Bermuda Hospitals Board

BHB Quality & Safety Data

Quarter 4: January to March 2022

We are very pleased to release our FY2022 Quarter 4 quality report to the Bermuda community. This report provides accurate data with which to better understand the quality and safety standards in all BHB services, from mental health, intellectual disability and substance abuse services, to acute medical, emergency and long-term care services. Unless otherwise noted, all data 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).

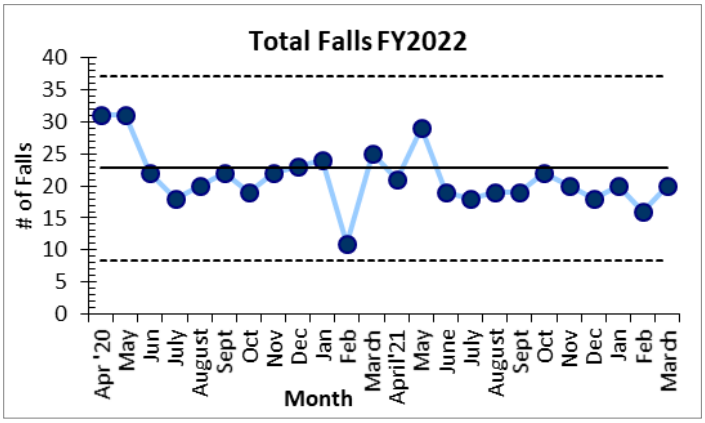
Sentinel Events

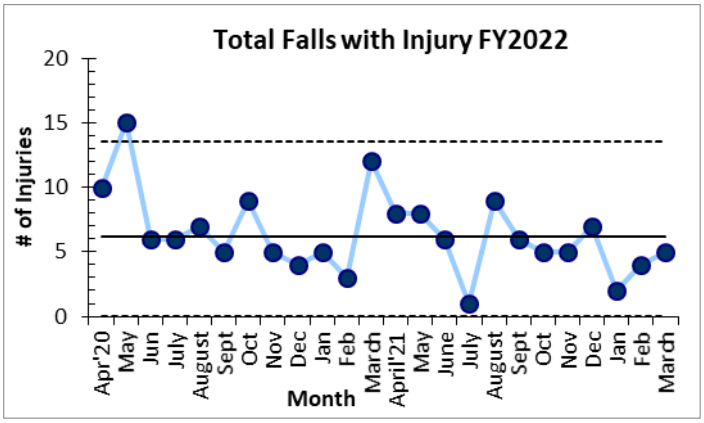
BHB uses the Accreditation Canada definition for a sentinel event: *"an adverse event that leads to death or major and enduring loss of function for a recipient of healthcare services."* These serious occurrences are always investigated and escalated to senior managers. Findings are reported to the Quality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

Number of confirmed sentinel events 1 January to 31 March 2022: **2**

Falls

BHB records patient falls and falls with injury at all its campuses. Fall incidents are reviewed to establish whether the fall was preventable or not, and to determine what can be done to reduce the likelihood of a future fall. There are two categories: total falls includes all events, whether there was an injury or not. Falls with injury includes falls that resulted in injuries, from minor injuries such as bruises, skin tears or pain, up to major injuries that include a head injury or required surgery. This is a quarterly figure covering all BHB locations and services.





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)

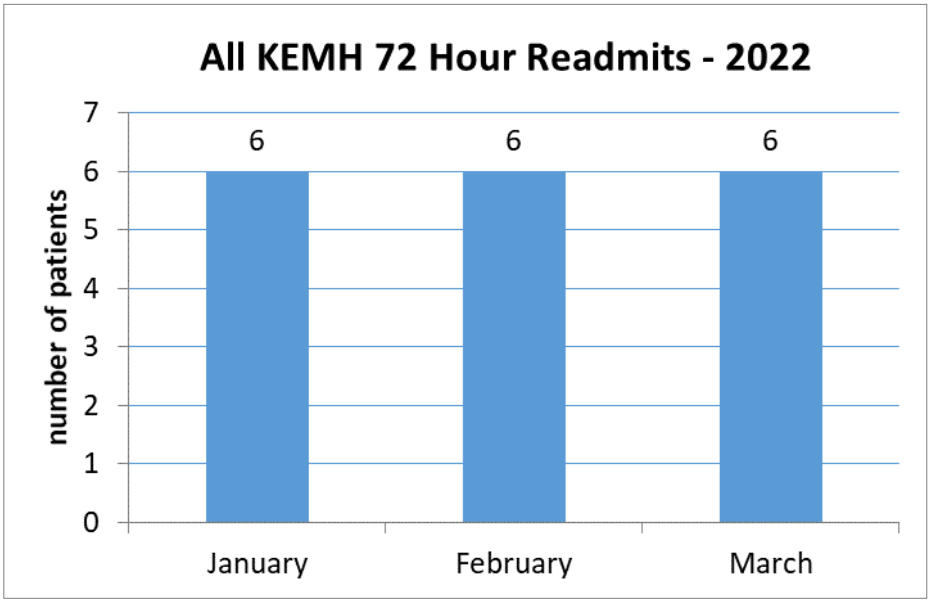
Length of stay tells you how long, on average, patients stay in hospital. A shorter stay should mean that patients get the care they need, when they need it, with minimal delays.

