

# University of Arkansas for Medical Sciences Annual Safety Management Report July 2018-June 2019

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The Safety Coordinating Committee (SCC), its members and Chairman are appointed by the Chancellor, and shall act as the administrative body for coordination and/or implementation of the Safety Management Program campus wide. The Safety Management Program provides patients, faculty, staff and visitors with an environment free from recognized safety and health hazards both by promoting staff activities that reduce the risk of injuries and illnesses and by fostering an accident and injury preventive culture.

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## Part I Safety Management

### Objectives

The objectives of the University of Arkansas for Medical Sciences (UAMS) Safety Management Program (SMP) are to provide a physical environment free of hazards and to manage staff activities to reduce the risk of injuries to employees, patients, students and visitors. To accomplish this objective during FY19 the Safety Management Program focused on:

1. Develop and implement department specific safety policies and education.
2. Monitor, track and trend employee injuries throughout the medical center and campus.
3. Effectively utilize building and laboratory audits and environmental tour data to maintain a safe working environment for staff, students, patients and visitors.
4. Develop and implement employee and contractor knowledge of the Safety Management Program.

### Scope

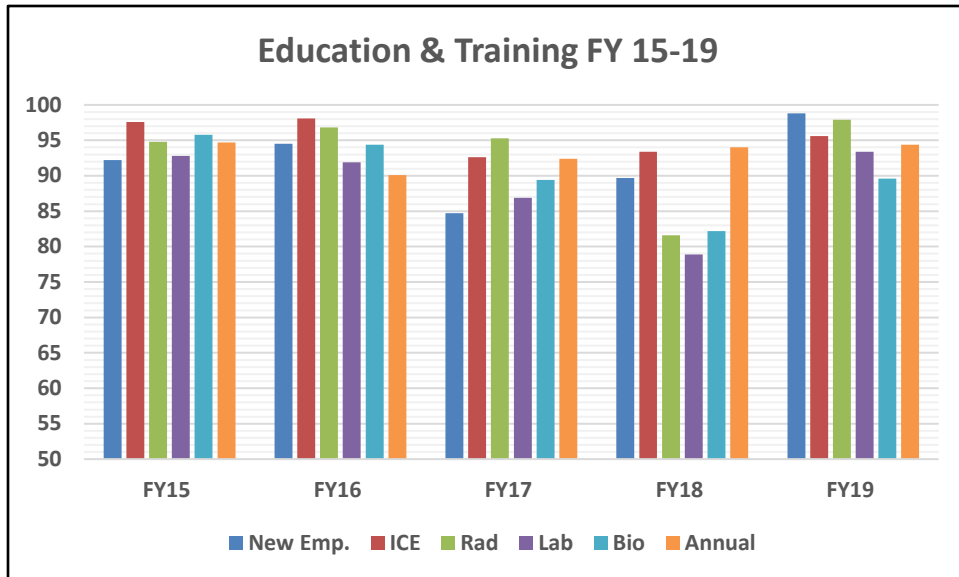
During FY19 emphasis continued to focus on new employee safety training, annual renewal of safety training and compliance of staff during environmental tour inspections. New employee orientation effectively integrates the new employee into UAMS culture and assists with retention, motivation, job satisfaction, and quickly enables each individual to become contributing members of the work team. Annual renewal of safety training carries the culture of safety throughout the year and continues to build on that culture. Building audits, safety tours and environmental tours allow for the evaluation of implemented training, programs and to continually work improving those programs.

### Performance

Effectively orienting new employees to the campus and to their positions is critical to establishing successful, productive working relationships. The primary goals were to see improved overall compliance of safety training not only for new employees but for all employees on an annual basis. Clinical Programs has had a long standing program to ensure clinical staff is properly trained in safety initially and then annually thereafter. Emphasis has also been placed on specialty areas where employees work in research laboratories using radioactive and biological materials. The focus continues this year for all employees regardless where their work environment is found.

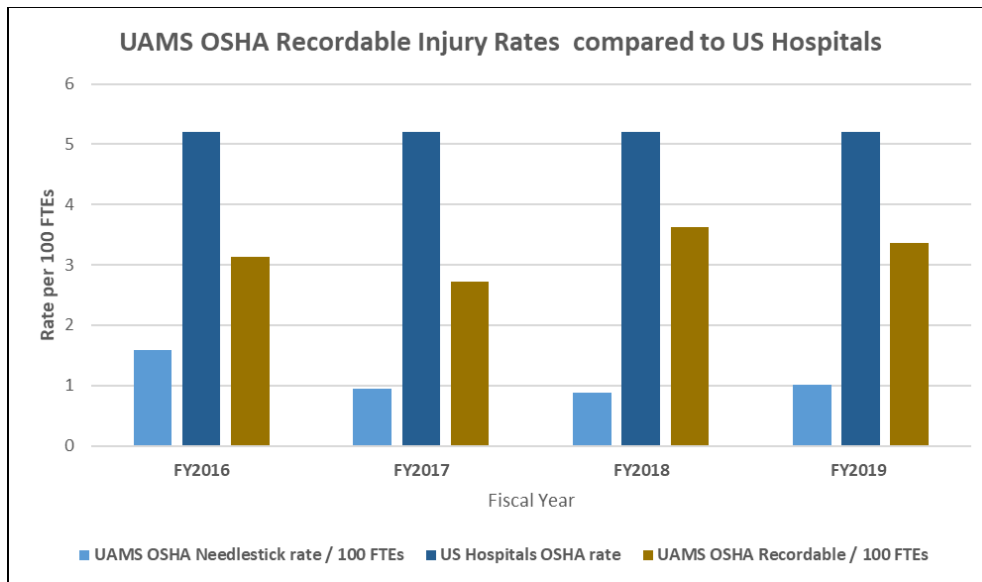
The Human Resources management database, *MY Compass*, tracks all training programs/modules. During FY19, All areas evaluated for training were above those reported the previous year. New employee orientation rates for all UAMS employees increased from 89.7% to **98.8%**. Specific programs evaluated: Integrated Clinical Programs - 95.6%; Radiation Safety – 97.9%; Laboratory Safety 93.4%; Biosafety -

89.6% and the General Safety training for all employees (10,000 plus employees)- 94.4% were all improved..



