ENVIRONMENT OF CARE ANNUAL REPORT, 2008
SONOMA VALLEY HOSPITAL

REPORT TO THE BOARD OF DIRECTORS

The annual evaluation of the environment of care program is prepared for the Board of Directors of Sonoma Valley Hospital in compliance with TJC standards. The report includes:

- A review of all areas of SVH's safety program;
- A summary of the effectiveness of performance improvement efforts in 2008; and
- Goals and objectives for 2009.

In compliance with the intent of TJC Leadership and Environment of Care standards, the Safety Committee of Sonoma Valley Hospital welcomes a documented response from the Board. Please indicate one of the following:

✓ The Board of Directors has received this report from the Safety Committee and concurs with the findings and recommendations of the Committee.
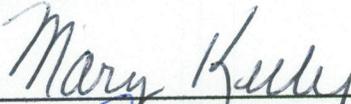
_____ The Board of Directors has received this report from the Safety Committee and concurs with the findings and recommendations of the Committee. The Board would like additional information on the following items:

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_____ The Board of Directors has received the report from the Safety Committee and recommends the following:

_____
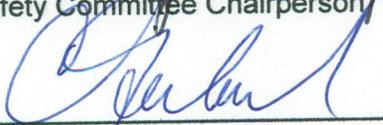_____
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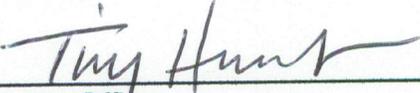
_____
Safety Officer

_____
Safety Committee Chairperson

_____
CEO

Cc: Quality Improvement Committee

Environment of Care Annual Report
And Program Evaluation
2008
Goals for Safety Program 2009

Sonoma Valley Hospital
SONOMA VALLEY HEALTH CARE DISTRICT

ENVIRONMENT OF CARE ANNUAL REPORT 2008

SONOMA VALLEY HOSPITAL

I.   PURPOSE AND SCOPE OF THE REPORT

The purpose of the annual report is to assess the effectiveness of all components of SVH's safety efforts. This annual report is part of the Safety Management Program of Sonoma Valley Hospital. The scope of the report includes the evaluation of how well SVH manages the environment of care; a summarization of the effectiveness in improving safety performance over the past year; and a list of the goals and objectives for improving safety at SVH in the coming year.

There are three corresponding sections of this Annual Report:

- Overall evaluation of the Safety Program and safety management plans
- Report of progress on 2008 goals and objectives
- Priorities, goals and objectives for 2009

II.   OVERALL EVALUATION OF THE 2008 SAFETY PROGRAM

There were several factors in the external and internal environment that influenced the direction of SVH's safety program in 2008. The national emphasis on Patient Safety was a primary focus of safety overall at SVH and has had an impact on many specifics of the safety program. Concern for infant and employee security and Emergency Management has continued to influence the efforts of the safety, security, and emergency preparedness components of SVH's safety program.

Information Collection and Evaluation System (ICES)

To assure the ongoing effectiveness of SVH's Safety Program, the Safety Committee strives to continually identify and monitor performance related to risk elements in the environment of care. By TJC standards, these performance indicators may include staff knowledge and skills; level of staff participation (in drills, etc.); monitoring and inspection activities; emergency and incident reporting; or inspection, preventive maintenance, and testing of equipment. These "indicators" comprise the Information Collection and Evaluation System (ICES) and are consolidated into Quarterly Safety Reports that are reviewed by the Safety Committee, Quality Improvement Committee, and ultimately the Board of Directors. Specific measures are described in the individual Safety Management Plans.

Review Of Effectiveness of Environment of Care Management Plans

The separate Management Plans are available through the Safety Officer or on the SVH Intranet and the individuals responsible for implementing the plans. During 2008, all safety management plans were reviewed and updated. These reviews and subsequent revisions helped to assure that:

- All standards and requirements of The Joint Commission are met.
- Objectives, scope, performance, and effectiveness on key indicators of the plans are appropriate;
- Priorities identified during the year are addressed.

