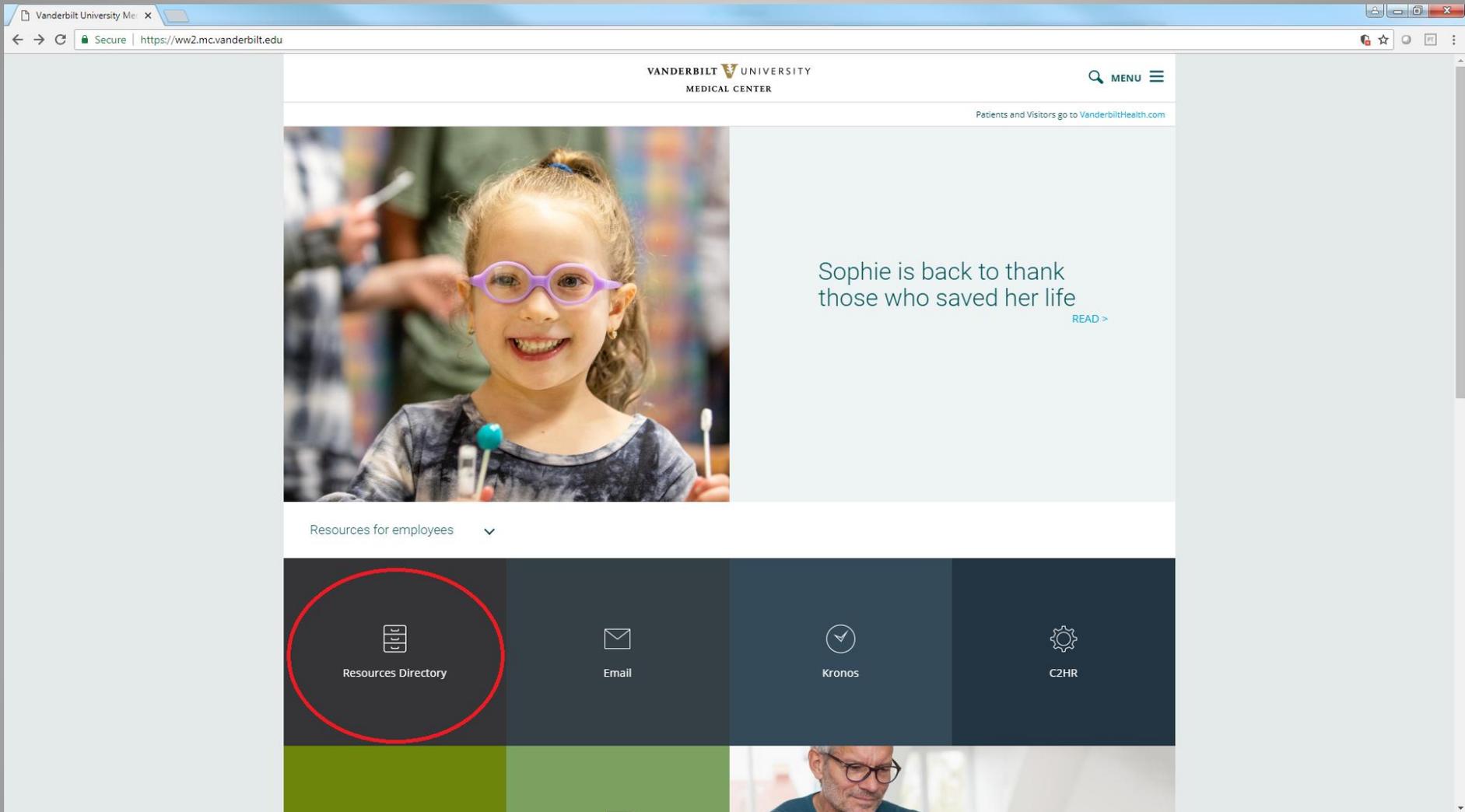


VERITAS Event Reporting System

Entering in a VERITAS event



****You must now use Google Chrome instead of Internet Explorer****
This is the preferred web browser to use with VERITAS.

