# TEMPLATES FOR

#  ANNUAL EVALUATION OF THE

# ENVIRONMENT OF CARE

# MANAGEMENT PLANS

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# Army Public Health Center

# 5158 Blackhawk Road

**Aberdeen Proving Ground, MD 21010**

# Reviewed November 2016

OFFICE SYMBOL 2 January 2017

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

FOR: Executive Committee

SUBJECT: Evaluation of the 2016 Safety Management Plan

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

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 YEAR. 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 YEAR.

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 will become effective in 2017. These revisions will not require major changes to the 2017 management plan.

4. Objectives. The 2016 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 2017 System for Health and they require no major change.

5. Performance.

 a. The primary performance improvement intiative for 2016 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** | **Performance Indicator(s)** | **Performance Result** |
| --- | --- | --- |
| Accountable, Reliable, and Effective Health Services. Example: Effectively manage safety and health risks through regulatory compliance and by using best industry practices/internal processes. Specifically, manage risk by promptly reporting and investigating mishaps. | Example: # 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. | Discussion-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 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 |
| Build and Prepare the Team. 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. |
| Consistent Patient Experience. 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 improvement initiatives 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** | **Compliance** | **Risk Assessment[[1]](#footnote-1)** | **Action Plan to Correct** |
| --- | --- | --- | --- | --- |
| Plan | Identify an individual to manage risk, coordinate risk reduction activities, collect deficiency (injuries, problems, user errors, etc.) information and disseminate summaries of actions and results (EC.01.01.01, Element of Performance (EP).1). | Status | SAFER Matrix |  |
| Identify an individual to intervene in the event of an immediate threat to life, health or property (EC.01.01.01, EP.2). | Status | SAFER Matrix |  |
| Maintain a comprehensive Safety Management Plan that addresses the specific risks and unique conditions at each patient care site*. The written plan is readily available for review* (EC.01.01.01, EP.3). | Status | SAFER Matrix |  |
| Teach | Maintain education and training programs to teach staff the methods for eliminating hazards and minimizing risks within the workplace, how to respond to an emergency, and how to report safety hazards (EC.03.01.01, EP.1, 2, & 3) | 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) | 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 & 3) | Status | SAFER Matrix |  |
| Conduct risk assessments that identify environmental features that may increase or decrease the risk for suicide. *The documentation is readily available for review* (National Patient Safety Goals (NPSG).15.01.01) | Status | SAFER Matrix |  |
| Conduct periodic workplace inspections to identify hazards unsafe work practices, and deficiencies and to verify corrective actions are effective (EC.04.01.01, EP.12, 13 & 14) | Status | SAFER Matrix |  |
| Implement a comprehensive Safety Program that strives for high reliability and a safe and healthy environment of work/care (EC.02.01.01, EP.5 & 6) | Status |  |  |
| Respond to all product notices and recalls (EC.02.01.01, EP.11) | Status | SAFER Matrix |  |
| Manage magnetic resonance imaging (MRI) patient and staff safety risks (EC.02.01.01, EP.14 &16) | Status | SAFER Matrix |  |
| Enforce the Commander’s Smoking Policy. *The written policy is readily available for review* (EC.02.01.03, EP.1 & 6) | Status | SAFER Matrix |  |
| Maintain interior spaces in a safe manner and according to the needs of the patients (EC.02.06.01, EP.1) | Status | SAFER Matrix |  |
| Maintain lighting that is suitable for care, treatment, and services (EC.02.06.01, EP.11) | Status | SAFER Matrix |  |
| Maintain ventilation, temperature, and humidity levels suitable for care, treatment and services provided (EC.02.06.01, EP.13) | Status | SAFER Matrix |  |
| Maintain patient care areas in a clean and odor free manner (EC.02.06.01, EP.20)  | Status | SAFER Matrix |  |
| Provide emergency assess to all locked and occupied spaces (EC.02.06.01, EP.23) | Status | SAFER Matrix |  |
| Maintain furnishings and equipment in a safe manner and in good repair (EC.02.06.01, EP.26) | 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.1) | Status | SAFER Matrix |  |
| Conduct a preconstruction risk assessment when planning for demolition, construction or renovation (EC.02.06.05, EP.2) | Status | SAFER Matrix |  |
| Minimize risks in occupied spaces during construction, demolition or renovation (EC.02.06.05, EP.3) | 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.4) | 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.6) | 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.1) | Status | SAFER Matrix |  |
| Monitor safety during all emergency response exercises (EM.03.01.03, EP.9) | Status | SAFER Matrix |  |
| Report and investigate injuries and occupational illnesses and property damage (EC.04.01.01, EP.1, 3, 4, & 5) | Status | SAFER Matrix |  |
| Monitor | Conduct inspections of all work areas within prescribed time frames to identify deficiencies, hazards and unsafe work practices (EC.04.01.01, EP.12 & 13) | Status | SAFER Matrix |  |
| Evaluate the Safety Management Plan within prescribed time frames. *The written evaluation is readily available for review* (EC.04.01.01, EP.15) | Status | SAFER Matrix |  |
| Appoint representatives from clinical, administrative and support services to the Safety/EC Committee (EC.04.01.03, EP.1) | Status | SAFER Matrix |  |
| Analyze data to identify and resolve safety issues in the Safety/EC Committee meetings. *Safety/EC committee minutes are readily available for review* (EC.04.01.03, EP.1 & 2) | Status | SAFER Matrix |  |
| Improve | Verify that safety issues presented to the Safety/EC Committee are effectively resolved (EC.04.01.05, EP.1) | 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 2017—

