Improving Safety & Your Bottom Line Through an Effective Environment of Care Rounding Process

Presenters:

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Presentation Agenda

- Brief background on Novant Health & ATG
- The typical hospital EOC process
- How Novant Health improved efficiency
- Results

About ATG

Company Overview

- Nearly 30 years of expertise
- Focus on healthcare
- Over 300 million square feet of campus space
- Over 400 hospitals nationwide

Applications of Our Services

- Regulatory compliance and risk mitigation
- Facility/Space management
- Lease space management
- Facility document management

About Novant Health

Company Overview

- 13 Hospitals
- 600 locations across NC, SC, VA, GA
- Over 8 million square feet of campus space across portfolio
- Based out of Winston Salem, NC

Industry Experience

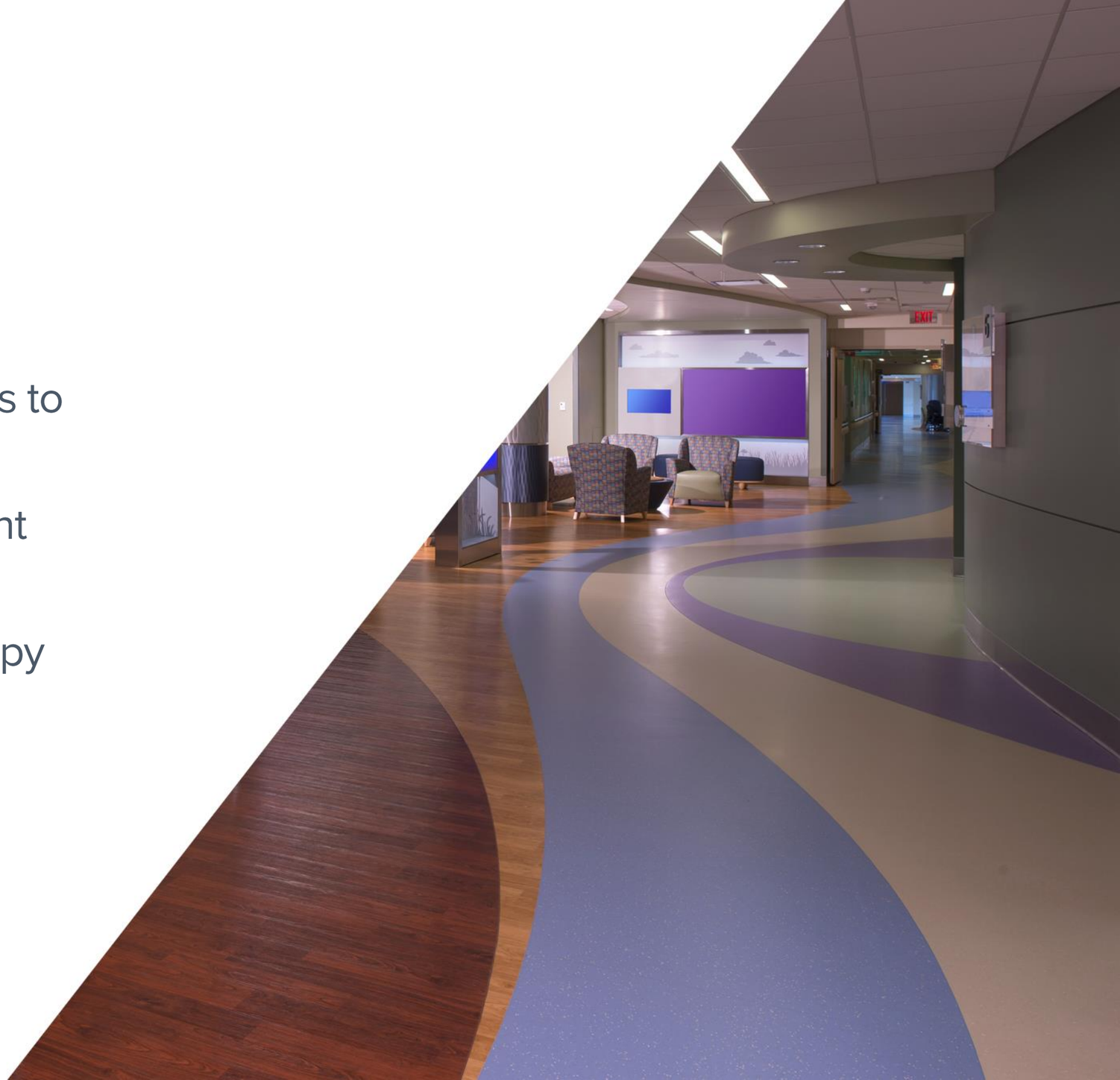
How ATG Became Involved

- **Collaboration** with healthcare organizations and code consulting partners to fully understand challenges
- **Direct involvement** with The Joint Commission
- **Formulation** of strategies to address key challenges
- **Establishment** of an overall framework based on proven hospital policies and procedures

