

**ANNUAL  
EVALUATION OF  
THE  
ENVIRONMENT OF  
CARE FOR  
BROWARD  
HEALTHPOINT,  
SATELLITE SITES,  
PRACTICES AND  
OTHER BUSINESS  
OCCUPANCIES CY  
2022**

*Respectfully  
Submitted By:  
Garnett S. Coke  
MBA, MSA, ARM -  
Corporate 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.

### Five Star Values:



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



The Corporate Regional Environment of Care (EoC) committee reflect diverse service lines of both direct and indirect patient care environments.

<b>Community Health Services South Region</b>
Cora E Braynon Health Center (Urgent Care, Adult, Peds, Prenatal, Dental)
Comprehensive Care Center and Broward House
Bernard P Alicki Health Center
Clinica de Las Americas
Lauderdale Lakes Health Center
Specialty Care Center
<b>Community Health Services North Region</b>
Annie L Weaver Heath Center
Margate Health Center
Pompano Pediatrics
Pompano Prenatal
<b>Broward Health Corporate Region</b>
Broward Health Weston
Broward Health Physicians' Group
Children's Diagnostics and Treatment Center
Broward Health Corporate



## Executive Summary

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The environment of care encompasses 6 functional areas; Safety and Security, Hazardous Materials and Waste, Fire Safety, Medical Equipment, Utilities management and the Physical Environment, each of which presents unique challenges. Each of these programs is in its own right, designed to ensure safe and functional building spaces and equipment that support the people who enter the organization. The programs include a number of performance elements that must be evaluated annually. Each environment of care management plan is evaluated annually in term of its scope, objective, performance and effectiveness. The annual evaluation is to assess the effectiveness of components of organization's environment of care efforts.

The purpose of this evaluation is to assess the effectiveness of the environment of care programs for the corporate entities of Broward Health. The scope of the report includes the evaluation of how well the Corporate entities, which include the corporate offices, Community Health Centers, Weston, CDTC and Physician Practices manages the environment of care; a summarization of the effectiveness in improving performance over the past year; and a list of the goals for improving the programs in the coming year.

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

### Information Collection and Evaluation System (ICES)

To assure the ongoing effectiveness of the environment of care programs, the environment of care committee strives to continually identify and monitor performance related to risk elements in the environment. By organizational standards, these performance monitors include reduction in occupational injuries, energy usage & biomedical waste, false fire alarms, security assaults as well as improvements in staff knowledge and monitoring and inspection activities. These “monitors” comprise the Information Collection and Evaluation System (ICES) and are consolidated into quarterly reports that are reviewed by the regional environment of care committee, the environment of care key group and the Quality Assessment and Oversight Committee (QAOC). Specific Performance Monitors are described in the individual Management Plans.





**Review of Effectiveness of Environment of Care**

The review of performance evaluates the effectiveness of the current performance monitors in providing different discipline managers with information that can be used to adjust program activities to maintain performance, or to identify opportunities for improvement. The review also evaluates the effectiveness of any performance improvement projects related to the program.

Broward Health has appointed an Environment of Care (EOC) Committee to monitor and evaluate the environment of care and occupational health & safety programs, and to ensure compliance with the components of these programs for the Broward Healthpoint, Broward Health Physicians’ Practices, Children’s Diagnostics & Treatment Center and Broward Health Weston.

The EOC Committee is a standing Committee that is responsible for the oversight of the organization’s EOC Program. In fulfillment of this role, the Committee promulgates plans, policies and procedures to ensure a safe environment.

The following table includes the functional areas assigned to oversee the environment of care programs, who are actively engaged in the environment of care committee.

<i>FUNCTIONAL AREA</i>
<i>Quality &amp; Outcomes</i>
<i>Risk Management</i>
<i>Education</i>
<i>Safety and Security</i>
<i>Emergency Management</i>
<i>Infection Prevention</i>
<i>Facilities Services</i>
<i>Business Operations</i>
<i>Facilities Services</i>
<i>Administration</i>
<i>Nursing</i>
<i>Emergency Preparedness</i>
<i>Biomedical Engineering</i>
<i>Security</i>
<i>Nursing</i>
<i>Worker’s Comp</i>



Evaluation of the 2022 Environment of Care programs Program		Reviewer
• Safety		• Garnett Coke
• Security		• Garnett S. Coke
• Hazardous Materials		• Garnett Coke
• Fire Safety		• Garnett Coke/Doug Fennema
• Medical Equipment		• Stephen Santos
• Utility Systems		• Doug Fennema

## Safety Management program

**Reviewer:** Garnett Coke

**Corporate Director, Public Safety/Regional Safety Officer Broward Health Corporate**

Review Date: March 2023

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Purpose: The safety program is based on the premise that minimizing threatening hazards through effective safety management can lessen the possibility of accidental injuries suffered by patient, staff, or visitors. To that end, the purpose of the **Safety Management Plan** establishes the parameters within which a safe environment of care is developed, maintained, and improved for the Broward Health facilities.

A review by the environment of care committee during CY2022 revealed that the plan as written did not ensure compliance with all applicable laws and regulations as required pursuant to its objective. As a result, the plan was reviewed and revised to reflect current regulatory requirements.

### **Review of Program Scope**

Broward Health (BH) is made up of many diverse medical facilities. This Management Plan applies to patients, staff and everyone else who enters a BH facility. Broward Health operates under Regional Environment of Care Committees (EOC), and one Quality Oversight Committee, which has the final approval for all policies affecting the Environment of Care Program.

The facilities that the safety management plan applies to are: Broward Health-Broward General Medical Center, Broward Health- Coral Springs Medical Center, Broward Health-Imperial Point Medical Center, Broward Health-North Broward Medical Center, Broward Health-Weston, Broward Healthpoint, and Broward Health Practice Group, and other business occupancies.

Any differences in activities at each site are noted or defined within the specific site management plan, as appropriate.

### **Evaluation:**

*The results of the analysis of the plan's scope required that the scope appropriately reflected the plan's applicability; however, because of a change in the naming convention of the clinics, the Scope was changed from "Community Health Services" to "Broward Healthpoint".*

### **Review of Program Objectives**

Each program objective is listed in the following table. Each objective is marked as Met, Not Met or Met with Conditions. If an objective is not met, the Safety Officer with the Environment of Care Committee reviews the objective to determine what needs to be done to meet it during the next year. The action required to address each change is indicated in the last column of the table.





Objectives	Met	Not Met	Met with Conditions	Adjusted Objective / Action Plan
Comply with all applicable safety regulations and accepted safety practices	√			
Develop and implement an effective employee safety training program	√			
Maintain a system of inspection activities as well as incident reports and investigations aimed at reducing risk	√			
Identify opportunities to improve performance	√			
Ensure facilities are constructed, arranged and maintained to provide for physical safety and personal privacy of the patient	√			



## Review of Performance

The review of the following performance evaluates the effectiveness of the current Performance Monitors in providing the environment of care committee with information that can be used to adjust program activities to maintain performance or to identify opportunities for improvement. The review also evaluates the effectiveness of any performance improvement projects related to the program.

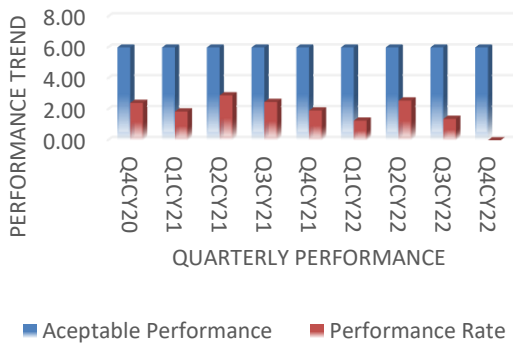
During CY 2022, Broward Health

### Performance Monitors #1 – OSHA Recordable Injury Rate

- Performance: Maintain OSHA Recordable Injury Rate below the national benchmark of 6.01 for Ambulatory Care Facilities.
- Target is  $\leq 6.01$
- Average Outcome: 2.48

During Calendar Year 2022, the organization identified reducing the number of OSHA Recordable Injuries for direct emphasis. The emphasis led to the implementation of several strategic initiatives, including but not limited to the slip, trip and fall prevention initiative. Slip, trip and fall committees were developed to review and analyze all slip, trip or fall incident and identify specific trends. As a result, environment trends were remediated, behavioral trends were addressed, and employees, visitor and other were engaged. Consequently, on average, the BHCO entities achieved an OSHA occupational injury rate of 2.48; a rate of 3.19 below the established target, and 1.0 when compared to the same period of CY'2021.

