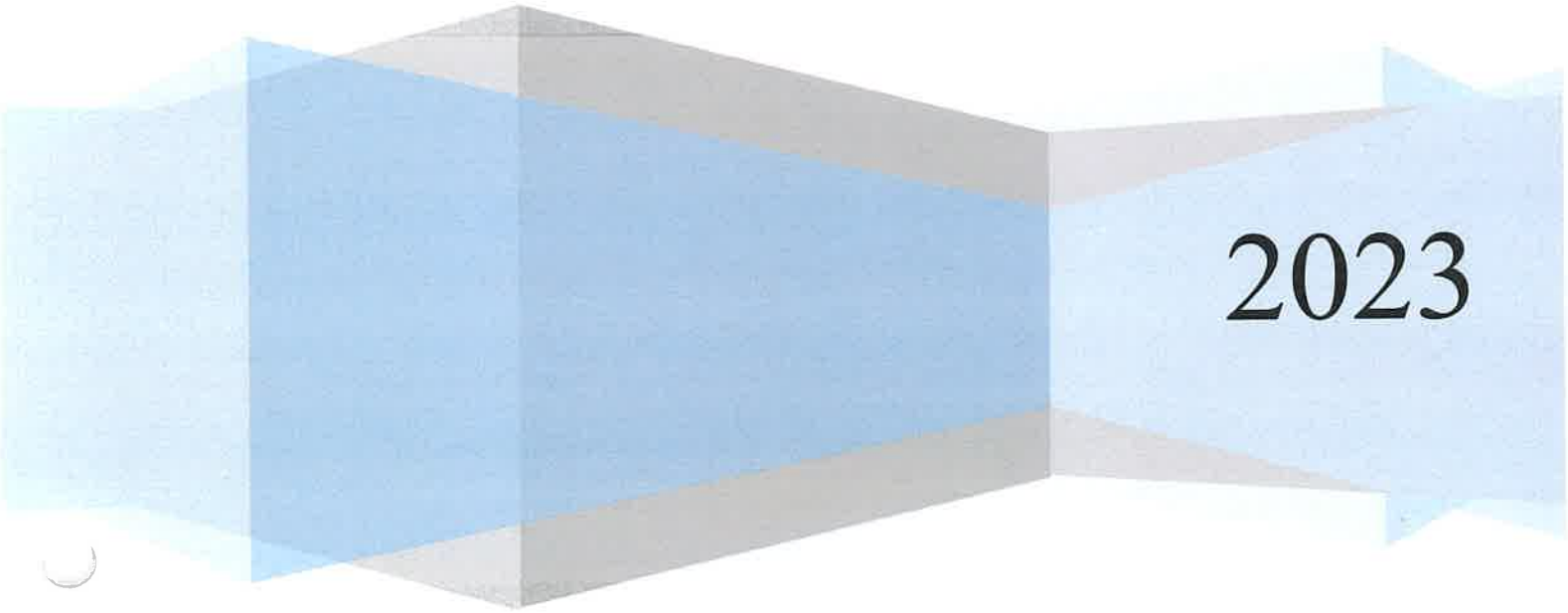
Horizon Specialty Hospitals

Safe Environment Plan

Las Vegas and Henderson



HORIZON SPECIALTY HOSPITALS
Plant Operations/Safety

SUBJECT: Safe Environment Plan - 2023

I PURPOSE

The purpose of the Safe Environment Plan is to provide a programmatic framework to reduce the risk to Horizon Specialty Hospitals. The plan includes processes that are designed to evaluate risks that may adversely affect the life or health of patients, staff and visitors.

Mission:

Horizon Specialty Hospitals are committed to providing medically complex and rehabilitative care in a long-term acute care hospital environment to ensure quality care by using goal directed strategies, safe practices and teamwork to achieve optimal outcomes. The safe environment program is designed to support patient safety and effective care by providing reliable information that allows facility management and staff to make better safety decisions and to evaluate key issues and opportunities for improvement of safety performance.

Consistent with this mission, Horizon Specialty Hospitals have established and provides ongoing support for the safe environment program described in this plan.

II SCOPE

The facility has an Environment of Care Committee (EOC) consisting of a cross representation of the facility's staff. The EOC monitors training and competence of staff and assesses conditions of the physical plant, grounds, and equipment through building inspections, environmental rounds, safety inspections and various performance improvement initiatives. Through review of reliable information, management is able to make the best decisions regarding safety concerns and to evaluate safety performance related to key issues with opportunities for improvement. The EOC monitors and evaluates all safety issues. It takes action and makes recommendations to the facility leadership, including the Administrator/Executive Officer, who is a member of the Governing Board. The EOC may issue assignments to committee members and non-committee staff for follow-up actions/improvements and completion of reports.

