

HEALTH AND SAFETY AUDIT

Findings and Recommendations

Illinois Department of Veterans' Affairs

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Prepared for:

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Health and Safety Audit Report for Illinois Veterans' Homes May 2019



EXECUTIVE SUMMARY

Tetra Tech prepared the Health and Safety Audit Report to comply with Executive Order 2019-04. This Executive Summary provides (1) the background and methodology for the audit and (2) key findings and recommendations to improve policies, protocols, and procedures to ensure the health and safety of residents, employees, and visitors at Illinois Veterans' Homes.

BACKGROUND AND METHODOLOGY

Pursuant to Executive Order 2019-04, Tetra Tech was awarded a contract with the Illinois Department of Veterans' Affairs (IDVA) to complete a comprehensive written Health and Safety Audit Report of the four Illinois Veterans' Homes in regard to the health and safety of the residents, employees, and visitors present at those locations.

To prepare for the audit, Tetra Tech reviewed IDVA policies and protocols specific to individual Veterans' Homes relating to:

- The identification and remediation of health and safety issues to the residents, employees, and visitors focusing on health issues that may develop into public health emergencies (for example, Legionnaires' Disease, influenza, respiratory illnesses).
- Internal communications within the IDVA concerning health and safety issues to the residents and employees, including public health-emergencies.
- External communications from the IDVA to Federal, State, and Local Agencies regarding health and safety issues to the residents and employees, including public health emergencies.
- External communications from the IDVA to residents, resident's family members, and the public regarding health and safety issues concerning to the residents and employees, including public health emergencies.
- Determination and execution of necessary maintenance schedules at each Veterans' Home concerning health and safety issues that protect the residents and employees, including public health emergencies.

Tetra Tech collected over 250 protocols, policies, and procedures for IDVA and four homes, focusing on health and safety, water management, home operations, and clinical operations. Tetra Tech selected and reviewed representative policies, protocols, and procedures from each home with a focus on water management programs, health and safety, and public health emergencies.

Health and safety policies were reviewed and compared with the standards of Title 77: Public Health, Chapter 1 Department of Public Health, Subchapter c: Long-Term Care Facilities, Part 340 Illinois Veterans' Homes Code, Section 340.1300 Facility Policies and Section 340-1115 Federal Veterans' Regulations.



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Water management plans from each Veteran's Home were reviewed and compared to the government and industry guidelines from the American Society of Heating, Refrigerating and Air Conditioning Engineers, the Centers for Disease Control Prevention, and the Cooling Institute Technology.

In addition, a communications survey was distributed to approximately 2,770 employees, residents, and family members seeking feedback on the effectiveness, clarity, and timeliness of communications from IDVA. The survey focused, in particular, on communications about communicable/infectious diseases such as pneumonia and Legionnaires Disease, or information about large construction projects that impact residents. The survey was made available online through SurveyMonkey and copies were provided for staff and residents at each Veterans' Home. Tetra Tech received 1,015 completed surveys, which represents a 37% return rate.

Two Tetra Tech staff toured each Veterans' Home in April 2019 to conduct a physical health and safety audit. At each home, Tetra Tech staff first met with the administrator or senior staff to discuss the audit and inquire if there were specific questions before the audit began. During each onsite audit, Tetra Tech was escorted by the home's engineer/maintenance staff and Director of Nursing or Infection Control Nurse. During the audit, Tetra Tech toured common areas, offices, storage facilities, mechanical areas, patient rooms, and patient care areas to identify any health and safety vulnerabilities, gaps, infractions, and opportunities for improvement. Tetra Tech also talked with nursing staff, housekeeping personnel, family members, and residents about any health and safety concerns or other concerns that they might have.

KEY FINDINGS AND RECOMMENDATIONS

Overall, Tetra Tech found all of the homes to be resident-centric as it was apparent that the staff's first concern is the safety and well-being of all residents. As Tetra Tech reviewed current policies and procedures and conducted site visits at each of the homes common issues were noted in the following health and safety areas: policies and procedures, infection control, emergency operations, training, facilities, housekeeping, and maintenance. Due to the prior Legionnaires Disease outbreaks, the water management plans were heavily scrutinized. The key findings and recommendations below outline the strengths, weaknesses, and recommendations identified for these focus areas.

