BHCS RISK MANAGEMENT QUARTERLY REPORT QUARTER 2 CY24

Occurrence Category CY24	Q2	%
ADR	0	0%
DELAY	18	5%
FALL	45	13%
HIPAAPHI	5	1%
INFECTION	0	0%
LAB	39	11%
MEDICATION	36	10%
OB DELIVERY	9	3%
PATCARE	81	23%
PPID	0	0%
SAFETY	16	5%
SECURITY	70	20%
SKINWOUND	13	4%
SURGERY	15	4%
GRAND TOTAL	347	100%

OCCURRENCE CATEGORY CY24:

During the 2nd Quarter CY 2024, there were a total of 347 Occurrence Variance Reports, compared to 365 for the 1st Quarter CY 2024.

This reflects a decrease of 18 or 2.52% for Q2 CY 2024.

Inpatient Falls by Category CY24	Q2
BABY/CHILD DROP	0
EASED TO FLOOR BY EMPLOYEE	3
EASED TO FLOOR BY NON EMPLOYEE	3
FOUND ON FLOOR	7
FROM BED	1
FROM BEDSIDE COMMODE	1
FROM CHAIR	0
FROM TOILET	0
PATIENT STATES	1
TRIP	0
WHILE AMBULATING	3
GRAND TOTAL	19

INPATIENT FALLS BY CATEGORY CY24:

During the 2nd Quarter CY 2024, there were 19 Inpatient Falls. This reflects a decrease of 3 or 7.32% from 22 reported in Q1 CY 2024.

There was 0 MAJOR injury, 1 Moderate, 4 MINOR injury and 14 with NO injuries.

OB DELIVERY CY24	Q2
EMERGENCY C-SECTION >30 MIN	0
FETAL DISTRESS	0
FETAL/MATERNAL DEMISE	1
MATERNAL COMPLICATIONS	1
NEONATAL COMPLICATIONS - (Apgar <5 @5 min - 1)	3
OTHER	0
POSTPARTHUM HEMORRHAGE	2
RN ATTENDED DELIVERY (0 event >30 mins Delay)	1
SHOULDER DYSTOSIA	1
GRAND TOTAL	9

OB DELIVERY CY24:

During the 2nd Quarter CY 2024, there were 9 reported occurrences, which reflects an increase of 1 or 5.88% from Q1 CY 2024, which reported 8.

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 CY24	Q2
PRESSURE INJURY-ACQUIRED	4
GRAND TOTAL	4

HAPI's CY24:

During the 2nd Quarter CY 2024, there were 4 HAPIs reported, which reflects an increase of 100% from Q1 CY 2024, which reported 0.

1- stage II decubitus, 1 stage III decubitus, and 2 DTI's.

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MEDICATION VARIANCES CY24	Q2
CONTROL DRUG CHARTING	13
CONTROL DRUG DISCREPANCY INVESTIGATION	0
CONTROL DRUG DISCREPANCY-COUNT	1
CPOE ISUUE	1
DELAYED DOSE	4
IMPROPER MONITORING	0
LABELING ERROR	0
MISSING/LOST MEDICATION	1
OMITTED DOSE	0
OTHER	1
PRESCRIBER ERROR	0
PYXIS COUNT DISCREPANCY	0
PYXIS MISS FILL	1
RECONCILIATION	3
RETURN BIN PROCESS ERROR	0
SELF-MEDICATING	2
UNSECURED MEDICATION	0
WRONG CONCENTRATION	1
WRONG DOSE	6
WRONG DRUG OR IV FLUID	0
WRONG FREQUENCY OR RATE	1
WRONG PATIENT	0
WRONG ROUTE	0
WRONG TIME	1
GRAND TOTAL	36

MEDICATION VARIANCES CY24:

During the 2nd Quarter CY 2024, there were 36 Medication occurrences reported, which reflects an increase by 18 or 33.34% from Q1 CY 2024, which reported 18.

There were 8 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 CY24	Q2
ALLERGY	0
HEMATOLOGICAL/BLOOD DISORDER	0
CARDIOPULMONARY	0
GRAND TOTAL	0

ADR CY24:

During the 2nd Quarter CY 2024, there was 0 ADR reported, which reflects a decrease of 100% from Q1 CY 2024, which reported 1.

