

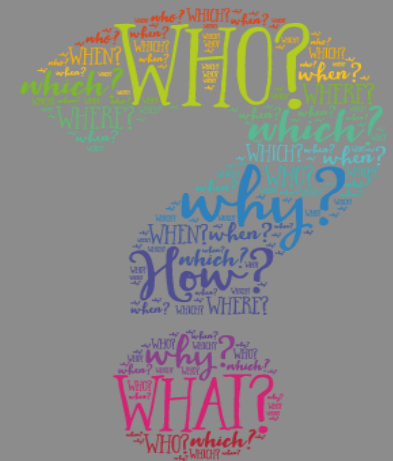
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Objectives

- Demonstrate commitment to quality and safety for patients, staff and the public
- Increase staff engagement and develop a culture of open communication
- Gives the staff the tools to assess, maintain, continuous compliance and survey readiness
- Identify, acknowledge and share best practices
- Support a proactive approach to minimizing risk, timely reporting and feedback
- Strengthen commitment and accountability for quality and safety



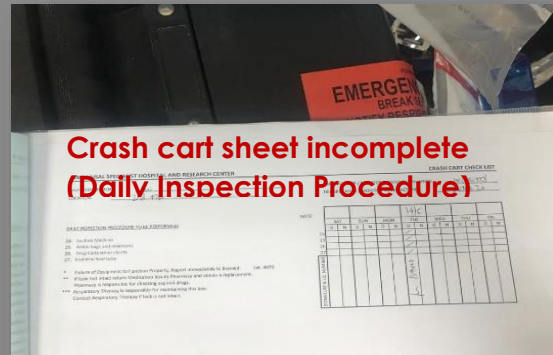
CSICU Department

Standard Number	Standard	Finding
PC.31.2	Crash carts are readily available for cardio- pulmonary resuscitation (CPR).	Crash Cart found without a suction machine
PC.20.3	Information about patient care and progress is exchanged during change- of- shift reporting. (Handover), between shifts, and during transfers and referrals between healthcare providers.	Incomplete physician handover for a hospitalized patient
QM.17.1	At least two patient identifiers (e.g., patient full name and medical record number) are required whenever taking blood samples, administering medications or blood products, or performing procedures.	Staff did not apply a proper process of patient identification when dealing with a patient
FMS 24.4	Storage areas are properly and safely organized: FMS.24.4.1 Shelves and racks are sturdy and in good condition. FMS.24.4.2 No items stored directly on the floor (a minimum of ten centimeters is left to manage spills). FMS.24.4.3 Items should be stacked on a flat base. FMS.24.4.4 Heavier objects are close to the floor and lighter/smaller objects are higher. FMS.24.4.5 Items are not stacked so high to block sprinklers or come in contact with overhead lights or pipes (a minimum distance of fifty centimeters from ceiling level).	Several boxes found on the floor
FMS 6.2.5	Signs to identify floor level at staircases and in front of elevators.	Sign found on the stairwell on the floor
FMS 25.2.2	Preventive maintenance program that conforms with the manufacturer's instructions.	Several pieces of equipment were outdated up to July 2018



PICU Department

Standard Number	Standard	Finding
IPC.15	Facility design and available supplies support isolation practices.	Isolation room was found open
PC.31	Crash carts are readily available for cardio- pulmonary resuscitation (CPR).	Crash cart sheet incomplete (Daily Inspection Procedure)



Endoscopy Department

Standard Number	Standard	Finding
FMS 11	The hospital environment is secure for patients, visitors, and staff.	Controlled access by push button lock very unsafe for emergency response needs card swipe or fingerprint open

Recovery Room

Standard Number	Standard	Finding
FMS 27.1	Hospital staff are trained to operate safely all medical equipment.	Cleaning tag was dated for next day

DPU Department

Standard Number	Standard	Finding
FMS 27.1	Hospital staff are trained to operate safely all medical equipment.	Cleaning tag was found outdated on the day of the visit
FMS 14.5	All hazardous materials are labeled clearly and this includes: FMS.14.5.4 Hazardous gases and vapors.	Portable oxygen tank was not checked daily
MM.11.3 MM.11.4	There are measures in place to secure medications storage areas including limited access, proper locking procedures, and door keys handling. Only authorized individuals have access to stored medications.	Medication room was found open
MM.11.5	Medications are stored in a way to avoid mixing with labels showing the drug name and expiry date.	Medications are not in use was not returned back to pharmacy



Medications are not in use was not returned back to pharmacy

Pediatrics Department

Standard Number	Standard	Finding
IPC.15	Facility design and available supplies support isolation practices.	Isolation room was found open

Neurosciences Department

Standard Number	Standard	Finding
QM.18	The hospital has a process to prevent wrong patient, wrong site, and wrong surgery/procedure.	Site marking Form (Verification Form) not sign by the Consultant
IPC 24.1	Hospital environment, lockers, and cabinets are clean.	High dust issue in hallways and nursing station

Pediatric Oncology Department

Standard Number	Standard	Finding
IPC.15	Facility design and available supplies support isolation practices.	Isolation was found open
MM.11.3	There are measures in place to secure medications storage areas including limited access, proper locking procedures, and door keys handling.	Medication room was found open
MM.11.4	Only authorized individuals have access to stored medications.	



