Indiana Patient Registry Training

Actions Menu

The Actions Menu is located on the right-hand side of the page and is available on every screen while in the patient's record.

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The Actions Menu is located on the right-hand side of the page and is available on every screen while in the patient's record. These features can only be accessed once the form has been Marked as Completed.

Actions Menu - Search

The magnifying glass icon takes you back to the "Incidents" tab.

Actions Menu – Run Validation

The "Run Validation" option appears when you hover over the wrench. It shows you within the system what was invalid, as well as what was invalid compared to the National Trauma Registry scorecard.

Actions Menu – Run Validation (2)

The "System Validation" section informs you of the errors at the state level. In the bottom right corner of the box it shows you how complete the record is – 100% means there are no issues.

Clicking on the plus sign shows you in detail what the issue was in that tab.

The "NTR Validation" section informs you of the errors at the national level. Errors at a Level 1 or 2 must be corrected before you can submit this record to the NTDB or else it will reject the record.

Once you are done reviewing the errors, click the "Close" button in the top right-hand corner of the box to close the window.

Actions Menu – Delete Incident

The "Delete Incident" option is used to delete the record permanently.

Actions Menu – Delete Incident (2)

Medical Record Number: test
NTR Inclusion: Yes
Updated: 10/25/13 by K

Katie Gatz

PLEASE NOTE

Deleting an incident is a permanently destructive process and you will not be able to restore this record. There will be an audit record created for this incident.

Reason for Deleting this Incident:

Would you like to continue ?

Yes   No

The "Delete Incident" option is used to delete the record permanently. You must explain why you are deleting the incident before it is permanently deleted from the system. Once you have explained why you are deleting the record, select the "Yes" button. PLEASE NOTE: records permanently deleted cannot be retrieved.

Actions Menu – Add Peer Review Note

The "Add Peer Review Note" option is used to track notes for evaluation purposes of clinical performance.

Actions Menu – Add Peer Review Note (2)

The "Add Peer Review Note" option is used to track notes for evaluation purposes of clinical performance. Type in your message and choose who you want to receive the peer review note. Once you are done, click the "Send" icon. Once you hit the "Send" button, the peer review note will be sent to those desired recipients you selected.

Actions Menu – Add Addendum

The "Add Addendum" option is used to attach any documents to the patient's records that may need to be attached.

Actions Menu – Add Addendum (2)

The "Add Addendum" option is used to attach any documents to the patient's records that may need to be attached. The first screen will show you what addendums currently exist. If you want to add a new addendum, click on the "Add Addendum" button.

# Actions Menu – Add Addendum (3)

The "Add Addendum" option is used to include any information or documentation to the patient's records that may need to be included. You can type in the information about the documentation. Then you will need to attach the document by clicking the "Choose File" button and locating the document that needs to be attached to the patient's incident form. Once you are finished with the form, click the "Submit" button to return to the main screen.

Actions Menu – Add Attachment

The "Add Attachment" option is used to attach any documents to the patient's records that does not any additional information noted with the attachment.

