

# ANNUAL EVALUATION OF THE ENVIRONMENT OF CARE FOR BROWARD HEALTH MEDICAL CENTER

*Respectfully  
Submitted By:  
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## MISSION AND VISION

**Mission:** The mission of Broward Health is to provide quality health care to the people we serve and support the needs of all physicians and employees.

**Vision:** The vision of Broward Health is to provide world class health care to all we serve.



### Five Star Values:

- Exceptional service to our community
- Accountability for positive outcomes
- Valuing our employee family
- Fostering an innovative environment
- Collaborative organizational team



## REGION'S COMPOSITION

| Region:                                  |
|--|
| Broward Health Medical Center            |
| Cora E. Braynon Family Health Center     |
| Clinica de las Americas                  |
| Comprehensive Care Center                |
| Bernard P. Alicki                        |
| Specialty Care Center                    |
| Lauderdale Lakes Community Health Center |

## EXECUTIVE SUMMARY

This report will include a summary of the following;

- Overall performance evaluation of the environmental safety program and safety management plan.
- Overall performance evaluation of the security program and security management plan.
- Overall performance evaluation of the hazardous materials and waste program and hazardous materials and waste management plan.
- Overall performance evaluation of the fire safety program and fire Safety management plan.
- Overall performance evaluation of the utilities program and utilities management plan.
- Report of progress on calendar year 2020 performance goals and plan objectives
- Priorities and goals for calendar year 2021

**Information Collection and Evaluation System (ICES)** - Performance Improvement indicators are selected based on regulatory requirements, opportunities identified from proactive risk assessments, results of external accrediting agency surveys, trends from internal Environment of Care (EoC) surveillance inspections, lessons learned from actual or near miss incidents..

**EVALUATION PROCESS AND COMPONENTS** – LEADERS RESPONSIBLE FOR COMPLIANCE OF AN EOC MANAGEMENT PLAN COLLABORATE WITH MEMBERS OF INTERNAL TEAMS, TASK FORCES OR SUBCOMMITTEES AND APPROPRIATE END USERS TO ASSESS THE EFFECTIVENESS OF EACH EOC PLAN COMPARING PERFORMANCE TO THE PREVIOUS YEAR AND GOALS THAT WERE ESTABLISHED. GOALS ESTABLISHED THE PREVIOUS YEAR AND PERFORMANCE INDICATORS NOT MET IN ADDITION TO ORGANIZATION STRATEGIC GOALS WHICH HAVE A SIGNIFICANT IMPACT ON THE ENVIRONMENT OF CARE ARE USED TO DEVELOP GOALS FOR THE NEXT CALENDAR YEAR.

### Committee Members

| Title                                   | Department                              | Function                          |
|---|---|-----------------------------------|
| <i>Regional Safety Officer</i>          | <i>Safety</i>                           | <i>Chairperson, EoC Committee</i> |
| <i>Chief Operating Officer</i>          | <i>Administration</i>                   | <i>EoC Committee Member</i>       |
| <i>Manager</i>                          | <i>Employee Health</i>                  |                                   |
| <i>Director</i>                         | <i>Facilities and Support Services</i>  | <i>EoC Committee Member</i>       |
| <i>Executive Director &amp; Manager</i> | <i>Biomedical Engineering</i>           | <i>EoC Committee Member</i>       |
| <i>Regional Security Lieutenant</i>     | <i>Security</i>                         | <i>EoC Committee Member</i>       |
| <i>Director</i>                         | <i>Quality &amp; Epidemiology</i>       | <i>EoC Committee Member</i>       |
| <i>Director</i>                         | <i>Surgery, SDS, PACU &amp; GI/Endo</i> | <i>EoC Committee Member</i>       |
| <i>AVP</i>                              | <i>Product Lines</i>                    | <i>EoC Committee Member</i>       |
| <i>Director &amp; Manager</i>           | <i>Behavioral Health Services</i>       | <i>EoC Committee Member</i>       |
| <i>Manager</i>                          | <i>Employee Health</i>                  | <i>EoC Committee Member</i>       |
| <i>Epidemiologist</i>                   | <i>Epidemiology</i>                     | <i>EoC Committee Member</i>       |
| <i>Risk Manager</i>                     | <i>Risk Management</i>                  | <i>EoC Committee Member</i>       |
| <i>Nurse Managers</i>                   | <i>Critical Care &amp; Adult Care</i>   | <i>EoC Committee Member</i>       |



|                                |   |                             |
|--------------------------------|---|-----------------------------|
| <i>Nurse Managers</i>          | <i>Salah Foundation Children's Hospital and Maternity Place</i> | <i>EoC Committee Member</i> |
| <i>Nurse Manager</i>           | <i>Dialysis, Outpatient Clinic &amp; Lab, Ortho Techs</i>       | <i>EoC Committee Member</i> |
| <i>Director</i>                | <i>Environmental Services</i>                                   | <i>EoC Committee Member</i> |
| <i>Manager</i>                 | <i>Materials Management</i>                                     | <i>EoC Committee Member</i> |
| <i>Manager</i>                 | <i>Laboratory, Sleep/EEG and Respiratory</i>                    | <i>EoC Committee Member</i> |
| <i>Manager</i>                 | <i>Radiology</i>  | <i>EoC Committee Member</i> |
| <i>Assistant Manager</i>       | <i>Respiratory</i>  | <i>EoC Committee Member</i> |
| <i>Corporate Director</i>      | <i>Public Safety</i>  | <i>EoC Committee Member</i> |
| <i>Coordinator</i>             | <i>Corporate Dept. of Emergency Preparedness</i>                | <i>EoC Committee Member</i> |
| <i>Associate Administrator</i> | <i>Administration</i>   | <i>EoC Committee Member</i> |

The following table includes the name of those individuals who manage the Environment of Care programs.

| <b>Environment of Care Program</b> | <b>Evaluator</b>                            |
|------------------------------------|---|
| • Safety                           | Shirley Ochipa                              |
| • Security                         | Anthony Frederick,<br>Yvonne Gordon-Russell |
| • Hazardous Materials & Waste      | Shirley Ochipa                              |
| • Fire Safety                      | Jaime Alfayate,<br>Shirley Ochipa           |
| • Medical Equipment                | Marcos Mantel                               |
| • Utility Systems                  | Jaime Alfayate                              |



## **SAFETY MANAGEMENT PROGRAM**

**Reviewer: Shirley Ochipa**

**Title: Safety Officer**

**Region: Broward Health Medical Center**

**Review Date: April 15, 2020**

**Purpose:** The purpose of the Safety Management Plan (“The Safety Plan”) is to provide a physical environment free of hazards and to manage staff activities to reduce the risk of injuries. Three components are fundamental to the program: the ability to identify risk prior to any incident (e.g. environmental surveillance tours, risk assessments), the ability to report and investigate incidents that occur and the ability to correct unsafe conditions or actions that are identified through this process. The Safety Plan ensures compliance with safety requirements promulgated by OSHA and other consensus standards such as those by NIOSH, ANSI, and CDC.

**Scope:** The scope of the Safety Management Plan encompasses all personnel within Broward Health Medical Center (BHMC) and the community health services sites under its oversight. All individuals (employees, leadership, licensed independent practitioners, and medical residents/students are required to act in a safe and responsible manner that does not place themselves, patients or others at risk. All individuals have a duty to report unsafe conditions or actions so that they may be addressed. The commitment to a safe hospital setting is supported by the Board of Commissioners through the Chief Executive Officer and the authority granted to the Environment of Care Committee and to the Safety Officer.

**Evaluation of the Scope:** During 2020, the scope of the Safety Management Plan was reviewed. The objectives of the Safety Management Plan and the scope of the Plan were determined to be acceptable to ensure a safe environment. The Safety Management Plan and program were found to be effective. Goals have been established to direct the Safety Management Plan in 2021.

### **Review of Program Objectives:**

| <b>Objective</b>   | <b>Met</b> | <b>Not Met</b> | <b>Met with Conditions</b> | <b>Adjusted Objective</b> |
|--|------------|----------------|----------------------------|---------------------------|
| <b>Comply with all applicable safety regulations and accepted safety practices</b>   | <b>Met</b> |                |                            |                           |
| <b>Maintain a system of inspection activities and incident reporting</b>   | <b>Met</b> |                |                            |                           |
| <b>Ensure facilities are constructed, arranged and maintained to provide physical safety and personal privacy of the patient</b> | <b>Met</b> |                |                            |                           |



|   |     |  |  |  |
|---|-----|--|--|--|
| Ensure all employee accidents and injuries are analyzed aimed at reducing risk for recurrence | Met |  |  |  |
|---|-----|--|--|--|

Review of Performance: Performance monitors for 2020 are as follows

#### Performance Monitor #1: OSHA Recordable Cases

Target:  $\leq 6.01/\text{qtr}$ .

Performance: This performance monitor was not met in 2020.

#### Performance Monitor Analysis:

| Safety Management   | Benchmark              | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|---|------------------------|---------|---------|---------|---------|--------|--------|
| Workers Comp - (# injuries X 200,000) / productive manhours-OSHA Recordable Cases | $\leq 6.01/\text{qtr}$ | 9.14    | 7.70    | 8.01    | 6.76    | 7.90   | 6.72   |

**Overall Effectiveness of the Program's Effectiveness:** Although quarterly performance of the monitor declined by the 4<sup>th</sup> quarter approaching the benchmark. The number of employee incidents was reduced by 4% below the # of occurrences in 2019. The goal was not met in 2020 and will continued to be monitored in 2021 for further compliance.

Although our EoC initiative to reduce employee slip, trip and fall incidents resulted in decreased occurrences by the end of 2020, several factors contributed to the unacceptable performance of this monitor in 2020.

