

## Monthly OVR Report CY20

OCCURRENCE CATEGORY	Jan	Feb	Mar	1st Qtr	%	Apr	May	June	2nd Qtr	%	July	Aug	Sept	3rd Qtr	%	Oct	Nov	Dec	4th Qtr	%	Total CY20	%
ADR	1	1	3	5	0%		1		1	0%	1		1	2	0%	3	2		5	0%	13	0%
DELAY	17	12	10	39	3%	5	9	10	24	2%	11	16	13	40	3%	20	13	9	42	3%	145	3%
FALL	27	32	42	101	7%	10	22	32	64	6%	37	29	24	90	7%	25	32	20	77	6%	332	7%
HIPAAAPHI	4	3	5	12	1%	1	3	3	7	1%	1	2	5	8	1%	1	1	2	4	0%	31	1%
INFECTION	2	6	12	20	1%	11	2	7	20	2%	8	4	3	15	1%		2	2	4	0%	59	1%
LAB	14	12	20	46	3%	11	11	11	33	3%	5	18	10	33	3%	15	18	9	42	3%	154	3%
MEDICATION	16	14	23	53	4%	8	15	22	45	4%	21	17	11	49	4%	19	18	10	47	4%	194	4%
OBDELIVER	26	24	24	74	5%	13	28	23	64	6%	23	26	25	74	6%	32	20	32	84	7%	296	6%
PATCARE	177	167	142	486	34%	95	113	163	371	32%	157	113	138	408	32%	133	164	131	428	35%	1693	33%
PATRIGHT	1	4		5	0%		1		1	0%		1	2	3	0%	4		1	5	0%	14	0%
PPID	1		2	3	0%			2	2	0%	1	4		5	0%			1	1	0%	11	0%
SAFETY	26	23	19	68	5%	19	13	18	50	4%	18	13	14	45	3%	9	17	17	43	4%	206	4%
SECURITY	181	150	145	476	33%	114	128	175	417	36%	152	149	162	463	36%	117	145	130	392	32%	1748	34%
SKINWOUND	3	9	5	17	1%	4	3	6	13	1%	6	10	4	20	2%	2	3	4	9	1%	59	1%
SURGERY	16	11	8	35	2%	8	11	14	33	3%	12	10	13	35	3%	13	17	11	41	3%	144	3%
Totals	512	468	460	1440	100%	299	360	486	1145	100%	453	412	425	1290	100%	393	452	379	1224	100%	5099	100%

NEAR MISS by CATEGORY	Jan	Feb	Mar	1st Qtr	Apr	May	June	2nd Qtr	July	Aug	Sept	3rd Qtr	Oct	Nov	Dec	4th Qtr	Total CY20
Delay - Registration/Admission/Insurance				-				-				-			1	1	1
Delay - Staffing Issue				-				-				-		1		1	1
Delay - STAT Orders		1		1				-			1	1				-	2
Lab - Critical Results				-				-				-	2		1	3	3
Falls				-		1		1				-				-	1
Infection Control - Contamination			1	1				-				-				-	1
Infection Control - Exposure to airborne disease			2	2	4		1	5		2		2				-	9
Infection Control -Device Related infections				-			1	1				-				-	1
Lab - Other				-				-		2		2				-	
Contraindication				-				-	1	1		2				-	
Control Drug Discrepancy Investigation				-				-				-			1	1	1
Expired Medication				-				-				-		1		1	1
Improper Monitoring				-				-				-	1			1	1
Labeling Error				-				-			1	1		2		2	3
CPOE issue		1		1				-				-				-	1
Delayed dose				-			1	1				-				-	1
Extra Dose	1			1				-				-				-	1
Other			2	2		1	1	2	1			1		3	1	2	11
Prescriber Error			1	1			2	2				-				-	3
Pyxis Miss Fill	1	1		2				-				-			1	1	3
Unordered Drug				-				-				-	1			1	1
Wrong Concentration	1			1		1		1	1			1				-	3
Wrong dosage form				-				-	1			1				-	
Wrong dose		1		1				-	1	2	1	4	1			1	6
Wrong Drug or IV Fluid	1		1	2			1	1	1	1		2		1		1	6
Wrong frequency or rate				-			1	1	1			1				-	2
Wrong patient			1	1				-				-	1		1	2	3
Activity Injury				-				-			2	2			1	1	3
AWOL/Elopement		1		1				-				-				-	1
Communication - Handoff/SBAR			1	1				-				-		1		1	2
Documentation Issues	1			1				-				-	1	1		2	3
Equipment Issues				-			1	1				-	1		1	2	3
Medical Records/Films - Mis-filed	1			1				-				-				-	1
Rapid Response		1		1				-				-	1			1	2
Transfer to higher level of care				-		1	1	2				-				-	2
Transfer Issue				-		1		1				-				-	1
Electrical Hazard	1			1				-				-				-	1
Patient ID - Incorrect band information				-			1	1				-				-	1
Safety Hazard	2			2				-				-		2		4	6
Aggressive behavior			1	1				-				-			1	1	2
Sharps Exposure				-			1	1				-				-	1
Code Elopement	1	2	2	5		3	1	4				-			2	2	11
Property Damaged/Missing				-			1	1		1		1	1	1	2	4	6
Sponge/Needle/Instrument Issues				-				-	1			1		1		1	2
Sterile field contaminated				-			1	1				-			1	1	2
Surgical Count				-				-				-				-	1
Totals	10	8	12	30	4	9	15	28	8	9	5	22	13	11	16	40	120
PD + SSD	19,379	18,463	16,333	54,175	10,987	12,764	14,357	38,108	15,181	14,679	14,242	44,102	14,733	14,531	13,765	43,029	179,414

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Target: > = 2.3 per 1000 PD	0.52	0.43	0.73	0.55	0.36	0.71	1.04	0.73	0.53	0.61	0.35	0.50	0.88	0.76	1.16	0.93	0.67
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## Monthly OVR Report CY20

