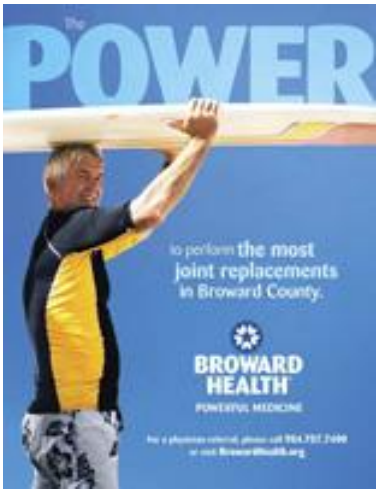
ANNUAL EVALUATION OF THE ENVIRONMENT OF CARE FOR BROWARD HEALTH CORAL SPRINGS, HOSPITAL CY 2022

Respectfully Submitted By:
Alicia L. Beceña, MBA, CHEC, CTM
Regional Safety Officer

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).*

Region:
Broward Health Coral Springs Hospital
Coral Springs MOB
Coral Springs Women's Center

EXECUTIVE SUMMARY

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 2023.

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 2022 performance goals and plan objectives
- Priorities and goals for calendar year 2023

Information Collection and Evaluation System (ICES)

Key performance indicators and information for each of the environment of care plans are gathered and tracked quarters. 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
Alicia Beceña	Corporate Safety & Security	Regional Safety Officer & EOC Chair / Safety Management
Cecile Kaplan, Manager	Epidemiology	Infection Control
Robert Simpson, Manager	Facilities / Life Safety Officer	Fire Safety Management & Utilities Management
Ursula Taylor / Anthony Frederick / Garnett Coke, Director	Corporate Safety / Security	Security Management
Jared Smith, CEO	Administration	Committee Member
Michael Leopold, COO	Administration	Committee Member
Dario Sankar, Regional Manager	Emergency Department	Committee Member
Roberto Martinez, Manager / Patricia Kuhn	Radiology	Committee Member
Felicia Seles, Manager	Surgery / OR	Committee Member
Sandra Porter Daley	Surgery / OR	Committee Member
Diane Schneider, Quality Management Specialist	Quality Management	Committee Member
Melissa Leamon, CNO	Nursing	Committee Member
Sabra Henry, Regional Director	Women & Children	Committee Member
Winsome Smith, Regional Manager	Clinical Education	Committee Member
Claudine Robinson, Manager	Risk / Patient Safety Officer	Committee Member
Kathleen Mercorella Alvarez, Regional Manager	Laboratory	Committee Member
Devon Dillon, Director	Environmental Services	Hazardous Materials & Waste Management
Kristen Sands/Erick Peña	Emergency Management	Committee Members
Marcy Mills-Matthews, Human Resources Chief	Human Resources	Committee Members
Kristina Castro / Alfredo Cruz	Employee Health / Workers' Compensation	Safety Management
Tracy Orosz / Stephen Santos	Medical Equipment Management (Biomed)	Medical Equipment Management
Cheryl Harding	Materials Management	Product Recalls
Kaleed Mohammed	Pharmacy	Committee Member
Linda De Maria	Nutritional Services	Committee Member

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
• Security	• Ursula Taylor & Anthony Frederick & Garnett Coke
• Hazardous Materials	• Devon Dillon
• Fire Safety	• Robert Simpson
• Medical Equipment	• Stephen Santos
• Utility Systems	• Robert Simpson

SAFETY MANAGEMENT PROGRAM

Reviewer: Alicia Beceña

Title: Corporate Regional Safety Officer & EOC Chairperson

Region: Broward Health Coral Springs

Review Date: January 27, 2023

Purpose: The Safety Management 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/Comments
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	Average was 6.02	Q2 & Q4 slightly above target rate
Contaminated Needle Sticks < 1.65	Met			Average was 1.59

Performance Monitors #1

Monitor: Occupational Injury's

Target: 6.01 (Total Hours Worked / OSHA recordable injury's) - (Corporate Key Group - Goal)

Performance: Met 50% of the quarters with average of 6.02 for CY2022

Program's Effectiveness: Average Performance for CY2022 was 6.02 vs. 2021 (6.05) a slight improvement when compared to the last two (CY2021 = 6.05 vs. 6.12 CY2020), and significantly improved by 48% when compared to CY2019 = average rate was 12.07.

SAFETY MONITOR Occupational Injuries	Q1CY21	Q2CY21	Q3CY21	Q4CY21	Q1CY22	Q2CY22	Q3CY22	Q4CY22
Hours Worked	470711	412257	497824	434754	428977	427240	503367	518022
# of OSHA Recordable Injuries	17	14	14	10	12	17	11	16
Injury Percentage Change	143%	-18%	0%	-29%	20%	42%	-35%	45%
Aceptable Performance	6.01	6.01	6.01	6.01	6.01	6.01	6.01	6.01
Performance Rate	7.22	6.79	5.62	4.60	5.59	7.96	4.37	6.18
Rate % Change	117%	-6%	-17%	-18%	22%	42%	-45%	41%

Review of Performance: The quarterly performance indicators were unfavorable 50% of the time during Q1 and Q2 but improved and met target in Q3 & Q4. In CY2022 we increased by only one (56) vs. CY2021 (55) and 2022 (55) when we remained flat with OSHA Recordable Injuries. This is however a major decrease from OSHA Recordable of 111 in CY2019 (71 = 2018 and 141 = 2017).

