Department of Veterans Affairs (VA)
Veterans Health Administration (VHA)
Environmental Programs Service (EPS)

Environment of Care (EOC) Assessment and Compliance Rounding Process Guide

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1.0 INTRODUCTION

1.1 PURPOSE

The Department of Veterans Affairs (VA), Veterans Health Administration (VHA) requires routine Environment of Care (EOC) Rounds at each VA Medical Center (VAMC) and Community Based Outpatient Clinic (CBOC) be conducted once per fiscal year (FY) in nonpatient care areas and twice per FY in patient care areas in accordance with The Joint Commission (TJC) Standard EC.04.01.01. The purpose of this document is to provide a comprehensive and standardized, EOC Assessment and Compliance Rounding process for VHA.

1.2 OBJECTIVE

VHA employees are expected to manage EOC compliance as it relates to patient care activities, capturing deficiency data in real-time and generating time-sensitive corrective actions to correct identified potential patient safety risks and EOC deficiencies. The objective of this EOC Assessment and Compliance Rounding Process is to facilitate transparency of EOC findings and tracking at the Veterans Integrated Service Network (VISN) and VAMC leadership levels to properly address EOC issues.

1.3 SCOPE

The scope of this document is to outline the VHA EOC Assessment and Compliance Rounding process, which includes establishment of a core team and the use of EOC checklists as part of the EOC Assessment and Compliance Tool system.

2.0 EOC ROUNDS RESPONSIBILITIES

2.1 RESPONSIBILITIES

2.1.1 The Network Director, or designee

The Network Director (ND), or designee is responsible for ensuring EOC Rounds are conducted for each facility within the VISN. The ND is responsible for the following:

1. Monitoring EOC compliance across the VISN, and
2. Designating access to VISN-level reporting in the EOC Assessment and Compliance Rounding Tool.

2.1.2 Medical Center Director, or designee

The Medical Center Director (MCD), or designee has the overall responsibility for the EOC Assessment and Compliance Rounds Program. The MCD manages the coordination of EOC Rounds at all facilities under their purview. The MCD ensures that EOC Rounds are conducted at outpatient clinics and appropriate records are kept. The MCD is responsible for the following:

1. Ensuring a member of the local executive team leads EOC Rounds,
2. Establishing EOC Steering Committee Meeting to discuss processes, findings, trends, and other related EOC issues,
3. Monitoring completion of deficiency corrective actions,
4. Reviewing, approving and monitoring Plan of Action (PFAs), and
5. Overseeing maintenance of the EOC Assessment and Compliance Tool.

2.1.3 EOC Rounds Coordinator

The EOC Rounds Coordinator has delegated responsibility from the Facility Director or designee to schedule, conduct, and maintain appropriate records of the EOC Assessment and Compliance Rounding process. The EOC Rounds Coordinator is responsible for the following:

1. Scheduling of EOC rounds at their designated facilities ensuring care is not disrupted in clinical space,
2. Maintaining inspection records,
3. Creating and monitoring PFAs,
4. Monitoring completion of corrective actions,
5. Resolving process/system issues that may involve several disciplines,
6. Providing recurring reports on trends and problem areas to the local EOC Committee or leadership concerning EOC rounds,
7. Maintaining the EOC Assessment and Compliance Rounding Tool,
8. Providing education and training on the EOC Assessment and Compliance Rounding Process and EOC Assessment and Compliance Tool to the EOC Rounding Team Members; and
9. Granting permissions and access to the EOC rounding software for their respective facilities.

2.1.4 EOC Rounding Core Team Members

EOC Assessment and Compliance Rounding Team Members represent specific subject areas that contribute to achieving an environment of care compliance at VAMCs and CBOCs with established requirements. The EOC Assessment and Compliance Rounding Core Team Members are responsible for performing Rounds at their facilities. EOC Rounding Core Team Members are responsible for the following:

1. Completing annual mandatory training on the EOC Assessment and Compliance Rounding Process, and EOC Assessment and Compliance Tool through VA Talent Management System (TMS),
2. Participating in EOC Rounds to identify environmental deficiencies, hazards, and unsafe practices using the assigned EOC Checklist for their subject area available through the EOC Assessment and Compliance Tool,
3. Participating in all EOC Rounds,
4. Designating a supervisory/management level alternate within their subject area for any missed EOC Rounding sessions,
5. Safeguarding the EOC Assessment and Compliance Tool tablets assigned to them, and
6. Replacement and/or procurement of additional EOC Assessment and Compliance Tool tablets if needed.

