Creating A Safety Program From Scratch: Client Success Story
Twin Knee
Foe War
Foe Ward

Forward
Inner Deuce

Introduce
Lie berry
Library
Bur Men Ham
Birmingham
Gnaw Lens

New Orleans
Done No

I Don’t Know
About Sarah Cannon
Our goal is to create a safety culture, not a safety program.

Dee Anna Smith,
CEO, Sarah Cannon
SARAH CANNON
Leveraging Scope/Scale/Science

One of the world's largest drug development/phase 1 programs

120,000+
Newly diagnosed cancer patients per year within the system

Utilizes the largest patient access/ER system to diagnose cancer at earlier stages (8.4 million visits a year)

Together, we provide state-of-the-art cancer care close to home for hundreds of thousands of patients, a number unmatched by any single cancer center.

900+ Employees
200+ Oncology-trained nurse navigators
Largest Cancer navigation program in the US

1,000+
nannual transplants
Largest blood cancer transplant network

HCA/SARAH CANNON ASSET OVERVIEW

Hospital Inpatients
174 hospitals in 20 states
(Blue states have HCA Hospitals)

Sarah Cannon Markets
Key markets to focus on comprehensive oncology strategy and the continuum of care

Sarah Cannon Research Institute

BMT Sites

Radiation Oncology

International
Leaders in Oncology care (JV with LOC)

Cardiovascular

CONNECT18
Cambridge | 12 - 13th September 2018
The culture change begins: The Gap Analysis
“Inspect our facilities and report your findings”
## SAFETY & HEALTH GAP ANALYSIS

### Cultural Elements

#### Leadership Development for ALL leaders

<table>
<thead>
<tr>
<th>Goals (KPIs), Data Measurement &amp; Action Plan</th>
<th>Accountability</th>
<th>Communication</th>
<th>Root Cause Analysis</th>
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<td>Standards &amp; Procedures</td>
<td>Skill Building</td>
<td>Observations &amp; Audits</td>
<td>EHS Functional Excellence</td>
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#### Performance Management: Systems, Processes and Software

- Compliance with regulations and internal standards
FINDINGS
EXISTING PRACTICES

• Fragmented incident reporting process
• Infrequent and non-standardized incident investigation
• CAPAs rarely assigned; mitigation would be difficult
• No EHS governance or internal guidance (no written SOPs or programs)
• Misaligned training matrices: exposure vs. education (awareness)
• No functional expertise/support
• Low leadership involvement
• Absence of EHS audits/inspections
• No organization-wide support
Needs are identified…
RECOMMENDATIONS

- Proactive and effective compliance/governance efforts
- Immediate mitigation of findings
- Written policies, programs and procedures
- Create target action committees and charters
- Risk assessments and job hazard analysis
- Develop standardized reporting process
- Standardized investigation and corrective action procedures
- Establish a dedicated EHS position and department
- Increase organizational training efforts and employee awareness
- Institute a continuous learning and improvement culture
SAFETY & HEALTH GAP ANALYSIS

**Leadership Development for ALL leaders**

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**Compliance with regulations and internal standards**

**Evident, Active Top Leadership Involvement**
## Safety & Health Gap Analysis

**Evident, Active Top Leadership Involvement**

**Leadership Development for ALL leaders**

**Performance Management: Systems, Processes and Software**

- **Goals (KPIs), Data Measurement & Action Plan**
- **Accountability**
- **Communication**
- **Root Cause Analysis**
- **Safety Policy**
- **Standards & Procedures**
- **Skill Building**
- **Observations & Audits**
- **Morale and Motivation to Be Involved**
- **EHS Functional Excellence & Data Management**

**Compliance with regulations and internal standards**

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Phased approach...
**PHASE TO PHASE**

**PHASE I**
**“ASSESSMENT”**
- Assess current workplace hazards and exposures
- Audit current policies, programs, SOPs

INITIAL CONTACT 7/1/16
SAFETY & HEALTH GAP ASSESSMENT BEGINS 10/1/16
SAFETY & HEALTH GAP ASSESSMENT COMPLETE 10/18/16
EXECUTIVE PRESENTATION 11/17/16
PHASE II PROPOSAL 12/8/16

**PHASE II**
**“TRIAGE”**
- Policies, SOPs
- Executive development
- Internal resource

PHASE II KICKOFF 2/1/17
SAFETY LEAD DEVELOPMENT BEGINS 7/1/17
INCIDENT REPORTING 8/31/17
CONTRACTOR QUALIFICATION 10/1/17
PARKING STRUCTURE 12/8/17

SAFETY LEAD HIRED 6/1/17
SAFETY PRINCIPLES DEVELOPED 8/15/17
INCIDENT INVESTIGATION 9/15/17

**PHASE III**
**“PROCESS”**
- Assess processes, work environment and behaviours
- Metric establishment
- Audits/Inspections