- COVID-19 employee exposures – additional precautions implemented based on CDC guidelines resulted in decrease exposures as the year progressed. Education was frequently distributed to all BHMC employees on how to reduce the risks of these types of exposures.
- Increase in contaminated needlesticks primarily due to multiple product conversions
- Exposures to staff from at risk patients not placed initially in the appropriate isolation precaution environment. These incidents were due to patients presenting to the Emergency Department with no signs & symptoms of potentially contagious diseases rather than later detection of suspected patients with communicable infectious diseases and their proper placement in appropriate transmission- based precaution environments.
- The 2021 Environment of Care initiative is to reduce preventable contaminated needlesticks. Conversion to multiple Smiths-Medical devices in the winter and spring of 2020, did not allow for ongoing support and educations due to COVID-19 restrictions.



Drill down of root causes provided opportunities to utilize internal resources for education to further reduce risks.

## Performance Monitor #2: Contaminated Needle stick Exposure Rate

Target:  $\leq 1.65/\text{qtr}$ .

Performance: This performance monitor was not met in 2020.

Performance Monitor Analysis:

| Safety Management  | Benchmark              | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|--|------------------------|---------|---------|---------|---------|--------|--------|
| Workers Comp - Contaminated Needle stick Injuries            | $\leq 40/\text{yr}$    | 10      | 16      | 12      | 10      | 48     | 34     |
| Workers Comp - Contaminated Needle stick Injuries/APDx10,000 | $\leq 1.65/\text{qtr}$ | 1.81    | 3.80    | 2.52    | 2.13    | 2.56   | 1.54   |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor goal was not met in 2020 with a 29% increase in 2020 compared to 2019 and will continue to be monitored in 2021 for further compliance.

Various stakeholders collaborated with the Safety Officer to focus on negative trends observed in 2020 with the primary root cause due to conversion to 4 new devices in 6 months. Healthstream assignments on correct procedures for products used to administer insulin and other medications and for blood collection supported initial education by the vendor. All competencies were updated and included return demonstrations. In June, Smiths-Medical educators were allowed to enter the hospital and provided additional education every month through November.

Reducing this monitor is the 2021 EoC initiative and includes a multi-disciplinary team approach aimed at reducing occurrences.

## CONVERSION TO SMITHS-MEDICAL PRODUCTS IN 2020

EDGE Safety Hypodermic Devices  
Tuberculin Syringes, Insulin Syringes



**BROWARD HEALTH**  
MEDICAL CENTER

Salah Foundation  
Children's Hospital

### Performance Monitor #3: Contaminated Sharps Injuries

Target:  $\leq 0.43/\text{qtr.}$

Performance: This performance monitor was met in one of the four qtrs. of 2020.

#### Performance Monitor Analysis:

| Safety Management                       | Benchmark              | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|---|------------------------|---------|---------|---------|---------|--------|--------|
| Workers Comp - Sharp Object Injuries    | $\leq 12/\text{yr}$    | 3       | 1       | 3       | 4       | 7      | 7      |
| Sharp Object Injuries Rate/APD x 10,000 | $\leq 0.43/\text{qtr}$ | 0.54    | 0.24    | 0.63    | 0.85    | 0.56   | 0.42   |

Overall Effectiveness of the Program's Effectiveness: This performance monitor goal was not met in 2020 and will continue to be monitored in 2021 for compliance.



Two opportunities were identified.

- One opportunity involved several different contaminated sharps injuries by Surgical techs in the main OR. As a result of these exposures, all surgical techs had re-competencies completed.
- Second opportunity involved first year orthopedic surgical residents who required increased training in surgical techniques to reduce risk of exposures.

#### Performance Monitor #4: Back/Shoulder/Neck Injuries relating to Patient Handling Rate

Target:  $\leq 0.52/\text{qtr.}$

Performance: This performance monitor was met in three of the four qtrs. of 2020.

Performance Monitor Analysis:

| Safety Management   | Benchmark              | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|---|------------------------|---------|---------|---------|---------|--------|--------|
| Workers Comp - Back/Shoulder Injuries (Patient Handling)    | $\leq 14/\text{yr}$    | 2       | 2       | 2       | 5       | 11     | 10     |
| Back/Shoulder Injuries Rate (Patient Handling/APD x 10,000) | $\leq 0.52/\text{qtr}$ | 0.36    | 0.44    | 0.42    | 1.07    | 0.57   | 0.49   |

Overall Effectiveness of the Program's Effectiveness: There was only one incident more in 2020 compared to 2019. This performance monitor was found to be effective and will continue to be monitored in 2021 for compliance.

Staff turnover including super-users contributed to less use of mobile safe patient handling equipment in medical-surgical units. Due to the pandemic, additional vendor support for training was not permitted. Healthstream assignments to provide education on use of the Sara Steady for Sit-to-Stand transfers occurred for new staff. Transportation staff participated in a trial of a repositioning mat to assist with lateral transfers. The greatest challenge was the handling patients of size requiring assistance with turning and pulling up in bed. Evaluating new equipment for this latter patient activity is currently underway to ensure both patient and employee safety.

#### Performance Monitor #5: Employee Slip, Trip and Fall Incident Rate

Target:  $\leq 2.34/\text{qtr.}$

Performance: This performance indicator was met in all four qtrs.



### Performance Monitor Analysis

| Safety Management                                | Benchmark  | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|--|------------|---------|---------|---------|---------|--------|--------|
| Workers Comp - Employee Slip/Trip/Fall Incidents | ≤ 60/yr    | 11      | 8       | 11      | 3       | 33     | 39     |
| Employee Slip/Trip/Fall Rate/APD x 10,000        | ≤ 2.34/qtr | 1.99    | 1.91    | 2.31    | 0.64    | 1.71   | 1.78   |

**Overall Effectiveness of the Program's Effectiveness:** A negative trend was noted in the last 2 quarters of 2019 and continued into 2020. The 4<sup>th</sup> quarter of 2020 showed a significant decrease resulting in a 15% decrease in occurrences in 2020 compared to 2019.

Education on prevention of slip, trip and fall incidents was distributed to all BHMC staff throughout 2020. Additionally, education on ladder safety and proper use of cell phones to reduce the risk of “distracted walking” was communicated to leaders, staff and physicians. Members of the EoC surveillance inspection teams were reminded to look for potential trip hazards while rounding and report them to Facilities to be corrected. A work group was created that focused on slip, trip and fall incident reduction. OSHA's toolkit for evidenced based practices to reduce occurrences was followed.

The EoC Committee approved the reduction of the occupational injury to be the 2020 initiative. We will continue to monitor in 2021 for further compliance to ensure the positive trend can be maintained.

**Performance Monitor #6: # Employees exposed to *M. tb*/total # of Employees/quarter**

**Target:** ≤ 1%/qtr.

**Performance:** This performance indicator was met in all four qtrs. of 2020.

### Performance Monitor Analysis

| Safety Management   | Benchmark | Q1 CY20         | Q2 CY20          | Q3 CY20          | Q4 CY20          | CY2020 | CY2019 |
|---|-----------|-----------------|------------------|------------------|------------------|--------|--------|
| Employee Health - # Employees exposed to <i>M.tb</i> /total # of employees per qtr. | ≤ 1%/qtr  | 4/9545<br>0.04% | 36/9629<br>0.34% | 41/9569<br>0.43% | 13/9093<br>0.01% | 0.20%  | 0.09%  |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance.



**Performance Monitor #7: # of Employees exposed to contagious diseases/# of Employees per quarter**

**Target:** ≤ 1%/qtr.

**Performance:** This performance monitor was met in all qtrs. of 2020.

**Performance Monitor Analysis:**

| Safety Management   | Benchmark | Q1 CY20          | Q2 CY20          | Q3 CY20         | Q4 CY20          | CY2020 | CY2019 |
|---|-----------|------------------|------------------|-----------------|------------------|--------|--------|
| Employee Health -<br># Contagious disease<br>exposures/total # of<br>employees per qtr. | ≤ 1%/qtr  | 64/9546<br>0.67% | 36/9629<br>0.37% | 5/9659<br>0.05% | 18/9093<br>0.20% | 0.32%  | 0.37%  |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance.

**Performance Monitor #8: # Hemodialysis water/ Dialysate cultures (done/passed)**

**Target:** 100%/yr.

**Performance:** This performance monitor was met in all qtrs. of 2021.

**Performance Monitor Analysis:**

| Safety Management   | Benchmark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|---|-----------|---------|---------|---------|---------|--------|--------|
| Epidemiology - #<br>Hemodialysis<br>Water/Dialysate<br>Cultures<br>(done/#passed) | 100%/yr   | 100%    | 100%    | 100%    | 100%    | 100%   | 100%   |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance.



**Performance Monitor #9: # Hemodialysis water Endotoxin-LAL (done/passed)****Target: 100%/yr.****Performance: This performance monitor was met in all the four qtrs. of 2020.****Performance Monitor Analysis:**

| Safety Management   | Benchmark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|---|-----------|---------|---------|---------|---------|--------|--------|
| Epidemiology -<br># Hemodialysis<br>Endotoxin - LAL<br>(done/#passed) | 100%/yr   | 100%    | 100%    | 100%    | 100%    | 100%   | 99%    |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance.

**Performance Monitor #10: Scan Safety-# of Burns from MRI Scanner (new)****Target: <1/qtr.****Performance: This performance monitor was met in all the qtrs. of 2020****Performance Monitor Analysis:**

| Safety Management                                    | Benchmark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY19 | CY2020 | CY2019 |
|--|-----------|---------|---------|---------|---------|--------|--------|
| MRI Scan<br>Safety-# of<br>Burns from<br>MRI Scanner | <1/qtr    | 0       | 0       | 0       | 0       | 0      | 0      |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance.

**Performance Monitor #11: MRI Scan Safety-# of Unplanned Metallic Objects in MRI Scanner****Target: <1/qtr.****Performance: This performance monitor was met in all the qtrs. of 2020**

**Performance Monitor Analysis:**

| Safety Management  | Benchmark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|--|-----------|---------|---------|---------|---------|--------|--------|
| MRI Scan Safety-# of Unplanned Metallic Objects in MRI Scanner | <1/qtr    | 0       | 0       | 0       | 0       | 0      | 1      |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance.

