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EXECUTIVE SUMMARY

More than 15 years after the publication of the Institute of Medicine’s landmark report on patient safety, “To Err is Human,” it is more clear than ever that the health care system’s journey towards zero instances of preventable harm has led to both significant progress and learning about why serious events happen and how to prevent them – and a recognition that there will always be more work to do.

While many different organizations work on improving health care quality and safety in Minnesota in different ways, the centerpiece of those efforts has been the Minnesota Adverse Health Events Law, which was enacted in 2003 (Appendix C). This law requires all hospitals and ambulatory surgical centers to report 29 specific adverse health events (Appendix A) to the Minnesota Department of Health (MDH) and to conduct a root cause analysis to identify the root causes of the event. The Minnesota Department of Health produces an annual report on the number of incidents that occurred over the past year, trends in the causes for those events, and work being done to prevent them. The adverse health events reporting system provides a consistent, nationally endorsed set of indicators that can be monitored for improvement over time; a strong infrastructure to support learning about these events and the most effective strategies for preventing them; and a framework for statewide collaboration.

There were a total of 336 adverse health events reported to MDH in the Oct. 7, 2015, to Oct. 6, 2016, reporting period. While pressure ulcers (more commonly known as bedsores) and surgical/invasive procedures continue to be areas needing improvement, there are several key areas showing improvement:

- Fall-related deaths were the lowest since 2011;
- Neonatal death or serious injury associated with labor and delivery in a low-risk pregnancy declined to two events; and,
- The suicide/attempted suicide/self-harm event category saw zero deaths in this reporting year, the first time since 2011.

The true value of the system comes from its ability to use the information reported to support providers in developing and implementing best practices for prevention of future events. As a result of key learnings from the AHE system, MDH and its partners, the Minnesota Hospital Association (MHA) and Stratis Health, implemented a number of actions in 2016:

- MDH and MHA issued a safety alert to all Minnesota hospitals and surgical centers with recommended action steps to prevent surgical adverse events. Recommended steps include having leadership meet with operations leaders and chiefs of surgery to review current
and past events, best practices and potential gaps, and doing real-time auditing of the Time Out best practices in all procedural areas.

- Based on feedback from front-end users and quality and patient safety leads, MDH and its partners redesigned and created an updated, more user-friendly web-based reporting program for all hospitals and surgery centers. This will allow collection of a broader range of data and more robust analyses of the causes of events and the corrective action plans being put into place to prevent them.

In 2017, MDH and its partners will continue efforts to improve patient safety in Minnesota, including, but not limited to:

- Ongoing work with surgery and procedural teams to address full and accurate completion of the Minnesota Time Out process for every patient, every time across all procedural areas.
- Continued promotion of the “turning clock” for prevention of pressure ulcers, which was updated in 2016 to minimize supine positioning.
- Redesign of the SAFE Skin road map to ensure that hospitals and health systems are utilizing pressure ulcer prevention best practices. This redesign will prioritize prevention efforts and provide a streamlined workflow for implementing quality improvement initiatives.
- Alongside changes made to the way that hospitals report their data to the system, MDH and its partners will start to provide additional technical assistance to facilities on root cause analysis, sharing of best practices and promoting effective interventions through the corrective action plans.

Adverse health events remain a serious issue both in Minnesota and nationally. Hospitals, health systems and surgical centers are aware that every event, regardless of the level of harm, affects a patient and their family. However, the system issues that contribute to events are often complex, with multiple contributing factors. This makes simple and quick solutions unlikely to succeed. Achieving a significant and lasting reduction in the number of events requires a continued commitment of resources, time, and leadership by all levels of administration and staff within health care facilities. It has proven to be neither a simple nor a speedy process, but it is a journey to which health care facilities around the state are committed.
HIGHLIGHTS OF 2016 ACTIVITIES

Under the Minnesota Adverse Health Events Law, the Commissioner of Health is directed 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), Stratis Health and the Minnesota Alliance for Patient Safety (MAPS). Highlights of 2016 activities are listed below.

- MDH and MHA issued a safety alert to all Minnesota hospitals and surgical centers with recommended action steps to prevent surgical adverse events. Recommended steps include having leadership meet with operations leaders and chiefs of surgery to review current and past events, best practices and potential gaps, and doing real-time auditing of the Time Out best practices in all procedural areas.

- Using feedback from the 10-year evaluation of the adverse health events program, MDH and its partners redesigned and created an updated, more user-friendly web-based reporting system for all hospitals and surgery centers. The updated registry system now collects more detailed information on single or multiple root causes and contributing factors and appropriate corrective action plans. This change began in July 2016 and, as more data is collected, will allow for better data collection and for formulation of tailored adverse health event prevention strategies for facilities based on their needs;

- With this additional analysis, MDH and its partners are now able to review the reported adverse health events with an expanded lens and help identify additional needs that facilities may have for quality improvement assistance;

- MDH and MHA convened an expert group of reporting facilities to develop guidance to assist hospitals and surgical centers in interpreting the reporting requirements for neonatal, pressure ulcer, device malfunction, and elopement events. Recommendations for important data elements to capture in the registry related to these types of events are now being captured. These efforts will provide much-needed clarification to facilities to ensure consistent reporting as well as lead to improvement in care delivery for patients;

- MDH surveyed hospitals and surgical centers to assess their knowledge of the reporting law’s requirements. Facilities were provided with case studies and
asked to determine whether each case was reportable under the law. The results and correct answers were discussed with facilities statewide through a webinar, with many facilities also using the survey as an internal training tool for staff; and,

• In 2016, MDH and its partners held two statewide webinars for reporting facilities to update them on changes to the reporting system, trends in the data, new resources/tools/projects, and upcoming training opportunities.

OVERVIEW OF REPORTED EVENTS & FINDINGS

In the 13 years of public reporting of adverse health events, the Minnesota Department of Health has collected detailed information on more than 3,200 events. This annual report provides an overview of the most recent year of data and the identified risk points for adverse health events and the best approaches for preventing them. The report highlights the most commonly reported adverse health events and newer events where the understanding of the mechanisms through which these events happen, and what strategies can successfully prevent them, are less fully developed.

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.
FREQUENCY OF EVENTS
Between Oct. 7, 2015, and Oct. 6, 2016, a total of 336 adverse health events were reported to MDH (Figure 1). The reporting system continues to evolve over time and several new event categories were added to the system in 2014. The events in those categories (37 of 336) are highlighted in orange in the chart above.

PATIENT HARM
Of the reports submitted during this reporting period, 106 events (31 percent) resulted in serious injury, while four events (one percent) led to death. This year the percentage of events that resulted in serious injury is essentially unchanged from the previous years. In 2016, the number of deaths associated with these events has dropped significantly from the past three years (Figure 2).

It is important to note that not all of the reportable events under Minnesota’s adverse health events reporting law require harm to occur in order to trigger reporting; some, such as retained foreign objects or loss of a 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 an adverse health event in the future.
TYPES OF EVENTS
As in previous years, falls and pressure ulcers were the most commonly reported types of events, accounting for 60 percent of all events reported. The four event types that make up the surgical/procedural category accounted for another 22 percent of reported events this year (Figure 3).
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 communication, human factors, policies and procedures not clear or not followed. The process of completing an RCA is a crucial step in determining exactly what happened, why it happened, and putting steps in place to prevent a similar event from occurring in the future.

As in previous years, the majority of adverse events were tied to root causes in one of three areas: rules/policies/procedures, physical environment/equipment and communication (Figure 4). With regard to the communication category, the most commonly reported factor facilities cited was that information was not communicated to the appropriate person. This may include breakdowns in communication between patient care staff during period of patient transition between departments or patient care units.

In the rules/policies/procedures category, the most commonly reported factor was policies/procedures are in place, but not followed. Reasons included that the procedures were unclear or did not provide enough detail or specificity to guide staff carrying out complex processes.
SURGICAL/INVASIVE PROCEDURE EVENTS

Since 2012, over 300 incidents of retained foreign objects, wrong site, and wrong procedures have been reported by Minnesota facilities. In 2016, the total number of surgical/invasive procedure events across these reporting categories was 75, roughly consistent with recent years of reporting.