Strengths

Policies and Procedures

1. All homes had policies and procedures in place; staff indicated they know where to find relevant policies and procedures and plans for emergency operations.
2. Information sharing appears to be supported. Quincy is the main source of policies that the other homes look to; they then adapt a "Quincy" policy for their own needs.
3. Several policies are consistent with the public health codes and Centers for Disease Control and Prevention (CDC) guidelines.



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Quality of Life

4. Staff and residents feel safe in their environment.
5. Homes are resident-centric; "all we want is the best for the residents."
6. Residents were observed engaged in activities with staff, watching TV, doing activities on their own such as jig-saw puzzles and sewing, or in their rooms.

Housekeeping

7. Homes were generally clean and inviting upon entry.
8. Housekeeping staff appear to be diligent in changing water used for mopping floors; at most homes, clear, clean water was observed in buckets (indicating water is changed regularly meeting infection control standards).
9. Housekeeping items are addressed immediately when they are identified.

Maintenance

10. Maintenance procedures and schedules were available for some operations at some homes (for example, water management maintenance procedures).
11. Maintenance personnel are diligent in investigating and correcting safety issues identified by residents and staff.

Fire Safety

12. Incidences of fires at the homes were not identified as a major recurring issue at the homes.

Training

13. Registered Nurses and licensed support staff have access to computer-based training (Point Click Care and Relias Academy [an online accredited healthcare continuing education system]), which allows them to remain current in their field.

Communication

14. 74% of respondents to the communications survey are satisfied (34%) to very satisfied (40%) with communication from IDVA.
15. Written notifications of the incidence of infectious diseases are being sent to residents' emergency contacts or next of kin and posted on IDVA websites per Public Act 100-0632.
16. Resident/family member interviews and surveys indicate that communication regarding infectious disease and emergency management issues is implemented regularly and clearly and that these communication efforts are valued; residents and family indicated that they feel the residents are safe.



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Water Management Plans

17. Each home is implementing a water management program to minimize risks associated with water quality.
18. Water management teams have been established to support the water management programs.
19. Roles and responsibilities are identified for the water management teams at Anna and Manteno; names and contact information are identified for some water management team members at Quincy.
20. One home identifies external stakeholders as part of the home's water management team (Quincy).
21. Detailed process flow diagrams are included for one home (Quincy).
22. Water management program efforts to complete hazard analysis, identify control measures, and delineate corrective actions have been completed for the facilities (minimal: LaSalle; partial: Anna and Manteno; detailed: Quincy).
23. Preliminary approaches to communication and documentation are identified in the water management programs; all the homes appear to be developing these elements of the program.

Weaknesses

Policies and Procedures

1. Policies are not standardized between homes. For example, roles and responsibilities should be identified, not specific names.
2. A number of the reviewed policies appear incomplete; for example, they are possibly outdated (up to five years old) and do not indicate which current regulations or standard of practice they are designed to address.
3. Various infection control policies exist, but it is not clear how they are integrated into an Infection Control Management Program or if they are stand-alone policies.
4. Emergency Operations Plans do not use plain language in the emergency codes or throughout the Plan; staff were unaware of emergency code definitions/meanings.
5. Emergency Operations Plans do not describe how the Incident Management Team will address emergencies or incorporate into a Unified Command Structure. One manual appears to show local community partners (Police and Fire/EMS) reporting to the IDVA "person in charge," when the IDVA Administrator (or their designee) would be part of a Unified Command making decisions.

Housekeeping

6. Housekeeping and maintenance issues were observed that can pose a potential infection control risk.



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Maintenance

7. Some maintenance issues could adversely impact evacuation efforts, for example, extensive pot holes which would be problematic in an evacuation event.
8. All homes with active construction/maintenance repairs had not been trained to properly perform a risk assessment and identify compensating preventative measures; leaving the residents, employees, and visitors exposed to active hazards and additional potential hazards (for example, falling debris, unattended tools, life threatening dust, and tripping hazards); vulnerabilities and gaps that pose potential risks should be addressed before construction starts.
9. Multiple sidewalks at Quincy need repair. This issue has the potential to cause residents, staff, and visitors to be injured.
10. Roads going into the campus (Manteno) are in disrepair with potholes and cracks.
11. Numerous ceiling tiles in many locations were stained, missing, or broken. Stains are indicative of moisture presenting a potential for mold growth and potential exposure to mold. Missing/broken ceiling tiles allow dust from the above ceiling void space to enter patient care areas, posing an infection control hazard to immunocompromised residents.
12. Disposal of broken equipment is a long and arduous process and the homes do not have enough storage space to keep broken equipment onsite; storage space appears to be inadequate at the homes. This creates tripping and struck-by hazards due to out-of-service equipment piling up.
13. During the audit, facilities maintenance staff appeared to be so busy that they do not have the time to complete projects safely. Examples include: (1) leaving a ceiling tile displaced while awaiting a part to be delivered a week later and (2) being called to another repair and leaving belt guards out of place for four days past belt replacement.
14. Per staff interviews, purchases/repairs over \$2,000 need to go through the IDVA procurement department in Springfield; a procedure no other state department has to follow. This adds a layer of bureaucracy, causing purchases to take significant time to be approved or are not approved at all. This creates the need to provide repetitive, inefficient, ineffective, and band-aid fixes rather than spending a bit more to complete a repair correctly the first time. This also dove tails into cascading, additional costs of the repetitive, deferred maintenance.

