

Managing an Effective Safety Committee

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Managing an Effective Safety Committee

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Introduction

The Safety Committee is a multi-disciplinary group that is charged with the responsibility of driving improvement in the level of safety in their organization. Typically, this is a highly educated group of natural leaders with expertise in clinical or other areas but no particular training in safety management. Organizing these varied personalities into a functional, cohesive group that has an impact on safety in the organization can be a challenge. This paper presents a typical process that if followed, will increase the likelihood of a committee that directs the safety program in a manner that results in positive change.

The Challenge

Many Safety Committees meet primarily because someone told them that they have to. Without a clear understanding of purpose and process, these groups do their best to meet “requirements” by collecting and reporting data that they believe will satisfy regulatory requirements or accrediting body standards. In many cases, this is what the committee believes that it is to do.

Without a true understanding of the purpose for, and successful processes employed by an effective safety committee, these groups often fall short of ever really achieving an impact on the level of safety in their organization.

An Effective Committee - Definition

To define what it means to have an effective safety committee, consider the impact that the group has on the organization’s culture. Does the committee cause change? If nothing changes within the hospital as a result of the recommendations and actions of the Safety Committee, then it is not an effective group. To be effective the committee must have a number of attributes in place.

An Effective Committee – Essential Attributes

Safety Committee members are not safety professionals. They all have other jobs that they were most likely highly educated for, but safety is usually not one of them. Committee members may think that they sit on the committee because someone told them that they have to but in reality, they were likely chosen because they represent a part of the hospital’s operations that carries potential for safety program improvement. The very best safety committees consist of truly engaged members with a passion for safety. In most cases, this has to be developed through training, education and a bit of marketing.

While this may seem a daunting prospect, it can be done once this group is shown how. In order to accomplish things with the safety committee, the following are essential.

- Leadership Involvement and Administrative Support
- Management of Information
- A Structured Meeting Process
- Problem Identification and Evaluation Process
- The Development of Recommendations for Change
- Effective Communications of Recommendations
- Effective Means of Measuring Improvement
- Effective Use of the Annual Evaluation Process

Leadership Involvement and Administrative Support

Any program that can have an impact on the culture of the organization must be supported at the very top. Safety Management is a process that involves everyone in the hospital and absolutely requires Governing Body and Administrative Support. The Joint Commission leadership standards speak to hospital leadership's responsibilities in several ways. LD 4.60 speaks to leadership's responsibility for patient safety and LD 4.70 requires that leadership measures and assesses safety improvement activities. LD 3.60 holds leadership accountable for assuring effective communications in their organization. Leadership, by these standards, includes Administration and the Governing Body.

In addition to these requirements The Joint Commission standard EC.9.20 requires a multi-disciplinary process including a performance improvement team that meets not less than bi-monthly that includes representation from Administration. From a practical standpoint, the committee must have the ability to approve action plans that may require expense, and a member of Administration on the team is essential to making things happen in a timely manner.

Members of the committee should be chosen partially for their role in leading or working in problematic areas of the hospital or areas where improvement in safety is called for. Additionally, members should be included that can bring measurement capability and the ability to help implement change as called for by committee. At a minimum, the information identified above must come to committee regularly. Therefore, members should be chosen that can provide the necessary information to the committee in a meaningful manner.

Small committees are generally more effective than larger ones. A group of ten to twelve engaged members will give multi-disciplinary perceptions of issues before the committee but still be manageable and dynamic. Committees of twenty or more members tend to be cumbersome to work with and may prove unable to reach conclusions in a timely manner. The larger the group, the more likely that consensus will be difficult to reach.

Leadership should not only appoint committee members, but should impart an understanding of the importance of their role and give clear guidance on how their involvement can impact safety in their area of responsibility. The ICU Director, for example, likely faces issues with lower back injuries among the ICU staff. Involvement in the Safety Program will provide this leader with a means of causing improvement that directly affects the staff and patients in the ICU. There are many such examples. By focusing each of the committee members on areas that are problematic for them, yet have a potential impact on the entire organization, a Safety Committee of engaged leaders and employees can be assembled.

