



## **Safety Committee Meeting: September 3, 2015 1:30-3:00 : K-view Meeting**

**Present:** Emiliah Kambarami-Sithole, Joyce Morimoto, Mary McHugh, Melina Randall, Cindy Black, Sherie Chipperfield, Ashish Kumar, Tosha Whitley, Lauri Peterson, Terri Aguilung, Patrick Gibbs, Kim Frodsham,

**Absent:** Todd Hansen, Kathy Lillienthal, Tanya Moiseev, Vern Moak,

ITEM	Discussion	Action	Completion	Follow-up
Employee suggestions	Safety Survey form	<ul style="list-style-type: none"> <li>• Revision of Annual Safety Survey form. Cindy will assist with safety inspections to get all locations up to date by end of November Safety Survey form duplicates core audits.</li> <li>• Develop schedule to involve Safety Committee members</li> <li>• Devise a mechanism to get safety suggestions from staff A link on the K-Net is being considered</li> <li>• Installation of a SeaTac Pavilion safety door to separate the office areas from the front entrance.</li> </ul>	<p>Closed</p> <p>OPEN</p> <p>OPEN</p> <p>OPEN</p>	<p>Cindy(LWKC, LCKC, SCK, PAKC, KLKC) and Emiliah (KKC, RKC, BKC and Seattle KC)</p> <p>Emiliah</p> <p>Randy Thompson</p>
Evaluation of Safety committee activities	Fall Task Force	<p>Quality Initiatives for 2015</p> <p><b>Fall Task force ( see attached report)</b></p> <ul style="list-style-type: none"> <li>• New Fall Task force met, want to involve front-line staff.</li> <li>• Presented data to STKC, which had an increase in falls. Unit data were analyzed. Most frequent 2013 falls were post-HD at the scale. Most frequent 2014 falls were on the way to the lobby post-HD. Suggestion: Nurse to assess pts pre/post-HD. All hypotensive patients to be wheeled out</li> </ul>	<p>OPEN</p> <p>ONGOING</p>	<p>Melina, Cindy , Terri, Emiliah, Julie</p> <p>Tosha</p>

	<p>Needle dislodgement Task force</p> <p>Employee Exposure</p> <p>QIR Summary Report</p>	<p>to waiting area: Suggestions given to Tosha and Connie Increase use of transporters.</p> <ul style="list-style-type: none"> <li>• Cindy to communicate to managers regarding need to go back to using RED BANDS</li> <li>• Needle Dislodgement Task Force Is focusing on the taping procedure. This is ongoing and will be done on the unit level during annual competencies</li> <li>• Joyce reported organizational data.( see attached). Goal for 2016 is to find a more user friendly fistula needle. Staff not using safety device</li> </ul>  <p>2013-2015 Employee Bloodborne Pathogen</p> <ul style="list-style-type: none"> <li>• Joyce will present a retractable fistula needle device to the product committee</li> </ul> <p>Tosha presented the year-end report (see attached). Tosha has been working with managers to make sure all QIR are investigated and root causes identified. More education is needed to make sure the other category is placed in the right event type. Organization is looking into new systems. Tosha will report back to</p>	<p>OPEN</p> <p>OPEN</p> <p>OPEN</p>	<p>Cindy</p> <p>Terri</p> <p>Joyce</p> <p>Tosha</p>
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	Disaster Drill 2014	<p>this group</p>  <p>Facility Trending report 9-3-15.pdf</p> <p>Group has made decision to continue working on fall reduction activities Cindy will communicate with clinic managers reuse RED Bands</p> <p>Back Safety will be the focus for FY 2016 Emiliah will include Betsy in the discussions to see if there is an organization that can assist NKC with staff education</p> <p>The group reviewed the summary of the September 2014 Emergency Response/Drill. Subcommittee is working on 2015 /2016 activities Administrator on Call policy has been updated</p>		Cindy  Emiliah  Mary McHugh Emiliah
FY 2016 Program Review Summary  CAHPS Patient experience survey (Safety Issues)		<ul style="list-style-type: none"> <li>Dialysis center staff told you how to get off machine in case of emergency at center (AKC, BKC, EBKC, PAKC, WSKC) emergency bags not within patient reach</li> <li>Emergency Audits to include Cut and Clump kits location</li> </ul> <p>Tosha send out instructions to all managers on how to hang Cut and Clump</p>	CLOSED  CLOSED	Emiliah  Tosha

		<p>kits</p> <ul style="list-style-type: none"> <li>• Dialysis center staff explained things clearly(Individual Units are addressing)</li> <li>• Suggestion is to change the language on education material to match the survey questionnaire</li> </ul>		
2016 Flu campaign		<ul style="list-style-type: none"> <li>• Vaccination will begin October 1<sup>st</sup> .</li> </ul>	OPEN	Joyce
Membership discussion		<ul style="list-style-type: none"> <li>• Expand to include FSS, RD and SW</li> </ul>		
2015 Meetings		<p>Meetings in 2015 will be on: Dec. 2<sup>nd</sup> <small>K-view</small></p> <p>Meetings will be held at SeaTac Pavilion, Blagg, Haviland, PAKC,</p>		
December Meeting Agenda		<ul style="list-style-type: none"> <li>• Safety and Health Inspections (OSHA)</li> <li>• Safety Suggestions</li> <li>• New Policies affecting employee safety/health</li> <li>• "Open" items from last meeting</li> <li>• MSDS Process</li> <li>• Update from Disaster Subcommittee</li> <li>• Pt and Staff Vaccination Campaign</li> <li>• Evaluation of activities</li> </ul>		Emiliah

