Dignity Health – St. Rose Dominican

San Martín Campus

Patient Safety & Risk Management Plan

2022

Las Vegas, Nevada

Dignity Health.
St. Rose Dominican
San Martín Campus

San Martin – Patient Safety & Risk Management Plan 2022	
EFFECTIVE DATE: 1-1-2022	**AUTHORITY: Community Board, Quality Council Advisory Committee, Senior Leadership**
REVIEWED AND APPROVED BY: **Patient Safety Committee :** **Quality Council Committee:** **Medical Executive Committee:** **Quality Care Advisory Committee:** **Community Board:**	**ACCOUNTABILITY: Senior Leadership, Patient Safety Committee, Quality Management (QM)**
REFERENCES: **Comprehensive Accreditation Manual for Hospitals: The Official Handbook Joint Commission on Accreditation of Healthcare Organizations, 2021** **Nevada Revised Statutes NRS 439.865** **CMS Appendix A – § 482.21 Condition of Participation, Quality Assessment Performance Improvement (Rev. 200, 02-21-20)** **Additional references on page 14**	

This plan was created per and revised by the Dignity Health – St. Rose Dominican Hospital San Martin (SM) campus Patient Safety Officer with review and input from the San Martin's Patient Safety team and Patient Safety/Risk Management Committee in accordance with **NRS 439.865**. 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. St. Rose Dominican San Martin Campus does provide full and equal access for people with disabilities.

Dignity Health
St. Rose Dominican
San Martín Campus

Commitment to Patient Safety/Risk Management

Dignity Health St. Rose Dominican Hospital – San Martin Campus is committed to a comprehensive approach to improving 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/risk management policies, systems, and processes.

Mission, Vision, and Values

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

- 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.
- Promote justice and respect for those we serve.
- Preservation of dignity and value for each patient, family member, employee, and other healthcare providers.
- A focus 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 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 San Martin Campus supports and encourages the active participation of each person in order to be an effective program.

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, San Martin Campus, by working to prevent medical/healthcare adverse events and reducing risk to patients and visitors.

Undesirable trends in performance and sentinel events will be analyzed to determine where best to focus changes for improvement.

Data from the following areas will be gathered at and presented for analysis with action plans developed reflective of the findings:

- Initial and ongoing proactive risk assessments

- Facility event reports which will include, those issues reportable to the state of Nevada and those issues that are reviewed for performance improvement, which may include::
    - Patient falls
    - Hospital Acquired Infections
    - Medication events to include delays in administration
    - Adverse drug events
    - Transfusion reactions through laboratory and blood back review
    - Actual and near misses
    - Hazardous conditions

- Restraint issues, not reported to the state
- Medical record legibility through peer review
- Perceptions of risks to patients, and suggestions for improving patient safety;
- Identified data trends , Dignity Health Shared Learnings, Others as assigned by various campus committees, Leadership and/or Quality Council and Advisory Committee of the Board (QCAC)
- Dignity Health Shared Learnings; and Others perception of Risk and Patient Safety as defined by Leadership and/or Quality Council and Advisory Committee of the Board (QCAC)

Roles and Responsibilities

Per NRS 439.875, a medical facility shall establish a Patient Safety Committee (PSC). The PSC should ensure that the Patient Safety/Risk Management 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.

- Establishment; composition; meetings; duties; proceedings and records are privileged.

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 San Martin Campus and includes multidisciplinary team members which have 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.
- Receive reports from the patient safety officer pursuant to NRS 439.870.
- Establish and evaluate data to identify patient safety performance indicators.
- Select one high-risk patient safety process for proactive risk assessment and improvement annually;
- Collaborates with each facility's Quality Council to identify, address and conduct follow-up on patient safety/risk management related trends, analysis results, changes in processes, and policies.
- Annual review of the Patient Safety/Risk Management Program to ensure its appropriateness of focus and effectiveness of efforts for each campus.
- On or before July 1 of each year, submit a report to the Director of the Legislative Counsel Bureau, the 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.
- Review and evaluate the quality of processes carried out by the facility to improve the safety of patients who receive treatment.

