

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                 | 2   | 2   | 0   | 4       | 1%   | 1   | 4   | 1    | 6       | 1%   | 3    | 2   | 0    | 5       | 1%   | 1   | 0   | 0   | 1       | 0%   | 16         | 0%   |
| Delay               | 11  | 9   | 2   | 22      | 3%   | 4   | 6   | 8    | 18      | 3%   | 10   | 13  | 10   | 33      | 4%   | 13  | 8   | 14  | 35      | 4%   | 108        | 3%   |
| Falls               | 21  | 17  | 10  | 48      | 6%   | 12  | 17  | 14   | 43      | 6%   | 21   | 22  | 22   | 65      | 7%   | 20  | 10  | 12  | 42      | 5%   | 198        | 6%   |
| HIPAA PHI           | 4   | 1   | 2   | 7       | 1%   | 1   | 0   | 2    | 3       | 0%   | 4    | 3   | 1    | 8       | 1%   | 2   | 0   | 1   | 3       | 0%   | 21         | 1%   |
| Infection Control   | 1   | 2   | 7   | 10      | 1%   | 4   | 1   | 4    | 9       | 1%   | 2    | 0   | 3    | 5       | 1%   | 3   | 1   | 3   | 7       | 1%   | 31         | 1%   |
| Lab                 | 5   | 3   | 1   | 9       | 1%   | 1   | 5   | 6    | 12      | 2%   | 1    | 4   | 4    | 9       | 1%   | 6   | 2   | 3   | 11      | 1%   | 41         | 1%   |
| Medication Variance | 11  | 7   | 9   | 27      | 4%   | 2   | 7   | 10   | 19      | 3%   | 12   | 8   | 14   | 34      | 4%   | 17  | 9   | 8   | 34      | 4%   | 114        | 3%   |
| Patient Care Issues | 128 | 99  | 98  | 325     | 42%  | 58  | 88  | 111  | 257     | 37%  | 105  | 112 | 112  | 329     | 35%  | 115 | 105 | 121 | 341     | 39%  | 1252       | 38%  |
| Patient Rights      | 0   | 0   | 0   | 0       | 0%   | 0   | 0   | 0    | 0       | 0%   | 1    | 0   | 0    | 1       | 0%   | 1   | 1   | 0   | 2       | 0%   | 3          | 0%   |
| PPID                | 0   | 4   | 0   | 4       | 1%   | 1   | 0   | 2    | 3       | 0%   | 2    | 3   | 1    | 6       | 1%   | 0   | 0   | 1   | 1       | 0%   | 14         | 0%   |
| Safety              | 6   | 3   | 1   | 10      | 1%   | 0   | 2   | 3    | 5       | 1%   | 2    | 3   | 3    | 8       | 1%   | 3   | 7   | 5   | 15      | 2%   | 39         | 1%   |
| Security            | 57  | 71  | 47  | 175     | 23%  | 36  | 70  | 109  | 215     | 31%  | 107  | 110 | 94   | 311     | 33%  | 89  | 112 | 101 | 302     | 34%  | 1003       | 31%  |
| Skin and Wound      | 38  | 26  | 40  | 104     | 14%  | 31  | 32  | 33   | 96      | 14%  | 42   | 38  | 24   | 104     | 11%  | 27  | 19  | 19  | 65      | 7%   | 369        | 11%  |
| Surgery Issues      | 12  | 7   | 3   | 22      | 3%   | 3   | 2   | 8    | 13      | 2%   | 5    | 2   | 8    | 15      | 2%   | 6   | 10  | 7   | 23      | 3%   | 73         | 2%   |
| Totals              | 296 | 251 | 220 | 767     | 100% | 154 | 234 | 311  | 699     | 100% | 317  | 320 | 296  | 933     | 100% | 303 | 284 | 295 | 882     | 100% | 3281       | 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 |
|----------------------------|--------|--------|------|---------|------|------|------|---------|-------|------|-------|---------|-------|-------|-------|---------|------------|
| ADR                        | 0      | 0      | 0    | 0       | 0    | 0    | 0    | 0       | 0     | 0    | 0     | 0       | 1     | 0     | 0     | 1       | 1          |
| Delay                      | 0      | 0      | 0    | 0       | 0    | 0    | 0    | 0       | 0     | 0    | 0     | 0       | 0     | 0     | 0     | 0       | 0          |
| Falls                      | 1      | 1      | 1    | 3       | 0    | 1    | 0    | 1       | 1     | 0    | 0     | 1       | 0     | 0     | 1     | 1       | 6          |
| HIPAA PHI                  | 0      | 0      | 0    | 0       | 0    | 0    | 0    | 0       | 0     | 0    | 0     | 0       | 0     | 0     | 0     | 0       | 0          |
| Infection Control          | 0      | 0      | 1    | 1       | 0    | 0    | 0    | 0       | 0     | 0    | 0     | 0       | 0     | 1     | 0     | 1       | 2          |
| Lab                        | 0      | 1      | 0    | 1       | 0    | 0    | 0    | 0       | 0     | 1    | 0     | 1       | 0     | 0     | 0     | 0       | 2          |
| Medication Variance        | 1      | 0      | 1    | 2       | 0    | 1    | 1    | 2       | 1     | 0    | 1     | 2       | 4     | 2     | 2     | 8       | 14         |
| Patient Care Issues        | 0      | 2      | 0    | 2       | 0    | 1    | 1    | 2       | 3     | 1    | 0     | 4       | 1     | 0     | 1     | 2       | 10         |
| Patient Rights             | 0      | 0      | 0    | 0       | 0    | 0    | 0    | 0       | 0     | 0    | 0     | 0       | 0     | 0     | 0     | 0       | 0          |
| PPID                       | 0      | 0      | 0    | 0       | 0    | 0    | 0    | 0       | 0     | 0    | 0     | 0       | 0     | 0     | 0     | 0       | 0          |
| Safety                     | 0      | 0      | 0    | 0       | 0    | 0    | 0    | 0       | 1     | 1    | 0     | 2       | 0     | 0     | 0     | 0       | 2          |
| Security                   | 2      | 3      | 2    | 7       | 0    | 1    | 4    | 5       | 3     | 7    | 6     | 16      | 1     | 1     | 0     | 2       | 30         |
| Skin and Wound             | 0      | 0      | 0    | 0       | 0    | 0    | 1    | 1       | 0     | 0    | 0     | 0       | 0     | 0     | 0     | 0       | 1          |
| Surgery Issues             | 1      | 0      | 0    | 1       | 0    | 0    | 0    | 0       | 1     | 0    | 1     | 2       | 0     | 2     | 1     | 3       | 6          |
| Totals                     | 5      | 7      | 5    | 17      | 0    | 4    | 7    | 11      | 10    | 10   | 8     | 28      | 7     | 6     | 5     | 18      | 74         |
| PD + SSD                   | 11,036 | 10,166 | 9352 | 30554   | 7393 | 8732 | 8915 | 25040   | 10276 | 9678 | 9,198 | 29152   | 9,496 | 8,849 | 9,338 | 27683   | 112429     |
| Target: >= 2.3 per 1000 PD | 0.45   | 0.69   | 0.53 | 0.56    | 0.00 | 0.46 | 0.79 | 0.44    | 0.97  | 1.03 | 0.87  | 0.96    | 0.74  | 0.68  | 0.54  | 0.65    | 0.66       |

