

REPORT



UNDER THE SPOTLIGHT

W E E K L Y

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

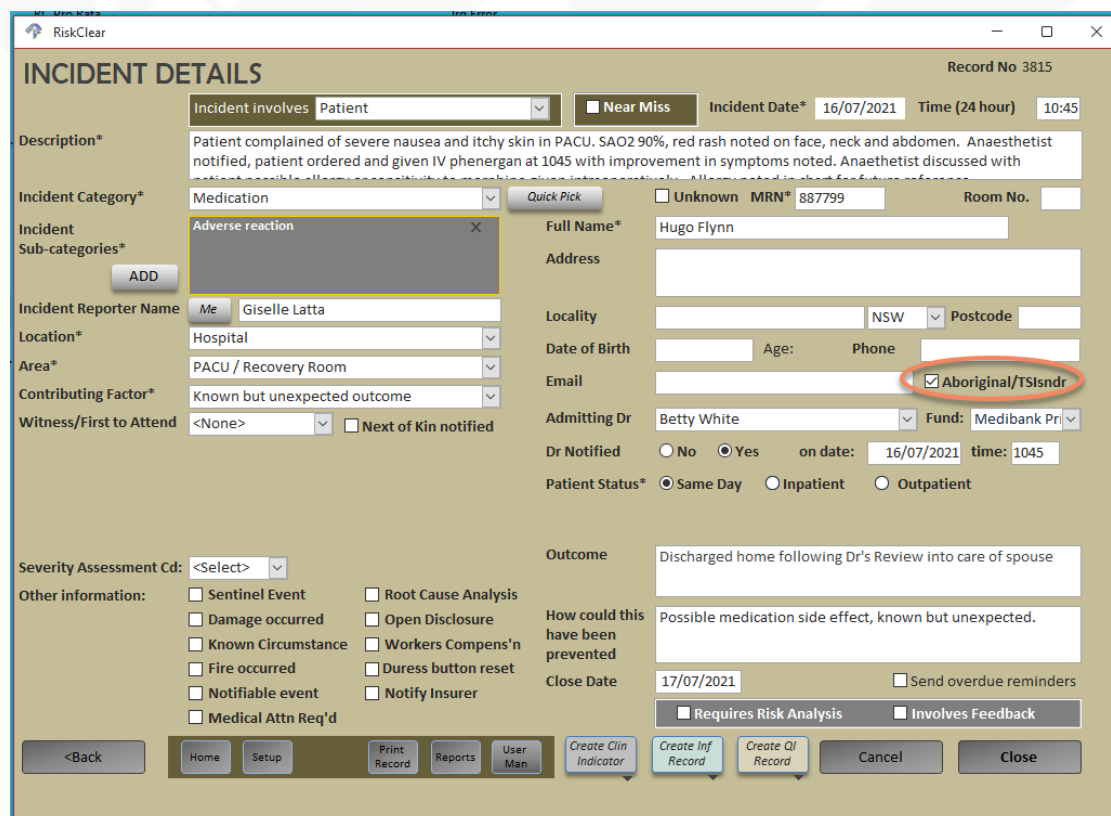
49. Report 510 Document Register (Plus Tab)	118
50. Report 201 Incident Register (using Dr Filter)	123
51. Report 470 Alerts Register	125
52. Report 580 Assets Register	128
53. Report 307 Feedback Field Analysis > Open Disclosure.....	133
54. Report 212 Incident Details by category/sub-category	135
55.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



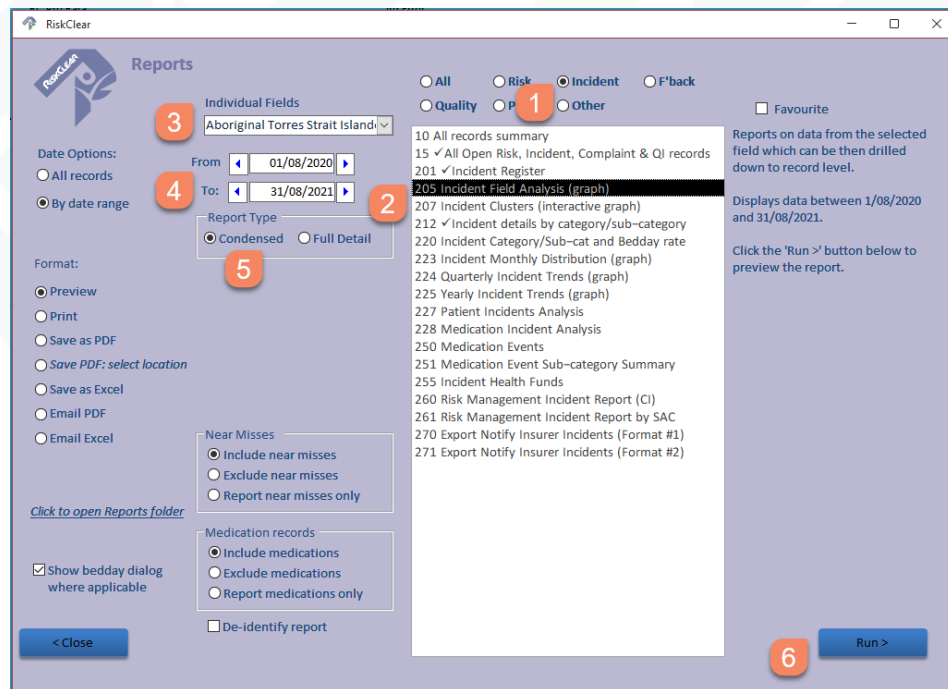
Everyday Use:

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:

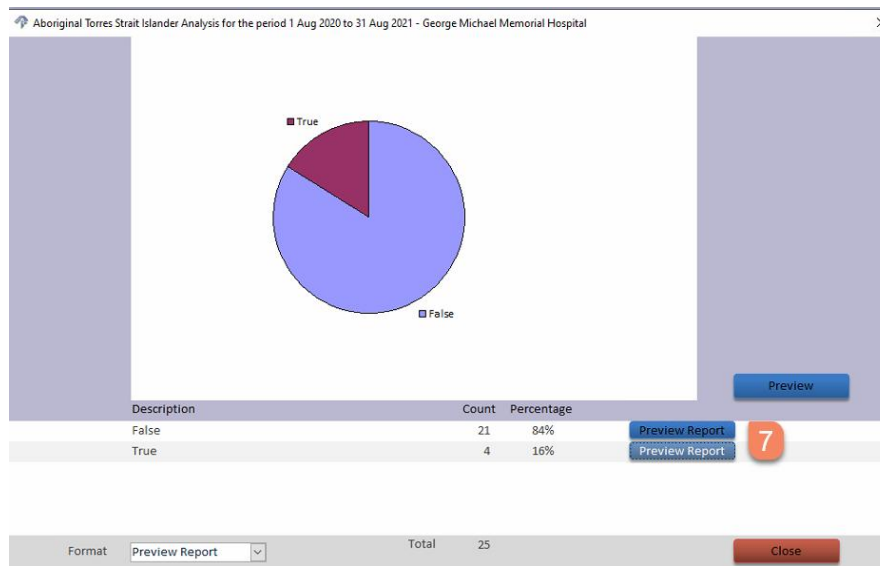
- Go to Reports – Select Incident (1) and then select Report 205 (2)
- Go to Individual Fields (3) and select Aboriginal Torres Strait Islander
- Select all records or by date range and put in your date range (4)
- Determine whether you wish to have condensed or full detail (5) and click Run (6)



The screenshot shows the RiskClear Reports interface. The 'Incident' radio button is selected (1). In the 'Individual Fields' section, 'Aboriginal Torres Strait Islander' is selected (3). The date range is set from '01/08/2020' to '31/08/2021' (4). The 'Report Type' is set to 'Condensed' (5). The 'Run' button is highlighted (6). The list of reports on the right includes '205 Incident Field Analysis (graph)'.

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'.

1 Aug 2020 to 31 Aug 2021

8

Incident Details	Incident Date	Date Closed	Record No.
Incident Involves	Patient	9/07/2021	3814
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 To DON	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/intf		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.

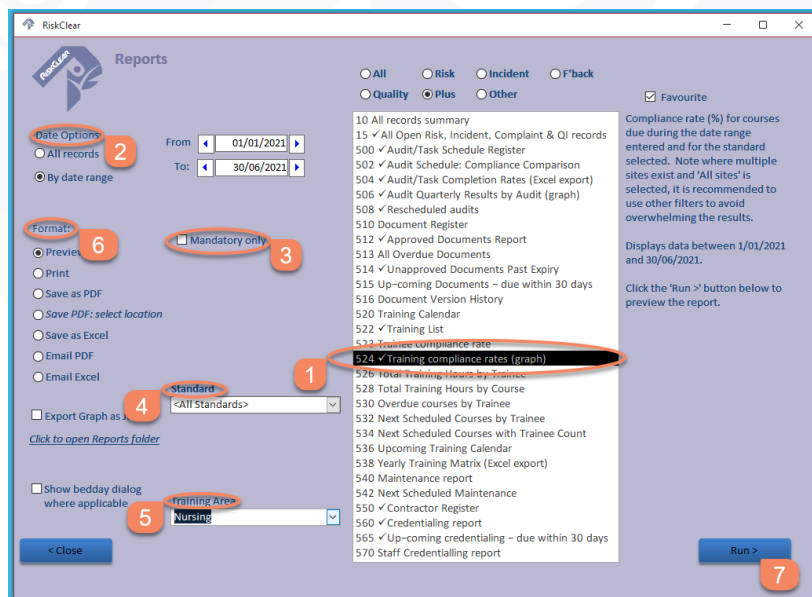
Real Everyday Use:

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**".

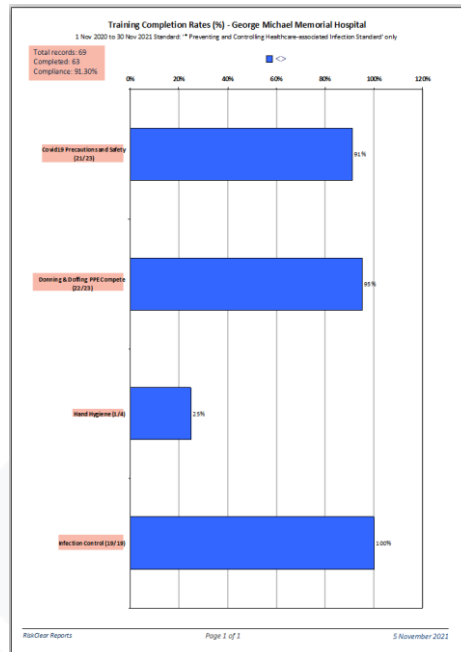


The screenshot shows the RiskClear Reports window. On the left, there are filters: 'Date Options' (2) with 'All records' selected, 'Format' (6) with 'Preview' selected, 'Mandatory only' (3) which is unchecked, 'Standard' (4) set to '<All Standards>', and 'Training Area' (5) set to 'Nursing'. A list of reports (1) is shown on the right, with '524 Training compliance rates (graph)' highlighted. At the bottom right, the 'Run >' button is labeled 7. The window title is 'RiskClear Reports'.

Example Report 524: by Date range, Standard and Training Area.

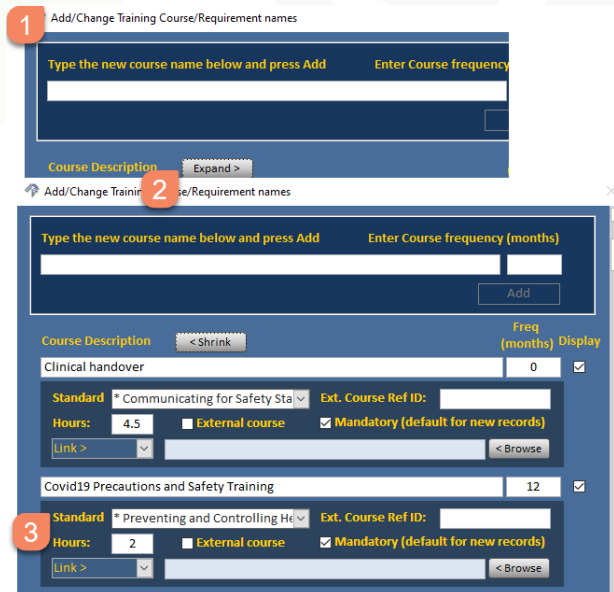
"Training Completion Rates for NSQHS 3 Preventing and Controlling Healthcare Associated Infection".

- ✓ 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.

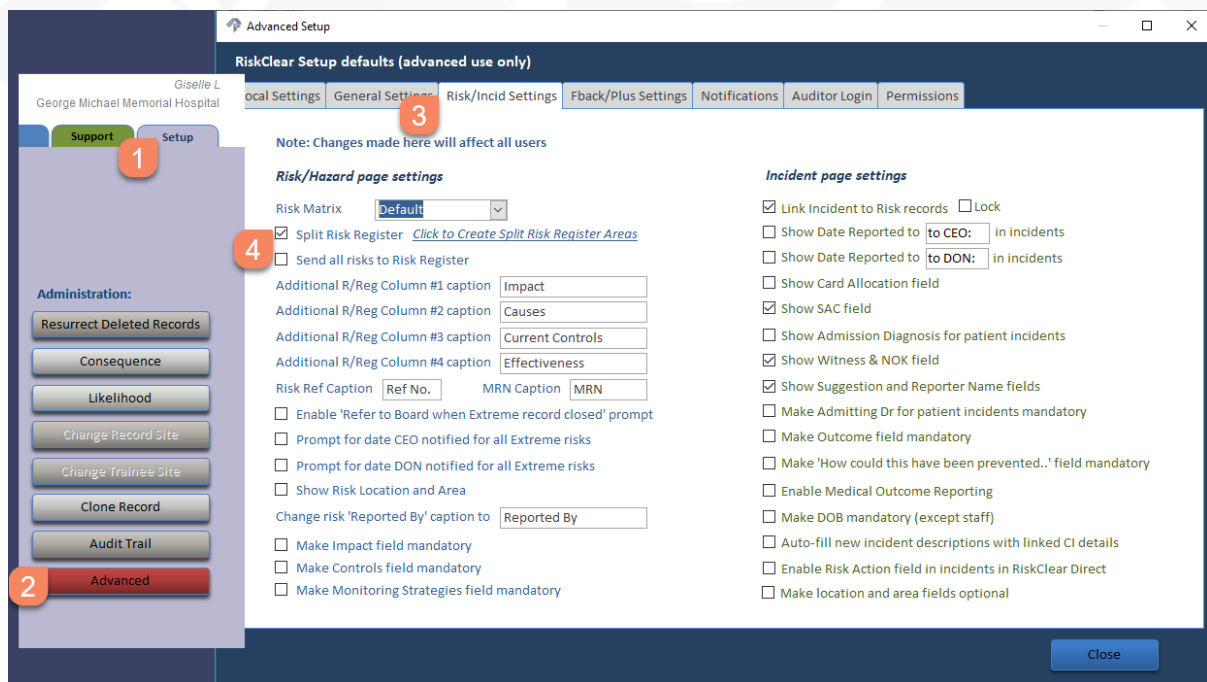
Real Everyday Use:

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.

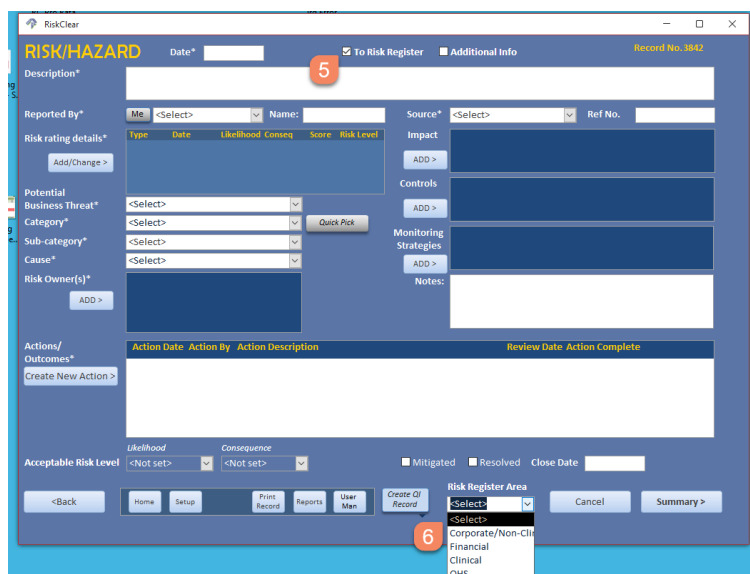
How to Set up the Split Risk Register Feature:

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)



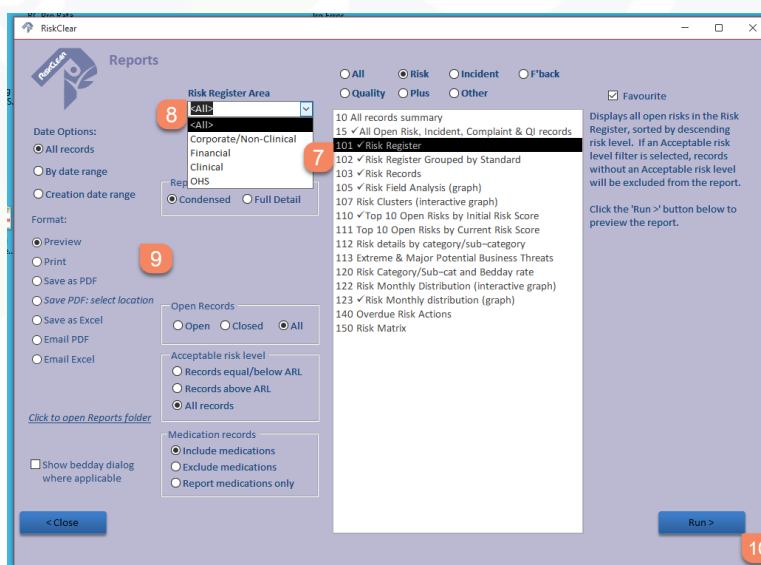
The screenshot shows the 'Advanced Setup' window for RiskClear. The 'Setup' tab is selected in the sidebar (1). The 'Advanced' button is highlighted in the sidebar (2). The 'Risk/Incid Settings' tab is selected in the top navigation bar (3). The 'Split Risk Register' checkbox is checked under the 'Risk/Hazard page settings' section (4). Other settings include 'Risk Matrix' set to 'Default', 'Send all risks to Risk Register', and various 'Incident page settings'.

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.

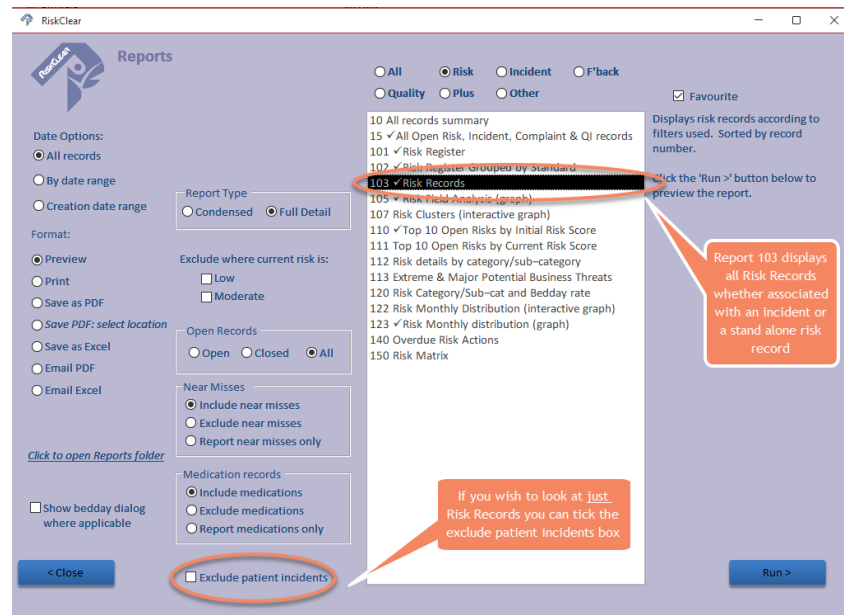


How to run Risk Reports: (101 and 103)

- ✓ **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.



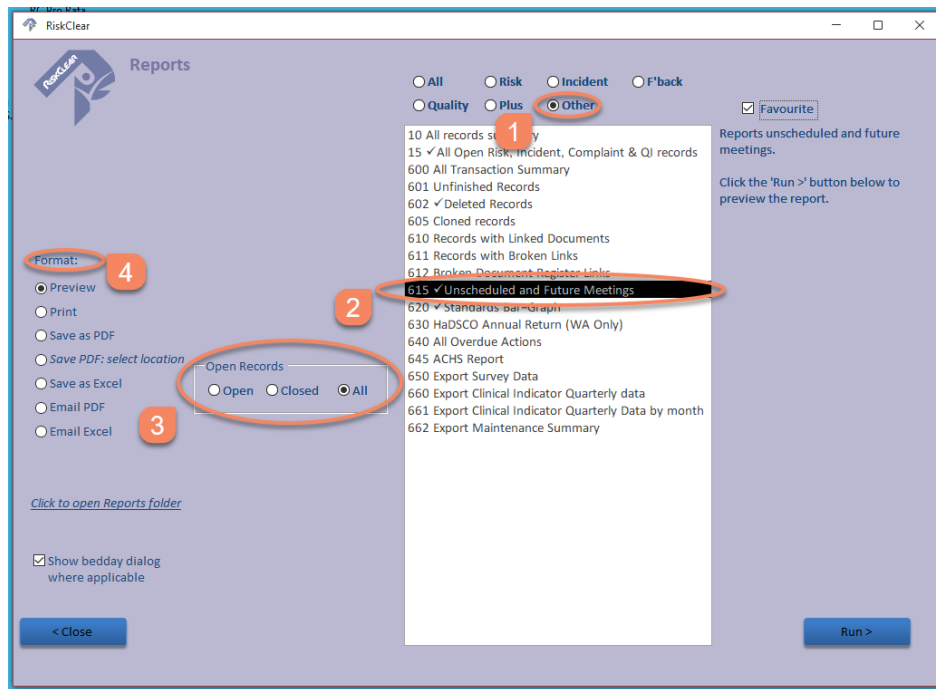
Being able to look at your hospitals risks overall, and/or in context with any associated incidents, or by area (clinical, financial, WHS etc) is an important aspect of any hospitals Risk and Quality Management Framework and Program.

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

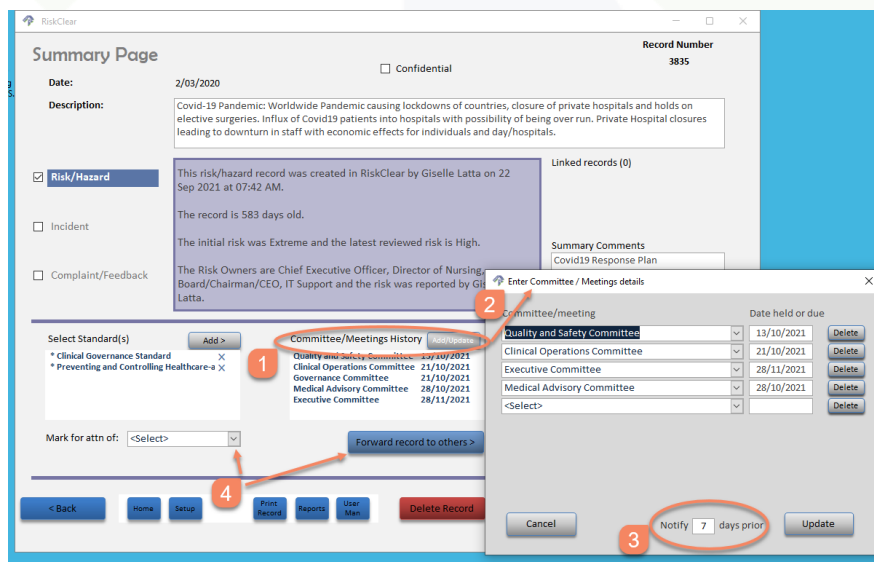
*(This report is found in the Other (1) section of Reports and can be (2) marked as a favourite for future use. You can filter the report to open/closed or all records (3) and choose your (4) report format also)



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

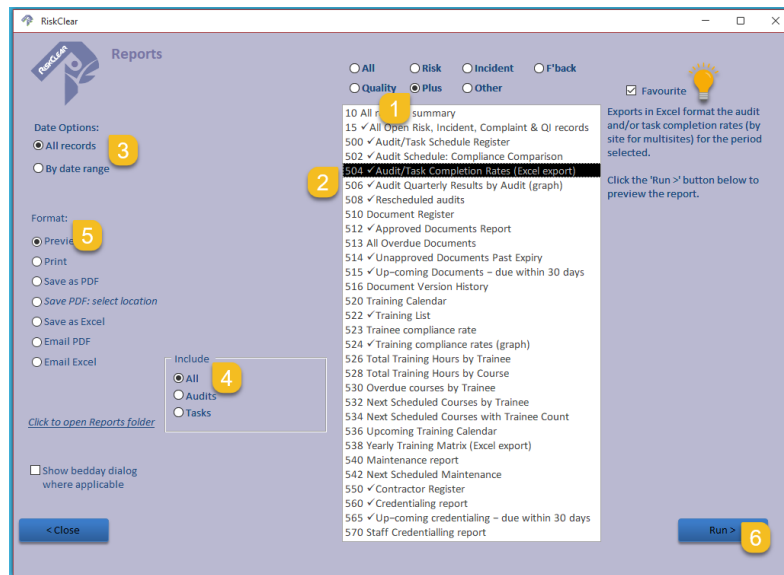
George Michael Memorial Hospital - Audit Scheduler Compliance Comparison in the 12 months ending October 2021

Audit/Task title	Owner	2020											
		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NSQHS 1 - Clinical Governance													
***Medical Record Audit	Day Co-ordinator							92.0%			96.0%		
NSQHS 3 Preventing and Controlling Healthcare Associated Infections													
Hand Hygiene Process Audit	Infection Control Nurse										98.0%		
Infection Rates	Director of Nursing				100.0%								
Sharps Handling and Disposal Audit	Clinical Coordinator					100.0%							
Standard Precautions and ANTT Audit	Infection Control Nurse			92.0%				94.0%		88.0%			
Tray Audit	Infection Control Nurse								98.0%		100.0%		
Waste Management Audit	Day Therapy Services Manager				84.0%						100.0%		
NSQHS 4 Medication Safety													
Medication Knowledge Audit	Day Therapy Services Manager				79.0%						80.0%		
Schedule B Drug Register Audit	Nurse Co-ordinator			96.0%			100.0%			92.0%			
NSQHS 6 Communicating for Safety													
Clinical Handover Audit	Nurse Co-ordinator		100.0%			96.0%		100.0%					
NSQHS 8 Recognising and Responding to Acute Deterioration													
****Emergency Drug Equipment Check	Nursing Staff				88.0%			100.0%					
Workplace Health and Safety													
WHS Workplace Audit	Work Health & Safety Manager							92.0%			89.0%		

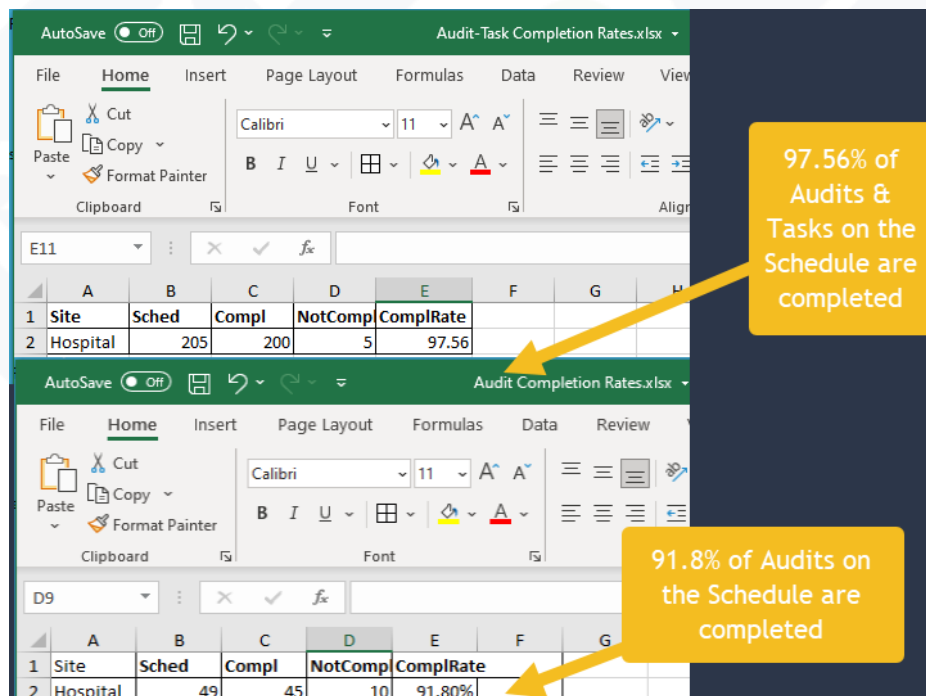
Shows audit result (%) for each audit on the schedule

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



97.56% of Audits & Tasks on the Schedule are completed

	Site	Sched	Compl	NotComp	ComplRate
1	Hospital	205	200	5	97.56

91.8% of Audits on the Schedule are completed

	Site	Sched	Compl	NotComp	ComplRate
1	Hospital	49	45	10	91.80%

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.

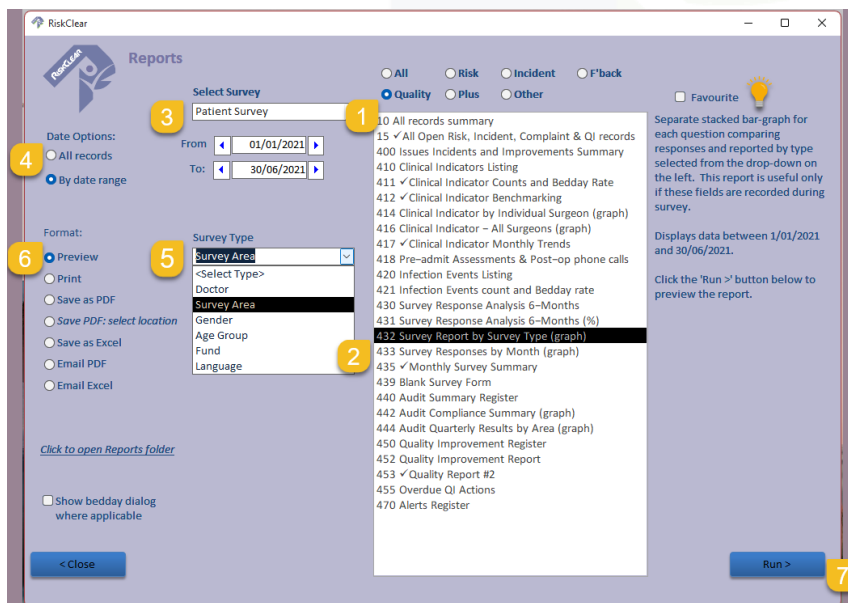
Where does this data come from? Survey and Evaluation data entered into RiskClear.

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:

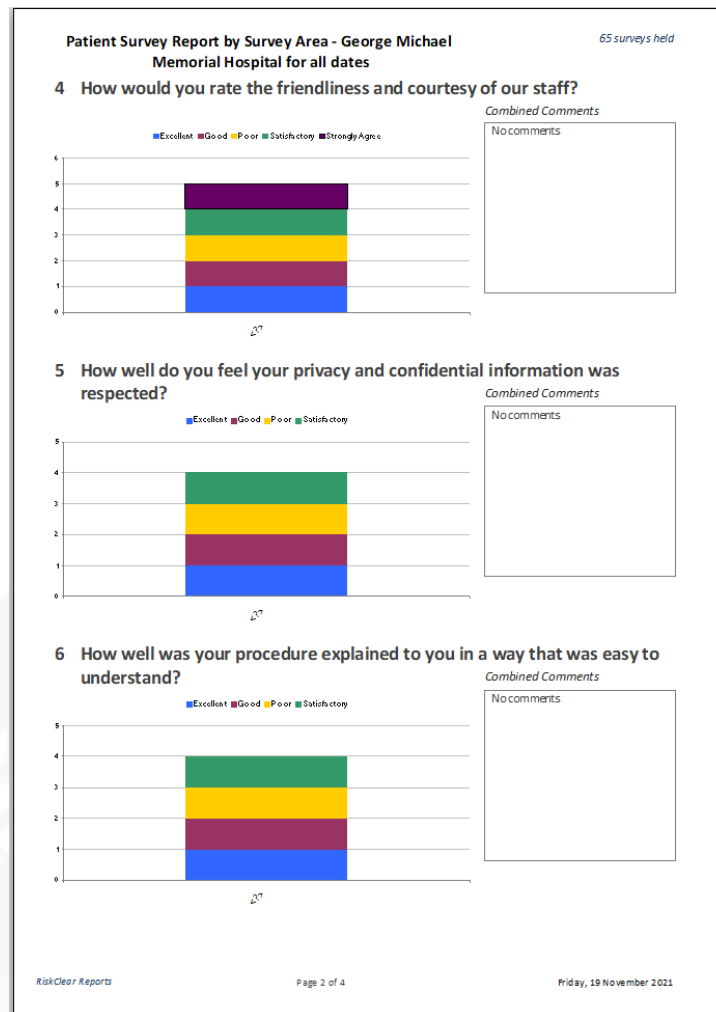
- 1) Go to the **Quality** Section of the Reports Screen:
- 2) Select "**Report 432**" –  remember if it's a favourite, tick the Favourite box.
- 3) "**Select Survey**" type from drop-down menu – e.g., Patient Survey
- 4) Select "**Date Options**" – All records or By date range
- 5) Select the "**Survey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



The screenshot shows the RiskClear Reports interface. The left sidebar contains icons for Reports, Quality, Risk, Incident, and Feedback. The main content area displays a list of reports, with '432 Survey Report by Survey Type (graph)' highlighted. The right sidebar contains a 'Favourite' checkbox and a 'Run' button. Numbered callouts indicate the following steps:

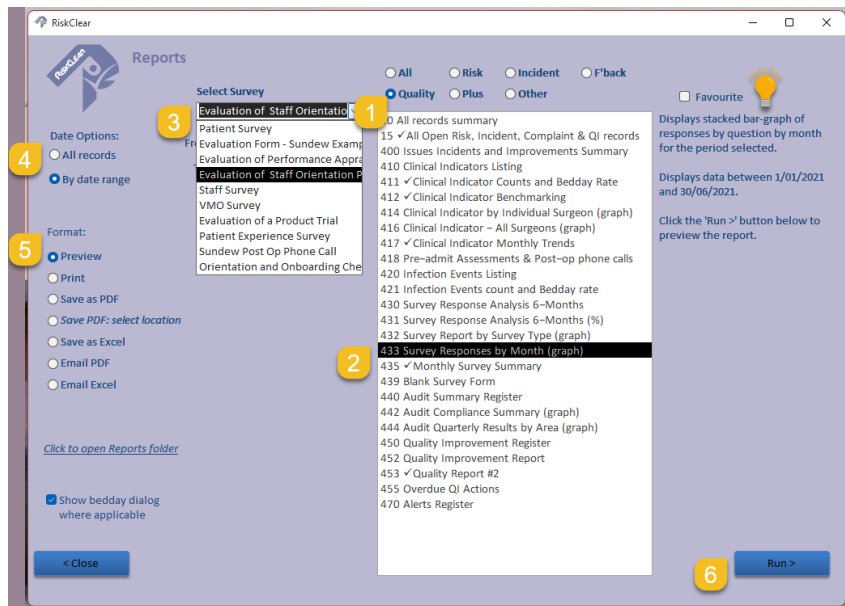
1. Select 'Quality' in the top navigation bar.
2. Select 'Report 432' in the report list.
3. Select 'Patient Survey' in the 'Select Survey' dropdown.
4. Select 'By date range' in the 'Date Options' section.
5. Select 'Survey Area' in the 'Survey Type' dropdown.
6. Select 'Preview' in the 'Format' section.
7. Click the 'Run' button.

Example Report 432:

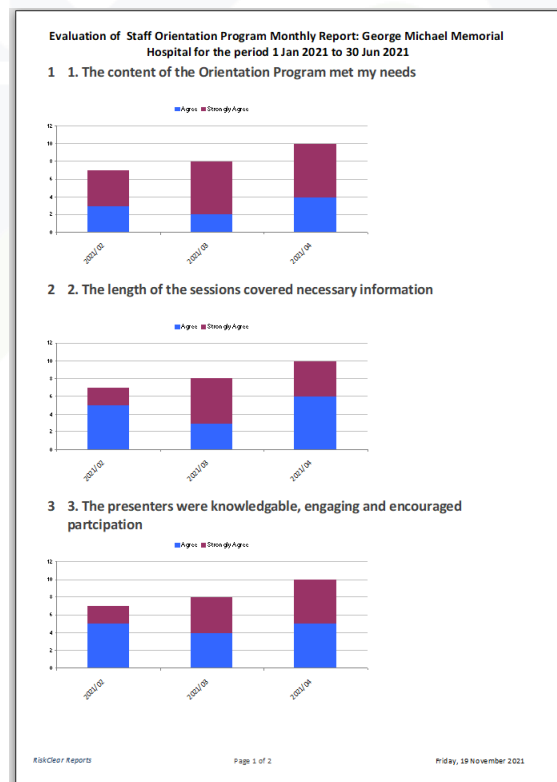


Running Report 433:

- 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



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.

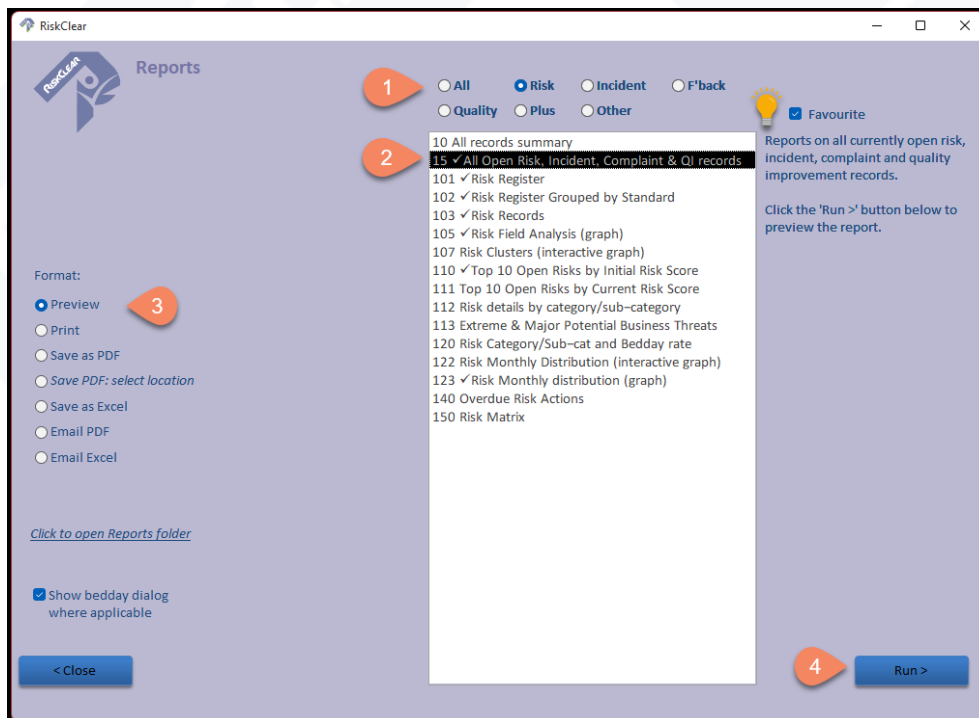
Where does this data come from? Risk, Incident, Complaint and Quality Improvement records entered into RiskClear/RiskClear Direct.

