BHN RISK MANAGEMENT QUARTERLY REPORT QUARTER 2 CY24

Occurrence Category CY24	Q2	%
Security	200	34.5%
Patient Care	146	25.2%
Falls	51	8.8%
Lab	40	6.9%
Medication Variance	35	6.0%
Skin/Wound	34	5.9%
Delay	19	3.3%
Surgery	16	2.8%
Safety	14	2.4%
HIPAA PHI	12	2.1%
PPID	6	1.0%
Infection Control	4	0.7%
Adverse Drug Reaction	2	0.3%
Total	579	100%

OCCURRENCE CATEGORY CY24 Q2
Overall reporting has gone down slightly from Qtr 1. YTD Patient Care and Security remain our top occurrence reports, making up approximately 59% of all reports. The majority of security reports are Code Assist and Security Presence Requested. We have seen a slight decrease in Skin/Wound reports from 40 in Qtr 1 to 34 in Qtr 2.

Total Reporting:
April - 180
May - 221
June - 178
Average = 193

Inpatient Falls by Category CY24	Q2
Found On Floor	21
Eased To Floor By Employee	7
Fall From Bed	3
Patient States	2
Eased To Floor By Non Employee	1
Fall From Bedside Commode	1
Fall While Ambulating	1
From Chair	1
Slip	1
Trip	1
Grand Total	39

INPATIENT FALLS BY CATEGORY CY24 Q2
There were a total of 39 Inpatient Falls which is up from 25 in Qtr 1. For 21 of the 39 falls (54%), the patient was found on the floor by the staff. Out of those 21 falls, only 10 (48%) had a bed alarm activated with the staff responding to the bed alarm.

Falls w/ Injury:
Fall w/ Head Laceration - Small laceration glued at bedside by MD; radiology scans negative.
Fall w/ Hematoma to the Head - No intervention required; no intracranial findings on CT.
Fall w/ Left Proximal Humerus Fracture - No surgical intervention; placed in sling and D/C w/ outpatient follow-up.
Fall w/ Forehead Hematoma - CT Brain remained the same; no intervention required.

HAPIs CY24	Q2
DTPI	11
Stage 2	8
Unstageable Ulcers	3
Total	22

HAPIs CY24 Q2
Total Reporting:
April - 12
May - 1
June - 9

MEDICATION VARIANCES CY24	Q2
Delayed dose	4
Self-Medicating	4
Missing/Lost Medication	2
Omitted dose	2
Pyxis Count Discrepancy	2
Wrong Dose	2
Wrong Patient	2
Control Drug Charting	1
Control Drug Discrepancy-Count	1
Extra Dose	1
Improper Monitoring	1
Prescriber Error	1
Pyxis Miss Fill	1
Unsecured Medication	1
Wrong Frequency or Rate	1
Wrong Route	1
Total	27

MEDICATION VARIANCES CY24 Q2
Medication Variances are mostly reported by pharmacy. The majority of wrong doses are caught on verification by the pharmacist. There were no harm events related to medications during Qtr 2. New Pyxis machines have been installed. Working on getting cameras above all Pyxis machines and getting the ED off override.

ADR CY24 Q2
All ADRs were from unknown or unreported allergies. One reaction was a moderate, highly probable reaction and resolved with treatment. The second ADR was mild, and likely caused by a chemotherapy infusion. The infusion was stopped and the patient's symptoms resolved.

ADR CY24	Q2
Allergy	2
Total	2

SURGERY RELATED ISSUES CY24	Q2
Surgery Delay	3
Surgical Count	3
Surgical Procedure Cancelled	3
Consent Issue	2
Unplanned Return to OR	2
Positioning Issues	1
Puncture Laceration	1
Surgical Complication	1
Total	16

SURGERY RELATED ISSUES CY24 Q2
We continue to see a decrease in surgical related occurrence reporting from 20 reports in Qtr 1 down to 16 reports in Qtr 2. We also have a decrease in Consent Issues reported compared to the previous Qtr.
Total Reporting:
April - 6
May -7
June - 3
Approximately 37% of the reports are related to delays and cancellation of procedures.
The Surgical Count reports included a missing surgical needle and two surgical counts that were not completed prior to the start of the procedure. X-ray imaging was obtained in all three cases and confirmed no retained objects found. One of the reports involved an emergent procedure where the initial count was not done due to the patient's condition. Another report revealed the staff failed to complete a surgical count prior to the start of the procedure. The staf were counseled regarding

SECURITY CY24	Q2
Security Presence Requested	82
Code Assist	53
Contraband	21
Property Damaged/Missing	19
Assault/Battery	8
Aggressive behavior	7
Elopement - Voluntary Admit	3
Trespass	2
Break In	1
Code Elopement	1
Threat of violence	1
Vehicle Accident	1
Verbal Abuse	1
Total	200

SECURITY CY24 Q2

135 of the 200 reports (67%) are Code Assists and Security Presence Requested.

There were 8 Assault and Battery reports. The majority of these events involve confused/agitated or intoxicated patients that struck employees while receiving care. One case involved a staff member that was bitten by a patient during foley insertion. The RN did not seek treatment following this occurrence, however she was provided with workers compensation information following the event. Another report indicated that a patient touched an RN inappropriately during a VS check. Security was called to the bedside and the patient was informed that the behavior will not be tolerated and BSO will be contacted if it occurs again. We are continuing to use the workplace violence function in HAS for these reports to track and trend closely.

We have ongoing education to all staff regarding the appropriate use of Code

SAFETY CY24	Q2
Code Red	5
Safety Hazard	5
Sharps Exposure	2
Elevator Entrapment	1
False Alarm	1
Total	14

SAFETY CY24 Q2

There were 2 needle stick injuries in Qtr 2.

There were 5 code red reports, all investigated and determined to be either false alarms or called as a drill.

We had 1 report of elevator entrapment in Qtr 2. Facilities responded promptly and returned the elevator to proper working order; no harm to any patients, visitors or staff.

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.)

No Code 15 Events in Qtr 2.

RCAs Completed

1. ED Transfer Code Blue

This is a 55-year-old male patient that arrived to the BHN Emergency Department on 06/11/2024 via EMS following a fall at home with reported shortness of breath. While in the ED, the patient was placed on a BiPAP for respiratory support. Once admitted, the patient was transferred from the ED to the inpatient Stepdown unit with an RN while on a non-rebreather and without a cardiac monitor in place. The patient arrived to the unit unresponsive and when he was transferred to the hospital bed, he was found to be pulseless by the inpatient nurses. ACLS protocol was initiated immediately, and the patient achieved ROSC approximately 11 minutes later. The patient was then transferred to the ICU. This event was disclosed to the patient due to the patient being removed from BiPAP despite an active order in the EMR for BiPAP therapy.

AHCA Annual Reports

1. ED Transfer Code Blue: See description of this event above.

2. Fall w/ Right Humeral Neck Fracture: This is a 90 year-old patient that was admitted with a fever and was ultimately diagnosed with Sepsis related to a UTI. The patient was provided with a safety sitter at bedside for fall prevention, since the patient was confused and had a history of falls. The sitter at the bedside reported not feeling well and advised the CN and the Nursing Supervisor that she would be going home. Without waiting for a replacement to arrive to the bedside, the sitter left the patients bedside. The CN reported immediately noting the patients bed alarm going off, and when she arrived to the patient's room she found the patient on the floor. A code fall was called and a CT brain was ordered, which was negative. The patient began complaining of right shoulder pain following the incident and x-ray results showed a right humeral neck fracture. Ortho was consulted and decided on conservative