| **Performance Objective** | **Performance Indicator(s)** | **SMARTER[[2]](#footnote-2) Performance Measure/ Action Plan*****For each performance objective, determine—*** |
| --- | --- | --- |
| Accountable, Reliable, and Effective Health Services. Example: Effectively manage safety and health risks through regulatory compliance and by using best industry practices/internal processes. Specifically, manage risk by monitoring safety during all emergency response exercises | Example: 98% of safety-related issues identified during emergency exercises are satisfactorily resolved within 30 days. | -What is your goal?-Is it measurable?-Write your goal in a SMARTER performance measure format.-What constraints do you have (time, money, other resources)?-What are the steps you will take to meet your goal?-How will you prioritize these steps?-What data do you need to collect and evaluate?-How will you collect and report the data?-How often will you collect and report the data?-How will you explain your goal to your staff so that they know what is being measured?-To accurately compare data overtime, will you need to make adjustments due to changes in variables, such as sample size or quantity? |
| Conserve 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 incidents involving property damage |
| Build and Prepare the Team. 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 completed. |
| Consistent Patient Experience. Example: Improve staff and patient satisfaction by providing a safe physical environment. Specifically, staff feedback shows that Leadership supports the Safety Program. | Example: % staff positive perception of Leadership’s commitment to safety |

 b. The Safety Manager will implement the action plans by 30 January 2017, 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. Responding to safety and health accidents, injuries, illnesses, and reports of unsafe/unhealthy working environment

 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 16 January 2017

Safety/EC Committee Chairperson

OFFICE SYMBOL 2 January 2017

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

FOR: Executive Committee

SUBJECT: Evaluation of the 2016 Security Management Plan

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

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 YEAR. 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 YEAR.

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 will become effective in 2017. These revisions will not require major changes to the 2017 management plan.

4. Objectives. The YEAR 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 YEAR System for Health and they require no major modification.

5. Performance.

 a. The primary performance improvement initiative for 2016 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** | **Performance Indicator(s)** | **Performance Result** |
| Accountable, Reliable, and Effective Health Services. 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. | Discussion-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 security processes. Specifically, reducing costs associated with key control/replacement.  | Example: $ spent on key control/replacement |
| Build and Prepare the Team. 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. |
| Consistent Patient Experience. 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** | **Compliance** | **Risk****Assessment[[3]](#footnote-3)** | **Action Plan to Correct** |
| --- | --- | --- | --- | --- |
| Plan | Maintain a comprehensive Security Management Plan. *The written plan is readily available for review* (EC.01.01.01, EP.4) | Status | SAFER Matrix |  |
| Teach | Maintain education and training programs to teach staff the methods for eliminating hazards and minimizing security risks within the workplace, how to respond to a security emergency, and how to report security issues/concerns (EC.03.01.01, EP.1, 2, & 3) | Status | SAFER Matrix |  |
| Implement | Conduct comprehensive risk assessments to identify and prioritize security risks for corrective action (EC.02.01.01, EP.1) | Status | SAFER Matrix |  |
| Conduct 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 & 3) | Status | SAFER Matrix |  |
| Identify all individuals entering the HEALTHCARE FACILITY’s buildings (EC.02.01.01, EP.7) | Status | SAFER Matrix |  |
| Identify and control access to security sensitive areas (EC.02.01.01, EP.8) | Status | SAFER Matrix |  |
| Develop effective, written procedures for responding to security incidents, including an infant or pediatric abduction. *The emergency response plans are readily available for review* (EC.02.01.01, EP.9) | Status | SAFER Matrix |  |
| Respond | Include procedures for providing internal security during an emergency in the Emergency Operation Plan (EOP) (Emergency Management (EM).02.02.05, EP.1) | 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.2) | Status | SAFER Matrix |  |
| Coordinate security activities with the community security agencies during an emergency (EM.02.02.05, EP.3) | Status | SAFER Matrix |  |
| During a security incident, follow identified procedures (EC.02.01.01, EP.10) | Status | SAFER Matrix |  |
| Control movement into, out of, and within the HEALTHCARE FACILITY during an emergency (EM.02.02.05, EP.7. & 8) | Status | SAFER Matrix |  |
| Control vehicular access to the HEALTHCARE FACILITY during an emergency (EM.02.02.05, EP.9) | Status | SAFER Matrix |  |
| Monitor security during all emergency response exercises (EM.03.01.03, EP.9) | Status | SAFER Matrix |  |
| Provide emergency access to all locked and occupied spaces in an emergency (EC.02.06.01, EP.23) | Status | SAFER Matrix |  |
| Report and investigate security incidents involving patients, staff, or others (EC.04.01.01, EP.2 & 6) | Status | SAFER Matrix |  |
| Monitor | Conduct inspections of all work areas within prescribed timeframes to identify security deficiencies, hazards, and unsafe practices (EC.04.01.01, EP.12 & 13) | Status | SAFER Matrix |  |
| Evaluate the Security Management Plan within prescribed time frames. *The written evaluation is readily available for review* (EC.04.01.01, EP.15) | Status | SAFER Matrix |  |
| Analyze data to identify and resolve security issues in the Safety/EC Committee meetings. *Safety/EC Committee minutes are readily available for review* (EC.04.01.03, EP.1 & 2) | Status | SAFER Matrix |  |
| Improve | Verify that security issues presented to the Safety/EC Committee are effectively resolved (EC.04.01.05, EP.1) | 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 2017—

| **Performance Objective** | **Performance Indicator(s)** | **SMARTER[[4]](#footnote-4) Performance Measure/ Action Plan*****For each performance objective, determine—*** |
| --- | --- | --- |
| Accountable, Reliable, and Effective Health Services. Example: Effectively manage security risks through regulatory compliance and by using best industry practices/internal processes. Specifically, manage risk through the effective procedures to prevent drug diversion.  | Example: # incidents involving drug diverson | -What is your goal?-Is it measurable?-Write your goal in a SMART performance measure format.-What constraints do you have (time, money, other resources)?-What are the steps you will take to meet your goal?-How will you prioritize these steps?-What data do you need to collect and evaluate?-How will you collect and report the data?-How often you collect and report the data?-How will you explain your goal to your staff so that they know what is being measured?-To accurately compare data overtime, will you need to make adjustments due to changes in variables, such as sample size or quantity? |
| Conserve Resources. Example: Optimize resources by using efficient security processes. Specifically, reducing costs associated with key control/replacement.  | Example: $ spent on key control/replacement |
| Build and Prepare the Team. Example: Improve staff performance through effective safety and health education and training. Specifically, increase staff knowledge of security procedures for displaying their identification badges.  | Example : # staff observed not properly displaying their identification badges while on duty  |
| Consistent Patient Experience. 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. The Security Manager will implement the action plans by 30 January 2017, 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 16 January 2017

