

## Monthly OVR Report CY20

OCCURRENCE CATEGORY CY2020	Jan	Feb	Mar	1st Qtr	%	Apr	May	June	2nd Qtr	%	July	Aug	Sept	3rd Qtr	%	Oct	Nov	Dec	4th Qtr	%	Total CY20	%
ADR	0	2	0	2	1%	0	1	1	2	1%	1	0	1	2	1%	0	2	0	2	1%	8	0.6%
DELAY	6	37	19	62	17%	7	2	7	16	6%	11	3	9	23	7%	10	13	6	29	9%	130	10%
FALL	25	10	19	54	15%	9	10	11	30	10%	12	23	11	46	14%	11	10	8	29	9%	159	12%
HIPAAAPHI	1	0	2	3	1%	1	1	0	2	1%	0	0	0	0	0%	1	0	0	1	0%	6	0%
INFECTION	0	0	5	5	1%	9	1	2	12	4%	2	0	3	5	2%	0	1	4	5	2%	27	2%
LAB	12	14	4	30	8%	14	19	14	47	16%	18	13	11	42	13%	10	12	14	36	11%	155	12%
MEDICATION	7	8	12	27	7%	9	3	10	22	8%	13	9	8	30	9%	9	5	10	24	7%	103	8%
OBDELIVER	5	8	4	17	5%	4	5	4	13	5%	4	7	3	14	4%	1	8	6	15	5%	59	5%
PATCARE	28	26	19	73	20%	16	14	25	55	19%	26	17	13	56	17%	21	25	32	78	24%	262	20%
PATRIGHT	0	0	0	0	0%	0	0	0	0	0%	0	0	1	1	0%	0	0	0	0	0%	1	0%
PPID	3	1	1	5	1%	0	3	0	3	1%	7	3	4	14	4%	1	3	0	4	1%	26	2%
SAFETY	6	2	8	16	4%	7	2	4	13	5%	0	2	8	10	3%	2	5	3	10	3%	49	4%
SECURITY	14	12	18	44	12%	19	21	17	57	20%	30	27	14	71	21%	19	15	25	59	18%	231	18%
SKINWOUND	4	5	1	10	3%	1	2	3	6	2%	2	2	1	5	2%	2	1	2	5	2%	26	2%
SURGERY	6	6	7	19	5%	3	4	1	8	3%	6	3	5	14	4%	10	12	3	25	8%	66	5%
OTHER	0	0	0	0	0%	0	0	0	0	0%	0	0	0	0	0%	0	0	0	0	0%	0	0%
Totals	117	131	119	367	100%	99	88	99	286	100%	132	109	92	333	100%	97	112	113	322	100%	1308	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
INFECTION	0	0	1	1	0	0	0	0	1	0	0	1	0	0	0	0	2
LAB	3	0	0	3	2	3	2	7	1	1	1	3	1	1	2	4	17
MEDICATION	2	3	2	7	2	2	3	7	4	2	3	9	0	1	3	4	27
PATCARE	1	0	3	4	0	0	0	0	0	1	0	1	0	0	1	1	6
PPID	1	0	0	1	0	3	0	3	0	1	0	1	0	1	0	1	6
SAFETY	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1
SURGERY	1	0	0	1	0	3	0	3	0	0	1	1	1	1	2	4	9
OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	8	3	6	17	4	11	5	20	6	5	5	16	2	5	8	15	68
PD + SSD	4,793	4,930	4,213	13936	3492	3683	3387	10562	4819	4554	4,212	13585	4,493	4,457	5,163	14113	52196
Target: >= 2.3 per 1000 PD	1.67	0.61	1.42	1.22	1.15	2.99	1.48	1.89	1.25	1.10	1.19	1.18	0.45	1.12	1.55	1.06	1.30

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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 CY20
DELAYED DOSE	0	2	2	4	1	1	0	2	1	0	1	2	2	1	2	5	13
CONTROL DRUG CHARTING	0	0	0	0	0	0	0	0	1	2	0	3	0	0	0	0	3
CONTROL DRUG DISCREPANCY-COUNT	0	0	0	0	0	0	2	2	0	0	0	0	1	0	0	1	3
CONTROL DRUG DIVERSION/SUSPICION	0	0	0	0	1	0	0	1	1	1	0	2	0	0	0	0	3
eMAR- TRANSCRIPTION/PROCEDURE	1	0	1	2	0	0	0	0	0	0	0	0	1	0	0	1	3
EXPIRED MEDICATION	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1
EXTRA DOSE	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1
IMPROPER MONITORING	1	0	0	1	3	0	0	3	0	0	0	0	2	0	0	2	6
LABELING ERROR	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1
MISSING/LOST MEDICATION	0	0	0	0	0	0	0	0	1	0	0	1	0	1	2	3	4
OMITTED DOSE	0	0	0	0	0	0	1	1	0	0	2	2	0	0	0	0	3
PRESCRIBER ERROR	0	0	0	0	0	0	0	0	2	0	0	2	0	0	0	0	2
PYXIS COUNT DISCREPANCY	1	0	0	1	0	1	0	1	0	0	1	1	0	0	0	0	3
PYXIS FALSE STACKOUT	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1
PYXIS MISS FILL	0	0	1	1	2	0	1	3	0	0	0	0	0	0	0	0	4
RETURN BIN PROCESS ERROR	0	2	1	3	0	0	1	1	1	1	0	2	0	0	0	0	6
SCAN FAILED	0	0	1	1	0	1	0	1	0	0	0	0	0	0	1	1	3
SELF-MEDICATING	0	0	1	1	0	0	0	0	0	0	0	0	1	1	0	2	3
UNORDERED DRUG	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1
UNSECURED MEDICATION	1	0	0	1	0	0	1	1	1	0	0	1	0	0	1	1	4
WRONG CONCENTRATION	0	2	0	2	0	0	0	0	0	3	0	3	0	1	0	1	6
WRONG DOSE	2	1	2	5	1	0	2	3	1	1	0	2	0	0	0	0	10
WRONG DRUG OR IV FLUID	0	1	0	1	0	0	0	0	1	0	1	2	0	0	0	0	3
WRONG FREQUENCY OR RATE	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1
WRONG PATIENT	0	0	1	1	0	0	0	0	0	0	0	0	1	0	1	2	3
WRONG ROUTE	1	0	0	1	0	0	0	0	1	0	0	1	0	1	0	1	3
WRONG TIME	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1
OTHER	0	0	2	2	1	0	1	2	0	0	1	1	0	0	3	3	8
Totals	7	8	12	27	9	3	10	22	13	9	8	30	9	5	10	24	103

