San Francisco General Hospital

Environment of Care Annual Report, FY 2013-14
Report to the Joint Conference Committee
October 28, 2014
EOC Report Overview

• The goal of the Environment of Care (EOC) Program is to provide a safe, functional and effective environment for patients, staff and visitors.
• The Environment of Care program is a work in progress – which is how the program is set up
• Significant improvements have been made in eight months but it will take additional time to perfect the EOC program.
Acknowledgements

• This report is the collective work of all the EOC Chapter Heads
  o Safety Management – Assistant Administrator, Lann Wilder
  o Security Management - DPH Unit Commander, Capt. Ken Ferrigno
  o Hazardous Materials & Waste Management - Sr. Industrial Hygienist, Ed Ochi
  o Life Safety Management – Director of Facilities, Max Bunuan
  o Medical Equipment Management - Manager of Biomedical Engineering, Nader Hammoud
  o Utility Systems Management - Director of Facilities, Max Bunuan
  o Emergency Management – Assistant Administrator, Lann Wilder
Focus on Program Metrics

• Since January 2014 we have placed a lot of effort on developing meaningful program metrics that measure each program’s effectiveness and that can be used to
  o Identify trends and risks
  o Identify training needs to ensure staff know how to identify, report and take action on environmental risks and hazards
  o Ensure the hospital is compliant with Joint Commission EOC requirements

• Establishing metrics for the EOC Program is an evolving process
  o Modeled after the Quality Council reports
  o First year has seen mixed results
  o Refinements underway to improve the analytics for next year’s report
EOC Program Accomplishments & Future Opportunities

- The following is intended only to be a representative sampling of the work that has been accomplished last year and what is being focused on this year for each of the program chapters.
Safety Management

- FY 13/14
  - Developed and implemented hospital-wide policies and procedures for response to “Code Green” missing at-risk patients
  - Integrated Patient Safety, Quality Management, and Sheriff’s Department in EOC Rounds to further increase focus on falls prevention, fire life safety, infection control and security issues.

- FY 14/15
  - Violence Prevention in the Work Place – focusing on staff awareness, improvements in rapid intervention and de-escalation techniques
  - Continuing work on Falls Prevention
  - Continuing to review At-Risk Patient AWOL program
Safety Management

**AIM:** To prevent and reduce injuries resulting from violent assaults by at least 20% from prior year by 6/30/15.

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>FY 13</th>
<th>FY 14</th>
<th>Goal FY 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor Injuries to Patients or Visitors</td>
<td>18</td>
<td>24</td>
<td>&lt; 18</td>
</tr>
<tr>
<td>Minor Injuries to Staff</td>
<td>49</td>
<td>36</td>
<td>&lt; 30</td>
</tr>
<tr>
<td>Major Injuries to Patients or Visitors</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Major Injuries to Staff</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

Significantly reduced minor injuries to staff; however, injuries to patients and visitors and major injuries to staff increased from prior year. Implemented “Help Us Help You” signage to promote staff, patient and visitor awareness of Zero Tolerance for Violence policy. Continued sharing departmental best practices for managing aggressive and assaultive behavior to ensure staff awareness with the goal of improving rapid intervention and de-escalation of the situation.
Safety Management

**AIM:** To reduce and prevent outpatient, visitor and staff slips, trips and falls resulting from environmental causes (wet floors, uneven surfaces, cords or other obstructions, etc.) by at least 10% by 6/30/14.

**Environmentally Caused Slips, Trips & Falls**

Staff Slips, Trips and Falls (data from Workers Compensation reports) 39 total slips, trips or falls in FY 2013 and 41 total in FY 2014 OVERALL - NOT MET

Outpatient or Visitor Slips, Trips and Falls (data from Unusual Occurrence reports) Only 1 reported in FY 2013 and 1 in FY 2014 OVERALL - NOT MET

Work will continue with interdisciplinary Falls Prevention Task Force and Environmental Services Department to increase staff awareness and prevention of wet floor and other environmentally caused slip, trip and fall hazards. Significant reduction in staff slip and falls due to wet floors noted, down from 22 in FY 2013 to 15 in FY 2014 (reduced over 30%).
Security Management

• FY 13/14
  o Major changes to the program were based on the findings of the Independent Security Assessment report that included:
    o Leadership
      o The Sheriff’s Department assigned a full time Captain as the DPH Unit Commander
      o DPH created a Deputy Director of Security position
    o Training
      o All SFSD staff assigned to SFGH are required to attend hospital orientation
      o SFSD implemented a six week field training program for all new personnel assigned to work at the hospital
Security Management

- **Operations**
  - Implemented coordinated search plans for missing patients
  - Participated in Code Green development, activation and drills
  - Implemented daily stairwell rounds
  - Clarified and enforce post assignments and duties

- **Communications**
  - SFSD attends Nursing Administration bed rounds twice daily
  - Mandatory muster meetings at each shift change
  - Clarification and enforcement of post assignments and duties.