MEDICATION VARIANCES	Jan	Feb	Mar	1st Qtr	Apr	May	June	2nd Qtr	July	Aug	Sept	3rd Qtr	Oct	Nov	Dec	4th Qtr	Total CY20
Contraindication				-				-	1	1	1	3	1			1	4
Control Drug Discrepancy Investigation				-				-			1	1	1	2	1	4	5
Control Drug Discrepancy-count				-				-	2	2		4				-	5
Control Drug Diversion/Suspicion			2	2	1	1		2		2		2				-	
CPOE issue		1		1				-				-				-	1
Delayed dose	2	4	4	10	1		5	6	1	1	1	3	2		1	3	22
Expired Medication				-				-				-		1		1	
Extra Dose	3	1		4	1	1	1	3				-	2	2	2	6	13
Hoarding Medications For Later Use		1		1				-				-	1			-	1
Improper Monitoring		1		1		3	3	6				-	1		1	2	9
Labeling Error				-				-			1	1		2		2	
Missing/Lost Medication				-				-		1		1	1			1	
Omitted dose	1	1	1	3	1		1	2	3	1		4	2		1	3	12
Other	1		4	5	1	1	2	4	3		2	5	1	2		3	17
Prescriber Error		1	2	3			3	3	1		1	2				-	8
Pyxis Count Discrepancy														1		1	
Pyxis Miss Fill	1	1		2				-				-			1	1	3
Reconciliation				-				-	1			1				-	
Scan Failed														1		1	
Self-Medicating														1		1	
Unordered Drug													1	1		2	
Unsecured Medication				-			1	1	1	1	1	3	1			1	
Wrong Concentration	1			1		1		1	1			1				-	3
Wrong dosage form			1	1			1	1	1	1	1	3	2	1		3	8
Wrong dose	5	1	4	10		4	2	6	1	3	1	5	1	1		2	23
Wrong Drug or IV Fluid	1	1	1	3	1	1	1	3	1	2		3	2	3		5	14
Wrong frequency or rate		1		2	1		2	3	3	1	1	5			1	1	11
Wrong patient			3	3	1			1	1			1	1		2	3	8
Wrong time	2			2		2		2		1		1				-	5
Totals	17	14	23	54	8	15	22	45	21	17	11	49	19	18	10	47	195

DELAY OF CARE by CAUSE	Jan	Feb	Mar	1st Qtr	%	Apr	May	June	2nd Qtr	%	July	August	Sept	3rd Qtr	%	Oct	Nov	Dec	4th Qtr	%	Total CY20	%
Ambulance Transport	2			2	5%				-	-		1	2	3	8%	2			2	5%	7	5%
Communication - Failure/Delay to Phys/PA/LIP		2		2	5%		1	1	2	8%	3	1	1	5	13%	1			1	2%	10	7%
Consult/Response/Follow Up	2	3	1	6	15%	1		3	4	17%		1	1	2	5%	1	1	2	4	10%	16	11%
Delay - Orders Not Completed	2		3	5	13%		2	3	5	21%	2	5	5	12	30%	3	6	3	12	29%	34	23%
Delay - Physician Orders	4	3	3	10	26%	3	2	1	6	25%	2	1	2	5	13%	4	2	2	8	19%	29	20%
Delay - Registration/Admission/Insurance		1		1	3%				-	-				-	-			1	1	2%	2	1%
Delay - Staffing Issue	1	1	1	3	8%		1		1	4%	1	1		2	5%	1	2		3	7%	9	6%
Delay - STAT Orders		1	2	3	8%		3		3	13%	2	3	1	6	15%	3	1		4	10%	16	11%
Delay - Stroke/Brain alert		1		1	3%				-	-	1	1		2	5%				-	-	3	2%
Delay in Ancillary Areas, i.e lab, radiology, etc.	6			6	15%	1		2	3	13%		2	1	3	8%	5	1	1	7	17%	19	13%
Totals	17	12	10	39	100%	5	9	10	24	100%	11	16	13	40	100%	20	13	9	42	100%	145	100%
PD + SSD	19,245	18,235	16,819	54,299		10,987	12,764	14,357	38,108		15,181	14,679	14,242	44,102		14,733	14,531	13,765			98,068	
< 1.0 per 1000 patient days	0.88	0.66	0.59	0.72		0.46	0.71	0.70	0.63		0.72	1.09	0.91	0.91		1.36	0.89	0.65	0		1.5	

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OB DELIVERY	Jan	Feb	Mar	1st Qtr	Apr	May	June	2nd Qtr	July	Aug	Sept	3rd Qtr	Oct	Nov	Dec	4th Qtr	Total CY20
Emergency C-Section > 30 min	1			1				-				-	1			1	2
Fetal Distress				-	1			1	1			1		1		1	
Fetal/Maternal Demise		1		1		1		1			2	2	1			1	5
Instrument Related Injury	1			1				-				-				-	1
Maternal complications				-		1		1	1	1		2			1	1	
Maternal Transfer To Higher Level Of Care		1		1	1	3	2	6		1	3	4				-	11
Meconium Aspiration	1			1				-				-				-	1
Neonatal complications - Admit NICU	15	14	13	42	11	11	13	35	10	10	12	32	12	12	16	40	149
Neonatal complications - Apgar <5 @5 min			1	1				-				-	1	1		2	3
Neonatal complications - IV Infiltrate	1	1		2		1		1		1		1	1			1	5
OB Alert			1	1		1		1				-				-	2
Other	2	5	2	9		5	3	8	3	6	2	11	2	2	8	12	40
Postpartum Hemorrhage	3	2	3	8		1	2	3	3	2	2	7	9	2	3	14	32
Return To Ldr (Labor Delivery Room)				-				-		1	1	2				-	
RN Attended Delivery			2	2		2	1	3	1	2	1	4	2	1	1	4	13
Shoulder Dystosia	2		2	4		2	1	3	4	2	1	7	3	1	3	7	21
Unplanned Procedure				-			1	1			1	1				-	
Totals	26	24	24	74	13	28	23	64	23	26	25	74	32	20	32	84	296

