AIRS External Screens – HMO

AGENCY FOR HEALTH CARE ADMINISTRATION

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AHCA Incident Reporting System (AIRS)

Report #: Report Status: Provider Name: User Name:

Report Type: **Adverse Incident**
Provider Type: **HMO**
Incident Date:
Report Mode:

Provider Information

Provider Name	**Address**
License #	**City**
File #	**State**
Phone	**County**
Fax	**Zip**

Next

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Health Maintenance Organization Adverse Incident Report, AHCA Form 3140-5003 OL, April 2017
59A-12.012, Florida Administrative Code

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AHCA Incident Reporting System (AIRS)

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Incident Date: Report Mode:

Person Reporting Information

First Name

Last Name

Email

Phone

Title

License #

Other Title

Save | Save/Next

Section Comments

The comments for this section are shown below. Please go to the Comments section to see all of the comments for this report. Click here to view Comments as a new window.

Comment	Created By	Created Date

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AHCA Incident Reporting System (AIRS)

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Incident Date: Report Mode:

Patient Information

First Name **Last Name**

Patient # **SSN #**

Patient Address **City**

State -- Select -- **Zip**

Age -- Select -- **Gender** Male Female

Medicaid Recipient? Yes No **Medicare Recipient?** Yes No

Medicaid # **Medicare #**

Save Save/Next

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AHCA Incident Reporting System (AIRS)

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Admission Information

Admitting Diagnosis Code

Date of Admission

Admitting Diagnosis Description

Search Diagnosis Code

Save Save/Next

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AHCA Incident Reporting System (AIRS)

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Report Type: **Adverse Incident** | Provider Type: **HMO**

Incident Date: | Report Mode:

Incident Information

Incident Date

Incident Location

Incident Time - Slide to select time of incident.

Other Incident Location

Surgical, Diagnostic, or Treatment Code (Optional)

External Cause Code (Optional)

Surgical, Diagnostic, or Treatment Description (Optional)

External Cause Description (Optional)

Search Diagnosis Code | Search Cause Code

Resulting Injury Code

Resulting Injury Description

Search Resulting Injury Code

Equipment Involved?

Yes No

List Equipment Involved

Save | Save/Next

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Outcomes

- ☐ The death of a patient.
- ☐ Severe brain or spinal damage to a patient.
- ☐ A surgical procedure being performed on the wrong patient.
- ☐ A surgical procedure unrelated to the patient's diagnosis or medical needs being performed on any patient.

Save | Save/Next

Section Comments

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Notifications

Medical Examiner Notified?

Yes No

First Name

Last Name

Phone

Family Notified?

Yes No

List Family Notified

External Agencies Notified?

Yes No

List Agencies Notified

- DOH
- Elder Affairs
- DCF
- Others

List Other Agencies Notified

Save | Save/Next

Section Comments

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Individuals Involved

Add Individual

First Name	Last Name	Role	Capacity	License #	SSN #	Action

Next

Section Comments

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Circumstances of the Incident (Narrative of Facts)

Text	User Name	DateTime	Action

Analysis of the Incident (Apparent Cause(s))

Text	User Name	DateTime	Action

Corrective Action Summary (Corrective or Proactive Actions Taken)

Text	User Name	DateTime	Action

Action

Next

Section Comments

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Comments

Comments from all sections are shown below.

Comment	Section Name	Created By	Created Date

Next

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Report Submission History

Please correct the errors listed below. Once all of the errors have been corrected, please submit the report.

Section Name	Error Description

Cancel Report

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Report Submission History

Submit Report

Withdraw

Document Name	Submitted Date

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Report Status History

Status Code	Status Description	Report Mode	Created By	Status Date

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