**BHCS RISK MANAGEMENT QUARTERLY REPORT QUARTER 3  CY23**

| Occurrence Category CY23 | Q3 | % |
|---|---|---|
| ADR | 0 | 0% |
| DELAY | 9 | 3% |
| FALL | 44 | 15% |
| HIPAAPHI | 7 | 2% |
| INFECTION | 1 | 0% |
| LAB | 65 | 23% |
| MEDICATION | 21 | 7% |
| OB DELIVERY | 5 | 2% |
| PATCARE | 58 | 20% |
| PPID | 4 | 1% |
| SAFETY | 7 | 2% |
| SECURITY | 49 | 17% |
| SKINWOUND | 3 | 1% |
| SURGERY | 13 | 5% |
| GRAND TOTAL | 286 | 100% |

**OCCURRENCE CATEGORY CY23:**

During the 3rd Quarter CY 2023, there were a total of 286 Occurrence Variance Reports, compared to 261 for the 2nd Quarter CY 2023.

This reflects an increase of 25 or 4.57% for Q3 CY 2023.

| Inpatient Falls by Category CY23 | Q3 |
|---|---|
| BABY/CHILD DROP | 0 |
| EASED TO FLOOR BY EMPLOYEE | 2 |
| EASED TO FLOOR BY NON EMPLOYEE | 2 |
| FOUND ON FLOOR | 9 |
| FROM BED | 1 |
| FROM BEDSIDE COMMODE | 0 |
| FROM CHAIR | 0 |
| FROM EQUIPMENT, i.e. stretcher, table, etc. | 0 |
| FROM TOILET | 1 |
| PATIENT STATES | 1 |
| TRIP | 0 |
| WHILE AMBULATING | 2 |
| GRAND TOTAL | 18 |

**INPATIENT FALLS BY CATEGORY CY23:**

During the 3rd Quarter CY 2023, there were 18 Inpatient Falls. This reflects an increase of 2 or 5.88% from 16 reported in Q2 CY 2023.

There was 0 MAJOR injury, 4 MINOR injury and 14 with NO injuries.

| OB DELIVERY CY23 | Q3 |
|---|---|
| EMERGENCY C-SECTION >30 MIN | 0 |
| FETAL DISTRESS | 0 |
| FETAL/MATERNAL DEMISE | 0 |
| MATERNAL COMPLICATIONS | 0 |
| NEONATAL COMPLICATIONS - Apgar <5 @5 min | 0 |
| OB ALERT | 0 |
| OTHER | 0 |
| POSTPARTHUM HEMORRHAGE | 2 |
| RN ATTENDED DELIVERY (0 event >30 mins Delay) | 3 |
| SHOULDER DYSTOSIA | 0 |
| GRAND TOTAL | 5 |

**OB DELIVERY CY23:**

During the 3rd Quarter CY 2023, there were 5 reported occurrences, which reflects a decrease of 5 or 50% from Q2 CY 2023, which reported 10.

For delays greater than 30 minutes, a referral is sent to Quality for any Quality of Care concerns.

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

| HAPIs CY23 | Q3 |
|---|---|
| PRESSURE INJURY-ACQUIRED | 0 |
| GRAND TOTAL | 0 |

**HAPIS CY23:**

During the 3rd Quarter CY 2023, there was 0 HAPI reported, which neither reflects an increase or decrease from Q2 CY 2023, which also reported 0.

| MEDICATION VARIANCES CY23 | Q3 |
|---|---|
| CONTROL DRUG CHARTING | 0 |
| CONTROL DRUG DISCREPANCY INVESTIGATION | 0 |
| CONTROL DRUG DISCREPANCY-COUNT | 0 |
| CONTROL DRUG DIVERSION/SUSPICION | 0 |
| CPOE ISUUE | 0 |
| DELAYED DOSE | 0 |
| EXPIRED MEDICATION | 1 |
| EXTRA DOSE | 1 |
| HOARDING MEDICATION FOR LATER USE | 1 |
| IMPROPER MONITORING | 1 |
| LABELING ERROR | 0 |
| MISSING/LOST MEDICATION | 0 |
| OMITTED DOSE | 2 |
| OTHER | 1 |
| PRESCRIBER ERROR | 2 |
| PYXIS COUNT DISCREPANCY | 0 |
| PYXIS MISS FILL | 1 |
| RECONCILIATION | 2 |
| RETURN BIN PROCESS ERROR | 0 |
| SCAN FAILED | 0 |
| SELF-MEDICATING | 0 |
| UNSECURED MEDICATION | 1 |
| WRONG DOSAGE FORM | 0 |
| WRONG DOSE | 2 |
| WRONG DRUG OR IV FLUID | 1 |
| WRONG FREQUENCY OR RATE | 1 |
| WRONG PATIENT | 0 |
| WRONG ROUTE | 2 |
| WRONG TIME | 2 |
| GRAND TOTAL | 21 |

