Official Report of Survey Findings

King Faisal Specialist Hospital and Research Centre
Riyadh, Saudi Arabia

Survey Dates: 26-30 March 2005

Surveyor Team:
- Marlis Daerr, RN, Administrator Team Lead
- Carole Fink, RN, Nurse Surveyor
- Ann Fonville, RN, Nurse Surveyor
- Marion Snowden, MD, Physician Surveyor

Report Date: 19 May 2005
OUTCOME:

Based on the findings of the accreditation survey and the decision rules of Joint Commission International, King Faisal Specialist Hospital and Research Centre has been granted the status of Accredited.

REQUIRED FOLLOW-UP:

Joint Commission International has noted that there are three core standards with measurable elements that scored Not Met. This indicates variation in processes that have the potential to negatively impact patient care quality and patient and staff safety. Please submit a written progress report demonstrating compliance with the standards within 60 days or by 23 July 2005.

REPORT OF SURVEY FINDINGS:

Notes:

a) Core standards are highlighted in bold letters

Access to Care and Continuity of Care (ACC)

ACC.2.4 Information related to the patient's care is transferred with the patient.

Measurable Element #3
The summary contains the significant findings.
Partially Met
The pre-printed form called Nursing Transfer Summary is missing one of the six required elements. The missing element is ME 3: “significant findings.” A new form is under development.

Patient and Family Rights (PFR)

PFR.1.3 Care is respectful of the patient's need for privacy.

Measurable Element #1
A patient's need for privacy is respected for all examinations, procedures, and treatments.
Partially Met
The patient treatment area at the Children’s Cancer Center is crowded and very busy. The treatment beds are close together and are separated only by a curtain. Visual privacy is compromised and auditory privacy is not possible. The organization has plans to open an
expansion area which will help alleviate the crowding, but will not solve the privacy problem.

**PFR.2.4 The organization supports the patient's right to appropriate assessment and management of pain.**

Measurable Element #1
The organization respects and supports the patient's right to appropriate assessment and management of pain.  
Partially Met  
In the Newborn Nursery there is no policy or process in place to provide pain management for male infants undergoing circumcision. A review of six closed records supported this finding; five of six documented no sedation prior to the circumcision procedure.

**Assessment of Patients (AOP)**

AOP.2 Each patient's initial assessment includes an evaluation of physical, psychological, social, and economic factors, including a physical examination and health history.

Measurable Element #3  
The physical assessment includes a physical exam and health history.  
Partially Met  
Two of four closed records did not have a history of the illness for which the patient was admitted. Active records had very brief or no histories of the patients' illnesses. A closed medical record contained an unsigned, incomplete history and physical by a resident for a patient who was to have surgery. There was no plan of care documented. The space for the attending surgeon was blank and there were no progress notes by the surgeon prior to surgery. A complete history and plan was documented in the outpatient record 5 months earlier. Medical staff required a history and physical to be current (within 30 days of admission).

AOP.2.1.2 The initial medical assessment is documented before anesthesia or surgical treatment.

Measurable Element #1  
Surgical patients have a medical assessment performed before surgery.  
Partially Met  
An ENT record had the preoperative assessment by the ENT doctor which covered ENT items, but was not a complete medical assessment. Another surgical patient had a history recorded in the record by the surgeon, but not a physical examination.
AOP.2.1.4 The initial nursing assessment is documented in the patient's record within the time frame established by the organization.

**Measurable Element #1**
The initial nursing assessment is documented in the patient's record in a time frame that meets organization policy.

**Partially Met**
Nursing assessment on D4 was not completed. The GI, skin and psychosocial sections in ICIC did not have any entries. In the cardiovascular section 6 required fields were not addressed such as apical pulse and cyanosis present. The nursing assessment of a 2 year old admitted for surgery had only the nursing screens applied and the first two categories of the nursing physical assessment completed.

AOP.2.2 Patients are screened for nutritional status and functional needs and are referred for further assessment and treatment when necessary.

