

Journey New Electronic Event Reporting System

Entering an Employee Incident Report

1. Click on the link “Journey Employee Incident Reporting” link under Quick Links on the Corporate Intranet. You will be entered into the Employee Info screen of the Employee Incident Report.

Employee Info

WC00000048 Mandatory Field

Pemicin Case Number WC00000048
 OSHA Case Number WC07000048

EMPLOYEE DETAILS

Enter ID, click lookup, enter last name in appropriate field. Click in circle beside your name to select your information.

Employee ID

Employee Last Name

Employee First Name

Employee Type of Facility Involved

Employee Home Facility

Employee Home Department

Also Known As

Address 1

Address 2

City

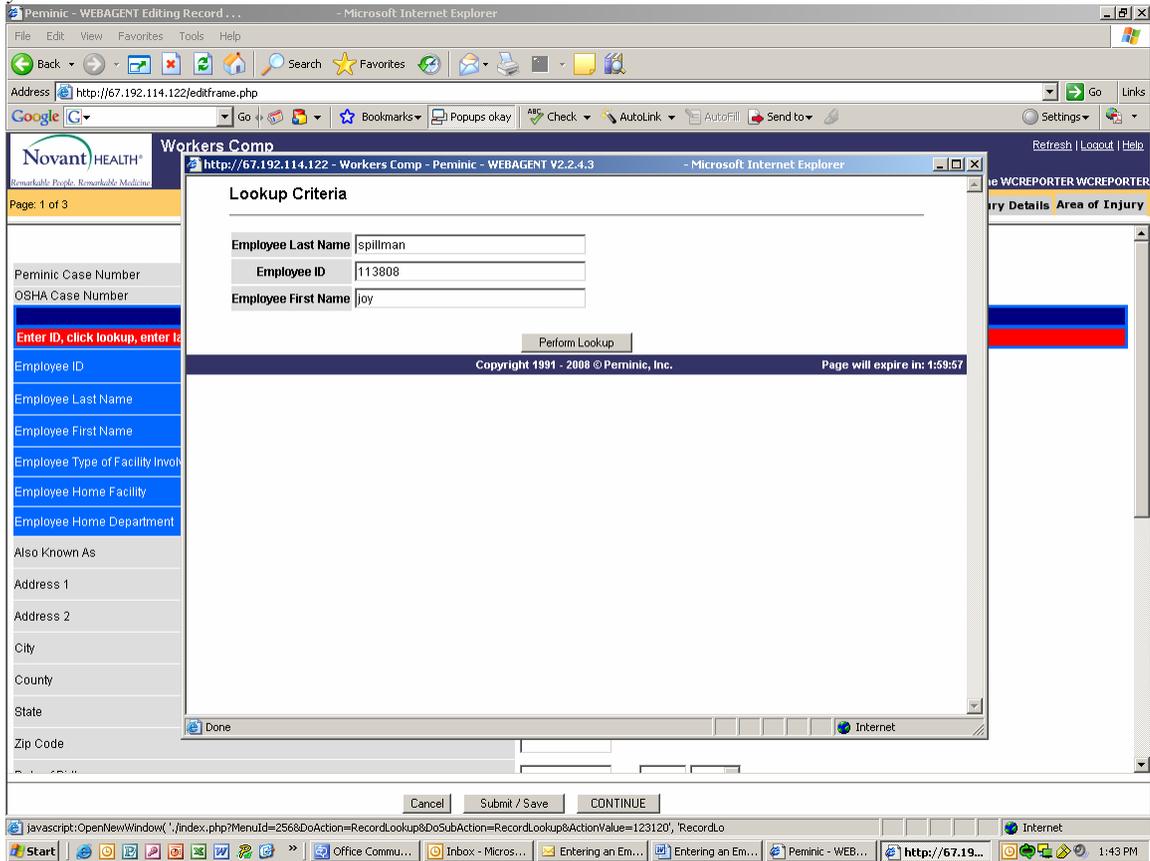
County

State

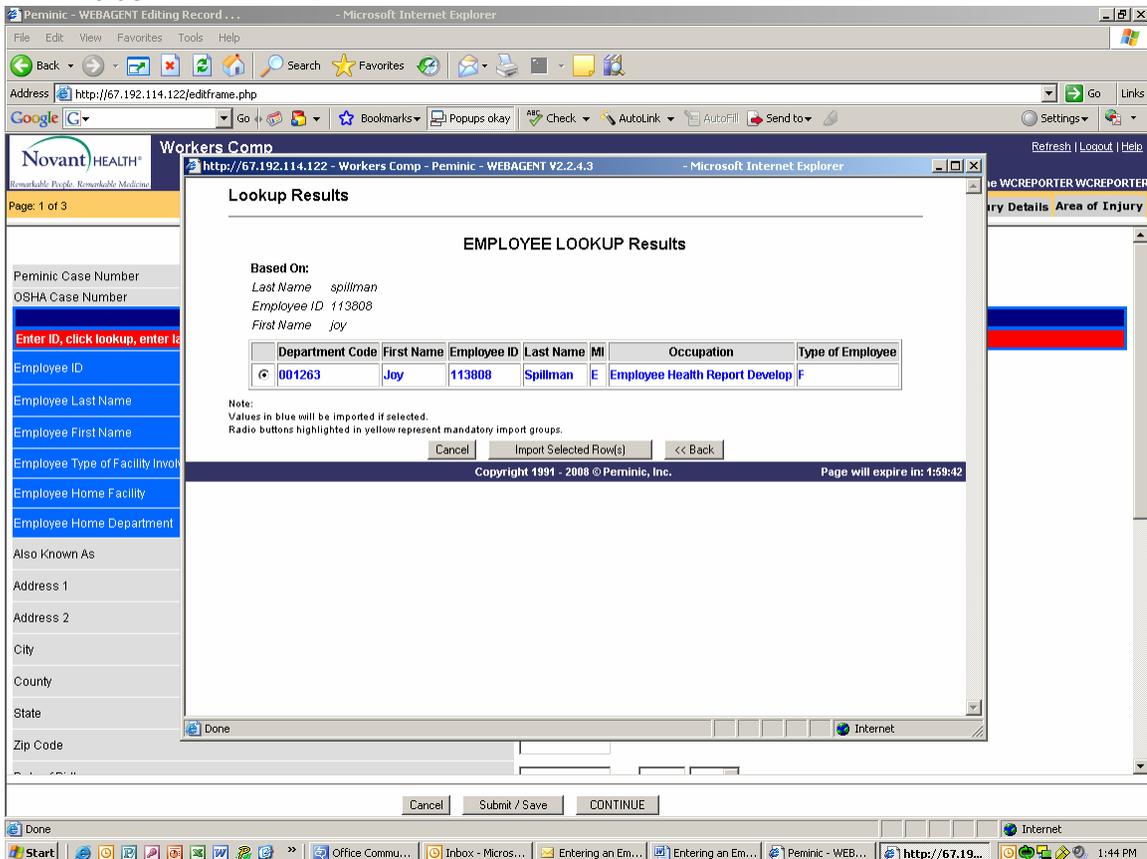
Zip Code

Cancel Submit / Save CONTINUE

2. Enter your Employee ID. Click the [Lookup] button and a lookup screen will appear to enter your criteria. Enter the employee last name and first name in the appropriate boxes and click “Perform Lookup.” All three criteria are required to use the lookup. If the lookup does not bring back your name, the employee information can be manually entered. ***REMEMBER*** All royal blue fields are mandatory and must be filled out before you can continue to the next page.



- Click the radio button next to your name, and then click the "Import Selected Rows" button. Your information will be entered in the Reporter information fields.



4. The Employee's information will be imported automatically.
5. Review the data to ensure it is correct and complete.
6. Complete any blank fields.
- NOTE:** Fields in **BLUE** are Mandatory, and **MUST** be completed.
7. Enter the Date the employee notifies Workers Compensation of the Injury



Click on the appropriate date. If you need to change the month or year, you can click on the drop down next to the month, and select the appropriate month, and enter the year. The [

Note: The system will not allow you to enter future dates.

8. Review the data entered on the screen. When you are confident the information is correct and complete, click, [Continue].

