ENVIRONMENT OF CARE MANAGEMENT PLAN

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ENVIRONMENT OF CARE MANAGEMENT PLAN

PURPOSE:

The purpose of the Environment of Care Management Plans is to ensure that the facility manages and promotes a safe and secure environment of care.

SCOPE:

The Environment of Care Management Plan is designed around three basic principles of planning, implementation, and the evaluation of results. In addition, the written plans are divided into 5 sections of risk management to include safety and security, hazardous materials and waste, fire safety, medical equipment and utility systems. Leaders will identify an individual(s) to manage risk, coordinate risk reduction activities in the environment of care, collect and analyze information on deficiencies such as injuries, problems or use errors, assign action plans to individuals based on who is responsible for the issue being addressed and report results. The facility will conduct environmental tours every six months, at a minimum, to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate risks in the environment of care. The tours are also used to assist in the identification of environmental deficiencies, hazards, and unsafe practices.

PLANNING:

Risks are inherent in the facility because of the types of care provided and the equipment and materials that are necessary and used to provide that care. As a result, it is imperative that the facility plan activities that minimize these risks in the environment of care. The best way to manage these risks is through a systematic approach that involves a proactive approach in evaluating the harm that could occur. One or more individuals in the facility will be responsible for coordinating and managing risk assessments and reduction activities. They will intervene when situations immediately endanger life and health, subsequently minimizing the potential for harm. Written management plans help the facility manage risks. The plans will address the scope and objectives of risk assessment and management, describe the responsibilities of individual(s) and give timeframes for specific activities identified in the plan. Risks in the facility that are included in the Environment of Care Management Plans include the following:

- Safety and security
- The handling of hazardous materials and waste
- The potential for fire
- The use of medical equipment
- Utility systems

RISK ASSESSMENT:

Assessing and addressing risks are essential to maintaining a safe and secure environment of care. The facility will take a risk based approach when developing policies and procedures to manage the specific risks identified. Each management plan will outline how risks are assessed and dealt with. The facility must describe how it intends to identify potential risks and implement processes to minimize the likelihood of those risks causing incidents. This should include comprehensive proactive risk assessments that evaluate the potential adverse impact for each of the *5* areas identified above. The facility will use the risks identified to select and implement procedures and controls to achieve the lowest potential for adverse impact. Once the potential risks are identified they are then analyzed. Neurorestorative facilities will use a formalized proactive risk assessment process called FMEA (failure mode and effect analysis).

ORIENTATION AND EDUCATION:

Staff orientation and education is required for each environment of care management area. It will include training on the roles and responsibilities of all staff and independent contractors, relative to the environment of care. It will occur upon hire and at a minimum, annually thereafter. Facilities will also test the staff's comprehension of the training which will reveal whether training efforts are effective, identify issues that still require attention and determine the content of future training sessions.

INFORMATION COLLECTION AND EVALUATION:

Each management plan requires a mechanism for reporting abnormal events. Leaders will identify an individual(s) responsible for collecting data/information which is then presented in the facility's monthly PI committee meeting. Representatives from clinical, administrative, and support services participate in the analysis of environment of care data. Recommendations and/or actions to be taken are discussed and then presented to the rest of the staff members who will assist in implementing the recommendations, setting up measurement guidelines and monitoring the process or processes related to the issue under review.

PERFORMANCE MONITORING:

Managing the environment of care requires ongoing monitoring of performance for actual or potential risk. Specific performance monitors will be selected that can measure the effectiveness of the management process. There is no minimum requirement as to how many monitors are needed in each risk area but at least one monitor will relate to a problem-prone area or an area that the facility would like to benchmark to a higher standard. Reporting to the Performance Improvement Executive Committee is on a quarterly basis.

ANNUAL EVALUATION:

The facility will evaluate the management plans on an annual basis and report results to the Performance Improvement Executive Committee. The evaluation will address:

- The adequacy of the plan's objective, scope, performance and performance indicators, and any policies and procedures identified in the plan.
- Overall effectiveness of the plan.
- Goals identified for the next year.

Evaluating the Plan's Objectives

1. This means determining how well the plan accomplished what it set out to do. The same objectives can be carried forward from year to year if they remain appropriate and as long as the facility carefully reviews the objectives each year to make certain they are current.