- **Performance Metrics**
  - Monthly audits are conducted on Sheriff Operation Center (SOC) phone calls for professionalism and HIPAA compliance
  - Monitor participation in Hospital committees
  - Responses to Code Green activations
Security Management

- FY 14/15
  - The Deputy Director of Security will be on board this month
    - Will be working with Capt. Ferrigno and his team on continuing these efforts and working on this year’s priorities that include
      - Reduction in workplace violence associated with patient/clients
      - Reduction in crime on the campus
      - Reduction of Homeless Encampments
      - Community Policing Outreach and Education
      - Relocation of an expanded Sheriff Operations Center
      - Preparing for move Into New Hospital
AIM: Incoming calls to the Sheriff’s Operations Center will be documented accurately, comply with hospital privacy standards and meet professional standards.

AIM 1: 100% of audited dispatch records will be accurate
AIM 2: Zero HIPAA Violations on audited calls
AIM 3: 100% of audited calls demonstrate professional standards met

Monitoring Process: 30 calls/month (10 calls per watch) are audited

During this reporting period, *180 phone calls* (10 call per watch per month) that were received in the Sheriff’s Operation Center were audited.
AIM 1: 97% Calls for Service had accurate documentation. No documentation found for 5 calls. Additional training of Staff will be conducted regarding the importance of accurate documentation of all Calls for Service.
Sheriff's Operation Center
Phone Call Audits (180 Total Calls), By Type
January - June 2014

- Emergency: 22 calls (12%)
- Non-Emergency: 66 calls (37%)
- Information Only: 61 calls (34%)
- Administrative: 19 calls (10%)
- Personal: 12 calls (7%)

AIM 2: **Zero** HIPAA Violations were noted

AIM 3: 100% Calls for Service met professional standards
Security Management

**AIM:** To reduce Type II workplace violence incidents at SFGH by 10% by 6/30/15.

Although the overall violent crime rate for the SFGH Campus is significantly lower than the national average the instances of Type II Workplace Violence on campus is slightly higher (93%) than the national average of 84%. It is recommended that the campus continue to emphasize SMART training during orientation and expand upon this educational effort to reduce workplace violence. Campus staff would benefit from further education regarding the required information needed to request the appropriate response level from the SFSD Sheriff’s Operation Center. The FBI/Department of Justice use the following definitions:

<table>
<thead>
<tr>
<th>Type of Act</th>
<th>Description of Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type I</td>
<td>Offender has no relationship with the victim or workplace establishment. In these incidents, the motive most often is robbery or another type of crime.</td>
</tr>
<tr>
<td>Type II</td>
<td>Offender currently receives services from the workplace, often as a customer, client, patient, student or other type of customer.</td>
</tr>
<tr>
<td>Type III</td>
<td>Offender is either a current or former employee who is acting out toward coworkers, managers, or supervisors.</td>
</tr>
<tr>
<td>Type IV</td>
<td>Offender is not employed at the workplace, but has personal relationship with an employee. Often, these incidents are due to domestic disagreements between an employee and the offender.</td>
</tr>
</tbody>
</table>
# Security Management

Workplace Violence Typology FY 13/14 – SFSD Incident Reports for SFGH

<table>
<thead>
<tr>
<th>Performance Metrics</th>
<th>1(^{st}) Qtr</th>
<th>2(^{nd}) Qtr</th>
<th>3(^{rd}) Qtr</th>
<th>4th Qtr</th>
<th>Totals</th>
<th>% over 4 Quarters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent Crime</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type I</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>4.11%</td>
</tr>
<tr>
<td>Type II</td>
<td>15</td>
<td>17</td>
<td>18</td>
<td>18</td>
<td>68</td>
<td>93.15%</td>
</tr>
<tr>
<td>Type III</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1.37%</td>
</tr>
<tr>
<td>Type IV</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1.37%</td>
</tr>
<tr>
<td>Totals</td>
<td>15</td>
<td>19</td>
<td>20</td>
<td>19</td>
<td>73</td>
<td>100%</td>
</tr>
</tbody>
</table>

![Graph showing incident reports](image-url)
Security Management

SFGH Workplace Violence By Location - SFSD Incident Reports FY 13/14

<table>
<thead>
<tr>
<th>Location</th>
<th>1st Qtr</th>
<th>2nd Qtr</th>
<th>3rd Qtr</th>
<th>4th Qtr</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td>Psych Unit/PES</td>
<td>5</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td>25</td>
</tr>
<tr>
<td>Building 5</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Clinics</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Campus</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>BHC</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Totals</td>
<td>15</td>
<td>23</td>
<td>17</td>
<td>18</td>
<td>73</td>
</tr>
</tbody>
</table>
## Security Management

Events that resulted in a San Francisco Sheriff’s Department response and an Incident Report.

