PURPOSE. To teach Army environment of care (EC) subject matter experts how to effectively evaluate the six EC management plans (Safety, Security, Hazardous Materials and Waste, Fire Safety, Medical Equipment, and Utilities). This training will prevent unnecessary Joint Commission findings as well as provide military treatment facilities with a coordinated, organized, and proactive method for protecting patients, staff, and visitors from harm.

See Appendix A to test your knowledge of the key principles for evaluating your EC management plans.

MAJOR POINTS TO INCLUDE IN PLAN

Why?
Preparing clear, concise, and complete written evaluations of your EC management plan is not only a Joint Commission requirement; it is a smart and practical business practice. A well-written evaluation demonstrates how you manage risk, identify measurable opportunities for improvement, and set priorities to the Joint Commission (JC) surveyors. It also demonstrates to leadership your program’s value to your treatment facility, together with how well you planned your work and worked your plan.

Who?
The individual having the most intimate knowledge about the EC program (e.g., the regulatory requirements, program design and implementation status, problems and challenges, etc.) is the best qualified person to write the management plan and complete the annual evaluation. For example, the Safety Officer is the most qualified individual to write and evaluate the Safety Management Plan and the Security Officer is the most qualified to write and evaluate the Security Management Plan.

When?
The JC expects you to evaluate your EC management plans annually, and defines “annually” as one year from the date of the last occurrence, plus or minus 30 days. The completion date may be based on either the calendar year or the fiscal year.
How?
After setting a target date for completing the annual evaluations, the EC team should select a standardized format or template to document the evaluation results. Leadership and the JC surveyors will find it easier to learn the status of the EC when the EC team provides their evaluation results in a consistent manner. Keep in mind that the JC does not specify a particular format or template to use; however, the annual evaluation must address four aspects of the EC management plan – scope, performance, objectives, and effectiveness. Further discussion on these four aspects is provided in the following paragraphs. Evaluation templates are available on the USAIPH website. These templates can be used as reference documents or they can be downloaded and adapted for local use.

The most critical step in completing your evaluation is gathering the data and information necessary to provide a clear picture of your program’s status. A review of the Safety/EC Committee minutes is an excellent starting place as long as you consistently presented your monitoring and measuring data throughout the year. Further information to review when writing your evaluation includes: any changes in regulatory requirements or standards of practice that occurred during the year, especially if the changes required a modification of your management plan; notices of non-compliance from external organizations and agencies; completed risk assessments; emergency exercise after action reports; training and educational program reports, and any upcoming planned projects related to EC compliance.

Completed annual evaluations should be submitted to the Safety/EC Committee for review, analysis, discussion, and recommendations. By submitting the annual evaluations to the Safety/EC Committee, you are actually complying with two other related JC standards: making sure that –

- Representatives from clinical, administrative, and support services participate in the analysis of the EC data, and
- Individuals responsible for analyzing EC issues, review performance improvement results.

Leadership should review the evaluation reports so that they learn the importance of your program and its impact on patient care. In addition, leaders can use this information to make knowledgeable decisions to improve safety within the treatment facility.

What?
Each annual evaluation must address the EC management plan’s scope, objectives, performance, and effectiveness. While it is not a JC requirement, it is easier to complete the evaluation when the scope, objectives, performance improvement standards, and the process you intend to use to assess effectiveness are defined in your written management plan.
Scope. The scope of a management plan is the extent of its coverage. Some management plans cover only one treatment facility; others cover a treatment facility and its subordinate outlying facilities, which may be located in several states. This site information is part of the scope. In addition, the scope may include hours of operation, equipment, services offered, or processes covered in the management plan. For this portion of the annual evaluation, assess whether your plan’s definition of scope remains appropriate, or whether something has changed in the structure of the treatment facility causing a need to revise your management plan. For example, if your treatment facility opens a new satellite pharmacy at the Post Exchange; all six of the management plans will likely need an update to reflect this change in scope.

