

RISK MANAGEMENT QUARTERLY REPORT QUARTER 3

Occurrence Category CY21	Q3	%
ADR	3	0.22%
Delay	25	1.84%
Falls	112	8.25%
HIPAA PHI	9	0.66%
Infection Control	4	0.29%
Lab	23	1.69%
Medication Variance	76	5.60%
OB/Delivery	63	4.64%
Patient Care Issues	430	31.66%
Patient Rights	1	0.07%
PPID	5	0.37%
Safety	68	5.01%
Security	508	37.41%
Skin and Wound	7	0.52%
Surgery Issues	23	1.69%
Grand Total	1358	100.00%

OCURRENCE CATEGORY CY21:

Quarter 3 CY2021 totaled 1337 occurrence variance reports as compared to Q2 CY21 which contained a total of 1256.

There were a total of 40 reported near miss occurrences making up 3.18% of all occurrences.

Inpatient Falls by Category CY21	Q3	%
Child fall during play	1	1%
Eased to floor by employee	2	2%
Eased to floor by non employee	2	2%
Found on floor	53	47%
From Bed	10	9%
From Bedside Commode	4	4%
From chair	5	4%
From equipment, i.e stretcher, table, etc.	1	1%
From Toilet	2	2%
Patient States	9	8%
Slip	2	2%
Trip	9	8%
Visitor Fall While Ambulating	2	2%
While ambulating	10	9%
Total	112	100%

INPATIENT FALLS BY CATEGORY CY21:

There were a total of 113 Inpatient Falls for Q3. Highest category for falls were patients Found on Floor making up 47% of falls.

Falls are discussed reviewed for lessons and opportunities at weekly HAC meeting facilitated by BHMC Patient Safety Officer.

OB DELIVERY CY21	Q3	%
Birth Trauma	1	2%
Emergency C-Section > 30 min	1	2%
Maternal complications	2	3%
Neonatal complications - Admit NICU	31	49%
Neonatal complications - Apgar <5 @5 min	4	6%
Neonatal complications - IV Infiltrate	1	2%
OB Alert	2	3%
Other	10	16%
Postpartum Hemorrhage	6	10%
Shoulder Dystosia	5	8%
Total	63	100%

OB DELIVERY CY21:

There were a total of 63 OB Delivery incidents. Highest category for incidents were related to Neonatal complications which made up 49% of OB Delivery related incidents.

HAPIs CY21	Q3
Pressure Injury - Acquired	0

HAPIS CY21:

There are zero Hospital Acquired Pressure Injuries for Q3.

RISK MANAGEMENT QUARTERLY REPORT QUARTER 3

MEDICATION VARIANCES CY21	Q3	%
Contraindication	1	1%
Control Drug Charting	1	1%
Control Drug Discrepancy Investigation	1	1%
Control Drug Diversion/Suspicion	1	1%
Delayed dose	6	8%
eMAR - Transcription/Procedure	1	1%
Extra Dose	7	9%
Improper Monitoring	1	1%
Labeling Error	1	1%
Omitted dose	12	16%
Other	9	12%
Prescriber Error	2	3%
Pyxis Miss Fill	2	3%
Unordered Drug	2	3%
Unsecured Medication	3	4%
Wrong Concentration	2	3%
Wrong dose	10	13%
Wrong Drug or IV Fluid	7	9%
Wrong frequency or rate	3	4%
Wrong patient	3	4%
Wrong route	1	1%
Total	76	100%

MEDICATION VARIANCES CY21:

There was a total of 76 medication variances for Q3. Highest med variance category was due to omitted dose making up 15% of variances.

Risk, nursing, and administration collaborate to discuss medication variances and trends. Medication variances are also reviewed at Patient Care Key Group / RQC meeting by pharmacy staff.

Adverse Drug Reactions CY21	Q3	%
Allergy	2	67%
Hematological / Blood Disorder	1	33%
Total	3	100%

ADR CY21:

There was a total of 3 ADR for Q3. Allergy contributing to 67% of ADRs and Hemtological/Blood disorder contributing to 33% of Adverse Drug Reactions.

SURGERY RELATED ISSUES CY21	Q3	%
Anesthesia Complication	1	4%
Consent Issues	4	17%
Puncture or Laceration	1	4%
Sponge/Needle/Instrument Issues	1	4%
Sterile field contaminated	1	4%
Surgical Count	5	22%
Surgery Delay	1	4%
Surgery/Procedure Cancelled	2	9%
Surgical Complication	2	9%
Unplanned Return to OR	2	9%
Unplanned Surgery	1	4%
Wrong site	2	9%
Total	23	100%

SURGERY RELATED ISSUES Q3 CY21:

There was a total of 23 surgery related issues for Q3.

Surgical Count related issues contributed to 22% of surgery related issues.

