

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 311
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POLICY

Johns Hopkins Medical Hospital (JHH) has a management plan for each of the seven Environment of Care functions required by JCAHO.

These plans are used to evaluate and manage the JHH Environment of Care® (EC).

These management plans are updated, reviewed and approved annually.

The Executive Director of Health, Safety and Environment (aka Chairman of the Joint Committee for Health, Safety and Environment) is designated to coordinate the development, implementation and monitoring of the safety management activities. (EC.9.10.2)

The Executive Director of Health, Safety and Environment is also designated to intervene whenever conditions immediately threaten life or health or threaten damage to equipment or buildings. When he is away, he appoints a designee to handle these problems. Usually he is available via beeper/phone twenty-four hours/day, seven days a week. (EC.1.10.3) (See HSE policy # 301)

REFERENCES

Hospital Accreditation Standards 2006 HAS. Joint Commission on Accreditation of Healthcare Organizations.

HSE Safety Manual, policies HSE 001

DEFINITION

Environment of Care® (EC): is made up of three components: building(s), equipment, and people.

The following are identified as elements and issues that can contribute to positively or negatively influencing patient outcomes, satisfaction, patient and staff safety: light, privacy, space size and configuration that are appropriate and consistent with the clinical philosophy, security, orientation and access to the outside environment, ease in traversing both the inside and outside of JHH facilities, color, efficient layouts that support staffing and overall function.

To effectively manage the EC we must do the following:

- Reduce and control environmental hazards and risks
- Prevent accidents and injuries
- Maintain safe conditions for patients, staff, students, and visitors
- Maintain an EC that is sensitive to patient needs for comfort, social interaction, and positive distraction
- Maintain an EC that minimizes unnecessary environmental stresses for patients, staff and visitors.
- Maintain normal hospital business or hospital operations, if at all possible.

HSE: Department of Health, Safety and Environment. Notation with (HSE ***) refers to the Health, Safety & Environment policy number which pertains to that subject.

Information Collection and Evaluation System (ICES): a system developed and used to continuously measure, assess, and improve the status of the EC. (EC.9.10.2) (HSE 310)

JCAHO Standards: The items in parentheses with (EC ***) refer to the JCAHO standard requiring this item.

Joint Committee for Health, Safety & Environment (JC/HSE): The primary safety committee of Johns Hopkins.

SWG: Johns Hopkins Hospital Safety Work Group. This is a sub-committee of JC/HSE.

PROCEDURES

- I. JHH has management plans for each of the following EC areas:
 - A. Safety Management Plan (EC.1.10.1)
 - B. Security Management Plan (EC.2.10.1)
 - C. Hazardous Materials and Waste Plan (EC.3.10.1)
 - D. Emergency Management (“disaster”) Plan (EC.4.10.3)

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- E. Fire Safety Management Plan (EC.5.10.1)
 - F. Medical Equipment Management Plan (EC.6.10.1)
 - G. Utility Systems Management Plan (EC.7.10.7)
- II. Responsibility for each management plan:
- A. The following departments/committees have responsibility for updating the specified plan:
 - 1. JHH Emergency Management Committee and the JHH DCA/Disaster Team = Emergency Management Plan
 - 2. Facilities = Fire Safety Management Plan, Medical Equipment Management Plan and Utilities Management Plan
 - 3. HSE = Safety Management Plan and Hazardous Materials Waste Management Plan.
 - 4. Security = Security Management Plan
 - B. It is recognized that more than one department/committee participates in most plans. The assigned department/committee is responsible for submitting the final plan but they can request other departments to write portions of the plan or supply appropriate information for their portion of the management plan.
- III. Each department/committee that is responsible for an EC Management Plan will implement a process for on-going monitoring of performance regarding actual or potential risk(s) in each of the EC Management Plans. (EC.9.10.3) The management plan for that area is based on the actual or potential risks for that area.
- IV. The Chairman of JC/HSE has delegated to the SWG the responsibility for the assessment/formatting of the EC Management Plans.
- V. JHH management plans are updated annually on the following schedule:
- A. Traditionally JCAHO makes changes to their standards in July for implementation in January of the following year. JCAHO, at the same time, revises and/or changes the Patient Safety Goals.
 - B. Divisions/committees/persons having responsibility for updating management plans should check for new/revised JCAHO requirements (including Patient Safety Goals) by the end of July each year
 - C. Updated JHH management plans are to be ready to pass out to the SWG membership at their September meeting.
 - 1. The SWG committee members will have the time between the September meeting and the October meeting to review all seven management plans.
 - 2. Any comments regarding plans or possible changes to the plans should be e-mailed to the person having primary responsibility for that plan and the Chairman of SWG should be copied on the e-mail prior to the October meeting.
 - D. SWG will formally assess and pass the Management Plans at their October meeting.
 - E. Updated JHH management plans are to be ready to submit to the Chairman of the Joint Committee for Health, Safety and Environment by six (6) days after the October SWG meeting each year.
- VI. The JHH management plans:
- A. Will use the template to this policy as a guideline.
 - B. Will be comprehensive. They will incorporate standards from other JCAHO chapters as appropriate.
 - C. All management plans will have the standard header for a HSE policy.
- VII. Each year the data from the quarterly and annual ICES will be utilized to determine what area(s) requires a performance improvement initiative for the following year. Each of the Management Plans must pick at least one performance improvement initiative.
- A. Items picked for performance improvement initiatives must be measurable.
 - B. Items picked for performance improvement initiatives must have the potential to be fixed.
 - C. Goals can be either specific or can specify "improvement" if too many unknown factors make it impossible to determine a reasonable goal but the risk assessment indicates it is a big problem.
 - D. When objective in a performance improvement initiative has been reached, and no further improvement is possible, continue to monitor but pick a different performance improvement goal.
- VIII. Each calendar year an annual evaluation of each EC Management plan will be produced.
- A. The annual evaluations will include the objectives, scope, performance and effectiveness of each of the EC Management Plans.

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B. These annual evaluations will be submitted to the SWG by the February meeting.

RESPONSIBILITIES

The following departments/committees have responsibility for updating the specified plan. It is recognized that more than one department participates in most plans. The assigned department is responsible for submitting the final plan but they can request other departments to write or supply appropriate information for their portion of the management plan.

JHH Emergency Management Committee & JHH DCA/Disaster Team	Emergency Management Plan Risk Assessment Performance Improvement Initiative
Facilities	Fire Safety Management Plan, Medical Equipment Management Plan & Utility Systems Management Plan Risk Assessment for fire safety, medical equipment and utilities. Performance Improvement Initiative for all three areas
HSE	Safety Management Plan & Hazardous Materials & Waste Management Plan Risk Assessment for both Performance Improvement Initiative for both
Security	Security Management Plan Risk Assessment Performance Improvement Initiative

REVIEW CYCLE

Annual