# ANNUAL EVALUATION OF THE

# ENVIRONMENT OF CARE

# MANAGEMENT PLANS

#  Page

# Safety 1

# Security 13

# Hazardous Materials and Waste 23

# Fire Safety 40

# Medical Equipment 53

# Utility Systems 65

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# U.S. Army Public Health Center

# 5158 Blackhawk Road

**Aberdeen Proving Ground, MD 21010**

# September 2018

OFFICE SYMBOL 4 January 2019

MEMORANDUM THRU: Safety/Environment of Care (EC) Committee

FOR: Executive Committee

SUBJECT: Evaluation of the 2018 Safety Management Plan

1. Reference. The Joint Commission (TJC) SELECT REFERENCE, Oakbrook Terrace, Illinois, 2018.

2. Purpose. The purpose of this evaluation is to measure and document the extent that the HEALTHCARE FACILITY NAME managed safety and health risks in the physical environment in 2018. This evaluation includes an assessment of the Safety Management Plan’s scope, objectives, performance and effectiveness along with the performance of the HEALTHCARE FACILITY NAME safety and health policies and processes. In addition, this evaluation contains several recommendations for improvement in 2019.

3. Scope. There were no changes in—

 a. Buildings, grounds, equipment and patient care services used to provide quality healthcare to Soldiers and other recipients.

 b. Staff, patients, visitors, vendors, contractors and the general public who use our facilities.

 c. Hours of operation.

 d. Relevant laws, regulations, standards or guidelines. The TJC revised the EC standards and they will become effective in 2019. These revisions will not require major changes to the 2019 management plan.

4. Objectives. The 2018 performance objectives were—

 a. Effectively manage safety and health risks through regulatory compliance and by using best industry practices.

 b. Optimize resources by using efficient safety and health processes.

 c. Improve staff performance through effective safety and health education and training.

 d. Improve staff and patient satisfaction by providing a safe physical environment.

 e. These objectives are consistent with the HEALTHCARE FACILITY NAME 2019 mission and they require no major change.

5. Performance.

 a. The primary performance improvement initiative for 2018 was 95% of all mishaps requiring medical treatment or property damage are reported to the Safety Office within 24 hours of the incident. See discussion in the following table and graph for details.

| **Performance Objective****(Examples)** | **Performance Indicator(s)****(Examples)** | **Performance Result****(Discussion)** |
| --- | --- | --- |
| Improve Physical, Ethical & Cultural Environments. Example: Effectively manage safety and health risks through regulatory compliance and by using best industry practices/internal processes. Manage risk by promptly reporting and investigating mishaps.  | Example: Indicator - # reports received by the Safety Office within 24 hours of the incident Example Performance Improvement (PI) Standard: 95% of all mishaps requiring medical treatment or property damage are reported to the Safety Office within 24 hours of the incident. | -What was your goal? -Describe criteria used to determine when you reached your goal. -Describe actions taken to achieve your goal. -Discuss the results. Consider using graphs, charts, dashboards, etc. See example chart below. -Was the goal met? Why or why not? -Was the goal sustained?-What was the impact to the healthcare facility?-If the goal was not met, what actions are needed to achieve it? |
| Optimize financial resources. Example: Optimize resources by using efficient safety and health processes. Specifically reducing loss resulting from workplace accidents and incidents.  | Example: % reduction in civilian worker’s compensation% reduction military off duty lost time% reduction military on duty lost time$ reduction of incidents involving property damage |
| Improve & Empower Highly Effective Work Teams. Example: Improve staff performance through effective safety and health education and training. Specifically, verifying that staff attends mandatory safety training.  | Example: % staff competency based folders containing documentation showing mandatory safety training is satisfactorily completed. |
| Healthy & Satisfied Families and Beneficiaries. Example: Improve staff and patient satisfaction by providing a safe physical environment. Specifically, staff feedback shows that Leadership supports the Safety Program.  | Example: 95% of staff have a positive perception of Leadership’s commitment to safety |

 b. Additional performance initiatives and projects were—

 (1) LIST AND DISCUSS.

 (2) LIST AND DISCUSS.

6. Effectiveness. The following table summarizes the HEALTHCARE FACILITY NAME compliance with the safety and health processes necessary for maintaining an effective Safety Program.

| **Risk Management Activity** | **Process****Element of Performance (EP)****Occupancy****Documentation** | **Compliance** | **Risk Assessment[[1]](#footnote-1)** | **Action Plan to Correct** |
| --- | --- | --- | --- | --- |
| Plan | Identify an individual to manage risk, coordinate risk reduction activities, collect deficiency information (injuries, problems, user errors) and disseminate summaries of actions and results. EC.01.01.01, EP.1 H[[2]](#footnote-2), AC[[3]](#footnote-3), B[[4]](#footnote-4) | Status | Not applicable |  |
| Publish a comprehensive Safety Management Plan that addresses the specific risks and unique conditions at each patient care site*.* EC.01.01.01, EP.4H, AC, B - D[[5]](#footnote-5) | Status | SAFER Matrix |  |
| Leaders provide for equipment, supplies, and resources.LD.04.01.11, EP.5H, AC, B | Status | SAFER Matrix |  |
| Teach | Teach staff and licensed independent practitioners the actions to take in the event of an incident occurring within the EC.EC.03.01.01, EP.2H, AC, B | Status | SAFER Matrix |  |
| Orient staff to the key safety matters before they provide care, treatment, and services.HR.01.04.01, EP.1H, AC, B - D HR.02.02.01, EP.1 AC, B - D | Status | SAFER Matrix |  |
| Implement | Conduct and document comprehensive risk assessments to identify, prioritize, and implement corrective action plans to eliminate safety and health hazards and minimize risk. EC.02.01.01, EP.1 & 3 H, AC, B - D required for EP.1 | Status | SAFER Matrix |  |
| Conduct and document solution-focused risk assessments to manage hazards for which safety and health standards are absent and a clear resolution is not obvious.EC.02.01.01, EP.1 & 3H, AC, B - D | Status | SAFER Matrix |  |
| Conduct risk assessments that identify environmental features that may increase or decrease the risk for suicide. NPSG.15.01.01, EP.1 H – D NPSG.15.01.01, EP.2H | Status | SAFER Matrix |  |
| Maintain and supervise grounds, equipment, and special activity areas. EC.02.02.02, EP.5HLD.04.01.11, EP.4H, AC, B | Status | SAFER Matrix |  |
| Manage risks associated with entering and exiting the facility.EC.02.01.01, EP.6AC, B | Status | SAFER Matrix |  |
| Respond to all product notices and recalls EC.02.01.01, EP.11H, AC, B | Status | SAFER Matrix |  |
| Use standard precautions and personal protective equipment to protect staff from infections.IC.02.01.01, EP.2H, AC, B | Status | SAFER Matrix |  |
| Provide or refer staff that have or are suspected of having an occupationally acquired infectious disease that may put others at risk for assessment, testing, prophylaxis, treatment, or counseling.IC.02.03.01, EP.2H, AC, B | Status | SAFER Matrix |  |
| Prohibit smoking.EC.02.01.03, EP.1H, AC, B - D-required for hospitals | Status | SAFER Matrix |  |
| Eliminate sources of ignition when oxygen is administered.EC.02.01.03, EP.4H | Status | SAFER Matrix |  |
| Maintain compliance with the smoking policy.EC.02.01.03, EP.6H | Status | SAFER Matrix |  |
| Maintain interior and exterior spaces in a safe manner and according to the needs of the patients.EC.02.06.01, EP.1 H, AC, BLD.04.01.11, EP.3H, AC, B | Status | SAFER Matrix |  |
| Maintain lighting that is suitable for care, treatment, and services.EC.02.06.01, EP.11H, AC, B | Status | SAFER Matrix |  |
| Maintain patient care areas in a clean and odor free manner.EC.02.06.01, EP.20H, AC, B  | Status | SAFER Matrix |  |
| Maintain furnishings and equipment in a safe manner and in good repair.EC.02.06.01, EP.26H, AC, B | Status | SAFER Matrix |  |
| Follow regulations and use reputable standards and guidelines when planning design criteria for new or altered space.EC.02.06.05, EP.1H, AC | Status | SAFER Matrix |  |
| Ensure demolition, construction, renovation projects are properly designed, risk assessments performed, and actions taken to minimize hazards.EC.02.06.05, EP.2 & 3H, AC | Status | SAFER Matrix |  |
| Respond | Include procedures for providing safety in-house during an emergency in the Emergency Operation’s Plan EM.02.02.05, EP.1H, AC, B | Status | SAFER Matrix |  |
| Monitor resources, such as personal protective equipment during emergency response exercises.EM.03.01.03, EP.8H | Status | SAFER Matrix |  |
| Monitor safety during all emergency response exercises EM.03.01.03, EP.9H | Status | SAFER Matrix |  |
| Monitor | Report and investigate patient and visitor injuries and occupational injuries and illnesses and property damage EC.04.01.01, EP.1, 3, 4, & 5H | Status | SAFER Matrix |  |
| Evaluate the Safety Management Plan within prescribed time frames. EC.04.01.01, EP.15H, AC, B - D | Status | SAFER Matrix |  |
| Improve | Analyze data to identify and resolve safety issues EC.04.01.03, EP.2AC, B | Status | SAFER Matrix |  |
| Leaders discuss performance improvement activities, reported safety and quality issues, proposed solutions and their impact on the organization’s resources, reports on key quality measures and safety indicators, and safety and quality issues specific to the population servedLD.02.03.01, EP.1AC, B | Status | SAFER Matrix |  |
| Verify that safety issues are effectively resolved EC.04.01.05, EP.1H, AC, B | Status | SAFER Matrix |  |

7. Recommendations.

 a. Based on the risk assessment and monitoring data results, the following performance objectives are recommended to improve the Safety Program in 2019—

1. LIST AND DISCUSS. Discussion should include─
2. What is your goal?
3. Is it measurable?
4. Is your goal written in a SMARTER performance measure format?
5. What constraints do you have (time, money, other resources)?
6. What are the steps you will take to meet your goal?
7. How will you prioritize these steps?
8. What data do you need to collect and evaluate?
9. How will you collect and report the data?
10. How often will you collect and report the data?
11. How will you explain your goal to your staff so that they know what is being measured?
12. To accurately compare data overtime, will you need to make adjustments due to changes in variables, such as sample size or quantity?
13. LIST AND DISCUSS.

 b. The Safety Manager will implement the action plans by 1 February 2019, collect and analyze data and report the results to the Safety/EC committee CHOOSE FREQUENCY.

