

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

*Respectfully
Submitted By:
Shirley Ochipa,
Regional Safety
Officer*

*Jaime Alfayate,
Director, Facilities
and Support
Services*

*Captain, Public
Safety/Interim
Regional Lieutenant,
Anthony Frederick*

*Stephen Santos,
Executive Director,
Biomedical
Engineering*



MISSION AND VISION

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

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



Five Star Values:

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

REGION’S COMPOSITION

Region:
Broward Health Medical Center

EXECUTIVE SUMMARY

This report will include a summary of the following;

- Overall performance evaluation of the environmental safety program and safety management plan.
- Overall performance evaluation of the security program and security management plan.
- Overall performance evaluation of the hazardous materials and waste program and hazardous materials and waste management plan.
- Overall performance evaluation of the fire safety program and fire Safety management plan.
- Overall performance evaluation of the utilities program and utilities management plan.
- Report of progress on calendar year 2022 performance goals and plan objectives
- Priorities and goals for calendar year 2023

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

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

Committee Members

Title	Department	Function
<i>Regional Safety Officer</i>	<i>Safety</i>	<i>Chairperson, EoC Committee</i>
<i>Chief Operating Officer</i>	<i>Administration</i>	<i>EoC Committee Member</i>
<i>Associate Administrator</i>	<i>Administration</i>	<i>EoC Committee Member</i>
<i>Director</i>	<i>Facilities and Support Services</i>	<i>EoC Committee Member</i>
<i>Executive Director & Manager</i>	<i>Biomedical Engineering</i>	<i>EoC Committee Member</i>
<i>Regional Public Safety Lieutenant</i>	<i>Security</i>	<i>EoC Committee Member</i>
<i>Director</i>	<i>Quality & Epidemiology</i>	<i>EoC Committee Member</i>



<i>Director</i>	<i>Surgery, SDS, PACU & GI/Endoscopy</i>	<i>EoC Committee Member</i>
<i>AVP</i>	<i>Product Lines</i>	<i>EoC Committee Member</i>
<i>Director</i>	<i>Behavioral Health Services</i>	<i>EoC Committee Member</i>
<i>Manager</i>	<i>Employee Health</i>	<i>EoC Committee Member</i>
<i>Epidemiologist</i>	<i>Infection Prevention</i>	<i>EoC Committee Member</i>
<i>Risk Manager</i>	<i>Risk Management</i>	<i>EoC Committee Member</i>
<i>Nurse Managers</i>	<i>Critical Care & Adult Care</i>	<i>EoC Committee Member</i>
<i>Nurse Managers</i>	<i>Salah Foundation Children's Hospital and Maternity Place</i>	<i>EoC Committee Member</i>
<i>Director/Managers</i>	<i>Dialysis, Outpatient Clinic & Laboratory, Ortho Techs</i>	<i>EoC Committee Members</i>
<i>Director</i>	<i>Environmental Services</i>	<i>EoC Committee Member</i>
<i>Manager</i>	<i>Materiels Management</i>	<i>EoC Committee Member</i>
<i>Manager</i>	<i>Laboratory, Sleep/EEG and Respiratory</i>	<i>EoC Committee Member</i>
<i>Manager</i>	<i>Radiology</i>	<i>EoC Committee Member</i>
<i>Assistant Manager</i>	<i>Respiratory</i>	<i>EoC Committee Member</i>
<i>Corporate Director</i>	<i>Public Safety</i>	<i>EoC Committee Member</i>
<i>Manager</i>	<i>Workers Compensation</i>	<i>EoC Committee Member</i>
<i>Director</i>	<i>Corporate Dept. of Emergency Preparedness, BHMC EM Coordinator</i>	<i>EoC Committee Member</i>

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

Environment of Care Program	Evaluator
• Safety	Shirley Ochipa
• Security	Anthony Frederick
• Hazardous Materials & Waste	Shirley Ochipa
• Fire Safety	Jaime Alfayate, Shirley Ochipa
• Medical Equipment	Stephen Santos
• Utility Systems	Jaime Alfayate



SAFETY MANAGEMENT PROGRAM

Reviewer: Shirley Ochipa

Title: Safety Officer

Region: Broward Health Medical Center

Review Date: March 23, 2023

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

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

Evaluation of the Scope: During 2022, the scope of the Safety Management Plan was reviewed. The objectives of the Safety Management Plan and the scope of the Plan were determined to be acceptable to ensure a safe environment. The Safety Management Plan and program were found to be effective. Goals have been established to direct the Safety Management Plan in 2023.

Review of Program Objectives:

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



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

Review of Performance: Performance monitors for 2022 are as follows:

Performance Monitor #1: OSHA Recordable Cases

Target: ≤ 6.01/qtr.

Performance: This performance monitor was met in all 4 quarters of 2022.

Performance Monitor Analysis:

Safety Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Workers Comp - (# injuries X 200,000) / productive manhours-OSHA Recordable Cases	≤ 6.01/qtr	4.62	4.70	4.79	3.46	4.39	6.72

Overall Effectiveness of the Program’s Effectiveness: Although quarterly performance of the monitor was met in only one quarter, there was a 15% reduction in the average quarterly OSHA recordable cases compared to 2020. The goal was met in 2022 and will continue to be monitored in 2023 for further compliance. The following results were achieved indicating a safer work environment with personnel committed to a Culture of Safety: 24% decrease in worker incidents, 28% decrease in OSHA cases, 47% decrease in injured workers with lost time, 54% decrease in lost workdays and 39% decrease in the cost of employee injuries compared to 2022.

Performance Monitor #2: Contaminated Needlestick Exposure Rate

Target: ≤ 1.65/qtr.

Performance: This performance monitor was met in two of the four quarters of 2022.



Performance Monitor Analysis:

Safety Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Workers Comp - Contaminated Needle stick Injuries	≤ 40/yr	12	6	10	8	36	34
Workers Comp - Contaminated Needle stick Injuries/APDx10,000	≤ 1.65/qtr	2.00	1.08	1.75	1.33	1.53	1.50

Although there were only 2 more contaminated needlesticks with a 0.03 higher rate in 2022 compared to 2021, incident drill down revealed additional education of less experienced personnel on basic safe work practices such as no recapping a contaminated needle was required with one-on-one retraining and return demonstration. Also in both the 1st and 3rd quarters, a trend was noted in which staff needlestick exposures were due to sudden aggressive movements by patients which required the reinforcement of pre-planning if this was a known patient risk factor with recommendations to contact Security for a medication assist or be accompanied by a peer.

Overall Effectiveness of the Program’s Effectiveness: This performance monitor goal was met in 2022 will continue to be monitored in 2023 for further compliance.

Performance Monitor #3: Contaminated Sharps Injuries (BBF)

Target: ≤ 0.43/qtr.

Performance: This performance monitor was met in all 4 quarters of 2022.

Performance Monitor Analysis:

Safety Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Workers Comp - Sharp Object Injuries	≤ 12/yr	0	1	2	0	3	5
Sharp Object Injuries Rate/APD x 10,000	≤ 0.43/qtr	N/A	0.18	0.35	N/A	0.26	0.22

Overall Effectiveness of the Program’s Effectiveness: This performance monitor goal was met in 2022 and will continue to be monitored in 2023 for further compliance.



One action taken in 2022 based on an opportunity noted in 2021 was providing additional training in surgical techniques for first year orthopedic surgical residents in the main OR and Trauma services aimed at reducing the risk of exposures.

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

Target: ≤ 0.52/qtr.

Performance: This performance monitor was met in all 4 quarters of 2021.

