



# **ANNUAL EVALUATION OF THE EFFECTIVENESS OF GMHA'S LIFE SAFETY MANAGEMENT PROGRAM Calendar Year 2017**

## **I. OBJECTIVES**

### **What are the results of review and evaluations of the objectives for the life safety management program?**

The program is established to ensure continuous upkeep and maintenance of all life safety systems and related equipment throughout the facility to assure the patients, staff and visitors are in a safe environment. The Life Safety Management responsibilities are shared amongst multi-disciplines. The Facilities Management and Safety Management group work cohesively with the Environment of Care Committee to establish objectives for each calendar year. The six (6) primary objectives of this plan are:

1. To ensure the building structure and its components are in compliance with applicable NFPA 101 (2012) – Life Safety Code standards and local fire regulations.
2. To provide education to personnel on the elements of the Life Safety Management Program including organizational protocols for response to, and evacuation in the event of a fire.
3. To assure that staff competency training related to the Life Safety Management Program are effective.
4. To inspect, test, maintain (ITM), repair and certify the fire alarm system (FAS) devices, detection systems and fire suppression systems (FSS) in accordance with NFPA 101 (2012) – Life Safety Code standards, NFPA 10, 13, 14, 25 & 72, as well as applicable federal and local fire regulations.
5. To inspect and maintain the integrity of the fire barrier/smoke compartmentalization and fire exit doors.
6. To institute Interim Life Safety Measures (ILSM) alongside with the ICRA (Infection Control Risk Assessment) during construction or fire alarm or detection systems failures or impairments and ensure staff and contractors are well versed on ILSM and ICRA.

### **Evaluation of the objectives established under the Life Safety Management Program:**

Throughout the course of the year these objectives in line with improving the Plan were assessed to the degree to which they were met:

1. The building structure and its components are in compliance with applicable NFPA 101 – Life Safety Code standards and local fire regulations.

Minor renovations were made to relocate personnel. New area/s of relocation site are within an existing compartmentalized area. Awaiting plan and construction for new structure to relocate back Business, Accounting, and Social Welfare offices.

Elevators unit 3 & 4 were modernized in 2016. Partially met as there is a need Modernization of units 1 & 2 is needed and slated for approval and implementation in 2108.

**This objective has been partially met.**

2. Provide education to personnel on the elements of the Life Safety Management Program including organizational protocols for response to, and evacuation in the event of a fire.

Yearly Fire and Life Safety on line and fair were conducted.

**This objective has been met.**

3. Assure that staff competency training related to the Life Safety Management Program are effective.

Facility wide training conducted this year.

**This objective has been met.**

4. Test and maintain the fire alarm devices, detection systems and fire suppression systems in accordance with applicable federal and local fire regulations.

Thorough inspection, assessment and testing in progress this last quarter of 2017 as system reached its 10 year of useful life expectancy. System needs to be refurbished and upgraded.

**This objective has not been met.**

5. Inspect and maintain the integrity of the fire barrier/smoke compartmentalization and fire exit doors.

Inspection, testing and maintenance (ITM) and risk assessments were conducted to determine the extent of fire barrier/smoke compartmentalization breaches throughout the facility and corrections were made as deficiencies are encountered. Number of doors inspected increased from 200 to 205 each.

**This objective has been met.**

6. There were no ILSM during renovation/construction of Medical Surgical Ward. Construction was done in house and no FAS failures or impairments at the time.

**This objective has been met.**

**Goals of the Life Safety Management Program for Calendar Year 2018:**

Continue its six (6) primary objectives as stated above.

These objectives are accomplished through the following processes:

- A. Criteria and Inventory:

- The Environmental Maintenance Shop at present uses hard copy checklist for its PM of all Fire Rated Door Assemblies. Transition to the use of the MP2 management software program to maintain a current, accurate inventory of all Fire rated door assemblies has been futile as the program became unstable.
- The Main Fire Alarm System with its integral software system maintains a current inventory of all devices and components being monitored. All devices are assigned with unique nomenclature and control numbers for ease of identification of devices and related components.