**Performance Monitor #12: Staff Knowledge Score in Safety Management from EoC Surveillance Tours**

**Target:** ≥ 90%/qtr.

**Performance:** This performance monitor was met in all the qtrs. of 2020.

**Performance Monitor Analysis:**

| Safety Management  | Benchmark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|--|-----------|---------|---------|---------|---------|--------|--------|
| Staff Knowledge Score in Safety Management from Surveillance Tours | ≥ 90%/qtr | 92%     | 97%     | 97%     | 99%     | 96%    | 97%    |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance.





Performance Monitors for 2021 are as follows:

|   |                   |
|---|-------------------|
| <b>Workers Comp - (# injuries X 200,000) / productive manhours- OSHA Recordable Cases</b> | <b>≤ 6.01/qtr</b> |
| <b>Workers Comp - Contaminated Needlestick Injuries</b>                                   | <b>≤ 40/yr</b>    |
| <b>Workers Comp - Contaminated Needlestick Injuries/APDx10,000</b>                        | <b>≤ 1.65/qtr</b> |
| <b>Workers Comp - Contaminated Sharp Injuries</b>   | <b>≤ 12/yr</b>    |
| <b>Workers Comp - Contaminated Sharp Injuries/APDx10,000</b>                              | <b>≤ 0.43/qtr</b> |
| <b>Workers Comp - Back/Shoulder Injuries (Patient Handling)</b>                           | <b>≤ 14/yr</b>    |
| <b>Back/Shoulder Injuries Rate (Patient Handling/APD x 10,000</b>                         | <b>0.52/qtr</b>   |
| <b>Workers Comp - Employee Slip/Trip/Fall Incidents</b>                                   | <b>≤ 60/yr</b>    |
| <b>Employee Slip/Trip/Fall Rate/APD x 10,000</b>  | <b>2.34/qtr</b>   |
| <b>Employee Health - # Employees exposed to <i>M.tb</i>/total # of employees per qtr.</b> | <b>≤ 1%/qtr</b>   |
| <b>Employee Health - # Contagious disease exposures/total # of employees per qtr.</b>     | <b>≤ 1%/qtr</b>   |
| <b>Epidemiology - # Hemodialysis Water/Dialysate Cultures (done/#passed)</b>              | <b>100%/yr</b>    |
| <b>Epidemiology - # Hemodialysis Endotoxin - LAL (done/#passed)</b>                       | <b>100%/yr</b>    |
| <b>MRI Scan Safety-# of Burns from MRI Scanner</b>  | <b>&lt;1/qtr</b>  |
| <b>MRI Scan Safety-# of Unplanned Metallic Objects in MRI Scanner</b>                     | <b>&lt;1/qtr</b>  |
| <b>Staff Knowledge Score in Safety Management from Surveillance Tours</b>                 | <b>≥ 90%/qtr</b>  |

These performance monitors will be reviewed on an annual basis to determine if they need to be enhanced or replaced by new monitors.

### **Accomplishments in 2020**

- Partnered with Epidemiology to create COVID-19 Donning and Doffing protocols following CDC guidelines, staff competencies personal protective equipment (PPE) and collaterals for posting and to reinforce education that served as templates for all of Broward Health
- Conducted education on appropriate PPE for department leaders, employees, Licensed independent practitioners, agency staff, and Medical Residents to ensure all personnel were provided with necessary resources to remain safe throughout the pandemic.
- Partnered with Materials and Corporate Supply chain to ensure redundancies in PPE, hand sanitizer and cleaning/disinfecting products providing adequate supplies at all times
- Partnered with Employee Health in tracking employee exposures and following Broward Health's best practice decision trees
- Partnered with Nursing to create processes to meet operational needs inside and outside COVID-19/PUI patient rooms in both inpatient and outpatient settings.
- Partnered with EVS in developing cleaning protocols with alternative products including education on the use of the electrostatic sprayer

### **Goals for Safety Management in 2021:**

- Reduce contaminated needlesticks by 10% by education, identifying root causes and opportunities to reduce risk, and holding staff accountable to consistently follow safe work practices.
- Implement a product based on staff evaluation and recommendation for patient lateral transfers and repositioning in bed in units without ceiling lifts to reduce risks for employee back/neck/shoulder strains and improve patient safety.
- Continue to partner with Epidemiology in conducting education of employees, Medical Staff and Residents on proper COVID-19 Donning and Doffing PPE following CDC guidelines



## SECURITY MANAGEMENT PROGRAM

**Reviewer:** Tony Frederick/Yvonne Gordon-Russell

**Title:** Captain, Public Safety/Regional Manager, Public Safety

**Region:** Broward Health Medical Center

**Review Date:** March 23, 2021

**Purpose:** The purpose of the Security Management Plan is to establish and maintain a security program that protects patients, employees, licensed independent practitioners, and visitors from harm and that guards the physical and intellectual property of the organization.

**Scope:** The scope of the Security Management Plan (“The Security Plan”) applies to all patients, employees, licensed independent practitioners, and visitors at BHMC. The Security Plan is administered by Broward Health Corporate and regional administrative oversight. Services include central station monitoring, consultative site reviews, access control, investigative assistance, lost and found, patrol services of hospital and grounds, escort services for employees who are threat of violence victims. Local, county, state and federal law enforcement agencies support the Security department through close working relationships with site security personnel.

**Evaluation of the Scope:** During 2020, the scope of the Security Management Plan was reviewed. The objectives of the Security Management Plan were determined to be acceptable to ensure a secure environment. The Security Management Plan and program were found to be effective. Goals have been established to direct the Security Management Plan in 2021.

### Review of Program Objectives:

| Objective  | Met | Not Met | Met with Conditions | Adjusted Objective |
|--|-----|---------|---------------------|--------------------|
| Implement accepted practices for the prevention, proper documentation and timely investigation of security incidents | Met |         |                     |                    |
| Provide timely response to emergencies and requests for assistance   | Met |         |                     |                    |



|   |  |  |                     |   |
|---|--|--|---------------------|---|
| Track and trend performance indicators to improve performance |  |  | Met with Conditions | Change from contract Security to internal Security team to improve overall performance within the Department. |
|---|--|--|---------------------|---|

Review of Performance: Performance monitors for 2020 are as follows:

#### Performance Monitors #1: Rate of Bodily Assaults-non-Behavioral Health Services

Target:  $\leq 1.00/\text{qtr}$ .

Performance: This performance monitor met benchmark every quarter of 2020.

#### Performance Monitor Analysis:

| Security Management                         | Benchmark              | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY 2019 |
|---|------------------------|---------|---------|---------|---------|--------|---------|
| Reported Bodily Assaults (non BHS-Adult)    | Informational /qtr     | 14      | 13      | 13      | 10      | 12     | 9       |
| Assault Rate/Census x 1,000 (non-BHS-Adult) | $\leq 1.00/\text{qtr}$ | 0.22    | 0.25    | 0.26    | 0.2     | 0.23   | 0.16    |

Overall Effectiveness of the Program's Effectiveness: This performance monitor goal was met in 2020 with a .07 rate increase compared to 2019 and will continue to be monitored in 2021 for further compliance.

In 2019, a Workplace Violence Prevention multi-disciplinary team was created to address increasing aggressive occurrences involving employees, Medical Staff and Security. TJC Sentinel Alert #59 on Violence Against Healthcare Workers was the pathway followed by the team. Monthly reports of the EoC Committee and Leadership team kept them informed of our progress. At the end of 2019 and into 2020, we created an Internal Support team consisting of peer supporters. They completed a 3 day Critical Incident Stress Debriefing course that included recognition when employees may need referral to our Employee Assistance Program. Our CEO is the IST sponsor. The IST meets quarterly to review team activations and outcomes as the members hardwire their new skills.

Workplace Violence prevention will continue to be a focus 2021 as we look at ways to prevent escalation of aggressive behaviors that may become violent.



**Performance Monitors #2: Rate of Bodily Assaults-Behavioral Health Services****Target:** ≤ 2.50/qtr**Performance:** This performance monitor was met three of the four qtrs. of 2020.**Performance Monitor Analysis:**

| Security Management              | Benchmark             | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY 2019 |
|----------------------------------|-----------------------|---------|---------|---------|---------|--------|---------|
| Reported Bodily Assaults (BHS)   | Informational<br>/qtr | 26      | 4       | 12      | 4       | 12     | 13      |
| Assault Rate/Census x1,000 (BHS) | ≤ 2.50/qtr            | 4.6     | 0.75    | 2.22    | 0.81    | 2.1    | 2.54    |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective with a .44 decrease from 2019 and will continue to be monitored in 2021 for further compliance.

A dedicated security officer was assigned to the Behavioral Health units in the first quarter of 2020 to provide 24/7 security presence. This staffing change has resulted in a faster response by Ssecurity due to panic buttons being added to the nursing stations of both 4 North and South West Wing units which annunciate in the SOC.

Workplace Violence prevention will continue to be a focus 2021 as we look at ways to prevent escalation of aggressive behaviors that may become violent.

**Performance Monitors #3: Rate of Code Assists- non-Behavioral Health Services-Adult****Target:** ≤ 1.00/qtr.**Performance:** This performance monitor was not met in 4 of the four qtrs. of 2020.**Performance Monitor Analysis:**

| Security Management                            | Benchmark             | Q1 CY20 | Q2 CY20 | Q3CY20 | Q4 CY20 | CY2020 | CY 2019 |
|--|-----------------------|---------|---------|--------|---------|--------|---------|
| Code Assists (non-BHS) Adult                   | Information<br>al/qtr | 74      | 96      | 108    | 58      | 84     | 78      |
| Code Assist Rate/Census x1,000 (non-BHS) Adult | ≤ 1.00/qtr            | 1.14    | 2.2     | 2.16   | 1.14    | 1.66   | 1.24    |

**Overall Effectiveness of the Program's Effectiveness:** As reflected in the data, the benchmark was not met. There was a 7% (23) increase in Code Assist calls in 2020 than in 2019. This performance monitor was found not to be effective and will continue to be monitored in 2021 to track for compliance



**Non-BHS Code Assists:**

|       | Q1 | Q2 | Q3  | Q4       |
|-------|----|----|-----|----------|
| 2019: | 70 | 72 | 106 | 65 = 313 |
| 2020: | 74 | 96 | 108 | 58 = 336 |

5NT, 4 Atrium, 5ST, 5 Atrium, 6NT, CVICU, RCU, ICU, Adult ED were the locations where the highest # of incidents occurred representing >80% of the total. Repeated Code Assist calls on the same patients in many of the non-BHS inpatient units contributed to increased calls for assistance.

