



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

FY 2015-16
Environment of Care Annual Report
to the Joint Conference Committee
October 25, 2016



San Francisco Department
of Public Health

EOC Report Overview

The purpose of the Environment of Care (EOC) Program is to provide a safe, functional, and effective environment for patients, staff, and visitors.

The EOC Program encompasses seven program areas:

- Safety Management
- Security Management
- Hazardous Materials and Waste Management
- Medical Equipment Management
- Emergency Management
- Utility Systems Management
- Life Safety Management

Acknowledgements

This report is a result of the collective work of the EOC Chapter Heads

Safety Management (Ed Ochi – Safety Officer)

Security Management (Basil Price – DPH Security Manager)

Hazardous Materials and Waste Management (Ed Ochi—Safety Officer,
Mike Harris – Senior Industrial Hygienist)

Emergency Management (Lann Wilder – Emergency Management
Director)

Medical Equipment Management (Jose Sanchez – Biomedical
Engineering Manager)

Life Safety Management (Greg Chase – Facilities Services Director)

Utility Systems Management (Greg Chase – Facilities Services Director)

The EOC Committee

EOC Committee membership is comprised of:

- Program managers for each of the 7 EOC Management Programs
- Representatives from Nursing (Andrea Chon), Infection Control (Elaine Dekker), Clinical Laboratory (Mary Eugenio-Allen), Pharmacy (Julie Russell), Environmental Services (Francisco Saenz), Dept. of Education (Kala Garner), Patient Safety (Tom Holton), and Regulatory Affairs (Cheryl Kalson)

Highlights and Findings by Chapter

Safety Management

Program Objectives

“Met” and “Partially Met.” EOC Committee has reviewed “Partially Met” Objectives and determined that adequate corrections and Program modifications are in place.

Effectiveness: Program found to be effective

Program Highlights

- Reorganized program as part of Quality Management under the direction of a new Safety Officer (formerly Senior Industrial Hygienist). Recruited new Senior Industrial Hygienist and Ergonomics Program Coordinator.
- Using the A3 management process, implemented the first ever standardized assessment of hospital injuries and a root cause analysis of why hospital injury rates appear to be elevated.
- Implemented the Workstation Ergonomic Evaluation Program, completely eliminating backlog of ergonomic evaluation requests, selecting standardized chairs and equipment for workstation retrofits, and preparing budget (approved by Hospital Administration) for a 2-year intensive workstation retrofit program.