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| MEDICATION VARIANCES                   | Jan | Feb | Mar | 1st Qtr | Apr | May | June | 2nd Qtr | July | Aug | Sept | 3rd Qtr | Oct | Nov | Dec | 4th Qtr | Total<br>CY20 |
|--|-----|-----|-----|---------|-----|-----|------|---------|------|-----|------|---------|-----|-----|-----|---------|---------------|
| Control Drug Charting                  | 0   | 0   | 0   | 0       | 0   | 1   | 0    | 1       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 1             |
| Control Drug Discrepancy- count        | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 1    | 0   | 0    | 1       | 1   | 0   | 0   | 1       | 2             |
| Control Drug Discrepancy Investigation | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 1   | 1       | 1             |
| Control Drug Diversion/ Suspicion      | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 0             |
| Contraindication                       | 1   | 0   | 1   | 2       | 0   | 0   | 1    | 1       | 1    | 1   | 0    | 2       | 0   | 1   | 1   | 2       | 7             |
| CPOE Issue                             | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 0             |
| Delayed Dose                           | 1   | 3   | 2   | 6       | 0   | 1   | 2    | 3       | 2    | 2   | 3    | 7       | 2   | 2   | 2   | 6       | 22            |
| Expired Medication                     | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 0             |
| Extra Dose                             | 1   | 0   | 1   | 2       | 1   | 0   | 1    | 2       | 1    | 1   | 1    | 3       | 1   | 0   | 0   | 1       | 8             |
| Hoarding Medications for Later Use     | 0   | 0   | 1   | 1       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 1             |
| Improper Monitoring                    | 0   | 0   | 0   | 0       | 0   | 1   | 0    | 1       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 1             |
| Labeling Error                         | 1   | 0   | 0   | 1       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 1             |
| Missing/Lost Medication                | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 0   | 1    | 1       | 1   | 1   | 0   | 2       | 1             |
| Omitted Dose                           | 4   | 1   | 2   | 7       | 1   | 1   |      | 2       | 5    | 1   | 2    | 8       | 2   | 1   | 0   | 3       | 20            |
| Other                                  | 0   | 1   | 0   | 1       | 0   | 2   | 1    | 3       | 1    | 0   | 3    | 4       | 0   | 1   | 0   | 1       | 9             |
| Prescriber Error                       | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 0             |
| Pyxis Count Descrepancy                | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 1   | 1       | 1             |
| Pyxis Miss Fill                        | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 0             |
| Return Bin Process Error               | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 0             |
| Self-Medicating                        | 0   | 1   | 0   | 1       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 1             |
| Unordered Drug                         | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 0             |
| Unsecured Medication                   | 0   | 0   | 0   | 0       | 0   | 0   | 1    | 1       | 0    | 0   | 1    | 1       | 0   | 0   | 0   | 0       | 2             |
| Wrong Dose                             | 2   | 0   | 0   | 2       | 0   | 0   | 0    | 0       | 1    | 0   | 0    | 1       | 1   | 1   | 0   | 2       | 5             |
| Wrong Frequency or Rate                | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 2   | 0    | 2       | 1   | 0   | 1   | 2       | 4             |
| Wrong Drug or IV Fluid                 | 1   | 0   | 0   | 1       | 0   | 0   | 0    | 0       | 0    | 0   | 2    | 2       | 1   | 0   | 0   | 1       | 4             |
| Wrong Patient                          | 0   | 0   | 1   | 1       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 1             |
| Wrong Route                            | 0   | 0   | 0   | 0       | 0   | 0   | 2    | 2       | 0    | 0   | 0    | 0       | 1   | 0   | 0   | 1       | 3             |
| Wrong Time                             | 0   | 1   | 0   | 1       | 0   | 0   | 1    | 1       | 0    | 1   | 1    | 2       | 2   | 0   | 0   | 2       | 6             |
| Totals                                 | 11  | 7   | 8   | 26      | 2   | 6   | 9    | 17      | 12   | 8   | 14   | 34      | 13  | 7   | 6   | 26      | 103           |

Near misses NOT included as they are capture

| 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<br>CY20 | %    |
|--|-------|-------|------|---------|------|------|------|------|---------|------|-------|--------|------|---------|------|------|------|------|---------|------|---------------|------|
| Ambulance Transport                                | 2     | 6     | 0    | 8       | 36%  | 0    | 1    | 0    | 1       | 6%   | 1     | 2      | 2    | 5       | 15%  | 1    | 1    | 1    | 3       | 9%   | 17            | 16%  |
| Delay in Ancillary Areas, i.e lab, radiology, etc. | 0     | 1     | 0    | 1       | 5%   | 0    | 0    | 0    | 0       | 0%   | 1     | 0      | 0    | 1       | 3%   | 2    | 0    | 2    | 4       | 12%  | 6             | 6%   |
| Communication - Failure/Delay to Phys/PA/LIP       | 0     | 0     | 0    | 0       | 0%   | 1    | 0    | 1    | 2       | 11%  | 0     | 3      | 1    | 4       | 12%  | 1    | 2    | 0    | 3       | 9%   | 9             | 8%   |
| Consult/Response/Follow Up                         | 1     | 0     | 0    | 1       | 5%   | 0    | 0    | 0    | 0       | 0%   | 1     | 0      | 1    | 2       | 6%   | 2    | 1    | 2    | 5       | 15%  | 8             | 7%   |
| Delay - Orders Not Completed                       | 3     | 1     | 2    | 6       | 27%  | 0    | 4    | 4    | 8       | 44%  | 5     | 4      | 4    | 13      | 39%  | 2    | 3    | 5    | 10      | 29%  | 37            | 35%  |
| Delay - Physician Orders                           | 4     | 1     | 0    | 5       | 23%  | 2    | 1    | 3    | 6       | 33%  | 1     | 2      | 2    | 5       | 15%  | 3    | 1    | 3    | 7       | 21%  | 23            | 21%  |
| Delay - Registration/Admission/Insurance           | 1     | 0     | 0    | 1       | 5%   | 0    | 0    | 0    | 0       | 0%   | 0     | 0      | 0    | 0       | 0%   | 0    | 0    | 0    | 0       | 0%   | 1             | 1%   |
| Delay - Staffing Issue                             | 0     | 0     | 0    | 0       | 0%   | 0    | 0    | 0    | 0       | 0%   | 0     | 1      | 0    | 1       | 3%   | 0    | 0    | 0    | 0       | 0%   | 1             | 1%   |
| Delay - STAT Orders                                | 0     | 0     | 0    | 0       | 0%   | 1    | 0    | 0    | 1       | 6%   | 0     | 0      | 0    | 0       | 0%   | 1    | 0    | 0    | 1       | 3%   | 2             | 2%   |
| Delay- Stroke/Brain Alert                          | 0     | 0     | 0    | 0       | 0%   | 0    | 0    | 0    | 0       | 0%   | 1     | 1      | 0    | 2       | 6%   | 0    | 0    | 1    | 1       | 3%   | 3             | 3%   |
| Totals   | 11    | 9     | 2    | 22      | 100% | 4    | 6    | 8    | 18      | 100% | 10    | 13     | 10   | 33      | 100% | 12   | 8    | 14   | 34      | 101% | 107           | 100% |
| PD + SSD   | 11036 | 10166 | 9352 | 30554   |      | 7393 | 8732 | 8915 | 25040   |      | 10276 | 9678   | 9198 | 29152   |      | 9496 | 8849 | 9338 | 27683   |      | 58643         |      |
| < 1.0 per 1000 patient days                        | 1.00  | 0.89  | 0.21 | 0.72    |      | 0.54 | 0.69 | 0.90 | 0.72    |      | 0.97  | 1.34   | 1.09 | 1.13    |      | 1.26 | 0.90 | 1.50 | 1.23    |      | 1.8           |      |

