

BHCS RISK MANAGEMENT QUARTERLY REPORT QUARTER 2 CY22

Occurrence Category CY22	Q2	%
ADR	2	1%
DELAY	15	5%
FALL	36	11%
HIPAAAPHI	3	1%
INFECTION	3	1%
LAB	40	12%
MEDICATION	40	12%
OB DELIVERY	9	3%
PATCARE	64	20%
PPID	5	2%
SAFETY	23	7%
SECURITY	57	18%
SKINWOUND	9	3%
SURGERY	19	6%
GRAND TOTAL	325	100%

OCCURRENCE CATEGORY CY22:

During the 2nd Quarter CY 2022, there were a total of 325 Occurrence Variance Reports, compared to 292 for the 1st Quarter CY 2022.

This reflects an increase of 33 or 5.34% for Q2 CY 2022.

Inpatient Falls by Category CY22	Q2
BABY/CHILD DROP	1
EASED TO FLOOR BY EMPLOYEE	3
EASED TO FLOOR BY NON EMPLOYEE	1
FOUND ON FLOOR	8
FROM BED	0
FROM BEDSIDE COMMODORE	1
FROM CHAIR	1
FROM TOILET	0
PATIENT STATES	3
TRIP	0
WHILE AMBULATING	2
GRAND TOTAL	20

INPATIENT FALLS BY CATEGORY CY22:

During the 2nd Quarter CY 2022, there were 20 Inpatient Falls. This reflects a decrease of 10 or 20% from 30 reported in Q1 CY 2022.

There were 6 MINOR injuries and 14 with NO injuries.

OB DELIVERY CY22	Q2
EMERGENCY C-SECTION >30 MIN	1
FETAL DISTRESS	1
FETAL/MATERNAL DEMISE	0
MATERNAL COMPLICATIONS	0
NEONATAL COMPLICATIONS - Apgar <5 @5 min	1
OTHER	2
POSTPARTHUM HEMORRHAGE	1
RN ATTENDED DELIVERY (0 event >30 mins Delay)	2
SHOULDER DYSTOSIA	1
GRAND TOTAL	9

OB DELIVERY CY22:

During the 2nd Quarter CY 2022, there were 9 reported occurrences, which reflects a decrease by 2 or 10% from Q1 CY 2022, which reported 11.

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

HAPIs CY22	Q2
PRESSURE INJURY-ACQUIRED	2
GRAND TOTAL	2

HAPI's CY22:

During the 2nd Quarter CY 2022, there were 2 HAPIs reported, which reflects a decrease by 2 or 33.34% from Q1 CY2022, which reported 4.

There was 1 Decubitus- Stage 3 - Buttocks and 1 DTI -Sacrum.

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MEDICATION VARIANCES CY22	Q2
CONTROL DRUG CHARTING	7
CONTROL DRUG DISCREPANCY INVESTIGATION	1
CONTROL DRUG DISCREPANCY-COUNT	1
CPOE ISSUE	1
DELAYED DOSE	2
IMPROPER MONITORING	2
LABELING ERROR	0
MISSING/LOST MEDICATION	0
OMITTED DOSE	1
OTHER	4
PRESCRIBER ERROR	1
PYXIS COUNT DISCREPANCY	1
PYXIS MISS FILL	4
RETURN BIN PROCESS ERROR	1
SELF-MEDICATING	1
UNSECURED MEDICATION	1
WRONG DOSAGE FORM	1
WRONG DOSE	3
WRONG DRUG OR IV FLUID	2
WRONG FREQUENCY OR RATE	2
WRONG PATIENT	1
WRONG ROUTE	0
WRONG TIME	3
GRAND TOTAL	40

MEDICATION VARIANCES CY22:

During the 2nd Quarter CY 2022, there were 40 Medication Occurrences reported, which reflects an increase by 20 or 33.34% from Q1 CY 2022, which reported 20.

There were 11 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 CY22	Q2
ALLERGY	1
HEMATOLOGICAL/BLOOD DISORDER	1
CARDIOPULMONARY	0
GRAND TOTAL	2

ADR CY22:

During the 2nd Quarter CY 2022, there were 2 ADRs reported, which reflects an increase by 1 or 33.34% from Q1 CY 2022, which reported 1.

SURGERY RELATED ISSUES CY22	Q2
CONSENT ISSUES	1
EXTUBATION/INTUBATION	0
POSITIONING ISSUES	0
RETAINED FOREIGN BODY	0
SPONGE/NEEDLE/INSTRUMENT ISSUES	0
STERILE FIELD CONTAMINATED	0
SURGERY DELAY	10
SURGERY/PROCEDURE CANCELLED	8
SURGICAL COMPLICATION	0
TOOTH DAMAGED/DISLODGED	0
UNPLANNED RETURN TO OR	0
WRONG PATIENT	0
GRAND TOTAL	19

SURGERY RELATED ISSUES CY22:

During Q2 CY 2022, there were 19 Surgery related events, which reflects an increase by 11 or 40.74% from Q1 CY 2022, which reported 8.

Surgery/Procedures cancelled are tracked and trended.