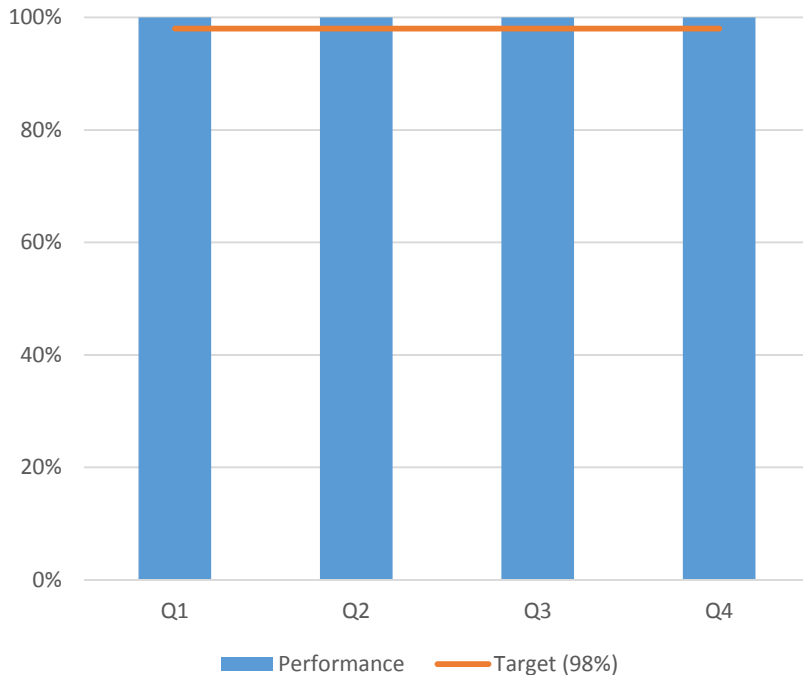
Highlights and Findings by Chapter

Security Management

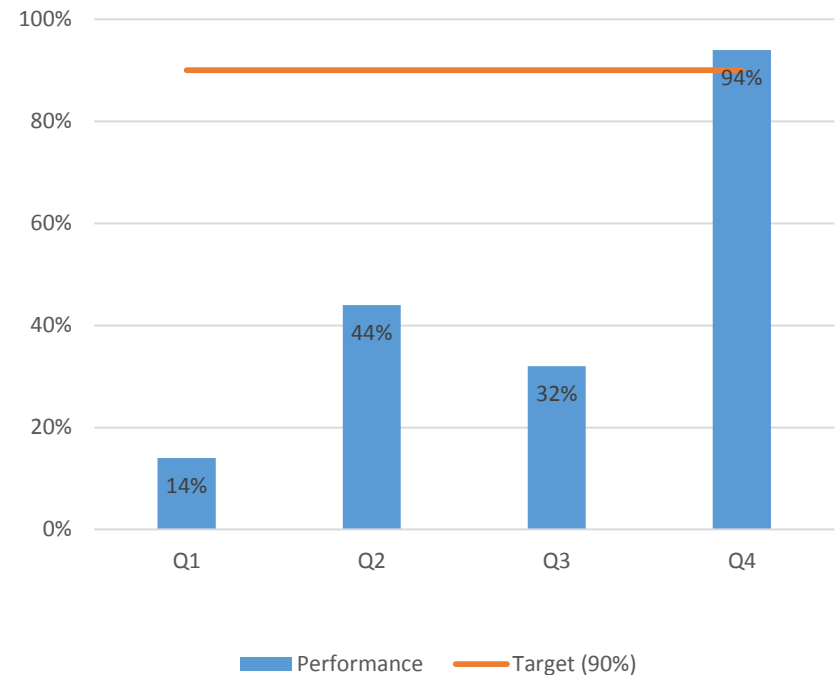
- Accomplishments: The 2015-2016 Security Program was successful in accomplishing 13-milestones in assuring the provision of a safe, accessible, and secure environment for staff, patients, and visitors, which included the following:
 - Revision and implementation of a Security Management Plan that addresses campus-wide security vulnerabilities.
 - The development of a Threat of Violence in the Workplace: Prevention and Management program.
 - The approval of 19-Security Standard Operating Procedures
 - Reduction of serious incident crimes on campus by 17% from 2014-2015
- Program Objectives: All program objectives were met.
- Effectiveness: The functional effectiveness of the 2015-2016 Security Management Plan was reviewed and found to be moderately successful. Of the nine performance metrics, five fail within 4-7 percent of meeting the overall annual target.
- Goals and Opportunities for Improvement in FY 2016-17:
 - The performance and significant reporting metrics were reviewed and evaluated. They were found to be effective, and will remain unchanged in 2016-2017.

Performance Metric #1: The Hospital will be measured on its ability to prevent/return an “at-risk” patient