Thirty cases of wrong site surgeries/invasive procedures were reported in 2016 (Figure 5). Across all Minnesota hospitals and surgical centers, over 3.1 million surgeries and invasive procedures were performed in this reporting year. Given the volume of invasive procedures performed in a year, these events remain very rare, occurring in roughly one of every 103,000 invasive procedures.

Figure 5: Wrong Site Surgery/Invasive Procedures
Key Findings

▪ The most common types of procedures involved in these events were spinal injections, digit and eye procedures (Figure 6).

▪ The majority of the spinal procedure events included in this reporting year were spinal injections. Most of those events were an error in laterality (wrong side, left or right).

▪ With spinal events where the procedure was performed on the wrong level of the spine, experts continue to note that the process to confirm exact location of spinal levels is challenging, especially in cases where there is no incision to the skin and no exposed vertebrae to count.

As in the past, the root causes of wrong site surgeries/procedures are often related to inconsistencies with the pre-procedural Time Out process. In 87 percent of cases, facilities reported completing the Time Out process, but there were key breakdowns in the process itself.

▪ In cases in which the site was required to be marked prior to the surgery by the surgeon/proceduralist, this step occurred only 68 percent of the time.

▪ When the site was marked properly, it was visually confirmed as part of the Time Out process 85 percent of the time.

▪ In 23 percent of reported cases, the surgical/procedural team did not stop all activity during the Time Out.

Figure 6: Wrong site surgery/invasive procedures
WRONG SURGERIES/INVASIVE PROCEDURES

In the most recent year of reporting, hospitals and surgical centers reported 19 cases of wrong surgeries/invasive procedures (Figure 8), marking the fourth year of sustained improvement in this category.

Key Findings

A closer look at the data shows:

- This year’s data shows similar patterns to the previous year in terms of the types of wrong procedure events. The most common types of wrong procedure events were relating to eye implants, catheters and feeding tubes (Figure 9).
- Thirty one percent of wrong procedure events involved a wrong lens implant being placed, similar to past years.
- The root causes of wrong procedure events are often related to breakdowns in the verification processes that occur prior to the procedure.
- However, in the case of wrong procedures, this verification process is often complicated because of the involvement of staff from outside organizations, such as equipment or implant vendors.
- Facilities reported that the pre-procedure Time Out was completed 95 percent of the time, which is a higher percentage of time than for wrong site surgeries/procedures. When looking at the individual steps of the Time Out process, facilities reported completing each individual step at a higher rate than previous years; however, the most commonly missed step of the process was using source documents to verify the procedure prior to the procedure start.
RETAINED FOREIGN OBJECT

In 2016, hospitals and surgical centers reported 26 cases of retained foreign objects (RFO); this is up slightly from 2015 but continues a slight downward trend from prior years. As in the past, over 50 percent of the events occurred in the operating room, while others occurred in a variety of locations, such as radiology, ICU and OB/GYN.
Key Findings

- In this reporting year, many of the items that were retained were small miscellaneous items, such as parts of tubing or drains. This year’s data also showed 26 percent of the retained foreign objects were soft goods such as retained packing after an OB/GYN procedure (Figure 9).
- In past years, “packed” items, which are intended to be removed after the procedure and are usually considered “soft goods,” 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 last three years that work had started to show positive impact. However, in the most recent reporting year, six events occurred related to retained packing material (Figure 10). This is an opportunity for hospitals and surgical centers to re-evaluate their processes for counting and accounting for packed items before the patient leaves the operating room or procedural area.
Surgical adverse health events have consistently been among the most commonly reported. In the coming year, MDH and its partners will focus on these events in the following ways:

- **In an effort to streamline tools/resources and assist organizations with resource prioritization, the Safe Procedures: Procedural Safety Across the Board road map (a set of best practices for organizations to put in place in an effort to prevent these events) will be tiered to clearly identify basic and enhanced best practices. This will allow facilities to implement the most crucial best practices first;**

- **An MHA surgical advisory committee will develop and disseminate culture of safety practices and education tools that will supplement and support adherence to Time Out and pre- and post-operative briefing standards at MN hospitals and surgery centers; and,**

- **In the past year, MHA identified an inconsistency in Time Out tools used throughout the state and will work toward standardization using existing evidence-based practices.**
PRESSURE ULCERS

Pressure ulcers happen when a patient’s skin breaks down due to pressure or friction. This breakdown may be minor and heal on its own, or the patient may need medical treatment to heal the wound. Since the inception of the adverse health events system in 2003, pressure ulcers have been the most commonly reported adverse health event, often representing roughly one-third of all reported events. In the most recent year of reporting, 129 pressure ulcers were reported.

Figure 11: Pressure Ulcers 2012-2016
Key findings

A closer look at the data shows:

▪ 41 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. The most common devices associated with reported pressure ulcers were related to respiratory devices.

▪ The top pressure ulcer sites were in the area of the coccyx/sacrum (36 percent), face (14 percent) and buttocks (6 percent). This is also a similar pattern to past years.

▪ The majority of these pressure ulcers occurred at a rate of 55 percent in the intensive care unit, while another 32 percent occurred in adult medical surgical units.

Next Steps

▪ MDH and its partners will continue to promote the “turning clock,” a tool to guide repositioning of patients to relieve pressure on the skin. The tool was updated in early 2016 to minimize the amount of time patients spend on their back, which can lead to a pressure ulcer on the tailbone. This should also be applied to minimizing pressure on sacrum/coccyx in sitting position;

▪ Mattresses and other surfaces that help to redistribute pressure can help to prevent pressure ulcer formation. However, these surfaces can become less effective over time and may need to be replaced or monitored for continued effectiveness. MHA will work with hospitals and health systems to review their current mattress guidelines to align with pressure ulcer prevention best practices;

▪ MHA will assist organizations with development of a comprehensive unit-based safety program to address pressure ulcer prevention efforts. This program is based on national quality and patient safety initiatives and is designed to promote teamwork, improved communication, and pressure ulcer prevention best practices;

▪ MHA will work to redesign the SAFE Skin road map to ensure that hospitals and health systems are using pressure ulcer prevention best practices. This redesign will prioritize prevention efforts and provide a streamlined workflow for implementing quality improvement initiatives; and,

▪ MHA will begin development of pressure ulcer orientation education, in partnership with schools of nursing, to support the transition from classroom to practice. This will assist new nurses in continuing to develop pressure ulcer prevention skills while balancing the competing demands of learning their new roles.
FALLS

Over the years that the adverse health events reporting system has been in place, falls have generally been the second most commonly reported event. In 2016, hospitals and surgical centers reported 72 falls that resulted in serious injury or death (Figure 12). Both total falls and falls resulting in death have been on the decline for the past two years. This year shows a slight increase in overall falls, but a decrease in fall deaths for the fourth consecutive year.

![Figure 12: Falls 2012-2016](image)

**Key findings**

A closer look at the data shows that:

- Thirtyfour percent of patients who fell and sustained an injury had a cognitive deficit. These patients were usually diagnosed with delirium or dementia, which can lead to confusion and forgetfulness, adding to the possibility of a patient getting up on their own to walk and then falling;

- 43 percent of falls were toileting-related. This is an increase from the past two years (31 percent and 40 percent, respectively). This type of falls most often occurred when a patient fell while getting up to use the toilet on their own without assistance (many times due to confusion or impulsivity); and,

- With regard to injury type, 31 percent of patients who fell sustained a hip fracture, followed by lower extremity fractures (20 percent). Six percent sustained a head injury (Figure 13).
Next Steps

▪ While this year’s results show an encouraging trend toward fewer deaths associated with falls, the data also point to areas for continued improvement:

▪ **In an effort to streamline tools and assist organizations with resource prioritization, MHA will tier the Safe from Falls 3.0 road map (a set of best practices to assist with fall prevention) to more clearly identify basic and enhanced best practices;**

▪ **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; and,**

▪ **MDH and its partners will provide clarification of falls definitions to provide for consistency of falls reporting, resulting in better data and data analysis.**

Figure 13: Falls Injury Types 2016
IRRETRIEVABLE LOSS OF AN IRREPLACEABLE BIOLOGICAL SPECIMEN

This event was added to list of reportable events in 2014 to protect patients from the loss of a biological specimen, which could lead to undiagnosed disease or advancing state of an existing disease. It is important to note that 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 specimen. The specimen must be both irretrievable and irreplaceable in order to fit the criteria for reporting. 31 of these events were reported during this third year of reporting.

