

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 PAM Rehabilitation Hospital of Centennial Hills activities during December 2017- June 2018.

As a new facility which opened 12/1/218, all checklists and policies were reviewed and approved.

The Patient Safety Plan includes the patient safety and policy compliance requirements. Attached you will find a report summarizing the specific checklists and policies.

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

Sincerely,

Donna Rolshouse, RN, CPHQ
Director Quality Management
PAM Rehabilitation Hospital of Centennial Hills

NURSING POLICIES

POLICY #	POLICY NAME
NSG Table of Contents (/policies/Nursing/Policies/NSG%2000%20Table%20of%20Contents%20for%20Nursing.pdf)	Table of Contents for Nursing
NSG 01 (/policies/Nursing/Policies/NSG%2001%2012-24%20Hour%20Chart%20Check.pdf)	12-24 Hour Chart Check
NSG 02 (/policies/Nursing/Policies/NSG%2002%20Abuse%20and%20Neglect.pdf)	Abuse and Neglect
NSG 03 (/policies/Nursing/Policies/NSG%2003%20Admission%20of%20a%20Patient.pdf)	Admission of a Patient
NSG 04 (/policies/Nursing/Policies/NSG%2004%20Advance%20Directive-Kansas.pdf)	Advance Directive-Kansas
NSG 05 (/policies/Nursing/Policies/NSG%2005%20Advance%20Directive-LA.pdf)	Advance Directive-LA
NSG 06 (/policies/Nursing/Policies/NSG%2006%20Advanced%20Directive-Nevada.pdf)	Advanced Directive-Nevada
NSG 07 (/policies/Nursing/Policies/NSG%2007%20Advanced%20Directive-Pennsylvania.pdf)	Advanced Directive-Pennsylvania

NSG 08 (/policies/Nursing/Policies/NSG% 2008%20Advance%20Directive- Texas.pdf)	Advance Directive-Texas
NSG 09 (/policies/Nursing/Policies/NSG% 2009%20Advance%20Directive- WI.pdf)	Advance Directive-WI
NSG 10 (/policies/Nursing/Policies/NSG% 2010%20Allergies.pdf)	Allergies
NSG 11 (/policies/Nursing/Policies/NSG% 2011%20Autopsy% 20Procedure.pdf)	Autopsy Procedure
NSG 12 (/policies/Nursing/Policies/NSG% 2012%20Blood%20Glucose% 20Testing.pdf)	Blood Glucose Testing
NSG 13 (/policies/Nursing/Policies/NSG% 2013%20Blood%20Transfusion% 20Pre%20and%20Post% 20Documentation.pdf)	Blood Transfusion Pre and Post Documentation
NSG 14 (/policies/Nursing/Policies/NSG% 2014%20Care%20Plan.pdf)	Care Plan
NSG 15 (/policies/Nursing/Policies/NSG% 2015%20Clinical%20Procedure% 20References.pdf)	Clinical Procedure References
NSG 16 (/policies/Nursing/Policies/NSG% 2016%20Cardiac%20Arrest.pdf)	Cardiac Arrest

NSG 17 (/policies/Nursing/Policies/NSG% 2017%20Code%20Status%20DNR% 20policy.pdf)	Code Status DNR policy
NSG 18 (/policies/Nursing/Policies/NSG% 2018%20Consent%20for% 20Medical%20and%20Surgical% 20Procedures.pdf)	Consent for Medical and Surgical Procedures
NSG 19 (/policies/Nursing/Policies/NSG% 2019%20Critical%20Value% 20Notification.pdf)	Critical Value Notification
NSG 20 (/policies/Nursing/Policies/NSG% 2020%20Death%20Reporting.pdf)	Death Reporting
NSG 21 (/policies/Nursing/Policies/NSG% 2021%20Enteral%20Nutrition.pdf)	Enteral Nutrition
NSG 22 (/policies/Nursing/Policies/NSG% 2022%20Fall%20Prevention.pdf)	Fall Prevention
NSG 23 (/policies/Nursing/Policies/NSG% 2023%20Fecal%20Management% 20System.pdf)	Fecal Management System
NSG 24 (/policies/Nursing/Policies/NSG% 2024%20Guidelines%20for% 20Nursing%20Care.pdf)	Guidelines for Nursing Care
NSG 25 (/policies/Nursing/Policies/NSG% 2025%20Handling%20Controlled% 20Substances.pdf)	Handling Controlled Substances

NSG 26 (/policies/Nursing/Policies/NSG% 2026%20ID%20Bracelet.pdf)	ID Bracelet
NSG 27 (/policies/Nursing/Policies/NSG% 2027%20Immunization%20of% 20Elderly.pdf)	Immunization of Elderly
NSG 29 (/policies/Nursing/Policies/NSG% 2029%20MAR%20Medication% 20and%20Administration.pdf)	MAR Medication and Administration
NSG 30 (/policies/Nursing/Policies/NSG% 2030%20Medication% 20Reconciliation.pdf)	Medication Reconciliation
NSG 31 (/policies/Nursing/Policies/NSG% 2031%20Medication%20Waste% 20-%20Cactus%20Sink.pdf)	Medication Waste - Cactus Sink
NSG 32 (/policies/Nursing/Policies/NSG% 2032%20Memorandum%20of% 20Transfer.pdf)	Memorandum of Transfer
NSG 33 (/policies/Nursing/Policies/NSG% 2033%20Mental%20Illness% 20and%20Chemical% 20Dependency%20Referrals.pdf)	Mental Illness and Chemical Dependency Referrals
NSG 34 (/policies/Nursing/Policies/NSG% 2034%20Moderate% 20Sedation.pdf)	Moderate Sedation
NSG 35 (/policies/Nursing/Policies/NSG% 2035%20Nursing%20Department% 20Plan.pdf)	Nursing Department Plan

NSG 36 (/policies/Nursing/Policies/NSG% 2036%20Nursing% 20Documentation.pdf)	Nursing Documentation
NSG 37 (/policies/Nursing/Policies/NSG% 2037%20Organ% 20Procurement.pdf)	Organ Procurement
NSG 38 (/policies/Nursing/Policies/NSG% 2038%20Pain%20Management.pdf)	Pain Management
NSG 39 (/policies/Nursing/Policies/NSG% 2039%20Patient%20leaving% 20against%20will.pdf)	Patient Leaving Against Will
NSG 40 (/policies/Nursing/Policies/NSG% 2040%20Patient%20Safety-% 20Hand%20Off% 20Communication.pdf)	Patient Safety Hand Off Communication
NSG 41 (/policies/Nursing/Policies/NSG% 2041%20Pennsylvania%20Act% 2020%20The%20Caregiver% 20Advice%20Record%20Care% 20Policy.pdf)	Pennsylvania Act 20 The Caregiver Advice Record Care Policy
NSG 42 (/policies/Nursing/Policies/NSG% 2042%20Pennsylvania%20Patient% 20%20Safety.pdf)	Pennsylvania Patient Safety
NSG 43 (/policies/Nursing/Policies/NSG% 2043%20Post%20Mortem% 20Care.pdf)	Post Mortem Care

NSG 44 (/policies/Nursing/Policies/NSG% 2044%20Pronouncement%20of% 20Death.pdf)	Pronouncement of Death
NSG 45 (/policies/Nursing/Policies/NSG% 2045%20Rapid%20Response% 20Team.pdf)	Rapid Response Team
NSG 46 (/policies/Nursing/Policies/NSG% 2046%20Restraints.pdf)	Restraints
NSG 47 (/policies/Nursing/Policies/NSG% 2047%20SBAR%20Guidelines.pdf)	SBAR Guidelines
NSG 48 (/policies/Nursing/Policies/NSG% 2048%20SITTER% 20OBSERVATION%20LOG.pdf)	SITTER OBSERVATION LOG
NSG 49 (/policies/Nursing/Policies/NSG% 2049%20Sitter%20Policy.pdf)	Sitter Policy
NSG 50 (/policies/Nursing/Policies/NSG% 2050%20Telemetry% 20monitoring.pdf)	Telemetry Monitoring
NSG 51 (/policies/Nursing/Policies/NSG% 2051%20Telephone%20Orders.pdf)	Telephone Orders
NSG 52 (/policies/Nursing/Policies/NSG% 2052%20TEXAS%20Nurse% 20Staffing%20Plan%20Advisory% 20Committee.pdf)	TEXAS Nurse Staffing Plan Advisory Committee