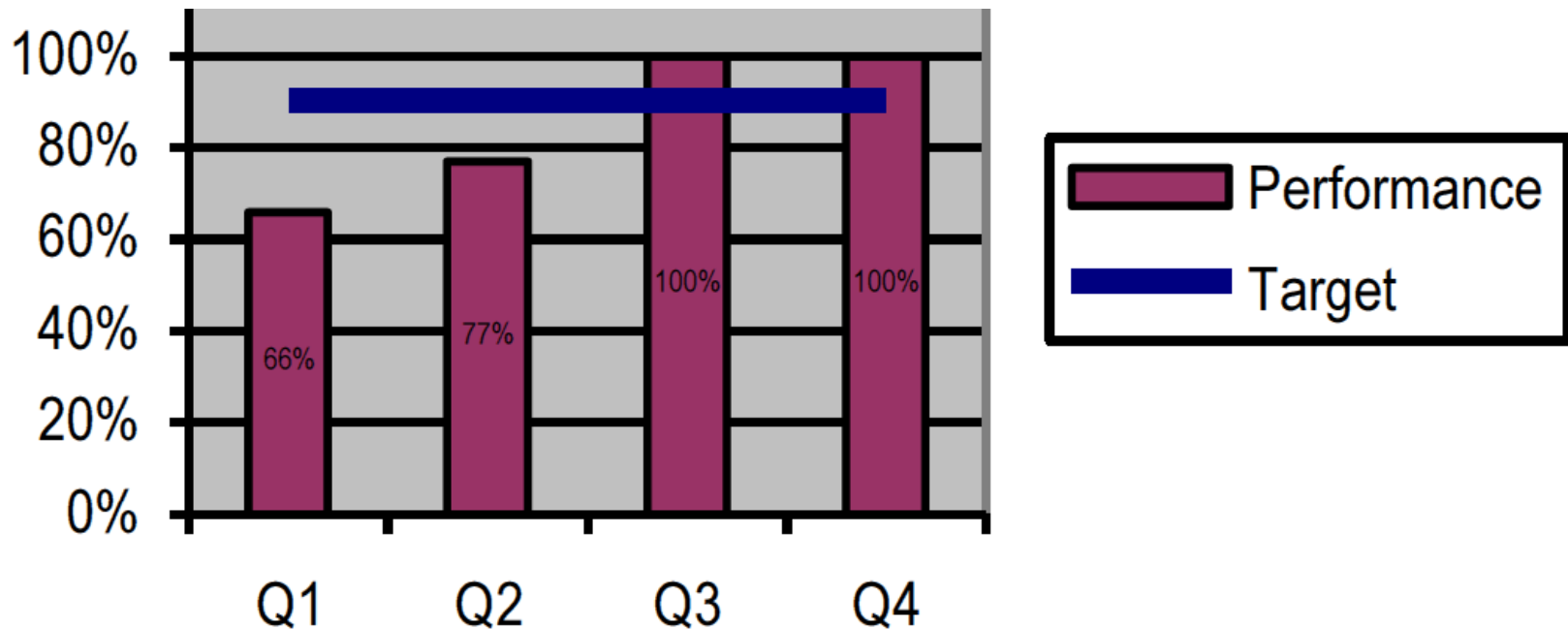
Code Green Prevent/Rate-Return Performance



