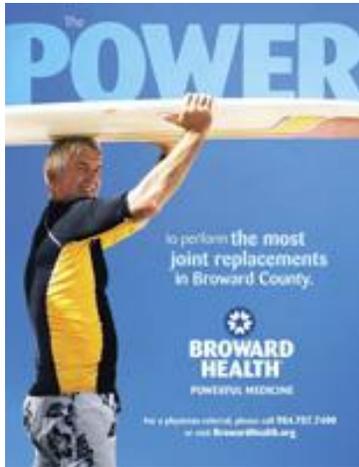


**2022 ANNUAL  
EVALUATION OF  
THE ENVIRONMENT  
OF CARE FOR  
BROWARD HEALTH  
NORTH**

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

**MISSION AND VISION**



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

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

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



**Five Star Values:**

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

**REGION'S COMPOSITION**

<b>Region:</b>
BROWARD HEALTH NORTH



## EXECUTIVE SUMMARY

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

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

The report highlights safety activities, Environment of Care Committee accomplishments, opportunities for improvement, and goals for 2023.

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

The Environment of Care Committee Annual Report will include a summarization of the following:

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

### Information Collection and Evaluation System (ICES):

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

### Evaluation Process and Components:

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

### Committee Members

Members & Titles	Departments	Functions
<i>Alicia Beceña, Corporate-Regional Safety Officer &amp; EOC Chair</i>	<i>Corporate Safety &amp; Security</i>	<i>Safety Management &amp; EOC Committee</i>
<i>Garnett Coke, Corporate Director</i>	<i>Corporate Safety &amp; Security</i>	<i>Corporate Security &amp; Community Health</i>
<i>John Vera, EM Coordinator and Erick Peña, Corporate Manager</i>	<i>Emergency Preparedness/EMS Liaison</i>	<i>Emergency Management and EOC Member</i>
<i>Kristen Sands and Jacqueline Martinez-Ordaz, EM Coordinators</i>	<i>Emergency Preparedness</i>	<i>Emergency Management and EOC Member</i>
<i>Kristina Castro, Regional Manager EH &amp; Alfredo Cruz, Manger Workers' Compensation</i>	<i>Employee Health &amp; Worker's Compensation</i>	<i>Safety Management, Members</i>
<i>Stephen Santos, Executive Director</i>	<i>Medical Equipment (BIOMED)</i>	<i>Medical Equipment Management, Members</i>

<i>Michael Scutto, EVS Director</i>	<i>Environmental</i>	<i>Hazardous Materials &amp; Waste Management</i>
<i>Susan Newman, Regional COO</i>	<i>Administration</i>	<i>Member</i>
<i>Eileen Manniste, Regional CNO</i>	<i>Administration</i>	<i>Member</i>
<i>Ivory Monroe, Regional Director, Interim - CFO</i>	<i>Administration</i>	<i>Member</i>
<i>Christopher LaRue, Regional Manager and Christina Hinkle, Clinical Specialist - EPI</i>	<i>Epidemiology, Quality &amp; Dialysis</i>	<i>Members</i>
<i>Charles Lawrence, Facilities Manager and Declan Finnerty, Master Mechanic</i>	<i>Facilities Services</i>	<i>Utility Systems Management, Members</i>
<i>Charles Lawrence, Facilities Manager/Life Safety Officer and Declan Finnerty, Master Mechanic</i>	<i>Facilities Services</i>	<i>Fire Safety Management &amp; Construction Projects, Members</i>
<i>Carl McDonald, Chief HR Officer</i>	<i>Human Resources</i>	<i>Member</i>
<i>Gregory D' Aguilar, Regional Security Lieutenant and Anthony (Tony) Frederick, Captain - Corporate Security</i>	<i>Protective Services/Security</i>	<i>Security Management, Members</i>
<i>Marco Mata, Regional Manager</i>	<i>Materials Management</i>	<i>Member</i>
<i>Jorida Wilcox, General Manager</i>	<i>Nutritional Services / Dietary</i>	<i>Member</i>
<i>Kathy Avedisian &amp; Donna Valerioti, Regional Manager</i>	<i>Laboratory</i>	<i>Members</i>
<i>Marisa Noel, Regional Manager &amp; Narda Priester</i>	<i>Radiology (Imaging) Services</i>	<i>Radiation Safety Officer &amp; Members</i>
<i>Winn Castro, Regional Manager</i>	<i>Pharmacy</i>	<i>Member</i>
<i>Joann Franklin, Regional Director</i>	<i>Emergency Services</i>	<i>Member</i>
<i>Genevieve Cua Boucher, Regional Manager / Gueorgui Petrov, Coordinator</i>	<i>Rehabilitation Services, Wound Care &amp; Hyperbaric Chambers</i>	<i>Members</i>
<i>Ruth Schwarzkopf, Regional Director</i>	<i>Surgical Services, OR &amp; Laser Safety</i>	<i>Members</i>
<i>Wayne Murphy II, Regional Manager</i>	<i>Risk Management</i>	<i>Member</i>
<i>Eric Shorr, Manager IT Network and Nathanael Alexander, IT Operations</i>	<i>Information Services</i>	<i>Member</i>
<i>Jami Rothenburg, Regional Manager</i>	<i>Trauma Services</i>	<i>Member</i>
<i>Yamile Cleter, RN III</i>	<i>Nursing – Trauma Unit</i>	<i>Member</i>
<i>Charese Crawford, Regional Manager</i>	<i>Clinical Education</i>	<i>Member</i>
<i>Jerry Capote, Regional Chief</i>	<i>Regional Medical Officer</i>	<i>Member</i>

The following table includes the name of those individual who manages the Environment of Care programs.

<b>Environment of Care Program</b>	<b>Evaluator(s)</b>
• Safety	• Alicia Beceña, Alfredo Cruz, Kristina Castro
• Security	• Gregory D' Aguilar
• Hazardous Materials	• Michael Scutto
• Fire Safety	• Charles Lawrence / Declan Finnerty
• Medical Equipment	• Stephen Santos
• Utility Systems	• Charles Lawrence / Declan Finnerty

**SAFETY MANAGEMENT PROGRAM**

**Reviewer:** Alicia Beceña, Corporate - Regional Safety Officer  
**Title:** Safety Management Program  
**Region:** Broward Health North  
**Review Date:** February 8, 2023

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

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

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

**Evaluation of the Scope:** The scope of the Safety Management Program was evaluated and encompasses the following:

- Broward Health North buildings, grounds, equipment, and facilities
- Broward Health North departments, services, and associated personnel
- All Broward Health North disciplines, with support and contribution from:

- |                        |                          |
|------------------------|--------------------------|
| Safety                 | Infection Control        |
| Risk Management        | Employee Health Services |
| Facility Services      | Protective Services      |
| Quality Management     | Laboratory               |
| Materiel Distribution  | Administration           |
| Biomedical Engineering | Radiation Safety         |
| Environmental Services | Nursing                  |
| Workers' Compensation  | IS/Communications        |
| Surgical Services      |                          |

- All applicable regulations promulgated by Federal, State, and local authorities.
- All applicable standards of accrediting organizations.
- All applicable Broward Health policies and procedures.

**Review of Program Objectives:** The Safety Management Program was effective towards four (4) of the five (5) objectives listed below. Each of these have adjusted objectives listed individually in their Performance Monitors.