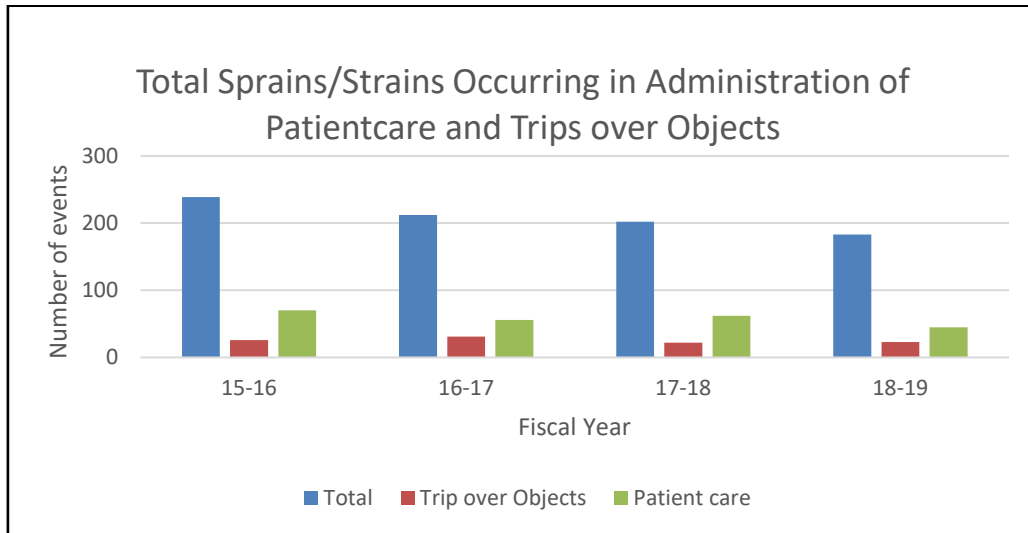
OH&S tracks the OSHA recordable accident and injury rates as well as looking specifically at needle stick rates for all UAMS employees. These rates are compared to US hospitals as reported by the United States Department of Labor through the Bureau of Labor Statistics.

The UAMS OSHA recordable injury rate, which includes needle sticks, was 3.36 injuries per 100 full time employees (FTE) this was a 7.4% decrease in the number of injuries from FY18 (3.63).



Looking at a subset of the OSHA injuries (needle sticks), the campus wide UAMS needle stick rate per 100 employees was 1.02 needle sticks per 100 FTEs, up from FY18 rate of 0.88. The Integrated Clinical Enterprise rate per 100 employees was 1.28, up from the previous year of 1.15.

Sprains and strains are still a concern because of the potential long-term effect on UAMS employees. The proposed goal to reduce the number of sprains/strains by 2.5% was met for FY19 with a 27% decrease.



## Effectiveness

Campus Safety is a high priority for UAMS and the OH&S Department. The programs to monitor safety training compliance and OSHA Recordable Injuries with emphasis on sprains/strains and needle sticks are effective but work to improve will continue.

## Proposed Performance Indicators for FY20

1. Measure compliance for safety training for ICE employees and annual safety education for employees and staff. The goal for compliance will continue to be 90%.
2. Due to the fact sprains and strains have a major impact on our staff, the goal is to continue to reduce the number of sprains/strains by another 2.5% by working with Nursing, Staff Education, and other service departments.

**University of Arkansas for Medical Sciences  
Environment of Care Committee Dashboard FY 2018-2019**

| Performance Measure  | Objective  | 17/18<br>Avg. | Qtr 1<br>Jul-Sep | Qtr 2<br>Oct-Dec | Qtr 3<br>Jan-Mar | Qtr 4<br>Apr-Jun | 18/19<br>Avg. | Significant Findings    |
|--|------------|---------------|------------------|------------------|------------------|------------------|---------------|-------------------------|
| <b>I. Safety Management</b>  |            |               |                  |                  |                  |                  |               |                         |
| Safety Education – CLP/ICE Fire & Life Safety  | >=90%      | 93.4%         | 84.10%           | 99.70%           | 99.70%           | 99.1%            | 95.65%        | MET                     |
| – Radiation Safety   | >=90%      | 81.6%         | 100.00%          | 91.70%           | 100.00%          | 100.0%           | 97.93%        | MET                     |
| – Laboratory Safety  | >=90%      | 78.9%         | 93.70%           | 91.40%           | 94.70%           | 93.8%            | 93.40%        | MET                     |
| – Annual Safety  | >=90%      | 94.0%         | 95.50%           | 93.80%           | 93.90%           | 93.6%            | 94.20%        | MET                     |
| <b>II. Security Management</b>   |            |               |                  |                  |                  |                  |               |                         |
| Assaults   | <=4        | 3.50          | 0                | 1                | 0                | 11               | 3.00          | MET                     |
| Thefts/Larceny   | <=40/qt    | 33.00         | 31               | 63               | 23               | 28               | 36.25         | MET                     |
| Workplace Violence   | <=2        | 4.00          | 14               | 9                | 21               | 23               | 16.75         | NOT MET                 |
| <b>III. Hazardous Materials</b>  |            |               |                  |                  |                  |                  |               |                         |
| Evidence of Education Based on Biohazardous Waste Disposal Per Adjusted Patient Day            | <=1.5 lbs. | 1.4           | 1.42             | 1.35             | 1.34             | 1.54             | 1.41          | MET                     |
| Number of Chemical Spills on Campus  | <=1        | 2.50          | 2                | 3                | 1                | 2                | 2.00          | NOT MET                 |
| <b>IV. Life Safety</b>   |            |               |                  |                  |                  |                  |               |                         |
| Emergency Preparedness   | >=90%      | 92.63%        | 46.50%           | 87.60%           | 92.40%           | 96.90%           | 80.85%        | NOT MET                 |
| Corridor Clutter   | >=90%      | 91.60%        | 36.10%           | 93.30%           | 76.90%           | 93.00%           | 74.83%        | NOT MET                 |
| Door Gaps  | >=90%      | 94.35%        | 0.00%            | 60.30%           | 69.00%           | 0.00%            | 32.33%        | NOT MET                 |
| Expired Supplies   | >=90%      | 92.23%        | 72.60%           | 71.30%           | 83.80%           | 62.90%           | 72.65%        | NOT MET                 |
| Smoke/Fire wall damage   | >=90%      | 92.63%        | N/A              | N/A              | N/A              | N/A              | N/A           | MET                     |
| Increased Cleanliness  | >=90%      | 91.60%        | N/A              | N/A              | N/A              | N/A              | N/A           | MET                     |
| Air Pressure Relationships   | >=90%      | 94.35%        | N/A              | N/A              | N/A              | N/A              | N/A           | MET                     |
| Door Compliance  | >=90%      | 92.23%        | N/A              | N/A              | N/A              | N/A              | N/A           | MET                     |
| <b>V. Medical Equipment</b>  |            |               |                  |                  |                  |                  |               |                         |
| Life Support Equipment PMs completion  | 100%       | 100.00%       | 100.00%          | 100.00%          | 100.00%          | 100.00%          | 100.00%       | MET                     |
| Non-life support equipment PMS completion rate   | 100%       | 100.00%       | 100.00%          | 100.00%          | 92.00%           | 100.00%          | 98.00%        | NOT MET                 |
| Clinical Engineering training competency   | 100%       | 100.00%       | 100.00%          | 100.00%          | 100.00%          | 100.00%          | 100.00%       | MET                     |
| Number of Hazardous Spills in Tube System  | <=1        | 0.50          | 2.0              | 2.0              | 0                | 1                | 1.25          | NOT MET                 |
| Monitor Abuse/Misuse of equipment  | <150       | 33.30         | 138.0            | 85.0             | 75.0             | 68               | 91.50         | MET                     |
| Monitor Operator Errors  | <50        | 15.83         | 88.0             | 37.0             | 78.0             | 72               | 68.75         | NOT MET                 |
| <b>VI. Utilities</b>   |            |               |                  |                  |                  |                  |               |                         |
| Utility Failure Analysis- preliminary resolution within 1 week and final report within 1 month | >= 100%    | 95.83%        | 100.00%          | 100.00%          | 100.00%          | 100.00%          | 100.00%       | MET                     |
| Life Support Utilities preventative maintenance completions                                    | >= 98%     | 99.63%        | 66.70%           | 100.00%          | 100.00%          | 100.00%          | 91.68%        | NOT MET                 |
| Generator runs to determine if testing meets requirements                                      | >=100%     | 99.63%        | 100.00%          | 99.33%           | 99.40%           | 98.70%           | 99.36%        | Missed by slight margin |