Code Green Facility Response Performance

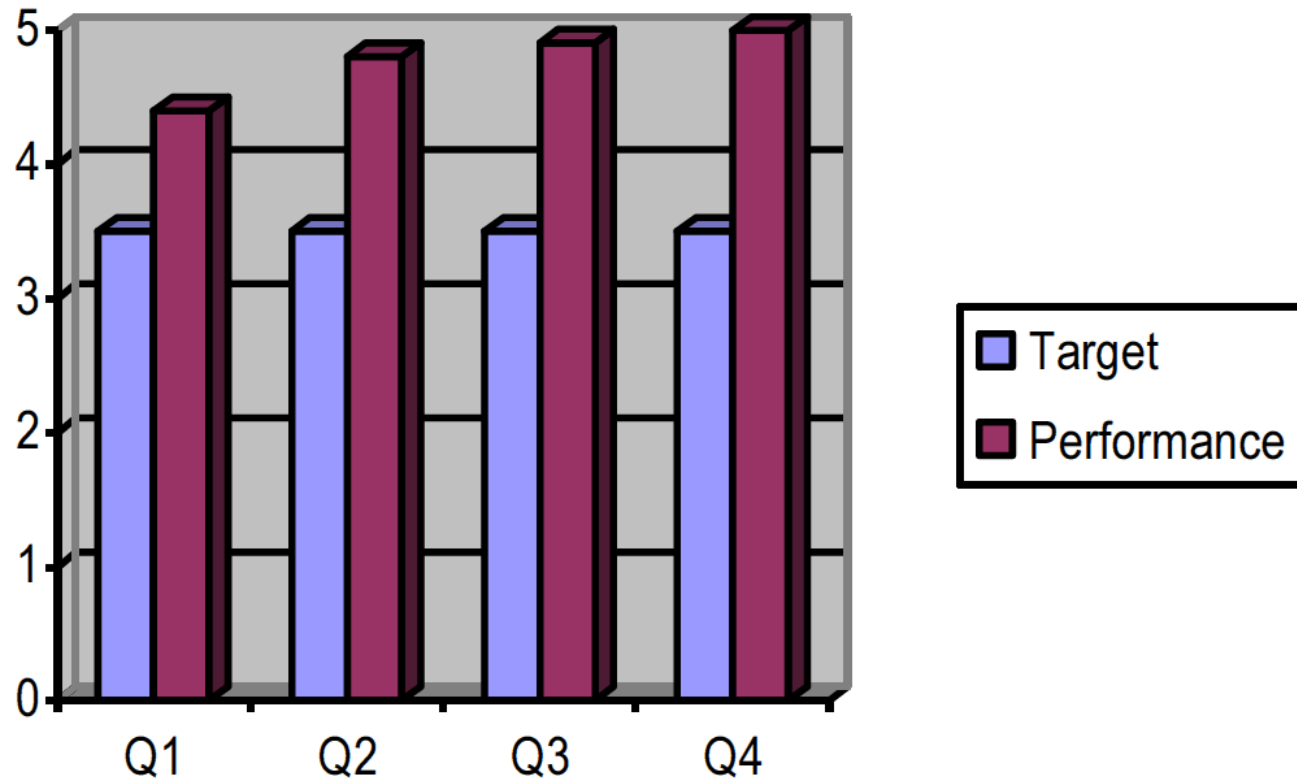


Performance Metric #2: The Security Department will be measured on its ability to achieve a rating of “Satisfied/Very Satisfied”



