BHMC RISK MANAGEMENT QUARTERLY REPORT CY22

Occurrence Category CY23 *(Patient Occurrences Comparison Report from OVR Stats page)*	Q1	%
ADR	1	0.07%
DELAY	34	2.49%
FALL	52	3.81%
HIPAAPHI	5	0.37%
INFECTION	2	0.15%
LAB	27	1.98%
MEDICATION	81	5.93%
OBDELIVER	75	5.49%
PATCARE	469	34.36%
PATRIGHT	2	0.15%
PPID	5	0.37%
SAFETY	57	4.18%
SECURITY	485	35.53%
SKINWOUND	13	0.95%
SURGERY	57	4.18%
Grand Total	1365	100%

OCCURRENCE CATEGORY CY23:

During CY23 Q1 thee were a total of 1365 patient occurrences compared to CY22 Q4 which contained 1036 reflecting 31% increase in reporting.

There were a total of 28 reported near miss occurrences making up 2.05% of all occurrences.

Inpatient Falls by Category CY23 *(Comparison-binoculars- BHMC Inp Falls by Subcat -change date needed)*	Q1
Child Developmental	
Child fall during play	
Eased to floor by non employee	3
Found on floor	27
From Bed	2
From Bedside Commode	
From Chair	
From Equipment, i.e stretcher, table, etc.	
From Toilet	
Patient States	3
Slip	1
Trip	1
Visitor States	
While ambulating	3
FALL Total	40

INPATIENT FALLS BY CATEGORY CY23:

There were a total of 40 Inpatient Falls for Q1 a 4.7% decrease from CY22 Q4 42.

There was 6 falls with injuries reported during the 1st Quarter CY21 – (1) fall with skin tear; (3) falls with laceration; (2) fall with abrasion.

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

OB DELIVERY CY23 *(Patient Occurrences Comparison Report from OVR Stats page)*	Q1
Birth Trauma	-
CPOE issue	-
C-Section with no first assist	1
Emergency C-Section > 30 min	1
Fetal Distress	1
Fetal/Maternal Demise	4
Induction Bishop <6	-
Infant d/c to wrong person	-
Instrument Related Injury	1
Maternal complications	3
Maternal Transfer To Higher Level Of Care	3
Meconium Aspiration	-
Meconium staining	-
Neonatal complications - Admit Mother/Baby	-
Neonatal complications - Admit NICU	29
Neonatal complications - Apgar <5 @5 min	2
Neonatal complications - Impaired Skin Integrity	-
Neonatal complications - IV Infiltrate	4
OB Alert	1
Other	6
Postpartum Hemorrhage	13
Return To Ldr (Labor Delivery Room)	-
RN Attended Delivery	1
RN Unattended Delivery	-
Shoulder Dystosia	3
Sponge/Needle/Instrument Issues	-
Sterile field contaminated	-
Surgical Count	1
Unplanned Procedure	1
TOTAL	75

OB DELIVERY CY23:

Total of 75 OB delivery occurrences for Q1 2023

All NICU admissions were unrelated to an adverse event but due to the infants' condition and MD requesting infants' to be transferred to NICU for closer observations.

All shoulder dystocia and postpartum hemorrhage > 1000 cases are sent to Quality for further review.
No trends identified.

BHMC RISK MANAGEMENT QUARTERLY REPORT CY22

HAPIs CY23 *(Report Listing by Category and look for TRUE HAPI's in SkinWound SkinBracq Pressure Injury - Acquired)*	Q1
Pressure Injury - Acquired	6

HAPIS CY23:
There were 6 Hospital Acquired Injuries for Q1.
All were DTI's, no reportable HAPI.
We started a new Wound Care imitative to address the increase in wounds we have seen in the recent months.

MEDICATION VARIANCES *(Patient Occurrences Comparison Report on OVR Stats page)*	Q1
Contraindication	1
Control Drug Discrepancy Investigation	-
Control Drug Charting	-
Control Drug Discrepancy-count	-
Control Drug Diversion/Suspicion	-
CPOE issue	3
Delayed dose	10
eMAR - Transcription/Procedure	-
Expired Medication	1
Extra Dose	9
Hoarding Medications For Later Use	-
Illegible Order	1
Improper Monitoring	5
Labeling Error	1
Missing/Lost Medication	2
Omitted dose	4
Other	6
Prescriber Error	3
Pyxis Count Discrepancy	-
Pyxis False Stackout	-
Pyxis Miss Fill	2
Reconciliation	-
Return Bin Process Error	1
Scan Failed	1
Self-Medicating	1
Unordered Drug	-
Unsecured Medication	1
Wrong Concentration	2
Wrong dosage form	2
Wrong dose	9
Wrong Drug or IV Fluid	4
Wrong frequency or rate	9
Wrong patient	-
Wrong Route	1
Wrong time	2
Totals	81