<table>
<thead>
<tr>
<th>Event</th>
<th>1st Qtr</th>
<th>2nd Qtr</th>
<th>3rd Qtr</th>
<th>4th Qtr</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disorderly Conduct</td>
<td>4</td>
<td>14</td>
<td>17</td>
<td>13</td>
<td>48</td>
</tr>
<tr>
<td>Burglary</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Petty Theft &lt; $950</td>
<td>5</td>
<td>14</td>
<td>4</td>
<td>9</td>
<td>32</td>
</tr>
<tr>
<td>Grand Theft &gt; $950</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Auto Burglary</td>
<td>8</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>Auto Theft</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Auto Vandalism</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Traffic Accidents</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Totals</td>
<td>29</td>
<td>43</td>
<td>37</td>
<td>39</td>
<td>148</td>
</tr>
</tbody>
</table>

![Graph showing events and their occurrences across quarters]
Security Management

**AIM:** Establish a campus wide search protocol for Code Green and for AWOL At Risk Patients to ensure patients are located and returned safely to their units 100% of the time.

<table>
<thead>
<tr>
<th></th>
<th>AWOL at Risk</th>
<th>Code Green</th>
<th>Patient Found / Returned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct-13</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Nov-13</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Dec-13</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Jan-14</td>
<td>11</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Feb-14</td>
<td>5</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Mar-14</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Apr-14</td>
<td>14</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>May-14</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Jun-14</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>55</strong></td>
<td><strong>5</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>

Multiple at risk patients have attempted to AWOL each month, but all (100%) were found and agreed to return until the completion of their care. Reports from hospital staff and the SF Sheriff’s indicate that the identification of and response to AWOL at-risk patients has been extremely successful. Most patients are now approached by staff and/or Sheriffs at the Medical/Surgical unit doorway or the elevators and convinced to return to the unit which resulted in only 5 actual Code Green activations since October 2013.
Hazardous Materials and Waste Management

• FY 13/14
  o Collaborated with Pharmacy to develop, deploy, and train pharmacy staff on an improved chemotherapy spill kit and spill response procedures
  o Worked with Infection Control to identify the least hazardous cleaning and disinfection products to be used for various activities and equipment.
  o Implemented expanded Hazard Communication Training

• FY 14/15
  o Complete deployment of improved chemotherapy agent spill kits and spill training throughout SFGH
  o Work with Infection Control to identify and eliminate potentially hazardous cleaning and disinfection practice used in patient care areas
  o To ensure awareness of hazardous chemicals in the environment, at least 90% of SFGH staff will complete the expanded EOC Hazard Communication module in Halogen.
Life Safety Management

• FY 13/14
  o Completion of a campus wide fire alarm study as the first step toward planning for a campus wide upgrade
  o Trained approximately 1500 staff on Fire Life Safety
  o Completed a five year sprinkler system certification

• FY 14/15
  o Focus will be on preparing for the new hospital including the areas of training and policies and procedures
Life Safety Management

**AIM:** For FY 2014-2015, to reduce false fire alarms on Campus to three or less per year.

Target of five or less false fire alarms 2013-2014 was met.

Causes for fire alarms:
- 1 Patient Vandalism.
- 1 Defected Smoke Detector.
- 3 Due to Dirty Smoke Detectors.
Medical Equipment Management

• FY 13/14
  o In February a new Biomedical Engineering Manager was hired, filling a position that had been vacant since July 2013
  o Much of his time was spent on:
    o Working with the Rebuild team on the FFE to confirm need, and establishing specification for consistency with existing equipment
    o Upgrading the Computerized Maintenance Management System database to ensure accuracy of data being captured and expand the ability to identify trends

• FY 14/15
  o Continue working with the Rebuild team as equipment procurement begins
  o Further improvements and modifications to the data base including categorizing work requests – (e.g., operator error, replace parts, mechanical failures, electrical failure) to track trends
Medical Equipment Management

**AIM:** 100% of all medical equipment managed by the Biomedical Engineering Department is accounted for and properly maintained.

