Risk Management/Patient Safety Plan

2024

Revision Date: 2/2018; 5.2020; 2/2023

1. Overview

   Willow Springs has established a Risk Management/Patient Safety Plan that is supported by Senior Leadership to prevent, reduce, modify and eliminate conditions and practices that may create or cause loss. The safety and wellbeing of patients, personnel and the public is of the highest priority.

Mission and Vision

Willow Springs Center strives to create enduring change for adolescents by providing a safe and therapeutic environment through collaborative, evidence-based care.

We use evidence-based strategies to support our patients and their families in developing skills that will improve relationships, enhance self-worth, and discover a life worth living.

2. Roles and Responsibilities
   A. Risk Management/Patient Safety Officer
      1. Behavioral Health Facilities designate Risk Managers to be responsible for risk identification and risk reduction.
      2. The designated Risk Manager/Director is also the Patient Safety Officer
      3. The Patient Safety Officer responsibilities based on NRS 439.870 includes:
         a. Serve on the patient safety committee.
         b. Supervise the reporting of all sentinel events alleged to have occurred at the medical facility, including, without limitation, performing the duties required pursuant to NRS 439.835.
         c. 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 medical facility.
         d. Report to the patient safety committee regarding any action taken in accordance with paragraph iii.
   B. Infection Prevention Officer
      1. The Infection Prevention Officer's responsibilities based on NRS 439.873 includes:
         a. Shall serve on the patient safety committee.
         b. Shall monitor the occurrences of infections at the medical facility to determine the number and severity of infections.
         c. Shall report to the patient safety committee concerning the number and severity of infections at the medical facility.
         d. Shall take such action as he or she determines is necessary to prevent and control infections alleged to have occurred at the medical facility.
         e. Shall carry out the provisions of the infection control program adopted pursuant to NRS 439.865 and ensure compliance with the program.
      2. Based on NRS 439.865, the patient safety plan must also include an Infection Control Plan/Program that carries out the infection control policy. The policy must consist of:

a. The patient safety checklists and patient safety policies most recently adopted pursuant to NRS 439.877.

b. An infection control program to prevent and control infections within the medical facility. To carry out the program, the medical facility shall adopt an infection control policy. The policy must consist of:

1. The 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, without limitation, the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization and the Society for Healthcare Epidemiology of America; and
2. Facility-specific infection control developed in conjunction with the supervision of a certified infection preventionist.

C. Quality Assurance and Performance Improvement Committee (QAPI)

1. The QAPI Committee meets monthly to ensure patient safety, organizational effectiveness, staff engagement and customer satisfaction.
   1. The QAPI committee fulfills the requirements for a "patient safety committee" as outlined in the Nevada Revised Statutes.
2. According to NRS 439.875, a medical facility shall establish a patient safety committee.

a. A patient safety committee established pursuant to subsection 1 must be composed of:

1. The infection control officer of the medical facility.
2. The patient safety officer of the medical facility, if he or she is not designated as the infection control officer of the medical facility.
3. At least three providers of health care who treat patients at the medical facility, including, without limitation, at least one member of the medical, nursing and pharmaceutical staff of the medical facility.
4. One member of the executive or governing body of the medical facility.

b. A patient safety committee shall meet at least once each month.

1. A patient safety committee shall meet at least once each month.
2. The Administrator shall adopt regulations prescribing the composition and frequency of meetings of patient safety committees at medical facilities having fewer than 25 employees and contractors.

c. A patient safety committee shall:

1. Receive reports from the patient safety officer pursuant to NRS 439.870.

2. Evaluate actions of the patient safety officer in connection with all reports of sentinel events alleged to have occurred at the medical facility.
3. Review and evaluate the quality of measures carried out by the medical facility to improve the safety of patients who receive treatment at the medical facility.
4. Review and evaluate the quality of measures carried out by the medical facility to prevent and control infections at the medical facility.
5. 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 the medical facility.
6. At least once each calendar quarter, report to the executive or governing body of the medical facility regarding:
   a. The number of sentinel events that occurred at the medical facility during the preceding calendar quarter;
   b. The number and severity of infections that occurred at the medical facility during the preceding calendar quarter; and
   c. Any recommendations to reduce the number and severity of sentinel events and infections that occur at the medical facility.
7. 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.
8. 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 NRS 49.265.

d. Additional Patient Safety Committee Responsibilities, based on NRS 439.877 includes Patient safety checklists and patient safety policies: Adoption by patient safety committee; required provisions; duties of patient safety committee.

1. The patient safety committee established pursuant to NRS 439.875 by a medical facility shall adopt patient safety checklists and patient safety policies for use by:
   a. Providers of health care who provide treatment to patients at the medical facility;
   b. Other personnel of the medical facility who provide treatment or assistance to patients;
   c. Employees of the medical 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

d. 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 the facility.

