EP 30: The structures and process(es) used by the organization to improve workplace safety for nurses, based on recommendations such as the American Nurses Association Safe Patient Handling Movement.

The structure and processes used by Riverside Medical Center to improve workplace safety for nurses include a variety of committees, departments, leaders, and policies and procedures. The standards used by Riverside leaders to guide and measure the improvement of workplace safety for nursing include the following:

- The Joint Commission (TJC) standards, specifically the Leadership and National Patient Safety Goals elements
- Illinois Department of Public Health (IDPH) Regulations
- Occupational Safety and Health Administration (OSHA) regulations
- Veterans' Administration Safe Patient Handling program (Siddharthan, Nelson, Tiesman, & Chen, 2005)
- Institute for Healthcare Improvement (IHI) publications on the connection between patient and employee safety.

Workplace Safety Structures and Processes for Riverside Nurses

Many hospital committees form the structures for improving workplace safety for Riverside nurses.

Committee Structures and Processes

The Environment of Care Committee (EOC) is responsible for overseeing the safety of the physical plant and life safety practices. The Quality Improvement and Patient Safety Committee (QIPSC), is the hospital/Medical Staff committee responsible for directing the quality and patient safety activities at Riverside Medical Center. The Infection Control Committee (ICC) is responsible for the infection control program that includes reducing the risks of communicable disease exposure for employees. The Physician Workplace Interaction Committee (PWIC) investigates reported episodes of disruptive behavior involving medical staff members and educates medical staff members on ways to improve communication. The Quality and Safety Council of the Patient Care Council identifies quality and safety concerns regarding patients and care providers and engages in improvement activities. The Patient Safety Committee oversees the patient safety program at Riverside. Subcommittees of the Patient Safety Committee include Medication Safety, Restraints and Falls Committee, and the Rapid Response Team (RRT) Steering Committee. Nursing representation is present in all of these committees.

These committees meet on a regular basis, usually once per month or quarter, depending on staff and patient needs; changes in federal, state, or other agency regulations; and outcomes. At times, additional subcommittees may be formed to address specific issues, additional members may be added on a regular or ad hoc basis, or the committee meetings may be more frequent. For example, when Riverside began its RRT program in September of 2005, the Steering Committee included
representation from nursing leadership, nursing staff, medical staff, quality improvement, the policy and procedure committee, the Coordination Center (where all codes are called and paged), and the Patient Safety/Employee Health office. The committee met frequently, sometimes every week. Much of the work in establishing the RRT program took place outside of meeting time. Once the program was developed and implemented, the RRT Steering Committee met every month and included core members. The Steering Committee reviews policies and procedures related to the RRT program and RRT outcomes, such as the number of RRTs called monthly compared to Code 33s called. (A Code 33 signifies a person in cardiac arrest or respiratory failure. Many hospitals call this a Code Blue. We use Code 33 to minimize panic and anxiety for patients or visitors who might hear Code Blue called overhead. We only include the name of the unit, never a room number.) In 2009, the RRT Steering Committee began meeting quarterly. Our RRT program supports workplace safety for nurses by encouraging nurses to call for help when managing patient situations that might require a different level of care. The team approach to assessing patients with worsening conditions was one that developed over time. When the program was first implemented, some nurses were reluctant to initiate an RRT, believing their nursing peers might think they were not competent. Educational programs and leadership support for the RRT program helped nurses eventually understand that the purpose of the RRT was to provide them with additional resources to achieve the best patient outcomes. In this respect, we consider our RRT program to be both a workplace safety and patient safety program.

At times, a committee might assume additional responsibilities. An example of this was when Riverside implemented Code H (or Code Help) in August 2008. The purpose of a Code H is to provide patients, family members, or visitors with a way to call for help if they feel patient needs, quality care, or safety are not being addressed. The RRT Steering Committee developed and implemented the structures and processes associated with our Code H program.