The Typical Process

Plans/Policies

- Hospital establishes plans/policies to assure EOC compliance
- Plans/policies must adhere to Joint Commission/AHJ requirements
- Typically available only in hard copy form in binders on shelves



The Typical Process

Semi-Annual Rounds/Tours

- Multi-disciplinary team conducts periodic rounds/tours to identify findings for:
  - Clinical areas (semi-annually)
  - Non-clinical areas (annually)
- Typically conducted with paper forms with results inputted into spreadsheets
- Tours occasionally include non-EOC items (e.g., OSHA or EPA requirements)

The Typical Process

Corrective Actions

- Findings discovered during tours must be corrected, such as:
  - Physical defects
  - Training issues
  - Safety violations
- Typically managed by spreadsheet “administrator”
- Responsible parties must provide closure information back to “administrator”

The Typical Process

Analysis/Performance Improvement Initiatives

- Hospitals must evaluate their performance annually
- Hospitals must develop performance improvement initiatives to address issues
- Performance improvement initiatives impact revision of plans and policies

The Typical Process

Key Challenges Novant Health was Facing

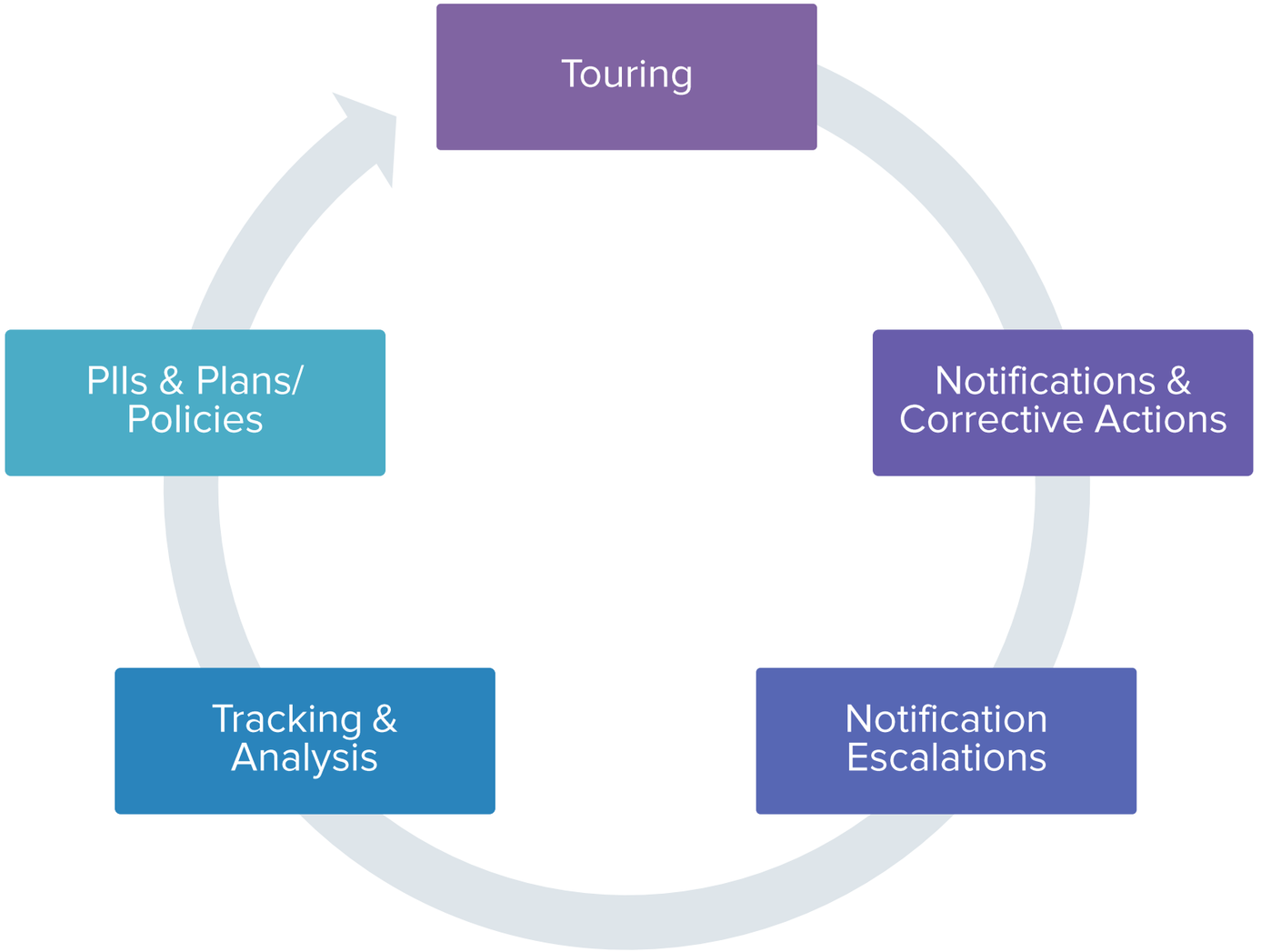
- **Paper process** that was susceptible to items falling through the cracks
- **Lack of efficient notification** of parties responsible for findings
- **Expansion** of the health system
- **Unreliable tracking** of corrective actions
- **Lack of consistent** approach across facilities
- **Labor intensive process** to document findings, create action items, and report on the findings
- **Disconnect** between:
  - Tours and corrective action process
  - Performance improvement initiatives and policy updates