SURGERY RELATED ISSUES	Jan	Feb	Mar	1st Qtr	Apr	May	June	2nd Qtr	July	Aug	Sept	3rd Qtr	Oct	Nov	Dec	4th Qtr	Total CY20
Anesthesia Complication	1			1	1			1				-				-	2
Consent Issues	1	2		3	1	2	2	5	3	1		4	2			2	14
Extubation/Intubation				-				-			1	1	1			1	
Positioning Issues				-				-				-			1	1	
Puncture or Laceration		1		1				-	1	1	1	3	1	2	1	4	8
Retained Foreign Body				-				-				-		1		1	
Sponge/Needle/Instrument Issues	5	3	1	9		1	2	3	1	1	1	3	2	5	3	10	25
Sterile field contaminated	2	1		3		1	1	2	1	2	2	5		2	1	3	13
Surgical Count	5	1	3	9	3	4	6	13	3	1	6	10	1	3	2	6	38
Surgery Delay				-	1	1		2	1			1	4	2		6	
Surgery/Procedure Cancelled		1	1	2		2	1	3			1	1	2		1	3	9
Surgical Complication	2	1	3	6	1			1	2	2	1	5		2		2	14
Unplanned Return to OR		1		1	1		2	3		2		2			1	1	
Unplanned Surgery				-				-				-			1	1	7
Totals	16	11	8	35	8	11	14	33	12	10	13	35	13	17	11	41	144

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<b>SECURITY</b>	Jan	Feb	Mar	1st Qtr	Apr	May	June	2nd Qtr	July	Aug	Sept	3rd Qtr	Oct	Nov	Dec	4th Qtr	Total CY20
Access control				-		1		1			1	1				-	2
Aggressive behavior	24	12	7	43	9	8	9	26	4	12	5	21	5	4	1	10	
Arrest				-		1		1			1	1				-	
Assault/Battery	17	17	17	51	6	3	10	19	10	14	9	33	6	4	8	18	121
Break-in	3			3				-				-			1	1	4
Code Assist	36	31	30	97	19	27	55	101	61	41	35	137	22	33	13	68	403
Code Black		2		2				-				-				-	2
Code Elopement	4	6	7	17		3	4	7	5	6	1	12		6	2	8	44
Code Strong	3		2	5	1		1	2				-	2		1	3	10
Contraband	16	12	12	40	7	8	9	24	8	7	11	26	8	11	8	27	117
Criminal Event		1		1	1			1		1		1	1			1	4
Elopement -Voluntary admit				-				-				-		2	3	5	
Property Damaged/Missing	7	5	4	16	6	5	5	16	9	9	8	26	6	6	11	23	81
Rapid Response Team - Visitor	4	2	4	10				-		1	1	2	2	2	1	5	17
Security Presence Requested	77	63	72	212	63	69	76	208	54	57	89	200	64	74	77	215	835
Security Transport	1	2	2	5		1		1				-			2	2	8
Smoking Issues		1		1			1	1				-		1		1	3
Threat of violence	1	1	3	5	2	1	3	6				-	1	1	1	3	14
Vehicle Accident		2		2		1		1			1	1			1	1	5
Verbal Abuse	1	2		3			2	2	1	1		2		1		1	8
<b>Totals</b>	<b>194</b>	<b>159</b>	<b>160</b>	<b>513</b>	<b>114</b>	<b>128</b>	<b>175</b>	<b>417</b>	<b>152</b>	<b>149</b>	<b>162</b>	<b>463</b>	<b>117</b>	<b>145</b>	<b>130</b>	<b>392</b>	<b>1785</b>

<b>SAFETY</b>	Jan	Feb	Mar	1st Qtr	Apr	May	June	2nd Qtr	July	Aug	Sept	3rd Qtr	Oct	Nov	Dec	4th Qtr	Total CY20
Biohazard Exposure				-		1		1	1	1		2			1	1	4
Code Red	6	9	5	20	12	7	7	26	6	5	2	13	3	5	3	11	
Code Spill - Chemo		2		2				-				-				-	2
Elevator Entrapment				-				-			1	1				-	
Electrical Hazard	1			1	1			1	9	3	8	20			1	1	23
False Alarm		1	1	2				-				-	1			1	3
Fire/Smoke/Drill	1			1				-				-				-	1
Safety Hazard	18	8	13	39	5	3	6	14				-	2	10	11	23	76
Sharps Exposure	1	3		4	1	2	5	8	2	4	3	9	3	2	1	6	27
<b>Totals</b>	<b>27</b>	<b>23</b>	<b>19</b>	<b>69</b>	<b>19</b>	<b>13</b>	<b>18</b>	<b>50</b>	<b>18</b>	<b>13</b>	<b>14</b>	<b>45</b>	<b>9</b>	<b>17</b>	<b>17</b>	<b>43</b>	<b>207</b>

<b>OUTPATIENT, VISITOR, ED FALLS</b>	Jan	Feb	Mar	1st Qtr	Apr	May	June	2nd Qtr	July	Aug	Sept	3rd Qtr	Oct	Nov	Dec	4th Qtr	Total CY20
Visitor	2			2			1	1	1	1	1	3	2	1		3	9
Outpatient			1	1				-		1		1			2	2	4
ER	1	2		3		2	1	3	3	3	2	8	2	4	1	7	21
<b>Totals</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>6</b>	<b>-</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>12</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>12</b>	<b>34</b>

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 1

Occurrence Category CY20	Q1	%
ADR	5	0.35%
Delay	39	2.71%
Falls	101	7.01%
HIPAA PHI	12	0.83%
Infection Control	20.00	1.39%
Lab	46	3.19%
Medication Variance	53	3.68%
OB/Delivery	74	5.14%
Patient Care Issues	486	33.75%
Patient Rights	5	0.35%
PPID	3	0.21%
Safety	67	4.72%
Security	476	33.06%
Skin and Wound	17	1.18%
Surgery Issues	35	2.43%
Grand Total	1440	100.00%

### OCURRENCE CATEGORY CY20:

During the 1st Quarter CY 2020 there were a total of 1440 occurrence variance reports compared to 1520 during the 4th Quarter CY 2019 reflecting a 5.26% decrease in reporting. There were a total of 30 reported near miss occurrences making up 2.08% of all occurrences.

Inpatient Falls by Category CY20	Q1
Eased to floor by employee	5
Found on floor	35
From bed	14
From Bedside Commode	1
From chair	1
From Toilet	3
Patent States	5
Slip	1
Visitor States	2
While ambulating	8
Total	78

### INPATIENT FALLS BY CATEGORY CY20:

There were 78 falls reported during the 1st Quarter of 2020, a 4% increase from Q4 CY20 - 75. The incidents occurred on the following departments: 3NT (14), 4NT (1), 4NWW (9), 4ST (1), 4SWW (7), 4Atrium (9), 5NT (1), 5ST (7), 5Atrium (8), 6NT (7), 6ST (12), TICU (1), and RCU (1).