Figure 14: Specimen loss/damage location 2016

- External Transport: 1
- Storage: 1
- Internal Transport: 5
- Processing specimen: 18
- Obtaining specimen/collection: 6
Key Findings

▪ The majority of these specimens 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 after a colonoscopy, although facilities also reported cases of lost placentas, cervical tissue/cysts, masses/tumors and skin lesions.

▪ In 58 percent of cases, the loss occurred during the process of obtaining the specimen from the patient, with another 19 percent occurring during the lab processing of the specimen.

The root causes for these events include:

▪ Information about the need for a specimen to be tested was not communicated in a structured manner.

▪ The facility had no clear procedure for disposal of tissue removed during procedures but not intended for testing.

▪ There was no process to account for specimens after being delivered to the laboratory or to reconcile if a specimen was not delivered.

Next Steps

Best practices and an accompanying toolkit for specimen handling/management were distributed statewide in 2015. MHA will assist organizations to put processes in place to properly care for specimens and encourage organizations to review these best practices and ensure their facility has appropriate processes in place in order to prevent lost or damaged specimens.
CONCLUSION

Ensuring that all patients in Minnesota receive the safest possible care remains a critical priority for MDH and for hospitals, health systems, and surgical centers around the state. While the journey to the elimination of all preventable harm continues, Minnesota’s reporting system, with its focus on transparency, learning and accountability, has proven to be an important tool to identify key issues from reported events, leading to the development of new best practices and statewide improvement activities.

This annual release of data on adverse health events is an important milestone, but our work continues throughout the year to identify and respond to trends in the factors that contribute to these events. Over the course of the coming year, MDH and its partners will continue to encourage hospitals, health systems and surgical centers to apply best practices to patient safety problems, but also to continue to work toward a culture of safety within their organizations in which patient safety is top of mind at all levels of the organization, every patient, every time.

The following section of this report provides information about adverse health events discovered by hospitals and ambulatory surgical centers between Oct. 7, 2015, and Oct. 6, 2016. 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.
OVERALL STATEWIDE REPORT

REPORTED ADVERSE HEALTH EVENTS: **ALL EVENTS**
**(OCTOBER 7, 2015 – OCTOBER 6, 2016)**

<table>
<thead>
<tr>
<th>TYPES OF EVENTS</th>
<th>ALL FACILITIES</th>
<th>SEVERITY DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Surgical Events</td>
<td>75 Events</td>
<td>Longer Stay: 1, Monitoring: 6, Neither: 65, Serious Injury: 3</td>
</tr>
<tr>
<td>2. Product or Device Events</td>
<td>3 Events</td>
<td>Neither: 1, Serious Injury: 2</td>
</tr>
<tr>
<td>3. Patient Protection Events</td>
<td>6 Events</td>
<td>Serious Injury: 6</td>
</tr>
<tr>
<td>5. Environmental Events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Potential Criminal Events</td>
<td>2 Events</td>
<td>Serious Injury: 1, Death: 0, Neither: 0, Monitoring: 1</td>
</tr>
<tr>
<td>7. Radiologic Events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total for All Events</td>
<td>336 Events</td>
<td>Serious Injury: 106, Death: 4, Neither: 195</td>
</tr>
</tbody>
</table>

STATEWIDE REPORTS BY CATEGORY

DETAILS BY CATEGORY: **SURGICAL EVENTS**
**(OCTOBER 7, 2015 – OCTOBER 6, 2016)**

<table>
<thead>
<tr>
<th>TYPES OF EVENTS</th>
<th>ALL FACILITIES</th>
<th>SEVERITY DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wrong body part</td>
<td>30 Events</td>
<td>Longer Stay: 1, Monitoring: 3, Neither: 26</td>
</tr>
<tr>
<td>2. Wrong patient</td>
<td>0 Events</td>
<td>-</td>
</tr>
<tr>
<td>3. Wrong procedure</td>
<td>19 Events</td>
<td>Monitoring: 1, Neither: 17, Serious Injury: 1</td>
</tr>
<tr>
<td>4. Foreign Object</td>
<td>26 Events</td>
<td>Monitoring: 2, Neither: 22, Serious Injury: 2</td>
</tr>
<tr>
<td>5. Intra/post-op death</td>
<td>0 Events</td>
<td>-</td>
</tr>
<tr>
<td>Total for Surgical/Invasive Procedure</td>
<td>75 Events</td>
<td>Longer Stay: 1, Monitoring: 6, Neither: 65, Serious Injury: 3</td>
</tr>
</tbody>
</table>

DETAILS BY CATEGORY: **PRODUCTS OR DEVICE EVENTS**
**(OCTOBER 7, 2015 – OCTOBER 6, 2016)**

<table>
<thead>
<tr>
<th>TYPES OF EVENTS</th>
<th>ALL FACILITIES</th>
<th>SEVERITY DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Contaminated drugs, devices or biologics</td>
<td>0 Events</td>
<td>-</td>
</tr>
<tr>
<td>2. The use or malfunction of a device in patient care</td>
<td>3 Events</td>
<td>Neither: 1, Serious Injury: 2</td>
</tr>
<tr>
<td>3. Intravascular air embolism</td>
<td>0 Events</td>
<td>-</td>
</tr>
<tr>
<td>Total Events</td>
<td>3 Events</td>
<td>Neither: 1, Serious Injury: 2</td>
</tr>
</tbody>
</table>
### Details by Category: Patient Protection Events
**(October 7, 2015 – October 6, 2016)**

<table>
<thead>
<tr>
<th>Types of Events</th>
<th>All Facilities</th>
<th>Severity Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wrong discharge of a patient of any age</td>
<td>0 Events</td>
<td>-</td>
</tr>
<tr>
<td>2. Patient disappearance</td>
<td>0 Events</td>
<td>-</td>
</tr>
<tr>
<td>3. Patient suicide or attempted suicide resulting in serious disability</td>
<td>6 Events</td>
<td>Serious Injury: 6</td>
</tr>
<tr>
<td><strong>Total Events</strong></td>
<td><strong>6 Events</strong></td>
<td><strong>Serious Injury: 6</strong></td>
</tr>
</tbody>
</table>

### Details by Category: Care Management Events
**(October 7, 2015 – October 6, 2016)**

<table>
<thead>
<tr>
<th>Types of Events</th>
<th>All Facilities</th>
<th>Severity Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A medication error</td>
<td>10 Events</td>
<td>Death: 1, Serious Injury: 9</td>
</tr>
<tr>
<td>2. A reaction due to incompatible blood or blood products</td>
<td>1 Events</td>
<td>Serious Injury: 1</td>
</tr>
<tr>
<td>3. Labor or delivery in a low-risk pregnancy</td>
<td>1 Events</td>
<td>Serious Injury: 1</td>
</tr>
<tr>
<td>4. Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy</td>
<td>2 Events</td>
<td>Serious Injury: 2</td>
</tr>
<tr>
<td>5. Stage 3, 4 or unstageable pressure ulcers (with or without death or serious disability)</td>
<td>129 Events</td>
<td>Longer Stay: 1, Monitoring: 17, Neither: 105, Serious Injury: 6</td>
</tr>
<tr>
<td>6. Artificial insemination with wrong donor egg or sperm</td>
<td>0 Events</td>
<td>-</td>
</tr>
<tr>
<td>7. A fall while being cared for in a facility</td>
<td>72 Events</td>
<td>Death: 3, Serious Injury: 69</td>
</tr>
<tr>
<td>8. The irretrievable loss of an irreplaceable biological specimen</td>
<td>31 Events</td>
<td>Monitoring: 5, Neither: 24, Serious Injury: 2</td>
</tr>
<tr>
<td>9. Patient death or serious injury resulting from the failure to follow up or communicate laboratory, pathology, or radiology test results</td>
<td>4 Events</td>
<td>Serious Injury: 4</td>
</tr>
<tr>
<td><strong>Total Events</strong></td>
<td><strong>250 Events</strong></td>
<td><strong>Death: 4, Longer Stay: 1, Monitoring: 22, Neither: 129, Serious Injury: 94</strong></td>
</tr>
</tbody>
</table>

