The goal of SFGH’s EOC/Safety Program is to provide for a safe and effective environment of care for patients, visitors, volunteers and staff in accordance with organizational needs and regulatory requirements. The Environment of Care (EOC) Safety Program encompasses the following seven elements:

- Safety Management
- Security Management
- Hazardous Materials/Waste Management
- Medical Equipment Management
- Utility Management
- Fire/Life Safety
- Emergency Management

The Environment of Care (EOC) Committee

- Tasked with setting and prioritizing the trauma center’s safety goals/performance standards and assessing whether those goals have been met.
- Meets on a monthly basis
- Membership is comprised of:
  - Program managers for each of the seven EOC element
  - Representatives from nursing, infection control, clinical laboratory, pharmacy and quality management.

EOC projects and initiatives include opportunities for improvement identified during ongoing hazard surveillance, risk assessment, and other EOC activities. These projects and initiatives further enable the EOC Committee to proactively promote a culture of safety awareness.

“Constant Readiness” is the focus of the EOC Safety Program and ensures compliance with Joint Commission Accreditation and other regulatory standards.
REPORTS ON THE EOC SAFETY ELEMENTS

1. Safety Management

Objective: To provide for a safe environment through ongoing assessments that identify conditions or practices related to the buildings, grounds, equipment, occupants, and internal physical systems that are potential safety risks.

Accomplishments

- Smoke Free Campus – On July 1, 2008, San Francisco General Hospital became one of the first urban Public Health Hospitals in California to establish a smoke free campus policy.

- Product Recall/Alert Policy and Process – Established, a multi disciplinary committee which includes, Materials Management, Bio-Medical Engineering, Respiratory Care, Pharmacy, Food Services, Quality Management, Risk Management, Information Systems and Environmental Health and Safety. This committee’s charge was to review and monitor the recall process at SFGH. The committee reviewed and revised the SFGH Product Recall policy. One of the committee’s major tasks is ensuring that the recall/alert process is well documented. An audit of the SFGH Recall/Alert process will occur in January 2010.

- Equipment in the Hallways - Clearing of SFGH hallways to provide for a safe and healthful environment for patients, staff and visitors was a significant undertaking. A Task Force was convened to address this issue, with fire life safety and infection control concerns being identified as the major concerns related to the presence of equipment in the hallways. Interventions included: surveillance of hallways, establishment of a photo diary, greater communication with dept/unit managers, and routine sweeps to remove equipment from hallways. The Task Force identified and provided a central location for equipment to be staged (dirty, clean, functioning/nonfunctioning, vendor equipment). Developed routine cleaning protocol for equipment in staging area. Task Force status updates were presented to SFGH Administrative Operations Committee (see attachment (b)). In 2010, the group will work with the SFGH Volunteer Department to enlist the assistance of Volunteers to help monitor and clear SFGH hallways of life safety/fire and infection control hazards.

- Pediatric Security - Collaborated with Security, Nursing and Emergency Preparedness in developing staff education and knowledge as it pertains to Code Pink and the new infant security system “HUGS”.

- Constant State of Readiness - Coordinated a constant state of readiness program that incorporates the 2009 Joint Commission – Environment of Care (EOC) standards. Worked diligently with EOC Program Managers on compliance and program readiness.
Goals for 2009/2010 and Opportunities for Improvement:

- Smoke Free Campus Program – Provide on-going monitoring of program performance and quarterly status updates to the Administrative Operations Committee.
- Confined Spaces - Implement a Confined Spaces Program by collaborating with SFGH Facilities Department, since the prevalence of SFGH campus confined spaces will dramatically increase as Hospital Rebuild activities continue. The SFGH Facilities Department will ensure that staff are adequately trained to enter these spaces.
- Staff Education
  - Enhance education of staff on the presence of equipment in the Hallways as Fire/Life Safety and Infection Control concerns.
  - Collaborate with Environmental Services (EVS) and Infection Control to develop and implement an infection control and safety training program within EVS.
  - Coordinate a review of the Safety and Environment of Care staff education materials.
  - Revise Safety and Environment of Care Healthstream and New Employee educational presentations.

