

**ANNUAL
EVALUATION OF
BROWARD
HEALTH'S
ENVIRONMENT OF
CARE
MANAGEMENT
PROGRAMS FOR
CY 2021**

*Respectfully
Submitted By:
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MISSION AND VISION



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

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

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



Five Star Values:

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

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 2022.

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

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

- Overall performance evaluation of the environmental safety program and safety management plan
- Overall performance evaluation of the security program and security management plan
- Overall performance evaluation of the hazardous materials and waste program and hazardous materials and waste management plan
- Overall performance evaluation of the fire safety program and fire safety management plan
- Overall performance evaluation of the utilities program and utilities management plan
- Report of progress on calendar year 2021 performance goals and plan objectives
- Priorities and goals for calendar year 2022

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.



BROWARD HEALTH CORAL SPRINGS

REGION'S COMPOSITION *(List the facilities that are included in the evaluation).*

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

Committee Members

Title	Department	Function
Alicia Beceña	Corporate Safety & Security	Regional Safety Officer & EOC Chair / Safety Management
Cecile Kaplan, Manager	Epidemiology	Infection Control
Cecily Allen, Interim Director	Facilities / Life Safety Officer	Fire Safety Management & Utilities Management
Ursula Taylor / Anthony Frederick / Garnett Coke, Director	Corporate Safety / Security	Security Management
Jared Smith, CEO	Administration	Committee Member
Michael Leopold, COO	Administration	Committee Member
Dario Sankar, Regional Manager	Emergency Department	Committee Member
Roberto Martinez, Manager / Patricia Kuhn	Radiology	Committee Member
Felicia Seles, Manager	Surgery / OR	Committee Member
Sandra Porter Daley	Surgery / OR	Committee Member
Diane Schneider, Quality Management Specialist	Quality Management	Committee Member
Melissa Leamon, CNO	Nursing	Committee Member
Sabra Henry, Regional Director	Women & Children	Committee Member
Winsome Smith, Regional Manager	Clinical Education	Committee Member
Claudine Robinson, Manager	Risk / Patient Safety Officer	Committee Member
Felipe Manrique, Manager	Laboratory	Committee Member
Michael Hughes, Director	Environmental Services	Hazardous Materials & Waste Management
Erick Peña / Kristen Sands/Jacqueline Martinez-Ordaz	Emergency Management	Committee Members
Marcy Mills-Matthews, Human Resources Chief	Human Resources	Committee Members
Kristina Castro / Alfredo Cruz	Employee Health / Workers' Compensation	Safety Management
Stephen Santos, Kanhoye Bridgelall	Medical Equipment Management (Biomed)	Medical Equipment Management
Cheryl Harding	Materials Management	Product Recalls
Kaleed Mohammed	Pharmacy	Committee Member
Linda DeMaria	Nutritional Services	Committee Member

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

Environment of Care Program	Evaluator(s)
• Safety	• Alicia Beceña
• Security	• Ursula Taylor & Anthony Frederick & Garnett Coke
• Hazardous Materials	• Michael Hughes
• Fire Safety	• Cecily Allen
• Medical Equipment	• Stephen Santos
• Utility Systems	• Cecily Allen

SAFETY MANAGEMENT PROGRAM

Reviewer: Alicia Becena

Title: Corporate Regional Safety Officer & EOC Chairperson

Region: Broward Health Coral Springs

Review Date: March 19, 2022

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

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

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

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

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

Objectives	Met	Not Met	Met with Conditions	Adjusted Objective/Comments
Comply with safety regulations & practices	Met			
Develop & Implement Safety Training Programs	Met			
Conduct EOC Rounding	Met			
Review & Investigate Reports & Reduce Risks	Met			
Provide Physical Safety & Privacy for Patients	Met			
Reporting of Employee Accidents/Injuries	Met			
Occupational Injury's < 6.01		Not Met		Q1 & Q2 were slightly above the target rate
Contaminated Needle Sticks < 1.65		Not Met		Q3 was slightly over the target rate

Performance Monitors #1



Monitor: Occupational Injury's

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

Performance: Met 50% of the quarters with average of 6.05 for CY2021

Program's Effectiveness: Average Performance for CY2021 slightly improved when compared to CY2020 (CY2021 = 6.05 vs. 6.12 CY2020), and significantly improved by 48% when compared to CY2019 = average rate was 12.07.

SAFETY MONITOR								
Occupational Injuries	Q1CY20	Q2CY20	Q3CY20	Q4CY20	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Hours Worked	506011	386359	489283	420352	470711	412257	497824	434754
# of OSHA Recordable Injuries	17	16	15	7	17	14	14	10
Injury Percentage Change	-23%	-6%	-6%	-53%	143%	-18%	0%	-29%
Acceptable Performance	6.01	6.01	6.01	6.01	6.01	6.01	6.01	6.01
Performance Rate	6.72	8.28	6.13	3.33	7.22	6.79	5.62	4.60
Rate % Change	-33%	23%	-26%	-46%	117%	-6%	-17%	-18%

Review of Performance: The quarterly performance indicators were unfavorable 50% of the time during Q1 and Q2 but improved and met target in Q3 & Q4. In CY2021 we remained flat with OSHA Recordable Injuries (55) compared to 2020 (55). This is however a major decrease from OSHA Recordable of 111 in CY2019 (71 = 2018 and 141 = 2017).

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

Performance Monitors #2

Monitor: Contaminated Needle Stick

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

Performance: MET – Average Performance for CY2021 was 1.78 vs. 2020 = 2.10 and just slightly higher than CY2019 with an average performance of 1.71

Contaminated Needle Sticks	Q1CY20	Q2CY20	Q3CY20	Q4CY20	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Medical Encounters	19037	14898	18982	20567	22099	23194	25156	23231
# of Contaminated Needle Sticks	4	4	6	1	3	3	8	3
Needle Stick %age Change	33%	0%	50%	-83%	200%	0%	167%	-63%
Performance Rate	2.10	2.68	3.16	0.49	1.36	1.29	3.18	1.29
Acceptable Performance	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65
Rate %age Change	55%	28%	18%	-85%	179%	-5%	146%	-59%

Program's Effectiveness: During CY2021 – Q1, Q2 and Q4 performed favorable and within the acceptable performance when compared to CY2020 even though they had fewer incidents based on medical encounters.

Review of Performance: Overall, we saw an increase of two (2) incidents with a total of 17 Contaminated Needle Sticks Injury in 2021 vs. a total of 15 in CY2020 (CY2019 (14) and 2018 (11)). The performance target rate for Q1, Q2 and Q4 2021 were below the established rate of 1.65 with a rate of 1.78. However, the average was above the 1.65 only twenty-five (25) percent of the time.

Safety Management Performance Monitor for 2022: This performance indicator will continue to be monitored in 2022 as we remain above the acceptable performance rate.

- Needle Sticks to no more than 15 (10% reduction of the average of the 3 previous years)
- Reduce Staff Slips, Trips and Falls to no more than 14 (10% lower than the average of the last 3 years)
- Reduce Visitor Falls with Injuries to no more than 7 (Average of the last 2 years (2021=6 and 2020=8))
- Reduce E.D. Falls to no more than 10 (Average of the last 2 years (2021=13 and 2020=8))
- Reduce Progressive Care In-Patient Falls to no more than 37 (Average of the last 2 years (2021=45 and 2020=29))

SECURITY MANAGEMENT PROGRAM

Reviewer: Ursula Taylor and Alicia Beceña

Title: Regional Security Lieutenant and Corporate - Regional Safety Officer & EOC Chairperson

Region: Broward Health Coral Springs

Review Date: March 28, 2022

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

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

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

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

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

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

Objectives	Met	Not Met	Met with Conditions	Adjusted Objective
Implement Accepted Practices (i.e. monitor Bodily Assault)	X			
Security Procedures (Surveyed vs. Violations)	X			
Identify Opportunities improving performance (CODE Assist/Aggressive Behaviors)	X			
Monitor Facility – Sensitive Areas	X			

Performance Monitors #1

Monitor: Bodily Assault – Non-Behavioral Health

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

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

Performance Monitor Analysis: Quarter 1, 3 & 4 had 1 each and Quarter 2 had zero assaults with a total of 3 for CY2021.

SECURITY MONITOR								
Bodily Assaults NBH	Q1CY20	Q2CY20	Q3CY20	Q4CY20	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Medical Encounters	19037	14898	18982	20567	22099	23194	25156	23231.00
Number Per Quarter	1	0	1	0	1	0	1	1
NBH Assault %age Change	#DIV/0!	-100%	#DIV/0!	-100%	#DIV/0!	-100%	#DIV/0!	0%
Performance	0.05	0.00	0.05	0.00	0.05	0.00	0.04	0.04
Acceptable Performance	1	1	1	1	1	1	1	1
Rate %age Change	#DIV/0!	-100%	#DIV/0!	-100%	#DIV/0!	-100%	#DIV/0!	8%

Review of Performance for 2021: In 2021 the number of Bodily assaults slightly increased by 1 when compared to 2020 assaults. Total Assaults for 2021 = 3, 2020 Total 2, yet dropped when compared to CY2019=6 and 2018=10. When compared to the other two sister hospitals BHCS had 3 Bodily Assaults vs. BHN = 14 and BHIP = 19 (note: Behavior Health Unit on-site)

Performance monitors for 2022: We will continue to monitor Bodily Assaults performance in 2022 and will also continue to monitor assaults on staff as Workers' Compensation incidents. These assaults on Staff are tracked and reported at EOC Committee. All security will continue to be educated or re-educated on non-violent crisis intervention as well as de-escalation techniques and information will be shared with staff during huddles.

Performance Monitors #2

Monitor: Security Procedures

Target: Met 90% or greater

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

Performance Monitor Analysis:

Security Procedures	Q1CY20	Q2CY20	Q3CY20	Q4CY20	Q1CY21	Q2CY21	Q3CY21	Q4CY21
# of Dept/Area Surveyed	23	17	25	12	12	15	12	10
# of areas where no security procedures were violated	23	17	25	11	12	15	11	9
Security Pro % Change	188%	-26%	47%	-56%	9%	25%	-27%	-18%
Performance	100%	100%	100%	92%	100%	100%	92%	90%
Acceptable Performance	90%	90%	90%	90%	90%	90%	90%	90%
Rate %age Change	0%	0%	0%	-8%	9%	0%	-8%	-2%

Review of Performance for 2021: The Security Procedures' performance indicator was above the 90% target for the entire year with 92-100% of goal met. Quarter 1, 2, 3 & 4 had forty-seven (47) EOC Rounds surveyed reporting an acceptable performance rate at or equal for all four (4) quarters.

Performance Monitors for 2022. We will continue to monitor the security procedure performance indicator for 2022 during EOC Rounds, along with the monitoring of other objectives designed within the Security Management Plan.

Performance Monitors #3

Monitor: Code Assist / Aggressive Behaviors

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

Performance: The performance indicator was above the threshold for all quarters of CY2021.

Performance Monitor Analysis:

<i>Code Assist 2021</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>-Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>
<i>Adjusted Patient Days</i>	7274	6967	7858	7736	7872	7586	8222	8881	8053	8099	7079	8249
<i>Aggressive Behavior Patient</i>	2.00	2.00	1.00	2.00	1.00	2.00	0.00	1.00	0.00	2.00	3.00	10.00
<i>Aggressive Behavior Visitor</i>	0.00	0.00	0.00	2.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<i>Agitated/Non-Compliant</i>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00	0.00	0.00	1.00
<i>Patient Confused</i>	1.00	1.00	2.00	2.00	1.00	1.00	0.00	1.00	0.00	0.00	0.00	0.00
<i>AMA Prevention</i>	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00
<i>Baker Act</i>	3.00	5.00	0.00	1.00	3.00	1.00	0.00	1.00	1.00	0.00	0.00	0.00
<i>Verbal Abuse</i>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00	0.00
<i>Other</i>	0.00	4.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<i>Total Code Assist</i>	6.00	13.00	3.00	7.00	6.00	4.00	0.00	3.00	5.00	3.00	5.00	11.00
<i>Performance</i>	0.82	1.87	0.38	0.90	0.76	0.53	0.00	0.34	0.62	0.37	0.71	1.33
<i>Threshold</i>	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00

Review of Performance for 2021: The Security Performance Dashboard performance indicator was above target rate of 5 (no more than 5 occurrence per quarter for every 10,000 adjusted patient days (APD) for the entire year; Only the months of March, June, July, August, September, October and November met the threshold. The total performance in 2021 was 66 incidents (Q1=22, Q2=17, Q3=8 and Q4=19) which is a decline from 2020 performance that totaled 77 incidents.

Performance Monitors for 2022. We will continue to monitor the Code Assist/Aggressive Behavior performance indicator during 2022.

In addition to the following Security Management goals:

- Implement a Safety and Security Task Force.
- Conduct a physical risk assessment of high risk (vulnerable) and sensitive areas
- During daily huddles Security will train and education staff on different security policy.
- Re-assess the camera coverage for indoor and outdoor areas needing enhancements

Overall Effectiveness of the Program: The overall program was effective. Targets set by Corporate Key Group in coordination with the regional environment of care committee established a measurable performance for different occurrences to ensure improvement of the security standards are adequate. The EOC Committee monitored the rate of which employees called Code Assist, Security Procedures and Bodily Assaults. These Performance Monitors results did improve during CY2021.

HAZARDOUS MATERIALS & WASTE MANAGEMENT PROGRAM

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

Region: Broward Health Coral Springs

Review Date: March 25, 2022

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

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

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

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

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

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

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

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

Objectives	Met	Not Met	Met with Conditions	Adjusted Objective
Comply with Applicable Regulations	X			
Monitor Pounds of Regulated Waste	X			
Storage of Waste including Biowaste is secured correctly		X		
Staff Education and Training	X			

REVIEW OF PERFORMANCE

Performance Monitors #1

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

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

Performance: MET performance indicator 100% of the time (favorably) during the year.

Performance Monitor Analysis:

HAZMAT MONITOR								
Biohazard Waste	Q1CY20	Q2CY20	Q3CY20	Q4CY20	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Medical Encounters	19037	14898	18982	20567	22099	23194	25156	23231.00
Lbs. of Regulated Medical Waste	33156	34345	42112	25660	27108	23973	24477	18579
Waste lbs. % Change	38%	4%	23%	-39%	6%	-12%	2%	-24%
Performance	1.74	2.31	2.22	1.25	1.23	1.03	0.97	0.80
Acceptable Performance	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60
Rate %age Change	61%	32%	-4%	-44%	-2%	-16%	-6%	-18%

Review of Performance: The performance indicator was favorable for all 4 quarters. The overall performance for 2021 was 1.0 a better performance than 2020 which was 1.81 and above the 1.60 acceptable performance.

Performance Monitors for 2022: We will continue to monitor Pounds of regulated medical waste per medical encounter during 2022 as it is a very valuable tool to measure our costly regulated waste usage.

Performance Monitors #2

Monitor: Managing Biohazard Waste

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

Performance: MET – 50% of the time

Performance Monitor Analysis: Multiple areas were observed where biohazard waste was secured fifty (50%) percent of the time for CY2021

<i>Managing Biohazard</i>	<i>Q1CY20</i>	<i>Q2CY20</i>	<i>Q3CY20</i>	<i>Q4CY20</i>	<i>Q1CY21</i>	<i>Q2CY21</i>	<i>Q3CY21</i>	<i>Q4CY21</i>
<i>Surveyed</i>	23	17	25	12	12	15	12	10
<i>Managed Correctly</i>	23	17	25	11	11	15	11	10
<i>Waste Mgt % Change</i>	229%	-26%	47%	-56%	0%	36%	-27%	-9%
<i>Performance</i>	100%	100%	100%	92%	92%	100%	92%	100%
<i>Acceptable Performance</i>	95%	95%	95%	95%	95%	95%	95%	95%
<i>Rate %age Change</i>	14%	0%	0%	-8%	0%	9%	-8%	9%

Review of Performance: Multiple areas were observed where biohazard waste was not managed in Q1 and Q3. Only during Quarter 2 & 4 was the acceptable performance below the 95% rate as established by the Corporate Key Group. Our average score for 2021 was 96% vs. 2020 which was 98% yet trending up from the average score of 91% for 2019 and 93.2% for 2018.

Performance Monitors completed in 2021 as follows:

- Installation of Dollies for waste containers at 90% completion
Increased Recycling by ten (10) percent (2020=17% o 2021 22%)
- Maintained Stericycle's Permits/Licenses / Operating Permits, from the State of Florida Department of Health/Bio-Medical Waste current. Current until 9/30/2022.
- Updated Annual Hazardous Materials Inventory for 2021 and Submitted to EOC
- Update and Maintain all active Safety Data Sheets
- Inservice staff on the location of hard copies of SDS and how to obtain them
- Waste Manifest and Land Disposals receipts are current.
- Reviewed competencies on ICU/Terminal cleaning-regarding Covid-19.
- Central Accumulation Areas surveyed weekly 100% compliance.

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

Performance Monitors for 2022: *We will continue to monitor number of areas observed where biohazard waste was secured correctly in 2022. Additional performance monitors for the Hazardous Materials and Waste Management Plan are the following:*

- Monitor and maintain all Biohazardous Waste at or below 1.6 lbs./APD
- Monitor and manage Bio-Hazardous Waste for a compliance rate of 95% or better
- Maintain and update Permits/Licenses from the State of Florida Department of Health/Bio-Medical Waste
- Continue to educate team on terminal & cleaning of surgery suites and other areas along with assignments to Health Stream training
- Increase Recycled Waste above baseline
- Conduct DOT Training for initial and refresh (at least every 3 years)
- Conduct Biohazardous and Pharmaceutical waste segregation training

FIRE SAFETY MANAGEMENT PROGRAM

Reviewer: Cecily Allen and Alicia Beceña

Title: Interim Regional Director of Facilities and Regional Safety Officer

Region: Broward Health Coral Springs

Review Date: March 25, 2022

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

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

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

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

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

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

Performance Monitors #1



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

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

Performance: MET - The false alarm performance indicator was met for all quarters in 2021.

Performance Monitor Analysis:

FIRE SAFETY MONITOR								
False Fire Alarms	Q1CY20	Q2CY20	Q3CY20	Q4CY20	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Square footage	460000	460000	460000	460000	460000	460000	460000	460000
# Per Quarter	3	3	2	2	2	3	4	2
Fire Alarm % Change	200%	0%	-33%	0%	0%	50%	33%	-50%
Performance	0.07	0.07	0.04	0.04	0.04	0.07	0.09	0.04
Acceptable Performance	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Rate %age Change	200%	0%	-33%	0%	0%	3%	33%	-50%

Review of Performance: All 4 Quarters Performance rates were below the target even though we had 1 more event in CY2021 than in 2020 (CY2021 = 11 vs. CY2020 = 10). Therefore, favorable for the year.

Performance Monitors for 2021:

We will continue to monitor Fire alarm false alarms during 2022

Performance Monitors #2

Monitor: Impeded Egress Corridor

Target: 100%

Performance: Not Met - The Impeded Egress Corridor performance indicator was below target (unfavorable) for the Q1, Q2, and Q3 and only Q4 was Favorable.

Performance Monitor Analysis:

Review of Performance: The Impeded Egress Corridor performance rate for 2021 was flat when compared to 2020 observations. Quarter one – three failed to reach the acceptable performance of 100%. The average performance rate was 94% = CY2021

Impeded Egress Corridor	Q1CY20	Q2CY20	Q3CY20	Q4CY20	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Number of Dept/Area Surveyed	23	17	25	12	12	15	12	10
# Observed without Obstructions	22	17	24	9	11	14	11	10
Impeded Egress % Change	214%	-23%	41%	-63%	22%	27%	-21%	-9%
Performance Rate	96%	100%	96%	75%	92%	93%	92%	100%
Acceptable Performance	100%	100%	100%	100%	100%	100%	100%	100%
Rate %age Change	9%	5%	-4%	-22%	22%	2%	-2%	9%

vs. CY2020 = 92% so only a slight improvement was noted.

Overall Effectiveness of the Program: The performance indicators were not met except during 4th quarter for Impeded Egress. Our established goal of 100% acceptable performance will continue to be our monitoring baseline for 2022. Staff education during fire drills and EOC Rounds will be continued to improve performance for 2022.

Performance Monitors for 2022: We will continue to monitor all aspects of Fire Safety as listed below:

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

MEDICAL EQUIPMENT MANAGEMENT PROGRAM

Reviewer: Stephen Santos

Title: Executive Director of Medical Equipment (BIOMED)

Region: Broward Health Coral Springs

Review Date: March 8, 2022

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 2021, 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 2021.

Accomplishments-Special Projects

- Completed the NK Physiological Monitoring Refresh Project (Infrastructure)
- Replaced the NK Monitoring Network and connected to Cerner CareAware EMR
- Replacement of all Infusion Pumps EMR Connectivity (connectivity pushed by IT to 2022)

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 2021 Performance Indicators

Quarterly reports to the Environment of Care Committees.

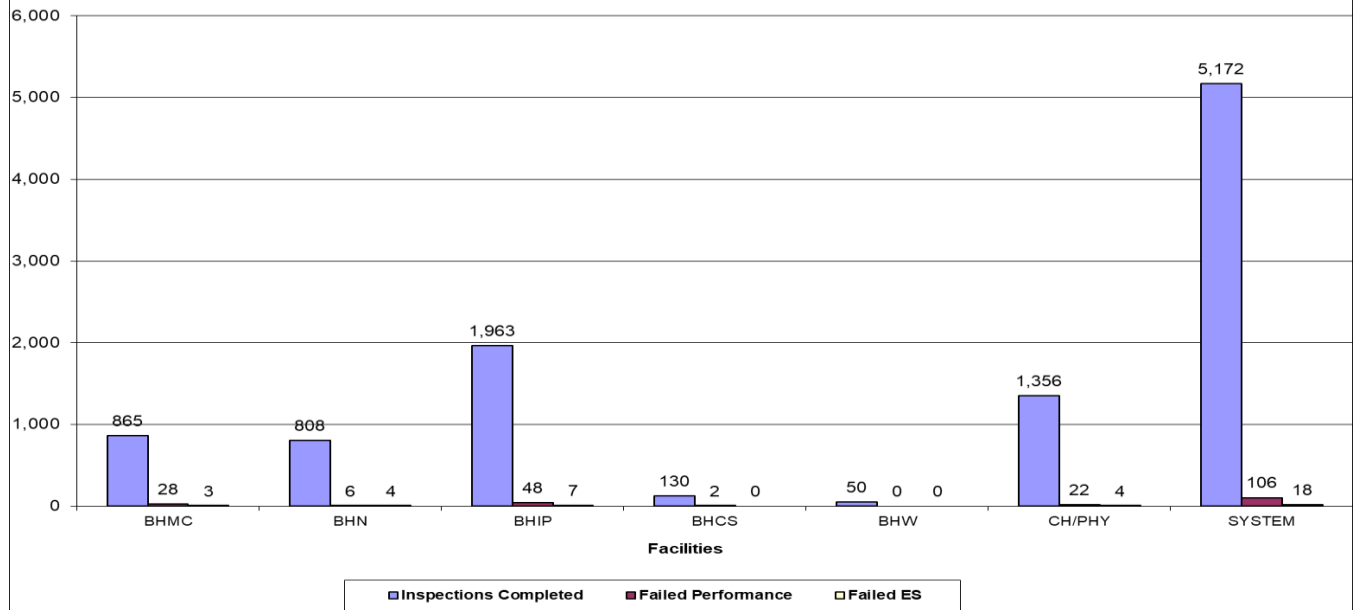
ITEM	Goal	BHCS
- Work Orders Not Closed	≤ 10%	MET
- Failed Performance*	≤ 6%	MET
- Failed Electrical Safety	≤ 1%	MET
- New to Inventory (Unreported)	≤ 5%	MET
- No Problem Was Found (note: Goal was reduced in 2021 from ≤ 15% to ≤ 6% due to high performance)	≤ 6%	MET
- Improper Care	≤ 2%	MET
- Missing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

BROWARD HEALTH
Clinical/Biomedical Engineering Performance Assessment
Calendar Year (January-December) 2021

		All Regions							
SAMPLE SIZE:		BHMC	BHN	BHIP	BHCS	BHW	CHS/PHY	SYSTEM	
UNITS IN INVENTORY		12,675	5,107	3,045	4,844	64	2,701	28,436	
W.O. OPENED		5,919	2,821	2,255	1,613	32	1,450	14,090	
TOTAL W.O. COMPLETED		5,935	2,872	2,218	1,592	32	1,408	14,055	
INSPECTIONS COMPLETED		10,285	4,949	2,880	3,932	53	2,636	24,535	
W.O./INSPECTIONS COMPLETED		16,220	7,821	4,898	5,524	85	4,042	38,590	
LABOR HOURS		7,819	3,821	2,236	2,920	38	1,863	18,497	
PARTS/MATERIALS		\$274,513	\$86,379	\$26,389	\$34,534	\$0	\$7,707	\$429,522	
QA ROUNDS		3,998	3,098	3,004	2,791	NA	NA	12,889	
PARAMETERS		18,480	7,465	4,783	7,432	87	3,502	41,759	
INDICATORS:	TARGET	BHMC	BHN	BHIP	BHCS	BHW	CHS/PHY	SYSTEM	
W.O. NOT CLOSED		207	69	51	76	0	37	440	
(W.O. OPENED)	<= 10%	3%	2%	2%	5%	0%	3%	3%	
FAILED PERFORMANCE		173	78	64	110	0	37	462	
(INSPECTIONS COMPLETED)	<= 6%	2%	2%	2%	3%	0%	1%	2%	
FAILED ELECTRICAL SAFETY		27	9	11	14	0	20	81	
(INSPECTIONS COMPLETED)	<= 1%	0%	0%	0%	0%	0%	1%	0%	
NEW TO INVENTORY		64	11	14	29	0	21	139	
(W.O./INSPECTIONS COMPLETED)	<= 5%	0%	0%	0%	1%	0%	1%	0%	
CALLS WHERE NO PROBLEM WAS FOUND		194	101	25	31	0	9	360	
(W.O. OPENED)	<= 6%	3%	4%	1%	2%	0%	1%	3%	
IMPROPER CARE		178	44	19	23	0	9	273	
(W.O./INSPECTIONS COMPLETED)	<= 2%	1%	1%	0%	0%	0%	0%	1%	
MISSING ACCESSORIES		87	25	6	7	0	0	125	
(W.O./INSPECTIONS COMPLETED)	<= 2%	1%	0%	0%	0%	0%	0%	0%	
STAFF INSTRUCTION		29	16	10	5	0	5	65	
(W.O./INSPECTIONS COMPLETED)	<= 2%	0%	0%	0%	0%	0%	0%	0%	

BROWARD HEALTH
Clinical/Biomedical Engineering Performance Assessment
4TH QTR (October, November, December 2021)
INSPECTIONS

(BG- Jun, Jul, Aug, Sept; NB- Mar, Apr, May; IP- Oct, Nov; CS- Jan, Feb; WR- Nov, Dec; AMB- Nov, Dec)



ICES (Information, Collection, Evaluation, System)

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SAMPLE SIZE:		1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
UNITS IN INVENTORY		4,694	4,714	4,780	4,844
W.O. OPENED		688	338	315	272
TOTAL W.O. COMPLETED		685	339	313	255
INSPECTIONS COMPLETED		3,092	134	576	130
W.O./INSPECTIONS COMPLETED		3,777	473	889	385
LABOR HOURS		1,798	290	557	275
PARTS/MATERIALS		\$15,488	\$10,599	\$5,197	\$3,250
QA ROUNDS		688	690	693	690
PARAMETERS		7,372	7,359	7,369	7,432
INDICATORS:	TARGET	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR
W.O. NOT CLOSED (W.O. OPENED)	<= 10%	27 4%	15 4%	5 2%	23 8%
FAILED PERFORMANCE (INSPECTIONS COMPLETED)	<= 6%	98 3%	4 3%	6 1%	2 2%
FAILED ELECTRICAL SAFETY (INSPECTIONS COMPLETED)	<= 1%	12 0%	2 1%	0 0%	0 0%
NEW TO INVENTORY (W.O./INSPECTIONS COMPLETED)	<= 5%	18 0%	8 2%	1 0%	2 1%
CALLS WHERE NO PROBLEM WAS FOUND (W.O. OPENED)	<= 6%	8 1%	9 3%	1 0%	13 5%
IMPROPER CARE (W.O./INSPECTIONS COMPLETED)	<= 2%	8 0%	9 2%	4 0%	2 1%
MISSING ACCESSORIES (W.O./INSPECTIONS COMPLETED)	<= 2%	5 0%	2 0%	0 0%	0 0%
STAFF INSTRUCTION (W.O./INSPECTIONS COMPLETED)	<= 2%	2 0%	2 0%	0 0%	1 0%

Performance Monitors #1

Monitor: The number of failed equipment inspections per total inspections

Target: 6%

Performance: MET - The Failed equipment inspection performance indicator was favorable for the entire year of 2021.

