Bermuda Hospitals Board

BHB Quality & Safety Data

Quarter 2: July to September 2026

We are pleased to release our FY2027 Quarter 2 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).

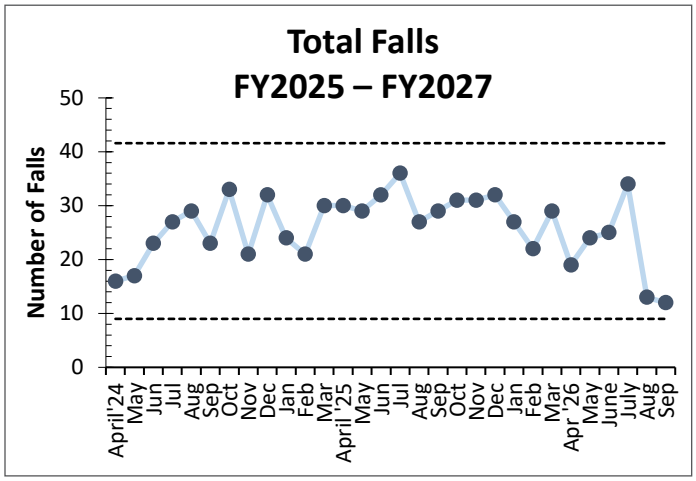
Sentinel Events

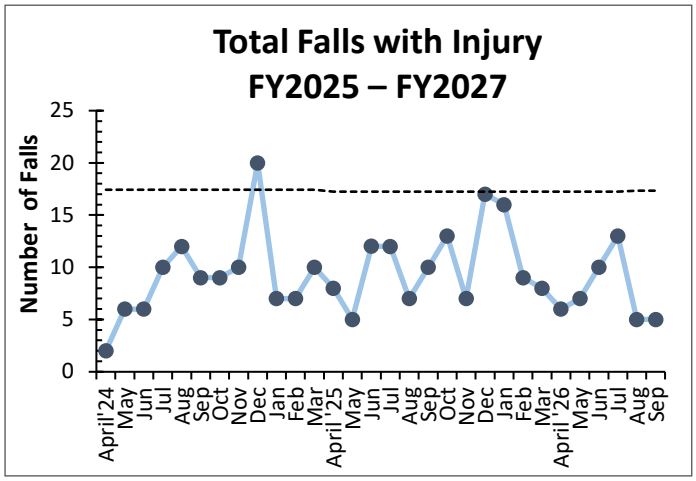
BHB uses the Accreditation Canada definition for a sentinel event: "an adverse event that leads to death or major and enduring loss of function for a recipient of healthcare services." These serious occurrences are always investigated and escalated to senior managers. Findings are reported to the Quality 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 July to 30 September 2026: **1**

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.





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Length of Stay (KEMH Acute Care Wing Inpatient)

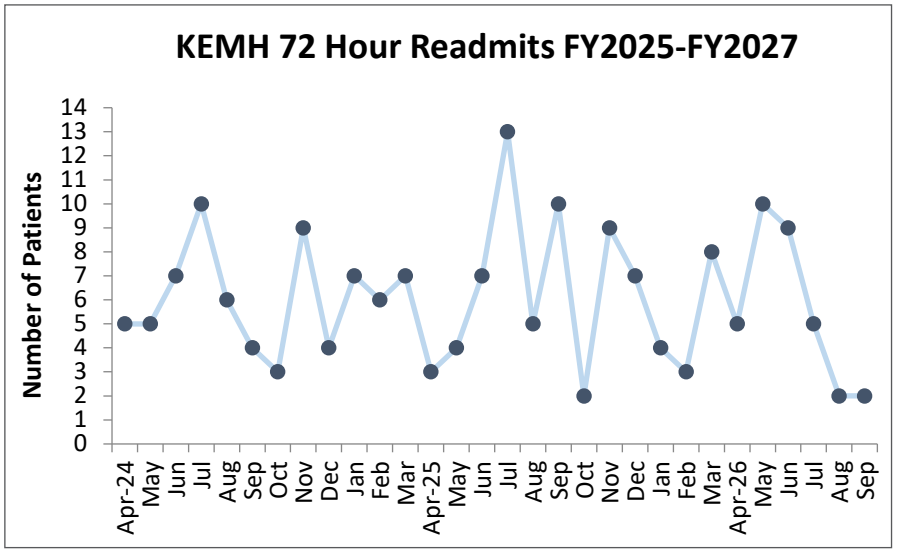
Length of stay tells you how long, on average, patients stay in hospital. A shorter stay should mean that patients get the care they need, when they need it, with minimal delays.

