



July 1, 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 HealthSouth Rehabilitation Hospital of Henderson activities during 2017.

All checklists and policies were reviewed and approved. Several checklists were replaced with new checklists and several patient safety policies required minor revisions. The **HealthSouth Rehabilitation Hospital of Henderson (Facility #3190)** conducts Quality Council, Medical Executive Committee and Governing Body meetings on a quarterly basis. The Patient Safety Program including the patient safety and policy compliance requirements are being reviewed and approved by these committees. Attached you will find a report summarizing the specific checklists.

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

Sincerely,

A handwritten signature in black ink that reads "G. Mandel".

Gloria Mandel, RN  
Director, Quality and Risk Management  
**HealthSouth Rehabilitation Hospital of Henderson**  
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**PATIENT SAFETY COMMITTEE**  
**HEALTHSOUTH REHABILITATION HOSPITAL OF HENDERSON**  
**HOSPITAL Facility # 3190**

1. All checklists in place reviewed and approved for use by the Patient Safety Committee in December 2016.
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.
3. No amendments to existing document formats were recommended by the Patient Safety Committee.
4. Current check lists:
  - a. **Nursing:**
    - i. Blood Administration Errors
    - ii. Blood Product Transfusion Reaction
    - iii. Behavior Management and Treatment
    - iv. Pain Re-Assessment
    - v. Code Blue / Resuscitation Evaluations
    - vi. Patient Identification
    - vii. Critical Tests - Physician Notification Time
    - viii. Restraint Rate
    - ix. Restraint Use Effectiveness
  - b. **Rehabilitation:**
    - i. DC to Community
    - ii. Overall Mobility
    - iii. Bowel and Bladder
    - iv. Patient Experience
    - v. Driving Instructions
  - c. **Respiratory:**
    - i. Respiratory -Administration
    - ii. Respiratory – Assessments
  - d. **All staff:**
    - i. Infection Control Goals
    - ii. Healthcare Associated Infection Rate
    - iii. # of HA infections that are sentinel events
    - iv. All Multi-drug resistant organisms (MDRO)
    - v. Clostridium difficile (C-diff)
    - vi. Methicillin-resistant Staphylococcus aureus (MRSA)
    - vii. "Central line-associated bloodstream infections (CLBSI)"
    - ix. HA UTI - indwelling catheter related (CAUTI)
    - x. Catheter Utilization
    - xi. Hand Hygiene - All

- xii. Sharps Injuries
- xiii. Flu Vaccination Program (Overall Vaccination Rate)- During Flu Season
- xiv. Flu Vaccination Program (Employees) -During Flu Season
- xv. Flu Vaccination Program (LIPs) -During Flu Season
- xvi. Flu Vaccination Program (students/ trainees/ volunteers) -During Flu Season
- xvii. Flu Vaccination Program (contract staff) -During Flu Season
- xviii. Flu Vaccination Documentation (employees) -During Flu Season
- xix. Fall Rate
- xx. Fall From Wheelchair Rate
- xxi. Falls with Injury
- xxii. Post-Fall Assessment
- xxiii. Wound Event Rate
- xxiv. Wounds-Other developing and worsening wounds
- xxv. Wound Assessment Documentation audit
- xxvi. Wound Assessment Clinical Observations

**e. Social Services:**

- i. Discharge Planning Process - Post Discharge follow-up calls
- ii. Important Message from Medicare
- iii. Patient Choice
- iv. Acute Care Discharges
- v. Discharge to Community
- vi. SNF Discharges

**f. Safety/ Environment of Care/Environmental Services:**

- i. Safety
- ii. Security management
- iii. Security
- iv. Fire Safety
- v. Fire Drills
- vi. Emergency Management
- vii. Emergency Preparedness
- viii. Utilities management
- ix. Hazardous Materials and Waste Management
- x. Pharmaceutical Waste
- xi. Medical Equipment Management
- xii. Life Safety

**g. Outside Vendors:**

- i. Lab Services - STAT Tests
- ii. O&P - Timeliness
- iii. PICC Line Insertion - Complications
- iv. PICC Line Insertion - Time Outs
- v. Radiology Services - Timeliness
- vi. Radiology Services - Credentialed
- vii. Dialysis Services - Documentation

- viii. Dietician Services - Assessment
  - ix. Dietician Services – Re-Assessment
  - x. Contract Services Management – Training
  - xi. Contract Services Management – List
5. Patient Safety Committee approved all existing checklists for 2017 and reviews any new presentations at the monthly Patient Safety Committee meetings in the new business agenda section.
6. In 2017, 71 checklists were completed by staff and vendors who supply services to patients at the HealthSouth Rehabilitation Hospital of Henderson. To date through June 2018 we have completed 71 checklists for use at the HealthSouth Rehabilitation Hospital of Henderson.