**Measurable Element #2**
Patients are screened for nutritional risk as part of the initial assessment.

**Partially Met**
Review of a medical record of a patient post operative for a bowel resection had a nutritional screen marked normal for both diabetes and GI problems, despite being a diabetic on a special diet and with gastrointestinal disease requiring surgery. Therefore, the assessment by the dietician was not triggered. The dietician eventually assessed the patient after surgery. Another patient had a nutritional screen that triggered a need for dietary assessment. This assessment was completed 2 days later than required by policy due to the weekend. During review of a medical record (#20653), it was noted that the nutritional screen was not completed. The patient would have triggered two criteria, loss of appetite and a BMI less than 18. The nutritional assessment was done one week after admission. An 11 year old child in the pediatric ICU had eating problems and had a feeding tube. The nursing admission nutritional screen noted normal status.

**Measurable Element #5**
 Patients are screened for their need for further functional assessment as part of the initial assessment.

**Partially Met**
An 11 year old child in the pediatric ICU had one of the diagnoses relating to neurological problems. The nursing admission functional screen was noted as normal. An adult patient was admitted having residual weakness from prior surgery and was noted as normal.
AOP.3 All patients are reassessed at appropriate intervals to determine their response to treatment and to plan for continued treatment or discharge.

Measurable Element #4
A physician reassesses patients daily during the acute phase of their care and treatment. Partially Met
In review of both open and closed medical records, some patients lacked daily documentation of their clinical condition by the physicians. For two post operative patients there were more than two days of no progress notes by the physicians.

Measurable Element #5
Organization policy defines the circumstances or types of patients for which a physician's assessment may be less than daily and identifies the reassessment interval for these patients. Partially Met
The organization has developed a policy which states that some patients do not need to be reassessed every day by a physician. The definition of “chronic patient” refers to the patients discharged medically, but have not left the hospital for non-medical reasons. On the D-4 unit however, there are long term care patients who do not fit this category of patient. In addition, these patients had not been assessed weekly as the policy mandates. A refined policy could define the long term/chronic patients as continuing to need periodic assessments and determine the minimum frequency of assessments if weekly is determined to be unnecessary.

AOP.5.5 All laboratory equipment is regularly inspected, maintained, and calibrated, and appropriate records are maintained for these activities.

Measurable Element #6
The program includes monitoring and follow-up. Partially Met
In the 4th floor Cardiovascular OR there were red top blood tubes for troponin labs that had expired 2005/02. In the trauma room in the emergency department, vacu tubes were noted that were outdated by 2 years.

AOP.6.4 Radiology results are available in a timely way as defined by the organization.

Measurable Element #2
Radiology results are reported within a time frame to meet patient needs. Partially Met
The Radiology Department had established a time frame of 24 hours as the expected turn around time for the reports. Due to vacancies and heavy workload, the actual turn around time is often as long as 15 days for the final report. A preliminary report is completed sooner. Review of a closed medical record revealed that a brain MRI was performed on
October 27, 2004 and the final report was not available until November 3, 2004. In the meantime, the patient was treated and discharged.

**Care of Patients (COP)**

**COP.5.7 Policies and procedures guide use of restraint and the care of patients in restraint.**

Measurable Element #2  
Dialysis patients receive care according to the policies and procedures.  
Partially Met  
Upon review of a 15 year old patient admitted with aplastic anemia, there was a physician’s order for “Restraint PRN” which does not comply with hospital policy. Nursing flow sheet shows documentation of restraints for two hours in the restraint flow record. There is no record that restraints were discontinued.

**COP.6 A qualified individual conducts a preanesthesia assessment.**

Measurable Element #1  
A preanesthesia assessment is performed for each patient before anesthesia induction.  
Partially Met  
In radiation therapy children are treated under general anesthesia. There has not been an anesthesia assessment documented at the beginning of the series of treatments. The airway assessment was not documented for three patients receiving general anesthesia.

**COP.7 Each patient's anesthesia care is planned and documented.**

Measurable Element #2  
The plan is documented.  
Partially Met  
The plan for anesthesia was not documented in three open medical records.

**COP.10.2 The surgery performed is written in the patient record.**

Measurable Element #4  
The surgical report is available within a time frame needed to provide postsurgical care to the patient.  
Partially Met  
In review of an open medical record for a patient post surgery, the operative progress note indicated that the operative report had been dictated. However, 14 days after surgery there was no operative report on the medical record. The transcription department had no record of receiving a dictated operative report for this patient. A closed medical record contained an operative report that was dictated 1 month after surgery. Staff indicated that
it should have been dictated within 24 hours. The post surgical report is not on the chart weeks after the procedure (MICU west). Weeks after the surgery the report was still not in the ambulatory record.