Safety/EC Committee Chairperson

OFFICE SYMBOL 2 January 2017

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

FOR: Executive Committee

SUBJECT: Evaluation of the 2016 Hazardous Materials and Waste Management (HMW) Plan

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

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 YEAR. 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 YEAR.

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 will become effective in 2017. These revisions will not require major changes to the 2017 management plan.

4. Objectives. The YEAR 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 YEAR System for Health and they require no major modifications.

5. Performance.

 a. The primary performance improvement initiative for YEAR 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** | **Performance Indicator(s)****SMART Performance Measure** | **Performance Result** |
| --- | --- | --- |
| Accountable, Reliable, and Effective Health Services. 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  | Discussion-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 HMW processes. Specifically, reduce costs associated with hazardous waste disposal.  | Example: $ spent on hazardous waste disposal |
| Build and Prepare the Team. 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 |
| Consistent Patient Experience. 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** | **Compliance** | **Risk Assessment[[5]](#footnote-5)** | **Action Plan to Correct** |
| --- | --- | --- | --- | --- |
| Plan | Maintain a comprehensive HMW Management Plan. *The written plan is readily available for review* (Environment of Care (EC).01.01.01, Elements of Performance (EP).5) | Status | SAFER Matrix |  |
| Teach | Maintain education and training programs to teach staff the techniques for working safely with HMW, eliminating hazards, minimizing risks within the workplace, how to respond to an emergency, and how to report hazards (EC.03.01.01, EP.1, 2, & 3) | Status | SAFER Matrix |  |
| Implement | Conduct comprehensive risk assessments to identify and prioritize HMW hazards for corrective action (EC.02.01.01, EP.1) | Status | SAFER Matrix |  |
| Conduct solution-focused risk assessments to manage HMW hazards for which safety and environmental standards are absent and a clear resolution is not obvious (EC.02.01.01, EP.1 & 3) | Status | SAFER Matrix |  |
| Maintain a current, written HMW inventory. *The written inventory is available for review* (EC.02.02.01, EP.1) | Status | SAFER Matrix |  |
| Maintain written effective spill response procedures. *The written spill response procedures are available for review* (EC.02.02.01, EP.3) | Status | SAFER Matrix |  |
| Monitor staff during an actual or simulated spill to verify that they respond correctly (EC.02.02.01, EP.4) | Status | SAFER Matrix |  |
| Develop controls to manage HWM from cradle to grave (EC.02.02.01, EP.5) | Status | SAFER Matrix |  |
| Develop controls to manage radioactive materials from cradle to grave (EC.02.02.01, EP.6) | Status | SAFER Matrix |  |
| Develop controls to manage hazardous energy sources (EC.02.02.01, EP.7) | Status | SAFER Matrix |  |
| Manage the handling and disposal of hazardous drugs (EC.02.02.01, EP.8 and Medication Management (MM).01.01.03, EP.1, 2, & 3) | Status | SAFER Matrix |  |
| Manage the disposal of regulated medical waste (Infection Control (IC).02.01.01, EP.6) | Status | SAFER Matrix |  |
| Develop controls to manage exposure to hazardous gases and vapors (EC.02.02.01, EP.9) | Status | SAFER Matrix |  |
| Monitor occupational exposures to hazardous gases and vapors (EC.02.02.01, EP.10) | Status | SAFER Matrix |  |
| Maintain permits, licenses, manifests, and MSDS. *The documentation is readily available for review* (EC.02.02.01, EP.11) | Status | SAFER Matrix |  |
| Label HMW (EC.02.02.01, EP.12) | 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, EP17) | Status | SAFER Matrix |  |
| Respond | Include procedures for managing HMW in the Emergency Operation Plan (Emergency Management (EM).02.02.05, EP.4) | Status | SAFER Matrix |  |
| Include procedures for radioactive, biological, and chemical isolation and decontamination in the Emergency Operations Plan (EM.02.02.05, EP.5) | Status | SAFER Matrix |  |
| Report and investigate HMW spills and exposures (EC.04.01.01, EP.8) | Status | SAFER Matrix |  |
| Monitor | Conduct inspections of all work areas within prescribed timeframes to identify deficiencies, hazards, and unsafe work practices EC.04.01.01, EP.12, 13 & 14) | Status | SAFER Matrix |  |
| Evaluate the HMW Management Plan within prescribed timeframes. *The written evaluation is readily available for review* (EC.04.01.01, EP.15) | Status | SAFER Matrix |  |
| Monitor response to emergencies involving chemicals, infectious agents, and/or radiation (EM.03.01.03, EP.9) | Status | SAFER Matrix |  |
| Improve | Analyze data to identify and resolve HMW issues in the Safety/EC Committee meetings (EC.04.01.03, EP.1 & 2) | Status | SAFER Matrix |  |
| Recommend one or more priorities for improving the physical environment to leadership annually (EC.04.01.03, EP.3) | Status | SAFER Matrix |  |
| Verify that HMW issues presented to the Safety/EC Committee are effectively resolved (EC.04.01.05, EP.1) | Status | SAFER Matrix |  |
| Evaluate the effectiveness of actions taken to resolve HMW issues (EC.04.01.05, EP.2) | Status | SAFER Matrix |  |
| Report performance improvement results to leadership (EC.04.01.05, EP.3) | 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 YEAR—

