

FTG's DPO Corner, Issue I, Vol.

Introduction to Managing the Environment of Care

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Executive Summary

Managing the Environment of Care® (EOC) in a modern healthcare facility is a complex process requiring many hours of dedicated work. Years of experience in a healthcare facility helps, but education and training renewed on a regular basis and the right set of tools with which to work are essential. This article will be the first in a series of articles on running 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 essential. A person in an organization with a thorough understanding of the code and standards requirements serves as the foundation of the safety program. However, it takes more than knowledge of codes and standards to actually run an effective program, it takes an understanding of the Safety Management process and knowing how to work with your other team members to get things done that make a difference.

To summarize, we need to have the following in place:

- Knowledge and understanding of codes and standards
- An organized process for Management of the Program(s)
- Skills to motivate and involve others

If any one of these is missing from your organization, don't despair, but do something about it. These features can all be developed, and in a matter of months, not years.

Part 1 - Knowledge

A Safety Officer is a leader. It is essential that the leader of a program or initiative know where he or she wants to go else no one can possibly follow. In that regard, basic knowledge and understanding is essential. To do this, one must stay up to date by regularly attending seminars and by maintaining a reference library of key publications. This part of arming yourself to be a well-informed Safety Professional 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, but focuses 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 Security). If a Hospital Safety Officer does not have any of these four references, the very first step is to buy 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 essentials. Without any one of these, a Hospital Safety Officer is not properly equipped to do his or her job. Many hospitals do not consider the Safety Officer important enough to buy them their own copy of the manual.

JCAHO publishes small, paperback versions of their CAMH or Comprehensive Accreditation Manual for Hospitals for around \$70 retail. NFPA is a bit more expensive unless you are a member (which, of course, you should be), but essential none the less. OSHA, being a part of the federal government, provides a wealth of material, including CFR 1910, free on the web.

Create your library in your office where you have access to these materials at any time. These are not the kind of books that are fun to read, but you should read the appropriate chapters of each of these at least twice. When you have a question about a code or standard look it up in the appropriate reference. In time, you will at least learn how to navigate the standard and code references and eventually, you will know them like the back of your hand.

Start with EC Chapter of the Accreditation Manual. Study that reference thoroughly and learn the EC Standards and Elements of Performance. Don't try to understand the scoring process, it is more important to understand what needs to be done 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), and other state associations, SMS (Safety Management Services) and others put on very high quality and relevant seminars. By joining these organizations, you will get newsletters and other publications with timely articles and you will receive notifications of their seminars.

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

Certifications

There are two very useful certifications available to Healthcare Facilities Managers and Safety Officers; CHFMs and CHSPs. The CHFMs or Certified Healthcare Facilities Manager is managed by ASHE and provides a broad review of Administrative, Regulatory and Engineering essential knowledge. Obtaining your CHFMs will force you to study a wide variety of disciplines that will make you an all-around better 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) and more, 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 CHFMs 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 that (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,

the Board of Directors, Trustees or what ever yours is called, 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 the process by which the information that the committee needs to function gets to the committee.

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 will show up for meeting reliably with any information or required materials ready and participate actively.

The Safety Committee should be chaired by someone that has a talent for organization, a commitment to the safety program and that has the resources available to them 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.

The September article will dive into the finer points of running effective safety committee meetings, but for now, the design above will put a workable structure in place.

Implementation and Documentation

This is where the rubber meets the road. Next month's article will show ways to use your CMMS (Computerized Maintenance Management System) to drive 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 be leverage to schedule many of these activities so that 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 to completion by creating demand work orders for all corrective action related activities. A good CMMS will then provide reports that can serve as documentation to the Safety Committee, for your own records and as evidence of compliance to surveyors.

Beyond that which a CMMS can help you manage, you must maintain thorough records (minutes) of Safety Committee meetings, guidance to the committee (agenda) and communications to leadership and the 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 takes word processing on a regular basis and policy distribution and education on changes. At its best, this is done by keeping a website up to date that places all safety plans, policies and disaster plans on a website that is accessible by all staff at any time.

Motivating Members

Many volumes have been written on leadership and motivating others and this article cannot do that subject complete justice by any means. 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 at all times, 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 and must be undertaken with as much diligence and compassion as the provision of patient care itself.
- 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, it 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 to 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 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, and only Administration can drive that effectively through policy and regular reinforcement.

Conclusion

This article intentionally did not spell out the seven disciplines of the Environment of Care® or discuss the three basic components of buildings, equipment and people. These are in the EC Chapter of the Accreditation Manual. Study Know the EC chapter and practice the standards and elements 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 second in command as equally well prepared to manage a survey as you are. Include him or her 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 if you are not there at the time.

