known but unexpected outcome Locality: Westminster WA Postcode: 6061

Incident Category*: Clinical Deterioration < Quick Pick Date of Birth: 6/01/1973 50 Phone: (08)9349-4704

Incident Sub-categories*: Bradycardia Email: ATSI*: Unknown

Add > Admitting Dr*: Meredith Grey Fund: <Select>

Harm Score*: Review Harm Sc 3 Dr Notified*: ☒ No ☐ Yes

Actions:

Action Details	Close/Review Date
15/03/2023: CIC Discuss at next staff meeting	21/03/2023 Update

Other information: ☐ Sentinel Event ☐ Root Cause Analysis ☐ Damage occurred ☐ Open Disclosure ☐ Known Circumstance ☐ Workers Compensation ☐ Fire occurred ☐ Duress button reset ☒ Notifiable event ☐ Notify Insurer ☐ Medical Attn Required

Reported to: GM/DON QM/CM 7/02/2023

Anaesthetist: Stephen Blue

Patient Status*: ☒ Same Day ☐ Inpatient ☐ Outpatient

Adm Diag*: Alcohol ☐ Dual Diagnosis

Outcome: Patient met discharge criteria and was eventually discharged home into care of wife

How could this have been prevented? Post op phone call revealed patient has been bradycardic before waking up from anaesthetic.

Close Date: 9/02/2023 ☐ Requires Risk Analysis ☐ Involves Feedback

70. High Risk and Folder Only Filters > Document Register (Plus Tab)

Audience & Key Users of this Function

- ✓ CEO
- ✓ DON
- ✓ Clinical Managers
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ WHS Manager
- ✓ RiskClear Users
- ✓ RiskClear Direct Users

Purpose

- ✓ Responsive document search and filter functions are important for staff to be able to promptly access documents to assist them in their day-to-day care of patients and workflow.
- ✓ To be able to filter and view high risk documents readily can assist Managers to monitor upcoming review dates and liaise with document owners and approvers in a responsive manner.
- ✓ Being able to view Folders Only can assist RiskClear and RiskClear Direct users to be able to readily find and view relevant information pertaining to their role.
- ✓ Assists Hospitals and Health Service Providers to meet the requirements set in the National Standards regarding Policies, Procedures, and Records Management – e.g., NSQHS 1 Clinical Governance Standard - Criteria 1.7 and 1.16.

Example 1 – High Risk Document Filter

1. On the **Document Register Screen** tick the **High Risk only** box to display High Risk Documents.
2. Go to **Print Page**.
3. Choose whether you wish to **Print/Preview/Email PDF/Save as PDF** etc.

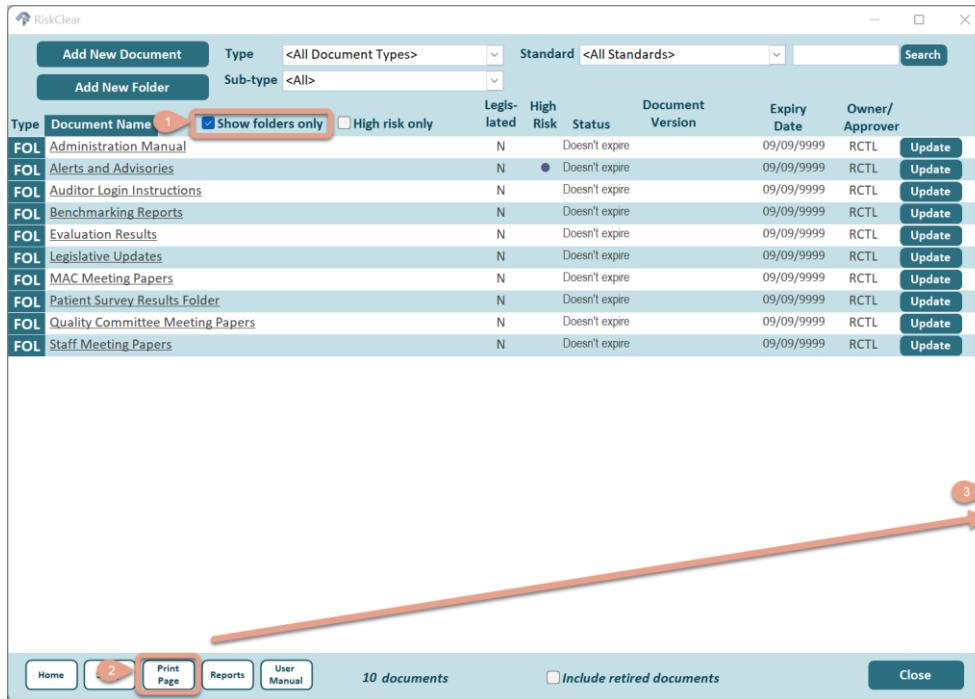
*Note – the High Risk only filter when ticked shows documents and folders that have had the **High-Risk box ticked** in the **Document Properties** found via the **Update** button.*

