

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 CY21	%
ADR	3	3	2	8	1%	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	8	1%
Delay	13	14	14	41	5%	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	41	5%
Falls	15	15	17	47	5%	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	47	5%
HIPAA PHI	1	2	0	3	0%	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	3	0%
Infection Control	4	2	4	10	1%	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	10	1%
Lab	5	5	6	16	2%	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	16	2%
Medication Variance	20	9	25	54	6%	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	54	6%
Patient Care Issues	82	87	76	245	29%	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	245	29%
Patient Rights	1	1	0	2	0%	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	2	0%
PPID	0	0	0	0	0%	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	0	0%
Safety	5	11	6	22	3%	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	22	3%
Security	124	99	114	337	39%	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	337	39%
Skin and Wound	28	18	15	61	7%	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	61	7%
Surgery Issues	10	1	2	13	2%	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	13	2%
Totals	311	267	281	859	100%	0	0	0	0	-	0	0	0	0	-	0	0	0	0	-	859	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 CY21
ADR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Falls	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	1
Lab	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medication Variance	1	0	5	6	0	0	0	0	0	0	0	0	0	0	0	0	6
Patient Care Issues	0	3		3	0	0	0	0	0	0	0	0	0	0	0	0	3
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	0	0	0	0	0	0	0	0	0
Security	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Skin and Wound	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery Issues	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Totals	1	3	8	12	0	0	0	0	0	0	0	0	0	0	0	0	12
PD + SSD	10,265	9,389	11883	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Target: > = 2.3 per 1000 PD	0.10	0.32	0.67	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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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 CY21
Control Drug Charting	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Control Drug Discrepancy- count	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Control Drug Discrepancy Investigation	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2
Control Drug Diversion/ Suspicion	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Contraindication	1	1	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3
CPOE Issue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Delayed Dose	3	1	2	6	0	0	0	0	0	0	0	0	0	0	0	0	6
Expired Medication	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Extra Dose	2	2	2	6	0	0	0	0	0	0	0	0	0	0	0	0	6
Hoarding Medications for Later Use	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Improper Monitoring	1	0	2	3	0	0	0	0	0	0	0	0	0	0	0	0	3
Labeling Error	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Missing/Lost Medication	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Omitted Dose	6	1	3	10	0	0	0	0	0	0	0	0	0	0	0	0	10
Other	2	1	2	5	0	0	0	0	0	0	0	0	0	0	0	0	5
Prescriber Error	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Pyxsix Count Descrpancy	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Pyxis Miss Fill	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Reconciliation	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	-
Self-Medicating	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2
Unordered Drug	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Unsecured Medication	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Wrong Concentration	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Wrong Dose	3	1	1	5	0	0	0	0	0	0	0	0	0	0	0	0	5
Wrong Frequency or Rate	1	0	3	4	0	0	0	0	0	0	0	0	0	0	0	0	4
Wrong Drug or IV Fluid	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Wrong Patient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Wrong Route	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Wrong Time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Totals	19	9	20	48	0	0	0	0	0	0	0	0	0	0	0	0	48

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 CY21	%
Ambulance Transport	2	2	0	4	10%	0	0	0	0	-	0	0	0	0	-	0	0	0	0	-	4	10%
Delay in Ancillary Areas, i.e lab, radiology, etc.	3	1	0	4	10%	0	0	0	0	-	0	0	0	0	-	0	0	0	0	-	4	10%
Communication - Failure/Delay to Phys/PA/LIP	0	3	1	4	10%	0	0	0	0	-	0	0	0	0	-	0	0	0	0	-	4	10%
Consult/Response/Follow Up	1	2	3	6	15%	0	0	0	0	-	0	0	0	0	-	0	0	0	0	-	6	15%
Delay - Orders Not Completed	3	2	2	7	17%	0	0	0	0	-	0	0	0	0	-	0	0	0	0	-	7	17%
Delay - Physician Orders	1	3	7	11	27%	0	0	0	0	-	0	0	0	0	-	0	0	0	0	-	11	27%
Delay - Registration/Admission/Insurance	0	0	0	0	0%	0	0	0	0	-	0	0	0	0	-	0	0	0	0	-	0	0%
Delay - Staffing Issue	1	0	0	1	2%	0	0	0	0	-	0	0	0	0	-	0	0	0	0	-	1	2%
Delay - STAT Orders	1	1	1	3	7%	0	0	0	0	-	0	0	0	0	-	0	0	0	0	-	3	0%
Delay- Stroke/Brain Alert	1	0	0	1	2%	0	0	0	0	0%	0	0	0	0	0%	0	0	0	0	0%	0	0%
Totals	13	14	14	41	100%	0	0	0	0	0%	0	0	0	0	100%	0	0	0	0	0%	41	0%
PD + SSD	10265	9389	11883	31537		0	0	0	0		0	0	0	0		0	0	0	0		31537	
< 1.0 per 1000 patient days	1.27	1.49	1.18	1.30		0	0	0	0		0	0	0	0		0	0	0	0		1.3	

