CARSON TAHOE HEALTH SYSTEM
PATIENT SAFETY & CLINICAL RISK MANAGEMENT PLAN
2024 - 2025

Carson Tahoe Health (CTH) is committed to providing safe & quality healthcare to all patients. The Patient Safety Plan serves as a framework to establish and maintain a safe patient care environment. It expands the organization-wide support for risk management, quality assurance performance improvement (QAPI), information management, education, human resources and patient's rights by implementing patient safety standards, measuring and monitoring their effectiveness, and creating a "culture of safety" as part of the overall safety program.

PURPOSE:
The purpose of this annual plan is to describe the components of the Patient Safety Program at Carson Tahoe Health for the purpose of improving and enhancing the health and safety of patients and employees in addition to reducing preventable patient safety events. The components are outlined in the following sections:

A. Patient Safety Program Scope and Purpose
B. Patient Safety Plan Annual Goals and Objectives
C. Patient Safety Program Organizational Structure & Responsibilities
D. Patient Safety Program Resources
E. Patient Safety Problem Identification, Notification & Resolution Process
F. Patient Safety Program Hospital Staff & Medical Staff Education
G. Patient Safety Program Patient & Community Education

POLICY:
1. The Patient Safety Plan is reviewed annually by the Patient Safety Committee and will include measurable objectives to meet Carson Tahoe Health's Annual Patient Safety Goals.

2. The Patient Safety Plan is approved by the Quality Management Committee, Medical Executive Committee, and the System Board of Directors Committee.

3. The Board of Directors delegates the responsibility for Carson Tahoe Health Patient Safety to the Medical Executive Committee and the Quality Management Committee.

4. Carson Tahoe Health leadership, with the Patient Safety Committee, routinely evaluates and reports to the Quality Management Committee, the Board Directors Committee, and the Board of Trustees the overall effectiveness of the Patient Safety Plan.

5. Hospital staff immediately reports an unusual occurrence and/or unexpected event that may affect patient safety and/or quality of patient care. (Refer to Sentinel Event Review Process, and the Event Reporting Policies)

6. Medical Staff officers, committees or sections identified in the Bylaws may access the event reporting system to identify situations that put patient safety and/or quality of patient care at risk.

7. The patient safety plan promotes the use of internal and external knowledge and experience to identify, analyze, and prevent the occurrence of medical/healthcare errors and identify areas of opportunity to maintain and improve patient safety.

PATIENT SAFETY PROGRAM:

A. Patient Safety Program Scope and Purpose

Carson Tahoe Health's mission is to enhance the health and well-being of the communities we serve. This includes a commitment to provide safe and high-quality health care to all patients we serve.

The commitment to improving patient safety spans all services and levels of care. The Carson Tahoe Health's Patient Safety Program is an organization-wide program and encompasses all administrative, medical staff, nursing, and support activities.

The purpose of the Patient Safety Program is:

- To improve patient safety and reduce patient harm throughout the organization (CTH).
- To ensure that the Carson Tahoe Health Board of Directors, Medical Staff, Leadership and Staff consistently evaluate, monitor, improve, and document patient safety activities.
- To provide a mechanism to assist the organization (CTH) in accomplishing its strategic goals and objectives relative to the quality and safety of patient care.
- To assure that a planned, systematic and coordinated approach exist to improve patient safety and reduce risk to patients through a mechanism that encourages reporting of actual and potential adverse events, errors and near misses; and an environment that promotes a culture of safety.
- To minimize blame or retribution against staff involved in patient safety incidents and to emphasize identification of system and design flaws (the "how" of events/errors) and not on individuals (the "who" of events/errors).
- To ensure the Patient Safety Plan is integrated into the Quality Plan and into the organization's (CTH) strategic vision.
- To provide a meaningful monitoring tool for patient safety (scorecard/dashboard)
- To carry out a system of risk management and patient safety through early event identification (both actual and potential), assessment and resolution as it relates to clinical operations, business operations, and regulatory compliance.

