The mission of Desert Willow Treatment Center is to provide quality, individualized mental health services in a safe and culturally sensitive environment collaborating with caregivers, community and other providers to ensure that children and families of Nevada may achieve their full human potential.

Desert Willow Treatment Center

6171 W. Charleston Blvd. Building 17
Las Vegas, NV 89146

QUALITY AND PATIENT SAFETY PLAN

DATE: 2023
VERSION: 7

This plan was created and revised by the Desert Willow Treatment Center Patient Safety (Care of Patient) committee/team with coordination with applicable Continuing Quality Improvement Teams. Implementation of this plan is intended to optimize the healthcare quality and patient safety outcomes, encourage recognition, reporting, and acknowledgment of risks to patient, visitor, and employee safety, as well as reduce the medical/healthcare errors and /or preventable events.

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Patient Safety Committee/Care of Patient
Desert Willow Treatment Center
6171 W. Charleston Blvd, Building 17
Las Vegas, NV 89146
702-486-8900

Commitment to Patient Safety

Desert Willow Treatment Center is committed to a comprehensive approach to improving healthcare quality and patient safety by aligning with our Mission creating an environment that supports a dynamic, proactive, and safe culture for patients, family members, visitors, and employees, through continuous learning and improving patient safety policies, systems, and processes.

Mission Statement

The mission of Desert Willow Treatment Center is to provide quality, individualized mental health services in a safe and culturally sensitive environment collaborating with caregivers, community and other providers to ensure that children and families of Nevada may achieve their full human potential.

In support of our mission Desert Willow Treatment Center Patient Safety and Quality Improvement program promotes:

- Collaboration of healthcare, leadership, medical staff, and other healthcare providers to deliver integrated and comprehensive high-quality healthcare.
- Communicate honestly and openly to foster trusting and cooperative relationships among healthcare providers, staff members, and patients and their families, to ensure accountability for the patient safety priorities.
- Preservation of dignity and value for each patient, family member, employee, and other healthcare providers.
- Responsibility for every healthcare related decision and action.
- A focus on continuous learning and improving, system design, and the management of choices and changes, bringing the best possible outcomes or performances to the facility.
- Incorporation of evidence-based practice guidelines to deliver high quality healthcare.
- Education of staff and physicians to assure participation of healthcare providers.

Scope and Purpose

The scope of this Quality and Patient Safety Plan is organizational-wide/hospital-wide/agency-wide which includes but is not limited to

- Patient safety
- Visitor safety
- Employee safety

All staff in Desert Willow Treatment Center are required to fully support and participate in this plan and devote their expertise to the patient safety and healthcare quality improvement process.

This plan is action oriented and solution focused. The purpose of this plan is to address patient safety related concerns, challenges and revise the program to better serve the patients and their families. To this end, Desert Willow Treatment Center has developed this Patient Safety plan.

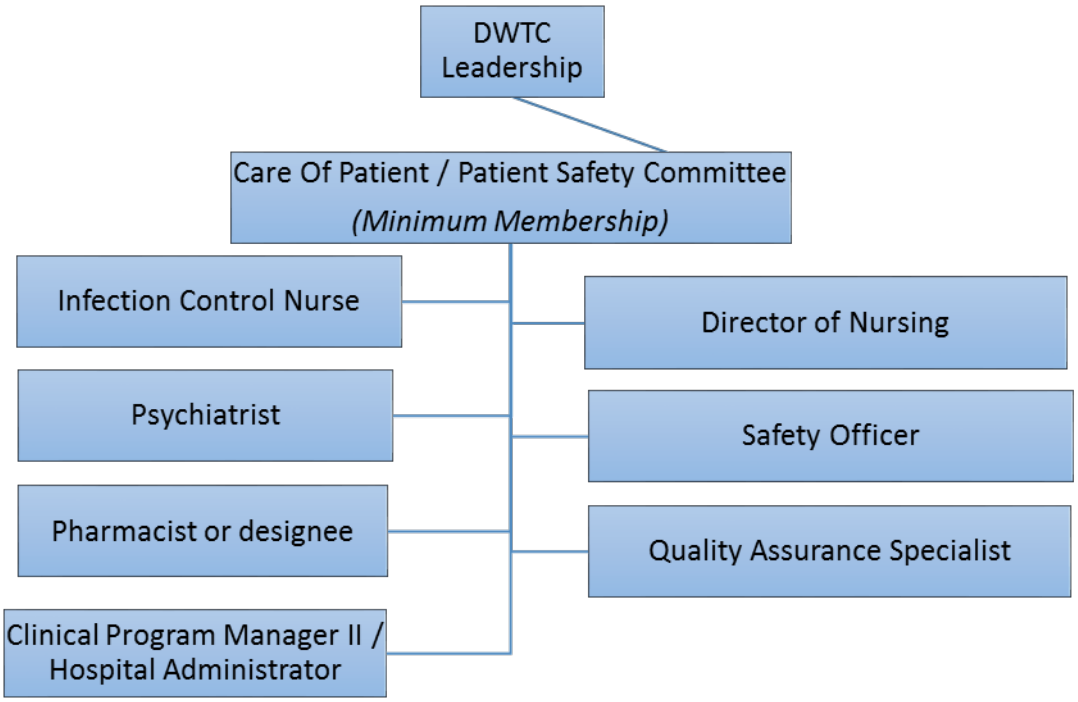
The plan focuses on the process rather than the individual, and recognizes both internal and external customers, as well as facilitates the need of analyzing and improving processes. The core principles of this plan include:

- All staff have the same goal and contribute their knowledge, vision, skill, and insight to improve the process of the Patient Safety Plan.
- Decisions will be based on data and facts, and staff will be encouraged to learn from the experiences.
- Customer based including patients, families, and visitors.
- Promote systems thinking.
- Employ well-trained and competent staff maintaining high healthcare quality.