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	1	0	0	1	2%	0	0	0	0	0%	1	1	3	5	22%	0	0	0	0	0%	6	5%
COMMUNICATION-FAILURE/DELAY TO PHYS/PAL/IF	1	1	0	2	3%	0	0	1	1	6%	2	0	1	3	13%	1	3	1	5	17%	11	8%
CONSULT/RESPONSE/FOLLOW UP	0	0	1	1	2%	1	0	1	2	13%	2	1	1	4	17%	1	1	0	2	7%	9	7%
DELAY-ORDERS NOT COMPLETED	0	30	15	45	73%	2	1	2	5	31%	0	1	1	2	9%	3	1	2	6	21%	58	45%
DELAY-PHYSICIAN ORDERS	2	1	1	4	6%	0	0	1	1	6%	3	0	1	4	17%	1	7	1	9	31%	18	14%
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-REGISTRATION/ADMISSION/INSURANCE	0	3	0	3	5%	1	1	0	2	13%	1	0	0	1	4%	1	0	1	2	7%	8	6%
DELAY- STROKE/BRAIN ALERT	0	0	0	0	0%	0	0	0	0	0%	1	0	0	1	4%	0	0	0	0	0%	1	1%
DELAY IN ANCILLARY AREAS,i.e LAB,RADIOLOGY	2	2	2	6	10%	2	0	2	4	25%	1	0	2	3	13%	1	1	1	3	10%	16	12%
ORDERS COMPLETED-NO PHYSICIAN ORDERS	0	0	0	0	0%	0	0	0	0	0%	0	0	0	0	0%	1	0	0	1	3%	1	1%
OTHER	0	0	0	0	0%	0	0	0	0	0%	0	0	0	0	0%	0	0	0	0	0%	0	0%
Totals	6	37	19	62	100%	7	2	7	16	100%	11	3	9	23	100%	10	13	6	29	100%	130	100%
PD + SSD	4793	4930	4213	13936		3492	3683	3387	10562		4819	4554	4212	13585		4493	4457	5163	14113		52196	
< 1.0 per 1000 patient days	1.25	7.51	4.51	4.45		2.00	0.54	2.07	1.51		2.28	0.66	2.14	1.69		2.23	2.92	1.16	2.05		2.5	

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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
MATERNAL COMPLICATIONS	0	2	0	2	1	0	0	1	0	0	0	0	0	0	0	0	3
BIRTH TRAUMA	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1
NEONATAL COMPLICATIONS-ADMIT NICU	1	0	0	1	0	0	0	0	0	1	0	1	0	0	0	0	2
NEONATAL COMPLICATIONS-APGAR <5 @ 5MIN	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1
FETAL DISTRESS	0	0	0	0	1	0	0	1	0	1	0	1	0	0	0	0	2
FETAL/MATERNAL DEMISE	0	0	0	0	0	0	0	0	0	2	0	2	0	1	1	2	4
POSTPARTUM HEMORRHAGE	0	0	1	1	0	0	0	0	0	0	0	0	0	3	1	4	5
RN ATTEND DELIVERY	4	6	2	12	2	4	4	10	1	2	1	4	1	3	2	6	32
SHOULDER DYSTOCIA	0	0	1	1	0	1	0	1	1	0	1	2	0	1	1	2	6
SURGICAL COUNT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
UNPLANNED PROCEDURE	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1
OTHER	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1
Totals	5	8	4	17	4	5	4	13	4	7	3	14	1	8	6	15	59

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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 CY20
ANESTHESIA COMPLICATION	0	0	0	0	2	0	0	2	1	0	0	1	0	0	0	0	3
CONSENT ISSUES	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0	1	2
EXTUBATION/INTUBATION	0	0	0	0	0	0	0	0	1	1	0	2	0	1	0	1	3
POSITIONING ISSUES	1	1	1	3	0	1	0	1	0	0	0	0	0	1	0	1	5
PUNCTURE OR LACERATION	0	0	1	1	0	0	0	0	1	0	0	1	0	0	0	0	2
RETAINED FOREIGN BODY	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0	1	2
SPONGE/NEEDLE/INSTRUMENT ISSUES	1	0	0	1	0	1	0	1	0	0	0	0	0	0	1	1	3
STERILE FIELD CONTAMINATED	0	0	0	0	0	1	0	1	0	0	0	0	1	0	0	1	2
SURGICAL COUNT	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1
SURGERY DELAY	0	2	3	5	0	1	0	1	0	1	1	2	4	2	0	6	14
SURGERY/PROCEDURE CANCELLED	1	1	0	2	0	0	0	0	2	1	2	5	2	3	2	7	14
SURGICAL COMPLICATION	0	1	1	2	1	0	1	2	0	0	0	0	0	2	0	2	6
TOOTH DAMAGED/DISLODGED	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1
UNPLANNED RETURN TO OR	1	1	0	2	0	0	0	0	0	0	1	1	3	0	0	3	6
UNPLANNED SURGERY	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1
WRONG PATIENT	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1
OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	6	6	7	19	3	4	1	8	6	3	5	14	10	12	3	25	66