III FUNDAMENTALS

A. Safety is information driven. Without appropriate information, accident and incident causing situations cannot be predicted and prevented.

B. Department managers need appropriate information to develop an understanding of safe working conditions and safe work practices within their area of responsibility.

C. Safe working conditions and practices are established by using knowledge of safety principles to: educate staff, evaluate existing conditions, design appropriate work environments and purchase appropriate equipment and supplies.

D. The safe environment program establishes processes for identifying, evaluating and alleviating practices or situations that have a potential to harm patients, staff, or visitors or damage to property.

E. The safe environment program establishes processes to reduce the occurrences, the probability and the effects of person-to-person violence.

IV GOALS

A. Comply with accepted standards of safety.

B. Provide a safe, secure and therapeutic environment for patients, staff and visitors.

C. Integrate safety practices into daily operations.

D. Identify opportunities to improve performance.

V ORGANIZATION AND RESPONSIBILITY

A. The Administrator receives regular reports on activities of the safety program from the EOC. The Administrator reviews reports and, as appropriate, communicates safety related concerns about identified issues and regulatory compliance.

B. The Administrator reviews reports and, as necessary, communicates concerns about key issues and regulatory compliance to appropriate departments, services and staff. The administration collaborates with appropriate departments, services and staff to establish operating and capital budgets for the safe environment program.

C. The Safety Officer (SO) has responsibility for identification, collection and analysis of information regarding safety deficiencies, development of plans for improvement, accident and injury prevention and investigation, and emergency response. Training of staff and volunteers is facilitated by the Director of Plant Operations.

D. The EOC coordinates processes within the Environment of Care Standards. Membership on the EOC is by appointment from the Administrator and includes representatives from administration, clinical services and support services. The EOC meets as often as is necessary on a regular basis to receive reports and to conduct reviews of safety issues. Additional meetings may be scheduled at the request of the Safety Officer.

E. The Administrator authorizes key staff to take immediate and appropriate action in the event of an emergency. An emergency is a situation that poses an immediate threat to life or health, or threatens to damage equipment or buildings.

F. Department managers are responsible for the orientation of new staff members to the department, program and job specific safety procedures.

G. Individual staff members are responsible for learning and following job and task specific procedures for safe operations. Individual staff members are also responsible for learning and using reporting procedures.

VI PROCESSES OF THE SECURITY PROGRAM

A. Risk Assessment

The Horizon Specialty Hospitals Safety officer is responsible for managing the safe environment program risk assessment process. When issues arise the Safety Officer will consult with the Administrator in regard to approval for actions or guidance.

1. Horizon Specialty Hospitals pro-actively performs risk assessments in a manner that allows for comprehensive evaluation of existing aspects of the organization, and the impact of proposed changes. The goal of risk assessment is to reduce the likelihood of future incidents that have the potential for injury, accident, or other loss to patients, staff, visitors and facility assets.

2. Horizon Specialty Hospitals address other environmental considerations when performing risk assessment functions. For example, when planning demolition, construction, or renovation work, the facility conducts a proactive risk assessment using risk criteria to identify hazards that could potentially compromise patient care in occupied areas of the facility buildings.

   Use of the risk assessment process triggers organization linkages with other aspects of the safe environment program. For example, a proposed change may indicate a need to create or revise existing safety policies and procedures; hazard surveillance in the areas affected; safety orientation and education programs; and safety performance improvement monitoring. Horizon Specialty Hospitals' SO is responsible for coordinating the impact of proposed changes with other aspects of the safe environment program.

   Horizon Specialty Hospitals' SO and department managers are responsible for performing follow-up activities on issues, findings, observations or recommendations that result from applying the risk assessment process. Horizon Specialty Hospitals' EOC reviews reports related to the safe environment program risk assessment processes.

B. Reporting and Investigating

The safe environment program uses a variety of reporting methods to document activities. The SO, Risk Manager, Chief Nursing Officer/Chief Operations Officer (CNO/COO) and Human Resources Director share responsibility for managing, reporting and investigating incidents.

Reports of patient and visitor incidents/accidents are made using the appropriate forms. These reports are reviewed by the EOC, QAPI and Infection Control. Aggregate information is reviewed by the EOC.

Reports of significant property damage are directed to the SO.

One of the goals of the reporting process is for the responsible manager to receive facility incident reports as soon as practical after an occurrence. This goal is intended to allow appropriate and timely reporting and follow-up activities as needed.