Roles and Responsibilities

According to NRS 439.875, a medical facility shall establish a Patient Safety Committee (PSC). The PSC should ensure that the Quality and Patient Safety Plan is promoted and executed successfully. Desert Willow Treatment Center's Care of Patient Committee serves as the Patient Safety Committee.

The Patient Safety Committee Organization



Roles and Responsibilities

- In accordance with NRS 439.875, a patient safety committee must be comprised of:
- The infection control officer of the medical facility;
- The patient safety officer of the medical facility, if he or she is not designated as the infection control officer;
- At least three providers of healthcare who treat patients at the medical facility, including but, without limitation, at least one member of the medical, nursing and pharmaceutical staff of the medical facility; and
- One member of the executive or governing body of the medical facility.

Patient Safety Committee Responsibilities (based on NRS 439.875 and NRS 439.877)

- Monitor and document the effectiveness of the patient identification policy.
- **On or before July 1** of each year, submit a report to the Director of the Legislative Counsel Bureau for development, revision and usage of the patient safety checklists and patient safety policies and a summary of the annual review conducted pursuant to NRS 439.877(4)(b).
- Receive reports from the patient safety officer pursuant to NRS 439.870.
- Evaluate actions of the patient safety officer in connection with all reports of sentinel events alleged to have occurred.
- Review and evaluate the quality of measures carried out by the facility to improve the safety of patients who receive treatment.
- Review and evaluate the quality of measures carried out by the facility to prevent and control infections.
- Make recommendations to Leadership to reduce the number and severity of sentinel events and infections that occur.
- At least once each calendar month (or quarter depending on the number of employees and contractors in the facility), report to the executive or governing body of the facility regarding:
  (1) The number of sentinel events that occurred at the medical facility during the preceding calendar month (or quarter);
  (2) The number and severity of infections that occurred at the facility during the preceding calendar month or quarter; and
  (3) Any recommendations to reduce the number and severity of sentinel events and infections that occur at the medical facility.
- Adopt patient safety checklists and patient safety policies as required by NRS 439.877, review the checklists and policies annually and revise the checklists and policies as the patient safety committee determines necessary.

Root Cause Analysis (RCA) Team

A Root Cause Analysis Team will be established following a Sentinel Event or any other event determined by Leadership as requiring a Root Cause Analysis.

Root Cause Analysis (RCA) Team Responsibilities

- Root Cause interviews, analysis, investigation, and corrective action plan implementations.
- Participates in the RCA meetings and discussions.

- Communicate honestly and openly about only data and facts to the team members and their supervisors/leaders.

RCA Team Membership:

- DCFS Administrator will identify a Root Cause Analysis team leader who is not a current employee of Desert Willow Treatment Center

  RCA team leader Responsibilities:

  - Organize and coordinate the RCA process.
  - Assemble and encourage a supportive and proactive team.
  - Assign investigative and implementation tasks to the team members.
  - Conduct and be actively involved in the investigation, RCA, and corrective action plan implementation process.
- Desert Willow Treatment Center Quality Assurance Specialist
- Desert Willow Treatment Center Safety Officer or designee
- Representation from the following disciplines within Desert Willow Treatment Center
  - Psychiatric Nurse
  - Mental Health Technician
  - Clinical Staff
  - Depending on the event other disciplines may be required
- DCFS Administrator, Deputy Administrator or Clinical Program Manager II may request additional representation from other agencies, disciplines or programs

Patient Safety Officer Responsibilities (based on NRS 439.870)

- Serve on the patient safety committee.
- Supervise the reporting of all sentinel events alleged to have occurred at the facility, including, without limitation, performing the duties required pursuant to NRS 439.835.
- Take such action as he or she determines to be necessary to ensure the safety of patients as a result of an investigation of any sentinel event alleged to have occurred at the facility.
- Report to the patient safety committee regarding any action taken in accordance with the responsibilities above.
- Serve as chairperson of the Environment of Care Committee

Infection Control Officer Responsibilities (based on NRS 439.873)

- Serve on the patient safety committee.
- Monitor the occurrences of infections at the facility to determine the number and severity of infections.
- Report to the patient safety committee concerning the number and severity of infections at the facility.
- Take such action as determines is necessary to prevent and control infections alleged to have occurred at the facility.
- Carry out the provisions of the infection control program adopted pursuant to NRS 439.865 and ensure compliance with the program.

- Communicate the progress of any infection control investigations, institutional barriers, and finalized action plan to executive leadership.
- Monitor goals and progress towards completion of the Corrective Action Plans.
- Provide training, education and direction to create RCA process for infection control that incorporates the Patient Safety and Quality Improvement elements.

Executive or Governing Body Staff Responsibilities (Clinical Program Manager II / Hospital Administrator)

- Provide vision and leadership to Patient Safety and Quality Improvement process and develop and foster a safe learning and improving culture.
- Provides oversight to the healthcare quality improvement processes and teams.
- Plan, discuss, and generate the organization patient safety goals and activities, in conjunction with the patient safety action plans

The Patient Safety Committee/ Care of Patient Team will meet monthly to accomplish the following:

- Report and discuss sentinel events which include:
  - Number of sentinel events from previous calendar month (or quarter).
  - Number of severe infections that occurred in the facility.
- Corrective Action Plan for the sentinel events and infections
  - Evaluate the corrective action plan.
- Patient safety policies and checklists
  - At least annually evaluate Patient Safety policies and checklists
  - Monitor and document the effectiveness of the patient safety policy.
  - Revise the patient safety policies and checklists as needed.
- A meeting agenda and minutes noting follow-up tasks will be kept.