The associated EOC Rounding Core Team Members are the basis for the EOC Assessment and Compliance Rounding Process. Table 1: EOC Assessment & Compliance Core Team Members provides a list of the core team members that should be involved in EOC Rounds. **Note: This Core Team may be expanded on all levels of the organization depending on the facility's needs.**

EOC Rounds Core Team Members
MCD, or designee from the leadership team
Engineering Service EOC Rounds Team Member
Safety Service EOC Rounds Team Member
Patient Safety EOC Rounds Team Member

EOC Rounds Core Team Members
Environmental Management Service (EMS) EOC Rounds Team Member
Health Insurance Portability and Accountability Act HIPAA/Privacy Officer EOC Rounds Team Member
Infection Control Practitioner EOC Rounds Team Member
Facility Level Information Security Officer (ISO) EOC Rounds Team Member
Nursing EOC Rounds Team Member
Police Service EOC Rounds Team Member
Women Veterans Program Manager EOC Rounds Team Member
Logistics/Materials Management Service EOC Rounds Team Member

Table 1: EOC Assessment & Compliance Core Team Members

2.1.5 Nurse Managers, Clinical Center Directors, Service Chiefs, and/or Business Managers

Nurse Managers, Clinical Center Directors, Service Chiefs, and/or Business Managers are responsible for supporting the EOC Rounds process by:

1. Monitoring the day-to-day safety, security and general maintenance of their perspective work environment and equipment,
2. Initiating corrective action to address deficiencies and recommendations identified during EOC rounds and documenting corrective actions taken on the monthly checklist, and
3. Notifying the EOC Rounds Coordinator and appropriate personnel when safety issues are involved that may require a higher level of alert and/or notification.

2.1.6 Office of Information and Technology

The local Office of Information and Technology (OI&T) and Information Security Officer (ISO) plays an important role in ensuring that the EOC Assessment and Compliance Rounding system is available for the EOC Assessment and Compliance Rounds at facilities. Local OI&T and information security representatives are responsible for the following:

1. Maintaining the hardware and software on the tablets following the EOC Assessment and Compliance Tool Best Practices located at https://eoc.va.gov/guides, and
2. Acting on VA OI&T published bulletins regarding the software and/or tablets that support the EOC Assessment and Compliance Tool.

3.0 EOC ROUNDING PROCESS

An EOC Assessment and Compliance Tool Rounding schedule shall be developed for each FY at each facility. The schedule should ensure that all areas are surveyed once per FY in nonpatient care areas and twice per FY in

patient care areas by the EOC Assessment and Compliance Core Rounding Team. EOC rounds should be conducted at each VAMC and CBOC in accordance with the published schedule. The team members will meet at an area identified by the EOC Rounds Coordinator.

The following EOC Assessment and Compliance Rounding Process diagram provides basic steps to complete EOC Rounds at the VAMCs. The responsible party is also identified and may vary according to how your facility is organized.