### Details by Category: Environmental Events
**(October 7, 2015 – October 6, 2016)**

<table>
<thead>
<tr>
<th>Types of Events</th>
<th>All Facilities</th>
<th>Severity Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Death or serious injury associated with an electric shock</td>
<td>0 Events</td>
<td>-</td>
</tr>
<tr>
<td>2. Wrong gas or contamination of patient gas line</td>
<td>0 Events</td>
<td>-</td>
</tr>
<tr>
<td>3. Death or serious injury associated with a burn</td>
<td>0 Events</td>
<td>-</td>
</tr>
<tr>
<td>4. Death or serious injury associated with restraints</td>
<td>0 Events</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Events</strong></td>
<td><strong>0 Events</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>
### Details by Category: Potential Criminal Events

(OCTOBER 7, 2015 – OCTOBER 6, 2016)

<table>
<thead>
<tr>
<th>Types of Events</th>
<th>All Facilities</th>
<th>Severity Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Care ordered by someone impersonating a physician, nurse or other provider</td>
<td>0 Events</td>
<td>-</td>
</tr>
<tr>
<td>2. Abduction of patient</td>
<td>0 Events</td>
<td>-</td>
</tr>
<tr>
<td>3. Sexual assault on a patient</td>
<td>1 Events</td>
<td>Monitoring: 1</td>
</tr>
<tr>
<td>4. Death or significant injury of patient or staff from physical assault</td>
<td>1 Events</td>
<td>Serious Injury: 1</td>
</tr>
<tr>
<td>Total Events</td>
<td>2 Events</td>
<td>Monitoring: 1, Serious Injury: 1</td>
</tr>
</tbody>
</table>

### Details by Category: Radiologic Events

(OCTOBER 7, 2015 – OCTOBER 6, 2016)

<table>
<thead>
<tr>
<th>Types of Events</th>
<th>All Facilities</th>
<th>Severity Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Death or serious injury associated with the introduction of a metallic object into the MRI area</td>
<td>0 Events</td>
<td>-</td>
</tr>
<tr>
<td>Total Events</td>
<td>0 Events</td>
<td>-</td>
</tr>
</tbody>
</table>
FACILITY-SPECIFIC DATA

ABBOTT NORTHWESTERN HOSPITAL

ADDRESS: 800 E.28th St., Minneapolis, MN 55407-3723
WEBSITE: http://www.abbottnorthwestern.com
PHONE NUMBER: 612-863-4000
NUMBER OF BEDS: 952
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 143,029
NUMBER OF PATIENT DAYS: 264,727

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, 2015 – OCTOBER 6, 2016)

**Surgical/Other Invasive Procedure Events**

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery/other invasive procedure performed on wrong body part</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

**Care Management Events**

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death or serious injury due to medication error</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
<td>8</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 8</td>
</tr>
<tr>
<td>A fall while being cared for in a facility</td>
<td>4</td>
<td>Deaths: 1, Serious Injury: 3, Neither: 0</td>
</tr>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>2</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 2</td>
</tr>
</tbody>
</table>

**TOTAL EVENTS FOR THIS FACILITY: 16**
Deaths: 1, Serious Injury: 4, Neither: 11
ANOKA METRO REGIONAL TREATMENT CENTER

ADDRESS: 3301 7th Ave. N., Anoka 55303-4516
WEBSITE: http://mn.gov/dhs/
PHONE NUMBER: 651-431-5000
NUMBER OF BEDS: 175
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 35,013

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, 2015 – OCTOBER 6, 2016)

### Patient protection events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide or attempted suicide</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

**TOTAL EVENTS FOR THIS FACILITY: 1**
Deaths: 0, Serious Injury: 1, Neither: 0
ASSOCIATED EYE CARE, L.L.C.

ADDRESS:
2950 Curve Crest Blvd. W., Stillwater, MN 55082-5085

WEBSITE:
http://www.eyesee2020.com

PHONE NUMBER:
651-275-3000

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:
6768

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery/other invasive procedure performed on wrong body part</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1

Deaths: 0, Serious Injury: 0, Neither: 1
AVERA MARSHALL REGIONAL MEDICAL CENTER

ADDRESS: 300 S. Bruce St., Marshall, MN 56258-1934
WEBSITE: http://www.averamarshall.org
PHONE NUMBER: 507-532-9661

NUMBER OF BEDS: 49
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 15,431
NUMBER OF PATIENT DAYS: 19,560

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

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

ADDRESS: 559 Capitol Blvd., St Paul, MN 55103-2101
WEBSITE: http://www.bethesdahospital.org/
PHONE NUMBER: 651-232-2000

NUMBER OF BEDS: 254
NUMBER OF PATIENT DAYS: 36,912

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, 2015 – OCTOBER 6, 2016)

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
<td>4</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 4</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 4
Deaths: 0, Serious Injury: 0, Neither: 4
BUFFALO HOSPITAL

ADDRESS: 303 Catlin St., Buffalo, MN 55313-4507
WEBSITE: http://www.buffalohospital.org
PHONE NUMBER: 763-682-1212

NUMBER OF BEDS: 65
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 22,076
NUMBER OF PATIENT DAYS: 5,812

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, 2015 – OCTOBER 6, 2016)

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1  Deaths: 0, Serious Injury: 1, Neither: 0
CENTRACARE HEALTH – MONTICELLO

ADDRESS: 1013 Hart Blvd., Montecello, MN 55362-8575
WEBSITE: http://www.centracare.com
PHONE NUMBER: 763-295-2945
NUMBER OF BEDS: 39
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 17,584
NUMBER OF PATIENT DAYS: 10,134

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery/other invasive procedure performed on wrong body part</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 2
Deaths: 0, Serious Injury: 1, Neither: 1
CENTRACARE SURGERY CENTER - HEALTH PLAZA

ADDRESS:  
1900 CentraCare Circle, Saint Cloud, MN 
56303-5000

WEBSITE:  
http://www.centracare.com/specialty_centers/surgery

PHONE NUMBER:  
320-229-4997

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:  
4,277

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, 2015 – OCTOBER 6, 2016)

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death or serious injury due to medication error</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1  
Deaths: 0, Serious Injury: 1, Neither: 0
CHI LAKEWOOD HEALTH

ADDRESS: 600 Main Ave. S., Baudette, MN 56623-2855
WEBSITE: http://www.lakewoodhealthcenter.org/
PHONE NUMBER: 218-634-2120

NUMBER OF BEDS: 15
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 1,185
NUMBER OF PATIENT DAYS: 1,954

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, 2015 – OCTOBER 6, 2016)

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1  Deaths: 0, Serious Injury: 0, Neither: 1
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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>2</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 2</td>
</tr>
</tbody>
</table>

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 3
Deaths: 0, Serious Injury: 1, Neither: 2
# CHILDREN’S HOSPITALS AND CLINICS OF MINNESOTA

**ADDRESS:**
2525 Chicago Ave. S., Minneapolis, MN 55404-4518

**WEBSITE:**
http://www.childrensMN.org

**PHONE NUMBER:**
612-813-6100

**NUMBER OF BEDS:**
279

**NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:**
30,485

**NUMBER OF PATIENT DAYS:**
142,829

---

**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, 2015 – OCTOBER 6, 2016)

### Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>2</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 2</td>
</tr>
</tbody>
</table>

### Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
<td>3</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 3</td>
</tr>
</tbody>
</table>