Attachments

Safety update

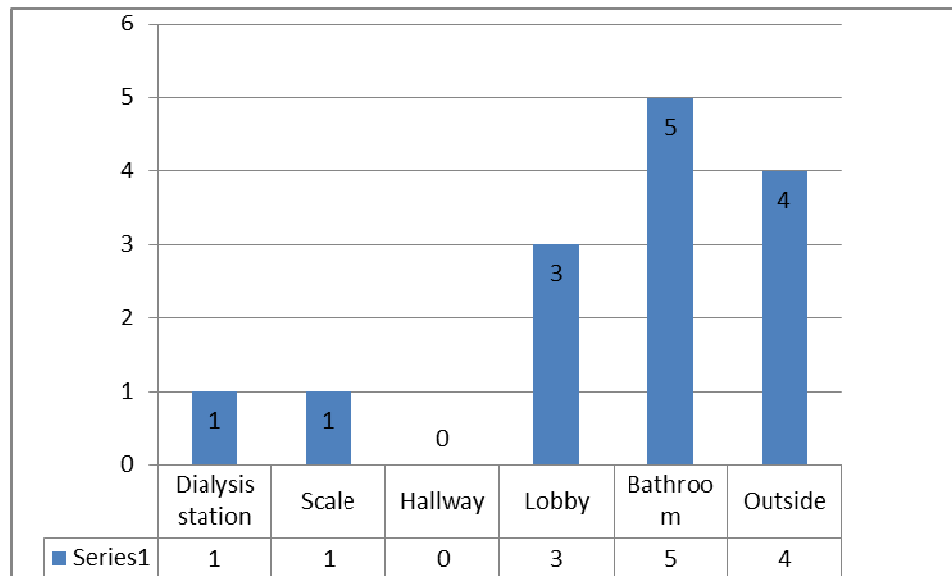
# FY 2015 (July 2014-June 2015) Safety Report

The Safety efforts in FY 2015 based on QIR evaluation:

1. Fall Prevention Campaign to prevent serious falls. 5's and above are reported on Dashboard.

Total number of falls 95 for FY2015

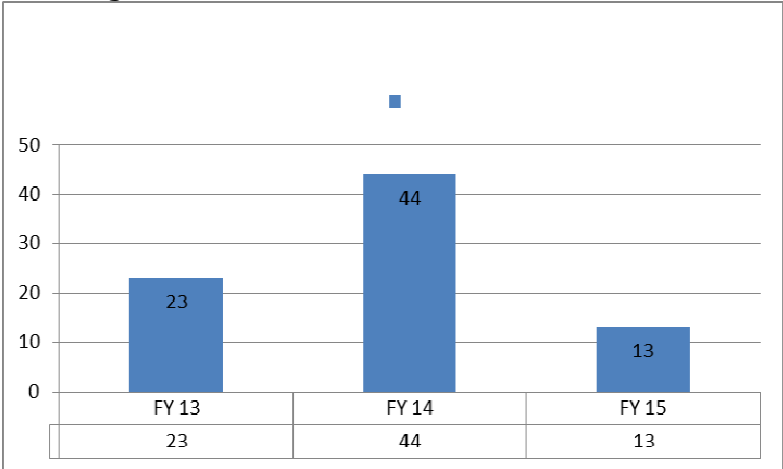
Falls rated 4 and above = 14 falls compared to 18 FY 13-14



With guidance from the Safety Committee, the organization will implement new strategies to minimize patient falls and needle dislodgements.

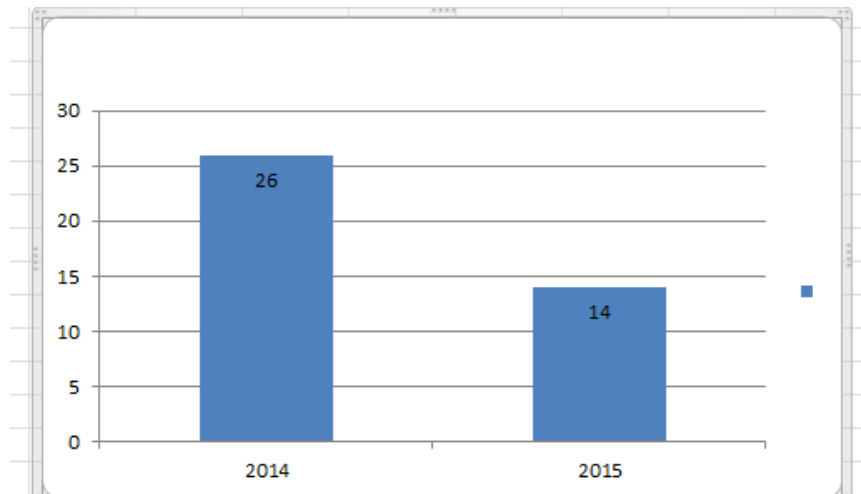
2. Needle Dislodgement: All needle dislodgements have a severity of 4's and above and are reviewed by the Operations Committee. Needle Dislodgements are reported on Dashboard. 70 % reduction in needle dislodgement reported.

Needle Dislodgements



- Home program started to report blood loss in 2014

Blood Loss :



Changed documentation to blood loss incident- now a 4 – follow up blood loss in staff meetings and at QAPI-separate tracking sheet kept  
 Access education done in clinic- re stenosis, aneurysm, securing needles etc..  
 Pt education done post blood loss- in clinic

#### 4. Employee Safety

Employee Injuries

Medical Claims

	2013	2014	2015
Medical Only	19	8	9
Time Loss	2	5	5

Sprain/Strain- Muscular injuries      10 compared to 8 in 2014  
 Back / sprain strain                      4 compared to 2 in 2014

Blood Borne Pathogen Exposure (see attachment Employee Exposure report).