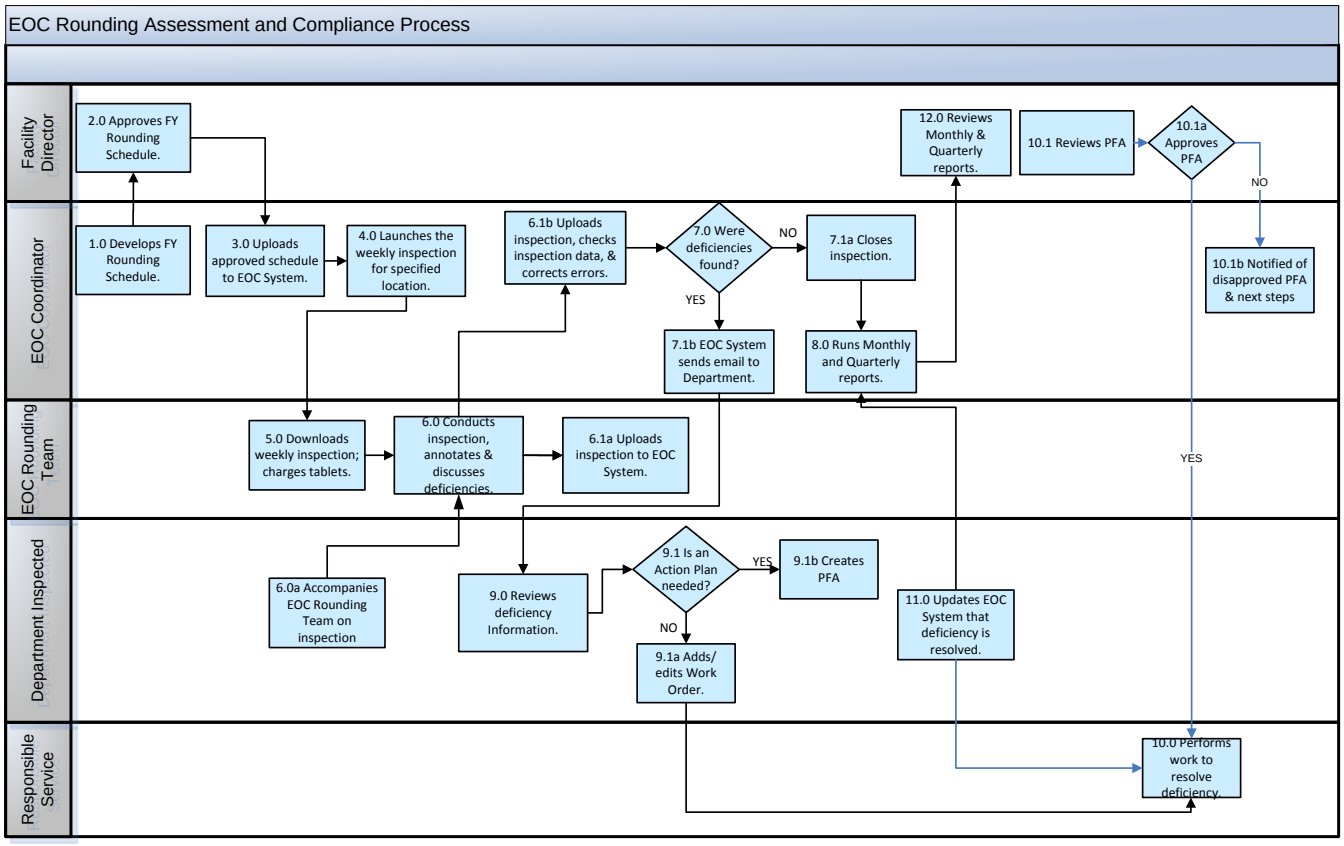


Figure 1: Recommended EOC Assessment & Compliance Process

Table 2: EOC Assessment & Compliance Process Steps provides a step-by-step description of the process in Figure 1.

Step	Process
1.0	EOC Coordinator initiates the Rounding process at the beginning of each fiscal year when they develop an approved schedule of EOC rounds.
2.0	The MCD, or designee reviews the proposed rounding schedule for the fiscal year.
3.0	After approval, the EOC coordinator loads the schedule into the Performance Logic Rounding System and populates all inspections for that fiscal year.
4.0	On a weekly basis, the EOC Coordinator launches the scheduled inspection in the Rounding System, ensuring all team members are assigned the appropriate checklists and that the correct 'department inspected' and 'location' are listed.

Step	Process
5.0	After the EOC Coordinator launches an inspection, the EOC Rounding Team can log-on to their tablets and download the inspections of the week. All team members are expected to have their tablets ready and inspections downloaded prior to meeting for rounds.
6.0	The inspection team conducts the inspection of the area as assigned, utilizing the standard checklists on the tablets, and citing areas as deficiencies if necessary.
6.0a	During the inspection, a representative of the 'department inspected' accompanies the Rounding Team to provide access to secure areas and take ownership for any deficiencies that the department manager can remediate.
6.1a	Upon completion of an inspection, the EOC Coordinator facilitates an exit briefing when feasible, between the Rounding Team and the department representative to discuss any findings and plans for remediation. At the conclusion of the exit brief, the Rounding Team uploads their checklists to the Rounding System and signs-off when complete.
6.1b	After all team members have uploaded their completed inspections, the EOC Coordinator returns to their desktop PC and reviews the uploaded inspection data. If the EOC Rounding Team identified deficiencies, the Coordinator examines the data and corrects any typos, deletes inappropriate pictures, and ensures that all team members assigned a 'Responsible Service' to each deficiency in order to facilitate timely remediation.
7.1a	If the EOC Rounding Team did not identify any deficiencies, the EOC Coordinator closes the inspection and the Rounding System automatically generates e-mails to the 'Department Inspected' to confirm that no further action is necessary.
7.1b	When the Rounding Team identifies deficiencies, the EOC Coordinator inspects the data and closes the inspection. When deficiencies are cited in an inspection, the Rounds System will automatically generate e-mail notifications to the 'Responsible Service' that will take action to close out a given deficiency (i.e. – Stained Ceiling Tile, e-mail sent to Engineering for repairs).
9.0 – 9.1b	Upon receiving e-mail notification from the Rounding System, the 'Responsible Service' reviews the deficiency notification and either assigns a work order to remediate the deficiency or creates a PFA if a given deficiency requires more work than a facility's service can complete within 14- business days.
10.1– 10.1b	Medical Center Director/Designee reviews, approves, and tracks until closure at monthly EOC meetings. If PFA is approved, the 'Responsible Service' then updates the deficiency within the Rounding System as needed. If PFA is not approved, EOC Coordinator is notified of next steps.
11.0	The 'Responsible Service' then updates the deficiency within Rounding System as needed, to reflect progress or work completed. When complete, the 'Responsible Service' utilizes the Rounding System to close out the deficiency.
8.0 & 12.0	On a monthly and quarterly basis, the EOC Coordinator provides reports to the Medical Center Director on deficiency trends, status, and time to close. The reports are reported at each Medical Center's Environment of Care Committee and forwarded to the Director for review.