**TOTAL EVENTS FOR THIS FACILITY: 5**
Deaths: 0, Serious Injury: 0, Neither: 5
CHIPPEWA COUNTY-MONTEVIDEO HOSPITAL

ADDRESS: 824 N.11th St. Montevideo, MN 56265-1629
WEBSITE: http://www.montevideomedical.com
PHONE NUMBER: 320-269-8877 Ext 100

NUMBER OF BEDS: 30
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 6,676
NUMBER OF PATIENT DAYS: 10,343

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, 2015 – OCTOBER 6, 2016)

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1
Deaths: 0, Serious Injury: 1, Neither: 0
COMMUNITY MEMORIAL HOSPITAL

ADDRESS:
512 Skyline Blvd., Cloquet, MN 55720-1199

WEBSITE:
http://www.cloquethospital.com

PHONE NUMBER:
218-879-4641

NUMBER OF BEDS:
36

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:
6,907

NUMBER OF PATIENT DAYS:
13,828

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, 2015 – OCTOBER 6, 2016)

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1

Deaths: 0, Serious Injury: 1, Neither: 0
COOK HOSPITAL & C&NC

ADDRESS: 10 Fifth St. S.E., Cook, MN 55723-9702

WEBSITE: http://www.cookhospital.org/

PHONE NUMBER: 218-666-5945

NUMBER OF BEDS: 14

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 1,585

NUMBER OF PATIENT DAYS: 2,574

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, 2015 – OCTOBER 6, 2016)

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1

Deaths: 0, Serious Injury: 1, Neither: 0
CUYUNA REGIONAL MEDICAL CENTER

ADDRESS: 320 E. Main St., Crosby, MN 56441-1645
WEBSITE: http://www.cuyunamed.org
PHONE NUMBER: 218-546-7000
NUMBER OF BEDS: 42
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 20,055
NUMBER OF PATIENT DAYS: 16,755

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, 2015 – OCTOBER 6, 2016)

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1  Deaths: 0, Serious Injury: 0, Neither: 1
DISTRICT ONE HOSPITAL

ADDRESS: 200 State Ave., Faribault, MN 55021-6345
WEBSITE: http://www.allinahealth.org/District-One-Hospital/
PHONE NUMBER: 507-334-6451

NUMBER OF BEDS: 49
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 14,963
NUMBER OF PATIENT DAYS: 16,254

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, 2015 – OCTOBER 6, 2016)

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1

Deaths: 0, Serious Injury: 1, Neither: 0
DOUGLAS COUNTY HOSPITAL

ADDRESS: 111 E. 17th Ave., Alexandria, MN 56308-3703
WEBSITE: http://www.dchospital.com
PHONE NUMBER: 320-762-1511
NUMBER OF BEDS: 127
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 36,536
NUMBER OF PATIENT DAYS: 34,614

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 3
Deaths: 0, Serious Injury: 1, Neither: 2
ESSENTIA HEALTH ST. MARY’S MEDICAL CENTER

ADDRESS: 407 E. Third St., Duluth, MN 55805-1950
WEBSITE: http://www.essentiahealth.org
PHONE NUMBER: 218-786-4000
NUMBER OF BEDS: 380
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 71,786
NUMBER OF PATIENT DAYS: 127,778

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, 2015 – OCTOBER 6, 2016)

Care Management Events

<table>
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<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
<tr>
<td>A fall while being cared for in a facility</td>
<td>6</td>
<td>Deaths: 0, Serious Injury: 6, Neither: 0</td>
</tr>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 8 Deaths: 0, Serious Injury: 6, Neither: 2
ESSENTIA HEALTH ST. MARY’S-DETROIT LAKES

ADDRESS:  
1027 Washington Ave., Detroit Lakes, MN 56501-3409

WEBSITE:  
http://www.essentiahealth.org

PHONE NUMBER:  
218-847-5611

NUMBER OF BEDS:  
87

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:  
15,423

NUMBER OF PATIENT DAYS:  
27,056

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, 2015 – OCTOBER 6, 2016)

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death or serious injury associated with unsafe administration of blood or blood products</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
<tr>
<td>Death or serious injury of a neonate associated with labor and delivery in a low-risk pregnancy</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 3  
Deaths: 0, Serious Injury: 3, Neither: 0
ESSENTIA HEALTH-ADA

ADDRESS: 201 9th St. W., Ada, MN 56510-1243

WEBSITE: http://www.essentiahealth.org

PHONE NUMBER: 612-775-9762

NUMBER OF BEDS: 14

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 1,203

NUMBER OF PATIENT DAYS: 1,456

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrong surgical/invasive procedure performed</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 2
Deaths: 0 Serious Injury: 1, Neither: 1
ESSENTIA HEALTH-FOSSTON

ADDRESS:
900 Hilligoss Blvd. S.E., Fosston, MN 56542-1542

WEBSITE:
http://www.essentiahealth.org

PHONE NUMBER:
218-435-1133

NUMBER OF BEDS:
43

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:
4,265

NUMBER OF PATIENT DAYS:
6,015

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 AVERSE HEALTH EVENTS (OCTOBER 7, 2015 – OCTOBER 6, 2016)

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient death or serious injury resulting from the failure to follow up or communicate laboratory, pathology, or radiology test results</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1

Deaths: 0, Serious Injury: 1, Neither: 0
FAIRVIEW LAKES HEALTH SERVICES

ADDRESS:  
5200 Fairview Blvd., Wyoming, MN 55092-8013

WEBSITE:  
http://www.lakes.fairview.org

PHONE NUMBER:  
651-982-7000

NUMBER OF BEDS:  
61

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:  
28,594

NUMBER OF PATIENT DAYS:  
25,721

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery/other invasive procedure performed on wrong body part</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1  
Deaths: 0, Serious Injury: 0, Neither: 1
## FAIRVIEW NORTHLAND MEDICAL CENTER

**ADDRESS:**
911 Northland Drive, Princeton, MN 55371-2172

**WEBSITE:**
http://www.northland.fairview.org

**PHONE NUMBER:**
763-389-1313

**NUMBER OF BEDS:**
54

**NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:**
21,810

**NUMBER OF PATIENT DAYS:**
19,080

---

### 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, 2015 – OCTOBER 6, 2016)

#### Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

**TOTAL EVENTS FOR THIS FACILITY: 1**
Deaths: 0, Serious Injury: 0, Neither: 1
FAIRVIEW RANGE MEDICAL CENTER

ADDRESS: 750 E. 34th St., Hibbing, MN 55746-2341
WEBSITE: http://www.range.fairview.org
PHONE NUMBER: 218-262-4881
NUMBER OF BEDS: 175
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 26,192
NUMBER OF PATIENT DAYS: 53,205

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery/other invasive procedure performed on wrong body part</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1
Deaths: 0, Serious Injury: 0, Neither: 1
FAIRVIEW RIDGES HOSPITAL

ADDRESS:  
201 E. Nicollet Blvd., Burnsville, MN 55337-5799  
WEBSITE:  
http://www.ridges.fairview.org/  
PHONE NUMBER:  
952-892-2000

NUMBER OF BEDS:  
150  
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:  
68,409  
NUMBER OF PATIENT DAYS:  
70,040

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, 2015 – OCTOBER 6, 2016)

<table>
<thead>
<tr>
<th>Surgical/Other Invasive Procedure Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category and Type</td>
</tr>
<tr>
<td>Surgery/other invasive procedure performed on wrong body part</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Care Management Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category and Type</td>
</tr>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
</tr>
<tr>
<td>A fall while being cared for in a facility</td>
</tr>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 7  
Deaths: 0, Serious Injury: 3, Neither: 4
FAIRVIEW SOUTHDALE HOSPITAL

ADDRESS: 6401 France Ave. S., Edina, MN 55435-2104  
NUMBER OF BEDS: 390

WEBSITE: http://www.southdale.fairview.org  
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 90,461

PHONE NUMBER: 952-924-5000  
NUMBER OF PATIENT DAYS: 116,663

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, 2015 – OCTOBER 6, 2016)

