

BHN RISK MANAGEMENT QUARTERLY REPORT QUARTER 4 CY23

Occurrence Category CY23	Q4	%
SECURITY	288	39%
PATCARE	153	21%
SKINWOUND	54	7%
MEDICATION	47	6%
FALL	47	6%
LAB	44	6%
SURGERY	38	5%
DELAY	22	3%
PPID	16	2%
SAFETY	15	2%
INFECTION	4	1%
Patient Rights	4	1%
HIPAAAPHI	3	0%
ADR	2	0%
Total	737	100%

OCCURRENCE CATEGORY CY23 Q4

Overall reporting has remained fairly consistent throughout all 4 Quarters. YTD Patient Care and Security remain our top occurrence reports, making up approximately 60% of all reports. Skin/Wound reports decreased slightly from 57 to 54.

Total Reporting:

October - 241
November - 246
December -250

Inpatient Falls by Category CY23	Q4
Found on Floor	17
Eased to Floor by Employee	6
From Bed	1
From Toilet	1
Patient States	1
While Ambulating	1
Visitor States	1
Total	28

INPATIENT FALLS BY CATEGORY CY23 Q4

Total of 28 Inpatient falls which is up from 26 in the 4th Quarter 2022. In 17 of the 28 falls (60%), the patient was found on the floor. Out of those 17 falls only 7 (41%) had a bed alarm activated, with staff responding to the bed alarm.

Falls with Injury:

Fall w/ Posterior Scalp Laceration repaired with staples; no surgical intervention required.

Fall w/ Minor Abrasion to the upper back

HAPIs CY23	Q4
DTI	19
Unstageable	5
Stage III	2
Stage II	1
Total	27

HAPIs CY23 Q4

Total Reporting:

October - 6
November - 9
December - 12

MEDICATION VARIANCES CY23	Q4
Wrong dose	9
Extra Dose	4
Pyxis Miss Fill	4
Reconciliation	4
Delayed dose	3
Prescriber Error	3
Wrong Drug or IV Fluid	3
Wrong Route	3
Contraindication	2
Improper Monitoring	2
Self-Medicating	2
Unsecured Medication	2
Control Drug Charting	1
Control Drug Discrepancy-Count	1
Labeling	1
Missing/Lost Medication	1
Omitted dose	1
Wrong frequency or rate	1
Total	47

MEDICATION VARIANCES CY23 Q4

Medication Variances are mostly reported by pharmacy. The majority of wrong doses are caught on verification from pharmacist. There were no harm events related to medications. New Pyxis machines being installed.

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ADR CY2	Q4
Allergy	2
Hematological/Blood disorder	0
Total	2

ADR CY23 Q4

All ADRs were from unknown or unreported allergies. All reactions were moderate and resolved with treatment.

SURGERY RELATED CY23	Q4
Consent Issues	11
Surgery/Procedure Cancelled	10
Surgery Delay	6
Anesthesia Complication	3
Surgery Complication	2
Surgical Count	2
Surgical Site Marked Incorrectly	2
Wrong Patient	1
Positioning Issues	1
Total	39

SURGERY RELATED CY23 Q4

We are continuing to see an increase in surgical related occurrence reporting from 31 reports in Qtr 3 to 37 reports in Qtr 4. We have also seen an increase in reports regarding Consent Issues.

Total Reporting:

October - 20

November - 11

December - 8

Approximately 40% of the reports are related to delays and cancelling of procedures.

Surgical count reports included one occurrence where sponges were left intentionally due to trauma. The second occurrence was a miscount that was identified and the sponge was found prior to closing the patient. No reports of any retained foreign objects in Qtr 4.

SECURITY CY23	Q4
Security Presence Requested	126
Code Assist	86
Property Damaged/Missing	28
Contraband	17
Code Elopement	13
Aggressive Behavior	7
Assault/Battery	3
Elopement - Voluntary Admit	2
Trespass	2
Elopement - Involuntary Admit	1
Smoking Issues	1
Vehicle Accident	1
Verbal Abuse	1
Total	288

SECURITY CY23 Q4

212 of the 288 reports (74%) are Code Assists and Security Presence Requested.