Novant Health Objectives

- **Improve** safety/security of patients, visitors, and personnel
- **Satisfy** Joint Commission/AHJ compliance
- **Establish** consistent process across facilities
- **Standardize** checklists
- **Increase** patient satisfaction scores
- **Reduce** readmissions
- **Provide** Safety Committee with tools necessary to drive performance improvement initiatives
- **Increase** level of efficiency by:
  - **Streamlining** management of EOC tours and corresponding corrective actions
  - **Ensuring** awareness and accountability of EOC activities for all appropriate personnel

The Solution

Addressing the Full EOC Lifecycle



The Solution

Implementation

Roles & Responsibilities

Getting to know the facility personnel and the current hospital processes

The Solution

Implementation

Zones, Schedules, and Checklists

Establishing EOC zones, touring schedules, and touring checklists based on needs

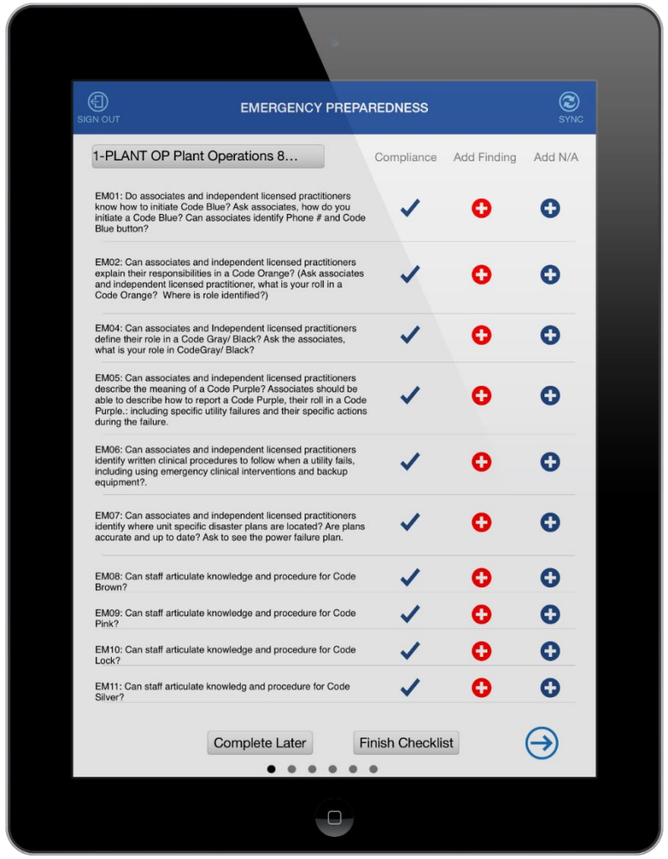
The Solution

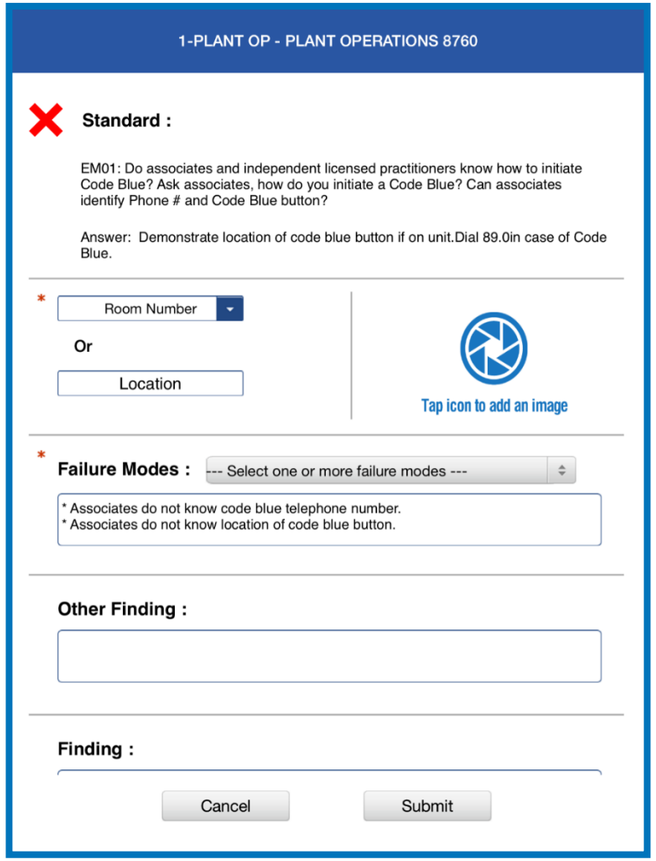
Implementation

Training

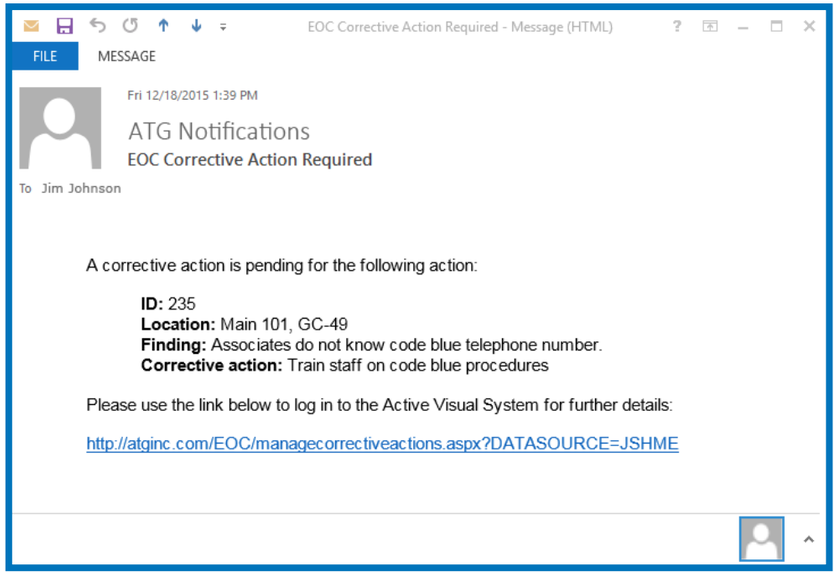
Training all applicable staff members on use of solution