A RCA meeting will meet as needed to accomplish the following:

- Define the healthcare issues or potential risks.
- Conduct Root Cause Analysis
  - Reviewing and analyzing the data.
  - Reviewing the RCA process and quality improvement related activities and timelines.
  - Brainstorming issues or the potential risks by using the fishbone diagrams.
  - Identify the contributing factors and conduct the Root Cause Analysis.
- Conduct Corrective Action Plan
  - Identifying the Plan-Do-Study-Act (PDSA) topics.
  - Discussing corrective action process and activities.
  - Discussing and presenting possible changes in procedure to improve areas indicated.
  - Identifying strengths and areas that need improvement.
  - Developing strategies, solutions, and steps to take next.
- Identify barriers and technical assistance needs for supporting the RCA efforts.

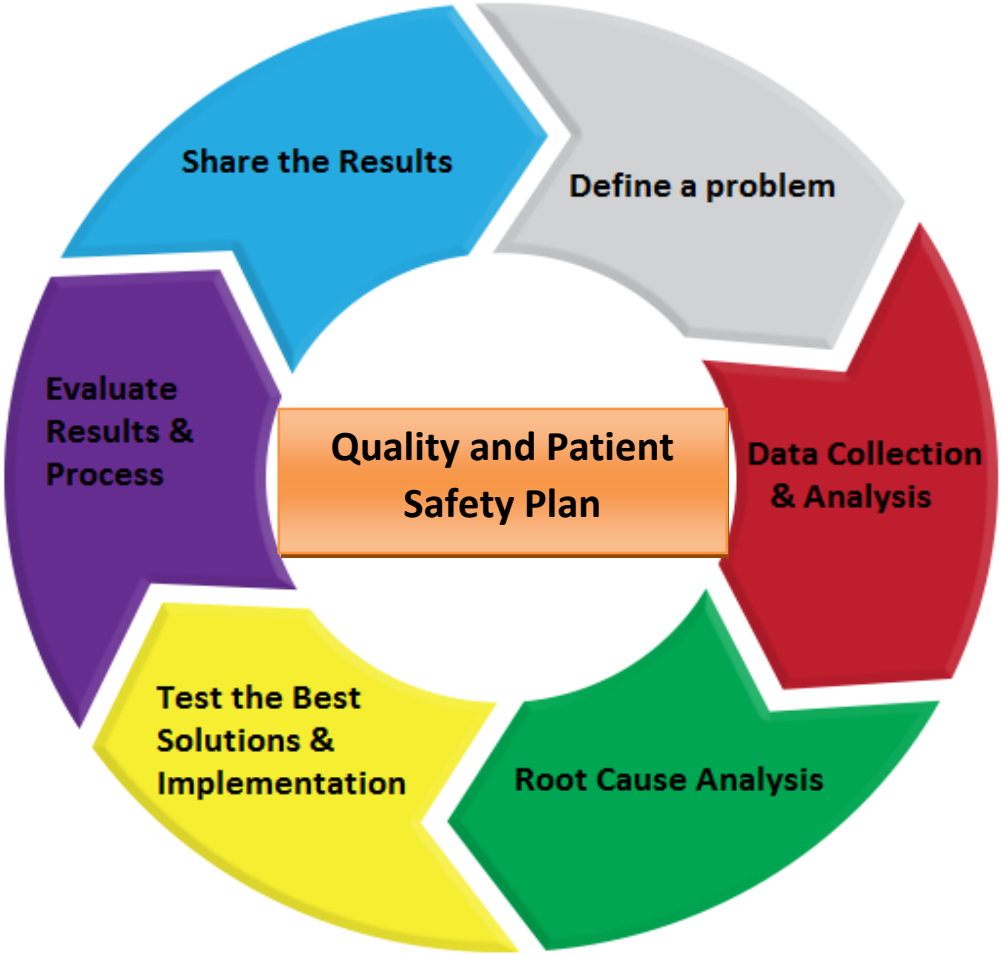
Objectives and Goals of the Quality and Patient Safety Plan

- National Patient Safety Goals guide the service delivery process.
  - Identify Patients Correctly.
  - Use Medications Safely.
  - Prevent Infections.
  - Identify Patients Safety Risks. Reduce the risk for suicide and injury.
- Prevent Sentinel Events
  - Identify and Resolve Safety Risks for Patients including Environmental Factors
  - Root cause analysis will be done if sentinel event occurs
- Medication Management to include but not limited to:
  - Monitoring processes for high alert and look-alike/sound-alike medications
  - Reviewing the storage of medication, including expiration and temperatures
  - Reviewing appropriateness of drug order
  - Monitoring that patients have swallowed the oral medication, medication effects, adverse medication reactions and medication errors
  - Monitoring management of unused/expired medication
  - Monitoring Food/Drug interaction
  - Reviewing after hours dispensing and administration of medications
  - Providing medication education and handouts
  - Reconciling medication information including recording and passing along correct medication information to healthcare providers
- Reduce the risk of infections
  - Identify risks for acquiring and spreading infections
  - Comply with the CDC hand hygiene guidelines.
    - Monitor hand hygiene practices. Set goals and improve compliance.
  - COVID-19 Infections
    - Screen and mitigate to prevent
    - Management of positive cases
  - Increase staff influenza vaccination rates
  - Annually evaluate the effectiveness of the infection control and surveillance plan
- Nutrition Services
  - Provide balanced meals in compliance with the National School Lunch Program
  - Provide all patients with a working knowledge of the basic principles of nutrition and physical activity.
  - Address potential dietary issues or medical concerns.
  - Improve communication between dietitian and physicians
- PBIS
  - Continue to implement, evaluate effectiveness and consistency of PBIS program.
  - Update the program as necessary.
- Staffing
  - Consider acuity when staffing the units.
  - Staff to be mindful of their own emotional needs.
  - Contact and utilize EAP for assistance when needed.
- Maintain and revise a plan, as necessary, for the prevention of and response to workplace safety/violence.