NSG 53 (/policies/Nursing/Policies/NSG% 2053%20TEXAS%20ONLY% 20Peer%20Review%20for% 20Licensed%20Nursing% 20Staff.pdf)	TEXAS ONLY Peer Review for Licensed Nursing Staff
NSG 54 (/policies/Nursing/Policies/NSG% 2054%20Urinary%20Catheter% 20Criteria.pdf)	Urinary Catheter Criteria
NSG 55 (/policies/Nursing/Policies/NSG% 2055%20Visitation%20Policy.pdf)	Visitation Policy
NSG 56 (/policies/Nursing/Policies/NSG% 2056%20Wound%20Care% 20Assessment%20and% 20Reassessment.pdf)	Wound Care Assessment and Reassessment
NSG 58 (/policies/Nursing/Policies/NSG% 2058%20Suicide%20Risk% 20Assessment%20Policy.pdf)	NSG 58 Suicide Risk Assessment

NURSING FORMS

FORM #	FORM NAME
NSG 53 Form #1 (/policies/Nursing/Forms/NSG% 2053%20Form%201%20TEXAS% 20ONLY-%20Report%20of% 20Concern%20Regarding% 20Nursing%20Practice.pdf)	TEXAS ONLY- Report of Concern Regarding Nursing Practice
NSG 53 Form #2 (/policies/Nursing/Forms/NSG% 2053%20Form%202%20TEXAS% 20ONLY-%20Report%20of% 20Three%20Minor% 20Incidents.pdf)	TEXAS ONLY- Report of Three Minor Incidents

INFECTION CONTROL POLICIES

POLICY #	POLICY NAME
IC 01 (/policies/Infection Control/Policies/1. Infection Control Plan.pdf)	Infection Control Plan
IC 02 (/policies/Infection Control/Policies/2. Infection Control Risk Assessment.pdf)	Infection Control Risk Assessment
IC 03 (/policies/Infection Control/Policies/3. Infection Surveillance.pdf)	Infection Surveillance
IC 04 (/policies/Infection Control/Policies/4. Communicable Disease Reporting.pdf)	Communicable Disease Reporting
IC 05 (/policies/Infection Control/Policies/5. Standard Precautions.pdf)	Standard Precautions
IC 06 (/policies/Infection Control/Policies/6. Transmission Based Precautions.pdf)	Transmission Based Precautions
IC 6A (/policies/Infection Control/Policies/6A. IsolationAppendix.pdf)	Isolation Appendix

IC 07 (/policies/Infection Control/Policies/7. Cdiff Precautions.pdf)	Cdiff Precautions
IC 08 (/policies/Infection Control/Policies/8. Hand Hygiene.pdf)	Hand Hygiene
IC 09 (/policies/Infection Control/Policies/9. Pet Visitation & Service Animals.pdf)	Pet Visitation & Service Animals
IC 10 (/policies/Infection Control/Policies/10. Donning and Removal of Personal Protective Equipment.pdf)	Donning and Removal of Personal Protective Equipment
IC 11 (/policies/Infection Control/Policies/11. Privacy Curtain Changes.pdf)	Privacy Curtain Changes
IC 12 (/policies/Infection Control/Policies/12. Terminal Cleaning Patient Rooms.pdf)	Terminal Cleaning Patient Rooms
IC 13 (/policies/Infection Control/Policies/13. Chlorhexidine Bathing.pdf)	Chlorhexidine Bathing

IC 14 (/policies/Infection Control/Policies/14. Bloodborne Pathogens Exposure Control Plan.pdf)	Bloodborne Pathogens Exposure Control Plan
IC 15 (/policies/Infection Control/Policies/15. Employee Illness.pdf)	Employee Illness
IC 16 (/policies/Infection Control/Policies/16. Immunizations and the Health Care Worker.pdf)	Immunizations and the Health Care Worker
IC 17 (/policies/Infection Control/Policies/17. Infection Control Monitoring During Construction.pdf)	Infection Control Monitoring During Construction
IC 18 (/policies/Infection Control/Policies/18. Use of Fans in Hospital Setting.pdf)	Use of Fans in Hospital Setting
IC 19 (/policies/Infection Control/Policies/19. Tuberculosis Control Plan.pdf)	Tuberculosis Control Plan
IC 20 (/policies/Infection Control/Policies/20. Medical Questionnaire TB control plan.pdf)	Medical Questionnaire TB control plan

IC 21 (/policies/Infection Control/Policies/21. Tuberculin Testing For Employees Form .pdf)	Tuberculin Testing For Employees Form
IC 22 (/policies/Infection Control/Policies/22. Eval for Previous Positive TB Skin Test.pdf)	Eval for Previous Positive TB Skin Test
IC 23 (/policies/Infection Control/Policies/23. IC bioterrorism.pdf)	IC bioterrorism
IC 24 (/policies/Infection Control/Policies/24. IC Influx policy.pdf)	IC Influx policy
IC 25 (/policies/Infection Control/Policies/25. IC Surge Capacity work sheet.pdf)	IC Surge Capacity work sheet
IC 26 (/policies/Infection Control/Policies/26. Cleaning of Patient Equipment.pdf)	Cleaning of Patient Equipment
IC 27 (/policies/Infection Control/Policies/27. Temperature Monitoring and Cleaning of Refrigerators Freezers.pdf)	Temperature Monitoring and Cleaning of Refrigerators Freezers

IC 27A (/policies/Infection Control/Policies/27A. Refrigerator Temperature Log.pdf)	Refrigerator Temperature Log
IC 27B (/policies/Infection Control/Policies/27B. Freezer Temperature Log.pdf)	Freezer Temperature Log
IC 28 (/policies/Infection Control/Policies/28. Pennsylvania Hepatitis C Screening Policy.pdf)	Pennsylvania Hepatitis C Screening Policy
IC 28A (/policies/Infection Control/Policies/28A. Pennsylvania Hep C Consent.pdf)	Pennsylvania Hep C Consent
IC 29 (/policies/Infection Control/Policies/29. Immunization of Elderly.pdf)	Immunization of Elderly
IC 30 (/policies/Infection Control/Policies/30. Neutropenic Precautions.pdf)	Neutropenic Precautions

INFECTION CONTROL FORMS

FORM #

FORM NAME

IC 13 #1 (/policies/Infection Control/Forms/Home Guidelines for Persons with Multiple Drug Resistant Organisms - IC 13 %231.doc)	Home Guidelines for Persons with Multiple Drug Resistant Organisms
IC 15 #1 (/policies/Infection Control/Forms/Infection Control Evaluation - IC 15 %231.doc)	Infection Control Evaluation Form
IC 19 #1 (/policies/Infection Control/Forms/Physician%27s Orders for Contact Isolation - IC 19 %231.doc)	Physician's Orders for Contact Isolation
IC 19 #2 (/policies/Infection Control/Forms/Approved Signage for Contact Isolation- IC19-2.doc)	Approved Signage for Contact Isolation
IC 22 #1 (/policies/Infection Control/Forms/Tuberculosis Risk Assessment - IC 22 %231.doc)	Tuberculosis Risk Assessment
IC 22 #2 (/policies/Infection Control/Forms/TB Screening Questionnaire - IC 22 %232.doc)	TB Screening Questionnaire
IC 22 #3 (/policies/Infection Control/Forms/Respirator Medical Evaluation Questionnaire - IC 22 %233.doc)	Respirator Medical Evaluation Questionnaire
IC 22 #4 (/policies/Infection Control/Forms/TB Screening Routing Form - IC 22 %234.doc)	TB Screening Routing Form
IC 23 #1 (/policies/Infection Control/Forms/Bloodborne Pathogens Quiz - IC 23 %231.doc)	Bloodborne Pathogens Quiz