Annual Program Review: As required by The Joint Commission, the Safety Management Plan/Program has been reviewed and revised accordingly, with no major changes in the overall objectives, scope, or performance. The Safety Management program objectives, scope, performance, and effectiveness were reviewed and evaluated by the EOC Committee and were found to be effective.

2. Security Management

Objective: To provide a safe, secure and accessible facility; promote security awareness and education; prevent crime; to protect patients, visitors, and staff from harm and reasonable fear of harm; to protect personal and hospital property from theft, misuse and vandalism; and to enforce medical center rules and policies.

ACCOMPLISHMENTS

- Continued decrease of thefts occurring in the Bldg 80/90 complex, due to additional security measures put in place. With the relocation of Urgent Care to Bldg 80, there is a San Francisco Sheriff’s Department (SFSD) presence 7 days a week within this area.
- Infant/Child Security Program Committee was able to secure and install the HUGS child identification/band security system on Wards 6A, 6C and 6H. Perinatal Policy 19.0 was updated to reflect the addition of HUGS as another layer of security for our most vulnerable population.
- SFSD was able to secure additional personnel to replace members who are on extended leaves of absence.
SFSD completed Security Assessments of the following areas: Clinical Laboratory/Blood Bank; Bldg 3 Pathology and Morgue; SFGH Facilities Department; Building #9 Basement, M-Tunnel, Ward 82, Ward 6A and Ward 7G Suite.

**PERFORMANCE GOALS 2009/2010**

- The Department has initiated a Performance Improvement Project to Decrease the amount of Thefts (Grand / Petty) occurring on the San Francisco General Hospital Medical Center campus.
- Engage hospital personnel in discussions of security related matters and the shared responsibilities of all affected by attending Department/Unit staff meetings to address unit based or global security concerns.
- Update and produce a Crime Prevention Handbook for distribution to all staff members.
- Conduct a reassessment of the Hospital Campus Physical Security Recommendations and work closely with SFGH Facilities Department to implement recommended interventions.
- Continue to monitor all areas for theft and/or trends.
- Adjust security patrols to meet the evolving demands of the Hospital Rebuild program.

As required by The Joint Commission, the Security Management Plan/Program has been reviewed and revised accordingly, with major changes in the overall objectives, scope, or performance. The Security Management program objectives, scope, performance, and effectiveness were reviewed and evaluated by the EOC Committee and were found to be effective.

3. **Hazardous Materials/Waste Management**

**Objective:** Properly manage identified and potential hazards; handle and store hazardous materials; monitor and dispose of hazardous gases and vapors; manage waste streams and respond to spills of hazardous materials. Provide staff with the appropriate skills and knowledge to safely use and handle hazardous materials/waste. Maintain documentation required by local, regional, state, and federal environmental health and safety rules and regulations.

**Accomplishments**

- Revised and implemented the Hospital's Respiratory Protection Program, including training of selected groups of Powered Air Purifying-Respirator users. Brought DPH-standardized respiratory protection user database to the Hospital for tracking respirator users medical surveillance, fit-testing, and training records, replacing the previous spreadsheet-based tracking system.
• Completed a pilot project for standardizing the issuance and evaluation of radiation dosimeters at the Hospital. Findings of the pilot project are being incorporated into an overhaul of the Hospital’s Radiation Protection Program (EOC Policy 14.01). Performed a systematic review of radiation exposures measured by the dosimetry pilot project during calendar year 2007, with the conclusions that (a) radiation exposures at the Hospital are significantly below State and Federal exposure limits, and (b) the Hospital’s “As Low As Reasonably Achievable” (ALARA) exposure investigation guideline could be lowered considerably.