Evaluating the Plan's Scope

2. The scope of the management plan is its breadth. The facility assesses whether the plan's definition of scope remains appropriate, or whether something has changed in the composition of the organization.

Evaluating the Plan's Performance

3. To illustrate the performance of the plan the facility will include an analyzed and trended summary of the performance monitoring data collected throughout the year.

Evaluating the Effectiveness of the Plan

4. Evaluating the effectiveness of the plan is subjective. It is where the facility considers what went well during the year and what needs to be improved. The facility will also identity and describe issues on the horizon and objectives for the next year.

SAFETY AND SECURITY MANAGEMENT PLAN

PURPOSE:

The Safety and Security Plan was developed to create a program dedicated to effectively managing the environmental safety and security of patients, staff, visitors, property, and assets.

SCOPE:

Neurorestorative's Safety and Security Plan is designed to provide a safe and secure environment for patients, staff, visitors, property, and assets and to ensure compliance with applicable codes and regulations.

OBJECTIVES:

1. Conducts monthly hazard inspection rounds and report findings and recommendations at the facility performance improvement (PI) committee meetings.
2. Comply with safety standards and regulations.
3. Intervene whenever conditions or situations of a safety or security nature exist that pose a threat or danger to life.
4. Enforce current safety and security practices for patients, staff, visitors, property and assets.
5. Report crime, fire injury or other incidents.
6. Limit free access to the facility by keeping all entrances locked, subsequently allowing better identification of visitors.
7. Neurorestorative is a non-smoking facility. Smoking is allowed in designated areas outside of the facility only, to reduce the risk of harm to patients, staff and all visitors.
    - If the facility decides that certain patients may smoke, the leaders develop

written criteria identifying the specific circumstances under which they may smoke to include where and when and whether supervision is required.

8. Facility parking lot is illuminated during the evening hours.
9. Pharmaceuticals are properly secured per Neurorestorative's P&P.
10. Medical records are stored in compliance with HIPPA.
11. Disruptive/unmanageable visitors are reported to local law enforcement agents as appropriate.

PROCESS:

1. All staff and independent contractors will receive, upon hire and annually thereafter, orientation to the Safety and Security Plan.
2. The Administrator/DON reviews changes in laws, regulations and standards and assesses the need to make changes to equipment, procedures or carry out additional training.
3. Risk assessments are performed as part of the hazard inspections rounds by members of the performance improvement team and results are used to create or revise existing policies or procedures.
4. Incident and accident reports are directed to the Regional Director of Operations and presented during the facility performance improvement (PI) committee meetings.

    a. Reports will be reviewed and analyzed to identify trends and findings are used to improve the Safety and Security Management Program.

    b. Summary reports are provided to the Executive Performance Improvement Committee.

PERFORMANCE MONITORING:

The Administrator/DON along with the facility performance improvement (PI) committee establishes performance indicators to objectively measure the effectiveness of the Safety and Security Management program. They determine data collection methods, intervals, and analysis techniques and report results quarterly.

ANNUAL EVALUATION:

The Safety and Security Management Plan is evaluated annually to examine its scope, objectives, performance and effectiveness. A report containing the findings and supporting data are submitted to the PI's Executive Committee. Strengths and weaknesses are identified and deficiencies are evaluated to set goals for the following year.

HAZARDOUS MATERIALS AND WASTE MANAGEMENT PLAN

PURPOSE:

The purpose of Neurorestorative's Hazardous Materials and Waste Management Plan is to define how it will establish, provide and maintain a program that will safely control materials and waste known to have the potential to harm humans or the environment. The plan includes processes designed to minimize the risk of harm and includes education and procedures for the safe use, storage, disposal and management of spills and exposures.

SCOPE:

Neurorestorative's Hazardous Materials and Waste Management Plan is designed to address the risks that the substances identified in the plan pose to the environment. The program ensures compliance with applicable codes and regulations. The scope of the plan is determined by the materials in use and waste generated by the facility. Types of hazardous materials and waste typically found in the facility which require special handling are as follows:

1. Chemicals to include pharmaceuticals, creams, gels, paint, oil, solvents, and cleansers.
2. Regulated medical waste, which originates from a patient's care, treatment or immunization.