**COP.11.4 Medications are stored, prepared, and dispensed in a safe and clean environment.**

**Measurable Element #2**
Medications are stored properly.
**Partially Met**
On the D3 Medical Surgical unit, the medication temperature appeared to be in range by reviewing the temperature log. However on checking the thermometer, it was determined that the temperature was out of range and that the temperature recorded was from the Fahrenheit scale and not the Celsius scale as required. During a unit tour, it was noted that a respiratory therapist carried a day’s supply of medications in her pocket. This does not comply with organization policy. During the pharmacy tour, it was noted that there was a large number of powders, salts, and other items used in compounding that had no expiration date. However, there was no policy established to determine how long those items could be used after the container was opened. Some of the items could change chemical composition over time.

**Measurable Element #3**
Medications are prepared and dispensed in clean and safe areas.
**Partially Met**
Many medication areas on the inpatient units had very little surface space to prepare medications and have the medication administration guide spread out at the same time.

**COP.12.3 Food preparation, handling, storage, and distribution are safe and comply with laws, regulations, and current acceptable practices.**

**Measurable Element #2**
Food is stored in a manner that reduces risk of contamination and spoilage.
**Partially Met**
During a tour of the kitchen, it was noted that in February the temperature of the dairy refrigerator exceeded the maximum temperature for two weeks after a work order had been submitted. It was further noted that the maximum temperature has been exceeded on most days during the month of March.
COP.18 Pain is assessed in all patients.

**Measurable Element #1**
Patients are assessed for pain.

**Partially Met**
Pain assessment was not consistently documented before and after procedures with anesthesia or sedation. The forms for documenting the recovery in the PACU and the sedation areas did not include a preprinted area for documenting pain assessment and it was not consistently found in the nurse’s narrative note. It was documented on a form that was given to anesthesia service for PI study. This form was not entered into the medical record. Pain assessment in the endoscopic suite is not consistent. (1 of 2 records was a missing pain assessment.) The department is planning to change its form to include a place to note the level of pain. There is no consistent method or tool in place to assess pain in infants and pediatric patients under the age of two years. In the review of a closed medical record for a pediatric chemotherapy patient, pain management was not addressed. The organization is currently determining a process and redefining the pain management policy across all services.

**Patient and Family Education (PFE)**

PFE.4.2 Health professionals caring for the patient collaborate to provide education.

**Measurable Element #1**
Patient and family education is provided collaboratively when appropriate.

**Partially Met**
In the emergency department the section for education is often left blank. In the surgical outpatient clinic most education forms were left blank.

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

PCI.3 The organization identifies the procedures and processes associated with the risk of infection and implements strategies to reduce infection risk.

**Measurable Element #2**
Equipment cleaning and sterilization are included as appropriate to the organization.

**Partially Met**
In the operative area the container of test strips for biologic checking of the Steris cleaning fluids had not been dated when opened. The contents had a six month shelf life once the container was opened. In the endoscopic suite all four test strip bottles were outdated.
Measurable Element #3
Laundry and linen management is included as appropriate to the organization.
Partially Met
During the tour of the labor and delivery suite, it was noted that the linen cart did not have a solid bottom shelf to prevent the contamination of linen on the lowest shelf. A linen cart in the OR was also without a solid bottom.

Governance, Leadership, and Direction (GLD)

GLD.5.2 Directors recommend space, staffing, and other resources needed by the department or service.

Measurable Element #1
Directors recommend space needed to provide services.
Partially Met
The surveyors noticed a number of patient care areas and work spaces that were crowded and small to potentially hinder safe patient care. Examples are the pediatric treatment area at CCC, the emergency department, MICU, and Labor and Delivery were all crowded with tight spaces for the volumes of patients seen and treated.

Facility Management and Safety (FMS)

FMS.2 The organization plans and implements a program to manage the physical environment.

Measurable Element #2
The program is effective in preventing injury and maintaining safe conditions for patients, families, staff, and visitors.
Partially Met
On the pediatric unit, electric outlets, accessible to small children, are not equipped to prevent electric shock hazards to children.

FMS.2.1 The organization inspects patient care buildings for fire safety and has a plan to reduce evident risks and provide a safe physical facility for patients, families, staff, and visitors.

