

# University of Kentucky Hospital Safety Management Plan

## Objectives

The University of Kentucky Hospital's Safety Management Program is designed to:

- Minimize the risks and hazards in the physical environment.
- Manage staff activities to reduce the risk of occupational and environmental injuries.

## Scope

The plan covers all Hospital areas, including all hospital-based healthcare, ambulatory, and business occupancies.

## Plan Coordination and Authority

The Hospital Safety Officer is responsible for coordinating the safety management program in compliance with established regulations and policies, including the activities of other hospital departments, personnel, and partners as they relate to safety. The Hospital Safety Officer has the authority to take immediate action in situations that pose an immediate threat to life and health or Hospital property.

All Hospital leaders—administrators, service directors, managers, and supervisors—are responsible for ensuring compliance with safety policies and procedures and safe work practices within their work areas.

All Hospital employees are responsible for complying with safety policies and procedures and safe work practices.

The Environment of Care (EOC) Committee, a multidisciplinary working group, meets monthly to facilitate compliance with the provisions of the safety management program and related plans and programs. Information and data identified and compiled as a part of safety management activities is presented to the Environment of Care Committee for review and recommendation.

The Hospital Safety Officer submits a quarterly report to the Board of Directors.

For more information, see Hospital Policy 10-00, Hospital Safety Program.

## Program Review and Evaluation

The EOC Committee evaluates the Safety Management Plan annually. The evaluation, led by the Hospital Safety Officer, is designed to assess the plan's objectives, scope, performance, and effectiveness by determining whether the plan:

- Meets JCAHO standards or other regulatory requirements.
- Meets identified institutional need.
- Adequately addresses all hospital areas.
- Is guided by appropriate objectives that are monitored and met.
- Has been implemented completely, including meeting established performance standards.
- Is supported by the current resources and structure.

The plan—its objectives, scope, performance standards, and related processes—may be revised, based on the results of the evaluation.

The EOC Committee or its subcommittees establish safety policies to direct decision making regarding critical issues and review safety policies at least every two years. Hospital safety policies are accessible to staff online.

### **Environmental Risk Assessment and Hazard Surveillance**

University of Kentucky Hospital has a multi-faceted risk assessment and hazard surveillance program, designed to proactively evaluate and identify deficiencies in the buildings, grounds, equipment, internal physical systems, and knowledge and work practices of occupants.

That program includes, but is not limited to, 1) regularly scheduled inspections, 2) random inspections, 3) pre-construction/renovation inspections to assess safety concerns (documentation in Interim Life Safety Management manual), 4) staff surveys, 5) periodic security risk assessments (documentation in Security Management manual), 6) a reportable occurrence review and evaluation program (including occupational injury data gathered and compiled by UK Workers' Care.)

The Environment of Care Committee and its subcommittees evaluate identified risks, safety trends, and issues, recommend action, and monitor implementation and compliance.

The safety surveillance team conducts scheduled environmental inspections to ensure that all patient care and public areas are inspected at least semi-annually and that all non-public areas are inspected at least annually.

The surveillance team evaluates all areas based on established criteria and rates each area's compliance. To pass the inspection, an area must score at least 90% overall and 95% on life safety. Following each inspection, the Hospital Safety Officer sends the score and a detailed list of all environmental deficiencies, hazards, and unsafe practices to the service director for reconciliation. If the deficiencies are not resolved in a timely manner, additional points are deducted from the score at the time of the next inspection.

### **Product Safety Recalls**

As a part of its ongoing assessment and surveillance program, the Hospital has developed protocols and procedures for alerting Hospital staff and others about product and equipment safety recalls and for removing, when necessary, the products from service within the Hospital.

- Supply/Product Recalls—Outlined in policy MM 01-07
- Equipment Recalls—Outlined in policy CE10-01
- Pharmaceuticals—Outlined in policy PH 11-12
- Food Products—Outlined in Dietary policy

### **Grounds Maintenance, Supervision, and Risk Assessment**

University of Kentucky Hospital has a grounds inspection program to monitor and ensure that safe conditions are maintained on the grounds surrounding the Hospital and in all other special activity areas. This program includes the maintenance of all routes of proper access to and egress from the Hospital, as well as implementation of appropriate measures to ensure the safety of patients, visitors, and staff throughout the grounds.