OBJECTIVES:

1. The processes used to select, transport, store, use and dispose of hazardous materials and waste are defined in written procedures.
2. inspections are conducted at least annually to ensure the following:

a. Areas used to store and handle hazardous waste have adequate space and are separated from clean and sterile goods and foodstuffs.

b. Chemicals are stored appropriately to their hazards.

3. Spills and exposures are reported monthly to the facility performance improvement (PI) committee.

4. All staff and independent contractors are trained in the use of personal protection and in the hazards of the materials they may handle.

5. Annual evaluations are conducted on the scope, objectives, and effectiveness of the program.

PROCESS:

1. During initial orientation all staff and independent contractors are trained on and oriented to the following as they relate to their area of work and their responsibilities to co-workers, patients and all visitors:

    a. Exposure Control Plan

    b. Location and Use of MSDS Manual

    c. Correct labeling of chemicals and waste

    d. Correct handling, storage and transporting of hazardous materials and waste from generation through final disposal.

    e. Handling and disposal of infectious waste including sharps.

    f. Emergency procedures that include specific precautions and protective equipment used during hazardous materials or waste spills and/or exposures.

2. The facility maintains a written, current inventory of hazardous materials and waste that it uses, stores, and/or generates and that are addressed by law and regulation.

3. The facility has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures.

PERFORMANCE MONITORING:

The Administrator/DON along with the facility performance improvement (Pl) committee establishes performance indicators to objectively measure the effectiveness of the Hazardous Materials and Waste Management program. They determine data collection methods, intervals, and analysis techniques and report results quarterly.

EVALUATION:

The Hazardous Materials and Waste Management Plan is evaluated annually to examine its scope, objectives, performance and effectiveness. A report containing the findings and supporting data are submitted to the PI Executive Committee. Strengths and weaknesses are identified and deficiencies are evaluated to set goals for the following year.

FIRE SAFETY MANANGEMENT PLAN

PURPOSE:

The purpose of Neurorestorative's Fire Safety Management Plan is to manage fire risks by establishing and maintaining a program that provides a fire-safe environment for patient, staff and all visitors.

SCOPE:

Neurorestorative's Fire Safety Management Plan takes into consideration the needs of the population served and is designed to ensure an appropriate, well-organized and effective response to fire emergency situations that could potentially affect the safety of patients, staff members and all visitors of the facility. The plan assures compliance with applicable codes, regulations and Interim Life Safety Measures. It identifies and describes specific roles for staff, independent contractors and licensed independent practitioners.

OBJECTIVES:

The Fire Safety Plan provides for the safe use of its building and grounds and defines the organization's methods for protecting patients, staff, all visitors and the property from the hazards of fire, smoke and the products of combustion.

1. The scope, objectives, program effectiveness and program performance of the plan are evaluated annually.
2. Identified problems with fire detection and response systems, regulatory and code compliance, fire response plans, fire drills and operations, are reported quarterly.
3. The fire detection and response systems are tested per Neurorestorative's P&P and results reported.
4. The procedures used to review furnishings, draperies, bedding, decorations and

other new materials for conformance with applicable flammability standards and are reviewed and evaluated with each new purchase.

5. Fire prevention and response training is provided to all staff, independent contractors and licensed independent practitioners to include their roll and use of fire alarm system and knowledge is evaluated and results reported quarterly.
6. Inspecting, testing and maintaining fire protection and life safety systems are performed per Neurorestorative's P&P.
7. Ongoing monitoring of performance per indicators is reported quarterly.
8. Specific roles for staff, independent contractors and licensed independent practitioners are identified and defined.
9. Neurorestorative is a non-smoking facility. Smoking is allowed in designated areas outside of the facility only, to reduce the risk of fire to patients, staff and all visitors.
    a. If the facility decides that certain patients may smoke, the leaders develop written criteria identifying the specific circumstances under which they may smoke to include where and when and whether supervision is required.
10. Fire Drills are conducted per Neurorestorative's P&P and will include staff knowledge of patient evacuation and relocation, as appropriate, and staff knowledge is evaluated and reported quarterly.
11. Fire extinguishers are inspected monthly, maintained annually and positioned per Neurorestorative's P&P.
12. Automatic fire sprinkler systems are tested according to standards and Neurorestorative's P&P.

