Dignity Health – St. Rose Dominican
Siena Campus

PATIENT SAFETY/RISK MANAGEMENT PLAN

DATE: 05/2022

This plan was created and revised by the Dignity Health – St. Rose Dominican, Siena Patient Safety Officer with review and input from the Patient Safety Committee. 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 medical/healthcare errors and /or preventable events.

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Commitment to Patient Safety

Dignity Health – St. Rose Dominican, Siena is committed to a comprehensive approach to improve healthcare quality and patient safety by aligning with our Mission, Vision, and Values, 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, Vision, and Values

In support of our mission, vision, and values, Dignity Health – St. Rose Dominican, Siena Campus' Patient Safety/Risk Management program promotes:

- Trust and honest, open collaboration and partnership of hospital leadership, medical staff, patients and their families, the community and other healthcare providers to deliver compassionate, high-quality, affordable healthcare.
- Justice and respect for those we serve.
- Dignity and value for each patient, family member, employee, and other healthcare providers.
- Responsibility and accountability for every healthcare related decision and action.
- Commitment to the power of working together on excellence, teamwork and innovation through continuous learning, improvement in 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 Patient Safety/Risk Management Program at St. Rose Dominican, Siena is an organization-wide/campus specific strategy that includes not only facility staff and medical staff, but is inclusive of patients, family and visitors. The Patient Safety/Risk Management Program at the Siena Campus supports and encourages the active participation of each person in order to be an effective program. When processes, functions or services are designed or redesigned, information internal and external to the campus and/or organization regarding potential risks to patient safety will be considered and where appropriate, utilized to minimize the risk to patients affected by the new or redesigned process, function or services.

The purpose of this plan is to establish system-wide guidelines and processes supporting a comprehensive, effective, organization-wide Patient Safety/Risk Management Program Plan designed to promote and improve patient safety at Dignity Health – St. Rose Dominican, Siena, by working to prevent medical/healthcare adverse events and reducing risk to patients and visitors.

Undesirable facility specific and system patterns or trends in performance and sentinel events will be intensively analyzed to determine where best to focus changes for improvement. Intensive analysis will be initiated when:

- Levels of performance, patterns or trends vary significantly and undesirably from those expected including significant near misses;
- Performance varies significantly and undesirably from that of other campuses/organizations;
- Performance varies significantly and undesirably from recognized standards; and/or
- A reportable event has occurred at that campus.

Minimally, data from the following areas will be gathered at each facility and presented at that facility for analysis with action plans developed reflective of the findings:

- Initial and on-going proactive risk assessments utilizing internal and external resources;
- Campus aggregate event reports reflective of all medical/healthcare events, with and without adverse outcomes, including but not limited to:
    - Hospital acquired infections
    - Medication events, to include delays in administration
    - Adverse drug events
    - Transfusion reactions
    - Patient falls
- Actual and near misses
- Hazardous conditions
- Restraint issues
- Medical record legibility issues
- Patient/family/staff opinions, needs, perceptions of risks to patients, and suggestions for improving patient safety;
- Identified data trends and analysis reports from sister facilities, CommonSpirit Health Shared Learnings, etc.
- Others as defined by various campus committees, Leadership and/or Quality Council and Advisory Committee of the Board (QCAC).
- High Reliability Organization (HRO).

Roles and Responsibilities

Per 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.

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.

The roles and responsibilities are defined below.

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

The Patient Safety Committee convenes monthly in accordance with NRS 439.875. In collaboration with the Patient Safety Officer, the committee represents the Siena Campus and includes multidisciplinary team members which has oversight responsibility to ensure that the responsibilities and functions outlined in this program are carried forward throughout the organization. The following are responsibilities assigned:

- Serve as champions of the Patient Safety/Risk Management Program within the facility/organization.
- Establish and evaluate data to identify patient safety performance indicators.
- Evaluate other sources of patient safety data utilizing internal and external resources including but not limited to adopted patient safety checklists, risk assessments, sentinel event report/alert information and event reporting information from a variety of available resources including the event reporting system, Association for Professionals in Infection Control and Epidemiology (APIC), Collaborative Healthcare Patient Safety Organization (CHPSO), etc..
- Selection of a high-risk patient safety process for proactive risk assessment and improvement annually;
- Collaborate with each facility's Quality Council to identify, address and conduct follow-up on patient safety related trends, analysis results, changes in processes, and policies.
- Conduct an annual review of the Patient Safety Program to ensure its appropriateness of focus and effectiveness of efforts for each campus.
- 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 the executive or governing body of the medical facility 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.
- All participants of the PCS have completed the PSO education.