MEDICAL EQUIPMENT MONITOR								
Failed Inspection	Q1CY20	Q2CY20	Q3CY20	Q4CY20	Q1CY21	Q2CY21	Q3CY21	Q4CY21
# of Inspection Completed	2847	78	1290	239	3092	134	576	130
# Of Failed Performance	89	1	14	16	98	4	6	2
Failed Equipment % Change	1383%	-99%	1300%	14%	513%	-96%	50%	-67%
Performance Rate	3%	1%	1%	7%	3%	3%	1%	2%
Acceptable Performance	6%	6%	6%	6%	6%	6%	6%	6%
Rate %age Change	169%	-59%	-15%	517%	-53%	-6%	-65%	48%

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

Program's Effectiveness: Quarter 1 we had 98 failed equipment inspections out of 3092 total inspections for a 3% performance rate. Quarter two we had 4 failed equipment inspections with 134 total inspections for a 3% performance rate. Quarter three we had 6 failed equipment inspections with 576 total inspections for a 1% performance rate. Quarter four we had

2 failed equipment inspections with 130 total inspections for a 2% performance rate. In comparison 2021 (2.25%) outperformed CY2020 with the average of 3% per quarter of failed inspections.

Overall Effectiveness of the Program: The performance indicator for Failed Equipment Inspections was on target for 100% of the year meeting our goal. Our average performance rate for 2021 was 2.25% therefore we will consider reducing our acceptable performance rate if this trend continues.

Performance Monitors for 2022: We will continue to monitor the number of failed equipment inspections per total inspections as it is a very valuable tool to measure how well our equipment is being maintained.

Performance Monitors #2

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

Target: 2% or less

Performance: *The number of improperly cared for medical equipment performance indicator was at or below target (Favorable) for the entire year of 2021.*

Improper Care	Q1CY20	Q2CY20	Q3CY20	Q4CY20	Q1CY21	Q2CY21	Q3CY21	Q4CY21
# of Perf. Inspection Comp.	3354	289	2266	604	3777	473	889	385
# Improperly Cared For	8	2	11	7	8	9	4	2
Improper % Change	100%	-75%	450%	-36%	14%	13%	-56%	-50%
Performance Rate	0%	1%	0%	1%	0%	2%	0%	1%
Acceptable Performance	2%	2%	2%	2%	2%	2%	2%	2%
Rate %age Change	-17%	190%	-30%	139%	-82%	798%	-76%	15%

Performance Monitor Analysis for 2021: *Quarter one we had 8 improperly cared for medical equipment with 3377 total inspections, Quarter two we had 9 improperly cared for medical equipment with 473 total inspections, Quarter three we had 4 failed equipment inspections with 889 total inspections and Quarter four we had 2 failed equipment inspections with 385 total inspections. Overall, we had a great performance rate meeting acceptable target rate every quarter.*

Overall Effectiveness of the Program's Effectiveness:

The Medical Equipment Management Plan and its continuation was considered effective this year. We will trend the following performance indicators for 2022

- 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 2022:

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
- Compile a complete medical equipment inventory that includes all departments / modalities regardless of ownership
- Examine all medical equipment that resides on the hospital network for cyber security risks and develop mitigation strategies.

UTILITIES MANAGEMENT PROGRAM

Reviewer: Cecily Allen and Alicia Beceña

Title: Interim Regional Director of Facilities and Regional Safety Officer

Region: Broward Health Coral Springs

Review Date: March 25, 2022

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

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

The facilities to which this Management Plan applies is Broward Health Coral Springs. Significant differences in activities may apply at each of the other Regions and may be noted in site-specific policies, as appropriate.

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

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

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

Performance Monitors #1

Monitor: *Energy Efficiency*

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

Performance: MET with conditions as Q3 was the only quarter above the acceptable performance. The performance was favorable for the 75% of the CY2021

Performance Monitor Analysis:

UTILITIES MONITOR								
Energy Efficiency	Q1CY20	Q2CY20	Q3CY20	Q4CY20	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Square Footage	460000	460000	460000	460000	460000	460000	460000	460000
KWh Used	3,795,600	4,331,600	4,586,000	4,149,600	3777136	4081200	4582400	4096800
KWh Usage % Change	-10%	14%	6%	-10%	-9%	8%	12%	-11%
Performance Rate	8.25	9.27	9.97	9.02	8.21	8.87	9.96	8.91
Acceptable Performance	10.43	10.04	8.61	10.00	10.43	10.04	8.61	10.00
Rate %age Change	-10%	12%	8%	-10%	-9%	8%	12%	-11%

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

Overall Effectiveness of the Program's Effectiveness *The performance indicator, as established by the Corporate Key Group, was at target for the 75% of the year, therefore we partially met our goal. Our average performance rate for 2021 improved over 2020, 2019 and 2018. The increase in usage continues to be driven by the increase in the ambient temperature during the third quarter of the year. Therefore, the acceptable performance rate established may need some adjustments.*

Performance Monitors for 2022: *We will continue to monitor Energy Efficiency performance indicator in 2022 as it is a valuable tool to measure how well the hospital equipment is being maintained.*

Performance Monitors #2

Monitor: *Number of generator tests completed*

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

Performance: *The Energy Efficiency performance indicator was favorable for the entire year of 2021*

Performance Monitor Analysis:

Generator Test	Q1CY20	Q2CY20	Q3CY20	Q4CY20	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Number of Generator test scheduled	5	5	5	5	5	5	5	5
Number of Generator test completed	5	5	5	5	5	5	5	5
Generator Test % Change	0%	0%	0%	0%	0%	0%	0%	0%
Performance Rate	100%	100%	100%	100%	100%	100%	100%	100%

Acceptable Performance	95%	95%	95%	95%	95%	95%	95%	95%
Rate %age Change	0%	0%	0%	0%	0%	0%	0%	0%

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

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 2021				
Water Testing and Preventive Maintenance	Type of Testing/PM	Frequency	Completed	Next Test/Change
Cooling tower treatment	Tested by Chem-Aqua	Monthly	Yes 12/22/21	1/22/22
Legionella testing of towers	Tested by Chem-Aqua	Twice a year	12-17-21	05-17-22
Boiler TEST - Monthly	PM	Monthly	Yes 12/21/21	1/21/22
Water temperature checks (Domestic Hot)	PM multiple areas. Temp checked daily in plant.	Monthly	Yes 12/13/2021	Monthly
Risk Assessment		Annual	Yes 1/26/2022	January 2023
Dialysis water	All Negative	Monthly Testing	YES	Monthly
Fountain and ice machine filters changed	Filters Changed	Fountains DC during COVID	Yes 10/2021	4/2022
Broward Co. Domestic Water	Chlorination	Semiannual or as needed	Yes 7/29/21	Determined by county.
Water Management Committee Meeting held on 1/26/22				

Overall Effectiveness of the Program's Effectiveness: The performance indicator was at target for the entire year; therefore, we met our goal. Our average performance rate for 2021 and the two previous years remain unchanged.

Performance Monitors for 2022:

- Continue to report Water Testing Results at least quarterly during EOC Committee
- Continue to use and monitor the work order (Megamation) to track utility work orders. Encourage others to use Megamation for Facilities Work Order Request
- Continue to Monitor Energy Efficiency Quarterly
- Reduce energy consumption by 1% for all New and Renovation projects by replacing fluorescent indoor and outdoor lighting with energy efficient LED lighting. Continue to replace end of life equipment as needed and with funding approval.

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

Overall Performance Summary: The EOC Committee meets to improve our performance indicator scores and reporting to the EOC members. The following goals have been chosen for 2022:

Planning Objectives/Goals for CY2022:

Safety Management:

- Reduce Contaminated Needle Sticks to no more than 15 (10% reduction of the average of the 3 previous years)
- Reduce Staff Slips, Trips and Falls to no more than 14 (10% lower than the average of the last 3 years)
- Reduce Visitor Falls with Injuries to no more than 7 (Average of the last 2 years (2021=6 and 2020=8))
- Reduce E.D. Falls to no more than 10 (Average of the last 2 years (2021=13 and 2020=8))
- Reduce Progressive Care In-Patient Falls to no more than 37 (Average of the last 2 years (2021=45 and 2020=29))
- Monitor and email Nursing and other departments on Occupational injuries flyers and information. Attend Nurse Huddles looking at top three (3) injuries. 4 X per year
- Re-initiate Safety / Environment of Care Presentation at New Employee Orientation and Medical Staff Orientation once the threat of COVID-19 dissipates.
- Focus on Accident Prevention strategies to tracking injuries by department/job duties and type of equipment. Email or meet with multi-disciplinary teams to address near misses and occupational accidents/injuries – 4 X per year.

Security Management:

- Implement a Safety and Security Task Force.
- Conduct a physical risk assessment of high risk (vulnerable) and sensitive areas
- During daily huddles Security will train and education staff on different security policy.
- Re-assess the camera coverage for indoor and outdoor areas needing enhancements
- Code Assist/Aggressive Behavior – reduce by clearly identifying data between Nurse Assist vs. Code Assist
- Missing/Stolen patient belongs and track success rate of returns

Hazardous Materials & Waste Management:

- Monitor and maintain pounds of Regulated Waste below 1.6 lbs./APD
- Monitor and manage Bio-Hazardous Waste for a compliance rate of 95%
- Increase Recycling by ten (10) percent and/or above the previous year
- Train Staff on Segregating the Different Waste Streams
- Closely audit the Hazardous Waste Accumulation area outdoors.
- Inservice staff on the location of hard copies of SDS and how to obtain them
- Maintain Permits/Licenses from the State of Florida Department of Health/Bio-Medical Waste
- Continue to educate team on terminal cleaning of the surgery procedure and other areas along with assignments to Health Stream training
- Continue to have Staff Certified on DOT training

Medical Equipment Management:

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
- Compile a complete medical equipment inventory that includes all departments / modalities regardless of ownership
- Examine all medical equipment that resides on the hospital network for cyber security risks and develop mitigation strategies.

Fire Safety Management:

- Maintain no actual fires in the facility.
- Monitor False Alarms and the causes of the alarms and decrease to less than the previous year.
- Eliminate Impeded Egress Corridor by educating staff
- Increase staff participation during fire drills and continue to educate staff during EOC Rounds
- All fire drills will be spaced out using a new Fire Drill Matrix to properly scheduled events with at least a one-hour differential from each of the previous 4 quarters.

- An OR fire drill focused on preventing surgical fire especially during the use of laser equipment will be completed during the year including L&D OR.
- Present during New Employee and Medical Staff Orientation specifically fire safety training

Utilities Management:

- Continue to report Water Testing Results at least quarterly during EOC Committee
- Continue to use and monitor the work order (Megamation) to track utility work orders. Encourage others to use Megamation for Facilities Work Order Request
- Continue to Monitor Energy Efficiency Quarterly
- Reduce energy consumption by 1% for all New and Renovation projects by replacing fluorescent indoor and outdoor lighting with energy efficient LED lighting. Continue to replace end of life equipment as needed and with funding approval.

BROWARD HEALTH NORTH

Committee Members

Members & Titles	Departments	Functions
Alicia Beceña, Corporate-Regional Safety Officer & EOC Chair	Corporate Safety & Security	Safety Management & EOC Committee
Garnett Coke, Corporate Director	Corporate Safety & Security	Corporate Security & Community Health
Erick Peña, Interim - Corporate Manager	Emergency Preparedness/EMS Liaison	Emergency Management and EOC Member
Kristen Sands and Jacqueline Martinez-Ordaz, EM Coordinators	Emergency Preparedness	Emergency Management and EOC Member
Kristina Castro, Regional Manager EH & Alfredo Cruz, Manger Workers' Compensation	Employee Health & Worker's Compensation	Safety Management, Members
Stephen Santos, Executive Director	Medical Equipment (BIOMED)	Medical Equipment Management, Members
Michael Scuotto, EVS Director	Environmental	Hazardous Materials & Waste Management
Susan Newton, Regional COO	Administration	Member
Cheryl Wild, Regional CNO	Administration	Member
Joshua Szostek, CFO	Administration	Member
Christopher LaRue, Regional Manager and Christina Hinkle, Clinical Specialist - EPI	Epidemiology, Quality & Dialysis	Members
Linda Ballou and Declan Finnerty,	Facilities Services	Utility Systems Management, Members
Linda Ballou, Facilities Manager/Life Safety Officer and Declan Finnerty, Master Mechanic	Facilities Services	Fire Safety Management & Construction Projects, Members
Yamila Herrera, Chief HR Officer	Human Resources	Member
Anthony (Tony) Frederick, Captain - Corporate Security & Gregory D' Aguilar, Regional Security Lieutenant	Protective Services/Security	Security Management, Members
Christine Kesser, Regional Manager	Materials Management	Member
Jorida Wilcox	Nutritional Services / Dietary	Member
Kathy Avedisian & Donna Valerioti, Regional Manager	Laboratory	Members
Marisa Noel, Regional Manager & Narda Priester	Radiology (Imaging) Services	Radiation Safety Officer & Members
Winn Castro, Regional Manager	Pharmacy	Member
Joann Franklin, Regional Director	Emergency Services	Member
Genevieve Cua Boucher, Regional Manager / Gueorgui Petrov, Coordinator	Rehabilitation Services, Wound Care & Hyperbaric Chambers	Members
Gail Hill, Regional Director & Asha Mathews, Regional Managers	Surgical Services, OR & Laser Safety	Members
Marllury M Altamirano, Regional Manager	Risk Management	Member
Eric Shorr, Manager IT Network and Nathanael Alexander, IT Operations	Information Services	Member
Jami Rothenburg, Regional Manager	Trauma Services	Member
Susan Barrow, Regional Director	Nursing	Member
Charese Crawford, Regional Manager	Clinical Education	Member
Regional Manager	Financial Services	Member
Regional Manager	Regional Medical Officer	Member

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

Environment of Care Program	Evaluator(s)
• Safety	• Alicia Beceña, Alfredo Cruz, Marllury Altamirano
• Security	• Gregory D' Aguilar
• Hazardous Materials	• Alicia Becena, Michael Scuotto
• Fire Safety	• Linda Ballou / Declan Finnerty
• Medical Equipment	• Stephen Santos
• Utility Systems	• Linda Ballou / Declan Finnerty



SAFETY MANAGEMENT PROGRAM

Reviewer: Alicia Becena, Corporate - Regional Safety Officer

Title: Safety Management Program

Region: Broward Health North

Review Date: March 8, 2022

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	2022 Adjusted Objective
REDUCE STAFF NEEDLE STICKS			✓ Goal of 25 or less for 2021 was met	Adjusted for 2022 to 22 or less as we seek a downward trend – The performance rate was met 50% of the time
REDUCE STAFF SLIPS/TRIPS/FALLS (STF's)	✓			Goal of 13 or less met for CY 2021. A 10 or less incident deduction goal is set for 2022 which is a 10% lower than the average over the last 3 years.
REDUCE VISITOR FALLS	✓			Adjusted to 14 for 2022 as this is a 10% reduction of the average over the last 3 years.
REDUCE EMERGENCY DEPARTMENT PATIENT FALLS	✓			Goal adjusted to 14 (2022) as this is a 10% reduction of the average over the last 3 years
REDUCE OUTPATIENT DEPARTMENT PATIENT FALLS		✓		Goal adjusted to 8 (2022) as this is a 10% reduction of the average over the last 3 years



Review of Performance:

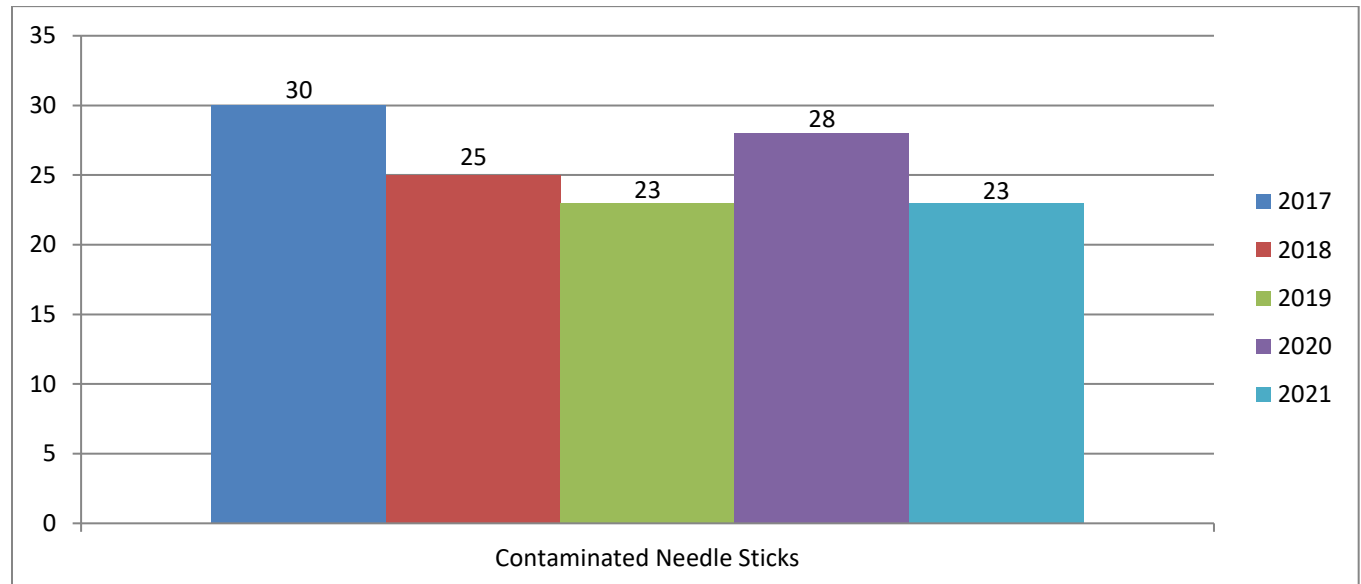
Performance Monitors #1

Monitor: CONTAMINATED NEEDLE STICKS

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

Performance: Met 50% of the time

Performance Monitor Analysis:



Contaminated Needle Sticks	Q1CY20	Q2CY20	Q3CY20	Q4CY20	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Medical Encounters	30554	25040	29152	27667	30410	31620	33676	31564.00
# of Contaminated Needle Sticks	10	5	7	6	9	4	4	6
Needle Stick %age Change	233%	-50%	40%	-14%	50%	-56%	0%	50%
Performance	3.27	2.00	2.40	2.17	2.96	1.27	1.19	1.90
Acceptable Performance	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65
Rate %age Change	226%	-39%	20%	-10%	36%	-57%	-6%	60%

Program's Effectiveness: The Program was effective in reducing needle sticks when compared to the previous year CY2020. Performance in Q2 and Q3 of CY21 were both above the acceptable performance rate. When looking at incidents we continue to see injuries due to the use of a different brand butterfly IV needle and new syringes being the causes of some of the injuries. Education and monitoring of incidents will continue in 2022 during huddles and during New Employee Orientation.

Performance Monitors for 2022: Broward Health North has adjusted the performance and set a goal of continuing to reduce Contaminated Needle Sticks injuries to 22 or less in 2022 as we seek a downward trend.

Performance Monitors #2

Monitor: Occupational Injuries

Target: Reduce OSHA Recordable Injuries from previous year

Performance: Met

Performance Monitor Analysis:

<i>Occupational Injuries</i>	<i>Q1CY20</i>	<i>Q2CY20</i>	<i>Q3CY20</i>	<i>Q4CY20</i>	<i>Q1CY21</i>	<i>Q2CY21</i>	<i>Q3CY21</i>	<i>Q4CY21</i>
Hours Worked	631885	548727	655906	560621	650455	543744	647418	536377
# of OSHA Recordable Injuries	28	26	16	18	33	18	15	13
Injury Percentage Change	33%	-7%	-38%	13%	83%	-45%	-17%	-13%
Acceptable Performance	6.01	6.01	6.01	6.01	6.01	6.01	6.01	6.01
Performance Rate	8.86	9.48	4.88	6.42	10.15	6.62	4.63	4.85
Rate % Change	26%	7%	-49%	32%	58%	-35%	-30%	5%

Program's Effectiveness: The program was effective in reducing the number of OSHA Recordable Injuries from 88 in CY2020 to 79 in CY2021. We notice a reduction in injuries workers with lost time in 2021 = 22 vs. 2020 = 30 and in Days lost from work in CY2021 415 vs. 747 in CY2020.

Performance Monitors #3

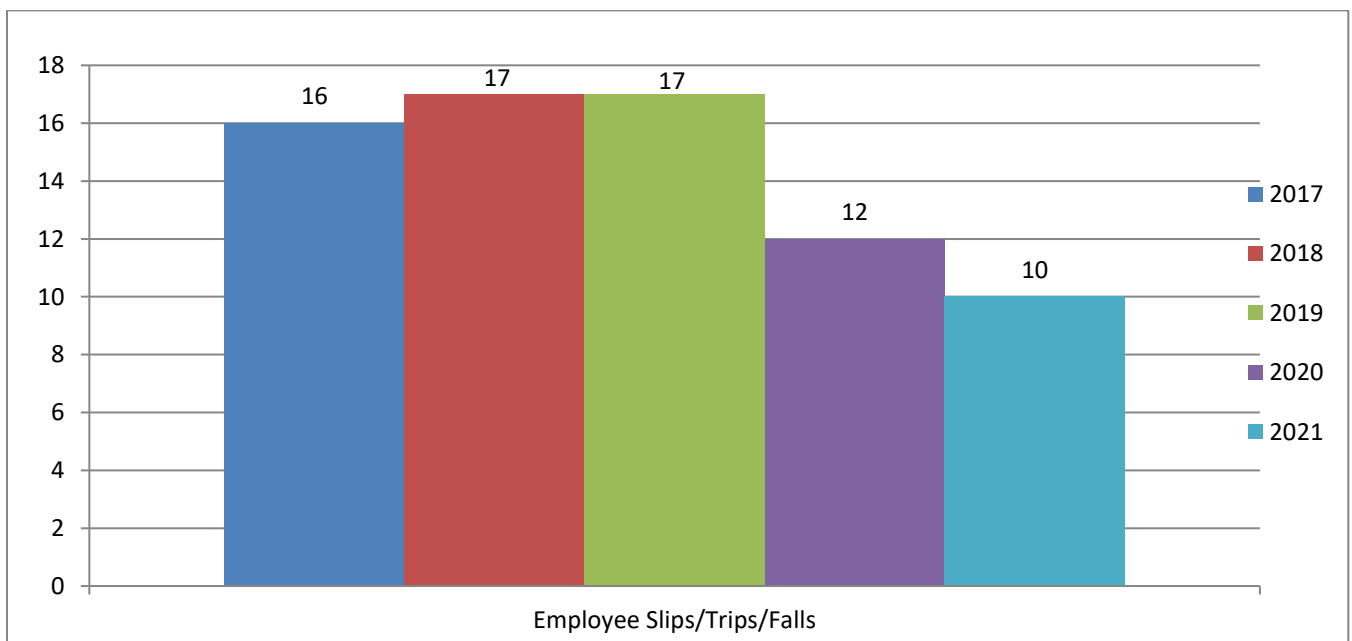
Monitor: STAFF SLIPS/TRIPS/FALLS (STF)

Target: Reduce Staff Slips, Trips and Falls

Performance: Met

Performance Monitor Analysis:

Program's Effectiveness: The program was effective in reducing Employee Slips, Trips and Falls to 10 for 2021 vs. 12 in CY2020. Spill stations and their use will be monitors throughout 2022 along with any trends noted for this type of injuries.