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	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	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"**.



The screenshot shows the RiskClear Reports interface. It includes a sidebar with filters for Date Options (All records, By date range), Format (Preview, Print, Save as PDF, Save as Excel, Email PDF, Email Excel), and Report Type (Condensed, Full Detail). A list of reports is displayed, including '10 All records summary', '15 All Open Risk, Incident, Complaint & QI records', '400 Issues Incidents and Improvements Summary', '410 Clinical Indicators Listing', '411 Clinical Indicator Counts and Bedday Rate', '412 Clinical Indicator Benchmarking', '414 Clinical Indicator by Individual Surgeon (graph)', '416 Clinical Indicator - All Surgeons (graph)', '417 Clinical Indicator Monthly Trends', '418 Pre-admit Assessments & Post-op phone calls', '420 Infection Events Listing', '421 Infection Events count and Bedday rate', '430 Survey Response Analysis 6-Months', '431 Survey Response Analysis 6-Months (%)', '432 Survey Report by Survey Type (graph)', '433 Survey Responses by Month (graph)', '435 Monthly Survey Summary', '439 Blank Survey Form', '440 Audit Summary Register', '442 Audit Compliance Summary (graph)', '444 Audit Quarterly Results by Area (graph)', '450 Quality Improvement Register', '452 Quality Improvement Report', '453 Quality Report #2', '455 Overdue QI Actions', and '470 Alerts Register'. A 'Run' button is at the bottom right.

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 Imprvmt	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	Documenta tion	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

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: Q400128
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 Anne 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 by Day Co-ordinator on 15/07/2021 [completed] Organise staff education on new paperwork once finalised - 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 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

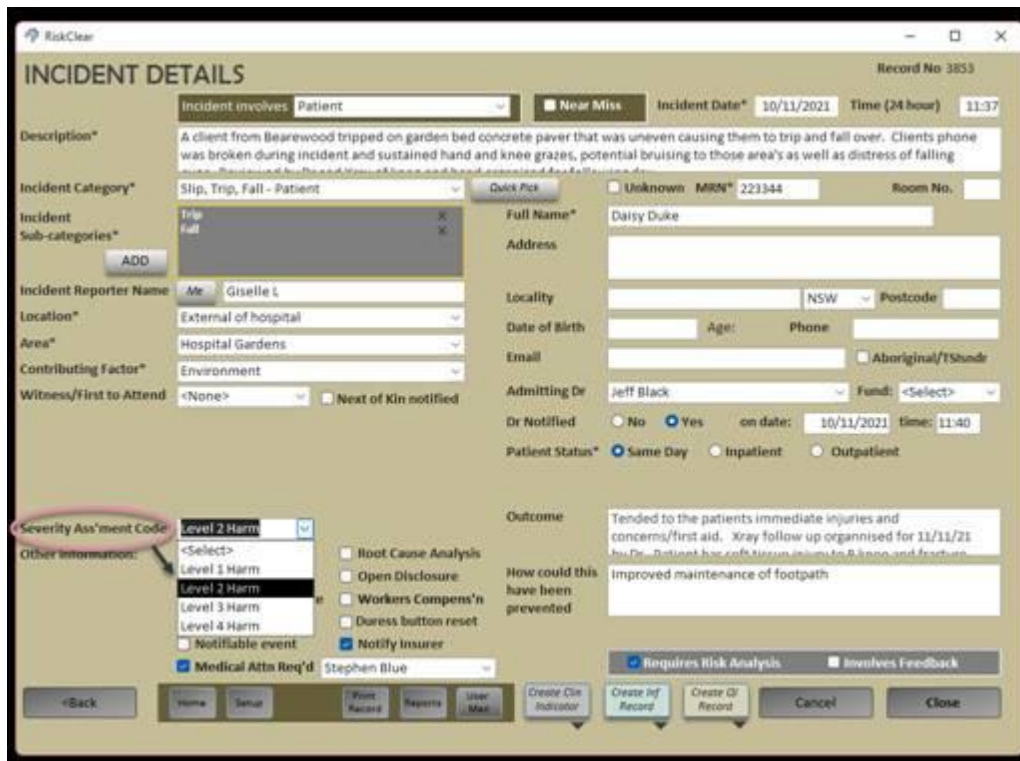
**Before an investigation of a clinical incident can take place, a severity assessment code (SAC) rating must be decided to determine the prioritisation of the clinical incident investigation. RiskClear uses SAC Rating 1-4 (most to least severe) for all States but WA which uses 1-3. Refer to your State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

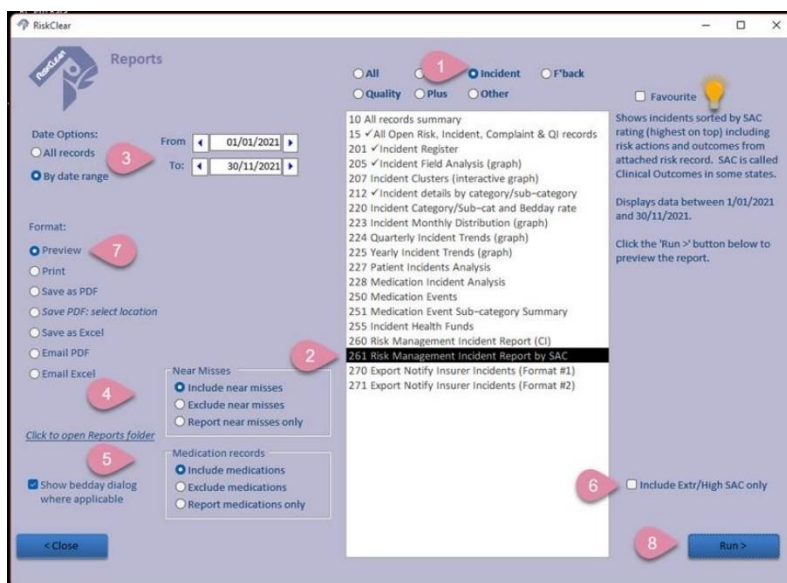


Real Everyday Use:

- 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									
RECORD NO.	DATE	MRN	NOTIF INSURER	SAC RATING	INCIDENT TYPE	DESCRIPTION	ACTION	OUTCOME	CLOSE DATE
3772	8/08/2021	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	9/11/2021	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 organised for 11/11/21 by Dr. Patient has soft tissue injury to R knee and fracture to right wrist requiring 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 reddened 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

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.

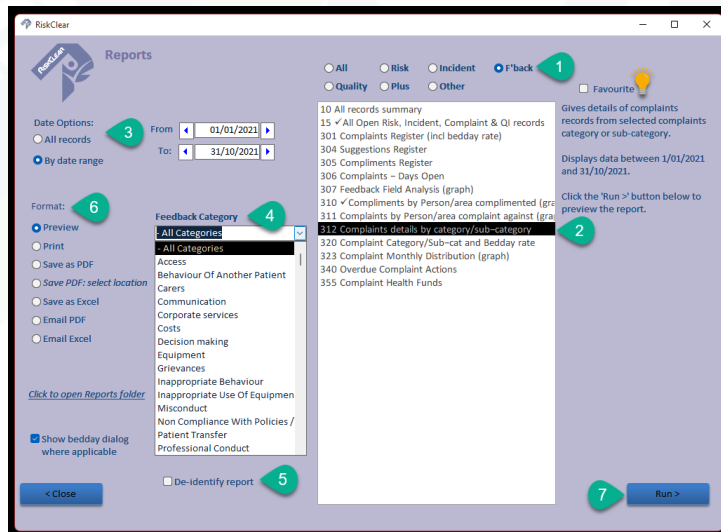
3. Select **"All Records"** or **"By date range"**.

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"**.



The screenshot shows the RiskClear Reports interface. The 'Reports' section is active, and the 'F'back' report is selected. The 'Date Options' section shows 'By date range' selected. The 'Feedback Category' dropdown is set to 'All Categories'. The 'Format' section shows 'Preview' selected. The 'De-Identify report' checkbox is checked. The 'Run' button is visible at the bottom right.

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

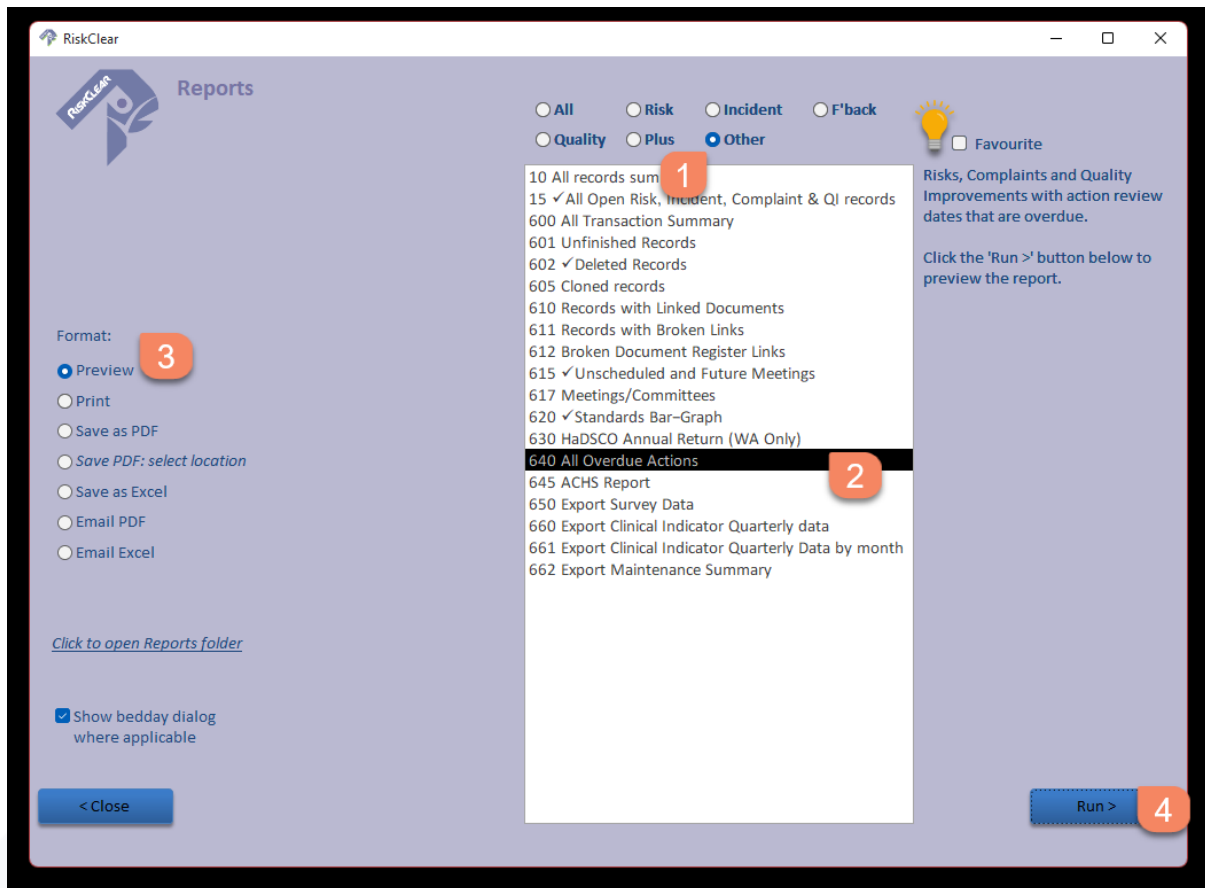
Where does this data come from? Risk, Compliant and Quality Improvement Records entered into RiskClear or RiskClear Direct by hospital staff.

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".



Reports

Format:

- ☒ Preview
- ☐ Print
- ☐ Save as PDF
- ☐ Save PDF: select location
- ☐ Save as Excel
- ☐ Email PDF
- ☐ Email Excel

[Click to open Reports folder](#)

☒ Show bedday dialog where applicable

[Run >](#)

Filters:

- ☐ All
- ☐ Risk
- ☐ Incident
- ☐ F'back
- ☐ Quality
- ☐ Plus
- ☒ Other

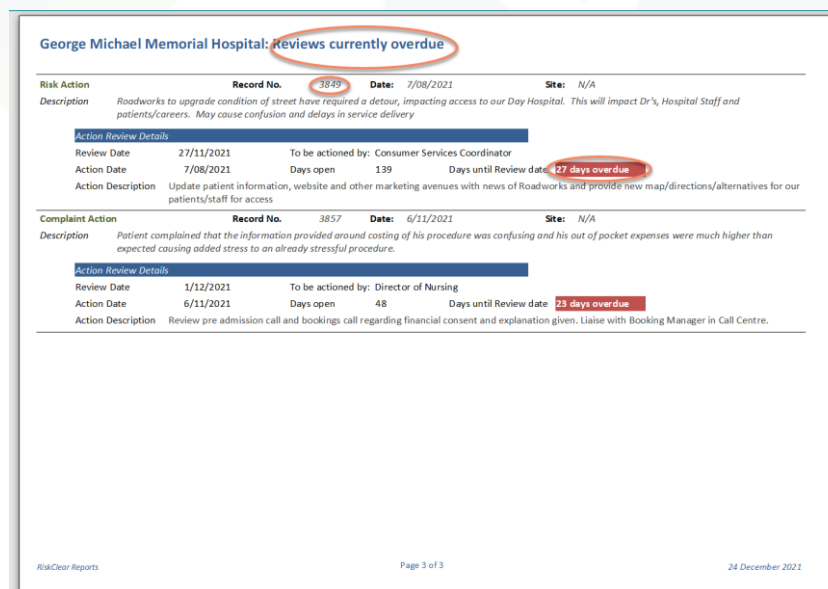
Report List:

- 10 All records summary
- 15 ✓ All Open Risk, Incident, Complaint & QI records
- 600 All Transaction Summary
- 601 Unfinished Records
- 602 ✓ Deleted Records
- 605 Cloned records
- 610 Records with Linked Documents
- 611 Records with Broken Links
- 612 Broken Document Register Links
- 615 ✓ Unscheduled and Future Meetings
- 617 Meetings/Committees
- 620 ✓ Standards Bar-Graph
- 630 HaDSO Annual Return (WA Only)
- 640 All Overdue Actions
- 645 ACHS Report
- 650 Export Survey Data
- 660 Export Clinical Indicator Quarterly data
- 661 Export Clinical Indicator Quarterly Data by month
- 662 Export Maintenance Summary

Instructions:

- Click the 'Run >' button below to preview the report.

Example Report:



George Michael Memorial Hospital: Reviews currently overdue

Risk Action	Record No.	Date:	Site:
Description	3849	7/08/2021	N/A
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
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	3857	6/11/2021	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
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:

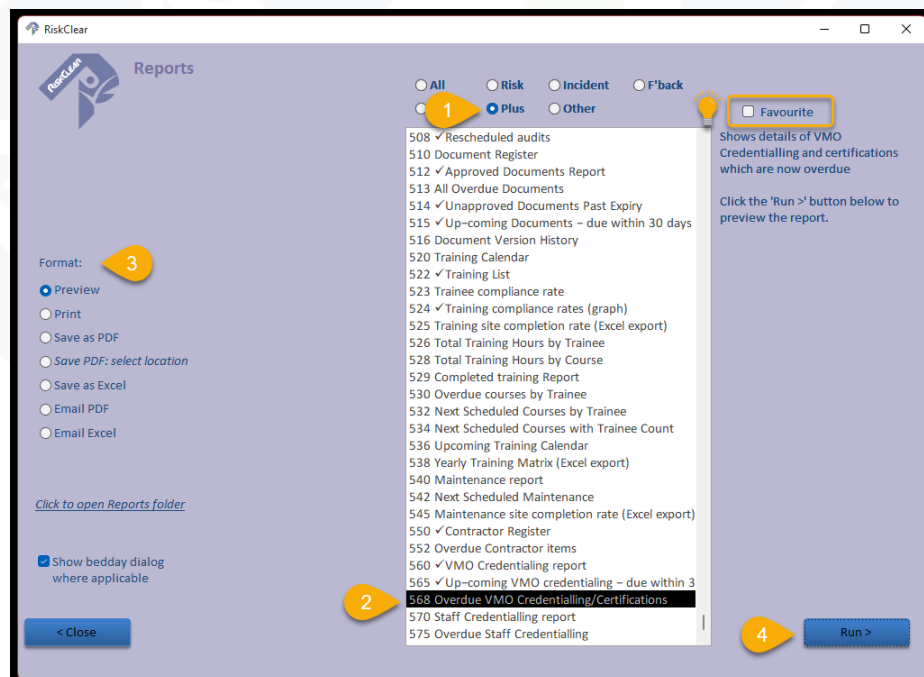
Go to the **Reports** Section of RiskClear.

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	32165478
• [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			
MED13574162	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.

RiskClear						
New VMO						
Name	Locality	Specialty	Cert Type Due	Cred/Qualifying Due	Cert Date Due	Search
Prof Sigmund Freud	Fremantle	Neurosurgeon	3-yearly	5/10/2024	30/09/2022	Open
Dr Zachariah Smith	Scarborough	Cardiologist	Initial	3/06/2023	30/09/2022	Open
Dr H Jekyll	Perth	Plastic Surgeon	3-yearly	26/04/2023	26/04/2022	Open
Dr Who's Who	Perth	General Surgeon	3-yearly	9/10/2023	9/10/2022	Open
Dr Andrew Anderson	Scarborough	Anaesthetist	3-yearly	14/07/2023	14/07/2022	Open
Dr Karen Karensson	City Beach	Anaesthetist	3-yearly	14/11/2024	14/11/2022	Open
Ms Jane O'Dentist	Jondalup	General Surgeon	Annual	14/03/2022	14/03/2022	Open
Mr Jermemy Jones	East Perth	Physician	Initial	11/03/2022	11/03/2022	Open
Dr Sarah Gantry	East Perth	Anaesthetist	Annual	14/03/2022	14/03/2022	Open
Dr Georgina Hill	South Perth	General Surgeon	3-yearly	14/08/2022	14/08/2022	Open
Dr Stanley Rush	Karriyup	Cardiologist, General Paediatric	3-yearly	14/10/2023	14/10/2022	Open
Mr Harold Sparkstein	Subiaco	Dermatologist	3-yearly	14/10/2023	14/10/2022	Open
Ms Helen O'Troy	Leederville	Cardiologist	3-yearly	17/06/2022	17/06/2022	Open
Dr Trevor Craslie	Shenton Park	General Surgeon	Annual	1/11/2022	1/11/2022	Open
Dr Susan Pyle	Subiaco	Cardiologist	Annual	14/04/2022	14/04/2022	Open
Dr Annie Ackroyd	Cottesloe	Immunologist	Annual	11/12/2022	11/12/2022	Open
Dr Gerry Gerhardson	Northbridge	General Surgeon	Annual	4/05/2022	4/05/2022	Open
Dr Wesley Robertson	West Leederville	Anaesthetist	Annual	5/05/2022	5/05/2022	Open
Dr Jennifer Jones	Daglish	Oral And Maxillofacial Surgeon	3-yearly	11/11/2023	11/11/2022	Open
Dr Judy Jardine	Florat	Oral And Maxillofacial Surgeon	3-yearly	8/12/2022	8/12/2022	Open
Dr Nathan Balderson	Highgate	General Paediatrician	Annual	22/02/2022	22/02/2022	Open
Prof Leslie Larsson	Woodlands	Anaesthetist	Annual	20/04/2022	20/04/2022	Open
Dr *****Wayne Padbury	Gwelup	Anaesthetist	Annual	15/04/2022	15/04/2022	Open
Dr Freda Kahlo	Sorrento	Cardiologist	3-yearly	20/10/2023	20/10/2022	Open
Mr John Murray-Jenkins	Wembley	Anaesthetist	Annual	2/12/2022	2/12/2022	Open
27 records ☒ Include inactive						
Home Setup Reports Users Print Email PDF Save as PDF Save as Excel Cancel						

George Michael Memorial Hospital Credentialling Register			
Registration No.	Doctor Name	Locality	Expiry
MED321654987	Prof Sigmund Freud	Fremantle	5/10/2024
123456	Dr Zachariah Smith	Scarborough	3/06/2023
5887400	Dr H Jekyll	Perth	26/04/2023
MED5647333	Dr Who's Who	Perth	9/10/2023
MED3216549	Dr Andrew Anderson	Scarborough	14/07/2023
MED32165475	Dr Karen Karensson	City Beach	14/11/2024
MED3216574	Ms Jane O'Dentist	Jondalup	14/03/2022
MED32165478	Mr Jermemy Jones	East Perth	11/03/2022
MED3216547	Dr Sarah Gantry	East Perth	14/03/2022
MED5465478	Dr Georgina Hill	South Perth	14/08/2022
MED1354667	Dr Stanley Rush	Karriyup	14/10/2023
MED545561	Mr Harold Sparkstein	Subiaco	14/10/2023
MED545561	Ms Helen O'Troy	Leederville	17/06/2022
MED874136	Dr Trevor Craslie	Shenton Park	1/11/2022
MED135441	Dr Susan Pyle	Subiaco	14/04/2022
MED1371254	Dr Annie Ackroyd	Cottesloe	11/12/2022
MED137578	Dr Gerry Gerhardson	Northbridge	4/05/2022
MED1384768	Dr Wesley Robertson	West Leederville	5/05/2022
MED13574654	Dr Jennifer Jones	Daglish	11/11/2023
MED7754884	Dr Judy Jardine	Florat	8/12/2022
MED125875	Dr Nathan Balderson	Highgate	22/02/2022
MED168421	Prof Leslie Larsson	Woodlands	20/04/2022
MED13258718	Dr *****Wayne Padbury	Gwelup	15/04/2022
MED13254735	Dr Freda Kahlo	Sorrento	20/10/2023
MED135744162	Mr John Murray-Jenkins	Wembley	2/12/2022
MED1563874	Dr Nora Neugers	Dunrobin	4/08/2023
MED	Dr Jorgen Phillips	Mount Hawthorn	24/06/2023

RiskClear Reports

Page 1 of 2

18 March 2022

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 **Reports** Section of RiskClear.

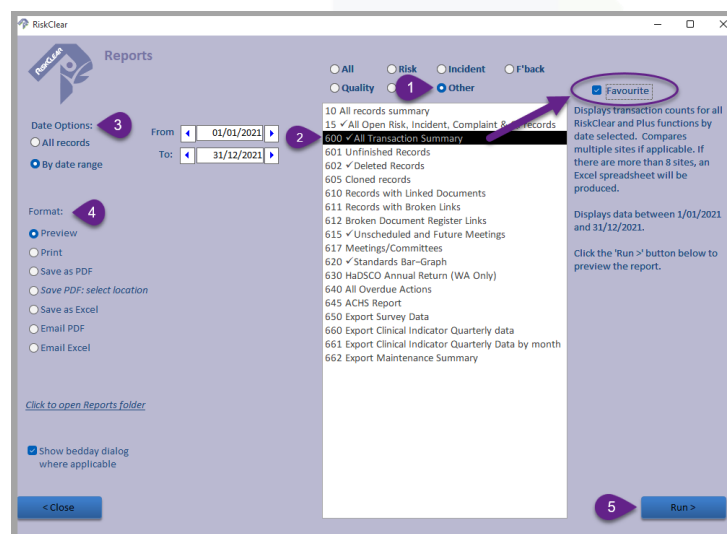
Step 1: Select **Other**.

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 Orientation	25
Evaluation of a Product	10
Evaluation of Performance	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

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 **Reports** 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**.

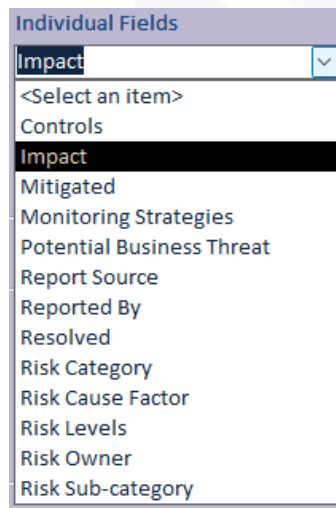


The screenshot shows the RiskClear 'Report' window. It features a sidebar on the left with various options, a central list of report types, and a right-hand panel with a 'Run' button. Numbered callouts highlight specific elements:

- 1:** Radio button for 'Risk' in the report type selection.
- 2:** 'Full Detail' radio button in the report type selection.
- 3:** 'Individual Fields' dropdown menu.
- 4:** 'Date Options' section with radio buttons for 'All records', 'By date range', and 'By creation date'.
- 5:** 'Report Type' section with radio buttons for 'Condensed' and 'Full Detail'.
- 6:** 'Open Records' section with radio buttons for 'Open', 'Closed', and 'All'.
- 7:** 'Format' section with radio buttons for 'Preview', 'Print', 'Save as PDF', 'Save as Excel', 'Email PDF', and 'Email Excel'.
- 8:** 'Run' button at the bottom right.

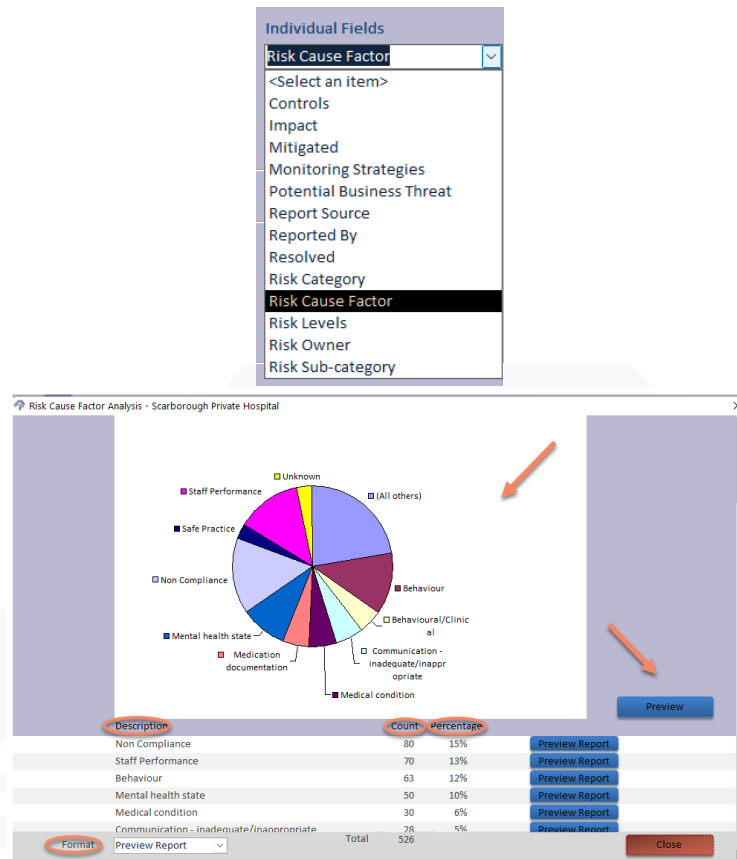
Example Reports:

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.**



This image shows a close-up of the 'Individual Fields' dropdown menu. The menu is open, displaying a list of fields. The field 'Impact' is currently selected and highlighted in blue. Other visible fields include: Controls, Mitigated, Monitoring Strategies, Potential Business Threat, Report Source, Reported By, Resolved, Risk Category, Risk Cause Factor, Risk Levels, Risk Owner, and Risk Sub-category.

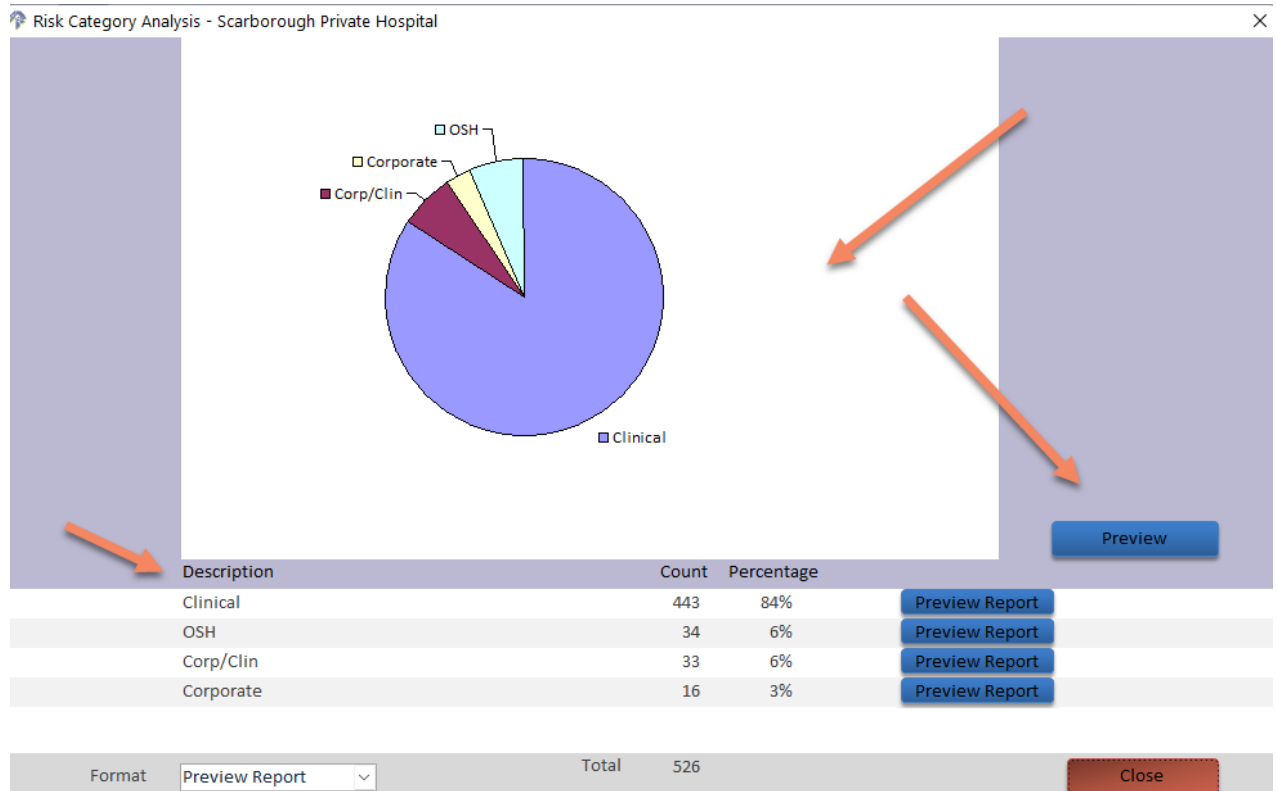
Example Report 1 – By Risk Cause Factor



Example Report 2 – By Risk Category

Individual Fields

- Risk Category**
- <Select an item>
- Controls
- Impact
- Mitigated
- Monitoring Strategies
- Potential Business Threat
- Report Source
- Reported By
- Resolved
- Risk Category**
- Risk Cause Factor
- Risk Levels
- Risk Owner
- Risk Sub-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).

Individual Fields

[Impact](#)

<Select an item>

Controls

Impact

Mitigated

Monitoring Strategies

Potential Business Threat

Report Source

Reported By

Resolved

Risk Category

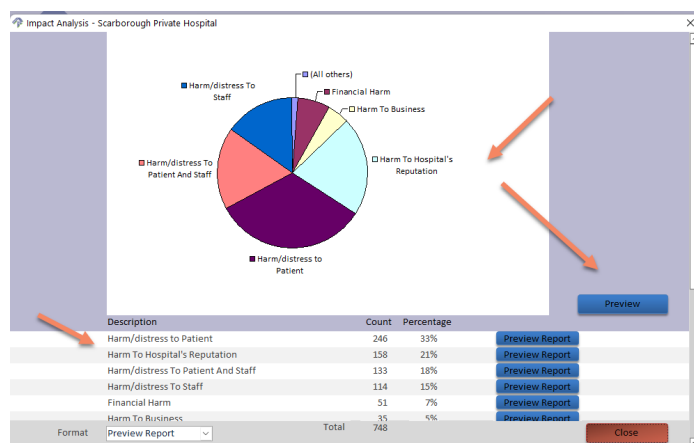
Risk Cause Factor

Risk Levels

Risk Owner

Risk Sub-category

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	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 **Reports** Section of RiskClear.

Step 1: Select **Quality**.

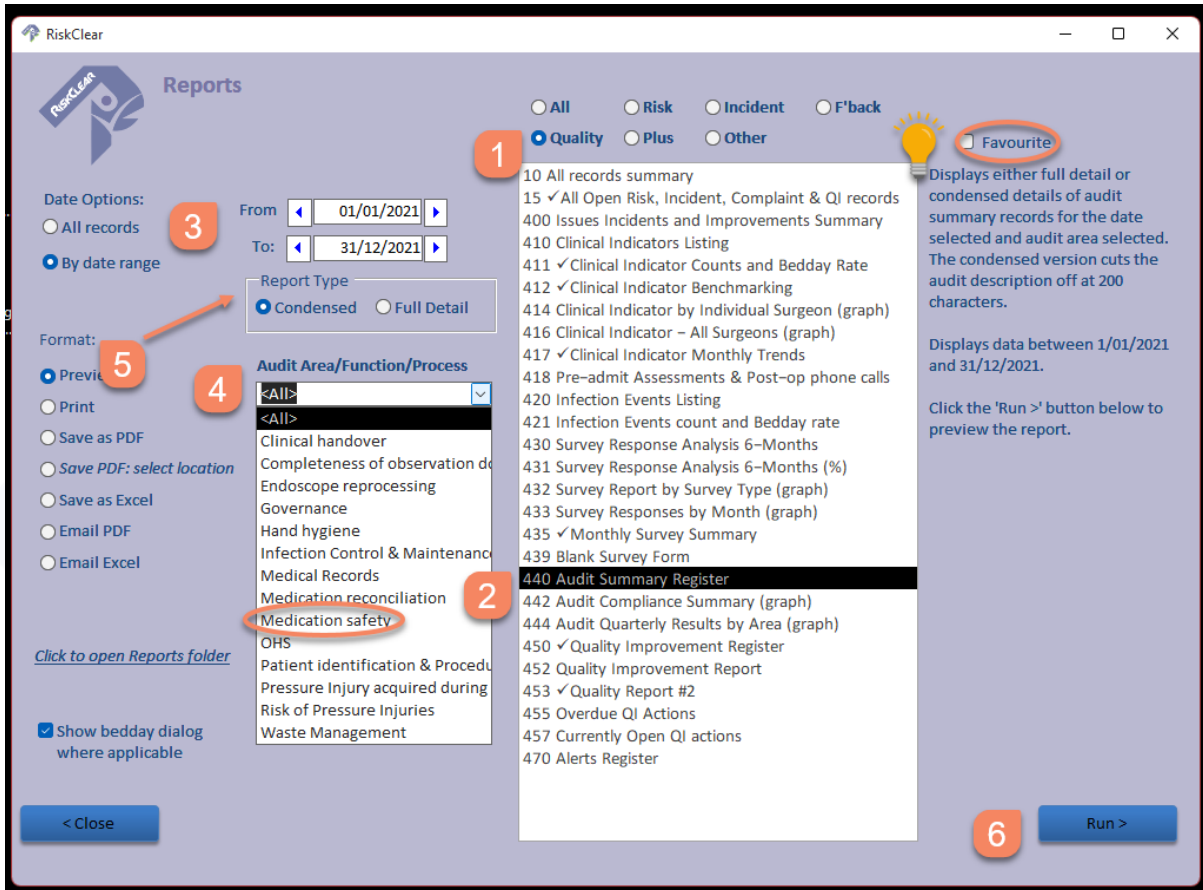
Step 2: Choose Report **440 Audit Summary Register** from the list – if it is a regularly used report, tick “**Favourite**”.

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**.



The screenshot shows the RiskClear Reports interface. The interface is divided into several sections:

- Top Navigation:** Includes radio buttons for **All**, **Risk**, **Incident**, **F'back**, **Quality** (selected), **Plus**, and **Other**. There is also a **Favourite** checkbox.
- Date Options:** Includes radio buttons for **All records** and **By date range** (selected). A date range is specified from **01/01/2021** to **31/12/2021**.
- Format:** Includes radio buttons for **Preview** (selected), **Print**, **Save as PDF**, **Save PDF: select location**, **Save as Excel**, **Email PDF**, and **Email Excel**.
- Report Type:** Includes radio buttons for **Condensed** (selected) and **Full Detail**.
- Audit Area/Function/Process:** A dropdown menu is open, showing a list of options. **Medication safety** is highlighted.
- Report List:** A list of reports is displayed, including **440 Audit Summary Register**, which is highlighted.
- Buttons:** Includes a **< Close** button and a **Run >** button.

Numbered steps are indicated by orange circles and arrows:

- Step 1: Select **Quality**.
- Step 2: Choose Report **440 Audit Summary Register**.
- Step 3: Choose **Date Options** (By date range).
- Step 4: Choose **Audit Area/Function/Process** (Medication safety).
- Step 5: Choose **Report Type** (Condensed).
- 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	
Date	7/12/2021	AU00160	
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 communicating 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	Compliance	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 Anaesthetists 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 **Reports** Section of RiskClear.

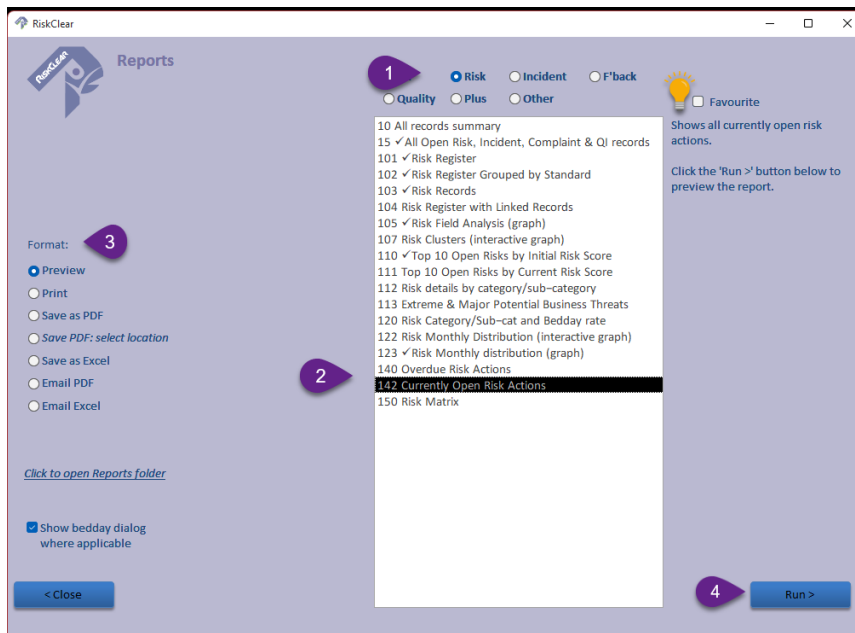
Step 1: Select **Risk**.

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**.

