REPORT UNDER THE SPOTLIGHT

WEEKLY

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

This ''Report under the Spotlight'' is emailed weekly to our existing clients. For those new clients just joining us, here is the archive for you to also benefit from.

Table of Contents

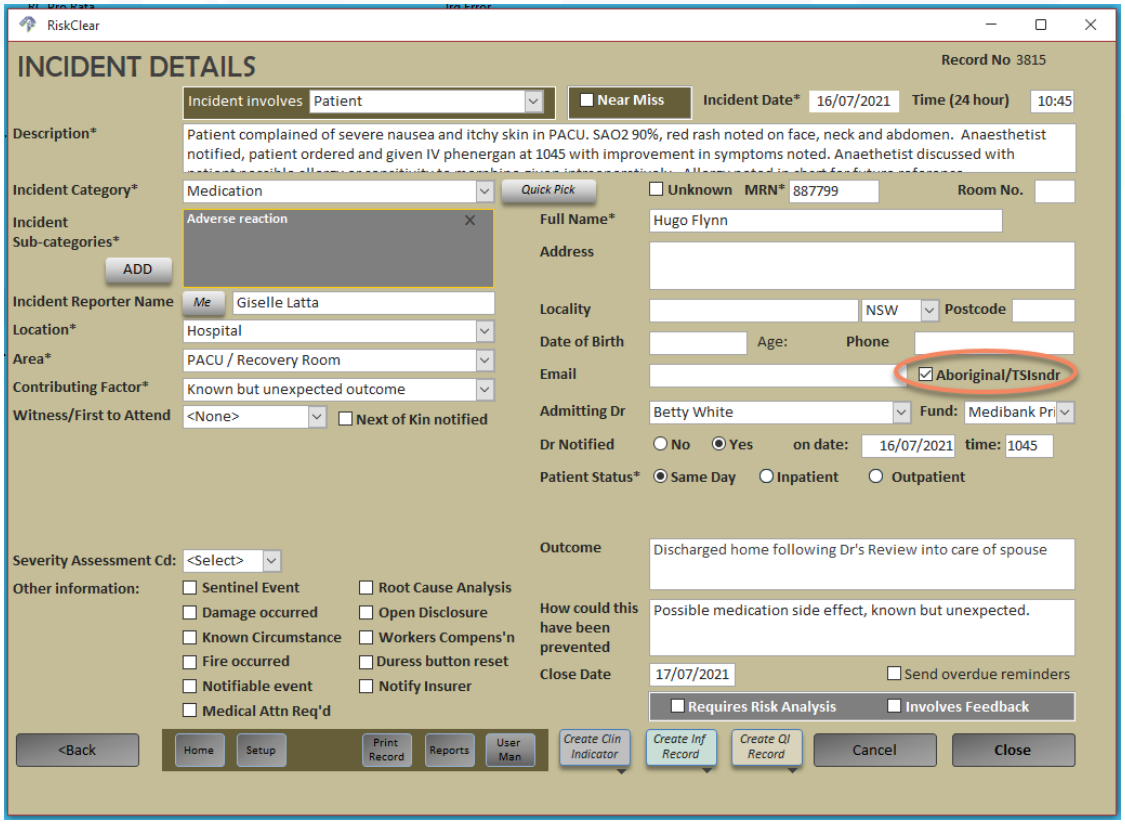
1. Report 205 Incident Field Analysis – Aboriginal Torres Strait Islander 3
2.Report 524 Training Compliance Rates 5
3.Reports 101 Risk Register and 103 Risk Record 7
4.Report 615 Unscheduled and Future Meetings 10
5.Report 502 Audit Results Compliance Comparison & 504 Audit Schedule Compliance 12
6.Report 432 Survey Report by Survey Type & Report 433 Survey Responses by Month 14
7.Report 15 All Open Risk, Incident, Complaint and QI records 17
8.Report 450 Quality Improvement Register 19
9.Report 261 Risk Management Report by *SAC 22
10.Report 312 Complaints details by Category/Sub-category 24
11.Report 604 All Overdue Actions 26
12.Report 568 Overdue VMO Credentialling/Certifications 27
13.Report 600 All Transaction Summary 30

14.Report 105 Risk Field Analysis 31
15.Report 440 Audit Summary Register 35
16.Report 142 Currently Open Risk Actions 38
17.Report 568 Overdue VMO Credentialling/Certifications 42
18.Report 500 Audit Schedule Summary Register 44
19.Report 523 Trainee Compliance Rate 46
20.Report 307 Feedback Field Analysis 48
21.Report 612 Broken Document Register Links 50
22.Report 508 Rescheduled Audits Report 52
23.Report 601 Unfinished Records 53
24.Report 540 Maintenance Report. 57
25.Report 104 Risk Register 59
26.Report 452 Quality Improvement Report 62
27.Report 550 Contractor Register 63
28.Report 431 Survey (Evaluation) Response Analysis 6 months % 68
29. Reports 305 Compliments Register & 310 Compliments by Person/Area (graph) 71
30. Report 453 Quality Report #2 72
31. Report 516 Documents for Review in 3,6 & 12 months 75
32. Report 201 Incident Register with Harm (SAC/ISR) Score 77
33. Report 570 Staff Credentialling Report which now includes Certification Item filter 79
34. Report 452 Quality Improvement Report (which now includes the new source filter) 83
35. Report 617 Records for Discussion at Committee's/Meetings 84
36. Report 529 Completed Training 87
37. Report 10 All Records Summary 89
38. Report 307 Feedback Field Analysis (with Complainant Aboriginal/TSI selected). 92
39.Report 107 Risk Clusters (interactive graph) 94
40. Report 207 Incident Clusters (interactive graph). 96
41. Report 105 Risk Field Analysis 98
42.Report 611 Records with Broken Links 103
43.Report 452 Quality Improvement Report (with source filter) 107
44. Report 509 Overdue Audits 108
45. Report 413 Clinical Indicator Benchmarking by Indicator Group 110
46. Report 540 Maintenance Report (with new Maintenance Group Filter) 112
47. Report 519 Document Register Index List 115
48. Report 205 Incident Field Analysis – SAC/Harm Score/ISR 116

49. Report 510 Document Register (Plus Tab) 118
50. Report 201 Incident Register (using Dr Filter) 123
51. Report 470 Alerts Register 125
52. Report 580 Assets Register 128
53. Report 307 Feedback Field Analysis > Open Disclosure 133
54. Report 212 Incident Details by category/sub-category 135
55. Report 507 Audit Detail Report 137
56. Report 590 Repair Log Report 139

1. Report 205 Incident Field Analysis – Aboriginal Torres Strait Islander

Purpose: Provides incident information on the hospitals Aboriginal and Torres Strait Islander (ATSI) patient population including the percentage of ATSI patients involved in an incident.
Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, Consumer Groups/Representatives
Where does this data come from? Incident Records in Risk Clear – with the ''Aboriginal/TsIndr'' box ticked (circled in diagram below).

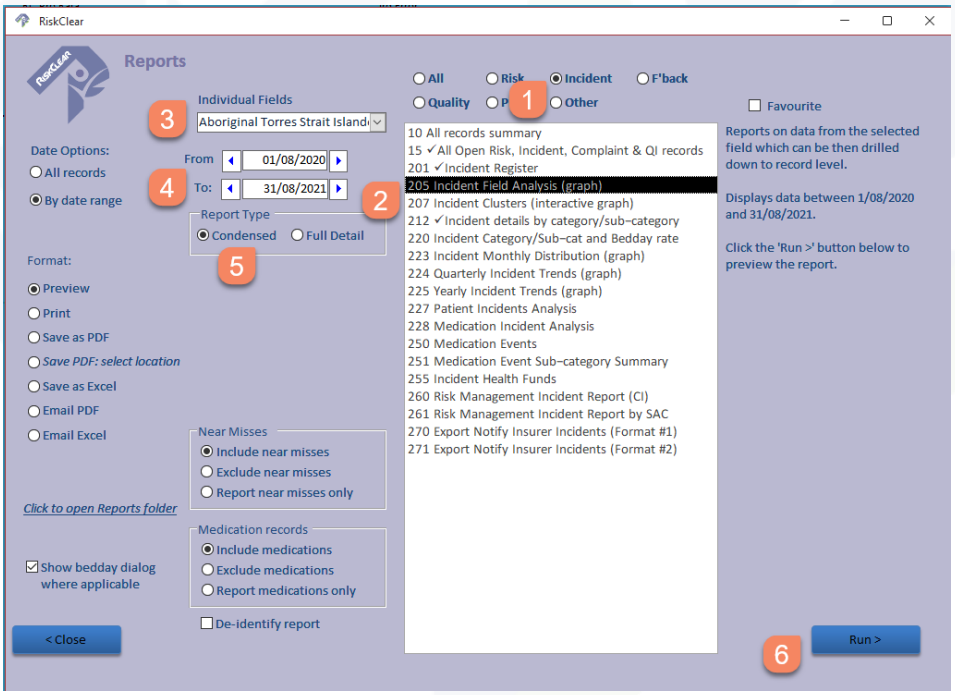


Everyday Use:
This information can assist hospitals in meeting NSQHS Standard 2 Partnering with Consumers (*2.12 The health service organisation works in partnership with the ATSI*

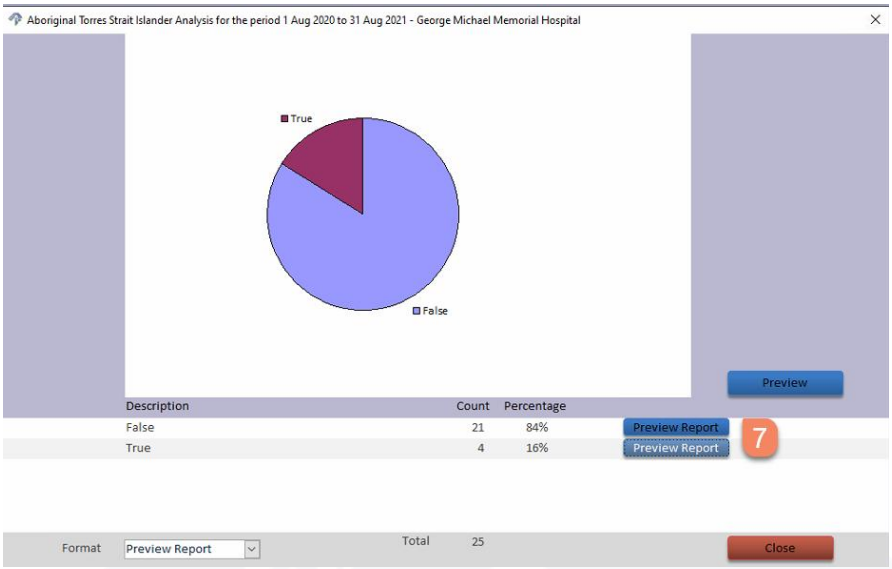
communities to meet their healthcare needs") by providing valuable information about the frequency and type of incidents this patient population is involved in. Monitoring and evaluating this ATSI incident information can assist in improving health and safety outcomes. This information can be shared at appropriate Committee's as well as Consumer Focus Groups and Consumer Representatives to assist in shaping healthcare to meet the ATSI patient populations needs. This information can also be shared with Auditors during Accreditation Surveys and Health Department Inspections.

How to run Report 205:

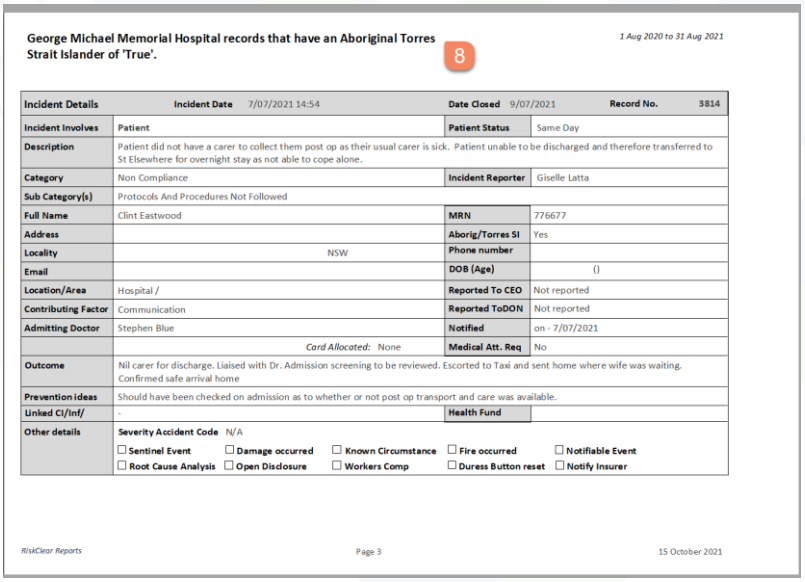
- Go to Reports – Select Incident **(1)** and then select Report 205 **(2)**
- Go to Individual Fields **(3)** and select Aboriginal Torres Strait Islander
- Select all records or by date range and put in your date range **(4)**
- Determine whether you wish to have condensed or full detail **(5)** and click Run **(6)**



The following screen will appear which will show a pie graph and percentages on the ATSI (True) and Other (False) patient distribution of incidents
To dive deeper into the information and see the specific ATSI patient incidents (True) that occurred select **(7)** Preview Report



The following screen will appear **(8)** which shows the specific ATSI patient incidents that occurred enabling the hospital to monitor and evaluate any trends and initiate any quality improvements where indicated.



George Michael Memorial Hospital records that have an Aboriginal Torres Strait Islander of 'True'. 8

1 Aug 2020 to 31 Aug 2021

Incident Details	**Incident Date** 7/07/2021 14:54	**Date Closed** 9/07/2021	**Record No.** 3814
Incident Involves	**Patient**	**Patient Status**	Same Day
Description	Patient did not have a carer to collect them post op as their usual carer is sick. Patient unable to be discharged and therefore transferred to St Elsewhere for overnight stay as not able to cope alone.		
Category	Non Compliance	**Incident Reporter**	Giselle Latta
Sub Category(s)	Protocols And Procedures Not Followed		
Full Name	Clint Eastwood	**MRN**	776677
Address		**Aborig/Torres SI**	Yes
Locality	NSW	**Phone number**	
Email		**DOB (Age)**	()
Location/Area	Hospital /	**Reported To CEO**	Not reported
Contributing Factor	Communication	**Reported ToDON**	Not reported
Admitting Doctor	Stephen Blue	**Notified**	on - 7/07/2021
	Card Allocated: None	**Medical Att. Req**	No
Outcome	Nil carer for discharge. Liaised with Dr. Admission screening to be reviewed. Escorted to Taxi and sent home where wife was waiting. Confirmed safe arrival home		
Prevention ideas	Should have been checked on admission as to whether or not post op transport and care was available.		
Linked CI/Inf/	-	**Health Fund**	
Other details	**Severity Accident Code** N/A ☐ Sentinel Event ☐ Damage occurred ☐ Known Circumstance ☐ Fire occurred ☐ Notifiable Event ☐ Root Cause Analysis ☐ Open Disclosure ☐ Workers Comp ☐ Duress Button reset ☐ Notify Insurer		

RiskClear Reports Page 3 15 October 2021

2.Report 524 Training Compliance Rates

Purpose: Provides a compliance rate (%) for Staff Training Courses due for the date range entered or all records.
Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, WHS Meetings, Health Departments and External Auditors.
Key: Training Coordinator, Quality Manager, DON, and External Auditors.
Where does this data come from? Training Records for every staff member on the Training Register in RiskClear.

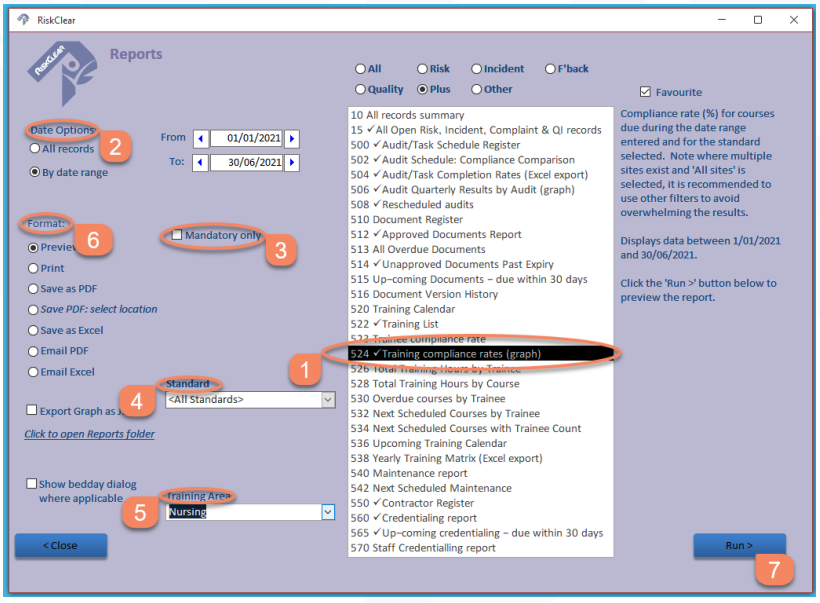
Real Everyday Use:

This information can assist hospitals in monitoring Training Compliance for both mandatory and other Training requirements for staff. It allows for timely management of any overdue courses as well as providing report detail to both internal (Hospital Committee's) and external (Health Department, Accreditation Auditors) regulators to ensure Safety and Quality Training Criteria (***NSQHS 1 Clinical Governance Standard 1.19/1.20/1.21***) are met.

Running Report 524:

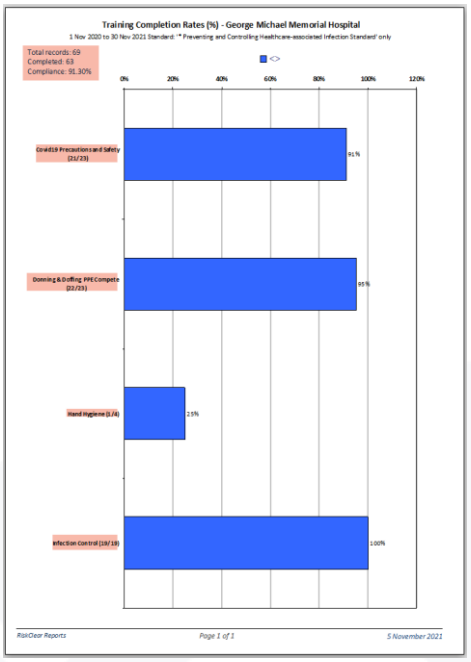
Go to the Plus Section of Reports:

1. Select ''**Report 524''.**
2. Select ''**Date Range''** or ''**All Records''.**
3. Tick the ''**Mandatory Only''** if you wish to look at just Mandatory Training – or leave unticked if wanting to look at all Training.
4. You can apply the ''**Standard**'' Filter – e.g., if you are wanting to look at NSQHS Standard 3 Preventing and Controlling Healthcare Associated Infection related training – e.g., Hand Hygiene, PPE, Donning and Doffing, IPC) or leave set to All Standards.
5. You can also apply the ''**Training Area''** to drill down to a specific group of staff – e.g., Nursing, Administration, CSSD or leave set to All Areas.
6. Choose your report ''**format''.**
7. Click ''**Run**'' .



Example Report 524: by Date range, Standard and Training Area.
''Training Completion Rates for NSQHS 3 Preventing and Controlling Healthcare Associated Infection'' .

- ✓ Shows the **Total NSQHS Standard 3** Training records overall, completed records and % e.g., 63/69 records **= 91.3%** compliance for **Standard 3 Training Requirements**
- ✓ Shows the **individual course compliance rates** for the **4 courses that come under NSQHS Standard 3** (Covid 19/PPE /Hand Hygiene/Infection Control) and their individual total records, records completed and % compliance per course.



Remember if you are wanting to run compliance reports by NSQHS Standards that you need to make sure your Training Courses are linked to a NSQHS Standard – see below:

1. Open the **''Training Course/Requirement''** window.
2. Click **''Expand''.**
3. Choose the **''Standard''** from the drop-down menu.

3.Reports 101 Risk Register and 103 Risk Record

Purpose: Provides Risk information on the hospitals Risk Records and allows you to split the Risk Register into Area's – e.g., Corporate, Clinical, WHS, Financial, Business etc (NB: you can determine the names of the categories yourselves – I am just providing a "typical" example)
Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, Finance Meetings and WHS Committee's
Where does this data come from? Risk Records entered into RiskClear or RiskClear Direct by hospital staff.

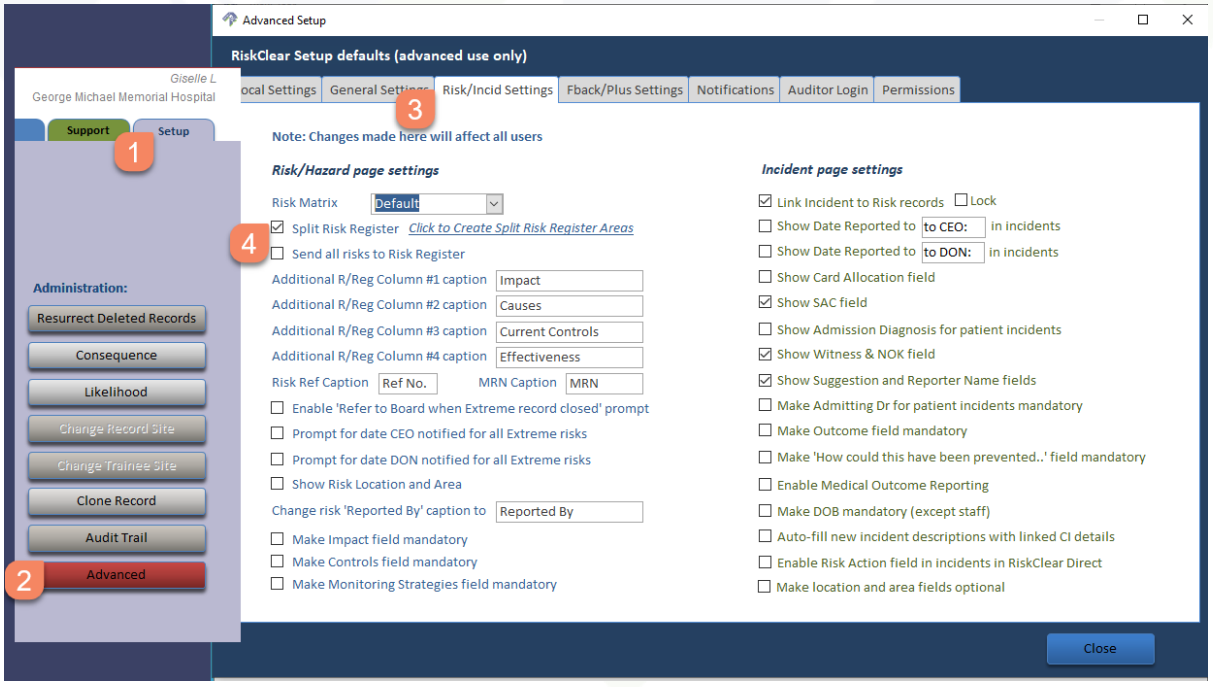
Real Everyday Use:

This information can assist hospitals in streamlining their Risk Records so that the appropriate audience receives the appropriate information to review and action. The "helicopter" view of seeing all Risk Records on your Risk Register is important, as is being able to assign various risks onto a *specific risk register*. For example, the WHS/OHS Committee will focus on WHS/OHS risks, whereas Finance will focus on business associated risks.

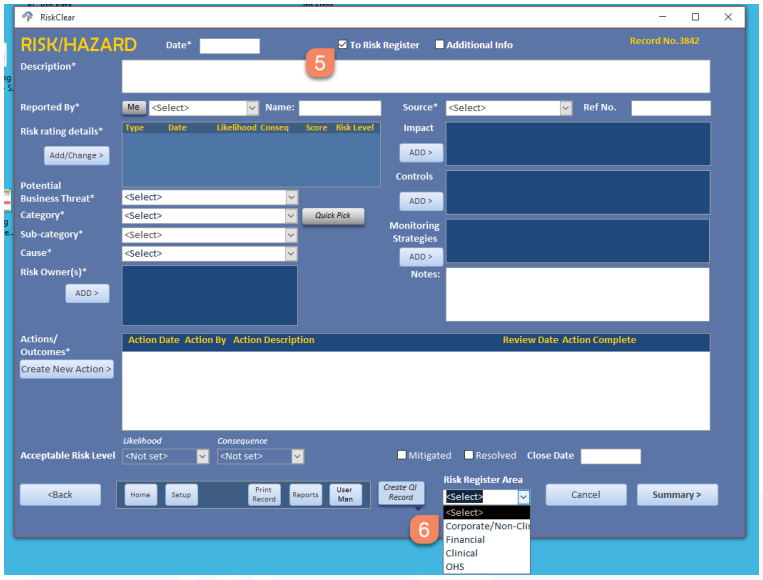
If the Risk Register is a Cake (everybody loves cake!) then splitting the Risk Register into Area's is slicing the cake and serving up the appropriate slice to the appropriate consumer/audience.

How to Set up the Split Risk Register Feature:

Go to the **Setup** Tab (1) and click on **Advanced** (2), go to the **Risk/Incid Settings** Tab (3) and tick the **Split Risk Register** box (4) and click to *create Split Risk Register Area's* (e.g. Clinical, Corporate, WHS, Finance etc)

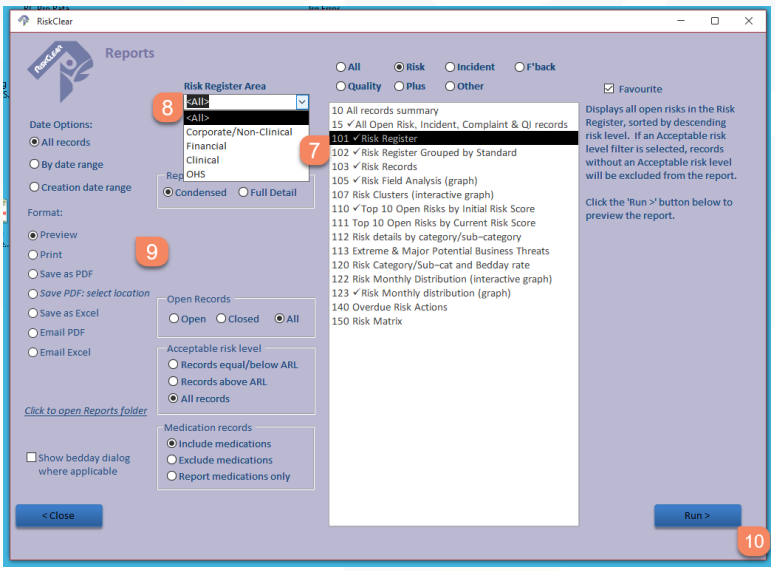


Now that the Split Risk Register Function and Areas are set up, when you go to enter Risk/Hazard records in RiskClear, a tick box (5) will appear at the top of the **Risk/Hazard** page which you can tick to send the record to the Risk Register. At the bottom of this page there is a drop-down menu (6) prompting you to select which Area to assign the Risk/Hazard record too.

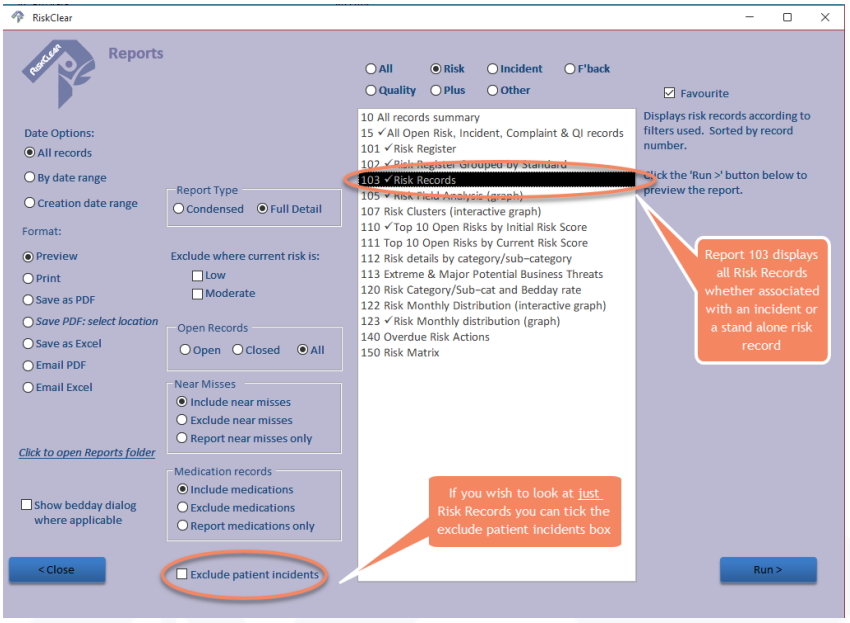


How to run Risk Reports: (101 and 103)

- ✓ **101 Risk Register –** Select Report 101 (7), choose the Risk Register Area (8), choose your parameters (9), and click Run (10)



- ✓ **103 Risk Records:** Select 103, enter your parameters, and click Run.
- ✓ Please also commentary below about excluding incident data if/when required from Risk Records.
- ✓ Some incidents have a Risk associated/linked with them – e.g., an incident has happened that highlights a potential ongoing risk. (e.g., people slipping in a wet area)
- ✓ Other times a Risk highlights something that has not yet happened (a wet area), but without mitigation (signage/avoiding area) could lead to an incident (slip/fall), so it is a stand-alone risk.

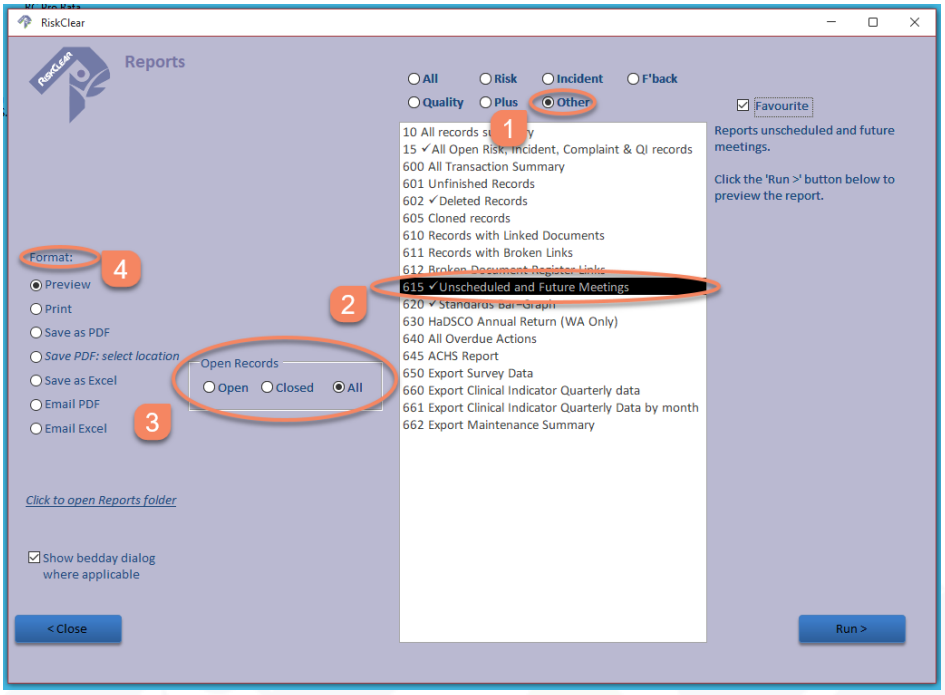


Being able to look at your hospitals risks overall, and/or in context with any associated incidents, or by area (clinical, financial, WHS etc) is an important aspect of any hospitals Risk and Quality Management Framework and Program.

4.Report 615 Unscheduled and Future Meetings

Purpose: Provide information on Future Meetings where specific Risk, Incident or Feedback Records have been assigned to be discussed at a particular Committee/s.
Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings

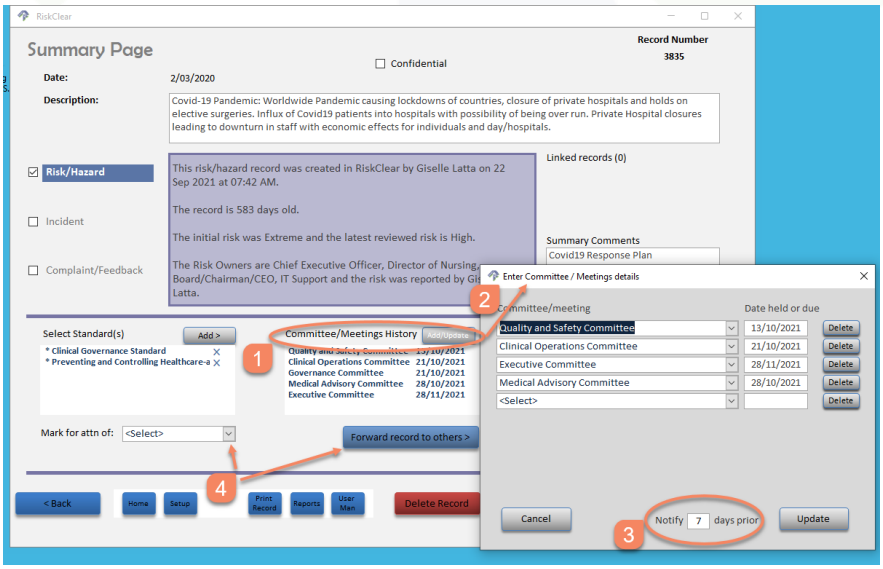
*(This report is found in the Other (1) section of Reports and can be (2) marked as a favourite for future use. You can filter the report to open/closed or all records (3) and choose your (4) report format also)



Where does this data come from?

- It comes from the Summary Page of any **Risk, Incident or Feedback** Record entered into RiskClear

*(Notifications about these Committee/Meetings (1) and their dates (2) can be sent a number of days prior (3) from the Summary Page. For Risk records, it gets sent to the risk owner, if a complaint, to the complaint owner, if Mark for attention is set then it will also get sent to them (4). If it's an incident and no risk/complaint/mark for attention, then it gets sent to the person who created the record. It also gets sent to the Fallback email address - usually the DON/CEO.



Real Everyday Use:

- It is helpful in situations where you would like to highlight specific incident/risk/feedback records for review at certain meetings. This enables you to focus the Committee on those records that need their particular feedback and review.
  E.g. you can send out the overall Incident Register (Report 201) prior to the meeting, but at the meeting have **Report 615** to focus the Committee on those records needing Committee feedback.

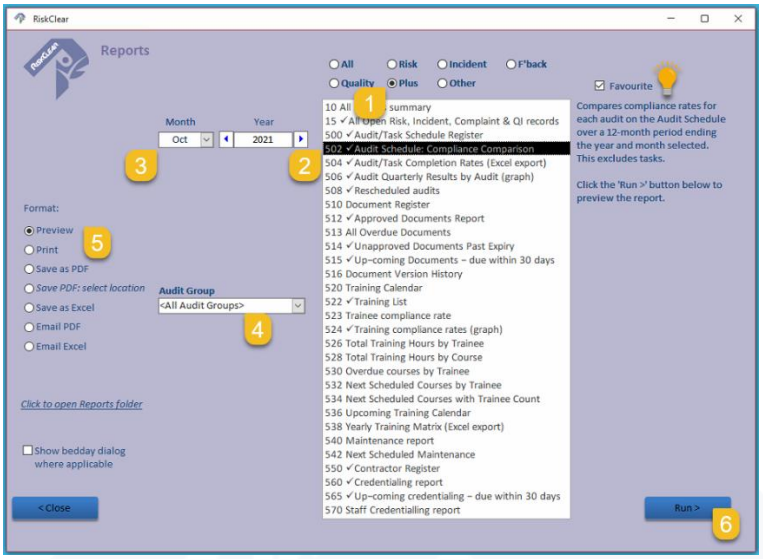
Stay tuned for next weeks **''Under the Spotlight''** – and please forward this to any staff in your organisation that you feel may benefit.

5.Report 502 Audit Results Compliance Comparison & 504 Audit Schedule Compliance

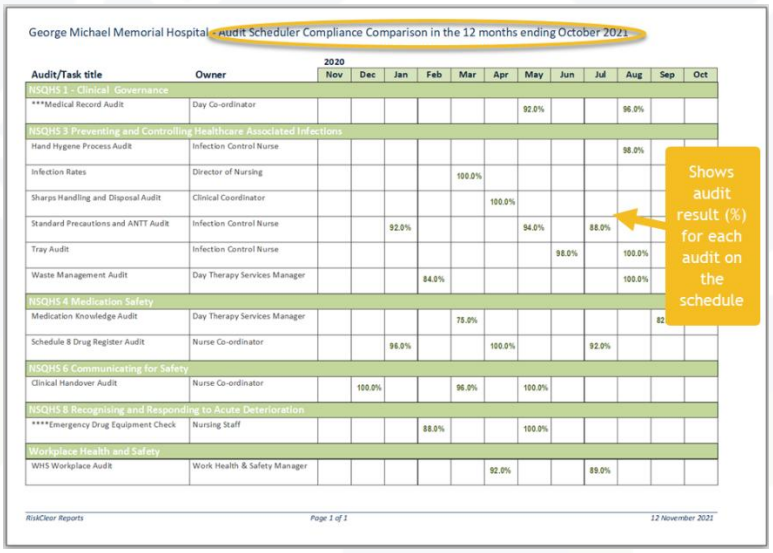
Purpose: **Report 502** shows the audit result (%) for each individual audit on your audit schedule (e.g., Medical Record, ANTT, WHS) and **Report 504** provides the Compliance Rate (%) as to the number of Audits completed on the schedule each month.
Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, WHS Meetings, Consumer Representative/s, Health Departments and External Auditors.
Key Users: Quality Manager, DON, Nurse/Clinical Managers, Staff and External Auditors.
Where does this data come from? Audit Records/Summaries from your Audit Schedule.
Real Everyday Use:
Running these reports enables you to monitor both individual audit compliance, as well as compliance to your audit schedule, giving you both a clear picture of how consistently your audits is completed and highlights areas of non-compliance that can be actioned for improvement in a timely manner. For example, if you see that your Medical Record Audit result has declined, you can respond by looking at the audit summary, seeing what quality improvements are needed and increase the audit frequency to focus and monitor more closely. Audit schedule compliance and audit result monitoring and response is imperative to maintaining effective governance and safe, quality patient care as outlined in NSQHS 1 Clinical Governance Standard (1.8,1.9 and 1.25)

Running Report 502:

1. Go to the **Plus** Section of Reports:
2. Select ''**Report 502**'' –  remember if it's a favourite, tick the Favourite box.
3. Select ''**Date Range**'' (in this instance choose the end date – e.g., if I wish to look at the last 12 months, select Oct 2021 to view Oct 2020-Oct 2021.
4. Select the ''**Audit Group**'' (e.g., NSQHS 1, NQHS 2 etc) or **''All Audit Groups''.**
5. Select the report **''Format''.**
6. Click ''**Run**''.



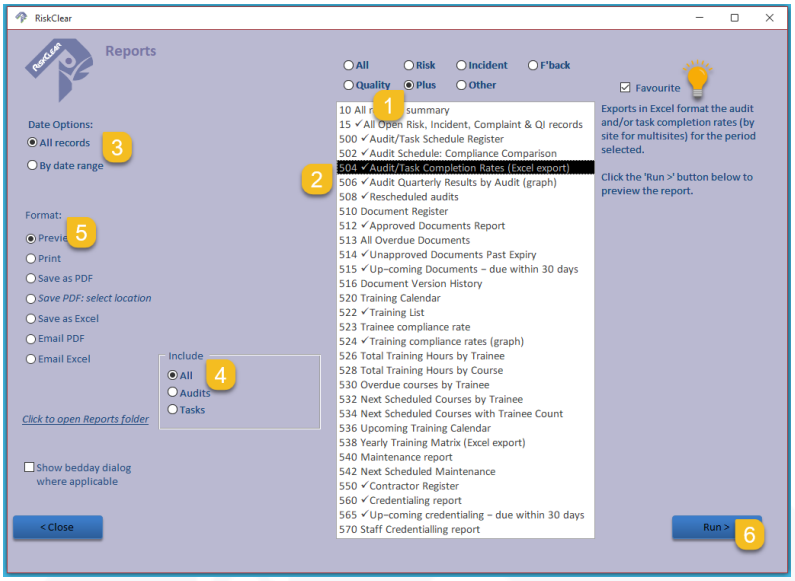
Example (only) Report 502



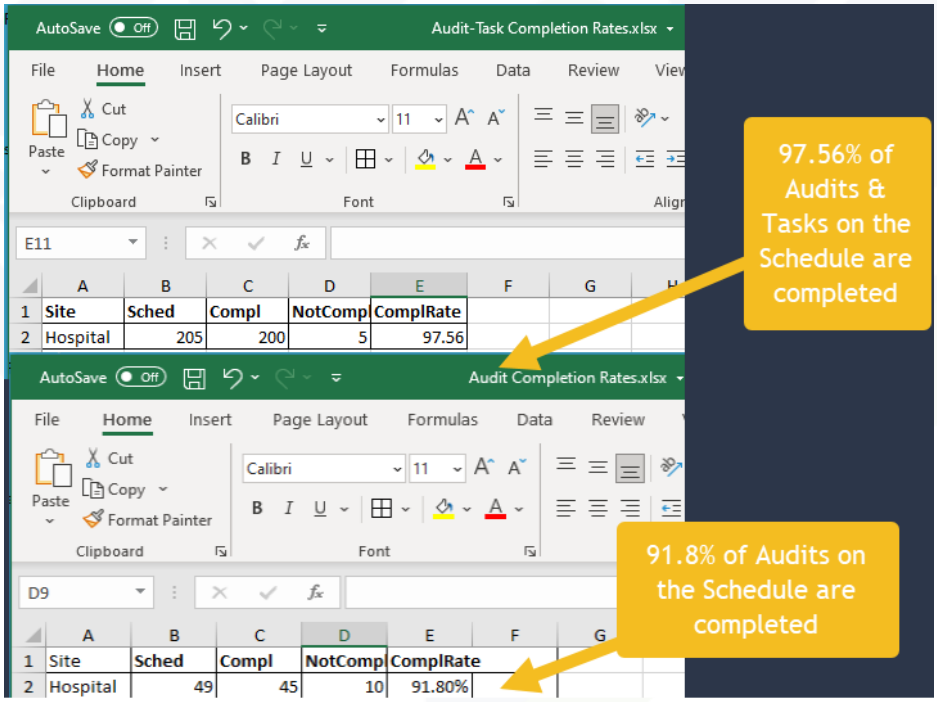
Running Report 504:

1) Go to the **Plus** Section of Reports:

2) Select "**Report 504" –**  remember if it's a favourite, tick the Favourite box.
3) Select "**Date Options"** (all records or by date range).
4) Select what you wish to **"Include"** (All, or just Audits or Tasks).
5) Select the report **"Format"** (it will run as excel).
6) Click "**Run**".



Example(only) Report 504



6.Report 432 Survey Report by Survey Type & Report 433 Survey Responses by Month

Purpose: **Report 432** shows a separate stacked bar graph for each survey/evaluation question comparing responses and **Report 433** displays stacked bar graph of survey/evaluation responses by question by month for the period selected.
Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, Consumer Representative/s, Health Departments and External Auditors.
Key Users: Quality Manager, DON, Nurse/Clinical Managers, Staff, Consumer Representatives and External Auditors.

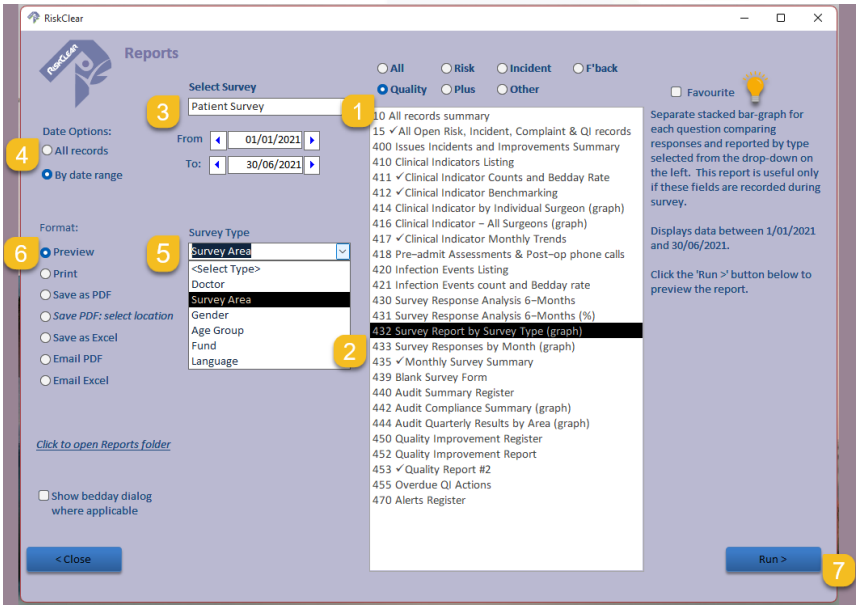
Where does this data come from? Survey and Evaluation data entered into RiskClear.

Real Everyday Use:

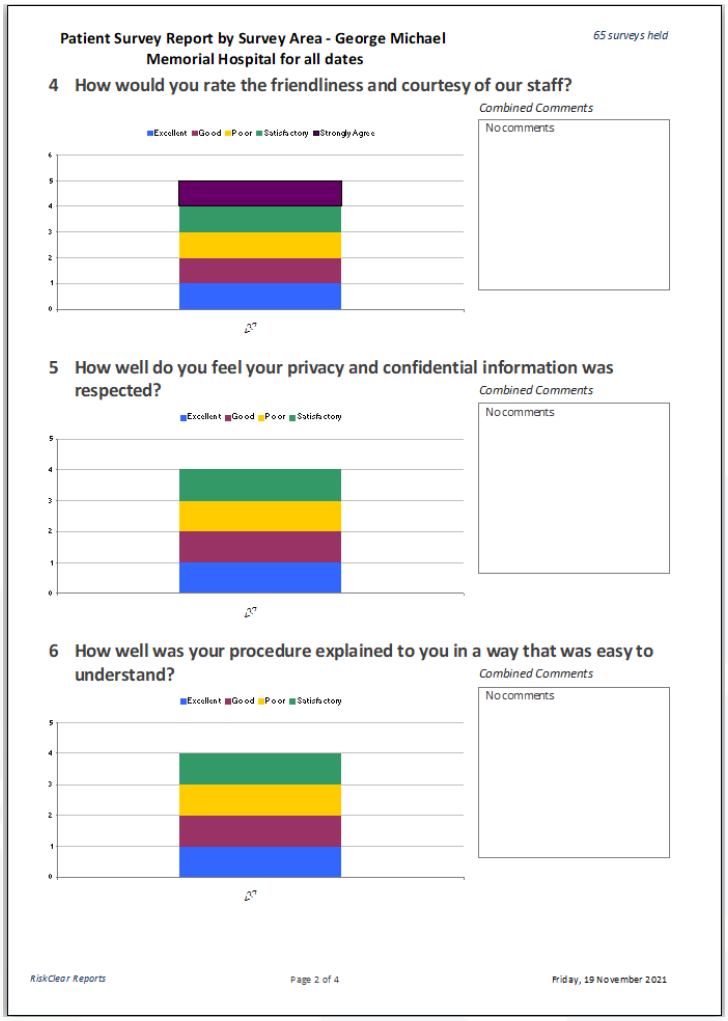
- ✓ Running these reports enables you to monitor and evaluate Survey (e.g., patient, staff, VMO) and Evaluation (process or programs such as Staff Orientation Programs, Product Evaluations) information and feedback to share and improve feedback gained from various groups or cohorts.
- ✓ For example, **Patient Survey** results can be monitored, shared, and evaluated for continuous improvement and responsiveness to our consumers and in future planning and development also.
- ✓ Feedback from **Staff and VMO Surveys** can provide valuable insight for future improvements in Staff and VMO experience, retention rates, future planning, and development.
- ✓ Feedback gained by **Evaluating** processes such as your **Performance Appraisal system or Staff Orientation Program** can also assist coordinators of these programs to improve their delivery and improve the experience for future staff.
- ✓ These Reports help in ensuring our hospitals/health services are meeting **NSQHS Accreditation and Health Department Inspections** regarding both NSQHS1 Clinical Governance (e.g., Action Items 1.1, 1.6, 1.8, 1.9, 1.13, 1.15, 1.22) and NSQHS2 Partnering with Consumers (e.g., Action Items 2.2,2.11,2.14).

Running Report 432:

1) Go to the **Quality** Section of the Reports Screen:
2) Select "**Report 432" –**  remember if it's a favourite, tick the Favourite box.
3) **"Select Survey"** type from drop-down menu – e.g., Patient Survey
4) Select "**Date Options" –** All records or By date range
5) Select the **"Survey Type"** from the drop-down menu – e.g., Area, Doctor, Gender etc
6) Select the report **"Format".**
7) Click "**Run**".



Example Report 432:



Patient Survey Report by Survey Area - George Michael Memorial Hospital for all dates

65 surveys held

4 How would you rate the friendliness and courtesy of our staff?

Combined Comments

No comments

5 How well do you feel your privacy and confidential information was respected?

Combined Comments

No comments

6 How well was your procedure explained to you in a way that was easy to understand?

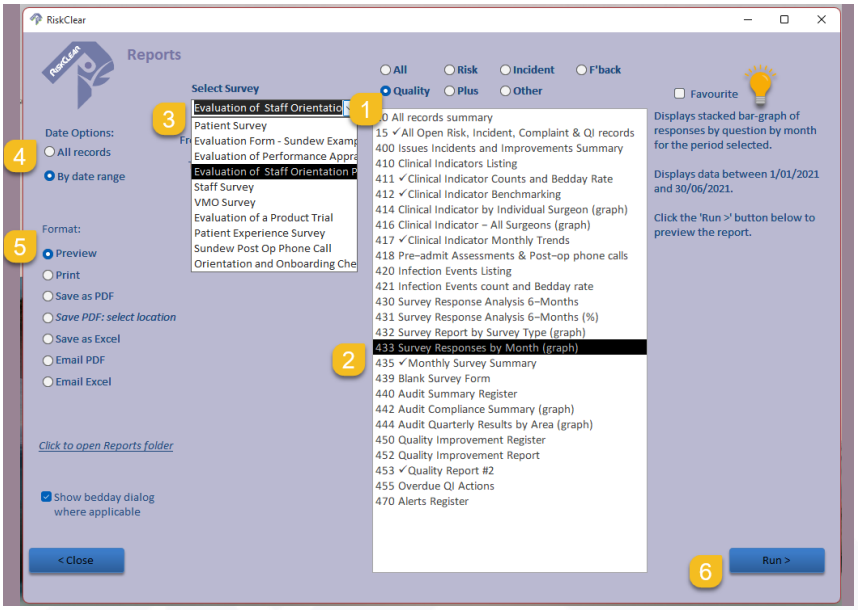
Combined Comments

No comments

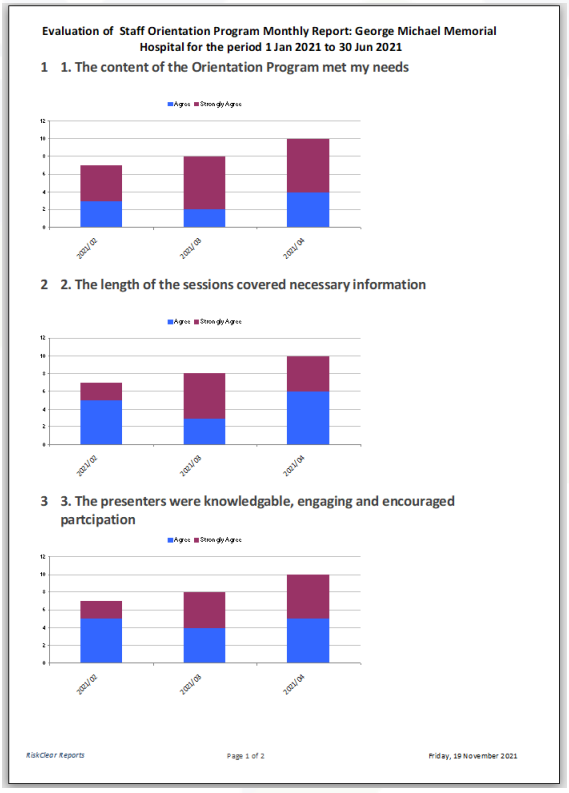
RiskClear Reports Page 2 of 4 Friday, 19 November 2021

Running Report 433:

1) Go to the **Quality** Section of the Reports Screen:
2) Select "**Report 433" –**  remember if it's a favourite, tick the Favourite box.
3) **"Select Survey"** type from drop-down menu – e.g., Evaluation of Staff Orientation Program
4) Select "**Date Options" –** All records or By date range
5) Select the report **"Format".**
6) Click "**Run**".



Example of Report 433


Evaluation of Staff Orientation Program Monthly Report: George Michael Memorial Hospital for the period 1 Jan 2021 to 30 Jun 2021

1 1. The content of the Orientation Program met my needs

2 2. The length of the sessions covered necessary information

3 3. The presenters were knowledgable, engaging and encouraged partcipation

RiskClear Reports Page 1 of 2 Friday, 19 November 2021

7.Report 15 All Open Risk, Incident, Complaint and QI records

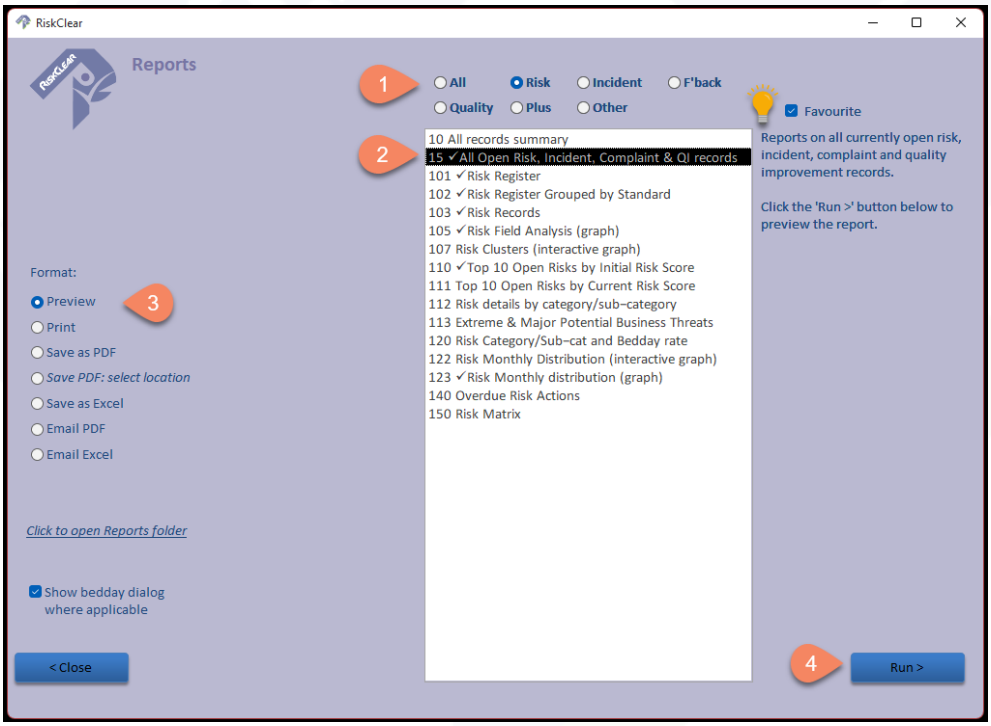
Purpose: Reports on all currently open risk, incident, complaint, and quality improvement records.
Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, WHS Meetings, Consumer Representative/s, Managers, DON's & External Auditors.
Key Users: Quality Manager, DON, Nurse/Clinical Managers, Staff and External Auditors.
Where does this data come from? Risk, Incident, Complaint and Quality Improvement records entered into RiskClear/RiskClear Direct.

Real Everyday Use:

- Running this report regularly (ego weekly, monthly) enables you to see and act upon any open risk, incident, complaint, or quality improvement records.
- This report can be run and emailed to key staff with a reminder to update and/or close any open records to ensure follow up is completed in a timely manner.
- This report can be discussed at Quality Meetings, Staff Meetings, and any other appropriate forums where ongoing or open records need to be discussed.
- Running this report and providing it regularly to its intended audience can save on the "white noise" of over-utilising RiskClear system reminders and notifications.

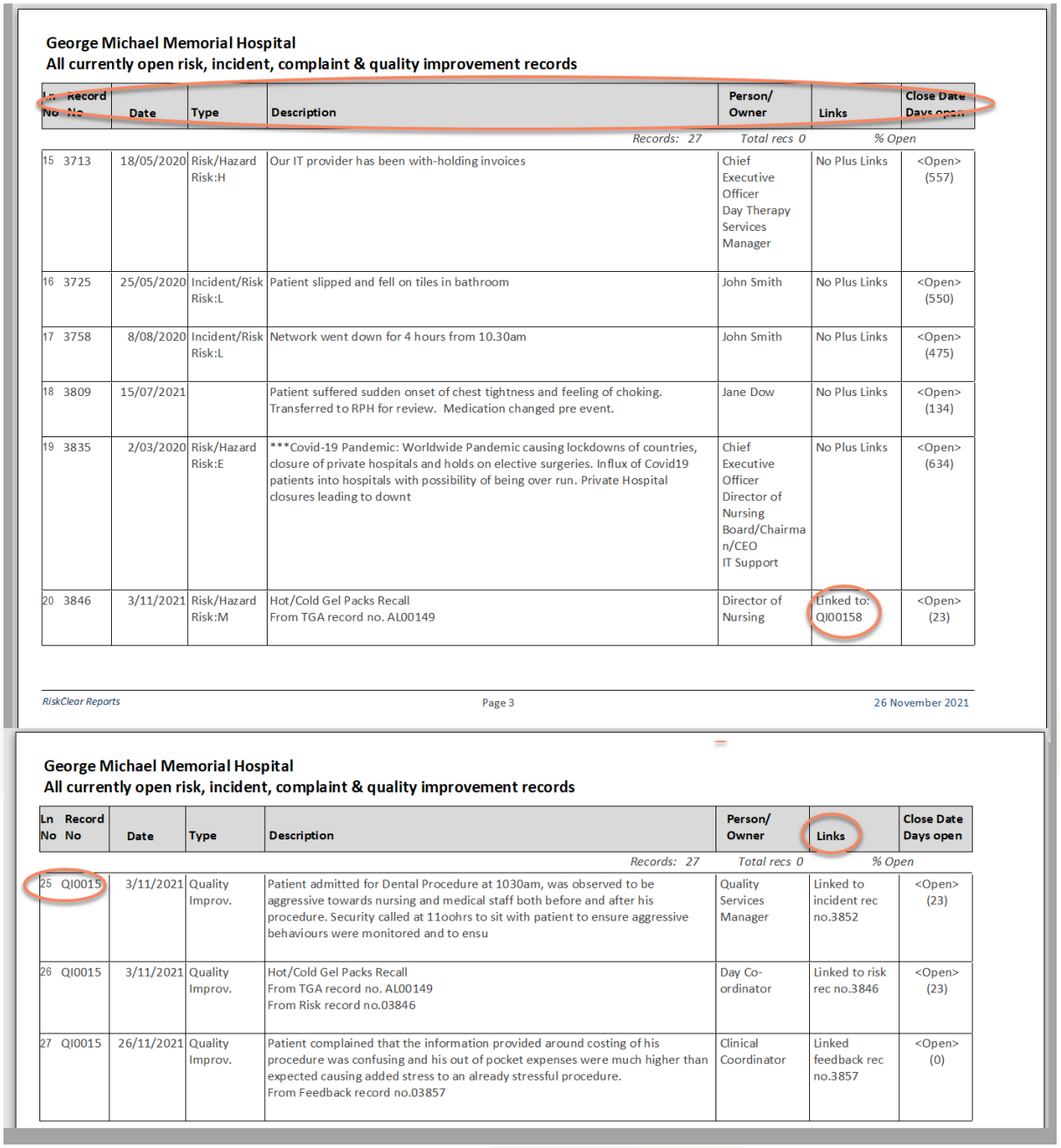
Running Report 15:

1) Go to the "**Reports**" Section of RiskClear.
2) Select "**Report 15" –**  remember if it's a favourite, tick the Favourite box.
3) Select the report "**Format**".
4) Click "**Run**".



Example Report 15:

- ✓ The Report shows the **Record Number, Date, Type, Owner** any **links, close date and days open tally.**
- ✓ The **Links** column shows whether there are any links to other records in RiskClear to see the full picture.
- ✓ The **Type** (Risk, Incident, Complaint or QI) column also shows the Risk Rating assisting in prioritising any open records by risk severity.



George Michael Memorial Hospital
All currently open risk, incident, complaint & quality improvement records

Ln No	Record No	Date	Type	Description	Person/ Owner	Links	Close Date Days open
				Records: 27	Total recs 0	% Open	
15	3713	18/05/2020	Risk/Hazard Risk:H	Our IT provider has been with-holding invoices	Chief Executive Officer Day Therapy Services Manager	No Plus Links	<Open> (557)
16	3725	25/05/2020	Incident/Risk Risk:L	Patient slipped and fell on tiles in bathroom	John Smith	No Plus Links	<Open> (550)
17	3758	8/08/2020	Incident/Risk Risk:L	Network went down for 4 hours from 10.30am	John Smith	No Plus Links	<Open> (475)
18	3809	15/07/2021		Patient suffered sudden onset of chest tightness and feeling of choking. Transferred to RPH for review. Medication changed pre event.	Jane Dow	No Plus Links	<Open> (134)
19	3835	2/03/2020	Risk/Hazard Risk:E	***Covid-19 Pandemic: Worldwide Pandemic causing lockdowns of countries, closure of private hospitals and holds on elective surgeries. Influx of Covid19 patients into hospitals with possibility of being over run. Private Hospital closures leading to downt	Chief Executive Officer Director of Nursing Board/Chairman/CEO IT Support	No Plus Links	<Open> (634)
20	3846	3/11/2021	Risk/Hazard Risk:M	Hot/Cold Gel Packs Recall From TGA record no. AL00149	Director of Nursing	Linked to: QI00158	<Open> (23)

RiskClear Reports Page 3 26 November 2021

George Michael Memorial Hospital
All currently open risk, incident, complaint & quality improvement records

Ln No	Record No	Date	Type	Description	Person/ Owner	Links	Close Date Days open
				Records: 27	Total recs 0	% Open	
25	QI0015	3/11/2021	Quality Improv.	Patient admitted for Dental Procedure at 1030am, was observed to be aggressive towards nursing and medical staff both before and after his procedure. Security called at 11oohrs to sit with patient to ensure aggressive behaviours were monitored and to ensu	Quality Services Manager	Linked to incident rec no.3852	<Open> (23)
26	QI0015	3/11/2021	Quality Improv.	Hot/Cold Gel Packs Recall From TGA record no. AL00149 From Risk record no.03846	Day Co-ordinator	Linked to risk rec no.3846	<Open> (23)
27	QI0015	26/11/2021	Quality Improv.	Patient complained that the information provided around costing of his procedure was confusing and his out of pocket expenses were much higher than expected causing added stress to an already stressful procedure. From Feedback record no.03857	Clinical Coordinator	Linked feedback rec no.3857	<Open> (0)

8.Report 450 Quality Improvement Register

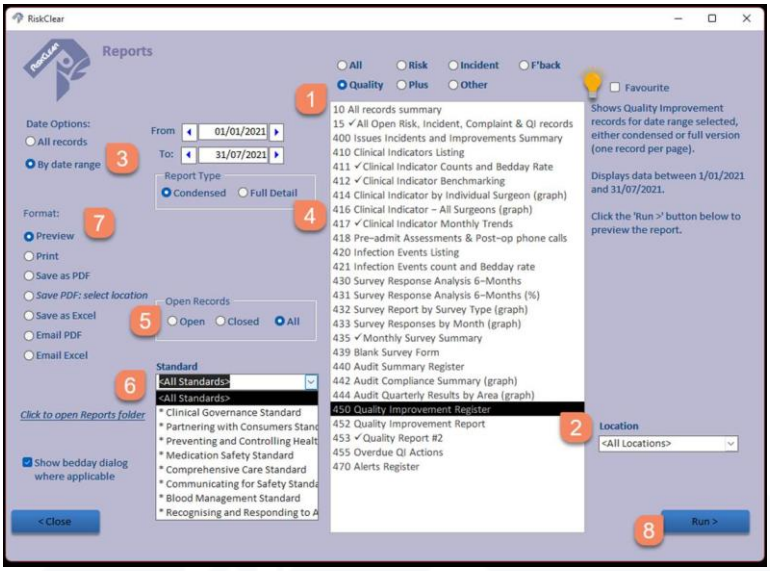
Purpose: Shows Quality Improvement Records for a date range (or all records) either in condensed or full detail. This can be further filtered by National Standard also.
Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, WHS Meetings, Consumer Representative/s, Managers, DON's & External Auditors.
Key Users: Quality Manager, DON, Nurse/Clinical Managers, Staff and External Auditors.
Where does this data come from? Quality Improvement records entered into RiskClear/RiskClear Direct.

Real Everyday Use:

- Running this report regularly (monthly/quarterly) enables you to see your quality improvement records and your outcomes and effectiveness.
- This report can be discussed at Quality Meetings, Staff Meetings, and any other appropriate forums where continuous quality improvement activities and outcomes are shared.
- This report can be provided to External Auditors during Health Department and Accreditation Audits as evidence of continuous quality improvement activities and outcomes.
- Can be shared with Consumer Groups where appropriate.