Riverside committees that focus on workplace safety also form and meet to address unexpected or unplanned events, which may be a result of changes in the healthcare environment. For example, in the spring of 2009, the Patient Safety/Employee Health department convened a special Influenza task force to address concerns and develop or revise existing policies and procedures related to a possible H1N1 Influenza pandemic. As the summer of 2009 waned and national attention focused on a potential H1N1 influenza pandemic, Riverside responded by heightening our plans to manage a potential influenza pandemic. Representatives from nursing departments, pharmacy, lab, Educational Services, the Coordination Center, Imaging, and leadership were participated in the task force. Due to the advanced planning and involvement of nurses and other staff from a wide variety of departments, we began a campaign to vaccinate direct care workers and revise our infection control policies to include H1N1 specifically. One change in practice was to make Fit Testing for nurses and other patient care staff an annual event. Special masks were needed to safely care for patients with H1N1 influenza.
Because of our proactive actions, Riverside was the first healthcare agency in the county and surrounding area to receive H1N1 vaccine for its employees. The committee provided a plethora of educational materials for staff. Staff that refused to receive the vaccinations were required to complete an OLIE (online education and tracking system) lesson and declination form. We tracked staff vaccination rates in all nursing departments for H1N1 and seasonal flu vaccines. We had the highest vaccination rate for all employees (hospital and other areas) for seasonal flu in our recent history – 1811 of approximately 2300 employees received seasonal flu vaccines and 1516 received H1N1 vaccines. In hospital nursing departments, there are approximately 725 staff (RNs, LPNs, nursing assistants, unit secretaries, and other personnel). As of March 31, 2010, 463 nursing department staff members received H1N1 vaccines (~64%) and 553 (~76%) received seasonal flu vaccines. Riverside also offered free H1N1 and seasonal influenza vaccines to nursing students and instructors from local schools. We were the only healthcare agency in the area to offer free seasonal and H1N1 influenza vaccines to our educational partners.

Committee meeting minutes are recorded and distributed to committee members. Minutes are then disseminated to direct care nurses, nursing leaders, and other nursing department staff via posted and/or email announcements and department meetings. Actions to improve workplace safety for staff, patients, and visitors are developed, implemented, and evaluated within our committee and departmental structures, and are outlined in our Safety Management Plan (see below). This plan defines the structures and processes for supporting workplace safety for nurses and other staff. The plan also includes the purpose, essential functions, objectives, organizational and role responsibilities of leaders and staff, and educational requirements associated with assuring workplace safety for all employees.

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**Riverside HealthCare**  
**Kankakee, Illinois**  
**Policy & Procedure**

**Subject:**  
Safety Management Plan

**Policy:**  
I. Purpose

Riverside Health Care Administration supports the Safety Management program, which is designed to develop, coordinate, manage, and evaluate safety activities within the organization in every effort to provide a safe, effective, and functional, environment for patients, visitors, and staff.

**Procedure:**
II. Essential Functions

The Safety Program is code and information driven.

The Safety Program includes methods to use past problems and performance (accidents and incident analysis); current problems/conditions (safety inspections and hazard surveillance); and risk assessment and safety training to be proactive in preventing conditions and activity which cause injury, illness, or loss.

Functions of the Safety Officer and EoC Committee are the collection, preparation, analysis, and evaluation of data and information, and the distribution of that knowledge to managers at all levels.

All recommended and required safety activities should be monitored to evaluate their effectiveness, and to identify opportunities to improve the program.

III. Objectives

¨ Develop and maintain the written Safety Management Plan which describes the processes it implements to effectively manage the environmental safety of patients, staff, and other people coming to the hospital's facilities.

¨ Assign a qualified individual(s) to coordinate the development, implementation, and monitoring of the safety management activities.

¨ Assign individual(s) to intervene whenever conditions pose an immediate threat to life or health or threaten damage to equipment or buildings.

¨ Conduct comprehensive, proactive risk assessments that evaluate the potential adverse impact of buildings, grounds, equipment, occupants, and internal physical systems on the safety and health of patients, staff, and other people coming to the hospital's facilities.

¨ Use the Risks identified to select and implement procedures and controls to achieve the lowest potential for adverse impact on the safety and health of patients, staff, and other people coming to the hospital's facilities.

¨ Safety policies and procedures that are distributed, practiced, enforced, and reviewed as frequently as necessary, but at least every three years

¨ Promote an ongoing hazard surveillance, including response to product safety recalls.