Components and Methods

Pursuant to NRS 439.837, a medical facility shall, upon reporting a sentinel event pursuant to NRS 439.835, conduct an investigation concerning the causes or contributing factors, or both, of the sentinel event and implement a plan to remedy the causes or contributing factors, or both, of the sentinel event."

Desert Willow Treatment Center will use a RCA process to determine the contributing factors and the underlying reasons for the deficiencies or failures. The Plan-Do-Study (check)-Act (PDSA or PDCA) is the model, which was developed by the Institute of Health Care Improvement that we will use to test the changes.



Root Cause Analysis

A Root Cause Analysis is a process for identifying the root causes of the problem(s). It focuses on the process, instead of individuals.

Before analyzing the root causes, defining problems based on facts and data is essential for successfully

conducting root cause analysis.

Root cause analysis and action plan framework table, which was introduced by the Joint Commission. It contains 24 analysis questions. It guides the organization to the steps in a root cause analysis. Not all the questions apply to all the events or cases. This table can be used individually or with the fishbone diagram.

5 Whys technique will be used in Desert Willow Treatment Center to explore the cause and effect relationship underlay a problem. One can find the root causes by asking "why" no less than five times. This technique can be used individually or as a part of the fishbone diagram. 5 Why's technique also can be used to drill down the problem and find the root causes.

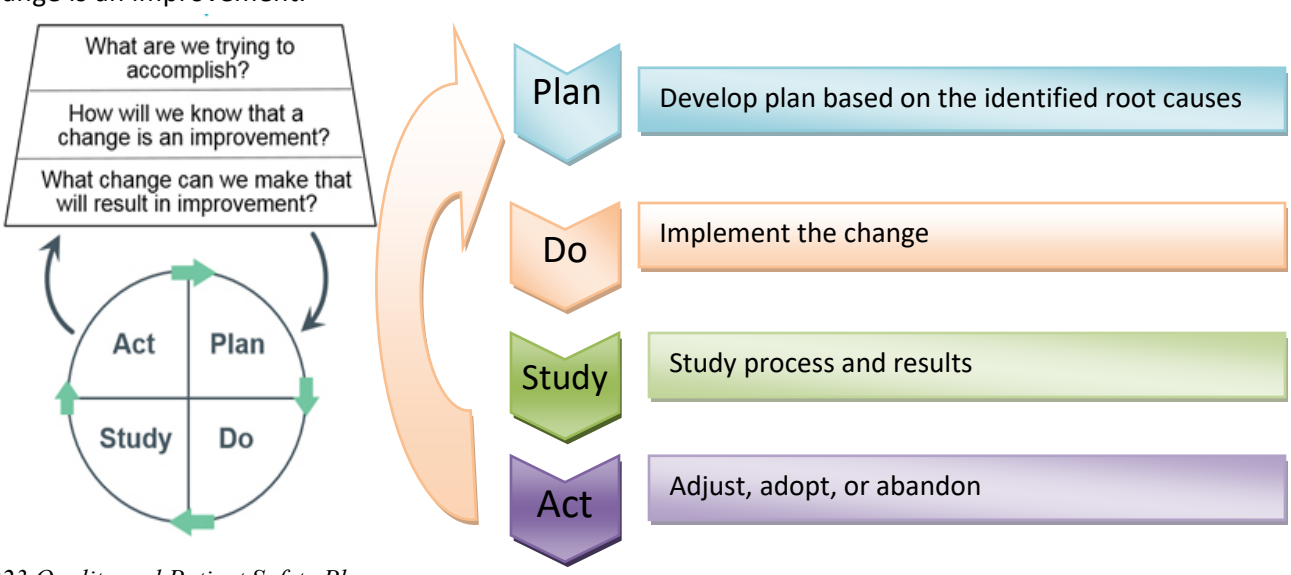
Fishbone Diagram

Once the problems are identified, a Fishbone Diagram (Appendix C) may be used for analyzing the problems. You may use the fishbone diagram individually to analyze the root causes or use it with the root cause analysis and action plan framework table.

A Fishbone Diagram, also called a Cause-and-Effect diagram, is a useful tool for a team to structurally brainstorm by discovering possible underlying factors or root causes from different major categories for the chosen problems. General categories used include people, methods, materials, measurements, education, procedures, process, location, environment, etc. RCA team members will brainstorm and ask multiple times, "why did this happen?" for each cause until all ideas are exhausted. The highest priority root causes will be chosen for PDSA topics.

Model for Improvement

The Model for Improvement is a collaborative and ongoing effort model to improve the product and services quality and process. It provides multi-disciplinary quality team guidance from identifying the root causes; conducting the best tests to assess possible changes and working in collaboration for implementation of the new approaches and solutions. It guides the test of a change to determine if the change is an improvement.



The cycle is defined as follows:

- Plan--collect data and establish appropriate goals. Identify the problem and the possible root causes, and answer the following questions.
  - What is the objective of the test?
  - What are the steps for the test - who, what, when?
  - How will you measure the impact of the test?
  - What is your plan to collect the data needed?
  - What do you predict will happen?

- Do--make changes designed to correct or improve the situation. Use the following questions for the guidance.
  - What were the results of the test?
  - Was the cycle carried out as designed or planned?
  - What did you observe that was unplanned or expected?

- Study -- Study the effect of the changes on the situation. Data should be collected on the new process and compared to the baseline or expected results. Results should be evaluated and by using the following questions as guidance.
  - Did the results match your prediction?
  - What did you learn?
  - What do you need to do next?