Root Cause Analysis (RCA) Team Responsibilities

- Root Cause interviews, analysis, investigation, and corrective action plan implementations.
- Participate in the RCA meetings and discussions.
- Communicate honestly and openly about only data and facts to the team members and their supervisors/leaders.
- See Patient Safety Department's Performance Improvement Plan.

Patient Safety Officer Responsibilities (based on NRS 439.870)

The Manager of Patient Safety/Risk Management Services has been designated the Patient Safety Officer for the Siena Campus and as such, has the administrative responsibility for the following program specific responsibilities:

- 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.
- Day to day responsibility for the Patient Safety/Risk Management Program at Siena Campus.
- Maintain related data collected, trended and analyzed at the Siena campus.
- Ensure routine reporting to leadership and QCAC on campus specific trended data and actions taken to improve the quality and safety of patient care.
- Work with QCAC to achieve the goals of the Patient Safety/Risk Management Program.

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 determined 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.

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.
- Communicate the progress of the investigation, 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 that incorporates the Patient Safety and Quality Improvement elements.

RCA Facilitator Responsibilities

- Identify RCA participants and coordinate a time, date and location of RCA meeting.
- Inform RCA participants of the sentinel event process.
- Explain confidential nature of RCA.
- Explain Just Culture and its application.
- Review event using medical record and any other pertinent materials in preparation for the RCA.
- Provide RCA members access to relevant best practice/research documents/statutes and other literature to include hospital Policy and Procedure documents for reference.
- Conduct RCA in a manner consistent with Just Culture, using principles of human factors, systems theory, etc.

Executive or Governing Body Staff Responsibilities

Provide vision and leadership to Patient Safety and Quality Improvement process, and develop and foster a safe learning and improving culture.

- Provide 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.

Leadership

The Dignity Health St. Rose Dominican Board and Siena campus Senior Leadership has overall responsibility for the implementation of an integrated, organization-wide Patient Safety/Risk Management Program. These responsibilities are campus specific and include the following:

- Foster an environment in which patients, their families and organization staff and leaders can identify and manage actual and potential risks to patient safety through personal example and the provision of resources to establish proactive mechanisms to reduce risk.
- Establish a culture in which communication flows freely regardless of authority gradient.
- Ensure that a defined, on-going, proactive program for identifying risks to patient safety and reducing medical/healthcare adverse events is fully implemented and includes responses to actual and potential events.
- Ensure that patient safety issues are given a high priority and addressed when processes, functions or services are designed or redesigned.
- Provide for mechanisms to measure, analyze and manage variation in the performance of defined processes that affect patient safety.
- Allocate adequate resources, including personnel, time, information systems data associated with reducing risk and improving patient safety, and;
- Actively participate in CHPSO.

Physicians

Physicians are responsible, as participants in the Patient Safety/Risk Management Program for reporting events or near misses at each campus, and participating on focus teams to reduce identified patient safety risks. Whenever patient care outcomes differ significantly from the anticipated outcomes, the primary care provider and/or responsible licensed independent practitioner (LIP) or comparable designee shall clearly explain these outcomes to the patient, and when appropriate, the family. (See Disclosure Policy)

Patients/Families/Visitors

Patients, families and patient representatives via written communication are encouraged to be active participants in their care and as such are responsible to:

- Provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to the patient's health;
- Report perceived risks in their care and unexpected changes in the patient's condition to the responsible practitioner, and
- Ask questions when they do not understand what they have been told about the patient's care, infection control, safety precautions and programs or what they are expected to do.