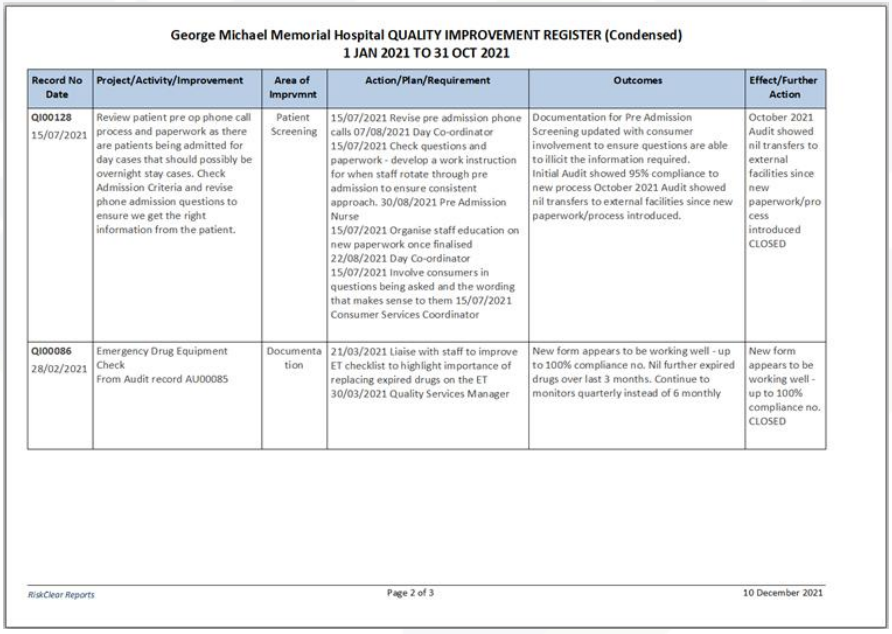
Running Report 450:

1. Go to the ''**Reports''** Section of RiskClear and select **''Quality''**
2. Select ''**Report 450'' –**  remember if it's a favourite, tick the Favourite box.
3. Select **''All Records''** or **''By date range''.**
4. Select the **''Report Type''** – Condensed or Full Detail.
5. Select ''**Open, Closed or All Records''.**
6. Select the **''Standard''** – e.g., Clinical Governance Standard or All Standards.
7. Select the report **'Format'.**
8. Click ''**Run**''.



Example Reports:

Condensed



George Michael Memorial Hospital QUALITY IMPROVEMENT REGISTER (Condensed)
1 JAN 2021 TO 31 OCT 2021

Record No Date	Project/Activity/Improvement	Area of Imprvmnt	Action/Plan/Requirement	Outcomes	Effect/Further Action
QI00128 15/07/2021	Review patient pre op phone call process and paperwork as there are patients being admitted for day cases that should possibly be overnight stay cases. Check Admission Criteria and revise phone admission questions to ensure we get the right information from the patient.	Patient Screening	15/07/2021 Revise pre admission phone calls 07/08/2021 Day Co-ordinator 15/07/2021 Check questions and paperwork - develop a work instruction for when staff rotate through pre admission to ensure consistent approach. 30/08/2021 Pre Admission Nurse 15/07/2021 Organise staff education on new paperwork once finalised 22/08/2021 Day Co-ordinator 15/07/2021 Involve consumers in questions being asked and the wording that makes sense to them 15/07/2021 Consumer Services Coordinator	Documentation for Pre Admission Screening updated with consumer involvement to ensure questions are able to illicit the information required. Initial Audit showed 95% compliance to new process October 2021 Audit showed nil transfers to external facilities since new paperwork/process introduced.	October 2021 Audit showed nil transfers to external facilities since new paperwork/process introduced CLOSED
QI00086 28/02/2021	Emergency Drug Equipment Check From Audit record AU00085	Documentation	21/03/2021 Liaise with staff to improve ET checklist to highlight importance of replacing expired drugs on the ET 30/03/2021 Quality Services Manager	New form appears to be working well - up to 100% compliance no. Nil further expired drugs over last 3 months. Continue to monitors quarterly instead of 6 monthly	New form appears to be working well - up to 100% compliance no. CLOSED

RiskClear Reports Page 2 of 3 10 December 2021

Full Detail (one QI per page)

George Michael Memorial Hospital - Quality Improvement Register

1 Jan 2021 to 31 Oct 2021
All locations

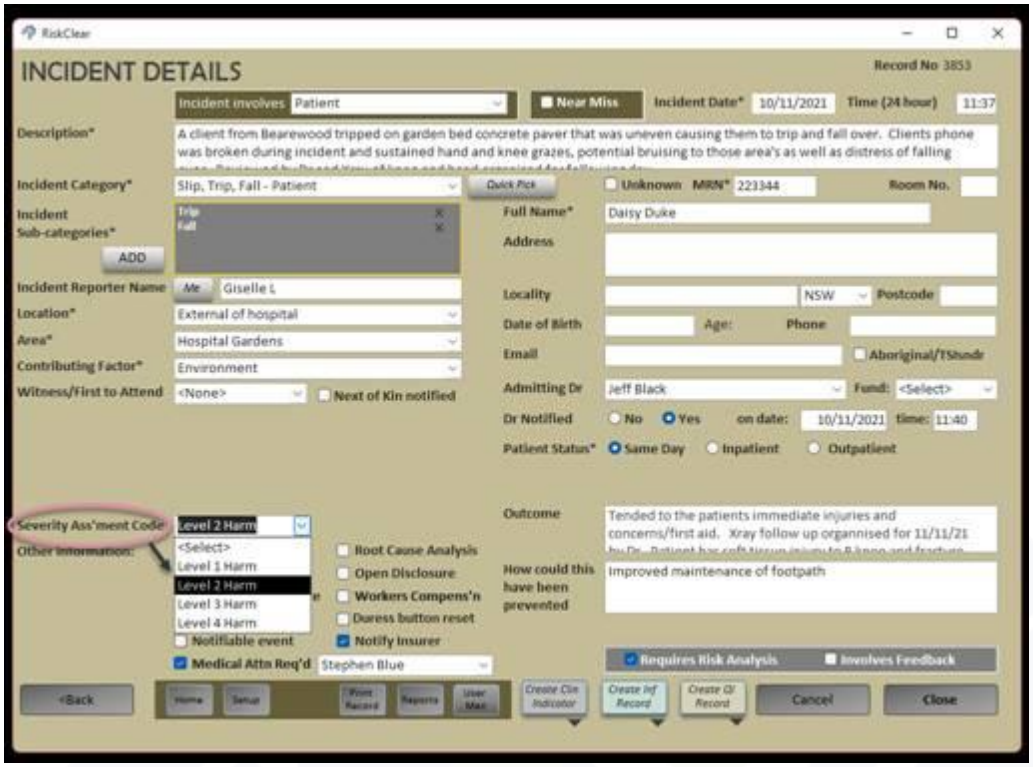
Date	15/07/2021 — Record QI00128
Description	Review patient pre op phone call process and paperwork as there are patients being admitted for day cases that should possibly be overnight stay cases. Check Admission Criteria and revise phone admission questions to ensure we get the right information from the patient.
Source	Audit — Priority
Standard(s)	* Clinical Governance Standard
Originator	Nursing Staff Annie Hathaway
Area of Improvement	Patient Screening
QI Owner	Director of Nursing
Service Provider	<None selected>
Outcome	Documentation for Pre Admission Screening updated with consumer involvement to ensure questions are able to illicit the information required. Initial Audit showed 95% compliance to new process October 2021 Audit showed nil transfers to external facilities since new paperwork/process introduced.
Effectiveness	October 2021 Audit showed nil transfers to external facilities since new paperwork/process introduced
Close Date	15/10/2021 — not linked
Location	Hospital
Action:	• Action by Consumer Services Coordinator on 15/07/2021 [completed] Involve consumers in questions being asked and the wording that makes sense to them
Action:	• Action by Day Co-ordinator on 15/07/2021 [completed] Organise staff education on new paperwork once finalised
Action:	• Action by Pre Admission Nurse on 15/07/2021 [completed] Check questions and paperwork - develop a work instruction for when staff rotate through pre admission to ensure consistent approach.
Action:	• Action by Day Co-ordinator on 15/07/2021 [completed] Revise pre admission phone calls

RiskClear Reports — Page 5 of 8 — Friday, 10 December 2021

9.Report 261 Risk Management Report by *SAC

**Before an investigation of a clinical incident can take place, a severity assessment code (SAC) rating must be decided to determine the prioritisation of the clinical incident investigation. RiskClear uses SAC Rating 1-4 (most to least severe) for all States but WA which uses 1-3. Refer to your State Clinical Incident Management Policy and Procedure for further information on SAC Ratings by State).*

Purpose: Shows incidents sorted by SAC (Severity Assessment Code) Rating including Risk Actions and Outcomes from the attached risk records.
Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, WHS Meetings, Consumer Representative/s, Managers, DON's & External Auditors and Regulators.
Key Users: Quality Manager, DON, Nurse/Clinical Managers, Staff and External Auditors.
Where does this data come from? Risk and Incident records entered into RiskClear/RiskClear Direct (as circled below).

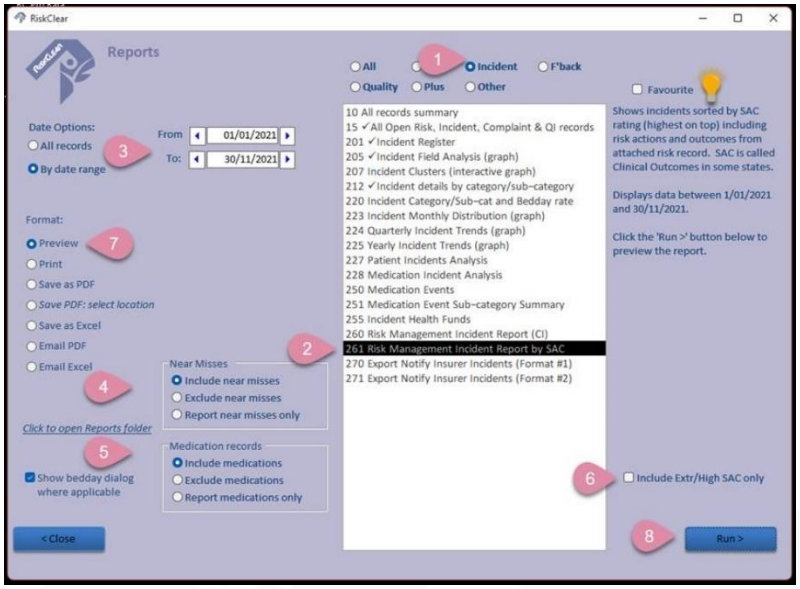


Real Everyday Use:

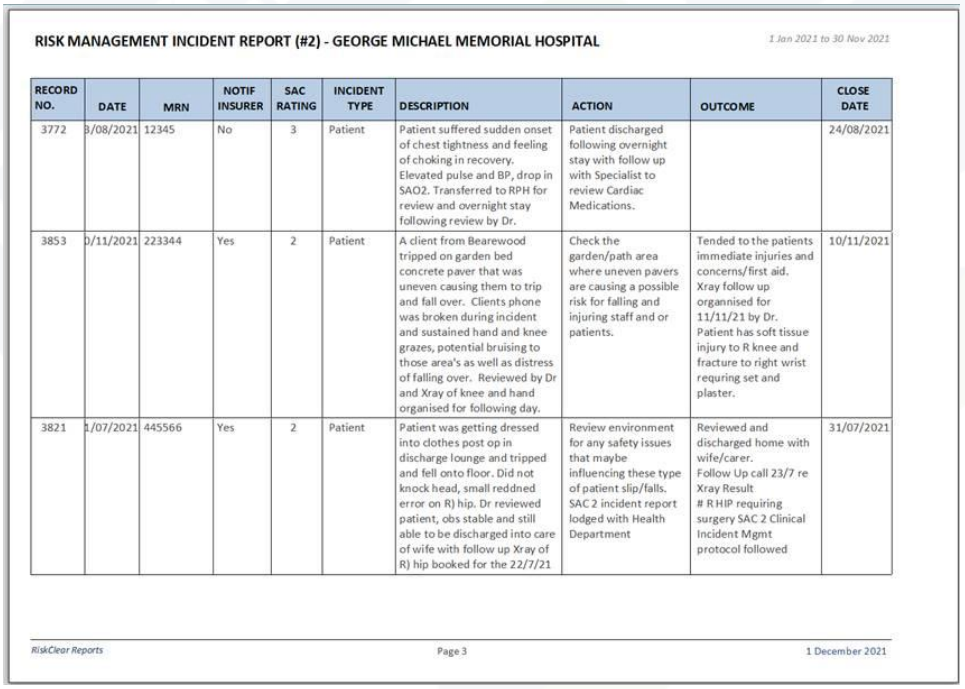
- This report allows you to see the types and severity of incidents/risks occurring assisting in timely management and reporting both internally and externally.
- This report can be discussed at Risk and Quality Meetings, MAC, Executive Committees, Staff Meetings, and any other appropriate forums where incident severity, categories and trends need to be monitored and addressed.

Running Report 261:

1. Go to the "**Reports**" Section of RiskClear and select "**Incident**".
2. Select "**Report 261**" –  remember if it's a favourite, tick the Favourite box.
3. Select the "**Date Options**" - All Records or by date range.
4. Select whether to include or exclude **Near Misses.**
5. Select whether to include/exclude/report only **Medication records.**
6. Select whether you wish to only include **Extreme/High SAC only.**
7. Click (print) **Format.**
8. Click "**Run**".



Example Report 261:



RISK MANAGEMENT INCIDENT REPORT (#2) - GEORGE MICHAEL MEMORIAL HOSPITAL

1 Jan 2021 to 30 Nov 2021

RECORD NO.	DATE	MRN	NOTIF INSURER	SAC RATING	INCIDENT TYPE	DESCRIPTION	ACTION	OUTCOME	CLOSE DATE
3772	3/08/2021	12345	No	3	Patient	Patient suffered sudden onset of chest tightness and feeling of choking in recovery. Elevated pulse and BP, drop in SAO2. Transferred to RPH for review and overnight stay following review by Dr.	Patient discharged following overnight stay with follow up with Specialist to review Cardiac Medications.		24/08/2021
3853	0/11/2021	223344	Yes	2	Patient	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.	Check the garden/path area where uneven pavers are causing a possible risk for falling and injuring staff and or patients.	Tended to the patients immediate injuries and concerns/first aid. Xray follow up organnised for 11/11/21 by Dr. Patient has soft tissue injury to R knee and fracture to right wrist requring set and plaster.	10/11/2021
3821	1/07/2021	445566	Yes	2	Patient	Patient was getting dressed into clothes post op in discharge lounge and tripped and fell onto floor. Did not knock head, small reddned error on R) hip. Dr reviewed patient, obs stable and still able to be discharged into care of wife with follow up Xray of R) hip booked for the 22/7/21	Review environment for any safety issues that maybe influencing these type of patient slip/falls. SAC 2 incident report lodged with Health Department	Reviewed and discharged home with wife/carer. Follow Up call 23/7 re Xray Result # R HIP requiring surgery SAC 2 Clinical Incident Mgmt protocol followed	31/07/2021

RiskClear Reports Page 3 1 December 2021

10.Report 312 Complaints details by Category/Sub-category

Purpose:

- ✓ Gives details of complaints records from selected complaints categories or sub-categories.
- ✓ Displays data between a Date range or All records.

Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, WHS Meetings, Consumer Representative/s, Managers, DON's & External Auditors.

Key Users: Quality Manager, DON, Nurse/Clinical Managers and External Auditors.

Where does this data come from? Complaint records entered into Feedback in RiskClear/RiskClear Direct.

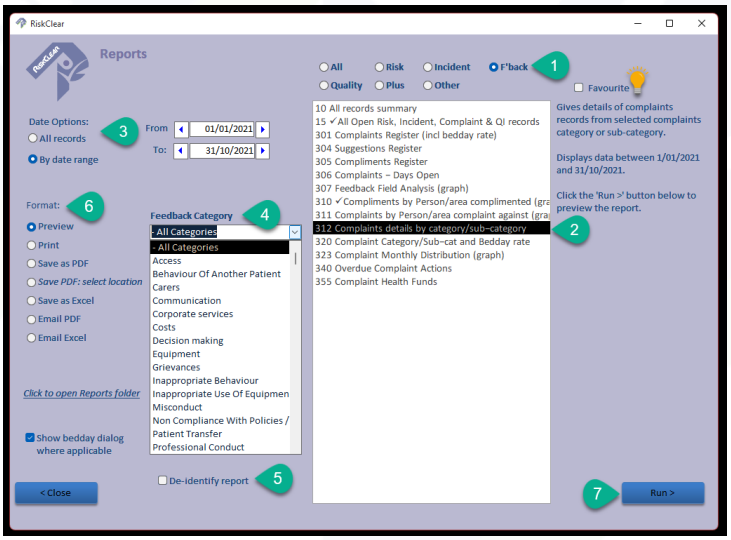
Real Everyday Use:

- Running this report regularly (monthly/quarterly) enables you to see your Complaint records by Category or Sub-Category and their actions and outcomes.
- This report can be discussed at Quality Meetings, Staff Meetings, and any other appropriate forums where Complaint management activities and outcomes are shared.
- This report can be provided to External Auditors during Health Department and Accreditation Audits as evidence of your Complaints management processes, outcomes, and effectiveness.
- Can be shared with Consumer Groups for insight and feedback.

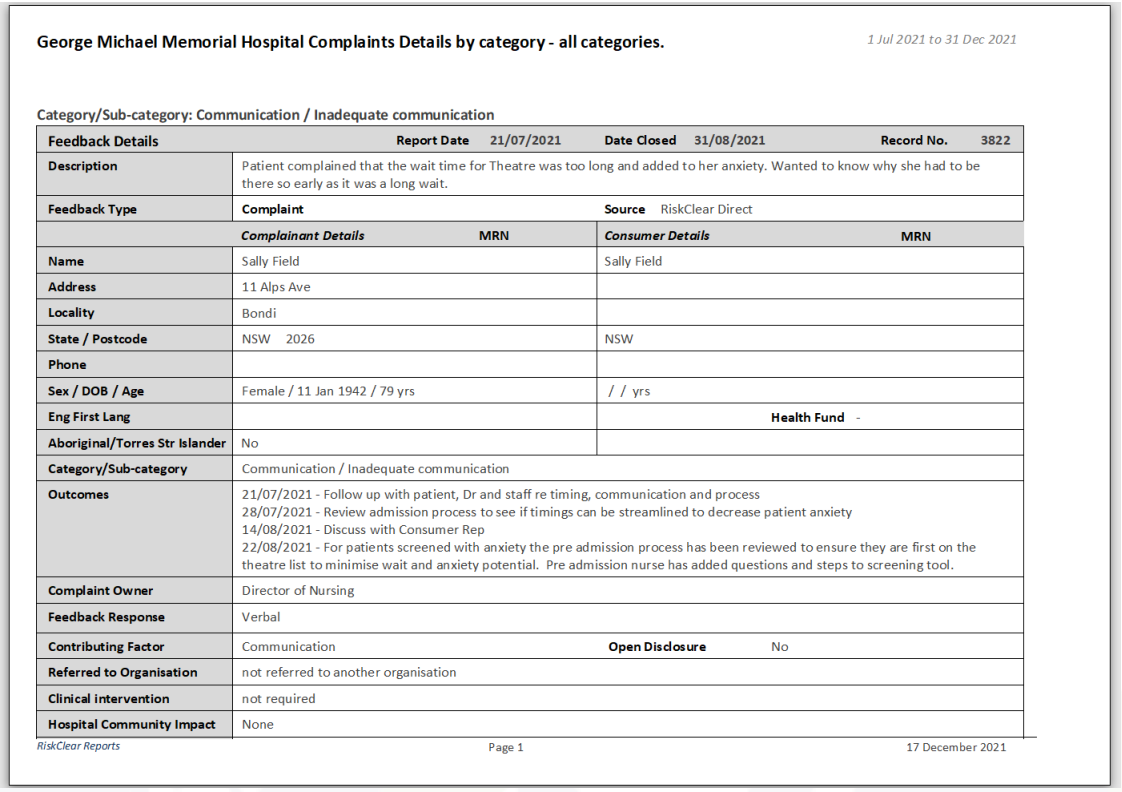
Running Report 312:

1.Go to the ''**Reports**'' Section of RiskClear and select **''F'Back''**

2.Select ''**Report 312'' –**  remember if it's a favourite, tick the Favourite box.
3.Select **''All Records''** or **''By date range''.**
4.Select the **'' Feedback Category and Sub-Category''** – (or leave as All Categories to see all records).
5.Select ''**De-Identify'' –** this will remove any names and replace with ******. Depending on the audience of the report will determine whether this feature is used or not.
6.Select the report **'Format'.**
7.Click ''**Run**''.



Example Report 312:



George Michael Memorial Hospital Complaints Details by category - all categories. *1 Jul 2021 to 31 Dec 2021*

Category/Sub-category: Communication / Inadequate communication

Feedback Details	Report Date 21/07/2021	Date Closed 31/08/2021	Record No. 3822
Description	Patient complained that the wait time for Theatre was too long and added to her anxiety. Wanted to know why she had to be there so early as it was a long wait.		
Feedback Type	Complaint	Source RiskClear Direct	
	Complainant Details MRN	*Consumer Details* MRN	
Name	Sally Field	Sally Field	
Address	11 Alps Ave		
Locality	Bondi		
State / Postcode	NSW 2026	NSW	
Phone			
Sex / DOB / Age	Female / 11 Jan 1942 / 79 yrs	/ / yrs	
Eng First Lang		Health Fund -	
Aboriginal/Torres Str Islander	No		
Category/Sub-category	Communication / Inadequate communication		
Outcomes	21/07/2021 - Follow up with patient, Dr and staff re timing, communication and process 28/07/2021 - Review admission process to see if timings can be streamlined to decrease patient anxiety 14/08/2021 - Discuss with Consumer Rep 22/08/2021 - For patients screened with anxiety the pre admission process has been reviewed to ensure they are first on the theatre list to minimise wait and anxiety potential. Pre admission nurse has added questions and steps to screening tool.		
Complaint Owner	Director of Nursing		
Feedback Response	Verbal		
Contributing Factor	Communication	Open Disclosure No	
Referred to Organisation	not referred to another organisation		
Clinical intervention	not required		
Hospital Community Impact	None		

RiskClear Reports Page 1 17 December 2021

11.Report 604 All Overdue Actions

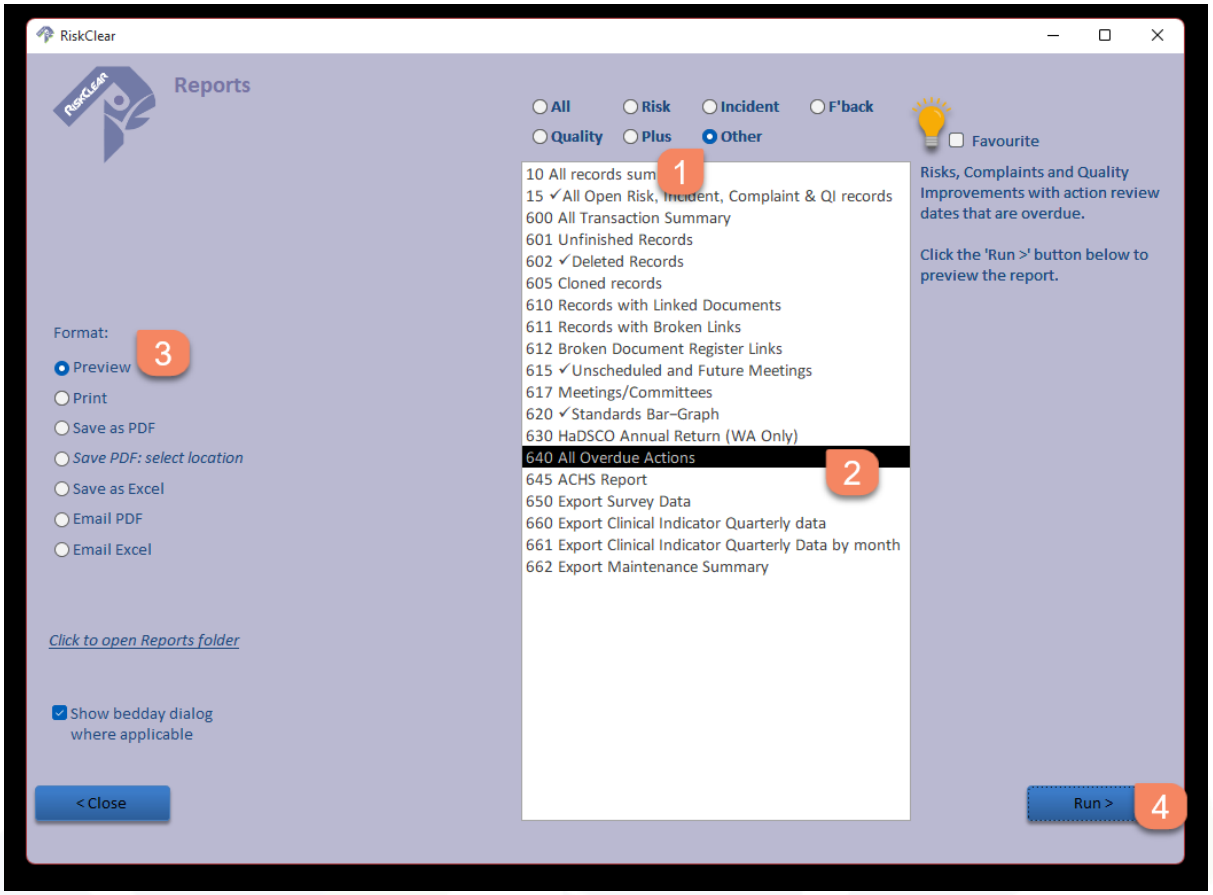
Purpose: Reports on Risks, Complaints and Quality Improvements with action review dates that are overdue.
Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, Finance Meetings and WHS Committee's
Where does this data come from? Risk, Compliant and Quality Improvement Records entered into RiskClear or RiskClear Direct by hospital staff.

Real Everyday Use:

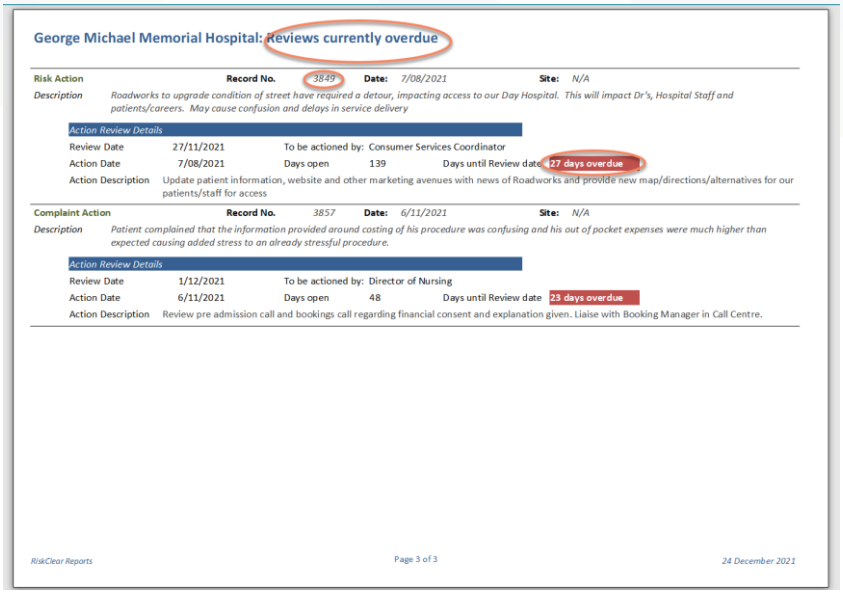
- ✓ This information can assist hospitals in streamlining follow up of overdue actions, so that *action owners* can follow up, action and close records.
- ✓ This report can be run regularly (e.g., weekly, monthly) and sent to the record owner/s for follow up, actioning and or closure.
- ✓ This report can also be shared in Committee or Staff Meeting forums.

Running Report 640 and Example Report:

1. Go to Reports in RiskClear and select "**Other**".
2. Select "**Report 640**" – remember if it is a favourite or frequently used report then "**tick**" the **Favourite** box.
3. Select "**Format**" preference.
4. Click "**Run**".



Example Report:



George Michael Memorial Hospital: Reviews currently overdue

Risk Action — Record No. 3849 — Date: 7/08/2021 — Site: N/A

Description: Roadworks to upgrade condition of street have required a detour, impacting access to our Day Hospital. This will impact Dr's, Hospital Staff and patients/careers. May cause confusion and delays in service delivery

Action Review Details

Review Date 27/11/2021 — To be actioned by: Consumer Services Coordinator

Action Date 7/08/2021 — Days open 139 — Days until Review date: 27 days overdue

Action Description: Update patient information, website and other marketing avenues with news of Roadworks and provide new map/directions/alternatives for our patients/staff for access

Complaint Action — Record No. 3857 — Date: 6/11/2021 — Site: N/A

Description: Patient complained that the information provided around costing of his procedure was confusing and his out of pocket expenses were much higher than expected causing added stress to an already stressful procedure.

Action Review Details

Review Date 1/12/2021 — To be actioned by: Director of Nursing

Action Date 6/11/2021 — Days open 48 — Days until Review date: 23 days overdue

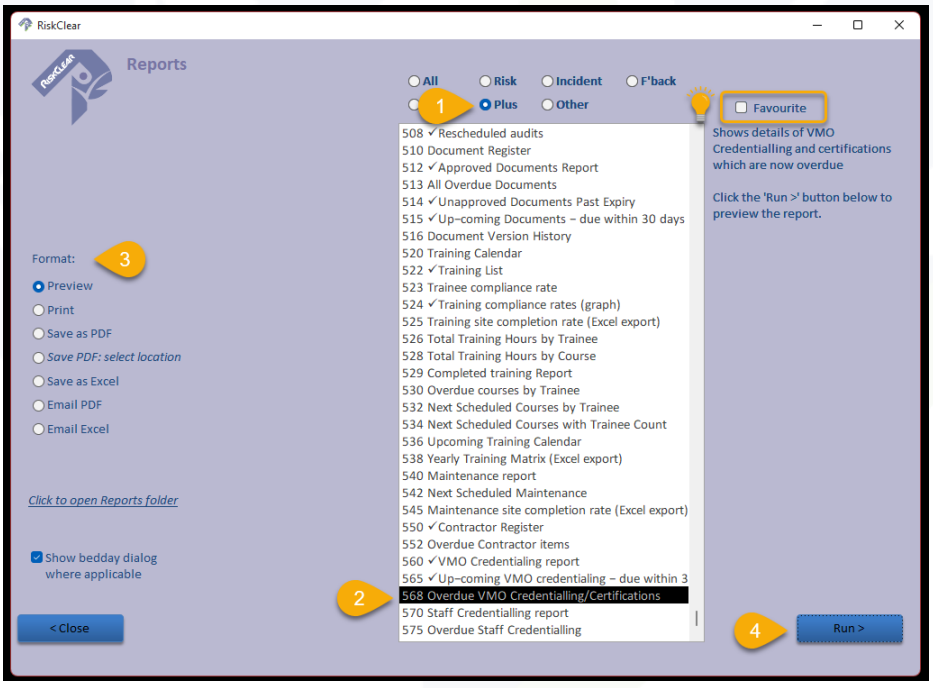
Action Description: Review pre admission call and bookings call regarding financial consent and explanation given. Liaise with Booking Manager in Call Centre.

RiskClear Reports — Page 3 of 3 — 24 December 2021

12.Report 568 Overdue VMO Credentialling/Certifications

Purpose: Shows details of VMO Credentialling and Certification items that are overdue. This report assists hospitals in timely and effective management of VMO Credentialling and scope of practice.
Audience: Credentialling Officer/ Quality & Safety Coordinator/ DON's / Clinical Managers / External Auditors (e.g., Accreditation and Health Department).
Where the data comes from: VMO Credentialling records in RiskClear.
Real Everyday Use: Enables hospitals to monitor and follow up on any overdue credentialling or certifications items for VMO's credentialled to your hospital. Assists in timely and effective management and follow up of VMO Credentialling process. It also helps hospitals meet the various requirements of the National Standards related to Credentialling and Scope of Practice (e.g., Clinical Governance Standard Criteria 1.23 & 1.24).

To run this Report:
Go to the **Report**s Section of RiskClear.
Step 1: Select **Plus.**
Step 2: Choose Report **568 Overdue VMO Credentialling/Certifications** from the list – if it is a regularly used report, tick **''Favourite''.**
Step 3: Choose Report **Format.**
Step 4: Click **Run.**



Example Report:
1. Shows Overdue Credentialling Expiry Date.
2. Shows Overdue Certification Expiry Dates.

George Michael Memorial Hospital: Overdue VMO Credentialling

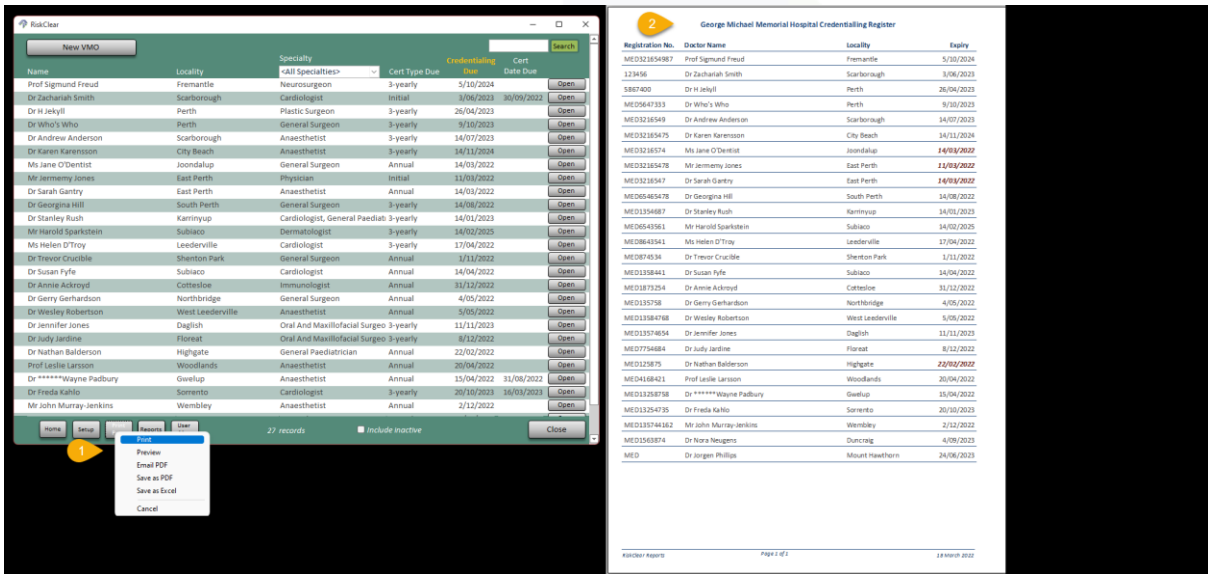
Registration No.	Doctor Name	Specialty	Credentialling Expiry
MED5647333	Dr Who's Who	General Surgeon	18/03/2022
Address	410 Main St General Surgeon 6000		
Prov No	(blank) Email	PhoneNo 9765 4987	
	• Covid 19 Vaccine		18/03/2022
	• AHPRA Registration		18/03/2022
MED3216574	Ms Jane O'Dentist	General Surgeon	14/03/2022
Address	55 Dental Rd General Surgeon 6022		
Prov No	(blank) Email enquiries@riskclear.com.au	PhoneNo 321654	
	• [VMO Credentialling]		14/03/2022
MED32165478	Mr Jermemy Jones	Physician	11/03/2022
Address	44 Yamba St Physician 6004		
Prov No	(blank) Email bongo.congo@outlook.com	PhoneNo 321654745	
	• [VMO Credentialling]		11/03/2022
MED3216547	Dr Sarah Gantry	Anaesthetist	14/03/2022
Address	66 Fred St Anaesthetist 6004		
Prov No	(blank) Email bongo.congo@outlook.com	PhoneNo 32165478	
	• [VMO Credentialling]		14/03/2022
MED125875	Dr Nathan Balderson	General Paediatrician	18/03/2022
Address	66 Janders St General Paediatrician 6003		
Prov No	(blank) Email bongo.congo@outlook.com	PhoneNo	
	• AHPRA Registration		18/03/2022
	• [VMO Credentialling]		22/02/2022
	• Contract		18/03/2022
	• Covid 19 Vaccine		18/03/2022
MED135744162	Mr John Murray-Jenkins	Anaesthetist	18/03/2022
Address	United Anaesthetics Suite 2 188 Jandbury St Anaesthetist 6014		
Prov No	(blank) Email bongo.congo@outlook.com	PhoneNo	
	• AHPRA Registration		18/03/2022
	• Covid 19 Vaccine		18/03/2022
	• CPD		18/03/2022
MED	Dr Jorgen Phillips	Anaesthetist	18/03/2022
Address	59 Tenth Ave Anaesthetist 6016		
Prov No	(blank) Email bongo.congo@outlook.com	PhoneNo	
	• AHPRA Registration		18/03/2022
	• Contract		18/03/2022
	• Covid 19 Vaccine		18/03/2022
	• Hand Hygiene		18/03/2022

RiskClear Reports — Page 1 of 2 — 18 March 2022

Another Handy Tip:

You can print/preview/save PDF or Excel/email PDF the VMO Credentialling Register Screen.

1. Click on the "**Print Page**" button at the bottom of the Screen/Page and select **preview, print, or email.**
2. This Report provides a succinct overview of the VMO's Registration number, **Dr Name, Locality** and **Expiry date** of their Credentialling arrangement at your Hospital/Clinic.



13.Report 600 All Transaction Summary

Purpose: This report displays transaction/record counts for the following:

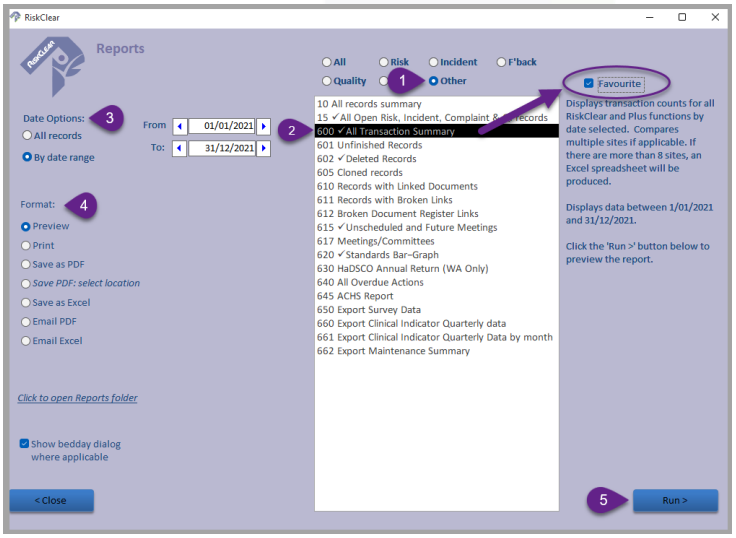
- **Risks –** by Risk Rating.
- **Incidents –** who it involves (e.g., patient, staff, contractor, carer).
- **Feedback –** Complaints, Compliments and Suggestions.
- **Clinical Indicators –** by group (e.g., anaesthesia, day patient etc).
- **Surveys/Evaluations –** by Survey or Evaluation Type (e.g., patient survey, evaluation of staff orientation).
- **Audit Summaries –** by Summary total.
- **Quality Improvements –** by Summary total.

Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings.

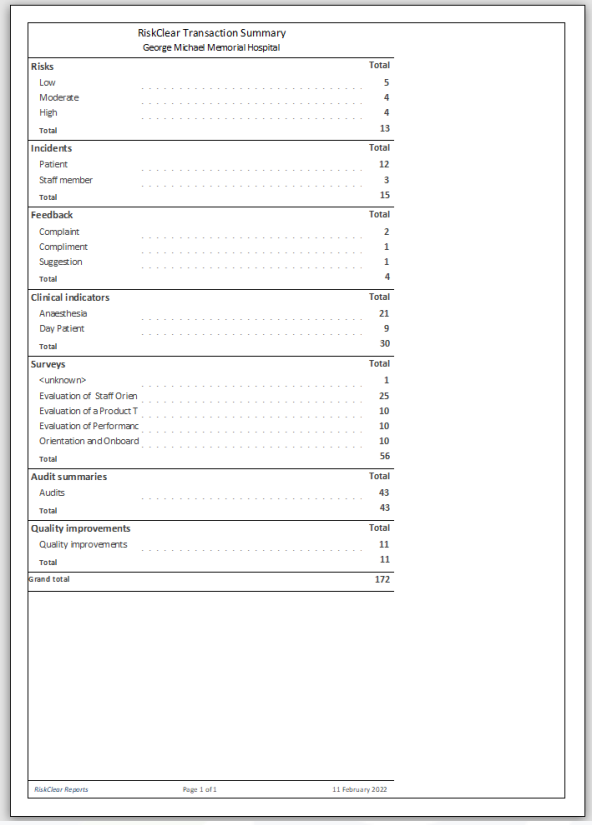
Where the data comes from: records entered into RiskClear/RiskClear Direct by users.

Real Everyday Use: This report provides an overview of the Risk and Quality activity in your hospital/organisation, helping you to better understand trends, staff engagement and areas for improvement and review.

To run this report:
Go to the **Report**s Section of RiskClear.
Step 1: Select **Other.**
Step 2: Choose Report **600 All Transactions Summary** from the list – if it is a regularly used report, tick **''Favourite''.**
Step 3: Determine your **Date Options** – e.g., by date range or all records.
Step 4: Choose **Format.**
Step 5: Click **Run.**



Example Report 600 All Transaction Summary



RiskClear Transaction Summary
George Michael Memorial Hospital

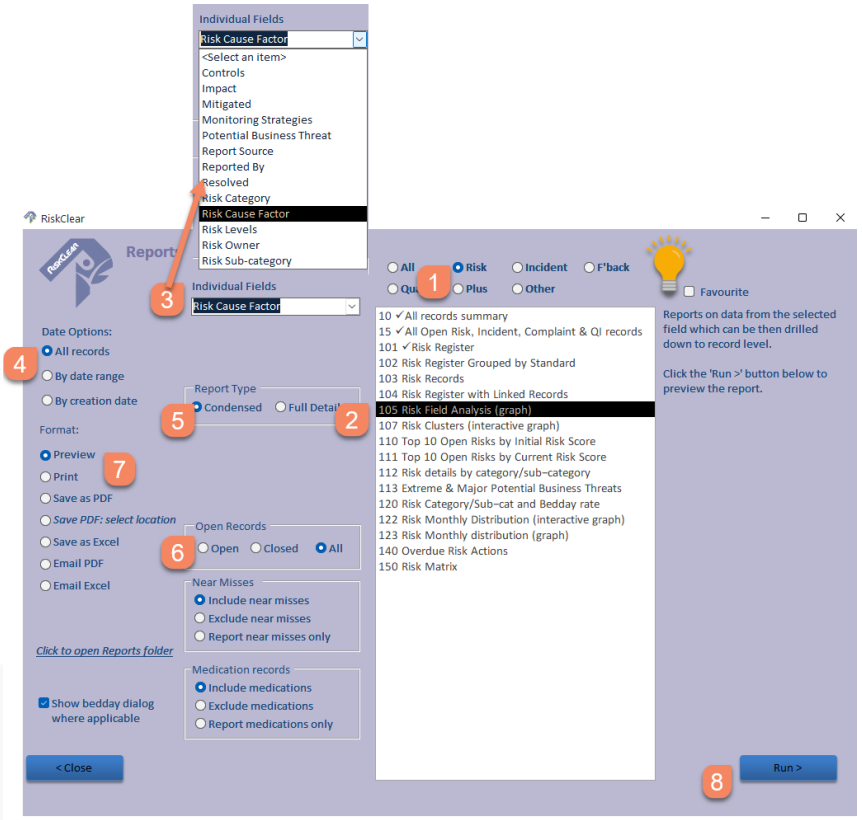
Risks	Total
Low	5
Moderate	4
High	4
Total	13
Incidents	**Total**
Patient	12
Staff member	3
Total	15
Feedback	**Total**
Complaint	2
Compliment	1
Suggestion	1
Total	4
Clinical indicators	**Total**
Anaesthesia	21
Day Patient	9
Total	30
Surveys	**Total**
<unknown>	1
Evaluation of Staff Orien	25
Evaluation of a Product T	10
Evaluation of Performanc	10
Orientation and Onboard	10
Total	56
Audit summaries	**Total**
Audits	43
Total	43
Quality improvements	**Total**
Quality improvements	11
Total	11
Grand total	172

RiskClear Reports Page 1 of 1 11 February 2022

14.Report 105 Risk Field Analysis

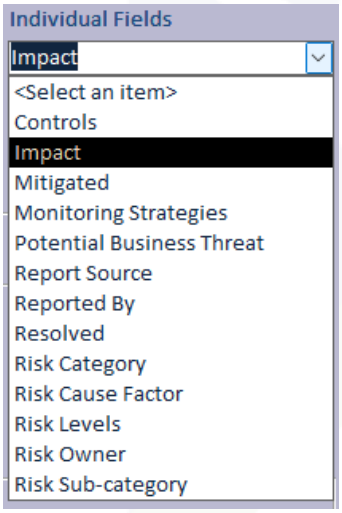
Purpose: It provides information on various Risk Fields (e.g., cause, controls, risk owner, risk category, risk level) and shows a description, count, and percentage occurrence of that particular field. Reports on data from the selected fields can be drilled down to a record level also. Assists in risk analysis and identifying trends for more effective risk management.
Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings.
Where the data comes from: Records entered into RiskClear/RiskClear Direct by users.
Real Everyday Use: Helps to identify risk trends to assist in effective risk management at your hospital. It also helps hospitals meet the requirements of the National Standards (e.g., Clinical Governance Standard Criteria 1.10).

To run this Report:
Go to the **Report**s Section of RiskClear.
Step 1: Select **Risk.**
Step 2: Choose Report **105 Risk Field Analysis** from the list – if it is a regularly used report, tick **''Favourite''.**
Step 3: Select from the **Individual Fields** drop down menu the item you would like to report on – e.g., Controls, Impact, Risk Category, Risk Owner etc.
Step 4: Determine your **Date Options** – e.g., by date range or all records.
Step 5: Determine **Report Type** – e.g., Condensed or Full Detail.
Step 6: Choose **Open**, **Closed** or **All records.**
Step 7: Choose Report **Format.**
Step 8: Click **Run.**

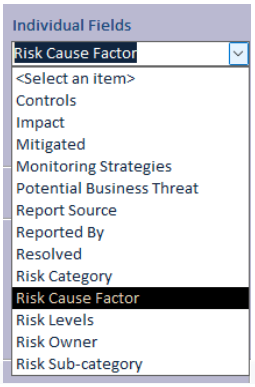


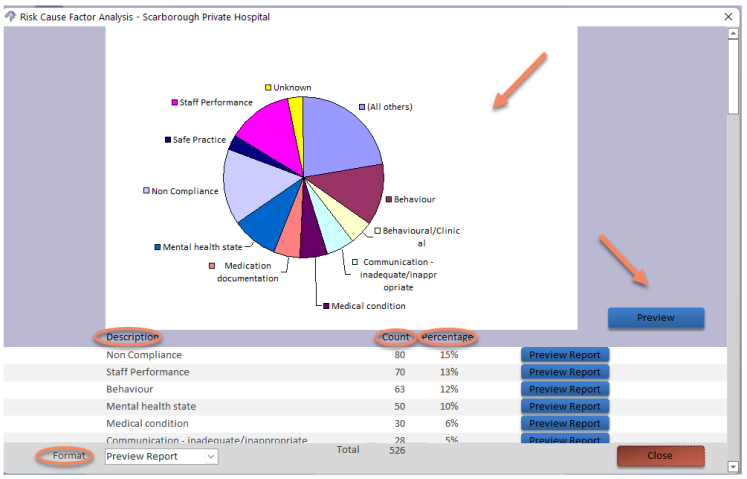
Example Reports:

There are various fields (see below) that you can select depending on what Risk Analysis or trend you are wanting to report on. **Examples 1-3 show you 3 of those options.**

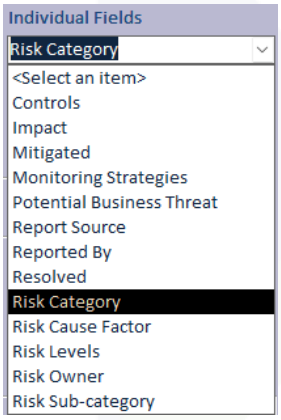


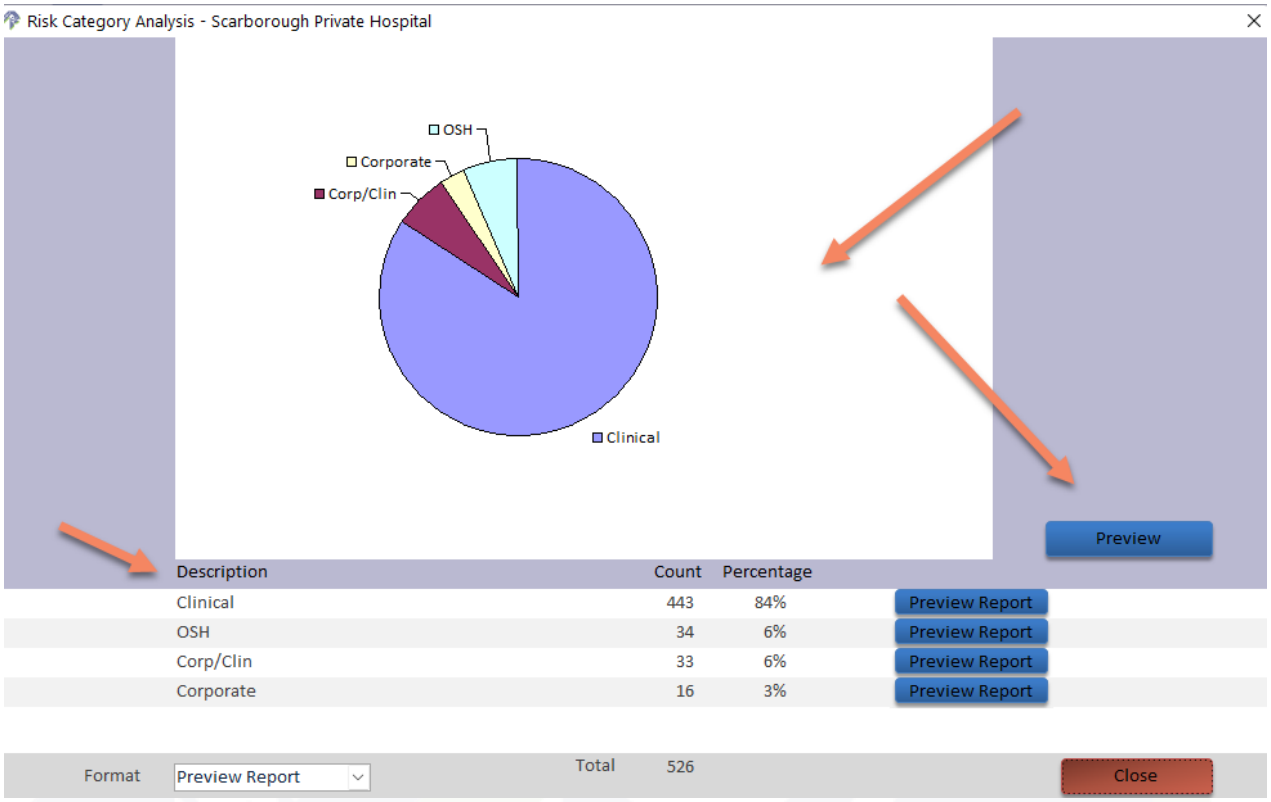
Example Report 1 – By Risk Cause Factor





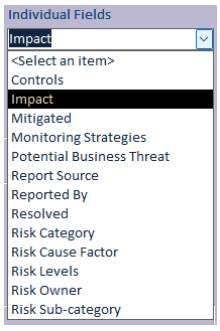
Example Report 2 – By Risk Category



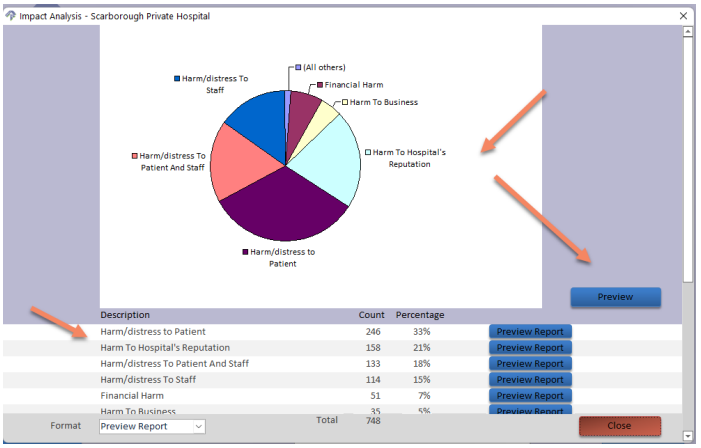


Example Report 3 – By Risk Impact

Also note the **Preview** and **Preview Report** buttons are what you click on to drill down to view a list of the individual records within that reporting field (see Example Report below).



E.G., Drilled Down Report to individual records



Scarborough Private Hospital records that have an Impact field of 'Harm/distress to Patient'.

Both open and closed records

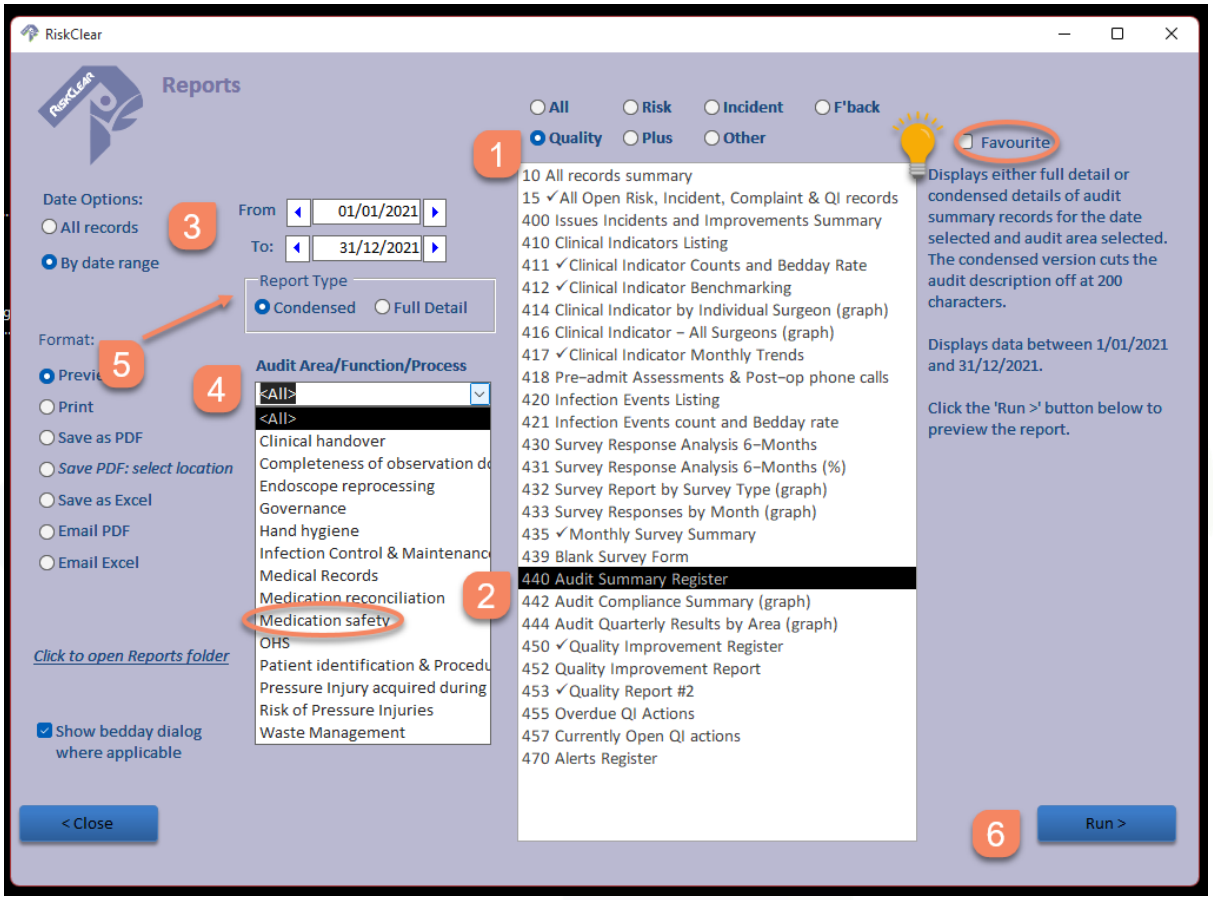
Ln No	Record No	Date	Potential Busn. Threat	Init/Latest Risk	Description	Risk Owner(s)	Referral Source	Category	Close Date Days open
235	3753	6/08/2020	Insignificant	L / L	Patient records	Nurse Unit Manager	Incident Form	Clinical	07/06/2020 (-60)
236	3754	6/08/2020	Insignificant	L / L	Staff member tripped when hurrying to	Nurse Unit Manager	Incident Form	Clinical	07/06/2020 (-60)
237	3755	4/08/2020	Minor	L / L	An Incident record	Nurse Unit Manager	Incident Form	Clinical	06/06/2020 (-59)
238	3756	6/08/2020	Insignificant	M / M	Photocopier legs collapsed when wheeling it into	Nurse Unit Manager	Incident Form	Clinical	07/06/2020 (-60)
239	3757	7/08/2020	Insignificant	L / L	Patient reported that his personal items went missing from pre-op	Nursing Staff	Incident Form	Clinical	08/06/2020 (-60)
240	3758	8/08/2020	Insignificant	L / L	Network went down for 4 hours from 10.30am	Nursing Staff	Incident Form	Clinical	<Open> (559)
241	3760	9/08/2020	Insignificant	M / M	Patient became distressed when being wheeled to ambulance for transport to ...	Nurse Unit Manager	Incident Form	Clinical	09/06/2020 (-61)
242	3761	9/08/2020	Insignificant	M / M	Patient fell to floor on getting out of bed to go to the toilet. No injury but reported feeling dizzy.	Nurse Unit Manager	Incident Form	Clinical	10/06/2020 (-60)
243	3765	12/08/2020	Insignificant	L / L	Patient got out of bed and lost footing.	Nursing Staff	Incident Form	OSH	13/06/2020 (-60)
244	3769	12/08/2020	Moderate	H / H	Staffing shortage management	Director of Nursing, Chief Executive Officer	Incident Form	Corporate	05/07/2020 (-38)

15.Report 440 Audit Summary Register

Purpose: Provides full or condensed details of audit summary records for the date and audit area selected. This report can assist hospitals/providers to respond to audit findings in a timely manner.
Audience: Quality & Safety Coordinators / DON's / Clinical Managers / General Managers/ Staff / External Auditors (e.g., Accreditation and Health Department).
Where the data comes from: Audits completed on the Audit Schedule by staff.
Real Everyday Use: Provides a summary of audit records for a time period and audit area. You can look at the summary data of ALL audits on your schedule or narrow it down to a specific group of audits – e.g., NSHQSS 4 Medication Safety. It also helps hospitals meet the various requirements of the National Standards (e.g., Clinical Governance Standard Criteria 1.8 and 1.9).

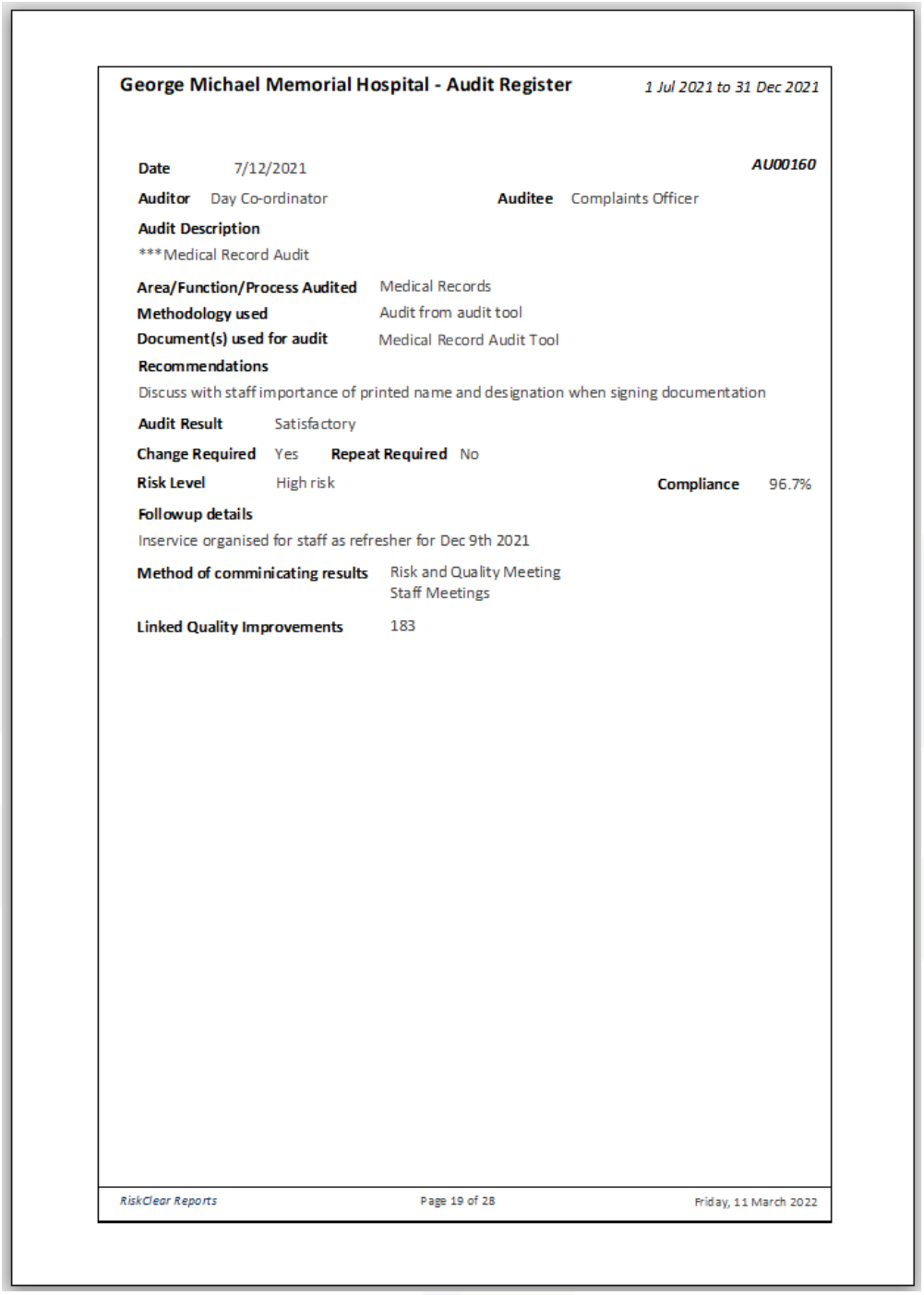
To run this Report:

Go to the **Report**s Section of RiskClear.
Step 1: Select **Quality.**
Step 2: Choose Report **440 Audit Summary Register** from the list – if it is a regularly used report, tick **''Favourite''.**
Step 3: Choose **Date Options** – e.g., All Records or by Date Range.
Step 4: Choose **Audit Area/Function/Process** e.g., All or Medication Safety.
Step 5: Choose Report **Format** and **Report Type** (Condensed or Full Detail).
Step 6: Click **Run.**



Example Reports:

Example 1)
Full Detail Report on All Audit Area's which is one page per audit.



George Michael Memorial Hospital - Audit Register *1 Jul 2021 to 31 Dec 2021*

AU00160

Date 7/12/2021

Auditor Day Co-ordinator **Auditee** Complaints Officer

Audit Description

***Medical Record Audit

Area/Function/Process Audited Medical Records

Methodology used Audit from audit tool

Document(s) used for audit Medical Record Audit Tool

Recommendations

Discuss with staff importance of printed name and designation when signing documentation

Audit Result Satisfactory

Change Required Yes **Repeat Required** No

Risk Level High risk **Compliance** 96.7%

Followup details

Inservice organised for staff as refresher for Dec 9th 2021

Method of comminicating results Risk and Quality Meeting
Staff Meetings

Linked Quality Improvements 183

RiskClear Reports Page 19 of 28 Friday, 11 March 2022

Example 2) Condensed Detail Report on a specific Audit Area – e.g., Medication Safety.