In the 3<sup>rd</sup> & 4th quarter of 2020 Security began conducting Code Assist drills to measure overall effectiveness of Code Assist response by staff and the Security team. Drills were observed and graded on a pass/fail bases. Both drills conducted were passing. The scenarios and outcomes are as follows:

**4 NORTH TOWER 13 AUG. 2020- 1<sup>st</sup> SHIFT**

**Scenario:** PT has a head injury due to a previous fall. PT is confused and trying to leave the floor. Asst. Nurse Manager engaged the pt. near the nursing station and verbally attempted to get the pt. ANM tried to get pt. back to her room but the pt. became very aggressive, and combative towards staff stating, “Where am I/ Where are is my purse? I want to leave. You can’t keep me here!” The ANM asked the unit secretary to call number 22 for a Code Assist.

**5 Atrium Oct. 14th. 2020- 2nd SHIFT**

**Scenario:** Patient is hoping to go home today following a hysterectomy she had 2 days ago. She has been showing signs of infection and has been started on antibiotics. The ANM enters the room stating, “I’m here to draw your blood.” Pt. starts to cry and become angry shouting “you are not getting any more of my blood. Pt. starts to hit and push staff member stating you are not sticking me again. I haven’t seen my doctor and I want to go home!” Pt. starts to get out of bed looking for her clothes. Pt. also has a visitor in the room that’s yelling at her trying to get her to cooperate with the ANM which escalated the situation more. Staff and visitor try to stop her from leaving due to Pt. having an IV in her arm and the doctor wants more blood work. Pt. starts to get angry and grabs to pull the IV dressing off her arm. Code Assist is called.

Debriefing sessions immediately post-drills identified successes to recognize positive responses and opportunities for improvement

Code Assist drills will continue to be conducted in 2021 focusing on floors/units listed above with a high volume of Code Assists calls and/or Bodily Assaults.



**Performance Monitors #4: Rate of Code Assists –Women & Children’s Services****Target:** ≤ 1.00/qtr.**Performance:** This performance monitor was met in all of the qtrs. of 2020.**Performance Monitor Analysis:**

| Security Management                                       | Benchmark          | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY 2019 |
|---|--------------------|---------|---------|---------|---------|--------|---------|
| Code Assists (non-BHS) Women & Children                   | Informational /qtr | 4       | 3       | 7       | 4       | 4      | 13      |
| Code Assist Rate/Census x1,000 (non-BHS) Women & Children | ≤ 1.00/qtr         | 0.29    | 0.39    | 0.86    | 0.44    | 0.50   | 0.85    |

**Overall Effectiveness of the Program’s Effectiveness:** This is the second year that a decrease in this performance monitor has occurred. This performance monitor was found to be effective and will continue to be monitored in 2021 for continued compliance. If rates remain below benchmark in 2021, this performance monitor will no be longer monitored.

**Performance Monitors #5: Code Assists (BHS)****Target:** ≤ 1.00/qtr.**Performance:** This performance monitor was met in one of the four qtrs. of 2020.**Performance Monitor Analysis:**

| Security Management                  | Benchmark          | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY 2019 |
|--------------------------------------|--------------------|---------|---------|---------|---------|--------|---------|
| Code Assists (BHS)                   | Informational/qtr. | 13      | 6       | 12      | 5       | 9      | 11      |
| Code Assist Rate/Census x1,000 (BHS) | ≤ 1.00/qtr.        | 2.3     | 1.13    | 2.22    | 1.01    | 1.66   | 2.13    |

**Overall Effectiveness of the Program’s Effectiveness:** This performance monitor was found not be effective and will continue to be monitored in 2021 to ensure improvement in this performance monitor.

In the quarters where the benchmark was not met, over 40% of the occurrences were repeated aggressive behaviors by the same vulnerable patients who were confused, anxious, and/or wanted to leave the hospital.

BHS staff called Code Assists for earlier intervention by Security and mental health employees prior to the escalation of aggressive patient behaviors in both the Psych ED and inpatient BHS units. Post-incident debriefing focused on more frequent psychiatrist interventions and



assessments of medication protocols, 1:1 sitter for continuous monitoring, separating patients whose aggressive behaviors had the potential to affect the safety of other patients and staff, and restricting visitors.

#### Performance Monitors #6: Missing Patient Property

Target:  $\geq 2.00/\text{qtr.}$

Performance: This performance monitor was met in two of the four qtrs. of 2020

##### Performance Monitor Analysis:

| Security Management                   | Benchmark              | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY 2019 |
|---------------------------------------|------------------------|---------|---------|---------|---------|--------|---------|
| Missing Patient Property              | Informational/qtr.     | 5       | 18      | 17      | 12      | 13     | 10      |
| Missing Patient Property/APD x 10,000 | $\leq 2.00/\text{qtr}$ | 0.9     | 4.3     | 3.57    | 1.85    | 2.66   | 1.34    |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found not to be continuously effective and will continue to be monitored in 2021 for further compliance.

A multi- disciplinary team involving Security, Safety, BHU staff, Risk Management, Patient Experience, and Nursing personnel worked together for an entire calendar year to revise the Valuables and Belongings Policy and create a Belongings inventory form for inventory and tracking of patient belongings and valuables. Staff was educated on the new process through assigned HealthStream training.

#### Performance Monitors #7: Missing Broward Health Owned Property

Target:  $\geq 0.50/\text{qtr.}$

Performance: This performance monitor was met in two of the four qtrs. of 2020

##### Performance Monitor Analysis:

| Security Management           | Benchmark              | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY 2019 |
|-------------------------------|------------------------|---------|---------|---------|---------|--------|---------|
| Missing BH Owned Property     | Informational/qtr.     | 1       | 0       | 4       | 5       | 2      | 2       |
| Missing BH Owned Property/APD | $\leq 0.50/\text{qtr}$ | 0.18    | N/A     | 0.84    | 0.77    | 0.45   | 0.26    |



**Overall Effectiveness of the Program's Effectiveness:** Staff was educated on ensuring BH owned equipment such as monitors were not to be taken by patients at the time of discharge. This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance.

#### Performance Monitors #8: Contraband Search by Security

**Target:** ≤ 10.00/qtr.

**Performance:** This performance monitor was met in all of the four qtrs. of 2020

**Performance Monitor Analysis:**

| Security Management                       | Benchmark          | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY 2019 |
|---|--------------------|---------|---------|---------|---------|--------|---------|
| Contraband Search by Security             | Informational/qtr. | 32      | 24      | 30      | 24      | 28     | 34      |
| Contraband Search by Security/APD x10,000 | ≤ 10.00/qtr.       | 5.79    | 5.74    | 6.3     | 3.7     | 5.38   | 6.28    |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance.

#### Performance Monitors #9: Staff Knowledge from Security Surveillance Tours

**Target:** ≥ 90%/qtr.

**Performance:** This performance monitor was met in all of the four qtrs. of 2020

**Performance Monitor Analysis:**

| Security Management  | Benchmark | Q1 CY20 | Q2 CY20 | Q3 C20 | Q4 CY20 | CY2020 | CY 2019 |
|--|-----------|---------|---------|--------|---------|--------|---------|
| Staff Knowledge Score in Security Management from Surveillance Tours | ≥ 90%/qtr | 97%     | 90%     | 98%    | 98%     | 96%    | 99%     |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance.



**Performance Monitors for 2021 are as follows:**

|   |                           |
|---|---------------------------|
| <b>Reported Bodily Assaults (non BHS-Adult)</b>                             | <b>Informational /qtr</b> |
| <b>Assault Rate/Census x 1,000 (non-BHS-Adult)</b>                          | <b>≤ 1.00/qtr</b>         |
| <b>Reported Bodily Assaults (BHS)</b>                                       | <b>Informational/qtr</b>  |
| <b>Assault Rate/Census x1,000 (BHS)</b>                                     | <b>≤ 2.50/qtr</b>         |
| <b>Code Assists (non-BHS)</b>   | <b>Informational/qtr</b>  |
| <b>Code Assist Rate/Census x1,000 (non-BHS)</b>                             | <b>≤ 1.00/qtr</b>         |
| <b>Code Assists (non-BHS) - Women and Children</b>                          | <b>Informational/qtr.</b> |
| <b>Code Assist Rate/Census x1,000 (non-BHS) Women and Children</b>          | <b>≤ 1.00/qtr</b>         |
| <b>Code Assists (BHS)</b>   | <b>Informational/qtr.</b> |
| <b>Code Assist Rate/Census x1,000 (BHS)</b>                                 | <b>≤ 1.00/qtr</b>         |
| <b>Missing Patient Property</b>   | <b>Informational/qtr.</b> |
| <b>Missing Patient Property/APD</b>   | <b>≤ 1.00/qtr</b>         |
| <b>Missing BH Property</b>  | <b>Informational/qtr.</b> |
| <b>Missing BH Owned Property/APD</b>  | <b>≤ 0.50/qtr</b>         |
| <b>Contraband Search by Security</b>  | <b>Informational/qtr.</b> |
| <b>Contraband Search by Security/APD</b>                                    | <b>≤ 10.00/qtr</b>        |
| <b>Staff Knowledge Score in Security Management from Surveillance Tours</b> | <b>≥ 90%/qtr</b>          |

The 2021 performance monitors were selected using the Broward Health Corporate Security performance monitors, and with EoC team input to evaluate the overall effectiveness of the Security Management Plan. These performance monitors will be reviewed on an annual basis to determine if they need to be enhanced or replaced by new monitors.