Some specific implications of these reviews for 2009 planning include the following and will be addressed in Section III of this report:

General Safety

- Emphasis on employee safety, as measured by cost and number of worker's compensation claims.

Security

- Infant security system.
- Workplace violence training.

Emergency Preparedness:

- Continue HICS training.
- Emergency Preparedness drills.
- Create separate Emergency Management function per TJC

Equipment

- Continue to monitor Preventive Maintenance of Biomedical Life-Support Equipment for a threshold of 100% and non life support of 95%.

Utilities

- Emphasis on energy savings by replacing air handling equipment.
- Further savings by buying energy ahead of time at low rate.
- Monitoring of Preventive Maintenance for Life-Support Utilities with a threshold of 100%.

Life Safety

- Establish Life Safety objectives according to new Joint Commission and NFPA 101 standards.
- Train Safety Officer on new NFPA 101 Life Safety Code for Healthcare.

Hazardous Materials

- Material Safety Data Sheets updated and process for keeping them updated..

III. EFFECTIVENESS OF PERFORMANCE ON 2008 GOALS AND INITIATIVES

The priorities for SVH's safety management program in 2008 included reduction in employee injuries and costs, prevention of workplace violence, improvement in response to Emergency Preparedness and hazardous materials threats, and patient safety. Both measurable safety performance improvement goals and more project-oriented goals were established for 2008.

In this section of the report, the effectiveness of the efforts to achieve the year 2008 goals is summarized.

Performance Goals	Conclusions/Actions/Follow Up
Safety Management Program	
(includes risk management, employee occupational health and infection control)	
Measurable performance goals • Compliance with annual tuberculosis screening of all employees and contract staff. Threshold 95% Achieved 100%	Annual tuberculosis screening mandatory.
• Maintain employee blood exposures based on education and continued review of safety needle devices. Threshold <5/yr Achieved - 2	Continuing exposure control plan and introducing safer sharps devices.
• Decrease workers' strain, sprain, repetitive injury compensation claims. Reduce Threshold by 5% from 2007 claims. Achieved 25% decrease.	Continuing ergonomic program and educating employees on safe work practices.
• Decrease workers' compensation incurred loss costs. Threshold decrease by 10% from 2007 annual loss costs. Achieved decrease of 50%	Continuing ergonomic program and educating employees on safe work practices.
• Mask Fit Testing Threshold 90% Achieved 82%	Fit testing required by OSHA. Will establish an action plan we need to achieve threshold.
• Employees wear name badges. Threshold 100% Achieved 100%	This only reflects observations taken during Environmental Safety Rounds. There continues to be non compliance, particularly amongst Physicians. Will continue to monitor.
Other Goals	
• Post Safety Management Plan/ Infection Control Plan/ and Emergency Management Plan on SVH Intranet. Threshold 90% Achieved 100%	Establish new goal of a proactive approach to departmental involvement in environmental rounds of their department. Continue to monitor staff knowledge of online and paper copy of manuals.
Patient Safety Goals	
• Name the 2 patient identifiers used @ SVH Threshold 100% Achieved 99%	2008 Patient Safety goal 1A. Need to continue to monitor.

