



June 29, 2018

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

Dear Mr. Combs:

Pursuant to NRS 439.877(4)(d) (AB280), which requires patient safety committees in medical facilities to report annually on the facilities review, revision, and usage of patient safety checklists and policies, the following is a summary of Sunrise Hospital & Medical Centers activities during July 1, 2017- June 29, 2018.

All checklists and policies were reviewed and a summary provided to the Patient Safety Committee in February 2018. A final review of all policies and checklist in June 2018 revealed there were no changes or additions to the checklists and no policies required process revisions; the final list will be forwarded as an informational document to the Patient Safety Committee in July. The Sunrise Hospital & Medical Center Patient Safety Program Policy includes the patient safety and policy compliance requirements. Attached you will find the report summarizing the specific checklists and polices reviewed.

Please do not hesitate to contact me or my staff should you require additional information.

Sincerely,

A handwritten signature in blue ink, appearing to read "Cynthia S. Cook".

Cinthya S. Cook, RN, BSN, CPPS
Director Risk Management/Patient Safety Officer
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REPORT TO THE DIRECTOR OF THE LEGISLATIVE COUNSEL BUREAU PURSUANT TO NRS 439.877(4)(d)-SUBMITTED BY:

Sunrise Hospital & Medical Center, Sunrise Children’s Hospital
 3186 S. Maryland Parkway
 Cinthya S. Cook Director, Risk Management/Patient Safety Officer
 July 1, 2017 – June 29, 2018

NPSG Category	NPSG #	Definition	Policy	Checklist	Revisions*	Usage**	Review***
Patient Identification	NPSG.01.01.01	Use of at least two ways of identifying patients.	#PTR0027 Patient Identification	N	No Revisions	Housewide	X
Patient Identification	NPSG.01.03.01	Making sure the correct patient gets the correct blood when receiving a transfusion.	#BLD3514 Preventing Incompatible Blood Transfusion	N	No Revisions	Housewide	X
Improve Staff Communication	NPSG.02.03.01	Getting important test results to the right staff person on time.	#HWSAF1035 Critical Results Management	Y	No Revisions	Housewide	X
Medication Safety	NPSG.03.04.01	Before a procedure, label medications that are not labeled, in the area that the medications and supplies are set up.	#MEDM0730 Identification and Labeling of medications and solutions on and off the sterile field	N	No Revisions	Surgical Services, IR, Cath Lab, and Labor & Delivery	X
Medication Safety	NPSG.03.05.01	Take extra care with patients who take medications to thin their blood.	#MEDM0767 Warfarin- Adult Oral Anticoagulation	Y	No Revisions	Pharmacy/ Medical Staff	X

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Medication Safety	NPSG.03.06.01	Record and pass along correct information about a patients medications. Medication reconciliation that compares the medications the patient is on at home to any new medications the patient is given.	#MEDM375 Medication Reconciliation Policy	Y	No Revisions	Housewide	X
Use of Alarms	NPSG.06.01.01	Make improvements to ensure that alarms on medical equipment are heard and responded to on time.	#HWSAF1050 Clinical Alarms Safety	N	No Revisions	Housewide	X
Prevent Infection	NPSG.07.01.01	Use of hand cleaning guidelines from the CDC or WHO. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.	IC 2.6 Hand Hygiene- Hand Antisepsis/Handwashing Policy	Y	No Revisions	Housewide	X
Prevent Infection	NPSG.07.03.01	Use proven guidelines to prevent infection that are difficult to treat.	IC 1 Infection Control Program Policy	N	No Revisions	Housewide	X
Prevent Infection	NPSG.07.04.01	Use proven guidelines to prevent infection of the blood from central lines.	#IVTH0610 Insertion, Care, Maintenance and Removal of all Central Line Devices	Y	No Revisions	Housewide	X
Prevent Infection	NPSG.07.05.01	Use proven guidelines to prevent infection after surgery.	IC 1 Infection Control Program Policy	N	No Revisions	Housewide	X

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Prevent Infection	NPSG.07.06.01	Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.	#PRO0616 Lippincott Procedures- Indwelling Urinary Catheter Care and Management	Y	No Revisions	Housewide	X
Identify Patient Safety Risk	NPSG.15.01.01	Find out which patient are most likely to try to commit suicide.	#HWSAF1036 Suicide Risk and Precautions	Y	No Revisions	Housewide	X
Prevent Mistakes in Surgery	UP.01.01.01	Make sure that the correct surgery is done on the correct patient and at the correct site of the patients body.	CSG.PS.001 Safe Procedural and Surgical Verification	Y	No Revisions	All areas where surgical or invasive procedures are performed.	X
Prevent Mistakes in Surgery	UP.01.02.01	Mark the correct place on the patients body where the surgery is to be done.	CSG.PS.001 Safe Procedural and Surgical Verification	Y	No Revisions	All areas where surgical or invasive procedures are performed.	X

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Prevent Mistakes in Surgery	UP.01.03.01	Pause before the surgery to make sure that a mistake is not being made.	CSG.PS.001 Safe Procedural and Surgical Verification	Y	No Revisions	All areas where surgical or invasive procedures are performed.	X

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Patient Safety Policies/Checklists		Pre-Operative/Pre-Procedural Checklist	#DOC0410 Pre-Operative/Pre-Procedural Checklist: Documentation	Y	No Revisions	Procedural areas including OR and Radiology	X
		Discharging a Patient	Patient Discharge Checklist	Y	No Revisions	HouseWide	X
		Invasive Procedure Checklist- Radiology	#DOC0410 Pre-Operative/Pre-Procedural Checklist: Documentation	Y	No Revisions	Procedural areas including OR and Radiology	X

Summary of Review	Total # developed	Total # revised	Total # reviewed
Patient Safety Checklists	0	0	13
Patient Safety Policies	0	0	15

*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 revisions box. Any additional patient safety 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 checklists and no changes were required.

Reports are due on or before July 1 of each year, address report to
 Director LCB
 Rick Combs (2016)