Actions Menu – Add Attachment (2)
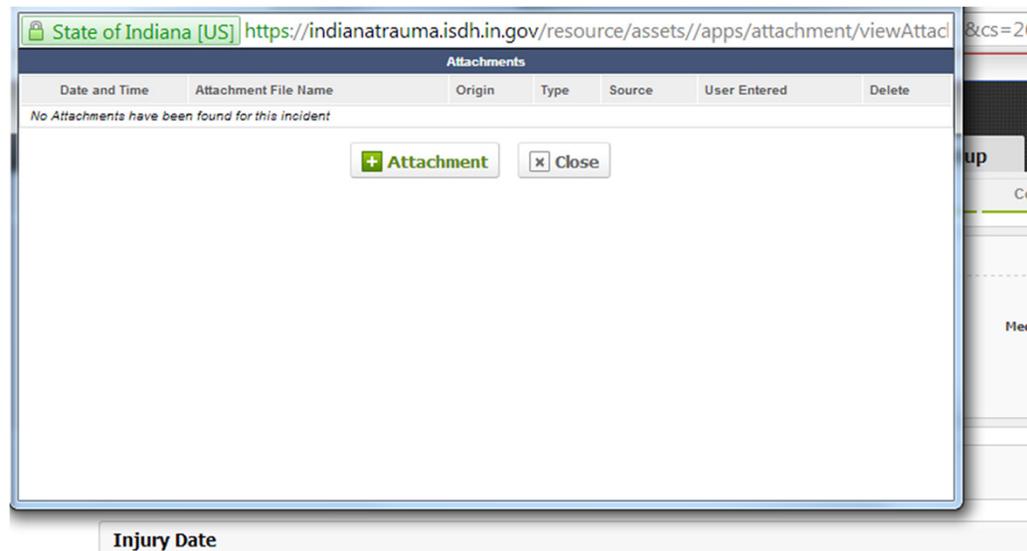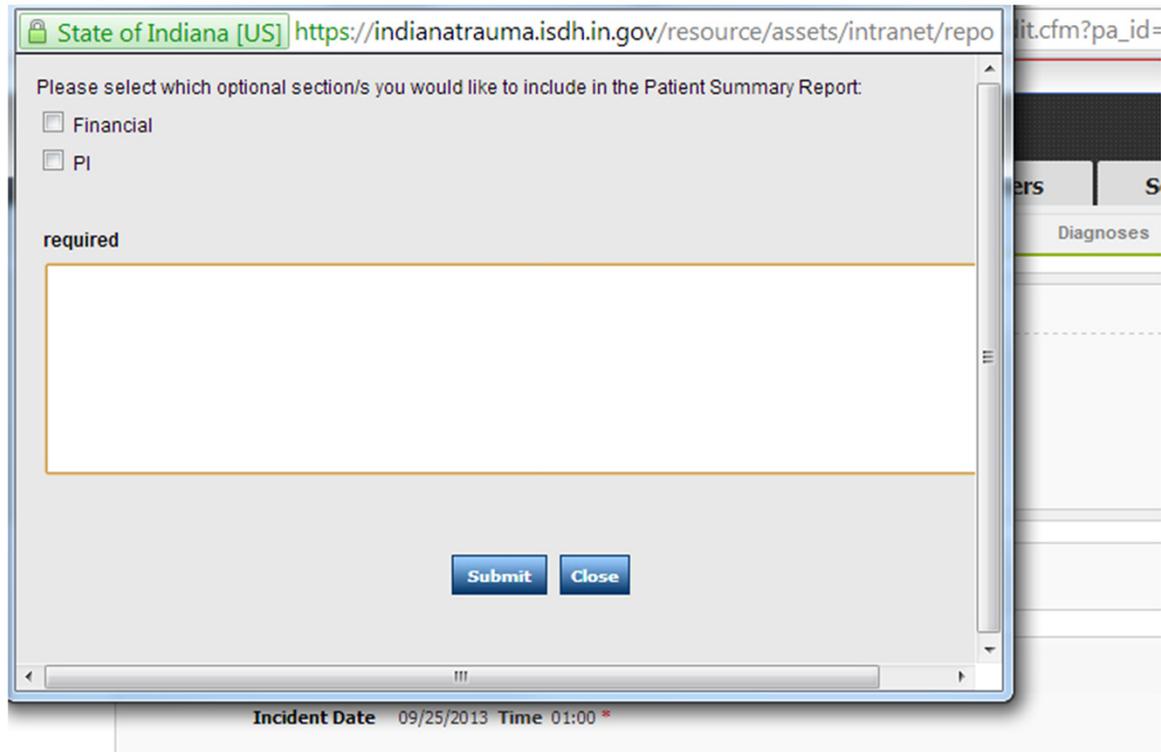

The "Add Attachment" option is used to attach any documents to the patient's records that does not any additional information noted with the attachment. The first screen will show you what attachments currently exist. If you want to add a new attachment, click on the "Add Attachment" button.

Actions Menu – Add Attachment (3)

The "Add Attachment" option is used to attach any documents to the patient's records that does not any additional information noted with the attachment. Attach the document by clicking the "Choose File" button and locating the document that needs to be attached to the patient's incident form. Then select the "Source" for the document and the "Type" of document you are attaching. Once you are finished with the form, click the "Submit" button to return to the main screen.

