



**Summary Report to the Medical Staff of the Executive Committee from
Reports Presented to the
Environmental Health and Safety Committee January – December 2010
Confidential Peer Review Material**

The Environmental Health and Safety Committee receive quarterly reports from four safety subcommittees as well as the Emergency Preparedness and Planning Committee and Infection Control Committee. These activities are not included in this report as the respective committee chairs submit separate reports on these committee activities.

Environmental Health and Safety/Employee Incident Report – The Safe Patient Handling Program continues to remain very successful. The overall staff injury rate for injuries related to patient handling dropped by 67% in the first two years of the program and 87% in the third year. Costs of injuries dropped from \$1,000,126 in the 54 month reporting period prior to implementing the program to \$3946.00 in the 31 months following implementation.

Several significant events were reported in 2010 including the demolition of the Gravelly building and removal of the underground storage tank. Numerous inquiries were received concerning asbestos and dust; however, all necessary steps were taken to remove all asbestos prior to the demolition of the building. Soil samples were also taken following the removal of the underground storage tank and all came back clear.

Several surveys were conducted in 2010. The North Carolina Cancer Hospital was surveyed by The Joint Commission on April 6th. EH&S, Accreditation, Environmental Services, Infection Control, Life Safety and Maintenance conducted environmental tours of the hospital to ensure that all areas were in compliance for the survey. There were no major Environment of Care issues identified during the inspections. The Rehabilitation Unit was surveyed by CARF on July 12th and 13th and no findings were issued. EH&S and Emergency Preparedness worked closely with CARF to ensure a smooth survey. The Joint Commission also surveyed the Stroke Program in July and VAD in October. No requirements for improvement were identified and the surveyors were very complimentary of the program. EH&S surveyed all areas prior to the survey to ensure compliance with life safety and environment of care standards.

Life Safety – There were no significant life safety events reported. The performance measure for life safety for 2010 was monitoring the failure of positive latching doors and to reduce the number of failures by 20%. Failures continued to decline during 2010. This is due in part to the door inspection program which has been implemented with approximately 5,000 doors being inspected every quarter.

Patient Safety – During the second half of 2009 reporting period, a number of performance measures were tracked regarding the Adult Rapid Response Team, including frequency of calls, length of call, reason for call, and outcome. The most important measure for tracking success is the number of code blue calls outside the ICUs and ED/1000 discharges. There has been no change in the number of code blue calls; however, the number of rapid response calls has risen tremendously over the past several years. A new committee has been created, the Adult Rapid Response System Committee which will focus on data analysis to evaluate the effectiveness of the efferent and afferent arms of the Rapid Response System.

The NC Center for Hospital Quality and Patient Safety has been recognized as a Patient Safety Organization. PSO's provide national uniform protection of confidentiality and privilege for organizations that voluntarily send patient safety event data, which help to provide benchmarks and baselines for measurement and analysis. The purpose of the PSO is to conduct analyses of report information, provide benchmarks and baselines for measurement, and disseminate results and best practices.

The results of the Leapfrog Group survey are available, and the findings showed improvement in 10 areas with the results remaining the same in 8 areas. This is a program of annual voluntary participation and the survey monitors quality and safety performance and practices.

Risk Management – There were a total of 40 events that underwent root cause analysis in 2009 representing an increase from previous years; 24 in 2007 and in 19 in 2008. The number of events undergoing analysis has increased primarily due to the investigation of more 'near miss' events than have been done in the past. These events represent circumstances in which there was minor temporary harm or no harm to the patient. Thirty of the events were considered to be "near misses". Failure to properly identify patients prior to treatments was one area of focus in the last year for which there was no serious patient harm, but concern for the potential for harm led to conducting root cause analysis on a total of nine "near miss" events related to this patient safety issue.