Performance Monitor Analysis

Safety Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Workers Comp - Back/Shoulder Injuries (Patient Handling)	≤ 14/yr	3	2	2	0	7	9
Back/Shoulder Injuries Rate (Patient Handling/APD x 10,000)	≤ 0.52/qtr	0.50	0.35	0.35	N/A	0.40	0.41

Overall Effectiveness of the Program’s Effectiveness: There was an 22% decrease in occurrences and 2% decrease in the rate in 2022 compared to 2021. This performance monitor was found to be effective and will continue to be monitored in 2023 for compliance.

A multi-disciplinary team participated in a demonstration of Medline’s new Safe Patient Handling and Early Mobility program as part of a Broward Health initiative facilitated by the Safety Officer. Feedback from end users was unanimously positive and will be pursued in 2023.

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

Target: ≤ 2.34/qtr.

Performance: This performance indicator was met in all 4 quarters of 2022.

Performance Monitor Analysis

Safety Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Workers Comp - Employee Slip/Trip/Fall Incidents	≤ 60/yr	5	7	9	6	27	37
Employee Slip/Trip/Fall Rate/APD x 10,000	≤ 2.34/qtr	0.83	1.23	1.58	1.00	1.16	1.66



Overall Effectiveness of the Program’s Effectiveness: There was a 27% decrease in occurrences and 30% in the rate in 2022 compared to 2021. This performance monitor was found to be effective in 2022 and will continue to be monitored in 2023 for further compliance.

Some actions taken in 2021 that extended into 2022 are listed below.

- Provided additional staff education to improve awareness of their surroundings, importance of good supportive footwear and care when sitting on chairs with wheels.
- Installed new slip resistant floor coverings at hospital entrances based on a risk assessment from 2021.
- Posted additional Caution Wet Floor signs at all entrances including inside the parking garages throughout the rainy season.
- Communicated to leaders to bundle and raise cords in surgery and invasive procedural areas as much as possible to reduce risk of trip hazards.

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

Target: ≤ 1%/qtr.

Performance: This performance indicator was met in 3 of the 4 quarters of 2022.

Performance Monitor Analysis

Safety Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Employee Health - # Employees exposed to <i>M.tb</i> /total # of employees per qtr.	≤ 1%/qtr	4/461 0.65	3/188 1.60%	2/623 0.30%	2/461 0.43%	11/1733 0.64%	76/3001 0.01%

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective in 2022. and will continue to be monitored in 2023 for further compliance. The outlier in the second quarter was due to 3 employees who converted as detected in their annual evaluation health screening and none were connected to patient exposures. The employees reported to Workers Compensation and followed up with an Infectious Diseases specialist.

This performance indicator will continue to be monitored in 2023 for further compliance.



Performance Monitor #7: # of Employees exposed to Communicable diseases/# of Employees per quarter.

Target: ≤ 1%/qtr.

Performance: This performance monitor was met in all 4 quarters of 2022.

Performance Monitor Analysis:

Safety Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Employee Health - # Communicable disease exposures/total # of employees per qtr.	≤ 1%/qtr	4/7854 0.05%	0/7738 0%	24/7856 0.30%	90/8033 0.1%	118/31481 0.34%	83/33001 0.16%

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective with a 50%reduction in contagious disease exposures in 2022 compared to 2021 and will continue to be monitored in 2023 for further compliance.

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

Target: 100%/yr.

Performance: This performance monitor was met in all 4 quarters of 2022.

Performance Monitor Analysis:

Safety Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Epidemiology - # Hemodialysis Water/Dialysate Cultures (done/#passed)	100%/yr	100%	100%	100%	100%	100%	100%

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2023 for further compliance.

Performance Monitor #9: # Hemodialysis water Endotoxin-LAL (done/passed)

Target: 100%/yr.

Performance: This performance monitor was met in all 4 quarters of 2022.



Performance Monitor Analysis:

Safety Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Epidemiology - # Hemodialysis Endotoxin - LAL (done/#passed)	100%/yr	100%	100%	100%	100%	100%	100%

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2023 for further compliance.

Performance Monitor #10: Scan Safety-# of Burns from MRI Scanner (new)

Target: <1/qtr.

Performance: This performance monitor was met in all 4 quarters of 2022.

Performance Monitor Analysis:

Safety Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
MRI Scan Safety-# of Burns from MRI Scanner	<1/qtr	0	0	0	0	0	0.25

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2023 for further compliance.

Performance Monitor #11: MRI Scan Safety- # of Unplanned Metallic Objects in MRI Scanner

Target: <1/qtr.

Performance: This performance monitor was met in all 4 quarters of 2022.



Performance Monitor Analysis:

Safety Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
MRI Scan Safety-# of Unplanned Metallic Objects in MRI Scanner	<1/qtr	0	0	0	0	0	0

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2023 for further compliance.

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

Target: ≥ 90%/qtr.

Performance: This performance monitor was met in all 4 quarters of 2022.

Performance Monitor Analysis:

Safety Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Staff Knowledge Score in Safety Management from Surveillance Tours	≥ 90%/qtr	100%	96%	98%	99%	98%	98%

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective and will continue to be monitored during EoC surveillance rounds in 2023 for further compliance.



Performance Monitors for 2023 are as follows:

Workers Comp – (# injuries X 200,000) / productive manhours- OSHA Recordable Cases	≤ 6.01/qtr
Workers Comp – Contaminated Needlestick Injuries	≤ 40/yr
Workers Comp – Contaminated Needlestick Injuries/APDx10,000	≤ 1.65/qtr
***Workers Comp – REMOVE Contaminated Sharp Injuries	≤ 12/yr
***Workers Comp – REMOVE Contaminated Sharp Injuries/APDx10,000	≤ 0.43/qtr
Workers Comp - Back/Shoulder Injuries (Patient Handling)	≤ 14/yr
Back/Shoulder Injuries Rate (Patient Handling/APD x 10,000	0.52/qtr
Workers Comp - Employee Slip/Trip/Fall Incidents	≤ 50/yr
Employee Slip/Trip/Fall Rate/APD x 10,000	2.25/qtr
Employee Health - # Employees exposed to <i>M.tb</i>/total # of employees per qtr.	≤ 1%/qtr
Employee Health - # Contagious disease exposures/total # of employees per qtr.	≤ 1%/qtr
Epidemiology - # Hemodialysis Water/Dialysate Cultures (done/#passed)	100%/yr
Epidemiology - # Hemodialysis Endotoxin - LAL (done/#passed)	100%/yr
MRI Scan Safety-# of Burns from MRI Scanner	<1/qtr
MRI Scan Safety-# of Unplanned Metallic Objects in MRI Scanner	<1/qtr
Staff Knowledge Score in Safety Management from Surveillance Tours	≥ 90%/qtr





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

*****Workers Comp – Contaminated sharps injures other than needlesticks will be retired after 3 years of meeting performance monitor benchmarks.**

New monitor for 2023 based on an increase in occurrences in 2022

Workers Comp - BBF Splash Exposures	NEW	≤ 25/yr
Workers Comp - BBF Splash Exposure Rat/APD x 10,000 NEW		≤ 2.00/qtr

Accomplishments in 2022:

- **Based on a facility-wide risk assessment at hospital entrances in a 2021-2022`, a project to replace flooring and carpets to reduce the risk of employee and visitor slip, trip and fall incidents was initiated. Full implementation was achieved in early 2022.**
- **Implement a product based on staff evaluation and recommendation for patient lateral transfers and repositioning in bed in units without ceiling lifts to reduce risks for employee back/neck/shoulder strains and improve patient safety. This goal was partially met with a successful pilot in one Adult Care unit. Additional education was also provided to new staff and leaders on the use of the Sit-to-Stand Sara Steady SPH equipment. Continue the renewed efforts that began in 2021 to expand appropriate safe patient handing equipment for employee and patient safety. This goal was partially met.**
- **Meet established benchmark by continuing to focus on opportunities to reduce risk of contaminated needlestick exposures by reinforcing safe work practices. This goal was partially met. Additional training modules were developed for new hires as they were the majority of the preventable needlesticks in 2022.**