Convening meetings as scheduled and having a high level of regular attendance on the part of all members is also essential. Here, Hospital Leadership can play a role as well. The traditional method is one of accountability. Attendance records reported to Administration is one means of assuring “compliance” with attendance requirements. However, a more positive approach is likely to be more effective. By instilling a sense of value in the committee members as described above, committee members will want to attend meetings as they will know that by doing so, they can cause positive change in their area and the hospital as a whole.

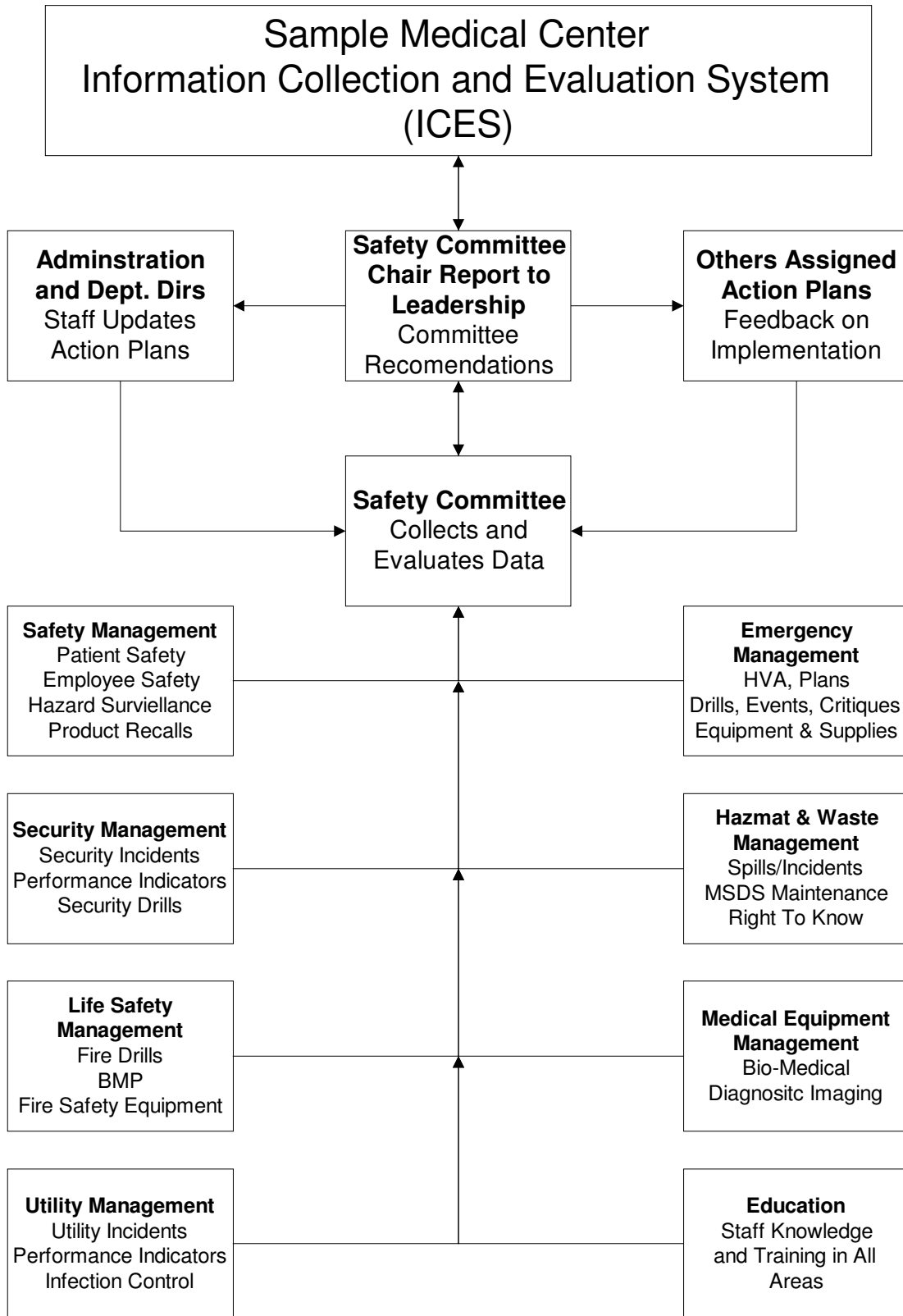
Management of Information

The Safety Officer’s Information Collection and Evaluation System (ICES) is a process through which information relative to the following is routed to Safety Committee. The Joint Commission requires that the following issues be addressed by a multi-disciplinary performance improvement team, usually referred to as the Safety Committee. The Joint Commission standard EC.9.10 requires processes for reporting and investigation of:

- ✱ Injuries to patients or others coming to the hospital's facilities as well as incidents of property damage
- ✱ Occupational illnesses and injuries to staff
- ✱ Security incidents involving patients, staff, or others coming to the hospital's facilities or property
- ✱ Hazardous materials and waste spills, exposures, and other related incidents
- ✱ Fire-safety management problems, deficiencies, and failures
- ✱ Equipment-management problems, failures, and user errors
- ✱ Utility systems management problems, failures, or user errors

In addition, the committee should have routine monitors of performance improvement indicators for each of the seven disciplines of the EOC®. These may include the above or involve other issues, but should be relevant to recognized needs for improvement within the organization. This information must be available to the committee at each meeting. The following chart provides a graphical view of a typical ICES or Information Collection and Evaluation System.

Chart 1: Information Collection and Evaluation System



A Structured Meeting Process

An agenda that provides a clear outline for the flow of the Safety Committee meeting is one of the simplest, yet most effective steps that can be taken to guide the committee through the necessary process. Without a well-written agenda, the committee's meetings will ramble and may accomplish little. Key components of this agenda include:

- ✱ Education of Committee Members
- ✱ Old Business
- ✱ Performance Indicators for each of the Seven Disciplines
- ✱ Reports of incidents
- ✱ New Business

The order of these items is critical. Keeping in mind that the Safety Committee members are not safety management professionals, it is essential that they be provided regular education in safety and Environment of Care® issues. Newsletter articles, summaries of seminars attended by the Safety Officer or other subject matter expert and best practices from other facilities can all serve as sources of information for a 10 minute education session at the beginning of each meeting. This process promotes continuous improvement in the committee itself.

Old Business consists of any action items from the previous meeting that was not closed in that meeting. These are identified in the minutes of the previous meeting and must be on the agenda for the next meeting(s) until completed, else they just get lost. Here is where many Safety Committees fail. Tracking Old Business is essential to assuring completion of actions called for in previous meetings. A failure to do this effectively will eventually degrade the effectiveness of the committee and along with that, the desire to be a part of that team. Involvement supports effectiveness and vice-versa. Without a feeling of accomplishment, members will lose enthusiasm for their roles and they will become frustrated by a lack of accomplishment by the committee. When the committee sees the results of their efforts in the form of accomplished improvements, they will see the value of their involvement and be inspired to remain actively involved in the committee and related activities.

Performance indicators for each of the seven disciplines should be called for on the standing agenda next. Without a requirement for the review of the performance indicators at each meeting, the focus of the committee can wander and the committee may end up reviewing old information. The review, evaluation and development of recommendations and action plans based on the performance indicators are how the committee does its real job. Completing this process regularly is in no small part what causes the committee to be effective.

