

**BHIP RISK MANAGEMENT QUARTERLY REPORT QUARTER 1**

| <b>Occurrence Category CY23</b> | <b>Q1</b>  | <b>%</b>    |
|---------------------------------|------------|-------------|
| Adverse Drug Reactions          | 3          | 1%          |
| Delay                           | 27         | 6%          |
| Falls                           | 26         | 5%          |
| HIPAA PHI                       | 3          | 1%          |
| Infection Issues                | 2          | 0%          |
| Lab                             | 3          | 1%          |
| Medication Variances            | 11         | 2%          |
| Patient Care Issues             | 233        | 48%         |
| Patient Rights                  | 1          | 0%          |
| Safety                          | 8          | 2%          |
| Security                        | 146        | 30%         |
| Skin & Wound                    | 3          | 1%          |
| Surgery Issues                  | 23         | 5%          |
| <b>Grand Total</b>              | <b>489</b> | <b>100%</b> |

**OCCURRENCE CATEGORY CY23:**

Occurrences are increased 3.2% from Q4, CY 2022. There were 489 occurrences in total. Risk Management attends nursing huddles to promote patient safety and proactively responds to questions staff may have.

| <b>Inpatient Falls by Category CY23</b> | <b>Q1</b> |
|---|-----------|
| Eased to floor by employee              | 1         |
| Eased to floor by non employee          | 1         |
| Found on floor                          | 16        |
| From Bed                                | 1         |
| From Bedside Commode                    | 1         |
| Patient states                          | 1         |
| Slip                                    | 1         |
| While ambulating                        | 4         |
| <b>Grand Total</b>                      | <b>26</b> |

**INPATIENT FALLS BY CATEGORY CY23:**

Falls in Q1, CY 2023 increased by 6%. There were 26 falls in Q1 2023. Level 2 (20) and Level 3 (6) No falls with injury reported for Q1.

| <b>HAPIs CY23</b>  | <b>Q1</b> |
|--------------------|-----------|
| Deep Tissue Injury | 2         |
| Stage II           | 1         |
| <b>Grand Total</b> | <b>3</b>  |

**HAPIS CY23:**

HAPI's increased by 3 during Q1 CY 2023

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| <b>MEDICATION VARIANCES CY23</b>  | <b>Q1</b> |
|-----------------------------------|-----------|
| Delayed Dose                      | 1         |
| Other                             | 3         |
| Control Discrepancy Investigation | 1         |
| Control Drug Diversion Suspicion  | 1         |
| Control Drug Discrepancy- count   | 1         |
| Pyxis Count Discrepancy           | 1         |
| Unordered Drug                    | 1         |
| Wrong Dosage                      | 1         |
| Wrong Time                        | 4         |
| <b>Total</b>                      | <b>14</b> |

**MEDICATION VARIANCES CY23:**  
 Medication Variances increased by 10% All Med variances were Level I or II. There was no harm to patients. NM followed up with staff regarding the medication discrepancies and Pharmacy reviewed and investigated all incidents and provided follow up regarding their findings.

| <b>ADR CY23</b> | <b>Q1</b> |
|-----------------|-----------|
| Allergy         | 3         |
| <b>Total</b>    | <b>3</b>  |

**ADR CY23:**  
 ADR reports have increased by 1 from Q4 CY 2022. Allergy symptoms identified were itching and rashes. Symptoms resolved after Benadryl. Allergies were added to chart.

| <b>SURGERY RELATED ISSUES CY23</b> | <b>Q1</b> |
|------------------------------------|-----------|
| Anesthesia Complication            | 1         |
| Consent Issues                     | 3         |
| Puncture or Laceration             | 2         |
| Sponge/Needle/Instrument Issues    | 3         |
| Sterile Field Contaminated         | 1         |
| Surgery Delay                      | 4         |
| Surgery/Procedure Cancelled        | 2         |
| Surgical Complication              | 4         |
| Unplanned Return to OR             | 3         |
| Unplanned Surgery                  | 1         |
| <b>Total</b>                       | <b>24</b> |

**SURGERY RELATED ISSUES CY23:**  
 Q1 CY 2023 increased by 27.7%.  
 There were 3 Level II events:

1. Patient underwent insertion of tunneled dialysis catheter and removal of right groin Trialysis catheter. During the removal of Trialysis catheter a right femoral artery tear was encountered and repaired.
2. During a procedure bleeding was encountered. Hemostatic agent was administered for control of bleeding.
3. An incidental puncture was encountered and repaired

| <b>SECURITY CY23</b>  | <b>Q1</b>  |
|---|------------|
| Aggressive Behavior   | 11         |
| Assault/Battery   | 2          |
| Break-In  | 1          |
| Code Bert   | 2          |
| Code Elopement  | 1          |
| Contraband  | 6          |
| Elopement- Involuntary Admit (BA, patients' under police custody, vulnerable adults etc.) | 1          |
| Property Damaged/Missing  | 7          |
| Security Assistance   | 27         |
| Security Presence Requested   | 88         |
| <b>Total</b>  | <b>146</b> |

**SECURITY CY23:**  
 Security reported events increased by 11.88 %. No Trends identified.

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| <b>SAFETY CY23</b> | <b>Q1</b> |
|--------------------|-----------|
| Safety Hazard      | 8         |
| <b>Total</b>       | <b>8</b>  |

**SAFETY CY23:** Safety events for Q1 CY 2023 increased by (4) events. There were(2) level III events which included needle stick and EVS injury. Staff member seen in ED and employee health notified.

**REGIONAL RISK MANAGEMENT SECTION : (MAY INCLUDE PERFORMANCE IMPROVEMENT INITIATIVES , SERIOUS INCIDENTS, AHCA ANNUAL REPORTABLE EVENTS, CODE 15 REPORTS, AND/OR INTENSE ANALYSIS/RCA<sub>s</sub> COMPLETED, ETC.)**

No AHCA Reportable Annual events for Q1 2023.

No Code 15 Reportable events for Q1 2022.

**RCA:**

**March 2023- RCA for Inpatient falls 5<sup>th</sup> Floor**

A proactive stance was taken due to an increase in patient falls on the 5<sup>th</sup> floor (8) from Jan1- Mar 30, 2023, This RCA was conducted with the staff to discuss trends, identify any challenges, and implement opportunities for improvement.