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| SURGERY RELATED ISSUES          | Jan | Feb | Mar | 1st Qtr | Apr | May | June | 2nd Qtr | July | Aug | Sept | 3rd Qtr | Oct | Nov | Dec | 4th Qtr | Total<br>CY20 |
|---------------------------------|-----|-----|-----|---------|-----|-----|------|---------|------|-----|------|---------|-----|-----|-----|---------|---------------|
| Anesthesia Complication         | 1   | 1   | 1   | 3       | 0   | 0   | 0    | 0       | 1    | 0   | 0    | 1       | 0   | 0   | 0   | 0       | 4             |
| Consent Issue                   | 3   | 0   | 0   | 3       | 0   | 0   | 0    | 0       | 0    | 1   | 1    | 2       | 0   | 1   | 0   | 1       | 6             |
| Extubation/Intubation           | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 2    | 0   | 0    | 2       | 0   | 0   | 1   | 1       | 3             |
| Puncture Laceration             | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 1    | 0   | 0    | 1       | 0   | 0   | 0   | 0       | 1             |
| Retained Foreign Body           | 0   | 1   | 0   | 1       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 1             |
| Sponge/Needle/Instrument Issues | 1   | 3   | 0   | 4       | 0   | 0   | 0    | 0       | 0    | 0   | 1    | 1       | 2   | 0   | 2   | 4       | 9             |
| Sterile field contaminated      | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 0             |
| Surgical Count                  | 0   | 1   | 1   | 2       | 1   | 1   | 0    | 2       | 0    | 0   | 1    | 1       | 1   | 0   | 0   | 1       | 6             |
| Surgery Delay                   | 1   | 1   | 0   | 2       | 1   | 0   | 5    | 6       | 0    | 0   | 2    | 2       | 1   | 4   | 0   | 5       | 15            |
| Surgery/Procedure Cancelled     | 4   | 0   | 0   | 4       | 0   | 0   | 1    | 1       | 1    | 0   | 0    | 1       | 0   | 0   | 1   | 1       | 7             |
| Surgical Complication           | 1   | 0   | 1   | 2       | 0   | 0   | 1    | 1       | 0    | 1   | 1    | 2       | 2   | 1   | 1   | 4       | 9             |
| Tooth Damaged/Dislodged         | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 1   | 1       | 1             |
| Unplanned Return to OR          | 1   | 0   | 0   | 1       | 1   | 1   | 0    | 2       | 0    | 0   | 2    | 2       | 0   | 3   | 0   | 3       | 5             |
| Wrong Procedure                 | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 0             |
| Totals                          | 12  | 7   | 3   | 22      | 3   | 2   | 7    | 12      | 5    | 2   | 8    | 15      | 6   | 9   | 6   | 21      | 70            |

Near misses NOT included as they are capture

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| SECURITY                      |     |     |     |         |     |     |      |         |      |     |      |         |     |     |     |         | Total<br>CY20 | Near misses NOT included as they are captured |
|-------------------------------|-----|-----|-----|---------|-----|-----|------|---------|------|-----|------|---------|-----|-----|-----|---------|---------------|---|
|                               | Jan | Feb | Mar | 1st Qtr | Apr | May | June | 2nd Qtr | July | Aug | Sept | 3rd Qtr | Oct | Nov | Dec | 4th Qtr |               |   |
| Access Control                | 0   | 2   | 0   | 2       | 0   | 0   | 0    | 0       | 0    | 1   | 1    | 2       | 1   | 1   | 0   | 2       | 6             |   |
| Aggressive behavior           | 0   | 3   | 0   | 3       | 0   | 1   | 2    | 3       | 3    | 4   | 2    | 9       | 1   | 1   | 0   | 2       | 17            |   |
| Arrest                        | 0   | 0   | 0   | 0       | 1   | 0   | 0    | 1       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 1             |   |
| Assault/Battery               | 4   | 4   | 2   | 10      | 1   | 4   | 5    | 10      | 2    | 4   | 2    | 8       | 1   | 3   | 4   | 8       | 36            |   |
| Break In                      | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 0             |   |
| Code Assist                   | 18  | 27  | 14  | 59      | 18  | 20  | 49   | 87      | 47   | 43  | 48   | 138     | 33  | 46  | 57  | 136     | 420           |   |
| Code Elopement                | 7   | 4   | 4   | 15      | 1   | 4   | 4    | 9       | 1    | 2   | 1    | 4       | 4   | 6   | 3   | 13      | 41            |   |
| Code Strong                   | 0   | 0   | 0   | 0       | 0   | 0   | 1    | 1       | 0    | 0   | 0    | 0       | 1   | 0   | 0   | 1       | 2             |   |
| Contraband                    | 13  | 6   | 7   | 26      | 1   | 10  | 12   | 23      | 2    | 5   | 18   | 25      | 9   | 14  | 6   | 29      | 103           |   |
| Criminal Event                | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 1    | 0   | 0    | 1       | 2   | 0   | 0   | 2       | 1             |   |
| Property Damaged/Missing      | 4   | 10  | 6   | 20      | 7   | 11  | 11   | 29      | 16   | 13  | 6    | 35      | 7   | 5   | 9   | 21      | 105           |   |
| Rapid Response Team - Visitor | 0   | 1   | 0   | 1       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 1             |   |
| Security Presence Requested   | 10  | 10  | 12  | 32      | 6   | 18  | 18   | 42      | 30   | 35  | 15   | 80      | 23  | 33  | 21  | 77      | 231           |   |
| Security Transport            | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 0             |   |
| Smoking Issues                | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 2    | 0   | 1    | 3       | 2   | 0   | 0   | 2       | 5             |   |
| Threat of violence            | 0   | 2   | 0   | 2       | 1   | 0   | 0    | 1       | 2    | 2   | 0    | 4       | 2   | 0   | 1   | 3       | 10            |   |
| Trespass                      | 0   | 1   | 1   | 2       | 0   | 0   | 1    | 1       | 1    | 0   | 0    | 1       | 1   | 0   | 0   | 1       | 5             |   |
| Vehicle Accident              | 0   | 0   | 0   | 0       | 0   | 0   | 2    | 2       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 2             |   |
| Verbal Abuse                  | 1   | 1   | 1   | 3       | 0   | 1   | 0    | 1       | 0    | 1   | 0    | 1       | 1   | 0   | 0   | 1       | 6             |   |
| Totals                        | 57  | 71  | 47  | 175     | 36  | 69  | 105  | 210     | 107  | 110 | 94   | 311     | 88  | 111 | 101 | 300     | 996           |   |

| SAFETY              |     |     |     |         |     |     |      |         |      |     |      |         |     |     |     |         | Total<br>CY20 | Near misses NOT included as they are captured |
|---------------------|-----|-----|-----|---------|-----|-----|------|---------|------|-----|------|---------|-----|-----|-----|---------|---------------|---|
|                     | Jan | Feb | Mar | 1st Qtr | Apr | May | June | 2nd Qtr | July | Aug | Sept | 3rd Qtr | Oct | Nov | Dec | 4th Qtr |               |   |
| Biohazard Exposure  | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 1   | 0   | 0   | 1       | 1             |   |
| Code Red            | 0   | 0   | 0   | 0       | 0   | 1   | 0    | 1       | 0    | 0   | 0    | 0       | 0   | 1   | 1   | 2       | 3             |   |
| Electrical Hazard   | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 1   | 0    | 1       | 0   | 2   | 4   | 6       | 1             |   |
| Elevator Entrapment | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 0             |   |
| False Alarm         | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 0             |   |
| Safety Hazard       | 3   | 1   | 1   | 5       | 0   | 0   | 1    | 1       | 2    | 1   | 3    | 6       | 0   | 0   | 0   | 0       | 12            |   |
| Sharps Exposure     | 3   | 2   | 0   | 5       | 0   | 1   | 2    | 3       | 0    | 1   | 0    | 1       | 2   | 4   | 0   | 6       | 15            |   |
| Totals              | 6   | 3   | 1   | 10      | 0   | 2   | 3    | 5       | 2    | 3   | 3    | 8       | 3   | 7   | 5   | 15      | 38            |   |