Objective	Met	Not Met	Met w/ Conditions	2023 Adjusted Objective
REDUCE STAFF NEEDLE STICKS – Worker’s Comp	✓			Goal for 2023 is 22 or less as we seek a downward trend
REDUCE STAFF SLIPS/TRIPS/FALLS (STF’s) - Worker’s Comp	✓			Goal of 12 or less met for CY 2022. A 10 or less incident deduction goal is set for 2023 which is a 10% lower than the average over the last 3 years.
REDUCE VISITOR FALLS (Patients)		✓		Adjusted to 15 for 2023 as this is a 10% reduction of the average over the last 4 as 2020 had COVID restriction for visitors
REDUCE EMERGENCY DEPARTMENT PATIENT FALLS	✓			Goal adjusted to 15 (2023) as this is a 10% reduction of the average over the last 3 years
REDUCE OUTPATIENT DEPARTMENT PATIENT FALLS	✓			This objective will be monitored but not on the annual report – it will be replaced by Inpatient Falls



**Review of Performance:**

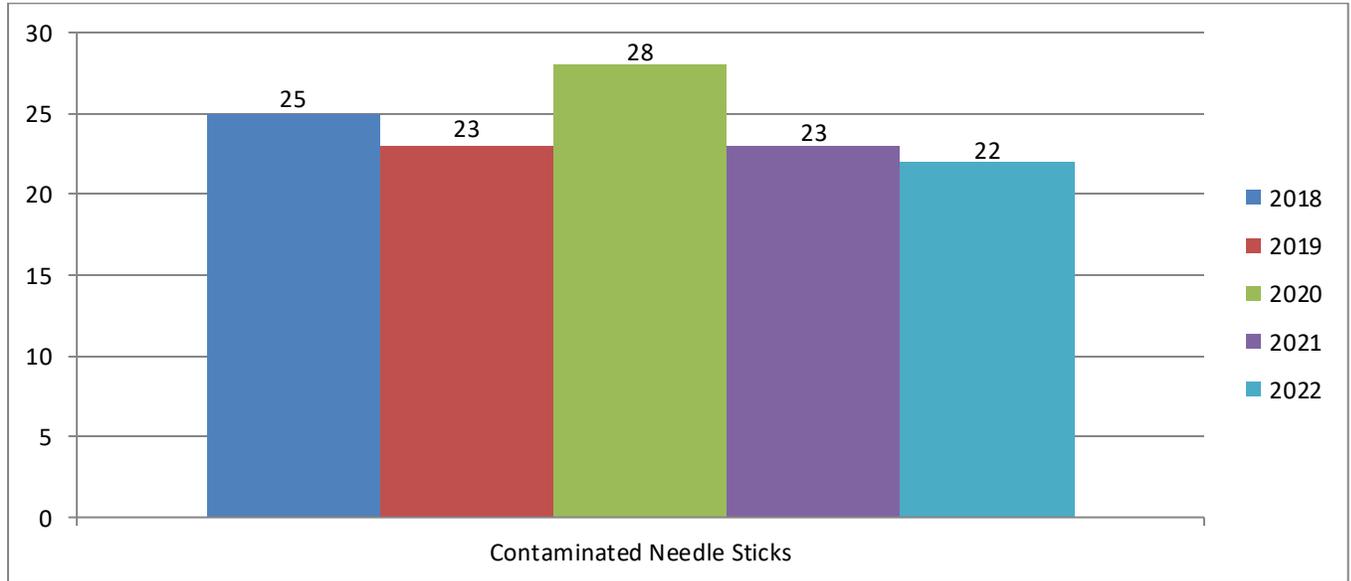
**Performance Monitors #1**

**Monitor: CONTAMINATED NEEDLE STICKS**

**Target: REDUCE STAFF NEEDLE STICKS** at or below the acceptable rate

**Performance:** Met

**Performance Monitor Analysis:**



<i>Contaminated Needle Sticks</i>	<i>Q1CY21</i>	<i>Q2CY21</i>	<i>Q3CY21</i>	<i>Q4CY21</i>	<i>Q1CY22</i>	<i>Q2CY22</i>	<i>Q3CY22</i>	<i>Q4CY22</i>
<b>Medical Encounters</b>	30410	31620	33676	31564	32003	28790	26808	29478
<b># of Contaminated Needle Sticks</b>	9	4	4	6	11	5	4	2
<b>Needle Stick %age Change</b>	50%	-56%	0%	50%	83%	-55%	-20%	-50%
<b>Performance</b>	2.96	1.27	1.19	1.90	3.44	1.74	1.49	0.68
<b>Acceptable Performance</b>	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65
<b>Rate %age Change</b>	36%	-57%	-6%	60%	81%	-49%	-14%	-55%

**Program’s Effectiveness:** The Program was effective and slightly reduced number of needle sticks (22 incidents for CY 2022 and previous year 2021 = 23). When looking at details of each occurrence we continue to see injuries due to the use of the butterfly retractable feature which is difficult to engage. In 2022 we conducted the first post COVID Safety Fair and had the vendor re-educate on the use of the butterfly needle safety devises. The Regional Safety Officer also educated over 892 staff members on how to reduce needle stick and other injuries.

**Performance Monitors for 2023:** Education and monitoring of injuries will continue in 2023 with education to be conducted during huddles and New Employee Orientation, HealthStream and by clinical education, safety, and our vendor partners. Broward Health North will be continuing to educate to reduce Contaminated Needle Sticks injuries with the goal set at 22 or less for CY2023 which is 10% less than the average of 24 incidents over the last three years.

**Performance Monitors #2**

**Monitor:** Occupational Injuries  
**Target:** Reduce OSHA Recordable Injuries from previous year  
**Performance:** Met  
**Performance Monitor Analysis:**

Occupational Injuries	Q1CY21	Q2CY21	Q3CY21	Q4CY21	Q1CY22	Q2CY22	Q3CY22	Q4CY22
Hours Worked	650455	543744	647418	536377	575608	506584	412257	585763
# of OSHA Recordable Injuries	33	18	15	13	23	9	19	8
Injury Percentage Change	#REF!	-45%	-17%	-13%	77%	-61%	111%	-58%
Acceptable Performance	6.01	6.01	6.01	6.01	6.01	6.01	6.01	6.01
Performance Rate	10.15	6.62	4.63	4.85	7.99	3.55	9.22	2.73
Rate % Change	#REF!	-35%	-30%	5%	65%	-56%	159%	-70%

**Program’s Effectiveness:** The program was effective in reducing the number of OSHA Recordable Injuries from 88 in CY2020, 79 in CY2021 to 59 in CY2022. This is a downwards trend in Occupational injuries over the last 3 years. We also noticed a reduction in injured workers with lost time in 2022 = 15 vs. 2021 = 22 and 2020 = 30 and in Days Lost from work we also had a reduction in CY2022 with 387 vs. 2021 = 415 and 747 in CY2020. Accident and Injury prevention were the focus of Safety during the re-instatement of the annual Safety Fair 2022.

**Performance Monitors for 2023:** We will continue to education staff during New Employee Orientation on Accident and Injury prevention and in HealthStream’s annual training. A goal of less than 68 OSHA Recordable injuries will be set as a way to continue a downward trend of injuries. 68 is the average number of incidents over the last three years minus 10% less.

**Performance Monitors #3**

**Monitor:** STAFF SLIPS/TRIPS/FALLS (STF)  
**Target:** Reduce Staff Slips, Trips and Falls  
**Performance:** Met  
**Performance Monitor Analysis:**

**Program’s Effectiveness:** The program was effective in maintaining Employee Slips, Trips and Falls to 12 for 2022 even though we had 10 for 2021, 12 in CY2020 and 17 in CY2019. The goal for 2022 was 12 or less as we took an average based on last 3 years. Spill stations and their use will be monitors throughout 2023 along with any trends noted for this type of injuries.



**Performance Monitors for 2023:** Broward Health North is adjusting the goal of staff Slips, Trips and Falls to 10 for 2023 as we continue to seek a downward trend with additional education of staff during New Employee Orientation and on HealthStream. This goal was calculated using ten (10) percent less than the average (11) over the last three (3) year for these types of injuries.

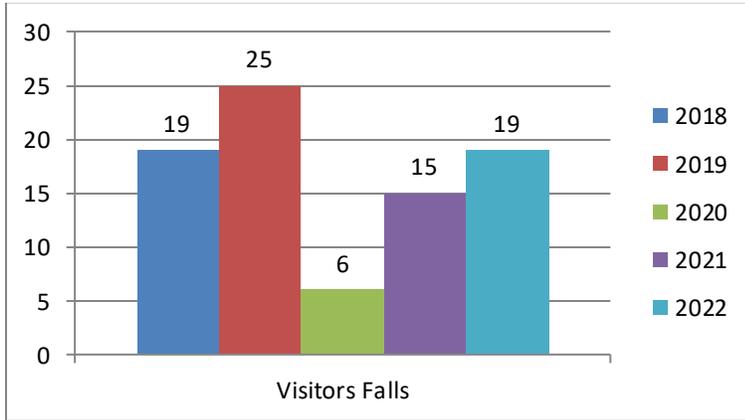
**Performance Monitors #4**

**Monitor:** VISITOR FALLS

**Target:** Reduce visitor falls based on average less 10% of the last 3 years

**Performance:** Not Met

**Performance Monitor Analysis:**



**Program’s Effectiveness:** The Safety Management Program was not effective in meeting the goal of less than 14 falls with 19 for CY2022. A reduction of the amount of Visitor Falls in 2021=15 and 2020=6 was noted from 25 in CY2019 due to restriction imposed on visitors during COVID-19

**Performance Monitors for 2023:** Broward Health North adjusted the goal of reducing Visitor falls to no more than 15. Note: Goal reduced by 10% from average of CY19, 20, 21 and 2022 (16 incidents minus (-) 10% = 15).