- Act--If the result is successful or desirable, standardize the changes and then work on the next prioritized problem or the further improvements. If the outcome is not yet successful, look for different ways to identify the causes or change the testing process.

Data Collection and Reporting

Data should drive any quality and patient safety effort. Desert Willow Treatment Center is using DCFS Incident/ Accident Reports for tracking sentinel events, healthcare infection data, and Microsoft Excel and Access for internal data collection.

Data is submitted to the following external reporting entities:

- BHCQC: Bureau of Health Care Quality and Compliance
- CDC: Centers for Disease Control and Prevention
- CMS: Centers for Medicare & Medicaid Services
- DPBH: Department of Public and Behavioral Health
- Southern Nevada Health District
- State of Nevada Child Death Review Team

- TJC: The Joint Commission
- LCB: Legislative Council Bureau

Ongoing Reporting and Review

Data points such as the following will be reviewed according to the schedule prescribed:

Monthly	Quarterly	Annually
1) Sentinel event monthly report 2) Severity of infection report 3) RCA assessment (if applicable)	1) Severity of infection report 2) Review and evaluate the measure of improvement of patient safety 3) Review and evaluate the measurement to prevent and control infections	1) Quality and Patient Safety Plan update 2) Checklists and Policies reviewing and revising

Assessment of the Quality and Patient Safety Plan

Quarterly Incident Accident Report including Trigger Identification reported to the Performance Improvement Team and to Leadership
Quarterly Consumer Complaint Report reported to Ethics Rights and Responsibilities Team and to Leadership
Infection Control information reported to Patient Safety Committee/Care of Patient Team and to Leadership
Root Cause Analysis for any Sentinel Event reviewed by all appropriate committees and to Leadership
Corrective Action Plans reviewed by all appropriate committees and Leadership

Patient Safety Checklists and Patient Safety Policies

By NRS 439.865, the patient safety plan must include the patient safety checklists and patient safety policies for use by:

- Providers of healthcare who provide treatment to patients at the facility;
- Other personnel of the facility who provide treatment or assistance to patients;
- Employees of the facility who do not provide treatment to patients but whose duties affect the health or welfare of the patients at the facility, including, without limitation, a janitor of the medical facility; and
- Persons with whom the facility enters into a contract to provide treatment to patients or to provide services which may affect the health or welfare of patients.

The patient safety checklists must follow protocols to improve the health outcomes of patients at the medical facility and must include, without limitation:

- Checklists related to specific types of treatment. Such checklists must include, without limitation, a requirement to document that the treatment provided was properly ordered by the provider of healthcare.
- Checklists for ensuring that employees of the medical facility and contractors with the medical facility who are not providers of healthcare follow protocols to ensure that the room and environment of the patient is sanitary.
- A checklist to be used when discharging a patient from the facility which includes, without limitation, verifying that the patient received:
    - Proper instructions concerning prescription medications;
    - Instructions concerning aftercare;

- Any other instructions concerning his or her care upon discharge; and
- Any other checklists which may be appropriate to ensure the safety of patients at the facility.

The patient safety policies must include, without limitation:

- A policy for appropriately identifying a patient before providing treatment. Such a policy must require the patient to be identified with at least two personal identifiers before each interaction with a provider of healthcare. The personal identifiers may include, the name and date of birth of the patient.
- A policy regarding the nationally recognized standard precautionary protocols to be observed by providers of healthcare at the medical facility including, without limitation, protocols relating to hand hygiene.
- A policy to ensure compliance with the patient safety checklists and patient safety policies adopted pursuant to this section, which may include, active surveillance. Active surveillance may include a system for reporting violations, peer-to-peer communication, video monitoring and audits of sanitation materials.

The patient safety checklists are listed in Appendix D.

Approval of Patient Safety Plan

According to NRS 439.865, a medical facility shall submit its patient safety plan to the governing board of the facility for approval. After a facility's patient safety plan is approved, the facility shall notify all providers of healthcare who provide treatment to patients of the existence and requirements of the plan.

The patient safety plan must be reviewed and **updated annually** in accordance with the requirements for approval set forth in this section.

According to NRS 439.843, on or before March 1 of each year, a copy of the most current patient safety plan established to NRS 439.865 must be submitted to the Division of Public and Behavioral Health.

Reference

- Root Cause Analysis Toolkit – The Joint Commission https://www.jointcommission.org/framework_for_conducting_a_root_cause_analysis_and_action_plan/
- Department of Public and Behavioral Health Sentinel Event Reporting https://dpbhrdc.nv.gov/redcap/
- Patient Safety Systems Chapter, Sentinel Event Policy and RCA2 https://www.jointcommission.org/sentinel_event.aspx

Appendix A: Terms and Definitions

Patient Safety: The Agency for Healthcare Research Quality (AHRQ) defines patient safety as "a discipline in the healthcare sector that applies safety science methods toward the goal of achieving a trustworthy system of healthcare delivery. Patient safety is also an attribute of healthcare systems; it minimizes the incidence and impact of, and maximizes recovery from, adverse events." http://www.ahrq.gov/downloads/pub/advances2/vol1/advances-emanuel-berwick_110.pdf

Sentinel event (NRS 439.830)

1. Except as otherwise provided in subsection 2, "sentinel event" means an event included in Appendix A of "Serious Reportable Events in Healthcare--2011 Update: A Consensus Report," published by the National Quality Forum.

2. If the publication described in subsection 1 is revised, the term "sentinel events" means the most current version of the list of serious reportable events published by the National Quality Forum as it exists on the effective date of the revision which is deemed to be:

(a) January 1 of the year following the publication of the revision if the revision is published on or after January 1 but before July 1 of the year in which the revision is published; or

(b) July 1 of the year following the publication of the revision if the revision is published on or after July 1 of the year in which the revision is published but before January 1 of the year after the revision is published.