| Inpatient Falls                     |     |     |     |         |     |     |      |         |      |     |      |         |     |     |     |         | Total<br>CY20 | NOTE:<br><br>Near misses NOT included as they are captured<br>Fall numbers in totals at top of PMR include ALL |
|-------------------------------------|-----|-----|-----|---------|-----|-----|------|---------|------|-----|------|---------|-----|-----|-----|---------|---------------|--|
|                                     | Jan | Feb | Mar | 1st Qtr | Apr | May | June | 2nd Qtr | July | Aug | Sept | 3rd Qtr | Oct | Nov | Dec | 4th Qtr |               |  |
| 3SE                                 | 1   | 0   | 0   | 1       | 0   | 1   | 3    | 4       | 2    | 2   | 3    | 7       | 2   | 1   | 1   | 4       | 16            |  |
| 3NE                                 | 2   | 2   | 1   | 5       | 4   | 0   | 1    | 5       | 1    | 2   | 4    | 7       | 1   | 2   | 1   | 4       | 21            |  |
| 4th Floor (Rehab)                   | 3   | 4   | 0   | 7       | 0   | 5   | 1    | 6       | 3    | 4   | 3    | 10      | 4   | 0   | 3   | 7       | 30            |  |
| 5th Floor (CSCU)                    | 1   | 2   | 1   | 4       | 2   | 0   | 0    | 2       | 3    | 2   | 3    | 8       | 0   | 4   | 0   | 4       | 18            |  |
| 6th Floor (Neuro-Tele)              | 2   | 1   | 0   | 3       | 3   | 2   | 1    | 6       | 3    | 1   | 2    | 6       | 2   | 1   | 2   | 5       | 20            |  |
| 7E Trauma Care Unit (TCU)           | 1   | 1   | 0   | 2       | 0   | 1   | 3    | 4       | 1    | 1   | 1    | 3       | 0   | 0   | 1   | 1       | 10            |  |
| 8th Floor (SMCU)                    | 1   | 1   | 1   | 3       | 0   | 0   | 0    | 0       | 0    | 1   | 0    | 1       | 2   | 0   | 0   | 2       | 6             |  |
| 9th Floor (SurgTele)                | 2   | 0   | 0   | 2       | 1   | 0   | 0    | 1       | 2    | 2   | 1    | 5       | 2   | 1   | 0   | 3       | 11            |  |
| MICU                                | 1   | 1   | 0   | 2       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 2             |  |
| MICU OF                             | 1   | 0   | 1   | 2       | 0   | 0   | 0    | 0       | 0    | 1   | 0    | 1       | 0   | 0   | 0   | 0       | 3             |  |
| SICU                                | 0   | 1   | 0   | 1       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 1             |  |
| CICU                                | 0   | 0   | 0   | 0       | 0   | 0   | 0    | 0       | 0    | 0   | 0    | 0       | 0   | 0   | 0   | 0       | 0             |  |
| Totals                              | 15  | 13  | 4   | 32      | 10  | 9   | 9    | 28      | 15   | 16  | 17   | 48      | 13  | 9   | 8   | 30      | 138           |  |
| Total Inpatient Falls with Injuries | 1   | 1   | 0   | 2       | 0   | 1   | 0    | 1       | 2    | 0   | 0    | 2       | 0   | 0   | 1   | 1       | 6             |  |

| OUTPATIENT, VISITOR, ED FALLS |     |     |     |         |     |     |      |         |      |     |      |         |     |     |     |         | Total<br>CY20 |
|-------------------------------|-----|-----|-----|---------|-----|-----|------|---------|------|-----|------|---------|-----|-----|-----|---------|---------------|
|                               | Jan | Feb | Mar | 1st Qtr | Apr | May | June | 2nd Qtr | July | Aug | Sept | 3rd Qtr | Oct | Nov | Dec | 4th Qtr |               |
| Outpatient Falls              | 0   | 0   | 1   | 1       | 0   | 1   | 2    | 3       | 2    | 1   | 0    | 3       | 0   | 1   | 1   | 2       | 9             |

Monthly OVR Report CY20

|                                |   |   |   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------|---|---|---|----|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Outpatient Falls with Injuries | 0 | 0 | 0 | 0  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1  |
| Visitor Falls                  | 3 | 1 | 0 | 4  | 1 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6  |
| Visitor Falls with Injuries    | 1 | 0 | 0 | 1  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1  |
| ED Falls                       | 2 | 2 | 2 | 6  | 0 | 2 | 1 | 3 | 1 | 2 | 2 | 5 | 3 | 0 | 0 | 0 | 3 | 17 |
| ED Falls with Injuries         | 0 | 0 | 0 | 0  | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1  |
| Totals                         | 6 | 3 | 3 | 12 | 1 | 4 | 4 | 9 | 3 | 3 | 2 | 8 | 3 | 1 | 2 | 6 | 6 | 35 |

Note: Total includes injuries due to set up of f

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 1

| Occurrence Category CY20 | Q1         |
|--------------------------|------------|
| ADR                      | 4          |
| DELAY                    | 23         |
| FALL                     | 48         |
| HIPAAAPHI                | 7          |
| INFECTION                | 10         |
| LAB                      | 9          |
| MEDICATION               | 26         |
| PATCARE                  | 326        |
| PPID                     | 4          |
| SAFETY                   | 10         |
| SECURITY                 | 175        |
| SKINWOUND                | 104        |
| SURGERY                  | 22         |
| <b>Total</b>             | <b>768</b> |

### OCURRENCE CATEGORY CY20:

During the 1st Quarter CY 2020, there were a total of 768 occurrence variance reports compared to 943 during the 4th Quarter CY 2019, reflecting a 19% decrease in occurrence reports from 4th Quarter. The overall Near Miss Occurrences during the 1st Quarter CY 20 were 15, or 2% of overall occurrences. During this time, the Covid-19 pandemic was evolving and all elective surgeries were canceled, resulting in a decreased census. The goal continues to be increased reporting to discern trends in order to implement risk reduction measures.

| Inpatient Falls by Category CY20 | Q1        |
|----------------------------------|-----------|
| Eased to floor by employee       | 8         |
| Found on floor                   | 18        |
| From Bed                         | 2         |
| From Chair                       | 1         |
| From Toilet                      | 1         |
| While ambulating                 | 2         |
| <b>Total</b>                     | <b>32</b> |

### INPATIENT FALLS BY CATEGORY CY20:

(Does not include Fall near misses). 32 falls in CY20Q1 compared to 31 in CY19Q4, with a rate of 1.5 with a benchmark of 2.61 (YTD 1.5). Robust Fall Prevention Action Plan in place by Nursing.

| HAPIs CY20   | Q1       |
|--------------|----------|
| Stage 2      | 1        |
| Unstagable   | 2        |
| DTI          | 3        |
| <b>Total</b> | <b>6</b> |

### HAPIS CY20:

6 HAPIS, 2 of which are HACs. No trends. Rate of 0.13.

| MEDICATION VARIANCES CY20 | Q1 |
|---------------------------|----|
| Contraindication          | 2  |
| Delayed dose              | 6  |
| Extra Dose                | 2  |

