

Environmental Safety and Security Management in Physician Practices

Initial assessment by: _____

Date: _____

In consultation with: _____

Date of previous assessment: _____

ECRI Institute's INsight® Survey

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The goal of a healthcare organization's safety management program is to reduce the risk of harm to patients, employees, volunteers, visitors, and others and to improve safety performance. An effective safety management program can boost employee morale, reduce lost work time and workers' compensation costs, reduce liability insurance premiums, and enhance an organization's image in the community.

This self-assessment questionnaire (SAQ) is designed to help physician practice managers evaluate an organization's overall safety management program and to help the organization prepare for surveys and inspections. The SAQ is based on Joint Commission's environment of care accreditation standards, as well as U.S. Occupational Safety and Health Administration (OSHA) and U.S. Environmental Protection Agency regulations.

Healthcare Risk Control (HRC) recommends completing this questionnaire annually and whenever significant organizational changes occur.

The following resources were used to develop this SAQ; however, it is not intended to be a comprehensive list:

► Centers for Disease Control and Prevention (CDC):

Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings. MMWR Recomm Rep 2005 Dec 30;54(RR-17):1-141.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm> PubMed:

<https://www.ncbi.nlm.nih.gov/pubmed/16382216>

Infection prevention and control recommendations for hospitalized patients under investigation (PIUs) for Ebola virus disease (EVD) in U.S. hospitals. 2015 Sep 3 [cited 2017 Jun 2]. <https://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/infection-control.html>

► Gorman T, Dropkin J, Kamen J, Nimbalkar S, Zuckerman N, Lowe T, Szeinuk J, Milek D, Piligian G, Freund A. Controlling health hazards to hospital workers: a reference guide. *New Solut* 2013;23(Suppl):1-167.

http://journals.sagepub.com/doi/abs/10.2190/NS.23.Suppl?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed& PubMed:

<https://www.ncbi.nlm.nih.gov/pubmed/24252641>

► Occupational Safety and Health Administration (OSHA):

Expert system—applicable standards eTool. [cited 2017 Mar 21].

<https://www.osha.gov/SLTC/etools/hospital/expert/expert.html>

Fact sheet: formaldehyde. 2011 Apr [cited 2017 Mar 3].

https://www.osha.gov/OshDoc/data_General_Facts/formaldehyde-factsheet.pdf

Healthcare wide hazards. (Lack of) universal precautions. [cited 2017 Mar 3].

<https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html>

Hospital eTool. [cited 2017 Mar 21].

<https://www.osha.gov/SLTC/etools/hospital/index.html>

Occupational exposure to bloodborne pathogens; needlestick and other sharps injuries. Final rule. Fed Regist 2001 Jan 18;66(12):5318-25.

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FEDERAL_REGISTER&p_id=16265 PubMed: <https://www.ncbi.nlm.nih.gov/pubmed/11503775>

Occupational hazards in long term care. Nursing home eTool. [cited 2017 Mar 21].

<https://www.osha.gov/SLTC/etools/nursinghome/index.html>

Small business handbook. OSHA 2209-02R. 2005 [cited 2017 Mar 3]. <http://www.osha.gov/Publications/smallbusiness/small-business.html>

- Oregon State Fire Marshal. Fire and life safety practices: hospital. 2013 Jan [cited 2017 Mar 3]. <http://library.state.or.us/repository/2013/201301251134465/index.pdf>

Yes	No	N/I*	N/A	Comments
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Management and Leadership

1.	Are management and top leadership committed to an organization-wide culture of safety that approaches safety as a continual process?				
2.	Are adequate financial and human resources available to promote safety?				
3.	Are employees, medical staff, and visitors encouraged to report hazards and near misses?				
3.1.	Do recommendations to correct hazards and near misses focus on improving system performance				

* N/I stands for "Needs Improvement"

