

June 26, 2017

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

Re: 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 in January during our first quarter meeting. 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 best practices. LifeCare Management Services 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:

Patient Safety

- Patient Safety Checklists
- Patient Safety Plan revised for 2017
- Performance Improvement Plan for 2017

Hand Hygiene and Infection Prevention

- Hand Hygiene Policy Number 051-39-029.3 updated October 2016

Emergency Carts

- Crash Cart Checks 201.20-03.6 Revised November 2016

Patient identification

- Falls Prevention 2016

Fall Prevention

- 201-38-001.11 revised June 2016

Patient Discharge

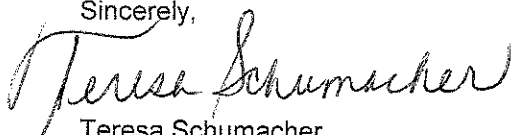
- Discharge Checklist reviewed and revised in 2017.

Patient Safety Compliance: During the past year 2016-2017 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 Failure Modes Effect Analysis is authorized by the Patient Quality and Safety Council with currently one on Patient Falls and Medications are in process.

Patient Safety Committee: The focus of the 2016-2017 Patient Safety/Quality Council included the following priorities: Infections (CAUTI/CLABSI/ and VRE), Falls, Medication variances including ADR's, 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.

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: 06/30/2017

1. All checklists in place reviewed and approved for use by the Patient Safety Committee in January 2017 for use.
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 each monthly meeting.
 - a. At the Patient Safety Council Monthly meeting all new checklists are proposed /reviewed and then added to Patient Safety Plan.
3. No amendments to existing document formats were recommended by the Patient Safety Committee.
4. Current check lists:
 - **Nursing:**
 - i. **Daily/Event Related**

Crash Cart/Intubation and Difficult Airway	RN Staff
Refrigerator Temperature logs	Staff
Clinical Alarm safety Protocols.	Nursing and Monitor Techs
Checklists: Admission	Nursing and Social Services/Case Management
Screening tools: Suicide Risk, Falls, Ebola,	Nursing
Shift to Shift Communication tools for Nursing/CNA"s and Monitor Techs.	All staff

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

Invasive Procedures: PICC, Central Line,	Nursing
Moderate Sedation	Pharmacy/Nursing
Special Procedures/Pre Procedure Checklist.	Nursing
Blood Transfusion Record/Transfusion Reaction Protocol	Nursing

Wound Safety: Wound Vac Treatment and Wound Assessment tool. Braden Scale. Debridement /Tissue Closure	Nursing
Code Blue and Rapid Response	Nursing/Pharmacy/Respiratory
Restraint Documentation checklist/audit	Nursing
Fiber optic Endoscopic Procedures	Respiratory
Infection Prevention Audits: Hand Hygiene	All Services

iii. **Discharges, DC Checklists:** The Discharge Checklist was reviewed and revised in May/June 2017 for use.

Discharge Orders and Instructions	Nursing , Case Management
Home Medication Instruction Sheet	Nursing/Pharmacy
Transfer Checklists	Nursing /Case Management
Discharge Checklist	Nursing/Therapy/Respiratory and Pharmacy

- **Respiratory:**
 - Procedure:** Ventilator Care and Maintenance
 - Daily:** Procedures/VAP
- **All staff:**
 - Patient Identification, hand washing, Isolation Precautions; EOC Safety
- **Social Services:** Advance Directives, Consents to TX
- **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 NMMC and at Renown South Meadows.**

5. Patient Safety Committee approved all existing checklists for 2017 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.

Tahoe Pacific

Patient Safety Program

Purpose

Tahoe Pacific has developed a Patient Safety Program in conjunction with the Performance Improvement Plan and Program, the Risk Management Plan and Program, and the Hospital Scope of Services, in order to provide guidelines for implementation of an integrated patient safety program throughout the hospital and to comply with the requirements of the state of Nevada. It is the intent of the leadership of the hospital to foster a safe and safety-conscious environment that promotes wellbeing, acknowledges and addresses risks, and encourages interdisciplinary safety and education focusing on process improvement.