### MEDICATION VARIANCES CY20:

**Near miss 2 vs Actual 25 (total 27).** Rate of 0.01%. No Adverse Outcomes/Trends.

Risk nursing and administration collaborate monthly to

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 1

|                                    |           |
|------------------------------------|-----------|
| Hoarding Medications For Later Use | 1         |
| Labeling error                     | 1         |
| Omitted dose                       | 7         |
| Other                              | 1         |
| Pyxis Miss Fill                    | 1         |
| Self-Medicating                    | 1         |
| Wrong dose                         | 2         |
| Wrong Drug or IV Fluid             | 1         |
| Wrong patient                      | 1         |
| Wrong time                         | 1         |
| <b>Total</b>                       | <b>27</b> |

Risk, nursing, and administration collaborate monthly to discuss medication variances, trends, and lessons learned from medication variances. Lessons learned are sent to managers to review with nursing staff.

| ADR CY20     | Q1       |
|--------------|----------|
| Allergy      | 4        |
| <b>Total</b> | <b>4</b> |

### ADR CY20:

4 ADRs with a rate of 0.01%. No Adverse outcomes/trends.

| SURGERY RELATED ISSUES CY20     | Q1        |
|---------------------------------|-----------|
| Anesthesia Complication         | 3         |
| Consent Issues                  | 3         |
| Retained Foreign Body           | 1         |
| Sponge/Needle/Instrument Issues | 4         |
| Surgical Count                  | 2         |
| Surgery Delay                   | 2         |
| Surgery/Procedure Cancelled     | 4         |
| Surgical Complication           | 2         |
| Unplanned Return to OR          | 1         |
| <b>Total</b>                    | <b>22</b> |

### SURGERY RELATED ISSUES CY20:

Decrease in number of surgical-related HAS reports from 28 in Q4 to 22 in Q1 (21% decrease). During the month of March, all elective surgeries were cancelled due to Covid-19. Surgery delays were reduced from 11 in Q4 to 2 in Q1 and surgical complications decreased from 5 in Q4 to 2 in Q1. Retained foreign body was due to pin lodged in bone during ortho procedure which was intentionally left in place due to risk of harm if attempted removal. Disclosure performed and documented with no injury to patient. No trends noted.

| SECURITY CY20                 | Q1         |
|-------------------------------|------------|
| Access control                | 2          |
| Aggressive behavior           | 3          |
| Assault/Battery               | 10         |
| Code Assist                   | 59         |
| Code Elopement                | 15         |
| Contraband                    | 26         |
| Property Damaged/Missing      | 20         |
| Rapid Response Team - Visitor | 1          |
| Security Presence Requested   | 32         |
| Threat of violence            | 2          |
| Trespass                      | 2          |
| Verbal Abuse                  | 3          |
| <b>Total</b>                  | <b>175</b> |

### SECURITY CY20:

175 Security occurrences in Q1 vs 215 in Q4, reflecting a 19% decrease. Security presence requested decreased from 61 to 32, a 48% reduction. During the 1st quarter, majority of assault/ battery incidents were involving elderly or confused patients. In the month of March, the Covid-19 crisis caused elimination of elective surgeries, decreasing census as well as visitor restrictions for patients. No other trends identified.

FMEA in progress to evaluate, assess, and treat violent patients with the goal of de-escalating patients/ visitors and reducing harm to patients and staff. In addition, BHN FMEA participants are working on evaluating patients with underlying medical conditions which exhibit aggressive behavior.

| SAFETY CY20     | Q1 |
|-----------------|----|
| Safety Hazard   | 5  |
| Sharps Exposure | 5  |

### SAFETY CY20:

All sharps exposures resulted from needle sticks from either blood draws/ IVs or after injection of medication. Employee Health

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 1

|       |    |
|-------|----|
| Total | 10 |
|-------|----|

injection or medication. Employee Health APRN .is conducting staff education to reduce the number of needlesticks. All cases referred to employee health. No trends identified is regard to safety hazards.

### 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 movement under moderate sedation during Cath Lab procedure; appropriateness of anesthesia type**

**Opportunity:** Team to stop procedure when they feel uncomfortable, including tech, RN, surgeon, anesthesia.

**Actions:**

- Staff to speak up if concerned, uncomfortable, or see a safety issue (C.U.S.). Reinforce C.U.S. with anesthesia and cardiology providers.
- Anytime there is a deviation in process- patient moving on table exhibiting signs of pain anesthesiologist must respond promptly. If not immediately available, anesthesiologist carrying anesthesia phone (954-868-8552) should be called to assist.
- Anesthesia to initiate sedation upon cardiologist arrival to cath lab prior to surgical time-out and cardiologist to wait 2 minutes between injection of Lidocaine and incision.
- Order infusion pump for anesthesia/sedation in cath lab. Anesthesia providers will be in-serviced re: above.

**Monitor:**

Continue to review incident reports to track and trend data.





## RISK MANAGEMENT QUARTERLY REPORT QUARTER 2

| Occurrence Category CY20 | Q2  |
|--------------------------|-----|
| ADR                      | 6   |
| DELAY                    | 18  |
| FALL                     | 43  |
| HIPAAAPHI                | 3   |
| INFECTION                | 9   |
| LAB                      | 12  |
| MEDICATION               | 19  |
| PATCARE                  | 257 |
| PPID                     | 3   |
| SAFETY                   | 5   |
| SECURITY                 | 215 |
| SKINWOUND                | 96  |
| SURGERY                  | 13  |
| Total                    | 699 |

### OCCURRENCE CATEGORY CY20:

During the 2nd Quarter CY 2020, there were a total of 699 occurrence variance reports compared to 768 during the 1st Quarter CY 2020, reflecting a 9% decrease in occurrence reports from 1st Quarter. The overall Near Miss Occurrences during the 2nd Quarter CY 20 were 11, or 2% of overall occurrences. During part of the 2nd Quarter, the Covid-19 pandemic continued and elective surgeries were canceled, resulting in a decreased census. The goal continues to be increased reporting to discern trends in order to implement risk reduction measures.

| Inpatient Falls by Category CY20 | Q2 |
|----------------------------------|----|
| CONFUSED                         | 1  |
| FALL - OTHER                     | 0  |
| FALL ACCIDENTAL FALL             | 4  |
| FALL EASED TO FLOOR BY EMPLOYEE  | 3  |
| FALL FROM BED                    | 3  |
| FALL FROM BEDSIDE COMMODE        | 1  |
| FALL PATIENT FOUND ON FLOOR      | 9  |
| FALL PATIENT STATES              | 3  |
| FALL RETURNING TO BED            | 1  |
| FALL UNANTICIPATED PHYSIOLOGIC   | 2  |
| FALL WHILE AMBULATING            | 1  |
| Grand Total                      | 28 |

### INPATIENT FALLS BY CATEGORY CY20:

(Does not include Fall near misses). 28 falls in CY20Q2 compared to 32 in CY20Q1, with a rate of 1.5 with a benchmark of 2.61 (YTD 1.5). Robust Fall Prevention Action Plan in place by Nursing. One patient injury - displaced femur fracture (Not a HAC).

| HAPIs CY20  | Q2 |
|-------------|----|
| Stage 2     | 1  |
| Unstageable | 2  |
| DTI         | 2  |
| Total       | 5  |

### HAPIS CY20:

5 HAPIS, 2 of which are HACs. No trends. Rate of 0.16. Decrease in HAPIs from 6 in Q1 to 5 in Q2.

| MEDICATION VARIANCES CY20 | Q2 |
|---------------------------|----|
| Contraindication          | 1  |
| Control Drug Charting     | 1  |
| Delayed dose              | 3  |
| Extra Dose                | 2  |
| Improper Monitoring       | 1  |
| Omitted dose              | 2  |
| Other                     | 3  |
| Unsecured Medication      | 1  |
| Wrong route               | 2  |
| Wrong time                | 1  |
| Total                     | 17 |

### MEDICATION VARIANCES CY20:

**Near miss 2 vs Actual 17.** Rate of 0.01%. No Adverse Outcomes/Trends. Decrease in medication variances by 37% from 27 to 17.

