

June 3, 2014

Rick Combs
Director of the Legislative Counsel Bureau
401 S. Carson Street
Carson City, NV 89701-4747

Re: Annual Patient Safety Report per NRS 439.877
Renown Regional Medical Center

Dear Director Combs:

Pursuant to NRS 430.877 Renown Regional Medical Center, hereinafter "Renown" is required to annually submit to your office a summary of its Patient Safety Committee Activities including information relating to the development, revision and usage of patient safety checklists and patient safety policies and a summary of the annual review conducted for the prior 12 month period. The following information is being provided in conformity with this requirement.

Establishment of Patient Safety Checklists: Pursuant to the provisions of AB 280 the Renown Regional Medical Center Patient Safety Committee developed and established Patient Safety Checklists. These checklists have been reviewed and modified as necessary based upon outcome and performance data on a yearly basis. Currently, Renown has adopted checklists and monitors compliance with checklists covering numerous patient areas including checklists covering the Hand Hygiene, Patient Identification, Crash Cart Inspection, Central Line Insertion, Central Line Maintenance, Respiratory Therapy Ventilator Bundle, Fall Risk Assessment, Timeout and Universal Protocol, Discharge Checklist, Environmental Service Discharge Cleaning Checklist and Environmental Service Occupied Room Checklist.

Adoption of Policies, Procedures and Protocols: In conjunction with the checklists, Renown has developed and implemented policies, procedures and protocols to ensure

compliance with the letter and intent of the checklists. All policies are assigned periodic review dates. Policies are reviewed within their assigned review period or sooner if best practice or other factors dictate. Some of the current policies covering the above-referenced checklists include, but are not limited to the following:

Patient Safety Checklist - General

- Renown CID.235.09 – Patient Safety Checklists: Establishes the policy and procedure for the adoption and monitoring of patient safety checklists.
- Patient Safety Plan 2013-2014

Hand Hygiene and Infection Control related checklist policy

- Renown IC.201 – Establishes hand hygiene policy and procedure for all hospital locations.
- Renown IC.310 – Establishes environmental infection control processes for hospital facilities including patient room cleaning procedures.
- Renown IC.326 – Establishes hand hygiene for surgical scrub.
- Renown CID.870.02 – Central Line Insertion, Site Care, Flushing, Blood Draws, Maintenance, Replacement and Removal: Establishes the policy and procedure for safe and effective venous therapy.
- Renown CID.879.08 – Indwelling Urinary Catheter Insertion and Maintenance; Establishes policy and procedure for systematic care and maintenance of patient's indwelling urinary catheters to aid in the prevention of catheter associated urinary tract infections.
- Renown RRM.C.RES.251-256 – Establishes infection control policy and protocols for hospital staff involved in ventilator care and maintenance.

Emergency Crash Cart Inspection

- Renown PHM.3217 – Establishes checklist and accountability for emergency crash cart daily inspection for overall hospital
- Renown SRG.6011 – Establishes checklist and accountability for emergency crash cart daily inspection for surgical areas.
- Renown PAC.7018 – Establishes checklist and accountability for emergency crash cart daily inspection for post surgery recovery areas.

Patient identification policies include, but are not limited to the following:

- Renown ADM.101 – Patient Identification policy for admission.
- Renown LAB.017 – Patient identification of lab samples.
- Renown LAB.032 – Patient identification for point of care testing.
- Renown SRG.8004 – Patient identification for operative and invasive procedures.
- Renown SRG.6017 – Patient identification for medication administration in operative and invasive procedure setting.

- Renown PAC.7040 and Renown PAC.7034 – Patient identification for medication administration and treatment in the post procedure setting.
- Renown CID.800.23 – Medication Administration – Patient identification in the acute care setting.
- Renown CID.535 – Establishes a universal checklist and protocol for correct identification of patient, diagnosis, surgical procedure to be performed, site of procedure, patient positioning, and appropriate equipment for all procedures within the hospital.

Fall Prevention Protocol

- Renown.16990 – Establishes fall prevention protocol and checklists.

Patient Discharge

- Renown CID.920.00 and CID .920.01– Establishes policy for hospital discharge planning and process for patients and accountability.
- Renown CID.235.06 – Establishes policy and checklist of patient and family education during admission and at time of discharge.

Patient Safety Compliance: During the calendar year 2013 the hospital Patient Safety Officer in conjunction with the hospital Quality Management and Risk Management Departments and Nursing leadership conducted reviews of staff and physician compliance with established patient safety checklists, including the ones referenced above. These reviews included direct surveillance, clinical process reviews and root cause analysis conducted in conjunction with patient safety concerns identified by surveillance activities, clinical process reviews and concerns reported by staff, patients and visitors to the hospital.