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		Yes	No	N/I*	N/A	Comments
	rather than assigning blame?					
4.	Is it the expectation that employees and medical staff work safely and follow all safety policies?					
4.1.	Do employee performance evaluations assess safety performance?					
4.2.	Is compliance with safety policies and procedures assessed during the medical staff reappointment process?					
4.3.	Are individuals, departments, or services recognized for safety excellence (e.g., with awards or mention in the organization newsletter)?					
5.	Does practice leadership participate in safety rounds?					
5.1.	Does the organization have a written safety management program (SMP) designed to reduce workplace hazards and risk of injury?					
5.2.	Is the SMP endorsed and approved by practice leadership?					
5.3.	Does a representative from practice leadership participate in review of the SMP?					
6.	Has practice leadership designated a safety officer or other individual to coordinate the development, implementation, and monitoring of safety management activities?					
7.	Is the safety officer:					
	a. Appointed by practice leadership?					
	b. A member of the performance improvement (PI) /safety committee/quality (PSQ) team?					
	c. Authorized to intervene when conditions pose an immediate					

		Yes	No	N/I*	N/A	Comments
	threat to life or health or could result in damage to equipment or buildings?					
	d. Given the opportunity to attend continuing education courses and programs annually?					
8.	Does the safety officer participate in daily hazard surveillance (walkrounds)?					
9.	Do walkrounds include review of:					
	a. Separation of potentially infectious waste from other waste at the point of generation?					
	b. Separation of radioactive, infectious, and cytotoxic waste from other infectious waste?					
	c. Strict observance of regulations regarding the containment, transport, storage, and disposal of sharps and other infectious wastes?					
	d. Employee training in the proper handling of all waste?					
	e. The contingency plan for waste disposal in case the normal disposal method is unavailable?					
10.	Does the safety officer:					
	a. Develop and monitor the effectiveness of corrective actions?					
	b. Investigate accidents?					
	c. Define safety priorities?					
	d. Keep current on industry trends?					
	e. Provide input on safety training?					
	f. Maintain and analyze safety documentation?					
	g. Communicate with management and practice					

	Yes	No	N/I*	N/A	Comments
leadership about safety matters?					
11. Are policies and procedures of the SMP located in the safety manual accessible to all employees and medical staff?					
12. Do all departments and services have written policies and procedures that address safety?					
12.1. Do these policies address safety hazards unique to a particular work environment (e.g., laboratory, equipment sterilization, exterior spaces, kitchen)?					
12.2. Is the safety officer involved in developing these policies and procedures?					
12.3. Does the safety officer solicit employee input in developing these policies and procedures?					
12.4. Does the safety officer evaluate service-specific safety policies and procedures (e.g., workplace violence, electrical safety, medical device reporting) regularly and update them as needed?					
13. Are organization-wide safety policies and procedures distributed, practiced, and evaluated at least every three years and revised as needed?					

Safety Committee or Safety Team

14. Does the organization have a multidisciplinary safety committee or safety team?					
15. Does the safety committee or safety team include representatives, as appropriate, from:					
a. Administration?					
b. Medical staff?					

		Yes	No	N/I*	N/A	Comments
	c. Nursing?					
	d. Claims and billing?					
	e. Infection control and prevention?					
	f. Clinical ancillary services?					
	g. Support services, such as housekeeping, food services?					
	h. Security?					
	i. Human resources?					
	j. Environmental risk management (or the person assigned by the organization's leaders to monitor and respond to unsafe conditions)?					
	k. Union or employee representatives?					
16.	Does the safety committee or safety team meet at least every two months?					
16.1.	Does a designated individual prepare and distribute minutes?					
17.	Is there a chairperson or team leader of the safety committee or safety team?					
18.	Does the safety committee or safety team regularly review issues that arise regarding:					
	a. Employee and staff occupational injuries and illnesses?					
	b. Life and fire safety?					
	c. Loss prevention?					
	d. Security?					
	e. Equipment and utilities management?					
	f. Infection control?					
19.	Does the safety committee or					

	Yes	No	N/I*	N/A	Comments
safety team:					
a. Review policies and procedures for conformance with current safety regulations and accepted practices?					
b. Develop or recommend continuing education programs?					
c. Review accident summaries?					
d. Review employee complaint reports?					
e. Review incident reports?					
f. Review medical device reports?					
g. Establish and maintain a hazard surveillance program as discussed below?					
h. Recommend corrective actions for identified safety problems or, when necessary, interim controls to minimize risk?					
i. Monitor the effectiveness of corrective actions?					
j. Annually evaluate the overall effectiveness of the SMP?					
20. Is information on the SMP's effectiveness reported regularly (e.g., quarterly) to practice leadership and to the person responsible for PI activities?					
21. Are safety management issues identified and written summaries of activities reported regularly (e.g., quarterly) to:					
a. Practice leadership?					
b. All department heads?					
c. PSQ meetings?					