B. Patient Safety Plan Annual Goals and Objectives

The overall purpose of the Plan/Program is to create a safe environment for patients/visitors/staff. To achieve this purpose, the program strives to meet or exceed the annual Patient Safety Goals and Objectives. (See Appendix B)

C. Patient Safety Program Organizational Structure & Responsibilities

Carson Tahoe Health's operational structure is aligned to meet the function of the Patient Safety Program. (See Appendix C) The goals and objectives of the Patient Safety Program are integrated into the functions of each of the following organizational / operational groups:

Board of Trustees (CTRH) and System Board of Directors (CTHS) Committees

It is the ultimate responsibility of the Hospital Board of Directors to ensure quality and safe patient care throughout the organization. Key responsibilities of the governing board regarding Patient Safety are seen in activities such as:

- Critically examines organization (CTH) and medical staff processes to assure high standards.
- Evaluates the practice of its Medical Staff members.
- Reviews the Medical Staff Bylaws, Rules, and Regulations
- Monitors the adequacy and appropriateness of Medical Staff processes.
- Delegates oversight of patient care to the Medical Staff Per Nevada law
- Approves the Patient Safety Plan
- Reviews organization-wide performance on key indicators including sentinel/never events, and holds the Board, senior management, mid-level management and physician leadership, and frontline caregivers directly accountable for results.

Medical Executive Committee (MEC)

As delegated by the System Board of Directors, the Medical Executive Committee is responsible for Patient Safety. The key responsibilities of the MEC for Patient Safety include:

- Approves the Patient Safety Plan and provides subsequent recommendations for approval to the Board.
- Identifies opportunities to improve patient care, patient safety, and the hospital's performance. This responsibility is shared with the ELT and the QMC.
- Reviews Patient Safety activities and set priorities (in collaboration with Senior Leadership) for the Patient Safety Program.

Executive Leadership Team (ELT)

Executive Leadership Team responsibilities pertaining to Patient Safety include:

- Incorporates Patient Safety function into the Organization Strategic Plan.
- Reviews and approves the Patient Safety Plan as appropriate.
- Fosters a culture of safety in which staff is encouraged to identify and communicate opportunities for improvement, report patient safety risks, disclose significant process/ protocol variances ("near misses"), and participate in performance improvement activities.
- Ensures that processes are in place for communicating relevant Patient Safety information throughout the hospital.
- Identifies opportunities to improve Patient Safety. This responsibility is shared with the MEC and the QMC.
- Allocates sufficient resources needed to improve Patient Safety, including training as and when appropriate.
- Evaluates the culture of safety and quality every two (2) years using valid and reliable tools and uses the results to create a culture of safety and quality.

Quality Management Committee (QMC)

Responsibilities of the QMC include, but are not limited to the following activities:

- Review relevant Patient Safety data and identify opportunities to improve Patient Safety. This responsibility is shared with the MEC, ELT, and Patient Safety Committee.
- Provides direction for addressing Patient Safety issues and monitors implementation of corrective Patient Safety events.
- Reviews actions plans resulted from teams for intensive assessment of adverse events and/or RCA (sentinel event or near misses).
- Reviews and evaluates reports regarding the progress and effectiveness of Patient Safety improvement activities.
- Ensures that Patient Safety is incorporated in the design of processes, functions, and services.
- Make recommendations to eliminate future Patient Safety events.

Patient Safety Committee

- Oversees key Patient safety activities which include approving, prioritizing, and operationalizing the plan.
- Reviews and evaluates Patient Safety Plan annually and provides its subsequent recommendation(s) for approval to the Quality Management, MEC, ELT and the Board as appropriate.
- Manages the flow of information to ensure follow up and organizational learning including the reporting system for reporting of Patient Safety events by health care practitioners, employees, patients and visitors.
- Champions patient safety and assures compliance with patient safety initiatives.

- Recommends education and monitoring plans for CIHQ Targeted Quality & Safety Practices.
- Works together with Risk Management and Medication Safety Team to review reported errors and near miss and recommends action plans for patient safety improvements.
- Reviews Sentinel Event Alert and recommends plans for process improvement and compliance.
- Promotes patient safety awareness throughout the organization (CTH).
- Oversee the completion of a proactive risk assessment as appropriate at 18-month intervals.
- Reports activities to QMC and ELT as appropriate.