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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 CY21
Anesthesia Complication	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Consent Issue	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Extubation/Intubation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Puncture Laceration	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Retained Foreign Body	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sponge/Needle/Instrument Issues	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Sterile field contaminated	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgical Count	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery Delay	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery/Procedure Cancelled	1	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2
Surgical Complication	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Tooth Damaged/Dislodged	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Unplanned Return to OR	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Wrong Procedure	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	10	1	1	12	0	0	0	0	0	0	0	0	0	0	0	0	12

Near misses NOT included as they are capture

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SECURITY	Jan	Feb	Mar	1st Qtr	Apr	May	June	2nd Qtr	July	Aug	Sept	3rd Qtr	Oct	Nov	Dec	4th Qtr	Total CY21	Near misses NOT included as they are captured
Access Control	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Aggressive behavior	1	1	2	4	0	0	0	0	0	0	0	0	0	0	0	0	4	
Arrest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Assault/Battery	0	3	1	4	0	0	0	0	0	0	0	0	0	0	0	0	4	
Break In	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Code Assist	60	50	65	175	0	0	0	0	0	0	0	0	0	0	0	0	175	
Code Black	0	1	0	1				0				0				0	1	
Code Elopement	3	3	3	9	0	0	0	0	0	0	0	0	0	0	0	0	9	
Code Strong	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Contraband	9	6	10	25	0	0	0	0	0	0	0	0	0	0	0	0	25	
Criminal Event	0	0	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0	
Elopement - Voluntary Admit	1	1	1	3				0				0				0	3	
Property Damaged/Missing	9	6	5	20	0	0	0	0	0	0	0	0	0	0	0	0	20	
Rapid Response Team - Visitor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Security Presence Requested	37	27	23	87	0	0	0	0	0	0	0	0	0	0	0	0	87	
Security Transport	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	
Smoking Issues	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Threat of violence	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	
Trespass	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Vehicle Accident	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	
Verbal Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Totals	124	99	113	336	0	0	0	0	0	0	0	0	0	0	0	0	336	

SAFETY	Jan	Feb	Mar	1st Qtr	Apr	May	June	2nd Qtr	July	Aug	Sept	3rd Qtr	Oct	Nov	Dec	4th Qtr	Total CY21	Near misses NOT included as they are captured
Biohazard Exposure	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Code Red	0	3	1	4	0	0	0	0	0	0	0	0	0	0	0	0	4	
Electrical Hazard	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Elevator Entrapment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
False Alarm	0	1	3	4	0	0	0	0	0	0	0	0	0	0	0	0	4	
Safety Hazard	2	4	1	7	0	0	0	0	0	0	0	0	0	0	0	0	7	
Sharps Exposure	3	3	1	7	0	0	0	0	0	0	0	0	0	0	0	0	7	
Totals	5	11	6	22	0	0	0	0	0	0	0	0	0	0	0	0	22	

