

**2020 ANNUAL
EVALUATION OF
THE ENVIRONMENT
OF CARE FOR
BROWARD HEALTH
NORTH**

*Respectfully Submitted
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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.



Five Star Values:

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

REGION'S COMPOSITION

Region:
BROWARD HEALTH NORTH



EXECUTIVE SUMMARY

The Scope, Objectives, Performance and Effectiveness of the Environment of Care Management (EOC) Programs 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.

Some opportunities for improvement were identified as well, which will be addressed during CY 2021.

The following is an Executive summary of the Environment of Care performance highlights for CY 2020 followed by recommended Goals for CY 2021 for Broward Health North.

This report will include a summarization of the following:

- Overall performance evaluation of the environmental safety program and safety management plan.
- Overall performance evaluation of the security program and security management plan.
- Overall performance evaluation of the hazardous materials and waste program and hazardous materials and waste management plan.
- Overall performance evaluation of the fire safety program and fire Safety management plan.
- Overall performance evaluation of the utilities program and utilities management plan.
- Report of progress on calendar year 2020 performance goals and program objectives
- Priorities and goals for calendar year 2021

Information Collection and Evaluation System (ICES): An Information Collection Evaluation System (ICES) or Elements of Performance (EP) is used for data collection. The ICES or EP is used to analyze metrics in each of the Safety Management Plan. The ICES or EP is also used to identify and communicate issues and general information about periodic or structured activities to the EOC Committee. All reports are submitted to the EOC Committee on a quarterly basis.

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

Committee Members

Members & Titles	Departments	Functions
<i>Alicia Beceña, Corporate Safety Officer</i>	<i>Corporate Safety & Security</i>	<i>Safety Officer & EOC Chair</i>
<i>Garnett Coke, Corporate Director</i>	<i>Corporate Safety & Security</i>	<i>Corporate Security & Community Health</i>
<i>Kelly Keys, Corporate Manager</i>	<i>Emergency Preparedness</i>	<i>Member</i>
<i>Kristen Sands, EM Coordinator</i>	<i>Emergency Preparedness</i>	<i>Member</i>
<i>Susan Perry & Antonette St. Rose</i>	<i>Employee Health & Worker's Compensation</i>	<i>Safety Management, Members</i>
<i>Marcos Mantel & Ron Ellis</i>	<i>Medical Equipment (BIOMED)</i>	<i>Medical Equipment Management, Members</i>
<i>Michael Scutto</i>	<i>Environmental</i>	<i>Hazardous Materials & Waste Management</i>
<i>Susan Newman, Regional COO</i>	<i>Administration</i>	<i>Member</i>
<i>Cheryl Wild, Regional CNO</i>	<i>Administration</i>	<i>Member</i>
<i>Rayde Cruz-Martorell, Regional Managers</i>	<i>Epidemiology, Quality & Dialysis</i>	<i>Member</i>
<i>David Porter, Regional Director</i>	<i>Facilities Services</i>	<i>Utility Systems Management, Member</i>
<i>David Porter & Richard Evans, Managers</i>	<i>Facilities Services</i>	<i>Fire Safety Management & Construction Projected</i>
<i>Anthony (Tony) Frederick, Corporate Security & Gregory D' Aguilar</i>	<i>Protective Services/Security</i>	<i>Security Management</i>
<i>Christine Kesser</i>	<i>Materials Management</i>	<i>Member</i>
<i>Jorida Wilcox</i>	<i>Dietary</i>	<i>Member</i>
<i>Kathy Avedisian & Donna Valerioti</i>	<i>Laboratory</i>	<i>Members</i>
<i>Marisa Noel & Narda Priester, Regional Manager</i>	<i>Radiology (Imaging) Services</i>	<i>Radiation Safety Officer & Members</i>
<i>Winn Castro</i>	<i>Pharmacy</i>	<i>Member</i>
<i>Joann Franklin, Regional Manager</i>	<i>Emergency Services</i>	<i>Member</i>
<i>Genevieve Cua/Gueorgui Petrov, Regional Managers</i>	<i>Rehabilitation Services, Wound Care & Hyperbaric Chambers</i>	<i>Members</i>
<i>Curdeline Gray & Asha Mathews, Regional Managers</i>	<i>Surgical Services, OR & Laser Safety</i>	<i>Members</i>
<i>Eileen Daly, Regional Manager</i>	<i>Risk Management</i>	<i>Member</i>
<i>Michael McDonough, Regional Manager</i>	<i>Information Services</i>	<i>Member</i>
<i>Jami Rothenburg, Regional Manager</i>	<i>Trauma Services</i>	<i>Member</i>
<i>Susan Barrow, Manager</i>	<i>Nursing (3NE)</i>	<i>Member</i>
<i>Charese Crawford</i>	<i>Clinical Education</i>	<i>Member</i>

<i>Regional Manager</i>	<i>Financial Services</i>	<i>Member</i>
<i>Regional Manager</i>	<i>Regional Medical Officer</i>	<i>Member</i>

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

Environment of Care Program	Evaluator(s)
• Safety	• Alicia Beceña, Eileen Daly
• Security	• Gregory D' Aguilar
• Hazardous Materials	• Alicia Becena, Michael Scutto
• Fire Safety	• David Porter
• Medical Equipment	• Marcos Mantel
• Utility Systems	• David Porter

SAFETY MANAGEMENT PROGRAM

Reviewer: Alicia Becaña and Eileen Daly

Title: Safety Management Program

Region: Broward Health North

Review Date: February 15, 2021

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 2 of the five objectives listed below. Each of these have adjusted objectives listed individually in their Performance Monitors.