The screenshot displays the RiskClear Document Register interface. On the left, the 'Document Register' table lists various documents with columns for Type, Document Name, Status, Version, Expiry Date, and Owner/Approver. A red box highlights the 'High Risk' checkbox in the 'Legislated' column, which is currently checked. A yellow arrow points from this checkbox to the 'Update' button in the 'Owner/Approver' column. On the right, the 'Change Document Properties' dialog box is open, showing the 'High Risk' checkbox checked under the 'Document ID' section. Below the main table, a 'Print Page' menu is visible, with options for 'Print', 'Preview', 'Email PDF', 'Save as PDF', and 'Save as Excel'. A red box highlights the 'Print Page' menu, and a red arrow points from it to the 'Print' option.

Example 2 - Show Folders only Filter

1. On the **Document Register Screen** tick the **Show Folders only** box to display Document Folders.
2. Go to **Print Page**.

3. Choose whether you wish to Print/Preview/Email PDF/Save as PDF etc.



The screenshot shows the RiskClear interface with a document list. The 'Print Page' button is highlighted in the bottom navigation bar. A red arrow points from the 'Print Page' button to the 'Print' button in the top right corner of the document list.

George Michael Memorial Hospital Current Document Register										
Type	ID	Document Name	Document Owner	Document type	Document Location	Legis- lated	High Risk	Status	Approval Date	Expiry Date
Ad	109	Administration Manual	RiskClear Training & Liaison Coordinator	Administration Manual	FOLDER C:\Users\giself\OneDrive\Desktop\RiskClear Governance\Administration Manual	N		Doesn't expire		09/09/9999
Ex	106	Alerts and Advisories	RiskClear Training & Liaison Coordinator	External Document	FOLDER C:\Users\giself\OneDrive\Desktop\RiskClear Governance\Alerts & Advisories	N	●	Doesn't expire		09/09/9999
Ma	103	Auditor Login Instructions	RiskClear Training & Liaison Coordinator	Management Manual	FOLDER C:\Users\giself\OneDrive\Desktop\Training Library\Auditor Login Instructions	N		Doesn't expire		09/09/9999
Cl	107	Benchmarking Reports	RiskClear Training & Liaison Coordinator	Clinical Manual	FOLDER C:\Users\giself\OneDrive\Desktop\RiskClear Governance\10 Clinical Indicator Benchmarking	N		Doesn't expire		09/09/9999
Ev	110	Evaluation Results	RiskClear Training & Liaison Coordinator	Evaluations & Surveys	FOLDER C:\Users\giself\OneDrive\Desktop\RiskClear Governance\Evaluation Results	N		Doesn't expire		09/09/9999
Ex	108	Legislative Updates	RiskClear Training & Liaison Coordinator	External Document	FOLDER C:\Users\giself\OneDrive\Desktop\RiskClear Governance\Legislative Updates	N		Doesn't expire		09/09/9999
Co	112	MAC Meeting Papers	RiskClear Training & Liaison Coordinator	Committee Meeting Papers	FOLDER C:\Users\giself\OneDrive\Desktop\RiskClear Governance\MAC Meeting Papers	N		Doesn't expire		09/09/9999
Ev	105	Patient Survey Results Folder	RiskClear Training & Liaison Coordinator	Evaluations & Surveys	FOLDER C:\Users\giself\OneDrive\Desktop\RiskClear Governance\6 Surveys & Evaluations	N		Doesn't expire		09/09/9999
Co	113	Quality Committee Meeting Papers	RiskClear Training & Liaison Coordinator	Committee Meeting Papers	FOLDER C:\Users\giself\OneDrive\Desktop\RiskClear Governance\Quality Meeting Papers	N		Doesn't expire		09/09/9999
Co	114	Staff Meeting Papers	RiskClear Training & Liaison Coordinator	Committee Meeting Papers	FOLDER C:\Users\giself\OneDrive\Desktop\RiskClear Governance\Staff Meeting Papers	N		Doesn't expire		09/09/9999

RiskClear Reports

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13 February 2024

71. Entering an Asset Record into the Asset Register (Plus Tab)

Audience & Key Users of this Report:

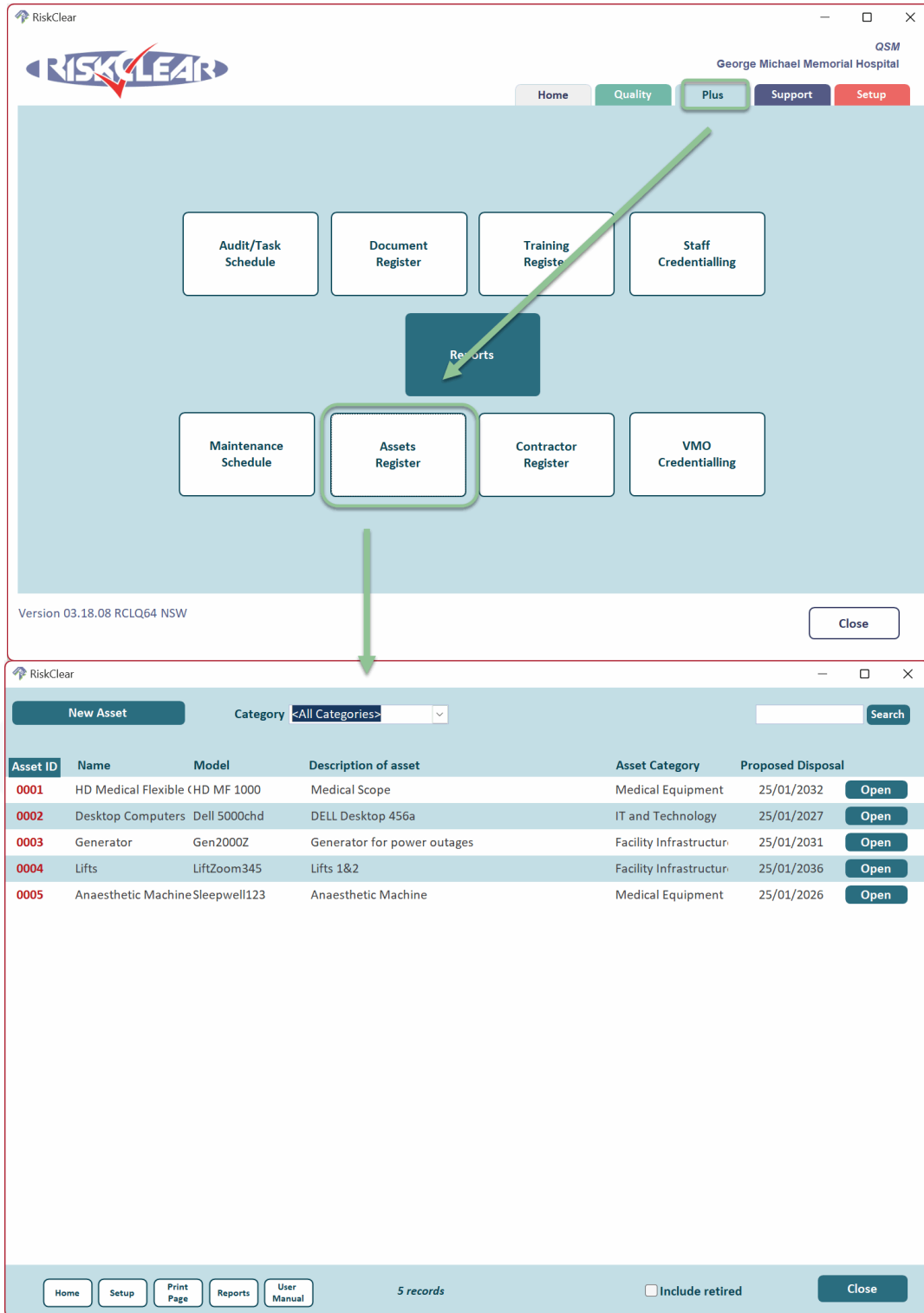
- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ Maintenance Manager
- ✓ Finance/Assets Manager
- ✓ RiskClear Users

Purpose:

- ✓ Assists Hospitals and Health Service Providers to track and manage resources such as medical, office, technology and security equipment and other pieces of your infrastructure. Managing Assets, and their associated planned and preventative maintenance along with the Contractors who provide this service is crucial in providing a safe environment for staff and patients accessing your hospital or health service.
- ✓ The Assets Register along with the Contractor Register and Maintenance Schedule link to provide a coordinated approach to all aspects of asset, contractor and maintenance records, including the life cycle of those assets.
- ✓ This function (and associated reports) assists hospitals and healthcare providers to meet the requirement of the National Standards regarding Safe Environment ~ e.g., (**NSQHS 1 Clinical Governance Criteria 1.29** ~ "The health service organisation ensure a safe environment by maintaining buildings, plant equipment utilities and devices and other infrastructure", as well as other industry related Standards (ISO 9001:2015/NATA etc) and legislative requirements.

