

The DPO's Corner

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FACILITIES TECHNOLOGY GROUP

Introduction to Managing the Environment of Care®

By Tom Zahorksy, CHSP

Managing the Environment of Care® (EOC) in a modern healthcare facility requires hours of dedicated work and years of experience. Education and training renewed on a regular basis, along with the right set of tools, become essential. This article will be the first in a series regarding the operation of an effective EOC® program in today's hospitals.

Introduction

Whether you've managed the EOC® for years or just been appointed to the responsibility last week, knowing the EOC® standards and the NFPA codes that they refer to is paramount. Facilities operators that have a thorough understanding of the code and standards requirements serve as the foundation of the safety program. However, it takes more than knowledge of codes and standards to efficiently run a compliant program. Understanding the Safety Management process and knowing how to work with your team members makes the difference.

To summarize, these are the vital pieces in managing your EOC®:

- Knowledge and understanding of codes and standards.
- An organized process for management of the program(s).
- Skills to motivate and engage others.

Should your organization lack any of these, do not despair. Better yet, do something about it. These features can each be developed in a matter of months, as opposed to years.

Part 1 - Knowledge

A Safety Officer is a leader. It is crucial that the leader of a program or initiative know the direction of the organization, or no one can possibly follow. In that regard, basic knowledge and understanding is essential. Facilities operators must stay current by regularly attending seminars and by maintaining a reference library of key publications. Arming yourself to be well-informed is not difficult but takes a bit of dedication and time.

Your Personal Library

The knowledge necessary for a Hospital Safety Officer comes from a variety of sources, with focus on three primary areas:

- JCAHO Environment of Care Standards
- NFPA Codes
- OSHA Regulations

The following is a minimum required library for any person in a hospital with responsibility for safety (Safety Officer, EOC® Chair, Director of Facilities or Director of Safety and

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Security). If a Hospital Safety Officer does not possess these four references, the first step is to obtain what is missing.

- The JCAHO Accreditation Standards for the Environment of Care - current year
- NFPA 101, The Life Safety Code, 2000 Edition
- NFPA 99, The Healthcare Facilities Code, 1999 Edition, and/or 2002 Edition
- OSHA CFR 1910

While there are many more codes and standards that can be useful, these are the four priorities. Without these, a Hospital Safety Officer is not properly equipped to do his or her job.

JCAHO publishes small, paperback versions of their Comprehensive Accreditation Manual for Hospitals, or CAMH, for around \$70 retail. NFPA is a bit more expensive unless you are a member (which, of course, you should be), but essential nonetheless. OSHA, as part of the federal government, provides a wealth of material, including CFR 1910, free on the web.

Create your library in your office so you have access to these materials at any time. You should read the appropriate chapters of each book at least twice. When you have a question about a code or standard, look it up in the appropriate reference. In time, you will learn to navigate the standard and code references much from memory.

Start with EC Chapter of the Accreditation Manual. Study that reference thoroughly and learn the EC Standards and Elements of Performance. Bear in mind that It is more important to understand what needs to be done rather than how it is scored. The EC standards will lead you into the NFPA references. Focus on the Existing or New Healthcare Occupancy Codes depending on the age of your facility. As you study these, you will likely find the need to attend some seminars.

Seminars

The Joint Commission, NFPA, ASHE (American Society of Hospital Engineering), TAHFM (the Texas Association of Healthcare Facilities Management), SMS (Safety Management Services) and others organize high quality and relevant seminars every month. By joining these organizations, you will get newsletters and other publications with timely articles, plus schedules for their educational workshops and seminars.

Most states have a local ASHE chapter—join it. If your state doesn't have a local ASHE chapter, reference the programs offered by your neighboring state(s). Plan on attending at least two seminars per year to stay current. Include training for others on your team, as well.

Certifications

There are two useful certifications available to Healthcare Facilities Managers and Safety Officers; CHFM and CHSP. The CHFM, or Certified Healthcare Facilities Manager, is managed by ASHE and provides a broad review of Administrative, Regulatory and Engineering essential knowledge. Obtaining your CHFM will force you to study a wide

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variety of disciplines that will make you an all-around improved Healthcare Facilities Manager.

The CHSP, or Certified Healthcare Safety Professional, focuses on the broader set of regulatory requirements, including JCAHO, OSHA, DOT and NRC (Nuclear Regulatory Commission), as well as the safety management process. It is managed by the Board of Healthcare Safety Certification.

Choose your certification path based on your primary responsibilities. If you primarily manage the physical plant and spend little time on safety, go the CHFM route. If you spend greater than half of your time on safety management, you should consider the CHSP. There is no harm in having both if you can afford the time and money.

Part 2: The Process

Joint Commission EC standards 9.10, 9.20 and 9.30 establish the minimum standards for a Safety Management function in the hospital. In 9.10 there is reference to “hospital-wide collection of information about deficiencies and opportunities for improvement in the environment of care”. This calls for the ICES, or Information Collection and Evaluation System.