Average Length of Stay 1 July to 30 September 2026: **16.6 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, Intensive Care Unit, Maternity Unit, Gosling Unit, Curtis Unit and the Clinical Overflow Unit, which opened in April 2026.

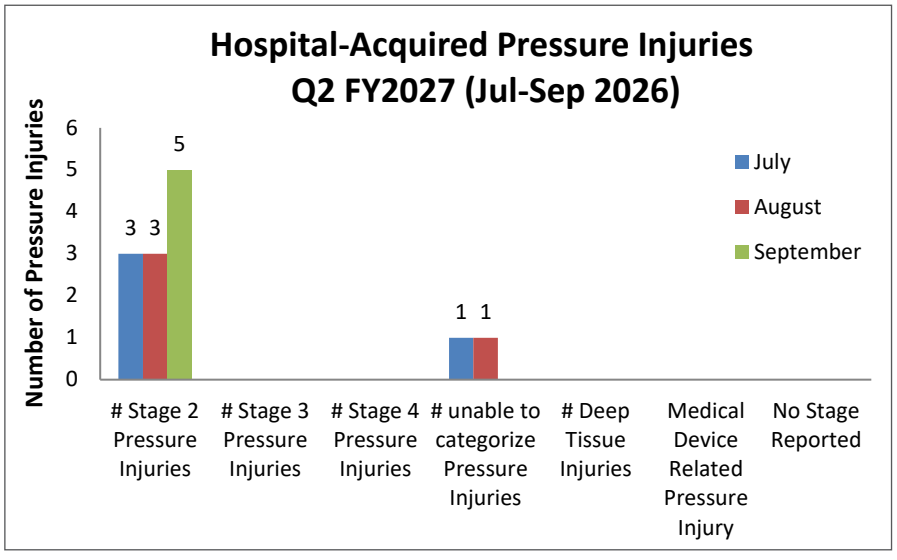
There are approximately 1,500 discharges in total per quarter.



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.



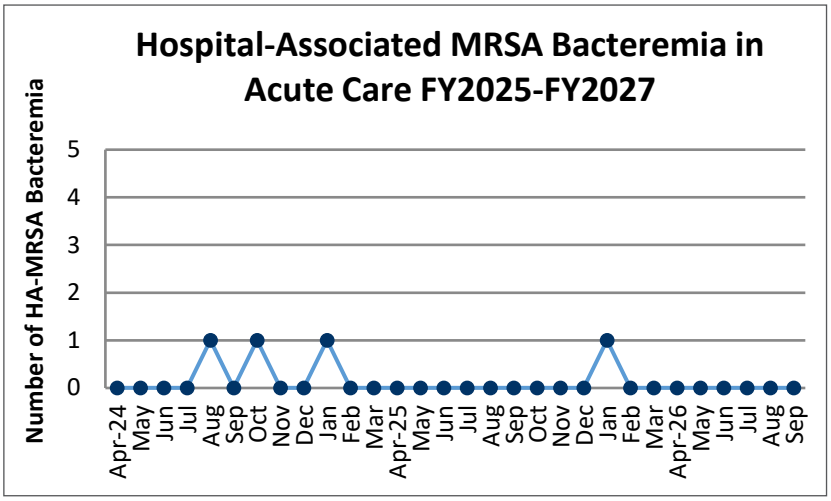
You can read detailed definitions from the National Pressure Injury Advisory Panel by clicking here.