Goals for 2023:

- **Continue project to expand use of lateral transfer sheets and provide education to clinical teams enhancing patient safety and reducing the occurrences of back/neck/shoulder strains incurred by employees performing patient lateral transfers and repositioning functions by 5%.**
- **Meet established benchmark by continuing to focus on opportunities to reduce risk of contaminated needlestick exposures by reinforcing safe work practices. Focused training and partnering with experienced clinicians is the model for education of new PCA and LPN hires as they are at higher risk for the preventable needlesticks in 2022.**
- **Meet the benchmark for the new Blood and Body fluid splashes performance monitor. An increase in incident reports involving employees with less than 2 years experience was noted primarily due to lack of wearing appropriate facial and eye personal protective equipment. Education on safe work practices will be on-going to reduce the risk of bloodborne pathogen transmission.**

SECURITY MANAGEMENT PROGRAM

Reviewer: Tony Frederick

Title: Captain, Public Safety

Region: Broward Health Medical Center

Review Date: March 23, 2023

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

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

Evaluation of the Scope: During 2022, the scope of the Security Management Plan was reviewed. The objectives of the Security Management Plan were determined to be acceptable to ensure a secure environment. The Security Management Plan was revised and the program was found to be effective. Goals have been established to direct the Security Management Plan in 2023.

Review of Program Objectives:

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



Track and trend performance indicators to improve performance	Met			
---	-----	--	--	--

Review of Performance: Performance monitors for 2022 are as follows:

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

Target: ≤ 1.00/qtr.

Performance: This performance monitor met in 3 of the 4 quarters of 2022.

Performance Monitor Analysis:

Security Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	
Reported Bodily Assaults (non BHS)	Informational /qtr	4	2	5	4	4/qtr, total =15	12/qtr
Assault Rate/Census x 1,000 (non-BHS)	≤ 1.00/qtr	0.06	0.03	2.99	0.07	0.79	

Overall Effectiveness of the Program’s Effectiveness: This performance monitor goal was met in 2022 with a 73% rate increase compared to 2021. Although there was a slight increase in percentage, there was a total 35 less assaults in 2022 (30% decrease). This performance will continue to be monitored in 2023 for further compliance.

Workplace Violence prevention will continue to be a focal point for CY2023 as we analyze data and look at ways to proactively prevent escalation of behaviors that may become violent. Monthly meetings of the Safety and Security Task Force were reintroduced in Dec. 2021 focusing on workplace violence and other safety and security initiatives.

Performance Monitors #2: Rate of Bodily Assaults-Behavioral Health Services

Target: ≤ 2.50/qtr

Performance: This performance monitor was met 3 of the 4 quarters of 2022.

Performance Monitor Analysis:

Security Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	
Reported Bodily Assaults (BHS)	Informational/qtr	3	13	12	3	8/qtr, total =31	12/qtr
Assault Rate/Census x1,000 (BHS)	≤ 2.50/qtr	0.6	2.6	2.30	0.59	1.52	

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective with a 21% decrease from 2021 and will continue to be monitored in 2023 for continued compliance. A dedicated security officer was assigned to ER Blue unit in June of





2022 to provide security presence when Baker Act Patients are present. A Workplace Violence Prevention Work Group put together to review incidents of violent, aggressive behavior, and ways to prevent bodily assaults with a proactive approach to care. Workplace Violence prevention will continue to be a goal for CY2023 as we analyze data and look at ways to proactively prevent escalation of behaviors that may become violent.

Performance Monitors #3: Rate of Code Assists Non-Behavioral Health Services-Adult

Target: ≤ 1.00/qtr.

Performance: This performance monitor was met in 2 of the 4 quarters of 2022.

Performance Monitor Analysis:

Security Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	
Code Assists (non-BHS) Adult	Informational/qtr	111	92	39	43	71/qtr, total=285	111/
Code Assist Rate/Census x1,000 (non-BHS) Adult	≤ 1.00/qtr	1.74	1.49	0.65	0.71	1.15	

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to not be effective although there was a 33% decrease (160 calls) in Code Assist calls in 2022 than in 2021. The performance will continue to be monitored in 2023 to track new trends. 5NT, 6NT, 6ST, Adult ED were the locations where the highest # of incidents occurred. Repeated Code Assist calls on the same patients in many of the non-BHS inpatient units also contributed to the increase in calls for Security assistance. This continues to be due in part to an increase in agency/travel nurses that were not familiar with the proactive process of calling for “security presence” when patients start to show signs of behavior escalation. Staff education will be an emphasis in 2023 through rounding in huddles and Security Assistance drills. A change from “Code Assist” to “Security Alert, Security Assistance” was implemented in July of 2022 to align with TJC recommendations. A new additional panic alert system was added to the nursing stations and other vulnerable areas throughout the facility using newly added network-based phones which annunciate in the SOC. A new panic alert system was added to the nursing stations and other vulnerable areas throughout the facility using newly added network-based phones which annunciate in the SOC.

We will continue to monitor performance in 2023 for further compliance.

Performance Monitors #4: Rate of Code Assists –Women & Children’s Services

Target: ≤ 1.00/qtr.

Performance: This performance monitor was met in all 4 of the quarters of 2022.

Performance Monitor Analysis:

Security Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	
Code Assists (non-BHS) Women & Children	Informational/qtr	4	1	3	6	4/qtr, total = 14	7/qtr
Code Assist Rate/Census x1,000 (non-BHS) Women & Children	≤ 1.00/qtr	0.28	0.06	0.23	0.33	0.22	

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective with a decrease of 55% from CY2021 and will continue to be monitored in 2023 for overall effectiveness. This is the fourth year in a row that a decrease has occurred. We will consider removing the performance monitor moving forward if this trend continues. Education on the policy was reviewed with all security staff in 1st quarter of 2022.

Performance Monitors #5: Code Assists (BHS)

Target: ≤ 1.00/qtr.

Performance: This performance monitor was not met in any of the 4 quarters of 2022.

Performance Monitor Analysis:

Security Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	
Code Assists (BHS)	Informational/qtr.	9	8	9	10	9/qtr, total = 36	7/qtr
Code Assist Rate/Census x1,000 (BHS)	≤ 1.00/qtr	1.79	1.62	1.72	1.98	1.78	

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to not be effective although showing a 30% decrease from 2021.

The focal point for CY2023 will be to educate staff to be proactive in calling for “Security Assistance” for early intervention as well as de-escalation of aggressive behavior in both the Psych ED and inpatient BHS units. The Workplace Violence Prevention Work Group, a multidisciplinary team has been assembled to look at interventions and assessments of medication protocols to improve overall safety. A change in emergency codes adopted by the organization changed title for security assistance from “Code Assist” to “Security Alert, Security Assistance”. This was implemented in July of 2022 to align with TJC recommendations.

We will continue to monitor performance in 2023 for further compliance.

Performance Monitors #6: Missing Patient Property

Target: ≥ 2.00/qtr.

Performance: This performance monitor was met in one of the four quarters of 2022.

Performance Monitor Analysis:



Security Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022
Missing Patient Property	Informational/qtr.	16	11	25	15	17
Missing Patient Property/APD x 10,000	≤ 2.00/qtr	2.67	1.93	4.38	2.5	2.87

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to not be effective with a 30% increase from CY2021. 5NT(4), 4 Atrium(7), 5 Atrium(10), 6ST(6), Adult ED(12) were the locations where the highest # of incidents occurred representing >42% of all Missing Property incidents.