Objective	Met	Not Met	Met w/ Conditions	2020 Adjusted Objective
REDUCE STAFF NEEDLE STICKS (to no more than 25)		✓		Goal (25 or less) adjusted instead of 23 (2020) as we seek a downward trend
REDUCE STAFF SLIPS/TRIPS/FALLS (STF's) (to 13)	✓			Goal 13 or less. The 2021 goal is to be 10% lower than the average over the last 3 years of 15.
REDUCE VISITOR FALLS (to 23)	✓			Adjusted to 23 (2020) as this is a 10% reduction of the 25 (2019) incidents
REDUCE EMERGENCY DEPARTMENT PATIENT FALLS (to 14)		✓		Goal adjusted to 14 (2020) as this is a 10% reduction of the 16 (2019) incidents
REDUCE OUTPATIENT DEPARTMENT PATIENT FALLS (to 7)		✓		Goal adjusted to 7 (2020) as this is a 10% reduction of the 8 ((2019) incidents



Review of Performance:

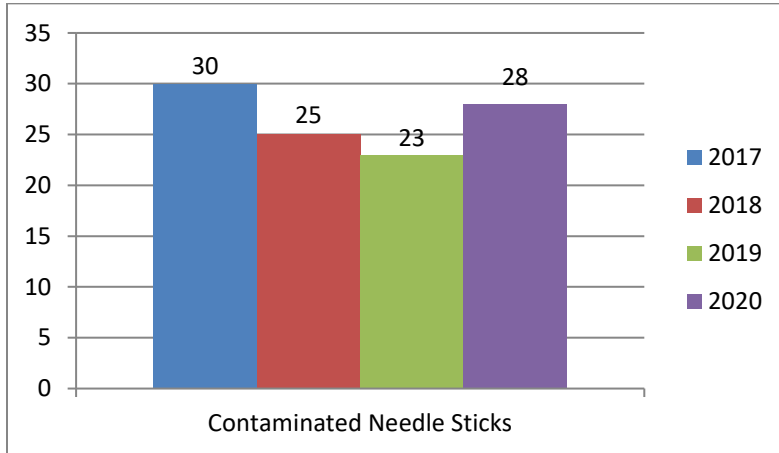
Performance Monitors #1

Monitor: CONTAMINATED NEEDLE STICKS

Target: REDUCE STAFF NEEDLE STICKS to 25 or less

Performance: Not Met

Performance Monitor Analysis:



Program’s Effectiveness: The Program was not effective in reducing needle sticks when compared to the previous years’ averages (25 (2018), 23 (2019)). Despite efforts of implementing in-service for staff on proper handling, in 2020, the introduction of a new butterfly IV needle saw an increase in injuries among employees not familiar with retractable safety device. Vendor began education when the product was introduced however had to stop in early March due to the COVID-19 pandemic. The pandemic caused a delay in the education until June/July when the vendor returned to conduct face to face education. After the in-service we did see a reduction in this type of needle stick injuries even though some still struggled with it. We will continue to utilize this Process Improvement and continue to monitor and reported occurrences at the EOC Meetings.

Performance Monitors for 2021: Broward Health North has adjusted the performance and set a goal of continuing to reduce Contaminated Needle Sticks injuries to 25 or less in 2021 as we seek a downward trend.

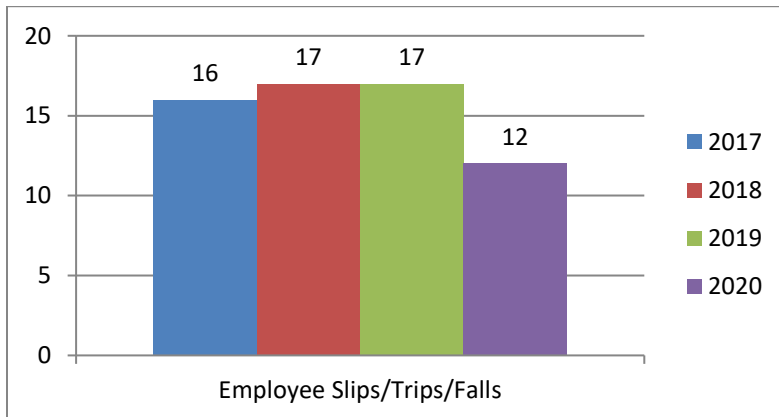
Performance Monitors #2

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

Target: Reduce Staff Slips, Trips and Falls to 12 or less

Performance: Met

Performance Monitor Analysis:



Program’s Effectiveness:

The program was effective in reducing Employee Slips, Trips and Falls to 12. Spill stations and their use will be monitors throughout 2021 along with any trends noted for this type of injuries.



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

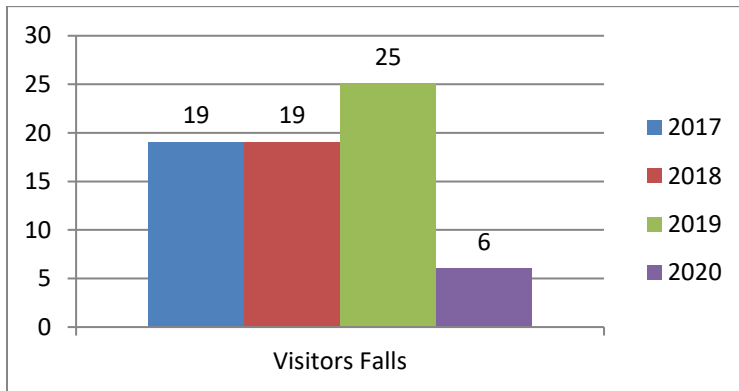
Performance Monitors #3

Monitor: VISITOR FALLS

Target: Reduce visitor falls to 23 or less (2020)

Performance: Met

Performance Monitor Analysis:



Program's Effectiveness: The Safety Management Program was effective in reducing the amount of Visitor Falls in 2020. However, we must note that due to COVID-19 we stopped allowing visitors by Mid-March to prevent the spread of the virus.

Performance Monitors for 2021: Broward Health North has adjusted the goal of reducing Visitor falls to no more than 19. [Note: Goal reduced by 10% from average of CY17,18,19 (21-10%=18.9 rounded =19). CY20 data was skewed due to visitor restrictions and limitations, so data was used from prior years and then averaged.]

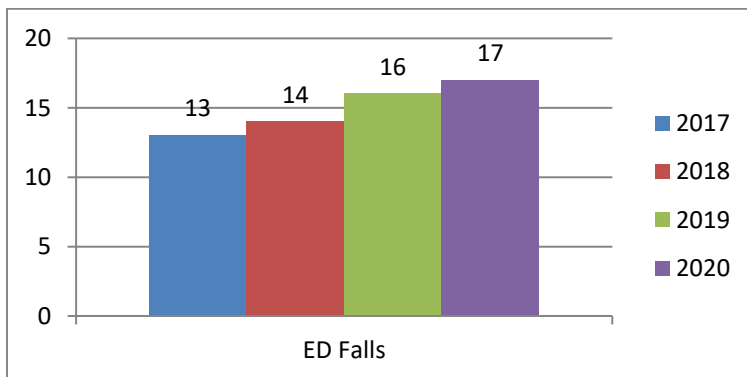
Performance Monitors #4

Monitor: EMERGENCY DEPARTMENT PATIENT FALLS

Target: Reduce ED Falls to 14 or less (2020)

Performance: Not Met

Performance Monitor Analysis:



Program's Effectiveness: The Safety Management Program was ineffective in reducing Emergency Department Patient Falls to 14. Instead we had a slight increase by 1 incident.

