Whiting Forensic Hospital ENVIRONMENT OF CARE Safety Management Plan 2018

Governing Body Approval:	6/10/18
REVISED:	

SCOPE

Whiting Forensic Hospital (WFH) has established "The Safety Management Plan" to encompass all safety management in all patients care areas, business areas, and hospital grounds for the WFH. Implementation of the program is the responsibility of all staff for maintaining a safe environment. The Director of Plant Operations also serves as the Director of Safety. Services provided include consultation, evaluation, worksite risk analysis, and prioritization of corrective work by addressing identified deficiencies. There is definitive executive leadership and management commitment and employee participation in this Safety Management Plan through the following internal WFH agencies: The Governing Body, Management of Environment of Care MEC Committee, the Workplace Violence Prevention Committee, and the Quality Risk and Safety Committees.

OBJECTIVE

The objective of the Safety Management Plan is three-fold: First, to provide a safe, functional, and effective environment for patients, staff, and visitors, in accord with the mission of the Whiting Forensic Hospital, the Department of Mental Health and Addiction Services (DMHAS), standards from the Joint Commission (TJC), the Occupational Safety and Health Administration (OSHA), Department of Public Health and other regulatory agencies. Second, to instill a sense of responsibility for safety in all employees at all levels of the organization, and to empower staff at the local (unit) level to identify and create solutions to causes of accidents and injuries, with the effect of reducing and controlling environmental hazards and risks, and to maintain safe conditions for patients, visitors, and staff. Thirdly, to implement a plan for the MEC that supports the provision of quality patient care and support services by focusing on injury and illness prevention, maintenance of the environment, product evaluation, and the special needs of the patient population.

Goals For 2018

- Update the annual Workplace Violence Prevention, Building and Patient Unit, and Grounds worksite risk analyses
- Improve the flow of information by holding people accountable for attendance at all MEC committee, , the Health and Safety committee, and the Quality Risk and Safety committee
- Conduct an active shooter drill
- Encourage more staff to sign up for alerts through the Everbridge system.

PERFORMANCE

I. Introduction

The MEC Program is structured to address the following environmental categories:

- Safety; (including suicide reduction within the physical environment)
- Security
- Hazardous Material & Waste
- Fire Prevention
- Bio-Medical Equipment
- Utility Systems
- Product Evaluation
- Employee Health and Safety
- Emergency Management

Each of these areas is addressed in documented plans. Each plan contains the following elements:

- 1. Orientation and education components that provide specific information to individuals on the proper processes for integrating with the environment of care;
- 2. Emergency procedures to be followed when components of the environment of care fail;
- 3. Performance standards that are used to measure the effectiveness of the program;

II. MEC Program Design

- The design of the MEC outlines the structure and composition of the committees and work groups that carry on the tasks associated with the MEC Program.
- The design of the MEC Program includes provision for three types of committees and seven functional work groups. Each of these entities has specific functions that contribute to an integrated program, which promote the goals of the hospital.
- The Chief of Fiscal Services chairs the MEC Committee, serves as the MEC Director and is responsible for preparing the Safety Management Plan and reviewing the effectiveness of the Program. The Safety Management Plan is approved by the Governing Body.

A. Hospital MEC Committee

- 1. The Hospital MEC Committee is chaired by the Chief of Fiscal Services, meets monthly, and includes the following members:
 - Police Lieutenants; or designee
 - Maintenance Supervisor 1
 - Infection Preventionist;
 - Nursing Executive representative
 - Director of Accreditation, Regulatory Compliance and Program Improvement
 - Food Services representative
 - Ambulatory Care staff member
 - Building Superintendent 1
 - Unit Directors
- 2. The functions of the Hospital MEC Committee include:
 - a. Review of status of environmental rounds,
 - b. Planning & executing Emergency Preparedness Drills,
 - c. Approving Utility & Equipment Management Programs,
 - d. Approving Hazardous Materials Procedures,
 - e. Approving annual MEC plan;
 - f. Reviewing equipment and utility failure data,
 - g. Reporting quarterly to the Governing Body,
 - h. Approving social environment monitoring tools,
 - i. Product evaluation;
 - j. Approving staff education plan;
 - k. Reviewing incident trends;
 - 1. Reviewing the effectiveness of action plans to reduce incidents;
 - m. Ensure the proper safety signage within the Division;
 - n. Schedule, coordinate and perform environmental rounds to all patient care units at a frequency of once every six months and perform annual environmental rounds of all non-patient care areas within their division or building;
 - o. Complete safety environmental rounds reports for hazards that are identified and initiate immediate corrective action;
 - p. Review EC rounds sheets for trends, repeat items, and provide written reports to the Governing Body;
 - q. Coordinate with Plant Operations to ensure that all Interim Life Safety Measures (ILSM) are taken when construction is going on within a building;
 - r. Attend construction meetings as needed to ensure that ILSM are adhered to;
 - s. Assist in the planning and execution of Disaster Drills ; and
 - t. Assure compliance with all MEC Standards

B. Unit Directors

Duties and responsibilities of Unit Directors:

- a. Attend environmental rounds
- b. Attend environment of care meetings
- c. Initiates corrective actions of rounds (submits work orders)
- d. Review environment of care database

C. Director of Hospital MEC Program

The Chief of Fiscal Services is designated by the Chief Executive Officer to coordinate the Hospital's MEC program. Annually, the CEO delegates to this individual as Hospital Safety Director the authority to take immediate action to address issues that present a significant risk to the safety of patients, staff and visitors.