MEDICATION VARIANCES CY23:

26.56% increase in medication variances from 64 Q4 CY22 to 81 Q1 CY23 of which 18 were near misses. No Adverse Outcomes. 58 occurrences were on the Adult units and 23 on the Women and Children's units

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 CY23 *(Patient Occurrences Comparison Report from OVR Stats page)*	Q1
Allergy	1
ADR Total	1

ADR CY23:

Total of 1 ADR in Q1 2023

Patient admitted for observation due to adverse reaction to Ativan - Patient experienced agitation, combativeness, restlessness following administration.

SURGERY RELATED ISSUES CY23 *(Patient Occurrences Comparison Report from OVR Stats page)*	Q1
Anesthesia Complication	-
Consent Issues	5
CPOE issue	-
Surgery Delay	3
Extubation/Intubation	-
Puncture or Laceration	2
Retained Foreign Body	1
Surgery/Procedure Cancelled	7
Surgical Complication	9
Sponge/Needle/Instrument Issues	5
Sterile field contaminated	7
Surgical Count	11
Incorrect information on patient's chart	-
Positioning Issues	1
Surgical site marked incorrectly	-
Tooth Damaged/Dislodged	-
Unplanned Surgery	3
Unplanned Return to OR	2
Wrong Patient	1
Wrong Procedure	-
Wrong Site	-
SURGERY TOTAL	57

SURGERY RELATED ISSUES CY23:

All surgical count related issues came back with negative x-ray results.

Detail below on Code 15 for Retained Foreign Body

SECURITY CY23 *(Patient Occurrences Comparison Report from OVR Stats page)*	Q1
Abduction	-
Access control	-
Aggressive behavior	18
Armed Intruder	-
Arrest	-
Assault/Battery	9
Break-in	2
Code Black	-
Code Elopement	12
Code Pink	1
Code Strong	-
Contraband	13
Criminal Event	1
Elopement -Involuntary admit	1
Elopement -Voluntary admit	5
Property Damaged/Missing	28
Rapid Response Team - Visitor	2
Security Assistance	112
Security Presence Requested	272
Security Transport	-
Smoking Issues	1
Threat of violence	5
Trespass	-
Vehicle Accident	2
Verbal Abuse	1
Totals	485

SECURITY CY23:

Security continues to respond to all codes announced throughout the organization. 40.82% of all security incidents are related to our Behavior Health Population.

IST team continues to follow up with staff who have been injured by patients.

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.)

1/27/23 Retained Foreign Body

Patient 13XX triaged Patient states lump to right chest x 2 weeks and SOB. CT on 1/27/23 showed retained surgical lap. Referred to Surgery department for further follow up Trauma surgeon Dr Gravely date of surgery 9/20/22. CODE 15 AHCA submitted. Code 15 AHCA AIRS Submission done 2.9.23 Report # 606923

Corrective Action:

1. Process of intraoperative counts will be reviewed and reinforced with all full and part-time staff in the OR, evidenced by sign-in sheets validating completion.

2. Process of intraoperative counts will be reviewed and reinforced with all agency staff, working in the OR, on orientation to hospital/department. Acknowledgement of completion will be kept in the agency staff. S file on site. 3. Perform a minimum of 5 direct observations, per month, of intraoperative counts in the OR, for 3 months to validate correct process followed, with a goal of 100% compliance. Direct observations will then be continued randomly to ensure continued compliance 4. Audits of 100% of Level 1 and Level 2 trauma cases requiring emergent surgery from ED, for 3 months, to validate timeouts and surgical counts are documented appropriately, with a goal of 100% compliance. Audits will then be continued randomly to ensure continued compliance. 5. Discuss system-wide initiative for purchasing "count scanning" software with regional surgical directors 6. Modification of Time-Out Policy, Page 6, Letter O, Number 6

Wound Care Prevention Initiative

BHMC new initiatives is on Wound Prevention. We are reintroducing Wound Wednesday and conducting chart audits to ensure that appropriate interventions and documentation is occurring. We have seen an increase awareness from our nursing staff and will continue to work with out SWAT team to improve patient outcomes.