



LakeCounty

Health Department and  
Community Health Center

# ANNUAL EVALUATION OF THE ENVIRONMENT OF CARE MANAGEMENT PLANS

Safety  
Security  
Fire Safety  
Utility Systems  
Hazardous Materials and Waste  
Medical Equipment  
Emergency Management

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Approval:  
Environmental Health and Safety (EHS) Committee

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## **Introduction**

The Lake County Health Department and Community Health Center (LCHD/CHC) Environment of Care (EC) is made up of three components: Buildings, Equipment, and People. The EC Plan describes the context used to manage physical risk associated with those three components. It also provides the framework for providing a safe and healthy environment for all staff, patients, clients and visitors at LCHD/CHC. The purpose of the EC Plan is to reduce the risk of injury to patients, staff, and visitors of LCHD/CHC. It is based on a plan, teach, implement, monitor, respond, and improve framework.

The LCHD/CHC EC Plan includes a management plan for each of the following six (6) EC functions required by the Joint Commission:

1. Safety Management
2. Security Management
3. Fire Safety Management
4. Hazardous Materials and Waste Management
5. Utility Systems Management
6. Medical Equipment Management

In addition, the LCHD/CHC Emergency Operations Plan (EOP) is an integral component of the EC Plan, ensuring the agency's overall preparedness for emergencies and disaster response.

These management plans are used to evaluate and manage the LCHD/CHC EC.

### **Purpose:**

The purpose of the annual evaluation is to measure and document the effectiveness of the LCHD/CHC EC Plan. It is used as an opportunity to develop or modify programs, SOPs, and policies; identify and implement additional or more effective controls; and enhance the Staff Orientation and Annual Refresher Training Programs.

There were several factors that influenced the direction of the EC Plan in 2018. The implementation of an Information Collection and Evaluation System (ICES) was a primary focus of the overall safety at LCHD/CHC and has had an impact on many specifics of the EC Plan. Deficiencies and risks identified in the EC were documented, evaluated, prioritized, and addressed appropriately.

Other priorities for the EC Plan in 2018 included:

- Standardization of Emergency Codes and implementation of the Emergency Action Plan (EAP)
- Implementation of an Incident and Safety Management System
- Improvement in overall safety at LCHD/CHC

The following were objectives of the EC Plan for 2018:

- Effectively manage EC risks by using best industry practices
- Improve monitoring, tracking, and trending of EC deficiencies and incidents throughout LCHD/CHC
- Improve staff performance through effective EC education and training
- Improve the EC emergency preparedness readiness at each LCHD/CHC site

Based on the progress toward the priorities identified in 2018, LCHD/CHC's internal priorities and regulatory requirements, all EC management plans were reviewed to assess performance and determine effectiveness of the overall EC Plan. As a result, each management plan will be updated in 2019 to help assure that all standards of the Joint Commission are met, and the following requirements addressed:

- Risk assessment
- Staff development
- Emergency response and procedures
- Inspection, testing, and maintenance
- Performance monitoring
- Annual evaluation
- Governing Council receives the annual review as part of their February meeting packet

### **Summary**

This report highlights the extent that the LCHD/CHC managed safety and health risks associated with the following three components of the environment of care in 2018:

- People
- Buildings
- Equipment

The report includes:

- An assessment of the scope of each EC management plan
- An assessment of the objectives of each of the EC management plan
- A review of all areas of LCHD/CHC EC Plan including the agency's emergency preparedness and response
- A summary of the effectiveness of performance efforts in 2018
- A summary of EC risks and deficiencies identified in 2018
- Recommendations and opportunities for improvement in 2019
- Goals and Objectives for 2019

## **Safety Management Plan**

### **Scope**

There were no major changes in:

- Buildings, grounds and equipment used to provide quality healthcare at LCHD/CHC
- Staff, patients, clients, vendors, contractors and visitors who use LCHD/CHC facilities
- Hours of operation
- Relevant laws, regulations, standards or guidelines

The only exception was that Zion Health Center moved into a new building and added Dental Services.

## Objectives

The 2018 objectives were:

- Effectively manage safety risk by using best industry practices
- Improve monitoring, tracking, and trending of incidents involving staff injury and property damage throughout LCHD/CHC
- Improve staff performance through effective environment of care education and training
- Improve the emergency preparedness readiness at each LCHD/CHC site

These objectives are consistent with LCHD/CHC 2018 Safety program goals and require no major modifications.

## Performance

Performance Indicator	Performance Objective	2017	Target 2018	2018	Goals 2019
Percentage of sites with deficiencies identified during monthly safety inspections.	Effectively manage safety risk by using best industry practices.	32%	14%	17.5	15%
Percentage of sites that complete the monthly safety inspections by the 10 <sup>th</sup> of each calendar month.		95%	100%	74%	95%
Number of Incident review meetings with a detailed review of all reported incidents within 30 days.	Improve monitoring, tracking, and trending of incidents involving staff injury and property damage throughout LCHD/CHC.	6	10	6	12

Percentage of staff that complete the annual OSHA training by December 31, 2018.	Improve staff performance through effective environment of care education and training.	83%	95%	61%	85%
Percentage of all new hires provided training on safety procedures/protocols in 2018.		100%	100%	100%	100%
Percentage of sites where staff can articulate how to report a safety hazard.	Improve the emergency preparedness readiness at each LCHD/CHC site.	94%	100%	Did not audit in 2018	95%

### **Effectiveness**

The following summarizes achievements and improvement efforts by LCHD/CHC in maintaining a successful Safety Management Plan in 2018.

### **Information Collection and Evaluation System (ICES)**

The ICES was moved to the Clarity Healthcare Safety Portal in March 2018. The purpose of the ICES is to continuously measure, assess and improve safety and environment of care functions at LCHD/CHC. It provides a platform for assuring the following required Joint Commission's EC accreditation activities:

- EC deficiency information collection and response
- Problem identification, resolution, and communication
- Follow-up on safety concerns and complaints

### **Improvement in Safety Documentation**

All required safety reports by safety officers were transitioned from paper-based forms in the Clarity Healthcare Safety Portal. This effort has helped improve safety documentation, reporting, and compliance. The following were also created on the HealthNet Safety page:

- Documentation of reports for required safety inspections, audits, and emergency drills
- Department wide safety equipment inventory
- Department-wide Hazardous Materials and Safety Data Sheet (SDS) inventory
- Safety Dashboard

### **Safety Officers Plan and Structure**

The 2018 Safety Officers Plan was created and rolled out to all safety officers in January 2018. The plan provided the structure and direction for the safety officers program and provided support for LCHD/CHC's corporate objectives and strategic goals.