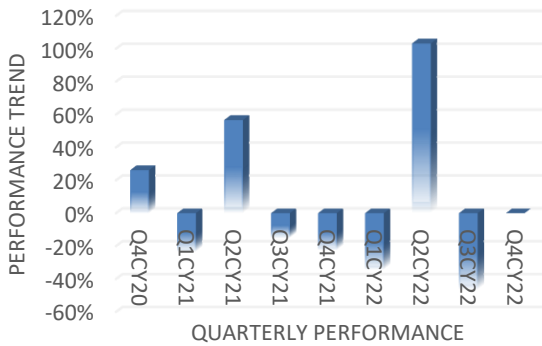
**BHCO OCCUPATIONAL INJURY RATE**



BHCO entities have experienced a consistent downward trend in the rate of OSHA Recordable Injuries when compared to previous calendar year

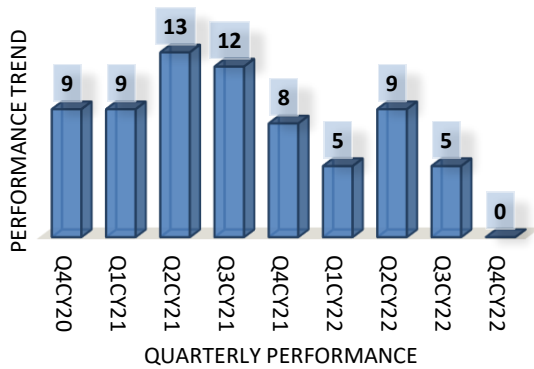


### BHCO OCCUPATIONAL INJURY RATE %AGE CHANGE



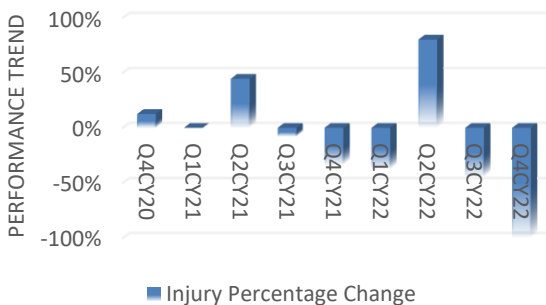
As a result of the analysis of the employee accident reports, the safety officer conducted additionally analyses to identify specific trends; causes, sources, body parts and types. The results are placed in charts and reported to the Environment of Care Committee.

### BHCO OCCUPATIONAL INJURY TOTAL



Inconsistent with the finding during the evaluation period of CY2020 and 2021, the 2022 analysis identified compensable injuries related to exposures as the highest occurrence rate when compared to other causal factors.

### BHCO OCCUPATIONAL INJURY %AGE CHANGE



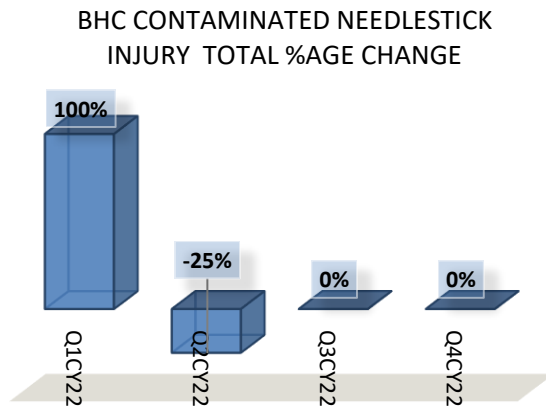
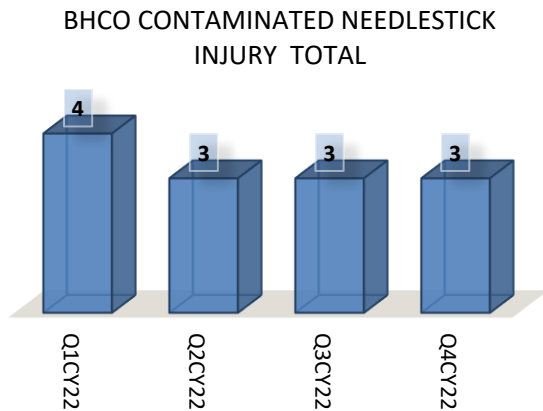
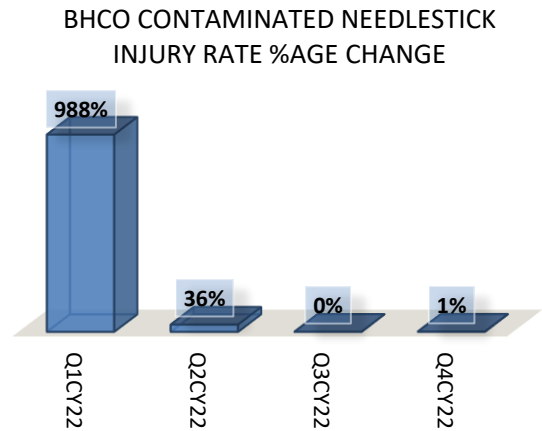
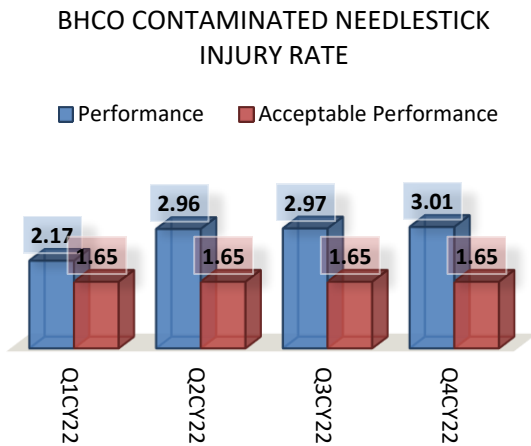
Analyses of all of the worker injuries in the satellite regions indicated that most were bruises and strains of a wide range of body parts.

During CY'2022, the Safety Office re-presented a proposal to the organization's leaders that a program whose specific goal is to reduce the number of occupational injuries will be developed and implement. The program was approved and is currently underway. Aggressive goals have with a safety emphasis have been established for implementation and measurement during CY'2023.

As a result of the analysis of all compensable injuries, the environment of care committee determines that though exposures accounted for the highest occurrence rate, unforeseeable events that was the cause; however, the committee considered the continued high frequency of slip, trip and fall accidents in assigning their reduction as the continued EoC performance improvement initiative for CY2023.

### Performance Monitors #1 – OSHA Recordable Injury Rate

- Performance: Maintain contaminated needle sticks rate below the target established for all Broward Health regions.
- Target is  $\leq 1.65$  incidents per 10,000 patient visits
- Average Outcome: 2.01 incidents



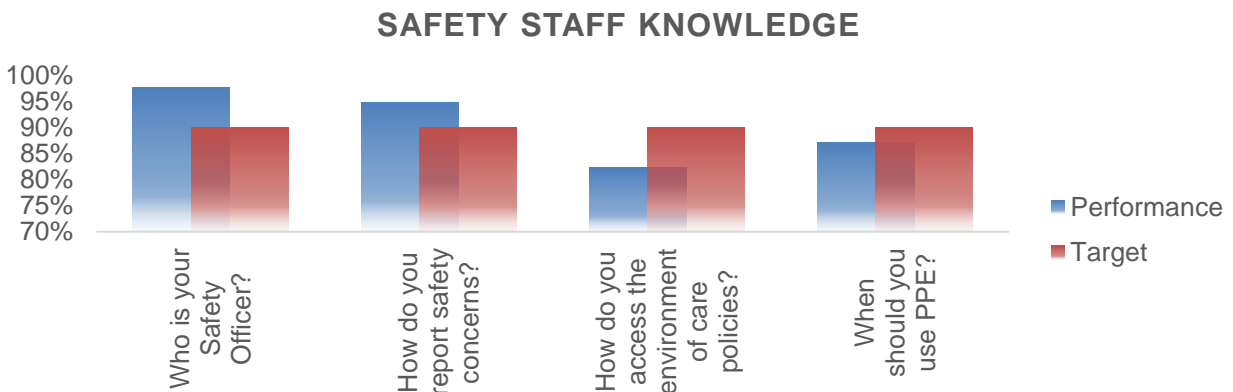
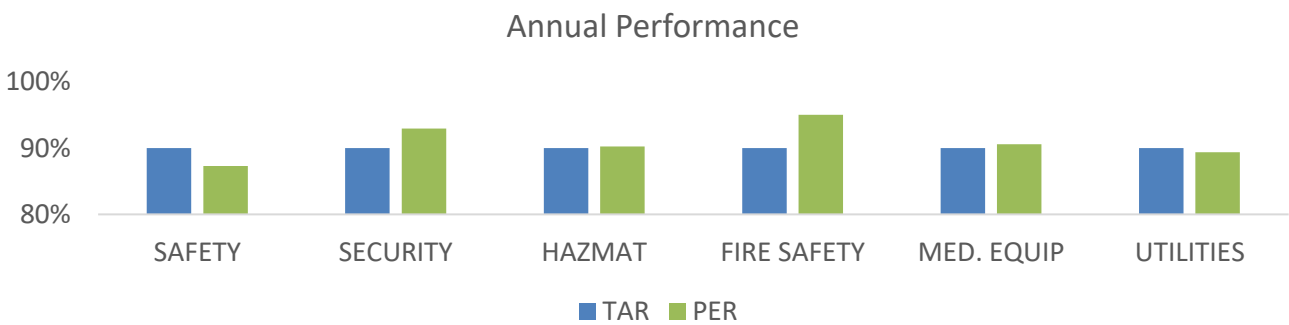
The facilities affiliated with the corporate region experienced more than 355,000 patient visits during CY'2022 with 13 contaminated needle sticks. The rate of 0.00008 per 10,000 patient visit continues a trend observed at the corporate regions during CY'21.