8. Conclusion. The Safety Management Plan provides a strong framework for the effective and efficient management of actual and potential safety and health risks at HEALTHCARE FACILITY NAME. This conclusion is derived from the HEALTHCARE FACILITY NAME accomplishments related to activities such as—

 a. Identifying and managing safety and health risks

 b. Conducting safety and health education and training

 c. Preventing safety and health accidents, injuries, and illnesses; and responding to reports of unsafe/unhealthy working environment

 d. Monitoring/improving performance

 e. Accomplishing improvements necessary to eliminate hazards, manage risk, and maintain a safe physical environment.

 NAME

 RANK

 JOB TITLE

Approved: Date:

NAME 18 January 2019

Safety/EC Committee Chairperson

OFFICE SYMBOL 4 January 2019

MEMORANDUM THRU: Safety/Environment of Care (EC) Committee

FOR: Executive Committee

SUBJECT: Evaluation of the 2018 Security Management Plan

1. Reference. The Joint Commission (TJC) SELECT REFERENCE, Oakbrook Terrace, Illinois, 2018.

2. Purpose. The purpose of this evaluation is to measure and document the extent that the HEALTHCARE FACILITY NAME managed security risks in the physical environment in 2018. This evaluation includes an assessment of the Security Management Plan’s scope, objectives, performance and effectiveness along with the performance of the HEALTHCARE FACILITY NAME security policies and processes. In addition, this evaluation contains several recommendations for improvement in 2019.

3. Scope. There were no changes in—

 a. Buildings, grounds, equipment and patient care services used to provide quality healthcare to Soldiers and other recipients.

 b. Staff, patients, visitors, vendors, contractors and the general public who use our facilities.

 c. Hours of operation.

 d. Relevant laws, regulations, standards or guidelines. The TJC revised the EC standards and they will become effective in 2019. These revisions will not require major changes to the 2019 management plan.

4. Objectives. The 2018 performance objectives were—

 a. Effectively manage security risks through regulatory compliance and by using best industry practices.

 b. Optimize resources by using efficient security processes.

 c. Improve staff performance through effective security education and training.

 d. Improve staff and patient satisfaction by providing a secure physical environment.

 e. These objectives are consistent with the HEALTHCARE FACILITY NAME 2019 mission and they require no major modification.

5. Performance.

 a. The primary performance improvement initiative for 8 was 98% of all background checks will be completed within 30 days of hire. See discussion in the following table and graph for details.

|  |  |  |
| --- | --- | --- |
| **Performance Objective****(Examples)** | **Performance Indicator(s)****(Examples)** | **Performance Result****(Discussion)** |
| Improve Physical, Ethical & Cultural Environments. Example: Effectively manage security risks risks through regulatory compliance and by using best industry practices/internal processes. Specifically, manage risk through the prompt completion of background checks. | Example: % background checks completed within 30 days of hireExample: 98% of background checks for new hires will be completed within 30 days. | -What was your goal? -Describe criteria used to determine when you reached your goal.-Describe actions taken to achieve your goal. -Discuss the results. Consider using graphs, charts, dashboards, etc. See example chart below. -Was the goal met? Why or why not? -Was the goal sustained?-What was the impact to the healthcare facility?-If the goal was not met, what actions are needed to achieve it? |
| Optimize financial resources. Example: Optimize resources by using efficient security processes. Specifically, reducing costs associated with key control/replacement.  | Example: $ spent on key control/replacement |
| Improve & Empower Highly Effective Work Teams. Example: Improve staff performance through effective security education and training. Specifically, verify that staff can properly respond to a lost/missing child code. | Example: % staff, contractors, and volunteers who can articulate the process for reporting and responding to a lost or missing child code. |
| Healthy & Satisfied Families and Beneficiaries. Example: Improve staff and patient satisfaction, by providing a secure physical environment. Specifically, responding to staff and patient security concerns | Example: % security issues (identified on patient surveys/employee perception surveys) effectively resolved each quarter. |

 b. Additional performance improvement initiatives were—

 (1) LIST AND DISCUSS.

 (2) LIST AND DISCUSS.

6. Effectiveness. The following table summarizes the HEALTHCARE FACILITY NAME compliance with security processes necessary for maintaining a successful Security Program.

| **Risk Management Activity** | **Process****Element of Performance (EP)****Occupancy****Documenation** | **Compliance** | **Risk****Assessment[[6]](#footnote-6)** | **Action Plan to Correct** |
| --- | --- | --- | --- | --- |
| Plan | Publish a comprehensive Security Management Plan. EC.01.01.01, EP.5H[[7]](#footnote-7), AC[[8]](#footnote-8), B[[9]](#footnote-9) - D[[10]](#footnote-10) | Status | SAFER Matrix |  |
| Leaders provide for equipment, supplies, and resources.LD.04.01.11, EP.5H, AC, B | Status | SAFER Matrix |  |
| Teach | Teach staff and licensed independent practitioners the actions to take in the event of an incident occurring within the EC.EC.03.01.01, EP.2H, AC, B | Status | SAFER Matrix |  |
| Orient staff to the key security matters before they provide care, treatment, and services.HR.01.04.01, EP.1H, AC, B - D HR.02.02.01, EP.1 AC, B - D | Status | SAFER Matrix |  |
| Implement | Conduct and document comprehensive risk assessments to identify, prioritize, and implement corrective action plans to eliminate security hazards and minimize risk. EC.02.01.01, EP.1 & 3 H, AC, B - D - required for EP.1 | Status | SAFER Matrix |  |
| Conduct and document solution-focused risk assessments to manage hazards for which security standards are absent and a clear resolution is not obvious.EC.02.01.01, EP.1 & 3H, AC, B - D | Status | SAFER Matrix |  |
| Identify all individuals entering the facility’s buildings.EC.02.01.01, EP.7H | Status | SAFER Matrix |  |
| Identify and control access to security sensitive areas. EC.02.01.01, EP.8H, AC, B | Status | SAFER Matrix |  |
|  | Develop effective, written procedures for responding to security incidents, including an infant or pediatric abduction. EC.02.01.01, EP.9 & 10H – D required for EP.9 | Status | SAFER Matrix |  |
| Respond | Include procedures for providing internal security during an emergency in the Emergency Operation Plan (EOP).EM.02.02.05, EP.1H, AC, B | Status | SAFER Matrix |  |
| Identify roles that community security agencies will provide in the event of an emergency and document this information in the EOP.EM.02.02.05, EP.2H | Status | SAFER Matrix |  |
| Coordinate security activities with the community security agencies during an emergency.EM.02.02.05, EP.3H | Status | SAFER Matrix |  |
| During a security incident, follow identified procedures. EC.02.01.01, EP.10H | Status | SAFER Matrix |  |
| Control movement into, out of, and within the HEALTHCARE FACILITY during an emergency.EM.02.02.05, EP.7 & 8H | Status | SAFER Matrix |  |
| Control vehicular access to the HEALTHCARE FACILITY during an emergency.EM.02.02.05, EP.9H | Status | SAFER Matrix |  |
| Monitor security during emergency response exercises.EM.03.01.03, EP.5 H, ACEM.03.01.03, EP.9H | Status | SAFER Matrix |  |
| Monitor | Report and investigate security incidents and problems. EC.04.01.01, EP.6HEC.04.01.01, EP.2 AC & B | Status | SAFER Matrix |  |
| Evaluate the Security Management Plan within prescribed time frames. EC.04.01.01, EP.15H, AC, B - D | Status | SAFER Matrix |  |
| Improve | Analyze data to identify and resolve security issues.EC.04.01.03, EP.2H, AC, B | Status | SAFER Matrix |  |
| Leaders discuss performance improvement activities, reported safety and quality issues, proposed solutions and their impact on the organization’s resources, reports on key quality measures and safety indicators, and safety and quality issues specific to the population servedLD.02.03.01, EP.1AC, B | Status | SAFER Matrix |  |
| Verify that security issues are effectively resolved.EC.04.01.05, EP.1H, AC, B | Status | SAFER Matrix |  |

7. Recommendations.

 a. Based on the risk assessment and monitoring data results, the following performance objectives are recommended to improve the Security Program in 2019—

1. LIST AND DISCUSS. Discussion should include─
2. What is your goal?
3. Is it measurable?
4. Is your goal written in a SMARTER performance measure format?
5. What constraints do you have (time, money, other resources)?
6. What are the steps you will take to meet your goal?
7. How will you prioritize these steps?
8. What data do you need to collect and evaluate?
9. How will you collect and report the data?
10. How often will you collect and report the data?
11. How will you explain your goal to your staff so that they know what is being measured?
12. To accurately compare data overtime, will you need to make adjustments due to changes in variables, such as sample size or quantity?

(2) LIST AND DISCUSS.

 b. The Security Manager will implement the action plans by 1 February 2019, collect and analyze data and report the results to the Safety/EC committee CHOOSE FREQUENCY.