### **Safety Performance Metrics**

Key Performance Indicators (KPIs) were developed for the Safety program and included in the LCHD/CHC Quality KPIs. This effort helped with safety performance monitoring and improvement.

### **Safety Incident Management System**

The Healthcare SafetyZone Portal by Clarity Group, Inc contract was executed in June 2017 and the system was implemented in March 2018.

### **LCHD/CHC Incident Management Program (Closing the Loop)**

A collaboration was initiated with Human Resources (HR), Clinical Operations, and Facilities in January 2018, to review and "close the loop" on all reported incidents at LCHD/CHC. Part of this effort is the standardization of incident analysis through risk prioritization and follow-up on recommendations. Two working groups were created in June 2018 to assist in closing the loop for incident reports: one group is responsible for all patient related incidents and the other group is responsible for reviewing all other incident reports.

### **Standardization of LCHD/CHC Emergency Codes**

The LCHD/CHC standardized emergency codes were adopted and implemented in February 2018. This effort helped to increase transparency of emergency communications and safety protocols at LCHD/CHC. It also promoted the safety of patients, visitors, and staff. An EAP was also created and distributed to all LCHD/CHC facilities. Staff were also provided with the Emergency code badge buddies. Training was provided to staff on the various types of emergencies addressed in the EAP.

### **Safety Risks Management Activities**

The following table summarizes safety risks management activities by LCHD/CHC in maintaining a successful Safety Management Plan:



<b>Safety Risk Management Activity</b>	<b>Process</b>	<b>Status</b>	<b>Evidence/Action Plan</b>
Plan	Identify an individual to manage risk, coordinate risk reduction activities, collect deficiency information and disseminate summaries of actions and results.	Met	Performed by the Safety Coordinator. New Safety Coordinator was hired in May of 2018.
Plan	Identify an individual to intervene in the event of an immediate threat to life, health or property.	Met	Performed by the Safety Coordinator.
	Maintain a comprehensive Safety Management Plan.	Met	Performed by the Safety Coordinator. The Plan is currently being updated to align with LCHD/CHC priorities and current regulatory requirements.
Teach	Maintain education and training programs to teach staff the methods for eliminating hazards and minimizing risks within the workplace, how to respond to an emergency, and how to report safety hazards.	Met	All new hires are provided safety orientation and training during the first week of hire by HR and the safety officers and at the quarterly agency orientation by the Safety Coordinator.
Implement	Conduct monthly safety inspections and periodic assessments to identify and prioritize safety and health hazards requiring corrective action.	Met	Performed by the safety officers at each site. Reports are documented in HealthNet Safety page.

	Conduct focused risk assessments to eliminate hazards or manage risk when hazards cannot be eliminated.	Met	Based on hazards, risks or deficiencies identified during the monthly safety inspections, focused risk assessments are performed, and appropriate actions taken.
Implement	Maintain all grounds and equipment.	Met	Performed by Facilities.
	Enforce the LCHD/CHC Tobacco/No-Smoking Policy.	Met	Performed by HR.
	Maintain interior spaces in a safe manner and according to the needs of the patients.	Met	Performed by Facilities.
	Maintain lighting that is suitable for care, treatment, and services.	Met	Performed by Facilities.
	Maintain ventilation, temperature, and humidity levels suitable for care, treatment and services provided.	Met	Performed by Facilities.
	Maintain patient care areas in a clean and odor free manner.	Met	Performed by Facilities/Housekeeping.
	Maintain furnishings and equipment in a safe manner and in good repair.	Met	Performed by Facilities.
Respond	Respond to all product notices and recalls.	Met	Performed by Clinical Compliance Manager.

	Report and investigate injuries and occupational illnesses and property damage.	Met	Monitored by Safety Coordinator and documented in the Incident Report System.
Monitor	Conduct inspections of all work areas within prescribed timeframes to identify deficiencies, hazards and unsafe work practices.	Met	Performed by Safety Officers.
	Monitor safety during all emergency response exercises.	Met	Performed by Safety Officers and Safety Coordinator.
	Review the organizational safety policy and procedures as frequently as necessary, but not less than every three years.	Met	Performed by Safety Coordinator, Clinical Operations and HR. Various safety policies were reviewed and updated in 2018 (found on HealthNet). Will be included as task for EHS committee in 2019.
	Evaluate the Safety Management Plan within prescribed time frames.	Met	Performed by the EHS committee.
	Appoint representatives from Clinical Operations, Business Operations and Prevention to the EHS committee.	Met	The EHS committee was restructured in 2018 and a charter was created.
	Analyze data to identify and resolve safety issues in the EHS Committee meetings.	Met	Performed during EHS Committee meetings. Documented in meeting minutes (stored on HealthNet Safety Page)

Monitor	Recommend to leadership annually one or more priorities for improving the physical environment.	Met	Reports are provided to the Director of Business Operations and HR Leadership. Reports are documented on HealthNet Safety page.
Improve	Verify that safety issues presented to the EHS Committee are effectively resolved.	Met	Reports are provided to the Director of Business Operations and HR Leadership. Reports are documented on HealthNet Safety page.
	Evaluate the effectiveness of actions taken to resolve safety issues.	Met	Reports are provided to the Director of Business Operations and HR Leadership. Reports are documented on HealthNet Safety page.
	Report performance improvement results to Leadership.	Met	Reports are provided to the Director of Business Operations and HR Leadership. Reports are documented on HealthNet Safety page.

### Safety Risk and Deficiencies

The following safety risks were identified in the ICES and addressed in 2018:

Risk Description	Risk Level	Mitigation Plan	Status
Lack of standardized crisis response team and protocol for behavioral health and medical emergencies at 3010 Grand.	High	Collaborate with Clinical Operations to create Crisis Response team and protocol for behavioral health and medical emergencies.	Complete. A Rapid Response Team protocol was created on 12/04/17 and submitted to Clinical Operations Leadership for approval and implementation.