IC 24 #1 (/policies/Infection Control/Forms/Employee Injury Post Exposure Protocol - IC 24 %231.doc)	Employee Injury Post Exposure Protocol
IC 26 #1	Report of Possible Exposure of Transporter (TDH form, obtain from EMS)
IC 29 #1 (/policies/Infection Control/Forms/Fact Sheet - Vancomycin Resistant Enterococcus - IC 29 %231.doc)	Fact Sheet: Vancomycin Resistant Enterococcus
IC 29 #2 (/policies/Infection Control/Forms/Fact Sheet - Clostridium difficile - IC 29 %232.doc)	Fact Sheet: Clostridium difficile
IC 29 #3 (/policies/Infection Control/Forms/Fact Sheet - Head Lice - IC 29 %233.doc)	Fact Sheet: Head Lice
IC 29 #4 (/policies/Infection Control/Forms/Fact Sheet - MRSA - IC 29 %234.doc)	Fact Sheet" MRSA
IC 29 #5 (/policies/Infection Control/Forms/Fact Sheet - Scabies Treatment-IC-29-5.doc)	Fact Sheet - Scabies Treatment
IC 30 #1 (/policies/Infection%20Control/Forms/Refrigerator%20Temperature%20Log.doc)	Refrigerator Temperature Log
IC 30 #2 (/policies/Infection Control/Forms/Freezer Temperature Log.doc)	Freezer Temperature Log
IC 33 #1 (/policies/Infection%20Control/Forms/Influenza%20vaccine%20consent.doc)	Influenza Vaccine Consent
IC 33 #2 (/policies/Infection%20Control/Forms/Hep%20B%20Consent.doc)	Hepatitis Vaccine Consent

IC 34 #1 (/policies/Infection Control/Forms/IC 34-1 form.doc)	Housekeeping, Cleaning, Discharge Procedures
IC 35 #1 (/policies/Infection Control/Forms/VACCINATION DECLINATION OR OBJECTION FORM.doc)	Vaccination Declination Form
IC 35 #2 (/policies/Infection Control/Forms/Immunization consent form.doc)	Immunization consent Form

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QUALITY POLICIES

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QM 01 (/policies/Quality/Policies/QM 1 - Clinical databases.pdf)	Clinical databases
QM 02 (/policies/Quality/Policies/QM 2 - PISafety Committee.pdf)	PI Safety Committee
QM 03 (/policies/Quality/Policies/QM 3 - QAPI Plan.pdf)	QAPI Plan
QM 04 (/policies/Quality/Policies/QM 4 - Sentinel Event and Root Cause Analysis.pdf)	Sentinel Event and Root Cause Analysis
QM 05 (/policies/Quality/Policies/QM 5- Failure Mode Effects Analysis.pdf)	Failure Mode Effects Analysis
QM 06 (/policies/Quality/Policies/QM 6 - Medical Staff Bylaws and Rules and Regulations Revisions.pdf)	Medical Staff Bylaws and Rules and Regulations Revisions
QM 07 (/policies/Quality/Policies/QM 7 -Ethics Committee.pdf)	Ethics Committee
QM 08 (/policies/Quality/Policies/QM 8 - Informing Patients or Families of Unanticipated Outcomes.pdf)	Informing Patients or Families of Unanticipated Outcomes

QM 09 Patient-Family Complaint Policy
(/policies/Quality/Policies/QM
9 - Patient-Family Complaint
Policy.pdf)

QM 10 Conflict of Interest final
(/policies/Quality/Policies/QM
10 Conflict of Interest final.pdf)

QM 11 Grievance Policy
(/policies/Quality/Policies/QM
11 - Grievance Policy.pdf)

QM 12 Critical Incidents
(/policies/Quality/Policies/QM
12 - Critical Incidents.pdf)

FORMS POLICIES

FORM #	FORM NAME
QM 5A (/policies/Quality/Policies/QM 5A - FMEA Form.pdf)	FMEA Form

QM 5B (/policies/Quality/Policies/QM 5B - Guide for FMEA.pdf)	Guide for FMEA
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QM 10A (/policies/Quality/Policies/QM 10A - Conflict of Interest Attestation form.pdf)	Conflict of Interest Attestation form
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PAM Rehabilitation Hospital of Centennial Hills

QUALITY AND PATIENT SAFETY PLAN

DATE: 02/19/2018



This plan was created by the PAM Rehabilitation Hospital of Centennial Hills Patient Safety committee/team. Implementation of this plan is intended to optimize the healthcare quality and patient safety outcomes, encourage recognition, reporting, and acknowledgment of risks to patient, visitor, and employee safety, as well as reduce the medical/healthcare errors and /or preventable events.

Patient Safety Committee/Program
PAM Rehabilitation Hospital of Centennial Hills
6166 North Durango Drive
Las Vegas, Nevada 89189
Donna Rolshouse, R.N., C.P.H.Q.
Director of Quality Management
Patient Safety Officer

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Commitment to Patient Safety

PAM Rehabilitation Hospital of Centennial Hills is committed to a comprehensive approach to improving healthcare quality and patient safety by aligning with our Mission, Vision, and Values, creating an environment that supports a dynamic, proactive, and safe culture for patients, family members, visitors, and employees, through continuous learning and improving patient safety policies, systems, and processes.

Mission, Vision, and Values

In support of our mission, vision, and values, PAM Rehabilitation Hospital of Centennial Hills Patient Safety and Quality Improvement program promotes:

- Collaboration of healthcare, leadership, medical staff, and other healthcare providers to deliver integrated and comprehensive high quality healthcare.
- Communicate honestly and openly to foster trusting and cooperative relationships among healthcare providers, staff members, and patients and their families, to ensure accountability for the patient safety priorities.
- Preservation of dignity and value for each patient, family member, employee, and other healthcare providers.
- Responsibility for every healthcare related decision and action.
- A focus on continuous learning and improving, system design, and the management of choices and changes, bringing the best possible outcomes or performances to the facility.
- Incorporation of evidence-based practice guidelines to deliver high quality healthcare.
- Education of staff and physicians to assure participation of healthcare providers.

Scope and Purpose

The scope of this Quality and Patient Safety Plan is organizational-wide/hospital-wide/agency-wide which includes but is not limited to

- Patient safety
- Visitor safety
- Employee safety

All staff in PAM Rehabilitation Hospital of Centennial Hills are required to fully support and participate in this plan, and devote their expertise to the patient safety and healthcare quality improvement process.

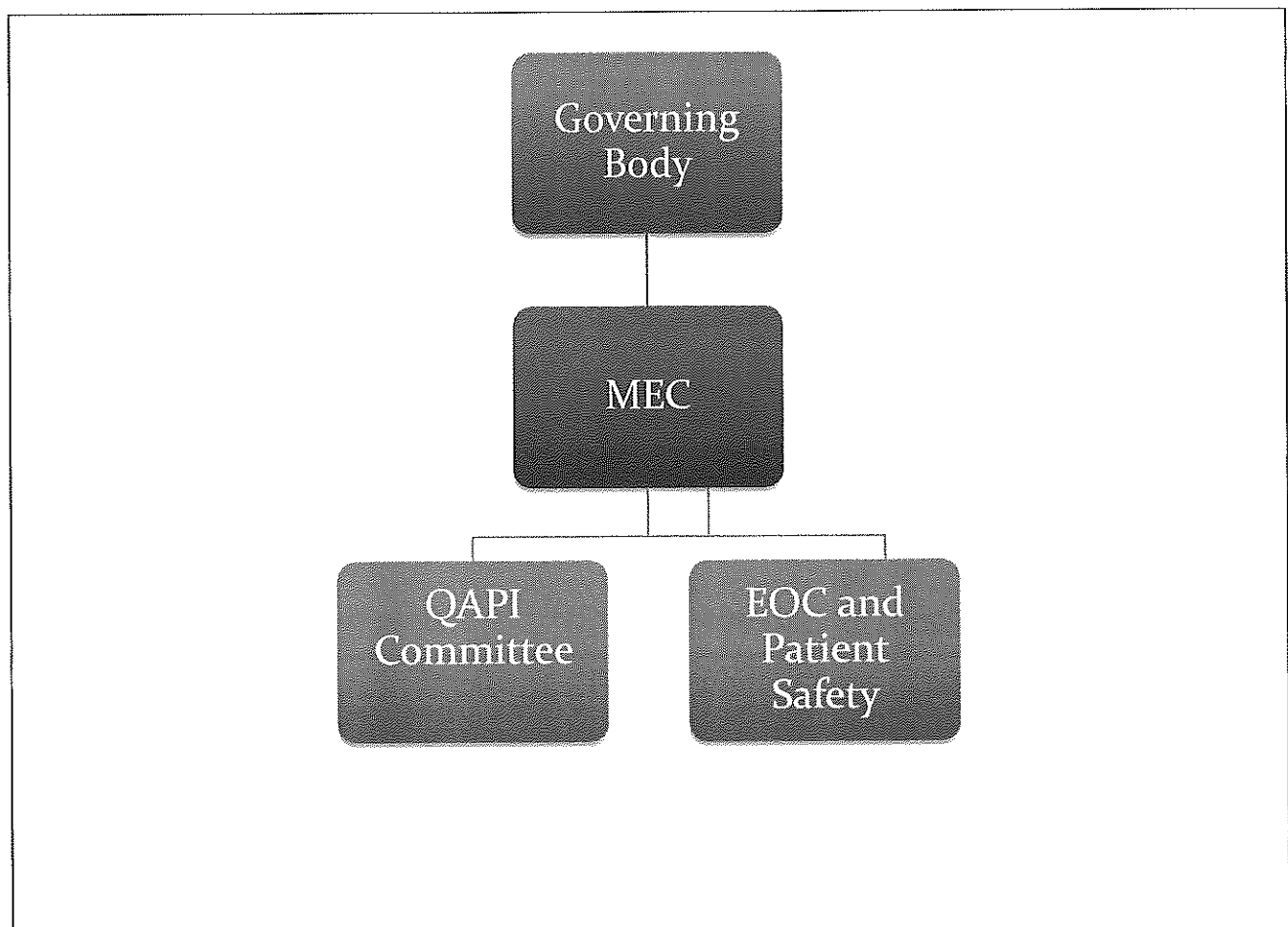
This plan is action oriented and solution focused. The purpose of this plan is to address patient safety related concerns, challenges and revise the program to better serve the patients and their families. To this end, PAM Rehabilitation Hospital of Centennial Hills has developed this Patient Safety plan.