To access VERITAS click on Resources Directory

VUMC - Vanderbilt Health | X

Secure | <https://ww2.mc.vanderbilt.edu/mcmain/employees>

VANDERBILT UNIVERSITY
MEDICAL CENTER

MENU

- Student Recreation Center
- Synergy
- System Support Services
- Tableau
- The Reporter
- Travel
- Vaccine Info Sheets for Patients (CDC)
- Vanderbilt Environmental Health & Safety
- Vanderbilt File Transfer Application
- Vanderbilt Medicine Magazine
- Vanderbilt Nurse Magazine
- VandyWorks
- VandyWorks User Guide
- **Veritas**
- Veritas Solutions/V-Survey
- Vice Chancellor's Suggestion Box
- VIM Leader Portal
- Volunteering at Vanderbilt
- VPIMS Web (Vanderbilt Perioperative Information Management System)
- VPN Information
- VShare
- VUMC Community Culture Survey
- VUMC Event Calendar
- VUMC Help Desk - Self Service
- VUMC Information Technology (IT)
- VUMC Software Store
- VUNetID Help
- WALDO (Web Access to Labor Data Online)
- Web Development, VUMC
- Work / Life Connections - EAP
- Work Injury / Illness Reporting
- Workforce Performance Operations (WPO)
- xMatters
- YES - Your Enrollment Services

Find a Doctor Office of Research Popular Links

Parking and Transportation Giving Vanderbilt Health

Patient and Visitor Info Volunteer My Health at Vanderbilt

School of Medicine Patient Privacy Medical Record Information

School of Nursing Media Request an Appointment

Vanderbilt University Web Policy Patient & Visitor Info

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- Scroll down and click on VERITAS
- Or go to website <https://veritas.mc.vanderbilt.edu>

https://veritas.mc.vanderbilt.edu/landing/ VERITAS II

VANDERBILT VERITAS II

POWERED BY solutions

This report will be reviewed by Risk and Insurance Management, and by individual(s) responsible for the location or event type. Medical Center events entered into VERITAS are considered confidential and are not to be used for disciplinary purposes or external research.

On August 2nd, Veritas will be down to upgrade

Please report all work-related injuries using VERITAS.

If you wish to report an incident anonymously, please click the "Anonymous" button below; otherwise click "Login" and enter your VunetID and ePassword on the next screen

