

Director of the Legislative Counsel Bureau
401 S. Carson Street
Carson City, NV 89701

**REPORT TO THE DIRECTOR OF THE LEGISLATIVE COUNSEL BUREAU PURSUANT TO
ASSEMBLY BILL 280 OF THE 2011 LEGISLATIVE SESSION – NRS 439.877**

Institute of Orthopaedic Surgery
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Reporting Period: June 1, 2015 – June 1, 2016

Check Lists Developed Include:	Last Revision	Department Usage**	Review***
Related to the following specific types of treatments* Orthopaedic & Pain Management			
Patient Room & Environment Sanitation			
Surgery Center Nightly Check Sheet	01/2012	Housekeeping	01/2017
Supervisor Weekly Check Sheet	01/2012	Housekeeping	01/2017
Safety & Environmental Checklist	01/2006	Safety Officer	01/2017
Monthly Infection Control Surveillance Report	01/2010	IC Officer	03/2017
Discharge			
Discharge Instruction Checklist	07/2009	PACU	3/2016
Patient Safety Policies developed include:	Revisions	Usage	Review
Patient Identification before providing treatment		PACU	
Policy 1101 – Preoperative Nursing Care	08/2011	PACU	06/2017
Life Safety Management Plan	03/2011	Facility	08/2016
Drug Expiration Checklist	03/2011	Facility	Weekly
Peer Review Checklists	04/2012	Facility	03/2017
Patient Care Competencies Checklist	01/2013	Facility	03/2017
Hand hygiene nationally recognized standard precautionary protocols			
Hand Hygiene Observation Tool	04/2011	Facility	03/2017
Patient Safety checklist & policy compliance			
Pre-Op Record Patient Safety Checklist	04/2013	PACU	03/2017
Intra-Op Record Patient Safety Checklist	06/2016	OR	06/2017
Recovery Room Record Patient Safety Checklist	04/2012	PACU	03/2017
Anesthesia Record	04/2014	OR	04/2017
Pain Management Record	01/2013	Procedure	03/2017

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The Patient Safety Committee and the Governing Body reviewed all checklists and policies over the last 12 months. Policies and checklists did not require revision during this time period and were approved for continued use.

Documents used are the result of collaboration between end users and committee members, utilizing the latest guidance from WHO and AORN to ensure that they reflect the most current standards in patient safety protocols.

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- * 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 in which the checklists are utilized.
 - *** Documents are reviewed at least annually. If documents receive revisions on a more frequent basis, the revision date will be more recent than the annual review date.
 - ❖ Reports are due on or before July 1 of each year

NRS439.877 Patient safety checklists and patient safety policies: Adoption by patient safety committee; required provisions; duties of patient safety committee.

1. The patient safety committee established pursuant to [NRS 439.875](#) by a medical facility shall adopt patient safety checklists and patient safety policies for use by:

- (a) Providers of health care who provide treatment to patients at the medical facility;
- (b) Other personnel of the medical facility who provide treatment or assistance to patients;
- (c) Employees of the medical facility who do not provide treatment to patients but whose duties affect the health or welfare of the patients at the facility, including, without limitation, a janitor of the medical facility; and
- (d) Persons with whom the medical facility enters into a contract to provide treatment to patients or to provide services which may affect the health or welfare of patients at the facility.

2. The patient safety checklists adopted pursuant to subsection 1 must follow protocols to improve the health outcomes of patients at the medical facility and must include, without limitation:

- (a) Checklists related to specific types of treatment. Such checklists must include, without limitation, a requirement to document that the treatment provided was properly ordered by the provider of health care.
- (b) Checklists for ensuring that employees of the medical facility and contractors with the medical facility who are not providers of health care follow protocols to ensure that the room and environment of the patient is sanitary.
- (c) A checklist to be used when discharging a patient from the facility which includes, without limitation, verifying that the patient received:
 - (1) Proper instructions concerning prescription medications;
 - (2) Instructions concerning aftercare; and
 - (3) Any other instructions concerning his or her care upon discharge.

(d) Any other checklists which may be appropriate to ensure the safety of patients at the medical facility.

3. The patient safety policies adopted pursuant to subsection 1 must include, without limitation:

- (a) A policy for appropriately identifying a patient before providing treatment. Such a policy must require the patient to be identified with at least two personal identifiers before each interaction with a provider of health care. The personal identifiers may include, without limitation, the name and date of birth of the patient.
- (b) A policy regarding the nationally recognized standard precautionary protocols to be observed by providers of health care at the medical facility including, without limitation, protocols relating to hand hygiene.
- (c) A policy to ensure compliance with the patient safety checklists and patient safety policies adopted pursuant to this section, which may include, without limitation, active surveillance. Active surveillance may include, without limitation, a system for reporting violations, peer-to-peer communication, video monitoring and audits of sanitation materials.

4. The patient safety committee shall:

- (a) Monitor and document the effectiveness of the patient identification policy adopted pursuant to paragraph (a) of subsection 3.
- (b) At least annually, review the patient safety checklists and patient safety policies adopted pursuant to this section and consider any additional patient safety checklists and patient safety policies that may be appropriate for adoption for use at the medical facility.
- (c) Revise a patient safety checklist and patient safety policy adopted pursuant to this section as necessary to ensure that the checklist or policy, as applicable, reflects the most current standards in patient safety protocols.
- (d) On or before July 1 of each year, submit a report to the Director of the Legislative Counsel Bureau for transmittal to the Legislative Committee on Health Care. The report must include information regarding the development, revision and usage of the patient safety checklists and patient safety policies and a summary of the annual review conducted pursuant to paragraph (b).

(Added to NRS by [2011, 677](#))