**MEDICATION VARIANCES CY23:**

During the 3rd Quarter CY 2023, there were 21 Medication occurrences reported, which neither reflects an increase or decrease from Q2 CY 2023, which also reported 21.

There were 7 Near Misses that were Medication-related.

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 CY23 | Q3 |
|---|---|
| ALLERGY | 0 |
| HEMATOLOGICAL/BLOOD DISORDER | 0 |
| CARDIOPULMONARY | 0 |
| GRAND TOTAL | 0 |

**ADR CY23:**

During the 3rd Quarter CY 2023, there was 0 ADR reported, which neither reflects an increase or decrease from Q2 CY 2023, which also reported 0.

| SURGERY RELATED ISSUES CY23 | Q3 |
|---|---|
| ANESTHESIA COMPLICATION | 1 |
| CONSENT ISSUES | 0 |
| EXTUBATION/INTUBATION | 0 |
| POSITIONING ISSUES | 0 |
| RETAINED FOREIGN BODY | 1 |
| SPONGE/NEEDLE/INSTRUMENT ISSUES | 1 |
| STERILE FIELD CONTAMINATED | 2 |
| SURGERY/PROCEDURE CANCELLED | 2 |
| SURGICAL COMPLICATION | 0 |
| SURGICAL COUNT | 4 |
| SURGERY DELAY | 0 |
| TOOTH DAMAGED/DISLODGED | 0 |
| UNPLANNED RETURN TO OR | 2 |
| UNPLANNED SURGERY | 0 |
| WRONG PATIENT | 0 |
| GRAND TOTAL | 13 |

**SURGERY RELATED ISSUES CY23:**

During the 3rd Quarter CY 2023, there were 13 Surgery related occurrences, which reflects an increase by 4 or 18.18% from Q2 CY 2023, which reported 9.

Cancelled Surgery or Procedures are tracked and trended.

| SECURITY CY23 | Q3 |
|---|---|
| ACCESS CONTROL | 0 |
| AGGRESSIVE BEHAVIOR | 2 |
| ARREST | 0 |
| ASSAULT/BATTERY | 5 |
| CODE ASSIST | 12 |
| CODE ELOPEMENT | 0 |
| CONTRABAND | 6 |
| CRIMINAL EVENT | 0 |
| ELOPEMENT-INVOLUNTARY ADMIT (BA, vulnerable adults etc.) | 0 |
| ELOPEMENT-VOLUNTARY ADMIT (NON-VULNERABLE) | 0 |
| PROPERTY DAMAGED/MISSING | 15 |
| SECURITY PRESENCE REQUESTED | 8 |
| SMOKING ISSUES | 0 |
| THREAT OF VIOLENCE | 0 |
| TRESPASS | 0 |
| VERBAL ABUSE | 1 |
| GRAND TOTAL | 49 |

**SECURITY CY23:**

During the 3rd Quarter CY 2023, there were 49 Security related occurrences, which reflects a decrease by 9 or  8.42% from 58 reported in Q2 CY 2023.

There were 12 Code Assist events, in Q3 CY 2023, which reflects a decrease of 2 from Q2 CY 2023, which reported 14.

Property Damaged/Missing is 15 in Q3 CY 2023, which neither reflects a decrease or increase from Q2 CY 2023, which also reported 15.