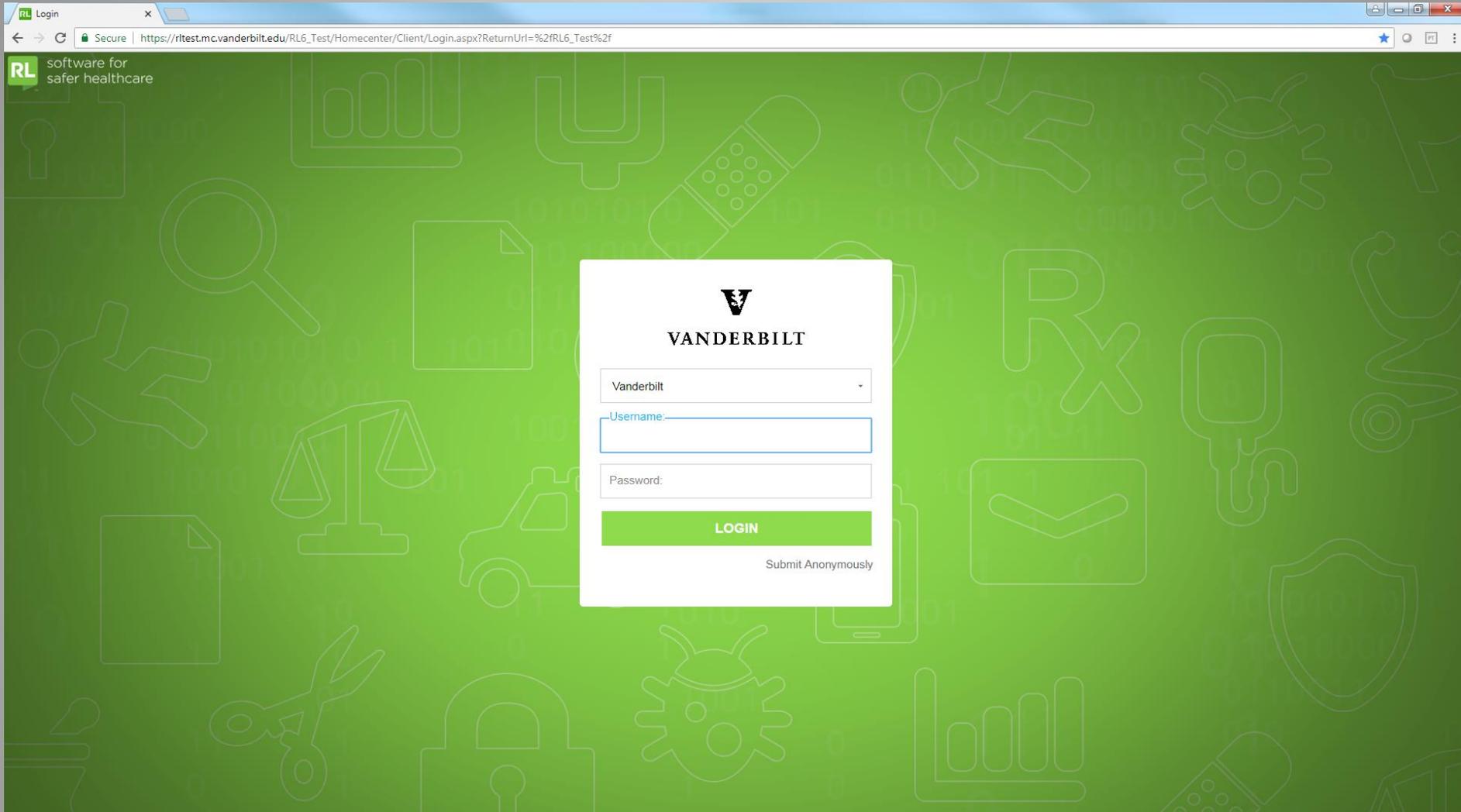
For any urgent concerns, also contact your supervisor immediately

To access training for the new VERITAS [click here](#)
After logging in enter "VERITAS" in the "Find a Course" search area.

Anonymous

Login using vunetID and password

- To login to VERITAS you must click on “Login using your vunetID and password” icon
- NOTE: You must be on a Vanderbilt workstation in order to access VERITAS. If you are at home, you will need to VPN through the Vanderbilt firewall.



- To login to VERITAS you must use your VUNETID and password
- Anonymous reporting is allowed

RL File Info Center - My Incomplete Files

software for safer healthcare

File Info Center
VIEW: MY INCOMPLETE FILES

Search

1 - 1 of 1 50 per page

PERSONAL VIEWS	Incident ID	File Name	First Name	Last Name	Updated Date	File State	Risk Status
My Incomplete files	566455	COMPLAINT Event (566455)	SNOW	WHITE	07-23-2018 09:16:26	Incomplete	

- Any VERITAS entry that you have not completed will be listed under My Incomplete Files
- To finish the VERITAS entry, click on the Incident ID or File Name

RL File Info Center - My Inco... X

Secure | https://rltest.mc.vanderbilt.edu/RL6_Test/app.aspx/#/FileInfoCenter/13261

RL software for safer healthcare

File Info Center
VIEW: MY INCOMPLETE FILES

Search

1 - 1 of 1 50 per page

PERSONAL VIEWS	Incident ID	File Name	First Name	Last Name	Updated Date	File State	Risk Status
My Incomplete files	<input type="checkbox"/> ⓘ 🔒 566455	COMPLAINT Event (566455)	SNOW	WHITE	07-23-2018 09:16:26	Incomplete	

- To begin a new VERITAS entry click on the paper icon called “New File”

Icon Wall

software for safer healthcare

Icon Wall

Find a form

Please use the search above to narrow down your event results by using keywords to describe the event that you're looking for.