Did not meet benchmark

Benchmark missed by slight margin

Meets benchmark

# University Of Arkansas Medical Sciences Annual Security Management Report July 2018 - June 2019

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## Part II Security Management

### Objectives

The objective of the UAMS Police Department (UAMSPD) is to provide a safe & secure environment for employees, students, patients and visitors, as well as the protection of UAMS property. To accomplish this objective during FY19 the Security Management Program under the leadership of the UAMSPD focused on:

- Continuing efforts to decrease the potential for violent acts, particularly assaults & work place violence, on the UAMS campus.
- Improving the UAMS PD's ability to control and monitor access to sensitive areas.
- Improving the UAMS PD's ability to control and monitor thefts on UAMS campus.
- Enforcement of UAMS smoke-free policy and newly initiated state law which prohibits smoking at health care facilities.

### Scope

The UAMS Police Department monitors all criminal offenses, with the assault category being a high priority. Efforts to decrease the potential for violent acts, particularly assaults on the UAMS campus, included training for over 1,500 employees by the Training Division during FY19. The police department is conducting training in Civilian Response to Active Shooter Events (CRASE) for employees and students. This training is being conducted both on and off campus. It covers the actions they take, prior to police arrival, during an active shooter situation. The mindset covered in this program will increase the probability of our students and employees surviving an active shooter incident. We also have a Flash Point presentation which gives insight into recognizing and preventing violence in the workplace and a Silent Storm presentation which provides information about domestic violence in the workplace. The UAMS Police Department also participates in the National Drug Take Back event and is now listed as a permanent drug drop site.

Augmenting the campus wide security system's ability to control and monitor access, security surveillance cameras have been implemented in certain sensitive and public areas on campus. These areas are capable of being monitored remotely at the UAMS Police Department's Communication Center. Currently, there are approximately 1,672 surveillance cameras and 1,500 card access doors, and 448 panic alarms monitored by the UAMS Police Department and maintained by the Technical Security Team. The Technical Security Team is under the operational control of the UAMS Police Department.

High visibility, constant patrol and total awareness of the surroundings are vital to the department's ability to keep the campus community safe. Our Police services survey form is available on the Police Department's website, which allows for anonymous comments, suggestions, and evaluation of the department's services and performance,

## **Performance**

As indicated on the attached Safety Committee Dashboard reports of assaults, (assaults and batteries combined) for FY19 averaged 3.25 per quarter compared to 3.75 for FY18, an approximate 7.14% decrease.

The number of Theft of Property calls for FY19 averaged 36.25 occurrences per quarter compared to the FY18 per quarter of 33.25, a 9.02% increase

The number of Work Place Violence incidents for FY19 was 16.75 per quarter compared to 4 per quarter in FY18 representing an increase of 318.4%.

## **Effectiveness**

The number of occurrences in the Theft categories increased by 9.02% as did Workplace Violence incidents which increased by 318.4%. Assaults decreased by 7.14%. The number of Police officer's FTE's and Technical Security positions remained constant in FY19.

The UAMS Police Department continues to instruct Workplace Violence and Active Shooter response courses both on and off campus. The police department teaches Civilian Response to Active Shooter Events (CRASE) to students and employees. Crime Prevention training will continue to be presented to security sensitive areas. Through our efforts we have been able to maintain a low number of these incidents occurring on our campus. The decrease in the average number of assaults was believed to be partially attributed to crime prevention programs taught by officers to raise awareness of how and when to report crimes.

The Joint Commission issued a Sentinel Event Alert in April 2018. There has been an increased emphasis placed on reporting assaults and workplace violence to the police department and the safety net in meetings with employees and students especially with the nursing staff.

Several meetings in the hospital were conducted in August 2018 to educate nursing staff on the importance of reporting workplace violence incidents. These meetings were conducted by nursing staff with the UAMS Police Department present to answer any questions or concerns that may arise.

The Workplace Violence Committee shifted focus to Workplace Violence training and education. The group is currently looking at developing policy and procedures to better address workplace violence education concerning what workplace violence, incident reporting, and reviewing incidents that occur to ensure proper documentation and tracking. Currently there are three distinct locations where reports of workplace violence may be documented; the police department, safety intelligence, and Occupational Health and Safety. The group is working on an algorithm so that all employees will know the proper steps to take if a workplace violence incident is about to occur or has occurred.

The UAMS Police Department continues to instruct Active Shooter Courses both on and off campus. The police department teaches Civilian Response to Active Shooter Events (CRASE) to students and employees. Crime Prevention training will continue to be presented to security sensitive areas. Through our efforts we have been able to maintain a low number of these incidents occurring on our campus. The decrease in the average number of assaults was believed to be partially attributed to crime prevention programs taught by officers to raise awareness of how and when to report crimes.

There was an increase in the number of thefts during the 2<sup>nd</sup> quarter. These thefts were primarily located inside the hospital. The police department increased patrols looking for suspicious persons and also utilized the Technical Security team to assist with camera surveillance and door access checks to identify possible suspects. The officers also worked with medical staff of the hospital to report suspicious persons who were not assigned to those areas with a higher percentage of thefts. Several possible suspects were identified and confronted. The thefts declined immediately after confronting those individuals.

Surveys were conducted throughout the year to evaluate customer satisfaction with UAMS PD service. There were (631) customer surveys completed during FY19 with an overall rating of 4.51 out of 5. The police department is collecting data from the surveys to identify opportunities for improvement.

Continued expansion of the Campus Wide Security System by the Technical Security Team in cooperation with the UAMS Police Department has continued to enhance the department’s ability to allow for a controlled method of access and more efficient monitoring of sensitive areas, and increased overall security. This system allows access to areas by employee ID badge, resulting in the ability to control, monitor and track access by employees, as well as detect any breeches in security.