• Prepared a Request for Proposal (RFP) for Medical (biohazardous including sharps, pharmaceutical, chemotherapy, and pathology wastes) Waste Disposal Services. RFP, which was issued under the auspices of the City Purchaser’s Office, will be used to select a contractor to provide medical waste disposal services not only for the Hospital but all other DPH sites generating medical waste as well as other City & County of San Francisco agencies; with approximately 50 sites being serviced off of the current contract. The revised contract is expected to not only continue the citation and violation-free record of medical waste disposal, but also provide more predictable and lower disposal bills to contract users.

• Worked to establish expectations for performance from the Department of Public Works, Bureau of Construction Management, Site Assessment and Remediation Group (BCM-SAR) and BCM-SAR contracted environmental consultants performing hazardous materials investigations, oversight, and monitoring during construction and renovation activities at the Hospital. Reviewed and provided technical guidance with regards to the management of both naturally occurring- asbestos (NOA) and lead-containing paint for the support services building (power plant) seismic upgrade project.

• Worked to improve coordination and collaboration with other support organizations within the Hospital, most notably SFGH Facilities Department, Infection Control, Occupational Health, and Materials Management. Worked to improve coordination and collaboration with other DPH operating units, most notably Occupational Safety and Health and the Hazardous Materials Unified Program Agency, as well as other CCSF agencies who have regulatory authority over SFGH such as the SF Public Utilities Commission.

Goals and Opportunities for Improvement for 2009-2010:

• Accelerate deployment of the Hospital’s Respiratory Protection Program including preparation and deployment of online training
for users of N-95 respirators. Conduct assessment and if necessary repositioning of emergency-use respirators. Continue rollout of training for Powered Air-Purifying Respirators, and improve coordination with the University of California San Francisco staff and leadership.

- Improve the Hospital's hazardous materials management program by: establishing better ways to identify major chemical storage areas to Hospital staff and potential emergency responders; improving management of Material Safety Data Sheets. Continue work on deployment of web-based MSDS delivery system.

- Institutionalize standard approaches to addressing hazardous materials with all Hospital renovation and refurbishment projects. Develop and deploy improved methods for assessing dust and contamination control measures used during renovation and refurbishment projects.

**Annual Program Review:** As required by The Joint Commission, the Hazardous Materials/Waste Management program objectives, scope, performance, and effectiveness were reviewed and evaluated by the EOC Committee and were found to be effective.

4. **Medical Equipment Management**

**Objective:** The assessment and control of the inventory of fixed and portable electrical equipment used for the diagnosis, treatment, monitoring, and care of patients. This program is in place to ensure that all medical equipment, products, devices and non-medical equipment used throughout the Medical Center comply with appropriate safety and operational standards prior to initial use and on an ongoing basis.

**Accomplishments**

- Restructured the Telephone Service Request (TSR) System to have only one phone number for service calls. All service calls are documented, a work order is created, and technicians are paged to immediately address service requests.

- Biomed administration took over the management of the Biomed TMS Equipment database in order to eliminate erroneous and ambiguous data. Any new equipment that is entered into TMS must be cleared by the Biomedical Engineering Director to ensure data is correctly entered to match manufacturer’s specifications.

- Increased customer service and cost savings for SFGH by having in-house biomed take over contract service on 14
anesthesia machines, 17 ultrasound machines, and a majority of 4M Ophthalmology equipment.

- Assumed responsibility from SFGH facilities Department for the service on sphygmomanometers, mechanical patient scales, and mobile exam lights.
- Replaced all outdated mobile vital signs monitors with newer technology vital signs monitors that are capable of providing patient data to an Electronic Medical Record.

**Goals for 2009 - 2010 and Opportunities for Improvement:**

- Improve cost savings, increase reliability, and reduce out of service time for medical equipment, by eliminating designated services contracts to have equipment service performed by the in house SFGH Biomedical Engineering Services (BES) Department.
  - Replace Pulmonetic and Eagle ventilator service contracts with in-house Biomed service.
  - Replace GE ultrasound service contracts with in-house Biomed service.
  - Provide training opportunities to BES technicians to further expand Biomed service capabilities.
- Accomplish and sustain 100% Preventive Maintenance completion rates on a monthly basis.
- Add patient care rooms to annual PM inspections to enhance patient safety and assist BES on finding expired or broken equipment.

