

**BHN RISK MANAGEMENT QUARTERLY REPORT QUARTER 2 CY23**

Occurrence Category CY23	Q2	%
Security	259	35.7%
Patient Care	183	25.2%
Fall	51	7.0%
Medication Variance	48	6.6%
Delay	45	6.2%
Lab	43	5.9%
Skin/Wound	41	5.7%
Surgery	27	3.7%
Safety	7	1.0%
PPID	7	1.0%
HIPAA PHI	6	0.8%
Adverse Drug Reaction	5	0.7%
Infection Control	2	0.3%
Patient Rights	1	0.1%
<b>Total</b>	<b>725</b>	<b>100%</b>

**OCCURRENCE CATEGORY CY23 Q2**  
 Overall reporting decreased from 742 in Q1 to 725 in Q2. YTD Patient Care and Security remain our top occurrence reports, Patient care has dropped due to decrease in AMA reporting. The majority of security reports are Code Assist and Security Presence Requested.

Total Reporting:  
 April - 261  
 May - 228  
 June - 236

Inpatient Falls by Category CY23	Q2
Found On Floor	20
Eased To Floor By Employee	4
Fall While Ambulating	2
Fall From Bed	1
Fall From Bedside Commode	1
Visitor States	1
<b>Grand Total</b>	<b>29</b>

**INPATIENT FALLS BY CATEGORY CY23 Q2**  
 Total of 29 Inpatient falls which is up from 23 in the 2nd Quarter 2022. In 20 of the 29 falls (69%), the patient was found on the floor. Out of those 20 falls only 6 (30%) had a bed alarm activated, with staff responding to the bed alarm.

Falls with Injury:  
 Fall w/ Orbital Fracture and complex laceration to the right upper eyelid - laceration repaired with sutures; no surgery required for fracture  
 Fall w/ Left Distal Forearm Laceration - repaired with sutures  
 Fall w/ Subdural hematoma - no surgical intervention required

HAPIs CY23	Q2
DTP1	8
Stage 2	7
Unstageable Ulcers	5
<b>Total</b>	<b>20</b>

**HAPIs CY23 Q2**  
Total Reporting:  
 April - 4  
 May - 12  
 June - 4

MEDICATION VARIANCES CY23	Q2
Extra Dose	6
Other	6
Wrong Dose	6
Wrong Drug or IV Fluid	5
Omitted dose	3
Control Drug Charting	2
Delayed dose	2
Reconciliation	2
Unsecured Medication	2
Wrong Frequency or Rate	2
Wrong Route	2
CPOE Issue	1
Improper Monitoring	1
Pyxis Miss Fill	1
Scan Fail	1
Wrong Dosage Form	1
Wrong Patient	1
Wrong Time	1
<b>Total</b>	<b>45</b>

**MEDICATION VARIANCES CY23 Q2**  
 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. ER Pyxis remains on override; new Pyxis machines coming soon

ADR CY23	Q2
Allergy	2
Dermatological	2
Other	1
<b>Total</b>	<b>5</b>

**ADR CY23 Q2**  
 All ADRs were from unknown or unreported allergies. All reactions were mild/moderate and resolved with treatment

SURGERY RELATED ISSUES CY23	Q2
Consent Issue	8
Surgery Delay	7
Surgical Procedure Cancelled	3
Sponge/Needle/Instrument Issues	2
Sterile Field Contaminated	2
Surgical Count	2
Extubation/Intubation	1
Puncture Laceration	1
Surgical Complication	1
<b>Total</b>	<b>27</b>

**SURGERY RELATED ISSUES CY23 Q2**  
 Surgery reporting has been historically low, however we are seeing some increases in reporting since Qtr 1 with 22 reported events.

Total Reporting:  
 April - 7  
 May - 10  
 June - 10

Approximately 50% of the reports are related to delays and cancelling of procedures. Both Surgical Counts reports were a result of intentionally retained objects (sponges/quick clots) due to patient condition. No patient harm.