Risk, nursing, and administration collaborate monthly to discuss medication variances, trends, and lessons learned from medication variances. Lessons learned are sent to managers to review with nursing staff.

| ADR CY20        | Q2 |
|-----------------|----|
| Allergy         | 4  |
| Cardiopulmonary | 1  |
| Miscellaneous   | 1  |
| Total           | 6  |

### ADR CY20:

6 ADRs with a rate of 0.01%. No Adverse outcomes/trends. Increase in ADR reporting from 4 in Q1 to 6 in Q2.

| SURGERY RELATED ISSUES CY20 | Q2 |
|-----------------------------|----|
| Surgical Count              | 2  |
| Surgery Delay               | 6  |
| Surgery/Procedure Cancelled | 1  |
| Surgical Complication       | 1  |
| Unplanned Return to OR      | 2  |
| Total                       | 12 |

### SURGERY RELATED ISSUES CY20:

Decrease in surgical incidents from 22 in Q1 to 12 in Q2, reflecting a 45% decrease. During part of Q2, elective surgeries were suspended, decreasing from our normal volume. One surgical complication which resulted in no adverse outcome. Unplanned return to surgery (ROS) due to re-exploration of new AV graft (embolectomy). Additional unplanned ROS

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 2

to treat injury to an adjacent vessel post-lap chole (informed consent completed with this as known risk). Increase in surgical delays from 2 in Q1 to 6 in Q2. Reasons for delays consisted of surgeon delay, consent issue, delay in lab draw, and equipment issue.

| SECURITY CY20               | Q2         |
|-----------------------------|------------|
| Aggressive behavior         | 3          |
| Arrest                      | 1          |
| Assault/Battery             | 10         |
| Code Assist                 | 87         |
| Code Elopement              | 9          |
| Code Strong                 | 1          |
| Contraband                  | 23         |
| Property Damaged/Missing    | 29         |
| Security Presence Requested | 42         |
| Threat of violence          | 1          |
| Trespass                    | 1          |
| Vehicle Accident            | 2          |
| Verbal Abuse                | 1          |
| <b>Total</b>                | <b>210</b> |

### SECURITY CY20:

210 Security occurrences in Q2 vs 175 in Q1, reflecting a 20% increase. Code Assists increased from 59 to 87 (47% increase). Security presence requested increased from 32 to 42, a 31% increase. During the 2nd quarter, majority of Code Assists were patients being aggressive/ disruptive and multiple codes called on the same patients. Decrease in Code Elopements from 15 to 9 (40% decrease). No other trends identified.

FMEA Actions are pending for staff to evaluate, assess, and treat violent patients with the goal of de-escalating patients/ visitors and reducing harm to patients and staff. In addition, BHN FMEA participants are working on evaluating patients with underlying medical conditions which exhibit aggressive behavior.

| SAFETY CY20     | Q2       |
|-----------------|----------|
| Code Red        | 1        |
| Safety Hazard   | 1        |
| Sharps Exposure | 3        |
| <b>Total</b>    | <b>5</b> |

**SAFETY CY20:** Decrease in Safety incidents from 10 in Q1 to 5 in Q2 (50% decrease). Decrease in sharps exposures from 5 in Q1 to 3 in Q2. No other trends identified.

### 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.)

#### Possible over-narcotization in PACU patients

**Opportunities:** Anesthesia to update order sets to reduce individual ordered dosages of narcotics in narcotic - naive or sensitive patients(elderly, obese, OSA, etc.) Nursing to use clinical judgement on narcotic administration in relation to patient status (opiate-naive, obese, OSA, elderly, etc.)

**Actions:** Anesthesia instructed on benefits of ordering reduced narcotic dosages or incremental dosages to prevent possible over-narcotization. Nursing to consult anesthesia regarding tailoring dosages/ increments to individualized patient assessments. Consideration for incorporating pain medication management with use of narcotics to annual competency for PACU staff.

#### Lost Specimen in Transit from BHN to BHMC

**Opportunities:** Develop tighter chain of custody for specimens packaged by BHN lab, picked up by Quality courier service and deliver to BHMC Central Processing department. Initiate barcode scanning of locked coolers for each point of contact. New standardized transportation process for BH Labs: Implement Locked coolers for specimen transport. Train staff, implement new process.

**Actions:** Barcode locked coolers for chain of custody. Purchased locked coolers which will be used for transportation of specimens between the regions. Go-live expected week of 8/10 or 8/17/2020 per Quality Transportation.

#### Patient slid off OR table during procedure

**Opportunities:** Clear communication between surgeon and nursing regarding surgical positioning (per BH policy). Consideration for use of supportive/ positioning devices on a case-by-case basis (i.e. additional straps and supports). Team to stop procedure when they feel uncomfortable, including tech, RN, surgeon, anesthesia.

**Actions:** Surgery Director to review Positioning policy with other BH surgical directors to ensure it aligns with current guidelines. Chief of Anesthesia to review Positioning policy to ensure it aligns with current guidelines. Staff to speak up if concerned, uncomfortable, or see a safety issue (C.U.S.). Reinforce CUS with anesthesia providers. Review with nursing (OR) staff to add documentation in nursing Intraoperative record for any incidents occurring in OR.



## RISK MANAGEMENT QUARTERLY REPORT QUARTER 3

| Occurrence Category CY20 | Q3  | %       |
|--------------------------|-----|---------|
| ADR                      | 5   | 0.52%   |
| DELAY                    | 33  | 3.43%   |
| FALL                     | 66  | 6.87%   |
| HIPAAAPHI                | 8   | 0.83%   |
| INFECTION                | 5   | 0.52%   |
| LAB                      | 10  | 1.04%   |
| MEDICATION               | 36  | 3.75%   |
| PATCARE                  | 333 | 34.65%  |
| PATRIGHT                 | 1   | 0.10%   |
| PPID                     | 6   | 0.62%   |
| SAFETY                   | 10  | 1.04%   |
| SECURITY                 | 327 | 34.03%  |
| SKINWOUND                | 104 | 10.82%  |
| SURGERY                  | 17  | 1.77%   |
| Grand Total              | 961 | 100.00% |

**OCCURRENCE CATEGORY CY20:** Increase in occurrence variance reports from 699 in Q2 to 961 in Q3, reflecting a 37% increase. During the second quarter, the Covid-19 pandemic continued and elective surgeries were canceled, resulting in a decreased census. In Q3, elective surgeries resumed and census increased. The overall Near Miss Occurrences during the 3rd Quarter CY 20 were 28, or 3% of overall occurrences. The goal continues to be increased reporting to discern trends in order to implement risk reduction measures.

| Inpatient Falls by Category CY20 | Q3 |
|----------------------------------|----|
| Eased to Floor by Employee       | 6  |
| Found on Floor                   | 33 |
| From Bed                         | 5  |
| From Chair                       | 1  |
| While Ambulating                 | 3  |
| Total                            | 48 |

**INPATIENT FALLS BY CATEGORY CY20:** (Does not include Fall near misses). 48 falls in CY20Q3 compared to 28 in CY20Q2, a 71% increase. Rate of 2.4 with a benchmark of 2.61 (YTD 1.9). Two patient injuries - one femoral fracture and one nasal bone fracture. BHN has transitioned from discussing falls during the monthly Nurse Leadership Harm meeting to a stand-alone committee consisting of a multidisciplinary team to investigate and implement risk reduction measures.

