

# Joint Commission International Accreditation

## FINAL ACCREDITATION SURVEY FINDINGS REPORT

### King Faisal Specialist Hospital and Research Centre - Riyadh Riyadh City, Saudi Arabia

**Survey Dates:** 9 April 2011 - 13 April 2011

**Surveyor Team:** Richard Sheehan, RN, MSN, Nurse Team Leader  
Enrico Baldantoni, MD., Administrator Surveyor  
Cecile Fontaine, RN, Clinician Surveyor  
Michael Spooner, MD, MA, Physician Surveyor

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## OUTCOME:

Based on the findings of the Triennial Hospital Survey of 9-13 April 2011 and the 2010 Decision Rules of Joint Commission International, King Faisal Specialist Hospital and Research Centre, Riyadh has been granted the status of ACCREDITED. Joint Commission International will continue to monitor King Faisal Specialist Hospital and Research Centre, Riyadh for compliance with all of the most current JCI Hospital standards on an ongoing basis throughout the three year accreditation cycle.

## REQUIRED FOLLOW-UP:

However, several of the measurable elements (ME) from the findings in this report suggest that if not attended to in a timely manner can evolve into a generalized threat to patient and staff health and safety and may over time result in a sentinel event. These health and safety risks would be counter to the improvement efforts your hospital has accomplished to date, and counter to the spirit of continual improvement in quality and continual reduction of risk that are considered part of the accreditation process. This is of concern to us and we believe should be a priority concern for your hospital.

Therefore for the identified standard and ME below, the JCI accreditation program office requests you to provide evidence of a Strategic Improvement Plan (SIP) that substantial and sustainable measures will be implemented in order to come into full compliance with the standard and measurable element. The following standard and ME will require a SIP:

- SQE.11, ME#1

The SIP should be submitted to JCI within the next 45 days or by 6 June 2011 for review and acceptance.

It is also our expectation that, all of the issues identified in the 2011 Final Survey Findings Report will have been satisfactorily resolved and full compliance with each identified standard will be demonstrated at the time of your next accreditation survey. Therefore, JCI recommends King Faisal Specialist Hospital and Research Centre, Riyadh to immediately place organization-wide focus on each of the standards with measurable elements scored as “Not Met” and “Partially Met” and to implement the action(s) necessary to achieve full compliance.

## **REPORT OF SURVEY FINDINGS:**

Note: The Accreditation Committee may request follow-up for any or all of the standards after the accreditation decision.

### **International Patient Safety Goals (IPSG)**

#### **IPSG.1 The organization develops an approach to improve accuracy of patient identifications.**

##### Measurable Element #1

Patients are identified using two patient identifiers, not including the use of the patient's room number or location.

##### Partially Met

The organization's policy stated that the patient's full name and medical record number were the two required identifiers. However, in the main and step-down Neonatal Intensive Care Unit (NICU), the two patient identifiers used were the medical record number and the patient bed number. This situation was corrected prior to the end of the survey.

#### **IPSG.3 The organization develops an approach to improve the safety of high-alert medications.**

##### Measurable Element #2

The policies and/or procedures are implemented.

##### Partially Met

Policies were developed to address the identification, location, labeling, and storage of high-alert medications. In seven of 10 (70% compliance) observations, the policy was in place and medications were stored and labeled properly. However, the following was observed:

1. In three of 10 (30%) observations, different types of insulin were stored together and, in one instance, an open vial of insulin was stored with the tuberculin test vials.
2. In the Oncology Clinic medication cabinet, Heparin 10U and 100U vials were not identified as high alert medications.
3. In the refrigerator of another unit, a vial of 30 lm insulin was in a clear plastic cup. Neither the vial nor the cup was labeled to identify the content of the cup as a high alert medication.

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## **Access to Care and Continuity of Care (ACC)**

**ACC.1.1.3 The organization considers the clinical needs of patients when there are waiting periods or delays for diagnostic and/or treatment services.**

### Measurable Element #4

Written policies and/or procedures support consistent practice.

