

June 28, 2019

Rick Combs

Director of the Legislative Counsel Bureau

401 S. Carson Street

Carson City, NV 89701-4747

director@lcb.state.nv.us

Re: 2019 Annual Patient Safety Report per NRS 439.877

For Tahoe Pacific Hospitals:

Meadows: 663-HOS-30

North: 8065-HOS-3

Dear Director Combs:

Pursuant to NRS 439.877 Tahoe Pacific Hospitals: North and South Meadows, 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 as well as a summary of the annual review performed 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 NRS 439.877 the Patient Safety Committee adopts Patient Safety Checklists for use each year. These checklists, policies and safety protocols are reviewed and revised through our Patient Safety Committee (meeting monthly) and then forwarded to both our Medical Executive Committee and for final approval to our Governing Board both which meet quarterly.

This review was conducted during our first quarter meetings in 2019. These checklists are reviewed and modified as necessary based upon outcome and performance data collected each month. Currently, Tahoe Pacific utilizes and monitors compliance with checklists covering numerous patient care areas. These include but are not limited to Hand Hygiene, Patient Identification in conjunction with the current NPSG's, Code Blue Cart Inspection, Central Line Insertion Checklist and Department specific checklists and protocols to include the Departments of Respiratory, Nursing, and Therapies. They encompass all active patient care programs with the goal of facilitating positive patient outcomes based on these best practices. LifeCare Management Services (Corporate Support) provides oversight for these initiatives for each facility.

**Adoption of Policies, Procedures and Protocols:** In conjunction with the checklists, Tahoe Pacific has developed and implemented policies, procedures and protocols to ensure compliance with the letter and intent of each patient

safety checklist.

The primary changes in 2018/2019 included the following:

### **Best Practice Patient Safety**

- Patient Safety Checklists (reviewed and revised during 2018/2019)
- Patient Safety Plan revised for 2018/2019
- Performance Improvement Plan revised for 2019

### **Infection Prevention**

- Best Practice: Hand Hygiene Tool Kit instituted in 3<sup>rd</sup> Q 2018
- Best Practices CAUTI and CLABSI Reduction Tool kit
- 2019 Plan Revision /Hospital Specific Addendum /Patient Safety Program

### **Emergency Carts**

- Modifications in 2018 of code cart layout to facilitate ease of use and Safety. The emergency crash carts were also relocated as a product of 2018 Joint Commission and CMS Survey recommendations.
- Review and revision of Anticoagulation Protocols in 2018-2019 to comply with the NPSG's was completed.

### **Emergency preparedness**

- Emergency Management Plan revision was completed in 2017 in conjunction with the 1135 waiver requirements and was fully implemented in 2018. This plan includes a number of checklists and tools to provide for patient safety during an emergency.

### **Fall Prevention**

- The falls prevention program was reviewed and reeducation provide in 2019 to ensure compliance with all aspects of the Falls Prevention Program already in place.

### **Patient Discharge**

- Discharge Checklist reviewed and revised in 2017 continues to be utilized in 2018/2019.

**Patient Safety Compliance:** During the past year (2018-2019) year the hospital Patient Safety Officer appointed is the Director of the Quality Management Department that includes Risk and Safety oversight. In conjunction with Nursing leadership, the Safety Officer conducts ongoing 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. Several root cause analysis were performed on patient fall events and were the catalyst for the review and reeducation of Tahoe Pacific's overall Falls Prevention Program.

**Patient Safety Committee:** The focus of the 2018-2019 Patient Safety/Quality Council included the following top priorities: Infections (CAUTI/CLABSI/ C diff, MRSA and VRE), Patient Falls, Medication Variances including ADR's, and Patient Satisfaction which is directly linked to providing a safe environment of care. In addition, Flu vaccines for Patients, Clinicians/Staff and Practitioners were tracked and reported as part of our safety initiatives.

**Environment of Care:** In 2018/2019 Environment of Care continues to be a key focus for the maintenance of overall Patient Safety. Extensive collaboration with EVS at each of our two Host Hospitals continues to occur monthly. This has proven to be effective in the overall reduction of infections especially MRSA and C-diff.