## Monthly OVR Report CY20

SECURITY	Jan	Feb	Mar	1st Qtr	Apr	May	June	2nd Qtr	July	Aug	Sept	3rd Qtr	Oct	Nov	Dec	4th Qtr	Total CY20
ACCESS CONTROL	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2
AGGRESSIVE BEHAVIOR	2	0	0	2	5	2	1	8	3	0	1	4	1	2	2	5	19
ASSAULT/BATTERY	2	0	0	2	0	1	1	2	2	0	1	3	0	1	1	2	9
CODE ASSIST	3	3	2	8	5	7	8	20	16	13	8	37	6	4	4	14	79
CODE ELOPEMENT	1	0	1	2	0	0	0	0	0	0	0	0	0	3	0	3	5
CONTRABAND	0	1	3	4	1	1	1	3	0	5	1	6	5	2	4	11	24
PROPERTY DAMAGED/MISSING	3	4	7	14	5	7	2	14	7	6	3	16	6	3	14	23	67
SECURITY PRESENCE REQUESTED	2	3	3	8	2	2	2	6	1	1	0	2	0	0	0	0	16
THREAT OF VIOLENCE	1	0	0	1	1	0	1	2	1	1	0	2	0	0	0	0	5
TRESPASS	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1
VERBAL ABUSE	0	1	0	1	0	1	1	2	0	1	0	1	0	0	0	0	4
OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	14	12	18	44	19	21	17	57	30	27	14	71	19	15	25	59	231

SAFETY	Jan	Feb	Mar	1st Qtr	Apr	May	June	2nd Qtr	July	Aug	Sept	3rd Qtr	Oct	Nov	Dec	4th Qtr	Total CY20
BIOHAZARD EXPOSURE	0	0	4	4	0	0	0	0	0	0	0	0	0	1	1	2	6
CODE RED	0	0	0	0	0	0	0	0	0	1	1	2	0	0	0	0	2
FIRE/SMOKE/DRILL	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1
SAFETY HAZARD	4	1	3	8	0	0	3	3	0	1	3	4	1	3	2	6	21
SHARPS EXPOSURE	2	1	1	4	7	2	0	9	0	0	4	4	1	1	0	2	19
OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	6	2	8	16	7	2	4	13	0	2	8	10	2	5	3	10	49

OUTPATIENT, VISITOR, ED FALLS	Jan	Feb	Mar	1st Qtr	Apr	May	June	2nd Qtr	July	Aug	Sept	3rd Qtr	Oct	Nov	Dec	4th Qtr	Total CY20
EASED TO FLOOR BY EMPLOYEE	2	1	4	7	1	0	0	1	0	1	1	2	0	0	0	0	10
EASED TO FLOOR BY NON EMPLOYEE	0	0	1	1	0	1	0	1	0	0	0	0	0	0	0	0	2
FOUND ON FLOOR	8	3	9	20	6	4	3	13	8	11	3	22	0	0	0	0	55
FROM BED	3	0	1	4	1	0	0	1	1	4	1	6	0	0	0	0	11
FROM BEDSIDE COMMUNE	2	1	1	4	0	1	0	1	1	1	1	3	0	0	0	0	8
FROM CHAIR	0	0	0	0	0	1	0	1	0	3	0	3	0	0	0	0	4
FROM EQUIPMENT, i.e STRETCHER, TABLE, etc.	1	0	0	1	0	0	0	0	0	0	0	0	2	0	0	2	3
FROM TOILET	0	0	1	1	0	0	1	1	0	0	0	0	0	0	0	0	2
PATIENT STATES	0	0	1	1	0	0	0	0	1	0	0	1	1	0	0	1	3
SIDEWALK	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1
SLIP	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	2
TRIP	1	1	0	2	0	1	2	3	0	3	3	6	2	0	0	2	13
VISITOR FALL WHILE AMBULATING	1	0	0	1	0	0	2	2	0	0	0	0	0	0	0	0	3
VISITOR STATES	3	2	0	5	0	1	0	1	0	0	0	0	0	0	0	0	6
WHILE AMBULATING	4	2	1	7	1	0	1	2	1	0	2	3	1	0	1	2	14
Totals	25	10	19	54	9	10	11	30	12	23	11	46	6	0	1	7	137

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 1

Occurrence Category CY20	Q1	%
ADR	2	1%
DELAY	62	17%
FALL	54	15%
HIPAAAPHI	3	1%
INFECTION	5.00	1%
LAB	30	8%
MEDICATION	27	7%
OBDELIVER	17	5%
PATCARE	73	20%
PPID	5	1%
SAFETY	16	4%
SECURITY	44	12%
SKINWOUND	10	3%
SURGERY	19	5%
Grand Total	367	100%

### OCCURRENCE CATEGORY CY20:

Falls were Inpatient 42, Outpatient 3, Visitors 8 and 1 in the Emergency Room.

Inpatient Falls by Category CY20	Q1
EASED TO FLOOR BY EMPLOYEE	4
EASED TO FLOOR BY NON EMPLOYEE	1
FOUND ON FLOOR	20
FROM BED	4
FROM BEDSIDE COMMODE	4
FROM TOILET	1
PATIENTS STATES	1
WHILE AMBULATING	7
Grand Total	42

### INPATIENT FALLS BY CATEGORY CY20:

During this 1st Quarter, a patient fell from a wheelchair, while being moved from MRI. Upon investigation, it was revealed that the patient was not properly secured prior to the MRI procedure. Measures taken included instituting and educating the Transport staff, that such patients should be transported via stretcher, and relevant information should be included in handoff.