Performance Monitors for 2021: Broward Health North has adjusted the goal of reducing ED falls to no more than 15. [Note: Goal to reduce by 10% from 2020. (17-1.7 (10%) =1 5.3, rounded down to 15).]



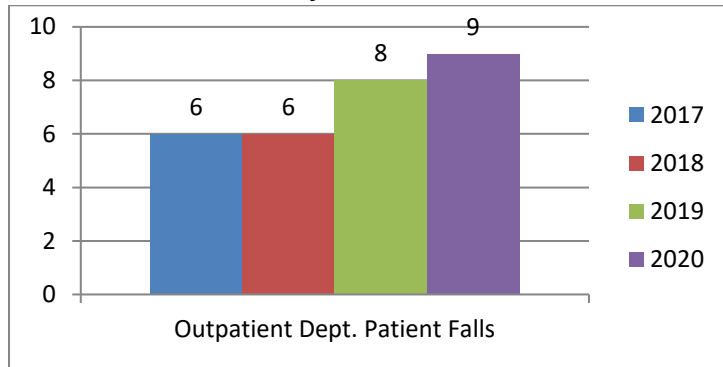
Performance Monitors #5

Monitor: OUTPATIENT DEPARTMENT PATIENT FALLS

Target: Reduce Outpatient Falls to 7 ((adjusted from Risk Quarterly reports to 8)

Performance: NOT Met

Performance Monitor Analysis:



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

Performance Monitors for 2021: 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 2020 (9 - 0.9 = 8.1, rounded to 8).]

Overall Effectiveness of the Safety Management Program’s Effectiveness: The Safety Management Program was effective towards in reducing Employee slips, trips and falls and visitor falls. Departmental falls in the Emergency Department and Outpatient will continue to be monitored for trends and improvements.

Safety Management Performance Monitors for 2021:

- Reduce Exposures (COVID-19, TB, Meningitis, etc.) by 10% or more from 2020 numbers
- Needle Sticks to no more than 25
- Reduce Staff Slips, Trips and Falls to no more than 12
- Reduce Visitor Falls to no more than 19
- Reduce E.D. Falls to no more than 15
- Reduce Outpatient Department Patient Falls to no more than 8

Action items for Occupational Injuries and fall prevention which are on-going or will be started in 2021 are the following:

- Advised regional Clinical Education manager about incidents
- Clinical specialist meets with employees’ individually to discuss incident and plans to prevent future occurrences.
- Managers/ANM’s 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 awareness and prevention: Continue to provide unit base education from employee health, safety, clinical education, managers and supervisors regarding Contaminated Needle Sticks, Slips/Trips & Falls, Exposures and any other identified workplace injuries
- Continue to collaborate with Epidemiology on unit base education for timely and appropriate isolation precautions when suspecting disease or once a patient is identified with a disease.
- 2021 Safety initiated the development of Safety Flyers of Top 2020 Injuries and distribute to Units and Departments during each quarter.
- Re-start once the spread of COVID decreases to conduct face to face in-service during new employee orientation
- Continue to assign Health Stream Module to staff after injury.
- Continue to work with EVS to identify/eliminate use of thin or damaged floor mats which can easily flip over and replace them with a heavier/thicker area rug.
- Monitor and identify slick flooring areas which may need non-skid applications.
- Continue to strategically place “wet floor” spill kits in zones were food items/liquids can fall.
- Reinstall “Think- Safe” signs at points of entry focusing on fall prevention



SECURITY MANAGEMENT PROGRAM

Reviewer: Gregory D’ Aguilar

Title: Security Management Program

Region: Broward Health North

Review Date: February 8, 2020

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 CY2021 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		✓		Average incidents over the last 3 years increased to 40 incidents / year.
THREAT OF VIOLENCE		✓		18 for CY2020
AGGRESSIVE BEHAVIOR (patients/visitors)		✓		
CODE ASSIST (Reduce to 50)		✓		There was a 31.25% increase 2020 reduction was not achieved, for 2021 the goal will be to increase security presence call by 10%
MISSING/LOST PROPERTY (Patients)		✓		There was an increase from 2019 = 67 to 8 (20% increase).
THEFTS: PATIENT BELONGINGS		✓		Group with Missing/Lost Patient property
THEFTS: AUTO/VANDALISM/BH Property		✓		CY2020 = 8

SECURITY MANAGEMENT

- The number of Assault/Battery incidents in 2020 increased to 66 from 2019 = 28 and 25 in CY 2018.
- Threat of Violence incidents were 8 in CY 2018, 8 in 2019 and 18 in CY2020.
- Aggressive Behavior (patients & visitors) incidents increased for 2020 to 250 compared to 2019 (117) and 102 in CY 2018.
- The number of Code Assist for CY2020 = 432 compared to 297 in 2019, 492 in CY 2018.



- Missing/Lost Property incidents increased for CY2020 = 85 compared to 67 in 2019, and 84 in CY2018.
- The number of Vehicle Burglary incidents decreased for CY2020 = Zero when compared to both prior years (1) in CY2019, and 7 in CY 2018
- The number of Contraband searches increased in CY2020 = 100 when compared to 2019 = 95 yet dropped when compared to 144 in CY 2018.
- Thefts (Auto/Vandalism/BH Property) in 2020 = 8 with one recovered. This increased when compared to 2019 = five recorded with one recovered. 2018 data was not available at time of report.

Review of Performance:

Performance Monitors #1

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

Program Effectiveness:
 The program performed within threshold. The average performance for of 0.09

Security Assaults	Q1CY19	Q2CY19	Q3CY19	Q4CY19	Q1CY20	Q2CY20	Q3CY20	Q4CY20
Medical Encounters	29256	29661	28404	29847	30554	25040	29152	27667
Number Per Quarter	4	6	7	4	4	2	2	2
Performance	0.14	0.20	0.25	0.13	0.13	0.08	0.07	0.07
Acceptable Performance	1	1	1	1	1	1	1	1

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 96% exceeded the performance baseline of 90%.