Average Length of Stay 1 January to 31 March 2022: **8.9 days**

72 Hour Readmissions (KEMH Acute Care Inpatient)

This data includes all people who are readmitted within 72 hours of being discharged from the Acute Care Wing inpatient units, the Intensive Care Unit, Maternity, Gosling and Curtis Ward.

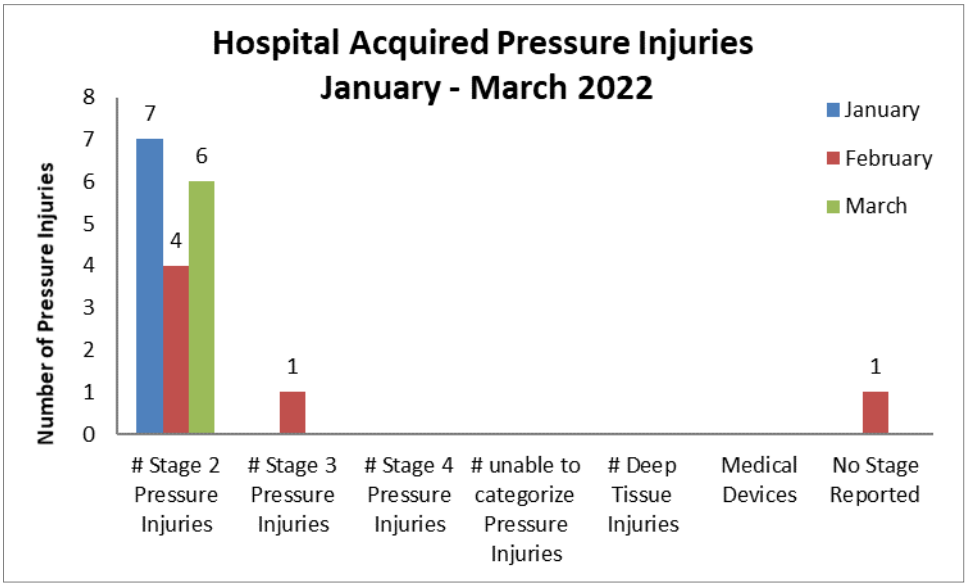
There are approximately 1,500 discharges in total per quarter.



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 remains intact.

Although all stages are monitored from one to four, BHB is reporting on pressure injures from stage two, where the skin is open, up to stage four. There are two categories of pressure injuries that can't be staged as the wound base cannot be seen: "unable to categorise" and "deep tissue injuries". These are included in the report as they have the potential to be in the 2-4 stage range. You can read detailed definitions from the National Pressure Ulcer Advisory Panel by clicking here.