### Proposed Performance Indicators for FY20

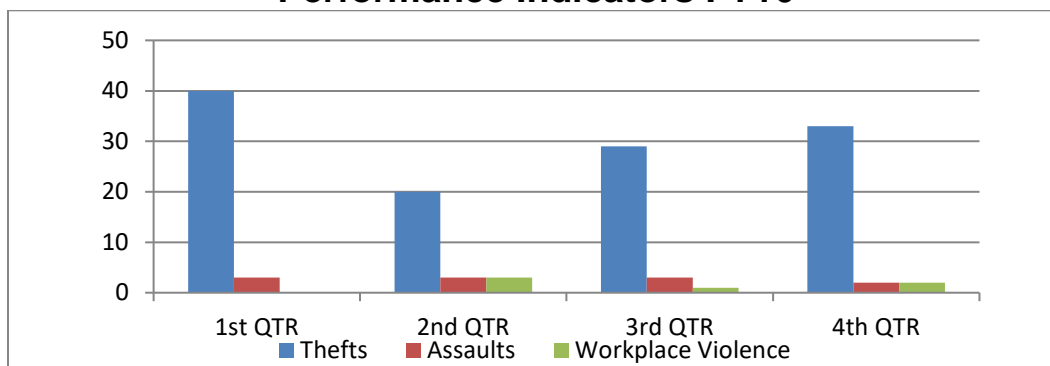
- The number of calls for assaults should remain at < or = the number from the previous year. If the number increases more than 75% than the number of assaults from previous fiscal year’s highest quarter or 6, appropriate corrective measures are taken, which may include increasing patrols and the provision of focused training and detection in the areas of concern. The highest number of assault calls per quarter for the previous FY19 was 6.
- The number of calls for Theft of Property should remain at < or = of previous fiscal year’s highest quarter. If the number increases more than 25% of this figure (37) appropriate corrective measures are taken, which may include increasing patrols and the provision of focused training and detection in the areas of concern. The highest number of theft of property calls per quarter for the FY19 was 63.
- The number of calls for Workplace Violence should remain at < or = of previous fiscal year’s highest quarter (5). If the number increases more that 30% of this figure, appropriate corrective measures are taken, which may include increasing patrols and the provision of focused training and detection in the areas of concern. The highest number of workplace violence calls per quarter for the previous FY19 was 1.

## UAMS Police Department

### Summary Report (FY16)

|                            | 1 <sup>st</sup> QTR | 2 <sup>nd</sup> QTR | 3 <sup>rd</sup> QTR | 4 <sup>th</sup> QTR | FY FY16 QTR Avg. | FY15 QTR Avg. | Deviation |            |
|----------------------------|---------------------|---------------------|---------------------|---------------------|------------------|---------------|-----------|------------|
|                            |                     |                     |                     |                     |                  |               | Amount    | Percentage |
| <b>Thefts</b>              | 40                  | 20                  | 31                  | 35                  | 31.5             | 36            | -4.5      | -12.5      |
| <b>Assault</b>             | 3                   | 3                   | 3                   | 2                   | 2.75             | 0.75          | +2.0      | +266%      |
| <b>Work Place Violence</b> | 0                   | 3                   | 1                   | 2                   | 1.5              | 1.25          | +0.25     | +20%       |

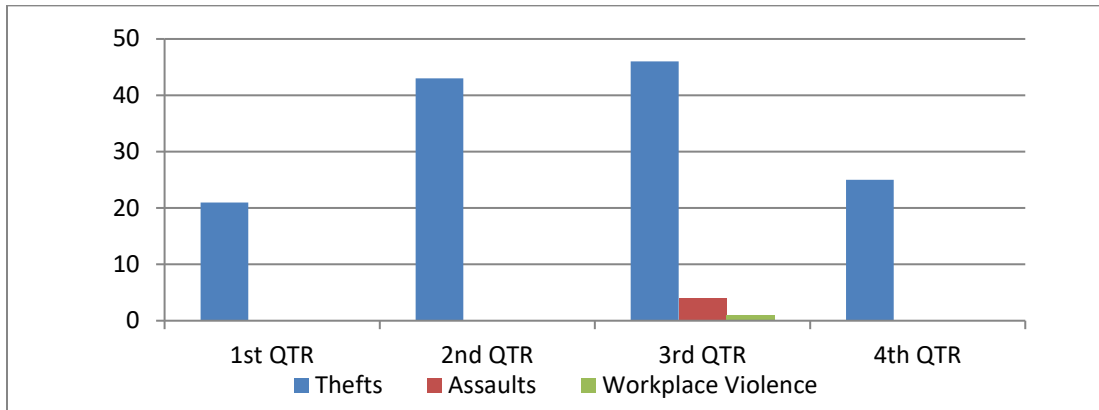
### Performance Indicators FY16



### Summary Report (FY17)

|                            | 1 <sup>st</sup> QTR | 2 <sup>nd</sup> QTR | 3 <sup>rd</sup> QTR | 4 <sup>th</sup> QTR | FY 17- QTR Avg | FY 16 QTR Avg. | Deviation |            |
|----------------------------|---------------------|---------------------|---------------------|---------------------|----------------|----------------|-----------|------------|
|                            |                     |                     |                     |                     |                |                | Amount    | Percentage |
| <b>Thefts</b>              | 21                  | 43                  | 46                  | 25                  | 34             | 31.5           | 2.5       | +7.9%      |
| <b>Assault</b>             | 0                   | 0                   | 4                   | 0                   | 1              | 2.75           | -1.75     | -63.6%     |
| <b>Work Place Violence</b> | 1                   | 0                   | 1                   | 0                   | 0.25           | 1.25           | -1.00     | -80.0%     |

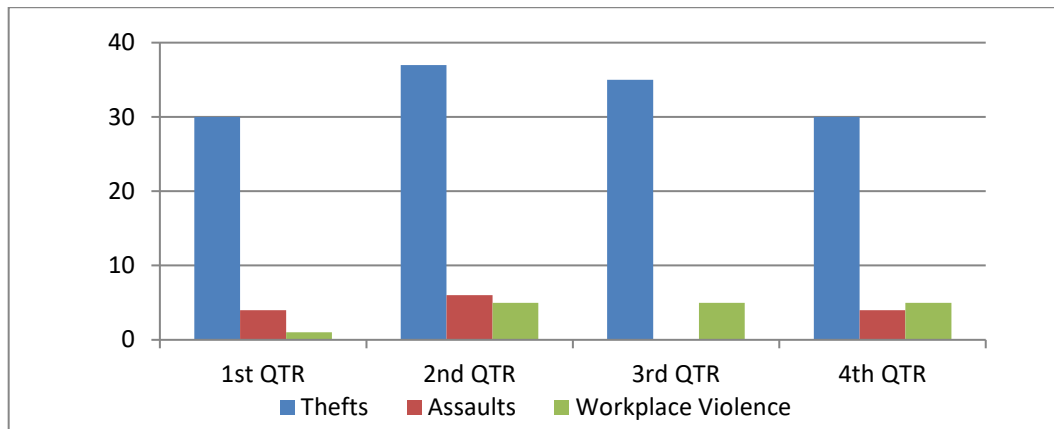
### Performance Indicators FY 17



### Summary Report (FY18)

|                            | 1 <sup>st</sup> QTR | 2 <sup>nd</sup> QTR | 3 <sup>rd</sup> QTR | 4 <sup>th</sup> QTR | FY 18- QTR Avg | FY 17 QTR Avg. | Deviation |            |
|----------------------------|---------------------|---------------------|---------------------|---------------------|----------------|----------------|-----------|------------|
|                            |                     |                     |                     |                     |                |                | Amount    | Percentage |
| <b>Thefts</b>              | 30                  | 37                  | 35                  | 30                  | 33.25          | 34             | 0.75      | -2.20      |
| <b>Assault</b>             | 4                   | 6                   | 0                   | 4                   | 3.50           | 1              | 2.50+     | +250%      |
| <b>Work Place Violence</b> | 1                   | 5                   | 5                   | 5                   | 4.00           | 0.25           | 3.75+     | +1500      |

