

AMBULATORY RISK MANAGEMENT QUARTERLY REPORT QUARTER 2 CY23

Occurrence Category CY23 (BHP, BHPO, CDTC, BHW, BHC)	Q2	%
SECURITY	32	32%
PATCARE	18	18%
MEDICATION	14	14%
FALL	12	12%
HIPAA/PHI	11	11%
SAFETY	10	10%
ADR	2	2%
DELAY	1	1%
LAB	1	1%
Total	101	100%

TOTAL OCCURRENCES Q2 CY 23:
 Number of occurrences increased 12% compared to Q1 2023. Broward HealthPoint reported 56% of total events, Corporate accounted for 20% of all occurrences. Some events required further assessment. There were 3 severity level III occurrences.

SECURITY CY23	Q2
AGGRESSIVE BEHAVIOR	10
PROPERTY DAMAGED/MISSING	9
VEHICLE ACCIDENT	4
SECURITY ASSISTANCE	2
ARREST	1
BREAK-IN	1
THREAT OF VIOLENCE	1
TRESPASS	1
VERBAL ABUSE	1
SECURITY PRESENCE REQUESTED	1
CRIMINAL EVENT	1
Grand Total	32

SECURITY:
 Fifteen reports from BHP, 11 from BHCO, others from BHPO, BHWE and BHC.
 Appropriate lock down procedures implemented at Lauderdale Lakes due to active shooter at Walmart across the street.
 Vehicle accidents reported to claims and insurance if involving BH vehicles.
 Many property damaged/missing related to car damage due to flood around ISC.
 Patient walked to physician office carrying a sword wrapped in fabric and was arrested by police. Appropriate steps taken by staff. Risk, security and behavioral manager met with staff to review safety measures.
 One fraudulent call received by BHP physician related to his license.

PATIENT CARE CY23	Q2
TRANSFER TO HIGHER LEVEL OF CARE	6
BAKER ACT ISSUES	2
DISRUPTIVE BEHAVIOR	2
ALLEGED ABUSE	1
COMMUNICATION/HAND-OFF	1
CONSENT ISSUES	1
DOCUMENTATION ISSUES	1
MEDICAL RECORDS	1
PATIENT NONCOMPLIANCE	1
REFERRAL ISSUE	1
WRONG PATIENT	1
Grand Total	18

PATIENT CARE:
 Appropriate steps followed for 2 Baker Act events.
 Non vulnerable patient reported abuse from husband to BHPO physician. Patient safe and attorney already involved.

FALL CY23	Q2
FROM CHAIR	4
WHILE AMBULATING	3
FOUND ON FLOOR	2
SIDEWALK	1
SLIP	1
TRIP	1
Total	12

FALL:
 Reported by BHP, BHPO, BHCO and BHCD. Four patient falls, one visitor and seven employees. Patients and visitor had no injuries.
 Patient found on floor, stated she laid down because she felt dizzy during 3 hours glucose test, evaluated by physician, no injuries. Nurse is manager making it a priority to have someone at the lab desk to oversee the waiting room for patient safety.
 Uneven and broken sidewalks at temporary north parking area by ISC. Facilities assessed area, marked with orange spray paint and was scheduling a contractor for repairs.

MEDICATION CY23	Q2
WRONG DOSE	4
OTHER	3
WRONG PATIENT	2
EXTRA DOSE	1
MISSING/LOST MEDICATION	1
UNORDERED DRUG	1
WRONG FREQUENCY	1
CONTRAINDICATION	1
Total	14

MEDICATION:
 All 14 from BHP, most reported by pharmacy.
 Rate of medication events is minimal considering number of prescriptions handled by ambulatory pharmacies.
 Four events were discovered during Q2 but occurred during previous quarters.

SAFETY CY23	Q2
SAFETY HAZARD	5
FIRE/SMOKE/DRILL	2
ELEVATOR ENTRAPMENT	1
FALSE ALARM	1
SHARPS EXPOSURE	1
Total	10

SAFETY:
 Occurrences from BHP, BHCD, BHCO and BHPO.
 Patient presented to visit carrying a gun, agreed to leave it inside car.
 Four occurrences related to homeless activity outside BPA. BHP security met with police.
 Two false fire alarms from BHCO, one smoke detector malfunction, one employee pulled pull station without reason.

HIPAA CY23	Q2
PATIENT HIPAA PRIVACY COMPLAINT	5
UNAUTHORIZED DISCLOSURE	4
ELECTRONIC IMPERMISSIBLE DISCLOSURE	2
Total	11

HIPAA:
 Four of the 11 occurrences are from BHPO. Compliance further investigates HIPAA events and ensures employee corrective action process and retraining. Four breaches identified with letters sent to patients.
 Six events were discovered during Q2 but occurred during previous quarters.