B. Maintenance Strategies:

- Inspection, Testing, Maintenance (ITM) and Certification – Fire alarm devices and fire suppression equipment are tested in accordance with the NFPA 101 (2012)– Life Safety Code standards, NFPA 10, 13, 14, 25 & 72 as well as applicable federal and local fire regulations .
- Inspection and Preventive Maintenance – Fire Rated Door Assemblies, Fire Barrier/Smoke Compartments are inspected and serviced in accordance with the NFPA 80 standards. Established frequencies for fire rated doors is monthly while inspection of wall partitions is quarterly covering each floor.
- Fire Rated Door Assembly Failures – The Maintenance Supervisor reviews fire rated door problems, type of failures and submits a summary report identifying discrepancies to the Environment of Care Committee for review and corrective action on a monthly basis.

C. Continuous Education:

Staff training and development is a continuous process in which staff learn how to respond to fires, learn general fire safety guidelines specific to their departments and/or worksites, learn proper use and location portable fire extinguishers, learn and familiarization for the location of oxygen shut-off valves and who is authorized to turn off these valves, location and use of evacuation chairs, plans/routes and how to properly evacuate by moving horizontally to the nearest smoke compartment and then vertically as needed. Keeping egress free from obstructions and maintaining combustible items at low inventory levels at normal times and while construction or renovation works are on-going.

II. **SCOPE**

**What are the results of the Safety / Environment of Care Committee’s review and evaluation of the scope covering the Fire Safety and Life Safety Management Plan / Program?**

The Hospital Safety and Security Administrator focuses on the human aspects of Fire Safety such as safe work practices and emergency response/ evacuation while the Facilities Maintenance Manager focuses on the physical aspects of Life Safety such as operability of fire alarm/fire suppression equipment, facility design and construction, and maintenance of building systems and components. Based on TJC & CMS standards and other applicable regulations, there have been no other changes to the organization and/or its mission that would necessitate further changes to the scope of the operation in 2017 and thereby in 2018.

**The scope of the Life Safety Management Plan / Program for the upcoming year include: (Has something changed? i.e., added new services/responsibilities, physician practices)**

The Life Safety Management Plan will remain the same for 2018.

**List any items under consideration for addition to the plan/program at this time:**

As previously mentioned, the Life Safety Management responsibilities are shared among multi-disciplines. The Facilities Maintenance and Safety Management group work cohesively with the Environment of Care Committee to establish objectives while conducting various activities to address current standards and practices.

Although there are no immediate changes suggested for addition to the plan at this time, the organization will continue to focus on enforcement and improvement of the plan/program by the following methods:

- Continue to ensure regulatory compliance through review of departmental fire safety and life safety standard operating procedures for compliance with newer OSHA and applicable NFPA codes
- Continue to track emergency response and incident reporting while conducting fire drills in accordance with frequencies as required
- Continue to conduct environmental risk assessments, hazardous surveillance risk assessments and infection control risk assessments to improve overall program goals and objectives
- Continued enforcement and documentation of ICRA / ILSM requirements during periods construction, renovation, maintenance activities or impairment of fire alarm systems
- Continue regular review and updates to the eSOC, BBI and PFI while tracking percentage of PFI's completed on time as deemed necessary reference to the implementation of newer applicable codes.
- Continue to provide new employee orientation and annual refresher training and development to elevate staff competency as it relates to Fire Safety and Life Safety programs

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**III. PERFORMANCE**

**Are Fire Safety and Life Safety Management reports maintained and reported to Safety/Environment of Care Committee at least quarterly? Please explain:**

Yes, reports are submitted to the Environment of Care Committee on a monthly basis and to the Performance Improvement Committee on a quarterly basis.

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**Have there been any user errors/accidents over the course of the past year? Please explain and include actions taken to prevent recurrence:**

No significant errors or accidents related to the Life Safety Program in 2017.

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**When problems or opportunities for improvement have been identified have actions been taken, documented and evaluated for effectiveness? Please explain:**

Problem#1 – FAS has reach its 10 year useful life expectancy so a thorough assessment is ongoing and that refurbishment and upgrade needs to follow in 2018.