OB DELIVERY CY20	Q1
MATERNAL COMPLICATIONS	2
NEONATAL COMPLICATIONS- ADMIT NICU	1
POSTPARTUM HEMORRHAGE	1
RN ATTEND DELIVERY	12
SHOULDER DYSTOSIA	1
Grand Total	17

### OB DELIVERY CY20:

Rapid progression of labor is identified as the root cause for *RN Attend* MDs are contacted, but are not present in time for delivery. **There were adverse outcomes. For delays greater than 30 minutes**, a referral to Management for review, track and trend is initiated

HAPIs CY20	Q1
PRESSURE INJURY-ACQUIRED	3
Grand Total	3

### HAPIS CY20:

This category involved an incident where a patient presented on admission with a healed sacral pressure ulcer. Patient states this is a **chronic wound**. On admission, the patient was intact, and every nurse followed suit and documented a thorough assessment. As a result, this progressed to a **Stage III decubiti**. This event was reviewed and the importance of performing a thorough assessment with staff.

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 1

MEDICATION VARIANCES CY20	Q1
DELAYED DOSE	4
eMAR-TRANSCRIPTION/PROCEDURE	2
IMPROPER MONITORING	1
PYXIS COUNT DISCREPANCY	1
PYXIS MISS FILL	1
RETURN BIN PROCESS ERROR	3
SCAN FAILED	1
SELF-MEDICATING	1
UNSECURED MEDICATION	1
WRONG CONCENTRATION	2
WRONG DOSE	5
WRONG DRUG OR IV FLUID	1
WRONG PATIENT	1
WRONG ROUTE	1
OTHER	2
Grand Total	27

### MEDICATION VARIANCES CY20:

All Medication Variances are reviewed at the Medication Safety Commr and the P & T Committee. These review identify quality improvement opportunities and recommendations are addressed collectively by all r

ADR CY20	Q1
ALLERGY	1
NEURO	1
Grand Total	2

### ADR CY20:

ADR events are reviewed for *Hospital Related* versus *Present on Admis*. a confirmed allergic reaction, the patient's record is updated in Cerner t

SURGERY RELATED ISSUES CY20	Q1
CONSENT ISSUES	1
POSITIONING ISSUES	3
PUNCTURE OR LACERATION	1
RETAINED FOREIGN BODY	1
SPONGE/NEEDLE/INSTRUMENT ISSUES	1
SURGICAL COUNT	1
SURGERY DELAY	5
SURGERY/PROCEDURE CANCELLED	2
SURGICAL COMPLICATION	2
UNPLANNED RETURN TO OR	2
Grand Total	19

### SURGERY RELATED ISSUES CY20:

Regarding *Retained Foreign Body*, X-rays were negative for *foreign body/needle (9-0 needle)*.

SECURITY CY20	Q1
ACCESS CONTROL	2
AGGRESSIVE BEHAVIOR	2
ASSAULT/BATTERY	2
CODE ASSIST	8
CODE ELOPEMENT	2
CONTRABAND	4
PROPERTY DAMAGED/MISSING	14
SECURITY PRESENCE REQUESTED	8
THREAT OF VIOLENCE	1
VERBAL ABUSE	1
Grand Total	44

### SECURITY CY20:

Regarding *Property Damaged/Missing*, staff provides patient education securing personal property, with emphasis on sending their belongings

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 1

SAFETY CY20	Q1
BIOHAZARD EXPOSURE	4
SAFETY HAZARD	8
SHARPS EXPOSURE	4
Grand Total	16

### SAFETY CY20:

Occurrences related to staff and LIPs *Exposures* are referred to Employee Health for management and confidentiality.

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.)

### BHCS Falls Safety Measures:

Continue to encourage and reinforce the need for purposeful rounding.  
Continue to educate on the Morse Fall Risk Scale Score.  
Continue to reinforce the need for thorough and proper patient assessment.  
Medications review by decentralized pharmacists post-fall, to provide real time review.  
All patient's receiving sedatives prior to a procedure, should be transported via stretcher, not wheelchair.

### INTENSE ANALYSIS On Incorrect Medication Dose- (Morphine):

#### Scenario:

86 year old hospice patient received incorrect dose of Morphine. Patient should have received 5mg PO Morphine, instead 20mg (PO) Morphine was administered by the RN @ 23:07 on 01/03/2020. This discrepancy was discovered by the Pharmacist while reviewing the narcotic waste sheet, since there was no waste documented. The physician was notified, no new orders received; the physician did not want Narcan administered since the patient was not experiencing any distress. Patient V/S including O2 saturation was stable. Patient expired @ 12:45 on 01/04/2020.

#### Analysis:

RN picked up narcotic syringe pre-made by Pharmacy. Upon administration, label on syringe did not scan. Label on outside of bag was scanning and stated 5mg dose. RN administered the entire syringe (20 mg) to the patient.

#### Opportunities:

1: Morphine oral concentrate solution is currently batched as a prefilled 20mg/1ml syringe to allow "unit dose" dispensing to various floors.

**Action:** Consider changing to lower dose 5mg/0.25ml syringe to reduce potential of high dosage error. 12 month data shows 70% of the doses were 5-10 mg. Less waste=less chance of a medication error.

2: Morphine oral concentrate solution is not loaded in Pyxis on most units. Based on dispense history only 50% of the doses for last 12 months dispensed from Pyxis.

**Action:** Implement internal process from pharmacy to increase loading of the medication in Pyxis when there are patients on the medication. When the medication is removed from Pyxis, the nurse will be prompted to waste at Pyxis at the time of removal, if ordered dose is not the same as packaged dose.

3: Morphine oral solution "flag" barcode didn't scan when nurse scanned product to administer. Barcode on bag subsequently scanned. Process to escalate scanning errors should be in place, to ensure medications are accurately scanned.

