

ADVERSE HEALTH EVENTS IN MINNESOTA

14TH ANNUAL PUBLIC REPORT | FEBRUARY 2018



Adverse Health Events in Minnesota	
Annual Report February 2018	
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EXECUTIVE SUMMARY

The release of the 14th annual summary of events reported under Minnesota's adverse health events reporting law shows that 341 adverse health events (Appendix A) occurred in Minnesota hospitals and licensed surgery centers in this reporting period. While the results show some areas of improvement, particularly in the areas of suicide/self-harm and pressure ulcers, several of the original categories remain challenging, like falls and preventing surgical errors.

A closer look at the overall analysis of reported events shows an increase in fall-related deaths and wrong site surgical/invasive procedure events, along with a decrease in pressure ulcer reports. With respect to harm, there were 12 deaths and 103 serious injuries that resulted from the reported events.

While in some areas the challenge to providers persists, there are several areas showing improvement in this reporting year:

- There were no reported instances of physical assault on a staff or patient reported for the first time in six years.
- The number of pressure ulcers declined to 120.

The adverse health events reporting system has been in place for fourteen years and serves as a critical source of information on where, why and how events happen in Minnesota. While the system provides an important longitudinal view of events across the years the focus of the system remains not on counting the number of events, but rather developing a deeper understanding of why these events occur and disseminating best practices to assist organizations with preventing them in the future. The focus on learning has helped to create a more transparent environment where these events and their causes can be broadly shared across facilities to increase awareness of patient safety and to serve as a catalyst for organizations to spur change in their own facilities. This report, the underlying reporting system and analysis are an important tool for MDH to help ensure the safety of Minnesota's health care facilities.

As a result of this learning system, a number of actions were implemented in 2017:

- A safety alert was issued to all reporting facilities asking leadership to meet with a multidisciplinary team to perform a risk assessment and develop mitigation strategies for preventing medication errors involving EPINEPHrine;
- A safety alert was issued to all reporting facilities asking leadership to collaborate with wound ostomy continence nurses and with physical, occupational and respiratory therapists to do an analysis of the barriers to better prevention of pressure ulcers, especially those on the coccyx. This includes in-person observations and audits, as well as raising organizational awareness of this critical safety issue;
 - Hospitals implemented new best practices across settings of care because of both the EPINEPHrine and pressure ulcer safety alerts. However, these safety alerts were issued near the end of the reporting year, therefore the total impact is still unknown. MDH and will continue to review statewide data for impact of these alerts.
- Began a statewide learning series where each month a webinar is hosted with experts on different patient safety topics, such as biological specimen management, wrong site surgery and pressure ulcer prevention. This series continues into 2018, and;
- Began to provide additional technical assistance to facilities to support their efforts to identify root causes, create effective corrective action plans and support the dissemination and adoption of prevention best practices.

All of this work was done collaboratively in conjunction with community partners, especially the Minnesota Hospital Association and Stratis Health.

In 2018, MDH will continue efforts to improve patient safety in Minnesota, including, but not limited to:

- Continuing to work with surgery and procedural experts to pilot time-out tools that will allow for more streamlined adoption by facilities based on their procedural areas;
- Providing training opportunities for organizations on suicide and self-harm prevention, and;
- Providing training to organizations on an improved root cause analysis process, which will
 assist them in conducting robust root cause analyses for these events, prioritizing areas of
 risk, and developing effective and sustained action plans in response.

HIGHLIGHTS OF 2017 ACTIVITIES

The Minnesota Adverse Health Events Law directs the Commissioner of Health to review all reported events, root cause analyses, and corrective action plans, and provide direction to reporting facilities on how they can improve patient safety. In this work, MDH works closely with a variety of stakeholders including the Minnesota Hospital Association (MHA), and Stratis Health. Highlights of the 2017 activities include:

- MDH and its partners issued a safety alert to all reporting facilities asking leadership to meet with a multi-disciplinary team to perform a risk assessment and develop mitigation strategies for preventing medication errors involving EPINEPHrine;
- MDH and its partners issued a safety alert to all reporting facilities asking leadership to
 collaborate with wound ostomy continence nurses, physical, occupational and respiratory
 therapists to do an analysis of the barriers to better prevention of pressure ulcers on the
 coccyx. This includes in-person observations and audits, as well as raising organizational
 awareness of this critical safety issue;
- MHA hosted a pressure ulcer education conference. The topics included, but were not limited to, prevention best practices, repositioning of critically ill patients, device related prevention, teamwork, collaboration and patient and family engagement
- Stratis Health provided one-on-one consultation and technical assistance to reporting organizations upon request and in response to opportunities to identify common causes across events.
- Continued collaboration between MDH and its partners to support, provide and disseminate evidence based best practices to support hospital and health system improvement efforts.
- MDH and its partners began an Adverse Health Events (AHE) learning series where a
 webinar is hosted with experts on different prevention areas, such as biological specimen
 management and pressure ulcer prevention;

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- As an outgrowth of several reported incidents of physical assault on staff at Minnesota health care facilities, MDH, MHA and the Minnesota Sheriff's Association co-convened a group of healthcare and law enforcement professionals to address these issues. This group met throughout 2017 and continues to meet into 2018. Best practices and tools/resources will be shared statewide in early 2018 with hospitals and other healthcare facilities;
- MHA began work to develop medication reconciliation best practices for use statewide. This
 work continues in 2018;
- MHA hosted a medication safety conference. The topics included, but were not limited to, controlled substance diversion, culture of safety and medication reconciliation, and;
- With the creation of a new patient safety registry reporting system, MDH and its partners
 have been able to create interactive dashboards, which allow users to examine
 de-identified data from across the state. Users with similar event types can search root
 cause analyses to create meaningful corrective action plans.
- MHA hosted a 'Falls and Delirium Conference'. Local and national experts shared best practices in fall and injury prevention. In addition, information was presented to support delirium awareness building, prevention and interventions.

OVERVIEW OF REPORTED EVENTS & FINDINGS

In the 14 years of public reporting of adverse health events, the Minnesota Department of Health has collected detailed information on more than 3,500 events. MDH and its partners have used the findings from those events to identify strategies for improving processes of care and preventing adverse health events. This annual report provides an overview of what the most recent year of data can teach us about the risk points for adverse health events and the best approaches for preventing them, with a highlight on the most commonly reported events. For each of these categories of events, this report will discuss what has been learned about why these events happened, what is being done to prevent them from happening again, and how we can continue to learn from events that do occur.

Hospitals and ambulatory surgical centers that are licensed by MDH are required to report adverse health events under this law. Federally licensed facilities, such as those operated by the Veteran's Administration or the Indian Health Service, are not covered by the law.



Figure 1: Reported Adverse Health Events 2008-2017

FREQUENCY OF EVENTS

Between October 7, 2016, and October 6, 2017, 341 adverse health events were reported to MDH (Figure 1). Because the reporting system has changed over time, with several new event categories added to the system in 2014, numbers from 2017 are not directly comparable to the early years of the system. The events in those newer categories (32 of 341) are highlighted in blue in the chart above.

PATIENT HARM

Of the reports submitted during this reporting period, 30 percent resulted in serious injury (103 events), while approximately four percent (12 events) led to the death of the patient (Figure 2). Over the life of the reporting system, falls, medication errors and product/device malfunction have been the most common causes of serious patient injury or death. The pattern was similar in 2017; five of the 12 deaths were associated with falls, two were associated with a product/device air embolism, two with the death of a neonate, one with suicide/attempted suicide, one with a maternal death, and one with a medication error.

It is important to note that not all of the events under Minnesota's adverse health events reporting law have a threshold for the level of harm required to be reportable. Some events, such as retained foreign objects or the loss or damage of a biological specimen, are required to be reported regardless of the level of patient harm. However, all of these events are indicators of potential system issues that could lead to harm.

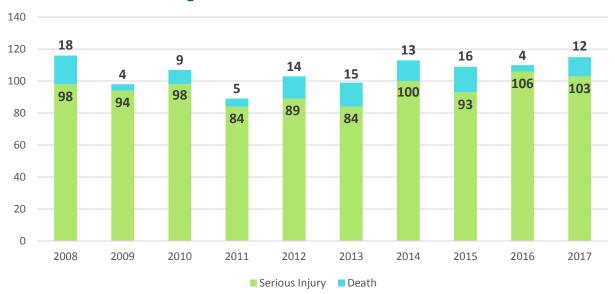


Figure 2: Events with Harm 2008-2017

TYPES OF EVENTS

As in previous years, falls and pressure ulcers were the most commonly reported types of events, accounting for 59 percent of all events reported (202 events). The four event types that make up the surgical/invasive procedure category accounted for another 24 percent of reports this year, with 83 events (Figure 3). Appendix B provides a summary of the number of events reported in each category over the life of the system.

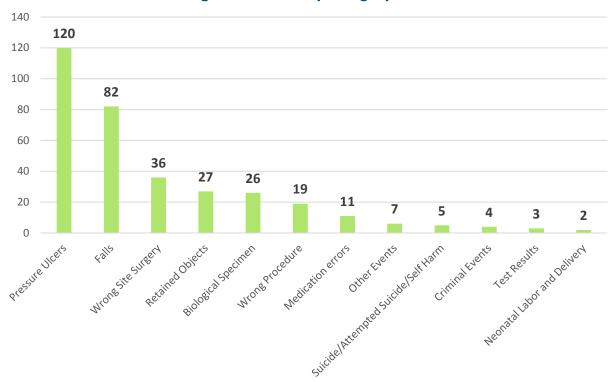


Figure 3: Events by Category 2017

ROOT CAUSES OF ADVERSE EVENTS

When a reportable adverse event occurs, facilities are required to conduct a root cause analysis (RCA). This process involves gathering a team to closely examine the factors and circumstances that led to the event. These factors can include such things as miscommunication, lack of compliance with or lack of clarity in policies or procedures, and problems with the underlying organizational culture. This type of analysis seeks to identify and address the root causes of events, as opposed to simply addressing their symptoms or applying a quick technical solution. By focusing corrective action on a specifically identified root cause, the recurrence of similar problems can be prevented.