8. Conclusion. The Security Management Plan provides a strong framework for the effective and efficient management of actual and potential security health risks at HEATHCARE FACILITY NAME. This conclusion is derived from the HEALTHCARE FACILITY NAME accomplishments related to activities such as—

 a. Identifying and managing security risks

 b. Conducting security education and training

 c, Responding to security incidents

 d. Monitoring performance

 e. Accomplishing improvements necessary to eliminate hazards, reduce risk, and maintain a secure/safe physical environment.

 NAME

 RANK

 JOB TITLE

Approved: Date:

NAME 18 January 2019

Safety/EC Committee Chairperson

OFFICE SYMBOL 4 January 2019

MEMORANDUM THRU: Safety/Environment of Care (EC) Committee

FOR: Executive Committee

SUBJECT: Evaluation of the 2018 Hazardous Materials and Waste Management (HMW) Plan

1. Reference. The Joint Commission (TJC) SELECT REFERENCE, Oakbrook Terrace, Illinois, 2018.

2. Purpose. The purpose of this evaluation is to measure and document the extent that the HEALTHCARE FACILITY NAME managed HMW risks in the physical environment in 2018. This evaluation includes an assessment of the HMW Management Plan’s scope, objectives, performance, and effectiveness along with the performance of the HEALTHCARE FACILITY’s HMW policies and processes associated with hazardous chemicals and waste, hazardous drugs, infectious materials, regulated medical waste (RMW), and ionizing and non ionizing radiation. In addition, this evaluation contains several recommendations for improvement in 2019.

3. Scope. There were no changes in—

1. Buildings, grounds, equipment, and patient care services used to provide quality healthcare to Soldiers and other recipients.
2. Staff, patients, visitors, vendors, contractors, and the general public who use our facilities.
3. Hours of operation.

d. Relevant laws, regulations, standards or guidelines. The TJC revised the EC standards and they will become effective in 2019. These revisions will not require major changes to the 2019 management plan.

4. Objectives. The 2018 objectives were—

 a. Effectively manage HMW risks through regulatory compliance and by using best industry practices.

 b. Optimize resources by using efficient HMW processes.

 c. Improve staff performance through effective HMW education and training.

 d. Improve staff and patient satisfaction by providing a safe physical environment.

 e. These objectives are consistent with the HEALTHCARE FACILITY NAME 2019 mission and they require no major modifications.

5. Performance.

 a. The primary performance improvement initiative for 2018 was 98% of work areas audited each quarter will demonstrate that 100% of the required SDS are kept in a readily accessible location within the work area. See discussion in the following table and graph for details.

| **Performance Objective****(Examples)** | **Performance Indicator(s)****(Examples)** | **Performance Result****(Discussion)** |
| --- | --- | --- |
| Improve Physical, Ethical & Cultural Environments. Example: Effectively manage HMW risks through regulatory compliance and by using best industry practices/internal processes. Specifically, implement procedures to make critical information related to the safe use, storage, and disposal of hazardous chemicals available to staff. | Example: % SDS maintained at work areas 98% of work areas audited each quarter will demonstrate that 100% of the required SDS are kept in a readily accessible location  | -What was your goal? -Describe criteria used to determine when you reached your goal.-Describe actions taken to achieve your goal. -Discuss the results. Consider using graphs, charts, dashboards, etc. See example chart below. -Was the goal met? Why or why not? -Was the goal sustained?-What was the impact to the healthcare facility?-If the goal was not met, what actions are needed to achieve it? |
| Optimize financial resources. Example: Optimize resources by using efficient HMW processes. Specifically, reduce costs associated with hazardous waste disposal.  | Example: $ spent on hazardous waste disposal |
| Improve & Empower Highly Effective Work Teams. Example: Improve staff performance through effective HMW education and training. Specifically, providing personnel working with nuclear and radioactive materials critical safety and health training. | Example: # staff satisfactorily completing annual radiation safety training |
| Healthy & Satisfied Families and Beneficiaries. Example: Improve staff and patient satisfaction by providing a safe physical environment. Specifically, reduce staff and patient complaints related to the physical environment. | Example: # complaints regarding “green” disinfectants  |  |

 b. Additional performance improvement initiatives were—

 (1) LIST AND DISCUSS.

 (2) LIST AND DISCUSS.

6. Effectiveness. The following table summarizes the HEALTHCARE FACILITY NAME compliance with the HMW processes necessary for maintaining a successful HMW Program.

| **Risk Management Activity** | **Process****Element of Performance (EP)****Occpancy****Documentation** | **Compliance** | **Risk Assessment[[11]](#footnote-11)** | **Action Plan to Correct** |
| --- | --- | --- | --- | --- |
| Plan | Publish a comprehensive HMW Management Plan. Environment of Care (EC).01.01.01, Element of Performance (EP).6H[[12]](#footnote-12), AC[[13]](#footnote-13), B[[14]](#footnote-14) - D[[15]](#footnote-15) | Status | SAFER Matrix |  |
| Leaders provide for equipment, supplies, and resources.LD.04.01.11, EP.5H, AC, B | Status | SAFER Matrix |  |
| Teach | Verify staff responsible for the safe handling of HMW are competent and receive continuing education and training.EC.03.01.01, EP.1H, AC, B | Status | SAFER Matrix |  |
| Teach staff and licensed independent practitioners the actions to take in the event of an incident occurring within the EC.EC.03.01.01, EP.2H, AC, B | Status | SAFER Matrix |  |
| Orient staff to the key HMW safety matters before they provide care, treatment, and services.HR.01.04.01, EP.1H, AC, B - D HR.02.02.01, EP.1 AC, B - D | Status | SAFER Matrix |  |
| Technologists who perform diagnostic CT exams have advanced-level certification by the AmericanRegistry of Radiologic Technologists (ARRT) or the Nuclear Medicine Technology Certification Board (NMTCB) in computedTomography or other recognized qualifications.HR.01.01.01, EP.32H, AC, B - D | Status | SAFER Matrix |  |
| Diagnostic medical physicists who support CT serviceshave board certification in diagnostic radiologic physics or radiologic physics by the American Board of Radiology, or inDiagnostic Imaging Physics by the American Board of Medical Physics, or in Diagnostic Radiological Physics by the CanadianCollege of Physicists in Medicine, or meet all of specified requirements.HR.01.01.01, EP.33H, AC, B - D | Status | SAFER Matrix |  |
| Technologists who perform diagnostic CT and MRI examinationsparticipate in ongoing education. HR.01.05.03, EP.14 & 25H, AC, B - D | Status | SAFER Matrix |  |
| Implement | Conduct and document comprehensive risk assessments to identify, prioritize, and implement corrective action plans to eliminate safety and health hazards and minimize risk. EC.02.01.01, EP.1 & 3 H, AC, B - D - required for EP.1 | Status | SAFER Matrix |  |
| Conduct and document solution-focused risk assessments to manage hazards for which safety and health standards are absent and a clear resolution is not obvious.EC.02.01.01, EP.1 & 3H, AC, B - D  | Status | SAFER Matrix |  |
| Maintain a current, written HMW inventory. EC.02.02.01, EP.1H, AC, B - D | Status | SAFER Matrix |  |
| Maintain written effective spill response procedures. EC.02.02.01, EP.3H, AC, B - D | Status | SAFER Matrix |  |
| Monitor staff during an actual or simulated spill to verify that they respond correctly. EC.02.02.01, EP.4H, AC, B | Status | SAFER Matrix |  |
| Develop controls to manage HWM from cradle to grave. EC.02.02.01, EP.5H, AC, B | Status | SAFER Matrix |  |
| Develop a policy on the safe, storage and handling of compressed gas cylinders, including prohibition of transfilling cylinders in patient care areas. EC.02.05.09, EP.12 & 13H, AC, B | Status | SAFER Matrix |  |
| Test and mark compressed gas cylinders according to NFPA 99-2012: 5.1.3.1.1 - 5.1.3.1.7.EC.02.05.09, EP.3H, AC, B  | Status | SAFER Matrix |  |
| Properly label compressed gas storage areas.EC.02.05.09, EP.4 & 5.H, AC, B | Status | SAFER Matrix |  |
| Rotate compressed gas cylinders to ensure first in, first out.EC.02.05.09, EP.5H, AC, B | Status | SAFER Matrix |  |
| Limit quantities of compressed gas cylinders in storage areas per NFPA 99-2012: 5.1.3.1; 5.1.3.2.3; 5.2.3.1; 5.3.10; 11.3; 11.6.5.2.1. EC.02.05.09, EP.6H, AC, B | Status | SAFER Matrix |  |
| Develop controls to manage radioactive materials from cradle to grave EC.02.02.01, EP.6H, AC, B | Status | SAFER Matrix |  |
| Develop controls to manage hazardous energy sources EC.02.02.01, EP.7H, AC, B | Status | SAFER Matrix |  |
| Where computed tomography (CT), positron emission tomography (PET), or nuclear medicine (NM) services are provided, a radiation safety officer reviews staff dosimitery monitoring results quarterly.EC.02.02.01, EP17H, AC, B | Status | SAFER Matrix |  |
| Implement quality control and maintenance activities to maintain quality of diagnostic CT, PET, MRI, & NM images.EC.02.04.01, EP.10 H, AC, B | Status | SAFER Matrix |  |
| Manage magnetic resonance imaging (MRI) patient and staff safety risks. EC.02.01.01, EP.14 & 16H, AC, B | Status | SAFER Matrix |  |
| Maintain the quality of diagnostic images produced by CT, PET, MRI and NM equipment. EC.02.04.03, EP.18H, AC, B | Status | SAFER Matrix |  |
| Verify the radiation dose by having a diagnostic medical physicist measure the dose produced by each diagnostic CT imaging system, EC.02.04.03, EP.20H, AC, B - D | Status | SAFER Matrix |  |
| Conduct a performance evaluation for all CT, NM and PET imaging systems & MRIs at least annually. EC.02.04.03, EP.21, 22, 23, and 24.H, AC, B - D | Status | SAFER Matrix |  |
| Test image acquisition display monitors for CT, NM, and PET systems & MRIs.EC.02.04.03, EP.25H, AC, B | Status | SAFER Matrix |  |
| Conduct structural shielding design assessments before installing new or replacing CT, PET, & NM equipment and modifying rooms where ionizing radiation will be emitted or radioactive materials will be stored.EC.02.06.05, EP.4H, AC, B | Status | SAFER Matrix |  |
| Conduct a radiation protection survey after installation of CT, PET, & NM equipment and after modifying rooms where where ionizing radiation will be emitted or radioactive materials will be stored to verify adequacy of installed shielding.EC.02.06.05, EP.6H, AC, B | Status | SAFER Matrix |  |
| For facilities in California, complies for CT radiation event reporting requirements per the CA Health and Safety Code.IM.02.02.03, EP.13H, AC, B | Status | SAFER Matrix |  |
| Manage the handling and disposal of hazardous drugs EC.02.02.01, EP.8 Medication Management MM.01.01.03, EP.1, H, AC, B - D MM.01.01.03, EP.2 & 3H, AC, B | Status | SAFER Matrix |  |
| Manage the disposal of regulated medical waste. Infection Control (IC).02.01.01, EP.6H, AC, B | Status | SAFER Matrix |  |
| Develop controls to manage exposure to hazardous gases and vapors.EC.02.02.01, EP.9H, AC, B | Status | SAFER Matrix |  |
| Monitor occupational exposures to hazardous gases and vapors.EC.02.02.01, EP.10H, AC, B | Status | SAFER Matrix |  |
| Maintain permits, licenses, manifests, and MSDS. EC.02.02.01, EP.11H, AC, B - D | Status | SAFER Matrix |  |
| Label HMW.EC.02.02.01, EP.12H, AC, B | Status | SAFER Matrix |  |
| Respond | Include procedures for managing HMW in the Emergency Operation Plan Emergency Management (EM).02.02.05, EP.4H | Status | SAFER Matrix |  |
| Include procedures for radioactive, biological, and chemical isolation and decontamination in the Emergency Operations Plan EM.02.02.05, EP.5H, AC | Status | SAFER Matrix |  |
| Monitor | Report and investigate HMW spills and exposures EC.04.01.01, EP.8HEC.04.01.01, EP.2 - AC, B | Status | SAFER Matrix |  |
| Collect data on patient thermal injuries that occur during MRI exams.PI.01.01.01, EP.34H, AC, B |  |  |  |
| Collect data on the incidents where ferromagnetic objects unintentionally entered the MRI scanner room and injuries resulting from the presence of ferromagnetic objects in the MRI scanner room.PI.01.01.01, EP.35H, AC, B |  |  |  |
| Review and analyze incidents where the radiation dose index CTDIvol, DLP, or SSDE from diagnostic CT examinations exceeded expected doseindex ranges identified in imaging protocols. PI.02.01.01, EP.6H, AC, B |  |  |  |
| Evaluate the HMW Management Plan within prescribed timeframes. EC.04.01.01, EP.15H, AC, B - D | Status | SAFER Matrix |  |
| Monitor response to emergencies involving chemicals, infectious agents, and/or radiation EM.03.01.03, EP.9H | Status | SAFER Matrix |  |
| Improve | Leaders discuss performance improvement activities, reported safety and quality issues, proposed solutions and their impact on the organization’s resources, reports on key quality measures and safety indicators, and safety and quality issues specific to the population servedLD.02.03.01, EP.1AC, B | Status | SAFER Matrix |  |
| Analyze data to identify and resolve HMW issues.EC.04.01.03, EP.2H, AC, B | Status | SAFER Matrix |  |
|  | Verify that HMW issues are effectively resolved EC.04.01.05, EP.1H, AC, B | Status | SAFER Matrix |  |