Scope

Overall Patient Safety responsibilities include the following:

- 1. Improve the accuracy of patient identification.** The LifeCare policy, National Patient Safety Goals contains the policy and procedure detailing the use of 2 patient identifiers whenever performing procedures, administering medications or blood, taking blood samples or other specimens, or providing any other treatments or procedures.
- 2. Improve the effectiveness of communication among caregivers** as contained in Handoff Communication Guidelines, Located under Best Practices in LifeCare Policies and Procedures
- 3. Improve the safety of using high-alert medications** as contained in the LifeCare policy, Medication Safety: High Alert Medications
- 4. Ensure the identification, reporting, prevention and control of infections,** including the role of proper hand hygiene as contained in the LifeCare policies, The Infection Control Plan and its addendums; Hand Hygiene, and other policies covering Blood and Body Fluid Exposure, Environmental Disinfection, Single Use of Drugs and Devices and Use of Isolation Precautions as contained in the Quality Management policy section.
- 5. Reduce patient falls and injuries from falls** as contained in the LifeCare policy, Fall Prevention, through recommendations from the Falls Committee Performance Improvement Team and information about falls gathered from the Post Fall Assessment Form.
- 6. Improve the effectiveness of clinical alarms systems** as contained in the LifeCare policy, Safety – Alarms- Clinical Equipment.
- 7. Identifying, preventing and correcting errors in the labeling, storing, prescription or administration of medications** as contained in the LifeCare policies, Medication Storage, Dispensing – Labels, Dispensing Medications – General, and other policies contained in the Pharmacy section.

8. Ensuring the safe administration of prescription drugs, controlled substances, pharmaceutical services and other medications as contained in the LifeCare policy, Administration of Drugs, and other policies contained in the Pharmacy section.

9. The identification, investigation and reporting of Sentinel Events as contained in the LifeCare policy, Sentinel Events, and as prescribed by NRS 439.800 and following guidelines established by the Nevada State Health Department's Sentinel Event Registry. The Patient Safety Officer will also be responsible for the maintenance of Sentinel Event records.

10. Oversight of the maintenance of a sanitary environment by the facility through conduction of Environmental Rounds, Infection Control Rounds and day to day observations by supervisory and charge staff, as contained in the LifeCare policies, Safety Management Plan,; the Infection Control Plan, and other policies under Quality Management and Engineering.

11. Adoption and implementation of patient safety checklists to improve the health outcomes of patients in the medical facility and ensure the knowledge to provide care safely is applied consistently and correctly. These checklists may include best practices and competencies for treatments ordered by an independent licensed practitioner. Other examples may include the proper sequence for environmental cleaning and proper use of personal protective equipment. Also included are discharge checklists explaining discharge medications, aftercare instruction and other instruction needed for safe discharge.

Current examples in use include:

- a. Insertion of PICC lines.
- b. Maintenance of foley catheters
- c. Discharge checklist
- d. Respiratory Treatment competencies

The primary focus of the Patient Safety Program is the patient; however the program also addresses the safety of visitors and staff from all clinical and organizational functions. The scope of the Patient Safety Program includes but is not limited to the occurrence of the following:

1. Adverse Drug Reactions
2. Falls
3. Restraints
4. Medication Errors
5. Hazardous Condition(s)
6. Near Misses
7. Sentinel Events

The role of the Patient Safety Program also crosses over into the safety of the environment of the hospital including oversight of the 7 Environment of Care Plans:

1. Safety Management Plan
2. Security Management Plan
3. Life Safety Management Plan
4. Medical Equipment Plan
5. Emergency Preparedness Plan
6. Hazardous Materials and Waste Management Plan,
7. Utilities – Utilities Management Plan

Annual Reviews of each of the 7 plans are performed annually and reported to the Environment of Care Committee, the Medical Executive Committee and the Governing Board

Methodology

The Patient Safety Program includes both proactive and responsive components.