### Performance Indicators FY 18

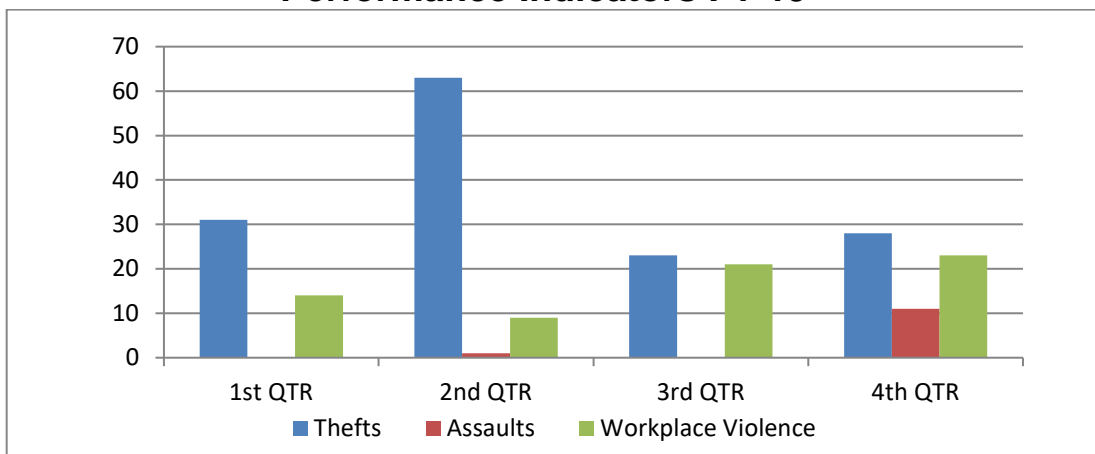




## Summary Report (FY19)

|                                | 1 <sup>st</sup> QTR | 2 <sup>nd</sup> QTR | 3 <sup>rd</sup> QTR | 4 <sup>th</sup> QTR | FY 19-<br>QTR<br>Avg | FY 18<br>QTR<br>Avg. | Deviation |            |
|--------------------------------|---------------------|---------------------|---------------------|---------------------|----------------------|----------------------|-----------|------------|
|                                |                     |                     |                     |                     |                      |                      | Amount    | Percentage |
| <b>Thefts</b>                  | 31                  | 63                  | 23                  | 28                  | 36.25                | 33.25                | + 3.0     | 9.02%      |
| <b>Assault</b>                 | 0                   | 1                   | 0                   | 11                  | 3.25                 | 3.50                 | - 0.25    | -7.14%     |
| <b>Work Place<br/>Violence</b> | 14                  | 9                   | 21                  | 23                  | 16.75                | 4.00                 | +12.75    | 318.4%     |

### Performance Indicators FY 19



# **University of Arkansas for Medical Sciences**

## **Annual Hazardous Materials and Waste Management Report**

### **July 2018 - June 2019**

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The Safety Coordinating Committee (SCC), its members and Chairman are appointed by the Chancellor, and shall act as the administrative body for coordination and/or implementation of the Hazardous Materials and Waste Management Plan campus wide. The Hazardous Materials and Waste Management Plan provides patients, faculty, staff and visitors with an environment free from recognized safety and health hazards both by promoting the safe use and disposal of hazardous waste.

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## **Part III Hazardous Materials and Waste Management**

### **Objectives**

The objectives of the UAMS Hazardous Materials and Waste Management Plan are to provide a physical environment free of hazards and to manage staff activities to reduce the risk of injuries to employees, patients, students and visitors due to the exposure to hazardous materials. To accomplish these objectives during FY19 the Hazardous Materials and Waste Management Program focused on:

1. Increase staff knowledge of hazardous materials used and how to protect themselves from these hazards.
2. Maintain accurate inventories of hazardous materials in the work area.
3. Ensure investigation and clean-up of a hazardous materials spill or release.
4. Ensure investigation of potential exposures to chemical related hazardous materials.
5. Increase staff knowledge of their role in the event of a hazardous materials spill or release.
6. Increase staff knowledge of location and use of Safety Data Sheets (SDS).

### **SCOPE**

The Hazardous Materials and Waste Management Plan establishes the parameters within which hazardous materials and waste are handled, stored and disposed of at UAMS. This plan addresses administrative issues such as maintaining chemical inventories, storage, handling and use of hazardous materials, exposure monitoring, reporting requirements, specific responsibilities, and employee education programs. These and other elements of the Hazardous Materials and Waste Management Plan are all directed toward managing the activities of the employees, so the risk of injuries to patients, visitors and employees are reduced, and employees can respond appropriately in emergencies.

### **PERFORMANCE**

Staff knowledge of the proper way to segregate waste into the different waste streams can be evaluated by measuring the amount of biomedical waste per adjusted patient day. Clinical staff has mandatory training that outlines the correct waste segregation of regulated biological waste from normal waste products. The volume of waste generated per adjusted patient day was below our goal of  $\leq 1.5$  pounds at **1.41** pounds. A sharps recycling program has not only reduced the number of needle sticks that resulted from overfilling of sharps containers but has reduced the amount of plastics entering the environment. The sharps recycling program diverted **83,198** pounds of plastics from our landfills.

Eight chemical spills (healthcare and research) were reported during FY19 resulting in a rate of 2 spills per quarter, each spill was cleaned without adverse effects. The number of spills were down from FY18, 2.5 spills/quarter. Our benchmark of 1 per quarter was not met. Refresher training and modification of training materials will continue in FY20.

Monitoring for hazardous chemicals and vapors occurred in multiple areas across the campus (research labs, teaching labs and clinical areas). No area monitored exceeded regulatory limits of exposure. The indoor air quality program, which monitors clinical spaces during construction and in normal operations annually, demonstrated no significant changes or issues seen in air quality.

The amount of chemical waste sent for disposal during FY19 was 57,427 pounds, compared to 78,483 the previous year. This is a 26.8% reduction for waste disposed. This waste is from research labs, clinical labs and chemo/drug waste. OH&S visits each lab area every four months to ensure waste is not accumulated and ensure timely disposal.

When hazardous material spills (blood) occur in the tube system, it creates a potential exposure for employees on the receiving end as well as for Clinical Engineering staff who are responsible for cleaning up and restarting the system. The tube system carries more than 100,000 transactions per month. Four tube spills occurred during the year. The benchmark of < 1 per quarter was not met. Proper packaging of items and education of staff is reviewed with each spill..