7. Recommendations.

 a. Based on the risk assessment and monitoring data results, the following performance objectives are recommended to improve the HMW Program in 2019—

1. LIST AND DISCUSS. Discussion should include─
2. What is your goal?
3. Is it measurable?
4. Is your goal written in a SMARTER performance measure format?
5. What constraints do you have (time, money, other resources)?
6. What are the steps you will take to meet your goal?
7. How will you prioritize these steps?
8. What data do you need to collect and evaluate?
9. How will you collect and report the data?
10. How often will you collect and report the data?
11. How will you explain your goal to your staff so that they know what is being measured?
12. To accurately compare data overtime, will you need to make adjustments due to changes in variables, such as sample size or quantity?

 (2) LIST AND DISCUSS.

 b. The Environmental Science and Engineering Officer will implement the action plans by 1 February 2019, collect and analyze data, and report the results to the Safety/EC Committee CHOOSE FREQUENCY.

8. Conclusion. The HMW Management Plan provides a strong framework for the effective and efficient management of actual and potential HMW risks at HEALTHCARE FACILITY NAME. This conclusion is derived from the HEALTHCARE FACILITY NAME accomplishments related to activities such as—

 a. Identifying and managing HMW risks

 b. Conducting HMW and environmental education and training

 c. Responding to HMW spills

 d. Monitoring performance

 e. Accomplishing improvements necessary to eliminate hazards, manage risk, and maintain a safe physical environment.

 NAME

 RANK

 JOB TITLE

Approved: Date:

NAME 18 January 2019

Safety/EC Committee Chairperson

OFFICE SYMBOL 4 January 2019

MEMORANDUM THRU: Safety/Environment of Care (EC) Committee

FOR: Executive Committee

SUBJECT: Evaluation of the 2018 Fire Safety Management Plan

1. Reference. The Joint Commission (TJC) SELECT REFERENCE, Oakbrook Terrace, Illinois, 2018.

2. Purpose. The purpose of this evaluation is to measure and document the extent that the HEALTHCARE FACILITY NAME managed fire safety risks in the physical environment in 2018. This evaluation includes an assessment of the Fire Safety Management Plan’s scope, objectives, performance, and effectiveness along with the performance of the HEALTHCARE FACILITY’s fire safety policies and processes. In addition, this evaluation contains several recommendations for improvement in 2019.

3. Scope. There were no changes in—

1. Buildings, grounds, equipment, and patient care services used to provide quality healthcare to Soldiers and other recipients.
2. Staff, patients, visitors, vendors, contractors, and the general public who use our facilities.
3. Hours of operation.

d. Relevant laws, regulations, standards or guidelines. The TJC revised the EC standards and they will become effective in 2019. These revisions will not require major changes to the 2019 management plan.

4. Objectives. The 2018 Fire Safety Management Plan objectives were—

 a. Effectively manage fire safety risks through regulatory compliance and by using best industry practices.

 b. Optimize resources by using efficient fire safety processes and lifecycle management of facilities.

 c. Improve staff performance through effective fire safety education and training.

 d. Improve staff and patient satisfaction by providing a safe physical environment.

 e. These objectives are consistent with the HEALTHCARE FACILITY NAME 2017 mission and they require no major modification.

5. Performance.

 a. The primary performance improvement initiative for 2018 was 98% of life safety deficiencies will be corrected within 60 days after identification. A time-limited waiver will be requested within 30 days following and on-site survey for all LSC deficiencies that cannot be corrected within the 60 day time-frame. See discussion in the following table and graph for details.

| **Performance Objective****(Examples)** | **Performance Indicator(s)****(Examples)** | **Performance Result****(Discussion)** |
| --- | --- | --- |
| Accountable, Reliable, and Effective Health Services. Example: Effectively manage fire safety risks through regulatory compliance and by using best industry practices/internal processes. Specifically, managing risk through the prompt correction of Life Safety Code (LSC) deficiencies.  | Example: % LSC deficiencies corrected ≤ 60 days following identification during an on-site survey.Example: 98% of identified LSC deficiencies will be corrected ≤ 60 days after identification during an on-site survey. | -What was your goal? -Describe criteria used to determine when you reached your goal. -Describe actions taken to achieve your goal. -Discuss the results. Consider using graphs, charts, dashboards, etc. See example chart below. -Was the goal met? Why or why not? -Was the goal sustained?-What was the impact to the healthcare facility?-If the goal was not met, what actions are needed to achieve it? |
| Conserve Resources. Example: Optimize resources by using efficient fire safety processes and lifecycle management of facilities. Specifically, investigate, identify the root cause of equipment failures, and prevent reoccurrence. | Example: % reduction in the # failures for each root cause category  |
| Build and Prepare the Team. Example: Improve staff performance through effective fire safety education and training. Specifically, verifying that staff respond correctly during an actual or simulated fire emergency. | Example: % Staff who respond correctly during a fire drill/emergency |
| Consistent Patient Experience. Example: Improve staff and patient satisfaction by providing a safe physical environment. Specifically, reducing the number of complaints due to false alarms. | Example: # staff complaints regarding false alarms |

 b. Additional performance improvement initiatives were—

 (1) LIST AND DISCUSS.

 (2) LIST AND DISCUSS.

