NEVADA ENDOSCOPY MANAGEMENT, INC
GASTROENTEROLOGY CONSULTANTS, LTD
RENO ENDOSCOPY CENTER, LLC
SOUTH MEADOWS ENDOSCOPY CENTER, LLC
CARSON ENDOSCOPY CENTER, LLC

POLICY AND PROCEDURE MANUAL

Policy: Patient Safety Officer and Patient Safety Committee
Owner: Center
Date last updated: Revised 12/2022
Purpose: To ensure the ongoing safety of our patients.
Patient Safety Officer: The Director of Quality Management, shall serve as the Patient Safety Officer. In the event the Director of Quality Management is not available, the Director of Center Operations shall serve as the Patient Safety Officer. The duties of the Patient Safety Officer include, but are not limited to, the following:
1. Registration with the State of Nevada Health Division "Sentinel Events Registry Contact."
2. Serve on the Patient Safety Committee.
3. Supervise the reporting of all sentinel events alleged to have occurred within the Center to the Nevada State Health Division, pursuant to NRS 439.835.
a. The Safety Officer will report to the State within thirteen (13) days of receiving notification, becoming aware or discovering a sentinel event, using the electronic State Report Form.
4. Reviews, investigates and evaluates all sentinel events for cause, trend and prevention.
5. Takes any action necessary to ensure the safety of patients as the result of any review, investigation, and evaluation of all sentinel events.
6. Reports to the Patient Safety Committee all sentinel events and action taken.
Patient Safety Committee: The committee shall include the Patient Safety Officer, the RN Director of Center Operations, and the Medical Director/Administrator of the Center. The committee will meet monthly and report to the Center Board of Managers Meeting quarterly. The duties of the Safety Committee will include, but not be limited to:
1. Receive reports from the Patient Safety Officer of all sentinel events.
2. Evaluate the actions of the Patient Safety Officer in connection of all reports of sentinel events.
3. Review and evaluate the quality of measures carried out by the medical facility to improve the safety of patients who receive treatment at the medical facility.
4. Review and evaluate the quality of measures carried out by the medical facility to prevent and control infections in the facility.
5. Make recommendations to the governing body of the medical facility to reduce the number and severity of sentinel events and infections that occur at the medical facility.
6. At least once each calendar quarter, report to the governing body of the medical facility regarding:
a. The number of sentinel events that occurred at the medical facility during the preceding calendar quarter;
b. The number and severity of infections that occurred at the medical facility during the preceding calendar quarter;
c. Any recommendations to reduce the number and severity of sentinel events and infections that

occur at the medical facility.
Approved Board of Managers REC/ SEC 10/11/11; CEC; Approved by Director of Center Ops, QM Manager, and Executive Director 2/14/19; Revisions Approved Annual Policy Meeting 12/2022
The proceedings and records of a patient safety committee are subject to the same privilege and protection from discovery as
the proceedings and records described in NRS 49.117 - 49.123 and NRS 49.265

Policy: **Patient Safety Plan**
Owner: **Center**
Date last updated: 9/2021

Purpose: Gastroenterology Consultants, Ltd (GIC) and affiliated Endoscopy Centers are committed to ensuring the ongoing safety of our patients. To ensure the ongoing safety and care of our patients we follow specific guidelines and policies which, at a minimum, include:

I. **Infection Control (IC):** Refer also to the Infection Control (IC) Policy
   1. **Guidelines followed include:**
      a. American Society for Gastrointestinal Endoscopy (ASGE) Multisociety Guideline on Reprocessing Flexible Gastrointestinal Endoscopes 2016
      b. Society of Gastroenterology Nurses and Associates, Inc. (SGNA) Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes 2018
      c. Society of Gastroenterology Nurses and Associates, Inc. (SGNA) Standards of Infection Prevention in the Gastroenterology Setting 2019
      d. Society of Gastroenterology Nurses and Associates, Inc. (SGNA) Guideline for Use of High-Level Disinfectants and Sterilants for Reprocessing Flexible Gastrointestinal Endoscopes 2017
      e. American Society for Gastrointestinal Endoscopy (ASGE) Infection Control during GI Endoscopy 2018
      f. Center for Disease Control (CDC) Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007
      g. CDC Guide to Infection Prevention for Outpatient Settings 2016
      h. Association for Professionals in Infection Control and Epidemiology (APIC) Guide to the Elimination of Clostridium difficile in Healthcare Settings 2013
      i. CDC Safe Injection Practices
   2. **The IC Policy includes, at a minimum, processes, or guidelines for:**
      a. Patient selection and placement within the facility
      b. Infection Control Monitoring and Surveillance, Reporting
      c. Standard and Transmission Precautions, Hand Hygiene, Personal Protective Equipment, Respiratory Hygiene / Cough Etiquette and General Infection Control Practices in Healthcare Facilities as developed by the CDC and APIC
      d. Environmental and Terminal Cleaning
      e. Infection Control Officer
      f. Equipment Processing: Cleaning, Disinfection, High Level Disinfection and Sterilization