The Radiation Safety Officer is responsible for managing all waste that contains radioactive materials. To be eligible for disposal all short half-life (<120 days) isotope waste must be held for 10 radioactive half-lives and surveyed to verify background levels. During the year 2,460 lbs. of radioactive waste was decayed in storage or sent for disposal offsite.

## **Effectiveness**

Management of hazardous waste cost for regulated medical waste and chemical waste has continued to improve and the number of spills in the pneumatic system, clinical spaces and laboratory areas has continued to remain low.

All areas surveyed for hazardous vapors and gases were within regulatory compliance. Segregation of regulated medical waste from other waste is an ongoing process and continues to improve.

## **Proposed Performance Indicators for FY20**

1. The goal to reduce the number of spills of hazardous material to  $\leq 1$  per quarter will be continued for the next fiscal year. Education programs will be reviewed and revised as necessary.
2. Continue monitoring the amount of regulated medical waste generated per adjusted patient day. The goal will be  $\leq 1.50$  pounds per adjusted patient day.

**University of Arkansas for Medical Sciences**  
**Annual Fire and Life Safety Management Report**  
**July 2018 - June 2019**

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## **Fire and Life Safety Management**

### **Objectives**

The objective of the UAMS Life Safety Management Program is to establish and maintain a fire-safe environment of care for patients, personnel, visitors and property. To accomplish this objective the Life Safety Management Program focused on:

- Increase Emergency Preparedness Knowledge scores to  $\geq 90\%$  in all patient areas
- Increase Corridor Clutter performance scores to  $\geq 90\%$  in all patient areas
- Increase Door Gap performance scores to  $\geq 90\%$  in all Business Occupancies.
- Increase Expired Supplies performance scores to  $\geq 90\%$  in all patient areas

### **Scope**

After Environment of Care rounds are conducted in an area, the OH&S staff uses the results of the rounding audits evaluation to formulate a training agenda. Training is scheduled and conducted by the Department of Occupational Health and Safety (OH&S). Results of the audits are saved and compared to the next audit for effectiveness.

The environmental rounds survey team interviews staff during rounding. The team has emphasized knowledge of fire systems. Incorrect employee response in each area may require on the spot training. For areas with large non-compliance issues, Occupational Health and Safety (OH&S) will organize a training agenda and training is scheduled for the unit.

Environmental rounds are scheduled, conducted and evaluated by the Department of Occupational Health and Safety (OH&S) with the assistance of Infection Control, Design & Construction, UAMS Police Department and Housekeeping according to the Joint Commission's recommendations. Summary reports of the results are given to the unit and presented quarterly to the Campus Safety Coordinating Committee for review and recommendations.

### **Performance**

The performance criteria for staff knowledge or performance of appropriate procedures has been established based on a percentage system of from 1-100% (unsatisfactory to excellent). Any score resulting in an 80% or less requires a training session to be created and conducted for the area audited.

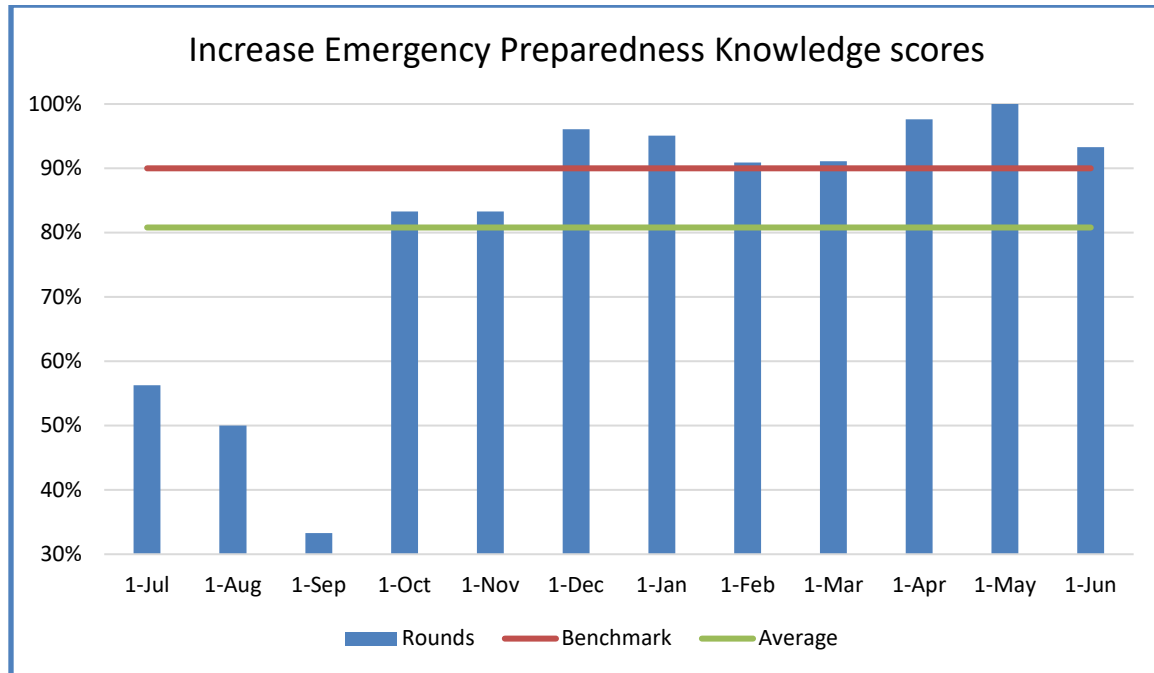
During the environmental rounding, evaluators grade the response of the staff using an evaluation tool that measures the employees understanding of appropriate procedures. An evaluation of the building and working environment is also conducted during rounding. Each item surveyed is graded as a pass or fail score. The overall score required for compliance is 90%. Any area that cannot achieve this score will require a training session.

## Effectiveness

### Increase Emergency Preparedness Knowledge scores

*Emergency Preparedness knowledge among employees has improved over all in all of the occupancies that host healthcare. Changes in the emergency preparedness plan resulted in low scores in EOC rounding questions. Training for these changes have resulted in a rise in employee awareness of the new plan. We will continue to educate staff on as needed.*