AUDIT/INSPECTION PROGRAM 3/1/18
JHA PROCESS 4/30/18
METRIC DEVELOPMENT 6/1/18
SOP/TRAINING REVIEW 8/1/18

QTRLY EXEC MEETINGS 2/1/18
CORPORATE-WIDE WIMM TRAINING 3/15/18
COLLEAGUE INSPECTIONS 5/31/18
ERGO EVALS 7/1/18
PHASE TO PHASE

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  3/15/18

- **COLLEAGUE INSPECTIONS**
  5/31/18

- **ERGO EVALS**
  7/1/18
SARAH CANNON AND UL PROJECT PLAN

Phase I
- Leadership Development for All Leaders
- Performance Management Systems, Processes and Software
- Goals (KPIs), Data Measurement and Action Plan
- Accountability
- Communication
- Root Cause Analysis
- Morale and Motivation to be improved
- Safety Policy
- Standards & Procedures
- Skill Building
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Phase II
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ORGANIZATIONAL EHS INVOLVEMENT

- Benchmark
- Phase II
- Phase III
- Future (Short Term)
- World Class

Legend:
- Front Line Colleagues
- Supervisors/Managers
- Directors
- EHS
- Executive
QUALITY OF CARE
Safety Policy:
We are committed to a proactive health and safety culture, focusing on continuous improvement and striving to meet or exceed all applicable laws and regulations.

Guiding Principles:
We developed guiding principles in keeping with Sarah Cannon’s commitment to excellence, inclusiveness, accountability and candidness.

<table>
<thead>
<tr>
<th>Guiding Principle</th>
<th>Cultural Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will integrate colleague health and safety considerations into all of our business and operating decisions and will allocate resources necessary to achieve our safety goals.</td>
<td>Inclusiveness</td>
</tr>
<tr>
<td>We will lead by example, “walk the talk”, and take personal responsibility to incorporate safety consciousness into day-to-day operations at all levels.</td>
<td>Excellence</td>
</tr>
<tr>
<td>We will develop policies, procedures to implement a safety culture and will ensure these policies and procedures are relevant, available, understood, used and reinforced.</td>
<td>Excellence</td>
</tr>
<tr>
<td>We will create, promote and participate in training and education programs to identify and manage colleague health and safety concerns.</td>
<td>Excellence</td>
</tr>
<tr>
<td>We will set specific goals, measure progress against them and take actions to continuously improve our performance.</td>
<td>Accountability</td>
</tr>
<tr>
<td>We will hold each other accountable for promoting and maintaining safety excellence.</td>
<td>Accountability</td>
</tr>
<tr>
<td>We will be proactive with our Health and Safety program by performing regular safety audits and assessments seeking to prevent rather than react to incidents.</td>
<td>Excellence</td>
</tr>
<tr>
<td>We will communicate safety concerns candidly and in a timely manner to promote awareness and to encourage improvement.</td>
<td>Candidness</td>
</tr>
<tr>
<td>We will promptly report and investigate every safety incident, including near misses, so that we can learn, improve and track progress.</td>
<td>Candidness</td>
</tr>
<tr>
<td>We will include all colleagues in the promotion and achievement of a healthy and safe work environment and specifically recognize those who take actions to help us do so.</td>
<td>Accountability</td>
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CRUCIAL STEP

Executive Council

Colleague Health & Safety Leader

Executive Leadership Team

Implementation Team

Functional Groups
Staff Departments
Remote Locations

High-level guidance, direction, resourcing, overall ownership

Oversight, accountability, recognition

Coordination, implementation

Communication, training, buy-in, engagement

Functional Expertise
<table>
<thead>
<tr>
<th>1. General:</th>
<th>2. Participants:</th>
<th>3. Objectives:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency:</td>
<td>CEO, CRO, SVP HR, CMO, SVP Training, CFO, CMO, UL = resource</td>
<td>1) To provide overall direction for the focus, content and pace of the safety improvement effort. 2) To understand issues in the way of achieving short-term objectives for the effort and to work to eliminate them. 3) To provide positive feedback to the organization for progress made.</td>
</tr>
<tr>
<td>Day:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Time:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration:</td>
<td>60-90 minutes</td>
<td></td>
</tr>
<tr>
<td>Location:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Inputs:
- Updated action log from last meeting
- Updated “8-week” plan
- Updated performance data
- Special topics – prepare any background info

5. Outputs:
- Updated action log for this meeting
- Minutes with agreements reached during meeting
- Agreement on any broad communications required

6. Ground rules:
- All members need to be present if at all possible
- All inputs sent to attendees 24 hours prior to meeting
- Members designate alternate if unable to attend meeting