Performance Metric #3: DPH and SFSD MOU Security Provider Performance Survey

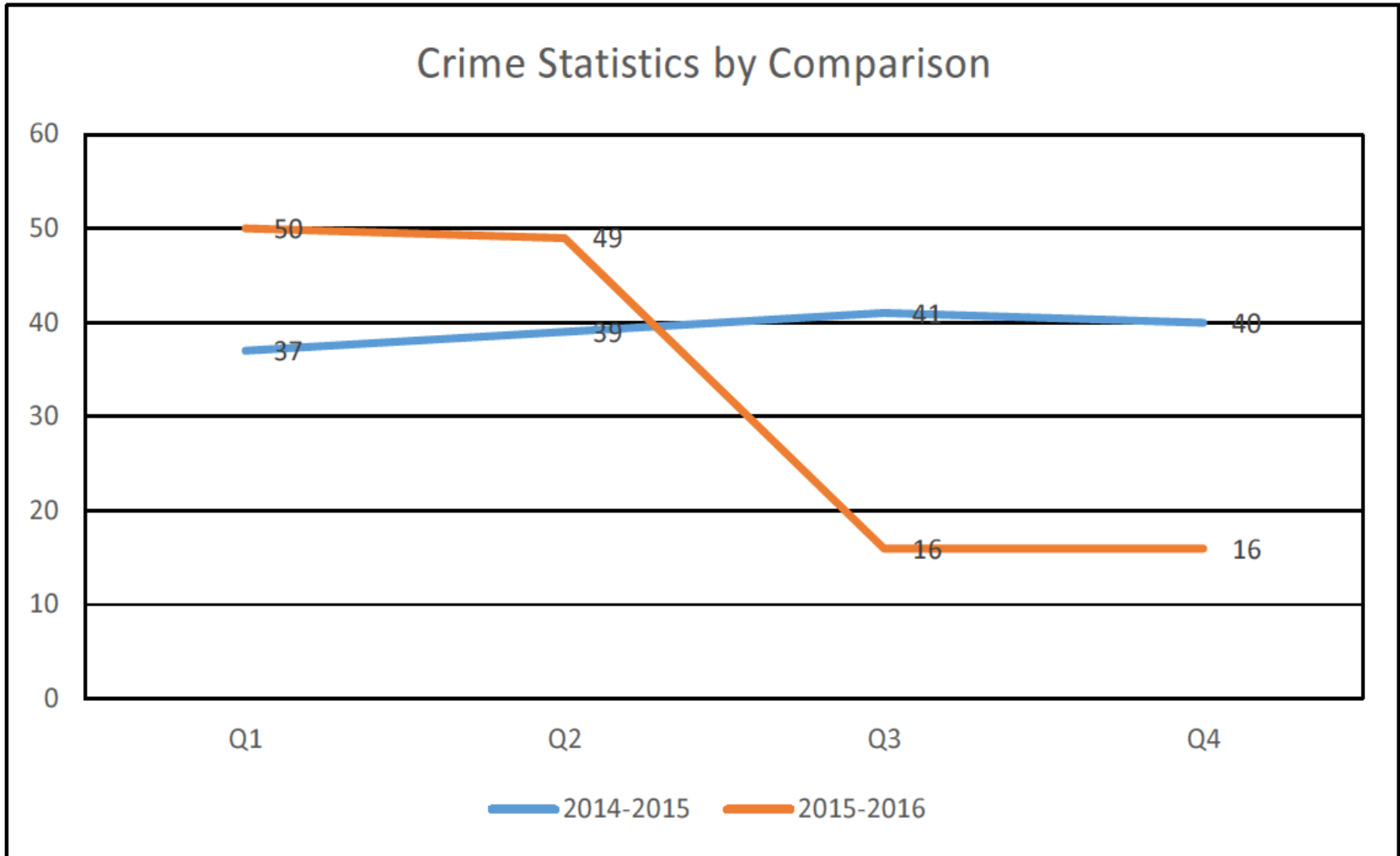
DPH-SFSD MOU Performance Metrics



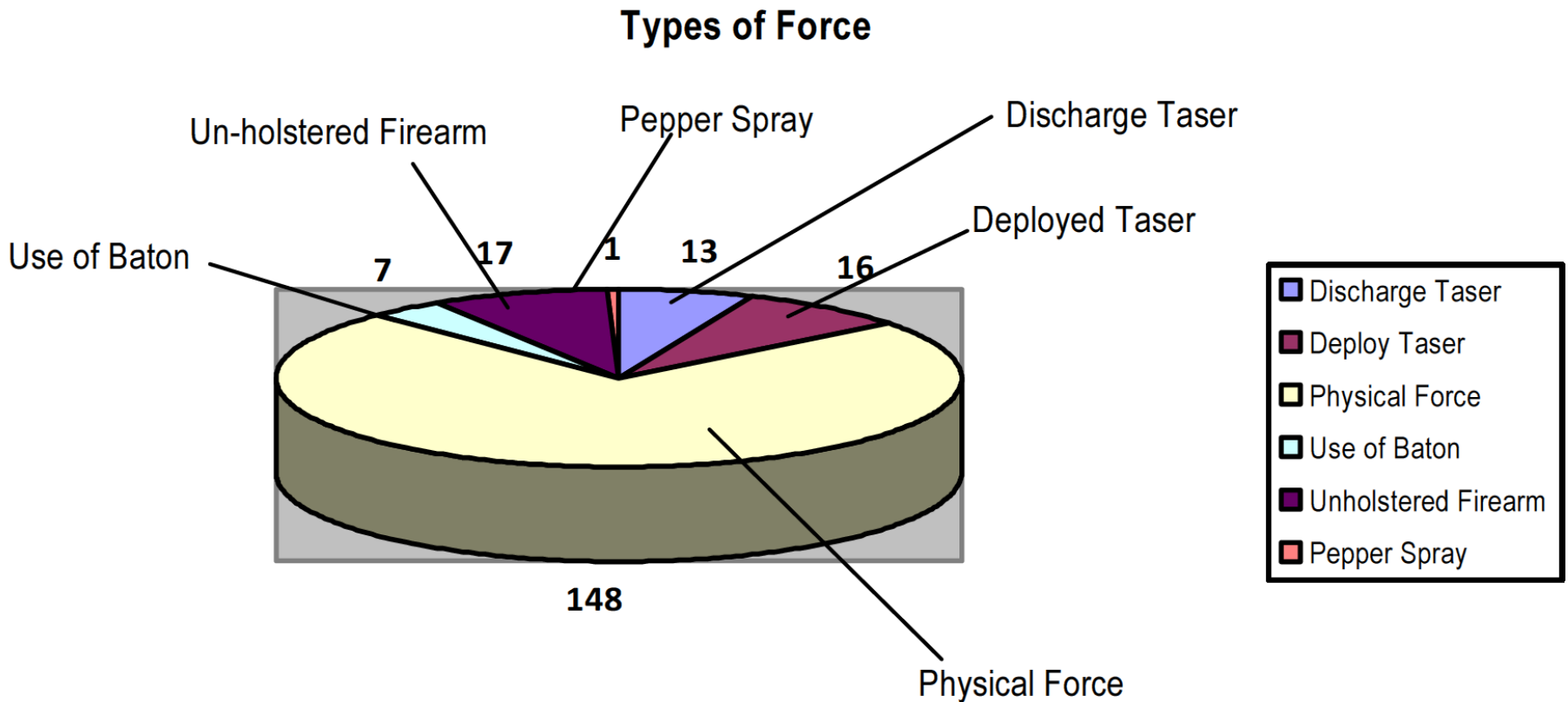
Performance Metric #4: Serious Incident Reporting