PROCESS:

1. The facility conducts fire drills according to its written fire response plan:
    a. The facility conducts a fire drill, at a minimum of once per shift per quarter and 50% are unannounced.
    b. The facility critiques and documents fire drills to evaluate fire safety equipment, fire safety building features, and staff response to fire.
2. The facility maintains fire safety equipment and fire safety building features:
    a. At least quarterly, the facility tests supervisory signal devices (except valve tamper Switches) and the completion date of the tests are documented.
    b. Every 6 months, the facility's Contracted Company tests valve tamper switches and water flow devices and the completion date of the tests are documented.
    c. Every 12 months, the facility tests all duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes, and smoke detectors and the completion date of the tests are documented.
    d. Every 12 months, the facility tests visual and audible fire alarms, including speakers and the completion date of the tests are documented.
    e. Every quarter, the facility tests fire alarm equipment for notifying off-site fire system monitors and the completion date of the tests is documented.
    f. For automatic sprinkler systems:
        I) Every 12 months the facility tests main drains at system low point or at all system risers and the completion date of the tests are documented.
        II) Every quarter the facility inspects all fire department water supply connections and the completion date of the inspections are

documented.

g. Every 5 years the facility conducts water-flow tests for standpipe systems and the completion date of the tests are documented.

h. At least monthly, the facility inspects portable fire extinguishers and the completion date of the tests are documented.

    I) Inspection involves, at a minimum, a visual check for the presence and correct type of the extinguisher, broken parts, full charge, and ease of access.

i. Every 12 months, the facility performs maintenance on portable fire extinguishers and the completion date of the maintenance is documented.

j. The facility has the fire and smoke dampers inspected at least every 4 years to verify that they fully close and the completion date of the tests are documented.

k. Every 12 months the facility tests all automatic smoke-detection shut-down devices for air-handling equipment and the completion date of the test are documented.

l. Every 12 months the facility test sliding and rolling fire doors for proper operation and full closure and the completion date of the tests are documented.

3. The facility conducts orientation, training and education:

a. All staff, independent contractors and licensed independent practitioners will receive, upon hire and annually thereafter, orientation that includes key issues and objectives of the Fire Safety Management Plan including their roles related to the overall patient safety program.

b. All staff, independent contractors and licensed independent practitioners also receive safety orientation and refresher training regarding hazards in their work area as well as

their responsibilities to patients, visitors and co-workers.

PERFORMANCE MONITORING:

The Administrator/DON along with the facility performance improvement (PI) committee establishes performance indicators to objectively measure the effectiveness of the Fire Safety Management program. They determine data collection methods, intervals, and analysis techniques and report results quarterly.

EVALUATION:

The Fire Safety Management Plan is evaluated annually to examine its scope, objectives, performance and effectiveness. A report containing the findings and supporting data are submitted to the PI Executive Committee. Strengths and weaknesses are identified and deficiencies are evaluated to set goals for the following year.

MEDICAL EQUIPMENT RISK MANAGEMENT PLAN

PURPOSE:

The purpose of Neurorestorative's Medical Equipment Risk Management Plan is to inspect, test and maintain all medical equipment that promotes their safe and effective use in support of patient care.

SCOPE:

An effective medical equipment management plan will assess and control the clinical and physical risks of fixed and portable equipment used for the treatment, monitoring and care of patients. The plans goal is to provide a safe, functional, supportive and effective environment for patients, staff and all visitors.

OBJECTIVES:

The Medical Equipment Risk Management Plan manages medical equipment risks. It includes a plan for managing the effective, safe, and reliable operation of medical equipment and specifically addresses managing risks by ensuring that equipment is appropriate for its intended use, that equipment is maintained according to strategies intended to minimize risks, that maintainers and users of medical equipment are trained and qualified, that performance is measured and analyzed, and that performance improvement recommendations are implemented and effective.

1. The scope, objectives, program effectiveness and program performance of the plan are evaluated annually.
2. Before initial use of medical equipment the facility performs safety, operational, and

functional checks per manufacturer's recommendations.