There was fourteen falls with injuries reported during the 1st Quarter CY20 – (2) Fall with fracture; (4) falls with laceration; (6) fall with abrasion; (1) fall with bruising; (1) fall with cerebral bleeding.

PI team will be meeting monthly to identify opportunities to reduce patient falls with injuries.

OB DELIVERY CY20	Q1
Emergency C-Section > 30 min	1
Fetal/Maternal Demise	1
Instrument Related Injury	1
Maternal Transfer To Higher Level Of Care	1
Meconium Aspiration	1
Neonatal complications - Admit NICU	42
Neonatal complications - Apgar <5 @5 min	1
Neonatal complications - IV Infiltrate	2
OB Alert	1
Other	9
Postpartum Hemorrhage	8
RN Attended Delivery	2
Shoulder Dystosia	4
Total	74

### OB DELIVERY CY20:

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.

Postpartum Hemorrhaging protocol followed for all patients, they remained stable and were discharged home.

HAPIS CY20	Q1
Decubitus- Stage 3	1

### HAPIS CY20:

One reportable HAPI during the 1st Quarter CY20. Wound care was consulted and all recommendations were followed.

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 1

MEDICATION VARIANCES CY20	Q1
Control Drug Diversion/Suspicion	2
CPOE issue	1
Delayed dose	10
Extra Dose	4
Hoarding Medications For Later Use	1
Improper Monitoring	1
Omitted dose	3
Other	5
Prescriber Error	3
Pyxis Miss Fill	2
Wrong Dosage Form	1
Wrong Concentration	1
Wrong dose	10
Wrong Drug or IV Fluid	3
Wrong frequency or rate	2
Wrong patient	3
Wrong time	2
Total	54

### MEDICATION VARIANCES CY20:

18.8% decrease in medication variances from 66 Q1 CY20 to 54 Q1 CY20 of which 12 were near misses. No Adverse Outcomes. 44 occurrences were on the Adult units and 9 on the Women and Children's units and 1 in Retail Pharmacy.

ADR CY20	Q1
Allergy	2
Cardiopulmonary	1
Dermatological	1
Miscellaneous	1
Total	5

### ADR CY20:

5 ADRs reported. No adverse event or trend noted.

SURGERY RELATED ISSUES CY20	Q1
Anesthesia Complication	1
Consent Issue	3
Puncture / Laceration	1
Sponge/Needle/Instrument Issues	9
Sterile field contaminated	3
Surgical Count	9
Surgery/Procedure Cancelled	2
Surgical Complication	6
Unplanned Return to OR	1
Total	35

### SURGERY RELATED ISSUES CY20:

All surgical count related issues came back with negative x-ray results. All consent issues have been addressed by OR management team. Surgical complication – 2 were trauma related injuries and 4 were known complications.

SECURITY CY20	Q1
Aggressive behavior	43
Assault/Battery	40
Break In	3
Code Assist	90
Code Elopement	12
Code Strong	3
Contraband	35
Criminal Event	1
Property Damaged/Missing	16
Rapid Response Team - Visitor	10
Security Presence Requested	207
Security Transport	5
Smoking Issue	1
Threat of violence	4
Vehicle Accident	2
Verbal Abuse	3
Total	476

### SECURITY CY20:

Slight increase in security reporting from 467 – Q4 CY19 to 476– Q1 CY20. 50% of all security incidents are related to our Behavior Health Population.

Workgroup established to deep dive property related incidents.

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 1

SAFETY CY20	Q1
Code Red	20
Code Spill – Chemo	1
Electrical Hazard	1
False Alarm	1
Safety Hazard	39
Sharps Exposure	4
Total	67

### SAFETY CY20:

No trends identified - Many of the safety hazard incidents are employee health related incidents.

### 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.)

In January this year, there was an alleged sexual battery on the Behavioral Health Unit. It involved a 58 y/o female with a previous diagnosis of bipolar disorder, dementia related to neurodegenerative illness and primary progressive aphasia, HepC and previous ETOH abuse, who was Baker Acted at her primary doctor's office for visual hallucinations and major depression. The other patient was a 37 y/o male from New York with a previous diagnosis of schizoaffective disorder, bipolar type and polysubstance abuse who came to the hospital via EMS on complaining of auditory hallucinations commanding and telling him what to do. The patient's roommate recalls waking up, getting out of bed, putting on her slippers and when she turned to walk out of the room, saw the male patient on his knees, with his face in the vaginal area. The patients were separated by staff. FLPD contacted and we cooperated with investigations by them and DCF. As a result, observation techniques were enhanced as well as some education from the rape crisis center on evidence preservation. There were no injuries and the female was discharged without further incident.

We had an unexpected pre-mature transfer of an international patient to JMH before getting there facility to actually approve the transfer. The patient had ties to an orthopedist there for his previous cancer treatment who was willing to accept the patient, but they had a capacity issue and just could not take the patient. The family had fronted the money to MCT for the transport who upon receipt of the payment went to pick up the patient. The patient presented to JMH's ER. Going forward, the PLC will not allow for the transportation to head out until the transfer process is finalized with acceptance from the other facility.

There was an error where the wrong mother's breastmilk was given to a child. This occurred when the milk to be fed was taken out of the warmer by another nurse and the process of bedside scanning immediately before feeding was not followed. The process was reinforced with all the NICU staff as well as the importance of scanning immediately before feeding.

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 2

Occurrence Category CY20	Q2	%
ADR	1	0.09%
DELAY	24	2.10%
FALL	64	5.59%
HIPAAAPHI	7	0.61%
INFECTION	20	1.75%
LAB	33	2.88%
MEDICATION	45	3.93%
OBDELIVER	64	5.59%
PATCARE	371	32.40%
PATRIGHT	1	0.09%
PPID	2	0.17%
SAFETY	50	4.37%
SECURITY	417	36.42%
SKINWOUND	13	1.14%
SURGERY	33	2.88%
Grand Total	1145	100.00%

### OCCURRENCE CATEGORY CY20:

During the 2nd Quarter CY 2020 there were a total of 1145 occurrence variance reports compared to 1440 during the 1stQuarter CY 2209 reflecting a 20.48% decrease in reporting. This can be directly attributed to the decrease in patient census related to lockdown measures and emergency orders because of the current and ongoing pandemic. There were a total of 28 reported near miss occurrences making up 2.44% of all occurrences.