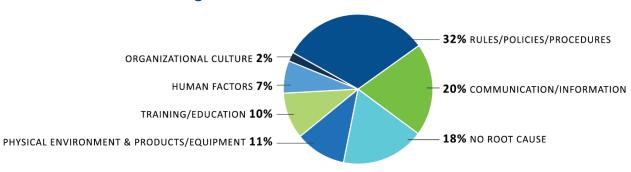


Figure 4: Root Causes of Events 2017

As in previous years, the most commonly cited root cause category for adverse events was related to rules/policies/procedures. This can mean that a rule or policy wasn't in place, it was in place but not followed, or it wasn't an effective rule or policy. Communication issues, including information not being communicated to the right person at the right time, accounted for 20 percent of root causes.

Of note, in 18 percent of cases this reporting period, facilities were unable to identify a specific root cause (Figure 4). The highest number of events with no identified root cause were falls. In these events the organizations identified that all intended preventive interventions were in place at the time of the fall and a system breakdown was not found.

In the last year, reporting organizations were provided the option to request one-on-one consultation or technical assistance related to the root cause analysis process, developing strong action plans, and/or approaches for monitoring improvement. Twenty six percent of events reported this year received consultation; most commonly, facilities sought consultation for falls or surgical events. The consultation included exploring lessons learned across similar events, seeking to understand preceding causes to human error, sharing information on identified best practices, and connecting organizations with other technical experts. In the upcoming year, MDH and its partners will continue to provide assistance and support to facilities in conducting robust root cause analysis and will potentially provide additional statewide education on root cause identification, even in the most complex events.

SURGICAL/INVASIVE PROCEDURE EVENTS

This section discusses surgical/invasive procedures reported in three different categories: surgery or an invasive procedure on the wrong part of the body (wrong site surgery/invasive procedure), incidents where the wrong surgery or invasive procedure were conducted, and foreign objects retained in a patient's body after surgery or an invasive procedure. In 2017, the total number of surgical/invasive procedure events across these three reporting categories was 82, a slight increase from recent reporting years. In over half the cases, the patient was reported to have experienced no medical harm from the incident or require additional monitoring.

WRONG SITE SURGERIES/INVASIVE PROCEDURES

Thirty six cases of wrong site surgeries/invasive procedures were reported in 2017 (Figure 5). Across all Minnesota hospitals and surgical centers, over 3.1 million surgeries and invasive procedures were performed in this reporting year. Despite the increase in wrong site events, given the volume of invasive procedures performed in a year, these events remain very rare

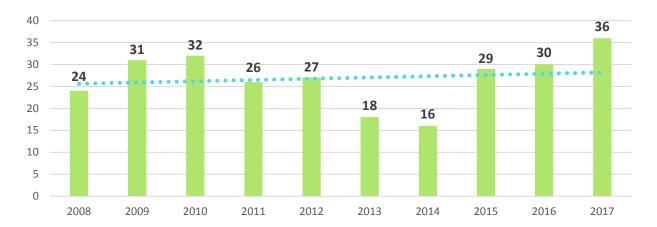


Figure 5: Wrong Site Surgery/Invasive Procedures 2008-2017

KEY FINDINGS

- The most common types of surgeries/invasive procedures involved in these events were spinal injections/procedures and pre-procedural injections (e.g. the pain block prior to the knee surgery).
- Verification of the surgical site for spinal surgery continues to be a challenge. As in past years, facilities reported that this is because the process for counting vertebrae in the spine to confirm exact location prior to procedure is difficult prior to skin incision. However, in this reporting year, 43 percent of spinal wrong site events were wrong side events (e.g. right vs left side), vs being on the wrong spinal level.
- As in the past, the root causes of wrong site surgeries/invasive procedures are often related to inconsistencies with the Time Out process. This process is a multi-step process that must contain all of the steps in order to be effective.
 - In cases in which the surgical/invasive procedural site was required to be marked prior to the procedure by the person doing the procedure, 41 percent of the time, this did not occur.
 - When the site was marked, 11 percent of the time the team did not visually confirm the site mark as part of the Time Out process.
 - In 19 percent of reported cases, the team did not refer to source documents during the Time Out process.

WRONG SURGERIES/INVASIVE PROCEDURES

In the most recent year of reporting, hospitals and surgical centers reported 19 cases where the wrong surgery or invasive procedure was conducted on a patient (Figure 6). This number has remained relatively stable over time.

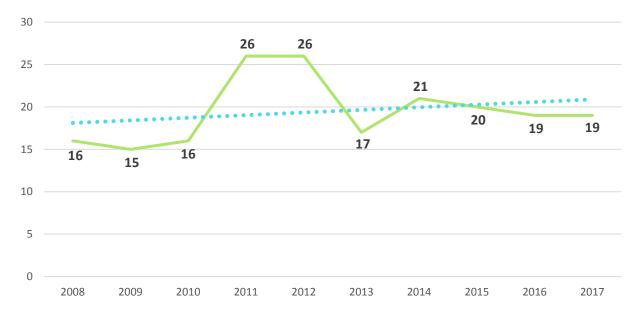


Figure 6: Wrong Surgeries/Invasive Procedures

KEY FINDINGS

A closer look at that data shows:

- Roughly a third of wrong procedure events involved a wrong implant being placed, similar
 to recent reporting periods. The most common types of implant-related wrong procedures
 were eye and knee implants.
- When a wrong surgery or invasive procedure happened, facilities reported that a Time Out was completed 100 percent of the time. However, breakdowns are still occurring during the time out process itself:
 - Facilities reported that in 32 percent of cases that required a site mark, the site was not marked prior to the start of the procedure; and,
 - In just over 40 percent, the team did not refer to source documents for validation of the correct procedure.

RETAINED FOREIGN OBJECT

In 2017, hospitals and surgical centers reported 27 cases of retained foreign objects (RFO) after surgeries or invasive procedures. The number of reported RFOs has increased over the last three years, but the data still show an overall downward trend over the last decade (Figure 7).

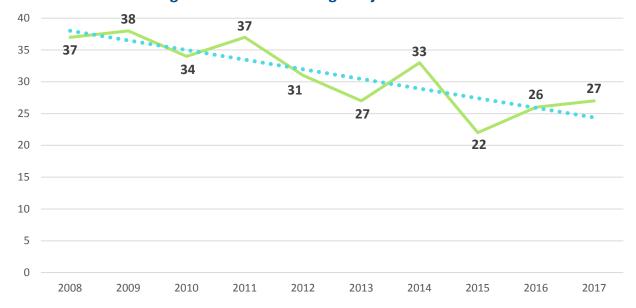


Figure 7: Retained Foreign Objects 2008-2017

KEY FINDINGS

- As in the past, the majority (59 percent) of the events occurred in an operating room, either in patient or outpatient. The remainder occurred in a variety of locations, such as radiology and the intensive care unit (ICU). This does not necessarily mean that the odds of an RFO happening in an operating room are higher than in a different area; the types of cases in which a retained foreign object could happen are proportionally higher in the operating room than in other areas.
- Nearly half, 48 percent of the retained foreign objects were soft goods such as sponges and other soft pads.
- In past years, "packed" items, which are intended to be removed after the procedure, have made up a significant percentage of RFOs; prevention of these types of RFOs has been a focus area for the AHE system. In the most recent reporting year, nine events occurred related to retained packing material (Figure 8), the second year in a row in which these events increased. This highlights an opportunity for hospital and surgical center leadership to partner with staff to re-evaluate their processes for counting and accounting for packed items before the patient leaves the operating room or procedural area.

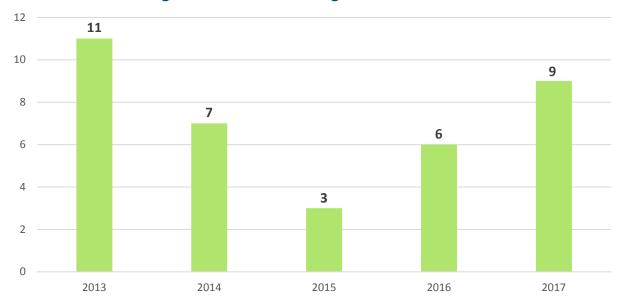


Figure 8: Retained Packing Material 2013-2017

NEXT STEPS

In the coming year, MDH and its partners will continue to provide support to facilities with training and education on best practices surrounding the Time Out process, site marking and accounting for items prior to leaving the operating room in the following ways:

- MDH and MHA will partner with spine surgery experts to perform data analysis aimed at identifying trends and patterns that will assist providers with best practice and resource development around reducing wrong site surgeries/invasive procedures;
- An MHA surgical advisory sub-committee is testing Time Out elements and will begin to pilot a new Time Out process in 2018, and;
- MDH and MHA will continue to work with organizations on understanding barriers to site marking and assist with implementation of site marking best practices.
- MDH and its partners will offer consultation and technical assistance to hospitals and surgical centers to aid in identification of additional risk factors and promote dissemination and adoption of best practices for prevention.

PRESSURE ULCERS

Since the inception of the adverse health events system, pressure ulcers have been the most commonly reported adverse health event, often representing roughly a third of all reported events. The number of reported pressure ulcers decreased slightly in 2017, from 129 to 120 (Figure 9). Similar to last year, the majority of reported pressure ulcers were found on the coccyx, sacrum or head/neck/face.

Pressure ulcers occur when a patient's skin breaks down due to pressure or friction. While the highest risk patients are those with circulation problems, incontinence or limited mobility, a pressure ulcer can form in a patient without any of these risk factors as well.