Patients and families/patient representatives/visitors will be provided with educational materials explaining these expectations and their role in reducing risk exposure and improving patient safety at the time of admission and throughout the patient stay utilizing various delivery methods including pamphlets, television and verbal communication. Some patients may also be included in the development process to obtain their opinions, needs, perceptions of risks to patients and their suggestions for improving patient care.

Hospital Departments and Staff

Siena staff are key to promoting, identifying, and implementing activities to reduce risk and improve patient safety. Some of the activities include the following:

- Actively participate in the activities to improve patient safety and the quality of healthcare delivered;
- Adhere to infection prevention measures, the Joint Commission National Patient Safety Goals and other patient safety initiatives;
- Participate in education activities and process implementations;
- As appropriate, provide accurate, timely and complete verbal and written communication among caregivers, including test results relevant to the management of the patient's condition, and to all others involved in the utilization of data; and
- Participate in information needs assessment, staff surveys, and other processes that request information regarding the Patient Safety/Risk Management Program.
- Report all events and process variances (harm or no harm) even if they do not reach the patient (near miss).

Objectives and Goals of the Patient Safety/Risk Management Plan

Goal	Plan	Due Date
Risk Assessments	1. Patient Safety/Risk Management to perform quarterly risk assessments and report to PSC. 2. Infection Prevention to report to PSC findings of Risk Assessments.	Monthly PSC
Failure Modes Effects Analysis (FMEA)	PSC to ensure one FMEA is conducted by Risk Management in CY 2021.	December 2022
Checklists	PSC will receive all new and renewed checklists used that impact patient safety whether directly or indirectly.	Monthly and ongoing
National Patient Safety Goals	PSC will support the posting of NPSGs throughout the hospital for staff reference.	Department leaders
Root Cause Analysis	RCAs will be conducted by Risk Management as soon as possible/practical after an event per Dignity Health policy	Ongoing
Patient Safety staff orientation	Patient Safety Services will review/update Manager orientation.	December 2022
Grievance Management	Grievances will be reviewed by the Grievance Committee to ensure compliance with CMS CoPs.	Quarterly and ongoing
Staff and physician education	Patient Safety education will occur in various forms (e.g. Huddles, Department Meetings, Leadership Meetings, and Posters) throughout the year.	Ongoing

Components and Methods

Proactive Risk Assessment Activities

The Patient Safety/Risk Management Department, in collaboration with the various facility committees including Infection Prevention, Quality Council and leadership will conduct proactive risk assessments to identify hazards/risks that may affect patient safety. Risk Assessment activities will include, but not be limited to the following:

- Patient Safety Risk Assessment evaluating known high risk processes/procedures that have associated risks.
- Review employee survey results to identify safety concerns.
- On-going risk assessments based on internal and external data, including sentinel event alerts.
- Focused risk assessments as determined by the Patient Safety Committee, Senior Leadership, external/internal events, etc.
- Selection of patient safety process improvements and risk reduction activities utilizing the priorities set criteria of Siena campus.
- Any information assessments conducted by St. Rose Dominican will include identification of barriers to effective communication among caregivers.
- Patient Satisfaction surveys will include a question determining how the patient/family thinks the individual facility can improve patient safety. Results from this question shall be analyzed and responded to in a manner that supports risk reduction.
- Infection Prevention Surveillance Program.
- Additional staff surveys may be conducted to assess for staff opinions, needs, perceptions of risks to patients and suggestions for improving patient safety, as well as the staff's willingness to report medical/healthcare events.

Event Reporting

St. Rose Dominican, Siena actively participates in the CHPSO and its Patient Safety Evaluation System (PSES) for data collection, monitoring, collaboration and evaluation activities. As provided under the CHPSO (42 Code of Federal Regulations (CFR) Part 3 Section 3.20) the event report is considered a Patient Safety Work Product Privilege (PSWP Privilege) and as such is privileged and shall not be (1) subject to subpoena; (2) subject to discovery; (3) subject to disclosure and (4) admitted into evidence-provided such information is not subject to disclosure in certain criminal proceedings as described in regulation. (See Event Reporting and Management Policy).