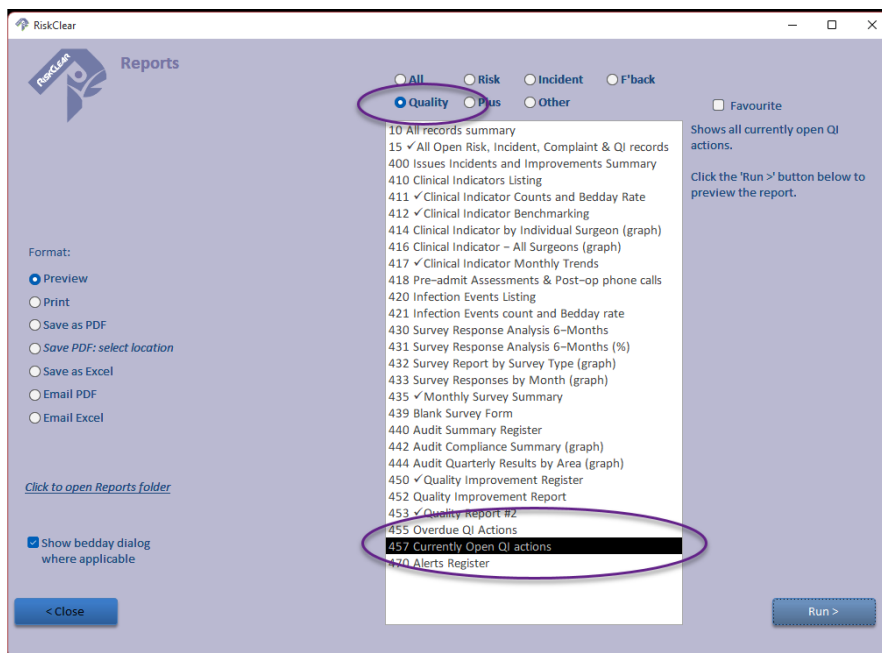


The screenshot shows the RiskClear Reports interface. Callout 1 points to the 'Risk' radio button in the top navigation bar. Callout 2 points to the '142 Currently Open Risk Actions' item in the list of reports. Callout 3 points to the 'Preview' radio button in the 'Format' section. Callout 4 points to the 'Run >' button at the bottom right.

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.					

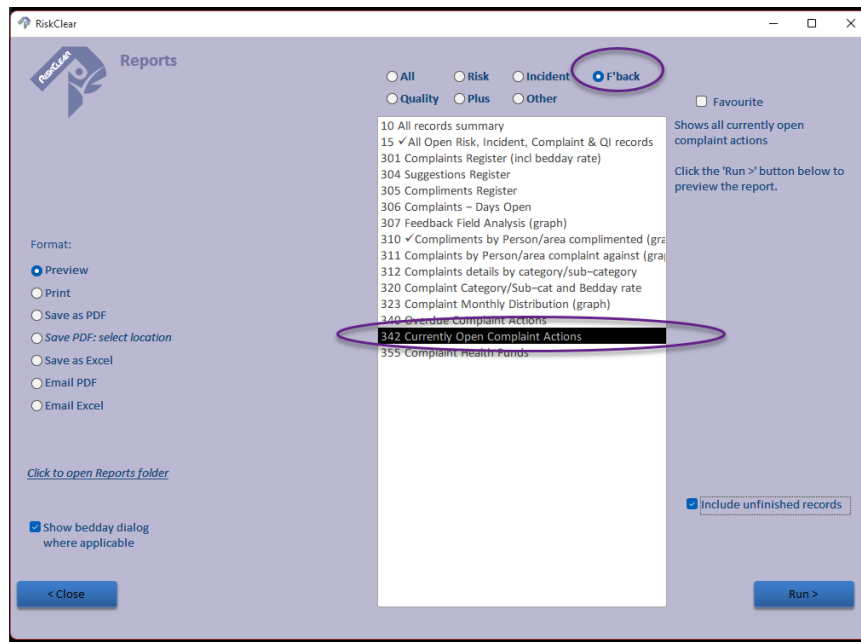
Please note that this type of report can also be run for ***Currently Open Quality Improvement Actions (Report 457)** :



George Michael Memorial Hospital: Currently open QI actions

Quality Improvement Action	Record No.	Date:	Site:
Description Hot/Cold Gel Packs Recall From TGA record no. AL00149 From Risk record no.03846	158	3/11/2021	N/A
Action Review Details			
Review Date	3/12/2021	To be actioned by: Nurse Coordinator	
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.	Date:	Site:
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	159	26/11/2021	N/A
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 Financial Consent Process			

*Currently Open Complaint Actions (Report 342).



RiskClear Reports

☐ All
 ☐ Risk
 ☐ Incident
 ☒ Feedback
 ☐ Quality
 ☐ Plus
 ☐ Other

☐ Favourite

Shows all currently open complaint actions

Click the 'Run >' button below to preview the report.

Format:

☒ Preview
 ☐ Print
 ☐ Save as PDF
 ☐ Save PDF: select location
 ☐ Save as Excel
 ☐ Email PDF
 ☐ Email Excel

Click to open Reports folder

☒ Show bedday dialog where applicable

☒ Include unfinished records

< Close Run >

10 All records summary
 15 ✓ All Open Risk, Incident, Complaint & QI records
 301 Complaints Register (incl bedday rate)
 304 Suggestions Register
 305 Compliments Register
 306 Complaints - Days Open
 307 Feedback Field Analysis (graph)
 310 ✓ Compliments by Person/area complimented (graph)
 311 Complaints by Person/area complaint against (graph)
 312 Complaints details by category/sub-category
 320 Complaint Category/Sub-cat and Bedday rate
 323 Complaint Monthly Distribution (graph)
 340 Overdue Complaint Actions
342 Currently Open Complaint Actions
 355 Complaint Health Funds

George Michael Memorial Hospital: Currently open complaint actions

Record No	Date:	Site:
There are no overdue action reviews		
Action Review Details		
Action Date	To be actioned by:	
Action Description	Days open	

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:

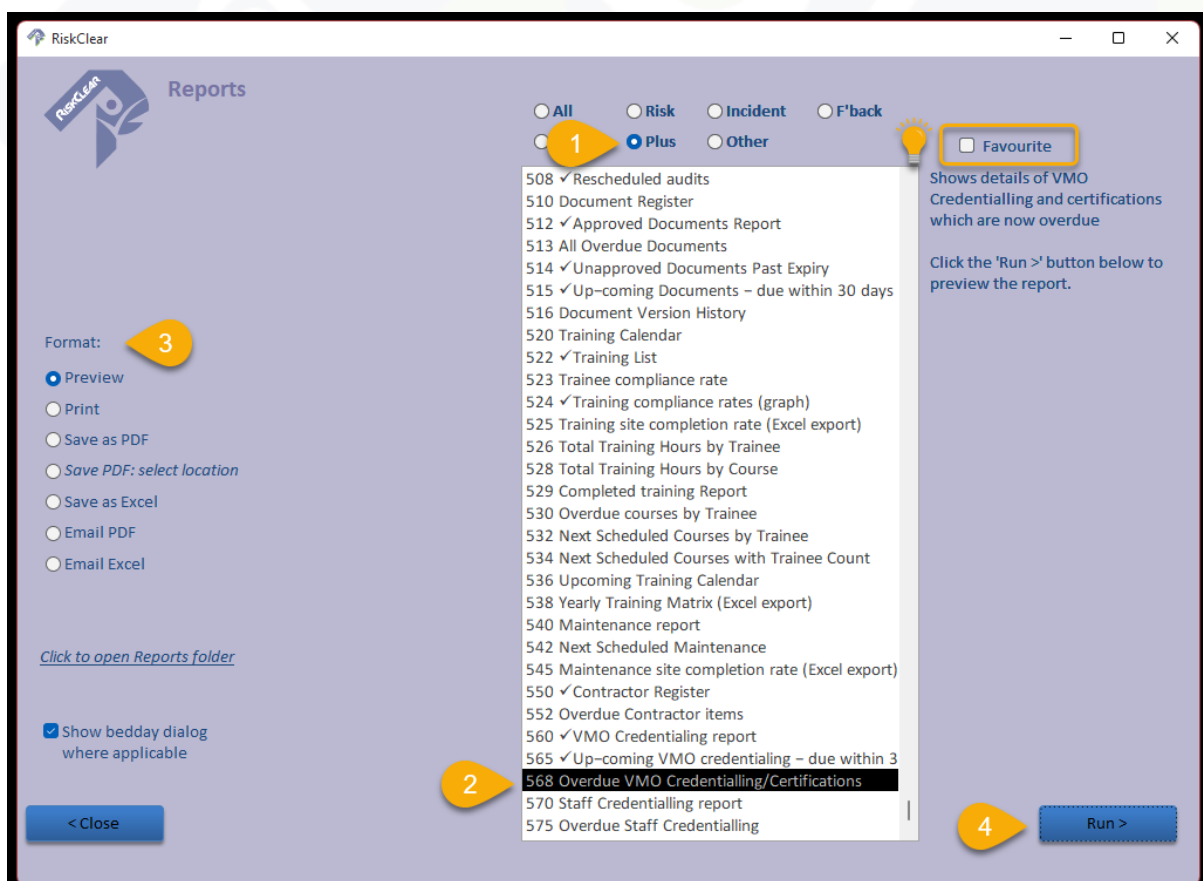
Go to the **Reports** Section of RiskClear.

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	Specialist	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 • AHPRA Registration			18/03/2022 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 • [VMO Credentialling] • Contract • Covid 19 Vaccine			18/03/2022 22/02/2022 18/03/2022 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 • Covid 19 Vaccine • CPD			18/03/2022 18/03/2022 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 • Contract • Covid 19 Vaccine • Hand Hygiene			18/03/2022 18/03/2022 18/03/2022 18/03/2022

RiskClear Reports

Page 1 of 2

18 March 2022

RiskClear Reports

Page 1 of 2

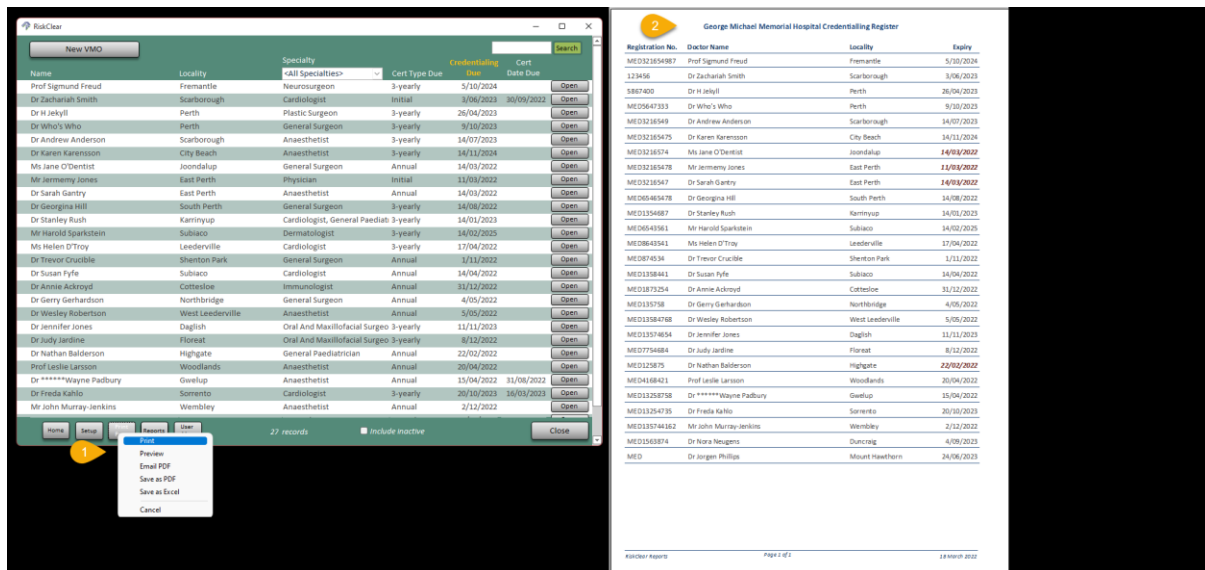
18 March 2022

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.



Name	Locality	Specialty	Cert Type	Cert Due	Cert Date	Open
Prof Sigmund Freud	Fremantle	Neurosurgeon	3-yearly	5/10/2024		Open
Dr Zachariah Smith	Scarborough	Cardiologist	Initial	3/06/2023	30/09/2022	Open
Dr H Jekyll	Perth	Plastic Surgeon	3-yearly	26/04/2023		Open
Dr Who's Who	Perth	General Surgeon	3-yearly	3/10/2023		Open
Dr Andrew Anderson	Scarborough	Anaesthetist	3-yearly	14/07/2023		Open
Dr Karen Kempson	City Beach	Anaesthetist	3-yearly	14/11/2024		Open
Ms Jane O'Donnell	Joondalup	General Surgeon	Annual	14/03/2022		Open
Mr Jemmy Jones	East Perth	Physician	Initial	11/03/2022		Open
Dr Sarah Gentry	East Perth	Anaesthetist	Annual	14/03/2022		Open
Dr Georgina Hill	South Perth	General Surgeon	3-yearly	14/08/2022		Open
Dr Stanley Rush	Karrinyup	Cardiologist, General Paediatric	3-yearly	14/01/2023		Open
Mr Harold Sparkstein	Subiaco	Dermatologist	3-yearly	14/02/2025		Open
Ms Helen O'Toole	Leederville	Cardiologist	3-yearly	17/04/2022		Open
Dr Trevor Crucible	Shenton Park	General Surgeon	Annual	1/11/2022		Open
Dr Susan Pyle	Subiaco	Cardiologist	Annual	14/04/2022		Open
Dr Annie Ackroyd	Cottesloe	Immunologist	Annual	31/12/2022		Open
Dr Gerry Gerhandson	Northbridge	General Surgeon	Annual	4/05/2022		Open
Dr Wesley Robertson	West Leederville	Anaesthetist	Annual	5/05/2022		Open
Dr Jennifer Jones	Daglish	Oral And Maxillofacial Surgeon	3-yearly	11/11/2023		Open
Dr Judy Jardine	Floreat	Oral And Maxillofacial Surgeon	3-yearly	8/12/2022		Open
Dr Nathan Balderson	Highgate	General Paediatrician	Annual	22/02/2022		Open
Prof Leslie Larson	Woodlands	Anaesthetist	Annual	25/04/2022		Open
Dr *****Wayne Padbury	Gwelup	Anaesthetist	Annual	15/04/2022	31/08/2022	Open
Dr Frieda Kallio	Sorrento	Cardiologist	3-yearly	28/09/2023	16/03/2023	Open
Mr John Murray-Jenkins	Wembley	Anaesthetist	Annual	2/12/2022		Open

Registration No.	Doctor Name	Locality	Expiry
ME0321654987	Prof Sigmund Freud	Fremantle	5/10/2024
123456	Dr Zachariah Smith	Scarborough	3/06/2023
5887400	Dr H Jekyll	Perth	26/04/2023
ME05647353	Dr Who's Who	Perth	9/10/2023
ME0321654975	Dr Andrew Anderson	Scarborough	14/07/2023
ME0321654974	Dr Karen Kempson	City Beach	14/11/2024
ME0321654978	Ms Jane O'Donnell	Joondalup	14/03/2022
ME0321654979	Mr Jemmy Jones	East Perth	11/03/2022
ME0321654977	Dr Sarah Gentry	East Perth	14/03/2022
ME05465478	Dr Georgina Hill	South Perth	14/08/2022
ME03549887	Dr Stanley Rush	Karrinyup	14/01/2023
ME05435661	Mr Harold Sparkstein	Subiaco	14/02/2025
ME0843541	Ms Helen O'Toole	Leederville	17/04/2022
ME0874536	Dr Trevor Crucible	Shenton Park	1/11/2022
ME01358441	Dr Susan Pyle	Subiaco	14/04/2022
ME01875254	Dr Annie Ackroyd	Cottesloe	31/12/2022
ME01357158	Dr Gerry Gerhandson	Northbridge	4/05/2022
ME013584768	Dr Wesley Robertson	West Leederville	5/05/2022
ME013571654	Dr Jennifer Jones	Daglish	11/11/2023
ME07754684	Dr Judy Jardine	Floreat	8/12/2022
ME0125875	Dr Nathan Balderson	Highgate	22/02/2022
ME04168421	Prof Leslie Larson	Woodlands	25/04/2022
ME013254795	Dr Frieda Kallio	Sorrento	28/09/2023
ME0135714432	Mr John Murray-Jenkins	Wembley	2/12/2022
ME01563874	Dr *****Wayne Padbury	Gwelup	15/04/2022
ME01	Dr Jorgen Phillips	Mount Hawthorn	24/08/2023

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"**.

RiskClear Reports

☐ All
 ☐ Risk
 ☐ Incident
 ☐ F'back
 ☒ Plus
 ☐ Other

3 Date Options:
☐ All records
☒ By date range

2 From: 01/07/2021 To: 31/12/2021

4 Report Type:
☒ Condensed ☐ Full Detail

6 Format:
☒ Preview
☐ Print
☐ Save as PDF
☐ Save PDF: select location
☐ Save as Excel
☐ Email PDF
☐ Email Excel

☐ Mandatory only

Audit: <All audits>

Audit Group: <All Audit Groups>

☒ Show bedday dialog where applicable

5 Compliance tolerance: 90 %
☒ Show all
☐ equal to or above tolerance
☐ below the tolerance

7 Run >

10 All records summary
 15 ✓ All Open Risk, Incident, Complaint & QI record:
 500 ✓ Audit Schedule Summary Register
 502 ✓ Audit Schedule: Compliance Comparison
 504 ✓ Audit/Task Completion by Site (Excel export)
 506 ✓ Audit Quarterly Results by Audit (graph)
 508 ✓ Rescheduled audits
 510 Document Register
 512 ✓ Approved Documents Report
 513 All Overdue Documents
 514 ✓ Unapproved Documents Past Expiry
 515 ✓ Up-coming Documents - due within 30 days
 516 Document Version History
 520 Training Calendar
 522 ✓ Training List
 523 Trainee compliance rate
 524 ✓ Training compliance rates (graph)
 525 Training site completion rate (Excel export)
 526 Total Training Hours by Trainee
 528 Total Training Hours by Course
 529 Completed training Report
 530 Overdue courses by Trainee
 532 Next Scheduled Courses by Trainee
 534 Next Scheduled Courses with Trainee Count
 536 Upcoming Training Calendar
 538 Yearly Training Matrix (Excel export)
 540 Maintenance report
 542 Next Scheduled Maintenance
 545 Maintenance site completion rate (Excel export)
 550 ✓ Contractor Register

Shows details of all completed audits on the audit schedule that have an audit summary attached. Note that this report will show duplicate records if more than one audit is linked to a single audit summary.

Displays data between 1/07/2021 and 31/12/2021.

Click the 'Run >' button below to preview the report.

<Close

Example Report (with no compliance tolerance level set)

Record No Date	Audit Description	Area of Audit	Auditor/Auditee	Results/Change Req	Compliance	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 SB 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.

Compliance tolerance: %

☐ Show all
☐ equal to or above tolerance
☒ below the tolerance

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).

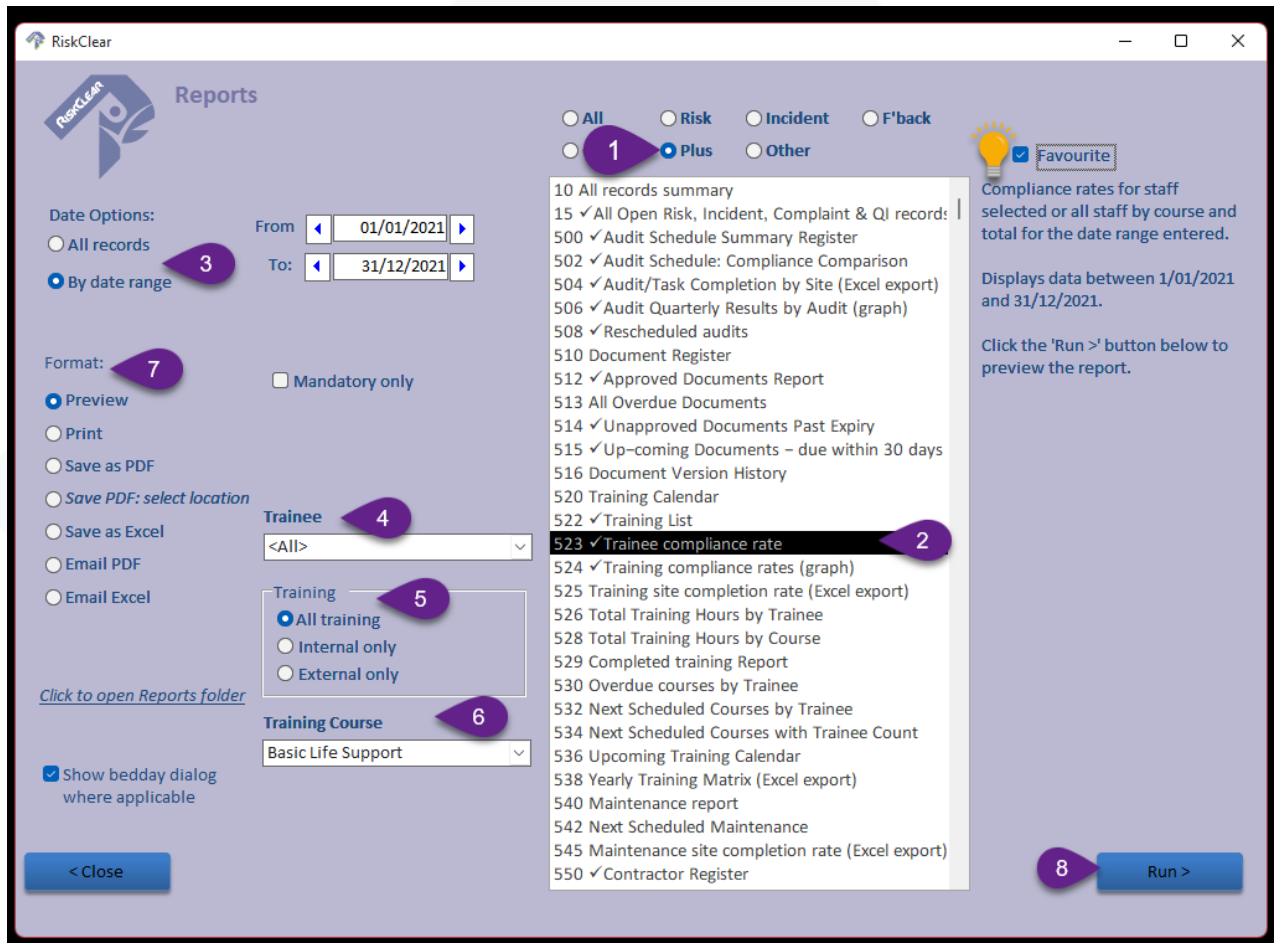
Where the data comes from: Staff training records entered into RiskClear.

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"**.



The screenshot shows the RiskClear Reports interface. The interface includes a sidebar with the RiskClear logo and a main area with various report options. The following steps are indicated by numbered callouts:

- Step 1:** Select the **Plus** radio button in the top right corner.
- Step 2:** Select the **523 Trainee compliance rate** report from the list of reports.
- Step 3:** Select the **By date range** radio button under the **Date Options** section.
- Step 4:** Select the **Trainee** dropdown menu.
- Step 5:** Select the **All training** radio button under the **Training** section.
- Step 6:** Select the **Basic Life Support** dropdown menu under the **Training Course** section.
- Step 7:** Select the **Preview** radio button under the **Format** section.
- Step 8:** Click the **Run >** button at the bottom right.

Additional information on the right side of the interface:

- Favourite:** A checkbox next to a lightbulb icon, indicating that the selected report is a favorite.
- Compliance rates for staff selected or all staff by course and total for the date range entered.**
- Displays data between 1/01/2021 and 31/12/2021.**
- Click the 'Run >' button below to preview the report.**

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 - 1 all staff for Basic Life Support only.				
Trainee name	Course name	No. of courses	Comp. listed	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%

George Michael Memorial Hospital - Trainee Compliance Rates - 2 all staff for Basic Life Support only.				
Trainee name	Course name	No. of courses	Comp. listed	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%

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 - 3 all staff				
Trainee name	Course name	No. of courses	Comp. listed	Compliance rate
Mike Rudd	Infection Control	1	1	100.00%
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	1	1	100.00%
Steve Carell	FMC In-service Training Package	1	1	100.00%
Steve Carell	Hand Hygiene	1	1	100.00%
Steve Carell	Infection Control	1	1	100.00%
Steve Carell	RiskClear Self Directed Learning Package	1	1	100.00%
Total compliance rate		340	213	62.65%

George Michael Memorial Hospital - Trainee Compliance Rates - 4 all staff				
Trainee name	Course name	No. of courses	Comp. listed	Compliance rate
Meryl Streep	Clinical handover	1	1	100.00%
Meryl Streep	Covid19 Precautions and Safety Training	1	1	100.00%
Meryl Streep	DNA 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 Credentialing 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 Credentialing 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%

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"**.

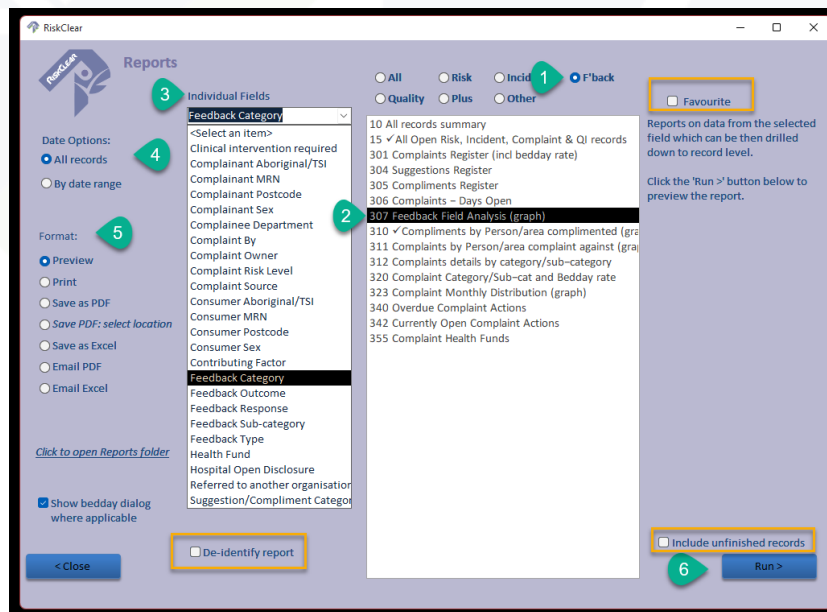
Step 3 - Choose the appropriate field from the **Individual Fields** drop-down (e.g., Feedback Category or see list below).

Step 4 - Choose your **"Date Options"** (all records or by date range).

Step 5 - Select **"Format"**.

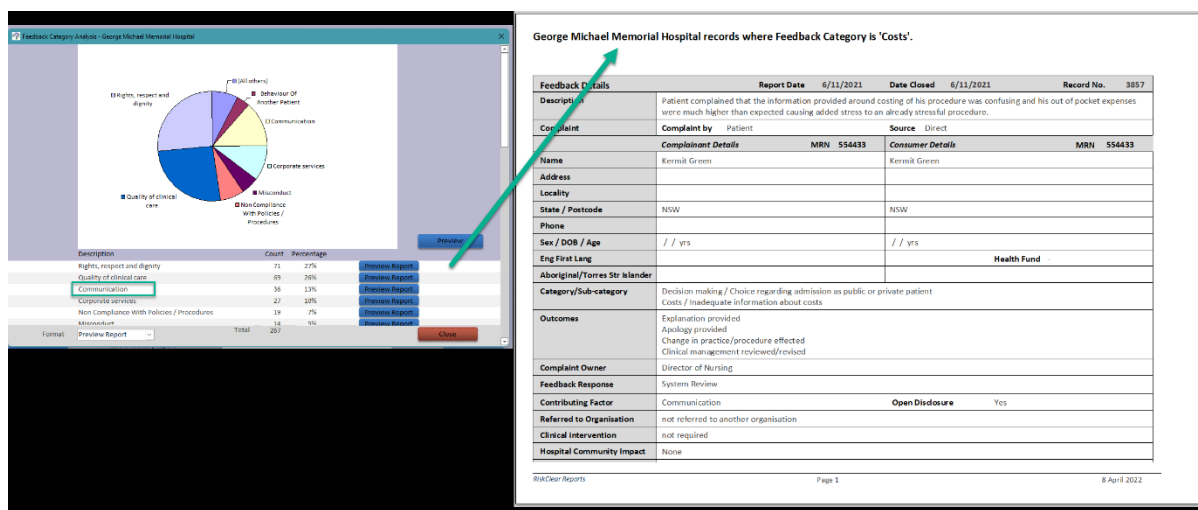
Step 6 - Click **"Run"**.

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



Example Report:

- ✓ Shows 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 1 Clinical 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.

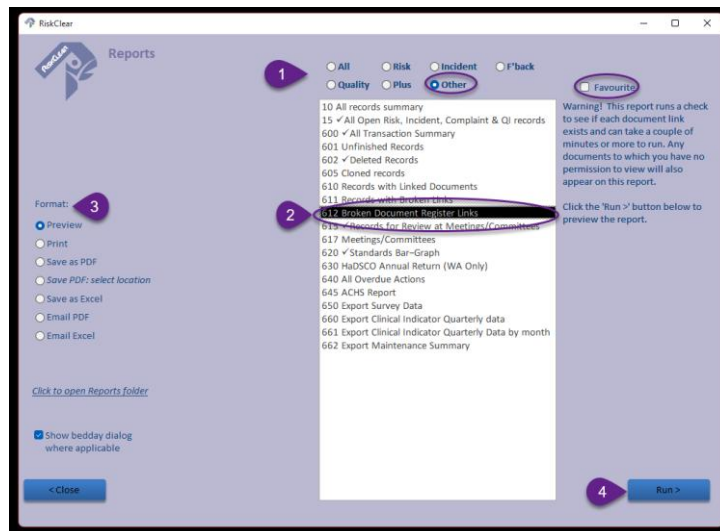
The report lists the Document Number, its expiry date, and the broken link file path.

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:

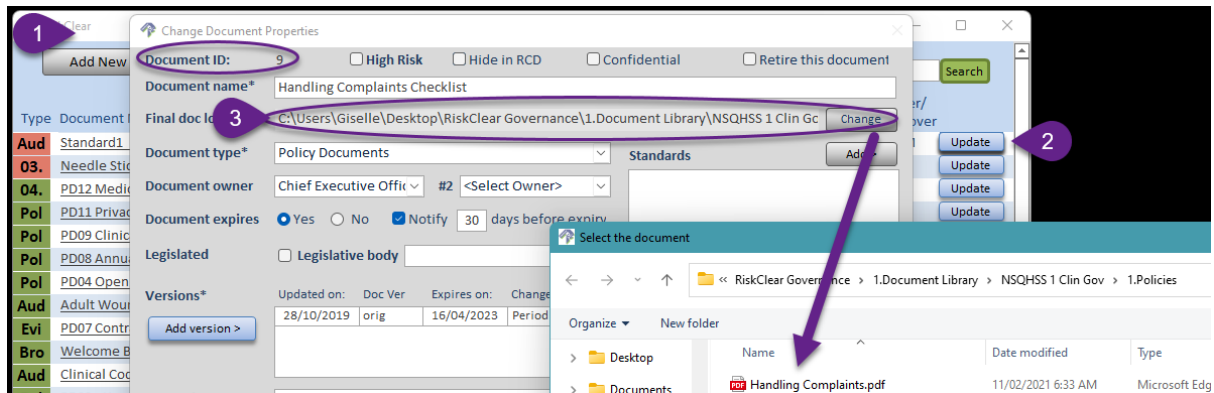
The report provides details on the Document/Record number, the expiry date of the document as well as the broken link file location.

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 Guidelines for staff.pdf	

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.

Record No.	Updated	Audit title	Rescheduled
20	06/05/2022	CSSD Checklist	Feb 2022 to May 2022
3	23/09/2021	Schedule B 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

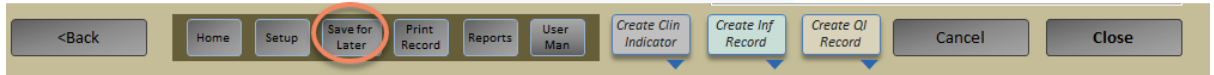
Audience & Key Users of this Function:

- ✓ Clinical Managers

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

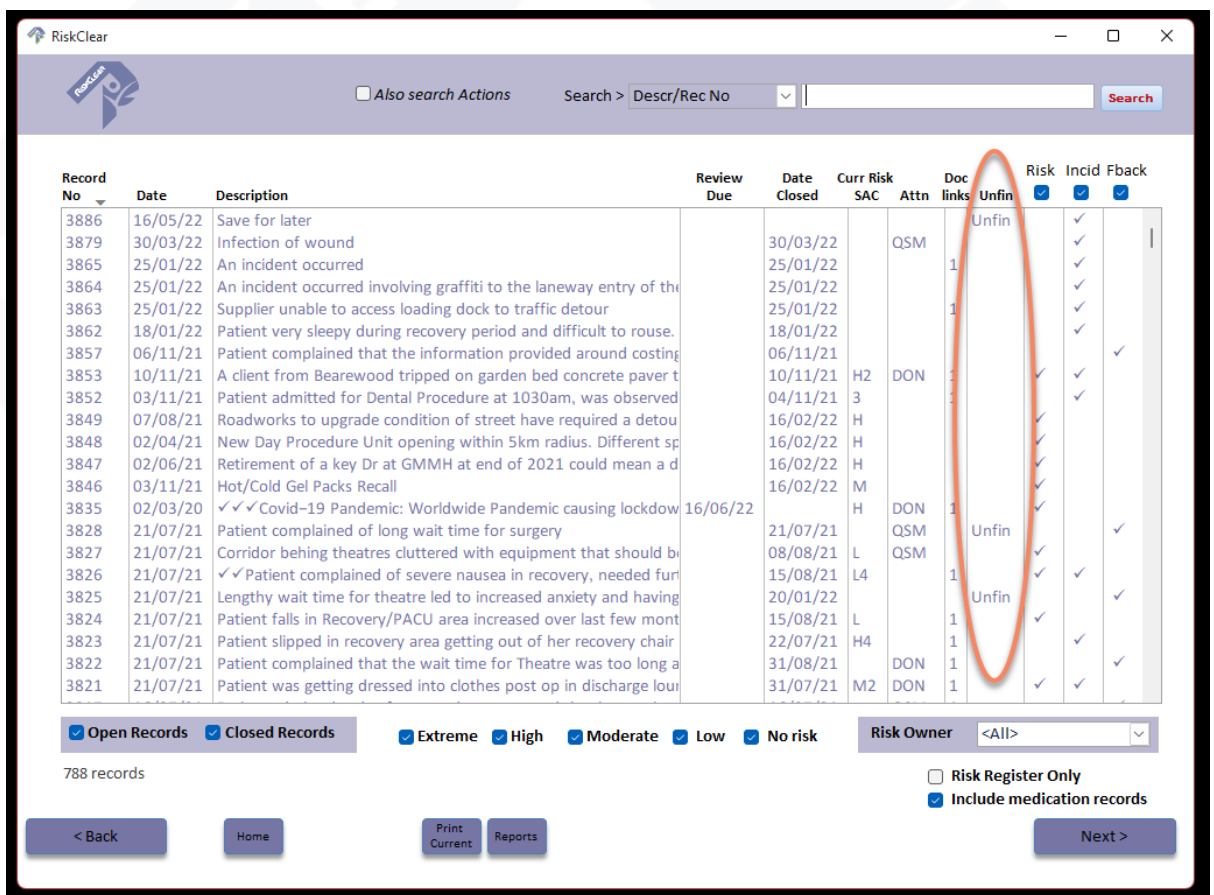
Purpose:

- ✓ **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).