The plan focuses on the process rather than the individual, and recognizes both internal and external customers, as well as facilitates the need of analyzing and improving processes. The core principles of this plan include:

- All staff have the same goal and contribute their knowledge, vision, skill, and insight to improve the process of the Patient Safety Plan.
- Decisions will be based on data and facts, and staff will be encouraged to learn from the experiences.
- Customer based including patients, families, and visitors.
- Promote systems thinking.
- Employ well-trained and competent staff maintaining high healthcare quality.

Roles and Responsibilities

According to NRS 439.875, a medical facility shall establish a Patient Safety Committee (PSC). The PSC should ensure that the Quality and Patient Safety Plan is promoted and executed successfully.



Roles and Responsibilities

- In accordance with NRS 439.875, a patient safety committee must be comprised of:
- The infection control officer of the medical facility;
- The patient safety officer of the medical facility, if he or she is not designated as the infection control officer;
- At least three providers of healthcare who treat patients at the medical facility, including but, without limitation, at least one member of the medical, nursing and pharmaceutical staff of the medical facility; and
- One member of the executive or governing body of the medical facility.

Based on NAC 439.920, a medical facility that has fewer than 25 employees and contractors must establish a patient safety committee comprised of:

- The patient safety officer of the medical facility;
- At least two providers of healthcare who treat patients at the medical facility, including but without limitation, one member of the medical staff and one member of the nursing staff of the medical facility; and
- The Chief Executive Officer (CEO) or Chief Financial Officer (CFO) of the medical facility.

The roles and responsibilities are defined below.

Patient Safety Committee Responsibilities (based on NRS 439.875 and NRS 439.877)

- Monitor and document the effectiveness of the patient identification policy.
- **On or before July 1** of each year, submit a report to the Director of the Legislative Counsel Bureau for development, revision and usage of the patient safety checklists and patient safety policies and a summary of the annual review conducted pursuant to NRS 439.877(4) (b).
- Receive reports from the patient safety officer pursuant to NRS 439.870.
- Evaluate actions of the patient safety officer in connection with all reports of sentinel events alleged to have occurred.
- Review and evaluate the quality of measures carried out by the facility to improve the safety of patients who receive treatment.
- Review and evaluate the quality of measures carried out by the facility to prevent and control infections.
- Make recommendations to the executive or governing body of the medical facility to reduce the number and severity of sentinel events and infections that occur.
- At least once each calendar month (or quarter depending on the number of employees and contractors in the facility), report to the executive or governing body of the facility regarding:
 - (1) The number of sentinel events that occurred at the medical facility during the preceding calendar month (or quarter);
 - (2) The number and severity of infections that occurred at the facility during the preceding calendar month or quarter; and
 - (3) Any recommendations to reduce the number and severity of sentinel events and infections that occur at the medical facility.

- Adopt patient safety checklists and patient safety policies as required by NRS 439.877, review the checklists and policies annually and revise the checklists and policies as the patient safety committee determines necessary.

Root Cause Analysis (RCA) Team Responsibilities (please revise as needed)

- Root Cause interviews, analysis, investigation, and corrective action plan implementations.
- Participates in the RCA meetings and discussions.
- Communicate honestly and openly about only data and facts to the team members and their supervisors/leaders.

Patient Safety Officer Responsibilities (based on NRS 439.870)

- Serve on the patient safety committee.
- Supervise the reporting of all sentinel events alleged to have occurred at the facility, including, without limitation, performing the duties required pursuant to NRS 439.835.
- Take such action as he or she determines to be necessary to ensure the safety of patients as a result of an investigation of any sentinel event alleged to have occurred at the facility.
- Report to the patient safety committee regarding any action taken in accordance with the responsibilities above.

Infection Control Officer Responsibilities (based on NRS 439.873)

- Serve on the patient safety committee.
- Monitor the occurrences of infections at the facility to determine the number and severity of infections.
- Report to the patient safety committee concerning the number and severity of infections at the facility.
- Take such action as determines is necessary to prevent and control infections alleged to have occurred at the facility.
- Carry out the provisions of the infection control program adopted pursuant to NRS 439.865 and ensure compliance with the program.

RCA team leader/facilitator Responsibilities

- Organize and coordinate the RCA process.
- Assemble and encourage a supportive and proactive team.
- Assign investigative and implementation tasks to the team members.
- Conduct and be actively involved in the investigation, RCA, and corrective action plan implementation process.
- Communicate the progress of the investigation, institutional barriers, and finalized action plan to executive leadership.
- Monitor goals and progress towards completion of the Corrective Action Plans.
- Provide training, education and direction to create RCA process that incorporate the Patient Safety and Quality Improvement elements.

Executive or Governing Body Staff Responsibilities

- Provide vision and leadership to Patient Safety and Quality Improvement process, and develop and foster a safe learning and improving culture.
- Provides oversight to the healthcare quality improvement processes and teams.
- Plan, discuss, and generate the organization patient safety goals and activities, in conjunction with the patient safety action plan.

The Patient Safety Committee will meet monthly to accomplish the following:

- Report and discuss sentinel events which include:
 - Number of sentinel events from previous calendar month (or quarter).
 - Number of severe infections that occurred in the facility.
- Corrective Action Plan for the sentinel events and infections
 - Evaluate the corrective action plan.
- Patient safety policies and checklists
 - At least annually evaluate Patient Safety policies and checklists
 - Revise the patient safety policies and checklists as needed.
 - Monitor and document the effectiveness of the patient safety policy.

