



# EHSSSENTIALS 2018

Environmental, Health & Safety Symposium for Healthcare

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# Five Amazing Things We Learned From Our Incident Reports

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# From The Beginning...

1. Our Injury Reports were a Mountain of Incomprehensible Data
2. We Didn't Know, What We Didn't Know
3. Our Investigations were time consuming and inconclusive
4. Safety Training is generic, usually regulation driven and ineffective 80% of the Time
5. We Created Safety Silos that Were Preventing Real Change

# 1. Incident Reporting

- Paper printed SROI available on intranet
- Incomplete, illegible, untimely
- Often not seen or signed by Supervisor
- Lacked pertinent information regarding incident, injury, or investigation
- Inadequate as actionable document



## 2. We Didn't Know What We Didn't Know

- What did we want to know?
- How were we going to get the information?
- What were we going to do with it?
- When did we need to have it to be most effective?
- Why did we want the information?
- Details of the incident/accident
- Electronic reporting system
- Step 1: Develop and implement interventions
- Step 2: Use trends to proactively introduce prevention
- Implement policy for reporting 24 hours max
- To learn what we never knew about our claims

## Heat Sheet Action Planning

- Quarterly reports rank each department based on numbers of injuries and injury rates
- Reports color coded from red to yellow to green
- Red department leaders required to meet with safety team for action planning

Q2 CY 17

Cost Ctr	Total Incident	Rate of Injury
7420 - Surgery & Recovery	24	33.50
8440 - Environmental Services	21	30.62
7010 - Emergency Department	20	19.72
6131 - AP3S Telemetry	17	29.07
7591 - Outpatient Observation Unit	14	43.24
7430 - Same Day Surgery	13	51.75
6132 - AP 3 North	11	19.40
8370 - Patient Transportation	9	30.68
8340 - Dietary	9	22.82
8380 - Central Sterile Processing	8	43.34
6170 - Medical/Surgical (2 East)	8	24.24
6173 - AP4S Vascular	8	15.51
8670 - Auxillary	6	312.17
7760 - Gastrointestinal - GI Lab	6	57.33
7630 - Radiology-Diagnostic	6	19.96
8350 - Laundry & Linen	2	85.74
7632 - Radiology-Outpatient	2	79.87
7069 - Wound Care inpatient	2	77.01
7646 - Infusion - Rancho Plaza	2	53.75
7087 - EDOC Pain S Palm Cyn	2	32.92
8565 - Admit/Reg Main Hosp	2	32.82
9461 - Bio-Med Engineering	2	32.73
7513 - Argyros Lab	2	23.44

## 3. Investigation Tune-Up

### JUST IN TIME

- Supervisor (first on scene)
- “Why” and “How” incident occurred
- Other factors identified
- Employee state of mind around incident and safety

### WORKERS COMPENSATION

- Interviewing witnesses
- Supervisor/Directors input
- Personnel Issues
- Prior Incidents
- Photos of accident scene

## Investigation Results

- 47% decrease in incident reporting 1<sup>st</sup> year
- Sustained average reporting of 350 per year for past 6 years
- Investigations went from non-existent to 80% being completed within 48 hours of incident
- On the spot coaching and corrective measures implemented immediately following investigations
- Targeted retraining and/or remediation of issues within 1 week



## 4. Safety Training-supersized

### POST INCIDENT

- Near misses
- Incidents without Injury
- Targeted top 5 safety issues
- Specific to Unit/Department
- Individual and Group

### POST INJURY

- Individual assessment
- Understanding challenges and collectively developing solutions
- Specific to individual in their job
- RTW and Transitional Duty

## 5. Safety Silos: Learning Across Barriers

- Organizational Goals, Vision, and Focus
- Divisional differences
- Transparency in Efforts, Successes, and Failures
- Changing behaviors to change the culture
- Working as teams with common purpose, not location, division, or unit

# Safety Culture

Definition:

*“Shared beliefs, practices, and attitudes reflecting the importance of safety in our organization.”*



# Eisenhower Health Safety Champions

## History - 2012

- Boots on the Ground
- Complement to EOC Safety Surveillance Rounds
- Specially selected and trained individuals on-site
- Standard Tool Developed and implemented in 2012 in Clinic Division
- Introduced to rest of Organization in 2016

# Five Amazing Things We Learned From Our Incident Reports

- Standardized tool developed by EOC Safety Team
- Key injury drivers, such as patient handling and slips, trips, and falls failed to meet reduction goals
- Managers and staff knowledge deficit related to a culture of safety
- 2016 - Safety Committee worked to expand safety champion coverage in ancillary and inpatient units

**EISENHOWER MEDICAL CENTER SAFETY / SURVEY READINESS TOOL**

Unit: \_\_\_\_\_ Date: \_\_\_\_\_

Person Completing: \_\_\_\_\_

Instructions: Monthly. Check boxes. When Non-Compliance Found, Discuss with Department Director, TIA or Safety Champion Broker.

<p><b>Environment of Care</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No beds, equipment or supplies stored in hallways, stairwells or near fire doors. OR, stored on one side of hallway only</li> <li><input type="checkbox"/> Equipment is clean - clean / dirty not commingled in storage</li> <li><input type="checkbox"/> Fire extinguishers secured, checked monthly</li> <li><input type="checkbox"/> Nothing stored within 18" of apron / heads / ceiling</li> <li><input type="checkbox"/> No stained ceiling tiles</li> <li><input type="checkbox"/> No supplies stored directly on floor</li> <li><input type="checkbox"/> No obvious penetrations in walls / ceiling, rip in carpet / flooring</li> <li><input type="checkbox"/> Gas / Oxygen cylinders in lockers-and laying / standing on floor, labeled full / empty, secured.</li> <li><input type="checkbox"/> Eyewash station flushed 3-5 min. weekly and recorded on log</li> <li><input type="checkbox"/> Chemicals appropriately stored, labeled and contained</li> <li><input type="checkbox"/> Electrical panels locked, not blocked</li> <li><input type="checkbox"/> No non-approved electrical equipment in area</li> <li><input type="checkbox"/> Medical equipment has stored safety checks completed</li> <li><input type="checkbox"/> Housekeeping carts / supplies locked in closet when unattended</li> <li><input type="checkbox"/> No outdated supplies (food tubes, dressing kits, tubing, etc)</li> </ul> <p><b>Infection Control</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hand washing gel containers available, filled and not expired</li> <li><input type="checkbox"/> Biohazard waste storage room locked</li> <li><input type="checkbox"/> No soiled linen bags or trash bags on floor - must be covered and contained</li> <li><input type="checkbox"/> Linen carts covered with solid bottom plasticized in clean area</li> <li><input type="checkbox"/> Nothing stored under sinks - no leaks under sink</li> <li><input type="checkbox"/> Clean and pooled storage areas maintained separately</li> <li><input type="checkbox"/> No loose mattresses, gurney covers, or chairs</li> <li><input type="checkbox"/> Isolation carts fully stocked with appropriate supplies and signage posted</li> <li><input type="checkbox"/> Patient food refrigerators clean, temperature logs maintained, patients' food labeled with patient's name, date, room number</li> <li><input type="checkbox"/> No staff food, no open milk cartons, expired items or employee food</li> <li><input type="checkbox"/> Employee break rooms clean and well maintained</li> <li><input type="checkbox"/> Point of care and patient care observed correctly (see wall)</li> <li><input type="checkbox"/> No highflow draft observed</li> </ul> <p><b>EMERGENCY AED / Crash Carts / Emergency Drug Boxes</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cart / AED clean and free of dust. AED/batteries pads not expired</li> <li><input type="checkbox"/> Crash Cart Plugged into red outlet when not in use</li> <li><input type="checkbox"/> Crash Cart Medication drawer (box) locked with correct # labeled on log &amp; always contains secure</li> <li><input type="checkbox"/> Earliest expiration date of medications listed on cart (box) - not expired</li> <li><input type="checkbox"/> Ambu Bag supplies not expired</li> <li><input type="checkbox"/> Oxygen canister secured - not empty</li> <li><input type="checkbox"/> Portable suction in working order with appropriate supplies</li> <li><input type="checkbox"/> Log maintenance checks performed per policy</li> <li><input