Record No	Date	Description	Review Due	Date Closed	Curr Risk SAC	Attn	Doc links	Unfin	Risk	Incident	Feedback
3886	16/05/22	Save for later						Unfin	✓		
3879	30/03/22	Infection of wound		30/03/22		QSM	1		✓		
3865	25/01/22	An incident occurred		25/01/22			1		✓		
3864	25/01/22	An incident occurred involving graffiti to the laneway entry of the		25/01/22			1		✓		
3863	25/01/22	Supplier unable to access loading dock to traffic detour		25/01/22			1		✓		
3862	18/01/22	Patient very sleepy during recovery period and difficult to rouse.		18/01/22					✓		
3857	06/11/21	Patient complained that the information provided around costing		06/11/21						✓	
3853	10/11/21	A client from Bearewood tripped on garden bed concrete paver t		10/11/21	H2	DON			✓	✓	
3852	03/11/21	Patient admitted for Dental Procedure at 1030am, was observed		04/11/21	3				✓		
3849	07/08/21	Roadworks to upgrade condition of street have required a detou		16/02/22	H				✓		
3848	02/04/21	New Day Procedure Unit opening within 5km radius. Different sp		16/02/22	H				✓		
3847	02/06/21	Retirement of a key Dr at GMMH at end of 2021 could mean a d		16/02/22	H				✓		
3846	03/11/21	Hot/Cold Gel Packs Recall		16/02/22	M				✓		
3835	02/03/20	✓✓✓ Covid-19 Pandemic: Worldwide Pandemic causing lockdown	16/06/22		H	DON	1		✓		
3828	21/07/21	Patient complained of long wait time for surgery		21/07/21		QSM		Unfin	✓		✓
3827	21/07/21	Corridor behing theatres cluttered with equipment that should be		08/08/21	L	QSM			✓		
3826	21/07/21	✓✓ Patient complained of severe nausea in recovery, needed fur		15/08/21	L4		1		✓	✓	
3825	21/07/21	Lengthy wait time for theatre led to increased anxiety and having		20/01/22				Unfin	✓		✓
3824	21/07/21	Patient falls in Recovery/PACU area increased over last few mont		15/08/21	L		1		✓		
3823	21/07/21	Patient slipped in recovery area getting out of her recovery chair		22/07/21	H4		1		✓		
3822	21/07/21	Patient complained that the wait time for Theatre was too long a		31/08/21		DON	1		✓		✓
3821	21/07/21	Patient was getting dressed into clothes post op in discharge lou		31/07/21	M2	DON	1		✓	✓	

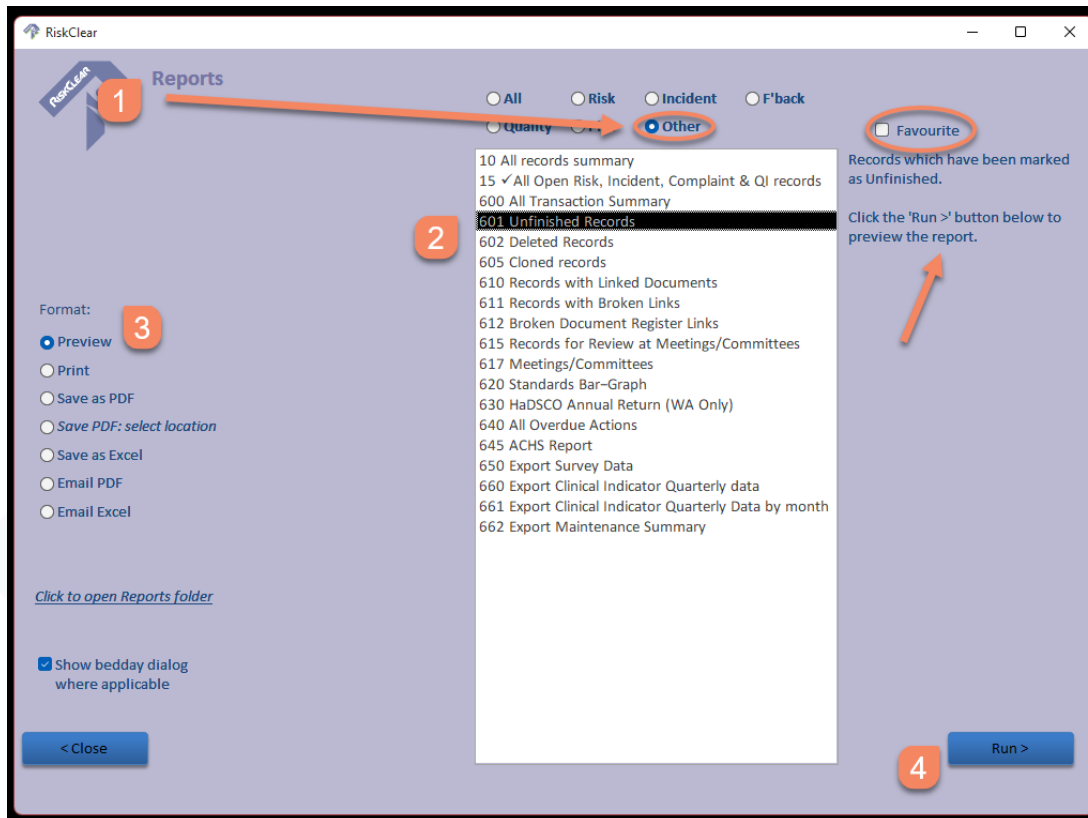
Real Everyday Use:

- ✓ **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:

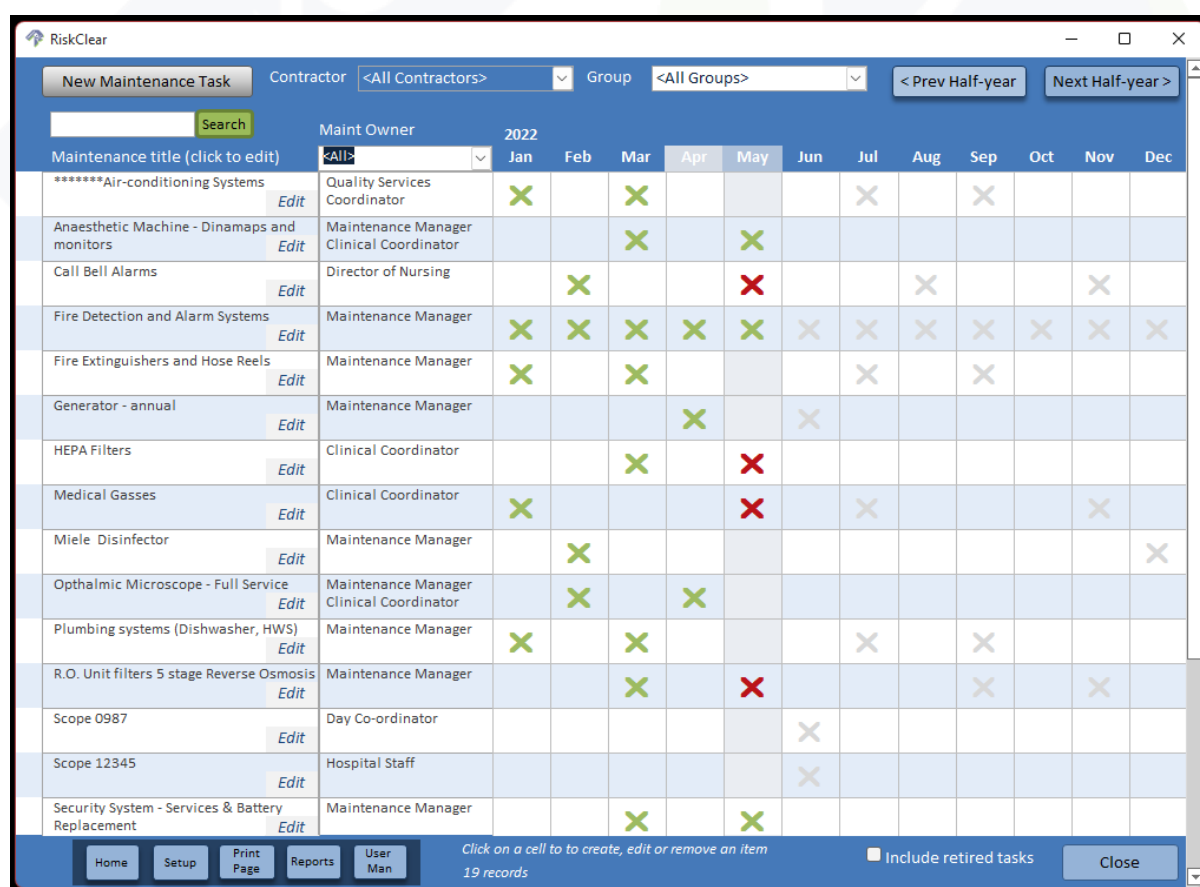
- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ Maintenance Manager
- ✓ RiskClear Users
- ✓ Risk, Safety and Quality Committee's

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.



Maintenance title (click to edit)		Maint Owner	2022	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
*****Air-conditioning Systems	Edit	Quality Services Coordinator		X		X				X		X			
Anaesthetic Machine - Dinamaps and monitors	Edit	Maintenance Manager Clinical Coordinator				X		X							
Call Bell Alarms	Edit	Director of Nursing			X			X			X			X	
Fire Detection and Alarm Systems	Edit	Maintenance Manager		X	X	X	X	X	X	X	X	X	X	X	X
Fire Extinguishers and Hose Reels	Edit	Maintenance Manager		X		X				X		X			
Generator - annual	Edit	Maintenance Manager					X		X						
HEPA Filters	Edit	Clinical Coordinator				X		X							
Medical Gasses	Edit	Clinical Coordinator		X				X		X				X	
Miele Disinfector	Edit	Maintenance Manager			X										X
Ophthalmic Microscope - Full Service	Edit	Maintenance Manager Clinical Coordinator			X		X								
Plumbing systems (Dishwasher, HWS)	Edit	Maintenance Manager		X		X				X		X			
R.O. Unit filters 5 stage Reverse Osmosis	Edit	Maintenance Manager				X		X				X		X	
Scope 0987	Edit	Day Co-ordinator							X						
Scope 12345	Edit	Hospital Staff							X						
Security System - Services & Battery Replacement	Edit	Maintenance Manager				X		X							

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.	George Michael Memorial Hospital - all dates.
COMPLETE MAINTENANCE REPORT	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 2 (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 Gases - marked as completed 31 March 2021 Risk Level: Low Miele Disinfectant - marked as completed 23 February 2021 Risk Level: High Ophthalmic 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	Completed: 57, not completed: 19 Completion rate: 75%, Compliance rate: 75% Maintenance Exceptions (unfinished) AIR CONDITIONING Test Call 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 Gases - not completed Risk Level: Low Miele Disinfectant - not completed Risk Level: High Ophthalmic 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 1 of 2 27 May 2022	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:

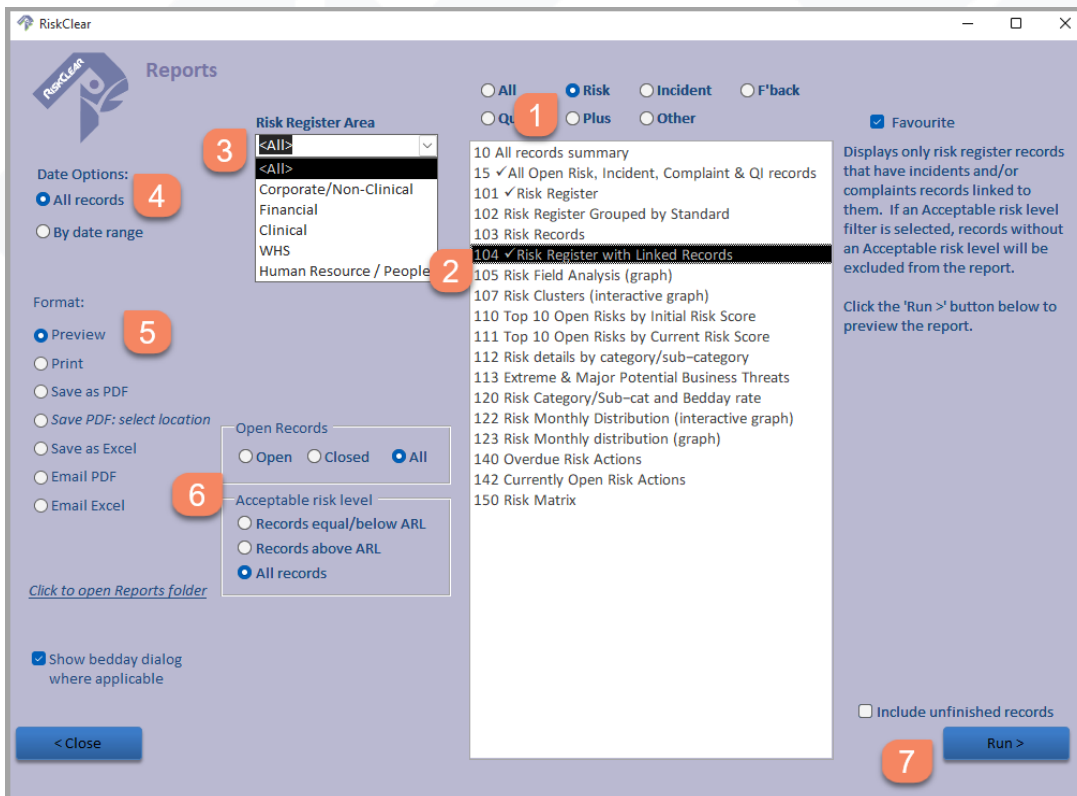
- ✓ Identifies and determines organisational risks.
- ✓ Assists Hospitals and Health Service Providers to regularly review and act to improve the effectiveness of their risk management systems.

- ✓ 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>"**.



The screenshot shows the RiskClear Reports interface. The sidebar on the left contains the 'Reports' section and the 'RiskClear' logo. The main content area displays a list of reports, with '104 ✓ Risk Register with Linked Records' selected. The right-hand panel provides a description of the selected report. Red numbered circles (1-7) highlight the following steps:

1. Selecting the 'Risk' radio button in the 'Risk Register Area' section.
2. Selecting the '104 ✓ Risk Register with Linked Records' report from the list.
3. Selecting the 'All' option in the 'Risk Register Area' dropdown menu.
4. Selecting the 'All records' radio button in the 'Date Options' section.
5. Selecting the 'Preview' radio button in the 'Format' section.
6. Selecting the 'All records' radio button in the 'Open Records' section.
7. Clicking the 'Run >' button at the bottom right.

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.

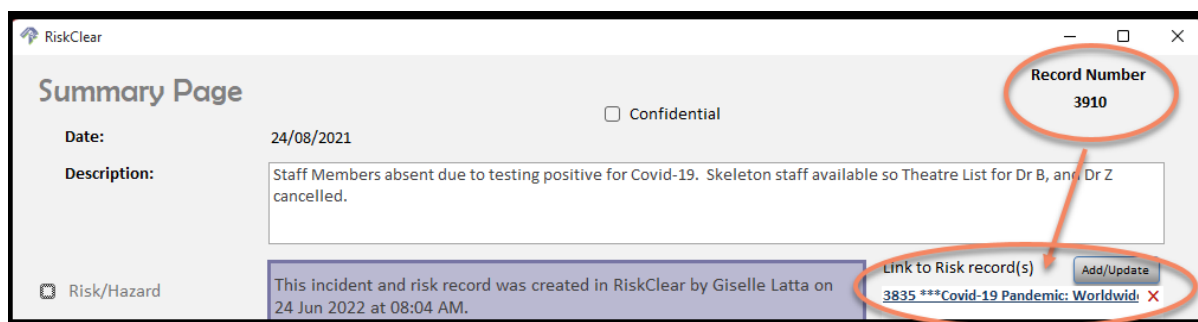
RISK REGISTER - GEORGE MICHAEL MEMORIAL HOSPITAL with linked records											
Date	Risk Description	Consequences Likelihood	Risk Rating	Actions/Controls	Monitoring Strategies	Risk Owner	Review Date	Review Date	Review Date	Review Date	Review Date
24/06/2021	Covid-19 Pandemic: Worldwide Pandemic causing lockdowns of countries, closure of private hospitals and schools, impact of Covid-19 patients into hospitals with possibility of being over-run. Private hospitals are leading to closure as in staff with resources affected for individuals and staff/hospitals.	3	1	- Update with Health Department/Healthcare Response Team regarding the Hospital role, resources, management of staff, communication etc. - Arrange work from home set up/home access for Corporate Staff to ensure continuity of Corporate Services throughout the Pandemic/lockdown. - Hold Staff Meeting - update all staff regarding Covid-19, govt support, job losses and private hospital/closure surgery closure. - Provide regular updates via email and open as to the unfolding Covid-19 Pandemic. - In liaison with Managers ensure admission paperwork reflects local lockdown and screen high-potential employees. Ensure 'quarantine area' is designated at each site to use where needed. - Ensure PPE supplies are available for receiving staff. - Put into place social distancing measures in hospital and office area's for handling staff. - Formulate Hospital Pandemic Plan for severe to work social distancing, disposable kitchen equipment, visitors to rotate corporate staff to office and at home, floor plan for Andex.	- Quality Systems Management - Risk Management - Ongoing observation	CEO	20/06/2020	No	No	No	No
24/06/2021	Covid-19 Pandemic: Worldwide Pandemic causing lockdowns of countries, closure of private hospitals and schools, impact of Covid-19 patients into hospitals with possibility of being over-run. Private hospitals are leading to closure as in staff with resources affected for individuals and staff/hospitals.	3	1	- Update with Health Department/Healthcare Response Team regarding the Hospital role, resources, management of staff, communication etc. - Arrange work from home set up/home access for Corporate Staff to ensure continuity of Corporate Services throughout the Pandemic/lockdown. - Hold Staff Meeting - update all staff regarding Covid-19, govt support, job losses and private hospital/closure surgery closure. - Provide regular updates via email and open as to the unfolding Covid-19 Pandemic. - In liaison with Managers ensure admission paperwork reflects local lockdown and screen high-potential employees. Ensure 'quarantine area' is designated at each site to use where needed. - Ensure PPE supplies are available for receiving staff. - Put into place social distancing measures in hospital and office area's for handling staff. - Formulate Hospital Pandemic Plan for severe to work social distancing, disposable kitchen equipment, visitors to rotate corporate staff to office and at home, floor plan for Andex.	- Quality Systems Management - Risk Management - Ongoing observation	CEO	20/06/2020	No	No	No	No

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"**.

The screenshot shows the RiskClear interface. At the top, there's a search bar with 'Desc/Rec No' and a search button. Below it, a table lists records. Record 3910 is highlighted with a red circle. The 'Summary Page' for Record 3910 is displayed, showing the date (24/06/2021) and description. A red arrow points to the 'Link to Risk record(s)' button. A dialog box titled 'To link to a risk record, select it from the list below...' is open, showing a search for 'covid' and a list of records. Record 3835 is selected. The 'Update' button at the bottom right is also circled in red.

- ✓ 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 **Reports** 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).

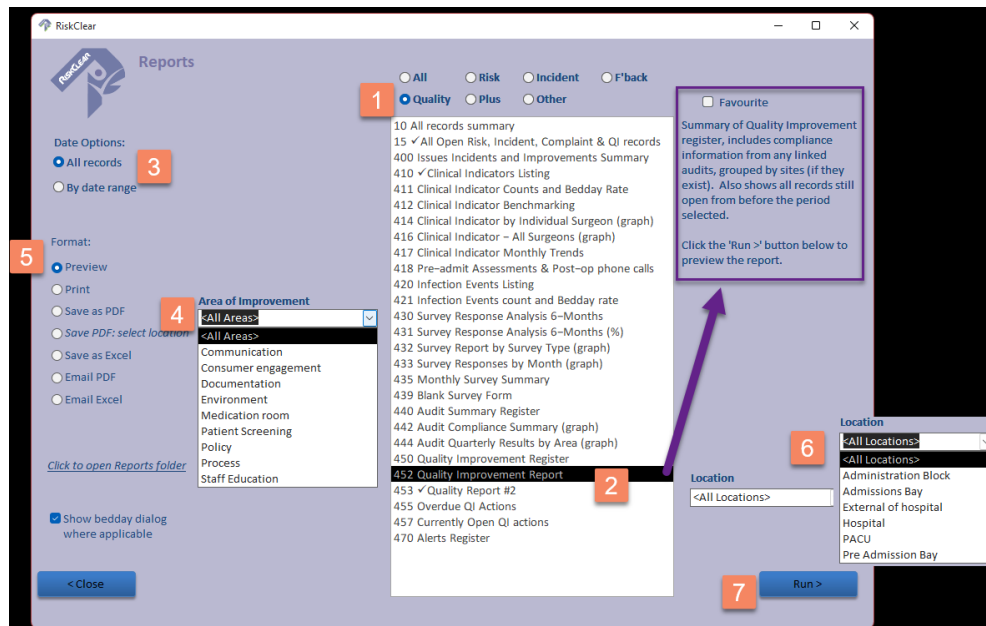
Step 5: Choose **Format**.

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.

Record No Date	Project/Activity/Improvement	Compliance Rate	Action/Plan/Requirement	Outcome/Recommendations	Effect/Further Action
QI00184 7/08/2021	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 Anaesthetists at next MAC importance of correct documentation of 58 discards on Anaesthetic Record/58 book [Completed]	• Outcome: Continue to monitor via audits Continue to review at MAC	CLOSED
Moderate					
QI00185 16/03/2022	Add questions to Pre Admission Form regarding physiological status to better identify pre existing 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
Moderate					
QI00186 20/09/2021	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 quarterly from 2022.	Inservices and education has improved practice. Quart erly audits to continue to monitor. CLOSED
Moderate					

27. Report 550 Contractor Register

Audience & Key Users of this Report:

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

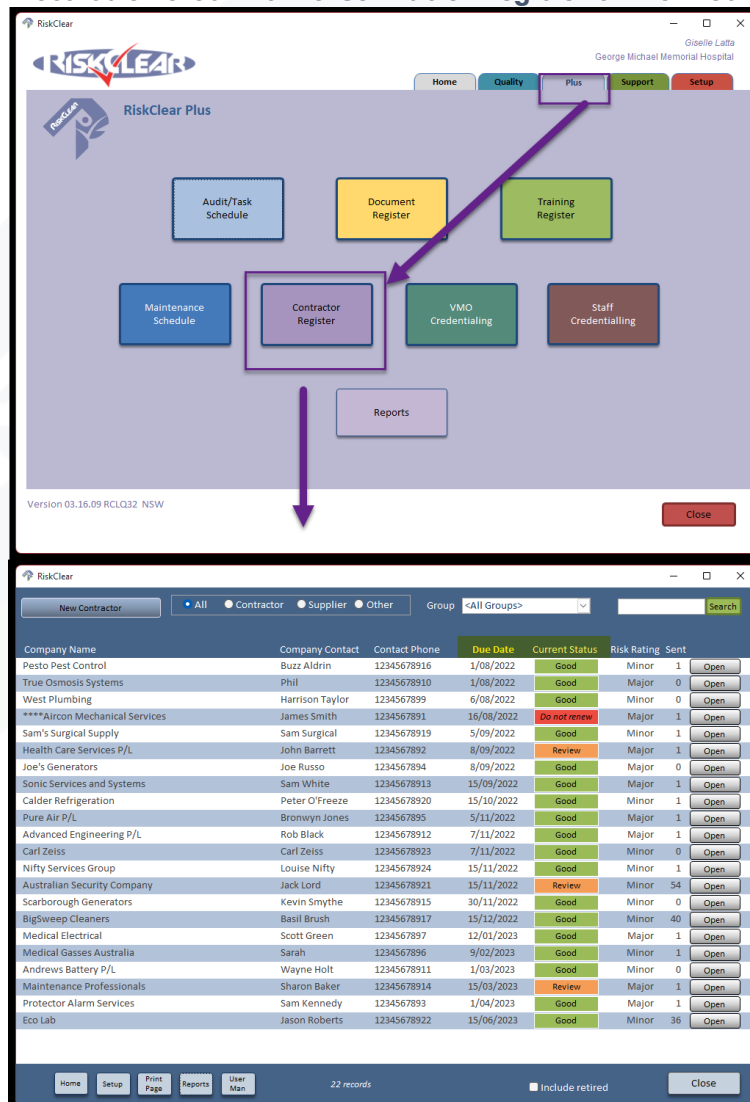
- ✓ Maintenance Manager
- ✓ Finance Manager
- ✓ RiskClear Users

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.



The screenshot displays the RiskClear Plus interface. The top navigation bar includes 'Home', 'Quality', 'Plus', 'Support', and 'Setup'. The 'Plus' tab is selected, showing a dashboard with various modules: Audit/Task Schedule, Document Register, Training Register, Maintenance Schedule, Contractor Register, VMO Credentialling, Staff Credentialling, and Reports. A purple arrow points from the 'Contractor Register' module to a detailed report below.

The detailed report is titled 'Contractor Register' and shows a list of contractors with the following columns: Company Name, Company Contact, Contact Phone, Due Date, Current Status, Risk Rating, and Sent. The report lists 22 records, including contractors like Pesto Pest Control, True Osmosis Systems, West Plumbing, and others, with their respective due dates and risk ratings.

Company Name	Company Contact	Contact Phone	Due Date	Current Status	Risk Rating	Sent
Pesto Pest Control	Buzz Aldrin	12345678916	1/08/2022	Good	Minor	1
True Osmosis Systems	Phil	12345678910	1/08/2022	Good	Major	0
West Plumbing	Harrison Taylor	1234567899	6/08/2022	Good	Minor	0
****Airon Mechanical Services	James Smith	1234567891	16/08/2022	Do not renew	Major	1
Sam's Surgical Supply	Sam Surgical	12345678919	5/09/2022	Good	Minor	1
Health Care Services P/L	John Barrett	1234567892	8/09/2022	Review	Major	1
Joe's Generators	Joe Russo	1234567894	8/09/2022	Good	Major	0
Sonic Services and Systems	Sam White	12345678913	15/09/2022	Good	Major	1
Calder Refrigeration	Peter O'Freeze	12345678920	15/10/2022	Good	Minor	1
Pure Air P/L	Bronwyn Jones	1234567895	5/11/2022	Good	Major	1
Advanced Engineering P/L	Rob Black	12345678912	7/11/2022	Good	Major	1
Carl Zeiss	Carl Zeiss	12345678923	7/11/2022	Good	Minor	0
Nifty Services Group	Louise Nifty	12345678924	15/11/2022	Good	Minor	1
Australian Security Company	Jack Lord	12345678921	15/11/2022	Review	Minor	54
Scarborough Generators	Kevin Smythe	12345678915	30/11/2022	Good	Minor	0
BigSweep Cleaners	Basil Brush	12345678917	15/12/2022	Good	Minor	40
Medical Electrical	Scott Green	1234567897	12/01/2023	Good	Major	1
Medical Gasses Australia	Sarah	1234567896	9/02/2023	Good	Minor	1
Andrews Battery P/L	Wayne Holt	12345678911	1/03/2023	Good	Minor	0
Maintenance Professionals	Sharon Baker	12345678914	15/03/2023	Review	Major	1
Protector Alarm Services	Sam Kennedy	1234567893	1/04/2023	Good	Major	1
Eco Lab	Jason Roberts	12345678922	15/06/2023	Good	Minor	36

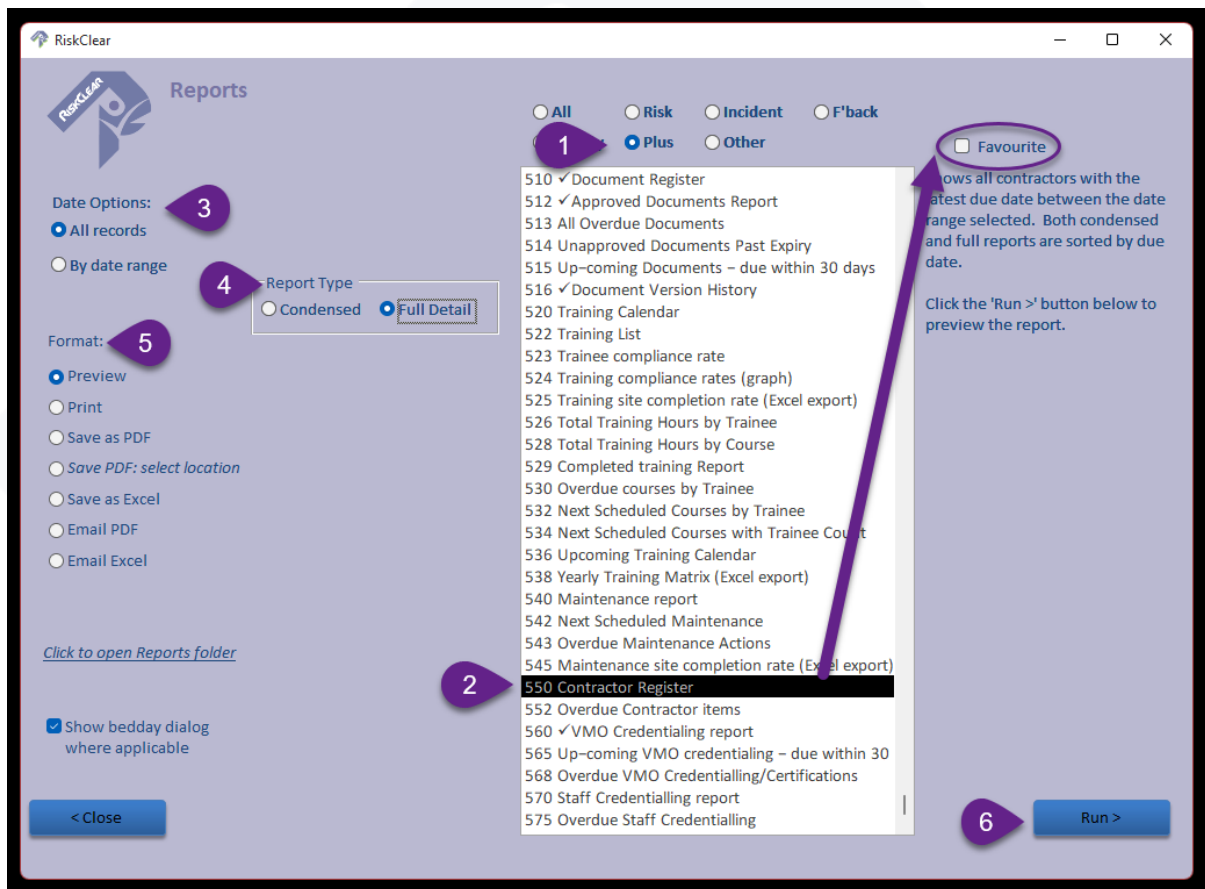
Real Everyday Use:

- ✓ **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		
Date Inducted	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
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 Folder\Contractor 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		
Date Inducted	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
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\HealthServices\HealthServices			

George Michael Memorial Hospital - Contractor Register

All dates

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	
Date Inducted	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
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\HealthServices\HealthServices			

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

Audience & Key Users of this Report

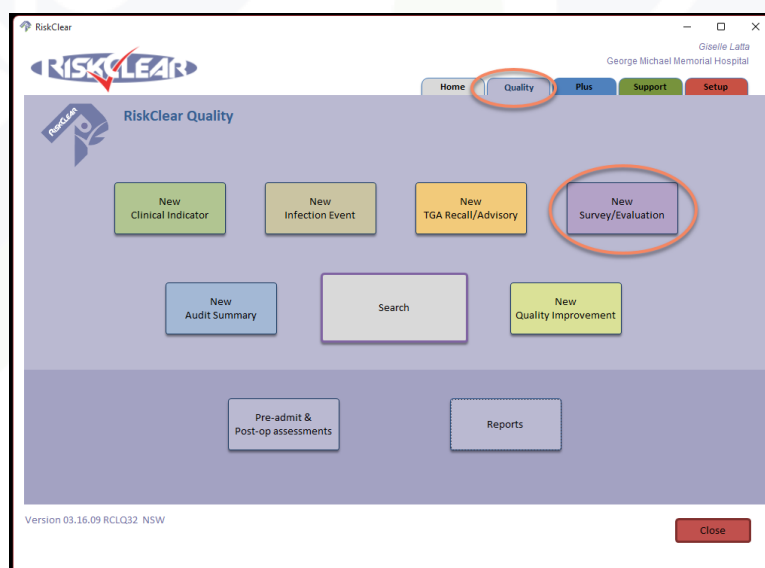
- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Managers
- ✓ Training Coordinator

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.



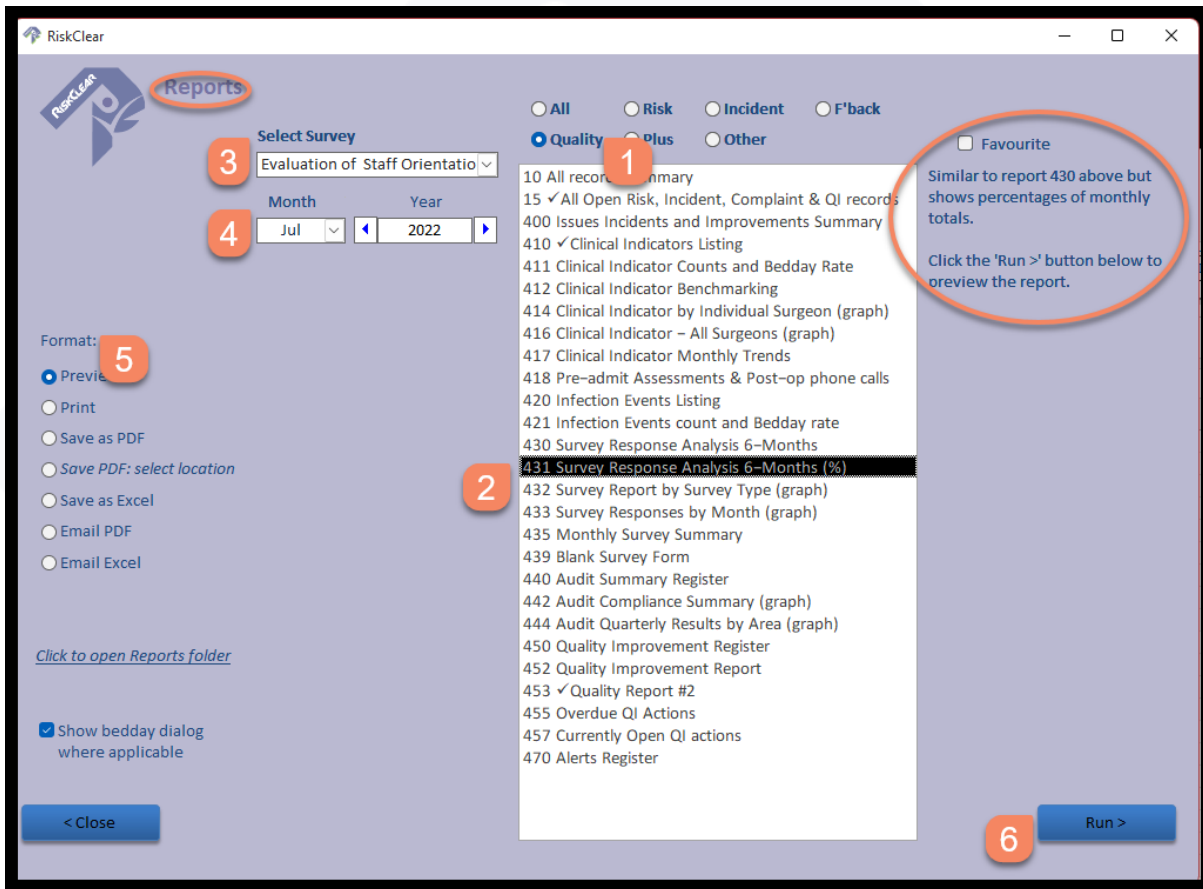
Real Everyday Use

- ✓ **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 >**.



The screenshot shows the RiskClear Reports interface. The 'Reports' tab is selected. The 'Select Survey' dropdown is set to 'Evaluation of Staff Orientation'. The 'Month' is set to 'Jul' and the 'Year' is set to '2022'. The 'Format' section has 'Preview' selected. The 'Run >' button is at the bottom right. A list of reports is displayed in the center, with report 431 highlighted. A callout box on the right provides additional information about report 431.

1. Quality Plus Other

2. 431 Survey Response Analysis 6-Months (%)

3. Select Survey

4. Month Year

5. Format: Preview Print Save as PDF Save PDF: select location Save as Excel Email PDF Email Excel

6. Run >

Similar to report 430 above but shows percentages of monthly totals. Click the 'Run >' button below to preview the report.

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 knowledgeable, 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 knowledgeable, 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).

The screenshot shows the RiskClear Reports interface on the left and the output of Report 310 on the right. The interface includes a 'Report' button, a list of reports, and a 'Run' button. The output shows a table of compliments with columns for Record No, Date, Close Date, Days open, and a description of the compliment.

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).

The screenshot shows the RiskClear Reports interface on the left and the output of Report 305 on the right. The interface includes a 'Report' button, a list of reports, and a 'Run' button. The output shows a table of compliments with columns for Person/Area Complimented and Count.

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 meeting the requirements of the National Standards – e.g., Measurement and Quality Improvement Criteria 1.8, 1.9.

To run this report:

Go to the **Reports** 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**.

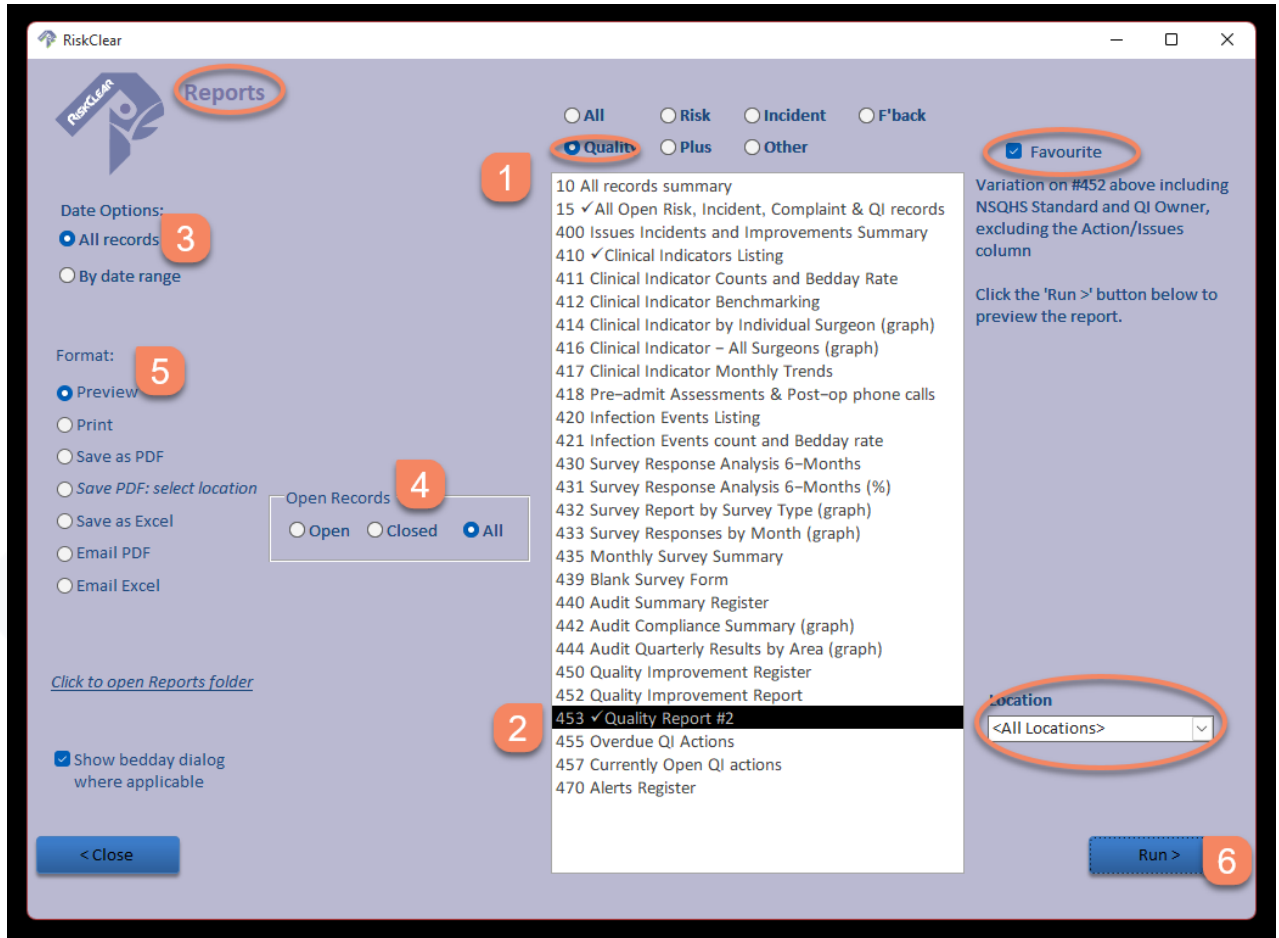
Step 3: Choose **Date Options** – all records or by date range.

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**.



The screenshot shows the RiskClear Reports interface. The 'Reports' tab is selected. The 'Date Options' section has 'All records' selected (Step 3). The 'Format' section has 'Preview' selected (Step 5). The 'Open Records' section has 'All' selected (Step 4). The 'Records' list on the right has 'Quality' selected (Step 1) and 'Quality Report #2' is highlighted (Step 2). The 'Favourite' checkbox is checked (Step 6). The 'Location' dropdown is set to '<All Locations>'. The 'Run >' button is at the bottom right.

Step 1: Select **Quality** under Records.

Step 2: Select **Quality Report #2** from the list.

Step 3: Select **All records** under Date Options.

Step 4: Select **All** under Open Records.

Step 5: Select **Preview** under Format.

Step 6: Click the **Run >** button.