As a result of the above activities the hospital performance on patient safety checklist compliance continued to show marked improvement in hospital infection control rates, particularly with respect to Central Line Blood Stream Infections (CLABSI), Ventilator Acquired Pneumonia (VAP) and Catheter Associated Urinary Tract Infections (CAUTI). Between 2010 and 2013 the hospital has decreased CLABSI by more than 68%! During the period 2012 through 2013 CAUTI rates were decreased by over 50%. During the calendar year 2013 through May 31, 2014 the hospital experienced only two (2) Ventilator Associated Pneumonia cases, notwithstanding the hospital having more ventilated patients than the combined total of all other hospitals in Northern Nevada. These improvements validate the effectiveness of the checklists directly associated with the care processes involved with this type of equipment.

Hand hygiene compliance improvements contributed to the results above; however, hospital surveillance continues to reflect unacceptable non compliance issues among both hospital staff and physicians. In an effort to engage physician participation and

responsiveness to quality issues the organization sought to restructure itself into a dyad organizational leaderships model whereby key organizational areas are managed jointly by a physician and business leader. By this means clinical experts are placed in roles where they can impact business decisions from the perspective of patient safety and clinical outcomes to improve the quality of care. These physician leaders can also influence physician responsiveness and behavior toward achieving patient safety goals.

The organization continues to increase infection control surveillance and education to reinforce the policy and compliance. Staffing in the infection control department was increased by 25%. The hospital continues to utilize its new infection control software installed in 2013. This software utilizes clinical algorithms that analyze patient electronic medical record data to assist in identifying infection control issues, including those associated with poor hand hygiene.

In furtherance of the hospitals efforts to improve infection controls the hospital Environmental Services Department adopted in 2013 mobile devices that incorporate revised and improved checklists for cleaning processes in the hospital. This device includes specific checklists for patient room cleaning that were previously done on paper. These devices provide timely verification of compliance with hospital cleaning checklists. Data received from the devices has demonstrated continued improvement in hospital cleaning and infection control practices by the hospital's environmental service department.

Patient Safety Plan Adoption: The hospital prior to the implementation of AB 280 had adopted Patient Safety Plans that identify the scope of the hospital patient safety activities, structure, membership roles and responsibilities, establishment of Committee goals and adoption of patient safety checklists to achieve specific goals and outcomes. Patient safety plans are reviewed and approved no less than annually by the Patient Safety Committee and the hospital governing board. Likewise, patient safety checklists are reviewed and approved no less frequently than annually by the Patient Safety Committee and the hospital governing board. Results of surveillance and compliance with the Patient Safety Checklists are reviewed at the Committee meetings with recommendations for improvement where warranted and also presented to the governing board.

In summary, the hospital believes that it is in full compliance with the letter and spirit of AB 280 and statutes and regulations implemented relating to that legislation. The hospital has made substantial improvements in its methodology to confirm compliance with patient checklists and continues to identify areas for improvement and implement action steps to improve patient safety and outcomes.

If you have any questions regarding the hospital's patient safety checklists or its quality programs, please feel free to contact me at your earliest opportunity.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Lawrence Monson', is written over the printed name.

Lawrence Monson
Patient Safety Officer
Renown Regional Medical Center

CC: Barbara Reynolds
Greg Boyer

**REPORT TO THE DIRECTOR OF THE LEGISLATIVE COUNSEL BUREAU PURSUANT TO ASSEMBLY
BILL 280 OF THE 2011 LEGISLATIVE SESSION – SUBMITTED BY:**

The Center For Surgical Intervention
5950 S. Durango Dr.
Las Vegas, NV 89113

ASC contact Information; Vacant -Director of Nursing
June 1, 2013 – June 1, 2014

Check Lists Developed Include:	Revisions*	Usage**	Review***
Related to the following specific types of treatments*	(date of revision)	(Unit/department)	2014
Patient Room & Environment Sanitation -CDC Environmental Checklist for Monitoring Terminal Cleaning	x	Facility	2014
Discharge	x	Post Op	2014
Infection Prevention Assessment of The Ambulatory Care Facility- Annual Plan	2014	Facility	2014
Environment of Care	2013	Facility	2014
Patient Safety Audit tool	2014	Intra Op	2014
Patient Safety Policies developed include:	Revisions	Usage	Review
Patient Identification before providing treatment	x	Pre, Intra and Post Op	2014
Hand hygiene nationally recognized standard precautionary protocols	2011	Pre, Intra and Post Op Facility Wide	2014
Patient Safety checklist & policy compliance	x	Pre, Intra and Post Op	2014
COLOR CODED WRISTBANDS	2011	Pre, Intra and Post Op	2014
Universal Protocol Policy – Site Verification and Time Out	2011	Pre and Intra Op	2014
Medication Management	2013	Pre, Intra and Post Op	2014

*Checklists and Patient Safety Policies were reviewed for the stated time period. Need for revision is noted by the date the revision was made.

**Usage outlines the unit/departments the checklists are used in.

***As part of the annual review any required revisions will be identified. If revisions are required this is noted in the revision box. Any additional patient safety checklists or policies identified will be noted in this (review) column. If the annual review reveals no changes are required this box will be marked with an "X". An "X" means that the checklists and policies were reviewed but no changes were required.