Where the data comes from:

- ✓ Asset records entered into the Asset **Register** on the **Plus Tab** of RiskClear.



The screenshot shows the RiskClear web application interface. The top navigation bar includes links for Home, Quality, Plus, Support, and Setup. The main content area displays a grid of modules: Audit/Task Schedule, Document Register, Training Register, Staff Credentialling, Reports, Maintenance Schedule, Assets Register, Contractor Register, and VMO Credentialling. The Assets Register module is highlighted with a green box, and a green arrow points from the Plus button to it. Below the main content area, the version information "Version 03.18.08 RCLQ64 NSW" is displayed. A "Close" button is located at the bottom right of the main content area.

The Assets Register table displays the following data:

Asset ID	Name	Model	Description of asset	Asset Category	Proposed Disposal	
0001	HD Medical Flexible (HD MF 1000		Medical Scope	Medical Equipment	25/01/2032	Open
0002	Desktop Computers Dell 5000chd		DELL Desktop 456a	IT and Technology	25/01/2027	Open
0003	Generator	Gen2000Z	Generator for power outages	Facility Infrastructure	25/01/2031	Open
0004	Lifts	LiftZoom345	Lifts 1&2	Facility Infrastructure	25/01/2036	Open
0005	Anaesthetic Machine Sleepwell123		Anaesthetic Machine	Medical Equipment	25/01/2026	Open

The bottom navigation bar includes links for Home, Setup, Print Page, Reports, and User Manual. The status bar shows "5 records" and an "Include retired" checkbox. A "Close" button is located at the bottom right of the bottom navigation bar.

How to enter an Asset record into RiskClear:

(You can also refer to the **Maintenance, Asset & Contractor Guide via **Support Tab>Training Resources**)*

To create a new asset, go to the **Plus Tab**, click **Asset Register** and click the **New Asset** button. A completed Asset detail example is shown below.

- 1 - Enter the **Asset Name** and **Description**, along with the **Manufacturer** and **Model**.
- 2 - Select the **Category**, **Location** and **Area** of this Asset
- 3 - Enter the **Purchase Date**, **Purchase Cost** and whether it has been **Risk Assessed**.
- 4 - Select whom it's been **Approved by** and whether there are **Instructions or User manual** available.
- 5 - **Warranty Expiry** and **Proposed Disposal Dates** (if known) can be entered, and you can also tick whether or not a particular person in your organisation needs to be notified of the proposed disposal date and how many days prior. The Staff training box can also be ticked where applicable if staff training is required.
- 6 - You can **link the Asset to the Contractor Register** and also see the **contract due** date as well as the Contractors/Suppliers name and **contact information**.
- 7 - You can also **link each asset** to one or more jobs in the **maintenance register** so you can keep track of maintenance from within the asset register. Additionally, you can create or **link an asset with a risk record** if the asset is subject to ongoing risk which needs monitoring and management. Comments can be added, and the asset record can also **link to the Asset folder**. Once linked it will say **Click to open Asset Folder**.
- 8 - Click **Update&Close**

Update Asset Details

Asset ID

5

Retired

Asset Name*

Anaesthetic Machine

Description*

Anaesthetic Machine

Manufacturer*

HCS Pty Ltd

Model*

Sleepwell123

Category*

Medical Equipment

Location*

Hospital

Area*

Theatres

Serial No

456y765u

Purchase Date

25/01/2021

Purchase Cost

\$98,000.00

Risk Assessed*

No

Create Risk

Approved by*

Management Review Commit

Instruct's/User manual(s) available*

Yes

Warranty Expiry

25/01/2026

Staff Training Required

Notify

DON/GM

90

days before the due date

Proposed Disposal Date

25/01/2026

Linked with Contr Register

Contract due

6/02/2024

View in Contr Register >

Supplier Name*

Health Care Services P/L

Contact Name

John Barrett

Telephone

1234567892

Email

bongo.congo@outlook.co

Maintenance:

Name: Anaesthetic Machine Theatre 1

Serviced every: 6 months

Last completed service: 1/02/2024

View maintenance

Add/remove >

Comments

Click to open Asset folder

Cancel

Delete

Update & Close

72. Confidential Feature and Folder > Staff Credentialling (Plus Tab)

Audience & Key Users of this Function

- ✓ RiskClear Users
- ✓ DONs
- ✓ Clinical and Administration Managers
- ✓ Quality Manager/Coordinator
- ✓ HR Manager