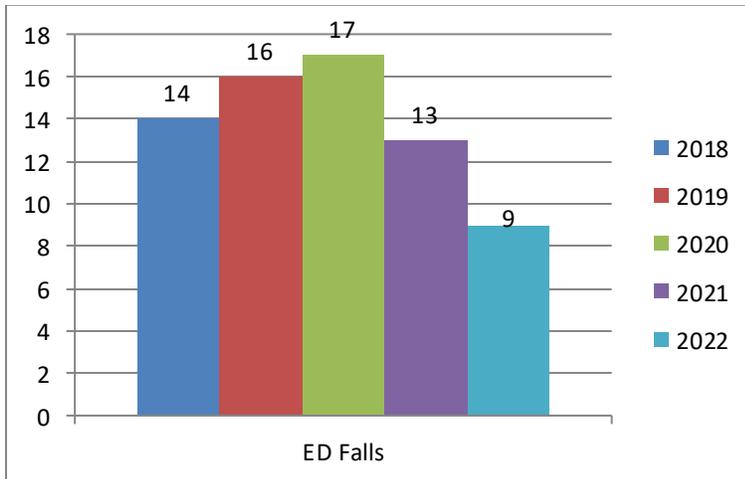
**Performance Monitors #5**

**Monitor:** EMERGENCY DEPARTMENT PATIENT FALLS

**Target:** Reduce ED Falls

**Performance:** Met

**Performance Monitor Analysis:**



**Program’s Effectiveness:** The Safety Management Program was effective in reducing Emergency Department Patient Falls to 9 which is less than the target of 14.

**Performance Monitors for 2023:** Broward Health North has adjusted the goal of reducing ED falls to no more than 14 (Note: Goal is to reduce by 10% from average of 2021, 2020 and 2019 incidents). Falls Committee remains active.



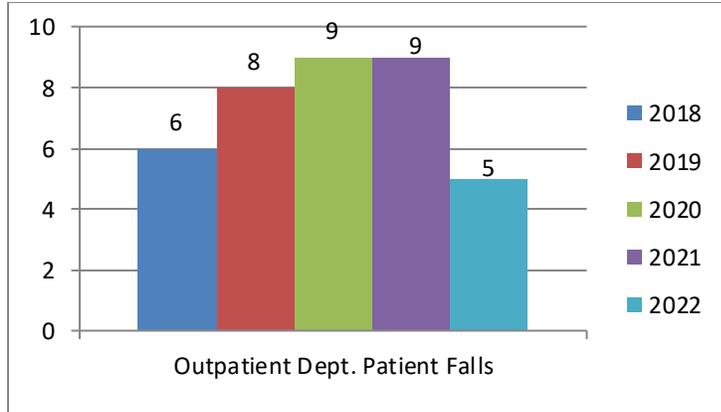
**Performance Monitors #6**

**Monitor:** OUTPATIENT DEPARTMENT PATIENT FALLS

**Target:** Reduce Outpatient Falls

**Performance:** Met

**Performance Monitor Analysis:**



**Program's Effectiveness:** The Safety Management Program was effective in reducing Outpatient Department Patient Falls to 5 meeting the goal set of no more than 8 for CY 2022.

**Performance Monitors for 2023:** Broward Health North has decided to no longer monitor the Outpatient goals for the annual report instead will replace this goal with In-Patient falls.

**Overall Effectiveness of the Safety Management Program's Effectiveness:** The Safety Management Program was effective in reducing contaminated needle stick injuries, employee slips, trips, and falls, Emergency Departmental and Outpatient department falls during 2022. Only visitors Falls did not reach the goal established for CY2022. However, the average number of falls was affected by the restrictive measures taken during 2020 and 2021 due to the COVID outbreak. We will continue to be monitor for trends and promote improvements in the safety program.

**Safety Management Performance Monitors for 2023:**

- Needle Sticks to no more than 22
- Reduce Staff Slips, Trips and Falls to no more than 10
- Reduce Occupational Reportable Injuries to 68 or less
- Reduce Visitor Falls to no more than 15
- Reduce E.D. Falls to no more than 14
- Reduce In-patient Falls to no more than the Target Rate established of 2.51

**Some of the action items for Occupational Injuries and fall prevention which are on-going or will be started in 2023 are the following:**

- Continue to advise regional Clinical Education managers about incidents
- Clinical specialist/employee health meets with employees' individually to discuss incident and plans to prevent future occurrences.
- Managers are given incident reports from Employee Health and advised to discuss and bring awareness during staff meetings and huddle times.
- BBF and Contaminated Needle stick will be monitored for trends and accident prevention education to be continued as needed.
- Continue to provide unit base education from employee health, safety, clinical education, managers and supervisors and vendor regarding Contaminated Needle Sticks, Slips/Trips & Falls, Overexertions', Exposures, and any other identified workplace injuries. Safety will continue to focus on accident prevention education during New Employee Orientation.
- Continue the Safety initiated of developing education flyers of top past Injuries and distribute to units and different departments.

**SECURITY MANAGEMENT PROGRAM**

**Reviewer:** Gregory D’ Aguilar

**Title:** Regional Security Lieutenant

**Region:** Broward Health North

**Review Date:** February 8, 2023

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

**Scope:** Broward Health (BH) is made up of many diverse medical facilities. The Security Management Plan applies to all visitors, patients Licensed Independent Practitioners (LIPs) and staff members of every facility in Broward Health. BH operates under regional Environment of Care (EOC) Committees and one EOC Key Group, which has the final approval for all policies affecting the EOC program.

A risk assessment is conducted as needed to help determine the essential elements of the security management plan for all facilities of BH.

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

**Evaluation of the Scope:** Based on a review of the current Security Management Program and performance indicators, these objectives are appropriate for the management of safety within Broward Health North. Therefore, no changes to the plan objectives will be recommended at this time.

**Review of Program Objectives:** The goals that were not met will be a focus for the department in CY2022 by creating action plans and monitoring throughout the year. Other areas for improvement will be addressed through a series of increased awareness training sessions.

In addition to the annual survey, the department also participates in a series of EOC rounds to improve the quality of service and ensure that the overall goals of EOC are met. The department also has ongoing projects and surveys designed to improve the effectiveness of the Plan by working with several departments including Safety and Facilities to improve physical security aspects of the Plan.

Objective	Met	Not Met	Met with Conditions	Comments / Adjusted Objective
ASSAULT / BATTERY	✓			Downward trend
THREAT OF VIOLENCE	✓			12 incidents – achieved a downward trend even though there is an increase in healthcare settings overall for these types of incidents
AGGRESSIVE BEHAVIOR (patients/visitors)	✓			
CODE ASSIST	✓			Downward trend
MISSING/LOST PROPERTY (Patients)		✓		Slightly increased by 2.5% for CY 2022
THEFTS: PATIENT BELONGINGS	✓			
THEFTS: AUTO/VANDALISM/BH Property (remove 2023)	✓			CY2020 = 8 CY2021 = 4 CY2022 = 3

**SECURITY MANAGEMENT**

- Assault/Battery incidents in 2022 = 26 (decreased by 100%) vs. 2021 = 52 and 66 in CY2020 downward trend continues even when looking back at 2019 = 28.
- Threat of Violence incidents in 2022 = 16 decreased by 42% vs. 2021 were 28 and 18 incidents in CY2020.
- Aggressive Behavior (patients & visitors) incidents 2022 decreased by 8% to 220 vs. CY2021 to 239 incidents and 231 in CY2020 (2019 (117) and 102 in CY2018).
- The number of Code Assist in 2022 decreased by 64.5% = CY2022 = 374 vs. CY2021 = 579 and 2020 = 432

- Missing/Lost Property incidents slightly increased by 2.5% for CY 2022 = 90 (6 recovered) vs. 2021 = 88 incidents (4 recovered) when compared to 85 in CY2020 (17 recovered) (67 incidents in 2019, and 84 in CY2018).
- The number of Vehicle Burglary incidents was zero (0) vs. 1 incident reported in CY2021 compared to zero incidents in CY2020 (1) in CY2019, and 7 in CY 2018.
- The number of Contraband searches in 2022 decreased by 14.5% to 86 vs. 2021 with 103 when compared to CY2020 = 100 and 2019 = 95 and 144 in CY 2018.
- Thefts (Auto/Vandalism/BH Property) in 2022 = 3 was a slight decrease from 2021 = 4 and 8 in CY2020 with one recovered.