A. When an unplanned event/process variance occurs, the patient care provider will do the following:
   a. Perform the necessary healthcare interventions to support the patient's clinical condition.
   b. Perform the necessary interventions to contain the risks to others.
   c. Notify the patient's attending physician.
   d. Preserve any information related to the event including physical evidence. Preservation of the information includes the documentation of facts regarding the event or complication of event on the Event Report and in the patients' medical record.
   e. Notify immediate supervisor of the event.
   f. Submit electronically an Event Report form to Risk Management/Patient Safety Services.

B. Identification of potential unsafe condition that may affect patient safety:
   a. Individuals identifying such a condition will immediately report such to their supervisor, and document in the Event Report.
   b. Take the necessary actions to ensure that any potential risks to patient care and safety are mitigated.

Event Monitoring/Risk Assessment Analysis, Action Planning and Intervention

A. Patient safety related event reporting data within the scope of the Patient Safety Program and risk assessment results will be aggregated and presented routinely to various committees including but not limited to Medical Executive Committee (MEC), Medication Safety, Quality Council and Environment of Care for analysis and action as appropriate. Based on analysis of this data and any actual or potential reviews, sentinel events and other internal and external data including TJC Sentinel Event Alerts, Dignity Health Shared Learnings, CHPSO trends, current literature, a proactive action plan will be developed to include the following:
   a. Assess the intended and actual implementation of processes to identify the steps in where there is, or may be, undesirable variation.
   b. Identify the possible effects of the undesirable variations on patients and how serious the effect or outcome on the patient might be.
   c. Conduct a root cause analysis for critical effects/outcomes to determine why the variation leading to the effect may occur.
   d. Redesign the process and /or underlying systems to minimize the risk of that variation or to protect patients from the effects of the variation.
   e. Test and implement the redesign process.
   f. Identify and collaborate with leadership on implementation of measures to evaluate the effectiveness of the redesigned process.
   g. Implement a strategy for maintaining the effectiveness of the process over time.
   h. Events that do not require a Root Cause Analysis will have an incident review completed by the Patient Safety Department as soon as practicable after becoming aware of the event. The results will be forwarded to leadership for review.

Response to Reported Adverse/Sentinel Events

Reporting of events is an essential component of a Patient Safety/Risk Management program. Through its participation in the CHPSO; all related investigation of events will be securely conducted, collected and documented as Patient Safety Work Product Privilege to maintain confidentiality as defined in the Federal Regulation.

A. Siena shall respond to all reported potential and actual adverse/sentinel events. (See Sentinel Event policy).
B. Minimally, all adverse events will be analyzed utilizing a team of individuals including the Risk Management/Patient Safety Department, to conduct an RCA, incident review and/or an FMEA, implement an action plan to reduce further risk to patients and establish measures of effectiveness.
   a. The following events always elicit an intense analysis:
      i. Confirmed transfusion reactions
      ii. Significant adverse drug reactions
      iii. Significant medication events and hazardous conditions

iv. Major discrepancies, or patterns of discrepancies, between preoperative and postoperative (including pathologic) diagnoses, including those identified during the pathologic review of specimens removed during surgical or invasive procedures
v. Significant adverse events associated with anesthesia use
vi. Hospital acquired infections
vii. All events meeting the definition of Sentinel Events in the State of Nevada.

b. A Root Cause Analysis is performed when a sentinel or State reportable event occurs.
c. An incident review is performed when a near miss or other event with significant areas for improvement are identified.

C. Staff involved in an adverse/sentinel event shall be treated with respect and dignity.
a. A "JUST CULTURE" approach shall be taken in order to facilitate changes in systems and processes to prevent further risk to patient safety, as well as promote future reporting by other staff.
b. Involved staff should be involved in the RCA process.
c. The Department Manager will provide ongoing support to the staff member(s) as needed.
d. Whenever necessary, Crisis Intervention or Employee Assistance Programs (EAP) will be offered as support to the involved employee.