Contributing factors found are as follows:

- Increased number of agency and travel nurses
- Belongings getting left behind during patient transfer from ER and room to room/floor changes
- Failure to do a sweep of the room upon discharge
- Failure to notify security to return belongings upon discharge

The valuables and belongings policy was revised and updated in 2022 based on findings and recommendations from the internal audit and the legal team. The new policy will be submitted for approval by the regional EoC Committees in 2023. There’s still room for improvement of consistency with sweeping rooms after discharge, charting belongings that are kept by patient, and hardwiring the pickup/retrieval process with belongings from the medical units. With the continued influx of agencies and travel nurses, education and validation will be the focal point for 2023. The current forms and documentation used by security will also be reviewed for possible changes in process. We will continue to monitor performance in 2023 for further compliance.

Target: ≥ 0.50/qtr.

Performance: This performance monitor was met in two of the four quarters of 2022

Performance Monitor Analysis:

Security Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022
Missing/Damaged BH Owned Property	Informational/qtr.	5	4	2	2	3
Missing/Damaged BH Owned Property/APD x 10,0000	≤ 0.50/qtr	0.83	0.7	0.35	0.33	0.55

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to not be effective but improved from CY 2022 with a 29% decrease from CY2021. The top 2 BH owned property that was reported missing were Tele monitors and Med Vac monitors. Security will share this information with the medical leadership team moving forward to educate staff on



the importance of checking for these items prior to discharge. Also looking into items such as monitors to be checked for removal as part of discharge instructions. This performance will continue to be monitored in 2023 for further compliance.

Performance Monitors #8: Contraband Search by Security

Target: ≤ 10.00/qtr.

Performance: This performance monitor was met in all the four quarters of 2022

Performance Monitor Analysis:

Security Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Contraband Search by Security	Informational/qtr.	14	9	32	8	63	12
Contraband Search by Security/APD x10,000	≤ 10.00/qtr	2.34	1.58	5.6	1.33	2.71	2.08

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective with a 61% decrease in searches called and will be retired and not continued to be monitored in 2023 for further compliance.

Performance Monitors #9: Staff Knowledge from Security Surveillance Tours

Target: ≥ 90%/qtr.

Performance: This performance monitor was met in every quarter of 2022.

Performance Monitor Analysis:

Security Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Staff Knowledge Score in Security Management from Surveillance Tours	≥ 90%/qtr	99%	97%	96%	99%	98%	98%

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2023 for further compliance.

Performance Monitors for 2023 are as follows:

Reported Bodily Assaults (non BHS-Adult)	Informational /qtr
Assault Rate/Census x 1,000 (non-BHS-Adult)	≤ 1.00/qtr
Reported Bodily Assaults (BHS)	Informational/qtr



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

The 2022 performance monitors were selected using the Broward Health Corporate Security performance monitors, and with EOC team input to evaluate the overall effectiveness of the Security Management Plan. Contraband Search performance monitor will be removed as performance has met benchmark for the last 3 years.

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

Accomplishments in 2022

- Collaborate with Broward Health Corporate resources to standardize at all four hospitals processes for managing patient belongings and valuables identified during the audit conducted in 2021. This goal was partially met. A new policy was developed in 2022 and is under review in 2023.





- Reduce the overall reported missing Broward Health owned property by 5%.
- Work on upgrading HUGS (Infant Tag) system given the notice that the existing Longworks platform becomes obsolete in 2024. Currently, BHMC is looking at a new HUGS platform which would be WIFI compatible. Stakeholder departments worked with vendor to develop proposals to meet needs of BHMC and BHCS.
- Reduced the Missing Broward Health owned Property performance monitor by 29% compared to CY2022.
- A new panic alert system was implemented with the conversion to Cisco phones that announce in the Security Operations Center. This enhanced Security feature was added at the nursing stations and other vulnerable areas throughout the facility.
- Conducted a worksite analysis (risk assessment) on Workplace Violence at the hospital consistent with changes in TJC standards in the EC, HR and LD chapters.

Goals for 2023

- Reduce overall bodily assaults reported to Security by 5% from prior calendar year.
- Standardize EoC policy for Patient Belongings and Valuables throughout all regions of Broward Health enterprise.
- Implement action plan to address third party Security Risk assessment vulnerabilities for Broward Health Medical center addressing the suggested enhancements.
- Goal from CY2022 with Hugs upgrade was approved in BHMC Procurement Committee and currently being budgeted for FY24 with additional expanded areas identified for Security infant systems in Labor and Delivery and NICU areas.
- Address mitigations for the highest scoring risks on the Workplace Violence risk assessment. Continue to report to the Safety & Security Task Force and EoC Committee progress on this project. Assess compliance with the CMS Memorandum on Workplace Violence Prevention promulgated on November 28, 2022 and develop strategies to address opportunities identified in current policies and protocols.

HAZARDOUS MATERIALS & WASTE MANAGEMENT PROGRAM

Reviewer: Shirley Ochipa

Title: Safety Officer

Region: Broward Health Medical Center

Review Date: March 23, 2023

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

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

Evaluation of the Scope: During 2022, the scope of the Hazardous Material and Waste Management Plan was reviewed. The objectives of the HM/HW Plan and the scope of the HM/HW Plan were determined to be appropriate for hazardous materials and wastes generated at BHMC. The Hazardous Material and Waste Management Plan and program were found to be effective. Goals have been established to direct the Hazardous Material and Waste Management Plan in 2023.

Review of Program Objectives:

Objective	Met	Not Met	Met with Conditions	Adjusted Objective
Comply with all applicable local, state, and federal HM/HW regulations	Met			
Assess opportunities to reduce, replace or standardize based on	Met			



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

Review of Performance: Performance monitors for 2022 are as follows:

Performance Monitors #1: Non-Laboratory Biohazard Waste Rate

Target: ≤ 1.60 lbs/APD/quarter

Performance: This performance monitor was met in 3 of the 4 quarters of 2022.

Performance Monitor Analysis

Hazardous Materials and Hazardous Waste	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Non-Lab Biohazard Waste (lb)/APD	≤ 1.60 lbs./APD qtr	2.26	1.33	1.41	1.09	1.52	2.03

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective 2022. Explanation and action plan follow.

- A waste compliance audit with Stericycle was conducted to identify trends to reduce biohazard waste and assess compliance with regulatory requirements. Education of almost 300 employees including medical staff and residents focused on proper segregation of biohazard and non-biohazard waste, adequate number and type of waste containers. Flyers were distributed and posted referencing correct handling and disposal practices to be used in department huddles and in new hire orientation.

As a result of all these efforts, the remaining quarters yielded rates below benchmark for the remainder of 2022. This performance monitor will continue to be monitored in 2023 for further compliance.