### **Accomplishments in 2020:**

- **Created Internal Support Team to provide resources for employees manage traumatic incidents and encounter involving aggressive behaviors**
- **Created a multi-disciplinary team to improve the management of Patient Belongings and Valuables including new documentation forms, and Heathstream education serving as the template for all Broward Health facilities.**

### **Goals for Security Management in 2021:**

- **Reduce Missing Patient Belongings and Valuables by 5%.**
- **Monitor improvement of Security response to emergency codes through education, monitoring and drills.**
- **Reduce assaults in BHS and non-BHS settings by 10% by reinforcing de-escalation and nonviolent safety techniques during rounding and huddles on units with the highest number of assaults.**

## HAZARDOUS MATERIALS & WASTE MANAGEMENT PROGRAM

**Reviewer:** Shirley Ochipa

**Title:** Safety Officer

**Region:** Broward Health Medical Center

**Review Date:** March 23, 2021

**Purpose:** The purpose of the Hazardous Material and Waste Management Plan (“The HM/HW Plan”) is to control the process for the selection, labeling, handling, usage, storage, transportation and disposal of hazardous materials and waste including but not limited to regulated medical waste, Chemotherapy waste, hazardous waste, pharmaceutical waste, anesthetic gases, hazardous chemicals and ionizing and non-ionizing radiation sources. Identifying and managing the materials and waste are critical to avoid the risk of harm to hospital personnel and the environment. Equally important is the on-going effort to reduce waste and replace hazardous substances with less hazardous or non-hazardous substitutes wherever possible. Safety Data sheets provide the core of staff education on how to protect themselves and the environment.

**Scope:** The scope of the HM/HW Plan establishes parameters for the selection, labeling, handling, usage, storage, transportation and disposal of hazardous materials and waste from receipt or generation through its use and final disposition. Comprehensive hazardous chemical and material inventories in addition to an approval process before any new hazardous materials are allowed to be purchased provides a monitoring system for compliance with local, state and federal regulations and ensures the safety of the personnel handling hazardous materials and waste and the environment in which they are stored and disposed of.

**Evaluation of the Scope:** During 2020, the scope of the Hazardous Material and Waste Management Plan was reviewed. The objectives of the HM/HW Plan and the scope of the HM/HW Plan were determined to be appropriate for hazardous materials and wastes generated at BHMC. The Hazardous Material and Waste Management Plan and program were found to be effective. Goals have been established to direct the Hazardous Material and Waste Management Plan in 2021.

### Review of Program Objectives:

| Objective  | Met | Not Met | Met with Conditions | Adjusted Objective |
|--|-----|---------|---------------------|--------------------|
| Comply with all applicable local, state, and federal HM/HW regulations                   | Met |         |                     |                    |
| Assess opportunities to reduce, replace or standardize based on the facility's hazardous | Met |         |                     |                    |



|   |            |  |  |  |
|---|------------|--|--|--|
| <b>chemical and materials inventories</b>   |            |  |  |  |
| <b>Educate end users on the safe handling, storage, transporting, disposing, personal protective equipment and spill clean-up responses in departments whose inventories list the highest risk categories of chemicals. End-user education also includes how to access Safety Data Sheets and their relevant content.</b> | <b>Met</b> |  |  |  |

**Review of Performance: Performance monitors for 2020 are as follows:**

**Performance Monitors #1: Non-Laboratory Biohazard Waste Rate**

**Target: ≤ 1.60 lbs/APD/quarter**

**Performance: This performance monitor was met in one qtr. of 2020.**

**Performance Monitor Analysis**

| <b>Hazardous Materials and Hazardous Waste</b> | <b>Benchmark</b>            | <b>Q1 CY20</b> | <b>Q2 CY20</b> | <b>Q3 CY20</b> | <b>Q4 CY20</b> | <b>CY2020</b> | <b>CY2019</b> |
|--|-----------------------------|----------------|----------------|----------------|----------------|---------------|---------------|
| <b>Non-Lab Biohazard Waste (lb)/APD</b>        | <b>≤ 1.60 lbs. /APD qtr</b> | <b>1.50</b>    | <b>2.54</b>    | <b>1.99</b>    | <b>1.69</b>    | <b>1.93</b>   | <b>1.26</b>   |

**Overall Effectiveness of the Program's Effectiveness: This performance monitor was not found to be effective and will continue to be monitored in 2021 for further compliance.**

**A 23% increase of both non-Laboratory and Laboratory combined biohazard waste was generated as a direct result of diagnostic testing and COVID-19 patient management. A decrease was note in the 4<sup>th</sup> quarter in non-Lab waste as the number of COVID-19 patients declined in the Emergency department, patient testing locations and cohorted units as well as operational modifications that improved efficiencies.**

**Performance Monitor #2: Laboratory Biohazard Waste (without Pathology Waste) Rate**

**Target: ≤ 0.36 lbs/APD/quarter**

**Performance: This performance monitor was met in one qtr. of 2020.**

**Performance Monitor Analysis:**



| Hazardous Materials and Hazardous Waste              | Benchmark            | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|--|----------------------|---------|---------|---------|---------|--------|--------|
| Lab Biohazard Waste (lb)/APD without Pathology Waste | ≤ 0.36 lbs. /APD qtr | 0.34    | 0.37    | 0.40    | 0.38    | 0.37   | 0.35   |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was not found to be effective and will continue to be monitored in 2021 for further compliance.

A 23% increase of both non-Laboratory and Laboratory combined biohazard waste was generated as a direct result of diagnostic testing and COVID patient management.

The Laboratory supported multiple platforms of COVID-19 testing for all of Broward Health. The expanded testing in both inpatient services and additional testing in off-site locations added appreciable amounts biohazard waste especially in the 2<sup>nd</sup>-4<sup>th</sup> quarters.

### Performance Monitor #3: Proper Segregation of Biomedical Waste and Solid Waste

**Target:** ≥ 90%/quarter

**Performance:** This performance monitor was met in three of the four qtrs. of 2020.

#### Performance Monitor Analysis:

| Hazardous Materials and Hazardous Waste                | Benchmark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|--|-----------|---------|---------|---------|---------|--------|--------|
| Proper Segregation of Biomedical Waste and Solid Waste | ≥ 90%/qtr | 98%     | 91%     | 96%     | 89%     | 93%    | 92%    |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective with a 1% increase in compliance compared to 2019 and will continue to be monitored in 2021 for further compliance.

An increase in noncompliant waste segregation was observed during EoC surveillance rounds in the 4<sup>th</sup> qtr. Education on proper segregation of red bag biohazard and solid wastes was distributed. Waste segregation posters were replaced in all Soiled Utility rooms. This topic was emphasized during new hire orientation sessions and in the annual continuing education module.

### Performance Monitor #4: Sharps Containers Secured at or below 3/4 Fill Line

**Target:** ≥ 95%/qtr.

**Performance:** This performance monitor was met in all qtrs. of 2020.



**Performance Monitor Analysis:**

| Hazardous Materials and Hazardous Waste             | Benchmark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|---|-----------|---------|---------|---------|---------|--------|--------|
| Sharps Containers Secured at or below 3/4 Fill Line | ≥95%/qtr. | 95%     | 98%     | 97%     | 100%    | 98%    | 97     |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance.

**Performance Monitor #5: Staff Knowledge Score in Hazardous Material and Waste Management assessed during EoC Surveillance Tours**

**Target:** ≥ 90%

**Performance:** This performance monitor was met all four qtrs. of 2020

**Performance Monitor Analysis:**

| Hazardous Materials and Hazardous Waste                           | Benchmark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|---|-----------|---------|---------|---------|---------|--------|--------|
| Staff Knowledge Score in HM/HW Management from Surveillance Tours | ≥ 90%/qtr | 89%     | 90%     | 92%     | 94%     | 91%    | 91%    |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance.

The greatest challenge for staff knowledge was remembering the various ways to obtain Safety Data Sheets and the labelling of secondary chemical containers. Education was distributed to all BHMC employees (see below) and reinforced during the staff interviews conducted during EoC surveillance rounds





## Safety Data Sheets (SDS)

A Safety Data Sheet is your resource for information on how to safely store, handle, transport and dispose of chemicals.

Prior to working with a chemical, read the label for any hazard warnings. For your protection, you need to know how to safely use chemicals.

For your protection, you must know how to obtain a SDS. Select anyone of the methods below:

- Request from manufacturer
- Call 1-800-451-8346 24 hours/7 days and request a fax



### Step 2

Enter the product name or manufacturer name in the drop down boxes noted with the **X**.

### Step 3

Read the SDS prior to using a chemical for which you are unfamiliar. Print SDS if needed.



SDS Lookup can be found under the General tab in the **General** category




**BROWARD HEALTH**  
MEDICAL CENTER

Salah Foundation  
Children's Hospital





OSHA's GHS regulations require secondary labels to have the following 4 elements:

1. **Signal Word:** A word to indicate the severity of hazard
  - **Danger** is used for the more severe hazards
  - **Warning** is used for the less severe hazards
2. **Hazard Statement:** Describes the chemical hazards
3. **Precautionary Statement:** Describes how to prevent adverse effects for improper storage and/or handling of a hazardous chemical
2. **Pictogram:** A symbol of health, physical and/or environmental hazards of a chemical. Must be displayed on a white background framed within a red diamond. Example :  **Flammable**



Performance Monitors for 2021 are as follows:

|  |                              |
|--|------------------------------|
| Non-Laboratory Biohazardous Waste (lb)/APD                     | ≤ 1.60 lbs.<br>/APD<br>qtr   |
| Laboratory Biohazardous Waste (lb)/APD without Pathology Waste | ***≤ 0.38<br>lbs./APD<br>qtr |
| Proper Segregation of Biomedical Waste and Solid Waste         | ≥ 90%/qtr                    |
| Sharps Containers Secured and at or below 3/4 Fill Line        | >95%/qtr.                    |
| Staff Knowledge of Hazardous Material & Waste Management       | ≥ 90%/qtr                    |

\*\*\*EoC Committee approved the request of the Laboratory Manager to increase the benchmark for 0.36 to 0.38 lbs/APD/qtr due to on-going COVID -19 testing volume for all of Broward Health locations including vaccination sites, patient pre-procedure testing, exposure testing, and hospitalized patient testing. This request for was approved for 2021.