Performance Monitors for 2022: Broward Health North is adjusting the goal of staff Slips, Trips and Falls from (2021) 15 to 12 or less (2022) as we are starting to see a downward trend with the improvements implemented. Therefore, a ten (10) percent less than the average (13) over the last three (3) year we feel can be achieved for these types of injuries.

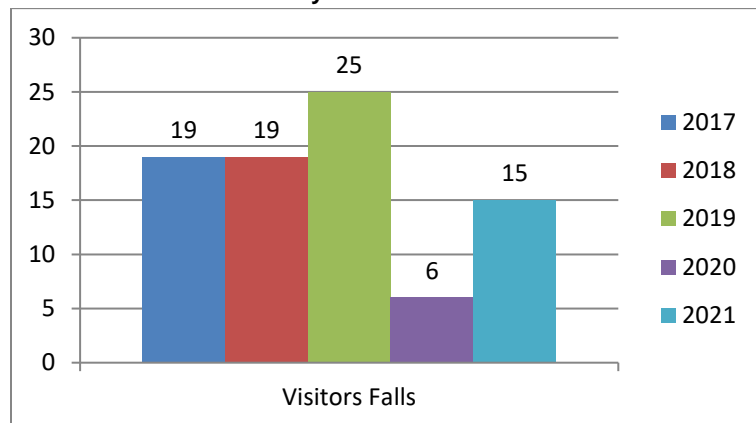
Performance Monitors #4

Monitor: VISITOR FALLS

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

Performance: Met

Performance Monitor Analysis:



Program's Effectiveness: The Safety Management Program was effective meeting the goal of less than 23 falls with 15 for CY2021. A reduction of the amount of Visitor Falls in 2021 and 2020 was noted from 25 in CY2019 however, we restricted visitors during both years due to COVID-19.

Performance Monitors for 2021: Broward Health North has adjusted the goal of reducing Visitor falls to no more than 14. [Note: Goal reduced by 10% from average of CY19, 20 and 21 (15 -10% = 14).

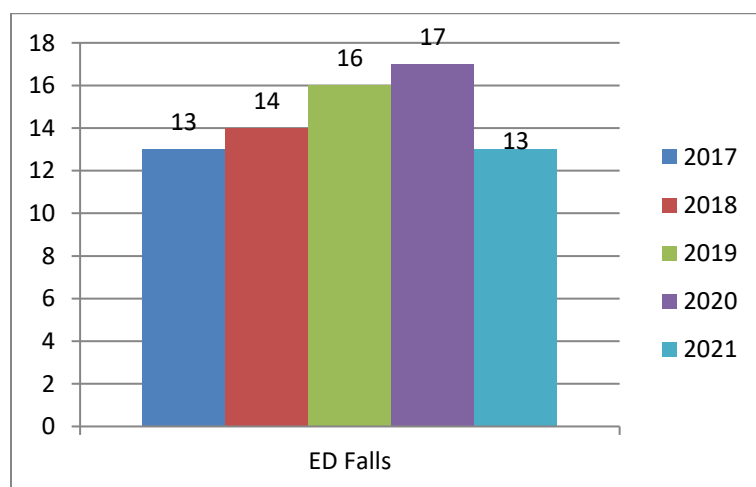
Performance Monitors #4

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 13 which is one less than the target.

Performance Monitors for 2022: 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).

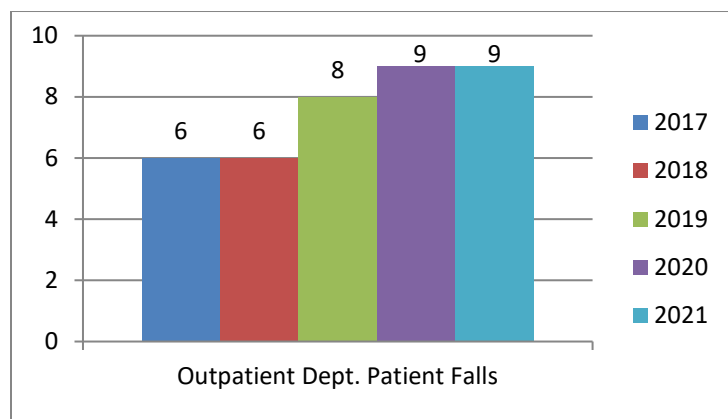
Performance Monitors #5

Monitor: OUTPATIENT DEPARTMENT PATIENT FALLS

Target: Reduce Outpatient Falls

Performance: NOT Met

Performance Monitor Analysis:



Program's Effectiveness: The Safety Management Program was flat but not effective in reducing Outpatient Department Patient Falls.

Performance Monitors for 2022: Broward Health North has adjusted the goal of reducing Outpatient Department patient falls to no more than 8. [Note: Goal to reduce by 10% from the average incidents noted in 2021, 2020 and 2019.

Overall Effectiveness of the Safety Management Program's Effectiveness: The Safety Management Program was effective in reducing contaminated needle stick injuries 50% of the time when looking at the Performance Rate. Employee slips, trips, and falls and visitor falls, and departmental falls in the Emergency Department also met their goals. The Outpatient Falls did not reach the goal established and remained flat when compared to the previous CY2021 and will continue to be monitored for trends and improvements.

Safety Management Performance Monitors for 2022:

- Needle Sticks to no more than 22
- Reduce Staff Slips, Trips and Falls to no more than 12
- Reduce Visitor Falls to no more than 14
- Reduce E.D. Falls to no more than 14
- Reduce Outpatient Department Patient Falls to no more than 8

Some of the action items for Occupational Injuries and fall prevention which are on-going or will be started in 2022 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 PROGRAM

Reviewer: Gregory D' Aguilar

Title: Regional Security Lieutenant

Region: Broward Health North

Review Date: March 8, 2022

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	Adjusted Objective
ASSAULT/BATTERY	✓			
THREAT OF VIOLENCE		✓		Upward trend in Healthcare
AGGRESSIVE BEHAVIOR (patients/visitors)	✓			
CODE ASSIST (Reduce to 50)		✓		
MISSING/LOST PROPERTY (Patients)		✓		
THEFTS: PATIENT BELONGINGS	✓			There was one (1) patient related theft both CY2021 and CY2020
THEFTS: AUTO/VANDALISM/BH Property	✓			CY2020 = 8 CY2021 = 4

SECURITY MANAGEMENT

- The number of Assault/Battery incidents in 2021 decreased by 21% to 52 from 66 in CY2020 trending downward (2019 = 28 and 25 in CY 2018).
- Threat of Violence incidents in 2021 were 28 and increase of 56% from 18 incidents in CY2020. 8 in CY2018, 8 in 2019.
- Aggressive Behavior (patients & visitors) incidents decreased by 63% in CY2021 to 157 incidents compared to 250 in CY2020 (2019 (117) and 102 in CY 2018).
- The number of Code Assist increased in CY2021 by 25.4% to 579 compared to CY2020 = 432 (297 in 2019, 492 in CY 2018)

- Missing/Lost Property incidents slightly increased for CY2021 by 3.5% with 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 increased with 1 incident reported in CY2021 compared to zero incidents in CY2020 (1) in CY2019, and 7 in CY 2018)
- The number of Contraband searches increased in CY2021 with 103 when compared to CY2020 = 100.2019 = 95 and 144 in CY 2018).
- Thefts (Auto/Vandalism/BH Property) in 2021 = 4 a decrease of 50% when compared to = 8 in CY2020 with one recovered. This increased when compared to 2019 = five recorded 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 was 0.10

SECURITY MONITOR				
Bodily Assaults NBH	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Medical Encounters	30410	31620	33676	31564.00
Number Per Quarter	6	1	4	3
NBH Assault %age Change	200%	-83%	300%	-25%
Performance	0.20	0.03	0.12	0.10
Acceptable Performance	1	1	1	1
Rate %age Change	173%	-84%	276%	-20%

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 91% which exceeded the performance baseline of 90%.

Security Procedures	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Number of Dept/Area Surveyed	16	20	20	17
# of areas where no. security procedures were violated	15	19	16	16
Security Pro % Change	-6%	27%	-16%	0%
Performance	94%	95%	80%	94%
Acceptable Performance	90%	90%	90%	90%
Rate %age Change	0%	1%	-16%	18%

Overall Effectiveness of the Program's Effectiveness:

Security Management will continue to monitor the program using the established performance indicators including 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 for 2022:

- Implement a Safety and Security Task Force (Corporate led).
- Conduct a physical risk assessment of high risk (vulnerable) and sensitive areas (Corporate led)
- Continue to monitor security procedures' performance during EOC Rounds
- Continue to monitor the average number of "crime related" events quarterly.
- Increase Security Presence/Nurse Assist by 10 percent before escalation to Code Assists
- Reduce Assaults on staff through training and education by conducting brief in-services during monthly huddles
- Continue to monitor and develop action plans such as "sweep the room" campaign to address missing/damaged patient property.
- Continue to monitor "recovered missing property"
- Complete an assessment of outdoor areas needing camera coverage

HAZARDOUS MATERIALS & WASTE MANAGEMENT PROGRAM

Reviewer: Alicia Becaña and Michael Scuotto, EVS

Title: Hazardous Materials & Waste Management Program

Region: Broward Health North

Review Date: March 8, 2022

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%)		✓		COVID19 cases increased Biohazardous Waste
Increase Recycled Waste (by 3%)		✓		Compactor Issues
Maintain zero (0) Code Spills	✓		The facility maintained zero 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:

HAZMAT MONITOR								
Biohazard Waste	Q1CY20	Q2CY20	Q3CY20	Q4CY20	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Medical Encounters	30554	25040	29152	27667	30410	31620	33676	31564.00
Lbs. of Regulated Medical Waste	28758	40780	73435	27645	45032	41208	23868	17956
Waste lbs. % Change	39%	42%	80%	-62%	63%	-8%	-42%	-25%
Performance	0.94	1.63	2.52	1.00	1.48	1.30	0.71	0.57
Acceptable Performance	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60
Rate %age Change	36%	73%	55%	-60%	48%	-12%	-46%	-20%

Performance Monitors for 2022: Broward Health North remains committed to maintaining Biohazardous Waste below the assigned System-wide Goal target rate of less than 1.60 lbs./APD.

Performance Monitors #2

Monitor: Manage Bio-Hazardous Waste

Target: Above 95% (# of Areas Surveyed/Correctly Managed)

Performance: Met 50% of the time

Program's Effectiveness: The Managing of Biohazard Waste was effective 50% of the time as noted during EOC Rounds with quarters 1 and 4 below target rate of 95%

Performance Monitor Analysis:

Managing Biohazard	Q1CY20	Q2CY20	Q3CY20	Q4CY20	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Surveyed	29	31	24	17	15	20	20	17
Managed Correctly	29	31	23	17	14	20	20	16
Waste Mgt % Change	7%	7%	-26%	-26%	-18%	43%	0%	-20%
Performance	100%	100%	96%	100%	93%	100%	100%	94%
Acceptable Performance	95%	95%	95%	95%	95%	95%	95%	95%
Rate %age Change	15%	0%	-4%	4%	-7%	7%	0%	-6%

Performance Monitors for 2021: Broward Health North has set a goal of increasing the performance by scheduling the vendor to perform staff education on proper disposal of waste.

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 2021 collecting a total of 647,540 lbs. compared to 1,1600,638 lbs. for CY2020

Performance Monitor Analysis:

Monthly	RCY 2019	RCY 2020	RCY2021
Baseline	34,600	52,000	34,600
Jan	47,620	129,840	64,325
Feb	45,540	111,570	70,680
Mar	26,776	150,200	95,190
Apr	45,860	83,150	61,320
May	61,820	104,280	69,760
Jun	52,380	125,220	72,345
Jul	71,720	105,550	75,020
Aug	70,800	93,400	26,840

Sep	19,440	97,760	34,780
Oct	26,140	76,148	24,660
Nov	20,500	44,720	24,360
Dec	16,420	38,800	28,260
Total	505,016	1,160,638	647,540

Performance Monitors for 2022: Broward Health North has set a goal of increasing Recycled 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 2022: Broward Health North will continue to train and educate on spill prevention techniques.

Performance Monitors #5

Monitor: DOT Training

Target: Conduct at least one (1) DOT Training

Performance: Met

Program's Effectiveness: Dot training was completed on October 20, 2021

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 2022:

- 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 above the previous year
- Continue zero (0) Code Spills through ongoing training and education
- Conduct DOT Training for initial and refresh (at least every 3 years)
- Conduct Biohazardous and Pharmaceutical waste segregation training

FIRE SAFETY MANAGEMENT PROGRAM

Reviewer: Linda Ballou

Title: Regional Director / Life Safety Officer

Region: Broward Health North

Review Date: March 8, 2022

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.

Objective	Met	Not Met	Met with Conditions	Adjusted Objective
Perform fire drills, 1 per quarter, per shift. If Interim Life Safety Measures (ILSM's) are being used, perform 2 per quarter, per shift.			✓	22 Drills conducted but one was not at least 1 hour apart from previous quarters
Decrease the number of unscheduled alarms.			✓	Missed target by 3 when compared to goal set in CY2021 – however did meet quarterly performance rate
Maintain no actual fires.		✓		Small grill fire in oven was contained and Ansul system used with no adverse outcomes
Review Life Safety plans and update			✓	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 being used, perform 2 per quarter, per shift.

Target: One fire drill per shift, per quarter.

Performance: Target **MET** with all fire drills completed except for one drill which was NOT done at the appropriate times as set by NFPA. There were 22 fire drills completed exceeding the requirements of one per shift, per quarter.

Performance Monitor Analysis:

INDICATOR	CY18	CY19	CY20	CY21
FIRE DRILLS COMPLETED	16	17	12	22

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

Performance Monitors for 2022: 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: goal not met favorably

Performance Monitor Analysis:

INDICATOR	CY18	CY19	CY20	CY21
NUMBER OF FALSE ALARMS	13	9	12	13

Program's Effectiveness: Broward Health North was not able to reduce the number of False Fire Alarms from CY2020 however, did meet their performance rate on a quarterly basis.

<i>False Fire Alarms</i>	<i>Q1CY21</i>	<i>Q2CY21</i>	<i>Q3CY21</i>	<i>Q4CY21</i>
<i>Square footage</i>	535683	535683	535683	535683
<i># Per Quarter</i>	2	5	2	4
<i>Fire Alarm % Change</i>	-33%	150%	-60%	100%
<i>Performance</i>	0.04	0.09	0.04	0.07
<i>Acceptable Performance</i>	0.5	0.5	0.5	0.5
<i>Rate %age Change</i>	-33%	3%	-60%	100%

Performance Monitors for 2022:

Broward Health North has set a goal to continue reducing amount of false fire alarms for 2022.

Performance Monitors #3

Monitor: Number of actual fires

Target: Zero

Performance: Target Not Met

Performance Monitor Analysis:

INDICATOR	CY18	CY19	CY20	CY21
NUMBER OF ACTUAL FIRES	0	1	0	1

Program's Effectiveness: The Fire Safety Management Program was not effective in achieving our overall goal due to an oven fire. However, no adverse outcomes noted and Ansul system was activated and effective.

Performance Monitors for 2022: 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 – 50% of the time

Program's Effectiveness: The Fire Safety Management Program was only effective half of the time.

<i>Impeded Egress Corridor</i>	<i>Q1CY21</i>	<i>Q2CY21</i>	<i>Q3CY21</i>	<i>Q4CY21</i>
<i>Number of Dept/Area Surveyed</i>	15	20	20	17
<i># Observed without Obstructions</i>	15	18	20	16
<i>Impeded Egress % Change</i>	-12%	20%	11%	-20%
<i>Performance Rate</i>	100%	90%	100%	94%
<i>Acceptable Performance</i>	100%	100%	100%	100%
<i>Rate %age Change</i>	0%	-10%	11%	-6%

Performance Monitors for 2022: Broward Health North will continue to monitor impeded egress and educate for 2022.

Performance Monitors #5

Monitor: Review and update Life Safety plans

Target: Maintain Life Safety Plans updated

Performance: Reviewed Life Safety drawings in 2021. Updates completed with some pending construction to be addressed in 2022 upon completion of construction projects

Overall Effectiveness of the Program's Effectiveness: The Fire Safety Management Plan for CY 2021 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 2022:

- 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.
- Decrease the number of unscheduled fire alarms from previous years.
- Maintain no actual fires in the facility.
- Increase Staff Participation during Fire Drills including clinical and non-clinical staff to help educate them on proper response.

MEDICAL EQUIPMENT MANAGEMENT PROGRAM

Reviewer: Stephen Santos

Title: Executive Director, Corporate Biomedical Engineering

Region: Broward Health North

Review Date: March 8, 2022

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 2021, 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 2021.

Accomplishments-Special Projects

- Completed the NK Physiological Monitoring Refresh Project (Infrastructure)
- Replaced the NK Monitoring Network and connected to Cerner CareAware EMR
- Replacement of all Infusion Pumps EMR Connectivity (connectivity pushed by IT to 2022)

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 2021 Performance Indicators

Quarterly reports to the Environment of Care Committees.

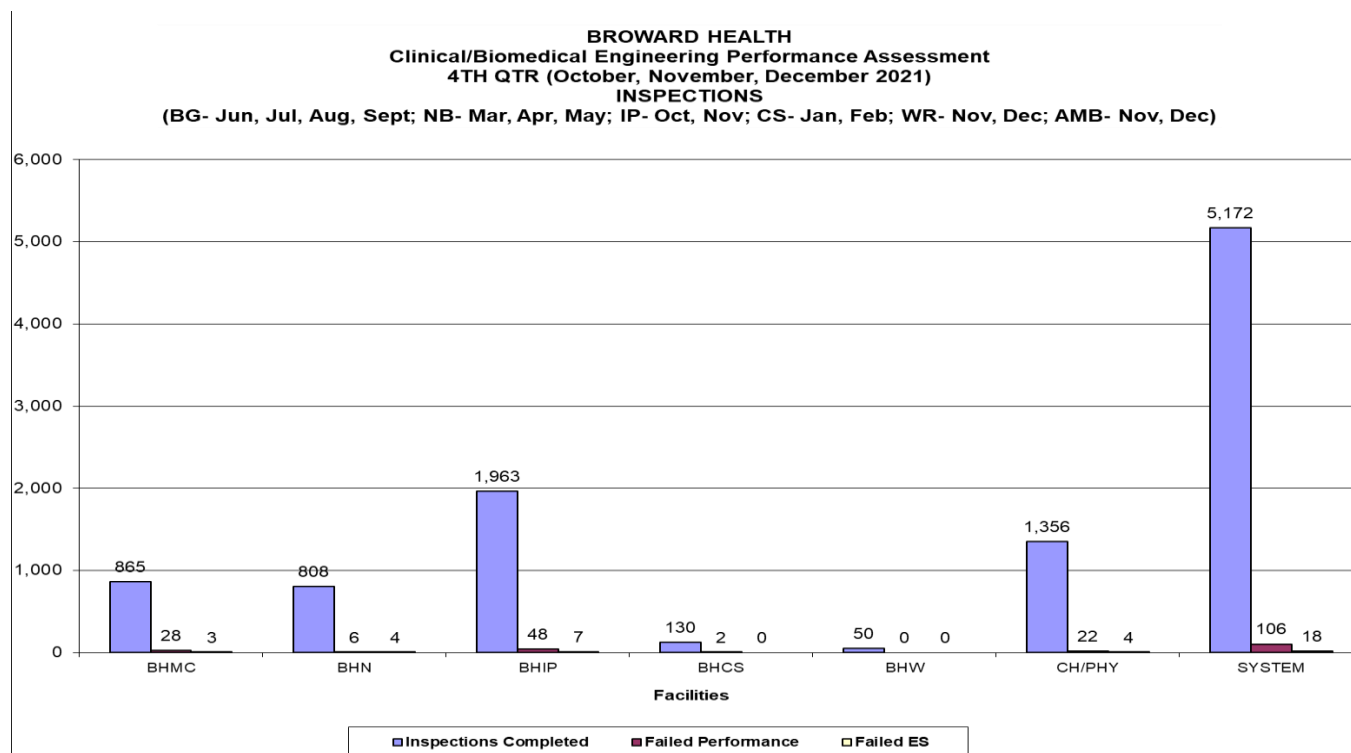
ITEM	Goal	BHN
- Work Orders Not Closed	≤ 10%	MET
- Failed Performance*	≤ 6%	MET
- Failed Electrical Safety	≤ 1%	MET
- New to Inventory (Unreported)	≤ 5%	MET
- No Problem Was Found (note: Goal was reduced in 2021 from ≤15% to ≤6% due to high performance)	≤ 6%	MET
- Improper Care	≤ 2%	MET
- Missing Accessories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

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

		BHN - CY 2021				DATA SOURCE
SAMPLE SIZE:		1 st QTR	2 nd QTR	3 rd QTR	4 th QTR	
UNITS IN INVENTORY		4,967	5,026	5,068	5,107	Clinical/ Biomedical Engineering
W.O. OPENED		1,334	459	467	561	
TOTAL W.O. COMPLETED		1,355	489	481	547	
INSPECTIONS COMPLETED		1,766	2,135	240	808	
W.O./INSPECTIONS COMPLETED		3,121	2,624	721	1,355	
LABOR HOURS		1,248	1,283	535	755	
PARTS/MATERIALS		\$32,423	\$16,759	\$18,646	\$18,551	
QA ROUNDS		781	788	770	759	
PARAMETERS		7,354	7,436	7,420	7,465	
INDICATORS:	TARGET	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR	
W.O. NOT CLOSED (W.O. OPENED)	<= 10%	1%	2%	4%	5%	
FAILED PERFORMANCE (INSPECTIONS COMPLETED)	<= 6%	3%	1%	0%	1%	
FAILED ELECTRICAL SAFETY (INSPECTIONS COMPLETED)	<= 1%	0%	0%	0%	0%	
NEW TO INVENTORY (W.O./INSPECTIONS COMPLETED)	<= 5%	0%	0%	0%	0%	
CALLS WHERE NO PROBLEM WAS FOUND (W.O. OPENED)	<= 6%	2%	5%	4%	4%	
IMPROPER CARE (W.O./INSPECTIONS COMPLETED)	<= 2%	0%	0%	2%	1%	
MISSING ACCESSORIES (W.O./INSPECTIONS COMPLETED)	<= 2%	0%	0%	1%	0%	
STAFF INSTRUCTION (W.O./INSPECTIONS COMPLETED)	<= 2%	0%	0%	1%	0%	

BROWARD HEALTH
Clinical/Biomedical Engineering Performance Assessment
Calendar Year (January-December) 2021

		All Regions						
SAMPLE SIZE:		BHMC	BHN	BHIP	BHCS	BHW	CHS/PHY	SYSTEM
UNITS IN INVENTORY		12,875	5,107	3,045	4,844	64	2,701	28,436
W.O. OPENED		5,919	2,821	2,255	1,613	32	1,450	14,090
TOTAL W.O. COMPLETED		5,935	2,872	2,218	1,592	32	1,406	14,055
INSPECTIONS COMPLETED		10,285	4,949	2,680	3,932	53	2,636	24,535
W.O./INSPECTIONS COMPLETED		16,220	7,821	4,898	5,524	85	4,042	38,590
LABOR HOURS		7,819	3,821	2,236	2,920	38	1,663	18,497
PARTS/MATERIALS		\$274,513	\$88,379	\$26,389	\$34,534	\$0	\$7,707	\$429,522
QA ROUNDS		3,998	3,098	3,004	2,791	NA	NA	12,889
PARAMETERS		18,490	7,465	4,783	7,432	87	3,502	41,759
INDICATORS:	TARGET	BHMC	BHN	BHIP	BHCS	BHW	CHS/PHY	SYSTEM
W.O. NOT CLOSED (W.O. OPENED)	<= 10%	3%	2%	2%	5%	0%	3%	3%
FAILED PERFORMANCE (INSPECTIONS COMPLETED)	<= 6%	2%	2%	2%	3%	0%	1%	2%
FAILED ELECTRICAL SAFETY (INSPECTIONS COMPLETED)	<= 1%	0%	0%	0%	0%	0%	1%	0%
NEW TO INVENTORY (W.O./INSPECTIONS COMPLETED)	<= 5%	0%	0%	0%	1%	0%	1%	0%
CALLS WHERE NO PROBLEM WAS FOUND (W.O. OPENED)	<= 6%	3%	4%	1%	2%	0%	1%	3%
IMPROPER CARE (W.O./INSPECTIONS COMPLETED)	<= 2%	1%	1%	0%	0%	0%	0%	1%
MISSING ACCESSORIES (W.O./INSPECTIONS COMPLETED)	<= 2%	1%	0%	0%	0%	0%	0%	0%
STAFF INSTRUCTION (W.O./INSPECTIONS COMPLETED)	<= 2%	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.

