NEVADA ENDOSCOPY MANAGEMENT, LLC
RENO ENDOSCOPY CENTER, LLC
SOUTH MEADOWS ENDOSCOPY CENTER, LLC

POLICY AND PROCEDURE MANUAL

Policy: **Patient Safety Plan**
Owner: **Center**
Date last updated: 12/2023, 9/2021

Purpose: Our Endoscopy Centers are committed to ensuring the ongoing safety of our patients. To ensure the ongoing safety and care of our patients we follow specific guidelines and policies which, at a minimum, include:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Refer to:

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

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