FINAL ACCREDITATION SURVEY FINDINGS REPORT

King Faisal Specialist Hospital & Research Centre
Riyadh, Kingdom of Saudi Arabia


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OUTCOME:

Based on the findings of the Triennial Hospital Accreditation Survey and the 2008 Decision Rules of Joint Commission International, King Faisal Specialist Hospital & Research Centre- Riyadh has been granted the status of Accredited.

REQUIRED FOLLOW-UP:

Joint Commission International has determined that there are no standards or International Patient Safety Goals with measurable elements scored as “Not Met.” However, the following standards with measurable elements scored as “Partially Met,” listed below on pages two and three of this report, have been selected for follow-up because of their potential to negatively impact patient care quality and patient and staff safety. These standards require follow-up in the form of a written progress report to confirm that appropriate action has been taken to achieve full compliance. Please submit the required evidence of compliance within the next two months or by 19 July 2008. Standards with measurable elements that were also scored during the 2002 and 2005 surveys are underlined.

AOP.1.5.1 Please provide evidence that initial medical assessment is documented before anesthesia or surgical treatment for all patients. Supporting evidence should include a description of the methodology used to monitor compliance, and results of any audit tools used to collect data of compliance for the past 12 months.

AOP.2 Please provide evidence of the action taken to assure that all patients across the organization are reassessed at appropriate intervals to plan for continued treatment as defined by the hospital policy. Supporting evidence should include a copy of the hospital policy that guides the appropriate intervals of patient assessment by the physician, a copy of any physician notification distributed to reinforce compliance, and results of any audit tools used to evaluate compliance for the past 12 months.

COP.3.7 Please provide evidence that patients in restraints receive appropriate care and treatment orders are documented according to the hospital policy. Supporting evidence should include a copy of the restraint policy, copy of any educational material to guide staff’s compliance to the policy, and results of any audit tools used to collect data of compliance for the past 12 months.

ASC.4 Please provide evidence of the action taken to assure all preanesthesia and preinduction assessments are documented and conducted by a qualified individual for all patients.

MMU.4.1 Please provide evidence that action has been taken by the organization to assure all medication orders or prescriptions are complete as required by the hospital policy. Supporting evidence should include a description of the methodology used to
monitor compliance and results of any audit tools used to collect data of compliance for the past 12 months.

**MMU.5.2** Please provide a detailed description of the action taken to assure that all medications are appropriately labeled after preparation. Supporting evidence should include a copy of the hospital medication management policy that guides preparation and administration of medications, a copy of any educational material or notifications distributed in regards to proper medication labeling, and result of any audit tool used to collect data of compliance for the past 12 months.

**MCI.19.4** During survey, a significant number of medical record documentation issues were identified in multiple clinical settings of the hospital. This included timeliness, legibility and completeness issues. As part of its performance improvement activities, the organization is required to regularly assess patient clinical record content and the completeness of patient clinical records. Please submit evidence that action has been taken to achieve compliance for the following:

1. A detailed description of the medical record review process. The process description should include the following information:
   - How often the described review process implemented?
   - How are records selected for review?
   - Is there a precise representative sample selected from inpatient and outpatient records. If so, please explain.
   - What disciplines participate in the record review?
   - A list of the focus points evaluated during the review process.
   - A copy of the policy that defines what constitutes a complete medical record.
   - A description of the procedure implemented when medical record documentation issues are identified.

2. The results of any audit tools or logs used to evaluate compliance should be submitted with this report.

3. A description of the actions taken to address the documentation issues noted in the survey findings report. Any challenges or barriers to implementing the review process or enforcing policy compliance should be included.

**IPSG#4** Please provide a description of the action has taken to achieve full compliance with this goal including a copy of the standardized “time-out” check list to be used throughout the organization, a copy of any educational materials and/or notifications distributed to staff to inform them that the tools must be fully implemented as defined by policy, a description of the method used to validate compliance with the policy and the results of any audit tools used to confirm consistent compliance.

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EXEMPLARY PERFORMANCE AREAS:

The organization's use of quality data, analysis and implementation based on the PDCA model represents the most comprehensive understanding of how data collection can be transformed to improve the quality of care for patients.
REPORT OF SURVEY FINDINGS:

Notes:

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

Patient and Family Rights (PFR)

PFR.6.4.1 The organization lists those categories or types of treatments and procedures that require specific informed consent.

Measurable Element #1
The organization has listed those procedures and treatments that require separate consent.

Partially Met
During the staff interview in the Dental Clinic, it was noted that the dental staff did not fully define a complete list of procedures that required a specific informed consent at the time of the survey.

Assessment of Patients (AOP)

AOP.1.4.1 The initial medical and nursing assessments are completed within the first 24 hours after the patient’s admission as an inpatient or earlier as indicated by the patient’s condition or hospital policy.