¨ Ensure that all grounds and equipment are maintained appropriately

¨ Perform an annual evaluation of the objectives, scope, performance and effectiveness of the documented safety management program.
"Conduct environmental tours to identify environmental deficiencies, hazards, and unsafe practices.

"Develop, communicate, and enforce throughout all buildings the policy regarding smoking.

"Provide a process for reporting and investigating all incidents of property damage, and patient or visitor injury and all incidents of occupational illness, and personnel injury.

IV. Organization/Responsibilities

**Hospital Leadership** receives regular reports of the activities of the Safety Management Program. The Administrator (Corporate Director of Facilities Management) reviews reports and, as necessary, communicates recommendations/concerns to the Safety Officer or other appropriate staff. The Administrator provides an operating fund for the Safety Management Program through the Biomed budget. The Administrator is also an active member of the EoC Committee.

**The Safety Officer** is appointed by the Chief Executive Officer/President of Riverside Healthcare System and reports to the Corporate Director of Facilities Management. It is the Safety Officer’s duty to oversee the development, implementation, and monitoring of the Safety Management Program. The Safety Officer is given the authority and responsibility to act when hazardous conditions exist which could result in personal injury to individuals or damage to equipment or buildings. The Administrator on call acts in the absence of the Safety Officer.

**The Chairman of the EoC Committee** has the duty to convene the EoC Committee and prepare a safety agenda packet which includes safety issues and performance improvement monitoring to be addressed by the EoC Committee. The Chairperson ensures the maintenance of appropriate hospital records and EoC Committee minutes and ensures timely follow-up of actions and activities of the EoC Committee. The Chairman also selects the Chairperson of the Disaster Committee, Hazmat Committee, and any other subcommittee as required.

**The EoC Committee** is established to analyze identified EC management issues and develop recommendations for resolving them to improve performance activities. The committee consists of a multidisciplinary group including representatives from Administration, Clinical Services, and Support Services. Membership includes, but is not limited to, the following representatives: Administration, Quality Improvement, Patient Safety/Employee Health, Security, Education, Nursing, Biomed, Dietary, and Environmental Services. The EoC Committee meets at least every other month to review reports and conduct a timely review of safety issues.

**Department Directors/Managers** are responsible for safe practices of employees in their department. The Managers shall:

"Provide and document competence of dept.-specific orientation of new employees which includes position/task-specific safety procedures.

"Maintain department safety plans and policies

"Ensure that safe equipment and personal protective equipment are available.
" Ensure that staff receive mandatory orientation and ongoing safety training (such as in OLIE, Code 99 response) and assure that following an injury, the employee is supported and re-trained as necessary on safe work practices/equipment usage before returning to work.
" Monitor Compliance with safety regulations in the department
" Participate in the activities of the safety program and stimulate and promote employee interest
" Communicate safety issues/concerns to the Safety Officer

**Employee Responsibility**: Individual employees are responsible for performing safe practices:

" Learning and following the job/task-specific safety procedures;
" Meeting the annual safety education requirements;
" Knowing their department/position roles in the event of an incident or emergency and the reporting procedure;
" Utilizing personal protective clothing, supplies, and equipment as appropriate for the job task; and
" Reporting unsafe acts and conditions to their supervisor and/or Safety Officer.

**V. Processes of the Safety Plan**

**A. Risk Assessment**
The Safety Officer is responsible for managing the Safety Management Program risk assessment process. The Safety Officer, Director of Engineering, Security, Patient Safety/Employee Health, key EoC Committee members, Quality Improvement, and department managers perform various risk assessments.

Riverside proactively performs a risk assessment to evaluate the impact of proposed changes to new or existing areas of the organization (i.e., construction, work processes, equipment, or services provided by the organization), as well as changes in laws, regulations, and standards. The goal of performing risk assessments is to be proactive in reducing incidents or experiences which have the potential to result in injury, an accident, or other loss to patient, staff, physicians, visitors, or hospital assets.

Results of the risk assessment process are used to create new or revise existing safety policies and procedures included in the safety orientation and education programs, and monitored for safety performance.