| HAPIs CY20 | Q3 |
|------------|----|
| Stage 2    | 1  |
| DTI        | 6  |
| Total      | 7  |

**HAPIS CY20:** Increase from 5 HAPIs in Q2 to 7 in Q3. Rate 0.39. Four out of seven occurred in ICU settings and two in the trauma unit. Increase in medical device-related pressure injuries due to number of patients on vents and in prone position. Education provided to SWAT team and management on prevention techniques.

| MEDICATION VARIANCES CY20 | Q3 |
|---------------------------|----|
|---------------------------|----|

**MEDICATION VARIANCES CY20:**

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 3

|                                |    |
|--------------------------------|----|
| Contraindication               | 2  |
| Control Drug Discrepancy-count | 1  |
| Delayed dose                   | 7  |
| Extra Dose                     | 3  |
| Missing/Lost Medication        | 1  |
| Omitted dose                   | 8  |
| Other                          | 4  |
| Prescriber Error               | 1  |
| Unsecured Medication           | 1  |
| Wrong dose                     | 1  |
| Wrong Drug or IV Fluid         | 3  |
| Wrong frequency or rate        | 2  |
| Wrong time                     | 2  |
| Total                          | 36 |

**Near miss 2 vs Actual 34 (total 36).** Rate of 0.01%. No Adverse Outcomes/Trends. Increase in medication variances by 100% from 17 to 34. Increase in HAS amount consistent with trend of increased reports overall. Risk, nursing, and administration collaborate monthly to discuss medication variances, trends, and lessons learned from medication variances. Lessons learned now created into videos produced and starred in by pharmacy staff and sent out to all BHN in CEO newsletter as well as played on tv outside of main hospital elevators.

| ADR CY20        | Q3 |
|-----------------|----|
| Allergy         | 2  |
| Cardiopulmonary | 1  |
| Miscellaneous   | 2  |
| Total           | 5  |

**ADR CY20:** 5 ADRs with a rate of 0.02.

| SURGERY RELATED ISSUES CY20     | Q3 |
|---------------------------------|----|
| Anesthesia Complication         | 1  |
| Consent Issues                  | 3  |
| Extubation/Intubation           | 2  |
| Puncture or Laceration          | 1  |
| Sponge/Needle/Instrument Issues | 1  |
| Sterile field contaminated      | 1  |
| Surgical Count                  | 1  |
| Surgery Delay                   | 2  |
| Surgery/Procedure Cancelled     | 1  |
| Surgical Complication           | 2  |
| Unplanned Return to OR          | 2  |
| Total                           | 17 |

### **SURGERY RELATED ISSUES CY20:**

17 Surgical-related issues (15 actual vs 2 near miss). Increase by 42% since quarter 2, likely related to increase in elective procedures since Covid surgical restriction lifted. No trends identified. One surgical complication due to burn from drill, which was removed and checked by rep. Second complication related to hematoma formation post thyroid/parathyroidectomy; informed consent complete including bleeding and related procedures. One unplanned return to OR related to puncture enterotomy from VP shunt placement; informed consent complete. Second unplanned return to OR related to migration of surgical screw, a known risk of procedure. Informed consent complete.

| SECURITY CY20               | Q3  |
|-----------------------------|-----|
| Access control              | 2   |
| Aggressive behavior         | 9   |
| Assault/Battery             | 8   |
| Code Assist                 | 138 |
| Code Elopement              | 19  |
| Contraband                  | 25  |
| Criminal Event              | 1   |
| Property Damaged/Missing    | 36  |
| Security Presence Requested | 80  |
| Smoking Issues              | 3   |
| Threat of violence          | 4   |
| Trespass                    | 1   |
| Verbal Abuse                | 1   |
| Total                       | 327 |

### **SECURITY CY20:**

Increase in security occurrences from 210 in Q2 to 327 in Q3, reflecting a 56% increase. Code Assists increased from 87 to 138 (59% increase). Security presence requested increased from 42 to 80, a 90% increase. Majority of the Code Assists were caused by aggressive/disruptive patients, patient confusion, and agitated/noncompliant patients. No other trends identified.

| SAFETY CY20 | Q3 |
|-------------|----|
|-------------|----|

**SAFETY CY20:** Increase in safety occurrences from

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 3

|                   |    |
|-------------------|----|
| Electrical Hazard | 1  |
| Safety Hazard     | 8  |
| Sharps Exposure   | 1  |
| Total             | 10 |

5 in Q2 to 10 in Q3. Two near miss vs 8 actual. One electrical hazard involving a damaged light switch resulting in the breaker tripping. Light switch was replaced, proper operation verified and no damage. No trends noted in the safety hazards.

**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. 82 y/o male transferred to BHN from another BH hospital several hours after confirmation of Brain Attack and a acceptance by BHN.

Opportunity: Timeliness of obtaining a medical attending.

Actions: Admit a transferred Brain Attack patient to Neuro Interventionalist in order to expedite procedure until confirming admitting physician for Priority One Transfers.

2. 76 y/o female presented to BHN with upper extremity weakness CT Brain confirmed Brain Attack on-call Neuro Interventionalist currently in procedure at BHN. Neuro Interventionalist at BHMC directed patient be transferred to BHMC.

Opportunity: Non-compliance with Comprehensive Stroke Center requirements caring for concurrent Brain Attacks.

Actions: Policy/Algorithm developed Corporate-wide on triaging and managing simultaneous Brain Attacks.

3. 28 y/o female with Hx Diabetes, Gastroparesis, Depression, Anxiety and prior Suicide Attempt sustained a self-inflicted injury neck and wrist laceration (non-life threatening) while in care of BHN.

Opportunity: Patient entered hospital with weapons in her possession (switchblades)

Actions: Consideration for wand patient's belongings in ED and questioning whether they are in possession of any weapons.

4. 57 y/o male presented to ED with open ankle fracture S/P fall at home while intoxicated. Patient underwent repair of ankle fracture/dislocation Morphine ordered for pain control initially effective subsequently ineffective and a 1x order for breakthrough pain provided Dilaudid 2mg and a Pain Consult . 18 minutes following administration pt resting comfortably in bed denies pain. Approximately 45 minutes later pt found unresponsive Code Blue ROSC achieved Anoxic Brain Injury subsequently Dx.

Opportunity: To take into consideration opiate naive patients potential reaction to narcotics specifically respiratory suppression also consideration for obstructive sleep apnea based on patient's body habitus.

Actions: Pharmacy replaced Dilaudid 2mg doses with 1 mg (2mg no longer orderable, system-wide initiative)

Incorporate STOP-Bang assessment to assess for underlying OSA for all patients system-wide with alerts /orders/etc.

In an abundance of caution case reported to AHCA as a Code 15 as other potential contributory factors such as a potential pulmonary embolus per chart review.