Performance Monitors for 2022: Occupational Injuries will continue to be monitored in 2023, and injury investigation will also continue as we seek a downward trend. Any identified gaps will be addressed and process improvements and/or education implemented. All performance indicator will continue to be discussed during EOC Committee meetings.

Performance Monitors #2

Monitor: Contaminated Needle Stick

Target: 1.65 (Medical encounters / Number of needle sticks) - (Corporate Key Group - Goal)

Performance: MET – Average Performance for CY2022 was 1.59 vs. 2021 was 1.78 vs. 2020 = 2.10 indicating a steady decline in needle stick injuries even though acceptable rate was missed during 3 of the 4 quarters.

Contaminated Needle Sticks	Q1CY21	Q2CY21	Q3CY21	Q4CY21	Q1CY22	Q2CY22	Q3CY22	Q4CY22
Medical Encounters	22099	23194	25156	23231	23410	23315	22892	24200
# of Contaminated Needle Sticks	3	3	8	3	4	4	2	5
Needle Stick %age Change	200%	0%	167%	-63%	33%	0%	-50%	150%
Performance	1.36	1.29	3.18	1.29	1.71	1.72	0.87	2.07
Acceptable Performance	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65
Rate %age Change	179%	-5%	146%	-59%	32%	0%	-49%	136%

Program's Effectiveness: During CY2022 – Q1, Q2 and Q4 p*erformed unfavorable within the acceptable performance when compared to CY2021 yet we had 2 less incidents overall for the calendar year.*

Performance Monitors #3

Monitor: Falls – Emergency Department

Target: 2.51 - (Corporate - Goal)

Performance: MET – Average Performance for CY2022 was 0.24 for all 4 quarters.

Emergency Dept. Visits																
Rate = # falls/visit days x 1000	JAN	Feb	Mar	Q1	Apr	May	June	Q2	July	Aug	Sept	Q3	Oct	Nov	Dec	Q4
# of Falls	2	0	1	3	4	1	1	6	2	2	0	4	3	0	1	4
Patient Visits	5091	4367	5538	14996	5575	6574	6045	18194	5361	5456	5807	16624	5091	6169	6498	18737
Fall Rate	0.39	0	0.18	0.2	0.72	0.15	0.17	0.33	0.37	0.37	0	0.24	0.39	0	0.15	0.21

Review of Performance: Overall, we saw a decrease of two (2) incidents with a total of 15 Contaminated Needle Sticks Injury in 2022 vs. a total of 17 in CY2021 (CY2020 (15), 2019 (14) and 2018 (11)). The performance target rate for Q1, Q2 and Q4 2022 were above the established rate of 1.65 but an average rate of 1.59 was calculated for the year.
Slips, Trips and Falls dropped for CY2022 to 14 vs. 19 in CY 2021.
Visitors falls CY2022 were 2 meeting the goal of no more than 7.
Emergency department CY2022 falls including Pediatrics was 17 (3 in Peds ED) we did not meet our goal to reduce E.D. Falls to no more than 10 (which was an average of the last 2 years (2021=13 and 2020=8)).
Progressive Care In-Patient Falls goal was met with 28 falls for CY2022 meeting goal of no more than 37 (Average of the last 2 years (2021=45 and 2020=29))

Safety Management Performance Monitor for 2023: This performance indicator will continue to be monitored in 2023 as we remain above the acceptable performance rate.

- Needle Sticks to no more than 14 (10% reduction of the average of the 3 previous years)
- Reduce Staff Slips, Trips and Falls to no more than 13 (10% lower than the average of the last 3 years)
- Reduce Visitor Falls with Injuries to no more than 5 (Average of the last 3 years (2022=2, 2021=6 and 2020=8))
- Reduce E.D. Falls to no more than 11 (Average of the last 3 years (2022=17, 2021=13 and 2020=8))
- Reduce Progressive Care In-Patient Falls to no more than 31 (Average of the last 2 years (2022=28, 2021=45 and 2020=29))
- Review trends and inform Nursing and other departments about occurrences specifically top three (3) injuries so they can implement prevention strategies by department/job duties. Address near misses and occupational accidents/injuries with them at least 4 times per year.

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: January 30, 2023

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 CY2022 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.

Objectives	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**			
Monitor Facility – Sensitive Areas	**X**			

Performance Monitors #1

Monitor: Bodily Assault – Non-Behavioral Health

Target: MET (rate of 1) (number of assaults / adjusted patient days)

Performance: The bodily assault performance indicator was above target for the entire year.

Performance Monitor Analysis: Quarter 1 - 4 were favorable and all below acceptable performance

SECURITY MONITOR								
Bodily Assaults NBH	Q1CY21	Q2CY21	Q3CY21	Q4CY21	Q1CY22	Q2CY22	Q3CY22	Q4CY22
Medical Encounters	22099	23194	25156	23231	23410	23315	22892	24200
Number Per Quarter	1	0	1	1	5	2	3	1
NBH Assault %age Change	#DIV/0!	-100%	#DIV/0!	0%	400%	0%	50%	-67%
Performance	0.05	0.00	0.04	0.04	0.21	0.09	0.13	0.04
Acceptable Performance	1	1	1	1	1	1	1	1
Rate %age Change	#DIV/0!	-100%	#DIV/0!	8%	396%	-60%	53%	-68%

Review of Performance for 2022: In 2022 the number of Bodily assaults increased. However, met target when we factor in Medical Encounters. Total Assaults for 2022= 11, 2021 = 3, 2020 Total 2. When compared to the other two sister hospitals BHCS had 11 Bodily Assaults vs. BHN = 15 and BHIP = 11 (note: Behavior Health Unit on-site).