SURGERY RELATED ISSUES CY24	Q2
CONSENT ISSUES	1
EXTUBATION/INTUBATION	0
POSITIONING ISSUES	1
RETAINED FOREIGN BODY	1
SPONGE/NEEDLE/INSTRUMENT ISSUES	1
STERILE FIELD CONTAMINATED	0
SURGERY DELAY	3
SURGERY/PROCEDURE CANCELLED	6
SURGICAL COMPLICATION	1
SURGICAL COUNT	1
UNPLANNED RETURN TO OR	0
WRONG PATIENT	0
GRAND TOTAL	15

SURGERY RELATED ISSUES CY24:

During the 2nd Quarter CY 2024, there were 15 Surgery related occurrences, which reflects a decrease by 2 or 6.25% from Q1 CY 2024, which reported 17.

Surgery/Procedures cancelled are tracked and trended.

SECURITY CY24	Q2
ACCESS CONTROL/LOCKDOWN	2
AGGRESSIVE BEHAVIOR	5
ARREST	0
ASSAULT/BATTERY	4
CODE ASSIST	26
CODE ELOPEMENT	1
CONTRABAND	6
CRIMINAL EVENT	0
ELOPEMENT-INVOLUNTARY ADMIT (BA, vulnerable adults etc.)	1
ELOPEMENT-VOLUNTARY ADMIT (NON-VULNERABLE)	2
PROPERTY DAMAGED/MISSING	12
SECURITY PRESENCE REQUESTED	7
SMOKING ISSUES	0
THREAT OF VIOLENCE	1
TRESPASS	0
VERBAL ABUSE	3
GRAND TOTAL	70

SECURITY CY24:

During the 2nd Quarter CY 2024, there were 70 Security related occurrences, which neither reflects a decrease nor an increase from Q1 CY 2024 which also reported 70.

There were 26 Code Assist events, in Q2 CY 2024, which reflects an increase by 7 or 15.56% from Q1 CY 2024, which reported 19.

Property Damaged/Missing is 12 in Q2 CY 2024, which reflects a decrease by 7 or 22.58% from Q1 CY 2024, which reported 19.

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SAFETY CY24	Q2
BIOHAZARD EXPOSURE	1
CODE RED	0
ELEVATOR ENTRAPMENT	4
SAFETY HAZARD	7
SHARPS EXPOSURE	4
GRAND TOTAL	16

SAFETY CY24:

During Q2 CY 2024, there were 16 Safety events reported, which reflects an increase by 2 or 6.66% from Q1 CY 2024, which reported 14.

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/RCAs COMPLETED, ETC.)

BHCS Falls Safety Measures:
Our falls drill down showed most falls being bathroom related. Staff are encouraged to ensure this is addressed during their purposeful rounding.
Reinforce with staff that patient's should not be left unattended on the bedside commode.
Continue to encourage and reinforce the need for purposeful rounding
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)
Reinforce the need for bedside shift report
Medications reviewed 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
IA/RCA for each fall with a severity level >3

ACHA ANNUAL REPORTABLE EVENTS:
There were 7 ACHA Annual Reportable Events in the 2nd Quarter CY2024:

1 - OB Event (L&D):
24-year-old female patient G1P0 at 35 weeks and 6 days gestation arrived via EMS. Presented with complaints of significant vaginal bleeding after standing up that evening and contractions/pelvic pain. Patient reported good fetal movement and denied gush of fluids.
Patient has a history of : GHTN, HPV, PCOS, Morbid obesity, Tachycardia, Anemia & Varicella non-immune. PNC: High risk pregnancy, MFM @ Memorial Reg OB Clinic. Per documentation from EHR: "Patient with continued vaginal bleeding discharge, fetal heart tracing develops what appeared to be variable decelerations- some late in timing. Ultrasound though difficult to perform secondary to maternal body habitus- showed decreased fluid & breech presentation. Plan made for elective primary cesarean section for ruptured membranes, after discussing risks and benefits with patient. Delivery of baby girl, 4lbs 15 oz, breech double footing. Apgars: 0-2-5, NRP resuscitation started on newborn. The baby was transferred to BHMC – NICU for cooling. Prognosis guarded. Mom is stable and was transferred to BHMC to be with her baby. IA was conducted and opportunities were identified and recommendations was given regarding the escalation process.
Case was discussed at peer review and concluded that a potential for improvement, as labor progressed the interventions should have been timelier, and the baby delivered sooner.