The ICES

A clearly defined ICES serves as the backbone of a well-organized program. At the top of the ICES is the Board or other similarly named hospital governing body. Ultimately, this governing body is responsible for the safety and well-being of all building occupants. The role of the Safety Officer is to manage the ICES process and keep a dialogue open with the board.

The August edition of this newsletter will delve into the design of the ICES. For now, consider the ICES as a communication tool by which the committee receives vital information.

The Committee

The Safety Committee should be no more than ten to twelve members. Larger groups tend to become dysfunctional. A member of the hospital's administration that has financial decision-making authority, representatives from Infection Control, Risk Management, Quality Assurance, Employee Health and the Safety Officer are generally required.

Beyond that core group, the committee should consist of the influential and dynamic leaders that have the ability to impact safety in the organization. These members should also be those that attend meetings reliably and participate actively, with any information or required materials at-hand.

The Safety Committee should be chaired by someone that has a talent for organization, a commitment to the safety program and the resources necessary for maintaining the required documentation. This person also needs to have the three essential components outlined above: knowledge of EC standards; an organized process in place; and the skills to motivate and involve others.

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The September article will dive into the finer points of running effective safety committee meetings. For now, the aforementioned design outlines a workable structure.

Implementation and Documentation

This is where the rubber meets the road. The June issue of DPO's Corner will detail practices for CMMS (Computerized Maintenance Management System) in driving compliance. For now, understand that there are twenty-five standards and roughly 200 elements of performance that must be addressed, many on a periodically scheduled basis. A CMMS can schedule many of these activities so they do not fall through the net.

In addition to using your CMMS to schedule activities, you should also use it to track corrective actions through completion by creating demand work orders for all related activities. An efficient CMMS will then provide reports that serve as documentation to the Safety Committee for your own records and as evidence of compliance to surveyors.

Beyond this capability, you must maintain thorough records (minutes) of Safety Committee meetings, guidance to the committee (agenda) and communications to leadership and/or hospital populace as a whole. Last but not least, the committee's products will often consist of written plans and policies that must be kept up-to-date. At a minimum, this involves word processing, policy distribution, and education on changes on a regular basis. At best, this is accomplished by maintaining a website detailing all safety, policy and disaster plans.

Motivating Members

Much has been written on leadership and motivating others; unfortunately, this article cannot do that subject complete justice. However, there are a few gems that can be shared with the Safety Committee by their leader that can help motivate them in terms of the role of the Safety Committee.

- Keep in mind that we are in the business of caring for those that are unable to care for themselves in a fire or other emergency. Their lives are in our hands every day.
- The daily use of an effective Safety Program is the responsibility of every employee and leader. We must use diligence and compassion for the provision of daily patient care.
- While doctors and nurses can heal the sick and wounded, those working in Safety can prevent harm to others before it happens – which is an equally noble mission.
- A hazard discovered, reported and corrected may cost a few hundred dollars. Left alone, a hazard may cause injury costing tens of thousands of dollars. In addition to preventing pain and suffering, a well-managed Safety Program is an important part of the organization's overall mission and is vital its financial viability.

Leadership Commitment

Beyond these inspiring thoughts is one requirement that is essential for any safety program—leadership commitment. The administration of the facility must be committed to the safety program and must enforce accountability for involvement in, and compliance with, the safety program. Administration must make clear to the organization that

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participation in the program is not optional, whether this means regularly attending meetings, completion of required training activities or the use of safe practices daily. Accountability is key to the success of program, especially safety. Only administration can drive that effectively through policy and regular reinforcement.

Conclusion

While this article does not detail the seven disciplines of the Environment of Care® or discuss the three basic components of buildings, equipment and people, you can find these in the EC Chapter of the Accreditation Manual. Study to learn the EC chapter and practice the standards of performance in your day-to-day operations.

With the unannounced survey process now in place, you will want depth in your organization so that your life does not have to revolve around waiting for JCAHO to show up. Have your team equally well-prepared to manage a survey as you are. Include them in your training and seminar attendance plans. Get your program in line, and maintain a Continuous Compliance program so that a survey team can walk into your building at any time and you will be confident in a positive outcome, even in your absence.

-Tom Zahorsky, CHSP

Tom has over 27 years of healthcare facility management experience and industry recognition. He currently acts as Vice President of Business Development at Facilities Technology Group. Recently, Tom was as Director of Plant Operations at Conroe Medical Regional Center where he led them to become the first hospital in Texas to achieve OSHA Voluntary Protection Program STAR worksite status. Tom serves his industry as the Education Committee Chairman of TAHFM (Texas Association of Healthcare Facility Managers) and is currently a Life Safety Code Specialist for the Joint Commission on Accreditation of Healthcare Organizations. His unique experience in leading-edge automation of healthcare standards and personal peer networking makes him a unique, valuable resource for healthcare facility managers in their journey to a pro-active "Environment of Care®" management structure.