#### **Action:** Remind Nurses to scan barcode on product first

Whenever barcode fails to scan, Pharmacy should be contacted with a UPS form to address the issue.  
Pharmacy management will correct barcodes (*Pharmacy test scanned barcode 1-10-20 and it worked*).

4: 8 Rights of Medication Administration

**Action:** Reinforce at staff huddles, the need for staff to utilize the 8 Rights of Medication, when administering medications.

### AHCA ANNUAL REPORTABLE EVENTS:

There was (1) AHCA Annual Reportable Event (*Pressure Injury -Stage 3*).

### CODE 15 REPORTS:

There was (0) Code 15 reported, for the 1st Quarter CY 2020.

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 2

Occurrence Category CY20	Q2	%
ADR	2	1%
DELAY	16	6%
FALL	30	10%
HIPAAAPHI	2	1%
INFECTION	12	4%
LAB	47	16%
MEDICATION	22	8%
OB DELIVERY	13	5%
PATCARE	55	19%
PPID	3	1%
SAFETY	13	5%
SECURITY	57	20%
SKINWOUND	7	2%
SURGERY	8	3%
GRAND TOTAL	287	100%

### OCCURRENCE CATEGORY CY20:

Falls were 19 Inpatients, 1 Inpatient that occurred in MRI, 4 in the Emergency Room, 5 Visitors and 1 Employee

Inpatient Falls by Category CY20	Q2
EASED TO FLOOR BY EMPLOYEE	1
EASED TO FLOOR BY NON EMPLOYEE	1
FOUND ON FLOOR	12
FROM BED	1
FROM BEDSIDE COMMODE	1
FROM CHAIR	1
FROM TOILET	1
SLIP	1
TRIP	0
WHILE AMBULATING	0
GRAND TOTAL	19

### INPATIENT FALLS BY CATEGORY CY20:

During this Quarter, a patient sustained fractures of the Tibia and F bathroom. Opportunities identified during RCA process were;

1) Random chart audits to verify accuracy of MFRS on patients least 10 charts /month for the next 3 mths). Compliance rate s less than a 100%, requires an Action plan.

2) The MFRS needs to be reviewed for each falls to verify accu HAS report). If inaccurately scored, review with involved team

3) The staff should be incorporating fall preventative checks o risks during their hourly rounds. (i.e. bed alarm is on & functio hazards etc.).

4) MFRS module with case studies, will be reassigned to staff in He

OB DELIVERY CY20	Q2
FETAL DISTRESS	1
MATERNAL COMPLICATIONS	1
RN ATTEND DELIVERY ( 1 event > 30 minutes delay)	10
SHOULDER DYSTOCIA	1
GRAND TOTAL	13

### OB DELIVERY CY20:

Regarding *RN Attend Deliveries*, for delays greater than 30 minutes, Quality for tracking and trending.

Maternal complications are referred and reviewed by Quality Mana; Review for "Quality of Care Concerns."

HAPIs CY20	Q2
PRESSURE INJURY- ACQUIRED	2
GRAND TOTAL	2

### HAPIS CY20:

This consisted of 1 Stage II and 1 Stage III pressure injury. Regarding injury, pt with very high risk for breakdown due to immobility, incc shearing, therefore, all prevention measures were implemented up mattress was ordered but was never received. EVS department im includes directly notifying EVS director of requests.



## RISK MANAGEMENT QUARTERLY REPORT QUARTER 2

MEDICATION VARIANCES CY20	Q2
CONTROL DRUG DISCREPANCY- COUNT	2
CONTROL DRUG DIVERSION/SUSPICION	1
DELAYED DOSE	2
IMPROPER MONITORING	3
OMITTED DOSE	1
OTHER	2
PYXIS COUNT DISCREPANCY	1
PYXIS MISS FILL	3
RETURN BIN PROCESS ERROR	1
SCAN FAILED	1
UNSECURED MEDICATION	1
WRONG DOSE	3
WRONG TIME	1
GRAND TOTAL	22

### MEDICATION VARIANCES CY20:

All Medication Variances are reviewed at the Medication Safety Committee and the P & T Committee.

The Committees review for quality improvement opportunities, and recommendations are addressed collectively by all Regions.

ADR CY20	Q2
ALLERGY	2
GRAND TOTAL	2

### ADR CY20:

ADR events are reviewed for Hospital Related vs Present on Admission. ADRs are reported to the P & T Committee for tracking and trending. Anesthesia-related incidences are referred to the Chief of Anesthesia. If an allergic reaction is confirmed, the patient's record is updated in the chart.

SURGERY RELATED ISSUES CY20	Q2
ANESTHESIA COMPLICATION	2
POSITIONING ISSUES	1
SPONGE/NEEDLE/INSTRUMENT ISSUES	1
STERILE FIELD CONTAMINATED	1
SURGERY DELAY	1
SURGICAL COMPLICATION	2
GRAND TOTAL	8

### SURGERY RELATED ISSUES CY20:

SECURITY CY20	Q2
AGGRESSIVE BEHAVIOR	8
ASSAULT/BATTERY	2
CODE ASSIST	20
CONTRABAND	3
PROPERTY DAMAGED/MISSING	14
SECURITY PRESENCE REQUESTED	6
THREAT OF VIOLENCE	2
VERBAL ABUSE	2
GRAND TOTAL	57

### SECURITY CY20:

Staff provides patient education on securing personal property, with belongings home.

The Education Department distributes flyers for all units titled "Fact Sheet: Patient Safety - Securing Personal Property".

Staff is encouraged to speak up on any form of abuse, be it lateral or vertical.

