

REPORT TO THE DIRECTOR OF THE LEGISLATIVE COUNSEL BUREAU PURSUANT TO

NRS 439.877(4) (d) – SUBMITTED BY:

Banner Churchill Community Hospital

801 E. Williams Ave.

Fallon, NV 89406

Catherine Masci RN, Sr. Manager Quality Improvement

July 1, 2017 – June 30, 2018

Check Lists Developed Include:	Revisions*	Usage**	Review***
Adverse Drug Events	10/03/2017	All Patients	
Barcode Medication Administration	05/25/2018	All Employees	
Medication Reconciliation Policy for Banner Health	01/30/2018	All Patients	
Discharge Medications	05/23/2018	All Patients	
Case Management Discharge Planning	10/18/2017	Adult and Pediatric Patients	
Food Medication Interactions	10/09/2017	All Patients	
Labeling of Medications	10/26/2017	All Patients	
Medication Administration	06/13/2018	All Patients	
Medication Events	10/04/2017	All Employees and Patients	
Medication Orders	05/25/2018	Adult and Pediatric Patients	
EVS Cleaning: Patient Rooms and Treatment Areas	09/19/2017	All Employees	
EVS: Cleaning Isolations Precaution Rooms	03/06/2018	All EVS Staff	
Perioperative Services: EVS Cleaning the Surgical Procedural Area	09/22/2017	All Employees	
EVS General Techniques and Procedures	09/18/2017	All Employees	
Case Management Discharge Planning	10/18/2017	Adult and Pediatric Patients	
Adult Admission, Transfers, Discharges, and Triage: Critical Care Services	09/15/2017	Adult Critical Care Patients	
Code Blue Management	06/11/2018	All Patients and Visitors	
Pediatric Code Blue Management	09/21/2017	Pediatrics	
Procedural Sedation for Therapeutic / Diagnostic Procedures	04/30/2018	Adult and Pediatric Patients	
Blood Gas Laboratory: Quality Control & Clinical Correlation Program	05/07/2018	All Employees	
Blood Gas Laboratory: Review of Patient Data and Quality Controls	05/07/2018	All Employees	
WIS: Vaginal Birth Sponge, Sharps, and Instruments	03/28/2018	WIS Patients	
Blood and Blood Component Administration, Adult	06/13/2018	Adults	

WIS: Magnesium Sulfate, Administration and Monitoring of the obstetrical Patient	09/28/2017	WIS Patients	
Safe Patient Handling and Mobility (SPHM) – Acute Care	12/07/2017	All Patients	
Safe Surgery Policy	09/27/2017	All Patients	
Patient Safety Policies developed include:	Revisions	Usage	Review
Patient Identification	06/25/2018	All inpatients and outpatients	
Hand Hygiene, Antisepsis, and Artificial Fingernails	06/01/2018	All Employees, Patients, Physicians, Volunteers, Visitors, General Public	
Patient Safety checklist	03/09/2018	All Patients	
Event Reporting	10/16/2017	All Employees	

Summary of Review	Total # developed	Total # revised	Total # Reviewed
Patient Safety Checklists	0	26	26
Patient Safety Policies	0	4	4

*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 revision box. Any additional patient safety checklists or policies identified 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 the checklists and policies were reviewed but no changes were required.

❖ Reports are due on or before July 1 of each year, address report to:

Director LCB

Rick Combs (2016)

director@lcb.state.nv.us

Copy to: Megan.Comlossy@lcb.state.nv.us

Carson City, NV 89701