These performance monitors will be reviewed on an annual basis to determine if they need to be enhanced or replaced by new monitors.

**Accomplishment in 2020:**

- Partnered with EVS, Laboratory and our biohazardous waste vendor to implement protocols inside and outside COVID-19/PUI rooms to manage biohazardous waste and in satellite/accumulation areas that served as a template for other Broward Health facilities

**Goals for Hazardous Material and Waste Management in 2021:**

- Reduce the volume of non-Lab biohazard waste to meet the established quarterly benchmark
- Meet the revised quarterly benchmark for Laboratory biohazard waste
- Standardize hazardous drug spill kits for all Broward Health



**FIRE SAFETY MANAGEMENT PROGRAM****Reviewer: Jaime Alfayate, Shirley Ochipa****Title: Director, Facilities and Support Services; Safety Officer****Region: Broward Health Medical Center****Review Date: March 23, 2021**

**Purpose:** The purpose of the Fire Safety Management Plan (“The Fire Safety Plan”) is to minimize the risk of fire, injury and property damage as the risk of fire carries with it the most significant threat to the Environment of Care as our patients are routinely incapable of self-preservation and must rely on others for assistance and on building fire protection features for protection.

**Scope:** The scope of Fire Safety Management Plan establishes the parameter within which a safe and secure environment is maintained and improved at Broward Health Medical Center. The BHMC specific Fire Plan is implemented to ensure staff, leaders and licensed independent practitioners, and students are educated in the fire prevention features in the physical environment and are able to demonstrate how to react appropriately to a variety of fire/smoke emergencies that may affect the safety of its occupants including students and visitors or the delivery of patient care.

**Evaluation of the Scope:** During 2020, the scope of the Broward Health (BH) Fire Safety Management Plan and BHMC Fire Safety Plan were reviewed. The objectives of the BH Fire Management Plan and the scope of the BH Fire Safety Management Plan were determined to be acceptable to ensure an environment that minimizes fire risks and related hazards. The Fire Safety Management Plan and program were found to be effective. Goals have been established to direct the Fire Safety Management Plan in 2021.

**Review of Program Objectives:**

| <b>Objective</b>   | <b>Met</b> | <b>Not Met</b> | <b>Met with Conditions</b> | <b>Adjusted Objective</b> |
|--|------------|----------------|----------------------------|---------------------------|
| <b>Protect individuals served including patients, visitors, physicians and LIP’s and BHMC property from fire, smoke and other products of combustion</b> | <b>Met</b> |                |                            |                           |
| <b>Report and investigate fire protection deficiencies, failures and user errors</b>   | <b>Met</b> |                |                            |                           |
| <b>Provide education to personnel on the elements of the Fire Safety Plan including defend in place, transfer of occupants to areas of refuge, smoke</b> | <b>Met</b> |                |                            |                           |



|  |     |  |  |  |
|--|-----|--|--|--|
| compartmentation and means of evacuation   |     |  |  |  |
| Implement fire alarm, detection and suppression systems that are designed, installed and maintained to ensure reliable performance | Met |  |  |  |
| Conduct unannounced fire drills to assess effectiveness of trained personnel response and assess function of fire response systems | Met |  |  |  |

Review of Performance: 2020 performance monitors are as follows:

**Performance Monitors #1 # False Fire Alarms-User Errors, System Problem/Failure**

Target:  $\leq 14/\text{qtr.}$

Performance: This performance monitor was met in three of the four qtrs. of 2020

Performance Monitor Analysis:

| Life/Fire Safety Management                             | Benchmark            | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY 2020 | CY2019 |
|---|----------------------|---------|---------|---------|---------|---------|--------|
| # False Fire Alarms-User Errors, System Problem/Failure | $\leq 14/\text{qtr}$ | 13      | 35      | 12      | 14      | 18      | 9      |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective in 2020. The one outlier in the 2<sup>nd</sup> qtr was due to the NICU construction project area and some user errors noted in the quarter. This indicator will continue to be monitored for further compliance in 2021.

**Performance Monitors #2: False Fire Alarms Rate per 10,000 sq. ft.**

Target:  $\leq 0.09/\text{qtr.}$

Performance: This performance monitor was met in all four qtrs. of 2020



**Performance Monitor Analysis:**

| Life/Fire Safety Management                 | Benchmark  | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|---|------------|---------|---------|---------|---------|--------|--------|
| # False Fire Alarms Rate per 10,000 sq. ft. | ≤ 0.50/qtr | 0.08    | 0.28    | 0.09    | 0.11    | 0.14   | 0.07   |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective in 2020. The one outlier in the 2<sup>nd</sup> QTR was due to the NICU construction project area and some user errors noted in the QTR. This indicator will continue to be monitored for further compliance in 2021.

**Performance Monitors #3 Monitor: % of Successful Code Red Drills**

**Target:** ≥ 95%/qtr.

**Performance:** This performance monitor was met in the four qtrs. of 2020

**Performance Monitor Analysis:**

| Life/Fire Safety Management     | Benchmark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|---------------------------------|-----------|---------|---------|---------|---------|--------|--------|
| % of Successful Code Red Drills | ≥ 95%/qtr | 97%     | 98%     | 98%     | 98%     | 98%    | 96%    |

**Overall Effectiveness of the Program's Effectiveness:** Thirty-four fire drills were conducted in 2020 with a 2% improved drill performance score compared to 2019. This performance monitor was found to be effective and will continue to be monitored in 2021.

ILSM fire drills were conducted in Rehabilitative Services due to an enabling project relating to the renovation of 4 NICU.

**Performance Monitors #4: % Compliance with Critical Room Pressurization**

**Target:** 100%/qtr.

**Performance:** This performance monitor was met in four qtrs. of 2020



**Performance Monitor Analysis:**

| Life/Fire Safety Management                            | Bench mark | Q1 CY20        | Q2 CY20        | Q3 CY20        | Q4 CY20        | CY2020 | CY2019 |
|--|------------|----------------|----------------|----------------|----------------|--------|--------|
| % Compliance with Critical Room Pressurization Testing | 100%/qtr   | 106/108 = 100% | 108/108 = 100% | 108/108 = 100% | 108/108 = 100% | 100%   | 99%    |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor goal was met in 2020 and will continue to be monitored in 2021 for consistent compliance.

**Performance Monitors #5: Staff Knowledge and Life/Fire Safety Surveillance Tours**

**Target:** ≥ 90%/qtr.

**Performance:** This indicator was met in all qtrs. of 2020

**Performance Monitor Analysis:**

| Life/Fire Safety Management   | Bench mark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|---|------------|---------|---------|---------|---------|--------|--------|
| Staff Knowledge Score in Life/Fire Safety Management Surveillance Tours | ≥ 90% qtr  | 95%     | 96%     | 99%     | 97%     | 97%    | 98%    |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor goal was found to be effective in 2020 and will continue to be monitored in 2021.

A Fire Scavenger Hunt was developed and assigned to all new hires as part of their onboarding to increase their awareness of fire safety features and response equipment at the unit level.



Performance Monitors for 2021 are as follows:

| Life/Fire Safety Management   | Benchmark  |
|---|------------|
| # False Fire Alarms-User Errors, System Problem/Failure                 | ≤ 14/qtr   |
| # False Fire Alarms Rate per 10,000 sq. ft.                             | ≤ 0.50/qtr |
| % of Successful Code Red Drills   | ≥ 95%/qtr  |
| % Compliance with Critical Room Pressurization Testing                  | 100%/qtr   |
| Staff Knowledge Score in Life/Fire Safety Management Surveillance Tours | ≥ 90% qtr  |

These performance monitors will be reviewed on an annual basis to determine if they need to be enhanced or replaced by new monitors.

#### Accomplishment in 2020:

- Provided Fire Prevention and Response education to float staff and agency personnel working in cohorted COVID-19 environments to ensure their ability to implement RACE and maintain patient safety

#### Goals for Fire Safety Management in 2021:

- Monitor % of smoke/fire wall compliance by quarter
- Conduct a vertical evacuation drill resulting from a Code Red in the inpatient Behavioral Health Services departments.



## MEDICAL EQUIPMENT MANAGEMENT PROGRAM

**Reviewer:** Marcos Mantel

**Title:** Executive Director, Corporate Biomedical Engineering

**Region:** Broward Health Medical Center

**Review Date:** March 19, 2021

**Purpose:** The purpose of the Medical Equipment Management Plan (“The ME Plan”) is to establish criteria to minimize clinical and physical risks of medical equipment and ensure patient safety by maintaining a facility-specific equipment inventory and perform scheduled maintenance in the required frequencies. An Alternate Equipment Management (AEM) Program (CMS) is implemented for all equipment with some exceptions. The Biomedical Engineering department also provides oversight of equipment serviced by contracted vendors to ensure compliance. The ME Plan includes the capabilities, limitations of equipment, operations, safety and emergency procedures, and process to remove from service and report any equipment with problems as soon as detected.

**Scope:** The scope of the Medical Equipment Management Plan provides an overview of the processes that are implemented to ensure the effective and safe management of medical equipment. The scope encompasses all medical equipment used in the diagnosis, therapy, monitoring, and treatment of patients at Broward Health Medical Center. Medical equipment used in Radiology, Dialysis, for Sterilization, Lasers in Surgery and some Laboratory analyzer services are contracted to outside vendors.