Reporting and investigating incidents of those items identified in Part 2 is also essential. The most common breakdown here is that many Safety Committees stop at the reporting

stage and fall short of completing the investigation part. The investigation can be formal or informal and can be done by committee or a person designated for focus in a particular area, but should work to identify the root cause of the event. Beyond that, once investigation determines the underlying or root cause of the incident, the committee must make recommendations for change that will have an impact. This becomes an action plan with a person assigned responsibility and a deadline for accomplishment and then is tracked as an Old Business item for follow up at the next meeting.

New Business in this context are items that Safety Committee members bring to the committee for discussion. This does not include Performance Indicators or incident and accident reports. New Business in this case are ideas, complaints and other issues that do not fit into the standing agenda at any other point. Saving this type of New Business until last helps assure that individual members do not “take over” the meeting with their personal agenda. By saving New Business until the end, and the time spent on these issues will be minimized as the members will be ready to end the meeting by the time these items are placed on the table for discussion. This process will also better assure that Old Business and Performance Indicators are addressed before the group runs out of time or energy. Please refer to the sample agenda in the attachments.

Problem Identification and Evaluation Process

This takes place in the Safety Committee meeting. The meetings of the Safety Committee are where the information gathered is to be used to analyze conditions in the hospital relative to safety. By evaluating the information gathered through the ICES, the committee can come to conclusions as to what caused undesired outcomes, incidents and other potentially avoidable events.

Performance Indicators

For each of the major areas of consideration, often called the disciplines of the Environment of Care®, there should be performance indicators that measure the effectiveness of the Safety Program in the hospital. Performance indicators should be used to measure the impact of organizational or process changes that the committee has recommended in the past. These should focus on key problem areas, or areas where improvement is called for.

Performance indicators are usually determined through the annual evaluation process but can also be put into place at any time based on conclusions and recommendations by the safety committee. For example, if the committee repeatedly hears reports of undocumented security incidents as a result of failures of the security video surveillance system, the committee may consider a recommendation to create a monitor, or performance indicator to report how many cameras, or what percent of the entire system is found to be functional during periodic inspections. There is no need wait until the annual evaluation process takes place to implement a performance indicator that will help drive improvement.

Chart 2: Sample Performance Indicators

Safety Management
Monitor the knowledge of employees in the safety components of annual re-training. Test scores from each of the EOC Categories are at least 95% taken by random sampling.
➤ Safety Management
➤ Employee Safety Management
➤ Security Management
➤ Emergency Management
➤ Hazardous Materials and Waste Management
➤ Life Safety Management
➤ Medical Equipment Management
➤ Utilities Management
National Patient Safety Goal Compliance Rate
Inpatient Fall Rate (falls/1000 patient days)
Employee Safety – Lost Time Injury Rate is Below State Average for SIC Code
Employee Safety – Needle stick or other injury rate below prior year (per 100,000 worked hours)
Hazard Surveillance – percent of probes found to be in compliance
Product Recalls – percent of recalls and notices responded to by deadlines
Security Management
Security Incidents per month by type
Security - % of CCTV system operational monthly
Security – staff scores on security drills
Security – response time to events of different types
Security – number of incidents of different types compared to year prior
Emergency Management
Emergency Preparedness scored staff performance on drills
Percent of HRSA Grant Funded Supplies Locatable
Percent of Emergency Contacts Valid During Random Test Calls (after hours)
Hazardous Materials and Waste Management
Hazardous Materials % accuracy of MSDS books random sample
Hazardous Materials & Waste – lbs. Infectious waste/patient day prior year comparison
Fire Prevention and Life Safety
Life Safety – staff score at least 95% on fire drill performance
Life Safety – all staff participate each year
Life Safety – BMP compliance rates > 95%
Medical Equipment Management
Medical Equipment Management – percent PM completed monthly
Medical Equipment Management – percent repairs completed (m)
Medical Equipment Management – average turn around time
Medical Equipment Management – User Error Rate as % of reported equip. failures
Utilities Management
Utilities Management – percent PM completed monthly
Utilities Management – percent repairs completed monthly
Utilities Management – average response time

Incident Reports

In addition to reviewing these indicators, reports of incidents, accidents and other events relative to safety should be discussed by the committee. From these data sources, the committee should determine the root causes of adverse events and develop recommendations to affect change designed to reduce the likelihood of reoccurrence. These reports could and should come from each of The Joint Commission's seven disciplines of the Environment of Care. Incident reports should be reported during the portion of the meeting at which each of the disciplines is discussed.