**Annual Program Review:** As required by The Joint Commission, the Medical Equipment Management program objectives, scope, performance, and effectiveness were reviewed and evaluated by the EOC Committee and were found to be effective.

5. **Utility Management**

**Objective:** To provide a safe, controlled, comfortable environment; assess and minimize the risks of failures and outline appropriate response to failures and ensures operational reliability and effectiveness of all utility systems.

**Accomplishments 2008/2009:**

- Reduced the number of plumbing back-ups in the main Hospital by 50%. The plan included patient and staff education, additional preventive maintenance and changing out of currently used paper products.
- Created a “Hot Back-Up,” for the campus telephone operators located in the CHN building.
- Repaired the existing domestic hot water heating system for the Main Hospital.
- Installed humidity monitoring systems in 4 operating rooms. These met existing standards for patient care and increased the safety level in the operating rooms by maintaining a comfortable working environment.
- Continued to update the nurse call system in the Main Hospital.

Goals for 2009/2010:
- Implement confined space program and provide confined space training for engineering staff. The SFGH Campus will dramatically expand the number of confined spaces over the next 2 years, and having personnel adequately trained to enter these spaces is essential.
- Assess and evaluate critical elevators on campus for life expectancy, and for potential upgrade.
- Further implement update of the nurse call system on 2 additional nursing units.

Annual Program Review: As required by The Joint Commission, the Utility Management program objectives, scope, performance, and effectiveness were reviewed and evaluated by the EOC Committee and were found to be effective.

6. Fire Life Safety

Objective: To provide for a safe facility. To ensure protection of patients, visitors, employees and property from fire and the products of combustion. To provide fire safety prevention training and drills, fire response plans, well maintained protection systems, and a medical center design which inherently protects against fire.

Accomplishments 2008/2009:
- Installed tamper switches and pressure gauges on all sprinkler risers in the Main Hospital.
- Improved (directional) way finding in the Main Hospital stairwells via the deployment of stenciled signage.
- Expanded monitoring of the Building Maintenance Program to include conducting random sampling of fire/smoke doors, exit signs and battery powered lights for proper functioning.

Goals for 2009/2010:
- Begin systematic replacement and upgrade of exit signs on patient Wards in the Main Hospital. Assess, evaluate, and
develop costs for changing signs on 4 Hospital Wards per year (via McClure Electric Contractor).

- Upgrade the fire alarm system to provide audible notification in existing ICUs (Wards 4E & 5E) to comply with findings in the October 2009 CMS Validation Survey.

**Annual Program Review:** As required by The Joint Commission, the Fire Life Safety Management program objectives, scope, performance, and effectiveness were reviewed and evaluated by the EOC Committee and were found to be effective.


**Objective:** To provide for a comprehensive emergency management program at San Francisco General Hospital & Trauma Center (SFGH) that ensures effective mitigation, preparation, response and recovery to disasters or emergencies affecting the environment of care.

