BHMC RISK MANAGEMENT QUARTERLY REPORT CY22

Occurrence Category CY22 (HAS Comparison Report "BHMC PATIENT FALLS" -Occurance Sub Cat and -Date)	Q2	%
ADR	1	0%
DELAY	36	3%
FALL	54	5%
HIPAAPHI	11	1%
INFECTION	2	0%
LAB	26	2%
MEDICATION	59	5%
OBDELIVER	52	4%
PATCARE	389	34%
PATRIGHT	2	0%
PPID	3	0%
SAFETY	26	2%
SECURITY	454	39%
SKINWOUND	6	1%
SURGERY	35	3%
Grand Total	1156	100%

OCCURRENCE CATEGORY CY22:

Quarter 2 totaled 1156 occurrence variance reports as compared to Q1 which contained a total of 1186 and reduction of 30 occurrences/ 2.5%.

There were a total of 31 reported near miss occurrences making up 2.6% of all occurrences.

Inpatient Falls by Category CY22 (HAS Comparison Report - Monthly Falls OR HAS Comp Occur Cat and Sub and omit Visit falls)	Q2	%
Baby/Child Drop	1	1.85%
Child Development	2	3.70%
Eased to floor by employee	1	1.85%
Found on floor	22	40.74%
From Bed	7	12.96%
From Bedside Commode	1	1.85%
From chair	2	3.70%
From Equipment	1	1.85%
From Toilet	3	5.56%
Patient States	3	5.56%
Slip	4	7.41%
Trip	2	3.70%
While ambulating	5	9.26%
FALL Total	54	100%

INPATIENT FALLS BY CATEGORY CY22:

There were a total of 54 Inpatient Falls for Q2
Highest category for falls were Patients Found on Floor making up 40.74% of falls.

Falls are discussed and reviewed for lessons and opportunities at weekly HAC meeting facilitated by BHMC Patient Safety Officer.

BHMC RISK MANAGEMENT QUARTERLY REPORT CY22

OB DELIVERY CY22 (HAS Comparison Report Occur Cat, Occur Subcat - OB Occurences)	Q2	%
Birth Trauma	2	3.85%
CPOE issue	0	0.00%
C-Section with no first assist	0	0.00%
Emergency C-Section > 30 min	0	0.00%
Fetal Distress	0	0.00%
Fetal/Maternal Demise	2	3.85%
Induction Bishop <6	0	0.00%
Infant d/c to wrong person	0	0.00%
Instrument Related Injury	0	0.00%
Maternal complications	2	3.85%
Maternal Tranfer To Higher Level Of Care	0	0.00%
Meconium Aspiration	0	0.00%
Meconiun staining	0	0.00%
Neonatal complications - Admit Mother/Baby	0	0.00%
Neonatal complications - Admit NICU	27	51.92%
Neonatal complications - Apgar <5 @5 min	0	0.00%
Neonatal complications - Impaired Skin Integrity	0	0.00%
Neonatal complications - IV Infiltrate	2	3.85%
OB Alert	2	3.85%
Other	7	13.46%
Postpartum Hemorrhage	6	11.54%
Return To Ldr (Labor Delivery Room)	0	0.00%
RN Atttended Delivery	2	3.85%
RN Unattended Delivery	0	0.00%
Shoulder Dystosia	0	0.00%
Sponge/Needle/Instrument Issues	0	0.00%
Sterile field contaminated	0	0.00%
Sugical Count	0	0.00%
Unplanned Procedure	0	0.00%
TOTAL	52	100.00%

OB DELIVERY CY22:

There were a total of 52 OB Delivery incidents for Q2

Highest category for incidents were related to Neonatal complications Admit NICU which contributed to 51.92% of OB Delivery related incidents.

HAPIs CY22 SkinWound SkinBracq Pressure Injury - Acquired	Q2	%
Pressure Injury - Acquired	0	

HAPIS CY22:

There were 0 Hospital Acquired Presure Injuries for Q2.

BHMC RISK MANAGEMENT QUARTERLY REPORT CY22

MEDICATION VARIANCES CY22 HAS Browse - BHMC MedVariance (remove duplicate occuranc# OR OR HAS Comparison and add Occur Cat= Medication and Sub Cat= all medication types)	Q2	%
Contraindication	1	1.69%
Control Drug Charting	1	1.69%
Control Drug Discrepancy Investigation	0	0.00%
CPOE Issue	1	1.69%
Delayed Dose	3	5.08%
eMar - Transcription/Procedure	4	6.78%
Expired Medication	0	0.00%
Extra Dose	3	5.08%
Improper Monitoring	1	1.69%
Labeling Error	1	1.69%
Missing/Lost Medication	0	0.00%
Omitted Dose	8	13.56%
Other	6	10.17%
Prescriber Error	1	1.69%
Pyxis Count Discrepancy	0	0.00%
Pyxis False Stackout	1	1.69%
Pyxis Miss Fill	0	0.00%
Reconciliation	0	0.00%
Scan Failed	0	0.00%
Self-Medicating	0	0.00%
Unordered Drug	0	0.00%
Unsecured Medication	0	0.00%
Wrong Concentration	1	1.69%
Wrong Dosage Form	1	1.69%
Wrong Dose	10	16.95%
Wrong Drug or IV Fluid	7	11.86%
Wrong Frequency or Rate	6	10.17%
Wrong Patient	0	0.00%
Wrong Route	2	3.39%
Wrong Time	1	1.69%
MEDICATION Total	59	100.00%

MEDICATION VARIANCES CY22:

There was a total of 59 medication variances for Q2.