6. Effectiveness. The following table summarizes the HEALTHCARE FACILITY NAME compliance related to the fire safety processes necessary for maintaining a successful Fire Safety Program—

| **Risk Management Activity** | **Process****Element of Performance (EP)****Occupancy****Documentation** | **Compliance** | **Risk Assessment[[16]](#footnote-16)** | **Action Plan to Correct** |
| --- | --- | --- | --- | --- |
| **Plan** | Publish a comprehensive Fire Safety Management Plan. Environment of Care (EC).01.01.01, Elements of Performance (EP).7H[[17]](#footnote-17), AC[[18]](#footnote-18), B[[19]](#footnote-19) - D[[20]](#footnote-20) | Status | SAFER Matrix |  |
| Leaders provide for equipment, supplies, and resources.LD.04.01.11, EP.5H, AC, B | Status | SAFER Matrix |  |
| **Teach** | Verify staff responsible for the maintenance, inspection, testing and use of fire systems and equipment are competent and receive continuing education and training.EC.03.01.01, EP.1H, AC, B | Status | SAFER Matrix |  |
| Teach staff and licensed independent practitioners the actions to take in the event of an incident occurring within the EC.EC.03.01.01, EP.2H, AC, B | Status | SAFER Matrix |  |
| Orient staff to the key safety matters before they provide care, treatment, and services.HR.01.04.01, EP.1H, AC, B - D | Status | SAFER Matrix |  |
| Staff participate in ongoingeducation and training with respect to their roles in the fire response plan.HR.01.05.03, EP.1 AC, B - DHR.02.02.01, EP.1AC, B - D | Status | SAFER Matrix |  |
| **Implement** | Maintain a library of information regarding inspection, testing, and maintenance of fire safety systems and equipment.EC.01.01.01, EP.3H, AC | Status | SAFER Matrix |  |
| Conduct global risk assessments to identify and prioritize fire hazards for corrective action EC.02.01.01, EP.1 & 3H, AC, B – D required for EP.1 | Status | SAFER Matrix |  |
| Conduct focused risk assessments to eliminate fire hazards for which safety standards are absent and a clear resolution is not obvious EC.02.01.01, EP.1 & 3H, AC, B - D | Status | SAFER Matrix |  |
| Minimize the potential for harm from fire, smoke, and products of combustion EC.02.03.01, EP.1H, AC, B | Status | SAFER Matrix |  |
| Maintain free and unobstructed access to all exits EC.02.03.01, EP.4H, AC, B | Status | SAFER Matrix |  |
| Develop and disseminate a written Fire Response Plan that describes staff roles regarding sounding of alarms, containing smoke and fire, use of fire extinguishers, and relocation and evacuation procedures. EC.02.03.01, EP.9H, AC, B - D | Status | SAFER Matrix |  |
| Periodically evaluate potential fire hazards that could be encountered during surgical procedures.EC.02.03.01, EP.11H, AC | Status | SAFER Matrix |  |
| Implement safety precautions when flammable germicides or antiseptics are used during surgery.EC.02.03.01, EP.12H, AC | Status | SAFER Matrix |  |
| Meets fire protection requirements described in NFPA 99-2012, Chapter 15.EC.02.03.01, EP.13H, AC | Status | SAFER Matrix |  |
| Conduct fire drills at requisite frequencies of which 50% are unannounced. EC.02.03.03, EP.1 H, AC - DEC.02.03.03, EP.2H, AC, B - DEC.02.03.03, EP.3H, AC | Status | SAFER Matrix |  |
| Monitor staff response to fire alarms.EC.02.03.03, EP.4H | Status | SAFER Matrix |  |
| Evaluate and document fire safety equipment, building features, and staff response during fire drills. EC.02.03.03, EP.5H, AC, B - D | Status | SAFER Matrix |  |
| Maintain fire safety equipment and building features. EC.02.03.05, EP.1 through EP.12, 14, 17 through 20, 25, 27 & 28H, AC - DEC.02.03.05, EP.13H - DEC.02.03.05, EP.15 & 16H, AC, B - D | Status | SAFER Matrix |  |
| Designated individuals perform a building assessment to determine LSC compliance and manage the Statement of Conditions. LS.01.01.01, EP.1H, ACLS.01.01.01, EP.2H, AC - D | Status | SAFER Matrix |  |
| Meet NFPA 99-2012, Chapter 15 fire code protection requirements.EC.02.03.01, EP.13H, AC | Status | SAFER Matrix |  |
| Maintain current and accurate drawing denoting fire safety features and square footage.LS. 01.01.01, EP.3. H, AC - D | Status | SAFER Matrix |  |
| Meet 60 day time frame to resolve LSC deficiencies listed on a Survey-Related PFI or request a time-limited waiver within 30 days of the survey when corrective action(s) will exceed 60 days. LS.01.01.01, EP.4H, AC | Status | SAFER Matrix |  |
| Maintain existing life safety features when they are required for new construction.LS.01.01.01, EP.6H, AC | Status | SAFER Matrix |  |
| Implement interim life safety measures (ILSM) when the LSC is not met or during periods of construction. LS.01.02.01, EP.1H - DLS.01.02.01, EP.2 & 12H, AC - DLS.01.02.01, EP.3 through 11 & 12 through 15H, AC | Status | SAFER Matrix |  |
|  | Ensure demolition, construction, renovation projects are properly designed, risk assessments performed, and actions taken to minimize hazards.EC.02.06.05, EP.2 & 3.H, AC | Status | SAFER Matrix |  |
|  | Minimize risks in occupied spaces during construction, demolition or renovation. EC.02.06.05, EP.3H, AC | Status | SAFER Matrix |  |
| **Respond** | Include horizontal, vertical, and total evacuation procedures in the Emergency Operation Plan.Emergency Management (EM).02.02.11, EP.3H, AC | Status | SAFER Matrix |  |
| Monitor evacuation procedures during emergency response exercises. EM.03.01.03, EP.9H  | Status | SAFER Matrix |  |
| **Monitor** | Report and investigate fire safety management problems, deficiencies, and failures EC.04.01.01, EP.9HEC.04.01.01, EP.2AC, B | Status | SAFER Matrix |  |
| Evaluate the Fire Safety Management Plan within prescribed timeframes. EC.04.01.01, EP.15H, AC, B - D | Status | SAFER Matrix |  |
| Leaders discuss performance improvement activities, reported safety and quality issues, proposed solutions and their impact on the organization’s resources, reports on key quality measures and safety indicators, and safety and quality issues specific to the population servedLD.02.03.01, EP.1AC, B | Status | SAFER Matrix |  |
| **Improve** | Analyze data to identify and resolve fire safety issues EC.04.01.03, EP.2H, AC, B | Status | SAFER Matrix |  |
| Verify that fire safety issues are effectively resolved EC.04.01.05, EP.1H, AC, B | Status | SAFER Matrix |  |

7. Recommendations.

1. Based on the risk assessment and monitoring data results, the following performance objectives are recommended to improve the Fire Safety Program in 2019$—$
2. LIST AND DISCUSS. Discussion should include─
3. What is your goal?
4. Is it measurable?
5. Is your goal written in a SMARTER performance measure format?
6. What constraints do you have (time, money, other resources)?
7. What are the steps you will take to meet your goal?
8. How will you prioritize these steps?
9. What data do you need to collect and evaluate?
10. How will you collect and report the data?
11. How often will you collect and report the data?
12. How will you explain your goal to your staff so that they know what is being measured?
13. To accurately compare data overtime, will you need to make adjustments due to changes in variables, such as sample size or quantity?

 (2) LIST AND DISCUSS.

 b. The Facility and Safety Managers will implement the action plans by

1 February 2019, collect and analyze data, and report the results to the Safety/EC Committee CHOOSE FREQUENCY.

8. Conclusion. The Fire Safety Management Plan provides a strong framework for the effective and efficient management of actual and potential fire safety risks at HEALTHCARE NAME. This conclusion is derived from the HEALTHCARE NAME accomplishments related to activities such as—

1. Identifying and managing fire and life safety risks
2. Conducting fire and life safety education and training
3. Managing life safety system failures and building deficiencies
4. Monitoring performance
5. Accomplishing improvements necessary to eliminate hazards, manage risk, and maintain a safe physical environment.

 NAME

 RANK

 JOB TITLE

Approved: Date:

NAME 18 January 2019

Safety/EC Committee Chairperson

OFFICE SYMBOL 4 January 2019

MEMORANDUM THRU: Safety/Environment of Care (EC) Committee

FOR: Executive Committee

SUBJECT: Evaluation of the 2018 Medical Equipment Management Plan

1. Reference. The Joint Commission (TJC) SELECT REFERENCE, Oakbrook Terrace, Illinois, 2018.

2. Purpose. The purpose of this evaluation is to measure and document the extent that the HEALTHCARE FACILITY NAME managed medical equipment risks in the physical environment in 2018. This evaluation includes an assessment of the Medical Equipment Management Plan’s scope, objectives, performance and effectiveness along with the performance of the HEALTHCARE FACILITY NAME medical equipment policies and processes. In addition, this evaluation contains several recommendations for improvement in 2019.

3. Scope. There were no changes in—

1. Buildings, grounds, equipment, and patient care services used to provide quality healthcare to Soldiers and other recipients.
2. Staff, patients, visitors, vendors, contractors, and the general public who use our facilities.
3. Hours of operation.

 d. Relevant laws, regulations, standards or guidelines. The TJC revised the EC standards and they will become effective in 2019. These revisions will not require major changes to the 2019 management plan.

4. Objectives. The 2018 Medical Equipment Plan objectives were—

 a. Effectively manage medical equipment risks through regulatory compliance and by using best industry practices.

 b. Optimize resources by using efficient medical equipment processes and lifecycle management of equipment.

 c. Improve staff performance through effective medical equipment education and training.

 d. Improve staff and patient satisfaction by providing a safe physical environment.

 e. These objectives are consistent with the HEALTHCARE FACILITY NAME 2018 mission and they require no major modifications.