**Review of Performance:**

**Performance Monitors #1**

**Monitor:** Security Assaults  
**Target:** Rate no greater than 1 per quarter / Medical Encounters  
**Performance:** Met – 100% of the time  
**Performance Monitor Analysis:**

**Program Effectiveness:**  
 The program performed within threshold.  
 The average performance for CY2022 was 0.24

<b>Bodily Assaults NBH</b>	<b>Q1CY21</b>	<b>Q2CY21</b>	<b>Q3CY21</b>	<b>Q4CY21</b>	<b>Q1CY22</b>	<b>Q2CY22</b>	<b>Q3CY22</b>	<b>Q4CY22</b>
<b>Medical Encounters</b>	30410	31620	33676	31564	32003	28790	26808	29478
<b>Number Per Quarter</b>	6	1	4	3	6	3	10	6
<b>NBH Assault %age Change</b>	200%	-83%	300%	-25%	100%	-50%	233%	-40%
<b>Performance</b>	0.20	0.03	0.12	0.10	0.19	0.10	0.37	0.20
<b>Acceptable Performance</b>	1	1	1	1	1	1	1	1
<b>Rate %age Change</b>	173%	-84%	276%	-20%	97%	-44%	258%	-45%

**Performance Monitors #2**

**Monitor:** Security Procedures  
**Target:** 90% or higher compliance  
**Performance:** Met – 75% of the time  
**Performance Monitor Analysis:**

**Program Effectiveness:**  
 The program performed within threshold. The average performance of 94.5% which exceeded the performance baseline of 90%.

<b>Security Procedures</b>	<b>Q1CY21</b>	<b>Q2CY21</b>	<b>Q3CY21</b>	<b>Q4CY21</b>	<b>Q1CY22</b>	<b>Q2CY22</b>	<b>Q3CY22</b>	<b>Q4CY22</b>
<b>Number of Dept/Area Surveyed</b>	16	20	20	17	19	20	18	15
<b># of areas where no security procedures were violated</b>	15	19	16	16	19	19	15	15
<b>Security Pro % Change</b>	-6%	27%	-16%	0%	19%	0%	-21%	0%
<b>Performance</b>	94%	95%	80%	94%	100%	95%	83%	100%
<b>Acceptable Performance</b>	90%	90%	90%	90%	90%	90%	90%	90%
<b>Rate %age Change</b>	0%	1%	-16%	18%	6%	-5%	-12%	20%

**Overall Effectiveness of the Program's Effectiveness:**

Security Management will continue to monitor the program using the established performance indicators including Workplace Violence and other violent acts (assaults, aggressive behavior, and threats of violence) in coordination with the safety officer, clinical leaders, and others to establish a program that emphasizes “early intervention” to help deescalate aggressive behaviors. The goal of the program is to decrease violent acts overall and to improve the Environment of Care.

**Performance Monitors accomplished for 2022:**

- Implemented a Safety and Security Task Force (Corporate led)
- Conducted a Safety and Security Risk Assessment (Corporate led) in November 2022
- Completed the Workplace Violence Risk Assessment
- Monitored security procedures’ performance during EOC Rounds
- Monitored the average number of “crime related” events quarterly (monitoring will continue but will not report for EOC 2023)
- Increased Security Presence/Nurse Assist by 10 percent before escalation to Code Assists (monitoring will continue but will not report for EOC 2023)
- Trained and educated staff to help reduced Assaults on staff by conducting brief in-services during monthly huddles
- Monitored and used the “sweep the room” methods to address missing/damaged patient property with goals to increase “recovery of missing property”.
- Upgraded seven cameras and completed an assessment of other outdoor areas needing camera coverage for 2023

**Performance Monitors for 2023:**

- Continue to assess camera coverage both indoors and outdoors
- Continue to monitor “recovered missing property” and use “sweep the room”
- Address the results and implement performance improvements from the 2022 Safety and Security Comprehensive Vulnerability Risk Assessment
- Address performance improvements to help reduce Workplace Violence and assaults overall.
- Continue to Monitor security procedures’ performance during EOC Rounds using the AMP Tracer Tool
- Continue to work with the Safety and Security Task Force

**HAZARDOUS MATERIALS & WASTE MANAGEMENT PROGRAM**

**Reviewer:** Alicia Beceña and Michael Scutto, EVS

**Title:** Hazardous Materials & Waste Management Program

**Region:** Broward Health North

**Review Date:** February 8, 2023

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

**Scope:** Broward Health has many diverse medical facilities. This Management Plan applies to patients, staff, and any other persons who enter a Broward Health site.

The facilities that the Hazardous Materials and Waste Management Plan apply to are Broward Health Medical Center, Broward Health Coral Springs, Broward Health Imperial Point, Broward Health North, Broward Health Weston, Broward Health Community Health Services, Broward Health Physician Group, and Other business occupancies. Any differences in activities at each site are noted or defined within the specific site policies, as appropriate.

The scope of the Hazardous Materials and Waste Management program is determined by the materials in use and the waste generated by each Broward Health facility. Safe use of hazardous materials and waste requires participation by leadership at an organizational and departmental level, and other appropriate staff to implement all parts of the plan. Protection from hazards requires all staff that use or are exposed to hazardous materials and waste be educated as to the nature of the hazards and to use equipment provided for safe use and handling. Rapid, effective response is required in the event of a spill, release or exposure to hazardous materials or waste. The plan includes management of staff’s practices so the risk of injuries and exposures is reduced, and staff can respond appropriately in emergencies. Special monitoring processes or systems may also be required to manage certain hazardous gases, vapors, or radiation undetectable by humans.

**Evaluation of the Scope:** Based on a review of the current Hazardous Materials & Waste Management Program and performance indicators, these objectives are appropriate for the management of safety within Broward Health North. Therefore, no changes to the plan objectives will be recommended at this time.

**Review of Program Objectives:** The Hazardous Materials and Waste Management Objectives were considered effective this year. We will continue to trend the current Objectives for another year and make appropriate changes as needed.

Objective	Met	Not Met	Met with Conditions	Adjusted Objective/Comments
Maintain Biohazardous Waste below target of 1.60 lbs./APD	✓			
Manage Biohazardous Waste (above 95%)	✓			
Increase Recycled Waste (by 3%)		✓		Compactor Issues and downtime affected our ability to process recycled waste
Maintain zero (0) Code Spills	✓			
Conduct one (1) DOT Training	✓			

**Review of Performance:**

**Performance Monitors #1**

**Monitor:** Maintain Biohazardous Waste below target of 1.60 lbs./APD

**Target:** Below 1.60 lbs./APD (Key Group - Corporate Goal)

**Performance:** MET

**Program’s Effectiveness:** The Hazardous Material and Waste Management Program was effective 100% of the time in maintaining our Biohazardous Waste below 1.60 lbs./APD.

**Performance Monitor Analysis:**

<i>Biohazard Waste</i>	<i>Q1CY21</i>	<i>Q2CY21</i>	<i>Q3CY21</i>	<i>Q4CY21</i>	<i>Q1CY22</i>	<i>Q2CY22</i>	<i>Q3CY22</i>	<i>Q4CY22</i>
<i>Medical Encounters</i>	30410	31620	33676	31564	32003	28790	26808	29478
<i>Lbs. of Regulated Medical Waste</i>	45032	41208	23868	17956	19298	18867	18196	12837
<i>Waste lbs. % Change</i>	63%	-8%	-42%	-25%	7%	-2%	-4%	-29%
<i>Performance</i>	1.48	1.30	0.71	0.57	0.60	0.66	0.68	0.44
<i>Acceptable Performance</i>	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60
<i>Rate %age Change</i>	48%	-12%	-46%	-20%	6%	9%	4%	-36%

**Performance Monitors for 2022:** Broward Health North remains committed to maintaining Biohazardous Waste below the assigned System-wide target rate of less than 1.60 lbs./APD. This performance was met for all 4 quarters of CY2022.

