Encompass Health Rehabilitation Hospital of Desert Canyon

Policy#:	Title:	Category:
100	Safety Management Plan	Facility Management
Policy Status:	**Effective Date:**	**Last Reviewed Date:**
Published	03/13/2020	03/10/2023

PURPOSE

The Safety Management Plan describes how the hospital will provide a physical environment free of hazards and manage staff activities to reduce the risk of injuries.

SCOPE

The Safety Management Plan is facility-wide in scope and includes inpatient and outpatient satellites, if any.

RESPONSIBILITY

The Administration of this hospital has appointed the Facilities Management Director as the Safety Officer assigned to coordinate and manage risk assessment and reduction activities and hereby grants the authority for this individual to intervene when conditions immediately threaten life and health in order to minimize potential for harm including but not limited to activation of the Emergency Operations Plan in the absence of the Administrator.

POLICY

The Safety Management Plan includes elements to maintain and supervise the hospital and all grounds and equipment. This is accomplished through established work practices and policies and procedures. Scheduled environmental tours provide an effective method of risk assessment that pro-actively evaluates the impact of the hospital's building, its occupants, and internal physical systems on patient and public safety.

The hospital has established processes (Hospital Incident Reporting - RL Solutions and Worker's Compensation Accident Investigation reporting) for the reporting and investigation of all incidents of property damage, occupational illness and injury's as required by OSHA and posted on the OSHA 300 Log, as well as patient and visitor injury. Response to product safety recalls is also included in the management plan.

The Safety Officer is responsible for collecting and reporting any significant variances identified in the Safety Management Program to the hospital's EOC Committee and Quality Council. These committees include representation from Administration, Nursing Services, Rehabilitation Services, and Support Services.

Hospital staff are trained in the basic components and operation of the hospital's Safety Management Program. Staff training and orientation is conducted upon initial employment during a general orientation session. This orientation and training session includes an introduction to general safety processes. Department Managers perform area-

specific training and specific job-related hazards. The need for more training is assessed by reviewing data collected during quarterly environmental tours, surveys, assessments, and reporting activities.

Performance standards are established by policies and procedures, standard work practices, monitoring and inspection activities, emergency and incident reporting procedures that identify when and to whom reports are communicated, and the inspection, preventive maintenance, and testing of safety equipment and systems. Staff safety management knowledge and skill is measured through the monitoring of staff performance, interviews, and direct observation. Safety policies and procedures are available to all staff via a database called Hospital Policy on Demand (HPOD). Policies are practiced, enforced, and reviewed at least annually.

Environmental rounds are conducted on a scheduled basis such that all patient care areas are toured semi-annually and non-patient areas, including grounds are toured at least annually. Tours are scheduled in advance by the Safety Officer who notifies designated staff required to participate in each tour. At a minimum, each tour includes the Safety Officer, Director of Quality, and a manager or supervisor from the department being surveyed. Findings are communicated to responsible parties for any follow-up required and included in quarterly reports to the EOC Committee.

Safety Management Program data is collected from multiple sources including staff input, observation of the physical environment, observation of standard work practices, and internal and external monitoring. The EOC Committee reviews this data on a quarterly basis and ensures that established performance standards are met and maintained.

Quality Improvement

At least one aspect of the program will be monitored on a monthly basis and a report of the results will be forwarded to the EOC Committee and Governing Body on a quarterly basis.

Evaluation

The objective, scope, performance, and effectiveness of the Safety Management Plan are evaluated at least annually by the Environment of Care Committee and findings are reported to Governing Body. Performance indicators are also reviewed annually and considered for change at this time. Changes to improve the plan based on data collection and evaluation, lessons learned from experience, and regulatory compliance standards are communicated to leadership.

PROCEDURE

The table below lists chosen performance indicators for the current year and illustrates sources of data to be included in the analysis of the Safety Management Plan.

Data	Source	Report To
Percentage of Scheduled Environmental Tours Completed	Environmental Rounds Report CMMS Documentation	Safety Officer Surveyed Unit Mgr EOC Committee
Total Number of Reported Occupational Illnesses and Injuries	OSHA 300 Log	Quality Council
Number of Patient Falls – Environment Related	Event Report EOC Tracking Reports	Quality Council EOC/ Patient Safety/ Infection Prevention Committee
Total Number of Safety Incidents– Environment Related	Event Report	Safety Officer

	EOC Tracking Reports	Quality Council EOC/ Patient Safety/ Infection Prevention Committee
Number of Product Recalls/Alerts	Product Recall Notices Received	Safety Officer Quality Council EOC/ Patient Safety/ Infection Prevention Committee

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