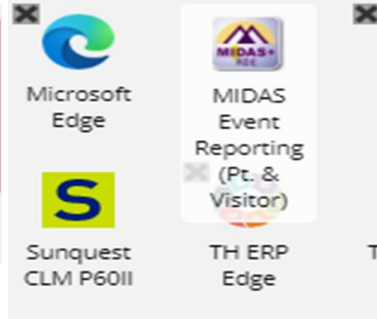


# HOW TO ENTER A MIDAS INCIDENT REPORT

MIDAS RDE is found on SJHEN homepage and ZENworks



1.

Click either app to get to the **Event Report-Remote Data Entry** page where you will choose the event type. **Click the event type that best describes the event that occurred.**

**Select the Facility and Event Date**

Facility:

Event Date:

Affected Individual:  Patient  Non-Patient

2.

- Enter **jnpl** for **Facility** then click Tab. The Facility will auto-fill with **NY-St Josephs Health**
- Enter the **Event Date** and choose **Patient** (whether a patient is directly or indirectly involved) or **Non-Patient**
- Click **Next**

*You have 20 min. to complete your entry. Timer is on the bottom left of the screen.*

3.

- Enter the patient's **Last name** and **First name** then click **Lookup**. It may take a few seconds to load.
- Click the appropriate **Encounter**
- Click **OK**

**Remote Data Entry**  
Form: PATIENT CARE PROCESS EVENT

**Select a Patient and Encounter**

Lookup By:  Name  Number

Facility:  Event Date:

Last Name:  First Name:

Patient Name	Birth Date	Encounter Type	Enc. Start Date	Discharge Date	Location
<Blocked>	<Blocked>	Inpatient	4/25/2023	5/4/2023	<Blocked>
<Blocked>	<Blocked>	Emergency	4/24/2023	4/24/2023	<Blocked>
<Blocked>	<Blocked>	Emergency	4/17/2023	4/17/2023	<Blocked>
<Blocked>	<Blocked>	Inpatient	4/25/2023	5/4/2023	<Blocked>
<Blocked>	<Blocked>	Emergency	4/24/2023	4/24/2023	<Blocked>
<Blocked>	<Blocked>	Emergency	4/17/2023	4/17/2023	<Blocked>

4. The **BOLD** fields are required.

Examples of clear and concise descriptions:

1. *In reviewing the hospital course, I am concerned about the lack of communication and follow up related to the complication experienced during surgery.*
2. *Provider notification not received on critical CMP lab result.*

**You CAN enter ANONYMOUS in the Entered by field**

Once the **BOLD** fields are completed the **Submit** button will highlight, click **Submit** to complete your Midas entry.

**PATIENT CARE PROCESS EVENT FORM**

Event No: 23-37389  
 Facility: NY-St Josephs Health  
 Event Date: 5/1/2023  
 Time of Event or Time Discovered:   
 Location of the Patient or Affected Individual at Time of Event:   
 Room # or Specific Location:   
 Event Type:   
 Significance:   
 Was there an injury at time of the event?  Yes  No  
 Did this event involve agency staff?  Yes  No  
 Did this event involve Trinity Health FirstChoice staff?  Yes  No  
 Entered by (Please type name):

**Thank You For Entering This Event**