Inpatient Falls	Jan	Feb	Mar	1st Qtr	Apr	May	June	2nd Qtr	July	Aug	Sept	3rd Qtr	Oct	Nov	Dec	4th Qtr	Total CY21	NOTE:
3SE	0	3	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	Near misses NOT included as they are captured Fall numbers in totals at top of PMR include ALL
3NE	0	0	3	3	0	0	0	0	0	0	0	0	0	0	0	0	3	
4th Floor (Rehab)	1	2	2	5	0	0	0	0	0	0	0	0	0	0	0	0	5	
5th Floor (CSCU)	2	1	2	5	0	0	0	0	0	0	0	0	0	0	0	0	5	
6th Floor (Neuro-Tele)	0	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	
7E Trauma Care Unit (TCU)	0	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	
8th Floor (SMCU)	1	0	3	4	0	0	0	0	0	0	0	0	0	0	0	0	4	
9th Floor (SurgTele)	1	1	1	3	0	0	0	0	0	0	0	0	0	0	0	0	3	
MICU	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	
MICU OF	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	
SICU	1	0	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	8	12	13	33	0	0	0	0	0	0	0	0	0	0	0	0	33	
Total Inpatient Falls with Injuries	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

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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 CY21
Outpatient Falls	3	1	2	6	0	0	0	0	0	0	0	0	0	0	0	0	6
Outpatient Falls with Injuries	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Visitor Falls	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Visitor Falls with Injuries	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ED Falls	1	2	1	4	0	0	0	0	0	0	0	0	0	0	0	0	4
ED Falls with Injuries	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	5	3	3	11	0	0	0	0	0	0	0	0	0	0	0	0	11

Note: Total includes injuries due to set up of f

RISK MANAGEMENT QUARTERLY REPORT QUARTER 1

Occurrence Category CY21	Q1
ADR	8
DELAY	41
FALL	47
HIPAAAPHI	3
INFECTION	10
LAB	16
MEDICATION	54
PATCARE	245
Patient Right	2
PPID	0
SAFETY	22
SECURITY	337
SKINWOUND	61
SURGERY	13
Total	859

OCURRENCE CATEGORY CY21:

Decrease in occurrence variance reports from 882 in Q4 to 859 in Q1, reflecting a 3% decrease. The Patient Care occurrences reduced from 341 to 245 reports and Medication Variances increased from 34 in Q4 to 54 in Q1. No other trends noted. The overall Near Miss Occurrences during the 1st Quarter CY 21 were 12, or 1.4% of overall occurrences. The goal continues to be increased reporting to discern trends in order to implement risk reduction measures.

Inpatient Falls by Category CY21	Q1
Eased to floor by employee	4
Found on floor	25
From Bed	2
Patient States	1
While ambulating	2
Total	34

INPATIENT FALLS BY CATEGORY CY21:

34 falls in CY21Q1 compared to 30 in CY20Q4, reflecting a 13% increase. Rate of 1.8 with benchmark of 2.61. In January, one patient sustained a fractured humerus resulting from the fall. No surgery indicated per ortho. In February, one patient fell and sustained a forehead laceration that required sutures. All patient falls are discussed daily during the morning huddle.

HAPIs CY21	Q1
DTI	3
Total	3

HAPIS CY21: 3 HAPIs (all DTIs) in Q1 compared to 2

HAPIs in Q4. All 3 pts were in ICU and 2 of which were trauma patients. NM performs intense analysis per HAPI. No HACs reported for Q1. Rate of 0.19 with target of 0.36.

MEDICATION VARIANCES CY21	Q1
Contraindication	3
Control Drug Discrepancy Investigation	2
Delayed dose	6
Expired Medication	1
Extra Dose	8
Improper Monitoring	3
Omitted dose	10

MEDICATION VARIANCES CY21: Near Miss 6 vs Actual 48

(Total 54). Rate of 0.02%. Increase in medication variances by 107%, from 26 to 54. Increase in number of reports entered by pharmacy personnel. 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

RISK MANAGEMENT QUARTERLY REPORT QUARTER 1

Other	5
Pyxis Miss Fill	1
Reconciliation	1
Self-Medicating	2
Wrong Concentration	1
Wrong dose	6
Wrong Frequency or Rate	4
Wrong Patient	1
Total	54

sent out to all staff in CEO newsletter as well as played on tv outside of main hospital elevators. Lessons learned and opportunities are also reviewed in Patient Care Key Group by pharmacy manager. No adverse outcomes. Goal continues to be increased reporting.

ADR CY21	Q1
Allergy	6
Dermatological	1
Miscellaneous	1
Total	8

ADR CY21: 8 ADR in Q1 compared to 1 in CY20Q4 reflecting an 700% increase since last quarter. Increase likely due to increase in ADR reporting, not necessarily ADR incidents.