Figure 9: Pressure Ulcers 2008-2018

KEY FINDINGS

A closer look at the data shows:

- The top pressure ulcer sites were in the area of the coccyx/sacrum (40 percent), face/ear (12 percent) and buttocks (6 percent). This is also a similar pattern to past years.
- The majority of these pressure ulcers occur in the intensive care unit 53 percent, while 29
 percent occur in adult medical surgical units.
- In 16 percent of reported pressure ulcers, the patient had a tenuous medical condition that
 prohibited repositioning. Of note, that leaves 84 percent of patients that had no identified
 limitation for repositioning to avoid prolonged pressure.
- Forty-six percent of reported pressure ulcers were related to medical devices that are in contact with the patient's body. This is similar to the past several years of data but does highlight an area for improved processes. The most common devices associated with reported pressure ulcers were respiratory, feeding tubes and cervical collars.

NEXT STEPS

- MDH and its partners will work to promote a newly developed skin inspection video. This
 five-minute video was developed by MHA to help provide education on the importance of
 skin inspection and how to conduct one;
- In 2017, MHA began an 'On the CUSP' (Culture Unit Safety Program) cohort with a number of hospitals from around the state. This program was adapted from the Agency for Healthcare Research and Quality (AHRQ) and is a year-long program designed to provide unit-based culture and pressure ulcer education and interventions. This program continues into 2018.

FALLS

In 2017, hospitals and surgery centers reported 77 falls that resulted in serious injury to a patient, as well as 5 falls that resulted in a patient death (Figure 10). This represents the second year of increases in falls.



Figure 10: Falls 2008-2017

KEY FINDINGS

A closer look at the data shows that:

- Fifty percent of fall related deaths were associated with a head injury.
- Fifty-four percent of falls occurred on the adult medical/surgical units.
- Similar to last year, twenty-four percent of patients that fell and sustained an injury were previously diagnosed with delirium/dementia, which is a risk factor for falls.
- These events do not only occur with elderly patients. In this most recent reporting year, 30
 percent of all falls involved patients under the age of 64.

RADIOLOGY 3%

BEHAVIORAL HEALTH/PSYCH (INPATIENT) 7%

EMERGENCY DEPARTMENT 13%

23% OTHER

Figure 11: Falls by Location 2017

Fourteen percent (Figure 11) of falls occurred in the emergency department (ED). The emergency department has its own fall prevention challenges, as the rooms are much smaller and meant for a short-term stay.

NEXT STEPS

Falls have consistently been among the most commonly reported events. While there is much to be learned from this year's results, the data also point to areas for continued improvement:

- MDH and its partners will work with reporting facilities on continued promotion and adherence to the Falls road map (a set of best practices to assist with fall prevention).
- MHA will work with its members to explore electronic health record tools to enhance fall and injury risk identification and corresponding interventions to assist in efficient and effective practices.
- MHA will continue to promote falls and delirium educational videos to help with best practice implementation.
- MHA will continue to provide education on early mobilization and staff staying within arm's reach of patients at high risk for falling.
- MDH and its partners will continue to offer and provide consultation and technical assistance to organizations to aid in identification of additional fall risk factors, and promote dissemination and adoption of best practices for prevention.

IRRETRIEVABLE LOSS OF AN IRREPLACEABLE BIOLOGICAL SPECIMEN

This reportable event category intends to protect patients from the loss of an irreplaceable biological specimen, such as a biopsy or lesion, prior to testing, which could lead to undiagnosed disease or advancing state of an existing disease. This event is intended to capture events where the specimen is mishandled (e.g., misidentified, disposed of, or lost) and another procedure cannot be done to produce a new specimen. Both criteria must be met in order to fit the criteria for reporting. Twenty-six of these events were reported during this fourth year of reporting. Of those reported events, 12 patients required additional monitoring or treatment as a result of the loss/damage to the specimen, the remaining patients did not have any physical harm from the event.

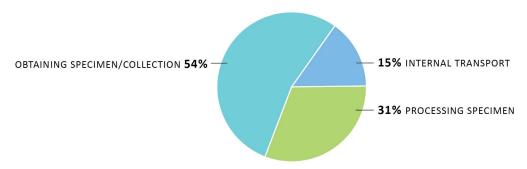


Figure 12: Specimen Loss/Damage Location 2017

KEY FINDINGS

- In 54 percent of cases, the loss occurred during the process of obtaining the specimen from the patient, with another 31 percent occurring during the lab processing of the specimen (Figure 12).
- The majority of these specimens, 77 percent were lost, with a smaller number being destroyed or damaged to the point that they could not be tested.
- The majority of these specimens were polyps lost during the process of obtaining or processing the specimen during a colonoscopy procedure. Other types of lost specimens included placentas, masses/tumors, cervical tissue/cysts, and skin lesions.

NEXT STEPS

Best practices and an accompanying toolkit for specimen management were rolled into the already existing Surgery roadmap in 2017 in order to streamline the process for implementing best practices. As part of the AHE learning series a webinar was done on biological specimen management best practices. This webinar recording is available for statewide use.

In 2018, MHA will assist organizations to implement those processes to properly care for specimens, identify, and mitigate barriers that organizations report in hardwiring those best practices at their facilities. MDH and its partners will continue to provide consultation and technical assistance upon request and in support of promotion of identified best practices.

CONCLUSION

This annual release of data on adverse health events is an important milestone that helps us track where we are making progress in preventing serious safety events and where we need to continue to focus efforts and resources. The real work of increasing patient safety at Minnesota hospitals and surgery centers continues throughout the year, and takes place in patient rooms, in operating and procedure rooms and in boardrooms.

Over the course of the coming year, MDH will continue to look at data and trends and provide timely recommendations, work with its partner organizations to provide education and resources to facilities based on the data that is collected. Hospitals and surgical centers must take the lead in uncovering and addressing technical, organizational and cultural issues surrounding patient safety, and ensuring that the culture of each organization is one in which patient safety is top of mind at all levels of the organization, appropriate resources are dedicated to effectively analyzing and successfully addressing risks that can lead to patient harm, and leadership provides consistent encouragement for staff to speak up for patient safety every time. This process is a marathon and not a sprint; all parties involved must be committed to continuing on the path to be the safest health care system possible and provide the highest quality of care to Minnesota patients and families.

The following section of this report provides information about adverse health events discovered by hospitals and ambulatory surgical centers between October 7, 2016 and October 6, 2017. For each facility, a table shows the number of events reported in each category and the level of severity of each event in terms of patient impact.

APPENDIX A: REPORTABLE EVENTS AS DEFINED BY LAW

Below is a list of the events that hospitals and licensed ambulatory surgical centers are required to report to the Minnesota Department of Health.

The language is taken directly from Minnesota Statutes, section 144.7065.

SURGICAL EVENTS

- 1. Surgery or other invasive procedure performed on a wrong body part that is not consistent with the documented informed consent for that patient. Reportable events under this clause do not include situations requiring prompt action that occur in the course of surgery or situations whose urgency precludes obtaining informed consent;
- 2. Surgery or other invasive procedure performed on the wrong patient;
- 3. The wrong surgical or other invasive procedure performed on a patient that is not consistent with the documented informed consent for that patient. Reportable events under this clause do not include situations requiring prompt action that occur in the course of surgery or situations whose urgency precludes obtaining informed consent;
- 4. Retention of a foreign object in a patient after surgery or other invasive procedure, excluding objects intentionally implanted as part of a planned intervention and objects present prior to surgery that are intentionally retained; and
- 5. Death during or immediately after surgery or other invasive procedure of a normal, healthy patient who has no organic, physiologic, biochemical, or psychiatric disturbance and for whom the pathologic processes for which the operation is to be performed are localized and do not entail a systemic disturbance.

PRODUCT OR DEVICE EVENTS

- Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the facility when the contamination is the result of generally detectable contaminants in drugs, devices, or biologics regardless of the source of the contamination or the product;
- 2. Patient death or serious injury associated with the use or function of a device in patient care in which the device is used or functions other than as intended. Device includes, but is not limited to, catheters, drains, and other specialized tubes, infusion pumps, and ventilators; and
- 3. Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a facility, excluding deaths associated with neurosurgical procedures known to present a high risk of intravascular air embolism.

PATIENT PROTECTION EVENTS

- 1. A patient of any age, who does not have decision-making capacity, discharged to the wrong person;
- 2. Patient death or serious injury associated with patient disappearance, excluding events involving adults who have decision-making capacity; and
- 3. Patient suicide, attempted suicide resulting in serious injury, or self-harm resulting in serious injury or death while being cared for in a facility due to patient actions after admission to the facility, excluding deaths resulting from self-inflicted injuries that were the reason for admission to the facility.

CARE MANAGEMENT EVENTS

- 1. Patient death or serious injury associated with a medication error, including, but not limited to, errors involving the wrong drug, the wrong dose, the wrong patient, the wrong time, the wrong rate, the wrong preparation, or the wrong route of administration, excluding reasonable differences in clinical judgment on drug selection and dose;
- 2. Patient death or serious injury associated with unsafe administration of blood or blood products
- 3. Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a facility, including events that occur within 42 days post-delivery and excluding deaths from pulmonary or amniotic fluid embolism, acute fatty liver of pregnancy, or cardiomyopathy;
- 4. Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy;
- 5. Stage 3, 4 or unstageable ulcers acquired after admission to a facility, excluding progression from stage 2 to stage 3 if stage 2 was recognized upon admission;
- 6. Artificial insemination with the wrong donor sperm or wrong egg;
- 7. Patient death or serious injury associated with a fall while being cared for in a facility;
- 8. The irretrievable loss of an irreplaceable biological specimen; and
- 9. Patient death or serious injury resulting from the failure to follow up or communicate laboratory, pathology, or radiology test results.