Duties and responsibilities of the Director of the Hospital MEC Program:

- a. Chairing the Hospital MEC Committee;
- b. Preparing and presenting quarterly reports to the Governing Body;
- c. Coordinating communications with Unit Directors and/or Program Managers
- d. Acting as Hospital liaison with outside agencies (i.e., State Fire Marshall, OSHA, Health Department, and the Department of Energy & Environmental Protection (DEEP));
- e. Overseeing the development and implementation of each of the Management Plans for the functional elements; including Safety, Hazmat and Fire Prevention
- f. Completing and submitting annual TJC Periodic Performance Review (PPR)
- g. Performing the completion of the Statements of Conditions and coordinating requirements for improvement. (Plan For Improvement (PFI));
- h. Developing and implementing performance improvement projects relating to MEC, and;
- c. Drafting policies and procedures as needed.

D. Design of the Treatment Environment

1. Safety

The Hospital is attentive to the importance of the treatment environment in the recovery process. Of primary importance is adherence to the Life Safety Code. To this end, the Hospital utilizes professional architects and engineers in preparing plans for major renovation projects.

Major construction projects are also reviewed by the DMHAS Chief of Engineering Services and Code Review Specialists from the Office of the State Fire Marshal and/or the Department of Construction Services.

In designing renovation projects, consulting architects and engineers utilize the guidelines for Design and Construction of Hospitals and Health Care Facilities. Design elements are customized to accommodate specific requirements for the treatment units within the Whiting Forensic Hospital.

A multi-disciplinary team meets monthly to review current construction projects. Prior to any construction, this group completes the list of what environmental controls are required to proceed and the "building permit" process is completed, if appropriate.

Workplace Violence Prevention, Building and Patient Unit, and Grounds worksite risk analyses will be updated annually.

Employee input is a key component of any successful operation. Employee suggestions for enhancing safety are always considered through the MEC. Employees may make suggestions via e-mail or by contacting their Unit Director, as representative on the MEC.

The Safety Management Plan is incorporated into the WFH training program called the "Learning Management System" (LMS). Staff takes this mandatory training and certifies annually. This training includes safety and health training, emergency response, and incident reporting.

2. Hazard Surveillance, Prevention & Control:

The Hospital utilizes several data sources for collecting information relating to hazards in the environment. The following inspections take place at prescribed frequencies:

INSPECTION	CONDUCTED BY	FREQUENCY
Fire Safety	State Fire Marshal	Annually
Grounds Safety	Plant Engineer	Quarterly
M.E.C. Rounds	MEC Director	Monthly
Infection Control	Infection Control Preventionist	Monthly

Reports of inspections are reviewed monthly at the WFH MEC meetings. Results and action plans are documented in the respective minutes.

In addition, staff who identify hazards, report them to the Building Maintenance Department where they are addressed and documented through the work order system.

3. Privacy, Dignity and the Therapeutic Environment

The treatment units at Whiting Forensic Hospital are designed and maintained in a fashion that promotes patient privacy, and dignity.

Patient rooms are designed to provide maximum safety. The MEC Committee conducts monthly environmental rounds to assure that each unit is inspected once each six months. These environmental rounds include patient rooms as well as the common areas.

Privacy for patients is maintained through a system designed to prevent the public from associating a patient with a diagnosis through a) securing patient's medical records, b) no identifying signage or other visual cues, and c) through the use of space provided on each unit for private discussions with patients and their families about treatment issues and discharge planning. Visiting rooms are provided for these discussions in some areas.

As an integral part of the treatment process, Whiting Forensic Hospital encourages the use of social activities through the use of treatment spaces and court yards.

Each unit organizes a variety of social activities appropriate to the patient's needs.

In the Dutcher Building, a patient mall has been in operation to add additional treatment space and program opportunities for those patients that may not have attained a level allowing grounds privileges.

In the Whiting Building craft rooms are available for patients who have attained a level of privilege.

4. Smoking Policy

Whiting Forensic Hospital as a health care provider has a Tobacco Free policy that prohibits smoking in **all** buildings and grounds.

5. Infant Abduction Procedure:

In accordance with The Joint Commissions standard EC.02.01.01.EP9 on Infant Abduction, Whiting Forensic Hospital does not accept any patients under the age of 18, no infant abduction policy needed.

ANNUAL EVALUATION PROCESS

How and When the Annual Evaluation will Occur: The Chief of Fiscal Services will perform an annual review of all MEC Plans. . The report will address all elements of the program. It will review performance indicators such as equipment failures, user errors, equipment record maintenance, or equipment with out-of-date or missing Bio-Med stickers. The report will also review the effectiveness of the plan and make recommendations to improvement of the Equipment Management Plan.

Circulation: The annual evaluation is presented to the Hospital MEC Committee by the end of the first quarter of each year. The Hospital MEC Committee reviews and approves the report. The deliberations, actions, and recommendations of the Hospital MEC Committee are documented in the minutes. The annual evaluation is distributed to the Governing Body. This finalizes the evaluation process.

The Annual Evaluation will address Goals and Objectives Met & Not Met. The Annual Evaluation will also identify goals for the next year, evaluation of the performance, and effectiveness of the MEC program.