

BHCS RISK MANAGEMENT QUARTERLY REPORT QUARTER 4 CY23

Occurrence Category CY23	Q4	%
ADR	1	0%
DELAY	12	4%
FALL	43	13%
HIPAAAPHI	7	2%
INFECTION	1	0%
LAB	49	15%
MEDICATION	28	9%
OB DELIVERY	5	2%
PATCARE	84	26%
PPID	4	1%
SAFETY	7	2%
SECURITY	53	16%
SKINWOUND	10	3%
SURGERY	18	6%
GRAND TOTAL	322	100%

OCCURRENCE CATEGORY CY23:

During the 4th Quarter CY 2023, there were a total of 322 Occurrence Variance Reports, compared to 286 for the 3rd Quarter CY 2023.

This reflects an increase of 36 or 5.92% for Q4 CY 2023.

Inpatient Falls by Category CY23	Q4
BABY/CHILD DROP	0
EASED TO FLOOR BY EMPLOYEE	2
EASED TO FLOOR BY NON EMPLOYEE	0
FOUND ON FLOOR	9
FROM BED	1
FROM BEDSIDE COMMODOE	2
FROM CHAIR	3
FROM EQUIPMENT, i.e. stretcher, table, etc.	1
FROM TOILET	1
PATIENT STATES	2
TRIP	0
WHILE AMBULATING	0
GRAND TOTAL	21

INPATIENT FALLS BY CATEGORY CY23:

During the 4th Quarter CY 2023, there were 21 Inpatient Falls. This reflects an increase of 3 or 7.7% from 18 reported in Q3 CY 2023.

There was 0 MAJOR injury, 6 MINOR injury and 15 with NO

OB DELIVERY CY23	Q4
EMERGENCY C-SECTION >30 MIN	0
FETAL DISTRESS	1
FETAL/MATERNAL DEMISE	1
MATERNAL COMPLICATIONS	1
NEONATAL COMPLICATIONS - Apgar <5 @5 min	0
OB ALERT	0
POSTPARTHUM HEMORRHAGE	0
RN ATTENDED DELIVERY (0 event >30 mins Delay)	0
SHOULDER DYSTOSIA	1
UNPLANNED PROCEDURE	1
GRAND TOTAL	5

OB DELIVERY CY23:

During the 4th Quarter CY 2023, there were 5 reported occurrences, which neither reflects a decrease nor increase from Q3 CY 2023, which also reported 5.

For delays greater than 30 minutes, a referral is sent to Quality for any Quality of Care concerns.

Maternal Complications are referred and reviewed by Quality Management/Peer Review for Quality of Care Concerns.

HAPIS CY23	Q4
PRESSURE INJURY-ACQUIRED	3
GRAND TOTAL	3

HAPIS CY23:

During the 4th Quarter CY 2023, there were 3 HAPI's reported, which reflects an increase of 100% from Q3 CY 2023, which reported 0.

1- stage II decubitus and 2 unstageable ulcers.

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MEDICATION VARIANCES CY23	Q4
CONTROL DRUG CHARTING	10
CONTROL DRUG DISCREPANCY INVESTIGATION	0
CONTROL DRUG DISCREPANCY-COUNT	0
CONTROL DRUG DIVERSION/SUSPICION	0
CPOE ISJUE	0
DELAYED DOSE	2
EXTRA DOSE	0
IMPROPER MONITORING	1
LABELING ERROR	1
MISSING/LOST MEDICATION	0
OMITTED DOSE	0
OTHER	3
PRESCRIBER ERROR	0
PYXIS COUNT DISCREPANCY	0
PYXIS MISS FILL	1
RECONCILIATION	0
RETURN BIN PROCESS ERROR	0
SCAN FAILED	0
SELF-MEDICATING	1
UNSECURED MEDICATION	1
WRONG CONCENTRATION	1
WRONG DOSE	1
WRONG DRUG OR IV FLUID	3
WRONG FREQUENCY OR RATE	1
WRONG PATIENT	1
WRONG ROUTE	0
WRONG TIME	1
GRAND TOTAL	28

MEDICATION VARIANCES CY23:

During the 4th Quarter CY 2023, there were 28 Medication occurrences reported, which reflects an increase of 7 or 14.28% from Q3 CY 2023, which reported 21.

There were 5 Near Misses that were Medication-related.

Medication Variances are reviewed at the Medication Safety and P&T Committees.

The Committees review for quality improvement opportunities and recommendations are addressed collectively by all Regions.