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical/Other Invasive Procedure Events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrong surgical/invasive procedure performed</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>2</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Management Events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death or serious injury due to medication error</td>
<td>2</td>
<td>Deaths: 0, Serious Injury: 2, Neither: 0</td>
</tr>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
<td>10</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 10</td>
</tr>
<tr>
<td>A fall while being cared for in a facility</td>
<td>4</td>
<td>Deaths: 0, Serious Injury: 4, Neither: 0</td>
</tr>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>2</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal Events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death or serious injury of patient or staff from physical assault</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 22  
Deaths: 0, Serious Injury: 10, Neither: 12
GRAND ITASCA CLINIC AND HOSPITAL

ADDRESS:  
1601 Golf Course Road, Grand Rapids, MN 55744-8648

WEBSITE:  
http://www.granditasca.org

PHONE NUMBER:  
218-326-5000

NUMBER OF BEDS:  
64

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:  
25,158

NUMBER OF PATIENT DAYS:  
31,342

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, 2015 – OCTOBER 6, 2016)

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1  
Deaths: 0, Serious Injury: 1, Neither: 0
GREENWAY SURGERY CENTER

ADDRESS: 2020 E. 28th St., Ste. 100, Minneapolis, MN 55407
PHONE NUMBER: 612-728-7000

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery/other invasive procedure performed on wrong body part</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 2
Deaths: 0, Serious Injury: 0, Neither: 2
HENNEPIN COUNTY MEDICAL CENTER

ADDRESS:  
701 Park Ave., Minneapolis, mn 55415-1623

WEBSITE:  
http://www.hcmc.org

PHONE NUMBER:  
612-873-3000

NUMBER OF BEDS:  
894

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:  
132,109

NUMBER OF PATIENT DAYS:  
234,516

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery/other invasive procedure performed on wrong body part</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
<td>15</td>
<td>Deaths: 0, Serious Injury: 3, Neither: 12</td>
</tr>
<tr>
<td>A fall while being cared for in a facility</td>
<td>4</td>
<td>Deaths: 0, Serious Injury: 4, Neither: 0</td>
</tr>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 21  Deaths: 0, Serious Injury: 7, Neither: 14
HUTCHINSON HEALTH

ADDRESS:  
1095 Highway 15 S., Hutchinson, mn 55350-5000

WEBSITE:  
http://www.hutchhealth.com

PHONE NUMBER:  
320-234-5000

NUMBER OF BEDS:  
66

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:  
15,426

NUMBER OF PATIENT DAYS:  
28,389

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery/other invasive procedure performed on wrong body part</td>
<td>2</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 2</td>
</tr>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 3  
Deaths: 0, Serious Injury: 0, Neither: 3
LAKE REGION HEALTHCARE

ADDRESS:
712 Cascade St. S., Fergus Falls, MN 56537-0728

WEBSITE:
http://www.lrhc.org

PHONE NUMBER:
218-736-8000

NUMBER OF BEDS:
108

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:
19,367

NUMBER OF PATIENT DAYS:
251,895

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, 2015 – OCTOBER 6, 2016)

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

Patient Protection Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide or attempted suicide</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 2
Deaths: 0, Serious Injury: 2, Neither: 0
LAKEVIEW HOSPITAL

ADDRESS: 927 Churchill St. W., Stillwater, MN 55082-6605  
WEBSITE: http://www.lakeview.org  
PHONE NUMBER: 651-439-5330  
NUMBER OF BEDS: 97  
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 25,099  
NUMBER OF PATIENT DAYS: 26,315

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, 2015 – OCTOBER 6, 2016)

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 2  
Deaths: 0, Serious Injury: 1, Neither: 1
LANDMARK SURGERY CENTER

ADDRESS:
17 W. Exchange St., Ste. 310, St Paul, MN
55102-1223

WEBSITE:
http://www.summitortho.com/loc_landmarkSC.html

PHONE NUMBER:
651-842-5468

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery/other invasive procedure performed on wrong body part</td>
<td>2</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 2</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 2
Deaths: 0, Serious Injury: 0, Neither: 2
MAPLE GROVE HOSPITAL

ADDRESS:  
9875 Hospital Drive, Maple Grove, MN 55369-4648

WEBSITE:  
http://www.maplegrovehospital.org

PHONE NUMBER:  
763-581-1000

NUMBER OF BEDS:  
130

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:  
46,617

NUMBER OF PATIENT DAYS:  
40,073

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>2</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 2</td>
</tr>
</tbody>
</table>

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal death or serious injury during low-risk pregnancy labor or delivery</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 4  
Deaths: 0, Serious Injury: 1, Neither: 3
REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2015 – OCTOBER 6, 2016)

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient death or serious injury resulting from the failure to follow up or</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
<tr>
<td>communicate laboratory, pathology, or radiology test results</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1

Deaths: 0, Serious Injury: 1, Neither: 0
MAYO CLINIC HEALTH SYSTEM - ALBERT LEA AND AUSTIN (AUSTIN)

ADDRESS:
1000 First Drive N.W., 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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death or serious injury due to medication error</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 2
Deaths: 0, Serious Injury: 1, Neither: 1
MAYO CLINIC HEALTH SYSTEM IN CANNON FALLS

ADDRESS:  
32021 County 24 Blvd., Cannon Falls, MN 55009-5003

WEBSITE:  
http://www.mayoclinichealthsystem.org

PHONE NUMBER:  
507-263-6000

NUMBER OF BEDS:  
15

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:  
3,627

NUMBER OF PATIENT DAYS:  
3,722

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, 2015 – OCTOBER 6, 2016)

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1

Deaths: 0, Serious Injury: 1, Neither: 0
MAYO CLINIC HEALTH SYSTEM IN MANKATO

ADDRESS:
1025 Marsh Street, Mankato, MN 56001-4752

WEBSITE:
http://mayoclinichealthsystem.org

PHONE NUMBER:
507-304-7178

NUMBER OF BEDS:
272

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:
37,182

NUMBER OF PATIENT DAYS:
67,147

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery/other invasive procedure performed on wrong body part</td>
<td>4</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 4</td>
</tr>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>2</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 2</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 9

Deaths: 0, Serious Injury: 2, Neither: 7
MAYO CLINIC HOSPITAL – ROCHESTER

ADDRESS:
Saint Marys Campus, Rochester, MN 55902-1906

WEBSITE:

PHONE NUMBER:
507-255-8205

NUMBER OF BEDS:
2059

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:
332,021

NUMBER OF PATIENT DAYS:
538,077

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery/other invasive procedure performed on wrong body part</td>
<td>3</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 3</td>
</tr>
<tr>
<td>Wrong surgical/invasive procedure performed</td>
<td>5</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 5</td>
</tr>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
<td>14</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 14</td>
</tr>
<tr>
<td>A fall while being cared for in a facility</td>
<td>8</td>
<td>Deaths: 0, Serious Injury: 8, Neither: 0</td>
</tr>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>5</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 5</td>
</tr>
<tr>
<td>Patient death or serious injury resulting from the failure to follow up or communicate laboratory, pathology, or radiology test results</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

Product or Device Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misuse or malfunction of device</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 38  Deaths: 0, Serious Injury: 10, Neither: 28
**MERCY HOSPITAL**

**ADDRESS:**
4572 County Rd. 61, Moose Lake, MN 55767-9405

**WEBSITE:**
www.allinahealth.org

**PHONE NUMBER:**
218-485-4481

**NUMBER OF BEDS:**
25

**NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:**
5,974

**NUMBER OF PATIENT DAYS:**
6,607

**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, 2015 – OCTOBER 6, 2016)**

### Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

### Product or Device Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misuse or malfunction of device</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

**TOTAL EVENTS FOR THIS FACILITY: 2**

Deaths: 0, Serious Injury: 2, Neither: 0
ADVERSE HEALTH EVENTS IN MINNESOTA | ANNUAL REPORT, FEBRUARY 2016

MERCY HOSPITAL

ADDRESS:
4050 Coon Rapids Blvd. N.W., Coon Rapids, MN 55433-2522

WEBSITE:
http://www.allinahealth.org/mercy

PHONE NUMBER:
763-236-6000

NUMBER OF BEDS:
271

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:
87,109

NUMBER OF PATIENT DAYS:
125,029

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery/other invasive procedure performed on wrong body part</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