Security Procedures	Q1CY19	Q2CY19	Q3CY19	Q4CY19	Q1CY20	Q2CY20	Q3CY20	Q4CY20
Number of Dept/Area Surveyed	22	34	28	31	27	31	24	17
# of areas where no security procedures were violated	22	33	26	31	24	31	24	16
Performance	100%	97%	93%	100%	89%	100%	100%	94%
Acceptable Performance	90%	90%	90%	90%	90%	90%	90%	90%

Performance Monitors for 2021:

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. The following are the 2021 Performance Monitors:

- Security Procedures performance averaged 96% percent in CY2020 missing only Q1 by 1%, We will continue to monitor in 2021.
- Continue to monitor the average number of “crime related” events quarterly.
- Increase Security Presence/Nurse Assist by 10 percent before escalation to Code Assists
- Continue to develop action plans such as “sweep the room” campaign which was done to address missing/damaged patient property discarded with linen and trash. For 2020, security added to EOC Reporting for Q2, Q3 & Q4 the success rate of returns (patient property) completed. In 2020 there was 17 recovered property of 90 items reported with only Q1 data missing for recovery of property. We will continue to monitor loss and recovery in 2021.

HAZARDOUS MATERIALS & WASTE MANAGEMENT PROGRAM

Reviewer: Alicia Becaña and Michael Scutto, EVS

Title: Hazardous Materials & Waste Management Program

Region: Broward Health North

Review Date: February 15, 2021

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
Maintain Biohazardous Waste below target of 1.60 lbs./APD		✓		
Manage Biohazardous Waste (above 95%)	✓			
Increase Recycled Waste (by 3%)	✓			
Maintain zero (0) Code Spills	✓		The facility maintained zero spills	
Conduct one (1) spill cart training class	✓			

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: Not MET only 50% of the time Met

Program's Effectiveness: The Hazardous Material and Waste Management Program was only effective 50% in maintaining our Biohazardous Waste below 1.60 lbs./APD.

Performance Monitor Analysis:

HAZMAT MONITOR	Q1CY19	Q2CY19	Q3CY19	Q4CY19	Q1CY20	Q2CY20	Q3CY20	Q4CY20
Biohazard Waste								
Medical Encounters	29256	29661	28404	29847	30554	25040	29152	27667
Lbs of Regulated Medical Waste	18083	18213	19589	20711	28758	40780	73435	27645
Performance	0.62	0.61	0.69	0.69	0.94	1.63	2.52	1.00
Acceptable Performance	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60

Performance Monitors for 2021: Broward Health North is committed to maintain 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

Program's Effectiveness: The Managing of Biohazard Waste was effective as performance noted during EOC Rounds was above the target rate of 95% during all quarters.

Performance Monitor Analysis:

Managing Biohazard	Q1CY19	Q2CY19	Q3CY19	Q4CY19	Q1CY20	Q2CY20	Q3CY20	Q4CY20
Surveyed	22	34	28	31	29	31	24	17
Managed Correctly	19	31	25	27	29	31	23	17
Performance	86%	91%	89%	87%	100%	100%	96%	100%
Acceptable Performance	95%	95%	95%	95%	95%	95%	95%	95%

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: 16.4%
Performance: MET and was favorable by increasing performance target from CY19 18% to 26% recycling in CY 20

Monthly	RCY 2019	RCY 2020
Baseline	34,600	52,000
Jan	47,620	129,840
Feb	45,540	111,570
Mar	26,776	150,200
Apr	45,860	83,150
May	61,820	104,280
Jun	52,380	125,220
Jul	71,720	105,550
Aug	70,800	93,400
Sep	19,440	97,760
Oct	26,140	76,148
Nov	20,500	44,720
Dec	16,420	38,800
Total	505,016	1,160,638

Performance Monitor Analysis:

Program's Effectiveness: The Hazardous Material and Waste Management Program was effective in increasing our Recycled Waste to 26% collecting a total of 1,160,638 lbs. for CY2020 from 505,016 lbs. of waste equal to 18% for CY 2019.

Performance Monitors for 2021: Broward Health North has set a goal of increasing Recycled Waste during 2020.

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 no Code Spills. Only one incident was noted but it was in the ED and came from a patient’s port with a chemo drug in the port.

Performance Monitors for 2020: Broward Health North will continue to train and educate on spill prevention techniques.

Performance Monitors #4

Monitor: Conduct (1) spill cart training class

Target: 1

Performance: NOT Met

Overall Effectiveness of the Program’s Effectiveness: The Hazardous Material and Waste Management Program was not effective towards completing spill cart training and was delayed due to the COVID outbreak in the community.

Hazardous Materials and Waste Management Performance Monitors for 2021:

- Maintain Biohazardous Waste to below 1.6 lbs./APD
- Manage Bio-Hazardous Waste for a compliance rate of 95%
- Increase Recycled Waste above the previous year of 26%
- Continue zero (0) Code Spills through ongoing training and education
- Conduct DOT Training for initial and refresh (every 3 years)
- Conduct a minimum of one spill training class

FIRE SAFETY MANAGEMENT PROGRAM

Reviewer: David Porter

Title: Fire Safety Management Program

Region: Broward Health North

Review Date: March 24, 2021

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.	✓			
Decrease the number of unscheduled alarms.		✓		
Maintain no actual fires.	✓			
Review Life Safety plans and update			✓	Vendor contracted and revisions to the plan are on-going

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 at the appropriate times meeting all testing criteria of NFPA. There were 12 fire drills completed exceeding the requirements of one per shift, per quarter.

Performance Monitor Analysis:

INDICATOR	CY 17	CY 18	CY 19	CY 20
FIRE DRILLS COMPLETED	25	16	17	12

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 2021: 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.

Performance Monitors #2

Monitor: Number of false fire alarms

Target: NOT MET

Performance: Broward Health North had less construction therefore goal was met favorably.

Performance Monitor Analysis:

INDICATOR	CY 17	CY 18	CY 19	CY 20
NUMBER OF FALSE ALARMS	23	13	9	12

Program's Effectiveness:

Broward Health North was not able to reduce the number of False Fire Alarms.