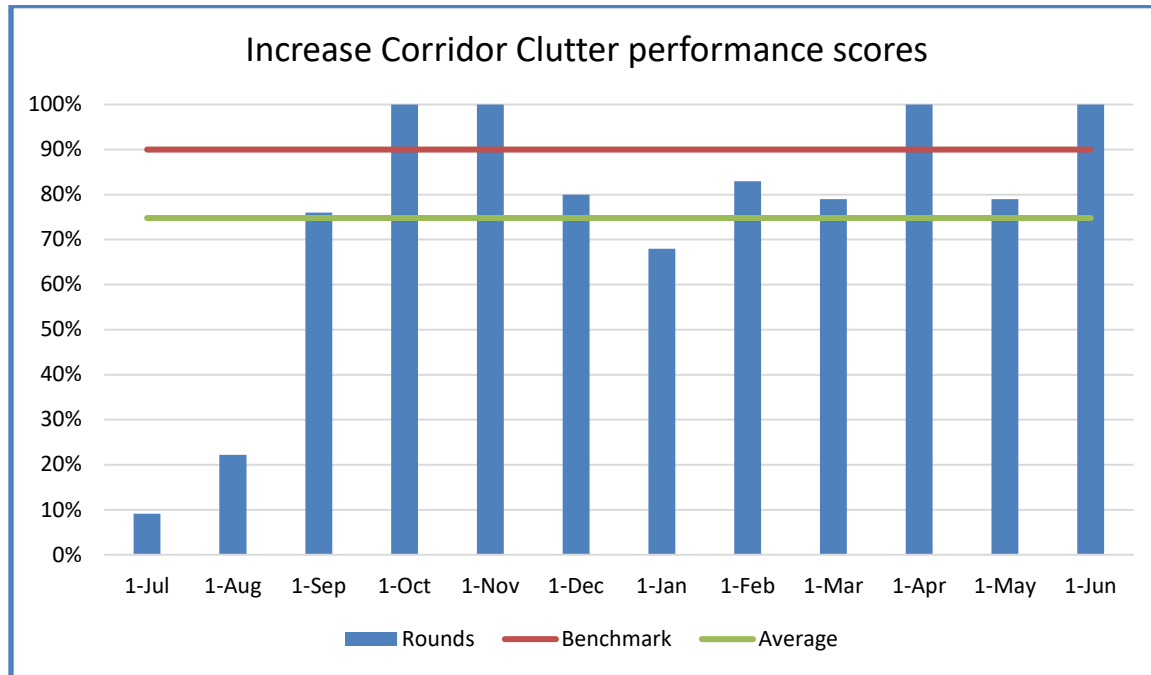
**Our average score for FY19 was 80.8%.**



**Increase Corridor Clutter performance scores**

***For the year, compliance has improved with training of staff in what comprises corridor clutter. It has been determined that the main cause of clutter is the computer on wheels and vital machines are left plugged in to charge after use. Scores have improved, but we will need to continue our efforts to train personnel to return these machines to the proper areas after use.***

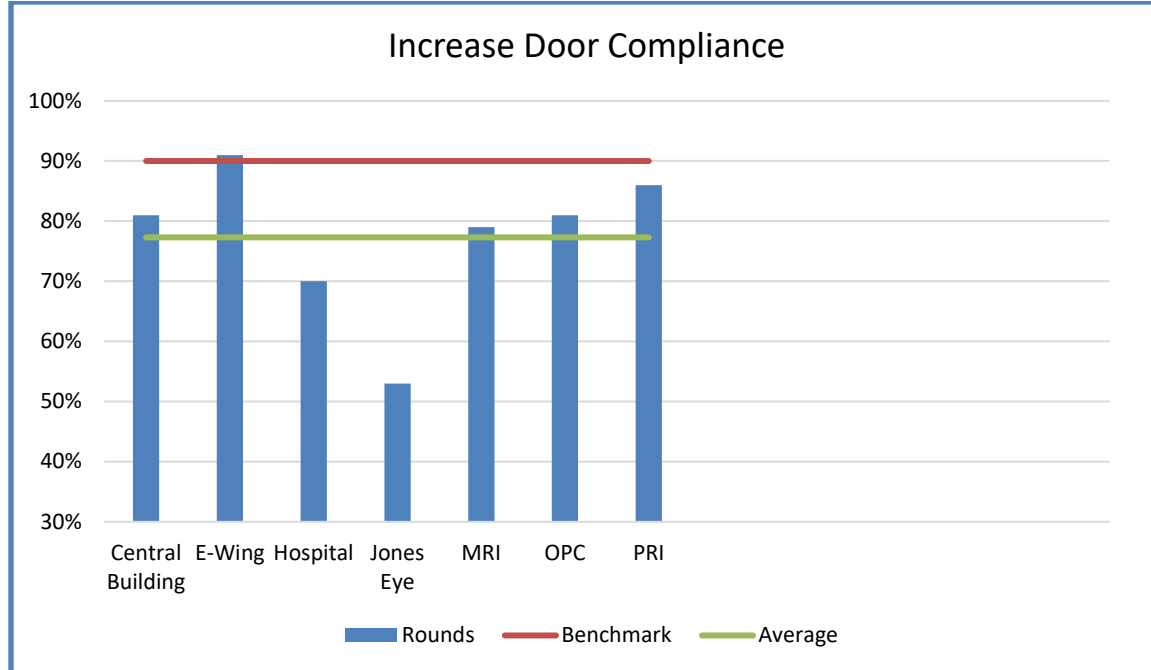
**Our average score for FY19 was 74.8%.**



**Increase Door Gap performance scores**

***Door gap measurements from the EOC group during rounding indicated that there should be a priority given to this subject. The company “Fire Door Solutions” was hired to evaluate all fire doors in our Healthcare and Ambulatory occupancies. They evaluated the doors for gaps, penetrations, hardware and damage. They have also initiated a plan to repair these deficiencies.***

***Our average score for FY19 was 77.3%.***



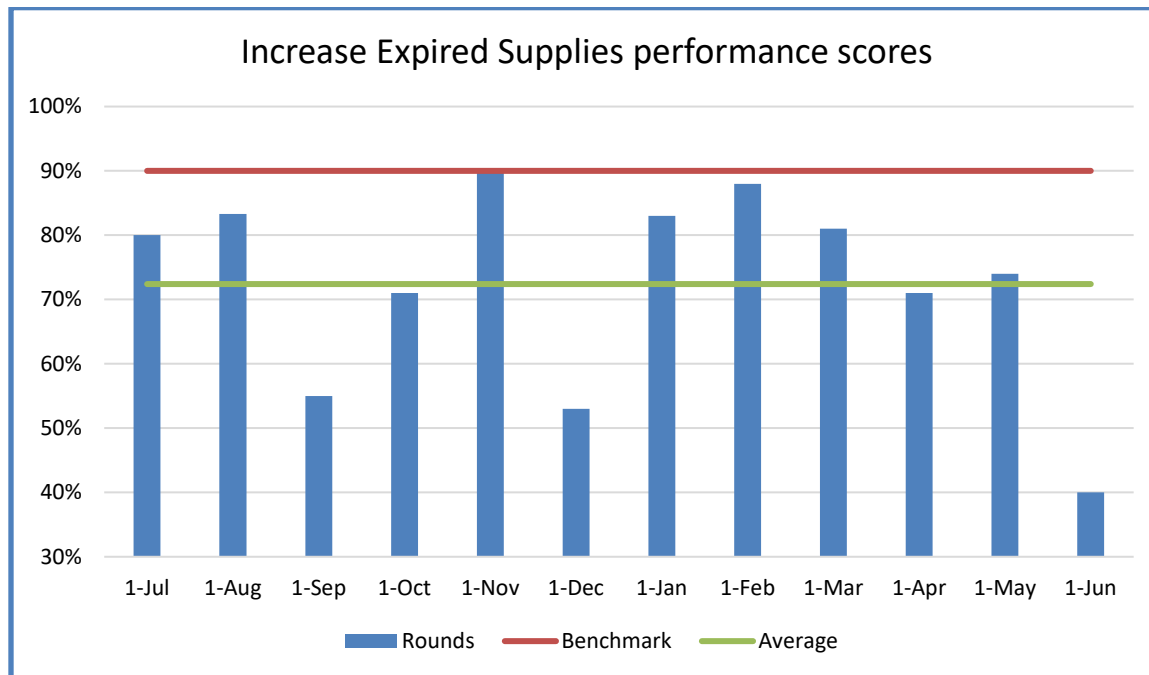
**Door Gap Compliance by Building:**

- Central Building – 81%
- E-Wing – 91%
- Hospital – 70%
- Jones Eye – 53%
- MRI – 79%
- OPC – 81%
- PRI – 86%