Inpatient Falls by Category CY20	Q2
Eased to floor by employee	5
Found on floor	25
From Bed	8
From chair	1
From equipment, i.e stretcher, table, etc.	1
From Toilet	3
Patient States	3
Slip	4
Trip	1
While ambulating	3
Total Inpatient Falls	54

### INPATIENT FALLS BY CATEGORY CY20:

There were 54 falls reported during the 2nd Quarter of 2020, a 30% decrease from Q1 CY20 - 78. The incidents occurred on the following departments: 3NT (8), 4NT (2), 4NWW (4), 4ST (1), 4SWW (4), 4Atrium (5), 5NT (4), 5ST (6), 5Atrium (9), 6ST (6), CVICU (1), PICU (1), TICU (1) and RCU (2).

There was twelve falls with injuries reported during the 2nd Quarter CY20 – (2) Fall with fracture; (3) falls with laceration; (4) fall with abrasion; (3) fall with skin tear.

PI team will be meeting monthly to identify opportunities to reduce patient falls with injuries.

OB DELIVERY CY20	Q2
Fetal Distress	1
Fetal/Maternal Demise	1
Maternal complications	1
Maternal Transfer To Higher Level Of Care	6
Neonatal complications - Admit NICU	35
Neonatal complications - IV Infiltrate	1
OB Alert	1
Other	8
Postpartum Hemorrhage	3
RN Attended Delivery	3
Shoulder Dystosia	3
Unplanned Procedure	1
OBDELIVER Total	64

### OB DELIVERY CY20:

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.

Change in patients condition required the mother to be transferred to higher level of care. No adverse event.

All shoulder dystosia cases are sent to Quality for further review.

HAPIs CY20	Q2
Pressure Injury - Acquired	1

### HAPIS CY20:

Trauma patient who was admitted for multiple GSW. Wound care was following the case 5 days into the admission and providing treatment recommendation. Risk, wound care, trauma and ICU team met and discussed opportunities. Action Plans put into place to monitor high risk patients more closely.

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 2

MEDICATION VARIANCES CY20	Q2
Control Drug Discrepancy-count	1
Control Drug Diversion/Suspicion	2
Delayed dose	6
Extra Dose	3
Improper Monitoring	6
Omitted dose	2
Other	4
Prescriber Error	3
Unsecured Medication	1
Wrong Concentration	1
Wrong dosage form	1
Wrong dose	6
Wrong Drug or IV Fluid	3
Wrong frequency or rate	3
Wrong patient	1
Wrong time	2
MEDICATION Total	45

### MEDICATION VARIANCES CY20:

16.66% decrease in medication variances from 51 Q1 CY20 to 45 Q2 CY20 of which 8 were near misses. No Adverse Outcomes. 31 occurrences were on the Adult units and 11 on the Women and Children's units and 3 in Retail Pharmacy.

ADR CY20	Q2
Allergy	1

### ADR CY20:

No trends identified.

SURGERY RELATED ISSUES CY20	Q2
Anesthesia Complication	1
Consent Issues	5
Sponge/Needle/Instrument Issues	3
Sterile field contaminated	2
Surgical Count	13
Surgery Delay	2
Surgery/Procedure Cancelled	3
Surgical Complication	1
Unplanned Return to OR	3
SURGERY Total	33

### SURGERY RELATED ISSUES CY20:

All surgical count related issues came back with negative x-ray results. All consent issues were addressed real time - of those 2 received consent for the patients family and 1 was a trauma patient.

SECURITY CY20	Q2
Access control	1
Aggressive behavior	26
Arrest	1
Assault/Battery	19
Code Assist	101
Code Elopement	7
Code Strong	2
Contraband	24
Criminal Event	1
Property Damaged/Missing	16
Security Presence Requested	208
Security Transport	1
Smoking Issues	1
Threat of violence	6
Vehicle Accident	1
Verbal Abuse	2
SECURITY Total	417

### SECURITY CY20:

12.39% decrease in security reporting from 476- Q1 CY20 to 417- Q2 CY20. 52% of all security incidents are related to our Behavior Health Population.

On going efforts to address property related issues. New policies and procedures will be established and education will go out in the next few weeks.

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 2

SAFETY CY20	Q2
Biohazard Exposure	1
Code Red	26
Electrical Hazard	1
Safety Hazard	14
Sharps Exposure	8
SAFETY Total	50

### SAFETY CY20:

27.37% decrease in Safety reporting from 476– Q1 CY20 to 417– Q2 CY20. Only 3 Code red events were actual events, 2 were drills, all other incidents were either moisture or construction related.

**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.)**

### BAKER ACT ELOPMENT

A patient that was Baker Acted by PD for acute psychotic episode was admitted medically, and when brought to 4NT had all of his clothes and belongings with him. He got dressed later, and eloped from the floor. He was caught by staff in the neighborhood south of the hospital.

#### Actions Taken:

Education on Policy NUR-014-020 to all employees is to be completed by all Nurse Managers and Security Leadership Safety Officer and Nursing supervisor to revise current BA checklist to include removal of all patient belongings from room.

### L&D/HIM

Two patients with similar names, one having never been to Broward Health before, had their records merged when a patient access clerk changed the demographic information of the one patient to match the other. This imported a complete medical history to the new patient that did not belong to her. Much of this history included illicit drug use.

#### Actions Taken:

- The medical records were purged/corrected within the limits of Cerner. A letter was provided for the new patient to give to all future providers detailing the error that occurred and to disregard any reference to illicit drug use
- Patients corrected medical records were mailed to the patient via Fedex to ensure delivery
- Patient Access Manager to inquire about receiving email notifications when key demographics are changed.

### BHU FOREIGN BODY

A Behavioral Health patient was admitted to the medical floor secondary to swallowing razor blades. After they were removed, and the patient transferred to BHU, he was able to secure a small piece of plastic (disposable razor head cover?) from his belongings when he requested to get phone numbers, but snuck the piece of plastic when staff wasn't looking.

#### Actions Taken:

- Door with a window was installed in patient belonging rooms to allow staff safely go through the patients belonging.
- Education was provided to all BHU staff regarding our policy and procedure for Care of Patient belongings.
- All patients who are identified as a high risk for swallowing will be placed on a 1:1, medical gown and private room. Education regarding new process completed with staff.
- Special gloves have been purchased to allow staff to safely go through patients belongings.