Root Cause Analysis

Reporting statistics to the committee is only the start of the process. Unfortunately, this is where many committees stop. These issues require discussion to determine the root cause of the problems identified. The Root Cause Analysis should be applied here in simple or more complex form as appropriate for situation.

The RCA process does not have to be applied in a formal, form-based format, (although it may help) but the concept of getting to the bottom of the issue and addressing the underlying cause is essential to creating improvement. Many Safety Committees report statistics of one kind or another and then conclude "no trends identified". This will be true in some cases, but should be the exception rather than the rule.

While some incidents may be declared flukes, most are repetitive and should point to a need for change. The underlying cause of the adverse event must be identified and solutions developed to prevent these undesirable events from happening again.

A Root Cause Analysis (RCA) is a structured evaluation process that identifies the basic cause of an adverse event and the actions required to prevent a recurrence. It should ask first what happened, how did it happen and finally why did it happen. After that, the RCA should identify how recurrence can be prevented. This becomes the recommendation of the committee and action plans to implement these recommendations must follow.

Effective Communications

Minutes

Minutes should provide an accurate summary of the issues, discussion and most importantly, conclusions, recommendations and planned actions of the committee or its delegates. They can be columnar or narrative, but should clearly indicate the issue(s) at hand, what the group concluded was the cause, what actions are to be taken, by whom and when. These identified opportunities for improvement are then tracked to completion (as Old Business for future meetings). When an action has been completed, it should be so noted in the next meeting's minutes as "closed". A minutes template is included in the attachments.

Action Plans and Reminders

The Safety Committee will make recommendations, but members or other delegates will have to carry these out. Tracking the completion of these planned actions is an essential step in assuring an effective safety team. Reminders should be sent by the Safety Management function (Safety Officer or Committee Chair) as we are all human and all have full-time jobs in addition to our roles on the Safety Committee and may forget to follow through. These reminders can be emailed every two weeks until feedback indicating completion is received.

Time can be lost by not incorporating this process as the only check on completion of planned actions may be in the next meeting, two months later. Recommended improvements can only have an impact when they have been fully put into place in the organization.

Leadership Report

The Leadership Report should focus on areas of interest to the organization's leadership including action items, educational needs and reports of completed actions. In this communication, a summary of the identified issues and the actions recommended for improvement should be clearly identified. The Leadership Report should include a request for response from the Governing Body to encourage their involvement in and dialogue with the committee. A template for this report is in the attachments.

Measuring the Impact

Measuring change in the organization is one of the more challenging things to do well. The development of performance indicators that have real meaning is not something that most of us learned in the course of our careers or through formal education. Performance Indicators must be quantifiable and provide insight into the effectiveness of the recommendations promulgated by the committee. Performance indicators should be used to show improvement, or a lack thereof, as a result of the recommendations and actions of the Safety Committee.

The table above provides some suggestions for consideration. There are many more possible monitors such as these. The key is that they are measurable and provide an indication of progress or point out need for alternative actions.

Effective Use of the Annual Evaluation Process

The annual evaluation of the Safety Management program is vital to the assessment and maintenance of an effective Safety Program. One suggested practice for committees that meet bi-monthly is to hold one extra meeting per year, preferably in January, for the sole purpose of conducting the annual evaluations. In the annual evaluations, the committee should first determine how well the goals that it established for itself the prior year were met. This can be done by a review of the Performance Indicators from the prior year and related incident report trends to determine if progress was made.