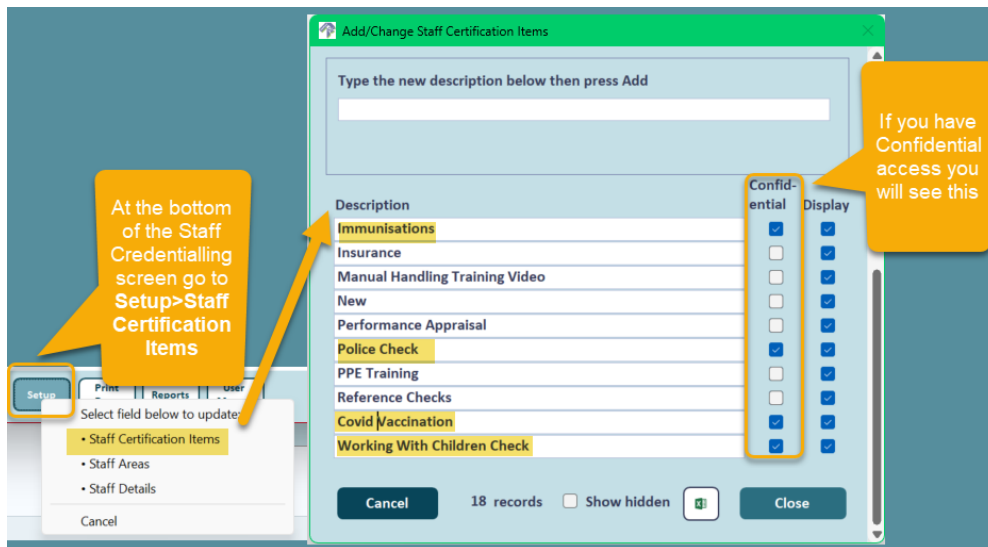
Purpose

- ✓ Ensures that any staff credentialling items of a sensitive or private nature are only able to be viewed or accessed by appropriate staff members with permission to do so.
- ✓ If you have been granted Confidential Access (*via Support>Advanced>Permissions*) you can mark a staff members credentialling item as confidential. For example, you may wish to mark Serology/Vaccinations/Police Checks as confidential.
- ✓ This will mean that item can only be seen in staff credentialling and reports by staff with confidential access. Note that there is now a "Link to Folder 2" option which can be used to link items of a more sensitive nature or for any other information requiring a separate/second folder.
- ✓ Assists hospitals and health service providers to meet the requirements of **NSQHS 1 Clinical Governance Standard... Criteria 1.23 Performance Management** as well as other healthcare industry standards (*e.g., RTAC, ISO 9001:2015, NPAS, NATA etc*) including jurisdictional and legislative requirements.

Steps and Example for RiskClear Users

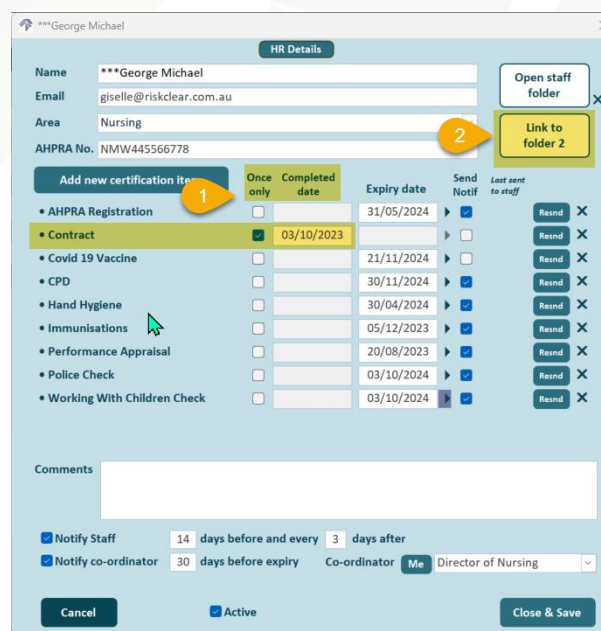
Confidential Access

- ✓ If you have **Confidential access**, then you will be able to see the Confidential tick box – see diagram below:
- ✓ You will be **able to tick** which Certification items you wish to make confidential.



Other handy new features

- ✓ Once only tick box for those credentialling items that are **once only items with a completed date**. This can be used for those items that staff only need to complete once – e.g., Contract, Orientation Checklist, References. This is separate to those Certification items that repeat annually.
- ✓ Second Folder (**Link to Folder 2**) for you to link sensitive or other information too, separate to the main staff folder – e.g., serology, police checks.



