

# RL6 PATIENT SAFETY EVENT REPORTING

## QUICK REFERENCE GUIDE

Use RL6 Submission to report patient safety events such as; occurrences and critical incidents online. Your form needs to be completed and submitted during one sitting; you cannot save it and come back to it for completion. If you have more information to add after submitting your file, talk with your manager.

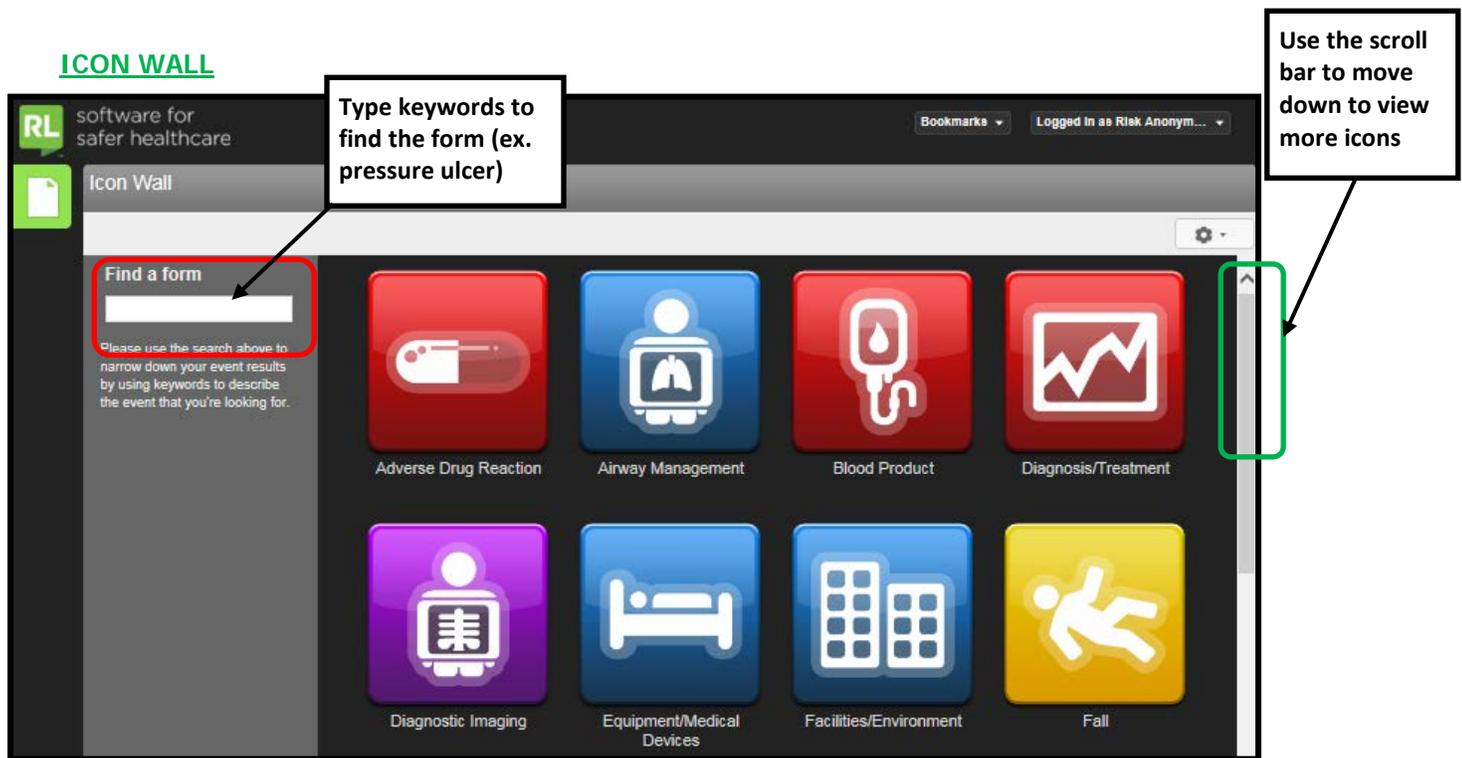
**Note: RL is used specifically for patient safety events and NOT for staff events. Report all staff events to Occupational and Environmental Safety and Health (OESH). The only exception is a safety/security event in which a patient has harmed a staff member.**

1. **Double-click** on the RL  icon on the Desktop. You do not need to login!

*Note: if you are asked for a username/password you have selected the wrong RL icon.*

2. **Double-click** on the safety event type form you want to report on from the **Icon Wall**.  
*If you are uncertain of the form you require you can type keywords in the **Find a form** box (ex. pressure ulcer).*

### ICON WALL



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Icon Wall

Bookmarks Logged In as Risk Anonym...

Find a form

Please use the search above to narrow down your event results by using keywords to describe the event that you're looking for.

Type keywords to find the form (ex. pressure ulcer)

Use the scroll bar to move down to view more icons

Adverse Drug Reaction Airway Management Blood Product Diagnosis/Treatment

Diagnostic Imaging Equipment/Medical Devices Facilities/Environment Fall

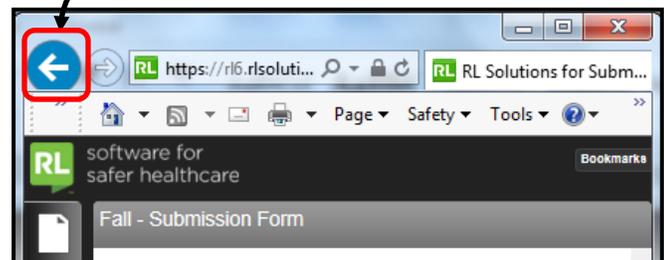
### NAVIGATING IN A FORM

Use the left-side widgets to navigate within the event form.

You can click on the section of the form that you want to go

Table of Contents
Introduction
When and Where the Event...
Fall
Fall Details
...

DO NOT use the back button



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Bookmarks

Fall - Submission Form

3. **Complete** the form ensuring all mandatory fields are entered (fields with a green \*). Please provide as much information as possible in non-mandatory fields.

**Form Name**

**File Status**  
Elapsed time: 28:43  
1 of 48 total fields completed.  
1 of 19 mandatory fields completed

**Indicates how many fields are completed and how long it took to complete your submission**

**Collapse/expand icon: Allows you to collapse sections of the form.**

**Mandatory Field**

**Drop-Down Lists**

**Action Links**

**Scroll bar**

4. Click the **Submit** button.  
**Once the form is submitted the file reference number appears on the screen (see example).**

Thank you for taking the time to communicate this issue. Your submission helps us improve. For reference or followup, please note your file number is 125004.

OK

**After the form is submitted you cannot add additional information to it. If you want to follow-up on the file or add additional information you can reference the file number with your manager.**

### WHAT NEXT?

Once the form is submitted, the appropriate manager(s) will be notified by email of the patient safety event. In the event of a critical incident the file will be reviewed by a Patient Safety Consultant.

**QUESTIONS**

Contact RL Support @ 204-926-1070 or RL\_Support@wrha.mb.ca or contact your manager.