Performance monitors for 2023: We will continue to monitor Bodily Assaults performance in 2023 and will also continue to monitor assaults on staff as Workers' Compensation incidents. All assaults on Staff are tracked and reported at EOC Committee. All security will continue to be educated or re-educated on non-violent crisis intervention as well as de-escalation techniques and information will 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	Q1CY21	Q2CY21	Q3CY21	Q4CY21	Q1CY22	Q2CY22	Q3CY22	Q4CY22
Number of Dept/Area Surveyed	12	15	12	10	16	13	17	11
# of areas where no security procedures were violated	12	15	11	9	16	13	17	11
Security Pro % Change	9%	25%	-27%	-18%	78%	-19%	31%	-35%
Performance	100%	100%	92%	90%	100%	100%	100%	100%
Acceptable Performance	90%	90%	90%	90%	90%	90%	90%	90%
Rate %age Change	9%	0%	-8%	-2%	11%	0%	0%	0%

Review of Performance for 2022: The Security Procedures' performance indicator was above the 90% target for the entire year with 100% of goal met, and fifty-seven (57) EOC Rounds surveyed reporting an acceptable performance rate for all four (4) quarters.

Performance Monitors for 2023. We will continue to monitor the security procedure performance indicator for 2023 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 CY2021.

Performance Monitor Analysis:

Indicator	Jan	Feb	Mar	QTR 1	Apr	May	Jun	QTR 2	Jul	Aug	Sep	QTR 3	Oct	Nov	Dec	QTR 4
Code Assist Activated	13	8	9	30	5	5	3	13	4	4	7	15	4	7	3	14
Aggressive Behavior Patient	6	6	7	19	2	3	2	7	2	3	3	8	0	3	1	4
Aggressive Behavior Visitor	0	0	1	1	0	0	0	0	0	0	0	0	2	0	0	2
Aggitated/Non Compliant	4	0		4	1	2	1	4	0	1	2	3	1	3	0	4
Patient Confused	3	1	0	4	1	0	0	1	1	0	2	1	0	1	2	3
AMA Prevention	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Baker Act	0	0	0	0	1	0	0	1	1	0	0	1	1	0	0	1
Verbal Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Other	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	

Review of Performance for 2022: 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 the months of June, June, July, August, October, and December met the threshold. The total performance in 2022 was 58 a decrease when compared to 2021 was 66 incidents which is a steady decline from 2020 performance that totaled 77 incidents. A Safety and Security Task Force was initiated and will continue into next year. On November 16 of 2022 completed a physical comprehensive vulnerability risk assessment with a vendor including high risk and sensitive areas.

Performance Monitors for 2023. We will continue to monitor the Code Assist/Aggressive Behavior performance indicator during 2023.

In addition to the following Security Management goals:

- Continue to work on the expansion of the Safety and Security Task Force.
- Address the results of the 2022 Comprehensive Vulnerability Assessment
- Continue daily huddles with Security staff and train and education them on different security policies.
- Continue to assess the camera coverage for indoor and outdoor areas needing enhancements.
- Continue to monitor Code Assist/Aggressive Behaviors and identify between Nurse Assist vs. Code Assist.
- Continue to track success rate of returns on missing /stolen patient belongs and immediately follow-up with communication to drill down missing items.

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. These Performance Monitors results did improve during CY2022 for performances monitored.

HAZARDOUS MATERIALS & WASTE MANAGEMENT PROGRAM

Reviewer and Titles: Devon Dillon, EVS Director and Alicia Becena, Corporate – Regional Safety Officer and EOC Chairperson

Region: Broward Health Coral Springs

Review Date: January 31, 2023

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 during 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.

Objectives	Met	Not Met	Met with Conditions	Adjusted Objective
Comply with Applicable Regulations	X			
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 100% of the time (favorably) during the year.

Performance Monitor Analysis:

HAZMAT MONITOR Biohazard Waste	Q1CY21	Q2CY21	Q3CY21	Q4CY21	Q1CY22	Q2CY22	Q3CY22	Q4CY22
Medical Encounters	22099	23194	25156	23231	23410	23315	22892	24200
Lbs of Regulated Medical Waste	27108	23973	24477	18579	18964	22064	22719	25740
Waste lbs % Change	6%	-12%	2%	-24%	2%	16%	3%	13%
Performance	1.23	1.03	0.97	0.80	0.81	0.95	0.99	1.06
Acceptable Performance	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60
Rate %age Change	-2%	-16%	-6%	-18%	1%	17%	5%	7%

Review of Performance: The performance indicator was favorable for all 4 quarters. The overall performance for 2022 was 0.95 vs. 2021 at 1.0 a better performance than both previous years (2020=1.81).