Oncology Department

Standard Number	Standard	Finding
MM.11.3 MM.11.4	There are measures in place to secure medications storage areas including limited access, proper locking procedures, and door keys handling. Only authorized individuals have access to stored medications.	Medication room was found open
IPC.26	The hospital implements a program that is consistent with laws and regulations for safe disposal of medical waste.	Improper waste segregation
FMS 25.10 FMS.26.2.1	Preventative Maintenance data are used for upgrading/replacing of equipment. Preventive maintenance with testing date and due date.	Thermometer label was found faded
FMS 25.10 FMS.26.2.1	Preventative Maintenance data are used for upgrading/replacing of equipment. Preventive maintenance with testing date and due date.	Thermometer label was found expired

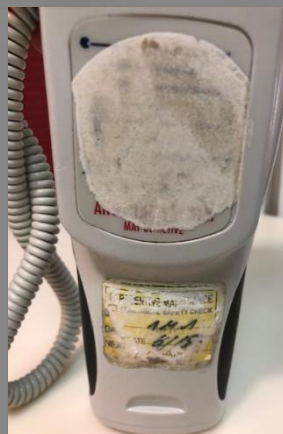
Improper waste segregation



Medication room was found open



Thermometer label was found faded



Thermometer label was found expired

Surgery Department

Standard Number	Standard	Finding
PC.31.2	Crash carts are readily available for cardio- pulmonary resuscitation (CPR).	Crash Cart – Daily Inspection was not check on the 11th May 2019open
LB.69.1.2	Reporting and monitoring of adverse transfusion events.	Staff interviewed (SN1) in regards to Blood Transfusion Reaction – Staff was not able to answer on where to report the incident, which is QIS (Quality Information System) SRS (Safety Reporting System)
QM.17.1	At least two patient identifiers (e.g., patient full name and medical record number) are required whenever taking blood samples, administering medications or blood products, or performing procedures.	Staff interviewed (SN1) on the process of patient identification – staff answered MRN and full name. When ask how many full name, the staff was not able to give the correct answer
FMS 23.3	Fire exits are not obstructed.	Wheelchair blocking fire smoke door
FMS 25.2.2	Preventive maintenance program that conforms with the manufacturer's instructions.	Dynamap had no sticker. Staff were unaware of policy on finding expired equipment for preventative maintenance with Clinical Engineering
IPC.26	The hospital implements a program that is consistent with laws and regulations for safe disposal of medical waste.	Improper waste segregation
MM. 14.3	The hospital ensures that no expired open or unlabeled open multi-dose containers are available.	Multi-dose mouthwash was found open without a label

Improper waste segregation



Multi-dose mouthwash was found open

Inpatient Pharmacy Department

Standard Number	Standard	Finding
IPC.24	The hospital environment is kept clean.	The floor was dirty
IPC.24	The hospital environment is kept clean.	Food and Drinks on the working desk and area where they prepare the medication
FMS. 35	The hospital ensures proper air flows (positive, negative, balanced) in the required locations.	Buffer room pressure stated control range (2-10), however, reading range (8-17)

Out-Patient Pharmacy Department

Standard Number	Standard	Finding
FMS. 24.4	<p>Storage areas are properly and safely organized:</p> <p>FMS.24.4.1 Shelves and racks are sturdy and in good condition.</p> <p>FMS.24.4.2 No items stored directly on the floor (a minimum of ten centimeters is left to manage spills).</p> <p>FMS.24.4.3 Items should be stacked on a flat base.</p> <p>FMS.24.4.4 Heavier objects are close to the floor and lighter/smaller objects are higher.</p> <p>FMS.24.4.5 Items are not stacked so high to block sprinklers or come in contact with overhead lights or pipes (a minimum distance of fifty centimeters from ceiling level).</p>	Boxes found on the floor in Preparation Area
FMS. 24.4	<p>Storage areas are properly and safely organized:</p> <p>FMS.24.4.1 Shelves and racks are sturdy and in good condition.</p> <p>FMS.24.4.2 No items stored directly on the floor (a minimum of ten centimeters is left to manage spills).</p> <p>FMS.24.4.3 Items should be stacked on a flat base.</p> <p>FMS.24.4.4 Heavier objects are close to the floor and lighter/smaller objects are higher.</p> <p>FMS.24.4.5 Items are not stacked so high to block sprinklers or come in contact with overhead lights or pipes (a minimum distance of fifty centimeters from ceiling level).</p>	Boxes found on the floor in Storage Area
QM.17.1	At least two patient identifiers (e.g., patient full name and medical record number) are required whenever taking blood samples, administering medications or blood products, or performing procedures.	Staff did not apply a proper process of patient identification when dealing with a patient/ Family member

Out-Patient Pharmacy



Boxes found on the floor in Storage Area



Boxes found on the floor in Preparation Area



In-Patient Pharmacy



The floor was dirty



Food and Drinks on the working desk and area where they prepare the medication

Main Lab

Standard Number	Standard	Finding
IPC.24	The hospital environment is kept clean.	The walking fridge floor was dirty, unorganized

Thank You

References:

To be able to access the documents below through [Hospital Portal/ Quality Management/ Accreditation](#)

1. CBAHI Standards 3rd Edition 2015
2. CBAHI Hospital Accreditation Process Guide
3. JCIA Survey Report 2017
4. JCIA Standards 6th Edition 2017
5. JCIA Hospital Survey Guide 6th Edition