**Performance Monitors #2**

**Monitor:** Manage Bio-Hazardous Waste  
**Target:** Above 95% (# of Areas Surveyed/Correctly Managed)  
**Performance:** Met 75% of the time

**Program’s Effectiveness:** The Managing of Biohazard Waste was effective 75% of the time as noted during EOC Rounds with quarters 1,3 and 4 meeting rate of >95% this is a 25% increase in performance form 2021.

**Performance Monitor Analysis:**

<i>Managing Biohazard</i>	<i>Q1CY21</i>	<i>Q2CY21</i>	<i>Q3CY21</i>	<i>Q4CY21</i>	<i>Q1CY22</i>	<i>Q2CY22</i>	<i>Q3CY22</i>	<i>Q4CY22</i>
<i>Surveyed</i>	15	20	20	17	19	20	18	15
<i>Managed Correctly</i>	14	20	20	16	19	18	18	15
<i>Waste Mgt % Change</i>	-18%	43%	0%	-20%	19%	-5%	0%	-17%
<i>Performance</i>	93%	100%	100%	94%	100%	90%	100%	100%
<i>Acceptable Performance</i>	95%	95%	95%	95%	95%	95%	95%	95%
<i>Rate %age Change</i>	-7%	7%	0%	-6%	6%	-10%	11%	0%

**Performance Monitors for 2022:** Broward Health North set a goal of increasing their performance by scheduling the vendor to perform staff education on proper disposal of waste. This was successfully done during our first post-COVID Safety Fair in CY2022 with 892 staff members attending.

**Performance Monitors #3**

**Monitor:** Increase Recycled Waste  
**Target:** Increase from previous year  
**Performance:** NOT MET

**Program’s Effectiveness:** The Hazardous Material and Waste Management Program was not effective in increasing our Recycled Waste in 2022 collecting a total of 74,495 vs. 647,540 lbs. in 2021 and 1,1600,638 lbs. for CY2020

**Performance Monitor Analysis:**

<b>Monthly</b>	<b>RCY 2020</b>	<b>RCY2021</b>	<b>RCY2022</b>
<b>Baseline</b>	52,000	34,600	8,890
<b>Jan</b>	129,840	64,325	6,825
<b>Feb</b>	111,570	70,680	5,960
<b>Mar</b>	150,200	95,190	11,811
<b>Apr</b>	83,150	61,320	8,403



<b>May</b>	104,280	69,760	6,267
<b>Jun</b>	125,220	72,345	4,197
<b>Jul</b>	105,550	75,020	6,921
<b>Aug</b>	93,400	26,840	6,999
<b>Sep</b>	97,760	34,780	4,276
<b>Oct</b>	76,148	24,660	3,237
<b>Nov</b>	44,720	24,360	5,297
<b>Dec</b>	38,800	28,260	4,303
<b>Total</b>	<b>1,160,638</b>	<b>647,540</b>	<b>74,495</b>

**Performance Monitors for 2023:** Broward Health North has set a goal of increasing Recycled Waste by educating staff to recycle and not comingle waste streams to avoid contamination which results in re-classification of the contaminated waste.

**Performance Monitors #4**

**Monitor:** Maintain zero Code Spills

**Target:** 0

**Performance:** Met

**Program’s Effectiveness:** The Hazardous Material and Waste Management Program was effective in obtaining the goal of maintaining no Code Spills.

**Performance Monitors for 2023:** Broward Health North will continue to train and educate on spill prevention techniques. Additionally, the Chemical Spill Response teams will have initial/refresher training as due to turnover we have lost some team members in 2022.

**Performance Monitors #5**

**Monitor:** DOT Training

**Target:** Conduct at least one (1) DOT Training

**Performance:** Met

**Program’s Effectiveness:** DOT training was completed

**Overall Effectiveness of the Program’s Effectiveness:**

The Hazardous Material and Waste Management Program was effective towards completing training and monitoring of the different waste streams.

**Hazardous Materials and Waste Management Performance Monitors for 2023:**

- Monitor and maintain all Biohazardous Waste at or below 1.6 lbs./APD
- Monitor and manage Bio-Hazardous Waste for a compliance rate of 95% or better
- Increase Recycled Waste performance through ongoing training and education
- Conduct Biohazardous and Pharmaceutical waste segregation training
- Conduct DOT Training for initial and refresh (at least every 3 years)
- Revamp the Chemical Response Team and training for initial and refresh
- Maintain Hazardous Waste Accumulation areas clean and have a written log available for inspection
- Ensure all departments update the 2023 Chemical Inventory List so all products can be added to SDS (3E) for on-line access

**FIRE SAFETY MANAGEMENT PROGRAM**

**Reviewers:** Chuck Lawrence, Declan Finerty and Alicia Becena

**Title:** Regional Director / Life Safety Officer

**Region:** Broward Health North

**Review Date:** February 8, 2023

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

**Scope:** The Fire Safety Management Program is designed to assure appropriate, effective response to fire emergency situations that could affect the safety of patients, staff, LIPs and visitors, or the environment of Broward Health. The program is also designed to assure compliance with applicable codes and regulations.

The Fire Safety Management Program applies to every patient and anyone who enters any Broward Health location. The Fire Safety Management Plan applies to Broward Health Medical Center, Broward Health Coral Springs, Broward Health Imperial Point, Broward Health North, Broward Health-Weston, Broward Health Community Health Services, and Broward Health Physician Group, and other business occupancies. Any differences in activities at each site are noted or defined within the specific site policies, as appropriate.

**Evaluation of the Scope:** Based on a review of the current Fire Safety Management Program and performance indicators, the scope is appropriate for the management of safety within Broward Health North.

**Review of Program Objectives:** Based on a review of the current Fire Safety Management Program and performance indicators, these objectives are appropriate for the management of safety within Broward Health North. Therefore, no changes to the plan objectives will be recommended at this time.

Objectives	Met	Not Met	Met with Conditions	Adjusted Objective
Use Fire Drill Matrix to perform fire drills, 1 per quarter, per shift. When, Interim Life Safety Measures (ILSM's) are implemented, perform 2 per quarter, per shift.	✓			16 Drills conducted 2022
Decrease the number of unscheduled alarms.			✓	Missed target by 3 incidents during 2022 when compared to goal set in CY2021 – however did meet quarterly performance rate
Maintain no actual fires.	✓			
Review Life Safety plans and updated	✓			Vendor contracted and revisions to the plan are on-going for areas under construction

**Review of Performance:**

**Performance Monitors #1**

**Monitor:** Perform fire drills, 1 per quarter, per shift. If ILSM's are implemented, then perform 2 per quarter, per shift.

**Target:** One fire drill per shift, per quarter using the fire drill matrix

**Performance:** Target MET with all fire drills completed. There were 16 fire drills completed exceeding the requirements of one per shift, per quarter. An OR fire drill focused on preventing surgical fire especially during the use of laser equipment was completed in April 2022.

**Performance Monitor Analysis:**

INDICATOR	CY20	CY21	CY22
FIRE DRILLS COMPLETED	12	22	16

**Program's Effectiveness:** The Fire Safety Management Program was effective in achieving our goal for fire drills. Additionally, extra fire drills were performed for OR, CAP and CARF requirements.



**Performance Monitors for 2023:** Broward Health North will continue to use the NFPA guidelines of one fire drill, per quarter, per shift (12); and if appropriate (ILSM's) will be implemented, in which case two fire drills, per quarter, per shift will be performed (24) while ILSM. All fire drills will be spaced out using a new Fire Drill Matrix to properly scheduled events with at least a one-hour differential from each of the previous 4 quarters. An OR fire drill focused on preventing surgical fire especially during the use of laser equipment will be completed during the year.