3. The facility maintains a written inventory of all medical equipment.
4. The facility identifies and documents the activities for maintaining, inspecting and testing for all medical equipment (life-support and non-life support) on the inventory to ensure its safe, effective, and reliable performance.
5. The facility identifies and documents frequencies for inspecting, testing, and maintaining medical equipment on the inventory based on criteria established by manufacturer's recommendations, risks associated with the equipment and Neurorestorative's P&P.
6. The facility monitors and reports all incidents in which medical equipment is suspected in or attributed to the death, serious injury, or serious illness of any individual per the Safe Medical Devices Act of 1990.
7. The facility has written procedures to follow when medical equipment fails, and when the facility uses emergency clinical interventions and backup equipment.

PROCESS:

1. The facility requests and budgets medical equipment per Neurorestorative's P&P and decisions are based on clinical needs and selection is based on clinical, technical, and financial criteria.
2. The facility evaluates medical equipment being considered for purchase to include whether the equipment is safe and effective for its intended use, performs according to the manufacturer's specifications and established standards and has appropriate and adequate operator/service manuals.
3. Before initial use of medical equipment the facility performs safety, operational, and functional checks per manufacturer's recommendations.
4. The facility identifies and implements processes for regularly inspecting, testing and

maintaining all medical equipment and components based on criteria established by manufacturer's recommendations , risks associated with the equipment and Neurorestorative's P&P:

a. Maintenance staff performs and documents the inspection, testing and maintenance of all medical equipment in the facility on a regular basis as appropriate for each type of medical equipment and maintains the test records and procedures. The results are measured, analyzed and reported to the Administrator/DON. Issues with medical equipment maintenance are identified and analyzed, and recommendations for corrective actions are implemented.

b. Maintenance staff establishes a monthly report that lists all equipment due for inspection.

5. Administrator/DON reviews notifications related to potential equipment hazards, alerts, and recalls, determines when the facility has defective devices and determines whether corrective action is necessary.

6. The facility complies with the User Reporting Requirements of the Safe Medical Devices Act of 1990. The facility monitors and reports all incidents in which medical equipment is suspected in or attributed to the death, serious injury, or serious illness of any individual:

   a. Events within the facility in which an individual is injured or could have been injured by an item of equipment are reported to the Administrator/DON and the equipment is removed from service until further investigation or as deemed necessary.

7. Neurorestorative maintains an inventory of spare/backup equipment and availably and location is communicated to all staff, independent contractors and licensed independent practitioners.

8. The facility conducts orientation, training and education:

   a. All staff, independent contractors and licensed independent practitioners will receive, upon hire and annually thereafter, orientation that includes key issues and

objectives of the Medical Equipment Risk Management Plan including their roles related to the overall program.

PERFORMANCE MONITORING:

The Administrator/DON along with the facility performance improvement (PI) committee establishes performance indicators to objectively measure the effectiveness of the Medical Equipment Risk Management Program. They determine data collection methods, intervals, and analysis techniques and report results quarterly.

EVALUATION:

The Medical Equipment Risk Management Plan is evaluated annually to examine its scope, objectives, performance and effectiveness. A report containing the findings and supporting data are submitted to the PI Executive Committee. Strengths and weaknesses are identified and deficiencies are evaluated to set goals for the following year.

UTILITY SYSTEMS RISK MANAGEMENT PLAN

PURPOSE:

The purpose of Neurorestorative's Utility Systems Risk Management Plan is to design and install utility systems that meet patient care and operational needs.

SCOPE:

The Utility Systems Plan at Neurorestorative monitors and evaluates the utility systems in the facility according to applicable laws and regulations to include all current occupational, health, safety, and environmental laws and develop the most appropriate operations, procedures, and policies to provide such conditions. The utility management program is planned to promote and support optimal patient care through effective evaluation and improvement of important processes, systems, and outcomes of patient care provided by all staff, independent contractors, and licensed independent practitioners within the facility. It is designed to ensure operational reliability, reduce the potential for organizational-acquired illnesses, assess risk, respond to failures, and assure performance and testing of critical components before use and train users and operators of the utility systems components, thus promoting a safe, controlled and comfortable environment.

OBJECTIVES:

1. The facility designs and installs utility systems that meet patient care and operational needs.
2. The facility maintains a written inventory of all operating components of the utility systems.
3. The facility identifies and documents inspection and maintenance activities for all operating components of utility systems in the inventory.
4. The facility identifies and documents the frequencies for inspecting, testing, and maintaining all operating components of the utility systems, based on criteria such as manufacturers' recommendations, risk levels and/or organizational experience.