73. Repair Log Function (Plus Tab)

Audience & Key Users of this Function

- ✓ RiskClear & RiskClear Direct Users
- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager

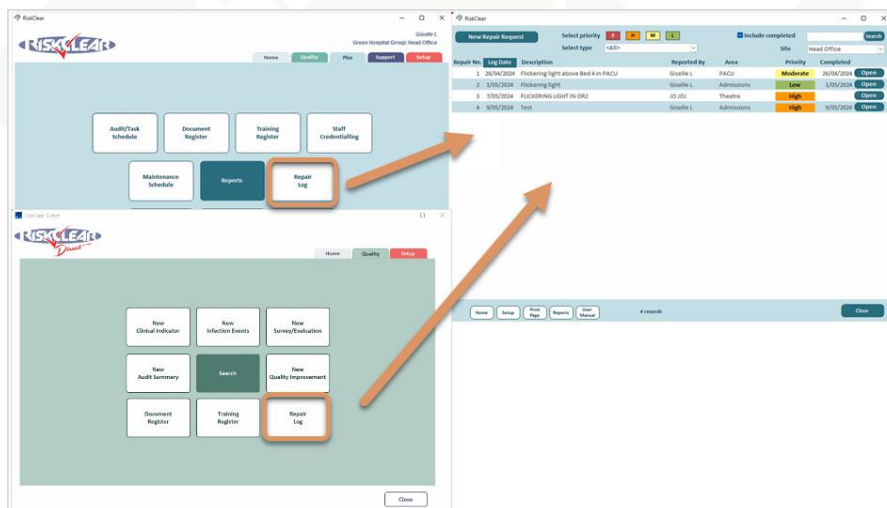
- ✓ Business /Administration Manager
- ✓ Contractor/Supply Manager

Purpose

- ✓ Enables staff (both RiskClear and RiskClear Direct users) to log repair jobs.
- ✓ Provides information on all repairs (including pending and completed) that have been logged into either RiskClear or RiskClear Direct, assisting in monitoring a safe environment for patients, staff, and contractors.
- ✓ Includes a matrix which allocates a priority rating to each repair job logged.
- ✓ This function assists hospitals and healthcare providers to meet the requirement of the National Standards regarding Safe Environment ~ e.g., (**NSQHS 1 Clinical Governance Criteria 1.29** ~ “The health service organisation ensure a safe environment by maintaining buildings, plant equipment utilities and devices and other infrastructure”, as well as other industry related Standards (ISO 9001:2015/NATA etc) and legislative requirements

Where does the information come from?

- ✓ **Repair Records** entered via the **Repair Log** on the **Quality Tab in RiskClear Direct** or the **Plus Tab on RiskClear**.



Steps to enter a repair job:

Go to Plus Tab in RiskClear or the Quality Tab in *RiskClear Direct and click Repair Log to open:

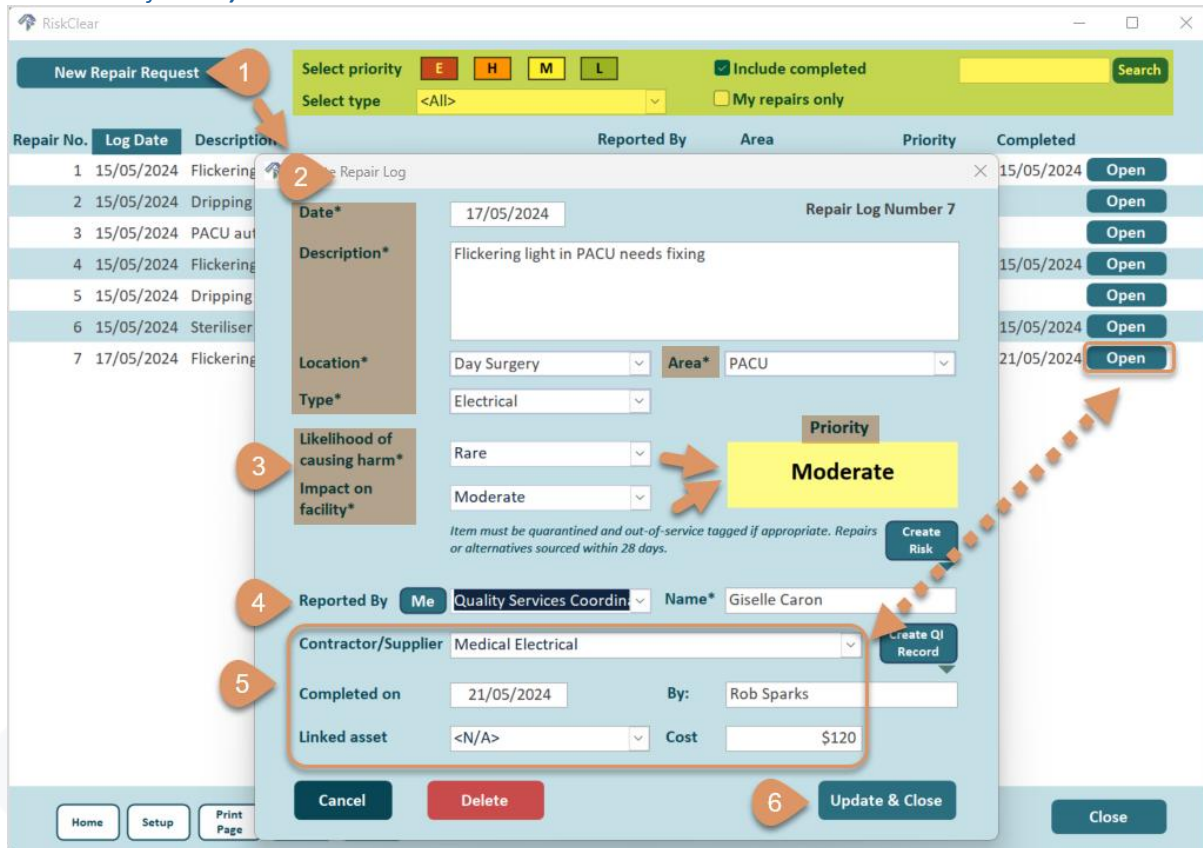
1. Click **New Repair Request**
2. Complete the **Date/Description/Location/Area** and **Type**
3. Select from the **Likelihood and Impact drop-downs** to calculate the repair jobs **Priority Level** (e.g. Extreme, High, Moderate, Low)
Note you can also create or link a **Risk** and **QI** record if necessary
4. Complete **Reported by** and click **Update & Close** to log the repair job

To update/complete the Repair Job record click Open next to the record and then complete Steps 5 and 6

5. Complete the **Contractor/Supplier/Completed on/Linked asset** (where applicable), repaired **by** and **Cost** fields

6. Click **Update & Close**

**(Repair jobs logged in RiskClear Direct will be visible in RiskClear also, with the Manager/Supervisor receiving an email notification)*



The screenshot shows the 'New Repair Request' form in the RiskClear application. The form is divided into several sections:

- Header:** 'New Repair Request' button (1), 'Select priority' (E, H, M, L), 'Include completed' checkbox, 'Select type' dropdown, and 'My repairs only' checkbox.
- Table:** A table with columns: Repair No., Log Date, Description, Reported By, Area, Priority, Completed. It lists 7 repair requests.
- Form Fields:**
 - Date*:** 17/05/2024
 - Description*:** Flickering light in PACU needs fixing
 - Location*:** Day Surgery
 - Area*:** PACU
 - Type*:** Electrical
 - Likelihood of causing harm*:** Rare
 - Impact on facility*:** Moderate
 - Priority:** Moderate (highlighted in yellow)
 - Reported By:** Me (Quality Services Coordin)
 - Name*:** Giselle Caron
 - Contractor/Supplier:** Medical Electrical
 - Completed on:** 21/05/2024
 - By:** Rob Sparks
 - Linked asset:** <N/A>
 - Cost:** \$120
- Buttons:** Cancel, Delete, Update & Close (6), Close.

Additional functions are highlighted in yellow:

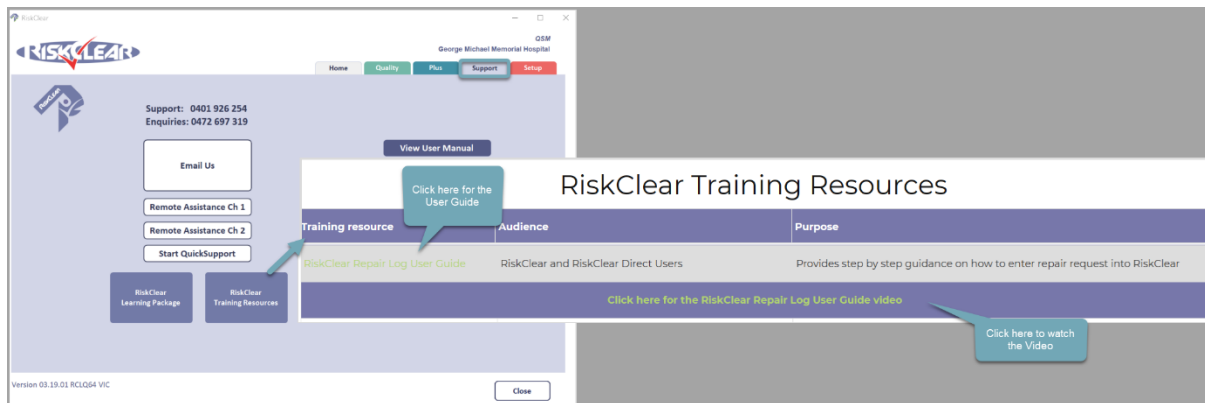
- Priority Level:** Moderate
- Type:** Electrical
- Search:** Search button
- My repairs only:** My repairs only checkbox