MEDICAL EQUIPMENT MONITOR				
Failed Inspection	Q1CY21	Q2CY21	Q3CY21	Q4CY21
# of Inspection Completed	1766	2135	240	808
# of Failed Performance	48	24	0	6
Failed Equipment % Change	220%	-50%	-100%	#DIV/0!
Performance Rate	3%	1%	0%	1%
Acceptable Performance	6%	6%	6%	6%
Rate %age Change	64%	-59%	-100%	#DIV/0!

Performance Monitors #2

Monitor: Improper Care

Target: 2% or less

Performance: MET

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

<i>Improper Care</i>	<i>Q1CY21</i>	<i>Q2CY21</i>	<i>Q3CY21</i>	<i>Q4CY21</i>
# of Perf. Inspection Comp.	3121	2624	721	1355
# Improperly Cared For	6	13	13	12
Improper % Change	-14%	117%	0%	-8%
Performance Rate	0%	0%	2%	1%
Acceptable Performance	2%	2%	2%	2%
Rate %age Change	-62%	158%	264%	-51%

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 2022

- 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 2022:

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
- Compile a complete medical equipment inventory that includes all departments / modalities regardless of ownership
- Examine all medical equipment that resides on the hospital network for cyber security risks and develop mitigation strategies.

UTILITIES MANAGEMENT PROGRAM

Reviewer: Linda Ballou

Title: Utilities Management Program

Region: Broward Health North

Review Date: March 8, 2022

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. Therefore, no changes to the plan objectives will be recommended at this time

Objective	Met	Not Met	Met with Conditions	Adjusted Objective/comments
Reduce electric consumption by 1%		✓		Met only 75% of the time with Q3 missing the target rate of performance
Track work orders using Megamation	✓			
Complete all Regulatory, Infection Control and Life Safety Preventative Maintenance 100%	✓			

Review of Performance:

Performance Monitors #1

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

Target: Met in Q1, Q2 and Q4

Performance: The Acceptable Performance was only favorable 75% of the time. Broward Health North used 20,700,971 KWh's of power in 2021. Over the 3 last year's quarter 3 remains a challenge in the reduction/use of KWHs. (2020 vs. 2021 KWh Used increased: 774,683)

UTILITIES MONITOR				
Energy Efficiency	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Square Footage	535683	535683	535683	535683
KWh Used	4,775,200	5,137,679	5,644,371	5,143,721
KWh Usage % Change	-4%	8%	10%	-9%

Performance Rate	8.91	9.59	10.54	9.60
Acceptable Performance	10.53	9.90	9.16	9.72
Rate %age Change	-4%	8%	10%	-9%

Performance Effectiveness: A reduction was NOT MET in 2021, 2020 or 2019 as we experienced an increase in weather temperatures specifically in quarter 3 all years. Quarters 1, 2 and 4 were all below the target acceptable performance indicators. Therefore, 75% of the time the established goal was met.

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%.

Performance Monitor Analysis:

INDICATOR	CY 19	CY 20	CY 21
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%.

Performance Monitor Analysis:

Generator Test	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Number of Generator test scheduled	3	3	3	3
Number of Generator test completed	3	3	3	3
Generator Test % Change	0%	0%	0%	0%
Performance Rate	100%	100%	100%	100%
Acceptable Performance	95%	95%	95%	95%
Rate %age Change	0%	0%	0%	0%

Performance Effectiveness: Performance rate was met 100% of CY2021.

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 Quarter 4 2021				
Water Testing and Preventive Maintenance	Type of Testing/PM	Frequency	Completed	Next Test/Change
Cooling tower treatment	Tested by Chem-Aqua	Monthly	Yes	Monthly
Legionella testing of towers	Tested by Chem-Aqua	Twice a year	11-01-21	05-01-22
Boiler TEST - Monthly	PM	Monthly	Yes	
Water temperature checks (Domestic Hot)	PM multiple areas. Temp checked daily in plant.	Monthly	Yes	Monthly
Risk Assessment				
Dialysis water	All Negative	Monthly Testing	YES	Monthly
Fountain and ice machine filters changed	Filters Changed	Fountains DC during COVID	YES	Quarterly
Broward Co. Domestic Water	Chlorination	Semiannual or as needed		Determined by county.
Next water meeting has been rescheduled				

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 2022:

- Continue to report Water Testing Results at least quarterly during EOC Committee
- Continue to use Megamation to track and expedite utility work orders.
- Reduce electric consumption by 1% by continuing to replace existing fluorescent indoor lighting with energy efficient LED lighting and continue to optimize the chiller plant.



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 2021. With the actions planned in the individual objectives, the following goals have been chosen for 2022:

Planning Objectives for CY2022:

Safety Management Performance Monitors for 2022:

- 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 12 (10% lower than the average of the last 3 years)
- Reduce Visitor Falls to no more than 14
- Reduce E.D. Falls to no more than 14
- Reduce Outpatient Department Patient Falls to no more than 8

Some of the action items for Occupational Injuries and fall prevention which are on-going or will be started in 2022 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

- Implement a Safety and Security Task Force (Corporate led).
- Conduct a physical risk assessment of high risk (vulnerable) and sensitive areas (Corporate led)
- Continue to monitor security procedures' performance during EOC Rounds
- Continue to monitor the average number of "crime related" events quarterly.
- Increase Security Presence/Nurse Assist by 10 percent before escalation to Code Assists
- Reduce Assaults on staff through training and education by conducting brief in-services during monthly huddles
- Continue to monitor and develop action plans such as "sweep the room" campaign to address missing/damaged patient property.
- Continue to monitor "recovered missing property"
- Complete an assessment of outdoor areas needing camera coverage

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 above the previous year
- Continue zero (0) Code Spills through ongoing training and education
- Conduct DOT Training for initial and refresh (at least every 3 years)
- Conduct Biohazardous and Pharmaceutical waste segregation training



Fire Safety Management

- Continue to 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.
- Decrease the number of unscheduled fire alarms to 10.
- Maintain no actual fires in the facility.
- Increase Staff Participation during Fire Drills including Clinical Staff
- Present during New Employee and Medical Staff Orientation (including All Staff for Critical Subjects)

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
- Compile a complete medical equipment inventory that includes all departments / modalities regardless of ownership
- 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
- Continue to use Megamation to track and expedite utility work orders.
- Reduce electric consumption by 1% by continuing to replace existing fluorescent indoor lighting with energy efficient LED lighting and continue to optimize the chiller plant.



BROWARD HEALTH IMPERIAL POINT

REGION'S COMPOSITION

Region:
Broward Health Imperial Point
Broward Health Outpatient Surgical Center

Committee Members:

Title	Department	Function
Randy Gross, CEO	Administration	Member
Netonua (Toni) Reyes, COO	Administration	Member
Michael Huempfer, Associate Ad	Administration	Member
Alicia L. Beceña, Corporate – Regional Safety Officer	Corporate Safety & Security	Regional Safety Officer & EOC Chair
Garnett Coke, Corporate Director	Corporate Safety & Security	Corporate Security & Community Health
Anthony Frederick, Lieutenant	Corporate Security	Member - Security Management Plan, Chapter Leader
Stephen Santos, Executive Director	Medical Equipment (BioMed)	Medical Equipment Management, Chapter Leader
Jamey Emerson, Nurse Manager	Cardiology	Member
Elizabeth Robinson (Lanie), Regional Manager	Nursing Administration and RN Support Services	Member
Janis Smith-Love	Nursing Critical Care (ICU/Respiratory)	Member
Dovid (Ira) Lee	Nursing	Member
Rachel Chavez	Progressive Care	Member
Shalna Tenau LaVoix	Radiology	Member
TBD, Epidemiologist	Epidemiology	Member
Rafael Casares, Regional Manager	Lab Manager	Member
Dawn Burke, Regional Director	Dietary & Nutritional Services	Member
Marco Mata, Regional Manager	Materials Management	Member
Katherine Gonzales, Regional Director	Operating Room/Surgery	Member
Donna Williamson, Regional Director	Quality & Patient Safety Officer	Member
Chivone Hylton, Regional Manager	Emergency Services	Member
Collette Small, Regional Manager	Risk Management	Member
Peter Coughlin	Facility Services	Life Safety Officer/Fire Life Safety Management Chapter leader
Kristina Castro, Employee Health Nurse / Alfredo Cruz, W/C	Employee Health & Workers' Compensation	Safety Management Plan and Members
Narda Priester / Jose Encarnacion / Frank Paglianite	Radiation Safety Officer/Nuclear Medicine	Members
Deven Silverman, Chief HR Officer	Human Resource	Member
Steve Fredrickson, Regional Manager	Facility Services	Member, Utility Systems Management, Chapter leader
Miguel Torres	Environmental Services	Member, Hazardous Materials & Waste Management
Natalie Trach, Regional Manager	Pharmacy	Member
Erick Peña, Emergency Preparedness Coordinator	Emergency Preparedness and Emergency Management Chapter	Member

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



Environment of Care Program	Evaluator and Chapter Leads
• Safety Management	• Alicia Beceña
• Security Management	• Anthony Frederick
• Hazardous Materials and Waste	• Steve Fredrickson / Miguel Torres
• Fire Safety Management	• Peter Coughlin
• Medical Equipment Management	• Stephen Santos
• Utility Systems Management	• Steve Fredrickson



SAFETY MANAGEMENT PROGRAM**Reviewer:** Alicia Beceña**Title:** Corporate – Regional Safety Officer**Region:** Broward Health Imperial Point**Review Date:** January 21, 2022

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 Imperial Point buildings, grounds, equipment, and facilities on and off campus.
- Broward Health Imperial Point departments, services, and associated personnel on and off campus
- All Broward Health Imperial Point 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 Medical Center and Broward Health policies and procedures

Review of Program Objectives: The Safety Management Program was effective towards the objectives listed below. Each of these have adjusted objectives listed individually and their Performance Monitors.

Providing an environment free from Hazards is our goal therefore the additional items are reviewed throughout the year:

- Assessing risk associated with buildings, ground, equipment, occupants, and physical systems.
- Using risks identified to select and implement procedures and controls to achieve the lowest potential for adverse impact on the safety and health of patients, staff and other people coming to the Medical Center's facilities.
- Evaluating environmental conditions, work practices and staff knowledge of the Environment of Care through a hazard surveillance process (environmental tours), conducted semi-annually in areas where patients are served and annually in non-patient areas.
- Reporting, investigating, and taking actions as necessary to address incidents involving patients, staff, and other people coming to the Medical Center's facilities as well as incidents involving equipment and buildings.
- Reviewing, distributing, practicing, and enforcing Safety/Environment of Care policy and procedures.
- Responding to product alerts and recalls in a timely manner.
- Providing Safety/Environment of Care orientation and on-going education through health stream.
- Managing staff activities to reduce the risks of injury.
- Conducting proactive risk assessments when planning demolition, construction, or renovation to address potential impact on air quality, infection control, utility requirements, noise, vibration, and emergency procedures.
- Providing a smoke free environment in all the Medical Center's facilities.
- Examining and addressing as necessary, Safety/Environment of Care issues at quarterly meetings of a multidisciplinary Environment of Care Committee.



- Having a qualified individual to oversee and monitor Safety Management and intervene whenever conditions pose an immediate threat to life, health, equipment, or disruption of service.
- Carrying out an effective worker safety program which includes workplace violence prevention.
- Maintaining an environment that is sensitive to patient needs and conducive to comfort, social interaction, privacy and safety as well as minimizing environmental stress for patients, staff and other people coming to the Medical Center's facilities.

Performance associated with the Safety Management Program is determined by examining performance standards and indicators (measures), assessing compliance with regulatory/accreditation, and evaluating performance improvement projects, as well as opportunities for improvement identified. Reviews and revisions of the Safety Management Plan made during the year will be identified and submitted for EOC approval.

Based on a review of the current Safety Management Plan and performance indicators, these objectives are appropriate for the management of safety within Broward Health Imperial Point facilities. Therefore, no changes to the plan objectives will be recommended at this time.

Objectives	Met	Not Met	Met w/ Conditions	Comments / Adjusted Objective
REDUCE STAFF NEEDLE STICKS (Target of 1.65 per Adjusted Patient Days)			✓	CY2020 = 13 CY2021 = 13
REDUCE NUMBER OF OCCUPATIONAL INJURIES	✓			CY2020 = 74 CY2021 = 50
REDUCE VISITOR FALLS	✓			
REDUCE PATIENT FALLS below target rate of 2.10		✓		The fall rate was met 25% of the time
REDUCE PATIENT FALLS with Injuries < previous year	✓			CY2020 = 20 CY2021 = 19

Review of Performance:

Performance Monitors #1

Monitor: CONTAMINATED NEEDLE STICKS

Target: REDUCE STAFF NEEDLE STICKS

Performance: Met with conditions

Performance Monitor Analysis:

Contaminated Needle Sticks	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Medical Encounters	17223	17890	18469	16178
# of Contaminated Needle Sticks	5	4	3	1
Needle Stick %age Change	400%	-20%	-25%	-67%
Performance	2.90	2.24	1.62	0.62
Acceptable Performance	1.65	1.65	1.65	1.65
Rate %age Change	393%	-23%	-27%	-62%

Program's Effectiveness:

We remained flat in number of contaminated needle sticks in CY2021 with 13 injuries vs. 13 in CY2020 (CY 2019 = 11, and 15 for CY 2018) (formula for measuring needle stick injuries = per 10,000 Adjusted Patient Days (APD) the incident rate in 2021 was met 50% of the time. Three of the 13 incidents reported were due to a new butterfly needle started in February 2020. Nursing staff received the initial training, but training was placed on hold due to spikes in COVID cases. In 2021, the challenges of hiring new nursing staff contributed to additional needle stick injuries with the introduction of new staff and new syringes due to national shortage of these supplies.



Performance Monitors for 2022: Broward Health Imperial Point will continue to monitor Needle Sticks injuries and seek a downward trend. For 2022 a reduction of ten (10) percent from the average amount of incidents over the last three years will equals eleven (11). Education on new devices will be conducted using social distancing and masking to avoid the potential spread of COVID-19 and any possible variant.

Performance Monitors #2

Monitor: OCCUPATIONAL INJURIES

Target: Reduce OSHA Recordable Injuries

Performance: Met

Performance Monitor Analysis: (#*200,000)/man hours worked per 25 employees)

Occupational Injuries for Year	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021
Hours Worked	374,696	369,600	351,821	373,666	351,372	298,379	353,379	285,154
#of OSHA Recordables Injuries	9	22	34	9	16	13	14	7
Injury Percentage Change	#REF!	144%	55%	-74%	78%	-19%	8%	-50%
Performance Rate	4.80	11.90	19.33	4.82	9.11	8.71	7.92	4.91
Acceptable Performance (Target < or = 6.01 Adjusted Patient Days (APD))	6.01	6.01	6.01	6.01	6.01	6.01	6.01	6.01
Rate % Change	#REF!	148%	62%	-75%	89%	-4%	-9%	-38%

Program's Effectiveness:

During 2021, we recorded fifty (50) OSHA recordable incidents vs, seventy-four (74) in 2020 (2019 = 47 and CY18 = 52). This is significant decrease in number of Occupational Injuries when comparing to the previous year. The CY2021 goal was 52 incidents based on the last 3-year average which was met. The Acceptable Performance rate for CY2021 was 7.7 vs. 10 for CY2020. Rate was above the target of 6.01 yet trending downward from the previous year.

Performance Monitors for 2022: Broward Health Imperial Point will continue to monitor occupational injuries and continue to seek a downward trend. A goal of ten (10) percent reduction from the average (57 incidents) noted over the last three years equal less than 51 for CY2022.

Performance Monitors #3

Monitor: REDUCE STAFF SLIPS/TRIPS/FALLS (STF)

Target: Reduce Staff Slips, Trips and Falls to 14 or less

Performance: Met

Performance Monitor Analysis:

Program's Effectiveness:

We saw Slips, Trips and Falls decrease by 38% in CY 2021. Eight (8) incidents were reported vs. CY 2020 = 13, CY 2019 = 13 and 12 in CY 2018. Therefore, the goal of 14 was met.

BHIP will continue to monitor for trends to address any improvement opportunities which will decrease Slips, Trips and Falls and other occupational injuries. For 2022 our goal will be not to exceed the ten (10) incidents which is the average number of incidents less 10% recorded in the last 3 years.

Other Occupational injuries/incidents:

- Abrasions/Contusion/Laceration 2021 = 5 a 55% reduction vs. 11 in CY2020
- Two (2) PPD Converters in all of 2021
- Four (4) Blood/Bodily Fluid Exposures in 2021



- TB Exposures 3 in 2021
- No Communicable Disease Exposures
- Zero (0) in 2021 vs. 2020 = Two (2) Sharp Object injury
- Back/Neck/Shoulder (Overexertion) injuries increased in CY2021 to 9 vs. 4 in CY2020 but remained lower than 13 incident CY2019
- The total number days injuries workers were out with LOST TIME for CY21 was 429 vs. 307 in 2020 an increase when compared to the previous three years (CY19 = 406, and CY18 =110).
- The number of body assaults increased by 19% for CY 2021=19 incidents vs. 16 (2020), 9 (2019) and 12 in CY18 most were combative patients.

Environmental Tours/Staff Knowledge of EOC:

- A multidisciplinary team conducted environmental tours of all patient and non-patient care areas during the year equaled to fifty-nine (59) rounds.
- The AMP Tracer eTool software's was continued to be used with observations maintained electronically and on paper and work orders were entered for all Facility repairs/corrections. AMP Tracers for CY2021 equaled had approximately an 89 percent compliance rate overall. Facilities continues to use Megamation to track Work Order and the completion of task.
- Staff knowledge and awareness of Safety Management assessed during environmental tours was above the 90% performance standard with a score of 93%.

SAFETY	1ST QTR	2ND QTR	3RD QTR	4TH QTR
Who is your Safety Officer?	46	29	61	18
How do you report safety concerns?	54	41	61	40
How do you access the Environment of care policies?	55	42	61	40
What is an example of personal protective equipment?	55	41	61	40
SCORE	210/220	153/168	244/244	138/160
	95%	91%	100%	86%

Construction Safety:

- Weekly construction site hazard surveillances were performed. Projects passed inspection and Infection Control Risk Assessments (ICRA) were performed to proactively address infection control and the safety impact associated with construction projects and facility renovations.
- Projects that required Interim Life Safety Measures were addressed accordingly.

Industrial Hygiene:

- Hazardous gases and vapors were monitored and managed during the year. All results were within the OSHA/NIOSH permissible exposure limits (PELs).
- All Preventive Maintenance (PMs) for air relationships in all clean and soiled areas maintained. Increased surveillance in all the soiled and clean areas in the Operating rooms and support areas by doing daily pressure checks.
- Air exchange rates, temperature, and humidity were checked in all the 13 operating rooms. Any readings that were not within the FGI guidelines were adjusted or brought to the department's attention. Readings are recorded daily first thing in the morning.
- Increased temperature and Humidity sensors to Med rooms and other support areas.
- Temp Trak on all Clinical refrigerators to improve proper temperature is ongoing.
- Temp Trak training conducted bi-weekly for all areas using the system.
- Promoted Patient Safety through awareness programs, ongoing nursing unit and departmental assessments, and addressing sentinel event alerts and National Patient Safety Goals.

Other:

- The multidisciplinary Environment of Care Committee met four (4) times during the 12 months period via Microsoft Teams.



- Product recalls and notices were checked and of those that required action were addressed 100% of the time in CY 2021 and reported.

Effectiveness

The Safety Management Program was determined effective during the year, as evidenced by performance standards, goals, and objectives that were routinely met and regulatory/accreditation compliance regularly maintained. However, opportunities for improvement were identified and are included in CY2021 goals. Additional accomplishments complementing the Safety Management Program and enhancing effectiveness are included:

- Continued to use The Joint Commission Resources AMP Tracers throughout 2021.
- Conducted Life Safety / Environmental of Care rounds weekly by a multidisciplinary group.
- Improved attendance during EOC Rounds implementing Social Distancing, hand hygiene and wear of masks
- Continued the daily monitoring of the Temp Trak system by Facilities and work with Nursing on any deficiencies
- Regional Safety Officer initiated staff education for different observations and occupational injuries using flyers which were distributed via email, clinical education, and other managers/leaders as COVID continued to threaten the community.
- Continue to monitor and remove surplus equipment and products from the facility

Safety Management Performance Monitors for 2022:

- Reduce OSHA Recordable Cases (occupational injuries) to less than **51** (10% less than the average of the last 3 years)
- Reduce Needle Sticks injuries to less than **11** (10% less than the average of the last 3 years)
- Continue to work with Employee Health, Clinical Education, and vendors to educate staff on needle sticks injury prevention.
- Reduce Staff Slip, Trip and Fall's to no more **10** (10% less than the average of the last 3 years)
- Initiate Accident Prevention training during New Employee and Medical Staff Orientation
- Conduct Quality Assurance rounding for EOC observations with follow up of finding/issues noted during the scheduled or unscheduled EOC Rounding.



SECURITY MANAGEMENT PROGRAM**Reviewer: Anthony Frederick****Title: Corporate Security and Interim-Captain****Region: BHIP****Review Date: February 9, 2022**

Purpose: The Broward Health Security Management Plan is designed to establish and maintain a security program that protects patients, visitors, and employees from danger. It also helps to guard the physical and intellectual property of the organization.

The Environment of Care Committee reviewed the Security Management Plan for effectiveness. The Objectives for the Security Management Plan were found to be appropriate in CY 2021. 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 effective, and Goals have been established to direct the Security Management Plan in CY 2022.

Objectives

The objectives of the Security Management Program 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 Broward Health staff as to their roles in the Security Management Plan.
- Identify opportunities to improve performance.

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 except for the inclusion of the new Workplace Violence Program starting January 1, 2022.

Scope

The Security Management Program applies to all employees, visitors, students, patients, and all those who enter Broward Health Imperial Point. Services include emergency room coverage, patient valuables control, consultative site reviews, access control assistance, investigative assistance, lost and found, patrol services of the facility and grounds, escort services, parking enforcement, assistance to Threat of Violence (TOV) victims, and other services. Local, county, state, and federal law enforcement agencies support the Protective Services Department through close working relationships with site security personnel.

Performance

- Security presence increased again drastically this year but did result in fewer Code Assists. Security Presence for Q4 dropped 12% from Q3. Code Assists Code showed a 53% increase in Q4 vs. Q3. However, assaults on staff continued to increase.
- The number of Assault/Battery incidents increased in CY2021. Security Rounding was increased to support sitters and to help monitor aggressive patients. While aggressive Behaviors dropped from previous years.
- The number of Thefts remained low with 4 for 2021
- Code Elopements ended CY2021 with 16.
- Threat of Violence incidents were extremely minimal in 2021 with only 4 for the year.
- Only one Weapon was seized and security for CY2021
- Contraband searches continue to be monitored with 73 for CY2021 with an increase from CY2020
- Police Assistance was requested seven (7) times in CY2021
- Trespass Warnings / Arrest remained low with one CY2021.
- Staff knowledge and awareness of Security Management assessed during environmental tours remained above the 90% performance. 99.5% for 792 questions Answered in staff questionnaires.



Effectiveness

Broward Health transitioned to an in-house security team in 2020 and in 2021 new goals were added for the Public Safety Department to improve performance. With COVID-19 protocols remaining in place Security continued to endure an increase in responsibility especially with limited visitations. Public Safety increased outdoor rounds with the purchase two new golf carts for outside surveillance around the hospital campus.

The Public Safety department continues to work closely with staff to help identify aggressive behaviors in patients prior to them escalating. Security staff has completed 100% of staff training in crisis prevention techniques.

The department also participates in a series of EOC rounds to improve the quality of service and ensure that the overall goals of EOC compliance matrix is met. The department also has ongoing projects and surveys designed to improve the effectiveness of the plan.

Objective	Met	Not Met	Met with Conditions	Adjusted Objective/Comments
ASSAULT/BATTERY (BH and NBH) / Aggressive Behaviors	✓			Acceptable performance for assaults against employees with an increase of 19% in CY2021 v., CY2020 when measures are applied using the adjusted patient days (APD) data (per 10,000 APD the rate falls below the acceptable performance for all quarters). 19 incidents (2021), 16 (2020), 9 (2019) and 12 (2018).
Security Procedures – EOC Rounds	✓			
Workplace Violence Assessment	✓			
MISSING/LOST PROPERTY (Patients)	✓			
THEFTS: PATIENT BELONGINGS			✓	Pending complete roll out with BHMC doing a pilot program on the use of a new form and assignment to staff via HealthStream
THEFTS: AUTO/VANDALISM/BH Property	✓			

Additional Goals that help meet the above objectives of the program during CY 2021 are below:

- Purchased 4 new radios to enhance communications between departments
- Increased security rounds (by at least 10%), including the monitoring of Baker Act patients. Supported safety sitters by increased rounding including BSO patients.
- Acquired two new golf carts branded with the Public Safety logos
- Completed Crisis Prevention hands on training for all Security staff
- New iPads acquired for rounding and recording of incidents.
- Reviewed the use of a new form for Lost and Found, Patient Belongings, and Valuables System. Assignment of a health stream module for all staff was implemented at Broward General and is pending roll out other Regions
- A Workplace Violence (WP) Assessment was initiated in 2021 and completed in January 2022 as part of an annual physical worksite analysis. A review of the current WVP training will be conducted for effectiveness by Security and the Dept. of Learning. We will continue education through HealthStream, and we will be increasing the number of monthly WVP training as we push to add more nurses and medical staff to prevent and mitigate workplace violence throughout the regions.