Table 2: EOC Assessment & Compliance Process Steps

3.1 CORE CHECKLISTS

The core checklists listed in the table below are the core VHA lists of questions for all facilities to address at a minimum during each EOC Round.

Checklist
Engineering
Environmental Management
HIPAA Privacy Rules
Infection Control
Information Security
Logistics
Medical Equipment
Nursing
Patient Safety
Safety
Security
Veterans Privacy and Dignity
Veterans Canteen Service (VCS)

Table 3: EOC Assessment & Compliance Rounding Core Checklists

3.1.1 Change Request Process

The EOC Committee for each VAMC may recommend additional questions; however, the EOC Core checklists may not be altered without approval from the EOC Steering Committee. Updates to the EOC Core Checklists are made on a quarterly basis; any changes that require immediate attention will be reviewed out of cycle on an as needed basis. The following steps are required for submitting any recommended changes to the EOC Core Checklists.

The following EOC Assessment and Compliance Rounding Change Request diagram provides basic steps for submitting a change for any EOC Core Checklists.

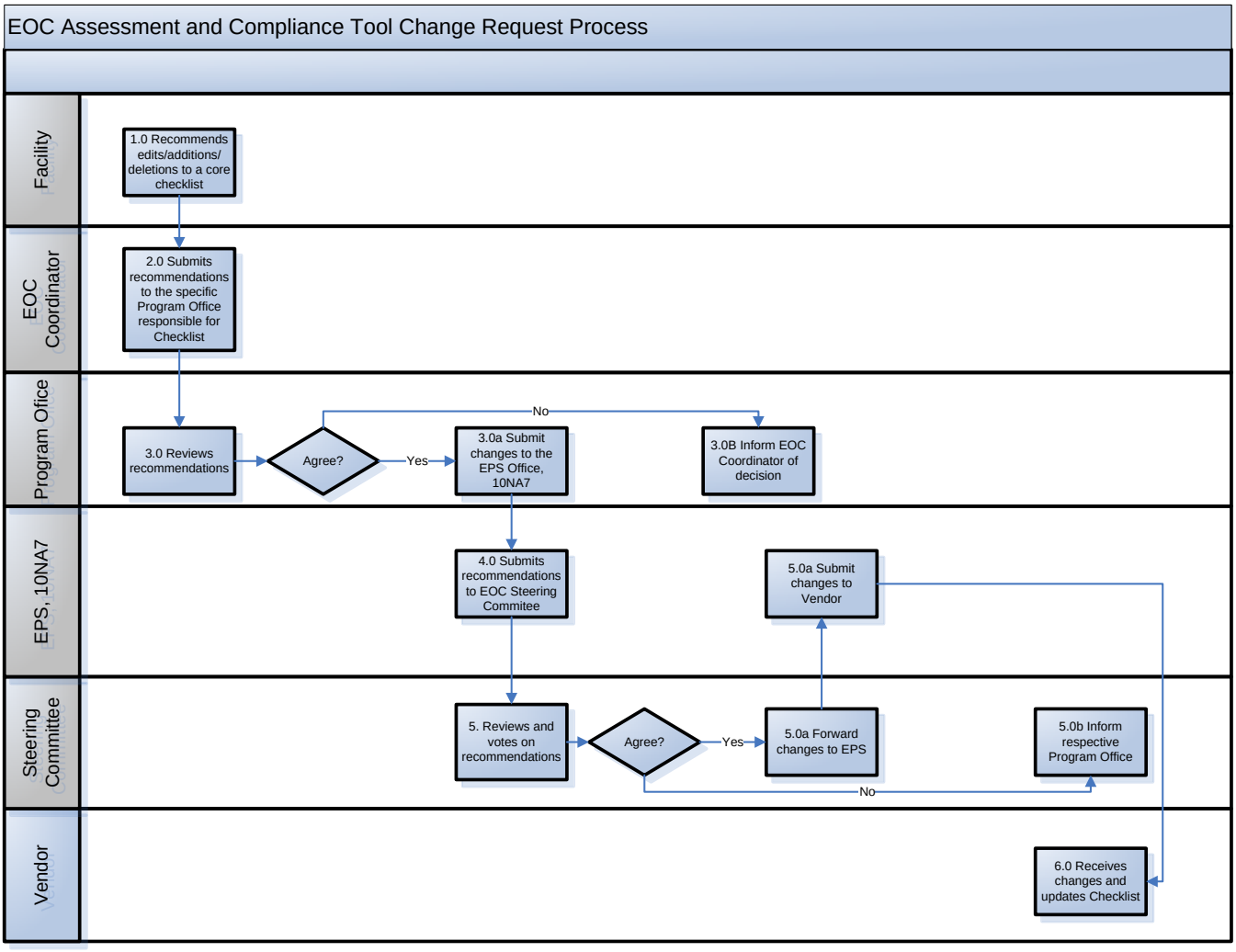


Figure 2: EOC Assessment & Compliance Change Request Process

Table 4: EOC Assessment & Compliance Change Request Process Steps provides a step-by-step description of the process in Figure 1.