Risk Assessment and Ongoing Hazard Surveillance

22. Are comprehensive risk and hazard assessments conducted					
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	Yes	No	N/I*	N/A	Comments
to evaluate the potential adverse impact of environmental issues related to buildings, grounds, equipment, occupants, processes, and systems on the safety and health of patients, employees, medical staff, and others in the organization?					
22.1. Are identified risks used to prioritize, select, and implement procedures and controls to achieve the lowest potential for adverse effects on safety and health?					
22.2. Are identified risks considered when planning renovation or construction projects (e.g., new construction that could eliminate or minimize a risk)?					
22.3. Are environmental tours of all work areas to determine whether the current processes for managing safety risks are being practiced correctly and are effective conducted:					
a. Every six months in patient care areas?					
b. At least annually in areas where patients are not served?					
23. Before hazard assessments and environmental tours are performed, is there a review of:					
a. OSHA log (e.g., workplace fatalities, hospitalization of three or more staff, amputations, loss of an eye)?					
b. Safety committee or safety team reports?					
c. Workers' compensation reports?					
d. Internal PI data?					
e. Relevant employee and patient feedback?					

	Yes	No	N/I*	N/A	Comments
24. Does the hazard assessment include a review of the heating, ventilation, and air-conditioning (HVAC) system?					
25. Is the physician practice site in compliance with federal, state, and local regulations regarding air-quality management (e.g., limiting emissions from fossil-fuel-fired boilers)?					
26. Do local exhaust and ventilation systems, such as chemical fume hoods, waste anesthetic gas scavenging systems, and smoke evacuators for laser surgery function properly?					
27. Is the physician practice site in compliance with guidelines and regulations regarding indoor air quality (e.g., ventilation guidelines) recommended by the American Society of Heating, Refrigerating and Air-Conditioning Engineers?					
28. Are sharps containers properly assembled and mounted?					
29. Is a process in place to ensure that sharps containers are not overfilled?					
30. Is a process in place to ensure proper management of sharps safety devices, such as safety needles?					
31. Is a process in place to ensure placement of machine guards on all equipment with moving parts?					
32. Is a process in place to ensure proper installation of patient lifts and other equipment intended to prevent or minimize musculoskeletal disorders, and proper workstation design, as appropriate for employees who use them?					
33. Is a process in place to ensure					

	Yes	No	N/I*	N/A	Comments
that placement and functionality of security systems in sensitive areas (e.g., pharmacy, laboratory) are not compromised (e.g., with doors propped open)?					
34. Is a process in place to ensure charging, mounting, and accessibility of fire extinguishers?					
35. Is a process in place to ensure testing of critical alarms and systems as required by Joint Commission and the Accreditation Association for Ambulatory Health Care (AAAHC), if accredited, and by OSHA?					
36. Do hazard assessments and environmental tours assess the effectiveness of personal protective equipment (PPE), including:					
a. Performance of a task-specific PPE hazard assessment, as required by OSHA?					
b. Correct use of National Institute for Occupational Safety and Health–approved respirators?					
c. Use of universal precautions when there is potential for contact to occur with blood or other potentially infectious materials?					
d. Routine use of the correct gloves by housekeeping?					
37. Do hazard assessments and environmental tours assess the effectiveness of administrative controls, including:					
a. Training employees as required by OSHA (e.g., in lockout and tagout procedures)?					
b. Training employees in the use of engineering controls, equipment, and new processes?					
c. Training employees on how to					

	Yes	No	N/I*	N/A	Comments
prevent or minimize their exposure to hazards in their work areas?					
d. Maintaining up-to-date training records for each employee in the department?					
e. Ensuring that adequate staffing and time are available for work tasks?					
f. Ensuring correct labeling of chemicals according to hazard communication and right-to-know laws?					
g. Creating a list of all chemicals available to all potentially exposed employees, and keeping copies of the associated safety data sheets (SDS)?					
h. Keeping departmental SDS books or online collections up to date and accessible during all shifts?					
i. Ensuring appropriate placement of hazard and warning signs (e.g., electrical hazards)?					
j. Prohibition of eating and drinking where hazardous materials are handled?					
38. Are new hazard surveys conducted within 30 days after procedural, PPE, equipment, or organizational changes occur?					
39. Are results of hazard assessments and environmental tours a component of, or otherwise shared with, the PSQ team?					
40. Have job hazard analyses been performed for jobs:					
a. With the highest rate of illness or injury, including ergonomic injury?					
b. With the potential to cause					