- Review and evaluate the quality of processes carried out by the facility to prevent and control infections.
- Evaluate actions of the patient safety officer in connection with all reports of sentinel events alleged to have occurred at the medical facility.

Report committee recommendations to the executive or governing body of the medical facility to reduce the number and severity of sentinel events and infections that occur.

- On a quarterly basis, (NRS 439.875 minimum requirement is annually) report the following to the executive or governing body of the facility regarding:

(1) The number of sentinel events that occurred at the medical facility; (Previously done as market)
(2The number and severity of infections that occurred; and
(3) Any recommendations to reduce the number and severity of sentinel events and infections

Root Cause Analysis (RCA) Team Responsibilities

- RCA analysis, investigation, and corrective action plan implementations;
- Participation in the RCA meetings and discussions;
- Communicate about only data and facts; and
- Review Quality Department's Performance Improvement Plan

Team Member Responsibilities

Patient Safety Officer Responsibilities (based on NRS 439.870)

The Patient Safety Officer for the San Martin Campus and has responsibility for the following:

- Serve as the Chairperson of the Patient Safety Committee pursuant to NRS 439.875

- Supervise the reporting of all sentinel events alleged to have occurred at the health facility, including, without limitation, performing the duties required pursuant to NRS 439.835.
- Take such action as he/she determines to be necessary to ensure the safety of patients as a result of investigation of any sentinel event alleged to have occurred at the facility.
- Report to the Patient Safety Committee regarding action taken in accordance with the responsibilities above
- Day to day responsibility for the Patient Safety/Risk Management Program at San Martin Campus.
- Monitoring data collected, trended and analyzed at the San Martin campus.

Routine reporting concerning specific trended data and actions taken to improve the quality and safety of patient care.

Infection Control Officer Responsibilities (based on NRS 439.873)

- Serve on the Patient Safety Committee.
- Monitor the occurrences of infections and determine the number and severity of infections.
- Report the number and severity of infections to the Patient Safety Committee. .
- Provides the leadership to prevent and control infections alleged to have occurred at the facility.
- Report Hospital Acquired Infections to NHSN.
- Recommend Best Practice to prevent HAI per CDC guidelines

RCA team leader Responsibilities

- Organize and coordinate the RCA process.
- Assemble a team involved with knowledge of the event.

- 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, and finalized action plan to executive leadership.
- Monitor goals and progress toward completion of the Corrective Action Plan and reports findings to the Patient Safety Committee

Reports findings and results of the Action Plan to the Patient Safety Committee

RCA Facilitator Responsibilities

- Identify RCA participants and coordinate a time, date and location of RCA meeting.
- Inform RCA participants of the process, confidential nature of the review, and Just Culture.
- Explain confidential nature of RCA
- Review event using medical record and any other pertinent materials in preparation for the RCA.
- Provide an agenda and process to be followed during the RCA

Organizational Support Responsibilities: Executive or Governing Body Staff will provide vision and leadership to the Patient Safety/Risk Management and Quality Improvement process;

- Provide vision and leadership to Patient Safety/Risk Management and Quality Improvement and develop and foster a safe learning and improving culture

- Provide oversight to the healthcare quality improvement processes and team
- Senior Leadership will provide the responsibility for implementation of an integrated, organization-wide program, promoting a culture of open communication, ensuring that patient safety issues are given a high priority,

and the allocation of appropriate resources to support the committee's functions.

- The Dignity Health St Rose Dominican Board and Senior Leadership have responsibility for the implementation of an integrated organization-wide Patient Safety/Risk Management Program. These responsibilities include:
- Foster an environment in which patients, families, and organizational staff and leaders can identify and manage actual and potential risks to patient safety.
- Establish a culture where communication flows freely regardless of authority gradient.
- Assure that a proactive program for identifying risks to patient safety and reduction of medical/healthcare adverse events is implemented to respond to such events
- Assure that patient safety issues are given high priority when processes, functions or services are designed, redesigned and implemented
- Provide a mechanism to measure, analyze and managed variations in performance of defined processes
- Allocate adequate resources to include personal time, information systems data associated with reducing risk and improving patient safety

Physicians

Physicians are responsible, as participants in the Patient Safety/Risk Management Program for reporting events or near misses and participating on focus teams to reduce identified patient safety risks. Physicians shall participate in RCA's and Case Review Conferences whenever patient care outcomes differ significantly from anticipated outcomes. The Primary Care Giver, LIP or comparable designee shall explain the outcomes to the patient and when appropriate the family.