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,

Teresa Schumacher  
Director of Quality Management /Safety Officer  
Tahoe Pacific Hospitals  
North and Meadows Campuses

## **PATIENT SAFETY COMMITTEE Tahoe Pacific Hospitals**

**HOSPITAL # Tahoe Pacific North 8065-HOS-3**

**Tahoe Pacific Meadows 663-HOS-30**

**TO:** Director of the Legislative Counsel Bureau for transmittal to the Legislative Committee on Health Care.

**RE:** 439.877.4. (d)

### **CHECKLIST REPORT: 06/28/2019**

1. All checklists in place were reviewed and approved for use by the Patient Safety Committee throughout 2018 and YTD 2019.  
At the Patient Safety Council Monthly meeting all new checklists are proposed /reviewed and then added to Patient Safety Plan updated annually completed in 1<sup>st</sup> Q 2019.
2. Current check lists:
  - **Nursing:**
    - i. **Daily/Event Related**

Rapid Response and Code Blue	RN Staff/Respiratory Care
Occurrence Reports	All Staff New Platform Midas as of 01.01.2019
Clinical Alarm safety Protocols.	Nursing and Monitor Techs
Checklists: DNR/POLST	Nursing and Social Services/Case Management
Screening tools: Suicide Risk Falls Risk Assessment	Nursing
Bedside reports /Shift to Shift Communication tools for Nursing/CNA"s and Monitor Techs.	Nursing
Discharge Checklist	Case Management and Nursing

### **Event Related/Procedure**

Invasive Procedures: PICC, Central Line,	Nursing
Central Lines : Best Practices	Nursing
Catheter Insertion and Care and Maintenance	Nursing
Conscious Sedation	Pharmacy/Nursing

Anticoagulation Care	Pharmacy and Nursing
Blood Transfusion Record ( per Individual Host Hospitals)	Nursing
Transfusion Reaction Protocol	Nursing
Wound Safety:  Application for Wound Certification  Implementation of Clinical Guidelines.  Wound Vac Treatment and Wound Assessment tool. BWAT Score/Braden Scale. Debridement /Tissue Closure/ Surface Decision Tree	Nursing
Care Planning: Promotion of Safe care through communication for team members.	All Treatment Team members.
Restraint Documentation checklist/audit	Nursing
Bronchoscopy Sterilization: Improved process through policy change by using only disposables in 2018.	Respiratory
Infection Prevention Audits: Hand Hygiene and Isolation Precautions.	All Services

ii. **Discharges, DC Checklists:** The Discharge Checklist was reviewed and revised in 2018.

Discharge Orders and Instructions	Nursing , Case Management
Home Medication Instruction Sheet	Nursing/Pharmacy
Education Tools	All Disciplines
Medication reconciliation	Nursing and Pharmacy

- **Respiratory:** Daily/Event Related.

Ventilator Waning Protocol	Respiratory Care
Ventilator Care and Maintenance	Respiratory Care

- **All staff:**  
Patient Identification, Hand Hygiene, Isolation Precautions; EOC Safety (rounds)
- **Social Services:** Consents to TX; POLST
- **Safety:**  
Procedural checklists for invasive procedure: insertion of lines and pre and post procedure monitoring checklists.  
Follow-up on any occurrences and near misses to identify opportunities for improvement.
- **Environmental Services:**  
All environmental services policies are per our Host Facility: Northern Nevada Medical Center and Renown South Meadows.

- **Outside Vendors:**

1. Dialysis Collaboration with Dialysis vendor (Fresenius) with a quarterly audit established in 4<sup>th</sup> Q 2018 to ensure positive outcomes.
  2. Bed Vendors: Each bed is monitored with a safety check including vendors: Hill Rom, Joerns, Freedom Medical, and UHS. Safety Checklist.
  3. Laboratory per our Host Facility at NNMC and at Renown South Meadows. Critical Lab values and associated reporting. Glucometer use safety per manufacturers' specifications to include quality control and environment of care (temperatures) to ensure product safety.
3. Patient Safety Committee has approved all existing checklists for 2018/2019 and plans to review any new presentations at the monthly Patient Safety Committee meetings per the agenda. All checklists were completed by staff and also contractors/vendors who supply services to patients at both Campuses. Collaboration Occurs at a minimum of quarterly and prn basis.