SAFETY PLAN

Components of Plan:

NRS439.875

I. Patient Safety committee –The Patient Safety Committee will fulfill the functions as required by NRS439.875.

A. Composed of

- The infection control officer (ICO) of the medical facility Patient Safety Officer (PSO) of SSC. The ICO will fulfill the designation and duties as required by NSR439.873.
- The patient safety officer (PSO) is employed by SSC facility. The PSO will fulfill the designation and duties as required by NSR439.870.
- At least three providers of health care who treat patients at SSC facility, including, without limitation, at least one member of the medical, nursing and contract Consultant Pharmacist SSC.
- One member of the executive or governing body of SSC.

B. Meetings

- Shall meet at least once quarterly.
- Receive reports from the patient safety officer.
- Evaluate actions of the patient safety officer in connection with all reports of sentinel events alleged to have occurred at SSC.
- Review and evaluate the quality of measures carried out by SSC to improve the safety of patients who receive treatment at the medical facility.
- Make recommendations to the Governing Body of SSC to reduce the number and severity of sentinel events and infections that occur at the medical facility.
- At least once each calendar quarter, report to the executive or governing body of the medical facility regarding:
  -The number of sentinel events that occurred during the preceding calendar quarter;
  -The number and severity of infections that occurred during the preceding calendar quarter; and
  -Any recommendations to reduce the number and severity of sentinel events and infections that occur at SSC.

C. Adopt patient safety checklists and patient safety policies etc, as required by NRS 439.877,

- See NRS439.877 at end of Safety Plan

D. Same privilege and protection

- The proceedings and records of a patient safety committee are subject to the same privilege and protection from discovery as the proceedings and records described in NRS439.265.

II. Mandatory Reporting of sentinel events. NRS 439.835

A. 1. Any person employed by SSC shall, within 24 hours after becoming aware of a sentinel event that occurred at SSC, notify the patient safety officer of SSC of the sentinel event; and the patient safety officer shall, within 13 days after receiving notification pursuant to paragraph (a), report the date, the time and a brief description of the sentinel event to: The Health Division; and the representative designated pursuant to NRS 439.855, if that person is different from the patient safety officer.

B. If the patient safety officer of MDS personally discovers or becomes aware, in the absence of notification by another employee, of a sentinel event that occurred at SSC, the patient safety officer shall, within 14 days after discovering or becoming aware of the sentinel event, report the date, time and brief description of the sentinel event to: The Health Division; and the representative designated pursuant to NRS 439.855, if that person is different from the patient safety officer.

C. The State Board of Health shall prescribe the manner in which reports of sentinel events must be made pursuant to this section.

III. Notification of patients involved in sentinel events. NRS439.855

SSC designates the PSO to notify the patients who have been involved in sentinel events at SSC. The PSO will not later than 7 days after discovering or becoming aware of a sentinel event that occurred at SSC, provide notice of that fact to each patient who was involved in that sentinel event. The provision of notice to a patient pursuant to subsection 2 must not, in any action or proceeding, be considered an acknowledgment or admission of liability.

IV. Provision of certain information relating to facility-acquired infections to patients NRS439.856

SSC will provide to each patient of SSC upon admission of the patient, the general and facility-specific information relating to it's acquired infections: Post in publicly accessible areas of the SSC, information on reporting facility-acquired infections, including, without limitation, the contact information for making reports to the Health Division. The contact information is noted in the posted Patient's Bill of Rights.

The information provided to each patient pursuant to paragraph (a) of subsection 1 must include, without limitation: The measures used by SSC as stated in SSC's Infection Control and Prevention Program and Plan for (a) preventing infections, including facility-acquired infections; Information on determining whether a patient had an (b) infection upon admission to the SSC, risk factors for acquiring infections and determining whether an infection has been acquired; Information on preventing SSC acquired infections;

Posted instructions on the Patients Bill of Rights for reporting facility-acquired infections, including, without limitation, the contact information for making reports to the Southern Nevada Health District at 702 759-1000, State Health Division (BHQC) at 702-684-4002; and any other information that the SSC deems necessary

V. Procedure for informing patient, legal guardian or other person that patient at SSC has infection, immunity from liability for providing certain information. NRS439.857