Performance Monitors for 2021: Broward Health North has set a goal to continue reducing amount of false fire alarms for 2021

Performance Monitors #3

Monitor: Number of actual fires

Target: Zero

Performance: Target MET

Performance Monitor Analysis:

INDICATOR	CY 17	CY 18	CY 19	CY 20
NUMBER OF ACTUAL FIRES	0	0	1	0

Program's Effectiveness:

The Fire Safety Management Program was effective in achieving our overall goal.

Performance Monitors for 2021: Broward Health North will continue to use zero as a goal for 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.

Impeded Egress Corridor	Q1CY19	Q2CY19	Q3CY19	Q4CY19	Q1CY20	Q2CY20	Q3CY20	Q4CY20
Number of Dept/Area Surveyed	22	34	28	31	29	31	24	17
# Observed without Obstructions	22	33	28	31	27	30	24	17
Performance	100%	97%	100%	100%	93%	97%	100%	100%
Acceptable Performance	100%	100%	100%	100%	100%	100%	100%	100%

Performance Monitors #5

Monitor: Review Life Safety plans and update

Target: Complete

Performance: All reviews and updates to the Life Safety drawings for the facility have been completed.

Overall Effectiveness of the Program's Effectiveness: The Fire Safety Management Plan for CY 2019 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 Facilities to improve physical aspects of the Program.



Performance Monitors for 2021:

- Perform fire drills, 1 per quarter, per shift. If ILSM's are being used, perform 2 per quarter, per shift.
- 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 Staff
- Present during New Employee and Medical Staff Orientation (including All Staff for Critical Subjects)

MEDICAL EQUIPMENT MANAGEMENT PROGRAM

Reviewer: Marcos Mantel

Title: Medical Equipment Management Program

Region: Broward Health North

Review Date: February 9, 2021

Unlike other EOC functions, the management of the Medical Equipment program for **all** the facilities of Broward Health is done by the Clinical/Biomedical Engineering Executive Director and his staff from one central location. In keeping in line with the centralized nature of the Biomedical Engineering organization, this section of the annual appraisal covers all the Broward Health facilities/regions. Performance is tracked by region with corresponding corrective action plans as deemed necessary.

Objectives

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

- To establish criteria for identifying, evaluating and inventorying equipment included in the program.
- To minimize the clinical and physical risks of equipment through inspections, testing and regular maintenance. An Alternate Equipment Management (AEM) Program (CMS) is implemented for all equipment with some exceptions.
- To provide education to personnel on the capabilities, limitations and special applications of equipment; operating, safety and emergency procedures of equipment; the procedures to follow when reporting management problems, failures and user errors; and the skills and/or information to perform maintenance activities.

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.

Scope

The 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 of the Medical Equipment Management Plan encompasses all medical equipment used in the diagnosis, therapy, monitoring, and treatment of patients at Broward Health facilities. Radiological, Dialysis, Sterilizer, Lasers and some Laboratory Analyzer service is contracted to outside vendors. This service is overseen by user department and/or Clinical/Biomedical Engineering or the EOC Committees.

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 2019, 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* 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 2019.

Accomplishments-Special Projects

- Deployment of new AEDs at all Physician Practices – Completed November 2020



- Coordinate the NK Physiological Monitoring Refresh Project – Completed December 2020
- Replacement of all IV Pumps – Completed November 2020
- Replacement of all PCA/Epidural Pumps – Completed December 2020

Strength

Our Scheduled Maintenance (SM) program is unique because we do “environmental” SM’s. This helps us achieve close to 100% annual completion of all SM’s in all facilities.

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.

Evaluation of CY 2020 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	≤ 15%	MET
- Improper Care	≤ 2%	MET
- Missing Accessories * new FY 18	≤ 2%	MET
- Staff Instruction	≤ 2%	MET