### DEATH IN RESTRAINTS

A COVID patient in the ICU died within 24 hrs of being in soft wrist restraints and mittens. Later review of the CMS waivers related to the state of emergency showed this death in restraints did not need to be reported to CMS.

#### Actions Taken:

- During rounds, Intensivist and nursing team are now assessing patient restraints needs daily.

### ER YELLOW – SUICIDE ATTEMPT

A Behavioral Health patient with a history of malingering, who had presented and was pending psychiatric evaluation was moved out of the Bubble/Blue locked unit area because he was considered voluntary. Fearing he would be discharged on evaluation, he utilized a sheet to tie around on of the overhead exam light arms in the Yellow section for hanging himself. Staff observed him, and he had no injury to himself.

#### Actions Taken:

- Education was provided to all ER staff that any patients who arrive to the ER and express suicidal ideation will be placed on a 1:1.
- Education was provided to all ER staff regarding not mixing general population and BH population when ER Blue is being utilized as Psych overflow.

### CODE SILVER

An elderly gentleman seen in the ER was discharged after being treated and seen. Due to COVID and the no visitor policy, he was not reunited with his family who was waiting in the parking lot. He wandered south down 3rd Avenue and was missing for three days.

#### Actions Taken:

- Chart audit completed for the month June and July to verify that proper discharge plan is in place for elderly patients who are discharged from the ER. June showed 80% compliance and increased to 93% compliance for the month of July. Will continue to perform chart audits to ensure compliance.

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 3

Occurrence Category CY20	Q3	%
ADR	2	0.16%
Delay	40	3.10%
Falls	90	6.98%
HIPAA PHI	8	0.62%
Infection Control	15	1.16%
Lab	33	2.56%
Medication Variance	49	3.80%
OB/Delivery	71	5.74%
Patient Care Issues	410	31.63%
Patient Rights	3	0.23%
PPID	5	0.39%
Safety	45	3.49%
Security	463	35.89%
Skin and Wound	21	1.55%
Surgery Issues	35	2.71%
Grand Total	1290	100.00%

### OCCURRENCE CATEGORY CY20

During the 3rd Quarter CY 2020 there were a total of 1290 occurrence variance reports compared to 1145 during the 2nd Quarter CY 2020 reflecting a 12.66% increase in reporting. There were a total of 30 reported near miss occurrences making up 2.32% of all occurrences.

Inpatient Falls by Category CY20	Q3
Eased to floor by employee	5
Found on floor	25
From bed	8
From chair	1
From equipment, i.e. stretcher, table, etc.	1
From Toilet	3
Patent States	3
Slip	4
Trip	1
While ambulating	3
FALLS Total	54

### INPATIENT FALLS BY CATEGORY CY20:

There were 74 falls reported during the 3rd Quarter of 2020, a 37% increase from Q2 CY20 - 54. The incidents occurred on the following departments: 3NT (8), 4NT (2), 4NWW (6), 4SWW (4), 4Atrium (14), 5NT (7), 5ST (9), 5Atrium (10), 6ST (6), 6NT (4), CVICU (1), PEDS (1), and RCU (2).

There was nine falls with injuries reported during the 3rd Quarter CY20 – (1) falls with laceration; (7) fall with abrasion; (1) fall with skin tear.

PI team continues be meeting monthly to identify opportunities to reduce patient falls with injuries.

OB DELIVERY CY20	Q3
Fetal Distress	1
Fetal/Maternal Demise	2
Maternal complications	2
Maternal Transfer To Higher Level Of Care	3
Neonatal complications - Admit NICU	34
Neonatal complications - IV Infiltrate	1
Other	6
Postpartum Hemorrhage	8
Return To Ldr (Labor Delivery Room)	2
RN Attended Delivery	4
Shoulder Dystosia	7
Unplanned Procedure	1
OB DELIVERY Total	71

### OB DELIVERY CY20:

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 cases are sent to Quality for further review.

HAPIS CY20	Q3
Pressure Injury - Acquired	4

### HAPIS CY20:

Stage 3 - 3  
Unstageable - 1

Four reportable HAPI during the 2nd Quarter CY20. Wound care was con and all recommendations were followed. 3 of the 4 patients were unstal and the ability to turn was limited.

Current WC Initiative: All patient who receive an initial wound care const be followed weekly. They will also be rounding in the ICUs more frequently starting January.

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 3

MEDICATION VARIANCES CY20	Q3
Contraindication	3
Control Drug Discrepancy Investigation	1
Control Drug Discrepancy-count	4
Control Drug Diversion/Suspicion	2
Delayed dose	3
Labeling Error	1
Missing/Lost Medication	1
Omitted dose	4
Other	5
Prescriber Error	2
Reconciliation	1
Unordered Drug	1
Unsecured Medication	2
Wrong Concentration	1
Wrong dosage form	3
Wrong dose	5
Wrong Drug or IV Fluid	3
Wrong frequency or rate	5
Wrong patient	1
Wrong time	1
MEDICATION Total	49

### MEDICATION VARIANCES CY20:

8.88% increase in medication variances from 45 Q2 CY20 to 49 Q3 CY20 of which 13 were near misses. No Adverse Outcomes. 35 occurrences were on the Adult units and 12 on the Women and Children's units and 2 in Retail Pharmacy.

ADR CY20	Q3
Allergy	2
ADR Total	2

### ADR CY20:

No adverse event. No trends identified.

SURGERY RELATED ISSUES CY20	Q3
Consent Issues	4
Extubation/Intubation	1
Puncture or Laceration	3
Sponge/Needle/Instrument Issues	3
Sterile field contaminated	5
Surgical Count	10
Surgery Delay	1
Surgery/Procedure Cancelled	1
Surgical Complication	5
Unplanned Surgery	2
SURGERY Total	35

### SURGERY RELATED ISSUES CY20:

All surgical count related issues came back with negative x-ray results. All consent issues were addressed real time - of those 1 received verbal consent from the patients and 2 were emergent procedures.

SECURITY CY20	Q3
Access control	1
Aggressive behavior	21
Arrest	1
Assault/Battery	33
Code Assist	137
Code Elopement	12
Contraband	26
Criminal Event	1
Property Damaged/Missing	26
Rapid Response Team - Visitor	2
Security Presence Requested	200
Vehicle Accident	1
Verbal Abuse	2
SECURITY Total	463

### SECURITY CY20:

11.03% increase in security reporting from 417- Q2 CY20 to 463- Q3 CY20. 41.46% of all security incidents are related to our Behavior Health Population.