Audit Register Condensed George Michael Memorial Hospital - Area/Function/Process: Medication safety *1 Jul 2021 to 31 Dec 2021*

Record No Date	Audit Description	Area of Audit	Auditor/Auditee	Results/ Change Req	Comp-liance	Recommendations & Outcome	Linked QI's
AU00165 7/08/2021	Schedule 8 Drug Disposal Audit	Medication safety	Day Co-ordinator/Day Therapy Services Manager	Satisfactory Change req'd	95%	Recommendations: Discuss with Anaesthetisits at next MAC importance of correct documentation of S8 discards on Anaesthetic Record/S8 book Outcome: Next MAC is December 8th	184
AU00147 20/09/2021	Medication Knowledge Audit	Medication safety	Day Co-ordinator/Nursing Staff	Satisfactory	82%	Recommendations: Provide education for more junior staff Outcome: Day Coordinator to organise inservices for junior staff to increase medication knowledge	<None>
AU00166 7/10/2021	Schedule 8 Drug Disposal Audit	Medication safety	Day Co-ordinator/Day Therapy Services Manager	Satisfactory Change req'd	95%	Recommendations: Discuss with Dr Chandler the need to ensure the S8 book and anaesthetic record documentation to be completed correctly and discards documented accordingly. Outcome: Discussed with Dr Chandler March 23rd	184
AU00167 7/12/2021	Schedule 8 Drug Disposal Audit	Medication safety	Day Co-ordinator/Day Therapy Services Manager	Satisfactory Change req'd	90%	Recommendations: Discussed at MAC in January the importance of correct disposal and documentation of S8 drug discards. Outcome: continue audit and feedback to MAC	184
AU00172 8/12/2021	Medication Knowledge Audit	Medication safety	Day Co-ordinator/Hospital Staff	Satisfactory	94%	Recommendations: Remind staff to read Medication Suite of Policies. Some non compliance to administration of S4's noted Outcome: Remind staff to read Medication Suite of Policies. Some non compliance to administration of S4's noted. Discuss at Staff Mtg 9/12/21	<None>

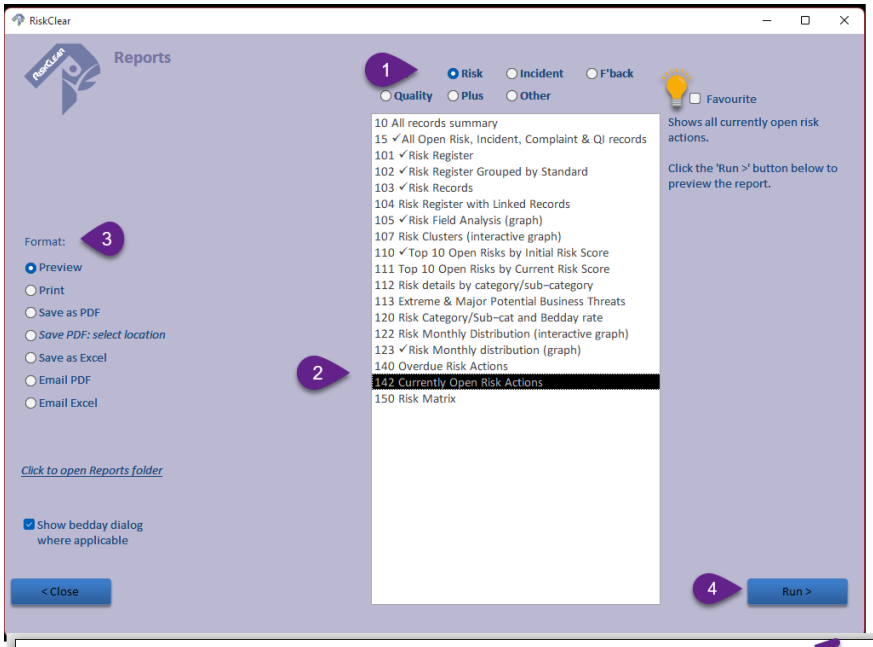
RiskClear Reports Page 1 of 1 11 March 2022

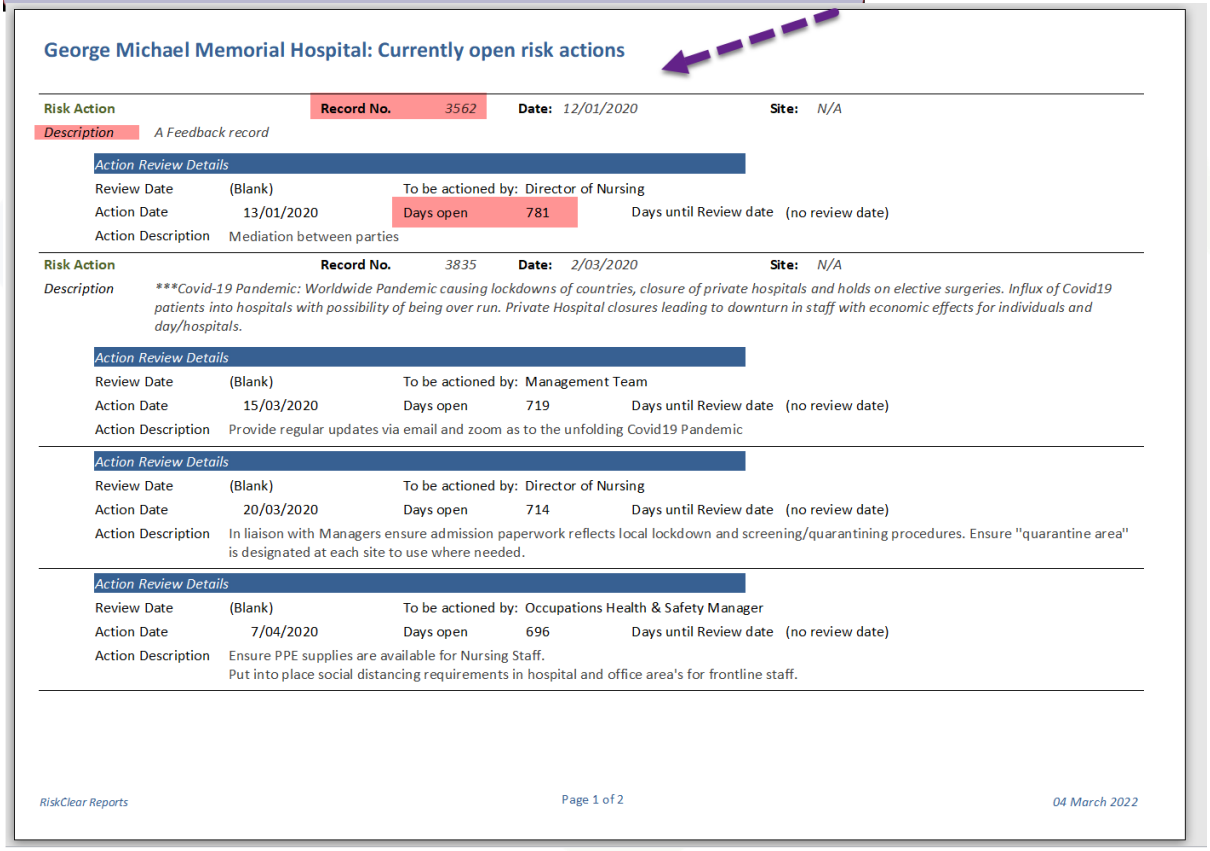
16.Report 142 Currently Open Risk Actions

Purpose: It provides information on any risk actions of each Risk Record that are still currently open. It also assists in ensuring any actions associated with a Risk Record are closed off in an appropriate time frame.
Audience: Quality & Safety Coordinators / DON's / Clinical Managers / General Managers.
Where the data comes from: Records entered into RiskClear/RiskClear Direct by users.
Real Everyday Use: Helps to readily identify open risk actions that need updating and/or closing. This assists in the timely closure of risk actions and risk records, which enables an effective risk management process to occur. It also helps hospitals meet the requirements of the National Standards (e.g., Clinical Governance Standard Criteria 1.10).

To run this Report (includes *Example Report/s):
Go to the **Report**s Section of RiskClear.
Step 1: Select **Risk.**
Step 2: Choose Report **142 Currently Open Risks** from the list – if it is a regularly used report, tick **''Favourite''.**
Step 3: Choose Report **Format.**
Step 4: Click **Run.**

The Report shows you the **Risk Record Number** of the open risk action it is assigned too. It also shows **who is responsible** for the risk action as well as other information around **days open** and **days until review.**





George Michael Memorial Hospital: Currently open risk actions

Risk Action **Record No.** 3562 **Date:** 12/01/2020 **Site:** N/A

Description A Feedback record

Action Review Details

Review Date (Blank) To be actioned by: Director of Nursing
Action Date 13/01/2020 Days open 781 Days until Review date (no review date)
Action Description Mediation between parties

Risk Action **Record No.** 3835 **Date:** 2/03/2020 **Site:** N/A

Description ***Covid-19 Pandemic: Worldwide Pandemic causing lockdowns of countries, closure of private hospitals and holds on elective surgeries. Influx of Covid19 patients into hospitals with possibility of being over run. Private Hospital closures leading to downturn in staff with economic effects for individuals and day/hospitals.

Action Review Details

Review Date (Blank) To be actioned by: Management Team
Action Date 15/03/2020 Days open 719 Days until Review date (no review date)
Action Description Provide regular updates via email and zoom as to the unfolding Covid19 Pandemic

Action Review Details

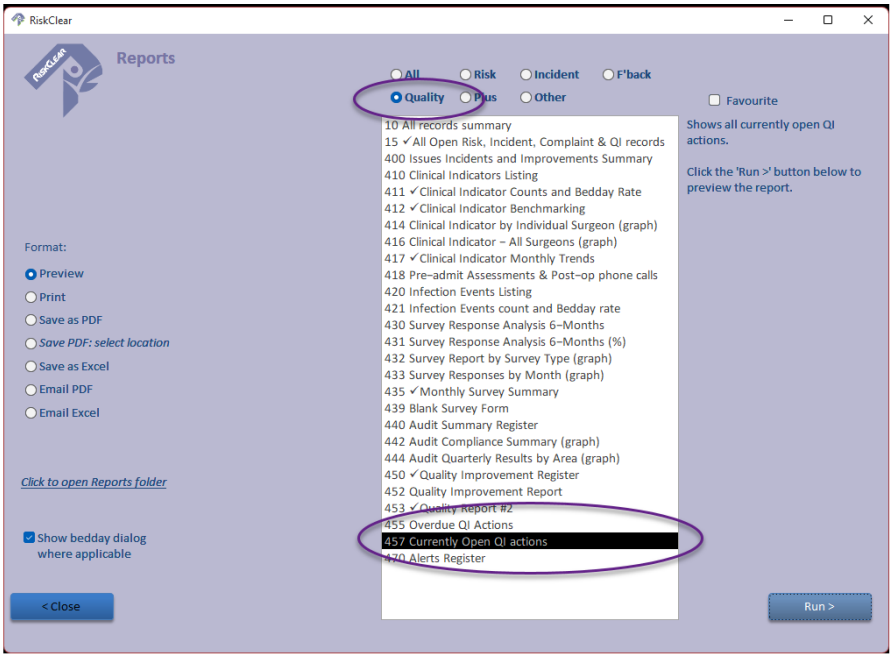
Review Date (Blank) To be actioned by: Director of Nursing
Action Date 20/03/2020 Days open 714 Days until Review date (no review date)
Action Description In liaison with Managers ensure admission paperwork reflects local lockdown and screening/quarantining procedures. Ensure "quarantine area" is designated at each site to use where needed.

Action Review Details

Review Date (Blank) To be actioned by: Occupations Health & Safety Manager
Action Date 7/04/2020 Days open 696 Days until Review date (no review date)
Action Description Ensure PPE supplies are available for Nursing Staff.
Put into place social distancing requirements in hospital and office area's for frontline staff.

RiskClear Reports Page 1 of 2 *04 March 2022*

Please note that this type of report can also be run for ***Currently Open Quality Improvement Actions (Report 457) :**



George Michael Memorial Hospital: Currently open QI actions

Quality Improvement Action **Record No.** *158* **Date:** *3/11/2021* **Site:** *N/A*

Description *Hot/Cold Gel Packs Recall*
From TGA record no. AL00149
From Risk record no.03846

Action Review Details

Review Date	3/12/2021	To be actioned by:	Nurse Co-ordinator		
Action Date	6/11/2021	Days open	118	Days until Review date	91 days overdue
Action Description	Provide training to all Managers on new TGA function in RiskClear to ensure it is used correctly and extensively.				

Action Review Details

Review Date	30/06/2022	To be actioned by:	Quality,Information & Performance Manager		
Action Date	26/11/2021	Days open	98	Days until Review date	118
Action Description	Audit TGA Process compliance following 1, 3 and 6 months of using TGA function in RC				

Quality Improvement Action **Record No.** *159* **Date:** *26/11/2021* **Site:** *N/A*

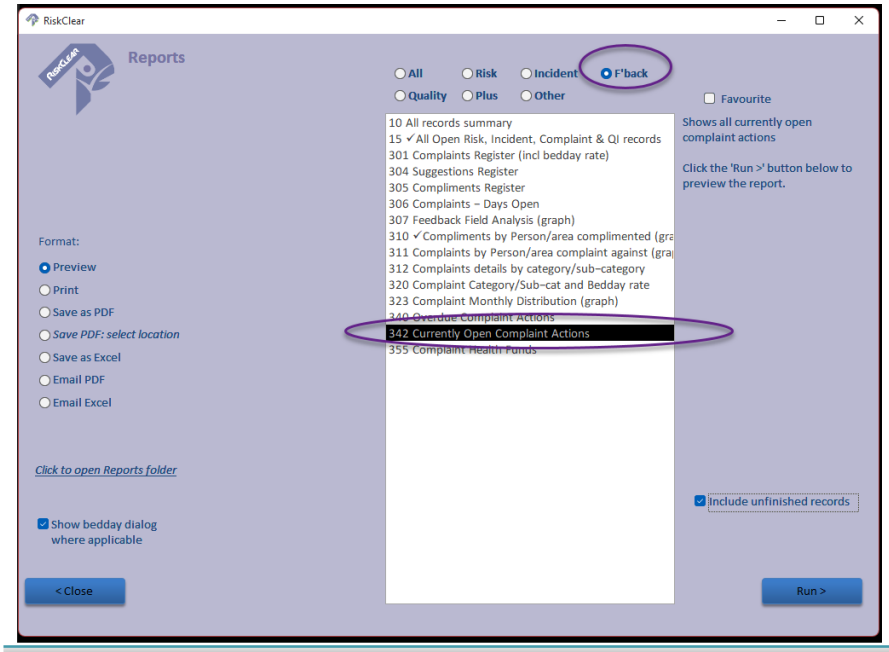
Description *Patient complained that the information provided around costing of his procedure was confusing and his out of pocket expenses were much higher than expected causing added stress to an already stressful procedure.*
From Feedback record no.03857

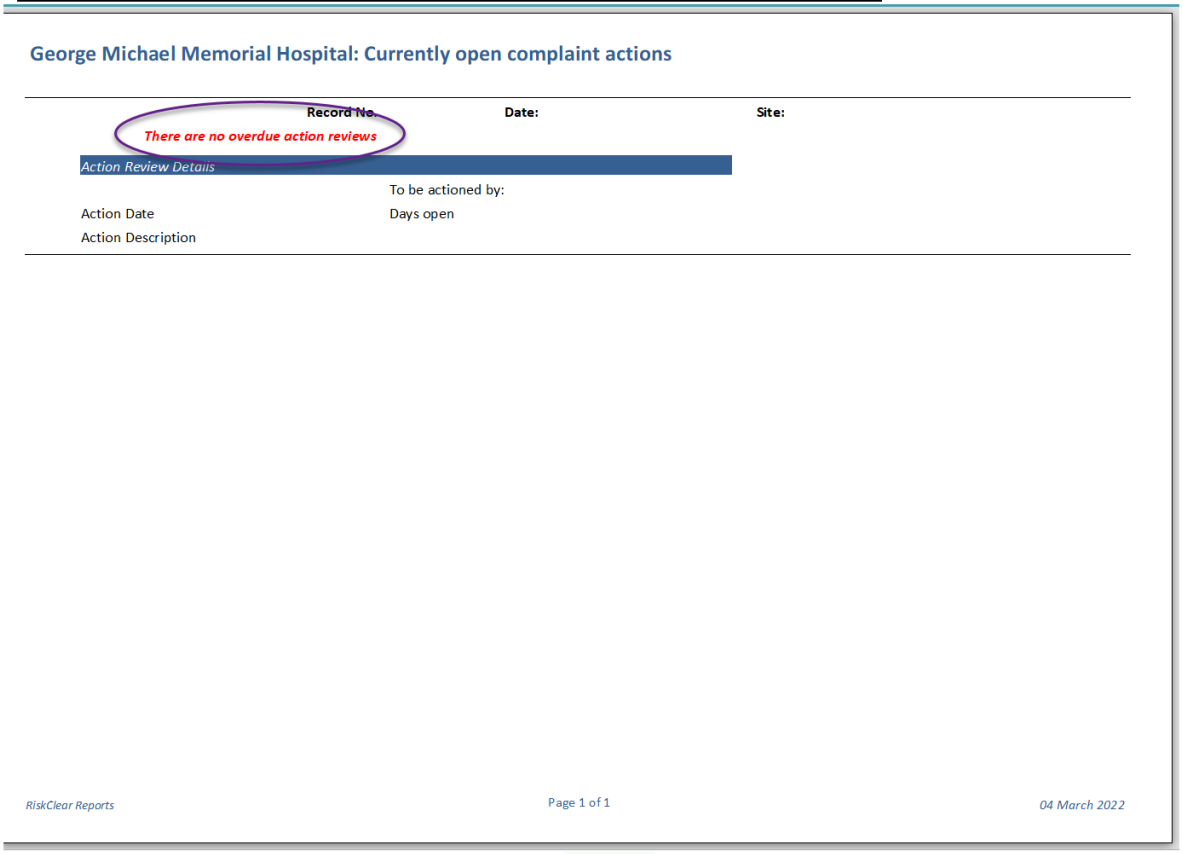
Action Review Details

Review Date	6/01/2021	To be actioned by:	Pre Admission Nurse		
Action Date	7/11/2021	Days open	117	Days until Review date	422 days overdue
Action Description	Review Finiancial Consent Process				

RiskClear Reports Page 1 of 1 *04 March 2022*

*Currently Open Complaint Actions (Report 342).





George Michael Memorial Hospital: Currently open complaint actions

Record No. **Date:** **Site:**

There are no overdue action reviews

Action Review Details

To be actioned by:

Action Date Days open

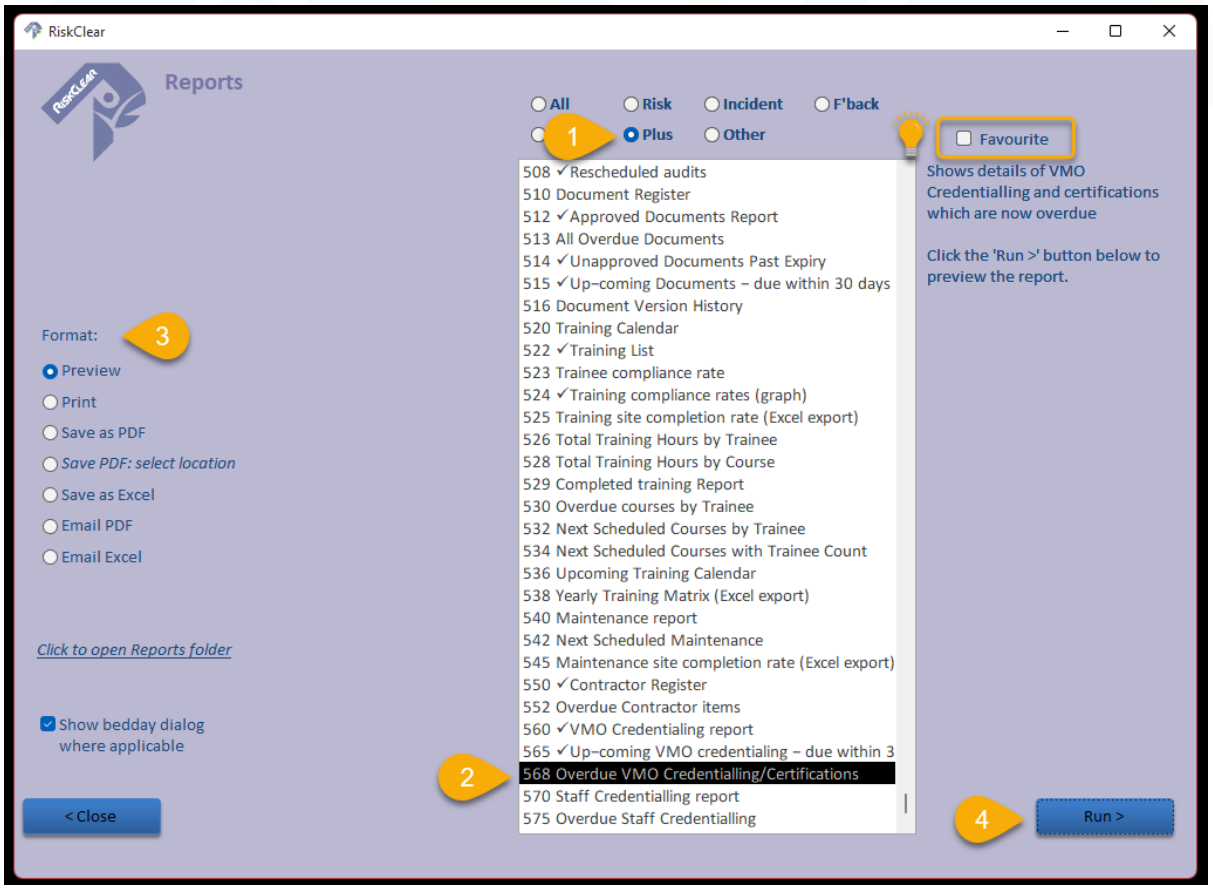
Action Description

RiskClear Reports Page 1 of 1 *04 March 2022*

17.Report 568 Overdue VMO Credentialling/Certifications

Purpose: Shows details of VMO Credentialling and Certification items that are overdue. This report assists hospitals in timely and effective management of VMO Credentialling and scope of practice.
Audience: Credentialling Officer/ Quality & Safety Coordinator/ DON's / Clinical Managers / External Auditors (e.g., Accreditation and Health Department).
Where the data comes from: VMO Credentialling records in RiskClear.
Real Everyday Use: Enables hospitals to monitor and follow up on any overdue credentialling or certifications items for VMO's credentialled to your hospital. Assists in timely and effective management and follow up of VMO Credentialling process. It also helps hospitals meet the various requirements of the National Standards related to Credentialling and Scope of Practice (e.g., Clinical Governance Standard Criteria 1.23 & 1.24).

To run this Report:
Go to the **Report**s Section of RiskClear.
Step 1: Select **Plus.**
Step 2: Choose Report **568 Overdue VMO Credentialling/Certifications** from the list – if it is a regularly used report, tick **''Favourite''.**
Step 3: Choose Report **Format.**
Step 4: Click **Run.**



Example Report:
1.Shows Overdue Credentialling Expiry Date.
2.Shows Overdue Certification Expiry Dates.

George Michael Memorial Hospital: Overdue VMO Credentialling

Registration No.	Doctor Name	Specia	Credentialling Expiry
MED5647333	**Dr Who's Who**	**General Surgeon**	***18/03/2022***
Address	410 Main St General Surgeon 6000		
Prov No	(blank) Email	PhoneNo 9765 4987	
	• Covid 19 Vaccine		18/03/2022
	• AHPRA Registration		18/03/2022
MED3216574	**Ms Jane O'Dentist**	**General Surgeon**	***14/03/2022***
Address	55 Dental Rd General Surgeon 6022		
Prov No	(blank) Email enquiries@riskclear.com.au	PhoneNo 321654	
	• [VMO Credentialling]		14/03/2022
MED32165478	**Mr Jermemy Jones**	**Physician**	***11/03/2022***
Address	44 Yamba St Physician 6004		
Prov No	(blank) Email bongo.congo@outlook.com	PhoneNo 321654745	
	• [VMO Credentialling]		11/03/2022
MED3216547	**Dr Sarah Gantry**	**Anaesthetist**	***14/03/2022***
Address	66 Fred St Anaesthetist 6004		
Prov No	(blank) Email bongo.congo@outlook.com	PhoneNo 32165478	
	• [VMO Credentialling]		14/03/2022
MED125875	**Dr Nathan Balderson**	**General Paediatrician**	***18/03/2022***
Address	66 Janders St General Paediatrician 6003		
Prov No	(blank) Email bongo.congo@outlook.com	PhoneNo	
	• AHPRA Registration		18/03/2022
	• [VMO Credentialling]		22/02/2022
	• Contract		18/03/2022
	• Covid 19 Vaccine		18/03/2022
MED135744162	**Mr John Murray-Jenkins**	**Anaesthetist**	***18/03/2022***
Address	United Anaesthetics Suite 2 188 Jandbury St Anaesthetist 6014		
Prov No	(blank) Email bongo.congo@outlook.com	PhoneNo	
	• AHPRA Registration		18/03/2022
	• Covid 19 Vaccine		18/03/2022
	• CPD		18/03/2022
MED	**Dr Jorgen Phillips**	**Anaesthetist**	***18/03/2022***
Address	59 Tenth Ave Anaesthetist 6016		
Prov No	(blank) Email bongo.congo@outlook.com	PhoneNo	
	• AHPRA Registration		18/03/2022
	• Contract		18/03/2022
	• Covid 19 Vaccine		18/03/2022
	• Hand Hygiene		18/03/2022

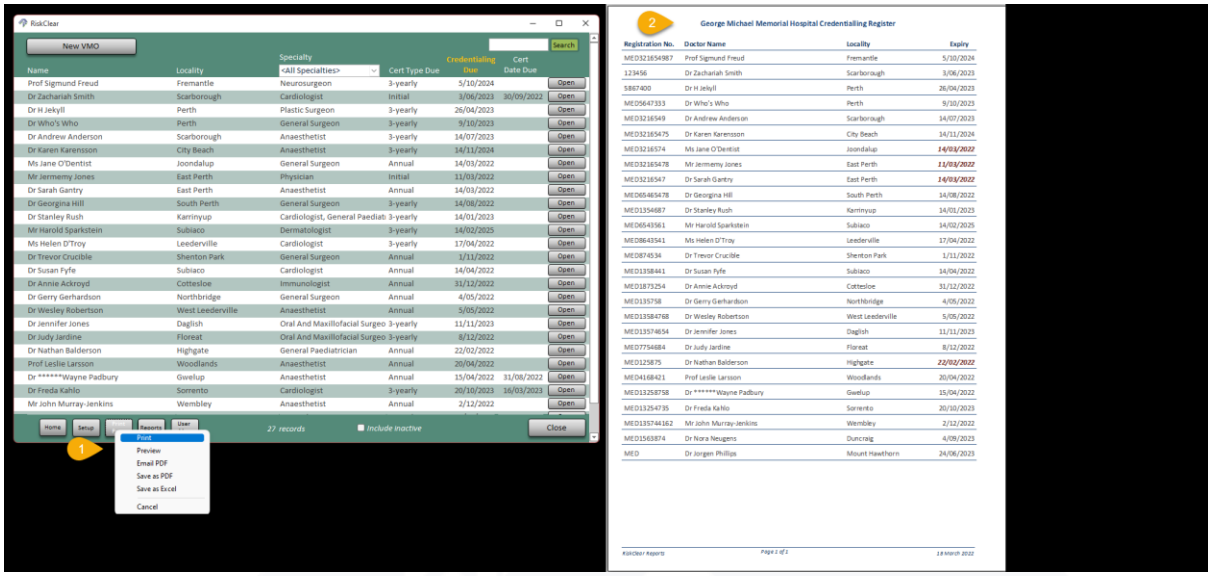
RiskClear Reports *Page 1 of 2* *18 March 2022*

***Another Handy Tip*:**

You can print/preview/save PDF or Excel/email PDF the VMO Credentialling Register Screen.

1.Click on the "**Print Page**" button at the bottom of the Screen/Page and select **preview, print, or email.**

2.This Report provides a succinct overview of the VMO's Registration number**, Dr Name, Locality** and **Expiry date** of their Credentialling arrangement at your Hospital/Clinic.

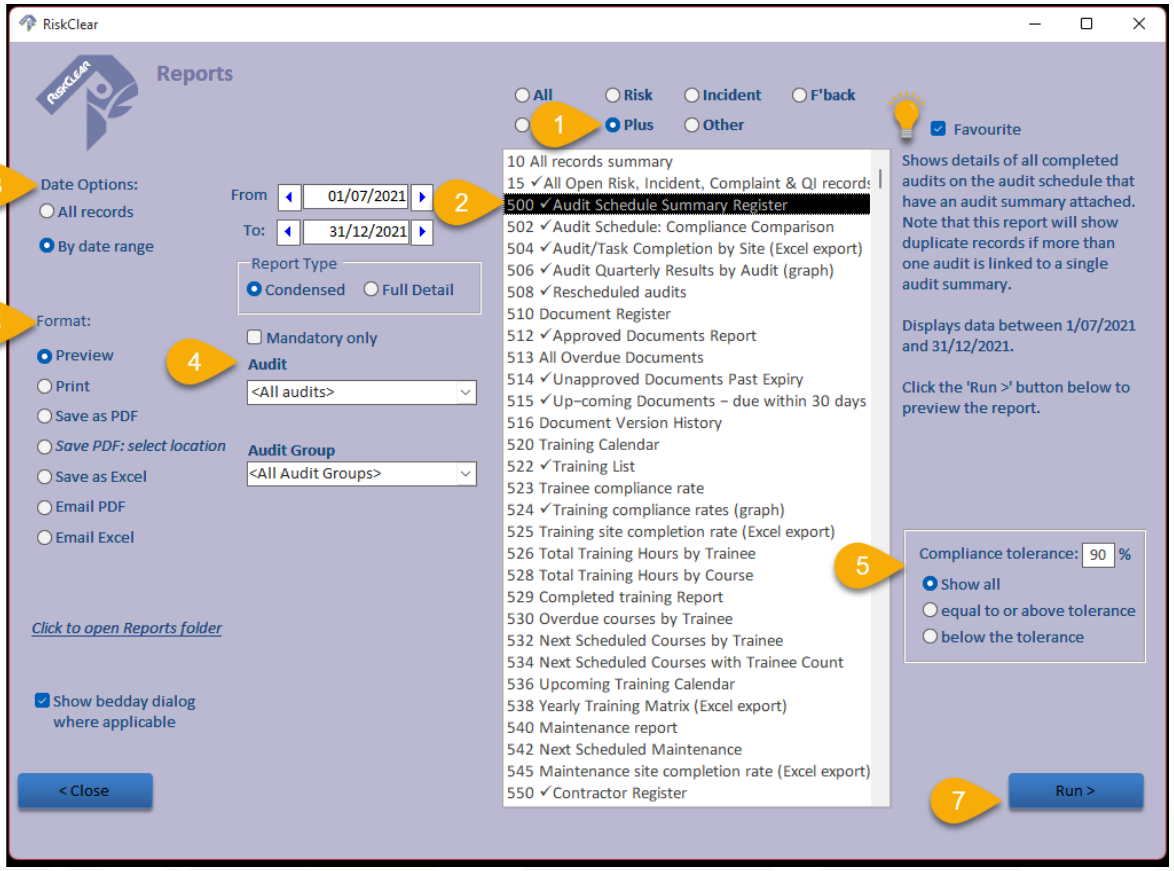


18.Report 500 Audit Schedule Summary Register

Purpose: Shows details of all completed audits on the audit schedule that have an audit summary attached. You can also set a compliance tolerance level to further refine this report.
Audience: Quality & Safety Coordinator/ DON's / Clinical Managers / External Auditors (e.g., Accreditation and Health Department).
Where the data comes from: Completed audit and audit summaries in RiskClear.
Real Everyday Use:

- ✓ Enables hospitals to monitor and manage their Internal Audit Program by being able to readily see both the audit summary details as well as the individual compliance rate for each audit.
- ✓ Compliance Tolerance levels can be set to further refine the data. For example, if you wish to see only the audit results for audits that have a compliance rate of less than 90% you can set that figure (or any) as your tolerance level. This is an effective and timely mechanism to respond to any audits that require more urgent attention and remedy.
- ✓ It also assists hospitals to meet the various requirements of the National Standards related to their internal audit program (e.g., Clinical Governance Standard Criteria 1.8 & 1.9).

To run this Report:
Step 1 - Go to **Reports** in RiskClear and select **''Plus''.**
Step 2 - Select **''Report 500 Audit Schedule Summary Register''.** Remember if its frequently used tick **''Favourite''.**
Step 3 – Choose your **''Date Options''** (all records or by date range).
Step 4 – Select **''All Audits''** (or Individual Audits) and which **''Audit Group''** (All or by Group, e.g., Medication Safety or by '' Standard).
Step 5 – If you wish you can set a **''tolerance level''** to further refine the data. For example, you may wish to only see audits that are below a tolerance level of 90% to quickly identify where more timely and urgent attention is required to address any non-conformances.
Step 6 – Select **''Format''.**
Step 7 – Click **''Run''.**



Example Report (with no compliance tolerance level set)

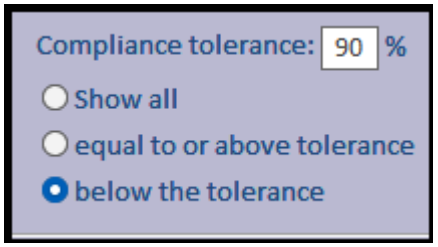
Audit/Task Register (Condensed) George Michael Memorial Hospital *1 Sep 2021 to 31 Dec 2021*

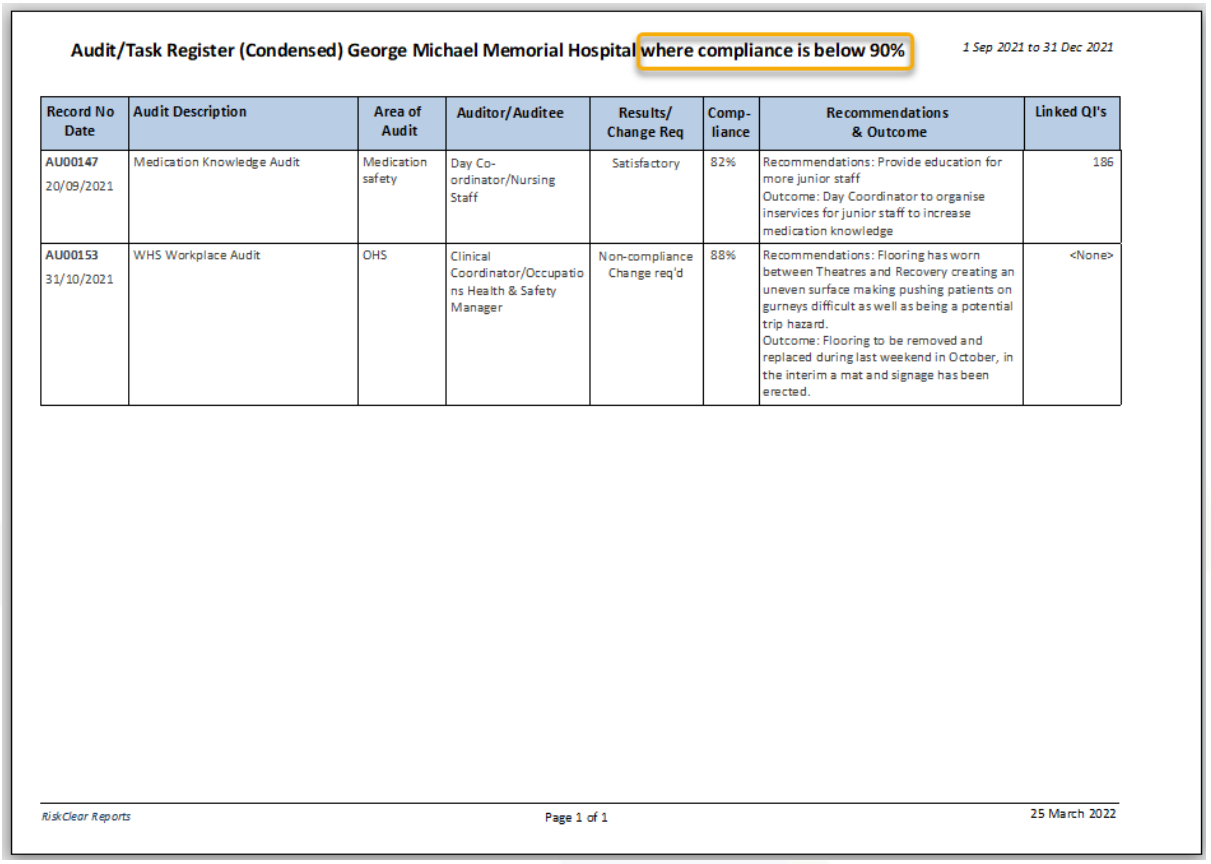
Record No Date	Audit Description	Area of Audit	Auditor/Auditee	Results/ Change Req	Comp-liance	Recommendations & Outcome	Linked QI's
AU00147 20/09/2021	Medication Knowledge Audit	Medication safety	Day Co-ordinator/Nursing Staff	Satisfactory	82%	Recommendations: Provide education for more junior staff Outcome: Day Coordinator to organise inservices for junior staff to increase medication knowledge	186
AU00166 7/10/2021	Schedule 8 Drug Disposal Audit	Medication safety	Day Co-ordinator/Day Therapy Services Manager	Satisfactory Change req'd	95%	Recommendations: Discuss with Dr Chandler the need to ensure the S8 book and anaesthetic record documentation to be completed correctly and discards documented accordingly. Outcome: Discussed with Dr Chandler March 23rd	184
AU00157 16/10/2021	Sharps Handling and Disposal Audit	Infection Control & Maintenance	Quality Services Manager/Infection Control Nurse	Satisfactory	95%	Recommendations: Ensure staff do not overfill yellow waste bins on IV Trolley Outcome: remind staff and erect signage to ensure staff don't overfill yellow sharps containers on IV trolley - increases risk of needlestick injuries	<None>
AU00155 22/10/2021	Standard Precautions and ANTT Audit	Infection Control & Maintenance	Infection Control Nurse/Hospital Staff	Satisfactory	90%	Recommendations: Remind staff to not wear jewellery Remind Dr's to wash hands between patients Outcome: Share findings at Staff Meeting on 8/11/21	<None>
AU00156 29/10/2021	Clinical Handover Audit	Clinical handover	Clinical Coordinator/Day Co-ordinator	Satisfactory	92%	Recommendations: Remind staff to document handover between pre admission to theatre Outcome: Share results and reminder at staff meeting on 8/11/21	<None>
AU00154 31/10/2021	Tray Audit	Infection Control & Maintenance	Day Therapy Services Manager/Infection Control Nurse	Satisfactory	100%	Recommendations: Nil - trays audited and found to be correct Outcome: Continue as per schedule	<None>

RiskClear Reports Page 1 of 3 25 March 2022

Example Report with a compliance tolerance level of 90% set.

Any audits with a score of <90% will show in this report. This figure can be determined by your governance needs.





Audit/Task Register (Condensed) George Michael Memorial Hospital where compliance is below 90%

1 Sep 2021 to 31 Dec 2021

Record No Date	Audit Description	Area of Audit	Auditor/Auditee	Results/ Change Req	Comp-liance	Recommendations & Outcome	Linked QI's
AU00147 20/09/2021	Medication Knowledge Audit	Medication safety	Day Co-ordinator/Nursing Staff	Satisfactory	82%	Recommendations: Provide education for more junior staff Outcome: Day Coordinator to organise inservices for junior staff to increase medication knowledge	186
AU00153 31/10/2021	WHS Workplace Audit	OHS	Clinical Coordinator/Occupatio ns Health & Safety Manager	Non-compliance Change req'd	88%	Recommendations: Flooring has worn between Theatres and Recovery creating an uneven surface making pushing patients on gurneys difficult as well as being a potential trip hazard. Outcome: Flooring to be removed and replaced during last weekend in October, in the interim a mat and signage has been erected.	<None>

RiskClear Reports Page 1 of 1 25 March 2022

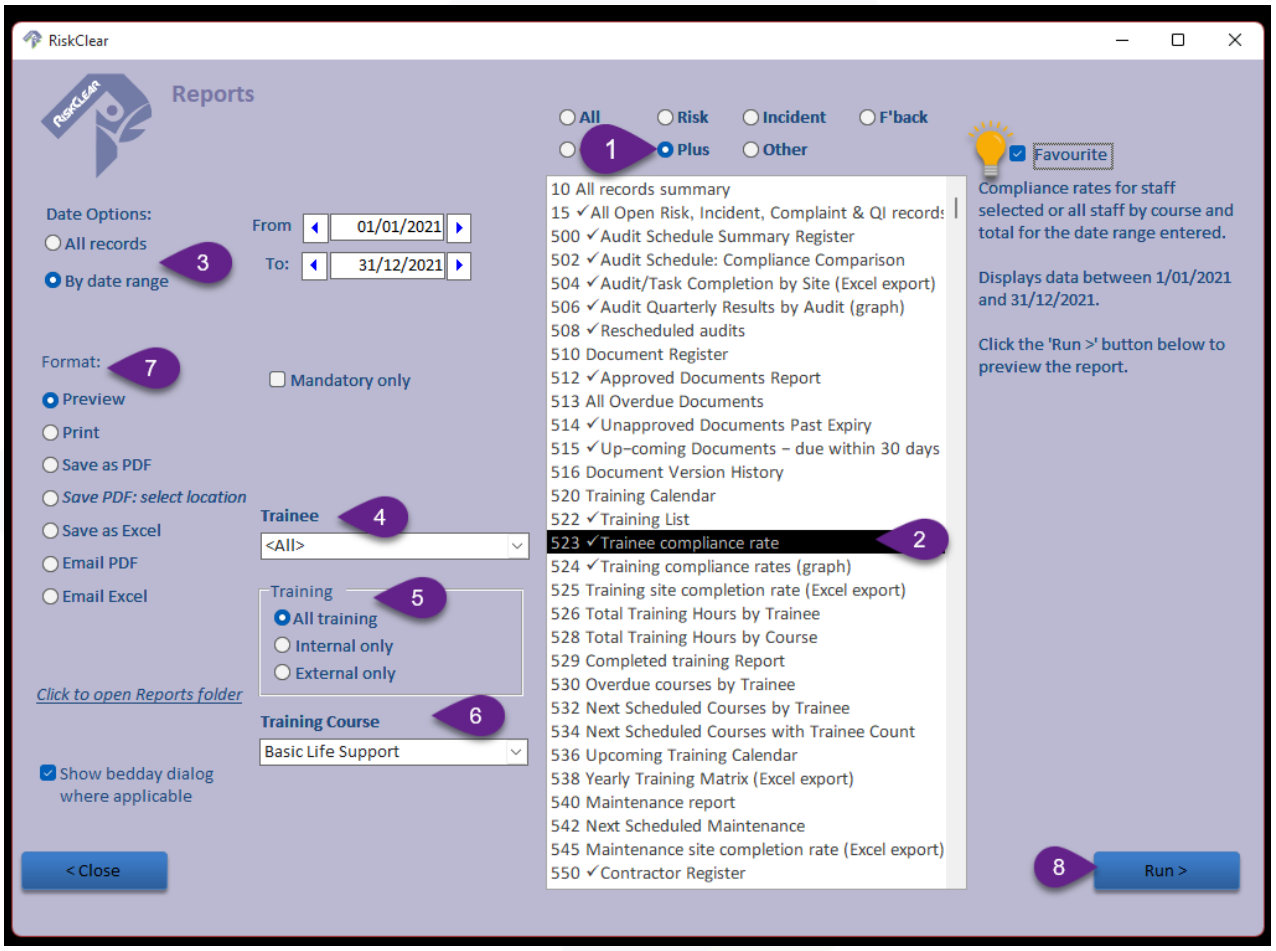
19.Report 523 Trainee Compliance Rate

Purpose: Shows compliance rates for staff/trainee's selected OR all staff/trainees by course and total for the date range entered.
Audience: Quality & Safety Coordinators/ Training Coordinators /DON's / Clinical Managers / External Auditors (e.g., Accreditation and Health Department).
Where the data comes from: Staff training records entered into RiskClear.
Real Everyday Use:

- ✓ Enables hospitals to monitor and manage their Staff Training Program by being able to readily see their staff training requirements and rates of completion.
- ✓ This report allows you to look at all trainee's and all courses, or to drill down to a particular course or a particular trainee depending on the level of data interrogation required. Providing a date range can also further drill down the data.
- ✓ It assists hospitals to meet the various safety and quality training requirements of the National Standards related to their staff training program (e.g., Clinical Governance Standard Criteria 1.19, 1.20 & 1.21).

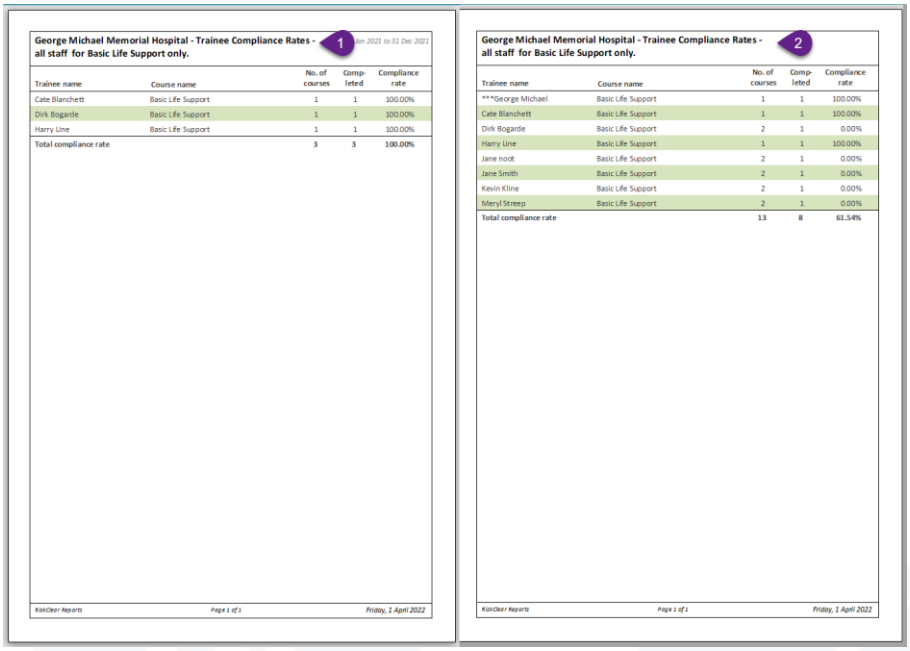
To run this Report:

Step 1 - Go to **Reports** in RiskClear and select **''Plus''.**
Step 2 - Select **''Report 523 Trainee Compliance Rate''.** Remember if its frequently used tick **''Favourite''.**
Step 3 – Choose your **''Date Options''** (all records or by date range).
Step 4 – Select **'Trainee''** (All or Individual**).**
Step 5 – Select **''Training''** (All, Internal or External).
Step 6 – Select **''Training Course''** (All or a specific course – e.g., Basic Life Support).
Step 7 – Select Report **''Format''.**
Step 8 - Click **''Run''.**



Example Reports:

1. Trainee Compliance Rates for all Staff for Basic Life Support with a time period of one year selected.
2. Trainee Compliance Rates for all Staff for Basic Life Support with All Records (no set time period) selected.



George Michael Memorial Hospital - Trainee Compliance Rates - all staff for Basic Life Support only. 1

Trainee name	Course name	No. of courses	Comp-leted	Compliance rate
Cate Blanchett	Basic Life Support	1	1	100.00%
Dirk Bogarde	Basic Life Support	1	1	100.00%
Harry Line	Basic Life Support	1	1	100.00%
Total compliance rate		3	3	100.00%

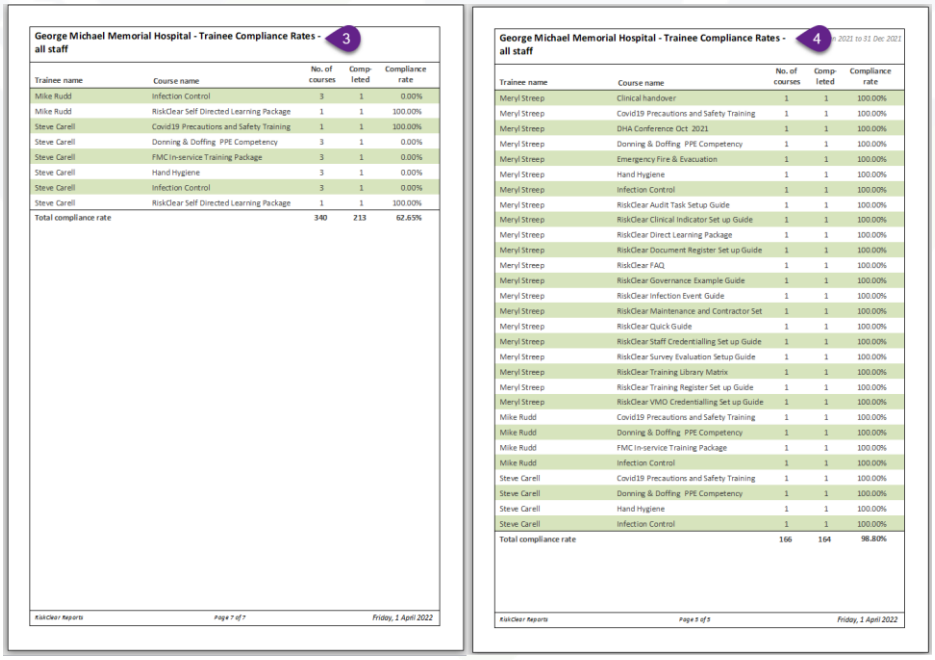
RiskClear Reports — Page 1 of 1 — Friday, 1 April 2022

George Michael Memorial Hospital - Trainee Compliance Rates - all staff for Basic Life Support only. 2

Trainee name	Course name	No. of courses	Comp-leted	Compliance rate
***George Michael	Basic Life Support	1	1	100.00%
Cate Blanchett	Basic Life Support	1	1	100.00%
Dirk Bogarde	Basic Life Support	2	1	0.00%
Harry Line	Basic Life Support	1	1	100.00%
Jane noot	Basic Life Support	2	1	0.00%
Jane Smith	Basic Life Support	2	1	0.00%
Kevin Kline	Basic Life Support	2	1	0.00%
Meryl Streep	Basic Life Support	2	1	0.00%
Total compliance rate		13	8	61.54%

RiskClear Reports — Page 1 of 1 — Friday, 1 April 2022

3. Trainee Compliance Rates for all Staff on all Courses – no time period – therefore all records. *(example report below is 7 pages long)
4. Trainee Compliance Rates for all Staff on all Courses for a one-year period. *(example report below is 5 pages long)



George Michael Memorial Hospital - Trainee Compliance Rates - all staff 3

Trainee name	Course name	No. of courses	Comp-leted	Compliance rate
Mike Rudd	Infection Control	3	1	0.00%
Mike Rudd	RiskClear Self Directed Learning Package	1	1	100.00%
Steve Carell	Covid19 Precautions and Safety Training	1	1	100.00%
Steve Carell	Donning & Doffing PPE Competency	3	1	0.00%
Steve Carell	FMC In-service Training Package	3	1	0.00%
Steve Carell	Hand Hygiene	3	1	0.00%
Steve Carell	Infection Control	3	1	0.00%
Steve Carell	RiskClear Self Directed Learning Package	1	1	100.00%
Total compliance rate		340	213	62.65%

RiskClear Reports — Page 7 of 7 — Friday, 1 April 2022

George Michael Memorial Hospital - Trainee Compliance Rates - all staff 4

Trainee name	Course name	No. of courses	Comp-leted	Compliance rate
Meryl Streep	Clinical handover	1	1	100.00%
Meryl Streep	Covid19 Precautions and Safety Training	1	1	100.00%
Meryl Streep	DHA Conference Oct 2021	1	1	100.00%
Meryl Streep	Donning & Doffing PPE Competency	1	1	100.00%
Meryl Streep	Emergency Fire & Evacuation	1	1	100.00%
Meryl Streep	Hand Hygiene	1	1	100.00%
Meryl Streep	Infection Control	1	1	100.00%
Meryl Streep	RiskClear Audit Task Setup Guide	1	1	100.00%
Meryl Streep	RiskClear Clinical Indicator Set up Guide	1	1	100.00%
Meryl Streep	RiskClear Direct Learning Package	1	1	100.00%
Meryl Streep	RiskClear Document Register Set up Guide	1	1	100.00%
Meryl Streep	RiskClear FAQ	1	1	100.00%
Meryl Streep	RiskClear Governance Example Guide	1	1	100.00%
Meryl Streep	RiskClear Infection Event Guide	1	1	100.00%
Meryl Streep	RiskClear Maintenance and Contractor Set	1	1	100.00%
Meryl Streep	RiskClear Quick Guide	1	1	100.00%
Meryl Streep	RiskClear Staff Credentialling Set up Guide	1	1	100.00%
Meryl Streep	RiskClear Survey Evaluation Setup Guide	1	1	100.00%
Meryl Streep	RiskClear Training Library Matrix	1	1	100.00%
Meryl Streep	RiskClear Training Register Set up Guide	1	1	100.00%
Meryl Streep	RiskClear VMO Credentialling Set up Guide	1	1	100.00%
Mike Rudd	Covid19 Precautions and Safety Training	1	1	100.00%
Mike Rudd	Donning & Doffing PPE Competency	1	1	100.00%
Mike Rudd	FMC In-service Training Package	1	1	100.00%
Mike Rudd	Infection Control	1	1	100.00%
Steve Carell	Covid19 Precautions and Safety Training	1	1	100.00%
Steve Carell	Donning & Doffing PPE Competency	1	1	100.00%
Steve Carell	Hand Hygiene	1	1	100.00%
Steve Carell	Infection Control	1	1	100.00%
Total compliance rate		166	164	98.80%

RiskClear Reports — Page 5 of 5 — Friday, 1 April 2022

20.Report 307 Feedback Field Analysis

Purpose: Reports on data from the selected feedback field which can then be drilled down to record level.
Audience: Quality & Safety Coordinators/DON's/Clinical Managers / Consumer Representatives & Groups /Governance Committee's / External Auditors (e.g., Accreditation and Health Department).
Where the data comes from: Feedback records entered into RiskClear.

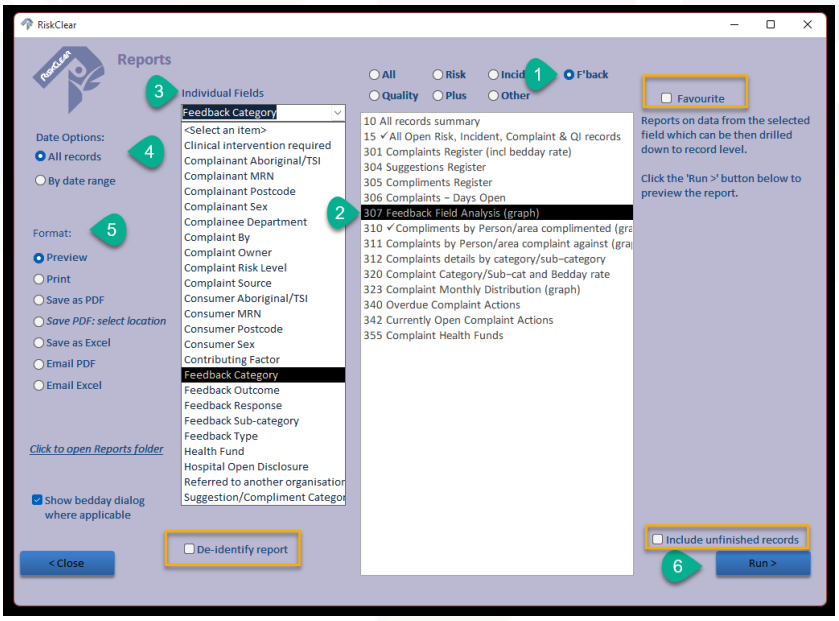
Real Everyday Use:

- ✓ Enables hospitals to monitor and manage valuable feedback received by their consumers/patients in a timely and responsive manner.
- ✓ Provides information to Hospital Governance Committee's about the type, distribution and frequency of feedback being received from consumers. This can assist hospitals in responding to trends in a timely manner.
- ✓ It assists hospitals to meet the various safety and quality requirements of the National Standards related to Consumer Feedback (e.g., Partnering with Consumers Standard Criteria 2.6, 2.8 and 2.10).

To run this Report:

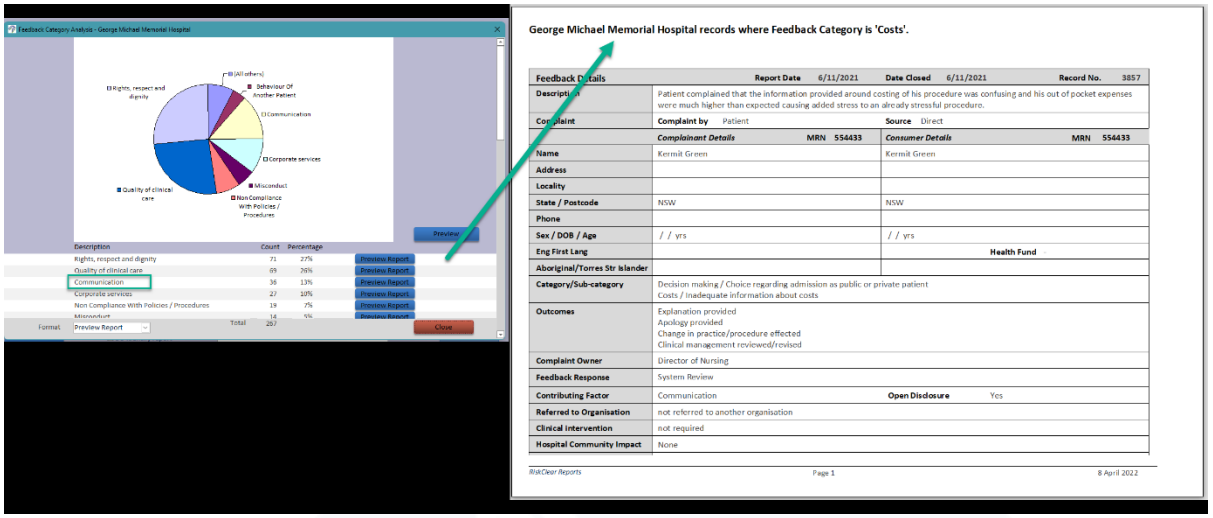
Step 1 - Go to **Reports** in RiskClear and select **''F'Back''.**
Step 2 - Select **''Report 307 Feedback Field Analysis Trainee''.** Remember if its frequently used tick **''Favourite''.**
Step 3 – Choose the appropriate field from the **Individual Fields** drop-down (e.g., Feedback Category or see list below).
Step 4 - Choose your **''Date Options''** (all records or by date range).
Step 5 – Select **'Format''.**
Step 6 - Click **''Run''.**

- You can also select **''De-identify Report''** if required depending on the report's audience
- You can also select **''Include unfinished records''**



Example Report:

- ✓ Show's a pie chart of the distribution of feedback by category.
- ✓ When you click on ''Preview Report'' it provides the drilled down specific record/s that make up this field's percentage.



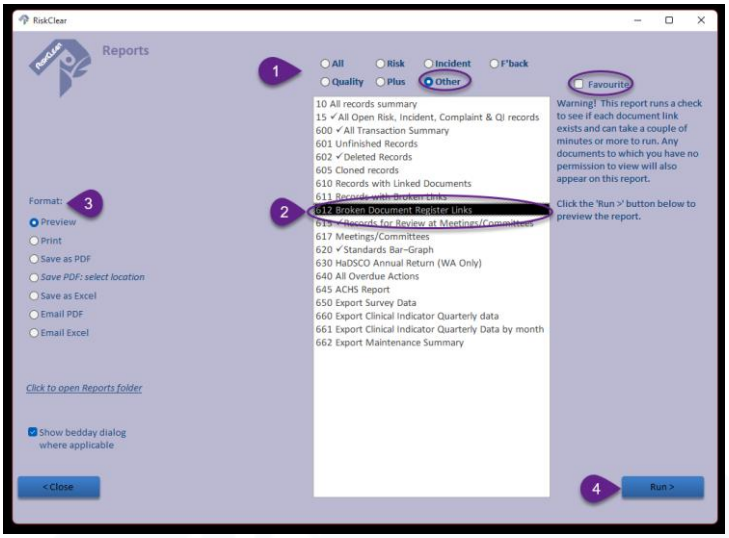
21.Report 612 Broken Document Register Links

Purpose: This report runs a check to see if each document link in the Document Register exists and is working. The report lists the Document Number, its expiry date, and the broken link file path.
Audience: Quality & Safety Coordinators/ DON's / Clinical Managers / External Auditors (e.g., Accreditation and Health Department).
Where the data comes from: Documents in the Document Register of RiskClear.
Real Everyday Use:

- ✓ Enables hospitals to regularly monitor and manage their Document Register by checking that document links (e.g., policies, procedures etc) are working so staff can reliably access required documents to safely provide the care required.
- ✓ Enables hospitals to ensure all document links are functional and accessible for auditors to access during accreditation and health department inspections.
- ✓ It assists hospitals to meet the various safety and quality requirements of the National Standards related to Document Management and Control (e.g., NSQHS 1Clinical Governance Standard Criteria 1.7)

To run this Report:
This report runs a check to see if each document link in the Document Register exists and is working.
The report lists the Document Number, its expiry date, and the broken link file path.

Step 1 - Go to **Reports** in RiskClear and select **''Other'.**
Step 2 - Select **''Report 612 Broken Document Register Links''.** Remember if its frequently used tick **''Favourite''.**
Step 3 – Select Report **''Format''.**
Step 4 - Click **''Run''.**



Example Report 612:

The report provides details on the Document/Record number, the expiry date of the document as well as the broken link file location.

George Michael Memorial Hospital - Document Register Records with Broken Links

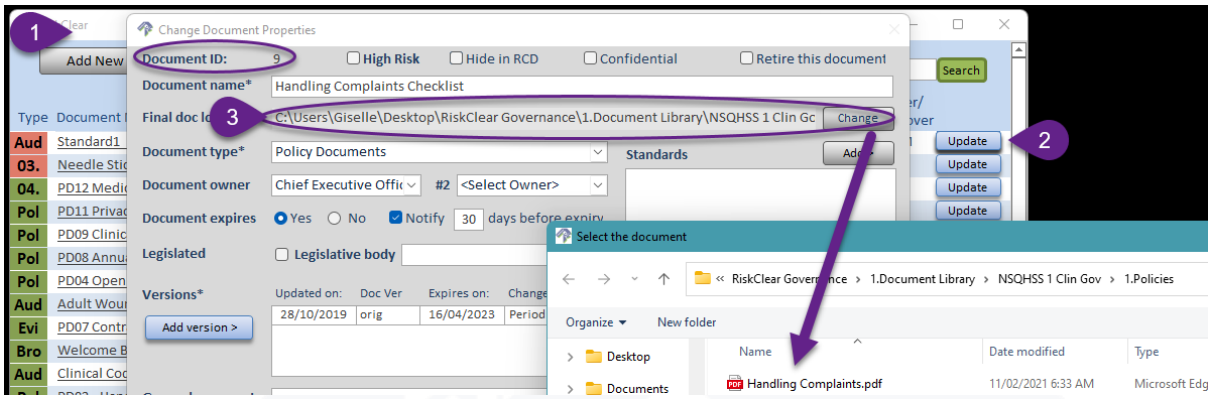
Record No.	Exp. Date	Broken Link	Type
14	21/10/2022	C:\RiskClear\Doc Reg Documents\Standard2_Oct_2012.pdf	
2	28/08/2024	C:\RiskClear\Doc Reg Documents\Annual Leave Form.pdf	
3	28/06/2024	C:\RiskClear\Doc Reg Documents\Community Wound Audit Tool 2016.pdf	
5	28/02/2022	C:\RiskClear\Doc Reg Documents\Facility Audit Tool 2016.pdf	
6	28/01/2023	C:\RiskClear\Doc Reg Documents\gov-audit-facility.pdf	
7	28/10/2022	C:\RiskClear\Doc Reg Documents\gov-audit-patient.pdf	
9	16/04/2022	C:\RiskClear\Doc Reg Documents\PD01 - Handling complaints.pdf	
1	28/10/2022	C:\RiskClear\Doc Reg Documents\Adult Wound Audit Tool 2016.pdf	
12	11/08/2024	C:\RiskClear\Doc Reg Documents\Sick Leave Form.pdf	
29		C:\Users\Giselle\Desktop\Giselle Pack\RC Examples for Clients\SPH_Evaluation Results of HandRub Trial - Graph.pdf	
15	15/05/2024	C:\RiskClear\Doc Reg Documents\Standard3_Oct_2012.pdf	
16	04/10/2022	C:\RiskClear\Doc Reg Documents\Standard5_Oct_2012.pdf	
17	11/11/2022	C:\RiskClear\Doc Reg Documents\Standard7_Oct_2012.pdf	
18	01/12/2022	D:\Docs_Work_riskclear\Doc Reg Documents\Standard4_Oct_2012.pdf	
19	13/10/2022	D:\Docs_Work_riskclear\Doc Reg Documents\gov-audit-patient.pdf	
21	10/11/2021	C:\Users\RiskClear\Documents\Standard1_Oct_2018.pdf	
22		https://en.wikipedia.org/wiki/Looking_for_Allbrandi_(film)	
10	23/03/2023	D:\Docs_Work_riskclear\Doc Reg Documents\PD02 - Hand Hygiene Guidlines for staff.pdf	

RiskClear Reports Page 1 of 1 Thursday, 28 April 2022

To fix the broken document register link do the following:

1. Go to the **Document Register.**
2. Find the Document you need to fix/re-link (e.g., Handling Complaints) and click **"Update".**

3. The **Change Document Properties** window appears - click **''Change''** alongside **final doc location** – your network browser will open > select the document to re-link it > and then click **''Update & Close''** to save and close the changes made in the **Change Document Properties** window.