#### Partially Met

Policies were developed by the Emergency Department related to "Patients being held in the Emergency" (MCO-MD-DEM-07-002), and an organizational policy was developed related to "Management of Patient in the Emergency Department" (MCO-MD-DEM-07-003). However, neither of the policies addressed the clinical needs of patients waiting for bed placement who were held in the Emergency Department.

**ACC.1.4 Admission or transfer to or from units providing intensive or specialized services is determined by established criteria.**

### Measurable Element #2

The criteria are physiologic-based where possible and appropriate.

#### Partially Met

The Medical Intensive Care, the Pediatric Intensive Care and the Surgical Intensive Care units developed discharge criteria which were physiologically based. However, the admission criteria were based on diagnosis.

**ACC.3.3 The clinical records of outpatients receiving continuing care contain a summary of all known significant diagnoses, drug allergies, current medications, and any past surgical procedures and hospitalizations.**

### Measurable Element #1

The organization identifies for which continuing care patients a summary will be initiated.

#### Partially Met

The organization developed a policy which identified the population of continuing care patients for whom the summary process would be required. However, the policy was implemented only two months prior to the survey, and did not meet the 12-month required time frame.

## **Assessment of Patients (AOP)**

**AOP.1.8 The organization conducts individualized initial assessments for special populations cared for by the organization.**

### **Measurable Element #1**

The organization defines criteria, in writing, that identify when additional, specialized, or more in-depth special-needs assessments are performed.

#### **Partially Met**

The Emergency Department had a policy which defined criteria for identifying abuse of children. The policy did not include criteria which addressed the identification of abuse of the adult/elderly.

## **Care of Patients (COP)**

**COP.2 There is a process to integrate and to coordinate the care provided to each patient.**

### **Measurable Element #1**

Care planning is integrated and coordinated among settings, departments, and services. (Also see ACC.2, ME 3)

#### **Partially Met**

Fifteen of 28 (54% compliance) nursing care plans reviewed demonstrated that the process had been integrated and that care problems were identified from the assessment data.

**COP.2.1 The care provided to each patient is planned and written in the patient's record.**

### **Measurable Element #2**

The planned care is individualized and based on the patient's initial assessment data.

#### **Partially Met**

Nine of 14 (64% compliance) nursing care plans reviewed documented evidence that the care plans were individualized and resulted from the initial patient assessment data.

**COP.2.3 Procedures performed are written into the patient's record.**

### **Measurable Element #2**

The results of procedures performed are written into the patient's record.

#### **Partially Met**

A medical record of a patient who had a planned cesarean section was reviewed. There was no documentation in the operative report or the anesthesia report of estimated blood loss. Upon

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further investigation, it was learned that the patient had experienced a significant blood loss which required blood transfusions.

### **Medication Management and Use (MMU)**

#### **MMU.3.1 Organization policy supports appropriate storage of medications and applicable nutrition products.**

##### Measurable Element #4

All storage is according to organization policy.

##### Partially Met

In the family waiting room of the morgue, it was observed that a refrigerator contained items belonging to the staff, such as beverages and a box of medication (glucophage). This waiting area was unattended and, therefore, the contents of the refrigerator posed a risk to family members who used this room. The situation was prior to the end of the survey.

#### **MMU.4 Prescribing, ordering, and transcribing are guided by policies and procedures.**

##### Measurable Element #5

Patient records contain a list of current medications taken prior to admission, and this information is made available to the pharmacy and the patient's health care practitioners.

##### Partially Met

Four of six (67% compliance) medical records reviewed (67%) documented patient medications taken prior to admission. However, two closed emergency Cesarean Section records lacked documentation to indicate the nursing assessment addressed the issue of identifying medications taken by the patient prior to admission.

### **Prevention and Control of Infections (PCI)**

#### **PCI.5 The organization designs and implements a comprehensive program to reduce the risks of health care-associated infections in patients and health care workers.**

##### Measurable Element #1

There is a comprehensive program and plan to reduce the risk of health care-associated infections in patients.

##### Partially Met

The Infection Control Plan did not address surveillance/monitoring of Home Care and Transport Services.