There were 7 Assault and Battery reports; two employees sought medical treatment in the ED post incident. One employee was scratched in the face by a patient and the other employee was punched in the face by an aggravated patient.

We are continuing to use the new workplace violence function in HAS for these reports.

There were 3 reports of attempted elopement by Baker Act patients,

SAFETY CY23	Q4
Sharps Exposure	7
Safety Hazard	5
Code Red	2
Elevator Entrapment	1
Total	15

SAFETY CY23 Q4

There were 6 needle stick injuries and one injury from a scalpel in Qtr 4

There were two code red reports, one due to a small fire noted near the main entrance. The fire was successfully extinguished by security and no harm reported to any bystanders. The second code red was activated due to food being heated for too long in the microwave.

We had one report of elevator entrapment in Qtr 4. The Fire Department was called and the employee was safely removed from the elevator. Facilities serviced the elevator and returned it to proper working order.

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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.)

No Code 15 reports for Qtr 4

AHCA Annual Reports

1. Stage III Pressure Injury to the Coccyx

This is a 69 yo male patient that was admitted to BHN on 9/12/2023 with a report of generalized weakness. The patient was admitted to Stepdown for close monitoring due to persistent hypotension. On 9/30 a wound care consult was placed for "open area midline buttock". Wound care was unable to assess the patient until 10/4 when the wound was noted to be a Stage III pressure injury to the coccyx.

2. Fall w/ Posterior Scalp Laceration requiring staples

This is a 73 yo female patient who was being discharged from the inpatient unit and awaiting wheelchair transport. The RN educated the patient and the family at the bedside to have the patient remain in bed until transport arrived, however the family member left the room shortly after receiving this education and the patient was found lying on the floor with the bed alarm sounding. The patient sustained a laceration to the posterior scalp that required staples. No surgical intervention required. The post fall CT of the Brain was negative and the patient was discharged home the following day.

3. Medical Surgical Code Blue

This is a 52 yo male patient that was admitted to BHN with a complaint of worsening neck pain. The patient had a history of tonsillar squamous cell carcinoma. The patient was followed by pain management while admitted and he was placed on multiple pain medications including both opioid and non-opioid medications. On 12/12/2023 the patient was found unresponsive in bed and a code blue was called. The patient was treated with ACLS and achieved ROSC after 7 minutes of intervention. The patient was then transferred to the ICU where he was later found to be brain dead secondary to a diffuse anoxic brain injury. The patient expired two days later.

4. Fall w/ Laceration above Right Eyebrow requiring sutures

This is a 59 yo male patient that was discharged from the ED where he was noted to be ambulating steadily toward the exit. The staff noted that he was holding his walker instead of using it to ambulate and he accidentally tripped over the walker and fell face down on the ground. The patient was brought back to the ED room for evaluation post fall where he was found to have a laceration above the right eyebrow which required sutures. No surgical intervention was required. The post fall CT was also negative.

5. Fall w/ Left Patellar Fracture

This is a 77 yo female patient who had just finished her treatment in the Cancer Center. As the patient was leaving the unit, she lost her balance and fall face first to the ground. A rapid responded was called and the patient was taken to the ED for further evaluation. While in the ED, it was determined that she had sustained a fracture to her left patella secondary to the fall. The patient was ultimately admitted to the inpatient unit where she was seen by an Orthopedic Surgeon who determined that surgical intervention was not necessary.

RCA's Completed in Qtr 4

Medical-Surgical Code Blue (See narrative above)

Post RCA action plan items include:

1. Continuous pulse oximetry will be added to all patients receiving Dilaudid PO or IV
2. Purchase bedside pulse oximetry monitors to ensure sufficient number for volume
3. Education to all full and part-time nursing staff that all patient's receiving Dilaudid or or IV will be monitored on bedside pulse oximetry
4. Education to all full and part-time nurses regarding the documentation of parameters at the time of administration
5. Pharmacy to ensure parameters are clearly defined for medication orders prior to making medication active