Measurable Element #1
The organization has a documented, current, accurate inspection of its physical facilities.
Not Met
There is no documented inspection of the integrity of smoke compartments, to include such items as penetrations around pipes and conduits and the adequacy of door ratings. It
was further noted that there is some inspection of smoke and fire doors during safety inspections, but that at the time of the survey there are at least five malfunctioning doors.

**FMS.3.1 The plan includes prevention, early detection, suppression, abatement, and safe exit from the facility in response to fires and non-fire emergencies.**

**Measurable Element #4**
The program includes the abatement of fire and containment of smoke.

Not Met
During the facility tour, penetrations were noted around pipes and conduits in the following areas: electrical closet on D4; low current communication room on D4; fire hose room on D4; electrical room number 230; and electrical room on A2. In addition, penetrations were noted around the recently installed pneumatic tube system on both C3 and Neonatal Intensive Care Unit Step Down unit. It was noted in all cases that new tubing or pipes had been installed by contracted staff and apparently not sealed after the installation. The door to the medical gas storage area has a 20 minute rating. Staff acknowledged that the room should have a greater fire rating due to the large amount of compressed gases stored in the room. Staff also stated the wall outside the room had a one hour rating. During the facility tour, it was noted that three food delivery carts were stored in the exit hall. It was also noted that one of the carts had an electrical cord that was plugged into a unit inside the stairwell, prohibiting the closure of a rated door. During the survey, it was noted that numerous rated doors, including smoke and fire doors, were propped open with wooden wedges. The fire door between radiology and immunopathology was malfunctioning and did not close properly. In the extension building staircase doors to the main hallway on all three floors were open without being wedged open. The doors were spring loaded but the springs were not closing the door any longer eliminating the smoke and fire barrier effect.

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

Partially Met
During the facility tour, it was noted that at least six exit signs had a symbol that a person should evacuate upward, when in reality the evacuation was downward. Organization staff began to correct the problem during the survey by placing exit directional signs in the stairwells. While touring the F2 (Palliative Care) unit, it was noted that a plastic sheet covered the fire exit. When the head nurse tried to tear the plastic, it was discovered that the plastic was a heavy plastic, and required two staff to tear it to open the exit door. When the exit door was open, it was noted that the exit stair landing was covered with trash and debris, and that the stairwell light bulb did not work.
FMS.10.1 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 role in response to a fire.
Partially Met
During the facility tour, contracted staff in both Biomedical Engineering and Access Control were unable to verbalize their role in case of a fire. There is no documentation that an orientation took place. During the survey, an orientation tool for contracted staff was developed.

**Staff Qualifications and Education (SQE)**

SQE.7.1 The organization maintains a record of the current professional license, certificate, or registration, when required by law, regulation, or by the organization, of every medical staff member.

**Measurable Element #2**
The record contains copies of any required license, certification, or registration.
Partially Met
In review of credential files, there was no copy of a current medical license for the Interventional Radiologist. The Medical Staff reported that this was checked at the time of the annual reappointment. All other files reviewed contained a copy of the license.

SQE.7.2 The credentials of medical staff members are reevaluated at least every three years to determine their qualifications to continue to provide patient care services in the organization.

**Measurable Element #1**
There is a process to review each record every three years.
Not Met
In review of 13 credential files, 11 physicians had not been re-privileged by the 3 year deadline as required by the Medical Staff Bylaws. The re-privileging was late by a range of five months to more than three years. Medical Staff reported that in some cases there had been difficulty getting a quorum over the summer months when the MEC was unable to meet and recommend the physicians in a time frame to meet the three year date when privileges expired.
Management of Information (MOI)

MOI.1.8 The organization uses standardized diagnosis codes, procedure codes, symbols, and definitions.

Measurable Element #3
Standardized symbols and definitions are used.
Partially Met
The organization had a policy for abbreviations that was acceptable and included a lengthy list of abbreviations not to be used. The Do Not Use list included U and MSO4 and MgSO4. Examples of these written by both physicians and nurses were observed in the medical records. Abbreviations were found in an endoscopic record that were not known to the staff in the unit.

MOI.2.2 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
Many entries in the record were difficult or impossible to read. Medication error analysis and other processes have identified the legibility problems.