ENVIRONMENTAL EVENTS

- 1. Patient death or serious injury associated with an electric shock while being cared for in a facility, excluding events involving planned treatments such as electric countershock;
- 2. Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances;
- 3. Patient death or serious injury associated with a burn incurred from any source while being cared for in a facility;
- 4. Patient death or serious injury associated with the use of or lack of restraints or bedrails while being cared for in a facility.

POTENTIAL CRIMINAL EVENTS

- 1. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider;
- 2. Abduction of a patient of any age;
- 3. Sexual assault on a patient within or on the grounds of a facility; and
- 4. Death or serious injury of a patient or staff member resulting from a physical assault that occurs within or on the grounds of a facility.

RADIOLOGIC EVENTS

1. Death or serious injury of a patient associated with the introduction of a metallic object into the MRI area.

For more information about Minnesota's Adverse Health Events Reporting Law, or to view annual reports or facility-specific data, go to www.health.state.mn.us/patientsafety

APPENDIX B ADVERSE EVENTS DATA, 2003-2017

Hospitals began reporting adverse health events data to the Minnesota Department of Health in 2003, with ambulatory surgical centers joining the list of required reporting facilities in December 2004. Since that time, a total of 3,252 events have been reported to MDH.

Deaths per Year, 2004-2017



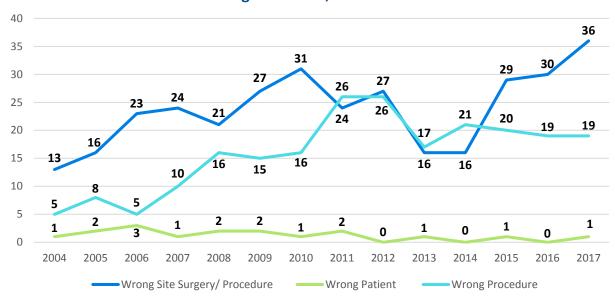




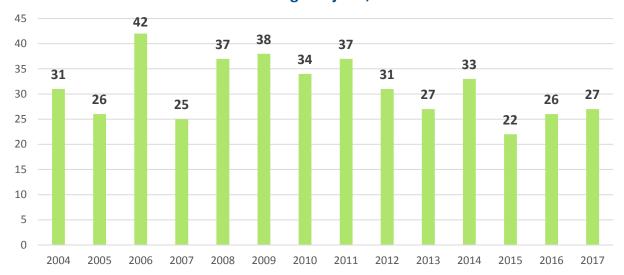
^{*}Note, prior to 2008, facilities were only reporting falls that resulted in patient death. In 2008, the law was expanded to include falls resulting in serious injury as well.

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Surgical Events, 2004-2017

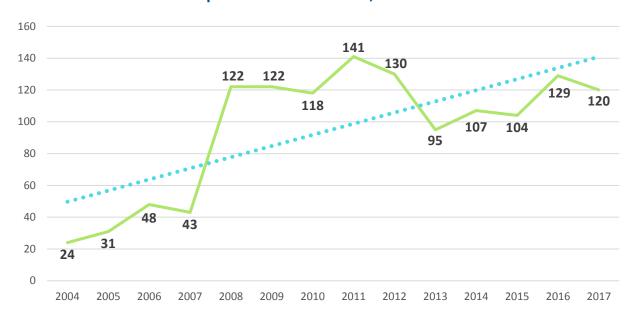


Retained Foreign Objects, 2004-2017



ADVERSE HEALTH EVENTS IN MINNESOTA ANNUAL REPORT | FEBRUARY 2018

Reported Pressure Ulcers, 2004-2017



^{*}Note, prior to 2008, facilities were only reporting "stage III and IV" pressure ulcers. In 2008, the law was expanded to include "unstageable" pressure ulcers.

APPENDIX C BACKGROUND ON MINNESOTA'S ADVERSE HEALTH EVENTS REPORTING LAW

In 2003, Minnesota became the first state in the nation to establish a mandatory adverse health event reporting system that included all 27 serious reportable events identified by the National Quality Forum and a public report that identified adverse events by facility. The law covers Minnesota hospitals and licensed outpatient surgical centers.

Momentum toward a system for mandatory adverse event reporting began with the publication of the Institute of Medicine (IOM) report "To Err is Human" in 1999. While the issue of medical errors was not a new one for health professionals, Americans reacted strongly to the idea that preventable errors could contribute to the deaths of up to 98,000 people per year. The public and media attention that followed the report's publication started a national conversation about the reasons why such errors occur. A primary focus of the discussions was the concept of systemic causes for errors.

In the past, discussions of medical errors often focused on identifying and punishing those who had caused the error. While individual accountability for behavior that could put patients at risk is very important, the IOM report confirmed that most errors were not the result of the isolated actions of any one care provider, but rather of a failure of the complex systems and processes in health care. Given that knowledge, the old 'blame and train' mentality, wherein individual providers were blamed for mistakes and provided with training in the hopes of preventing future slip-ups, has to make way for a new approach that encompasses a broader view of accountability and learning from errors or near misses.

Every facility has processes for dealing with individual providers who exhibit dangerous or inappropriate behavior or who knowingly put patients at risk. Disciplining, educating or dismissing an individual provider will always be an option in those cases. But the focus of the reporting system is on using focused analysis of events to develop broader opportunities for education about patient safety and best practices – solutions that can be applied across facilities. Responses focused on an individual provider may or may not prevent that provider from making a mistake again, but changing an entire system or process to eliminate opportunities for error, whether by building in cross-checks, establishing a 'stop the line' policy, or using automation to prevent risky choices, will help to keep all patients safer.

From the beginning, the reporting system has been a collaborative effort. Health care leaders, hospitals, doctors, professional boards, patient advocacy groups, health plans, MDH, and other stakeholders worked together to create the reporting law, with a shared goal of improving patient safety. The vision for the reporting system is of a tool for quality improvement and education that provides a forum for sharing best practices, rather than a tool for regulatory enforcement.

In 2007, the Adverse Health Care Events Reporting Law was modified to include a 28th event and to expand the definitions of certain other events. The most significant change was an expansion of reportable falls to include those associated with a serious disability in addition to those associated with a death. At the same time, the pressure ulcer category was expanded to include 'unstageable' pressure ulcers.

In 2012, the Adverse Health Care Events Reporting Law was modified to expand the definitions of several events, re-categorize several events, delete two events and add four additional events. Those changes went into effect with the 2014 reporting year. The four new events were:

- The irretrievable loss of an irreplaceable biological specimen;
- Patient death or serious injury resulting from the failure to follow up or communicate laboratory, pathology, or radiology test results;
- Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy;
- Death or serious injury of a patient associated with the introduction of a metallic object into the MRI area.

At the same time the "serious disability" language was changed to "serious injury." The reporting of these new events began on Oct. 7, 2013.

OVERALL STATEWIDE REPORT

REPORTED ADVERSE HEALTH EVENTS: ALL EVENTS

(OCTOBER 7, 2016 - OCTOBER 6, 2017)

CATEGORY	QUANTITY	SEVERITY
1. Surgical Events	83 Events	Death: 0, Serious Injury: 2, Neither: 81
2. Product or Device Events	2 Events	Death: 2, Serious Injury: 0, Neither: 0
3. Patient Protection Events	6 Events	Death: 1, Serious Injury: 5 Neither: 0
4. Care Management Events	245 Events	Death: 9, Serious Injury: 92, Neither: 144,
5. Environmental Events	1 Event	Death: 0, Serious Injury: 1, Neither: 0
6. Potential Criminal Events	4 Events	Death: 0, Serious Injury: 0, Neither: 4
Total for All Events	341 Events	Death: 12 Serious Injury: 100, Neither: 225

STATEWIDE REPORTS BY CATEGORY

DETAILS BY CATEGORY: SURGICAL EVENTS

(OCTOBER 7, 2016 - OCTOBER 6, 2017)

CATEGORY	QUANTITY	SEVERITY
1. Wrong body part	36 Events	Death: 0, Serious Injury: 2, Neither: 34
2. Wrong Patient	1 Events	Death: 0, Serious Injury: 0, Neither: 1
3. Foreign object	27 Events	Death: 0, Serious Injury: 0, Neither: 27
4. Wrong surgical/invasive procedure performed	19 Events	Death: 0, Serious Injury:0, Neither: 19
Total Events	83 Events	Death: 0, Serious Injury: 2, Neither: 81

DETAILS BY CATEGORY: PRODUCTS OR DEVICE EVENTS

(OCTOBER 7, 2016 - OCTOBER 6, 2017)

CATEGORY	QUANTITY	SEVERITY
1. Intravascular air embolism	2 Events	Death: 2, Serious Injury: 0, Neither: 0
Total Events	2 Events	Death: 2, Serious Injury: 0, Neither: 0

DETAILS BY CATEGORY: PATIENT PROTECTION EVENTS

(OCTOBER 7, 2016 - OCTOBER 6, 2017)

Total Events	6 Events	Death: 1 Serious Injury: 5, Neither: 0
2. Patient suicide or attempted suicide resulting in serious disability	5 Events	Death: 1, Serious Injury: 4, Neither: 0
1. Patient disappearance	1 Event	Death: 0, Serious Injury: 1, Neither: 0
CATEGORY	QTY	SEVERITY

DETAILS BY CATEGORY: CARE MANAGEMENT EVENTS

(OCTOBER 7, 2016 - OCTOBER 6, 2017)