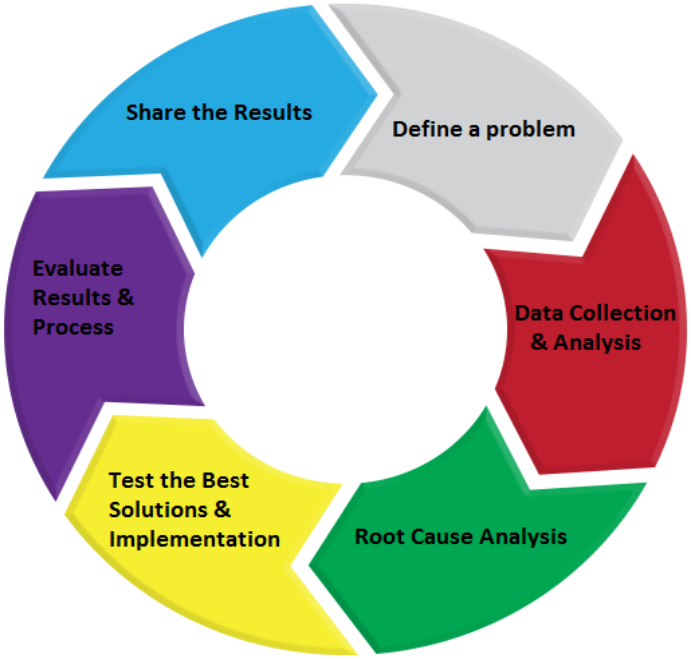
Education

A. Staff Education
a. General orientation and other education and training programs as needed will emphasize specific job related aspects of patient safety and risk reduction strategies.
b. Specific Patient Safety/Risk Management Program training at orientation and annually thereafter will include:
i. An overview of the Patient Safety Program
ii. Overview of TJC National Patient Safety Goals
iii. Staff's role and responsibilities in the Patient Safety/Risk Management Program
iv. Event reporting criteria and process
v. Methods to support and foster an interdisciplinary and collaborative approach to the delivery of patient care
vi. Examples of specific job related aspects of patient safety.
c. Staff participating at a higher level of the Patient Safety/Risk Management Program will receive appropriate training necessary to understand and complete their assigned responsibilities.

B. Physician Education
a. An overview of the Patient Safety/Risk Management Program will be provided to physicians at time of initial appointment and annually thereafter that describes the program, emphasizes their role and responsibilities in the program and informs them of the event reporting mechanism.
b. Specific physicians may receive additional training to support their involvement at a higher level in the Patient Safety/Risk Management Program.

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.

Siena Campus will use the 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, 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 fundamental reasons for the occurrence of a 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 a root cause analysis.

Root cause analysis and action plan framework table 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 Siena to explore the cause and effect relationship underlying 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.

Fishbone Diagram

Once the problems are identified, a Fishbone Diagram will be used for analyzing the problems. You can 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. Once all the categories are established on the fishbone diagram, the 5 Whys technique also can be used to drill down the problem and find the root causes.

Model for Improvement

Please refer to the Dignity Health – St. Rose Dominican, Siena Performance Improvement Plan.

Data Collection and Reporting

Data should drive any quality and patient safety effort. Siena uses the iVOS Event Reporting System for tracking the sentinel events, healthcare infection data, and Midas for internal data collection.

External data sources are those data sources which are collected outside the supervisory structure of the case. External data which will be utilized for the Patient Safety plan includes:

- AHRQ: Agency for Healthcare Research & Quality
- CDC: Centers for Disease Control and Prevention
- CMS: Centers for Medicare & Medicaid Services
- NQF: National Quality Forum
- NHSN: National Healthcare Safety Network
- TJC: The Joint Commission
- FDA: Food and Drug Administration
- ASHRM: American Society for Healthcare Risk Management

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) Hospital Acquired Infection report 3) RCA assessment	1) Sentinel event quarterly report 2) Hospital Acquired Infection report 3) Review and evaluate the measure of improvement of patient safety 4) Review and evaluate the measure-ment to prevent and control infections	1) Patient Safety Plan update 2) Checklists and Policies reviewing and revising

Assessment of the Patient Safety Plan

Please see the Patient Safety Assessment Tool (PSAT) from the VA National Center for Patient Safety for your reference.