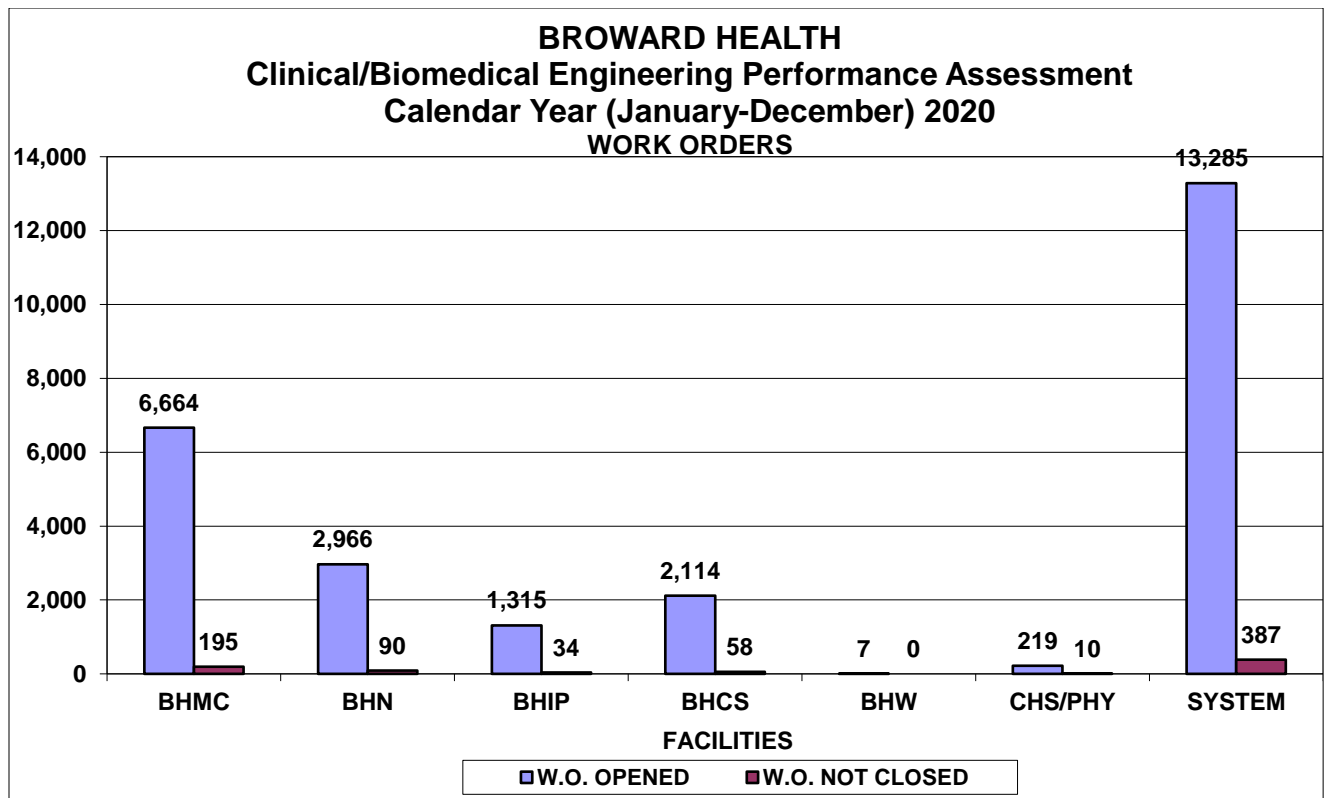
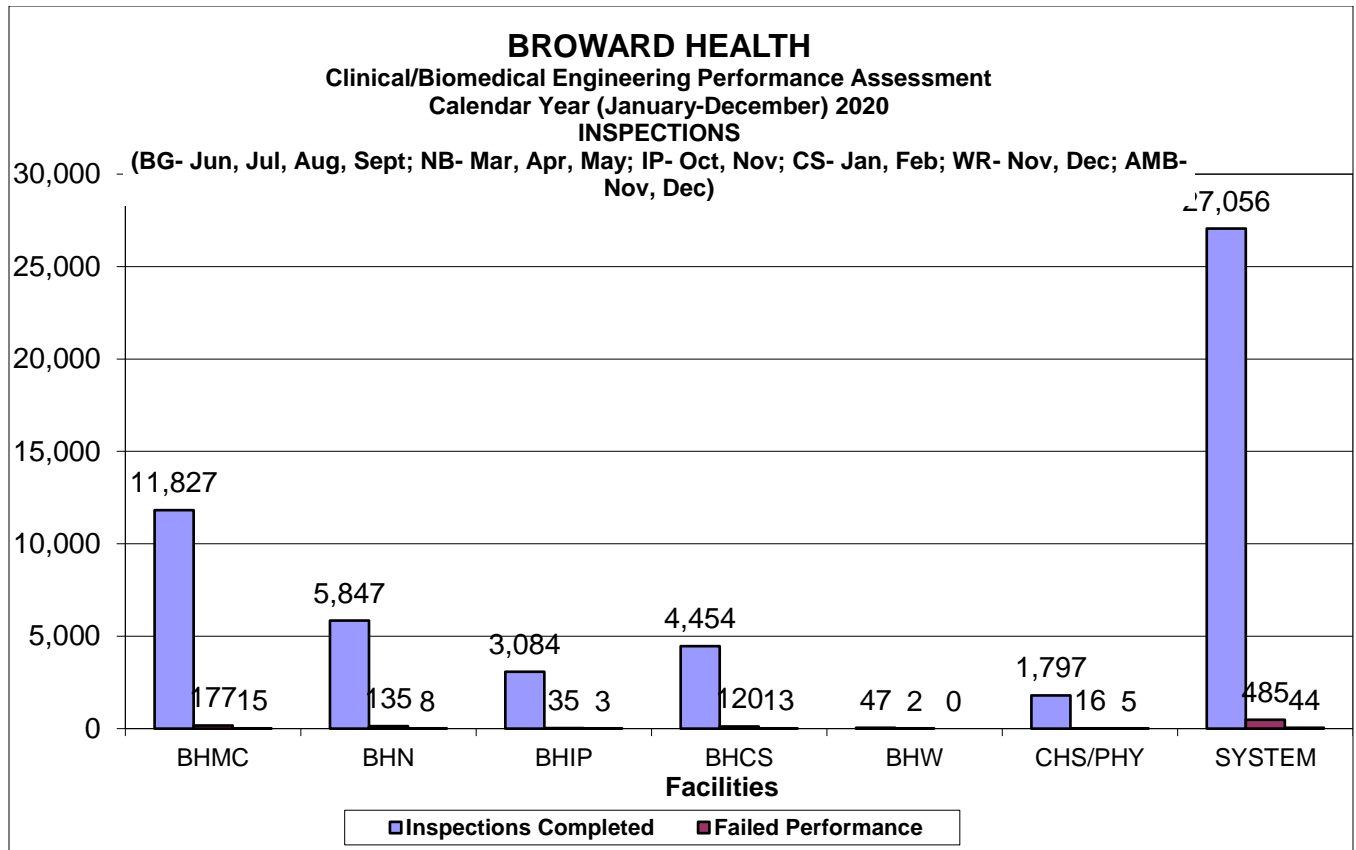
Clinical / Biomedical
Engineering

BROWARD HEALTH Clinical/Biomedical Engineering Performance Assessment Calendar Year (January-December) 2020