Measurable Element #1
The initial medical assessment is conducted within the first 24 hours of admission as an inpatient or earlier as indicated by the patient’s condition or hospital policy.

Partially Met
1. In two reviewed patient records in the Cardiology/Cardiac Surgery area, there was no initial medical assessment present as required by the hospital policy.
2. At the time of the survey, other areas of the hospital adopted a standardized form for the admission history and physical documentation. However, it was noted that the standardized form for the admission history and physical was not being used in the Cardiology/Cardiac Surgery area.
AOP.1.5.1 The initial medical assessment is documented before anesthesia or surgical treatment.

Measurable Element #2
The medical assessment of surgical patients is documented before surgery.
Partially Met
The organization policy required the Procedural Sedation Assessment Form to be completed for every patient who received procedural sedation.
- In one reviewed medical record of an outpatient who received moderate analgesia during an Endoscopy procedure, there was no documented evidence of the updated physical assessment, evaluation of heart and lungs, and the assignment of ASA score.
- The documentation of the Procedural Sedation Assessment Form for the same patient was incomplete.

AOP.1.7 The organization conducts individualized initial assessments for special populations cared for by the organization.

Measurable Element #1
The organization identifies those patient populations and special situations for which the initial assessment process is modified.
Partially Met
The organization identified the content of the history and physical assessment for its pediatric population. During a tracer of a Pediatric Oncology patient who was admitted for high fever, there was no documented evidence that the individualized initial assessment was conducted for this patient, as required by the hospital policy.

AOP.1.8.2 All patients are screened for pain and assessed when pain is present.

Measurable Element #2
When pain is identified, the patient is referred or a comprehensive assessment is performed, appropriate to the patient's age and measuring pain intensity and quality such as pain character, frequency, location, and duration.
Partially Met
The organization’s Pain Assessment and Management policy required all pain documentation used the “0 to 10” scale. In two of four (50%) reviewed patient records in the Dental Clinic, it was noted that the pain documentation did not include the use of the “0-10” scale.
AOP.2 All patients are reassessed at appropriate intervals to determine their response to treatment and to plan for continued treatment or discharge.

Measurable Element #3
Patients are reassessed at intervals appropriate to their condition, plan of care, and individual needs or according to organization policies and procedures.
Partially Met
At the time of the survey, the organization policy defined the patient populations for which the physician assessment was required less than daily, but the physician assessment was still required at least once a week in all areas.
- In the D 4 unit, it was noted that there was no documented evidence of the physician's assessment in one patient medical record for several months. Medication orders received via telephone for this patient were not authenticated by the physician.
- In the D 4 unit, other patients were assessed by physician at the weekly intervals. The inconsistency was addressed at the time of the survey and the organization planned to assign a full time physician to address the finding.

Care of Patients (COP)

COP.3.7 Policies and procedures guide use of restraint and the care of patients in restraint.

Measurable Element #2
Patients in restraint receive care according to the policies and procedures.
Partially Met
The organization policy required that restraint orders indicate the reason and the duration for the restraint application on patients.
- In one reviewed medical record of a patient who was admitted one month prior to the time of survey, there was no documented evidence of the reason and the duration for the restraint application as required by the hospital policy. The restraint order stated “continue restraint as needed” instead of defining the duration for the restraint application as required by the hospital policy.
- In the same patient medical record, the organization’s patient restraint flow sheet was not found in the record.
Anesthesia and Surgical Care (ASC)

ASC.4 A qualified individual conducts a preanesthesia assessment and preinduction assessment.

Measurable Element #1
A preanesthesia assessment is performed for each patient. (Also see AOP.1.1, ME 1)
Partially Met
1. During tracer review of an Oncology Clinical medical record, it was noted that a discrepancy in the documentation of the American Society of Anesthesiologists (ASA) score for the patient was recorded as ASA I in one document, while the other documentation was recorded as ASA II.
2. In the Dental Clinic, the organization policy required that the use of general anesthesia was limited to patients with ASA scoring of I and II in the ambulatory settings. However, it was noted that one patient with ASA scoring of III was treated with no documented evidence to support the decision to proceed with anesthesia.

ASC.6 Each patient's postanesthesia status is monitored and documented, and the patient is discharged from the recovery area by a qualified individual or by using established criteria.