Performance Monitors for 2023: We will continue to monitor Pounds of regulated medical waste per medical encounter during 2023 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 – 50% of the time

Performance Monitor Analysis: Multiple areas were observed where biohazard waste was secured fifty (50%) percent of the time for CY2022.

Managing Biohazard	Q1CY21	Q2CY21	Q3CY21	Q4CY21	Q1CY22	Q2CY22	Q3CY22	Q4CY22
Surveyed	12	15	12	10	16	13	17	11
Managed Correctly	11	15	11	10	15	12	17	11
Waste Mgt % Change	0%	36%	-27%	-9%	50%	-20%	42%	-35%
Performance	92%	100%	92%	100%	94%	92%	100%	100%
Acceptable Performance	95%	95%	95%	95%	95%	95%	95%	95%
Rate %age Change	0%	9%	-8%	9%	-6%	-2%	8%	0%

Review of Performance: Multiple areas were observed where biohazard waste was not managed above the 95% acceptable performance during Q1 and Q2. Only during Quarter 3 & 4 was the acceptable performance above the threshold as established by the Corporate. Our average score for 2022 was 97% just slightly above 2021 was 96% vs. 2020 which was 98%.

Performance Monitors *completed in 2022 as follows:*

- Trained staff during the safety fair and other times during CY2022 on segregation of waste streams
- Installation of dollies for waste containers initiated and at 90% completion.
- Increased Recycling was not met for 2022 this goal will continue for next year.
- Maintained Stericycle's Permits/Licenses / Operating Permits, from the State of Florida Department of Health/Bio-Medical Waste = met Current until 9/30/2022.
- Reviewed competencies on ICU/Terminal cleaning-regarding Covid-19.
- Updated Annual Hazardous Materials Inventory for 2022 remains on-going with new products to be evaluated and submitted to EOC
- Corporate re-instated the on-line 3E application for updated active Safety Data Sheets
- Inservice staff on the location of hard copies of SDS and how to obtain them
- Waste Manifest and Land Disposals receipts maintained.
- Central Accumulation Areas surveyed weekly 100% compliance.

Overall Effectiveness of the Program's Effectiveness: *The average performance indicator rate for 2022 was met and improved from the last 3 previous years.*

Performance Monitors for *2023*: *We will continue to monitor number of areas observed where biohazard waste was secured correctly in 20232. Additional performance monitors for the Hazardous Materials and Waste Management Plan are the following:*

- Monitor and maintain all Biohazardous Waste at or below 1.6 lbs./APD
- Monitor and manage Bio-Hazardous Waste for a compliance rate of 95% or better
- Conduct Biohazardous and Pharmaceutical waste segregation training.
- Maintain and update Permits/Licenses from the State of Florida Department of Health/Bio-Medical Waste
- Conduct DOT Training for initial and refresh (at least every 3 years)
- Maintain a written log of the Hazardous Waste satellite accumulation areas in and outside of the hospital
- Have EVS Staff attend initial or refresher on (Hazardous) Chemical Spill Response training in March 2023

FIRE SAFETY MANAGEMENT PROGRAM

Reviewer: Robert Simpson

Title: Regional Director of Facilities

Region: Broward Health Coral Springs

Review Date: January 27, 2023

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 – no actual fires	**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**			**Maintain Fire and Smoke Barriers 2023**
Use Fire Drill Matrix	**X**			

Performance Monitors #1

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

Target: Corporate established a rate of no more than 0.5 based on square footage

Performance: MET - The false alarm performance indicator was met for all quarters in 2022

Performance Monitor Analysis:

FIRE SAFETY MONITOR								
False Fire Alarms	*Q1CY21*	*Q2CY21*	*Q3CY21*	*Q4CY21*	*Q1CY22*	*Q2CY22*	*Q3CY22*	*Q4CY22*
Square footage	*460000*	*460000*	*460000*	*460000*	*460000*	*460000*	*460000*	*460000*
# Per Quarter	*2*	*3*	*4*	*2*	*4*	*1*	*0*	*0*
Fire Alarm % Change	*0%*	*50%*	*33%*	*-50%*	*100%*	*-75%*	*-100%*	*#DIV/0!*
Performance	*0.04*	*0.07*	*0.09*	*0.04*	*0.09*	*0.02*	*0.00*	*0.00*
Acceptable Performance	*0.5*	*0.5*	*0.5*	*0.5*	*0.5*	*0.5*	*0.5*	*0.5*
Rate %age Change	*0%*	*3%*	*33%*	*-50%*	*100%*	*-75%*	*-100%*	*#DIV/0!*

Review of Performance: All 4 Quarters Performance rates were favorable and below the target established rate of 0.5 - we also had 6 less events in CY2022 than in 2021 = 11 and CY2020 = 10. Therefore, favorable and trending downward.

Performance Monitors for 2022:

We will continue to monitor Fire alarm false alarms during 2023.

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, Q2, however, we improve for Q3 and Q4 and improved over previous year.