ADR CY23	Q2
ALLERGY	1
CARDIOPULMONARY	1
Total	2

ADR:
 Patient developed bradycardia after Lexi scan at cardiology office requiring emergency med administration and transfer to hospital.
 Employee presented to CEB pharmacy after self administration of Augmentin with SOB requiring Epi pen injection and transfer to hospital.

DELAY CY23	Q2
PHYSICIAN ORDERS	1
Total	1

DELAY:
 Patient requested test order while primary physician was out, re-ordered by covering provider.

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LAB CY23	Q2
CRITICAL RESULTS	1
Total	1

LAB:
 Lab event occurred at BHP.
 Critical potassium level due to possible hemolysis. Patient sent to hospital and discharged home.

REGIONAL RISK MANAGEMENT SECTION: (MAY INCLUDE PERFORMANCE IMPROVEMENT INITIATIVES, SERIOUS INCIDENTS, AHCA ANNUAL REPORTABLE EVENTS, CODE 15 REPORTS, AND/OR INTENSE ANALYSIS/RCA COMPLETED, ETC.)

In April we identified that staff at Margate was requesting patients to sign a HIPAA release form to allow companions in the exam room. They were utilizing a Patient Representative Designation form from the Personal Representative archived policy. As a result, the Coordinator was instructed to remove all forms from the department and discontinue their use. The Compliance department has also provided guidance on obtaining verbal consent from patients and documenting it in the patient's medical record. To prevent future occurrences, the entire staff received Privacy training.

In April, when patient requested refills, pharmacy discovered the patient was not on Hydralazine and Levothyroxine. According to prescription number, these were for a different patient. Unfortunately, neither patient nor the facility responsible for administering his medications noticed the other patient's name on the bottles. Patient ingested 80% of the meds and reported nausea and vomiting a month before. Event was reported to physician, TSH levels were high in May. TSH, T3 and T4 within normal levels in June. Interestingly, this patient had an active diagnosis of hypothyroidism in his medical record that was not being treated with medication (his previous levels were within normal range). BP remained within normal (previous diagnosis of hypertension). Plan from pharmacy included:
 1. That at the point of sale (POS) counter, they should have only the bag(s) for the patient that is at the window to pick up the medications;
 2. If there is any medication that was verified and for some reason cannot be found, they need to stop and look for the medications in case they were misplaced, and they need to notify the pharmacist on duty;
 3. Follow proper identification of the patient before handing the bag to the patient. (POP-008-100).

LPN documented administration of Cabenuva 600/900 injection on 3/10/23. NDC entered was for the 400/600 kit, therefore, a dosing error appeared to have occurred. CVS reported only dispensing 400/600 kits this year for the patient. According to pharmacy, patient should have received 600/900 doses on 3/10/23. Provider was contacted and recommended the patient be notified of the error and brought into the clinic as soon as possible to check viral load and discuss a plan moving forward. Pharmacist called the patient and informed him of the mistake. An enrollment form with initial order is completed and signed by provider for patient to get assistance but this order is not scanned into patient's EMR. There was no order from a provider in the EMR of this patient for Carbenueva. LPN entered an order in Cerner to create the task to document administration of injection which was not routed to provider for approval and signature. Administration tasks are not on active medication list so they don't populate provider visit note. Pharmacy ran report on 5/5/23 and compared the ordered dose based on NDC for all Cabenuva administrations in 2023. No other administration had a mismatch. Pharmacy will no longer be keeping any orders outside of the EMR. Paper forms were imported to Power Chart except for 4 patients. These were sent to CIOX for scanning. Orders were uploaded in Cerner. Pharmacy will no longer be sending prescriptions when we utilize the Viiv Enrollment forms, and we will only send the benefits verification and patient assistance program portions. They will use the 600/900 dose unless clinically contraindicated to minimize staff confusion. Meeting with team and clinical IT on 5/8/23. Stop practice of staff entering orders to create task. Requested clinical IT to eliminate option for LPNs/MAs to enter orders that do not route for provider signature, keeping only the option to propose an order. As of 5/8/23, every patient at CCC is on every 2 month schedule for 600/900 doses. Case discussed at clinical leadership meeting on 5/10/23. Patient was not charged for labs visit. Nurse manager and clinical IT provided 1:1 training with staff at CCC to emphasize correct way to propose orders to providers. Staff member involved was counseled regarding documenting appropriately to prevent medication error. Patient came in the next day for labs and treatment plan. No harm to patient. Initial orders will be proposed by pharmacist for provider co-signature.

One hour glucose test given to diabetic prenatal patient. Previous history documented in chart. Patient was seen by APRN and medicated accordingly. Nurse manager spoke with Prenatal team, including providers, after incident and discussed that MA/LPN/RN will not order a glucose test without having a direct discussion with the provider who is responsible for reviewing the chart before any glucose test is performed. This was also brought to prenatal huddle the following morning.