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 4

| Occurrence Category CY20 | Q4  | %    |
|--------------------------|-----|------|
| ADR                      | 1   | 0%   |
| DELAY                    | 35  | 4%   |
| FALL                     | 42  | 5%   |
| HIPAAAPHI                | 3   | 0%   |
| INFECTION                | 7   | 1%   |
| LAB                      | 11  | 1%   |
| MEDICATION               | 34  | 4%   |
| PATCARE                  | 341 | 39%  |
| PATRIGHT                 | 2   | 0%   |
| PPID                     | 1   | 0%   |
| SAFETY                   | 15  | 2%   |
| SECURITY                 | 302 | 34%  |
| SKINWOUND                | 65  | 7%   |
| SURGERY                  | 23  | 3%   |
| Grand Total              | 882 | 100% |

**OCCURRENCE CATEGORY CY20Q4:** Decrease in occurrence variance reports from 961 in Q3 to 882 in Q4, reflecting an 8% decrease. Falls decreased from 66 to 42, a 36% decrease. Security occurrences decreased from 327 to 302, an 8% decrease. Skin/wound decreased from 104 to 65, a 37% decrease. The overall Near Miss Occurrences during the 4th Quarter CY 20 were 18, or 2% of overall occurrences. The goal continues to be increased reporting to discern trends in order to implement risk reduction measures.

| Inpatient Falls by Category CY20 | Q4 |
|----------------------------------|----|
| Eased to Floor by Employee       | 4  |
| Found on Floor                   | 22 |
| From Bed                         | 1  |
| From Chair                       | 1  |
| While Ambulating                 | 2  |
| Total                            | 30 |

**INPATIENT FALLS BY CATEGORY CY20Q4:** (Does not include Fall near misses). 30 falls in CY20Q4 compared to 48 in Q3, a 38% decrease. Rate of 1.6 with a benchmark of 2.61 (YTD 1.8). One injury occurring in December resulting in a hip fracture with subsequent surgery. BHN has transitioned from discussing falls during the monthly Nurse Leadership Harm meeting to a stand-alone committee consisting of a multidisciplinary team to investigate and implement risk reduction measures. Staff members also meet with CNO after falls to discuss opportunities.

| HAPIs CY20 | Q4 |
|------------|----|
| DTI        | 1  |
| Unstagable | 1  |
| Total      | 2  |

**HAPIS CY20Q4:** Decrease from 7 HAPIs in Q3 to 2 in Q4. Rate 0.10. The increase in Q3 HAPIs was largely in the ICU setting and due to medical device-related pressure injuries due to number of patients on vents and in prone position. SWAT team was provided education on proper management and prevention techniques, who then educated staff on each floor. Neither HAPI in Q4 was in an ICU.



## RISK MANAGEMENT QUARTERLY REPORT QUARTER 4

| MEDICATION VARIANCES CY20               | Q4 |
|---|----|
| Control Drug Discrepancy-Count          | 1  |
| Control Drug Discrepancy- Investigation | 1  |
| Contraindication                        | 2  |
| Delayed Dose                            | 6  |
| Extra Dose                              | 1  |
| Missing/Lost Medication                 | 2  |
| Omitted Dose                            | 3  |
| Other                                   | 1  |
| Pyxis Count Discrepancy                 | 1  |
| Wrong Dose                              | 2  |
| Wrong Frequency or Rate                 | 2  |
| Wrong Drug or IV Fluid                  | 1  |
| Wrong Route                             | 1  |
| Wrong Time                              | 2  |
| Total                                   | 26 |

**MEDICATION VARIANCES CY20Q4:** Near miss 8 vs Actual 26 (total 34). Rate of 0.01%. No Adverse Outcomes/Trends. Decrease in medication variances by 28%, from 36 to 26. Decrease in HAS amount consistent with trend of decreased reports overall. Risk, nursing, and administration collaborate monthly to discuss medication variances, trends, and lessons learned from medication variances. Lessons learned created into videos produced and starred in by pharmacy staff and sent out to all BHN in CEO newsletter as well as played on tv outside of main hospital elevators. No adverse outcomes.

| ADR CY20        | Q4 |
|-----------------|----|
| Cardiopulmonary | 1  |
| Total           | 1  |

**ADR CY20Q4:** 1 ADR with a rate of 0.00. No adverse outcome.

| SURGERY RELATED ISSUES CY20     | Q4 |
|---------------------------------|----|
| Consent Issue                   | 1  |
| Exubation/Intubation            | 1  |
| Sponge/Needle/Instrument Issues | 4  |
| Surgical Count                  | 1  |
| Surgery Delay                   | 5  |
| Surgery/Procedure Cancelled     | 1  |
| Surgical Complication           | 4  |
| Tooth Damaged/Dislodged         | 1  |
| Unplanned Return to OR          | 3  |
| Total                           | 21 |

**SURGERY RELATED ISSUES CY20Q4:** 21 Surgical-related issues in Q4 compared to 15 in Q3, a 29% increase. No trends identified. Three unplanned return to OR incidents related to known risks of procedure which were then corrected. Good catch by RN who identified difference in scheduled procedure vs consented procedure-- RN discussed with surgeon and error was corrected.

| SECURITY CY20               | Q4  |
|-----------------------------|-----|
| Access control              | 2   |
| Aggressive behavior         | 2   |
| Assault/Battery             | 8   |
| Code Assist                 | 136 |
| Code Elopement              | 13  |
| Code Strong                 | 1   |
| Contraband                  | 29  |
| Criminal Event              | 2   |
| Property Damaged/Missing    | 21  |
| Security Presence Requested | 77  |
| Smoking Issues              | 2   |
| Threat of violence          | 3   |
| Trespass                    | 1   |
| Verbal Abuse                | 1   |
| Total                       | 298 |

**SECURITY CY20Q4:** Decrease in security occurrences from 327 in Q3 to 298 in Q4, reflecting a 9% decrease. Property decreased from 36 to 21, a positive trend. Code assists remained similar- 138 in Q3 vs 136 in Q4. Majority of the Code Assists were caused by aggressive/disruptive patients and agitated/noncompliant patients. No other trends identified.

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 4

| SAFETY CY20        | Q4 |
|--------------------|----|
| Biohazard Exposure | 2  |
| Code Red           | 2  |
| Safety Hazard      | 6  |
| Sharps Exposure    | 6  |
| Total              | 16 |

**SAFETY CY20Q4:** Increase in safety occurrences from 10 in Q3 to 15 in Q4. One Code Red was from repair work and one due to steam cleaning. Increase in sharps exposure from 1 in Q3 to 6 in Q4. All sharps exposures forwarded to Employee Health for employee follow-up/ tracking and trending and is reported out in EOC and followed by Safety Officer. Per the BHN Employee Health review, the only common thread was involving two with the new insulin syringes, and their safety devices. (Previous syringe on backorder). Employee Health communicates with Clinical Education for additional needle safety HealthStream education after each and every needle stick. Director of Nursing completed in-services on every floor and instructed NMs to add to huddles. No trends noted in the safety hazards.

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**1. November 2020: Regional staff education by attorney Rosemarie Antonacci-Pollock, Esq: "Good Documentation: Practices to avoid the medical malpractice trap: Effective documentation in the era of electronic medical records"**

**Objectives:** To identify practice issues that often lead to litigation; to review documentation strategies to reduce the risk of litigation and better defend care in the event of litigation.

**2. Code 15: BHN reported Deerfield Ambulatory Surgery Center in an abundance of caution. Patient presented to BHN's ED in cardiac arrest s/p cervical epidural steroid injection under MAC sedation. Surgery Center planned to self-report.**

**3. Convalescent plasma ordered on incorrect patient and transfusion initiated**

**Opportunities:** Lack of understanding of updated blood transfusion order entry process by providers; Lack of clarity for convalescent plasma administration requirements; Inconsistency between transfusion and blood obtain order components (form); Inconsistent nursing chart checks; Reinforce C.U.S./ Chain of Command

**Actions:** Re-distribute/reinforce Blood Transfusion order entry update to Medical Staff; Dr. Heggur/ClinEd to provide updates on convalescent plasma administration details and requirements ; Lab to request addition of convalescent plasma to products and Covid-19 to reason; Reinforce chart checks in Nursing Leadership for respective NMs to reinforce; Review C.U.S./Chain of Command at huddles.