Medical Staff Leadership

The Medical Staff supports Patient Safety through the following:

- Incorporates hospital patient safety goals into various section, committee and department meetings as appropriate.
- Participates in educational and other collaborative activities (Proactive Risk Assessment, RCA, and PI etc.).

Hospital Leadership/Staff

To achieve the goal of delivering safe, high-quality care, employees are given the empowerment with responsibility and authority to actively participate in the Carson Tahoe Health's Patient Safety Program.

CTH uses frontline department level resources, or "quality/safety champions (such as Unit Based Council, Nursing Practice Council, and Education Council)" to support additional education, raise awareness, and to provide feedback on patient safety issues and the effectiveness of our patient safety program. Accurate, Analyzed, and Timely data as requested by the Organization Patient Safety Program.

D. Patient Safety Program Resources

Designated resources are provided to assist the organization in meeting the goals and objectives of the Patient Safety Program and to facilitate the implementation of the Patient Safety Plan.

Quality Management, Risk Management, Nursing and other appropriate ancillary services are the primary sources of support for patient safety improvement activities within Carson Tahoe Health. These departments include data analysis, project managers and registered nurses, to assist with the integration of data management, clinical processes, and patient outcomes. The Organization ELT & Patient Safety Officer are the designees for Carson Tahoe Health and are responsible for the coordination and implementation of the Patient Safety Plan.

Other major support areas for patient safety include CTH Infection Prevention & Control, Clinical Nurse Specialists/Educators, Risk Management, system & Patient Safety Committee, Medical Staff, and Executive Management.

Carson Tahoe Health is committed to providing psychological support to staff involved in serious patient safety events or critical/sentinel events. Sources of support include:

- Human Resources
- Employee Assistance Program
- Clinical Social Work Department
- Chaplain
- Rights and Ethics Committee
- Quality Management Committee

E. Patient Safety Problem Identification, Notification & Resolution Process

When a situation occurs that may risk patient safety, CTH staff immediately reports an unusual occurrence and/or unexpected event using any of the following reporting mechanisms:

- Event Report
- Notification to department Manager/Supervisor/Director
- Notification to Patient Safety Officer
- Notification to Compliance/Risk
- Notification to Quality Management

When a situation arises that requires immediate response to a patient safety event, the staff takes appropriate action to prevent further harm to patient, communicates with the physician, patient and/or patient's family and immediately notifies the Nursing/administrative supervisor, Risk Management and Patient Safety Officer.

Carson Tahoe Health also conducts proactive Patient Safety risk reduction measures, which include identifying high risk processes and use of the Proactive Risk Assessment.

Once a Patient Safety issue is identified, it is evaluated, prioritized, managed, and resolved through the Hospital's organizational structure for Patient Safety/Quality Improvement. (Refer to the Quality Performance Improvement Plan for details of the process.)

F. Patient Safety Program Hospital Staff & Medical Staff Education

Carson Tahoe Health communicates patient safety information throughout the organization. Examples of communication methods include:

- Posters in key locations
- Employee and Medical Staff newsletters

- Patient Safety Awareness Events
- National Patient Safety Week
- Leadership, medical staff and employee meetings
- SharePoint Intranet Portal
- Quality/Safety Champions
- Nursing Education Council
- Patient Education Council
- Unit Based Council

Education programs are designed and provided to the hospital staff upon hire and on an ongoing basis to provide timely information regarding Carson Tahoe Health's Patient Safety Program, its annual goals and objectives and its accomplishments.

Ongoing education is provided through various mechanisms such as but not limited to:

- In-service training to increase knowledge of patient safety requirements.
- In-service training to encourage reporting of unanticipated adverse events and near misses
- Educational updates addressing patient safety issues, including Sentinel Event Alerts
- Patient Safety Awareness activities
- Annual update training
- Quality/Safety Champion Program Activities
- Computer based learning modules (Relias)
- Unit Based Councils
- Nursing Practice Council

G. Patient Safety Program Patient & Community Education

Patients are given information about their rights and responsibilities while receiving hospital services. Patients and, when appropriate, their families are informed about the outcomes of care, treatment, and services, including unanticipated outcomes. Patients also are given patient safety awareness materials.