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SECURITY CY22	Q2
ACCESS CONTROL	1
AGGRESSIVE BEHAVIOR	3
ARREST	0
ASSAULT/BATTERY	1
CODE ASSIST	13
CODE ELOPEMENT	1
CONTRABAND	10
CRIMINAL EVENT	0
ELOPEMENT-INVOLUNTARY ADMIT (BA, vulnerable adults etc.)	1
ELOPEMENT-VOLUNTARY ADMIT (NON-VULNERABLE)	3
PROPERTY DAMAGED/MISSING	7
SECURITY PRESENCE REQUESTED	16
SMOKING ISSUES	0
THREAT OF VIOLENCE	1
TRESPASS	0
VERBAL ABUSE	0
GRAND TOTAL	57

SECURITY CY22:

During Q2 CY 2022, there were 57 Security related occurrences, which reflects a decrease by 17 or 12.98% from 74 reported in Q1 CY 2022.

Code Assist is 13 in Q2 CY 2022, which reflects a 39.54% decrease from Q1 CY 2022, which was a total of 30.

Property Damaged/Missing is 7 in Q2 CY 2022, which reflects a 36.36% decrease from Q1 CY 2022, which was a total of 15.

SAFETY CY22	Q2
BIOHAZARD EXPOSURE	2
CODE RED	1
ELEVATOR ENTRAPMENT	5
SAFETY HAZARD	12
SHARPS EXPOSURE	3
GRAND TOTAL	23

SAFETY CY22:

During Q2 CY 2022, there were 23 Safety events reported, which reflects a 39.40% increase from Q1 CY 2022, which reported 10. Occurrences which involve employees and LIPs are referred to Employee Health for management.

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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.)

BHCS Falls Safety Measures:

Continue to encourage and reinforce the need for purposeful rounding
Continue to educate on the Morse Fall Risk Scale Score
Continue to reinforce the need for thorough and proper patient assessment and handoff.
Safety Huddles every shift with staff (to review any fall risk patients and any other safety concerns)
Use of portable bed alarms on all older model beds.
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)
IA/RCA for each fall with a severity level >3
Post fall huddle form revised-allows the staff the opportunity to provide a more detailed drill down of the event

ACHA ANNUAL REPORTABLE EVENTS:

There were 3 ACHA Annual Reportable Events in the 2nd Quarter CY2022:

1 Postpartum Hemorrhage - 33 yr. old female had a C-section and needed a hysterectomy for life saving measures after a second attempt to stop post-partum bleeding was unsuccessful. Massive transfusion protocol was initiated. Patient was transferred to ICU post procedure.

1 HAPI - 19 yr. old male, non verbal with severe joint contractures, developed a Stage III decubiti pressure injury to his buttocks. Wound care consult was placed and preventative measures were initiated to prevent further skin break down.

1 Skin Wound - 51 yr. old male paraplegic, became bradycardic, hypotensive and hypothermic. Primary RN was unable to obtain the patient's temperature, so she proceeded to get extra blankets, and wrapped ice packs -(which she had filled with hot water) in a pillow case, and placed them under the patient's axilla.

The next morning, during the patient's bath, it was discovered the patient had red darkened pigmentation to bilateral arms and bilateral axilla. The physician was made aware as well as the wound care RN.

Per wound care evaluation on the day of the event, "patient had a 3rd degree burn to right medial upper arm, and a 2nd degree burn to left medial upper arm. No s/s of infection were noted."

The information was disclosed to the mother by the physician in the presence of the nurse manager and Risk Manager. A consult was placed for Plastics- who documented "wound should heal, and to continue with current wound care treatment." A huddle on both 4W and 4N was conducted, and a "Need 2 Know" was distributed to all leaders and managers outlining the need to ensure only approved devices/equipment are used. The Need 2 Know was also posted on the unit.

Complaints:

In May, CY2022, there was 1 Investigation from DCF & CSPD regarding a complaint they received for Improper Care. This complaint was found to be "Unsubstantiated."

CODE 15 & RCAs:

There was 0 Code 15 reported in the 2nd Quarter CY 2022.

There was 0 RCAs in the 2nd Quarter CY2022

INTENSE ANALYSIS:

There were 2 Intense Analysis in the 2nd Quarter CY 2022:

1: A patient was left alone in the Radiology department, and was only discovered by staff after hearing someone asking for help. The patient was not injured.

Lack of communication and handoff between staff and interdepartmental members, was the causative factor

Measures implemented includes:

Reinforcing the importance of handoff with all departments and between team members

"Room sweep" should be done in the Radiology department before the last person leaves the department

Cisco phones have now been provided to the Transport team to facilitate ease in communication with team and staff members

Work order placed for an extension for Radiology department so number can be forwarded to team member after hours. This has since been completed and Radiology extension shared with all staff.

2: Mother Baby- Breast Milk event- baby received the wrong breast milk. Disclosure was done, and no harm to baby.

PPID process was not followed

Measures implemented:

Immediate:

Reinforce the importance of proper PPID

Nurse labeling breast milk bottle instead of parents so as to facilitate proper and easier scanning of breast milk

Verification now includes mother/parents verifying the correct name etc. on bottle, prior to providing breast milk to mother

Long term Goals:

To have refrigerators in all patient rooms- (will be purchasing refrigerators); NICU nurses having the ability to print labels instead of obtaining labels from Pharmacy