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**PCI.7.1 The organization reduces the risk of infections by ensuring adequate equipment cleaning and sterilization and the proper management of laundry and linen.**

Measurable Element #2

Equipment cleaning, disinfection, and sterilization methods conducted outside a central sterilization service are appropriate for the type of equipment.

Partially Met

1. Four of eight (50%) compliance patient gurneys had intact covers. The other four in the Orthopedic outpatient area had torn covers and, therefore, could not be disinfected.
2. In the Dental Service, soiled oral surgery instruments were placed in a plastic container for transportation to the central sterilization department. The plastic container was not labeled as containing soiled instruments or hazardous materials as required by the organization.

**PCI.9 Gloves, masks, eye protection, other protective equipment, soap, and disinfectants are available and used correctly when required.**

Measurable Element #2

Gloves and/or masks or eye protection are correctly used in those situations.

Partially Met

A physician and a food handler entered a patient isolation room without taking proper precautions, which included wearing a mask and gloves.

Measurable Element #4

Hand washing and hand disinfection procedures are used correctly in those areas.

Partially Met

A food handler delivered trays to multiple rooms without washing hands.

**Facility Management and Safety (FMS)**

**FMS.4 The organization plans and implements a program to provide a safe and secure physical environment.**

Measurable Element #3

The program is effective in preventing injury and maintaining safe conditions for patients, families, staff, and visitors. (Also see IPSPG.6, ME 1)

Partially Met

At the top of the stairs leading from the fifth floor to the sixth floor, there was an unlocked door which provided entrance to the roof. The roof did not have a barrier around the perimeter, which presented a safety risk for those who gained access to the roof.

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**FMS.7.1 The plan includes prevention, early detection, suppression, abatement, and safe exit from the facility in response to fires and nonfire emergencies.**

Measurable Element #5

The program includes the safe exit from the facility when fire and nonfire emergencies occur.

Partially Met

1. The emergency exit door near the staff cafeteria leading to the main outside assembly point was locked. In case of fire, the door was released by remote control and/or a key in glass box. The area outside the door was blocked by the construction of a new building, which created a narrow space leading to the assembly point.
2. The assembly point was behind a parking lot, which was partially blocked with concrete barriers and a chain.

Both the narrowed escape route and the partial access to the assembly area posed a risk in the event of an evacuation.

**FMS.7.3 The organization develops and implements a plan to limit smoking by staff and patients to designated non-patient care areas of the facility.**

Measurable Element #3

The policy and/or procedure have been implemented.

Partially Met

The organization had a no smoking policy (1429-01), which included all areas of the hospital and hospital grounds. Cigarette remains were found in external areas such as adjacent to the laundry, the power plant, emergency exits, and the pharmacy's main storehouse.

**FMS.11.1 Staff members are trained and knowledgeable about their roles in the organization's plans for fire safety, security, hazardous materials, and emergencies.**

Measurable Element #1

Staff members can describe and/or demonstrate their roles in response to a fire.

Partially Met

The Dental Service staff lacked education/training that addressed the containment and/or evacuation in the event of a fire during a surgical procedure.



## **Staff Qualifications and Education (SQE)**

**SQE.11 The organization uses an ongoing standardized process to evaluate the quality and safety of the patient services provided by each medical staff member.**

### Measurable Element #1

An ongoing professional practice evaluation of the quality and safety of patient services provided by each medical staff member is reviewed and communicated to the medical staff member at least annually. (Also see QPS.1.1, ME 1)

### Not Met

1. The organization did not identify practice trends of physicians that impacted quality of patient care and safety. Criteria involving individual physician data were not available and, therefore, the organization was not able to evaluate the physicians using qualitative measures.
2. The organization did not review physicians annually but, rather, on reappointment every two years.

## **Management of Communication and Information (MCI)**

**MCI.19.3 Every patient clinical record entry identifies its author and when the entry was made in the record.**

### Measurable Element #1

The author can be identified for each patient clinical record entry.

### Partially Met

In 15 of 30 (50%) medical charts, there were notes and orders on which the physician did not use a stamp for signature or printed his/her name in the absence of the stamp, as required by the hospital's policy.