C. Hazard Surveillance

The Director of Plant Operations (DOPO) is responsible for managing the hazard surveillance process including product safety recalls. Hazard surveillance surveys are conducted to evaluate staff knowledge and skill, EOC compliance, observe current practices, assess/evaluate environmental conditions and other risk factors. Results of hazard surveillance activities serve to improve safety policies and procedures, risk assessments, orientation and education programs and staff performance.

Surveys are conducted on a frequency that meets the needs and requirements of the various areas that are surveyed. All inpatient care areas are scheduled for at least two annual hazard surveillance surveys. Non-patient care areas are scheduled for at least one hazard surveillance survey each year. Areas or systems under special circumstances are scheduled for additional surveys as required.

Additional hazard surveillance surveys are performed during the application of Interim Life Safety Measures (ILSM). Hazard surveillance surveys to assure free and unobstructed exiting for construction projects are performed daily.

The EOC is responsible for oversight of the hazard surveillance program. This includes ensuring that the information received includes an analysis of data collected, identification of trends and patterns, risk reduction strategies, corrective action recommended or taken and persons responsible.

Individual department managers are responsible for initiating appropriate action on findings applicable to their scope of authority or responsibility. The SO is responsible for coordinating follow-up activities with individual department managers to ensure each finding is brought to closure.

D. Environment of Care Committee

The EOC includes selected members of administration, clinical and support services.

The Safety Officer through the EOC is responsible for managing the process of examining safety issues. Effective use of information is dependent on written and verbal reports from a number of different functions within Horizon Specialty Hospital. Reports are used to identify and communicate problems, time-sensitive issues and general information about periodic or structured activities to the EOC. Reports help the EOC to prioritize, develop and approve recommendations for improvement of patient, staff and visitor safety. It is the responsibility of the EOC Chairperson to review the content of reports submitted.

The EOC processes information via a discussion of findings and recommendations outlined in the minutes for each meeting. The minutes also document recommendations the EOC has developed and otherwise approved.

E. Performance Improvement Monitoring

The SO through the EOC has overall responsibility for coordinating the ongoing performance monitoring and the performance improvement monitoring for each of the seven functions associated with Management of the Environment of Care. The SO is responsible for all monitoring associated with the safe environment program.

The intent of establishing performance monitoring is to improve the safe environment program through objective measures of demonstrated performance. **The results of measurement are reported through appropriate channels including the facility's leadership and when appropriate to relevant components of the facility wide patient safety program.** Performance improvement is an important aspect of the Safe Environment Plan. Ongoing performance monitoring serves as an indicator of continued effectiveness of the safe environment program and is a mechanism to identify performance improvement opportunities.

F. Policies and Procedures

The SO has overall responsibility for coordination of the EOC policy and procedure process including coordination with individual department managers.

Individual department, program, and site managers are responsible for their specific safety policy and procedure process. These safety policies and procedures address issues such as: safe operations, use of hazardous equipment or processes and use of personal protective equipment. The SO assists department managers in development of new safety policies and procedures and participates in reviewing existing policies and procedures.

Organization-wide safety policies and procedures are communicated to staff via normal communication channels. Department managers are responsible for distribution of safety policies and procedures and ensuring they are enforced. Each staff member is responsible for knowing and following all safety policies and procedures.

Both facility-wide and departmental, program and site safety policies and procedures are reviewed at least every three years. Additional interim reviews are performed on an as needed basis.

Horizon Specialty Hospital has established a procedure for implementing new policies, procedures and practices. Administrative policy determines the form, structure and organization of all policies, procedures and practices.

G. Safety Officer Appointment

The Administrator is responsible for managing the Safety Officer Appointment process.

The Administrator is responsible for selecting a qualified individual who is capable of overseeing the development, implementation and monitoring of the safe environment program. By appointment, the SO is assigned overall operational responsibly for the safe environment program. The SO is made known to all staff through normal communication channels.

The SO is accountable to the Administrator and is guided by a written duty description. For example, the SO reviews changes in law, regulation and standards; assesses the need to make changes to general safety, procedures, training; and performs other activities essential to the implementation of the safe environment program.

The SO directs the integration of environment of care monitoring and response activities into the hospital-wide patient safety program.

H. Immediate Threat Statement

The Administrator is responsible for managing the process for identifying individual(s) who may intervene whenever conditions pose an immediate threat to life or health or threatens damage to equipment or buildings.

To support this process an Immediate Threat Statement is defined in the Situation Response and Crisis Communication Manual. This policy is intended to define authority and responsibility in situations that pose an immediate threat; to the life or health of patients, staff and visitors; or risk major damage to buildings or property. The goal of the Immediate Threat Statement is to identify and mitigate an immediate threat situation before such situation results in loss and to return the facility to normal conditions as quickly as possible.

