BHIP RISK MANAGEMENT QUARTERLY REPORT QUARTER 4

Occurrence Category CY23 -BHIP OVRs by Sub Cat	Q4	%
Patient Care Issues	209	46%
Security	126	28%
Surgery	26	6%
Fall	21	5%
Delay	17	4%
Medication	14	3%
Safety	14	3%
Skin Wound	11	2%
HIPAAPHI	6	1%
ADR	5	1%
Lab	4	1%
Patient Rights	3	1%
Grand Total	**456**	**100%**

OCCURRENCE CATEGORY CY23:

Occurrences decreased by 74 (13.90%) from Q2 CY 2023. Risk Management attends nursing huddles to promote patient safety and proactively responds to questions staff may have.

Inpatient Falls by SubCategory CY23	Q4
Found on floor	6
From Bed	5
Patient states	1
From equipment	1
Slip	1
From bedside commode	1
Trip	3
While ambulating	3
Grand Total	**21**

INPATIENT FALLS BY CATEGORY CY23:
Inpatient Falls in the 4th Quarter decreased by 13 (40.6%). 16 patients fell with no injury; 1 abrasion; 1- right shin laceration: 1 skin tear.

HAPIs CY23	Q4
Pressure Injury -Aquired	7
Pressure Injury -On Admission	1
Skin & Wound -Acquired	2
Skin & Wound - Present on Admit	1
Grand Total	11

HAPIS CY23:
HAPI increased by 1 during Q4 CY2023

MEDICATION VARIANCES CY23	Q4
Missing/Lost Medication	2
Wrong Dose	2
Wrong drug or IV fluid	2
CPOE Issue	1
Improper Monitoring	1
Omitted Dose	1
Other	1
Prescribe Error	**1**
Reconciliation	1
Wrong frequency or rate	1
Wrong time	1
Grand Total	**14**

MEDICATION VARIANCES CY23:
Medication variances increased by 4 during Q4 CY2023. All med variances were Level 1 and 2. No patient harm.

BHIP RISK MANAGEMENT QUARTERLY REPORT QUARTER 4

ADR CY23	Q4
Allergy	5
Grand Total	**5**

ADR CY23: ADR reports increased by 1 during Q4 CY2023. Allergy symptoms identified as itchiness and rashes. The symptoms were resolved by Benadryl and solumedrol administration.

SURGERY RELATED ISSUES CY23	Q4
Surgical Complication	6
Unplanned Return to OR	6
Consent Issues	5
Surgery/Procedure Cancelled	3
Anesthesia Complication	1
Extubation/Intubation	1
Puncture or Laceration	1
Sponge/Needle/Instrument Issues	1
Surgery Delay	1
Unplanned Surgery	1
Grand Total	**26**

SURGERY RELATED ISSUES CY23: Surgery Related events increased by 7 during Q4 CY2023

SECURITY CY23	Q4
Security Presence Requested	68
Security Assistance	21
Aggressive behavior	13
Assault/Battery	10
Contraband	5
Property Damaged/Missing	4
Verbal Abuse	2
Code Black	1
Security Transport	1
Threat of violence	1
Grand Total	**126**

SECURITY CY23:
Security Events decreased by 16 (11.26%). No trends identified.

SAFETY CY23	Q4
Safety Hazard	13
Code Red	1
Grand Total	**14**

SAFETY CY23: Safety Hazzard Events decreased by 5 (26.3%) during Q4 CY2023

BHIP RISK MANAGEMENT QUARTERLY REPORT QUARTER 4

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.)
1 ACHA annual reportable event in Q4; No code 15 Reportable event in Q4

Case Review 333457431 Date of Incident 10/18/2023
On 10/18/2023 the patient was brought back to the OR for a planned exploratory laparotomy for sponge, wound vac removal and closure of wound.
The final count was conducted prior to Abthera wound vac application.
Assessment:

- **The patient was emergently brought to OR due to pneumoperitoneum, unstable with increase heart rate and decrease O2 Sat.**
- **The Initial count was performed by two (2) Operating Room staff.**
- **First closing count was performed, sponge count and sharps count was correct.**
- **Staff and surgeon acknowledge the correct count.**
- **The final count was conducted by two (2) OR staff, correct sponge and sharps counts communicated to the surgeon.**
- **The patient's open abdomen was closed Abthera wound vac dressing was applied. With plan to take the patient back to OR n 48 hours for sponge removal, wash out and closure. The abdomen was left open.**
- **On 10/18/2023 the patient was brought back to the operating room as planned for washout and wound closure. The wound vac dressing, and a sponge were removed. Anastomosis from the right colectomy was examined, revealed completely intact.**

Corrective/ proactive Action's taken:

- **This case will be reviewed further by the medical to explore evidence-based practices and measures to communication in the OR.**
- **The case will be reviewed and presented to the surgical and Graduate Medical Education (GME) committee. Discuss the lessons learned and the count process.**
- **Direct observation on surgical count**
- **Ongoing Surgical count audit for 90 days, analyze data and the Surgical Director will report results to patient safety and quality meeting.**
- **Discussed the lessons learned with the surgical team.**
- **A Final count will be performed after wound vac is applied.**
- **Radiologic studies before leaving the OR for open abdominal patients.**

Case Review 333739534 Date of Incident 11/12/2023
A 79 y.o. male patient was admitted to 3rd floor due to dementia, and leg and scrotal swelling. ON 11/12/2023 The patient was given 5 mg of Metoprolol IV push outside of the parameters set by the ordering physician.
Assessment:

- **The patient's initial admit order was for telemetry unit hence, the order set was for a telemetry patient. PRN Metoprolol with parameters was ordered. However, the order was downgraded to the 3rd floor. Metoprolol was not discontinued.**
- **Metoprolol is not loaded in the pyxis; however, the medication was delivered in a bag for the pharmacy to the 3rd floor.**
- **Admission orders/ medication orders were reviewed by ANM- Telemetry order and IV Metoprolol were not identified as red flag for the 3rd floor.**
- **Vital signs documentation prior to administering beta blockers is not a "Hard Stop."**

Recommendation:

- **Staff coaching/education to check and verify admission orders (i.e., Unit placement, medication orders)**
- **Pharmacy to explore placing a "HARD STOP "on vital signs documentation in EMAR prior to administering medication, for patient safety.**

Case Review 333706580 Date of Incident 11/17/2023
A 44 y.o. male patient underwent a resection of retrocalcaneal exostosis right lower extremity under general anesthesia and popliteal block at the outpatient surgery center. The patient was placed in a prone position during the procedure, post procedure the patient was placed in a supine and extubated. The patient went into respiratory distress. 911 was called and the patient was transferred to BHIP ED. The anesthesiologist notified the ED physician regarding the transfer. At around 16:32 the patient arrived in the ED, O2 Sat 77% on 15 L NRM. Chest X-ray showed a bilateral interstitial opacity compatible with pneumonia. The patient was placed on BiPAP machine and started on IV antibiotics. Per ED physician notes the patient's O2 set improves on BiPAP However, at around 20:10 patient O2 sat dropped; the patient was prepped for intubation. Several attempts were made to intubate the patient but unsuccessful. At 20:40 the patient was successfully intubated. At 21:15 the patient was noted to be pulseless and expired.
Assessment:

- **Post- anesthesia complication. Post Extubation, pink frothy sputum was noted. A decision was made not to intubate the patient. The patient had difficult intubation and did not communicate to ED; Patient is high risk with a BMI >40 ; Arterial blood gas was not obtained during initial ED intake.**

Recommendation:

- **Patient with >40 BMI should have the surgical procedure performed in same day rather than outpatient surgery center.; Use of standard anesthesia assessment ; Communication**

a. **RN to RN hand off communication from OSC to ED.**
b. **Respiratory hand off communication to in coming shift.**

- **Early intubation; Avoid prone position procedure in the OSC.**

Case Review 33410872 Date of Event 12/05/2023
A 59-year-old male patient was found unresponsive with boots lace tied around his neck attached to a coat hanger on the wall. The staff lifted the patient from the waist to relieve weight off the neck. The shoelace was cut and removed from the patient's neck. The patient became responsive and started breathing once the shoelace was released.

***Assessment*: CSSR screening was performed with no signs of suicidal ideation. *Recommendation:* Remove all coat hanger in the Emergency Department**

Case Review 333751607 Date of Incident 11/24/2023
Hospital acquire Pressure ulcer state 2 4.5 cm x 6.5 cm.
Assessment: Patient is a 61 year old male admitted to the BHU on 11/17/23. He is awake but nonverbal. Patient is very stiff and unable to reposition himself. According to nurses patient has not eaten or taken fluids for the past 3 days. He is incontinent. Patient is being seen for buttock ulcer.
Opportunities Identified:

1. **Patient's room assigned should be change from the West Wing to South Wing**
2. **Every 2-hour turning was note documented.**
3. **Inconsistency in skin assessment documentation**
4. **Diaper applied to patient.**
5. **Inconsistent Braden scale documentation**
6. **Patient required medical attention.**

Recommendation:

1. **Skin Assessment round 2 times a week by the SWAT team**
2. **Review Branden Score documentation with staff.**
3. **Form a BHU SWAT team as unit base council project.**
4. **Monthly skin injury prevalence review**