The Solution



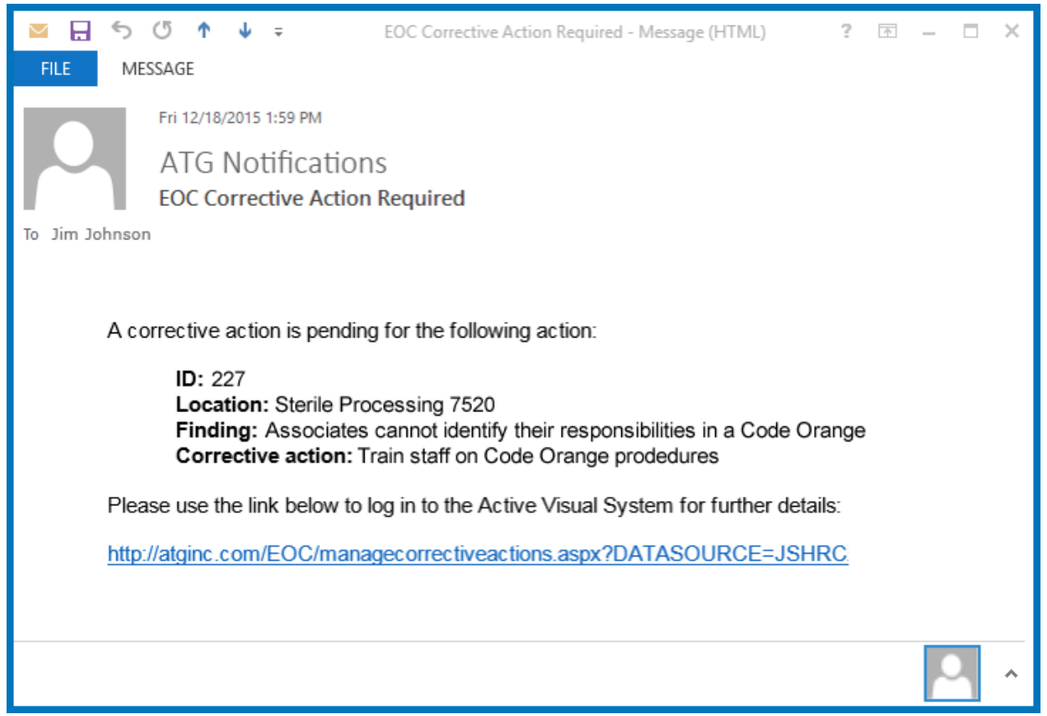


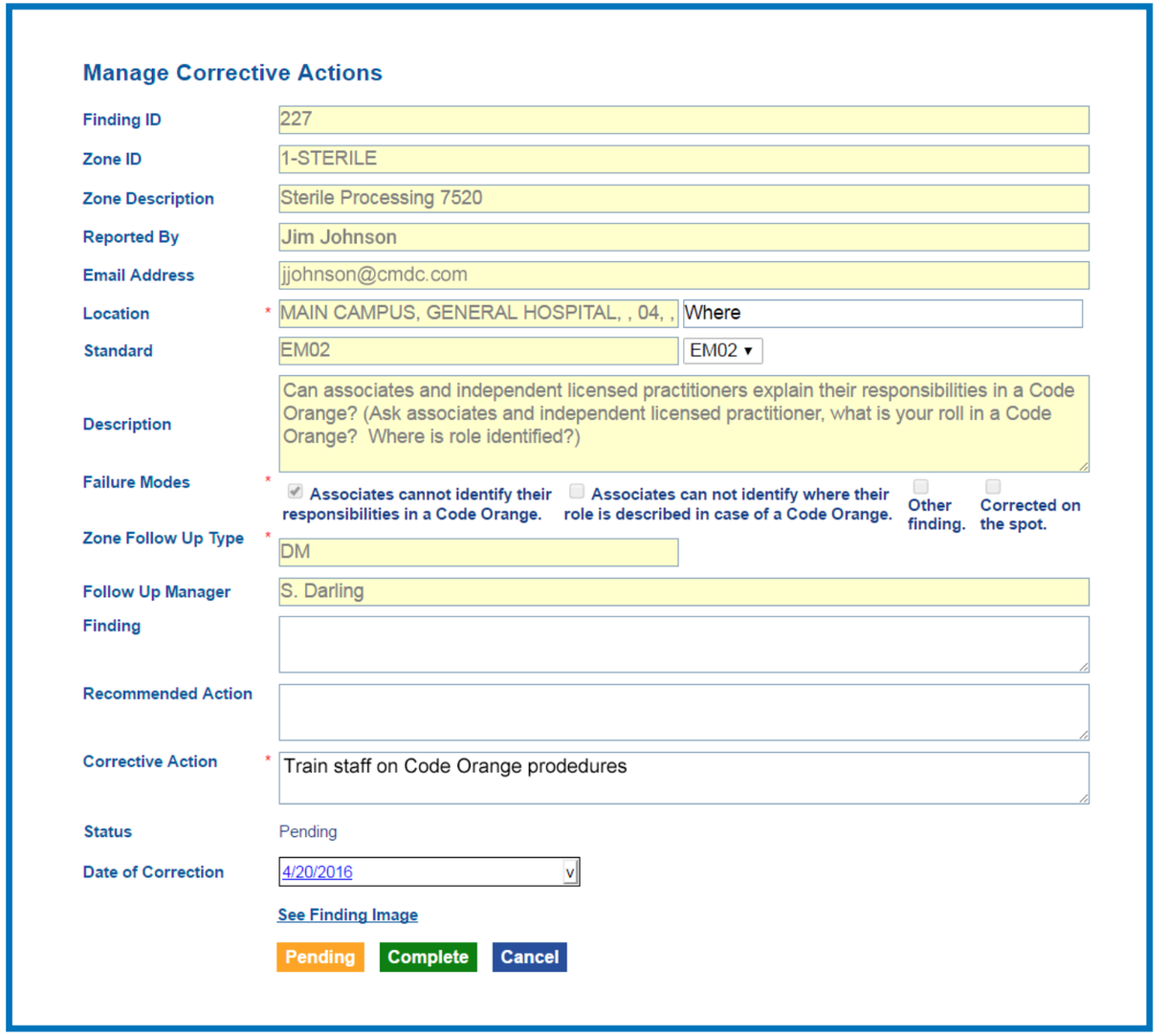
From Touring to Automatic Notifications



The Solution

From Automatic Notifications to Corrective Actions





The Solution

A Critical Safety Net: Escalation Notification Tables

1st Notice	2nd Notice	3rd Notice	4th Notice
Responsible Person	Responsible Person	Responsible Person	Responsible Person
Dept. Head	Supervisor	Supervisor	Supervisor
	Dept. Head	EOC Chair	EOC Chair
		Dept. Head	VP, Support Services
			COO
			Dept. Head

The Solution

Real-time Reports

Select report type:

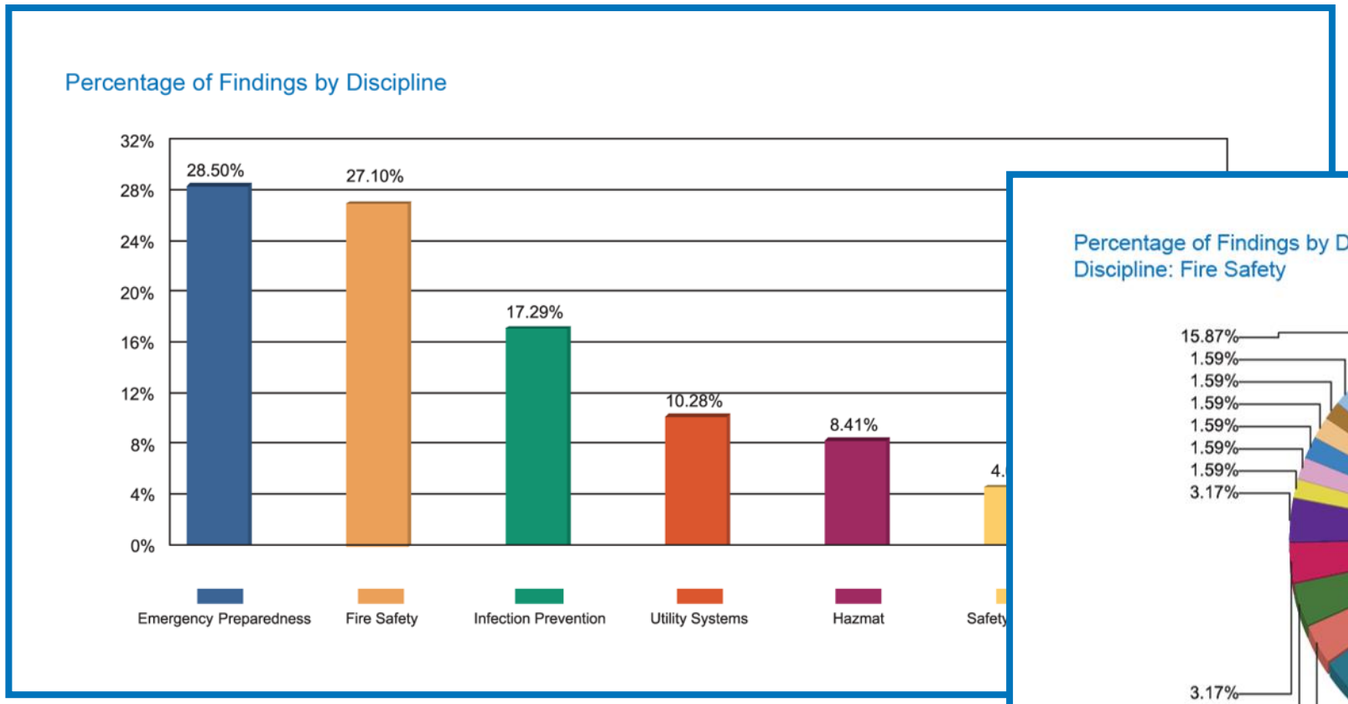
- Aging Report For Pending/Completed Findings
- Chart Query
- Discipline Summary Analysis By Zone
- Joint Commission Overview Report
- Scoring Report
- Summary Analysis By Organizational Structure
- Summary Analysis By Zone/Standard
- Trending Report
- Zones Completed/Missed Report
- Zones Due For Tour

