

**ANNUAL  
EVALUATION OF  
THE  
ENVIRONMENT OF  
CARE FOR  
BROWARD HEALTH  
CORAL SPRINGS,  
HOSPITAL  
CY 2020**

*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.

Broward Health is one of the largest hospital systems in the country, serving our community for 65 years.



### 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** *(List the facilities that are included in the evaluation).*

<b>Region:</b>
Broward Health Coral Springs Hospital
Coral Springs MOB
Coral Springs Women’s Center

## EXECUTIVE SUMMARY

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The Environment of Care Committee Annual Report is designed to evaluate the objectives, scope, performance and effectiveness of each of the six Environment of Care Programs and associated Plans.

The Annual Report is also an analysis of the methods and processes used to plan for a safe, accessible, effective, efficient, and comfortable environment, which supports the Broward Health's mission.

The report highlights safety activities, Environment of Care Committee accomplishments, opportunities for improvement, and goals for 2021.

**The Annual Report is approved by the Environment of Care Committee and is presented to the Broward Health Environment of Care Key Group and then reviewed by the QAOC (Quality Assurance and Oversight Committee).**

The Environment of Care Committee Annual Report will include a summarization 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)

Key performance indicators and information for each of the environment of care plans are gathered and tracked quarterly. Each quarterly performance indicator(s) is assigned a performance target and summarized on the EOC Dashboard. These results are reviewed and compared to the target to see if the indicator falls within the range or below the target and are analyzed for any trends. Targets are developed based on past performance and regulatory requirements. *Action plan for measures that fall below target are developed and the information is reviewed by the EOC committee meetings.*

### EVALUATION PROCESS AND COMPONENTS

The Scope, Objectives, Performance and Effectiveness of the Environment of Care Management (EOC) Plans were evaluated by the functional leaders with input from other interrelated functions such as Emergency Preparedness, Employee Health, Clinical Education, Risk Management, etc. The annual evaluation has determined the EOC plans to be effective in reference to their main scope and objectives.



## Committee Members

Title	Department	Function
<i>Alicia Beceña</i>	<i>Corporate Safety &amp; Security</i>	<i>Regional Safety Officer &amp; EOC Chair</i>
<i>Cecile Kaplan, Manager</i>	<i>Epidemiology</i>	<i>Infection Control</i>
<i>John O'Connell, Director</i>	<i>Facilities</i>	<i>Fire Safety Management &amp; Utilities Management</i>
<i>Ursula Taylor / Anthony Frederick / Garnett Coke, Director</i>	<i>Corporate Safety / Security</i>	<i>Security Management</i>
<i>Michael Leopold, COO</i>	<i>Administration</i>	<i>Committee Member</i>
<i>Roberto Martinez, Manager</i>	<i>Radiology</i>	<i>Committee Member</i>
<i>Felicia Seles, Manager</i>	<i>Surgery / OR</i>	<i>Committee Member</i>
<i>Sandra Porter Daley</i>	<i>Surgery / OR</i>	<i>Committee Member</i>
<i>Kimberly Cerri, Manager</i>	<i>Quality</i>	<i>Committee Member</i>
<i>Melissa Leamon, CNO</i>	<i>Nursing</i>	<i>Committee Member</i>
<i>Claudine Robinson, Manager</i>	<i>Risk</i>	<i>Committee Member</i>
<i>Felipe Manrique, Manager</i>	<i>Laboratory</i>	<i>Committee Member</i>
<i>Michael Hughes, Director</i>	<i>Environmental Services</i>	<i>Hazardous Materials &amp; Waste Management</i>
<i>Joan Davis</i>	<i>Administration</i>	<i>Committee Member</i>
<i>Kelly Keys</i>	<i>Emergency Management</i>	<i>Committee Member</i>
<i>Christina Oninku / Aisha Haughton / Jacqueline Tenn</i>	<i>Employee Health / Workers' Compensation</i>	<i>Safety Management</i>
<i>Stephen Santos / Marcos Mantel</i>	<i>Medical Equipment Management (Biomed)</i>	<i>Medical Equipment Management</i>
<i>Cheryl Harding</i>	<i>Materials Management</i>	<i>Product Recalls</i>
<i>Kaleed Mohammed</i>	<i>Pharmacy</i>	<i>Committee Member</i>
<i>Linda DeMaria</i>	<i>Nutritional Services</i>	<i>Committee Member</i>

The following table includes the name of those individual who manages the environment of care programs.

Environment of Care Program	Evaluator(s)
• Safety	• Alicia Beceña & John O'Connell
• Security	• Ursula Taylor & Anthony Frederick & Garnett Coke
• Hazardous Materials	• Michael Hughes
• Fire Safety	• John O'Connell
• Medical Equipment	• Marcos Mantel
• Utility Systems	• John O'Connell



## SAFETY MANAGEMENT PROGRAM

**Reviewer:** Alicia Beceña

**Title:** Corporate Regional Safety Officer & EOC Chairperson

**Region:** Broward Health Coral Springs

**Review Date:** March 16, 2021

**Purpose:** The Safety Management Plan (the "Plan") establishes the parameters within which a safe Environment of Care is established, maintained, and improved for Broward Health facilities.

**Scope:** Broward Health (BH) is made up of many diverse medical facilities. This Plan applies to patients, staff, Licensed Independent Practitioners (LIPs) and everyone else who enters a BH facility. The plan comprises those processes that define and measure an effective Safety program. These processes provide for a physical environment free of hazards and manage activities that reduce the risk of injury. The processes used for this plan are founded on organizational experience, applicable laws and regulations, and generally accepted safety practices.

The facilities that the safety management plan applies to are: Broward Health Medical Center, Broward Health Coral Springs, Broward Health Imperial Point, Broward Health North, Broward Health Weston, Broward Health Community Health Services, Broward Health Physician Group, and business occupancies. Any differences in activities at Broward Health Coral Springs will be noted or defined within the site-specific policies, as appropriate.

**Evaluation of the Scope:** *The scope of the Safety Management program has been reviewed and determined to not need any changes at this time. The program continues to be applicable and covers people, places, things and procedures adequate for safety in the facility. If at any time, it fails the changes will be presented to the Environment of Care Committee for review and approval.*

**Review of Program Objectives:** 1. Comply with all applicable safety regulations and accepted safety practices. 2. Develop and implement an effective employee safety training program. 3. Maintain a system of inspection activities as well as incident reports and investigations aimed at reducing risk. 4. Identify opportunities to improve performance. 5. Ensure facilities are constructed, arranged and maintained to provide for physical safety and personal privacy of the patient. 6. Ensure all employee accidents, and injuries, are reported.

Objectives	Met	Not Met	Met with Conditions	Adjusted Objective
Comply with safety regulations & practices	Met			
Develop & Implement Safety Training Programs	Met			
Conduct EOC Rounding	Met			
Review & Investigate Reports & Reduce Risks	Met			
Provide Physical Safety & Privacy for Patients	Met			
Reporting of Employee Accidents/Injuries	Met			
Occupational Injury's < 6.01		Not Met		
Contaminated Needle Sticks < 1.65		Not Met		



**Performance Monitors #1****Monitor:** Occupational Injury's**Target:** 6.01 (Total Hours Worked / OSHA recordable injury's) - (Corporate Key Group - Goal)**Performance:** NOT Met - Average Performance for CY2020 was 6.12 however, this is a 48% decrease from CY2019

SAFETY MONITOR	Q1CY19	Q2CY19	Q3CY19	Q4CY19	Q1CY20	Q2CY20	Q3CY20	Q4CY20
Occupational Injuries								
Hours Worked	481836	425401	483729	435750	506011	386359	489283	420352
# of OSHA Recordable Injuries	35	24	30	22	17	16	15	7
Performance	14.53	11.28	12.40	10.10	6.72	8.28	6.13	3.33
Acceptable Performance	6.01	6.01	6.01	6.01	6.01	6.01	6.01	6.01

**Review of Performance:** In CY2020 we had substantial decrease of OSHA Recordable Injuries compared to 2019 Recordable of 111, 71 = 2018 and 141 = 2017. The performance target rate for Q4 2020 was below the established rate of 6.01 with a rate of 3.33.