22.Report 508 Rescheduled Audits Report

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 run and provide a report on rescheduled audits.
- ✓ Displays audits that have been rescheduled between the date range selected.
- ✓ Audit/Task Schedule and its various Reports 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.

Steps & Example

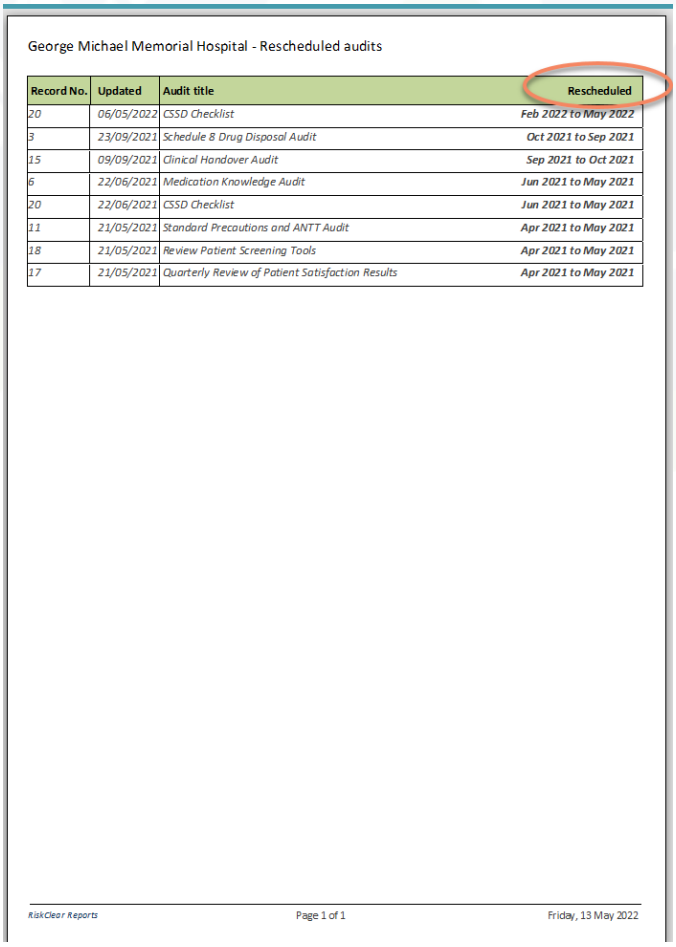
Steps:

Go to **Reports** in RiskClear:

1) Select **''Plus''.**
2) Select **''Report 508 Rescheduled Audits''** - remember if it's a frequently used report to tick the **''Favourite''** box.
3) Select **''Date Option''** (by date range or all records).
4) Select Report **''Format''.**
5) Click **''Run''.**

Example:
Report 508 Rescheduled Audits Report

The report shows the audit, date it was updated and the re-scheduled month.



George Michael Memorial Hospital - Rescheduled audits

Record No.	Updated	Audit title	Rescheduled
20	06/05/2022	CSSD Checklist	Feb 2022 to May 2022
3	23/09/2021	Schedule 8 Drug Disposal Audit	Oct 2021 to Sep 2021
15	09/09/2021	Clinical Handover Audit	Sep 2021 to Oct 2021
6	22/06/2021	Medication Knowledge Audit	Jun 2021 to May 2021
20	22/06/2021	CSSD Checklist	Jun 2021 to May 2021
11	21/05/2021	Standard Precautions and ANTT Audit	Apr 2021 to May 2021
18	21/05/2021	Review Patient Screening Tools	Apr 2021 to May 2021
17	21/05/2021	Quarterly Review of Patient Satisfaction Results	Apr 2021 to May 2021

RiskClear Reports Page 1 of 1 Friday, 13 May 2022

23.Report 601 Unfinished Records

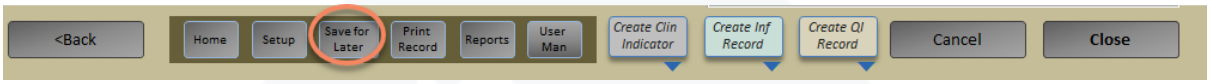
Audience & Key Users of this Function:

- ✓ Clinical Managers

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

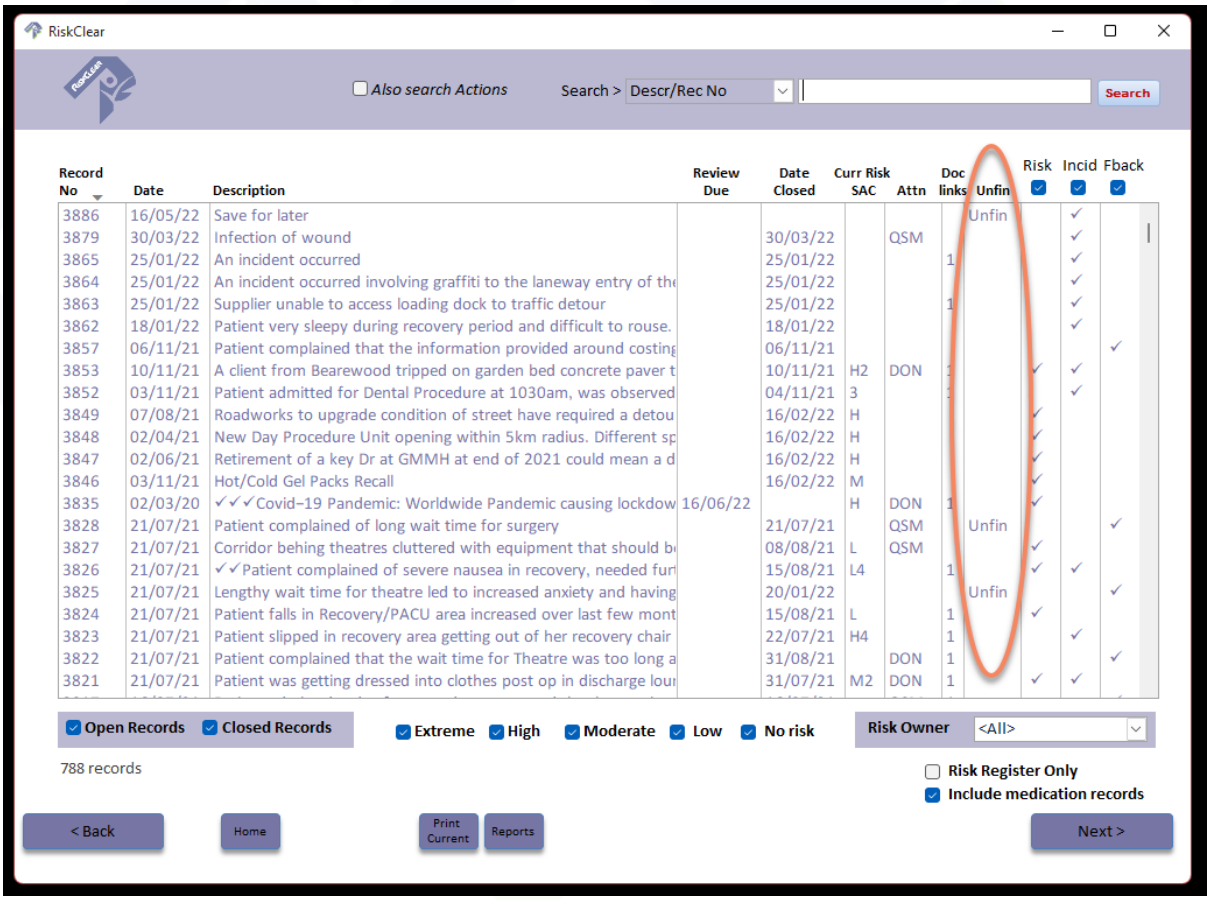
Purpose:

- ✓ **Report 601** provides information about (risk/incident/feedback) records in RiskClear that have been "saved for later" and therefore marked as "unfinished" in RiskClear as they require completion.



Where the data comes from:

- ✓ Unfinished risk, incident, and feedback records in RiskClear (circled below).



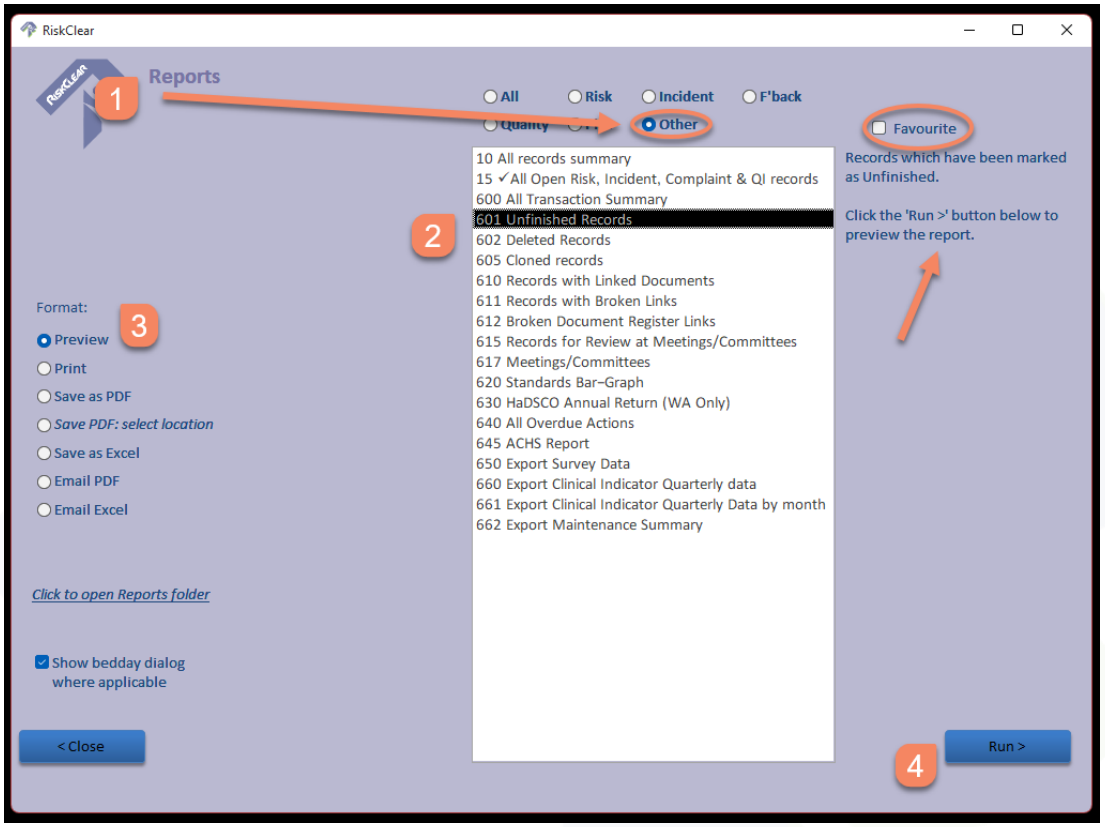
Real Everyday Use:

- ✓ **Report 601** assists Hospitals and Health Service Providers to meet and respond in a timely manner to 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:

- ✓ Go to **Reports** in RiskClear and select **''Other''.**
- ✓ Select Report **''601 Unfinished Records'' –** remember if it's a frequently used report to mark it as a **'Favourite'''.**
  ***Tip -** When you select a particular report a description of what the Report does appears to the right.
- ✓ Select Report **''Format''.**
- ✓ **Click ''Run>''.**



Example:

Report 601 Unfinished Records

- ✓ This report shows you the record number, date, description, and type of record making it easy to identify those RiskClear Records that need finishing/closing. Timely management of these records is vital for patient and hospital/healthcare safety. Running this report regularly (e.g., weekly) will assist in ensuring unfinished records in RiskClear are finalised and appropriate risk, incident and complaint management occurs in a timely manner.

George Michael Memorial Hospital - All Unfinished Records

Record No.	Date	Description	Type
3886	16/05/2022	Save for later	Incident
3828	21/07/2021	Patient complained of long wait time for surgery	Feedback
3825	21/07/2021	Lengthy wait time for theatre led to increased anxiety and having to change carer to pick up patient on discharge	Feedback
3813	13/07/2021	Patient complained that they were kept waiting too long and should have been booked at a later date as they were already nervous.	Feedback
3812	06/07/2021	Patient complained that they were delayed should have been booked at a later date as they were already nervous.	Feedback
3628	16/03/2020	Night staff failed to handover patient who had experienced a fall	Risk
3566	21/01/2020	A Feedback record	Risk
3507	13/12/2019	An Incident record	Incident
3457	22/07/2019	Risk of unlawful delegation.	Risk
3422	14/09/2019	A Feedback record	Risk
3337	10/08/2019	An Incident record	Incident
3201	09/04/2019	A Feedback record	Risk

24.Report 540 Maintenance Report.

Audience & Key Users of this Report:

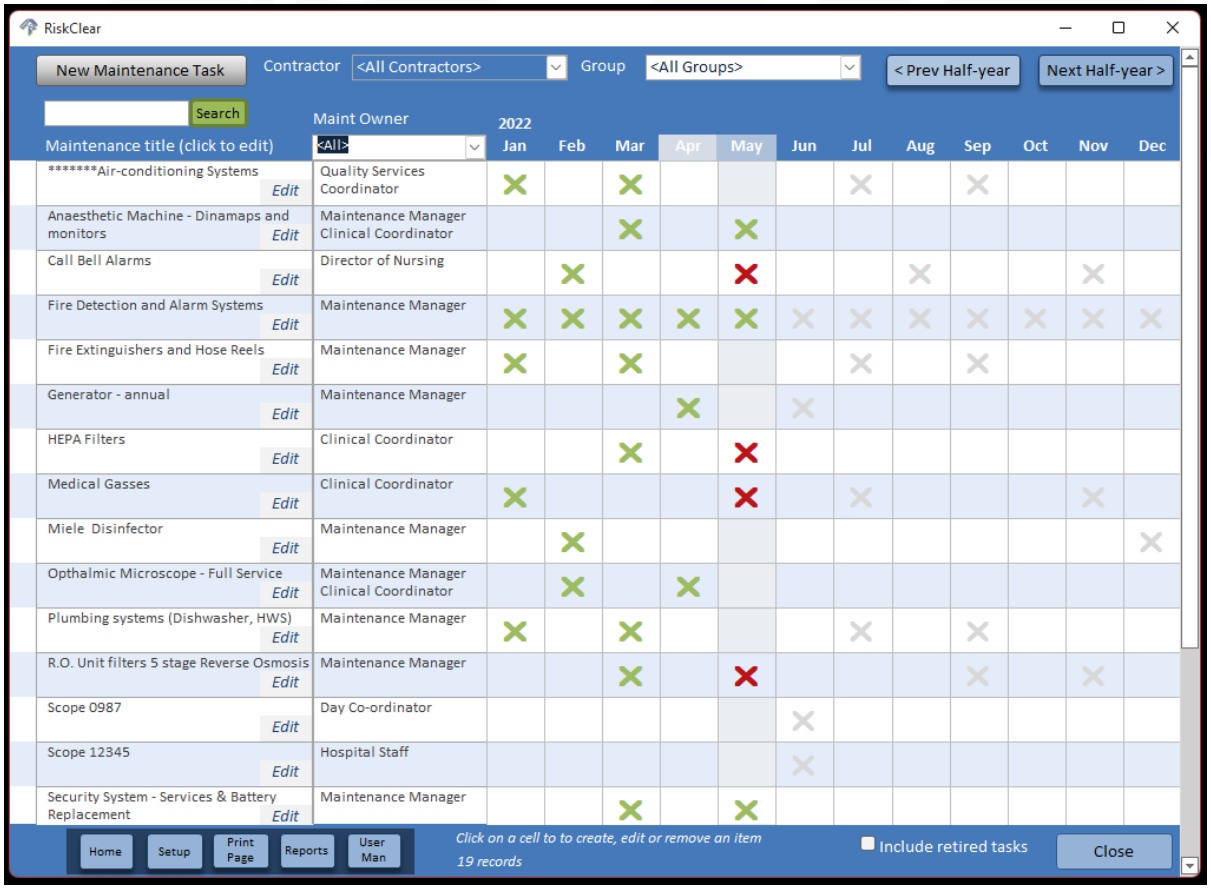
- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ Maintenance Manager
- ✓ RiskClear Users
- ✓ Risk, Safety and Quality Committee's

Purpose:

- ✓ **Report 540** shows all completed and uncompleted maintenance jobs and tasks, any unscheduled maintenance and compliance rate for all records or for the time period selected.

Where the data comes from:

- ✓ Completed, uncompleted and unscheduled maintenance records in the Maintenance Register of RiskClear.



Real Everyday Use:

- ✓ **Report 540** assists Hospitals and Health Service Providers to meet and respond in a timely manner to their planned and preventative maintenance tasks.
- ✓ This function and report assist hospitals and healthcare providers to meet the requirement of the National Standards regarding Safe Environment ~ (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)".

Steps & Example:

Steps:

- ✓ Go to **Reports** in RiskClear and select "**Plus**".
- ✓ Select Report "**540 Maintenance Report**" – remember if it's a frequently used report to mark it as a '**Favourite**'" (see circled).

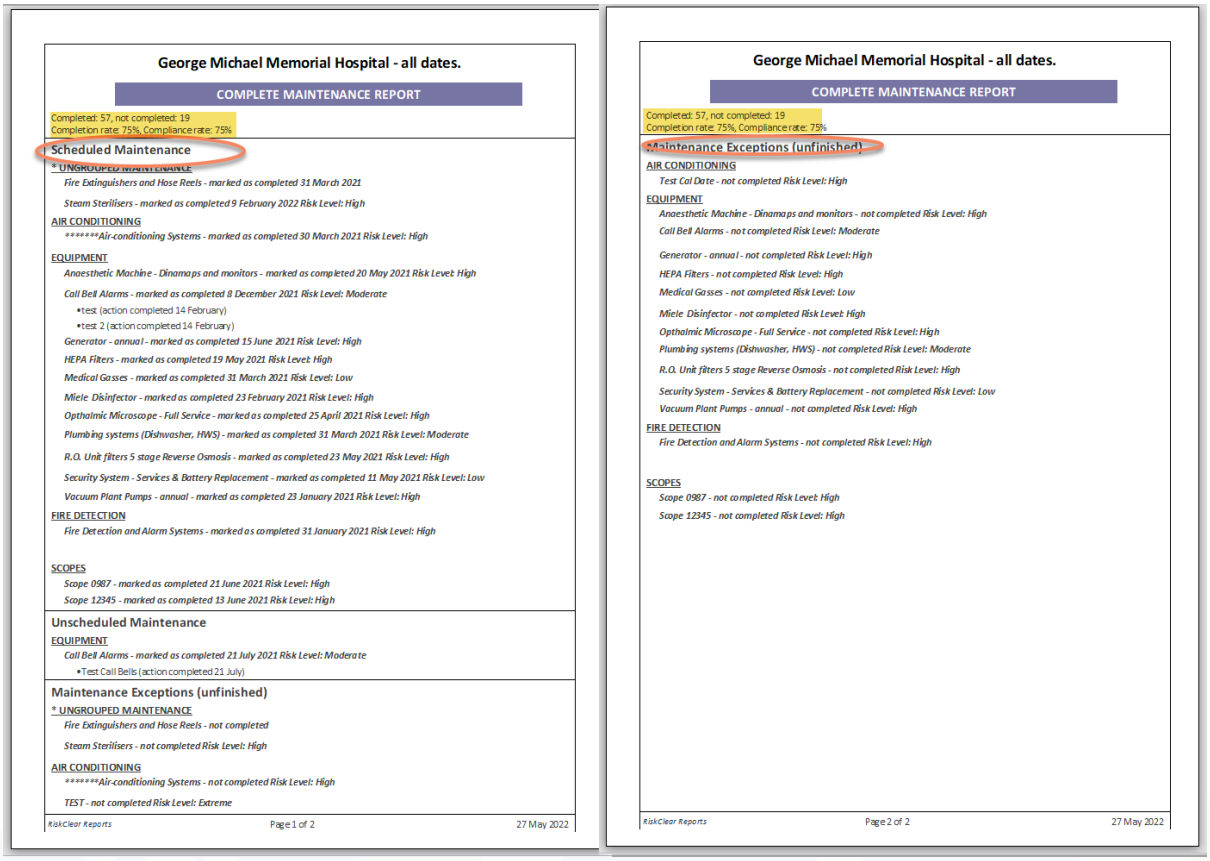
*Tip - When you select a particular report a description of what the Report does appears to the right.

- ✓ Select **Date Options** – all records or by date range.
- ✓ Select Report "**Format**" – preview, pdf, excel.
- ✓ **Click "Run>".**

Example:

Report 540

- ✓ Shows at the top of each page (see highlighted) the completion/compliance rate by calculating tasks completed (57) vs tasks not completed (19) = 75% compliance.
- ✓ Shows a list of the Maintenance jobs that have been completed, the date and any risk level set to that task (see circled).
- ✓ Shows a list of Maintenance jobs that have not been completed and any risk level set to that task (see circled).



George Michael Memorial Hospital - all dates.

COMPLETE MAINTENANCE REPORT

Completed: 57, not completed: 19
Completion rate: 75%, Compliance rate: 75%

Scheduled Maintenance

* UNGROUPED MAINTENANCE
Fire Extinguishers and Hose Reels - marked as completed 31 March 2021
Steam Sterilisers - marked as completed 9 February 2022 Risk Level: High

AIR CONDITIONING
******Air-conditioning Systems - marked as completed 30 March 2021 Risk Level: High

EQUIPMENT
Anaesthetic Machine - Dinamaps and monitors - marked as completed 20 May 2021 Risk Level: High
Call Bell Alarms - marked as completed 8 December 2021 Risk Level: Moderate
•test (action completed 14 February)
•test 2 (action completed 14 February)
Generator - annual - marked as completed 15 June 2021 Risk Level: High
HEPA Filters - marked as completed 19 May 2021 Risk Level: High
Medical Gasses - marked as completed 31 March 2021 Risk Level: Low
Miele Disinfector - marked as completed 23 February 2021 Risk Level: High
Opthalmic Microscope - Full Service - marked as completed 25 April 2021 Risk Level: High
Plumbing systems (Dishwasher, HWS) - marked as completed 31 March 2021 Risk Level: Moderate
R.O. Unit filters 5 stage Reverse Osmosis - marked as completed 23 May 2021 Risk Level: High
Security System - Services & Battery Replacement - marked as completed 11 May 2021 Risk Level: Low
Vacuum Plant Pumps - annual - marked as completed 23 January 2021 Risk Level: High

FIRE DETECTION
Fire Detection and Alarm Systems - marked as completed 31 January 2021 Risk Level: High

SCOPES
Scope 0987 - marked as completed 21 June 2021 Risk Level: High
Scope 12345 - marked as completed 13 June 2021 Risk Level: High

Unscheduled Maintenance

EQUIPMENT
Call Bell Alarms - marked as completed 21 July 2021 Risk Level: Moderate
•Test Call Bells (action completed 21 July)

Maintenance Exceptions (unfinished)

* UNGROUPED MAINTENANCE
Fire Extinguishers and Hose Reels - not completed
Steam Sterilisers - not completed Risk Level: High

AIR CONDITIONING
******Air-conditioning Systems - not completed Risk Level: High
TEST - not completed Risk Level: Extreme

RiskClear Reports Page 1 of 2 27 May 2022

George Michael Memorial Hospital - all dates.

COMPLETE MAINTENANCE REPORT

Completed: 57, not completed: 19
Completion rate: 75%, Compliance rate: 75%

Maintenance Exceptions (unfinished)

AIR CONDITIONING
Test Cal Date - not completed Risk Level: High

EQUIPMENT
Anaesthetic Machine - Dinamaps and monitors - not completed Risk Level: High
Call Bell Alarms - not completed Risk Level: Moderate
Generator - annual - not completed Risk Level: High
HEPA Filters - not completed Risk Level: High
Medical Gasses - not completed Risk Level: Low
Miele Disinfector - not completed Risk Level: High
Opthalmic Microscope - Full Service - not completed Risk Level: High
Plumbing systems (Dishwasher, HWS) - not completed Risk Level: Moderate
R.O. Unit filters 5 stage Reverse Osmosis - not completed Risk Level: High
Security System - Services & Battery Replacement - not completed Risk Level: Low
Vacuum Plant Pumps - annual - not completed Risk Level: High

FIRE DETECTION
Fire Detection and Alarm Systems - not completed Risk Level: High

SCOPES
Scope 0987 - not completed Risk Level: High
Scope 12345 - not completed Risk Level: High

RiskClear Reports Page 2 of 2 27 May 2022

25.Report 104 Risk Register

Audience & Key Users of this Report:

- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ RiskClear Users
- ✓ Risk, Safety and Quality Committee's

Purpose:

- ✓ Report 104 displays only risk register records that have incidents and/or complaints records linked to them.
- ✓ If an acceptable risk level filter is selected, records without an acceptable risk level will be excluded from the report.

Where the data comes from:

- ✓ Risk Records entered into RiskClear that are on the Risk Register.
- ✓ Incident and Complaint records entered into RiskClear that have been linked to that Risk Register record.

Real Everyday Use:

Report 104:

- ✓ Identifies and determines organisational risks.
- ✓ Assists Hospitals and Health Service Providers to regularly review and act to improve the effectiveness of their risk management systems.

- ✓ This function and report assist hospitals and healthcare providers to meet the requirement of the National Standards regarding Risk Management (NSQHS 1 Clinical Governance Criteria 1.10)

Steps & Example:

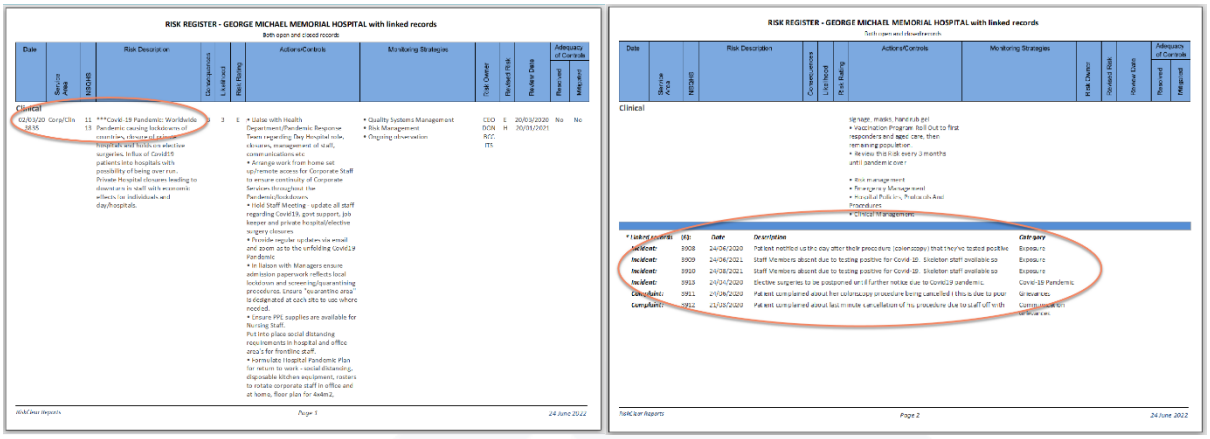
Steps:

1. Go to **Reports** in RiskClear and select **"Risk"**
2. Select Report **"104 Risk Register with linked records" –** remember if it's a frequently used report to mark it as a **"Favourite"**
3. ***Tip -** When you select a particular report a description of what the Report does appears to the right.
4. Select **"Risk Register Area"** (if you have a split Risk Register you can choose a specific register or All).
5. Select "**Date Options" –** all records or by date range.
6. Select Report **"Format" –** preview, pdf, excel.
7. Select **Parameters** – e.g., open/closed/all records, the acceptable risk level, finished or unfinished records.
8. Click **"Run>"**.

Example:

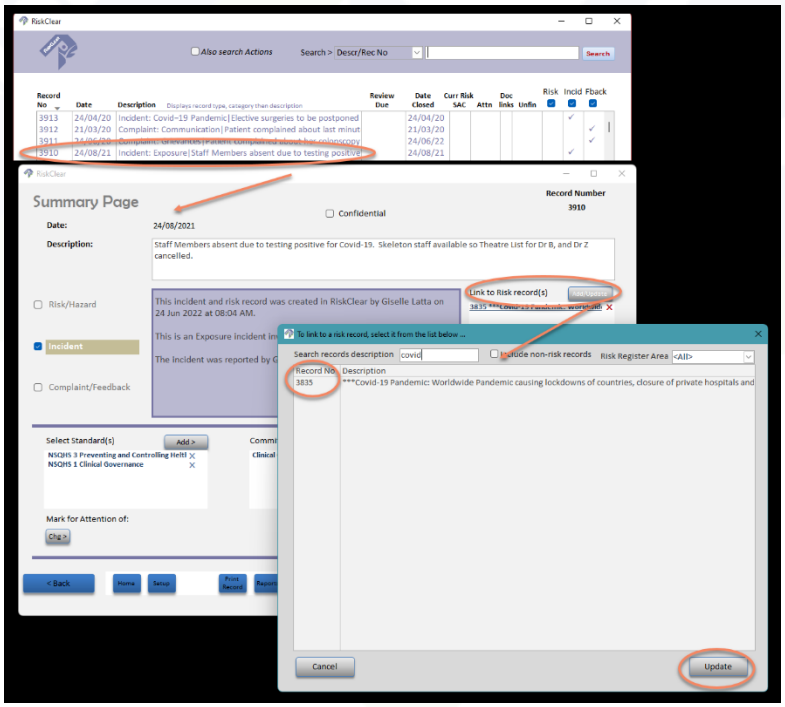
Report 104

- ✓ The example provided below show's **Covid-19 on the Risk Register** (circled) and at the end of the report you can see the **linked incident and complaint records** (circled).
- ✓ Being able to view the **linked incident and complaint records** enables related information to be reported on and reviewed assisting in improved and timely risk management.

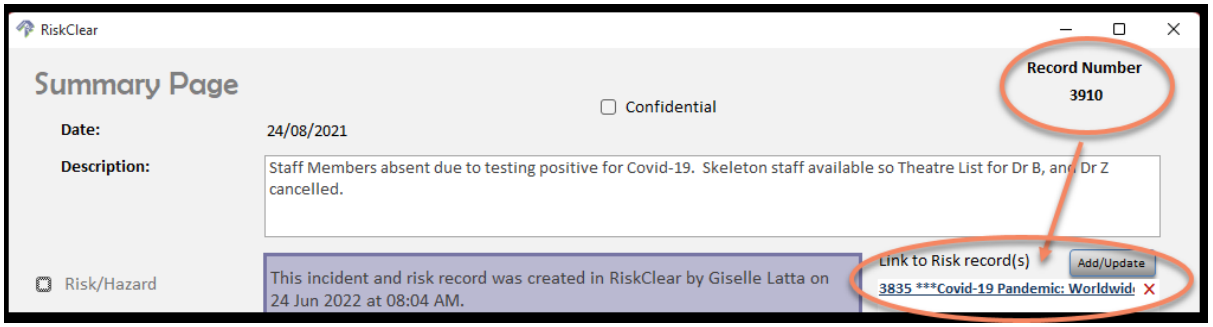


How to link existing incident and complaint records to a risk record on the Risk Register:

- ✓ Find the complaint or incident record via **Search RiskClear.**
- ✓ **Open** the Incident Record (e.g., 3910 circled below) to view the **Summary Page.**
- ✓ Go to **"Link to Risk Record(s)** and click the **"Add/Update"** button.
- ✓ A window will appear with a list of RiskClear records, search **"Covid"** to find the Risk Register record **(3835)** and **select** it.
- ✓ Click **"Update".**



- ✓ You can see on the **Summary Page** that **Incident Record 3910** is now **linked** to **Risk Register Record 3835.**
- ✓ This will now show in **Report 104 – Risk Register with linked records.**



26.Report 452 Quality Improvement Report

Purpose:

- ✓ Provides information on Quality Improvement (QI) activities and projects at your hospital/organisation, including their effectiveness.

Audience:

- ✓ MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings and Governance Committee's.

Real Everyday Use:

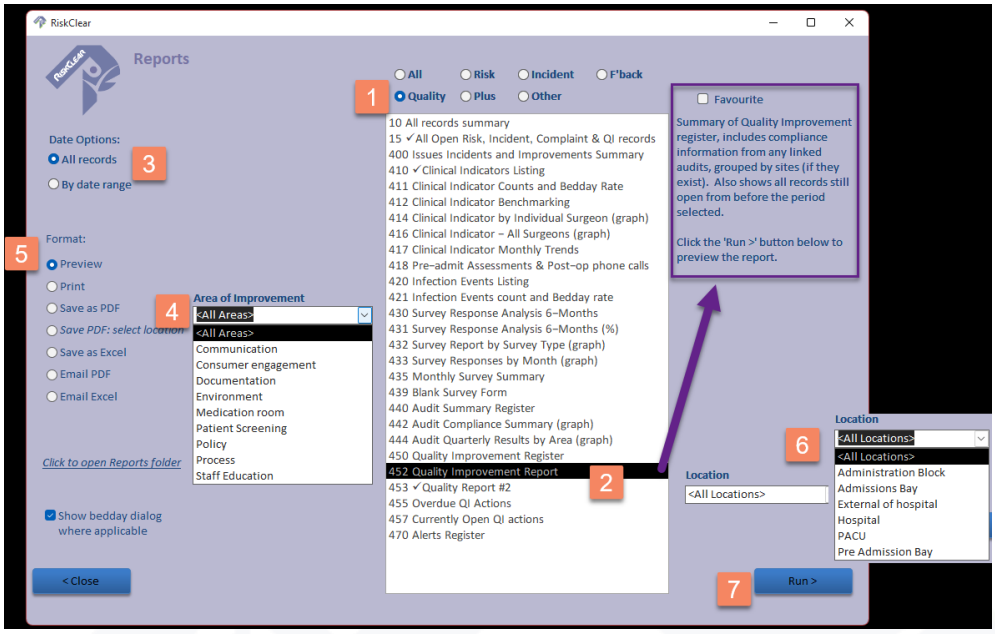
- ✓ Provides a summary of all open and closed QI activities including compliance information from any linked audits.
- ✓ This QI function assists Hospitals and Health Service Providers to meet the requirements set in the National Standards e.g., – NSQHS 1 Clinical Governance Standard measurement and quality improvement – e.g., Criteria 1.8, 1.9, 1.25, 1.26.

To run this report:

Go to the **Report**s Section of RiskClear.
Step 1: Select **Quality.**
Step 2: Select Report **452 Quality Improvement Report** from the List. If it is a favourite or highly used report – **tick the Favourite box.**
Step 3: Choose **Date Options** (date range or all).
Step 4: Choose **Area of Improvement** (all or by a particular area).
Step 5: Choose **Format.**
Step 6: Choose **Location** (all or by a specific location).
Step 7: Click **Run.**

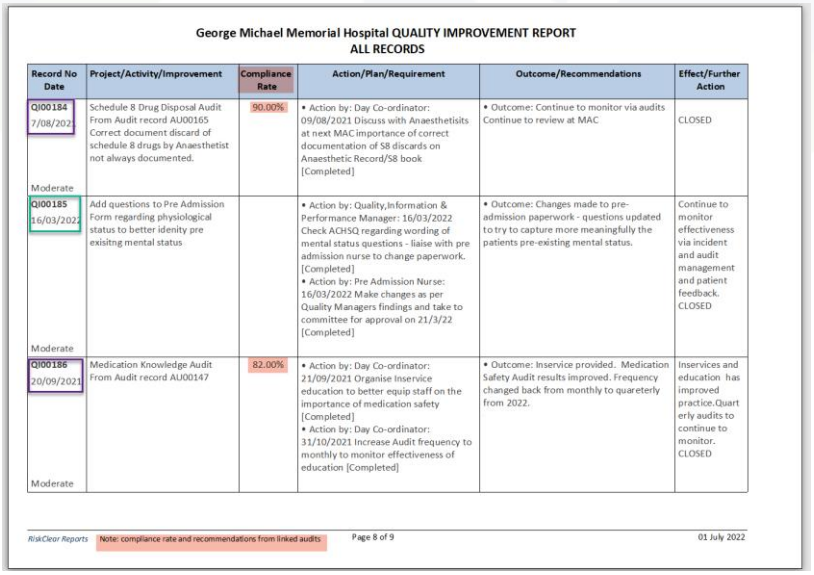
Where does this data come from?

- It comes from the Quality Improvement Records entered into RiskClear or RiskClear Direct by staff.



Example of Report 452 Quality Improvement Report

- ✓ Shows the QI Record number and date it was created.
- ✓ Shows the Project/Activity/Improvement detail.
- ✓ Where a QI is linked to an Audit Summary it will show the compliance rate of that audit.
- ✓ Shows the Action Plan to achieve the QI.
- ✓ Shows the Outcome and Recommendations of that QI.
- ✓ Shows the effectiveness of the QI including whether the QI is closed or open.



George Michael Memorial Hospital QUALITY IMPROVEMENT REPORT
ALL RECORDS

Record No Date	Project/Activity/Improvement	Compliance Rate	Action/Plan/Requirement	Outcome/Recommendations	Effect/Further Action
QI00184 7/08/2021 Moderate	Schedule 8 Drug Disposal Audit From Audit record AU00165 Correct document discard of schedule 8 drugs by Anaesthetist not always documented.	90.00%	• Action by: Day Co-ordinator: 09/08/2021 Discuss with Anaesthetisits at next MAC importance of correct documentation of S8 discards on Anaesthetic Record/S8 book [Completed]	• Outcome: Continue to monitor via audits Continue to review at MAC	CLOSED
QI00185 16/03/2022 Moderate	Add questions to Pre Admission Form regarding physiological status to better idenity pre exisitng mental status		• Action by: Quality,Information & Performance Manager: 16/03/2022 Check ACHSQ regarding wording of mental status questions - liaise with pre admission nurse to change paperwork. [Completed] • Action by: Pre Admission Nurse: 16/03/2022 Make changes as per Quality Managers findings and take to committee for approval on 21/3/22 [Completed]	• Outcome: Changes made to pre-admission paperwork - questions updated to try to capture more meaningfully the patients pre-existing mental status.	Continue to monitor effectiveness via incident and audit management and patient feedback. CLOSED
QI00186 20/09/2021 Moderate	Medication Knowledge Audit From Audit record AU00147	82.00%	• Action by: Day Co-ordinator: 21/09/2021 Organise Inservice education to better equip staff on the importance of medication safety [Completed] • Action by: Day Co-ordinator: 31/10/2021 Increase Audit frequency to monthly to monitor effectiveness of education [Completed]	• Outcome: Inservice provided. Medication Safety Audit results improved. Frequency changed back from monthly to quareterly from 2022.	Inservices and education has improved practice.Quarterly audits to continue to monitor. CLOSED

RiskClear Reports Note: compliance rate and recommendations from linked audits Page 8 of 9 01 July 2022

27.Report 550 Contractor Register

Audience & Key Users of this Report:

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

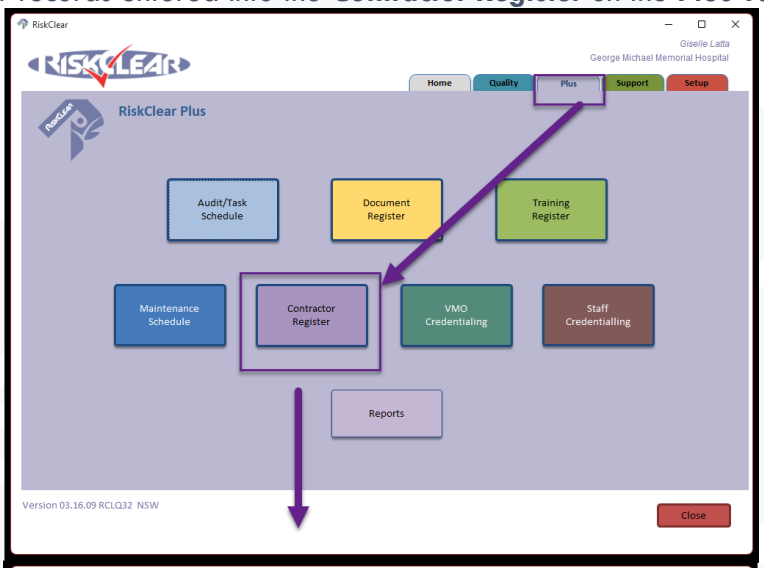
- ✓ Maintenance Manager
- ✓ Finance Manager
- ✓ RiskClear Users

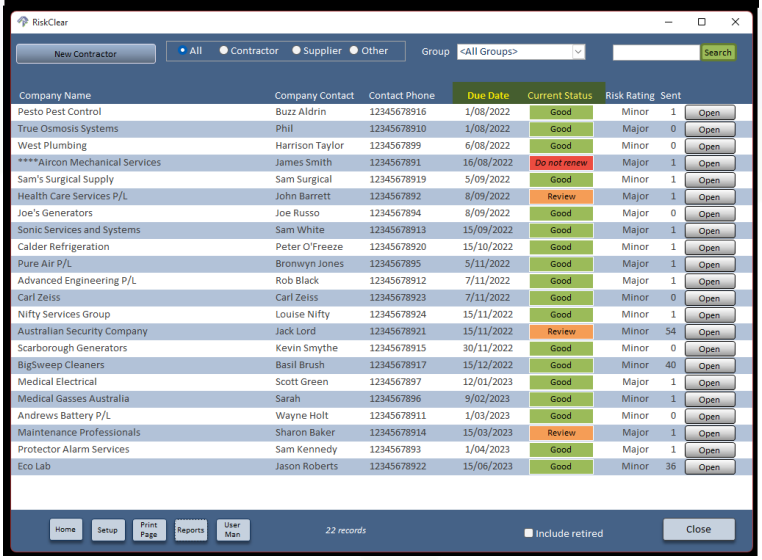
Purpose:

- ✓ **Report 550** shows all Contractors with the latest due date between the date range selected.
- ✓ Both condensed and full detail reports are sorted by due date.

Where the data comes from:

- ✓ Contractor records entered into the **Contractor Register** on the **Plus Tab** of RiskClear.





Real Everyday Use:

- ✓ **Report 550** assists Hospitals and Health Service Providers to manage the administration of Contractors that provide services for their hospitals planned and preventative maintenance tasks.
- ✓ This function and report assist 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)".

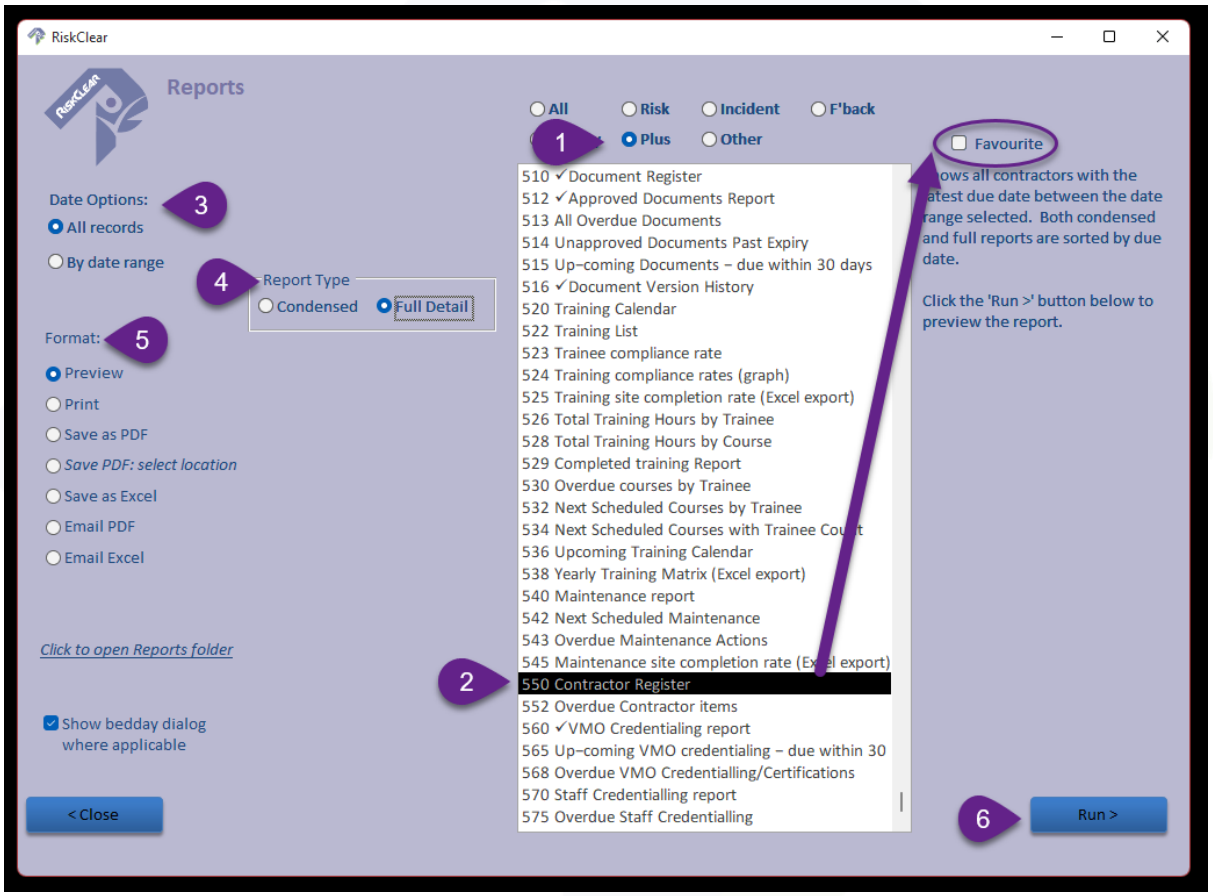
Steps & Example:

Steps:

- ✓ Go to **Reports** in RiskClear and select **Plus.**
- ✓ Select Report **550 Contractor Register –** remember if it's a frequently used report to mark it as a **Favourite** (see circled).

***Tip -** When you select a particular report a description of what the Report does appears to the right.

- ✓ Select **Date Options –** all records or by date range.
- ✓ Select **Report Type** – condensed or full details.
- ✓ Select Report **Format –** preview, pdf, excel.
- ✓ **Click Run >.**



Example Contractor Register Reports – Condensed or Full Detail:

Condensed Example Report 550

- ✓ Shows number of overdue contractors, company name and contact details, due date, current status and Risk Rating.

George Michael Memorial Hospital - Contractor Register - Condensed

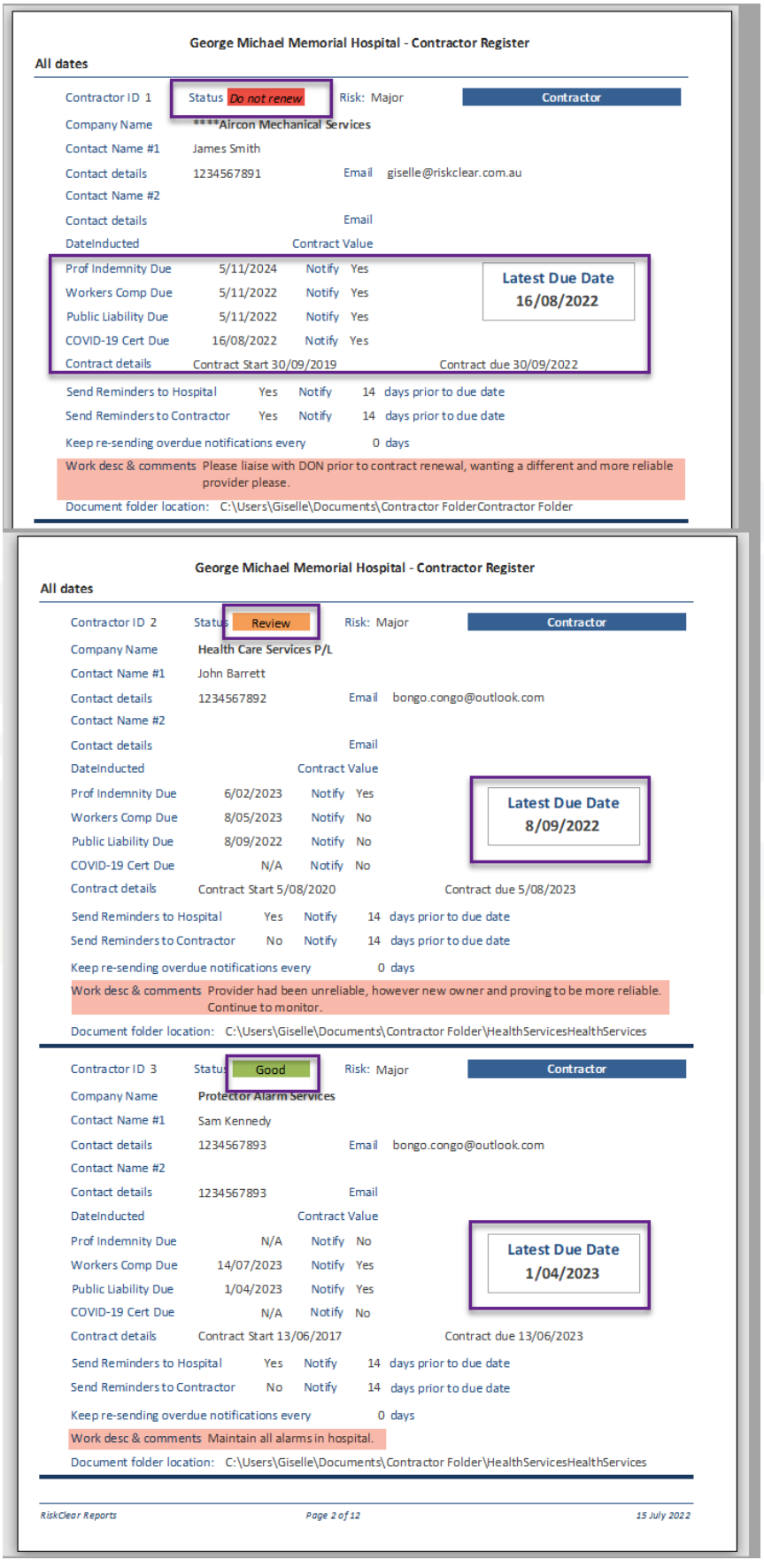
Total number of overdue contractors: 0

Company Name	Company Contact	Contact Phone	Due Date	Current Status	Risk Rating
Pesto Pest Control	Buzz Aldrin	12345678916	1/08/2022	Good	Minor
True Osmosis Systems	Phil	12345678910	1/08/2022	Good	Major
West Plumbing	Harrison Taylor	1234567899	6/08/2022	Good	Minor
****Aircon Mechanical Services	James Smith	1234567891	16/08/2022	Do not renew	Major
Sam's Surgical Supply	Sam Surgical	12345678919	5/09/2022	Good	Minor
Health Care Services P/L	John Barrett	1234567892	8/09/2022	Review	Major
Joe's Generators	Joe Russo	1234567894	8/09/2022	Good	Major
Sonic Services and Systems	Sam White	12345678913	15/09/2022	Good	Major
Calder Refrigeration	Peter O'Freeze	12345678920	15/10/2022	Good	Minor
Pure Air P/L	Bronwyn Jones	1234567895	5/11/2022	Good	Major
Advanced Engineering P/L	Rob Black	12345678912	7/11/2022	Good	Major
Carl Zeiss	Carl Zeiss	12345678923	7/11/2022	Good	Minor
Nifty Services Group	Louise Nifty	12345678924	15/11/2022	Good	Minor
Australian Security Company	Jack Lord	12345678921	15/11/2022	Review	Minor
Scarborough Generators	Kevin Smythe	12345678915	30/11/2022	Good	Minor
BigSweep Cleaners	Basil Brush	12345678917	15/12/2022	Good	Minor
Medical Electrical	Scott Green	1234567897	12/01/2023	Good	Major
Medical Gasses Australia	Sarah	1234567896	9/02/2023	Good	Minor
Andrews Battery P/L	Wayne Holt	12345678911	1/03/2023	Good	Minor
Maintenance Professionals	Sharon Baker	12345678914	15/03/2023	Review	Major
Protector Alarm Services	Sam Kennedy	1234567893	1/04/2023	Good	Major
Eco Lab	Jason Roberts	12345678922	15/06/2023	Good	Minor

RiskClear Reports Page 1 of 1 15 July 2022

Full Detail Example Report 550

- ✓ Shows company name and contact details, due date, current status, and Risk Rating.
- ✓ Shows further details about the contractor including professional indemnity, workers comp and public liability and their respective due dates.
- ✓ Shows Contract start and end date.
- ✓ Shows any set reminders for the contractor and/or hospital contact.
- ✓ Shows any comments as well as the linked Contractor folder location.



George Michael Memorial Hospital - Contractor Register

All dates

Contractor ID 1 Status Do not renew Risk: Major Contractor

Company Name ****Aircon Mechanical Services

Contact Name #1 James Smith

Contact details 1234567891 Email giselle@riskclear.com.au

Contact Name #2

Contact details Email

DateInducted Contract Value

Prof Indemnity Due 5/11/2024 Notify Yes

Workers Comp Due 5/11/2022 Notify Yes

Public Liability Due 5/11/2022 Notify Yes

COVID-19 Cert Due 16/08/2022 Notify Yes

Latest Due Date 16/08/2022

Contract details Contract Start 30/09/2019 Contract due 30/09/2022

Send Reminders to Hospital Yes Notify 14 days prior to due date

Send Reminders to Contractor Yes Notify 14 days prior to due date

Keep re-sending overdue notifications every 0 days

Work desc & comments Please liaise with DON prior to contract renewal, wanting a different and more reliable provider please.

Document folder location: C:\Users\Giselle\Documents\Contractor FolderContractor Folder

George Michael Memorial Hospital - Contractor Register

All dates

Contractor ID 2 Status Review Risk: Major Contractor

Company Name Health Care Services P/L

Contact Name #1 John Barrett

Contact details 1234567892 Email bongo.congo@outlook.com

Contact Name #2

Contact details Email

DateInducted Contract Value

Prof Indemnity Due 6/02/2023 Notify Yes

Workers Comp Due 8/05/2023 Notify No

Public Liability Due 8/09/2022 Notify No

COVID-19 Cert Due N/A Notify No

Latest Due Date 8/09/2022

Contract details Contract Start 5/08/2020 Contract due 5/08/2023

Send Reminders to Hospital Yes Notify 14 days prior to due date

Send Reminders to Contractor No Notify 14 days prior to due date

Keep re-sending overdue notifications every 0 days

Work desc & comments Provider had been unreliable, however new owner and proving to be more reliable. Continue to monitor.

Document folder location: C:\Users\Giselle\Documents\Contractor Folder\HealthServicesHealthServices

Contractor ID 3 Status Good Risk: Major Contractor

Company Name Protector Alarm Services

Contact Name #1 Sam Kennedy

Contact details 1234567893 Email bongo.congo@outlook.com

Contact Name #2

Contact details 1234567893 Email

DateInducted Contract Value

Prof Indemnity Due N/A Notify No

Workers Comp Due 14/07/2023 Notify Yes

Public Liability Due 1/04/2023 Notify Yes

COVID-19 Cert Due N/A Notify No

Latest Due Date 1/04/2023

Contract details Contract Start 13/06/2017 Contract due 13/06/2023

Send Reminders to Hospital Yes Notify 14 days prior to due date

Send Reminders to Contractor No Notify 14 days prior to due date

Keep re-sending overdue notifications every 0 days

Work desc & comments Maintain all alarms in hospital.

Document folder location: C:\Users\Giselle\Documents\Contractor Folder\HealthServicesHealthServices

RiskClear Reports Page 2 of 12 15 July 2022

28.Report 431 Survey (Evaluation) Response Analysis 6 months %

Audience & Key Users of this Report

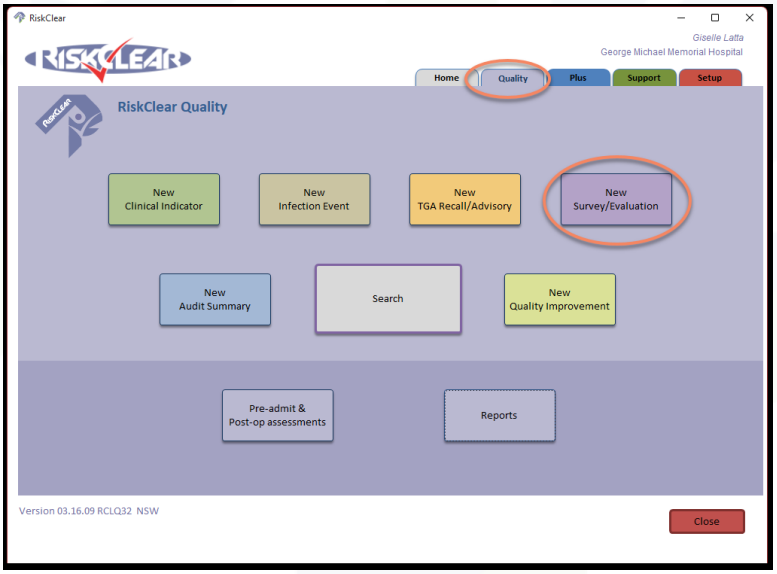
- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Managers
- ✓ Training Coordinator

Purpose

- ✓ **Report 431** displays the monthly summary data for individual responses to *survey or evaluation* questions for 6 months from the month selected.
- ✓ Evaluation data *(in this example Evaluation of Staff Orientation Program)* is collected to provide valuable feedback to better meet the needs of new staff commencing at your hospital/healthcare service.

Where the data comes from

- ✓ Evaluation responses entered into the **Survey/Evaluation** function on the **Quality Tab** of RiskClear.



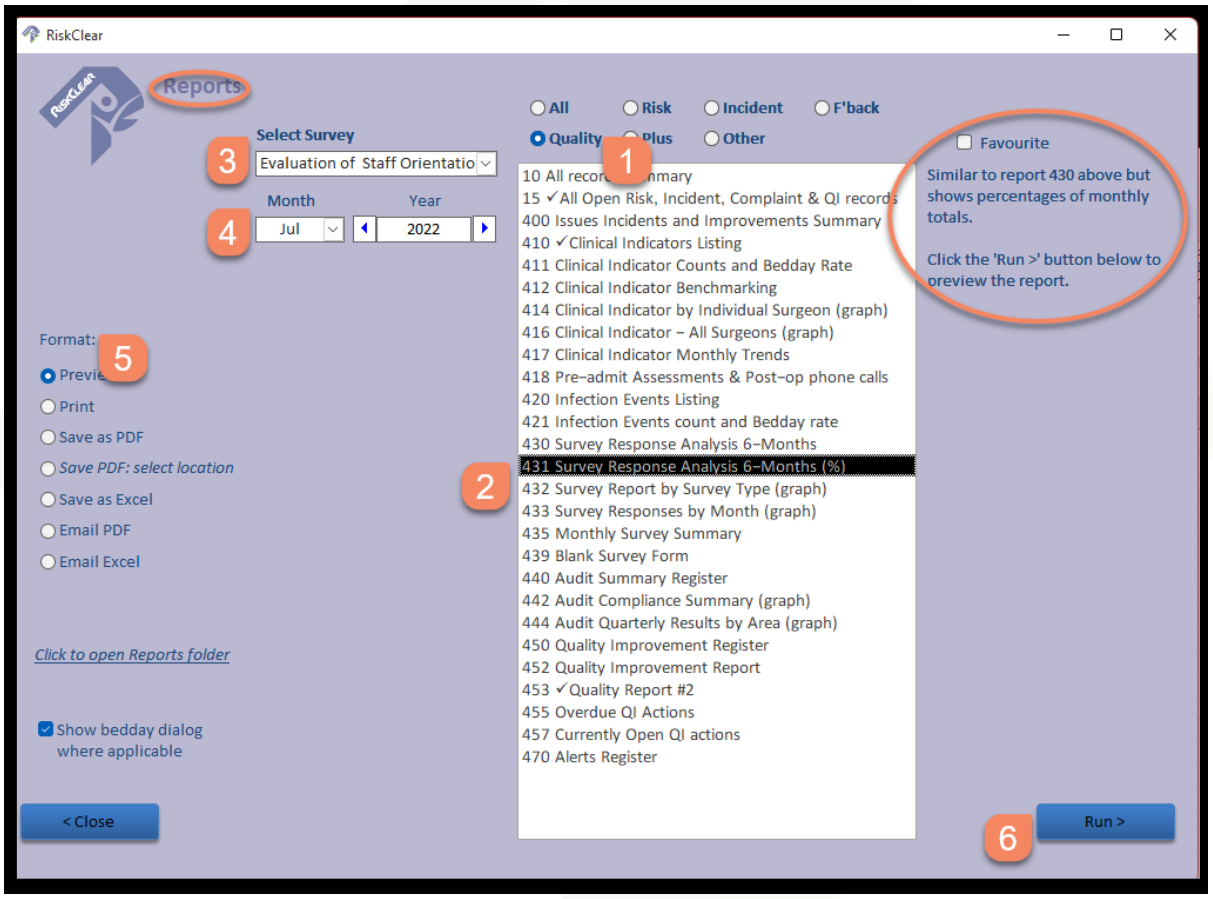
Real Everyday Use

- ✓ **Report 431** assists Hospitals and Health Service Providers receive valuable feedback relating to a particular process, program, or experience.
- ✓ This function and report assist hospitals and healthcare providers to meet the requirements of the National Standards – for e.g.,
  - Measurement and quality improvement e.g., (**NSQHS 1 Clinical Governance Criteria 1.8 & 1.9).**
  - Safety and quality training – the health service provides orientation to the organisation for new staff and monitors the workforce's participation (**NSQHS 1 Clinical Governance Criteria 1.19 & 1.20).**

Steps & Example

Steps:

- ✓ Go to **Reports** in RiskClear and select **Quality.**
- ✓ Select Report **431 Survey Response Analysis 6-months % –** remember if it's a frequently used report to mark it as a **Favourite.**
  Note when you select a particular report a description of what the Report does appears to the right (circled below).
- ✓ **Select Survey** or Evaluation from the drop-down menu – e.g., ***Evaluation of Staff Orientation Program.***
- ✓ Select **Month & Year –** for 6 months to the month selected – e.g., July 2022 will include 6 months to the date being February to July 2022.
- ✓ Select Report **Format –** preview, pdf, excel.
- ✓ Click **Run >.**



Example Report 431 - includes:

- ✓ **Summary of Surveys/Evaluation's** received for *Evaluation of Staff Orientation Program* is at the top of the page (circled). This includes number of attendee's and evaluations (%) received.
- ✓ Displays how many **Free text responses** were received (run report 435 to see the actual free text responses).
- ✓ The report is then divided by the **Survey/Evaluation Responses** – e.g., Strongly Agree, Agree, Strongly Disagree, Neutral.

George Michael Memorial Hospital: Evaluation of Staff Orientation Program (percentages) Response Analysis to July 2022

Summary of Surveys

2022	Feb	Mar	Apr	May	Jun	Jul
Evaluation Form	100%	100%	100%	100%	100%	100%
Total surveys	5	4	4	10	5	10

Free text response boxes

2022	Feb	Mar	Apr	May	Jun	Jul
Please provide any further feedback or comments to	100%	100%	100%	100%	100%	100%
Total responses	2	2	1	1	1	4

Survey Response "Strongly Agree"

2022	Feb	Mar	Apr	May	Jun	Jul
1. The content of the Orientation Program met my ne	20%	25%	24%	19%	21%	23%
2. The length of the sessions covered necessary infor	20%	25%	18%	19%	21%	23%
3. The presenters were knowledgable, engaging and	25%	25%	12%	22%	21%	23%
4. The physical environment was comfortable and con	20%	6%	24%	19%	14%	16%
5. The catering provided met my needs	15%	19%	24%	19%	21%	16%
Total responses	20	16	17	36	14	44

Survey Response "Agree"

2022	Feb	Mar	Apr	May	Jun	Jul
1. The content of the Orientation Program met my ne	25%			21%	20%	
2. The length of the sessions covered necessary infor	25%		33%	21%	20%	
3. The presenters were knowledgable, engaging and			67%	14%	20%	
4. The physical environment was comfortable and con	25%	67%		21%	20%	33%
5. The catering provided met my needs	25%	33%		21%	20%	67%
Total responses	4	3	3	14	10	3

Survey Response "Strongly Disagree"

2022	Feb	Mar	Apr	May	Jun	Jul
4. The physical environment was comfortable and con						100%
5. The catering provided met my needs	100%					
Total responses	1					1

Program (percentages) Response Analysis to July 2022

Survey Response "Neutral"

2022	Feb	Mar	Apr	May	Jun	Jul
4. The physical environment was comfortable and con		100%			100%	
5. The catering provided met my needs						100%
Total responses		1			1	1

29. Reports 305 Compliments Register & 310 Compliments by Person/Area (graph)

Audience & Key Users of this Function

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

Purpose

- ✓ Report 305 Compliments Register displays all compliment records or by date range.
- ✓ Report 310 Compliments by Person/Area in RiskClear displays the names of the person or area complimented and the number of compliments in a bar graph format.
- ✓ These two reports provide an effective way of informally and formally (e.g., Staff Meetings) sharing compliments received by consumers (e.g., patients, doctors) with staff.
- ✓ These Compliment reports provides another valuable mechanism for patient feedback that is real to time and not necessarily captured in Patient Survey's.
- ✓ These Compliment reports also provide a way for staff to receive positive feedback about their care delivery from Doctors/VMO's.
- ✓ These reports assist 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 and from the workforce''.*
  - ***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''.*

Where does the information come from?

