BHIP RISK MANAGEMENT QUARTERLY REPORT QUARTER 3

BHIP RISK MANAGEMENT QUARTERLY REPORT QUARTER 3 CY 23

Occurrence Category CY23	Q3	%
Patient Care Issues	255	48%
Security	142	27%
Delay	19	4%
Fall	32	6%
Surgery	19	4%
Medication	10	2%
Safety	19	4%
Skin Wound	8	2%
Lab	13	2%
ADR	4	1%
Infection Control	2	0%
HIPAAPHI	2	0%
PPID	1	0%
Patient Rights	4	1%
Grand Total	530	100%

OCCURRENCE CATEGORY CY23:

Occurrences by increased by 31 (6.21%) from Q2 CY 2023. Risk Management attends nursing huddles to promote patient safety and proactively responds to questions staff may have.

Inpatient Falls by Subcategory CY23	Q3
Found on floor	6
From Bed	4
Eased to floor by employee	1
From Toilet	1
Patient States	2
From equipment	2
Slip	1
From Sidewalk	2
Trip	2
From Chair	2
While ambulating	9
Grand Total	32

INPATIENT FALLS BY CATEGORY CY23:

Falls in Q3, CY 2023 increased by 3.23% There were 32 falls in Q3 CY2023. Level 1 (10) and Level 2 (10). Falls with minor injury reported for Q3 CY 2023. Skin Tear (1) Abrasions (2) Blister (1)

HAPIs CY23	Q3
Pressure Injury - Acquired	4
Pressure Injury - On Transfer	0
Skin/Wound - Acquired	4
Grand Total	8

HAPIS CY23:

There is an increase of 8 HAPI for Q3 CY2023. 4 Acquired Pressure injury & 4 acquired skin/wound injury.

MEDICATION VARIANCES CY23	Q3
Control Drug Charting	2
Wrong time	2
Wrong Drug or IV Fluid	1
Wrong Patient	1
Omitted Dose	2
Pyxis False Stack out	1
Other	1
Grand Total	**10**

MEDICATION VARIANCES CY23:

Medication variances increase by 1 event in Q 3 11.11%. All med variances were level 1 and 2.

ADR CY23	Q3
Allergy	3
Dermatological	1
Grand Total	**4**

ADR CY23:

ADR reports decreased by 3 (42.86%) from Q2 CY2023. Allergy symptoms identified were itchiness and rashes. The symptoms were resolved after Benadryl and solumedrol administration. Patients' allergies were updated in the medical record.

SURGERY RELATED ISSUES CY23	Q3
Sterile Field Contamination	1
Puncture or Laceration	2
Sponge/Needle/Instrument Issues	1
Surgery Delay	3
Surgery/Procedure Cancelled	**2**
Surgical Complication	**5**
Unplanned Surgery	**1**
Unplanned Return to OR	**4**
Grand Total	**19**

SURGERY RELATED ISSUES CY23:

Surgery Related issues for Q2CY2023 decreased by 2 (9.52%)

SECURITY CY23	Q3
Security Presence Requested	76
Security Assistance	27
Aggressive behavior	14
Contraband	9
Assault/Battery	4
Property Damaged/Missing	4
Trespass	2
Code Elopement	1
Elopement -Voluntary admit (persons admitted on their own accord/will; non-vulnerable individuals)	1
Criminal Event	1
Verbal Abuse	1
Threat of violence	1
Access control/Lockdown	1
Grand Total	**142**

SECURITY CY23:

Security reported events decreased by 2 (1.41%) for C3 CY2023. No Trends identified.

SAFETY CY23	Q3
Safety Hazard	11
Code Red	2
Electrical Hazard	2
Sharps Exposure	2
Biohazard Exposure	1
False Alarm	1
Grand Total	**19**

SAFETY CY23:

Safety events increased by 1 event (5%) for C3 CY2023.

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 AHCA Reportable Annual events for Q3 2023.

No Code 15 Reportable events for Q3 2023.

RCA/SBAR

Case Review: 332906305 Date of Incident: 7/26/2023

This is a 30-year-old male patient presented to ED on 07/24/2023 due to abdominal pain. CT scan showed a high-grade partial small bowel obstruction. Medical management was recommended. The patient's condition progressively worsened. On 07/26/2023 the patient became unresponsive. Code blue was called; aggressive ALCS was implemented the patient expired.

Assessment:

- Failed medical management.
- Delay in taking the patient to the OR
- Surgical Resident did not see the patient at the time of consultation.
- The patient was seen by the resident on 07/25/2023 at 15:41
- Surgical Resident communication to attending physician.
- Code assist/Rapid response opportunity when the patient's condition deteriorated.

Recommendation:

- Physician to physician consult in the Emergency Department
- Review criteria for critical care admission
- Review with staff escalation process
- Implement TeamSTEPPS Communication Tool CUS (I am **C**oncern; I am **U**ncomfortable; this is a **S**afety concern)
   Follow-up Action (next Steps)
- Case was referred to Medical Staff for further review (Medicine/Psychiatry Monitoring Committee (MMC) and Surgical Monitoring Committee (SMC) and GME
- Physician to Physician consult in the Emergency Department

Case Review: 3341460 Date of Incident 9/19/2023

On 09/19/2023 Ct of the abdomen showed a Radio dense foreign body object likely a wire overlying the distribution of the inferior vena cava. The patient underwent a Transcatheter retrieval of foreign body. The right external iliac and inferior vena cava gram shows that the wire is retained extending from the right internal jugular vein into the pelvic veins. The retained foreign body/wire was freed and pulled out of the body without any significant thrombus. The retrieved foreign body was sent to the laboratory for culture and analysis.

During the admission the 9/12/2023 admission, a CT abdomen to rule out foreign body showed a non-obstructive bowel gas pattern. Radio dense foreign body object likely a wire overlying the distribution of the inferior vena cava. The patient underwent a Transcatheter retrieval of foreign body. The retrieved foreign body was sent to the laboratory for culture and analysis. The Radiologist disclosed the event to the patient.

Recommendation:

Surgical resident to present case as lessons learned to M&M. (General Surgery Morbidity & Mortality Case review)Resident to present to General Surgery Morbidity & Mortality case review a post central line check list to confirm all supplies are accounted for.
Attending to supervise residents during central line insertion.
Refer to Medical/Surgical Peer Review

The case was presented to General Surgery Morbidity & Mortality Case review.

Case Review: 333407175   **Date of Incident: 09/13/2023**

On 09/11/2023 83-year-old male patient developed a stage 3 sacral pressure ulcer, and deep tissue injury SDTI of the left and right heel.

Opportunities identified as follows:

- Inconsistent skin assessment (Braden Score)
- Patient was a high risk for skin breakdown, Centrella bed not used.
- IPOC not initiated.
- Patient's repositioning/turning not consistent.

   Recommendation:

- During hand off two (2) RN bedside skin assessment (on going and outgoing RN)
- Charge RN Provide CIAP RN a float passport- (Unit Key points/guide for float RN).
- Patients with high Braden Score will be marked "Blue" on the whiteboard.
- Alternate patient turning with PCT and RN
- Create a buddy system.
- Implement and "turning Team" – 1 RN and 1 PCT. Turn teams to record in the patient's medical record.
- Early placement of patient on Centrella Bed once the patient is identified as high risk for pressure ulcer.
- Patient's Braden Score must be communicated to staff every shift and updated on the whiteboard.