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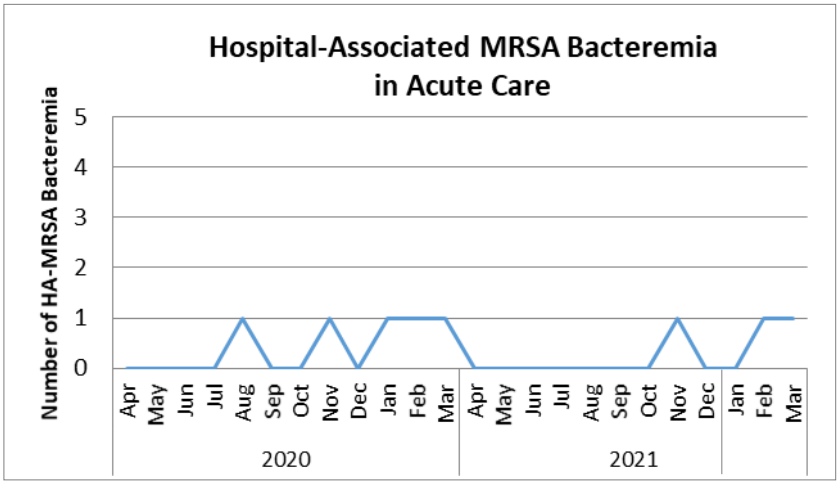
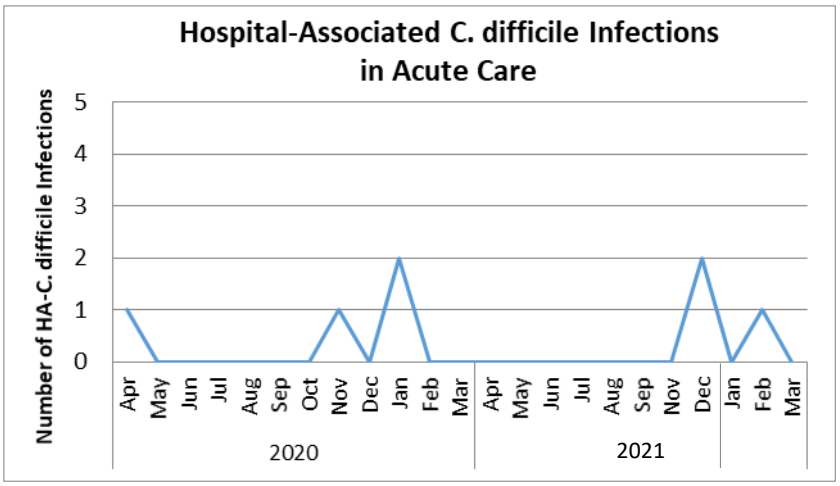
Healthcare-Associated Infections (KEMH)

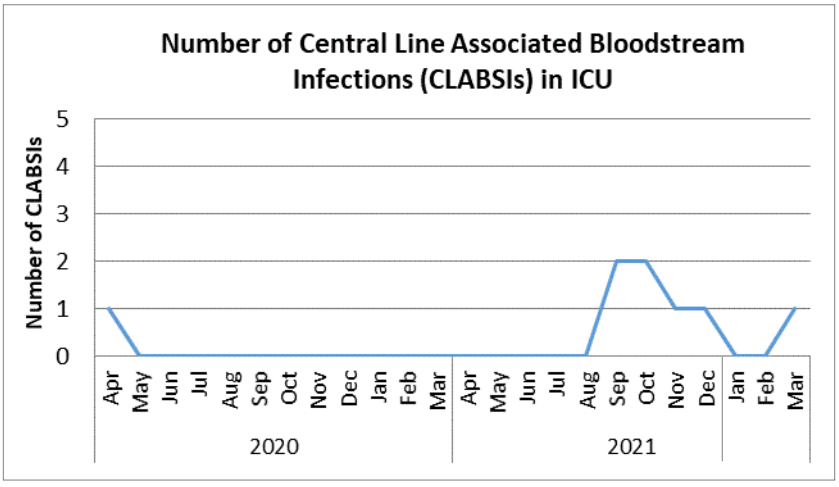
These graphs show the results for the number of hospital-acquired MRSA and C difficile healthcare-associated infections. Healthcare-associated means that people have an infection that was not present on admission after they have been admitted to our care. The results are posted quarterly, but show the monthly results from monitoring that takes place at BHB.





Central-Line Associated Blood Stream Infections (KEMH Intensive Care Unit)

People who need a central line (catheter) are usually seriously ill or incapacitated, but the site where the central line enters the body can become infected. This data presents how many infections are recorded in the Intensive Care Unit, where our most critically ill patients are cared for.