Measurable Element #3
Patients are discharged from the postanesthesia unit in accordance with the alternatives described in a) through c) found in the intent statement.
Partially Met
During a patient tracer, it was noted that there was no documented evidence of the treating physician order to discharge a patient from the postanesthesia unit. The patient was discharged by a nurse in accordance with the established criteria, but without the physician’s order as required by the hospital policy.
Medication Management and Use (MMU)

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

Measurable Element #5
All storage is according to organization policy.
Partially Met
At the time of the survey, the organization policy required a daily check of the refrigerator temperature and recorded the finding in a log. Temperature sensitive drugs were stored in the refrigerators in many areas of the building.
- Refrigerators in areas that were not operative on weekends were not checked on the weekends.
- At the time of survey, the organization recognized the practice inconsistency of the above finding and ordered thermometers with external digital read outs that would indicate if the temperature was not in the optimal range during periods when there was no daily observation.

MMU.4.1 The organization defines the elements of a complete order or prescription and the types of orders that are acceptable for use.

Measurable Element #1
Acceptable medication orders or prescriptions are defined in policy(s) and at least elements a) through i) are addressed in the policy(s).
Partially Met
1. In the D 4 unit, it was noted that medication orders received via telephone for a patient were not authenticated by the physician, as required by the intent statement “h”.
2. Organization policy required that verbal or telephone orders were dated, signed and timed within 24 hours. It was noted that multiple orders were not authenticated within the required time frame.

Measurable Element #2
Medication orders or prescriptions are complete per organization policy.
Partially Met
1. Organization policy required that PRN orders include the indication for the order. It was noted that multiple PRN orders in one reviewed medical record did not include the indication for the orders. In another patient tracer, it was noted that the PRN order for pain medication for headache did not include the specific indication that guided the administration of the pain medication.
2. Organization policy required that all renewal orders were documented as required in a complete order. In one reviewed medical record of a patient who was sedated during the ventilation
therapy, it was noted that multiple renewal order entries were not complete orders as required by hospital policy, for example, renewal orders noted included “continue Fentanyl”, “continue Propofol”, and “continue Insulin”.

**MMU.5.2 A system is used to dispense medications in the right dose to the right patient at the right time.**

**Measurable Element #2**
Medications are appropriately labeled after preparation.

**Partially Met**
At the time of the survey, the organization adopted a policy to comply with The Joint Commission National Patient Safety Goal 3D of “Label all medications, medication containers, or other solutions on and off the sterile field.

- In the main Operating Room, it was noted that an opaque medication without a label was observed on the anesthesia cart.
- In the Endoscopy Suite, a basin containing liquid without label was noted on the sterile field.
- In the Cardiac Catheterization Laboratory, it was noted that unlabeled syringes containing medications were observed on the sterile field.
- During the patient tracer in the Dental Clinic, it was noted that two filled unlabeled syringes and an unlabeled liquid filled container were observed on the surgical operative field. When asked, staff indicated that these unlabeled syringes contained normal saline.

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

**PCI.7 The organization identifies the procedures and processes associated with the risk of infection and implements strategies to reduce infection risk.**

**Measurable Element #2**
The organization has implemented strategies to reduce infection risk in those processes. (Also see MMU.5, ME 1)

**Partially Met**
It was noted that visitors did not wear gloves, gowns, or masks when visiting a patient who was on contact precautions, as required by the hospital contact precaution protocol.
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 of a central sterilization service are appropriate for the type of equipment.

Partially Met
During tracer activity in the Delivery Room, it was noted that instruments used in the Cesarean Delivery procedures were taken to a utility room across the hall to be placed in the hazardous material identification container for transport to Central Sterilization Department for cleaning and processing. Current infection control safe practices recommend that all materials be secured in an appropriate manner prior to leaving the Operating Room/Delivery Room, thus reducing the risk of infection for both patients and staff.

Facility Management and Safety (FMS)

FMS.3.1 A monitoring program provides data on incidents, injuries, and other events that support planning and further risk reduction.

Measurable Element #1
There is a program to monitor all aspects of the facility/environment risk management program.

Partially Met
During tracer activities in the in-patient Dialysis Unit, it was noted that the eyewash station on the corridor sink was not functional. There was no water flow when the tap was turned on.

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

Measurable Element #1
The organization has a program to provide a safe and secure physical facility.

Partially Met
1. During the facility tour, it was noted that the gas tanks at the outside storage area were not secured by chains, as required by the hospital policy.
2. The patient bathroom alarm cord was set at a height that was not reachable by patient at the floor level.
3. The Access to Zone gas valves shut-off in the patient care units were locked. During the staff interview, it was indicated that there would always be a person on the floor with the key to access the gas valves shut-off. The organization policy restricted the staff who could access the Zone valves in an emergency. However, at the time of the survey, the organization policy was changed to include the head nurse on the restriction list.