Step	Process
1.0	Facility recommends edits/additions/deletions to a core checklist to the EOC Coordinator
2.0	EOC Coordinator submits recommendations to the specific Program Office responsible for that checklist (e.g., Nursing questions recommendations submitted to Nursing Office,)
3.0	The Program Office reviews the recommendations from the EOC Coordinator
3.0a	If the Program Office agrees to recommendations submits to Environmental Programs Service (EPS) Office, 10NA7
3.0b	If the Program Office disagrees, they inform the EOC Coordinator of decision and explanation

Step	Process
4.0	EPS Office, 10NA7 submits recommendations to the EOC Steering Committee
5.0	The EOC Steering Committee reviews and votes on recommendations to the checklist
5.0a	If yes, changes will be forwarded to the EPS Office, 10NA7 who will submit the changes to the EOC Rounding System Vendor
5.0b	If no, the EOC Steering Committee will provide the respective Program Office an explanation of their decision
6.0	The Vendor receives the changes to the checklist and updates the EOC Rounding System

Table 4: EOC Assessment & Compliance Change Request Process Steps

3.1.2 Adding Facility-Level Checklists

EOC Coordinators have the capability to include additional facility-specific checklists for their rounds and make any changes to facility-level checklists going forward. The EOC Coordinator should contact the EOC Rounding Vendor for instructions on adding facility-level specific checklists.

4.0 EOC ASSESSMENT AND COMPLIANCE TOOL

4.1 EOC ROUNDING SYSTEM

The EOC Assessment and Compliance Rounding System is a web-based tool that provides the following:

- Automatic scheduling and initiating rounds and inspections at multiple facilities,
- Use of mobile devices to review checklists and document deficiencies,
- Enhanced staff engagement and accountability and resolve deficiencies more quickly,
- Ability to sort EOC deficiencies by location, functional area, staff, assignment, timeframe,
- Send follow-up reminders with integrated email,
- Create action plans and schedule target completion dates,
- Generate status reports and graphical analyses with built in reporting, and
- Simplified performance monitoring and information sharing through status dashboards and reporting tools.

4.1.1 Desktop Application

The desktop application is used to manage EOC Inspections, including configuration, set-up/closing of inspections, resolving deficiencies and reporting. *Note: this needs to be installed by the OI&T department on any desktop computers that will need to access the desktop application.*

The tablet application is used to conduct inspections on the tablet devices.

Note: *this should already be installed on the tablet devices via the One-Off Image.*

4.1.2 Devices

Deficiencies are documented using the mobile devices. Details pertaining to each deficiency can be added including notes and recommendations. Using tablet photo capabilities allows inspectors to document deficiencies by taking and attaching photographs. The mobile devices are compatible with Windows 7. The tablets operate in a wired or wireless environment. They are required to have an active connection to the network only during the download of the inspection and the upload of the documented findings.

Docking stations are used for the OI&T to load the VHA image onto the tablets. Harnesses or covers are used to protect the tablets. Each tablet comes with a harness. USB Ethernet cable is used to connect the tablet devices to the VA network in facilities without Wireless capabilities or when choosing to use a hard-wired connection (this can be decided at the facility or EOC Rounding Team Member's discretion).

4.1.3 Procuring Additional Devices

If a medical center wishes to procure additional devices contact the EOC Program Office for guidance.

4.1.4 Camera Use

All facilities have the ability to take photos by utilizing the tablet camera. All photos taken must adhere to the VHA Privacy Directive 1078. EOC Coordinators are responsible for reviewing all photos taken on EOC Assessment and Compliance Rounds to ensure privacy policies are met. If a photo is debatable and causes concern, EOC Coordinators may elect to delete the photo.

4.2 BEST PRACTICES

Best practices have been developed to best serve the EOC Assessment and Compliance Rounding Team. These practices have to do with the Power Saver Mode, Tablet Assignment, Wi-Fi and connection to the VA network. The EOC Rounding Best Practices document can be found at https://eoc.va.gov/guides.

4.3 SUPPORT

Performance Logic support should be contacted when experiencing issues with hardware and software.

Performance Logic, Inc.

888-407-1705 x2

support@performancelogic.com

Fujitsu Support

1-800-8FUJITSU (1-800-838-5487)

The Business Office should be contacted for process questions.