ADR CY23	Q4
ALLERGY	0
HEMATOLOGICAL/BLOOD DISORDER	0
CARDIOPULMONARY	1
GRAND TOTAL	1

ADR CY23:

During the 4th Quarter CY 2023, there was 1 ADR reported, which reflects an increase of 100% from Q3 CY 2023, which reported 0.

SURGERY RELATED ISSUES CY23	Q4
CONSENT ISSUES	0
EXTUBATION/INTUBATION	0
POSITIONING ISSUES	0
PUNCTURE or LACERATION	1
RETAINED FOREIGN BODY	1
SPONGE/NEEDLE/INSTRUMENT ISSUES	1
STERILE FIELD CONTAMINATED	0
SURGICAL COUNT	0
SURGERY DELAY	6
SURGERY/PROCEDURE CANCELLED	3
SURGICAL COMPLICATION	1
TOOTH DAMAGED/DISLODGED	3
UNPLANNED RETURN TO OR	1
UNPLANNED SURGERY	1
WRONG PATIENT	0
GRAND TOTAL	18

SURGERY RELATED ISSUES CY23:

During the 4th Quarter CY 2023, there were 18 Surgery related occurrences, which reflects an increase by 5 or 16.12% from Q3 CY 2023, which reported 13.

Cancelled Surgery or Procedures are tracked and trended.

SECURITY CY23	Q4
ACCESS CONTROL	0
AGGRESSIVE BEHAVIOR	5
ARREST	0
ASSAULT/BATTERY	2
CODE ASSIST	15
CODE ELOPEMENT	4
CONTRABAND	7
CRIMINAL EVENT	0
ELOPEMENT-INVOLUNTARY ADMIT (BA, vulnerable adults etc.)	0
ELOPEMENT-VOLUNTARY ADMIT (NON-VULNERABLE)	1
PROPERTY DAMAGED/MISSING	16
SECURITY PRESENCE REQUESTED	2
SMOKING ISSUES	0
THREAT OF VIOLENCE	0
TRESPASS	0
VEHICLE ACCIDENT	0
VERBAL ABUSE	1
GRAND TOTAL	53

SECURITY CY23:

During the 4th Quarter CY 2023, there were 53 Security related occurrences, which reflects an increase by 4 or 3.92% from 49 reported in Q3 CY 2023.

There were 15 Code Assist events, in Q4 CY 2023, which reflects an increase of 3 from Q3 CY 2023, which reported 12.

Property Damaged/Missing is 16 in Q4 CY 2023, which reflects an increase from Q3 CY 2023, which reported 15.

Security Presence Requested is 2 in Q4 CY 2023, which reflects a decrease by 6 or 60% from Q3 CY 2023, which reported 8.

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SAFETY CY23	Q4
BIOHAZARD EXPOSURE	1
CODE RED	0
CODE SPILL - CHEMICAL	1
ELEVATOR ENTRAPMENT	0
SAFETY HAZARD	4
SHARPS EXPOSURE	1
GRAND TOTAL	7

SAFETY CY23:

During the 4th Quarter CY 2023, there were 7 Safety events reported, which neither reflects a decrease nor increase from Q3 CY 2023, which also reported 7.

Occurrences which involve employees and LIPs are referred to Employee Health for review.

REGIONAL RISK MANAGEMENT SECTION : (MAY INCLUDE PERFORMANCE IMPROVEMENT INITIATIVES , SERIOUS INCIDENTS, AHCA ANNUAL REPORTABLE EVENTS, CODE 15 REPORTS, AND/OR INTENSE ANALYSIS/RCA'S COMPLETED, ETC.)

BHCS Falls Safety Measures:

Include patient and families in fall prevention education- explain the "why" behind what we are doing, and do teach back.
 Our falls drill down showed most falls being bathroom related. Staff are encouraged to ensure this is addressed during their purposeful rounding.
 Continue to encourage and reinforce the need for purposeful rounding
 Reinforce with staff that patient's should not be left unattended on the bedside commode.
 Continue to educate on the Morse Fall Risk Scale Score
 Continue to reinforce the need for thorough and proper patient assessment and handoff.
 Reinforce the need for bedside shift report
 Safety Huddles every shift with staff (to review any fall risk patients and any other safety concerns)
 Reinforce the need for bedside shift report
 Medications review by decentralized pharmacists post-fall, feedback provided and medication(s) adjusted accordingly.
 All patient's receiving sedatives prior to a procedure, should be transported via stretcher, not wheelchair
 Safety sitters are assigned to non compliant patients with high risk for falls
 I-Care rounding should also include ensuring Fall preventative measures are in place(functional bed alarm, bed plugged in, non-skid socks, yellow bracelet, environment clutter free and no environmental hazards)
 More front line staff encouraged to attend falls meeting, multidisciplinary approach
 Falls Road Show- Risk round on units/departments throughout the hospital with a Spin Wheel created just for Falls. Staff are quizzed on fall related questions and are rewarded with snacks.
 IA/RCA for each fall with a severity level >3