A RCA meeting will meet as needed to accomplish the following:

- Define the healthcare issues or potential risks.
- Conduct Root Cause Analysis
 - Reviewing and analyzing the data.
 - Reviewing the RCA process and quality improvement related activities and timelines.
 - Brainstorming issues or the potential risks by using the fishbone diagrams.
 - Identify the contributing factors and conduct the Root Cause Analysis.
- Conduct Corrective Action Plan
 - Identifying the Plan-Do-Study-Act (PDSA) topics.
 - Discussing corrective action process and activities.
 - Discussing and presenting possible changes in procedure to improve areas indicated.
 - Identifying strengths and areas that need improvement.
 - Developing strategies, solutions, and steps to take next.
- Identify barriers and technical assistance needs for supporting the RCA effort

Objectives and Goals of the Quality and Patient Safety Plan

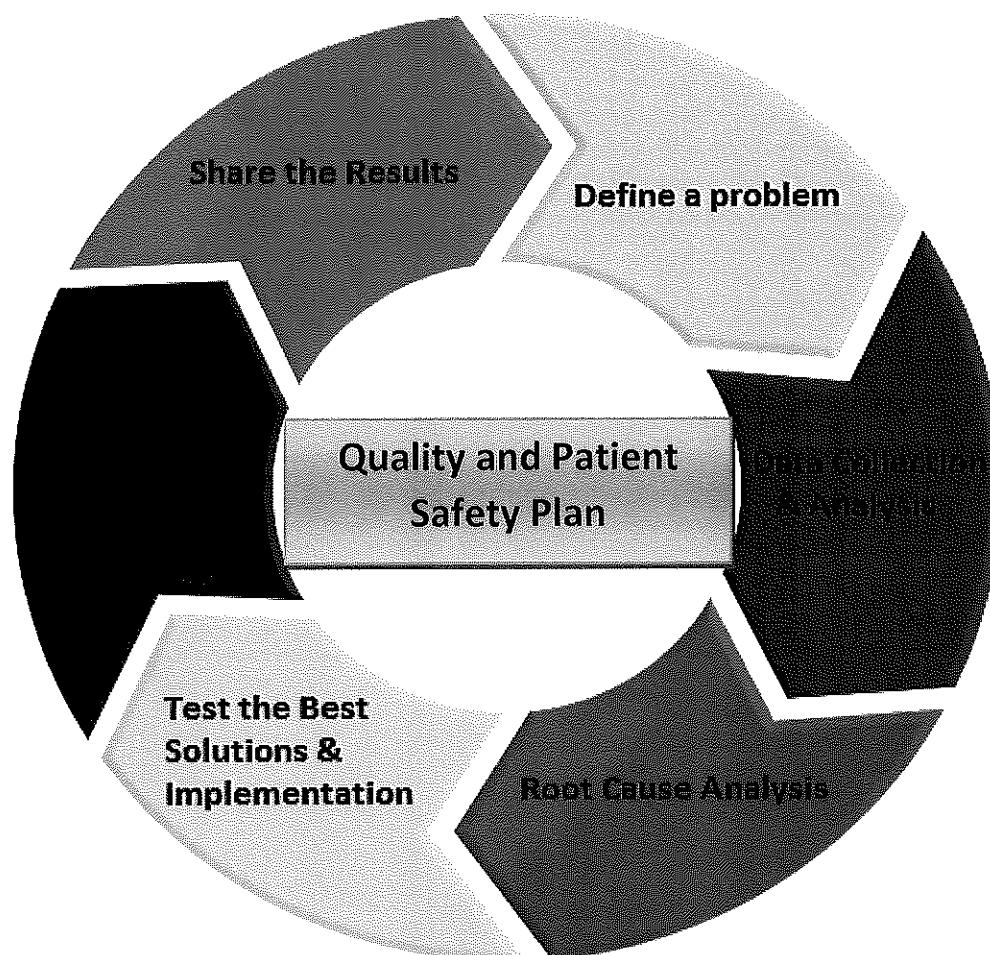
Objective	Goals	Plan	Planned Completion Date	Responsible Party
Hand hygiene compliance	90%	Observations and training, one on one coaching if indicated	12/31/2018	Entire clinical team

Patient Safety with scanning medications	100%	Scan all medications, all medications will have barcode and be scanned; education and monitoring	12/31/18	Pharmacy and Nursing
Keep falls at a minimum; no injuries	Fall rate ≤ 3.99	Risk assessments; fall precautions implemented; monitoring	12/31/18	Nursing, therapy
Safe and successful discharges, keep LOA and acute transfers out to a minimum	Rate <9.0	Hourly rounding; rapid responses if indicated and change in condition, post-acute huddles for information	12/31/18	Entire clinical team
No hospital acquired pressure ulcers	Zero	Daily and weekly skin assessments; education;	12/31/18	Nursing

Components and Methods

Pursuant to NRS 439.837, a medical facility shall, upon reporting a sentinel event pursuant to NRS 439.835, conduct an investigation concerning the causes or contributing factors, or both, of the sentinel event and implement a plan to remedy the causes or contributing factors, or both, of the sentinel event."

PAM Rehabilitation Hospital of Centennial Hills will use RCA process to determine the contributing factors and the underlying reasons for the deficiencies or failures. The Plan-Do-Study (check)-Act (PDSA or PDCA) is the model, which was developed by the Institute of Health Care Improvement that we will use to test the changes.



Root Cause Analysis

A Root Cause Analysis is a process for identifying the root causes of the problem(s). It focuses on the process, instead of individuals.

Before analyzing the root causes, defining problems based on facts and data is essential for successfully conducting root cause analysis.

Root cause analysis and action plan framework table, which was introduced by the Joint Commission. It contains 24 analysis questions. It guides the organization to the steps in a root cause analysis. Not all the questions apply to all the events or cases. This table can be used individually or with the fishbone diagram.

5 Whys technique will be used in PAM Rehabilitation Hospital of Centennial Hills to explore the cause and effect relationship underlay a problem. One can find the root causes by asking "why" no less than five times. This technique can be used individually or as a part of the fishbone diagram.

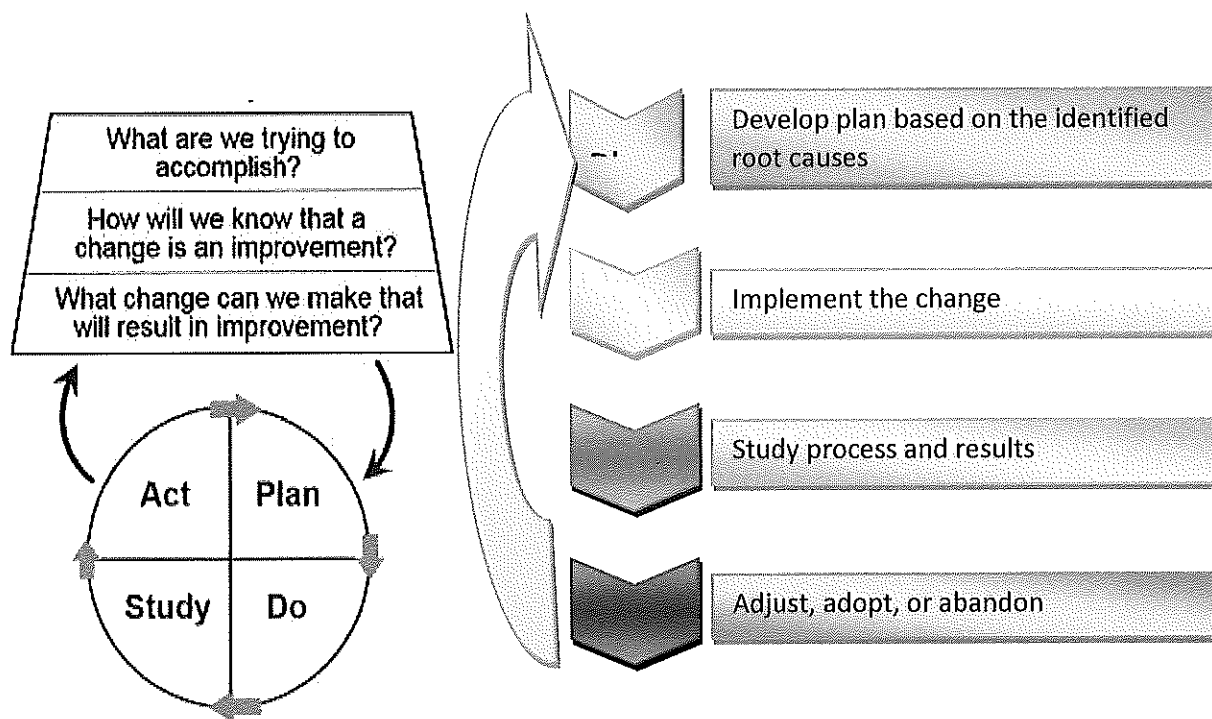
Fishbone Diagram

Once the problems are identified, a Fishbone Diagram (Appendix C) will be used for analyzing the problems. You can use the fishbone diagram individually to analyze the root causes, or use it with the root cause analysis and action plan framework table.

A Fishbone Diagram, also called a Cause-and-Effect diagram, is a useful tool for a team to structurally brainstorm by discovering possible underlying factors or root causes from different major categories for the chosen problems. General categories used include: people, methods, materials, measurements, education, procedures, process, location, environment, etc. RCA team members will brainstorm and ask multiple times, "why did this happen?" for each cause until all ideas are exhausted. The highest priority root causes will be chosen for PDSA topics. Once all the categories are established on the fishbone diagram, 5 Why's technique also can be used to drill down the problem and find the root causes.