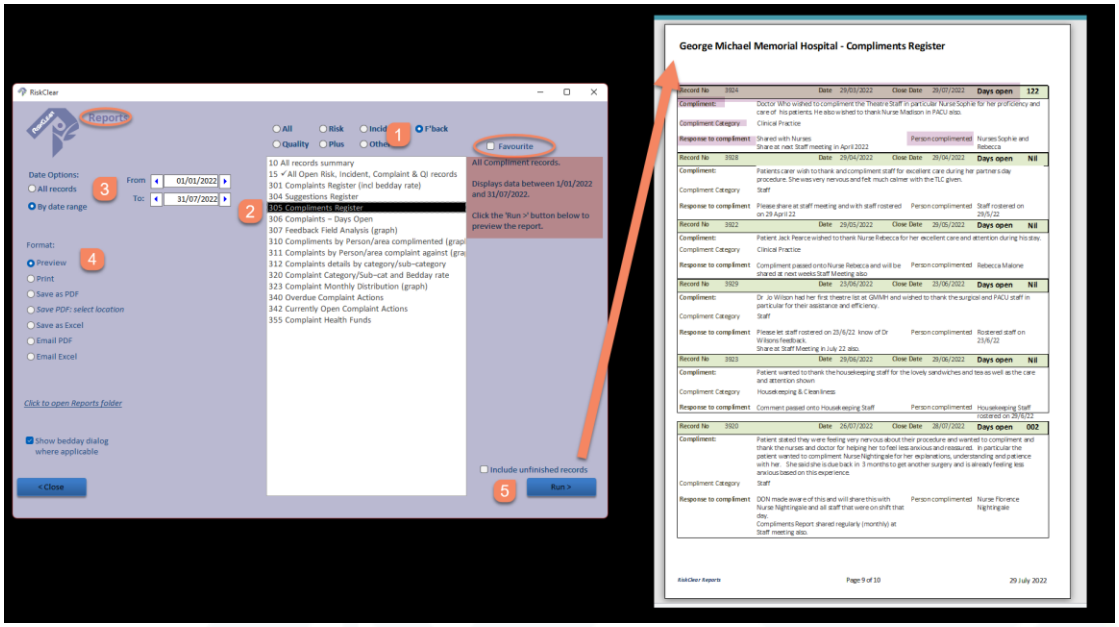
- ✓ Completed Compliment records entered by users into RiskClear or RiskClear Direct.

Steps and Examples

Steps and Example for Report 305 Compliments Register:

1. Go to **Reports** in RiskClear and select **F'back.**
2. Select **Report 305** from the list and if it's a **favourite** tick the box. Also remember a description of what the report does is provided (see highlighted below) to the right of the list.
3. Select **All records** or **By date range** – for this example I've selected a date range.
4. Select the Report **Format.**
5. Click **Run.**

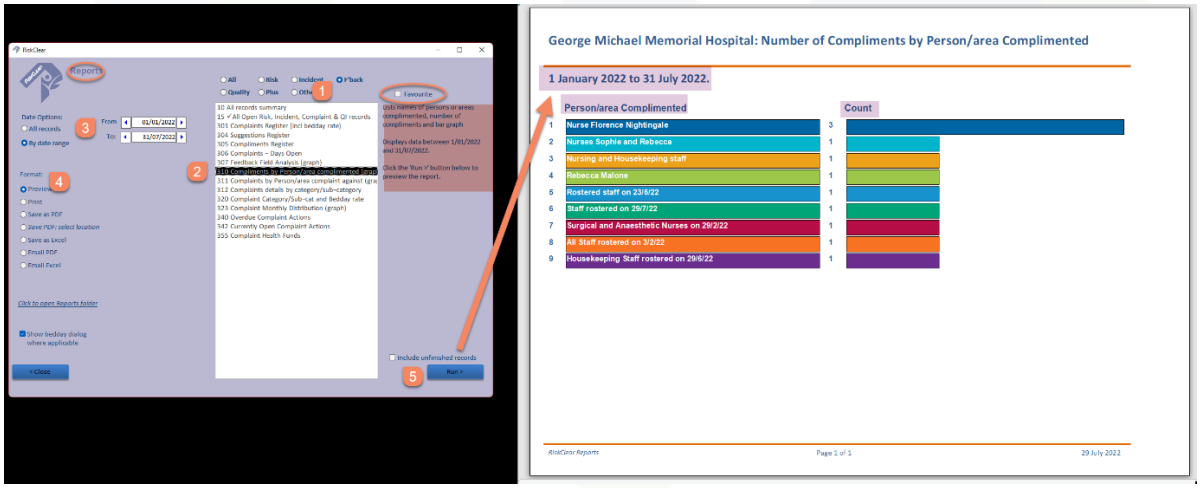
An example of Report 305 is shown below (right).



Steps and Example for Report 310 Compliments by Person/Area (graph):

1. Go to **Reports** in RiskClear and select **F'back.**
2. Select **Report 310** from the list and if it's a **favourite** tick the box. Also remember a description of what the report does is provided (see highlighted below) to the right of the list.
3. Select **All records** or **By date range** – for this example I've selected a date range.
4. Select the Report **Format.**
5. Click **Run.**

An example of Report 305 is shown below (right).



Handy Tips:

✓ An individual Compliment Record can be shared at a meeting with a reminder sent 3 days prior prompting you to share this specific record. Simply use the **Committee/Meetings** function on the **Summary Page** of the Compliment Record.

30. Report 453 Quality Report #2

Purpose:

- ✓ Shows Quality Improvement Records for a date range (or all records), open and/or closed and by location also.
- ✓ This report also includes the National Standard and QI Owner and the compliance rate of any linked audit.

Audience:

- ✓ MAC
- ✓ Quality & Safety Committee
- ✓ Clinical Operations
- ✓ Executive Committee
- ✓ Staff Meetings
- ✓ WHS Meetings
- ✓ Consumer Representative/s, Managers, DON's & External Auditors

Key Users:

- ✓ Quality Manager
- ✓ DON
- ✓ Nurse/Clinical Managers
- ✓ Staff
- ✓ External Auditors

Where does this data come from?

Quality Improvement records entered into RiskClear/RiskClear Direct.

Real Everyday Use:

- ✓ Running this report regularly (monthly/quarterly) enables you to see your quality improvement records and your outcomes and effectiveness.
- ✓ This report can be discussed at Quality Meetings, Staff Meetings, and any other appropriate forums where continuous quality improvement activities and outcomes are shared.
- ✓ This report can be provided to External Auditors during Health Department and Accreditation Audits as evidence of continuous quality improvement activities and outcomes.
- ✓ Can be shared with Consumer Groups where appropriate.
- ✓ Assists hospitals and health care providers in meetings the requirements of the National Standards – e.g., Measurement and Quality Improvement Criteria 1.8, 1.9.

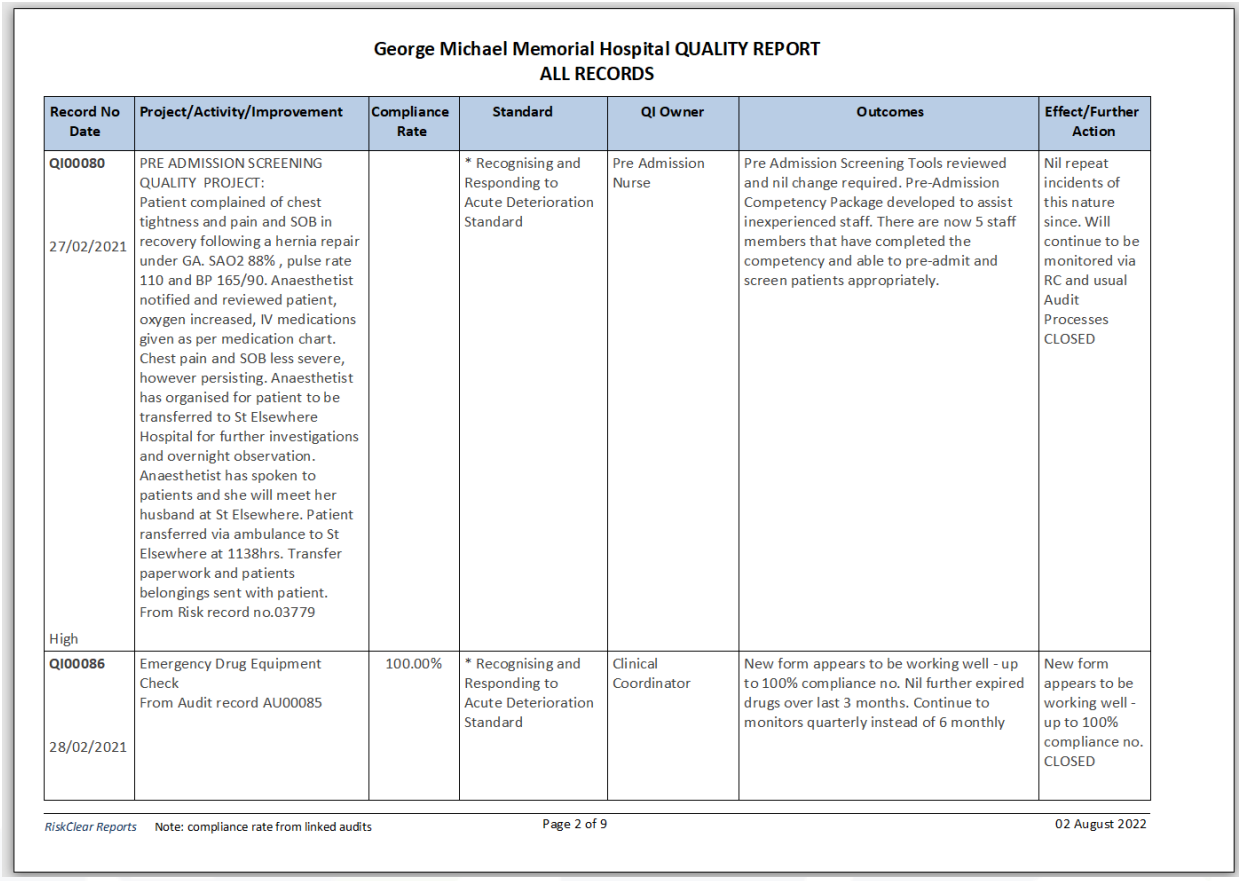
To run this report:

Go to the **Report**s Section of RiskClear.

Step 1: Select **Quality.**
Step 2: Choose **Report 453 Quality Report#2** from the list. If it is a favourite or highly used report – **tick the Favourite box.**

Step 3: Choose **Date Options –** all records or by date range.
Step 4: Choose **Records** (Open, Closed or All).
Step 5: Choose the **Format.**
(You can also filter by **Location.** For example, you may wish to just look at QI records relating to a particular location such as PACU, Reception, Administration etc or All Locations.)
Step 6: Click **Run.**

Example of Quality Report #2



George Michael Memorial Hospital QUALITY REPORT
ALL RECORDS

Record No Date	Project/Activity/Improvement	Compliance Rate	Standard	QI Owner	Outcomes	Effect/Further Action
QI00080 27/02/2021 High	PRE ADMISSION SCREENING QUALITY PROJECT: Patient complained of chest tightness and pain and SOB in recovery following a hernia repair under GA. SAO2 88% , pulse rate 110 and BP 165/90. Anaesthetist notified and reviewed patient, oxygen increased, IV medications given as per medication chart. Chest pain and SOB less severe, however persisting. Anaesthetist has organised for patient to be transferred to St Elsewhere Hospital for further investigations and overnight observation. Anaesthetist has spoken to patients and she will meet her husband at St Elsewhere. Patient ransferred via ambulance to St Elsewhere at 1138hrs. Transfer paperwork and patients belongings sent with patient. From Risk record no.03779		* Recognising and Responding to Acute Deterioration Standard	Pre Admission Nurse	Pre Admission Screening Tools reviewed and nil change required. Pre-Admission Competency Package developed to assist inexperienced staff. There are now 5 staff members that have completed the competency and able to pre-admit and screen patients appropriately.	Nil repeat incidents of this nature since. Will continue to be monitored via RC and usual Audit Processes CLOSED
QI00086 28/02/2021	Emergency Drug Equipment Check From Audit record AU00085	100.00%	* Recognising and Responding to Acute Deterioration Standard	Clinical Coordinator	New form appears to be working well - up to 100% compliance no. Nil further expired drugs over last 3 months. Continue to monitors quarterly instead of 6 monthly	New form appears to be working well - up to 100% compliance no. CLOSED

RiskClear Reports Note: compliance rate from linked audits Page 2 of 9 02 August 2022

Where does this data come from?

- It comes from the Quality Improvement Records entered into RiskClear or RiskClear Direct by staff.

Helpful Tip

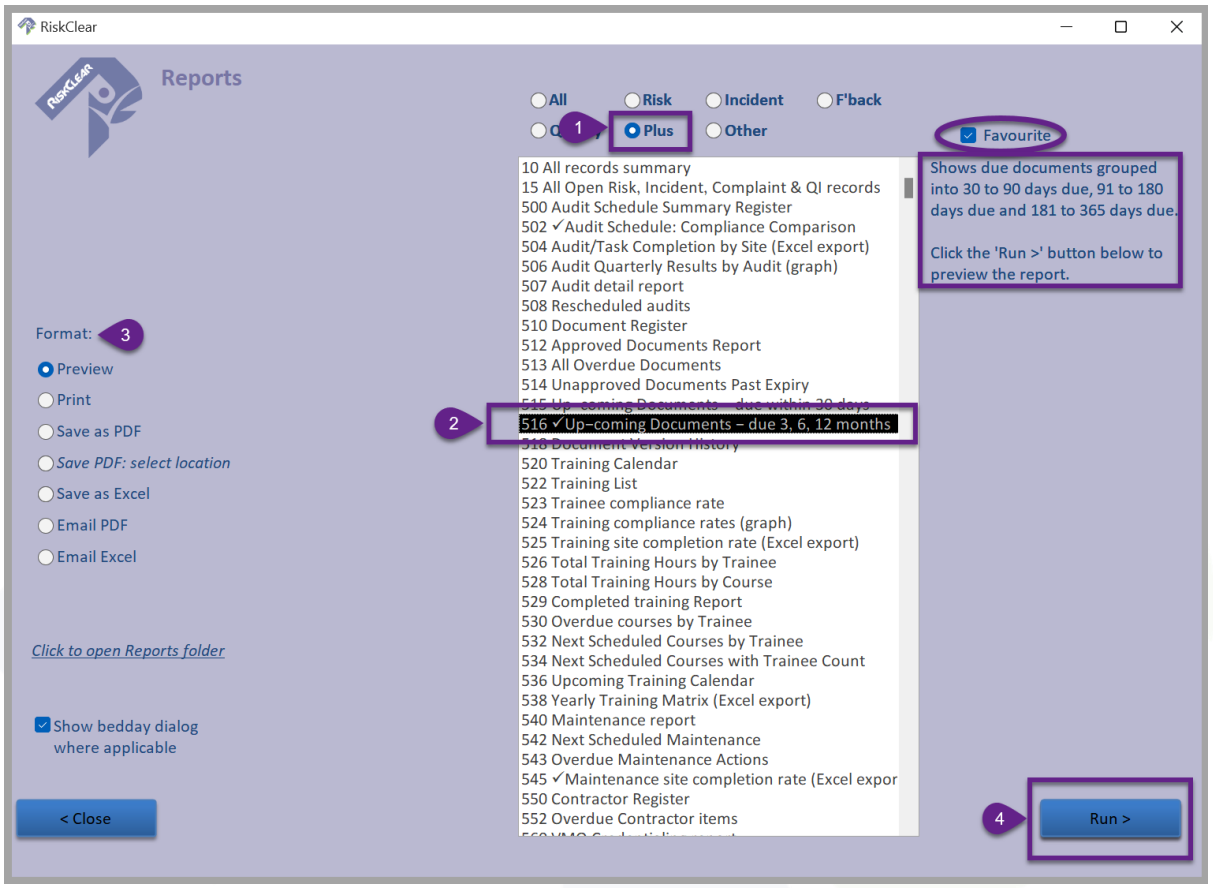
- This report also includes the National Standard and QI Owner and the compliance rate of any **linked** audit.

31. Report 516 Documents for Review in 3,6 & 12 months

Purpose: It provides information on documents due for review in the document register (e.g., policies, procedures, forms, brochures etc) grouped into 30 – 90 days due, 91-180 days due and 181-365 days due.
Audience: MAC, Documentation Review Committee, Quality & Safety Committee, Risk Management Committee, Clinical and Business Operations Committees, Executive Committee, Staff Meetings.
Where the data comes from: Documents in the Document Register on the Plus Tab of RiskClear.
Real Everyday Use: Helps to identify and monitor proactively the document review cycle for your hospital/health service. This report also assists with the review and maintenance of the currency and effectiveness of policies, procedures, and protocols, including compliance to the **National Standards (e.g., *Clinical Governance Standard Criteria 1.7 Policies and Procedures***) and to other Standards (ISO 9001: 2015 Quality Management Systems) as well as legislation, regulation, and jurisdictional requirements.

To run this Report:
Go to the **Report**s Section of RiskClear.

Step 1: Select **Plus.**
Step 2: Choose Report **516 Up-coming Documents – due 3,6 & 12 months** from the list – if it is a regularly used report, tick **Favourite.** Also note a description of the report is provided to the right of the selected report (circled below).
Step 3: Select **Format** (e.g., preview, print, email, save etc).
Step 4: Click **Run.**



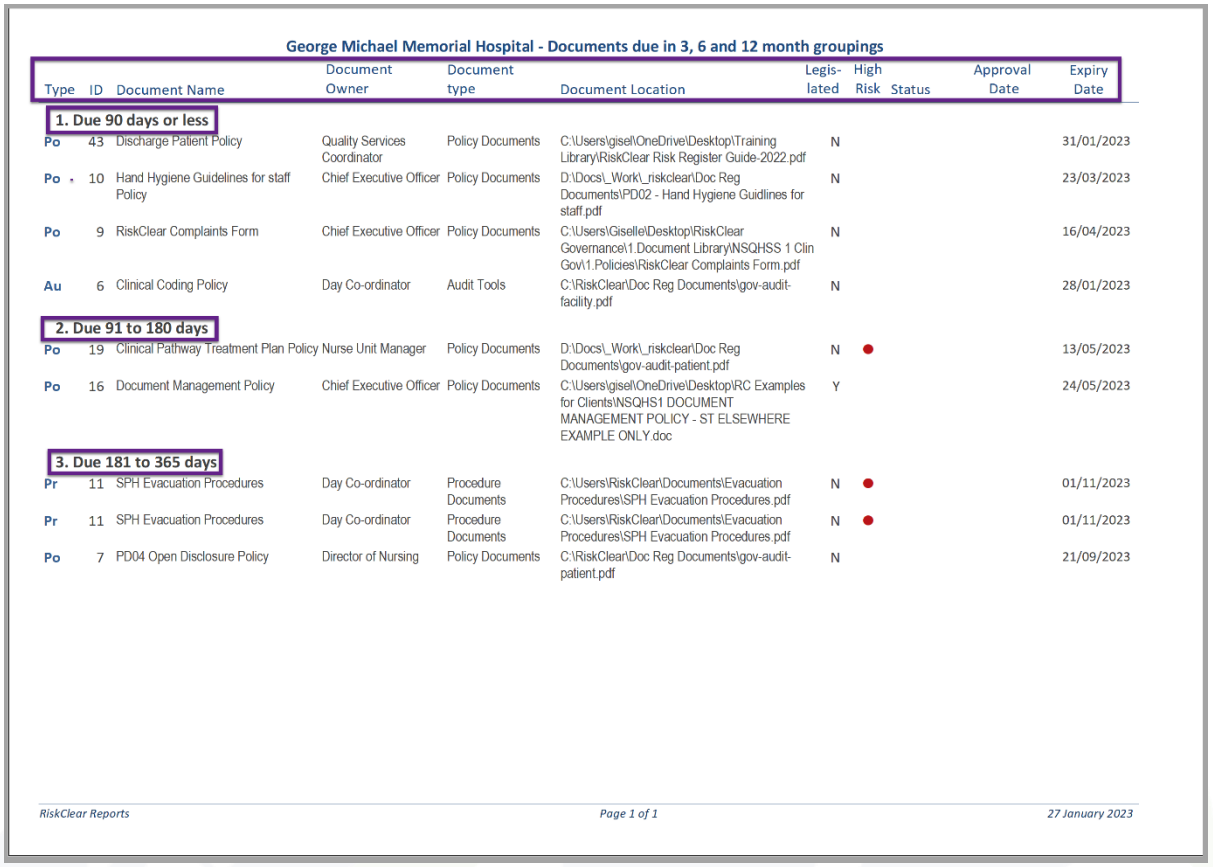
Example Report

1.The Report shows you relevant documents (policies, procedures, forms, etc) that are due for review. These documents are grouped into:

- Due in 90 days or less.
- Due in 91 – 180 days.
- Due in 181 – 365 days.

2.The Report shows you the Document Type, ID, Document Name, Owner, and Type as well as Document Location, whether it is legislated, high risk and its approval and expiry dates.

3.This Report assists you to identify and monitor proactively the document review cycle for your hospital/health service, allowing for documents that require Committee approval to be reviewed and approved in a timely manner as per its document review cycle requirements.



George Michael Memorial Hospital - Documents due in 3, 6 and 12 month groupings

Type	ID	Document Name	Document Owner	Document type	Document Location	Legislated	High Risk	Status	Approval Date	Expiry Date
1. Due 90 days or less										
Po	43	Discharge Patient Policy	Quality Services Coordinator	Policy Documents	C:\Users\gisel\OneDrive\Desktop\Training Library\RiskClear Risk Register Guide-2022.pdf	N				31/01/2023
Po	10	Hand Hygiene Guidelines for staff Policy	Chief Executive Officer	Policy Documents	D:\Docs_Work_riskclear\Doc Reg Documents\PD02 - Hand Hygiene Guidlines for staff.pdf	N				23/03/2023
Po	9	RiskClear Complaints Form	Chief Executive Officer	Policy Documents	C:\Users\Giselle\Desktop\RiskClear Governance\1.Document Library\NSQHSS 1 Clin Gov\1.Policies\RiskClear Complaints Form.pdf	N				16/04/2023
Au	6	Clinical Coding Policy	Day Co-ordinator	Audit Tools	C:\RiskClear\Doc Reg Documents\gov-audit-facility.pdf	N				28/01/2023
2. Due 91 to 180 days										
Po	19	Clinical Pathway Treatment Plan Policy	Nurse Unit Manager	Policy Documents	D:\Docs_Work_riskclear\Doc Reg Documents\gov-audit-patient.pdf	N	●			13/05/2023
Po	16	Document Management Policy	Chief Executive Officer	Policy Documents	C:\Users\gisel\OneDrive\Desktop\RC Examples for Clients\NSQHS1 DOCUMENT MANAGEMENT POLICY - ST ELSEWHERE EXAMPLE ONLY.doc	Y				24/05/2023
3. Due 181 to 365 days										
Pr	11	SPH Evacuation Procedures	Day Co-ordinator	Procedure Documents	C:\Users\RiskClear\Documents\Evacuation Procedures\SPH Evacuation Procedures.pdf	N	●			01/11/2023
Pr	11	SPH Evacuation Procedures	Day Co-ordinator	Procedure Documents	C:\Users\RiskClear\Documents\Evacuation Procedures\SPH Evacuation Procedures.pdf	N	●			01/11/2023
Po	7	PD04 Open Disclosure Policy	Director of Nursing	Policy Documents	C:\RiskClear\Doc Reg Documents\gov-audit-patient.pdf	N				21/09/2023

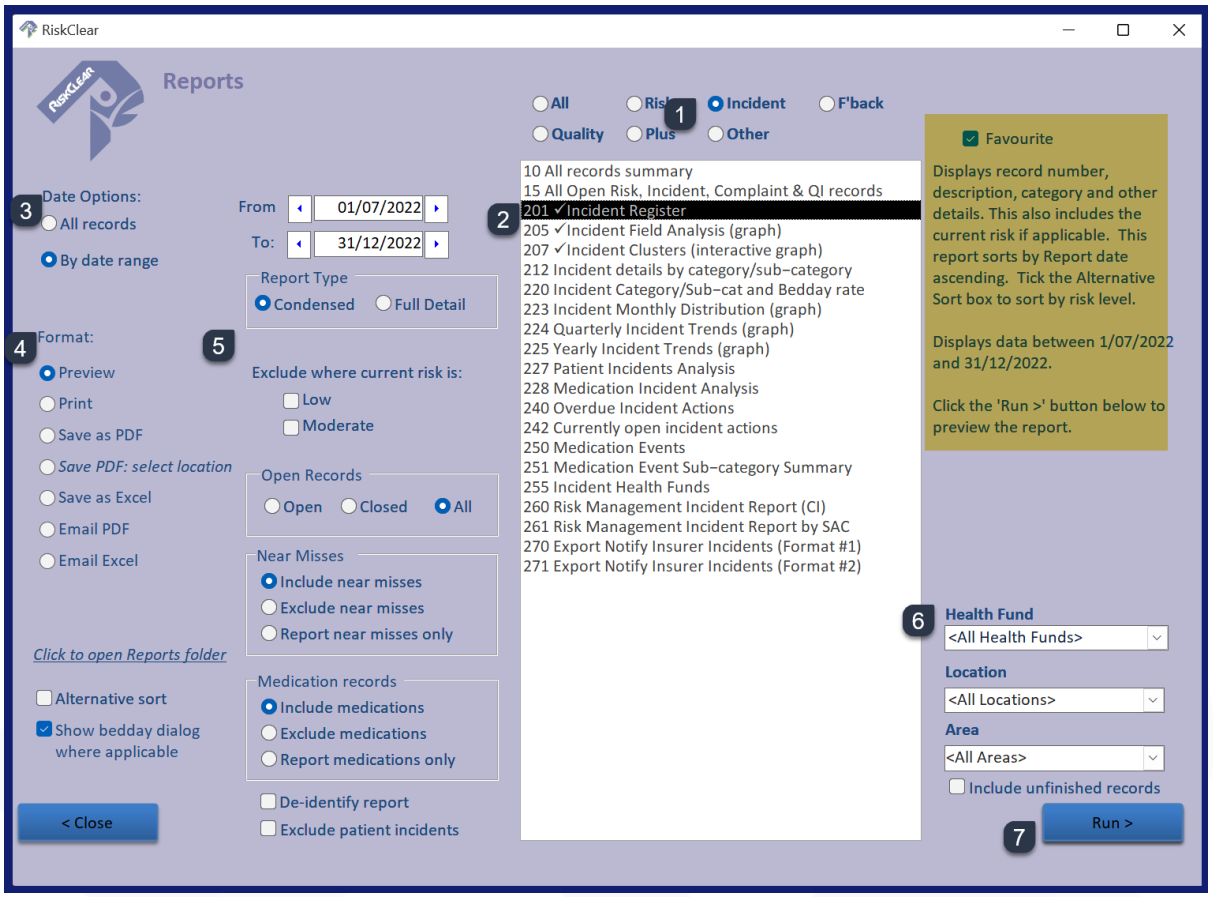
RiskClear Reports *Page 1 of 1* *27 January 2023*

32. Report 201 Incident Register with Harm (SAC/ISR) Score

Purpose: Provides information on incident records entered into RiskClear or RiskClear Direct including their description, category, and other details – and now includes the Incident Harm Score (SAC/ISR) rating also.
Audience: MAC, Quality & Safety Committee, Risk Management Committee, Clinical and Business Operations Committees, Executive Committee, Staff Meetings.
Where the data comes from: Incident records entered into RiskClear and RiskClear Direct by staff.
Real Everyday Use: Helps to monitor, review, and manage incident trends and severity occurring within your hospital/healthcare organisation. This report also assists hospitals regarding compliance to the **National Standards (e.g., *Clinical Governance Standard Criteria 1.11 &1.12*** Incident ***Management Systems*** and to other industry related Standards such as ISO 9001: 2015 Quality Management Systems, and relevant legislation, regulation, and jurisdictional requirements.

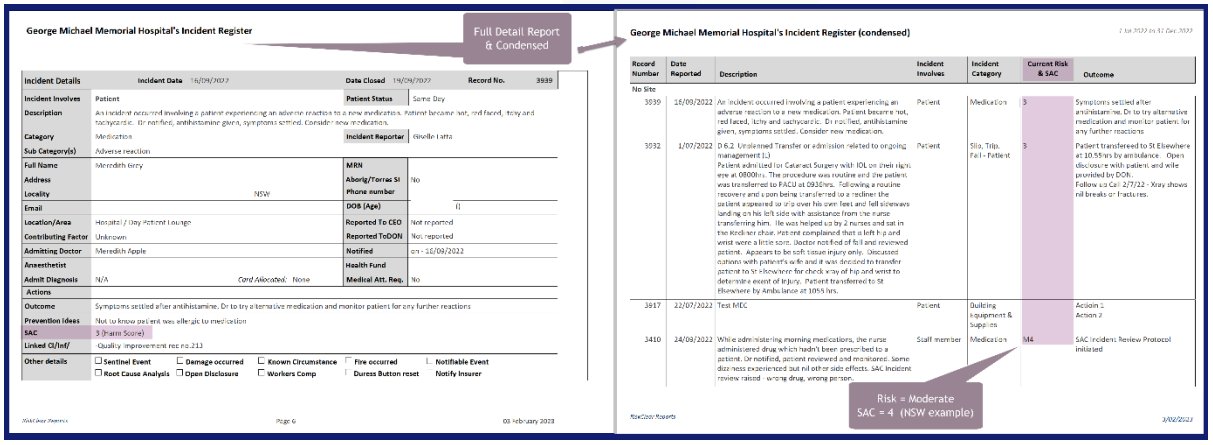
To run this Report:
Go to the **Report**s Section of RiskClear.
Step 1: Select **Incident.**
Step 2: Choose **Report 201 Incident Register** from the list – if it is a regularly used report, tick **Favourite.** Also note a description of the report is provided to the right of the selected report (highlighted below).
Step 3: Select **Date Options.**
Step 4: Select **Format** (e.g., preview, print, email, save etc).
Step 5: Select **Report Type** – as well as other filters shown below (risk, open, closed or all records, near misses, medication events, de-identify).

Step 6: Choose **Health Fund/Location and Area options** from the dropdowns.
Step 7: Click **Run.**



Example Reports Diagrams:

1. **Left Hand Side** – shows the full detail report including the **SAC** rating.
2. **Right Hand Side** – shows the condensed version of the same report and also includes the **SAC** rating (and if the incident record is also linked to a risk record it will show the risk rating – e.g., M= Moderate Risk)



33. Report 570 Staff Credentialling Report which now includes Certification Item filter

Purpose: Provides information on staff credentialling details to enable Managers to coordinate, monitor and manage the credentialling and certification requirements of their staff's employment and supporting documentation.
Audience: Quality & Safety Committee, Clinical and Business Operations Committees, Staff Meetings, HR Meetings.
Where the data comes from: Staff Credentialling records entered into RiskClear.
Real Everyday Use: Equips Managers to coordinate, monitor and manage the credentialling and certification requirements of their staff's employment and supporting documentation. This report also assists hospitals regarding compliance to the **National Standards (e.g., *Clinical Governance Standard Criteria 1.1 Governance, Leadership and Culture, 1.23 Credentialling and scope of clinical practice*** and to other industry related Standards (e.g., ISO 9001: 2015 Quality Management Systems, RTAC, NATA etc) plus relevant legislation, regulation, and jurisdictional requirements.

To run this Report:
Go to the **Report**s Section of RiskClear.
Step 1: Select **Plus.**
Step 2: Choose **Report 570 Staff Credentialling Report** from the list – if it is a regularly used report, tick **Favourite.** Also note a description of the report is provided to the right of the selected report (below).
Step 3: Select **Format** (e.g., preview, print, email, save etc).
Step 4: Select **Staff Area** (e.g., Nursing, Administration, Reception, Finance etc – or ALL AREAS).
Step 5: Select **Certification Type** – (e.g., AHPRA, Appraisals, Immunisations, Reference Checks etc – or ALL TYPES).
Step 6: Click **Run.**

Example Report

- **Diagram on Left** - Shows **Report 570** with **Staff Area** (Nursing) and **Certification Type** (Appraisal) Filters applied.
- **Diagram on Right** – Show **Report 570** with **All Staff Area's** and **All Certification Types** selected.

Staff Credentialling Register George Michael Memorial Hospital for certification type Appraisal - Staff area: Nursing

Staff name	AHPRA No.	Area	Expiry
Ginger Rogers	NMW12345678	Nursing	
• Appraisal			10/06/2023
Dan Ackroyd	NMW55667788	Nursing	
• Appraisal			10/02/2023
Elizabeth Taylor	NMW22334455	Nursing	
• Appraisal			10/12/2022
Greg Chapell	NMW90099001	Nursing	
• Appraisal			13/05/2023
Barry Gibb	NMW77889900	Nursing	
• Appraisal			10/02/2023
Harry Line	NMW11223344	Nursing	
• Appraisal			10/06/2023
***George Michael	NMW44556677	Nursing	
• Appraisal			23/05/2023

Staff Credentialling Register George Michael Memorial Hospital

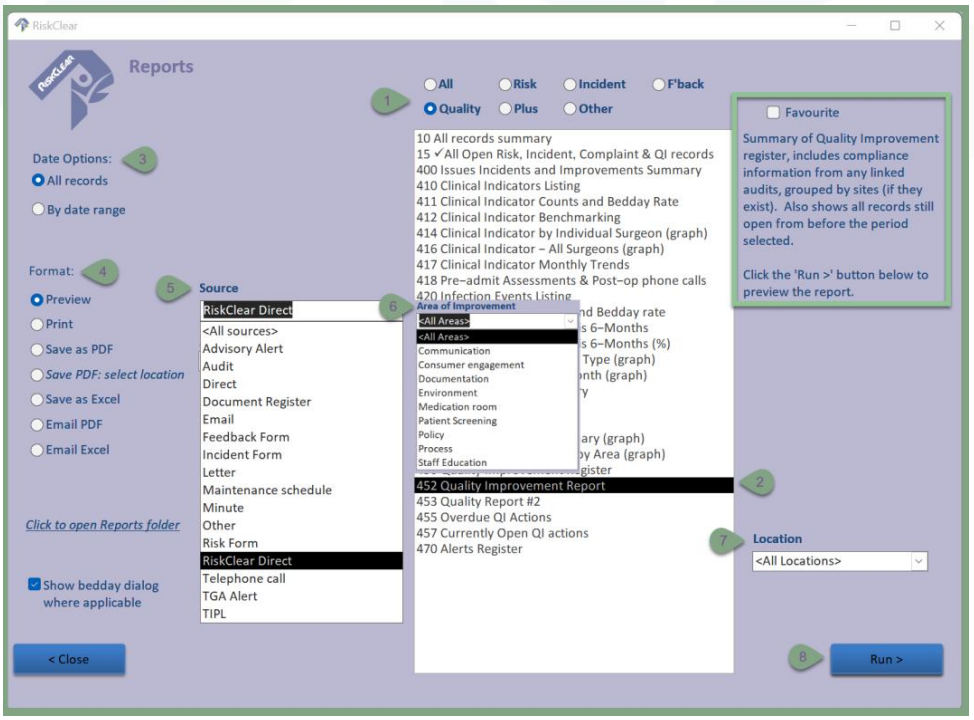
Staff name	AHPRA No.	Area	Expiry
Kevin Kline		Administration	
• Covid 19 Vaccine			10/11/2022
• Appraisal			10/11/2022
Steve Carell		Administration	
• Police Check			10/12/2023
• Covid 19 Vaccine			10/12/2022
• Appraisal			10/12/2022
Ingrid Bergman		Housekeeping	
• Appraisal			10/06/2022
• Covid 19 Vaccine			10/08/2022
Joan Crawford		Administration	
• CPD			5/05/2023
• AHPRA Registration			6/05/2023
• Covid 19 Vaccine			5/05/2023
• Contract			5/05/2023
• Hand Hygiene			5/05/2023
• Appraisal			5/05/2023
Ginger Rogers	NMW12345678	Nursing	
• Appraisal			10/06/2023
• Immunisations			10/09/2023
• AHPRA Registration			10/05/2023
• Contract			17/02/2023
• Vaccination			17/06/2023
Mike Rudd		Finance	
• Police Check			10/12/2023
• Appraisal			10/12/2022
Dan Ackroyd	NMW55667788	Nursing	
• Appraisal			10/02/2023
• Contract			10/02/2023
• Covid 19 Vaccine			10/12/2023
• AHPRA Registration			10/05/2023
Lou Reed		Finance	
• Contract			17/02/2023
• Covid 19 Vaccine			17/12/2023
• Bullying & Harrassment			17/02/2023
• Appraisal			17/02/2023
Humphrey Bogart	NMW09876543	Nursing	
• Hand Hygiene			10/06/2023
• CPD			10/06/2023
• Covid 19 Vaccine			10/06/2023
• AHPRA Registration			17/05/2023

34. Report 452 Quality Improvement Report (which now includes the new source filter)

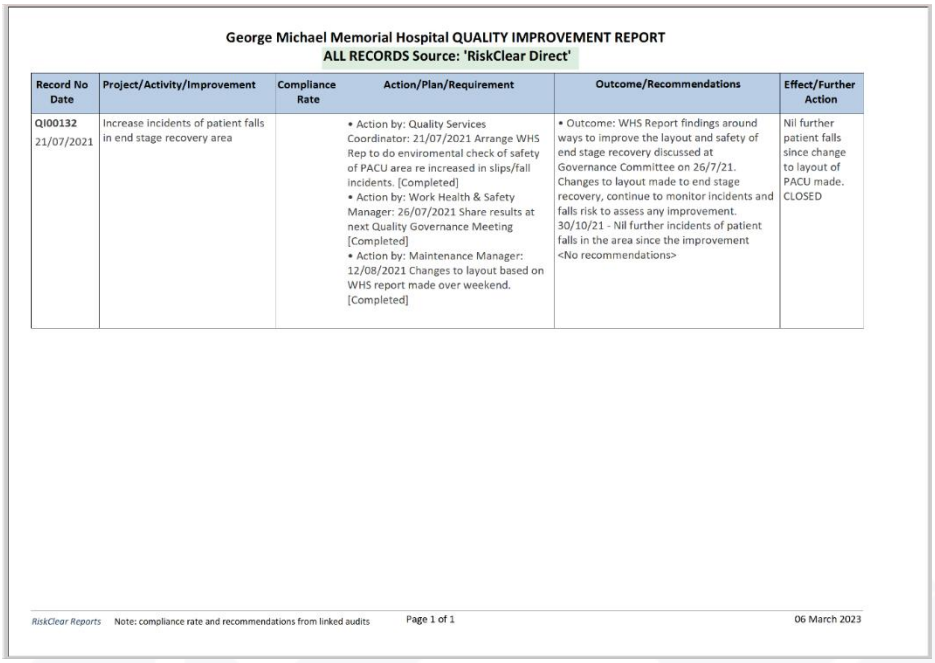
Purpose: Provides information on Quality Improvement (QI) activities and projects at your hospital/organisation.
Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, Consumer Groups, Auditors.
Where does this data come from? It comes from the Quality Improvement Records entered into RiskClear or RiskClear Direct by staff.

To run this report:
Go to the Reports Section of RiskClear.

Step 1: Select **Quality**
Step 2: Choose **452 Quality Improvement Report.** Remember if it's a favourite to **tick the Favourite box** (below right). There is also a brief description to the right of what the report does.
Step 3: Choose **Date Options.**
Step 4: Choose **Format.**
Step 5: Choose **Source** ***(new function).***
Step 6: You can further filter this report by selecting **Area of Improvement.**
Step 7: You can also filter by **Location.** For example, you may wish to just look at QI records relating to a particular location such as PACU, Reception, Administration etc or All Locations.
Step 8: Click **Run.**



Example 1: ***All Records with RiskClear Direct as the Source and Area of Improvement set as All.***

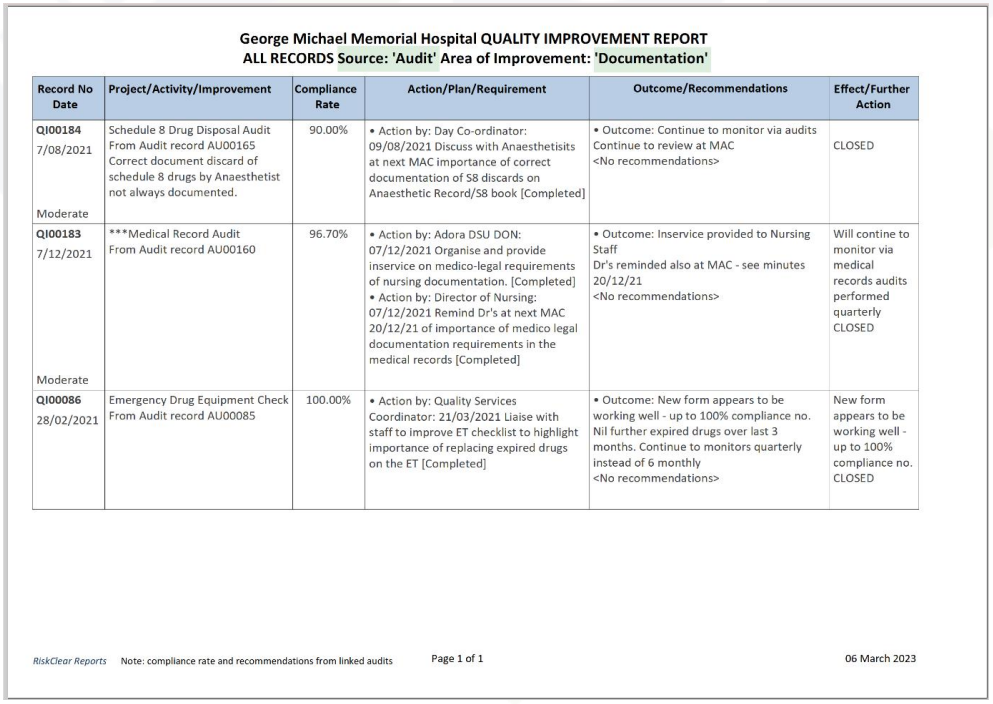


George Michael Memorial Hospital QUALITY IMPROVEMENT REPORT
ALL RECORDS Source: 'RiskClear Direct'

Record No Date	Project/Activity/Improvement	Compliance Rate	Action/Plan/Requirement	Outcome/Recommendations	Effect/Further Action
QI00132 21/07/2021	Increase incidents of patient falls in end stage recovery area		• Action by: Quality Services Coordinator: 21/07/2021 Arrange WHS Rep to do enviromental check of safety of PACU area re increased in slips/fall incidents. [Completed] • Action by: Work Health & Safety Manager: 26/07/2021 Share results at next Quality Governance Meeting [Completed] • Action by: Maintenance Manager: 12/08/2021 Changes to layout based on WHS report made over weekend. [Completed]	• Outcome: WHS Report findings around ways to improve the layout and safety of end stage recovery discussed at Governance Committee on 26/7/21. Changes to layout made to end stage recovery, continue to monitor incidents and falls risk to assess any improvement. 30/10/21 - Nil further incidents of patient falls in the area since the improvement <No recommendations>	Nil further patient falls since change to layout of PACU made. CLOSED

RiskClear Reports Note: compliance rate and recommendations from linked audits Page 1 of 1 06 March 2023

Example 2: *All Records with Audit as the Source and Area of Improvement set as Documentation*



George Michael Memorial Hospital QUALITY IMPROVEMENT REPORT
ALL RECORDS Source: 'Audit' Area of Improvement: 'Documentation'

Record No Date	Project/Activity/Improvement	Compliance Rate	Action/Plan/Requirement	Outcome/Recommendations	Effect/Further Action
QI00184 7/08/2021 Moderate	Schedule 8 Drug Disposal Audit From Audit record AU00165 Correct document discard of schedule 8 drugs by Anaesthetist not always documented.	90.00%	• Action by: Day Co-ordinator: 09/08/2021 Discuss with Anaesthetisits at next MAC importance of correct documentation of S8 discards on Anaesthetic Record/S8 book [Completed]	• Outcome: Continue to monitor via audits Continue to review at MAC <No recommendations>	CLOSED
QI00183 7/12/2021 Moderate	***Medical Record Audit From Audit record AU00160	96.70%	• Action by: Adora DSU DON: 07/12/2021 Organise and provide inservice on medico-legal requirements of nursing documentation. [Completed] • Action by: Director of Nursing: 07/12/2021 Remind Dr's at next MAC 20/12/21 of importance of medico legal documentation requirements in the medical records [Completed]	• Outcome: Inservice provided to Nursing Staff Dr's reminded also at MAC - see minutes 20/12/21 <No recommendations>	Will contine to monitor via medical records audits performed quarterly CLOSED
QI00086 28/02/2021	Emergency Drug Equipment Check From Audit record AU00085	100.00%	• Action by: Quality Services Coordinator: 21/03/2021 Liaise with staff to improve ET checklist to highlight importance of replacing expired drugs on the ET [Completed]	• Outcome: New form appears to be working well - up to 100% compliance no. Nil further expired drugs over last 3 months. Continue to monitors quarterly instead of 6 monthly <No recommendations>	New form appears to be working well - up to 100% compliance no. CLOSED

RiskClear Reports Note: compliance rate and recommendations from linked audits Page 1 of 1 06 March 2023

Helpful Hint:** *Reports 450 Quality Improvement Register and 453 Quality Report 2 now also have the Source Filter capability.

35. Report 617 Records for Discussion at Committee's/Meetings

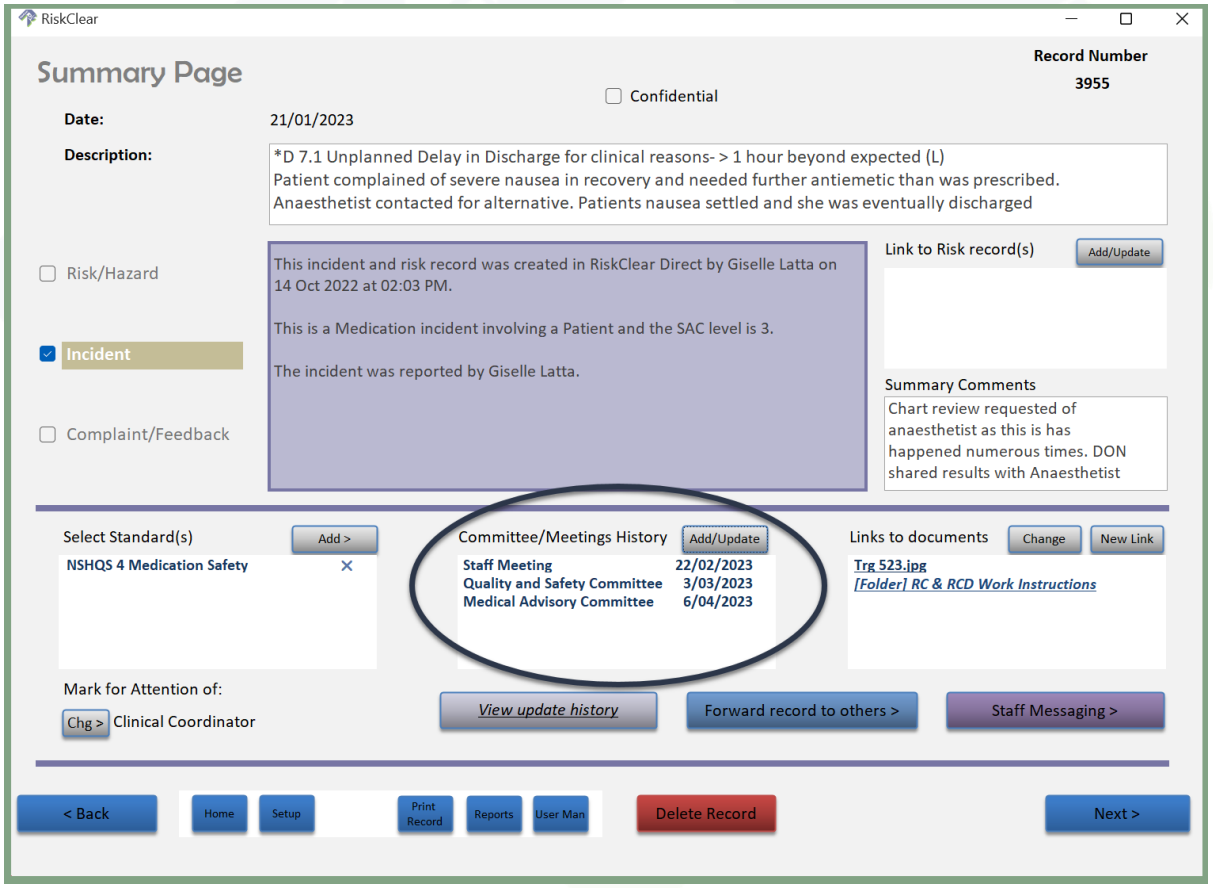
Purpose: Provides information on Risk, Incident or Feedback Records which have been assigned to be discussed at a particular Committee/s or Meeting.

Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, etc.

Where does this data come from? It comes from the Summary Page of any **Risk, Incident or Feedback** Record entered into RiskClear where the Committee/Meetings History field has been completed (see circled in diagram below).

Real Everyday Use:

- ✓ It is helpful in situations where you would like to highlight specific incident/risk/feedback records for review at certain meetings. This enables you to focus the Committee on those records that need particular attention and review. E.g., you can send out the overall Incident Register (Report 201) prior to the meeting, but at the meeting have **Report 617 available** to focus the Committee on those specific records needing Committee feedback.
- ✓ Assists healthcare providers to meet the requirements arising from the National Standards (Clinical Governance Standard e.g., Criteria 1.10, 1.11 and 1.13) and other healthcare industry Standards, plus other jurisdictional and legislative requirements.



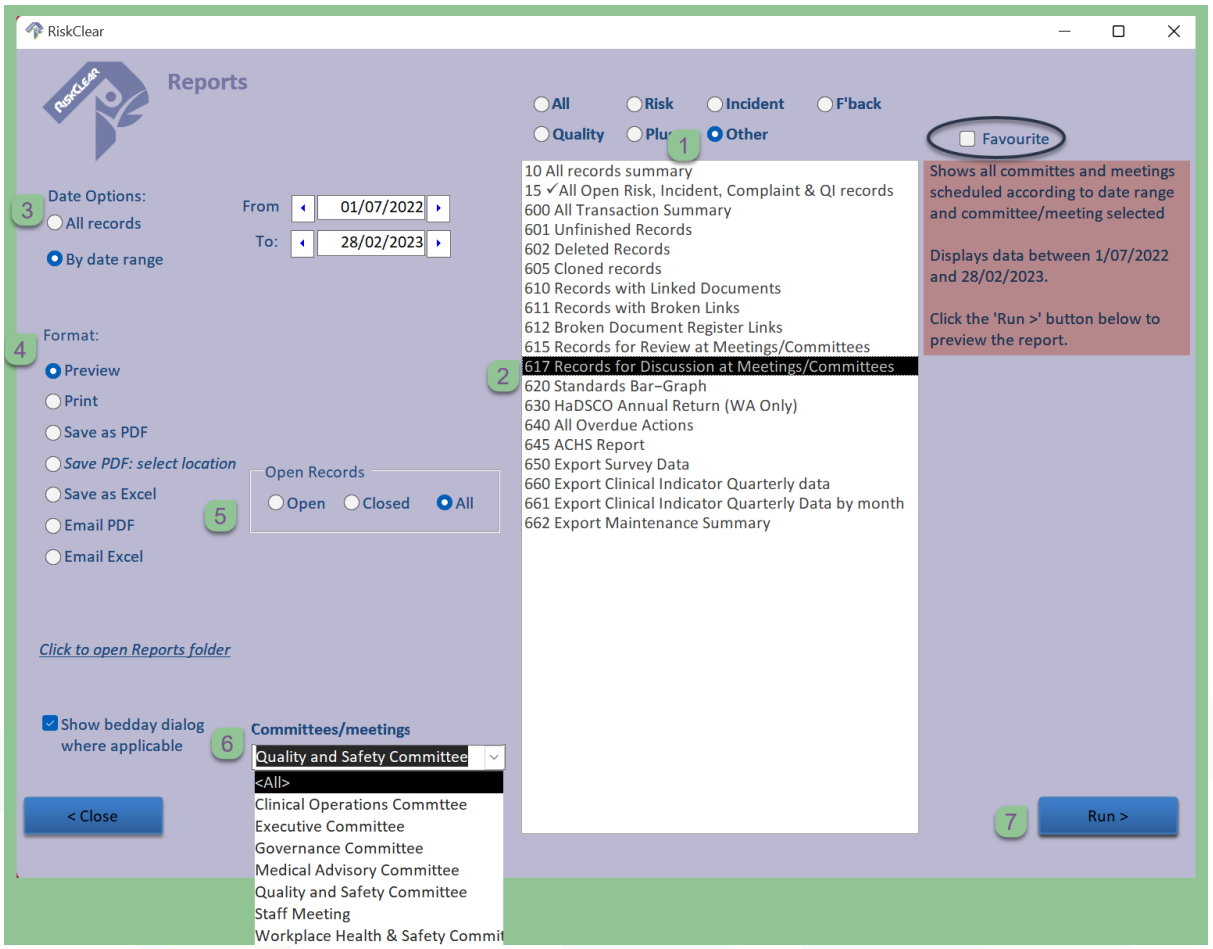
Steps and Example/s:

Steps to run Report 617:

Go to Reports

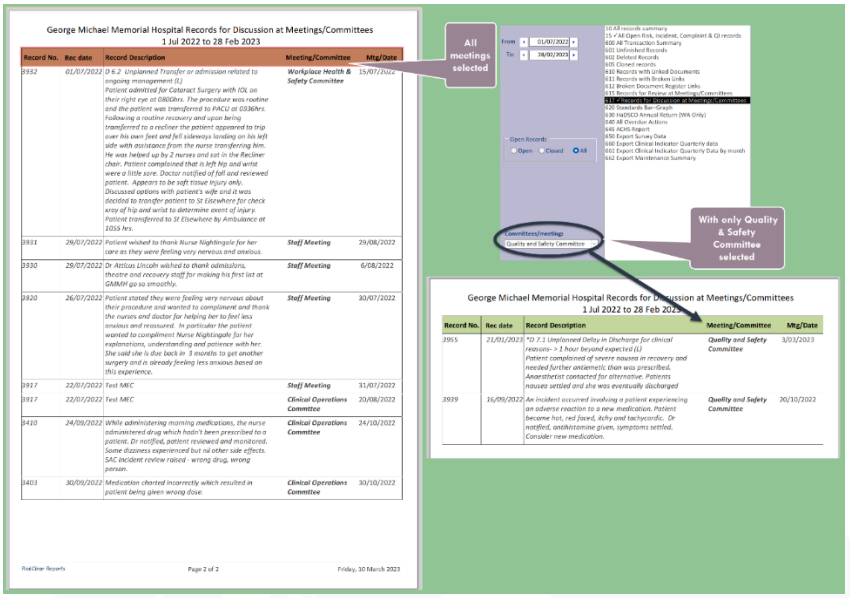
1. Select **Other**
2. Select **Report 617 Records for Discussion at Meetings/Committee's** (if it's a frequently used report tick the favourite box - circled below)
3. Select **Date Options**
4. Select **Format**
5. Select **Open, Closed** or **All records**

6. Select **All** or a **specific Committee's/Meetings** from the drop-down
7. Click **Run**



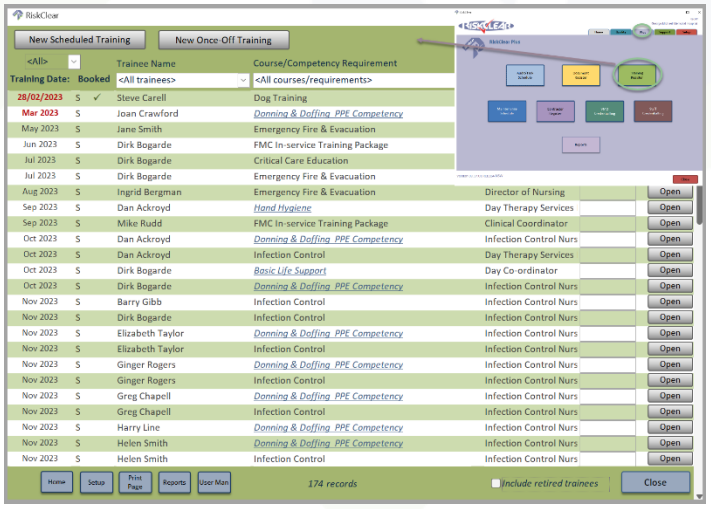
Example/s of Report 617:

Diagram Left below: Shows Report 617 with **All** meetings selected for a time period.
Diagram Right below: Shows Report 617 with just one committee (**Quality and Safety**) selected.



36. Report 529 Completed Training

Purpose: Shows completion of staff/trainee's courses OR **all** staff/trainees by course and total for the date range entered.
Audience: Quality & Safety Coordinators/ Training Coordinators /DON's / Clinical Managers / External Auditors (e.g., Accreditation and Health Department).
Where the data comes from: Staff training records entered into the Training Register of RiskClear (see diagram below).



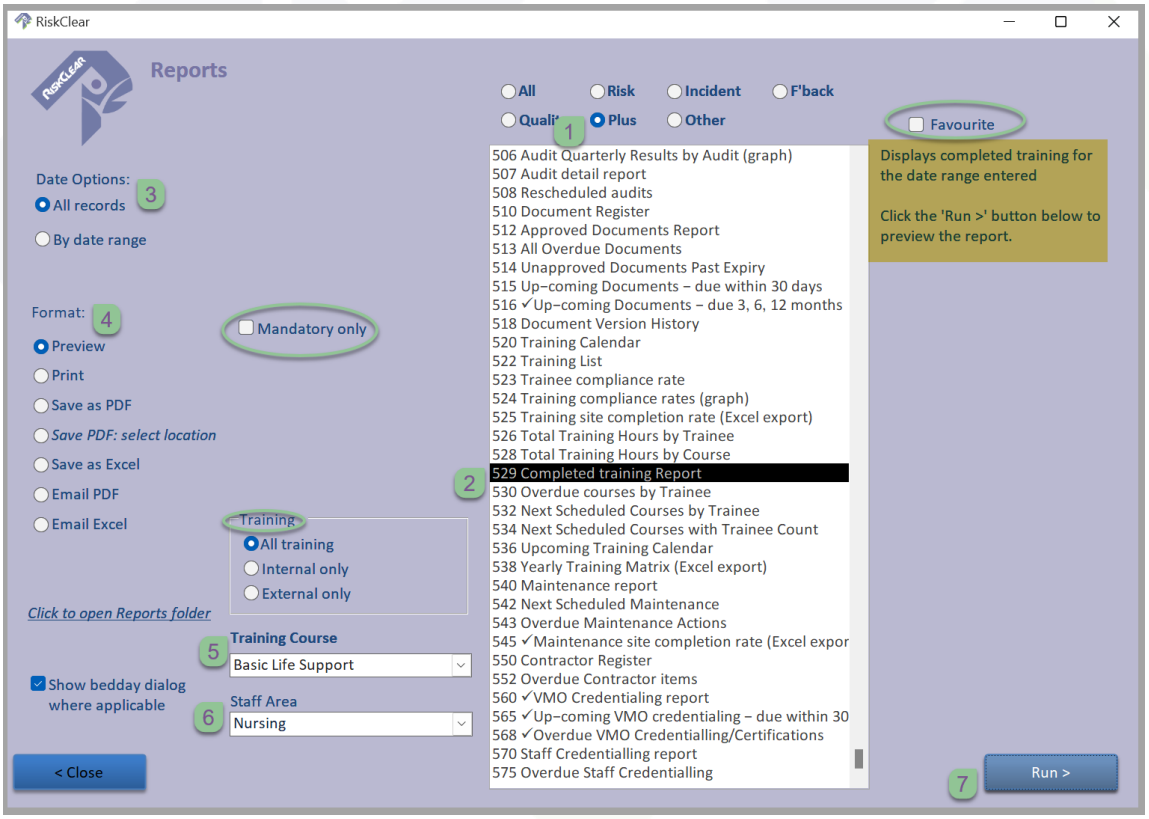
Real Everyday Use:

- ✓ Enables hospitals to monitor and manage their Staff Training Program by being able to readily see their staff training requirements and courses completed.
- ✓ This report allows you to look at all trainee's and all courses, or to drill down to a particular course or a particular staff group depending on the level of data interrogation required. Providing a date range can also further refine the data.
- ✓ Helps to provide assurance that staff are trained appropriately to meet the quality and safety requirements required for patient care.

- ✓ It assists hospitals to meet the various safety and quality training requirements of the National Standards related to their staff training program ***(e.g., Clinical Governance Standard Criteria 1.19, 1.20 & 1.21).*** It also assists hospitals and healthcare providers to meet other legislative, jurisdictional and standards (NATA, ISO 9001:2015, RTAC etc) requirements.

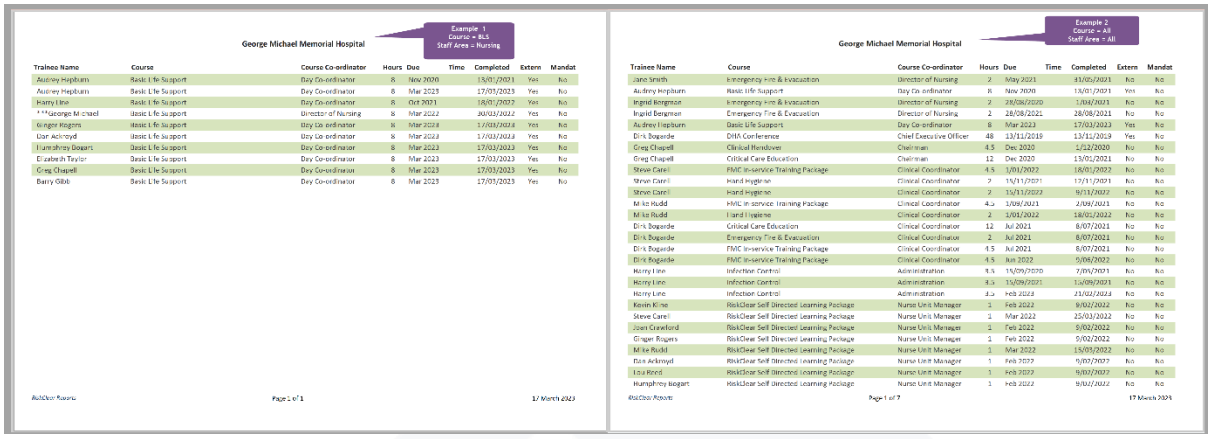
To run this Report:

Step 1 - Go to **Reports** in RiskClear and select **Plus.**
Step 2 - Select **Report 529 Completed Training Report.** Remember if its frequently used tick **Favourite (circled below).** A description of the report is also provided – see highlighted below.
Step 3 – Choose your **Date Options** (all records or by date range).
Step 4 – Select **Format.**
Step 5 – Select **Training Course** (e.g., All or a specific course – Basic Life Support).
(You can also further filter by selecting **Mandatory only, Training** type (All, Internal or External).
Step 6 – Select **Staff Area** (All or a specific staff group such as Nursing, Admin, etc).
Step 7 – Select **Run>.**



Example Reports:

Example 1 is with **Course** selected as BLS and **Staff Area** Nursing (see diagram below left) **Example 2** is with **Course** selected All and **Staff Area** All (see diagram below right)



George Michael Memorial Hospital

Example 1
Course = BLS
Staff Area = Nursing

Trainee Name	Course	Course Co-ordinator	Hours	Due	Time	Completed	Extern	Mandat
Audrey Hepburn	Basic Life Support	Day Co-ordinator	8	Nov 2020		13/01/2021	Yes	No
Audrey Hepburn	Basic Life Support	Day Co-ordinator	8	Mar 2023		17/03/2023	Yes	No
Harry Line	Basic Life Support	Day Co-ordinator	8	Oct 2021		18/01/2022	Yes	No
***George Michael	Basic Life Support	Director of Nursing	8	Mar 2022		30/03/2022	Yes	No
Ginger Rogers	Basic Life Support	Day Co-ordinator	8	Mar 2023		17/03/2023	Yes	No
Dan Ackroyd	Basic Life Support	Day Co-ordinator	8	Mar 2023		17/03/2023	Yes	No
Humphrey Bogart	Basic Life Support	Day Co-ordinator	8	Mar 2023		17/03/2023	Yes	No
Elizabeth Taylor	Basic Life Support	Day Co-ordinator	8	Mar 2023		17/03/2023	Yes	No
Greg Chapell	Basic Life Support	Day Co-ordinator	8	Mar 2023		17/03/2023	Yes	No
Barry Gibb	Basic Life Support	Day Co-ordinator	8	Mar 2023		17/03/2023	Yes	No

RiskClear Reports Page 1 of 1 17 March 2023

George Michael Memorial Hospital

Example 2
Course = All
Staff Area = All

Trainee Name	Course	Course Co-ordinator	Hours	Due	Time	Completed	Extern	Mandat
Jane Smith	Emergency Fire & Evacuation	Director of Nursing	2	May 2021		31/05/2021	No	No
Audrey Hepburn	Basic Life Support	Day Co-ordinator	8	Nov 2020		13/01/2021	Yes	No
Ingrid Bergman	Emergency Fire & Evacuation	Director of Nursing	2	28/08/2020		1/04/2021	No	No
Ingrid Bergman	Emergency Fire & Evacuation	Director of Nursing	2	28/08/2021		28/08/2021	No	No
Audrey Hepburn	Basic Life Support	Day Co-ordinator	8	Mar 2023		17/03/2023	Yes	No
Dirk Bogarde	DHA Conference	Chief Executive Officer	48	13/11/2019		13/11/2019	Yes	No
Greg Chapell	Clinical Handover	Chairman	4.5	Dec 2020		1/12/2020	No	No
Greg Chapell	Critical Care Education	Chairman	12	Dec 2020		13/01/2021	No	No
Steve Carell	FMC In-service Training Package	Clinical Coordinator	4.5	1/01/2022		18/01/2022	No	No
Steve Carell	Hand Hygiene	Clinical Coordinator	2	15/11/2021		17/11/2021	No	No
Steve Carell	Hand Hygiene	Clinical Coordinator	2	15/11/2022		9/11/2022	No	No
Mike Rudd	HMC in-service Training Package	Clinical Coordinator	4.5	1/09/2021		2/09/2021	No	No
Mike Rudd	Hand Hygiene	Clinical Coordinator	2	1/01/2022		18/01/2022	No	No
Dirk Bogarde	Critical Care Education	Clinical Coordinator	12	Jul 2021		8/07/2021	No	No
Dirk Bogarde	Emergency Fire & Evacuation	Clinical Coordinator	2	Jul 2021		8/07/2021	No	No
Dirk Bogarde	FMC In-service Training Package	Clinical Coordinator	4.5	Jul 2021		8/07/2021	No	No
Dirk Bogarde	FMC In-service Training Package	Clinical Coordinator	4.5	Jun 2022		5/06/2022	No	No
Harry Line	Infection Control	Administration	4.5	15/09/2020		7/09/2021	No	No
Harry Line	Infection Control	Administration	4.5	15/09/2021		15/09/2021	No	No
Harry Line	Infection Control	Administration	4.5	Feb 2023		21/02/2023	No	No
Kevin Kline	RiskClear Self Directed Learning Package	Nurse Unit Manager	1	Feb 2022		9/02/2022	No	No
Steve Carell	RiskClear Self Directed Learning Package	Nurse Unit Manager	1	Mar 2022		25/03/2022	No	No
Joan Crawford	RiskClear Self Directed Learning Package	Nurse Unit Manager	1	Feb 2022		9/02/2022	No	No
Ginger Rogers	RiskClear Self Directed Learning Package	Nurse Unit Manager	1	Feb 2022		9/02/2022	No	No
Mike Rudd	RiskClear Self Directed Learning Package	Nurse Unit Manager	1	Mar 2022		15/03/2022	No	No
Dan Ackroyd	RiskClear Self Directed Learning Package	Nurse Unit Manager	1	Feb 2022		9/02/2022	No	No
Lisa Kerd	RiskClear Self Directed Learning Package	Nurse Unit Manager	1	Feb 2022		9/02/2022	No	No
Humphrey Bogart	RiskClear Self Directed Learning Package	Nurse Unit Manager	1	Feb 2022		9/02/2022	No	No

RiskClear Reports Page 1 of 7 17 March 2023

37. Report 10 All Records Summary

Purpose: Reports on all selected record types for the selected period, sorted by date.
Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, WHS Meetings, Consumer Representative/s, Managers, DON's & External Auditors.
Key Users: Quality Manager, DON, Nurse/Clinical Managers, Staff and External Auditors.
Where does this data come from? Risk, Incident, Feedback, Quality Improvement (QI), Clinical Indicator (CI), Infection Event, Survey and Audit Summary records entered into RiskClear/RiskClear Direct. This can also include unfinished records if selected as well as alternative sort by record number.