**Evaluation of the Scope:** During 2020, the Medical Equipment Management Plan was reviewed. The objectives for the Medical Equipment Plan and the scope of the plan were reviewed and determined to be acceptable to ensure the medical equipment used at BHMC is safe for patients and personnel using the equipment. The Medical Equipment Management Plan and program were found to be effective. Goals have been established to direct the Medical Equipment Management Plan in 2021.

### Review of Program Objectives

| Objective  | Met | Not Met | Met with Conditions | Adjusted Objective |
|--|-----|---------|---------------------|--------------------|
| Maintains current medical equipment inventory  | Met |         |                     |                    |
| Performs inspections, testing and maintenance of medical equipment   | Met |         |                     |                    |
| Educate end users on the operation, safety features and emergency procedures to reduce risk of equipment issues due to user errors | Met |         |                     |                    |



Review of Performance: 2020 performance monitors are as follows:

### Performance Monitor #1: Failed Equipment Performance

Target:  $\leq 6\%/qtr.$

Performance: This performance monitor was met in each quarter in 2020

#### Performance Monitor Analysis:

| Medical Equipment Management          | Benchmark       | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|---------------------------------------|-----------------|---------|---------|---------|---------|--------|--------|
| Biomed - Failed Equipment Performance | $\leq 6\%/qtr.$ | 2%      | 3%      | 1%      | 2%      | 2%     | 3%     |

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance.

### Performance Monitor #2: Improper Care of Equipment

Target:  $\leq 2\%/qtr.$

Performance: This performance monitor was met in three of the four qtrs. of 2020

#### Performance Monitor Analysis:

| Medical Equipment Management        | Benchmark       | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|-------------------------------------|-----------------|---------|---------|---------|---------|--------|--------|
| Biomed - Improper Care of Equipment | $\leq 2\%/qtr.$ | 2%      | 1%      | <1%     | <1%     | 1%     | 1%     |

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance.

### Performance Monitor #3: Missing Equipment Accessories

Target:  $\leq 2\%/quarter$

Performance: Performance was met in all qtrs. of 2020



**Performance Monitor Analysis:**

| Medical Equipment Management | Benchmark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|------------------------------|-----------|---------|---------|---------|---------|--------|--------|
| Biomed - Missing Accessories | ≤ 2%/qtr. | <1%     | <1%     | <1%     | <1%     | <1%    | <1%    |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance. Focused education with nursing departments two years ago has continued to yield a reduced number of missing accessories.

**Performance Monitor #4: Laser Safety-Quality Assurance**

**Target:** ≤ 2%/qtr.

**Performance:** Performance was met in all qtrs. of 2020

**Performance Monitor Analysis:**

| Medical Equipment Management               | Benchmark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|--|-----------|---------|---------|---------|---------|--------|--------|
| Laser Safety - Quality Assurance Incidents | ≤ 2%/qtr. | 0%      | 0%      | 0%      | 0%      | 0%     | 0.62%  |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance.

**Performance Monitor #5: Staff Knowledge Score in Medical Equipment Management assessed during EoC Surveillance Tours**

**Target:** ≥ 90% qtr.

**Performance:** Performance was met in all qtrs. of 2020



**Performance Monitor Analysis:**

| Medical Equipment Management   | Benchmark  | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|--|------------|---------|---------|---------|---------|--------|--------|
| Staff Knowledge Score in Med Equipment Management Surveillance Tours | ≥ 90% qtr. | 99%     | 99%     | 98%     | 99%     | 99%    | 98%    |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance as part of the EoC surveillance rounds.

**Performance Monitors for 2021 are as follows:**

**Benchmarks**

|   |            |
|---|------------|
| Bio-Med - Failed Equipment Performance          | ≤ 6%/qtr.  |
| Bio-Med - Improper Care of Equipment            | ≤ 2%/qtr.  |
| Bio-Med – Missing Equipment Accessories         | ≤ 2%/qtr.  |
| Laser Safety – Quality Assurance Incidents      | ≤ 2%/qtr.  |
| Staff Knowledge of Medical Equipment Management | ≥ 90%/qtr. |

These performance monitors will be reviewed on an annual basis to determine if they need to be enhanced or replaced by new monitors.



## **Accomplishments-Special Projects CY 2020**

### **BHMC**

- Equip new 4<sup>th</sup> F. NICU – Completed December 2020
- Coordinate the NK Physiological Monitoring Refresh Project – Completed December 2020
- Replacement of all IV Pumps – Completed November 2020
- Replacement of all PCA/Epidural Pumps – Completed December 2020

## **Goals for Medical Equipment Management 2021:**

### **BHMC**

- Continuation of the NK Physiological Monitoring Refresh Project (Infrastructure) – June 2021
- Replace the NK Monitoring Network – June 2021
- Connect All NK Monitors to Cerner CareAware EMR – June 2021



## UTILITIES MANAGEMENT PROGRAM

**Reviewer:** Jaime Alfayate

**Title:** Director, Facilities and Support Services

**Region:** Broward Health Medical Center

**Review Date:** March 30, 2021

**Purpose:** The Utilities Management Program is designed to effectively and efficiently provide a safe, controlled and comfortable environment for patients, visitors, and staff. The plan covers those utilities delivered under the direction of the Facilities Services Department at Broward Health Medical Center and the Information Systems Department for Broward Health.

**Scope:** The Utilities Management Program addresses the safe operation, maintenance and emergency response procedures for critical operating systems. Additionally, it provides for the evaluation, assessment, and improvement in operational costs without compromising service or quality.

**Evaluation of the Scope:** During 2020, the Utilities System Management Plan was reviewed. The objectives established for the management plan and the scope of the plan were reviewed and found to be appropriate for Broward Health Medical Center. The plan and program were found to be effective. Goals have been established to direct the Utilities Systems Management Plan in 2021.

### Review of Program Objectives:

| Objective   | Met | Not Met | Met with Conditions | Adjusted Objective |
|---|-----|---------|---------------------|--------------------|
| Assure the operational reliability of the utility systems | Met |         |                     |                    |
| Assess the special risks of the utility systems           | Met |         |                     |                    |
| Respond to utility systems failures.                      | Met |         |                     |                    |

**Review of Performance:** 2020 performance monitors are as follows:

**Performance Monitor #1:** Any Unscheduled Outages >4hrs

**Target:** 0/qtr.

**Performance:** This indicator was met in all 4 qtrs. of 2020.



**Performance Monitor Analysis:**

| Utilities Management           | Benchmark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2019 |  |
|--------------------------------|-----------|---------|---------|---------|---------|--------|--|
| Any Unscheduled Outages >4hrs. | 0/qtr     | 0       | 0       | 0       | 0       | 0      |  |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will continue to be monitored for trends in 2021.

**Performance Monitor #2: Utility Systems Failures**

**Target:** 0/qtr.

**Performance:** This performance monitor was met in one of the four qtrs. of 2020

**Performance Monitor Analysis:** In 2020 there was one Utility Systems Failure encountered

| Utilities Management     | Benchmark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|--------------------------|-----------|---------|---------|---------|---------|--------|--------|
| Utility Systems Failures | 0/qtr     | 0       | 0       | 1       | 0       | 0.25   | 0.25   |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective in 2020. The one outlier in the 3<sup>rd</sup> QTR was due to a city break in the city main resulting in pressure water lost throughout the facility. Emergency measures and back up utilities were activated in order to support the facility during the outage. This indicator will continue to be monitored for further compliance in 2021.

**Performance Monitor #3: User Errors**

**Target:** 0/qtr.

**Performance:** This performance monitor was not met in the four qtrs. of 2020

**Performance Monitor Analysis:**

| Utilities Management        | Benchmark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|-----------------------------|-----------|---------|---------|---------|---------|--------|--------|
| Utility Systems User Errors | 0/qtr     | 7       | 12      | 3       | 10      | 8      | 1.5    |



**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found not to be effective as it did not meet benchmark in 2020. Therefore, further education will be conducted in Pre-construction meetings with vendors along with end user education during EoC surveillance rounds.

#### Performance Monitor #4: Utility Systems Problems

**Target:** 0/qtr.

**Performance:** This performance monitor was not met in any four qtrs. of 2020

**Performance Monitor Analysis:**

| Utilities Management     | Benchmark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|--------------------------|-----------|---------|---------|---------|---------|--------|--------|
| Utility Systems Problems | 0/qtr     | 6       | 23      | 12      | 4       | 11     | 0.5    |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was not found to be effective in 2020. Systems problems identified during 2020 were identified from building rounds or issues reported by end users to the Facilities department. All issues were handled accordingly by the Facilities management staff. This indicator will continue to be monitored for further compliance in 2021.

#### Performance Monitor #5: (Total WO Count) Work Order Class BS4-LS

**Target:** 100%/qtr.

**Performance:** This indicator was met in all qtrs. of 2020.

**Performance Monitor Analysis:** In 2020 all BS4-LS work orders were completed on or within scheduled times in all qtrs.

| Utilities Management                     | Benchmark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|--|-----------|---------|---------|---------|---------|--------|--------|
| (Total WO Count) Work Order Class BS4-LS | 100%/qtr  | 100%    | 100%    | 100%    | 100%    | 100%   | 100%   |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will continue to be monitored in 2021.



**Performance Monitor #6: (Total WO Count) Work Order BS4-IC****Target: 100%/qtr.****Performance: This indicator was met in all qtrs. of 2020.****Performance Monitor Analysis:**

| Utilities Management                     | Benchmark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|--|-----------|---------|---------|---------|---------|--------|--------|
| (Total WO Count) Work Order Class BS4-IC | 100%/qtr  | 100%    | 100%    | 100%    | 100%    | 100%   | 100%   |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance.

**Performance Monitor #7: Generator Test Results****Target: 100%/qtr.****Performance: This indicator was met in all qtrs. of 2020.****Performance Monitor Analysis:**

| Utilities Management   | Benchmark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|------------------------|-----------|---------|---------|---------|---------|--------|--------|
| Generator Test Results | 100%/qtr  | 100%    | 100%    | 100%    | 100%    | 100%   | 100%   |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance.