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SECURITY CY23	Q2
Code Assist	107
Security Presence Requested	75
Property Damaged/Missing	22
Code Elopement	16
Contraband	14
Aggressive behavior	5
Assault/Battery	5
Threat of violence	5
Verbal Abuse	3
Elopement- Voluntary Admit	2
Trespass	2
Vehicle Accident	2
Smoking Issues	1
<b>Total</b>	<b>259</b>

**SECURITY CY23 Q2**  
 182 of the 259 reports (70%) are Code Assists and Security Presence Requested.  
 There were 5 Assault and Battery reports, none with injury reported. We are continuing to use the new workplace violence function in HAS for these reports.  
 The Code Elopements reported were non-behavioral health or wandering patients.

SAFETY CY23	Q2
Safety Hazard	6
Code Red	1
<b>Total</b>	<b>7</b>

**SAFETY CY23 Q2**  
 Abandoned vehicle identified in parking lot on fire; no injury to any staff or visitors.  
 One minor injury to employee secondary to sharp edge of a cabinet; occurred while putting away supplies, no ED treatment required  
 No needle stick injuries reported.

**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 Events to report for Qtr 2

**RCA's Completed for Qtr 2**

**1. Inpatient HAPI (DTPI left hip, left 5th toe, and left heel, unstageable PI to the left lateral leg)**  
 The patient is a 73yo male that arrived to the BHN Emergency Department due to cellulitis and drainage coming from his right AKA stump. On admission to the Medical-Surgical unit, the patient was noted with multiple wounds present. Wound care was initially consulted for a wound to the right AKA and staples to the left leg. Over the course of hospitalization, the patient developed a DTPI to the left hip, DTPI to the left 5<sup>th</sup> toe, DTPI to the left heel, and an unstageable wound to the left lateral leg. The DTPI to the buttocks that was present on arrival evolved to an unstageable wound noted on discharge.

**2. Inpatient HAPI (Unstageable PI Tracheostomy and posterior Occiput)**  
 The patient is a 56yo male who presented to the BHN Emergency Department via Fire Rescue as a Level 1 Trauma alert. The patient was the driver involved in a front impact MVC with heavy front-end damage after striking a tree. The patient was intubated immediately on arrival to the ED and radiology exams revealed multiple fractures. The patient was noted with a new pressure injury wound to the posterior neck underneath the tracheostomy strap that was determined to be unstageable. Additionally, the wound care RN noted a previously unknown wound to the posterior occiput that was documented as unstageable at the time of initial assessment.

**3. Inpatient HAPI (Unstageable to the bridge of the nose secondary to BiPAP)**  
 The patient is a 69yo male that was admitted to BHN via BSO from jail for Altered Mental Status. The patient developed an unstageable hospital acquired pressure injury on the bridge of his nose. It appears that this pressure injury developed secondary to BiPAP use.

**AHCA Annual Reportable Events**

**1. Inpatient Fall with Brain Bleed**  
 83yo female experienced an unwitnessed fall. The nurse was in another room assisting a patient when she heard the bed alarm go off. The nurse entered the patient's room to find her sitting on the bed when she stated that she had fallen and hit her head. The patient reported that she was attempting to retrieve her slippers and go the bathroom when she fell. STAT CT Brain was ordered and ice was applied to the patient's head. The initial CT brain result was negative, however a follow-up scan a day later showed an small intracranial hemorrhage. No neurosurgical intervention was needed. The patient was ultimately discharged home with home health.

**2. Inpatient Fall with Orbital Fracture**  
 73yo female experienced a fall while ambulating hitting the right side of her face on the floor, resulting in a laceration to the right upper eye lid. A CT Brain, CT Face and a CT Cervical Spine were ordered. The CT of the face revealed an orbital fracture requiring repair of a complex laceration with sutures. No surgical intervention required for the fracture. Per the unit leader all fall precautions were in place during this occurrence, however the staff were unable to get to the bedside in time to prevent the fall. The patient was ultimately discharged from BHN to a SNF.

**Reportable Event to the Florida Board of Nursing**

**1. Substantiated Diversion Report**  
 Pre-op RN was found to have removed a narcotic medication from the pyxis under another RN's pyxis profile. The report was investigated thoroughly and it was revealed that the Pre-op RN was engaging in diversion activity on multiple occasions prior to this reported incident. The RN ultimately resigned and this occurrence was reported to Administration and subsequently the Florida Board of Nursing. The Medication Variance Committee Meetings were re-initiated and the occurrence was included to be discussed as part of the agenda for the Diversion Committee in July 2023.

**FMEA completed for HAPIs**