1 - Fall- Found On Floor - (ER):
Patient is a 85 yr. old male who presented to the emergency room via CSFR after having a fall at home with pain in the pelvic region. Patient is alert to self but otherwise confused. He had a hematoma to the forehead on admission.
On 04/05/2024 at 0050, patient was found on the floor by the RN and was assisted back to bed. Physician and charge RN was made aware and patient was placed on a bed alarm, reconnected to monitors and IVs reestablished. Post fall X-Rays and CT scans ordered and expedited, which showed
Per physician documentation in EMR: "Patient got out of bed and ambulated towards the door before suffering a subsequent fall. There were no other noticeable injuries prior to his initial hematoma that was seen on his forehead. Patient was transferred to ICU for closer monitoring.
Neurosurgery and Neurology was consulted. Neurology spoke to patients daughter who stated that she is waiting for formal evaluation by Neurosurgery and Oncology and after that would like to transfer patient to hospice in West Palm beach for end-of-life care. Patient was diagnosed with metastatic prostate cancer in Trinidad. Hospice was consulted on 04/05/2024. 04/07/2024 patient was transferred to hospice at Trust bridge-WPB. IA was conducted- opportunities were identified and recommendations made .

1 - Neonatal Complications (L&D):
Patient is a 35-year-old female with G2/1 who is 35 weeks & 6 days pregnant and is being seen by MFM. Patient has GDM-diet controlled, anemia, h/o cholestasis and post-partum preeclampsia. Patient has NKDA. Wt. 216, BMI-37- Obese range.
On 04/08/2024 at 0900 patient arrived complaining of contractions starting at 0700 with a pain score 6 and stated there was good fetal movements. Patient was placed on the monitor at 0910 and a Category 1 fetal heartrate tracing was observed at respective times.
At 1240, the patient was taken off the monitor and taken to the OR at 1248. 1259 - FHT of 145 was obtained post spinal. 1314 - A transverse incision was made. The infant was subsequently delivered footling breech. Per documentation in the EMR by the OB surgeon: "The left foot was first delivered followed by the right foot and the body then spontaneously delivered without difficulty. Attempts were made to deliver the infant's head which was noted to be wedged into the pelvis. The infant's head was then delivered a traumatically. The cord was then clamped and cut, and the infant was immediately handed to the neonatologist" Per documentation in the EMR by the Neonatologist: "The baby was born limp, extremely pale, with no respiratory effort and no signs of life. The baby was transported immediately to the radiant warmer and positive pressure ventilations (PPV) were started; the baby did not have any heart rate after few seconds of PPV, so chest compressions were started before the NICU team arrived." Neonatologist intubated the baby on the second attempt, and noted that there was good color change on the CO2 detector and a dose of epinephrine was given through the ETT. Three doses of epinephrine was given to the baby as well as a normal saline bolus; baby without any heart rate during the entire time of CPR.
Baby Apgar scores were 0-0-0 at 1-5 and 10 minutes respectively. Baby was a stillborn and was pronounced at 1353. A private autopsy was requested for the baby by the parents. Case was discussed at peer review and MEC.

1- Retained Foreign Body (OR)
83-year-old-female had Outpatient Surgery on 05/06/2024 for right shoulder arthroscopic double row rotator cuff repair.
During surgery, the tip of the drill bit broke into the patient's humerus. Per EHR surgical notes surgeon did not attempt to remove the drill bit as it was like a post into the humerus and would have no consequences to the patient. The patient's spouse was notified by the surgeon regarding the drill bit and a post op x-ray was performed of the right shoulder which showed anatomic alignment. The patient was instructed to do postoperative follow up in the surgeon office and was discharged on 05/06/2024

1- Pressure Injury Acquired - Stage 3 Sacrum
83-year-old- female admitted on 4/28/2024 with pleural effusion, abdominal pain, L breast mass, & liver cyst. On admission her Braden Score was 20, ROM active, and OOB with minimum assist. On 5/6/2024, open area to sacrum was found and wcn consult was placed and photos taken. The attending physician was notified and a nutrition consult was placed. Wound Care Nurse consult was done on 5/7/24 and a Stage 3 pressure injury was noted to sacrum.
The patient was turned and a foam wedge was placed on the L side. Wound was dressed. Patient is very high risk for further skin breakdown. All preventative measures were in place - frequent turning and repositioning with pillows/wedges, offloading heels with pillows, moisture management with absorbent under pad/barrier cream as needed. The WCN & nurse leaders had a unit huddle with staff and an action plan was done for the unit to include - HAPI poster presentation in-service, HAPI grand rounds, all RNs and PCAs to review and sign understanding for policy NUR-014-485 Skin Care/Wound Care Guidelines, nurse leaders to conduct random audits on unit for Braden Score of 18 or less and CN to identify all at risk patients and share in daily huddle. On

05/10/2024 patient was discharged to Hospice.