5. The facility maps the distribution of its utility systems.

6. The facility labels utility systems controls so that all staff, independent contractors, and licensed independent practitioners are able to partially or completely shut down system in an emergency.

7. The facilities will respond to utility system disruptions per Neurorestorative P&P.

8. The facility will follow Neurorestorative's P&P when shutting off a malfunctioning system and will notify all staff, independent contractors, and licensed independent practitioners as appropriate.

9. The facility will follow Neurorestorative's P&P when performing emergency clinical interventions during utility system disruptions.

10. The facility will follow Neurorestorative's P&P on how to obtain emergency repair services.

PROCESS:

1. The facility provides emergency power per Neurorestorative's P& P for the following:

   a. Alarm system as required by the Life Safety Code.

   b. Exit route and exit sign illumination as required by the Life Safety Code.

   c. Emergency communication systems, as required by the Life SafetyCode.

   d. In facilities where applicable, equipment that could cause resident harm when it fails, including life-support systems; medical air compressors; and medical vacuum systems.

2. The facility identifies and implements processes for regularly inspecting, testing and maintaining utility systems per Neurorestorative's P&P:

   a. Maintenance staff tests utility system components on the inventorybefore initial use. The completion date of the tests are documented.

3. The facility identifies and implements processes for regularly inspecting, testing and

maintaining emergency power systems per Neurorestorative's P&P:

a. Twelve times a year, at intervals of not less than 20 days and not more than 40 days, maintenance staff tests and documents each emergency generator for at least 30 continuous minutes under a dynamic load that is at least 30% of the nameplate rating. The completion date of the tests are documented.

b. Twelve times a year, at intervals of not less than 20 days and not more than 40 days, the maintenance staff tests all automatic transfer switches. The completion date of the tests are documented.

c. At least once every 36 months, maintenance staff test and documents each emergency generator for a minimum of 4 continuous hours under a dynamic load that is at least 30% of the nameplate rating. The completion date of the tests are documented.

d. Maintenance staff establishes a monthly report that lists all emergency power systems that are due for inspection.

4. If a required emergency power system fails Administrator/DON and maintenance staff implements measures to protect patients, staff and all visitors until necessary repairs or corrections are completed.

a. If a required emergency power system fails, maintenance staff performs a retest after making the necessary repairs and corrections.

5. In facilities where applicable, the facility identifies and implements processes for regularly inspecting, testing and maintaining medical gas and vacuum systems per Neurorestorative's P&P:

a. As per Neurorestorative's P&P maintenance staff inspects, tests, maintains and documents critical components of piped medical gas systems, including master signal panels, area alarms, automatic pressure switches, shut off valves, flexible connectors and outlets.

b. As per Neurorestorative's P& P maintenance staffs tests piped medical gas and vacuum systems for purity, correct gas, and proper pressure when these systems are installed,

modified, or repaired. The completion date of the tests are documented.

c. The facility assures that main supply valves and area shutoff valves for piped medical gas and vacuum systems are accessible and clearly identified/marked.

6. The results of all regular inspections, testing and maintenance (as indicated above) are measured, analyzed and reported to Administrator/DON. Issues are identified and analyzed, and recommendations for corrective actions are implemented.

   a. Maintenance staff establishes a monthly report that lists all utility systems due for inspection.

7. Any occurrence out of the ordinary which results in a potential for or actual injury to a patient, staff or any individual within the facility or damage to the facility property will be reported by completing an incident report within 24 hours of the event.

8. The facility conducts orientation, training and education:

   a. All staff, independent contractors and licensed independent practitioners will receive, upon hire and annually thereafter, orientation that includes key issues and objectives of the Utility Systems Risk Management Plan including their roles related to the overall program.

PERFORMANCE MONITORING:

The Administrator/DON along with the facility performance improvement (PI) committee establishes performance indicators to objectively measure the effectiveness of the Utility Systems Risk Management program. They determine data collection methods, intervals, and analysis techniques and report results quarterly.

EVALUATION:

The Utility Systems Risk Management Plan is evaluated annually to examine its scope, objectives, performance and effectiveness. A report containing the findings and supporting data are submitted to the PI Executive Committee. Strengths and weaknesses are identified and deficiencies are evaluated to set goals for the following year.