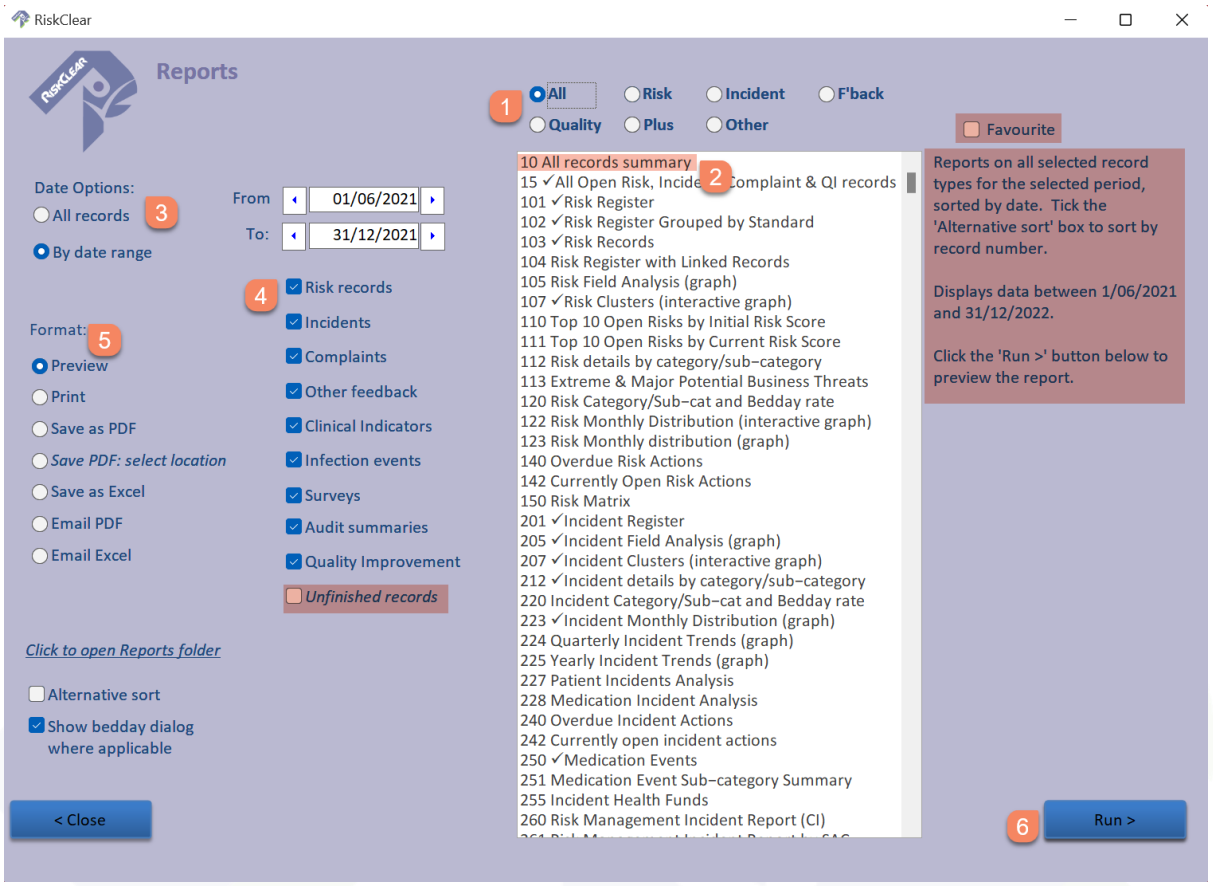
Real Everyday Use:

- Running this report regularly (e.g., weekly, monthly) enables you to see and act upon all selected record types.
- This report can be discussed at Quality Meetings, Staff Meetings, and any other appropriate forums where ongoing risk, incident and quality matters are shared and discussed.
- Running this report and providing it regularly to its intended audience can save on the "white noise" of over-utilising RiskClear system reminders and notifications.
- Assists in meeting the requirements of Industry Standards (e.g., NSQHS, ISO, RTAC,NATA) and relevant Legislation.

Running Report 10:

1) Go to the **Reports** Section of RiskClear and select **All.**
2) Select **Report 10 All Records Summary -**  remember if it's a favourite report, tick the Favourite box. (see highlighted below)
3) Select **Date Options** – all records or date range.
4) Select the Records you'd like to include in the Report by **ticking the corresponding box** next to the **record type** – you can include unfinished records also if need be.

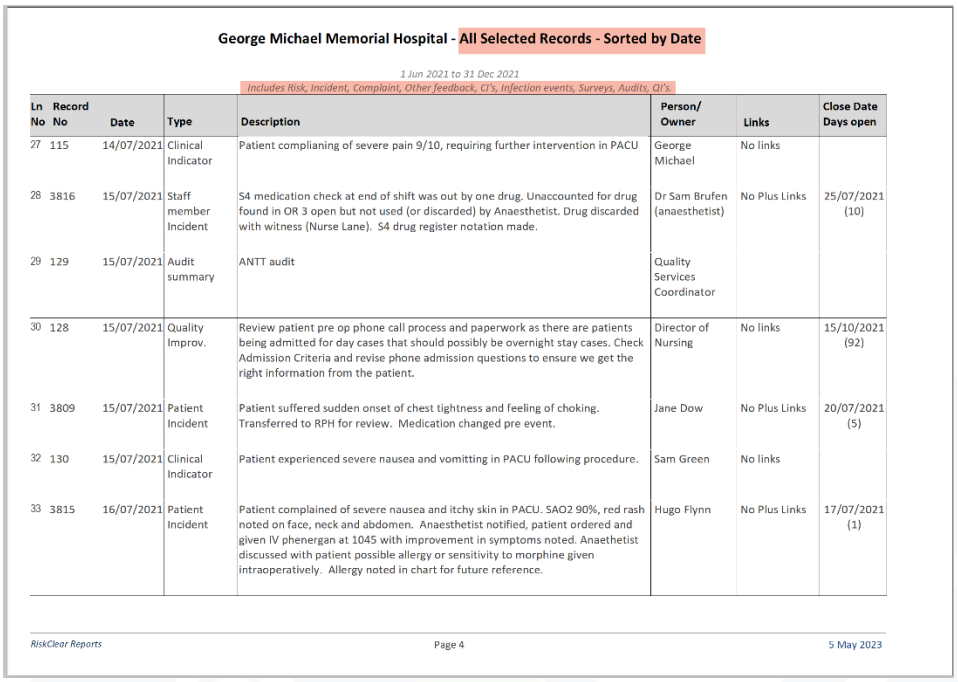
5) Select Report **Format.**
6) Click **Run.**



Examples of Report 10:

There are many variations of this report depending on which combination of record types and parameters are selected. Below are 2 common examples.

Example 1 – All record types selected by Date Range



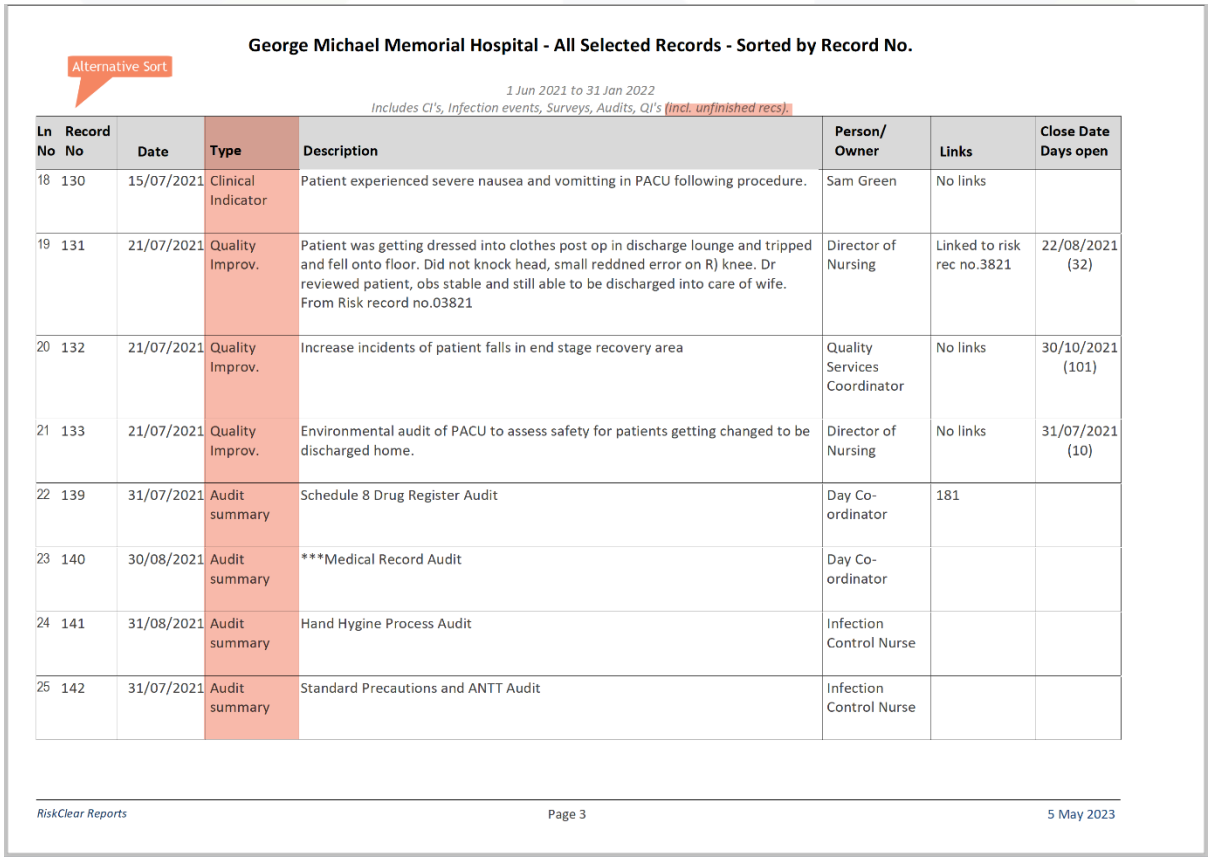
George Michael Memorial Hospital - All Selected Records - Sorted by Date

1 Jun 2021 to 31 Dec 2021
Includes Risk, Incident, Complaint, Other feedback, CI's, Infection events, Surveys, Audits, QI's.

Ln No	Record No	Date	Type	Description	Person/ Owner	Links	Close Date Days open
27	115	14/07/2021	Clinical Indicator	Patient complianing of severe pain 9/10, requiring further intervention in PACU	George Michael	No links	
28	3816	15/07/2021	Staff member Incident	S4 medication check at end of shift was out by one drug. Unaccounted for drug found in OR 3 open but not used (or discarded) by Anaesthetist. Drug discarded with witness (Nurse Lane). S4 drug register notation made.	Dr Sam Brufen (anaesthetist)	No Plus Links	25/07/2021 (10)
29	129	15/07/2021	Audit summary	ANTT audit	Quality Services Coordinator		
30	128	15/07/2021	Quality Improv.	Review patient pre op phone call process and paperwork as there are patients being admitted for day cases that should possibly be overnight stay cases. Check Admission Criteria and revise phone admission questions to ensure we get the right information from the patient.	Director of Nursing	No links	15/10/2021 (92)
31	3809	15/07/2021	Patient Incident	Patient suffered sudden onset of chest tightness and feeling of choking. Transferred to RPH for review. Medication changed pre event.	Jane Dow	No Plus Links	20/07/2021 (5)
32	130	15/07/2021	Clinical Indicator	Patient experienced severe nausea and vomitting in PACU following procedure.	Sam Green	No links	
33	3815	16/07/2021	Patient Incident	Patient complained of severe nausea and itchy skin in PACU. SAO2 90%, red rash noted on face, neck and abdomen. Anaesthetist notified, patient ordered and given IV phenergan at 1045 with improvement in symptoms noted. Anaethetist discussed with patient possible allergy or sensitivity to morphine given intraoperatively. Allergy noted in chart for future reference.	Hugo Flynn	No Plus Links	17/07/2021 (1)

RiskClear Reports Page 4 5 May 2023

Example 2 – CI, QI, Surveys, Infection events and Audits record types selected by Date Range including unfinished records and with alternative sort selected.



George Michael Memorial Hospital - All Selected Records - Sorted by Record No.

Alternative Sort

1 Jun 2021 to 31 Jan 2022
Includes CI's, Infection events, Surveys, Audits, QI's (incl. unfinished recs).

Ln No	Record No	Date	Type	Description	Person/ Owner	Links	Close Date Days open
18	130	15/07/2021	Clinical Indicator	Patient experienced severe nausea and vomitting in PACU following procedure.	Sam Green	No links	
19	131	21/07/2021	Quality Improv.	Patient was getting dressed into clothes post op in discharge lounge and tripped and fell onto floor. Did not knock head, small reddned error on R) knee. Dr reviewed patient, obs stable and still able to be discharged into care of wife. From Risk record no.03821	Director of Nursing	Linked to risk rec no.3821	22/08/2021 (32)
20	132	21/07/2021	Quality Improv.	Increase incidents of patient falls in end stage recovery area	Quality Services Coordinator	No links	30/10/2021 (101)
21	133	21/07/2021	Quality Improv.	Environmental audit of PACU to assess safety for patients getting changed to be discharged home.	Director of Nursing	No links	31/07/2021 (10)
22	139	31/07/2021	Audit summary	Schedule 8 Drug Register Audit	Day Co-ordinator	181	
23	140	30/08/2021	Audit summary	***Medical Record Audit	Day Co-ordinator		
24	141	31/08/2021	Audit summary	Hand Hygine Process Audit	Infection Control Nurse		
25	142	31/07/2021	Audit summary	Standard Precautions and ANTT Audit	Infection Control Nurse		

RiskClear Reports Page 3 5 May 2023

38. Report 307 Feedback Field Analysis (with Complainant Aboriginal/TSI selected).

Purpose:

- ✓ Gives details of complaint records selected in the individual feedback field - in this example Complainant Aboriginal/TSI (ATSI).
- ✓ Displays data between a Date range or All records.
- ✓ Assists Hospitals and Health Service Organisations (HSO) to monitor the type and percentage of complaints being received that are made by people of ATSI origin.
- ✓ Assists Hospitals and HSO's to meet the requirements of Industry Standards (e.g., ISO 9001:2015/NSQHSS v2, NATA, RTAC) and relevant legislation. For example, *NSQHS Standard 1 Clinical Governance Criteria 1.4 ''HSO implements and monitors strategies to meet the organisations safety and quality priorities for ATSI people, & NSQHS Standard 2 Partnering with Consumers Criteria 2.13 ''HSO works in partnership with ATSI communities to meet their healthcare needs''.*

Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, Consumer Representative/s, Managers, DON's & External Auditors.
Key Users: Quality Manager, DON, Nurse/Clinical Managers and External Auditors.
Where does this data come from? Feedback (e.g., complaint) records entered into RiskClear/RiskClear Direct.

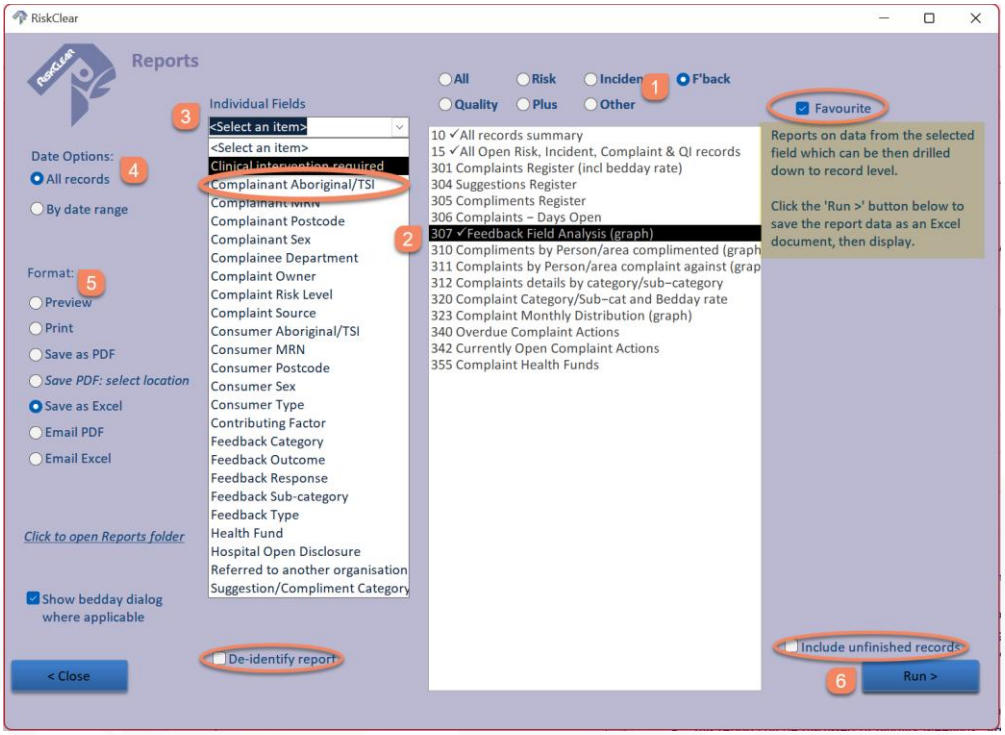
Real Everyday Use:

- ✓ Running this report regularly (monthly/quarterly) enables you to see your Complaint records by an individual field (in this example ATSI Complainants) and the actions and outcomes required to manage these complaints.
- ✓ This report can be discussed at Quality Meetings, Staff Meetings, and any other appropriate forums where Complaint management activities and outcomes are shared.
- ✓ This report can be provided to External Auditors during Health Department and Accreditation Audits as evidence of your Complaints management processes, outcomes, and effectiveness.
- ✓ Can be shared with Consumer Groups for insight and feedback.
- ✓ Can assist in monitoring your ATSI patient population and the complaints they make.

Running Report 307:

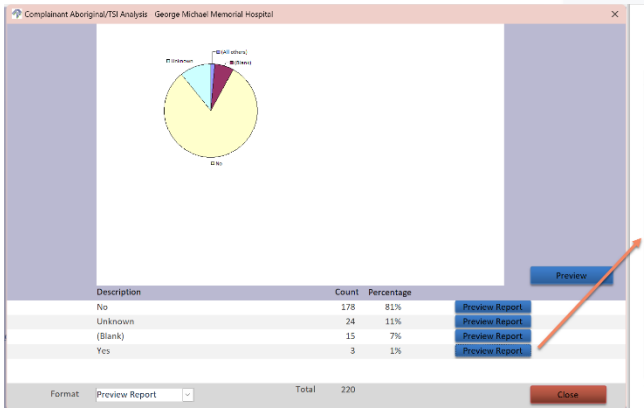
7) Go to the ''**Reports**'' Section of RiskClear and select **''F'Back''.**
8) Select ''**Report 307'' –**  remember if it's a favourite, tick the Favourite box. A **description** of what the report does (highlighted is also shown).
9) Select from the Individual Fields drop-down **'' Complainant Aboriginal/TSI''** – (or leave as All Categories to see all records).
10) Select **''All Records''** or **''By date range''.**
11) Select the report **'Format'.**
12) Click ''**Run**''.

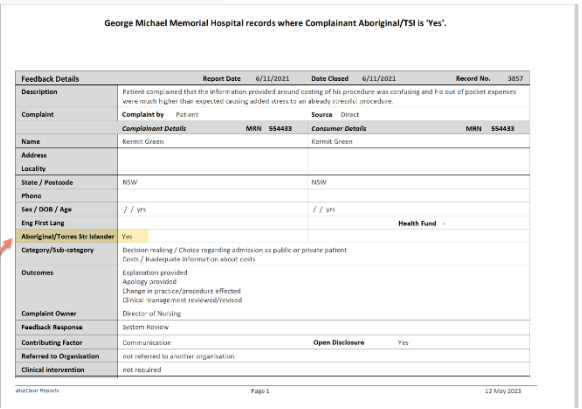
*Tick"**De-Identify" –** this will remove any names and replace with ******. Depending on the audience of the report will determine whether this feature is used or not.
* Tick **Include unfinished records** if required.



Example Report 307:

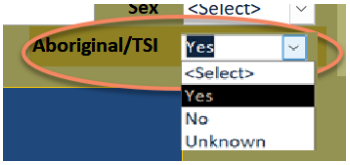
- ✓ **Interactive Graph** style of report.
- ✓ Shows the **number of complainants that are ATSI,** as well as those that aren't, are unknown and where the information/field has been left blank (see ***Note*** below).
- ✓ Click on **Preview Report** next to any of the descriptions to **view the actual records that make up that figure/count of patients (see below).**



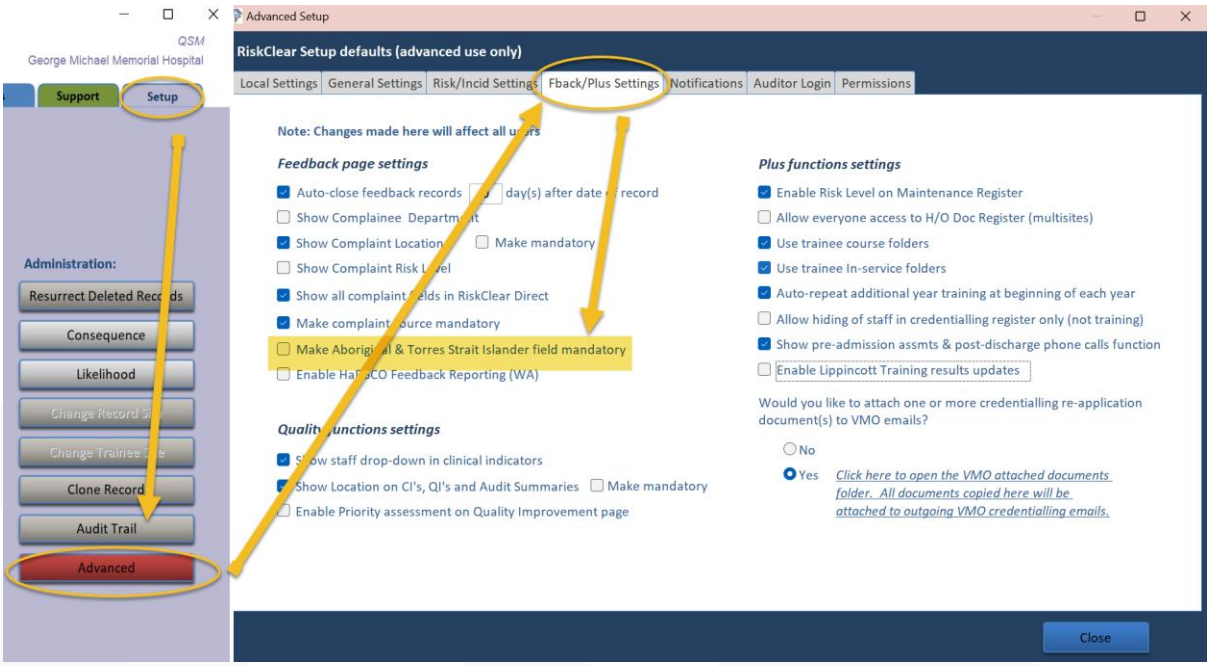


NOTE

- ✓ This **field can be made mandatory on the Feedback Screen** to improve compliance and accuracy of reporting.



- ✓ Your **DON/Quality Coordinator/RiskClear System Administrator** can make this field *mandatory via **Setup>Advanced>F'back/Plus Settings** and ticking the **Make Aboriginal & Torres Strait Islander fields mandatory** (see below).



39.Report 107 Risk Clusters (interactive graph).

Purpose:

- ✓ Gives details of risk sub-categories or causes with can be drilled down to show the likelihood and consequence data.
- ✓ Displays data between a Date range or All records.
- ✓ Assists Hospitals and Health Service Organisations (HSO) to monitor the risk type, cause, consequence, and likelihood.
- ✓ Assists Hospitals and HSO's to meet the requirements of Industry Standards (e.g., ISO 9001:2015/NSQHSS v2, NATA, RTAC) and relevant legislation. For example, *NSQHS Standard 1 Clinical Governance Criteria 1.10 Risk Management.*

Audience: MAC, Risk, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, Consumer Representative/s, Managers, DON's & External Auditors.
Key Users: Quality Manager, DON, Nurse/Clinical Managers and External Auditors.
Where does this data come from? Risk/Hazard records entered into RiskClear/RiskClear Direct.

Real Everyday Use:

- ✓ Running this report regularly (monthly/quarterly) enables you to identify risk categories and causes including the likelihood and consequence which can in turn highlight areas of risk exposure.
- ✓ The risk clusters highlighted in this report can assist in decision making around risk exposure and risk appetite for your organisation, as well as determining mitigation strategies and controls and their effectiveness.
- ✓ This report can be discussed at Quality Meetings, Staff Meetings, and any other appropriate forums where Risk Management activities and outcomes are shared.
- ✓ This report can be provided to External Auditors during Health Department and Accreditation Audits as evidence of your Risk Management processes, outcomes, and effectiveness.
- ✓ Can be shared with Consumer Groups for insight and feedback.

Running Report 107:

13) Go to the "**Reports**" Section of RiskClear and select "**Risk**".

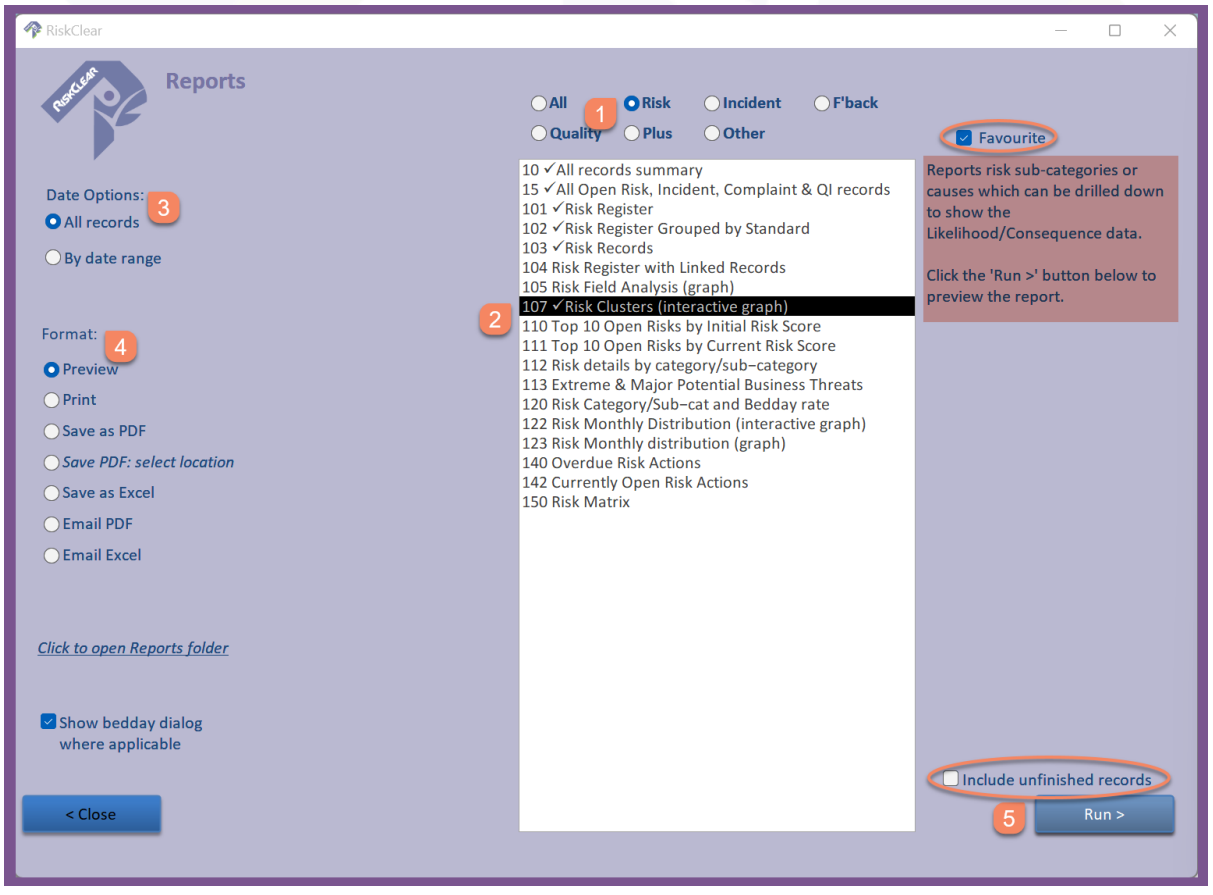
14) Select "**Report 107 Risk Clusters (interactive graph)**" – remember if it's a favourite, tick the Favourite box (circled below). A **description** of what the report does is also provided and highlighted below.

15) Select "**All Records**" or "**By date range**".

16) Select the report '**Format**'.

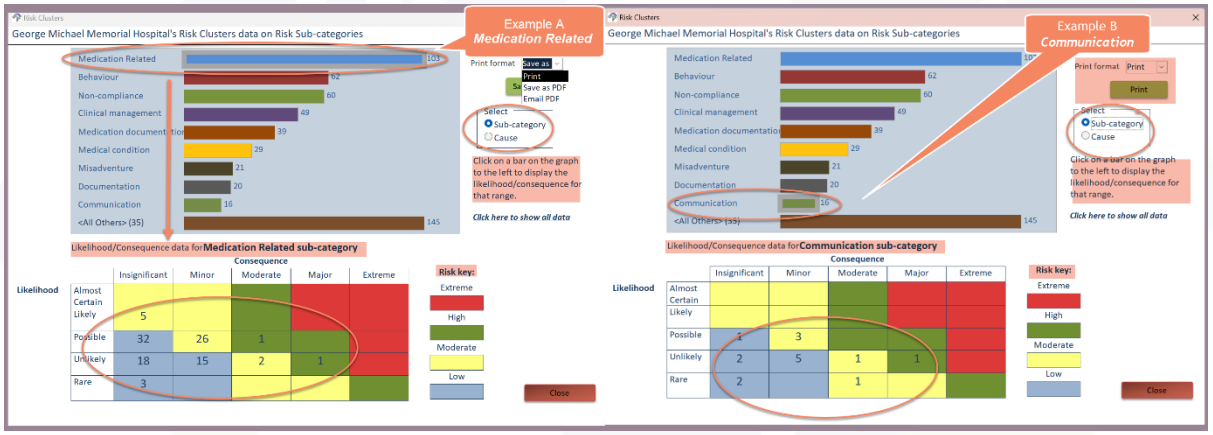
17) Click "**Run**".

* Tick **Include unfinished records** if required.



Examples of Report 107 – Risk Clusters (interactive graph)
Example A = Subcategory Medication Related Example B = Subcategory Communication

- You can select which **Sub-Category (or cause)** you wish to focus on – e.g., Medication Related (A) or Communication (B) as shown below.
- When you **click on a bar on the graph** – e.g., Medication Related (A) or Communication (B) it **will show below the likelihood and consequence range for that cluster of risk data.**
- Looking at the **likelihood distribution can help you determine your risk exposure** and how likely this risk is to occur and whether further mitigation is required.
- Looking at the **consequence distribution** can help you determine your **risk exposure** and **the potential consequence of that risk if left unmitigated.**
- These **risk clusters can assist in decision making** around **risk exposure** and **risk appetite** for your organisation, as well as determining current and future mitigation strategies and controls.



40. Report 207 Incident Clusters (interactive graph).

Purpose:

- ✓ Gives details of incident sub-categories with *linked risk records* which can then be drilled down to show the likelihood and consequence data.
- ✓ Displays data between a Date range or All records.
- ✓ Assists Hospitals and Health Service Organisations (HSO) to monitor the risk type, cause, consequence, and likelihood.
- ✓ Assists Hospitals and HSO's to meet the requirements of Industry Standards (e.g., ISO 9001:2015/NSQHSS v2, NATA, RTAC) and relevant legislation. For example, *NSQHS Standard 1 Clinical Governance Criteria 1.10, 1.11 & 1.12 Risk Management/Incident Management.*

Audience: MAC, Risk, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, Consumer Representative/s, Managers, DON's & External Auditors.
Key Users: Quality Manager, DON, Nurse/Clinical Managers and External Auditors.
Where does this data come from? Incident records entered into RiskClear/RiskClear Direct that have an attached risk record.

Real Everyday Use:

- ✓ Running this report regularly (monthly/quarterly) enables you to identify incident sub-categories with linked risk records including the likelihood and consequence which can in turn highlight areas of risk exposure.
- ✓ The incident clusters highlighted in this report can assist in highlighting risks and the decision making around risk exposure and risk appetite for your organisation, as well as determining mitigation strategies and controls and their effectiveness.
- ✓ This report can be discussed at Quality Meetings, Staff Meetings, and any other appropriate forums where incident and risk management activities and outcomes are shared.
- ✓ This report can be provided to External Auditors during Health Department and Accreditation Audits as evidence of your Incident & Risk Management processes, outcomes, and effectiveness.
- ✓ Can be shared with Consumer Groups for insight and feedback.

Running Report 207:
(refer to diagram below left)

18) Go to the "**Reports**" Section of RiskClear and select **''Incident''.**

19) Select "**Report 207 Incident Clusters (interactive graph)" –**  remember if it's a favourite, tick the Favourite box (circled below). A **description** of what the report does is also provided and highlighted below.

20) Select **''All Records''** or **''By date range''.**

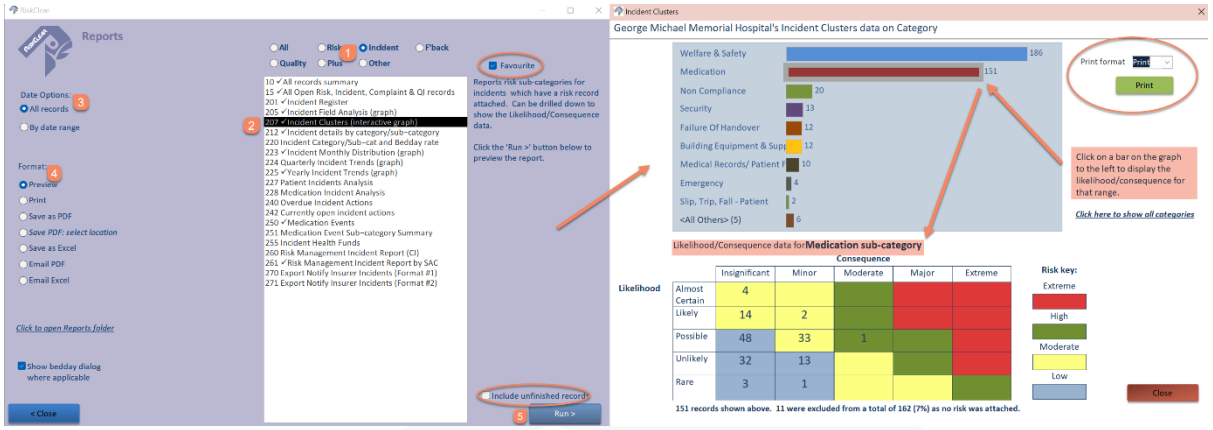
21) Select the report **'Format'.**

22) Click "**Run**".

* Tick **Include unfinished records** if required (circled below).

Example Report 207 – Incident Clusters (interactive graph):
(refer to diagram below right)

- You can select which **Sub-Category (or cause)** you wish to focus on – e.g., Medication Related.
- When you **click on a bar on the graph** – e.g., Medication Related **will show below the likelihood and consequence range for that cluster of linked risk data**.
- Looking at the **likelihood distribution can help you determine your risk exposure** and how likely this risk is to occur and whether further mitigation is required.
- Looking at the **consequence distribution** can help you determine your **risk exposure for that incident category** and **the potential consequence of that risk if left unmitigated.**
- These **incident clusters (with linked risk records) can assist in decision making** around **risk exposure** and **risk appetite** for your organisation, as well as determining current and future mitigation strategies and controls.



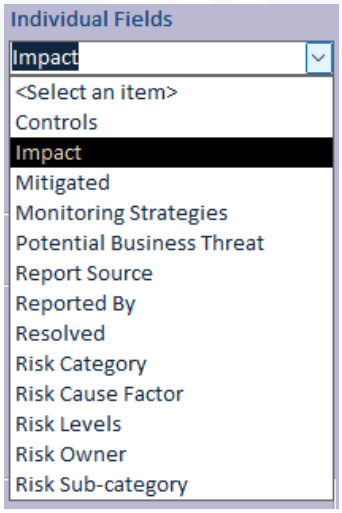
41. Report 105 Risk Field Analysis

Purpose: It provides information on various Risk Fields (e.g., cause, controls, risk owner, risk category, risk level) and shows a description, count, and percentage occurrence of that field. Reports on data from the selected fields can be drilled down to a record level also. Assists in risk analysis and identifying trends for more effective risk management, it also shows if the controls and strategies in place are mitigating your risk effectively.
Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings.
Where the data comes from: Records entered into RiskClear/RiskClear Direct by users.
Real Everyday Use: Helps to identify risk trends to assist in effective risk management at your hospital. It also helps hospitals meet the requirements of the National Standards (e.g., Clinical Governance Standard Criteria 1.10), as well as other Industry Standards (e.g., ISO, NADA, RTAC etc) and legislative requirements.

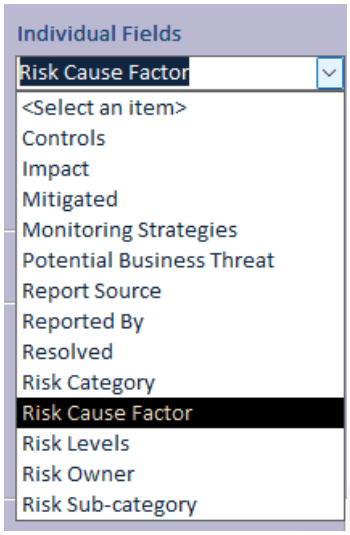
To run this Report:
Go to the **Report**s Section of RiskClear.
Step 1: Select **Risk.**
Step 2: Choose Report **105 Risk Field Analysis** from the list – if it is a regularly used report, tick **''Favourite''.**
Step 3: Select from the **Individual Fields** drop down menu the item you would like to report on – e.g., Controls, Impact, Risk Category, Risk Owner etc.
Step 4: Determine your **Date Options** – e.g., by date range or all records.
Step 5: Determine **Report Type** – e.g., Condensed or Full Detail.
Step 6: Choose **Open, Closed** or **All records.**
Step 7: Choose Report **Format.**
Step 8: Click **Run.**

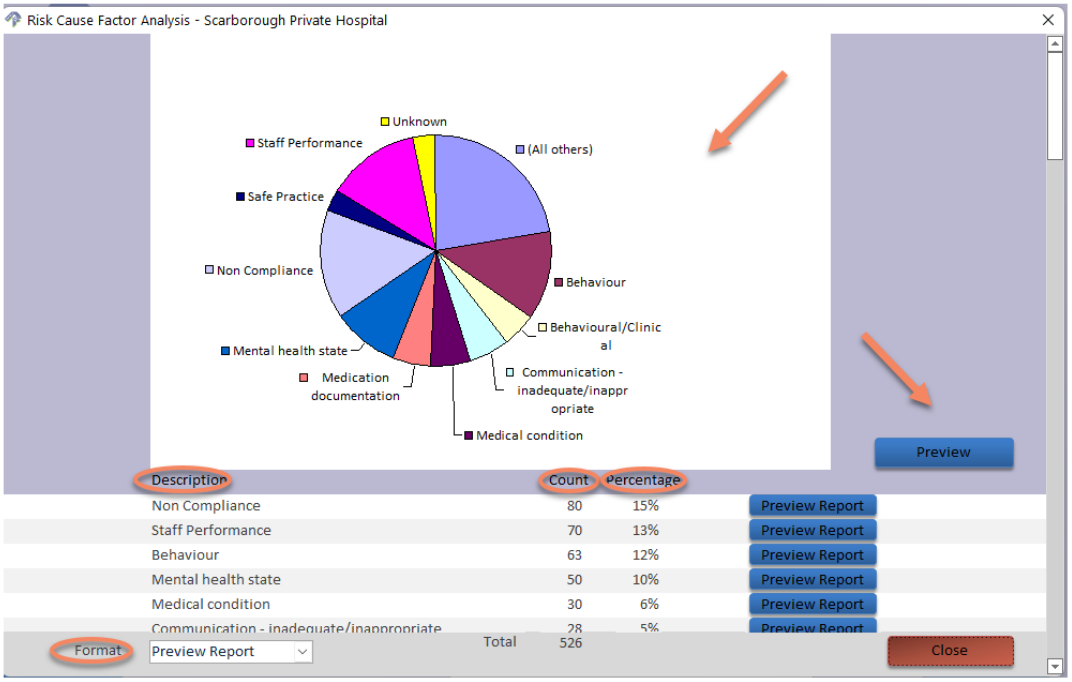
Example Reports:

There are various fields (see below) that you can select depending on what Risk Analysis or trend you are wanting to report on. **Examples 1-3 show you 3 of those options.**

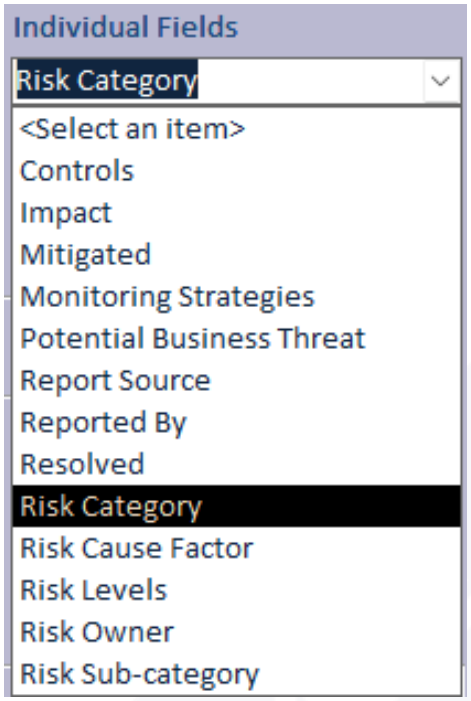


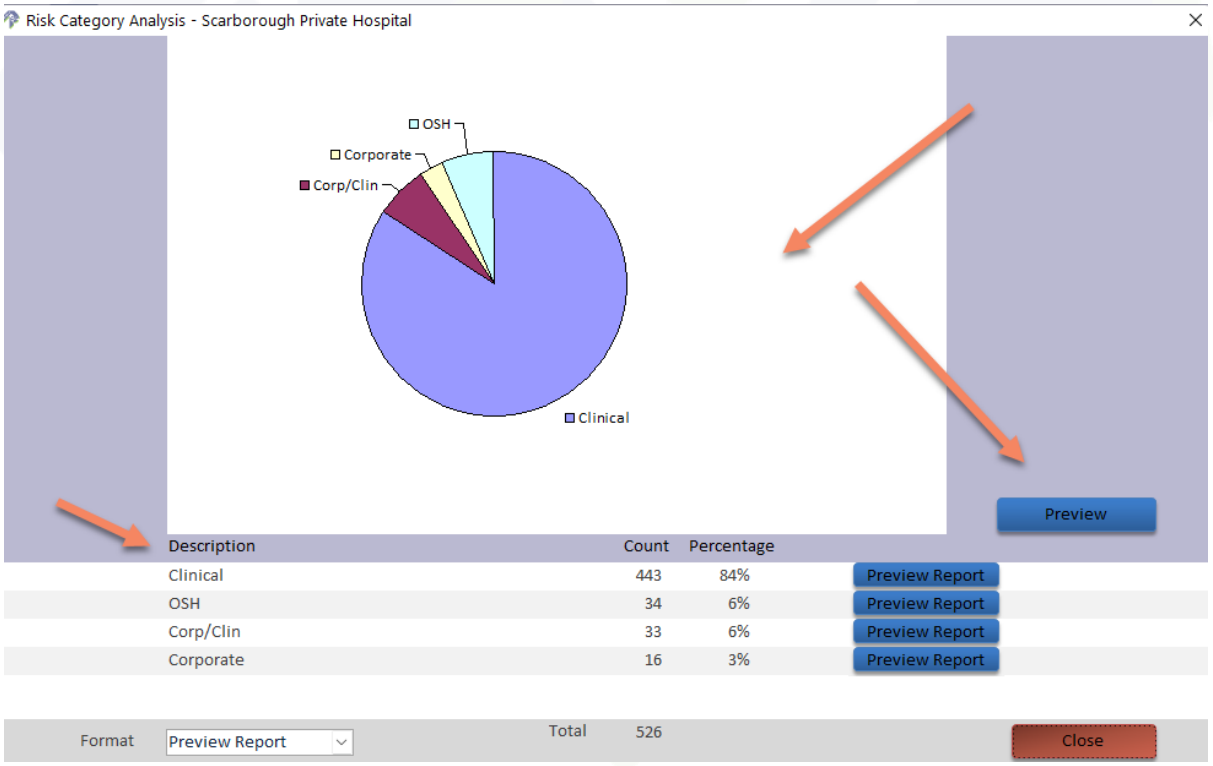
Example Report 1 – By Risk Cause Factor





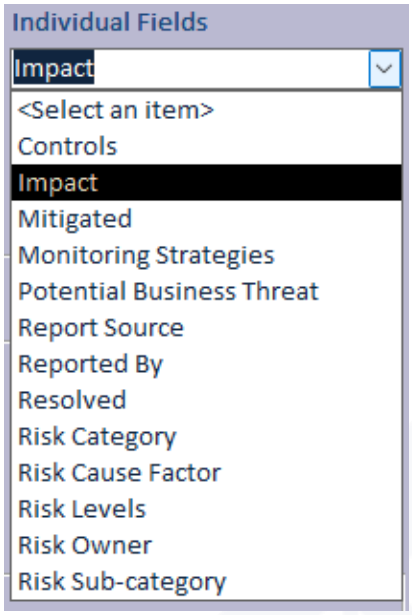
Example Report 2 – By Risk Category



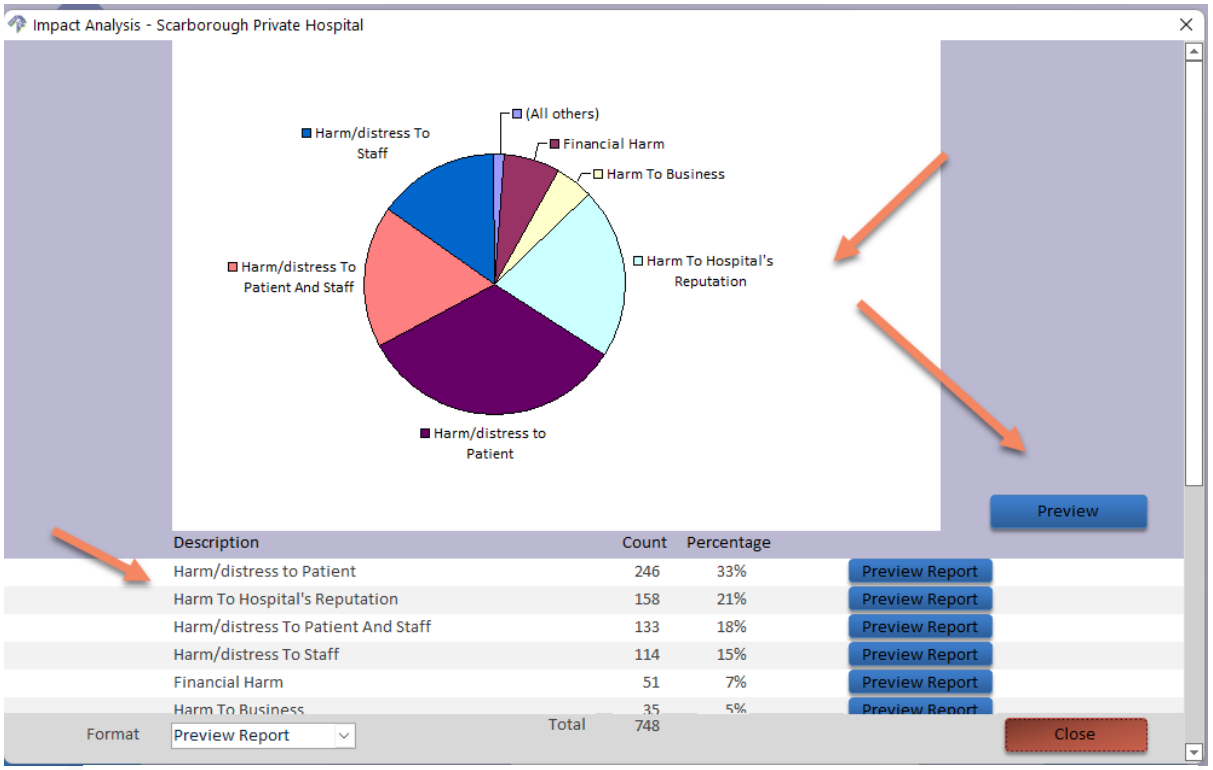


Example Report 3 – By Risk Impact

Also note the **Preview** and **Preview Report** buttons are what you click on to drill down to view a list of the individual records within that reporting field (see Example Report below).



E.G., Drilled Down Report to individual records.



Scarborough Private Hospital records that have an Impact field of 'Harm/distress to Patient'.

Both open and closed records

Ln No	Record No	Date	Potential Busn. Threat	Init/Latest Risk	Description	Risk Owner(s)	Referral Source	Category	Close Date Days open
235	3753	6/08/2020	Insignificant	L / L	Patient records	Nurse Unit Manager	Incident Form	Clinical	07/06/2020 (-60)
236	3754	6/08/2020	Insignificant	L / L	Staff member tripped when hurrying to	Nurse Unit Manager	Incident Form	Clinical	07/06/2020 (-60)
237	3755	4/08/2020	Minor	L / L	An Incident record	Nurse Unit Manager	Incident Form	Clinical	06/06/2020 (-59)
238	3756	6/08/2020	Insignificant	M / M	Photocopier legs collapsed when wheeling it into	Nurse Unit Manager	Incident Form	Clinical	07/06/2020 (-60)
239	3757	7/08/2020	Insignificant	L / L	Patient reported that his personal items went missing from pre-op	Nursing Staff	Incident Form	Clinical	08/06/2020 (-60)
240	3758	8/08/2020	Insignificant	L / L	Network went down for 4 hours from 10.30am	Nursing Staff	Incident Form	Clinical	<Open> (559)
241	3760	9/08/2020	Insignificant	M / M	Patient became distressed when being wheeled to ambulance for transport to ...	Nurse Unit Manager	Incident Form	Clinical	09/06/2020 (-61)
242	3761	9/08/2020	Insignificant	M / M	Patient fell to floor on getting out of bed to go to the toilet. No injury but reported feeling dizzy.	Nurse Unit Manager	Incident Form	Clinical	10/06/2020 (-60)
243	3765	12/08/2020	Insignificant	L / L	Patient got out of bed and lost footing.	Nursing Staff	Incident Form	OSH	13/06/2020 (-60)
244	3769	12/08/2020	Moderate	H / H	Staffing shortage management	Director of Nursing, Chief Executive Officer	Incident Form	Corporate	05/07/2020 (-38)

42.Report 611 Records with Broken Links

Purpose: This report runs a check to see if each document link in RiskClear (excluding Document Register links – this is managed by Report 612) exists and is working. The report lists the record number, date, record type and the broken link file path.

Audience: Quality & Safety Coordinators/ DON's / Clinical Managers / External Auditors (e.g., Accreditation and Health Department).

Where the data comes from: Records with linked documents in RiskClear - e.g., maintenance, audit, training, credentialling, contractor, QI, audits, (e.g., service reports, checklists, certificates, evidence) and any documents linked to incident, risk, or feedback records.

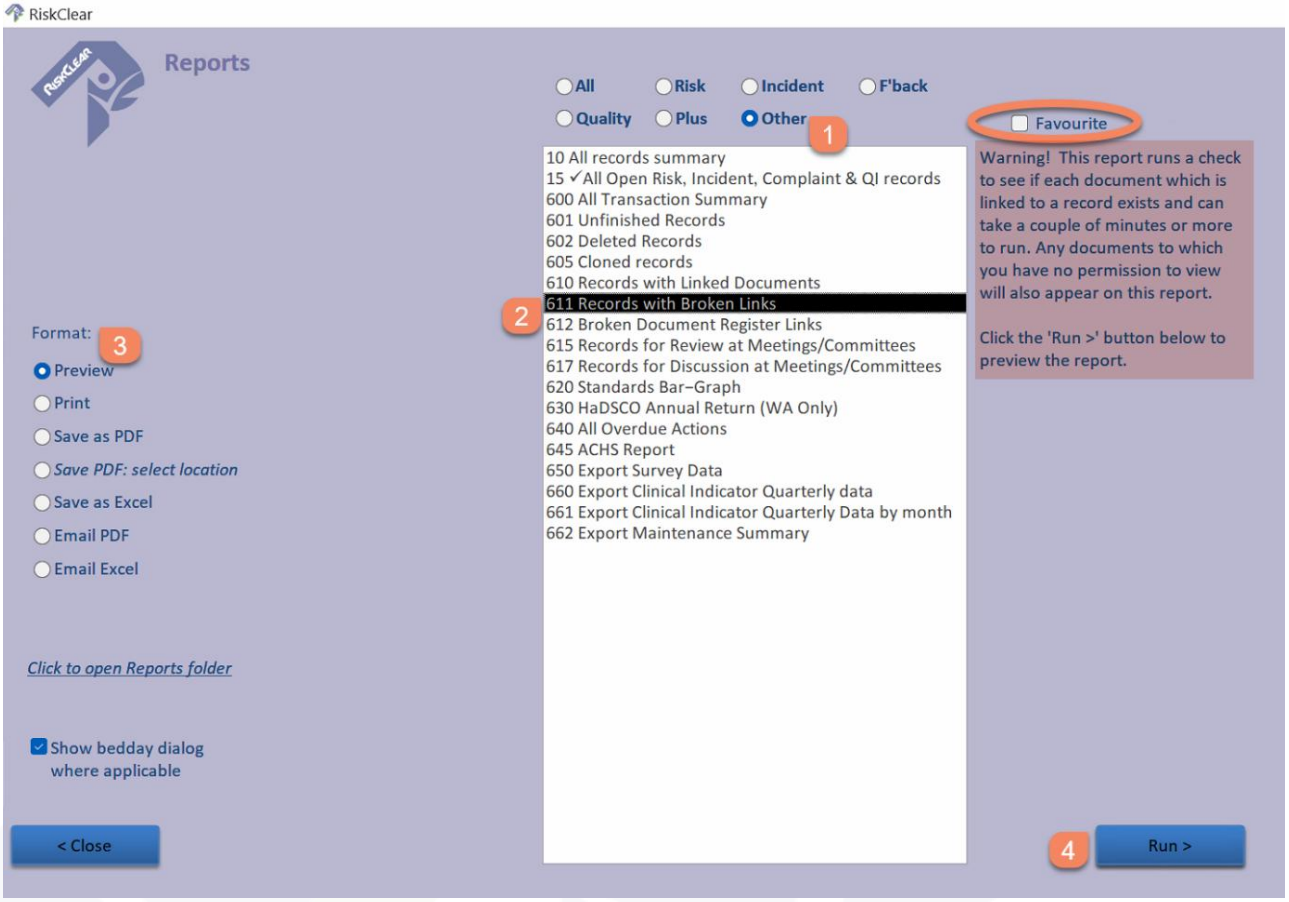
Real Everyday Use:

- ✓ Enables hospitals/ health service organisations to ensure all records in RiskClear with linked records are functional and accessible to appropriate staff to fulfill their roles and responsibilities.
- ✓ Enables hospitals/health service organisations to ensure all records in RiskClear with linked records are functional and accessible for auditors to access during accreditation and health department inspections.
- ✓ It assists hospitals / health service organisations to meet the various governance requirements of the National Standards related (e.g., NSQHS 1-Clinical Governance).
- ✓ It also assists hospitals/ health service organisations to meet other legislative, jurisdictional and standards (NATA, ISO 9001:2015, RTAC etc) requirements.

To run this Report:

This report runs a check to see if each document which is linked to a record exists:

Step 1 - Go to **Reports** in RiskClear and select **Other.**
Step 2 - Select **Report 611 Records with Broken Links.** Remember if its frequently used tick **Favourite** (circled below) and note that a description of the reports function is provided to the right of the Report selector (highlighted below)
Step 3 – Select Report **Format.**
Step 4 - Click **Run.**



Example Report 611 Records with Broken Links:

- ✓ The report provides details on the **record number, the date, the broken link file location as well as the type of record the document is linked too** (see highlighted below)
- ✓ This report assists by directing you to the records with broken links so that they can be re-linked.

George Michael Memorial Hospital - Records with Broken Links

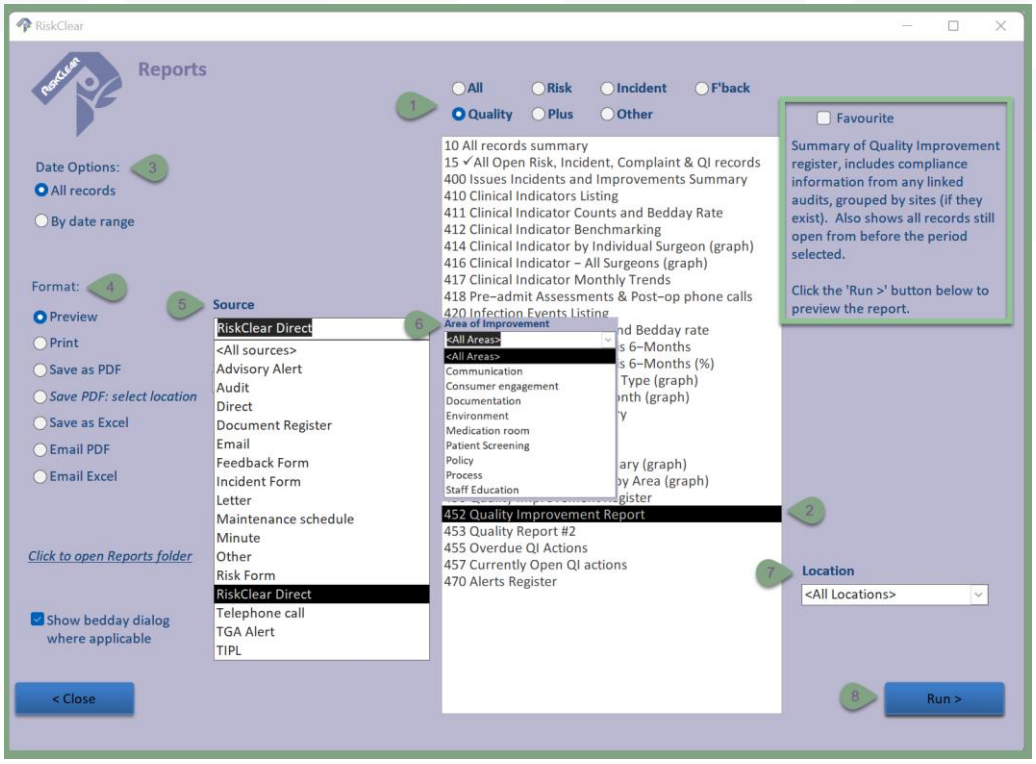
Record No.	Date	Broken Link	Type
MNTJ00003	1/11/2022	C:\Users\gisel\Desktop\RiskClear Governance\2.Staff Training & Credentialling\RISKCLEAR EXAMPLE DOCUMENT ONLY.docx	Maint Sched item
MNTJ00003	1/11/2020	C:\Users\gisel\Desktop\RiskClear Governance\5.Audits & Tasks\Audits\RISKCLEAR EXAMPLE DOCUMENT ONLY.docx	Maint Sched item
MNTJ00003	1/10/2023	C:\Users\Giselle\Documents\Query3.xlsx	Maint Sched item
MNTJ00003	1/10/2022	C:\Users\gisel\OneDrive\Desktop\Training Library\RiskClear - Initial Set Up Guide - 2022.pdf	Maint Sched item
AUJ00015	1/09/2022	C:\Users\gisel\OneDrive\Documents\Feature in Focus.pptx	Audit Sched item
MNTJ00005	1/09/2021	C:\Users\Giselle\Documents\Query3.xlsx	Maint Sched item
QI00009	7/07/2020	D:\Docs\IMG_20170324_0001.pdf	Quality Impr
QI00239	24/05/2021	C:\Users\gisel\Downloads\Incident-Management-Clinical-Procedure.docx	Quality Impr
QI00239	24/05/2021	C:\Users\gisel\Desktop\RiskClear Governance\RISKCLEAR EXAMPLE DOCUMENT ONLY.docx	Quality Impr
QI00195	28/11/2021	C:\Users\Giselle\Desktop\advisory_second_edition_-_as18_10_informed_financial_consent.pdf	Quality Impr
QI00186	20/09/2021	C:\Users\gisel\OneDrive\Desktop\RiskClear Governance\RISKCLEAR EXAMPLE DOCUMENT ONLY.docx	Quality Impr
QI00183	7/12/2021	C:\Users\gisel\OneDrive\Desktop\RiskClear Governance\RISKCLEAR EXAMPLE DOCUMENT ONLY.docx	Quality Impr
QI00181	31/07/2021	C:\Users\Giselle\Documents\Query3.xlsx	Quality Impr
QI00159	26/11/2021	C:\Users\Giselle\Documents\Query3.xlsx	Quality Impr
QI00158	3/11/2021	C:\Users\Giselle\Documents\Query3.xlsx	Quality Impr
QI00152	3/11/2021	C:\Users\Giselle\Desktop\RiskClear Governance\2.Staff Training & Credentialling\Administration Staff\Barry Gibb\RC Doc Link for Demo Only.docx	Quality Impr
QI00152	3/11/2021	C:\Users\gisel\Desktop\Clinical Indicator Reports Review.docx	Quality Impr
QI00132	21/07/2021	C:\Users\Giselle\Documents\Query3.xlsx	Quality Impr
MNTJ00009	1/01/2023	C:\Users\gisel\Desktop\RiskClear Governance\2.Staff Training & Credentialling\RISKCLEAR EXAMPLE DOCUMENT ONLY.docx	Maint Sched item
QI00050	23/08/2020	C:\Users\gisel\OneDrive\Documents\01.Giselle - Work RiskClear\RIsk Clear\Trg 523.jpg	Quality Impr
MNTJ00003	1/08/2022	C:\Users\gisel\OneDrive\Documents\01.Giselle - Work RiskClear\RIsk Clear\Trg 523.jpg	Maint Sched item
MNTJ00025	1/03/2023	C:\Users\gisel\Desktop\RiskClear Governance\7.Reports\RISKCLEAR EXAMPLE DOCUMENT ONLY.docx	Maint Sched item
MNTJ00024	1/06/2023	C:\Users\gisel\Desktop\risk-risk-everywhere.jpg	Maint Sched item
MNTJ00024	1/06/2023	C:\Users\gisel\Desktop\Doc Register Report New.pdf	Maint Sched item

43.Report 452 Quality Improvement Report (with source filter)

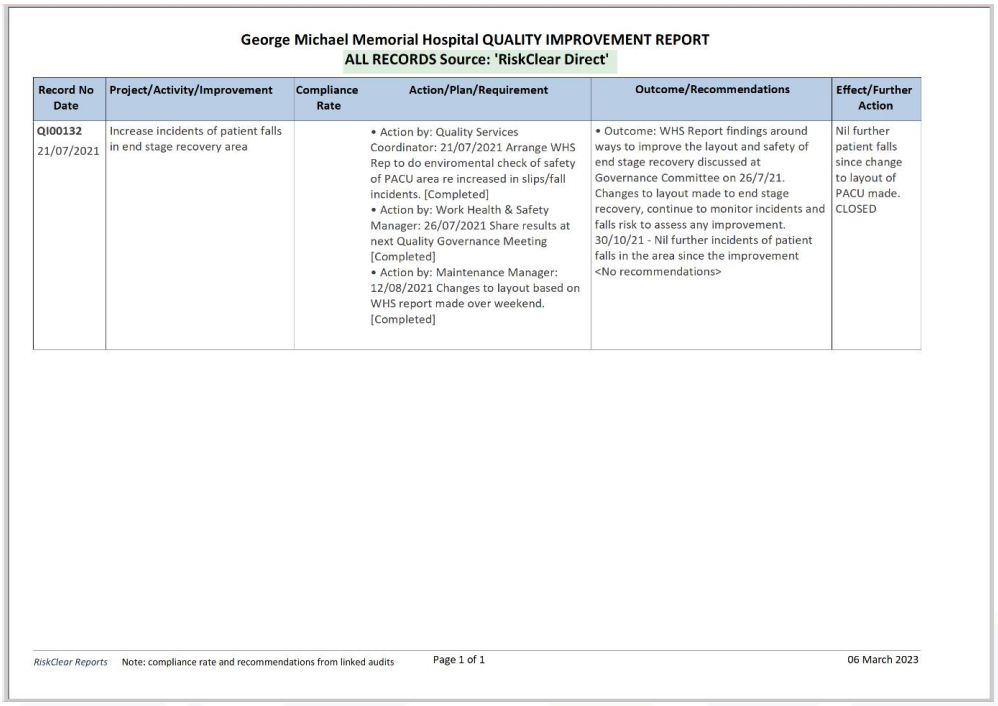
Purpose: Provides information on Quality Improvement (QI) activities and projects at your hospital/organisation.
Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, Consumer Groups, Auditors.
Where does this data come from? It comes from the Quality Improvement Records entered into RiskClear or RiskClear Direct by staff.