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.
- 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:
    a) Proper instructions concerning prescription medications;
    b) Instructions concerning aftercare;
    c) Any other instructions concerning his or her care upon discharge; and
    d) 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.

Based on NRS 439.865, the patient safety plan must also include an infection control program that carries out the infection control policy. The policy must consist of:

- Current guidelines appropriate for the facility's scope of service developed by a nationally recognized infection control organization as approved by the State Board of Health which may include, the APIC, the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO) and the Society for Healthcare Epidemiology of America (SHEA).
- Facility-specific infection control developed under the supervision of a certified Infection Preventionist.

The following link provides you some patient safety checklists for your reference:
http://www.hpoe.org/Reports-HPOE/CkLists_PatientSafety.pdf

The following link provides you some patient safety policies for your reference
https://www.mercyhospital.org.nz/about-us/mercy-hospital/policies-and-guidelines

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.

Patient Safety Program Reporting and Review

All Patient Safety Work Product privilege submitted through the CHPSO will be submitted to the PSES for collection, management and analysis of information pursuant to the Patient Safety and Quality Improvement Act of 2005 (42 U.S.C. 299 et seq.).

A. Patient Safety/Risk Management related data and information reports will be provided routinely to various committees as previously identified including but not limited to medical staff, Quality Council and QCAC.

B. A summary report of data, other internal and external information, as well as all actions taken by various committees and/or specific patient safety related teams will be submitted to the QCAC and the MEC.

C. Annually, the Patient Safety/Risk Management Plan will be evaluated for effectiveness and the program and updated to reflect the results of risk assessments related to patients, families and staff. The review shall include a summary of the occurrence of medical/healthcare events and actions taken to improve patient safety, both in response to actual occurrences and proactive efforts.

   a. The review will be approved by QCAC.

   b. The reviewed plan will be submitted to the Community Board for final review and approval.

References

- Root Cause Analysis Toolkit https://www.health.state.mn.us/facilities/patientsafety/adverseevents/toolkit/
- CQI 101 An Introduction to Continuous Quality Improvement: https://www.coursehero.com/file/13827355/CQI-Overviewppt/
- Health Resources and Services Administration. HRSA Health Center Program. Health Center Quality Improvement. https://bphc.hrsa.gov/qualityimprovement/index.html
- Root Cause Analysis http://www.patientsafety.va.gov/professionals/onthejob/rca.asp
- Patient Safety Systems Chapter, Sentinel Event Policy and RCA2 https://www.jointcommission.org/sentinel_event.aspx
- Hospital Policies https://www.mercyhospital.org.nz/about-us/mercy-hospital/policies-and-guidelines
- Checklists to Improve Patient Safety http://www.hpoe.org/Reports-HPOE/CkLists_PatientSafety.pdf
- Minutes of the Meeting of the Quality and Patient Safety Committee https://cookcountyhealth.org/wp-content/uploads/12-13-19-QPS-scan-Minutes.pdf
- Title 40 – Public Health and Safety. Division of Public and Behavioral Health of the Department of Health and Human Services. https://www.leg.state.nv.us/NRS/NRS-439.html
- Patient Safety Assessment Tool (PSAT) https://www.paientsafety.va.gov/professionals/onthejob/assessment.asp

Reviewed/Approved:

Patient Safety Committee, May 17, 2022

Quality Care Advisory Committee of the Board, May 20, 2022

Community Board, May 26, 2022

Dignity Health.
St. Rose Dominican

Risk Management Dashboard
SIENA FY2022

Categories	JUL 21	AUG 21	SEP 21	OCT 21	NOV 21	DEC 21	JAN 22	FEB 22	MAR 22	APR 22	MAY 22	JUN 22
iVOS reports												
Complaints												
Grievances												
RCAs												
State reports made												
New Legal cases												
Closed Legal cases												
WPV complaints												
Risk Assessments												
FMEAs												
Good Catch Awards												

Patient Safety Work Product Privilege