| **Performance Objective** | **Performance Indicator(s)** | **SMARTER[[6]](#footnote-6) Performance Measure/ Action Plan*****For each performance objective, determine—*** |
| --- | --- | --- |
| Accountable, Reliable, and Effective Health Services. 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: % work areas with complete safety data sheets (SDS)  | -What is your goal?-Is it measurable?-Write your goal in a SMART performance measure format.-What constraints do you have (time, money, other resources)?-What are the steps you will take to meet your goal?-How will you prioritize these steps?-What data do you need to collect and evaluate?-How will you collect and report the data?-How often will you collect and report the data?-How will you explain your goal to your staff so that they know what is being measured?-To accurately compare data overtime, will you need to make adjustments due to changes in variables, such as sample size or quantity? |
| Conserve Resources. Example: Optimize resources by using efficient HMW processes. Specifically, reduce costs associated with RMW disposal. | Example: # pounds RMW generated |
| Build and Prepare the Team. Example: Improve staff performance through effective HMW education and training. Specifically, verify that the staff is trained in new SDS formats and labeling procedures.  | Example: # staff who satisfactorily complete annual HAZCOM refresher training |
| Consistent Patient Experience. Example: Improve staff and patient satisfaction by providing a safe physical environment. Specifically, reduce the number of staff and patient complaints related to “green” disinfectants.  | Example: # complaints regarding “green” disinfectants |

 b. The Environmental Science and Engineering Officer will implement the action plans by 30 January 2017, 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 16 January 2017

Safety/EC Committee Chairperson

OFFICE SYMBOL 2 January 2017

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

FOR: Executive Committee

SUBJECT: Evaluation of the 2016 Fire Safety Management Plan

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

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 YEAR. 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 YEAR.

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 will become effective in 2017. These revisions will not require major changes to the 2017 management plan.

4. Objectives. The YEAR 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 YEAR System for Health and they require no major modification.

5. Performance.

 a. The primary performance improvement initiative for YEAR was 98% of life safety deficiencies will be corrected within 45 days after identification. A PFI will be created for all LSC deficiencies that cannot be corrected within 45 days after identification. See discussion in the following table and graph for details.

| **Performance Objective** | **Performance Indicator** | **Performance Result** |
| --- | --- | --- |
| 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 ≤ 45 days following identificationExample: 98% of identified LSC deficiencies will be corrected will be initiated ≤ 45 days after identification. | Discussion-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** | **Compliance** | **Risk Assessment[[7]](#footnote-7)** | **Action Plan to Correct** |
| --- | --- | --- | --- | --- |
| **Plan** | Maintain a comprehensive Fire Safety Management Plan. *The written plan is readily available for review* (Environment of Care (EC).01.01.01, Elements of Performance (EP).6) | Status | SAFER Matrix |  |
| **Teach** | Implement effective education and training programs to teach staff the methods for eliminating fire hazards and minimizing risks within the workplace, how to respond to a fire emergency, and how to report fire safety hazards (EC.03.01.01, EP.1, 2, & 3) | Status | SAFER Matrix |  |
| **Implement** | Conduct global risk assessments to identify and prioritize fire hazards for corrective action (EC.02.01.01, 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 & 3) | Status | SAFER Matrix |  |
| Minimize the potential for harm from fire, smoke, and products of combustion (EC.02.03.01, EP.1) | Status | SAFER Matrix |  |
| Enforce the Commander’s Smoking Policy (EC.02.03.01, EP.2) | Status | SAFER Matrix |  |
| Maintain free and unobstructed access to all exits (EC.02.03.01, EP.4) | 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 evacuation procedures. *The written plan is readily available for review* (EC.02.03.01, EP.9 & 10) | Status | SAFER Matrix |  |
| Conduct fire drills at requisite frequencies of which 50% are unannounced (EC.02.03.03, EP.1, 2, 3) | Status | SAFER Matrix |  |
| Monitor staff response to fire alarms (EC.02.03.03, EP.4) | Status | SAFER Matrix |  |
| Evaluate and document fire safety equipment, building features, and staff response during fire drills. *Written evaluations are readily available for review* (EC.02.03.03, EP.5) | Status | SAFER Matrix |  |
| Maintain fire safety equipment and building features. *Maintenance documentation is readily available for review* (EC.02.03.05, EP.1 through EP.20) | Status | SAFER Matrix |  |
| Assess LSC compliance and maintain the electronic Statement of Condition (e-SOC). *Documentation is readily available for review* (LS.01.01.01, EP.1, 2, & 3) | Status | SAFER Matrix |  |
| Implement interim life safety measures (ILSM) when the LSC is not met or during periods of construction. *The written ILSM policy is readily available for review* (LS.01.02.01, EP.1 through 14) | Status | SAFER Matrix |  |
| **Respond** | Include horizontal, vertical, and total evacuation procedures in the Emergency Operation Plan (Emergency Management (EM).02.02.11, EP.3) | Status | SAFER Matrix |  |
| Monitor evacuation procedures during emergency response exercises (EM.03.01.03, EP.9)  | Status | SAFER Matrix |  |
| Report and investigate fire safety management problems, deficiencies, and failures (EC.04.01.01, EP.9) | Status | SAFER Matrix |  |
| **Monitor** | Conduct inspections of all work areas within prescribed timeframes to identify deficiencies, hazards, and unsafe work practices (EC.04.01.01, EP.12 & 13) | Status | SAFER Matrix |  |
| Evaluate the Fire Safety Management Plan within prescribed timeframes. *The written evaluation is readily available for review* (EC.04.01.01, EP.15) | Status | SAFER Matrix |  |
| **Improve** | Analyze data to identify and resolve fire safety issues in the Safety/EC Committee meetings (EC.04.01.03, EP.2) | Status | SAFER Matrix |  |
| Recommend one or more priorities for improving the physical environment to leadership annually (EC.04.01.03, EP.3) | Status | SAFER Matrix |  |
| Verify that fire safety issues presented to the Safety/EC Committee are effectively resolved (EC.04.01.05, EP.1) | Status | SAFER Matrix |  |
| Evaluate the effectiveness of actions taken to resolve fire safety issues (EC.04.01.05, EP.2) | Status | SAFER Matrix |  |
| Report performance improvement results to leadership (EC.04.01.05, EP.3) | Status | SAFER Matrix |  |