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 transferred 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:

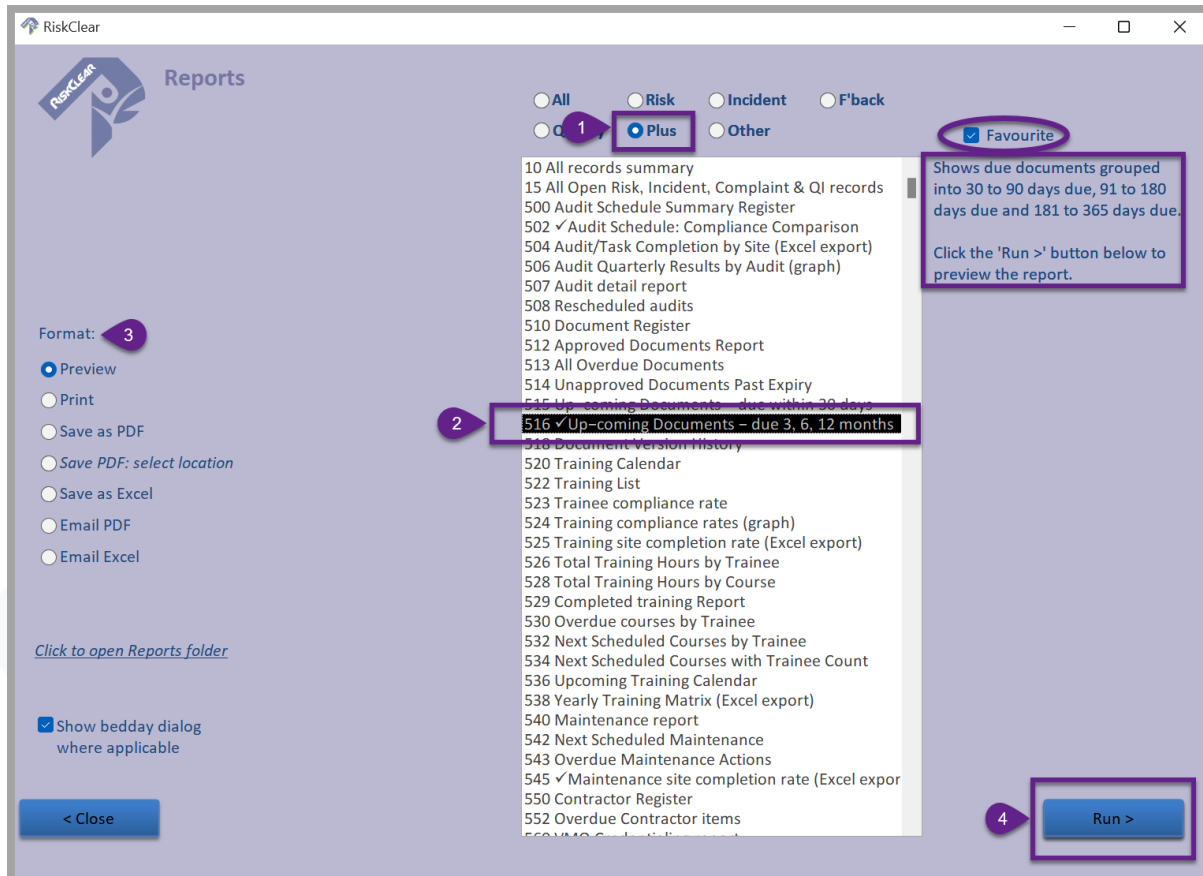
Go to the **Reports** Section of RiskClear.

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 Guidelines 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

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 **Reports** 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.

The screenshot shows the RiskClear Reports interface. On the left, there are filters for Date Options (All records, By date range), Format (Preview, Print, Save as PDF, Save PDF: select location, Save as Excel, Email PDF, Email Excel), and checkboxes for Alternative sort, Show bedday dialog where applicable, and Include unfinished records. In the center, there are date pickers for 'From' (01/07/2022) and 'To' (31/12/2022), a Report Type dropdown (Condensed, Full Detail), and checkboxes for Exclude where current risk is (Low, Moderate), Open Records (Open, Closed, All), Near Misses (Include near misses, Exclude near misses, Report near misses only), and Medication records (Include medications, Exclude medications, Report medications only). On the right, there are dropdowns for Health Fund (<All Health Funds>), Location (<All Locations>), and Area (<All Areas>), and a checkbox for Include unfinished records. At the bottom right, there is a 'Run >' button. A list of report types is shown in the center, including '10 All records summary', '15 All Open Risk, Incident, Complaint & QI records', '201 Incident Register', '205 Incident Field Analysis (graph)', '207 Incident Clusters (interactive graph)', '212 Incident details by category/sub-category', '220 Incident Category/Sub-cat and Bedday rate', '223 Incident Monthly Distribution (graph)', '224 Quarterly Incident Trends (graph)', '225 Yearly Incident Trends (graph)', '227 Patient Incidents Analysis', '228 Medication Incident Analysis', '240 Overdue Incident Actions', '242 Currently open incident actions', '250 Medication Events', '251 Medication Event Sub-category Summary', '255 Incident Health Funds', '260 Risk Management Incident Report (CI)', '261 Risk Management Incident Report by SAC', '270 Export Notify Insurer Incidents (Format #1)', and '271 Export Notify Insurer Incidents (Format #2)'. A 'Favourite' button is also present.

Example Reports Diagrams:

- Left Hand Side** – shows the full detail report including the **SAC** rating.
- 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)

George Michael Memorial Hospital's Incident Register				George Michael Memorial Hospital's Incident Register (condensed)			
Incident Details		Incident Data		Incident Involves		Incident Category	
Incident Involves	Patient	Incident Date	19/09/2022	Incident Involves	Patient	Incident Category	Medication
Description	An incident occurred involving a patient experiencing an adverse reaction to a new medication. Patient became red, red faced, itchy and dizzy. Consider new medication.			Date Reported	15/09/2022	Current Risk & SAC	3
Category	Medication	Patient Status	Some Day	Description	An incident occurred involving a patient experiencing an adverse reaction to a new medication. Patient became red, red faced, itchy and dizzy. Consider new medication.		
Sub Category(s)	Adverse reaction	Incident Reporter	Rowlin Latta	Incident Involves	Patient	Incident Category	Medication
Full Name	Meredith Latta	MRN	Aborg/Torras SI	Incident Category	Medication	Current Risk & SAC	3
Address	NSW	Phone number	11	Incident Category	Medication	Current Risk & SAC	3
Location/Area	Medication / Day Patient Lounge	DOB (Age)	11	Incident Category	Medication	Current Risk & SAC	3
Contributing Factor	Medication	Reported To CSD	Not reported	Incident Category	Medication	Current Risk & SAC	3
Admitting Doctor	Meredith Apple	Reported To DON	Not reported	Incident Category	Medication	Current Risk & SAC	3
Assessment	Medication	Notified	19/09/2022	Incident Category	Medication	Current Risk & SAC	3
Admit Diagnosis	Medication	Health Fund	Medication	Incident Category	Medication	Current Risk & SAC	3
Actions	Medication	Medical Att. Req.	No	Incident Category	Medication	Current Risk & SAC	3
Outcome	Symptoms settled after antihistamine. Do to try alternative medication and monitor patient for any further reactions.			Incident Category	Medication	Current Risk & SAC	3
Prevention Ideas	Not to know patient was allergic to medication			Incident Category	Medication	Current Risk & SAC	3
SAC	3 (High Score)			Incident Category	Medication	Current Risk & SAC	3
Linked (Y/N)	Quality improvement ref no.213			Incident Category	Medication	Current Risk & SAC	3
Other details	☐ Sentinel Event ☐ Damage occurred ☐ Known Circumstance ☐ Fire occurred ☐ Notifiable Event ☐ Root Cause Analysis ☐ Open Disclosure ☐ Workers Comp ☐ Dueses Bottom reset ☐ Notify Insurer			Incident Category	Medication	Current Risk & SAC	3

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 **Reports** 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**.



The screenshot shows the RiskClear Reports interface. On the left, there are filters for 'Format' (Preview, Print, Save as PDF, etc.) and 'Staff Area' (All Areas, Nursing, etc.). The main list of reports includes '570 Staff Credentialling report'. On the right, there are filters for 'Certification type' (Appraisal, etc.) and a 'Run >' button. Numbered callouts 1 through 6 highlight specific elements: 1 points to the 'Plus' button, 2 points to the '570 Staff Credentialling report', 3 points to the 'Format' dropdown, 4 points to the 'Staff Area' dropdown, 5 points to the 'Certification type' dropdown, and 6 points to the 'Run >' button.

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**.

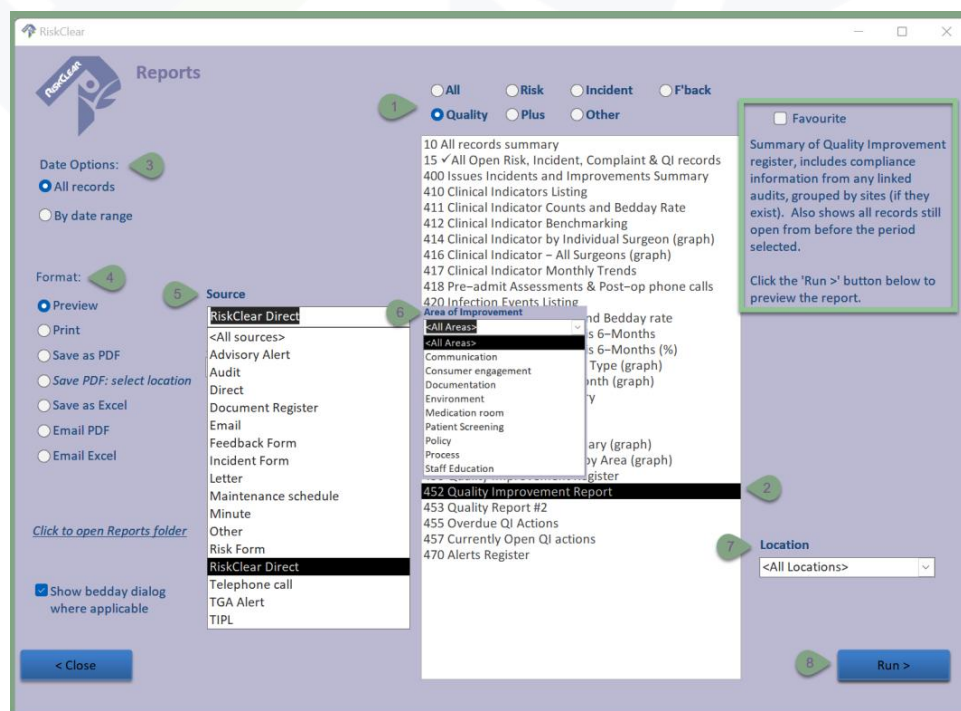
Step 4: Choose **Format**.

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 environmental 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	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 Anaesthetists 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	***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 continue 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 monitor 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

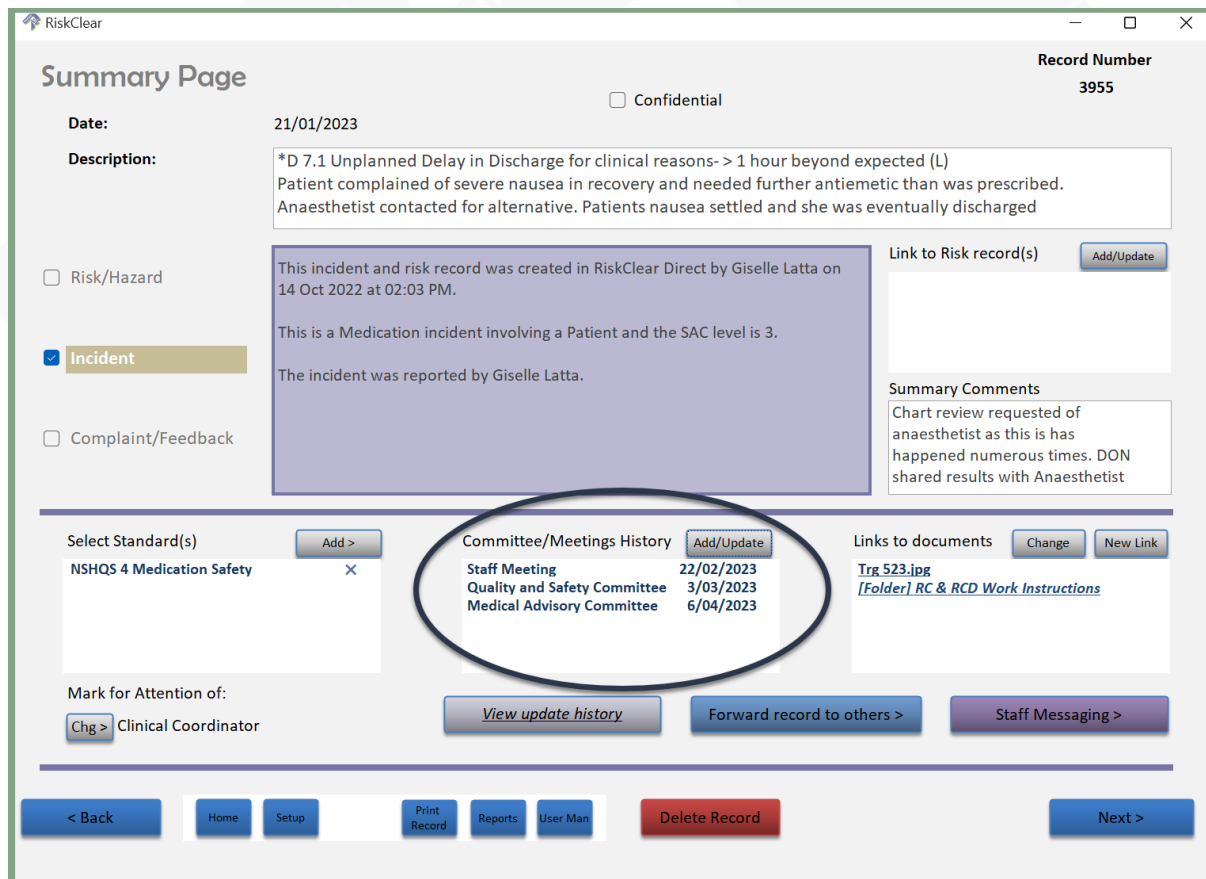
Purpose: Provides information on Risk, Incident or Feedback Records which have been assigned to be discussed at a particular Committee/s or Meeting.

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.



Summary Page Record Number 3955

☐ Confidential

Date: 21/01/2023

Description: *D 7.1 Unplanned Delay in Discharge for clinical reasons- > 1 hour beyond expected (L)
Patient complained of severe nausea in recovery and needed further antiemetic than was prescribed.
Anaesthetist contacted for alternative. Patients nausea settled and she was eventually discharged

☐ Risk/Hazard

☒ **Incident**

☐ Complaint/Feedback

This incident and risk record was created in RiskClear Direct by Giselle Latta on 14 Oct 2022 at 02:03 PM.

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

The incident was reported by Giselle Latta.

Link to Risk record(s) Add/Update

Summary Comments
Chart review requested of anaesthetist as this has happened numerous times. DON shared results with Anaesthetist

Select Standard(s) Add >
NSHQS 4 Medication Safety X

Committee/Meetings History Add/Update

Committee/Meetings History	Date
Staff Meeting	22/02/2023
Quality and Safety Committee	3/03/2023
Medical Advisory Committee	6/04/2023

Links to documents Change New Link
Trg 523.jpg
[Folder] RC & RCD Work Instructions

Mark for Attention of:
Chg > Clinical Coordinator

View update history Forward record to others > Staff Messaging >

< Back Home Setup Print Record Reports User Man Delete Record Next >

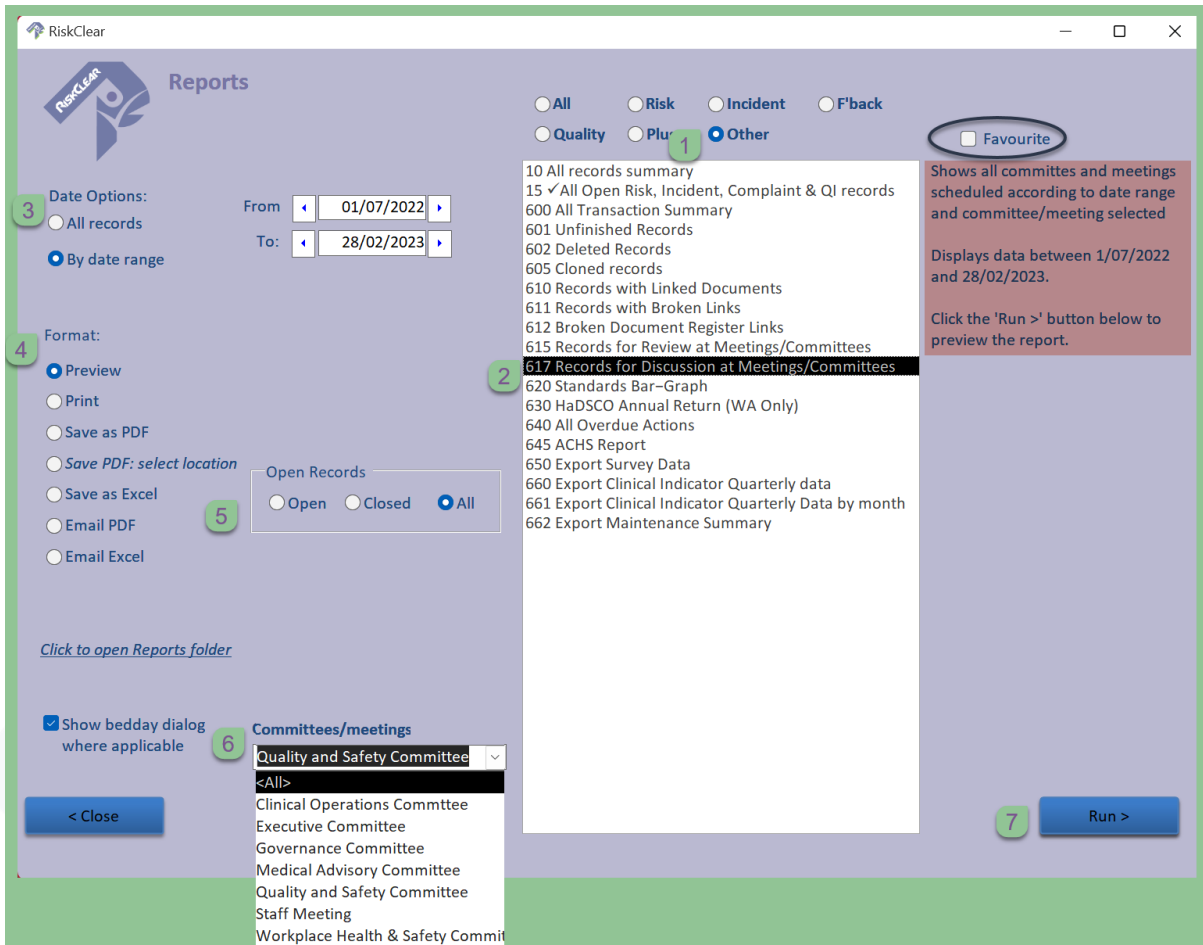
Steps and Example/s:

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**



The screenshot shows the RiskClear Reports interface. The 'Reports' section is active, displaying a list of reports. A dropdown menu is open, showing a list of reports including '10 All records summary', '15 ✓ All Open Risk, Incident, Complaint & QI records', '600 All Transaction Summary', '601 Unfinished Records', '602 Deleted Records', '605 Cloned records', '610 Records with Linked Documents', '611 Records with Broken Links', '612 Broken Document Register Links', '615 Records for Review at Meetings/Committees', '617 Records for Discussion at Meetings/Committees' (highlighted), '620 Standards Bar-Graph', '630 HaDSO Annual Return (WA Only)', '640 All Overdue Actions', '645 ACHS Report', '650 Export Survey Data', '660 Export Clinical Indicator Quarterly data', '661 Export Clinical Indicator Quarterly Data by month', and '662 Export Maintenance Summary'. A red box on the right side of the interface contains text: 'Shows all committees and meetings scheduled according to date range and committee/meeting selected. Displays data between 1/07/2022 and 28/02/2023. Click the 'Run >' button below to preview the report.' The 'Run >' button is located at the bottom right of the interface.

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.

George Michael Memorial Hospital Records for Discussion at Meetings/Committees
1 Jul 2022 to 28 Feb 2023

Record No.	Rec. date	Record Description	Meeting/Committee	Mtg/Date
3932	01/01/2022	Patient submitted for Cataract Surgery with IOL on their right eye at 0800hrs. The procedure was routine and the patient was transferred to PACU at 0330hrs 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 a left hip and wrist were a little sore. Doctor notified of fall and reviewed patient. Agreed to be left in recliner chair only. Discussed options with patient's wife and it was decided to transfer patient to St Elsworth for check xray of hip and wrist to determine extent of injury. Patient transferred to St Elsworth by Ambulance at 0355 hrs.	Workplace Health & Safety Committee	15/01/2022
3931	29/07/2022	Patient wished to thank Nurse Nightingale for her care as they were feeling very nervous and anxious.	Staff Meeting	29/08/2022
3930	29/07/2022	Dr. Alistair Lincoln wished to thank administrators, theatre and recovery staff for making his first list at GMMH go so smoothly.	Staff Meeting	6/08/2022
3920	26/01/2022	Patient stated they were feeling very nervous about their procedure and wanted to compliment and thank the nurses and doctor for helping her to feel less nervous and reassured. In particular the patient wanted to compliment Nurse Nightingale for her explanation, understanding and patience with her. She said she felt back in 3 months to get another surgery and is already feeling less nervous based on this experience.	Staff Meeting	30/01/2022
3917	22/01/2022	Test MEC	Staff Meeting	31/01/2022
3917	22/01/2022	Test MEC	Clinical Operations Committee	20/08/2022
3910	24/09/2022	While administering morning medications, the nurse administered drug which had been prescribed to a patient. Dr notified, patient reviewed and monitored. Some distress experienced but no other side effects. SAC incident review raised - wrong drug, wrong person.	Clinical Operations Committee	24/10/2022
3903	30/09/2022	Medication charted incorrectly which resulted in patient being given wrong dose.	Clinical Operations Committee	30/10/2022

RiskClear Reports Page 2 of 2 Friday, 30 March 2023

All meetings selected

From: 1 Jul 2022 To: 28 Feb 2023

Open Records: Open Closed All

George Michael Memorial Hospital Records for Discussion at Meetings/Committees
1 Jul 2022 to 28 Feb 2023

Record No.	Rec. date	Record Description	Meeting/Committee	Mtg/Date
3915	21/01/2022	10.7.1 Unplanned Delay in Discharge for clinical reasons - 3 hour beyond expected (L). Patient completed of severe nausea recovery and needed further antiemetic than was prescribed. Anaesthetist contacted for alternative. Patients nausea settled and she was eventually discharged.	Quality and Safety Committee	3/01/2023
3919	16/09/2022	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.	Quality and Safety Committee	20/10/2022

With only Quality & Safety Committee 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).

RiskClear

New Scheduled Training New Once-Off Training

<All> Trainee Name Course/Competency Requirement

Training Date: Booked <All trainees> <All courses/requirements>

29/02/2023	S	✓	Steve Carell	Dog Training		
Mar 2023	S		Joan Crawford	Donning & Doffing PPE Competency		
May 2023	S		Jane Smith	Emergency Fire & Evacuation		
Jun 2023	S		Dirk Bogarde	FMC In-service Training Package		
Jul 2023	S		Dirk Bogarde	Critical Care Education		
Jul 2023	S		Dirk Bogarde	Emergency Fire & Evacuation		
Aug 2023	S		Ingrid Bergman	Emergency Fire & Evacuation	Director of Nursing	Open
Sep 2023	S		Dan Ackroyd	Hand Hygiene	Day Therapy Services	Open
Sep 2023	S		Mike Rudd	FMC In-service Training Package	Clinical Coordinator	Open
Oct 2023	S		Dan Ackroyd	Donning & Doffing PPE Competency	Infection Control Nurs	Open
Oct 2023	S		Dan Ackroyd	Infection Control	Day Therapy Services	Open
Oct 2023	S		Dirk Bogarde	Basic Life Support	Day Co-ordinator	Open
Oct 2023	S		Dirk Bogarde	Donning & Doffing PPE Competency	Infection Control Nurs	Open
Nov 2023	S		Barry Gibb	Infection Control	Infection Control Nurs	Open
Nov 2023	S		Dirk Bogarde	Infection Control	Infection Control Nurs	Open
Nov 2023	S		Elizabeth Taylor	Donning & Doffing PPE Competency	Infection Control Nurs	Open
Nov 2023	S		Elizabeth Taylor	Infection Control	Infection Control Nurs	Open
Nov 2023	S		Ginger Rogers	Donning & Doffing PPE Competency	Infection Control Nurs	Open
Nov 2023	S		Ginger Rogers	Infection Control	Infection Control Nurs	Open
Nov 2023	S		Greg Chapell	Donning & Doffing PPE Competency	Infection Control Nurs	Open
Nov 2023	S		Greg Chapell	Infection Control	Infection Control Nurs	Open
Nov 2023	S		Harry Line	Donning & Doffing PPE Competency	Infection Control Nurs	Open
Nov 2023	S		Helen Smith	Donning & Doffing PPE Competency	Infection Control Nurs	Open
Nov 2023	S		Helen Smith	Infection Control	Infection Control Nurs	Open

174 records

Include retired trainees

Close

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).

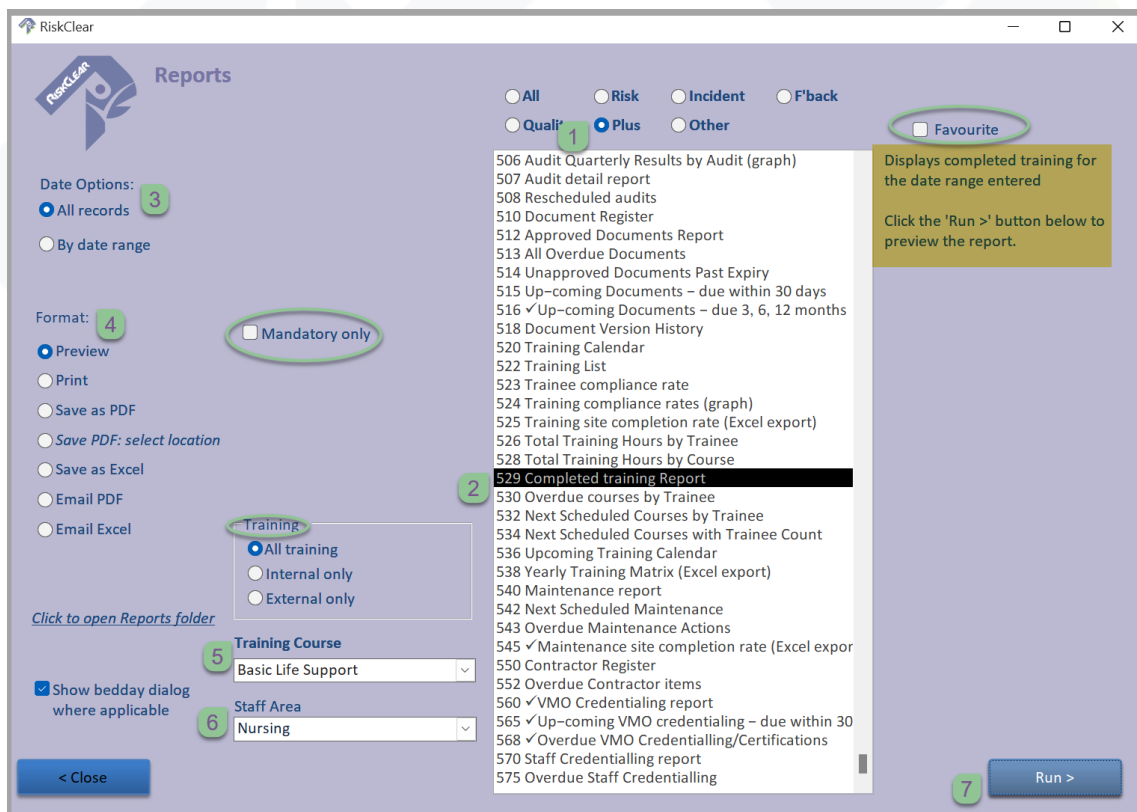
Step 4 – Select **Format**.

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**.



The screenshot shows the RiskClear Reports interface. On the left, there are filters for Date Options (All records selected), Format (Preview selected), Mandatory only (unchecked), Training (All training selected), Training Course (Basic Life Support selected), and Staff Area (Nursing selected). On the right, a list of reports is shown, with Report 529 Completed Training Report highlighted. A 'Favourite' checkbox is circled next to the report. A 'Run >' button is at the bottom right.

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 = All Staff Area = Nursing									
Trainee Name	Course	Course Co-ordinator	Hours	Due	Time	Completed	Extern	Mand	
Audrey Hopburn	Basic Life Support	Day Co-ordinator	8	Nov 2020	15/01/2021	Yes	No		
Audrey Hopburn	Basic Life Support	Day Co-ordinator	8	Mar 2023	17/03/2023	Yes	No		
Joan Elin	Basic Life Support	Day Co-ordinator	8	Oct 2021	16/01/2022	Yes	No		
***George McLeod	Basic Life Support	Director of Nursing	8	Mar 2022	20/02/2022	Yes	No		
George Rogers	Basic Life Support	Day Co-ordinator	8	Mar 2022	17/03/2022	Yes	No		
Don Ackroyd	Basic Life Support	Day Co-ordinator	8	Mar 2023	17/03/2023	Yes	No		
Liam O'Brien	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		

George Michael Memorial Hospital									
Example 2 Course = All Staff Area = All									
Trainee Name	Course	Course Co-ordinator	Hours	Due	Time	Completed	Extern	Mand	
Joan Elin	Emergency Fire & Evacuation	Director of Nursing	2	May 2021	31/05/2021	No	No		
Audrey Hopburn	Basic Life Support	Day Co-ordinator	8	Nov 2020	15/01/2021	Yes	No		
Joan Elin	Emergency Fire & Evacuation	Director of Nursing	2	28/08/2021	18/09/2021	No	No		
Joan Elin	Emergency Fire & Evacuation	Director of Nursing	2	28/08/2021	28/08/2021	No	No		
Audrey Hopburn	Basic Life Support	Day Co-ordinator	8	Mar 2022	17/03/2022	Yes	No		
Greg Chapell	Critical Care Education	Chief Executive Officer	48	13/11/2019	13/11/2019	Yes	No		
Greg Chapell	Critical Care Education	Chairman	4.5	Dec 2020	14/12/2020	No	No		
Steve Carel	PHAC In-service Training Package	Clinical Co-ordinator	4.5	1/01/2022	18/01/2022	No	No		
Steve Carel	PHAC In-service Training Package	Clinical Co-ordinator	2	14/11/2021	17/11/2021	No	No		
Steve Carel	PHAC In-service Training Package	Clinical Co-ordinator	2	13/11/2022	16/11/2022	No	No		
Mike Hudd	PHAC In-service Training Package	Clinical Co-ordinator	4.5	1/08/2021	1/08/2021	No	No		
Mike Hudd	PHAC In-service Training Package	Clinical Co-ordinator	2	1/08/2022	18/02/2022	No	No		
Dr A. Bagshaw	Critical Care Education	Clinical Co-ordinator	12	Jul 2021	8/07/2021	No	No		
Dr A. Bagshaw	Emergency Fire & Evacuation	Clinical Co-ordinator	2	Jul 2021	8/07/2021	No	No		
Dr A. Bagshaw	PHAC In-service Training Package	Clinical Co-ordinator	4.5	Jul 2021	8/07/2021	No	No		
Dr A. Bagshaw	PHAC In-service Training Package	Clinical Co-ordinator	4.5	Jul 2022	7/08/2022	No	No		
Henry Line	Infection Control	Administration	9.5	14/09/2020	7/09/2021	No	No		
Henry Line	Infection Control	Administration	9.5	14/09/2021	14/09/2021	No	No		
Henry Line	Infection Control	Administration	9.5	14/09/2022	21/02/2022	No	No		
Kevin Elin	RiskClear Self Directed Learning Package	Nurse Unit Manager	1	Feb 2022	9/02/2022	No	No		
Steve Carel	RiskClear Self Directed Learning Package	Nurse Unit Manager	1	Mar 2022	25/03/2022	No	No		
Joan Elin	RiskClear Self Directed Learning Package	Nurse Unit Manager	1	Feb 2022	9/02/2022	No	No		
Greg Rogers	RiskClear Self Directed Learning Package	Nurse Unit Manager	1	Feb 2022	9/02/2022	No	No		
Mike Hudd	RiskClear Self Directed Learning Package	Nurse Unit Manager	1	Mar 2022	15/03/2022	No	No		
Don Ackroyd	RiskClear Self Directed Learning Package	Nurse Unit Manager	1	Feb 2022	9/02/2022	No	No		
Joan Elin	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		

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.

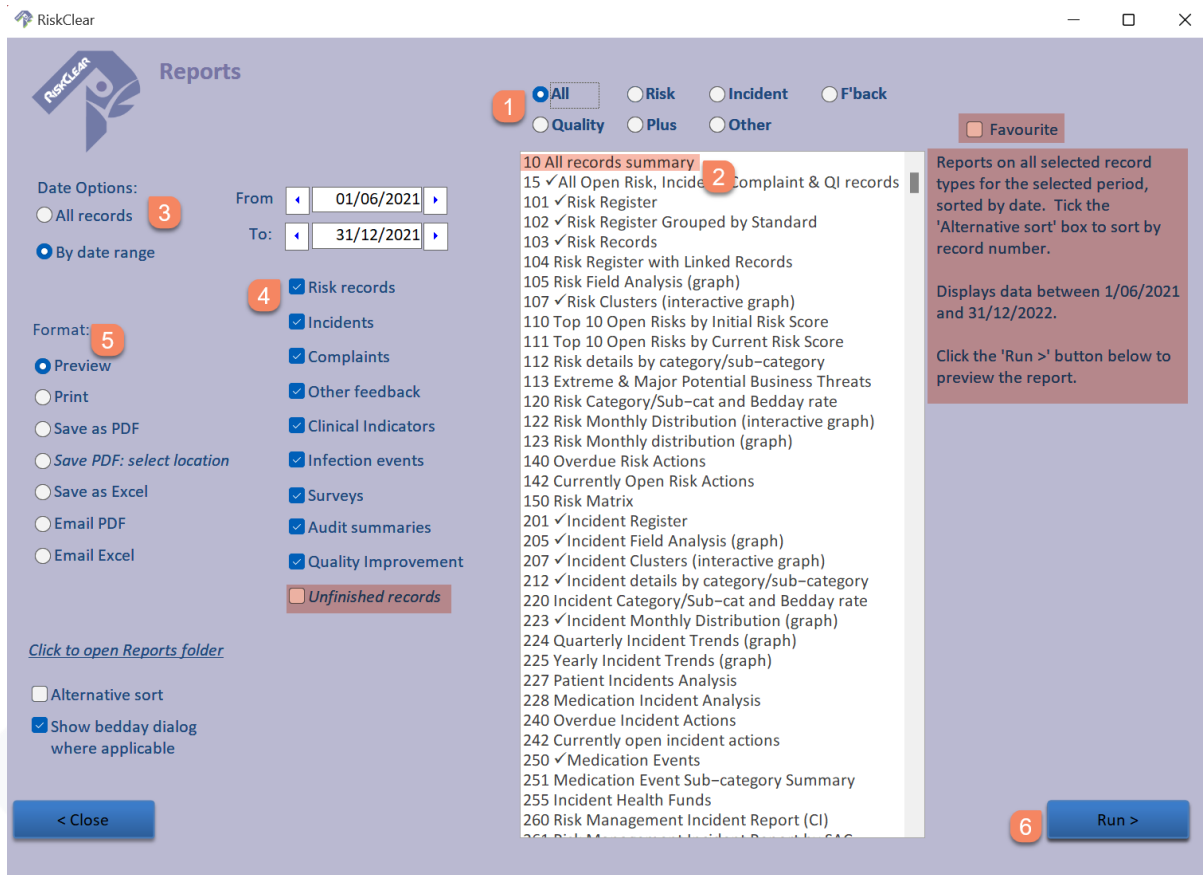
Real Everyday Use:

- 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:

- Go to the **Reports** Section of RiskClear and select **All**.
- Select **Report 10 All Records Summary** -  remember if it's a favourite report, tick the Favourite box. (see highlighted below)
- Select **Date Options** – all records or date range.
- 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**.



The screenshot shows the RiskClear Reports interface. The interface includes a sidebar with filters and a main area with a list of reports. Numbered callouts highlight specific features:

- 1**: Filter buttons (All, Risk, Incident, F'back, Quality, Plus, Other).
- 2**: Report list item "10 All records summary".
- 3**: Date Options (All records, By date range).
- 4**: Checkboxes for report types (Risk records, Incidents, Complaints, Other feedback, Clinical Indicators, Infection events, Surveys, Audit summaries, Quality Improvement, Unfinished records).
- 5**: Format options (Preview, Print, Save as PDF, Save as Excel, Email PDF, Email Excel).
- 6**: Run button.

Additional details visible in the interface include date range selection (From: 01/06/2021, To: 31/12/2021), a list of reports (e.g., 15 All Open Risk, Incident & Complaint & QI records, 101 Risk Register, etc.), and a "Favourite" button.

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.



This screenshot shows the selection options for the "Risk records" report. The following options are checked:

- ☒ Risk records
- ☒ Incidents
- ☒ Complaints
- ☒ Other feedback
- ☒ Clinical Indicators
- ☒ Infection events
- ☒ Surveys
- ☒ Audit summaries
- ☒ Quality Improvement
- ☐ Unfinished records

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	Record No	Date	Type	Description	Person/ Owner	Links	Close Date Days open
27	115	14/07/2021	Clinical Indicator	Patient complaining 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	ANNTT 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 vomiting 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. Anaesthetist 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.							
1 Jun 2021 to 31 Jan 2022							
Includes CI's, Infection events, Surveys, Audits, QI's (incl. unfinished recs)							
Ln	Record No	Date	Type	Description	Person/ Owner	Links	Close Date Days open
18	130	15/07/2021	Clinical Indicator	Patient experienced severe nausea and vomiting 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 reddened area 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 Hygiene 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.

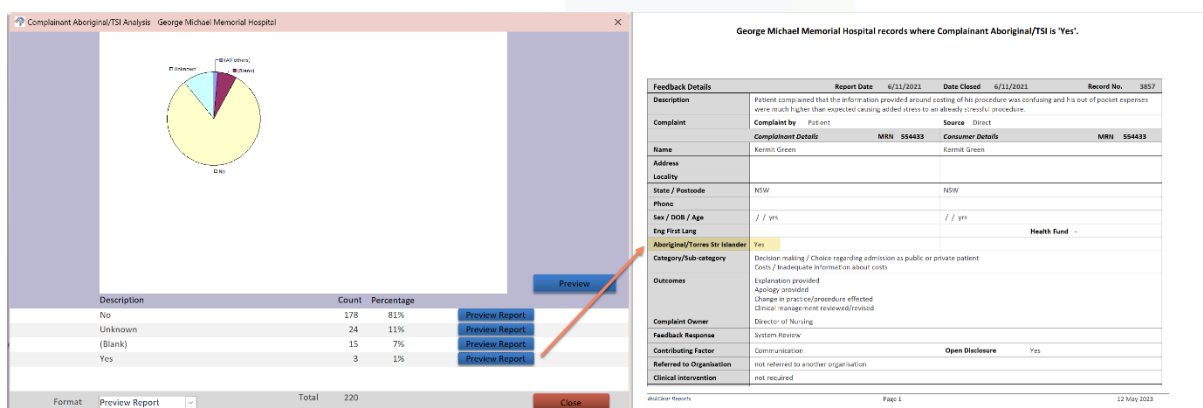
Running Report 307:

- 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.

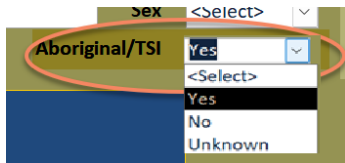
Example Report 307:

- ✓ **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).

