

	SECTION: Environmental Safety	
APPROVED BY: Patient Safety Officer	LAST REVIEW DATE: 3-2011	
SUBJECT: Safety Management Plan	REVISION DATE 3-2011	

## I EXECUTIVE SUMMARY

The environmental safety program is designed to identify and manage the risks of the environments of care operated and owned by LibertyHealth. The specific risks of each environment are identified by conducting and maintaining a proactive risk assessment. An environmental safety program based on applicable laws, regulations, and accreditation standards is designed to manage the specific risks identified in each healthcare building or portions of buildings housing healthcare services operated by LibertyHealth.

The Management Plan for Environmental Safety describes the risk, safety, and daily management activities that LibertyHealth has put in place to achieve the lowest potential for adverse impact on the safety and health of patients, staff, and other people, coming to the organization's facilities. The management plan and the environmental management program are evaluated annually to determine if they accurately describe the program and that the scope, objectives, performance, and effectiveness of the program are appropriate.

The program is applied to the Jersey City Medical Center, Off-sites of JCMC and Meadowlands Hospital Medical Center of LibertyHealth.

## III OBJECTIVES

- A. Perform an initial proactive risk assessment of the buildings, grounds, equipment, staff activities, and the care and work environment for patients and employees to evaluate the potential adverse impact on all persons coming to the facilities of LibertyHealth.
- B. Perform additional risk assessments when changes involving these issues occur.
- C. Analyze accidents, incidents, and occurrences to identify root cause elements of those incidents.
- D. Make changes in the procedures and controls to address identified root causes of incidents.
- E. Conduct environmental rounds in all areas of the hospital, affiliated medical practices and clinics. Staff making rounds evaluates the physical environment, equipment, and work practices. Rounds are conducted in all support areas at least annually and all patient care areas at least semi-annually.
- F. Present quarterly reports of EC management activities to the Safety Committee. The reports from each EC area manager identify key issues of performance and regulatory compliance, present recommendations for improvement, and provide information about ongoing activities to resolve previously identified EC issues. The Environmental Safety Officer coordinates the documentation and presentation of this information.
- G. Assure that all departments have current organization wide and department specific procedures and controls designed to manage identified risks.

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- H. Review the risks and related procedures and controls at least once every three years to assure that the EC programs are current.
- I. Assign qualified individuals to manage the EC programs and to respond to immediate threats to life and health.
- J. Perform an annual evaluation of the management plan and the scope, objectives performance and effectiveness of the environmental safety program.
- K. Design and present environmental safety education and training to all new and current employees, volunteers, members of the medical staff and others as appropriate.

#### **IV PROGRAM MANAGEMENT STRUCTURE**

- A. The Environmental Safety Director, Patient Safety Officer, and Infection Control Practitioner work as a team to develop the environmental safety program. They collaborate with leaders throughout the organization to conduct appropriate risk assessments, develop risk related procedures and controls, develop staff education and training materials, and manage day-to-day activities of the environmental safety program. The Safety Director is an active member of the Patient Safety Committee to integrate environment of care safety concerns into the Patient Safety program.
- B. The Environment of Care Safety Council Committee monitors and evaluates the processes used to manage the environment of care. The Environment of Care Safety Council Committee meets a minimum of six (6) times per year. During each meeting one or more EC performance management and improvement reports is presented. In addition, reports of the findings of environmental rounds, incident analysis, regulatory changes and other issues are presented as appropriate. The Committee acts on recommendations for improvement, changes in procedures and controls, orientation and education, and program changes related to changes in regulations.
- C. The Committee maintains minutes to assure identified issues are acted on and that analysis of activities after implementation of changes demonstrates that the changes are effective.
- D. Membership of the Committee includes representation from nursing, other clinical services, facilities management, environmental services, other support services, environmental safety, patient safety, administration, staff development, and infection control.
- E. The Board collaborates with the CEO, VP of Construction, and other senior managers to assure budget and staffing resources are available to support the environmental safety program.
- F. The Human Resources and Training Development and other leadership staff are responsible the development and presentation of appropriate materials for orienting new staff members to the organization, the department to which they are assigned, and to job and task specific safety and infection control procedures. The orientation and ongoing education and training emphasis patient and employee safety. The Environmental Safety Officer and Patient Safety Officer participate in the new employee orientation, and review training material for the annual mandatory.

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- G. Department leaders are responsible for assuring that all staff actively participates in the environmental safety program by observing established procedures and conducting work related activities in a manner consistent with their training. Department leaders also participate in the reporting and investigation of incidents occurring in their departments and in the monitoring, evaluation, and improvement of the effectiveness of the environmental safety program in their areas of responsibility.
- H. Individual staff members are responsible for being familiar with the risks inherent in their work and present in their work environment. They are also responsible for implementing the appropriate organizational, departmental, and job related procedures and controls required to minimize the potential of adverse outcomes of care and workplace accidents.