**Performance Monitors for 2021:** Occupational Injuries will continue to be monitored in 2021 as it remains of high interest. Tracking injuries by department/job duties and type of equipment will be implemented and performance indicator discussed during EOC Committee and other Key Group meetings.

**Program's Effectiveness:** For CY2020 the quarterly performance indicators were unfavorable 75% of the time. The average rate was 6.12 so still unfavorable. However, when compared to CY2019's average rate of 12.07 the decrease is almost half. Monitoring and injury investigations will continue and more details are been obtained so any gaps can be addressed along with any opportunities for improvements.

**Performance Monitors #2****Monitor:** Contaminated Needle Stick**Target:** 1.65 (Medical encounters / Number of needle sticks) - (Corporate Key Group - Goal)**Performance:** NOT MET – Average Performance for CY2020 was 2.10 an increase from CY2019 with an average performance of 1.71

Contaminated Needle Sticks	Q1CY19	Q2CY19	Q3CY19	Q4CY19	Q1CY20	Q2CY20	Q3CY20	Q4CY20
Medical Encounters	29256	29661	28404	22165	19037	14898	18982	20567
# of Contaminated Needle Sticks	3	8	5	3	4	4	6	1
Performance	1.03	2.70	1.76	1.35	2.10	2.68	3.16	0.49
Acceptable Performance	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65

**Review of Performance:** In CY2020 we had 15 Contaminated Needle Stick Injuries compared to 2019 = 19. The performance target rate for Q4 2020 was below the established rate of 1.65 with a rate of 0.49. However, the average was above the 1.65 seventy-five (75) percent of the time.

**Program's Effectiveness:** During CY2020 - Q2 (4) and Q4 (1) performed favorable when compared Q1 (3) and Q4 (3) CY2019. However, Q1 (4) and Q3 (6) of CY2020 did not perform favorably as CY2019 Q1 (3) and Q3 (5) which had few incidents. Overall, we saw an increase of one (1) Contaminated Needle Sticks Injury in 2020 with a total of 15 in comparison to 2019 (14) and 2018 (11).

**Performance Monitor for 2021:** This performance indicator will continue to be monitored in 2020 as we remain above the acceptable performance rate.

**SECURITY MANAGEMENT PROGRAM****Reviewer:** Ursula Taylor and Alicia Beceña**Title:** Regional Security Lieutenant and Corporate - Regional Safety Officer & EOC Chairperson**Region:** Broward Health Coral Springs**Review Date:** March 3, 2021

**Purpose:** The purpose of the Security Management Plan is to provide safety and security for all patients, everyone who enters the facilities, and property of the regional medical centers and ancillary sites.

**Scope:** Broward Health (BH) is made up of many diverse medical facilities. The Security Management Plan applies to all visitors, patients Licensed Independent Practitioners (LIPs) and staff members of every facility in Broward Health. BH operates under regional Environment of Care (EOC) Committees and one EOC Key Group, which has the final approval for all policies affecting the EOC program. The facilities to which this Management Plan applies to are: Broward Health Medical Center, Broward Health Coral Springs, Broward Health Imperial Point, Broward Health North, and the Broward Health Community Health Services. Significant differences in activities at each site may be noted in site-specific policies, as appropriate.

**Evaluation of the Scope:** Based on a review of the current Security Management Program and performance indicators, the scope is appropriate for the management of safety within Broward Health Coral Springs. Therefore, no changes to the scope are recommended at this time.

**Review of Program Objectives:** The Objectives for the Security Program are developed from information gathered during routine and special risk assessment activities, annual evaluation of the previous year's program activities, performance measures, incident and injury reports, and environmental tours. Any goals not met will be a focus for the department in CY2021 by creating action plans and monitoring throughout the year. Other areas for improvement will be addressed when needed.

The Objectives for this Plan are the following and were determined not to need any changes during the annual review:

- Implement accepted practices for the prevention, proper documentation, and timely investigation of security incidents.
- Provide timely response to emergencies and requests for assistance. Educate staff as to their roles in the Security Management Plan.
- Identify opportunities to improve performance.
- Monitor areas of the facility to ensure patient privacy regarding Protected Healthcare Information (PHI) and HIPAA standards.

Objective	Met	Not Met	Met with Conditions	Adjusted Objective
Implement Accepted Practices (i.e. monitor Bodily Assault)		X		
Security Procedures (Surveyed vs. Violations)	X			
Identify Opportunities improving performance (CODE Assist/Aggressive Behaviors)		X		Analysis being conducted to identify difference between Nurse Assist vs. Code Assist.
Monitor Facility – Sensitive Areas	X			





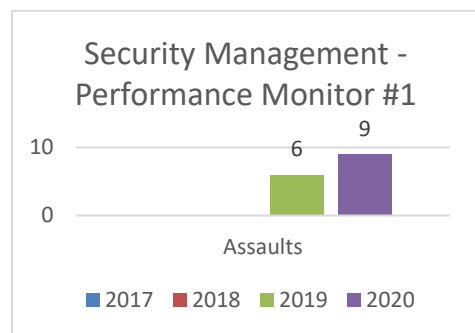
## Performance Monitors #1

**Monitor:** Bodily Assault – Non-Behavioral Health

**Target:** NOT MET with rate of 1 (*number of assaults / adjusted patient days*)

**Performance:** The bodily assault performance indicator was above target (Unfavorable) for the entire year.

**Performance Monitor Analysis:** Quarter 1, 2 & 4 had 2 each and Quarter 3 had one (1) additional assault with a total of 3 for CY2020.



SECURITY MONITOR	Q1CY19	Q2CY19	Q3CY19	Q4CY19	Q1CY20	Q2CY20	Q3CY20	Q4CY20
Security (Bodily) Assaults								
Adjusted Patient Days	19341	13870	20602	21591	19037	13959	18982	20567
Number Per Quarter	1	0	3	2	2	2	3	2
Performance	1.40	0	1.52	2.70	3.31	2.12	2.35	1.45
Acceptable Performance	1	1	1	1	1	1	1	1

**Review of Performance for 2020:** In 2020 the number of Bodily assaults increased by three incidents when compared to 2019 assaults. Total 2019 (6) and 2020 Total Assaults were 9. We will continue to monitor assaults in 2021 and will also continue to monitor Assaults on Staff. Assaults on Staff are tracked by Workers Compensation and reported at EOC Committee. CY2020 did perform favorable with results did not increase when comparing to two (2) in 2020 and 2019 (2) Assaults to staff and a decrease when compared to 2018 (7) Assaults to Staff and 2017 (5) Assaults to Staff.

Performance monitors for 2021: We will continue to monitor Bodily Assaults performance in 2021. All security will be re-educated on non-violent crisis intervention as well as de-escalation technics. NVCI technics will also be shared with staff during huddles.