7. Recommendations.

1. Based on the YEAR risk assessment and monitoring data results, the following performance objectives are recommended to improve the Fire Safety Program in YEAR$—$

| **Performance Objective** | **Performance Indicator(s)** | **SMARTER[[8]](#footnote-8) Performance Measure/ Action Plan*****For each performance objective, determine—*** |
| --- | --- | --- |
| 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 LSC deficiencies.  | Example: % LSC deficiencies corrected ≤ 45 days after identification | -What is your goal?-Is it measurable?-Write your goal in a SMART performance measure format.-What constraints do you have (time, money, other resources)?-What are the steps you will take to meet your goal?-How will you prioritize these steps?-What data do you need to collect and evaluate?-How will you collect and report the data?-How often will you collect and report the data?-How will you explain your goal to your staff so that they know what is being measured?-To accurately compare data overtime, will you need to make adjustments due to changes in variables, such as sample size or quantity? |
| Conserve Resources. Example: Optimize resources by using efficient fire safety processes and lifecycle management of facilities. Specifically, reducing the number of LSC deficiencies occurring throughout the year.  | Example: # New LSC deficiencies, failures, problems detected each quarter |
| Build and Prepare the Team. Example: Improve staff performance through effective fire safety education and training. Specifically, increase staff knowledge of emergency procedures.  | Example: % Staff who know how to properly use a fire extinguisher |
| Consistent Patient Experience. Example: Improve staff and patient satisfaction by providing a safe physical environment. Specifically, reduce the number complaints resulting from false alarms.  | Example: # staff complaints regarding false alarms |

 b. The Facility and Safety Managers will implement the action plans by 30 January 2017, 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 16 January 2017

Safety/EC Committee Chairperson

OFFICE SYMBOL 2 January 2017

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

FOR: Executive Committee

SUBJECT: Evaluation of the 2016 Medical Equipment Management Plan

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

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 YEAR. 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 YEAR.

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 will become effective in 2017. These revisions will not require major changes to the 2017 management plan.

4. Objectives. The YEAR 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 2017 System for Health and they require no major modifications.

5. Performance.

 a. The primary performance improvement initiative for 2016 was 95% of equipment requiring DD Forms 2163 have current, legible stickers attached to the devices.

| **Performance Objective** | **Performance Indicator** | **Performance Result** |
| --- | --- | --- |
| Accountable, Reliable, and Effective Health Services. 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 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 | Discussion-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? |
| Conserve 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  |
| Build and Prepare the Team. 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 |
| Consistent Patient Experience. 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** | **Compliance** | **Risk Assessment[[9]](#footnote-9)** | **Action Plan to Correct** |
| --- | --- | --- | --- | --- |
| **Plan** | Maintain a comprehensive Medical Equipment Management Plan. *The written plan is readily available for review* (EC.01.01.01, Elements of Performance (EP).7) | Status | SAFER Matrix |  |
| **Teach** | Maintain education and training programs to teach staff the methods for eliminating hazards and minimizing risks regarding the use of medical equipment, how to respond to an equipment failure, and how to report equipment safety hazards (EC.03.01.012, EP.1, 2, & 3) | Status | SAFER Matrix |  |
| **Implement** | Conduct global risk assessments to identify and prioritize equipment hazards for corrective action (EC.02.01.01, 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 & 3) | Status | SAFER Matrix |  |
| Solicit input from equipment users during the acquisition process (EC.02.04.01, EP.1) | Status | SAFER Matrix |  |
| Maintain a current, accurate medical equipment inventory. *Documentation is readily available for review* (EC.02.04.01, EP.2) | 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. *Documentation is readily available for review* (EC.02.04.01, EP.3) | Status | SAFER Matrix |  |
| Define medical equipment maintenance strategies in writing. *Documentation is readily available for review* (EC.02.04.01, EP.4) | Status | SAFER Matrix |  |
| Define frequencies for inspecting, testing, and maintaining equipment in writing*. Documentation is readily available for review* (EC.02.04.01, EP.4) | Status | SAFER Matrix |  |
| Monitor and report all SMDA of 1990 incidents (EC.02.04.01, EP.8) | Status | SAFER Matrix |  |
| Maintain written procedures to follow when medical equipment fails. *Documentation is readily available for review* (EC.02.04.01, EP.9) | Status | SAFER Matrix |  |
| Define quality control and maintenance activities and frequencies to maintain quality of CT, PET, MRI, and NM images (EC.02.04.01, EP.10) | Status | SAFER Matrix |  |
| Perform safety, operational, and functional checks on all new equipment before use (EC.02.04.03, EP.1) | Status | SAFER Matrix |  |
| Perform and document inspections, tests, and maintenance of high risk/life support equipment. *Documentation is readily available for review* (EC.02.04.03, EP.2) | Status | SAFER Matrix |  |
| Perform and document inspections, tests, and maintenance of non-high-risk/non-life support equipment. *Documentation is readily available for review* (EC.02.04.03, EP.3) | Status | SAFER Matrix |  |
| Perform testing and maintenance of all sterilizers. *Documentation is readily available for review* (EC.02.04.03, EP.4) | Status | SAFER Matrix |  |
| Perform equipment maintenance and biological testing of water used in hemodialysis. *Documentation is readily available for review* (EC.02.04.03, EP.5) | Status | SAFER Matrix |  |
| Maintain the quality of CT, PET, MRI, and NM images produced (EC.02.04.03, EP.15 | Status | SAFER Matrix |  |
| Measure the radiation dose produced by CT imaging equipment by a diagnostic medical physicist annually. *Documentation is available for review* (EC.02.04.03, EP.17) | Status | SAFER Matrix |  |
|  | Conduct annual performance evaluations on CT, MRI, NM, and PET imaging equipment and image acquisition display monitors by a diagnostic medical physicist, MRI scientist, or nuclear medicine physicist. *Documentation is available for review* (EC.02.04.03, EP.19, 20, 21, 22, and 23)  | Status | SAFER Matrix |  |
|  | Maintain policies and procedures for managing clinical alarms. *Documentation is readily available for review* (National Patient Safety Goals (NPSG) 06.01.01, EP.1, 2, 3, & 4) | Status | SAFER Matrix |  |
|  | Develop written procedures to follow when medical equipment fails (EC.02.04.01, EP.6) | 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 and 5) | Status | SAFER Matrix |  |
| Report and investigate medical/laboratory equipment management problems, failures and use errors(EC.04.01.01, EP.10) | Status | SAFER Matrix |  |
|  | Evaluate the Medical Equipment Management Plan within prescribed time frames. *The written evaluation is readily available for review* (EC.04.01.01, EP.15) | Status | SAFER Matrix |  |
| **Monitor** | Analyze data to identify and resolve medical equipment issues in the Safety/EC Committee meetings (EC.04.01.03, EP.2) | Status | SAFER Matrix |  |
| **Improve** | Recommend one or more priorities for improving the physical environment to leadership annually (EC.04.01.03, EP.3) | Status | SAFER Matrix |  |
| Verify that medical equipment issues presented to the Safety/EC Committee are effectively resolved (EC.04.01.05, EP.1) | Status | SAFER Matrix |  |
| Evaluate the effectiveness of actions taken to resolve medical equipment issues (EC.04.01.05, EP.2) | Status | SAFER Matrix |  |
| Report performance improvement results to leadership (EC.04.01.05, EP.3) | Status | SAFER Matrix |  |

