



# Provider Information

**AHCA Incident Reporting System (AIRS)**

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

Report Type: **Annual Report**      Provider Type:

Reporting Period:

**Provider Information** ⓘ

|                      |                      |
|----------------------|----------------------|
| <b>Provider Name</b> | <b>Address</b>       |
| <input type="text"/> | <input type="text"/> |
| <b>License #</b>     | <b>City</b>          |
| <input type="text"/> | <input type="text"/> |
| <b>File #</b>        | <b>State</b>         |
| <input type="text"/> | <input type="text"/> |
| <b>Phone</b>         | <b>County</b>        |
| <input type="text"/> | <input type="text"/> |
| <b>Fax</b>           | <b>Zip</b>           |
| <input type="text"/> | <input type="text"/> |

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Section 395.0197, Florida Statutes require each licensed facility subject to this section to submit an annual report to the agency summarizing the incident reports that were filed during the preceding calendar year. The information contained in this report is confidential.

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# Person Reporting Information

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Report Type: **Annual Report**      Provider Type:

Reporting Period:

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**Person Reporting Information** ⓘ

|                   |   |                  |                      |
|-------------------|---|------------------|----------------------|
| <b>First Name</b> | <input type="text"/>                      | <b>Last Name</b> | <input type="text"/> |
| <b>Email</b>      | <input type="text"/>                      | <b>Phone</b>     | <input type="text"/> |
| <b>Title</b>      | <input type="text" value="-- Select --"/> | <b>License #</b> | <input type="text"/> |

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# Risk Manager Information



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## AHCA Incident Reporting System (AIRS)

Report #:

Report Status:

Provider Name:

User Name: [^](#)

Report Type: **Annual Report**

Provider Type: **Ambulatory Surgical Center**

Reporting Period:

### Risk Manager Information

Please enter the Risk Manager name.

**Risk Manager Name**

[Save](#)

[Save/Next](#)

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## AHCA Incident Reporting System (AIRS)

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

Report Type: **Annual Report**      Provider Type:

Reporting Period:

### Reportable Incidents ?

The Adverse Incident Reports below were submitted during the Reporting Period. Please review the Adverse Incident Report information and confirm that it's correct. If the information is not correct, contact the Risk Management and Patient Safety Unit at 850-412-3731 to make corrections. The Annual Report cannot be submitted until the Adverse Incident Report information for the Reporting Period is correct.

| Report#                       | Submitted Date | Incident Date | Surgical, Diagnostic, or Treatment Code | External Cause Code | Resulting Injury Code |
|-------------------------------|----------------|---------------|---|---------------------|-----------------------|
| There are no items to display |                |               |   |                     |                       |

I confirm that the Adverse Incident Report information is correct.

#### Incident Counts

Please enter the number, by category, of the types of injuries caused and the number of incidents occurring within each category. The number of Adverse Incident Reports is pre-populated in the Total Number of Adverse Incident Reports field. Do not count Adverse Incidents when reporting the number of incidents resulting from surgical procedures, diagnostic or treatment procedures, or other actions that cause medical injury to patients.

|  |                                |
|--|--------------------------------|
| <b>Total Number of Adverse Incident Reports</b>                        | <input type="text" value="0"/> |
| <b>Surgical procedures causing medical injury</b>                      | <input type="text"/>           |
| <b>Diagnostic or treatment procedures causing medical injury</b>       | <input type="text"/>           |
| <b>Other actions causing medical injury</b>                            | <input type="text"/>           |
| <b>Total number of reportable incidents causing injury to patients</b> | <input type="text" value="0"/> |

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# Malpractice Claims

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Report Type: **Annual Report**      Provider Type:

Reporting Period:

### Malpractice Claims ?

Please enter the number of all new, pending, and closed malpractice claims filed against the facility.

**New Claims**     

**Pending Claims**     

**Closed Claims**     

[Save](#)      [Save/Next](#)

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# Supporting Documents

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### Supporting Documents ?

- You must upload one Risk Manager Quarterly Report for each quarter unless the report contains information for the entire Reporting Period.
- You must upload any new or amended Risk Management and/or Patient Safety Policies and Procedures if there were any changes or additions related to Risk Management and/or Patient Safety during the Reporting Period.
- You must upload a Facility Incident Report if there were any reportable incidents during the reporting period. The Facility Incident Report must include the Surgical, Diagnostic, or Treatment Code, External Cause Code, Resulting Injury Code, either the License # for licensed health care practitioners or the Employee # for employees that are not licensed health care practitioners involved in the incident, the individual's relationship to the facility, a short description of the incident, and the actions taken as a result of the incident. Do not include the patient's name or any information that can be used to identify the patient.
- You must upload a Facility Claims Report if there were any malpractice claims during the reporting period. The Facility Claims Report must include the Claim #, nature of the incident that led to the claim, the persons involved and either the License # for licensed health care practitioners or the Employee # for employees that are not licensed health care practitioners involved in the incident, and the status or disposition of the claim.
- You may attach additional information that does not fit neatly into any of the above categories as needed.
- Check the files for viruses before uploading the document. Large documents bigger than 4 GB must be broken down into multiple files before they will be accepted.

**Were there any changes or additions to the Policies and Procedures related to Risk Management and/or Patient Safety during the Reporting Period?**

Yes  No

**Document Type**

-- Select -- ▼

Browse...

Save      Next

| Document Type | Document Name | Submitted By | Submitted Date | Status | Status Date | Action |
|---------------|---------------|--------------|----------------|--------|-------------|--------|
|---------------|---------------|--------------|----------------|--------|-------------|--------|


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|                                   |                |                |  |
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| Reporting Period:                 |                |                |  |

### Comments

Only Agency staff can add section comments. Please respond to section comments by clicking on the Section Name link to navigate to the appropriate section and editing the field(s) on the data entry screen. [Click here](#) to view Comments in a new window.

| Created Date | Section Name | Comment | Created By |
|--------------|--------------|---------|------------|
|--------------|--------------|---------|------------|

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# Review and Submit

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### Report Submission History

[Submit Report](#)

| Document Name | Submitted Date |
|---------------|----------------|
|               |                |
|               |                |
|               |                |

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### Report Status History

| Status Code | Status Description | Created By | Status Date |
|-------------|--------------------|------------|-------------|
|             |                    |            |             |

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