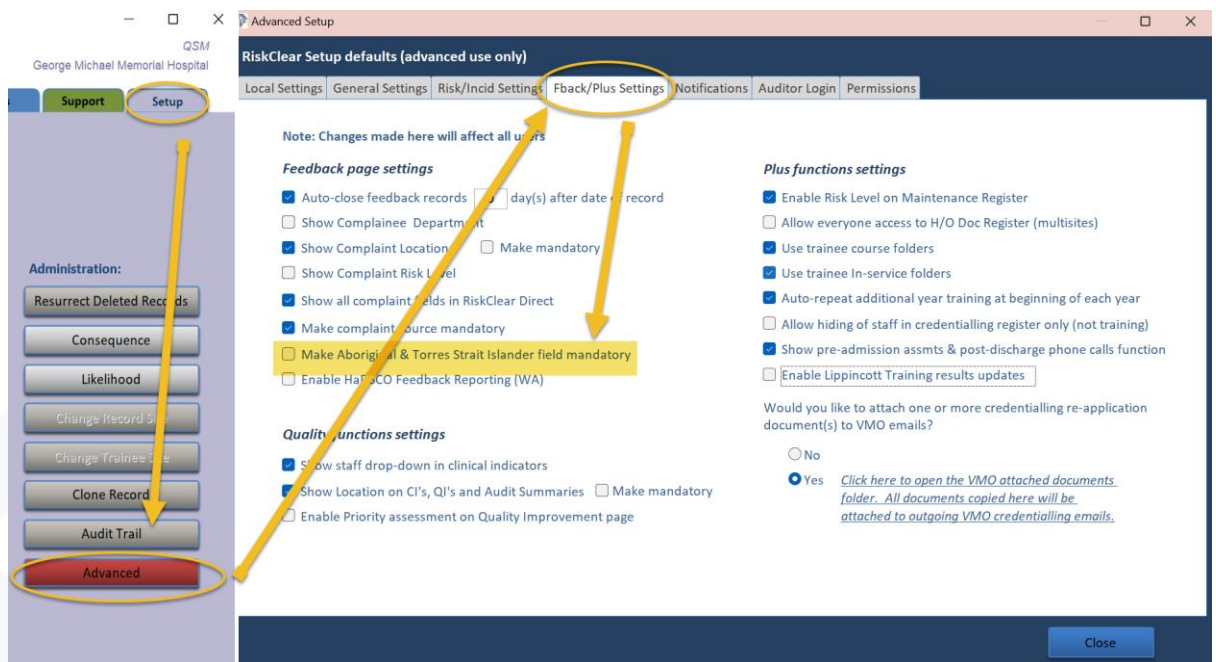


NOTE

- ✓ 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".

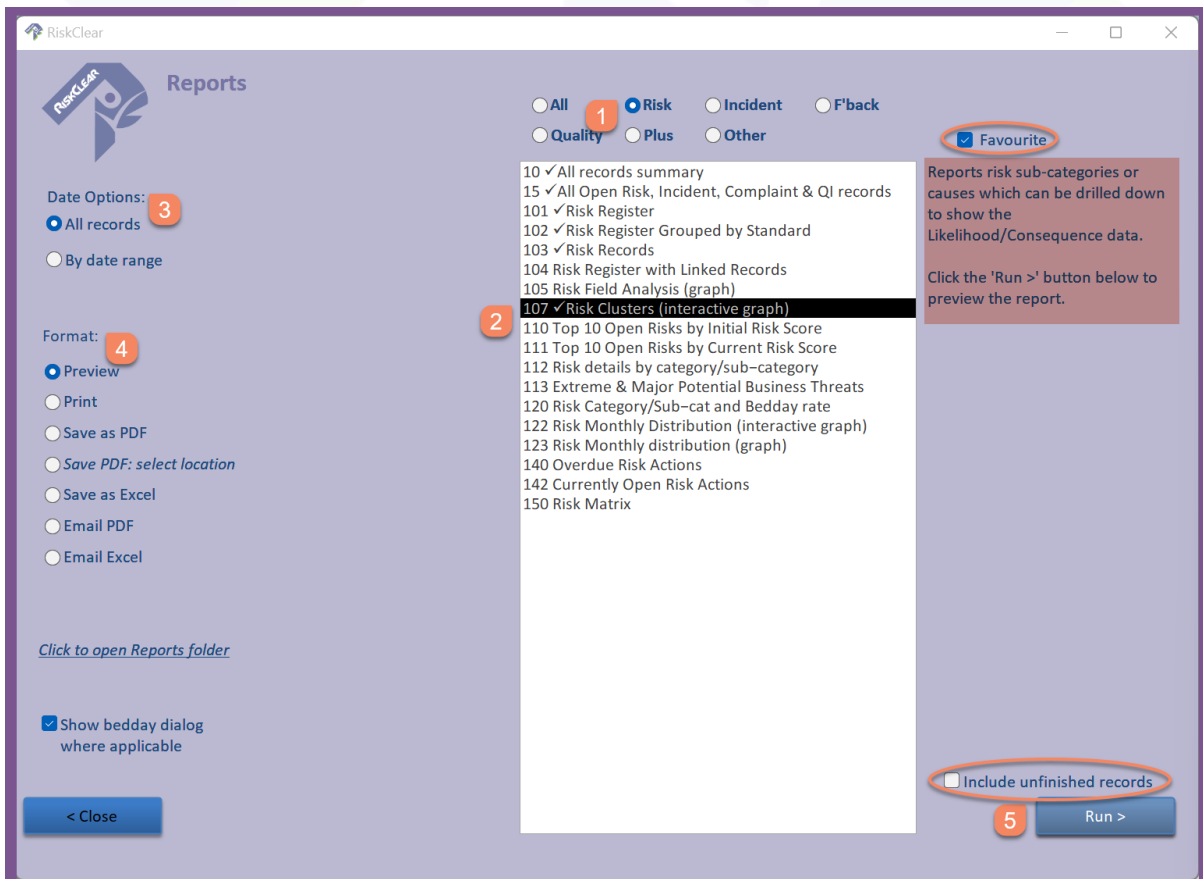
14) Select "Report 107 Risk Clusters (interactive graph)" –  remember if it's a favourite, tick the Favourite box (circled below). A description of what the report does is also provided and highlighted below.

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

16) Select the report 'Format'.

17) Click "Run".

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

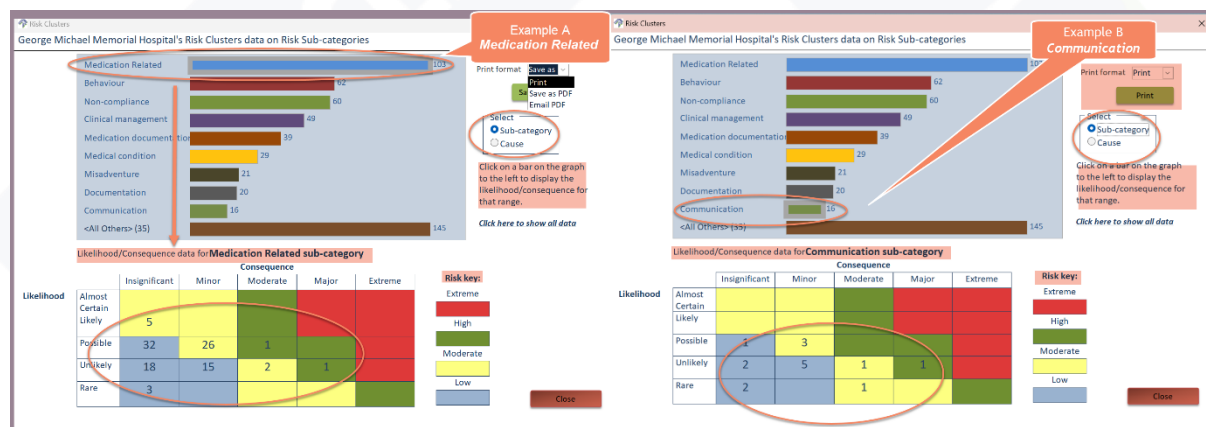


The screenshot shows the RiskClear Reports interface. On the left, there are options for Date Options (All records, By date range) and Format (Preview, Print, Save as PDF, Save as Excel, Email PDF, Email Excel). The main area displays a list of reports, with '107 ✓ Risk Clusters (interactive graph)' selected. To the right of the report list, there is a 'Favourite' checkbox (checked) and a description: 'Reports risk sub-categories or causes which can be drilled down to show the Likelihood/Consequence data. Click the 'Run >' button below to preview the report.' At the bottom right, there is a checkbox for 'Include unfinished records' (unchecked) and a 'Run >' button.

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.

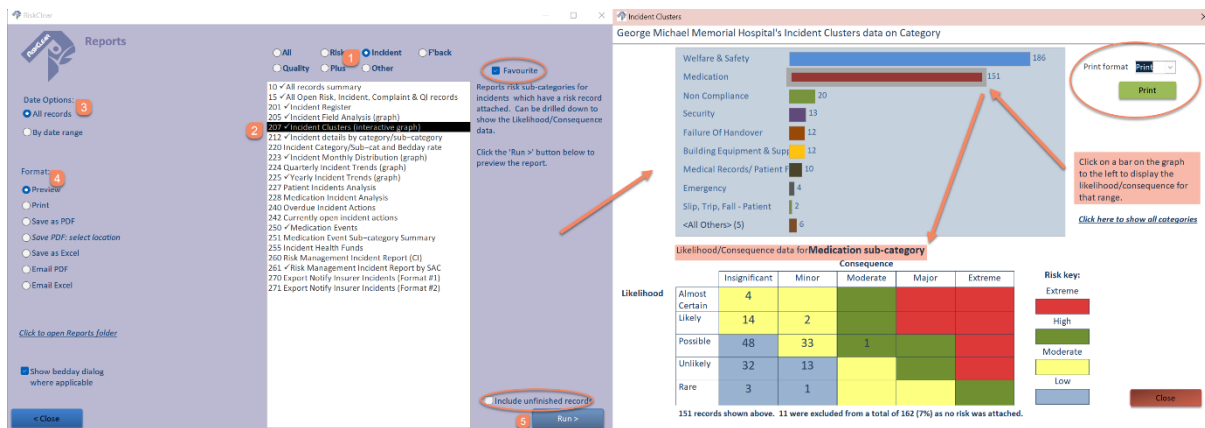
Running Report 207: (refer to diagram below left)

- 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 **Reports** 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**.

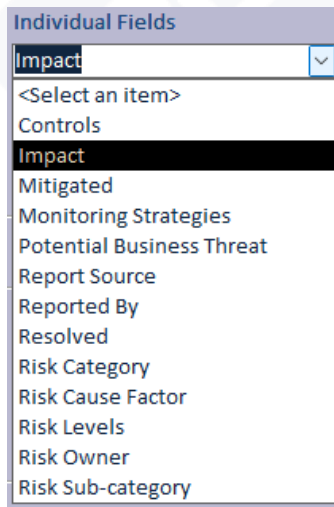
Step 7: Choose Report **Format**.

Step 8: Click **Run**.

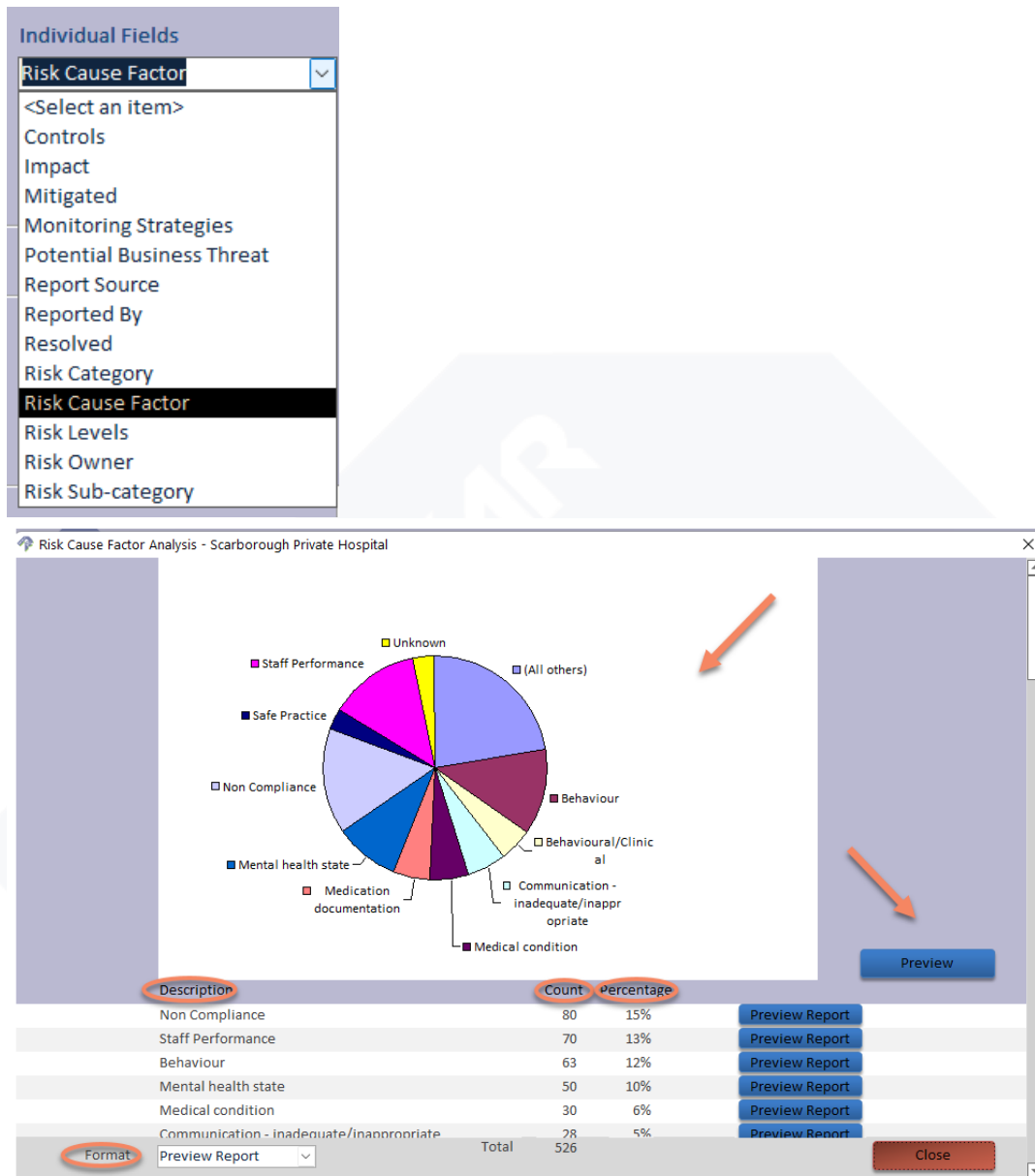


Example Reports:

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

Individual Fields

Risk Category

<Select an item>

Controls

Impact

Mitigated

Monitoring Strategies

Potential Business Threat

Report Source

Reported By

Resolved

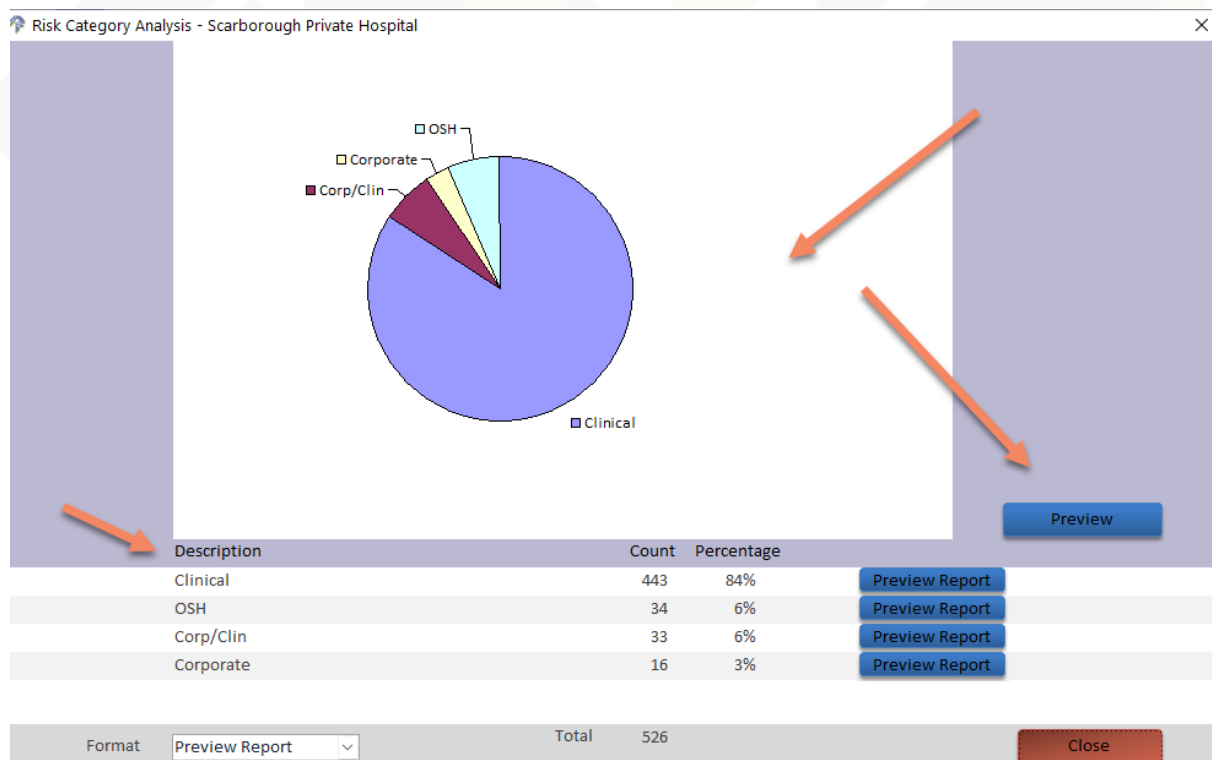
Risk Category

Risk Cause Factor

Risk Levels

Risk Owner

Risk Sub-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).

Individual Fields

Impact

<Select an item>

Controls

Impact

Mitigated

Monitoring Strategies

Potential Business Threat

Report Source

Reported By

Resolved

Risk Category

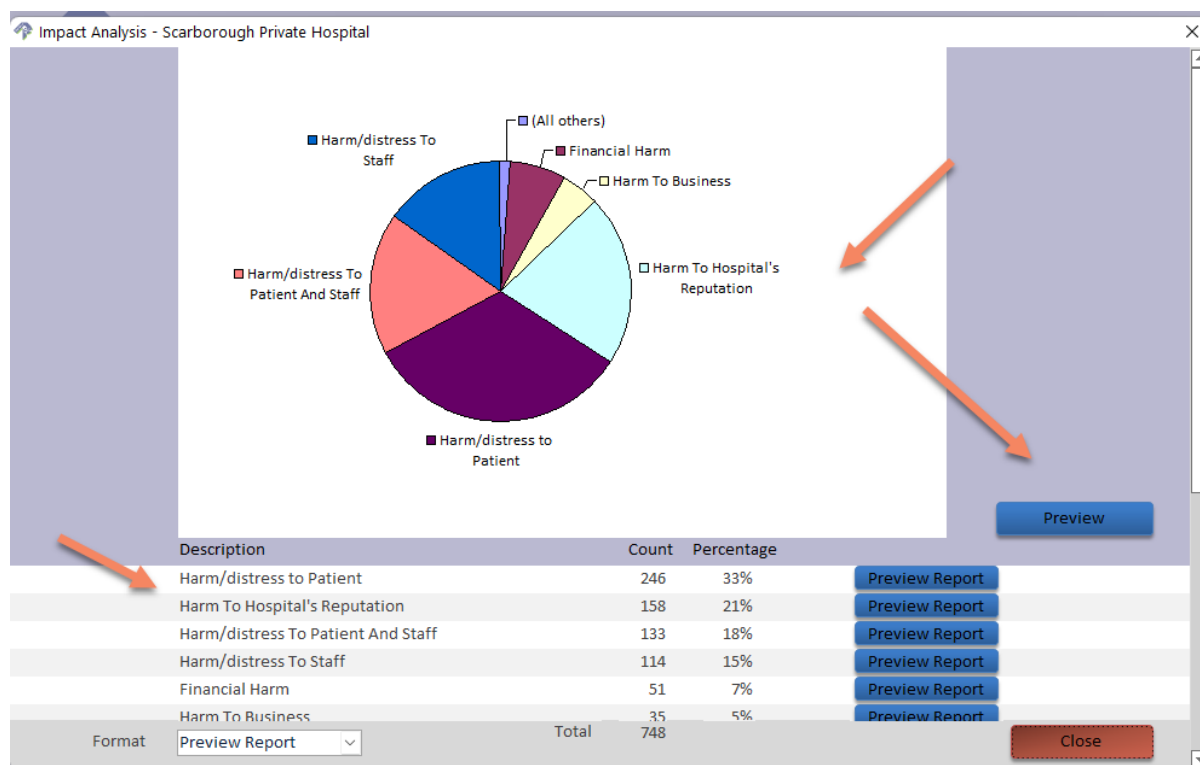
Risk Cause Factor

Risk Levels

Risk Owner

Risk Sub-category

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:

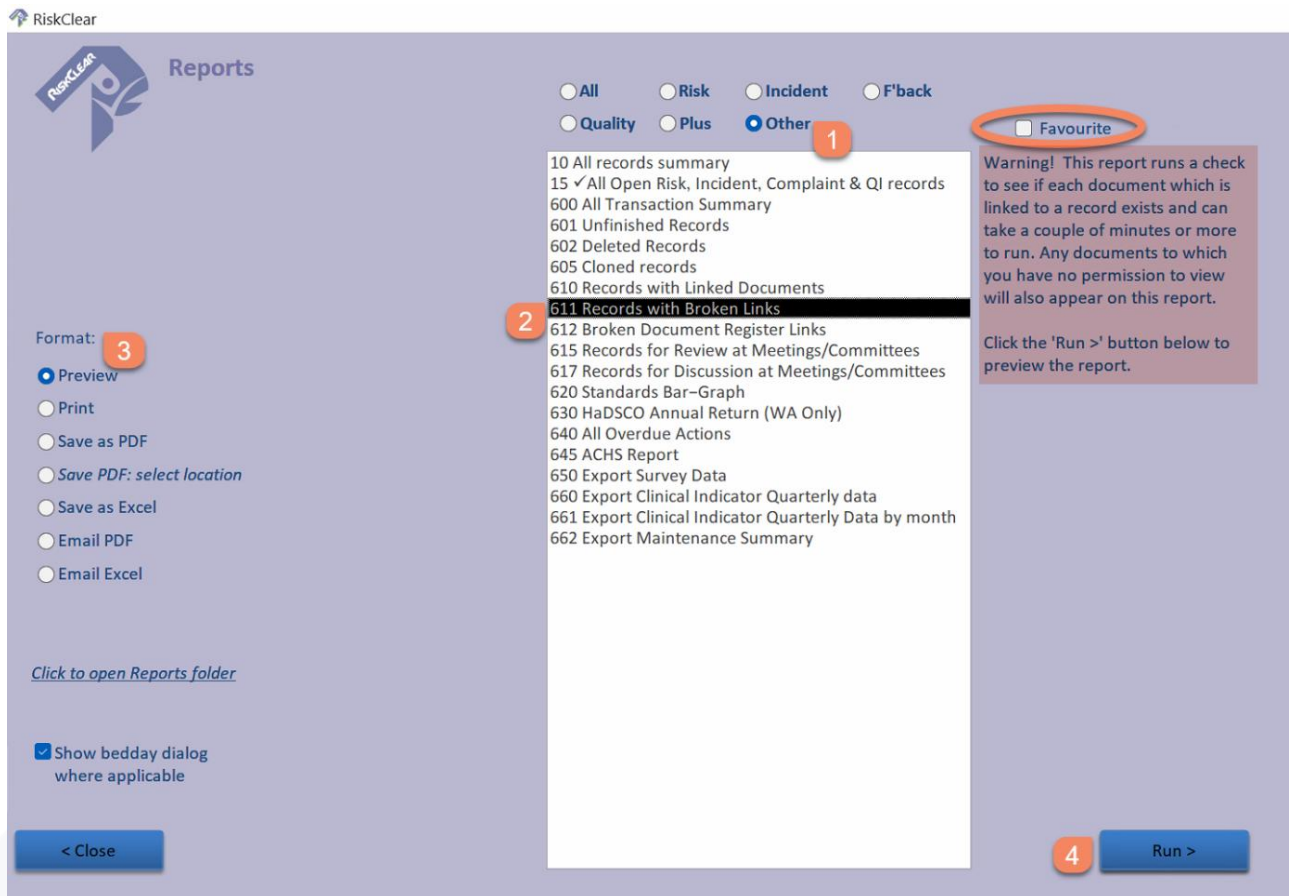
This report runs a check to see if each document which is linked to a record exists:

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**.



Format: 3

- ☒ Preview
- ☐ Print
- ☐ Save as PDF
- ☐ Save PDF: select location
- ☐ Save as Excel
- ☐ Email PDF
- ☐ Email Excel

[Click to open Reports folder](#)

☒ Show bedday dialog where applicable

[< Close](#)

Reports

- ☐ All
- ☐ Risk
- ☐ Incident
- ☐ F'back
- ☐ Quality
- ☐ Plus
- ☒ Other 1
- ☐ Favourite

10 All records summary
 15 ✓ All Open Risk, Incident, Complaint & QI records
 600 All Transaction Summary
 601 Unfinished Records
 602 Deleted Records
 605 Cloned records
 610 Records with Linked Documents
 611 Records with Broken Links 2
 612 Broken Document Register Links
 615 Records for Review at Meetings/Committees
 617 Records for Discussion at Meetings/Committees
 620 Standards Bar-Graph
 630 HaDSCO Annual Return (WA Only)
 640 All Overdue Actions
 645 ACHS Report
 650 Export Survey Data
 660 Export Clinical Indicator Quarterly data
 661 Export Clinical Indicator Quarterly Data by month
 662 Export Maintenance Summary

Warning! This report runs a check to see if each document which is linked to a record exists and can take a couple of minutes or more to run. Any documents to which you have no permission to view will also appear on this report.

Click the 'Run >' button below to preview the report.

4 [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**.

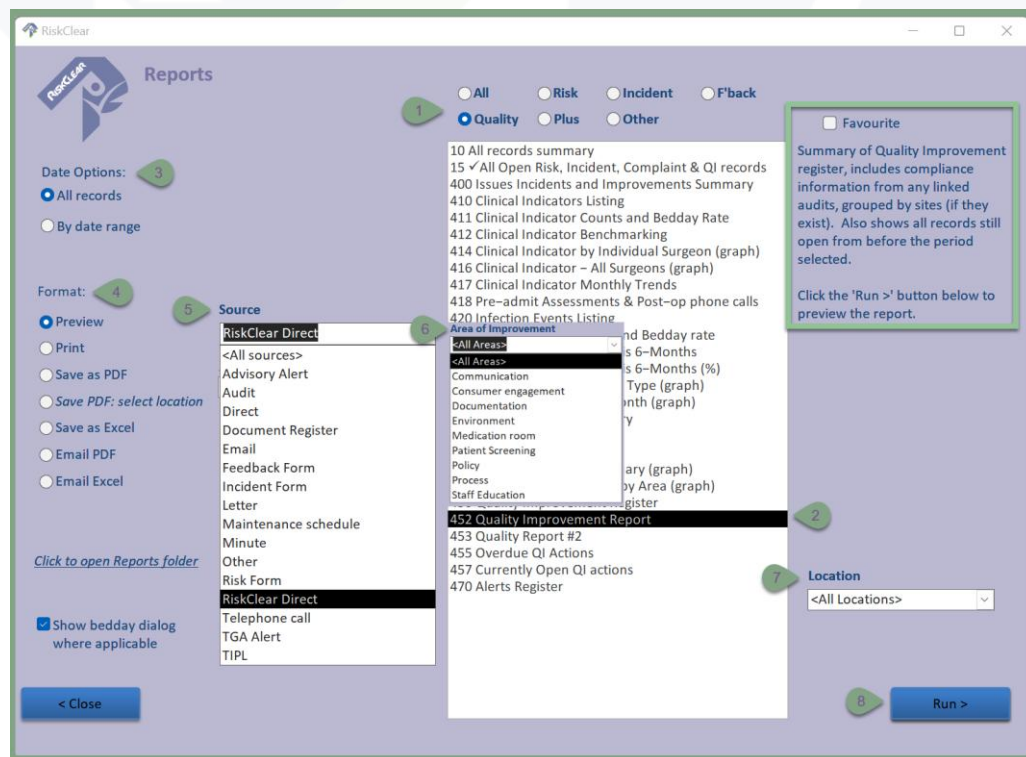
Step 4: Choose **Format**.

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**.



The screenshot shows the RiskClear Reports interface. On the left, there are sections for 'Date Options' (All records selected), 'Format' (Preview selected), and 'Source' (RiskClear Direct selected). The 'Area of Improvement' dropdown is open, showing a list of options with 'All Areas' selected. The 'Location' dropdown is set to '<All Locations>'. On the right, there is a 'Favourite' checkbox and a description of the report. At the bottom right, there is a 'Run >' button. Numbered callouts 1 through 8 highlight the steps described in the text.

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 environmental 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	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 Anaesthetists at next MAC importance of correct documentation of 58 discards on Anaesthetic Record/58 book [Completed]	Outcome: Continue to monitor via audits Continue to review at MAC <No recommendations>	CLOSED
Moderate					
QI00183 7/12/2021	***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 continue to monitor via medical records audits performed quarterly CLOSED
Moderate					
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 monitor 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:

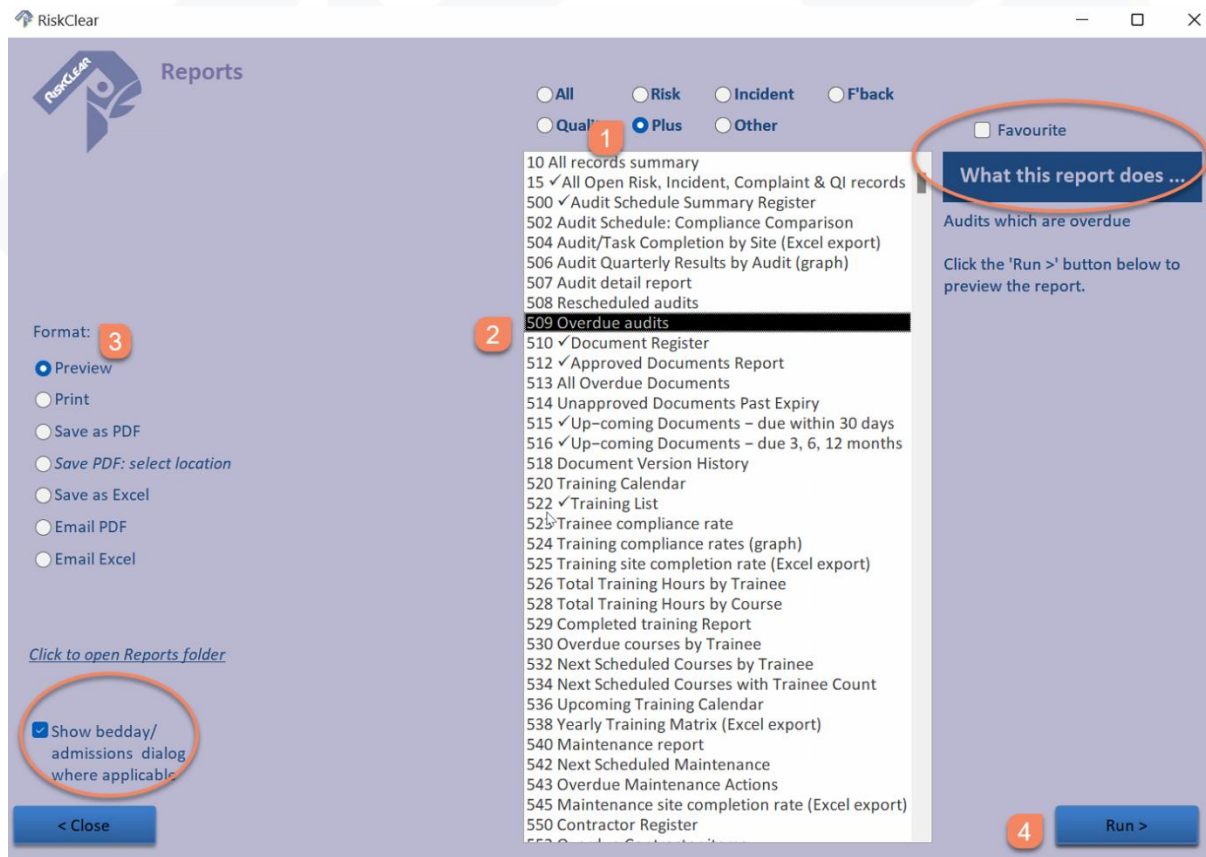
Go to the **Reports** Section of RiskClear.

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**.



The screenshot shows the RiskClear Reports interface. On the left, the 'Format' section has 'Preview' selected (indicated by a red circle with '3'). Below it, a checkbox for 'Show bedday/admissions dialog where applicable' is checked (indicated by a red circle). The main list of reports is displayed, with '509 Overdue audits' highlighted (indicated by a red circle with '2'). Above the list, the 'Plus' radio button is selected (indicated by a red circle with '1'). On the right, the 'Favourite' checkbox is checked (indicated by a red circle), and the 'What this report does ...' section is visible, showing 'Audits which are overdue' and a 'Run >' button (indicated by a red circle with '4').

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**.

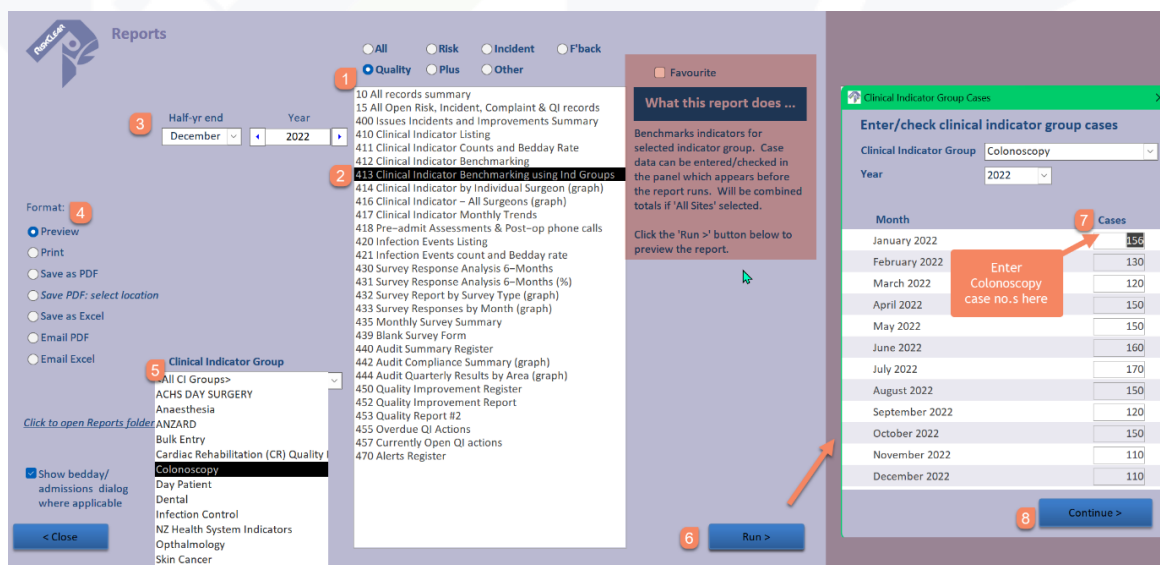
Step 4: Choose **Format**.

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.



Reports

☐ All
 ☒ Risk
 ☐ Incident
 ☐ F'back

☒ Quality
 ☐ Plus
 ☐ Other

☐ Favourite

What this report does ...

Benchmarks indicators for selected indicator group. Case data can be entered/checked in the panel which appears before the report runs. Will be combined totals if 'All Sites' selected.

Click the 'Run >' button below to preview the report.

Clinical Indicator Group Cases

Enter/check clinical indicator group cases

Clinical Indicator Group: Colonoscopy

Year: 2022

Month	Cases
January 2022	130
February 2022	130
March 2022	120
April 2022	150
May 2022	150
June 2022	160
July 2022	170
August 2022	150
September 2022	120
October 2022	150
November 2022	110
December 2022	110

Enter Colonoscopy case no.s here

Run >

Continue >

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 colonoscopy 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 colonoscopy 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 colonoscopy 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 Colonoscopy 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.

RiskClear

New Maintenance Task

Contractor <All Contractors>

Group <All Groups>

< Prev Half-year

Next Half-year >

Search

Maint Owner

2023

2024

Maintenance title (click to edit)

<All>

Jul

Aug

Sep

Oct

Nov

Dec

Jan

Feb

Mar

Apr

May

Jun

*****Air-conditioning Systems

Edit

Quality Services Coordinator

X

X

X

X

X

X

X

X

X

X

X

Call Bell Alarms

Edit

Director of Nursing

X

X

X

X

Fire Detection and Alarm Systems

Edit

Maintenance Manager

X

X

X

X

X

X

X

X

X

X

X

Fire Extinguishers and Hose Reels

Edit

Maintenance Manager

X

X

Generator - annual

Edit

Maintenance Manager

X

HEPA Filters

Edit

Clinical Coordinator

X

Lifts

Edit

Management Team

X

X

X

X

Medical Gasses

Edit

Clinical Coordinator

X

X

Plumbing systems (Dishwasher, HWS)

Edit

Maintenance Manager

X

X

R.O. Unit filters 5 stage Reverse Osmosis

Edit

Maintenance Manager

X

X

Security System - Services & Battery Replacement

Edit

Maintenance Manager

X

TEST

Edit

Complaints Officer

X

X

Test Cal Date

Edit

Administration

Home

Setup

Print Page

Reports

User Manual

Click on a cell to create, edit or remove an item

14 records

Include retired tasks

Close

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**.



REPORTS

☐ All
☐ Risk
☐ Incident
☐ F'back

☐ Qual
☒ 1
☒ Plus
☐ Other

☐ Favourite

3
Date Options:
☒ All records
☐ By date range

5
Format:
☒ Preview
☐ Print
☐ Save as PDF
☐ Save PDF: select location
☐ Save as Excel
☐ Email PDF
☐ Email Excel

☒ Show bedday/ admissions dialog where applicable

Open reports folder

Close

4

Maint Group

<All Maint Groups>
<All Maint Groups>
Air Conditioning
Anaesthetic Equipment
Equipment
Fire Detection
Medical Monitoring Equipment
Scopes
Security

2

10 All records summary
15 ✓ All Open Risk, Incident, Complaint & QI records
500 ✓ Audit Schedule Summary Register
502 Audit Schedule: Compliance Comparison
504 Audit/Task Completion by Site (Excel export)
506 Audit Quarterly Results by Audit (graph)
507 Audit detail report
508 Rescheduled audits
509 Overdue audits
510 ✓ Document Register
512 ✓ Approved Documents Report
513 All Overdue Documents
514 Unapproved Documents Past Expiry
515 ✓ Up-coming Documents – due within 30 days
516 ✓ Up-coming Documents – due 3, 6, 12 months
518 Document Version History
519 Document Register Index List
520 Training Calendar
522 ✓ Training List
523 Trainee compliance rate
524 Training compliance rates (graph)
525 Training site completion rate (Excel export)
526 Total Training Hours by Trainee
528 Total Training Hours by Course
529 Completed training Report
530 Overdue courses by Trainee
532 Next Scheduled Courses by Trainee
534 Next Scheduled Courses with Trainee Count
536 Upcoming Training Calendar
538 Yearly Training Matrix (Excel export)
540 Maintenance report
542 Next Scheduled Maintenance
543 Overdue Maintenance Actions
545 Maintenance site completion rate (Excel export)
546 Complaints Report

What this report does ...