Patient Protection Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide or attempted suicide</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 5
Deaths: 0, Serious Injury: 2, Neither: 3
**MERCY HOSPITAL - UNITY CAMPUS**

**ADDRESS:**
550 Osborne Road N.E., Fridley, MN 55432-2718

**WEBSITE:**
http://www.allinaunity.org

**PHONE NUMBER:**
763-236-5000

**NUMBER OF BEDS:**
275

**NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:**
39,233

**NUMBER OF PATIENT DAYS:**
70,241

**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, 2015 – OCTOBER 6, 2016)**

### Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

### Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

**TOTAL EVENTS FOR THIS FACILITY: 3**
Deaths: 0, Serious Injury: 1, Neither: 2
MILLE LACS HEALTH SYSTEM

ADDRESS: 200 Elm St. N., Onamia, MN 56359-7901

WEBSITE: http://www.mlhealth.org

PHONE NUMBER: 320-532-3154

NUMBER OF BEDS: 28

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 9,772

NUMBER OF PATIENT DAYS: 22,237

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, 2015 – OCTOBER 6, 2016)

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fall while being cared for in a facility</td>
<td>2</td>
<td>Deaths: 0, Serious Injury: 2, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 2  Deaths: 0, Serious Injury: 2, Neither: 0
MINNESOTA EYE LASER & SURGERY CENTERS, LLC. (BLAINE)

ADDRESS:
11091 Ulysses St. N.E. Ste. 400, Blaine, MN 55434-4237

WEBSITE:
http://www.mneye.com

PHONE NUMBER:
800-393-8639

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:
2,631

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrong surgical/invasive procedure performed</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1

Deaths: 0, Serious Injury: 0, Neither: 1
NEW ULM MEDICAL CENTER

ADDRESS: 1324 Fifth St. N., New Ulm, MN 56073-1514
WEBSITE: http://www.newulmmedicalcenter.com
PHONE NUMBER: 507-217-5000
NUMBER OF BEDS: 62
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 20,361
NUMBER OF PATIENT DAYS: 43,439

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, 2015 – OCTOBER 6, 2016)

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1  Deaths: 0, Serious Injury: 0, Neither: 1
**REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2015 – OCTOBER 6, 2016)**

### Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrong surgical/invasive procedure performed</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

### Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
<td>19</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 19</td>
</tr>
<tr>
<td>A fall while being cared for in a facility</td>
<td>3</td>
<td>Deaths: 1, Serious Injury: 2, Neither: 0</td>
</tr>
</tbody>
</table>

**TOTAL EVENTS FOR THIS FACILITY: 23**  
Deaths: 1, Serious Injury: 2, Neither: 20
NORTHFIELD HOSPITAL

ADDRESS: 2000 North Ave., Northfield, MN 55057-1498
WEBSITE: http://www.northfieldhospital.org
PHONE NUMBER: 507-646-1000

NUMBER OF BEDS: 37
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 12,873
NUMBER OF PATIENT DAYS: 14,873

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

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

ADDRESS: 2250 26th St. N.W., Owatonna, MN 55060-5503
WEBSITE: http://www.owatonnahospital.com
PHONE NUMBER: 507-977-2000

NUMBER OF BEDS: 43
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 16,870
NUMBER OF PATIENT DAYS: 22,844

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, 2015 – OCTOBER 6, 2016)

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1  Deaths: 0, Serious Injury: 0, Neither: 1
PARK NICOLLET METHODIST HOSPITAL

ADDRESS:
6500 Excelsior Blvd., St Louis, Park, MN
55426-4702

WEBSITE:
http://www.parknicollet.com

PHONE NUMBER:
952-993-5000

NUMBER OF BEDS:
426

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:
120,219

NUMBER OF PATIENT DAYS:
154,127

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery/other invasive procedure performed on wrong body part</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
<tr>
<td>Wrong surgical/invasive procedure performed</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or serious injury)</td>
<td>5</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 4</td>
</tr>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
<tr>
<td>Patient death or serious injury resulting from the failure to follow up or communicate laboratory, pathology, or radiology test results</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 10
Deaths: 0, Serious Injury: 2, Neither: 8
### PERHAM HEALTH

**ADDRESS:**
1000 Coney St. W., Perham, MN 56573-2102

**WEBSITE:**
http://www.perhamhealth.org/

**PHONE NUMBER:**
218-347-1573

**NUMBER OF BEDS:**
25

**NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:**
11,099

**NUMBER OF PATIENT DAYS:**
16,397

### 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, 2015 – OCTOBER 6, 2016)

**Care Management Events**

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

**TOTAL EVENTS FOR THIS FACILITY: 1**
Deaths: 0, Serious Injury: 0, Neither: 1
PHILLIPS EYE INSTITUTE

ADDRESS: 2215 Park Ave., Minneapolis, MN 55404-3711
WEBSITE: http://www.phillipseyeinstitute.com
PHONE NUMBER: 612-775-8800

NUMBER OF BEDS: 20
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 14,364
NUMBER OF PATIENT DAYS: 16,146

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery/other invasive procedure performed on wrong body part</td>
<td>2</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 2</td>
</tr>
<tr>
<td>Wrong surgical/invasive procedure performed</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 3
Deaths: 0, Serious Injury: 0, Neither: 3
REDWOOD AREA HOSPITAL

ADDRESS: 100 Fallwood Road, Redwood Falls, MN 56283-1828

WEBSITE: http://www.redwoodareahospital.org

PHONE NUMBER: 507-637-4500

NUMBER OF BEDS: 25

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 4,203

NUMBER OF PATIENT DAYS: 5,125

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, 2015 – OCTOBER 6, 2016)

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1

Deaths: 0, Serious Injury: 1, Neither: 0
REPORTED ADVERSE HEALTH EVENTS (OCTOBER 7, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrong surgical/invasive procedure performed</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
<td>10</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 10</td>
</tr>
<tr>
<td>A fall while being cared for in a facility</td>
<td>3</td>
<td>Deaths: 0, Serious Injury: 3, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 15  
Deaths: 0, Serious Injury: 3, Neither: 12
RIDGECVIEW MEDICAL CENTER

ADDRESS: 500 S. Maple Street, Waconia, MN 55387-1752
WEBSITE: http://www.ridgeviewmedical.org
PHONE NUMBER: 952-442-2191

NUMBER OF BEDS: 109
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 45,560
NUMBER OF PATIENT DAYS: 73,097

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, 2015 – OCTOBER 6, 2016)

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
<tr>
<td>Death or serious injury of a neonate associated with labor and delivery in a low-risk pregnancy</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 2  
Deaths: 0, Serious Injury: 2, Neither: 0
## Sanford Bemidji Medical Center

**Address:**
1300 Anne St. N.W., Bemidji, MN 56601-5103

**Website:**
http://www.sanfordhealth.org/bemidji

**Phone Number:**
218-333-5717

**Number of Beds:**
118

**Number of Surgeries/Invasive Procedures Performed:**
39,590

**Number of Patient Days:**
76,129

### 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, 2015 – October 6, 2016)

#### Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery/other invasive procedure performed on wrong body part</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

#### Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
<tr>
<td>A fall while being cared for in a facility</td>
<td>2</td>
<td>Deaths: 0, Serious Injury: 2, Neither: 0</td>
</tr>
</tbody>
</table>

**Total Events for This Facility: 4**
Deaths: 0, Serious Injury: 2, Neither: 2
SAFORD THIEF RIVER FALLS MEDICAL CENTER

ADDRESS:
800 E.28th St.Minneapolis, MN 55407-3723
3723 Sanford Pkwy., Thief River Falls, MN 56701-2700

WEBSITE:
http://www.sanfordhealth.org/

PHONE NUMBER:
218-681-4240

NUMBER OF BEDS:
36

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:
12,117

NUMBER OF PATIENT DAYS:
28,584

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1

Deaths: 0, Serious Injury: 0, Neither: 1
SANFORD WHEATON MEDICAL CENTER

ADDRESS: 401 12th St. S.W., Wheaton, MN 56296-1070

WEBSITE: http://www.sanfordhealth.org

PHONE NUMBER: 320-563-8226

NUMBER OF BEDS: 25

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 992

NUMBER OF PATIENT DAYS: 1,338

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, 2015 – OCTOBER 6, 2016)