Performance. The monitoring data collected for each management plan form the backbone of the performance component of the annual evaluation. Consider how you did on the performance improvement (PI) activity you selected for the year and how those projects affected delivery of patient care. When selecting PI activities, consider high-risk, high-volume, or chronic issues related to your program. This will guarantee that you are minimizing risk by attacking “the worst first.” In addition, PI activities can be selected to monitor and lessen actual or potential risk related to one or more of the following –

- Staff knowledge and skills
- Level of staff participation
- Monitoring and inspection activities
- Emergency and incident reporting
- Inspection, preventive maintenance, and testing of equipment

Write your PI standards, using the “SMART” format by making sure that your standards are specific, measurable, achievable but challenging, relevant, and timed. Be sure to develop and implement your corrective action plans to improve performance for each PI standard selected, and train staff on their roles in carrying out the action plans. In addition, develop a process to collect data, record the results, and report the results to Safety/EC Committee regularly. As much as possible, include quantitative data when reporting the PI results to the Safety/EC committee.

When necessary, revise your PI activities to obtain more significant outcomes or to respond to changes in your program. For example, once you achieve your goal of having 95 percent of the staff achieve a passing score following annual training; you may decide to set a new goal by increasing that number to 98 percent. When your data shows that an issue has been resolved and sustained, or if no further improvements are possible, select a new PI standard and repeat the process. For example, having achieved 95% of staff achieving a passing score following annual training, you may switch your focus to reducing the number of needle stick incidents or back injuries, or assessing the effectiveness of bioterrorism readiness or decontamination techniques.
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Objectives. Evaluating your plan’s objectives means considering whether the objectives still apply to your treatment facility, and whether they represent the most important safety issues. You can easily evaluate your EC management plan’s objectives when they are clearly laid out in advance. For example, possible objectives for a Utility Systems Management Plan may be to “reduce the potential for organization-acquired illness” and “increase reliability and functionality of utility systems through programmed maintenance.” Possible objectives for a security program might be to “promote security awareness,” “encourage involvement and participation from staff at all levels of the treatment facility” and “ensure that staff have adequate training to effectively participate in the security management plan.” Objectives like these are general in nature, and therefore they can be carried forward from year to year. However, because conditions in most treatment facilities continually change, the objectives in your management plan may change as well.

Effectiveness. The effectiveness section of the annual evaluation is where you perform a subjective assessment of the worth of your management plan. This is where you consider what went well during the year and what has been accomplished. For example, is work performed more efficiently? Are your processes producing the expected results? Are improvements being sustained? Conversely, you should also address any problem areas that have not been resolved, together with any new issues that you identified. Be sure to set PI goals for each of these newly identified problem areas/issues for the coming year.

Annual evaluation of the EC Management Plans is a simple process provided you do some prior planning when you write your management plan, implement your corrective action plans, and diligently collect meaningful data throughout the year.

Need more information?
Templates for completing the EC Management Plan annual evaluations are available for download on the U.S. Army Public Health Command Website at: http://phc.amedd.army.mil/topics/workplacehealth/ms/Pages/EnvironmentofCareTemplates.aspx

Questions can be directed to the U.S. Army Institute of Public Health, Industrial Hygiene and Medical Safety Management Program at 410-436-5453 or electronic mail at rose.m.overturf.civ@mail.mil.

Prepared by: Industrial Hygiene Medical Safety Management Program
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Appendix A

Test Your Knowledge

Some benefits of having well-written annual evaluations for each of the Environment of Care (EC) management plans are –

a. Surveyors can quickly get a better understanding of the processes used to manage risk in your treatment facility.
b. Leadership can make knowledgeable decisions when prioritizing activities to improve safety.
c. Representatives from clinical, administrative, and support services can participate in the analysis of the EC data
d. All of the above.

The annual evaluations must be completed 1 year, plus or minus 30 days, from the date of the last completed evaluation.

a. True
b. False

Annual evaluations must address the management plans’ scope, objectives, performance, and

a. Efficiencies
b. Effectiveness
c. Essence
d. Essentials

Providing the Safety/Environment of Care Committee copies of the annual evaluations, gives individuals responsible for analyzing EC issues a chance to review performance improvement results.

a. True
b. False

Good annual evaluations are –

a. Comprehensive
b. Concise
c. Clearly written
d. All of the above