7. Recommendations.

1. Based on the YEAR risk assessment and monitoring data results, the following performance objectives are recommended to improve the Medical Equipment Program in 2017—

| **Performance Objective** | **Performance Indicator(s)** | **SMARTER[[10]](#footnote-10) Performance Measure/ Action Plan*****For each performance objective, determine—*** |
| --- | --- | --- |
| Accountable, Reliable, and Effective Health Services. Example: Effectively manage medical equipment risks through regulatory compliance and by using best industry practices (internal processes). Specifically, managing risk through prompt preventive maintenance checks and calibration.  | Example: % preventive maintenance, checks, calibration completed on time | -What is your goal?-Is it measurable?-Write your goal in a SMART performance measure format.-What constraints do you have (time, money, other resources)?-What are the steps you will take to meet your goal?-How will you prioritize these steps?-What data do you need to collect and evaluate?-How will you collect and report the data?-How often will you collect and report the data?-How will you explain your goal to your staff so that they know what is being measured?-To accurately compare data overtime, will you need to make adjustments due to changes in variables, such as sample size or quantity? |
| Conserve Resources. Example: Optimize resources by using efficient medical equipment processes and lifecycle management of facilities. Specifically, making sure the department is sufficiently staffed to maintain the medical equipment included in the inventory.  | Example: % man-hours applied to scheduled work |
| Build and Prepare the Team. Example: Improve staff performance through effective medical equipment education and training. Specifically, identifying gaps in user’s knowledge of medical equipment use.  | Example: # of corrective maintenance activities resulting from user error or abuse |
| Consistent Patient Experience. Example: Improve staff and patient satisfaction by providing a safe physical environment. Specifically, reduce the number complaints resulting from the time needed to repair equipment.  | Example # customer service complaints received each quarter |

 b. The Chief, Medical Equipment Maintenance will implement the action plans by 30 January 2017, 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 16 January 2017

Safety/EC Committee Chairperson

OFFICE SYMBOL 2 January 2017

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

FOR: Executive Committee

SUBJECT: Evaluation of the 2016 Utility Management Plan

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

2. Purpose. The purpose of this evaluation is to measure and document the extent that the HEALTHCARE FACILITY NAME managed utility risks in the physical environment in YEAR. 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 YEAR.

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 will become effective in 2017. These revisions will not require major changes to the 2017 management plan.

4. Objectives. The YEAR 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 YEAR System for Health and they require no major modification.

5. Performance.

 a. The primary performance improvement initiative for 2016 was facility personnel will respond to 98% of trouble alarms located in critical care areas within 5 minutes. See discussion in the following table and graph for details.