Actions Menu – View Patient Summary Report

The "View Patient Summary Report" option appears when you hover over the excel spreadsheet icon. It shows you a PDF version of the majority of the content in the patient's incident record.

Actions Menu –
View Patient Summary Report (2)

The "View Patient Summary Report" option shows you a PDF version of the majority of the content in the patient's incident record. Select what additional sections you would like to appear on the Patient Summary Report and then type in a reason as to why you are wanting to view the Patient Summary Report. This information is required. Once you are done, click "Submit".

Actions Menu –
View Patient Summary Report (2)

The "View Patient Summary Report" option shows you a PDF version of the majority of the content in the patient's incident record.
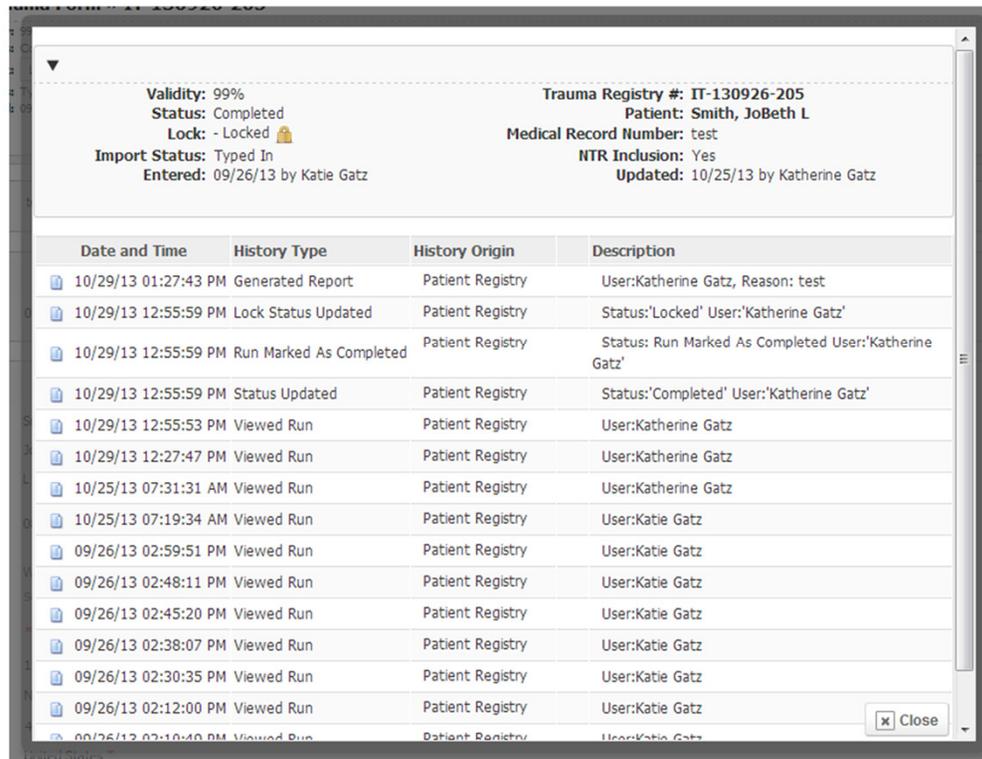
Once you are done reviewing the summary of the patient, click the "X" button in the top right-hand corner of the box to close the window.

Actions Menu – History

The "History" option appears when you hover over the clock. You can view changes made to the incident and who has made those changes.

Actions Menu – History (2)

A separate screen will pop up that will show you the audit trail page. When you are done reviewing the audit trail, you can click the "Close" button in the bottom right-hand corner of the separate screen.

Actions Menu – Patient Incident History

The "Patient Incident History" option appears when you hover over the clock. It shows you a brief summary of the patient incident including: incident number, type of form filled out, trauma facility and/or EMS service, date of admission, date of discharge, and where the patient was transferred to.

Actions Menu – Patient Incident History (2)

The "Patient Incident History" option shows you a brief summary of the patient incident including: incident number, type of form filled out, trauma facility and/or EMS service, date of admission, date of discharge, and where the patient was transferred to.

Once you are done reviewing the summary of the patient, click the "X" button in the top right-hand corner of the box to close the window.