Highest med varicance category was due to Wrong Dose,which contributed to 16.95% of total variances.

Risk, nursing, and administration collaborate to discuss medication variances and trends.

Medication variances are also reviewed at Patient Care Key Group / RQC meeting and by Pharmacy staff.

ADR CY22	Q2	%
Miscellaneous	0	0.00%
Renal Dysfunction	1	100.00%
ADR Total	1	100.00%

ADR CY22:

Total of 1 ADR in Q2 2022.

BHMC RISK MANAGEMENT QUARTERLY REPORT CY22

SURGERY RELATED ISSUES CY22	Q2	%
Anesthesia Complication	1	2.86%
Consent Issues	6	17.14%
CPOE issue	0	0.00%
Extubation/Intubation	0	0.00%
Incorrect information on patient's chart	0	0.00%
Positioning Issues	0	0.00%
Puncture or Laceration	1	2.86%
Retained Foreign Body	1	2.86%
Sponge/Needle/Instrument Issues	3	8.57%
Sterile field contaminated	1	2.86%
Surgery Count	9	25.71%
Surgery Delay	2	5.71%
Surgery/Procedure Cancelled	4	11.43%
Surgical Complication	3	8.57%
Surgical Count	0	0.00%
Surgical site marked incorrectly	0	0.00%
Tooth Damaged/Dislodged	0	0.00%
Unplanned Return to OR	1	2.86%
Unplanned Surgery	3	8.57%
Wrong Patient	0	0.00%
Wrong Procedure	0	0.00%
Wrong Site	0	0.00%
SURGERY TOTAL	35	100.00%

SURGERY RELATED ISSUES CY22:

There was a total of 35 surgery related issues for Q2.

Surgery Count related issues contributed to 25.71% of surgery related issues.

SECURITY CY22	Q2	%
Abduction	0	0.00%
Access control	0	0.00%
Active Shooter	0	0.00%
Aggressive behavior	36	7.93%
Arrest	0	0.00%
Assault/Battery	13	2.86%
Break-in	0	0.00%
Code Assist	98	21.59%
Code Black	0	0.00%
Code Elopement	10	2.20%
Code Green	0	0.00%
Code Stork	1	0.22%
Code Strong	0	0.00%
Contraband	7	1.54%
Criminal Event	0	0.00%
Elopement -Involuntary admit (BA, patient's under police custody, vulnerable adults etc.)	1	0.22%
Elopement -Voluntary admit (persons admitted on their own accord/will; non-vulnerable individuals)	5	1.10%
Property Damaged/Missing	10	2.20%
Rapid Response Team - Visitor	0	0.00%
Security Presence Requested	258	56.83%
Smoking Issues	0	0.00%
Security Transport	2	0.44%
Threat of violence	6	1.32%
Trespass	1	0.22%
Vehicle Accident	0	0.00%
Verbal Abuse	6	1.32%
SECURITY TOTAL	454	100.00%

SECURITY CY22:

There was a total of 454 security incidents for Q2.

Highest incidents reported were related to Security Presence Requested which was 56.83% of total incidents.

BHMC RISK MANAGEMENT QUARTERLY REPORT CY22

SAFETY CY22	Q2	%
Biohazard Exposure	1	3.85%
Code Red		0.00%
Code Spill - Chemical		0.00%
Code Spill - Chemo	1	3.85%
Electrical Hazard		0.00%
Elevator entrapment		0.00%
False Alarm	1	3.85%
Fire/Smoke/Drill		0.00%
Gas/Vapor Exposure		0.00%
Safety Hazard	20	76.92%
Sharps Exposure	3	11.54%
SAFETY Total	26	100.00%

SAFETY CY22:

There was a total of 26 Safety incidents for Q2.

Highest incidents reported were related to Safety Hazard which was 76.92% of total incidents.

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

RETAINED LAP SPONGE:

We had one reportable adverse event last quarter to AHCA. This event involved a liver transplant patient. It was a "backup patient" that was called when the primary patient had complications making the transplant contraindicated. Preparing for the first patient, the donor liver was brought to the "back table" in an anteroom for preparation of the procedure. This anteroom contained appropriate instruments and lap sponges for prep. Next patient came in and procedure proceeded uneventfully. When conducting the first closing count, the team was initially one sponge short.

A team member went to the anteroom where the organ had been prior to transplantation and found a lap sponge, making the count correct, and the patient was closed. That, however, was not the sponge the team was short and there was still one sponge retained in the patient. The patient post operatively was brought to the ICU. A portable chest x-ray was done to check placement of all the patient's invasive lines.

Reading indicated that there was a retained surgical sponge in the patient's left upper quadrant which was disclosed to the patient's family. Patient was returned for removal of sponge without further incident.

Actions: (1) Post x-ray will be done in the OR before final closure; (2) After reperfusion of the organ a count will be done in the ante room, and that specific ante room will have no re entry allowed.