SECURITY CY21	Q3	%
Access control	1	0.2%
Aggressive behavior	27	5%
Assault/Battery	12	2%
Code Assist	176	35%
Code Elopement	7	1%
Code Strong	1	0.2%
Contraband	11	2%
Elopement -Involuntary admit (BA, patient's under police custody, vulnerable adults etc.)	2	0.4%
Elopement -Voluntary admit (persons admitted on their own accord/will; non-vulnerable individuals)	2	0.4%
Property Damaged/Missing	15	3%
Rapid Response Team - Visitor	2	0.4%
Security Presence Requested	243	48%
Threat of violence	5	1.0%
Vehicle Accident	2	0.4%
Verbal Abuse	2	0.4%
Total	508	100%

SECURITY Q3 CY21:

There was a total of 508 security incidents for Q3. Highest incidents reported were related to Security Presence Requested which was 48% of total incidents.

RISK MANAGEMENT QUARTERLY REPORT QUARTER 3

SAFETY CY21	Q3	%
Biohazard Exposure	1	1%
Code Red	17	25%
False Alarm	1	1%
Safety Hazard	42	62%
Sharps Exposure	7	10%
SAFETY Total	68	100%

SAFETY Q3 CY21:

There was a total of 68 Safety incidents for Q3. Out of 68 reported safety incidents, 62% were due to Safety Hazard incidents.

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.)

7-19-21 Discharge With Fever

Patient, was a chronically ill 69-year-old woman admitted with recurrent hypercalcemia. Previous history of hypercalcemia. Had persistent pancytopenia. Seen by infectious disease. Seen by Hematology. Seen by Neurology. Generalized weakness, possibly consistent with Guillain-Barre syndrome. Treated with intravenous immune globulin for Guillain-Barre syndrome. Really no significant improvement. Persistent abnormality in blood cell counts. Required multiple transfusions. Received course of steroids. Treated with intravenous immune globulin for possible Guillain-Barre syndrome. Remains severely weak. Cleared for discharge by all consultants including Neurology and Hematology and Infectious Disease. In the afternoon of July 16th at roughly 3:00 p.m. called from the nursing staff indicating that the patient felt weak. The weakness was chronic so attending advised the nurse that if the vital signs are unremarkable the patient could be discharge. Plans were for discharge to rehabilitation. Later in the day, the patient spiked a fever of 103.1 and a HR of 129. The primary nurse informed the Charge RN and the patient was given Tylenol. The fever came down to 100.4 and the patient was discharged. The next day the attending physician learned of the fever. He would not have discharged the patient with that vital sign finding. We learned later via the Nursing Supervisor who called St. John's rehabilitation, that the patient appeared toxic upon arrival to St. John's and they 911'd her to FMC.

Off the monitor code 15 September 2021. Action plan is in place. Findings were substantiated. Follow up completed and closed.

This event involved an 83 y/o female patient with a medical history of CHF, atrial fibrillation, COPD, diabetes mellitus, gout, hyperlipidemia and end stage renal disease on hemodialysis. The patient had recently been started on an insulin regime and presented to the Emergency Room (ER) on 9/18/2021 at 0738hrs from her skilled nursing facility (SNF) with a chief complaint of hypoglycemia. Her blood glucose read "low" for the EMS crew at her SNF. She was treated with D50 and brought in for further evaluation. In the ER the patient was altered and not easily arousable. The patient was started on D10, and admitted to the floor with a consult to endocrinology. Patient was also continued on her regular dialysis regime, getting dialysis on 9/18/2021 in the ER.

The patient was admitted to the stepdown floor, and through 9/19/2021 the patient persisted with low blood glucose readings. Bedside glucose monitoring showed readings of 31mg/dl at 0519hrs; and 12mg/dl at 1015hrs. The patient was treated for these episodes with Dextrose 50%, and with the D10 infusion. He blood glucose became more consistent and stable with readings of 131mg/dl at 1049hrs, and 289 at 1231hrs. Ongoing beside glucose monitoring continued. The patient also had issues with hypertension consistently having elevated readings. The patient would receive PRN hydralazine, 10 and 20mg IV push to treat those readings.

On the evening of 9/20/2021 at 1846hrs, the patient's attending physician was called for increased work of breathing. The patient was on 2Liters N/C O2 at this time. Patient's heart rate was 87, respiratory rate was 30, with a blood pressure of 180/64, sat'ing 92%. The patient was bumped up to 4L N/C. The patient continued to have increased work of breathing through the evening, and a rapid response was called. The patient was put on Bipap at 2305hrs with 50%FIO2. At 2341hrs, the patient's nephrologist put in orders for stat dialysis to be done that night. At midnight, the patient had an oxygen saturation of 98% on the 50% FIO2 Bipap. The stat dialysis began at that time, and ran through until 0230hrs with 2.5liters taken off. At that time, the patient had a pulse of 89, BP of 190/65, O2 sat was 100% on the Bipap.

The last documented vital signs for the patient were entered by the primary RN at 0415. There is a recorded temperature of 99.2, pulse of 88, respiratory rate of 29, BP of 185/58, and a oxygen saturation of 76%. At 0458hrs, when the PCA went to draw AM labs, she found the patient unresponsive and pulseless, called for assistance and began compressions. A Code Blue was called and ACLS protocols initiated. At 0512hrs their was a brief return of spontaneous circulation, but that did not last long and the patient expired at 0517hrs.