Injury Details

9. Select the type person who is reporting the injury.

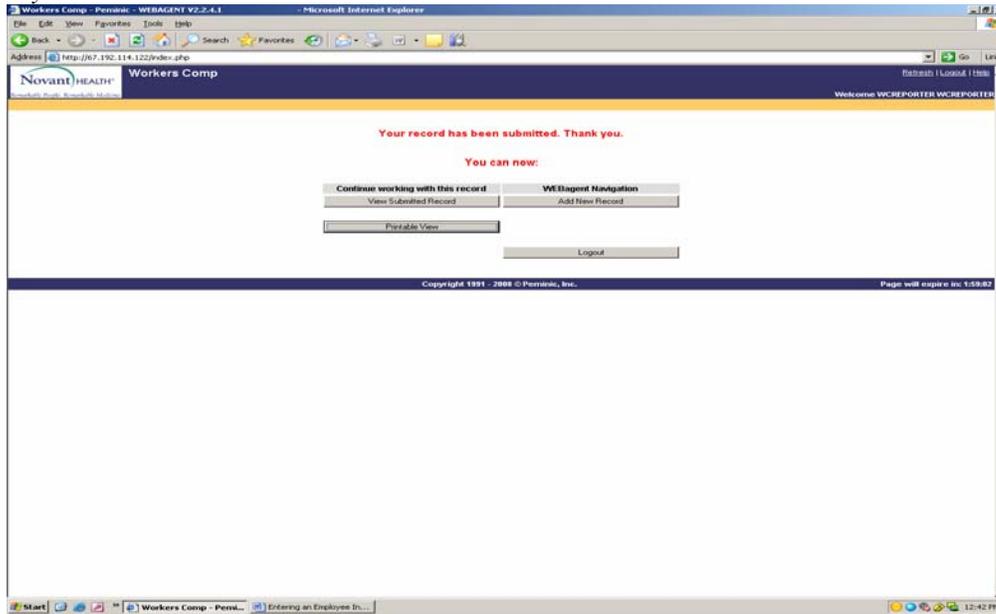
10. The Date Reported field defaults to today, but can be updated as necessary. (no future dates allowed).
11. Select the entity to which this issue is being reported.
12. Enter the Date the Injury Occurred.
13. Enter the Time of Injury using 24 hour "military time". (1:00pm = 1300).
14. Choose the Type of Facility (Hospital or Physician Practice), the appropriate Facility or Practice Group, the appropriate Department or Practice and then the location within the department in which the injury occurred.
15. Enter the time the employee began work on the day of the injury.
16. Note if there were any witnesses. If yes, screen will refresh with a new field to enter the names.
17. Enter the names of the witnesses.
18. Choose whether the injury occurred on Novant premises. If not, screen will refresh with a new field to enter the location where the injury occurred.
19. Select whether the Employee was treated in the Emergency Room (ER).
20. Select whether the employee had to be hospitalized.
21. On the Upper right hand side of the screen, select the type of injury that occurred in the "Nature of Injury" field. When you make this selection, the screen will refresh with additional fields specific to the type of injury.
22. Complete the injury specific fields as appropriate.
23. After all of the injury-specific fields are complete, enter your description of the injury in the field titled "Describe the accident". This is a MANDATORY field. Your comments however should be limited strictly to the facts of the situation.
24. Enter information about what the employee was doing prior to the incident.
25. Review the data on this tab. Once you are sure it is correct and complete, click the [Continue] button. You will be taken to the Area of Injury tab.

The screenshot shows a web browser window displaying the Novant Health Workers Comp WCREPORTER application. The page title is "Area of Injury (Check all that apply)". The form contains a grid of checkboxes for selecting injury areas:

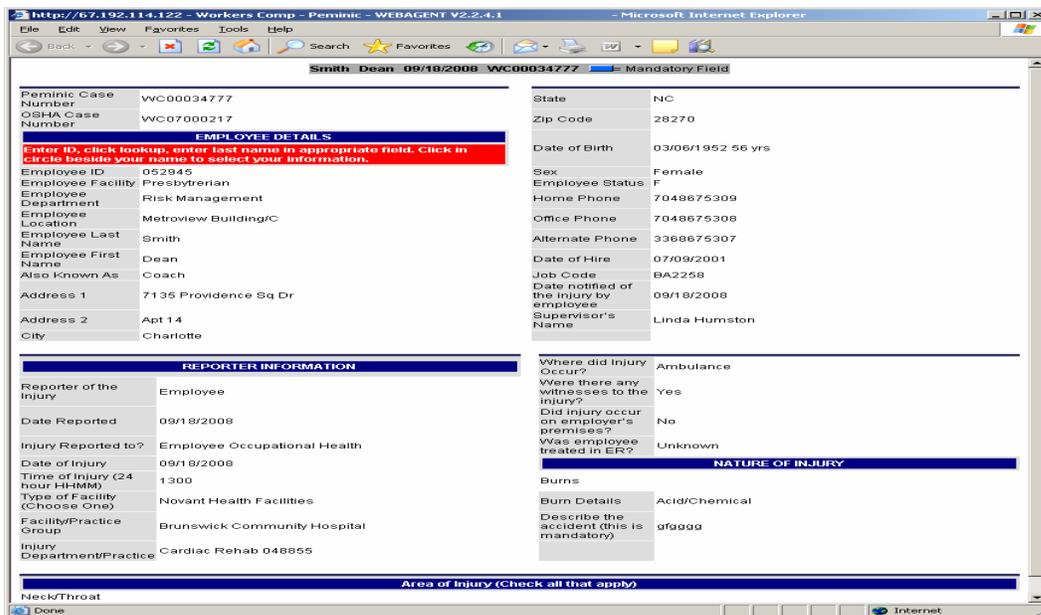
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Head	<input type="checkbox"/> Other
<input type="checkbox"/> Ankle(s)	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip(s)	<input type="checkbox"/> Pelvis
<input type="checkbox"/> Arm(s)	<input type="checkbox"/> Face	<input type="checkbox"/> Knee(s)	<input type="checkbox"/> Ribs
<input type="checkbox"/> Back	<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Leg(s)	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Buttocks	<input type="checkbox"/> Foot (feet)	<input type="checkbox"/> Lung(s)	<input type="checkbox"/> Toe
<input type="checkbox"/> Chest	<input type="checkbox"/> Groin	<input type="checkbox"/> Neck/Throat	<input type="checkbox"/> Wrist
<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Hand(s)	<input type="checkbox"/> No apparent injury	

At the bottom of the form, there are buttons for "Previous", "Cancel", and "Submit / Save".

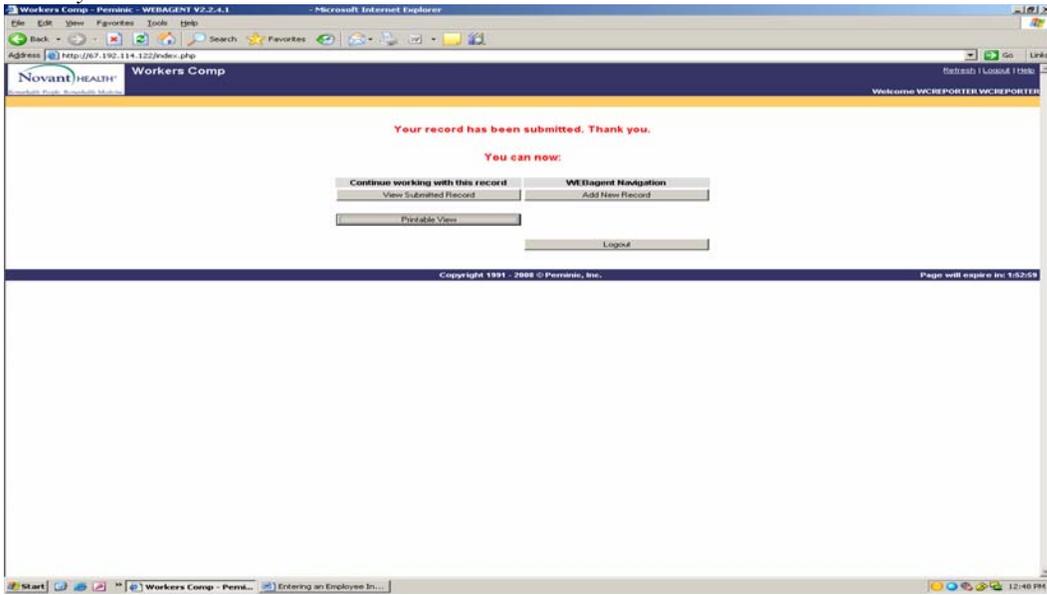
26. Select the area(s) in which the Employee was injured. In many cases, when you select an injury, the screen will refresh to offer additional choices. For example, if you select "Ankle" the screen will refresh to offer you a choice of the Right Ankle, the Left Ankle, or Both.
27. Review the data on this tab. Once you are sure it is correct and complete, click the [Submit/Save] button.
28. You will be returned the to Login page.



- 29. Once there, Click on the [Printable View] button.
- 30. A new box will pop up. This box lists the information that was just entered.



- 31. Click on the Printer icon or File/Print to print the document.
- 32. Take this document with you to Employee Health.
- 33. Close the Printable View icon.



34. If you need to add another injury, click [Add New Record]. If you are finished, click the [Logout] button.