Medication errors at LCHD clinics.	High	Advised Clinical Operations on clinic-wide medication FMEA.	In progress. Clinical Operations is working on a larger FMEA project that will include addressing medication errors.
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### **Recommendations and Opportunities for Improvements**

Based on the safety data contained in the EC ICES, the following leadership actions will improve the Safety Management Plan in 2019:

1. Implement a risk registry to actively manage hazards and minimize risks within the EC.
2. Develop policy for clinical staff vaccinations.
3. Establish a process to ensure that data from the ICES are utilized for performance monitoring and improvement.
4. Update the Safety Management Plan and overall LCHD/CHC EC Plan.
5. Increase capacity for the Safety Program to assure adequate:
  - a. Collecting information about EC issues
  - b. Conducting risk management activities
  - c. Communicating the results of these activities

The Safety Coordinator will implement the action plans by January 30, 2019. Ongoing monitoring of data and results will be reported to the EHS Committee quarterly.

## **Security Management Plan**

### **Scope**

There were no major changes in:

- Buildings, grounds and equipment used to provide quality healthcare at LCHD/CHC
- Staff, patients, clients, vendors, contractors and visitors who use LCHD/CHC facilities
- Hours of operation
- Relevant laws, regulations, standards or guidelines

The only exception was that Zion Health Center moved into a new building and added Dental Services.

### **Objectives**

The 2018 objectives were:

- Effectively manage security risk by using best industry practices
- Improve monitoring, tracking, and trending of security incidents throughout LCHD/CHC

- Improve staff performance through effective security education and training
- Improve the security emergency preparedness readiness at all LCHD/CHC sites

These objectives are consistent with LCHD/CHC 2018 security program goals and require no major modifications. Also, the following performance objectives implemented in 2018 will be maintained or improved in 2019.

#### Performance

Performance Objective	Performance Indicator	Current 2018	Target 2018	2018	Goals 2019
Effectively manage security risk by using best industry practices.	Percentage of spot checks performed by Materials Management on security guard rounds that met set objectives.	<b>52 (1 per week)</b>	<b>100%</b>	<b>52</b>	<b>52</b>
Improve monitoring, tracking, and trending of security incidents throughout LCHD/CHC.	Percentage of preventable security incidents reviewed and managed quarterly.	<b>TBD</b>	<b>TBD</b>	<b>100%</b>	<b>100%</b>
Improve staff performance through effective security education and training.	Number of additional staff trained in CPI.	<b>411</b>	<b>100</b>	<b>35</b>	<b>80</b>
	Percentage of all staff that completed the Standardized Emergency Codes training by the stipulated deadline.	<b>74%</b>	<b>90%</b>	<b>76%</b>	<b>85%</b>
Improve the security emergency preparedness readiness at all LCHD/CHC sites.	Percentage of sites where staff can articulate responding to a security alert.	<b>88%</b>	<b>100%</b>	<b>Did not audit 2018</b>	<b>90%</b>

#### Effectiveness

The following summarizes achievements and improvements by LCHD/CHC in maintaining a successful Safety Management Plan.

#### Increased Security Surveillance

Periodic foot-patrols of building interiors, exteriors and parking areas were conducted by the security guards at the respective LCHD/CHC sites. The following were also implemented:

- P3 system for check in/out and routing, including barcodes, placed in strategic areas at LCHD/CHC sites that have security guards was instituted in June 2018.

- Security guards are trained to use the P3 Unit for initial check in when reporting for their shift and check out at the completion. This procedure includes taking a picture of themselves that is date and time stamped.
- Security guards were instructed to perform a minimum of 3 routes during their shift which includes the perimeter of the buildings and parking lots.
- Security guards were instructed to use the P3 unit when an incident report is required.
- Materials Management staff can obtain reports for each location to audit arrival and departure times of each of the security guards as well as the routes conducted during their shift. Additional security cameras and videos were added to various sites, increasing the number of sites with video surveillance and security.

### **Crisis Prevention Institute (CPI) Conflict Resolution Training**

Staff were trained in the CPI Conflict Resolution Training. The training provides staff with violence prevention and crisis intervention techniques developed by the CPI. It also provides staff with an organized understanding of how behaviors escalate and how to safely respond to those behaviors. It enhances their skills and ability to effectively deal with irrational, angry, and hostile people both internal and external to the workplace. Refresher training will be provided to staff every two (2) years.

### **Improved Patient Identification**

The procedures and protocols for a patient without picture identification was reviewed. As a result, the MIS/HER team installed cameras on the computers used for patient registration.

### **Security Risk Management Activities**

The following table summarizes security risk management activities by LCHD/CHC in maintaining a successful Security Management Plan:

<b>Security Risk Management Activity</b>	<b>Process</b>	<b>Status</b>	<b>Evidence/Action Plan</b>
Plan	Develop written procedures for responding to security incidents.	Met	Contained in the EAP and available at each LCHD/CHC location.
	The agency acts to minimize or eliminate security risks in the physical environment.	Met	Placement of contracted security guards at locations based on need. Presence of after-hours alarm systems at all locations to deter unauthorized entrance into facility.

	Maintain a comprehensive Security Management Plan.	Met	Performed by HR. The Plan is currently being updated to align with LCHD/CHC priorities and current regulatory requirements.
Teach	Maintain education and training programs to teach staff the methods for eliminating security hazards and minimizing security risks within the workplace, how to respond to an emergency, and how to report security issues/concerns.	Met	Crisis Prevention and Security Alert response trainings are provided to staff. Attendance is documented in BOSS.
Implement	Identify and control access to security sensitive areas.	Met	Medication rooms are kept under locked conditions. Medical Records file rooms are located out of the regular direct access of patients, clients and visitors, and are monitored by Health Information Management staff. Utility rooms, mechanical rooms and closets are kept under locked conditions.
	Provide access to emergency vehicles by entrance areas.	Met	All entrances are kept free from obstructions. For locations with parking lots, parking is not allowed in front of doors by means of signs or lot markings.