Environment of Care

Reminders of Safe Work Practices When Handling Hazardous Materials and Wastes

Red Bag Biohazard Waste Containers

- Biohazard labels missing, illegible labels or incorrect sized labels
- Items such as clear trash bags, gloves, paper or outer packaging disposed of inside the red bag. **Co-mingling is never permitted!**
- Contaminated sharps are **never** to be discarded into red biohazard bags. This noncompliant practice increases the risk other team members could be injured



Work Safely with Hazardous Materials

- Review **Safety Data Sheets (SDS)** before you work with hazardous materials to use them safely
- **Never** place a chemical into a secondary container for ease of use (ex. pour bottle) without same hazard labeling as on the original container
- **OSHA Globally Harmonized Labeling System**
- **Hazard Statement:** Describe degree of hazard severity; ex. Fatal if swallowed
- **Precautionary statement** Describe how to avoid adverse effects ex. Store container tightly closed
- **Signal words:** **Danger** and **Warning** indicate severity of the hazard
- **Pictograms:** Symbols used in labeling indicate the hazard of the material- Examples below



Closing Red Bags

- Twist bag into single braid.
- Use the braid to tie the bag into a single knot known as a gooseneck tie
- Correct closure prevents leakage of contaminated tissue, blood or body fluids



Sharps Container Safety

Each sharps container must be:

- Labeled with the universal biohazard symbol and the word "biohazard" or be color-coded red
- Seal top when ¾ full and never be allowed to overfill

Reduce risk of contaminated sharps exposures by:

- Do not be rushed or distracted when disposing
- If unable to activate safety feature, do not manipulate devices dispose them immediately into sharps container
- **Never recap!**
- **Never** accept a used sharp directly handed to you from another person



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

Target: ≤ 0.36 lbs/APD/quarter

Performance: This performance monitor was met in all 4 quarters of 2022

Performance Monitor Analysis:

Hazardous Materials and Hazardous Waste	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Lab Biohazard Waste (lb)/APD without Pathology Waste	Revised in 2021 ≤ 0.38 lbs. /APD qtr	0.31	0.33	0.33	0.30	0.32	0.36

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to be effective in 2022. This performance monitor will continue to be monitored in 2023 for further compliance.



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

Target: ≥ 90%/quarter

Performance: This performance monitor was met in all 4 quarters of 2022.

Performance Monitor Analysis:

Hazardous Materials and Hazardous Waste	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Proper Segregation of Biomedical Waste and Solid Waste	≥ 90%/qtr	91%	100%	92%	95%	94%	90%

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective in 2022. This performance monitor will continue to be monitored in 2023 for further compliance.

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

Target: ≥ 95%/qtr.

Performance: This performance monitor was met in all 4 quarters of 2022.

Performance Monitor Analysis:

Hazardous Materials and Hazardous Waste	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Sharps Containers Secured at or below 3/4 Fill Line	≥95%/qtr.	95%	100%	100%	98%	98%	97%

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective in 2022. This performance monitor will continue to be monitored in 2023 for further compliance.

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

Target: ≥ 90%



Performance: This performance monitor was met in three of the four quarters of 2022.

Performance Monitor Analysis:

Hazardous Materials and Hazardous Waste	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Staff Knowledge Score in HM/HW Management from Surveillance Tours	≥ 90%/qtr	92%	89%	94%	93%	92%	91%

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective in 2022 with only the 2nd quarter performing slightly under benchmark. The greatest challenge for staff knowledge was remembering the various ways to obtain Safety Data Sheets and the labelling of secondary chemical containers. Education was distributed to all BHM employees (see below) and reinforced during the staff interviews conducted during EoC surveillance rounds. This performance monitor will continue to be monitored in 2023 for further compliance.





Safety Data Sheets (SDS)

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

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

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

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



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

Step 2


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

Step 3

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



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

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



Pour into smaller container for ease of use



Make sure you place the same hazard labels attached to a primary container of hazard chemicals onto any secondary container prior to use.





Performance Monitors for 2023 are as follows:

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

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

Accomplishments in 2022

- **Revise the Broward Health Pharmaceutical Waste policy, create flyers to post in end user departments, and revise HealthStream education for Clinicians, Pharmacy and EVS personnel. This goal was partially met.**
- **Conduct Chemical Spill response team refresher education and initial training with additional employees. This goal was met.**
- **Standardize hazardous drug spill kits for all Broward Health. This goal was partially met as HealthStream education module and flyers on cleaning up small and large spills were created. Supply chain challenges in obtaining complete spill kits were encountered.**
- **Created a new process to collect aerosol cans in Facilities to be mirrored at other Broward Health facilities. This goal was met.**



Goals for 2023

- **Expand the membership in the hospital’s Chemical Spill response team and coordinate with the other regional Safety Officer to standardize the education, PPE and spill clean-up products at the other Broward Health hospitals as much as possible.**
- **Distribute the new pharmaceutical waste flyers and provide education collaborating with Stericycle.**
- **Complete the project to standardize hazardous drug spill kits and educate end users on cleaning up small and large spills.**
- **In collaboration with Stericycle, introduce a new recycling program to collect empty plastic bottles and aluminum cans further demonstrating a commitment to environmental stewardship.**
- **Prepare new education for BHMC on Hazard Communication Right-to-Know topics to improve staff knowledge that leads to consistent compliant, and safe work practices.**

FIRE SAFETY MANAGEMENT PROGRAM

Reviewer: Jaime Alfayate, Shirley Ochipa

Title: Director, Facilities and Support Services; Safety Officer

Region: Broward Health Medical Center

Review Date: March 23, 2023

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

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

Evaluation of the Scope: During 2022, the scope of the Broward Health (BH) Fire Safety Management Plan and BHMC Fire Safety Plan were reviewed. The objectives of the BH Fire Management Plan and the scope of the BH Fire Safety Management Plan were determined to be acceptable to ensure an environment that minimizes fire risks and related hazards. The Fire Safety Management Plan and program were found to be effective. Goals have been established to direct the Fire Safety Management Plan in 2023.

Review of Program Objectives:

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



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

Review of Performance: 2022 performance monitors are as follows:

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

Target: ≤ 14/qtr.

Performance: This performance monitor was met in all four quarters of 2022.

Performance Monitor Analysis:

Life/Fire Safety Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
# False Fire Alarms-User Errors, System Problem/Failure	≤ 14/qtr	7	9	14	20	12	10

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective in 2022. This indicator will continue to be monitored for further compliance in 2023.

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

Target: ≤ 0.09/qtr.

Performance: This performance monitor was met in three of the four quarters of 2022

Performance Monitor Analysis:

Life/Fire Safety Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
# False Fire Alarms Rate per 10,000 sq. ft.	≤ 0.50/qtr	0.07	0.09	0.11	0.17	0.11	0.08

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective in 2022. This indicator will continue to be monitored for further compliance in 2023.



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

Target: ≥ 95%/qtr.

Performance: This performance monitor was met in the four quarters of 2022.

Performance Monitor Analysis:

Life/Fire Safety Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
% of Successful Code Red Drills	≥ 95%/qtr	96%	96%	97%	98%	96%	97%

Overall Effectiveness of the Program’s Effectiveness: Twenty-five fire drills were conducted in 2021. This performance monitor was found to be effective and will continue to be monitored in 2021.

Performance Monitors #4: % compliance with Critical Room Pressurization

Target: 100%/qtr.

Performance: This performance monitor was met in the four quarters of 2022.

Performance Monitor Analysis:

Life/Fire Safety Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
% Compliance with Critical Room Pressurization Testing	100%/qtr	108/108 = 100%	108/108 = 100%	108/108 = 100%	108/108 = 100%	100%	100%

Overall Effectiveness of the Program’s Effectiveness. This performance monitor was found to be effective in 2022 and will continue to be monitored in 2023 for further compliance.

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

Target: ≥ 90%/qtr.

Performance: This indicator was met in all four quarters of 2022.



Performance Monitor Analysis:

Life/Fire Safety Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Staff Knowledge Score in Life/Fire Safety Management Surveillance Tours	≥ 90% qtr	97%	95%	96%	95%	97%	98%

Overall Effectiveness of the Program’s Effectiveness: This performance monitor goal was found to be effective in 2021 and will continue to be monitored in 2022.

A Fire Scavenger Hunt was assigned to all new hires and for personnel in departments where changes in contracted services were made as part of their onboarding to increase their awareness of fire safety features and response equipment at the unit level.