Performance Goals	Conclusions/Actions/Follow Up
• Nursing able to state 3 unacceptable abbreviations. Threshold 90% Achieved 96%	2008 Patient Safety goal 2B. Will review new Patient Safety goals for 2009 for new objective.
• Explain your role in SBAR. Threshold 90% Achieved 97%	2008 Patient Safety goal 2C. Will review new Patient Safety goals for 2009 for new objective.
• Where is a list of look alike/sound alike meds? Threshold 100% Achieved. 100%	2008 Patient Safety goal 3C. Will review new Patient Safety goals for 2009 for new objective.
• Critical test results must be reported in what time? Threshold 90% Achieved. 100%	2008 Patient Safety goal 2C. Will review new Patient Safety goals for 2009 for new objective.
• When are verbal orders appropriate? Threshold 90% Achieved. 100%	2008 Patient Safety goal 2E. Will review new Patient Safety goals for 2009 for new objective.
• How are patient meds reconciled during transition of care? Threshold 90% Achieved 100%	2008 Patient Safety goal 8B. Will review new Patient Safety goals for 2009 for new objective.
• What is the preoperative verification process? Threshold 90% Achieved 95%	2008 Patient Safety goal 1A. Will review new Patient Safety goals for 2009 for new objective.
• Nursing staff able to state read-back protocol? Threshold 90% Achieved. 100%	2008 Patient Safety goal 2A.Will review new Patient Safety goals for 2009 for new objective.
Life Safety/Fire Prevention Program	
Measurable goals	
• Employee knowledge of RACE. Threshold 90% Achieved. 94%	Continue to monitor for Life Safety standards
• Staff knowledge of their role in event of fire. Threshold 95% Achieved 96%	Continue to monitor for Life Safety standards
• Fire drills/emergency drills will be conducted within regulatory standards. Threshold 100% Achieved. 100%	Number of participants also counted.
Security Management Program	
Measurable goals	
• How do you report a Code Gray? Threshold 90% Achieved 100%	Will continue to monitor.
• Provide training in defusing assaultive situations for the Emergency Dept staff, Nursing Supervisors and the Engineering staff. Threshold 95% Achieved 97%	This training is done on an annual basis, as required by the California Health and Safety Code.

Performance Goals	Conclusions/Actions/Follow Up
Other Goals	
• Complete security assessment and implement findings	Some recommendations require capital budget funds, some require FTEs. Non-cost recommendations implemented.
• Record number of incidents. 10 incidents	Details are in the Security Report and with Risk Manager. No permanent security on site.
• Hold quarterly hospital-wide Code Pink drills to continue to familiarize employees with this code. Threshold 2 drills Achieved 1	Drills held by OB Manager. New manager will be briefed.
• Upgrade Security cameras and recorders	Will continue to upgrade and add more cameras.

Equipment Management Program	
Measurable goals	
• What do you do with equipment that is associated with a patient injury? Threshold 90% Achieved 98%	Will change goal to question how equipment is reported.
• Employee ability to hear audible alarms during testing. Threshold 100% Achieved 93%	Interviewed departments where less than 100% was recorded and determined that there was confusion on their part, which alarms were being referred to. Overhead paging does not fall under this purview.
• Medical Equipment Life Support PM's Threshold 100% Achieved 100%	Will continue to measure. Ongoing requirement.
• Medical Equipment Non-Life Support PM's Threshold 95% Achieved 98%	Will continue to measure. Ongoing requirement.

Utilities Management Program	
Measurable goals	
• Measure number of Planned/Unplanned utility failures. 23 incidents.	Details are in Utility Management report.
• Life Support Utilities PM's Threshold 100% Achieved 100%	Will continue to measure. Ongoing requirement.
Emergency Management Program	
Measurable Goals	
What is your role in a Code Activate? Threshold 90% Achieved 97%.	Will continue to measure. Stress rolls employees should assume during a disaster.
• Do you know what HICS is? Threshold 90% Achieved 60%	Will continue to measure. Plan to hold training sessions in areas HICS education is weak.
• Hold 2 disaster drills/year	Will continue exercises as part of TJC requirements.
Other Goals	
• Conduct at least one hospital-wide disaster in coordination with the State and one additional drill.	Will conduct one drill with the State and one drill with the County.