**Performance Monitors #2**

**Monitor:** Number of false fire alarms  
**Target:** Reduce from previous year of 12  
**Performance:** Met favorably  
**Performance Monitor Analysis:**

**Program's Effectiveness:** Broward Health North was able to reduce the number of False Fire Alarms in 2022 when compared to CY2020 and CY2021 however, did meet their performance rate on a quarterly basis.

INDICATOR	CY20	CY21	CY22
NUMBER OF FALSE ALARMS	12	13	8

False Fire Alarms	Q1CY21	Q2CY21	Q3CY21	Q4CY21	Q1CY22	Q2CY22	Q3CY22	Q4CY22
Square footage	535683	535683	535683	535683	535683	535683	535683	535683
# Per Quarter	2	5	2	4	4	2	1	1
Fire Alarm % Change	-33%	150%	-60%	100%	0%	-50%	-50%	0%
Performance	0.04	0.09	0.04	0.07	0.07	0.04	0.02	0.02
Acceptable Performance	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Rate %age Change	-33%	3%	-60%	100%	0%	-50%	-50%	0%

**Performance Monitors for 2023:**

Broward Health North has set a goal to continue reducing amount of false fire alarms for 2023.

**Performance Monitors #3**

**Monitor:** Number of actual fires  
**Target:** Zero  
**Performance:** Target Met  
**Performance Monitor Analysis:**

**Program's Effectiveness:** The Fire Safety Management Program was effective in achieving our overall goal

INDICATOR	CY20	CY21	CY22
NUMBER OF ACTUAL FIRES	0	1	0

**Performance Monitors for 2023:** Broward Health North will continue to monitor for fire safety and use zero as the goal for not having any actual fires.

**Performance Monitors #4**

**Monitor:** Impeded Egress Corridor  
**Target:** 100%  
**Performance Monitor Analysis:** NOT MET – 75% of the time

**Program's Effectiveness:** The Fire Safety Management Program was only effective 75% of the time in 2022 which is an increase from 2021 at 50% performance..

Impeded Egress Corridor	Q1CY21	Q2CY21	Q3CY21	Q4CY21	Q1CY22	Q2CY22	Q3CY22	Q4CY22
Number of Dept/Area Surveyed	15	20	20	17	19	20	18	15

# Observed without Obstructions	15	18	20	16	19	20	17	15
Impeded Egress % Change	-12%	20%	11%	-20%	19%	5%	-15%	-12%
Performance Rate	100%	90%	100%	94%	100%	100%	94%	100%
Acceptable Performance	100%	100%	100%	100%	100%	100%	100%	100%
Rate %age Change	0%	-10%	11%	-6%	6%	0%	-6%	6%

**Performance Monitors for 2023:** Broward Health North will continue to monitor impeded egress and educate staff during EOC Rounds, HealthStream and other media.

**Performance Monitors #5**

**Monitor:** Review and update Life Safety plans

**Target:** Maintain Life Safety Plans updated

**Performance:** Reviewed Life Safety drawings in 2022 and due to on-going construction additional revisions will be completed once permits are closed

**Overall Effectiveness of the Program’s Effectiveness:** The Fire Safety Management Plan for CY 2022 was proven to be effective by the outcomes of the goals that were met. The overall success of the program was aided by the department’s commitment to improving outcomes and by participating in joint efforts with other departments. Through these collective efforts and information sharing, the Program continues to have positive outcomes and meet and exceed the goals set.

In addition to the annual survey, the department also participates in a series of EOC rounds to improve the quality of service and ensure that the overall goals of EOC are met. The department also has ongoing projects and surveys designed to improve the effectiveness of the Program by working with several departments including Safety and Security to improve physical aspects of the Program.

**Performance Monitors for 2023:**

- Perform fire drills, 1 per quarter, per shift. If ILSM’s are being used, perform 2 per quarter, per shift. All fire drills will be spaced out using a new Fire Drill Matrix to properly scheduled events with at least a one-hour differential from each of the previous 4 quarters.
- An OR fire drill focused on preventing surgical fire especially during the use of laser equipment will be completed during the year
- Continue to monitor unscheduled fire alarms and maintain acceptable performance of no more than 0.5 as calculated per square feet.
- Maintain no actual fires in the facility.

## MEDICAL EQUIPMENT MANAGEMENT PROGRAM

**Reviewer:** Stephen Santos

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

**Region:** Broward Health North

**Review Date:** February 8, 2023

### Purpose:

The purpose of the Medical Equipment Management Plan (MEMP) is to establish criteria to minimize clinical and physical risks of medical equipment and ensure patient safety. This is accomplished by maintaining a facility-specific equipment inventory and performing scheduled maintenance in the required frequencies. In order to focus energies on meaningful preventive maintenance, an Alternate Equipment Management (AEM) Program is implemented for all eligible medical equipment. The Biomedical Engineering department also provides oversight of equipment serviced by contracted vendors to ensure compliance. The MEMP includes the capabilities and limitations of equipment, operations, safety, emergency procedures, and a process to remove equipment from service and report problems as soon as detected.

### Scope

The scope of the Medical Equipment Management Plan provides an overview of the processes that are implemented to ensure the effective and safe management of medical equipment in the environment of care. The scope encompasses all medical equipment used in the diagnosis, therapy, monitoring, and treatment of patients at Broward Health facilities. Medical equipment used in Diagnostic Imaging and Dialysis, used for Sterilization, Lasers in Surgery as well as some Laboratory analyzer services are contracted to outside vendors. This service is overseen by user department and/or Clinical/Biomedical Engineering and reported quarterly during the Environment of Care Committee (EOC) meetings.

### Evaluation of the Scope:

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

### Review of Program Objectives:

The Medical Equipment Management Plan is designed to meet the following objectives:

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

### Performance

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

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



**Effectiveness**

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

**Accomplishments-Special Projects**

- Monitored failed inspections and Improper Care of equipment using the target / acceptable performance
- Continue to compile a medical equipment inventory that includes all departments / modalities regardless of ownership
- Continue to examine medical equipment that resides on the hospital network for cyber security risks and develop mitigation strategies.
- 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 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 of 2024.

**Strengths**

- The ability to move Biomed staff as needed to the different facilities helps maintain optimum efficiencies and decrease down time of equipment.
- Strong participation in the EOC Committees in all facilities provides a venue for implementing best practices throughout Broward Health.
- Project lead for capital equipment replacement across Broward Health

**Evaluation of CY 2022 Performance Indicators**

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

ITEM	Goal	BHN
- Work Orders Not Closed	≤ 10%	MET
- Failed Performance*	≤ 6%	MET
- Failed Electrical Safety	≤ 1%	MET
- New to Inventory (Unreported)	≤ 5%	MET
- No Problem Was Found (note: Goal was reduced in 2021 from ≤15% to ≤6% due to high performance)	≤ 6%	MET
- Improper Care	≤ 2%	MET
- Missing Accessories *	≤ 2%	MET
- Staff Instruction	≤ 2%	MET



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

		BHN - CY 2022				DATA SOURCE	
SAMPLE SIZE:		1 st QTR	2 nd QTR	3 rd QTR	4 th QTR		
UNITS IN INVENTORY		4,834	4,560	4,323	4,293	Clinical/ Biomedical Engineering	
W.O. OPENED		1,284	629	622	500		
TOTAL W.O. COMPLETED		1,247	651	621	527		
INSPECTIONS COMPLETED		2,047	1,469	247	713		
W.O./INSPECTIONS COMPLETED		3,294	2,120	868	1,240		
LABOR HOURS		1,336	1,214	444	737		
PARTS/MATERIALS		\$21,064	\$21,819	\$8,610	\$10,554		
QA ROUNDS		720	735	734	720		
PARAMETERS		7,079	6,573	6,107	6,051		
INDICATORS:		TARGET	1 st QTR	2 nd QTR	3 rd QTR		4 th QTR
W.O. NOT CLOSED <i>(W.O. OPENED)</i>		<= 10%	17	26	23		52
		1%	4%	4%	10%		
FAILED PERFORMANCE <i>(INSPECTIONS COMPLETED)</i>		<= 6%	137	22	10		17
		7%	1%	4%	2%		
FAILED ELECTRICAL SAFETY <i>(INSPECTIONS COMPLETED)</i>		<= 1%	1	2	3	7	
		0%	0%	1%	1%		
NEW TO INVENTORY <i>(W.O./INSPECTIONS COMPLETED)</i>		<= 5%	3	1	0	1	
		0%	0%	0%	0%		
CALLS WHERE NO PROBLEM WAS FOUND <i>(W.O. OPENED)</i>		<= 6%	18	23	11	7	
		1%	4%	2%	1%		
IMPROPER CARE <i>(W.O./INSPECTIONS COMPLETED)</i>		<= 2%	36	38	7	19	
		1%	2%	1%	2%		
MISSING ACCESSORIES <i>(W.O./INSPECTIONS COMPLETED)</i>		<= 2%	16	4	1	2	
		0%	0%	0%	0%		
STAFF INSTRUCTION <i>(W.O./INSPECTIONS COMPLETED)</i>		<= 2%	3	5	4	2	
		0%	0%	0%	0%		