II. **Patient Selection and Screening:** Refer also to the Criteria for Scheduling Patients at ASC Policy.

1. To ensure patients are appropriate for the planned procedure in the planned setting patients undergo:
   a. Pre-procedure scheduling evaluation with referral for office visit or consultation as appropriate
   b. Pre-procedure assessment which includes at a minimum:
      i. Review of past medical & surgical history
      ii. Medication reconciliation, review
      iii. Allergy and reaction, review of
      iv. Physical assessment; assessment for communicable diseases
      v. Vital signs

III. **Patient Identification:** Refer to Patient Identification Policy. Patient identity is verified with at minimum two (2) identifiers at check-in and at multiple points throughout care.

IV. **Safe Surgery Checklist:** Refer to Safe Surgery Checklist Policy. Patient and procedure are verified immediately prior to procedures.

V. **Discharge Teaching:** Patients are provided with written discharge instructions which are reviewed with patient and driver, as applicable, prior to discharge. Medications are reconciled prior to discharge if any new medications are ordered. Information specific to diagnosis, as best as known, is given to the patient. Patients are educated about signs and symptoms to report and given a twenty-four (24) hour telephone number to call in event of questions or concerns.

VI. **Post Procedure Callbacks:** Patients are contacted one (1) to two (2) business days post-procedure for follow up of any concerns and questions regarding discharge instructions.

VII. **Pathology follow up:** Patients are notified of pathology results and given information and follow up orders as applicable within two (2) weeks.

VIII. **Pharmaceutical Services:** Refer to Pharmaceutical Services Policy. Safe injection practices are strictly followed. Pharmaceutical services are overseen by a contracting pharmacist on a monthly basis.

IX. **Quality Assurance and Benchmarking:** Refer to the Quality Management Plan. More than one hundred (100) quality assurance checkpoints are monitored on per patient, per case, per day, per week or per month basis as applicable. Benchmarking of multiple facility and nursing care factors are completed on an ongoing basis. In addition, multiple procedure-related factors are tracked and trended in aggregate and specific to individual physicians on an ongoing basis. Incidents, procedure complications/events, adverse and

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sentinel events are investigated tacked and trended by facility, staff, and physician. All data is reported to the Quality Management Committee.

X. Staff Training: Extensive staff training is done at time of hire. Annual staff retraining is mandatory; ongoing training is provided as applicable. Staff are evaluated for customer service and performance on an ongoing basis.

1. New Hire and Annual training for employees and credentialed providers (including anesthesia and endoscopists) includes:
    a. Infection control training
    b. Safe injection practices
    c. PPE
    d. Bloodborne pathogens
    e. Emergency Preparedness Plan (completed every two (2) years).
    f. Fire safety
    g. HIPAA
    h. Hazard communication

XI. Checklists: All items above are monitored via specific checklists, logs and / or chart documentation.

Refer to:

- Infection Control Policy
- Criteria for Scheduling Patients at ASC Policy
- Identification of Patient Policy
- Pharmaceutical Services Policy
- Quality Management Plan
- Safe Surgery Checklist Policy
- Incident Reports Policy
- Emergency Preparedness Plan
- Complications: Procedure Event, Adverse and Sentinel Events Policy
- Staff Training Competencies and Logs
- NRS 439.865; 439.877
- CMS §416.54 (Appendix Z)