SURGERY RELATED ISSUES CY21	Q1
Anesthesia Complication	1
Consent Issues	2
Sponge/Needle/Instrument Issues	1
Surgical Count	1
Surgery Delay	2
Surgery/Procedure Cancelled	2
Surgical Complication	1
Tooth Damage/Dislodged	1
Unplanned Return to OR	1
Wrong Site	1
Total	13

SURGERY RELATED ISSUES CY21: 13
Surgical-related issues in Q1 compared with 21 in Q4, a 38% decrease. Surgical complications reduced from 4 to 1, surgery delays decreased from 5 to 2, unplanned return to OR decreased from 3 to 1, and sponge/needle/instrument issues decreased from 4 to 1. One wrong site incident which was reported to AHCA as a Code 15 and is described at the end of the report in the Risk section.

SECURITY CY21	Q1
Aggressive behavior	4
Assault/Battery	4
Code Assist	175
Code Black	1
Code Elopement	10
Contraband	25
Criminal Event	1
Elopement - Voluntary Admit	3
Property Damaged/Missing	20
Security Presence Requested	87
Security Transport	2
Threat of violence	3
Vehicle Accident	2
Total	337

SECURITY CY21: Increase in security occurrences from 298 in CY20Q4 to 337 in CY21Q1 reflecting a 13% increase. Code Assists increased from 136 in Q4 to 175 in Q1, reflecting a 29% increase. Security Presence Requested increased from 77 to 87. Multiple patients had >1 security call each. Reduction of assault/battery from 8 in Q4 to 4 in Q1. Out of the 20 missing/damaged property, only one item was missing and substantiated.

SAFETY CY21	Q1
Code Red	4
False Alarm	4
Safety Hazard	7
Sharps Exposure	7
Total	22

SAFETY CY21Q1: Increase in safety occurrences from 16 Q4 to 22 in Q1 which indicates a 38% increase. Four false alarm reports in Q1 (none in Q4) and safety hazard/sharps exposure remained consistent with 6 each in Q4 compared with 7 each in Q1. Sharps exposure further discussed in Risk section below.

RISK MANAGEMENT QUARTERLY REPORT QUARTER 1

Further discussed in risk section below.

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.)

✓ **Code 15:**

- **Kyphoplasty performed at incorrect vertebral level:** Patient assessed with an anatomical anomaly wherein patient has 6 lumbar vertebrae versus 5 (her L6 is considered a transitional vertebral body). Patient also severely obese with a BMI of 53. Under AP and lateral fluoroscopic imaging, the L5 vertebral body was identified and procedure completed with no complications noted and patient was discharged. Patient returned one month later for vomiting and diarrhea and CT abdomen/pelvis performed for abdominal pain. Finding of a compression fracture of the lumbar vertebral body again noted with vertebroplasty cement seen at the level above fracture. patient underwent successful fluoroscopic-guided lumbar kyphoplasty of transitional L6 vertebral body with interventional radiologist. Due to patient's severe obesity, the lateral view on fluoroscopy was not clearly visualized intra-procedure. These factors contributed towards the complexity of this case and outcome.

✓ **Process Improvement:**

- **Specimen Disposition Policy** created by BHN lab manager in collaboration with other regional lab managers to ensure proper handling and disposal of limbs and to obtain permission for limb disposition form from the surgery department. No policy outlining the procedure prior to this. This policy was communicated to BHN nurse managers at January 2021 Nurse Leadership meeting to ensure nursing understanding and compliance of the limb dispo form including completion during the time of consent for surgery (on the nursing unit prior to preop).
- **PACS battery UPS Backup:** Occurrence reported in HAS where PACS went down in BHN OR and surgeon had to scrub out and go to file room to view patient's films. During investigation, it was found that this was not first occurrence. Collaborated with radiology and IT who concluded that there was a power outage causing the system to go down.
 - **Action item:** BHN will be installing battery UPS backups in each of the ORs so the PACS computer doesn't go down in the event of a power outage.
- **Employee Needle Sticks:** Noted increase in number of employee needle sticks related to backorder of insulin syringes and new needle in use. Risk collaborated with Director of Nursing and Employee Health. Staff education provided by Director of Nursing who reviewed needle use for replacement syringe and safe injection practices. Less incident reports recently noted on needle sticks.