Model for Improvement

The Model for Improvement is a collaborative and ongoing effort model to improve the product and services quality and process. It provides multi-disciplinary quality team guidance from identifying the root causes; conducting the best tests to assess possible changes, and working in collaboration for implementation of the new approaches and solutions. It guides the test of a change to determine if the change is an improvement.



The cycle is defined as follows:

- Plan--collect data and establish appropriate goals. Identify the problem and the possible root causes, and answer the following questions.
 - What is the objective of the test?
 - What are the steps for the test - who, what, when?
 - How will you measure the impact of the test?
 - What is your plan to collect the data needed?
 - What do you predict will happen?
- Do--make changes designed to correct or improve the situation. Use the following questions for the guidance.
 - What were the results of the test?
 - Was the cycle carried out as designed or planned?
 - What did you observe that was unplanned or expected?
- Study -- Study the effect of the changes on the situation. Data should be collected on the new process and compared to the baseline or expected results. Results should be evaluated and by using the following questions as guidance.
 - Did the results match your prediction?
 - What did you learn?
 - What do you need to do next?
- Act--If the result is successful or desirable, standardize the changes and then work on the next prioritized problem or the further improvements. If the outcome is not yet successful, look for different ways to identify the causes or change the testing process.

PDSA worksheet will be used to map the potential change strategies and to establish a course of action. The PDSA worksheet and the PDSA progress report are attached in Appendix D-1.

Data Collection and Reporting

Data should drive any quality and patient safety effort. PAM Rehabilitation Hospital of Centennial Hills is using from RMPRO, rehab, meridian, for tracking the sentinel events, healthcare infection data, and internal data collection.

External data sources are those data sources which are collected outside the supervisory structure of the case. External data which will be utilized for Quality and Patient Safety plan include the data from:

- AHRQ: Agency for Healthcare Research & Quality
- CDC: Centers for Disease Control and Prevention
- CMS: Centers for Medicare & Medicaid Services
- NQF: National Quality Forum
- NHSN: National Healthcare Safety Network
- TJC: The Joint Commission

Ongoing Reporting and Review

Data points such as the following will be reviewed according to the schedule prescribed:

Monthly	Quarterly	Annually
1) Sentinel event monthly report 2) Severity of infection report 3) RCA assessment	1) Sentinel event quarterly report 2) Severity of infection report 3) Review and evaluate the measure of improvement of patient safety 4) Review and evaluate the measurement to prevent and control infections	1) Quality and Patient Safety Plan update 2) Checklists and Policies reviewing and revising

Assessment of the Quality and Patient Safety Plan

Please see the Patient Safety Assessment Tool (PSAT) from the VA National Center for Patient Safety for your reference.

Patient Safety Checklists and Patient Safety Policies

By NRS 439.865, the patient safety plan must include the patient safety checklists and patient safety policies for use by:

- Providers of healthcare who provide treatment to patients at the facility;
- Other personnel of the facility who provide treatment or assistance to patients;
- Employees of the 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

- Persons with whom the facility enters into a contract to provide treatment to patients or to provide services which may affect the health or welfare of patients.

The patient safety checklists must follow protocols to improve the health outcomes of patients at the medical facility and must include, without limitation:

- 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 healthcare.
- Checklists for ensuring that employees of the medical facility and contractors with the medical facility who are not providers of healthcare follow protocols to ensure that the room and environment of the patient is sanitary.
- A checklist to be used when discharging a patient from the facility which includes, without limitation, verifying that the patient received:
 - Proper instructions concerning prescription medications;
 - Instructions concerning aftercare;
 - Any other instructions concerning his or her care upon discharge; and
 - Any other checklists which may be appropriate to ensure the safety of patients at the facility.

The patient safety policies must include, without limitation:

- 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 healthcare. The personal identifiers may include, the name and date of birth of the patient.
- A policy regarding the nationally recognized standard precautionary protocols to be observed by providers of healthcare at the medical facility including, without limitation, protocols relating to hand hygiene.
- A policy to ensure compliance with the patient safety checklists and patient safety policies adopted pursuant to this section, which may include, active surveillance. Active surveillance may include a system for reporting violations, peer-to-peer communication, video monitoring and audits of sanitation materials.

Based on NRS 439.865, the patient safety plan must also include an infection control program that carries out the infection control policy. The policy must consist of:

- The current guidelines appropriate for the facility's scope of service developed by a nationally recognized infection control organization as approved by the State Board of Health which may

include, the Association for Professionals in Infection Control and Epidemiology (APIC), the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO) and the Society for Healthcare Epidemiology of America (SHEA); and

- Facility-specific infection control developed under the supervision of a certified Infection Preventionist.

The patient safety checklists are listed in Appendix E. (The following links provide some patient safety checklists for your reference—a checklist example is shown in **Appendix E**.)

http://www.hpoe.org/Reports-HPOE/CkLists_PatientSafety.pdf

<http://www.who.int/patientsafety/implementation/checklists/en/>

The patient safety policies are listed in Appendix F. (The following link provides you some patient safety policies for your reference—a policy example is shown in **Appendix F**.)

<https://www.mercyhospital.org.nz/about-us/mercy-hospital/policies/ruleFile/1>

Approval of Patient Safety Plan

According to NRS 439.865, a medical facility shall submit its patient safety plan to the governing board of the facility for approval. After a facility's patient safety plan is approved, the facility shall notify all providers of healthcare who provide treatment to patients of the existence and requirements of the plan.

The patient safety plan must be reviewed and **updated annually** in accordance with the requirements for approval set forth in this section.

According to NRS 439.843, on or before March 1 of each year, a copy of the most current patient safety plan established to NRS 439.865 must be submitted to the Division of Public and Behavioral Health.

Reference

- Root Cause Analysis Toolkit <http://www.health.state.mn.us/patientsafety/toolkit/>
- Quality and Service Improvement Tools
http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/plan_do_study_act.html
- CQI 101 An Introduction to Continuous Quality Improvement:
<https://www.coursehero.com/file/13827355/CQI-Overviewppt/>
- Quality Improvement <http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/>
- Root Cause Analysis <http://www.patientsafety.va.gov/professionals/onthejob/rca.asp>
- Patient Safety Systems Chapter, Sentinel Event Policy and RCA2
https://www.jointcommission.org/sentinel_event.aspx

- Hospital Policies <https://www.mercyhospital.org.nz/about-us/mercy-hospital/policies/ruleFile/1>
- Checklists to Improve Patient Safety http://www.hpoe.org/Reports-HPOE/CkLists_PatientSafety.pdf
- Patient Safety Checklists <http://www.who.int/patientsafety/implementation/checklists/en/>
- Minutes of the Meeting of the Quality and Patient Safety Committee
<http://www.cookcountyhhs.org/wp-content/uploads/2013/12/09-23-14-QPS-scan-Minutes.pdf>
- Title 40 – Public Health and Safety <https://www.leg.state.nv.us/NRS/NRS-439.html>

Appendix A: Terms and Definitions

Patient Safety: The Agency for Healthcare Research Quality (AHRQ) defines patient safety as “a discipline in the healthcare sector that applies safety science methods toward the goal of achieving a trustworthy system of healthcare delivery. Patient safety is also an attribute of healthcare systems; it minimizes the incidence and impact of, and maximizes recovery from, adverse events.”
http://www.ahrq.gov/downloads/pub/advances2/vol1/advances-emanuel-berwick_110.pdf

Sentinel event (NRS 439.830)

1. Except as otherwise provided in subsection 2, “sentinel event” means an event included in Appendix A of “Serious Reportable Events in Healthcare--2011 Update: A Consensus Report,” published by the National Quality Forum.

2. If the publication described in subsection 1 is revised, the term “sentinel events” means the most current version of the list of serious reportable events published by the National Quality Forum as it exists on the effective date of the revision which is deemed to be:

(a) January 1 of the year following the publication of the revision if the revision is published on or after January 1 but before July 1 of the year in which the revision is published; or

(b) July 1 of the year following the publication of the revision if the revision is published on or after July 1 of the year in which the revision is published but before January 1 of the year after the revision is published.