### Increase Expired Supplies performance scores

*Expired product is found in many clean rooms and exam areas during EOC rounds. Most out of date product is replaced by supply. Other product dates are monitored by nursing staff. It has been determined that some product replacements are missed by supply and the nursing staff during restocking. Hospital Administration is currently working on a solution.*

**Our average score for FY19 was 72.4%.**



### **Proposed Performance Indicators for FY20**

- Increase Air Pressure performance scores in all patient areas.
- Increase Corridor Clutter performance scores in all patient areas.
- Increase Door Gap performance scores in all patient areas.
- Increase Expired Supplies performance scores in all patient areas



# ***University of Arkansas for Medical Sciences Annual Medical Equipment Management Report July 2018 - June 2019***

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## **Part V Medical Equipment Management**

### **Objective**

The Medical Equipment Management Plan is designed to promote safe and effective use of medical equipment. This plan also addresses administrative issues such as program structure, reporting requirements, specific responsibilities, general safety, and employee education programs. To help accomplish this objective during FY19, the Medical Equipment Management Program tracked the High Risk equipment PM's, Non High Risk PM's, corrective maintenance (CM) and operator errors and abuse.

### **Scope**

The Medical Equipment Management Plan establishes the parameters to ensure medical equipment is maintained at the highest reliability for safe use at UAMS Integrated Clinical Enterprise. Senior management of UAMS recognizes the need for the comprehensive clinical equipment management program managed by Clinical Engineering to ensure that all patients and employees are supported in their use of medical equipment, devices, and technology.

### **Performance**

In FY19 there were 9448 total work orders of which 4647 were Preventive Maintenance (PM) and 2571 were for Corrective Maintenance (CM). 100% of all High Risk equipment PM maintenance was completed on time. All other non-High Risk Maintenance was completed 98% on time. The average numbers of Operator error were 22 per month, and the average Abuse work orders were 48 per month.

### **Effectiveness**

Clinical Engineering will continue to monitor the failures, and will work to develop sustainable PM programs customized to resolve repeat problems. All of our benchmark goals were met

### **FY19 Accomplishments**

1. Our Engineers received OEM training on, Philips patient monitoring, Apheresis equipment; Dialysis OEM training, Dragger Ventilator OEM training, and Philips networking, All technicians that received training passed their training course.
2. Clinical Engineering continues to look for savings in service contracts. This is done by contract renegotiation, CE first call option, or bringing service in house.
3. Clinical Engineering continues to chair the MEMC committee and provide an organized approach to approving, purchasing, and receiving new medical equipment.
4. Clinical Engineering continues to expand our device integration footprint. Each patient vital sign that can be sent to the EMR electronically saves nursing time over manual charting.

## **Objectives for FY20**

For the coming year, Clinical Engineering will keep the performance indicators of PM's, and CM's other objective we will continue to support;

- All High Risk equipment PMs will have a completion rate of 100%.
- All non-High Risk support equipment PMs will have a completion rate of 100%.
- Maintaining competency among Clinical Engineers through training. All techs that are sent to OEM training will pass with a certificate from the vendor with a completion rate of 100%.
- Monitor Abuse/Misuse and work to keep the monthly average below 50 incidents per month.
- Monitor Operator errors and work to keep the monthly average below 25 incidents per month.

# University of Arkansas for Medical Sciences Annual Utility Systems Management Report July 2018 – June 2019

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## Part VI Utility Systems Management

### Objective

The overall objective of the Utility Systems Management Program is to promote a safe, controlled, comfortable environment of care by minimizing risks of utility failures and ensuring operational reliability of utility systems. To help accomplish this objective during FY19, the Utility Management Program tracked significant utility failures, emergency generator logs, Life Safety Work orders and priority-one preventive maintenance work orders.

### Scope

Utility failures are not only disruptive but can have an adverse impact on patient care. It is critical that the causes of significant utility failures be identified and, whenever possible, future disruptions for the same reasons prevented.

To help ensure that they can carry the expected load, emergency generators are required to be inspected weekly, run under load for 30+ minutes monthly, have an annual 1.5-hour run with load, and a triennial 4-hour run under load. These are all spelled out in the Joint Commission Standards.

Priority-one preventive maintenance work orders are tracked to ensure that at least 100% are completed on time according to their frequency, and that all are completed.

Life Safety work orders tracked to ensure completion within 45 days from creation.

Fire Doors are inspected quarterly to ensure that they are in compliance and in working order.

### Performance

- For FY19 UAMS had 2 significant utility failures. They were resolved promptly and appropriately
- Priority-one preventive maintenance work orders were just below the 100% benchmark. We had a 99.4% “on-time” completion rate for the entire year
- Life Safety work orders were completed within 45 days at rate of 91.7%. We had one work order that was not completed within 45 days.

### Effectiveness

Utility failures decreased from 3 last year to 2 this year. We will continue to monitor these failures in order to evaluate the causes, so that we can try to reduce the total number of failures. We have current deferred maintenance project pending to repair and or replace some of the aging utility infrastructure on campus.

Life Safety work orders were at a 91.7 % “on time” completion rate for the year.

Engineering & Operations continues to focus and pinpoint our priority maintenance on critical equipment to comply with the Joint Commission Standards. This is a work in progress, but it is much more lean and efficient than before, and is still meeting the standards. Emergency power, fire safety, and medical gas and vacuum are included in this maintenance. For the year Priority One PMs were 99.4% “on time” but all were completed.

## **Objectives for FY20**

For the coming year, Engineering & Operations will monitor utility failures, Priority-One PM maintenance work orders, and Joint Commission Documentation.

- Utility failure review activities will continue to focus on prompt responses and resolutions, as well as providing additional repair, maintenance, or other enhancements that may improve dependability.
- A monthly report can be generated to show the percentage of priority-one preventive maintenance that was completed on time. Any shop or work order that do not meet standards can be addressed and corrected quickly. Performance score goal will be 100%.
- Joint Commission Documentation will be continually reviewed to ensure that documentation is up to date, and readily accessible. This process will tracked with performance score goal of 100%.