Review of Performance:

Performance Monitors #1

Monitor: Bodily Assaults / Aggressive Behaviors Non-Behavioral and Behavioral Pat

Target: Reduce rate below one (1)

Performance: Met

Performance Monitor Analysis:

Program Effectiveness:

The measured security performances performed within threshold. The average performance of 0.14 (non-behavioral health) and 0.72 (behavioral health) # Incidents per 10,000 adjusted patient days were both below the performance baselines.



SECURITY MONITOR	1			
Bodily Assaults NBH	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Medical Encounters	14407.00	15013.00	15765.00	13587.00
Number Per Quarter	1	1	3	3
NBH Assault %age Change	#REF!	0%	200%	0%
Performance	0.07	0.07	0.19	0.22
Acceptable Performance	1	1	1	1
Rate %age Change	#REF!	-4%	186%	16%
Bodily Assaults BH	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Medical Encounters	2816.00	2,877	2,704	2591.00
Number Per Quarter	4	1	2	1
BH Assault % Change	#REF!	-75%	100%	-50%
Performance	1.42	0.35	0.74	0.39
Acceptable Performance	2.5	2.5	2.5	2.5
Rate %age Change	#REF!	-76%	113%	-48%

Performance Monitors #2

Monitor: Security Presence / Procedures – EOC Rounds

Target: 90% or higher

Performance: Met

Performance Monitor Analysis:

Program Effectiveness:

The program performed within threshold. The average performance exceeded the performance baseline for all quarters.

Security Procedures	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Number of Dept/Area Surveyed	13	19	14	13
# of areas where no security procedures were violated	13	19	14	13
Security Pro % Change	30%	46%	-26%	-7%
Performance	100%	100%	100%	100%
Acceptable Performance	90%	90%	90%	90%
Rate %age Change	0%	0%	0%	0%

Performance Monitors for 2022:

Security Management will continue to monitor the program using the established performance indicators including violent acts (assaults, security presence, 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. The following are the 2022 Performance Monitors:

- Implement a Safety and Security Task Force.
- Reduce Assaults on staff through training and education by conducting brief in-services during monthly huddles
- Conduct a physical risk assessment of high risk (vulnerable) and sensitive areas
- Complete the installation of a new command center in 2022
- Looking at using Megamation to record security rounds using iPads
- Implement a platform communication device that will enable walkie/talkie/” push to talk” communication among the different Security departments’ regions.





- Complete an assessment of outdoor areas needing camera coverage
- Continue quarterly security drills to help decrease Code assist and Code elopement as part of staff education

HAZARDOUS MATERIALS & WASTE MANAGEMENT PROGRAM**Reviewer:** Steve Fredrickson and Miguel Torres**Title:** Regional Manager Facility Services**Region:** BHIP**Review Date:** January 18, 2022

Purpose: The Hazardous Materials and Waste Management Program and associated plans are based upon the following objectives:

- Providing a process for the selecting, handling, storing, transporting, using, and disposing of hazardous materials from receipt through final disposal (cradle to the grave).
- Ensuring minimal risk to employees, patients, other people coming to the Medical Center's facilities, the community, and the environment by complying with all Federal, State, and local regulations governing hazardous materials and wastes.
- Maintaining a current chemical inventory of hazardous materials both regulated and non-regulated and associated Safety Data Sheets (SDS) accessible to all staff through a contract with 3E for "SDS on Demand."
- Managing chemical waste, chemotherapeutic and radioactive waste, universal waste, and regulated medical/infectious waste, including sharps and waste gases in a manner to protect staff, patients, visitors, and the environment.
- Ensure appropriate space is maintained for safe handling and storage of hazardous materials and waste.
- Ensure appropriate labeling of containers of hazardous materials and waste and posting warning notices in areas where hazardous materials or wastes are used /stored.
- Providing an orientation and on-going education/training program for staff, volunteers, and contractors, through Health Stream.
- Conduct on-going monitoring of air quality in areas where hazardous materials are stored or used, including but not limited to formaldehyde, nitrous oxide, halogenated anesthetics, and xylene.
- Providing a trained spill team for the remediation of hazardous chemical spills.
- Maintaining appropriate equipment for the Spill Team to safely mitigate spills.
- Reviewing, distributing, practicing, and enforcing the Hazardous Materials and Waste Management Plan policies and procedures.
- Maintaining current permits, licenses, and other documentation to validate adherence to regulatory requirements.
- Maintaining manifests for handling hazardous materials and wastes.
- Managing disposal/recycling activities for hazardous waste.
- Carrying out an effective radiation safety program that protects patients, personnel, visitors, and the environment.
- Ensure processes are designed, in place, and practiced minimizing the risk of harm from regulated medical waste. This includes but is not limited to education, procedures for safe handling, collection, storage, disposal and management of spill or exposures to regulated medical waste.

Scope: The scope of the Hazardous Materials and Waste Management Program encompasses the following:

- Compliance with regulations promulgated by the Occupational Safety and Health Administration, the US Environmental Protection Agency, NRC, Florida Department of Health, Agency for Health Care Administration (AHCA), the Florida Department of Environmental Protection and the City of Fort Lauderdale Public Works Department. Broward County.
- All applicable standards of accrediting organizations.
- Scope is effective for Hazardous materials.

Evaluation of the Scope: This past year we have seen increased surveillance and adherence to existing standards. Also new requirements From Broward County Environmental protection agency on diesel storage tanks.

Review of Performance: Performance associated with the Hazardous Materials and Waste Management Program is determined by examining performance standards and indicators, reviewing regulatory/accreditation compliance, and evaluating improvement projects or opportunities for improvement.



- Continue to recycle fluorescent bulb using a bulb crusher as part of our Universal waste recycling program including lead, and NiCad batteries.
- Generated and disposed of 843,964 lbs. of solid waste in CY2021 vs. 830,660 lbs. solid waste in CY 20. This represented over 75% of the total waste stream.
- Generated and disposed of 66,427 lbs. of Regulated Medical Waste in CY2021 vs. 90,062 lbs. Regulated Medical waste in CY 20. This represents approximately 27% drop in 2021 as COVID+ patient admissions decreased.
- Generated and recycled 25% more lbs. (377,624 lbs.) of recyclable materials in 2021 vs. 283,835 lbs. of cardboard, paper plastic and other recyclable materials.
- Staff knowledge and awareness of Hazardous Materials and Waste Management assessed during environmental tours meet the 90% performance standard with an average 98% of questions answered correctly.
- Radioactive waste inventory was maintained daily.
- All radioactive waste was managed appropriately either by decaying on campus to background levels or by returning to the manufacturer in their leaded container.
- Hazardous gases and vapors were monitored and managed during the year. All results were within the OSHA/NIOSH permissible exposure limits (PELs).
- No changes were made to the Hazardous Materials and Waste Management Program.
- Stericycle training has not resumed with face to face contact however, training flyers on different topics were handed to employees and discussed during huddles. Recycling training will resume in 2022.
- Grease trap cleaning every three months.
- Biomedical waste was below target of 1.60 LBS per Adjusted Patient Days (APD)
- Radioactive waste flow was monitored around the clock, 24/7.
- Semi-annual Oil/Grease and PH testing with the City of Fort Lauderdale determined all was within the acceptable limits.
- There was one exposure in the Lab to a lab tech not wearing a mask/face shield when pouring a sample.

Effectiveness: Based on a review of the current Hazardous Materials and Waste Management Plan and performance indicators, these objectives and scope were appropriate and effective for the management of hazardous materials and waste within the Broward Health Imperial Point facilities for CY2021. All hazardous waste was removed by a licensed waste hauler and manifest for disposal at licensed disposal facilities.

Review of Performance:
Performance Monitors #1

Monitor: Biohazard Waste

Target: 1.60 or Below

Performance: Met

Performance Monitor Analysis:

Program Effectiveness:

The measured performance was below the established threshold meeting the target for all quarters. The average performance was 0.62 (per 10,000 adjusted patient days).

HAZMAT MONITOR				
Biohazard Waste	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Medical Encounters	17,223	17,890	18,469	16,178
Lbs. of Regulated Medical Waste	22,739	19,052	16,914	7,722
Waste lbs. % Change	33%	-16%	-11%	-54%
Performance	1.32	1.06	0.92	0.48
Acceptable Performance	1.60	1.60	1.60	1.60
Rate %age Change	31%	-19%	-14%	-48%

Review of Performance:



Performance Monitors #2**Monitor:** Managing Biohazard**Target:** 95% or better**Performance:** Met**Performance Monitor Analysis:****Program Effectiveness:**

The measured performance was above the established threshold of 95% for all quarters

Managing Biohazard	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Surveyed	13	19	14	13
Managed Correctly	12	19	14	11
Waste Mgt % Change	-8%	58%	-26%	-21%
Performance	92%	100%	100%	85%
Acceptable Performance	95%	95%	95%	95%
Rate %age Change	-8%	8%	0%	-15%

Performance Monitors for 2021 (Goals) Met:

- EVS Staff trained by EVS Director on “How to use Electrostatic Sprayer disinfectant” using Kimberly Clark’s training data.
- EVS Staff periodically trained on ICU/Terminal Cleaning & Covid-19 compliance (Donning & Doffing).
- Staff received training on SDS and GHS labeling through Health Stream
- Maintain Biohazardous Waste to below 1.6 lbs./APD

Performance Monitors for 2022 (Goals):

- Maintain Biohazardous Waste to below 1.6 lbs./APD
- Manage Bio-Hazardous Waste for a compliance rate of 95%
- Identify and reduce overstocked of waste containers and/or excessive supplies to reduce combustible loads and create improved aisle space in and around the Hazardous and Biohazard Waste areas.
- Continue to schedule DOT Training as needed since some classes. Schedule DOT refresher classes (every 3 years) including SDS Labeling and signing of waste manifest.
- Conduct a minimum of one spill cart training
- Conduct further training on the labeling requirements for the SDS program.



FIRE SAFETY MANAGEMENT PROGRAM

Reviewer: Peter Coughlin

Title: Master Service Mechanic/Life Safety Officer

Region: BHIP

Review Date: February 1, 2022

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.

Objective:

The Fire Safety Program and associated plans are designed to maintain a fire-safe environment for the protection of patients, staff and others coming into the hospital as well as property by meeting the following objectives:

- Inspecting, testing, and maintaining fire protection systems, equipment, and components in accordance with applicable standards.
- Ensuring the fire-resistive and smoke-tight integrity of building elements and features.
- Reporting, investigating, and taking actions as necessary to address fire safety incidents.
- Providing an effective fire safety orientation and on-going education/training program for staff through Health Stream.
- Conducting quarterly fire drills on each shift and increasing frequency when interim life safety measures are in place.
- Monitoring, maintaining, and updating the Life Safety conditions.
- Reviewing proposed acquisitions of furnishings, curtains, drapes, interior finishes, equipment, etc. for fire safety features/fire spread ratings.
- Implement interim life safety measures (ILSM) that compensate whenever the features of fire or life safety are compromised.
- Reviewing, distributing, practicing, and enforcing fire prevention and fire response policies and procedures.
- Maintaining a cooperative working relationship with the Ft. Lauderdale Fire Department.
- Complying with all applicable Federal, State, and local Fire Safety regulations.
- Carrying out an effective Life Safety Building Maintenance Program.

Based on a review of the current Fire Safety Plan and performance indicators, these objectives are appropriate for the management of fire safety within Broward Health Imperial Point facilities. Therefore, no changes to the plan objectives will be recommended at this time.

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.

The scope of the Fire Safety Management Program encompasses the following:

- All Broward Health Imperial Point buildings, grounds, equipment, and facilities on and off campus.
- All Broward Health Imperial Point departments, services, and associated personnel on and off campus.
- The following Life Safety processes are in place to maintain these buildings safe:
 1. Fire alarm testing, maintenance, and certification
 2. Fire sprinkler system testing, maintenance, and certification



3. Contractor knowledge, training, and certification
4. Fire extinguisher and other fire suppression system testing, maintenance, and certification.
5. Annual Fire door inspections and corrections.
6. Interim Life Safety Management
7. Completed Fire/damper inspections
8. Building rounds to assess life safety conditions
9. Mechanical systems assessment
10. Fire drill planning, conducting drills, assessment, and follow-up

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

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 Imperial Point.

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 Imperial Point. Therefore, no changes to the plan objectives will be recommended at this time.

Objectives	Met	Not Met	Met with Conditions	Adjusted Objective
Perform fire drills, 1 per quarter, per shift. If Interim Life Safety Measures (ILSM's) are being used, perform 2 per quarter, per shift.	✓			1123 CMS Waiver taken during COVID-19
Impeded Egress Corridor(s)			✓	Two corridors were noted as challenging due to space constraints. These areas are monitored for improvements.
Reduce False Alarm Activations of Fire Alarm System	✓			
Update all Nodes with new Firmware and hardware.	✓			

Review of Performance: Performance associated with the Fire Safety Program is determined by examining performance standards and indicators (measures), assessing regulatory, and accreditation compliance, and evaluating performance improvement projects as well as opportunities for improvement. Additionally, performance is evaluated on timeliness and completion of preventive maintenance and/or repairs of fire/life safety systems, equipment, and components.

In quarter 2 of 2021 The Ft. Lauderdale Fire Department cited us for one exit sign with incorrect directional arrow this violation was immediately resolved, and no other violation were noted during this visit. AHCA's annual visits resulted in 4 K-Tags and The Joint Commission in 7 violations. All have been resolved within the desired time frames and both agencies notified of corrective actions.

Performance Monitors #1

Monitor: Perform fire drills, 1 per quarter, per shift. If ILSM's are used, perform 2 per quarter, per shift when needed.

Target: MET (CMS Waiver during COVID19 Outbreak was put in play and staff education conducted and documented.

Surgical Fire training and discharge of fire extinguisher for first responder (Facilities and Security) completed in CY2021.

Performance: Target MET

Performance Monitor Analysis:

INDICATOR	CY 2021
FIRE DRILLS COMPLETED	32

Program's Effectiveness:



Fire drills were held on all shifts at a rate of at least 1 drill per shift per quarter for Quarter 1 of 2021. During moments of high COVID outbreaks the CMS Waiver 1123 was implemented and education on Fire Safety was provided to staff. This education is documented, and records are kept in the Facilities office.

Performance Monitors #2

Monitor: Impeded Egress Corridor

Target: MET

Performance: Target MET with conditions – During Q2 performance rate missed the goal of 100%. Most areas monitored except for 2 areas known to have space constraints were observed with egress impeded.

Performance Monitor Analysis: Conducted during EOC Rounds and reported on the Corporate Dashboard.

<i>Impeded Egress Corridor</i>	<i>Q1CY21</i>	<i>Q2CY21</i>	<i>Q3CY21</i>	<i>Q4CY21</i>
<i>Number of Dept/Area Surveyed</i>	13	19	14	13
<i># Observed without Obstructions</i>	13	17	14	13
<i>Impeded Egress % Change</i>	63%	31%	-18%	-7%
<i>Performance Rate</i>	100%	89%	100%	100%
<i>Acceptable Performance</i>	100%	100%	100%	100%
<i>Rate %age Change</i>	25%	-11%	12%	0%

Program's Effectiveness: The program was effective

Performance Monitors #3

Monitor: False Fire Alarms

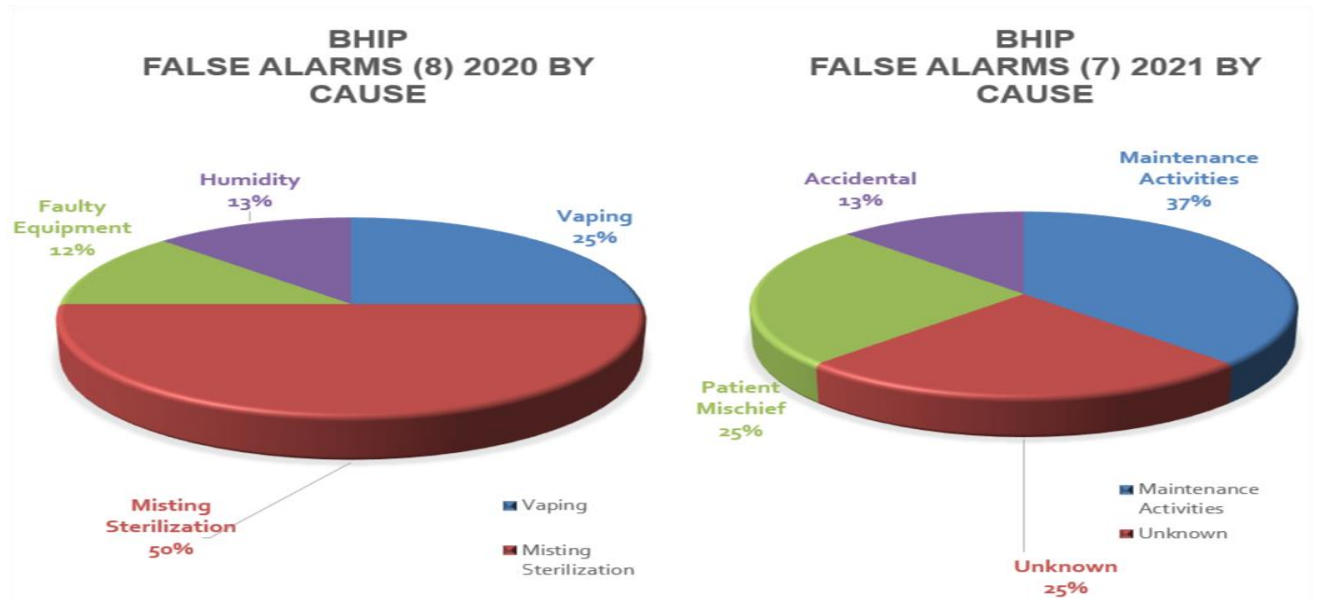
Target: 0.5 per quarter

Performance: Target MET

Performance Monitor Analysis:

<i>FIRE SAFETY MONITOR</i>				
<i>False Fire Alarms</i>	<i>Q1CY21</i>	<i>Q2CY21</i>	<i>Q3CY21</i>	<i>Q4CY21</i>
<i>Square footage</i>	304000	304000	304000	304000
<i># Per Quarter</i>	2	2	1	2
<i>Fire Alarm % Change</i>	-33%	0%	-50%	100%
<i>Performance</i>	0.07	0.07	0.03	0.07
<i>Acceptable Performance</i>	0.5	0.5	0.5	0.5
<i>Rate %age Change</i>	-33%	3%	-50%	100%





Program's Effectiveness:

Broward Health Imperial Point was able to slightly reduce the number of False Fire Alarms and will continue to monitor performance. There were seven (7) unscheduled activation of the fire alarms for the CY 21 vs. eight (8) in CY 20 and six (6) in CY 19. The benchmark established at the beginning of the year was 11 or less for the year based on previous year's average. The ongoing implementation of the hot work permit program and increased awareness and vigilance continues to result in fewer false alarms.

The following information highlights other 2021 performances:

- Staff knowledge of fire safety assessed during fire drills and EOC rounds exceeded the performance standard of 95% and was met with a score of 96%.
- All inspection, testing, and maintenance of fire alarm detection systems, and all automatic fire extinguishing systems were completed within prescribed time frames, with identified deficiencies corrected in timely manner.
- There was a Ft. Lauderdale fire inspection with one violation found.
- All fire extinguishers were inspected monthly and received their annual maintenance and certification. The distribution and location of fire extinguishers was evaluated, and additional fire extinguishers were installed where necessary.
- There were 0 fires in CY 21
- The building maintenance program was 100% compliant with respect to the functional status of fire safety features, exceeding the target of 95%.

The Fire Safety Program was considered effective overall during CY2021 as evidenced by performance standards, goals and objectives that were met and the level of regulatory compliance maintained.

Effectiveness

- An ICES report is submitted on a quarterly basis to the EOC Committee. See the metrics for CY 2021 below:



Indicators	1st	2nd	3rd	4th	Year-to-date	Annual Target	Data Source
CMS: Fire Drills: Due to the inadvisability of quarterly fire drills that move and mass staff together, we will instead permit a documented orientation training program related to the current firepan, which considers current facility conditions. The training will instruct employees, including existing, new or temporary employees, on their current duties, life safety procedures and the fire protection devices in their assigned area	7	6	9	10	32	1 per quarter per shift including one drill per quarter in the Lab and the ASC.	Facilities, Protective Services, Safety
B. All Drills critiqued: 100% of drills have score of 80 or higher	NA	NA	NA	NA	NA	NA	
C. Number of Actual Fires	0	0	0	0	0	0	
D. Number of False Alarms	2	2	1	2	7	11 or </yr.	
E. Alarm System Failures in hospital	0	0	0	0	0	0	
F. Testing of Fire alarm and suppression systems per TJC, NFPA Standards #of tests performed / #of tests required	2,023 of 2,023	85 of 85	85 of 85	1497	3,690	3,690	
G. Medical Arts Pavilion Surgery Center Testing of Fire alarm and suppression systems per JCAHO, NFPA Standards #of tests performed / #of tests required	20 of 20	20 of 20	20 of 20	347	407	≥407	
H. Cited Code Violations	0	1	0	0	1	0	
1st Quarter: Fire Response Training: Provided training in 7 departments (multiple locations) on all shifts per CMS guidelines. 1st Quarter False Alarms: 2, One in the ED (cause unknown) and one in the café main entrance cause by maintenance activities. Cited Code Violations: 0							
2nd Quarter: Fire Response Training: Fire Response Training: Provided training in 6 departments (multiple locations) on all shifts per CMS guidelines plus two actual fire drills. 2nd Quarter False Alarms: 2, one was caused by a patient discharging a fire extinguisher activating multiple smoke detectors on the 6th floor and one was caused by an accidental discharge of a fire extinguisher with the sme result,also on the 6th floor. Cited Code Violations: 1, The Ft. lauderdale Fire department cited us for an exit sign with incorect directional arrows.							
3rd Quarter: Fire Response Training: Provided fire response training in 9 departments including surgery prevention and management of operating room fires as well as fire extinguisher training for first responders - Facilities and Security Depts. 3rd Quarter False Alarms: 1, Heat detector in the 3rd floor mechanical room, cause unknown.							
4th Quarter Fire Response Training: Provided training in 10 departments (multiple locations) on all shifts per CMS guidelines. 4th Quarter False Alarms: 2, One was caused by steam activating a smoke detector in processing services and one was caused by hood cleaning activities in the main kitchen which also activated a smoke detector. Cited Code Violations: 11, 4 K-Tags from AHCA and 7 from TJC - all have been resolved and the AHJ's notified.							
January, 2022 Fire Safety PMR Prepared by Peter Coughlin							

Results on Goals MET for CY 2021 Fire Safety

- Provided hands on fire extinguisher training for in-house first responders.
- Replaced aging UL 300 Fire suppression system in main kitchen.
- Initiated the replacement of duct smoke detectors on the 7th, 8th, and 9th floors – works is on-going.
- Updated the FA System (Nodes) with new Firmware and hardware.
- Continued to train staff on RACE and PASS using Health Stream, fire drills, EOC Rounds, and CMS prescribed training to meet this goal.
- Continued to work towards decreasing the number of False/Unscheduled fire alarms to acceptable performance of 0.5 or less as established by Corporate team.
- Maintained no actual fires in the facility.
- Continued to maintain coverage for all fire alarm systems and devices with contracts

Performance Monitors for 2022:

- Replace smoke detector in Processing Services with heat detector.
- Replace smoke detector in Central Energy Plant (CEP) heat exchanger room with heat detector.
- Perform Fire Drill in new Cardiac Cath Lab.
- Obtain quotes to replace aging diesel-powered pump.
- Continue to provide hands on fire extinguisher training for in-house first responders (Security and Facilities) including kitchen staff.



MEDICAL EQUIPMENT MANAGEMENT PROGRAM

Reviewer: Stephen Santos

Title: Executive Director, Corporate Biomedical Engineering

Region: Broward Health Imperial Point

Review Date: March 8, 2022

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. The scope encompasses all medical equipment used in the diagnosis, therapy, monitoring, and treatment of patients at Broward Health Medical Center. Medical equipment used in 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 or the EOC Committees.

Objectives

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

- 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

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.

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 2021, performance standards for the Medical Equipment Management Plan were tracked in the following areas:

- Active Inventory
- Work Orders Opened
- Work Orders 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* in eight separate areas, as well as a review of the stated goals is used as the basis for determining **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 in all facilities CY 2021.

Accomplishments-Special Projects Completed CY 2021

BHIP

- NK Physiological Monitoring Refresh Project (infrastructure)
- Replace the NK Monitoring Network
- Connect all NK Monitors to Cerner Care Aware

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 2021 Performance Indicators

Quarterly reports to the Environment of Care Committees.