**ELEMENTS OF THE ENVIRONMENTAL SAFETY MANAGEMENT PROGRAM**

**Appointment of Environmental Safety Leadership**

The VP of Facilities and Construction appoints a team of qualified individuals to assume responsibility for the development, implementation and monitoring of the environmental safety management program.

The Safety Director coordinates the development and implementation of the environmental safety program and assures it is integrated with the patient safety, infection control, risk management, and other programs as appropriate.

**Designation of Persons to Intervene When Immediate Threats to Life, Health, or Property are identified**

The Board and the CEO has appointed the **Environmental** Safety Director, **Patient Safety** Officer, the nursing supervisor on duty, and the Administrator on call to exercise this responsibility. These individuals are to assume the role of incident command and to coordinate the mobilization of resources required to take appropriate action to quickly minimize the effects of such situations.

**Environmental Safety Management Plan**

The environmental safety management program is described in this management plan. The environmental safety management plan describes the procedures and controls in place to minimize the potential adverse impact of the environment on patients, staff, and other people coming to the facilities of LibertyHealth.

**The hospital identifies safety risks associated with the environment of care**

The Safety Director coordinates with assistance from the EC Committee proactive risk assessments to identify risks that create the potential for personal injury of staff or others or adverse outcomes of

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patient care. The purpose of the risk assessments is to gather information that can be used to develop procedures and controls to minimize the potential of adverse events affecting staff, patients, and others. The risk assessments use information from sources such as environmental rounds, the results of apparent cause analysis, incident reports, and external reports such as the Joint Commission Sentinel Event Alerts and FDA product recall notices.

The safety director coordinates the risk assessment process with department managers and others as appropriate.

**The hospital takes action to minimize or eliminate identified safety risks in the physical environment**

The results of the risk assessment process are used to create new or revise existing procedures and controls. They are also used to guide the modification of the environment or the procurement of equipment that can eliminate or significantly reduce identified risks. The procedures, controls, environmental design changes, and equipment are designed to effectively manage the level of environmental safety in a planned and systematic manner.

**Development and Management of Policies and Procedures**

The organization wide procedures and controls are available to all departments and services on the organizational intranet. Departmental procedures and controls are maintained by department managers. The managers are responsible for ensuring that all staff are familiar with organizational, departmental, and appropriate job related procedures and controls. Department managers are also responsible for monitoring appropriate implementation of the procedures and controls in their area(s) of responsibility. Each staff member is responsible for implementing the procedures and controls related to her/his work processes.

The procedures and controls are reviewed when significant changes in services occur, when new technology or space is acquired, and at least every three years. The Safety Officer coordinates the reviews of policy and procedures with the appropriate staff. Policy and Procedures and plans are available in the Administrative Manuals as well as the Emergency Management binder

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**The hospital prohibits smoking except in specific circumstances**

**LibertyHealth has developed a smoking policy that is consistent with current Joint Commission requirements.** The policy prohibits smoking anywhere on the hospital campus and within any buildings or hospital vehicles

LibertyHealth has identified alternatives to smoking that are offered to all LibertyHealth has developed resources to assist staff and patients with smoking cessation as desired

**The hospital takes action to maintain compliance with its smoking policy**

The procedures for managing the use of smoking materials are followed and enforced by all managers and staff.

**The hospital monitors conditions in the environment**

The VP of Risk Management and Compliance coordinates the design and implementation of the incident reporting and analysis process. The Patient Safety Officer and the Environmental Safety Officer works with Risk Management to design appropriate forms and procedures to document and evaluate patient and visitor incidents, staff member incidents, and property damage related to environmental conditions.

Incident reports are completed by a witness or the staff member to whom a patient or visitor incident is reported. The completed reports are forwarded to the Risk Management. The Risk Management works with appropriate staff to analyze and evaluate the reports. The results of the evaluation are used to eliminate immediate problems in the environment.

The Patient Safety Officer and the Environmental Safety Officer coordinates the collection of information about environmental safety and patient safety deficiencies and opportunities for improvement from all areas of LibertyHealth.

Compliance, follow up, corrective actions is reported to the appropriate departments and are monitored by the Patient Safety Committee and the Environment of Care/Safety Council Committees.



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The Environment of Care Safety Committee and the Patient Safety Committee are responsible for identifying important opportunities for improving environmental safety, for setting priorities for the identified needs for improvement, and for monitoring the effectiveness of changes made to any of the environment of care management programs.