Aubrey Weekes, Director Environmental Programs Service (EPS), 10NA7

202-632-7881

Aubrey.Weekes@va.gov

To submit suggestions, questions, successes, and challenges access the EOC Discussion Board on the EOC Assessment and Compliance Tool SharePoint site at http://vaww.vha.vaco.portal.va.gov/sites/DUSHOM/EPS/Lists/EOC%20Tool/AllItems.aspx. This forum enables end users to discuss EOC Assessment and Compliance Tool Rounding System and Process issues and receive input from other EOC Round members.

5.0 REPORTS AND PERFORMANCE MEASURES

The EOC Assessment and Compliance Rounding system has the ability to produce facility, VISN and National level reports depending on a user's access. These reports allow transparency to all levels within VHA.

5.1 MONTHLY FACILITY REPORTS

On a monthly basis, the EOC Coordinator reports on the Current Performance, any Variance from Expected Performance, and provides Recommendations/Improvements to the current EOC process at the medical center.

Reports are based on the following data sets found on the Rounding System Dashboard:

- Inspection Request Categories: Shows the number of deficiencies found under each category or checklist, grouped by the deficiency status (open, action plan, or complete).

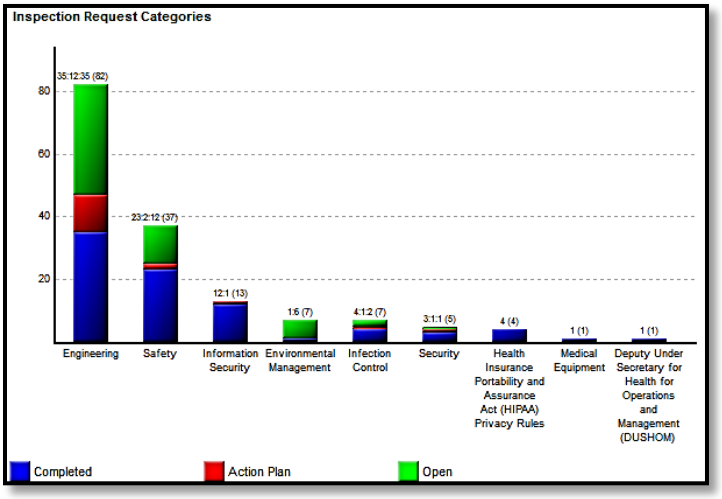


Figure 3: Inspection Request Category

- EOC Inspection Deficiency Trends: Highlights trends, repeat deficiency findings, and allows responsible Services and EOC Coordinators to address areas of concern within the medical center. Action plans, or projects may be created to address problem areas and repeat findings on a larger scale.

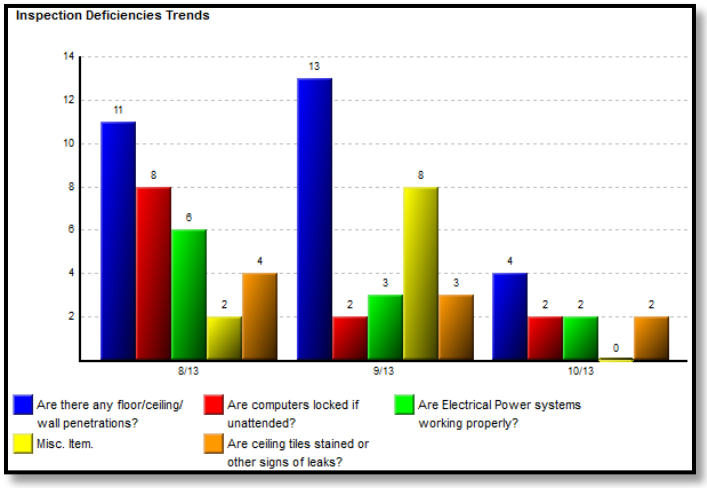


Figure 4: Inspection Deficiencies Trends

- Inspection Deficiency - Time to Close: Shows the amount of time it takes for deficiencies to reach 'Closed' status. Average days to completion must be less than 14- business days to achieve expected level of performance.

Figure 5: Inspection Request Time to Close

- Inspection Deficiency – Status Report: Allows EOC Coordinator to address any deficiencies with an 'Open' or 'Action Plan' status and drill down if necessary to provide reports to the 'Responsible Service.'