Table I	Goal	BHIP
- 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 * new FY 18	≤ 2%	MET
- Staff Instruction	≤ 2%	MET



		BHIP – CY 2021				Clinical/ Biomedical Engineering
SAMPLE SIZE:		1 st QTR	2 nd QTR	3 rd QTR	4 th QTR	
UNITS IN INVENTORY		2,963	2,985	3,035	3,045	
W.O. OPENED		340	186	300	1,429	
TOTAL W.O. COMPLETED		350	181	290	1,397	
INSPECTIONS COMPLETED		73	476	168	1,963	
W.O./INSPECTIONS COMPLETED		423	657	458	3,360	
LABOR HOURS		167	410	288	1,371	
PARTS/MATERIALS		\$5,136	\$9,547	\$7,085	\$4,621	
QA ROUNDS		654	660	695	689	
PARAMETERS		4,752	4,760	4,796	4,783	
INDICATORS:	TARGET	1 st QTR	2 nd QTR	3 rd QTR	4 th QTR	
W.O. NOT CLOSED <i>(W.O. OPENED)</i>	≤ 10%	1%	5	8	14	24
FAILED PERFORMANCE <i>(INSPECTIONS COMPLETED)</i>	≤ 6%	1%	1	4	3	48
FAILED ELECTRICAL SAFETY <i>(INSPECTIONS COMPLETED)</i>	≤ 1%	0%	0	1	0	7
NEW TO INVENTORY <i>(W.O./INSPECTIONS COMPLETED)</i>	≤ 5%	0%	0	0	0	14
CALLS WHERE NO PROBLEM WAS FOUND <i>(W.O. OPENED)</i>	≤ 6%	1%	2	3	11	9
IMPROPER CARE <i>(W.O./INSPECTIONS COMPLETED)</i>	≤ 2%	0%	0	1	4	14
MISSING ACCESSORIES <i>(W.O./INSPECTIONS COMPLETED)</i>	≤ 2%	0%	0	3	2	1
STAFF INSTRUCTION <i>(W.O./INSPECTIONS COMPLETED)</i>	≤ 2%	0%	1	5	4	0
Comments:						

Review of Performance:

Performance Monitors #1

Monitor: Failed Inspections

Target: ≤ 6 % or lower

Performance: MET for all 4 Quarters

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

MEDICAL EQUIPMENT MONITOR				
Failed Inspection	Q1CY21	Q2CY21	Q3CY21	Q4CY21
# of Inspection Completed	73	476	168	1963
# of Failed Performance	1	4	3	48
Failed Equipment % Change	-96%	300%	-25%	1500%
Performance Rate	1%	1%	2%	2%
Acceptable Performance	6%	6%	6%	6%
Rate %age Change	13%	-39%	113%	37%

Performance Monitors #2

Monitor: Improper Care

Target: ≤ 2% or less

Performance: MET for all 4 Quarters

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

Improper Care	Q1CY21	Q2CY21	Q3CY21	Q4CY21
# of Perf. Inspection Comp.	423	657	458	3360



# Improperly Cared For	0	1	4	14
Improper % Change	-100%	#DIV/0!	300%	250%
Performance Rate	0%	0%	1%	0%
Acceptable Performance	2%	2%	2%	2%
Rate %age Change	-100%	#DIV/0!	474%	-52%

Performance Monitors (Goals) Completed for CY 2021

Medical Equipment Management Goals were submitted to the Environment of Care Committees at all facilities for approval. The Committees approved the following goals for CY 2021:

- Continuation of the NK Physiological Monitoring Refresh Project (Infrastructure) – June 2021
- Replaced the NK Monitoring Network – June 2021
- Connected all NK Monitors to Cerner Care Aware EMR – June 2021
- Commencement of construction of new Cath Lab

BH (ALL)

- Ensured all alerts, recalls and hazards pertaining to medical equipment were investigated
- Reviewed the Medical Equipment Management Program

Performance Monitors for CY 2022

BH (ALL)

- Compile a complete medical equipment inventory that includes all departments / modalities regardless of ownership
- Examine all medical equipment that resides on the hospital network for cyber security risks and develop mitigation strategies.

Summary:

The Medical Equipment Management Plan and its continuation was considered effective this year. We will trend the following performance indicators for 2022:

- 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.



UTILITY SYSTEMS MANAGEMENT PROGRAM

Reviewer: Steve Fredrickson

Title: Regional Manager Facility services

Region: BHIP

Review Date: February 4, 2022

Purpose: The Purpose of the Utility Systems Management Plan is to describe how BHIP establishes and maintains utility systems to control risks and promote a safe, controlled, and comfortable environment of care; reduce the potential for organizational-acquired illness; assess and minimize risks of utility failures; and ensure operational reliability of utility systems. Criteria for identifying, evaluating, and taking inventory of critical operating components of systems are included.

The Plan addresses eight designated Essential Utility Systems:

- Electrical Distribution Systems
- Heating, Ventilation, and Air Conditioning Systems (HVAC)
- Domestic Water Systems and Sewage Removal Systems
- Medical Gas Systems, and vacuum Systems
- Vertical Transport Systems
- Communications Systems
- Steam Distribution Systems
- Fire Alarm Systems
- Water Management Program

Scope: The BHIP Utility Systems Management Plan applies to the direct responsibility of Facilities management personnel, clinical staff members regarding critical utilities use and contingency responses, the hospital, hospital property, utilities building, Medical Office Building, Medical Arts Pavilion, as appropriate.

Review of Program Objectives: All critical elements of the utility systems used for life support, infection control, environmental support, equipment support, and communications are included in the program. The BHIP Utilities Management Program addresses the safe operation, maintenance, and emergency response procedures for these critical operating systems, as well as evaluation, assessment, and improvement in operational costs without compromise to service or quality.

Objectives	Met	Not Met	Met with Conditions	Adjusted Objective
Reduce Electric Consumption	✓			Performance was met in Q1, 2, and 4 (75%)
Complete Generator Testing at 100%	✓			

Additional objectives of the BHIP Utility Systems Management Plan MET include:

- Assure the operational reliability of the utility systems.
- Reduce the potential for hospital-acquired illness.
- Assess of the special risks of the utility systems.
- Respond to utility systems failures.
- Provide a safe, controlled, and comfortable environment for patients, staff members, and other individuals in the facilities.
- Establish and maintain program policies and procedures consistent with the organization's mission, vision, and values.
- Enhance the maintenance of the utility systems to reduce and minimize system failures and/or interruption.

Review of Performance: Indicators have been developed to measure the Effectiveness of the Utility Systems Management Program. They are demonstrated in an ICES/ PMR, Information Collection and Evaluation System and presented quarterly:



Performance Monitor #1**Monitor:** *Increase Energy Efficiency and Reduce Electric Consumption***Target:** Met – 75% of the Time

Performance: Broward Health Imperial Point every year plans to reduce electrical consumption. For CY2021 BHIP achieved the goal 75% of the time. Q3, however was below the acceptable performance established threshold for a 6th year in a row. The actual performance for Q3 fails to achieve the desired outcome. July, August, and September continue to be warmer in the South Florida environment and therefore difficult to achieve the acceptable performance as established in Q3.

UTILITIES MONITOR				
Energy Efficiency	Q1CY21	Q2CY21	Q3CY21	Q4CY21
Square Footage	304000	304000	304000	304000
KWh Used	2,862,480	3,346,900	3,676,604	3,201,005
KWh Usage % Change	-6%	17%	10%	-13%
Performance Rate	9.42	11.01	12.09	10.53
Acceptable Performance	11.26	11.45	12.01	11.11
Rate %age Change	-6%	17%	10%	-13%

Performance Effectiveness: An overall reduction was MET in Q3 (3,676,604) of CY2021 when compared to the KWh used in 2020 for Q3 (3,716,400).

Performance Monitor #2**Monitor:** Generator Testing**Target:** 100% MET for all 4 Quarters of 2021**Performance:** All generator testing completed at the target rate of 100%.**Performance Monitor Analysis:**

See Graph/Chart lines F. G. and H for Generator Testing and Other Performance Monitors



Indicators	1st	2nd	3rd	4th	Sample Size	TARGET	Data Source
A. Utility Failures	0	1	0	0		0%	Facilities Services
B. Utility System Scheduled Shut-Downs	0	0	0	2		0%	
C. Equipment Preventive Maintenance Work Order Completion Rate (BS4)	75/75 100%	124/124 100%	81/81 100%	90/90 100%		95%	
D. Infection Control Preventive Maintenance Work Order Completion Rate (BS4-IC)	112/112 100%	122/122 100%	131/131 100%	127/127 100%		100%	
E. Life Safety Preventive Maintenance Work Order Completion Rate (BS4-LS)	157/152 99.4%	141/141 100%	149/149 100%	231/231 100%		100%	
F. Generator Test Results (Hospital Main) (see attached graph)	3 of 3 100%	3 of 3 100%	3 of 3 100%	3 of 3 100%	3 of 3	100%	
G. Generator Test Results New Emergency (see attached graph)	3 of 3 100%	3 of 3 100%	3 of 3 100%	3 of 3 100%	3 of 3	100%	
Elevator PM completion	4 of 4	3 of 3 100%	3 of 3 100%	3 of 3 100%	4 of 4	100%	
Elevator entrapments	0	0	1		0%	0%	
H. Generator Test Results (Surgery Center) (see attached graph)	3 of 3 100%	3 of 3 100%	3 of 3 100%	3 of 3 100%	3 of 3	100%	
1st Quarter- MTA rebuilt Med air hog room, Trane replaced control arm on chiller#1 vane actuator, Installed new door and wall in tunnel. Completed annual PM on the cooling towers, Replaced domestic hot water pump in reheat room for ICU, Genset did annual fuel polishing and tested all tanks, replaced condensate pump in sub floor, Completed annual PM on chiller 123, Installed new jockey pump and controller, MTA doing annual PM on pumps and compressors. BS4-LS PM completion due Infrared scan, Chiller#2 will be done first part of April.							
2nd Quarter - Completed medical air and vacuum PM. Repaired <u>Jockey</u> pump. Annual PM on the chiller 2 completed. Fire back flow repaired. Veeder root system annual PM completed. Replaced sump and replaced refrigerant under warranty. Replaced pressure sensors. Replaced controller on the ATS CEP. Repaired back flow on the cooling tower line.							
3rd Quarter- Conducted infrared scanning all panels. Completed annual Fire extinguisher testing. Completed annual inspections on oxygen tanks and alarms and PM on boiler #1 Zurick inspected. Installed new eye wash stations in the CEP. Completed Quarterly PM on Vacuum pumps, medical air, Hospital and ASC. Completed quarterly inspections on generators 1,2,3,4,5. Began work on repairing leak in drainage piping for the CEP. Installed water sampling cooler on boiler 1 for water samples. Completed water bacterial test on domestic water for the Cath lab project. Completed all necessary testing of Fire alarm, fire sprinkler system, Medical gas purity following Cath lab project.							
4th Quarter- 2 agencies conducted regulatory inspections: TJC inspection 10/4-10/5 and AHCA inspection 11/29-11/30. 1m generator temp for FPL transformer change out. Complete the BDA project. Complete the Cath lab project. Repaired sewer line by the grease traps. Repaired coil tp 1-10. Generator # % belly tank inspected EPA. Removed cath lab trailer. Completed eye wash station installed. Completed the quarterly inspection on chiller #1. Repaired leak on chiller #1.							
FACILITIES SERVICES SIGNATURE: Steve Fredrickson 1/5/22							

Overall Effectiveness of the Program

The Utility Systems Management plan was acceptable and considered effective, stable, and sustainable during CY2021 as evidenced by performance standards, goals and objectives that were met and the level of regulatory compliance maintained. No additional actions needed to achieve the expected outcome.

- All Life safety, Infection control, and building maintenance including Preventive Maintenance (PM) activities were completed.
- 370 equipment items had preventive maintenance conducted meeting target during all 4 quarters of CY2021
- BS4 PM'S 100%, BS4-IC PM'S 100%, BS4-LS 100% except in Quarter 1 where it was at 99.4%.
- Air exchange rates, temperature, and humidity were checked in all the operating rooms. All were at or above the FGI guidelines at the time of reading.
- There was one (1) utility failures during Quarter 2 and 2 scheduled shutdowns in Quarter 4 of CY2021
- Annual Insurance inspection completed.
- Annual Boiler and Chillers inspections completed
- Fuel tank systems inspection by Broward County Environmental Protection agency.
- Ongoing Testing and treatment of water systems for the boiler and the chillers.
- Water treatment and testing on the cooling towers were both negative.
- City Fort Lauderdale treated the domestic water system twice this year.
- The Water Management program continued to be monitored by a multi-disciplinary team (below is the Quarter 4 dashboard of the Water Report:

Facilities - WATER REPORT Quarter 4 2021				
Water Testing and Preventive Maintenance	Type of Testing/PM	Frequency	Completed	Next Test/Change
Cooling tower treatment	PM	Monthly	Yes	Monthly
Legionella testing of towers	PM	Twice a year	September 2 2021	March 2022
Boiler TEST - Monthly report Completed = October, November and December.	PM	Weekly	Yes	Weekly
Water temperature checks (Wednesday checklist)	Temperature Checks (2 locations)	Wednesday checklist	Yes	weekly
Risk Assessment		Annually	February 22/21	July 2022
South Florida Spectrum Test	Oil & PH within limits	Semi Annually	July 21	January 22
Dialysis water	All Negative	Monthly Testing /Reports Quarterly		
Fountain and ice machine filters changed	Filters Changed	Fountains DC during Covid		
City Of Fort Lauderdale - Domestic Water	Chlorination	2 x year	September 17 2021	April 2022
Next water meeting has been rescheduled				

Performance Monitors (Goals) completed in 2021:

- Completed the Cath Lab project.
- Completed the Bi-directional Amplification System (BDA) project
- Reduced electric consumption by replacing existing fluorescent indoor lighting with energy efficient LED lighting during construction and renovation projects

Performance Monitors for 2022 (Goals):

- Continue to address opportunities to reduce electric consumption by 1% by continuing to replace existing fluorescent indoor lighting with energy efficient LED lighting during construction and renovation projects
- Continue the electrical study to increase AHU on Emergency power (in Planning stage) and work with (Johnson Controls or other vendor) on energy related projects consumption
- Work on implementing (HKS) master plan projects, installation of new boiler.
- Complete Overhaul on Chiller #1
- Fine tune the Chiller plan to maximize efficiency



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 2021. With the actions planned in the individual objectives, the following goals have been chosen for 2022:

Planning Objectives and Performance Monitors for CY 2022:

Safety Management

- Reduce OSHA Recordable Cases (occupational injuries) to less than **51** (10% less than the average of the last 3 years)
- Reduce Needle Sticks injuries to less than **11** (10% less than the average of the last 3 years)
- Continue to work with Employee Health, Clinical Education, and vendors to educate staff on needle sticks prevention.
- Reduce Staff Slip, Trip and Fall's to no more **10** (10% less than the average of the last 3 years)
- Initiate Accident Prevention training during New Employee and Medical Staff Orientation

Action items for fall prevention and contaminated needle stick reductions to continue as follows:

- Conduct in-service during huddles regarding Contaminated Needle Sticks, Slips/Trips & Falls and other identified Workplace Injuries and Accidents.

Security Management

- Implement a Safety and Security Task Force.
- Reduce Assaults on staff through training and education by conducting brief in-services during monthly huddles
- Conduct a physical risk assessment of high risk and sensitive areas
- Complete the installation of a new command center in 2022
- Looking at using Megamation to record security rounds using iPads
- Implement a platform communication device that will enable walkie/talkie/ "push to talk" communication among the different Security departments' regions.
- Complete an assessment of outdoor areas needing camera coverage
- Continue quarterly security drills to help decrease Code assist and Code elopement as part of staff education

Hazardous Materials & Waste Management

- Maintain Biohazardous Waste to below 1.6 lbs./APD
- Manage Bio-Hazardous Waste for a compliance rate of 95% or better
- Increase Recycled Waste above the previous year
- Conduct DOT Training both initial and refresh (every 3 years), and emphasis signing/understanding and maintaining Manifests
- Conduct further training on the labeling requirements for the SDS program
- Conduct a minimum of one spill training class

Fire Safety Management

- Replace smoke detector in Processing Services with heat detector.
- Replace smoke detector in Central Energy Plant heat exchanger room with heat detector.
- Perform Fire Drill in new Cardiac Cath Lab.
- Replace aging diesel-powered pump. Obtaining price quotes.
- Continue to provide hands on fire extinguisher training for in-house first responders (Security and Facilities) including kitchen staff.

Medical Equipment Management

BH (ALL Regions)





- Compile a complete medical equipment inventory that includes all departments / modalities regardless of ownership
- Examine all medical equipment that resides on the hospital network for cyber security risks and develop mitigation strategies.

Utility Systems Management 2022

- Reduce electric consumption by 1% by continuing to replace existing fluorescent indoor lighting with energy efficient LED lighting during construction and renovation projects
- Continue the electrical study to increase AHU on Emergency power (in Planning stage) and work with (Johnson Controls or other vendor) on energy related projects consumption
- Work on implementing (HKS) master plan projects, installation of new boiler.
- Complete Overhaul on Chiller #1
- Fine tune the Chiller plan to maximize efficiency

BROWARD HEALTH MEDICAL CENTER & SALAH FOUNDATION CHILDREN'S HOSPITAL REGION'S COMPOSITION

Region:
Broward Health Medical Center
Cora E. Braynon Family Health Center
Clinica de las Americas
Comprehensive Care Center
Bernard P. Alicki
Specialty Care Center
Lauderdale Lakes Community Health Center

Committee Members

Title	Department	Function
<i>Regional Safety Officer</i>	<i>Safety</i>	<i>Chairperson, EoC Committee</i>
<i>Chief Operating Officer</i>	<i>Administration</i>	<i>EoC Committee Member</i>
<i>Associate Administrator</i>	<i>Administration</i>	<i>EoC Committee Member</i>
<i>Director</i>	<i>Facilities and Support Services</i>	<i>EoC Committee Member</i>
<i>Executive Director & Manager</i>	<i>Biomedical Engineering</i>	<i>EoC Committee Member</i>
<i>Regional Security Lieutenant</i>	<i>Security</i>	<i>EoC Committee Member</i>
<i>Director</i>	<i>Quality & Epidemiology</i>	<i>EoC Committee Member</i>
<i>Director</i>	<i>Surgery, SDS, PACU & GI/Endo</i>	<i>EoC Committee Member</i>
<i>AVP</i>	<i>Product Lines</i>	<i>EoC Committee Member</i>
<i>Director</i>	<i>Behavioral Health Services</i>	<i>EoC Committee Member</i>
<i>Manager</i>	<i>Employee Health</i>	<i>EoC Committee Member</i>
<i>Epidemiologist</i>	<i>Epidemiology</i>	<i>EoC Committee Member</i>
<i>Risk Manager</i>	<i>Risk Management</i>	<i>EoC Committee Member</i>
<i>Nurse Managers</i>	<i>Critical Care & Adult Care</i>	<i>EoC Committee Member</i>
<i>Nurse Managers</i>	<i>Salah Foundation Children's Hospital and Maternity Place</i>	<i>EoC Committee Member</i>
<i>Director/Managers</i>	<i>Dialysis, Outpatient Clinic & Laboratory, Ortho Techs</i>	<i>EoC Committee Members</i>
<i>Director</i>	<i>Environmental Services</i>	<i>EoC Committee Member</i>
<i>Manager</i>	<i>Materials Management</i>	<i>EoC Committee Member</i>
<i>Manager</i>	<i>Laboratory, Sleep/EEG and Respiratory</i>	<i>EoC Committee Member</i>
<i>Manager</i>	<i>Radiology</i>	<i>EoC Committee Member</i>
<i>Assistant Manager</i>	<i>Respiratory</i>	<i>EoC Committee Member</i>
<i>Corporate Director</i>	<i>Public Safety</i>	<i>EoC Committee Member</i>



<i>Manager</i>	<i>Workers Compensation</i>	<i>EoC Committee Member</i>
<i>Coordinator</i>	<i>Corporate Dept. of Emergency Preparedness</i>	<i>EoC Committee Member</i>

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

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



SAFETY MANAGEMENT PROGRAM

Reviewer: Shirley Ochipa

Title: Safety Officer

Region: Broward Health Medical Center

Review Date: March 28, 2022

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

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

Evaluation of the Scope: During 2021, the scope of the Safety Management Plan was reviewed. The objectives of the Safety Management Plan and the scope of the Plan were determined to be acceptable to ensure a safe environment. The Safety Management Plan and program were found to be effective. Goals have been established to direct the Safety Management Plan in 2022.

Review of Program Objectives:

Objective	Met	Not Met	Met with Conditions	Adjusted Objective
Comply with all applicable safety regulations and accepted safety practices	Met			
Maintain a system of inspection activities and incident reporting	Met			
Ensure facilities are constructed, arranged and maintained to provide physical safety and personal privacy of the patient	Met			
Ensure all employee accidents and injuries are analyzed aimed at reducing risk for recurrence	Met			

Review of Performance: Performance monitors for 2021 are as follows

Performance Monitor #1: OSHA Recordable Cases



Target: $\leq 6.01/\text{qtr.}$

Performance: This performance monitor was not met in 3 of the 4 qtrs. of 2021.

Performance Monitor Analysis:

Safety Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Workers Comp - (# injuries X 200,000) / productive manhours-OSHA Recordable Cases	$\leq 6.01/\text{qtr.}$	6.98	9.20	8.26	2.44	6.72	7.90

Overall Effectiveness of the Program's Effectiveness: Although quarterly performance of the monitor was met in only one quarter, there was a 15% reduction in the average quarterly OSHA recordable cases compared to 2020. The goal was not met in 2021 and will continued to be monitored in 2022 for further compliance.

The unacceptable of this performance monitor in the first 3 quarters had multiple root causes.

- Increase in contaminated needlesticks was primarily due to multiple device conversions compounded by supply chain challenges requiring replacement devices for which most staff were not familiar with the products and additional education was needed during COVID Delta strain surge.
- Three significant exposure events occurred with 75 employees potentially exposed to *M. Tuberculosis* in two incidents. Exposures to staff from at risk patients not placed initially in the appropriate isolation precaution environment. These incidents were due to patients presenting to the Emergency Department with no signs & symptoms of potentially contagious diseases rather than later detection of suspected patients with communicable infectious diseases and their proper placement in appropriate transmission-based precaution environments.
- In Behavioral Health units, 50 employees were exposed to COVID-19 from patients who tested negative upon admission, but later tested positive. Risk was low as all employees wore masks, but they were tested, and two employees were quarantined per CDC guidelines.

Second and third quarter increases in employee slip, trip and fall incidents and contaminated needlesticks contributed to the OSHA recordable case rate. Action plans are described below for each of these performance monitors.

Favorable Performance is noted as follows:

- Days Lost = 1185, a 22% decrease from 2020
- Cost of injuries = \$196,020, a 4% decrease from 2020

Performance Monitor #2: Contaminated Needlestick Exposure Rate

Target: $\leq 1.65/\text{qtr.}$

Performance: This performance monitor was not met in two of the four qtrs. of 2021.



Performance Monitor Analysis:

Safety Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Workers Comp - Contaminated Needle stick Injuries	≤ 40/yr.	5	10	13	6	34	48
Workers Comp - Contaminated Needle stick Injuries/APDx10,000	≤ 1.65/qtr.	0.99	1.84	2.16	1.02	1.50	2.56

Baseline data from 2020 revealed 48 needlestick injuries; 30% of incidents involved use of one of the four new devices with the transition to the Smiths-Medical product line. Focused re-education by the vendor and the clinical nurse specialist team particularly with many traveler staff and new employees using devices with which they were not familiar.

Although a decrease in incidents was observed in the 1st quarter, a back order of Smiths –Medical devices (diverted products due to COVID vaccination program) and the need to transition to replacement products from Medline required additional staff education. In addition, a focus on re-educating less experienced personnel on basic safe work practices such as no recapping a contaminated needle required one-on-one retraining with return demonstration.

In 2nd quarter and 3rd quarter needlesticks trended in a negative manner. The Safety Officer had Smiths-Medical team educators return for unit-to-unit retraining.

Also in the 3rd quarter, a trend was noted that staff needlestick exposures were due to sudden aggressive movements by patients which required the reinforcement of pre-planning if this is a known patient risk factor and to contact Security for a medication assist or be accompanied by a peer.

A decrease in incidents was noted in the 4th quarter and the benchmark achieved.

Overall Effectiveness of the Program's Effectiveness: This performance monitor goal was met in 2021 with a 29% decrease in occurrences and 41% decrease in the rate in 2021 compared to 2020 and will continue to be monitored in 2022 for further compliance.

Performance Monitor #3: Contaminated Sharps Injuries

Target: ≤ 0.43/qtr.

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

Performance Monitor Analysis:

Safety Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Workers Comp - Sharp Object Injuries	≤ 12/yr.	1	0	1	1	3	11
Sharp Object Injuries Rate/APD x 10,000	≤ 0.43/qtr.	0.20	0.00	0.16	0.17	0.13	0.56

Overall Effectiveness of the Program's Effectiveness: This performance monitor goal was met in 2021 and will continue to be monitored in 2022 for further compliance.

One action taken in 2021 based on an opportunity noted in 2020 was providing additional training in surgical techniques for first year orthopedic surgical residents aimed at reducing the risk of exposures.

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

Target: $\leq 0.52/\text{qtr.}$

Performance: This performance monitor was met in three of the four qtrs. of 2021.