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 2

SAFETY CY20	Q2
SMOKE/FIRE/DRILL	1
SAFETY HAZARD	3
SHARPS EXPOSURE	9
GRAND TOTAL	13

### SAFETY CY20:

Occurrences related to staff and LIPs are referred to Employee Health Department for management and confidentiality.

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.)

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.)

### BHCS FALLS SAFETY MEASURES:

Continue to encourage and reinforce the need for purposeful rounding.  
Continue to educate on the Morse Fall Risk Scale Score.  
Continue to reinforce the need for thorough and proper patient assessment.  
Medications review by decentralized pharmacists post-fall, to provide real time review.  
All patient's receiving sedatives prior to a procedure, should be transported via stretcher, not wheelchair.  
During 2nd Quarter, all older beds were replaced by new beds with user friendly fall/safety features.

### INTENSE ANALYSIS On Inpatient Fall with Major Injury

#### Scenario:

33 YO male with known history of Sickle Cell Disease was admitted 2 days prior with chief complaints of chest and upper back pain. Labs on day of admission were WBC= 13.0, HGB= 7.7, HCT=22.3 and PLT=200. AM labs on the day of incident were WBC=10.76, HGB=6.7, HCT=18.7 and PLT=180. Patient was informed on the need for blood transfusion and also on the symptoms of anemia. Apparently patient ambulated to the bathroom without asking for assistance, fell and sustained tibia/fibular fractures.

### OPPORTUNITIES:

- 1) Confirming that all fall preventative measures are in place during the handoff process.
- 2) Newly revised Morse Fall Risk Score(MFRS) Scale has components open to interpretation (IT notified of findings and will revise accordingly).
- 3) MFRS module will be reassigned to staff in Healthstream with a 30-day due date. Case studies will be done with the staff to validate them on correctly assessing the patient and completing the MFRS form.

### Action:

- 1) BHCS have since replaced all the older beds, with ones that have more user friendly fall/safety features.
- 2) Clinical educator will work on providing laminate copies of MFRS, as a source of reference.
- 3) MFRS module will be reassigned to staff in Healthstream with a 30-day due date. Case studies will be done with the staff to validate them on correctly assessing the patient and completing the MFRS form.

### ACHA ANNUAL REPORTABLE EVENTS:

There were (5) AHCA Annual Reportable Events, which comprised *Surgery Complication, OB Delivery Complication, Skin/Wound Acquired and Fall.*

### CODE 15 REPORTS:

There was (0) Code 15 reported, for the 2nd Quarter CY 2020.

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 3

Occurrence Category CY20	Q3	%
ADR	2	1%
DELAY	23	7%
FALL	46	14%
INFECTION	5	2%
LAB	42	13%
MEDICATION	30	9%
OB DELIVERY	14	4%
PATCARE	56	17%
PATRIGHT	1	0%
PPID	14	4%
SAFETY	10	3%
SECURITY	71	21%
SKINWOUND	5	2%
SURGERY	14	4%
GRAND TOTAL	333	100%

### OCCURRENCE CATEGORY CY20:

During the 3rd Quarter, there were a total of 333 Occurrence Variance Reports compared for 287 for 2nd Quarter 2020. This reflects an increase by 46 or 7.42% for Q2 CY2020.

*P.S: Due to updated Late OVRs, the updated Occurrence Variance Reports for 2nd Quarter 2020 was increased from 287 to 292 (OB increased by 1, PPID increased by 3 and Security increased by 1). This reflects an updated increase by 6.56% for Q3 CY 2020.*

Inpatient Falls by Category CY20	Q3
EASED TO FLOOR BY EMPLOYEE	2
FOUND ON FLOOR	22
FROM BED	6
FROM BEDSIDE COMMODE	3
FROM CHAIR	1
PATIENT STATES	1
TRIP	2
GRAND TOTAL	37

### INPATIENT FALLS BY CATEGORY CY20:

The total Inpatient falls for 3rd Quarter CY 2020 were 37. This reflects an increase by 14, resulting in 23.33% from 23 reported in Q2 CY 2020.

There were 8 MINOR injuries, 2 MAJOR injuries and 2 NO injuries. 6 injuries, 1 patient sustained hematoma of the right psoas muscle and 1 patient sustained fracture of the right shoulder. An Intense Analysis conducted on the shoulder fracture incident and it was determined was unavoidable.

OB DELIVERY CY20	Q3
BIRTH TRAUMA	1
FETAL DISTRESS	1
FETAL/MATERNAL DEMISE	2
NEONATAL COMPLICATIONS-ADMIT NICU	1
NEONATAL COMPLICATIONS-APGAR <5 @ 5MIN	1
RN ATTENDED DELIVERY (1 event > 30 min delay)	4
SHOULDER DYSTOSIA	2
UNPLANNED PROCEDURE	1
OTHER	1
GRAND TOTAL	14

### OB DELIVERY CY20:

During this Quarter there were 14 reported occurrences, which reflects a change from Q2 2020.

For delays greater than 30 minutes, a referral is sent to Quality for trend and trending.

Maternal complications are referred and reviewed by Quality Management/Peer Review for Quality of Care Concerns.

HAPIs CY20	Q3
PRESSURE INJURY ACQUIRED	2
GRAND TOTAL	2

### HAPIS CY20:

There were no changes in the number of HAPIs reported in Q3 and Q2 of CY 2020.

During Q3, 1 HAPI occurred on 4N and 1 on 3ST.