Problem #2 – Submission of work orders and failure reports. As identified end users are not submitting timely all failure reports and works orders. Policy has been modified and reinstated use of work orders and failure reports. Reminders sent out in advance to all departments to identify problems.

**What are the results of performance improvement projects selected for the year? How did these projects affect patient care delivery?**

The matrix below reflects Performance Improvement monitoring activities and indicators detailing them into specific categories.

<b>LIFE SAFETY</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>			
<b>EMERGENCY GENERATOR TESTING</b>	100%	100%	100%	100%	100%	100%	100%	100%	92%	83%	92%	83%	83%	83%	83%
<i># of testing completed</i>	24	24	30		24	24	30		24	22	25		20	20	25
<i># of testing scheduled</i>	24	24	30		24	24	30		24	24	30		24	24	30
<b>FIRE DOOR MAINTAINED</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<i># of fire doors maintained</i>	205	205	205		205	205	205		205	205	205		205	205	205
<i># maintenance scheduled</i>	205	205	205		205	205	205		205	205	205		205	205	205
<b>FIRE ALARM DEVICES TESTED</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<i># of fire alarm devices tested</i>	1	32	1		1432	54	1		10	1	25		1	1	1118
<i># of testing scheduled</i>	1	32	1		1432	54	1		10	1	25		1	1	1118

**a. Number of Emergency Generator Testing Scheduled and Completed**

We failed to maintain 100% compliance with our average at 94% attributed to the downed unit for the MRI building. However, this only affects the MRI Building. It is recommended that this unit be removed from being monitored. This year the replacement of the older 1.6 Meg was slated but to no avail. Pushing forward is the major refurbishing of the two 1.6 Meg and the 650 KW this first quarter of 2018.

**b. Number of Fire Rated Doors Scheduled and Completed Maintenance**

Monthly inspection continues. Total increased from 200 each to 205 each. At the same time an annual inspection is also of the walls above these fire rated doors are also inspected. Any discrepancies noted are corrected the same month.

**c. Number of Fire Alarm Devices Tested as Scheduled and Completed**

Testing are done as scheduled. More system troubles are experienced due to the systems age. It has met its useful life expectancy of 10 years. At the end of 2017 a thorough assessment was conducted and that a system refurbishment is recommended by system provider. Repairs and upgrades is sought for 2018.

**Has the facility selected processes for monitoring that need the most attention? Please explain.**

None selected but emphasized for those that did not meet as all testing requirements and frequencies as required are all monitored and treated the same attention or importance.

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**Any revisions in the Fire Safety and Life Safety Management Plan / Program Performance Improvement Indicators / Measures for the upcoming year?**

No revisions done for 2017. However, forthcoming 2018 removal of the MRI unit from the on for emergency testing needs to be considered. The organization continues with the current number of performance improvement monitoring activities and measures for 2018.

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**IV. PLAN/PROGRAM EFFECTIVENESS**

**Identify the Fire Safety and Life Safety Management Plan's / Program's strengths and weaknesses (What has been accomplished, what opportunities for improvement were identified?):**

Strengths

- 100% Attendance to all Continuing Education and cross training for involving the entire organization.
  - Weaknesses
    - Late attendance by personnel on leave or for one reason or another.
    - Staff shortage is due to other projects other than those allocated for PM. Projects like in house construction to address immediate Life Safety issues.
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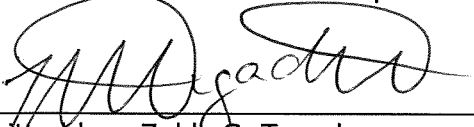
**What resources have been allocated toward these goals?**

No specific funding sources allocated this year that would positively impact the overall operations of the Life Safety Management Program.

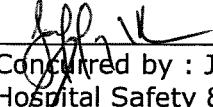
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**The following as part and parcel to performance improvement activity is considered as a priority for improvement and will be forwarded to the Safety/ Environment of Care Committee, Performance Improvement Committee and to administration.**

- Track ITM for Damper and AHU Shutdown this year and follow thru 2018.

  
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Date: 01/06/2018

  
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Date :01/17/2018

  
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Date: 01/25/2018