Patients/Families/Visitors

Through the Patient's Rights publication, all patients, families and patient representatives (as permitted by the patient), via written communication are

encouraged to be active participants in their care and to participate in the development of improved process for improved care, as appropriate.

Hospital Departments and Staff

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

- Active participation in the quality projects and regulatory preparation;
- Adherence to Infection prevention measures and the Joint Commission (TJC) National Patient Safety Goals;
- As appropriate the provision of accurate, timely and complete verbal and written communication among care givers, including test results relevant to the management of the patient's condition and to all others involved in the utilization of data;
- Participation in education activities and process implementations; and
- Participate in information needs assessment, staff surveys, and other processes requesting information concerning patient safety/risk management.

The Patient Safety Committee convenes monthly in accordance with NRS 439.875 assures the following responsibilities are completed:

Establish and evaluate data to identify patient safety performance indicators;

- Selection of a high-risk patient safety process for proactive risk assessment and improvement on an annual basis;
- Annual review of the Patient Safety/Risk Management Program to ensure its appropriateness of focus and effectiveness of efforts.
- Review and evaluate the Corrective Action Plan for sentinel events and infections
- Report and discuss sentinel events and corrective action which include:
  - Number of sentinel events from previous calendar month (or quarter).(Previously done as market)
  - Number of severe infections that occurred in the facility.
- Patient safety/Risk Management policies and checklists

- At least annually evaluate Patient Safety/risk Management policies and checklists for acceptance or revision.

Goals of the Patient Safety/Risk Management - 2022

Goal	Plan	Due Date
Risk Assessments	1. Patient Safety/Risk Management to perform monthly risk assessments and report to PSC. 2. Infection Prevention to report to PSC findings of Risk Assessments.	Monthly PSC
Failure Modes and Effects Analysis (FMEA)	PSC to ensure one FMEA is conducted by Risk Management in CY 2022.	2022
Safety Checklists	PSC will receive all new and renewed checklists used that impact patient safety whether directly or indirectly. Submitted annually.	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 and practically after an event per Dignity Health policy	Ongoing
/Patient Safety staff orientation	Patient Safety Services will review/update Manager orientation	2022
Grievance Management	Grievances will be reviewed by the Grievance Committee to ensure compliance with CMS CoPs. Implement action plans to meet federal guidelines consistently.	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
Implement a High Reliability Organization (HRO)	3-year process. Initiated the process in 2022 – Phase one (1) completed Work with system to accomplish HRO on target date.	2025

Goal	Plan	Due Date
Increase event reporting	Re-education concerning the importance of reporting events and near misses	2022
Reduce falls	Redesign and implement a fall program focused at deleting falls on each clinical unit	2022
Reduce Hospital Acquired Conditions (HAC)	Design and implement HAC prevention measures through designated subcommittees that meets regularly to review data monthly and create effective interventions using best practices.	2022

Methods

Proactive Risk Assessment Activities

The Patient Safety/Risk Management Department, in collaboration with the various facility committees will conduct proactive risk assessments to identify hazards/risks that may affect patient safety. These may include, but not limited to the following:

- Patient Safety Risk Assessments;
- Focused assessments; Patient Satisfaction surveys;
- Review employee surveys results to identify safety issues; and
- Infection Prevention Surveillance findings.

Event Reporting

San Martin actively participates in the CHPSO and its Patient Safety Evaluation System 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 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, through documentation, related to the event including physical evidence;
e. Immediately notify supervisor of the event; and
f. Submit an Electronic Event Report (iVOS) or handwritten Event Report form to Risk Management/Patient Safety Services.

B. Identification of potential unsafe condition that may affect patient safety:
   a. Individual's identifying such a condition will immediately report such to their supervisor, and document in the Event Report System.
   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** (Previously done as market) 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. The process can include: Assessment of the intended and actual implementation of processes
      - Identification of the possible effects of the undesirable variations
      - For critical effects /outcomes complete a RCA
      - Redesign the process to minimize risk of variations

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 conducted, collected and documented as Patient Safety Work Product Privilege (PSWPP) to maintain confidentiality as defined in the Federal Regulation.