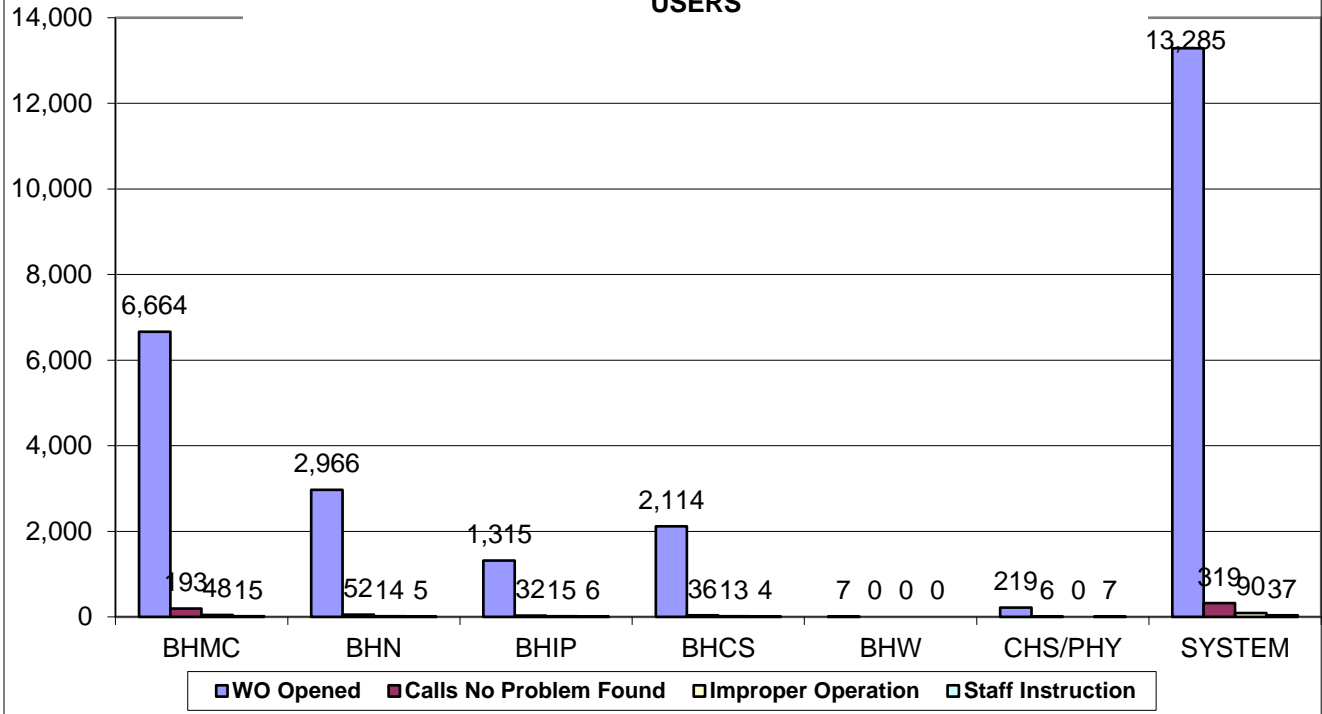
		All Regions							
SAMPLE SIZE:		BHMC	BHN	BHIP	BHCS	BHW	CHS/PHY	SYSTEM	
UNITS IN INVENTORY		13,208	5,785	3,166	4,943	59	2,465	29,626	
W.O. OPENED		6,664	2,966	1,315	2,114	7	219	13,285	
TOTAL W.O. COMPLETED		6,665	2,934	1,333	2,059	7	217	13,215	
INSPECTIONS COMPLETED		11,827	5,847	3,084	4,454	47	1,797	27,056	
W.O./INSPECTIONS COMPLETED		18,492	8,781	4,417	6,513	54	2,014	40,271	
LABOR HOURS		8,146	4,154	1,941	2,984	30	1,051	18,306	
PARTS/MATERIALS		\$204,126	\$79,618	\$30,880	\$33,244	\$147	\$8,512	\$356,527	
QA ROUNDS		2,992	2,336	1,985	2,020	0	0	9,333	
PARAMETERS		19,676	8,524	4,958	7,609	80	3,261	0	
INDICATORS:	TARGET	BHMC	BHN	BHIP	BHCS	BHW	CHS/PHY	SYSTEM	
W.O. NOT CLOSED <i>(W.O. OPENED)</i>	≤ 10%	3% 195	3% 90	0% 34	3% 58	0%	5% 10	3% 387	
FAILED PERFORMANCE <i>(INSPECTIONS COMPLETED)</i>	≤ 6%	1% 177	2% 135	1% 35	3% 120	4% 2	1% 16	2% 485	
FAILED ELECTRICAL SAFETY <i>(INSPECTIONS COMPLETED)</i>	≤ 1%	0% 15	0% 8	0% 3	0% 13	0%	0% 5	0% 44	
NEW TO INVENTORY <i>(W.O./INSPECTIONS COMPLETED)</i>	≤ 5%	0% 25	0% 14	0% 13	0% 9	0%	0% 8	0% 69	
CALLS WHERE NO PROBLEM WAS FOUND <i>(W.O. OPENED)</i>	≤ 15%	3% 193	2% 52	2% 32	2% 36	0%	3% 6	2% 319	
IMPROPER CARE <i>(W.O./INSPECTIONS COMPLETED)</i>	≤ 2%	1% 104	0% 39	1% 34	0% 28	0%	0% 9	1% 214	
MISSING ACCESSORIES <i>(W.O./INSPECTIONS COMPLETED)</i>	≤ 2%	0% 48	0% 14	0% 15	0% 13	0%	0% 0	0% 90	
STAFF INSTRUCTION <i>(W.O./INSPECTIONS COMPLETED)</i>	≤ 2%	0% 15	0% 5	0% 6	0% 4	0%	0% 7	0% 37	

Comments:





BROWARD HEALTH Clinical/Biomedical Engineering Performance Assessment Calendar Year (January-December) 2020 USERS



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	Q1CY19	Q2CY19	Q3CY19	Q4CY19	Q1CY20	Q2CY20	Q3CY20	Q4CY20
Failed Inspection								
# of Inspection Completed	1484	2110	188	1079	1760	2094	1086	907
# of Failed Performance	39	47	6	14	57	56	7	15
Performance	3%	2%	3%	1%	3%	3%	1%	2%
Acceptable Performance	6%	6%	6%	6%	6%	6%	6%	6%

Performance Monitors #2

Monitor: Improper Care
Target: > 2% or less
Performance: MET

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

Improper Care	Q1CY19	Q2CY19	Q3CY19	Q4CY19	Q1CY20	Q2CY20	Q3CY20	Q4CY20
# of Work Orders and Inspection Completed	2072	2605	571	1965	2276	2723	2404	1378
# Improperly Cared For	15	28	1	4	13	6	13	7
Performance	0.01	0.01	0.00	0.00	0.01	0.00	0.01	0.01
Acceptable Performance	2%	2%	2%	2%	2%	2%	2%	2%

Recommended Goals 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:

BHN

- Continuation of the NK Physiological Monitoring Refresh Project (Infrastructure) – June 2021
- Replace the NK Monitoring Network – June 2021
- Connect All NK Monitors to Cerner CareAware EMR – June 2021

BH (ALL)

- Infusion Pumps EMR Connectivity – December 2021
- Assure all staff receives proper medical equipment training in order to perform their respective duties in a safe and proficient manner - Ongoing
- Ensure that all alerts, recalls and hazards that pertain to medical equipment are investigated - Ongoing
- Review and revise the Medical Equipment Management Program as necessary – Ongoing

Summary

The Medical Equipment Management Plan and its continuation was considered effective this year. We will continue to trend the current performance indicators for another year, reassess the targets and make appropriate changes based on the consensus of the EOC Committee.