### Preventive Maintenance Completion Rates for 4th Quarter

<table>
<thead>
<tr>
<th>TARGET</th>
<th>ACTUALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managed 100%:</td>
<td>98.31%</td>
</tr>
<tr>
<td>PM Completed by due date ≥ 90%</td>
<td>92.16%</td>
</tr>
<tr>
<td>CL (could not locate) ≤ 5%</td>
<td>4.62%</td>
</tr>
<tr>
<td>UN (unavailable) ≤ 5%</td>
<td>1.54%</td>
</tr>
<tr>
<td>ND (not done) = 0%</td>
<td>1.69%</td>
</tr>
<tr>
<td>Total Number of Devices</td>
<td>7126</td>
</tr>
</tbody>
</table>

**Key:**
- **PM:** Preventive Maintenance Completed
- **CL:** Device was not located within the specified month
- **UN:** Device was unavailable for PM during the month
- **ND:** Device was not managed
# Medical Equipment Management

**AIM:** To reduce the number of work orders for unexpected equipment repairs to less than 1,000 per year in order to minimize the amount of equipment downtime.

Biomedical Engineering will also track the number of equipment identified through Environment of Care rounds and reported through Unusual Occurrence Reports that are in need of repairs and review to ensure that equipment in need of service is being properly identified and reported.

## Repairs for 4th Quarter of FY 2014

<table>
<thead>
<tr>
<th>Metrics for FY 14/15</th>
<th>Actual FY 13/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Repair Work Orders are ≤ 1000</td>
<td>990</td>
</tr>
<tr>
<td>Number of equipment identified during Environment of Care Rounds needing repairs ≤ 15</td>
<td>25</td>
</tr>
<tr>
<td>Number of equipment identified by Unusual Occurrence reports as needing repairs ≤ 5</td>
<td>4</td>
</tr>
</tbody>
</table>

New manager began tracking this data FY 13/14 and based upon his findings established the metrics for FY 14/15. Goal over time will be to track repairs and collect more information to determine reasons in order to reduce unplanned repair work orders.
Utilities Management

- **FY 13/14**
  - The most visible accomplishment is the modernization of the Building 5 elevators – of which 12 out of 13 are now complete. In addition the Bldg. 80/90 elevator modernization project is on schedule to be completed by spring 2015.
  - Floods caused by vandalism continued to be a troublesome problem which impact daily operations, and requires significant resources (EVS, Facilities) to respond.
  - Facility Services performed 277 Maintenance checks to Campus Drain System throughout the year.
- **FY 14/15**
  - Training on the new systems and preparation for moving into the new hospital will be the primary focus for this year.
  - New performance metric will consist of tracking and categorize all waste water utility system failures.
  - New performance metric will consist of tracking and categorize all elevator calls for service and reasons for failure.
AIM: For FY 2014-2015, to reduce by 25% the number of waste water utility system failures.

100% of waste water failures in 2013/14 were due to vandalism.
**AIM:** No more than 2 elevator failures of four hours or more per quarter for FY 2014-15 in Building 5 (main hospital).

For FY 2014-2015 a new performance metric will be created to track down categories for elevator failures.
Emergency Management

• FY 13/14
  o In July the biggest event of the year occurred with the crash of the Asiana Flight.
    o The successful coordination of the emergency response was presented in lessons learned and best practices to several organizations including the California Hospital Association, California Association for Healthcare Risk Management and the San Francisco International Airport’s Emergency Operations Group.

• FY 14/15
  o Preparing for the new hospital will be a primary focus this year, that includes updating the SFGH Emergency Operations Plan and updating training programs
  o Develop further training exercises for Code Silver Active Shooter responses.
**Emergency Management**

**AIM:** To ensure SFGH staff members are prepared for their emergency response roles and responsibilities, with a goal of 240 staff trained in HICS Basics and ICS by 6/30/14.

![SFGH Staff Trained in ICS](chart)

- **Initial Goal:** 150
- **Updated Goal:** 240
- **2013:** 266 (HICS Basics Training Goal Met)
- **2014:** 181

*ICS Training to Continue in 2015*
Emergency Management

**AIM:** To ensure that at least 95% of critical tasks are consistently performed during exercises and actual emergency responses by June 30, 2015.

![Emergency Response Performance 2014-2015](chart.png)

**Overall Performance 97%**

- HICS Roles & Responsibilities
- Patient Care & Clinical Support Activities
- Communication with Staff, Patients & Visitors
- Hazard-Specific Critical Actions