✓ **Intense Analysis:**

• **Following Brain Attack Protocol**

- **Opportunities:** Staff knowledge regarding time difference between routine, STAT, and brain attack (for radiology); Call Brain Attack if pt presents with stroke symptoms; if MD disagrees, follow chain of command; Identify stroke symptoms vs effects of anesthesia.
- **Actions:** Action for all opportunities identified: Stroke coordinator to create stroke resource book for PACU specific to the immediate post-op period including the following: Brain Attack policy, signs/symptoms of stroke, VS/neuro checks after stroke treatment (TPA, thrombectomy), when to call Brain Attack, what to do when brain attack is called; Surgeon agreed not to hesitate to call aBrain Attack if patient shows stroke symptoms to avoid delay of stroke identification.

✓ **Code Black**

Call made to Broward Crime Stoppers reporting a bomb at BHN ED by anonymous source. Police made BHN aware. Protocol followed. No bomb was found. After-Action Plan will be completed by Emergency Management team.

RISK MANAGEMENT QUARTERLY REPORT QUARTER 2

Occurrence Category CY21	Q2
ADR	0
DELAY	0
FALL	0
HIPAAAPHI	0
INFECTION	0
LAB	0
MEDICATION	0
PATCARE	0
PPID	0
SAFETY	0
SECURITY	0
SKINWOUND	0
SURGERY	0
Total	0

OCCURRENCE CATEGORY CY21:

Inpatient Falls by Category CY21	Q2
CONFUSED	0
FALL - OTHER	0
FALL ACCIDENTAL FALL	0
FALL EASED TO FLOOR BY EMPLOYEE	0
FALL FROM BED	0
FALL FROM BEDSIDE COMMODORE	0
FALL PATIENT FOUND ON FLOOR	0
FALL PATIENT STATES	0
FALL RETURNING TO BED	0
FALL UNANTICIPATED PHYSIOLOGIC	0
FALL WHILE AMBULATING	0
Grand Total	0

INPATIENT FALLS BY CATEGORY CY21:

HAPIs CY21	Q2
Stage 2	0
Unstageable	0
DTI	0
Total	0

HAPIS CY21:

MEDICATION VARIANCES CY21	Q2
Contraindication	0
Control Drug Charting	0
Delayed dose	0
Extra Dose	0
Improper Monitoring	0
Omitted dose	0
Other	0
Unsecured Medication	0
Wrong route	0
Wrong time	0
Total	0

MEDICATION VARIANCES CY21:

ADR CY21	Q2
Allergy	0
Cardiopulmonary	0
Miscellaneous	0
Total	0

ADR CY21:

SURGERY RELATED ISSUES CY21	Q2
Surgical Count	0
Surgery Delay	0
Surgery/Procedure Cancelled	0
Surgical Complication	0
Unplanned Return to OR	0
Total	0

SURGERY RELATED ISSUES CY21:

RISK MANAGEMENT QUARTERLY REPORT QUARTER 2

SECURITY CY21	Q2
Aggressive behavior	0
Arrest	0
Assault/Battery	0
Code Assist	0
Code Elopement	0
Code Strong	0
Contraband	0
Property Damaged/Missing	0
Security Presence Requested	0
Threat of violence	0
Trespass	0
Vehicle Accident	0
Verbal Abuse	0
Total	0

SECURITY CY21:

SAFETY CY21	Q2
Code Red	0
Safety Hazard	0
Sharps Exposure	0
Total	0

SAFETY CY21:

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.)

RISK MANAGEMENT QUARTERLY REPORT QUARTER 3

Occurrence Category CY20	Q3	%
ADR	0	0.00%
DELAY	0	0.00%
FALL	0	0.00%
HIPAAAPHI	0	0.00%
INFECTION	0	0.00%
LAB	0	0.00%
MEDICATION	0	0.00%
PATCARE	0	0.00%
PATRIGHT	0	0.00%
PPID	0	0.00%
SAFETY	0	0.00%
SECURITY	0	0.00%
SKINWOUND	0	0.00%
SURGERY	0	0.00%
Grand Total	0	0.00%

OCCURRENCE CATEGORY CY21:

Inpatient Falls by Category CY21	Q3
Eased to Floor by Employee	0
Found on Floor	0
From Bed	0
From Chair	0
While Ambulating	0
Total	0

INPATIENT FALLS BY CATEGORY CY21:

HAPIs CY21	Q3
Stage 2	0
DTI	0
Total	0

HAPIS CY21:

MEDICATION VARIANCES CY21	Q3
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MEDICATION VARIANCES CY21:

RISK MANAGEMENT QUARTERLY REPORT QUARTER 3

Contraindication	0
Control Drug Discrepancy-count	0
Delayed dose	0
Extra Dose	0
Missing/Lost Medication	0
Omitted dose	0
Other	0
Prescriber Error	0
Unsecured Medication	0
Wrong dose	0
Wrong Drug or IV Fluid	0
Wrong frequency or rate	0
Wrong time	0
Total	0

ADR CY21	Q3
Allergy	0
Cardiopulmonary	0
Miscellaneous	0
Total	0

ADR CY21:

SURGERY RELATED ISSUES CY21	Q3
Anesthesia Complication	0
Consent Issues	0
Extubation/Intubation	0
Puncture or Laceration	0
Sponge/Needle/Instrument Issues	0
Sterile field contaminated	0
Surgical Count	0
Surgery Delay	0
Surgery/Procedure Cancelled	0
Surgical Complication	0
Unplanned Return to OR	0
Total	0

SURGERY RELATED ISSUES CY21:

SECURITY CY21	Q3
Access control	0
Aggressive behavior	0
Assault/Battery	0
Code Assist	0
Code Elopement	0
Contraband	0
Criminal Event	0
Property Damaged/Missing	0
Security Presence Requested	0
Smoking Issues	0
Threat of violence	0
Trespass	0
Verbal Abuse	0
Total	0

SECURITY CY21:

SAFETY CY21	Q3
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SAFETY CY21:

RISK MANAGEMENT QUARTERLY REPORT QUARTER 3

Electrical Hazard	0
Safety Hazard	0
Sharps Exposure	0
Total	0

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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.)

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RISK MANAGEMENT QUARTERLY REPORT QUARTER 4

Occurrence Category CY21	Q4	%
ADR	0	#DIV/0!
DELAY	0	#DIV/0!
FALL	0	#DIV/0!
HIPAA PHI	0	#DIV/0!
INFECTION	0	#DIV/0!
LAB	0	#DIV/0!
MEDICATION	0	#DIV/0!
PAT CARE	0	#DIV/0!
PAT RIGHT	0	#DIV/0!
PPID	0	#DIV/0!
SAFETY	0	#DIV/0!
SECURITY	0	#DIV/0!
SKIN WOUND	0	#DIV/0!
SURGERY	0	#DIV/0!
Grand Total	0	#DIV/0!

OCCURRENCE CATEGORY CY21 Q4:

Inpatient Falls by Category CY21	Q4
Eased to Floor by Employee	0
Found on Floor	0
From Bed	0
From Chair	0
While Ambulating	0
Total	0

INPATIENT FALLS BY CATEGORY CY21 Q4:

HAPIs CY21	Q4
DTI	0
Unstageable	0
Total	0

HAPIS CY21 Q4:

RISK MANAGEMENT QUARTERLY REPORT QUARTER 4

MEDICATION VARIANCES CY21	Q4
Control Drug Discrepancy-Count	0
Control Drug Discrepancy- Investigation	0
Contraindication	0
Delayed Dose	0
Extra Dose	0
Missing/Lost Medication	0
Omitted Dose	0
Other	0
Pyxis Count Discrepancy	0
Wrong Dose	0
Wrong Frequency or Rate	0
Wrong Drug or IV Fluid	0
Wrong Route	0
Wrong Time	0
Total	0

MEDICATION VARIANCES CY21 Q4:

ADR CY21	Q4
Cardiopulmonary	1
Total	1

ADR CY21 Q4:

SURGERY RELATED ISSUES CY21	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 CY21	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 CY21 Q4:

RISK MANAGEMENT QUARTERLY REPORT QUARTER 4

SAFETY CY21	Q4
Biohazard Exposure	0
Code Red	0
Safety Hazard	0
Sharps Exposure	0
Total	0

SAFETY CY21 Q4: 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.)