## Performance Monitors #2

**Monitor:** Security Procedures

**Target:** Met 90% or greater

**Performance:** 100% The Security Procedures performance indicator were favorable for the entire year.

**Performance Monitor Analysis:**

Security Procedures	Q1CY19	Q2CY19	Q3CY19	Q4CY19	Q1CY20	Q2CY20	Q3CY20	Q4CY20
Number of Dept/Area Surveyed	8	8	8	8	23	17	25	12
# of areas where no security procedures were violated	8	8	8	8	23	17	25	11
Performance	100%	100%	100%	100%	100%	100%	100%	92%
Acceptable Performance	90%	90%	90%	90%	90%	90%	90%	90%

**Review of Performance for 2020:** The Security Procedures' performance indicator was above the 90% target for the entire year with 92-100% of goal met. Quarter 1, 2, 3 & 4 had many areas surveyed which were reported to be compliant 75% of the time. In comparison to 2019 no compliance trends were noted.

**Performance Monitors for 2021.** We will continue to monitor the security procedure performance indicator for 2021 during EOC Rounds, along with the monitoring of other objectives designed within the Security Management Plan.

### **Performance Monitors #3**

**Monitor: Code Assist / Aggressive Behaviors**

**Target:** NOT MET – Acceptable performance rate 5 or less (*Number of code assist / Adjusted Patient Days*)

**Performance:** The performance indicator was above the threshold for all quarters of CY2020.

#### **Performance Monitor Analysis:**

Code Assist	20-Jan	20-Feb	20-Mar	20-Apr	20-May	20-Jun	20-Jul	20-Aug	20-Sep	20-Oct	20-Nov	20-Dec
Adjusted Patient Days	6045	5800	7192	4500	4929	4530	6386	6045	6459	6386	6045	6459
Aggressive Behavior Patient	2	0	0	5	2	1	3	13	8	1	4	4
Aggressive Behavior Visitor	0	0	0	0	0	0	0	0	0	0	0	0
Agitated/Non-Compliant	0	0	0	0	1	0	16	0	0	0	0	0
Patient Confused	1	0	0	0	2	1	0	0	0	0	0	0
AMA Prevention	0	0	0	0	0	0	0	0	0	0	0	0
Baker Act	1	0	0	3	1	1	0	0	0	0	0	0
Verbal Abuse	0	0	0	1	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	6	0	0
<b>Total Code Assist</b>	<b>4.00</b>	<b>0.00</b>	<b>0.00</b>	<b>9.00</b>	<b>6.00</b>	<b>3.00</b>	<b>19.00</b>	<b>13.00</b>	<b>8.00</b>	<b>7.00</b>	<b>4.00</b>	<b>4.00</b>
<b>Performance</b>	<b>6.62</b>	<b>0.00</b>	<b>0.00</b>	<b>20.00</b>	<b>12.17</b>	<b>6.62</b>	<b>29.75</b>	<b>21.51</b>	<b>12.39</b>	<b>10.96</b>	<b>6.62</b>	<b>6.19</b>
<b>Threshold</b>	<b>5.00</b>	<b>5.00</b>	<b>5.00</b>	<b>5.00</b>	<b>5.00</b>	<b>5.00</b>	<b>5.00</b>	<b>5.00</b>	<b>5.00</b>	<b>5.00</b>	<b>5.00</b>	<b>5.00</b>

**Review of Performance for 2020:** The Security Performance Dashboard performance indicator was above target rate of 5 (no more than 5 occurrence per quarter for every 10,000 adjusted patient days (APD) for the entire year; Only 2 months (February and March) met the threshold of 5 with a score of zero which is below the range. The performance on 2020 (Q1=4, Q2=18, Q3=40 and Q4=14) was similar in 2019 performance were only 2 months of the year was below threshold (January and March).

**Performance Monitors for 2021.** In the 4<sup>th</sup> Qtr. Of 2020, security radios were given to sitters watching Baker Act and confused patient for real time communication with security. This process gives the sitter communication with security team when assistance is needed that may not warrant a call for a Code Assist. We will continue to monitor the Code Assist/Aggressive Behavior performance indicator during 2021.

**Overall Effectiveness of the Program:** The overall program was effective. Targets set by Corporate Key Group in coordination with the regional environment of care committee established a measurable performance for different occurrences to ensure improvement of the security standards are adequate. The EOC Committee monitored the rate of which employees called Code Assist, Security Procedures and Bodily Assaults. Unfortunately, these Performance Monitors results did not have acceptable performance during CY2020 as baseline rates were exceeded.



## HAZARDOUS MATERIALS & WASTE MANAGEMENT PROGRAM

**Reviewer and Titles:** Michael Hughes, EVS Director and Alicia Becena, Corporate – Regional Safety Officer and EOC Chairperson

**Region:** Broward Health Coral Springs

**Review Date:** February 15, 2021

**Purpose:** The purpose of the Hazardous Materials and Waste Management Plan is to describe methods for handling hazardous materials and waste through risk assessment and management. The plan addresses the risks associated with these materials, wastes or energy sources that can pose a threat to the environment, staff and patients, and to minimize the risk of harm. The plan is also designed to assure compliance with applicable codes and regulations as applied to Broward Health buildings and services. The processes include education, procedures for safe use, storage and disposal, and management of spills or exposures.)

**Scope:** Broward Health has many diverse medical facilities. This Management Plan applies to patients, staff, Licensed Independent Practitioners (LIP's) and any other persons who enter a Broward Health site. The facilities that the Hazardous Materials and Waste Management Plan apply to are: Broward Health Medical Center, Broward Health Coral Springs, Broward Health Imperial Point, Broward Health North, Broward Health Weston, Broward Health Community Health Services, Broward Health Physician Group, and Other business occupancies.

Any differences in activities at each site are noted or defined within the specific site policies, as appropriate. The scope of the Hazardous Materials and Waste Management program is determined by the materials in use and the waste generated by each Broward Health facility.

Safe use of hazardous materials and waste requires participation by leadership at an organizational and departmental level, and other appropriate staff to implement all parts of the plan.

Protection from hazards requires all staff that use or are exposed to hazardous materials and waste be educated as to the nature of the hazards and to use equipment provided for safe use and handling. Rapid, effective response is required in the event of a spill, release or exposure to hazardous materials or waste. The plan includes management of staff's practices so the risk of injuries and exposures is reduced and staff can respond appropriately in emergencies. Special monitoring processes or systems may also be required to manage certain hazardous gases, vapors, or radiation undetectable by humans.)

**Evaluation of the Scope:** *No Changes to the scope at this annual evaluation.*

**Review of Program Objectives:** The objectives for the Hazardous Materials and Waste program are developed from information gathered during routine surveillance tours, risk assessments, performance measures and the annual evaluation of the previous year's program activities. The objectives for this Plan are to:

- Comply with all applicable local, state, and federal hazardous materials and waste regulations and guidelines, such as EPA, FDEP, OSHA, CMS, TJC, ANSI, and Florida Department of Health.
- Provide a safe and healthy environment for patients, staff, and visitors by controlling risks by way of proper handling and storage of hazardous materials and wastes, and minimizing the threat of exposures.



- Ensure all areas where hazardous materials are stored comply with regulatory requirements.
- Educate employees in the proper procedures to protect themselves from the risks posed by hazardous materials and wastes such as the use of emergency eyewash stations.
- Ensure staff is educated on the processes to access Safety Data Sheets
- Staff is appropriately educated to respond safely to hazardous material spills
- Identify opportunities to improve performance.