<u>1- Assault/Battery - Fracture Wrist (ICU)</u>

66-year-old male who was admitted on 05/21/2024 after calling EMS for complaints of acute diffuse abdominal pain that radiated to his chest. Past medical history of CKD, Left Carotid Stenosis, and Essential HTN. Family also reports patient has known psychiatric disorder and he is on Oxcarbazepine and Buspirone at home and he is usually stable on it.

Past surgical history of wrist (had a fusion in the wrist -20 years- where he had limited motion), and ankle surgery.

On 05/21/2024 a CT abdomen/pelvis w/contrast- done on admission showed a liver mass with hemoperitoneum around the liver. "Liver mass, likely related to cirrhosis and possible hepatocellular carcinoma from hepatitis-C and long-standing alcohol use." General surgery was consulted who recommended ICU for close monitoring and IR intervention if patient becomes unstable. The patient experienced episodes of agitation and confusion (requiring Klonopin, Versed & Ativan PRN) as documented throughout the EMR.

Restraints was initiated due to patient interfering with critical treatment /not responding to redirection, patient trying to pull JP lines and other lines.

On 05/29/2024, the patient's RN went to check on the patient due to the monitor showing that it was disconnected. When the nurse entered the room he was able to stop the patient from pulling his 2nd IV out. The patient was extremely agitated and restless.

The nurse noticed that while in restraints, the patient disconnected himself from the bedside monitor and pulled out his R-hand IV. Per the nurse, as he bent over at the side of the bed, and while attempting to tighten the patients restraints, the patient kicked him in the head. He held the patient's left-hand down- attempting to tighten the restraints, and to prevent him from hurting himself or others.

Per the nurse, while doing this, the patient tried to release himself by twisting and pulling his left hand, and the nurse felt a pop. The nurse notified the Intensivist and supervisor of what had happened and x-rays was ordered STAT and Precedex was started.

Xray of the left wrist showed a fracture at the base of the radial plate.

The patient was seen by Ortho the same day and plans for surgery discussed with the patient's daughter. On 05/30/2024 patient had *ORIF of the left distal radius periprosthetic fracture.* On 06/13/2024 patient was discharged home with Home Health.

1- <u>Surgical Complication - (OR)</u>

40 yr. old female presented to the ER on 05/29/2024 for abdominal pain. She had an ultrasound of the gallbladder with a diagnosis of Acute Cholecystitis, a Hepatobiliary scan which was normal and a CT Abdomen and Pelvis with contrast showed acute cholecystitis, a uterus lesion, ovarian cyst, and fibroid. She was admitted to the inpatient unit.

The surgeon- was consulted, and the patient was scheduled for a Laparoscopic, robotically assisted, cholecystectomy, possible open procedure, possible cholangiogram on 05/30/2024.

During the procedure, the surgeon identified that a bile duct injury had occurred and converted to an open cholecystectomy and abdominal drainage. The surgeon noticed that there was some leakage from the side of the common bile duct, and after careful examination he found that there was a lateral/posterior tear in it measuring approximately 1 cm.

A call was placed for vascular assistance for repair and reconstruction of the common bile duct. Per the surgeon's notes "During the vascular surgeon's examination of the field, he became convinced that a vessel that had been anterior to the common bile duct which was the right hepatic artery had been divided. There appeared to him to be a demarcation of the blood supply to the right lobe of the liver. With this additional possible injury, we both felt it was most appropriate and in the patient's best interest to transfer the patient to a tertiary center. A call was placed to a hepatobiliary surgeon at Cleveland Clinic, who agreed to accept the patient in transfer. He asked me to leave a drain and to close the patient."

Patient tolerated the procedure well and was transferred to recovery in a stable condition and then transferred to CCU.

On 05/31/2024, the patient was transferred to the Tertiary care center - Cleveland Clinic hepatobiliary unit for further management.

This case was sent for PR.

<u>CODE 15 & RCAs:</u>

There was 0 Code 15 reported in the 2nd Quarter CY 2024.

There was 0 RCAs in the 2nd Quarter CY 2024.

<u>INTENSE ANALYSIS/DISCUSSION:</u>

There were 5 Intense Analysis/Discussion in the 2nd Quarter CY 2024:

1- Maternal Event

2 - Fall Event

1 - Code Blue Event

1 - OB Event

Opportunities identified and implemented accordingly.

<u>REGULATORY VISITS:</u>

AHCA:	**1 - CMS f/u to review final POC for EMTALA Violation**
DCF/APS Visit:	**1- To close a prior investigation of an event where the patient was inappropriately restrained.**