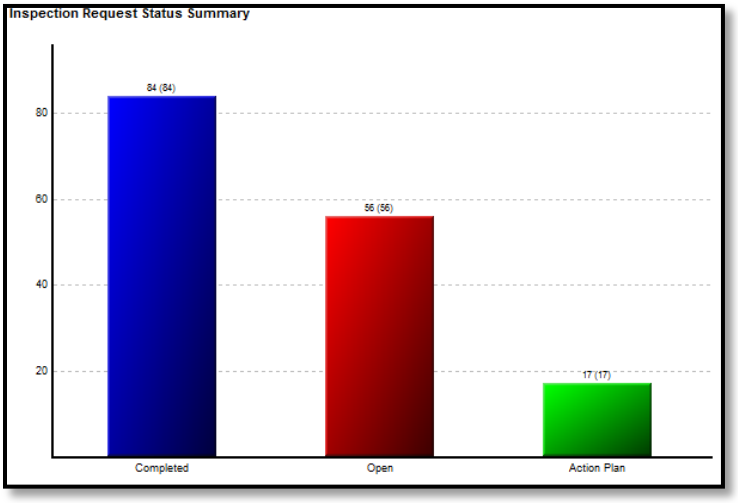


Figure 6: Inspection Request Status Summary

5.2 VISN LEVEL REPORTS

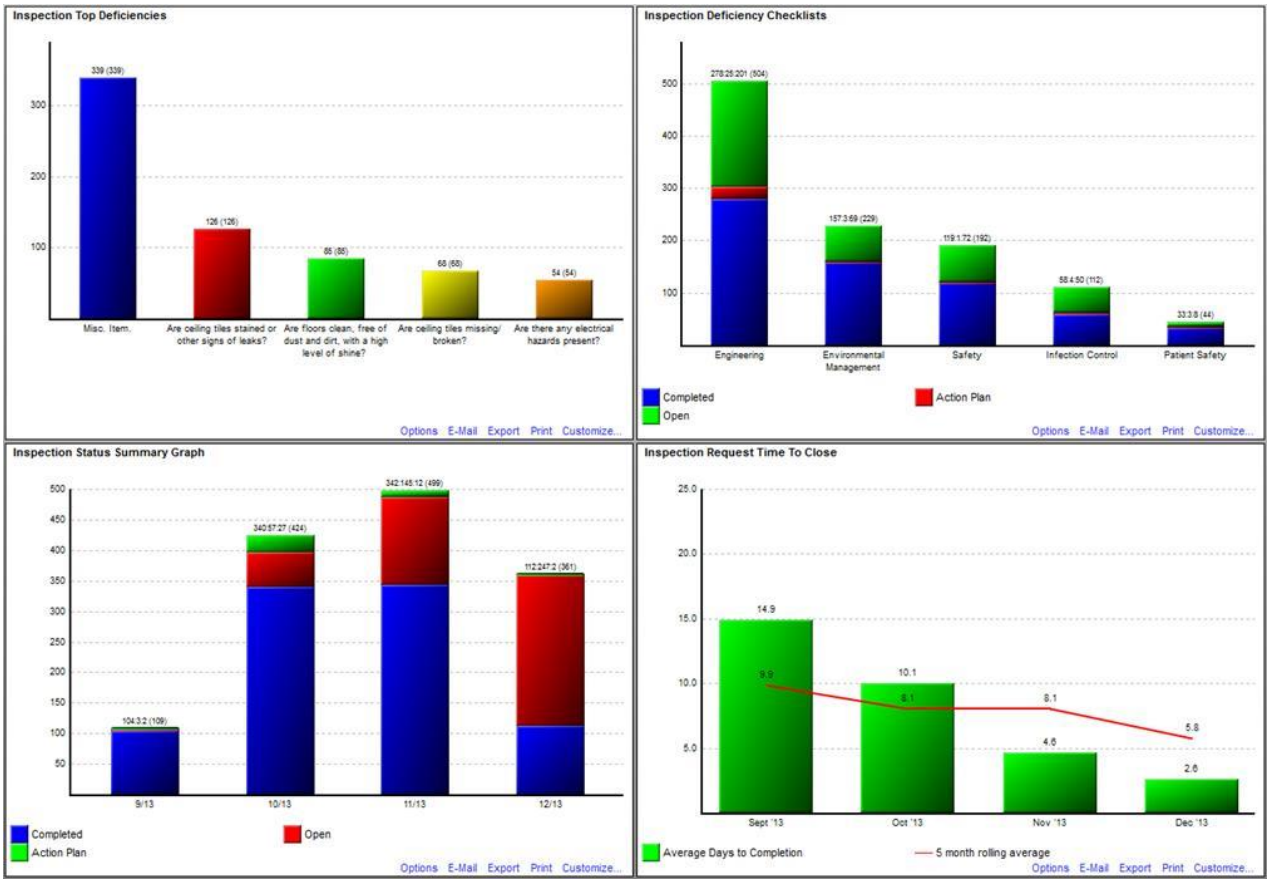
The EOC Assessment and Compliance Rounding system has the capability to produce ad hoc graphs and reports, as well as to trend data over time, at the service, facility, and VISN level. These graphs and reports are dynamic and available in real time, to ensure VISN leadership can access EOC data to view trends, develop improvement plans, and provide the necessary assistance to each facility within the VA.