In regards to the root cause analyses for 2009, there were nine categories that were treatment related, four were wrong procedures, six elopements, one equipment related, one procedural complication, eleven medication errors, and four retained

foreign bodies. Four events identified as no root cause means that when evaluated there could not be an identified breach in the standard of care or a preventable root cause. Of the 36 events that underwent root cause analysis, six resulted in death, fifteen resulted in temporary injury and fifteen resulted in no injury to the patient. Regarding the incidents resulting in death, the problems identified in the root cause analysis were identified as being possible contributing factors to the patient's death.

Six patient elopements in the past year resulted in several changes to the elopement policy. Several steps have been taken to reduce the potential for elopement including policy revisions, reeducation of staff and environmental changes, including security cameras in the ED.

Retained foreign bodies during surgical procedures occurred in the OR, L&D, and the Cancer Hospital. Staff have been reeducated, policies have been revised, practice changes have been made and new sponge detection technology is being trialed.

During the 2010 reporting period there were 18 events in the first six months that underwent a root cause analysis. Two cases were identified as having no breach in the standard of care. The other 16 were noted as being potentially avoidable events. Three of these events may have contributed to patient deaths. In one of these cases, the patient was critically ill and unstable and the event likely caused death to occur sooner, but due to the course of this patient's disease, death was inevitable. All of these cases have action plans which have been implemented to improve patient safety and avoid future adverse outcomes.

There were a total of three elopements in this period. In all three cases it was discovered that policy had not been followed. Re-education of staff was conducted in the involved areas. Due to differences in treatment between the ED and Psychiatry regarding the management of patients at risk for elopement, further training has been conducted in an attempt to make these areas mirror images of each other in regards to how they handle this patient population.

Retained foreign bodies during surgical procedures continued to be a concern during this reporting period with three cases reported. One of these was an L&D case. Policies in L&D have since been revised to more closely mirror those in the Main OR. In another case, an instrument count was conducted prior to the surgical instruments being removed from the abdominal cavity, resulting in a foreign body being left in the surgical field.

Security – A Workplace and Domestic Violence Threat Assessment Team was formally established to assist in evaluating and managing threats of violence. Workplace violence education for the staff continues with presentations at Department Head's meetings. Education has also been provided in areas where events have occurred in the past. Additional crisis intervention and structured training have been implemented and overall the process has been viewed as a success. Six additional crisis intervention instructors have been trained. The Active Shooter policy has been updated and many of the police officers participated in a three-day training event. Hospital Police participated in the active shooter drill on campus.

In response to a change in the mental health patient population and increased violent incidents, ten new security officer positions were added to the Hospital Police Department. This added staffing now provides 24-hour a day coverage for the ED and Psychiatry inpatient units to reduce the potential for violent incidents in these areas.

Campus police status has been established for the Hospital Police Department. This status provides additional jurisdiction for locations immediately surrounding the main hospital campus and off campus facilities.

A security assessment of the McLendon Laboratories was conducted. Most labs are protected by card access but are not locked during daylight hours. This is being reevaluated for possible increased security measures.

Due to the Department of Corrections (DOC) prisoner escape that took place in November, an eight step corrective action plan was implemented and is now in effect. The DOC held a training meeting immediately after this escape with emphasis on good communication. There is also a watch tour that involves the areas at highest risk for flight risk and the DOC is taking this tour on a more frequent basis. Concentration and the dispersing of DOC staff are also being considered as well as a designated waiting area for patients from the DOC who arrive before their appointed time or must wait to be seen.

Utility Management – The performance measure for Utility Management for 2010 is laundry chute blockages. There were two major blockages in February to the conveyor chute which runs through Central Distribution. Both blockages resulted in extensive renovations. A steady decline was seen for sometime during 2010. Several improvements contributed to this decline such as, increasing the number of bins in use and ensuring that trucks were taking the linens away on a regular basis.

Corridor Storage - The Joint Commission is placing stronger emphasis on life safety compliance and inappropriate corridor storage with 50% of hospitals cited in 2010. Some areas have little or no storage areas and the lack of storage space is a significant issue. Areas of concern have been evaluated to identify storage areas.