3. If the National Quality Forum ceases to exist, the most current version of the list shall be deemed to be the last version of the publication in existence before the National Quality Forum ceased to exist.

(Added to NRS by 2002 Special Session, 13; A 2005, 599; 2013, 217)

Institute for Healthcare Improvement (IHI) defines **medical harm** as “unintended physical injury resulting from or contributed to by medical care (including the absence of indicated medical treatment) that requires additional monitoring, treatment or hospitalization, or results in death.”

Facility-Associated Infection: (NRS 439.802)

“Facility-acquired infection” means a localized or systemic condition which results from an adverse reaction to the presence of an infectious agent or its toxins and which was not detected as present or incubating at the time a patient was admitted to a medical facility, including, without limitation:

- Surgical site infections;
- Ventilator-associated pneumonia;
- Central line-related bloodstream infections;

- Urinary tract infections; and
- Other categories of infections as may be established by the State Board of Health by regulation pursuant to NRS 439.890.

(Added to NRS by 2005, 599; A 2009, 553)

Medical facility (NRS 439.805)

“Medical facility” means:

- A hospital, as that term is defined in NRS 449.012 and 449.0151;
- An obstetric center, as that term is defined in NRS 449.0151 and 449.0155;
- A surgical center for ambulatory patients, as that term is defined in NRS 449.0151 and 449.019; and
- An independent center for emergency medical care, as that term is defined in NRS 449.013 and 449.0151.

(Added to NRS by 2002 Special Session, 13)

Near miss: An event or a situation that did not produce patient harm, but only because of intervening factors, such as patient health or timely intervention. (National Quality Forum (NQF), Serious Reportable Events in Healthcare 2009 Update.)

Mandatory reporting: Legal requirement for physicians and other professionals providing health services to report suspected incidents of abuse and neglect. As mandated reporters, they are generally afforded legal immunity for such reports and most jurisdictions impose a civil or criminal penalty for failure to report. (Council on Scientific Affairs. AMA Diagnostic and Treatment Guidelines Concerning Child Abuse and Neglect. JAMA. 1985; 254(6):796-800.)

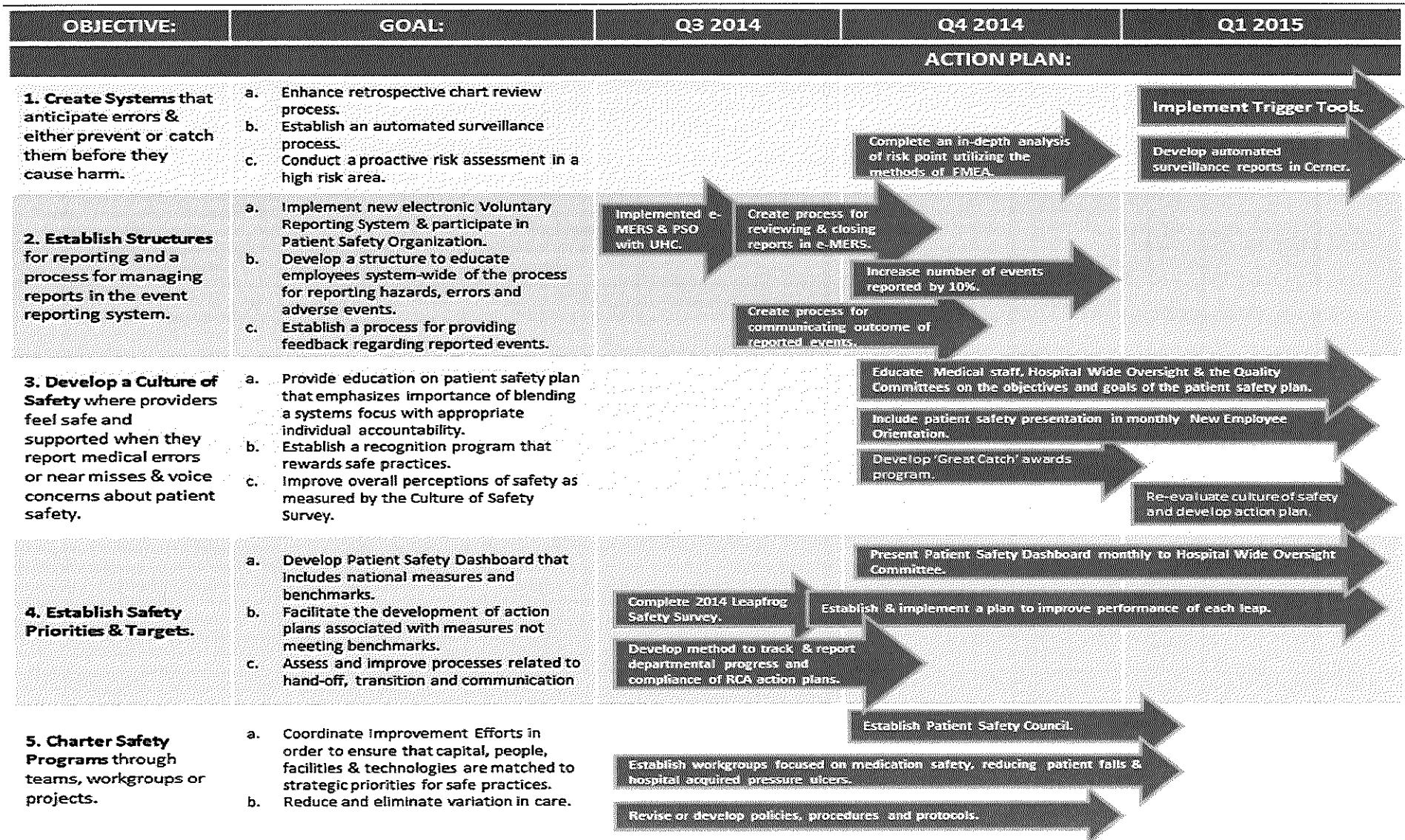
Risk: Possibility of loss or injury. (Merriam-Webster’s Online Dictionary, Risk, Available at <http://www.merriamwebster.com/dictionary/risk>. Last Accessed August 2009.)

Preventable event: Describes an event that could have been anticipated and prepared for, but that occurs because of an error or other system failure (National Quality Forum (NQF), Serious Reportable Events in Healthcare 2009 Update.)

Catheter Associated Urinary Tract Infection (CAUTI): A urinary tract infection (UTI) that occurs in a patient who had an associated indwelling urethral urinary catheter in place within the 7-day period before the onset of the UTI (Centers for Disease Control and Prevention, The National Healthcare Safety Network (NHSN) Manual: Patient Safety Component Protocol; 2009. Available at http://www.premierinc.com/safety/topics/guidelines/downloads/NHSN_Manual_PatientSafetyProtocol_CURR ENT_b.pdf.)

Central Line Associated Bloodstream Infections (CLABSI): Primary bloodstream infections that are associated with the presence of a central line or an umbilical catheter, in neonates, at the time of or before the onset of the infection.

Appendix B: Patient Safety Goals



Reference: Patient Safety Plan and Its Applicable Goals. 2014. Cook County Health and Hospitals System.

Communication

- Doctor and patient
- Leadership and doctor
- Nurse and patient
- Misunderstanding / misinterpretation
- Language / signs
- Inadequate warning of slip hazards

Training/documentation

- Staff lack of training for the fall prevention
- Related Policy/ Procedure training
- Environment assess training
- Event sequence documentation

People

- No supervision
- Nurse was absent
- Staff do not have skills to help
- Patient wears unsafe feet-wear
- Schedule was not appropriate
- Poor vision
- Patient was weak
- Wear sunglasses in the room

Policies/Procedure

- Equipment operation policy
- Fall risk assessment procedure
- Individualized falls intervention plan
- Environmental assessment procedure
- Corrective Action Plan

Equipment

- Do not know how to use the equipment
- Unsafe chair
- Safety equipment inadequate
- Walker oily
- Equipment changed motion
- Safety Equipment unavailable

Environment

- Bed was too high
- Uneven steps
- Poor light
- Water on the floor
- Loose rugs
- No grab bars in the bathroom
- Slip bathtub
- Lands on small surface area

Problem: Patient falls

Why? — Root cause

Appendix D-1: PDSA Worksheet

PDSA Worksheet

Topic:			
Person Completing Worksheet:		Date:	
Telephone/ Email:		Cycle:	
Patient Safety Committee Members			
CEOs/CFOs			
Patient Safety Officer			
Infection Control Officer			
Other Medical Staff			
Other team members			
Aim: (Describe the overall SMART goal that your team wishes to achieve.)			
Plan:			
1. List the tasks needed to set up this test of change.			
2. Predict what will happen when the test is carried out.			