Performance Monitor Analysis:

Impeded Egress Corridor	Q1CY21	Q2CY21	Q3CY21	Q4CY21	Q1CY22	Q2CY22	Q3CY22	Q4CY22
Number of Dept/Area Surveyed	12	15	12	10	16	13	17	11
# Observed without Obstructions	11	14	11	10	15	12	17	11
Impeded Egress % Change	22%	27%	-21%	-9%	50%	-20%	42%	-35%
Performance Rate	92%	93%	92%	100%	94%	92%	100%	100%
Acceptable Performance	100%	100%	100%	100%	100%	100%	100%	100%
Rate %age Change	22%	2%	-2%	9%	-6%	-2%	8%	0%

Review of Performance: The Impeded Egress Corridor performance rate for 2022 was favorable with fifty-five (55) observations and 97% of 100% acceptable performance when compared to 2021 which was forty-six (46) observations with 94% average performance. Quarter one and two failed to reach the acceptable performance of 100%. The average performance rate was 94% = CY2021 vs. CY2020 = 92% so only a slight improvement was noted.

Overall Effectiveness of the Program: The performance indicators improved trending upward for CY2022. Our established goal of 100% acceptable performance will continue to be our monitoring baseline for 2023. Staff education during fire drills and EOC Rounds will be continued to help improve performance for 2023. Completed Surgical Fire Safety Education and drills in Main OR (March 9, 2022) and L&D OR (April 27, 2022)

Performance Monitors for 2023: We will continue to monitor all aspects of Fire Safety as listed below:

- Maintain no actual fires in the facility.
- Monitor False Alarms and the causes of the alarms and decrease to less than the previous year.
- Eliminate Impeded Egress Corridor by educating staff.
- Continue staff participation during fire drills and continue to educate staff during EOC Rounds
- Continue to use the fire drills matrix to spaced out and properly schedule events with at least a one-hour differential from each of the previous 4 quarters.
- An OR fire drill focused on preventing surgical fire especially during the use of laser equipment will be completed during the year including L&D OR.
- Present during New Employee and Medical Staff Orientation specifically fire safety training.

MEDICAL EQUIPMENT MANAGEMENT PROGRAM

Reviewer: Stephen Santos

Title: Executive Director of Medical Equipment (BIOMED)

Region: Broward Health Coral Springs

Review Date: January 27, 2023

Purpose:
The purpose of the Medical Equipment Management Plan (MEMP) is to establish criteria to minimize clinical and physical risks of medical equipment and ensure patient safety. This is accomplished by maintaining a facility-specific equipment inventory and performing scheduled maintenance in the required frequencies. In order to focus energies on meaningful preventive maintenance, an Alternate Equipment Management (AEM) Program is implemented for all eligible medical equipment. The Biomedical Engineering department also provides oversight of equipment serviced by contracted vendors to ensure compliance. The MEMP includes the capabilities and limitations of equipment, operations, safety, emergency procedures, and a process to remove equipment from service and report 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 in the environment of care. The scope encompasses all medical equipment used in the diagnosis, therapy, monitoring, and treatment of patients at Broward Health facilities. Medical equipment used in Diagnostic Imaging and Dialysis, used for Sterilization, Lasers in Surgery as well as some Laboratory analyzer services are contracted to outside vendors. This service is overseen by user department and/or Clinical/Biomedical Engineering and reported quarterly during the Environment of Care Committee EOC) meetings.

Evaluation of the Scope:
Based on a review of our current Plan and the Environment of Care performance indicators, these objectives are appropriate for the management of medical equipment within the Broward Health facilities. Therefore, no changes to the Plan objectives will be recommended at this time.

Review of Program Objectives:
The Medical Equipment Management Plan is designed to meet the following objectives:

Objectives	Met	Not Met	Met with Conditions	Adjusted Objective
Establish criteria for identifying, evaluating, and inventorying equipment included in the program.	✓			
Minimize the clinical and physical risks of equipment through inspections, testing and regular maintenance.	✓			
Educate end users on the operation, safety features and emergency procedures to reduce risk of equipment issues due to user errors	✓			

Performance

The Medical Equipment Management Plan is designed to support the delivery of quality patient care in the safest possible manner through the active management of medical equipment. During the CY 2022, performance standards for the Medical Equipment Management Plan were tracked in the following areas:

- Active Inventory
- Work Orders Opened / Closed
- Inspection Completed
- Labor Hours / Parts Cost
- QA Rounds / Parameter
- Work orders Not Closed for the Quarter*
- Failed Performance* / Failed Electrical safety*
- New to Inventory (unreported)*
- Calls Where no Problem was Found*
- Improper Care*
- Missing Accessories*
- Staff Instruction*

Effectiveness
A review of performance indicators* eight separate areas, and review of the stated goals are used to determine **effectiveness** of the Plan on an annual basis. Evaluation and review of these criteria indicates an effective medical equipment management program. All performance indicators and goals were met for 2022.

Accomplishments-Special Projects

- Completed the replacement of all defibrillators to meet AHA requirements.
- Completed the replacement of enteral feeding pumps.
- Completed the integration of vital signs monitors to Cerner allowing for vitals to be electronically transferred to a patients EMR.
- Replacement of all Infusion Pumps EMR Connectivity (connectivity pushed by IT to 2022) With new Epic implementation, the connectivity portion of this project is slated to start in September 2024.