CATEGORY	QTY	SEVERITY
1. A medication error	11 Events	Death: 1, Serious Injury: 10, Neither: 0
2. Labor or delivery in a low-risk pregnancy (maternal)	1 Event	Death: 1, Serious Injury: 0, Neither: 0
3. Labor or delivery in a low-risk pregnancy (neonatal)	2 Events	Death: 2, Serious Injury: 0, Neither: 0
4. Fall while being cared for in a facility	82 Events	Death: 5, Serious Injury: 77, Neither: 0
5. Stage 3, 4 or unstageable pressure ulcers (with or without death or serious disability)	120 Events	Death: 0, Serious Injury: 2, Neither: 118
6. Artificial insemination with wrong donor egg or sperm	0 Events	Death: 0, Serious Injury: 0, Neither: 0
7. Irretrievable loss of an irreplaceable biological specimen	26 Events	Death:0, Serious Injury: 0, Neither: 26
8. Patient death or serious injury resulting from the failure to follow up or communicate laboratory, pathology, or radiology test results	3 Events	Death: 0, Serious Injury: 3, Neither: 0
Total Events	245 Events	Death: 9. Serious Injury: 92. Neither: 144

DETAILS BY CATEGORY: ENVIRONMENTAL EVENTS

(OCTOBER 7, 2016 - OCTOBER 6, 2017)

CATEGORY	QTY	SEVERITY
1. Death or serious injury associated with an electric shock	0 Events	Death: 0, Serious Injury: 0, Neither: 0
2. Wrong gas or contamination of patient gas line	0 Event	Death: 0, Serious Injury: 0, Neither: 0
3. Death or serious injury associated with a burn	1 Event	Death: 0, Serious Injury: 1, Neither: 0
4. Death or serious injury associated with restraints	0 Events	Death: 0, Serious Injury: 0, Neither: 0
Total Events	1 Event	Death: 0, Serious Injury: 1, Neither: 0

DETAILS BY CATEGORY: POTENTIAL CRIMINAL EVENTS

(OCTOBER 7, 2016 - OCTOBER 6, 2017)

CATEGORY	QTY	SEVERITY
1. Care ordered by someone impersonating a physician, nurse or other provider	1 Events	Death: 0, Serious Injury: 0, Neither: 1
2. Abduction of patient	0 Events	Death: 0, Serious Injury: 0, Neither: 0
3. Sexual assault on a patient	3 Event	Death: 0, Serious Injury: 0, Neither: 3
4. Death or significant injury of patient or staff from physical assault	0 Event	Death: 0, Serious Injury: 0, Neither: 0
Total Events	4 Events	Death: 0, Serious Injury: 0, Neither: 4

DETAILS BY CATEGORY: RADIOLOGIC EVENTS

(OCTOBER 7, 2016 - OCTOBER 6, 2017

CATEGORY	QTY	SEVERITY
1. Death or serious injury associated with the introduction of a metallic object into the MRI area	0 Events	Death: 0, Serious Injury: 0, Neither: 0
Total Events	0 Events	Death: 0, Serious Injury: 0, Neither: 0

FACILITY-SPECIFIC DATA

ABBOTT NORTHWESTERN HOSPITAL

ADDRESS: NUMBER OF BEDS:

800 E.28th Street 952

Minneapolis, MN 55407-3723 **NUMBER OF PATIENT DAYS:**

WEBSITE: 263,201

http://www.abbottnorthwestern.com

PHONE NUMBER:

612-863-4000

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious injury)	16 Events	Deaths: 0, Serious Injury: 0, Neither: 16,
Irretrievable loss of an irreplaceable biological specimen	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/other invasive procedure performed on wrong body part	2 Events	Deaths: 0, Serious Injury: 0, Neither: 2

TOTAL EVENTS FOR THIS FACILITY: 19 | Deaths: 0, Serious Injury: 0, Neither: 19

ANOKA METRO REGIONAL TREATMENT CENTER

ADDRESS: NUMBER OF BEDS:

3301 7th Avenue N. 175

Anoka 55303-4516 NUMBER OF PATIENT DAYS:

WEBSITE: 36,163

http://mn.gov/dhs/

PHONE NUMBER:

651-431-5000

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Patient Protection Events

CATEGORY	QTY	SEVERITY
Patient suicide or attempted suicide resulting in serious disability	1 Event	Deaths: 1, Serious Injury: 0, Neither: 0

TOTAL EVENTS FOR THIS FACILITY: 1 | Deaths: 1, Serious Injury: 0, Neither: 0

ASSOCIATED EYE CARE, LLC

ADDRESS:

2950 Curve Crest Boulevard W. Stillwater, MN 55082-5085

WEBSITE:

http://www.eyesee2020.com

PHONE NUMBER:

651-275-3000

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Wrong surgical/invasive procedure performed	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

TOTAL EVENTS FOR THIS FACILITY: 1 | Deaths: 0, Serious Injury: 0, Neither: 1

AVERA MARSHALL REGIONAL MEDICAL CENTER

ADDRESS: NUMBER OF BEDS:

300 S. Bruce Street 49

Marshall, MN 56258-1934 NUMBER OF PATIENT DAYS:

WEBSITE: 16,544

http://www.averamarshall.org

PHONE NUMBER:

507-532-9661

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Retention of a foreign object in a patient after surgery or other procedure	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1
Wrong surgical/invasive procedure performed	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

BETHESDA HOSPITAL

ADDRESS: NUMBER OF BEDS:

559 Capitol Boulevard 254

Saint Paul, MN 55103-2101 NUMBER OF PATIENT DAYS:

WEBSITE: 36,766

http://www.bethesdahospital.org/

PHONE NUMBER:

651-232-2000

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious injury)	2 Events	Deaths: 0, Serious Injury: 0, Neither: 2

BRAINERD LAKES SURGERY CENTER

ADDRESS:

13114 Isle Drive

Baxter, MN 56425-8330

WEBSITE:

http://www.brainerdlakessurgerycenter.com

PHONE NUMBER:

218-822-2415

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/other invasive procedure performed on wrong body part	1 Events	Deaths: 0, Serious Injury: 0, Neither: 1

BUFFALO HOSPITAL

ADDRESS: NUMBER OF BEDS:

303 Catlin Street 65

Buffalo, MN 55313-4507 NUMBER OF PATIENT DAYS:

WEBSITE: 23,073

http://www.buffalohospital.org

PHONE NUMBER:

763-682-1212

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Surgery/other invasive procedure performed on wrong body part	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

39

CENTRACARE HEALTH, MONTICELLO

ADDRESS: NUMBER OF BEDS:

1013 Hart Boulevard

Montecello, MN 55362-8575 NUMBER OF PATIENT DAYS:

WEBSITE: 9,352

http://www.centracare.com

PHONE NUMBER:

763-295-2945

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/other invasive procedure performed on wrong body part	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

CENTRACARE HEALTH - PAYNESVILLE

ADDRESS: NUMBER OF BEDS:

200 W. 1st Street 30

Paynesville, MN 56362-1445 NUMBER OF PATIENT DAYS:

WEBSITE: 5,599

http://www.centracare.com

PHONE NUMBER:

320-243-7707

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/other invasive procedure performed on wrong body part	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

CHI SAINT GABRIEL'S HEALTH

ADDRESS: NUMBER OF BEDS:

815 Second Street SE 49

Little Falls, MN 56345-3596 NUMBER OF PATIENT DAYS:

WEBSITE: 13,162

http://www.stgabriels.com

PHONE NUMBER:

320-632-5441

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/other invasive procedure performed on wrong body part	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

CHILDREN'S HOSPITALS AND CLINICS OF MINNESOTA

ADDRESS: NUMBER OF BEDS:

2525 Chicago Avenue S 279

Minneapolis, MN 55404-4518 NUMBER OF PATIENT DAYS:

WEBSITE: 148,696

http://www.childrensMN.org

PHONE NUMBER:

612-813-6100

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious injury)	11 Events	Deaths: 0, Serious Injury: 0, Neither: 11

30

CHIPPEWA COUNTY MONTEVIDEO HOSPITAL

ADDRESS: NUMBER OF BEDS:

824 N.11th Street

Montevideo, MN 56265-1629 NUMBER OF PATIENT DAYS:

WEBSITE: 10,704

http://www.montevideomedical.com

PHONE NUMBER:

320-269-8877 Ext 100

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

CROSSTOWN SURGERY CENTER

ADDRESS:

4010 W. 65th Street Edina, MN 55435

WEBSITE:

http://www.crosstownsurgerycenter.com

PHONE NUMBER:

952-456-7300

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Retention of a foreign object in a patient after surgery or other procedure	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

DOUGLAS COUNTY HOSPITAL

ADDRESS: NUMBER OF BEDS:

111 E. 17th Avenue 127

Alexandria, MN 56308-3703 **NUMBER OF PATIENT DAYS:**

WEBSITE: 35,071

http://www.dchospital.com

PHONE NUMBER:

320-762-1511

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0
Death or serious injury due to medication error	1 Events	Deaths: 1, Serious Injury: 0, Neither: 0

ESSENTIA HEALTH, DULUTH

ADDRESS: NUMBER OF BEDS:

502 E Second Street 165

Duluth, MN 55805-1913 NUMBER OF PATIENT DAYS:

WEBSITE: 104,376

http://www.essentiahealth.org

PHONE NUMBER:

218-847-0888

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious injury)	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1
Irretrievable loss of an irreplaceable biological specimen	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/other invasive procedure performed on wrong body part	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1
Retention of a foreign object in a patient after surgery or other procedure	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

ESSENTIA HEALTH SAINT MARY'S MEDICAL CENTER

ADDRESS: NUMBER OF BEDS:

407 E Third Street 380

Duluth, MN 55805-1950 NUMBER OF PATIENT DAYS:

WEBSITE: 119,594

http://www.essentiahealth.org

PHONE NUMBER:

218-786-4000

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious injury)	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1
Fall while being cared for in a facility	4 Events	Deaths: 0, Serious Injury: 4, Neither: 0
Irretrievable loss of an irreplaceable biological specimen	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/other invasive procedure performed on wrong body part	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1
Surgery/other invasive procedure performed on wrong patient	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

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ESSENTIA HEALTH SAINT MARY'S, DETROIT LAKES

ADDRESS: NUMBER OF BEDS:

1027 Washington Avenue

Detroit Lakes, MN 56501-3409 NUMBER OF PATIENT DAYS:

WEBSITE: 21,425

http://www.essentiahealth.org

PHONE NUMBER:

218-847-5611

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Irretrievable loss of an irreplaceable biological specimen	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

ESSENTIA HEALTH, SAINT JOSEPH'S MEDICAL CENTER

ADDRESS: NUMBER OF BEDS:

523 N. Third Street 162

Brainerd, MN 56401-3054 NUMBER OF PATIENT DAYS:

WEBSITE: 58,374

http://www.essentiahealth.org

PHONE NUMBER:

218-786-2315

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	2 Events	Deaths: 0, Serious Injury: 2, Neither: 0

83

ESSENTIA HEALTH, VIRGINIA

ADDRESS: NUMBER OF BEDS:

901 9th Street. N

Virginia MN 55792-2348 **NUMBER OF PATIENT DAYS:**

WEBSITE: 26,593

http://www.essentiahealth.org

PHONE NUMBER:

218-741-0150

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Irretrievable loss of an irreplaceable biological specimen	2 Event	Deaths: 0, Serious Injury: 0, Neither: 2
Fall while being cared for in a facility	1 Events	Deaths: 0, Serious Injury: 1, Neither: 0

61

FAIRVIEW LAKES HEALTH SERVICES

ADDRESS: NUMBER OF BEDS:

5200 Fairview Boulevard

Wyoming, MN 55092-8013 NUMBER OF PATIENT DAYS:

WEBSITE: 25,256

http://www.lakes.fairview.org

PHONE NUMBER:

651-982-7000

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Irretrievable loss of an irreplaceable biological specimen	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious injury)	2 Events	Deaths: 0, Serious Injury: 0, Neither: 2

FAIRVIEW RANGE MEDICAL CENTER

ADDRESS: NUMBER OF BEDS:

750 E 34th Street 175

Hibbing, MN 55746-2341 NUMBER OF PATIENT DAYS:

WEBSITE: 37,364

http://www.range.fairview.org

PHONE NUMBER:

218-262-4881

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Retention of a foreign object in a patient after surgery or other procedure	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

Criminal Events

CATEGORY	QTY	SEVERITY
Sexual assault on a patient	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

FAIRVIEW RIDGES HOSPITAL

ADDRESS: NUMBER OF BEDS:

201 E Nicollet Boulevard 150

Burnsville, MN 55337-5799 NUMBER OF PATIENT DAYS:

WEBSITE: 72,254

http://www.ridges.fairview.org/

PHONE NUMBER:

952-892-2000

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Labor or delivery in a low-risk pregnancy (neonatal)	1 Event	Deaths: 1, Serious Injury: 0, Neither: 0
Fall while being cared for in a facility	3 Events	Deaths: 0, Serious Injury: 3, Neither: 0
Irretrievable loss of an irreplaceable biological specimen	2 Events	Deaths: 0, Serious Injury: 0, Neither: 2

FAIRVIEW SOUTHDALE HOSPITAL

ADDRESS: NUMBER OF BEDS:

6401 France Avenue S 390

Edina, MN 55435-2104 NUMBER OF PATIENT DAYS:

WEBSITE: 117,321

http://www.southdale.fairview.org

PHONE NUMBER:

952-924-5000

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Death or serious injury due to medication error	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious injury)	4 Events	Deaths: 0, Serious Injury: 0, Neither: 4
Fall while being cared for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Retention of a foreign object in a patient after surgery or other procedure	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

FIRSTLIGHT HEALTH SYSTEM

ADDRESS: NUMBER OF BEDS:

301 S Highway 65 49

Mora, MN 55051-1899 **NUMBER OF PATIENT DAYS:**

WEBSITE: 22,391

http://www.firstlighthealthsystem.org

PHONE NUMBER:

320-225-3328

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	2 Events	Deaths: 0, Serious Injury: 2, Neither: 0
Irretrievable loss of an irreplaceable biological specimen	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

GLENCOE REGIONAL HEALTH SERVICES

ADDRESS: NUMBER OF BEDS:

1805 Hennepin Avenue 49

Glenco, MN 55336-1416 NUMBER OF PATIENT DAYS:

WEBSITE: 8,174

http://www.grhsonline.org

PHONE NUMBER:

320-864-7823

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Wrong surgical/invasive procedure performed	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

HENNEPIN COUNTY MEDICAL CENTER

ADDRESS: NUMBER OF BEDS:

701 Park Avenue 894

Minneapolis, MN 55415-1623 NUMBER OF PATIENT DAYS:

WEBSITE: 236,399

http://www.hcmc.org

PHONE NUMBER:

612-873-5719

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious injury)	8 Events	Deaths: 0, Serious Injury: 1, Neither: 7
Fall while being cared for in a facility	2 Events	Deaths: 0, Serious Injury: 2, Neither: 0

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/other invasive procedure performed on wrong body part	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

HUTCHINSON HEALTH

ADDRESS: NUMBER OF BEDS:

1095 Highway 15 S 66

Hutchinson, MN 55350-5000 NUMBER OF PATIENT DAYS:

WEBSITE: 29,261

http://www.hutchhealth.com

PHONE NUMBER:

320-234-5000

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	3 Events	Deaths: 0, Serious Injury: 3, Neither: 0

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Retention of a foreign object in a patient after surgery or other procedure	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

LAKE REGION HEALTHCARE

ADDRESS: NUMBER OF BEDS:

712 Cascade Street S 108

Fergus Falls, MN 56537-0728 NUMBER OF PATIENT DAYS:

WEBSITE: 39,622

http://www.lrhc.org

PHONE NUMBER:

218-736-8000

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Retention of a foreign object in a patient after surgery or other procedure	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

LAKEWOOD HEALTH SYSTEM

ADDRESS: NUMBER OF BEDS:

49725 County 83 37

Staples, MN 56479-5280 **NUMBER OF PATIENT DAYS:**

WEBSITE: 29,771

http://www.lakewoodhealthsystem.com

PHONE NUMBER:

218-894-8429

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Death or serious injury due to medication error	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

LANDMARK SURGERY CENTER

ADDRESS:

17 W. Exchange Street
Suite 222
Saint Paul, MN 55102-1223

WEBSITE:

http://www.summitortho.com/loc_landmark SC.html

PHONE NUMBER:

651-261-1717

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/other invasive procedure performed on wrong body part	1 Event	Deaths: 0, Serious Injury: 0, Neither:1

MADELIA COMMUNITY HOSPITAL, INC.

ADDRESS: NUMBER OF BEDS:

121 Drew Avenue. S.E., 25

Madelia, MN 56062 NUMBER OF PATIENT DAYS:

WEBSITE: 2,263

www.mchospital.org

PHONE NUMBER:

507-642-3255

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

MAPLE GROVE HOSPITAL

ADDRESS: NUMBER OF BEDS:

9875 Hospital Drive 130

Maple Grove, MN 55369-4648 **NUMBER OF PATIENT DAYS:**

WEBSITE: 39,376

http://www.maplegrovehospital.org

PHONE NUMBER:

763-581-1000

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Retention of a foreign object in a patient after surgery or other procedure	2 Events	Deaths: 0, Serious Injury: 1, Neither: 1
Surgery/Other invasive procedure performed on wrong body part	2 Events	Deaths: 0, Serious Injury: 1, Neither: 1

MAYO CLINIC HEALTH SYSTEM, ALBERT LEA AND AUSTIN (ALBERT LEA CAMPUS)

ADDRESS: NUMBER OF BEDS:

404 W Fountain Street 159

Albert Lea, MN 56007-2437 **NUMBER OF PATIENT DAYS:**

WEBSITE: 55,347

http://mayoclinichealthsystem.org/

PHONE NUMBER:

507-373-2384

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

MAYO CLINIC HEALTH SYSTEM, ALBERT LEA AND AUSTIN (AUSTIN CAMPUS)

ADDRESS:

1000 First Drive NW Austin, MN 55912-2941

WEBSITE:

http://mayoclinichealthsystem.org/

PHONE NUMBER:

507-433-7351

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0
Irretrievable loss of an irreplaceable biological specimen	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Wrong surgical/invasive procedure performed	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

MAYO CLINIC HEALTH SYSTEM, FAIRMONT

ADDRESS: NUMBER OF BEDS:

800 Medical Center Drive 57

Fairmont, MN 56031-4575 NUMBER OF PATIENT DAYS:

WEBSITE: 20,056

http://www.mayoclinichealthsystem.org

PHONE NUMBER:

507-594-7178

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious disability)	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1
Irretrievable loss of an irreplaceable biological specimen	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

MAYO CLINIC HEALTH SYSTEM, MANKATO

ADDRESS: NUMBER OF BEDS:

1025 Marsh Street 272

Mankato, MN 56001-4752 **NUMBER OF PATIENT DAYS:**

WEBSITE: 68,880

http://www.mayoclinichealthsystem.org

PHONE NUMBER:

507-385-2646

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious injury)	6 Events	Deaths: 0, Serious Injury: 0, Neither: 6
Fall while being cared for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/Other invasive procedure performed on wrong body part	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1
Retention of a foreign object in a patient after surgery or other proced	ure 1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

MAYO CLINIC HEALTH SYSTEM, RED WING

ADDRESS: NUMBER OF BEDS:

701 Hewitt Boulevard 50

Red Wing, MN 55066-0095 NUMBER OF PATIENT DAYS:

WEBSITE: 19,499

http://www.mayoclinichealthsystem.org

PHONE NUMBER:

507-263-9706

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious injury)	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1
Fall while being cared for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/other invasive procedure performed on wrong body part	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

Environmental

CATEGORY	QTY	SEVERITY
A burn received while being care for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