5. Performance.

 a. The primary performance improvement initiative for 2018 was 95% of equipment requiring DD Forms 2163 have current, legible stickers attached to the devices.

| **Performance Objective****(Examples)** | **Performance Indicator(s)****(Examples)** | **Performance Result****(Discussion)** |
| --- | --- | --- |
| Improve Physical, Ethical & Cultural Environments. Example: Effectively manage medical equipment risks through regulatory compliance and by using best industry practices (internal processes). Specifically, making sure that all medical equipment requiring calibration verification/certification are inspected, calibrated, and tagged appropriately.  | Example: % devices that have current Department of Defense (DD) Forms 2163, Medical Equipment Verification/Certification stickers Example: 95% of equipment requiring DD 2163s will have current, legible stickers attached to the devices | -What was your goal? -Describe criteria used to determin when you reached your goal.-Describe actions taken to achieve your goal. -Discuss the results. Consider using graphs, charts, dashboards, etc. See example chart below. -Was the goal met? Why or why not? -Was the goal sustained?-What was the impact to the healthcare facility?-If the goal was not met, what actions are needed to achieve it? |
| Optimize financial resources. Example: Optimize resources by using efficient medical equipment processes and lifecycle management of equipment. Specifically, making sure the department is sufficiently staffed to maintain the medical equipment included in the inventory. | Example: # man hours spent maintaining equipment  |
| Improve & Empower Highly Effective Work Teams. Example: Improve staff performance through effective medical equipment education and training. Specifically, identifying gaps in user’s knowledge of medical equipment. | Example: # of corrective maintenance activities resulting from user error or abuse |
| Healthy & Satisfied Families and Beneficiaries. Example: Improve staff and patient satisfaction by providing a safe physical environment. Specifically, monitoring the number of customer complaints.  | Example: # staff and customer service complaints related to medical equipment alarms received each quarter |

 b. Additional performance improvement initiatives were—

 (1) LIST AND DISCUSS.

 (2) LIST AND DISCUSS.

6. Effectiveness. The following table summarizes the HEALTHCARE FACILITY NAME achievements related to the medical equipment processes necessary for maintaining a successful Medical Equipment Management Program—

| **Risk Management Activity** | **Process****Element of Performance (EP)****Occupancy****Documentaion** | **Compliance** | **Risk Assessment[[21]](#footnote-21)** | **Action Plan to Correct** |
| --- | --- | --- | --- | --- |
| **Plan** | Publish a comprehensive Medical Equipment Management Plan. EC.01.01.01, EP.8H[[22]](#footnote-22), AC[[23]](#footnote-23), B[[24]](#footnote-24) - D[[25]](#footnote-25) | Status | SAFER Matrix |  |
| Leaders provide for equipment, supplies, and resources.LD.04.01.11, EP.5H, AC, B | Status | SAFER Matrix |  |
| **Teach** | Verify staff responsible for the maintenance, inspection, testing and use of medical equipment are competent and receive continuing education and training.EC.03.01.01, EP.1H, AC, B | Status | SAFER Matrix |  |
| Teach staff and licensed independent practitioners the actions to take in the event of an incident occurring within the EC.EC.03.01.01, EP.2H, AC, B | Status | SAFER Matrix |  |
| Orient staff to the key safety matters before they provide care, treatment, and services.HR.01.04.01, EP.1H – DHR.02.02.01, EP.1AC, B - D | Status | SAFER Matrix |  |
| Educate staff about the purpose and proper operation of alarm systems for which they are responsible NPSG.06.01.01, EP.4H | Status | SAFER Matrix |  |
| **Implement** | Maintain a library of information regarding inspection, testing, and maintenance of medical equipment.EC.01.01.01, EP.3H, AC, B | Status | SAFER Matrix |  |
| Conduct global risk assessments to identify and prioritize equipment hazards for corrective action EC.02.01.01, EP.1 & 3H, AC, B – D required for EP.1 | Status | SAFER Matrix |  |
| Conduct focused risk assessments to eliminate equipment hazards or manage risk when hazards cannot be eliminated.EC.02.01.01, EP.1 & 3H, AC, B – D  | Status | SAFER Matrix |  |
| Maintain a current, accurate medical equipment inventory. EC.02.04.01, EP.2H, AC, B - D | Status | SAFER Matrix |  |
| Identify high-risk equipment (including life support equipment) for which there is risk of serious injury or death to a patient or user should the equipment fail. EC.02.04.01, EP.3H - D | Status | SAFER Matrix |  |
| Define medical equipment maintenance strategies in writing. EC.02.04.01, EP.4H – DEC.02.04.01, EP.3AC, B - D | Status | SAFER Matrix |  |
| Monitor and report all incidents as required by the Safe medical Devices Act of 1990.EC.02.04.01, EP.5AC, B - D | Status | SAFER Matrix |  |
| Maintain written procedures to follow when medical equipment fails. EC.02.04.01, EP.6AC, B – DEC.02.04.01, EP.9H - D | Status | SAFER Matrix |  |
| Perform safety, operational, and functional checks on all new equipment before use EC.02.04.03, EP.1H, AC, B | Status | SAFER Matrix |  |
| Perform and document inspections, tests, and maintenance of high risk/life support equipment. EC.02.04.03, EP.2H, AC, B - D | Status | SAFER Matrix |  |
| Perform and document inspections, tests, and maintenance of non-high-risk/non-life support equipment. EC.02.04.03, EP.3H, AC, B - D | Status | SAFER Matrix |  |
| Perform testing and maintenance of all sterilizers. EC.02.04.03, EP.4H, AC, B - D | Status | SAFER Matrix |  |
| Perform equipment maintenance and biological testing of water used in hemodialysis. EC.02.04.03, EP.5H, AC, B - D | Status | SAFER Matrix |  |
| Properly label equipment listed for use in oxygen enriched atmospheres.EC.02.04.03, EP.8H, AC, B | Status | SAFER Matrix |  |
| Make sure that hyperbaric facilities meet NFPA 99-2012, Chapter 14 requirements.EC.02.04.03, EP.10H, AC, B | Status | SAFER Matrix |  |
| Perform maintenance on anesthesia equipment.EC.02.04.03, EP.26H, AC | Status | SAFER Matrix |  |
| Maintain and test electrical equipment used in the patient care vicinity per NFPA 99-2012, Chapter 10 EC.02.04.03, EP.27H, AC | Status | SAFER Matrix |  |
| Maintain policies and procedures for managing clinical alarms. National Patient Safety Goals (NPSG) 06.01.01, EP.1 & 2 HNPSG 06.01.01, EP.3H - D | Status | SAFER Matrix |  |
| **Respond** | Include plans for managing & sharing medical equipment during an emergency in the Emergency Operation Plan Emergency Management (EM).02.02.03, EP.4 & 5H | Status | SAFER Matrix |  |
| Monitor medical equipment mobilization and allocation during emergency response exercises.EM.03.01.03, EP.8H | Status | SAFER Matrix |  |
| **Monitor** | Report and investigate medical/laboratory equipment management problems, failures and use errors EC.04.01.01, EP.10HEC.04.04.01, EP.2AC, B | Status | SAFER Matrix |  |
| Evaluate the Medical Equipment Management Plan within prescribed time frames. EC.04.01.01, EP.15H, AC, B - D | Status | SAFER Matrix |  |
| Leaders discuss performance improvement activities, reported safety and quality issues, proposed solutions and their impact on the organization’s resources, reports on key quality measures and safety indicators, and safety and quality issues specific to the population servedLD.02.03.01, EP.1AC, B | Status | SAFER Matrix |  |
| Analyze data to identify and resolve medical equipment issues.EC.04.01.03, EP.2H, AC, B | Status | SAFER Matrix |  |
| **Improve** | Verify that medical equipment issues are effectively resolved EC.04.01.05, EP.1H, AC, B | Status | SAFER Matrix |  |

7. Recommendations.

1. Based on the risk assessment and monitoring data results, the following performance objectives are recommended to improve the Medical Equipment Program in 2019—

 (1) LIST AND DISCUSS. Discussion should include─

(a) What is your goal?

(b) Is it measurable?

(c) Is your goal written in a SMARTER performance measure format?

(d) What constraints do you have (time, money, other resources)?

(e) What are the steps you will take to meet your goal?

(f) How will you prioritize these steps?

(g) What data do you need to collect and evaluate?

(h) How will you collect and report the data?

(i) How often will you collect and report the data?

(j) How will you explain your goal to your staff so that they know what is being measured?

(k) To accurately compare data overtime, will you need to make adjustments due to changes in variables, such as sample size or quantity?

(2) LIST AND DISCUSS.

 b. The Chief, Medical Equipment Maintenance will implement the action plans by

1 February 2019, collect and analyze data and report the results to the Safety/EC committee CHOOSE FREQUENCY.

8. Conclusion. The Medical Equipment Management Plan provides a strong framework for the effective and efficient management of actual and potential risks associated with the use of medical equipment at the HEALTHCARE FACILITY NAME. This conclusion is derived from the HEALTHCARE FACILITY NAME accomplishments related to activities such as—

 a. Identifying and managing medical equipment risks

 b. Conducting medical equipment repair by qualified technicians

 c. Providing technician and equipment user education and training

 d. Responding to manufacturer recalls and notifications and customer complaints

 e. Monitoring performance

 f. Accomplishing improvements necessary to eliminate hazards, minimize risk, and procure and maintain safe medical equipment.

 NAME

 RANK

 JOB TITLE

Approved: Date:

NAME 18 January 2019

Safety/EC Committee Chairperson

OFFICE SYMBOL 4 January 2019

MEMORANDUM THRU: Safety/Environment of Care (EC) Committee

FOR: Executive Committee

SUBJECT: Evaluation of the 2018 Utility Management Plan

1. Reference. The Joint Commission (TJC) SELECT REFERENCE, Oakbrook Terrace, Illinois, 2018.

2. Purpose. The purpose of this evaluation is to measure and document the extent that the HEALTHCARE FACILITY NAME managed utility system risks in the physical environment in 2018. This evaluation includes an assessment of the Utility Management Plan’s scope, objectives, performance and effectiveness along with the performance of the HEALTHCARE FACILITY NAME utility management policies and procedures. In addition, this evaluation contains several recommendations for improvement in 2019.