Additional education was also provided to hospital staff on medical gas storage requirements, evacuation protocols and which positions are authorized to shut off medical oxygen.

Performance Monitors for 2022 are as follows:

Life/Fire Safety Management	Benchmark
# False Fire Alarms-User Errors, System Problem/Failure	≤ 14/qtr
# False Fire Alarms Rate per 10,000 sq. ft.	≤ 0.50/qtr
% of Successful Code Red Drills	≥ 95%/qtr
% Compliance with Critical Room Pressurization Testing (Remove in 2023)	100%/qtr
Staff Knowledge Score in Life/Fire Safety Management Surveillance Tours	≥ 90% qtr

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



Performance Monitors for 2023 are as follows:

Life/Fire Safety Management	Benchmark
# False Fire Alarms-User Errors, System Problem/Failure	≤ 14/qtr
# False Fire Alarms Rate per 10,000 sq. ft.	≤ 0.50/qtr
% of Successful Code Red Drills	≥ 95%/qtr
% of Smoke/Fire Wall Compliance (New Indicator 2023)	100%/qtr
Staff Knowledge Score in Life/Fire Safety Management Surveillance Tours	≥ 90% qtr

Accomplishments in 2022

- The monitoring for Compliance with Critical Room Pressurization Testing by 3rd shift has shown to be very effective and a proactive approach to capture potential issues prior to procedural case starts in the morning. This indicator will not be monitored for performance improvement in 2023, however, the facilities team will continue to check rooms as best practice.
- Due to leadership changes in Behavioral Health Services, a fire drill requiring vertical evacuation from inpatient BHS units was not able to be arranged in 2022. This goal will be carried into 2023. New patient evacuation equipment was purchased in 2023 and expected to arrive in 2nd quarter of 2023 followed by education by the vendor. In addition, the Safety Officer provided on site training to all new leaders and staff members in the Behavioral Health units education on the new equipment. This goal was partially met in 2022.
- Expand education on fire prevention and response in additional anesthetizing locations that also use ignition sources increasing fire risk. Conduct fire drills in these new locations as stated in revised TJC EC Chapter standards. The Safety Officer has added the identified locations to the fire drill matrix and revised hospital code red response policy to ensure that all new elements of performance were included.
- In 2022 we updated our Life Safety plans to capture additional Life Safety components and ensure plans reflected the current use of space and travel distances. All work was completed by an authorized licensed AIA Architect.





Goals in 2023

- **% of Smoke/Fire wall Compliance:** This performance indicator was selected to be tracked to assist the overall above ceiling compliance program given the recent issues identified with vendors working in construction projects and low voltage installations.
- **Develop and implement protocols for procedural areas to comply with the new added EP standards of compliance with TJC on anesthetizing locations that also use ignition sources increasing fire risk. Perform fire drills in respective surgical an procedural teams as required.**
- **Training on new evacuation sleds (Med Sleds) used in emergency vertical evacuation will be conducted in 2nd and 3rd quarters.**

MEDICAL EQUIPMENT MANAGEMENT PROGRAM

Reviewer: Stephen Santos

Title: Executive Director, Corporate Biomedical Engineering

Region: Broward Health Medical Center

Review Date: March 23, 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 Medical Center. Medical equipment used in Radiology, Dialysis, for Sterilization, Lasers in Surgery and 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 meetings.

Evaluation of the Scope: During 2022, the Medical Equipment Management Plan was reviewed. The objectives for the Medical Equipment Plan and the scope of the plan were reviewed and determined to be acceptable to ensure the medical equipment used at BHMC is safe for patients and personnel using the equipment. The Medical Equipment Management Plan and program were found to be effective. Goals have been established to direct the Medical Equipment Management Plan in 2023.

Review of Program Objectives

Objective	Met	Not Met	Met with Conditions	Adjusted Objective
Maintains current medical equipment inventory	Met			
Performs inspections, testing and maintenance of medical equipment	Met			



Educate end users on the operation, safety features and emergency procedures to reduce risk of equipment issues due to user errors	Met			
--	-----	--	--	--

Review of Performance: 2022 performance monitors are as follows:

Performance Monitor #1: Critical/High Risk Equipment SM Completion

Target: 100%/qtr.

Performance: This performance monitor was met in all 4 quaters in 2022.

Performance Monitor Analysis:

Medical Equipment Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Biomed – Critical/High Risk Equipment	100%/qtr.	100%	100%	100%	100%	100%	N/A

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2023 for further compliance.

Performance Monitor #2: Non-Critical/Non-High Risk Equipment SM Completion

Target: 100%/qtr.

Performance: This performance monitor was met in each quarter in 2022

Performance Monitor Analysis:

Medical Equipment Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Biomed – Non-Critical/Non-High Risk Equipment	100/qtr.	100%	100%	100%	100%	100%	N/A

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2023 for further compliance.



Performance Monitor #3: Unable to Duplicate (Unscheduled Maintenance) reported failure.

Target: ≤ 6%/qtr.

Performance: This performance monitor was met in each quarter in 2022

Performance Monitor Analysis:

Medical Equipment Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Biomed – Unable to Duplicate	≤ 6%/qtr.	4%	6%	3%	4%	4%	<1%

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2023 for further compliance.

Performance Monitor #4: Damage to equipment (Unscheduled Maintenance)

Target: ≤ 2%/qtr.

Performance: This performance monitor was met in each quarter in 2022

Performance Monitor Analysis:

Medical Equipment Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Biomed – Damage to equipment	≤ 2%/qtr.	2%	1%	1%	1%	1%	N/A

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2023 for further compliance.

Performance Monitor #5: User Errors (Unscheduled Maintenance)

Target: ≤ 3%/qtr.

Performance: This performance monitor was met in each quarter in 2022



Performance Monitor Analysis:

Medical Equipment Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Biomed - Missing Accessories	≤ 3%/qtr.	1%	0%	1%	1%	<1%	N/A

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2023 for further compliance.

Performance Monitor #6: Laser Safety-Quality Assurance

Target: ≤ 2/qtr.

Performance: This performance monitor was met in each quarter in 2022

Performance Monitor Analysis:

Medical Equipment Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Laser Safety - Quality Assurance Incidents	≤ 2/qtr.	1	0	1	0	1	1

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2023 for further compliance.

Performance Monitor #7: Staff Knowledge Score in Medical Equipment Management assessed during EoC Surveillance Tours

Target: ≥ 90% qtr.

Performance: This performance monitor was met in each quarter in 2022

Performance Monitor Analysis:

Medical Equipment Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Staff Knowledge Score in Med Equipment Management Surveillance Tours	≥ 90% qtr.	97%	94%	96%	96%	96%	98%



Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2023 for further compliance as part of the EoC surveillance rounds.

A review of the 2022 performance monitors by the Biomedical Engineering Executive Director resulted in no changes to the existing monitors for 2023.

Performance Monitors for 2023 are as follows:

Benchmarks

Critical/High Risk Equipment SM Completion	100%
Non-Critical/Non-High Risk Equipment SM Completion	100%
BioMed - Unable to Duplicate (Unscheduled Maintenance) reported failure	≤ 6%/qtr.
BioMed - Damage to equipment (Unscheduled Maintenance)	≤ 2%/qtr.
BioMed – User Errors (Unscheduled Maintenance)	≤ 3%/qtr.
Laser Safety – Quality Assurance Incidents	≤ 2%/qtr.
Staff Knowledge of Medical Equipment Management	≥ 90%/qtr.