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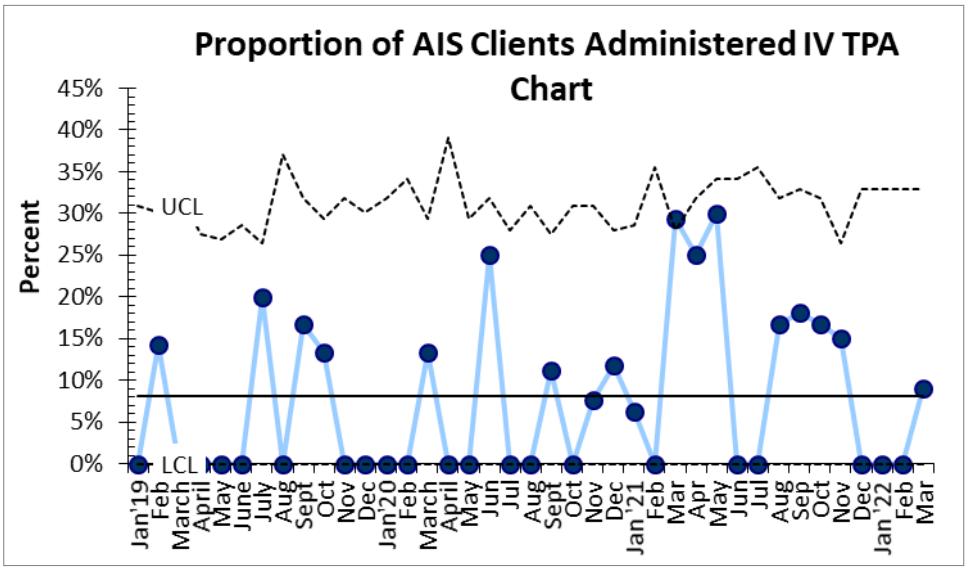
Intravenous Thrombolysis for Acute Ischemic Stroke (KEMH)

IV thrombolysis is a clot-busting medication that minimises damage in patients experiencing an ischemic stroke. The medication can only be administered within 3.5 hours of the onset of a stroke and is therefore not appropriate in all cases.

This graph shows the percentage of patients who presented with acute ischemic stroke (AIS) and were administered IV thrombolysis. A higher percentage means patient outcomes should be better, resulting in decreased length of stay and less need of rehabilitation services.

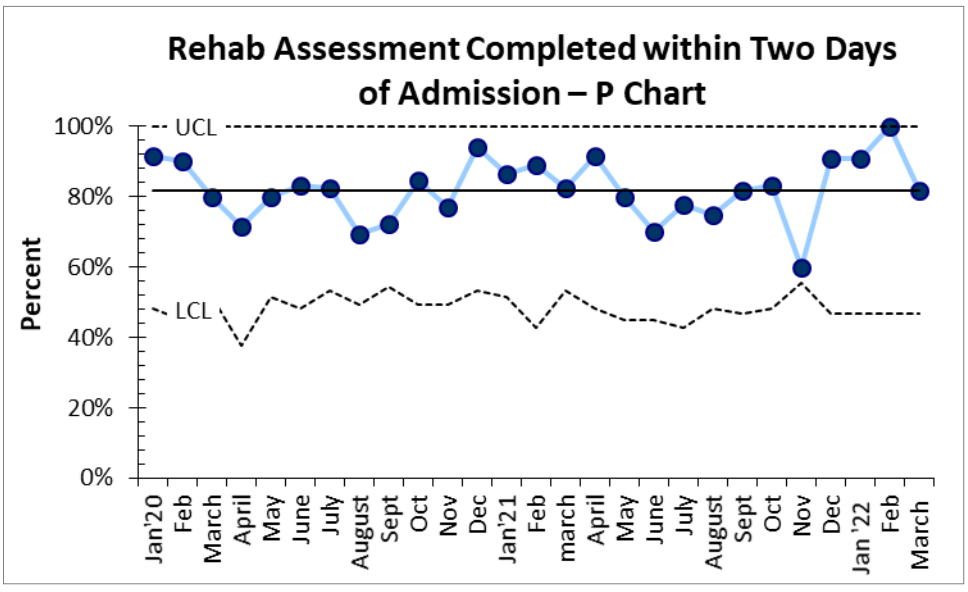
The minimum threshold is 5%.



Rehabilitation Assessment for Acute Ischemic Stroke (KEMH)

Evidence-based guidelines state that patients should be assessed for their post-stroke rehabilitative needs as soon as they are stable and within two days of their hospital arrival. Achieving this enables efficiencies that include timely rehabilitative care, decreased length of stay, and better informed patients and patient families. This graph shows the percentage of acute ischemic stroke patients who had an initial standardised rehabilitation assessment within two days of presenting at KEMH.

The minimum threshold is 40%.



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