AIRS External Screens – Hospitals

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: **Hospital**

Incident Date:

Provider Information

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

Next

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Hospital Adverse Incident Report, AHCA Form 3140-5001 OL, April 2017
59A-35.110, Florida Administrative Code

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Provider Type: **Hospital**
Incident Date:

Person Reporting Information

First Name

Last Name

Email

Phone

Title

OTHER

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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Report Type: **Adverse Incident** Provider Type: **Hospital**

Incident Date:

Patient Information

First Name

Last Name

Patient #

SSN #

Patient Address

City

State

Zip

Age

Year(s)

Gender

Male Female

Medicaid Recipient?

Yes No

Medicare Recipient?

Yes No

Medicaid #

Medicare #

Save Save/Next

Section Comments

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AHCA Incident Reporting System (AIRS)

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Incident Date:

Admission Information

Admitting Diagnosis Code

Date of Admission

Admitting Diagnosis Description

Search Diagnosis Code

Save Save/Next

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Incident Date:

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

Equipment Involved?

Yes No

List Equipment Involved

Save

Save/Next

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Incident Date:

Outcomes

- ☐ Death.
- ☐ Brain damage.
- ☐ Spinal damage.
- ☐ Permanent disfigurement.
- ☐ Fracture or dislocation of bones or joints.
- ☐ A resulting limitation of neurological, physical, or sensory function which continues after discharge from the facility.
- ☐ Any condition that required specialized medical attention or surgical intervention resulting from nonemergency medical intervention, other than an emergency medical condition, to which the patient has not given his or her informed consent.
- ☐ Any condition that required the transfer of the patient, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident, rather than the patient's condition prior to the adverse incident.

  Location to which patient was transferred
- ☐ Was the performance of a surgical procedure on the wrong patient.
- ☐ Was the performance of a wrong surgical procedure.
- ☐ Was the performance of a wrong-site surgical procedure.
- ☐ Was the performance of a surgical procedure that is medically unnecessary.
- ☐ Was the performance of a surgical procedure otherwise unrelated to the patient's diagnosis or medical condition.
- ☐ Required the surgical repair of damage resulting to a patient from a planned surgical procedure, where the damage was not a recognized specific risk, as disclosed to the patient and documented through the informed-consent process.
- ☐ Was a procedure to remove unplanned foreign objects remaining from a surgical procedure.

Save | Save/Next

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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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Incident Date:

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

Cancel Report

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Report Status History

Status Code	Status Description	Report Mode	Created By	Status Date

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