Strengths

- 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.
- Project lead for capital equipment replacement across Broward Health

Evaluation of CY 2022 Performance Indicators

ITEM	Goal	BHCS
- Work Orders Not Closed	≤ 10%	MET
- Failed Performance*	≤ 6%	MET
- Failed Electrical Safety	≤ 1%	MET
- New to Inventory (Unreported)	≤ 5%	MET
- No Problem Was Found	≤ 6%	MET
- Improper Care	≤ 2%	MET
- Missing Accessories *	≤ 2%	MET

- Staff Instruction	≤ 2%	MET

Quarterly reports to the Environment of Care Committees.

BROWARD HEALTH
Clinical/Biomedical Engineering
ICES (Information, Collection, Evaluation, System)

		BHCS - CY 2022				
SAMPLE SIZE:		**1 st QTR**	**2 nd QTR**	**3 rd QTR**	**4 th QTR**	**DATA SOURCE**
UNITS IN INVENTORY		4,192	4,158	4,163	4,217	
W.O. OPENED		1,255	498	563	568	
TOTAL W.O. COMPLETED		1,244	508	584	549	
INSPECTIONS COMPLETED		3,006	82	535	200	
W.O./INSPECTIONS COMPLETED		4,250	590	1,119	749	
LABOR HOURS		1,996	441	612	337	
PARTS/MATERIALS		$8,670	$8,490	$9,759	$7,205	
QA ROUNDS		700	715	714	685	
PARAMETERS		6,726	6,408	6,427	6,494	
INDICATORS:	**TARGET**	**1 st QTR**	**2 nd QTR**	**3 rd QTR**	**4 th QTR**	**Clinical/ Biomedical Engineering**
W.O. NOT CLOSED *(W.O. OPENED)*	**<= 10%**	36 3%	34 7%	23 4%	34 6%	
FAILED PERFORMANCE *(INSPECTIONS COMPLETED)*	**<= 6%**	96 3%	5 6%	32 6%	6 3%	
FAILED ELECTRICAL SAFETY *(INSPECTIONS COMPLETED)*	**<= 1%**	7 0%	1 1%	2 0%	3 2%	
NEW TO INVENTORY *(W.O./INSPECTIONS COMPLETED)*	**<= 5%**	11 0%	5 1%	9 1%	15 2%	
CALLS WHERE NO PROBLEM WAS FOUND *(W.O. OPENED)*	**<= 6%**	10 1%	32 6%	37 7%	29 5%	
IMPROPER CARE *(W.O./INSPECTIONS COMPLETED)*	**<= 2%**	18 0%	13 2%	17 2%	12 2%	
MISSING ACCESSORIES *(W.O./INSPECTIONS COMPLETED)*	**<= 2%**	6 0%	7 1%	11 1%	2 0%	
STAFF INSTRUCTION *(W.O./INSPECTIONS COMPLETED)*	**<= 2%**	2 0%	6 1%	1 0%	4 1%	
Comments: 4th calendar Failed electrical safety Power cord failure on Arjo compression units. X2 Failed electrical safety Power cord failure on wound vac x1						

Performance Monitors #1

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

Target: < *6%*

Performance: Not *MET - The Failed equipment inspection performance indicator was favorable for the entire year of 2022 except for Q2.*

MEDICAL EQUIPMENT MONITOR								
Failed Inspection	Q1CY21	Q2CY21	Q3CY21	Q4CY21	Q1CY22	Q2CY22	Q3CY22	Q4CY22
# of Inspection Completed	3092	134	576	130	3006	82	535	200
# of Failed Performance	98	4	6	2	96	5	32	6
Failed Equipment % Change	513%	-96%	50%	-67%	4700%	-95%	540%	-81%
Performance Rate	3%	3%	1%	2%	3%	6%	6%	3%
Acceptable Performance	6%	6%	6%	6%	6%	6%	6%	6%
Rate %age Change	-53%	-6%	-65%	48%	108%	91%	-2%	-50%

Performance Monitor Analysis *The number of failed equipment inspections per total inspections performance indicator was at 6% and not below target of 6%.*

***Program's Effectiveness**:* Quarter 1 we had 96 failed equipment inspections out of 3006 total inspections for a 3% performance rate. Quarter two we had 5 failed equipment inspections with 82 total inspections for a 6% performance rate. Quarter three we had 32 failed equipment inspections with 535 total inspections for a 6% performance rate. Quarter four we had 6 failed equipment inspections with 200 total inspections for a 3% performance rate. In comparison 2022 had an average of 4.5% and therefore did not out-perform 2021 (2.25%) and CY2020 with the average of 3% per quarter of failed inspections, but remained with a lower average then established less than 6%.

Overall Effectiveness of the Program: The performance indicator for Failed Equipment Inspections was on target for the year meeting our goal. Our average performance rate for 2022 was 4.5% therefore our acceptable performance rate will remain same as 2021.

Performance Monitors for 2023: 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 2022 except for Q2.*

Improper Care	Q1CY21	Q2CY21	Q3CY21	Q4CY21	Q1CY22	Q2CY22	Q3CY22	Q4CY22
# of Perf. Inspection Comp.	3777	473	889	385	4250	590	1119	749
# Improperly Cared For	8	9	4	2	18	13	17	6
Improper % Change	14%	13%	-56%	-50%	800%	-28%	31%	-65%
Performance Rate	0%	2%	0%	1%	0%	2%	2%	1%

Acceptable Performance	*2%*	*2%*	*2%*	*2%*	*2%*	*2%*	*2%*	*2%*
Rate %age Change	*-82%*	*798%*	*-76%*	*15%*	*-18%*	*420%*	*-31%*	*-47%*

Performance Monitor Analysis for 2022: Quarter one we had 18 improperly cared for medical equipment with 4250 total inspections, Quarter two we had 13 improperly cared for medical equipment with 590 total inspections, Quarter three we had 17 failed equipment inspections with 1119 total inspections and Quarter four we had 6 failed equipment inspections with 749 total inspections. Overall, we had a great performance rate meeting acceptable target rate every quarter.