The MC PPD Director has been given overall responsibility for maintaining the Hospital grounds and special activity areas in a safe condition. The Surveillance Team conducts a semi-annual inspection of these areas and identifies unsafe conditions or necessary repairs. To ensure continuity, PPD conducts monthly grounds inspections and forwards reports to the Hospital Safety Officer.

For more information, see Hospital Policy 04-23, Grounds: Maintenance, Access, Safety

## **Equipment Maintenance, Supervision, and Risk Assessment**

University of Kentucky Hospital has a comprehensive maintenance program for Hospital equipment, a program that includes preventive maintenance, repair, and documentation.

- Clinical Engineering has been given overall responsibility for medical equipment inspection, preventive maintenance, maintenance/repair, inventory, and documentation. For more information, see Medical Equipment Management Plan and Hospital Policy 04-01, Equipment Maintenance Program.
- Medical Center Physical Plant Division has been given overall responsibility for non-medical equipment inspection, preventive maintenance, maintenance/repair, and documentation. For more information, see Utilities Management Plan.

## **Reporting and Investigating Incidents**

University of Kentucky Hospital has established a reportable occurrence program that requires employees to report all accidents or incidents affecting patient, visitor, or employee safety. Each accident/incident must be reported at the time that it is discovered to ensure that the information is complete and accurate.

- The Nursing Quality Improvement Coordinator reviews all patient-related accidents or incidents that do not involve a medical device.
- The Value Analysis reviews all device- or product- related accidents or incidents.
- The Hospital Safety Officer reviews all accidents or incidents that involve a visitor or employee.

If an incident requires investigation beyond that conducted by the employee's supervisor, the reviewer will conduct or refer it.

The Hospital participates in a managed care workers' compensation program, UK Workers' Care. The Hospital Safety Officer receives regular reports from UK Workers' Care, the Hospital's managed care workers' compensation program. Data, information, and trends collected from these reports are compared to reportable occurrence data to ensure that a thorough investigation has been conducted. Data and trends are used to plan performance improvement projects and are reported to the Hospital's Environment of Care Committee.

To ensure comprehensive reporting and review of incidents with could affect the health and safety of Hospital occupants:

- MC Security, in cooperation with other agencies of jurisdiction (i.e., University of Kentucky Policy Department, Lexington-Fayette County Metro Police Department, Drug Enforcement Agency) has been given authority to investigate and report all incidents of theft and/or property damage due to vandalism and/or of threats or violence to persons. A representative from MC Security reports all pertinent information to the Security Subcommittee and the Environment of Care Committee, which recommend additional action as appropriate.
- Hazardous Materials Management and Radiation Safety report all hazardous materials incidents to the Hazardous Materials Subcommittee.
- Clinical Engineering conducts regular monitoring of areas that use hazardous medical gases. Clinical Engineering reports all results directly to the areas and to the Hazardous Materials Management Subcommittee.

The Environment of Care Committee receives regular reports of accident and incident trends for evaluation and recommendation of additional corrective action.

For more information, see Hospital Policy 10-33, Reportable Occurrences.

### **Safety Education and Training**

The subcommittees of the EOC Committee develop and approve the safety curriculum for 1) hospital orientation, 2) supervisory training program, and 3) continuing education programs, particular to their subject area.

All Hospital employees must attend Hospital Orientation and must participate in departmental orientation and continuing safety education programs.

The specific curriculum included in the safety education and training programs is outlined in the Safety Education and Training Management Plan.

### **No Smoking Policy**

The Hospital prohibits smoking in all hospital buildings. Smoking is permitted only in designated smoking areas outside of the building.

All hospital entrances are posted with "No Smoking" signs. The no smoking policy and maps to smoking areas are posted in all Hospital waiting areas. All hospital employees are oriented to the policy and their responsibility for policy enforcement as a part of Hospital orientation.