As a result of the continued positive performance, the contaminated needle stick performance is considered stable and effective.

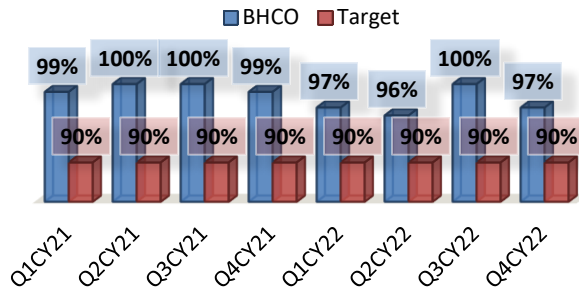
**Performance Monitor – Staff Knowledge**

Staff’s knowledge of the roles and responsibilities relative to the environment of care comprises an essential component of the program’s effectiveness. A variety of methods are used to assess staff’s knowledge including questionnaires during environmental tours.

During scheduled and unscheduled environmental tours, a random sampling of at least 4 staff member at each facility surveyed, representing a cross-section of service lines within the corporate entities are questioned to evaluate competency and knowledge of their roles and responsibility relative to the safety program. Staff response was monitored throughout the calendar year, with quarterly analyses presented to the environment of care committee and subsequently to the Quality Assessment and Oversight Committee. During CY 2022, a total of 237 staff members were surveyed with the following results.

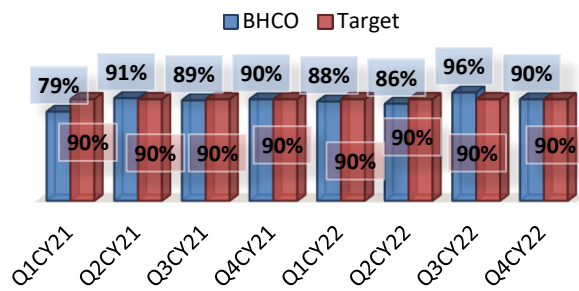


### SAFETY OFFICER



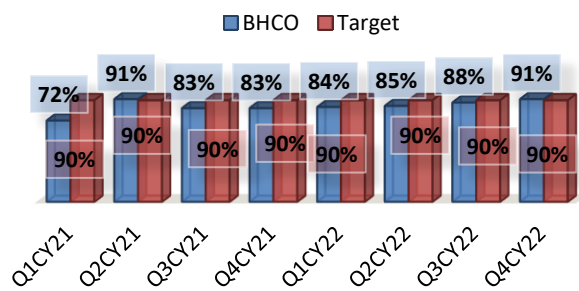
**Monitor:** Who is your Safety Officer?  
**Target:** 90% of staff surveyed should exhibit sufficient knowledge of their roles and responsibilities in the environment of care  
**Performance: 97.5%**

### SAFETY CONCERN



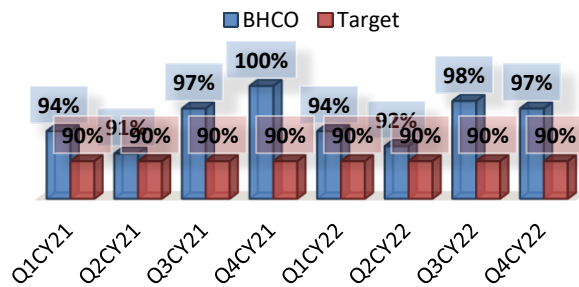
**Monitor:** How do you report safety concerns?  
**Target:** 90% of staff surveyed should exhibit sufficient knowledge of their roles and responsibilities in the environment of care  
**Performance: = 90%**

### SAFETY POLICIES



**Monitor:** How do you access the environment of care policies?  
**Target:** 90% of staff surveyed should exhibit sufficient knowledge of their roles and responsibilities in the environment of care  
**Performance: = 87%**

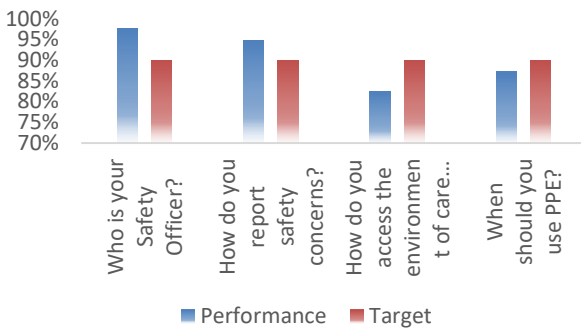
### PERSONAL PROTECTIVE EQUIPMENT



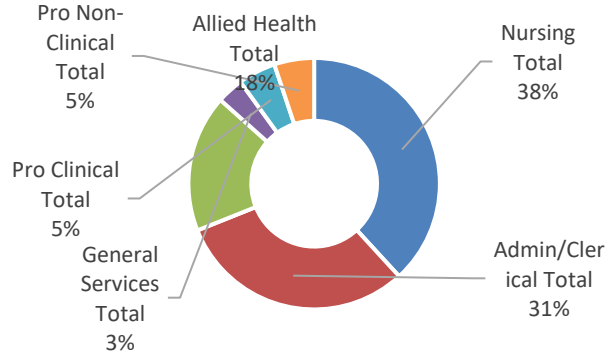
**Monitor:** When should you use personal protective equipment?  
**Target:** 90% of staff surveyed should exhibit sufficient knowledge of their roles and responsibilities in the environment of care  
**Performance: = 96%**



### SAFETY STAFF KNOWLEDGE



### CY 2022 Service Line Breakdown



The overall analysis of the performance of the safety staff knowledge shows staff can sufficiently articulate their roles and responsibilities for the safety environment. However, staff’s performance did not meet the established target for two of the 4 questions asked. As a result, the Safety Office published poster with the process for reporting safety concerns as well as provided instructor-led education on how to access environment of care policies. The EoC committee will monitor improvement during the 2023 calendar year.

With a cumulative staff knowledge score of **92.75%**, the data indicate the staff knowledge of their roles and responsibility regarding environmental safety performance to be **acceptable**.

### Analysis

The results of the analysis of data indicate that the level of performance related to staff knowledge met the standard that 90% of staff has accurate knowledge of job-related safety issues. Improving staff knowledge will continue to be emphasized through focused learning objectives during CY 2023.

Safety is a process of continuous improvement. There is a direct relationship between educational reinforcement of safety practices and staff performance. It is recommended that additional programs to enhance safety awareness be put in place. The recommended components of the program include posters, repeated annual updates for all departments that fail to meet the standard during measurement activity, and initiation of an informational newsletter.

### Evaluation of Safety Program Effectiveness

The review of performance evaluates the effectiveness of the current Performance Monitors in providing the Environment of care committee with information that can be used to adjust program activities to maintain performance or to identify opportunities for improvement. The review also evaluates the effectiveness of any performance improvement projects related to the program.



**The Safety program was evaluated as having been effective in CY 2022 with needs for improvement in safety education based on results performance-based Performance Monitors.**

**Performance Monitors for 2023**

1. Reduce slip trip and falls incidents by 10%
2. Reduce employee on the job injuries by 10% compared to CY2022.
3. 90% of staff at BHP, Weston and Corporate Entities participate in safety education.



## Security Management program

Reviewer: Garnett Coke

Corporate Director, Public Safety/Regional Safety Officer Broward Health Corporate

Review Date: [March 2023](#)

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

During CY 2022, the Environment of Care Committee reviewed the Security Management Plan. The Objectives for the Security Management Plan were found to be appropriate in CY 2022. The Scope of the Security Management Plan was reviewed and it was determined to be adequate for supporting a safe and effective Environment of Care. Performance is discussed and analyzed below. The Security Management Plan is considered to be effective. Goals have been established to direct the Security Management Plan in CY 2022.

### 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 Corporate Key Group, which has the final approval for all policies affecting the EoC program.

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

### Evaluation:

*The results of the analysis of the plan's scope required that the scope appropriately reflected the plan's applicability; however, because of a change in the naming convention of the clinics, the Scope was changed from "Community Health Services" to "Broward Healthpoint".*

### 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. The Objectives for this Plan are:

- 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.





- Authority and Reporting Relationship

Based on a review of our current plan and the performance indicators, the Security Management Plan objectives are appropriate. Therefore, no changes to the Plan objectives will be recommended at this time.

**Performance**

Several areas of performance were evaluated in the Security Management Program during CY 2022. The following is a summary of programs evaluated and performance standards measured.

During CY2023, the environment of care committee identified the reduction of “patient to Staff Assault” as a performance monitor and developed and implemented strategies to ensure positive performance outcomes.

Reported Assaults – The Security Services Department monitors the occurrence of assaults through documentation of events that occur. Analysis of these events/trends are conducted to determine what mitigation processes (if any) should be taken.