Hazardous Materials Program	
Measurable Goal	
• Nursing able to state proper disposal of pharmaceutical waste. Threshold 90% Achieved 100%	Will discontinue measure and replace with new Element of Performance.
Other Goals	
• Update MSDS inventory and acquire new MSDS sheets. Distribute updated materials to Emergency Dept and Engineering	MSDS Inventory is complete. Will keep updated.
Training	
Measurable Goal	
• Employees and in-house physicians complete the safety education module that addresses all seven safety areas and patient safety goals. Threshold 90% Achieved 100%	This is part of our annual requirement called for in the Safety Management Plan. Plan to hold Safety Fair in the summer and have staff complete a revised education module.
Other Goals	
• Revise the curriculum of the safety education module to reflect current TJC Environment of Care standards, workplace violence, HIPAA, Patient Safety Goals.	On going goal to address new Elements of Performance and standards.

III.   SAFETY PROGRAM OBJECTIVES, 2009

Based on the progress toward prior goals, SVH's internal priorities, and external safety issues and regulatory requirements, the following measurable safety performance improvement goals will be implemented. This year patient safety goals will be changed to be consistent with National Patient Safety Goal changes for 2009.

Measurable Objectives

Safety Management Program (includes risk management, Employee Occupational Health and Infection Control)

- Achieve 95% compliance with annual tuberculosis screening of all employees and contract staff.

- Maintain current low blood/exposure rate of less than five annually.

- As part of the Respiratory Protection Plan required by OSHA, complete fit testing 90% of employees in departments where N95 respirators are required

- Achieve 90% completion rate for hazard surveillance inspections by departments

Security Management

- When questioned, 90% of employees will know how to report an emergency page of Code Gray.

- 100% of Engineering Staff, Emergency Department Staff and Nursing Supervisors will have basic security training.

Life Safety

- Maintain a completion level of 95% or greater for all preventive maintenance on life safety equipment.

- When questioned, 95% of staff demonstrates knowledge of RACE.

- When questioned, 100% of staff demonstrates knowledge of why they should be keeping corridors clear of items that block egress.

Emergency Management

- Conduct two disaster drills with county or state

- What is HICS role in Emergency Preparedness? 90%

- What is your role in the event of a disaster? 90%

Equipment Management

- Biomed Engineering complete "Life Support equipment" PM's 100%.

- Biomed Engineering complete "Non-Life Support equipment" PM's 95%

- How do you report broken or malfunctioning equipment? 90%.

Utilities Management

- Engineering complete "Life-Support equipment" PM's 100%

- Track number of Planned/Unplanned utility failures

Hazardous Materials

- What do you do if a toxic substance is spilled? 90%

Training and Knowledge

- Completion by employees and in-house physicians of the safety education module that addresses all safety areas. 90%

Patient Safety

- Name the 2 patient ID's used @ SVH 100%.
- Where is the list of look alike/sound alike meds? 90%.
- For verbal or telephone orders of critical test results, the individual receiving the order must do what? 100%
- Tell me about the Medication Reconciliation Process 90%

Other Safety Program Improvement Goals For 2009

Safety Management Program (includes the overall safety program, patient safety, employee occupational health and infection control)

- Improve manager compliance with the reporting of remediation to safety rounds findings.

Life Safety/Fire Prevention

- Track the pass/fail disposition of fire devices in a log listing each device. 95%.

Security

- Hold Workplace Violence classes, to maintain the awareness of all employees.
- Upgrade and improve security cameras and their placement

Emergency Management

- Review the current hazard vulnerability study to determine whether there are any changes in priorities.
- Participate with county and state agencies in drills and county meetings.

Equipment Management

- Conduct hospital-wide training to educate staff on Patient Safety Goals for two equipment issues: audible patient care alarms and timely reporting of broken equipment.

Utilities Management

- Maintain generator testing per State and EPA guidelines 100%.

Hazardous Materials

- Maintain hazardous materials inventory, to include product and MSDS Sheets.

Training and Knowledge

- Maintain the curriculum of the safety education module to reflect current The Joint Commission Environment of Care standards on an annual basis.
- Maintain an annual interactive Safety Fair.

Patient Safety

- Reduce falls by equal or < previous year.
- Sentinel events identified and managed according to hospital policy 100%.
- Improve influenza vaccination rate by 2%.