Objective	Met	Not Met	Met with Conditions	Adjusted Objective
Comply with Applicable Regulations			X – Operating Permit for State needs renewal	
Monitor Pounds of Regulated Waste	X			
Storage of Waste including Biowaste is secured correctly		X		
Staff Education and Training	X			

## REVIEW OF PERFORMANCE

### Performance Monitors #1

**Monitor:** *Maintain Biohazardous Waste below the target of 1.60 lbs. / Adjusted Patient Days*

**Target:** *<1.60 lbs. (target developed by Corporate Key Group) of regulated medical waste per medical encounter.*

**Performance:** *MET performance indicator 50% of the time (favorably) during the year.*

### Performance Monitor Analysis:

HAZMAT MONITOR								
Biohazard Waste (Maintaining)	2019 Q1	Q2	Q3	Q4	2020 Q1	Q2	Q3	Q4
Medical Encounters	21778	21905	20602	22165	22,115	14,898	18,982	20,693
Lbs. of Regulated Medical Waste	22759	23521	24537	24046	33,426	34,345	42,112	25,660
Performance	1.05	1.07	1.19	1.08	1.51	2.30	2.21	1.24
Acceptable Performance	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60

**Review of Performance:** *The performance indicator was below target for half of the year during Q1 and Q4. The overall performance for 2020 was 1.81 which is above the 1.60 acceptable performance. This is an improvement from 2019 when the average performance rate for was 1.09 and 2018 and 2017 which were at 1.20.*

**Performance Monitors for 2021:** *We will continue to monitor Pounds of regulated medical waste per medical encounter during 2021 as it is a very valuable tool to measure our costly regulated waste usage.*



## Performance Monitors #2

**Monitor:** *Managing Biohazard Waste*

**Target:** *95% or above (# of areas surveyed/Correctly Managed & Maintained within compliance)*

**Performance:** *MET*

**Performance Monitor Analysis:** *Multiple areas were observed where biohazard waste was secured seventy-five (75%) percent of the time for CY2020.*

Managing Biohazard	2019 Q1	Q2	Q3	Q4	2020 Q1	Q2	Q3	Q4
Surveyed	8	8	8	8	23	17	25	12
Managed Correctly	7	8	7	7	23	17	25	11
Performance	88%	100%	88%	88%	100%	100%	100%	92%
Acceptable Performance	95%	95%	95%	95%	95%	95%	95%	95%

**Review of Performance:** *Multiple areas were observed where biohazard waste was secured seventy-five percent of the time. Only during Quarter 4 was the acceptable performance below the 95% rate as established by the Corporate Key Group. Performance was Favorable for Q1, Q2 and Q3. Our average score for 2020 was 98% and higher when compared the average score of 91% for 2019 and 93.2% for 2018.*

### Performance Monitors completed in 2020 as follows:

- Inventory of Hazardous Materials was updated November 19, 2020
- Maintain and updated Safety Data Sheets - February 17, 2020

**Overall Effectiveness of the Program's Effectiveness:** *The average performance indicator rate for 2020 was met and improved from the last 3 previous years.*

**Performance Monitors for 2021:** *We will continue to monitor number of areas observed where biohazard waste was secured correctly in 2021. Additional performance monitors for the Hazardous Materials and Waste Management Plan are the following:*

- Inventory of Hazardous Materials
- Maintain the Waste Manifest and Land Disposal receipts
- Update and Maintain all active Safety Data Sheets
- Inservice staff on the location of hard copies of SDS and how to obtain them
- Maintain and update Permits/Licenses from the State of Florida Department of Health/Bio-Medical Waste
- Continue to educate team on terminal & cleaning of surgery suites and other areas along with assignments to Health Stream training
- Continue to have Staff Certified on DOT training



## FIRE SAFETY MANAGEMENT PROGRAM

**Reviewer:** John O'Connell

**Title:** Regional Director of Facilities

**Region:** Broward Health Coral Springs

**Review Date:** March 18, 2021

**Purpose:** The Purpose of the Fire Safety Management Plan (hereafter referred to as the "Plan") is to minimize the possibility and risks of a fire and protect all occupants and property from fire, heat and products of combustion. To ensure that staff and Licensed Independent Practitioners (LIPs) are trained and tested in fire prevention and fire safety so that they are able to respond appropriately to any fire emergency.)

**Scope:** The Fire Safety Management Program is designed to assure appropriate, effective response to fire emergency situations that could affect the safety of patients, staff, LIPs and visitors, or the environment of Broward Health. The program is also designed to assure compliance with applicable codes and regulations. The Fire Safety Management Plan applies to every patient and anyone who enters any Broward Health location. The Fire Safety Management Plan applies to Broward Health Medical Center, Broward Health Coral Springs, Broward Health Imperial Point, Broward Health North, Broward Health-Weston, Broward Health Community Health Services, and Broward Health Physician Group, and other business occupancies. Any differences in activities at each site are noted or defined within the specific site policies, as appropriate.

**Evaluation of the Scope:** The Scope was evaluated a determination was made that no changes are required at this time. Any changes found to be applicable to covered people, places, things and procedures will be presented at the Environment of Care Committee for review, feedback and approval.

**Review of Program Objectives:** The Objectives for the Fire Safety Program are developed from information gathered during routine and special risk assessment activities, annual evaluation of the previous year's program activities, performance measures, reports and environmental tours. The Following objectives were reviewed and deem appropriate as performance indicators for the program:

- Provide an environment that minimizes the risks of fire and related hazards.
- Protect individuals served, patients, personnel, visitors, and all who enter the facility, and property from fire, smoke, and other products of combustion.
- Report and investigate fire protection deficiencies, failures, and user errors.
- Provide education to personnel on the elements of the Plan, including "defend in place," transfer of occupants to areas of refuge, smoke compartment use, and evacuation.
- Ensure fire alarm, detection, and suppression systems are designed, installed, and maintained to ensure reliable performance.

Objective	Met	Not Met	Met with Conditions	Adjusted Objective
Minimize Risk of Fire/Hazards	X			
Protect those who enter from fire, smoke or other risks of combustion	X			
False Alarms	X			
Impeded egress corridor		X		
Maintain Fire Alarm System	X			



## Performance Monitors #1

**Monitor:** False Alarms *Number of false alarms per square foot.*

**Target:** The Corporate Key Group established a rate of no more than 0.5 based on square footage

**Performance:** MET - *The false alarm performance indicator was below target (Favorable) for all quarters in 2020.*

### Performance Monitor Analysis:

False Fire Alarms	2019 Q1	Q2	Q3	Q4	2020 Q1	Q2	Q3	Q4
Square footage	460000	460000	460000	460000	460000	460000	460000	460000
# Per Quarter	1	0	1	1	3	3	2	2
Performance	0.02	0.00	0.02	0.02	0.07	0.07	0.04	0.04
Acceptable Performance	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5

**Review of Performance:** All 4 Quarters Performance rates were below the target even though we had more events CY2020 = 10) than during 2019 (3). Our performance remained lower than 2018 which reported 17. Therefore, favorable for the year. Some of the occurrences noted in 2020 were due to construction related events.