H. Reporting Medical/Healthcare Errors

Carson Tahoe Health endeavors to create an environment in which it is safe for all to report and learn from errors. To promote openness/transparency, CTH shall ensure that all reported errors be handled without threat of punitive action; recognizing that most clinical incidents result from a failure of systems.

All incidents, especially clinical errors must & shall be reported immediately:

ADVERSE/NEVER EVENTS:
The Hospital Never Events will be managed following the principles of the Leapfrog Policy Statement and the State of Nevada Health Safety Code NRS-449

- CTH will apologize to the patient and/or family affected by the never event.

- CTH will report the event to at least one of the following external agencies within 10 days of becoming aware that the never event has occurred:
  - State reporting program for medical errors
  - Patient Safety Organization (as defined in the Patient Safety and Quality Improvement act of 2005)
- CTH agrees to perform a root cause analysis, consistent with instructions from the chosen reporting agency.
- CTH will waive all cost directly related to a serious reportable adverse event.
- CTH will make a copy of this policy available to patients, patient's family members, and payers upon request.

Following the new Leapfrog approaches to performing root cause analysis to further ensure that patients and families, as well as caregivers receive appropriate follow-up if a never event occurs:

- CTH will interview patients and/or families who are willing and able to gather evidence for the root cause analysis.
- CTH will inform the patient and/or his/her family of the action(s) that our hospital will take to prevent future recurrences of similar events based on the findings from the root cause analysis.
- CTH will have a protocol in place to provide support for caregivers involved in never events, and make that protocol known to all caregivers and affiliated clinicians.
- CTH will perform an annual review to ensure compliance with each element of Leapfrog's Never Events Policy for each never event that occurred.
- CTH will perform an annual review of Patient Safety standards to comply with the TJC National Patient Safety Goals as recommended by COPIC.

THE 29 NEVER EVENTS

Surgical Events:

1. Surgery or other invasive procedure performed on the wrong site.
2. Surgery or other invasive procedure performed on the wrong patient.
3. Wrong surgical or other invasive procedure performed on a patient.
4. Unintended retention of a foreign object/body in a patient after surgery or other invasive procedure
5. Intraoperative or immediately postoperative/post procedure death in an ASA Class patient

Product or Device Events:

6. Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting.
7. Patient death or serious injury associated with the use or function of a device in patient care, in which the device is used or functions other than as intended.
8. Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting.

Patient Protection Events:

9. Discharge or release of a patient of any age, who is unable to make decisions to other than an authorized person/caretaker.

10. Patient death or serious injury associated with patient elopement (disappearance)
11. Patient suicide, attempted suicide, or self-harm that results in serious injury while being cared for in a healthcare setting.

Care Management Events:

12. Patient death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration)
13. Patient death or serious injury associated with unsafe administration of blood products.
14. Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting.
15. Death or serious injury of a neonate associated with labor or delivery in a low risk pregnancy.
16. Patient death or serious injury associated with a fall while being cared for in a healthcare setting.
17. Any Stage 3, Stage 4, and Unstageable pressure ulcers acquired after admission/presentation to a healthcare setting.
18. Artificial insemination with the wrong donor sperm or wrong egg
19. Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen.
20. Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results.

Environmental Events:

21. Patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting.
22. Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or is contaminated by toxic substances.
23. Patient of staff death or serious injury associated with a burn incurred from any source during a patient care process in a healthcare setting.
24. Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting.

Radiologic Events:

25. Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area.

Potential Criminal Events:

26. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider.
27. Abduction of a patient/resident of any age
28. Sexual abuse/assault on a patient or staff member within or on the grounds of a healthcare setting
29. Death or serious injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting.