To run this report:
Go to the Reports Section of RiskClear.

Step 1: Select **Quality**
Step 2: Choose **452 Quality Improvement Report.** Remember if it's a favourite to **tick the Favourite box** (below right). There is also a brief description to the right of what the report does.
Step 3: Choose **Date Options.**
Step 4: Choose **Format.**
Step 5: Choose **Source.**
Step 6: You can further filter this report by selecting **Area of Improvement.**
Step 7: You can also filter by **Location.** For example, you may wish to just look at QI records relating to a particular location such as PACU, Reception, Administration etc or All Locations.
Step 8: Click **Run.**



Example 1: ***All Records with RiskClear Direct as the Source and Area of Improvement set as All.***

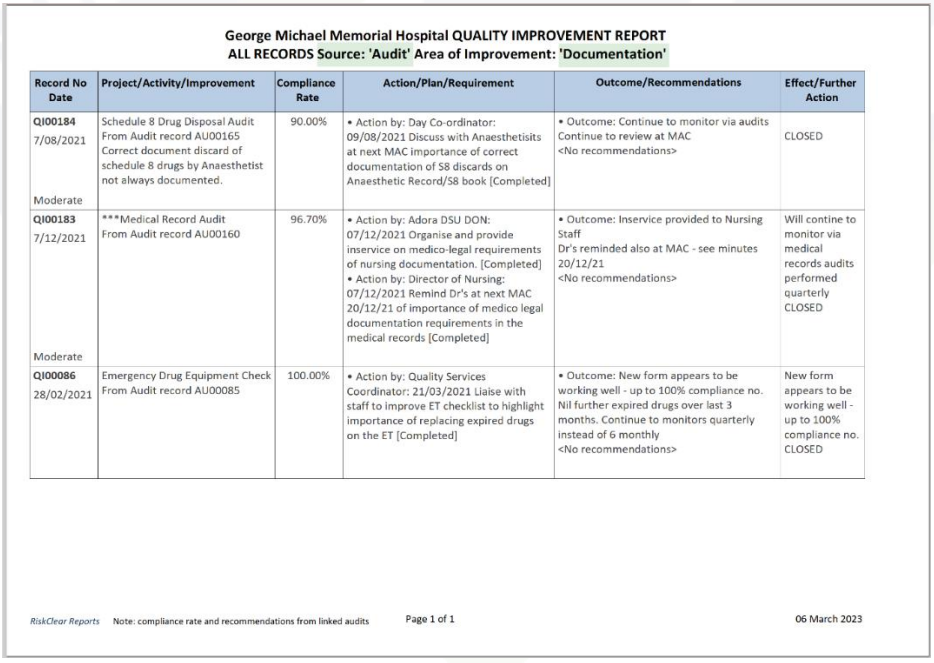


George Michael Memorial Hospital QUALITY IMPROVEMENT REPORT
ALL RECORDS Source: 'RiskClear Direct'

Record No Date	Project/Activity/Improvement	Compliance Rate	Action/Plan/Requirement	Outcome/Recommendations	Effect/Further Action
QI00132 21/07/2021	Increase incidents of patient falls in end stage recovery area		• Action by: Quality Services Coordinator: 21/07/2021 Arrange WHS Rep to do enviromental check of safety of PACU area re increased in slips/fall incidents. [Completed] • Action by: Work Health & Safety Manager: 26/07/2021 Share results at next Quality Governance Meeting [Completed] • Action by: Maintenance Manager: 12/08/2021 Changes to layout based on WHS report made over weekend. [Completed]	• Outcome: WHS Report findings around ways to improve the layout and safety of end stage recovery discussed at Governance Committee on 26/7/21. Changes to layout made to end stage recovery, continue to monitor incidents and falls risk to assess any improvement. 30/10/21 - Nil further incidents of patient falls in the area since the improvement <No recommendations>	Nil further patient falls since change to layout of PACU made. CLOSED

RiskClear Reports Note: compliance rate and recommendations from linked audits Page 1 of 1 06 March 2023

Example 2: *All Records with Audit as the Source and Area of Improvement set as Documentation*



George Michael Memorial Hospital QUALITY IMPROVEMENT REPORT
ALL RECORDS Source: 'Audit' Area of Improvement: 'Documentation'

Record No Date	Project/Activity/Improvement	Compliance Rate	Action/Plan/Requirement	Outcome/Recommendations	Effect/Further Action
QI00184 7/08/2021 Moderate	Schedule 8 Drug Disposal Audit From Audit record AU00165 Correct document discard of schedule 8 drugs by Anaesthetist not always documented.	90.00%	• Action by: Day Co-ordinator: 09/08/2021 Discuss with Anaesthetisits at next MAC importance of correct documentation of S8 discards on Anaesthetic Record/S8 book [Completed]	• Outcome: Continue to monitor via audits Continue to review at MAC <No recommendations>	CLOSED
QI00183 7/12/2021 Moderate	***Medical Record Audit From Audit record AU00160	96.70%	• Action by: Adora DSU DON: 07/12/2021 Organise and provide inservice on medico-legal requirements of nursing documentation. [Completed] • Action by: Director of Nursing: 07/12/2021 Remind Dr's at next MAC 20/12/21 of importance of medico legal documentation requirements in the medical records [Completed]	• Outcome: Inservice provided to Nursing Staff Dr's reminded also at MAC - see minutes 20/12/21 <No recommendations>	Will contine to monitor via medical records audits performed quarterly CLOSED
QI00086 28/02/2021	Emergency Drug Equipment Check From Audit record AU00085	100.00%	• Action by: Quality Services Coordinator: 21/03/2021 Liaise with staff to improve ET checklist to highlight importance of replacing expired drugs on the ET [Completed]	• Outcome: New form appears to be working well - up to 100% compliance no. Nil further expired drugs over last 3 months. Continue to monitors quarterly instead of 6 monthly <No recommendations>	New form appears to be working well - up to 100% compliance no. CLOSED

RiskClear Reports Note: compliance rate and recommendations from linked audits Page 1 of 1 06 March 2023

Helpful Hint:** *Reports 450 Quality Improvement Register and 453 Quality Report 2 also have the Source Filter capability.

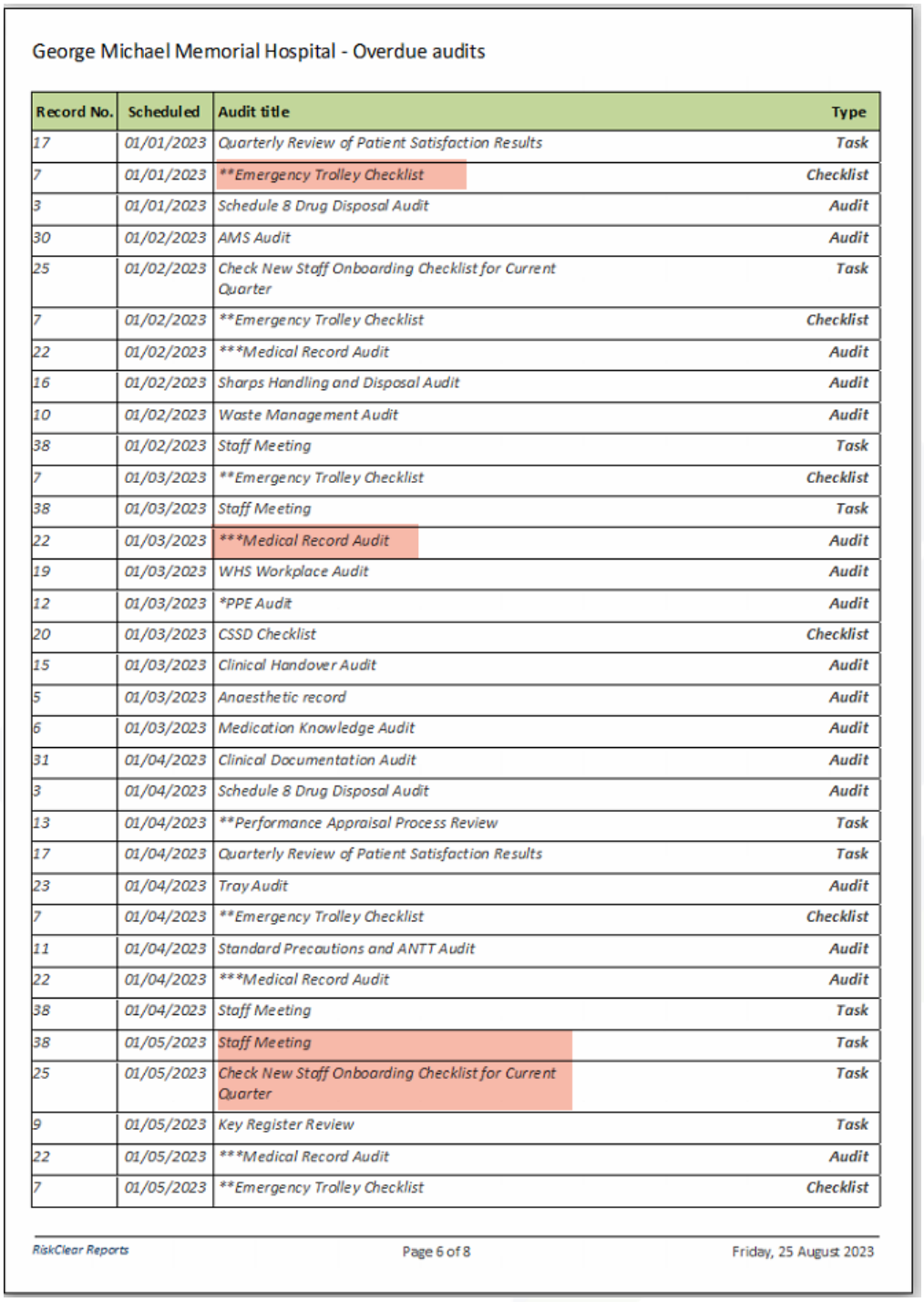
44. Report 509 Overdue Audits

Purpose: Provides a report on all overdue Audits (including Tasks and Checklists) from the Audit Schedule. This report can assist hospitals/providers to respond to non-compliance of audit completion in a timely manner.
Audience: Quality & Safety Coordinators / DON's / Clinical Managers / General Managers/ Staff / External Auditors (e.g., Accreditation and Health Department).
Where the data comes from: Audits on the Audit Schedule completed by staff.
Real Everyday Use: Provides information on any overdue audits, tasks, or checklists. It also helps hospitals meet the various requirements of the National Standards (e.g., Clinical Governance Standard Criteria 1.8 and 1.9), as well as other related Health Industry related Standards and legislative requirements.

To run this Report:
Go to the **Report**s Section of RiskClear.
Step 1: Select **Plus.**
Step 2: Choose Report **509 Overdue Audits from** the list – if it is a regularly used report, tick **"Favourite".** Note also **"what this report does…"**
Step 3: Choose Report **Format.**
Step 4: Click **Run.**

Example Report:
Shows overdue:

- Audits (see highlighted example)
- Checklists (see highlighted example)
- Tasks (see highlighted example)



George Michael Memorial Hospital - Overdue audits

Record No.	Scheduled	Audit title	Type
17	01/01/2023	Quarterly Review of Patient Satisfaction Results	Task
7	01/01/2023	**Emergency Trolley Checklist	Checklist
3	01/01/2023	Schedule 8 Drug Disposal Audit	Audit
30	01/02/2023	AMS Audit	Audit
25	01/02/2023	Check New Staff Onboarding Checklist for Current Quarter	Task
7	01/02/2023	**Emergency Trolley Checklist	Checklist
22	01/02/2023	***Medical Record Audit	Audit
16	01/02/2023	Sharps Handling and Disposal Audit	Audit
10	01/02/2023	Waste Management Audit	Audit
38	01/02/2023	Staff Meeting	Task
7	01/03/2023	**Emergency Trolley Checklist	Checklist
38	01/03/2023	Staff Meeting	Task
22	01/03/2023	***Medical Record Audit	Audit
19	01/03/2023	WHS Workplace Audit	Audit
12	01/03/2023	*PPE Audit	Audit
20	01/03/2023	CSSD Checklist	Checklist
15	01/03/2023	Clinical Handover Audit	Audit
5	01/03/2023	Anaesthetic record	Audit
6	01/03/2023	Medication Knowledge Audit	Audit
31	01/04/2023	Clinical Documentation Audit	Audit
3	01/04/2023	Schedule 8 Drug Disposal Audit	Audit
13	01/04/2023	**Performance Appraisal Process Review	Task
17	01/04/2023	Quarterly Review of Patient Satisfaction Results	Task
23	01/04/2023	Tray Audit	Audit
7	01/04/2023	**Emergency Trolley Checklist	Checklist
11	01/04/2023	Standard Precautions and ANTT Audit	Audit
22	01/04/2023	***Medical Record Audit	Audit
38	01/04/2023	Staff Meeting	Task
38	01/05/2023	Staff Meeting	Task
25	01/05/2023	Check New Staff Onboarding Checklist for Current Quarter	Task
9	01/05/2023	Key Register Review	Task
22	01/05/2023	***Medical Record Audit	Audit
7	01/05/2023	**Emergency Trolley Checklist	Checklist

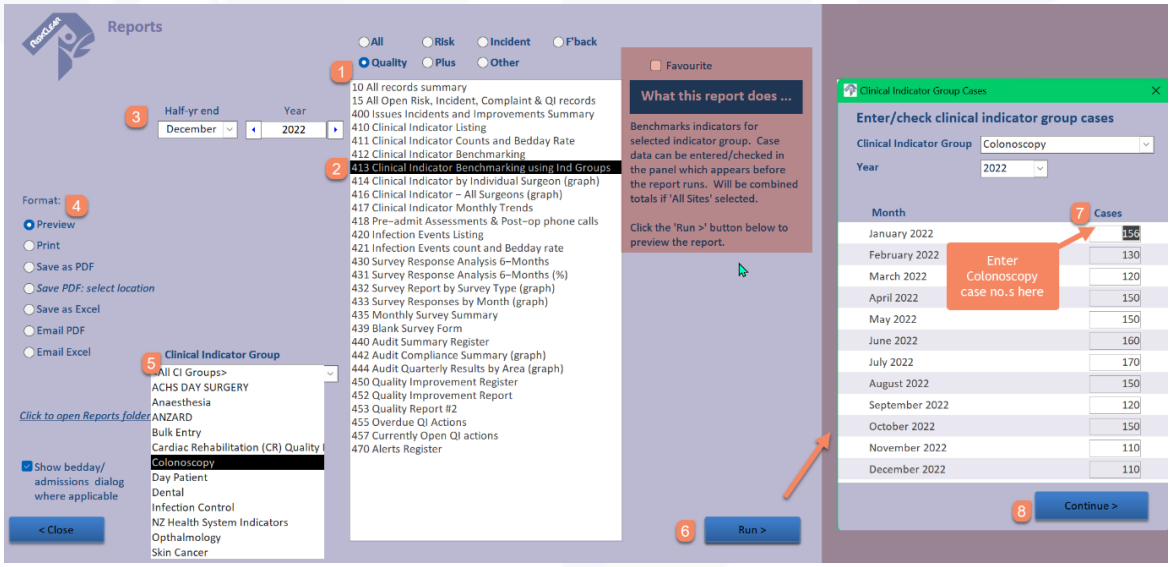
45. Report 413 Clinical Indicator Benchmarking by Indicator Group

Purpose: This report benchmarks indicators for a selected indicator group (e.g., colonoscopy, ophthalmology, day surgery, dental, rehab). Case data can be entered/checked in the panel which appears before the report runs.
Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, Consumer Groups, Auditors, Benchmarking Groups.

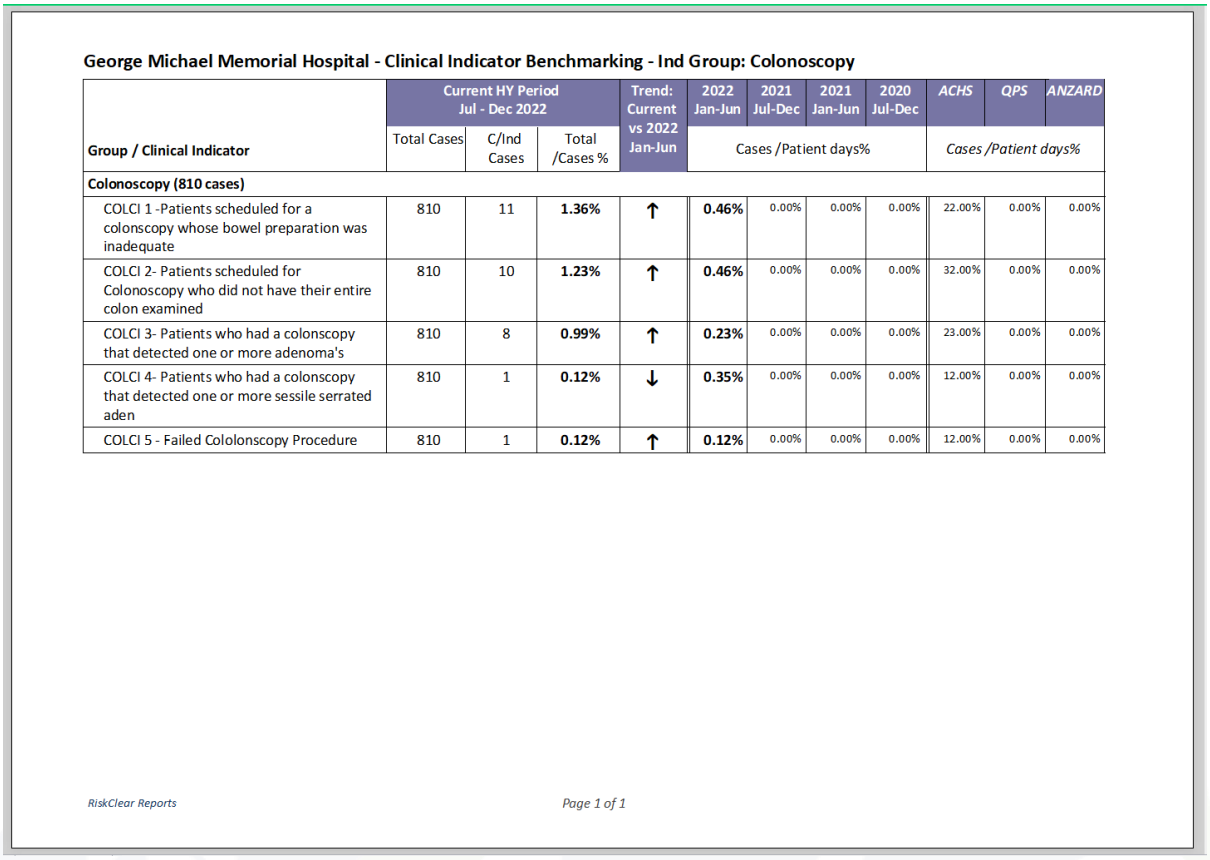
Where does this data come from? It comes from the Clinical Indicator Records entered into RiskClear or RiskClear Direct by staff.
Real Everyday Use: Benchmarking in healthcare allows healthcare organisations and clinicians to monitor their own performance, outcomes, and processes against their peers. It also helps hospitals meet the various requirements of the National Standards (e.g., Clinical Governance Standard Criteria 1.1 & 1.8), as well as other related Health Industry Standards and legislative requirements (NATA, ISO 9001:2015, RTAC etc).

To run this report:
Go to the Reports Section of RiskClear.

Step 1: Select **Quality**
Step 2: Choose **413 Clinical Indicator Benchmarking by Ind Group**. Remember if it's a favourite to **tick the Favourite box** - there is also a brief description to the right of ***what this report does*** (highlighted below).
Step 3: Choose **Date Options.**
Step 4: Choose **Format.**
Step 5: Choose **Clinical Indicator Group.**
Step 6: Click **Run –** the **Clinical Indicator Group Cases Panel** will appear.
Step 7: Enter the case numbers for just that particular group of patients. For example, for those health services that provide a variety of surgical/procedural services to multiple patient groups, you would just enter the case numbers of that particular Clinical Indicator group for the month indicated. In this example it is Colonoscopy cases.
Step 8: Click **Continue>** to produce the report.



Example Report 413 with Colonoscopy Clinical Indicator Group selected:



George Michael Memorial Hospital - Clinical Indicator Benchmarking - Ind Group: Colonoscopy

Group / Clinical Indicator	Current HY Period Jul - Dec 2022			Trend: Current vs 2022 Jan-Jun	2022 Jan-Jun	2021 Jul-Dec	2021 Jan-Jun	2020 Jul-Dec	ACHS	QPS	ANZARD
	Total Cases	C/Ind Cases	Total /Cases %		Cases /Patient days%				Cases /Patient days%		
Colonoscopy (810 cases)											
COLCI 1 -Patients scheduled for a colonscopy whose bowel preparation was inadequate	810	11	**1.36%**	↑	**0.46%**	0.00%	0.00%	0.00%	22.00%	0.00%	0.00%
COLCI 2- Patients scheduled for Colonoscopy who did not have their entire colon examined	810	10	**1.23%**	↑	**0.46%**	0.00%	0.00%	0.00%	32.00%	0.00%	0.00%
COLCI 3- Patients who had a colonscopy that detected one or more adenoma's	810	8	**0.99%**	↑	**0.23%**	0.00%	0.00%	0.00%	23.00%	0.00%	0.00%
COLCI 4- Patients who had a colonscopy that detected one or more sessile serrated aden	810	1	**0.12%**	↓	**0.35%**	0.00%	0.00%	0.00%	12.00%	0.00%	0.00%
COLCI 5 - Failed Cololonscopy Procedure	810	1	**0.12%**	↑	**0.12%**	0.00%	0.00%	0.00%	12.00%	0.00%	0.00%

RiskClear Reports *Page 1 of 1*

46. Report 540 Maintenance Report (with new Maintenance Group Filter)

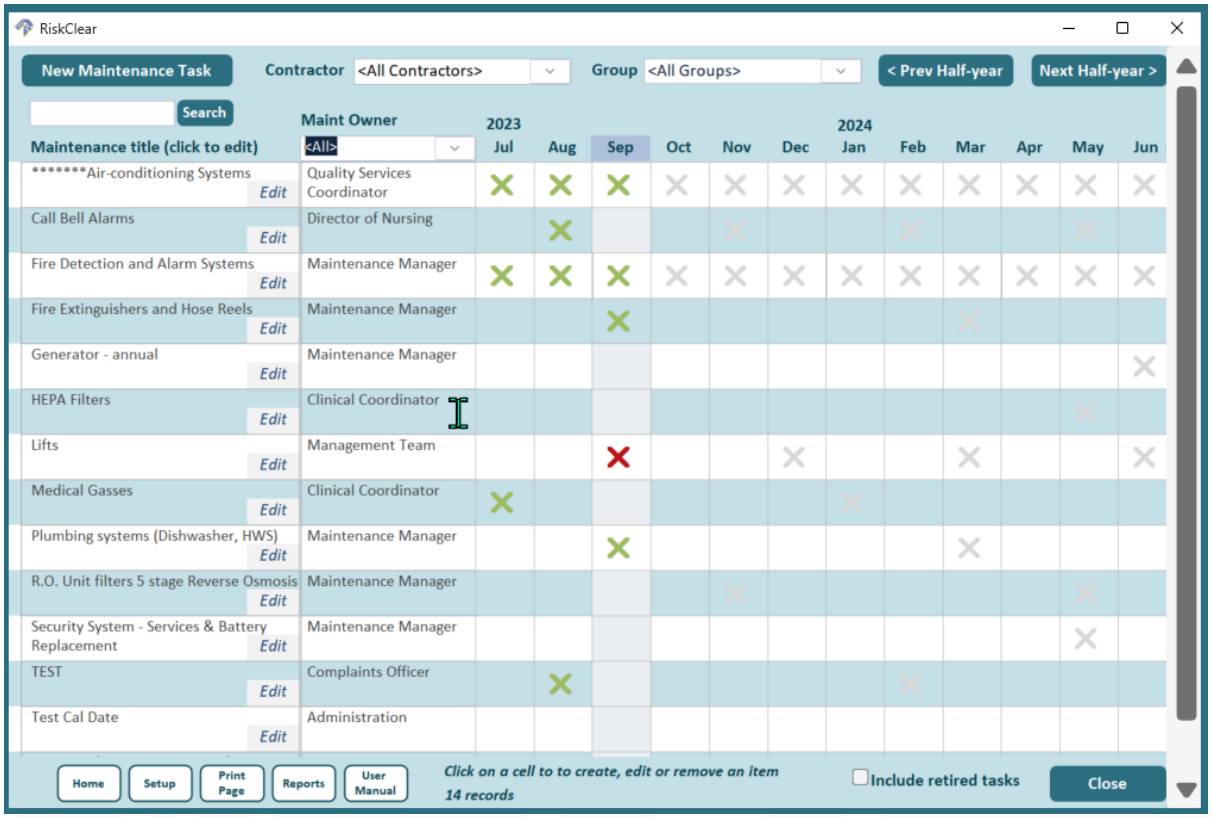
Purpose:

- Shows all completed and uncompleted maintenance jobs and tasks, as well as any unscheduled maintenance for the period selected.
- Shows the compliance rate of the maintenance schedule.
- Can be run for all maintenance jobs and tasks or by Maintenance Group e.g., Medical Equipment, Fire Equipment, Air/HVAC, Anaesthetic Equipment etc.

Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, WHS Meetings, Consumer Representative/s, Managers, DON's & External Auditors.

Key Users: Maintenance Coordinator/Manager, Quality Manager, DON, Nurse/Clinical Managers and External Auditors.

Where does this data come from? Maintenance records and tasks entered into the Maintenance Schedule of RiskClear.

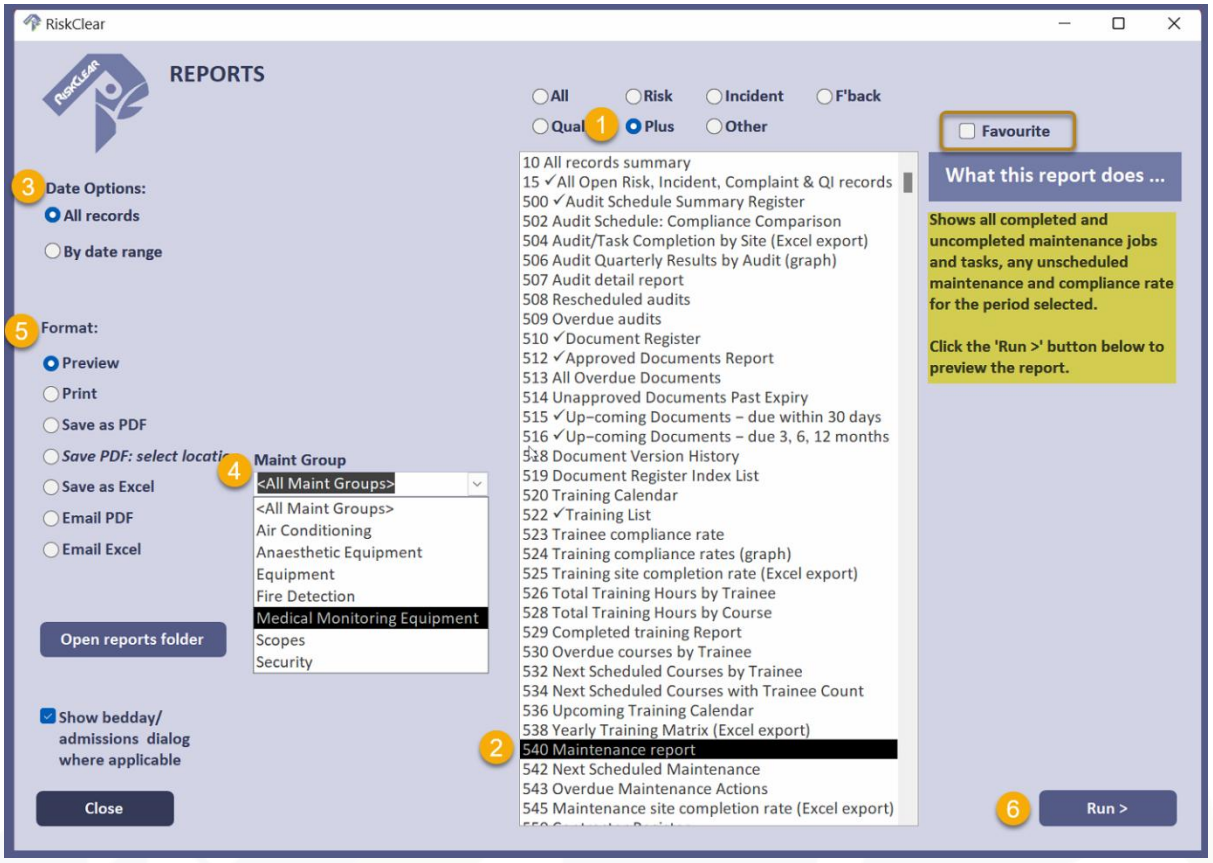


Real Everyday Use:

- Running this report regularly (monthly/quarterly) enables you to monitor compliance and progress for your planned and preventative maintenance tasks.
- This report can be discussed at Quality Meetings, Staff Meetings, and any other appropriate forums where Maintenance reporting and compliance is discussed and shared.
- This report can also be provided to External Auditors during Health Department and Accreditation Audits as evidence of your planned and preventative maintenance schedule ensuring compliance to ***NSQHS 1 Clinical Governance – Safe Environment*** *Criteria 1.29 …by maintaining buildings, plant, equipment, utilities, device, and other infrastructure that are fit for purpose.* It can also assist in meeting other health industry related standards and requirements.

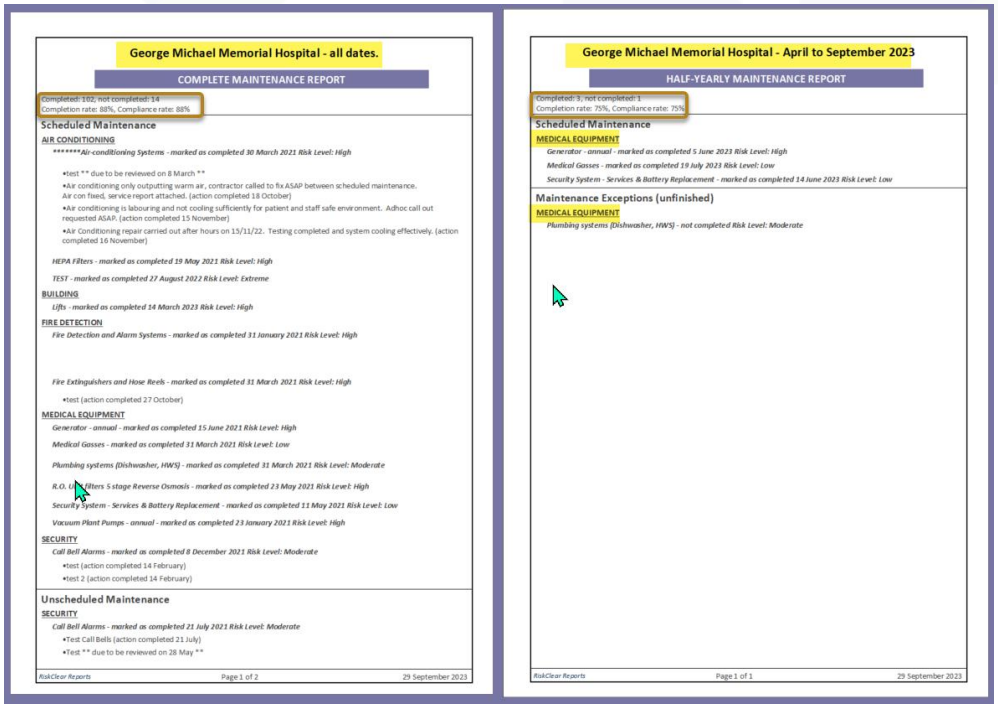
Running Report 540 Maintenance Report:

1. Go to the **Reports** Section of RiskClear and select **Plus.**
2. Select **Report 540 Maintenance Report –** remember if it's frequently used, tick the **Favourite** box, and **what this report does** is shown to the right of the screen (highlighted below).
3. Select **from Date Options.**
4. Select **Maintenance Group** – e.g., **All** or by a **Maint Group** such as *Medical Monitoring Equipment.*
5. Select the report **Format.**
6. Click **Run.**



Examples of Report 540:

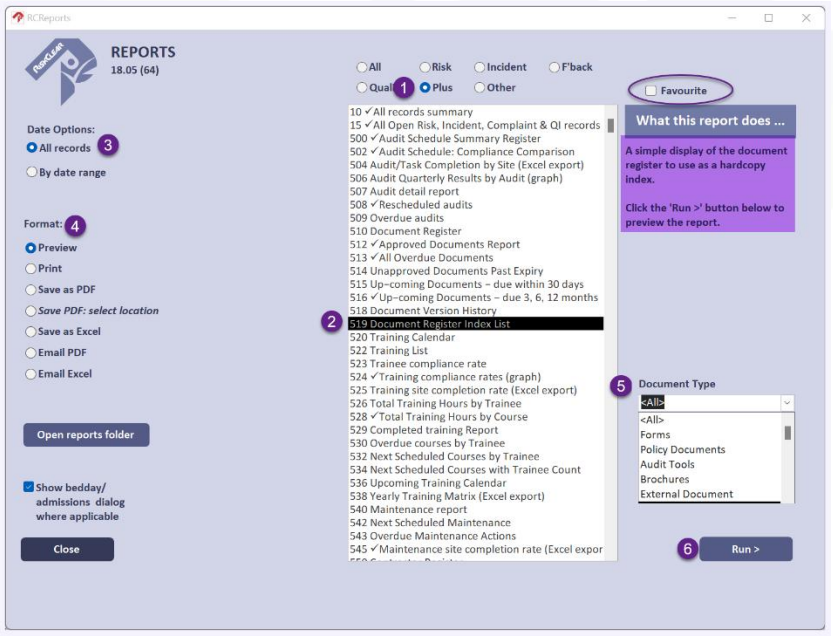
1.With ALL maintenance groups selected and no date range:
2. With a specific maintenance group selected and a half yearly date range selected



47. Report 519 Document Register Index List

Purpose: It provides an index of the document register to use as a hardcopy index where required.
Audience: MAC, Documentation Review Committee, Quality & Safety Committee, Risk Management Committee, Clinical and Business Operations Committees, Executive Committee, Staff Meetings.
Where the data comes from: Documents in the Document Register on the Plus Tab of RiskClear.
Real Everyday Use: Provides and Index of your Document Register by all or by type of document. This report also assists with the review and maintenance of the currency policies, procedures, and protocols, including compliance to the **National Standards (e.g., *Clinical Governance Standard Criteria 1.7 Policies and Procedures***) and to other Standards (ISO 9001: 2015 Quality Management Systems) as well as legislation, regulation, and jurisdictional requirements.

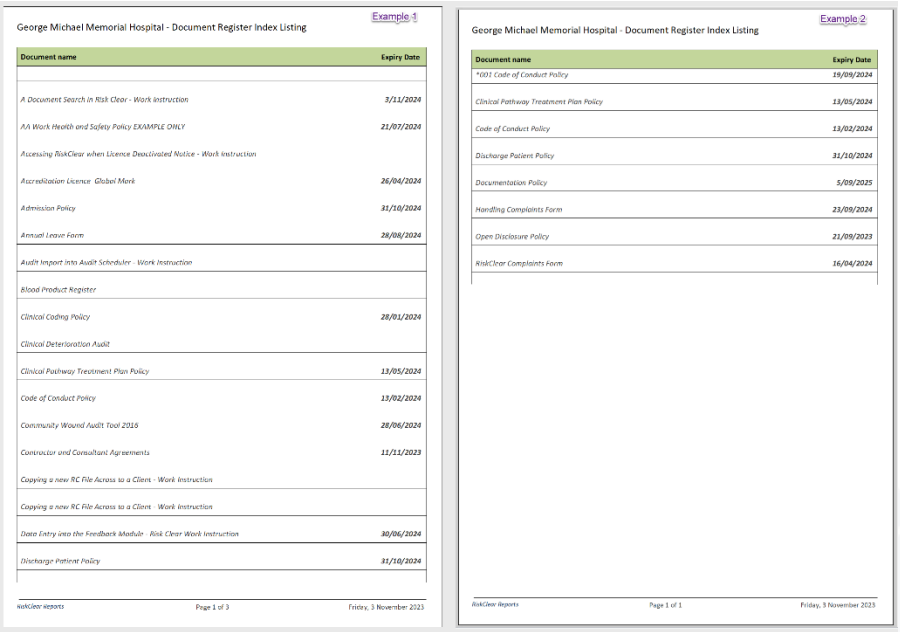
To run this Report:
Go to the **Report**s Section of RiskClear.
Step 1: Select **Plus.**
Step 2: Choose Report **519 Document Register Index** from the list – if it is a regularly used report, tick **Favourite.** Also note a description of the report is provided to the right of the selected report (circled/highlighted below).
Step 3: Select **Date Options** (e.g., all or date range).
Step 4: Select **Format** (e.g., preview, print, email, save etc).
Step 5: Select **Document Type** (e.g., All or Policy, Procedure, Form, Minutes, Brochure).
Step 6: Click **Run.**



Example Reports ~ Report 519 Document Register Index

- ✓ **Example 1 –** All Documents (below left)

✓ **Example 2 –** Policy Documents (below right)



Example 1

George Michael Memorial Hospital - Document Register Index Listing

Document name	Expiry Date
A Document Search in Risk Clear - Work Instruction	3/11/2024
AA Work Health and Safety Policy EXAMPLE ONLY	21/07/2024
Accessing RiskClear when Licence Deactivated Notice - Work Instruction	
Accreditation Licence Global Mark	26/04/2024
Admission Policy	31/10/2024
Annual Leave Form	28/08/2024
Audit Import into Audit Scheduler - Work Instruction	
Blood Product Register	
Clinical Coding Policy	28/01/2024
Clinical Deterioration Audit	
Clinical Pathway Treatment Plan Policy	13/05/2024
Code of Conduct Policy	13/02/2024
Community Wound Audit Tool 2016	28/06/2024
Contractor and Consultant Agreements	11/11/2023
Copying a new RC File Across to a Client - Work Instruction	
Copying a new RC File Across to a Client - Work Instruction	
Data Entry into the Feedback Module - Risk Clear Work Instruction	30/06/2024
Discharge Patient Policy	31/10/2024

RiskClear Reports Page 1 of 3 Friday, 3 November 2023

Example 2

George Michael Memorial Hospital - Document Register Index Listing

Document name	Expiry Date
*001 Code of Conduct Policy	19/09/2024
Clinical Pathway Treatment Plan Policy	13/05/2024
Code of Conduct Policy	13/02/2024
Discharge Patient Policy	31/10/2024
Documentation Policy	5/09/2025
Handling Complaints Form	23/09/2024
Open Disclosure Policy	21/09/2023
RiskClear Complaints Form	16/04/2024

RiskClear Reports Page 1 of 1 Friday, 3 November 2023

48. Report 205 Incident Field Analysis – SAC/Harm Score/ISR

Purpose: Provides information on incident records with an allocated SAC/Harm Score/Incident Severity Rating. This information can be used for internal management and external reporting purposes to monitor the severity of incidents and their outcomes and learnings.
Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, Consumer Groups/Representatives, External Auditors, Health Department.
Where does this data come from? Incident Records in Risk Clear that have been allocated a SAC/Harm/ISR (example below shows NSW Harm Score).

Real Everyday Use: This information can assist hospitals in meeting NSQHS Standard Clinical Governance *(Criteria 1.11 & 1.12 Incident Management Systems and Open Disclosure)* by providing valuable information about the frequency and severity of incidents occurring, their outcomes and learnings. This information can be shared at appropriate Committee's,

Consumer Focus Groups as well as with Auditors during Accreditation Surveys and to Health Department for notifiable events.

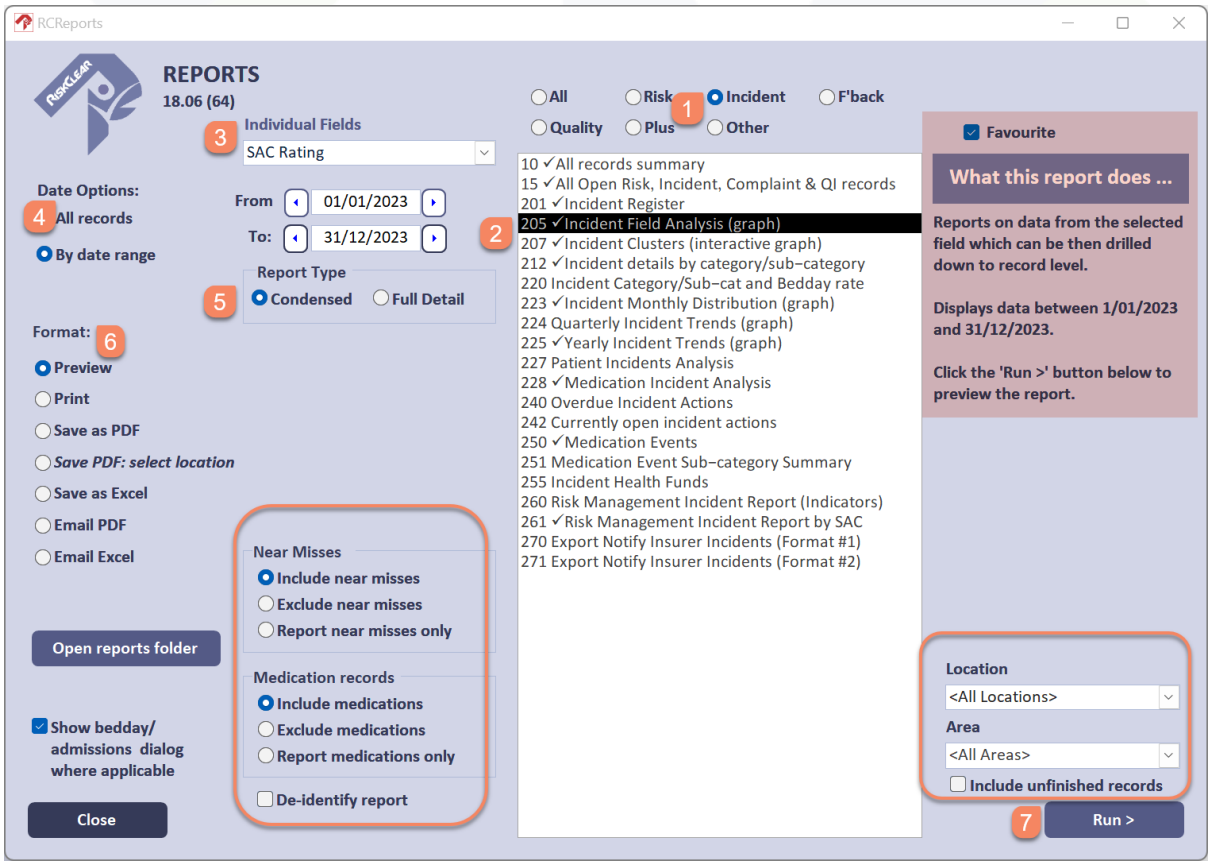
How to run Report 205:

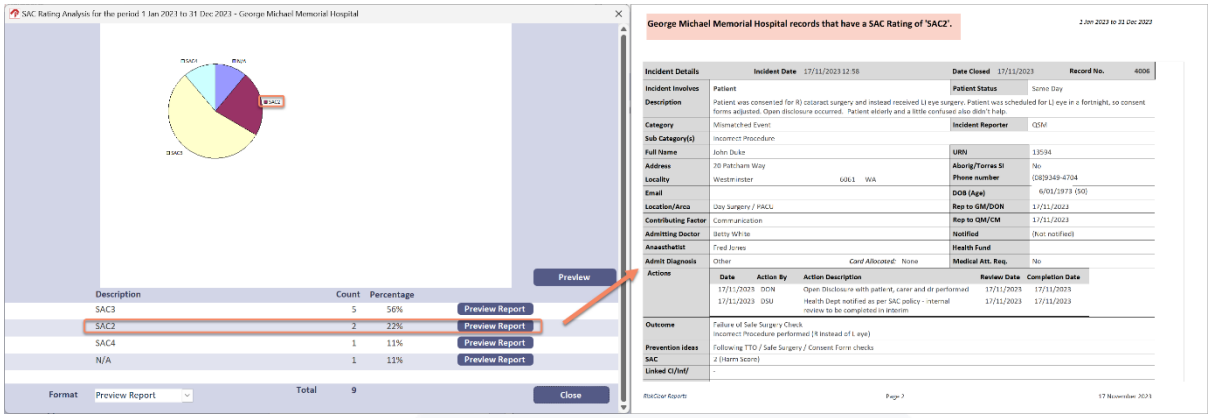
Go to **Reports >**

1. Select **Incident**
2. Select **Report 205** – if it's a **favourite** tick the box and you will also see **what this report does** (highlighted below)
3. Select **SAC Rating** from **Individual Fields**
4. Select **Date Options**
5. Select **Report Type**
6. Select **Report Format**
7. Click **Run>**

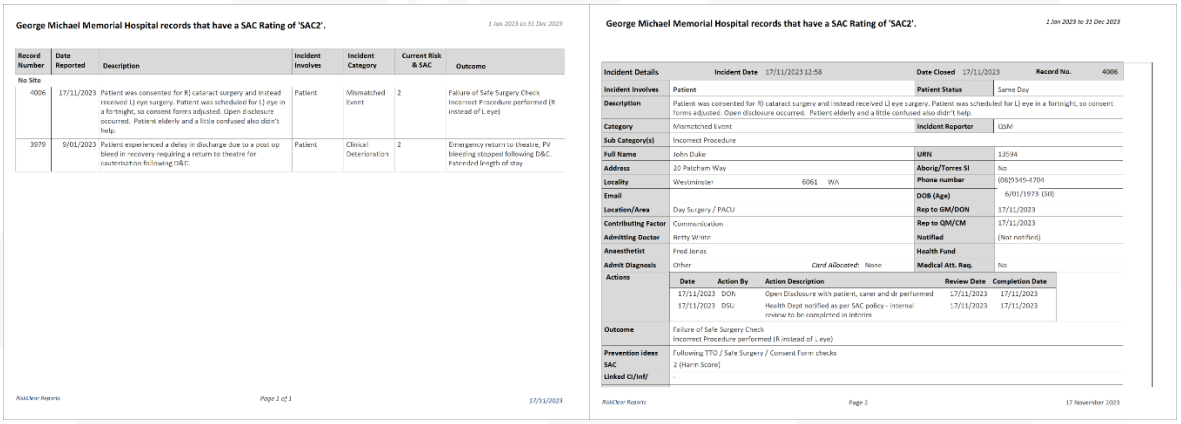
You can include/exclude Near Misses, Medication Records as well as de-identify the report, plus you can choose from location and area filters and unfinished records (see below)

- The following screen will appear (below) which will show a **pie graph** of the **SAC Ratings/Harm Score/Incident Severity Rating.**
- To dive deeper into the information and see the specific records that make up each SAC/Harm/ISR click on **Preview Report.**





Example Reports – Condensed (left) and Full Detail (right) below:

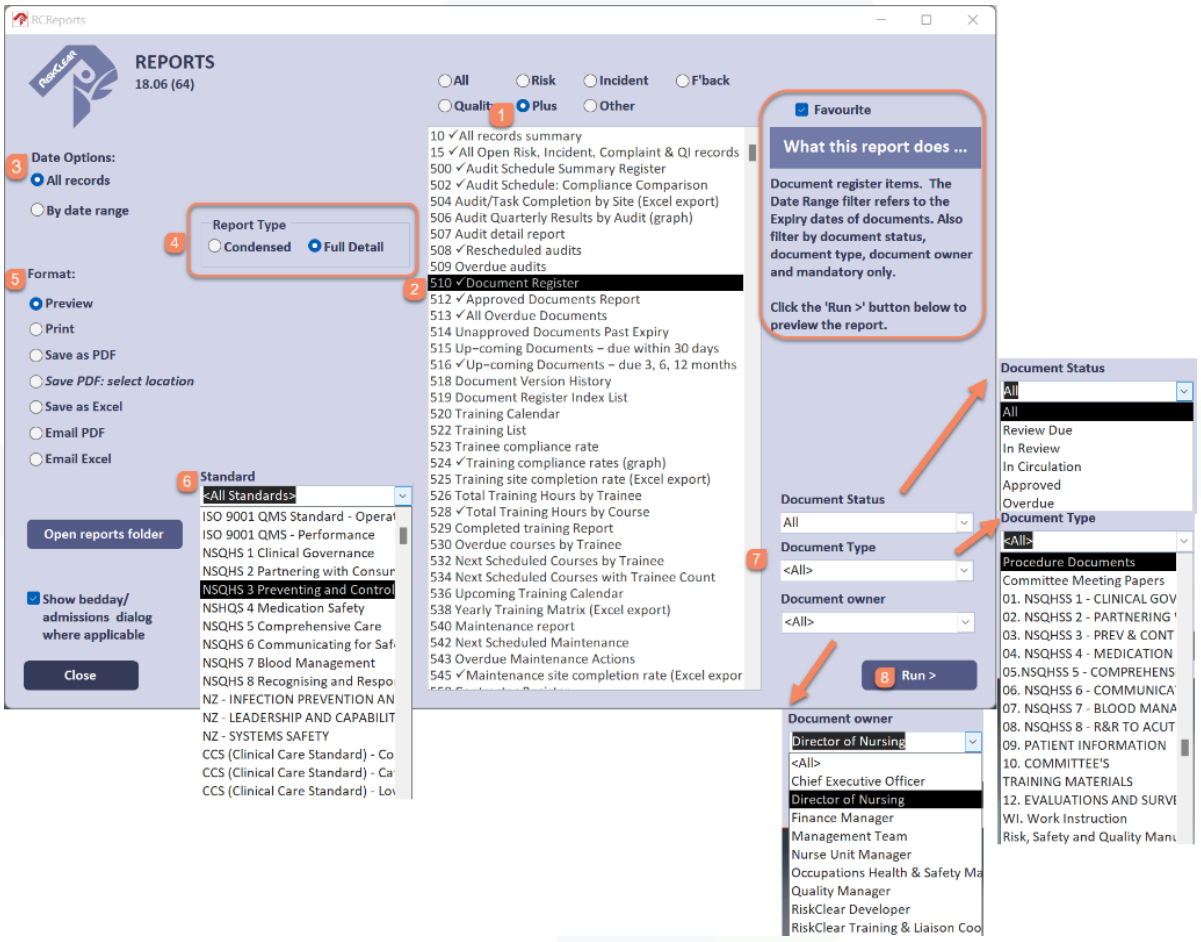


49. Report 510 Document Register (Plus Tab)

Purpose: It provides information on the Document Register which can be further filtered by Standard, document status, document type and document owner.
Audience: MAC, Documentation Review Committee, Quality & Safety Committee, Risk Management Committee, Clinical and Business Operations Committees, Executive Committee, Staff Meetings.
Where the data comes from: Documents in the Document Register on the Plus Tab of RiskClear.
Real Everyday Use: Helps to identify and monitor proactively the document review cycle for your hospital/health service. This report also assists with the review and maintenance of the currency and effectiveness of policies, procedures, and protocols, including compliance to the **National Standards (e.g., *Clinical Governance Standard Criteria 1.7 Policies and Procedures*)** and to other Standards (ISO 9001: 2015 Quality Management Systems) as well as legislation, regulation, and jurisdictional requirements.

To run this Report:
Go to the **Report**s Section of RiskClear.

Step 1: Select **Plus.**
Step 2: Choose Report **510 Document Register** from the list – if it is a regularly used report, tick **Favourite.** Also note a description of the report is provided to the right of the selected report (circled below).
Step 3: Select **Date Options**
Step 4: Select **Report Type – Full Detail**
Step 5: Select **Format** (e.g., preview, print, email, save etc).
Step 6: Select **Standard** (**All** or if you just wish to look at documents for NSQHSS 1 you can)
Step 7: Select **Document Status** / **Type** / **Owner – All** or a **specific** filter.
Step 8: Click **Run.**



Example Reports (Full detail)

*Below are 2 examples of the many variations that can be run depending on the filters you select.
*The data presented is also dependant on how you have set up your Document Types and Sub Types.

1.Report Filters set to <ALL>

Document Register: George Michael Memorial Hospital

All dates

Document ID	97	04. NSQHSS 4 - MEDICATION SAFETY
Document Name	Medication Management Policy	
Document Location	C:\Users\gisel\OneDrive\Documents\01.Giselle - Work RiskClear\RiskClear Functions User Story.xlsx	
Document Status	Approved	
Document Approver	RiskClear Training & Liaison Co	Notify 30 days prior
Legislated	No	
Standards	<None selected>	

Version history	Date Updated	Doc Version	Expiry Date	Change reason
	29/12/2022	1.0	31/12/2023	2023 QI Plan and Schedule - SPP

Document ID	99	01. NSQHSS 1 - CLINICAL GOV
Document Name	Admission Policy	
Document Location	C:\Users\gisel\OneDrive\Desktop\Currents Installs (follow up) - Completed June 2023.xlsx	
Document Status	Approved	
Document Approver	Occupations Health & Safety	Notify 30 days prior
Legislated	No	
Standards	• 23 NSQHS 1 Clinical Governance	

Version history	Date Updated	Doc Version	Expiry Date	Change reason
	31/10/2023	2.0	31/10/2024	sbsdhsfghsfghsfgsfgsfr

Document ID	100	08. NSQHSS 8 - R&R TO ACUTE DETERIORATION
Document Name	Acute Deterioration Policy	
Document Location	C:\Users\gisel\OneDrive\Desktop\Training Library\Risk Clear CERTIFICATE OF ATTENDANCE.docx	
Document Status	Approved	
Document Approver	RiskClear Training & Liaison Co	Notify 30 days prior
Legislated	No	
Standards	• 30 NSQHS 8 Recognising and Responding to Acute Deterioration	

Version history	Date Updated	Doc Version	Expiry Date	Change reason
	1/12/2023	3	1/12/2024	Usual review process

RiskClear Reports — Page 15 of 16 — 1 December 2023

1. Filters set to NSQHSS 4 Medication Safety / All Dates/All Document Owners and Document Types

Document Register: George Michael Memorial Hospital

04. NSQHSS 4 - MEDICATION SAFETYs only — **All dates**

Document ID	17	**04. NSQHSS 4 - MEDICATION SAFETY**
Document Name	Medication Administration Procedure	
Document Location	C:\RiskClear\Doc Reg Documents\Standard7_Oct_2012.pdf	
Document Status	Overdue	***Hidden in RCD***
Document Approver	Chief Executive Officer	Notify 30 days prior
Legislated	No	
Standards	• 11 * Clinical Governance Standard	

Version history

Date Updated	*Doc Version*	*Expiry Date*	*Change reason*
28/10/2019	5.5	11/11/2023	Periodic review

Document ID	34	**04. NSQHSS 4 - MEDICATION SAFETY**
Document Name	Storage of Medication Audit	
Document Location	C:\Users\Giselle\Desktop\RC DOC LINKS\202007_Storage of Medication Audit.pdf	
Document Status	Doesn't expire	***Hidden in RCD***
Document Approver	RiskClear Training & Liaison Co	
Legislated	No	
Standards	• 14 * Medication Safety Standard	

Document ID	97	**04. NSQHSS 4 - MEDICATION SAFETY**
Document Name	Medication Management Policy	
Document Location	C:\Users\gisel\OneDrive\Documents\01.Giselle - Work RiskClear\RiskClear Functions User Story.xlsx	
Document Status	Approved	
Document Approver	RiskClear Training & Liaison Co	Notify 30 days prior
Legislated	No	
Standards	<None selected>	

Version history

Date Updated	*Doc Version*	*Expiry Date*	*Change reason*
29/12/2022	1.0	31/12/2023	2023 QI Plan and Schedule - SPP

RiskClear Reports *Page 1 of 1* *1 December 2023*

Example Reports (Condensed)

**Below are 2 examples of the many variations that can be run depending on the filters you select.*
**The data presented is also dependant on how you have set up your Document Types and Sub Types.*

3. Report Filters set to <ALL>

Document Register: George Michael Memorial Hospital

Type	ID	Document Name	Document Owner	Document type	Change Reason	Legis-lated	High Risk	Status	Version	Expiry Date
01	11	Evacuation Procedure	Day Co-ordinator	01. NSQHSS 1 - CLINICAL GOV	Scheduled review & update	N	●	In Review	5.0	01/11/2023
04	17	Medication Administration Procedure	Chief Executive Officer	04. NSQHSS 4 - MEDICATION SAFETY	Periodic review	N		Overdue	5.5	11/11/2023
04	97	Medication Management Policy	RiskClear Training & Liaison Coordinator	04. NSQHSS 4 - MEDICATION SAFETY	2023 QI Plan and Schedule - SPP	N		Approved	1.0	31/12/2023
01	6	Clinical Coding Policy	Day Co-ordinator	01. NSQHSS 1 - CLINICAL GOV	Periodic review	N		-unknown-	1	28/01/2024
01	91	Code of Conduct Policy	RiskClear Training & Liaison Coordinator	01. NSQHSS 1 - CLINICAL GOV	Updated as per usual policy cycle revision process	Y		Approved	2.0	13/02/2024
01	9	RiskClear Complaints Form	Chief Executive Officer	01. NSQHSS 1 - CLINICAL GOV	Periodic review	N		In Circulation	orig	16/04/2024
03	96	Infection Control Policy	RiskClear Training & Liaison Coordinator	03. NSQHSS 3 - PREV & CONT HEALTHCARE ASSOC. INFECTIONS	Accreditation Licence granted ..... For NEC SEC	N		Approved	1.0	26/04/2024
Po	19	Clinical Pathway Treatment Plan Policy	Nurse Unit Manager	Policy Documents		N	●	-unknown-	14.1	13/05/2024
03	3	Wound Audit Tool	Chief Executive Officer	03. NSQHSS 3 - PREV & CONT HEALTHCARE ASSOC. INFECTIONS	Periodic review	N		Approved	v4	28/06/2024
WI	44	Data Entry into the Feedback Module - Risk Clear Work Instruction	RiskClear Training & Liaison Coordinator	WI. Work Instruction	Document due for usual review as per document review cycle. Approved by DON.	Y		Approved	2	30/06/2024
01	49	Work Health and Safety Policy	RiskClear Training & Liaison Coordinator	01. NSQHSS 1 - CLINICAL GOV	Updated as per Policy Review Process	Y		Approved	2.0	21/07/2024
01	12	Sick Leave Form	Finance Manager	01. NSQHSS 1 - CLINICAL GOV	Periodic review	N		Approved	1.0	11/08/2024
01	2	Annual Leave Form	Finance Manager	01. NSQHSS 1 - CLINICAL GOV	Periodic review	N		Approved	2018-1	28/08/2024
01	37	Handling Complaints Procedure	RiskClear Training & Liaison Coordinator	01. NSQHSS 1 - CLINICAL GOV	Transferring Form from Sharepoint to RiskClear	N		Approved	1.0	23/09/2024
01	99	Admission Policy	Occupations Health & Safety Manager	01. NSQHSS 1 - CLINICAL GOV	sbsdhsfghsfghsfgsfgsfr	N		Approved	2.0	31/10/2024

RiskClear Reports *Page 1 of 4* *1 December 2023*

4. Report Filters set to NSQHSS 6 Communicating for Safety with all Document Types/Owners

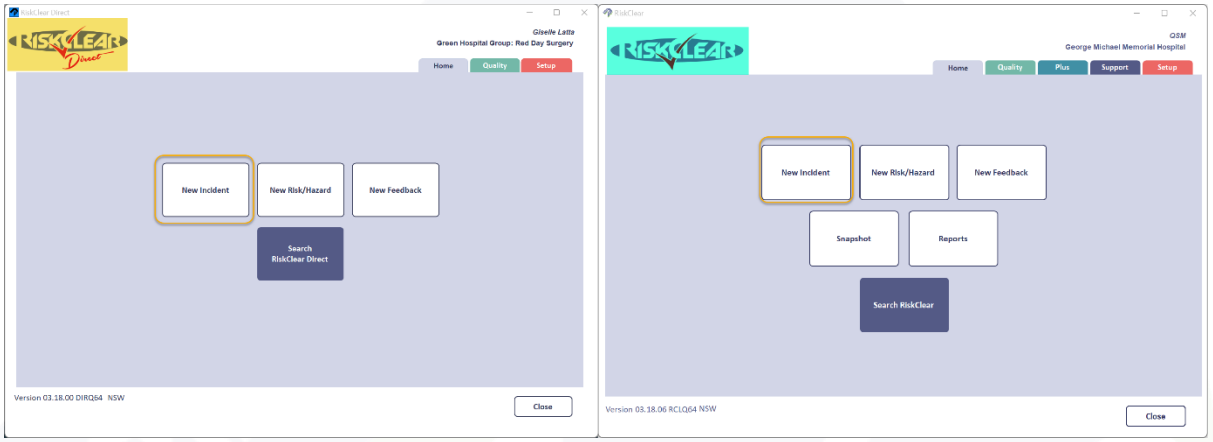
Document Register: George Michael Memorial Hospital 06. NSQHSS 6 - COMMUNICATING FOR SAFETYs only

Type	ID	Document Name	Document Owner	Document type	Change Reason	Legis-lated	High Risk	Status	Version	Expiry Date
06	102	Surgical Safety Procedure	RiskClear Training & Liaison Coordinator	06. NSQHSS 6 - COMMUNICATING FOR SAFETY		N		Approved	5	01/12/2024
06	101	Surgical Safety Policy	RiskClear Training & Liaison Coordinator	06. NSQHSS 6 - COMMUNICATING FOR SAFETY		N		Approved	2	01/12/2024
06	35	Team Time Out Audit	RiskClear Training & Liaison Coordinator	06. NSQHSS 6 - COMMUNICATING FOR SAFETY		N		Doesn't expire		09/09/9999

RiskClear Reports *Page 1 of 1* *1 December 2023*

50. Report 201 Incident Register (using Dr Filter)

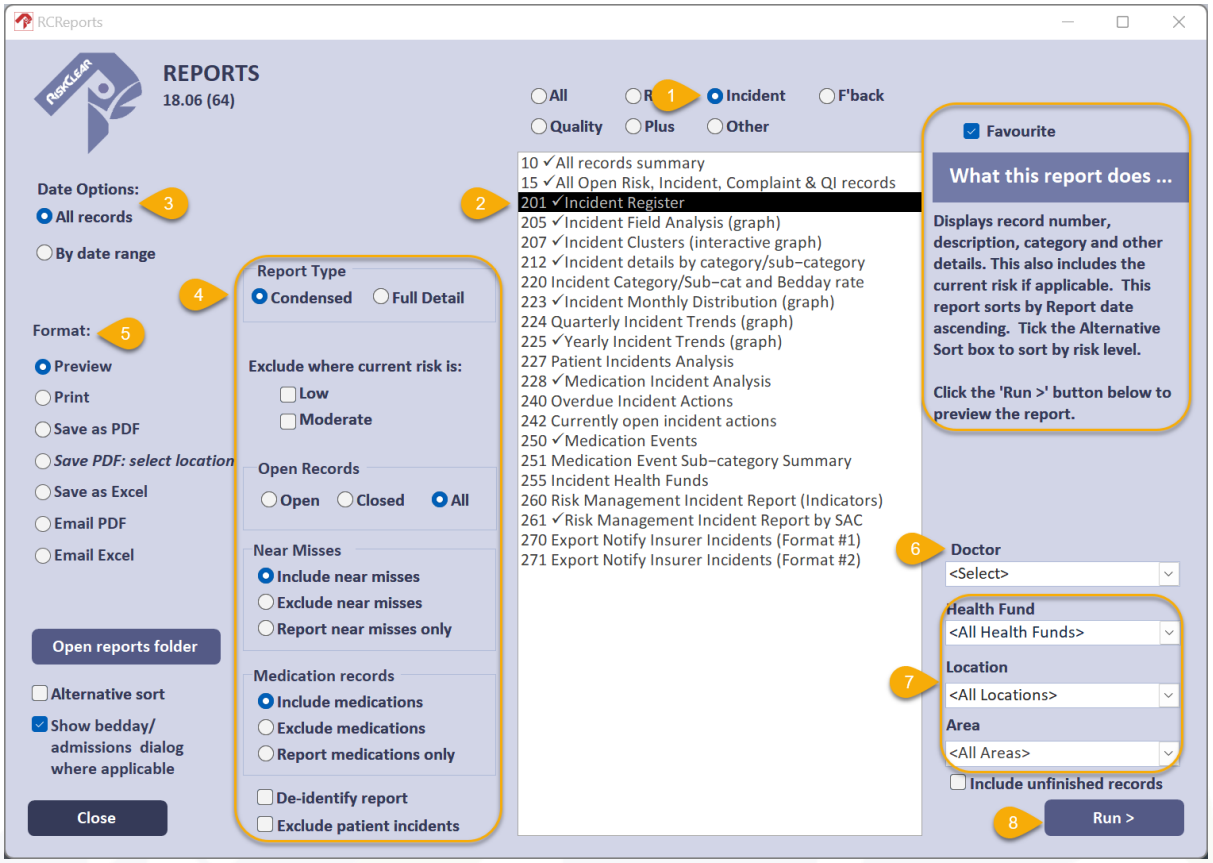
Purpose: Provides information on incidents including a description, incident category, severity assessment (harm) score and incident outcome. This report can also now be filtered by Doctor.
Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, Consumer Groups, Auditors.
Where does this data come from? It comes from the Incident Records entered into RiskClear or RiskClear Direct by staff.