Once this has been done, the committee can then assess the need to continue work in this area or, if it appears as though the problems have been adequately resolved, the group should consider replacing this goal, and its related indicator(s) with a new goal and related indicator(s). This process should be applied to each of the Management Plans for the Environment of Care. The outcome of this process should be a clear set of goals for the committee for the new year with appropriate measurement in place in the form of Performance Indicators.

Conclusion

An effective Safety Committee is engaged in a process of continuous quality improvement in safety. Their scope impacts all aspects of safety in the organization. Active involvement brings about positive change and it is that positive change that, in turn, promotes and rewards involvement. A bit of structure and follow through go a long way in helping to assure that the efforts of the Safety Committee result in a measurable impact on the level of safety in the organization.

Attachments:

- Sample Safety Committee Agenda
- Sample Report to Leadership
- Sample Action Plan & Reminder
- Sample Safety Committee Minutes

**SAMPLE MEDICAL CENTER
SAFETY COMMITTEE
DATE**

AGENDA

- 1. Call to Order/Roll Call**
- 2. Safety Committee Education Presentation**
- 3. Review and Approval of previous Meeting Minutes**
- 4. Subcommittee or Representative Reports**
 - A. *Safety Management***
 1. Unfinished Business
 - a. open items from prior meeting(s)
 2. Safety Management Program Report
 - a. Performance Standards YTD
 - c. Patient/Visitor Incidents
 - d. Employee Health Report
 1. Employee Injuries
 2. Employee Exposure
 - e. Product Recalls and Safety Notices
 - f. Hazard Surveillance
 - B. *Security Management***
 1. Unfinished Business
 - a. open items from prior meeting(s)
 2. Security Management Program
 - a. Performance Standards YTD
 - b. Security Incident Trending Report
 - C. *Hazardous Materials Management and Waste Management***
 1. Unfinished Business
 2. Hazardous Materials Program
 - a. Review of Performance Standards YTD
 - b. Radiation Safety Committee Report
 - c. Laser Safety Report
 3. Waste Management Issues

D. Emergency Preparedness

1. Unfinished Business
2. Emergency Preparedness Program
 - a. Review of Performance Standards YTD
3. Revision of Hazard Vulnerability Assessment

E. Fire Prevention and Life Safety Management

1. Unfinished Business
2. Fire Prevention and Life Safety Management Program
 - a. Review of Performance Standards YTD
 1. Staff Performance on Fire Drills
 2. BMP Compliance Levels
 - b. Statement Of Conditions Update

F. Medical Equipment Management

1. Unfinished Business
 - a. Could Not Locate list.
2. Medical Equipment Management Program Report
 - a. Review of Performance Standards YTD
 - b. Equipment Incidents
 - c. Equipment Recalls and Safety Notices

G. Utilities Management

1. Utilities Management Program Report
 - a. Performance Standards YTD
 - b. Utility Incidents Report
 - c. IAQ Investigation

6. Main Committee New Business -

a.

7. Policy Review Packet

The following are presented to committee for review and comment

8. Date/Time of Next Meeting:

9. Adjournment

**SAMPLE MEDICAL CENTER
SAFETY COMMITTEE
REPORT TO LEADERSHIP**

NAME, Safety Committee Chairperson – DATE

Safety Management Plan

Synopsis of most important issues identified including conclusion, recommendation and time frame.

Do not list all issues or narrative of discussions – work at a high level but be informative.