**Performance Monitors for 2021:** We will continue to monitor Fire alarm false alarms during 2021

## Performance Monitors #2

**Monitor:** Impeded Egress Corridor

**Target:** 100%

**Performance:** Not Met - *The Impeded Egress Corridor performance indicator was below target (unfavorable) for the Q1, Q3 and Q4 and at 100% (favorable) for Q2.*

### Performance Monitor Analysis:

Impeded Egress Corridor	2019 Q1	Q2	Q3	Q4	2020 Q1	Q2	Q3	Q4
Number of Dept/Area Surveyed	7	8	8	8	23	17	25	12
# Observed without Obstructions	6	8	7	7	22	17	24	9
Performance	86%	100%	88%	88%	96%	100%	96%	75%
Acceptable Performance	100%	100%	100%	100%	100%	100%	100%	100%





## Review of Performance:

*The Impeded Egress Corridor performance rate for 2020 was higher than 2019 and 2018 observations. Quarter one we had 23 areas surveyed with 22 areas compliant for an 96% Performance Rate. Quarter two compliance was 100%. Quarter three we had 25 areas surveyed with 24 areas compliant for an 96% Performance rate. Quarter four we had 12 areas surveyed with 9 areas compliant for an 75% Performance rate.*

**Overall Effectiveness of the Program:** *The performance indicators were met for all except during one quarter for Impeded Egress. Our established goal of 100% acceptable performance will continue to be our monitoring baseline for 2021. Staff education during fire drills and EOC Rounds will be continued to improve performance for 2021.*

**Performance Monitors for 2021:** *We will continue to monitor all aspects of Fire Safety as listed below:*

- *Monitor False Alarms and the causes of the alarms*
- *Eliminate Impeded Egress Corridor by educating staff*
- *Increase staff participation during fire drills and continue educate staff during EOC Rounds*
- *Initiate fire safety training for medical staff orientation*



## MEDICAL EQUIPMENT MANAGEMENT PROGRAM

**Reviewer:** Marcos Mantel

**Title:** Regional Director of Medical Equipment (BIOMED)

**Region:** Broward Health Coral Springs

**Review Date:** February 11, 2021

**Purpose:** The purpose of the Medical Equipment Management Plan is to ensure that Broward Health will maintain a medical equipment technology management program that manages risk, promotes safe and effective use of medical equipment for the care, monitoring, diagnosis, and treatment of patients.

**Scope:** Broward Health has many diverse medical facilities. This Management Plan applies to every visitor, patient and staff member who enters a Broward Health (BH) site. BH operates under Regional Environment of Care Committees and an Environment of Care Key Group.

The Medical Equipment Management Plan applies to: Broward Health Medical Center, Broward Health Coral Springs, Broward Health Imperial Point, Broward Health North, Broward Health-Weston, and Broward Health Community Health Services in which patients receive care, treatment, and services. If there are any significant differences in activities at a site it is noted in site-specific policies as appropriate.

The BH Medical Equipment Management Plan is designed to assess and control the physical and clinical risks of all medical equipment. Starting with instrument selection and application to planned maintenance programs, safety testing, calibration, repairs, educational services and disposition. The Broward Health system ensures that safety, operational, and functional checks are performed on medical equipment, including all life-support equipment, and that these activities are documented.

**Evaluation of the Scope:** *No changes are required to the scope for this year.*

**Program Objectives:** Were reviewed to establish criteria for identifying, evaluating and inventorying equipment included in the program.

- To minimize the clinical and physical risks of equipment through inspection, testing and regular maintenance.
- To provide education to personnel on the capabilities, limitations and special applications of equipment; operating, safety and emergency procedures of equipment; the procedures to follow when reporting equipment management problems, failures and user errors; and the skills and/or information to perform maintenance activities.
- Assure operational reliability and functionality of clinical equipment through programmed maintenance.

Objective	Met	Not Met	Met with Conditions	Adjusted Objective
Failed Equipment Inspection	X			
Improper Care	X			



**Review of Performance:** A review of performance indicators in separate areas, and review of the stated goals are used to determine effectiveness of the Plan annually. Evaluation and review of these criteria indicates an effective medical equipment management program. All performance indicators and goals were met for 2020 and include some of the following:

- 1) Staff Instruction MET Goal by assure staff received proper medical equipment training in order to perform their respective duties in a safe and proficient manner.
- 2) Worker Orders Not Closed, Failed Performance, Failed Electrical Safety, New to Inventory (unreported), No Problem was found, Improper Care, Missing Accessories – all MET GOALS to ensure that all alerts, recalls and hazards that pertain to medical equipment were investigated.
- 3) Deployment of new AEDs at all Physician Practices – Completed November 2020
- 4) NK Physiological Monitoring Refresh Project was completed December 2020
- 5) Replacement of all IV Pumps was completed November 2020
- 6) Replacement of all PCA/Epidural Pumps was completed December 2020
- 7) New Cath Lab was completed December 2020

### Strength

Our Scheduled Maintenance (SM) program is unique because we do “environmental” SM’s. This helps us achieve close to 100% annual completion of all SM’s in all facilities.

The ability to move Biomed staff as needed to the different facilities helps maintain optimum efficiencies and decrease down time of equipment.

Strong participation in the EOC Committees in all facilities provides a venue for implementing best practices throughout Broward Health.

### Evaluation of CY 2020 Performance Indicators

#### Quarterly reports to the Environment of Care Committees.

Table I	Goal	BHMC	BHN	BHIP	BHCS	BHW	BHCHS
- Work Orders Not Closed	≤ 10%	MET	MET	MET	MET	MET	MET
- Failed Performance	≤ 6%	MET	MET	MET	MET	MET	MET
- Failed Electrical Safety	≤ 1%	MET	MET	MET	MET	MET	MET
- New To Inventory (Unreported)	≤ 5%	MET	MET	MET	MET	MET	MET
- No Problem Was Found	≤ 15%	MET	MET	MET	MET	MET	MET
- Improper Care	≤ 2%	MET	MET	MET	MET	MET	MET
- Missing Accessories	≤ 2%	MET	MET	MET	MET	MET	MET
- Staff Instruction	≤ 2%	MET	MET	MET	MET	MET	MET