Serious Incident Reporting	Q1	Q1	Q2	Q2	Q3	Q3	Q4	Q4
	2014-2015	2015-2016	2014-2015	2015-2016	2014-2015	2015-2016	2014-2015	2015-2016
SFSD - Facility Theft Reports	16	28	15	20	18	5	20	13
SFSD - Burglary Reports	2	2	2	2	2	0	4	1
SFSD - Battery Reports	15	16	17	25	17	10	11	1
SFSD - Sexual Offense Reports	0	1	2	0	2	0	0	0
SFSD - Assault Reports	4	3	3	1	2	0	4	1
SFSD - Robbery Reports	0	0	0	1	0	1	1	0
SFSD - Homicide Reports	0	0	0	0	0	0	0	0
Total Reports	37	50	39	49	41	16	40	16

Performance Metric #4: Serious Incident Reporting

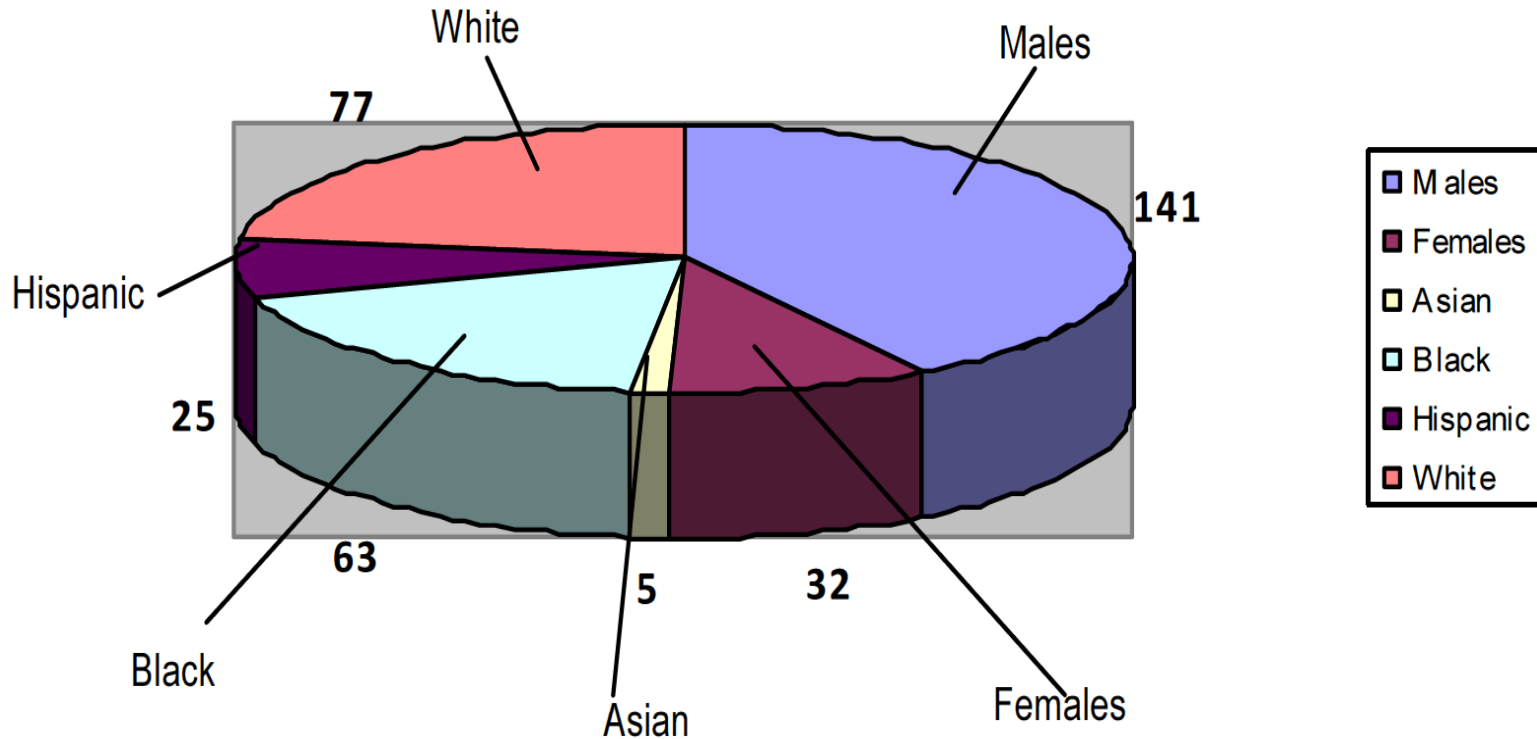


Performance Metric #5: Use of Force



Performance Metric #5: Use of Force

Demographics



Performance Metric #5: Use of Force

* Type of Force	Cases	Demographics	Locations
Physical Force – 148	Patients – 77	Males – 141	Emergency – 38
Un-holstered Firearm - 17	Non Patients – 96	Females – 32	PES – 27
Discharge Taser - 13	Felonies – 16	Asian/Pacific Islander – 5	Psych Wards – 1
Deploy Taser - 16	Misdemeanors – 48	Black – 63	Inpatient Units – 9
Use of Baton – 7	Mental Health Incidents – 5	Hispanic – 25	Campus Buildings – 5
Pepper Spray - 1		White - 77	Public Streets – 18

** The numbers do not equal by category. There are incidents where more than one type of force was used on an individual at a given location.*

Highlights and Findings by Chapter

Hazardous Materials and Hazardous Waste Management

Program Objectives: “Met” and Partially Met.” The EOC Committee has reviewed “Partially Met” Objectives and determined adequate corrections and Program modifications are in place.

Effectiveness: Program found to be effective

Program Highlights:

- Collaborated with end-user subject area experts, Infection Control, and Materials Management to screen products and select the least hazardous, most effective products for use at ZSFG.
- Continued to work with Rebuild Team, Facilities, and Infection Control to allow construction activities to occur in operating hospital buildings and in close proximity to patients, staff, and visitors without activities placing anyone at risk.
- Continued to work with Nursing and Pharmacy to foster the safe handling of chemotherapy agents and hazardous drugs. Participated on Cal/OSHA committee for the development of a legislatively mandated safe handling of antineoplastic drugs regulation.

Highlights and Findings by Chapter

Emergency Management

- Program Objectives: Met
- Effectiveness: Program found to be effective
- Goals and Opportunities for Improvement in FY 2016-17 include:
 - Continue providing training for Hospital Incident Command System (HICS) Incident Management Team members.
 - Develop and implement standard work for critical tasks including HICS activation and staff notification.