**B. Incident Reporting and Investigation**
The Incident reporting and investigation is mainly performed by the Patient Safety/Employee Health Department. Incident Reporting is covered by Administrative Policy RHC-ADM950-01-0048 Unusual Occurrence Reporting. Patient Safety reports to the EoC on a quarterly basis a summary of incidents, performance improvement, and any action taken.

**C. Hazard Surveillance/Product Recall**
The Safety Officer is responsible for managing the hazard surveillance process and maintaining all records and reports. Hazard surveillance surveys are conducted to identify
environmental deficiencies, hazards, and unsafe practices. Findings of the hazard surveillance activities serve as a tool for improving safety policies and procedures, orientation and education programs, and staff performance.

Hazard Surveillance schedule is reviewed by the Safety Officer and conducted in conjunction with Environmental Rounds. All clinical areas are surveyed twice a year and once a year in general areas. The team is composed of representatives from the EoC committee and other departments as appropriate. The Local Fire Department, Insurance Company, and Public Health inspections will also be used as a hazard surveillance opportunity.

All identified hazards will be documented on the Maintenance work order system as this system can track and report on both open and completed tasks. Items that may qualify as a Life Safety issue will be added to the SOC as identified.

Product Recalls are handled under the Medical Equipment Management Plan. Riverside subscribes to Product Recall Services such as ECRI and IPT. These weekly and monthly lists are distribute and reviewed by appropriate management staff. Action is taken on all items that are identified and then reported to Biomed for tracking and further reporting.

D. Information Collection and Evaluation
The Safety Officer is responsible for managing the process for examining safety issues using the Information, Collection, and Evaluation System (ICES). Collection of information is performed mainly during surveillance inspections, drills, and during actual events. Subcommittees and individuals are assigned to monitor and collect data and report on a quarterly basis to the EoC Committee their findings, action taken, and recommendations.

As special information arises such as a sentinel event alert a special committee may be formed to immediately investigate and report its findings and make recommendations to the EoC Committee.

E. Performance Monitoring
The Safety Officer has the responsibility for coordinating the performance-monitoring process for the Safety Management Program and each of the seven functions associated with the Management of the Environment of Care.

The Safety Officer, with the collaboration of those responsible for each of the seven environment of care functions, is responsible for establishing performance indicators to be monitored by the EoC Committee. The Safety Officer determines appropriate data sources, data collection methods, data collection intervals, analysis techniques, and report formats for the performance indicators. Based on the data, the Committee determines areas of priority and makes recommendations for a plan of action when deficiencies are identified.

Summaries of findings, recommendations based on trends, performance measures and
performance improvement activities will be documented in the Committee minutes, and a summary will be part of the quarterly report. The Performance improvement standards are communicated to appropriate staff.

Performance monitors are established to measure the important aspects of the Safety Program. Compliance with these measurements is considered essential to meeting the overall objective of providing quality support of patient care. Staff participation in safety education training is considered the most important aspect of the Safety Program. Monitoring of additional aspects continues as an evaluation tool for identifying risks or potential risks.

Summaries of findings and recommendations, based on trends, performance measures, and performance improvement activities, will be documented in the committee minutes, and a summary will be part of the quarterly report. Specific information will additionally be communicated to all departments, when issues or opportunities to reduce the risk of safety hazards exist.

**F. Policy and Procedures Development**

The Safety Officer is responsible for coordinating the development of general safety policies and procedures to enhance safety within the hospital and its grounds.

Organization-wide safety policies and procedures are available to all hospital personnel as part of the Policy & Procedure Database. Safety Policies are found in the Corporation section under Riverside Health Care (RHC) then under Safety. Hard copies are also located in the Emergency Department and Administration offices.

The Safety Officer works with department managers to develop department-specific safety plans for job hazards and area-specific procedures for safety. The ultimate responsibility for the development and maintenance of current department safety policies lies with the department managers with the assistance of the Safety Officer, as appropriate.

**G. Annual Evaluation**

The Safety Officer is responsible for performing the annual evaluation of the Safety Program and has the overall responsibility for coordinating the annual evaluation process with each of the seven functions associated with the Management of the Environment of Care. The Safety Officer then submits the annual report to the Board for their evaluation and review.