3. If the National Quality Forum ceases to exist, the most current version of the list shall be deemed to be the last version of the publication in existence before the National Quality Forum ceased to exist.

(Added to NRS by 2002 Special Session, 13; A 2005, 599; 2013, 217)

Institute for Healthcare Improvement (IHI) defines **medical harm** as "unintended physical injury resulting from or contributed to by medical care (including the absence of indicated medical treatment) that requires additional monitoring, treatment or hospitalization, or results in death."

Facility-Associated Infection: (NRS 439.802)

"Facility-acquired infection" means a localized or systemic condition which results from an adverse reaction to the presence of an infectious agent or its toxins and which was not detected as present or incubating at the time a patient was admitted to a medical facility, including, without limitation:

- Surgical site infections;
- Urinary tract infections; and
- Other categories of infections as may be established by the State Board of Health by regulation pursuant to NRS 439.890.

(Added to NRS by 2005, 599; A 2009, 553)

Medical facility (NRS 439.805)

"Medical facility" means:

- A hospital, as that term is defined in NRS 449.012 and 449.0151;

(Added to NRS by 2002 Special Session, 13)

Near miss: An event or a situation that did not produce patient harm, but only because of intervening factors, such as patient health or timely intervention. (National Quality Forum (NQF), Serious Reportable Events in Healthcare 2009 Update.)

Mandatory reporting: Legal requirement for physicians and other professionals providing health services to report suspected incidents of abuse and neglect. As mandated reporters, they are generally afforded legal immunity for such reports and most jurisdictions impose a civil or criminal penalty for failure to report. (Council on Scientific Affairs. AMA Diagnostic and Treatment Guidelines Concerning Child Abuse and Neglect. JAMA. 1985;254(6):796-800.)

Risk: Possibility of loss or injury. (Merriam-Webster's Online Dictionary, Risk, Available at http://www.merriamwebster.com/dictionary/risk. Last Accessed August 2009.)

Preventable event: Describes an event that could have been anticipated and prepared for, but that occurs because of an error or other system failure (National Quality Forum (NQF), Serious Reportable Events in Healthcare 2009 Update.)

Appendix B: National Patient Safety Goals

2023 Behavioral Health Care and Human Services National Patient Safety Goals

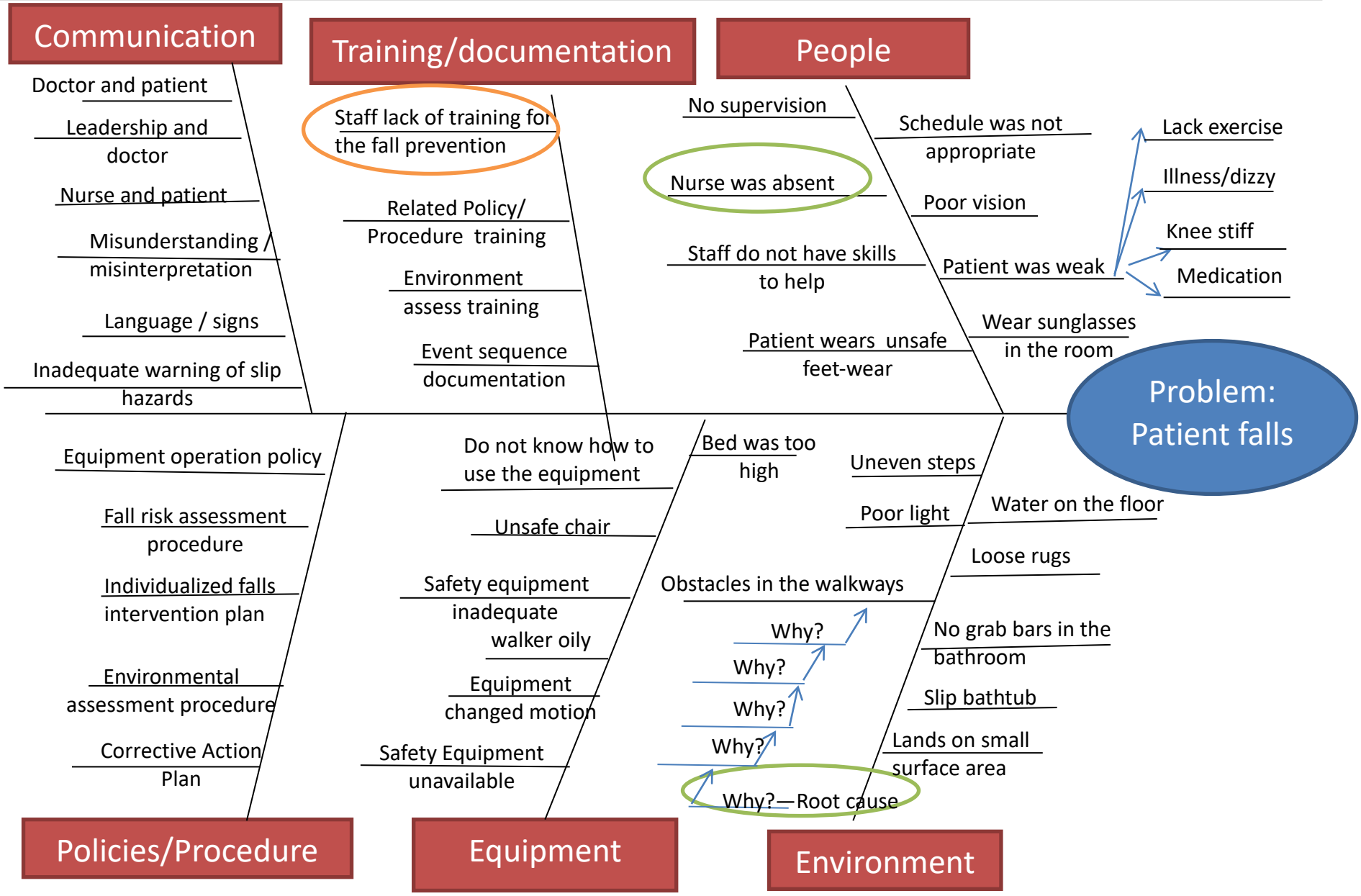
The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify individuals served correctly	
NPSG.01.01.01	Use at least two ways to identify individuals served. For example, use the individual's name *and* date of birth. This is done to make sure that each individual served gets the correct medicine and treatment.
Use medicines safely	
NPSG.03.06.01	Record and pass along correct information about a individual's medicines. Find out what medicines the individual served is taking. Compare those medicines to new medicines given to the individual served. Give the individual served written information about the medicines they need to take. Tell the individual served it is important to bring their up-to-date list of medicines every time they visit a doctor.
Prevent infection	
NPSG.07.01.01	Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
Identify individuals served safety risks	
NPSG.15.01.01	Reduce the risk for suicide.