Performance Monitor Analysis:

Safety Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Workers Comp - Back/Shoulder Injuries (Patient Handling)	$\leq 14/\text{yr.}$	4	1	3	1	9	11
Back/Shoulder Injuries Rate (Patient Handling/APD x 10,000)	$\leq 0.52/\text{qtr.}$	0.79	0.18	0.50	0.17	0.41	0.57

Overall Effectiveness of the Program's Effectiveness: There was only one quarter in 2021 when this performance monitor was not met. There was an 18% decrease in occurrences and 28% decrease in the rate compared to 2020. This performance monitor was found to be effective and will continue to be monitored in 2022 for compliance.

2In the 1st quarter, employees attempted to get patients off the floor in two cases and pulled up patients in bed in two cases. In 2 of these incidents, employees functioned without any peer assistance.

A multi-disciplinary team participated in a demonstration of Medline's new Safe Patient Handling and Early Mobility program as part of a Broward Health initiative facilitated by the Safety Officer. Feedback from end users was unanimously positive and a presentation to the Nursing Value Analysis Committee is the next step.

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

Target: $\leq 2.34/\text{qtr.}$

Performance: This performance indicator was met in all four qtrs.

Performance Monitor Analysis

Safety Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
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Workers Comp - Employee Slip/Trip/Fall Incidents	≤ 60/yr.	9	12	11	5	37	33
Employee Slip/Trip/Fall Rate/APD x 10,000	≤ 2.34/qtr.	1.78	2.20	1.82	0.85	1.66	1.71

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2021 for further compliance in 2022. Actions taken in 2020 as part of the Environment of Care Committee's focused opportunity for improvement resulted in consistent employee slip, trip and fall (S/T/F) performance with a 3% rate reduction in 2021 compared to 2020.

Some additional actions were taken based on increases noted in the 2nd quarter.

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

As a result of favorable performance monitor 3 consecutive years, the EoC Committee approved reducing the S/T/F benchmark for incidents to ≤ 50/year and rate to ≤ 2.25/quarter.

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

Target: ≤ 1%/qtr.

Performance: This performance indicator was met in all four qtrs. of 2021.

Performance Monitor Analysis

Safety Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Employee Health - # Employees exposed to <i>M. tb</i> /total # of employees per qtr.	≤ 1%/qtr.	0/8514 0.00%	0/8176 0.00%	25/8197 0.31%	0/8114 0.00%	0.01%	0.20%

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to be effective with a 5% reduction in *M. tuberculosis* employee exposures in 2021 compared to 2020 and will continue to be monitored in 2022 for further compliance.



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

Target: $\leq 1\%$ /qtr.

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

Performance Monitor Analysis:

Safety Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Employee Health - # Contagious disease exposures/total # of employees per qtr.	$\leq 1\%$ /qtr.	50/8514 0.60%	3/8176 0.04%	1/8197 0.31%	0/8114 0.00%	0.16%	0.32%

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to be effective with a 50% reduction in contagious disease exposures in 2021 compared to 2020 and will continue to be monitored in 2022 for further compliance.

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

Target: 100%/yr.

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

Performance Monitor Analysis:

Safety Management	Benchmark	Q1 CY21	Q2 CY10	Q3 CY21	Q4 CY21	CY2021	CY2020
Epidemiology - # Hemodialysis Water/Dialysate Cultures (done/#passed)	100%/yr.	100%	100%	100%	100%	100%	100%

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

In December 2021, ARC Dialysis replaced DaVita Dialysis for patient dialysis services. Testing was conducted on each of the contracted services respective dialysis equipment with 100% compliance from each vendor.

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



Target: 100%/yr.

Performance: This performance monitor was met in all the four qtrs. of 2021.

Performance Monitor Analysis:

Safety Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Epidemiology - # Hemodialysis Endotoxin - LAL (done/#passed)	100%/yr.	100%	100%	100%	100%	100%	100%

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

In December 2021, ARC Dialysis replaced DaVita Dialysis for patient dialysis services. Testing was conducted on each of the contracted services respective dialysis equipment with 100% compliance from each vendor.

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

Target: <1/qtr.

Performance: This performance monitor was met in three of the four qtrs. of 2021.

Performance Monitor Analysis:

Safety Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
MRI Scan Safety-# of Burns from MRI Scanner	<1/qtr.	0	1	0	0	0.25	0

Overall Effectiveness of the Program's Effectiveness: This performance monitor was not found to be effective and will continue to be monitored in 2022 for further compliance.

Incident involved a patient complaining to the MRI tech of heat between his legs. The patient never stated burning while he was in the scanner, just heat. He told the MRI tech he was okay to continue but did state he still felt hot at the end of the scan.

As a result of this incident, MRI techs were re-educated that if a patient is feeling heat to an extent to mention it; they need to pull the patient all the way out of the scanner and evaluate the body area. They should be prepared to provide blankets between the legs when possible or find another way to separate skin to skin contact that could worsen the effects of the magnet.



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

Target: <1/qtr.

Performance: This performance monitor was met in all the qtrs. of 2021.

Performance Monitor Analysis:

Safety Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
MRI Scan Safety-# of Unplanned Metallic Objects in MRI Scanner	<1/qtr.	0	0	0	0	0	1

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

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

Target: ≥ 90%/qtr.

Performance: This performance monitor was met in all the qtrs. of 2021.

Performance Monitor Analysis:

Safety Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Staff Knowledge Score in Safety Management from Surveillance Tours	≥ 90%/qtr.	97%	98%	100%	99%	98%	96%

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

Performance Monitors for 2022 are as follows:

Workers Comp - (# injuries X 200,000) / productive manhours-OSHA Recordable Cases	≤ 6.01/qtr.
Workers Comp - Contaminated Needlestick Injuries	≤ 40/yr.
Workers Comp - Contaminated Needlestick Injuries/APDx10,000	≤ 1.65/qtr.
Workers Comp - Contaminated Sharp Injuries	≤ 12/yr.



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

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

Accomplishments in 2021

- Reduce contaminated needlesticks by 10% by education, identifying root causes and opportunities to reduce risk, and holding staff accountable to consistently follow safe work practices. This EoC Committee initiative for 2021 exceeded the established goal and is explained in more detail at the end of this document.
- Implement a product based on staff evaluation and recommendation for patient lateral transfers and repositioning in bed in units without ceiling lifts to reduce risks for employee back/neck/shoulder strains and improve patient safety. This goal was partially met with a successful pilot in one Adult Care unit. Additional education was also provided to new staff and leaders on the use of the Sit-to-Stand Sara Steady SPH equipment.
- Continue to partner with Epidemiology in conducting education of employees, Medical Staff and Residents on proper COVID-19 Donning and Doffing PPE following CDC guidelines. This goal was met



with 5 Train-the-Trainer classes and was also an opportunity to reinforce proper usage, storage and disposal of personal protective equipment

- Partnered with Nursing to create processes to meet operational needs inside and outside COVID-19/PUI patient rooms in both inpatient and outpatient settings. This goal was met when two COVID variants required implementation of surge capacity protocols including activation of alternate clinical sites to meet patient clinical needs.

Goals for 2022

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



SECURITY MANAGEMENT PROGRAM

Reviewers: Tony Frederick/Yvonne Gordon-Russell

Titles: Captain, Public Safety/Regional Manager, Public Safety

Region: Broward Health Medical Center

Review Date: April 7, 2022

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

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

Evaluation of the Scope: During 2021, the scope of the Security Management Plan was reviewed. The objectives of the Security Management Plan were determined to be acceptable to ensure a secure environment. The Security Management Plan program was revised and approved by the EoC Committee. Goals have been established to direct the Security Management Plan in 2022.

Review of Program Objectives:

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

Review of Performance: Performance monitors for 2021 are as follows:

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

Target: $\leq 1.00/\text{qtr.}$

Performance: This performance monitor met benchmark every qtr. of 2021.



Performance Monitor Analysis:

Security Management	Benchmark	Q1 CY21	Q2 CY21	Q3 C21	Q4 CY21	CY2021	CY 2020
Reported Bodily Assaults (non-BHS-Adult)	Informational /qtr.	12	14	17	7	50	37
Assault Rate/Census x 1,000 (non-BHS-Adult)	≤ 1.00/qtr.	0.23	0.26	0.27	0.12	0.22	0.23

Overall Effectiveness of the Program's Effectiveness: This performance monitor goal was met in 2021 with a .01 rate decrease compared to 2020 and will continue to be monitored in 2022 for further compliance.

Although benchmark was met each quarter, there were 50 incidents in both 2020 & 2021 a 26% increase from 2019 despite several actions implemented in both the physical environment and workflow based on opportunities identified in incidents and from risk assessments.

Workplace Violence prevention will be a focal point for CY2022 as we analyze data and look at ways to proactively prevent escalation of behaviors that may become violent. Monthly meetings of the Safety and Security Task Force was reintroduced in Dec. 2021 and will focus on workplace violence and other safety and security initiatives.

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

Target: ≤ 2.50/qtr.

Performance: This performance monitor was met three of the four qtrs. of 2021.

Performance Monitor Analysis:

Security Management	Benchmark	Q1 CY21	Q2 CY21	Q3 C21	Q4 CY21	CY2021	CY 2020
Reported Bodily Assaults (BHS)	Informational/qtr.	12	19	4	4	39	46
Assault Rate/Census x1,000 (BHS)	≤ 2.50/qtr.	2.41	3.7	.76	0.82	1.92	2.1

Overall Effectiveness of the Program's Effectiveness: This performance monitor in 2021 was found to be effective with a .09 rate decrease from 2020 and will continue to be monitored in 2022 for further compliance.

A dedicated security officer was assigned to the Behavioral Health unit beginning in March 2020 to provide 24 hours/7 days security presence. A faster response by Security to ensure patient and staff safety was realized when panic buttons were upgraded in early 2021 in the nursing stations of 4 North West Wing and 4 South West Wing units which annunciate directly in the Security Operations Center.

Workplace Violence prevention will be the EoC Committee initiative for 2022 as we analyze performance monitor data, assess opportunities to proactively prevent escalation of behaviors that may become violent, and implement actions from the Workplace Violence risk assessment performed in 2021 to reduce risk of bodily assaults.

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

Target: ≤ 1.00/qtr.



Performance: This performance monitor was met in one of the four qtrs. of 2021

Performance Monitor Analysis:

Security Management	Benchmark	Q1 CY21	Q2 CY21	Q3 C21	Q4 CY21	CY2021	CY 2020
Code Assists (non-BHS) Adult	Informational/qtr.	101	86	139	119	445	336
Code Assist Rate/Census x1,000 (non-BHS) Adult	≤ 1.00/qtr.	1.9	.78	2.21	1.95	1.71	1.66

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to not be effective with a 25% (109) increase in Code Assists calls in 2021 compared to 2020. The performance will continue to be monitored in 2022 to track for new trends. 5NT, 4 Atrium, 5TH, 5 Atrium, 6NT, CVICU, RCU, ICU, Adult ED were the locations where the highest # of incidents occurred representing >85% of all Code Assists. Repeated Code Assists on the same patients (Baker Act patient with medical co-morbidities that prevent clearance for admission into a BHS unit) in many of the non-BHS inpatient units contributed to the increase in calls for assistance. This was due in part to an increase in agency/travel nurses that were not familiar with the proactive process of calling for "security presence" when patients started to show signs of aggressive behavior escalation. Educating additional clinical staff and leaders in crisis prevention will be an emphasis in 2022 through formal class participation, rounding in huddles and Code Assist drills.

Broward Health is planning to create Code Assist teams /BERT (Behavioral Health Response Team) as part of the healthcare system's emergency code standardization project.

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

Target: ≤ 1.00/qtr.

Performance: This performance monitor was met in three of the qtrs. of 2021.

Performance Monitor Analysis:

Security Management	Benchmark	Q1 CY21	Q2 CY21	Q3 C21	Q4 CY21	CY2021	CY 2020
Code Assists (non-BHS) Women & Children	Informational/qtr.	4	5	14	4	27	18
Code Assist Rate/Census x1,000 (non-BHS) Women & Children	≤ 1.00/qtr.	0.21	0.24	1.05	0.31	0.49	0.50

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to be effective with a 1% rate decrease in 2021 compared to 2020 and will continue to be monitored in 2022 for continued compliance.

This is the third year in a row that a decrease has occurred. We will consider at the end of 2022 removing the performance monitor if the trend continues. Education on the Code Stork policy was reviewed with all security staff in 1st quarter of CY2021. Staff knowledge of the policy was tested and graded with remedial training for officers without a passing score.

Performance Monitors #5: Code Assists (BHS)



Target: $\leq 1.00/\text{qtr.}$

Performance: This performance monitor was met in one of the four qtrs. of 2021.

performance Monitor Analysis:

Security Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY 2020
Code Assists (BHS)	Informational/qtr.	14	4	21	13	52	36
Code Assist Rate/Census x1,000 (BHS)	$\leq 1.00/\text{qtr.}$	2.81	0.78	3.97	2.67	2.56	1.66

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to not be effective with a 35% increase in 2021 compared to 2020.

The focal point for CY2022 will be to educate staff to be proactive in calling for "Security Presence" for early intervention instead of calling a Code Assist prior to the escalation of aggressive behavior in both the Psych ED and inpatient BHS units. More frequent psychiatrist interventions and assessments of medication protocols, 1:1 sitter for continuous monitoring to include additional security for aggressive and violent patients, separating patients whose aggressive behaviors had the potential to affect the safety of other patients and staff, and restricting visitors were changes made in 2021 to improve overall safety. We will continue to monitor performance in 2022 for further compliance. The Safety Officer created a Need-to-Know education to be distributed in January 2022 to all hospital employees and medical staff as a kick-off to our Workplace Violence Prevention efforts.

RECOGNIZE AND DIFFUSE POTENTIAL VIOLENCE IN HEALTHCARE

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

Verbal Signs

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

Be Alert to these Red Flags!



Physical Signs

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

Prevent Escalating Behaviors

- Maintain eye contact to anticipate behavior changes
- Demonstrate respect Follow AIDET
- Actively listen
- Monitor your nonverbal communication ex. tone & volume
- If verbal or physical threats are made or deescalation is unsuccessful, call a "Code Assist" by dialing "22". A show of force is a powerful deterrent!
- Focus on your personal safety. Stay as calm as possible and distance yourself from an aggressor using a supportive stance

Attempt De-escalation

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



BROWARD HEALTH
MEDICAL CENTER

Salah Foundation
Children's Hospital

Performance Monitors #6: Missing Patient Property

Target: ≥ 2.00 /qtr.

Performance: This performance monitor was met in two of the four qtrs. of 2021

Performance Monitor Analysis:

Security Management	Benchmark	Q1 CY21	Q2 CY21	Q3 C21	Q4 CY21	CY2021	CY 2020
Missing Patient Property	Informational/ qtr.	13	11	9	12	11	13
Missing Patient Property/APD x 10,000	≤ 2.00 /qtr.	2.57	2.0	1.49	2.03	2.02	2.66

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to not be effective although a 24% decrease in 2021 was realized compared to 2020.

Contributing factors found are as follows:

- High staff turnover and increased number of agency nurses
- Belongings were left behind during patient admissions from ER and room to room/floor to floor transfers
- Improper documentation and staff in some units reluctant to complete the newly created form easily available electronically
- Improper bagging of COVID patient belongings
- Failure to conduct a sweep of the room upon discharge
- Failure to notify security to return belongings upon discharge

Staff was educated on the new process through assigned Healthstream training during the fourth quarter of 2020 and first quarter of 2021. The performance monitor was reviewed in the 1st qtr. of 2021 with recommendations submitted to the Environment of Care Committee for review which contributed to the decreases noted in the second and third quarters of 2021. In the third and fourth quarters, the Accounting Department conducted an audit of how Security handled unclaimed valuables, patient belongings left behind, and lost and found items of value. The findings from the audit showed gaps in our process as well as "grey" areas as to how we dispose of valuables, lost/found items, and unclaimed patient belongings. The audit team discovered that there was a lack of consistency with the regions each having their own process. Lack of follow up was being done with unclaimed belongings, and some belongings were kept well over the policy retention time. There was also a concern about how belongings of "high value" such as bikes, laptops, cell phones, etc. were disposed. The legal department was brought in to provide guidance on how we will handle this process in 2022. A revision of the current EoC policy will follow.

We will continue to monitor performance in 2022 for further compliance.

Performance Monitors #7: Missing Broward Health Owned Property



Target: $\geq 0.50/\text{qtr.}$

Performance: This performance monitor was met in one of the four qtrs. of 2021

Performance Monitor Analysis:

Security Management	Benchmark	Q1 CY21	Q2 CY21	Q3 C21	Q4 CY21	CY2021	CY 2020
Missing BH Owned Property	Informational/ qtr.	4	6	2	5	4	2
Missing BH Owned Property/APD	$\leq 0.50/\text{qtr.}$	0.79	1.1	0.33	0.85	0.77	0.46

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to not be effective with a 40% increase in 2021 compared to 2020. The top two BH owned property items reported missing were Heart and Med Vac Monitors. Security shared this information with the clinical unit leaders to educate staff on the importance of checking for these items prior to discharge, educating patients and their families on equipment that is not to leave the hospital for personal use, and referring to the Sweep the Room checklist which states to ensure any hospital owned is accounted for. This performance will continue to be monitored in 2022 for further compliance.

Performance Monitors #8: Contraband Search by Security

Target: $\leq 10.00/\text{qtr.}$

Performance: This performance monitor was met in all of the four qtrs. of 2021

Performance Monitor Analysis:

Security Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY 2020
Contraband Search by Security	Informational/ qtr.	15	11	9	11	12	28
Contraband Search by Security/APD x10,000	$\leq 10.00/\text{qtr.}$	2.96	2.02	1.49	1.86	2.08	5.38

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to be effective with a 61% decrease in searches called and will continue to be monitored in 2022 for further compliance.

Performance Monitors #9: Staff Knowledge from Security Surveillance Tours

Target: $\geq 90\%/\text{qtr.}$

Performance: This performance monitor was met in every qtr. of 2021.

Performance Monitor Analysis:

Security Management	Benchmark	Q1 CY21	Q2 CY21	Q3 C21	Q4CY21	CY2021	CY 2020
Staff Knowledge Score in Security Management from Surveillance Tours	$\geq 90\%/\text{qtr.}$	98%	98%	100%	99%	99%	96%

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



Security Management Plan Performance Monitors for 2022 are as follows:

Reported Bodily Assaults (non-BHS-Adult)	Informational /qtr.
Assault Rate/Census x 1,000 (non-BHS-Adult)	≤ 1.00/qtr.
Reported Bodily Assaults (BHS)	Informational/qtr.
Assault Rate/Census x1,000 (BHS)	≤ 2.50/qtr.
Code Assists (non-BHS)	Informational/qtr.
Code Assist Rate/Census x1,000 (non-BHS)	≤ 1.00/qtr.
Code Assists (non-BHS) -Women and Children	Informational/qtr.
Code Assist Rate/Census x1,000 (non-BHS) Women and Children	≤ 1.00/qtr.
Code Assists (BHS)	Informational/qtr.
Code Assist Rate/Census x1,000 (BHS)	≤ 1.00/qtr.
Missing Patient Property	Informational/qtr.
Missing Patient Property/APD	≤ 1.00/qtr.
Missing BH Property	Informational/qtr.
Missing BH Owned Property/APD	≤ 0.50/qtr.
Contraband Search by Security	Informational/qtr.
Contraband Search by Security/APD	≤ 10.00/qtr.
Staff Knowledge Score in Security Management from Surveillance Tours	≥ 90%/qtr.

The 2021 performance monitors were selected using the Broward Health Medical Center Security performance monitors, and with EoC team input to evaluate the overall effectiveness of the Security Management Plan. These performance monitors will be reviewed on an annual basis to determine if they need to be enhanced or replaced by new monitors.

Accomplishments in 2021

- Reduce Missing Patient Belongings and Valuables by 5%. This goal was met





- Monitor improvement of Security response to emergency codes through education, monitoring and drills. This goal was met. Security team received detailed education on Code Stork and was monitored several months to ensure knowledge was sustained. Safety Officer also provided Code Red evaluation protocols in BHS units with the Security team and assessed their responses during fire drills.
- Reduce assaults in BHS and non-BHS settings by 10%. This goal was partially met as slight rate decreases just under 10%. Robust de-escalation and nonviolent safety techniques were not rolled out as anticipated but focused on several of the non-BHS units with the highest number of bodily assaults and/or Code Assists, an indicator of escalating aggressive behaviors.

Goals for 2022

- Collaborate with Broward Health Corporate resources, standardize at all four hospital processes for managing at risk patient belongings and valuables identified during the audit conducted in 2021.
- Reduce the overall reported missing Broward Health owned property by 5%.
- Work on upgrading HUGS (Infant Tag) system given the recent notice of the existing Longworks platform becoming obsolete in 2024. Currently, BHMC is looking at a new HUGS platform which would be WIFI compatible.

HAZARDOUS MATERIALS & WASTE MANAGEMENT PROGRAM

Reviewer: Shirley Ochipa

Title: Safety Officer

Region: Broward Health Medical Center

Review Date: March 29, 2022

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

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

Evaluation of the Scope: During 2021, the scope of the Hazardous Material and Waste Management Plan was reviewed. The objectives of the HM/HW Plan and the scope of the HM/HW Plan were determined to be appropriate for hazardous materials and wastes generated at BHMC. The Hazardous Material and Waste Management Plan and program were found to be effective. Goals have been established to direct the Hazardous Material and Waste Management Plan in 2022.

Review of Program Objectives:

Objective	Met	Not Met	Met with Conditions	Adjusted Objective
Comply with all applicable local, state, and federal HM/HW regulations	Met			
Assess opportunities to reduce, replace or standardize based on the facility's hazardous chemical and materials inventories	Met			
Educate end users on the safe handling, storage, transporting, disposing, personal protective equipment and spill clean-up responses in departments whose inventories list the highest risk categories of chemicals. End-user education also includes how to access Safety Data Sheets and their relevant content.	Met			



Review of Performance: Performance monitors for 2021 are as follows:

Performance Monitors #1: Non-Laboratory Biohazard Waste Rate

Target: ≤ 1.60 lbs./APD/quarter

Performance: This performance monitor was met in one of the four qtrs. of 2021.

Performance Monitor Analysis

Hazardous Materials and Hazardous Waste	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Non-Lab Biohazard Waste (lb.)/APD	≤ 1.60 lbs./APD qtr.	2.23	1.73	2.62	1.54	2.03	1.93

Overall Effectiveness of the Program's Effectiveness: This performance monitor was not found to be effective 2021. Explanation and action plan follow.

- In the 1st qtr, 2021 non-Laboratory Biohazard waste increased by 30K lbs. compared to the 1st qtr. 2020 at the start of the pandemic due primarily to waste generated in the care of COVID patients. Alternate processes in the handling of contaminated sharp biohazard waste were implemented as the Stericycle service techs were not allowed to enter any COVID/PUI patient rooms to manage the sharps containers. The hospital transitioned to reusable larger hands-free sharps containers in critical care units and in the ED to reduce costs with the large number of two-gallon sharps containers previously rolled out. Staff were re-educated on the requirement to properly segregate municipal waste from regulated medical waste to reduce the volume of red bag waste that contained no infectious waste materials.
- By the 2nd quarter, the volume of biohazard waste decreased 17%. Plans were developed to change sharps container process for all areas where COVID patients are located to improve efficiencies and decrease inadvertent disposal of reusable 2-gallon sharps containers in certain areas contributing to the total biohazard volume. A waste compliance audit was also scheduled to identify further opportunities to reduce biohazard waste.
- The COVID Delta surge in the 3rd qtr. definitely contributed to the reversal of a decreasing biohazard waste volume noted in the 2nd quarter. Additional locations were created to accommodate patients including the Auditorium, expanded Clinic offering for Monoclonal Antibody infusions, etc. all of which had biohazard waste collection requirements. Two-gallon sharps containers were discontinued in all COVID patient rooms and a new process whereby units with COVID patients were able to change out wall mounted reusable sharps containers still not managed by Stericycle which reduced costs and improved compliance. Stericycle conducted education on biohazard waste compliance with approximately 275 staff. As a result of all these efforts, by the end of the 4th quarter a 26% decrease in biohazard waste volume resulted in meeting performance monitor benchmark. This monitor will continue to be closely managed in 2022 for further compliance.





Environment of Care

Reminders of Safe Work Practices When Handling Hazardous Materials and Wastes

Red Bag Biohazard Waste Containers

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



Work Safely with Hazardous Materials

- Review **Safety Data Sheets (SDS)** before you work with hazardous materials to use them safely
- **Never** place a chemical into a secondary container for ease of use (ex. pour bottle) without same hazard labeling as on the original container

OSHA Globally Harmonized Labeling System

- **Hazard Statement:** Describe degree of hazard severity; ex. Fatal if swallowed
- **Precautionary statement** Describe how to avoid adverse effects ex. Store container tightly closed
- **Signal words:** **Danger** and **Warning** indicate severity of the hazard
- **Pictograms:** Symbols used in labeling indicate the hazard of the material- Examples below

Flammable ()



Closing Red Bags

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



Sharps Container Safety

Each sharps container must be:

- Labeled with the universal biohazard symbol and the word "biohazard" or be colored red
- Seal tops when $\frac{3}{4}$ full and never be allowed to overfill

Reduce risk of contaminated sharps exposures by:

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



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

Target: ≤ 0.36 lbs./APD/quarter

Performance: This performance monitor was met in three of the four qtrs. of 2021.

