

June 29, 2018

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

director@lcb.state.nv.us

Re: 2018 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 conducted 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 and then forwarded to both our Medical Executive Committee and for final approval to our Governing Board. This review is conducted annually during our first quarter meetings. 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 NPSG, Code Blue Cart Inspection, Central Line Insertion Checklist and Department specific checklists and protocols for 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.

These initiatives include but are not limited to the following:

**Best Practice Patient Safety**

- Patient Safety Checklists
- Patient Safety Plan revised for 2018
- Performance Improvement Plan revised for 2018

### **Hand Hygiene and Infection Prevention**

- Initiation in 2018 of Best Practice: Hand Hygiene Tool Kit.
- 2018 Plan Revision /Hospital Specific Addendum

### **Emergency Carts**

- Redesign of code cart layout to facilitate ease of use and Safety.
- Malignant Hypothermia with process implementation
- Revisit of Succinylcholine Use

### **Emergency preparedness**

- Plan revision 2017 Hospital Specific

### **Fall Prevention**

- Falls Prevention FMEA in 2017 and 2018

### **Patient Discharge**

- Discharge Checklist reviewed and revised in 2017.

**Patient Safety Compliance:** During the past year (2017- 2018) year the hospital Patient Safety Officer who oversees the hospital Quality Management Department that includes Risk and Safety in conjunction with Nursing leadership conducted 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. Also, a required Failure Modes Effect Analysis was authorized by the Patient Quality and Safety Council with currently one on Patient Falls in process.

**Patient Safety Committee:** The focus of the 2017-2018 Patient Safety/Quality Council included the following priorities: Infections (CAUTI/CLABSI/ C diff, MRSA and VRE), Patient Falls, Medication variances including ADR's, and Patient Satisfaction which is 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:** Finally, in 2017-2018 the overall environment of care which is key to the well-being of our patients, was identified as a focal point and extensive collaboration with EVS at each of our two Host Hospitals was implemented.

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: 06/29/2018**

1. All checklists in place reviewed and approved for use by the Patient Safety Committee throughout 2017 and YTD 2018 as they were reviewed, revised they were implemented.
2. All checklists in use reviewed monthly as part of the PI process at Tahoe Pacific and new checklists are approved for initial and continued use by the Patient Safety Committee at these meetings.
  - a. At the Patient Safety Council Monthly meeting all new checklists are proposed /reviewed and then added to Patient Safety Plan as needed.
3. Current check lists:
  - **Nursing:**
    - i. **Daily/Event Related**

Rapid Response and Code Blue	RN Staff/Respiratory Care
Occurrence Reports	All Staff
Clinical Alarm safety Protocols. Addition of PCA units in 2018	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

- ii. **Procedure:** Checklist for DC from the facility revised in 2017-2018

Invasive Procedures: PICC, Central Line,	Nursing
Central Lines : Best Practices	Nursing
Conscious Sedation	Pharmacy/Nursing
Urinary Catheter Protocol and Best Practices for reduction of Cauti's.	Nursing

Blood Transfusion Record ( per Individual Host Hospitals) and Transfusion Reaction Protocol	Nursing Nursing
Wound Safety:  Application for Wound Certification :  Implementation of Clinical Guidelines.  Wound Vac Treatment and Wound Assessment tool. 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	Respiratory
Infection Prevention Audits: Hand Hygiene and Isolation Precautions.	All Services

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

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

- **Respiratory:**  
  - Procedure:** Ventilator Care and Maintenance
  - Daily:** Procedures/VAP
- **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.

- **Environmental Services:**

All environmental services policies are per our Host Facility: Northern Nevada Medical Center and Renown South Meadows.

- **Outside Vendors:**

1. Dialysis

2. Bed Vendors: Each bed is monitored with a safety check including vendors: Hill Rom, Joerns, Freedom Medical, and UHS.

3. Laboratory per our Host Facility at NNMC and at Renown South Meadows. Critical Lab values and associated reporting.

4. Patient Safety Committee has approved all existing checklists for 2018 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.