2. The patient safety checklists adopted pursuant to subsection 1 must follow protocols to improve the health outcomes of patients at the medical facility and must include, without limitation:
   a. 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.
   b. Checklists for ensuring that employees of the medical facility and contractors with the medical facility who are not providers of health care follow protocols to ensure that the room and environment of the patient is sanitary.
   e. A checklist to be used when discharging a patient from the facility which includes, without limitation, verifying that the patient received:
      i. Proper instructions concerning prescription medications;
      ii. Instructions concerning aftercare; and
      iii. Any other instructions concerning his or her care upon discharge.
   f. Any other checklists which may be appropriate to ensure the safety of patients at the medical facility.
3. The patient safety policies adopted pursuant to subsection 1 must include, without limitation:
   a. 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 may include, without limitation, the name and date of birth of the patient.
   b. A policy regarding the nationally recognized standard precautionary protocols to be observed by providers of health care at the medical facility including, without limitation, protocols relating to hand hygiene.
   c. 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.

4. The patient safety committee shall:
    a. Monitor and document the effectiveness of the patient identification policy adopted pursuant to paragraph (a) of subsection 3.
    b. 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.
    c. 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.
    d. On or before July 1 of each year, submit a report to the Director of the Legislative Counsel Bureau for transmittal to the Legislative Committee on Health Care. The report must include information regarding the development, revision and usage of the patient safety checklists and patient safety policies and a summary of the annual review conducted pursuant to paragraph (b).

D. Patient Safety Council (PSC).
    1. The PSC meets monthly to drive the culture of safety within the facility and consists of facility leadership who can affect change within the organization.

E. Patient Safety Advisories/Alerts.
    1. Advisories/Alerts are issued to facilities for the purpose of sharing pertinent information regarding a system or event that led to failure. Assessing these systems, can to lead to positive outcome so facilities can reduce the risk and avoid the same or similar outcome.
    2. Each facility should review the advisory and assure that processes are safe and appropriate.

F. TERM Program.
    1. WSC utilizes a risk management program identified as TERM, The Technical Elements Related to the Management of Patient Safety. The TERM document identifies expectations for our facility similar to a standard of care.
    2. Elements of TERM include:
        a. Administration of the RM and Patient Safety Program.
        b. Risk Identification.
        c. Patient Safety Orientation and Education.
        d. Risk Prevention Techniques.

e. Risk Profiling.
f. Patient Safety Council.
g. Environment of Care.
h. Claims and Litigation Management.
i. Measuring the Effectiveness of the Patient Safety Program.

G. MIDAS.
1. The entering of the facility's Healthcare Peer Review Reports (HPRs) for patients and non-patients into MIDAS+ as Risk Management Event Entries is the responsibility of the staff witnessing the safety event. They are entered on a regular basis and the Risk Manager utilizes the system to collect data through the various Risk Management Reports, which are written based on data from the event reports (HPRs) and MIDAS+.

H. ENTERPRISE.
1. Enterprise is an electronic platform used to enter and track probable claims reports. A PCR is the facility's method of communicating the event and related findings/facts to Corporate Insurance staff.

I. RCA – Root Cause Analysis.
1. The Root Cause Analysis and Action Plan tool has 24 analysis questions. The framework is intended to provide a template for answering the analysis questions and aid organizing the steps in a root cause analysis. All possibilities and questions should be fully considered in seeking "root cause(s)" and opportunities for risk reduction. Not all questions will apply in every case and there may be findings that emerge during the course of the analysis. For each finding we continue to ask "Why?" and drill down further to uncover why parts of the process occurred or didn't occur when they should have. Significant findings that are not identified as root causes themselves have "roots".
2. According to NRS 439.837, states that a Mandatory investigation of sentinel event by medical facility:
   a. 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.

J. Risk Management Goals and Objectives 2024:
1. Educate new staff and facility adheres to the National Patient Safety Goals to improve patient safety.
2. Senior leadership to conduct audit observation rounds which leads to maintaining patient safety and preventing harm to the patient.
3. Patient safety orientation and education for all new hires to create risk reducing practices.
4. Good Catch Program utilization to recognize an event that could have been harmful to a patient, but was prevented. This creates and maintains an environment of non-punitive reporting.
5. 90% of patient observation rounds are completed in 15 minutes or less

6. Less than 5% of patient observation rounds are completed in 20 minutes or greater
7. Achieve 95% of Q15s Current, with no missing/early entries.

K. Approval of Patient Safety Plan.
1. According to NRS 439.865, a medical facility shall submit its patient safety plan to the governing board of the medical facility for approval in accordance with the requirements of this section.
    a. After a medical facility's patient safety plan is approved, the medical facility shall notify all providers of health care who provide treatment to patients at the medical facility of the existence of the plan and of the requirements of the plan. A medical facility shall require compliance with its patient safety plan.
    b. The patient safety plan must be reviewed and updated annually in accordance with the requirements for approval set forth in this section.

References:

https://www.leg.state.nv.us/NRS/NRS-439.html

https://www.cdc.gov/handwashing/index.html

https://www.jointcommission.org/

https://www.jointcommission.org/standards_information/npsgs.aspx