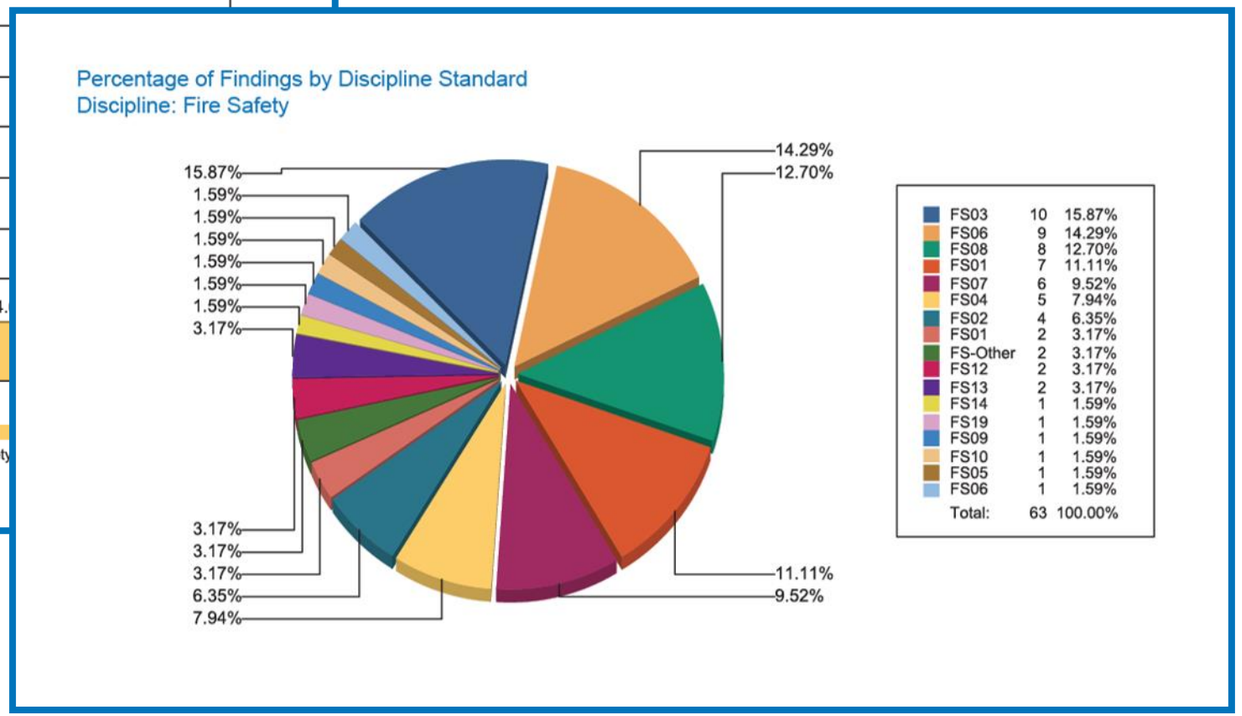
Aging Report - All Findings

Finding ID	Zone ID	Discipline Name	Standard	Finding	Date	Date of Correction	Time to Correct	Days Outstanding	Zone Description
2938	GC-40	Infection Prevention	IP-Other	OUTSIDE SHIPPING BOX FOUND.	07/27/2015	07/28/2015	1	0	Cardiac Rehab - Cost Center 4255
2939	1W-9	Safety & Security	SM15	EQUIPMENT STORE ROOM CLUTTERED.	08/07/2015	09/10/2015	34	0	Respiratory - Cost Center 4210
2940	1W-9	Safety & Security	SM19	UNSURE AS TO HOW OFTEN EYE STATION IS LOGGED.	08/07/2015	09/10/2015	34	0	Respiratory - Cost Center 4210
2941	1W-9	Safety & Security	SM-Other	CABINETS IN EQUIPMENT AND LAB ROOMS DO NOT CLOSE PROPERLY - DOOR FELL OFF OF ONE CABINET. ALSO THE WALL IN THE LAB IS PEELING AND HAS HOLES.	08/07/2015	08/24/2015	17	0	Respiratory - Cost Center 4210
2943	GC-45	Fire Safety	FS04	OUTLET BOXES ATTACHED TO CABLING COMING OUT OF AN ELECTRICAL PANEL.	08/07/2015	08/16/2015	9	0	Central Sterile - Cost Center 4100
2947	GC-45	Safety & Security	SEC06	DOOR ON CORRIDOR WITH LATCHING MECHANISM TAPED DOWN.	08/07/2015	08/16/2015	9	0	Central Sterile - Cost Center 4100
2950	GC-51	Fire Safety	FS04	DAISY CHAINED POWER STRIPS NEAR BACK DOOR.	08/07/2015	08/16/2015	9	0	Pharmacy - Cost Center 4080
2951	GC-51	Safety & Security	SM08	CLUTTER ON FLOOR IN EXIT HALLS.	08/07/2015	08/16/2015	9	0	Pharmacy - Cost Center 4080
2952	GC-51	Safety & Security	SM18	UNCERTAIN AS TO USE OF LOGGING.	08/07/2015	08/16/2015	9	0	Pharmacy - Cost Center 4080
2953	1W-9	Infection Prevention	IP-Other	clean storage room: blue bins holding supplies are dusty, shelves are dusty, no solid bottoms on some shelves, boxes on floor. Break room: fan is present. ICU lab: wall is damaged, sharps container not mounted on wall. wall next to sharps container is splashed with blood and so is the cabinet door under machine. no gowns and masks available	08/10/2015	09/17/2015	38	0	Respiratory - Cost Center 4210
2956	GC-51	Utility Systems	U-Other	Clutter on floor in exit path.	08/16/2015	01/04/2016	141	0	Pharmacy - Cost Center 4080
2958	GC-37	Safety & Security	SEC09	--	08/21/2015	08/24/2015	3	0	Gift Shop - Cost Center 7312

The Solution

Reliable Analytics





The Solution

Reliable Analytics (cont.)

Scoring Report - Pass Percentage

Discipline Name	1/2016 - 6/2016	7/2015 - 12/2015
Completed Zones/Total # of Zones	6/33	12/20
Emergency Preparedness	84.52%	97.92%
Fire Safety	93.59%	98.29%
Hazmat	96.15%	99.04%
Infection Prevention	98.68%	99.34%
Medical Equipment	Not Scored	99.17%
Methodist	Not Scored	Not Scored
Safety & Security	98.89%	99.44%
Utility Systems	98.61%	95.14%
Overall Composite % Score	71.31%	76.48%