On going efforts to address property related issues. New policies and procedures have been established and education will be completed and implemented in December.

Actually number of assaults is 25 as 9 incidents are duplicates. IST team continues to follow up with staff who have been injured by patients.

### RISK MANAGEMENT QUARTERLY REPORT QUARTER 3

SAFETY CY20	Q3
Biohazard Exposure	2
Code Red	13
Elevator entrapment	1
Safety Hazard	20
Sharps Exposure	9
SAFETY Total	45

#### SAFETY CY20:

10% decrease in Safety reporting from 50– Q2 CY20 to 45– Q3 CY20. Only 2 Code red events were actual events, all other incidents were either moisture or construction related.

One incident was related to an employee heating up food in a plastic tupperware causing it to smoke and the other was related to a fire coming from construction waste bin.

#### 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.)

##### PATIENT FALL FROM OR TABLE:

Patient FIN# 106116369 who is a 67 y/o female presented on 10/12/2020 for a left total hip replacement, anterior approach by Dr. Chenard. She had a history of a L knee arthroplasty followed by a surgical site infection in that leg in 2018. After IV antibiotic treatment, she developed possible Redman Syndrome and was admitted to BHN. Other hx includes asthma, anxiety, increased BMI, depression, osteopenia, arthritis, previous R. hip surgery, and tonsil and adenoid surgery.

The patient, after completion of the surgery, fell off the table while being prepared to be taken off the CT table. C-spine control was obtained, the patient remained intubated with adequate airway protection, and Dr. Otmegzguine took control of the situation and log rolled her. He obtained x-rays and pan CT scan. The patient did suffer a hip dislocation that Dr. Chenard reduced. After CT results were obtained and all were negative, the patient was awakened from anesthesia and transferred to 5Atrium. The patient was discharged 10/14/2020.

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 4

Occurrence Category CY20	Q4	%
ADR	6	0%
DELAY	42	3%
FALL	77	6%
HIPAAAPHI	4	0%
INFECTION	4	0%
LAB	41	3%
MEDICATION	47	4%
OBDELIVER	84	7%
PATCARE	428	35%
PATRIGHT	5	0%
PPID	1	0%
SAFETY	43	4%
SECURITY	392	32%
SKINWOUND	9	1%
SURGERY	41	3%
Grand Total	1224	100%

### OCCURRENCE CATEGORY CY20:

During the 4th Quarter CY 2020 there were a total of 1224 occurrence variance reports compared to 1290 during the 3rd Quarter CY 2020 reflecting a 5.11% decrease in reporting. There were a total of 40 reported near miss occurrences making up 3.26% of all occurrences.

Inpatient Falls by Category CY20	Q4
Eased to floor by employee	2
Found on floor	30
From Bed	6
From chair	3
From Toilet	1
Patient States	7
Slip	3
Trip	2
While ambulating	5
FALL Total	59

### INPATIENT FALLS BY CATEGORY CY20:

There were 59 falls reported during the 4th Quarter of 2020, a 20.27% decrease from Q3 CY20. The incidents occurred on the following departments: 3NT (10), 4NT (1), 4NWW (8), 4SWW (17), 4Atrium (5), 5NT (2), 5ST (4), 5Atrium (3), 6NT (1), 6ST (5), AICU (1), and RCU (2).

There was 6 falls with injuries reported during the 4th Quarter CY20 – (1) fall with fracture; (1) falls with laceration; (2) fall with abrasion; (1) fall with bruising; (1) fall with skin tear.

BHU Initiative implemented: During staff rounds they ensure all patients are wearing socks and wheel chairs are locked; Patient s who are at a right risk wear yellow sock. BHU team is working closely with transportation to keep employees on the unit and with pharmacy to review all medication.

OB DELIVERY CY20	Q4
Emergency C-Section > 30 min	1
Fetal Distress	1
Fetal/Maternal Demise	1
Maternal complications	1
Neonatal complications - Admit NICU	40
Neonatal complications - Apgar <5 @5 min	2
Neonatal complications - IV Infiltrate	1
Other	12
Postpartum Hemorrhage	14
RN Attended Delivery	4
Shoulder Dystosia	7
OBDELIVER Total	84

### OB DELIVERY CY20:

There was one NICU incident resulted from an adverse event, all other 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 cases are sent to Quality for further review.

HAPIS CY20	Q4
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### HAPIS CY20:

None to report

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 4

MEDICATION VARIANCES CY20	Q4
Contraindication	1
Control Drug Discrepancy Investigation	4
Delayed dose	3
Expired Medication	1
Extra Dose	6
Improper Monitoring	2
Labeling Error	2
Missing/Lost Medication	1
Omitted dose	3
Other	3
Pyxis Count Discrepancy	1
Pyxis Miss Fill	1
Scan Failed	1
Self-Medicating	1
Unordered Drug	2
Unsecured Medication	1
Wrong dosage form	3
Wrong dose	2
Wrong Drug or IV Fluid	5
Wrong frequency or rate	1
Wrong patient	3
MEDICATION Total	47

### MEDICATION VARIANCES CY20:

4.08% decrease in medication variances from 49 Q3 CY20 to 47 Q4 CY20 of which 13 were near misses. No Adverse Outcomes. Of those, 18 were near miss occurrences. 41 occurrences were on the Adult units and 5 on the Women and Children's units and 1 in Retail Pharmacy.

All discrepancy investigation were reviewed, 2 out of 4 were unaccounted for. The remaining 2 it was determined that they were not purposeful diversions. All employee involved will have increased monitor to verify that no further diversion occurs.

ADR CY20	Q4
Allergy	5
ADR Total	5

### ADR CY20:

No adverse event. 3 of the 5 were new allergies that patient and staff were unaware of. RNs involved in the other 2 incidnets were counseled.

SURGERY RELATED ISSUES CY20	Q4
Consent Issues	2
Extubation/Intubation	1
Positioning Issues	1
Puncture or Laceration	4
Retained Foreign Body	1
Sponge/Needle/Instrument Issues	10
Sterile field contaminated	3
Sugical Count	6
Surgery Delay	6
Surgery/Procedure Cancelled	3
Surgical Complication	2
Unplanned Return to OR	1
Unplanned Surgery	1
SURGERY Total	41

### SURGERY RELATED ISSUES CY20:

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

Retained foreign body was reported as a Code 15.