 First Report of Work Injury	 Airway Management	 Ama / Lwbs / Lbe	 Blood / Blood Product	 Complaint	 Consent / Documentation
 Diagnosis / Treatment	 Environment	 Fall	 Home Health	 Id Band	 Infection Control
 Injury / Illness (Visitor/Student)	 Lab Specimen / Test	 Maternal / Childbirth	 Medication / Fluid	 Nutrition / Dietary	 Property Damage
					

- Click on the type of event you wish to enter

The screenshot shows a web browser window with the URL https://rltest.mc.vanderbilt.edu/RL6_Test/Homecenter/Client/Home.aspx. The page header includes the RL logo and the text "software for safer healthcare". Navigation links for "Dashboards", "Bookmarks", and "Logged in as RL Entry" are visible. The main content area is titled "Icon Wall" and features a search section on the left with the heading "Find a form". The search input field contains the text "vas". Below the search box, a note reads: "Please use the search above to narrow down your event results by using keywords to describe the event that you're looking for." To the right of the search section, two icons are displayed: a green icon representing "Surgery / Invasive Procedure" and a yellow icon representing "Vascular Access / Catheters / Drains".

- You can search items in the “Find a form” box
 - See the example above by typing in the search box

General Submission Form

software for safer healthcare

Dashboards Bookmarks Logged in as RL Entry

General Submission Form

Table of Contents

- General Event Information
- Person Affected
- Event Details
- Specific Event Details

File Status

Elapsed time: 05:41

5 of 28 total fields completed.

5 of 13 mandatory fields completed.



VANDERBILT

General Event Information

General Incident Type * FALL

Classification of Person Affected * PATIENT

Is This Event EStar Related * No

Is this a workplace violence event? * No

Equipment/Device Involved/Malfunct... *

Person Affected

Last Name *

First Name

MRN *

DOB

Attending Physician

Event Details

Delete Exit More Actions Submit

Last Saved: 07-23-2018 09:42

- Begin by including specific event information
- Scroll down for additional information fields
- **Fields with an asterisk (*) are required**

General Submission Form

software for safer healthcare

General Submission Form

Table of Contents

- General Event Information
- Person Affected
- Event Details
- Specific Event Details

File Status

Elapsed time: 07:46

5 of 28 total fields completed.

5 of 13 mandatory fields completed.

Person Affected

Last Name *

First Name *

MRN * 

DOB *

Attending Physician *

Event Details

Incident Date *

Incident Time (military time) *

Organization * Vanderbilt University Medical Center

Site Where Incident Occurred *

Department Where Incident Occurred *

Patient's Orig Department (if different) *

Entered Date 07-23-2018

Last Saved: 07-23-2018 09:42

Delete Exit More Actions Submit

- Enter in information about the person affected
- If the person is a patient, click on the magnifying glass next to “MRN”

General Submission Form

software for safer healthcare

General Submission Form

Table of Contents

- General Event Information
- Person Affected
- Event Details
- Specific Event Details

File Status

Elapsed time: 09:03

5 of 28 total fields completed.

5 of 13 mandatory fields completed.

Last Name *

First Name

MRN *

Patient Search

MRN 34665075

Last Name

First Name

Search Clear Fields

MRN	First Name	Last Name	Sex	DOB
34665075	CALIOPE	ZTESTIM	F	03-12-1933

Per Page: 100 < 1 >

Cancel Accept View Detail

Entered Date 07-23-2018

Entered Time 09:37

Entered By RL Entry

Last Saved: 07-23-2018 09:42

Delete Exit More Actions Submit

- Enter in the MRN or name, then click on Search
- Once you find the correct patient, click on Accept

General Submission Form: X

Secure | https://rttest.mc.vanderbilt.edu/RL6_Test/submission.aspx?form=RSK_GENERAL_SUBMIT&icon=1000008&file=0

software for safer healthcare

Dashboards Bookmarks Logged in as RL Entry

General Submission Form

Table of Contents

- General Event Information
- Person Affected
- Event Details
- Specific Event Details

File Status

Elapsed time: 11:54

16 of 28 total fields completed.