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**Measurable Element #2**
The program ensures that all staff, visitors and vendors are identified and all security risk areas are monitored and kept secure. (Also see AOP.5.2, MEs 1 and 2 and AOP.6.2, ME 2)

*Partially Met*

The outside gas storage facility was located on a very busy road across from a major construction site, with protective cement barriers which were placed along the road to protect the gas storage site. However, this storage location represented a risk for potential vehicle accident with the gas storage tanks.

**Measurable Element #3**
The program is effective in preventing injury and maintaining safe conditions for patients, families, staff, and visitors. (Also see International Patient Safety Goal 6, ME 1)

*Partially Met*

During the building tour in the Ambulatory Clinical area, it was noted that the mirrors located in the hallway to help patients and staff to “see around the corners”, were positioned too low and increased the risk of potential head injuries for tall patients, staff, and visitors who walked by.

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

**Measurable Element #5**
The program includes the safe exit from the facility when fire and non-fire emergencies occur.

*Partially Met*

1. In the Main Operating Rooms, it was noted that the fire exit corridors were used as a storage area.
2. At one exit corridor that was used for equipment storage, the organization stated that the corridor was no longer a fire exit and the exit sign was to be taken down.
3. In the medical supply room, items were stored in a way that interfered with the 18 inches clear space required beneath the pendant type sprinklers.

**FMS.10** Electrical, water, waste, ventilation, medical gas, and other key systems are regularly inspected, maintained, and, when appropriate, improved.

**Measurable Element #1**
Utility, medical gas, ventilation and other key systems are identified by the organization.

*Partially Met*

In the reviewed FMS documents, it was noted that a written plan was available for the utility systems. However, the identified utility systems in the plan did not include all of the systems that were present in the organization.

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Staff Qualifications and Education (SQE)

SQE.8.3 Health professional education, when provided within the organization, is guided by the educational parameters defined by the sponsoring academic program.

Measurable Element #5
The organization understands and provides the required level of supervision for each type and level of trainee.
Partially Met
The organization required all history and physical examination, as well as all entries made by physicians in training, be reviewed and authenticated by the senior staff within 24 hours.
- In some areas of the organization, a standardized form was utilized for entering findings on admission history and physical examination. This form also provided an area for the senior staff to comment on the content of the examination. In four of four (100%) reviewed records, the form was not completed by senior staff, as required by the hospital policy.
- In the same reviewed medical records, multiple other entries made by physicians in training were not authenticated by senior staff as required by the hospital policy.

Management of Communication and Information (MCI)

MCI.19.1 The clinical record contains sufficient information to identify the patient, support the diagnosis, justify the treatment, document the course and results of treatment, and promote continuity of care among health care providers.

Measurable Element #4
Patient clinical records contain adequate information to document the course and results of treatment. (Also see AOP.1.5, ME 1; AOP.2, COP.5, ME 2; ASC.5.2, ME 1; ASC.5.3, ME 2; ASC.6, ME 2; ASC.7.3, ME 3; and MMU.4.3, ME 1)
Partially Met
During tracer review of a medical record, it was noted that the patient had received 4 units of fresh frozen plasma and 2 units of whole blood transfusions. In four of six (67%) reviewed transfusion records, there was no documented evidence for the required start time, the 15 minute assessments, and the ending time for each transfusion.
MCI.19.3 Every patient clinical record entry identifies its author and when the entry was made in the record.

**Measurable Element #2**
The date of each patient clinical record entry can be identified.
**Partially Met**
1. During the medical record review system tracer, it was noted that in two of four (50%) reviewed medical records, there was no documented evidence of the dates for the progress note entries.
2. In a tracer medical record review, it was noted that the consultant note did not record the date of entry.

MCI.19.4. As part of its performance improvement activities, the organization regularly assesses patient clinical record content and the completeness of patient clinical records.

**Measurable Element #4**
The review focuses on the timeliness, legibility, and completeness of the clinical record.
**Partially Met**
During survey, a significant number of medical record documentation issues were identified in multiple clinical settings of the hospital. This included timeliness, legibility, and completeness issues. See the findings above from AOP.1.4.1 ME#1, AOP.1.5.1 ME#2, COP.3.7 ME#2, MMU.4.1 ME#1 and 2, MCI.19.1 ME#4, and MCI.19.3 ME#2.

**International Patient Safety Goals (IPSG)**

**Goal 4 The organization develops an approach to ensure correct-site, correct-patient, and correct-procedure surgery.**

**Measurable Element #2**
The organization uses a clearly understood mark for surgical site identification and involves the patient in the marking process.
**Partially Met**
During the individual patient tracers, a mark for surgical site identification was present in all reviewed cases. However, it was noted that there was inconsistency in the manner that the pre-surgical marking of the surgical site occurred in the Dental Clinic.
- In some cases, the pre-operative marking was observed on the radiographic film.
- In other cases, the pre-operative marking was observed on the graphic tooth form.