| **Objective** | **Indicator** | **Performance** |
| --- | --- | --- |
| Accountable, Reliable, and Effective Health Services. 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 ≤ 5 minutes. | Discussion-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 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 |
| Build and Prepare the Team. 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 |
| Consistent Patient Experience. 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** | **Status** | **Risk Assessment[[11]](#footnote-11)** | **Action Plan to Correct** |
| --- | --- | --- | --- | --- |
| **Plan** | Maintain a comprehensive Utility Management Plan. *The written plan is readily available for review* (Environment of Care (EC).01.01.01, Elements of Performance (EP).8) | Status | SAFER Matrix |  |
| **Teach** | Maintain education and training programs to teach staff the methods for eliminating hazards and minimizing risks related to the utility systems within the workplace, how to respond to utility system failures, and how to report utility system safety hazards (EC.03.01.01, EP.1, 2, & 3) | Status | SAFER Matrix |  |
| **Implement** | Conduct global risk assessments to identify and prioritize utility system hazards for corrective action (EC.02.01.01, EP.1) | Status | SAFER Matrix |  |
| Conduct focused risk assessments to eliminate utility system hazards or manage risk when hazards cannot be eliminated (EC.02.01.01, EP.1) | Status | SAFER Matrix |  |
| Ensure utility systems meets patient care and operational needs (EC.02.05.01, EP.1) | 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). *Documentation is readily available for review* (EC.02.05.01, EP.2) | Status | SAFER Matrix |  |
| Evaluate new types of utility systems and their components before initial use to determine whether they should be included in the inventory. *Documentation is readily available for review* (EC.02.05.01, EP.2) | 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. *Documentation is readily available for review* (EC.02.05.01, EP.3) | Status | SAFER Matrix |  |
| Define utility system maintenance strategies in writing. *Documentation is readily available for review* (EC.02.05.01, EP.4) | Status | SAFER Matrix |  |
| Define frequencies for inspecting, testing, and maintaining utility systems in writing. *Documentation is readily available for review* (EC.02.05.01, EP.4) | Status | SAFER Matrix |  |
| Label utility system controls to facilitate partial or complete emergency shutdowns (EC.02.05.01, EP.8) | Status | SAFER Matrix |  |
| Maintain procedures for responding to utility system disruptions. *Documentation is readily available for review* (EC.02.05.01, EP.9) | Status | SAFER Matrix |  |
| Maintain procedures for shutting off malfunctioning systems and notifying staff in affected areas (EC.02.05.01, EP.10) | Status | SAFER Matrix |  |
| Maintain procedures for performing clinic interventions during utility system disruptions (EC.02.05.01, EP.11)  | Status | SAFER Matrix |  |
| Maintain procedures for obtaining emergency repair procedures (EC.02.05.01, EP.12) | Status | SAFER Matrix |  |
| Follow local procedures for responding to utility system disruptions (EC.02.05.01, EP.13) | 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.14) | 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.15) | Status | SAFER Matrix |  |
| Maintain diagrams mapping the distribution of the utility systems. *Documentation is readily available for review* (EC.02.05.01, EP.16) | Status | SAFER Matrix |  |
| Provide a reliable emergency electrical power source for alarm systems, exit route and sign illumination, emergency communication systems, elevators and for equipment and 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 (EC.02.05.03, EP.1 through 6). | Status | SAFER Matrix |  |
| Test utility system components on the inventory before initial use. *Documentation is readily available* (EC.02.05.05, EP.1) | Status | SAFER Matrix |  |
| Inspect, test, and maintain high-risk (life support) components and non-high-risk components and infection control components on the inventory; emergency power systems (emergency battery powered lights, stored emergency power supply system (SEPSS), automatic transfer switches (ATS), and generators); and piped medical gas and vacuum systems (master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets) . *Documentation is readily available for review* (EC.02.05.05, EP.3, 4, & 5 and EC.02.05.07, EP.1 through 8) | Status |  |  |
| Implement measures to protect building occupants until necessary repairs or corrections are completed in the event that the emergency power system fails (EC.02.05.07, EP.9) | Status | SAFER Matrix |  |
| Perform a retest after making necessary repairs following an emergency power system failure (EC.02.05.07, EP.10) | Status | SAFER Matrix |  |
| Test piped medical gas and vacuum systems for purity, correct gas, and proper pressure when they are installed, modified or repaired. *Documentation is readily available for review* (EC.02.05.09, EP.1 and 2) | Status | SAFER Matrix |  |
| Make sure main supply valves and area shutoff valves for piped medical gas and vacuum systems are accessible and clearly identify the what the valves control (EC.02.05.09, EP.3) | Status | SAFER Matrix |  |
| Make sure lighting is suitable for care, treatment and services (EC.02.06.01, EP.11) | Status | SAFER Matrix |  |
| Maintain ventilation, temperature, and humidity levels suitable for care, treatment and services (EC.02.06.01, EP.13) | Status | SAFER Matrix |  |
| Keep areas used by patients clean and free of offensive odors (EC.02.06.01, EP.20) | Status | SAFER Matrix |  |
| **Respond** | 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 (Emergency Mangement (EM).02.02.09, EP.2 through 7) | Status | SAFER Matrix |  |
| Report and investigate utility system management problems, failures, and use errors (EC.04.01.01, EP.11) | Status | SAFER Matrix |  |
| Evaluate the Utility Management Plan within prescribed time frames. *The written evaluation is readily available for review* (EC.04.01.01, EP.15) | Status | SAFER Matrix |  |
| **Monitor** | Analyze data to identify and resolve utility system issues in the Safety/EC Committee meetings (EC.04.01.03, EP.2) | Status | SAFER Matrix |  |
| **Improve** | Recommend one or more priorities for improving the physical environment to leadership annually (EC.04.01.03, EP.3) | Status | SAFER Matrix |  |
| Verify that utility system issues presented to the Safety/EC Committee are effectively resolved (EC.04.01.05, EP.1) | Status | SAFER Matrix |  |
| Evaluate the effectiveness of actions taken to resolve utility system issues (EC.04.01.05, EP.2) | Status | SAFER Matrix |  |
| Report performance improvement results to leadership (EC.04.01.05, EP.3) | Status | SAFER Matrix |  |