**Performance Monitor #1 – Patient to Staff Assault Reduction**

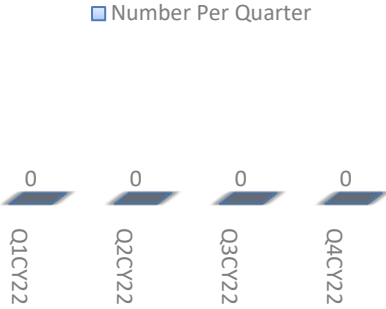
**Monitor:** Reduce the number of patients to staff assault to ≤ than one (1) per calendar quarter

**Performance:** 0.00 Incidents.

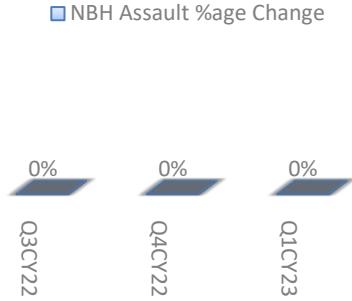
During the measured period the monitor performed positively. The outcome ensured a sustainable performance resulting in (0) assaults during the calendar year.



BHCO-NBH Assault Total



BHCO-NBH Assault Total %Age Change



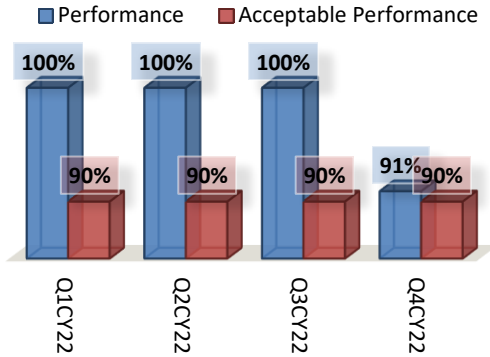
**Performance Monitor #1 – Security Procedure Compliance**

**Monitor:** Violation of security procedures should be observed in less than 10% of the areas surveyed

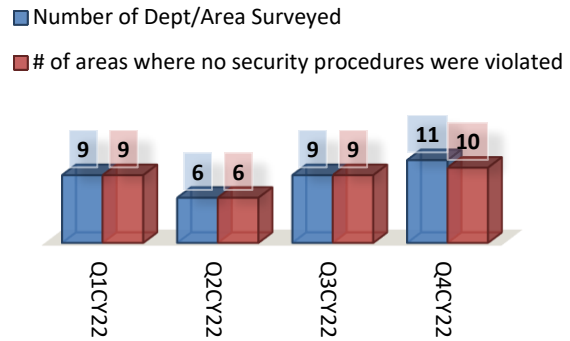
**Performance:** 0.00 Incidents.

During the measured period the monitor performed positively. The outcome ensured a sustainable performance resulting in (0) assaults during the calendar year.

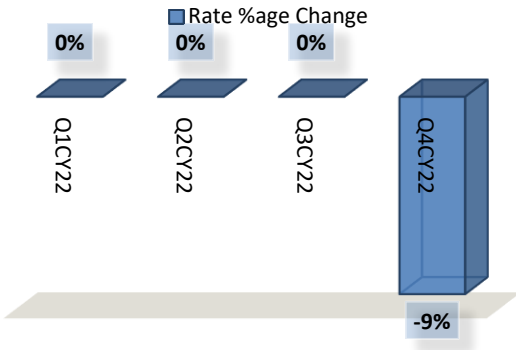
BHCO SECURITY PROCEDURE RATE



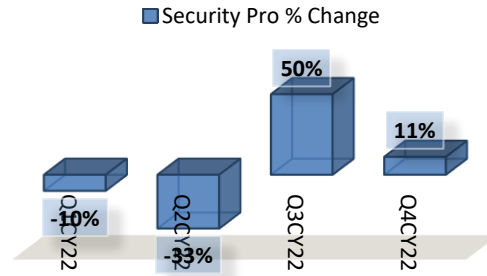
BHCO SECURITY PROCEDURE LOCATION



BHCO SECURITY PROCEDURE RATE %AGE CHANGE



BHCO SECURITY PROCEDURE LOCATION %AGE CHANGE

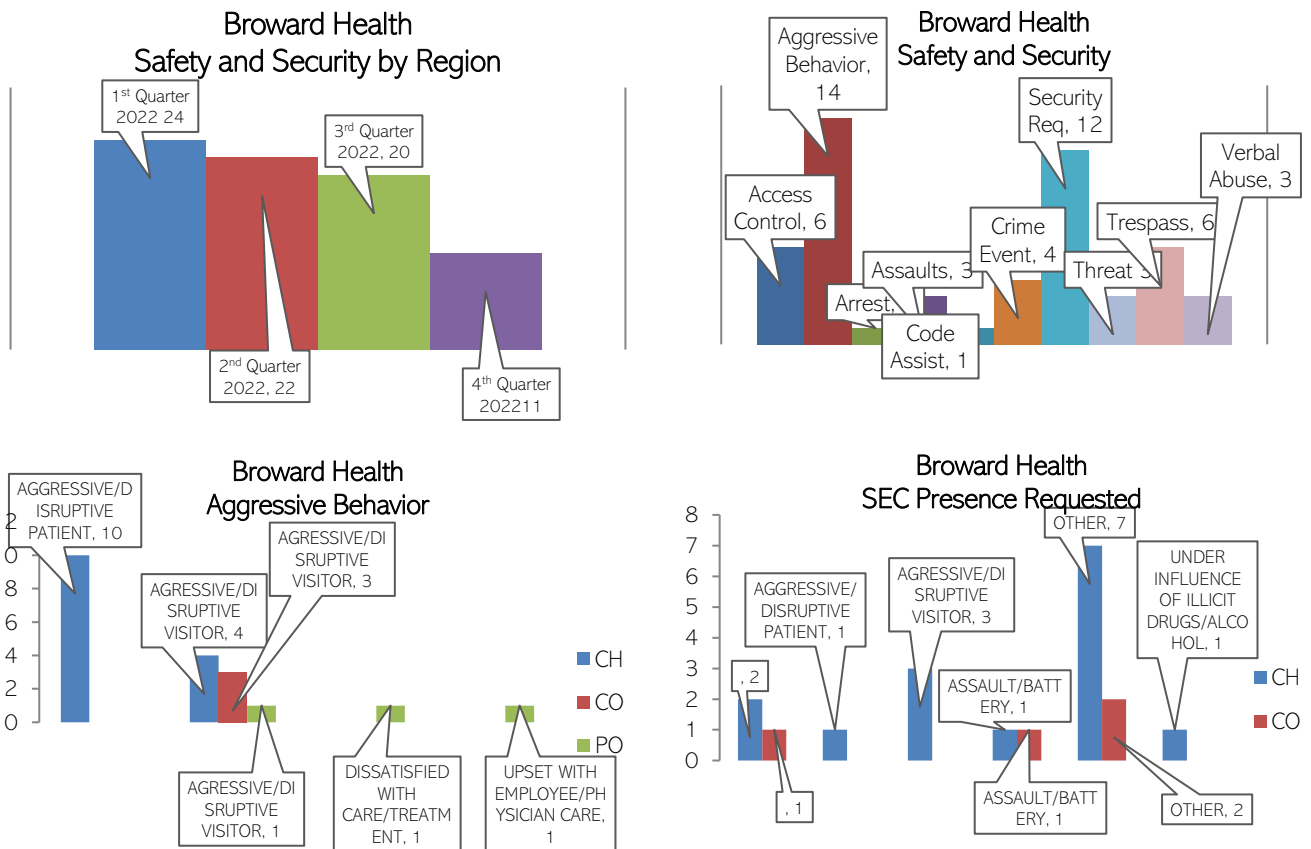


**Effectiveness**



**Reported Assaults** – Three assaults were reported for CY16. No definitive trend was noted as none of the incidents were related. The Security Services Department continues to work closely with Human Resources and the Employee Assistance Program to ensure that workplace violence mitigation continues to be a priority. Non-violent Crisis Intervention classes are also available for staff to attend.

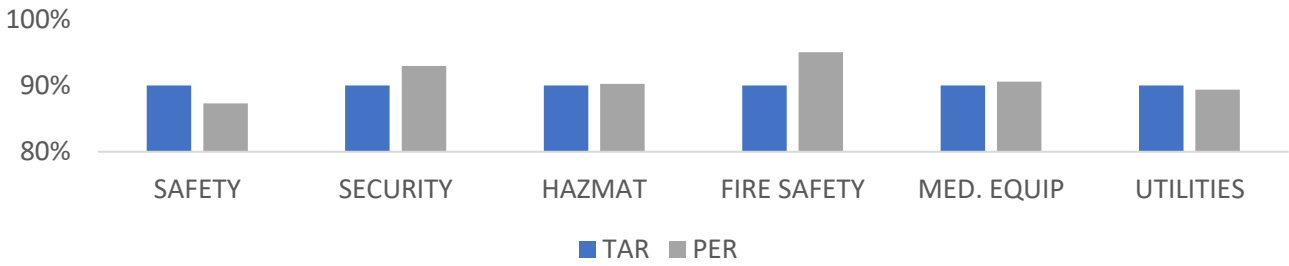
**Aggressive Behavior** - This indicator is being monitored to improve the identification, communication, monitoring, and prevention of workplace violence with assistance from staff, Risk Management, Safety, Security, Human Resources, and Employee Assistance. During CY2022, 8 cases of aggressive behavior were reported in the Community Health Services region. This was a decrease from the 9 cases reported in FY15. Most cases were verbal in nature and occurred at all sites. As part of an initiative to continue to monitor and prevent workplace violence, and the release of The Joint Commission’s Sentinel Alert #45 (Preventing Workplace Violence in the Healthcare Setting) to continue reducing aggressive behaviors will be our focus in CY2023.