7. Agenda:
1. Safety Share All
2. Review agenda and action log
3. Review updated 8-week plan
4. Review specific issues and positives
5. Special topics (include reviewing data) All
6. Agree on any redirection, comm. needed All
8. Review new actions
9. Close

Revised 1/26/17
# IMPLEMENTATION TEAM CHARTER

<table>
<thead>
<tr>
<th>1. General:</th>
<th>2. Participants:</th>
<th>3. Objectives:</th>
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<tbody>
<tr>
<td>Frequency: 2x/month</td>
<td><strong>HEALTH &amp; SAFETY</strong>&lt;br&gt;- HR&lt;br&gt;- Training&lt;br&gt;- Facilities&lt;br&gt;- Clinical Operations&lt;br&gt;- Field Operations&lt;br&gt;- Treatment&lt;br&gt;- UL = Resource</td>
<td>1) To manage the overall effort to implement changes to the safety management systems&lt;br&gt;2) To monitor progress and to report that progress and issues in the way to leadership&lt;br&gt;3) To provide a method to reach out to key groups to promote understanding and buy-in as well as to enlist their help in implementing changes.</td>
</tr>
<tr>
<td>Day: ???</td>
<td></td>
<td></td>
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<tr>
<td>Start Time: ???</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration: 90 minutes</td>
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<td>Location: ???</td>
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<th>4. Inputs:</th>
<th>5. Outputs:</th>
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<td>• Updated action log from last meeting&lt;br&gt;• Updated “8-week” plan&lt;br&gt;• Special topics – prepare any background info</td>
<td>• Updated action log for this meeting&lt;br&gt;• Minutes with agreements reached during meeting&lt;br&gt;• Agreement on any help required from leadership</td>
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<td>• All members need to be present if at all possible&lt;br&gt;• Substitutes sent if members not available to attend&lt;br&gt;• All inputs sent to attendees 24 hours prior to meeting&lt;br&gt;• ???</td>
<td>1. Safety Share All&lt;br&gt;2. Review agenda and action log&lt;br&gt;3. Review status of 8-week plan&lt;br&gt;4. Discuss specific issues and positives All&lt;br&gt;5. Special topics, including committee reports All&lt;br&gt;6. Agree on any redirection, comm. or help needed All&lt;br&gt;7. Review new actions&lt;br&gt;8. Close</td>
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Revised 1/26/17
Successes and Results…
No observations/near miss programs in place 2013 - July 17
Safety Principles Developed (Apr)
New process developed (May)
New process BETA (Sep)
Investigations/CAPA (Oct)
New reporting process rolled out (Oct)

Observations
Near Misses
Colleague Incidents
Patient Incidents

Corporate Awareness Program (Mar)
Audits/Inspections (Jul)
Front Line Colleagues: Reporting (Jan)
JHA/Ergo (Apr)

Incident Trends Driving Change (results of reporting)

- Parking garage improvements adding speed limit signage, mirrors, striping, traffic flow indicators have significantly decreased near misses and pedestrian vs. vehicle collisions
- Safety Awareness campaigns are being developed to address driver safety, needle stick prevention, parking lot safety and patient lifting/handling
- Travel safety policy development and education
ACCOMPLISHMENTS

- Executive oversight and involvement
- Uniform incident reporting process
- Standardized investigations
- Dedicated EHS Lead established
- EHS awareness matrices
- Regimented EHS related activities and rituals
- Daily, weekly, monthly inspections
- Semi-annual program audits

- EHS performance metrics established
- Higher level of front-line colleague/manager engagement
- Better risk assessment and grading abilities
- Updating SOPs to include EHS elements
- Model for other BUs
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REGIMENTED EHS RELATED ACTIVITIES AND RITUALS

Safety Committee Meetings
Executive Council meetings
Internal Website
Departmental Safety Briefs (monthly)
Monthly Topic/Focus
Improvement Sessions
EHS PERFORMANCE METRICS

LAGGING
Body part, nature cause of injury
# of injuries/illnesses
# of non-injury/illness incidents
# of visitor incidents
# of investigations
# of CAPAs

LEADING
# of observations/near misses
  • % of employees reporting
  • % that resulted in CAPAs
  • Positive vs. Negative Observations
% reported <48 hours (near miss)
% of overdue/completed training
Inspection trends
Perception Surveys
93% of employees feel “safe” at work (2018 Colleague Perception Survey; +9% increase)
20%

Employee participation rate (observation & near miss reporting; 700 participating employees)
156% Increase in observation reporting 2017 vs. 2018
70%

Of reporting are observations/near miss based; prior to January 17, 100% were injury related.
Q&A

Don’t forget you can upload questions to sli.do