REFERENCES:

1. CIHQ – 2023 Targeted Patient Quality & Safety Practices
2. The Leapfrog Group 2023 Hospital Survey (Section 7) Recommendation on Managing Serious Errors – Never Events Policy Statement
3. NV NR Health and Safety
4. TJC 2024 National Patient Safety Goals (NPSG)
5. CTH Policies
   - Event Reporting: Involving Patients, Visitors and Other
   - Event Review
   - Quality Performance Improvement Plan (QAPI)

APPENDICES:

A. 2023 CIHQ Targeted Patient Quality & Safety Practices
B. 2024 CTH Patient Safety Plan Goals and Objectives
C. Patient Safety Program Organizational Chart
D. 2024 TJC National Patient Safety Goals
E. PATIENT SAFETY REPORTING CHECKLIST

Appendix A

CIHQ TARGETED PATIENT QUALITY & SAFETY PRACTICES

QS-1: Fall Management Program
QS-2: Pain Management

- For **inpatient** care settings:

- For **outpatient** settings:

QS-3: Provision of Interpretive / Translation Services
QS-4: Verbal / Telephone Orders
Verbal (in-person) / telephone orders pose an increased risk of miscommunication that could contribute to a medication or other error, resulting in a patient adverse event.
QS-5: Resuscitative Services
QS-6: Patient / Family Education
Patients receive the education necessary to effectively participate in their care.
Note: When appropriate, this standard applies to the patient's family and/or significant others
QS-7: Accuracy in Patient Identification
QS-8: Critical Test Results

- Critical results of laboratory and other diagnostic tests are acted upon in a timely manner.

QS-9: Safe Management of Clinical Alarms
The organization assures that alarms on equipment and devices designed to alert staff of a life threatening – or potentially life threatening – patient condition are safely managed.
QS-10: Protecting Patients from Self-Harm
The organization develops and implements processes to protect patients who are identified as being at risk of self-harm.
ASSESSMENT & CARE OF PATIENTS IN AN INPATIENT BEHAVIORAL HEALTH UNIT

ASSESSMENT & CARE OF PATIENTS IN AREAS OTHER THAN AN INPATIENT BEHAVIORAL HEALTH UNIT

Note: These requirements apply to patients with a complaint of, or being treated for, an emotional or behavioral disorder

ASSESSING ENVIRONMENTAL RISK

STAFF TRAINING

Training is provided upon hire and at least every two years thereafter.

Appendix B

2024 Carson Tahoe Health (CTH) Patient Safety Plan Goals and Objectives

1. Ensure the adherence to CIHQ and state and federal regulatory standards as a baseline of Quality / Patient Safety including compliance set forth under State Patient Licensing (Nevada Safety Code).

2. Ensure each CIHQ Quality & Safety standard is met and evaluated.

3. Ensure alignment with Quality Assurance Performance Improvement Plan

4. Ensure all adverse events or potential adverse events as described in the Section Nevada Health and Safety Code NRS-449, that are determined to be preventable, and hospital-acquired conditions (HACs), as defined by NQF and CMS, that are determined to be preventable are tracked, reported as needed and evaluated.

5. Evaluate and address Serious Safety Events/Sentinel Event Alerts through multidisciplinary approach.

6. Improve patient safety through use of PI/Six Sigma teams, Proactive Risk Assessment teams and Root Cause Analysis (RCA) teams.

7. Promote a non-punitive and blame-free culture of safety that encourages reporting of errors and near misses.
    a. To minimize blame or retribution against staff involved in patient safety incidents and to emphasize finding system and design flaws and not on individuals.
    b. Complete a Culture of Safety Survey as appropriate and necessary.

8. Improve patient safety awareness among our employees, medical staff, patients, and the community (patients & families).

9. Improve the reporting and analysis process for occurrences and near misses.
    a. Continue focused initiative to raise awareness about the importance of reporting near miss events.

10. Promote and collaborate with Quality Management, Nursing, Medical Staff in integration and prioritization of patient safety initiatives by assessing available data from the following resources on an ongoing basis:
    a. Core Measures, Leapfrog/National Quality Forum measures, IHI Adverse Drug Event and Mortality Reduction projects, PI Teams, Proactive Risk Assessment

and Root Cause Analysis (RCA) teams, event reporting, claims, patient experience data, and Patient Grievances & Complaints.