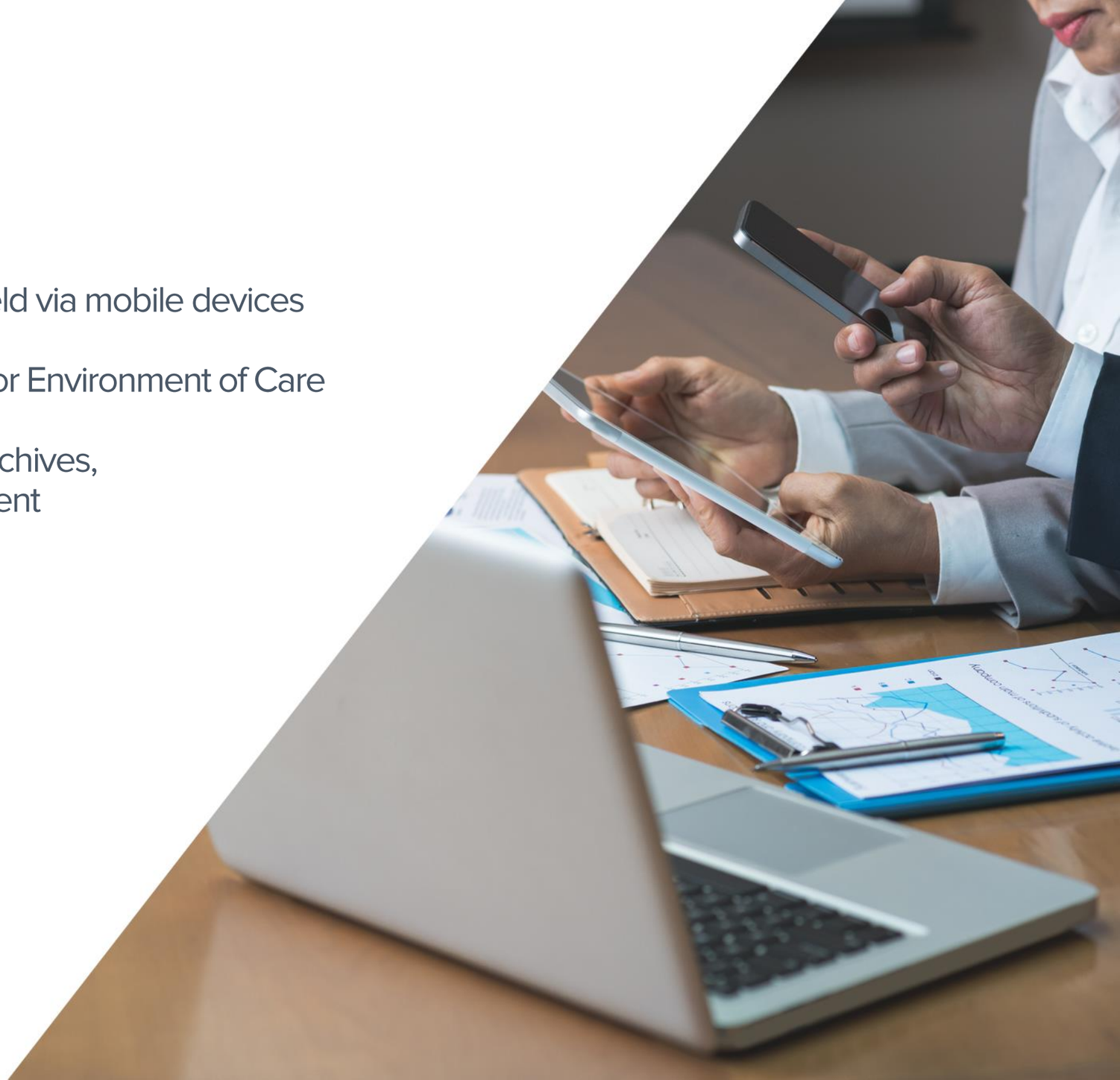
Trending Report - Showing Top 10

Standard	Description	Count
EM01	Do associates and independent licensed practitioners know how to initiate Code Blue? Ask associates, how do you initiate a Code Blue? Can associates identify Phone # and Code Blue button?	13
EM02	Can associates and independent licensed practitioners explain their responsibilities in a Code Orange? (Ask associates and independent licensed practitioner, what is your roll in a Code Orange? Where	11
FS03	Are egress hallways clear of all equipment? (Except for crash carts and in-use isolation carts. If left in the hallway, permitted equipment must be on the same side of the hallway to allow a clear pat	7
FS06	Are the fire extinguishers in area inspected monthly? (check tags looking for initials and dating)	7
EM04	Can associates and Independent licensed practitioners define their role in a Code Gray/ Black? Ask the associates, what is your role in CodeGray/ Black?	6
FS01	Can associates and independent licensed practitioners describe their full role and responsibility in a fire? Ask staff and Independent licensed practitioner: What is RACE? What is PASS? What extensio	6
FS04	All electrical hazards safeguarded and cords/plugs/outlets in good repair? (No extension cords, daisy-chained surge protectors, extension strips used or present in patient care area. No break or cuts	5
EM05	Can associates and independent licensed practitioners describe the meaning of a Code Purple? Associates should be able to describe how to report a Code Purple, their roll in a Code Purple.: including	5
IP04	Do associates and independent licensed practitioners explain how they would know if a patient has an MDRO? Where would they get that information?	5
EM08	Can staff articulate knowledge and procedure for Code Brown?	4
	Total:	**69**

Real Results

Wins for Novant Health

- **Real-time EOC data** gathered from the field via mobile devices
- **Access** to life safety plans to better monitor Environment of Care
- **Management reporting**, including plan archives, corrective action, performance improvement initiative, trending, and benchmarking
- **Tracking and analytics** to make informed decisions on performance improvement initiatives, plans, and policy updates
- **Integration** with existing work order solution



The Impact

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- **One single centralized solution** for managing and documenting all EOC activities
- **Quick access** to data with fully-customizable reports
- **More insightful analysis** to evaluate trends and benchmark performance
- **Automatic email notifications** to departments responsible for findings, plus escalation alerts
- **Automatic work order creation** allows for direct routing to maintenance staff
- **Better healthcare outcomes** due to a safer Environment of Care
- **Lower operational costs** for managing EOC rounding
- **Mitigation of risk** associated with non-compliance