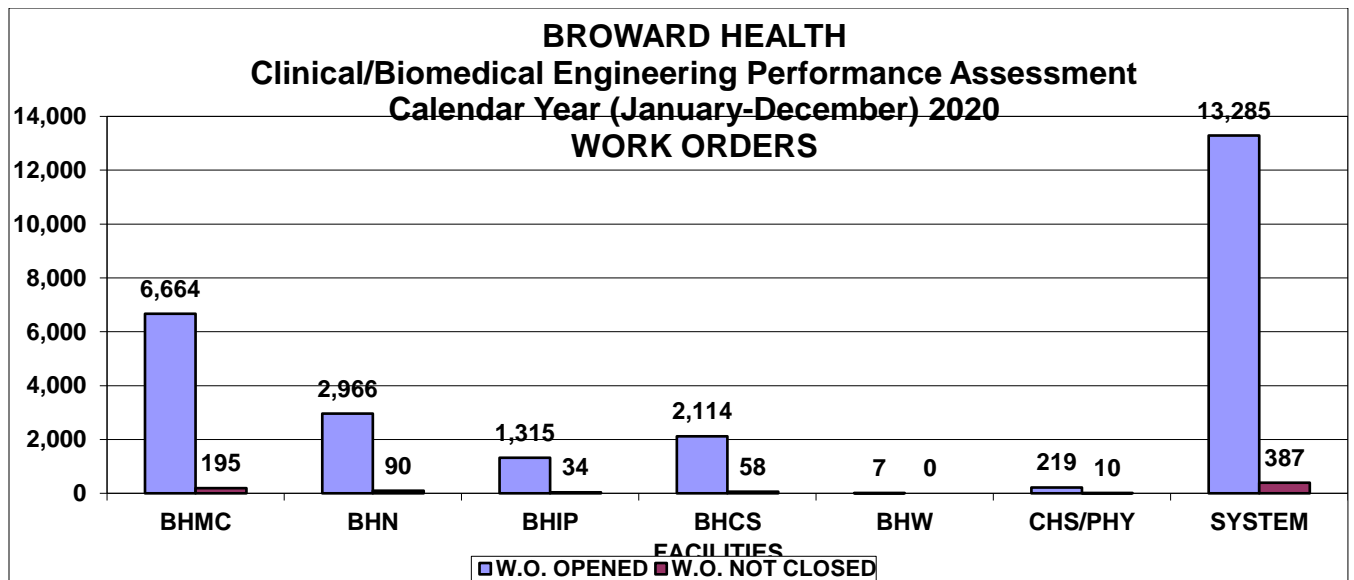


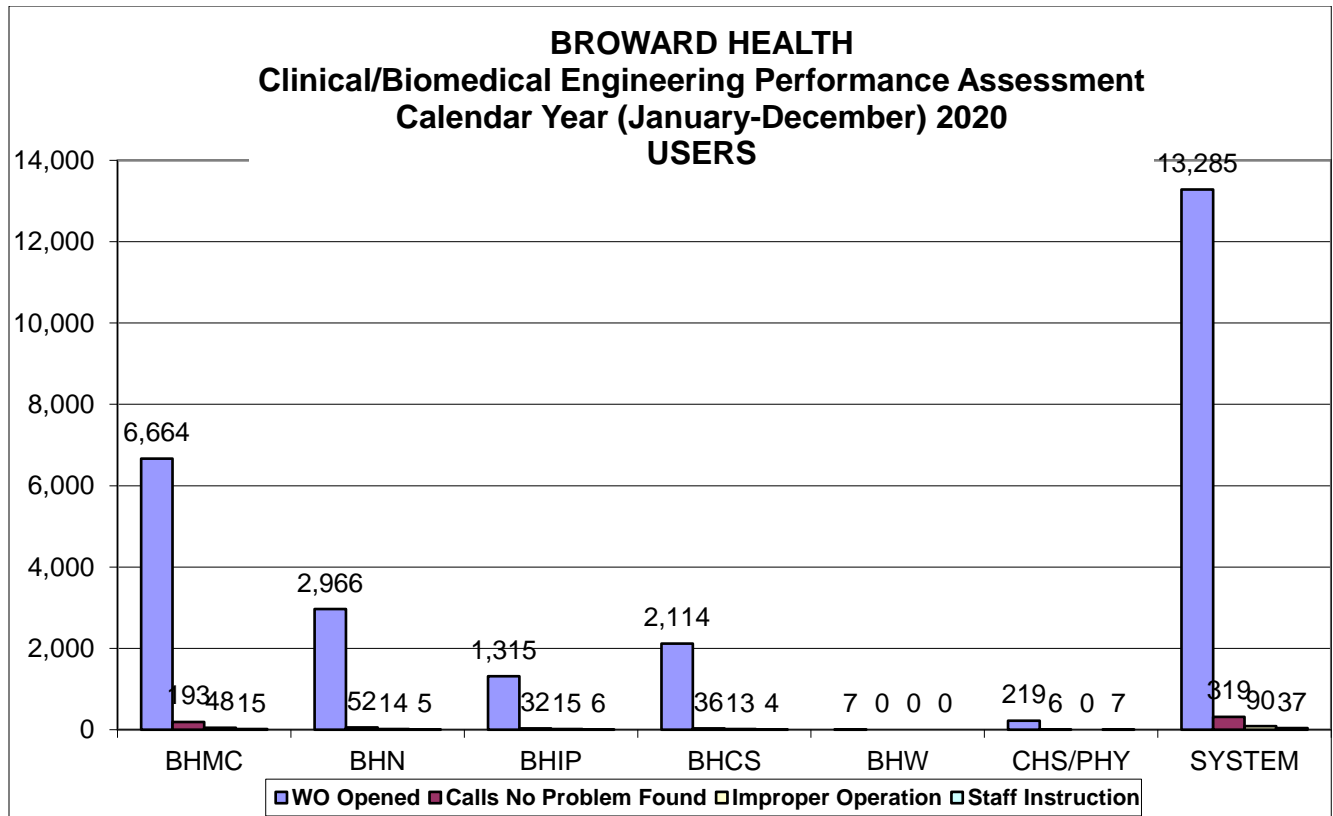
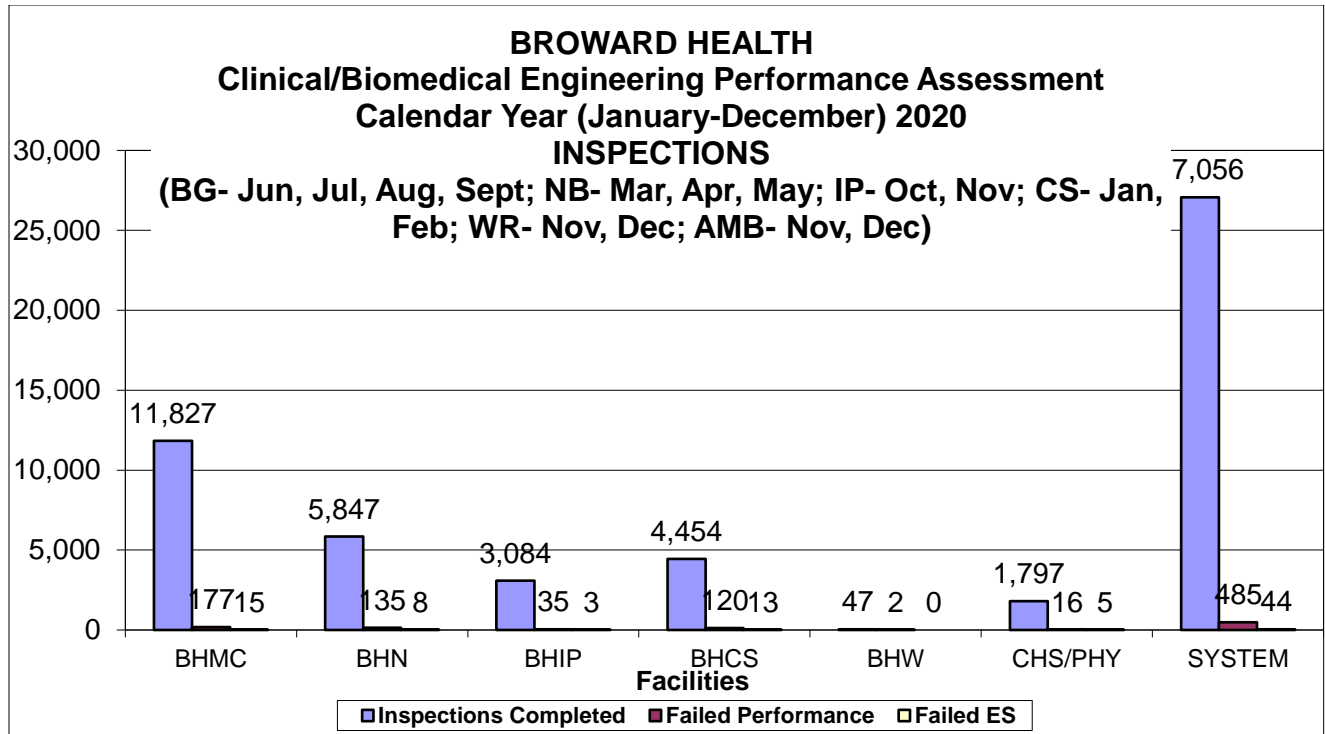


Clinical / Biomedical  
Engineering

**BROWARD HEALTH**  
**Clinical/Biomedical Engineering Performance Assessment**  
**Calendar Year (January-December) 2020**