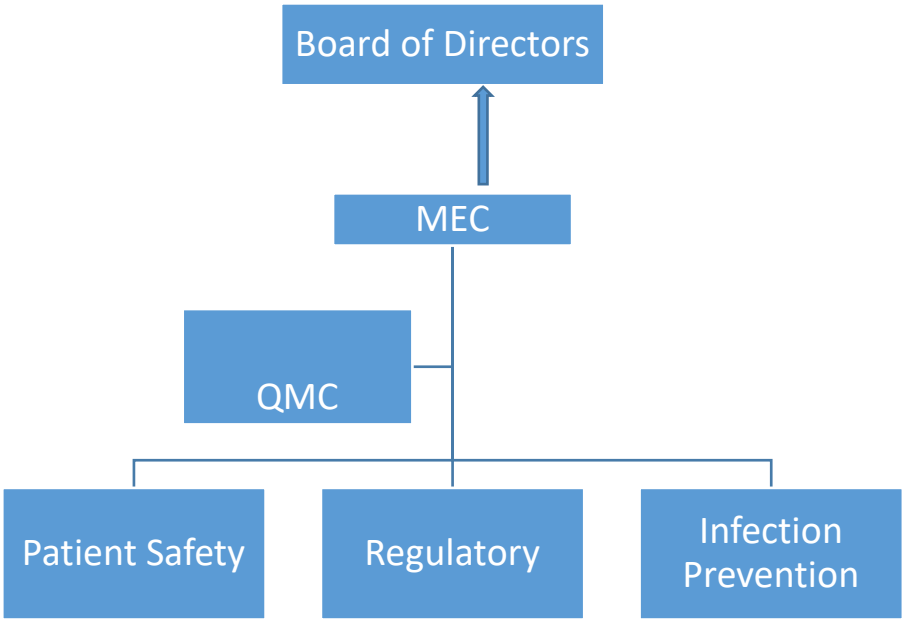
11. Evaluate and identify opportunities for improvement regarding medication management and patient safety.

12. Support the Medication Safety Team in identifying medication safety related issues, prioritizing medication safety improvements, developing action plans and monitoring tools and implementing change.

13. Complete a proactive risk assessment as appropriate.

Appendix C

Patient Safety Reporting Structure (Org Chart)



Appendix D

2024 Hospital National Patient Safety Goals

(Easy-To-Read)

Identify patients correctly	
NPSG.01.01.01	Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
Improve staff communication	
NPSG.02.03.01	Get important test results to the right staff person on time.
Use medicines safely	
NPSG.03.04.01	Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
NPSG.03.05.01	Take extra care with patients who take medicines to thin their blood.
NPSG.03.06.01	Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.
Use alarms safely	
NPSG.06.01.01	Make improvements to ensure that alarms on medical equipment are heard and responded to on time.
Prevent infection	
NPSG.07.01.01	Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning.
Identify patient safety risks	
NPSG.15.01.01	Reduce the risk for suicide.
Improve health care equity	
NPSG.16.01.01	Improving health care equity is a quality and patient safety priority. For example, health care disparities in the patient population are identified and a written plan describes ways to improve health care equity.
Prevent mistakes in surgery	
UP.01.01.01	Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
UP.01.02.01	Mark the correct place on the patient's body where the surgery is to be done.
UP.01.03.01	Pause before the surgery to make sure that a mistake is not being made.