UTILITIES MANAGEMENT PROGRAM

Reviewer: David Porter

Title: Utilities Management Program

Region: Broward Health North

Review Date: March 24, 2021

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 Objectives: Based on a review of the current Utilities Management Plan 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.

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
Reduce electric consumption by 1%		✓		
Track work orders using new Megamation	✓			
Complete all Regulatory, Infection Control and Life Safety Preventative Maintenance 100%	✓			

Review of Performance:

Performance Monitors #1

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

Target: Met in Q1, Q2 and Q4

Performance: Broward Health North used 19,465,600 kWh's of power in 2017 and in 2018 set a goal to reduce consumption by 2-3% equal to 18,881,632 kWh's. The actual consumption for calendar year 2018 was 19,567,600 kWh's, an increase of .52% or 102,000 kWh's. In 2019, 19,895,600 kWh's were used indicating an increase of 294,000 kWh's or approximately 1.5%. Per Square footage in 2020 the Acceptable Performance was only favorable 75% of the time.



UTILITIES MONITOR	Q1CY19	Q2CY19	Q3CY19	Q4CY19	Q1CY20	Q2CY20	Q3CY20	Q4CY20
Energy Efficiency								
Square Footage	535683	535683	535683	535683	535683	535683	535683	535683
KWh Used	5086400	4926800	5086400	4,658,000	4,404,000	5,142,800	5,468,000	4,980,174
Performance	9.50	9.20	9.50	8.70	8.22	9.60	10.21	9.30
Acceptable Performance	10.53	9.90	9.16	9.72	10.53	9.90	9.16	9.72

Performance Effectiveness: A reduction was NOT MET in 2019 or in 2020 as we experienced an increase in weather temperatures specifically in quarter 3 both 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 17	CY 18	CY 19	CY 20
EQUIPMENT PREVENTATIVE MAINTENANCE COMPLETION RATIO	100%	100%	100%	100%
INFECTION CONTROL PREVENTATIVE MAINTENANCE COMPLETION RATIO	100%	100%	100%	100%
LIFE SAFETY PREVENTATIVE MAINTENANCE COMPLETION RATION	100%	100%	100%	100%

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. In Q2 some equipment PM's were delayed in April then completed by 5/5 due to equipment use during peak COVID-19 outbreak waiting for rooms to be available.

Performance Monitors for 2021:

- Continue to use Megamation to track and expedite utility work orders.
- Complete all Regulatory, Infection Control and Life Safety Preventative Maintenance at the target rate of 100%.
- 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 2020. With the actions planned in the individual objectives, the following goals have been chosen for 2021:

Planning Objectives for CY2021:

Safety Management

- Reduce Exposures (COVID-19, TB, Meningitis, etc.) by 10% or more from CY2020 COVID = 144 and TB = 2
- Reduce Contaminated Needle Sticks to no more than 25 incidents (10% reduction)
- Reduce Staff Slips, Trips and Falls to no more than 12 (10% lower than the average of the last 3 years (15))
- Reduce Visitor Falls to no more than 19
- Reduce E.D. Falls to no more than 15
- Reduce Outpatient Department Patient Falls to no more than 8

Action items for Occupational Injuries and fall prevention which are on-going or will be started in 2021 are the following:

- Advised regional Clinical Education manager about incidents
- Clinical specialist meets with employees' individually to discuss incident and plans to prevent future occurrences.
- Managers/ANM's 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 awareness and prevention: Continue to provide unit base education from employee health, safety, clinical education, managers and supervisors regarding Contaminated Needle Sticks, Slips/Trips & Falls, Exposures and any other identified workplace injuries
- Continue to collaborate with Epidemiology on unit base education for timely and appropriate isolation precautions when suspecting disease or once a patient is identified with a disease.
- 2021 Safety initiated the development of Safety Flyers of Top 2020 Injuries and distribute to Units and Departments during each quarter.
- Re-start once the spread of COVID decreases to conduct face to face in-service during new employee orientation
- Continue to assign Health Stream Module to staff after injury.
- Continue to work with EVS to identify/eliminate use of thin or damaged floor mats which can easily flip over and replace them with a heavier/thicker area rug.
- Monitor and identify slick flooring areas which may need non-skid applications.
- Continue to strategically place "wet floor" spill kits in zones were food items/liquids can fall.
- Reinstall "Think- Safe" signs at points of entry focusing on fall prevention

Security Management

- Security Procedures performance averaged 96% percent in CY2020 missing only Q1 by 1%, We will continue to monitor in 2021.
- Continue to monitor the average number of “crime related” events quarterly.
- Increase Security Presence/Nurse Assist by 10 percent before escalation to Code Assists
- Continue to develop action plans such as “sweep the room” campaign which was done to address missing/damaged patient property discarded with linen and trash. For 2020, security added to EOC Reporting for Q2, Q3 & Q4 the success rate of returns (patient property) completed. In 2020 there was 17 recovered property of 90 items reported with only Q1 data missing for recovery of property. We will continue to monitor loss and recovery in 2021.

Hazardous Materials & Waste Management

- Maintain Biohazardous Waste to below 1.6 lbs./APD
- Manage Bio-Hazardous Waste for a compliance rate of 95%
- Increase Recycled Waste above the previous year of 26%
- Continue zero (0) Code Spills through ongoing training and education
- Conduct DOT Training both initial and refresh (every 3 years)
- Conduct a minimum of one spill training class

Fire Safety Management

- Perform fire drills, 1 per quarter, per shift. If ILSM's are being used, perform 2 per quarter, per shift.
- 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

BHN

- Continuation of the NK Physiological Monitoring Refresh Project (Infrastructure) – June 2021
- Replace the NK Monitoring Network – June 2021
- Connect All NK Monitors to Cerner CareAware EMR – June 2021

BH (ALL)

- Infusion Pumps EMR Connectivity – December 2021
- Assure all staff receives proper medical equipment training in order to perform their respective duties in a safe and proficient manner – Ongoing
- Ensure that all alerts, recalls and hazards that pertain to medical equipment are investigated – Ongoing
- Review and revise the Medical Equipment Management Program as necessary – Ongoing

Utilities Management

- Continue to use Megamation to track and expedite utility work orders.
- Complete all Regulatory, Infection Control and Life Safety Preventative Maintenance at the target rate of 100%.
- 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.