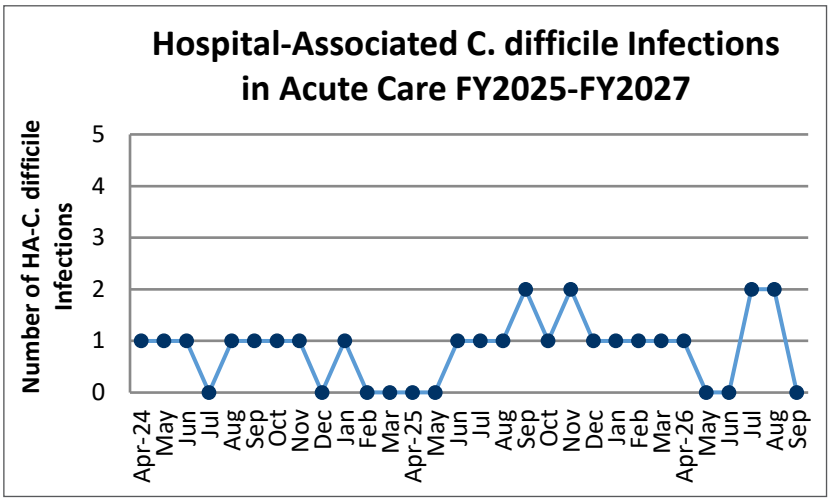
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Healthcare-Associated Infections (KEMH)

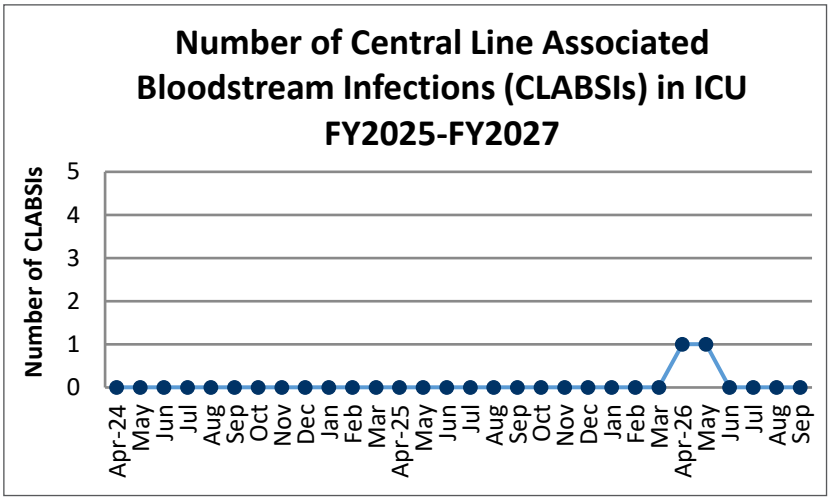
These graphs show the results for the number of hospital-associated MRSA and C difficile infections. Hospital-associated means that people have an infection that was not present on admission after they have been admitted to our care. The results are posted quarterly, but show the monthly results from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



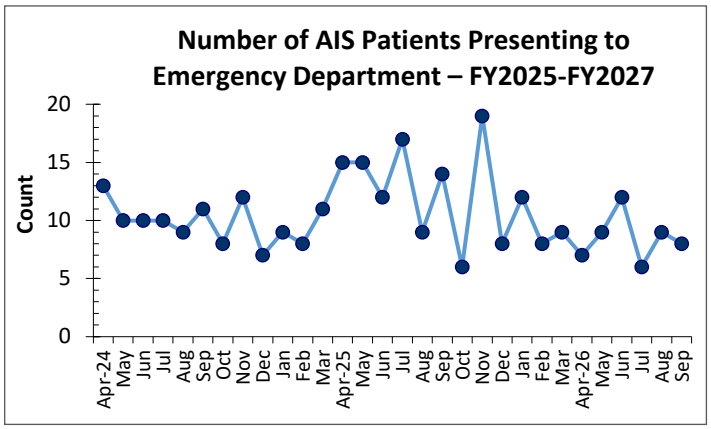
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Acute Ischaemic Stroke Patients Presenting to Emergency

An ischaemic stroke occurs when the blood supply to part of the brain is interrupted due to a blood clot. Around 85% of strokes are ischaemic, making it the most common type of stroke. The remaining 15% are due to bleeding in or around the brain, known as haemorrhagic stroke. Both types of stroke result in damage to the brain cells, which can affect how the body functions.