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Appendix E

Patient Safety Reporting List:

Carson Tahoe Regional Medical Center 2023 Checklist Inventory			
Checklist Title		**Checklist Category**	**Department**
43	Form 302 OR	Environment	Housekeeping
44	Form 303 Basement/Discharges/OR	Environment	Housekeeping
45	Form 304 Projects/Floor Care	Environment	Housekeeping
46	Quality Assurance Checklist	Environment	Housekeeping
47	Pediatric Unit Department Checklist	Environment	PEDS
48	Discharge Checklist for Patients	Discharge	BHS
49	Discharge Checklist for Nursing	Discharge	BHS
50	Admission Checklist Nurse and Tech/Unit Clerk	Other Safety	BHS
51	AMA Intervention Checklist	Other Safety	BHS
52	Shift Checklist for Nursing Staff	Other Safety	BHS
53	Psychosocial Treatment Plan Tracking Form	Treatment	BHS
54	Sharp Contraband Tracking Form	Treatment	BHS
55	Fire Drill Participation	Environment	House-wide security
56	Fire Report	Environment	Security
57	Fire Watch Form	Environment	Security
58	Life (Fire) Safety Inspection/Business Occupancy	Environment	Security
59	Life (Fire) Safety Inspection/Healthcare Occupancy	Environment	Security
60	Patient Observation Checklist	Other Safety	Security
61	Adult Crash Cart Checklist	Other Safety	House wide
62	Newborn Nursery Crash Cart Checklist	Other Safety	House wide
63	OB Hemorrhage Cart Checklist	Other Safety	House wide
64	Pediatric Crash Cart Checklist	Other Safety	House wide
65	OB Recovery Room Red Cart	Other Safety	House wide
66	OB OR Checklist	Other Safety	Women's/Children
67	3M Steam Flash Sterilization Log	Other Safety	House wide
68	AED Checklist	Other Safety	House wide
69	Breast Milk Refrigerator Temperature Log	Other Safety	Women's/Children
70	Refrigerator/Freezer Temperature Record	Other Safety	House wide
71	List and Process Monitor Documentation System	Other Safety	GBI
72	NV State Immunization Program Temperature Log	Other Safety	Women's/Children
73	Nursery Blanket Warmer Temperature Log	Other Safety	Women's/Children
74	OB/RR Blanket Warmer Temperature Log Top Compartment	Other Safety	House wide
75	Ticket to Ride	Other Safety	House wide

76	Central Line Associated Blood Stream Infection (CLABSI) and Catheter Associated Urinary Tract	Other Safety	Infection Control
77	CAUTI Bundle Audit Data Collection	Other Safety	Infection Control
78	Hand Hygiene Compliance Monitoring	Other Safety	Infection Control
79	Infection Control Risk Assessment	Other Safety	Infection Control
80	Emergency Equipment Checklist	Other Safety	ICU
81	Urgent Heart Chart Daily Checklist	Other Safety	ICU
82	Chemotherapy Administration Checklist	Other Safety	Medical Oncology
83	Pre-Op/Circ/PACU Chart Deficiency Checklist	Treatment	Surgical Areas
84	Hand-off Communication Sheet Pre-Op/OR/PACU	Treatment	Surgical Areas
85	Surgical Checklist	Treatment	Surgical Areas
86	Universal Protocol Checklist/Hand-off Communication	Treatment	Surgical Areas (not SSH}
87	Universal Protocol Checklist for Injection Procedures	Treatment	Surgical Areas (not SSH}
88	Pre-op/Procedural Checklist	Other Safety	Surgical Areas (not SSH}
89	Ventilator Calibration Checklist	Other Safety	Respiratory
90	BHS Unit Safety Rounds Worksheet	Other Safety	House wide
91	Carson Tahoe Emergency Department Triage Protocol	Other Safety	Emergency Dept.
92	Carson Tahoe Emergency Department Stroke Protocol (MD Guideline)	Other Safety	Emergency Dept.
93	Magnetic Resonance Imaging (MRI} History and Assessment	Treatment	Medical Imaging
94	MRI Invasive Procedure Checklist	Treatment	Medical Imaging
95	Non-Ionic and/or Ionic Contrast Consent Form	Treatment	Medical Imaging
96	Pre-Catheterization/Vascular Lab Checklist	Treatment	Catheterization Lab
97	Patient Room Safety Inspection	Other Safety	House wide
98	Pre-op Education	Treatment	Mica Surgery

Approvals:

System Quality Director

System Patient Safety Officer

Chief Nursing Officer

VP & Chief Medical Officer

Chair of CTHS Board of Directors