12 of 13 mandatory fields completed.

Attending Physician: PROVIDER

Event Details

Incident Date: * 07-20-2018

Incident Time (military time): 16:22

Organization: * Vanderbilt University Medical Center

Site Where Incident Occurred: * VUH (Adult)

Department Where Incident Occurred: * 10 North

Patient's Orig Department (if different):

Entered Date: 07-23-2018

Entered Time: 09:37

Entered By: RL Entry

Are you a resident/clinical fellow?:

Are you a medical school student or does this involve a medical school student?:

Did this event involve unprofessional conduct of a physician?:

Specific Event Details

Last Saved: 07-23-2018 09:42

Delete Exit More Actions Submit

- Enter the Event Details for when and where the event occurred

General Submission Form: X

Secure | https://rttest.mc.vanderbilt.edu/RL6_Test/submission.aspx?form=RSK_GENERAL_SUBMIT&icon=1000008&file=0

software for safer healthcare

Dashboards Bookmarks Logged in as RL Entry

General Submission Form

Table of Contents

- General Event Information
- Person Affected
- Event Details
- Specific Event Details

File Status

Elapsed time: 17:34

19 of 28 total fields completed.

13 of 13 mandatory fields completed.

Specific Event Details

Specific Incident Type: * from bed

Fall Was: Alleged

Safety Precautions at Time of Incident: Not Specified [Add/Modify](#)

Type of Restraint (if applicable):

Who was notified following the incident?: Not Specified [Add/Modify](#)

Contributing Factors: Not Specified [Add/Modify](#)

Reported Incident Severity: * Severity Level 1-No Known Harm

Brief Factual Description: Be like Joe Friday and only state the facts of the event

Who Was Involved/Witnessed/Notified

Who Was Involved/Witnessed This Event

[Add](#) [Modify](#) [Delete](#)

Party Involved Name	Classification of Party	Department
Not Specified		

Last Saved: 07-23-2018 09:42

Delete Exit More Actions Submit

- Enter the Specific Event Details for this event including the Brief Factual Description

General Submission Form

Software for safer healthcare

General Submission Form

Table of Contents

- General Event Information
- Person Affected
- Event Details
- Specific Event Details
- ***
- File Status**
- Elapsed time: 21:23
- 19 of 28 total fields completed.
- 13 of 13 mandatory fields completed.

Your session was renewed successfully. This message will go away in a few seconds...

Dashboards Bookmarks Logged in as RL Entry

Specific Event Details

Specific Incident Type * from bed

Fall Was Alleged

Safety Precautions at Time of Incident Not Specified [Add/Modify](#)

Type of Restraint (if applicable)

Who was notified following the incident? Not Specified [Add/Modify](#)

Contributing Factors Not Specified [Add/Modify](#)

Reported Incident Severity * Severity Level 1-No Known Harm

Brief Factual Description

Be like Joe Friday and only state the facts of the event

Who Was Involved/Witnessed/Notified

Who Was Involved/Witnessed This Event

[Add](#) [Modify](#) [Delete](#)

Party Involved Name	Classification of Party	Department
Not Specified		

Last Saved: 07-23-2018 10:04

Delete Exit More Actions Submit

- Under “Who was Involved/Witnessed/Notified,” Click on Add to list each person involved
- Ignore if there are no other individuals involved

General Submission Form

software for safer healthcare

General Submission Form

Table of Contents

- General Event Information
- Person Affected
- Event Details
- Specific Event Details

File Status

Elapsed time: 23:43

19 of 28 total fields completed.