Real Everyday Use: Helps to identify, monitor, and analyse incident trends by Doctor ensuring appropriate review and continuous improvement. This report also assists in timely analysis on incidents to improve patient safety and outcomes.
This report assists in compliance to the **National Standards (e.g., *Clinical Governance Standard Criteria 1.11 Incident management systems and open disclosure***) and to other Healthcare Standards (ISO 9001: 2015 Quality Management Systems), legislation, regulation, and jurisdictional requirements.

To run this report:
Go to the Reports Section of RiskClear.

Step 1: Select **Incident.**
Step 2: Choose **201 Incident Register.** Remember if it's a favourite to **tick the Favourite box** and there is also a brief description to the right of what the report does (circled below).
Step 3: Choose **Date Options** (all or date range).
Step 4: Choose **Report Type** (condensed or full detail) – and you can also further filter by open or closed records, near misses and medication records. This report also allows you to de-identify personnel listed in the report.
Step 5: Choose **Format.**
Step 6: Choose **Doctor.** This enables you to look at incidents by Doctor for when you need to look at any incident trends and opportunities for quality improvement.
Step 7: You can further filter this report by selecting **Health Fund, Location** and **Area.**
Step 8: Click **Run.**

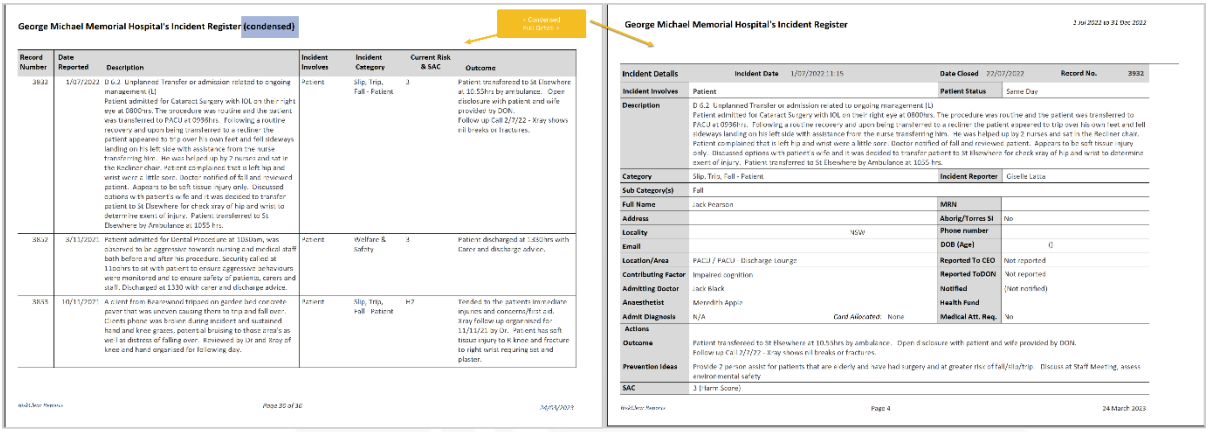


Example 1: This shows Report 201 with the Doctor filter applied – e.g., Dr Meredith Grey. These incident records are (patients of) Dr Meredith Grey only.
This report shows a trend of clinical deterioration leading to either a delay in discharge or transfer to an overnight facility.

George Michael Memorial Hospital's Incident Register (condensed)

Record Number	Date Reported	Description	Incident Involves	Incident Category	Current Risk & SAC	Outcome
No Site						
3979	9/01/2023	D 7.1 Unplanned Delay in Discharge for clinical reasons- > 1 hour beyond expected (L) Patient experienced a delay in discharge due to taking longer than expected to wake up from their anaesthetic following a dental procedure	Patient	Clinical Deterioration	3	Eventually woke up and met discharge criteria and went home with partner.
3977	7/02/2023	D 7.1 Unplanned Delay in Discharge for clinical reasons- > 1 hour beyond expected (L) 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	Patient	Clinical Deterioration	3	Patient met discharge criteria and was eventually discharged home into care of wife
3900	7/06/2022	Patient admitted for ingujinal hernia repair. During recovery phase in PACU Nurse Nightingale sustained a needlestick injury upon administering pain relief as patient jolted. Needle penetrated both skin and glove. Area flushed and irrigated, Clinical Manager notified. Dr and Patiend notified of exposure injury and protocol followed.	Patient	Exposure	4	Patient discharged home following notification of exposure injury to staff member and blood test taken.
3862	18/01/2022	Patient very sleepy during recovery period and difficult to rouse. Required extended length of stay in Stage 1 recovery. Stayed > 2hours in PACU - had to be transferred to St Elsewhere at 1320hrs.	Patient	Clinical Deterioration	3	Transferred to St Elsewhere

Example 2: This shows Report 201 both in the condensed and full detail format, no Doctor (or other) filters selected.



George Michael Memorial Hospital's Incident Register (condensed)

Record Number	Date Reported	Description	Incident Involves	Incident Category	Current Risk & SAC	Outcome
3932	1/07/2022	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 routine and the patient was transferred to PACU at 0998hrs. Following a routine recovery and upon being transferred to a recliner the patient appeared to trip over his own feet and fell sideways landing on his left side with assistance from the nurse transferring him. He was helped up by 2 nurses and sat in the Recliner chair. Patient complained that is left hip and wrist were a little sore. Doctor notified of fall and reviewed patient. Appears to be soft tissue injury only. Discussed options with patient's wife and it was decided to transfer patient to St Elsewhere for check xray of hip and wrist to determine extent of injury. Patient transferred to St Elsewhere by Ambulance at 1055 hrs.	Patient	Slip, Trip, Fall - Patient	3	Patient transferred to St Elsewhere at 10.55hrs by ambulance. Open disclosure with patient and wife provided by DON. Follow up Call 2/7/22 - Xray shows nil breaks or fractures.
3832	3/11/2021	Patient admitted for dental procedure at 1030am, was observed to be aggressive towards nursing and medical staff both before and after his procedure. Security called at 11oohrs to sit with patient to ensure aggressive behaviours were monitored and to ensure safety of patients, carers and staff. Discharged at 1330 with carer and discharge advice.	Patient	Welfare & Safety	3	Patient discharged at 1430hrs with Carer and discharge advice.
3833	10/11/2021	A client from Rosewood tripped on garden bed concrete paver that was uneven causing them to trip and fall over. Clients phone was broken during incident and sustained R 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.	Patient	Slip, Trip, Fall - Patient	H?	Tended to the patients immediate injuries and concerns/first aid. Xray follow up organised for 11/11/21 by Dr. Patient has soft tissue injury to R knee and fracture to right wrist requiring cast and plaster.

George Michael Memorial Hospital's Incident Register

3 Jul 2022 to 31 Dec 2022

Incident Details	Incident Date 1/07/2022 11:15	Date Closed 22/07/2022	Record No. 3932
Incident Involves	Patient	Patient Status	Same Day
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 routine and the patient was transferred to PACU at 0998hrs. Following a routine recovery and upon being transferred to a recliner the patient appeared to trip over his own feet and fell sideways landing on his left side with assistance from the nurse transferring him. He was helped up by 2 nurses and sat in the Recliner chair. Patient complained that is left hip and wrist were a little sore. Doctor notified of fall and reviewed patient. Appears to be soft tissue injury only. Discussed options with patient's wife and it was decided to transfer patient to St Elsewhere for check xray of hip and wrist to determine extent of injury. Patient transferred to St Elsewhere by Ambulance at 1055 hrs.		
Category	Slip, Trip, Fall - Patient	Incident Reporter	Giselle Leslie
Sub Category(s)	Fall		
Full Name	Jack Pearson	MRN	
Address		Aborig/Torres SI	No
Locality	NSW	Phone number	
Email		DOB (Age)	()
Location/Area	PACU / PACU - Discharge Lounge	Reported To CEO	Not reported
Contributing Factor	Impaired cognition	Reported ToDON	Not reported
Admitting Doctor	Jack Black	Notified	(Not notified)
Anaesthetist	Meredith Apple	Health Fund	
Admit Diagnosis	N/A	Card Allocated: None	Medical Att. Req.	No
Actions			
Outcome	Patient transferred to St Elsewhere at 10.55hrs by ambulance. Open disclosure with patient and wife provided by DON. Follow up Call 2/7/22 - Xray shows nil breaks or fractures.		
Prevention Ideas	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 environmental safety		
SAC	3 (Harm Score)		

*Helpful Hint: *Reports 412 Clinical Indicator Benchmarking* and *Report 420 Infections Event Listing* also have the NEW *Doctor filter* functionality for further analysis.*

51. Report 470 Alerts Register

Audience & Key Users of this Function

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

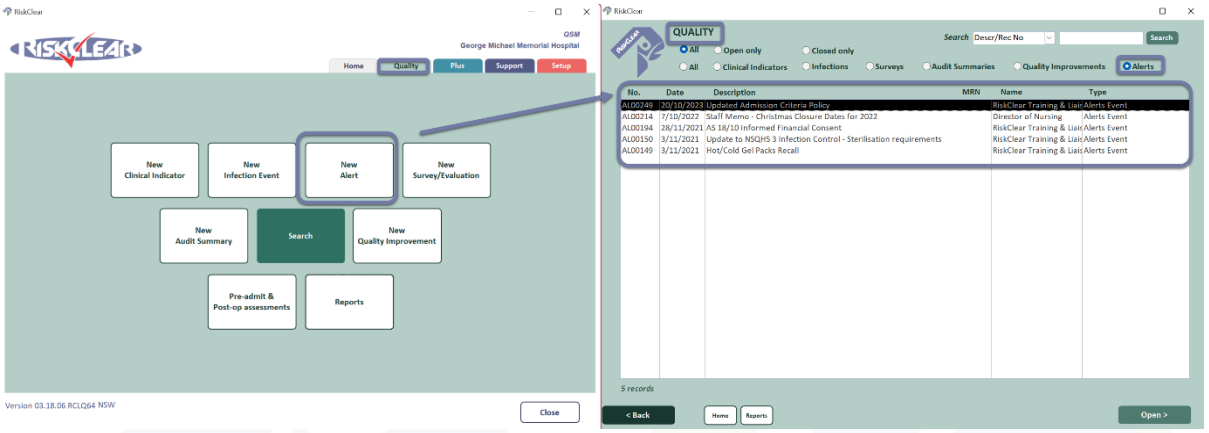
Purpose

- ✓ Communicating **Alerts** (e.g., TGA/Advisories/Staff Communications) to key staff and receiving timely feedback/confirmation is fundamental to ensuring a safe environment for our patients. Being able to monitor this via reporting assists in effective management of Alerts and accountability.
- ✓ Reports and provides information on TGA Recalls, Advisory and/ or Staff Communication Alerts sent to appropriate staff and includes their responses, any linked risk or quality improvement records and notes made by the Alert Coordinator/s.
- ✓ The Report enables a Date range, All records and open, closed or all records to be selected to refine the report for your requirements.
- ✓ 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

- Risk Management requirements for other Standards (e.g. RTAC, NATA, ISO 9001:2015) and other Legislative Requirements.

Where does the information come from?

✓ **Alert Records** entered via **New Alerts** on the **Quality Tab** in RiskClear which can also be viewed by clicking **Search** on the **Quality Tab**

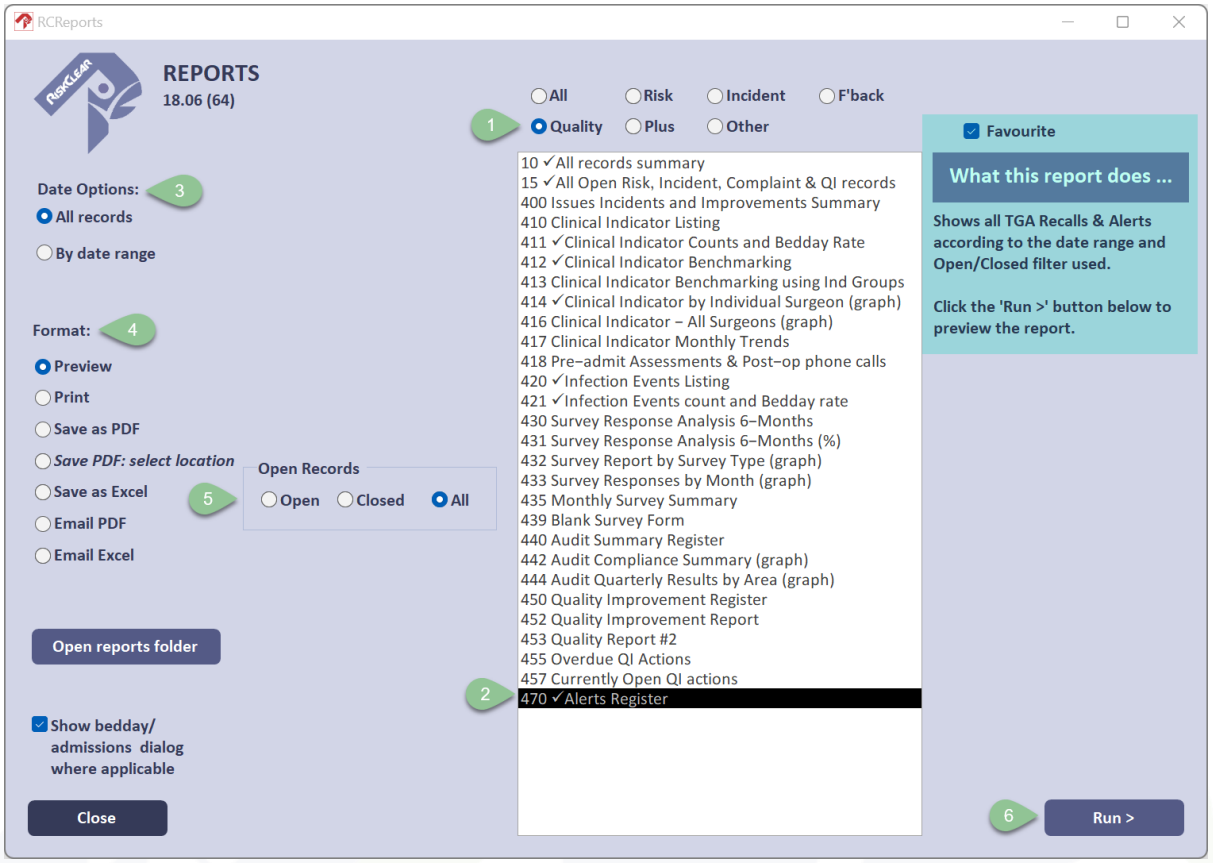


Steps to run Report 470:

Go to Reports in RiskClear >

1. Click **Quality**
2. Select **Report 470 Alerts Register**
3. Select **Date Options** (in this example I have selected All records)
4. Select **Format**
5. Select **Open /Closed or All records** (in this example I have selected All).
6. Click **Run**

**What this report does shows to the left and if it's a frequently used report tick it as a Favourite (see highlighted below).*



Examples of Report 470:

From Left to Right:

- ✓ **TGA** (Hot and Cold Gel Pack Recall)
- ✓ **Advisory** (AS 18/10 Informed Financial Consent)
- ✓ **Staff Communications** (Updated Admission Criteria Policy)


George Michael Memorial Hospital - Alerts


George Michael Memorial Hospital - Alerts


George Michael Memorial Hospital - Alerts

52. Report 580 Assets Register

Audience & Key Users of this Report:

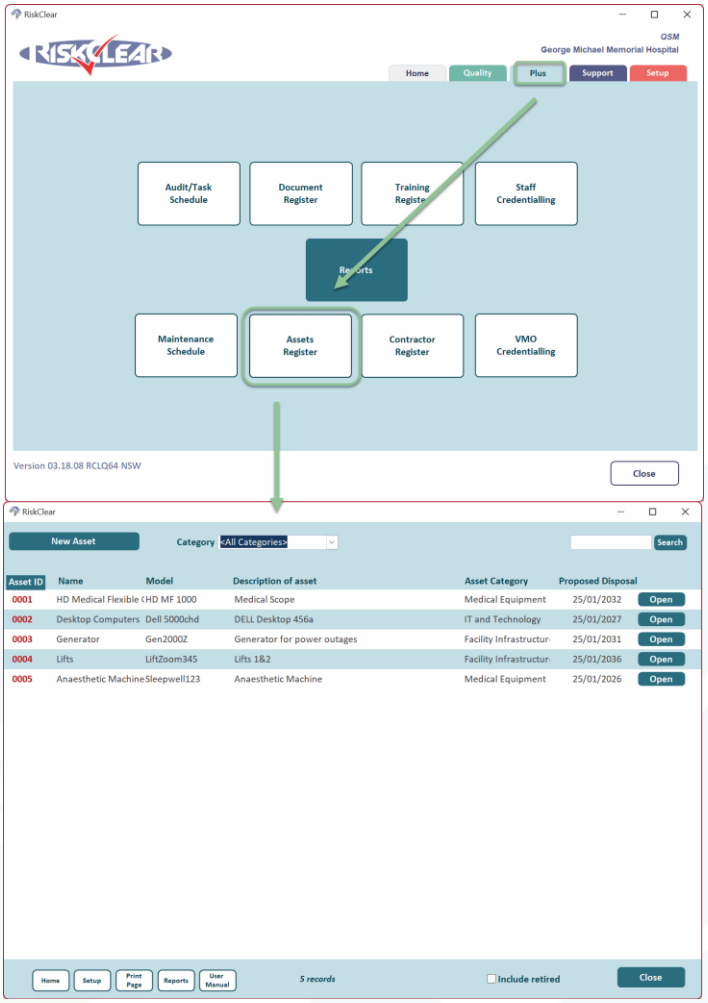
- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ Maintenance Manager
- ✓ Finance/Assets Manager
- ✓ RiskClear Users

Purpose:

- ✓ **Report 580** shows your current Asset Register details to assist in managing your Assets.
- ✓ Uses the date range to show assets with a disposal date within that range.
- ✓ Condensed and full detail reports are available depending on your requirements/audience.

Where the data comes from:

- ✓ Asset records entered into the Asset **Register** on the **Plus Tab** of RiskClear.



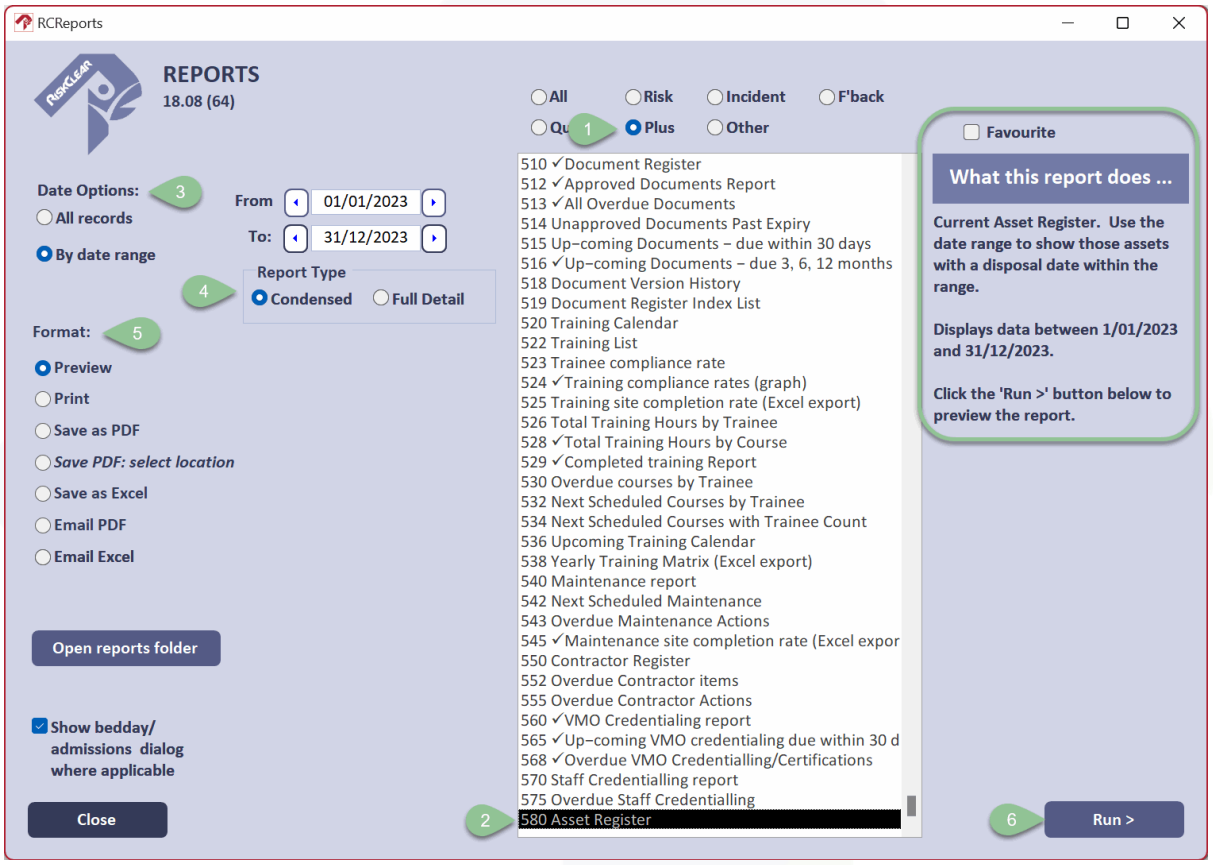
Real Everyday Use:

- ✓ **Report 580** 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.
- ✓ This function and report assist 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.

Steps & Example:

Steps:

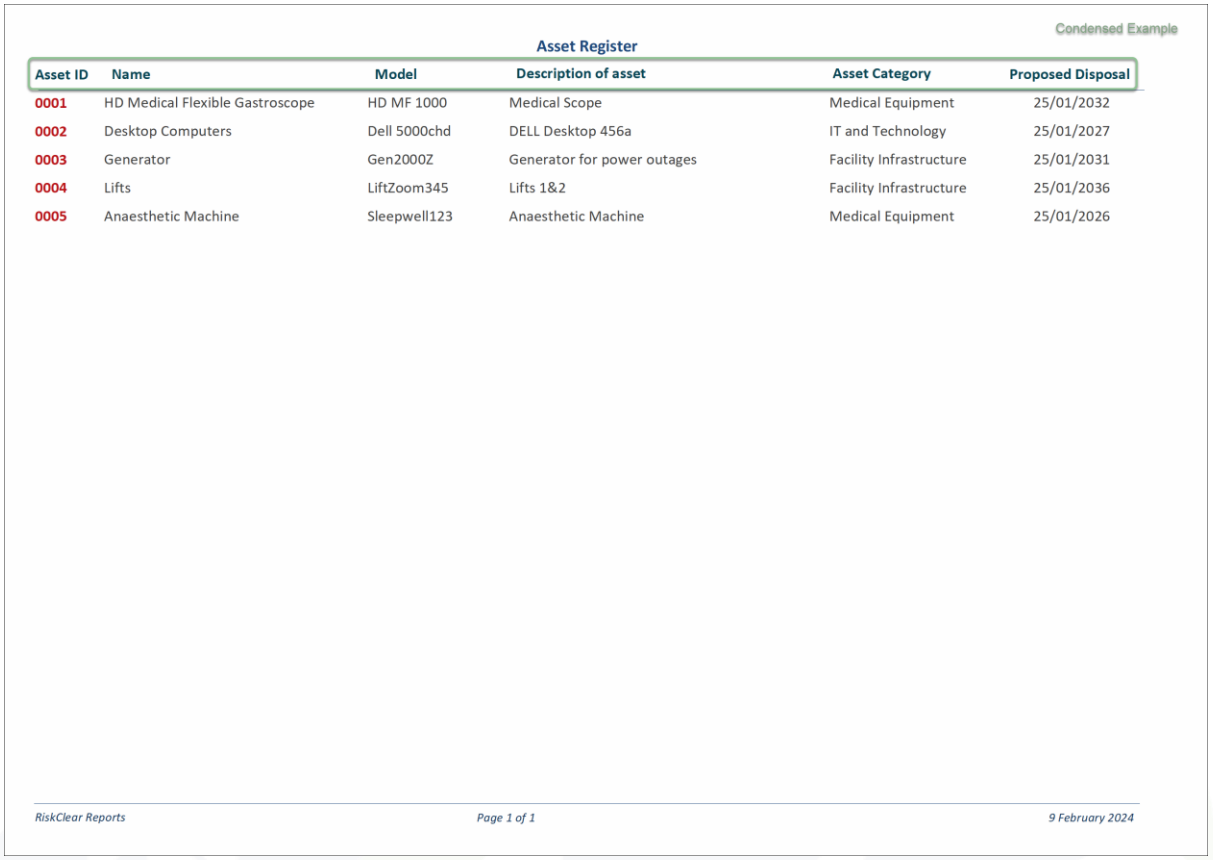
1. Go to **Reports** in RiskClear and select **Plus.**
2. Select Report **580 Assets Register –** remember if it's a frequently used report to mark it as a **Favourite** (see circled).
   ***Tip** - When you select a particular report a description of what the Report does appears to the right.
3. Select **Date Options –** all records or by date range.
4. Select **Report Type** – condensed or full detail.
5. Select Report **Format –** preview, pdf, excel.
6. **Click Run >.**



Example Contractor Register Reports – Condensed & Full Detail:

Condensed Example Report 580

✓ Shows Asset ID, Name, Model, Description, Category and Proposed Disposal Date.



Condensed Example

Asset Register

Asset ID	Name	Model	Description of asset	Asset Category	Proposed Disposal
0001	HD Medical Flexible Gastroscope	HD MF 1000	Medical Scope	Medical Equipment	25/01/2032
0002	Desktop Computers	Dell 5000chd	DELL Desktop 456a	IT and Technology	25/01/2027
0003	Generator	Gen2000Z	Generator for power outages	Facility Infrastructure	25/01/2031
0004	Lifts	LiftZoom345	Lifts 1&2	Facility Infrastructure	25/01/2036
0005	Anaesthetic Machine	Sleepwell123	Anaesthetic Machine	Medical Equipment	25/01/2026

RiskClear Reports *Page 1 of 1* *9 February 2024*

Full Detail Example Report 580

- ✓ Shows Asset ID, Name & Description.
- ✓ Shows Manufacturer, Model and Asset Category.
- ✓ Shows Asset location and Area.
- ✓ Shows Serial Number, Purchase Date and Cost and whether it's been Risk Assessed.
- ✓ Shows Warranty Expiry, User Manual availability, Staff Training Requirement and proposed disposal date including whom to notify and how many days prior.
- ✓ Shows the Supplier Name and Contact details as well as any associated Maintenance Task on your Maintenance Schedule.

Asset RegisterGeorge Michael Memorial Hospital

Full Detail Example

Asset ID	**0003**				
Asset Name	Generator				
Description	Generator for power outages				
Manufacturer	Big Generators	**Model**	Gen2000Z		
Asset category	Facility Infrastructure				
Location	Hospital	**Area**	External of Hospital		
Serial No	234z23v				
Purchase Date	25/01/2021	**Purchase Cost**	$120,000.00	**Risk Assessed***	Yes
Approved by	Executive Committee	**Instruct's/User manual(s) available***			Yes
Warranty Expiry	25/01/2031	**Staff Training Required**	No		
Proposed Disposal	25/01/2031	Notify 'Maintenance Manager' 90 days before due			
Supplier Name	Joe's Generators				
Contact Name	Joe Russo	**Telephone**	1234567894	**Email**	bongo.congo@outlook.co
Contract due	8/09/2024				
Maintenance	Name:	Serviced every:	Last completed service:		
	Generator - annual	12 months	1/06/2022		
Asset ID	**0004**				
Asset Name	Lifts				
Description	Lifts 1&2				
Manufacturer	Schindlers Lifts	**Model**	LiftZoom345		
Asset category	Facility Infrastructure				
Location	Hospital	**Area**	Yellow Corridor		
Serial No	3456hy789				
Purchase Date	25/01/2021	**Purchase Cost**	$450,000.00	**Risk Assessed***	Yes
Approved by	Management Review Committee	**Instruct's/User manual(s) available***			Yes
Warranty Expiry	25/01/2036	**Staff Training Required**	No		
Proposed Disposal	25/01/2036	Notify 'Maintenance Manager' 90 days before due			
Supplier Name	Advanced Engineering P/L				
Contact Name	Rob Black	**Telephone**	12345678912	**Email**	bongo.congo@outlook.co
Contract due	30/09/2024				
Maintenance					

53. Report 307 Feedback Field Analysis > Open Disclosure

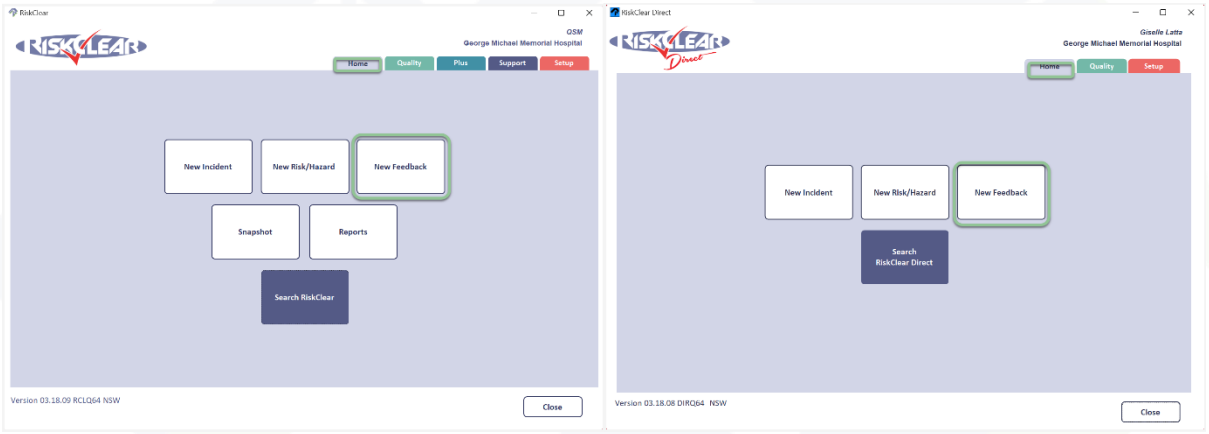
Purpose:

- ✓ Reports on feedback data from the selected field (in this example Complaint records and Hospital Open Disclosure) which can then be drilled down to record level.
- ✓ Displays data between a Date range or All records.

Audience: MAC, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, Consumer Representative/s, Managers, DON's & External Auditors.

Key Users: Quality Manager, DON, Nurse/Clinical Managers and External Auditors.

Where does this data come from? Complaint records entered into **Feedback** in RiskClear/RiskClear Direct via the **Home Tab.**



Real Everyday Use:

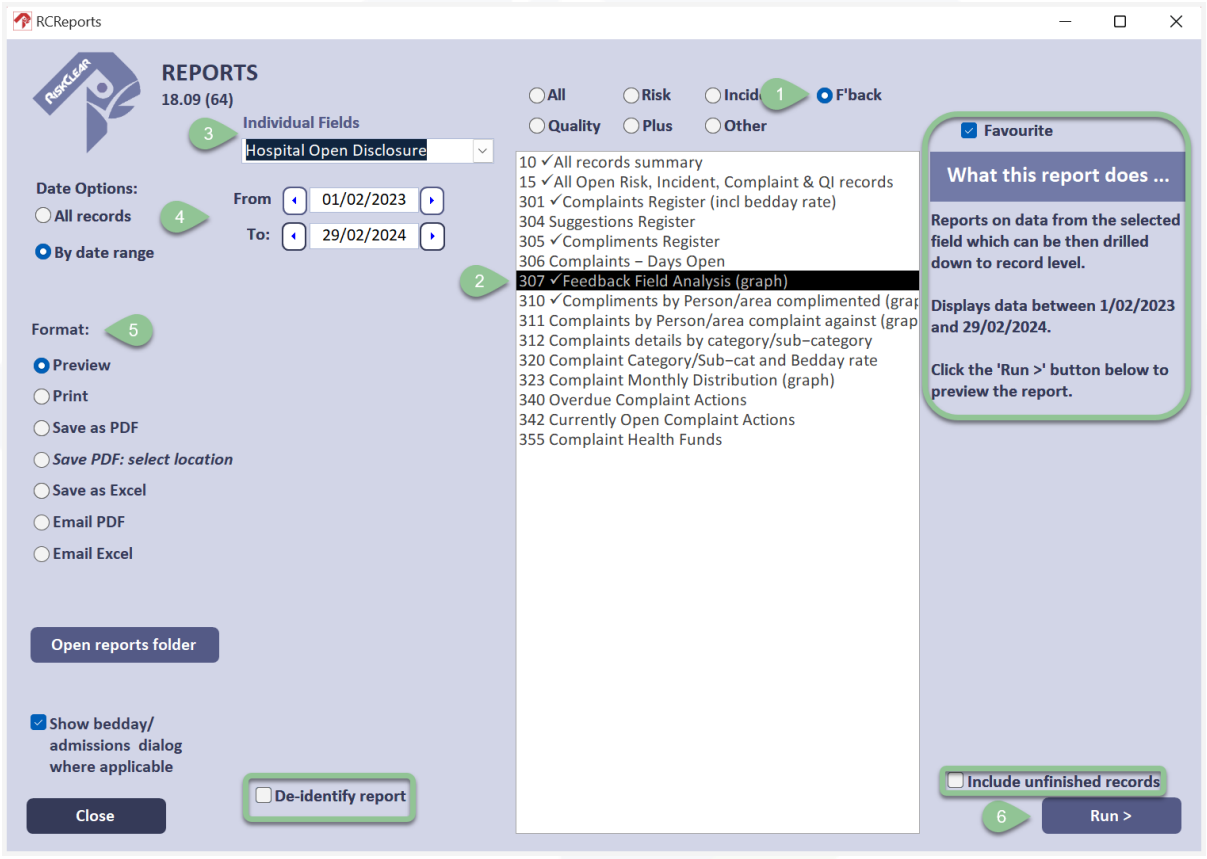
- Running this report regularly (monthly/quarterly) enables you to see the frequency with which Open Disclosure has occurred for Complaint records entered into RiskClear/RiskClear Direct.
- This report can be discussed at Quality Meetings, Staff Meetings, and any other appropriate forums where Complaint management activities and outcomes are shared.
- This report can be provided to External Auditors during Health Department and Accreditation Audits as evidence of your Complaints management processes, outcomes, and effectiveness.
- Can be shared with Consumer Groups for insight and feedback.
- Assists with compliance to various industry-based healthcare standards (NSQHSS/ISO 9001:2015/NATA etc) relating to complaints management.

Steps: Running Report 307 - Feedback Field Analysis (Hospital Open Disclosure)

1. Go to the **Reports** Section of RiskClear and select **F'Back.**

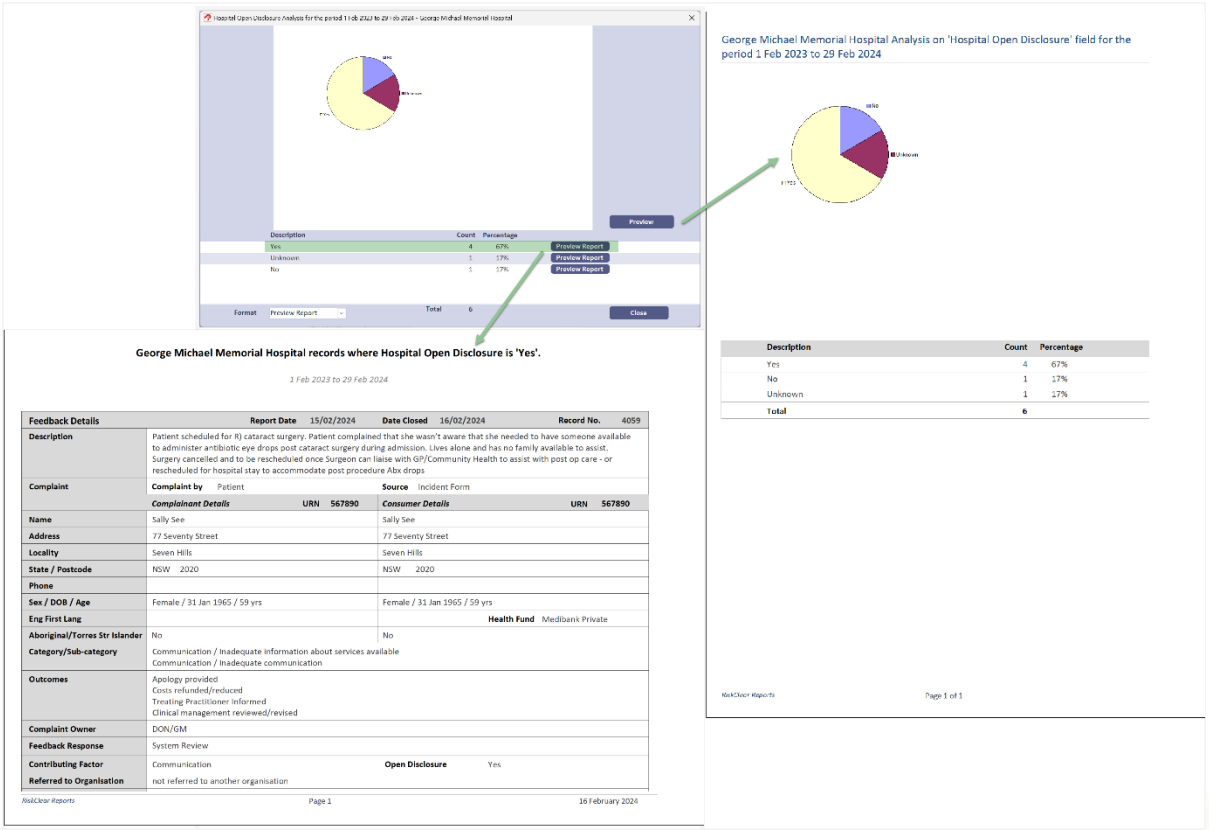
2. Select **Report 307 –** remember if it's a favourite, tick the Favourite box. A description of ***What this report does*** is also provided once a report is selected.
3. Select **Hospital Open Disclosure** from the **Individual Field** drop-down.
4. Select **All Records** or **By date range.**
5. Select the report **'Format'.**
6. Click ''**Run**>.

You can also select **De-Identify –** this will remove any names and replace with ******. Depending on the audience of the report will determine whether this feature is used or not. You can also select whether you wish to include any **''Unfinished records''**.



Example: Report 307 Feedback Field Analysis (Hospital Open Disclosure)

- ✓ Shows an analysis of those complaint records where open disclosure has occurred, or not, or is unknown.
- ✓ Allows you to drill down to the individual record/s that make up that analysis.



54. Report 212 Incident Details by category/sub-category

Audience: MAC, Risk, Quality & Safety Committee, Clinical Operations, Executive Committee, Staff Meetings, Consumer Representative/s, Managers, DON's & External Auditors and can be shared with Consumer Groups for insight and feedback
Key Users: Quality Manager, DON, Nurse/Clinical Managers, Managers and External Auditors
Where does this data come from? Incident records entered into RiskClear/RiskClear Direct

Purpose:

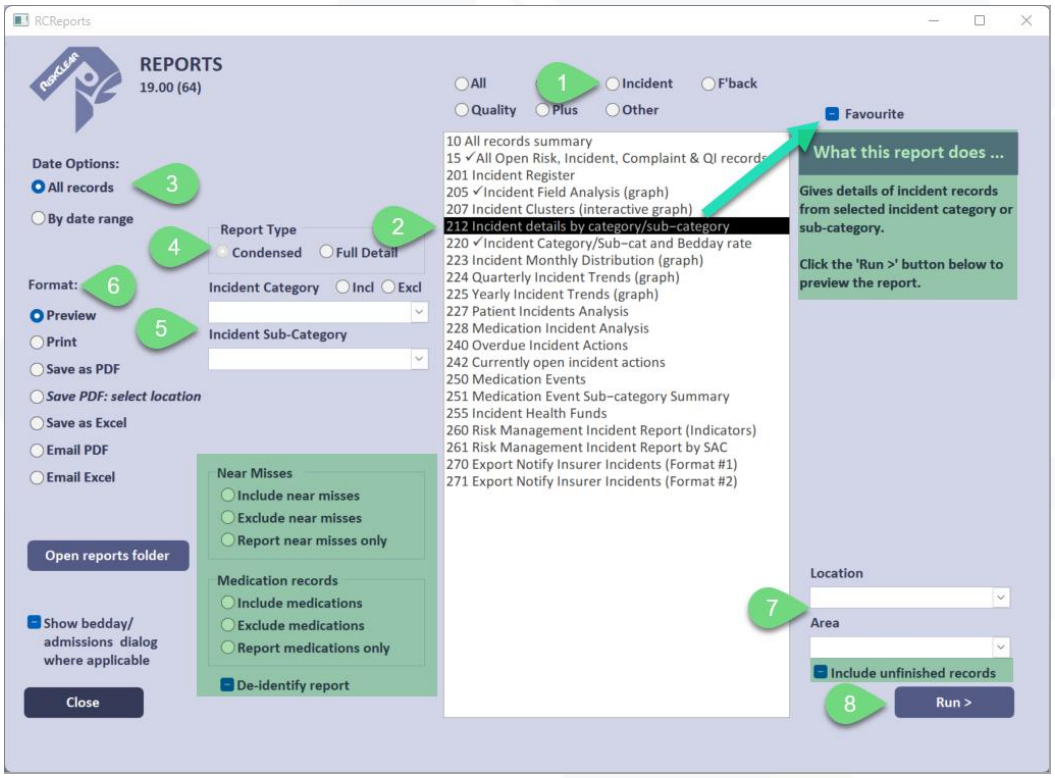
- ✓ Gives details of incident records by incident category and/or sub-categories
- ✓ Displays data between a Date range or All records
- ✓ Provides condensed (new) or detailed version of this data/report
- ✓ Assists Hospitals and Health Service Organisations (HSO) to monitor and respond to incident trends
- ✓ Assists Hospitals and HSO's to meet the requirements of Industry Standards (e.g., ISO 9001:2015/NSQHSS, NATA, RTAC) and relevant legislation. For example, *NSQHS Standard 1 Clinical Governance Criteria 1.11 & 1.12 Incident Management*.

Running Report 207:
(refer to diagram below)

Go to the **Reports** Section of RiskClear and select **Incident**

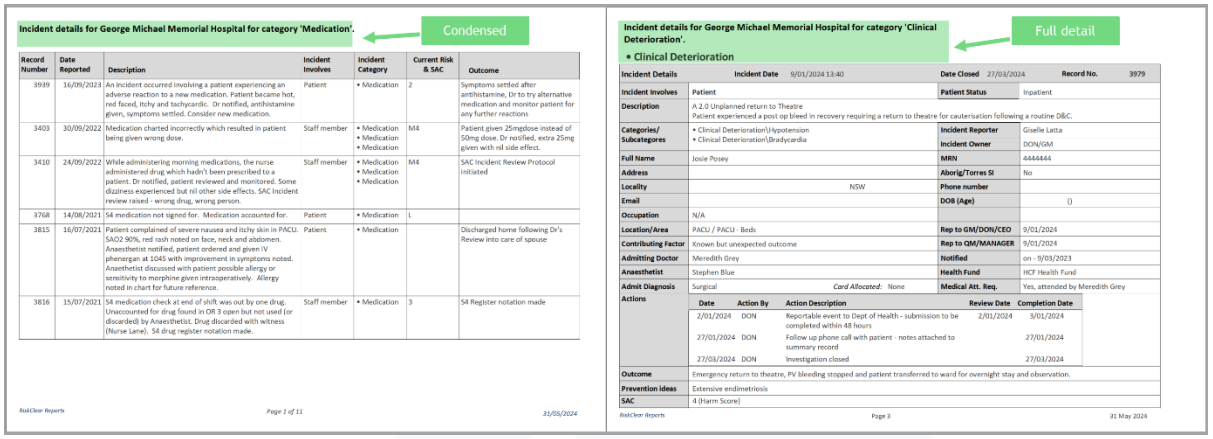
1. Select **Report 212 Incident details by category/subcategory –** remember if it's a favourite, tick the Favourite box (a **description** of what the report does is also provided and highlighted below)
2. Select **Date Options**
3. Select **Report Type (condensed** or **full detail)**
4. Make selection from **Incident Category** and **Sub-category dropdowns**
5. Select the report **Format**
6. Select **Location** and **Area (if required)**
7. Click **Run**.

**Note – other reporting filters include near misses, medication incidents, de-identified and unfinished records (see highlighted below).*



Example Reports 212:

Condensed (below left) with Incident Category Medication/Subcategory All selected
Full detail (below right) with Incident Category Clinical Deterioration/Subcategory All selected



Incident details for George Michael Memorial Hospital for category 'Medication'. Condensed

Record Number	Date Reported	Description	Incident Involves	Incident Category	Current Risk & SAC	Outcome
3939	16/09/2023	An incident occurred involving a patient experiencing an adverse reaction to a new medication. Patient became hot, red faced, itchy and tachycardic. Dr notified, antihistamine given, symptoms settled. Consider new medication.	Patient	• Medication	2	Symptoms settled after antihistamine, Dr to try alternative medication and monitor patient for any further reactions
3403	30/09/2022	Medication charted incorrectly which resulted in patient being given wrong dose.	Staff member	• Medication • Medication • Medication	M4	Patient given 25mgdose instead of 50mg dose. Dr notified, extra 25mg given with nil side effect.
3410	24/09/2022	While administering morning medications, the nurse administered drug which hadn't been prescribed to a patient. Dr notified, patient reviewed and monitored. Some dizziness experienced but nil other side effects. SAC Incident review raised - wrong drug, wrong person.	Staff member	• Medication • Medication • Medication	M4	SAC Incident Review Protocol initiated
3768	14/08/2021	S4 medication not signed for. Medication accounted for.	Patient	• Medication	L	
3815	16/07/2021	Patient complained of severe nausea and itchy skin in PACU. SAO2 90%, red rash noted on face, neck and abdomen. Anaesthetist notified, patient ordered and given IV phenergan at 1045 with improvement in symptoms noted. Anaethetist discussed with patient possible allergy or sensitivity to morphine given intraoperatively. Allergy noted in chart for future reference.	Patient	• Medication		Discharged home following Dr's Review into care of spouse
3816	15/07/2021	S4 medication check at end of shift was out by one drug. Unaccounted for drug found in OR 3 open but not used (or discarded) by Anaesthetist. Drug discarded with witness (Nurse Lane). S4 drug register notation made.	Staff member	• Medication	3	S4 Register notation made

RiskClear Reports Page 1 of 11 31/05/2024

Incident details for George Michael Memorial Hospital for category 'Clinical Deterioration'. Full detail

• Clinical Deterioration

Incident Details	Incident Date 9/01/2024 13:40	Date Closed 27/03/2024	Record No. 3979
Incident Involves	Patient	Patient Status	Inpatient
Description	A 2.0 Unplanned return to Theatre Patient experienced a post op bleed in recovery requiring a return to theatre for cauterisation following a routine D&C.		
Categories/ Subcategores	• Clinical Deterioration\Hypotension • Clinical Deterioration\Bradycardia	Incident Reporter	Giselle Latta
		Incident Owner	DON/GM
Full Name	Josie Posey	MRN	4444444
Address		Aborig/Torres SI	No
Locality	NSW	Phone number	
Email		DOB (Age)	()
Occupation	N/A		
Location/Area	PACU / PACU - Beds	Rep to GM/DON/CEO	9/01/2024
Contributing Factor	Known but unexpected outcome	Rep to QM/MANAGER	9/01/2024
Admitting Doctor	Meredith Grey	Notified	on - 9/03/2023
Anaesthetist	Stephen Blue	Health Fund	HCF Health Fund
Admit Diagnosis	Surgical *Card Allocated:* None	Medical Att. Req.	Yes, attended by Meredith Grey

Actions

Date	Action By	Action Description	Review Date	Completion Date
2/01/2024	DON	Reportable event to Dept of Health - submission to be completed within 48 hours	2/01/2024	3/01/2024
27/01/2024	DON	Follow up phone call with patient - notes attached to summary record		27/01/2024
27/03/2024	DON	Investigation closed		27/03/2024

Outcome	Emergency return to theatre, PV bleeding stopped and patient transferred to ward for overnight stay and observation.
Prevention ideas	Extensive endimetriosis
SAC	4 (Harm Score)

RiskClear Reports Page 3 31 May 2024

55. Report 507 Audit Detail Report

Audience

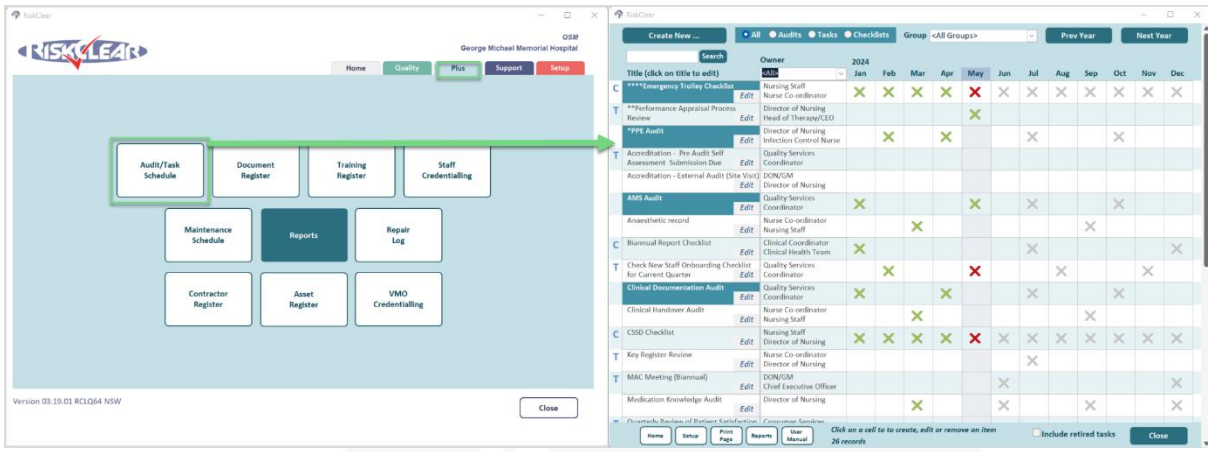
- ✓ Staff Meetings
- ✓ Risk and Quality Meetings
- ✓ Accreditation and Short Notice Assessment Auditors
- ✓ Private Benchmarking groups
- ✓ Health Department Inspection Auditors

Purpose

- ✓ This Report has a both (a new) full-detailed version and a condensed version.
- ✓ The condensed version of this report sends summary details of the selected audit done on tablet or via RiskClear for the month and year selected. The full detail version of this report shows all details including comments. The Audit drop-down *only shows audits that have templates config*ured.
- ✓ These reports assist hospitals and healthcare providers to meet the requirement of the National Standards - (e.g., Clinical Governance Standard Criteria 1.8 & 1.9 relating to your internal audit program) as well as other industry related Standards (ISO 9001:2015/NATA etc) and legislative requirements.

Where does the information come from?

- ✓ **Completed audits** in the Audit Schedule found on the ***Plus Tab in RiskClear***.



Steps to run Report 507:

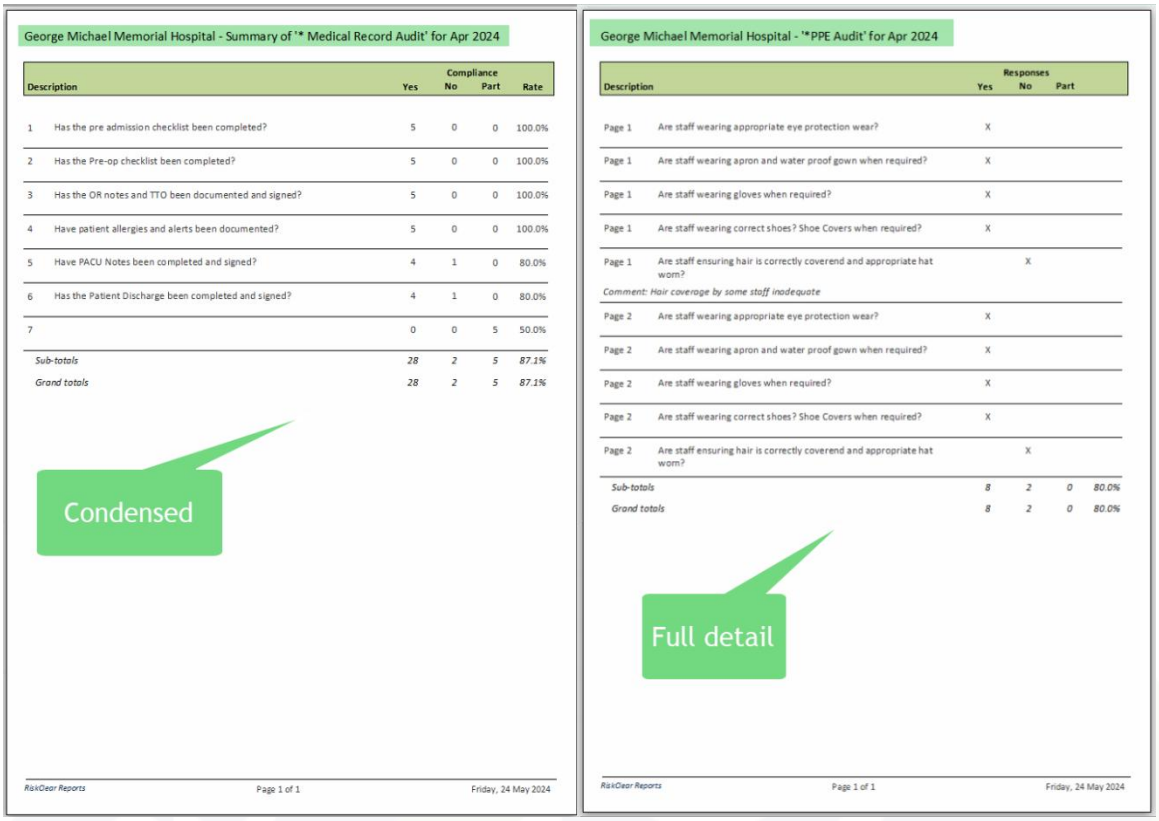
Go to Reports in RiskClear >

1. Click **Plus**
2. Select **Report 507 Audit detail Report**
3. Select **Month and Year**
4. Select **Report Type** (Condensed or Full Detail)
5. Select **Audit**
6. Select **Format** (view, pdf, excel)
7. Click **Run**

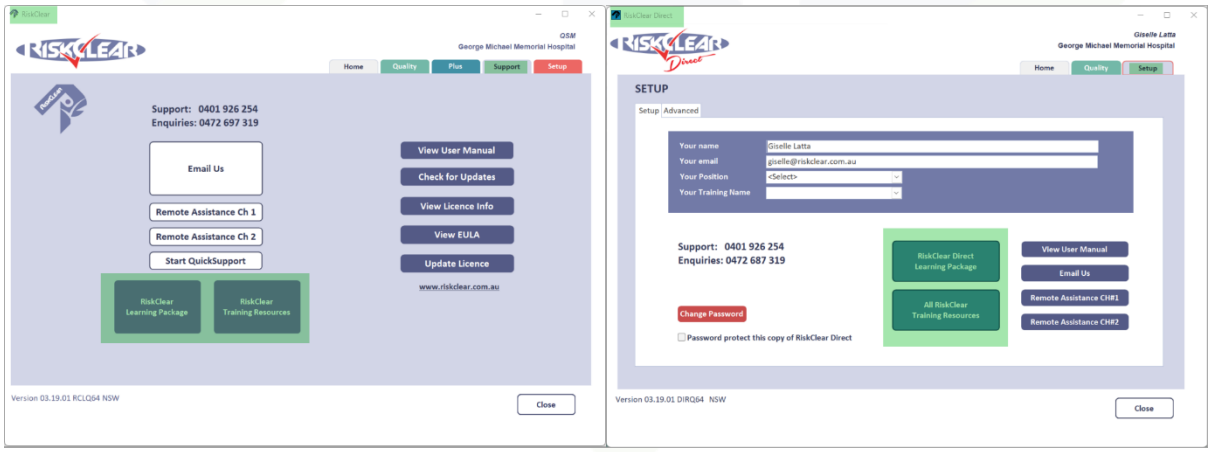
**What this report does shows to the left once a report is select, and if it's a frequently used report, tick it as a Favourite (see below).*

Examples of Report 507:

Condensed – below left (Medical Record Audit April 2024)
Full Detail – below right (PPE Audit April 2024)



Please also note that the **RiskClear and RiskClear Direct Learning Packages** (button on Support Tab/Setup Tab) and their associated **Answer Packages** (Training Resources) have been updated to reflect software updates. These Learning Packages are designed for **new** staff/users of RiskClear and RiskClear Direct.



56. Report 590 Repair Log Report

Audience & Key Users of this Function

- ✓ RiskClear & RiskClear Direct Users
- ✓ Clinical Managers

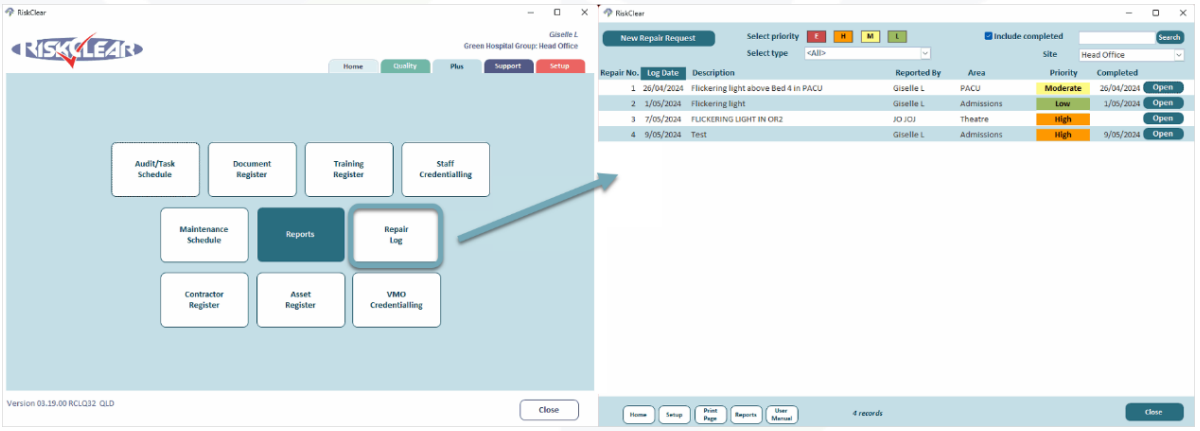
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ Contractor/Supply Manager

Purpose

- ✓ Reports and 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.
- ✓ The Report enables you to select open, closed or all records and to choose the Priority rating also.
- ✓ 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 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***.



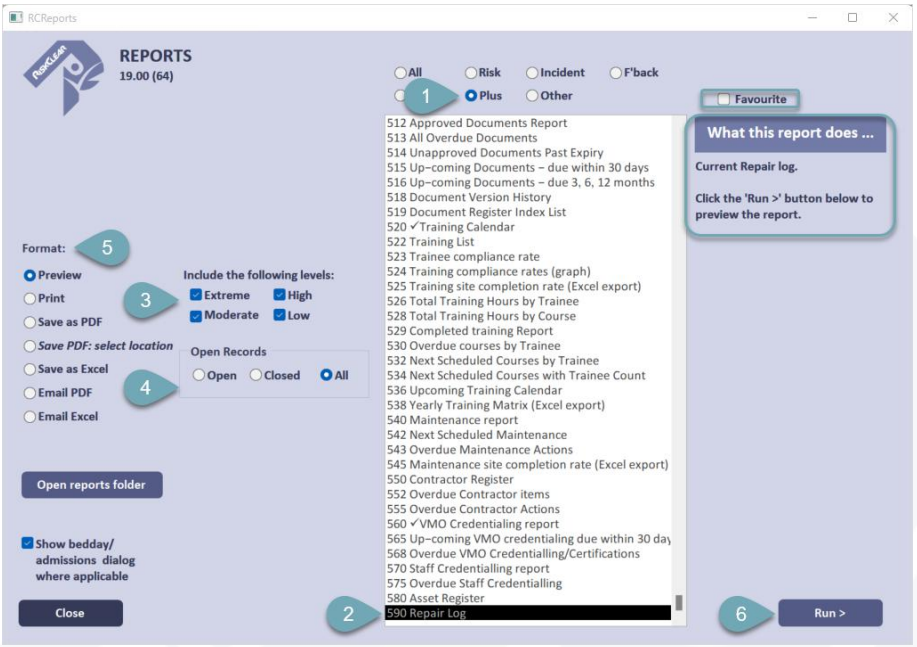
Steps to run Report 590:

Go to Reports in RiskClear >

1. 1.Click **Plus**
2. .2.Select **Report 590 Repair Log**
3. Tick required **Priority Levels** (e.g. Extreme, High, Moderate, Low)
4. Select **Open /Closed or All records** (in this example I have selected All)
5. Select **Format**

6. Click **Run**

**What this report does shows to the left, and if it's a frequently used report tick it as a Favourite (see below).*



Examples of Report 470:

Top – with all Priority levels selected
Bottom – with just Extreme and High Priority levels selected

George Michael Memorial Hospital

Repair Log ID	Date	Description	Reported By	Priority	Location/Area	Completed	Completed By
1	15/05/2024	Flickering light in PACU Stage 2	Quality Services	Moderate	Day Surgery/PACU	15/05/2024	
2	15/05/2024	Dripping Tap - HW Basin Nurses Station PA	Quality Services	Low	Day Surgery/PACU		
3	15/05/2024	PACU auto door sensor not working	Quality Services	High	Day Surgery/PACU		
4	15/05/2024	Flickering Light in PACU Discharge lounge	Quality Services	Moderate	Day Surgery/PACU	15/05/2024	GH
5	15/05/2024	Dripping tap at Nurses Station Basin in PA	Quality Services	Moderate	Day Surgery/PACU		
6	15/05/2024	Steriliser in CSSD alarm is beeping despite	Quality Services	High	Day Surgery/PACU	15/05/2024	GF

George Michael Memorial Hospital Includes Extreme and High prority repairs only.

Repair Log ID	Date	Description	Reported By	Priority	Location/Area	Completed	Completed By
3	15/05/2024	PACU auto door sensor not working	Quality Services	High	Day Surgery/PACU		
6	15/05/2024	Steriliser in CSSD alarm is beeping despite	Quality Services	High	Day Surgery/PACU	15/05/2024	GF

RiskClear Reports *Page 1 of 1* *17 May 2024*

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.