- San Martin shall respond to all reported potential and actual adverse/sentinel events, will analyze the issue through the RCA process or other process such as the FMEA. (See Sentinel Event policy).
- All events meeting the definition of Sentinel Events in the State of Nevada.
- Minimally, all adverse events will be analyzed utilizing a team of individuals knowledgeable of the event. The following events always elicit an intense analysis:
    - Confirmed transfusion reactions;
    - Significant adverse drug reactions;
    - Hospital acquired infections; and
    - Significant medication events and hazardous conditions

Education

A. Staff will receive education through:
   a. General orientation and other education and training programs as needed; Specific Patient Safety/Risk Management Program training including;
      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; and
      iv. Event reporting criteria and processes.

B. Physician Education

   An overview of the Patient Safety/Risk Management Program will be provided to physicians at the 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.

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." San Martin Campus will use the RCA process to determine the contributing factors and the

underlying reasons for the deficiencies or failures. An accepted model of evaluation will be used to evaluate the changes made in the process, to include:

- Define problems based on facts and data
- Develop a root cause analysis action plan framework
- Identify the technique to explore the cause and effect relationship underlying the program
- Once the problems are identified, a Fishbone Diagram is used for analyzing the problem

Data Collection and Reporting

Data should drive any quality and patient safety effort. San Martin is using IVOS for tracking the sentinel events, healthcare infection data, and Midas for internal data collection.

External data resources will be utilized to include:

- AHRQ: Agency For Healthcare Research & quality
- CDC: Centers for Disease Control and Prevention
- CMS: Centers for Medicare and Medicaid Services
- NQF: National Quality Forum
- NHSN: National Healthcare Safety Network
- TJC: The Joint Commission

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 3) RCA assessment	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) Patient Safety/Risk Management Plan update 2) Checklists and Policies reviewing and revising

Assessment of the Quality and Patient Safety Plan

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

Patient Safety checklist and Patient Safety Policies

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

The patient safety checklist must follow protocols to improve the health outcomes of patients at the facility and must include:

- Checklists related to specific types of treatment. Each checklist must include a requirement to document that the treatment provided was properly ordered by the treating provider.
- Checklists that assure that employees of the organization and contractors who are not employees of the facility follow protocols to assure that room and environment of the patient is sanitary.
- A checklist to be used when discharging a patient which include, verifying that the patient received:
    - Proper instructions concerning prescription medications
    - Instructions concerning his/her care upon discharge
    - Any other checklists which may be appropriate to ensure the safety of the patient at the facility.

The patient safety policies must include:

- A policy for appropriately identifying a patient before treatment using two identifiers
- A policy regarding the nationally recognized standard precautionary protocols, to be observed by providers and protocols relating to hand hygiene.
- A policy to assure compliance with the patient safety checklist and active surveillance for reporting violations, peer to peer communication , video monitoring and audits of sanitation materials
- The patient safety plan must include the Infection Control program and policies.

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, through annual education.

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 (PSWPP) submitted through the CHPSO will be collected in the Patient Safety Evaluation System (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 Quality Council, QCAC and the MEC.

C. Annually, the Patient Safety/Risk Management Plan will be evaluated for effectiveness and the program 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 in response to actual occurrences and proactive efforts.

a. The review will be approved by QCAC.

b. Will be submitted to the Community Board for final review and approval.

References

Root Cause Analysis Toolkit http://www.health.state.mn.us/patientsafety/toolkit/

- Quality and Service Improvement Tools http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/plan_do_study_act.html
- CQI 101 An Introduction to Continuous Quality Improvement: https://www.coursehero.com/file/13827355/CQI-Overviewppt/
- Quality Improvement http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/
- 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
- 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 http://www.cookcountyhhs.org/wp-content/uploads/2013/12/09-23-14-QPS-scan-Minutes.pdf
- Title 40 – Public Health and Safety https://www.leg.state.nv.us/NRS/NRS-439.html https://www.leg.state.nv.us/nrs/nrs-439.html