Additional functions (Highlighted in yellow above)

You can:

- ✓ filter the repair jobs entered into RiskClear/RiskClear Direct by **Priority Level** and **Type** (e.g. electrical, plumbing etc)
- ✓ look at **incomplete and/or completed** repair records
- ✓ view just **my repairs only**
- ✓ keyword **search** for your repair job

The Repair Log User Guide for RiskClear and RiskClear Direct Users is available via **Support Tab>Training Resources** to assist your staff to use this new Report Log function.



74. Multiple Incident category/sub-category selector function > Incident Screen (Home Tab)

Audience & Key Users of this Function

- ✓ Any RiskClear User who enters an incident record.
- ✓ Quality Coordinator or Nurse Manager / DON/ CEO / General Manager / WHS Manager / Finance or Business Manager.

Purpose

- ✓ Enables you to now select multiple incident categories (previously only one category was possible for each incident).
- ✓ This new method allows you to select the category and sub-category in one go (same as on the Complaint Record Screen).
- ✓ You can add (practically) as many category/subcategory combinations as you need, and previously selected combinations won't appear in the drop-down, so duplicates aren't possible.
- ✓ Assists Hospitals and Health Service Providers to meet the requirements set in Industry Standards (e.g., NSQHS, ISO, RTAC etc) - e.g., **NSQHS 1 Clinical Governance Standard Incident Management Criteria 1.11 & 1.12**, and relevant legislation.

Example

The **Incident Category and Sub-category functions** are shown in the diagram below:

1. Incident Details Screen

2. Under **Incident category & sub-categories** click **Add>**
3. A window appears with a list of **incident categories>**
 - a. Choose an incident **category** to show the **sub-categories** and select > the **incident category and sub-category** will be added simultaneously.
 - b. You can *add as many category/sub-category combinations as is relevant to the incident*
 - c. Previously selected combinations will not show to *avoid duplication*
 - d. *Highlighted yellow area below* shows the multiple incident categories and sub-categories that have been selected for this one incident record.



INCIDENT DETAILS Unfinished Record No 4010

Incident Involves: Patient ☐ Near Miss Incident Date*: 11/07/2023 Time (24 hour): 07:34

Description*: D 6.2 Unplanned Transfer or admission related to ongoing management (L) Patient admitted for a R) knee arthroscopy, routine procedure, however in recovery experienced chest pain and SOB. Reviewed by

Reporter Name*: Me> Giselle Latta MRN*: 1343 ☐ Unknown Room No.:

Location*: PACU Area*: PACU - Beds Full Name*: Anthony Smith Search

Incident Owner: <None> Address: 12 Georges Cl

Contributing Factor*: Medical Condition Quick Pick

Incident category & sub-categories*: **Add>**

ISR & SDC*: Building Equipment Supply

Actions: Clinical Deterioration > Bradycardia

Other Information: Covid-19 Pandemic > Falling SAO2

Reported to: GM/DON/CEC 11/07/2023

Q/M/MANAGE 11/07/2023

Medical Emergency > Hypertension

Medical Records/ Patient Files > Hypotension

Medication > Return to Theatre

Mismatched Event > Slow to wake up from anaesthetic

Non Compliance > Tachycardia

OHS /WHS > Transferred to external facility

PreAdmission Screening > Unresponsive

Security > Xcvbxcvbx

Category & Sub-Category

Birth: 24/06/1933 90 Phone: ATSI* Unknown

Attending Dr*: Jack Black Fund: <Select>

Witness/First to Attend: Jeff Black

Status*: ☒ Same Day ☐ Inpatient ☐ Outpatient

Other: ☐ Dual Diagnosis

Routine procedure. Chest pain and SOB in PACU led transfer to external facility for further tests and observations.

Did this Better pre admission screening could have identified patient not fit for day surgery.

Date: 19/07/2023 ☒ Send overdue reminders

Requires Risk Analysis ☐ Involves Feedback

Cancel Close