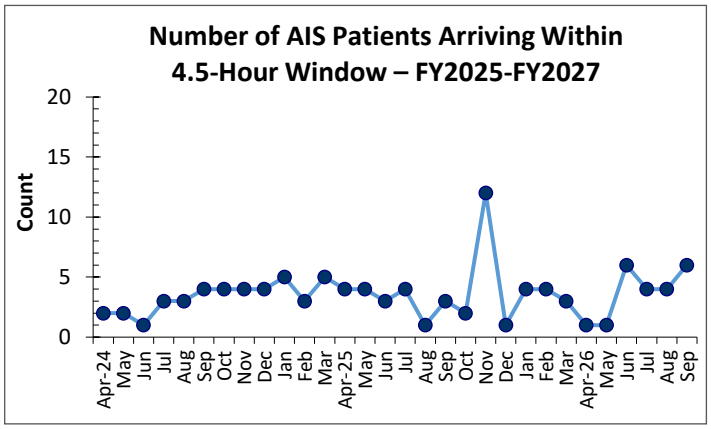
This graph shows the number of acute ischaemic stroke (AIS) patients who presented to the Emergency Department each month.



Acute Ischaemic Stroke Patients Arriving Within 4.5 Hours

To have thrombolysis, the patient must arrive at the hospital within the time limit for treatment, usually 4.5 hours after symptoms begin. If a patient doesn't know when symptoms began, perhaps because the stroke happened while they were asleep, this may rule out thrombolysis.

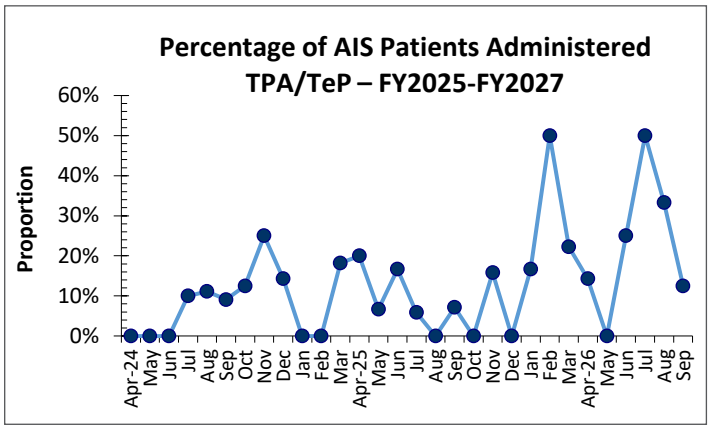
This graph shows the number of acute ischaemic stroke (AIS) patients who presented to the Emergency Department within the 4.5-hour eligibility window each month.



Acute Ischaemic Stroke Patients Receiving Thrombolysis

Thrombolysis uses a clot-busting medicine (TPA) to break up clots in the brain, allowing blood to return to the brain cells more quickly. This helps reduce the impact of the stroke, resulting in better outcomes, shorter hospitals stays and decreased need for rehabilitation. Thrombolysis is only suitable in around 12% of strokes. A patient may be ineligible if they arrive after the 4.5-hour window, the stroke was very mild, they have a bleeding disorder, their medication is not compatible with TPA, or they recently had brain surgery, another stroke or a head injury.

This graph shows the percentage of acute ischaemic stroke (AIS) patients who presented to the Emergency Department and were administered IV thrombolysis.



Ref: www.stroke.org.uk/stroke/types/ischaemic