Key staffs are empowered to intervene immediately and to take appropriate action(s) to mitigate the effects of such situations. Such delegation of authority enables the facility to implement the policy, swiftly and decisively, on a twenty-four hours a day/seven days a week basis.

The Immediate Threat Statement is approved by the Administrator; is revised as necessary and reviewed at least every three years.

I. Grounds and Equipment

The DOPO is responsible for managing the facilities grounds and external equipment maintenance processes. The Horizon Specialty Hospital provides patient care, treatment or activities outside of facility buildings. There are patient activities conducted outside of facility buildings that require supervision by facility staff.

The DOPO is responsible for scheduling and performing maintenance to facility's grounds and external equipment. DOPO makes regular rounds of various areas to observe and correct conditions and ensure safety of facility's grounds and external equipment.

Facility grounds includes for example: courtyards, shrubs and trees, sidewalks, roadways, parking lots, lighting, signage and fences. External equipment includes for example: electrical switch gear, transfer switches, and fuel storage. The nature of these types of external equipment is such that limited or infrequent preventive maintenance is required. Corrective maintenance is completed on an as needed basis.

J. Annual Evaluation

The SO has overall responsibility for coordinating the annual evaluation of each of the seven functions associated with management of the Environment of Care. The SO is responsible for completing the annual evaluation of the safe environment program. An evaluation of the program's objectives, scope, performance, effectiveness and the Safe Environment Plan is included in each annual evaluation.

In the completion of the annual evaluation, the SO utilizes a variety of source documents such as policy review and evaluation, incident report summaries, risk assessment activities, meeting minutes and statistical information summaries. In addition, other relevant sources of information are used for the annual evaluation, such as results of monitoring studies, reports from accrediting and certification agencies and goals and objectives. The annual evaluation of the security program is used to further develop educational programs, policies, performance monitoring and improvement.

The annual evaluation is reviewed and approved by the EOC. The annual evaluation is then presented to the Performance Improvement Committee, Executive Management Committee, Medical Executive Committee and Governing Board. Minutes or other means of communications from the Governing Board are received, reviewed and acted upon the by the EOC.

VII WORKER SAFETY

The EOC and Infection Control Committee are responsible for identifying activities to reduce the risk of staff/worker injuries.

A. Reporting and Investigating

The safe environment program uses a variety of reporting methods to document activities. The SO, Risk Manager and Human Resource Director share responsibility for managing, reporting and investigating incidents of injuries, occupational illnesses and accidents. Reports are made using the appropriate forms. This information is reviewed by the EOC, QAPI and Infection Control. Aggregate information is reviewed by the EOC.

One of the goals of the reporting process is for the responsible manager to receive facility incident reports as soon as practical after an occurrence. This goal is intended to allow appropriate and timely reporting and follow-up activities as needed.

B. Orientation and Education

The Director of Plant Operations has overall responsibility for organizing the orientation and education program for each of the seven functions associated with Management of the Environment of Care. Department managers are responsible for assuring the safe environment program orientation and education is implemented.

The Director of Plant Operations is responsible for conducting the general orientation program with current information on general safety processes to new staff members as soon as possible but within 30 days of employment. Every new staff member participates in a general orientation program that includes information related to the safe environment program. Critical Environment of Care information is provided prior to staff being allowed to work independently. The Human Resource Department records attendance for each new staff member who completes the general orientation program. Attendance records are maintained in the Education and Human Resource Department.

Each department manager is responsible for providing their new staff members with safe environment orientation specific to their department. The goal of these orientation programs is to provide new staff members with current job specific safety and hazard information.

All staff members of the facility must participate in mandatory continuing education at least once each year, which includes information specific to the safe environment program. This requirement may be satisfied through completion of a self-learning packet or attendance at a regularly scheduled facility-wide continuing education program. The Human Resource and Education Departments maintains records of all completed training.

Various Departments collaborate with the Facilities Department and individual managers, as appropriate, for developing content and supporting material for general and department specific orientation and continuing education programs. The content and supporting materials utilized are reviewed and revised as necessary.

The Human Resource Department reports information on orientation and continuing education data during the reporting period to the EOC.

VIII SMOKING

Horizon Specialty Hospitals have a policy to reduce the risks to patients who smoke, including possible adverse effects on treatment; risks of passive smoke to others; and risks of fire

Patients, staff and visitors are prohibited from smoking in all facility regulated buildings and campus.

Original: 06/2003
Reviewed/Revised: 12/2009, 3/2010, 1/2011, 1/2012, 1/2013, 2014, 12/2015, 12/2016, 12/2017, 01/2019, 01/2020, 01/2021, 01/2022