13 of 13 mandatory fields completed.

Specific Event Details

Who Was Involved/Witnessed This Event

Role in Event: * Witness

Classification of Party

Party Involved Name: Daffy Duck

Phone #

Witness Relationship

Cancel OK

Who Was Involved/Witnessed/Notified

Who Was Involved/Witnessed This Event

Add Modify Delete

Party Involved Name	Classification of Party	Department
Not Specified		

Last Saved: 07-23-2018 10:04

Delete Exit More Actions Submit

- Enter the involved individual's role and information and click OK

RL General Submission Form: X

Secure | https://rltest.mc.vanderbilt.edu/RL6_Test/submission.aspx?form=RSK_GENERAL_SUBMIT&icon=1000008&file=0

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Dashboards Bookmarks Logged in as RL Entry

General Submission Form

Table of Contents

- General Event Information
- Person Affected
- Event Details
- Specific Event Details
- ***

File Status

Elapsed time: 24:41

20 of 28 total fields completed.

13 of 13 mandatory fields completed.

Specific Event Details

Specific Incident Type * from bed

Fall Was Alleged

Safety Precautions at Time of Incident Not Specified [Add/Modify](#)

Type of Restraint (if applicable)

Who was notified following the incident? Not Specified [Add/Modify](#)

Contributing Factors Not Specified [Add/Modify](#)

Reported Incident Severity * Severity Level 1-No Known Harm

Brief Factual Description

Be like Joe Friday and only state the facts of the event

Who Was Involved/Witnessed/Notified

Who Was Involved/Witnessed This Event

[Add](#) [Modify](#) [Delete](#)

Party Involved Name	Classification of Party	Department
Daffy Duck		

Last Saved: 07-23-2018 10:04

Delete Exit More Actions Submit

- Involved individual's information will be updated
- Click Add again to list additional individuals

RL General Submission Form: X

Secure | https://rltest.mc.vanderbilt.edu/RL6_Test/submission.aspx?form=RSK_GENERAL_SUBMIT&icon=1000008&file=0

software for safer healthcare

Dashboards Bookmarks Logged in as RL Entry

General Submission Form

Table of Contents

- General Event Information
- Person Affected
- Event Details
- Specific Event Details
- ***
- File Status**

Elapsed time: 24:41

20 of 28 total fields completed.

13 of 13 mandatory fields completed.

Specific Event Details

Specific Incident Type * from bed

Fall Was Alleged

Safety Precautions at Time of Incident Not Specified [Add/Modify](#)

Type of Restraint (if applicable)

Who was notified following the incident? Not Specified [Add/Modify](#)

Contributing Factors Not Specified [Add/Modify](#)

Reported Incident Severity * Severity Level 1-No Known Harm

Brief Factual Description

Be like Joe Friday and only state the facts of the event

Who Was Involved/Witnessed/Notified

Who Was Involved/Witnessed This Event

[Add](#) [Modify](#) [Delete](#)

Party Involved Name	Classification of Party	Department
Daffy Duck		

Last Saved: 07-23-2018 10:04

Delete Exit More Actions Submit

- Click on Submit when complete

File Info Center - My Inco... X

Secure | https://rltest.mc.vanderbilt.edu/RL6_Test/app.aspx/#/FileInfoCenter/13261

software for safer healthcare

Dashboards Bookmarks Logged in as RL Entry

File Info Center

VIEW: MY INCOMPLETE FILES

Search

1 - 1 of 1 < > 50 per page

PERSONAL VIEWS	Incident ID	File Name	First Name	Last Name	Updated Date	File State	Risk Status
<input type="checkbox"/> My Incomplete files	<input type="checkbox"/> 566455	COMPLAINT Event (566455)	SNOW	WHITE	07-23-2018 09:16:26	Incomplete	

Thank you for taking the time to communicate this issue, RL. Your submission helps us improve our organization's overall safety. For reference, your file number is **566456**.

OK

- A message confirming your VERITAS was submitted successfully should appear