3. Scope. There were no changes in—

 a. Buildings, grounds, equipment and patient care services used to provide quality healthcare to Soldiers and other recipients.

 b. Staff, patients, visitors, vendors, contractors and the general public who use our facilities.

c. Hours of operation.

 d. Relevant laws, regulations, standards or guidelines. The TJC revised the EC standards and they will become effective in 2019. These revisions will not require major changes to the 2019 management plan.

4. Objectives. The 2018 objectives were—

 a. Effectively manage utility system risks through regulatory compliance and by using best industry practices.

 b. Optimize resources by using efficient utility system processes and lifecycle management of equipment.

 c. Improve staff performance through effective utility system education and training.

 d. Improve staff and patient satisfaction by providing a safe physical environment.

 e. These objectives are consistent with the HEALTHCARE FACILITY NAME 2018 mission and they require no major modification.

5. Performance.

 a. The primary performance improvement initiative for 2018 was facility personnel will respond to 98% of trouble alarms located in critical care areas within X minutes. See discussion in the following table and graph for details.

| **Performance Objective****(Examples)** | **Performance Indicator(s)****(Examples)** | **Performance Result****(Discussion)** |
| --- | --- | --- |
| Improve Physical, Ethical & Cultural Environments. Example: Effectively manage utility system risks through regulatory compliance and by using best industry practices (internal processes). Specifically, promptly responding to emergency alarms. | Example: # time to respond to trouble alarms. Example:Facility personnel will respond to 98% of trouble alarms located in critical care areas within ≤ X minutes. | -What was your goal? -Describe criteria used to determine when you reached your goal. -Describe actions taken to achieve your goal. -Discuss the results. Consider using graphs, charts, dashboards, etc. See example chart below. -Was the goal met? Why or why not? -Was the goal sustained?-What was the impact to the healthcare facility?-If the goal was not met, what actions are needed to achieve it? |
| Optimize financial resources. Example: Optimize resources by using efficient utility system processes and lifecycle management of equipment. Specifically, making sure that all utility systems receive required tests, inspections, maintenance within prescribed time frames. | Example: % preventive maintenance completed on time |
| Improve & Empower Highly Effective Work Teams. Example: Improve staff performance through effective utility system education and training. Specifically, identifying gaps in user’s knowledge of utility systems within their work areas. | Example: % staff that can articulate general information on utility system safety |
| Healthy & Satisfied Families and Beneficiaries. Example. Improve staff and patient satisfaction by providing a safe physical environment. Specifically, monitoring the number of customer complaints. | Example: # customer ventilation/odor complaints received each quarter |

 b. Additional performance improvement initiatives were—

 (1) LIST AND DISCUSS.

 (2) LIST AND DISCUSS.

6. Effectiveness. The following table summarizes the HEALTHCARE FACILITY NAME achievements related to utility system processes necessary for a successful Utility Management Program—

| **Risk Management Activity** | **Process****Element of Performance (EP)****Occupancy****Documentation** | **Compliance** | **Risk Assessment[[26]](#footnote-26)** | **Action Plan to Correct** |
| --- | --- | --- | --- | --- |
| **Plan** | Publish a comprehensive Utility Management Plan. Environment of Care (EC).01.01.01, Element of Performance (EP).9.H,[[27]](#footnote-27) AC[[28]](#footnote-28), B[[29]](#footnote-29) - D[[30]](#footnote-30) | Status | SAFER Matrix |  |
| Leaders provide for equipment, supplies, and resources.LD.04.01.11, EP.5H, AC, B | Status | SAFER Matrix |  |
| **Teach** | Verify staff responsible for the maintenance, inspection, testing and use of utility systems are competent and receive continuing education and training. EC.03.01.01, EP.1 H, AC, B | Status | SAFER Matrix |  |
| Teach staff and licensed independent practitioners the actions to take in the event of an incident occurring within the EC.EC.03.01.01, EP.2H, AC, B | Status | SAFER Matrix |  |
| Orient staff to the key safety matters before they provide care, treatment, and services.HR.01.04.01, EP.1H, AC, B – DHR.02.02.01, EP.1AC, B - D | Status | SAFER Matrix |  |
| **Implement** | Conduct and document comprehensive risk assessments to identify, prioritize, and implement corrective action plans to eliminate safety and health hazards and/or minimize risk. EC.02.01.01, EP.1 & 3 H, AC, B - D required for EP.1 | Status | SAFER Matrix |  |
| Conduct and document solution-focused risk assessments to manage hazards for which safety and health standards are absent and a clear resolution is not obvious EC.02.01.01, EP.1 & 3H, AC, B - D  | Status | SAFER Matrix |  |
| Maintain a library of information regarding inspection, testing, and maintenance of utilty systems.EC.01.01.01, EP.3H, AC | Status | SAFER Matrix |  |
| Ensure utility systems meet patient care and operational needs EC.02.05.01, EP.1 H | Status | SAFER Matrix |  |
| Ensure that gas, vacuum, electrical systems and electrical equipment meet NFPA 99-2012, Chapter 4 requirements.EC.02.05.01, EP.2H, AC | Status | SAFER Matrix |  |
| Maintain a current, accurate inventory of operating components of the utility systems based on risk for infection, occupant needs, and systems critical to patient care (high-risk/life support). EC.02.05.01, EP.3H - D | Status | SAFER Matrix |  |
| Identify high-risk operating components of utility systems on the inventory for which there is risk of serious harm or death to the patient or staff should the component fail. EC.02.05.01, EP.4H - D | Status | SAFER Matrix |  |
| Define utility system maintenance strategies, activities, and frequencies in writing. EC.02.05.01, EP.4AC – DEC.02.05.01, EP.5H - D | Status | SAFER Matrix |  |
| Label utility system controls to facilitate partial or complete emergency shutdowns.EC.02.05.01, EP.9H, AC | Status | SAFER Matrix |  |
| Maintain procedures for responding to utility system disruptions. EC.02.05.01, EP.10H, AC - D | Status | SAFER Matrix |  |
| Maintain procedures for shutting off malfunctioning systems and notifying staff in affected areas. EC.02.05.01, EP.11H, AC | Status | SAFER Matrix |  |
| Maintain procedures for performing clinic interventions during utility system disruptions. EC.02.05.01, EP.12H, AC  | Status | SAFER Matrix |  |
| Follow local procedures for responding to utility system disruptions.EC.02.05.01, EP.13H, AC | Status | SAFER Matrix |  |
| Minimize pathogenic biological agents in cooling towers, domestic hot and cold water systems and other aerosolizing water systems.EC.02.05.01, EP.14H | Status | SAFER Matrix |  |
| Maintain appropriate pressure relationships, air-exchange rates, and filtration efficiencies in positive and negative pressure isolation rooms, operating rooms, special procedures rooms, delivery rooms, laboratories, pharmacies, and sterile supply rooms.EC.02.05.01, EP.7 ACEC.02.05.01, EP.15H | Status | SAFER Matrix |  |
| Maintain required pressure relationships, temperature, and humidity in non-critical care areas (general care nursing units, clean and soiled utility rooms in acute care areas, laboratories, pharmacies, diagnostic and treatment areas, food preparation areas, and other support departments).EC.02.05.01, EP.16H, AC | Status | SAFER Matrix |  |
| Maintain diagrams mapping the distribution of the utility systems. EC.02.05.01, EP.8AC – DEC.02.05.01, EP.17H - D | Status | SAFER Matrix |  |
| Maintain medical gas storage rooms and transfer and manifold rooms according to NFPA 99-2012, 9.3.7.EC.02.05.01, EP.18H, AC | Status | SAFER Matrix |  |
| Maintain the emergency power supply system equipment and environment according to the manufacturer’s recommendations and NFPA 99-2012, 9.3.10.EC.02.05.01, EP.19H, AC | Status | SAFER Matrix |  |
| Manage operating rooms at a wet procedure location unless determined otherwise by performing a risk assessment.EC.02.05.01, EP.20H, AC - D | Status | SAFER Matrix |  |
| Ensure spaces are served by the appropriate electrical distribution system (Type 1, 2, or 3 EES) based on use and patient vulnerabilities.EC.02.05.01, EP.21H, AC | Status | SAFER Matrix |  |
| Test electrical recepticals (hospital grade, tamper-resistant) installed in patient care areas. Receptacles supplied by the life safety and critical branches are identified. EC.02.05.01, EP.22H, AC | Status | SAFER Matrix |  |
| Verify power strips used in a patient care vicinity are only used for components of moveable electrical equipment, UL listed, and assembled by qualified personnel.EC.02.05.01, EP.23H, AC | Status | SAFER Matrix |  |
| Verify extension cords are not used as a substitute for fixed wiring.EC.02.05.01, EP.24H, AC | Status | SAFER Matrix |  |
| Verify zone valves, alarm panels, and alarm sensors supporting areas used for administration of general anesthesia are properly installed.EC.02.05.01, EP.25H, AC  | Status | SAFER Matrix |  |
| Verify the EES supporting areas used for administration of general anesthesia provides power to critical equipment and systems.EC.02.05.01, EP.26H, AC | Status | SAFER Matrix |  |
| Verify HVAC and smoke control systems supporting areas used for administration of general anesthesia are properly installed.EC.02.05.01, EP.27H, AC | Status | SAFER Matrix |  |
| Maintain a Type 1, or 3 essential electrical system (EES), according to NFPA 99-2012. EC.02.05.03, EP.1ACEC.02.05.03, EP.12H, AC | Status | SAFER Matrix |  |
| Provide a emergency power within 10 seconds for:* alarm systems
* exit route and sign illumination
* emergency communication systems
* elevators designated to provide patient service during interruption of normal power
* critical care and other areas (blood, bone and tissue storage; medical air compressors; and medical and surgical vacuum systems; intensive care, emergency rooms, operating rooms, recovery rooms, obstetrical delivery rooms, nurseries, and urgent care areas) that could result in patient harm due to loss of power
* emergency lighting at emergency generator locations.