Overall Effectiveness of the Program's Effectiveness:

The Medical Equipment Management Plan and its continuation was considered effective this year. We will trend the following performance indicators for 2023.

- Scheduled maintenance completion (critical/ high risk and non-critical non-high risk)
- Unscheduled work orders:
  - Unable to duplicate failure.
  - Use Errors
  - Damage to equipment

These indicators were discussed and deemed appropriate based on the consensus of the EOC Committee.

Performance Monitors for CY 2023:

Medical Equipment Management goals were submitted to the Environment of Care Committees at all facilities for approval.

The EOC Committees approved the following goals:

- Continue to monitor failed inspections with a target/acceptable performance of 6% or lower
- Continue to monitor Improper Care with a target/acceptable performance of 2% or less
- Implement an intranet portal to allow clinical users of medical equipment to submit routine medical equipment repairs. This will allow for tracking turn-around repair times, and improved updating capabilities to end users as to the progress of their repairs.
- Examine all medical equipment that resides on the hospital network for cyber security risks and develop mitigation strategies.

UTILITIES MANAGEMENT PROGRAM

Reviewer: Robert Simpson

Title: Regional Director of Facilities

Region: Broward Health Coral Springs

Review Date: January 31, 2023

Purpose: The Utility Systems Management 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 is Broward Health Coral Springs. Significant differences in activities may apply at each of the other Regions and 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.

Objectives	Met	Not Met	Met with Conditions	Adjusted Objective
Energy Efficiency – Reduce Energy Consumption	**X**		**Met 75%**	**Need to review acceptable performance criteria.**
Generator Test	**X**			**Labeling Utilities for 2023**
Use of Megamation to Track Preventive Maintenance and Work Orders	**X**			
Water Report	**X**			

Performance Monitors #1

Monitor: *Energy Efficiency*

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

Performance: MET with conditions as Q1 was the only quarter slightly above the acceptable performance. The performance was favorable *for the 75% of the CY2022 and same in 2021*

Performance Monitor Analysis:

Energy Efficiency	*Q1CY21*	*Q2CY21*	*Q3CY21*	*Q4CY21*	*Q1CY22*	*Q2CY22*	*Q3CY22*	*Q4CY22*
Square Footage	*460000*	*460000*	*460000*	*460000*	*460000*	*460000*	*460000*	*460000*
KWh Used	*3777136*	*4081200*	*4582400*	*4096800*	*3895600*	*4130800*	*4466400*	*4189600*
Kwh Usage % Change	*-9%*	*8%*	*12%*	*-11%*	*-5%*	*6%*	*8%*	*-6%*
Performance Rate	*8.21*	*8.87*	*9.96*	*8.91*	*8.47*	*8.98*	*9.71*	*9.11*
Acceptable Performance	*10.43*	*10.04*	*8.61*	*10.00*	*8.08*	*9.81*	*10.75*	*9.91*
Rate %age Change	*-9%*	*8%*	*12%*	*-11%*	*-5%*	*6%*	*8%*	*-6%*

Review of Performance: *The Energy Efficiency performance indicator was below target for one quarter but favorable overall for the rest of 2022, 2021 and 2020. The average for CY 2022 was 9.06 vs. CY2021 was 8.98 vs. CY2020 was 9.17 vs. 9.77 in 2019.*

Overall Effectiveness of the Program's Effectiveness *The performance indicator, as established by Corporate, was at target for the 75% of the year, therefore we partially met our goal. Our average performance rate for 2022 did not improved over 2021 but did improve over 2020 and 2019. The increase in usage continues to be driven by the increase in the ambient temperature. Therefore, the acceptable performance rate established may need some adjustments but we will continue to monitor before making changes in 2023.*

Performance Monitors for 2023: *We will continue to monitor Energy Efficiency performance indicator in 2023 as it is a 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 favorable for the entire year of 2022 and 2021*

Performance Monitor Analysis:

Generator Test	Q1CY21	Q2CY21	Q3CY21	Q4CY21	Q1CY22	Q2CY22	Q3CY22	Q4CY22
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
Generator Test % Change	0%	0%	0%	0%	0%	0%	0%	0%
Performance Rate	100%	100%	100%	100%	100%	100%	100%	100%
Acceptable Performance	95%	95%	95%	95%	95%	95%	95%	95%
Rate %age Change	0%	0%	0%	0%	0%	0%	0%	0%

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

The generator test monitor will be retired for 2023 as it has performed at 100% for the last three years and will remain a regulator requirement instead of a performance indicator.

Performance Monitors #4

Monitor: Water Report
Target: 100% completion
Performance: All Regulatory and Preventative Maintenance have been completed at the target rate of 100%.