Fire Safety

13. On the Quincy campus, two areas were deficient in life safety equipment. The Smith Building had an incomplete, non-functional fire protection (sprinkler) system. The Information Technology Department occupies a large suite with a high fire load in the Stone Building and does not have a fire alarm or fire protection system.
14. Minor fire safety violations were identified during the site visits.



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Training

15. Training programs, including emergency drills and exercises are not well documented and are repetitive (same training reused over time) instead of altering the variables.
16. Staff indicated they have not received “any hands-on training for health and safety, fire safety, CPR, dementia, evacuation, or infectious diseases.”

Recommendations

Policies and Procedures

1. Develop an “IDVA System Policies” or standardized policy structure that addresses all homes. These could be compiled from identified, evidence-based, best practice, and/or National Standards. Additional policies unique to each home may still be maintained, as appropriate.
2. Each home should have a central location for all printed policy and procedure manuals and plans so that all employees know where to find and access the information
3. The health and safety team should develop a process to (1) ensure plans are revised annually, integrating lessons learned and improved approaches and tools and (2) communicate accurate policy and procedure information to staff.
4. Expand the Quality Assurance Process Improvement program to ensure improvements in infection control and fall reduction rates over time.

Health and Safety

5. Continue the high quality care exhibited.

Housekeeping

6. Develop a housekeeping preventative maintenance schedule and standards so all homes can achieve the same consistent level of cleanliness.

Maintenance

7. Evaluate the staffing levels of the facility engineering departments to determine if manpower is sufficient for the workload.
8. Consider moving up the projected sidewalk demolition date at the Quincy home due to the extent of the issues associated with the absence of sidewalk backfill to reduce the potential for life threatening injuries.
9. While the homes have maintenance schedules, they are all manual based. Procure an electronic, centralized mechanical testing and maintenance tracking system accessible by all the homes that prompts required life safety tests, preventative maintenance, etc., before their due date. The information provides the opportunity to anticipate future issues and creates accurate, written documentation illustrating legitimate overdue repairs and cascading costs associated with deferred maintenance.



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Fire Safety

10. State needs to complete the funding for the fire protection (sprinkler) project in the Smith Building at Quincy.
11. State needs to assess and install the required fire alarm and fire protection system in the IT Department in the Stone Building at Quincy.

Training

12. Provide training to facility, engineering, safety officer, and infection control staff to ensure the construction risk assessment process is completed and followed for all high risk construction activities.
13. Train staff in understanding the importance of reporting and replacing stained ceiling tiles in a timely manner as stained ceiling tiles could indicate potential infection control issues. Dispose of broken/damaged equipment in a timely manner.
14. Provide computer-based training to all staff, not just RNs and licensed support staff to ensure consistent and timely training, which would enhance the health and of residents, employees, and visitors.
15. Provide more opportunities for hands-on and refresher training, which should be conducted at least annually.
16. Utilize “plain language” for identifying emergency codes.
17. Consider developing a standard IDVA orientation program for new employees that includes overall health and safety policies and procedures and also home-specific orientation needs.
18. Provide crisis prevention/de-escalation training to all staff as violence in the healthcare environment is a concern.

Communication

19. Change the format of non-standard communications to be more aesthetically appealing, to make it stand out so the reader will want to read it.

Water Management Plans

20. Revise water management programs to provide a consistent format and integrate the best components based on staff input.
21. Implement the seven steps of the Center for Disease Control toolkit guidelines in a consistent manner for each home.
22. Strengthen communication and training procedures to provide outreach to residents and staff and ensure staff have sufficient, documented training regarding their roles in water system protection (for example, flushing procedures, temperature checks, etc.).