Security Presence Requested is 8 in Q3 CY 2023, which reflects a decrease by 7 or 30.44% from Q2 CY 2023, which reported 15.

| SAFETY CY23 | Q3 |
|---|---|
| BIOHAZARD EXPOSURE | 1 |
| CODE RED | 1 |
| ELEVATOR ENTRAPMENT | 0 |
| FALSE ALARM | 0 |
| SAFETY HAZARD | 5 |
| SHARPS EXPOSURE | 0 |
| GRAND TOTAL | 7 |

**SAFETY CY23:**

During the 3rd Quarter CY 2023, there were 7 Safety events reported, which reflects a decrease by 6 or 30% from Q2 CY 2023, which reported 13.

Occurrences which involve employees and LIPs are referred to Employee Health for review.

---

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:**
Our falls drill down showed most falls being bathroom related. Staff are encouraged to ensure this is addressed during their  purposeful rounding.
Reinforce with staff that patient's should not be left unattended on the bedside commode.
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 and handoff.
Safety Huddles every shift with staff (to review any fall risk patients and any other safety concerns)
Reinforce the need for bedside shift report
Medications review by decentralized pharmacists post-fall, feedback provided and medication(s) adjusted accordingly.
All patient's receiving sedatives prior to a procedure, should be transported via stretcher, not wheelchair
Safety sitters are assigned to non compliant patients with high risk for falls
I-Care rounding should also include ensuring Fall preventative measures are in place(functional bed alarm, bed plugged in, non-skid socks, yellow bracelet, environment clutter free and no environmental hazards)
More front line staff encouraged to attend falls meeting, multidisciplinary approach
Falls Road Show- Risk & Quality round on units/departments throughout the hospital with a Spin Wheel created just for Falls. Staff are quizzed on fall related questions and are rewarded with snacks.
IA/RCA for each fall with a severity level >3
Use of standardized Intense falls analysis form - this allows the staff the opportunity to provide a more detailed drill down of the event

**AHCA ANNUAL REPORTABLE EVENTS:**
There was 1 AHCA Annual Reportable Events in the 3rd Quarter CY 2023:

1  - Retained Foreign Body (Surgery):

**Situation**
Betadine swab stick was left in the patient's vagina after a procedure, it was not discovered until the next day.

**Background**

Patient is a 47-year-old female admitted on 08/03/2023 for elective Total Abdominal Hysterectomy & Bilateral Salpingectomy.
Patient had surgery on 08/04/2023, and a foley catheter was placed intraoperatively. The patient tolerated the procedure, peri-pad was applied and patient was taken to the recovery room in a stable condition. She was admitted to the floor.
At 2118, the PCA completed foley catheter and peri care.  The PCA saw some type of plastic protruding from the patient's vagina and informed the RN.
The RN thought it was a vaginal packing and did not reassess the patient since the patient had a gynecological procedure.
Upon d/c of the foley catheter at 0600, the object was again noticed by the RN, who then escalated this to the physician. The  patient was c/o the urge to urinate but was unable, and of severe pain and pressure in the pelvic area.
The physician advised the removal of the swab stick and same was removed by the patient's husband

**Assessment**

Interview & IA done with OR, PACU and staff on unit
Patient is obese and staff denied seeing the swab stick during their care and assessment
When discovered by PCA- it was not immediately addressed.

**Recommendations**

Intraop RN and tech will perform verbal account of swab stick to ensure all sticks are accounted for
Intraop team will have both RN and Tech evaluate patient prior to transfer to bed
Visual check will be conducted no matter what the surgical procedure is
All staff will be competencies on surgical counts and also have to return demonstrate actual count on a surgical case
Audits will be performed on counts in the OR to ensure verbal check is being performed
All audits to be completed by December 1st 2023
PACU staff to evaluate bleeding and foley catheter directly to ensure perineum is visualized
Will have patient turn and positioned to appropriately visualize area
Reinforce the need for proper and thorough reassessment and documentation
Urinary Catheter Care: Policy (NUR-014-199) states "daily and as needed."
The computer has it ordered q6 hours…. Action: The system (Powerchart) will be updated to reflect our policy: "Care will be Daily and PRN."


**CODE 15 & RCAs:**
There was no Code 15 reported in the 3rd Quarter CY 2023.

There was 0 RCAs in the 3rd Quarter CY 2023

There was 1 Intense Analysis/Discussion in the 3rd Quarter CY 2023: Retained Foreign Body (Surgery)

**REGULATORY VISITS:**
AHCA/CMS:              1 - Re-visit Telemetry Event