The Joint Commission

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.

Appendix C: Fishbone Diagram



Appendix D: Checklists

Universal Assessments A & B
S:\DWTC\DWTC FORMS\DWTC 18A Universal Assessment Part A 12-19.doc
S:\DWTC\DWTC FORMS\DWTC 18B Universal Assessment Part B 12-19.doc

Personal Safety Assessment S:\DWTC\DWTC FORMS\DWTC 163 Personal Safety Assessment 12-17.docx

Pediatrician History & Physical Examination:
S:\DWTC\DWTC FORMS\DWTC 19 Pediatrician History and Physical Examination 10-19.docx

Aftercare Plan Located in Avatar (Electronic Health Record System)

ILSM Assessment Tool S:\DWTC\DWTC FORMS\DWTC 192 Interim Life Safety Measure Assessment Tool 9-16.docx

Monitoring Sheet S:\DWTC\DWTC FORMS\DWTC 31 Patient Monitoring Sheet 02-23.xlsx

Hygiene Monitoring Form S:\DWTC\DWTC FORMS\DWTC 183 Hygiene Monitoring form 11-17.docx

Incident Accident Form S:\DWTC\DWTC FORMS\DWTC 72 Incident Accident Report 10-20.pdf

Critical Incident Report S:\DWTC\DWTC FORMS\CIR - Critical Incident Report_03.2020.docx

Seclusion Monitoring Form S:\DWTC\DWTC FORMS\DWTC 197 Seclusion Monitoring Form 05-20.docx

Peer Review Forms
S:\DWTC\DWTC FORMS\DWTC 141 - Peer Review - PSYCHIATRIST 03-21.docx
S:\DWTC\DWTC FORMS\DWTC 141A - Peer Review - PEDIATRICIAN 03-21.docx
S:\DWTC\DWTC FORMS\DWTC 141C - Peer Review - RN 02-23.docx
S:\DWTC\DWTC FORMS\DWTC 141D - Peer Review - CLINICIAN - 10-21.docx

Medication Pass Audit S:\DWTC\DWTC FORMS\DWTC 180 Medication Pass Audit 01-21.docx

Medication Variance Investigation
S:\DWTC\DWTC FORMS\DWTC 142A Medication Variance Report Investigation Form 01-23.docx
S:\DWTC\DWTC FORMS\DWTC 142B Medication Variance Error Index 08-18.docx

Q15 Audit S:\DWTC\DWTC FORMS\DWTC 181 Q15 Audit 01-21.docx

Unit Safety Contraband Checklist S:\DWTC\DWTC FORMS\DWTC 182 Unit Safety Contraband Checklist 02-21.docx

Temperature Logs:
S:\DWTC\DWTC FORMS\DWTC 120 A - Food Refrigerator-Freezer Temperature Log 11-22.doc
S:\DWTC\DWTC FORMS\DWTC 120 B - Medication Refrigerator Temperature Log 09-20.doc
S:\DWTC\DWTC FORMS\DWTC 120 C - Medication Room Temperature Log 11-22.docx
S:\DWTC\DWTC FORMS\DWTC 120 D - Specimen Refrigerator Temperature Log 09-20.doc

Infection Surveillance Report S:\DWTC\DWTC FORMS\DWTC 73 Infection Surveillance Report 02-17.docx

Appendix D: Checklists (continued)

Environment of Care Monitors

S:\DWTC\DWTC Policies & Procedures\DWTC POLICIES\10.0 - ENVIRONMENT OF CARE\10.50 - ENVIRONMENT OF CARE MONITORS 06-21.docx

Suicide Risk Assessment

S:\DWTC\DWTC FORMS\DWTC 195A Suicide Risk Assessment & Safety Plan (Admission) 10-20.docx
S:\DWTC\DWTC FORMS\DWTC 195B Suicide Risk Assessment (Weekly) 11-17.docx
S:\DWTC\DWTC FORMS\DWTC 195C Suicide Risk Assessment & Safety Plan (Discharge) 11-17.docx

COVID-19 Screening

S:\DWTC\DWTC FORMS\COVID 19 - Visitor Questionnaire 03-21.docx
S:\DWTC\DWTC FORMS\COVID -19 TemperatureDailyScreening 03-21.docx
S:\DWTC\DWTC FORMS\COVID 19 - Therapeutic Pass Screening 05-22.docx
S:\DWTC\DWTC FORMS\COVID -19 TemperatureDailyScreening (CCSD) 08-21.docx
S:\DWTC\DWTC FORMS\DWTC 16 Informed Consent for Routine COVID-19 Testing of Patient 01-23.docx
S:\DWTC\DWTC FORMS\COVID Testing (Consent and Lab Form) 6-1-22.docx

