Bermuda Hospitals Board

BHB Quality & Safety Data
Quarter 2: July to September 2018

We are very pleased to introduce our first quality report to the Bermuda community. People want good and accurate data to better understand the quality and safety standards at BHB. BHB goes through numerous accreditation surveys to test our patient safety standards, and we monitor safety events and collate data continuously. Except where noted, data below is BHB-wide covering all services delivered at King Edward VII Memorial Hospital (KEMH), Mid-Atlantic Wellness Institute (MWI) and the Lamb Foggo Urgent Care Centre (UCC).

Sentinel Events

BHB uses the Accreditation Canada definition for a sentinel event: “an adverse event that leads to death or major and enduring loss of function for a recipient of healthcare services.” These serious occurrences are always investigated and escalated to senior managers. Findings are reported to the Quality Council and Board for governance and shared with patients and families if an investigation highlights the event was caused by deficiencies in care. This data covers all BHB locations and services.

Number of sentinel events 1 July to 30 September 2018: 0 (zero).

Falls

BHB records patient falls and falls with injury at all its campuses. Fall incidents are reviewed to establish if the fall was preventable or not, and determine what can be done to reduce the likelihood of a future fall. There are two categories below: total falls includes all events, whether there was an injury or not. Falls with injuries includes falls that resulted in any injury, from minor injuries such as bruises, skin tears or pain up to major injuries such as a head injury or something that required surgery. The data covers all BHB locations and services. To see this number in context of how many people used BHB services you can find BHB annual utilization data on this website.

Questions about the Quality and Safety data in this document? Email info@bhb.bm.
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Length of Stay (KEMH Acute Care Wing Inpatient)
Length of stay tells you how long, on average, patients stay in hospital. A shorter stay should mean that patients get the care they need, when they need it, with minimal delays.

Average Length of Stay 1 July to 30 September 2018: 7.0

72 Hour Readmissions (KEMH Acute Care Inpatient)
This data includes all people who are readmitted within 72 hours of being discharged from the Inpatient Units in the Acute Care Wing and the Intensive Care Unit, Maternity, Gosling, and Curtis Ward in the General Wing.

![Graph of All KEMH 72 Hour Readmits - 2018]

Hospital-Acquired Pressure Injuries (KEMH)
Pressure injuries (also called pressure ulcers or bed sores), occur when someone is lying or sitting for extended periods of time. A stage one pressure injury is a red patch where the skin is not yet damaged. Although all stages are monitored from one to four, BHB is reporting on pressure injuries from stage two, where the skin is damaged up to stage four.

![Graph of Hospital Acquired Pressure Injuries July-September 2018]

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Hospital-Associated Infections (KEMH)

Below are the results for the number of hospital-associated MRSA and C-Difficile healthcare-associated infections. Hospital-associated means that people have an infection that was not present on admission after they have been admitted to our care. The results below will be posted quarterly, but report the monthly monitoring that takes place at BHB. The rate is measured in the number of infections per 1,000 patient days.
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Central-Line Associated Blood Stream Infections (KEMH Intensive Care Unit)

People who need a central line (catheter) are usually seriously ill or incapacitated. Where a central line enters the body can become infected, which may put a patient at risk of a bloodstream infection. This data presents how many infections are recorded per 1,000 catheter days in the Intensive Care Unit, where our most critically ill patients are cared for.

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