EC.02.05.03, EP.1 through 7, & 11H, AC | Status | SAFER Matrix |  |
| Provide emergency power for elevators designated to provide service to patients during interruption of normal power.EC.02.05.03, EP.13H | Status | SAFER Matrix |  |
| Provide emergency power for essential medication dispensing equipment.EC.02.05.03, EP.14H, AC - D | Status | SAFER Matrix |  |
| Provide emergency back up for essential refrigeration of medications.EC.02.05.03, EP.15H, AC - D | Status | SAFER Matrix |  |
| Manage risks associated with air-quality requirements, infection control, utility requirements, noise, odor, dust, vibration and other hazardsEC.02.05.05, EP.1H, AC | Status | SAFER Matrix |  |
| Test utility system components on the inventory before initial use. EC.02.05.05, EP.2H, AC - D | Status | SAFER Matrix |  |
| Inspect, test, and maintain * high-risk (life support) components
* non-high-risk components listed on the inventory
* infection control system componets

EC.02.05.05, EP.4, 5 & 6H - D | Status | SAFER Matrix |  |
| Inspect, test and maintain utility systems.EC.02.05.05, EP.3AC - D | Status | SAFER Matrix |  |
| Test Line isolation monitors monthly.EC.02.05.05, EP.7H, AC - D | Status | SAFER Matrix |  |
| Ensure acceptable ventilation rates per NFPA 99 TIA 12-2.EC.02.05.05, EP.8H, AC | Status | SAFER Matrix |  |
| Ensure an alternate source of power that automatically connects to the load within 10 seconds and supplies power for 1½ hours per NFPA 99 TIA 12-3.EC.02.05.05, EP.8H, AC | Status | SAFER Matrix |  |
| Inspect, test and maintain the emergency power systems* battery powered lights (monthly and annually)
* SEPSS (monthly or quarterly)
* EPSS (weekly inspections and monthly and 36 month tests)
* automatic transfer switches (ATS) (monthly)
* fuel quality (annually)

EC.02.05.07, EP.1 through 10H, AC - D | Status | SAFER Matrix |  |
| Meet code requirements for the design and installation of the medical gas system.EC.02.05.09, EP.1, 2, & 14H, AC | Status | SAFER Matrix |  |
| Inspect, test and maintain critical components of piped medical gas and vacuum systems (source, distribution, inlets/outlets, and alarms).EC.02.05.09, EP.7H, AC – D  | Status | SAFER Matrix |  |
| Protect above ground bulk oxygen systems with a locked enclosure. EC.02.05.09, EP.8H, AC | Status | SAFER Matrix |  |
| Maintain an emergency oxygen supply connection that allows a temporary auxillary source to connect to it.EC.02.05.09, EP.9H, AC | Status | SAFER Matrix |  |
| Test piped medical gas and vacuum systems for purity, correct gas, and proper pressure when they are installed, modified, or repaired. EC.02.05.09, EP.10H, AC - D | Status | SAFER Matrix |  |
| Make sure main supply valves and area shutoff valves for piped medical gas and vacuum systems are accessible and clearly identify what the valves control.EC.02.05.09, EP.11H, AC | Status | SAFER Matrix |  |
| Follow regulations and use reputable standards and guidelines when planning design criteria for new or altered space.EC.02.06.05, EP.1H, AC | Status | SAFER Matrix |  |
| Ensure demolition, construction, renovation projects are properly designed, risk assessments performed, and actions taken to minimize hazards.EC.02.06.05, EP. 2 & 3.H, AC | Status | SAFER Matrix |  |
| **Respond** | Provide for alternative essential utility systems.Emergency Mangement (EM).02.02.09, EP.1AC | Status | SAFER Matrix |  |
| Develop plans for alternative means of providing electricity, water, fuel, medical gas/vacuum systems, vertical and horizontal transport, Heating Ventilation and Air Condition (HVAC), and steam for inclusion in the HEALTHCARE FACILITY’s emergency operations plan.EM.02.02.09, EP.2 through 7H | Status | SAFER Matrix |  |
| Monitor likely disaster scenarios involving utility failures into emergency exercises.EM.03.01.03, EP.5AC EM.03.01.03, EP.11 | Status | SAFER Matrix |  |
| **Monitor** | Report and investigate utility system management problems, failures, and use errors.EC.04.01.01, EP.11HEC.04.01.01, EP.2AC, B | Status | SAFER Matrix |  |
| Evaluate the Utility Management Plan within prescribed time frames. EC.04.01.01, EP.15H, AC, B - D | Status | SAFER Matrix |  |
| Leaders discuss performance improvement activities, reported safety and quality issues, proposed solutions and their impact on the organization’s resources, reports on key quality measures and safety indicators, and safety and quality issues specific to the population servedLD.02.03.01, EP.1AC, B | Status | SAFER Matrix |  |
| **Improve** | Analyze data to identify and resolve utility system issues in the Safety/EC Committee meetings.EC.04.01.03, EP.2H, AC, B | Status | SAFER Matrix |  |
| Verify that utility system issues are effectively resolved.EC.04.01.05, EP.1H, AC, B | Status | SAFER Matrix |  |

7. Recommendations.

 a. Based on the 2018 risk assessment and monitoring data results, the following performance objectives are recommended to improve the Utility Management Program in 2019—

 (1) LIST AND DISCUSS. Discussion should include:

(a) What is your goal?

(b) Is it measurable?

(c) Is your goal written in a SMARTER performance measure format?

(d) What constraints do you have (time, money, other resources)?

(e) What are the steps you will take to meet your goal?

(f) How will you prioritize these steps?

(g) What data do you need to collect and evaluate?

(h) How will you collect and report the data?

(i) How often will you collect and report the data?

(j) How will you explain your goal to your staff so that they know what is being measured?

(k) To accurately compare data overtime, will you need to make adjustments due to changes in variables, such as sample size or quantity?

 (2) LIST AND DISCUSS.

 b. The Facilities Manager will implement the action plans by 1 February 2019, collect and analyze data, and report the results to the Safety/EC committee CHOOSE FREQUENCY.

8. Conclusion. The Utility Management Plan provides a strong framework for the effective and efficient management of actual and potential risks associated with the use of utility systems at HEALTHCARE FACILITY NAME. This conclusion is derived from the HEALTHCARE FACILITY NAME accomplishments related to activities such as—

 a. Identifying and managing utility system risks

 b. Conducting utility system repairs

 c. Conducting utility system user education and training

 d. Responding to customer complaints

 e. Monitoring performance

 f. Accomplishing improvements necessary to eliminate hazards, manage risk, and procure and maintain safe utility systems.

 NAME

 RANK

 JOB TITLE

Approved: Date:

NAME 18 January 2019

Safety/EC Committee Chairperson

**Appendix A**

**SAFER MATRIX**

|  |  |  |
| --- | --- | --- |
| **Liklihood** to harm patients, staff, visitors |  | **Immediate Threat to Life** |
| **High**Harm could happen at any time | High/Limited | High/Pattern | High/Widespread |
| **Moderate**Harm could happen occaisionally | Moderate/Limited | Moderate/Pattern | Moderate/Widespread |
| **Low**Harm could happen, but would be rare | Low/Limited | Low/Pattern | Low/Widespread |
|  | **Limited**Unique occurrence that is not routine practice | **Pattern**Multiple occurrences with potential to impact some | **Widespread**Multiple occurrences with potential to impact most/all |

1. See Appendix A for SAFER Matrix definitions [↑](#footnote-ref-1)
2. Hospital must comply [↑](#footnote-ref-2)
3. Ambulatory care must comply [↑](#footnote-ref-3)
4. Business (outpatient only) should comply [↑](#footnote-ref-4)
5. Documentation required [↑](#footnote-ref-5)
6. See Appendix A for SAFER Matrix definitions [↑](#footnote-ref-6)
7. Hospitals must comply [↑](#footnote-ref-7)
8. Ambulatory care must comply [↑](#footnote-ref-8)
9. Business (outpatient only) should comply [↑](#footnote-ref-9)
10. Documenation required [↑](#footnote-ref-10)
11. See Appendix A for SAFER Matrix definitions [↑](#footnote-ref-11)
12. Hospital must comply [↑](#footnote-ref-12)
13. Ambulatory care must comply [↑](#footnote-ref-13)
14. Business (outpatient only) should comply [↑](#footnote-ref-14)
15. Documentation required [↑](#footnote-ref-15)
16. See Appendix A for SAFER Matrix definitions [↑](#footnote-ref-16)
17. Hospital must comply [↑](#footnote-ref-17)
18. Ambulatory care must comply [↑](#footnote-ref-18)
19. Business must comply [↑](#footnote-ref-19)
20. Documentation required [↑](#footnote-ref-20)
21. See Appendix A for SAFER Matrix definitions [↑](#footnote-ref-21)
22. Hospital must comply [↑](#footnote-ref-22)
23. Ambulatory Care must comply [↑](#footnote-ref-23)
24. Business (outpatient only) should comply [↑](#footnote-ref-24)
25. Documentation required [↑](#footnote-ref-25)
26. See Appendix A for SAFER Matrix definitions [↑](#footnote-ref-26)
27. Hospital must comply [↑](#footnote-ref-27)
28. Ambulatory care must comply [↑](#footnote-ref-28)
29. Business (outpatient only) should comply [↑](#footnote-ref-29)
30. Documentation required [↑](#footnote-ref-30)