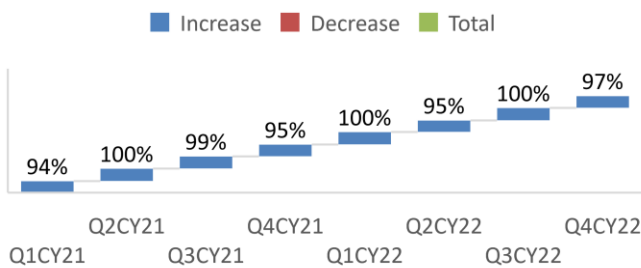
**Staff Knowledge** – A key component of the overall effectiveness of the security program is the staff knowledge of their roles and responsibilities within the security program. Staff knowledge is assessed through survey style questions, where a random number of staff, representing a cross section of the different service lines, are questioned during scheduled and unscheduled inspections.



### Annual Performance



#### CODE ACTIVE SHOOTER

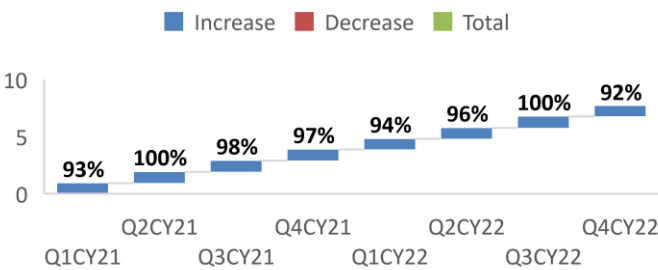


**Monitor:** How do you respond to a “Code Active Shooter” announcement?

**Target:** 90% of staff surveyed should exhibit sufficient knowledge of their roles and responsibilities in the environment of care

**Performance: 98%**

#### EMPLOYEES IDENTIFIED

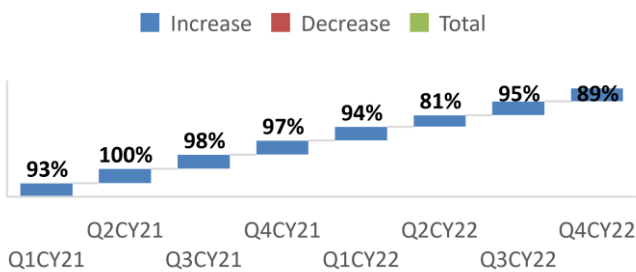


**Monitor:** How are employees identified?

**Target:** 90% of staff surveyed should exhibit sufficient knowledge of their roles and responsibilities in the environment of care

**Performance: = 95.5%**

#### UNIDENTIFIED PERSON

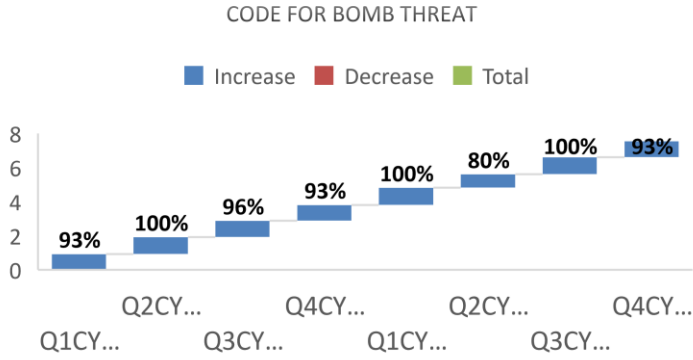


**Monitor:** What do you do if you see an unidentified person?

**Target:** 90% of staff surveyed should exhibit sufficient knowledge of their roles and responsibilities in the environment of care

**Performance: = 89.75%**

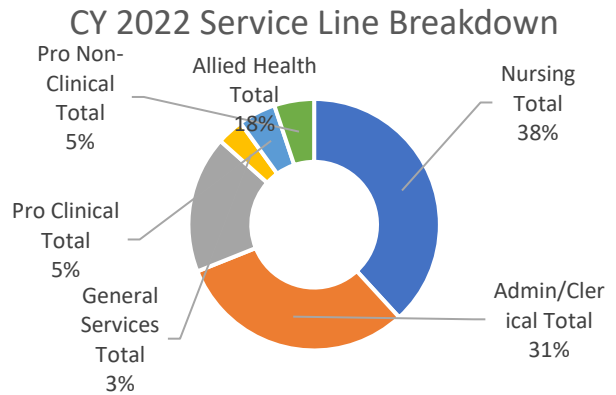
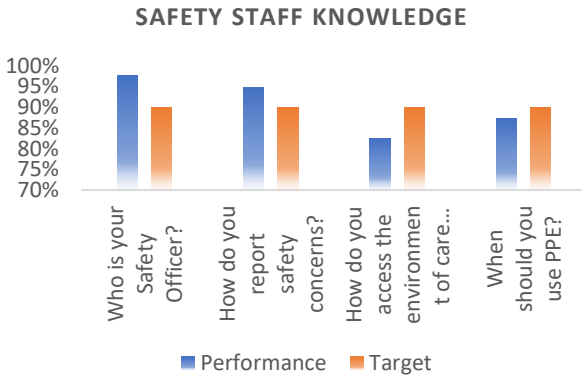




**Monitor:** What is the Code for a “Bomb Threat”?

**Target:** 90% of staff surveyed should exhibit sufficient knowledge of their roles and responsibilities in the environment of care

**Performance:** = 93%



**Staff Knowledge Performance Outcome:** The Staff knowledge survey results indicate a positive performance; where the acceptable performance is 90% of staff can articulate their role and responsibilities related to the security program; the performance outcome results were an average of 93.5% of the employee surveyed, could reasonably articulate their role and responsibilities related to the security program.

Overall:

- The category with the highest **positive** score was Professionalism
- The region with the best overall improvement in scores was the Specialty Care Center
- Areas that received the lowest excellent and above average scores were:
  - Feeling of safety
  - Visibility

**Goals for CY 2022**



## Hazardous Materials & Waste Management program

**Reviewer:** Garnett Coke

**Corporate Director, Public Safety/Regional Safety Officer Broward Health Corporate**

Review Date: March 2023

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### **Purpose**

The purpose of the Hazardous Materials and Waste Management Plan is to identify and manage materials known by virtue of health, flammability, or reactivity rating to have the potential to harm humans or the environment. The plan also addresses education and procedures for safe use, storage, disposal and management of hazardous materials/waste.

### **Review of Program Scope**

Broward Health (BH) is made up of many diverse medical facilities. This Management Plan applies to patients, staff and everyone else who enters a BH facility. Broward Health operates under Regional Environment of Care Committees (EOC), and one Environment of Care Key Group, which has the final approval for all policies affecting the Environment of Care Program.

An annual risk assessment is conducted to help determine the essential elements of the plan for all facilities.

The facilities that the safety management plan applies to are: Broward Health-Broward General Medical Center, Broward Health- Coral Springs Medical Center, Broward Health-Imperial Point Medical Center, Broward Health-North Broward Medical Center, Broward Health-Weston, Broward Healthpoint, and Broward Health Practice Group, and Other business occupancies.

Any differences in activities at each site are noted or defined within the specific site management plan, as appropriate.

### **Evaluation:**

*The Environment of Care Committee surmised, following a review of the Safety Management plan, that its scope did accurately reflected the program's applicability. The committee determined that a revision of the scope was unnecessary for CY2023.*

### **Review of Program Objectives**

Each program objective is listed in the following table. Each objective is marked as met or not met. If an objective is not met, the Safety Officer with the Environment of Care Committee reviews the objective to determine what needs to be done to meet it during the next year. The action required to address each change is indicated in the last column of the table.





Objectives	Met	Not Met	Met with Conditions	Adjusted Objective / Action Plan
Comply with all applicable local, state, and federal hazardous materials and waste regulations, such as EPA, FDEP, OSHA, CMS, TJC, and 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 minimizing the threat of exposures.	√			
Ensure areas containing hazardous materials are well lighted with adequate ventilation.	√			
Train employees in the proper procedures to follow to protect themselves from the risks posed by hazardous materials.		√		During calendar year 2022, the staff knowledge surveys conducted revealed a deficit in staff's ability to articulate the correct way secondary chemical containers must be labeled.
Identify opportunities to improve performance.	√			
Individuals that have questions about hazardous waste or wish to explore the use of less hazardous materials should contact their supervisor or the Safety Officer.	√			