The no smoking policy is outlined in Hospital Policy 10-31, No Smoking.

### **Performance Standards**

The Environment of Care Committee has established the following performance standards related to safety management.

1. Hospital staff surveyed as a part of the annual safety survey will be able to answer 95% of all questions correctly.
2. Hospital areas will score 90% or above overall and 95% or above on life safety on all safety inspections.
3. Through the use of engineering, administrative, and work practice controls, the Hospital will reduce sharps injuries an additional 10% over 2003 reduction, focusing particular attention to sharps injuries sustained by physician staff in the OR.
4. Through the use of engineering, administrative, and work practice controls, the Hospital will reduce back injuries associated with patient lifting by 20%.

Evaluated December 2003  
Submitted to EOC Committee February 2004

Appendix 1

**Hospital Safety Program**

**Committee and Subcommittee Membership**

Environment of Care (EOC) Committee

Ann Smith—Hospital Administration, EOC Committee Chairperson  
Tomi Ross--Hospital Safety Officer  
Capt. Paul Grant—UKPD/Hospital Security  
Mike Martin—MCPD  
Sue Overman—Clinical Laboratory  
Marguerite Floyd--Policy Development  
David Begley—Patient Safety  
Gordon Bingham—Respiratory Care  
Sharon Berry--Infection Control  
Griff Thomas--Environmental Services  
Tim Evans--Pharmacy  
Mary Skeen—Materials Management  
Barb Bush, Clinical Laboratory  
Lee Poore, Occupational Health and Safety  
Woody Bottom—Environmental Management

### Security Subcommittee

Tomi Ross—Hospital Safety Officer, Co-Chairperson  
Capt. Paul Grant—UKPD/Hospital Security, Co-Chairperson  
Erin LeMay—Birthing Center  
Lee Ann Russell—Children’s Hospital  
John Armitstead—Pharmacy  
Janie Morrison—Transplant Clinic  
Marguerite Floyd—Policy Development  
Joanne Matthews—3 West  
Kevin Jones—MCIS  
Penne Allison—Emergency Department

### Hazardous Materials Management Subcommittee

Mary Skeen—Materials Management, Subcommittee Chairperson  
Tomi Ross--Hospital Safety Officer  
Sue Overman--Clinical Lab  
Griff Thomas—Environmental Services  
Radiation Safety Officer  
Woody Bottom—Environmental Management  
Jeanne Bouvier—Staff Development  
Cibina Harris—Infection Control  
Mike Martin—MCPPD

### Utilities Management Subcommittee

Mike Martin—Medical Center PPD and Subcommittee Chairman  
Tomi Ross—Hospital Safety Officer  
Sheryl Abercrombie—Diagnostic Services  
Barbara Bush—Clinical Lab  
Vacant Position—Peri-Operative Services  
Matt Mueller—MCPPD  
Gordon Bingham—Respiratory Care  
Marty Blair—Nursing  
Sharon Berry—Infection Control  
Earl Begley—MCIS

### Emergency Management Subcommittee

Marguerite Floyd—Policy Development, Subcommittee Chairperson  
Tomi Ross—Hospital Safety Officer  
Betsy Corman—Patient and Family Services  
Patty Hughes—Nursing  
Mary Skeen—Materials Management  
Capt. Paul Grant—UKPD/Hospital Security  
Annette Rossman—Emergency Department  
Harold Miles—Admitting  
Jim Ryder—MCPPD  
Cheryl Joubert—Patient Representative  
Christy Giles—Campus Emergency Manager

Fire Prevention Management Consulting Group

Matt Mueller—MCPPD

Tomi Ross-- Hospital Safety Officer

Leo Foster—MCPPD

Greg Williamson—Deputy Campus Fire Marshal

Ed McClure—Director, MCPPD

Safety Surveillance Team

Sue Overman--Team Leader

Miff Jarrells—Clinical Laboratory

Griff Thomas—Environmental Services

Tomi Ross—Hospital Safety Officer