The Environmental Safety Officer/Chairpersons of the Environment of Care Safety Committee and the Patient Safety Officer/chairperson of the Patient safety Committee prepare a quarterly report to the leadership of LibertyHealth. The quarterly report summarizes key issues reported to the Committees and the recommendations of them. The quarterly report is also used to communicate information related to standards and regulatory compliance, program issues, objectives, program performance, annual evaluations, and other information, as needed, to assure leaders of management responsibilities have been carried out.

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**Environmental tours are conducted every six months in patient care areas**

Each patient care area is scheduled for an environmental tour every six months. The Safety Director and the SVP/Patient Safety Officer coordinates correction of identified deficiencies with the appropriate department manager(s).

Additional environmental tours are performed when construction or other activities create unusual risks that may require design and implementation of a plan to manage Interim Life Safety Measures, Infection Control Risk Measures, Proactive Construction Risk Management Measures, or other temporary issues.

**The Environmental Safety Officer and Patient Safety Officer analyzes the results of the environmental tours to determine if deficiencies are corrected in a timely manner and to determine if there are patterns or trends that require action to improve practices or environmental conditions.**

**Environmental tours are conducted annually in non-patient care areas**

Environmental rounds at LibertyHealth are conducted throughout the year on a schedule prepared by the safety officer. Each non-patient care area is scheduled for an environmental tour annually. The Safety Officer with support from Facilities Management coordinates correction of identified deficiencies with the appropriate department manager(s).

Additional environmental tours are performed when construction or other activities create unusual risks that may require design and implementation of a plan to manage Interim Life Safety Measures, Infection Control Risk Measures, Proactive Construction Risk Management Measures, or other temporary issues.

**The hospital uses its tours to identify deficiencies, hazards, and unsafe practices**

**The EC/Safety Council Committee manages a process of environmental rounds designed to evaluate staff knowledge and skills, observe current environmental and patient safety practices, and to evaluate environmental conditions. Findings of the environmental rounds and leadership are used as a resource for improving environmental and patient safety procedures and controls, updating orientation and education programs, and improving staff performance.**

**Every twelve months the hospital evaluates each environment of care management plan including a review of the scope, objectives, performance, and effectiveness of the program described by the plan.**

The Environmental Safety Officer coordinates the annual evaluation of the management plans associated with each of the seven EC functions.

The findings of the annual review are presented to the Safety Committee by the end of the first quarter of the fiscal year. Each report presents a balanced summary of an EC program for the

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preceding fiscal year. Each report includes an action plan to address identified weaknesses.

In addition, the annual review incorporates appropriate elements of the Joint Commission’s required Periodic Performance Review. Any deficiencies identified on an annual basis will be immediately addressed by a plan for improvement. Effective development and implementation of the plans for improvement will be monitored by the Safety Officer.

The results of the annual evaluation are presented to the Environment of Care Safety Committee. The Committee reviews and approves the reports. Actions and recommendations of the Committee are documented in the minutes. The manager of each EC program is responsible for implementing the recommendations in the report as part of the performance improvement process.

### **Analysis and actions regarding identified environmental issues**

**The Environment of Care Safety Committee receives reports of activities related to the environmental and patient safety programs based on a quarterly reporting schedule. The Committee evaluates each report to determine if there are needs for improvement. Each time a need for improvement is identified; the Committee summarizes the issues as opportunities for improvement and communicates them to the leadership of the hospital, the performance improvement program, and the patient safety program.**

### **Improving the Environment**

When the leadership of the hospital, performance improvement, or patient safety concurs with Environment of Care Safety Committee recommendations for improvements to the environment of care management programs, a team of appropriate staff is appointed to manage the improvement project.

### **Orientation and Ongoing Education and Training**

Orientation and training addressing all subjects of the environment of care is provided to each employee, volunteer, and to each new medical staff member at the time of their employment or appointment. The Patient Safety Officer, the Environmental Safety Director, Director of Infection Control participates in the new employee orientation.

In addition, all current employees, as well as volunteers, physicians, and students participate in an annual update of the orientation program as deemed appropriate. The update addresses changes the procedures and controls, laws and regulations, and the state of the art of environmental safety.

The Human Resources Department coordinates the general orientation program. New staff members are required to attend the first general orientation program after their date of employment. The Human Resources Department maintains attendance records for each new staff member completing the general orientation program.

**Information about staff and licensed independent practitioner knowledge and technical skills related to managing or eliminating environment of care risks is reported to the**



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**Environmental Safety Committee. When deficiencies are identified action is taken to improve orientation and ongoing educational materials, methods, and retention of knowledge as appropriate.**