Miami Valley Hospital
Residency Programs
Site Level Policies Pertaining to Residents
Safety Management Plan

Current Review: December 2013
Current Revised: February 2013

SCOPE:

Miami Valley Hospital has a strong commitment to provide a safe environment for all patients, visitors, volunteers, medical staff, and employees.

PURPOSE:

The purpose of the Safety Management Plan is to provide a safe environment for all patients, staff and others utilizing the facility by identifying and minimizing avoidable risks and by implementing processes to minimize the likelihood of those risks causing incidents. This is accomplished by:

Identifying an environmental Safety Officer designated by the Chief Operating Officer to coordinate and monitor the safety management activities, with authority to intervene whenever conditions immediately threaten life or health or threaten damage to equipment or buildings.

Conducting proactive risk assessments that evaluate the potential adverse impact of buildings, grounds, equipment, occupants, and internal physical systems on safety and health. These identified risks are used to select and implement procedures and controls to achieve the lowest potential for adverse impact on the safety and health of those using the hospital’s facilities.

Establishing safety policies and procedures that are distributed, practiced, enforced and reviewed as frequently as necessary, but at least every 3 years.

Conducting regular hazard surveillance assessments of the facility to identify environmental deficiencies, hazards, and unsafe practices at least every 6 months in patient-care areas and at least annually in non-patient-care areas.

Developing, implementing, and enforcing a nonsmoking policy throughout all hospital buildings and grounds.

POLICY/PROCEDURE:

The authority for the safety plan rests with the Board of Trustees (Governing Body). The Board of Trustees has delegated the authority to implement and maintain the activities described herein to the President and Chief Executive Officer, or his/her designee, who shall report quarterly on important safety issues to the Governing Body. The Environmental Safety Committee, Safety Officer, and members of the management and medical staff shall work together to implement an effective safety program. The chairperson of the Safety Committee and the Safety Officer shall have the authority to take actions in situations that require immediate intervention to avoid serious risks to patients, visitors, and staff.

The Environmental Safety Committee is responsible for and authorized to oversee and direct the safety program. The Committee provides a multidisciplinary forum for the analysis and dissemination of information and formulation of corrective and preventive actions to manage risk to patients, visitors, and hospital staff. The Committee shall meet at least ten times per year or as often as necessary and shall review and evaluate regular reports on information relating to life safety, safety equipment management and utility management as presented by the Safety Officer. The Safety Committee will also review and evaluate reports from its subcommittees. The Safety Officer compiles the majority of the data collected and submits to the Safety Committee as part of his/her monthly report. The Committee will identify problems and take corrective actions to improve the safety of patients, visitors, volunteers, medical staff, and employees. The activities of the Environmental Safety Committee will be documented in a format that clearly reflects discussions, conclusions, recommendations, action taken, and evaluations of action taken. The Committee assesses the effectiveness of actions taken.

The Committee shall appoint individuals or subcommittees as necessary to address special topics such as fire and emergency management, utility and equipment management, accident and hazard surveillance, hazardous materials and waste management, and safety training. Appointed subcommittees shall meet no less than quarterly. The Committee will review and evaluate the effectiveness of safety programs, policies and procedures at least every three years.

Committee membership shall include the following appointees or his/her designees:

- VP Hospital Operations, Chairperson
- Infection Control Coordinator
- Employee Health Nurse Manager
- Medical/Surgical Unit representative
- Manager, Clinical Laboratory
- Director, Campus Police
- Manager, Nutrition Services
- Radiation Safety Officer
- Manager, Safety/Hazardous Materials (Safety Officer)
- Director, Facilities Support
- Director, Risk Management
- Manager, Human Resources
- Quality Management representative
- Environmental Services representative
- Surgery representative
- Other Resources, On-Call as needed

Submitted by: Chris Green
Approved by: Chris Green, Safety Officer

Endorsed by: Environmental Safety Committee, Ed Syron, Chairperson

Keywords: Plan, safety, environmental safety, management plan
Approved by:
The Committee chairperson and members of the Environmental Safety Committee shall be appointed by the Chief Operating Officer. Subcommittee chairpersons shall be appointed by the Environmental Safety Committee Chairman. Appointees shall serve for a period of two to five years.

**Safety Officer**

The Safety Officer shall be selected by the Chief Operating Officer. The Safety Officer shall manage and oversee all safety programs (departmental and general) and activities and provide support to the Environmental Safety Committee. The Safety Officer is responsible for gathering information from organizational experience as well as applicable laws and regulations in order to identify safety risks to patients, visitors, and hospital staff. He/she will provide reports on safety issues including actions and recommendations of the Committee to management and medical staffs. He/she is accountable to the Chairperson of the Environmental Safety Committee.

**Management and Medical Staff**

Management and medical staffs are responsible for implementing relevant parts of the safety program in their respective departments. Staff members are responsible for ensuring that employees under their direction receive relevant safety information including actions and recommendations of the Environmental Safety Committee. Staff members shall ensure that employees under their direction participate in relevant safety education and training programs annually. Staff members are responsible for developing departmental policies and procedures in accordance with safety programs.