Shows all completed and uncompleted maintenance jobs and tasks, any unscheduled maintenance and compliance rate for the period selected.

Click the 'Run >' button below to preview the report.

6
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

George Michael Memorial Hospital - all dates.	
COMPLETE MAINTENANCE REPORT	
Completed: 102, not completed: 14 Completion ratio: 88%, Compliance ratio: 88%	
Scheduled Maintenance	
AIR CONDITIONING	
*****All conditioning Systems - marked as completed 30 March 2021 Risk Level: High *Test ** due to be reviewed on 8 March ** *Air conditioning only outputting warm air, contractor called to fix ASAP (between scheduled maintenance. Air con fixed, service report attached. (action completed 18 October) *Air conditioning is labouring and not cooling sufficiently for patient and staff safe environment. Adhoc call out requested ASAP. (action completed 13 November) *Air Conditioning repair carried out after hours on 13/11/22. Testing completed and system cooling effectively. (action completed 16 November)	
HEPA Filters - marked as completed 19 May 2021 Risk Level: High TEST - marked as completed 27 August 2021 Risk Level: Extreme	
BUILDING	
Lifts - marked as completed 14 March 2021 Risk Level: High	
FIRE DETECTION	
Fire Detection and Alarm Systems - marked as completed 11 January 2021 Risk Level: High Fire Extinguishers and Hose Reels - marked as completed 11 March 2021 Risk Level: High *test (action completed 27 October)	
MEDICAL EQUIPMENT	
Generator - annual - marked as completed 15 June 2021 Risk Level: High Medical Gasses - marked as completed 11 March 2021 Risk Level: Low Plumbing systems (Dishwashers, HWs) - marked as completed 11 March 2021 Risk Level: Moderate R.O. 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	
SECURITY	
Call Bell Alarms - marked as completed 8 December 2021 Risk Level: Moderate *test (action completed 14 February) *test 2 (action completed 14 February)	
Unscheduled Maintenance	
SECURITY	
Call Bell Alarms - marked as completed 21 July 2021 Risk Level: Moderate *Test Call Bells (action completed 21 July) *Test ** due to be reviewed on 28 May **	

RiskClear Reports

Page: 1 of 2

29 September 2023

George Michael Memorial Hospital - April to September 2023	
HALF-YEARLY MAINTENANCE REPORT	
Completed: 3, not completed: 1 Completion ratio: 75%, Compliance ratio: 75%	
Scheduled Maintenance	
MEDICAL EQUIPMENT	
Generator - annual - marked as completed 5 June 2021 Risk Level: High Medical Gasses - marked as completed 19 July 2021 Risk Level: Low Security System - Services & Battery Replacement - marked as completed 14 June 2021 Risk Level: Low	
Maintenance Exceptions (unfinished)	
MEDICAL EQUIPMENT	
Plumbing systems (Dishwasher, HWs) - not completed Risk Level: Moderate	

RiskClear Reports

Page: 1 of 1

29 September 2023

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 an 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 **Reports** Section of RiskClear.

Step 1: Select **Plus**.

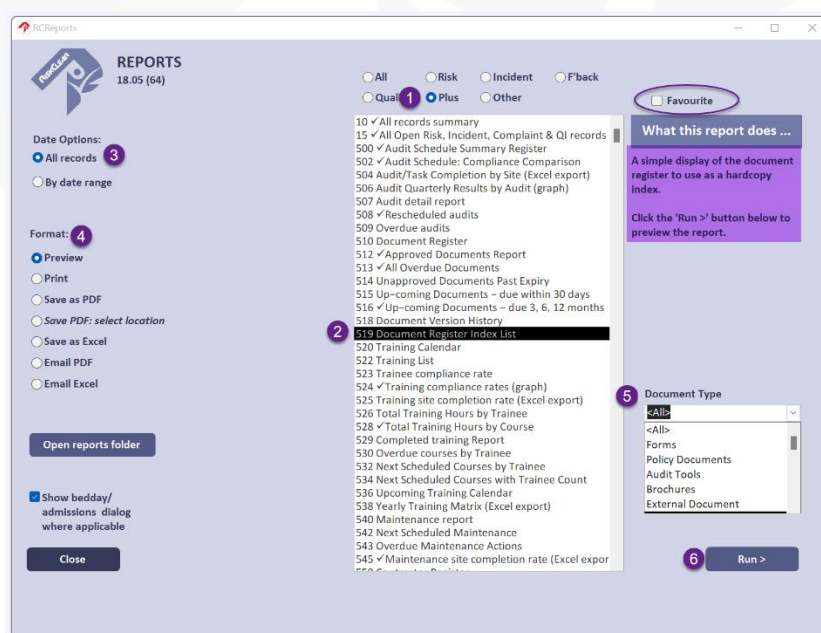
Step 2: Choose Report **519 Document Register Index** from the list – if it is a regularly used report, tick **Favourite**. Also note a description of the report is provided to the right of the selected report (circled/highlighted below).

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**.



The screenshot shows the 'RC Reports' window with the 'REPORTS' section active. The 'Favourite' checkbox is checked. The 'Date Options' section has 'All records' selected. The 'Format' section has 'Preview' selected. The 'Document Type' dropdown is set to '<All>'. The 'Run' button is highlighted.

Example Reports ~ Report 519 Document Register Index

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

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

Document name	Expiry Date
A Document Search in Risk Clear - Work instruction	31/12/2024
AA Work Health and Safety Policy EXAMPLE ONLY	21/07/2024
Assessing RiskClear when Licence Deactivated Notice - Work instruction	
Accreditation Licence Global Merit	26/04/2024
Admission Policy	31/10/2024
Annual Leave Form	28/06/2024
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 2019	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	
Date 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

Document name	Expiry Date
*001 Code of Conduct Policy	18/09/2024
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

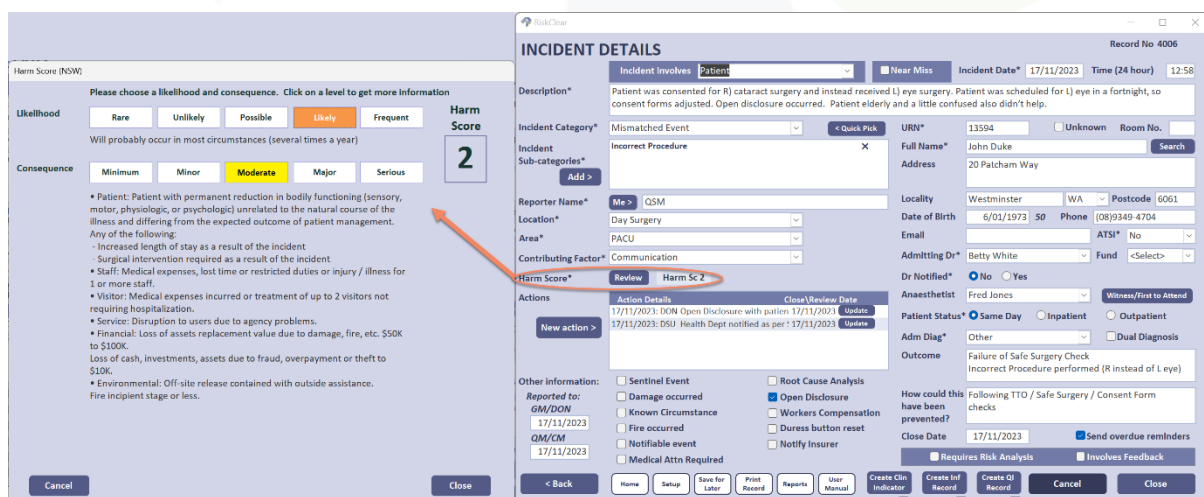
RiskClear reports Page 1 of 1 Friday, 3 November 2023

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).



Harm Score (NSW)

Please choose a likelihood and consequence. Click on a level to get more information

Likelihood Rare Unlikely Possible **Likely** Frequent

Will probably occur in most circumstances (several times a year)

Consequence Minimum Minor **Moderate** Major Serious

Harm Score 2

• Patient: Patient with permanent reduction in bodily functioning (sensory, motor, physiologic, or psychologic) unrelated to the natural course of the illness and differing from the expected outcome of patient management. Any of the following:
 - Increased length of stay as a result of the incident
 - Surgical intervention required as a result of the incident
 • Staff: Medical expenses, lost time or restricted duties or injury / illness for 1 or more staff.
 • Visitor: Medical expenses incurred or treatment of up to 2 visitors not requiring hospitalization.
 • Service: Disruption to users due to agency problems.
 • Financial: Loss of assets replacement value due to damage, fire, etc. \$50K to \$100K.
 • Loss of cash, investments, assets due to fraud, overpayment or theft to \$10K.
 • Environmental: Off-site release contained with outside assistance. Fire incident stage or less.

INCIDENT DETAILS

Incident involves Patient Near Miss Incident Date* 17/11/2023 Time (24 hour) 12:58

Description* Patient was consented for R) cataract surgery and instead received L) eye surgery. Patient was scheduled for L) eye in a fortnight, so consent forms adjusted. Open disclosure occurred. Patient elderly and a little confused also didn't help.

Incident Category* Mismatched Event < Quick Pick

Incident Sub-categories* Incorrect Procedure X

Reporter Name* Me > QSM

Location* Day Surgery

Area* PACU

Contributing Factor* Communication

Harm Score* Review **Harm Sc 2**

Actions

17/11/2023: DON Open Disclosure with patient 17/11/2023 Update Delete

17/11/2023: DSU Health Dept notified as per 17/11/2023 Update Delete

Other information:

Reported to: GM/DON 17/11/2023 GM/CM 17/11/2023

☐ Sentinel Event ☐ Root Cause Analysis ☒ Open Disclosure ☐ Workers Compensation ☐ Fire occurred ☐ Duress button reset ☐ Notifiable event ☐ Medical Attn Required

Patient Information

URN* 13594 Unknown Room No.

Full Name* John Duke Search

Address 20 Palcham Way

Locality Westminster WA Postcode 6061

Date of Birth 6/01/1973 50 Phone (08)9349-4704

Email ATSI* No

Admitting Dr* Betty White Fund <Select>

Dr Notified* ☒ No ☐ Yes

Anaesthetist Fred Jones Witness/First to Attend

Patient Status* ☒ Same Day ☐ Inpatient ☐ Outpatient

Adm Diag* Other ☐ Dual Diagnosis

Outcome Failure of Safe Surgery Check Incorrect Procedure performed (R instead of L) eye

How could this have been prevented? Following TTO / Safe Surgery / Consent Form checks

Close Date 17/11/2023 ☒ Send overdue reminders

☒ Requires Risk Analysis ☐ Involves feedback

< Back Home Setup Save for Later Print Record Reports User Manual Create Clin Indicator Create Inf Record Create DJ Record Cancel Close

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.

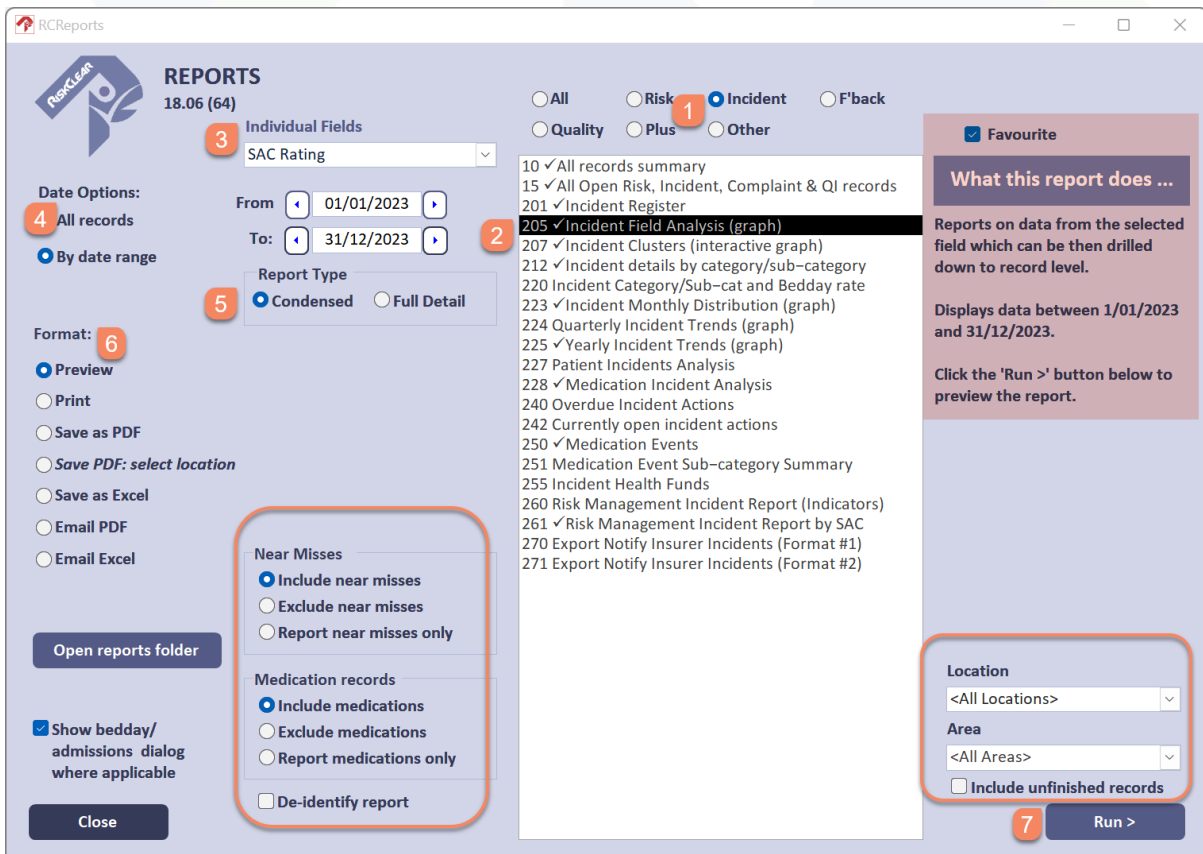
How to run Report 205:

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**.



RCReports

REPORTS
18.06 (64)

Individual Fields

3 SAC Rating

Date Options:

4 All records

By date range

Format:

6 Preview

Print

Save as PDF

Save PDF: select location

Save as Excel

Email PDF

Email Excel

Open reports folder

✓ Show bedday/ admissions dialog where applicable

Close

Incident

10 ✓ All records summary

15 ✓ All Open Risk, Incident, Complaint & QI records

201 ✓ Incident Register

205 ✓ Incident Field Analysis (graph)

207 ✓ Incident Clusters (interactive graph)

212 ✓ Incident details by category/sub-category

220 Incident Category/Sub-cat and Bedday rate

223 ✓ Incident Monthly Distribution (graph)

224 Quarterly Incident Trends (graph)

225 ✓ Yearly Incident Trends (graph)

227 Patient Incidents Analysis

228 ✓ Medication Incident Analysis

240 Overdue Incident Actions

242 Currently open incident actions

250 ✓ Medication Events

251 Medication Event Sub-category Summary

255 Incident Health Funds

260 Risk Management Incident Report (Indicators)

261 ✓ Risk Management Incident Report by SAC

270 Export Notify Insurer Incidents (Format #1)

271 Export Notify Insurer Incidents (Format #2)

What this report does ...

Reports on data from the selected field which can be then drilled down to record level.

Displays data between 1/01/2023 and 31/12/2023.

Click the 'Run >' button below to preview the report.

Location

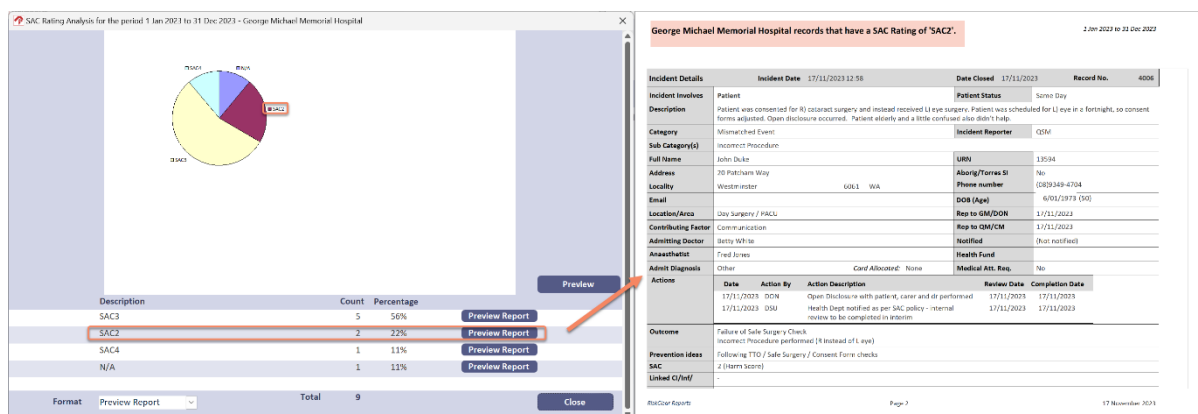
<All Locations>

Area

<All Areas>

Include unfinished records

7 Run >



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

George Michael Memorial Hospital records that have a SAC Rating of 'SAC2'.

3 Jan 2023 to 31 Dec 2023

Record Number	Date Reported	Description	Incident Involves	Incident Category	Current Risk & SAC	Outcome
No Site						
4006	17/11/2023	Patient was consented for R) cataract surgery and instead received L eye surgery. Patient was scheduled for L eye in a fortnight, so consent forms adjusted. Open disclosure occurred. Patient elderly and a little confused also didn't help.	Patient	Mismanaged Event	2	Failure of Safe Surgery Check (Incorrect Procedure performed (R instead of L eye))
3079	9/01/2023	Patient experienced a delay in discharge due to a post up bleed in recovery requiring a return to theatre for cauterisation following D&C.	Patient	Clinical Deterioration	2	Emergency return to theatre, PV bleeding stopped following D&C. Prolonged length of stay

George Michael Memorial Hospital records that have a SAC Rating of 'SAC2'.

2 Jan 2023 to 31 Dec 2023

Incident Details	Incident Date	17/11/2023 12:58	Date Closed	17/11/2023	Record No.	4006
Incident Involves	Patient		Patient Status	Same Day		
Description	Patient was consented for R) cataract surgery and instead received L eye surgery. Patient was scheduled for L eye in a fortnight, so consent forms adjusted. Open disclosure occurred. Patient elderly and a little confused also didn't help.					
Category	Mismanaged Event		Incident Reporter	CMH		
Sub Category(s)	Incorrect Procedure					
Full Name	John Duke		URN	1594		
Address	20 Patcham Way		Abiding/Torres St	No		
Locality	Westminster		Phone number	(08)945-4704		
Email	Day Surgery / PACU		DOB (Age)	6/01/1979 (50)		
Location/Area			Rep to GM/DON	17/11/2023		
Contributing Factor	Communication		Rep to GM/CM	17/11/2023		
Admitting Doctor	Betty White		Notified	(Not notified)		
Anaesthetist	Fred Jones		Health Fund			
Admit Diagnosis	Other		Medical Att. Req.	No		
Card Abroad?	None					
Actions	Date	Action By	Action Description	Review Date	Completion Date	
	17/11/2023	DOH	Open Disclosure with patient, carer and dr performed	17/11/2023	17/11/2023	
	17/11/2023	DSU	Health Dept notified as per SAC policy - internal review to be completed in interim	17/11/2023	17/11/2023	
Outcome	Failure of Safe Surgery Check (Incorrect Procedure performed (R instead of L eye))					
Prevention Ideas	Following TTD / Safe Surgery / Consent Form checks					
SAC	2 (Harm Score)					
Linked CI/Inf						

ASAC/Rep Reports

Page 2 of 2

17/11/2023

ASAC/Rep Reports

Page 2

17 November 2023

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 **Reports** 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

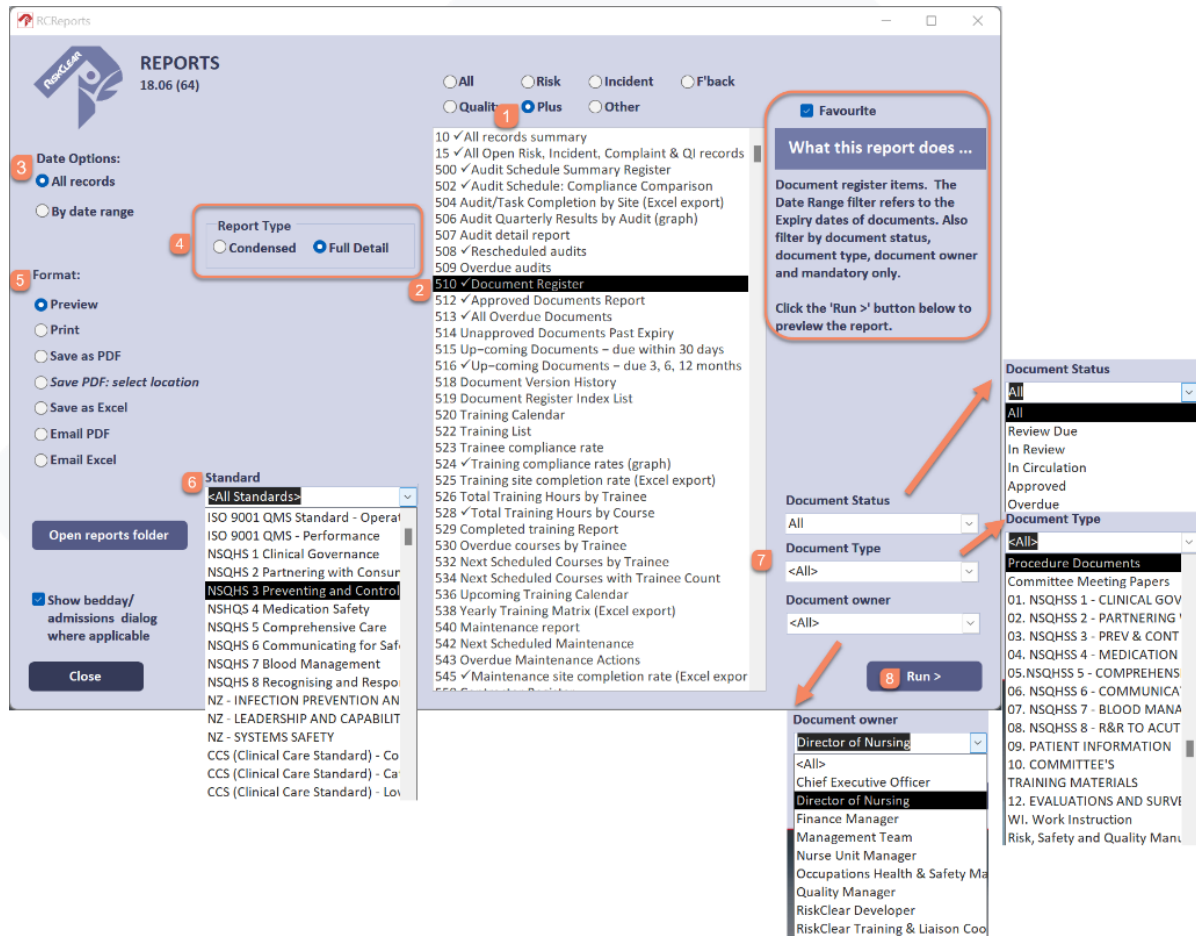
Step 4: Select Report Type – Full Detail

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.



RCRReports

REPORTS
18.06 (64)

1 ☐ All ☐ Risk ☐ Incident ☐ F'back
☐ Quality **☒ Plus** ☐ Other

3 **Date Options:**
☒ All records
☐ By date range

4 **Report Type**
☐ Condensed **☒ Full Detail**

5 **Format:**
☒ Preview
☐ Print
☐ Save as PDF
☐ Save PDF: select location
☐ Save as Excel
☐ Email PDF
☐ Email Excel

6 **Standard**
<All Standards>
ISO 9001 QMS Standard - Operat
ISO 9001 QMS - Performance
NSQHS 1 Clinical Governance
NSQHS 2 Partnering with Consur
NSQHS 3 Preventing and Control
NSQHS 4 Medication Safety
NSQHS 5 Comprehensive Care
NSQHS 6 Communicating for Saf
NSQHS 7 Blood Management
NSQHS 8 Recognising and Respo
NZ - INFECTION PREVENTION AN
NZ - LEADERSHIP AND CAPABILIT
NZ - SYSTEMS SAFETY
CCS (Clinical Care Standard) - Co
CCS (Clinical Care Standard) - Ca
CCS (Clinical Care Standard) - Lo

2 **510 Document Register**
10 ✓ All records summary
15 ✓ All Open Risk, Incident, Complaint & QI records
500 ✓ Audit Schedule Summary Register
502 ✓ Audit Schedule: Compliance Comparison
504 Audit/Task Completion by Site (Excel export)
506 Audit Quarterly Results by Audit (graph)
507 Audit detail report
508 ✓ Rescheduled audits
509 Overdue audits

What this report does ...
Document register items. The Date Range filter refers to the Expiry dates of documents. Also filter by document status, document type, document owner and mandatory only.
Click the 'Run >' button below to preview the report.

7 **Document Status**
All
All
Review Due
In Review
In Circulation
Approved
Overdue
Document Type
<All>
Procedure Documents
Committee Meeting Papers
01. NSQHSS 1 - CLINICAL GOV
02. NSQHSS 2 - PARTNERING '
03. NSQHSS 3 - PREV & CONT
04. NSQHSS 4 - MEDICATION
05. NSQHSS 5 - COMPREHENS
06. NSQHSS 6 - COMMUNICA
07. NSQHSS 7 - BLOOD MANA
08. NSQHSS 8 - R&R TO ACUT
09. PATIENT INFORMATION
10. COMMITTEE'S
TRAINING MATERIALS
12. EVALUATIONS AND SURVE
WI. Work Instruction
Risk, Safety and Quality Man

8 **Run >**

Document owner
Director of Nursing
<All>
Chief Executive Officer
Director of Nursing
Finance Manager
Management Team
Nurse Unit Manager
Occupations Health & Safety Ma
Quality Manager
RiskClear Developer
RiskClear Training & Liaison Cool

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.

All dates

NSOHSS 4 - MEDICATION SAFETY

01. NSQHSS 1 - CLINICAL GOV

08. NSQHSS 8 - R&R TO ACUTE DETERIORATION

120

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\giselle\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	Chief Executive Officer	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	sbsdhsfghsfghsfghsfgr	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

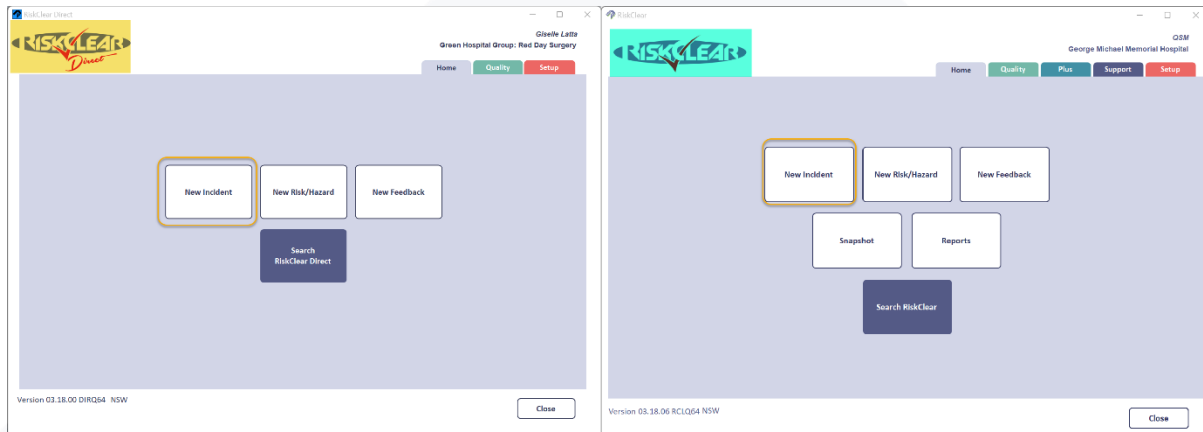
1 December 2023

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**.

REPORTS
18.06 (64)

☐ All
☐ R 1
☒ Incident
☐ F'back

☐ Quality
☐ Plus
☐ Other

10 ✓ All records summary
15 ✓ All Open Risk, Incident, Complaint & QI records
201 ✓ Incident Register
205 ✓ Incident Field Analysis (graph)
207 ✓ Incident Clusters (interactive graph)
212 ✓ Incident details by category/sub-category
220 Incident Category/Sub-cat and Bedday rate
223 ✓ Incident Monthly Distribution (graph)
224 Quarterly Incident Trends (graph)
225 ✓ Yearly Incident Trends (graph)
227 Patient Incidents Analysis
228 ✓ Medication Incident Analysis
240 Overdue Incident Actions
242 Currently open incident actions
250 ✓ Medication Events
251 Medication Event Sub-category Summary
255 Incident Health Funds
260 Risk Management Incident Report (Indicators)
261 ✓ Risk Management Incident Report by SAC
270 Export Notify Insurer Incidents (Format #1)
271 Export Notify Insurer Incidents (Format #2)

☒ Favourite

What this report does ...
Displays record number, description, category and other details. This also includes the current risk if applicable. This report sorts by Report date ascending. Tick the Alternative Sort box to sort by risk level.
Click the 'Run >' button below to preview the report.

Date Options:
☒ All records
☐ By date range

Format:
☒ Preview
☐ Print
☐ Save as PDF
☐ Save PDF: select location
☐ Save as Excel
☐ Email PDF
☐ Email Excel

Open reports folder

☐ Alternative sort
☒ Show bedday/admissions dialog where applicable

Close

Report Type
☒ Condensed ☐ Full Detail

Exclude where current risk is:
☐ Low
☐ Moderate

Open Records
☐ Open ☐ Closed ☒ All

Near Misses
☒ Include near misses
☐ Exclude near misses
☐ Report near misses only

Medication records
☒ Include medications
☐ Exclude medications
☐ Report medications only

☐ De-identify report
☐ Exclude patient incidents

6 Doctor
<Select>

7 Health Fund
<All Health Funds>

Location
<All Locations>

Area
<All Areas>

☐ Include unfinished records

8 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 inguinal 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 Patient 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
2882	1/27/2022	Q & J Unplanned Transfer or admission related to ongoing management (U) 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 0900hrs. Following a routine recovery and upon being transferred to a recliner the patient appeared to trip over his own feet and fell backwards landing on his left side with assistance from the nurse monitoring him. He was helped up by 2 nurses and sat in the recliner chair. Patient complained that his 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 no breaks or fractures.
2883	3/11/2021	Patient admitted for Dental Procedure at 1000hrs, was observed to be agitated towards nursing and medical staff both before and after his procedure. Security called at 1100hrs to deal with patient to ensure aggressive behaviours were monitored and to ensure safety of patients, carers and staff. Discharged at 1300 with carer and discharge advice.	Patient	Violence & Safety	3	Patient discharged at 1:00hrs with Carer and discharge advice.
2884	16/9/2021	A crowd from Beaumont Square on garden path corner prior to car was causing them to trip and fall over. Client's phone was broken during incident and sustained head and knee grazes, potential bruising to chest area as well as dentures of falling over. Reviewed by Dr and Xray of knee and hand organised for following day.	Patient	Slip, Trip, Fall - Patient	3	Referred to the patient immediate injuries and concerns (first aid, xray follow up organised for 11/9/2021 by Dr. Patient has soft tissue injury to his knee and fracture to right wrist requiring cast and plaster).

WidCher Review

Page 20 of 36

1/26/2023

George Michael Memorial Hospital's Incident Register

Incident Details	Incident Date	1/27/2022 13:15	Date Closed	22/07/2022	Record No.	2882
Incident Involves	Patient		Patient Status	Same Day		
Description	Q & J Unplanned Transfer or admission related to ongoing management (U) 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 0900hrs. Following a routine recovery and upon being transferred to a recliner the patient appeared to trip over his own feet and fell backwards landing on his left side with assistance from the nurse monitoring him. He was helped up by 2 nurses and sat in the recliner chair. Patient complained that his 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.	Giselle Latta				
Category	Slip, Trip, Fall - Patient		Incident Reporter		No	
Full Sub Category(s)	Full				No	
Full Name	Jack Pearson		MRN		No	
Address			Aborig/Torres SI		No	
Locality	NDW		Phone number		No	
Email			DOB (Age)	()	No	
Location/Area	PACU / PACU Discharge lounge		Reported To CIO	Not reported	No	
Contributing Factor	IMPLICIT VAGUE		Reported To CEO	Not reported	No	
Admitting Doctor	Jack Pearson		Hospital	(see report)	No	
Anesthetist	Mona's Apple		Health Plan		No	
Admit Diagnosis	N/A	Card Allocated	Medi-Cal Reg.		No	
Actions		Card Allocated	None	None	None	
Outcome	Patient was referred 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 no breaks or fractures.	Card Allocated	None	None	None	
Prevention Ideas	Consider 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	Card Allocated	None	None	None	
SAC	3 (1 term Score)	Card Allocated	None	None	None	

WidCher Review

Page 4

24 March 2023

***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

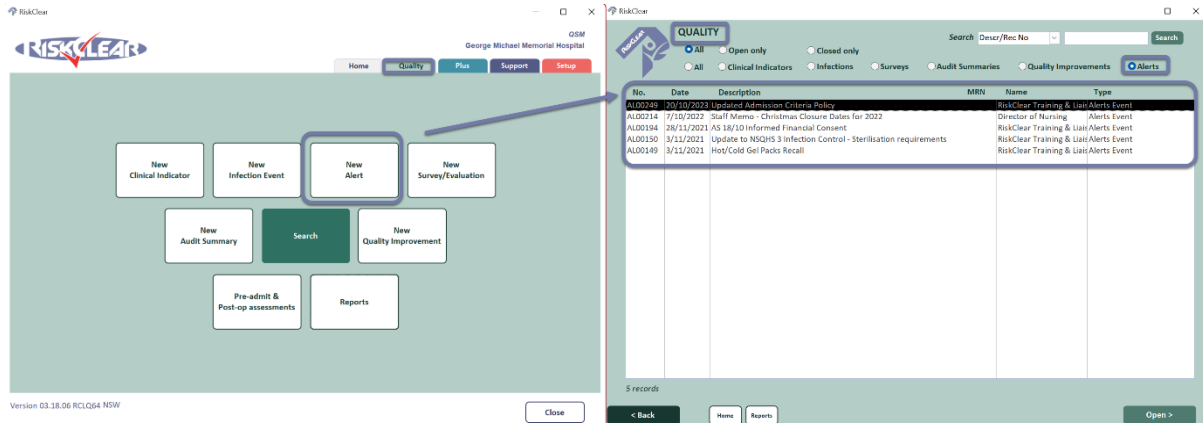
Purpose

- ✓ 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**



No.	Date	Description	MRN	Name	Type
AL00298	20/10/2022	Updated Admission Criteria Policy		RiskClear Training & List/Alerts Event	
AL00214	17/10/2022	Staff Memo - Christmas Closure Dates for 2022		Director of Nursing Alerts Event	
AL00184	28/11/2021	AS 18/10 Informed Financial Consent		RiskClear Training & List/Alerts Event	
AL00150	3/11/2021	Update to NSQHS 3 Infection Control - Sterilisation requirements		RiskClear Training & List/Alerts Event	
AL00140	3/11/2021	Hot/Cold Gel Packs Recall		RiskClear Training & List/Alerts Event	

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).*



REPORTS
18.06 (64)

☐ All
☐ Risk
☐ Incident
☐ F'back

☒ Quality
☐ Plus
☐ Other

Date Options:

3

☒ All records
☐ By date range

Format:

4

☒ Preview
☐ Print
☐ Save as PDF
☐ Save PDF: select location
☐ Save as Excel
☐ Email PDF
☐ Email Excel

☒ Show bedday/ admissions dialog where applicable

Open reports folder

Close

Open Records

☐ Open
☐ Closed
☒ All

1

10 ✓ All records summary
15 ✓ All Open Risk, Incident, Complaint & QI records
400 Issues Incidents and Improvements Summary
410 Clinical Indicator Listing
411 ✓ Clinical Indicator Counts and Bedday Rate
412 ✓ Clinical Indicator Benchmarking
413 Clinical Indicator Benchmarking using Ind Groups
414 ✓ Clinical Indicator by Individual Surgeon (graph)
416 Clinical Indicator – All Surgeons (graph)
417 Clinical Indicator Monthly Trends
418 Pre-admit Assessments & Post-op phone calls
420 ✓ Infection Events Listing
421 ✓ Infection Events count and Bedday rate
430 Survey Response Analysis 6-Months
431 Survey Response Analysis 6-Months (%)
432 Survey Report by Survey Type (graph)
433 Survey Responses by Month (graph)
435 Monthly Survey Summary
439 Blank Survey Form
440 Audit Summary Register
442 Audit Compliance Summary (graph)
444 Audit Quarterly Results by Area (graph)
450 Quality Improvement Register
452 Quality Improvement Report
453 Quality Report #2
455 Overdue QI Actions
457 Currently Open QI actions

2

470 ✓ Alerts Register

6

Run >

☒ Favourite

What this report does ...
Shows all TGA Recalls & Alerts according to the date range and Open/Closed filter used.
Click the 'Run >' button below to preview the report.

