



### **Safety Committee Meeting Minutes 6/20/2018**

**Present:** Catharina Lee, Kim Riopelle, Katie League, Margaret Flanagan, Kevin Kearney, Eva Hendrix, Laveda Bacetti, Paul Beeker, Parita Patel, Stephanie Donelan, Leroy Harcum, Lawanda Williams, Makeda Johnson, Maria Martins-Evora, Sean Berry, Jen Tate, Cyndy Singletary, Alia Bodnar

#### **Agenda:**

##### **I. Culture of Safety – What does it mean?**

- a. Reviewed incident reporting data from the GRC. Trend shows likely underreporting in some areas.
- b. Focus is generally on physical safety, but culture of safety is more encompassing and includes risk management, infection control, patient safety, etc.
- c. How can we better cultivate a culture of safety that reflects all aspects of safety?
  - i. Balancing security staff doing their jobs with all other staff members playing a role in safety. Ensuring everyone is aware of what needs to happen – how can we better communicate out expectations?
  - ii. Best practice: if something has a secured entry, make sure it locks/closes behind you.
  - iii. Need to develop ways to increase incident reporting: through more trainings, more visibility, show staff that all incidents are reviewed and followed up on.
  - iv. Safety is about increasing overall patient safety and addressing gaps in care – information protection and privacy
    1. Potential to develop another category of incident that is slightly below a sentinel event, which would always be investigated to see if gaps in care caused/exacerbated the event (e.g. an eviction)
- d. Will use the risk management goals to drive the Agency – safety committee will play an integral role in developing next year's goals and reviewing/assessing this year's goals
- e. Will start developing more education for staff about what to report with emphasis on topic areas that are currently being under reported
- f. Provide more information for staff about the ramifications of reporting – need mechanisms to show staff that reporting is non-punitive. Staff in general feel vulnerable when reporting and worry about what might happen as a result of submitting (especially with self-reporting)
- g. Develop a foundation for staff to get engaged
  - i. Overlap with performance improvement goals to address safety concerns (critical lab result processing or suicide assessments are possibilities)

- h. Compliance team will have the group fill out the safety assessment prior to July meeting.
- i. Give folks a more clear idea of what happens to an incident after it's been submitted. A new section will be added to the portal outlining the incident follow up process. Need directors to go through their assigned incidents and follow up with staff.
- j. Starting in Q3, compliance will conduct random incident follow-ups to gauge response and seek feedback about the process.

**II. Review of EOC plans:**

- a. **Safety and Security:** Recruiting new staff for security – will be trained in de-escalation etc. Still working on active shooter training.
- b. **HazMat:** Working to update binders to ensure up-to-date. Added SDS link to all desktops, working with department heads to ensure staff know about SDS link and how to access materials; bio-med list to make sure we are correctly testing. All items need to be tagged and logged.
- c. **Medical Equipment:** Working on getting monitoring for all fridges. Had a vendor come out to ensure everything was appropriately tagged.
- d. **Utilities:** no updates; preventive maintenance ongoing.
- e. **Fire:** No update.

**Next meeting: Wednesday, July 18<sup>th</sup> at 1pm**