Performance Monitor Analysis:

Facilities - WATER REPORT
2022

Water Testing and Preventive Maintenance	Type of Testing/PM	Frequency	Completed	Next Test/Change
Cooling tower treatment	Tested by Chem-Aqua	Monthly	Yes	1/22/23
Legionella testing of towers	Tested by Chem-Aqua	Twice a year	12-17-22	June 2023
Legionella testing of potable distribution	Tested by Phigenics	Once a year	10-20-22	October 2023
Boiler TEST - Monthly	PM	Monthly	1/21/22	June 23
Water temperature checks (Domestic Hot)	PM multiple areas. Temp checked daily in plant.	Monthly	Yes	Monthly
Risk Assessment		Annual	Yes 8/16/2022	August 2023
Dialysis water	All Negative	Monthly Testing	YES	Monthly
Fountain and ice machine filters changed	Filters Changed	Fountains DC during Covid	Yes 10/2022	4/2023
Broward Co. Domestic Water	Chlorination	Semi annual or as needed	Yes 7/29/22	Determined by county.

Water Management Committee
Meeting held on 1/26/22 and 8/16/22
Next meeting: November 2022

Overall Effectiveness of the Program's Effectiveness: The performance indicator was at target for the entire year; therefore, we met our goal.

Performance Monitors for 2023:

- Continue to report Water Testing Results at least quarterly during EOC Committee
- 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 by 1% for all New and Renovation projects by replacing fluorescent indoor and outdoor lighting with energy efficient LED lighting. Continue to replace end of life equipment as needed and with funding approval.
- Identify and Label - Utility Labeling on Electrical pan distribution – ID and label 1/12 of the breakers monthly

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

Overall Performance Summary: The EOC Committee meets to improve our performance indicator scores and reporting to the EOC members. The following goals have been chosen for 2023:

Planning Objectives/Goals for CY2023:

Safety Management:

- Needle Sticks to no more than 14 (10% reduction of the average of the 3 previous years)
- Reduce Staff Slips, Trips and Falls to no more than 13 (10% lower than the average of the last 3 years)
- Reduce Visitor Falls with Injuries to no more than 5 (Average of the last 3 years (2022=2, 2021=6 and 2020=8))
- Reduce E.D. Falls to no more than 11 (Average of the last 3 years (2022=17, 2021=13 and 2020=8))
- Reduce Progressive Care In-Patient Falls to no more than 31 (Average of the last 2 years (2022=28, 2021=45 and 2020=29))
- Review trends and inform Nursing and other departments about occurrences specifically top three (3) injuries so they can implement prevention strategies by department/job duties. Address near misses and occupational accidents/injuries with them at least 4 times per year.

Security Management:

- Continue to work on the expansion of the Safety and Security Task Force.
- Address the results of the 2022 Comprehensive Vulnerability Assessment
- Continue daily huddles with Security staff and train and education them on different security policies.
- Continue to assess the camera coverage for indoor and outdoor areas needing enhancements.
- Continue to monitor Code Assist/Aggressive Behaviors and identify between Nurse Assist vs. Code Assist.
- Continue to track success rate of returns on missing /stolen patient belongs and immediately follow-up with communication to drill down missing items.

Hazardous Materials & Waste Management: 2023

- Monitor and maintain all Biohazardous Waste at or below 1.6 lbs./APD
- Monitor and manage Bio-Hazardous Waste for a compliance rate of 95% or better
- Conduct Biohazardous and Pharmaceutical waste segregation training.
- Maintain and update Permits/Licenses from the State of Florida Department of Health/Bio-Medical Waste
- Conduct DOT Training for initial and refresh (at least every 3 years)
- Maintain a written log of the Hazardous Waste satellite accumulation areas in and outside of the hospital
- Have EVS Staff attend initial or refresher on (Hazardous) Chemical Spill Response training in March 2023

Medical Equipment Management:

BH (ALL Regions) 2023:

- Continue to monitor failed inspections with a target/acceptable performance of 6% or lower
- Continue to monitor Improper Care with a target/acceptable performance of 2% or less
- Implement an intranet portal to allow clinical users of medical equipment to submit routine medical equipment repairs. This will allow for tracking turn-around repair times, and improved updating capabilities to end users as to the progress of their repairs.
- Examine all medical equipment that resides on the hospital network for cyber security risks and develop mitigation strategies.

Fire Safety Management:

- Maintain no actual fires in the facility.
- Monitor False Alarms and the causes of the alarms and decrease to less than the previous year.
- Eliminate Impeded Egress Corridor by educating staff.
- Increase staff participation during fire drills and continue to educate staff during EOC Rounds
- All fire drills will be spaced out using a new Fire Drill Matrix to properly scheduled events with at least a one-hour differential from each of the previous 4 quarters.
- Conduct OR fire drills focused on preventing surgical fire especially during the use of laser equipment during the year including L&D OR.
- Present during New Employee and Medical Staff Orientation specifically fire safety training.

Utilities Management:

- Continue to report Water Testing Results at least quarterly during EOC Committee
- 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 by 1% for all New and Renovation projects by replacing fluorescent indoor and outdoor lighting with energy efficient LED lighting. Continue to replace end of life equipment as needed and with funding approval.
- Identify and Label - Utility Labeling on Electrical pan distribution – ID and label 1/12 of the breakers monthly.