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				
Alert Type: TGA Recall	Risk Level: High	Record No: AL00149	Date Issued: 3/11/2021	Date Closed: 9/11/2021
Short Description: Hot/Cold Gel Packs Recall				
Coordinator(s): RiskClear Training & Liaison Coordinator, Finance Manager, Nurse Unit Manager				
Notes: Please respond and raise a risk or QI if this alert affects you. All areas confirmed as compliant whether R or not.				
Doc Link: C:\Users\lgall@gehealth\Documents\RiskClear Governance\Alerts & Admissions\000001 F&B FX				
6 notifyee(s)				
Chief Executive Officer	Status: Completed	Last Notification: 6/04/2022 7:3		
Action Outcome: Stock removed	Linked QI No: (No links)	Linked Risk No: 1848	Date Completed: 6/11/2021	
Day Therapy Services Manager	Status: Not applicable	Last Notification: 6/04/2022 7:3		
Action Outcome: (No outcome)	Linked QI No: (No links)	Linked Risk No: (No links)	Date Completed: [Skill open]	
Day Co-ordinator	Status: Completed	Last Notification: 6/04/2022 7:3		
Action Outcome: Stock removed from Supply and bedside cubicles. New stock ordered.	Linked QI No: (No links)	Linked Risk No: (No links)	Date Completed: 3/11/2021	
Infection Control Nurse	Status: Completed	Last Notification: 6/04/2022 7:3		
Action Outcome: Checking Batch No's	Linked QI No: (No links)	Linked Risk No: (No links)	Date Completed: 7/11/2021	
Finance Manager	Status: Not set	Last Notification: 12/12/2021 1		
Action Outcome: (No outcome)	Linked QI No: (No links)	Linked Risk No: (No links)	Date Completed: [Skill open]	
Director of Nursing	Status: Completed	Last Notification: 6/04/2022 7:3		
Action Outcome: Removed stock from supply. Ordered replacement stock.	Linked QI No: (No links)	Linked Risk No: (No links)	Date Completed: 5/11/2021	
RiskClear Reports Page 1 of 1 Friday, 17 January 2021				

George Michael Memorial Hospital - Alerts				
Alert Type: Advisory	Risk Level: High	Record No: AL00294	Date Issued: 28/11/2021	Date Closed: 15/12/2021
Short Description: AS 18/10 Informed Financial Consent				
Coordinator(s): RiskClear Training & Liaison Coordinator, Finance Manager				
Notes: Informed Financial Consent requirements. Advisory identifies assessment requirements for Financial consent in health services. Financial Consent Forms, process in call centre/bookings will need to be reviewed and changed where necessary.				
Feedback from all Notifyee's received. Changes made - refer to QI Records.				
Doc Link: C:\Users\lgall@gehealth\Documents\Don't do's				
4 notifyee(s)				
Nurse Co-ordinator	Status: Completed	Last Notification: Not notified		
Action Outcome: Reviewed - all changes	Linked QI No: (No links)	Linked Risk No: (No links)	Date Completed: 8/12/2021	
Chief Executive Officer	Status: Completed	Last Notification: Not notified		
Action Outcome: Finance Manager has in hand.	Linked QI No: (No links)	Linked Risk No: (No links)	Date Completed: 5/12/2021	
Finance Manager	Status: Completed	Last Notification: Not notified		
Action Outcome: Process reviewed with Bookings and Finance Team. Current Financial Consent form required minor changes. Submitted to DCM Form. Bookings staff notified.	Linked QI No: 295	Linked Risk No: (No links)	Date Completed: 15/12/2021	
Director of Nursing	Status: Completed	Last Notification: Not notified		
Action Outcome: Financial consent process reviewed with Business Manager and Finance Manager. They will update QI and revised forms.	Linked QI No: (No links)	Linked Risk No: (No links)	Date Completed: 8/12/2021	
RiskClear Reports Page 1 of 1 Friday, 17 January 2021				

George Michael Memorial Hospital - Alerts				
Alert Type: Advisory	Risk Level: High	Record No: AL00249	Date Issued: 28/10/2021	Date Closed: 12/01/2024
Short Description: Updated Admission Criteria Policy				
Coordinator(s): RiskClear Training & Liaison Coordinator, Clinical Coordinator				
Notes: Staff to read and acknowledge Admission Policy prior to release onto Doc Register. Updated following acknowledgement to Doc Register on 12/1/24.				
Doc Link: C:\Users\lgall@gehealth\Documents\Admission AS18 My Health Record and ADHS Medical T				
5 notifyee(s)				
Medical Director	Status: Completed	Last Notification: Not notified		
Action Outcome: Read and understood	Linked QI No: (No links)	Linked Risk No: (No links)	Date Completed: 12/01/2024	
Infection Control Nurse	Status: Completed	Last Notification: Not notified		
Action Outcome: Policy read and understood	Linked QI No: (No links)	Linked Risk No: (No links)	Date Completed: 27/01/2023	
Nurse Co-ordinator	Status: Not set	Last Notification: Not notified		
Action Outcome: Read and Understood	Linked QI No: (No links)	Linked Risk No: (No links)	Date Completed: 31/01/2023	
Nurse Unit Manager	Status: Completed	Last Notification: Not notified		
Action Outcome: Read	Linked QI No: (No links)	Linked Risk No: (No links)	Date Completed: 12/01/2024	
RiskClear Training & Liaison Coordinator	Status: Completed	Last Notification: Not notified		
Action Outcome: Read and Understood	Linked QI No: (No links)	Linked Risk No: (No links)	Date Completed: 12/01/2024	
RiskClear Reports Page 1 of 1 Friday, 12 January 2024				

52. Report 580 Assets Register

Audience & Key Users of this Report:

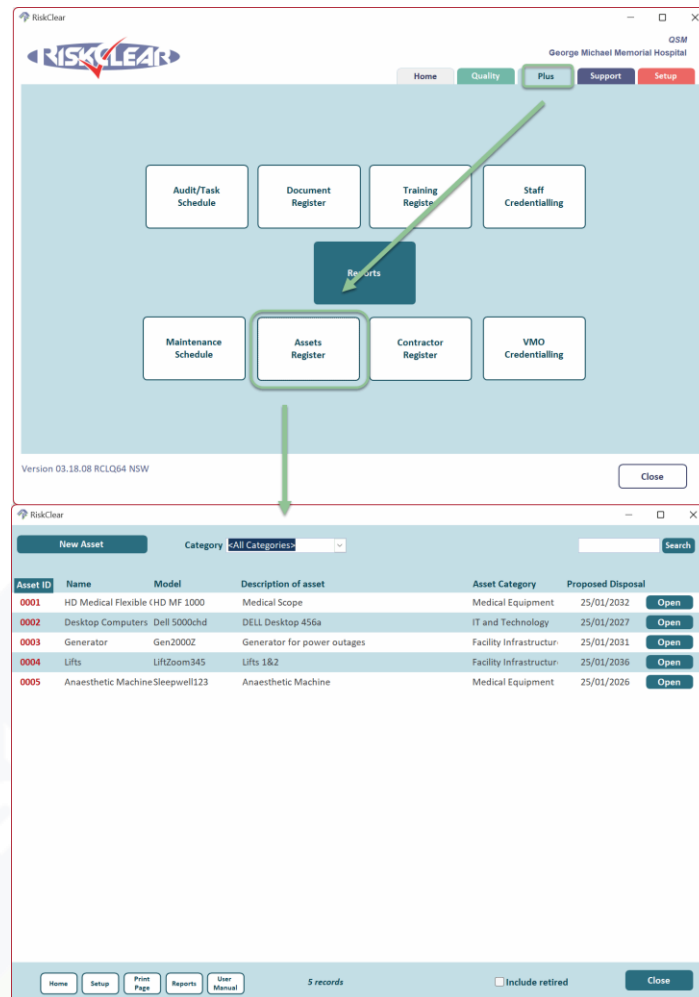
- ✓ Clinical Managers
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ Maintenance Manager
- ✓ Finance/Assets Manager
- ✓ RiskClear Users

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.



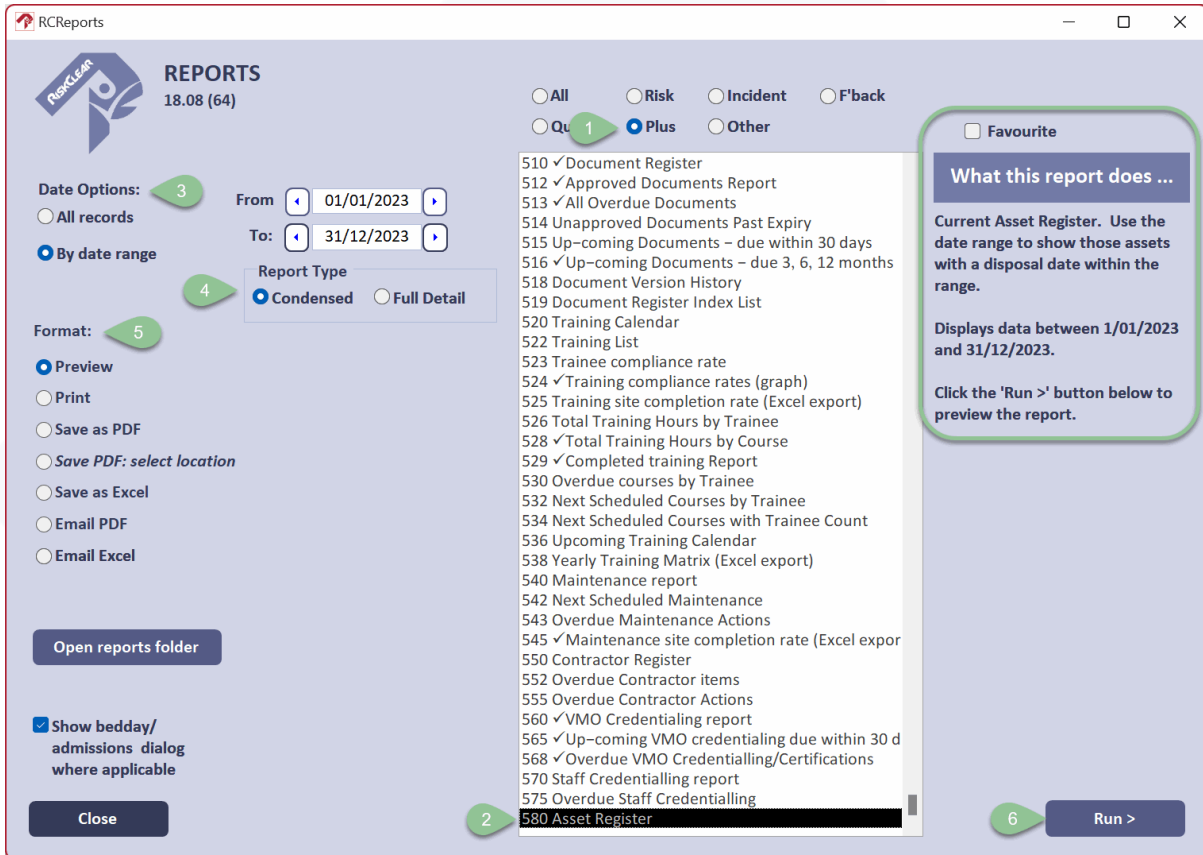
Real Everyday Use:

- ✓ **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 >**.



The screenshot shows the 'RCReports' window with the 'REPORTS' section. The 'Date Options' are set to 'By date range' (3), with 'From' and 'To' dates of '01/01/2023' and '31/12/2023' respectively. The 'Report Type' is set to 'Condensed' (4). The 'Format' is set to 'Preview' (5). The 'Favourite' checkbox is checked. The 'Run' button is labeled 'Run >' (6). The list of reports includes '580 Asset Register' (2).

What this report does ...

Current Asset Register. Use the date range to show those assets with a disposal date within the range.

Displays data between 1/01/2023 and 31/12/2023.

Click the 'Run >' button below to preview the report.

Example Contractor Register Reports – Condensed & Full Detail:

Condensed Example Report 580

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

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

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: Generator - annual	Serviced every: 12 months	Last completed service: 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

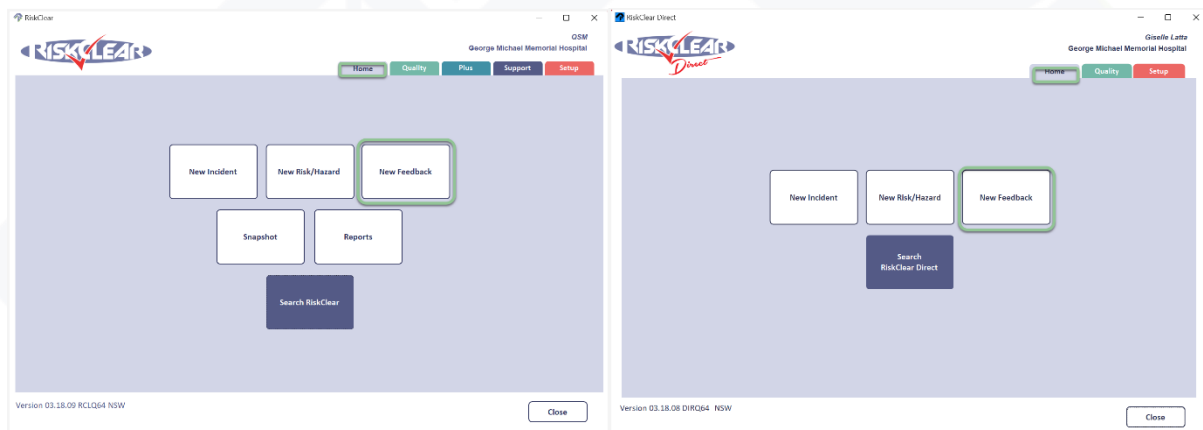
Purpose:

- ✓ 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)

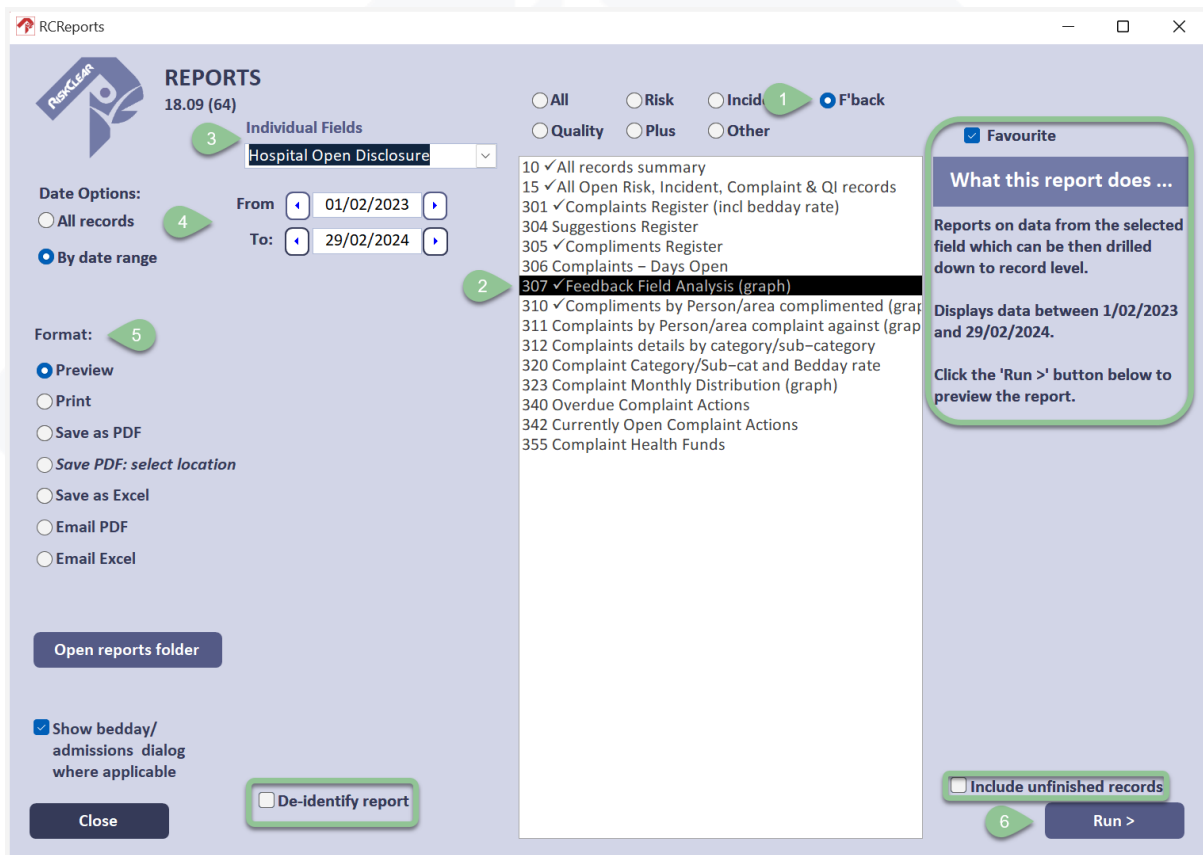
1. Go to the **Reports** Section of RiskClear and select **F'Back**.

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"**.



RCReports

REPORTS
18.09 (64)

Individual Fields
Hospital Open Disclosure

Date Options:
☐ All records
☒ By date range

From: 01/02/2023 To: 29/02/2024

Format:
☒ Preview
☐ Print
☐ Save as PDF
☐ Save PDF: select location
☐ Save as Excel
☐ Email PDF
☐ Email Excel

Open reports folder

☒ Show bedday/ admissions dialog where applicable

Close

☐ De-identify report

☐ All ☐ Risk ☐ Incid ☒ F'back
☐ Quality ☐ Plus ☐ Other

10 ✓ All records summary
 15 ✓ All Open Risk, Incident, Complaint & QI records
 301 ✓ Complaints Register (incl bedday rate)
 304 Suggestions Register
 305 ✓ Compliments Register
 306 Complaints – Days Open
 307 ✓ Feedback Field Analysis (graph)
 310 ✓ Compliments by Person/area complimented (graph)
 311 Complaints by Person/area complaint against (graph)
 312 Complaints details by category/sub-category
 320 Complaint Category/Sub-cat and Bedday rate
 323 Complaint Monthly Distribution (graph)
 340 Overdue Complaint Actions
 342 Currently Open Complaint Actions
 355 Complaint Health Funds

What this report does ...

Reports on data from the selected field which can be then drilled down to record level.

Displays data between 1/02/2023 and 29/02/2024.

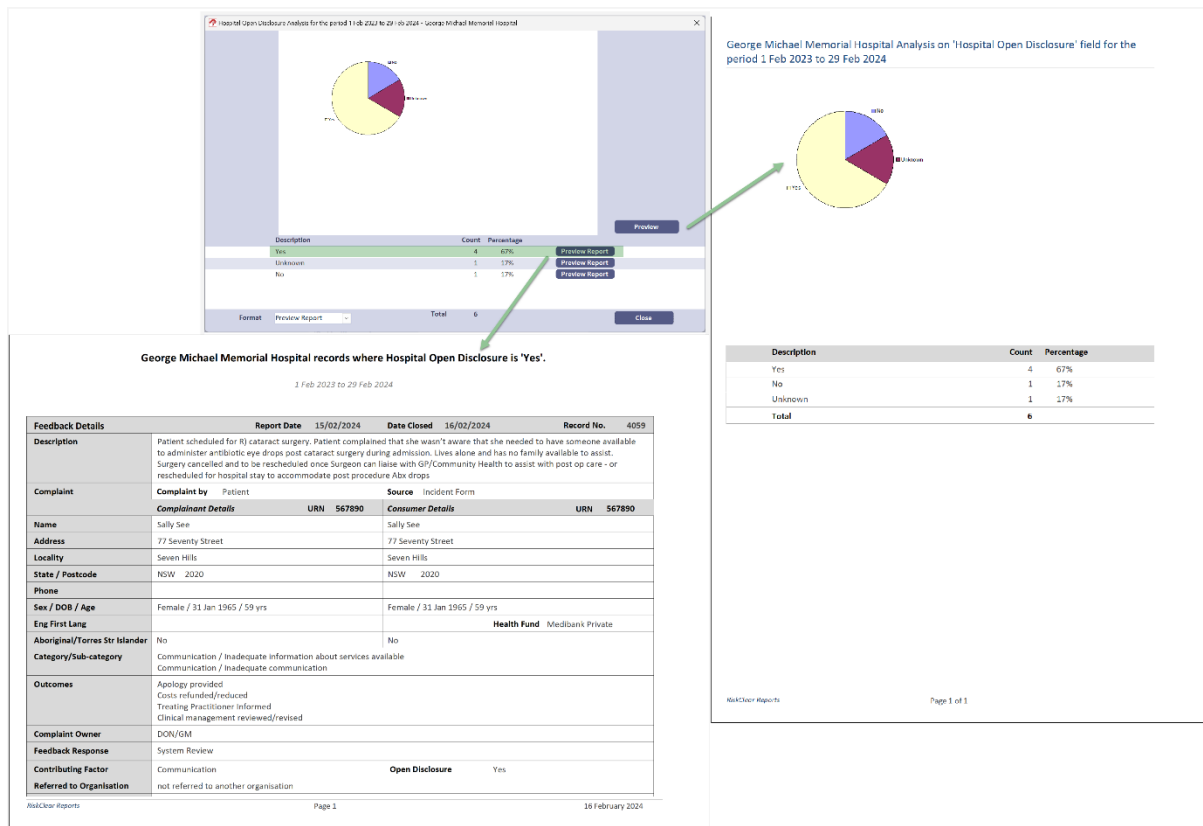
Click the 'Run >' button below to preview the report.

☐ Include unfinished records

Run >

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:

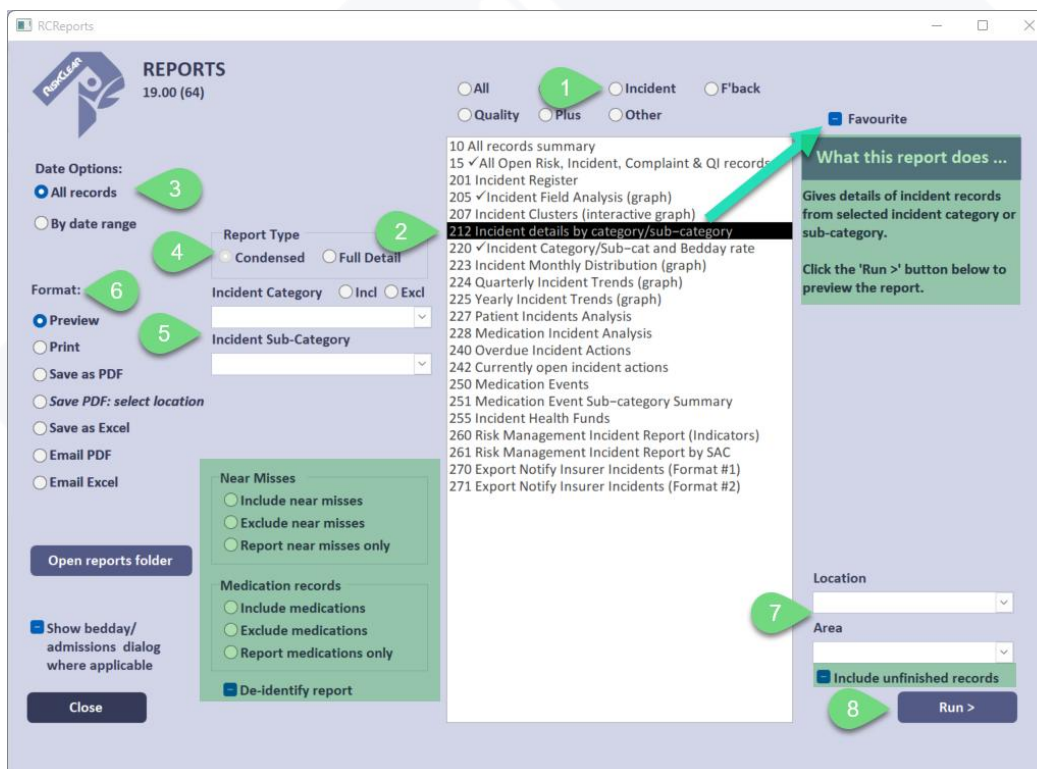
- ✓ Gives details of incident records by incident category and/or sub-categories
- ✓ Displays data between a Date range or All records
- ✓ Provides condensed (new) or detailed version of this data/report
- ✓ Assists Hospitals and Health Service Organisations (HSO) to monitor and respond to incident trends
- ✓ 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).*



The screenshot shows the RiskClear Reports interface. The main window is titled 'RCReports' and 'REPORTS 19.00 (64)'. On the left, there are sections for 'Date Options' (All records, By date range), 'Format' (Preview, Print, Save as PDF, Save as Excel, Email PDF, Email Excel), and 'Near Misses' (Include near misses, Exclude near misses, Report near misses only). The 'Report Type' section has 'Condensed' and 'Full Detail' options. The 'Incident Category' and 'Incident Sub-Category' dropdowns are visible. A list of reports is shown in the center, with '212 Incident details by category/sub-category' highlighted. On the right, there is a 'Favourite' checkbox and a 'What this report does...' box. The 'Location' and 'Area' dropdowns are at the bottom right, along with the 'Run >' button. Numbered callouts 1 through 8 point to specific elements: 1 points to the 'Incident' radio button, 2 points to the 'Report Type' section, 3 points to the 'Date Options' section, 4 points to the 'Incident Category' dropdown, 5 points to the 'Incident Sub-Category' dropdown, 6 points to the 'Format' section, 7 points to the 'Run >' button, and 8 points to the 'Include unfinished records' checkbox.

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'.						Incident details for George Michael Memorial Hospital for category 'Clinical Deterioration'.					
Condensed						Full detail					
Record Number	Date Reported	Description	Incident Involves	Incident Category	Current Risk & SAC	Outcome	Incident Details	Incident Date	Date Closed	Record No.	3979
3939	14/09/2021	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	Incident Involves	Patient	Patient Status	Inpatient	
3403	30/09/2022	Medication charted incorrectly which resulted in patient being given wrong dose.	Staff member	• Medication	M4	Patient given 25mg dose instead of 50mg dose. Dr notified, extra 25mg given with no side effect.	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.			
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 no other side effects. SAC Incident review raised - wrong drug, wrong person.	Staff member	• Medication	M4	SAC Incident Review Protocol initiated	Categories/Subcategories	• Clinical Deterioration/Hypotension • Clinical Deterioration/Bradycardia	Incident Reporter	Giselle Latta	
3768	14/06/2021	SA medication not signed for. Medication accounted for.	Patient	• Medication	1		Full Name	Josie Poney	MRN	4444444	
3815	16/07/2021	Patient complained of severe nausea and itchy skin in PACU. SAsO 90%, red rash noted on face, neck and abdomen. Anaesthetist notified, patient ordered and given IV phenegran at 100% with improvement in symptoms noted. Anaesthetist 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	Address	Aborig/Torres St	No		
3816	15/07/2021	SA medication check at end of shift was out by one drug. Unaccounted for drug found in OR 3 open but not used for discarded by Anaesthetist. Drug discarded with witness (Nurse Latta). SA drug register notation made.	Staff member	• Medication	3	SA Register notation made	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 GM/MANAGER	9/01/2024	
							Admitting Doctor	Meredith Grey	Notified	on - 9/01/2023	
							Anaesthetist	Stephen Blue	Health Fund	HCT 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	9/01/2024
							27/01/2024	DON	Follow up phone call with patient - notes attached to summary record		27/01/2024
							27/01/2024	DON	Investigation closed		27/01/2024
							Outcome	Emergency return to theatre, PV bleeding stopped and patient transferred to ward for overnight stay and observation.			
							Prevention Ideas	Extensive endometrios			
							SAC	4 (Harm Score)			

55. Report 507 Audit Detail Report

Audience

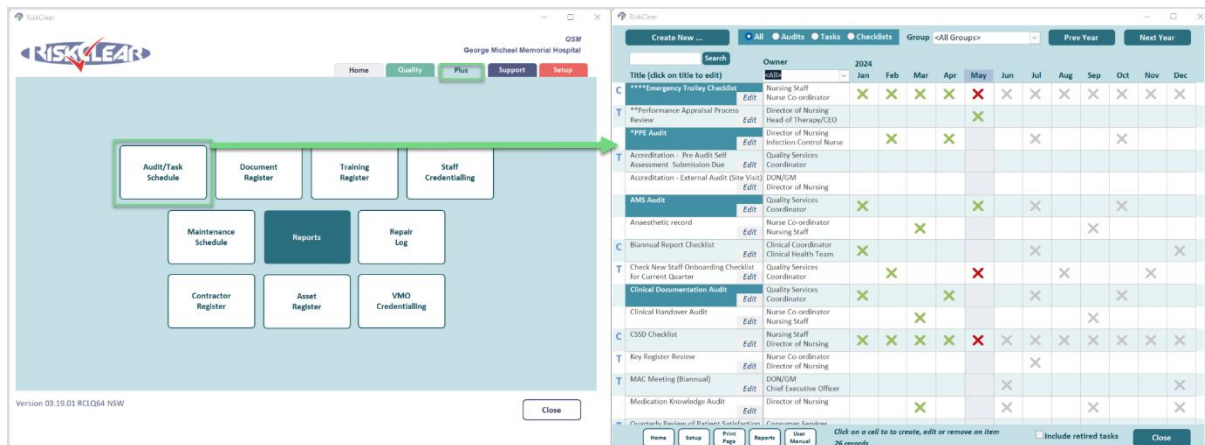
- ✓ Staff Meetings
- ✓ Risk and Quality Meetings
- ✓ Accreditation and Short Notice Assessment Auditors
- ✓ Private Benchmarking groups
- ✓ Health Department Inspection Auditors

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 configured*.
- ✓ 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**.

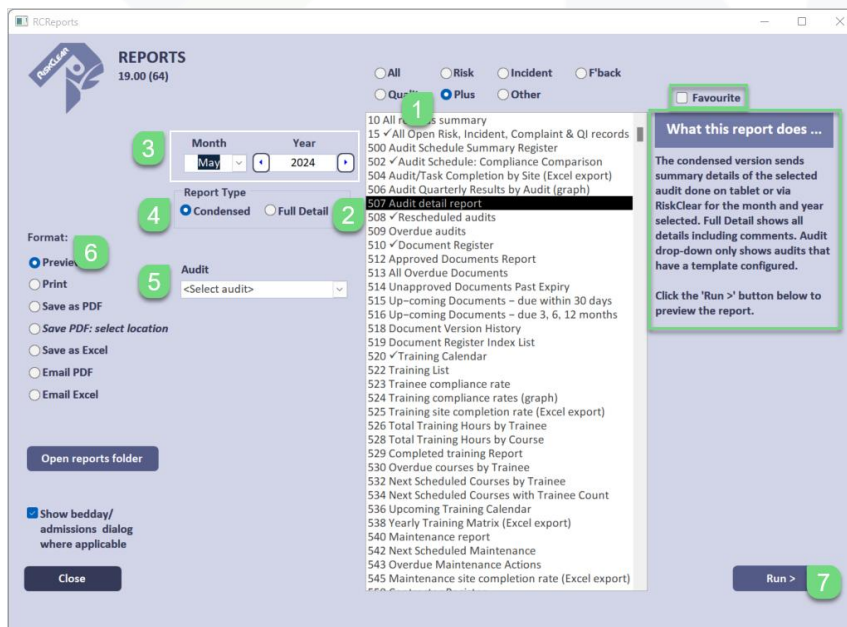


Steps to run Report 507:

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)

George Michael Memorial Hospital - Summary of '* Medical Record Audit' for Apr 2024				
Description	Yes	Compliance No	Part	Rate
1 Has the pre admission checklist been completed?	5	0	0	100.0%
2 Has the Pre-op checklist been completed?	5	0	0	100.0%
3 Has the OR notes and TTD been documented and signed?	5	0	0	100.0%
4 Have patient allergies and alerts been documented?	5	0	0	100.0%
5 Have PACU Notes been completed and signed?	4	1	0	80.0%
6 Has the Patient Discharge been completed and signed?	4	1	0	80.0%
7	0	0	5	50.0%
Sub-totals	28	2	5	87.1%
Grand totals	28	2	5	87.1%

Condensed

RiskClear Reports Page 1 of 1 Friday, 24 May 2024

George Michael Memorial Hospital - '*PPE Audit' for Apr 2024				
Description	Yes	Responses No	Part	
Page 1 Are staff wearing appropriate eye protection wear?	X			
Page 1 Are staff wearing apron and water proof gown when required?	X			
Page 1 Are staff wearing gloves when required?	X			
Page 1 Are staff wearing correct shoes? Shoe Covers when required?	X			
Page 1 Are staff ensuring hair is correctly covered and appropriate hat worn?	X			
Comment: Hair coverage by some staff inadequate				
Page 2 Are staff wearing appropriate eye protection wear?	X			
Page 2 Are staff wearing apron and water proof gown when required?	X			
Page 2 Are staff wearing gloves when required?	X			
Page 2 Are staff wearing correct shoes? Shoe Covers when required?	X			
Page 2 Are staff ensuring hair is correctly covered and appropriate hat worn?	X			
Sub-totals	8	2	0	80.0%
Grand totals	8	2	0	80.0%

Full detail

RiskClear Reports Page 1 of 1 Friday, 24 May 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.



Support: 0401 926 254
Enquiries: 0472 697 319

Email Us

Remote Assistance Ch 1

Remote Assistance Ch 2

Start QuickSupport

RiskClear Learning Package

RiskClear Training Resources

View User Manual

Check for Updates

View Licence Info

View EULA

Update Licence

www.riskclear.com.au

Version 03.19.01 RCLQ64 NSW

George Michael Memorial Hospital

Home Quality Plus Support Setup

SETUP

Setup: Advanced

Your name: Giselle Latta

Your email: giselle@riskclear.com.au

Your Position: <Select>

Your Training Name: <Select>

Support: 0401 926 254
Enquiries: 0472 687 319

Change Password

Password protect this copy of RiskClear Direct

RiskClear Direct Learning Package

All RiskClear Training Resources

View User Manual

Email Us

Remote Assistance Ch#1

Remote Assistance Ch#2

Version 03.19.01 DIRQ64 NSW

56. Report 590 Repair Log Report

Audience & Key Users of this Function

- ✓ RiskClear & RiskClear Direct Users
- ✓ Clinical Managers

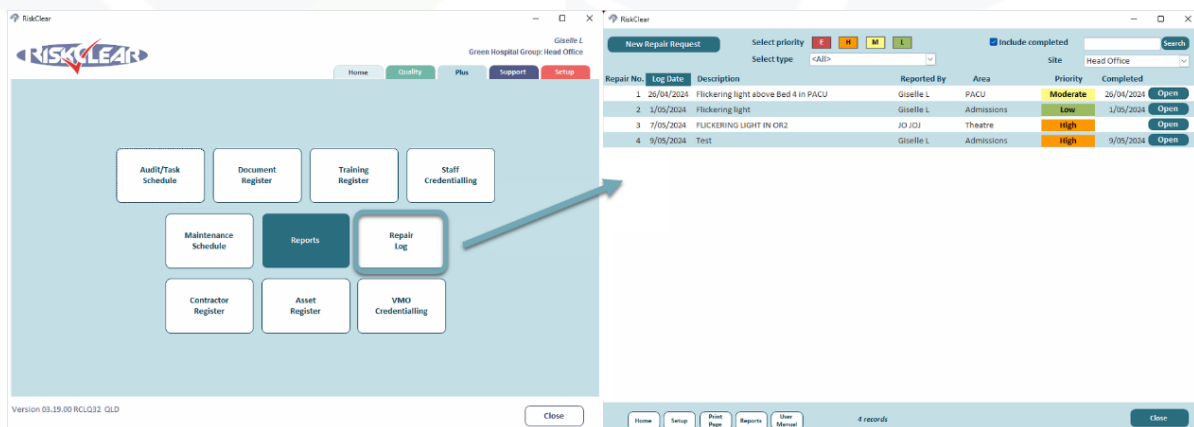
- ✓ DON
- ✓ Quality Manager
- ✓ Business /Administration Manager
- ✓ Contractor/Supply Manager

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**.



Repair No.	Log date	Description	Reported By	Area	Priority	Completed	Open
1	26/04/2024	Flickering light above Bed 4 in PACU	Giselle L	PACU	Moderate	26/04/2024	Open
2	1/05/2024	Flickering light	Giselle L	Admissions	Low	1/05/2024	Open
3	7/05/2024	FLICKERING LIGHT IN OR2	JO JOI	Theatre	High		Open
4	9/05/2024	Test	Giselle L	Admissions	High	9/05/2024	Open

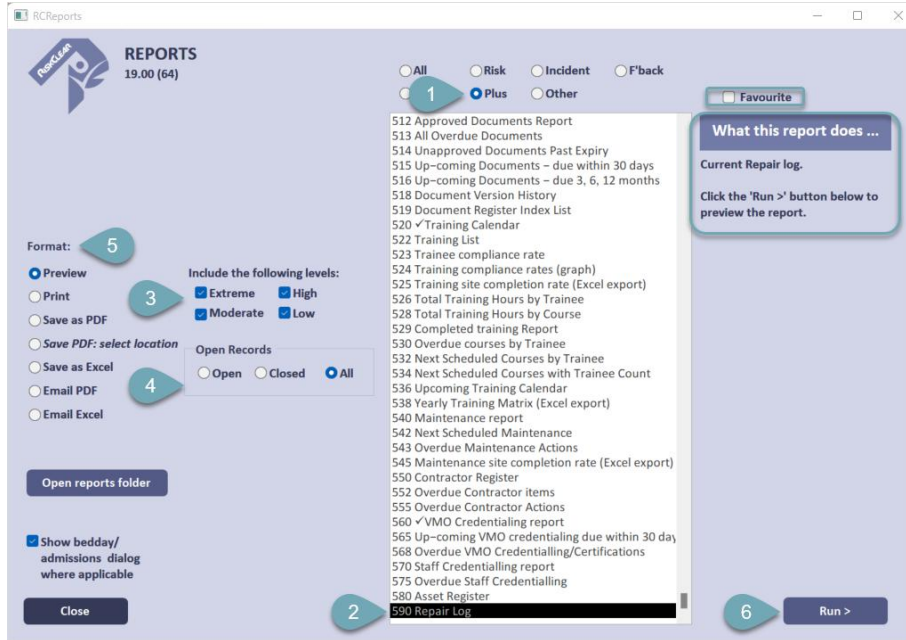
Steps to run Report 590:

Go to Reports in RiskClear >

1. Click **Plus**
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).*



RCRReports

REPORTS
19.00 (64)

Format: 5

☒ Preview
☐ Print
☐ Save as PDF
☐ Save PDF: select location
☐ Save as Excel
☐ Email PDF
☐ Email Excel

Include the following levels: 3

☒ Extreme ☒ High
☒ Moderate ☒ Low

Open Records: 4

☐ Open ☐ Closed ☒ All

Open reports folder

☒ Show bedday/ admissions dialog where applicable

Close

1

2

3

4

5

6

Run >

What this report does ...
Current Repair log.
Click the 'Run >' button below to preview the report.

512 Approved Documents Report
513 All Overdue Documents
514 Unapproved Documents Past Expiry
515 Up-coming Documents – due within 30 days
516 Up-coming Documents – due 3, 6, 12 months
518 Document Version History
519 Document Register Index List
520 ✓ Training Calendar
522 Training List
523 Trainee compliance rate
524 Training compliance rates (graph)
525 Training site completion rate (Excel export)
526 Total Training Hours by Trainee
528 Total Training Hours by Course
529 Completed training Report
530 Overdue courses by Trainee
532 Next Scheduled Courses by Trainee
534 Next Scheduled Courses with Trainee Count
536 Upcoming Training Calendar
538 Yearly Training Matrix (Excel export)
540 Maintenance report
542 Next Scheduled Maintenance
543 Overdue Maintenance Actions
545 Maintenance site completion rate (Excel export)
550 Contractor Register
552 Overdue Contractor items
555 Overdue Contractor Actions
560 ✓ VMO Credentialling report
565 Up-coming VMO credentialling due within 30 day
568 Overdue VMO Credentialling/Certifications
570 Staff Credentialling report
575 Overdue Staff Credentialling
580 Asset Register
590 Repair Log

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 priority 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.



Support: 0401 926 254
Enquiries: 0472 697 319

Email Us

Remote Assistance Ch 1

Remote Assistance Ch 2

Start QuickSupport

RiskClear Learning Package

RiskClear Training Resources

View User Manual

Click here for the User Guide

Training resource	Audience	Purpose
RiskClear Repair Log User Guide	RiskClear and RiskClear Direct Users	Provides step by step guidance on how to enter repair request into RiskClear

Click here for the RiskClear Repair Log User Guide video

Click here to watch the Video

Version 03.19.01 RCLQ64 VIC