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 3

MEDICATION VARIANCES CY20	Q3
CONTROL DRUG CHARTING	3
CONTROL DRUG DIVERSION/SUSPICION	2
DELAYED DOSE	2
EXTRA DOSE	1
LABELING ERROR	1
MISSING/LOST MEDICATION	1
OMITTED DOSE	2
PRESCRIBER ERROR	2
PYXIS COUNT DISCREPANCY	1
PYXIS FALSE STACKOUT	1
RETURN BIN PROCESSOR ERROR	2
UNDORDERED DRUG	1
UNSECURED MEDICATION	1
WRONG CONCENTRATION	3
WRONG DOSE	2
WRONG DRUG OR IV FLUID	2
WRONG FREQUENCY OR RATE	1
WRONG ROUTE	1
OTHER	1
GRAND TOTAL	30

### MEDICATION VARIANCES CY20:

During 3rd Quarter, there were 30 Medication Occurrences, which reflect an increase by 8, resulting in 15.38% from 22 reported in Q1 CY 2020.

There were 9 Near Misses that were medication-related.

All Medication Variances are reviewed at the Medication Safety and P&T Committees.

The Committees review for quality improvement opportunities, and recommendations are addressed collectively by all Regions.

ADR CY20	Q3
ALLERGY	2
GRAND TOTAL	2

### ADR CY20:

There were 2 ADRs reported for Q3 CY 2020 which remained unchanged from Q2 CY 2020.

SURGERY RELATED ISSUES CY20	Q3
ANESTHESIA COMPLICATION	1
EXTUBATION/INTUBATION	2
PUNCTURE OR LACERATION	1
SURGERY DELAY	2
SURGERY/PROCEDURE CANCELLED	5
UNPLANNED RETURN TO OR	1
UNPLANNED SURGERY	1
WRONG PATIENT	1
GRAND TOTAL	14

### SURGERY RELATED ISSUES CY20:

There was a 27.27% increase from Q2 CY 2020 which was 8.

Surgery/Procedure Cancelled are tracked and trended.

SECURITY CY20	Q3
AGGRESSIVE BEHAVIOR	4
ASSAULT/BATTERY	3
CODE ASSIST	37
CONTRABAND	6
PROPERTY DAMAGED/MISSING	16
SECURITY PRESENCE REQUESTED	2
THREAT OF VIOLENCE	2
VERBAL ABUSE	1
GRAND TOTAL	71

### SECURITY CY20:

Q3 2020 reported 71 occurrences, which reflects a decrease by 13 or 10.08% from 58 reported in Q2 CY 2020.

Property Damaged/Missing in Q3 2020 reflects a 3.23% increase from Q2 2020, which was a total of 15. This subcategory remains a challenge in this category.

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 3

SAFETY CY20	Q3
CODE RED	2
SAFETY HAZARD	4
SHARPS EXPOSURE	4
GRAND TOTAL	10

### SAFETY CY20:

During Q3 CY 2020, 10 events were reported and 13 in Q2 CY 2020. This reflects a 13.04% decrease. Occurrences related to staff and LIPs are referred to Employee Health for management and confidentiality.

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.)

### ACHA ANNUAL REPORTABLE EVENTS:

There were (4) AHCA Annual Reportable Events (Fall, Surgery/Procedure Complication and SkinWound related).

### CODE 15 REPORTS:

There was (0) Code 15 reported, for the 4th Quarter CY 2020.

### INTENSE ANALYSIS ON INPATIENT FALL WITH NOSE FRACTURE (TO BE COMPLETED)

#### Scenario:

91 YO male admitted with compression fracture of L4 due to fall at ALF. On admission, patient was assessed as a high risk for fall and preventative measures were implemented.

Primary RN reported during the IA, that due to the patient being a high risk for falls, she rounded on the patient more frequently than usual. Although the patient was pleasantly confused, a sitter was not warranted as patient was sleeping and not getting out of bed. Less than an hour to the fall, patient was assisted with standing up at the bedside to use the urinal, but was unable to void. Patient was assisted back to bed and alarm reactivated.

Within an hour, patient's bed alarm was sounding, the patient was found lying on his right side on the floor by his bed. Patient reported going to the bathroom. Patient complained of pain to right shoulder and arm. X-Ray of right shoulder revealed a *Comminuted Fracture of Humerus*. Patient was assigned a sitter post-fall.

#### OPPORTUNITY IDENTIFIED:

(1) Pharmacy's review noted that Flomax was being administered on the night shift. After the patient returned from surgery, the time elapsed for administration of the medication. During the IA, it was recommended to notify the patient's physician and possibly skip the next dose since it was already delayed.

(2) Based on the patient's history (recent fall), medication being used, pleasantly "confused" and just returning from surgery, a sitter should have been utilized.

#### CONCLUSION:

Based on the circumstances with the fall measures in place, and the staff rounding more frequently to meet the patient's needs, it was determined that this fall was unavoidable.

## PROCESS IMPROVEMENT INITIATIVE

### New Falls Audit Tool Roll-out Plan for October 2020

\*Incorporation of daily Safety huddles on every shift, to discuss fall risk patients and other safety concerns.

\*Daily audits of 5 charts (3 fall risks and 2 random patients).

\*Incorporation of falls prevention in pre-op teaching for surgical patients.

\*Ensure patients are appropriately assessed upon admission.

\*Fall preventative measures implemented should be based on the MFRS.

\*Clinical Education to collaborate with Physical Therapy in providing Gait Belt training to staff.

\*Obtain order for Physical Therapy for patients identified as fall risks.

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 4

Occurrence Category CY20	Q4	%
ADR	2	1%
DELAY	29	9%
FALL	29	9%
HIPAAAPHI	1	0%
INFECTION	5	2%
LAB	36	11%
MEDICATION	24	7%
OB DELIVERY	15	5%
PATCARE	78	24%
PPID	4	1%
SAFETY	10	3%
SECURITY	59	18%
SKINWOUND	5	2%
SURGERY	25	8%
RAND TOTAL	322	100%

### OCCURRENCE CATEGORY CY20:

During the 4th Quarter CY2020, there were a total of 322 Occurrence Variance Reports compared to 333 for 3rd Quarter CY2020.