Performance Monitor Analysis:

Hazardous Materials and Hazardous Waste	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Lab Biohazard Waste (lb.)/APD without Pathology Waste	Revised in 2021 ≤ 0.38 lbs. /APD qtr.	0.39	0.38	0.35	0.32	0.36	0.37

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to be effective in 2021. Factors contributing to the 1st quarter outlier include influx of COVID testing due to Delta strain patient surge, validation testing of a new Hematology analyzer with parallel testing for one month, and disposal of glass slides and paraffin blocks that met the minimum 10-year retention period. This performance monitor will continue to be monitored in 2022 for further compliance.

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

Target: ≥ 90%/quarter

Performance: This performance monitor was met in three of the four qtrs. of 2021.

Performance Monitor Analysis:

Hazardous Materials and Hazardous Waste	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Proper Segregation of Biomedical Waste and Solid Waste	≥ 90%/qtr.	88%	90%	90%	92%	90%	93%

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to be effective in 2021. Based on increased observations of improper waste segregation during EoC surveillance rounds in the first quarter, a waste stream compliance assessment was conducted by the Stericycle team. Re-education was conducted while the team rounded in all departments that generate biomedical waste. Safety Officer created Need-to-Know education distributed to all BHMC personnel including Medical Staff and Residents, updated flyers to post in Soiled Utility rooms and use during unit huddles and new hire orientation. This performance monitor will continue to be monitored in 2022 for further compliance.

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

Target: ≥ 95%/qtr.

Performance: This performance monitor was met in three of the four qtrs. of 2021.

Performance Monitor Analysis:

Hazardous Materials and Hazardous Waste	Benchmark	Q1 CY21	Q2 CY21	Q3 CY10	Q4 CY21	CY2021	CY2020
Sharps Containers Secured at or below 3/4 Fill Line	≥95%/qtr.	100%	96%	98%	93%	97%	98%

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to be effective in 2021. In the 4th quarter, there were new staff in three inpatient units who were not aware of the process change implemented in August 2021 regarding handing of sharps containers in COVID patient rooms. Safety Officer reviewed protocols and educated staff to escalate any observations in which sharps containers >3/4 filled. This performance monitor will continue to be monitored in 2022 for further compliance.

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

Target: ≥ 90%



Performance: This performance monitor was met in three of the four qtrs. of 2021

Performance Monitor Analysis:

Hazardous Materials and Hazardous Waste	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Staff Knowledge Score in HM/HW Management from Surveillance Tours	≥ 90%/qtr.	93%	91%	93%	89%	92%	91%

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to be effective in 2021 with only the 4th quarter performing slightly under benchmark. The greatest challenge for staff knowledge was remembering the various ways to obtain Safety Data Sheets and the labelling of secondary chemical containers. Education was distributed to all BHMC employees (see below) and reinforced during the staff interviews conducted during EoC surveillance rounds. This performance monitor will continue to be monitored in 2022 for further compliance during EoC surveillance rounds.



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

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

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

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



Step 2

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


Step 3

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





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

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



Pour into smaller container for ease of use



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



Performance Monitors for 2022 are as follows:

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

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

Accomplishments in 2021





- Standardize hazardous drug spill kits for all Broward Health. Goal was partially met as Healthstream education module and flyers on cleaning up small and large spills were created. Supply chain challenges in obtaining complete spill kits were encountered.
- Meet benchmark for non-Laboratory biohazard waste each quarter. Goal was not met

Goals for 2022

- Continue to closely manage nonlaboratory biohazard waste performance monitor to meet established benchmark quarterly.
- Complete the project to standardize hazardous drug spill kits and educate end users on cleaning up small and large spills.
- Revise the Broward Health Pharmaceutical Waste policy, create flyers to post in end user departments, and revise Healthstream education for Clinicians, Pharmacy and EVS personnel.
- Conduct Chemical Spill response team refresher education and initial training with additional employees

FIRE SAFETY MANAGEMENT PROGRAM

Reviewer: Jaime Alfayate, Shirley Ochipa

Title: Director, Facilities and Support Services; Safety Officer

Region: Broward Health Medical Center

Review Date: March 23, 2022

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

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

Evaluation of the Scope: During 2021, the scope of the Broward Health (BH) Fire Safety Management Plan and BHMC Fire Safety Plan were reviewed. The objectives of the BH Fire Management Plan and the scope of the BH Fire Safety Management Plan were determined to be acceptable to ensure an environment that minimizes fire risks and related hazards. The Fire Safety Management Plan and program were found to be effective. Goals have been established to direct the Fire Safety Management Plan in 2022.

Review of Program Objectives:

Objective	Met	Not Met	Met with Conditions	Adjusted Objective
Protect individuals served including patients, visitors, physicians and LIP's and BHMC property from fire, smoke and other products of combustion	Met			
Report and investigate fire protection deficiencies, failures and user errors	Met			
Provide education to personnel on the elements of the Fire Safety Plan including defend in place, transfer of occupants to areas of refuge, smoke compartmentation and means of evacuation	Met			
Implement fire alarm, detection and suppression systems that are designed, installed and maintained to ensure reliable performance	Met			
Conduct unannounced fire drills to assess effectiveness of trained personnel response and assess function of fire response systems	Met			



Review of Performance: 2021 performance monitors are as follows:

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

Target: $\leq 14/\text{qtr.}$

Performance: This performance monitor was met in all four qtrs. of 2021.

Performance Monitor Analysis:

Life/Fire Safety Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
# False Fire Alarms-User Errors, System Problem/Failure	$\leq 14/\text{qtr.}$	7	11	10	13	10	18

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to be effective in 2021. This indicator will continue to be monitored for further compliance in 2022.

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

Target: $\leq 0.09/\text{qtr.}$

Performance: This performance monitor was met in all four qtrs. of 2021.

Performance Monitor Analysis:

Life/Fire Safety Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
# False Fire Alarms Rate per 10,000 sq. ft.	$\leq 0.50/\text{qtr.}$	0.06	0.09	0.08	0.1	0.08	0.14

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to be effective in 2021. This indicator will continue to be monitored for further compliance in 2022.

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

Target: $\geq 95\%/\text{qtr.}$

Performance: This performance monitor was met in the four qtrs. of 2021.

Performance Monitor Analysis:

Life/Fire Safety Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
% of Successful Code Red Drills	$\geq 95\%/\text{qtr.}$	97%	95%	97%	98%	97%	98%



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

Performance Monitors #4: % compliance with Critical Room Pressurization

Target: 100%/qtr.

Performance: This performance monitor was met in three of the four qtrs. of 2021.

Performance Monitor Analysis:

Life/Fire Safety Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
% Compliance with Critical Room Pressurization Testing	100%/qtr.	106/108 = 99%	108/108 = 100%	108/108 = 100%	108/108 = 100%	100%	100%

Overall Effectiveness of the Program's Effectiveness: In the 1st quarter 2021, an outlier was due to a loose exhaust fan motor belt identified at time of inspection in a surgical core.

This performance monitor will continue to be monitored for further compliance in 2022.

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

Target: ≥ 90%/qtr.

Performance: This indicator was met in all four qtrs. of 2021.

Performance Monitor Analysis:

Life/Fire Safety Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Staff Knowledge Score in Life/Fire Safety Management Surveillance Tours	≥ 90% qtr.	97%	98%	100%	95%	98%	97%

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

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

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



Performance Monitors for 2022 are as follows:

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

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

Accomplishments in 2021

- The daily facilities services rounding in all the positive pressure areas have shown to be a best practice in a proactive approach to capturing any fall out encountered.
- In dealing with the COVID pandemic we also obtained AHCA approval for a negative air anti-room for OR 5 to continue to perform surgical cases in a safe environment for patients and staff.
- Multiple areas were converted to meet the approved .01 negative air pressurization approved by AHCA with weekly monitoring by a hired professional Mechanical Engineer engaged by Broward Health.
- Goal from 2021 - Monitor to improve the overall above ceiling compliance with smoke/fire wall integrity revealed issues encountered with telecommunication vendors running data cabling through various building areas compromising smoke/fire compartments. As a result, we instituted an above ceiling permit with vendors to check with the Facilities Services code inspector and show areas of work related to the life safety plan and compartments to ensure all penetrations are properly sealed with facility approved fire sealant. This goal will continue to be further monitored for compliance in 2022.

Goals for 2022

- Due to leadership changes in Behavioral Health Services, a fire drill requiring vertical evacuation from inpatient BHS units was not able to be arranged in 2021. This goal will be carried into 2022.





- Based on a 3rd party evaluation conducted at all Broward Health hospitals, obtain new patient emergency evacuation equipment. In coordination with the Corporate Department of Emergency Preparedness, schedule staff education on the new equipment.
- Expand education on fire prevention and response in additional anesthetizing locations that also use ignition sources increasing fire risk. Conduct fire drills in these new locations as stated in revised TJC EC Chapter standards.

MEDICAL EQUIPMENT MANAGEMENT PROGRAM

Reviewer: Stephen Santos

Title: Executive Director, Corporate Biomedical Engineering

Region: Broward Health Medical Center

Review Date: February 19, 2022

Purpose: The purpose of the Medical Equipment Management Plan (“The ME Plan”) is to establish criteria to minimize clinical and physical risks of medical equipment and ensure patient safety by maintaining a facility-specific equipment inventory and perform scheduled maintenance in the required frequencies. An Alternate Equipment Management (AEM) Program (CMS) is implemented for all equipment with some exceptions. The Biomedical Engineering department also provides oversight of equipment serviced by contracted vendors to ensure compliance. The ME Plan includes the capabilities, limitations of equipment, operations, safety and emergency procedures, and process to remove from service and report any equipment with 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. The scope encompasses all medical equipment used in the diagnosis, therapy, monitoring, and treatment of patients at Broward Health Medical Center. Medical equipment used in Radiology, Dialysis, for Sterilization, Lasers in Surgery and some Laboratory analyzer services are contracted to outside vendors.

Evaluation of the Scope: During 2021, the Medical Equipment Management Plan was reviewed. The objectives for the Medical Equipment Plan and the scope of the plan were reviewed and determined to be acceptable to ensure the medical equipment used at BHMC is safe for patients and personnel using the equipment. The Medical Equipment Management Plan and program were found to be effective. Goals have been established to direct the Medical Equipment Management Plan in 2022.

Review of Program Objectives

Objective	Met	Not Met	Met with Conditions	Adjusted Objective
Maintains current medical equipment inventory	Met			
Performs inspections, testing and maintenance of medical equipment	Met			
Educate end users on the operation, safety features and emergency procedures to reduce risk of equipment issues due to user errors	Met			

Review of Performance: 2021 performance monitors are as follows:

Performance Monitor #1: Failed Equipment Performance

Target: $\leq 6\%$ /qtr.

Performance: This performance monitor was met in each quarter in 2021

Performance Monitor Analysis:



Medical Equipment Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Biomed - Failed Equipment Performance	≤ 6%/qtr.	2%	3%	1%	2%	2%	3%

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

Performance Monitor #2: Improper Care of Equipment

Target: ≤ 2%/qtr.

Performance: This performance monitor was met in three of the four qtrs. of 2021

Performance Monitor Analysis:

Medical Equipment Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Biomed - Improper Care of Equipment	≤ 2%/qtr.	1%	1%	1%	2%	1%	1%

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

Performance Monitor #3: Missing Equipment Accessories

Target: ≤ 2%/quarter

Performance: Performance was met in all qtrs. of 2021

Performance Monitor Analysis:

Medical Equipment Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Biomed - Missing Accessories	≤ 2%/qtr.	<1%	<1%	0%	1%	1%	<1%

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to be effective and will no longer be monitored. Focused education with nursing departments two years ago has continued to yield a reduced number of missing accessories.

Performance Monitor #4: Laser Safety-Quality Assurance

Target: ≤ 2/qtr.



Performance: Performance was met in all four qtrs. of 2021.

Performance Monitor Analysis:

Medical Equipment Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Laser Safety - Quality Assurance Incidents	≤ 2/qtr.	1	0	1	2	1	0

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

Incidents involved fiber replacements. Procedures were completed without further issues. There were no patient injuries incurred.

The Laser Safety Officer from Agility provided refresher Laser Safety education to Surgery employees and applicable surgeons to ensure patient and surgery team safety.

Performance Monitor #5: Staff Knowledge Score in Medical Equipment Management assessed during EoC Surveillance Tours

Target: ≥ 90% qtr.

Performance: Performance was met in all four qtrs. of 2021.

Performance Monitor Analysis:

Medical Equipment Management	Benchmark	Q1 CY22	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Staff Knowledge Score in Med Equipment Management Surveillance Tours	≥ 90% qtr.	98%	99%	100%	94%	98%	99%

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2022 for further compliance as part of the EoC surveillance rounds.

Performance Monitors for 2021 are as follows:

Benchmarks

BioMed - Failed Equipment Performance	≤ 6%/qtr.
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BioMed - Improper Review Care of Equipment	≤ 2%/qtr.
BioMed – Missing Equipment Accessories	≤ 2%/qtr.
Laser Safety – Quality Assurance Incidents	≤ 2%/qtr.
Staff Knowledge of Medical Equipment Management	≥ 90%/qtr.

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

A review of the 2021 performance monitors by the new Biomedical Engineering Executive Director resulted in proposing changed to the existing monitors for 2022. The EoC Committee approved the changes as submitted.

Performance Monitors for 2022 are as follows:

Benchmarks

BioMed - Failed Equipment Performance	≤ 6%/qtr.
BioMed - Improper Care of Equipment	≤ 2%/qtr.
BioMed – Missing Equipment Accessories	≤ 2%/qtr.
Laser Safety – Quality Assurance Incidents	≤ 2%/qtr.
Staff Knowledge of Medical Equipment Management	≥ 90%/qtr.

Accomplishments-Special Projects in 2021

BHMC

- Continued the NK Physiological Monitoring Refresh Project (Infrastructure) – June 2021
- Replaced the NK Monitoring Network – June 2021
- Connected all NK Monitors to Cerner Care Aware EMR – June 2021

Goals for 2022

BH (ALL)





- Compile a complete medical equipment inventory that is inclusive of all departments / modalities regardless of ownership
- Examine all medical equipment that resides on the hospital network for cyber security risks and develop mitigation strategies.

UTILITIES MANAGEMENT PROGRAM

Reviewer: Jaime Alfayate

Title: Director, Facilities and Support Services

Region: Broward Health Medical Center

Review Date: March 11, 2022

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

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

Evaluation of the Scope: During 2021, the Utilities System Management Plan was reviewed. The objectives established for the management plan and the scope of the plan were reviewed and found to be appropriate for Broward Health Medical Center. The plan and program were found to be effective. Goals have been established to direct the Utilities Systems Management Plan in 2022.

Review of Program Objectives:

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

Review of Performance: 2021 performance monitors are as follows:

Performance Monitor #1: Any Unscheduled Outages >4hrs

Target: 0/qtr.

Performance: This indicator was met in all 4 qtrs. of 2021.

Performance Monitor Analysis:

Utilities Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2021
Any Unscheduled Outages >4hrs.	0/qtr.	0	0	0	0	0	0

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



Performance Monitor #2: Utility Systems Failures

Target: 0/qtr.

Performance: This performance monitor was met all qtrs. of 2021.

Performance Monitor Analysis: In 2021, there were no Utility Systems Failures encountered

Utilities Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Utility Systems Failures	0/qtr.	0	0	0	0	0	0.25

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to be effective in 2021. This indicator will continue to be monitored for further compliance in 2022.

Performance Monitor #3: User Errors

Target: 0/qtr.

Performance: This performance monitor was not met in two of the four qtrs. of 2021.

Performance Monitor Analysis:

Utilities Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Utility Systems User Errors	0/qtr.	0	11	0	4	4	8

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found not to be effective as it did not meet benchmark in 2021. Therefore, further education will be conducted in Pre-construction meetings with vendors along with end user education during EoC surveillance rounds.

Performance Monitor #4: Utility Systems Problems

Target: 0/qtr.

Performance: This performance monitor was not met two of the four qtrs. of 2021.

Performance Monitor Analysis:

Utilities Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Utility Systems Problems	0/qtr.	0	1	0	4	1.25	11



Overall Effectiveness of the Program's Effectiveness: This performance monitor was not found to be effective in 2021. Systems problems identified during 2021 were identified from building rounds or issues reported by end users to the Facilities department. All issues were handled accordingly by the Facilities management staff. Issues Identified with contracted vendor communicating cleaning kitchen schedules with the facilities teams on off shifts to ensure the fire alarm system is properly placed on test to avoid city violation fines.

This indicator will continue to be monitored for further compliance in 2022.

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

Target: 100%/qtr.

Performance: This indicator was met in all four qtrs. of 2021.

Performance Monitor Analysis: In 2021 all BS4-LS work orders were completed on or within scheduled times in all qtrs.

Utilities Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
(Total WO Count) Work Order Class BS4-LS	100%/qtr.	100%	100%	100%	100%	100%	100%

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

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

Target: 100%/qtr.

Performance: This indicator was met in all four qtrs. of 2021.

Performance Monitor Analysis:

Utilities Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
(Total WO Count) Work Order Class BS4-IC	100%/qtr.	100%	100%	100%	100%	100%	100%

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

Performance Monitor #7: Generator Test Results



Target: 100%/qtr.

Performance: This indicator was met in all four qtrs. of 2021.

Performance Monitor Analysis:

Utilities Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Generator Test Results	100%/qtr.	100%	100%	100%	100%	100%	100%

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

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

Target: Seasonal by qtr.

Performance: This indicator was met in all four qtrs. of 2021.

Performance Monitor Analysis: Performance was met in every quarter of 2021.

Utilities Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY20	Q4 CY21	CY2021	CY2020
Energy Efficiency (Benchmark changes per seasonal quarter) kW Hrs. per sq. ft. Occupied Space (Old Hospital, Atrium Bldg. and CEP)	Seasonal By Qtr.	8.67	7.82	8.69	8.74	8.48	8.93
		9.15	9.81	10.75	9.91	N/A	N/A

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

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

Target: < 2/qtr.

Performance: This indicator was met in all four qtrs. of 2021.

Performance Monitor Analysis:

Utilities Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Elevator Entrapment (>30 min)	≤ 2/qtr.	1	0	0	1	0.25	0



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

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

Target: $\geq 90\%$ /qtr.

Performance: This indicator was met in all four qtrs. of 2021.

Performance Monitor Analysis:

Utilities Management	Benchmark	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	CY2021	CY2020
Staff Knowledge Score in Utilities Management Surveillance Tours	$\geq 90\%$ /qtr.	97%	99%	90%	99%	96%	94%

Overall Effectiveness of the Program's Effectiveness: This performance monitor was found to be effective and will continue to be monitored in 2022 for further compliance as part of the EOC surveillance rounds.

Performance Monitors for 2022 are as follows:

Utilities Management	Benchmark
Any Unscheduled Outages >4hrs.	0/qtr.
Utility Systems Failures	0/qtr.
Utility Systems Problems	0/qtr.
(Total WO Count) Work Order Class BS4-LS	100%/qtr.
(Total WO Count) Work Order Class BS4-IC	100%/qtr.
Generator Test Results	100%/qtr.
Energy Efficiency (Benchmark changes per seasonal quarter) kW Hrs. per sq. ft. Occupied Space (Old Hospital, Atrium Bldg. and CEP)	Seasonal By Qtr.
Staff Knowledge Score in Utilities Management EoC Surveillance Tours	$\geq 90\%$ /qtr.

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

Accomplishments in 2021





- Expanded negative isolation rooms in various clinical settings to accommodate influx of COVID-19 patients and support patient care environments
- Exterior Tent for Triage of ER patients to assist with overall high patient volume seeking COVID testing and overall patient care services.
- Conversion of facility Auditorium to house med-surge patients allowed COVID patients to be cohosted as patient census increased.

Goals for 2022

- Reduce by 5% General Maintenance cost per/sq ft (BS3 Routine Repairs)
- Achieve >95% turnaround times for BS3 work orders. This is a standardized goal for all Broward Health Regional Facilities departments.

ENVIRONMENT OF CARE PERFORMANCE IMPROVEMENT PROJECT

Reviewer: Shirley Ochipa

Title: Safety Officer

Region: Broward Health Medical Center

Review Date: March 30, 2022

Purpose: Reduce contaminated needlesticks by 10% - 2021 Goal

Baseline data from 2020 revealed 48 needlestick injuries; 30% of incidents involved use of one of the four new devices with the transition to the Smiths-Medical product line. Focused re-education by the vendor and the clinical nurse specialist team particularly with many traveler staff and new employees using devices with which they were not familiar.

A multi-disciplinary team was formed with representatives from each depts with >2 needlesticks (no other contaminated sharps devices) in 2021 including GME and Clinical Education departments. The team reviewed incidents and root causes.

2020 Overview – Transitioned to 4 different devices from Smiths-Medical:

- Post insulin administration – not correct activation of safety feature – 10
- Lab Blood draws - 8; not activation safety feature
- Surgical Residents while suturing-technique related – 4
- Post other medication administration – 3
- ABG Blood draws – 2
- Errors in Sharps disposal - 2
- Starting IV's – 2
- Contaminated needles left in linens/under drapes – 2
- Distracted during procedure – 2
- Recapping contaminated needle - ED post local anesthesia - 1

Scope: Scope of this safe work practice initiative affects all Broward Health Medical Center employees, licensed independent practitioners and residents in our GME program who are required to use needles for direct patient care and other diagnostic procedures.

Cause: An unfavorable trend for contaminated needlesticks was noted with this performance monitor in 2020 with a 29% increase in needlesticks incidents compared to 2019. Although there were device conversions during 2020 that required initial and on-going education throughout the year, the combination of new devices with an increase in new employees and in clinical traveler personnel as a result of the COVID-19 pandemic many unfamiliar with the new devices increased exposure risks. The EoC Committee unanimously approved this employee safety initiative for 2021.

Duration: The initiative to reduce contaminated needlesticks lasted for all of 2021.

Actions: Although a decrease in incidents was observed in the 1st quarter, a back order of Smiths-Medical devices (diverted products due to COVID vaccination program) and the need to transition to replacement products from Medline required additional staff education.

In addition, a focus on re-educating less experienced personnel on basic safe work practices such as no recapping a contaminated needle required one-on-one retraining with return demonstration.



In 2nd quarter and 3rd quarter needlesticks trended in a negative manner. The Safety Officer had Smiths-Medical team educators return for unit-to-unit retraining.

Also in the 3rd quarter, a trend was noted that staff needlestick exposures were due to sudden aggressive movements by patients which required the reinforcement of pre-planning if this is a known patient risk factor and to contact Security for a medication assist or be accompanied by a peer.

A decrease in incidents was noted in the 4th quarter and the benchmark achieved.

Reporting: The Safety Officer reported every 1-2 months to the EoC Committee on progress to reduce contaminated needlesticks. Details from performance monitors and any trends noted in addition to reports from Workers Compensation and Employee Health were shared when quarterly EoC plan PI metrics were presented to the EoC Committee and multi-disciplinary team. The Safety Officer also reported performance monitors to the Leadership Team, Regional Quality/Patient Safety Committees, and Corporate EoC Key Group.

Action Plan:

- Smith-Medical educators were on site to re-educate and provide additional support August 25 & 26, 2021 on all shifts and all applicable inpatient and outpatient departments. Education was also conducted with all clinical Nurse specialists and super-users who provide internal on-going resource for staff re-training opportunities.
- Added to alternative devices to department new and travelers dept orientation checklist to ensure proper training on correct use of sharps devices that place them at risk for BBF exposures was provided.
- Trend noted by Safety Officer of staff exposures due to sudden aggressive movements by patients. Met with nursing leaders to reinforce the importance of pre-planning if this is a known patient factor.
- Created September's Need-to-Know on Stop the Sticks Slogan



BHMC STATISTICS

2017 = 51
2018 = 47
2019 = 34
2020 = 48
2021 = trend

CONTAMINATED NEEDLESTICKS



MOST FREQUENT CAUSES

- Activating safety features incorrectly
- Manipulating devices post blood collection
- Sudden patient movement
- Recapping needles
- Starting IV's
- Disposal errors



HOW TO REDUCE RISK

- Do not rush or be distracted
- Use sharps only if trained to use the devices
- Properly communicate to patient prior to procedure
- Be aware of special patient conditions that may increase risk
- Dispose used sharps immediately into sharps container



NOW YOU SEE IT. NOW YOU DON'T.



PROTECT YOURSELF AND OTHERS—USE SHARPS WITH SAFETY FEATURES



BROWARD HEALTH
MEDICAL CENTER

Salah Foundation
Children's Hospital

Analysis:

	<u>2019</u>	<u>2020</u>	<u>2021</u>	COMPARED TO PREVIOUS YEAR	
# OF INCIDENTS	34	48	34	-29%	↓
LOSS WORKDAYS	1042	1523	1185	-22%	↓
TOTAL PAID (NOT CUMULATIVE COSTS)	\$154,033	\$204,579	\$196,020	-4%	↓

2021 EoC Committee initiative: Reduce Contaminated Needlesticks Final Results

- 4th qtr. data contaminated needlestick occurrences = 6 incidents, a significant decrease compared to the two previous quarters and is the result of a great team effort. There was no trend in device, root causes, job positions or departments.
- The focus was reducing risk by reinforcing safe work practices and providing re-education.

Comprehensive action plan with nurse managers and staff re-education provided internally and by device vendor



resulted in decreased injuries and risk for bloodborne pathogen transmission.

Overall Effectiveness of the Program's Effectiveness: This performance monitor goal was met in 2021 with a 29% decrease in occurrences and a 41% corresponding decrease in the rate in 2021 compared to 2020.

Comprehensive action plan with nurse managers and staff re-education provided internally and by device vendor resulted in decreased injuries and risk for bloodborne pathogen transmission.

This performance monitor will continue to be followed closely in 2022 to maintain the exposure decrease realized in 2021.