**Accomplishments:**

- Developed and implemented Disaster Communications Plan to ensure notification of and regular informational updates to key hospital staff and departments.
- Worked with Administration, Human Resources and Department Managers to develop hospital-wide and departmental staffing contingencies plans for all hazards.
- Created assessment processes and key indicators for ongoing performance improvement project focused on staff knowledge of SFGH Emergency Operations Plan and key actions. This project will be further developed and integrated with department- and discipline-specific training in 2009-2010.
- Developed several advanced Hospital Incident Command System (HICS) training modules including Incident Action Planning, Completion of HICS forms, and Basics of Unified Command for self-paced training of Incident Management Team members (to be implemented in 2009-2010).
- Successfully launched Personal Preparedness training via HealthStream for all hospital staff.
- Developed and implemented basic Emergency Management / Disaster Response training via HealthStream for all hospital staff.
- Collaborated with the San Francisco Emergency Medical Service and the San Francisco Fire Department to provide basic ICS and Hospital Command Center orientation for new Emergency Medicine Residents.
- Further refined exercise and event evaluation criteria to include critical actions for applicable Hazard Specific Plans.
• Worked with Communications to upgrade the telephone system in 2A6 for redundant and shared lines and signage for more efficient and effective Hospital Command Center communications set-up.
• Developed Disaster Card to provide Attending Physicians, Faculty, House Staff and Researchers with readily accessible information and instructions for emergency response.
• Presented on best practices in community planning and coordination for disaster response as part of a National Association of Public Hospitals (NAPH) panel at the National Association of County and City Health Officials (NACCHO) Public Health Conference.
• Successfully managed 3 partial power failure events and one ongoing communicable disease outbreak pandemic response. Conducted 7 functional and full scale exercises; coordinated contingency plans and alert activations for 3 pre-planned electrical system repairs and participated in 3 community coordination tabletop exercises and reviews.

Goals for 2009-2010 and Opportunities for Improvement:
• Develop and implement a targeted staff education performance improvement program to address the gaps and issues identified in the staff knowledge assessments, with particular focus on integration of physician services and key physician leaders. (NOTE: Project duration is 2 years.)
• Develop and implement advanced training program for HICS Incident Management Team members including online self-paced training modules and measure of success documentation.
• Customize and implement Mass Fatalities, Surge Capacity and Capabilities, Volunteer Management and updated Evacuation Plans and Procedures for SFGH.

Program Evaluation:
The SFGH Disaster Committee reviewed the Emergency Response Plan, policies and procedures and made appropriate revisions and additions to those documents. Both the SFGH Disaster Committee and the Environment of Care Safety Committee have evaluated the objectives, scope and performance of the Emergency Management Program and found it to be effective.
2008/2009 EOC Performance Improvement Projects

I. Implementation of the Smoke Free Campus Initiative

San Francisco General Hospital and Trauma Center (SFGHTC) became Smoke Free on July 1, 2008.

Issues related to the reduction of smoking on SFGHTC campus were addressed:

- Patient health and safety
- Patient, visitor and staff exposure to passive smoking
- Fire Safety
- Patient, visitor and staff education

The benefits are:

- To ensure the health, wellness and safety of our patient, visitors and staff
- To Comply with City and County regulations that prohibits smoking in the workplace and public buildings.
- To provide leadership, guidance and support in the promotion of healthy lifestyle for San Francisco residents

While the goal of becoming a Smoke Free Campus by July 1, 2008 was met, Ongoing development and quality improvements are planned to sustain a Smoke Free Campus. This will require continued monitoring and review. San Francisco General Hospital and Trauma Center patient, staff and visitor are committed to a Smoke Free Campus.

II. Implementation of the Removal of Equipment in the Hallways Project

This project was chosen: to provide a safe and healthful environment for patients, staff and visitors, to comply with regulatory standards and to engage staff in the ownership of equipment in an around their environment. The multidisciplinary Task Force representing SFGH Facilities, Risk Management, Environmental Services, Hospital Administration, and Nursing, developed and implemented policies/procedures.

Interventions included intermittent surveillance of hallways, establishment of a photo diary of offenders, communication with unit and department supervisors and managers of noted violations.

The Task Force worked with specific depts/units to assist them in the development of action plans to remedy infractions/violations.
Performance measures included monitoring the numbers, locations and types of equipment abandoned in the hallways on a daily basis.

Observations included:

1) Obstruction of fire suppression systems (FLS),
2) Obstruction of emergency exits (LS),
3) Patient, staff and visitors exposed to soiled/contaminated equipment (IC, PS)

Future Plans include:

The Task Force will work with the SFGH Volunteer Department to enlist the assistance of volunteers to help monitor and clear SFGH hallways of life safety/fire and infection control hazards.