3. List the steps to develop the test-who, what, and when.

Steps	By Whom	By When	Desired Outcome

Do: (Describe what actually happened when you ran your test, including any problems and unexpected findings.)

Study: (Describe what you learned and did you meet your measurement goal?)

Did you meet your measurement goal? Explain.

Summarize what was learned: success, failure, unintended consequences, etc.

Act: (Describe what you concluded from this cycle.)

Based on what was learned, please indicate what action will be considered.

☐ Adapt: modify changes and repeat PDSA Cycle

☐ Adopt: expanding changes throughout organization

☐ Abandon: change approach and repeat PDSA cycle

Describe what modifications to the plan will be made for the next cycle based on what you learned.

Appendix D-2: PDSA Monthly / Quarterly Progress Report

Event:			
Person Complete Report:		Date:	
Patient Safety Officer		Contact Information:	
Monthly / Quarterly Report			
Items	Description		
1. What is your goal?			
2. Report on the PDSA cycle			
3. What system and practices are working well? Explain.			
4. What areas for improvement did the data identify?			
5. What barriers or system issues have been encountered implementing action activities?			
6. Action plans to address the barriers or system issues			
7. Lesson learned			
8. Support needed			
9. Additional discussion			
Notes:			

Appendix E: Checklist Example: Injuries from Falls and Immobility

Process Change	In Place	Not Done	Will Adopt	Notes (Responsible & By When?)
Conduct fall and injury risk assessment upon admission				
Reassess risk daily and with changes in patient condition				
Implement patient-specific intervention to prevent falls and injury				
Communicate risk across the team; use handoff forms, visual cues, huddles				
Round every 1 to 2 hours for high-risk patients; address needs (e.g., 3Ps: pain, potty, position-pressure). Combine with other tasks(vital signs)				
Individualize interventions. Use non-skid floor mats, hip protectors, individualized toileting schedule; adjust frequency of rounds				
Review medications (by pharmacist); avoid unnecessary hypnotics, sedatives				
Incorporate multidisciplinary input for falls				
Prevention from PT, OT, MD, RN and PharmD				
Include patients, families and caregivers in efforts to prevent falls. Educate regarding fall prevention measures; stay with patient				
Hold post-fall huddles immediately after event; analyze how and why; implement change to prevent other falls				

Reference: Checklists to Improve Patient Safety. June 2013. Health Research & Educational Trust.

Appendix F: Policy Example

[Reference: Hospital Policies. MERCY Hospital. <https://www.mercyhospital.org.nz/about-us/mercy-hospital/policies/ruleFile/1>]

HOSPITAL POLICY AND INFORMATION MANUAL			
PERSONAL PROTECTIVE EQUIPMENT POLICY Page 1 of 2	Date Issued:	07/01 08/14	
	Date Last Revised:	08/17	
	Next Review Date:	Policy Committee	
	Approved By:		

Key Words: personal protective equipment, PPE, safety equipment,

Policy Applies to:

- All staff employed by Mercy Hospital;
- Credentialed Specialists, Allied Health Professionals, patients, visitors and contractors will be supported in meeting policy requirements.

Related Standards:

- Infection and Prevention and Control Standards NZS 8134.3:2008
- Health and Safety in Employment Act 1992
- EQulP5 - 1.5.1 and 1.5.2 Infection Control
- EQulP5 - Standard 3.2 Criterion 3.2.1 Health and Safety

Rationale:

Mercy Hospital will provide suitable personal protective equipment (PPE) when the risk to health and safety cannot be eliminated or adequately controlled by other means.

Definitions:

Personal protective equipment (PPE) means all equipment which is intended to be worn or held by a person to protect them from risk to health and safety while at work.

Examples of PPE include: protective footwear, gloves, hard hats/helmets, clothing affording protection from the weather, visibility clothing, eye and face protection.

Objectives:

- To ensure appropriate PPE is identified to minimize hazards not able to be controlled by elimination or isolation;
- To ensure fit for purpose PPE is provided at Mercy Hospital for use by staff;
- To ensure adequate training in the use of PPE is provided;
- To monitor the use of PPE and evaluate effectiveness.

HOSPITAL POLICY AND INFORMATION MANUAL		
PERSONAL PROTECTIVE EQUIPMENT POLICY Page 2 of 2	Date Issued: Date Last Revised: Next Review Date: Approved By:	07/01 08/14 08/17 Policy Committee

Implementation:**Risk Management**

Department Managers, the Occupational Health/ Infection Prevention and Control Nurse (OH/IPC Nurse) and Health and Safety/ Infection Control Representatives (HSIC reps) will in consultation with staff:

Ensure PPE requirements are identified when carrying out risk assessments of activities;

- Regularly review the risk assessment of activities if substances or work processes change;
- Identify the most suitable type of PPE that is required;
- Ensure PPE is available to those who need it;
- Inform staff of the risks involved in their work and why PPE is required;
- Monitor compliance.

Process**Manager's Responsibilities**

Must ensure that:

- PPE requirements are considered when risks are assessed;
- Suitable PPE is provided and made accessible to employees;
- PPE is properly stored, maintained, cleaned repaired and replaced when necessary;
- Adequate information and training is provided to those who require PPE;
- PPE is properly used;
- Use of PPE is monitored and reviewed.

Employee's Responsibilities All employees must ensure that:

- They use PPE whenever it is required;
- Attend and comply with training, instruction and information;
- Check the condition of their PPE;
- Store, clean and maintain their PPE;
- Report losses, defects or other problems with PPE to their manager.

Evaluation:

- Staff health and safety orientation
- Environmental audits
- Incident reports

PATIENT SAFETY COMMITTEE PROGRESSIVE HOSPITAL LAS VEGAS
HOSPITAL # H-8682-Hos-0---PAM Rehabilitation Hospital of Centennial Hills
Date facility opened 12/12/18.

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

RE: 439.877,4.(d)

CHECKLIST REPORT: (6/29/18)

1. All checklists in place reviewed and approved for use by the Patient Safety Committee in (Jan /2018).
2. All checklists in use reviewed monthly and new checklists are approved for initial and continued use by the Patient Safety Committee at each monthly meeting.
 - a. No new added to Patient Safety Plan.
3. No amendments to existing document formats were recommended by the Patient Safety Committee.
4. Current check lists:
 - a. Nursing:
 - i. Daily:
 - I. 12 and 24 hour checklist for chart orders
 - II. Patient identification
 - III. Crash cart daily checks
 - IV. Fall risk assessments
 - V. Blood Administration
 - ii. Procedure: We are IRF, no procedures performed
 - iii. DC Checklists: discharge instructions summary
 - b. Rehab:
 - i. Procedure: All patients receive rehab services, checklist for patient identifier
 - c. Respiratory:
 - i. Procedure: Patient identifier
 - ii. RT shift checklist, pending approval at this time
 - d. All staff:
 - i. Patient Identification, hand washing, Isolation precautions
 - e. Social Services:
 - i. Patient identifier
 - f. Safety:
 - i. Hand hygiene
 - ii. Food- Temperature of food checks
 - iii. Equipment working check
 - iv. Validate accurate tray check
 - v. Accurate diet check
 - vi. Isolation precautions

g. Environmental Services:

- i. Daily room checklist for cleanliness
- ii. Terminal clean checklist
- iii. Plant ops daily equip checklist
- iv. EOC weekly checklists

h. Outside Vendors:

- i. Dialysis checklist
- ii. Pharmacy
 - I. Narcotic audit
 - II. Daily review of antibiotics
 - III. Medication reconciliation
- iii. Diagnostic Lab
 - I. Patient identifiers
 - II. Isolation Precautions.

- 5. Patient Safety Committee approved all existing checklists for 2018 and reviews any new presentations at the monthly Patient Safety Committee meetings in the new business agenda section.
- 6. In 2018, 30 checklists were completed by staff and vendors who supply services to patients at PAM Rehabilitation Hospital of Centennial Hills. To date through (06/2018) we have completed checklists for use at facility.