7. Recommendations.

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

| **Performance Objective** | **Performance Indicator(s)** | **SMARTER[[12]](#footnote-12) Performance Measure/ Action Plan*****For each performance objective, determine—*** |
| --- | --- | --- |
| Accountable, Reliable, and Effective Health Services. Example: Effectively manage utility system risks through regulatory compliance and by using best industry practices (internal processes).  | Examples:# minutes required to respond to trouble calls% preventive maintenance, checks, calibration completed on time# successful emergency generator tests conducted within prescribed time frames# utility system failures resulting in patient injury each quarter  | -What is your goal?-Is it measurable?-Write your goal in a SMART performance measure format-What constraints do you have (time, money, other resources)?-What are the steps you will take to meet your goal?-How will you prioritize these steps?-What data do you need to collect and evaluate?-How will you collect and report the data?-How often will you collect and report the data?-How will you explain your goal to your staff so that they know what is being measured?-To accurately compare data overtime, will you need to make adjustments due to changes in variables, such as sample size or quantity? |
| Conserve Resources. Example: Optimize resources by using efficient utility system processes and lifecycle management of facilities.  | Examples: % man-hours applied to scheduled work# utility system problems, failures, and use errors resulting in patient disruption |
| Build and Prepare the Team. Example: Improve staff performance through effective utility system education and training.  | Examples: # of corrective maintenance activities resulting from user error or abuse |
| Consistent Patient Experience. Example: Improve staff and patient satisfaction by providing a safe physical environment.  | Example: # customer complaints received each quarter |

 b. The Facilities Manager will implement the action plans by 30 January 2017, 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 16 January 2017

Safety/EC Committee Chairperson

1. High = Harm could happen at any time; Moderate = Harm could happen occaisionally; Low = Harm could happen, but would be rare; Limited = Unique occurrence that is not representative of routine/regular practice; Pattern = Multiple occurrences with potential to impact few/some patients, vistiors, staff and/or settings; Widespread = Multiple occurrences with potential to impact most/all patients, visitors, staff and/or settings. [↑](#footnote-ref-1)
2. SMARTER: **Specific** (What do you want to accomplish? Why? Who is involved?), **Measurable** (quantifiable), **Attainable** (neither out of reach nor below standard performance), **Relevant** (worthwhile), **Time-Bound** (assigned a target completion date), **Explainable** (easy to understand so that everybody knows what is being measured) and **Relative** (allows for comparison of values over time) [↑](#footnote-ref-2)
3. High = Harm could happen at any time; Moderate = Harm could happen occaisionally; Low = Harm could happen, but would be rare; Limited = Unique occurrence that is not representative of routine/regular practice; Pattern = Multiple occurrences with potential to impact few/some patients, vistiors, staff and/or settings; Widespread = Multiple occurrences with potential to impact most/all patients, visitors, staff and/or settings. [↑](#footnote-ref-3)
4. SMARTER: **Specific** (What do you want to accomplish? Why? Who is involved?), **Measurable** (quantifiable), **Attainable** (neither out of reach nor below standard performance), **Relevant** (worthwhile), **Time-Bound** (assigned a target completion date), **Explainable** (easy to understand so that everybody knows what is being measured) and **Relative** (allows for comparison of values over time) [↑](#footnote-ref-4)
5. High = Harm could happen at any time; Moderate = Harm could happen occaisionally; Low = Harm could happen, but would be rare; Limited = Unique occurrence that is not representative of routine/regular practice; Pattern = Multiple occurrences with potential to impact few/some patients, vistiors, staff and/or settings; Widespread = Multiple occurrences with potential to impact most/all patients, visitors, staff and/or settings. [↑](#footnote-ref-5)
6. SMARTER: **Specific** (What do you want to accomplish? Why? Who is involved?), **Measurable** (quantifiable), **Attainable** (neither out of reach nor below standard performance), **Relevant** (worthwhile), **Time-Bound** (assigned a target completion date), **Explainable** (easy to understand so that everybody knows what is being measured) and **Relative** (allows for comparison of values over time) [↑](#footnote-ref-6)
7. High = Harm could happen at any time; Moderate = Harm could happen occaisionally; Low = Harm could happen, but would be rare; Limited = Unique occurrence that is not representative of routine/regular practice; Pattern = Multiple occurrences with potential to impact few/some patients, vistiors, staff and/or settings; Widespread = Multiple occurrences with potential to impact most/all patients, visitors, staff and/or settings. [↑](#footnote-ref-7)
8. SMARTER: **Specific** (What do you want to accomplish? Why? Who is involved?), **Measurable** (quantifiable), **Attainable** (neither out of reach nor below standard performance), **Relevant** (worthwhile), **Time-Bound** (assigned a target completion date), **Explainable** (easy to understand so that everybody knows what is being measured) and **Relative** (allows for comparison of values over time) [↑](#footnote-ref-8)
9. High = Harm could happen at any time; Moderate = Harm could happen occaisionally; Low = Harm could happen, but would be rare; Limited = Unique occurrence that is not representative of routine/regular practice; Pattern = Multiple occurrences with potential to impact few/some patients, vistiors, staff and/or settings; Widespread = Multiple occurrences with potential to impact most/all patients, visitors, staff and/or settings. [↑](#footnote-ref-9)
10. SMARTER: **Specific** (What do you want to accomplish? Why? Who is involved?), **Measurable** (quantifiable), **Attainable** (neither out of reach nor below standard performance), **Relevant** (worthwhile), **Time-Bound** (assigned a target completion date), **Explainable** (easy to understand so that everybody knows what is being measured) and **Relative** (allows for comparison of values over time) [↑](#footnote-ref-10)
11. High = Harm could happen at any time; Moderate = Harm could happen occaisionally; Low = Harm could happen, but would be rare; Limited = Unique occurrence that is not representative of routine/regular practice; Pattern = Multiple occurrences with potential to impact few/some patients, vistiors, staff and/or settings; Widespread = Multiple occurrences with potential to impact most/all patients, visitors, staff and/or settings. [↑](#footnote-ref-11)
12. SMARTER: **Specific** (What do you want to accomplish? Why? Who is involved?), **Measurable** (quantifiable), **Attainable** (neither out of reach nor below standard performance), **Relevant** (worthwhile), **Time-Bound** (assigned a target completion date), **Explainable** (easy to understand so that everybody knows what is being measured) and **Relative** (allows for comparison of values over time) [↑](#footnote-ref-12)