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



Accomplishments-Special Projects in 2022

BHMC

- **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.**

Goals for 2023

BH (ALL)

- **Examine all medical equipment that resides on the hospital network for cyber security risks and develop mitigation strategies. (Continued from 2022).**
- **Setup intranet portal to allow clinical users of medical equipment to submit routine medical equipment repairs. This will allow for tracking turnaround repair times, and improved updating capabilities to end users as to the progress of their repair**



UTILITIES MANAGEMENT PROGRAM

Reviewer: Jaime Alfayate

Title: Director, Facilities and Support Services

Region: Broward Health Medical Center

Review Date: March 23, 2023

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

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

Evaluation of the Scope: During 2022, the Utilities System Management Plan was reviewed. The objectives established for the management plan and the scope of the plan were reviewed and found to be appropriate for Broward Health Medical Center. The plan and program were found to be effective. Goals have been established to direct the Utilities Systems Management Plan in 2023.

Review of Program Objectives:

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

Performance Monitor #1: Any Unscheduled Outages >4hrs

Target: 0/qtr.

Performance: This indicator was met in all 4 quarters of 2022.



Performance Monitor Analysis:

Utilities Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Any Unscheduled Outages >4hrs.	0/qtr	0	0	0	0	0	0

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective and will continue to be monitored for trends in 2023.

Performance Monitor #2: Utility Systems Failures

Target: 0/qtr.

Performance: This performance monitor was one of 4 quarters of 2022.

Performance Monitor Analysis: In 2022, there was one Utility Systems Failures encountered during year. The facilities team addressed, and all issues were mitigated.

Utilities Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Utility Systems Failures	0/qtr	0	0	0	1	.25	0

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective in 2022. This indicator will continue to be monitored for further compliance in 2023.

Performance Monitor #3: User Errors

Target: 0/qtr.

Performance: This performance monitor was not met in the 4 quarters of 2022.

Performance Monitor Analysis:

Utilities Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Utility Systems User Errors	0/qtr	7	9	7	10	8	6



Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found not to be effective as it did not meet benchmark in 2022. Therefore, further education will be conducted in Pre-construction meetings with vendors along with end user education during EOC surveillance rounds in 2023.

Performance Monitor #4: Utility Systems Problems

Target: 0/qtr.

Performance: This performance monitor was not met in 2 of the 4 quarters of 2022.

Performance Monitor Analysis:

Utilities Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Utility Systems Problems	0/qtr	4	4	7	8	6	1

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was not found to be effective in 2022. Systems problems identified during 2022 were identified from building rounds or issues reported by end users to the Facilities department. All issues were handled accordingly by the Facilities management staff. Issues Identified with contracted vendor communicating cleaning kitchen schedules with the facilities teams on off shifts to ensure the fire alarm system is properly placed on test to avoid city violation fines.

This indicator will continue to be monitored for further compliance in 2023.

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

Target: 100%/qtr.

Performance: This indicator was met in all 4 quarters of 2022.

Performance Monitor Analysis: In 2022 all BS4-LS work orders were completed on or within scheduled times in all qtrs.

Utilities Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
(Total WO Count) Work Order Class BS4-LS	100%/qtr	100%	100%	100%	100%	100%	100%



Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2023.

Performance Monitor #6: (Total WO Count) Work Order BS4-IC

Target: 100%/qtr.

Performance: This indicator was met in all 4 quarters of 2022.

Performance Monitor Analysis:

Utilities Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
(Total WO Count) Work Order Class BS4-IC	100%/qtr	100%	100%	100%	100%	100%	100%

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2023 for further compliance.

Performance Monitor #7: Generator Test Results

Target: 100%/qtr.

Performance: This indicator was met in all 4 quarters of 2022.

Performance Monitor Analysis:

Utilities Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Generator Test Results	100%/qtr	100%	100%	100%	100%	100%	100%

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2023 for further compliance.

Performance Monitor #8: Energy Efficiency (Benchmark changes per seasonal quarter), kW Hrs per sq. ft. Occupied Space, (Old Hospital, Atrium Bldg. and CEP)

Target: Seasonal by qtr.

Performance: This indicator was met in all 4 quarters of 2022.



Performance Monitor Analysis: Performance was met in every quarter of 2022.

Utilities Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Energy Efficiency (Benchmark changes per seasonal quarter) kW Hrs per sq. ft. Occupied Space (Old Hospital, Atrium Bldg. and CEP)	Seasonal By qtr	7.98	9.62	9.85	8.53	N/A	N/A
		9.15	9.81	10.75	9.91	N/A	N/A

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2023 for further compliance.

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

Target: < 2/qtr.

Performance: This indicator was met in all 4 quarters of 2022.

Performance Monitor Analysis:

Utilities Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Elevator Entrapment (>30 min)	≤ 2/qtr	0	0	0	0	0	0.25

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2023 for further compliance.

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

Target: ≥ 90%/qtr.

Performance: This indicator was met in all 4 quarters of 2022



Performance Monitor Analysis:

Utilities Management	Benchmark	Q1 CY22	Q2 CY22	Q3 CY22	Q4 CY22	CY2022	CY2021
Staff Knowledge Score in Utilities Management Surveillance Tours	≥ 90%/qtr	99%	98%	99%	100%	99%	96%

Overall Effectiveness of the Program’s Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2023 for further compliance as part of the EOC surveillance rounds.

Performance Monitors for 2023 are as follows:

Utilities Management	Benchmark
Any Unscheduled Outages >4hrs. (REMOVED for 2023)	0/qtr
Utility Systems Failures	0/qtr
Utility Systems Problems	0/qtr
(Total WO Count) Work Order Class BS4-LS	100%/qtr
(Total WO Count) Work Order Class BS4-IC	100%/qtr
Generator Test Results (REMOVED)	100%/qtr
Energy Efficiency (Benchmark changes per seasonal quarter) kW Hrs per sq. ft. Occupied Space (Old Hospital, Atrium Bldg., and CEP)	Seasonal By Qtr
Elevator Entrapment (REVISED in 2023) REMOVED > 30min	7/qtr
Staff Knowledge Score in Utilities Management EoC Surveillance Tours	≥ 90%/qtr
Electrical Panel Schedule Compliance (NEW)	25% check of total panel inventory /qtr 100%



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

Accomplishments in 2022

- **Achieve >95% turnaround times for BS3 work orders. This is a standardized goal for all Broward Health Regional Facilities departments. This goal was fully met in 2022 based on the data collected from the Work order system Megamation.**
- **Successful installation of four 1500 Ton Trane Centrifugal Chillers in the Main plant. All work was coordinated with City of Ft. Lauderdale Building department. This will also assist the hospital in KWH savings and further reduce the facility load.**
- **Refurbished all eight cooling towers with new gear boxes and motors. This was much needed infrastructure enhancement to update the outdated cooling tower systems.**
- **Reduce by 5% General Maintenance cost per/sq ft (BS3 Routine Repairs) This goal was not met will be carried over to 2023 for further compliance.**

Goals for 2023

- **Reduce by 5% General Maintenance cost per/sq ft (BS3 Routine Repairs)**
- **Elevator Entrapment goal revised to remove the 30min matrix for compliance monitoring. This was removed given the recent increase in elevator failures reported to the facilities department on an on going basis. Additionally, this was changed from an in-house model to an outsourced.**
- **Any Unscheduled Outages >4hrs. This indicator will no longer be monitored for compliance in 2023 given the recent compliance achievement for the past three calendar years.**



ENVIRONMENT OF CARE PERFORMANCE IMPROVEMENT PROJECT

Reviewer: Shirley Ochipa

Title: Safety Officer

Region: Broward Health Medical Center

Review Date: March 30, 2023

Purpose: Reduce Employee Bodily Assaults by 10% - 2022 Environment of Care Committee Initiative

Background:

- Secondary to several episodes of violence resulting in employee injuries beginning Dec 27, 2021 and extending through January 2022, a team was assembled by the Broward Health Medical Center (BHMC) Risk Manager to once again examine our workplace violence program and what measures could be put in place to better protect our staff, licensed independent practitioners (LIP's) and other personnel who work in clinical or support roles.
- A similar multi-disciplinary work group was assembled in 2018-2019 led by the BHMC Risk Manager and Safety Officer to review TJC's Sentinel Event Alert 59 on physical and verbal violence against healthcare workers. Many actions were taken to harden security in the hospital, revise staff and leader education on Workplace Violence Prevention, and developed an Internal Support team trained on post-crisis intervention.
- Senior leadership and key stakeholders participated in a RCA on these incidents where areas of opportunities for improvement were identified.
- These opportunities were brought to the first Workplace Violence Prevention action plan meeting in January 2022. The Risk Manager chaired this work group and reported monthly at the EoC Committee meetings.
- An immediate change implemented was to increase staffing in the Emergency Department (ED) Blue section with a security officer assigned 24/7 when there was at least one Baker Act patient. In addition, a Security would be assigned to cover the post for the Detail Officer in the main ED if no one was on duty.
- Re-education with Security and ED Nursing was conducted on the wandering process for all BHS patients in either RD Triage or Treatment areas.
- EoC Performance monitors for workplace violence incidents include tracking and trending bodily assaults in non-BHS Adult Care and Behavioral Health Services (BHS) units and Code Assists in those two units in addition to Women's and Children's units in which patients or visitors exhibit verbal and physical aggressive behaviors not amenable to de-escalation. The need for intervention by our on-site Detailed police officer also increased in 2021 to maintain patient and employee safety

Scope: Scope of this safe work practice initiative affects all BHMC employees, LIP's, and medical residents in our GME program who work in a direct patient care provider role or support the clinical teams to provide the highest quality care and patient safety in a safe and secure environment.



Cause: Data in 2021 revealed an increase in incidents observed in 2020 continued in 2021 especially for Code Assists calls in non-BHS Adult Care (+24%), BHS units (+32%) and Women's/Children's (+33%). Bodily assaults decreased in BHS units by 15% and incidents remained the same in the non-BHS Adult care units in 2021 compared to 2020.

Based on the performance data, the EoC Committee approved unanimously for a 10% reduction goal in bodily assaults as the 2022 EoC Committee initiative. With the support of Administration, we were committed to ensuring the safety of our patients and hospital personnel as a # 1 priority.

Duration: The initiative to reduce employee bodily assaults by 10% lasted all of 2022.

Actions:

- Reviewed and assessed compliance TJC's new and revised workplace violence prevention requirements in EC, HR and LD Chapters effective 1/1/2022 and presented to EoC Committee in July 2021.
- Completed worksite analysis related to workplace violence prevention program in 2021 and 2022 using tool created by Director, Public Safety for all Broward Health hospitals. Documented existing compliant policies and practices and developed action plans for risk scores of 4 or higher.
- Created work group to address action plans for opportunities for improvement compiled in RCA's relating to workplace violence incidents. Focused areas included physician orders for psychiatric consults on inpatient Baker Act patients in non-BHS units, nursing practice
- Approved Reducing Bodily Assaults by 10% the 2022 EoC Committee initiative
- Created education for all BHMC on recognizing and diffusing potential violence in health care settings
- Investigated Strongline personal duress alarm system for possible adoption
- Installed new panic alert button system as part of new Cisco phones system upgrade expanding the installation to new departments
- Continued to add members to the Internal Support system that provides a resource in addition to the Employee Assistance program for victims of traumatic or violent incidents at the workplace



- Added second Security Officer to cover ED Blue section whenever there was at least one Baker Act patient in addition to the 24/7 coverage in the Psych ED ensuring improved safety for employees, physicians and patients.
- Assessed compliance with staff and leaders completing workplace violence prevention initial and refresher training to identify barriers to course attendance
- Reviewed and assessed compliance with CMS memorandum of workplace violence in hospitals effective 11/28/2022.
- Revised Safe room checklist for Emergency Department and inpatient departments where Baker Act patients receive care.
- Scheduled for 2023 additional risk assessments of the physical environment in different patient areas where vulnerable patients receive care including specific clinical interventions.

RECOGNIZE AND DIFFUSE POTENTIAL VIOLENCE IN HEALTHCARE MARCH 2022 NEED TO KNOW PUBLICATION

- Healthcare facilities are often places of great anxiety, stress, and grief. Patients and/or their families may become nervous and fearful when surrounded by physicians and healthcare workers in an unfamiliar environment.
- Verbal and/or physical aggression is often a means of coping due to displaced anger, perceived loss of control, need to maintain self-esteem, and psychological factors like depression or progression of a disease process.
- The key to prevent behaviors from escalating to physical violence is early recognition and appropriate intervention.

Verbal Signs

- Questioning authority
- Refusing simple Requests
- Increasing voice volume
- Cursing, screaming
- Evasiveness

Be Alert to these Red Flags!



Physical Signs

- Avoiding eye contact
- Pacing
- Impatient sighing
- Clenching fists
- Angry facial expression

Prevent Escalating Behaviors

- Maintain eye contact to anticipate behavior changes
- Demonstrate respect Follow AIDET
- Actively listen
- Monitor your nonverbal communication ex. tone & volume

Attempt De-escalation

- Avoid a power struggle
- Identify unacceptable behaviors
- Allow venting
- Limit individuals in immediate vicinity

- If verbal or physical threats are made or deescalation is unsuccessful, call a **“Code Assist”** by dialing **“22”**. A show of force is a powerful deterrent!
- **Focus on your personal safety.** Stay as calm as possible and distance yourself from an aggressor using a supportive stance



BROWARD HEALTH
MEDICAL CENTER



Salah Foundation
Children's Hospital



Reporting: The Safety Officer reported monthly to the EoC Committee on the progress with the 2022 initiative. Both the Risk Manager and the Chair of the Safety & Security Task Force reported updates on the Workplace Violence action plan work group and physical security enhancements, respectively, to the EoC Committee every 2 months as standing items. Quarterly EoC performance monitors on Workplace Violence were reported by the Safety Officer and Security Department Captain. Incident drill downs from HAS incident reports and Workers Comp reports allowed tracking and trending of root causes to determine the effectiveness of mitigation strategies. The Safety Officer also reported to the Patient Safety Care Key Group/Regional Quality Council chaired by the Patient Safety Officer and inclusive of hospital C-suite and Corporate leaders. She routinely reported updates on the workplace violence initiative to this team quarterly. The Corporate Director of Public Safety also reported a summary of regional EoC performance monitors with action plans to the Broward Health QAOC Committee and Board of Commissioners quarterly.

Analysis:

Review of 2022 performance monitors on workplace violence yielded the following results compared to 2021:

- 70% decrease of Bodily Assaults in non-BHS Adult care units
- 21% decrease of Bodily Assaults in BHS units
- 37% decrease of Code Assists in non-BHS Adult care units
- 48% decrease of Code Assists in Women’s/Children’s units
- 31% decrease of Code Assists in BHS units

Overall Effectiveness of the EoC Program’s Performance Improvement Project:

This performance monitor goal in 2022 was met with 70% and 21% decreases of body assaults respectively, in non-BHS care units and in BHS units. This performance exceeded the established 10% reduction goals. There were no assaults in the Women’s/Children’s units.

The Workplace Violence performance indicators will continue to be monitored closely in 2023 to maintain the decreases realized in 2022. Additional work is planned to ensure compliance with TJC and CMS regulations as they relate to workplace violence prevention. Providing a safe and secure environment for clinical care providers, allied health professionals, support services personnel, and our vulnerable patients will always be our first priority.