**VI. Worker Safety Planning**

**A. Reporting/Investigating**

The Incident reporting and investigation is mainly performed by the Patient Safety/Employee Health Department formally know as Risk Management. Incident Reporting is covered by Administrative Policy RHC-ADM950-01-0048 Unusual
Occurrence Reporting. Patient Safety reports to the EoC on a quarterly basis a summary of incidents, performance improvement, and any action taken.

B. Ergonomics:
Riverside Medical Center has an ongoing multidisciplinary ergonomics program. A system-wide PC workstation ergonomic assessment was completed in 1996 and workstation remodeling completed. A policy on PC workstation ergonomics was completed in 2001, and an ergonomic self-assessment for PC workstations made available through that policy. Back safety for clinicians and non-clinicians is addresses both in orientation and annually, as well as PC workstation ergonomics. If an ergonomic-related injury is reported, the Director of Patient Safety/Employee Health or designee investigates and recommends improvements or education as needed.

C. Orientation and Education Programs
The Education department has the responsibility for coordinating the safety orientation and education program for the environment of care. The orientation process addresses general safety processes, area-specific safety, specific job-related hazards and hazard prevention, emergency code activation and response, and provides safety-related information through new employee orientation and continuing education. Via the Education Department in cooperation with Patient Safety and Employee Health and the Quality Improvement Dept., a consultative, empathic approach is taken with employees and their managers following any injury to address how the injury occurred, how it could have been prevented, and in some cases, if a safety policy/process was knowingly violated, disciplinary action may occur.

1. Orientation: All new employees are required to attend a general orientation. As part of this process, general hospital safety topics are covered—including emergency codes responses, infection control, ergonomics, violence prevention, disaster preparedness, and Age Specific safety risks along with an evaluation of understanding. New Volunteers also must attend a general orientation and included are general safety topics.

2. Continuing Safety Education Program: In addition to participation in drills and life safety audits which may involve re-education as necessary, all employees are required to successfully complete annual safety training by their appraisal which includes all of the topics covered in orientation along with a medication safety test for RNs/LPNs. In each computer class, ergonomics are reviewed. If injuries occur, re-education is required by the manager or department as appropriate before the employee may return to work. As sentinel event alerts are received and policies are modified, inservice training is completed via computerized tests, videos, classes, return demos, or unit meetings as appropriate to the topic/issue. In addition, Safety Reps. are available in each dept. to facilitate safety audits and general safe practice awareness for team members. These Safety Reps. will receive at least one training session per year on a key policy/safety plan so they may be the point people for training and implementation for their area.
3. Area-specific/Job-Specific Orientation: Department managers are responsible for providing new staff members with a department-specific orientation, which includes job-specific procedures, safety risks, emergency procedures, and hazards they may face on the job in their work areas. New staff are to complete departmental orientation before working independently and such training is documented on orientation checklists which are filed in the employee’s education file.

Department-specific training is also provided when employees change job positions or work areas, or when new equipment, chemicals, or products are brought into the employees’ work areas.

4. Evaluation: The education materials are reviewed at least annually, and are updated at the time of changes in standards, regulations, and the environment. The evaluation process also includes a review of the objectives and effectiveness of the training and the recommendations of the EoC committee, department managers, and employees. The end results of the evaluation and revised Safety Education Program are approved by the EoC Committee and included in the Year-End report for appropriate distribution.

Competence is measured at the time of orientation/safety training as part of the safety training to determine knowledge retention

VII. Smoking

All buildings and grounds under the control of Riverside Medical Center are required to be smoke free facilities. (NOTE: Riverside became smoke-free in 2007, a year before the state of Illinois imposed a smoking ban in all public places. The state law went into effect on January 1, 2008.)

Departmental Structures and Processes

Departments that provide leadership for structures and processes associated with Workplace Safety for nurses include Patient Care Services, Human Resources, Patient Safety and Employee Health, Facilities Development and Management, Quality Improvement, and Educational Services.

The Patient Safety and Employee Health Department collects and analyzes data through employee injury reports completed by nursing staff and nursing leaders. Patient Safety and Employee Health staff, which include infection control, conduct rounds on nursing units and reviews reports filed under our electronic incident reporting system, Peminic.
The Educational Services and Human Resources Department staffs collect and analyze data on workplace safety by means of periodic employee opinion surveys. The results of these surveys are used to develop and/or revise existing employee training programs. This information is valuable in assessing nurse perceptions of workplace safety at Riverside.

