

AMBULATORY RISK MANAGEMENT QUARTERLY REPORT QUARTER 2 CY23

Occurrence Category CY24 (BHP, BHPO, CDTC,BHW, BHC)	Q2	%
SECURITY	36	35%
PATCARE	22	21%
MEDICATION	10	10%
FALL	12	12%
HIPAA/PHI	12	12%
SAFETY	8	8%
ADR	0	0%
SKIN/WOUND	1	1%
LAB	1	1%
Total	103	100%

TOTAL OCCURRENCES Q2 CY 24:

More than half of the occurrences were reported by BHP (64%), followed by CDTC with 16%, Physician Practices 9%, Corporate 8% and Weston 2%. Total number of reports increased 11% when compared to first quarter. Risk management continues to promote patient safety and occurrence variance reporting.

SECURITY CY24	Q2
AGGRESSIVE BEHAVIOR	10
PROPERTY DAMAGED/MISSING	6
VEHICLE ACCIDENT	4
ACCES CONTROL/LOCKDOWN	1
ASSAULT	3
BREAK-IN	1
THREAT OF VIOLENCE	1
TRESPASS	4
VERBAL ABUSE	2
SECURITY PRESENCE REQUESTED	3
CRIMINAL EVENT	1
Grand Total	36

SECURITY:

BHP reported 21 of the 36 security events, BHPO 7. One MVA involving a BH vehicle and the theft of catalytic converters from 5 BH vans were reported to claims and insurance. Car accident involving Uber paid by BHP. No liability. LL staff and patients were evacuated due to a vehicle crashing into the glass window by the conference room. No one got hurt. Not a BH owned building. Services resumed the next day. Decision was not to file a business interruption claim as property damage and our deductible were high. Assaults did not involve employees. Two patient aggressive behaviors resulted in termination of physician-patient relationship from BHPO. Individual falsified physician signature on a return to work note.

PATIENT CARE CY24	Q2
TRANSFER TO HIGHER LEVEL OF CARE	11
ACTIVITY INJURY	3
EQUIPMENT ISSUES	2
ALLEGED ABUSE	2
RAPID RESPONSE	1
AMA	1
SEXUAL ABUSE	1
PATIENT NONCOMPLIANCE	1
Grand Total	22

PATIENT CARE:

Child activity injuries unrelated to care at CDTC and BHP. Abuse cases from family members reported by pediatric patients, police and DCF contacted. One termination of physician-patient relationship from BHPO due to behavior and non-compliance. One equipment issue related to med refrigerator temperature outside range. The other related to replacement of UCC wheelchairs. Minor patient skin injury.

FALL CY24	Q2
WHILE AMBULATING	2
FOUND ON FLOOR	2
SIDEWALK	3
SLIP	2
TRIP	3
Total	12

FALL:

There were 5 patient falls, six employee falls and 1 visitor. No injuries. Employees notified employee health. Facilities repaired walkway concrete by CCC.

MEDICATION CY24	Q2
WRONG DOSE	1
PRESCRIBER ERROR	1
WRONG PATIENT	1
EXTRA DOSE	5
UNORDERED DRUG	1
CONTROL DRUG DISCREPANCY COUNT	1
Total	10

MEDICATION:

Reports are from BHP (7) and CDTC (3). Events required further assessment but caused no harm and patients were informed as appropriate. Pharmacy occurrences are shared at staff meetings.

Act

AMBULATORY RISK MANAGEMENT QUARTERLY REPORT QUARTER 2 CY23

SAFETY CY24	Q2
SAFETY HAZARD	4
SHARPS EXPOSURE	4
Total	8

SAFETY:

Sharps exposures followed post exposure protocol. One from CDTC and two from BHP.

HIPAA CY24	Q2
PATIENT HIPAA PRIVACY COMPLAINT	2
UNAUTHORIZED DISCLOSURE	4
UNAUTHORIZED ACCESS	4
PAPER	1
INFORMATION SECURITY CONTROL	1
Total	12

HIPAA:

Reported by BHP, CDTC and Corporate. Further investigated by the privacy team. Two breaches identified. Employee corrective action and re-education provided. Use of language interpretation services was reinforced. Recommendation that PPID education be part of the new employee orientation at CEB.

LAB CY24	Q2
MISLABELED SPECIMEN	1
Total	1

LAB:

Specimens from one patient placed inside another patient's bag. Redrawn. Process reviewed with staff.

PPID CY24	Q2
WRONG PATIENT	1
Total	1

PPID:

Staff realized that documentation was entered in wrong patient's chart. Corrections made.

SKIN/WOUND CY24	Q2
ACQUIRED	1
Total	1

SKIN/WOUND:

Skin abrasion from patient hitting toes when opening door.

AMBULATORY RISK MANAGEMENT QUARTERLY REPORT QUARTER 2 CY23

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.)

Recurrent events where the IFSP form (Individual Family Support Plan) is emailed to the wrong recipient. High volume process involving several steps and team. Manager met with coordinators and requested that all IFSP attachments be sent to the clerks containing client names; that clerks copy family email from the clerk request form and paste it to the email message to be sent instead of searching parent email addresses in outlook; assess possibility of having a second monitor available to clerks to facilitate process.

During team meeting, staff was instructed to use Outlook feature to recall email message as soon as realizing the error. If plan is mailed or faxed, they must contact the recipient and request for the document to be destroyed.

Unauthorized disclosures must continue to be reported in HAS.

Compliance/privacy team further reviews these events. Appropriate corrective actions are recommended and re-education to employee involved provided. CDTC continues to work towards hiring a 3rd clerk.

Worked with pharmacy, the privacy team and HR to ensure just culture is applied when deciding on level of corrective action recommended for employees involved on HIPAA/PHI events. The privacy team was in the process of revising GA-004-160 Sanctions for Non-Compliance with Information Privacy and Security Policy.

Risk assessment at new Lauderdale Lakes Family Planning and Maternity Center.

Processes reviewed included equipment needs, staffing, provider privileges, treatments provided, documentation, consents, storage and stock, visit flow, pregnancy testing, follow up appointments, genetic testing, NICA.

Director of operations ordered a scale and Dinamap for the family planning and a Dinamap for the maternity center, reinforced the billing/charges process for the family planning to the registration staff, merge consents for genetic testing so patients can accept or deny the screening using the same form.

Central scheduling and their contracted service was made aware of all services provided.

Physician was going to meet with team regarding high-risk referrals.

Recommended these of urine dipstick instead of pregnancy tests provided by the DOH. This is a POC (point of care) test and is automatically resulted in Cerner.

Recommended changes to who is responsible for completing the Floor Stock Utilization Log.

Risk worked with security to have camera installed at the waiting area of behavioral health location at SCC. Safety issues as there is no staff at front desk.

Continue with monthly ambulatory risk management newsletter.

Risk continues to participate at ambulatory new employee, nursing and physician orientations.