Proactive: The proactive patient safety component emphasizes a proactive error reduction and avoidance program. The following will be reviewed to proactively identify patient safety issues:

1. Medical equipment and medication risk assessment activities
2. Sentinel event alert risk reduction activities
3. Performance improvement indicators and monitoring activities
4. Patient Satisfaction reports
5. Medical Record review reports
6. Staff orientation, evaluation, training, and education activities
7. Failure Mode and Effect analysis (FMEA) activities
8. Medical Staff Credentialing issues
9. Occurrence Report trending

Failure Mode Event Analysis (FMEA) will be conducted annually. The process to be studied each year will be determined in collaboration with medical staff, hospital leadership, and staff. Information from patient safety organizations such as the Institute for Medicine, Institute for Safe Medication Practices, and The Joint Commission will be disseminated to the appropriate departments and committees for action and implementation of recommendations.

Responsive: The hospital will utilize information gathered from risk assessments, sentinel event alerts, performance improvement measures, medical record review, and other data in order to track, trend, and respond to patient safety issues. Patient safety related issues will be ranked based on severity. The following will be reviewed for reactive patient safety issues.

1. Root Cause Analysis
2. Intensive Assessment and Analysis
3. Occurrence Report Findings
4. Patient Complaint Response
5. Performance Improvement Measures
6. Patient Satisfaction Survey Reports

Patient Safety Committee and Reporting

Patient Safety is the responsibility of all employees and Medical Staff members. The Patient Safety Program will be multi-faceted and that responsibility will be shared among several individuals, groups, and teams. Each performance improvement team is multidisciplinary in nature with representatives from the hospital and medical staff. Imbedded in each performance improvement team are safety issues relevant to the team's focus. Reports from the performance improvement teams are sent to the Quality Council and reported to the Medical Executive Committee and the Governing Board.

In compliance with State of Nevada Regulations, the Patient Safety Committee is comprised of:

- (1) The patient safety officer of the medical facility.
- (2) At least three providers of health care who treat patients at the medical facility, including, without limitation, at least one member of the medical, nursing, and pharmaceutical staff of the medical facility.
- (3) One member of the executive or governing body of the medical facility.

The Patient Safety Committee is also multidisciplinary with representation from the following areas: Clinical Departments, Pharmacy and Therapeutics Committee, Safety Committee, Quality/Risk Management, and the Hospital's Infection Control Preventionist.

The Patient Safety Committee functions include but are not limited to:

1. Review and evaluate internal and external patient safety data from the following sources for opportunities for improvement in the safety of patient care processes:
 - a. Risk and Safety Management
 - b. External Data Reports
 - c. Sentinel Event Alerts from the Joint Commission

d. Healthcare Reports

e. Regulatory Reports

f. Patient/Family Members

2. Continually improve processes of care delivery based on data analysis.
3. Develop policies and procedures that result from process improvement activities.
4. Develop and approve Patient Safety Education for the medical and hospital staff.
5. Conduct an annual risk assessment of patient safety issues/strategies from internal and external reports.

The Hospital believe in a non-punitive reporting environment in order to maximize reporting of near misses, adverse outcomes, and sentinel events as it has been demonstrated that many errors are directly related to system and process failures. Disciplinary action may be considered when an involved individual takes action to hide the incident, is malicious or untruthful in reporting, when facts and circumstances suggest that the error was deliberate or in reckless disregard to patient and staff safety, or when the individual consistently fails in the detection, reporting or remedies to prevent mistakes. Reporting of patient safety issues to an outside agency will be done when required by regulation or as determined by the Administrator/CEO.

The activities of the Patient Safety Program and an annual review of the Patient Safety Plan, appropriate policies, forms, checklists and best practices will be reported to the Patient Safety Committee, the Medical Executive Committee, and the Governing Board as outlined in the Performance Improvement Plan and the LifeCare Reporting Calendar. Communication within the hospital and medical staff is the key to a successful patient safety program and will be encouraged.

Education and training is an important and effective tool in assuring that the Patient Safety Program is clearly understood, particularly error identification and reporting and the basic approaches to Patient Safety. Education and training on patient safety is included in new employee general and department orientation and reviewed annually. Additionally, education will be provided to patients and their families about their role in helping to facilitate the safe delivery of care.