	Identify all staff, patients, clients and visitors entering LCHD/CHC buildings.	Met	All staff are issued ID cards and are expected to wear them. Will initiate audits to monitor compliance. Patients and clients are asked two identifiers during appointments. Cameras have been installed on computers to take patient/client pictures during registration.
Respond	Address security concerns and incidents involving patients, clients, visitors, and staff.	Met	All security incidents are reported and reviewed by HR with the affected program/department. After action plans are created and communicated.
Monitor	Evaluate the Security Management Plan within stipulated timeframe.	Met	Performed by the EHS committee.
	Conduct risk assessments to identify and prioritize security risks for corrective action.	Met	Done as part of the HVA conducted by the EHS committee in December 2018. Documentation is on the HealthNet Safety page.
Improve	Report performance improvement results to Leadership.	Met	Reports are provided to the Director of Business Operations and HR Leadership. Reports are documented on HealthNet Safety Page.

## **Recommendations and Opportunities for Improvement**

Based on the security data contained in the EC information collection and evaluation system, the following actions will improve the Security Management Plan in 2018:

- Perform audits to verify staff are wearing their identification badges at work.
- Conduct a comprehensive security risk assessment of the 3010 Grand Building to review entry access into the building.
- Continue to improve staff awareness and training to recognize potentially violent situations and effectively use de-escalation techniques to prevent injuries resulting from aggressive patient behavior.
- Update the Security Management Plan.

HR will implement the action plans by January 30, 2018. Ongoing monitoring of data and results will be reported to the EHS committee quarterly.

## **Fire Safety Management Plan**

### **Scope**

There were no major changes in:

- Buildings, grounds and equipment used to provide quality healthcare at LCHD/CHC.
- Staff, patients, clients, vendors, contractors and visitors who use LCHD/CHC facilities.
- Hours of operation.
- Relevant laws, regulations, standards or guidelines.

The only exception was that the Zion Health Center moved into a new building and added Dental Services.

### **Objectives**

The 2018 objectives were:

- Effectively manage fire safety risk by using best industry practices
- Improve fire safety process throughout LCHD/CHC
- Improve staff performance through effective fire safety education and training
- Improve the fire safety emergency preparedness readiness at all LCHD/CHC sites

These objectives are consistent with LCHD/CHC 2018 Facilities goals and require no major modifications. Also, the following performance objectives implemented in 2018 will be maintained or improved in 2019.

## Performance

Performance Objective	Performance Indicator	2018	Target 2018	2018	Goal 2019
Effectively manage fire safety risk by using best industry practices.	Percentage of sites with inventory of fire safety equipment.	100%	100%	100%	100%
Improve fire safety process throughout LCHD/CHC.	Percentage of fire safety deficiencies identified and corrected promptly.	95%	95%	100%	100%
Improve staff performance through effective fire safety education and training.	Percentage of staff trained on the updated Fire Response Plan.	74%	100%	100%	95%
	Percentage of sites that conduct and document all required fire drills by the expected deadline.	95%	100%	33%	95%
Improve the fire safety emergency preparedness readiness at all LCHD/CHC sites.	Percentage of sites where staff can articulate responding to a fire emergency.	71%	90%	Did not audit in 2018	85%

## Effectiveness

The following summarizes achievements and improvements by LCHD/CHC in maintaining a successful Fire Safety Management Plan.

## Building Score Card

The Facilities department created and implemented a Building Safety Score Card to manage Life Safety Code (LSC) risk and ensure prompt correction of LSC deficiencies in Facilities-related areas.

## Risk Assessment and Preventive Maintenance

Inspections and preventive maintenance of all required fire safety equipment was conducted and completed as scheduled. The Safety Officers also conducted the monthly inspection of the fire safety equipment.

## Fire Safety

A written fire response plan was created and included on the LCHD/CHC EAP. The fire response plan describes what actions staff are expected to take during a fire. Training was also provided to staff on the fire response plan.

The fire drill process was improved to include the use of an evaluation form to assess performance during the fire drill. Also, a fire drill matrix adopted from the Joint Commissions was implemented to track the fire drills and to monitor variations between shifts and days. While there was significant improvement with the documentation and evaluation of the fire drills, the fire drill matrix revealed the need for better coordination of the fire drills to ensure variation between shifts and days. Training will be provided to all Safety Officers annually in January to ensure compliance.

A Fire Watch Procedure was created by the Facility Manager to address the procedure to follow when a building is experiencing a fire watch.

### **Fire Safety Risk Management Activities**

The following table summarizes fire safety risk management activities by LCHD/CHC in maintaining a successful Fire Safety Management Plan:

<b>Fire Safety Risk Management Activity</b>	<b>Process</b>	<b>Status</b>	<b>Evidence/Action Plan</b>
Plan	Develop written procedures for responding to fire safety incidents.	Met	The Fire Response Plan is contained in the EAP and available at each LCHD/CHC location.
	Maintain a comprehensive Fire Safety Management Plan.	Met	Performed by Facilities. The Plan is currently being updated to align with LCHD/CHC priorities and current regulatory requirements.
Teach	Maintain education and training programs to teach staff the methods for eliminating fire safety hazards and minimizing risks within the workplace, how to respond to an emergency, and how to report fire safety issues/concerns.	Met	All new staff are oriented on the Fire Response Plan and evacuation procedures. Training is conducted to address specific roles and responsibilities of staff in the incidence of a fire.

Implement	Annual inspecting, testing and maintenance of fire protection and fire safety systems, equipment and components	Met	Fire extinguishers are serviced annually by a licensed outside vendor. Smoke detectors, alarms, initiating devices, audible and visible devices are tested on a quarterly basis. Sprinkler systems are tested for pressure and backflow prevention on an annual basis.
	Maintain free and unobstructed access to all exits	Met	Verified during routine walk-throughs by Facilities and monthly Safety inspections by safety Officers.
Implement	Conduct fire drills and evaluate staff performance.	Partially Met	Quarterly fire drills are conducted per shift in the residential programs, while the Business occupancy programs conducted two fire drills per year. All fire drills are evaluated and documented. Percentage of drill lower than required.
Respond	Report and investigate fire safety deficiencies, failures and user errors as they occur.	Met	Maintenance work orders are generated whenever deficiencies or failures occur. All fire safety deficiencies are reported to and investigated by Facilities. Need to provide quarterly reports to EHS committee on performance indicators in 2018.
Monitor	Evaluate the Fire Safety Management Plan within stipulated timeframe.	Met	Performed by the EHS committee.