MAYO CLINIC HEALTH SYSTEM, SAINT JAMES

ADDRESS: NUMBER OF BEDS:

1101 Moulton and Parsons Drive 25

Saint James, MN 56081-0460 NUMBER OF PATIENT DAYS:

WEBSITE: 3883

http://www.mayoclinichealthsystem.org

PHONE NUMBER:

507-594-7178

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious injury)	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

MAYO CLINIC HOSPITAL

ADDRESS: NUMBER OF BEDS:

Saint Marys Campus 2,059

Rochester, MN 55902-1906 NUMBER OF PATIENT DAYS:

WEBSITE: 563,707

www.mayoclinic.org/event-reporting

PHONE NUMBER:

507-255-5123

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious injury)	8 Events	Deaths: 0, Serious Injury: 0, Neither: 8
Fall while being cared for in a facility	10 Events	Deaths: 1, Serious Injury: 9, Neither: 0
Irretrievable loss of an irreplaceable biological specimen	2 Events	Deaths: 0, Serious Injury: 0, Neither: 2
Death or serious injury due to medication error	2 Events	Deaths: 0, Serious Injury: 2, Neither: 0

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/other invasive procedure performed on wrong body part	3 Events	Deaths: 0, Serious Injury: 0, Neither: 3
Wrong surgical/invasive procedure performed	6 Events	Deaths: 0, Serious Injury: 0, Neither: 6
Retention of a foreign object in a patient after surgery or other procedure	6 Events	Deaths: 0, Serious Injury: 2, Neither: 4

Product or Device Events

CATEGORY	QTY	SEVERITY
An intravascular air embolism	2 Events	Deaths: 2, Serious Injury: 0, Neither: 0

MEEKER MEMORIAL HOSPITAL

ADDRESS: NUMBER OF BEDS:

612 S. Sibley Avenue 35

Litchfield MN 55355-3340 **NUMBER OF PATIENT DAYS:**

WEBSITE: 7,057

www.meekermemorial.org

PHONE NUMBER:

320-373-2002

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	1 Event	Deaths: 1, Serious Injury: 0, Neither: 0

MERCY HOSPITAL, COON RAPIDS

ADDRESS: NUMBER OF BEDS:

4050 Coon Rapids Boulevard NW 271

Coon Rapids, MN 55433-2522 NUMBER OF PATIENT DAYS:

WEBSITE: 129,433

http://www.allinahealth.org/mercy

PHONE NUMBER:

763-236-6000

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious disability)	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1
Fall while being cared for in a facility	3 Events	Deaths: 0, Serious Injury: 3, Neither: 0
Irretrievable loss of an irreplaceable biological specimen	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Retention of a foreign object in a patient after surgery or other procedure	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

MERCY HOSPITAL UNITY CAMPUS, FRIDLEY

ADDRESS: NUMBER OF BEDS:

550 Osborne Road NE 275

Fridley, MN 55432-2718 NUMBER OF PATIENT DAYS:

WEBSITE: 59,413

http://www.allinaunity.org

PHONE NUMBER:

763-236-5000

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

Criminal Events

CATEGORY	QTY	SEVERITY
Care from someone impersonating a health care provider	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

Patient Protection Events

CATEGORY	QTY	SEVERITY
Patient suicide or attempted suicide resulting in serious disability	2 Events	Deaths: 0, Serious Injury: 2, Neither: 0
Patient death or serious disability associated with patient disappearance	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

MILLE LACS HEALTH SYSTEM

ADDRESS: NUMBER OF BEDS:

200 Elm Street N 28

Onamia, MN 56359-7901 **NUMBER OF PATIENT DAYS:**

WEBSITE: 22,301

http://www.mlhealth.org

PHONE NUMBER:

320-532-3154

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

MINNESOTA EYE LASER & SURGERY CENTERS LLC, BLOOMINGTON

ADDRESS:

9801 Dupont Avenue S Suite 200 Minneapolis, MN 55431-3200

WEBSITE:

http://www.mneye.com

PHONE NUMBER:

952-567-6066

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Wrong surgical/invasive procedure performed	2 Events	Deaths: 0, Serious Injury: 0, Neither: 2

MURRAY COUNTY MEDICAL CENTER

ADDRESS: NUMBER OF BEDS:

2042 Juniper Avenue 25

Slayton, MN 56172-1017 **NUMBER OF PATIENT DAYS:**

WEBSITE: 3,301

www.murraycountymed.org

PHONE NUMBER:

507-836-1233

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	2 Events	Deaths: 0, Serious Injury: 2, Neither: 0

NORTH MEMORIAL HEALTH HOSPITAL

ADDRESS: NUMBER OF BEDS:

3300 Oakdale Avenue N 518

Robbinsdale, MN 55422-2926 NUMBER OF PATIENT DAYS:

WEBSITE: 147,776

www.northmemorial.com

PHONE NUMBER:

763-581-4641

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious disability)	20 Events	Deaths: 0, Serious Injury: 0, Neither: 20
Fall while being cared for in a facility	7 Events	Deaths: 1, Serious Injury: 6, Neither: 0

OLMSTED MEDICAL CENTER

ADDRESS: NUMBER OF BEDS:

210 Ninth Street SE 61

Rochester, MN 55901-6425 NUMBER OF PATIENT DAYS:

WEBSITE: 32,568

www.olmmed.org

PHONE NUMBER:

507-288-3443

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Death or serious injury due to medication error	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0
Irretrievable loss of an irreplaceable biological specimen	2 Events	Deaths: 0, Serious Injury: 0, Neither: 2

OWATONNA HOSPITAL

ADDRESS: NUMBER OF BEDS:

2250 26th Street NW 43

Owatonna, MN 55060-5503 NUMBER OF PATIENT DAYS:

WEBSITE: 23,337

www.allinahealth.org

PHONE NUMBER:

612-262-4986

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/other invasive procedure performed on wrong body part	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

PARK NICOLLET METHODIST HOSPITAL

ADDRESS: NUMBER OF BEDS:

6500 Excelsior Boulevard 426

Saint Louis Park, MN 55426-4702 NUMBER OF PATIENT DAYS:

WEBSITE: 163,019

http://www.parknicollet.com

PHONE NUMBER:

952-993-5000

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious disability)	2 Events	Deaths: 0, Serious Injury: 0, Neither: 2
Fall while being cared for in a facility	2 Events	Deaths: 0, Serious Injury: 2, Neither: 0
Irretrievable loss of an irreplaceable biological specimen	2 Events	Deaths: 0, Serious Injury: 0, Neither: 2
Labor or delivery in a low risk pregnancy (maternal)	1 Event	Deaths: 1, Serious Injury: 0, Neither: 0
Patient death or serious injury resulting from the failure to follow up or communicate laboratory, pathology, or radiology test results	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Retention of a foreign object in a patient after surgery or other procedure	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

PHILLIPS EYE INSTITUTE

ADDRESS: NUMBER OF BEDS:

2215 Park Avenue 20

Minneapolis, MN 55404-3711 NUMBER OF PATIENT DAYS:

WEBSITE: 6,559

http://www.phillipseyeinstitute.com

PHONE NUMBER:

612-775-8800

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/other invasive procedure performed on wrong body part	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1
Wrong surgical/invasive procedure performed	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

REGIONAL EYE SURGERY CENTERS INC., HUTCHINSON

ADDRESS:

1455 Montreal Street SE P.O. Box 699 Hutchinson, MN 55350-0699

WEBSITE:

www.regeyecenter.com

PHONE NUMBER:

320-234-6660

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Wrong surgical/invasive procedure performed	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

REGIONS HOSPITAL

ADDRESS: NUMBER OF BEDS:

640 Jackson Street 454

Saint Paul, MN 55101-2502 NUMBER OF PATIENT DAYS:

WEBSITE: 226,736

http://www.regionshospital.com

PHONE NUMBER:

651-254-3456

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious injury)	10 Events	Deaths: 0, Serious Injury: 0, Neither: 10
Fall while being cared for in a facility	4 Events	Deaths: 1, Serious Injury: 3, Neither: 0

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/Other invasive procedure performed on wrong body part	2 Events	Deaths: 0, Serious Injury: 0, Neither: 2
Wrong surgical/invasive procedure performed	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1
Retention of a foreign object in a patient after surgery or other procedure	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

RICE MEMORIAL HOSPITAL

ADDRESS: NUMBER OF BEDS:

301 Becker Avenue SW 136

Willmar, MN 56201-3302 NUMBER OF PATIENT DAYS:

WEBSITE: 26,423

www.ricehospital.com

PHONE NUMBER:

320-231-4223

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Retention of a foreign object in a patient after surgery or other procedure	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

RIDGEVIEW MEDICAL CENTER

ADDRESS: NUMBER OF BEDS:

500 S. Maple Street 109

Waconia, MN 55387-1752 **NUMBER OF PATIENT DAYS:**

WEBSITE: 75,403

http://www.ridgeviewmedical.org

PHONE NUMBER:

952-442-2191

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

RIDGEVIEW SIBLEY MEDICAL CENTER

ADDRESS: NUMBER OF BEDS:

601 W. Chandler Street 20

Arlington, MN 55307-2127 NUMBER OF PATIENT DAYS:

WEBSITE: 2,679

http://www.ridgeviewmedical.org

PHONE NUMBER:

952-442-2191

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	1 Event	Deaths: 1, Serious Injury: 0, Neither: 0

RIVER'S EDGE HOSPITAL CLINIC

ADDRESS: NUMBER OF BEDS:

1900 N. Sunrise Drive 17

Saint Peter, MN 56082-5376 NUMBER OF PATIENT DAYS:

WEBSITE: 4,086

www.riversedgehealth.org

PHONE NUMBER:

507-934-7642

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

RIVERVIEW HEALTH

ADDRESS: NUMBER OF BEDS:

323 S. Minnesota Street 49

Crookston, MN 56716-1601 NUMBER OF PATIENT DAYS:

WEBSITE: 6,689

www.riversedgehealth.org

PHONE NUMBER:

518-281-9440

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

SAINT CLOUD HOSPITAL

ADDRESS: NUMBER OF BEDS:

1406 Sixth Avenue N 489

Saint Cloud, MN 56303-1900 NUMBER OF PATIENT DAYS:

WEBSITE: 205,943

http://www.centracare.com

PHONE NUMBER:

320-251-2700

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious injury)	4 Events	Deaths: 0, Serious Injury: 1, Neither: 3
Fall while being cared for in a facility	2 Events	Deaths: 0, Serious Injury: 2, Neither: 0
Irretrievable loss of an irreplaceable biological specimen	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

Patient Protection Events

CATEGORY	QTY	SEVERITY
Patient suicide or attempted suicide resulting in serious disability	1 Events	Deaths: 0, Serious Injury: 1, Neither: 0

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/Other invasive procedure performed on wrong body part	2 Events	Deaths: 0, Serious Injury: 0, Neither: 2
Wrong surgical/invasive procedure performed	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

SAINT FRANCIS REGIONAL MEDICAL CENTER

ADDRESS: NUMBER OF BEDS:

1455 Saint Francis Avenue 93

Shakopee, MN 55379-3380 **NUMBER OF PATIENT DAYS:**

WEBSITE: 43,563

http://www.stfrancis-shakopee.com

PHONE NUMBER:

952-428-3000

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	1	Deaths: 0, Serious Injury: 1, Neither: 0

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/Other invasive procedure performed on wrong body part	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1
Retention of a foreign object in a patient after surgery or other procedure	2 Events	Deaths: 0, Serious Injury: 0, Neither: 2

SAINT JOHN'S HOSPITAL

ADDRESS: NUMBER OF BEDS:

1575 Beam Avenue 184

Maplewood, MN 55109-1126 **NUMBER OF PATIENT DAYS:**

WEBSITE: 73,118

http://www.stjohnshospital-mn.org

PHONE NUMBER:

651-232-7000

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0
Labor or delivery in a low-risk pregnancy (neonatal)	1 Event	Deaths: 1, Serious Injury: 0, Neither: 0

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/other invasive procedure performed on wrong body part	1	Deaths: 0, Serious Injury: 0, Neither: 1

SAINT JOSEPH'S HOSPITAL

ADDRESS: NUMBER OF BEDS:

45 W. 10th Street 401

Saint Paul, MN 55102-1062 NUMBER OF PATIENT DAYS:

WEBSITE: 84,354

http://www.healtheast.org

PHONE NUMBER:

651-232-3000

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	5 Events	Deaths: 0, Serious Injury: 5, Neither: 0
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious disability)	2 Events	Deaths: 0, Serious Injury: 0, Neither: 2
Irretrievable loss of an irreplaceable biological specimen	2 Events	Deaths: 0, Serious Injury: 0, Neither: 2

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/other invasive procedure performed on wrong body part	3 Events	Deaths: 0, Serious Injury: 0, Neither: 3

SAINT LUKE'S HOSPITAL

ADDRESS: NUMBER OF BEDS:

915 E. First Street 267

Duluth, MN 55805-2107 **NUMBER OF PATIENT DAYS:**

WEBSITE: 122,505

http://www.slhduluth.com

PHONE NUMBER:

218-249-2475

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Death or serious injury due to medication error	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious injury)	2 Events	Deaths: 0, Serious Injury: 0, Neither: 2
Fall while being cared for in a facility	4 Events	Deaths: 0, Serious Injury: 4, Neither: 0

SANFORD BEMIDJI MEDICAL CENTER

ADDRESS: NUMBER OF BEDS:

1300 Anne Street. NW 118

Bemidji, MN 56601-5103 NUMBER OF PATIENT DAYS:

WEBSITE: 59,180

http://www.sanfordhealth.org/bemidji

PHONE NUMBER:

218-333-5717

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Retention of a foreign object in a patient after surgery or other procedure	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

SANFORD CANBY MEDICAL CENTER

ADDRESS: NUMBER OF BEDS:

112 Saint Olaf Avenue S 25

Canby, MN 56220-1433 NUMBER OF PATIENT DAYS:

WEBSITE: 2,593

www.sanfordcanby.org

PHONE NUMBER:

507-223-7277

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious injury)	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

SANFORD THIEF RIVER FALLS MEDICAL CENTER

ADDRESS: NUMBER OF BEDS:

3001 Sanford Parkway 16

Thief River Falls, MN 56701-2700 NUMBER OF PATIENT DAYS:

WEBSITE: 24,485

http://www.sanfordhealth.org/

PHONE NUMBER:

218-681-4240

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Irretrievable loss of an irreplaceable biological specimen	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

SANFORD WORTHINGTON MEDICAL CENTER

ADDRESS: NUMBER OF BEDS:

1018 Sixth Avenue 48

Worthington, MN 56187-2298 NUMBER OF PATIENT DAYS:

WEBSITE: 13,456

http://www.sanfordworthington.org

PHONE NUMBER:

507-372-2941

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0
Patient death or serious injury resulting from the failure to follow up or communicate laboratory, pathology, or radiology test results	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Retention of a foreign object in a patient after surgery or other procedure	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

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STEVENS COMMUNITY MEDICAL CENTER

ADDRESS: NUMBER OF BEDS:

P.O. Box 660 54

Morris, MN 56267-0660 NUMBER OF PATIENT DAYS:

WEBSITE: 11,326

http://www.scmcinc.org/

PHONE NUMBER:

320-589-1313

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/Other invasive procedure performed on wrong body part	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

TRI-COUNTY HEALTH CARE

ADDRESS: NUMBER OF BEDS:

415 Jefferson Street N 49

Wadena, MN 56482-1264 NUMBER OF PATIENT DAYS:

WEBSITE: 12,674

http://www.tchc.org

PHONE NUMBER:

218-631-3510

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Care Management

CATEGORY	QTY	SEVERITY
Fall while being cared for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

UNITED HOSPITAL

ADDRESS: NUMBER OF BEDS:

333 N Smith Avenue 546

Saint Paul, MN 55102-2344 NUMBER OF PATIENT DAYS:

WEBSITE: 162,520

http://www.unitedhospital.com

PHONE NUMBER:

651-241-8000

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Death or serious injury due to medication error	4 Events	Deaths: 0, Serious Injury: 4, Neither: 0
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious injury)	3 Events	Deaths: 0, Serious Injury: 0, Neither: 3
Fall while being cared for in a facility	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0
Irretrievable loss of an irreplaceable biological specimen	3 Events	Deaths: 0, Serious Injury: 0, Neither: 3

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Wrong surgical/invasive procedure performed	2 Events	Deaths: 0, Serious Injury: 0, Neither: 2
Retention of a foreign object in a patient after surgery or other procedure	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

UNIVERSITY OF MINNESOTA HEALTH CLINICS & SURGERY CENTER

ADDRESS:

909 Fulton Street

Minneapolis, MN 55414

WEBSITE:

www.mhealth.org

PHONE NUMBER:

612-884-0845

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/other invasive procedure performed on wrong body part	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

UNIVERSITY OF MINNESOTA MEDICAL CENTER

ADDRESS: NUMBER OF BEDS:

2450 Riverside Avenue 1700

Minneapolis, MN 55455-1450 NUMBER OF PATIENT DAYS:

WEBSITE: 340,988

www.mhealth.org

PHONE NUMBER:

612-273-7486

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Care Management Events

CATEGORY	QTY	SEVERITY
Stage 3, 4 or unstageable pressure ulcers (with or without death or serious injury)	13 Events	Deaths: 0, Serious Injury: 0, Neither: 13
Fall while being cared for in a facility	3 Events	Deaths: 0, Serious Injury: 3, Neither: 0
Patient death or serious injury resulting from the failure to follow up or communicate laboratory, pathology, or radiology test results.	1 Event	Deaths: 0, Serious Injury: 1, Neither: 0

Criminal Event

CATEGORY	QTY	SEVERITY
Sexual assault on a patient	2 Events	Deaths: 0, Serious Injury: 0, Neither: 2

Patient Protection Events

CATEGORY	QTY	SEVERITY
Patient suicide or attempted suicide resulting in serious disability	1 Events	Deaths: 0, Serious Injury: 1, Neither: 0

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/other invasive procedure performed on wrong body part	3 Events	Deaths: 0, Serious Injury: 0, Neither: 3
Wrong surgical/invasive procedure performed	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1
Retention of a foreign object in a patient after surgery or other procedure	2 Event	Deaths: 0, Serious Injury: 0, Neither: 2

VADNAIS HEIGHTS SURGERY CENTER

ADDRESS:

3580 Arcade Street Suite 200 Vadnais Heights, MN 55127

WEBSITE:

www.summitortho.com

PHONE NUMBER:

651-261-1717

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 - OCTOBER 6, 2017)

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/other invasive procedure performed on wrong body part	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1

WOODWINDS HEALTH CAMPUS

ADDRESS: NUMBER OF BEDS:

1925 Woodwinds Drive 86

Woodbury, MN 55125-2270 NUMBER OF PATIENT DAYS:

WEBSITE: 37,554

http://www.woodwinds.org/

PHONE NUMBER:

651-232-0228

HOW TO READ THESE TABLES:

These tables show the number of events reported at each facility. They include the reported number for each of the 29 event types, organized under six categories. Categories and event types are not shown if no events were reported.

REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2016 – OCTOBER 6, 2017)

Surgical/Other Invasive Procedure Events

CATEGORY	QTY	SEVERITY
Surgery/Other invasive procedure performed on wrong body part	1 Event	Deaths: 0, Serious Injury: 0, Neither: 1