Specialty Surgery Center
Las Vegas NV

SAFETY MANAGEMENT PROGRAM

POLICY:

It is the policy of Specialty Surgery Center to provide a physical environment free of physical hazards for the patients, employees and visitors. The Governing Board has final oversight of the safety program/plan

PURPOSE:

The purpose of the safety management program is to establish, organize, implement, monitor, and evaluate an effective program designed to provide a physical environment free of hazards and to manage staff activities to reduce the risk of human injury. Safety is an ongoing process and each employee and medical staff provider should be constantly aware of providing a safe environment for themselves, patients and visitors.

GOALS AND OBJECTIVES

The objectives and goals of the safety management program are to reduce and eliminate unnecessary hazards within the facility by:

1. Identification of individuals who will be responsible for the overall coordination, direction, and monitoring of safety activities within the Center.
2. Establishing a procedure whereby any Center employee or medical staff member will be encouraged to identify and present problems, deficiencies, and ideas for review and analysis in an effort to improve overall safety at Center.
3. Assuring the various problems and opportunities to improve safety are objectively assessed and that performance indicators designed to achieve an optimum level of safety are monitored.
4. Assuring that the safety activities are properly documented to indicate findings, conclusion, actions, recommendations, and evaluation of the effectiveness of the action that was taken.
5. Providing a method of communication that allows for effective collection and dissemination of information relating to safety activities.
6. Establishing and maintaining an ongoing mechanism for monitoring the resources necessary to ensure the safety of the patients, staff, visitors, building, grounds, and internal physical systems

AUTHORITY AND RESPONSIBILITY

The Governing Body shall maintain ultimate responsibility for the oversight and effectiveness of the safety management program and shall strive to assure a safe environment for patients, staff and visitors. The Governing Body, through Administration, Risk Manager, and managers shall provide whatever administrative assistance that is reasonably necessary to support and facilitate the implementation of ongoing operation of this effort.

The Governing Body has appointed the Safety Officer. His/her role includes:

1. Oversight of implementation and maintenance of safety practices at the Center.
2. Proactive with ergonomics in the workplace.
3. Integration of safety as part of the Center wide Quality and Risk Plans.
4. Assures investigation and follow through of any unsafe practices identified.
5. Work with managers to ensure ongoing education of employees through staff in-service, emergency (mock) drills, online training, and new employee orientation.
6. Surveillance and audits to identify areas of opportunity.

The Center, in conjunction with the building management if applicable, will maintain a safe building and grounds.

1. Routine maintenance is provided by building management.
2. Utilities and emergency backup systems are checked routinely.
3. The Center should report any unsafe conditions for the building or grounds immediately to the management.
4. The Center will conduct periodic safety rounds to assess for potential hazardous risks. Risks are corrected as soon as possible.

SCOPE OF SAFETY MANAGEMENT PROGRAM

The safety activities for the Center are a function of all employees, medical staff, the Medical Executive Committee (MEC), and Governing Body. The following delineates the scope of service of the safety management program.

1. All areas of the Center, including but not limited to:
   a) Clinical areas
   b) Public access areas
   c) Employee areas
   d) Outside sidewalks and grounds
   e) Mechanical equipment areas
2. Maintenance of a safe environment
3. Life Safety
4. Equipment management
5. Utilities management
6. Hazardous Materials management
7. Emergency preparedness
8. Security management
9. Training and Education
10. Quality Improvement activities

<u>COMPONENTS OF THE PROGRAM/PLAN</u>

The safety management program shall contain the following components and related policies which includes but is not limited to:

1. **Safety Management**
   a) General safety policies
   b) Fall Risk assessment
   c) Appointment of a Safety Officer
   d) Staff Education and training
   e) QI/Risk/Safety/Infection Control Committee
2. **Life Safety Management**
   a) Buildings
   b) Grounds
   c) Fire warning and safety systems
3. **Equipment Management**
   a) Patient care equipment
   b) User errors/equipment failures
   c) Product/equipment alerts/recall
   d) Electrically powered equipment