type="checkbox"/> Yellow biohazard bin is printed and secure, locked, acid test date</li> <li><input type="checkbox"/> Media emergency phone charged, on, audible</li> <li><input type="checkbox"/> Safety Champion Broker completes monthly evaluation document</li> </ul> <p><b>KNOWLEDGE SKILL REVIEWS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Knowledge deficit - Emergency equipment</li> <li><input type="checkbox"/> Knowledge deficit - _____</li> <li><input type="checkbox"/> Knowledge deficit - _____</li> </ul> <p>Comments:</p>	<p><b>Exam Rooms / Patient Rooms</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Room &amp; bathroom clean and orderly</li> <li><input type="checkbox"/> Call bell in bathroom in working order and within pt reach (key location known by staff)</li> <li><input type="checkbox"/> Sharps container - 3/4 full. Secured in room on wall</li> <li><input type="checkbox"/> Hand sanitizer dispenser in room and ready</li> <li><input type="checkbox"/> Exam Room Drawers free of unsecured meds, reagents</li> <li><input type="checkbox"/> Bed in lowest position &amp; privacy curtain intact and clean</li> <li><input type="checkbox"/> Call bell within patients reach and in working order</li> <li><input type="checkbox"/> No latex or drape touching the floor</li> <li><input type="checkbox"/> IV's labeled with patient name, date hung and solution</li> <li><input type="checkbox"/> No linen on floors - no extra linen stored in room</li> <li><input type="checkbox"/> Documents posted on patient room / rooms free of protected patient information (H&amp;I form, charge sheet)</li> <li><input type="checkbox"/> No urine or bedpan on over-bed table</li> <li><input type="checkbox"/> No unauthorized meds at the bedside</li> </ul> <p><b>Medications &amp; Lab</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medication room locked</li> <li><input type="checkbox"/> No unlicensed staff in med room unsupervised</li> <li><input type="checkbox"/> No medications left unattended (including saline flushes)</li> <li><input type="checkbox"/> No outdated medications in carts, stock, or in refrigerator</li> <li><input type="checkbox"/> Open multi-dose vials clearly labeled with expiration date (24 days)</li> <li><input type="checkbox"/> Medication Refrigerator / Freezer logs checked</li> <li>Temp within range (see log for range), if out of range action taken and documented:             <ul style="list-style-type: none"> <li>H&amp;I recorded for days closed</li> <li>No comingling of Medications and Lab Reagents</li> </ul> </li> <li><input type="checkbox"/> Meds to be taken internally versus meds to be taken externally are stored separately</li> <li><input type="checkbox"/> Lock able / sound alarm drugs stored separately from each other</li> <li><input type="checkbox"/> Sharps &amp; Med waste containers secured to wall or in holder</li> <li><input type="checkbox"/> Quaternary Tuff strips and reagents dated and not expired</li> <li><input type="checkbox"/> Urine dip stick testing control solutions not expired</li> <li><input type="checkbox"/> Lab Control Refrigerator Logs Checked (same criteria as above)</li> </ul> <p><b>Confidentiality of Information</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No patient identifiable information viewable by public - on counters, displayboards, charting areas, medication room docs, computer screens, and charts left open / unattended / unsecured</li> <li><input type="checkbox"/> No patient identifiable information in normal fests</li> </ul> <p><b>Observations - If Time Permits</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Observe one staff member compliance with hand hygiene</li> <li><input type="checkbox"/> Staff able to locate nearest AED / Crash Cart</li> <li><input type="checkbox"/> Ask one staff nurse to demonstrate a crash cart test of distributor settings to validate knowledge (per manufacturer guidelines)</li> <li><input type="checkbox"/> Observe one med pass to ensure compliance with rights of medication administration including proper identification</li> <li><input type="checkbox"/> Observe proper patient handling technique</li> </ul> <p><b>INJURY / ILLNESS PREVENTION PROGRAM (IPP)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No unsafe condition exists creating exposure to employee injury</li> <li><input type="checkbox"/> Location of IPP &amp; adherence to the Code of Safe Work Practices</li> <li><input type="checkbox"/> Safety training and Education up to date</li> </ul>
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# 2016 NSC Safety Culture Survey