Top 10 Deficiencies: 2013	Are there any floor/ceiling/wall penetrations?	81
	Are ceiling tiles stained or other signs of leaks?	78
	Are ceiling tiles missing/broken?	43
	Are floors clean, free of dust and dirt, with a high level of shine?	41
	Are emergency and normal electrical Lighting systems working properly?	39
	Are vents, lights and ceiling tiles free from dust, water stains, and mold?	32
	Are there any electrical hazards present?	26
	Are Electrical Power systems working properly?	24
	Are means of egress clear of obstructions and other impediments?	24
	Are computers locked if unattended?	20

Figure 7: Top 10 Deficiencies

5.3 NATIONAL REPORTS

The EOC Assessment and Compliance Rounding system has full performance dashboard capabilities for consolidation of VISN EOC inspection data at the national level. National leadership will be able to quickly view information across all VISNs and create roll-up reports for the national level. All roll-up dashboards are dynamic and automatically update so national information will be real time. Reports can also be scheduled to be run and sent automatically to interested parties via e-mail.



Month	Total Deficiencies Found	# Completed Within 14 Days	# Addressed With An Action Plan Within 14 Days	% Completed or Addressed Within 14 Days	% Not Completed or Addressed with Action Plan Within 14 Days	# Completed After Estimated Completion Date	# Incomplete and Past Due	# Open or Addressed and Not Yet Due
Oct '13	513	322	91	70.3% (361)	29.6% (152)	72	104	5
Nov '13	364	246	44	70.3% (256)	29.6% (108)	6	70	41
Dec '13	288	95	14	35.4% (102)	64.5% (186)	--	1	192
Total:	1165	663	149	61.7% (719)	38.2% (446)	78	175	238

5.4 PERFORMANCE MEASURES

ID	Measure	Level III Target	Level IV Target	Level V Target
E5EOC	**Facilities focus on improving the Environment of Care (EOC) across the system and utilize the standardized EOC Rounding System**	**Facilities meet at least 3 of the items tracked on the EOC dashboard (see below)**	**Facilities meet at least 4 of the items tracked on the EOC dashboard (see below)**	**Facilities meet at least 5 of the items tracked on the EOC dashboard (see below)**
E5EOC1	Deficiencies identified during EOC rounds are closed within 14-business days or have a documented Plan for Action (PFA)	85% of deficiencies within each quarter are closed or have a PFA within 14-business days	90% of deficiencies within each quarter are closed or have a PFA within 14-business days	95% of deficiencies within each quarter are closed of have a PFA within 14-business days
E5EOC2	A member of the Senior Management Team or their Acting designee attends EOC rounds on a regular basis	85% of EOC rounds within fiscal year are attended by a Senior Leader	90% of EOC rounds within fiscal year are attended by a Senior Leader	95% of EOC rounds within fiscal year are attended by a Senior Leader
E5EOC3	Facilities trend EOC data from the previous fiscal year and create an improvement plan for high priority issues	Narrative (Pass/Fail): Facilities select 1 of the top 3 EOC trends from the previous fiscal year and create an improvement plan to resolve the issue. The plan must be implemented by the end of the year	Narrative (Pass/Fail): Facilities select 2 of the top 3 EOC trends from the previous fiscal year and create improvement plans for both. The plan must have been implemented on 1 of the issues by the end of the fiscal year	Narrative (Pass/Fail): Facilities select all 3 EOC trends from the previous fiscal year and create an improvement plan to resolve all 3. The plan must have been implemented on 2 of the issues by the end of the fiscal year
E5EOC4	Facilities fully implement the EOC Rounding System with the accompanying core checklists	85% of the rounds conducted using EOC Rounding System within the fiscal year	90% of the rounds conducted using EOC Rounding System within the fiscal year	95% of the rounds conducted using EOC Rounding System within the fiscal year
E5EOC5	Facility EOC rounds team members participate in weekly rounds	85% participation in weekly EOC rounds over the fiscal year	90% participation in weekly EOC rounds over the fiscal year	95% participation in weekly EOC rounds over the fiscal year

ID	Measure	Level III Target	Level IV Target	Level V Target
E5EOC6	EOC Rounding System Checklists are used and submitted within 2 business days	85% of EOC Rounding System Checklists are submitted within 2 business days of rounding within each quarter	90% of EOC Rounding System Checklists are submitted within 2 business days of rounding within each quarter	95% of EOC Rounding System Checklists are submitted within 2 business days of rounding within each quarter

Table 5: EOC Assessment and Compliance Tool Performance Measures

6.0 REFERENCES

1. The Joint Commission on Accreditation of Healthcare Organizations Manuals, Current Editions
2. EOC Report, William H. Feeley, Deputy Under Secretary for Health for Operations Maintenance (DUSHOM) Memorandum, March 19, 2007
3. EOC Guidebook, VHA CEOSH, St. Louis, Missouri, February 2014