**Review of Performance**

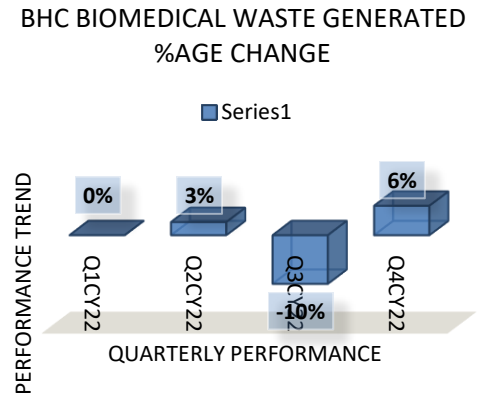
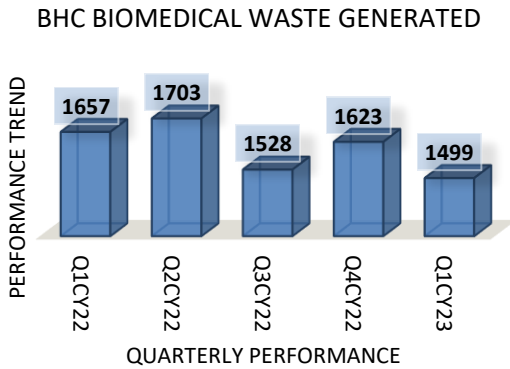
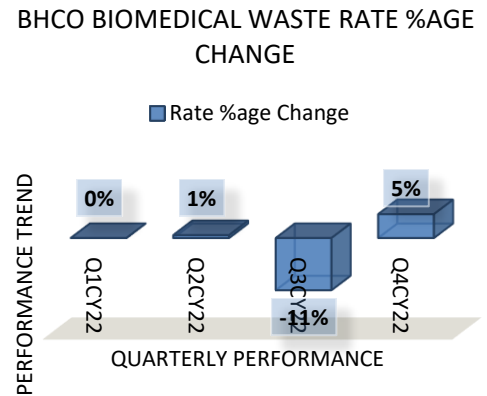
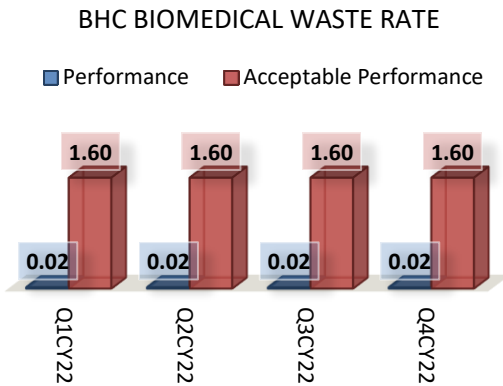
**Performance Monitors**

Broward Health continually strives to eliminate, reduce or replace hazardous materials whenever possible. Managers are responsible for managing regulated medical waste streams. The wastes generated include solid, recycling, facilities products, radiographic fixers and developers, and biohazards. Manifests are kept at generator sites for at least 3 years.

The Safety Officer is responsible for establishing performance improvement standards to objectively measure the effectiveness of the program. Reports are presented to the Environment of Care and Quality Assessment Committees in the form of a Dashboard and narrative reports, where applicable.

### Performance Monitor #1 – Biohazard Waste Reduction

Monitor: Reduce Biohazard Waste to below 0.50 lbs. per 10,000 medical encounters.  
 Target is .50 lbs.  
 Performance: 0.05 lbs.



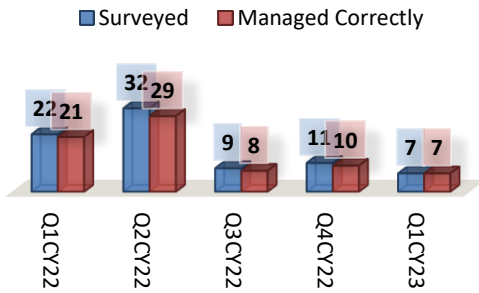
### Performance Monitor #2 – Biohazard Waste Reduction

- **Monitor:** Secured Biomedical Waste
- **Target:** ≥ biomedical waste should be secured in 95% of area surveyed
- Performance: 89%.

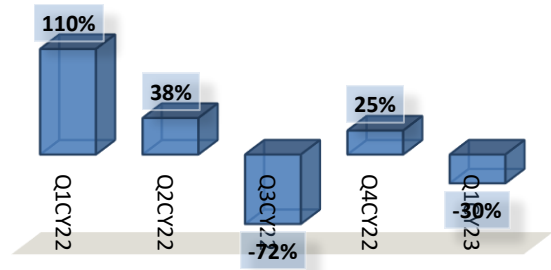




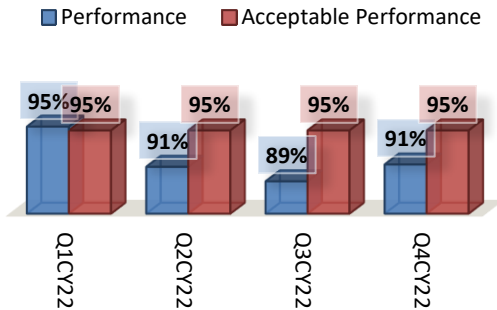
BHC BIOMEDICAL WASTE LOCATION TOTAL



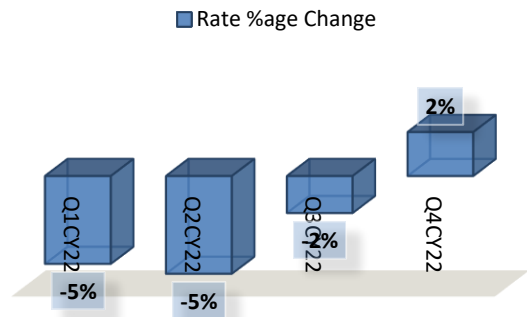
BHC BIOMEDICAL WASTE LOCATION %AGE CHANGE



BHC BIOMEDICAL WASTE PROCEDURE RATE



BHC BIOMEDICAL WASTE PROCEDURE RATE %AGE CHANGE



The threshold calculates the amount of waste generated per 10,000 medical encounter. The graph shows that biohazard waste generated by Broward Healthpoint Locations exceeded the threshold of 0.50% established for CY'2022.

The focus of the analyses included any negative trend. During the year, the upward trends were investigated to determine causal factor, it was revealed that an unacceptable practice of placing non biomedical waste into the biomedical waste container contributed to the negative outcome. Additionally, it was also discovered that individuals from the community disposes of their medical waste adjacent the outdoor containers for the storage of biomedical waste.

Guideline for disposing of home based biomedical waste was published and distributed to patients.

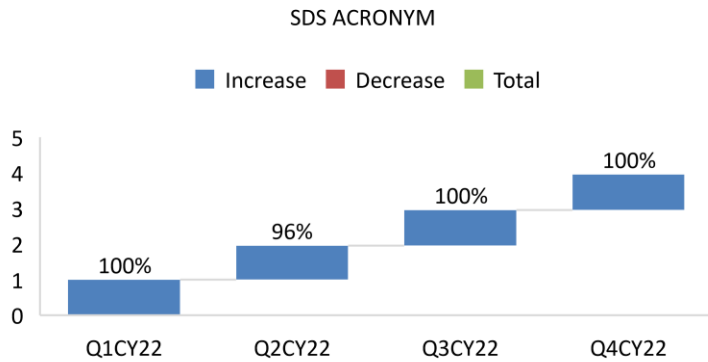
During CY 2022, though the location of Weston grew with additional Physicians leasing space within the building, the amount of biomedical waste generated continued to trend below the established target, this continues a trend observed over several years.

**Performance Monitor #3 – Staff Knowledge**

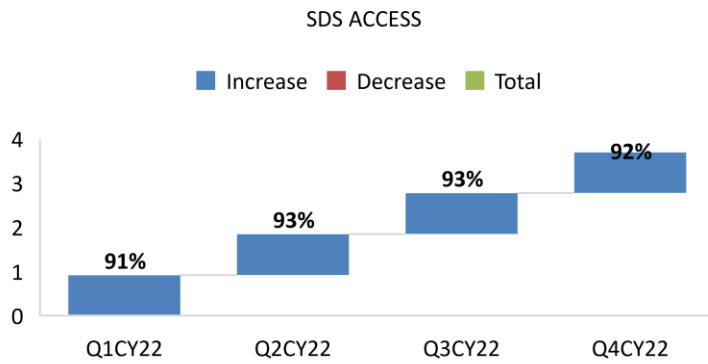
Staff’s knowledge of the roles and responsibilities relative to the environment of care comprises an essential component of the program’s effectiveness. A variety of methods is used to assess staff’s knowledge including questionnaires during environmental tours.



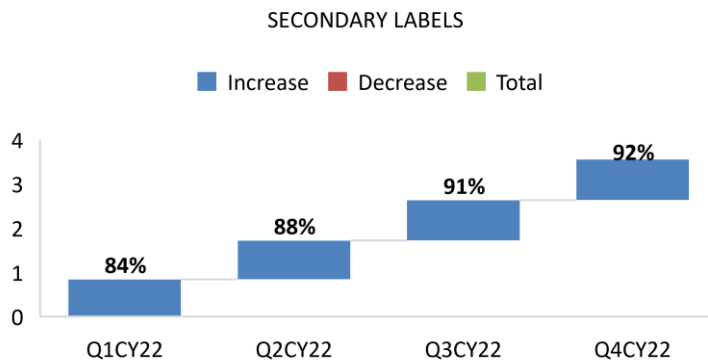
During scheduled and unscheduled environmental tours, a random sampling of at least 4 staff member at each facility surveyed, representing a cross-section of service lines within the corporate entities are questioned to evaluate competency and knowledge of their roles and responsibility relative to the safety program. Staff response was monitored throughout the calendar year, with quarterly analyses presented to the environment of care committee and subsequently to the Quality Assessment and Oversight Committee. During CY 2022, a total of 237 staff members were surveyed with the following results.