	Documentation of testing of Fire Safety Code and all detection equipment on a scheduled basis.	Met	Schedule and implementation of fire safety equipment testing is handled by Facilities. Need to provide quarterly reports to EHS committee on performance indicators.
Improve	Report performance improvement results to Leadership.	Met	Reports are provided to the Director of Business Operations and HR Leadership. Reports are documented on HealthNet Safety Page.

### Recommendations and Opportunities for Improvement

Based on the fire safety data contained in the EC ICES, the following actions will improve the Fire Safety Management Plan in 2019:

- Continue review of the building score card for facilities areas.
- Change building emergency and parking lot lights to LED lighting as they need replacement.
- Train Safety Officers on the use of the Fire Drill Matrix to ensure variation between shifts and days.
- Continue to evaluate fire drills and address deficiencies identified during the drills.
- Provide status reports of testing of Fire Safety Code and preventive maintenance all detection equipment in the EHS committee meetings.
- Review and update the written Fire Response Plan as needed.

## Utility Systems Management Plan

### Scope

There were no major changes in:

- Buildings, grounds and equipment used to provide quality healthcare at LCHD/CHC.
- Staff, patients, clients, vendors, contractors and visitors who use LCHD/CHC facilities.
- Hours of operation.
- Relevant laws, regulations, standards or guidelines.

The only exception was that the Zion Health Center moved into a new building and added Dental Services.

## Objectives

The 2018 objectives were:

- Effectively manage utility systems risks by using best industry practices
- Improve monitoring, tracking, and Utility Failure incidents throughout LCHD/CHC
- Improve staff performance through effective utility system education and training
- Improve the utility system emergency preparedness readiness at all LCHD/CHC sites

These objectives are consistent with LCHD/CHC 2018 Utility Systems goals and require no major modifications. Also, the following performance objectives implemented in 2018, will be maintained or improved in 2019.

## Performance

Performance Objective	Performance Indicator	2017	Target 2018	2018	Goal 2019
Effectively manage utility system risks by using best industry practices.	Percentage of preventive maintenance completed on time.	95%	95%	System detail unavailable	95%
Improve monitoring, tracking, and trending of utility system incidents throughout LCHD/CHC.	Percentage of utility systems incidents that are reviewed and managed by Facilities quarterly.	100%	100%	100%	100%
Improve staff performance through effective utility system education and training.	Percentage of new hires trained on utility systems failure response plan.	100%	100%	100%	100%
Improve the utility systems emergency preparedness readiness at all LCHD/CHC sites.	Percentage of sites where staff can articulate responding to a utility systems failure.	100%	100%	Did not audit 2018	95%

## Effectiveness

The following summarizes achievements and improvements by LCHD/CHC in maintaining a successful Utility Systems Management plan.

## Preventive Maintenance and Inspections

Required preventive maintenance and Inspection were conducted on the utility systems.

### Utility System Risk Management Activities

The following table summarizes utility system risk management activities by LCHD/CHC in maintaining a successful Utility Systems Management plan:

Utility Systems Risk Management Activity	Process	Status	Evidence/Action Plan
Plan	Develop written procedures for responding to utility Systems failures.	Met	The utility systems failure response plan is contained in the EAP. Available at each LCHD/CHC location.
Plan	Maintain a comprehensive Utility Systems Management Plan.	Met	As a whole, the County of Lake handles the administration of the utilities system, which includes the identification, evaluation, and inventory process of the utility systems. The general maintenance, installation and repairs are provided through LCHD/CHC Business Operations. The Plan is currently being updated to align with LCHD/CHC priorities and current regulatory requirements.
Teach	Maintain education and training programs to teach staff the methods for eliminating hazards and minimizing risks related to utility systems within the workplace, how to respond to utility system failures, and how to report utility system safety hazards.	Met	All new staff are oriented on the utility systems failure response plan. Training is conducted Orientation.



Implement	Assess and minimize the risks of utilities failures and ensuring the operational liability of utility systems through inspection, testing, and maintenance of critical operating components and the education of users and maintainers of utility systems.	Met	An annual formal inspection completed through the LCHDCHC Facility Manager, which results in a report of findings and recommendations upon which subsequent plans for corrective action are developed and implemented. A monthly evaluation by the Safety Officer of exit light functionality, reception of the emergency weather radio system test and a test of the emergency exit lights. An annual contract with a local heating and ventilation contractor to perform regular inspections and immediate service when required. Local electrical and plumbing contractors are used for general service and emergency response needs.
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Implement	Maintain a current, accurate inventory of operating components of the utility systems.	Met	Facility department maintains a written process to identify, evaluate, and inventory operating components of utility systems. A written Facility Emergency Information sheet is available for all LCHD sites, which identifies the location for domestic water, shut off as well as exit, emergency lighting, phone and computer systems. The labeling of each facility's domestic water shut-offs is by assured by Facility department.
Respond	Report and investigate utility systems deficiencies, failures and user errors as they occur.	Met	All utility systems deficiencies are reported to and investigated by Facilities. Maintenance work orders are generated whenever deficiencies occur. Need to provide quarterly reports to EHS committee on performance indicators in 2018.
Respond	Implement measures for alternate means of providing electricity, water, fuel, etc. until necessary utility systems repair, or corrections are completed during a utility system emergency.	Met	Performed by Facility department.
Monitor	Evaluate the Utility Systems Management Plan within stipulated timeframe.	Met	Performed by the Facility Manager.

Improve	Evaluate the effectiveness of actions taken to resolve utility systems deficiencies and failures.	Met	Performed by Facility Manager. Need to provide reports on data analyzed to identify and resolve utility systems deficiencies, failures and user errors in the EHS committee meetings.
	Report performance improvement results to Leadership	Met	Performed by Facility Manager.

### **Recommendations and Opportunities for Improvement**

Based on the security data contained in the EC information collection and evaluation system, the following actions will improve the Security Management Plan in 2019:

- Ongoing deferred maintenance per the Facilities and Operations Maintenance Plan that looks at all systems and structures of the agency's buildings and campuses will continue. Two HVAC chillers for air conditioning at BMB will be removed and replaced. And, a minimum of ten individual HVAC room heaters/AC will be removed and replaced at the Annex.
- Provide reports on data analyzed to identify and resolve utility systems deficiencies, failures and user errors in the EHS committee meetings.

The Facility Manager will implement the action plans by January 30, 2019. Ongoing monitoring of data and results will be reported to the EHS committee quarterly.