SECURITY CY20	Q4
Aggressive behavior	10
Assault/Battery	18
Break-in	1
Code Assist	68
Code Elopement	8
Code Strong	3
Contraband	27
Criminal Event	1
Elopement - Voluntary admit (persons admitted on their own)	5
Property Damaged/Missing	23
Rapid Response Team - Visitor	5
Security Presence Requested	215
Security Transport	2
Smoking Issues	1
Threat of violence	3
Vehicle Accident	1
Verbal Abuse	1
SECURITY Total	392

### SECURITY CY20:

15.33% decrease in security reporting from 463– Q3 CY20 to 392– Q3 CY20. 42.09% of all security incidents are related to our Behavior Health Population.

Actually number of assaults is 15 as 3 incidents are duplicates. This is a 40% reduction from Q3 - 25 vs. Q4 - 15. IST team continues to follow up with staff who have been injured by patients.

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 4

SAFETY CY20	Q4
Biohazard Exposure	1
Code Red	11
Electrical Hazard	1
False Alarm	1
Safety Hazard	23
Sharps Exposure	6
SAFETY Total	43

### SAFETY CY20:

4.44% decrease in Safety reporting from 45– Q3 CY20 to 43– Q4 CY20. No trends identified.

### 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.)

#### Code 15 - Retained Foreign Body:

This event involves a trauma patient, still currently admitted and still listed under his trauma name, Trauma Sun. The patient is approximately 36 years old, with a medical history significant for bipolar, major depression, and PTSD who presented as a Level 1 Traum s/p two stab wounds to the left upper back/ shoulder. He was found to have a left pneumothorax on CT scan and a left chest tube was placed. The patient also had hemothorax present as well. Despite the chest tubes being placed, there wasn't adequate evacuation of the left hemothorax and the patient was taken to the OR on 11/3/2020 for a left video thoracoscopy and evacuation of the retained hemothorax. During the procedure, two separate incisions were made for the video equipment and for the suctioning of the intra thoracic hematoma. Flexiports were placed in the incisions and secured stapled in place. During the procedure, and not noticed by the surgeon or any of the operating team, the silicon flange of the flexiport tore from its anchoring suture, and with the movement of the suction catheter to evacuate the hemotoma, the flexiport migrated into the chest cavity. The item was not a counted item, and is not radiopaque, and was therefore not noticed. The patient tolerated the procedure well, and his postoperative course was relatively unremarkable and his chest tubes were removed. However, a collection of fluid reaccumulated and a diagnostic CT scan was performed on 11/10/2020 which revealed the retained flexiport. The patient returned to the OR on 11/11/2020 and had an evacuation of what turned out to be recurrent hemothorax, and the removal of the retained flexiport. The patient tolerated the procedure well and has had an uncomplicated course since. He is still admitted on the Trauma step-down unit.

#### Code 15 - Patient Fall in the ER:

This event involved a 37 year old man with history of previous admissions related to alcohol use. On 11/6/2020, the patient had been drinking throughout the day and had a seizure, witnessed by his wife, resulting in a fall. He hit his head on the concrete floor of the parking garage where he lived. His wife called 911. The patient presented to Broward Health Medical Center at 2213 hrs. Initial vital signs were Temperature Oral: 98.8 DegF; Heart Rate: 38 bpm (L); Resp Rate Spontaneous: 18 br/min; NIBP: 162/88. An EKG and labs were performed. On assessment, the patient had no focal neurological deficits, and followed commands but was uncooperative with staff and needed redirection. He vomited and was given Zofran at 2232hrs. After being placed in a treatment room, he was observed inching his way down to the foot of the stretcher. One of the nursing staff instructed him to move back and sit back in the stretcher. The patient followed these commands, but after heading to take care of another patient, the nurse doubled back to make sure the patient remained redirected. At this point, she noticed that he had again made his way to the foot of the stretcher. Yet, this time, before she was able to intervene, she observed him fall off the end, striking his head at 2330hrs. The patient was re-assessed by the emergency room physician at 2332hrs. He was noted to have a seizure at 2340hrs. The patient experienced a clinical decline and was ultimately intubated on 11/7/2020 at 0040hrs. After stabilizing the patient's clinical conditions, a CT scan of the brain was performed which showed a moderate amount of bilateral subarachnoid hemorrhage, some small bilateral subdural hematomas, a suboccipital bone fracture and some areas of hemorrhagic contusion in the frontal lobes. The patient was admitted to the ICU under the trauma service and neurosurgery was consulted. No immediate neurosurgical operative intervention was required at that time, however, on 11/7/2020 at 1134hrs, neurosurgery performed an emergency craniotomy for CSF drainage and ICP measurement and began an infusion of 3% Saline. The patient continued his neurologic decline, but also experienced cardiovascular decline and required vasopressor administration for blood pressure support. The following day, the patient's pupils were midposition and fixed, he had no corneal reflex, and there was noted absence of ocular movements using oculocephalic testing and oculovestibular reflex testing. He had no cough or gag reflex (absence of the pharyngeal and tracheal reflexes) and he was flaccid to deep pain on exam with absence of facial muscle movement to a noxious stimuli. On 11/8/2020 at 1105hrs an apnea test was performed, demonstrating absence of a breathing drive, with a PCO2 over 60, and a subsequent confirmatory exam was conducted and the patient was declared deceased by neurologic criteria. A second opinion neurologic consult was obtained on 11/9/2020, several additional confirmatory tests were performed ultimately supporting the patient's death by neurologic criteria.

#### AHCA Annual - Burn injury to Infant:

The patient is a 1 hour old female born vaginally, that displayed some tachypnea while skin to skin with the mother. The nurse called the pediatric resident to come assess the child. The pediatric resident took the infant from the mother and brought the baby to the Panda warmer. In an effort to warm the baby quicker and alleviate the tachypnea, the resident physician held the baby close to the Panda warmer's heating element. He noticed some blistering of the skin, and lowered the baby down and asked the nurse for some moisturizer. Recognizing the potential problem, the baby was evaluated by the neonatologist and transferred to NICU. The baby was seen by plastics shortly after transfer and the burnt, blistered areas were debrided. During the evening, contact was made with the burn center at JMH, and the decision was made to transfer the child to the burn center.