Management and medical staff members will participate in the accident review and investigation program and will report all non-clinical accidents and incidents to the Safety Officer or the Environmental Safety Committee. In addition, staff members will report to their supervisor, Safety Officer, or Safety Committee circumstances that present obvious or apparent risk to patients, visitors, or hospital staff. All staff members will cooperate with the Committee in its efforts to implement Joint Commission standards relating to life safety, general safety, utility management, and equipment management programs.

**Information Collection, Evaluation, and Reporting**

Regular information-gathering activities will be coordinated by the Safety Officer and will address various aspects of safety, life safety equipment management, and utility management. This information will be summarized and presented to the Committee on a regular basis. This information will be presented in a format that allows the Committee to assess trends and turning points and to compare this information with industry standards or nation rates where available. Further, safety data will be collated into a quarterly report for the Committee's review and an Annual Report to evaluate the effectiveness of the Safety Management Program. These reports will summarize both process and outcome indicators. Threshold values, where appropriate, will be developed for each indicator to facilitate the identification of problems and opportunities to improve safety: Performance indicators will address, but not be limited to, the following (Actual Performance Indicators are summarized in the Safety Department):

- Employee accidents
- Visitor accidents
- Hazardous Materials Spills
- Patient incidents
- Medical equipment maintenance
- Fire safety
- Utility management
- Security incidents
- Radiation safety
- Interim life safety measures
- Reports from relevant agencies
- Special or unusual occurrences related to safety.

The quarterly and annual reports produced by the Safety Officer and the Environmental Safety Committee will include relevant data for these indicators and will summarize relevant recommendations and actions taken to improve the safety of patients, visitors, and hospital staff. These reports will be disseminated to members of the management and medical staffs.

**Coordination with Performance Improvement and Risk Management Programs**

In a manner consistent with the protection of confidentiality of the quality management and risk management programs, information related to safety issues, including patient safety issues, will be shared with the Environmental Safety Committee. The Committee will share, in a manner consistent with the protection of confidentiality of the quality management and risk management programs, information relating to quality management and risk management.

**Educational Programs**

Educational activities coordinated by the Safety Officer represent a primary means through which the safety program will effect improvements in the safety of patients, visitors, and hospital staff. Educational programs are based on industry standards, literature reviews, and the monitoring of problems, trends, or recurring situations as defined by the Environmental Safety Committee and the Safety Officer. In addition, educational programs will be adapted to reflect evaluation of the effectiveness of training programs. Members of management and medical staffs are responsible for ensuring that employees under their direction participate in relevant educational programs. All new employees will attend the orientation programs at Premier Health central to receive initial safety training. Thereafter, each employee must participate in relevant departmental educational programs annually.

**Evidence of Performance and Evaluation**

1. Indicators for the performance of the Safety Management Plan are documented in the Information Collection and Evaluation system by the Safety Officer. Performance indicators include the measurement of employee injuries, needle sticks, blood & body fluid exposures, and crimes and thefts. The indicators are reported to the Environmental Safety Committee by the Safety Officer monthly, quarterly and annually.

2. The Performance Indicators for the Safety Management Plan are reported to the Operational Performance Improvement Committee semiannually and the Board of Trustees on a quarterly basis. The Board will evaluate the performance indicators of the plan and make recommendations for changes as they deem appropriate.
Quality Innovation

Current Revised: Feb. 2014
Previous Date Revised: Aug. 1996; Oct. 2001; Mar 2011

Goals

1. To support the Premier Health System and Miami Valley Hospital’s efforts to continually improve performance through education, data collection and analysis, and process redesign.

2. To ensure that leaders and clinical teams have needed, patient safety, and performance information to analyze the organization’s current state leading to appropriate actions for improvement.

3. To support the Medical Staff peer review function.

4. To support initiatives in order to meet regulatory requirements for The Joint Commission, Peer Review Systems, Centers for Medicare and Medicaid Services, including core measure improvement initiatives, readmission reduction strategies and reporting data to our Third Party Payers.

5. Conduct quality of care reviews to include: individual cases; patient safety indicator complication recovery; Root Cause Analysis (RCAs) and Intensive Assessment (IAs); and Hospital Acquired Conditions (HACs)

Hours of Operation:

8:00a.m. – 5:00p.m., Monday through Friday, closed on hospital approved holidays.

Services Rendered:

The Quality Innovation (QI) Department is responsible to monitor and facilitate improvement teams to ensure continued improvement for patient and safety indicators that are part of the Premier Health Quality Balanced Scorecard and all other externally reported quality metrics (e.g. ODH, Anthem, CMS). The QI Department works in collaboration with the Premier Health Clinical Analytics to maintain multiple data bases which support the organization’s clinical and comparative information needs. Concurrent data collection is done by the Infection Control Division of the Quality Innovation Department (see the Infection Control section of this manual). The QI Department is also responsible for collecting, maintaining and analyzing confidential data used by the organization’s leaders, medical staff, committees, benchmark teams, and regulatory agencies.

The Quality Innovation Department provides support and education for managers to enhance their ability to lead performance improvement initiatives. The department provides facilitation for teams identified to meet the organization’s strategic goals.