		All Regions						
SAMPLE SIZE:		BHMC	BHN	BHIP	BHCS	BHW	CHS/PHY	SYSTEM
UNITS IN INVENTORY		13,208	5,785	3,166	4,943	59	2,465	29,626
W.O. OPENED		6,664	2,966	1,315	2,114	7	219	13,285
TOTAL W.O. COMPLETED		6,665	2,934	1,333	2,059	7	217	13,215
INSPECTIONS COMPLETED		11,827	5,847	3,084	4,454	47	1,797	27,056
W.O./INSPECTIONS COMPLETED		18,492	8,781	4,417	6,513	54	2,014	40,271
LABOR HOURS		8,146	4,154	1,941	2,984	30	1,051	18,306
PARTS/MATERIALS		\$204,126	\$79,618	\$30,880	\$33,244	\$147	\$8,512	\$356,527
QA ROUNDS		2,992	2,336	1,985	2,020	0	0	9,333
PARAMETERS		19,676	8,524	4,958	7,609	80	3,261	0
INDICATORS:	TARGET	BHMC	BHN	BHIP	BHCS	BHW	CHS/PHY	SYSTEM
W.O. NOT CLOSED		195	90	34	58	0	10	387
(W.O. OPENED)	<= 10%	3%	3%	0%	3%	0%	5%	3%
FAILED PERFORMANCE		177	135	35	120	2	16	485
(INSPECTIONS COMPLETED)	<= 6%	1%	2%	1%	3%	4%	1%	2%
FAILED ELECTRICAL SAFETY		15	8	3	13	0	5	44
(INSPECTIONS COMPLETED)	<= 1%	0%	0%	0%	0%	0%	0%	0%
NEW TO INVENTORY		25	14	13	9	0	8	69
(W.O./INSPECTIONS COMPLETED)	<= 5%	0%	0%	0%	0%	0%	0%	0%
CALLS WHERE NO PROBLEM WAS FOUND		193	52	32	36	0	6	319
(W.O. OPENED)	<= 15%	3%	2%	2%	2%	0%	3%	2%
IMPROPER CARE		104	39	34	28	0	9	214
(W.O./INSPECTIONS COMPLETED)	<= 2%	1%	0%	1%	0%	0%	0%	1%
MISSING ACCESSORIES		48	14	15	13	0	0	90
(W.O./INSPECTIONS COMPLETED)	<= 2%	0%	0%	0%	0%	0%	0%	0%
STAFF INSTRUCTION		15	5	6	4	0	7	37
(W.O./INSPECTIONS COMPLETED)	<= 2%	0%	0%	0%	0%	0%	0%	0%
Comments:								





## Performance Monitors #1

MEDICAL EQUIPMENT MONITOR	Q1CY19	Q2CY19	Q3CY19	Q4CY19	Q1CY20	Q2CY20	Q3CY20	Q4CY20
Failed Inspection								
# of Inspection Completed	1484	2110	561	516	2847	78	1290	239
# of Failed Performance	39	47	4	6	89	1	14	16
Performance	0.03	0.02	0.01	0.01	0.03	0.01	0.01	0.07
Acceptable Performance	6%	6%	6%	6%	6%	6%	6%	6%

**Monitor:** *The number of failed equipment inspections per total inspections*

**Target:** 6%

**Performance:** *MET - The Failed equipment inspection performance indicator was favorable for the entire year of 2020 except in Q4.*

**Performance Monitor Analysis** *The number of failed equipment inspections per total inspections performance indicator was below target of 6% for 75% of year; therefore, we met our goal.*

*Quarter 1 we had 89 failed equipment inspections out of 2847 total inspections for a 3% performance rate. Quarter two we had 1 failed equipment inspections with 78 total inspections for a 1% performance rate. Quarter three we had 14 failed equipment inspections with 1290 total inspections for a 1% performance rate. Quarter four we had 16 failed equipment inspections with 239 total inspections for a 7% performance rate missing the target of no more than 6%. In comparison 2020 to 2019 we had a 0.02% increase in failed inspections.*

**Overall Effectiveness of the Program's Effectiveness:** *The performance indicator was below target for 75% pf the year. The last quarter had four (4) ARJO SCD Pumps with Out of box failure. The rest of the year we met our goal. Our average performance rate for 2020 was just slightly impacted due to this failure.*

**Performance Monitors for 2021:** *We will continue to monitor the number of failed equipment inspections per total inspections as it is a very valuable tool to measure how well our equipment is being maintained.*

## Performance Monitors #2

**Monitor:** *The number of improperly cared for medical equipment*

**Target:** 2% or less

**Performance:** *The number of improperly cared for medical equipment performance indicator was at or below target (Favorable) for the entire year of 2020.*

Improper Care	Q1CY19	Q2CY19	Q3CY19	Q4CY19	Q1CY20	Q2CY20	Q3CY20	Q4CY20
# of Work Orders and Inspection Completed	1175	1906	823	1398	3354	289	2266	604
# Improperly Cared For	13	63	6	4	8	2	11	7
Performance	0.01	0.03	0.01	0.00	0.00	0.01	0.00	0.01
Acceptable Performance	2%	2%	2%	2%	2%	2%	2%	2%



**Performance Monitor Analysis for 2020:** *Quarter one we had 8 improperly cared for medical equipment with 3354 total inspections, Quarter two we had 2 improperly cared for medical equipment with 289 total inspections, Quarter three we had 11 failed equipment inspections with 2266 total inspections and Quarter four we had 7 failed equipment inspections with 604 total inspections. Overall we had a great Performance rate meeting target every quarter.*

**Overall Effectiveness of the Program's Effectiveness:** *The performance indicator was below target for the entire year. Overall, we met our goal 100% of the time in 2020 and performed better than 2019 and 2018.*

#### **Performance Monitors for 2021:**

*We will continue to monitor the number of improperly cared for medical equipment in 2020 as it is a very valuable tool to measure how well our equipment is being maintained.*

#### **Some additional 2021 GOALS for BHCS**

- 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
- Infusion Pumps EMR Connectivity – December 2021
- Migrate from a two Telemetry Antenna System to one – 2021
- Assure all staff receives proper medical equipment training in order to perform their respective duties in a safe and proficient manner
- Ensure that all alerts, recalls and hazards that pertain to medical equipment are investigated
- Review and revise the Medical Equipment Management Program as necessary

#### **Summary**

The Medical Equipment Management Plan and its continuation was considered effective this year. We will continue to trend the current performance indicators for another year, reassess the targets and make appropriate changes based on the consensus of the EoC Committees.



## UTILITIES MANAGEMENT PROGRAM

**Reviewer:** John O’Connell

**Title:** Regional Director of Facilities

**Region:** Broward Health Coral Springs

**Review Date:** March 18, 2021

**Purpose:** The Utility Systems Management Plan (hereafter referred to as the “Plan”) provides a process for the proper design, installation, and maintenance of appropriate utility systems and equipment to support a safe patient care and treatment environment at Broward Health.

**Scope:** The Plan will assure effective preparation of staff responsible for the use, maintenance, and repair of the utility systems, and manage risks associated with the operation and maintenance of utility systems. Finally, the Plan is designed to assure continual availability of safe, effective equipment through a program of planned maintenance, timely repair, ongoing education, and training, and evaluation of all events that could have an adverse impact on the safety of patients or staff as applied to the building and services provided at Broward Health. The Purpose of the Utility Systems Management Plan is developed from information gathered during routine and special risk assessment activities, annual evaluation of the previous year’s program activities, performance monitoring and environmental tours. The Objectives for this Plan can vary from site to site.