- 10 Questions on organizational safety culture
- Employee safety focused
- All three divisions participated:
  - Nursing - 85% score compared to national average
  - Clinical - 92% score compared to national average
  - Ancillary - 93% score compared to national average
- Had high participation rates in all three divisions



# 2016 Safety Champion Retraining

## CURRENT STATE- HAZARD ELIMINATION

- Monthly department walk through by safety champion looking for unsafe conditions
- Report findings to Supervisor
- Staff knowledge questions

## FUTURE STATE-CULTURE OF SAFETY

- Continue audits to eliminate unsafe conditions
- Close loop on findings, e.g., work orders
- Add observations to eliminate unsafe behaviors
- Peer to peer conversations





# Behavioral Observations

- Based on format developed by Texas Safety @ Work Program
- Measures conditions and behaviors
- Direct peer to peer observations
- Appreciative and constructive feedback
- Each safety champion completes eight peer to peer observations every month

## Peer to Peer Practice

- You see another staff member looking at cell phone while walking
- Another person just lifted a heavy box without bending knees
- A third person is typing on a computer and their posture is horrible



## Peer to Peer Guidelines

- Be friendly, SMILE
- Explain what you are doing and why
- Encourage, don't confront
- Give appreciative feedback for what they did well
- Be specific on what you observed and how it was at risk behavior
- Tell or show how to perform the task safely

# 2017 Safety Champion Survey

1. Are you currently using the readiness tool for monthly safety rounding? 49 - yes, 8 no
2. If not, why? Two people said they do not have time
3. Are you currently performing monthly peer to peer observations? 20 - yes, 11 no (ten people said I don't have time)
4. If not, why? Ten people said they do not have time

## 2017 Regulatory Surveys

- CIHQ Mock Survey results indicative of active Safety Champions
- Joint Commission surveyors commented that Safety Champion program was “best practice”
- Reflection of all of the hard work we have done together as a safety champion team!



## 2017 Regulatory Surveys

- Safety champions see the bigger picture of employee and patient safety
- Can respond to “What do you do in your role to keep patients and other staff members safe?”



## 2018 Changes

- Simplified peer to peer tools
- You turn in only the monthly scorecard
- More training offered, classes and 1:1
- 10 Coaches @ 95 Champions
- Online version of scorecard

**Safety Champion Monthly Scorecard**

Safety Champion Name: \_\_\_\_\_

Safety Champion Work Location: \_\_\_\_\_

Department Director Signature: \_\_\_\_\_

Safety Survey Readiness Tool completed?

8 Peer to Peer observations completed?

Name of Peer Interviewed?	Type of Observation? (Patient Handling, Sharps Safety, STF, Splash, Materials Handling, Office Ergonomics)	Notes:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Monthly Safety Note Shared with Staff? Date Shared \_\_\_\_\_

4 Staff Knowledge questions asked? (You may use the safety codes badge insert)

Staff member Name	Question asked? RACE, PASS, Etc.	Correct Answer?
1.		
2.		
3.		
4.		

# THANK YOU!

## Questions?

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