4. **Utilities Management**
   a) Life support systems
   b) Infection control systems
   c) Communications systems
   d) Equipment support systems
   e) Utilities outage/failure
5. **Hazardous Materials**:
   a) Selection
   b) Training
   c) Inventory
   d) SDS
6. **Emergency preparedness:**
   a) Management of disasters, internal and external
   b) Involvement of the Center in community disaster (drills and actual)
7. **Security Management**
   a) Variance reporting
   b) Security risk assessment
8. **Radiation Management**
   a. Dosimetry monitoring
   b. Radiation audits
   c. C-arm logs to assure < 20 individual exposure time

MONITORING AND EVALUATION

There is ongoing monitoring of the safety program to ensure compliance with all regulatory agencies and Center policies. Results of the monitoring activities are reported to Administration, QI Committee, MEC and the Governing Body. The staff are informed through departmental meetings and staff in-services.

1. **Data Resources Used for Monitoring**
   a) Quality/Risk Monitors
   b) Variance reports
   c) Outside regulating agencies reports (AAAHC, TJC, CMS, State, Fire Marshall, OSHA etc)
   d) Preventive maintenance reports (engineering and biomed)
   e) Surveillance rounds (IFC, Safety, Radiation etc.)
   f) Fire drill critiques
   g) Disaster drill critiques
   h) Claims data/Probable Claims Reports
2. **Areas of Improvement**
   Data information will be evaluated to determine if there are any problems or opportunities for improvements in the delivery of care. The source of the problem will be analyzed to determine if the problem occurred related to:
   a) Insufficient knowledge
   b) Problems in the system
   c) Poor performance due to lack of conformity to policy
   d) Other
3. **Corrective Action**

Appropriate actions will be implemented to eliminate or alleviate the identified problems. Actions may be taken by the manager, Risk Manager, Administrator, or QI Committee. Actions may include, but are not limited to:

a) Education/training
b) Revision of policies and procedures or implementation of new policies
c) Staffing adjustments
d) Change in equipment, vendors, repair services, etc.
e) Counseling/guidance

4. Follow-up and Evaluation

a) Follow-up and evaluation of the corrective actions will be done through the Quality Improvement/Risk Management Committee.
c) Based on the evaluation by the Quality Improvement/Risk Management Committee, the need for further monitoring or additional corrective action will be determined.
d) All evaluations of monitoring will be reflected in the Quality Improvement Committee, MEC, and Governing Body meeting minutes.

5. Safety Monitoring and Evaluation Reporting

Results of monitoring, corrective actions and evaluation shall be communicated to:

a) Center Quality Improvement/Risk Management Committee (Quarterly)
b) Medical Executive Committee (Quarterly)
c) Governing Body (Quarterly)
d) Managers (monthly or as appropriate for dissemination to Center employees)

Findings and change in policies and processes are communicated to the staff through staff meetings or other desired method of communication.

POLICIES

The Center has policies and procedures that promote safety as a priority. These policies and procedures are developed in accordance with regulatory standards and current trends in healthcare. These policies include, but are not limited to:

1. Fall Risk Assessment
2. Product Recalls
3. Medication Administration and Control policies
4. Exposure Control Plan
5. Sharps Prevention
6. Infection Control Plan
7. Equipment inventory and maintenance policies
8. Variance Reporting
9. Employee response grids to systems failure, noting closing the loop on corrections
10. Emergency Preparedness Plans- Bioterrorism, Weather, Evacuation, Fire Safety, Bomb Threats, etc.
11. Emergency Procedures- Respiratory Arrest, Malignant Hyperthermia. Child Abduction, Chemical Spills etc.
12. Procedures for Incapacitated and/or Impaired Healthcare provider

SAFETY MANAGEMENT PROGRAM APPRAISAL

The program is reviewed at least annually or as indicated by other activities or survey findings.

References: *AAAHC, TJC, CMS, OSHA standards*. HCA Life Safety program