## **Hazardous Materials and Waste Management Plan**

### **Scope**

There were no major changes in:

- Buildings, grounds and equipment used to provide quality healthcare at LCHD/CHC
- Staff, patients, clients, vendors, contractors and visitors who use LCHD/CHC facilities
- Hours of operation

- Relevant laws, regulations, standards or guidelines

The only exception was that the Zion Health Center moved into a new building and added Dental Services.

## Objectives

The 2018 objectives were:

- Effectively manage Hazardous Materials and Waste (HMW) risks by using best industry practices
- Improve monitoring, tracking, and trending of HMW incidents throughout LCHD/CHC
- Improve staff performance through effective HMW education and training
- Improve the HMW emergency preparedness readiness at all LCHD/CHC sites

These objectives are consistent with LCHD/CHC 2018 HMW program goals and require no major modifications. Also, the following performance objectives implemented in 2018 will be maintained or improved in 2019.

## Performance

Performance Objective	Performance Indicator	2017	Target 2018	Current 2018	Target 2019
Effectively manage HMW risks by using best industry practices.	Percentage of LCHD/CHC sites with complete Safety Data Sheets (SDS).	74%	100%	Did not audit 2018	85%
Improve monitoring, tracking, and trending of HMW incidents throughout LCHD/CHC.	Percentage of HMW issues/incidents reviewed and addressed in the fiscal year.	100%	100%	100%	100%
Improve staff performance through effective HMW education and training.	Percentage increase of sites where staff can articulate information on Hazmat present at the site.	82%	100%	Did not audit 2018	90%
Improve the HMW emergency preparedness readiness at all LCHD/CHC sites.	Percentage increase of sites where staff can articulate responding to a hazardous spill.	94%	100%	Did not audit 2018	95%

**Effectiveness**

The following summarizes achievements and improvements by LCHD/CHC in maintaining a successful HMW Management Plan:

**Centralized Hazardous Material Inventory**

A centralized hazardous material inventory project was implemented in April 2018. Each LCHD/CHC facility is required to review and update their current SDS inventory annually.

**HMW Data in ICES**

Information on Spill kit deficiencies were included in the ICES. A result, approved spill kits were made available at all LCHD/CHC sites.

The Respiratory Protection Program was updated to include the coding of staff positions with appropriate TB/Fit Testing requirement and level of TB risk.

**Spill Response Procedures**

Procedures for responding to hazardous spill was updated and included in the LCHD/CHC EAP. Staff were provided training on the response procedures.

**Hazardous Materials and Waste (HMW) Risk Management Activities**

The following table summarizes HMW risk management activities by LCHD/CHC in maintaining a successful HMW Management plan:

<b>HMW Risk Management Activity</b>	<b>Process</b>	<b>Status</b>	<b>Evidence/Action Plan</b>
Plan	Maintain a comprehensive HMW Management Plan.	Partially Met	The Safety Coordinator is working on the comprehensive HMW Management Plan.

Teach	Maintain education and training programs to teach staff the methods for working safely with HWM, eliminating hazards, minimizing risks within the workplace, how to respond to an emergency, and how to report HWM hazards.	Met	All new LCHD/CHC employees receive basic blood borne pathogen education during general orientation. More program specific training is provided in programs areas with emphasis on individual positions in relation to waste management and infection control during the orientation period. Topics covered in the training include hand washing and infection control, use and disposal of personal protective equipment, sharps safety program, exposure control plan and actions following exposure, use of spill kit to clean up chemical or blood borne pathogen spills, hazard communication labeling, SDS forms and regulated waste handling and disposal. Latex allergy information and prevention strategies are provided. Each employee completes a latex sensitivity assessment.
Implement	Maintain a current, written HMW inventory.	Partially Met	The safety Coordinator implemented a centralized inventory of the SDS on the HealthNet Safety page. Information on hazardous waste generated from each LCHD/CHC needs to be included to the inventory.

	Manage chemical waste, regulated bio-hazardous or infectious waste, including sharps.	Partially Met	Monitoring and documentation process was not evaluated in 2018. Need capacity to implement efforts in 2019.
	Conduct risk assessments to eliminate HMW hazards or manage risk when hazards cannot be eliminated.	Met	Performed by Facilities through the annual risk assessment.
Respond	Report and investigate all HMW spills and exposures or other incidents that involve clients, visitors, employees or property.	Met	All HMW related incidents are reported and addressed via LCHD/CHC incident reporting system. Need to provide reports on data analyzed to identify and resolve HMW incidents in the EHS committee meetings.
Monitor	Evaluate the HMW Management Plan within stipulated timeframe.	Met	Performed by the Safety Coordinator.
	Maintain manifest and SDS.	Partially Met	Evaluation of monitoring and documentation process was not completed in 2018. Need capacity to implement efforts in 2019.

	Monitor controls to protect staff who manage or regularly have contact with HWM.	Met	Employees in jobs categorized as at risk for blood borne pathogen exposure are given training related to Hepatitis B immunization. Those in jobs at risk for exposure to tuberculosis or other Airborne Diseases are managed through the respiratory protection program. Use of Personal Protective Equipment is monitored through an observation audit. New employees are monitored during the orientation period and general staff are monitored periodically. Need to provide status reports in the EHS committee meetings.
Improve	Analyze data to identify and resolve HMW issues in the EHS committee.	Met	HMW issues and deficiencies are addressed appropriately.
	Evaluate the effectiveness of actions taken to resolve HMW issues.	Met	Assured by the safety officers and clinical compliance staff.
	Report performance improvement results to Leadership	Met	Reports are provided to the Director of Business Operations and HR Leadership. Reports are documented on HealthNet Safety Page.

### Recommendations and Opportunities for Improvement

Based on the HMW data contained in the EC ICES, the following actions will improve the HMW Management Plan in 2018:



- Clinical Operations to evaluate through audits, controls to protect staff who manage or regularly have contact with HWM (TB/Fit Testing, PPE etc.). Status reports to be provided in the EHS committee meetings.
- Increase capacity to address monitoring and documentation of hazardous waste management process.
- Improve staff awareness and training on Hazardous Communication.
- Provide reports on data analyzed to identify and resolve HMW incidents in the EHS committee meetings.