Except as otherwise provided in subsection 2, when SSC confirms that a patient at at its facility has an infection, the PSO shall, as soon as practicable but not later than 5 days after the diagnosis is confirmed, inform the patient or the legal guardian or other person authorized by the patient to receive such information that the patient has an infection. The PSO may delay providing information about an infection if the patient does not have a legal guardian, has not authorized any other person to

receive such information and: Is not capable of understanding the information; (a) Is not conscious; or (b) In the judgment of the provider of health care, is likely to harm himself or herself if informed about the infection. If the PSO delays providing information about an infection pursuant to subsection 2, such information must be provided as soon as practicable after: The patient is capable of understanding the (a) information; The patient regains consciousness; (b) In the judgment of the PSO, the (c) patient is not likely to harm himself or herself if informed about the infection; or A legal guardian or other person authorized to (d) receive such information is available. SSC shall ensure that the providers of health care of the SSC follow its protocols in accordance with this section that provide the manner in which a provider of health care or his or her designee must: Inform a patient or the legal guardian or other person authorized by a patient to receive such information that the patient has an infection with 5 days of determination; and if known or determined while a patient remains at SSC, inform the patient or the legal guardian or other person authorized by the patient to receive such information whether the infection was acquired at the SSC and of the apparent source of the infection.

A person or governmental entity who, with reasonable care, informs a patient or the legal guardian or other person authorized by the patient to receive such information that an infection was not acquired at the medical facility and of the apparent source of the infection pursuant to subsection 4 is immune from any criminal or civil liability for providing that information.

VI. Patient safety checklists and patient safety policies: Adoption by patient safety committee; required provisions; duties of patient safety committee. NRS439.877

The patient safety committee established pursuant to NRS 439.875 by SSC shall adopt patient safety checklists and patient safety policies for use by: Providers of health care who provides treatment to patients at SSC; Other personnel of SSC who provide treatment or assistance to patients; Employees of SSC who do not provide treatment to patients but whose duties affect the health or welfare of the patients at the SSC, and persons with whom the medical facility enters into a contract to provide treatment to patients or to provide services which may affect the health or welfare of patients at SSC. e.g. cleaning services. The patient safety checklists adopted pursuant to 2. subsection 1 must follow protocols to improve the health outcomes of patients at SSC 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 health care. Checklists for ensuring that employees of SSC and contractors with SSC who are not providers of health care follow protocols to ensure that the room and environment of the patient is sanitary. A checklist to be used when discharging a patient from SSC which includes, without limitation, verifying that the patient received: Proper instructions concerning prescription medications; Instructions concerning aftercare; and any other instructions concerning his or her care upon discharge. Any other checklists which may be appropriate to ensure the safety of patients at SSC.

The patient safety policies adopted pursuant to 3 subsection 1 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 health care. The personal identifiers

includes, without limitation, the name and date of birth of the patient. A policy regarding the nationally recognized standard precautionary protocols to be observed by providers of health care at SSC 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, without limitation, active surveillance. Active surveillance may include, without limitation, a system for reporting violations, peer-to-peer communication, video monitoring and audits of sanitation materials.

The patient safety committee shall: Monitor and document the effectiveness of the patient identification policy adopted pursuant to paragraph of subsection.

At least annually, review the patient safety checklists and patient safety policies adopted pursuant to this section and consider any additional patient safety checklists and patient safety policies that may be appropriate for adoption for use at the medical facility.

Revise a patient safety checklist and patient safety policy adopted pursuant to this section as necessary to ensure that the checklist or policy, as applicable, reflects the most current standards in patient safety protocols.

Siena Surgery Center does not discriminate and does not permit discrimination, including, without limitation, bullying, abuse or harassment, on the basis of actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status, or based on association with another person on account of that person's actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status.

Americans with Disabilities Act (ADA)

The ADA prohibits discrimination on the basis of disability in employment, State and local government, public accommodations, commercial facilities, transportation, and telecommunications. It also applies to the United States Congress.

To be protected by the ADA, one must have a disability or have a relationship or association with an individual with a disability. An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. The ADA does not specifically name all of the impairments that are covered.