 - Implement a mass notification system for ZSFG emergencies, including standardized message templates.
 - Develop and implement a Hazard Specific Plan for natural gas leaks.
 - Develop and conduct Code Silver Active Shooter exercises.

Highlights and Findings by Chapter

Medical Equipment Management

- Program Objectives: Met
- Effectiveness: During FY 2015-16 the Biomedical Engineering Department maintained complete and continuous compliance with all requirements and provision of Medical Equipment Management.
- Accomplishment: The Biomed Engineering Department collaborated and managed the installation and implementation of 6,000 new pieces of equipment in Building 25.
- Goals and Opportunities for Improvement in FY 2016-17 include:
 - Optimization of Biomed CMMS database to follow ECRI standards.
 - Develop service delivery plan to handle repairs for mission critical equipment.
 - Increment collaboration and improved communication with clinical staff.

Highlights and Findings by Chapter

Utility Systems Management

- Program Objectives: All Met
- Effectiveness: Program found to be effective
- Goals and Opportunities for Improvement in FY 2016-17 include:
 - Continue monitoring for unscheduled Waste Water Utility System failures. The target of less than 4 per quarter was met for 2014-15. All waste water failures were due to vandalism. Managing waste water failures improves the safety and quality of the care experience, while managing costs of cleanup and repair.
 - The existing high voltage electrical distribution equipment serving Bldg. 5 is at the end of normal service life. The system requires a high level of maintenance and repair to provide a quality and safe electrical distribution system. This equipment has been identified for inclusion in the Proposition A bond funded projects.
 - Train Hospital staff on utility systems, including elevators, electrical distribution, water/waste, and medical gas systems for Bldg. 25.

Highlights and Findings by Chapter

Life Safety Management

- Program Objectives: Met
- Effectiveness: Program found to be effective
- Goals and Opportunities for Improvement in FY 2016-17 include:
 - Monitor and manage false fire alarms for a quality and safe care experience in Bldg. 25.
 - Monitor ILSM for on-going construction projects within Bldg. 5 and integration with Bldg. 25. File the appropriate Risk Assessments for a quality and safe care experience.
 - The fire alarm system upgrade will be done as part of the Proposition A bond measure.
 - Train Hospital staff on safety equipment, fire plan, and fire life safety systems for Bldg. 25.
 - Engage Facilities staff to review upcoming Proposition A bond measure projects.