Appendix E: Related Policies

DWTC Policy 1.19 Risk Management Plan

S:\DWTC\DWTC Policies & Procedures\DWTC POLICIES\01.0 - ORGANIZATION\1.19 - RISK MANAGEMENT PLAN 05-19.docx

DWTC Policy 2.27 Contraband Items / Searches Personal and Room

S:\DWTC\DWTC Policies & Procedures\DWTC POLICIES\02.0 - ETHICS, RIGHTS, AND RESPONSIBILITIES\2.27 - CONTRABAND ITEMS - SEARCHES - PERSONAL & ROOM 6-16.docx

DWTC Policy 2.29 Visitors & Guests

S:\DWTC\DWTC Policies & Procedures\DWTC POLICIES\02.0 - ETHICS, RIGHTS, AND RESPONSIBILITIES\2.29 - VISITORS & GUESTS 10-22.docx

DWTC Policy 4.32 Root Cause Analysis

S:\DWTC\DWTC Policies & Procedures\DWTC POLICIES\04.0 - QUALITY ASSURANCE\4.32 - ROOT CAUSE ANALYSIS.doc

DWTC Policy 4.33 Sentinel Events

S:\DWTC\DWTC Policies & Procedures\DWTC POLICIES\04.0 - QUALITY ASSURANCE\4.33 - SENTINEL EVENTS 6-15.doc

DWTC Policies included in Chapter 7 – Medical Services

S:\DWTC\DWTC Policies & Procedures\DWTC POLICIES\07.0 - MEDICAL SERVICES

7.03 Physical Health Assessment
7.04 Nursing Assessment
7.09 Medication Management
7.10 Medication Variances
7.12 Medication Stop Order
7.15 Destruction of Used Needles and Syringes
7.18 Pain Management
7.21 Physician Orders
7.22 Psychiatric Evaluation
7.24 Mental Status Examination
7.25 Drug Samples
7.32 Emergency Medical Care / COBRA Packet
7.34 First Aid Nosebleeds
7.35 First Aid for Open Wounds
7.40 Professional Nursing Staff
7.41 Medical Staff
7.50 Vital Signs
7.51 Glucose Monitoring via Glucometer
7.53 Contract Laboratory Services
7.54 Diagnostic Services
7.60 Employee Medical Emergency
7.61 Employee Physical Examinations and TB Tests
7.63 Nursing Care Procedures
7.64 Polypharmacy, High Dose & Off-Label Pharmacotherapy
7.83 Pharmacy Dispensing Procedures
7.85 Critical Test Result Notification
7.86 Medication Reconciliation
7.87 High Alert / LASA / Hazardous Medications
7.88 Shift Report
7.89 Respiratory Protection Program

DWTC Policies included in Chapter 10 - Environment of Care

S:\DWTC\DWTC Policies & Procedures\DWTC POLICIES\10.0 - ENVIRONMENT OF CARE

10.01 Guidelines Hepatitis B Vaccine Program
10.02 Influenza Program
10.03 Occupational Exposure to Bloodborne Pathogens
10.04 Infection Control of Ice Machine
10.05 Health Safety Inspection
10.07 Interim Life Safety Measures
10.08 Use of Disposable Gloves During Handling of Foods and Fluids
10.10 Surveillance, Prevention and Control of Infection Guidelines
10.11 Personal Protective Equipment
10.13 Work Practice Controls
10.14 Lice Policy
10.15 Hand Washing
10.16 Tuberculosis Screening for Patients
10.17 Sanitation and Disinfection
10.18 Isolation Techniques
10.19 Nosocomial Detection and Reporting
10.20 Occupational Illness
10.21 Infection Control and Surveillance Plan
10.22 Standard Precautions
10.23 Transmission Based Precautions
10.40 Maintenance Stand-By for After Hours
10.41 Housekeeping/Maintenance
10.44 Use of State Vehicles
10.46 Non-Smoking/Smoking
10.47 Ordering of Supplies
10.50 Environment of Care Monitors
10.51 Safety Management Plan
10.52 Utility Systems Management Plan
10.53 Security Management Plan
10.54 Hazardous Materials and Waste Management Plan
10.55 Fire Safety Plan (previously Life Safety Management Plan)
10.56 Emergency Management / Disaster Plan
10.62 Non-Dairy Beverage Substitutions
10.63 Diets and Food Requisitions
10.64 Meals DWTC
10.66 Nutritional Screening and Assessment
10.68 Dietetic Services Quality Improvement Plan
10.69 Diet Orders
10.70 Wellness Policy
10.73 Nutrition Care Monitoring
10.74 Nutrition Care Manuals and Menu
10.75 Nutrition Education
10.76 Meal Service
10.77 National School Lunch Program
10.81 Incident-Accident Reporting
10.83 Incidents Involving State Vehicles
10.85 Lockout-Tagout System
10.86 Employee Lockers
10.91 911 Emergency Protocol
10.93 Threats / Behavioral Emergencies in the Lobby / Intake Room
10.94 Natural Gas Leak
10.95 Potentially Dangerous Weapons
10.96 Bomb Threats
10.99 Chemical Ingestion by Patient
10.100 Hostage Situation
10.101 CCSD / DWTC Evacuation
10.102 Decorations
10.103 COVID-19

DWTC Policy 8.03 Restraint-Seclusion of Patients

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DWTC Policy 11.06 Patient Monitoring

S:\DWTC\DWTC Policies & Procedures\DWTC POLICIES\11.0 - DWTC\11.06 - PATIENT MONITORING 09-22.docx