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fall while being cared for in a facility</td>
<td>2</td>
<td>Deaths: 0, Serious Injury: 2, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 2

Deaths: 0, Serious Injury: 2, Neither: 0
SANFORD WORTHINGTON MEDICAL CENTER

ADDRESS: 1018 Sixth Ave., Worthington, MN 56187-2298
WEBSITE: http://www.sanfordworthington.org
PHONE NUMBER: 507-372-2941

NUMBER OF BEDS: 48
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 8,959
NUMBER OF PATIENT DAYS: 12,234

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1  Deaths: 0, Serious Injury: 0, Neither: 1
ST. CLOUD HOSPITAL

ADDRESS:  
1406 Sixth Ave. N., Saint Cloud, MN 56303-1900

WEBSITE:  
http://www.centracare.com

PHONE NUMBER:  
320-251-2700

NUMBER OF BEDS:  
489

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:  
113,176

NUMBER OF PATIENT DAYS:  
197,702

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
<td>4</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 3</td>
</tr>
<tr>
<td>A fall while being cared for in a facility</td>
<td>3</td>
<td>Deaths: 0, Serious Injury: 3, Neither: 0</td>
</tr>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

Patient Protection Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide or attempted suicide</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
</tbody>
</table>

Criminal Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual assault of a patient</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 11  
Deaths: 0, Serious Injury: 5, Neither: 6
ST. FRANCIS REGIONAL MEDICAL CENTER

ADDRESS:  
1455 St. Francis Ave., Shakopee, MN 55379-3380

WEBSITE:  
http://www.stfrancis-shakopee.com

PHONE NUMBER:  
952-428-3000

NUMBER OF BEDS:  
93

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:  
33,337

NUMBER OF PATIENT DAYS:  
40,601

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrong surgical/invasive procedure performed</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1  
Deaths: 0, Serious Injury: 0, Neither: 1
ST. JOHN'S HOSPITAL

ADDRESS: 1575 Beam Ave., Maplewood, MN 55109-1126

WEBSITE: http://www.stjohnshospital-mn.org

PHONE NUMBER: 651-232-7000

NUMBER OF BEDS: 184

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 65,239

NUMBER OF PATIENT DAYS: 78,631

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery/other invasive procedure performed on wrong body part</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 2
Deaths: 0, Serious Injury: 0, Neither: 2
ST. JOSEPH'S HOSPITAL

ADDRESS: 45 W. 10th St., St Paul, MN 55102-1062
WEBSITE: http://www.healtheast.org
PHONE NUMBER: 651-232-3000

NUMBER OF BEDS: 401
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 36,105
NUMBER OF PATIENT DAYS: 86,462

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery/other invasive procedure performed on wrong body part</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 4
Deaths: 0, Serious Injury: 1, Neither: 3
ST. LUKE'S HOSPITAL

ADDRESS: 915 E. First St., Duluth, MN 55805-2107
WEBSITE: http://www.slhduluth.com
PHONE NUMBER: 218-249-5555
NUMBER OF BEDS: 267
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 63,837
NUMBER OF PATIENT DAYS: 101,180

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrong surgical/invasive procedure performed</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
<td>5</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 5</td>
</tr>
<tr>
<td>A fall while being cared for in a facility</td>
<td>2</td>
<td>Deaths: 0, Serious Injury: 2, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 8  Deaths: 0, Serious Injury: 2, Neither: 6
ADVERSE HEALTH EVENTS IN MINNESOTA | ANNUAL REPORT, FEBRUARY 2016

STEVENS COMMUNITY MEDICAL CENTER

ADDRESS: 400 E. 1st St., Morris, MN 56267-0660
WEBSITE: http://www.scmcinc.org/
PHONE NUMBER: 320-589-1313
NUMBER OF BEDS: 54
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 7,654
NUMBER OF PATIENT DAYS: 11,457

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1
Deaths: 0, Serious Injury: 0, Neither: 1
TRI-COUNTY HEALTH CARE

ADDRESS:
415 Jefferson St. N., Wadena, MN 56482-1264

WEBSITE:
http://www.tchc.org

PHONE NUMBER:
218-631-3510

NUMBER OF BEDS:
49

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:
9,226

NUMBER OF PATIENT DAYS:
15,842

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 1

Deaths: 0, Serious Injury: 0, Neither: 1
UNITED HOSPITAL

ADDRESS: 333 N. Smith Ave., St Paul, MN 55102-2344

WEBSITE: http://www.unitedhospital.com

PHONE NUMBER: 651-241-8000

NUMBER OF BEDS: 546

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 97,368

NUMBER OF PATIENT DAYS: 162,335

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery/other invasive procedure performed on wrong body part</td>
<td>2</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 2</td>
</tr>
<tr>
<td>Retention of a foreign object in a patient after surgery or other procedure</td>
<td>2</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 2</td>
</tr>
</tbody>
</table>

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
<td>7</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 7</td>
</tr>
<tr>
<td>A fall while being cared for in a facility</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 0</td>
</tr>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 13  Deaths: 0, Serious Injury: 1, Neither: 12
UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW

ADDRESS:  
2450 Riverside Avenue, Minneapolis, MN 55455-1450

WEBSITE:  
http://www.uofmmedicalcenter.org/

PHONE NUMBER:  
612-273-3000

NUMBER OF BEDS:  
1700

NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED:  
232-966

NUMBER OF PATIENT DAYS:  
351,485

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, 2015 – OCTOBER 6, 2016)

Surgical/Other Invasive Procedure Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery/other invasive procedure performed on wrong body part</td>
<td>4</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 4</td>
</tr>
<tr>
<td>Wrong surgical/invasive procedure performed</td>
<td>3</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 3</td>
</tr>
</tbody>
</table>

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death or serious injury due to medication error</td>
<td>5</td>
<td>Deaths: 1, Serious Injury: 4, Neither: 0</td>
</tr>
<tr>
<td>Stage 3, 4 or unstageable pressure ulcers (with or without death or Serious Injury)</td>
<td>15</td>
<td>Deaths: 0, Serious Injury: 1, Neither: 14</td>
</tr>
<tr>
<td>A fall while being cared for in a facility</td>
<td>5</td>
<td>Deaths: 1, Serious Injury: 4, Neither: 1</td>
</tr>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>2</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 2</td>
</tr>
</tbody>
</table>

Product or Device Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misuse or malfunction of device</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

Patient Protection Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide or attempted suicide</td>
<td>2</td>
<td>Deaths: 0, Serious Injury: 2, Neither: 0</td>
</tr>
</tbody>
</table>

TOTAL EVENTS FOR THIS FACILITY: 37
Deaths: 2, Serious Injury: 11, Neither: 24
WOODWINDS HEALTH CAMPUS

ADDRESS: 1925 Woodwinds Drive, Woodbury, MN 55125-2270
WEBSITE: http://www.woodwinds.org/
PHONE NUMBER: 651-232-0228

NUMBER OF BEDS: 86
NUMBER OF SURGERIES/INVASIVE PROCEDURES PERFORMED: 35,126
NUMBER OF PATIENT DAYS: 37,388

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, 2015 – October 6, 2016)

Care Management Events

<table>
<thead>
<tr>
<th>Category and Type</th>
<th>Number</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>The irretrievable loss of an irreplaceable biological specimen</td>
<td>1</td>
<td>Deaths: 0, Serious Injury: 0, Neither: 1</td>
</tr>
</tbody>
</table>

Total events for this facility: 1
Deaths: 0, Serious Injury: 0, Neither: 1
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
1. 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.
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 2,910 events have been reported to MDH.

Deaths per year, 2004-2016

Falls per year, 2004-2016

*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.
Surgical Events, 2004-2016

Retained Foreign Objects, 2004-2016

Reported Pressure Ulcers, 2003-2016

*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.