ACHA ANNUAL REPORTABLE EVENTS:

There was **4** ACHA Annual Reportable Events in the 4th Quarter CY 2023:

1 - Delay - Orders Not Completed (ER):

Patient is a 76-year-old female brought to the ER on 11/02/2023- secondary to generalized weakness and shortness of breath which worsened with ambulation. Patient states her son tested positive for COVID, as did she on the 27th. She was given Zithromax which she had at the time. She had no other known medical history and stated that it has been sometime since she had seen a primary care doctor.
 Labs revealed DKA, elevated lactic acid, metabolic acidosis/AKI with Blood glucose (1000), CO2 (7), AG (28), BHB (4.07), pH (7.17) and BUN/Cr (55/2.9).
 CXR showed Left upper lobe pneumonia.
 The RN assigned to patient did not initiate orders in a timely manner
 She was admitted to the CCU for continued care. Patient expired on 11/02/2023 at 0650.
 On 11/09/2023 RCA was done- RM, Risk, ER team, ICU, Clin Ed, NAS, DON, Quality, CIAP leaders and involved RN met to discuss the event.
 Opportunities identified addressed, including the need to educate staff on the management of DKA. This was assigned to staff in HealthStream and was presented at NGR by ED staff.

2 - Pressure Injury Acquired - Unstageable Sacrum (ICU)

Patient is a 58-year-old male who acquired a HAPI on 10/17/2023. Patient's wound was improving with smaller measurements noted on 10/27/2023 and 11/7/2023.
 The patient was then transferred to ICU on 11/10/2023 with a very small wound that was nearly healed.
 On 11/16/2023., the wound was noted to be significantly worse, it was much larger and unstageable.
 The WCN discussed the issues as well as proper wound care intervention/management with the staff.
 Intense Analysis was done on 12/14/2023 to review and address opportunities identified i.e., (documentation, supply availability for turning-par levels, EBP-utilize 2 hourly left to right -left to right turning of patients, annual refresher WC class for employees, implement 4 eyes-house wide).

3 - Pressure Injury Acquired - Unstageable Nose (ICU)

Patient is a 68-year-old male admitted to the floor with multiple pressure injuries that was POA. All skin breakdown preventative measures were in place on admission.
 The patient was transferred to ICU on 12/01/2023 due to respiratory failure, and was placed on a BIPAP machine.
 The patient was transferred back to the floor on 12/03/2023 and a PI to the nose was noted by the staff. A wound consult was placed.
 An unstageable wound was noted to the bridge of the patient's nose on consult. The wound was covered in necrotic tissue. Santyl and hydrocolloid dressing was recommended and implemented.
 Numerous interventions with ICU/CCU staff, including working with management was done.
 An Intense Analysis was done on 12/14/2023 to review and address opportunities i.e., (Resp therapist reminded to use gel pads for patients that are on BIPAP, proper skin assessment as well as documenting).

4 - Maternal Complications - Bleeding Related to Surgery (DIC)

Patient is a 42-year-old female 32 weeks pregnant (G4 P2). She presented to L&D on 12/29/2023 at 03:22, with complaints of abdominal pain since 8pm. Patient states her water broke enroute to hospital in car and had vaginal bleeding. The patient had late prenatal follow-up.
 At 03:32 the RN placed the patient on the monitor and no fetal heart tones were noted.
 The MD was called at 03:39 for stat bedside evaluation- arrived at 03:42, performed a bedside ultrasound and states agonal heart tones noted.
 At 03:48, the MD called for a STAT C-Section and the patient was in the OR at 03:49.
 03:56 the baby was delivered still born with no signs of life. Resuscitation provided by the NICU team for baby with no response.
 The baby was pronounced dead at 04:13.
 The patient was noted to have complete abruption per MD with suspected DIC. Stat coag labs were ordered, and massive blood transfusion was ordered. Patient received: 7units RBC, 5 FFPs, 2 Platelet & 1 Cryo.
 Patient was given medication: Hemabate methergine x2 and TXA. Patients continued to bleed and MD placed abdominal packing and wound vac.
 Surgery ended at 0715 and was transferred to ICU at 0725.
 Patient was transferred to BHMC on 12/29/2023 at 10:24 for further management of DIC.
 On 12/30/2023 at 00:38 patient expired.