

**REPORT TO THE DIRECTOR OF THE LEGISLATIVE COUNSEL BUREAU PURSUANT TO
NRS 439.877(4) (d) – SUBMITTED BY:**

Banner Churchill Community Hospital
801 E. Williams Ave.
Fallon, NV 89406

Catherine Masci RN, Sr. Manager Clinical Performance Assessment and Improvement (CPAI)
July 1, 2015 – June 30, 2017

Check Lists Developed Include:	Revisions*	Usage**	Review***
Adverse Drug Events	11/01/2015	All Patients	
Barcode Medication Administration	07/01/2016	All Employees	
Medication Reconciliation Policy for Banner Health	04/01/2016	All Patients	
Discharge Medications	01/03/2017	All Patients	
Case Management Discharge Planning	11/23/2014	Adult and Pediatric Patients	X
Food Medication Interactions	05/01/2017	All Patients	
Labeling of Medications	11/01/2015	All Patients	
Medication Administration	11/30/2016	All Patients	
Medication Events	04/04/15	All Employees and Patients	X
Medication Orders	08/01/2016	Adult and Pediatric Patients	
EVS Cleaning: Patient Rooms and Treatment Areas	03/14/2016	All Employees	X
EVS: Cleaning Isolations Precaution Rooms	07/01/2015	All EVS Staff	X
Perioperative Services: EVS Cleaning the Surgical Procedural Area	11/14/2015	All Employees	
EVS General Techniques and Procedures	03/14/2016	All Employees	X
Case Management Discharge Planning	01/06/2015	Adult and Pediatric Patients	
Adult Admission, Transfers, Discharges, and Triage: Critical Care Services	06/01/2016	Adult Critical Care Patients	X
Code Blue Management	05/17/2017	All Patients and Visitors	
Pediatric Code Blue Management	12/15/2016	Pediatrics	
Procedural Sedation for Therapeutic / Diagnostic Procedures	11/17/2015	Adult and Pediatric Patients	
Blood Gas Laboratory: Quality Control & Clinical Correlation Program	11/24/2015	All Employees	X
Blood Gas Laboratory: Review of Patient Data and Quality Controls	11/24/2015	All Employees	X
WIS: Vaginal Birth Sponge, Sharps, and Instruments	04/03/2015	WIS Patients	
Blood and Blood Component Administration,	09/01/2016	Adults	X

Adult			
WIS: Magnesium Sulfate, Administration and Monitoring of the obstetrical Patient	10/18/2016	WIS Patients	X
Safe Patient Handling and Mobility (SPHM) – Acute Care	12/02/2014	All Patients	X
Safe Surgery Policy	03/08/2016	All Patients	X
Patient Safety Policies developed include:	Revisions	Usage	Review
Patient Identification	09/01/2015	All inpatients and outpatients	X
Hand Hygiene, Antisepsis, and Artificial Fingernails	01/31/2017	All Employees, Patients, Physicians, Volunteers, Visitors, General Public	
Patient Safety checklist	02/04/2016	All Patients	X
Event Reporting	04/07/2016	All Employees	

Summary of Review	Total # developed	Total # revised	Total # Reviewed
Patient Safety Checklists	0	14	26
Patient Safety Policies	0	2	4

*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 units/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.

- ❖ Reports are due on or before July 1 of each year, address report to:
 Director LCB
 Rick Combs (2016)
director@lcb.state.nv.us
 Copy to: Megan.Comlossy@lcb.state.nv.us
 Carson City, NV 89701