This reflects a decrease by 11 or 1.68% for Q4 CY 2020.

Inpatient Falls by Category CY20	Q4
FOUND ON FLOOR	11
FROM BED	2
FROM CHAIR	1
FROM EQUIPMENT i.e. STRETCHER, TABLE ETC.	1
FROM TOILET	1
PATIENT STATES	4
SLIP	1
WHILE AMBULATING	3
GRAND TOTAL	24

### INPATIENT FALLS BY CATEGORY CY20:

The total Inpatient falls for 4th Quarter CY 2020 were 24. This reflects a decrease resulting in 21.31% from 37 reported in Q3 CY 2020.

There were 9 *MINOR* injuries, 1 *MODERATE* injury, 1 *MAJOR* injury and 4 injuries.

The MAJOR injury involved a patient who was left unattended in the room and the patient fell from the stretcher and sustained a fractured nose.

An Intense Analysis was conducted and it was reinforced that patients left unattended and the need for effective communication between staff. The Policy on *Slip, Trip and Fall Prevention and Response* was also reviewed with the team.

OB DELIVERY CY20	Q4
FETAL/MATERNAL DEMISE	2
POSTPARTHUM HEMORRHAGE	4
RN ATTENDED DELIVER (1 event >30 mins Delay)	6
SHOULDER DYSTOSIA	2
SURGICAL COUNT	1
GRAND TOTAL	15

### OB DELIVERY 4th Quarter CY20:

During this Quarter there were 15 reported occurrences, which reflects a decrease by 1 or 3.45% from Q3 CY2020, which reported 14.

For *delays greater than 30 minutes*, a referral is sent to Quality.

*Maternal Complications* are referred and reviewed by Quality Manager for Quality of Care Concerns.

HAPIs CY20	Q4
PRESSURE INJURY-ACQUIRED	2
GRAND TOTAL	2

### HAPI'S CY20:

There were no changes in the number of HAPI's reported in Q4 and Q3 of CY 2020.

During Q4, 1 HAPI occurred on 4N and 1 on 3ST

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 4

MEDICATION VARIANCES CY20	Q4
CONTROL DRUG DISCREPANCY-COUNT	1
DELAYED DOSE	5
eMAR - TRANSCRIPTION/PROCEDURE	1
EXPIRED MEDICATION	1
IMPROPER MONITORING	2
MISSING/LOST MEDICATION	3
SCAN FAILED	1
SELF-MEDICATING	2
UNSECURED MEDICATION	1
WRONG CONCENTRATION	1
WRONG PATIENT	2
WRONG ROUTE	1
OTHER	3
GRAND TOTAL	24

### MEDICATION VARIANCES CY20:

During 4th Quarter, there were 24 Medication Occurrences, which decrease by 6, resulting in 11.11% from 30 reported in Q3 CY 2020.

There were 4 Near Misses that were medication-related.

Medication Variances are reviewed at the Medication Safety and P

The Committees review for quality improvement opportunities and recommendations are addressed collectively by all Regions.

ADR CY20	Q4
ALLERGY	1
METABOLIC/ENDOCRINE	1
GRAND TOTAL	2

### ADR 4th Quarter CY20:

There were 2 ADRs reported for Q4 CY 2020 which remained unchanged from Q3 CY 2020.

SURGERY RELATED ISSUES CY20	Q4
CONSENT ISSUES	1
EXTUBATION/INTUBATION	1
POSITIONING ISSUES	1
RETAINED FOREIGN BODY	1
SPONGE/NEEDLE/INSTRUMENT ISSUES	1
STERILE FIELD CONTAMINATED	1
SURGERY DELAY	6
SURGERY/PROCEDURE CANCELLED	7
SURGICAL COMPLICATION	2
TOOTH DAMAGED/DISLODGED	1
UNPLANNED RETURN TO OR	3
GRAND TOTAL	25

### SURGERY RELATED ISSUES CY20:

During Q4 CY 2020, there were 25 Surgery related events, which reflect an increase by 11 or 28.21% from Q3 CY 2020 which was 14.

*Surgery/Procedure Cancelled* are tracked and trended.

SECURITY CY20	Q4
AGGRESSIVE BEHAVIOR	5
ASSAULT/BATTERY	2
CODE ASSIST	14
CONTRABAND	11
ELOPEMENT-VOLUNTARY ADMIT (NON-VULNERABLE)	3
PROPERTY DAMAGED/MISSING	23
TRESPASS	1
GRAND TOTAL	59

### SECURITY CY20:

Q4 CY 2020 reported 59 occurrences, which reflect a decrease by 12 or 9.23% from 71 reported in Q3 CY 2020.

*Property Damaged/Missing* is 23 in Q4 CY2020, which reflect a 17.95% increase from Q3 CY 2020, which was a total of 16.

## RISK MANAGEMENT QUARTERLY REPORT QUARTER 4

SAFETY CY20	Q4
BIOHAZARD EXPOSURE	2
SAFETY HAZARD	6
SHARPS EXPOSURE	2
GRAND TOTAL	10

### SAFETY CY20:

During Q4 CY 2020, 10 events were reported, which remain unchanged from Q3 CY 2020.

Occurrences related to staff and LIPs are referred to Employee Health for management and confidentiality.

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.)

### ACHA ANNUAL REPORTABLE EVENTS:

There were (4) AHCA Annual Reportable Events (Fall, Surgery/Procedure Complication and Skin Wound related).

### CODE 15 REPORTS:

There was (0) Code 15 reported for the 4th Quarter CY 2020.

### PROCESS IMPROVEMENT INITIATIVE

\*BHCS continue to focus and work on the falls initiative that was implemented in October 2020.