Security Management Plan

Emergency Preparedness Management Plan

Hazardous Material Management Plan

Life Safety Management Plan

Medical Equipment Management Plan

Utility Systems Management Plan

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TOPIC	DISCUSSION	RECOMMENDATION/ACTION	FOLLOW-UP
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SAMPLE MEDICAL CENTER
Minutes of the Safety Committee Meeting
Meeting Date

PRIVILEGED AND CONFIDENTIAL
 Standard Hospital confidentiality statement here

1. Call to Order - A regular meeting of the Safety Committee was called to order this date, at (time of meeting) in (location of meeting) at Sample Medical Center, with the following:

Members Present:

- Safety Officer – Chair
- Chief Operating Officer
- Chief Nursing Officer
- Education Director
- E.D./Emergency Prep
- Bio-Med Lead
- Human Resources
- Plant Operations - Utilities
- Cardio/Pulmonary/Lab
- Materials Management
- Risk Management
- Employee Health Nurse

Guests:

- Guest speakers
- Invited attendees for special focuses or investigations

Members Absent:

- Radiation Oncology

TOPIC	DISCUSSION	RECOMMENDATION/ACTION	FOLLOW-UP
2. Education Presentation	Subject of educational presentation	For Information only	None required
3. Review of Minutes	The minutes of the meeting of (date of last meeting) were reviewed.	The minutes were approved as written.	None
4. Old Business	Items not closed at last meeting that are not addressed in the seven disciplines below.		

TOPIC	DISCUSSION	RECOMMENDATION/ACTION	FOLLOW-UP
5. EOC Discipline or Subcommittee Reports			
A. Safety Management			
1. Unfinished Business	a. Any items that were not closed at the last meeting. b.	Note action plan here along with person responsible and target date for completion or next major milestone. For completed items, note that they were completed and when.	Place on agenda for next meeting for follow up as Unfinished Business until “closed”. For completed items simply note “closed”
Safety Management Performance standards Patient/Visitor Incidents Employee Injuries and Illnesses Product Recall and Safety Notices. Hazard Surveillance	Reports and investigation of incidents related to patient and employee safety. Discuss the performance indicators for Safety Management and how they show progress towards goals established by the committee for each area. Discussion here focuses on Product recalls and notices. Report and evaluate findings from Hazard Surveillance activities	Develop action plans for improvement and/or continued activity for established improvement programs. Assign responsibility and set target dates	Report on implementation of action plans or obstacles encountered at next meeting.
B. Security Management			
1. Unfinished Business	a. Any items that were not closed at the last meeting.	Note action plan here along with person responsible and target date for completion or next major milestone. For completed items, note that they were completed and when.	Place on agenda for next meeting for follow up as Unfinished Business until “closed”. For completed items simply note “closed”

TOPIC	DISCUSSION	RECOMMENDATION/ACTION	FOLLOW-UP
2. Performance Standards	Discuss the performance indicators for Security		
3. Security Incidents	Reports and investigations of Security incidents		
C. Hazardous Materials and Waste Management			
1. Unfinished Business a.	The format shown for Safety Management is applied for each of these areas.		
Hazardous Materials and Waste Management Program 2. Performance Standards 3. Radiation Safety 4. Laser Safety 5. Waste Issues			
D. Emergency Management			
1. Unfinished Business 2. Performance Standards 3. Hazard Vulnerability Analysis			
E. Fire Prevention and Life Safety Management			
1. Unfinished Business a. 2. Performance Indicators 3. Fire Drills 4. SOC Update			

TOPIC	DISCUSSION	RECOMMENDATION/ACTION	FOLLOW-UP
F. Medical Equipment Management 1. Unfinished Business a.			
2. Performance Indicators 3. Equipment Incidents 4. Equipment recalls and safety notices			
G. Utilities Management			
1. Performance Monitoring for Utilities Management 2. Utility Incidents 3. IAQ Investigations		No further action required.	
8. Other Business	Any new items brought to committee not previously discussed.		
9. Policy Review Packet	Note all policies reviewed by committee	Note actions such as approval or recommendations for policy updates, new policies needed.	Closed or Old Business for next meeting.
Date/Time of Next Meeting	Note date and time of next meeting		
Adjournment	Note time of adjournment.		

TOPIC	DISCUSSION	RECOMMENDATION/ACTION	FOLLOW-UP
		Signature of Safety Committee Chairperson	