The Clinical Operations department and the Safety Coordinator will implement the action plans by January 30, 2019. Ongoing monitoring of data and results will be reported to the EHS committee quarterly.

## **Medical Equipment Management**

### **Scope**

There were no major changes in:

- Buildings, grounds and equipment used to provide quality healthcare at LCHD/CHC
- Staff, patients, clients, vendors, contractors and visitors who use LCHD/CHC facilities
- Hours of operation
- Relevant laws, regulations, standards or guidelines

The only exception was that the Zion Health center moved into a new building and added Dental Services.

### **Objectives**

The 2018 objectives were:

- Effectively manage Medical Equipment risks by using best industry practices
- Improve monitoring, tracking, and trending of Medical Equipment incidents throughout LCHD/CHC
- Improve staff performance through effective Medical Equipment education and training
- Improve the Medical Equipment readiness at all LCHD/CHC sites

These objectives are consistent with LCHD/CHC 2018 Medical Equipment Management Plan goals and require no major modifications. Also, the following performance objectives implemented in 2018 will be maintained or improved in 2019.

## Performance

Performance Objective	Performance Indicator	2017	Target 2018	Current 2018	Goal 2019
Effectively manage Medical Equipment risk by using best industry practices.	Percentage of preventive maintenance, checks, completed on time	Baseline being established	90	95%	95%
Improve monitoring, tracking, and trending of Medical Equipment incidents throughout LCHD/CHC.	Number of corrective maintenance activities resulting from user error or failure	Baseline being established	TBD	Not tracked in 2018	
Improve staff performance through effective Medical Equipment education and training.	Percentage of clinical staff trained on medical equipment policies/procedures	Baseline being established	TBD	Policy not reviewed in 2018	
Improve the Medical Equipment readiness at all LCHD/CHC sites.	Number of staff complaints related to medical equipment failures/malfunction received each quarter	Baseline being established	TBD	0	0

## Effectiveness

The following summarizes achievements and improvements by LCHD/CHC in maintaining a successful Medical Equipment Management plan:

- Centralization of recall process completed and documented in revised policy
- Standardization of medical/dental supplies and equipment and an associated process for adding new items to the list
- New policy/procedure was created and disseminated for medical equipment maintenance

### Medical Equipment Risk Management Activities

The following table summarizes the medical equipment risk management activities by LCHD/CHC in maintaining a successful Medical Equipment Management Plan:

Medical Equipment Risk Management Activity	Process	Status	Evidence/Action Plan
Plan	Maintain a comprehensive Medical Equipment Management Plan.	Met	Performed by Clinical Operations and Materials Management.
Teach	Maintain education and training programs to teach staff how to respond to an equipment failure, and how to report equipment safety hazards.	Met	Staff were trained on incident reporting process. New procedure for equipment transfer/disposal implemented. Practice Managers informed of new policy/procedure.
	Develop and define medical equipment maintenance strategies in writing to include procedures when medical equipment fails.	Met	New policy written to incorporate communications to occur when equipment fails. Practice Managers informed of new policy/procedure.
Implement	Identify high-risk equipment for which there is risk of serious injury or death to a patient or user should the equipment fail.	Met	High risk equipment identified and found to be limited.
	Define and document quality control and maintenance activities and frequencies to maintain all medical equipment.	In progress	Materials Management continues to work with contracted vendor regarding timely QC/PM documentation and frequency of checks.
	Maintain a current, accurate medical equipment inventory.	In progress	Materials Management continues to work with contracted vendor to maintain inventory list. New contact at vendor established.

Implement	Conduct agency wide risk assessment to identify and prioritize equipment hazards for corrective actions.	Met	Materials Management spearheaded a multidisciplinary/program team to evaluate and standardize all medical/dental supplies and equipment.
	Centralize medical/dental supply/equipment notice and recall process.	Met	Performed by Clinical Compliance Manager in coordination with Materials Management.
Respond	Evaluate the Medical Equipment Management Plan within prescribed time frame.	Met	Performed by Clinical Compliance Manager.
	Maintain policies and procedures for managing medical equipment recall.	Met	Policy Procedure rewritten to address centralization of product/equipment recall notification process.
Monitor	Analyze data to identify and resolve medical equipment issues.	Met	Performed by Clinical Operations.
	Closely monitor contracted preventive maintenance vendor for accuracy and timely reporting.	In progress	Materials Management continues to work with contracted vendor regarding timely QC/PM documentation and frequency of checks.
Improve	Improve the information collection and evaluation system (ICES) for organization-wide collection of information about medical equipment deficiencies and opportunities for improvement in the environment.	Met	New policy written to incorporate communications to occur when equipment fails. New procedure for equipment transfer/disposal implemented. Staff were trained on incident reporting process.

## **Recommendations and Opportunities for Improvement**

- Continued improvement in communications and process for preventive maintenance and inventorying of medical equipment across the agency, to be evaluated by the accomplishment of this process at all sites in a timely manner and at the same time each year.
- Establishment of a documented major dental equipment inventory and preventive maintenance program.
- Increased use of documentation/incident reporting to communication product/equipment failures or malfunctions.

Clinical Operations will implement the action plans by January 30, 2019. Ongoing monitoring of data and results will be reported to the EHS committee quarterly.

## **Emergency Operations**

### **Scope**

There were no major changes in:

- Buildings, grounds and equipment used to provide quality healthcare at LCHD/CHC.
- Staff, patients, clients, vendors, contractors and visitors who use LCHD/CHC facilities.
- Hours of operation.

### **Objectives**

The 2018 objectives were:

- Effectively manage emergency management risk by using best industry practices
- Improve monitoring, tracking, and trending of emergency management incidents throughout LCHD/CHC
- Improve staff performance through effective emergency management education and training
- Improve the emergency preparedness readiness at all LCHD/CHC sites

These objectives are consistent with LCHD/CHC 2018 Emergency Management goals and require no major modifications. However, the Emergency Operation Management Plan is being modified to reflect compliance with the CMS rule. Performance activities will be outlined in 2018. Also, the following performance objectives implemented in 2018 will be maintained or improved in 2019.