**Monitor:** What does the acronym SDS stands for?  
**Target:** 90% of staff surveyed should exhibit sufficient knowledge of their roles and responsibilities in the environment of care  
**Performance:** = 99%

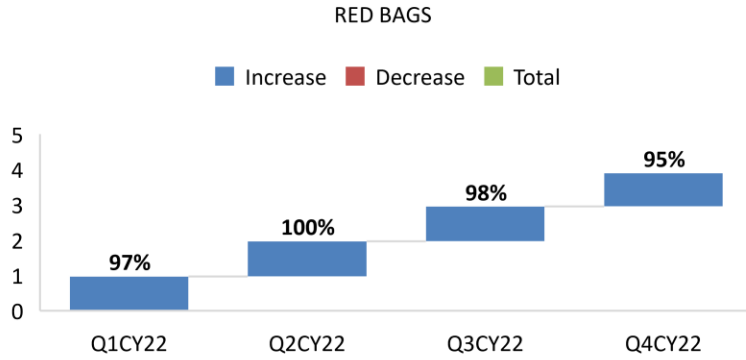


**Monitor:** How do you access SDS?  
**Target:** 90% of staff surveyed should exhibit sufficient knowledge of their roles and responsibilities in the environment of care  
**Performance:** = 92%



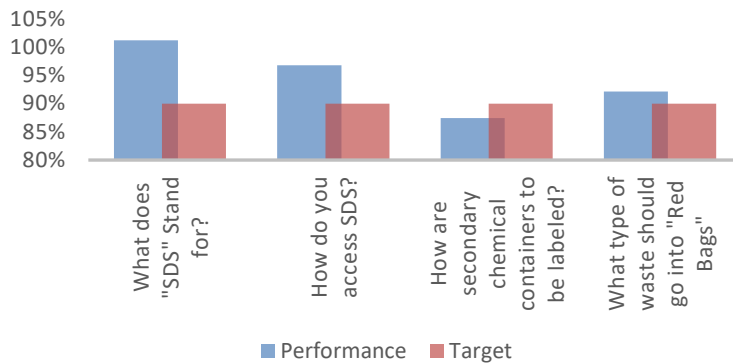
**Monitor:** How are secondary chemical containers labeled?  
**Target:** 90% of staff surveyed should exhibit sufficient knowledge of their roles and responsibilities in the environment of care  
**Performance:** = 89%



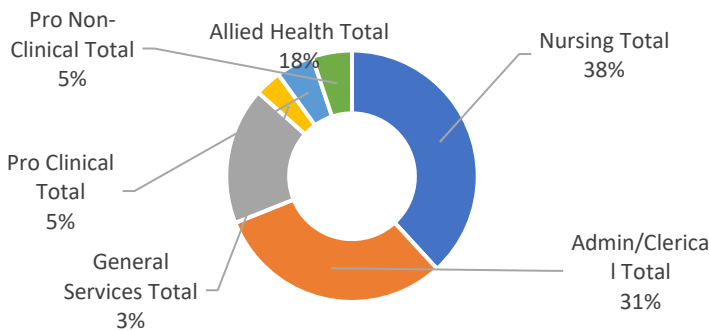


**Monitor:** What type of waste should go into red bags?  
**Target:** 90% of staff surveyed should exhibit sufficient knowledge of their roles and responsibilities in the environment of care  
**Performance:** = 97.5%

### Hazmat Staff Knowledge



### CY 2022 Service Line Breakdown



Staff surveys conducted during CY'22 yielded an acceptable result of 93%. Though the overall average reflect that the outcome meets the established standard, the results specific to 90% of staff surveyed have accurate knowledge of how secondary chemical container are to be labeled, the organization did not meet the intent of the standard.

As a result, during CY 2023, the organization will undertake extensive education to ensure staff knowledge improves.





## Evaluation of Performance Monitors

Performance from any reporting period that is not acceptable will be analyzed further to identify the causes of the problem. In addition, recommendations for improvement will be developed for each identified cause.

## Review of Program Effectiveness

The overall effectiveness of the hazardous materials and waste program is determined, not solely by its performance monitors, but also by the compliance with regulatory requirements and the avoidance of incidence. Waste reduction initiatives played a significant role in determining the program's effectiveness. During 2022, the organization did not encounter any accidental release or spill of hazardous materials or experience any regulatory citations. As a result, the program is considered effective, stable and sustainable.

## Performance Monitors for 2023

- Provide educational initiative to ensure that 90% of staff surveyed during environmental tours can exhibit sufficient knowledge of their roles and responsibilities for hazardous materials and waste.
- Reduce regulated medical waste by 10%.
- Provide EOC education to include biohazard waste management to 100% of BHP, Weston, CDTC and Physicians' Practices

## Fire Safety Management program

**Reviewer:** Garnett Coke

**Corporate Director, Public Safety/Regional Safety Officer Broward Health Corporate**

Review Date: March 2023

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### **Purpose:**

To minimize the possibility and risks of a fire and protect all occupants and property from fire, heat and products of combustion and to ensure that staff members are trained and tested in fire prevention and life safety so that they are able to respond appropriately to any fire emergency situation.

### **SCOPE**

The Fire & Life Safety Management Plan at Broward Health (BH) applies to every patient and anyone who enters any Broward Health location.

The regional facilities that this Management Plan applies to are Broward Health Medical Center, Broward Health Coral Springs, Broward Health Imperial Point, Broward Health Imperial Point Ambulatory Surgical Center, Broward Health North, Broward Health Weston Ambulatory Surgical Center, the business occupancies of Children’s Diagnostic and Treatment Center, Broward Healthpoint, and BH Physician Practices Group in which Broward Health patients receive care, treatment and services. Significant differences in activities at each facility are noted in site-specific policies as appropriate.

### **Evaluation:**

*The results of the analysis of the plan’s scope required that the scope appropriately reflected the plan’s applicability; however, because of a change in the naming convention of the clinics, the Scope was changed from “Community Health Services” to “Broward Healthpoint”.*

### **Review of Program Objectives**

Each management objective is listed in the following table. Each objective is marked as met or not met. If an objective is not met, the appropriate EC program manager(s) review the objective to determine what needs to be done to meet it during the next year. Objectives can be added, deleted, or modified. The action required to address each change is indicated in the last column of the table.



Objectives	Met	Not Met	Met with Conditions	Adjusted Objective
Describe the processes required for fire prevention, fire risk management, life safety planning, and emergency procedures.	√			
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.	√			
Inspect, test and maintain fire protection and life safety systems, equipment, and components per applicable and current NFPA codes and agencies having jurisdiction requirements.	√			
Report and investigate fire protection deficiencies, failures, and user errors.	√			
Assure that the buildings and their fire detection, alarm, and extinguishment features are in compliance with applicable NFPA standards for hospitals and ambulatory sites.	√			
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.	√			
Institute interim life safety measures (ILSM) during construction, renovations, fire sprinkler, alarm or detection system failures, or egress deficiencies.	√			
Conduct an annual evaluation of the Plan objectives, scope, performance and effectiveness.	√			

### Review of Performance

The review of performance evaluates the effectiveness of the current performance measures in providing EC managers with information that can be used to adjust program activities to maintain



performance or to identify opportunities for improvement. The review also evaluates the effectiveness of any performance improvement projects related to the program.

The Safety Officer and Facilities Services department are responsible for establishing performance improvement standards to objectively measure the effectiveness of the Fire and Life Safety Program. They determine appropriate data sources, collection methods, collection intervals, analysis techniques and report formats for the performance improvement standards presented to the EOC committee in order to identify opportunities to improve the program.

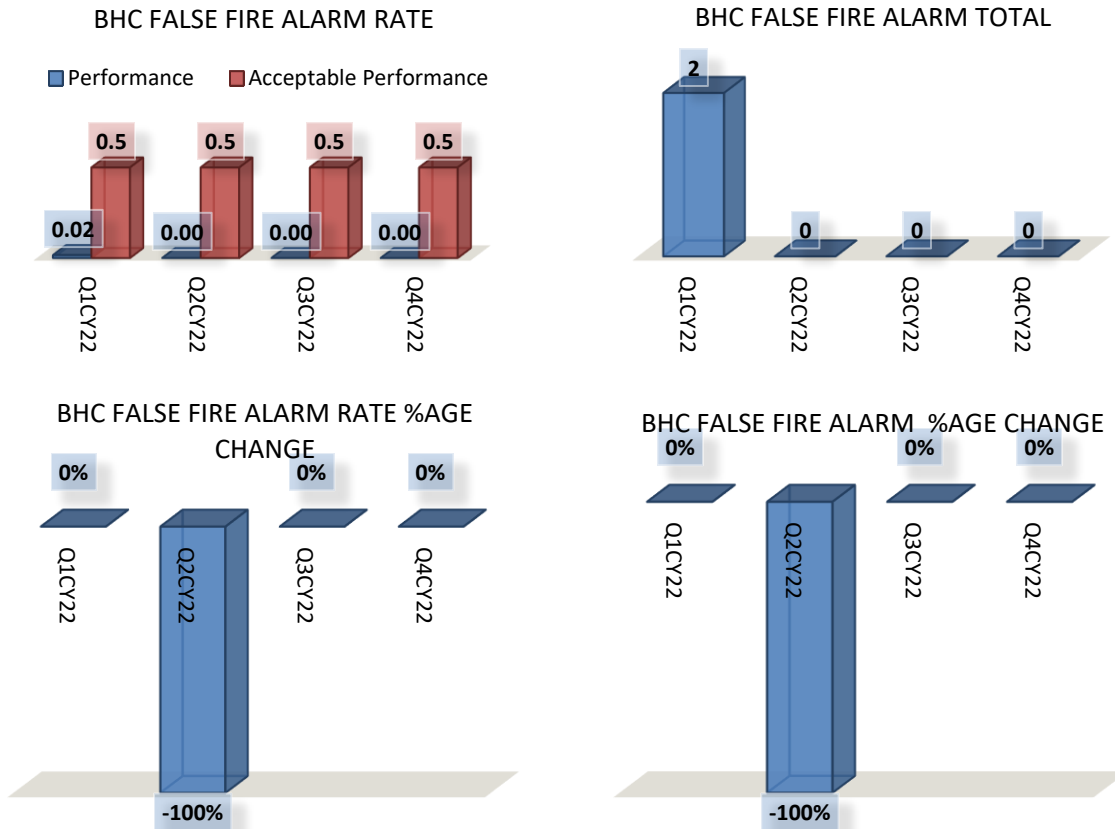
**Performance Monitors #1 – Reduce False Fire Alarms**