**Performance Monitor #8: Energy Efficiency (Benchmark changes per seasonal quarter), kW Hrs per sq. ft. Occupied Space, (Old Hospital, Atrium Bldg. and CEP)****Target: Seasonal by qtr.****Performance: This indicator was met in all qtrs. of 2020.**

**Performance Monitor Analysis: Performance was met in every quarter of 2020.**

| Utilities Management   | Benchmark          | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|--|--------------------|---------|---------|---------|---------|--------|--------|
| Energy Efficiency<br>(Benchmark changes<br>per seasonal<br>quarter)<br>kW Hrs per sq. ft.<br>Occupied Space<br>(Old Hospital, Atrium<br>Bldg. and CEP) | Seasonal<br>By Qtr | 8.08    | 9.27    | 9.85    | 9.13    | 8.93   | 9.15   |
|  |                    | 9.15    | 9.81    | 10.75   | 9.91    | N/A    | N/A    |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will be continue to be monitored in 2021 for further compliance.

#### **Performance Monitor #9: Elevator Entrapment (>30min)**

**Target:** < 2/qtr.

**Performance:** This indicator was met in all qtrs. of 2020.

**Performance Monitor Analysis:**

| Utilities Management          | Benchmark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|-------------------------------|-----------|---------|---------|---------|---------|--------|--------|
| Elevator Entrapment (>30 min) | ≤ 2/qtr   | 0       | 0       | 0       | 0       | 0      | 0      |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will be continue to be monitored in 2021 for further compliance.

#### **Performance Monitor #10: Staff Knowledge Score in Utilities Management Surveillance Tours**

**Target:** ≥ 90%/qtr.

**Performance:** This indicator was met in all qtrs. of 2020.



**Performance Monitor Analysis:**

| Utilities Management   | Benchmark | Q1 CY20 | Q2 CY20 | Q3 CY20 | Q4 CY20 | CY2020 | CY2019 |
|--|-----------|---------|---------|---------|---------|--------|--------|
| Staff Knowledge Score in Utilities Management Surveillance Tours | ≥ 90%/qtr | 89%     | 97%     | 94%     | 96%     | 94%    | 98%    |

**Overall Effectiveness of the Program's Effectiveness:** This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance as part of the EoC surveillance rounds.

**Performance Monitors for 2021 are as follows:**

| Utilities Management  | Benchmark       |
|---|-----------------|
| Any Unscheduled Outages >4hrs.  | 0/qtr           |
| Utility Systems Failures  | 0/qtr           |
| Utility Systems Problems  | 0/qtr           |
| (Total WO Count) Work Order Class BS4-LS  | 100%/qtr        |
| (Total WO Count) Work Order Class BS4-IC  | 100%/qtr        |
| Generator Test Results  | 100%/qtr        |
| Energy Efficiency (Benchmark changes per seasonal quarter) kW Hrs per sq. ft. Occupied Space (Old Hospital, Atrium Bldg. and CEP) | Seasonal By Qtr |
| Staff Knowledge Score in Utilities Management EoC Surveillance Tours  | ≥ 90%/qtr       |

These performance monitors will be reviewed on an annual basis to determine if they need to be enhanced or replaced by new monitors.





### **Accomplishments in 2020:**

- **Completed a multi-year electrical infrastructure update replacing feeders and creating redundancies in the old hospital to add emergency power back up.**
- **Expanded negative isolation rooms in various clinical settings to accommodates influx of COVID-19 patients and support patient care environments**

### **Goals for Utilities Management 2021:**

- **Reduce by 5% General Maintenance cost per/sq ft (BS3 Routine Repairs)**
- **Achieve >95% turnaround times for BS3 work orders. This is a standardized goal for all Broward Health regional Facilities departments.**

**ENVIRONMENT OF CARE PERFORMANCE IMPROVEMENT PROJECT**

**Reviewer:** Shirley Ochipa

**Title:** Safety Officer

**Region:** Broward Health Medical Center

**Review Date:** March 29, 2021

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**Purpose:** Reduce Employee Slip, Trip and Fall (S/T/F) Incidents by 10%

**Scope:**

Scope of this hospital-wide initiative affects all Broward Health Medical Center employees and impacted all individuals who entered BHMC.

**Cause:**

An unfavorable trend was noted in the 3 of the 4 quarters of 2019. Education to improve staff awareness on the types of preventable incidents including data on Workers Compensation claims rates plus observations during EoC surveillance rounds and work orders to Facilities to address any risk factors were actions throughout the year as the incidents increased. By the end of 2019, the average S/T/F incident rate reported on the EoC PI dashboard increased 25% compared to 2018. The EoC Committee unanimously approved this employee safety initiative for 2020.

**Duration:**

The monitoring period for this indicator occurred throughout 2020.

- Multi-disciplinary team assembled: Safety, Quality, Risk, Facilities, Adult, Women's and Children and Critical Care Nursing, Nutritional Services, EVS
- Following best practices compiled from OSHA's Toolkit including facility and grounds risk assessments
- Team to address increased rate of employee S/T/F incidents, root causes of preventable incidents in 2019, loss work days and WC\$ paid
- Met every 2 weeks for the first 4 months and monthly for 4 more months



**Actions:** Note education at the end of the report

- Completed additional data drill down looking for trends-days of week, times of day
- Identified on floor plans facility locations of incidents looking for trends
- Researched best practices regarding footwear in healthcare settings by high risk depts/positions
- Inspect all rooms in patient care environments-prioritized highest risk incidents that occurred in this environment
- Contacted Florida linen to deliver linen without plastic ties-not possible; commitment from EVS to develop process to either eliminate the ties before transporting linen to the floors or mechanism to improve disposal into waste containers in Linen rooms and not left on the floor
- Created 4 Need-to-Know publications over 6 months focusing on Slip, Trip and Fall Prevention
- Added slip hazard awareness signage in Food Court
- Installed Slippery when Wet signage in parking garage stairwells
- Added slip resistant mats to all entrances
- Posted globe mirror awareness flyers in high risk locations at cross corridors
- Conducted trip and fall hazard risk assessment in all common areas of the hospital – corrected several observations; floor replacement project will address remaining issues
- Conducted trip and fall risk assessment in parking garages-corrected several observations in garages; grounds-continue to address raised sidewalks to due elevated tree roots

**Reporting:**

- Progress on the performance improvement initiative was reported to the EoC Committee every 1-2 months throughout 2020 and the summation of the initiative at the January 2021 EoC Committee meeting.
- Performance monitors were reported quarterly to the EoC Committee as well as presented at Leadership Team meetings, Regional Quality/Patient Safety Committees and Corporate EoC Key Group.



**Analysis:**

Data reflected below

|                                      | <u>2018</u> | <u>2019</u> | <u>2020</u> |          |       |
|--------------------------------------|-------------|-------------|-------------|----------|-------|
| # OF INCIDENTS                       | 29          | 40          | 22          | 45%      | ↓     |
| LOSS WORK DAYS                       | 374         | 575         | 514         | 11%      | ↓     |
| TOTAL PAID<br>(NOT CUMULATIVE COSTS) | \$41,915.85 | \$91,220.82 | \$59,029.34 | \$32,191 | 35% ↓ |

The results reflect a 4% decrease in the employee S/T/F rate in 2020 compared to 2019, a 45% decrease in the # of occurrences, 11% decrease in LWD and a 35% in WC claim pay out in the calendar year.


**BROWARD HEALTH**  
 MEDICAL CENTER


## FACTS ABOUT SLIP, TRIP AND FALL INCIDENTS

### Did you know?

- The US Dept. of Labor reports approximately 25% of occupational injuries are slip, trip and fall accidents
- Slip, Trip and Falls are the 2<sup>nd</sup> most common workplace related incident in healthcare settings
- Over 17% of all disabling occupational injuries result from falls
- At BHMC from January 2019-March 2020, 56 employees had a slip, trip and/or fall incident
- Hospital employees were unable to work for a total of 782 days during that time period
- Over \$250,000 in Workers Compensation claims have been paid to date
- **More than 90% of these incidents were preventable!**





## JUNE IS NATIONAL SAFETY MONTH

### Be a Safety Champion and Take the Safety Pledge

- I will adopt the motto – **Stay Alert To Not Get Hurt**
- I will never compromise my own safety or the safety of my co-workers
- I will actively look for hazards, promptly report them, and take appropriate actions to warn others

### Did You Know??

- Slip, Trip and Falls are the 2<sup>nd</sup> most common workplace related incident in healthcare settings
- Over 17% of all disabling occupational injuries result from falls
- From January 2019-March 2020, 56 of the BHMC team members had a slip, trip and/or fall incident and were not able to work for a total of 782 days
- More than 90% of these incidents were preventable!



## DON'T BE THE VICTIM OF A SLIP, TRIP OR FALL



Close file cabinets and desk drawers

Pay Attention to your Surroundings

Avoid Obstructions in your Walking Path



Make sure you can see clearly in front of you while walking

Keep your weight balanced when sitting in a rolling chair to not tip over



Organize storage areas to eliminate clutter





## DON'T BE THE VICTIM OF A SLIP, TRIP OR FALL



On rainy days, use dedicated clear bags for umbrella storage

### REDUCE THE RISK OF SLIP HAZARDS

Do Not Rush or Be Distracted

Pay Attention to your Surroundings



When using cell phones, avoid distracted walking



Report irregular surfaces on hospital grounds

### REDUCE THE RISK OF TRIP HAZARDS

Maintain adequate lighting inside the hospital, in garages and on the grounds



Report dim lighting

## DON'T BE THE VICTIM OF A SLIP, TRIP OR FALL



Cords in a procedural area

### REDUCE THE RISK OF TRIP HAZARDS

Mount cords off the floor or underneath desks



Cords at nurses station



### REDUCE THE RISK OF SLIP HAZARDS

Place yellow Wet Floor Caution signs to warn others of a hazard

Use absorbent pads to remove liquids from floor