	Yes	No	N/I*	N/A	Comments
severe or disabling injuries?					
c. That are new to the organization?					
d. That are complex enough to require written instructions?					
41. Does human resources or the practice manager revise job descriptions to include the hazards associated with a particular job and the measures to control or correct the hazards?					

Environment of Care Management Plans and Processes

42. Does the safety program incorporate recommended standards and requirements in accordance with the standards of federal, state, and local agencies, and Joint Commission or AAAHC, if the facility is accredited?					
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43. If the facility is accredited, have Joint Commission or AAAHC management plans been developed, recorded, and implemented (incorporating required OSHA plans as appropriate) for:					
a. A safety management plan?					
b. A security management plan?					
c. A hazard surveillance program?					
d. An emergency management plan?					
e. A life and fire safety management plan?					
f. A medical equipment management plan?					
g. A utilities management plan?					

44. Does each management plan describe the processes and activities used to manage the specific environment of care and					
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include:

	Yes	No	N/I*	N/A	Comments
a. Evidence that a process has been implemented and is well understood by employees and medical staff?					
b. Specific information regarding what training is required and how it will be evaluated?					
c. A description of how the process is monitored and improved?					
d. Examples of how processes have been changed when a problem was discovered?					
e. Information on how effectiveness and improvement of each plan will be communicated to practice leadership, employees, and medical staff?					
f. A description of how incidents are followed?					
g. A description of how national trends in sentinel events are addressed?					
h. A description of how plans comply with Joint Commission National Patient Safety Goals?					
45. Does each plan include a list of all systems and alarms that must be tested and address testing frequency?					
46. Does each management plan identify at least one measurable PI element for relevant components of the plan?					
47. Is a multidisciplinary process in place to resolve environment-of-care issues?					

Safety Management Plan

48. Does the safety management plan use a proactive risk assessment to prioritize, select,					
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		Yes	No	N/I*	N/A	Comments
	and implement procedures and controls to reduce safety risks as much as possible?					
49.	Does the plan includes policies or processes related to:					
	a. Hazard communication?					
	b. Slips and falls?					
	c. PPE, including respiratory protection?					
	d. Inspections by OSHA and other government agencies?					
	e. Smoking prohibition?					
	f. Hearing conservation?					
	g. Permit-required confined spaces?					
	h. Asbestos?					
	i. Contractor safety (e.g., prebid qualification procedures, review of safety records)?					
	j. Ergonomics?					
	k. Grounds and equipment maintenance, if applicable?					
	l. Indoor air quality?					
	m. Product safety recalls including medical equipment, pharmaceuticals, food, medical and surgical supplies, facility maintenance equipment, and housekeeping supplies?					
	n. Housekeeping?					
	o. Occupational health services and medical surveillance, including return to work and fitness for duty?					
	p. Occupational health services and medical surveillance, including illness and injury?					
	q. Patient safety?					

	Yes	No	N/I*	N/A	Comments
r. Event reporting and investigation?					
50. Does the safety management plan also include or reference:					
a. Joint Commission or AAAHC infection control requirements, including hand hygiene compliance requirements, if the facility is accredited?					
b. OSHA requirements relating to bloodborne pathogens, tuberculosis, and respiratory protection?					
51. Does the plan address the physical environment to ensure that it is functional and that it promotes healing and caring, through assessment of:					
a. Interior spaces?					
b. Furnishings and equipment?					
c. Indoor and outdoor lighting?					
d. Ventilation?					
e. Door locks and other structural restraints?					
52. Does the safety management plan address management of a facility environment that has been renovated, altered, or newly created?					
53. Is an infection control risk assessment conducted when a facility is renovated, altered, or newly created?					
54. Are interim life safety measures adopted when a facility is renovated, altered, or newly created?					

Security Management Plan

55. Does the security management plan include a proactive risk assessment (including assessing					
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the potential for workplace violence) to prioritize, select, and implement procedures and controls to reduce security risks as much as possible?

