

Table 1b: Example of patient/caregiver factors mentioned in patient safety reports

Event Description	Patient/caregiver factors
<p>Patient came to Ophthalmology appointment for glasses prescription and laser, MD recommended for her to have surgery. On Day -166, went to surgery. After surgery, patient was not able to see clearly. Second surgery was done, but after surgery, unable to see. Third surgery was done, after surgery, unable to see. When seen by MD for follow-up, patient was informed that she will be blind for the rest of his life. Patient would like to know what happened, why surgery was done despite uncontrolled blood sugar and being diabetic.</p>	Co-morbid conditions
	Patient education
	Miscommunication
<p>Patient came to mobile dental unit, a filling on tooth completed. Patient went into a seizure just as the filling was finished. Stopped breathing for approximately 30 seconds during seizure but restarted afterwards. 911 was called the ambulance came. Paramedics who assessed his condition recommended that he go to the ED for further treatment and evaluation.</p> <p>Patient and wife refused to be taken. Wife took patient home. Clinic later informed patient had 6 seizures the night before. On following day wife said patient has not had any more seizures. Patient encouraged to contact primary care physician.</p>	Following clinical recommendations
	Reporting clinical information
	Co-morbid conditions
<p>Patient was noticed to be somnolent and slow to arouse with slowed verbal responses. It was discovered patient took multiple tablets of MS contin for feelings of being overwhelmed with thoughts about deceased family member. Described overdose as inattention, denied suicide attempt. Paramedics called for patient.</p>	Mental health
<p>Patient sustained fall while at dollar store when used shopping cart for support and it tipped over. Sustained elbow skin tear which is resolving/scabbed.</p> <p>Declines physical or occupational therapy at this time. Instructed on need to use walker.</p>	Disability
	<p>Received critical INR from the lab on after-hours pager: 6.29. Called and spoke to patient. Pt thought her 4 mg tabs were 2 mg tabs ever since prescription was prescribed. Patient described subconjunctival hemorrhages 10 days prior, and now resolved. Pt complaining about need for warfarin and difficulty w/ dosing. Reports taking 1 more week of Bactrim left, and also started prednisone burst. Also increased salad intake. INR supratherapeutic, Pt has been taking higher doses than documented; educated on adjusted dose.</p>
Co-morbid conditions	
Patient education	

<p>Instructed patient to go to the ER or seek medical attention right away if any signs of bleeding develop. Suggested patient discuss direct oral anticoagulants w/ Cardiologist. Patient expressed understanding. Provider will be notified.</p>	
<p>Son dropped patient off at curbside. Pt ambulated with crutches, tried to jump up to curb but failed, fell on her right side. Staff who passed by assisted patient up to bench and asked clinic nurse to help.</p> <p>Brought wheelchair out, assisted patient...Pt denied hitting head, but fell on her right side/ leg, complained of right ankle pain; found to have hairline fracture on ankle....Pt proceeded to see MD at urgent care.</p>	<p>Caregiver factor</p> <p>Disability</p> <p>Competing priorities</p>
<p>Pt arrived for basal cell carcinoma (BCC) micrographic surgery. Patient indicated site for MD where to biopsy and confirmed this corresponded with referral photo. During surgery no BCC was found. Pt was discharged. MD found additional photos with correct BCC site that did not match previous photos or Pt knowledge. MD followed up with patient to schedule new visit.</p>	<p>Miscommunication</p> <p>Reporting clinical information</p>
<p>Patient called administration Day 0 to report that she was in the clinic getting in the elevator at the right sided elevator by the stairs and as she entered the elevator the elevator door started to close as she entered with his cane. She stuck out his right hand to block the elevator and the elevator struck her on the arm which she had previously had surgery on years earlier, causing pain. Patient called the clinic same day stating she was in pain. Offered urgent care and she reported she would go to the emergency room the following day. In follow up, x-ray ordered with advice to treat conservatively with pain meds ice and elevation. Patient called administration twice shortly after visit requesting results of xrays and immediate referral to a specialist for his wrist pain.</p> <p>Advised we would follow up on his x-ray and submit a referral to specialist. Elevator door examined by mechanic and closing pressure of elevator door was within building code.</p>	<p>Environment or equipment issue</p> <p>Comorbid condition</p>
<p>Patient here for Hydrogen Breath Test, is diabetic, but took 60 units of Novolin insulin, remained NPO (fasting), and his initial blood sugar before the test was 39, repeat 35, repeat after three glucose tabs was 33. Patient was not supposed to take his insulin prior to the test. He was symptomatic with drowsiness, weakness, and dizziness.</p>	<p>Patient education</p> <p>Comorbid conditions</p>
<p>Infiltration noted upon completion of infusion, Patient states he felt some mild pain but he did not complain because he thought it was</p>	<p>Reporting clinical information</p>

<p>normal and it was his last infusion so did not bother to complain. Referred to Physician assistant and pharmacist. No medical intervention needed at this time, patient was advised to apply cold compress at home, ice pack was given here at the infusion center to start. He was advised to return tomorrow for evaluation on the infiltration site.</p>	Patient education
<p>Patient with critically high blood pressure at occupational therapy appointment, with headache and blurry vision. Said she did not have blood pressure cuff at home and did not have means of transportation to go to appointment to see MD for symptoms.</p>	Socioeconomic factors
	Reporting clinical information
	Administration of medications
<p>Upon arrival to urgent care it was found that this patient's blood sugar was in the 500's. She stated she woke up very early to come here and did not have time to take her insulin. She signed against medical advice because she was unable to stay for lab work and other treatment for hyperglycemia and DM complications due to transportation issues. She was aware of risk of untreated hyperglycemia but chose to leave because she needed to pick up her child.</p>	Competing priorities
	Co-morbid conditions
	Socioeconomic barriers
	Administration of medications
<p>The social worker in [mental health] clinic called to say she was transferring a call from the patient to me because he was upset because staff in the clinic haven't provided him with housing and now, he is homeless and will be spending the night at homeless [shelter]. Patient said he is approved for housing but has not been placed yet, blaming clinic staff repeatedly for his situation. Stated that "I will hurt myself tonight and I have the pills from psychiatrist." Placed call to Sheriff here, who said that they would follow up with patient. Patient's cell phone number and last address provided.</p>	Substance use
	Mental health
	Socioeconomic barriers
<p>Pt was walking with nurse attendant to go to her assigned room then when they pass by another room patient fell face down to the ground. RN's came to help...it was noted that the patient did not eat prior to infusion and suddenly felt dizzy while ambulating to the RN assigned's room. Patient was instructed to have breakfast prior to coming to infusion clinic and have someone accompany her if he is not feeling well.</p>	Self-care/nutrition
	Reporting clinical information