**BROWARD HEALTH**  
**Clinical/Biomedical Engineering Performance Assessment**  
**Calendar Year (January-December) 2022**

		All Regions							
SAMPLE SIZE:		BHMC	BHN	BHIP	BHCS	BHW	CHS/PHY	SYSTEM	
UNITS IN INVENTORY		10,167	4,293	2,600	4,217	87	2,695	24,059	
W.O. OPENED		5,407	3,035	1,447	2,884	41	1,058	13,872	
TOTAL W.O. COMPLETED		5,310	3,046	1,477	2,885	41	1,052	13,811	
INSPECTIONS COMPLETED		9,018	4,476	2,388	3,823	80	2,067	21,852	
W.O./INSPECTIONS COMPLETED		14,328	7,522	3,865	6,708	121	3,119	35,663	
LABOR HOURS		6,561	3,731	1,568	2,920	67	1,611	16,458	
PARTS/MATERIALS		\$210,264	\$62,048	\$31,944	\$34,124	\$682	\$15,503	\$354,565	
QA ROUNDS		3,895	2,909	2,623	2,814	0	0	12,241	
PARAMETERS		14,870	6,051	3,957	6,494	112	3,394	34,878	
INDICATORS:		TARGET	BHMC	BHN	BHIP	BHCS	BHW	CHS/PHY	SYSTEM
W.O. NOT CLOSED <i>(W.O. OPENED)</i>		<= 10%	306	118	61	127	0	43	655
		6%	4%	4%	4%	0%	4%	5%	
FAILED PERFORMANCE <i>(INSPECTIONS COMPLETED)</i>		<= 6%	186	78	64	148	4	32	512
		2%	2%	3%	4%	5%	2%	2%	
FAILED ELECTRICAL SAFETY <i>(INSPECTIONS COMPLETED)</i>		<= 1%	13	9	0	13	0	28	63
		0%	0%	0%	0%	0%	1%	0%	
NEW TO INVENTORY <i>(W.O./INSPECTIONS COMPLETED)</i>		<= 5%	116	5	17	40	0	45	223
		1%	0%	0%	1%	0%	1%	1%	
CALLS WHERE NO PROBLEM WAS FOUND <i>(W.O. OPENED)</i>		<= 6%	241	59	46	108	1	33	488
		4%	2%	3%	4%	2%	3%	4%	
IMPROPER CARE <i>(W.O./INSPECTIONS COMPLETED)</i>		<= 2%	201	100	33	54	1	33	422
		1%	1%	1%	1%	1%	1%	1%	
MISSING ACCESSORIES <i>(W.O./INSPECTIONS COMPLETED)</i>		<= 2%	59	17	6	26	1	6	115
		0%	0%	0%	0%	1%	0%	0%	
STAFF INSTRUCTION <i>(W.O./INSPECTIONS COMPLETED)</i>		<= 2%	20	14	2	13	0	10	59
		0%	0%	0%	0%	0%	0%	0%	



**Review of Performance:**

**Performance Monitors #1**

**Monitor:** Failed Inspections  
**Target:** 6 % or lower  
**Performance:** MET

**Program's Effectiveness:** The program was effective in achieving our overall goal.

<b>Failed Inspection</b>	<b>Q1CY21</b>	<b>Q2CY21</b>	<b>Q3CY21</b>	<b>Q4CY21</b>	<b>Q1CY22</b>	<b>Q2CY22</b>	<b>Q3CY22</b>	<b>Q4CY22</b>
<b># of Inspection Completed</b>	1766	2135	240	808	2047	1469	247	713
<b># of Failed Performance</b>	48	24	0	6	109	22	9	17
<b>Failed Equipment % Change</b>	220%	-50%	-100%	#DIV/0!	1717%	-80%	-59%	89%
<b>Performance Rate</b>	3%	1%	0%	1%	5%	1%	4%	2%
<b>Acceptable Performance</b>	6%	6%	6%	6%	6%	6%	6%	6%
<b>Rate %age Change</b>	64%	-59%	-100%	#DIV/0!	617%	-72%	143%	-35%

**Performance Monitors #2**

**Monitor:** Improper Care  
**Target:** 2% or less  
**Perform**

**Program's Effectiveness:** The program was effective in achieving our overall goal.

<b>Improper Care</b>	<b>Q1CY21</b>	<b>Q2CY21</b>	<b>Q3CY21</b>	<b>Q4CY21</b>	<b>Q1CY22</b>	<b>Q2CY22</b>	<b>Q3CY22</b>	<b>Q4CY22</b>
<b># of Perf. Inspection Comp.</b>	3121	2624	721	1355	3294	2120	866	1240
<b># Improperly Cared For</b>	6	13	13	12	36	38	7	19
<b>Improper % Change</b>	-14%	117%	0%	-8%	200%	6%	-82%	171%
<b>Performance Rate</b>	0%	0%	2%	1%	1%	2%	1%	2%
<b>Acceptable Performance</b>	2%	2%	2%	2%	2%	2%	2%	2%
<b>Rate %age Change</b>	-62%	158%	264%	-51%	23%	64%	-55%	90%

ance: MET

**Overall Effectiveness of the Program's Effectiveness:**

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

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

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

**Performance Monitors for CY 2023:**

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

The EOC Committees approved the following goals:

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

**UTILITIES MANAGEMENT PROGRAM**

**Reviewer:** Charles Lawrence and Declan Finnerty

**Title:** Utilities Management Program

**Region:** Broward Health North

**Review Date:** February 8, 2023

**Purpose:** The Broward Health North Utilities Management Program applies to the direct responsibility of Facilities Services personnel, clinical staff members regarding critical utilities use and contingency responses, the hospital, hospital property, as appropriate.

**Scope:** The Utilities Systems Management Program provides a process for the proper design, installation, and maintenance of appropriate utility systems and equipment to support a safe patient care and treatment environment at Broward Health. The Program will assure effective preparation of staff responsible for the use, maintenance, and repair of the utility systems, and manage risks associated with the operation and maintenance of utility systems. Finally, the Program is designed to assure continual availability of safe, effective equipment through a program of planned maintenance, timely repair, ongoing education, and training, and evaluation of all events that could have an adverse impact on the safety of patients or staff as applied to the building and services provided at Broward Health.

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

**Evaluation of the Scope:** Based on a review of the current Utilities Systems Management Program and performance indicators, the scope is appropriate for the management of safety within Broward Health North.

**Review of Program Objectives:** Based on a review of the current Utilities Systems Management Program and performance indicators, these objectives are appropriate for the management of safety within Broward Health North. The Water Management program has been added to the plan objectives and is the only recommendation at this time

Objectives	Met	Not Met	Met with Conditions	Adjusted Objective/comments
Reduce electric consumption by 1%	✓			Reduce by almost 4%
Track work orders using Megamation	✓			Continue to monitor but remove from 2023 reporting
Complete all Regulatory, Infection Control and Life Safety Preventative Maintenance 100%	✓			Continue to monitor but remove from 2023 reporting
Water Management Program	✓			Added

**Review of Performance:**

**Performance Monitors #1**

**Monitor:** Reduce electric consumption below the Acceptable Performance established per Quarter

**Target:** Met except for Quarter 1.

**Performance:** The Acceptable Performance was favorable 75% of the time. Broward Health North used 19,878,777 KWh's in 2022 and 20,700,971 KWh's of power in 2021 a reduction of 822,194 in one year.