Yes	No	N/I*	N/A	Comments

56. Does the security management plan include policies related to:

a. Identification of patients, medical staff, and others entering the facility?

b. Identification of high-risk, security-sensitive areas (e.g., pharmacy), including access and egress control?

c. Interventions to prevent and manage violence?

d. Violence management training?

e. Procedures to follow in the event of a security incident?

f. Procedures to follow with the media?

g. Drug security?

h. Background checks for employees and staff?

i. Drug and alcohol testing for employees and staff?

Hazard Surveillance Plan

57. Does the hazard surveillance plan include policies or processes related to:

a. Hazardous materials and waste management, including medical waste, in accordance with federal, state, and local law?

b. The physician practice site's compliance with federal, state, and local regulations regarding waste management?

c. Spill or gas leak emergencies?

	Yes	No	N/I*	N/A	Comments
d. Right-to-know plans?					
e. Hazard communication?					
58. Has the organization created and maintained an inventory that identifies all federal- or state-regulated hazardous materials and waste used, stored, or generated on-site?					
59. Does the organization conduct a hazard vulnerability analysis (HVA) to identify potential emergencies that could increase the need for certain services or affect the ability to provide those services?					
60. Does the organization work with the community to prioritize potential emergencies identified in the HVA and to determine the organization's role in a community-wide emergency management system?					

Emergency Management Plan

61. Is the emergency management plan designed to use the all-hazards approach recommended by government agencies?					
62. Does the plan also include policies or processes for:					
a. Disasters, both natural (e.g., hurricanes) and man-made (e.g., active shooter or bombings)?					
b. Chemical and biological spills and releases within the facility?					
c. Mass casualty incidents?					
d. Coordination with outside agencies?					
e. Facility evacuation, including establishment of an alternative care site?					
f. Backup of internal and external communication systems?					

	Yes	No	N/I*	N/A	Comments
g. Incident command and control structure?					
h. Isolation and decontamination in the event of a nuclear, biological, or chemical hazard?					
63. Does the organization test the emergency management plan at least once a year, either in response to an actual emergency or in a planned exercise using event scenarios based on the HVA?					
64. Is an individual assigned responsibility to monitor performance during these exercises?					
65. Are the exercises critiqued, and the plan modified as appropriate?					
66. Is practice leadership, including medical staff leaders, involved in developing the plan?					

Life and Fire Safety Management Plan

67. Does the life and fire safety management plan include policies or processes related to:					
a. Fire safety?					
b. Fire detection systems?					
c. Fire suppression systems?					
d. Exit signs?					
e. Appropriate fire extinguishers?					
f. Floor plans or egress diagrams?					
g. Coordination with local fire services?					
h. Interim life safety measures?					
i. Education of employees, medical staff, and contractors?					
68. Are the premises in compliance with building and fire codes?					

	Yes	No	N/I*	N/A	Comments
69. Are fire drills conducted in accordance with the practice's building occupancy classification in compliance with the National Fire Protection Association's <i>Life Safety Code</i> ?					
70. Are at least 50% of fire drills unannounced?					
71. Is there a written critique of the drills?					
72. Is there a fire and emergency evacuation plan posted at the physician practice site?					
73. Are fire extinguishers and emergency telephone numbers readily available in the office?					
74. Are fire extinguishers in good working order?					
75. Are all staff trained on using fire extinguishers?					
76. Is smoking prohibited on the premises?					

Medical Equipment Management Plan

77. Does the medical equipment management plan include policies or processes related to:					
a. Equipment inventory?					
b. Equipment failure?					
c. Equipment testing?					
d. Lockout and tagout?					
78. Does all equipment at the physician practice undergo periodic testing and preventive maintenance?					
79. Are inspection and preventive maintenance activities documented?					
80. Are office personnel instructed on what to do if a device					

	Yes	No	N/I*	N/A	Comments
malfunctions?					
81. Are all device-related incidents reported to the PSQ team?					
82. Are medical device failures reported in accordance with the Safe Medical Devices Act?					
83. Is machine guarding regularly used?					
84. Are regular inspections and preventive maintenance conducted and documented?					
85. Do staff manage medical device hazards and recalls?					
86. Are there audible clinical alarms?					
87. Is there performance testing of all sterilizers?					
88. Is there chemical and biological testing of water used in dialysis?					