## Performance

Performance Objective	Performance Indicator	2017	Target 2018	Current 2018	Goal 2019
Effectively manage emergency management risk by using best industry practices.	Percentage of sites that conduct and document the required Tornado drill by expected deadline.	95%	100%	80%	100%
Improve monitoring, tracking, and trending of emergency management incidents.	The completion of annual Hazard Vulnerability analysis by the EHS committee.	Yes	Yes	Yes	Yes
Improve staff performance through effective emergency management education and training.	Number of presentations/training provided by Emergency Management program on Preparedness and Mass dispensing operations to new staff.	4	4	4	4
Improve the emergency preparedness readiness at all LCHD/CHC sites.	Percentage of all staff that completed the Standardized Emergency Codes training by the stipulated deadline.	74%	100%	61%	85%
	Percentage of LCHD facilities that respond to the monthly Radio Test.	72%	100%	73%	80%

## Effectiveness

The following summarizes achievements and improvements by LCHD/CHC in maintaining a successful Emergency Operations Management (EOM) plan.

## Education and Training

Training exercises were conducted in accordance with Emergency Management program's grant guidelines and deliverables, in which LCHD/CHC's response to a disaster event was evaluated by IDPH Responders. The results were reviewed by LCHD/CHC staff, and appropriate revisions and/or additions were included in the manual. LCHD/CHC staff and community partners were trained to provide protection for themselves and the clients/public they are serving during a public health disaster.

Emergency Management program staff attended IESMA, IEMA, and IPHA Summit this year interacting with IDPH, State and Local EM professionals.

### Tabletop Exercises

Tabletop exercises were conducted with outside partners in Lincolnshire, Vernon Township and surrounding municipalities on SNS distribution on September 28, 2018. Working up to functional and full-scale exercise by 2019.

### Emergency Operations Risk Management Activities

The following table summarizes emergency operations risk management activities by LCHD/CHC in maintaining a successful EOM Plan:

Performance Objectives	Performance Results/Status	Performance Indicator
Training exercises will be conducted in accordance with grant guidelines and deliverables, in which LCHD/CHC's response to a disaster event will be evaluated by IDPH Responders. The results will be reviewed by LCHD/CHC staff, and appropriate revisions and/or additions will be included in the manual. LCHD/CHC staff and community partners will be trained to provide protection for themselves and the clients/public they are serving during a public health disaster.	Completed	<p>Conducted 4 Large Orientation presentations for new staff on preparedness and mass dispensing operations.</p> <p>Conducted Tabletop exercise with outside partners in Lincolnshire, Vernon Township and surrounding municipalities on SNS distribution on September 28, 2018. Working up to functional and full-scale exercise by 2019.</p> <p>EM attended IESMA, IEMA, and IPHA Summit this year interacting with IDPH, State and Local EM professionals.</p>

### Recommendations and Opportunities for Improvement

- Update the EAP.
- Review and update current policies on hazards identified in the HVA. This will help provide overall guidance and foundation for strengthening emergency management capabilities across LCHD/CHC.

## Environment of Care Goal and Objectives 2019

### Goal

The EC Plan for 2019 describes the framework used to manage safety risk and provide a safe and healthy environment for all staff, patients, clients and visitors at LCHD/CHC. The goal of the EC Plan is to provide a safe, functional and effective environment for patients, staff and visitors.

### Objectives

The following objectives of the EOC Plan for 2019 are consistent with the LCHD/CHC's values and mission of promoting the health and well-being of all who live, work, and play in Lake County:

- Effectively manage environment of care risk by using best industry practices
- Improve monitoring, tracking, and trending of incidents involving environment of care incidents throughout LCHD/CHC
- Improve employee performance through effective environment of care education and training
- Improve the environment of care emergency preparedness readiness at each LCHD/CHC site

Achievement of these objectives will be evident through the implementation of the following opportunities for improvement that were identified in 2018 in each of the EC Management Plan:

EC Management Plan	Opportunities for improvement
Safety	<ul style="list-style-type: none"><li>• Implement a risk registry to actively manage hazards and minimize risks within the EC.</li><li>• Improve leadership participation in safety rounds and audits.</li><li>• Update the Safety Management Plan and overall LCHD/CHC Environment of Care Plan.</li><li>• Increase capacity for the Safety Program to assure adequate:<ul style="list-style-type: none"><li>- Collecting of information about EC issues</li><li>- Conducting risk management activities</li><li>- Communicating of the results of these activities</li></ul></li></ul>
Security	<ul style="list-style-type: none"><li>• Conduct a comprehensive security risk assessment of the 3010 Grand Building to review entry access into the building.</li><li>• Continue to improve staff awareness and training to recognize potentially violent situations and effectively use de-escalation techniques to prevent injuries resulting from aggressive patient behavior.</li><li>• Update the Security Management Plan.</li></ul>
Fire Safety	<ul style="list-style-type: none"><li>• Continue review of the building score card for facilities areas.</li><li>• Train Safety Officers on the use of the Fire Drill Matrix to ensure variation between shifts and days.</li></ul>



	<ul style="list-style-type: none"> <li>• Continue to evaluate fire drills and address deficiencies identified during the drills.</li> <li>• Provide reports on data analyzed to identify and resolve fire safety deficiencies, failures and user errors in the EHS committee meetings.</li> <li>• Provide status reports of testing of Fire Safety Code and preventive maintenance all detection equipment in the EHS committee meetings.</li> <li>• Update the Fire Safety Management Plan.</li> </ul>
Utility Systems	<ul style="list-style-type: none"> <li>• Ongoing deferred maintenance per the Facilities and Operations Maintenance Plan that looks at all systems and structures of the agency's buildings and campuses will continue.</li> <li>• Provide reports on data analyzed to identify and resolve utility systems deficiencies, failures and user errors in the EHS committee meetings.</li> </ul>
Hazardous Materials and Waste	<ul style="list-style-type: none"> <li>• Increase capacity to address monitoring and documentation of hazardous waste management process.</li> <li>• Improve staff awareness and training on Hazardous Communication.</li> <li>• Provide reports on data analyzed to identify and resolve HMW incidents in the EHS committee meetings.</li> </ul>
Medical Equipment	<ul style="list-style-type: none"> <li>• Continued improvement in communications and process for preventive maintenance and inventorying of medical equipment across the agency, to be evaluated by the accomplishment of this process at all sites in a timely manner and at the same time each year.</li> <li>• Establishment of a documented major dental equipment inventory and preventive maintenance program.</li> </ul>