Energy Efficiency	Q1CY21	Q2CY21	Q3CY21	Q4CY21	Q1CY22	Q2CY22	Q3CY22	Q4CY22
<b>Square Footage</b>	535683	535683	535683	535683	535683	535683	535683	535683
<b>KWh Used</b>	4,775,200	5,137,679	5644371	5,143,721	4799506	4846619	5370875	4861777



<b>Kwh Usage % Change</b>	-4%	8%	10%	-9%	-7%	1%	11%	-9%
<b>Performance Rate</b>	8.91	9.59	10.54	9.60	8.96	9.05	10.03	9.08
<b>Acceptable Performance</b>	10.53	9.90	9.16	9.72	8.08	9.81	10.75	9.91
<b>Rate %age Change</b>	-4%	8%	10%	-9%	-7%	1%	11%	-9%

**Performance Effectiveness:** A reduction was MET when compared to 2021 with 4% KWh less consumed in CY2022.

**Performance Monitors #2**

**Monitor:** Complete all Regulatory, Infection Control and Life Safety Preventative Maintenance

**Target:** 100% completion of PM's.

**Performance:** All Regulatory, Infection Control and Life Safety Preventative Maintenance have been completed at the target rate of 100%. We will continue to monitor but will not report on 2023 Annual Evaluation.

**Performance Monitor Analysis:**

INDICATOR	CY 20	CY 21	CY 22
EQUIPMENT PREVENTATIVE MAINTENANCE COMPLETION RATIO	100%	100%	100%
INFECTION CONTROL PREVENTATIVE MAINTENANCE COMPLETION RATIO	100%	100%	100%
LIFE SAFETY PREVENTATIVE MAINTENANCE COMPLETION RATION	100%	100%	100%

**Performance Monitors #3**

**Monitor:** Complete all Generator Testing and Preventative Maintenance

**Target:** 100% completion of PM's.

**Performance:** All Regulatory and Preventative Maintenance have been completed at the target rate of 100%. We will continue to monitor but will not report on 2023 Annual Evaluation.

**Performance Monitor Analysis:**

<b>Generator Test</b>	<b>Q1CY22</b>	<b>Q2CY22</b>	<b>Q3CY22</b>	<b>Q4CY22</b>
<b>Number of Generator test scheduled</b>	3	3	3	3
<b>Number of Generator test completed</b>	3	3	3	3
<b>Generator Test % Change</b>	0%	0%	0%	0%
<b>Performance Rate</b>	100%	100%	100%	100%
<b>Acceptable Performance</b>	95%	95%	95%	95%
<b>Rate %age Change</b>	0%	0%	0%	0%



**Performance Effectiveness:** Performance rate was met 100% of CY2022 and previous three years therefore, this performance monitor will be dropped from the annual report. However, this will continue to be monitored by Facilities.

**Performance Monitors #4**

**Monitor:** Water Report

**Target:** 100% completion

**Performance:** All Regulatory and Preventative Maintenance have been completed at the target rate of 100%.

**Performance Monitor Analysis:**

Facilities -Water Report 4TH Quarter 2022					Water Committee met 10/27/22
Water Testing and Preventative Maintenance	Type of testing PM	Frequency	Date Completed	Next Due	Comments
Cooling Tower Treatment	Tested by Chem -Aqua	Monthly	10/3/2022	11/5/2022	
Legionella Testing of towers	Tested by Chem -Aqua	Semi Annual	11/8/2022	5/1/2023	Passed
Boiler PM by vendor (Boiler Repair and Services)	PM	Semi Annual	9/8/2022	3/8/2023	Passed
Boiler inspection By State inspector	Safety Inspection	Bi-annual	9/8/2022	9/8/2024	New emerg. Code required shut offs required. Stops installed.
Water Temperature tests (Domestic Hot)	PM multiple areas in building and three times daily at source	Monthly	Monthly	Monthly	
Ice Machine/water dispenser	PM Filters changed Semi-annually	Semi Annual	On a rotation	On a rotation	
Corridor water fountains	PM IN-HOUSE	Quarterly	On a rotation		
Dialysis Water		Monthly			See Infection Prevention report
Broward Co. Domestic Water	Chlorination	Semi Annual/As needed	9/19/22 to 10/10/22	2023	

**Overall Effectiveness of the Program's Effectiveness:**

The performance of the Utilities Management Program was acceptable, effective, stable, and sustainable with no additional action needed to achieve the expected outcome.

**Performance Monitors for 2023:**

- Continue to report Water Testing Results at least quarterly during EOC Committee
- Reduce electric consumption by 1% by Re-commissioning the Central Energy Plant and acting on recommendations outlined by Aquicore.
- Continuing to replace existing fluorescent indoor lighting with energy efficient LED lighting
- Initiate weather stripping of doors leading to exterior of the building



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

**Overall Performance Summary:** Based on a review of the current overall performance indicators, some goals were not able to be met in 2022. With the actions planned in the individual objectives, the following goals have been chosen for 2023:

### Planning Objectives and or Goals for CY2023:

#### Safety Management Performance Monitors for 2023:

- Needle Sticks to no more than 22 (10% reduction of the average of the 3 previous years)
- Reduce Staff Slips, Trips and Falls to no more than 10 (10% lower than the average of the last 3 years)
- Reduce Occupational Reportable Injuries to 68 or less
- Reduce Visitor Falls to no more than 15
- Reduce E.D. Falls to no more than 14
- Reduce In-patient Falls to no more than the Target Rate established of 2.51

**Some of the action items for Occupational Injuries and fall prevention which are on-going or will be started in 2023 are the following:**

- Continue to advise regional Clinical Education managers about incidents
- Clinical specialist/employee health meets with employees' individually to discuss incident and plans to prevent future occurrences.
- Managers are given incident reports from Employee Health and advised to discuss and bring awareness during staff meetings and huddle times.
- BBF and Contaminated Needle stick will be monitored for trends and accident prevention education to be applied as needed. Continue to provide unit base education from employee health, safety, clinical education, managers and supervisors and vendor regarding Contaminated Needle Sticks, Slips/Trips & Falls, Exposures and any other identified workplace injuries
- Continue the Safety initiated of developing education flyers of top past Injuries and distribute to units and different departments.

#### **Security Management**

- Continue to assess camera coverage both indoors and outdoors
- Continue to monitor "recovered missing property" and use "sweep the room"
- Address the results and implement performance improvements from the 2022 Safety and Security Comprehensive Vulnerability Risk Assessment
- Address performance improvements to help reduce Workplace Violence and assaults overall.
- Continue to Monitor security procedures' performance during EOC Rounds using the AMP Tracer Tool
- Continue to work with the Safety and Security Task Force

#### **Hazardous Materials & Waste Management**

- Monitor and maintain all Biohazardous Waste at or below 1.6 lbs./APD
- Monitor and manage Bio-Hazardous Waste for a compliance rate of 95% or better
- Increase Recycled Waste performance through ongoing training and education
- Conduct Biohazardous and Pharmaceutical waste segregation training
- Conduct DOT Training for initial and refresh (at least every 3 years)
- Revamp the Chemical Response Team and training for initial and refresh
- Maintain Hazardous Waste Accumulation areas clean and have a written log available for inspection
- Ensure all departments update the 2023 Chemical Inventory List so all products can be added to SDS (3E) for on-line access



## Fire Safety Management

- Perform fire drills, 1 per quarter, per shift. If ILSM's are being used, perform 2 per quarter, per shift. All fire drills will be spaced out using a new Fire Drill Matrix to properly scheduled events with at least a one-hour differential from each of the previous 4 quarters.
- An OR fire drill focused on preventing surgical fire especially during the use of laser equipment will be completed during the year
- Continue to monitor unscheduled fire alarms and maintain acceptable performance of no more than 0.5 as calculated per square feet and/or to 10 (compared to the average of false alarms over the previous 3 years)
- Maintain no actual fires in the facility.

## Medical Equipment Management

### BH (ALL Regions)

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

## Utility Systems Management

- Continue to report Water Testing Results at least quarterly during EOC Committee
- Reduce electric consumption by 1% by Re-commissioning the Central Energy Plant and acting on recommendations outlined by Aquicore.
- Continuing to replace existing fluorescent indoor lighting with energy efficient LED lighting
- Initiate weather stripping of doors leading to exterior of the building