The facilities to which this Management Plan applies to are: Broward Health Medical Center, Broward Health Coral Springs, Broward Health Imperial Point, Broward Health North, and the Broward Health Community Health Services. Significant differences in activities at each site may be noted in site-specific policies, as appropriate)

**Evaluation of the Scope:** *The scope of the Utility Systems Management Plan was determined to be appropriate and does not require any updates or changes to the applicability to covered the staff, patients and visitors we serve or places, things and procedures in the Environment of Care.*

1. **Review of Program Objectives:** The Objectives for the Plan are developed from information gathered during routine and special risk assessment activities, annual evaluation of the previous year’s program activities, performance monitoring and environmental tours. The Objectives for this Plan can vary from site to site.

Objective	Met	Not Met	Met with Conditions	Adjusted Objective
Energy Efficiency	X		Met 75%	Need to review acceptable performance criteria.
Generator Test	X			



## Performance Monitors #1

**Monitor:** *Energy Efficiency*

**Target:** *KWH / Square footage – Average (Corporate Key Group)*

**Performance:** MET with conditions as Q3 was above acceptable performance. The performance was Favorable for the 75% of the CY2020

### Performance Monitor Analysis:

Energy Efficiency	2019 Q1	Q2	Q3	Q4	2020 Q1	Q2	Q3	Q4
Square Footage	460000	460000	460000	460000	460000	460000	460000	460000
KWh Used	3,744,800	3,967,000	4,402,800	4,208,400	3,795,600	4,331,600	4,586,000	4,149,600
Performance	8.14	8.62	9.57	9.15	8.25	9.42	9.97	9.02
Acceptable Performance	10.43	10.04	8.61	10.00	10.43	10.04	8.61	10.00

**Review of Performance:** The Energy Efficiency performance indicator was below target for one quarter but favorable overall for the rest of 2020. The average for CY2020 was 9.17 vs. 9.77 in 2019.

**Overall Effectiveness of the Program's Effectiveness** The performance indicator, as established by the Corporate Key Group, was at target for the 75% of the year, therefore we met our goal. Our average performance rate for 2020 improved over 2019 and 2018. The increase in usage continues to be driven by the increase in the ambient temperature during the third quarter of the year. Therefore, the acceptable performance rate established may need some adjustments.

**Performance Monitors for 2020:** We will continue to monitor Energy Efficiency performance indicator. In 2021 as it is a very valuable tool to measure how well the hospital equipment is being maintained.

## Performance Monitors #2

**Monitor:** *Number of generator tests completed*

**Target:** 100% Number of tests completed / Number of tests scheduled

**Performance:** The Energy Efficiency performance indicator was below target (Favorable) for the entire year of 2020

### Performance Monitor Analysis:

Generator Test	2019 Q1	Q2	Q3	Q4	2020 Q1	Q2	Q3	Q4
Number of Generator test scheduled	5	5	5	5	5	5	5	5
Number of Generator test completed	5	5	5	5	5	5	5	5
Performance	100%	100%	100%	100%	100%	100%	100%	100%
Acceptable Performance	95%	95%	95%	95%	95%	95%	95%	95%

**Review of Program:** Q1 - Q4 had all tests scheduled and completed at 100%.







**Overall Effectiveness of the Program's Effectiveness:** *The performance indicator was at target for the entire year, therefore we met our goal. Our average performance rate for 2020 and the two previous years remain unchanged.*

**Performance Monitors for 2020:**

- *Used the work order (Megamation) to track utility work orders.*
- *Monitored Energy Efficiency and used or installed energy efficient LED lighting when possible.*

**Performance Monitors for 2021:**

- *Continue to monitor the use of the Megamation Work Order system to track utility work orders and encourage others to use the Megamation system.*
- *Continue to replace lighting with LED in all New or Renovation projects to help reduce energy consumption by replacing fluorescent indoor and outdoor lighting with energy efficient lighting.*

## OVERALL PERFORMANCE SUMMARY FOR THE ENVIRONMENT OF CARE PROGRAM AND PLANNING OBJECTIVES

**Overall Performance Summary:** *The EOC Committee meets every other month to improve our performance indicator scores and reporting to the EOC members.*

### Planning Objectives for CY2021:

#### Safety Management:

- Monitor and email Nursing and other departments on Occupational injuries. Attend Nurse Huddles looking at top three (3) injuries. Meet 4 X per year
- Reduce Contaminated Needle Sticks by 10% less than the average over the last three years
- Re-initiate Safety / Environment of Care Presentation at New Employee Orientation and Medical Staff Orientation once the threat of COVID-19 dissipates.
- Focus on Accident Prevention strategies to tracking injuries by department/job duties and type of equipment. Email or meet with multi-disciplinary teams to address near misses and occupational accidents/injuries – Meet 4 X per year.

#### Security Management:

- Bodily Assaults - identify between non-behavior assaults and behavioral intentional assaults.
- Security Procedures – Monitor the safety processing of B.A. patients, making hourly rounds and implementing radio communication with sitters.
- Code Assist/Aggressive Behavior – reduce by clearly identifying data between Nurse Assist vs. Code Assist
- Continue to track Contraband Searches and note findings as a success to reducing injuries to patient/others
- Missing/Stolen patient belongs and track success rate of returns

#### Hazardous Materials & Waste Management:

- Maintain Pounds of Regulated Waste below 1.6 lbs./APD
- Manage Bio-Hazardous Waste for a compliance rate of 95%
  - Train Staff on Segregating the Different Waste Streams
  - Increase Recycling by ten (10) percent
  - Closely Audit the Hazardous Waste Accumulation area outdoors.
  - Update and maintain the Inventory of Hazardous Materials
  - Maintain the Waste Manifest and Land Disposal receipts
  - Update and Maintain all active Safety Data Sheets
  - Inservice staff on the location of hard copies of SDS and how to obtain them
  - Maintain Permits/Licenses from the State of Florida Department of Health/Bio-Medical Waste
  - Continue to educate team on Terminal cleaning of the surgery procedure and other areas along with assignments to Health Stream training
  - Continue to have Staff Certified on DOT training

#### Medical Equipment Management:

- Completed - Migrate from a two Telemetry Antenna System to one – March 2021
- Continue to monitor Failed Equipment Inspections
- Continue to monitor Improper Care of Equipment
- Continuation of the NK Physiological Monitoring Refresh Project (Infrastructure) – June 2021
- Continue the replacement of the NK Monitoring Network – June 2021
- Connect All NK Monitors to Cerner CareAware EMR – June 2021
- Infusion Pumps EMR Connectivity – December 2021

##### Other ongoing goals:

1. Assure all staff receives proper medical equipment training in order to perform their respective duties in a safe and proficient manner
2. Ensure that all alerts, recalls and hazards that pertain to medical equipment are investigated



3. Review and revise the Medical Equipment Management Program as necessary

Continue to trend the current performance indicators for another year, reassess the targets and make appropriate changes based on the consensus of the EOC Committee.

#### **Fire Safety Management:**

- *Monitor False Alarms and the causes of the alarms*
- *Eliminate Impeded Egress Corridor by educating staff*
- *Increase staff participation during fire drills and continue educate staff during EOC Rounds*
- *Initiate fire safety training for medical staff*

#### **Utilities Management:**

- *Continue to use and monitor the work order (Megamation) to track utility work orders. Encourage others to use Megamation for Facilities Work Order Request*
- *Continue to Monitor Energy Efficiency Quarterly*
- *Reduce energy consumption for all New and Renovation projects by replacing fluorescent indoor and outdoor lighting with energy efficient LED lighting.*