Utilities Management Plan

89. Does the utilities management plan include policies or processes related to:

- a. Electrical safety?
- b. An emergency power system, including instructions on how to protect patients if the emergency power system fails?
- c. Battery-powered emergency lights?
- d. Procedures for utility system disruptions or failures?
- e. Regular inspection and maintenance of HVAC systems, including procedures to ensure control of airborne contaminants such as fumes or pathogens and to manage *Legionella* outbreaks?
- f. Regular inspection and maintenance of medical gas and

	Yes	No	N/I*	N/A	Comments
vacuum systems?					
g. Regular inspection and maintenance of communications equipment?					
h. Regular inspection and maintenance of water systems and supplies to minimize pathogens?					

90. Are routine and regularly scheduled inspections conducted to ensure that:

a. Floor coverings are intact, clean, and free of obstructions and tripping hazards to pedestrians?					
b. Electrical cords are placed where they do not create a tripping hazard?					
c. Step-ups and step-downs are clearly marked?					
d. Ventilation and lighting are adequate?					
e. Emergency lighting is provided?					
f. Cover plates are present and intact for all switch and outlet boxes?					
g. Furniture is sturdy, easy to get in and out of, and in good repair?					
h. The parking lot is adequately lighted and free of potential hazards?					

Information Collection (Reporting) and Evaluation

91. Is there an ongoing, organization-wide system to identify, report, and assess workplace hazards and near misses, including:

a. Injuries to patients or others coming to the facility?					
b. Occupational illnesses and injuries?					

	Yes	No	N/I*	N/A	Comments
c. Security incidents?					
d. Hazardous materials and waste spills?					
e. Recognition of spills that require specialized equipment and training to clean up?					
f. Fire safety management problems?					
g. Equipment management problems?					
h. Utility system management problems?					
92. Are all employees, medical staff, and patients made aware of the hazard reporting system?					
93. Are staff encouraged to report any unsafe or potentially hazardous conditions?					
94. Does the reporting system ensure that a paper or digital trail is maintained from problem identification to resolution?					
95. Once identified, are hazards corrected immediately, or if not, has the organization established procedures for method of follow-up?					
96. Is there an organization-wide system to collect safety information from different sources (including the PSQ team) and to process that information for use by the PSQ team?					
97. Does the reporting system include summaries of deficiencies or problems, failures, and user errors, and does it publish reports of hazards associated with:					
a. Safety management?					
b. Security management?					
c. Hazardous waste					

	Yes	No	N/I*	N/A	Comments
management?					
d. Emergency preparedness and management?					
e. The <i>Life Safety Code</i> ?					
f. Equipment management?					
g. Utilities management?					
h. Patient safety?					
98. Does the reporting system allow access to historical information and trends?					
99. Is the reporting system part of, or able to link with, PSQ systems?					
100. Does the staff know their role in collecting and evaluating safety hazard information?					

System Evaluation and Improvement

101. Is a system in place to include use of performance indicators to monitor and evaluate the performance of each management plan?					
102. Does the practice use safety committee or safety team reports, reports from hazard surveillance rounds, OSHA log entries, or workers' compensation records to track performance?					
103. Does the person assigned to monitor and respond to conditions in the physician practice environment coordinate the organization-wide collection of this information, including coordinating with the safety officer and safety committee or safety team?					
104. Is at least one recommendation for a PI activity with regard to the environment of care communicated to practice leadership and the PSQ team					

	Yes	No	N/I*	N/A	Comments
110. Are employees and medical staff trained in the proper use of all new or significantly modified equipment before they are expected to operate it?					
111. Are employees and medical staff informed whenever a new hazard is introduced into their work area?					
112. Is at least one safety topic addressed at all departmental meetings?					
113. Is comprehension evaluated by improved metrics (e.g., improvement in scores from pre- and posttest results, observation, process measures) and documented after training?					
114. Are training records kept up to date for all employees and medical staff?					

Action Plan

Assessment Completed By: _____ Date: _____

Question No.	Action Required	Responsibility	Target Date	Action Completed	
				Date	Initials

Question No.	Action Required	Responsibility	Target Date	Action Completed	
				Date	Initials