The Environment of Care committee, which includes nurses and staff from Facilities Development and Management and Quality Improvement, conducts semi-annual environment of care rounds in all patient care areas. Members of the Environment of Care committee and the manager or team leader of the unit make department and unit rounds together in patient care areas. For example, the environmental services director and the team leader of 5ICU noted while conducting rounds that the floor in the unit had cracks in many areas. This was identified as a safety hazard to our nurses as well as an infection control issue. The Environmental Services director followed up by taking pictures of the flooring. An outcome of the environmental rounds was the replacement of the flooring on 5ICU to help prevent trips and falls and decrease opportunity for bacteria colonization.

**Leadership Structures and Processes**

Leaders from patient care services, including the Vice President of Nursing, conduct periodic nursing rounds in nursing department to gather information related to nursing workplace safety. Leaders then share pertinent information with appropriate committee and departmental staff, who analyze the data. All committees have nursing representation. These same committees and departments then use the data to identify and prioritize the most significant workplace safety risks for nurses, plan for improvements and implementation, and monitor progress on workplace safety initiatives. Members of the committees and departments do periodic and ongoing evaluation of workplace safety data and outcomes.

**Policy and Procedure Structures and Processes**

The policies, procedures, and action plans developed by these committees and departments that oversee workplace safety for nurses also provide guidance in implementing processes. Riverside’s Safety Management Plan (previously discussed and provided) describes the structure for employee safety at Riverside. Additional examples of policies and plans that describe the processes to improve and monitor workplace safety for nurses include the Blood & Body Fluid Exposure Control Plan; Code of Behavior Policy, Minimal Lift Patient Transfer Program, Supervisor/Managers Responsibilities with Work Related Injuries/Illnesses, Tuberculosis Exposure Control Plan, Unusual Occurrence Reporting, and Workplace Monitoring.

The following table includes a list of some workplace safety initiatives and practices, which include nurses at all levels and in all hospitals departments. The first two programs, Minimal Lift and Code of Behavior, will be used as examples in EP30EO.
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<thead>
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<th>Workplace Safety Initiatives and Practices</th>
<th>Initiative or Practice Description</th>
<th>Participating Departments</th>
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</thead>
<tbody>
<tr>
<td>Minimal Lift Program</td>
<td>Decrease back injuries caused by patient transfers</td>
<td>All Nursing Departments</td>
</tr>
<tr>
<td>Code of Behavior Program</td>
<td>Program to minimize inappropriate behavior between nurse-nurse, physician-nurse, and other employees</td>
<td>All Hospital Employees</td>
</tr>
<tr>
<td>Sharps Safety Program</td>
<td>Use of devices to minimize nurse injury from sharps such as needles and scalpels</td>
<td>All Nursing Departments</td>
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<tr>
<td>Code 99 Training</td>
<td>Use of physical, verbal, and non-verbal de-escalation techniques for agitated or unmanageable persons</td>
<td>All Hospital Employees</td>
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<td>Code 100</td>
<td>Procedures for bomb threats</td>
<td>All Hospital Employees</td>
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<tr>
<td>Code D – All Phases</td>
<td>Procedures for managing disasters safely</td>
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<td>Procedures for managing patients with biological exposures</td>
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<td>Code Lock-Down</td>
<td>Procedures to protect staff against external threats</td>
<td>All Hospital Employees</td>
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<tr>
<td>Annual Safety Training</td>
<td>Electronic and/or face-to-face training which includes workplace safety policies and practices</td>
<td>All Hospital Employees</td>
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</tbody>
</table>

**Summary**

Riverside Medical center has numerous structures and processes to support workplace safety for nurses. Structures include committees, departments, leadership, and policies and procedures. Processes are also included in our policies and procedures. Nurses at all levels in the hospital are involved in developing, sustaining, and evaluating structures, processes, and outcomes related to workplace safety. Riverside nurses in all hospital departments are responsible for adhering to workplace safety initiatives, such as our minimal lift program, which are based on best practices.

**Reference**