**Monitor:** Maintain False Fire Alarms rate below the established target

**Target:** 0.50 per 1000 Square Feet of occupied space

**Performance:** 0.05%

**Analysis:** The results of the analysis of data indicate the target of maintaining false fire alarms below the establish target was met, which continues a trend observed from the previous calendar year



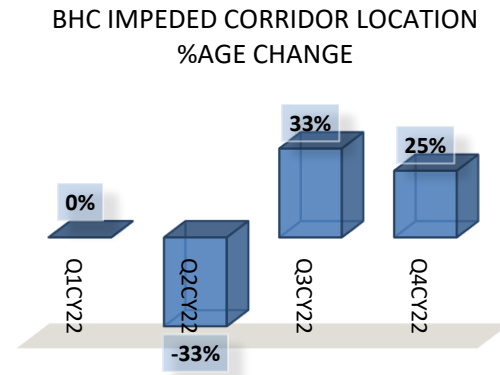
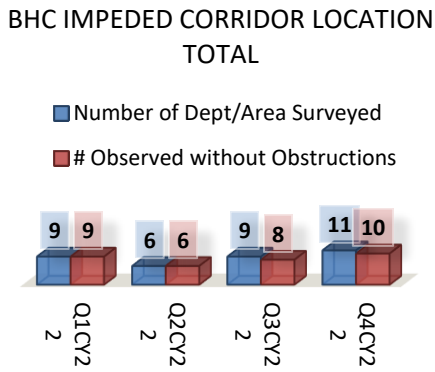
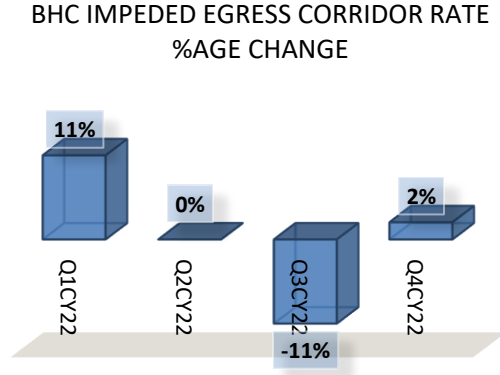
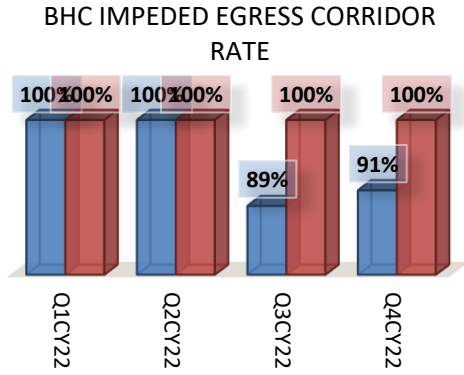
**Performance Monitors #2 – Impeded Egress Corridors**

**Monitor:** Maintain False Unimpeded Corridors above the established target

**Target:** Unimpeded egress corridors should be observed in 100% of the areas surveyed

**Performance:** 90%





**Analysis:** The results of the analysis of data indicate the target of maintaining unimpeded egress corridors was not met. The results show that a greater emphasis is needed to ensure continued compliance.

**Performance Monitor #3 – Staff Knowledge**

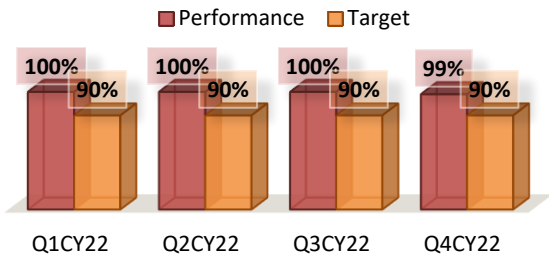
Staff’s knowledge of the roles and responsibilities relative to the environment of care comprises an essential component of the program’s effectiveness. A variety of methods are used to assess staff’s knowledge including questionnaires during environmental tours.

During scheduled and unscheduled environmental tours, a random sampling of at least 4 staff members at each facility surveyed, representing a cross-section of service lines within the corporate entities are questioned to evaluate competency and knowledge of their roles and responsibility relative to the safety program. Staff response was monitored throughout the calendar year, with quarterly analyses presented to the environment of care committee and subsequently to the Quality Assessment and Oversight Committee. During CY 2022, a total of 237 staff members were surveyed with the following results.



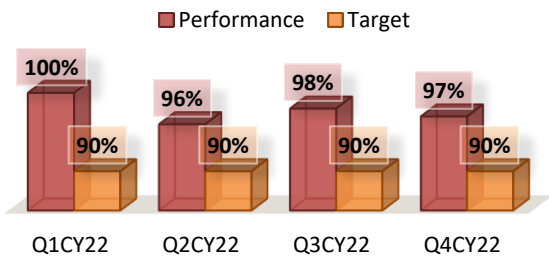


### CODE RED



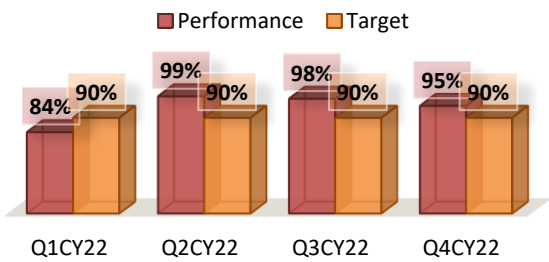
**Monitor:** When is Code Red announced?  
**Target:** 90% of staff surveyed during environmental tours can describe their roles and responsibilities relative to the fire safety program.  
**Performance:** Year average is 99.75%

### FIRE EXTINGUISHER



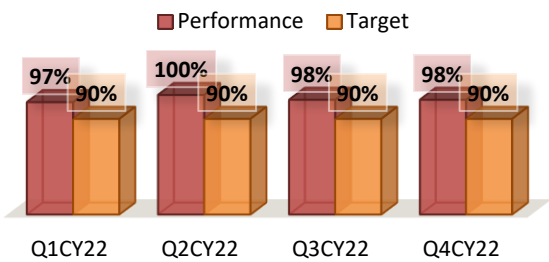
**Monitor:** How do you use a Fire Extinguisher?  
**Target:** 90% of staff surveyed during environmental tours can describe their roles and responsibilities relative to the fire safety program.  
**Performance:** Year average is 95%

### FIRE ALARM AUTHORITY



**Monitor:** Who is authorized to activate the fire alarm?  
**Target:** 90% of staff surveyed during environmental tours can describe their roles and responsibilities relative to the fire safety program.  
**Performance:** Year average is 94%

### EVACUATION ASSEMBLY POINT



**Monitor:** Where is your evacuation assembly point?  
**Target:** 90% of staff surveyed during environmental tours can describe their roles and responsibilities relative to the fire safety program.  
**Performance:** Year average is 98%



## Analysis

The effectiveness of the fire and life safety programs is not determined solely by the number of fire drills completed or the amount of education provided. Even more important to the program's effectiveness are the responses to actual alarms, avoidance of fires, staff completing initial and annual fire safety training, and the maintenance of the detection and suppression systems.

The review of the overall program indicates a need for performance to maintain unimpeded egress corridors; however, the Fire Safety program was generally evaluated to be effective, based on the realization of no actual fires, >90% inspection and maintenance of the fire detection and suppression systems, 100% of incoming staff was provided fire safety education during onboarding process and staff knowledge exceeding the established target.

### Performance Monitors for 2023

- Provide education to 95% of incoming personnel on the elements of the Fire and Life Safety Management Program to include RACE and evacuation.
- Unimpeded egress corridors will be maintained in 100% of the areas observed during scheduled or unscheduled inspections.
- 90% of staff surveyed should exhibit sufficient knowledge of fire procedures.

