

Completing a Patient Safety Report in JPSR

1. Click on 'Joint Patient Safety Reporting' in the Quick Links on the intranet homepage
2. Authenticate your PIV card.

MANDATORY DOD NOTICE AND CONSENT BANNER
You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG-authorized use only.

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Click 'OK'

 U.S. Department of Defense
Military Health System

iDENTITY AUTHENTICATION SERVICES

This Website has been Public Key Enforced

 Please click on "CAC/PIV Access" below to access the application using your DoD Common Access Card (CAC), Department of Veterans Affairs (VA) Personal Identification Verification (PIV) card, or DoD Approved ORC or IdenTrust External Certificate Authority (ECA) certificate.

Make sure that your DoD CAC, ECA or VA PIV is inserted into the CAC/PIV reader so that your identity certificate is available to the web browser.

If you need to update your Enterprise Profile click the link below:
[Update your Enterprise Profile](#)

Authenticate with your DoD CAC, VA PIV or ECA certificate:



Click the green PIV Access button.

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Make sure your identity is protected by using a CAC/PIV reader so that your identity is protected.

If you need to update your Enterprise Profile, click the link below:
 > Update your Enterprise Profile

ECA certificate:

Windows Security

Select a Certificate

- Reporter's Name
 Issuer: Veterans Affairs User CA B1
 Valid From: 10/13/2015 to 8/6/2018
- Reporter's Name
 Issuer: Veterans Affairs User CA B1
 Valid From: 10/13/2015 to 8/6/2018
[Click here to view certificate properties](#)

OK Cancel

Select the certificate you normally select when authenticating your PIV, then click 'OK.'

If you receive an error message, re-try using the opposite certificate.

ActivClient Login

ActivIdentity
ActivClient

Please enter your PIN.

PIN

OK Cancel

Enter your PIV number and click 'OK.'

PIV information is NOT maintained and is only needed for entering a secure system.

Datix JPSR

Joint Patient Safety Reporting

Please select the agency where the patient safety event occurred.



Department of Defense



Transportation Command
 Patient Movement
 (Not for VA use)



Department of Veterans Affairs

Click on the VA icon.

3. Fill in the requested information.

Reporter detail

Staff type initiating the report?

Details of person reporting the event.

Reporter Clear Section

Last Name

First Name

E-mail

If you wish to receive an e-mail confirmation please enter your work (.gov) e-mail address here.

When did the event occur?

* Event date (MM/dd/yyyy)

* Event time (hh:mm)

(24 hour local time)

Where did the event occur?

* Campus (VAMC/CBOC/Clinic)

Please select the location where the event occurred

* VA Medical Center

* VISN

* Department of Veterans Affairs

* Department/Service Line

* Clinic/Unit

* Location Type

Was the patient in transit?

What were the details of the event?

Answering Yes or marking the checkbox in this section will open additional sections on the form.

* Event description

Enter facts, not opinions. Enter details that will help the reviewer understand the event. Do NOT enter names of people or other identifying information.

* Was this a patient safety event or a near miss/close call? Patient Safety Event Near Miss/Close Call

A Close Call is an event or situation that could have resulted in an adverse event, but did not, either by chance or through timely intervention. Such events have also been referred to as "near miss" incidents.

* Was a patient involved?

Answering Yes to this question will open a new section for entering patient details.

Are there any documents to be attached to this record?

DO NOT PRINT! All information is subject to the Privacy Act of 1974, 5 USC 552 and 10 USC 1102. This is a protected quality assurance document. This data is protected by 38 USC 5705 and is considered sensitive, confidential, and privileged Government data.

The documents, records and other information contained herein, which resulted from the quality improvement and patient safety process, are confidential and privileged under the provisions of 38 U.S.C 5705, and its implementing regulations. This material cannot be disclosed to anyone without authorization as provided for by law or its regulations. The statute provides for fines up to \$20,000 for unauthorized disclosure.

4. Click 'SUBMIT' to complete the process!

A * indicates a required field.

- Type MEM in 'Campus' and select 'Memphis VAMC' and the next 3 fields will auto-populate.
- If the event involves a patient, additional information will be requested. The 'Veteran Number' is the last 4 of the SSN.

If a patient was involved, please provide the following:

- Veteran Name
- DOB

The 'Veteran Number' is the last 4 of the SSN.

4. Click 'SUBMIT' to complete the process!

If you have any questions, please contact the Patient Safety office at extension 5816 or 6393.